Minnesota's Children's Mental Health & Family Services Collaboratives

Collaborative Coordinator Handbook

Revised February 2020

DEPARTMENT OF HUMAN SERVICES

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1) Introduction & Overview

Welcome to the world of Collaboratives!

"If you've seen one collaborative, you've seen one collaborative."

A Hennepin County administrator said in 1996, *"We completely underestimated the strength of the forces to maintain the status quo."*

Collaboration is not easy. In fact it would often be easier to just do all this stuff on your own, but the outcomes are always improved by coordinating, combining, and leveraging resources and expertise. The movement is from competition to collaboration; building and strengthening relationships, improving communication and growing trust among partners and programs.

Since each Collaborative is locally managed and directed, they are all unique. Collaboratives are driven by common statutes, policies, and core assumptions; however, each Collaborative addresses local needs, provides services in its own way, and is also governed by local policies and procedures.

The Collaborative Coordinator is responsible for the day-to-day operation of the organization including, but not limited to:

- Establishing and executing major goals and objectives for the organization
- Implementing policies, procedures, and programs established by the governing board
- Providing leadership, direction, and guidance for all the Collaborative's activities
- Analyzing and evaluating the effectiveness of all organization operations
- Developing and maintaining organizational structure and effective personnel
- Representing the Collaborative to regulatory bodies, partner agencies, community and civic organizations, donors, funders, supporters, and the general public
- Budgeting, financial planning, and management of various funding streams

In essence, the board grants the **Collaborative Coordinator** the authority to run the organization.

As a Collaborative Coordinator (CC), you are responsible to locate your local Collaborative's information and find the resources necessary to get questions answered.

Overview

The purpose of this handbook for Collaborative Coordinators is to provide some essential ingredients and techniques for creating and coordinating your Collaborative, which will always be a work in progress.

Since state statutes established Children's Mental Health and Family Services Collaboratives in the early 1990s, there has been significant turnover in collaborative staffing. Many of the original pioneering Collaborative Coordinators are retiring and taking with them their institutional history and knowledge. This reinforced the need to develop orientation and training materials to get new Collaborative Coordinators and board members off to the best start. Collaboratives can be complicated and this handbook will help provide clear, consistent expectations.

These materials include an overview of state mandates (e.g., integrated service delivery systems, priority outcomes, integrated funding) as well as Collaborative Coordinators' roles and responsibilities. The appendix includes resources and details related to some information listed in this document.

The goals of this handbook are to:

- Standardize materials to introduce and inform Collaborative Coordinators and board members about their respective roles and responsibilities
- Unify Collaboratives across the state with a uniform approach
- Simplify messages for internal and external audiences about Collaboratives and their core concepts

Edie Carr served as the Collaborative Coordinator for the St. Louis County Collaboratives from 1998 to 2016. She is recognized as a leader in her county, region and the state for her commitment to advance the collaborative cause of improving outcomes for children, youth and families.

Edie sought input and feedback from Collaborative Coordinators through a survey and Statewide Collaborative Coordinators Meetings. She also closely consulted and coordinated with DHS staff. Furthermore before finalizing the draft, she piloted these new materials with a test group of Collaborative Coordinators. The content and format reflect those contributions.

Thank you to those people who assisted in the test group finalizing the initial document on April 27, 2017:

- Shawna Asendorf – Visions for Families & Community Collaborative (Watonwan)
- Kim Geislinger – Itasca County Family Services Collaborative
- Leslie Gunn – Olmsted County Children's Collaborative
- Lana Howe – Freeborn County Family Services & Children's Mental Health Collaborative
- Donna LeKander – Carlton County Children & Family Services Collaborative
- Cindy McCabe – Nicollet County Family Services Collaborative
- Naomi Ochsendorf - Visions for Families & Community Collaborative (Watonwan)
- Rochelle Peterson – PACT For Families Collaborative (Kandiyohi, McLeod, Meeker, Renville & Yellow Medicine)
- Kathleen Ryan – Aitkin County Families Services Collaborative

Edie Carr and Ann Boerth reviewed and revised the *Collaborative Coordinator Handbook* and posted the updated version in February 2020.

2) Collaboratives - History

The Minnesota Legislature established Children's Mental Health Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1993 as innovative approaches to address the needs of children and youth who face complex problems involving them and their families 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).

In 1993, the Minnesota State Legislature also provided $8 million in funding to establish these local collaborative initiatives to better the lives of children and their families by encouraging the integration and reform of services. Five year grants were made available on a competitive basis as incentives for the development of "locally-driven service delivery partnerships that help communities come together to improve results for Minnesota's children and families" (MN Department of Children, Families and Learning, 1998). Each Collaborative's funding priorities were based on locally determined needs. While funding for Collaboratives was jump started by these state grants, contributions from collaborative partners, either "in-kind" or cash, were built into the planning as *Integrated Service Funds.*

These collaborative initiatives were founded on four key themes related to systems reforms:

- *Interagency Collaboration*: This term has come to be defined as a planned relationship between two or more organizations that facilitates the accomplishment of shared or negotiated goals that individuals or organizations could not accomplish alone. In order to receive a Family Services Collaborative grant, a minimum of the county's human services department, public health department and one school district needed to formally agree to establish a Collaborative and commit resources to an integrated fund. (Later legislation required FSCs approved after August 1, 1999, to include a community action agency and Head Start among the signatory parties.) The mandate for Children's Mental Health Collaboratives required at a minimum establishing a formal commitment among the county, one school district or special education cooperative, one mental health entity, and by July 1, 1998, one juvenile justice or corrections entity. In addition, broad community representation within the Collaborative, such as other counties or school districts, municipalities, culturally specific community organizations, local foundation, businesses and parents, was encouraged.
- *Results-Orientation*: In 1995, Elizabeth Schorr, author of *Within Our Reach*, stated that a focus on outcomes allows and encourages people to think about results they are trying to achieve, rather than about complying with procedures. The results-oriented approach for community-based Collaboratives attempts to change the focus to the "bottom line" condition of all children, youth and families in communities with results being dependent on efforts of more than one agency or group. This collaborative approach is in contrast to the more typical bureaucratic approach to the delivery of services, especially in government services with inflexible categorical funding streams.
- *Strength or Assets-Based Approach*: Historically, government services have been based on identified deficits and problems to solve rather than on the promotion of the thriving and wellbeing of children, youth, and their families. A strength orientation to working with people requires that they become involved in identifying their strengths, setting their own goals, and determining their successes. While this approach is based on sound research and evaluation data, the ability to measure outcomes has lagged behind. Funding sources continue to be deficit-based. It makes evaluation efforts difficult at best.
- *Cultural Relevancy*: The Collaboratives were charged with looking at service reform with a focus on the cultural relevancy and responsiveness of programs and services. This would be necessary in order to truly take a strength-based approach when working inclusively with all families.

What initially began as a five year plan to reform and integrate services is still going strong in Minnesota. Change is difficult and takes longer than anyone anticipated.

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. Minnesota statute directs CMHCs to establish an integrated mental health service system to target the multisystem needs of children and youth with or at risk for mental health concerns and their families. Minnesota statute directs FSCs to focus on addressing health, educational, developmental, and family-related needs of all children and youth.

Collaboratives' integrated funds blend public and private resources (financial and in-kind). LCTS (Local Collaborative Time Study) funding comprises the majority of each Collaborative's integrated fund. Collaboratives develop or expand prevention and early intervention services with these resources.

Bringing Service Systems Together
to Coordinate & Integrate Services for Children & Families

Why do this?

- Simplify
- Reduce system fragmentation
- Respond to needs rather than service categories
- Eliminate "silos"
- Offer a continuum of services
- Improve the efficiency & use of existing resources

Mission
Collaboratives bring service systems together to coordinate and integrate resource/services for children, youth and families.

Guiding Principles
The following core values establish and drive the work of all Collaboratives to foster well-being and resilience:

- Strengths based
- Child centered, youth guided, and family driven (increasing voice and choice)
- Holistic family, community, and systems approaches
- Culturally and economically affirming, responsive, and inclusive
- Equitable communities reducing disparities and increasing opportunities
- Research informed and data driven

General
There are currently 90 Children's Mental Health and Family Services Collaboratives in Minnesota:
State Collaborative Map

10 Children's Mental Health Collaboratives
44 Family Services Collaboratives
36 Integrated Children's Mental Health and Family Services Collaboratives

Children's Mental Health Collaboratives strive to:
- Provide integrated and coordinated services (system of care – wraparound)
- Pool resources
- Design services

Family Service Collaboratives strive to:
- Improve outreach and early identification
- Coordinate assessments and services across agencies
- Integrate funding and resources

Local Collaborative History & Charge
Each local Collaborative fulfills the mission and guiding principles to meet priorities by:
- Identifying needs;
- Creating or sparking new approaches to meet needs;
- Building and supporting trusting community partnerships to respond to the needs of families and communities;
- Improving and increasing access to resources/services and helping families navigate service systems;
- Encouraging and aligning child-serving systems to ensure a continuum of care; and
- Enhancing capacity by integrating funding and improving the flexibility, efficiency, and use of existing resources.

You can check files, both paper and/or computer, for historical records relating to the original grant through the state of Minnesota, structure changes, old board minutes and work plans, program support, annual reports, needs assessments, strategic plans, etc. Meet with your local governance board members, partners, and committee group members for more local details about the past, present, and future evolution of your Collaborative.

3) Collaboration

Collaboration is the basic intent of the original theme of organized collaboratives. Collaboration is a mutually beneficial and well defined relationship entered into by two or more organizations to achieve common goals they are more likely to achieve together than alone.

Increasing Intensity - cooperation –> coordination –> collaboration

Collective Impact - resource

Benefits of collaboration:

- Shared expertise
- Shared resources
- Builds trust
- Increases problem solving capacity
- Increases knowledge
- Increased credibility
- Increases inclusivity
- Beneficial to constituents – more choices
- Accomplishes more together than you can do alone

"Nationwide, the collaborative model continues to be a best practice." - DHS Children's Mental Health

Greater collaboration has become a practical necessity for many issues faced at the community and local level because:

- There are complex and serious problems that continue to defy single or top-down solutions
- Conflicts over resources and strategies seriously stymie forward progress
- Responsibility for meeting critical human needs is being increasingly delegated to local government and private entities
- And citizens and other stakeholders expect greater transparency and participation in decisions that impact them

"There is a genuine and growing recognition that any chance we have of creating better results for children depends on working across systems and across levels of government." - Mark Friedman**,** Fiscal Policy Studies Institute

More Collaboration – Regional & Statewide

You are in good company with other Collaborative Coordinators throughout counties across Minnesota. They are often your best resource for support, questions, and queries. Find them in the Collaborative Directory.

DHS staff maintain the directory and an email list serve for communicating with Collaborative Coordinators. Please remember to notify Ann Boerth (ann.boerth@state.mn.us) of any changes to coordinators or contact information.

For purposes of improved communication and coordination, Minnesota was divided into seven regions of Collaboratives as shown on this state map. Collaborative Coordinators in these regions are encouraged to meet regularly amongst themselves to share information, ideas, and questions as well as to coordinate efforts regionally when appropriate. Contact one of your fellow Collaborative Coordinators in your region for information, networking, and resources.

Collaborative Coordinators and state staff (DHS, MDE, MDH, etc.) meet to share information at statewide meetings. Topics include collaborative priorities, new developments, ongoing or interagency initiatives, LCTS, local updates, etc. The meetings are opportunities to network and occur approximately every quarter in a central location or via ITV or webinar.

4) Collaborative Priorities – Local & Statewide

Local Collaborative Priorities

Collaboratives should review priorities and goals at least every couple of years or when major changes occur within communities or your Collaborative. Your mission and vision, if you have them, generally remain steady in organizations. Priorities may stay the same; however, how you approach those priorities and what strategies you are using to address those priorities may change. Changes to strategies need to occur when what is currently being done is not working well or outcomes are not achieved or current data and situations change. (For example, significant fluctuations in leadership or resources may necessitate revisiting priorities and strategies.) It may be appropriate to reexamine how you identified your priorities in the beginning, especially if they have not changed in many years. A review group should include your board, partners, service providers, service recipients (parents and/or youth), and other local agencies and people who have a stake in the program and outcomes you wish to achieve.

Strategic Planning

Elements of a strategic planning process:

- **Where are we?** What is the critical issue? What's changed? What is working? What is not working? It is important to include diverse populations to explore questions about the current facts and data that reveal the current situation. Discuss the accomplishments and challenges you are currently facing in your Collaborative, community, program, or service. Also, be aware of the trends impacting your organization and community. Here is where you will need current data and evaluation, any current needs assessments and any other community/program information that is available.
- **Where do we want to be**? Are our goals aligned with our mission, vision and priorities? What results do we want to accomplish? What do we want to see in the next few years?
- **How do we get there?** This discussion must involve dissecting the strategies, initiatives, and scenarios of current procedures and processes as well as new ones to accomplish your goals, stay in tune with your mission and move you forward toward your vision. Consider program "best practices" in your strategy discussion.
- **What must we do?** This is the "to do" list: action steps and delegation of duties. It also includes your allocation of resources toward your program reflected in your budget and board commitment.
- **How are we doing?** This is your evaluation of progress and achievement and regular plan updates and review.

With any planning process, you may consider hiring an independent consultant to help with the planning process or facilitation. This will enable the Collaborative Coordinator to participate in the process while an independent party facilitates your group to a reach a consensus and working plan.

Needs Assessment

A "needs assessment" is a systematic set of procedures that are used to determine needs, examine their nature and causes, and set priorities for future action. In the real world, there is never enough money to meet all needs. By clearly identifying the problem, finite resources can be directed towards developing and implementing a feasible and applicable solution.

The Collaborative's governing body is a public-private partnership between political subdivisions and community representatives. The board engages in shared planning to improve outcomes for children, youth, families, and communities.

Shared Planning

Results Based Accountability

Common language:

A result (or outcome or goal) is a condition of well-being for children, adults, families or communities: Healthy children, children ready for school, children succeeding in school

An indicator (or benchmark) is a measure which helps quantify the achievement of a result:
Rate of low-birth weight babies, third grade reading scores, etc.

A strategy is a coherent collection of actions which has a reasonable chance of improving results. No single action by any agency can create improved results.

A performance measure is a measure of how well a program, agency or service system is working.

7 Step Process:

1. Get people together
2. Choose indicators
3. Develop baselines and the story behind the baselines
4. Consider "what works"
5. Craft "what works" ideas into a coherent strategy
6. Implement that strategy
7. Use performance accountability to assure quality

Statewide Collaborative Priorities

In 2008, a "think tank" explored possibilities for some common statewide priorities or areas of focus. This group agreed that sharing strategies across the state to realize a couple of common outcomes would demonstrate the value that Collaboratives add to service systems and ensure their viability. While "insiders" usually understand the concept and contributions of collaboration, these priorities would provide real "causes" that others could better grasp and rally around. The group also hoped this combined commitment could bring Collaboratives together to measure and show real results on a countywide and statewide scale.

This group reached consensus for Collaboratives to start concentrating on two statewide priorities in 2009:

- Children's Mental Health: Develop an effective and accountable children's mental health system
- Early Childhood: Expand early effective interventions to meet healthy developmental needs

At a statewide meeting in 2016, Collaborative Coordinators decided to review these priorities to be sure they reflected the current and emerging needs in our state. Increasing efforts to introduce and integrate approaches informed by ACEs (adverse childhood experiences), resilience, and trauma provided further impetus to take another look at these priorities. The hope was that new and improved priorities would capture present trends with a look toward the future direction of Collaboratives.

A work group conducted an inclusive process that sought local and regional collaborative input and feedback. This resulted in the Minnesota Collaborative Strategic Framework that became effective September 23, 2016.

These priorities are an effort to strengthen the role of Collaboratives by working together across the state on shared priorities and outcomes. While the 2009 priorities didn't dictate LCTS spending, they did result in more Collaboratives reporting more allocations toward programs and services in the two priority outcome areas. The hope is that refreshing these priorities will reflect present trends and help guide the future work of Collaboratives. The priorities are not intended to interfere with Collaboratives still addressing other local needs;

however, having statewide priorities will continue Collaboratives' commitment to prevention and early intervention as well as changing systems to better meet the needs of children and families. Focusing on these priorities, Collaboratives intend to realize more collective impact and make a positive difference.

The following are the current statewide priorities with examples of possible strategies:

Priority: Promote Mental Health & Well-Being of Children, Youth & Young Adults

Examples for how to meet this priority:

- Strengthen children's mental health continuum, from prevention to crisis or late intervention, in communities
- Increase access for families seeking services or supports, including early identification and intervention, to improve their children's well-being
- Increase awareness and understanding through outreach and education to children, youth, and families about children's mental health

Priority: Support Healthy Growth & Social Emotional Development of Children, Youth & Young Adults

Examples for how to meet this priority:

- Coordinate and integrate services to identify children and youth at risk of developmental delays or social emotional disorders as early as possible
- Starting in early childhood, prepare and support youth on their pathways to succeed in their homes, schools, and communities
- Support expectant parents and provide outreach to newborns and their families

Priority: Strengthen Resilience & Protective Factors of Families, Schools & Communities

Examples for how to meet this priority:

- Increase outreach and education on trauma, ACEs, toxic stress, brain development, and social determinants of well-being
- Coach or support caregiver, youth, and community capacity to respond positively to stressful situations
- Increase whole-family, wraparound, and/or community-based services and supports

5) Collaborative Coordinator - Roles & Responsibilities

Collaborative Coordinator - Duties & Responsibilities

The Collaborative Coordinator's job can be quite challenging, creative, and very rewarding. Every Collaborative is different and operates by locally determined processes and procedures. Your role is one of problem solving and innovations to challenge the status quo of service and program delivery. Your work will rarely be dull and you will often apply a full variety of qualities and skills while bringing many sectors together to change systems. You will be the one to take the initiative to dig into issues, questions, and options to present to your board/committees for consideration and action.

Remember, Collaboratives are an ambitious work in progress. Even baby steps forward can make a huge impact on children and family outcomes. Be sure to celebrate your successes regularly and often to keep reminding everyone that progress is occurring and encourage everyone their hard work is valuable and appreciated.

General:

- Acts as the spokesperson for organization
- Executes board-approved policies
- Directs and oversees short and long term strategic plans
- Manages and attends all board and committee meetings
- Maintains a competent and effective staff (if applicable)
- Provides leadership to the Collaborative
- Builds and maintains relationships to garner new opportunities
- Actively engages Collaborative board members, committees, partner organizations, and funders
- Develops, maintains, and supports a strong governing board; seeks and builds board involvement

Administrative:

- Works with the governing board on policy issues by providing support and initiating approved recommendations or actions
- Ensures compliance to standards in accordance with all government legislation, regulations and guidelines pertinent to the organization, such as state policies and statutes, governance agreement, by-laws, etc.
- Recommends to the board changes to policies and procedures that would improve the organization
- Maintains an effective and cost efficient office environment
- Submits all information, reports and records as requested or required by law to appropriate government officials or the governing board
- Develops and implements operational plans, policies, and goals that further strategic objectives
- Ensures ongoing local programmatic excellence, program evaluation, and consistent quality of finance and administration, communications, and systems
- Recommends timelines and resources needed to achieve the strategic goals

Financial:

- Maintains full awareness of the complete financial, statistical, and accounting records of the organization
- Ensures that operating results established in the annual budget are achieved and the control of operating expenses remain within budget
- Ensures the accuracy, integrity, and timeliness of all financial accounting and reporting
- Ensures the preparation of the annual budget for board approval

Collaborative Staffing/Personnel Models

Collaborative staff may be hired as an independent contractor; under a local school district contract; under the Collaborative's county contract; contracted or employed by another collaborative partner; or hired as staff of the

Collaborative itself, providing the employment and fiscal hosting duties to maintain the Collaborative's administration and office. Sometimes decreases in funding have resulted in changes to staffing structures. For example, Collaboratives may share a Collaborative Coordinator or a partner may contribute in-kind staffing to coordinate the Collaborative. The Coordinator usually reports to the governing board.

You may or may not have collaborative staff to manage. Some Collaboratives provide direct service programs to the community; others fund and contract this out to other organizations to provide the service. If your Collaborative manages staff, follow management and administrative guidelines for providing that oversight to staff. Know your Collaborative's programs and the responsibilities of staff to those programs.

Leading the Strategic Work of the Collaborative – Internal

Your role as a CC is to work with your board to move toward your shared vision, keep focused on your mission and implement and achieve the goals and work plan you have set for your Collaborative. Goals and your work plan should be reviewed annually. The mission and vision statements can be reviewed when major changes occur, an in depth strategic planning session is needed or every 5-10 years. These are what guide your work and effort. If you do not have these, this is a good place to begin planning work. If you need help, hiring a facilitator can be very helpful.

It is important, regardless of the agency in which you are employed, that you keep a neutral focus when planning and directing the work of the Collaborative. Collaboration in its definition keeps everyone equal and focused on the bigger vision rather than individual agencies. Keep your target market – families and clients - at the forefront and try not to get bogged down in politics or the self-interests of the agencies represented on your board. The CC's role is to take leadership in the strategic planning of your Collaborative. You may need to do a needs assessment to identify needs or gaps in your community to help focus priorities, especially if you are in the midst of change or taking a new direction or aligning your Collaborative with the Statewide Collaborative Priorities.

To help you deal with agency/personal self-interests, building relationships with and among your board's representative agencies is key and should be a priority with both new and seasoned CCs. You can also help with your board's self-evaluation to assess how well the board is functioning. There are good resources for this at Board Effect; self-evaluation questionnaire example, and management help. Retreats may be another option for boards to reflect on their performance.

Some Collaboratives also evaluate how well they do with collaborating and other process functions (such as, Are you reducing duplication? Are you changing systems? Are you working together? Are you culturally responsive? Are you seeking community input and involvement to improve services and systems?)
Example: Collaborative Effectiveness Assessment Activity

Also, a big part of your role as a CC will be to maintain, update and align your collaborative structure. That means all the administrative duties of your work. Those include, but are not limited to board and committee meeting scheduling, coordination and support functions; maintaining and updating governing and planning documents, web page maintenance, managing office functions and staff, if you have any, timely completion of reporting requirements, contract and program oversight; resource management and development.

Be the Face & Voice of the Collaborative to Various Local Communities – External

Developing and maintaining relationships with collaborative partners is an important part of CC work. Strengthening networks and partnerships, "setting the table" for multi-agency conversations, cross agency training, problem solving conversations, and generally being the connector among agencies will help your Collaborative maintain strong relationships. When key people change on your board, within your program

partnerships, or other key people in partnering agencies, you will need to connect and talk to them about your Collaborative, its goals and priorities and how it fits in your community. If it's a new board member, a more formal orientation should occur (see *Collaborative Board Orientation & Training Guide*). Encourage your board members to reach out to other agencies and new staff to help build and grow relationships among organizations, agencies, and staff.

Connecting Community Partners

Board Engagement:

- Your role as a Collaborative Coordinator is to keep the board informed of all activities, needs, and developments. New board members need an orientation session (see *Collaborative Board Orientation & Training Guide*) to get them up to speed on your local Collaborative.
- It is also important to keep your board engaged, involved, and competent to create and keep your local Collaborative's vision alive and progressing. That means board members attend meetings regularly, ask questions, set mission, goals and direction for the Collaborative, keep out of the day-to-day operations of the Collaborative, be accountable for program outcomes and success, and commit to keeping their organizations informed of collaborative actions.

Community Engagement:

- Collaboratives should coordinate their activities with other organizations providing similar or complementary services in their communities.
- Collaboratives should work to establish communication channels, mutual understanding and beneficial alliances among government, nonprofit, and for-profit sectors to take advantage of the total resources, interests, and energy of their communities.
- When possible and appropriate, Collaboratives should assist other nonprofits in their communities through alliances and sharing of resources, connections, and expertise.

Marketing/Public Relations:

- Collaboratives were never intended to be independent, stand-alone organizations with their own infrastructure. Rather, they were intended to be the "glue" to hold people and agencies accountable and responsible to work together to provide more effective and efficient services – collaborate. Collaboratives can be the nudger and the reminder to partners, agencies and programs to strive to integrate, coordinate and connect services and be accountable not to agencies and funding streams, but to clients and their improved outcomes.
- Some Collaboratives provide a local annual report to the board and/or community reviewing the year's progress and events. All or parts of these reports can help relay the Collaborative's story and successes. Others do their messaging via regular newsletters and websites to keep everyone informed, interested, and inspired.
  Examples: Beltrami and Clay
- Be mindful to take advantage of social media to help promote collaborative activities and engage the community.

6) Governance - Statutes, Agreements, Models, Data Sharing, Open Meeting Law & Insurance

Governance Agreement
Your Collaborative will be governed under a Joint Powers Agreement, Interagency Agreement, or nonprofit status (501c3). Please see the Model Governance Agreement for Children's Collaboratives in Minnesota. You should also be sure to keep a fully signed copy of the most recent governance agreement, including related amendments, by-laws, board minutes, and *Collaborative Governance Agreement Checklist*, among your official records.

The 2018 Collaborative Reports show the following types of governance agreements:

Interagency Agreement	58 Collaboratives
Joint Powers Agreement	31 Collaboratives
Other	1 Collaborative

Review your Collaborative's governance agreement, which will describe governing partners, integrated funding, and local agreements. This document should be reviewed and updated when changes occur to boundaries, membership, mergers or re-structuring. When revising the governance agreement, remember to check the *Collaborative Governance Agreement Checklist* for suggested improvements. You may also need or want to consult a local attorney, usually available through a county, school, or other partner, for advice, approval, and/or review.

In addition, you will need by-laws which are your organization's operating manual. By-laws are the written rules by which an organization is governed. They set forth the structure of the board and the organization. They determine the rights of participants and the procedures by which rights can be exercised. In other words, by-laws guide the board in conducting business. More information on by-laws can be found on page 9 of the Model Governance Agreement and GrantSpace.

Please see Appendix for more information about the governmental and legal status of Collaboratives.

Collaborative Models
Collaboratives may be configured in many ways. Those are Children's Mental Health Collaboratives, Family Services Collaboratives, or Integrated Children's Mental Health and Family Services Collaboratives. A CMHC must serve at least one county and a FSC must serve at least one school district. The size of most Collaboratives' service areas corresponds to a single county. However, sometimes the configuration may be a multi-county Collaborative (e.g., PACT (Putting All Communities Together) for Families serving five counties) or multi-collaborative counties (e.g., Hennepin County with one CMHC and 12 FSCs).

There may also be partners (e.g., corrections, public health, special education cooperatives) that are regional entities overlapping counties or school districts. These partners often serve as members on more than one Collaborative's governing board and present opportunities for regional communication and coordination.

A ***parity agreement*** may be necessary when agencies overlap multiple counties, Collaboratives or even states. This agreement would address division of resources, board membership(s), LCTS participation, and coordination for planning and programming to ensure children, youth and families are served.

Membership
At a minimum, the composition of each Collaborative's governing board must include the members mandated by statute.

Children's Mental Health Collaboratives must include at least the following partners as voting members of the governing board:

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

Minnesota Statute 245.493 also recommends "representatives of the local system of care and nongovernmental entities such as parents of children in the target population; parent and consumer organizations; community, civic, and religious organizations; private and nonprofit mental and physical health care providers; culturally specific organizations; local foundations; and businesses" as members of the CMHC.

Family Services Collaboratives must include at least the following partners as voting members of the governing board:

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

Minnesota Statute 124D.23 states, "Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services. Members of the governing bodies of political subdivisions involved in the establishment of a family services collaborative shall select representatives of the nongovernmental entities listed in paragraph (a) to serve on the governing board of a collaborative. The governing body members of the political subdivisions shall select one or more representatives of the nongovernmental entities within the family service collaborative."

Integrated Children's Mental Health and Family Services Collaboratives must include all the partners listed above as voting members of the governing board.

Please note:

- LCTS policy states "all Collaboratives participating in the LCTS must have a Public Health partner, a Corrections partner, and at least one Public School District partner" participating in the LCTS.
- All entities participating in the LCTS, including new participants, need to be represented as voting members on the Collaborative's governing board and as signing members to the Collaborative's governing agreement.
- If your Collaborative participates in the LCTS, then the minimum membership on the governing board must meet the mandates of state statutes and LCTS policies.

See Appendix for statewide resources related to mandated partners.

Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, culturally specific community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, senior citizen volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.

Duties

Statutes list the duties of the governing boards of Children's Mental Health Collaboratives and Family Services Collaboratives.

Minnesota statutes also allow a CMHC, FSC or Integrated CMHC/FSC to assume the duties of certain other coordinating bodies:

- Community Transition Interagency Committee (CTIC)
- Interagency Early Intervention Committee (IEIC)
- Local Advisory Council (LAC)
  For more information about LACs: Local Mental Health Advisory Councils

Committees

Committees of the Collaborative are dependent on size, local needs, and organizational structure. It is important to ensure the committees have a clear purpose and guidelines. Other governing bodies, such as executive committees or advisory councils, can supplement and support the work of the governing board. These other groups offer opportunities to involve more parents and other partners, such as direct service or front line staff, and to increase more inclusive, representative, and diverse participation in guiding the course of the Collaborative. As noted above, CMHC and FSC statutes encourage community representation.

There are generally three types of board committees or subcommittees:

- ***Standing committees*** (also called operating committees) are those committees that an organization uses on a continual basis. They can be set forth in the organization's by-laws or in its board operations and policy manual, or they may be established by custom.

  Some common types of standing committees include: Advisory, Budget, Executive, Finance, Operations, and Planning and Evaluation.

- ***Ad hoc committees*** are formed for a limited period of time to address a specific need. When the work of the ad hoc committee is completed, the committee is dissolved. An ad hoc committee may exist for less than a year or for a year or more depending on the extent of the work assigned to it.

  Some examples of committees include: Events Planning, Proposals Review Team, and Search Committee.

- ***Advisory councils / Task groups*** assist boards in carrying out their work by providing expertise and advice in selected areas which augment the knowledge and skills of the board of directors in order to more effectively guide the organization. Advisory councils do not have any governance responsibilities and are a good way to include former board members, potential board members, subject matter experts, and others in the work of the board without placing them on the board. Sometimes a task force or advisory council is a better use of a volunteer's talent, experience and time.

  For example, a Collaborative might create an advisory council connected with a current priority area, such as ACEs, cultural competence, early childhood mental health or family support models, parent advisory groups, or a significant grant initiative, such as a System of Care or Safe Schools/Healthy Students grants.

Whenever possible, it is advisable for the board to describe expectations, define responsibilities and approve the creation of a new committee. For more information, please see resource about common board committees.

Meetings

Collaborative board and committee meetings should be productive and accomplish the necessary work of the Collaborative in a reasonable amount of time – everyone has a busy schedule. To accomplish this, meetings need to be planned, engaging for participants, and timed. Your by-laws may indicate how the meeting process occurs and whose responsibility it is to lead and record the meetings. If not, here are some guidelines for meeting management and consideration.

Your board and each of the Collaborative's committees should have a designated chairperson to lead the meetings who is NOT the Collaborative Coordinator. The CC's role should be one of support, encouragement, reporting, and clarification of details. Your Collaborative may use a modified, less formal version of Robert's Rules of Order or a Consensus Model for decision making – again, check your by-laws. Also, consider an approach most likely to engage and involve all participants, particularly community members. If nothing is indicated as a procedure, you will need to set one and follow it. This can be especially helpful if you have challenging discussions in your meetings.

The Collaborative Coordinator should work with the board chairperson to set the agenda for the meeting. It's also helpful to identify what needs to be accomplished at the meeting to be sure that is realized in the timeframe of the meeting. Recording notes/minutes of the meetings is necessary and needs to be accessible and shared with the group following the meeting. The CC's role is to provide supporting documentation and reports for the agenda items listed. Agendas and supporting documentation should be shared with the group prior to the meeting --- 5-7 days is best. A couple of good meeting resources are: Management Library and Nonprofit Board Meeting Tips.

One of the more common conflicting discussions that can happen in Collaboratives is about the $money$ – who gets it and how it should be spent. This conflict is lessened by having a comprehensive plan of action and solid priorities, goals and strategies. When these discussions occur, it is important to strategize the meeting flow and process so everyone can participate and have their voice heard. Asking a specific question of each board member is a good way to ensure everyone shares their thoughts. It might be helpful to find someone to help lead these types of discussion who has experience in handling conflict and is not fearful of divergent thinking. Remember, that each board member has their own self-interest they bring to the collaborative table and that needs to be acknowledged and identified to move the discussion forward. Some resources for dealing with meeting conflicts are: Difficult People in Meetings and Handling Difficult Meeting Situations.

Open Meeting Law

The democratic process depends on the public having knowledge about the considerations underlying governmental action. The Open Meeting Law therefore requires that most meetings of public bodies be held in public. Collaboratives need to follow the Minnesota Open Meeting Law Statute for all meetings or at least be aware of where your Collaborative falls within Minnesota Statute parameters. This can also be addressed in your by-laws.

Minnesota's Open Meeting Law Statute, Chapter 13D applies to Collaboratives. "The law applies to state and **local multimember governmental bodies**, including committees and subcommittees, and nonprofits created by political subdivisions."

For more information:

- Data Practices Office YouTube Channel
  (Instructive videos and recorded webinars about the Open Meeting Law)
- *Information Brief* (page 2 answers other questions and end of document provides resources)
- Model Governance Agreement for Children's Collaboratives in Minnesota
  (Page 9 refers to exception allowing closed meetings to discuss private data per Minnesota Statute 13D.05)
- Open Meeting Law (Minnesota Department of Administration)
  (Contact information and help with understanding rules, requirements, and responsibilities)

Actions by Remote Communication
A conference during the meeting among directors by a means of remote communication with other board members participating remotely and/or physically present at the meeting location designates presence at the meeting.

https://www.revisor.mn.gov/statutes/cite/13D.02
https://www.revisor.mn.gov/statutes/cite/13D.021

Email/Written Consent Voting
If an entity is subject to the Open Meeting Law, then meetings of a quorum related to official business must be appropriately noticed and open to the public (unless there is statutory authority to close the meeting). Meetings subject to the requirements of the Open Meeting Law are gatherings of a quorum or more members of the governing body at which members discuss, decide, or receive information as a group on issues relating to official business of the governing body.

Conducting a vote over email would not satisfy this requirement and would likely be a violation of the Open Meeting Law because a quorum of members would be making a decision as a group related to official business outside of a properly noticed meeting. A Collaborative should avoid using email for official discussions or votes.

The Open Meeting Law doesn't usually apply to ad hoc groups and there may be exceptions when an entity delegates authority for some decisions to an administrator. Contact the Data Practices Office at the Minnesota Department of Administration for assistance and advice.

Conflict of Interest
A conflict of interest exists when someone with a fiduciary responsibility is in a situation where their own self-interest and the interests of the Collaborative might come into conflict. A common example of a conflict of interest comes up when a board member also runs a business that sells something the organization might need and has a chance to influence the purchasing decision. Conflict of interest can also be a concern when there are decisions about awarding grants, funds, or contracts. Organizations are often advised to have a written conflict of interest policy that everyone who is in a position to experience such a conflict accepts, often by signing a policy document.

A conflict of interest policy should (a) require those with a conflict (or who think they may have a conflict) to disclose the conflict/potential conflict, and (b) prohibit interested board members from voting on any matter in which there is a conflict. This conflict of interest resource contains further information.

Beyond including those two basic directives, organizations need to determine how the board will manage the conflict. Your board may want to identify and agree on a grievance or appeal process. Please see Section 10: Dispute Resolution in the *Model Governance Agreement for Children's Collaboratives in Minnesota*.

Potential Conflict if Collaborative Coordinator is a Voting Member of the Board
It is legal for Collaborative Coordinators or other paid staff to serve as voting members on their organizations' governing boards. Although it is not considered a good practice, because it presents a natural conflict of interest for executive staff to serve equally on the entity that supervises them.

Because board members serve in an oversight role, some potential conflicts with the CC are:
- Evaluation of performance and compensation of key staff, including the Collaborative Coordinator
- Staffing cuts
- Budget allocations
- Programming changes

Collaborative Coordinators should attend and/or participate in discussions at board meetings, however. Their presence is essential because they likely know the most about:

- The organization's mission and programs
- Finances
- Staff roles and competencies

It can be good practice to include the CC as an ex-officio (non-voting) member of the board, so that they may participate in board meetings but still avoid the appearance of any conflicts of interest.

In cases where the CC might still have a seat on the board, it's important to have an effective conflict of interest policy. This policy should state when it is necessary for any board member, including the Collaborative Coordinator, to recuse themselves from certain votes or discussions where a conflict of interest may exist.

Liability Insurance

Liability insurance provides coverage for "intentional" actions taken by an organization's board of directors or management that someone else thinks is wrong. Your Collaborative may or may not provide board member liability insurance. This discussion and question may come up periodically at board meetings.

Minnesota developed a position based on extensive conversations with Minnesota Counties Insurance Trust (MCIT), Minnesota County Attorneys Association, and others. The summary of that position is:

1. If a Collaborative does NOT provide direct services, then it probably does not need liability insurance. This suggests that legal exposure is very low if you do not provide direct services. Exposure is not zero, however.
2. If a Collaborative does provide direct services, then it does need liability protection. If the providers in the Collaborative are county, school, corrections, and public health employees, then they are covered by their agency's errors and omissions insurance. Community provider agencies and their staff likely have similar coverage – you need to check. The direct service providers that need protection are volunteers.
3. The other groups to look at are the non-agency, non-professionals (i.e., family and consumer members) on your governing board and/or advisory councils. As a policy decision maker, the exposure of a board member is low, but not non-existent.

In summary, you may be able to avoid purchasing separate liability insurance for the Collaborative, but you need to be sure that each individual with any degree of exposure is protected commensurate with that exposure.

Nonprofit Status (501c3)

A Collaborative interested in establishing the Collaborative or an entity connected with the Collaborative as a nonprofit organization would need to do so under articles of incorporation. For more information:

- Annual Renewal Filings
- Minnesota Council of Nonprofits (MCN)
- Minnesota Nonprofit Corporation Act
- Propel Nonprofits
- Secretary of State - Minnesota Nonprofit Corporations

Sometimes a program of a Collaborative has become a nonprofit. There may be instances, too, of a Collaborative joining a 501c3, such as the Northwest Minnesota Council of Collaboratives . While the 501c3 status is an advantage for fundraising and grant seeking, some Collaboratives have found ways around this by having a nonprofit partner take the lead as the fiscal or grant entity.

Records & Retention

There are some basic records each Collaborative should always keep on file. Here are some suggestions:

- Current governance agreement - complete with all signatures (fully executed agreement)
- Amendments to governance agreement
- *Collaborative Governance Agreement Checklist*
- By-laws
- Current contracts and RFPs
- Recent audits
- Current grant information
- Most current reports to various regulatory organizations
- Website management agreements

The record retention policy at DHS is to retain legal agreements for six years after the agreement expires. This includes interagency agreements, contracts, grants, etc. If applicable, you may also want to consult your fiscal agent and/or lead agent about local policies pertaining to financial and personnel records.

The retention policy for LCTS documentation is four years, or per your county's retention policy, whichever is longer.

Data Sharing/Privacy Practices

Information privacy or data protection laws prohibit the disclosure or misuse of information held on private individuals. .. Information collected by an individual cannot be disclosed to other organizations or individuals unless specifically authorized by **law** or by consent of the individual.

All parties agree to implement data practices that conform to state and federal statutes and rules regulating data, particularly the collection, creation, receipt, maintenance or dissemination of private data on individuals as defined and regulated by the Minnesota Government Data Practices Act. Information sharing among Collaborative Partners must conform to Minnesota Statute 124D.23 Subd. 5 (FSC) and/or Minnesota Statute 245.493 Subd. 3 (CMHC). The Collaborative may collect non-identifying data from its partners in order to evaluate the use of the Collaborative's funds.

You will also want to handle people's contact information with care --- particularly parent representative or participant information. Parents formally appointed or elected to serve on the board or committee become public representatives and need to supply some form of contact so that constituents or other board/committee members can reach them. This includes a residential address and phone number or email address.

State statutes (13.356, 13.46, and 13.045) protect private contact information for parents who attend open meetings/events and receive reminders about open meetings/events. Staff hired by the Collaborative are expected to manage family contact info and send out reminders.

Here are some resources which may help you understand these issues:

- Data Practices Office (Minnesota Department of Administration)
- Data Practices Office YouTube Channel
  (Instructive videos and recorded webinars about the Open Meeting Law)
- Minnesota Coalition on Government Information
- Minnesota Statute 13.601: Elected & Appointed Officials
- *Model Governance Agreement for Children's Collaboratives in Minnesota*
  (Section 8: Data Practices & Procedures: pages 15 – 17)

Lobbying – Advocacy

It is always OK to "educate" or respond to a request specific to an issue (including public hearings, rule-making, and direct requests). If you are acting on behalf of your organization, review any federal or other grants you receive for any language prohibiting or limiting lobbying activities. Some of your collaborative partners may need to consult their agencies' policies. Your Collaborative can probably participate in activities supporting a bill if its purpose is primarily education or awareness.

Here are some resources on lobbying that might be helpful:

How States Define Lobbying and Lobbyists

Minnesota Council of Nonprofits - Advocacy & Public Policy Resources

7) Integrated Service System

Collaboratives strive to create a continuum of services and supports driven by people's needs rather than by service or funding categories. This requires increasing access to services and decreasing barriers to services. Collaboratives focus on transforming the design and delivery of service systems to improve and integrate existing services --- the focus is not on creating more services.

Children and youth with mental health and other complex needs are often involved with multiple service systems and it makes sense to find ways to connect systems to coordinate care for these children and youth. Integrating or coordinating services among providers or programs serving the same children reduces duplication, fragmentation and gaps in services. It can also improve service access, delivery, and family satisfaction. Successful service integration requires commitment to collaboration and coordination within and across various settings in both the public and private sectors. Providers partner at the both the system and service levels to plan, develop, and deliver services to children with interrelated challenges.

While this may seem more complicated for those who serve families, the purpose is to simplify the experience for the families seeking services. Parents often express frustration with trying to navigate a maze of services. Collaboration initially may appear to be an exercise in extra effort; however, eventually it becomes the way partners do business for children and families. Integrating services maximizes resources and results by enhancing coordination and capacity among all service systems.

The purpose of Children's Mental Health and Family Services Collaboratives is to establish integrated service systems to improve the well-being of children and their families:

- Integrated Local Service Delivery System: Coordination of funding streams and the delivery of services among agencies (MS 124D.23 Subd.4)
- Integrated Service System: A coordinated set of procedures established by the Collaborative for coordinating services and actions across categorical systems. (MS 245.492 Subd.9)
- Integrated Mental Health System: An integrated children's mental health service system means a coordinated set of procedures established for coordinating services and actions across categorical systems and agencies that results in:
  - integrated funding;
  - improved outreach, early identification, and intervention across systems;
  - 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 these children;
  - a coordinated assessment process across systems that determines which children need multiagency care coordination and wraparound services;
  - multiagency plan of care; and
  - individualized rehabilitation services

Both types of Collaboratives share core components for integrated service systems:

- Improved outreach and early identification
- Coordinated assessments
- Multi-agency plans of care
- Integrated funding

Shared Services & Processes
Service coordination is the process by which the different agencies who are involved with different aspects of the area of concern search for and implement proposals that go beyond what each individual agency would ordinarily have been able to do.

Cross agency service coordination or integration implies:
- Communication among agencies
- Understanding of differences and how they are related to the issue at hand
- Search and propose solutions
- Plan
- Share resources and risk

Service coordination is not a single event or document. It is an ongoing process of communicating, goal setting, evaluating, and re-evaluating towards a shared vision.

Wraparound
Wraparound exemplifies service integration at the individual or family level. Minnesota Statute 245.492 lists "multiagency care coordination and wraparound services" as part of the integrated service system and also references "multiagency service coordination and wraparound services" in the definition of the target population for a CMHC.

Wraparound is a type of intensive, individualized care coordination involving a team process that wraps services, supports, and resources around a child or youth with a severe emotional or behavioral disorder to meet goals set by the team. Wraparound focuses on collaboratively serving those children and youth with complicated issues who are involved with multiple service systems and often at risk of out-of-home placement. The basic elements of the wraparound approach include:
- The child and family are at the center of the team and actively involved in planning and setting goals that build the strengths, including culture, and needs in the child's life.
- The team consists of formal service providers and informal community supports closely connected, professionally and personally, to the child's care and concerns.
- The team meets as necessary to creatively work together to solve problems so as to attain the goals in the child's plan of care.
- The team tracks progress toward the plan's goals and updates the plan to respond to changing needs.
- Someone on the team usually serves as the facilitator to engage the family, convene the team and keep everyone informed and involved in their role in realizing the goals of the plan.

As part of their commitment to integrated services and interagency planning, many of Minnesota's Children's Mental Health and Family Services Collaboratives promote wraparound in their work with families. Minnesota System of Care is piloting WrapMN, a high-fidelity care planning process using a strength-based, family-driven approach to help children and youth with serious mental illness. Reports of the U.S. Surgeon General's Office and President's New Freedom Commission n Mental Health highlighted wraparound as a promising practice.

Collaboratives are like wraparound teams that wrap services, supports, and resources around communities!

Resources:
- National Wraparound Institute (NWI)
- National Wraparound Implementation Center (NWIC)
- Wraparound Milwaukee

Systems of Care

A system of care is a coordinated network of community-based services and supports designed to meet the challenges of children and youth with serious mental health needs and their families. These partnerships of families, youth, public organizations and private service providers work to more effectively deliver mental health services and supports that build on the strengths of individuals and fully address children's and youths' needs. These systems are also developed around the principles of being child-centered, family-driven, strength-based and culturally competent as well as engaging youth and involving interagency collaboration. Systems of care are developed on the premise that the mental health needs of children, youth, and their families can be met within their home, school, and community environments.

"A system of care incorporates a broad array of services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery, management, and policy levels." Pires, S. (2002) Building Systems of Care: A Primer, Washington, D.C.: Human Service Collaborative

Collaboratives, particularly CMHCs, represent the system of care approach (values, organizational philosophy, and framework) that involves collaboration across agencies, families, and youths. The Minnesota Comprehensive Children's Mental Health Act states, "'Local system of care' means services that are locally available to the child and the child's family. The services are mental health, social services, correctional services, education services, health services, and vocational services."

SAMHSA's Comprehensive Community Mental Health Services for Children and Their Families Program has provided grants to improve and expand their systems of care to meet the needs of children with serious emotional disturbances and their families. There are three graduated collaborative communities in Minnesota:

- Our Children Succeed System of Care Initiative
- PACT for Families Collaborative
- STARS (System Transformation of Area Resources and Services) for Children's Mental Health

Resources:

- Effective Strategies for Expanding the System of Care Approach
- Expanding Systems of Care: Improving the Lives of Children, Youth & Families
- Family Driven Care: Are We There Yet?
- Toolkit for Expanding the System of Care Approach
- Updating the System of Care & Philosophy

Collaboratives will continue to play a necessary role in Minnesota's system of care as they more fully evolve from coordination toward collaboration to:

- Shift their focus from developing and managing services to changing systems and policies
- Provide ways for communities to adapt and respond to new challenges and emerging issues
- Develop measurable outcomes and ensure more accountability
- Leverage new resources and integrate more resources
- Encourage sharing of costs for program development and delivery
  (innovative approaches to do more with less)

Collaborative Partners Integrating Systems through:	System Components:
•Shared Vision	•Improving the Well-Being of Children & Their Families Through an Integrated Service System
•Shared Decision-Making	•Collaborative Governing Boards & Governance Agreements
•Shared Planning & Policy Development	•Results-Based Accountability or Other Planning Model
•Shared Services & Processes	•Service Coordination •Multiagency Plans of Care •Coordinated Assessment Process •Evaluation & Outcomes
•Shared Funding & Resources	•Integrated Fund

8) Programs/Services - Evaluation & Accountability

Collaboratives generally support and/or provide some types of programs and/or services based on local needs. These local needs are determined by the collaborative partners, stakeholders, and board. A recent needs assessment or simply consensus on common partner issues might prompt the services and programs your Collaborative is currently supporting. If your Collaborative has been funding the same programs/services for a really long time, it might be time for a discussion and/or planning session to determine if this is still the best use of resources for your Collaborative. Do not assume the status quo is always the best course of action. Repeatedly paying for the same program may demonstrate the value of that program and a need to build it permanently into a partner's budget or search for other ways to sustain a program that has proven to be successful. The integrated fund is intended to be a source of support for innovative prevention and early intervention programs. It's also flexible funding that can respond to emerging needs in your community.

"Programs" are inherently change efforts. They include intentionally designed activities that are developed and delivered in order to contribute toward some envisioned change.

Program Evaluation & Accountability

Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies, and programs --- particularly about their effectiveness and efficiency. Program evaluations are conducted to make programs better. Program evaluations can involve both quantitative and qualitative data.

Evaluations are typically divided into two major categories: process evaluations and outcome evaluations. Process evaluations assess the strengths and weaknesses of the day-to-day operations of the program. Outcome evaluations determine what changes occurred in the program participants' lives.

Use your evaluation data in your strategic planning to determine if your strategies are working to achieve the results you envisioned. If your Collaborative contracts out programs and services to other agencies and/or organizations, be sure to build in evaluation, outcome measures, and accountability into your request for proposals (RFP). Use the measures to select and hold vendors accountable for program results and success as you monitor the contracts you hold. These measures are also data that can be used in your planning processes, discussions on current situations and changes, and allocating resources. This accountability and evaluation data can be woven into your annual action plans, community reports, accessing grants, and sharing with the public the importance of the work your Collaborative provides in the community.

Always keep in mind the quote: "*Insanity: Doing the same thing over and over again and expecting different results*" - *Albert Einstein*

5 Reasons Evaluation Can Help Programs

1 A program evaluation can find out "what works" and "what does not work."
2 A program evaluation can showcase the effectiveness of a program to the community and to funders.
3 A program evaluation can improve staff's frontline practice with participants.
4 A program evaluation can increase a program's capacity to conduct a critical self-assessment and plan for the future.
5 A program evaluation can build knowledge for the field you are working in.

Source: Adapted from the Program Manager's Guide to Evaluation, U.S. Department of Health and Human Services, Administration for Children and Families

Results Based Accountability **Model – Mark Friedman**
Results-Based Accountability™ (RBA), also known as Outcomes-Based Accountability™ (OBA), is a disciplined way of thinking and taking action that communities can use to improve the lives of children, youth, families, adults, and the community as a whole. RBA is also used by organizations to improve the performance of their programs or services.

RBA improves the lives of children, families, and communities and the performance of programs because RBA:

- Gets from talk to action quickly
- Is a simple, common sense process that everyone can understand
- Helps groups to surface and challenge assumptions that can be barriers to innovation
- Builds collaboration and consensus
- Uses data and transparency to ensure accountability for both the well-being of people and the performance of programs

Collective Impact Model **- John Kania & Mark Kramer**
Collective Impact Forum – FSG (Reimagining Social Change)
Collective impact is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, nonprofit organizations, and citizens to achieve significant and lasting social change.

There are five key elements:

Logic Model
The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.
Source: W.K. Kellogg Foundation Logic Model Development Guide
Resource: University of Wisconsin Extension Program Development and Evaluation

A logic model is also known as a logical framework, theory of change, or program matrix and is a tool used by funders, managers, and evaluators of programs to evaluate the effectiveness of a program. This can also be used during planning and implementation.

Outcomes Evaluation

Nonprofit Outcome Resources

United Way Outcome Resource

Outcomes evaluation looks at impacts/benefits/changes to your clients (as a result of your programs' efforts) during and/or after their participation in your programs. Outcomes evaluation can examine these changes in the short-term, intermediate-term, and long-term.

"Not everything that can be counted counts. Not everything that counts can be counted."
— William Bruce Cameron

9) Integrated Fund & Resource Development

Integrated Fund

Collaboratives exist to improve services for children and their families by creating a fundamental change in the way that child- and family-serving systems operate. In a collaborative paradigm of service delivery, the needs of a child and family drive the service delivery. Collaboratives align resources to support services to meet needs and realize results. In order for this to happen, however, there needs to be a sufficiently funded and flexible source of resources which can be mobilized to meet the needs of a child or family. For local Collaboratives, that flexible source is the integrated fund.

Collaboratives, by statute, are required to have an integrated fund. In short, various monies and resources are co-mingled in some format to address local issues collectively. The integrated fund is a mandated, defining component of both Family Services and Children's Mental Health Collaboratives. These integrated funds are a non-categorical, flexible pool of funding for children's services.

As defined in the Children's Mental Health Integrated Fund statute, the integrated fund is:

"*. . . a pool of public and private, local, state, and federal resources, consolidated at the local level, to accomplish locally agreed upon service goals for the target population. The fund is used to help the local children's mental health collaborative to serve the mental health needs of children in the target population by allowing the local children's mental health collaboratives to develop and implement an integrated service system." (MN Statute 245.492, Subd. 7)*

The Family Services Collaboratives' governing statute says the following with regard to the integrated fund:

"A collaborative must establish an integrated fund to help provide an integrated service system and fund additional supplemental services." (MN Statute 124D.23, Subd.6)

"Each collaborative must . . . integrate service funding sources so that children and their families obtain services from providers best able to anticipate and meet their needs." (MN Statute 124D.23, Subd. 2)

Collaborative governance agreements should include the minimum financial commitment of contributors to the integrated fund. Partners can meet this commitment through cash and/or in-kind donations. The integrated fund is under the control of the Collaborative's governing board, not the individual partners, and represents the financial manifestation of system change.

A Collaborative organized under an interagency agreement must appoint a fiscal agent from among the parties to the agreement. Generally, the county or a local school district acts as the fiscal agent that "holds" the integrated fund on behalf of the Collaborative. A Collaborative organized as a separate legal entity (such as a joint powers authority) may choose either to appoint a fiscal agent or to set up its own administrative capacity.

In-kind contributions are a very important part of a Collaborative's integrated fund, and should be documented. Often, they make up a significant portion of each partner's contributions to an integrated fund. In-kind contributions may be:

- Staff time
- Postage
- Photocopying
- Transportation
- Technology services (email, websites, computer use, etc.)
- Office or meeting space
- Many other non-cash contributions to a Collaborative's work

While in-kind contributions are not to be disregarded, or their value diminished, a Collaborative should make sure that all partners are contributing a sufficient amount of both in-kind and cash resources to be able to meet the goals established by the Collaborative.

It is highly recommended that a Collaborative's integrated fund meets the following criteria:

- Pooled resources must be measurable in dollars
- Pooled resources must be under the control of the Collaborative's governance structure
- Pooled resources must be able to be consolidated into a single financial statement, with clear audit trails

The process of pooling resources does not, in itself, remove any program or fiscal requirements attached to funding sources.

The following resources ***must*** be included in the integrated fund:

- Partner Contributions
  Both the CMHC and FSC statutes require collaborative partners to commit resources to providing services through the Collaborative. These resources should be directed to the integrated fund. (The FSC statute requires a minimum financial commitment from partners.)
- LCTS earnings
  LCTS reimbursement, though received by the county first, must be deposited in the integrated fund and administered by the Collaborative's governing board.
- LCTS interest
  Interest earned on LCTS reimbursement funds must be put into the integrated fund.
- Child Welfare Targeted Case Management (CW-TCM) Revenue (if applicable)
  Any CW-TCM revenue earned by counties by serving Children's Mental Health Collaborative clients must be directed to the Integrated Fund.
  (Statutes instruct the county or tribe to contribute CW-TCM reimbursement for "collaborative" children to the integrated fund. A challenge can be determining who is actually serving the children. Most Collaboratives coordinate rather than provide direct services.)

Revenue earned by the Collaborative or collaborative partners through other grants and funding streams not listed above can, and sometimes *should*, be included in the integrated fund, even though they are not necessarily required to be. Among those are the following:

- Funds from grants or revenue streams that are designated to serve the Collaborative's target population
- Any other grant (for which being a Collaborative was a primary requirement) from a federal, state, local government, or private source awarded to the Collaborative and paid through the Collaborative's fiscal host
- Funds resulting from grants applied for *by the Collaborative*
- Donations from any public or private source given specifically to the Collaborative, rather than to any one of the collaborative partners

The integrated fund can include, but is not limited to the following resources:

- Federal
- State
- Local
- Partner cash
- Partner in-kind
- Non-partner contributions
- Foundation support

Resource Development

LCTS was never designed to be the sole funding of a Collaborative. Other funds can be generated to help support your Collaborative's local goals and objectives. Some collaborative board partners contribute annually to the Collaborative's integrated fund. (FSCs – Minnesota Statute 124D.23 Subd. 6: "The collaborative agreement must specify a minimum financial commitment by the contributors to an integrated fund.") Some Collaboratives seek local, state, or federal grants to support programs and services. Some Collaboratives use their counties' TEFRA funds to support children's mental health.

All monies generated by Collaboratives belong in the Collaborative's integrated fund and leverage other funders.

Public and private grants:

- Federal, state, and local foundation opportunities
- Federal, state, and local government funding opportunities (e.g., SAMHSA)
- Private foundation grants
- Regional community foundations
- Local civic organizations, foundations, and human service partners

There are challenges to creating an integrated fund. For many Collaboratives, LCTS comprises the majority of their integrated funding. There is occasionally a tendency to equate Collaboratives with LCTS. While LCTS proves to be a vital, flexible source of support for prevention and early intervention, it has sometimes delayed development of many Collaboratives' integrated service funds. It can also cause a certain tendency toward minimalism if Collaboratives let LCTS limit their vision – sometimes getting stuck on funding or programming. Despite drastic decreases to LCTS earnings about 12 years ago, many Collaboratives affirmed their commitment to the values of collaboration: connections, coordination, creativity, interagency conversations, partnerships, relationships, shared planning and resources, etc.

Leveraging Other Resources

All monies of the Collaborative are to be put into the integrated fund to be used for local programs and efforts. Using money in the integrated fund to leverage other money and/or resources is highly beneficial. Leveraging means using one source of funds to get a commitment from another funding source. In other words, leveraging is the advantageous condition of having a relatively small amount of cost or investment yield a relatively high level of return.

Nothing brings a smile to a potential funding source's face like the phrase, "Your dollars will be matched dollar for dollar by somebody else."

Here's what makes leveraging so attractive to funding sources:

- It shows that others believe in the project.
- It addresses the issue of sustainability, because those who sign on as partners at the start have an incentive to continue supporting the project after the grant ends.
- Collaboration adds stakeholders and their support to the project.

Collaboratives' successes also leverage additional attention and assistance. School-Linked Mental Health Services are a prime example. When DHS learned of impending losses to the LCTS, staff reviewed the *Annual Collaborative Reports* for promising programs which might be adversely affected. Many Collaboratives were supporting mental health services connected with their schools. This led to including School-Linked Mental Health Services in the 2007 Governor's Mental Health Initiative. These growing infrastructure grants continue today.

10) Fiscal Management – Budgeting, Fiscal Agent & Audits

Budgeting

It is the responsibility of the Collaborative Coordinator to work with the board to create, manage, and implement an annual budget for the Collaborative. This would include all funds used for the Collaborative's various services and programs. (See *Integrated Fund*.) Resources should be distributed based on known needs, not necessarily on a population or per capita ratio. Many factors need to be considered when determining resource allocations. Collaboratives may have a number of sources of revenue, including LCTS revenue, other state or federal grant monies, or types of local funding. These all should be included in your annual budget. Your board needs to approve the annual budget as well as any major changes that may happen during your fiscal year. Your fiscal host can help you with understanding the financial reporting and documentation.

Distribution of LCTS earnings and other resources also presents issues for multi-collaborative counties. All the governing boards of those Collaboratives need to consider various criteria and approve a process for allocating LCTS funds among all the Collaboratives in a county. Collaboratives coordinate to effectively and equitably share resources to meet the needs of children, youth, and families across the county. Multi-county Collaboratives try to balance meeting the common needs of all their counties while also focusing on needs specific to a single county.

Collaboratives, grants, and reports may operate according to a variety of fiscal years:

- Calendar January – December
- School September – August
- State July – June
- Federal October - September

Your Collaborative's annual budget should support your agreed upon priorities and action plan strategies. Without board and budget commitments, strategies and results will be undermined. Budget items need to link to the work and programs your Collaborative provides. Everything aligns – vision, mission, priorities, goals, strategies, outcome and evaluation measures, and resources to paint a unified picture of collaborative effort. This tells your story and supports why you put your resources into the programs/services you provide. It is a loop of action, accountability, and evaluation.

Fiscal Agent

Most Collaboratives have an appointed fiscal agent, generally their county or local school district, who is selected from the parties to the governance agreement. There is nothing specifying the county must be the fiscal agent for the Collaborative's integrated fund. *The Model Governance Agreement for Children's Collaborative in Minnesota* notes, "A collaborative organized as a separate legal entity (such as a joint-powers authority) may choose either to appoint a fiscal agent or to set up its own administrative capacity." Collaborative Coordinators usually work with the fiscal agent to prepare financial reports for board meetings.

The fiscal agent does not budget for revenues or expenditures. It does not approve expenditures and should not report them as if they were the fiscal agency's transaction. The Collaborative's governing board is responsible for budgeting and approving all expenditures.

A fiscal agent should be a partner in the Collaborative's grant requests, auditing and other financial opportunities to promote the Collaborative's efforts to meet its mission and goals. The fiscal agent should provide financial reports, audit findings, and grant financial accountability summaries need to be provided to the collaborative board for regular review.

Accounting Models
Collaboratives need to follow standard accounting requirements for the sake of accountability among collaborative partners and accountability to the state.

There are three basic accounting models for integrated funds:

- *Joint Checking Account Model*
  This is the most straightforward model and it's easy to understand and works well. Everyone puts in their "share" (whatever they've agreed to contribute) and then joint purchases are made out of the joint checking account.
- *Holding Company Model*
  Some or all of the funds may be left in each of the local partners' books. These funds have to be in identifiable accounts, with clear audit trails. They also must be under the control of the Collaborative --- not just one partner or a group of partners. It must be possible to add the amounts each partner has together, so the Collaborative can look at a consolidated budget or financial statement. This is called a holding company model because the funds are left in the books of the local Collaborative's partners and the accounting resembles a corporation with a number of subsidiaries.

- *Hybrid Model*
  Some activity is handled in a joint checking account and other activity is handled by individual partners in their respective accounting records.

Collaboratives may change their approach and accounting models over time. Accounting is not the most important thing about the integrated fund. The most important thing is that the resources in the integrated fund are under ***joint collaborative control*** by the Collaborative's governance board.

Please see Appendix for more information about the fiscal and tax exempt status of Collaboratives.

Audits
Your Collaborative may or may not receive an annual independent audit. Discussions and questions may arise periodically at your board meetings. It is generally best practice to annually receive an audit.

A Collaborative is formed under state statute. This statute defines how the collaborative is formed. A number of the members are appointed by counties, school districts and other local governments. Depending on how on they were formed and their membership, some Collaboratives may meet the statutory definition for special districts and therefore, are required to report their financial information to the Office of the State Auditor.

If a Collaborative is a special district, then audit requirements of Minnesota Statute 6.756, subd. 2 may apply. These special district audit requirements differ depending on annual revenue. They do not apply if financial auditing and reporting requirements apply under other law. The Office of the State Auditor's website contains guidance for the determination of whether an entity qualifies as a special district and the audit requirements for special districts.

LCTS dollars are a reimbursement to the Collaborative. DHS disburses LCTS money as federal funds with a CFDA number, but it does not consider them federal funds to the local Collaborative. The dollars stop being federal when received by the local partners. LCTS dollars are federal at the state level but are not federal at the local level.

11) Local Collaborative Time Study (LCTS)

In January 1997, a federal source of funding became available. The Local Collaborative Time Study (LCTS) is Minnesota's federally approved claiming mechanism for Medicaid (MA) and Title IV-E administrative reimbursement for functioning and approved Minnesota's Family Services and Children's Mental Health Collaboratives. The three types of public entities that can participate in the LCTS are eligible public school districts, county public health agencies, and correction agencies that are partners of a state sanctioned Collaborative.

Staff in public school districts, public health, and correction agencies earn reimbursement for eligible activities they perform to assist the state in administration of the MA and Title IV-E state plans. The Department of Human Services (DHS) disburses MA and Title IV-E reimbursement claimed through the LCTS to the county social service agency, which, in turn, must transfer the funds to the integrated fund of the Collaborative or Collaboratives connected with that county. The LCTS also claims MA administrative reimbursement for Long Term Services & Support (LTSS) on behalf of participating public health staff. Those funds are paid directly to those designated local public health entities.

LCTS funds received by Collaboratives have been designated by state statute for use in the expansion of early intervention and prevention services in Minnesota communities. The goals of these services are:

- Prevention of out-of-home placement
- Enhancement of family support and children's physical and mental health services
- Development of a seamless system of services
- Strengthening of local community-based collaborative efforts

Collaborative Coordinator

All Collaboratives have responsibility and accountability for the spending of LCTS dollars within their Collaborative. LCTS earnings are deposited in the Collaborative's integrated fund, which also includes other financial revenue and in-kind resources. LCTS funds are under the Collaborative's decision-making authority and spending must be based on needs of children and families in the community. The Collaborative's board considers statewide and local priorities driven by community needs when determining ways to allocate LCTS funding for programs and services.

Minnesota Collaboratives Strategic Framework currently lists the following statewide priorities:

- Promote mental health and well-being of children, youth and young adults
- Support healthy growth and social emotional development of children, youth and young adults
- Strengthen resilience and protective factors of families, schools and communities

LCTS reimbursement is intended to benefit families and children, not an individual Collaborative, or member of a Collaborative. Policies guide the spending of LCTS, such as *not* using LCTS for supplanting other revenues, paying for out-of-home placements, or funding capital expenditures.

The Collaborative Coordinator's role and responsibilities related to LCTS spending often include:

- Informing the collaborative board about LCTS basics, developments and priorities
- Facilitating needs assessment (gaps and barriers), strategic planning and prioritization of programs and services at the local level
- Coordinating board and other committee meetings connected with LCTS
- Incorporation of LCTS funding priorities in the budget and financial reports
- Leveraging LCTS monies with other funding opportunities
- Managing LCTS spending processes, such as RFPs, grants, etc.
- Completing the *Annual Collaborative Report*

DHS Contact for LCTS Spending Questions:
The Behavioral Health Division at DHS monitors Children's Mental Health and Family Services Collaboratives as well as their LCTS spending policies and procedures.

Contact Ann for all LCTS spending questions (allowable expenses, integrated fund, supplanting, etc.)
Ann Boerth, Collaborative Policy & Program Consultant
DHS Behavioral Health Division
Phone: (651)-431-2340 Email: ann.boerth@state.mn.us

Some Collaborative Coordinators also serve as their county's LCTS Coordinator. If so, please read this DHS Bulletin. If not, please connect with your county's LCTS Coordinator for help understanding the local process and responsibilities. LCTS is a time sensitive, random moment funding stream. Please consider learning about LCTS a priority early in your Collaborative Coordinator orientation.

DHS Financial Operations Division manages the claiming operations of LCTS. The contract authorizing participation in the LCTS is between DHS Financial Operations Division and the county. There is also language in Minnesota Statute 245.4932 and Minnesota Statute 256F.13 stating a Collaborative needs to designate a lead county as the fiscal agency for reporting, claiming and receiving payments.

LCTS Coordinator
A LCTS Coordinator must be identified to carry out the administration of the Local Collaborative Time Study for each county on behalf of the local Collaborative. The LCTS Coordinator is the main contact between DHS Financial Operations Division and the Collaborative's partners and LCTS participants. A LCTS Coordinator is responsible for all aspects of the operation of the time study earning portion of LCTS. (Simply stated, the LCTS Coordinator is responsible for all "before" activities related to the claiming or earning of the LCTS funding; while the Collaborative Coordinator and board are responsible for all "after" activities related to the spending of the LCTS earnings.) This individual has overall responsibility for the success of the LCTS operations, and is responsible for the implementation, training and ongoing participation of eligible staff. The LCTS Coordinator keeps track of the timelines and ensures compliance with all deadlines and LCTS processes and procedures. Those duties are listed in the Duties and Responsibilities of the LCTS Coordinators.

In addition to the LCTS Coordinator, there are many other staff involved at the local level that play a part in the operations of the LCTS:
- LCTS Designated Site Contacts
- LCTS Participants
- LCTS Trainers

LCTS Coordinators must provide training to each time study participant prior to their participation in the time study. LCTS Coordinators must also maintain their county-specific Participant Database and submit changes per the required time lines.

DHS Bulletin: Local Collaborative Time Study (LCTS) Operations and Activity Codes

LCTS Fiscal Reporting & Payment Agents
County Human Services is required to serve as the Collaborative's LCTS Fiscal Reporting and Payment Agent (FRAPA). The FRAPA is responsible for preparing and submitting web-based cost schedules for the Collaborative. The Minnesota Department of Human Services uses cost schedules in conjunction with the Collaborative's LCTS statistics to determine allowable costs for reimbursement by various federal programs.

The FRAPA coordinates collecting cost report and other information with the LCTS Fiscal Site Contacts at each of the local participating entities (i.e., public school districts, public health agencies, and correction agencies).
The FRAPA also receives and disburses LCTS earnings. The FRAPA is responsible for directing the LCTS earnings for deposit into the Collaborative's integrated fund. DHS requires the FRAPA to coordinate completing and submitting the *Annual LCTS Spending Report*.

DHS Bulletin: Local Collaborative Time Study (LCTS) Fiscal Operations

DHS Contacts for LCTS Operations Questions:
The Collaborative's LCTS Coordinator or LCTS Fiscal and Reporting Payment Agency are the single contact with DHS Financial Operations Division for all questions related to administering the time study operations. DHS is committed to routing calls and emails from local staff back to these individuals.

Contact Jennifer for all LCTS claiming questions (time study operations, activity codes, fiscal operations, etc.)

Jennifer Walsh, Federal Time Studies Program Accountant
DHS Financial Operations Division
Phone: (651) 431-3800 Email: jennifer.walsh@state.mn.us

Contact Helen for LCTS Title IV-E foster care candidacy determination questions:

Helen Bassett, Title IV-E Administrative & Educational Stability Consultant
DHS Child Safety & Permanency Division
Phone: (651) 431-4919 Email: helen.bassett@state.mn.us

12) Data Collection & Reporting

Evaluation and accountability also apply to the Collaboratives. Sometimes this data helps promote the case for supporting Collaboratives. For example, data from these reports were instrumental in leveraging funding for the school-linked mental health services grants and other efforts to expand early childhood resources. Policy makers and funders continue to call for increased accountability (measuring outcomes, gauging progress, demonstrating effectiveness, etc.). It can be challenging to standardize this on a statewide level with so many local variations on collaboration.

Annual Collaborative Report
The Collaborative Report is due annually to DHS. This report gathers data from all Collaboratives in Minnesota and is shared among Collaboratives, Collaborative 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. This report may change slightly, based upon state priorities, emerging trends, data needed, etc.

There are statutory requirements for Collaboratives to "provide an annual report that includes the elements listed in section 245.494, subdivision 2." These elements "include the number of local children's mental health collaboratives, the amount and type of resources committed to local children's mental health collaboratives, the additional federal revenue received as a result of local children's mental health collaboratives, the services provided, the number of children served, outcome indicators, the identification of barriers to additional collaboratives and funding integration, and recommendations for further improving service coordination and funding integration."

Contact Ann for questions on the Annual Collaborative Report:
Ann Boerth, Collaborative Policy & Program Consultant
DHS Behavioral Health Division
Phone: (651)-431-2340 Email: ann.boerth@state.mn.us

Annual LCTS Spending Report
This report requires showing the amount of LCTS dollars spent on services in five categories (child and/or family health; child development and school performance; family functioning; organization, community and systems change; other early intervention and prevention services) and administration expenses. The intent is to match services expanded with LCTS funds spent.

Contact Jennifer for questions on the Annual LCTS Spending Report:
Jennifer Walsh, Federal Time Studies Program Accountant
DHS Financial Operations Division
Phone: (651) 431-3800 Email: jennifer.walsh@state.mn.us

Special District Report
The Minnesota State Auditor (OSA) has indicated that some Collaboratives may quality as Special Districts. The OSA has oversight responsibility for all units of local government, including approximately 150 other special districts, which include some Children's Mental Health and Family Services Collaboratives. Reporting requirements of special districts are as follows:

- Special District Financial Reporting Form
- Special District Financial Statements Audited or Unaudited (uses City Financial Statement Reporting Requirements)

These annual reports are due within 180 days after the end of the special district's fiscal year: for fiscal year ending 3/31, due September 30th; for fiscal year ending 6/30, due December 31st; for fiscal year ending 9/30, due March 31st; and for fiscal year ending 12/31, due June 30th.

All questions regarding these special district reports need to be directed to the Office of the State Auditor. Forms and information available at http://www.auditor.state.mn.us/

Reporting timelines are listed in the Appendix.

Local Annual Reports
Your local Collaborative may do its own annual report to the board or community. Many Collaboratives have done reports to highlight successes in programs, initiatives, collaborative efforts, and other positive outcomes achieved.

This is a good marketing tool for your Collaborative as well as sharing the results of your good work and positive outcomes to the broader community. These annual reports can also be used when applying for grants and funding to emphasize and highlight programs and services. Some examples are:

Beltrami Area Service Collaborative
Clay County Collaborative
PACT for Families Collaborative

APPENDIX

Appendix A

New Collaborative Coordinator Checklist

Here's a quick list of the essential documents that a new Collaborative Coordinator should gather together on the first days on the job and keep handy. If these documents are not already available, you should make it a top priority during your first quarter on the job to develop them.

General:

- Most recent annual report, both state and local (if you have one)
- Strategic plan
- Staff contact sheet (if applicable)
- Board roster and contact information
- Board policies and procedures
- Minutes from recent board meetings
- Signed governance agreement and amendments
- By-laws
- *Collaborative Governance Agreement Checklist* (DHS)

Financial:

- Current fiscal year budget
- Current statement of financial position and activities
- Current schedule of collaborative partners' commitments and contributions to integrated fund
- Recent audit or financial review information (if applicable)
- Funding matrix (with funder name, amounts, and report deadlines)
- Recent proposal(s), grants, and grant contracts awarded by and to Collaborative– programs/services
- LCTS Coordinator information and expectations for participation

Human Resources (if applicable):

- Personnel handbook
- All job or position descriptions (including your own)

If you are a new Collaborative Coordinator, please contact Ann Boerth / 651-431-2340 at DHS to share your new contact information.

Appendix B

Collaborative Coordinator & Board Members --- Attributes & Skills

From *Skill Set of the Successful Collaborator*, Rosemary O'Leary & Catherine M. Gerard, Syracuse University; Yujin Choi, Florida International University

Individual attributes

- Open Minded
  - the willingness to accommodate other opinions
  - openness to change
  - respect for opposing views to the point you seek them out
- Patient
  - patience with all kinds of people
  - some efforts take a long time to become a reality
- Risk taking/change oriented
  - look beyond the obvious and explore new opportunities
  - "self-confident"
- Unselfish
  - "low ego"
  - "service motivated and selfless"
  - "not needing to receive all the credit (unselfish)"
  - "team player"
- Persistence
  - "an almost manic persistence"
  - "tenacity—follow-up, pick yourself up, learn as you proceed, and do not give up on the mission"
- Emotional intelligence
  - "someone who constantly questions themselves- how can I be better"
  - "self-awareness/emotional intelligence"
- Respect
  - "In addition, respect is a foundational quality. When you respect someone enough to involve them and seek out their opinion, you help create mutual respect between the parties"

Interpersonal skills

- Communication skills
  - Communicate, communicate, communicate
  - A successful collaborator needs to be able to articulate the issues
  - Good communication — verbal and written
- Listening
  - Listen, listen, listen, and if you didn't hear that, listen
  - Active listening, restating, and clarifying expectations
  - The willingness and ability to listen to others, identifying their objectives for the collaboration, and integrate across multiple objectives to understand what type of approaches will work
- Works well with people
  - An ability to work with a number of people and communicate with them effectively
  - The ability to separate oneself from the task and be able to accept criticism without making it personal or internalized (a thick skin!)

Group process skills

- Facilitation
    - Availability of dedicated staff to keep things moving and continuing the interest of leadership to support the partnership
- Negotiation
    - Negotiation skills are essential for a successful collaborator
- Collaborative problem-solving
    - Willingness/ability to work toward solutions and to find the commonalities of positions
- Skill in group dynamics
    - Recognizing that there is no "I" in the team
    - Knowledge of group dynamics and political culture
- Compromise
    - A willingness to compromise in finding a solution
- Conflict resolution
    - Good conflict resolution skills (of course, the best collaborator knows how to proceed so that insurmountable conflicts don't arise)
- Consensus building
    - Bringing everyone to common ground

Appendix C

Minnesota Collaboratives Strategic Framework

The Minnesota Legislature established Children's Mental Health Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1993 as innovative approaches to address the needs of children and youth who face complex problems involving them and their families 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).

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. Minnesota statute directs CMHCs to establish an integrated mental health service system to target the multisystem needs of children and youth with or at risk for mental health concerns and their families. Minnesota statute directs FSCs to focus on addressing health, educational, developmental, and family-related needs of all children and youth.

Collaboratives' integrated funds blend public and private resources (financial and in-kind). LCTS (Local Collaborative Time Study) funding comprises the majority of each Collaborative's integrated fund. Collaboratives develop or expand prevention and early intervention services with these resources.

Mission

Collaboratives bring service systems together to coordinate and integrate resource/services for children, youth and families.

Guiding Principles

The following core values establish and drive the work of all Collaboratives to foster well-being and resilience:

- Strengths based
- Child centered, youth guided, and family driven (increasing voice and choice)
- Holistic family, community, and systems approaches
- Culturally and economically affirming, responsive, and inclusive
- Equitable communities reducing disparities and increasing opportunities
- Research informed and data driven

Each local Collaborative fulfills the mission and guiding principles to meet priorities by:

- Identifying needs;
- Creating or sparking new approaches to meet needs;
- Building and supporting trusting community partnerships to respond to the needs of families and communities;
- Improving and increasing access to resources/services and helping families navigate service systems;
- Encouraging and aligning child-serving systems to ensure a continuum of care; and
- Enhancing capacity by integrating funding and improving the flexibility, efficiency, and use of existing resources.

Collaborative Priorities

The following are the statewide priorities with examples of possible strategies:

Priority: Promote Mental Health & Well-Being of Children, Youth & Young Adults

Examples for how to meet this priority:

- Strengthen children's mental health continuum, from prevention to crisis or late intervention, in communities
- Increase access for families seeking services or supports, including early identification and intervention, to improve their children's well-being
- Increase awareness and understanding through outreach and education to children, youth, and families about children's mental health

Priority: Support Healthy Growth & Social Emotional Development of Children, Youth & Young Adults

Examples for how to meet this priority:

- Coordinate and integrate services to identify children and youth at risk of developmental delays or social emotional disorders as early as possible
- Starting in early childhood, prepare and support youth on their pathways to succeed in their homes, schools, and communities
- Support expectant parents and provide outreach to newborns and their families

Priority: Strengthen Resilience & Protective Factors of Families, Schools & Communities

Examples for how to meet this priority:

- Increase outreach and education on trauma, ACEs, toxic stress, brain development, and social determinants of well-being
- Coach or support caregiver, youth, and community capacity to respond positively to stressful situations
- Increase whole-family, wraparound, and/or community-based services and supports

Focusing on these priorities, Collaboratives intend to realize more collective impact and make a positive difference, such as:

- ➢ Children and youth will thrive in their homes, schools, and communities.
- ➢ Children and youth experience social connectedness and caring adults in their lives.
- ➢ Young children will be ready for school and youth will succeed in their schools and vocations.
- ➢ Youth and families experience healthier feelings, functioning, and futures.
- ➢ Children, youth, families, and communities develop and apply healthy racial, social, and cultural identities and competencies to attain their full potential.

This Strategic Framework document, revised and approved in September 2016 by the Minnesota Department of Human Services and the state's Collaborative Coordinators, was originally conceived and created in 2009.

Appendix D

Minnesota Collaboratives Strategic Framework & Priorities

Collaborative Coordinators requested a companion piece to define or describe some of the key concepts contained in the statewide strategic framework. This document can also stand alone because so many of these concepts reflect the vision and values of Collaboratives. The purpose of this document is to clarify certain terms or phrases and create common language and understanding around them. There are also some links to other resources providing more context. Many concepts are closely connected or interrelated; thereby, reflecting and reinforcing the collaborative characteristic of integration.

Definitions & Descriptions of Core Concepts & Related Resources
ACEs (Adverse Childhood Experiences) can affect children's developing brains so profoundly that the effects show up decades later. The CDC-Kaiser Adverse Childhood Experiences Study, a groundbreaking public health study, discovered that childhood trauma leads to the adult onset of chronic diseases, depression and other mental illness, violence and being a victim of violence. As the number of ACEs increases, so does the risk for these outcomes. ACEs Connection Network ACEs Too High Adverse Childhood Experience (ACE) in Minnesota (MDH)
Brain Development: Early experiences affect the development of **brain architecture**, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood. American Academy of Pediatrics Center on the Developing Child (Harvard University)
Child Centered approaches focus on a child's unique needs and best interests to strengthen the child's physical, cognitive, and social functioning. Services and supports respect and respond to the qualities (developmental, cultural, etc.) of the individual child to ensure safety and well-being. Child-Centred Perspective Principles for Child Centred Practice
Children's Mental Health Continuum refers to a comprehensive range of programs and services for infants, children, and youth with mental health concerns. The continuum extends from less intensive care (promotion/prevention/early intervention) to more intensive care (late/crisis intervention). Behavioral Health Continuum of Care Model (SAMHSA) Building Systems of Care Continuum of Mental Health Care (AACAP)
Culturally and Economically Affirming, Responsive, and Inclusive: To be culturally responsive means that we proactively and assertively work to understand, respect, and meet the needs of people who come from cultural and economic backgrounds different from our own. Being able to capitalize on diversity so as to enrich the

overall experience. Culturally and economically affirming, responsive, and inclusive schools and communities should be places that are welcoming to all, where all narratives are present within the organization. Students and residents should be exposed to a wide variety of cultural experiences and provided with critical thinking opportunities that aid in the development of an expanded world view.

- Respect and understanding for each person's unique experience of "growing up"
- Behaviors, attitudes, policies, and structures enable agencies and staff to work effectively cross-culturally
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to the diversity and cultural contexts of communities
- Have the capacity to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.

Person centered --- Access for all --- Address disparities and ensure equity
"Making sure that the system is available to kids of all ages, ethnicity, culture, socioeconomic status, etc." (Collaborative Survey)

National Center for Cultural Competence
National CLAS (Culturally & Linguistically Appropriate Services) Standards

Data Driven is an adjective used to refer to a process or activity that is spurred on by quantitative or qualitative *data*, as opposed to being *driven* by mere intuition or personal experience. In other words, the decision is made with hard empirical evidence and not speculation or gut feel.

- Evidence-based, practice-informed and community-defined practices drive accountability, decision-making, and quality improvement
- Supported by documented scientific evidence or study
- Supported by providers' and families' experiences
- Supported by outcomes evaluations

Disparities are the lack of equality to differences in access to or availability of services based on racial, ethnic, social-economic, health, education, age, rank, gender, etc. Health disparities are *preventable* differences.

Healthy People 2020 defines a health disparity as "a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Children's Mental Health Reducing Disparities (DHS)
Health Disparities (CDC)
What are Health Disparities & Health Equity?

Equitable Communities are economically, environmentally, and socially healthy communities with equal access and opportunities to all people within the community. Equitable communities bring knowledge, opportunity, and respect to underserved communities by empowering underserved communities to promote economic and social justice.

Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities."

Health Equity (MDH)
Think Cultural Health
Why Equity Matters

Family Driven means families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community. This includes: choosing culturally and linguistically competent supports, services, and providers; setting goals; designing, implementing, and evaluating programs; monitoring outcomes; and partnering in funding decisions.

The Evolution: Family-Driven Care as a Practice
Family Driven & Family Engagement (SOC)
Family Driven Care: Are We There Yet?

Healthy Cultural, Racial, and Social Competencies: Having the (ability to) understanding, appreciation and interactions with persons from cultures and/or belief systems other than your own. Then being able to adapt interventions and approaches to the specific culture of the child, family, or social group/community. People need a place that is not only identity affirming but also systemically affirming.

Cultural Competency (DHS)
Culturally Responsive (SOC)
National Center for Cultural Competence

Healthy Cultural, Racial, and Social Identities: People are able to fully and freely choose, experience, and express their cultural, racial, and social identity. Community members and staff need to have self-awareness regarding their own racial identity development and privilege in order to better be able to meet the educational needs of all students and residents. Promotion and development of social and racial identities must be integrated into systems as a whole.

"Healthy racial, social, and cultural identity development for children's thriving behavior and academic success throughout school and career" (Collaborative Survey)

Holistic Approaches embrace a healthcare philosophy that takes into full consideration the physical, mental, and social factors of health care before any evaluation or treatment is delivered. Recognizing mental health is a function of the complex interplay between multiple domains of well-being.

Integrated Funds: An integrated fund pools or comingles public and private, local, state, and federal resources (monetary and in-kind) at the local level to accomplish locally agreed upon service goals for the target population. This collective blending of resources concentrates impact to support an integrated service system.

Integrated Fund (CMHC)
Integrated Fund (FSC)

Integrated Mental Health System: An integrated children's mental health service system means a coordinated set of procedures established for coordinating services and actions across categorical systems and agencies that results in:

- integrated funding;
- improved outreach, early identification, and intervention across systems;
- 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 these children;
- a coordinated assessment process across systems that determines which children need multiagency care coordination and wraparound services;
- multiagency plan of care; and
- individualized rehabilitation services.

M.S. 245.492 (CMHC)
M.S. 124D.23 (FSC)

Protective Factors are conditions or attributes in individuals, families, communities, or the larger society that, when present, mitigate or eliminate risk, such as ACEs and trauma, in families and communities that, when present, increase the health and well-being of children and families.

- Risk and protective factors are correlated and cumulative and therefore underscore the importance of 1) early intervention; and 2) interventions that target multiple, not single, factors. Examples of protective factors include: nurturing and attachment (relationship level), faith or cultural resources and after-school supports (community level), and anti-bullying laws or policies (society level).

Building Community, Building Hope
Power of Protective Factors for Minnesota Youth (2016 MSS)
Protective Factors to Promote Well-Being
Risk & Protective Factors (Communities That Care)
Risk & Protective Factors (youth.gov)

Public Health Approach: By definition, public health aims to provide the maximum benefit for the largest number of people. Programs for primary prevention based on the public health approach are designed to expose a broad segment of a population to prevention measures and to improve health at a population level and increase population impact. The public health approach seeks to improve the health and safety of all individuals by addressing underlying risk factors before problems occur through promotion and prevention programs.

A Public Health Approach to Children's Mental Health
"The four concepts common to virtually all views of a public health approach are that it:
(1) focuses on populations
(2) emphasizes promotion and prevention
(3) addresses determinants of health, and
(4) requires engaging in a process that involves a series of action steps, most commonly referred to as (a) assessment, (b) policy development, and (c) assurance."

"Three additional concepts that are also central to public health and a public health approach:
(1) Intervention often means changing policy and broad environmental factors
(2) Uses a multi-system, multi-sector approach
(3) Implementation strategies are adapted to fit local needs and strengths

Mental Health as a Public Health Issue
Mental Health Promotion (MDH)
Promotion & Prevention

Research Informed is being informed about current research on what works and what doesn't and using that knowledge in your practice and/or organizational decision making.

Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. It means "bouncing back" from difficult experiences.

Community Resilience Initiative
Positive Mental Health: Resilience
Resilience (Center on the Developing Child)
Resilient Communities
The Road to Resilience (APA)

Social Determinants of Well-Being are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as "place." In addition to the more material attributes of "place," the patterns of social engagement and sense of security and well-being are also affected by where people live.

The five key areas of Social Determinants of Health (Healthy People 2020) are: Economic Stability; Education; Social and Community Context; Health and Health Care; and Neighborhood and Built Environment.

Social Determinants of Health (CDC)
Social Determinants of Mental Health (WHO)

Social Emotional Development or social emotional learning involves the process through which children and adults acquire the knowledge and skills to understand and manage emotions, show empathy for others, establish positive relationships and learn to make responsible decisions. Healthy social emotional development includes growing healthy identities and competencies.

Strengths Based is an approach with a perspective that emphasizes the strengths, capabilities, and resources of a child/youth and family. Those who embrace a strength-based perspective hold the belief that all children/youth and their families have strengths, resources, and the ability to recover from adversity. This perspective replaces an emphasis on problems, vulnerabilities, and deficits. Strength-based approaches are developmental and process orientated.

A Strengths-Based Perspective

Toxic Stress response can occur when a child experiences strong, frequent, and/or prolonged adversity - such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship - without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Center on the Developing Child - Toxic Stress

Well-Being is an individual, family, or community condition characterized by a balance between resources and challenges across multiple life domains which results in optimal health, positive functioning, and a sense of happiness/fulfillment. Youth well-being must be understood in context of family and caregiver well-being, culture, and community, and measured according to developmental stages.

- "Life domains" may include: Cognitive, Social, Emotional/Behavioral, Physical, Environmental, Economic, Spiritual, and Educational/Vocational.

Investing to Improve the Well-Being of Vulnerable Youth & Young Adults (YTFG)
Measuring Client Well-Being

Well-being is similar and closely related to wellness which is not the absence of disease, illness, or stress… but the presence of purpose in life, active involvement in satisfying work and play, joyful relationships, a healthy body and living environment, and happiness. (SAMHSA)

Creating a Healthier Life: A Step-By-Step Guide to Wellness (SAMHSA)
Eight Dimensions of Wellness (SAMHSA)

Whole-Family is a multigenerational service approach built on the understanding that children live and grow in families and therefore the most effective services will be personalized and holistic and will work across systems to meet complex needs. This shift in mindset focuses on the unique strengths and challenges of the whole family rather than those of the parent/caregiver or child in isolation. One important aspect of this approach is building adult capabilities to improve child outcomes. This approach respects children grow up in families and many adults are also parenting children.

Building Adult Capabilities to Improve Child Outcomes: A Theory of Change
Creating Opportunity for Families: A Two-Generation Approach
Family Well-Being
The Two-Generation Approach

Wraparound is a type of intensive, individualized care coordination involving a team process that wraps services, supports, and resources around a child or youth with a severe emotional or behavioral disorder to meet goals set by the team. This multiagency approach focuses on the strengths and needs of the child/youth and family to develop and implement a wraparound plan to meet goals set by the wraparound team.

Definitions (CMHC)
National Wraparound Implementation Center (NWIC)
National Wraparound Initiative
Wraparound Milwaukee
WrapMN

Young Adults usually refers to persons in their teens or early twenties. However, the description of this age range varies. Descriptions to consider:

Collaborative Target Populations for CMHCs and FSCs correspond to terms for service eligibility, such as educational and mental health services. For example, to be eligible for CTSS (Children's Therapeutic Services and Supports), recipients must be under 21 years old. The CMHC statute states: "'Target population' means children up to age 18 with an emotional or behavioral disturbance or who are at risk of suffering an emotional or behavioral disturbance as evidenced by a behavior or condition that affects the child's ability to function in a primary aspect of daily living." The FSC statute states: "The delivery system shall provide a continuum of services for children birth to age 18, or birth through age 21 for individuals with disabilities."

Emerging Adults include late adolescence and early adulthood up to 27 years. "The term describes young adults who do not have children, do not live in their own home, or do not have sufficient income to become fully independent in their early to late 20s." Five features of emerging adults: age of identity exploration; age of instability; age of self-focus; age of feeling in between; and age of possibilities.

Transition Age Youth/Young Adults range from approximately 14 – 25 years. This group is navigating the challenges of changing from children's service systems, such as mental health, foster care, or disabilities, to adult service systems.

Science has influenced the evolving expansion of the age range for young adulthood. Research now shows brain development most likely lasts until at least the mid-20s and possibly until the early 30s. Neuroscience has shown that a young person's cognitive development continues into this later stage and their emotional maturity, self-image, and judgment will be affected until the prefrontal cortex of the brain has fully developed. This may have played a part in the recent policy to allow health coverage on parent's insurance for young adults under 26.

Emerging Adults: The In-Between Age
What is a Young Adult?
Youth & Transition Services (DHS)

Youth Guided means that young people have the right to be empowered, educated, and given a decision-making role in the care of their own lives as well as the policies and procedures governing care for all youth in the community, state, and nation. This includes giving young people a sustainable voice and the focus should be toward creating a safe environment enabling a young person to gain self-sustainability in accordance with their culture and beliefs. Through the eyes of a youth guided approach, there is a continuum of power and choice that young people should have based on their understanding and maturity in this strength-based change process.

Systems-Based Practice: Family-Driven, Youth-Guided Care
Youth Guided & Youth Engagement (SOC)
Youth MOVE MN
Youth MOVE National

Appendix E

Collaborative Reporting Timelines

This chart shows due dates and timelines for various collaborative reports. Add your local reporting requirements to this timetable as well. Your Collaborative may not be required to provide all of these.

COLLABORATIVE REPORTING TIMELINES				
Frequency	**Time/Mo**	**Description**	**Responsible Party**	**Submit to**
Annual	March 1st	LCTS Spending Report	Collaborative Coordinator/LCTS Coordinator/FRAPA	Fiscal Reporting & Payment Agent
Annual	March, 31st, June 30th, Sept 30th or Dec 31st	Special District Finance Report	Collaborative Coordinator	Office of the State Auditor www.auditor.state.mn.us/safes
Annual	October – calendar fiscal year / April - school fiscal year	Collaborative Budget	Collaborative Coordinator/Board and/or Finance Committee	Collaborative Board for approval
Annual	April 30th	Annual Collaborative Report	Collaborative Coordinator/Board	Collaborative Policy & Program Consultant – DHS
LCTS REPORTING TIMELINES				
Frequency	**Time/Mo**	**Description**	**Responsible Party**	**Submit to**
Quarterly	20th of Jan, April, July & Oct	County LCTS Cost Report	Fiscal Reporting & Payment Agent/ LCTS Coordinator	Web based report
Quarterly	20th of March, June, Sept & Dec	LCTS Participant Database	LCTS Coordinator/ Collaborative Coordinator	Web based update
Quarterly	15th of Jan, April, July & Oct	Foster Care Candidacy Report from County	LCTS Coordinator/ Collaborative Coordinator / County IV-E Candidacy Specialist	Site contacts; LCTS participants
Annual	May 1st	LCTS School Calendar Information	LCTS Coordinator/ Collaborative Coordinator	Financial Operations – DHS

Appendix F

Statutes --- Collaboratives & LCTS

Children's Mental Health Collaboratives

245.492	Definitions
245.4931	Integrated Local Service System
245.4932	Revenue Enhancement; Authority & Responsibilities
245.495	Additional Federal Revenues

Family Services Collaboratives

124D.23	Family Services & Community-Based Collaboratives
256F.13	Family Services Collaborative (Federal Revenue Enhancement)

Children's Mental Health Grants

245.4889	Children's Mental Health Grants
	Collaboratives: Subd. 1 (a) (3) & Subd. 1 (b) (12)

Children's Cabinet

4.045	Children's Cabinet

Minnesota State Interagency Committee (MNSIC)

125A.023	State Agency Coordination Responsibilities

Appendix G

Collaboratives --- Governmental & Fiscal Status

Type of Governmental Entity

Like many governmental entities, Children's Mental Health and Family Services Collaboratives can be described in several ways. It can be helpful to know what legal descriptions apply to Collaboratives, especially for fiscal purposes, such as qualifying for seeking grants, opening bank accounts, applying for an EIN (Employer Identification Number), etc.

Minnesota statutes established Children's Mental Health Collaboratives (M.S. 245.491 – 245.495) and Family Services Collaboratives (M.S. 124D.23). The Model Governance Agreement for Children's Collaboratives in Minnesota states:

"In this constitution, the founding partners will have established a form of government. That is, they will have established a governing board which, like our nation's government, exercises legal authority. And, again like our nation's government, participation in these governing bodies is not limited to the "founding fathers". The act of the founders to create a constitution established a governing structure that distributes authority beyond the founders themselves. A Governing Board, then, may (and should) include diverse membership from public and private organizations."

"But between the beginning and the end, the mandatory partners may exercise authority only through the Governing Board and must do so in the manner defined by the Collaborative Agreement."

"In short, the legal authority of the Collaborative derives from three entities, representing three steps in a process: the founding partners, the "constitutional" agreement, and the governing board."

The following terms describe *all* Collaboratives:

Government Entity or Governmental Unit
Minnesota Statute 13.02, subd. 7a defines a government entity:
"Government entity" means a state agency, statewide system, or political subdivision.

Municipality
Minnesota Statute 466.01 includes Children's Mental Health and Family Services Collaboratives among entities listed in subdivision 1 as municipalities: "the following local collaboratives whose plans have been approved by the Children's Cabinet: family services collaboratives established under section 124D.23, children's mental health collaboratives established under sections 245.491 to 245.495, or a collaborative established by the merger of a children's mental health collaborative and a family services collaborative."

Political Subdivision
Minnesota Statute 13.02, subd. 11 defines a political subdivision of the state:
"Political subdivision" means any county, statutory or home rule charter city, school district, special district, any town exercising powers under chapter 368 and located in the metropolitan area, as defined in section 473.121, subdivision 2, and any board, commission, district or authority created pursuant to law, local ordinance or charter provision. It includes any nonprofit corporation which is a community action agency organized pursuant to the Economic Opportunity Act of 1964 (Public Law 88-452) as amended, to qualify for public funds, or any nonprofit social service agency which performs services under contract to a government entity, to the extent that the

nonprofit social service agency or nonprofit corporation collects, stores, disseminates, and uses data on individuals because of a contractual relationship with a government entity.

Public Entity
"Public entity" means a state agency, statewide system, or political subdivision as those terms are defined in Minnesota Statute 13.02. It is a unit of government and not a private entity, such as a corporation.

The following terms describe *some* Collaboratives:

Governmental Subdivision
Minnesota Statute 355.01, Subd. 6 (b) refers to "joint powers boards organized under section 471.59, subdivision 11, paragraph (a), family service collaboratives and children's mental health collaboratives organized under section 471.59, subdivision 11, paragraph (b) or (c), provided that the entities creating the collaboratives are governmental units that otherwise qualify for retirement plan membership."

Joint Powers Authority or Joint Powers Entity
Some Collaboratives choose to adopt a joint powers agreement (JPA) as their governance agreement and thereby establish a joint powers board and joint powers entity.

Please see the following for more information:

- Minnesota Statute 471.59
- Joint Powers (MCIT Presentation to the Collaborative Governance Council)
- The ABCs of JPEs (Joint Powers Entities): A Joint Powers Analysis & Worksheet (MCIT)

Special District
The Minnesota Legislature has authorized a variety of special districts or authorities that are considered special service districts. "Special districts are local government units created or authorized by state law to perform specific duties or to provide specific services in a limited scope." They work within or across jurisdictions to perform a distinct function or set of related functions. See M.S. 6.645, subd. 3 for the official definition.

The Office of the State Auditor (OSA) lists Children's Mental Health and Family Services Collaboratives as possible Special Districts in its Special Districts Report and requires those Collaboratives to submit annual reports for fiscal accountability.

Fiscal Type & Tax Status

Tax Status
A Collaborative is a local government entity and as a political subdivision is not subject to federal income taxation.

Please also see:
What are Government Entities & Their Federal Tax Obligations (IRS)

Governmental Information or Determination Letter
Government Information Letter (IRS)
"Government entities are frequently asked to provide a tax-exempt number or "determination" letter to prove its status as a "tax-exempt" or charitable entity. For example, applications for grants from a private foundation or a charitable organization generally require this information as part of the application process. In addition, donors frequently ask for this information as substantiation that the donor's contribution is tax deductible, and vendors ask for this to substantiate that the organization is exempt from sales or excise taxes. (Exemption from sales taxes is made under state law rather than Federal law.)"

Contributions & Donations
Donations to Collaboratives are usually considered tax deductible. Qualified organizations, local government entities, and churches qualify to receive deductible contributions. Please see Organizations that Qualify to Receive Deductible Contributions (IRS):
"5. The United States or any state, the District of Columbia, a U.S. possession (including Puerto Rico), a political subdivision of a state or U.S. possession, or an Indian tribal government or any of its subdivisions that perform substantial government functions. (Your contribution to this type of organization is deductible only if it is to be used solely for public purposes.) "

A Collaborative could provide a letter to a donor acknowledging a contribution and then the donor can consult an accountant and decide whether to declare it.

COLLABORATIVE GOVERNANCE AGREEMENT CHECKLIST

Collaborative Name: (county/counties):
Type: ☐ CMHC ☐ FSC ☐ Integrated CMHC/FSC

Review of Items included in the Governance Agreement (GA) –
GA Type: ☐ Interagency Agreement (IA) ☐ Joint Powers (JPA) ☐ Other _____

☐ Purpose of the Collaborative – overview

☐ Target Population

☐ Membership of the Governing Board –
- Social Services Agency
- Public Health Agency
- Corrections Agency
- School District(s)
- CAP/Head Start Agency
- Mental Health Entity
- Parent-Consumer(s)
- Other local partners

☐ All LCTS participants appear in GA as signing & voting members of the Governing Board

☐ Integrated Service Delivery System Components & Design

☐ Collaborative Finances & Integrated Fund
- Partner (cash or in-kind) contributions
- Fiscal Agent
- Spending -

☐ Time Period of Agreement - Effective Date & Complete Signatories

☐ Amendments to the Agreement – Effective Dates & Complete Signatories

☐ Other:
- ☐ Dispute Resolution Process
- ☐ Withdrawal & Termination; Insurance & Indemnification
- ☐ Collaborative Coordinator & Other Personnel – if appropriate
- ☐ Data Practices & Procedures - Information Sharing
- ☐ Other

Strengths:

Suggested improvements:

Necessary changes to be made to GA:

Reminders:

- While it is acceptable to have one person representing more than one agency, best practice would be to have separate & dedicated representation to provide a more diverse group with varied perspectives, interests & approaches to services
- When agencies/partners change their name, structure and/or consolidate, GAs should be updated to reflect changes
- All partners must sign the GA
- Membership in the collaborative is mandatory in order to participate in the LCTS

Appendix I

Children's Mental Health Collaboratives

The legislature found that children with emotional or behavioral disturbances or who are at risk of suffering such disturbances often require services from multiple service systems including mental health, social services, education, corrections, juvenile court, health, and economic security and that "in order to better meet the needs of these children, it is the intent of the legislature to establish an **integrated children's mental health service system**." The legislature defined the integrated service system and the expected components of this system. "Integrated service system" means a coordinated set of procedures established by the local Children's Mental Health Collaborative for coordinating services and actions across categorical systems and agencies that results in:

- Integrated funding
- Improved outreach, early identification, and intervention across systems
- 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 these children
- Coordinate assessment process across systems that determines which children need multiagency care coordination and wraparound services
- Multiagency plan of care
- Individualized rehabilitation services

The legislature added that the services provided by the integrated service system must meet the requirements set out in the Children's Mental Health Act (M.S. 245.487 to 245.4887).

Children served by the Children's Mental Health Collaborative:

Target Population: Children up to age 18 with an emotional or behavioral disturbance or who are at risk of suffering an emotional or behavioral disturbance as evidenced by a behavior or condition that affects the child's ability to function in a primary aspect of daily living including personal relations, living arrangements, work, school, and recreation, and a child who can benefit from: (1) multiagency service coordination and wraparound services; or (2) informal coordination of traditional mental health services provided on a temporary basis. Children between the ages of 18 and 21 who meet these criteria may be included in the target population at the option of the local Children's Mental Health Collaborative.

Operational Target Population: A population of children that the local Children's Mental Health Collaborative agrees to serve and who fall within the criteria for the target population. The operational target population may be less than the target population.

A Children's Mental Health Collaborative must try to expand the operational target population.

Appendix J

Family Services Collaboratives

Family Services Collaboratives are mandated to design an **integrated local service delivery system**. The components of the integrated local service delivery system may include:

- Outreach and early identification of children and families in need of services
- Interventions across systems on behalf of families
- Coordination of services that eliminate the need to match funding streams, provider eligibilities, or clients with multiple providers
- Coordination of assessment across systems to determine which children and families need coordinated multiagency services
- Integrated funding of services
- Coordination of transportation services in order to improve access to services
- Provision of initial outreach to all new mothers
- Provision of periodic family visits to children who are potentially at risk
- Development of multiagency service plans
- Coordination of unitary case management

Family Services Collaboratives agree to provide coordinated family services and contribute resources to an integrated fund.

Children Served by the Family Services Collaborative:

Primary Target Population: The mandate is to provide a continuum of services for children birth to age 18, or through age 21 for individuals with disabilities.

Additional Early Childhood Focus: The Collaborative shall describe the community plan for serving pregnant women and children from birth to age 6.

Appendix K

CASSP (Child & Adolescent Service System Program) Core Principles

- **Child-centered**
  Services are planned to meet the individual needs of the child, rather than to fit the child into an existing service. Services consider the child's family and community contexts, are developmentally appropriate and child-specific, and also build on the strengths of the child and family to meet the mental health, social and physical needs of the child.

- **Family-focused**
  Services recognize that the family is the primary support system for the child. The family participates as a full partner in all stages of the decision-making and treatment planning process, including implementation, monitoring, and evaluation. A family may include biological, adoptive and foster parents, siblings, grandparents and other relatives, and other adults who are committed to the child. The development of mental health policy at state and local levels includes family representation.

- **Community-based**
  Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community. Community resources include not only mental health professionals and provider agencies, but also social, religious and cultural organizations and other natural community support networks.

- **Multi-system**
  Services are planned in collaboration with all the child-serving systems involved in the child's life. Representatives from all these systems and the family collaborate to define the goals for the child, develop a service plan, develop the necessary resources to implement the plan, provide appropriate support to the child and family, and evaluate progress.

- **Culturally competent**
  Culture determines our world view and provides a general design for living and patterns for interpreting reality that are reflected in our behavior. Therefore, services that are culturally competent are provided by individuals who have the skills to recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of a particular group of people.

- **Least restrictive/least intrusive**
  Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.

Appendix L

Contacts & Resources --- Collaborative Coordinators & Mandated Partners

Minnesota Resources:

- Directory of Children's Mental Health & Family Services Collaboratives
  Contact information for other Collaboratives & Collaborative Coordinators
- Map - Children's Mental Health & Family Services Collaboratives
- Statewide Collaborative Meetings – contact Ann Boerth / 651-431-2340

Other Resources:

- 3 Bold Steps for School Community Change: A Toolkit for Community Leaders
- Collaboration Handbook - Karen Ray
- Collaboration Hub – GrantSpace
- Collective Impact Forum
- Community Collaboratives Toolbox
- Together We Can: A Guide for Crafting a Profamily System of Education & Human Services
- Toolkit for Expanding the System of Care Approach

More collaborative resources can be found at Collaboratives and Definitions & Descriptions of Core Concepts & Related Resources (Appendix D).

Minnesota ACEs Resources:

- ACE Collaborative Initiative Activities with Children's Mental Health & Family Services Collaboratives (MCCC)
- Adverse Childhood Experience (ACE) in Minnesota (MDH)
- Minnesota ACEs Action: A Trauma-Informed Network

Other ACEs Resources:

- ACEs Connection
- ACEs Too High
- Adverse Childhood Experiences (ACEs) (CDC)
- Mobilizing Action for Resilient Communities (MARC)
- What are ACEs & How Do They Relate to Toxic Stress?

State Associations for Mandated Partners:

- Association of Minnesota Counties (AMC)
- Minnesota Administrators for Special Education (MASE)
- Minnesota Association for Family & Early Education (MNAFEE)
- Minnesota Association of Community Mental Health Programs (MACMHP)
- Minnesota Association of County Administrators (MACA)
- Minnesota Association of County Probation Officers (MACPO)
- Minnesota Association of County Social Service Administrators (MACSSA)
- Minnesota Association of School Administrators (MASA)
- Minnesota Community Action Partnership
- Minnesota Community Education Association (MCEA)
- Minnesota Corrections Association (MCA)
- Minnesota Head Start Association (MHSA)
- Minnesota Juvenile Officers Association (MNJOA)
- Minnesota Public Health Association (MPHA)

- Minnesota School Boards Association (MSBA)
- Minnesota School Social Workers Association (MSSWA)

State Agency Partners for Mandated Partners:
- Minnesota Department of Corrections (DOC)
- Minnesota Department of Education (MDE)
- Minnesota Department of Health (MDH)
- Minnesota Department of Human Services (DHS)

Contact:
For questions ranging from the application process to create a Collaborative to the dissolution process for a Collaborative, and everything in between, contact Ann (ann.boerth@state.mn.us / 651-431-2340).