



2017 Annual Collaborative Report Summary

Children's Mental Health and Family Services Collaboratives

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Overview

The following summary report highlights data collected from the 90 Collaboratives that were active in 2017. Data sources for this summary report include aggregate data and qualitative responses from the *2017 Collaborative Annual Reports*, and integrated fund spending data from the *2017 LCTS Spending Reports*. Throughout the report, each table and figure include a sample size (N) with the number of Collaboratives that responded to each question.

The 2017 Annual Collaborative Report

The Collaborative Report, due annually to the Minnesota Department of Human Services (DHS), gathers data from Collaboratives in Minnesota to learn about their programs, services, funding, spending, partnerships, and strategic direction for the year. It also serves to ensure compliance in meeting statutory mandates, progress toward integrating services and funding, and priority outcome measures. The 2017 annual report data was aggregated and summarized in this report and can be shared with Collaboratives, Collaboratives' partners, policy makers, funders, and others.

History and Purpose of Collaboratives

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

In 2017, there were 90 state-sanctioned Collaboratives serving communities across Minnesota. Collaboratives promote promising prevention and early intervention strategies through an expansive public health approach encompassing all developmental dimensions of well-being (cognitive, social, emotional/behavioral, physical, environmental, economic, spiritual, and educational/vocational).

Collaboratives in Minnesota in 2017

- Total # of Collaboratives 90
- Counties with an active Collaborative 82/87 (94%)
- Family Services Collaboratives 45
- Integrated FSC/CMHC 34
- Children's Mental Health Collaboratives 11

Summary Data

This section will provide an overview of the different types of Collaboratives' structures, governance agreements, Collaborative Board voting representatives, and tools and data that Collaboratives use to inform their local strategic planning. In addition, this section outlines the integrated service delivery components that guide Collaboratives' programs and services and are key to meeting the mental health needs of children, youth and families in Minnesota. Finally, this section outlines activities, strategies and approaches that Collaboratives used in 2017 to address Adverse Childhood Experiences (ACEs) and build resilience in their local communities.

Collaborative Types

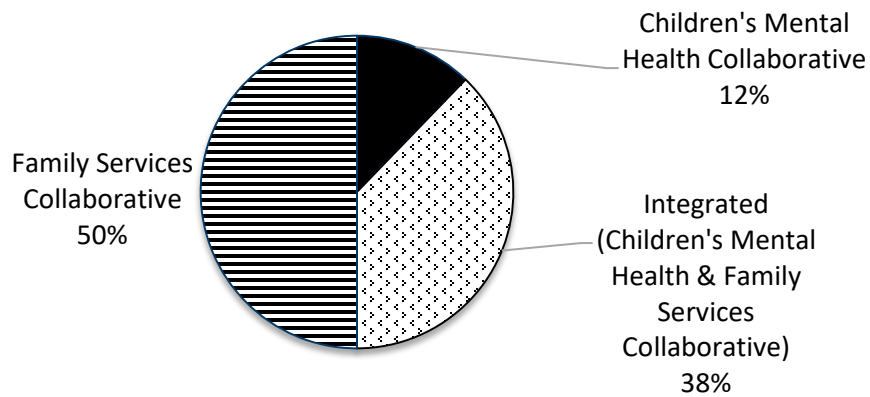
In 2017, the 90 Collaboratives were comprised of three types, including; Children's Mental Health Collaboratives, Integrated Collaboratives, and Family Services Collaboratives. Children's Mental Health and

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

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

Figure 1: Collaborative Type

Percentage of Collaboratives by Collaborative Type
N=90 Collaboratives



Governance Agreements

Collaboratives can be governed by a Joint Powers Agreement (JPA), Interagency Agreement (IA), or nonprofit status (501c3). These governance agreements outline the mandated governing partners, integrated funding, and other agreements related to the local operation of Collaboratives. In 2017, approximately one third of Collaboratives were governed by Joint Powers Agreements and two-thirds of Collaboratives were governed by Interagency Agreements. In 2017, no Collaboratives operated as nonprofits (status 501c3).

Table 1: Collaborative Governance Agreement Type

This table shows the breakdown of Collaborative governance agreement type by number and percentage in 2017. The first column lists the item number (1-3), the second column lists the types of governance agreements, the third column lists the number of Collaboratives that used each type of governance agreement, and the fourth column shows the percentage of Collaboratives operating under each type of governance agreement. From most common to least common type of governance agreement, the table shows that approximately two-thirds of Collaboratives were governed by Interagency Agreements (61/68%), and one-third of Collaboratives were governed by Joint Powers Agreements (29/32%).

Item Number	Type of Governance Agreement	Number of Collaboratives	Percentage of Collaboratives
1	Interagency Agreement	61	68%
2	Joint Powers	29	32%
3	Total	90	100%

Governing Board Representatives

The 90 Collaboratives that submitted the *2017 Annual Collaborative Report* collectively reported their governing boards were represented by 1,029 voting partners across the state, with an average of 11 voting partners per Collaborative. Although all Collaboratives have at least one voting partner that represents the local schools and a county representative, each type of Collaborative has a unique list of mandated voting partners on their Collaborative boards. The list of mandated partners by each type of Collaborative is outlined below.

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

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

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

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

Integrated Collaboratives must include representation from partners mandated for both Children’s Mental Health and Family Services Collaboratives as voting members of their governing boards.

Table 2: Collaborative Voting Representatives by Sector

This table shows the number and percentage of total Collaborative board voting representatives by sector in 2017. The first column lists the item number (1-10), the second column represents the different types of Collaborative voting representatives by sector, the third column lists the number of Collaborative voting members across the state affiliated with each category of voting representative, and the fourth column shows the percentage of Collaborative voting members across the state affiliated with each category of voting representative. In order from the largest statewide sector of voting members to the smallest, of the 1,029 voting Collaborative partners across the state, 362 members (35%) represented schools, 143 members (14%) represented counties, 141 members (14%) represented other community representatives, 87 members (8%) represented mental health providers, 74 members (7%) represented correctional staff, 74 members (7%) represented community action agency staff, 67 members (7%) represented public health practitioners, 54 members (5%) represented caregivers and parents, and 27 members (3%) represented Head Start providers.

Item Number	Voting Representatives	Number of Voting Members	Percentage of total Voting Members
1	School	362	35%
2	County	143	14%
3	Other Community Representatives	141	14%
4	Mental Health	87	8%
5	Corrections	74	7%
6	Community Action Agency	74	7%
7	Public Health	67	7%
8	Parents	54	5%
9	Head Start	27	3%
10	Total	1,029	100%

Sectors that fell in the “other community representative” categories included; tribal community leaders and members, community agency directors and leaders (representatives from United Way YMCA, Kinship, Big Brother Big Sisters, chamber of commerce, and childcare organizations), healthcare representatives, elected officials (council members, county commissioners, park boards, mayors, and sheriff’s office representatives), other government representatives (including library directors, special education, high education, community education, parks and recreation representatives, and law enforcement), faith community representatives, volunteers, and community advocates and members representing diverse cultural groups.

Parent, Caregiver, and Consumer Representation on Collaborative Boards

An integrated mental health system requires strong collaboration between caregivers and professionals in identifying children in the target population, facilitating access to the integrated system, and coordinating care

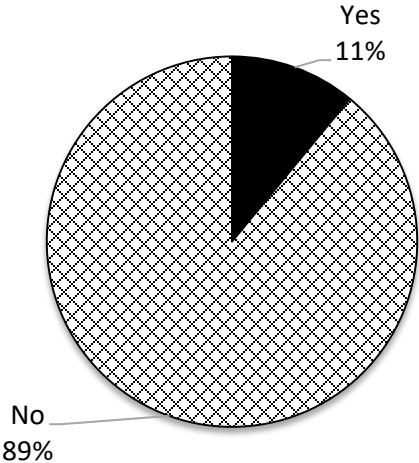
and services for children and youth. Therefore, parent, caregiver, and service consumer representation in Collaboratives’ decision-making is a crucial component to ensure Collaboratives are meeting the needs of children and families across the state. Of the 90 Collaboratives, 32% reported having at least one parent, caregiver, or consumer of services as a voting member on their governing board.

Collaborative Strategic Planning Process

Each year, Collaboratives work with their board members and partners to assess community needs, support programming, form partnerships, coordinate services, and address gaps to best meet the needs of the children, youth and families in their communities. While all Collaboratives engage in strategic planning, each Collaborative’s process varies. Of the 90 Collaboratives, 11% reported using a form or tool to assist with their strategic planning process.

Figure 2: Percentage of Collaboratives Using a Form or Tool to Assist with their Strategic Planning

Percentage of Collaboratives Using a Form or Tool to Assist with their Strategic Planning Process
N = 90 Collaboratives

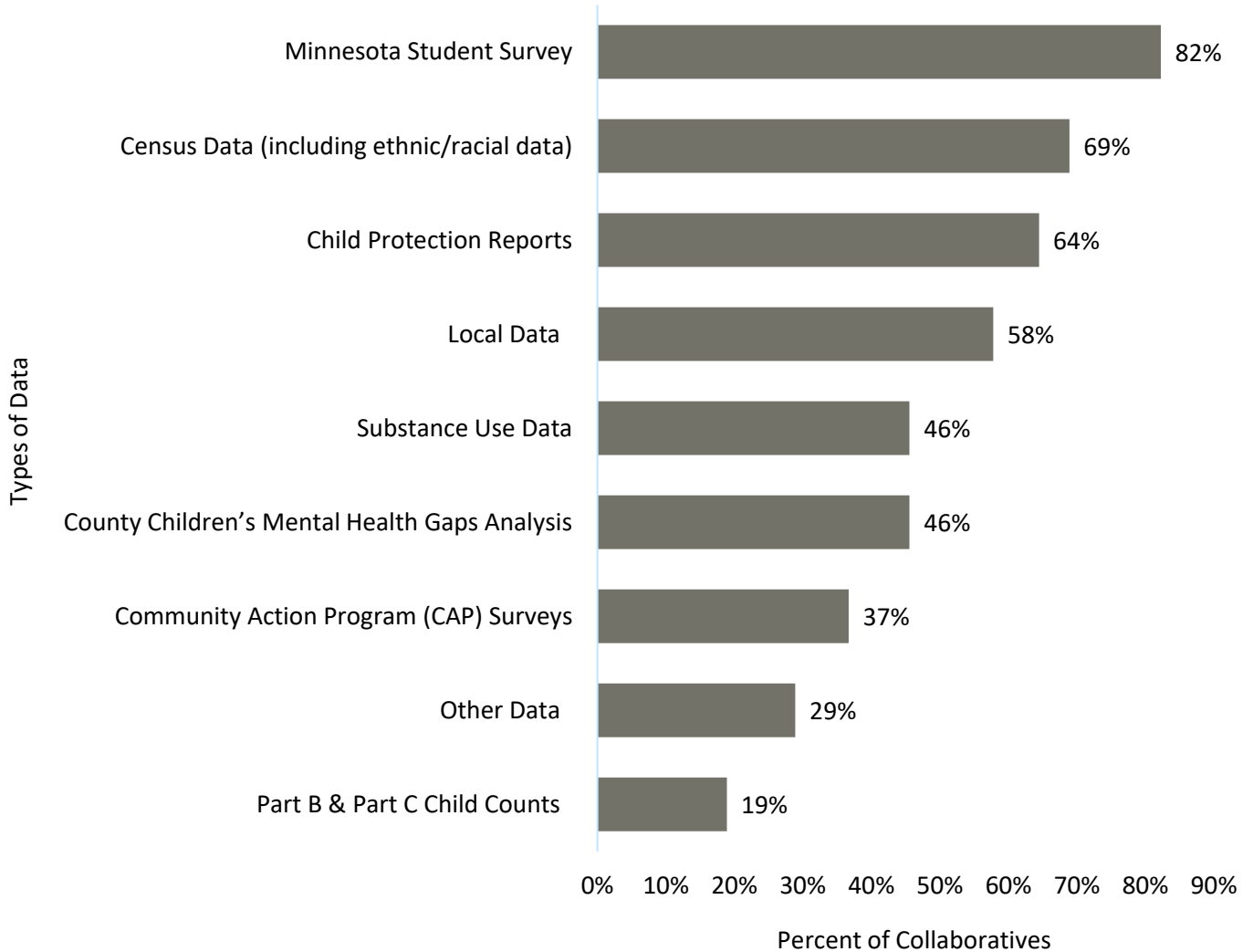


Primary Data Collaboratives Used for Strategic Planning

Collaboratives used a variety of data sources to assess local needs as well as inform their efforts, focus, and strategic planning. This section highlights the most common data sources that Collaboratives were using in 2017. Of the 90 active Collaboratives in 2017, most reported use of the Minnesota Student Survey (82%), Census Data (69%), Child Protection Reports (64%), and Local Data (58%). Less than half of the Collaboratives reported using County Children’s Mental Health Gaps Analysis (46%), Substance Use Data (46%), Community Action Program (CAP) Surveys (37%), Part B and Part C Child Counts (19%), and Other Data (29%).

Figure 3: Data Sources Used by Collaboratives

Percentage of Collaboratives Using Each Data Source
 N = 90 Collaboratives



Local and Other Data Sources Collaboratives Used in 2017

Local data sources included: public health surveys, community health and needs assessments, Community Health Improvement Plan (CHIP) data, local hospital data, teen pregnancy data, local autism and disability reports, county birth data, focus group data, SWOT analysis reports, roundtable updates from community partners, juvenile recidivism and court data, truancy and school attendance data, student achievement data, Social/Emotional Assessments (ASQSE and GOLD), school reading and math score trend data, school district behavioral reports, school linked mental health data, free and reduced lunch records, information collected from LCTS participants, local demographic data, school census data, county social worker reports, program satisfaction data, parent and youth satisfaction surveys, school staff surveys, job placement data, child

protection data (investigations, assessments, out-of-home placement, child mortality data), early childhood data, scholarship data, annual reports from the Family Services Coordinators, data shared by guest speakers at Collaborative board meetings, Wilder Research publications and reports, local data from partner agencies and qualitative data collected from conversations with school staff and community that represents emerging trends and needs.

Other data sources included: Bridge to Health Surveys, Minnesota Department of Health data, Minnesota Public Health Association data, Robert Wood Johnson Foundation reports, Institute for Healthcare Improvement data, state autism reports, school readiness studies, the ECFE state report, SHAPE data, Developmental Assets Profile – Search Institute publications, Children’s Defense Fund report data, and Drug and Alcohol Abuse Normative Evaluation System (DAANES) data.

Integrated Service Delivery Components

There are 13 categories that have been identified as key integrated service delivery components for Collaboratives.

Item Number	Key Components to Integrated Service Delivery	Number of Collaboratives	Percentage of Collaboratives Targeting Each Component (N = 90 Collaboratives)
1	Coordinated services and interventions across service systems	79	88%
2	Coordinated early identification of children and families in need of services	77	86%
3	Coordinated outreach to children and families in need of services	75	83%
4	Integrated funding of services	57	63%
5	Periodic family visits to children who are potentially at risk	55	61%
6	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	53	59%
7	Initial outreach to all new mothers	39	43%
8	Coordinated assessment across systems to determine which children and families need coordinated multi-agency services and supplemental services	37	41%
9	Multi-agency service plans or multi-agency plan of care	35	39%
10	Coordinated transportation services	25	28%
11	Individualized children’s mental health rehabilitation services	22	24%
12	Wraparound process	20	22%
13	Coordinated unitary or integrated case management	15	17%

Table 3: Integrated Service Delivery Components in 2017

This table outlines the key components to integrated service delivery, along with the number and percentage of Collaboratives that were integrating each component in 2017. The first column of the table outlines item numbers (1-13), the second column outlines the 13 key service delivery components, the third and fourth columns outlines the number and percentage of Collaboratives that reported activities in each key component area. The key components are listed from most common (top) to least common (bottom) component integrated in 2017.

Addressing Adverse Childhood Experiences (ACEs) and Building Resilience

Supported by grants from the Department of Human Services, Minnesota Communities Caring for Children (MCCC) began partnering with local Collaboratives in 2016 to support their process to become Self-Healing Communities. The initial phases of this process focus on sharing the ACE Interface *Understanding ACEs: Building Self-Healing Communities* presentation widely within Collaborative communities to promote awareness about neurobiology, epigenetics, ACEs research, and resilience research (NEAR Science) – and to highlight the connection between childhood adversity and long-term health and well-being. Through this partnership, MCCC also began offering technical assistance and supplemental training to help Collaborative communities deepen their engagement and understanding of these topics as they prepared to integrate trauma-sensitive strategies into their local systems and practices.

In the *2017 Annual Collaborative Reports*, Collaboratives indicated which ACEs and resiliency activities they were integrating locally. As of 2017, most Collaboratives reported integrating at least 4 of the 6 ACEs and resiliency activities listed in the table below. The two most common ACEs and resiliency activities reported by Collaboratives in 2017 were *deciding how to implement trauma-informed approaches* and *Collaborative staff or board have received ACEs training*. The least common ACEs and resiliency activity reported in 2017 was *changing policies to be ACEs-informed*.

Table 4: ACEs and Resiliency Activities

This table shows the number and percentage of Collaboratives that reported each type of ACEs and resiliency activity in 2017. The first column lists item numbers (1-6), the second column shows the types of ACEs and resiliency activities, the third column shows the number of Collaboratives that reported each type of activity, and the fourth column shows the percentage of Collaboratives that reported integrating each type of activity. In order from most to least common, Collaboratives reported integrating the following ACEs and resilience activities; deciding how to implement trauma-informed approaches (72 Collaboratives/80%), Collaborative staff or board have received ACEs training (71 Collaboratives/79%), educating partners and/or parents about ACEs (63 Collaboratives/70%), community-wide ACEs efforts (50 Collaboratives/56%), Collaborative is evaluating ACEs efforts (46 Collaboratives/51%), and changing policies to be ACEs-informed (27 Collaboratives/30%).

Item Number	ACEs and Resiliency Activities	Number of Collaboratives Integrating Each Activity (N = 90 Collaboratives)	Percentage of Collaboratives Integrating Each Activity
1	Deciding How to Implement Trauma-Informed Approaches	72	80%
2	Collaborative Staff or Board Have Received ACEs Training	71	79%
3	Educating partners and/or parents on ACEs	63	70%
4	Community-wide ACEs efforts	50	56%
5	Collaborative is evaluating ACEs efforts	46	51%
6	Changing Policies to be ACEs-informed	27	30%

Examples of Collaborative ACEs and Resiliency Activities

Here are some examples of how Collaboratives integrated ACEs and resiliency activities in 2017:

Beltrami Area Service Collaborative (BASC) has been involved in the evolution of ACEs learning in our community for several years. BASC's Executive Director serves on the advisory group of Thrive Bemidji, an early education collaboration that has sponsored several community ACEs trainings, including a presentation by Laura Porter, a national leader in this field. In addition, BASC's board determined that the high rate of trauma in our community warranted funding for Social Emotional Learning (SEL) in our area schools. Peacemaker Resources presents lessons at the Bemidji Kindergarten Center and to kindergarten and first grade classes at Lincoln Elementary. The classroom teachers observe these lessons and incorporate SEL into their daily activities. Peacemaker also hosts family night at the school so that parents can learn the regulation techniques that their kids are learning. – Beltrami Area Service Collaborative

The entire Health and Human Service department at the county has been trained on trauma-informed care and resiliency factors. In addition, school staff from across the county have received a similar training. Therapeutic Services Agency, Inc., the school-linked mental health providers, have provided ongoing training and consultation on this topic within the schools. The St. Croix River Education District conducted a Multi-Tiered System of Supports (MTSS) Social Behavior Audit in every school building across the county this year to identify gaps in the implementation of Positive Behavior Intervention and Supports, Trauma-Informed Practices, Restorative Practices, and Social Emotional Learning. In the fall, the schools will be developing action plans and taking next steps on implementing a more comprehensive framework. In the latter half of 2017, Chisago County Public Health identified community health priorities including mental health and ACES, and strengthening families who have been affected by ACES, by building resiliency and protective factors, and this will be an ongoing priority for families with young children. Juvenile probation officers are also trained in trauma-informed care and complete trauma assessments and have incorporated this learning into their approach when working with students and families referred to court for truancy as part of the Collaborative's project. This school year, the Collaborative has begun planning for its rollout of "Understanding Adverse Childhood Experiences: Building Self-Healing Communities" in fall of 2018. – Chisago County Interagency Children's Service Cooperative

We continue to make this effort [ACEs and resiliency] a priority of the Collaborative and will continue to branch out in our community-wide efforts in this area. We have secured a small amount of grant funding from a local foundation to support additional ACE education in our communities. – Itasca County Family Services Collaborative

The Kittson County Children's Collaborative will reach out to the local newspapers to work on ways to inform the public on information of resiliency and Adverse Childhood Experiences and how they have, and may still do, affect our behaviors. – Kittson County Children's Collaborative

Our Collaborative has focused on ACEs education and awareness in 2017. We have hosted a community-wide summit, Historical Trauma Trainings and have 31 ACE Interface presenters offering free trainings to organizations across Olmsted County. – Olmsted County BRIDGE Collaborative

The Collaborative has several people trained as ACE Interface presenters who are supporting all partnerships. In addition, the Collaborative is continuing to provide opportunities for community discussion around both the films of Resilience and Paper Tigers. – Otter Tail Family Services Collaborative

We continue to respond to the need for resilience in our community by training our partners, school district, and broader community on ACEs, utilizing the Paper Tigers and Resilience videos, and implementing ACE Interface presentations through Minnesota Communities Caring for Children. – Wayzata Partners for Healthy Kids (Hennepin)

Collaborative Program Outcomes

In 2017, Collaboratives spent \$20,372,472 from their integrated funds on the delivery of 595 programs and services that reached 313,740 children, youth, and families across the state. Collaboratives reported on all programs and services supported by their integrated funds, not just those funded with LCTS dollars.

The following tables and figures highlight the number of programs and services by outcome area, the percentage of children, youth, and families served by outcome area, the amount and percentage of integrated fund (LCTS and non-LCTS) spending on programs and services by outcome area, and the amount and percentage of integrated fund (LCTS and non-LCTS) received by entity in 2017. In addition, this section highlights a summary table of the outcome areas and provides a breakdown of the different types of programs and services that fall in each outcome category. Whenever possible, Collaboratives provided unduplicated numbers for persons served by programs, the number of programs, and program funding in 2017.

Outcome Areas

The 595 programs and services were affiliated with five primary program outcome areas related to the Collaborative Priorities, including:

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

Figure 4: Number of Collaborative Programs and Services by Outcome Area in 2017

Number of Collaborative Programs and Services by Outcome Area in 2017
N = 90 Collaboratives, Total Programs and Services = 595

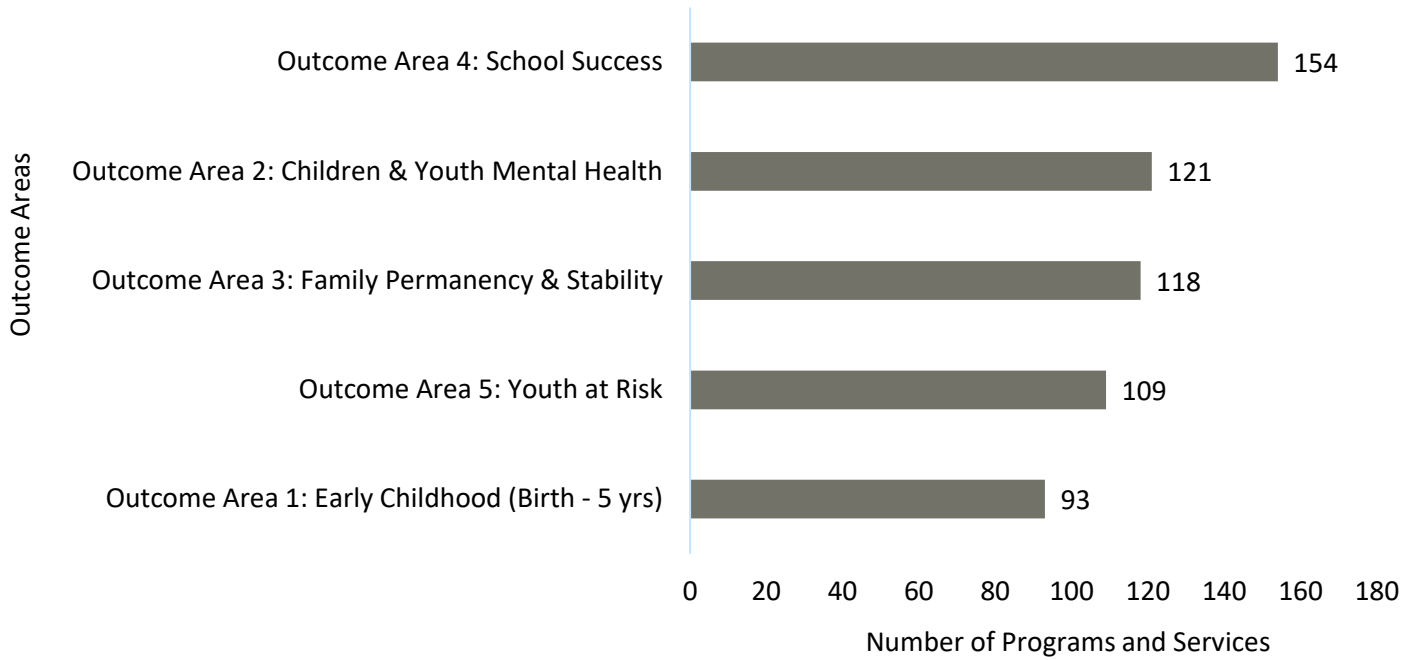
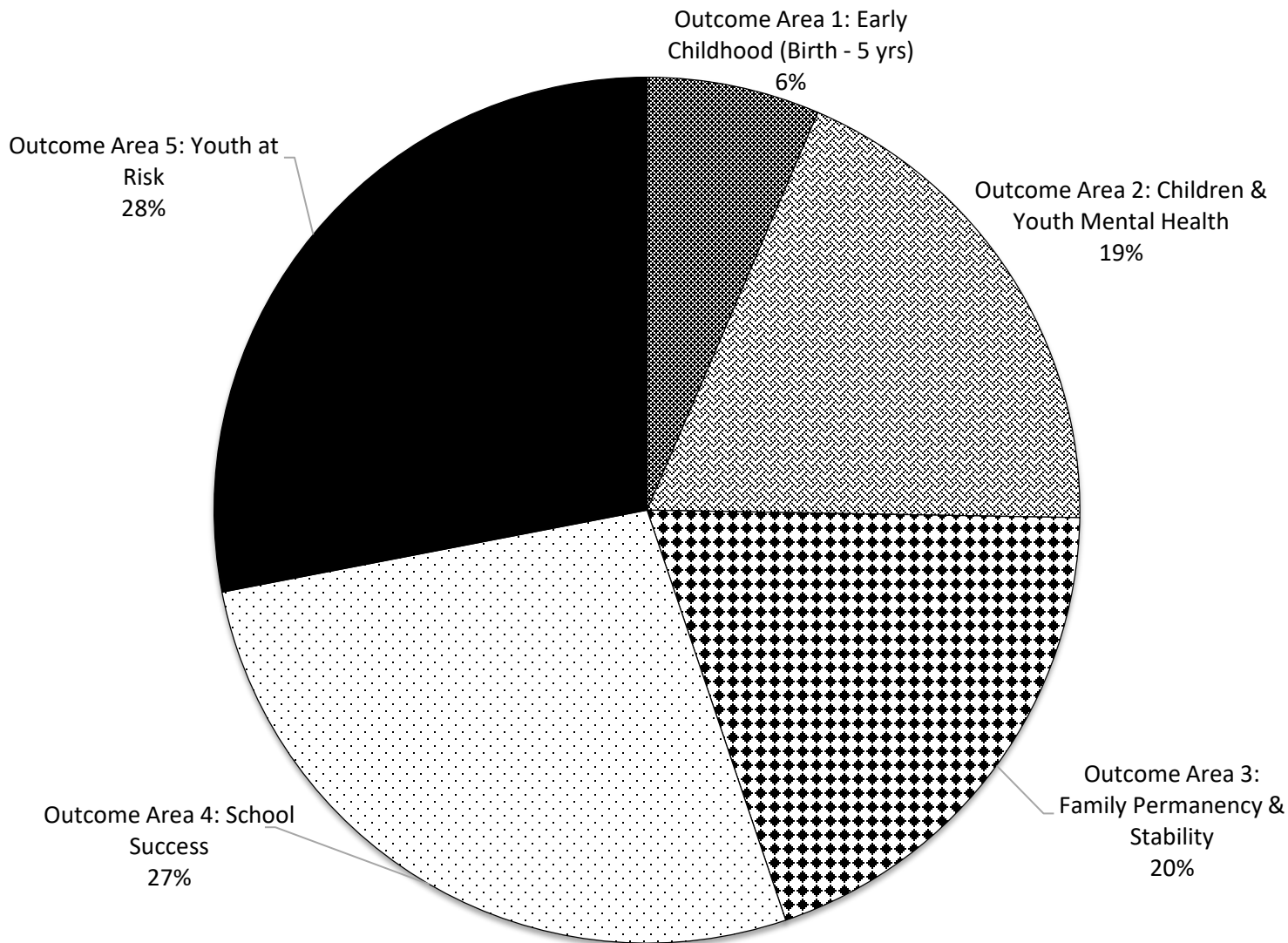


Figure 5: Percentage of Total of Children, Youth, and Families Served by Outcome Area in 2017

Percentage of Total Participants in Collaborative Programs and Services by Outcome Area in 2017
N = 90 Collaboratives, Total Participants = 313,740



Integrated Fund Spending on Programs and Services by Outcome Area and Entity

The total integrated fund spending on programs and services in 2017 was \$20,372,472. Programs and services spending with LCTS funds accounted for 64% of total program spending (\$12,959,171), and 36% of the programs and services spending was supported by non-LCTS resources (\$7,413,302). Many programs relied on a combination of LCTS monies and additional funding sources (such as grants, partner contributions, and third-party contributions).

Figure 6: Percentage of Total Collaborative Integrated Fund Spending by Outcome Area in 2017

Percentage of Total 2017 Integrated Fund Program and Services Spending - by Outcome Area
N = 90 Collaboratives, Total Integrated Fund Spending = \$20.37 million

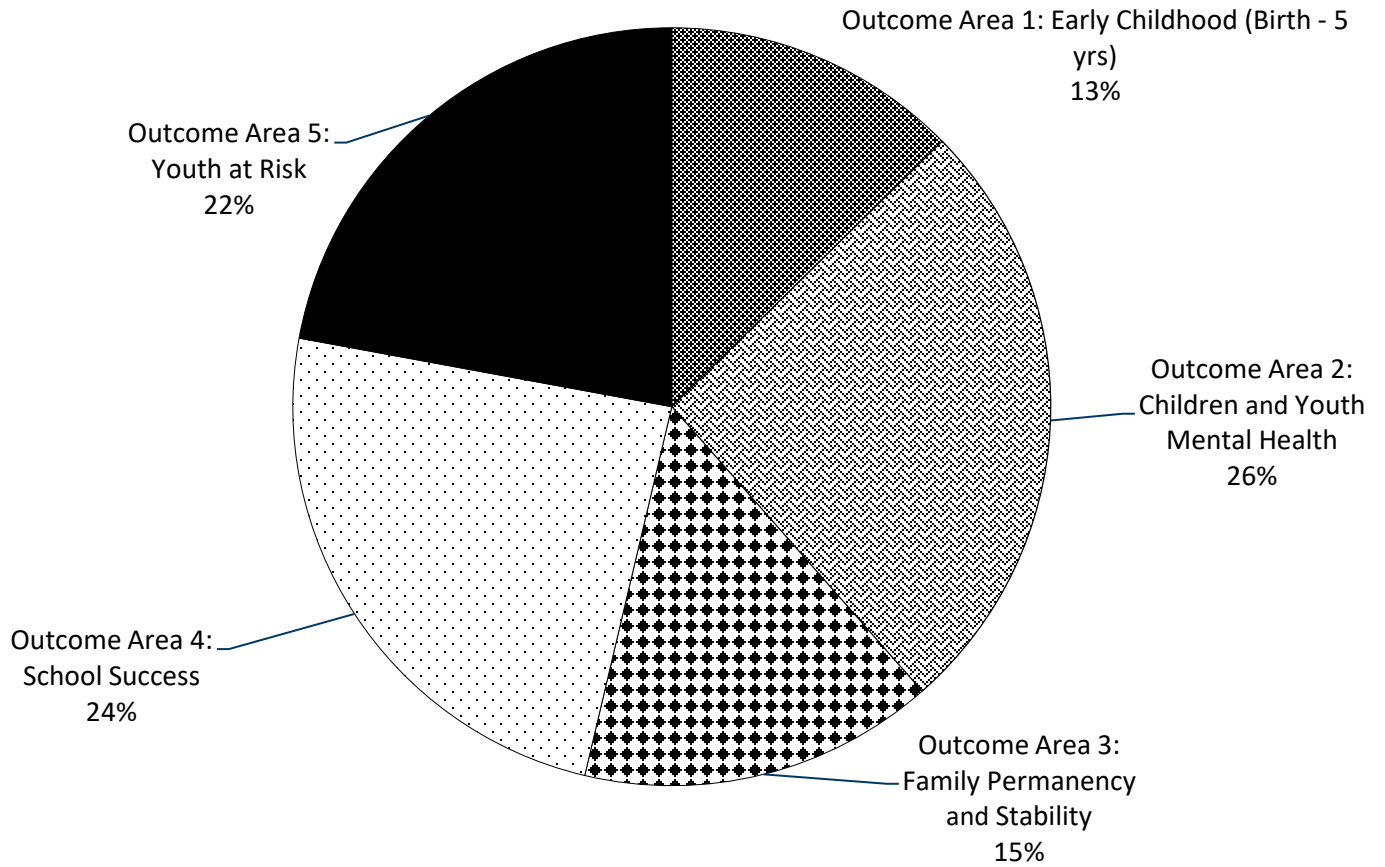


Figure 7: Total LCTS Spent by Outcome Area in 2017

Total LCTS Spent by Outcome Area in 2017

N = 90 Collaboratives, Total LCTS Spent = \$12,959,171

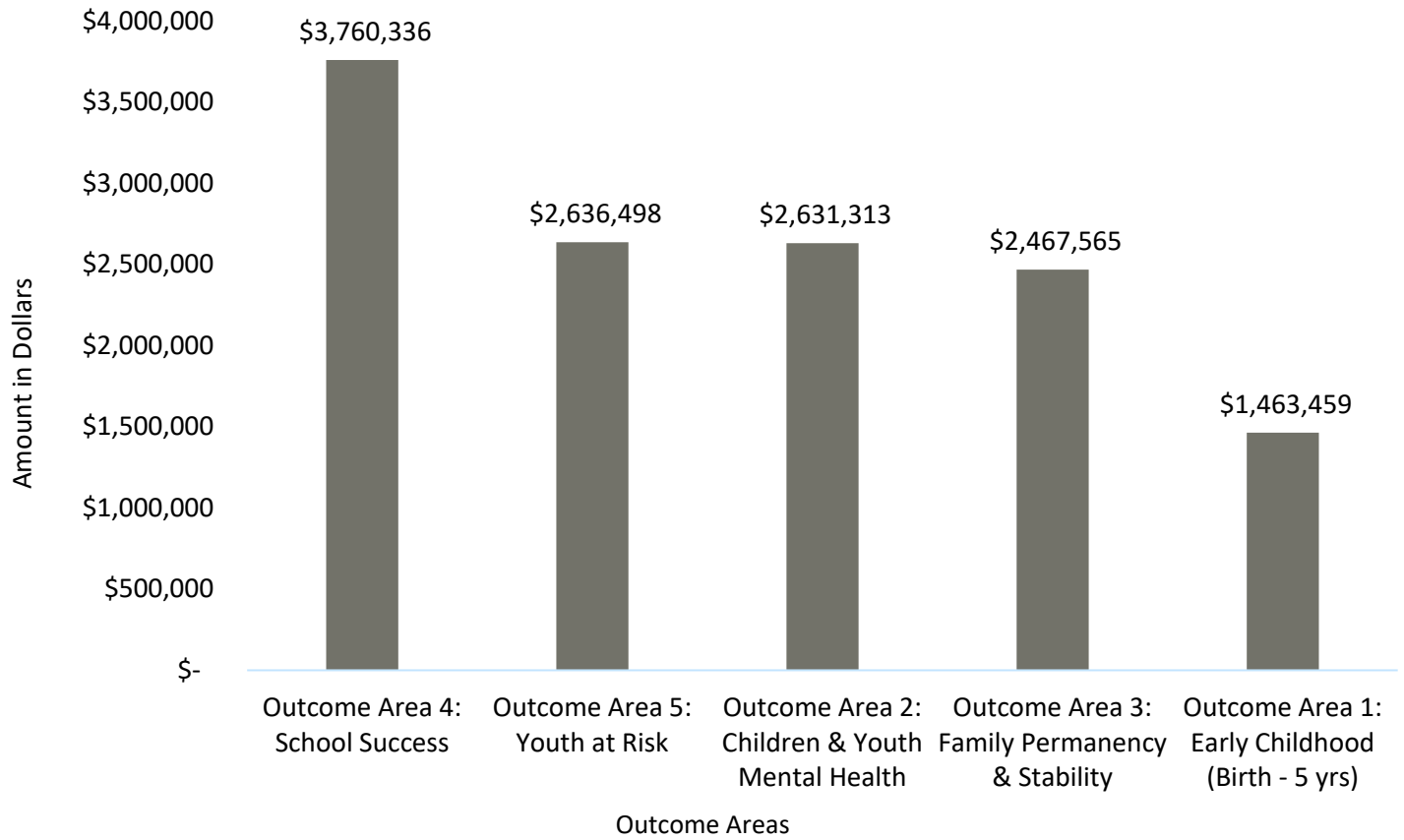


Figure 8: Collaborative Integrated Fund Spending by Outcome Area and Funding Source in 2017

Amount of Integrated Fund Spending by Outcome Area and Funding Source
 N = 90 Collaboratives, Total Integrated Fund Spending: \$20,372,472

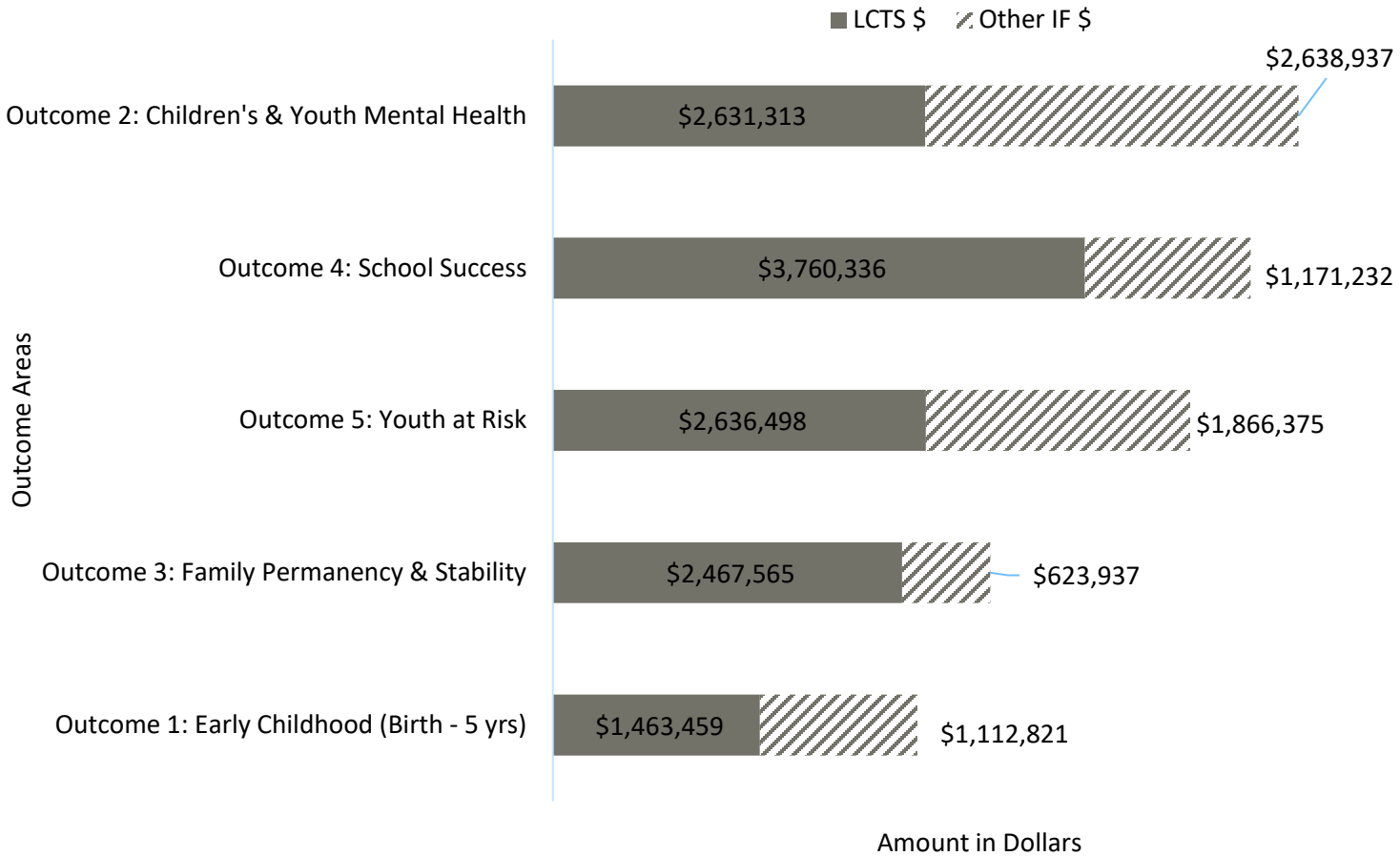


Figure 9: Collaborative Integrated Funding Received by Entity in 2017

Amount of Collaborative Integrated Funding Received in 2017 by Entity and Funding Source
 N = 91 Collaboratives, Total Integrated Funding Received = \$20,372,472

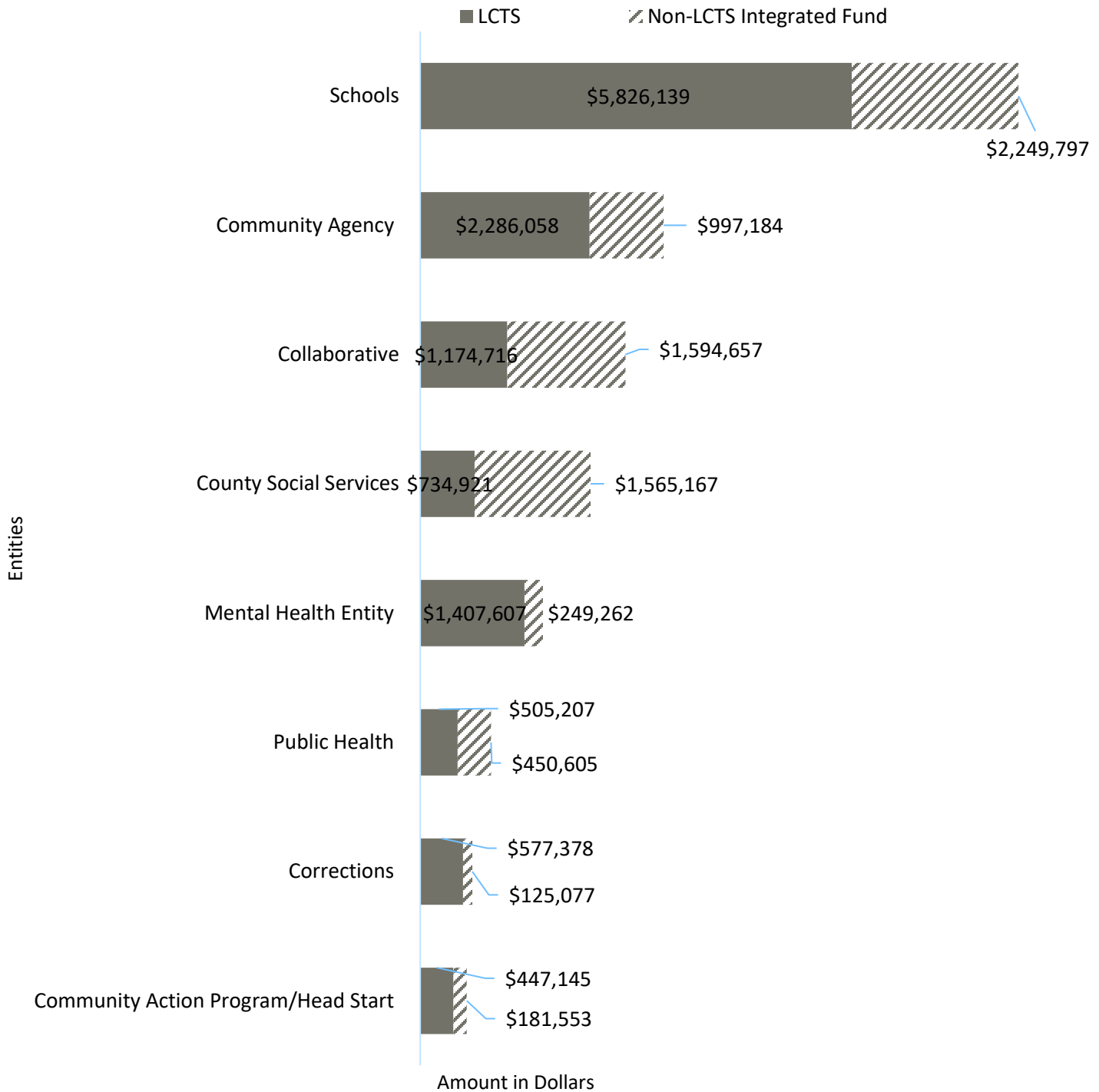


Figure 10: Percentage of Total Collaborative Integrated Fund Received by Entity in 2017

Percentage of Total Collaborative Integrated Fund Received by Entity in 2017
N = 90 Collaboratives, Total Integrated Fund = \$20,372,472

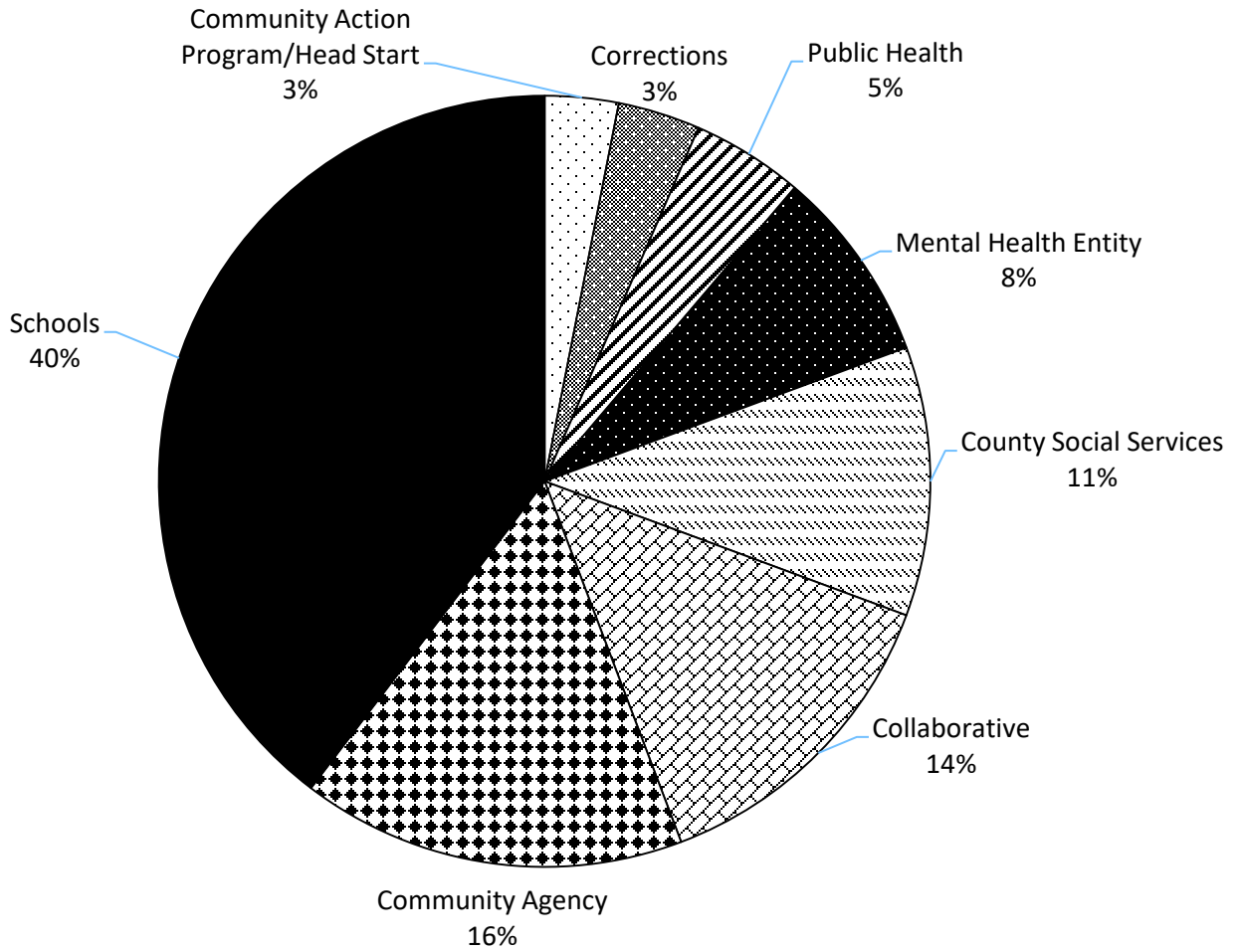


Figure 11: Percentage of 2017 Collaborative LCTS Integrated Fund Received by Entity

Percentage of 2017 Collaborative LCTS Integrated Fund Received by Entity
N = 90 Collaboratives, LCTS Integrated Fund = \$12,959,171

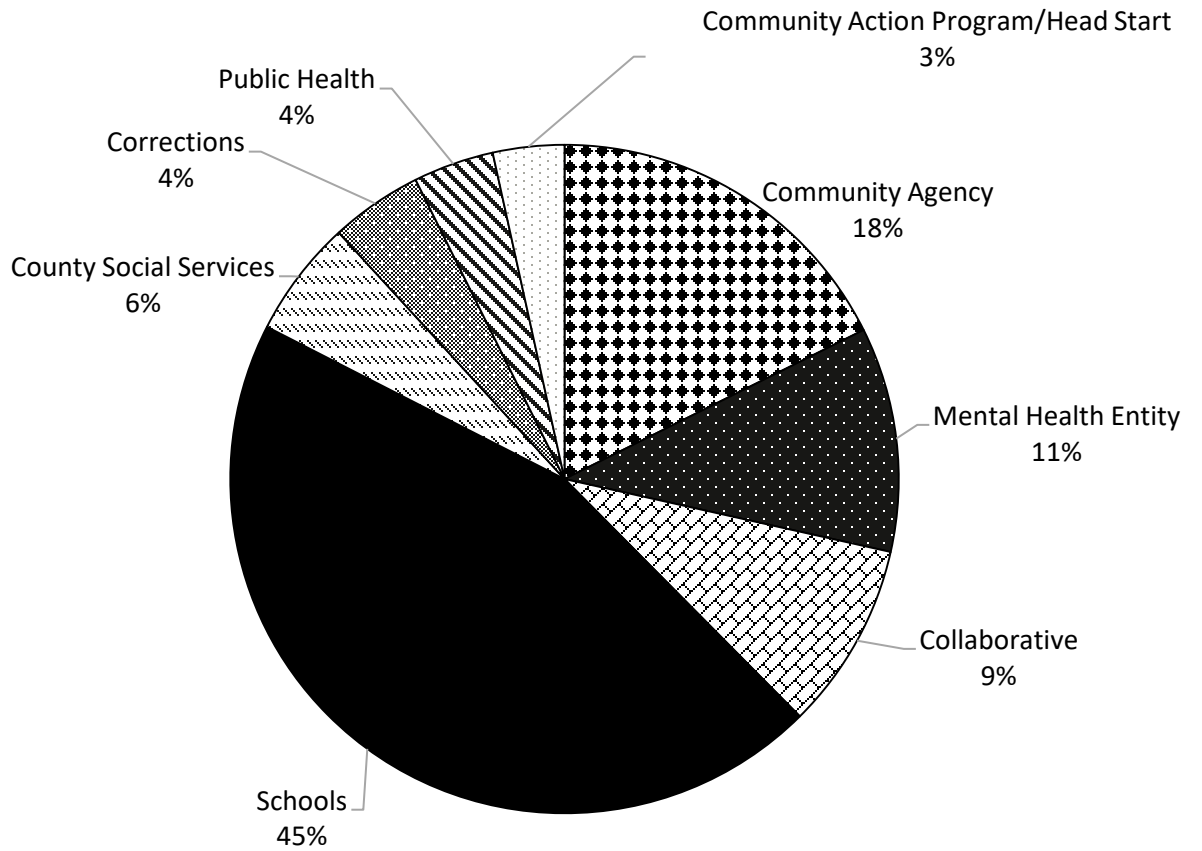


Figure 12: Percentage of 2017 Collaborative Non-LCTS Integrated Fund Received by Entity

Percentage of 2017 Collaborative Non-LCTS Integrated Fund Received by Entity
 N = 90 Collaboratives, Non-LCTS Integrated Fund = \$7,413,302

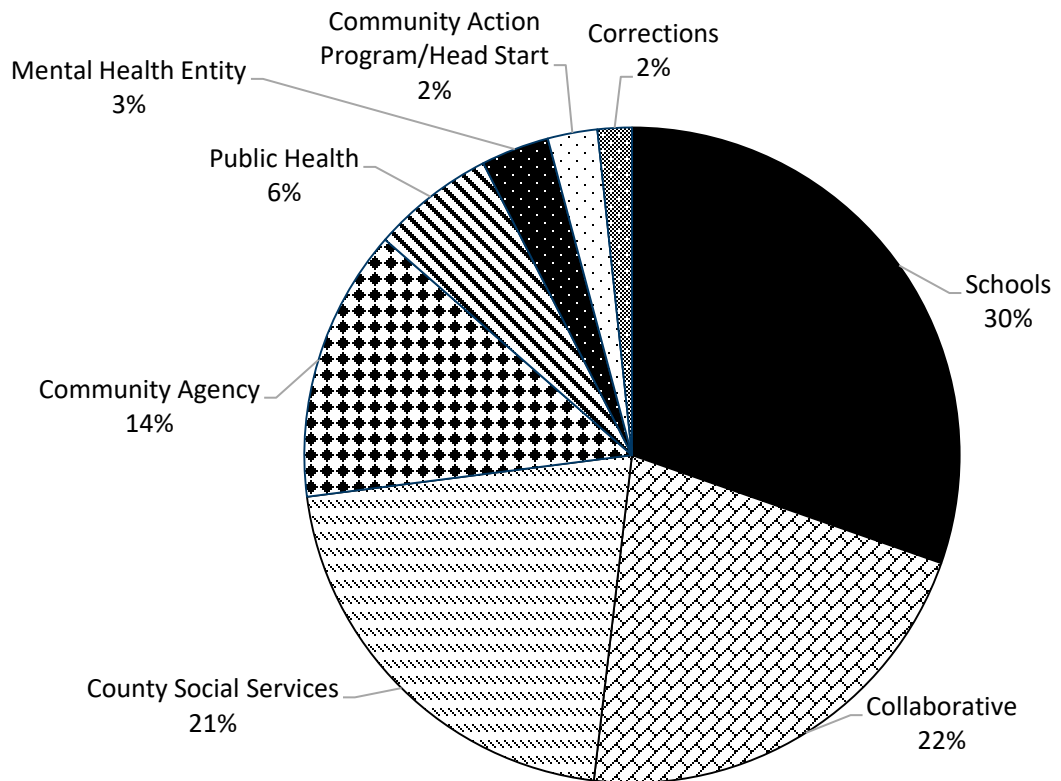


Table 5: Collaborative 2017 Outcome Summary

This summary table provides an overview of the outcome areas; by percentage of Collaboratives offering programs and services in each outcome area, the number of programs and services in each outcome area, the number of participants served in each outcome area, the amount of LCTS and non-LCTS funds spent by outcome area, the total amount of integrated funds spent by outcome area, and the percentage of the total Collaboratives' integrated fund spending by outcome area in 2017.

Item #	Outcome Areas	% of Collaboratives Offering Programs and Services per Outcome Area	# of Programs and Services	# of Children, Youth and Families Served	Integrated Fund \$ (LCTS) Spent in 2017	Integrated Fund \$ (Non-LCTS) Spent in 2017	Total Integrated Fund \$ Spent in 2017	% of Total Integrated Fund Spending
1	Outcome Area 1 Improve Early Effective Interventions to Meet Social and Emotional Developmental Needs of Children (birth to 5 years)	59%	93	20,272	\$1,463,459	\$1,112,820	\$2,576,279	13%
2	Outcome Area 2 Improve Community Prevention and Clinical Interventions to Meet the Mental Health Needs of Children and Youth	92%	121	59,031	\$2,631,313	\$2,638,937	\$5,270,250	26%
3	Outcome Area 3 Improve Services and Supports to Strengthen Family Permanency or Stability	95%	118	61,278	\$2,467,566	\$623,937	\$3,091,504	15%
4	Outcome Area 4 Improve Services to Support Children's Learning and Success in School	96%	154	85,204	\$3,760,335	\$1,171,232	\$4,931,567	24%
5	Outcome Area 5 Improve Interventions for Youth Experiencing Risks for Negative Outcomes	97%	109	87,955	\$2,636,498	\$1,866,374	\$4,502,872	22%
6	TOTALS	100% Offered Programs in at least one Outcome Area	596 Programs and Services	313,740 Children Youth and Families Served	\$12,959,171 LCTS Integrated Fund Spent	\$7,413,301 Non-LCTS Integrated Fund Spent	\$ 20,359,847 Integrated Fund Spent on Outcome Areas	100% of Integrated Fund

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

• # of Programs and Services Reported in 2017	93
• # Served in 2017	20,272 children and their families
• Total 2017 Integrated Fund Spent on Outcome Area 1	\$2,576,279
• Integrated Fund (LCTS) Spent in 2017	\$1,463,459
• Integrated Fund (Non-LCTS) Spent in 2017	\$1,112,820



Priority Audience includes children, prenatal to 5 years old, their caregivers, pregnant and expectant teens and adults, and service providers who serve young children and their families. Some programs specifically support first time caregivers, families of newborns, families with children aged 0-5 experiencing behavioral issues, young children with socioemotional needs, children preparing to enter kindergarten, children with risk factors for developmental delays, and low income or resource limited family systems.

Types of Programs and Services:

- Expectant caregiver, teen parenting and general parent education
- Early childhood screening, social emotional learning, and related supports
- Early childhood provider education and school readiness

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

• # of Programs and Services Reported in 2017	121
• # Served in 2017	59,031 children and their families
• Total 2017 Integrated Fund Spent on Outcome Area 2	\$5,270,250
• Integrated Fund (LCTS) Spent in 2017	\$ 2,631,313
• Integrated Fund Non-LCTS) Spent in 2017	\$2,638,937



Priority Audience includes students (birth through 21 years of age), caregivers and parents, service providers supporting children and families, and community members. Some programs specifically support youth with behavioral concerns at school, students with a severe emotional disturbance (SED) or an emotional disturbance (ED) diagnosis, Hispanic children and adults in need of mental health services, children and youth with mental health needs who are experiencing homelessness, children and youth facing food insecurity and/or living in poverty, children who are uninsured or underinsured, children of single parent families, children with open cases in community corrections and health and human services, teenage mothers, and caregivers of children with mental health diagnoses.

Types of Programs and Services:

- Mental health, case management and wraparound supports
- Chemical dependency programming
- Crisis intervention
- Basic resources
- Caregiver support
- Respite activities
- Resilience building activities

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

- # of Programs and Services Reported in 2017 118
- # Served in 2017 61,278 children and their families
- Total 2017 Integrated Fund Spent on Outcome Area 3 \$ 3,091,504
- Integrated Fund (LCTS) Spent in 2017 \$ 2,467,566
- Integrated Fund (Non-LCTS) Spent in 2017 \$623,937



Priority Audience includes children and youth ranging from birth through 18 years of age and their caregivers, community members, and service providers representing healthcare, behavioral health, human services, schools, and corrections. Some programs specifically support youth, children and families involved with multiple service systems, families with unmet or minimally met basic needs, families and youth living in poverty and/or residing in low-income housing, fathers with children involved in Head Start, youth experiencing crisis, families that have been impacted by trauma, families with children who have a mental or physical disability, adoptive, foster kinship and pre-adoptive parents, families with a child experiencing emotional or behavioral challenges, families with a need for emergency short-term childcare, refugees and immigrants, and adults learning English.

Types of Programs and Services:

- Caregiver support
- Chemical dependency counseling
- Child education and extracurricular support
- Grant funds and mental health support
- Culturally specific programming
- Mental health awareness

Outcome Area 4: Improve Services to Support Children’s Learning and Success in School

• # of Programs and Services Reported in 2017	154
• # Served in 2017	85,204 children and their families
• Total 2017 Integrated Fund Spent on Outcome Area 4	\$4,931,567
• Integrated Fund (LCTS) Spent in 2017	\$3,760,335
• Integrated Fund (Non-LCTS) Spent in 2017	\$1,171,232



Priority Audience includes children and youth (pre-natal through 21 years) and their families and service providers and school staff supporting children and their families.

Some programs specifically support English learners, students receiving free and reduced-priced meals, students facing food insecurity, students with limited mental health supports, uninsured or underinsured students, low-income students and their families, students and families living in low-income housing, students needing homework help, students deemed “high-risk”, youth who are not typically offered youth leadership opportunities, youth with mental health diagnoses, youth with attention deficit hyperactive disorder (ADHD) diagnosis, youth with emotional and behavioral disorders (federal setting IV program), youth with physical and sensory issues, students and their families who need vaccinations, adults applying for green cards, and culturally or racially-specific youth (including African American or Black males, Latino/LatinX youth, and Indigenous youth).

Types of Programs and Services:

- School-based providers and services
- Support programs for children and their families
- Extracurricular activities
- Culturally responsive programming

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

• # of Programs and Services Reported in 2017	109
• # Served in 2017	87,955 children and their families
• Total 2017 Integrated Fund Spent on Outcome Area 5	\$4,502,872
• Integrated Fund LCTS Money Spent in 2017	\$2,636,498
• Integrated Fund (Non-LCTS) Spent in 2017	\$1,866,374



Priority Audience includes Kindergarten through 12th grade children and youth. Some programs specifically support children and their families in the mental health, child welfare, child protection, and juvenile justice systems, including youth who have committed low level or petty crimes, first time juvenile offenders, youth serving as adult offenders, youth in the juvenile justice system, youth in diversion programs, youth who have been referred to court for truancy and those with poor attendance, students who are needing to re-engage in school, adult youth aging out of case management, children returning from out-of-home placement, youth experiencing mental health and chemical health issues, youth deemed “at-risk”, students experiencing poverty or financial hardship, and culturally or racially-specific youth (including Spanish-speaking, Somali, and Indigenous youth).

Types of Programs and Services:

- Basic needs for youth
- School-based providers and services
- Extracurricular activities
- Chemical health and juvenile justice programs

Collaborative Priorities

In 2006, a Collaborative Strategic Framework document was drafted, and in September 2016, the Strategic Framework was revised and approved by the Minnesota Department of Human Services and the state's Collaborative Coordinators. This Strategic Framework outlines the current [Collaborative Priorities](https://mn.gov/dhs/assets/statewide-collaborative-strategic-framework_tcm1053-347011.pdf) (https://mn.gov/dhs/assets/statewide-collaborative-strategic-framework_tcm1053-347011.pdf) which include:

- Promoting mental health and well-being of children, youth and young adults
- Supporting healthy growth and social emotional development of children, youth and young adults
- Strengthening resilience and protective factors of families, schools and communities

In 2017, the Collaboratives supported children, youth and families by strategically focusing on the Collaborative Priorities. The following section outlines the Collaborative Priorities and provides examples of how the Collaboratives met these priorities in 2017. Focusing on these priorities, Collaboratives intend to realize more collective impact and make a positive difference, such as:

- Children and youth thrive in their homes, schools, and communities
- Children and youth experience social connectedness and caring adults in their lives
- Young children are ready for school and youth 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

Finally, this section highlights new or promising practices that Collaboratives were excited to report in 2017, and additional priorities or issues that Collaboratives addressed in 2017 that did not fit in the three Collaborative Priority categories.

Promoting Mental Health and Well-Being of Children, Youth and Young Adults

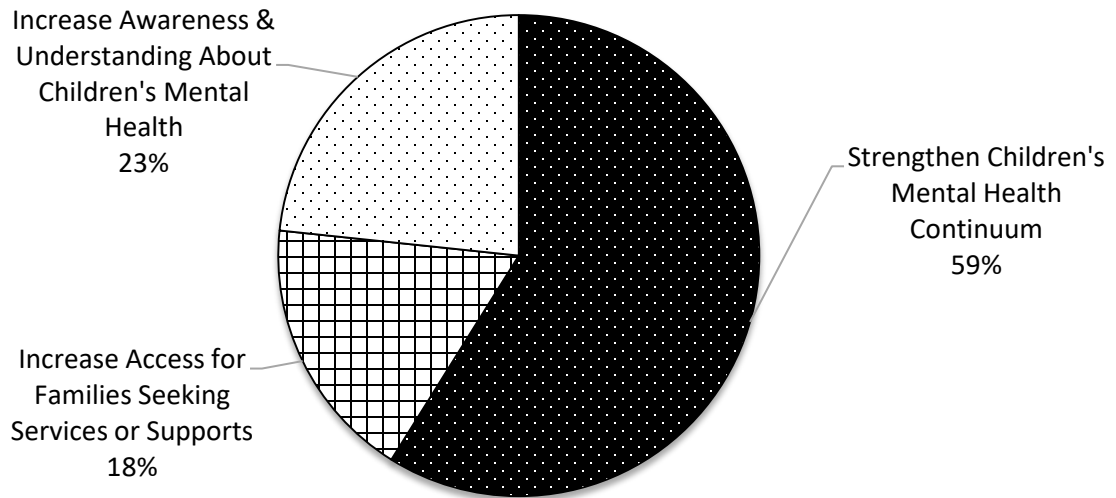
Here are three subcategories that Collaboratives focused on to meet this priority:

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

Figure 13: Promote Mental Health and Well-Being of Children, Youth and Young Adults

Promote Mental Health and Well-Being of Children, Youth and Young Adults

N = 90 Collaboratives



Examples of how Collaboratives focused on this Priority by Subcategory

Here are some examples of how Collaboratives integrated priority 1 by subcategory in 2017:

Strengthening the Children’s Mental Health Continuum

The Collaborative currently funds mental health practitioners in the schools to aid access to needed services. –Benton County Children’s Mental Health Collaborative

[Our Collaborative] supports Children's Therapeutic Services and Supports (CTSS) programming in Cass County schools by enabling services from basic to expanded. – Cass County Leech Lake Reservation Children’s Initiative

Child Protection uses the new guideline. They provide mental health screenings all the way down to infants. Resources are known and referrals are made. – Cottonwood County Family Services Collaborative

In 2017, the Dakota County Collaborative formed a School Linked Mental Health Committee... The goal is to improve the service delivery for children receiving school linked mental health services. Five school based mental health agencies, school, county, and NAMI MN representatives meet monthly to discuss current models and barriers to service delivery... In 2017, the Collaborative issued an RFP for youth mental health and self-regulation services... Starting January 1, 2018, two new projects were funded which included Yoga-Calm and the Juvenile Service Center and Tree House and Tree House Next which provides support for at-risk youth. – Dakota County Integrated Children's Mental Health and Family Service Collaborative

School social workers work with children and their parents in all public schools within the counties. – Faribault and Martin Counties Family Services Collaborative

Noticing an increase in high school students with mental health concerns, the school social worker in the Goodhue School District established a mental health support group. Students could join the group through self-referral or

referral by the school counselor/social worker. The group was open to students with or without a diagnosis of a mental health condition. The focus of this group was on identifying supports within and outside the school, and on creating a safe place in which to ask questions or describe mental health concerns. At the start of the school year, several students were taking part in self-harming behavior. The school social worker developed a student safety plan/contract which documents self-care, coping skills, and people that students can talk to at school and home. – Goodhue County Family Services Collaborative

[Our Collaborative is conducting] ongoing analysis of the student survey data and additional training and facilitated conversation about this topic... In terms of the well-being of young people, [our Collaborative] focuses on our priorities of being sure that all children are ready to learn and have quality out-of-school activity available at low or no cost. We continue to fund Resource West and MoveFwd – community agencies focused on mental health and overall well-being. – Hopkins Schools and Community in Partnership (Hennepin)

Our district completes a screening assessment called Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) as a brief and efficient tool to universally screen students individually, by class, or grade for risk for social-emotional and behavioral problems. Specifically, SAEBS evaluates general behavior and social, emotional, and academic behaviors. The SAEBS is designed for use across grades K-12. Reports provide teachers with information on whether individual students are at-risk for academic, social, and/or emotional behaviors. For students who are at-risk, we work with local and county resources to provide support and interventions. – Houston County Family Services Collaborative

We help provide support to make sure chemical dependency and mental health counselor(s) are in our public schools. There were meetings weekly between school counselors, the dean of students, and a mental health therapist. Family services, probation, public health, and schools all receive training and education on trauma, teen suicide, chemical addiction, and mental health/diagnosis and utilize different screening tools to assess our populations. – Isanti County Integrated Collaborative

[Our Collaborative is] trying to utilize psychoeducation with kids and adolescents by working with them to help them understand their mental health diagnoses and appropriate coping mechanisms. – Kanabec County Family Services Collaborative

The agency continues to support the ten-county 24/7 mobile crisis service for children and youth. We continue to educate community members, law enforcement, hospitals, schools and parents about the availability of this service and its value to the community members, families, and the child as a first line intervention in crisis situations. The agency also continues to support the use of school linked mental health services, pairing treatment providers with schools to provide mental health services in the school setting... As long as the parents can confirm an ongoing diagnosis that fits the severe emotional disturbance (SED) criteria, we are helping to pay for camps, school activities, and other prosocial activities. This allows families to continue receiving services that they qualified for with open case management and it allows our case managers to serve more new families that are in crisis rather than maintaining a caseload of families that don't want to give up the services they received while the youth have an open case. Finally, we continue to meet with regional supervisors and providers to talk about development of crisis beds for children in short term crisis. – Le Sueur County Family Service Collaborative

School staff, social work staff and local behavioral health workers have had ongoing training in suicide prevention and intervention and apply that knowledge with working with our pre-teen and teen population. We have an active area suicide prevention committee with members of the Collaborative sitting on that committee and assisting with educational events in the community. School social workers assist with planning annual school-based programs that focus on well-being and resilience. – Lake of the Woods Children and Families Collaborative

In one school, due to the large number of students and only two counselors, they often find they are forced to be responsive to needs versus having the time to educate proactively. They were fortunate this year to have several social work interns that provided group guidance to teach skills in and around positive peer relationships and time management. A school social worker or counselor visits with every incoming 5th grade class about accessing the

school counselors so they know when and how to seek help. They also teach Lifelines Suicide Prevention curriculum to 6th grade health classes. In the past they have used the Txt4Life program to provide students with information about mental health and how to use that program for help; however with staff turnover this year, they weren't able to come in to teach these lessons. They hope to make arrangements to have this available to students again next year. Schools are [also] promoting mental health and well-being by using Positive Behavior Interventions and Supports (PBIS)... Students also have access to visiting with the school social worker individually as needed to address specific concerns and build coping skills. – Lyon/Murray Families Project

Partners work closely together to identify and provide education regarding mental health and strongly support and refer individuals to services that provide the early intervention. – Marshall County Community Collaborative

Children continue to suffer from anxiety, PTSD, and Autism... Currently, all of our schools in Morrison County offer school-based mental health services. The committee helps plan an annual mental health professional meeting that consists of all the mental health professionals, school social workers, and other agencies/ organizations that offer services that deal with mental health. This meeting is well attended and beneficial for our professionals. It really strengthens our partnerships and helps spread awareness of what resources and services are out there in our county. This meeting also helps address gaps within the county and makes sure we are following proper protocols when using the services and making referrals. Also, this committee helps coordinate mental health trainings for the community and for professional staff within in Morrison County. This year we did a training on Fetal Alcohol Spectrum Disorder. Our Community Transition Interagency Committee supports ways to build transition assets in all Morrison County students. – Morrison County Interagency Coordinating Council

We support the efforts of school-based social work activities in the three school districts. – Norman County Collaborative

Mental health services are provided in the schools by two of our partners and they keep the board updated on the number of children served. They have both started small groups to serve children. – North Shore Collaborative

[Our Collaborative is] coordinating and supporting the expansion of school based mental health services with a long-term goal of having a therapist in every school building in Olmsted County. – Olmsted County BRIDGE Collaborative

[Our Collaborative] is working towards helping to support school-based social work activities. – Pennington County Collaborative

We have mental health professionals located in each school district through the partnership of Collaborative partners and county commissioners. – Polk County Collaborative

We continue to support the school linked mental health program in partner school districts. – Redwood County Collaborative

[Our Collaborative will] continue providing supports through our local school mental health social workers. – Rock-Pipestone Family Services Collaborative

The Collaborative funds mental health practitioners in the schools to aid access to needed services. – Stearns County Family Services Collaborative

We help fund school social worker positions at all three school districts, which are vital to our youth. We also fund participation in trainings and plan to host trainings in 2018. The focus on trauma and ACES has prompted us to line up some presentations for local professionals as well as the general public. – Steele County Children's Mental Health Collaborative

The Collaborative has funded a Positive Community Group Coordinator at our two primary schools whose focus is to build positive behaviors and support mental health of the students. It also includes building support groups, mindful school training for students and staff, parent education sessions, and positive community intervention and strategies. – Westonka Healthy Community Collaborative (Hennepin)

Increasing Access for Families Seeking Services and Supports

Celebrating Families [is a program that addresses] the needs of the increasing number of parents being incarcerated for alcohol and drug use. The goal is to provide the families with healthy family living skills while providing a support group for parents and giving the opportunity to establish new sober friendships, while allowing the children to interact with and ask questions of peers that are struggling with similar situations. – 3 Counties for Kids

The programs that we fund strategically include human services, public health, schools, judicial and community. They target newborn to 18-year-olds. Most of our programs have an in-home visiting component which offers the opportunity to support parents and offer parenting advice/skills as needed. – Brown County Families First Collaborative

Mahnomen Collaborative partners with community mental health to provide clinic, home and school-based mental health services including evaluations, skills-building, and psychotherapy services to clients of all ages. – Mahnomen County Interagency Collaborative

This is a success story from Someplace Safe Wilkin Advocacy. They provided services to a family that was victimized by domestic violence, which included legal advocacy, safety planning, resources, and referrals. Due to the financial strain caused by the dynamics of domestic abuse, the parent in the single-income household had inadequate funds for transporting the family to the Someplace Safe office, as well as other needed appointments stemming from the abuse. The funds from this project not only provided advocacy services to the juvenile victims in this case, but it also provided much-needed gas gift cards to the family, allowing them to attend appointments, seek advocacy services, and begin the healing process without the added financial strain. – Wilkin County Children's Collaborative

Increasing Awareness and Understanding for Children's Mental Health

[Our Collaborative provides] support for the STIGMA 180 campaign to deepen understanding and support for mental health. – Carver County Interagency Council

The CMHC Education Committee reviews all requests for scholarships and training support. The group does its work in a virtual capacity, reviewing approximately 35+ requests a year. Working from a core budget of \$18,000, the group awarded \$17,643.20 in 2017. This amount consisted of independent individual agency/individual requests as well as a specific scholarship request for a November school based mental health training. Over 436 individuals attended trainings sponsored by the CMHC in 2017. – Hennepin Children's Mental Health Collaborative

Stellher Human Services have provided the ACEs training to others in the community. This training opportunity has opened the door for others to learn the effects that trauma has on a person and/or family. Funding is used to provide services in the school setting. This assists with identifying children/families that need services. Early intervention is a priority for our group. – Hubbard County Family Services Collaborative

[Our Collaborative] hosted an ACEs training for our school staff, probation, public health nurses, and social services staff. The thought was to better educate all community professionals on ACEs and give them tools to better meet the needs of the most vulnerable in our community. – Mille Lacs County Family Services Collaborative: Family TIES

We began offering NAMI Mental Health First Aid training in our community to equip more people with knowledge and skills. ACEs training and discussions have been offered in conjunction with a community partner and we are expanding this year to offer specific training for local police officers and emergency responders. – Orono Healthy Communities Healthy Youth (Hennepin)

The Rice County Mental Health Collective trained a cohort of nearly a dozen community leaders to be facilitators in Youth Mental Health First Aid (YMHFA), an evidence-based best practice training through the National Council for Behavioral Health on identifying and responding to youth mental health concerns. This train-the-trainer model requires 5 days of training through the National Council, followed by passing a certification. During 2017, the Rice County trainers then led 8-hour Youth Mental Health First Aid trainings for 103 individuals in the community,

including school personnel, law enforcement, medical professionals, foster care providers, social service agency staff, parents, and other interested individuals. As one vehicle through which to assess the impact of this initiative, the Rice County Mental Health Collective sends a monthly survey to any local individual who has completed the 8-hour YMHFA training, asking how many referrals they have made in the past month of youth to support services (including mental health professionals, school staff, etc.). During 2017, these trained individuals collectively made 2,579 referrals of youth to receive additional support based on mental health warning signs. – Rice County Family Services Collaborative

[Our Collaborative supports an] emotions curriculum at Lincoln Park Children’s and Family Collaborative, and programming at the YWCA Duluth. – Southern St. Louis County Family Service Collaborative

SRFC uses a unique and innovative model of convening and planning called Intentional Social Interaction (otherwise known as IZI), designed by a nonprofit group called Marnita’s Table. Our youth were the early adopters of the IZI community engagement model. They knew right away that this model was what our communities needed to come together to address the ills of our society. We use this model to develop a community engagement plan that is inclusive. As a result of this work, our collaboration has a diverse community membership, including youth, families, and communities of color...To date, 700 community partners have been trained by SRFC to hold their own community conversations and over 2,200 community members have attended a conversation... In an IZI ‘Circle Share-In’ one of the parents said, "This was healthy; healthy for our minds, healthy for our spirits, and healthy for our kids to see we can come together as a community." One of our Superintendents said this about IZI: "It’s all about doing schools differently – this is a model that makes adults uncomfortable (because the youth are leading the conversation), but we have to let go and trust. Community engagement is determining how you really can become a welcoming community and doing it in a way that works for them." And lastly, one of the young people, having been to his first IZI said, "It was like people were listening and you had time to say what you wanted to say." – Suburban Ramsey Family Collaborative (Ramsey)

The school districts in the WCCF have made it a priority to promote and educate on the topic of mental health. There is a great deal of collaboration amongst the districts to maximize the information in this arena. There have been multiple professional development opportunities in the districts to educate and prepare our staff for what they could encounter in our children. Some of this training is all districts coming together in a central location to get a common message out to the staff in our buildings. – Waseca County Collaborative for Families

Members of the Collaborative board are members of the ACES Initiative and advisory board for school linked mental health services. These organizations, along with Solomon's Song, a nonprofit set up to promote mental health in youth, have collaborated on community presentations on children’s mental health for parents and childcare providers. Through the work of the ACE Interface Presenters, outreach was provided to area service providers, community organizations, area employers, and the community in general. – Winona County Collaborative

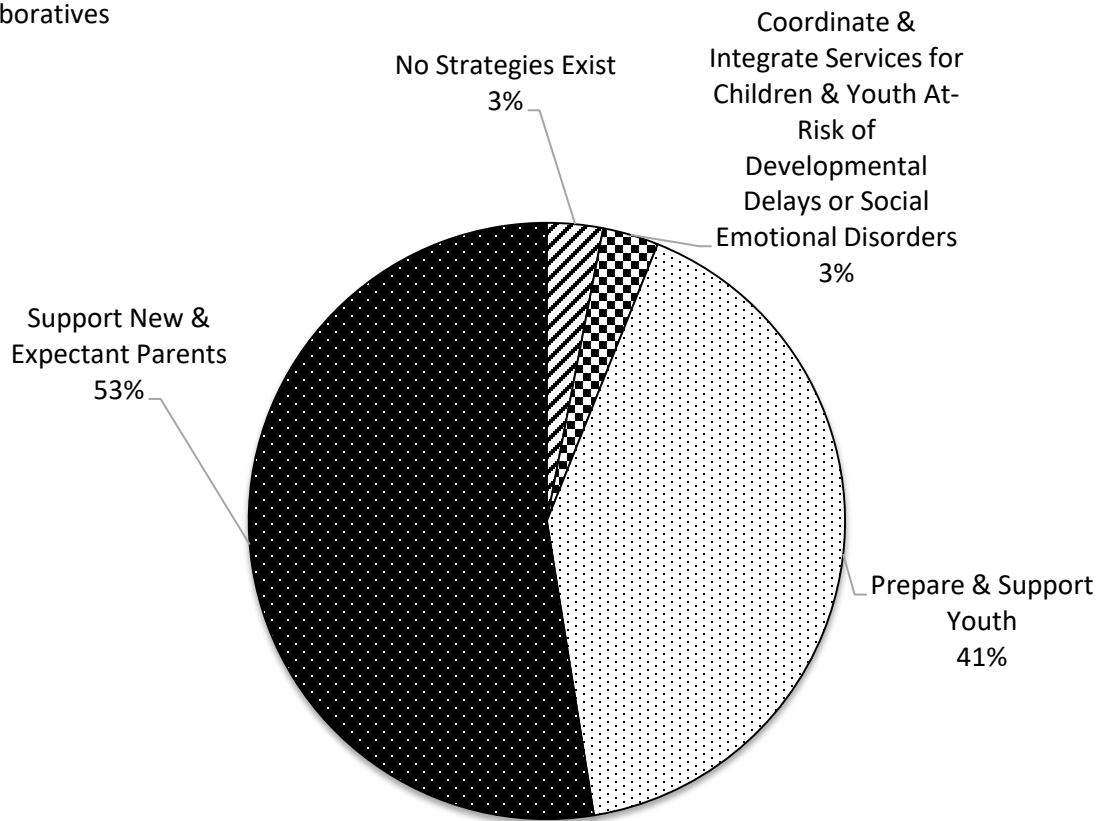
Supporting Healthy Growth and Social Emotional Development of Children, Youth and Young Adults

Here are three subcategories that Collaboratives focused on to meet this priority:

- Coordinating and integrating services to identify children and youth at risk of developmental delays or social emotional disorders as early as possible
- Starting in early childhood, preparing and supporting youth on their pathways to succeed in their homes, schools, and Communities
- Supporting expectant parents and providing outreach to newborns and their families

Figure 14: Supporting Healthy Growth and Social Emotional Development of Children, Youth and Young Adults

Supporting Healthy Growth and Social Emotional Development
 N = 90 Collaboratives



Examples of how Collaboratives focused on this Priority by Subcategory

Here are some examples of how Collaboratives integrated priority by subcategory in 2017:

Coordinating and Integrating Services to Identify Children and Youth at Risk of Developmental Delays or Social Emotional Disorders

The use of Superflex®... provides educators and parents fun and motivating ways to teach students with social and communication difficulties (undiagnosed or diagnosed, such as Asperger’s syndrome, ADHD, high-functioning autism or similar). The three-part cognitive behavioral curriculum helps students develop further awareness of their own thinking and social behaviors and learn strategies to help them develop better self-regulation across a range of behaviors. – Houston County Family Services Collaborative

Preparing and Supporting Youth on their Pathways to Succeed

Our Collaborative is a Family Services Collaborative and our funds are being put towards child/family support within the schools through an elementary social worker for K-6th grade students, a guidance counselor for K-12th grade students. – Aitkin County Family Services Collaborative

Our local school districts are very active in our Collaborative. They engage in mental health services for the children in school and offer school wide presentations designed to promote healthy emotional development. – Big Stone County Family Service Collaborative

[Our Collaborative] continues to explore grants that help to increase the mental health resources for children and their families within our county, such as day treatment resources. Helping to develop a more robust service delivery system would benefit children and their families since our current wait time is up to 6 months to a year to start mental health services. – Carlton County Children’s Mental Health and Family Services Collaborative

Our CARE Liaison staff coordinates preschool screenings with both school districts. If there are children identified as at-risk, she provides follow up with the family and discusses the concerns and offers support and services to the family. The CARE Collaborative partners with other agencies to provide the Incredible Years training to parents of preschool youth. – Chippewa CARE Collaborative

The Collaborative will provide funding to help support nursing staff in the schools. They will help educate the youth and their families on healthy growth and development. The Collaborative also provides funding to support health services in the school settings which supports healthy growth and emotional development. – Clearwater County Children's Mental Health Collaborative

[Our Collaborative supports the] CEED Program, a preschool program that focuses on emotional and social development. Social workers provide many programs in school... the Collaborative [also] facilitates the Youth Task Force where several agencies meet and program information is shared and agencies join together to provide service. – Cottonwood County Family Services Collaborative

Collaborative workers provide school based problem-solving skills to groups and individuals, and home visits for referrals to other community resources. Early childhood workers provide in-home parenting education, behavior support, and outreach. – Crow Wing Family Services Collaborative

At Red Wing High School, two new programs - Student Education Adventures and Experiential Education Boat Building - utilized experiential learning practices. Experiential education first immerses learners in an experience and then encourages reflection about the experience to develop new skills, new attitudes, or new ways of thinking. This “hands-on” learning style is often helpful to students struggling in traditional classroom settings. For the Boat Building program, the school partnered with Urban Boat Builders to enable a group of students to build a canoe, largely using only hand tools. During the program, the students took a field trip to a canoe building factory and at the end of the course paddled the canoe in the Mississippi River. Student Education Adventures involved 47 students from the schools in the Goodhue County Education District participating in a Fall Challenge Course. School social workers spent eight 2-hour sessions teaching team building initiatives to high school students outdoors at local community parks. In late fall, these students then spent two days outdoors with two different elementary schools facilitating activities with 3rd and 4th grade students. A Winter Survival Course included ice fishing, cleaning, cooking and eating the fish. The sessions leading up to an overnight stay focused on dressing for winter weather, fire building, and cooking outdoors over a fire. A Spring Ecology Course covers fishing (tying flies, casting, pole rigging, baiting, cleaning, and cooking) and canoe paddling. Students who have successfully completed one or more of the courses are eligible to apply for a week-long trip to Fort Myers Beach, Florida to work on Habitat for Humanity homes. When asked to reflect on what they had learned about themselves, one student’s noteworthy response was: “I have learned that I am really quiet when I have my phone by my side, because I normally communicate with that. But after this experience I feel like I have learned how to be more open and communicate more. I have also learned that being myself is okay and if someone doesn't like who I am then I find people who will accept me for me. I have also gained more friends and I am so happy I went because I have met some very fun kids.” – Goodhue County Family Services Collaborative

We support children and families to be linked to necessary services when identified. This may include Help Me Grow and Child and Teen Checkup. We also have trainings and guest speakers present at the schools. The truancy program

and chemical dependency programs really help identify what children are struggling in school and assess what needs to happen to support their growth and emotional development. – Isanti County Integrated Collaborative

The Collaborative hosts the Itasca Truancy Prevention Program, as well as the Teen Parenting Program. Both programs are integrated in our school systems and county agencies and provide services to youth at risk and their families as it pertains to healthy growth and emotional development. – Itasca County Family Services Collaborative

The Kittson County Children's Collaborative continues to work with regional providers to bring school based mental health therapy to each school district. – Kittson County Children's Collaborative

The agency has started talking with schools regarding early identification of kids who seem to be at higher risk for truancy issues and working with schools at significant transition points (elementary to middle school, middle school to high school) matching kids up with a mentor and also working with these kids' transitions by meeting with them at the school a week before school starts, finding all their classrooms, working the locker combination, meeting the school personnel, etc. in an effort to smooth the transition for youth with higher risks. – Le Sueur County Family Service Collaborative

The schoolteachers use social work services to bridge difficult conversations with potential clients who have behavior issues in the classroom. This provides a window of opportunity to contact parents and educate them on the services provided in mental health. This education dispels some of the stigma associated with mental health and gives parents an opportunity to pursue the service. The convenience of having the service in the school eliminates logistical obstacles often seen in service. It also provides a person of contact once rapport is established for ongoing concerns with a client. A point of contact continues the communication and education regarding mental health. This continued relationship provides a base to educate a parent, school, and their community. One elementary school teaches all students about The Zones of Regulation which is a social/emotional curriculum that helps students identify their feelings (as well as the feelings of others) and express them in healthy ways. Students are taught empathy in recognizing that others have feelings just like they do, and it is important to treat others how they want to be treated. Students are also taught and encouraged to practice self-advocacy by asking for help with their problems if they are having a hard time finding a solution or are having a difficult time coping with problems they are facing at school, home, or in the community. This is done through a student self-referral form. This is aimed to teach students that just as they would take care of their bodies by filling out a slip to go to the nurse, they would fill out a slip to go to the counselor if they are, for example, feeling sad about missing a loved one, worried about moving to a new house, or mad about a friendship conflict to take care of their minds and hearts. – Lyon/Murray Families Project

Our county has many children that are open under Rule 79 CMH case management ... We offer financial help through our respite grant that gives children opportunities for camps, classes such as swimming, robotics, horsemanship, sports, etc. Our children gain many benefits such as experiencing a new activity, meeting other children and developing skills in building relationships. – Nicollet County Family Services Collaborative

[Our Collaborative's county] public health has two home visiting programs: Healthy Families America and Nurse Family Partnership. The Collaborative also supports the Parent Support Outreach Program as well as supports a Family Advocate program. – Otter Tail Family Services Collaborative

The 5-25 Committee organized a "youth leadership day" for students from across our five counties to come together and develop healthy leadership and support for other youth in their community. The planning for this happens with youth at the table to plan the actual training and how it continues after the day long gathering. The youth pick topics and speakers that they feel are relevant for themselves. The 5-25 Committee, in 2017, started discussions on creating a parent newsletter that would become available on the PACT website. The Committee would gather input on topics from parents, most likely from school surveys and the Committee would be charged with finding the proper resources to incorporate. This idea emerged from parents indicating they would like more resources to turn to regarding social media, bullying and anxiety for their children. – PACT for Families

One example [of supporting youth on their pathways to succeed is the work of] grantee Network for the Development of Children of African Descent, that works to strengthen cultural connections within communities of African descent that promote, sustain and enhance the healthy development of our children. – Saint Paul Children’s Collaborative (Ramsey)

In coordination with the Youthprise and their System Leveraging Partnership, SRFC created a new arm of the Collaborative called the SRFC Youth Initiative. Board members raised \$40,000 and Youthprise matched that amount to create an \$80,000 Suburban Ramsey Youth Fund to support youth-led and youth-engaged efforts in the community. The intent of our youth initiative is to “move from youth engagement to partnership by supporting youth as change agents, advisors, leaders, and innovators in our communities and Collaborative.” Through the “Suburban Ramsey Youth Fund”, young people who have been trained in the IZI model through Marnita’s Table or SRFC host their own IZI’s with support from their school districts and SRFC staff. Funds are used to pay for youth stipends, food, and supplies for the events. Six youth led IZI's gave under-represented youth voice, leadership and influence to guide community conversations focused on racism, privilege and equity. In addition, and as part of the SRFC Youth Initiative, SRFC partnered with the MN Civic Youth organization to pilot a Youth On Boards program for FY 2017-2018. Eighteen youth joined 9 boards throughout Ramsey County and these youth attended monthly cohort learning groups with their peers. Based on our experiences this year and conversations with others doing this work, we feel there is great value in having youth partner with youth-serving organizations in governance and leadership work. – Suburban Ramsey Family Collaborative (Ramsey)

[Our Collaborative supports the] Follow Along Program, Help Me Grow referrals, and Universal Home Visiting ... we continue to make referrals to outside agencies for other services as needed. – Wabasha County Family Services Collaborative

This is a success story from Richland-Wilkin Kinship. Their mission is to improve lives by establishing quality mentoring relationships with youth between the ages of 5-14, and caring adult volunteers to promote stability, support, friendship, and community. A local family with 5 children whose father went to prison for a significant amount of time was struggling with few resources or support. The mom signed her children up for kinship. She has been very faithful to bring them to monthly kinship activities and is thankful for the opportunity for her children to participate in things she would not normally be able to afford. Kinship was able to match three of the girls with great mentors and we have a request for the son who is working through the application process. The mother indicates that when her youngest turns 5, she will apply for her as well. She also indicated that all three mentors are a blessing and have enriched their life and added a stability and support factor during this difficult time. She is very thankful for kinship and the mentors that it has brought to them. – Wilkin County Children's Collaborative

Supporting Expectant Parents and Providing Outreach to Newborns and their Families

The Chisago County Public Health MCH Program offers home visits to families using an evidence-based model, “Healthy Families America”. Chisago County is part of the “Metro Alliance of Healthy Families” aka, MAHF. In late 2017, MAHF initiated an application process for an evidence-based expansion grant which will allow partners, including Chisago County Public Health, to hire additional staff. This expansion will allow 2nd and 3rd time parents to participate in this program. The Early Childhood Family Support Resource provider position funded through the Collaborative serves families of children birth to kindergarten who have concerns about their child’s social/emotional, general development or academic skills but are not receiving other services regarding that concern from Chisago County or the Collaborative’s school districts. The Adolescent Parenting Program provider, also funded through the Collaborative, conducts outreach to teen parents in Chisago County with the goal of connecting teen parents to their local public health nurse and ECFE programs. If there is a cluster of teen parents in an area of the county, the provider has gathered the group together for a focused teen parenting class or worked with the local ECFE programming to ensure some form of outreach or class is occurring to the teen parenting population that meets their unique needs. Two out of the three districts within the Collaborative will be implementing the Pyramid Model, a framework that gives teachers and home visitors concrete strategies for promoting healthy social-emotional development of infants

and toddlers. The St. Croix River Education District also offers opportunities for private day care providers to receive the same professional learning as the schools so that there is collaboration and continuity across settings. A similar outreach programs exists for medical professionals to increase their understanding and appropriate use of the Help Me Grow referral process. – Chisago County Interagency Children’s Service Cooperative

The Follow Along program identifies children up to school entrance. Parents who mark concerns on the survey are flagged for a phone call and possible nurse visit. Collaborative partners and their staff are required to be trained in ACEs and/or trauma. ACE trainings are available to any partnering agency who would like their staff trained. Periodic ACE trainings are offered to the community. – Clay County Collaborative

We continue to fund early childhood home visiting and we have maintained our local IEIC to better coordinate resources and services for young children. Two years ago, our Collaborative started to promote “Conscious Discipline” as a framework to address challenging behaviors in young children. As a result, 10 schools districts have now taken a deeper dive in this framework and are implementing strategies in their programs. We feel that “Conscious Discipline” is helpful in building trauma-informed schools and programs. – Dakota County Integrated Children’s Mental Health and Family Service Collaborative

We offer parent education through a 3-week series and through an annual parent resource fair. These were especially well received in 2017. – Dodge County Family Services Collaborative

The Collaborative supports early education and home visiting programs to help parents and caregivers promote healthy growth and emotional development. – Douglas County Children’s Mental Health Collaborative

Public health, schools, Extension, Head Start, and early childhood programs collaborate on events to promote healthy growth and emotional development. Screening events are completed, and youth are referred, as needed, to services like Help Me Grow, family home visiting, the Follow-Along Program, Head Start, other external resources and services. – Fillmore County Family Services Collaborative

There is a multi-agency effort to conduct early childhood screenings each year. We have a multi-agency effort in participating in child protection team meetings each month while school is in session. There is also an active youth group which is an offshoot of the Drug Free Community grant and they are supervised by several local partners. The development of this youth group has helped to steer some teens at very high risk away from using drugs and alcohol. Members of the Collaborative are active in these local efforts. – Lake of the Woods Children and Families Collaborative

[Our Collaborative is] working with Northwestern Mental Health Center for the provision of information and service delivery for both the early childhood and youth ages 6 - 18 mental health that includes: provision of coaching and skill based approaches to children and staff in 2 Head Start Programs, including identifying behavioral red flags, explaining referral process, and observing identified children for possible referral for comprehensive evaluations, recommendations/referrals for clinic, in-home family, or school-based mental health services, including skills-building and psychotherapy. Mental health interventionists in the schools support students and families with struggling youth. Probation provides all types of services from individual therapy to residential placement. – Mahnomon County Interagency Collaborative

MLC has a strong 0 - 5 public health Family Home Visiting program which provides weekly home visits to high-risk mothers and teen moms. The Family Services Collaborative also funds the Family TIES workers who attend preschool screenings throughout the county and provide the ASQ-SE assessment and make referrals to appropriate providers based on the ASQ-SE score. – Mille Lacs County Family Services Collaborative: Family TIES

Our Collaborative continues to be a huge advocate for parenting programming. The board continues to support Love and Logic classes being offered at the jail and in the community, and a Morrison County Families Program that’s offered in each school district which is very family focused with Love and Logic components. We had requests from parents to offer additional sessions of the Morrison County Families Program, which were done in each school district

in early 2018. The Collaborative continues to look at new ways to continue to support parents with parenting education, ACEs, and being trauma-informed. – Morrison County Interagency Coordinating Council

The Pine County Public Health Department offers a Follow Along program to help parents track their child's milestones and give tips on how to interact and foster continued growth. In addition, the Pine County Public Health Department supports families with young children by following development, providing education and connection to community resources through home visiting. – Pine County Children's and Family Service Collaborative

The Supporting Hands Nurse Family Partnership asked the Pope County Collaborative to serve as a community partner for a Minnesota Department of Health Learning Collaborative as part of the Maternal, Infant, Early Childhood, Home Visiting (MIECHV) grant. The focus of the grant was on maternal mental health as improved outcomes for women and children occur with early identification and treatment of depression in pregnant women and those who have recently given birth. Postpartum depression occurs in 10 – 20% of women who have recently given birth, but fewer than half of cases are recognized. Our goal was to provide nurses with standardized screening, referral information and resources that they could share on their home visits, all to help the process seem less overwhelming and more user friendly for those receiving a referral. A resource guide was developed that included local mental health providers who specialize in the treatment of depression. Additional information included: provider name, therapists, and a description of their services, location, phone number, hours, how soon they could be seen, accepted insurance plans, and costs. The guide was very well received by the nurses and those women who were referred for help. What was gleaned from Pope County could be replicated in the other counties. – Pope County Family Collaborative

RCCMHC employs a part-time Director of Family and Community Engagement. Through our family engagement, we offer monthly trainings for families that include learning and skill building to develop mindful, responsive parenting based on the understanding of child/teen development. – Ramsey County Children's Mental Health Collaborative (Ramsey)

The Collaborative began a new initiative this year called "Healthy Parents, Healthy Families." The goal of this 25-week program – led by a skilled local therapist – is to reduce the incidence of child abuse and neglect in families who have open CHIPS cases with Rice County. The program design includes: a group therapy component for parents, individual therapy for parents and children, and family therapy to assist in the re-unification of children to parents following foster care placement. Recognizing the intensity of the program model and the evidence-base behind it, Collaborative partners are very excited about the development of this initiative and its potential to make a real impact in the lives of children and families facing very significant risk factors. The first cohort "graduates" in early 2018 and impact results can be shared at that time. – Rice County Family Services Collaborative

Robbinsdale Redesign coordinates the Helping Us Grow (HUG) program across Hennepin County. HUG reaches out to prenatal families and all families with a newborn/toddler up to age two, providing universal, no-cost home visiting by a licensed Early Childhood Family Educator. All visits include screens for: perinatal mood disorder, safety, attachment and bonding, growth and development and family basic needs, supports and connections. Home visitors also provide child-find activities and promote early childhood screening (age 3) for kindergarten readiness. In addition, one in three families struggle with providing adequate diaper changes for their children. HUG distributed over 101,000 diapers and pull-ups to families in need during 2017. Diapers distributed through the HUG program offices are all donated and no LCTS funding is used for the purchase of Diapers. HUG is a partner with the Diaper Bank of MN. – Robbinsdale Area Redesign Family Service Collaborative (Hennepin)

We collaborate with Head Start and provide mental health services to those referred through the grantee. – Scott Family Net

Collaborative members make referrals to Early Childhood Mental Health Grantees within Sherburne County including: referral to early assessment services, 1:1 intervention, and recommendations for further treatment, early detection and treatment. An Early Childhood Therapist was made available in a local school to work with at-risk children ages 3 - 5. – Sherburne County Children's Mental Health Collaborative (BRIDGES)

Public Health offers home visits to all families of newborns to offer both mental and physical education and resources. Parents are asked to participate in Follow Along programs for continuation of support and monitoring health and well-being of parent and child. – Sibley County Children's Collaborative

We fund early childhood screening tools for the three districts. These enable educators to intervene earlier and make more of an impact at a young age. The school social workers are also vital to the healthy growth and emotional development of children. – Steele County Children's Mental Health Collaborative

The Stevens County Collaborative works with both Grant and Clay counties by having Collaborative partners attend the Regional Early Childhood Mental Health monthly meetings. Stevens County Collaborative partners have also attended a number of the ACE trainings supported by the Early Childhood Mental Health Grantees. The Collaborative has been incorporating information learned through these activities into action steps to help all families receive information and support to meet their family's needs. – Stevens County Family Service

Any family that has given birth to or who has adopted a child is eligible for a home visit. Each family is offered a visit with some gifts for the baby, enrollment in the Follow Along Program to help them track their child's development, information about caring for a child, and a postpartum depression screener. Information on car seat safety and eligibility for free car seats is also discussed. – Watonwan Visions for Families and Communities

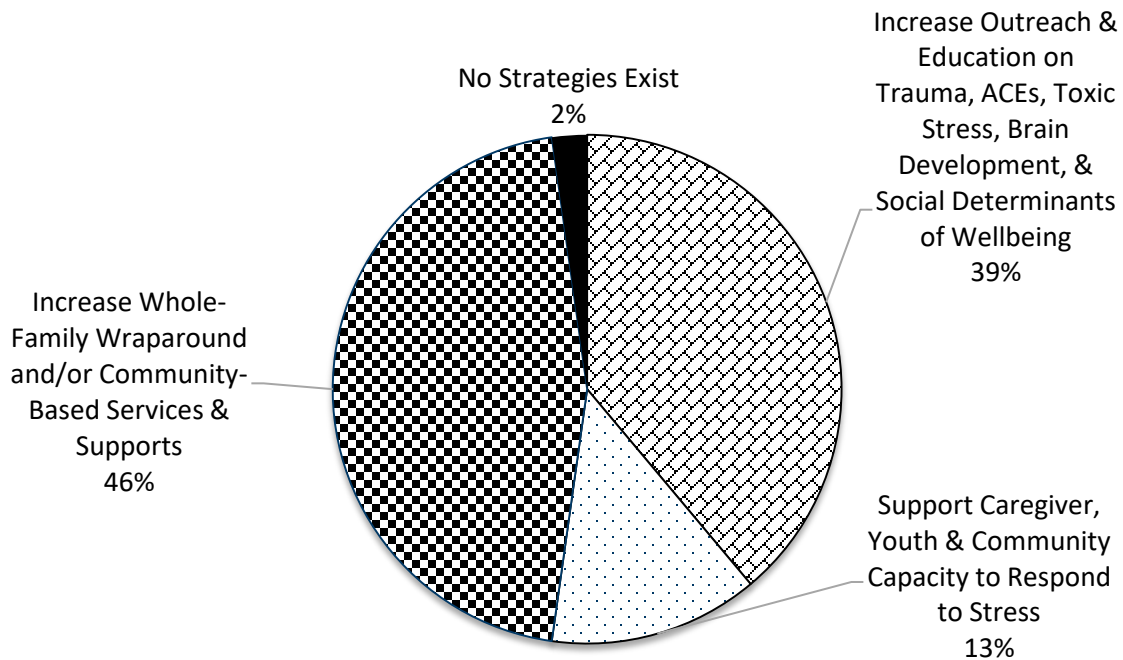
Strengthening Resilience and Protective Factors of Families, Schools and Communities

Here are three sub-categories that Collaboratives focused on to meet this priority:

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

Figure 15: Strengthening Resilience and Protective Factors of Families, Schools and Communities

Strengthening Resilience and Protective Factors of Families, Schools and Communities
 N = 90 Collaboratives



Examples of how Collaboratives focused on this Priority by Subcategory

Here are some examples of how Collaboratives integrated priority 3 by subcategory in 2017:

Increasing Outreach and Education on Trauma, ACEs, Toxic Stress, Brain Development, and Social Determinants of Well-Being

[Our Collaborative] continues to grow awareness and education of ACEs and resiliency within our county by training schools, early childhood partners, and area coaches. – Carlton County Children’s Mental Health and Family Services Collaborative

Our Collaborative supports ACEs presentations in the community which educates individuals on the effects of childhood trauma and how to address it. The Collaborative also provides funding for mental health services, bullying prevention, school liaison officer and nursing outreach services in the schools. – Clearwater County Children’s Mental Health Collaborative

Schools receiving collaborative funding utilize some of the funding to educate students, families, and communities about health, violence prevention, refusal skills, and mental health. Examples include providing special events in schools with guest speakers or activities related to ATOD prevention, traffic safety, bullying, or mental health. – Fillmore County Family Services Collaborative

[Our Collaborative has hosted] community screenings of the documentary “Resilience: The Biology of Stress and the Science of Hope” which were followed by active discussions of what we can do on both an individual level and on a community level. [Our Collaborative] organizes the annual Grant County FUN Fest and Expo, which serves as a resource fair promoting interconnectedness and relationship building. – Grant County Child and Youth Council

We continue to make this effort [increasing education and outreach on topics of trauma, ACEs, toxic stress, brain development, and social determinants of well-being] a priority of the Collaborative and we will continue to branch out in our community-wide efforts in this area. We have secured a small amount of grant funding from a local foundation to support additional ACEs education in our communities. – Itasca County Family Services Collaborative

The Kittson County Children's Collaborative will reach out to the local newspapers to work on ways to inform the public on information of resiliency and Adverse Childhood Experiences and how they have, and may still do, affect our behaviors. – Kittson County Children's Collaborative

[Our Collaborative] supports like-minded community partners with foundational efforts in taking the ACE Study into innovational strategy. We have a contract with Northland Counseling to provide service to KOOTASCA, Indus and D361 by encouraging systems serving children and families to become more aware, informed or responsive to the impact of trauma. – Koochiching County Family Collaborative

With assistance from social services and the school, there was a cybercrime presentation this past spring at the school. The intended audience was high school students, parents, and community members. It was designed to warn the students of how they could be vulnerable to cybercrime. It was very well received by all who attended. The school held a Question Persuade Refer (QPR) Training for high school students in the spring of 2017. There had been a youth suicide in early 2017 and the students were having a difficult time dealing with that issue as well as dealing with classmates who were also displaying some risk behaviors. – Lake of the Woods Children and Families Collaborative

The NWHFSC continued its work rolling out ACE information and training opportunities in the community through both the NW Healthy Communities Partnership group – focused on parent and community training, and the NW Teen Parent Connection – focused on professional training. In September of 2017, working with Minnesota Communities Caring for Children (MCCC), the NWHFSC and NW Healthy Communities Partnership, sponsored and facilitated a full day ACE training for professionals. Over 65 professionals participated in this training. The NWHFSC is the NW Hennepin area facilitator for the MDH Mental Well-Being and Resiliency Learning Communities. Monthly, facilitated Learning Communities take place on topics related to mental well-being and resiliency. – Northwest Hennepin Family Service Collaborative (Hennepin)

Through the MN Department of Health Mental Well-Being and Resilience Learning Community monthly WebEx, our Collaborative became aware of a Happy Hour Training opportunity that occurred in July 2017... an initiative that is using a public health approach to address mental health needs in the community. The public health approach means that there is an equal emphasis placed on the promotion of positive mental well-being as the prevention of mental illness and the care and treatment of mental illnesses. Happy Hour was designed to be a community-wide promotion initiative and was launched in 2012 ... Happy Hour is a 10-hour course designed to teach participants the skills to flourish. It is rooted in the evidence-based science of positive psychology and covers the following topics: The Happiness Equation, Positive Emotions, Neuroplasticity - Rewiring Your Brain, Learned Optimism, Gratitude, Strengths and Virtues, Engagement, Meaning and Purpose, Positive Relationships and Sharing and Evaluation. Training participants have included childcare and foster care providers, community members, and human services staff. Future trainings set in 2018 include the Supporting Hands Nurse Family Partnership staff, school age summer childcare providers, a center-based childcare and elementary school staff ... [In addition] many local partners have attended ACEs trainings. However, educating school staff was a goal as this sector had not been introduced to the information or research. In November, Mark Sander, Senior Clinical Psychologist, Hennepin County and Director of School Mental Health, Hennepin County and Minneapolis Schools, presented ACEs (Adverse Childhood Experiences), Trauma, Child Development, and Resiliency to the Minnewaska Area Schools and Glacial Hills Elementary Staff along with community partners. We are very pleased that one of our Early Childhood/THRIVE Initiative members will be

participating in the ACE Interface presenter training in January 2018 ... We continue to seek opportunities to strengthen resilience and protective factors of families, schools, and communities, and the ACEs trainings that will occur along with Happy Hour session to come, are great options to help build up all those who work with children and families. – Pope County Family Collaborative

[Our Collaborative is focusing on] outreach and workforce development for "front line" youth and family service providers such as school staff, after-school program staff, law enforcement, and faith communities. One example was a 1 hour and 49 minute locally produced, documentary-style training film, and 125-page video and resource guide that was developed with/by community. It addressed mental health, risk and protective factors, multisystem involvement, and "what works." It is offered for free and was shared at a large film premiere, local and state conferences, and it has been downloaded 500 times by local and state entities who have also used it in staff training and conferences. – Ramsey County Children's Mental Health Collaborative (Ramsey)

During 2017, Robbinsdale Area Redesign provided a community forum on child abuse, identification of signs and awareness of resources to support families subject to child abuse. In addition, many educational opportunities were provided to staff and community around ACEs, restorative practices, mental health, and suicide prevention. – Robbinsdale Area Redesign Family Service Collaborative (Hennepin)

[Our Collaborative hosted] Resilience screenings and an ACE Interface presentation ... and a Bridges out of Poverty Training. – St. Louis County Family Service Collaborative (Northern)

[Our Collaborative] held a community forum on community resources that address mental health and youth and co-hosted an ACES presentation with the Edina Community Council. – Saint Louis Park Family Services Collaborative (Hennepin)

[Our Collaborative's] goal is to provide community training on trauma and ACEs. Following that, [our goal is to] engage community partners on how to build resiliency with families and also service providers in the community. – Sherburne County Children's Mental Health Collaborative (BRIDGES)

[Our Collaborative] is investing in ongoing ACEs and resilience training in schools and extending that information to community with the help of community education programs. – Sibley County Children's Collaborative

[Our Collaborative is] providing ACEs trainings to parents and community members. – Todd County Collaborative

We have been collaborating with a local provider to offer a parenting class to increase the skills of some of our identified families. Parents of young children attend a weekly ninety-minute session with free daycare provided for their non-school aged children. The program runs a total of fourteen weeks and parents are either given a gas card if they provide their own transportation or transportation is arranged for them if they are unable to provide it themselves. A great deal of this program focuses on the resilience of the family unity and skills are introduced and taught to make some of the more difficult family moments more manageable. – Waseca County Collaborative for Families

The Wilkin County We Care Coalition initiated a "We Care" campaign which was a mass media campaign from February 12-16. We Care is a task force made up of individuals from 12 different sectors of the community including law enforcement, school teachers and administration, city and county leaders, parents and youth. They are all committed to their mission of preventing and reducing youth substance abuse and encouraging youth to make safe and healthy decisions. The three very specific goals of the We Care campaign included: 1) Create a large, united force of community members and businesses that care about youth and want to empower them to be substance free, 2) Bring awareness to the dangers of underage drinking and the serious repercussions that come with individuals over 21 providing alcohol to minors, and 3) Let our youth know that we care about them and the choices they make. Youth who think adults in the community care about them are three times less likely to report any alcohol use in the last 30 days. A mass media campaign uses various types of media to get a particular message out. Mass media campaigns work best if the market is saturated with a particular message during a short period of time. The We Care logo is a red heart and the campaign color is red. During this week in February, we want the color red and our red heart logo to

appear everywhere in our community. Everywhere you look we want people to see our message: “We care about youth”. – Wilkin County Children's Collaborative

[Our Collaborative is] working across agencies (i.e., schools, county agencies, mental health, CAP) to provide services and educational opportunities to students, families, and community members. For example, holding workshops on various mental health topics, expanding Head Start opportunities in schools, sharing best practices during the World Café model at the children’s mental health summits, and promoting the Bounce Back project. – Wright County Family Services Collaborative

Supporting Caregiver, Youth, and Community Capacity to Respond Positively to Stressful Situations

The Anoka County Director of Community Health and Environmental Services (CHES) is an active participant in the ACCFC. The CHES helps to provide direct services to children and families who have or are experiencing forms of trauma, by using evidence-based trauma-informed therapeutic practices. They also provide ACEs training to help strengthen resilience and protective factors of families. – Anoka County Children and Family Council

All staff work with schools to create more TIER 2 resources for social/emotional development. Schools have trained in MIND UP and WHYTRY to create more classroom-based models for supporting mental health and coping skills. – Carver County Interagency Council

[Our Collaborative] provides a Family Facilitator social worker to be available to all children and families in the schools. – Jackson County Family Services Network

HSSC provides financial support to Cornerstone Advocacy, which provides clinical mental health support to children ages 5-17 and their families and related adults at their various sites in our three communities. – Hennepin South Services Collaborative (Hennepin)

The Minneapolis Youth Coordinating Board’s Youth Are Here Outreach Team works in school and on the street to interrupt behavior cycles for youth who are disruptive or disengaged by connecting them to meaningful activities and or resources. – Minneapolis Redesign (Hennepin)

The ability of the community to recover quickly from difficult situations is fostered in the skills sets, attitudes and sense of belonging which is created through Collaborative programming. Our communities are able to adjust as needed and embrace change, all while investing our resources to build safe responsible organizations and schools. Skills learned at home and in school contribute to a stronger community. The specific strategy is to focus our attention on skill-building and recognizing youths’ accomplishments, while striving to replicate this for future generations. – Traverse Connections

Increasing Whole-Family, Wraparound, and/or Community-Based Services and Supports

We continue the Family Facilitator program which promotes interagency communication and resources. Family Facilitators are located in each of the three counties and are connected through the direction of a clinical supervisor. The clinical supervisor provides training, direction and support as the Facilitators help families make connections and receive services as they navigate between the schools, human services, public health and community support services. [We] offer opportunities for students and parents to do activities together to help every child connect with one safe and caring adult in their life... and we offer trainings to staff/county workers and advertise/show examples of elements of resilience (gratitude walls, moments of thanks, etc.). – 3 Counties for Kids

BASC was asked by the community to coordinate a program called Students First in our county. This involves over 450 students who are matched with a community member who meets with them at the school to discuss the students’ individual strengths, as identified through Gallup's Strength Finder assessment. BASC has two Strengths Coaches that introduce students to the program in 6th grade and, in many cases, continue on with them until 12th grade. Over 99% of our Students First participants agreed to some degree with the statement "Adults in my community care about

me" as part of a larger survey. The Minnesota Student Survey results show that about 15% of Beltrami County students say adults in their community "do not care at all about them." Students First provides several caring adults that know the student's unique strengths. – Beltrami Area Service Collaborative

[Our Collaborative] promotes the Bounce Back Program which enforces a change in the way we think by looking at the positive rather than the negative. Brown County Public Health is supporting schools, clinics, and community organizations to promote an attitude of gratitude. This approach has been proven to improve health, both mental and physical. There are three simple actions we can take to improve our resilience including; 1) Three Good Things, which focuses on changing how we look at the situation around us. This allows us to start to look at situations from a different place – a place of positivity ... 2) Gratitude, which is about focusing on the positives in our lives. The benefits of being grateful are many, including a more positive outlook, happiness, and peace ... and 3) Random Acts of Kindness, because research has shown that performing an act of kindness produces the single most reliable momentary increase in well-being of any exercise that has been tested. – Brown County Families First Collaborative

Our Truancy Intervention works with children elementary through graduation Restorative Justice works with youth and young adults as a diversion from the court system. Wraparound is a family driven, child-centered process that is made available to families receiving in-home therapy and to whom social services has identified as at-risk of out-of-home placement. – Clay County Collaborative

We financially support Big Brothers Big Sisters of Southern MN, and they served more youth this year through school-based and community-based mentoring. They have statistics to support the positive impact these relationships have on children and the protective factors that are evident in their lives. – Dodge County Family Services Collaborative

An example of strengthening resilience and protective factors among a particular, often underserved, group within the community is the Hispanic Outreach of Goodhue County, in partnership with the free CARE Clinic, that offers bilingual Hispanic Family Therapy. For the first time this year, the program also offered educational workshops focused on the basics of mental health and on local resources. This was undertaken to address the stigma surrounding mental health in the Hispanic community. Additionally, the program started a support group for Hispanic mothers to talk about parenting issues. – Goodhue County Family Services Collaborative

[Our Collaborative] builds strong relationships with students and their families and gives families opportunities to participate in school activities. We create a strong relationship with local mental health specialist and county services so that all interested parties are working together to create a supportive and caring environment for students and their families ... Preschool and kindergarten teachers from non-public and public schools and daycare providers came together for a series of meetings to discuss programming, environment, assessment, and parent education. This team collaborated to offer an education night called "Raising Resilient Children". Daycare providers, educators, and parents all learned about routine, brain-based education, and positive children interactions in this event ... By using Collaborative funds to allow students who would not typically attend pre-school due to family economic circumstances to attend pre-school, we are establishing contact with the families of these children to ensure the families are receiving guidance in helping raise well-balanced children. – Houston County Family Services Collaborative

Each of the schools have utilized funding from the Collaborative to fund positions and gaps in services in early identification. – Hubbard County Family Services Collaborative

We provide assistance to our truancy prevention officer in and out of the schools. We started planning work around ACEs and resiliency at the individual, family, and community level. A provider called Therapeutic Services offers a summer program to strengthen resilience in our children as well as a newly formed Isanti County ATOD prevention and recovery coalition. – Isanti County Integrated Collaborative

One of the ways our Collaborative was supportive in building resilience and protective factors was by helping with transportation to the Youth Area Programming activities for families. This offers families reduced tickets and provides transportation to events. It helps many families with low incomes experience many events that they may not have

otherwise been able to do. It provides families a time to interact with each other while enjoying a fun activity and quality family time that they may not be able to do on their own due to the transportation expense or cost of activities. – Lac qui Parle Children's Mental Health Collaborative

One of the biggest things school social workers do is build relationships with students. As a whole staff, they are consistently looking at the student population and identifying students who might be at higher risk and connecting them with one or two adults in the building that will advocate and support the student. Staff do an excellent job of recognizing students who have needs and making sure counselors are aware of them so they can connect them with outside services if needed and/or resources. There is a wonderful network of community members that donate needed supplies such as clothing, hygiene kits, and school supplies. When schools identify students with needs, they are able to gain the resources needed to support them. They also work hard to teach student self-advocacy. Every student at Marshall Middle School goes through a goal setting process with their advisory teacher. These goals are both academic and personal. The students meet each quarter with their advisory teachers to review the goals and identify resources that are needed. This goal setting process provides the foundation for students to be able to focus on short- and long-term goals that can be carried over into many areas of their life. Two years ago, staff began working on career exploration with 8th grade students using the Minnesota Career Information System. All 8th grade students complete a career interest inventory, learning styles survey, reality check budgeting exercise and do research on an occupation. This year the middle school held their first career fair and invited the community to present in each of the 16 career areas along with the military. They hope to be able to expand career exploration to other grades in the future. – Lyon/Murray Families Project

[Our Collaborative is] partnering with community mental health to provide early childhood and youth mental health services including comprehensive evaluations, skills building, family therapy, and school-based mental health services. During the summer months, the continuation of school-based mental health services consists of clinicians delivering a 20+ year NorthStar Summer Program in thirteen school and community-based sites in the NW Minnesota region (250+ kids served annually). These skills-building, curriculum-based groups serve elementary aged children with behavioral health diagnoses in a fun and invigorating way providing support and continuity for children. – Mahnommen County Interagency Collaborative

[Our Collaborative] provides a grant to myHealth for an adolescent mental health program. Using a systemic model of care, clients are able to connect with other resources in the community The MFC continues to fund a program with the ICA food shelf to provide food for children. Families struggling to have enough income for their basic needs can get over \$500 of food free from ICA for a family of 4 visiting the food shelf twice a month. This savings allows them to use the funds for other necessities. This helps stabilize the family and helps them stay in the community. Key Minnetonka School District staff are active participants in the Minnetonka Family Collaborative and work to promote resilience and protective factors in their positions. For example, a Minnetonka High School social worker was an active participant on school and community committees to strategize and implement policy and practices geared at increasing resilience within the school community. Part of the work included social emotional learning, multi-tiered systems of supports, increased collaboration among wraparound teams, providing education to students, parents, school staff, and community members regarding protective factors, and goals/strategies to implement additional supports to meet the needs of the whole child. – Minnetonka Family Collaborative (Hennepin)

We currently have our own Early Childhood Strategic Planning (ECSP) committee, which provides and expands early childhood interventions to identify children with needs. The ECSP committee supports efforts to organize ASQ Enterprise collaboration. The ECSP committee addresses issues surrounding kindergarten readiness by reaching families at 3-year-old well child checkups. We reach families by providing them with a preschool information kit that contains an information sheet on preschools in the county and kindergarten requirements (what children should know), a book, crayons, scissors, and glue sticks. The board and ECSP committee have also been working with the Initiative Foundation to bring preschool teachers, kindergarten teachers, and childcare providers together to address and come up with solutions for the issues surrounding kindergarten readiness. Schools and agencies have representation on the Morrison County Child Protection Case Consultation Committee. The board supports utilization

of the Child Protection Case Consultation committee as a resource for birth to young adult high-risk cases. – Morrison County Interagency Coordinating Council

We support transition services for youth in the juvenile justice system. – Red Lake County Collaborative

The Collaborative has helped to convene the partners, design the action plans, track evaluation, and monitor the progress for the Conexiones Initiative. This effort works in both Faribault and Northfield with Latino youth in grades 6 - 9 who have been identified by school staff and/or other community partners as facing multiple risk factors. Utilizing the best-practice Check and Connect framework, Conexiones provides mentoring, academic support, connection with out-of-school-time programs/opportunities, and family engagement to participating youth. The project's aim is to build protective factors within participating youth during particularly vulnerable transition times (the middle school years and the transition to high school). In 2017, 126 Latino youth in grades 6 - 9 received support through Conexiones. Based on the success of the initiative, local partners are working with the Collaborative to explore the possibility of expanding the program and growing the cohort of participants. – Rice County Family Services Collaborative

[Our Collaborative] grantee, Guadalupe Alternative Programs, uses our grant funds to operate the Indigenous Youth Mentoring Society, a project designed to build resilience and protective factors in Native youth by connecting them to their culture (language, traditions, elders). – Saint Paul Children's Collaborative (Ramsey)

We use wraparound funds with children who have a mental health diagnosis and need some extra support. Some examples include driver's education fee, sports registration, weighted blanket, or other sensory items. – Steele County Children's Mental Health Collaborative

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

We continue to look for partnerships to expand trauma-informed traditional and non-traditional healing practices that are accessible and affordable. Activities in 2017 included: Convening a crisis response de-escalation peer learning team to bring more trauma-informed resources information to schools and practitioners in our communities Partnering with yoga teacher training Institute called MN Yoga Therapy Institute to bring accessible and affordable healing options to the community ... Partnering with Ramsey County Public Health Mental Health and Wellness Action Team (MHWAT), a countywide coalition to support health for all ... and SRFC has completed our year with Marnita's Table and Silos to Circles and ended in a reflection meeting with the healthcare community and the four pilot initiatives. SRFC is one of four best practices highlighted in Silos to Circle's "A Case for Reform" regarding investing differently in health care reform in MN. This year-long work with Silos to Circle culminated in the "Community Ecosystems Resiliency Map" which was collectively created by community members who attended our Decision Point IZI, our Healing from Trauma IZI, and our Resilient Communities Concerted Social Action Planning with Marnita's Table. – Suburban Ramsey Family Collaborative (Ramsey)

SELF and FRIENDS and Wraparound Services are educational and recreational groups for youth who receive services from Watonwan County Human Services. The majority of youth in the programs are currently in or have been in or are at risk of out-of-home placement. Typical activities include: independent living skills training, social skills training, resume writing and interview skill development, decision-making and cognitive skills training, goal setting, and community service. FRIENDS is a similar group but for ages 8 - 12 years old. Wraparound Services are coordinated through social services but utilize a team approach to meet the needs of children and their families involved in the mental health, child welfare, child protection, juvenile justice, and special education systems who are at risk of out-of-home placement. Typically, funds are spent toward bus tokens, eye exams and glasses, camps, sports fees, swimming

lessons/passes, clothing, band instruments, and driver's education. – Watonwan Visions for Families and Communities

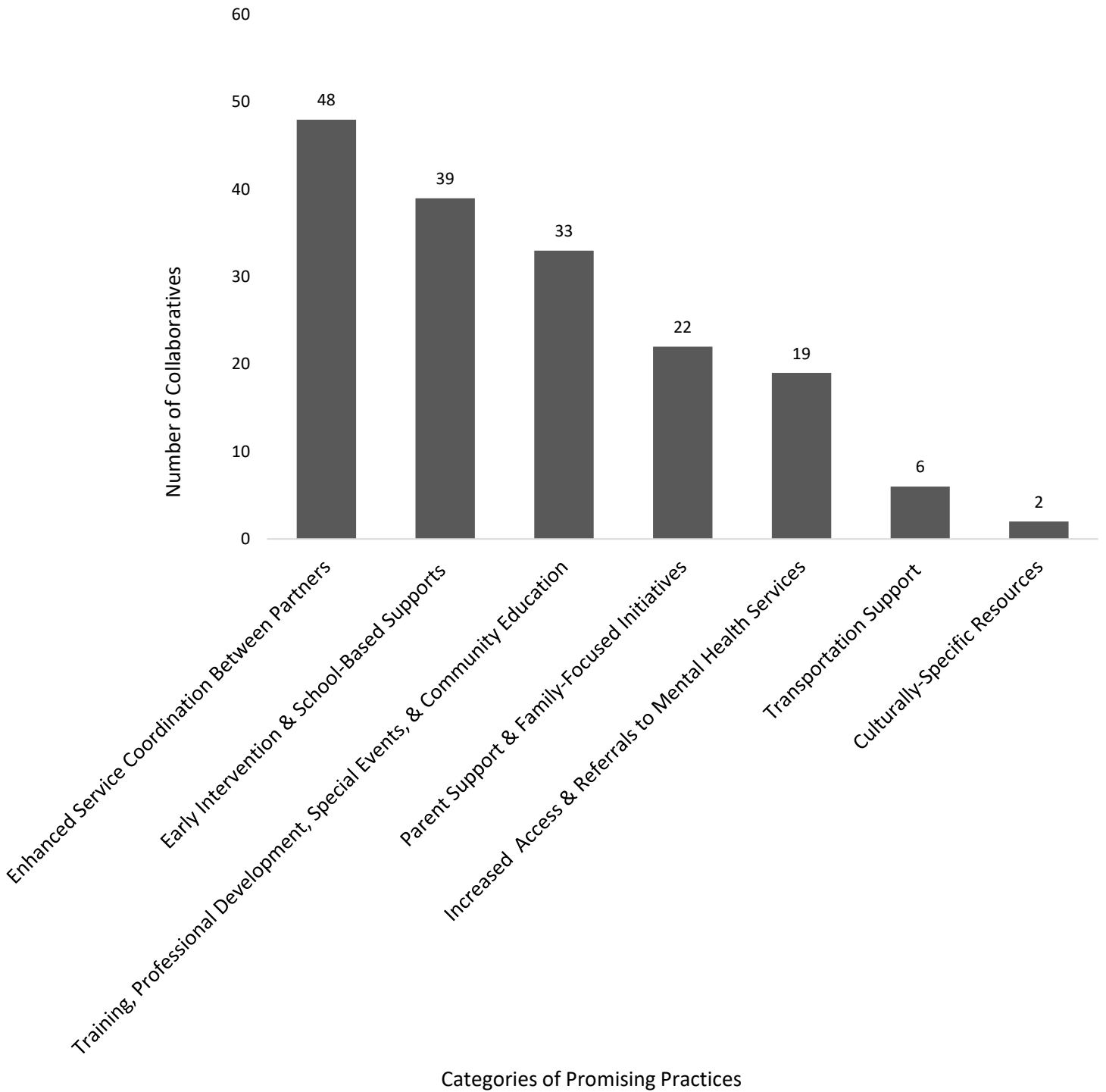
The Collaborative helped fund an after-school activity bus from the middle school so students could stay after school to get homework help, take part in a community education classes or athletic activities, or get mental health support. By providing later transportation, these students are getting help they need and not being left home alone after school. We also support a licensed chemical and alcohol counselor at the high school. – Westonka Healthy Community Collaborative (Hennepin)

New or Promising Practices Collaborative Service Coordination in 2017

Of the 90 Collaboratives that submitted a 2017 Collaborative Report, 93% reported at least one new or promising practice among their Collaborative partners to coordinate resources or services for children, youth and families. The most prominent categories of new or promising practices included: enhanced service coordination and strategic planning between partners, early intervention and school-based supports (such as social workers, guidance counselors, mental health providers, and early intervention), training, professional development, special events, and community education, parent support and family-focused initiatives, increased access and referrals to mental health services, and transportation support. In many cases, Collaboratives reported on more than one new or promising practice, so some of their responses fell in more than one of the categories.

Figure 16: Categories of New or Promising Practices of Collaborative Service Coordination

Categories of New or Promising Practices in Collaborative Service Coordination in 2017
N = 90 Collaboratives



Examples of New and Promising Practices

Some examples of the many new and promising practices are shared below:

Enhanced Service Coordination and Strategic Planning Between Partners

3 Counties for Kids (3C4Ks) is taking steps to coordinate services across the three counties. We have included all Collaborative members to participate in 3C4Ks strategic planning sessions and in ACEs training. We are requesting experts from adjoining counties to attend other board meetings to share the successful programs initiated by their Collaborative or community. – 3 Counties for Kids

A promising practice among Collaborative partners to coordinate resources or services for children, youth and families, is providing in-kind contributions. It's not new, but partners are continuing to provide lots of in-kind contributions to make sure resources and services are available to meet the needs of children and families. There's a lot of collaboration between Collaborative partners, especially the Lee Carlson Center for Mental Health and Well-Being. – Anoka County Children and Family Council

BASC received funds from the Minnesota Department of Health (MDH) to coordinate Health Information Exchange among the providers serving our area's children and families. One outcome was the adoption of Direct Secure Messaging as a new tool for highly secure sharing of HIPAA and FERPA protected information (with proper releases of information signed). Schools, county personnel, nonprofits, probation, mental health agencies, and the local healthcare provider have utilized this tool. Direct Secure Messaging can be accessed through an organization's Electronic Health Record (EHR) system and files sent can be easily attached to the client record. Organizations without an EHR can access Direct Secure Messaging through a web portal. More conversation and planning around how to use this technology to its fullest is on the horizon. BASC is assisting MDH to hold a Health Information Exchange Conference in Bemidji in October 2018. – Beltrami Area Service Collaborative

The Collaborative has identified a need for better service coordination for children returning from crisis or hospitalization stays. The Collaborative has reached out to the local crisis center and mobile crisis team to better understand the needs of the children and families and services available. The Collaborative will continue to identify needs and coordinate resources or services. – Chippewa Care Collaborative

Direct level service providers meet monthly to share information, update one another on programming, funding sources, local initiatives, and general networking. This allows for good communication and opportunities for all providers to keep up to date on local service delivery, to meet new staff, and to share upcoming training opportunities. – Jackson County Family Services Network

The Minnetonka Family Collaborative strives to develop and strengthen stakeholder partnerships and participation. The MFC's goal is to act as a strategic community resource supporting the well-being of youth and families within the Minnetonka School District boundaries ...The Minnetonka Family Collaborative works collaboratively and funds a number of different social service agencies. Resource West and ICA food shelf are great examples. Resource West and ICA exchange referrals to meet different needs among families in the community. ICA refers clients to ResourceWest for information, referral, case management, and children and youth services programs. ResourceWest refers families to ICA for food, employment, and short-term rent assistance as part of a comprehensive case plan. They work with school counselors and social workers and provide support to the families and schools in the Minnetonka School District ...The MFC also funded a new grant this year for St. David's Center for Child and Family Development For the past several years St. David's has seen an increasing volume of children whose behavior is disruptive to their development. As a result, their attention has broadened, and they are focused more completely on the needs of the families by piloting a full-time care coordination role. With the grant from the Minnetonka Family Collaborative, this will improve parent experience, and improve coordination and integration with school district personnel. – Minnetonka Family Collaborative (Hennepin)

Board member attendance at collaborative meetings has increased over the last year, which allows for increased networking and service coordination. For example, Birch Tree Center has made an offer to provide training to schools, and Duluth Public Schools now includes Birch Tree Services in its student handbook. Through networking at collaborative meetings, AEOA Head Start and Proctor Schools are in the process of developing a combined School Readiness and Head Start class. While the practice of board meetings is not new, many new partnerships (service coordination) occur from our time together. Networking in a smaller community is crucial. The Collaborative helped to support Northland Foundation: Thrive Initiative. The Initiative brings early childhood stakeholders together monthly for training and networking. The following comment demonstrates the importance of the Initiative: “I have been involved in early childhood for 29 years and Thrive does an excellent job in keeping the community connected, providing current research through trainings, and enhancing our ability to make service referrals for families with young children.” The Collaborative continues to partner with agencies to offer direct support and opportunities to children and families in need. – St. Louis County Family Service Collaborative (Southern)

In 2017, [our Collaborative] completed planning for an integrated approach to build resiliency through a trauma-informed care approach and social emotional learning strategies. This program will be initiated in 2018. – Wadena County Family Services Collaborative

Two new committees have formed [in our Collaborative area]. Watonwan Cares was developed to focus on developing more school-based strategies with the collaboration of social services, law enforcement, probation, and medical clinics. The Community Health Services Advisory Committee was developed to focus more on community strategies with the collaboration more geared toward the school, social services, and local clinics. Many individuals from the Hispanic community serve on this committee to provide specific concerns related to their experiences, wants, and needs in the community. – Watonwan Visions for Families and Communities

Early Intervention and School-Based Supports

Becker County Children's Initiative has continually supported prevention and early intervention programs in schools to provide the best opportunities for strengthening resiliency and protective factors in children and their families. The funding that supports the schools has directly impacted this goal. In addition, as a collaborative we work on multiple fronts to address mental health access and issues in the community and work together to provide as many collaborative initiatives which promote protective factors. – Becker County Children's Initiative

The priority of the Benton County Collaborative is to provide mental health services in schools. This is to support the Co-Located School Mental Health Grant. The Collaborative is in the midst of a strategic plan for the long term. – Benton County Children's Mental Health Collaborative

Mental health practitioners ... work with students and families. Youth and Family Service Workers [are] in each school coordinating services from multiple agencies and finding solutions to difficult situations. Home Visiting Programs [help with] identifying families at risk and working closely during pregnancy and after birth for a positive and productive (and loving!) outcome. – Cass County Leech Lake Reservation Children's Initiative

Dakota County Child Protection and nine local school districts developed a system to better screen and coordinate care for children ages birth to 5 who are involved in child protection. The goal is to not only add developmental screening to the already existing mental health screening required by child protection workers, but to also increase parental engagement in this screening process and a warm hand off to early intervention and early childhood special education services. Dakota County Social Services added a staff person to not only complete the screening on children receiving case management services, but to also assist children and their parents in connecting to other early childhood resources they may be eligible for. – Dakota County Integrated Children's Mental Health and Family Service Collaborative

After a successful co-located services model, in fall of 2017 it expanded to have Fraser Clinic and Family Innovations provide comprehensive mental health services at all ten school sites. The Edina Resource Center continues to be a thriving program to connect families to partner organizations as well as inform and connect service providers and

Collaborative partners with available resources and programs. As the central hub of information, providers can find information in one quick spot to provide timely and appropriate resource connections or work directly with the ERC to identify resources. – Edina Family Services Collaborative (Hennepin)

The 2017 Summer Youth Employment Program will build on the MVAC's successful model of providing youth at risk the training to be successful in the world of work. Youth will "learn and earn" by participating in workshops and by being placed in a paid work experience. Together they will gain skills in the area of work readiness to plan for their future employment. – Nicollet County Family Services Collaborative

Development of the LEAP program, an alternative education program for youth with severe emotional disturbance (SED), truancy issues, chemical dependence, etc. This is a coordinated effort between Rochester Public Schools, DFO Community Corrections, and Fernbrook Family Center to coordinate efforts for one of our most vulnerable populations. The BRIDGE Collaborative has assisted in applications and been granted two grants for this program in 2018. – Olmsted County BRIDGE Collaborative

Collaborative partners began planning for an early childhood navigator pilot position in 2017. This bilingual individual will work across agencies to help families with young children navigate the early childhood system, including registering for preschool programs, completing scholarship and assistance applications, connecting with health and social service resources, and troubleshooting issues that arise. This individual would also have a front-row seat for seeing parts of the larger systems that pose barriers and obstacles to families – and will report these back to the Collaborative board and stakeholders for potential systems improvements. Partners were able to apply for seed grant money from a national funder to get this initiative rolling, with the hopes of launching in 2018. – Rice County Family Services Collaborative

Robbinsdale was the 2017 pilot recipient of the MN Model of School Diversion. With a pilot at one of the two Robbinsdale Area Schools High Schools, entire staff, students, parents, and School Resource Officers (SROs), developed strategies for diversion from juvenile corrections and suspension. Restorative Practices is a key strategy for the pilot MN Model, as well as mental health and chemical health screening. Restorative Practices hold students and staff accountable for behavior, but provide supports and strengths-based training to retain students within their school and community, and wraparound addresses student social emotional, chemical health, and basic needs. The overall goal is to reduce the school-to-prison pipeline. – Robbinsdale Area Redesign Family Service Collaborative (Hennepin)

We have partnered with the Robbinsdale Area Redesign and are participating in Helping Us Grow (HUG). Each new parent receives a postcard congratulating them on the birth of their baby and inviting them to be welcomed to our community through a home visit with a parent educator. – St. Anthony-New Brighton Family Services Collaborative (Hennepin)

The REACH Program (originated from Hutchinson) has proved very successful at the Northland Learning Center and Virginia High School. The program will expand to Chisholm High School, North Woods, and Eveleth-Gilbert in 2018-2019. The program is an elective high school course. Throughout the course, the students and teachers are tracking student's personal, family, and academic goals. The program also offers chemical dependency counseling through the Arrowhead Center. The program is the reason for increased attendance, decreased mobility, and increased academic scores. – St. Louis County Family Service Collaborative (Northern)

This year [Great Expectations] started implementing its programming based on results from the year-long analysis (Interfaith Outreach, Wayzata Public Schools, and Orono Public Schools are partners in this initiative). The initiative provides in-school and out-of-school educational opportunities designed to set all of our kids on the path to success from cradle to career. A data-driven, evidence-based, achievement-focused initiative, its agenda is to ensure all kids have the opportunity to start strong, achieve critical learning benchmarks, graduate from high school, have access to post-secondary education and training, and are ready to pursue their choice of careers. – Wayzata Partners for Healthy Kids (Hennepin)

Training, Professional Development, Special Events, and Community Education

The Collaborative has committed to and entered into the planning stages of working with multiple partners to increase community resilience. In addition to partnering to train local residents related to ACEs, there are many community entities excited about the work that can be done to make our community one that provides global support to its residents. – Douglas County Children's Mental Health Collaborative

We have continued to build our Freeborn County ACEs Committee to create awareness and strengthen resilience in our community. Our Adverse Childhood Experience Committee has provided and offered trainings and presentations to create awareness and bring education of the original study as well as look to identify how we can work to become a trauma-informed community. We have utilized Search Institute's 40 Developmental Assets and look to provide more trainings and education to different sectors of our community through the work under the Family Services Collaborative. – Freeborn County Family Services Collaborative

We continue to build on the Collaborative-organized annual Grant County FUN Fest and Expo. This event ... provides a venue to bring awareness of the variety of resources, supports, and services available to children, teens, families, and adults in the Grant County area through public agencies, non-profit organizations, and community groups. 500 – 750 people attend yearly. We hold collaborative meetings (Early Childhood and Children's Mental Health) immediately before and immediately after the monthly Child Protection Team Meetings (September thru May). This format seems to foster greater partner engagement at both the Collaborative and CPT levels. Our Collaborative has invested time and money into training of Collaborative partners and promotion and community awareness of Adverse Childhood Experiences (ACEs) and the role of resilience. We have hosted mini sessions on ACEs and held community screenings of the documentary "Resilience: The Biology of Stress and the Science of Hope." – Grant County Child and Youth Council

The CMHC provides training opportunities, helps set up trainings, funds training and provides scholarships, and helps disseminate information on a wide range of topics. – Hennepin Children's Mental Health Collaborative

In 2017, the Northwest Hennepin Family Services Collaborative (NWHFSC) was a key partner, along with Hennepin County Medical Center and Hennepin County Public Health, who applied for and received a MN State Innovation Model (SIM) grant. Our SIM, Accountable Communities for Health grant, also received a grant from the Institute for Healthcare Improvement (IHI) funded by the Robert Wood Johnson Foundation to do transformational work engaging communities in sustaining efforts to improve the health and well-being of the community. One of the focuses for both our ACH and IHI grant is mental health, depression, and social connectedness. The other is closely related: healthy lifestyles. – Northwest Hennepin Family Service Collaborative (Hennepin)

The Community Partnership Team was initiated through Horizon Public Health with the intent of bringing community partners together in five counties to promote ACEs awareness and education, measure impact and response to the ACEs information and build community resilience. Though locally many sectors have been trained on ACEs, the idea of building a coalition region-wide brings about new ideas, more support, further outreach, a consistent message across programs, an opportunity for building relationships and respect for all members, and learning best practices from others, all to strengthen our efforts. For years, West Central Initiative has promoted working regionally, while respecting each county as they work to fill individual needs. However, we've found that many times we have much in common as we identify barriers and gaps. Together our solutions have resulted in enhanced programming through grants and resources that may otherwise not be available. Whether working with our local or regional community partners, doors are open wide for what we can accomplish, and it makes for a larger celebration as results are realized! – Pope County Family Collaborative

Parent Support and Family-Focused Initiatives

STIGMA 180, an educational program for parents and students, will be held across the county, coordination of resources will be shared across the county, and support/reintegration for students returning from treatment will now

be available across all county schools. Also, the [Collaborative] group is setting aside some for staff training - also shared across districts. – Carver County Interagency Council

Our community participates in a Drug Free Community Grant and is in year 3. The coalition organizes and oversees safe and sober activities for our teenaged population in the community. It is a multi-agency effort with numerous community members involved. We have a very active Early Head Start, Head Start, and ECFE that plan several annual family activities for their perspective age groups. The activities are very well attended each year. – Lake of the Woods Children and Families Collaborative

Strength-based family circle meetings focus around each individual, the family as a whole, and the community. This is a free and voluntary service available to any family. It empowers all members involved. – Mower County Collaborative

PACT was awarded an Innovation Grant from the Bush Foundation in 2016 to address the needs of children birth through age 8 and their families impacted by ACEs. “Partnering for Resilience” provides the opportunity for our members to come together to better understand the impact ACEs has on young children and to develop projects that will support kids and families. The project got underway in 2016, gathering input from families and professionals and continued into 2017 (project ends in 2018). 2017 activities included two regional planning groups (East and West) that developed projects to implement during 2017 ... Projects that began in 2017 include updating and revising of resource listings in Meeker and McLeod counties, school-based projects to support social/emotional development in six first grade classrooms, and another project in a kindergarten and 1st grade building. Both projects are continuing through the 2017/2018 school year and have indicated very positive results so far with the intent in both schools to continue and expand in the next school year. Plans are in place for parent events in two districts that will take place in spring 2018. A project to support early intervention with pregnant/new mothers utilizing ACE screening materials is in planning stages with a local clinic that operates in four of the five counties. Dollars were awarded from a local foundation to support various projects based on the aligning of mission. [Our Collaborative is] planning throughout 2017 and collaborating with DHS and Minnesota Communities Caring for Children (MCCC) to host a training event for local community members to become ACE Interface presenters. The goal is to have a cross section of community members within all five counties trained to immerse information on ACEs and resiliency. These projects have gained support from other agencies and foundations to support the overall mission of supporting youth and families. – PACT for Families

The Winona ACES Initiative has representation from area schools, health and human service agencies, Head Start, court services, parents, and community members. In July 2017, the Collaborative partnered with the Initiative to sponsor an introductory workshop on ACES presented by Minnesota Communities Caring for Children (MCCC). In August 2017, the Collaborative co-sponsored an ACE Interface presenter training for 30 members of the community. Since August these trainers have completed 27 presentations. – Winona County Collaborative

Increased Access and Referrals to Mental Health Services

Our county recently added a new mental health agency to help serve this ever-growing need. Woodland Centers has expanded to cover Big Stone County. They have added a counseling center to our county, which includes two full-time therapists. They also offer tele-therapy and psychiatry services. Big Stone County residents are now able to utilize Woodland Centers’ other programs in different areas as well. – Big Stone County Family Service Collaborative

Partners serving the children and families utilize wraparound and care teams to coordinate services for children and families. – Marshall County Community Collaborative

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

We developed a website [resource directory](http://www.redlakecountyresources.org) (www.redlakecountyresources.org) to help providers and consumers learn more about programs and services available to them. – Red Lake County Collaborative

Transportation Support

We have begun to meet to address coordination of transportation, which has been a barrier to accessing services across disciplines for many years. Collaborative members including the Collaborative Coordinator are participating on the Blue-Ribbon Mayor’s task force to address substance abuse/opioids in our communities. The Collaborative, in partnership with social services and three school districts not served under the school linked mental health grant, and two of our partnering mental health agencies developed a pilot plan for providing mental health services in those three schools. We began by providing services one day a week. The program has expanded to two days a week in two of the schools and four days a week in one school. Mental health services will be provided to those students over the summer break at their respective schools. The Collaborative Coordinator meets on a regular basis with social services and is a member of the Local Advisory Council for Children’s Mental Health. Working together we are addressing the need for services across the spectrum of the mental health services through the sharing of information and of resources. – Clay County Collaborative

We were very active in working with our area partners on a collective impact model (Great Expectations) which brought together many partners to study and design ways to coordinate and integrate existing services and identify gaps and service barriers. As part of this work, we invested time and resources into expanding and improving our SPARKS program which is a partnership between the school district, local social service agencies, and faith communities. This twice weekly program provides one on one community mentors, academic support from licensed teachers, and wraparound support such as school supplies, technology access, and transportation. We planned periodic family meals following SPARKS to engage parents and connect them with community resources and build leadership capacity. Partners such as librarians and police officers participated to build relationships with our low income and ELL families. – Orono Healthy Communities Healthy Youth (Hennepin)

Culturally Specific and Culturally Responsive Resources

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

Suburban Ramsey Family Collaborative (SRFC) uses systems thinking to support a portfolio of comprehensive, multi-faceted approaches to health, learning, safety, and security. All of our partners make a commitment to both improving the lives of children, youth, and families and to the collaborative process. By working collaboratively, sharing in common core values, and supporting the mission and vision of SRFC, we engage the citizenry in addressing interrelated and complex issues and create integrated and multidimensional solutions. We invest in approaches that address key risk factors such as racism, trauma, and isolation. To truly create system change, which we define as: “shifting the conditions that are holding the problem in place” (Kania, Kramer, Senge), we need to work across sectors and disciplines. More and more we are finding that Peer Learning Communities are an effective way to bring together practitioners across multiple disciplines to coalesce and cross-pollinate around emerging gaps and priority focus areas. – Suburban Family Collaborative (Ramsey)

Additional Collaborative Focus Areas

Collaboratives were asked to share if they championed any issues in 2017 that did not fit within the three statewide Collaborative Priorities. Of the 90 Collaboratives, almost 74% reported at least one additional priority area or focus. Some Collaboratives were able to identify more than one additional focus area. There was a large spread of priorities listed, and the most common additional priority focused on addressing unmet basic needs related to poverty, unemployment, homelessness, lack of transportation, and unaffordable childcare. A smaller subset of Collaboratives focused on issues including physical health and healthy eating habits, and initiatives that sought to address racism and promote equity, cultural humility, cultural awareness, and positive cultural identity. All of the initiatives listed were closely linked to promoting the health and well-being of children, youth, and families.

Examples of Additional Collaborative Priorities in 2017

Some examples of the additional Collaborative priorities are shared below:

Basic Needs

Lack of childcare centers and providers adds additional burden on the families, and we have organized groups in each of the counties to research the needs and opportunities [to address this issue]. [Another priority is providing] after school support for children that are left alone or responsible for childcare of younger siblings. – 3 Counties for Kids

Poverty, education, unemployment, and their inter-relationship results in long-term inability to find employment, especially jobs providing a livable wage and benefits, which increase the trajectory to poverty ... The county continues to demonstrate increasing diversity of persons of color, ethnicities, and cultural differences, especially in the county's southern communities. This creates a shift in the demand for resources, both in type and quantity. [Another focus] is on tobacco, alcohol, and other drug use among teens and young adults, especially abuse of prescription drugs and illegal drugs, such as heroin. Rates of tobacco use among all ages and underage alcohol use remain a concern, as is the growing presence of illegal and abusive use of prescription drugs and street drugs. [A lack of] housing affordability for families leads to transiency, high density living situations, and homelessness. [The] lack of transportation leads to difficulty to access resources, such as healthcare services. – Anoka County Children and Family Council

[Other priority areas of the Collaborative include the] creation of a day treatment facility or an increase in the number of childcare spots in the county. – Carlton County Children's Mental Health and Family Services Collaborative

Transportation is our top priority going into 2018. – Clay County Collaborative

Clearwater County continues to have a significant rate of poverty, which is over 16%. Due to the small size of the community, there are limited resources, services and providers available. This makes it difficult to address the underlying reasons why people are living in poverty. Addressing this issue is a local priority. – Clearwater County Children's Mental Health Collaborative

Our county is a poor county with free and reduced lunch rates that are over 50%, [so another priority is addressing] the many issues with families living in poverty. – Cottonwood County Family Services Collaborative

While available accessible transportation does not appear to fit in the priorities, it really does, as transportation is necessary to promote and support all of the above priorities. – Douglas County Children's Mental Health Collaborative

A recent mandatory networking meeting for all HSSC providers named transportation, safe and affordable housing, and access to daycare as top issues. – Hennepin South Services Collaborative (Hennepin)

[Additional Collaborative priorities include] access to dental health and affordable housing/homelessness. – Isanti County Integrated Collaborative

One of the biggest issues the community has is the lack of resources. Small, rural communities only have so many businesses and local entities from which to solicit assistance and miss the mark for having a large enough "n" to obtain grant funds. Transportation in a rural community like Kanabec County is a big issue for many, due to the lack of options. Another area that our community has identified as a need is a mentoring program. There have been several started but sustaining them has been difficult. Early intervention in many areas has been recognized as a concern and is being worked on through collaboration, communication, and cooperation within the community. – Kanabec County Family Services Collaborative

[Additional Collaborative priorities include increasing availability of] day and night childcare countywide. – Koochiching County Family Collaborative

Affordable housing continues to grow as a major impact on family and children stability, and ability to access and build long-term relationships with stable sources of community support services and education communities. – Minneapolis Redesign (Hennepin)

[Additional Collaborative priorities include] transportation for clients to gain resources, employment, and services. – Mower County Collaborative

Housing and transportation continue to be a struggle within our community, besides mental health, drug use, poverty, and affordable healthcare. – Nobles County Family Connections Collaborative

In Cook County, childcare and affordable housing are two needs. – North Shore Collaborative

20% of our elementary students live in Naturally Occurring Affordable Housing (NOAH) rental complexes. Their families pay well over 35% of their monthly incomes for rent. Rents continue to rise in Saint Louis Park and many children lose their housing in the course of the school year. – Saint Louis Park Family Services Collaborative (Hennepin)

One issue that grew out of a work group and advisory committee of the SPCC is the development and implementation of "3K." Saint Paul 3K is a concerted effort - on the part of the City, Ramsey County, Saint Paul Public Schools, and the community - to provide equitable access to affordable, high-quality preschool for all three- and four-year old children in Saint Paul. This effort follows the examples of several cities across the country that have initiated their own preschool programs (Denver, San Francisco, New York City, Cincinnati, and Dayton, Ohio). SPCC created a Blueprint for 3K in 2017 and the board called on our partners at the city and county to develop an implementation plan and move toward implementation. – Saint Paul Children's Collaborative (Ramsey)

[A] top need [is to support] families at high risk and children [living] in extreme poverty. – Wadena County Family Services Collaborative

Healthy Eating and Physical Activity

As identified in the Goodhue County community health assessment, the top three priorities are 1) Family and parenting, 2) Mental health, and 3) Unhealthy eating habits, thus unhealthy eating habits is the priority that doesn't (at least directly) fit within the three statewide priorities. – Goodhue County Family Services Collaborative

[Our Collaborative is] addressing physical health of community members. – Wright County Family Services Collaborative

Racial Equity, Culturally Responsive Approaches, and Initiatives Supporting Positive Culture Identity

[Our Collaborative is focusing on] continued work on understanding poverty and racial equity. – Otter Tail Family Services Collaborative

[Our Collaborative is focusing on] positive cultural identity. – Robbinsdale Area Redesign Family Service Collaborative (Hennepin)

[Our Collaborative is focusing on] creating an equitable community in which residents can live, work, and learn in a safe environment. – Saint Anthony/New Brighton Family Services Collaborative (Hennepin)

Although this wasn't explicitly stated in the priorities, a large source of the problems that affect children, youth, and families in our community stems from racial disparities and institutional racism. In all of our efforts in the Collaborative, we work to explicitly focus on anti-racism, equity, and inclusion so that we can begin to address the disparities far too many of our community members experience. One of the questions our board will be grappling within the coming year is, "How do we cultivate a learning community that people of color would find welcoming and refreshing?" This is the growing edge for our Collaborative. – Suburban Family Collaborative (Ramsey)

[Our Collaborative is focusing on] cultural competency. – Wayzata Partners for Healthy Kids (Hennepin)

Other

The Kittson County Children's Collaborative will look at ways to maintain our existence in the face of our dwindling population. – Kittson County Children's Collaborative

[Our Collaborative] supports efforts to financially support family peers/mentors absent a consumer diagnosis. – Mower County Collaborative

[Our Collaborative is] developing a dedicated funding stream for Family Peers/Partners absent a specific diagnosis. – Pennington County Collaborative

[Our Collaborative seeks] to provide safe, organized, and age appropriate afterschool activities for children in our community. – Traverse Connections

Integrated Funding

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

Overview

This section provides information about the resources that Collaboratives received to support service coordination in 2017. This section includes information about federal, state, and local resources (including cash and in-kind) that were provided from Collaborative Board voting representatives and other contributors in 2017. This section also provides funding strategies that Collaboratives used to sustain their activities in 2017.

In 2017, the total statewide Collaboratives' integrated fund in 2017 was \$29,623,385. The federal LCTS 2017 funds made up about 56% of the total statewide Collaboratives' integrated fund, other federal dollars constituted 6%, partner cash and in-kind contributions made up 30%, state grants made up 5%, and non-partner cash and in-kind contributions made up 4% of the total Collaborative integrated fund in 2017.

Sources of Integrated Funding

The following table and figure show the amount and percentage of federal, state, and local partner and non-partner contributions to the total 2017 statewide Collaborative integrated fund.

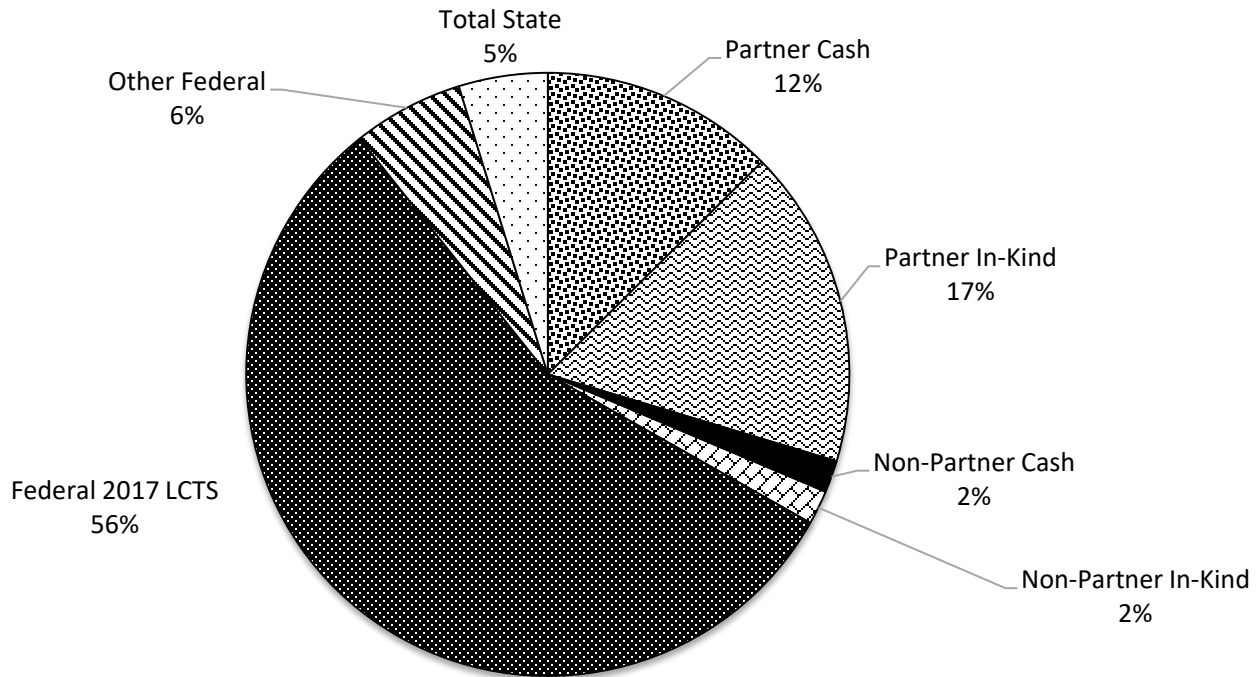
Table 6: Sources of Integrated Funding

This table highlights the funding sources that contributed to the total Collaborative integrated fund in 2017. The total fund was \$29,623,385 in 2017. The first column shows item numbers (1-8), the second column shows the different funding sources, the third column lists the amount of contributions by each funding source, and the fourth column represents the percentage of total integrated fund that each funding source contributed. In order from the largest funding source contribution to the smallest funding source contribution, the funding amounts and percentages of the total 2017 Collaborative integrated fund include: federal 2017 LCTS (\$16,614,747/56%), partner in-kind (\$5,062,351/17%), partner cash (\$3,720,350/13%), other federal (\$1,762,565/6%), total state (\$1,412,763/5%), non-partner in-kind (\$539,503/2%), and non-partner cash (\$511,116/2%).

Funding Source	Amount	Percent of Total Integrated Fund
Federal 2017 LCTS	\$ 16,614,747	56%
Partner In-Kind	\$ 5,062,351	17%
Partner Cash	\$ 3,720,350	13%
Other Federal	\$ 1,762,565	6%
Total State	\$ 1,412,763	5%
Non-Partner In-Kind	\$ 539,503	2%
Non-Partner Cash	\$ 511,106	2%
TOTAL INTEGRATED FUND	\$ 29,623,385	100%

Figure 17: Sources of Integrated Funding

Sources of 2017 Collaborative Integrated Fund
 N = 90 Collaboratives, Total Integrated Fund = \$29.62 million



Local Collaborative Time Study (LCTS)

The largest contributor to the Collaboratives’ integrated fund is the Local Collaborative Time Study (LCTS), which made up 56% of the statewide 2017 Collaborative integrated fund, for a total of **\$16,614,747**. LCTS is a federal reimbursement mechanism that Collaboratives can use to draw down dollars for activities supporting services related to mental and physical health as well as early intervention and prevention of out-of-home placement. LCTS participants include schools, corrections, and public health entities that are partners in Collaboratives.

LCTS Spending Totals for Program Outcomes

The totals for the LCTS spending data are provided below.

Table 7: LCTS Spending Totals for Program Outcomes

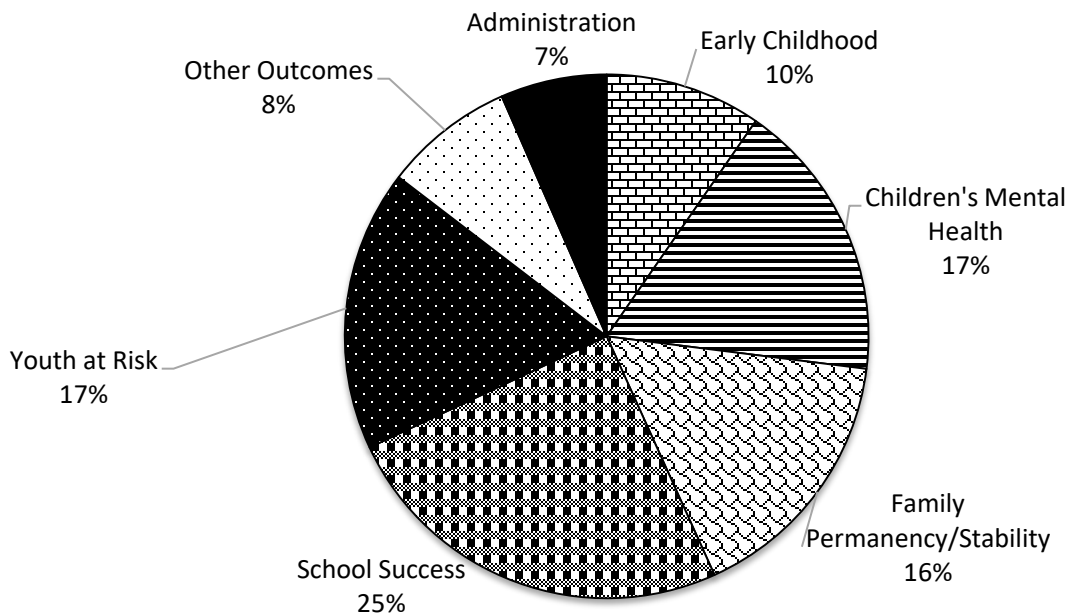
These numbers were pulled from the 2017 Collaborative Report Outcome Data and the *2017 LCTS Spending Report*. This table highlights LCTS funding in 2017 and provides variations of LCTS spending totals, with administrative spending, outcome spending, and “other” outcome spending. The first column shows the item number (1-6), the second column identifies the type of LCTS spending, the third column identifies the amount of

LCTS spending, and the fourth column provides a description of the type of LCTS spending and the source for the data in the table.

Item Number	LCTS Spending	Amount	Description and Data Source
1	All LCTS Spending	\$15,174,988	LCTS Spending on 5 Outcomes + Admin + Other Outcomes
2	Total Outcomes Spending	\$14,179,446	LCTS Spending on 5 Outcomes + Other Outcomes
3	Other Outcomes	\$1,220,275	Other Services Spending (from 2017 LCTS Spending Report) - Total Spending on 5 Outcomes (from 2017 Collaborative Reports)
4	Total 2017 LCTS Spending on Administration	\$995,542	From 2017 Annual LCTS Spending Report
5	Total 2017 Spending on 5 Outcomes	\$12,959,171	From 2017 Collaborative Reports
5.1	<i>Outcome 1: Early Childhood</i>	<i>\$1,463,459</i>	<i>From 2017 Collaborative Reports</i>
5.2	<i>Outcome 2: Children's Mental Health</i>	<i>\$2,631,313</i>	<i>From 2017 Collaborative Reports</i>
5.3	<i>Outcome 3: Family Permanency and Stability</i>	<i>\$2,467,565</i>	<i>From 2017 Collaborative Reports</i>
5.4	<i>Outcome 4: School Success</i>	<i>\$3,760,336</i>	<i>From 2017 Collaborative Reports</i>
5.5	<i>Outcome 5: Youth at Risk</i>	<i>\$2,636,498</i>	<i>From 2017 Collaborative Reports</i>
6	LCTS Program and Administration Spending	\$13,954,713	Sum of 2017 Admin Spending (from 2017 LCTS Spending Report) + 2017 Spending on 5 Outcomes (from 2017 Collaborative Reports)

Figure 18: Percentage of All LCTS 2017 Spending by Category

Percentage of All LCTS 2017 Spending by Category
N = 90 Collaboratives, Total LCTS Spending = \$15,174,988



Other Federal (Non-LCTS) Funds

The “Other Federal” category comprised 6% of the Collaboratives’ statewide integrated fund in 2017, for a total of \$1,762,565. This category includes all contributions from federal sources, aside from LCTS funds. This category included contributions from Drug Free Communities grants, health and human services administration funds, and medical assistance billed by a mental health entity.

State Funds

In 2017, funds from the State of Minnesota made up 5% of the Collaboratives’ integrated funding for a total of \$1,412,763. The Minnesota Department of Education grant funding comprised 61% of all state contributions; the Minnesota Department of Human Services provided 14% of state grant contributions; and the remaining 25% of state contributions were provided by other sources. These other sources included Minnesota Department of Health, Minnesota Department of Public Safety, Minnesota Department of Corrections grants, Minnesota Workforce Center, and Guia (special populations grant).

Table 8: Sources of State Contributors to the 2017 Collaborative Integrated Fund

This table outlines the sources of state funding to the 2017 statewide Collaborative integrated fund in 2017. The first column of the table outlines item numbers (1-4), the second column outlines the three state contributor categories, the third column indicates the amount of state contributions, and the fourth column shows the percentage of state contributions by contributor. Of the total \$1,412,763 state funds, from highest to lowest state contribution, the Department of Education contributed \$859,268 (61%), other departments contributed \$352,556 (25%), and the Department of Human Services contributed \$200,939 (14%) toward the state-funded portion of the Collaborative integrated fund.

Item Number	State Contributors	Amount of State Contributions	Percentage of State Contributions by Department
1	Department of Education	\$ 859,268	61%
2	Other Departments	\$ 352,556	25%
3	Department of Human Services	\$ 200,939	14%
4	Total	\$ 1,412,763	100%

Partner Cash and In-Kind Contributions

In 2017, the combination of partner cash and in-kind partner contributions made up 30% of the statewide Collaborative integrated fund for a total of \$8,782,702. The partner cash contributions were \$3,720,350 and the partner in-kind contributions were \$5,062,351. Statewide, the highest partner cash contributions came from counties, and the highest partner in-kind contributions came from schools. Partners that fit in the “other” category represented the YMCA, mental health agencies, domestic violence prevention agencies, tribes, University of Minnesota Extension, local Sheriff’s Office, Mayo Health Systems, City of St. Paul, CLUES (cultural organization), United Way and other nonprofits, youth serving agencies, individual donors, and more.

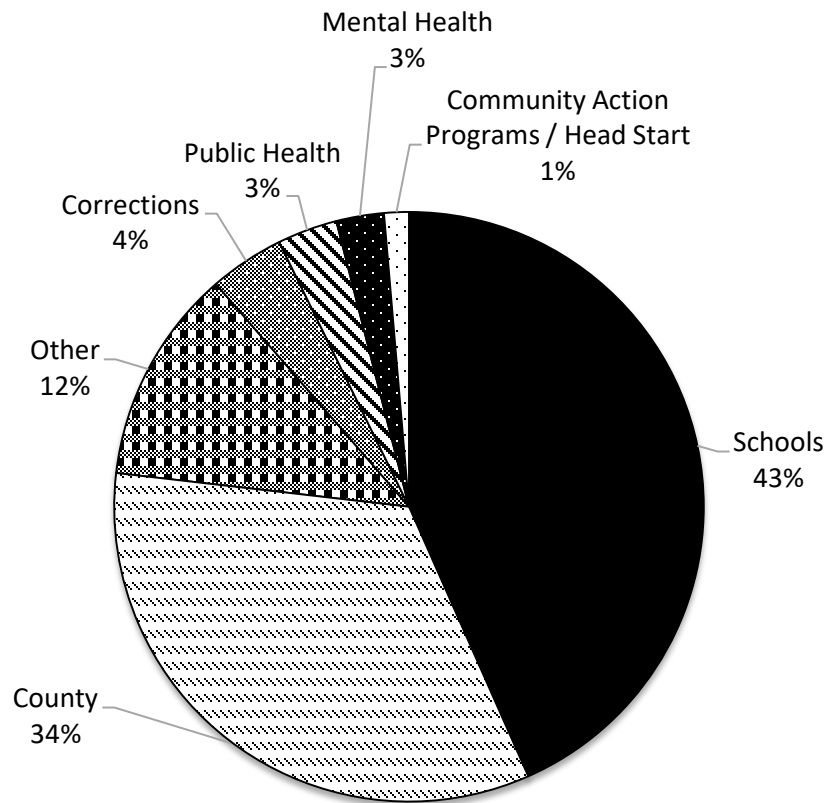
Table 9: Sources of Partner Contributors to the 2017 Collaborative Integrated Fund

This table outlines the sources of partner contributions to the 2017 statewide Collaborative integrated fund in 2017. The first column of the table outlines the item numbers (1-8), the second column shows the seven categories of partners, the third column shows the amount in cash that partners contributed, the fourth column represents the percentage of partner cash that each partner contributed, the fifth column represents the amount of in-kind contributions that each partner offered, the sixth column represents the percentage of in-kind contributions that each partner offered, the seventh column represents the total amount of cash and in-kind funds that partners provided to the integrated fund, and the eighth column shows the percentage of funds – including a combination of cash and in-kind – that each category of partner contributed to the integrated fund.

Item Number	Partner Contributors	Cash	Percentage of Cash	In-Kind	Percentage of In-Kind	Total Amount	Percentage of Total Partner Contribution
1	Schools	\$ 1,425,147	38%	\$ 2,383,876	47%	\$ 3,809,023	43%
2	County	\$ 1,528,278	41%	\$ 1,410,188	28%	\$ 2,938,465	33%
3	Other	\$ 473,259	13%	\$ 563,659	11%	\$ 1,036,918	12%
4	Corrections	\$ 148,400	4%	\$ 212,303	4%	\$ 360,703	4%
5	Public Health	\$ 78,963	2%	\$ 210,224	4%	\$ 289,187	3%
6	Mental Health	\$ 45,225	1%	\$ 184,088	4%	\$ 229,313	3%
7	Community Action Programs / Head Start	\$ 21,079	1%	\$ 98,014	2%	\$ 119,093	1%
8	Total	\$ 3,720,350	100%	\$ 5,062,351	100%	\$ 8,782,702	100%

Figure 19: Percentage of Each Total Partner Contribution to the 2017 Collaborative Integrated Fund

Percentage of Each Total Partner Contribution to the 2017 Collaborative Integrated Fund by Entity
 N = 90 Collaboratives, Total Partner Cash and In-Kind Contributions = \$8,782,702



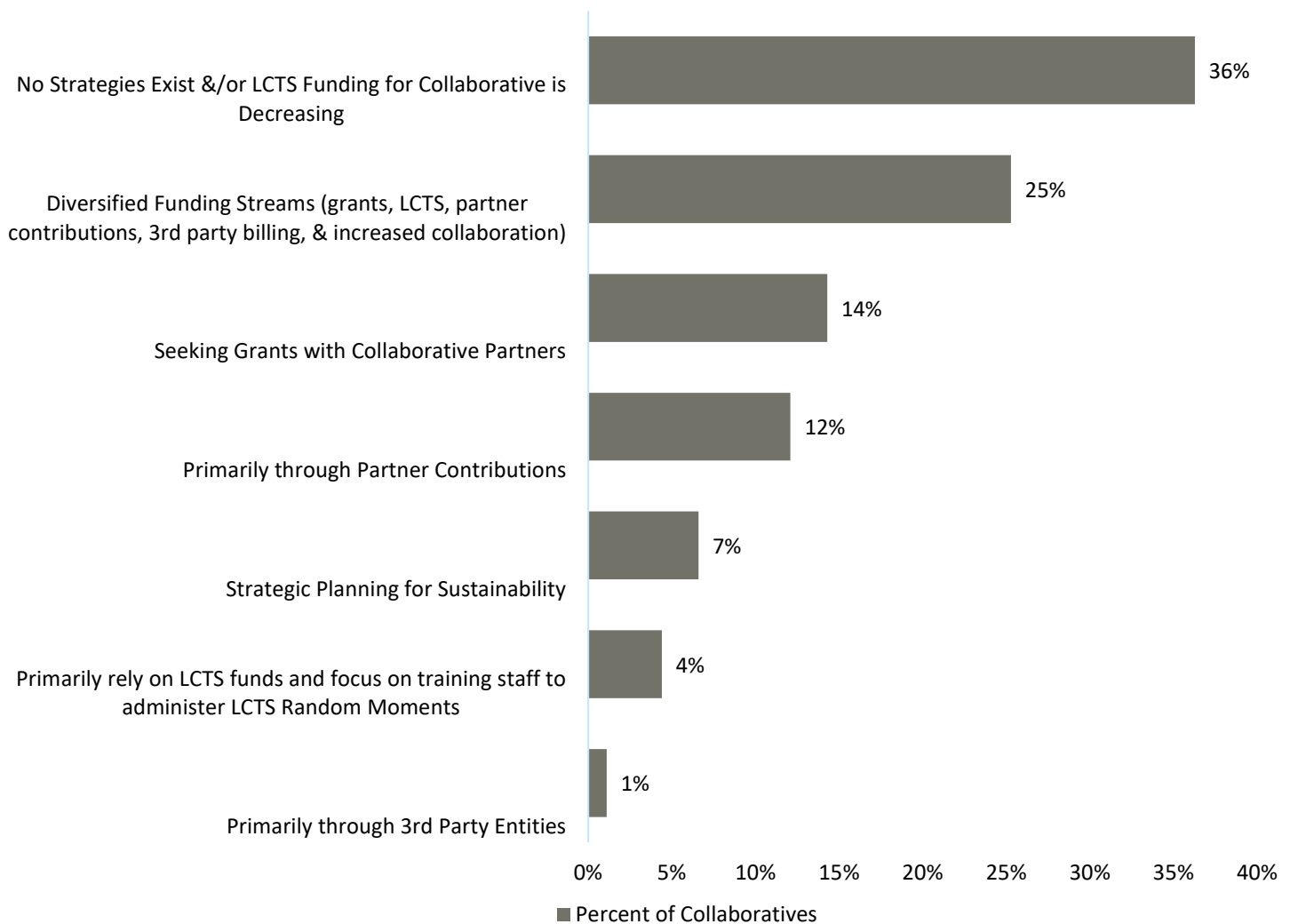
Non-Partner Cash and In-Kind Contributions

The smallest funding categories for the statewide Collaborative integrated fund in 2017 were the non-partner cash for \$511,106, and non-partner in-kind contributions of \$539,503. Combine these two categories totaled \$1,050,609 and comprised just 4% of the statewide Collaborative integrated fund in 2017.

Funding Strategies for Collaborative Sustainability

Of the 90 Collaboratives that submitted a *2017 Collaborative Report*, 64% reported having strategies they were using to promote sustainability of their Collaborative's efforts. The remaining 36% did not report strategies or mention that their Collaborative's funding is actually shrinking or downsizing.

Figure 20: Funding Strategies for Collaborative Sustainability



Examples of Collaborative Funding Strategies

Here are some funding strategies that Collaboratives used to sustain their efforts in 2017:

No Strategies Exist and/or LCTS Funding for Collaborative is Decreasing

The biggest barrier to further developing or expanding the Collaborative's funded programs is the decrease in LCTS revenue we have seen in recent years. The Collaborative is committed to ongoing discussions regarding improved or expanded integrated service delivery models, but due to funding constraints across agencies it is limited in its ability to move ahead. – Chisago County Interagency Children's Service Cooperative

We depend on LCTS funding to support activities. As funding reduces, activities reduce. – Faribault and Martin Counties Family Services Collaborative

At this time, we are working hard to maintain the programs and services that we currently have funded through the Collaborative. – Nicollet County Family Services Collaborative

The Collaborative continues to pursue grants and local contributions with little success. – Sibley County Children's Collaborative

Diversified Funding Streams (grants, LCTS, partner contributions, 3rd party billing, and increased collaboration)

[Our Collaborative] is contacting and or collaborating with local business, civic agencies, and co-ops with requests for funding. [We] continue to look for grants that fit with the Families First strategy and keep our program sponsors and partners informed of any other grant opportunities. – Brown County Families First Collaborative

[Our Collaborative is receiving] increasing local governmental contributions from county and school district sources, increasing member in-kind service, and an ongoing grant to support positions that focus on providing supports to students and families to decrease the potential of requiring special education services at area schools. We have moved forward in partnership with NJPA and have contracted an administrative Collaborative research position to explore additional funding streams. – Crow Wing County Family Services Collaborative Council

We are continuing to look for grant opportunities and in-kind contributions, currently looking for grants to help us expand on the work we are doing to address trauma in our community, specifically around Adverse Childhood Experiences. We are also in the final year of our Drug Free Communities Support Program grant funding and will be looking to find additional sustainable partnerships to apply for future funding. – Freeborn County Family Services Collaborative

We continue to be on the lookout for potential grants to apply for. We are aware that our best avenue is to actively partner with other area counties in multi-county or regional applications. We participate in the Minnesota Communities Caring for Children's annual Radiothon to End Child Abuse. As appropriate, and fiscally prudent, we seek support from local community funders such as Community Funds, Fireman's Relief, and Hospital Auxiliary. The FUN Fest and Expo involves businesses and organizations who pay a booth fee and donate door prizes and supplies that help support this annual event. – Grant County Child and Youth Council

Our school districts are paying for 80 - 85% of their school social worker positions. This helps to offset the cost ... and they also continue to pay for trainings for staff. We will also look at exploring grants to help with sustaining our Collaborative. – Lac qui Parle Children's Mental Health Collaborative

In 2018, the public schools will be contributing cash funding in order to sustain the Family TIES program within their school buildings. Along with the school funding, the county will be contributing county tax dollars as well. – Mille Lacs County Family Services Collaborative: Family TIES

Each group that receives funding through the Collaborative maintains their individual sustainability through third-party billings, donations, and grants. – Nobles County Family Connections Collaborative

Our Collaborative continues to rely significantly on LCTS revenue and will likely continue into the future doing so. The Collaborative would not be able to operate, however, without the in-kind work (which has likely been grossly underestimated) that each partner completes. – Otter Tail Family Services Collaborative

We continue to braid funding for our school-based social worker efforts through LCTS, county funds, grant funds, special education monies, and other sources as they arise. This model has been in place for 20 years! We also continue to explore opportunities through our participation in the Northwest Minnesota Council of Collaboratives. The Polk Collaborative increased its membership cash dues from \$500 per partner in 2016 to \$720 per partner in 2017. – Polk County Collaborative

As in past years, the Collaborative will work to enhance in-kind and cash contributions through grants and donations. We've been fortunate to partner in a number of joint training opportunities through Against Substance Abuse in Pope County (ASAP), Statewide Health Improvement Plan (SHIP), Helping Everyone Live in Peace (HELP) Council, West Central Initiative on issues impacting children, the Local Coordinating Council, child protection, the Pope County Daycare Association, and the Glenwood Chamber and Welcome Center. All have increased capacity and knowledge in sectors throughout Pope County. Sustaining our funding also means working with others to address the training needs of our community and enhancing our funds through partnerships. – Pope County Family Collaborative

We continue to fund programs on a year to year basis with LCTS, grants, partner contributions, third party reimbursements, and special education reimbursement. Collaboration has been our key to providing much needed school linked mental health programming. – Redwood County Collaborative

We continue to cast the net wide with state, county, and local community partners to integrate our Collaborative shared work. In some instances, we have utilized governing board partners and other community partners to accept funding (grants) when it furthers the delivery of services (grants to the Diaper Bank in our name can buy more diapers than the Collaborative could with their funding, due to bulk purchasing and discounts through donors, such as Huggies. Another example is working more collaboratively with the Minnesota Department of Health with their grant funding for suicide prevention). Casting the net wide helps us increase partnerships, maximize resources, and improve sustainability. – Robbinsdale Area Redesign Family Service Collaborative (Hennepin)

[Our Collaborative] received three additional grants, increased third party billing, and increased contracting with the districts. – Scott Family Net

We continue to expand partnerships, build upon networks to increase our visibility, explore outside of the box funding mechanisms, work to leverage new resources in our communities, and write grants to address emerging issues that our communities are experiencing. – Suburban Family Collaborative (Ramsey)

Seeking Grants with Collaborative Partners

BCCI continues to run by utilizing the LCTS funding mechanism. For grants that do become available, BCCI often participates by contributing in the grant development process, although not normally as grantee. – Becker County Children's Initiative

The members of the Kanabec County Family Services Collaborative are always looking for alternative funding sources and apply for grants that are appropriate for the sectors they represent. At this time, we have no other funding sources available. – Kanabec County Family Services Collaborative

Nothing new; we continue our partnership with the Northwest Minnesota Council of Collaboratives. We are also looking at local grant sources in the region. – Pennington County Collaborative

[This is] not new, but we continue to partner with the Northwest Minnesota Council of Collaboratives for opportunities in our seven-county region. – Red Lake County Collaborative

The Rice County Family Services Collaborative continues to actively pursue external grants to support needs and opportunities for Rice County youth and families. Because of its focus on coalition building, evidenced-based solutions, and systems approaches, the Collaborative has been highly successful in leveraging these external grant resources over the years. – Rice County Family Services Collaborative

Primarily through Partner Contributions

The county makes the greater in-kind contribution of costs and has set policy and procedures in place to more aggressively seek third party dollars and seek contracts with third party entities. This additional revenue will help support and sustain the current level of support. – Carver County Interagency Council

The Collaborative is working closer than ever with social services to share resources and eliminate duplication. All our partners are invested in our work and have partnered with us and will continue to contribute resources (cash and in-kind). We hope that with the changes made to the Truancy Intervention program that in a couple of years it will have its own funding source. – Clay County Collaborative

Collaborative funds contribute to social workers at each of the schools. We believe that even with a reduction or absence of LCTS funds that the district would be able to realign the budget to maintain a social worker at each site due to the growing need and impact the social workers have made on students. The other program funded through LCTS is continually growing partnerships, including ones that could provide financial support in the future should there be a change in funding. The program has already secured the city's support in their annual budget. – Edina Family Services Collaborative (Hennepin)

The county will continue to contribute through cash contributions and in-kind services. The school offers housing for the school social workers and numerous in-kind hours. Many of the partners are able to fund programs and events through their budgets rather than the Collaborative budget. – Lake of the Woods Children and Families Collaborative

[Our Collaborative] continues to work with Collaborative partners to build relationships to see the importance for the work being done to assure that agencies and programs will continue to help support these programs with workers and funding. – Stevens County Family Service

We decreased our spending and tapped into other community organizations. – Todd County Collaborative

We plan to continue to build community relationships and partnerships within our Collaborative to help with ongoing referrals and resource sharing across our county. – Wabasha County Family Services Collaborative

Strategic Planning for Sustainability

The Collaborative is in the midst of a long-term strategic plan which may address sustainability. – Benton County Children's Mental Health Collaborative

[Finding sustainable funding] is probably the most challenging. In recent years our true collaboration has decreased. With the recent adding of the Roseau County partners, it is the hope to resurrect the purpose of the Collaborative. We need to start at ground level again and start working collaboratively to meet the significant and complex needs of the children and families we are all serving. – Marshall County Community Collaborative

Our board is currently revisiting our goals in detail and we expect to add a goal that directs our activities toward seeking additional local funding sources. – Saint Louis Park Family Services Collaborative (Hennepin)

The Collaborative is currently conducting a needs assessment and strategic plan. Funding strategies may emerge based on this work. – Stearns County Family Services Collaborative

Primarily Rely on LCTS Funds and/or Focus on Training Staff to Administer LCTS Random Moments

We continue to work with schools to encourage staff to complete LCTS random moments in a timely manner. It will continue to be a struggle with electronic random moments, as most participants do not regularly check emails and do not always have access to their own computer while working with students. – Big Stone County Family Service Collaborative

We only utilize LCTS awarded dollars. – Hennepin South Services Collaborative (Hennepin)

Houston County Family Services Collaborative will continue to participate in LCTS until funding is no longer available. Collaborative members continue to explore alternative funding. – Houston County Family Services Collaborative

Primarily through 3rd Party Entities

We are continually looking at other funding options for these projects. The funded agencies do a great job of utilizing Medical Assistance or Insurance as the primary funding source. – Dakota County Integrated Children's Mental Health and Family Service Collaborative