DEPARTMENT OF HUMAN SERVICES

2022 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 Minnesota Children's Mental Health and Family Services Collaboratives, referred to as 'Collaboratives' in this report, that were active in 2022.

The Annual Collaborative Report

The 2022 Collaborative Report, due annually to the Minnesota Department of Human Services (DHS), includes aggregate data from Collaboratives about their funding, spending, programs, services, partnerships, and strategic direction for the year. The report also serves to ensure compliance in meeting statutory mandates, progress toward integrating services and funding, and priority outcome measures. This report can be shared with Collaboratives, Collaboratives' partners, policy makers, funders, and other stakeholders.

History and purpose of Collaboratives

In 1993, the Minnesota Legislature established Children's Mental Health Collaboratives (CMHCs) and Family Services Collaboratives (FSCs). 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. Collaboratives were envisioned and created as an approach to:

- Address the needs of children and youth faced with complex problems
- Maximize results and resources by enhancing coordination and reducing duplication among systems
- Involve communities, particularly families, in system redesign and implementation so their needs are effectively met

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, economic, spiritual, and educational/vocational).

Summary data

This section provides an overview of the different types of Collaboratives' structures, Collaborative Coordinator roles, governance agreements, and Collaborative board voting representatives. Additionally, this section outlines the integrated service delivery components that guide the strategic direction of Collaboratives' programs and services.

Collaboratives in Minnesota in 2022

In 2022, there were 90 state-sanctioned Collaboratives serving communities across Minnesota. Collaboratives were active in 83/87 (95%) of Minnesota counties.

Collaboratives types

In 2022, there were three different types of Collaborative structures: Family Services Collaboratives (FSCs), Integrated Children's Mental Health and Family Services Collaboratives (CMHC/FSCs), and Children's Mental Health Collaboratives (CMHCs).

The breakdown of Collaborative types in 2022 included:

- 41 (46%) Family Services Collaboratives (FSCs)
- 39 (43%) Integrated Collaboratives (CMHC/FSCs)
- 10 (11%) Children's Mental Health Collaboratives (CMHCs)

The 2022 data indicates that Family Services Collaboratives (FSCs) were the most common Collaborative type in 2022, and Children's Mental Health Collaboratives were the least common Collaborative type.

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.

Table 1: Collaborative governance agreement type

Item number	Type of governance agreement	Number of Collaboratives	Percentage of Collaboratives
1	Interagency Agreement	62	69%
2	Joint Powers	27	30%
3	501c3	1	1%
4	Total	90	100%

This table shows the types of governance agreements, and number and percentage of Collaboratives governed by each type of agreement. In 2022, approximately two-thirds of Collaboratives were governed by Interagency Agreements, one-third of Collaboratives were governed by Joint Powers Agreements, and 1% were governed by 501c3. The trend in this data shows that Interagency Agreements are the most common type of Collaborative governance agreement, and the least common is a 501c3.

Governing board representatives

The 90 Collaboratives that submitted a 2022 Annual Collaborative Report collectively reported that their governing boards were represented by 1,068 voting partners across the state, with an average of 12 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

Item number	Voting representatives	Number of voting members	Percentage of total voting members
1	School	366	34%
2	Other community representatives	156	15%
3	County	145	14%
4	Mental health	89	8%
5	Public health	77	7%
6	Corrections	81	8%

7	Community action agency	80	7%
8	Parents/ caregivers	48	4%
9	Head Start	26	2%
10	Total	1,068	100%

**Percentages are commonly rounded when presented in tables. As a result, the sum of the individual numbers does not always add up to 100%.*

This table shows the number and percentage of total Collaborative board voting representatives by sector in 2022. The trend in this data shows that school representatives were the most common Collaborative voting representatives, and Head Start providers were the least common Collaborative voting representatives in 2022. Collaborative voting boards ranged in size from 4 members to 29 members.

Voting members that were in the "other community representative" category included individuals from: local non-profits, local foundations, faith-based organizations, tribal community members and partners, representatives from the University of Minnesota, public libraries, healthcare agencies, local law enforcement, elected officials, cultural liaisons, community advocates, and youth.

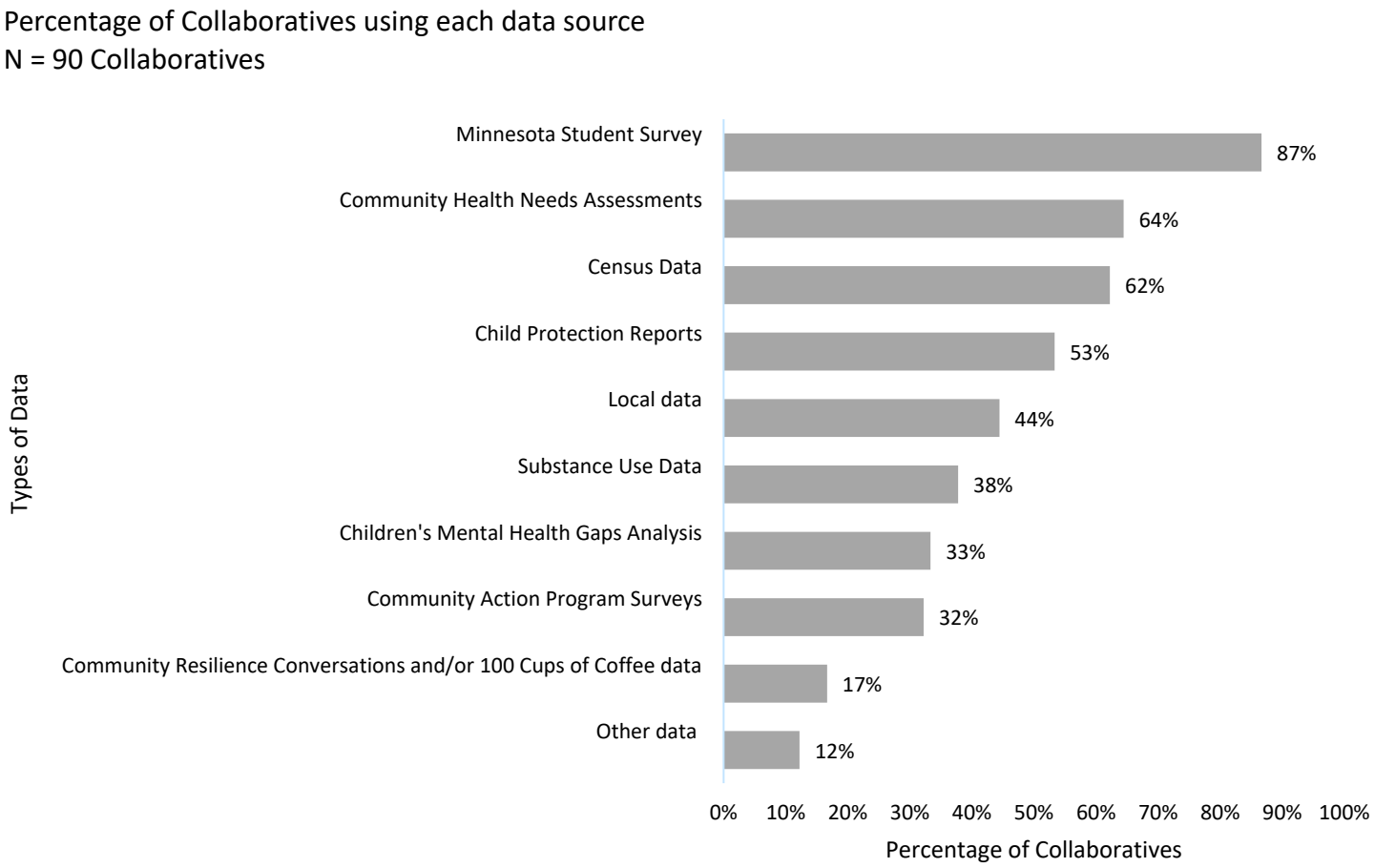
Parent, caregiver, and consumer representation on Collaborative boards

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, youth, and families across the state. Of the 90 Collaboratives, 34% reported having at least one parent or caregiver as a voting member on their governing board. A total of 48 parents participated as voting members on governing boards in 2022.

Data sources used for Collaborative strategic planning

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. 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 reported using in 2022.

Figure 1: Data sources used by Collaboratives



This figure (bar chart) shows the percentage of Collaboratives using each data source to inform their strategic planning in 2022. The trend in this data indicates that the most commonly used data source was the Minnesota Student Survey, and the least common data source used was other data in 2022.

Data sources that were categorized as “local data” include: local health and hospital data, suicide ideation and completion data, juvenile recidivism rates, economic data, gun violence and crime data, school data (such as attendance data, reading level scores, high school graduation rates, student achievement data, Free and Reduced Lunch data, county educational neglect referrals, homeless and highly mobile student data, and referral information), county mental health and disability service utilization, public health data and Community Health Improvement Plans (CHIP), county dashboards and city data, respite care data, housing support data, food shelf usage data, committees and task groups, Social Security data, health insurance coverage data, COVID-19 mental health reports, out-of-home placement data, birth data, developmental assessments and Pre-K screening data, community, parent, and youth surveys, Wilder data sheets and tools, program participation and report data, interviews, community-based committees and Collaborative Service Team Reports, surveys, interviews, grant data for suicide and opioid prevention programs, and task groups.

Data sources that were categorized as “other data” include: Journey Mapping data with parents, staff development opportunities across agencies, daily “crowd sourcing” of emergent needs and gaps through Collaborative field work with practitioners in the areas of early childhood, mental health. and crisis response, youth-led and parent-community engagement, workforce services for youth and families and homelessness prevention, and annual reports from the Family Services Coordinators.

Integrated service delivery components

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

Table 3: Integrated service delivery components in 2022

Item Number	Key components to integrated service delivery	Number of Collaboratives	Percentage of Collaboratives targeting each component
1	Coordinated outreach to children & families in need of services	81	90%
2	Coordinated early identification of children & families in need of services	74	82%
3	Coordinated services & interventions across service systems	72	80%
4	Integrated funding of services	65	72%
5	Periodic family visits to children who are potentially at risk	53	59%
6	Strong collaboration between parents & professionals in identifying children in the target population, facilitating access to the integrated system & coordinating care & services for these children	51	57%
7	Coordinated assessment across systems to determine which children & families need coordinated multi-agency services & supplemental services	44	49%
8	Initial outreach to all new mothers	37	41%
9	Multi-agency service plans or multi-agency plan of care	33	37%
10	Coordinated transportation services	29	32%
11	Individualized children’s mental health rehabilitation services	25	28%
12	Wraparound process	23	26%
13	Coordinated unitary or integrated case management	21	23%

This table outlines the key components to integrated service delivery, along with the number and percentage of Collaboratives that were integrating each component in 2022. The trend in this data indicates that the most commonly cited component was coordinated outreach to children and families in need of services, and the least cited component was coordinated unitary or integrated case management.

More Resilient Minnesota involvement

In 2016, supported by grants from the Department of Human Services, Minnesota Communities Caring for Children (MCCC) began partnering with local Collaboratives to implement More Resilient Minnesota (https://familywiseservices.org/more-resilient-minnesota/) – previously known as the ACE Collaborative Partnership – to support their process to become Self-Healing Communities (https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html).

This initiative includes four phases:

- Phase 1: ACE Interface *Understanding ACEs (Adverse Childhood Experiences): Building Self-Healing Communities* Presentations
- Phase 2: Regional ACE Interface Presenter Trainings
- Phase 3: Gathering Community Wisdom to Inform Community Resilience Plans
- Phase 4: Community Resilience Plans and Initiatives

Through this partnership, FamilyWise Services (formerly MCCC) offers technical assistance and supplemental training to help Collaboratives' communities to deepen their engagement and understanding of these topics as they prepare to integrate trauma-responsive strategies into their local systems and practices. By the end of 2022, a total of 71 Collaboratives (79%) were active in More Resilient Minnesota, and 19 Collaboratives (21%) were inactive and had not yet applied for the initiative.

Table 4: More Resilient Minnesota Phase Progress

Item number	Phases of More Resilient Minnesota	Number of Collaboratives that had engaged in each phase by the end of 2022	Percentage of Collaboratives that had engaged in each phase by the end of 2022
1	Active (applied) but haven't started Phase 1	10	11%
2	Phase 1: Understanding ACEs: Building Self-Healing Communities Presentations	10	11%
3	Phase 2: Understanding ACEs: Building Self-Healing Communities presenter training	34	38%
4	Phase 3: Gather community input with Community Resilience Conversations and/or *100 Cups of Coffee* Interviews	12	13%
5	Phase 4: Community Resilience Plans and Initiatives	5	6%
6	Total	71	79%

This table shows a point in time overview of the number and percentage of Collaboratives that were in each phase of the More Resilient Minnesota at the end of 2022. This table indicates that the majority of Collaboratives (79%) were active and/or engaging in the phases of More Resilient Minnesota in 2022. The trend in this data indicates that the highest percentage of Collaboratives were participating in Phase 2: *Understanding ACEs: Building Self-Healing Communities* Presenter Training (34 Collaboratives/38%), and the fewest Collaboratives were participating in Phase 4: Community Resilience Planning (5 Collaboratives/ 6%).

Collaborative priorities

The Collaborative Strategic Framework document, originally drafted in 2006, was revised and approved in September 2016 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) 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 2022, Collaboratives supported children, youth, and families by strategically focusing on the Collaborative Priorities, and indicated which of the three Collaborative Priorities were their primary focus for 2022. The breakdown of which Collaborative Priorities were of primary focus for Collaboratives in 2022 includes:

- 46 Collaboratives/51% had a primary focus on promoting mental health and well-being of children, youth, and young adults
- 27 Collaboratives/30% had a primary focus on supporting healthy growth and social emotional development of children, youth, and young adults
- 17 Collaboratives/19% had a primary focus on strengthening resilience and protective factors of families, schools, and communities

Focusing on these priorities, Collaboratives intend to realize 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

Collaborative program outcomes

In 2022, Collaboratives spent $25.19 million from their integrated funds on the delivery of 722 programs and services that reached 404,527 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.

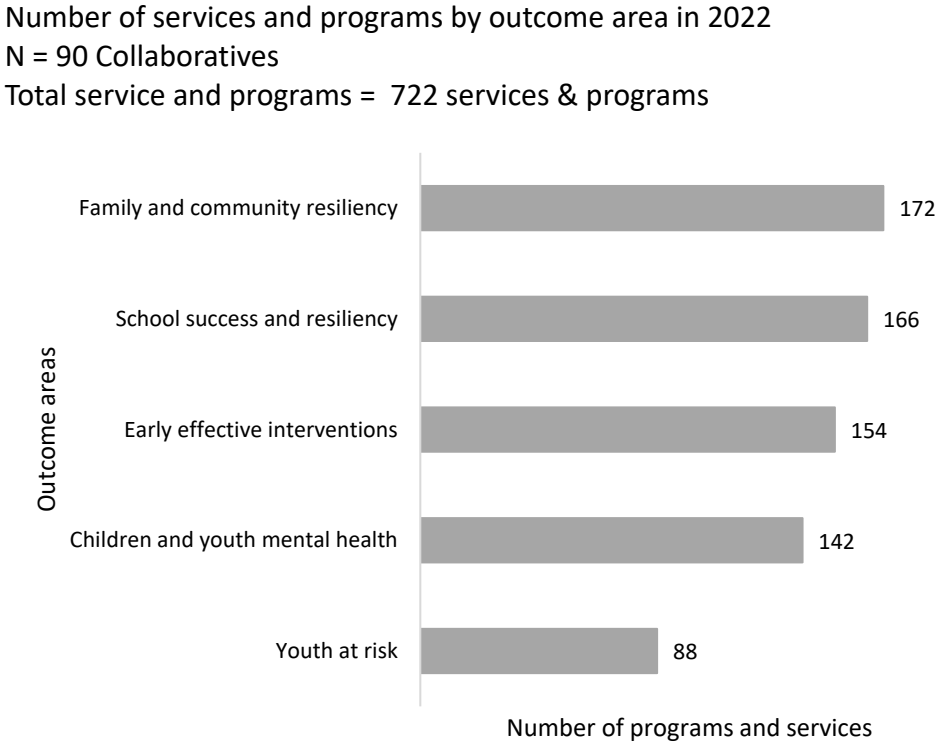
The following tables and figures highlight the number of programs and services by outcome area, the percentage of children, youth, and families served by outcome area, the amount and percentage of integrated fund (LCTS and non-LCTS) spending on programs and services by outcome area, and the amount and percentage of integrated fund resources (LCTS and non-LCTS) received by entity in 2022. 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 people served by programs, the number of programs, and program funding in 2022.

Outcome areas

The 722 programs and services were affiliated with five primary program outcome areas related to the Collaborative Priorities, including:

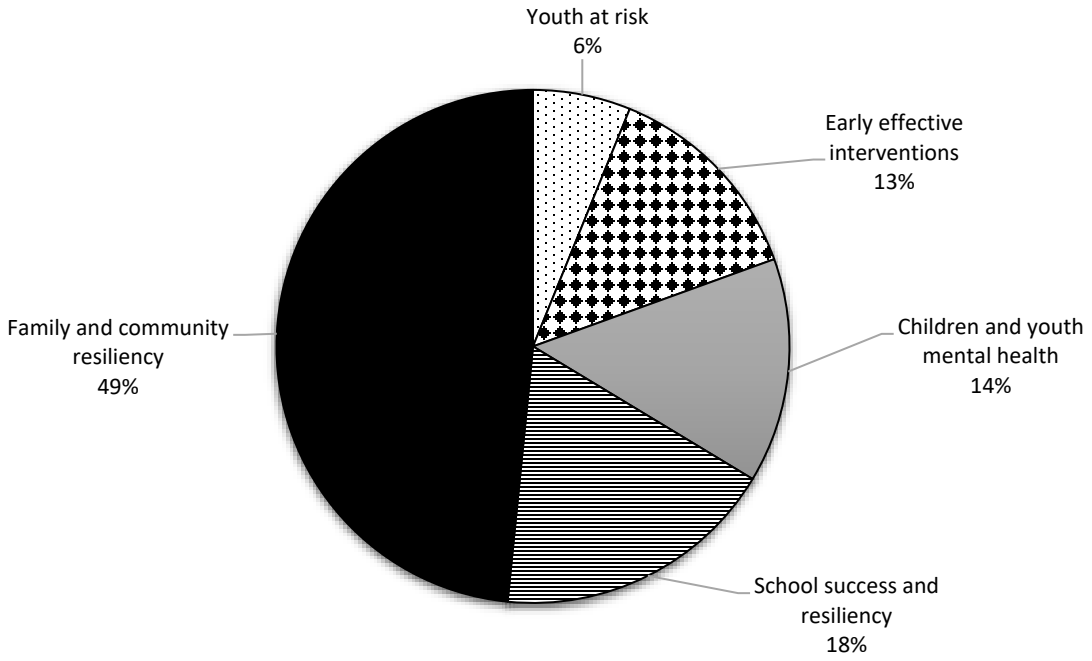
- Outcome area 1: Improve community prevention and clinical interventions to meet the mental health needs of children and youth
- Outcome area 2: Improve early effective interventions to meet social and emotional developmental needs of children and youth
- Outcome area 3: Improve services and supports to strengthen resiliency for families and communities
- Outcome area 4: Improve services and supports to support resiliency and success for children and youth in school
- Outcome area 5: Improve interventions for youth experiencing risks for negative outcomes (chemical dependency, corrections, truancy, etc.)

Figure 2: Number of Collaborative programs and services by outcome area in 2022



This figure (bar chart) shows the number of services and programs by outcome area in 2022. The trend in this data indicates that the most common outcome area Collaborative programs and services supported in 2022 was family and community resiliency (outcome area 3), and the least number of programs and services supported youth at risk (outcome area 5).

Figure 3: Percentage of total children, youth, and families served by outcome area in 2025

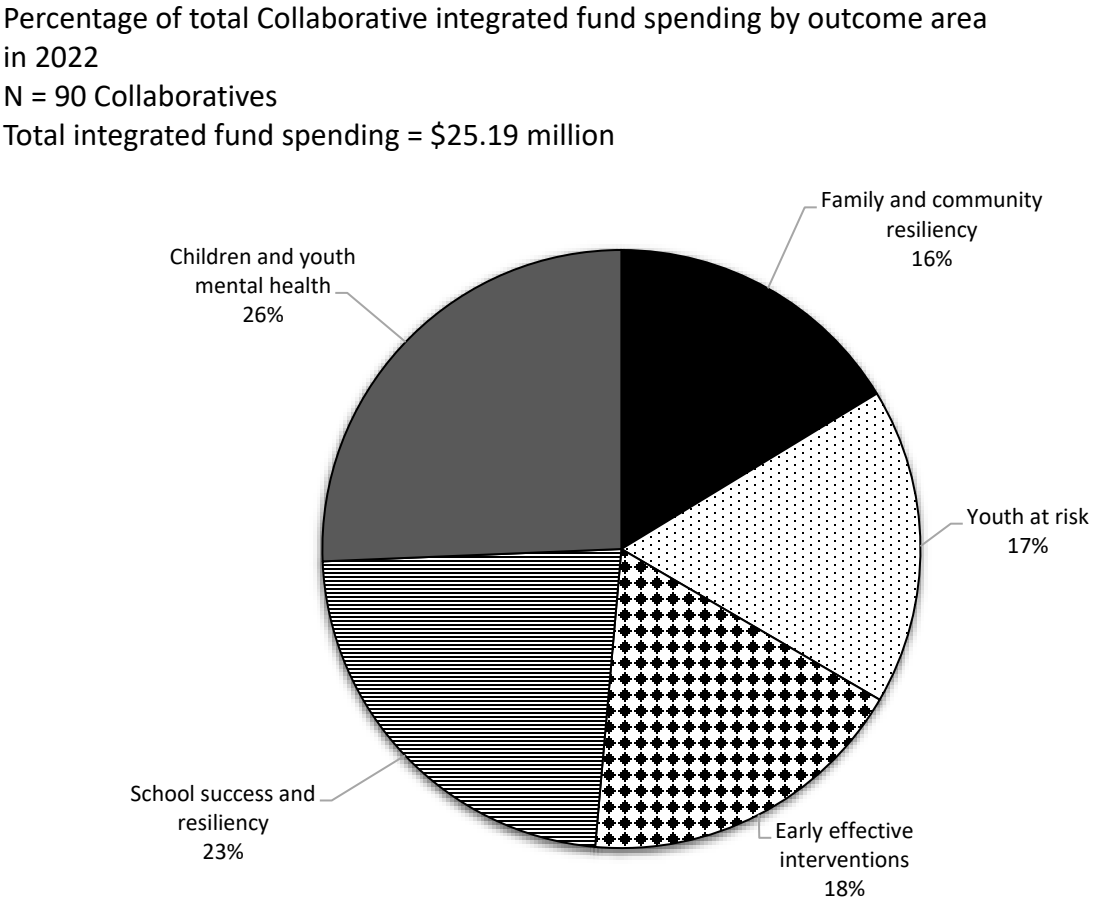


This figure (pie chart) shows the percentage of total children, youth, and families served by Collaborative outcome area in 2022. The trend in this data indicates that the outcome area that reached the most people was family and community resiliency (outcome area 3), and the least amount of people were reached with programming and services in the youth at risk (outcome area 5) outcome area.

Integrated fund spending on programs and services by outcome area and entity

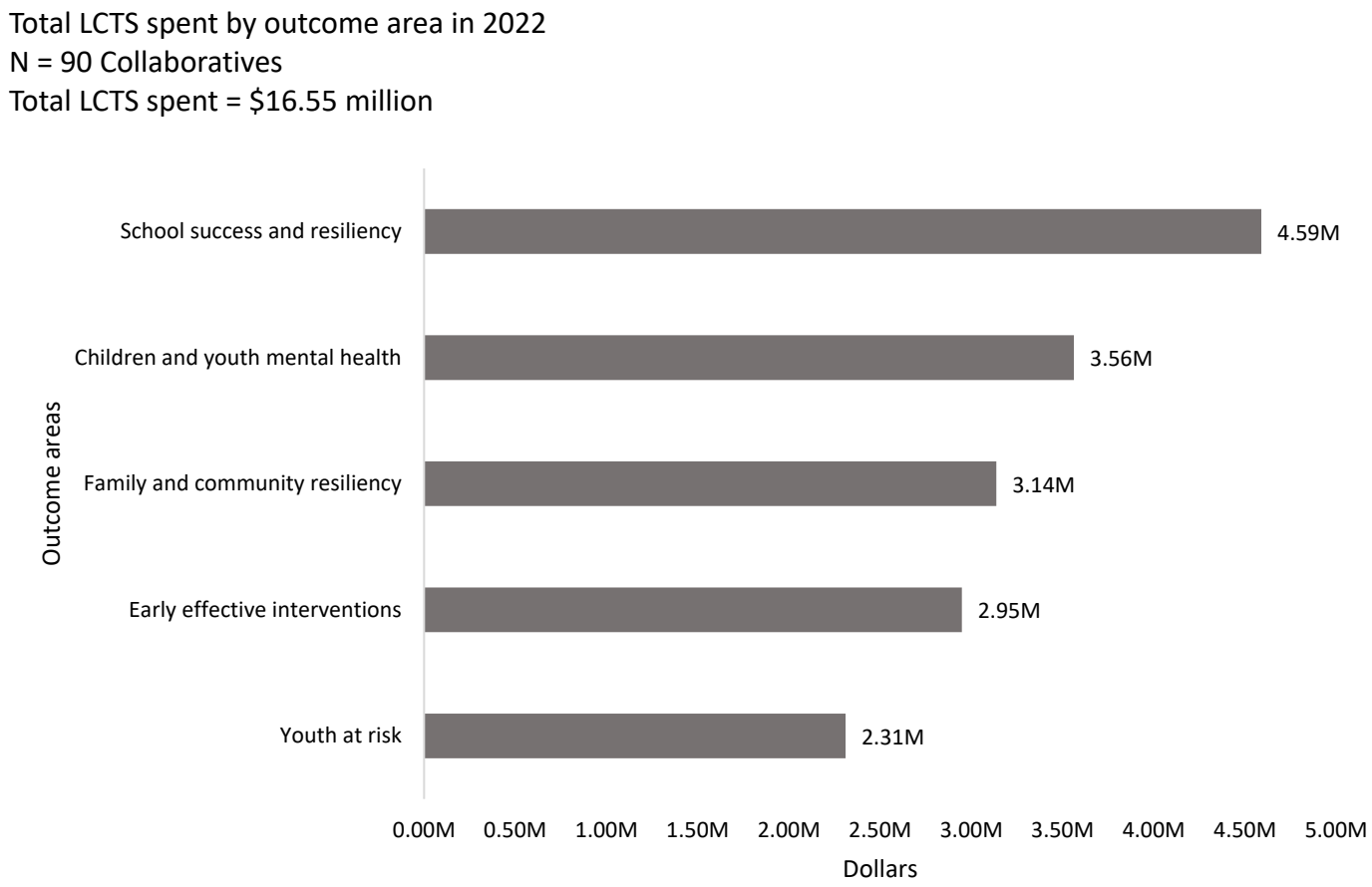
The total integrated fund spending on programs and services in 2022 was $25.19 million. Programs and services spending with LCTS funds accounted for 66% of total program spending ($16.55 million), and 34% of the programs and services spending was supported by non-LCTS resources ($8.64 million). Many programs relied on a combination of LCTS monies and additional funding sources (such as grants, partner contributions, and third-party contributions).

Figure 4: Percentage of total Collaborative integrated fund spending by outcome area in 2022



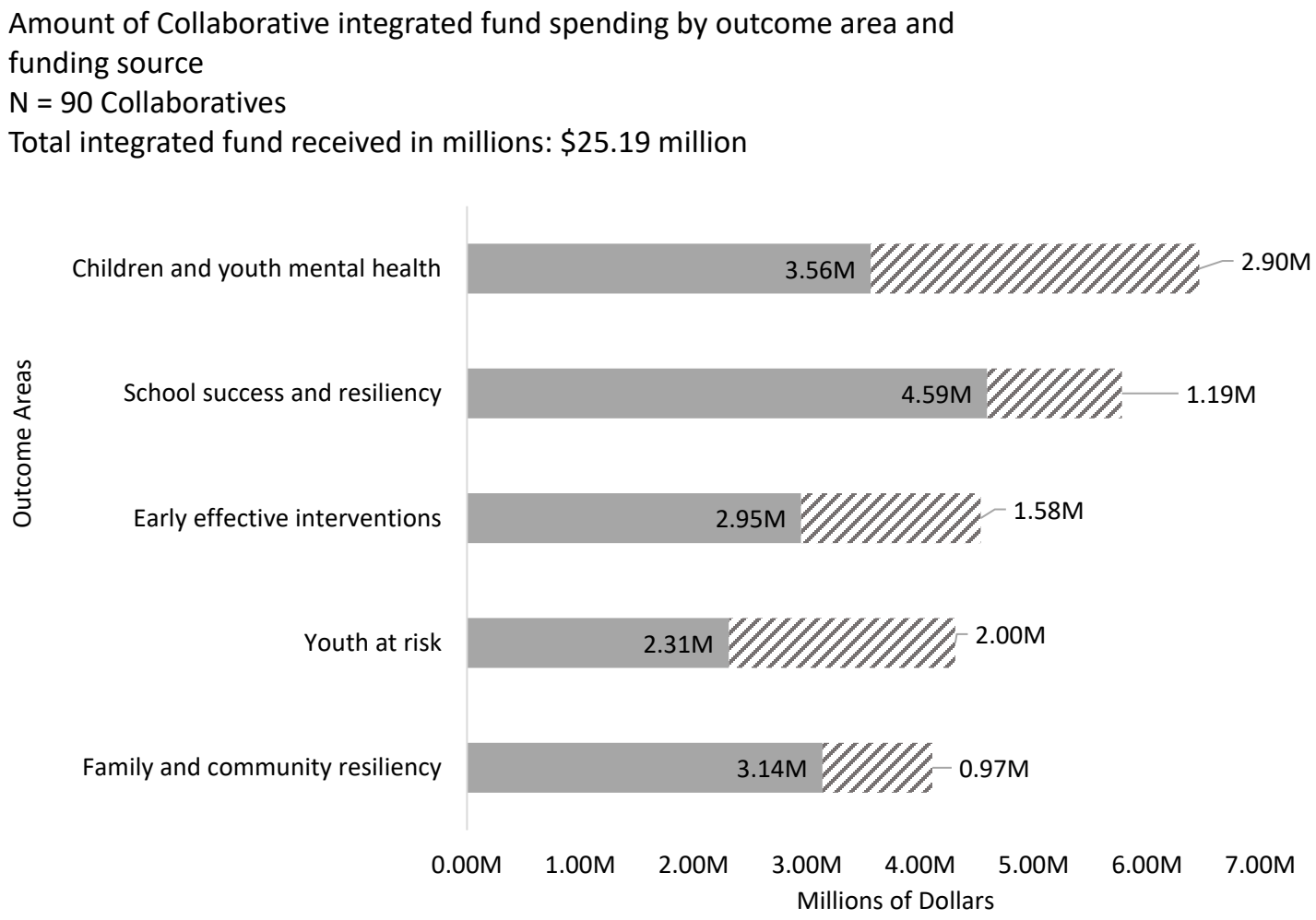
This figure (pie chart) shows the percentage of the 2022 integrated fund that was spent on programs and services by outcome area. The trend in this data shows that the highest funded outcome area was children and youth mental health (outcome area 1), and the least funded outcome area was family and community resiliency (outcome area 3).

Figure 5: Total LCTS spent by outcome area in 2022



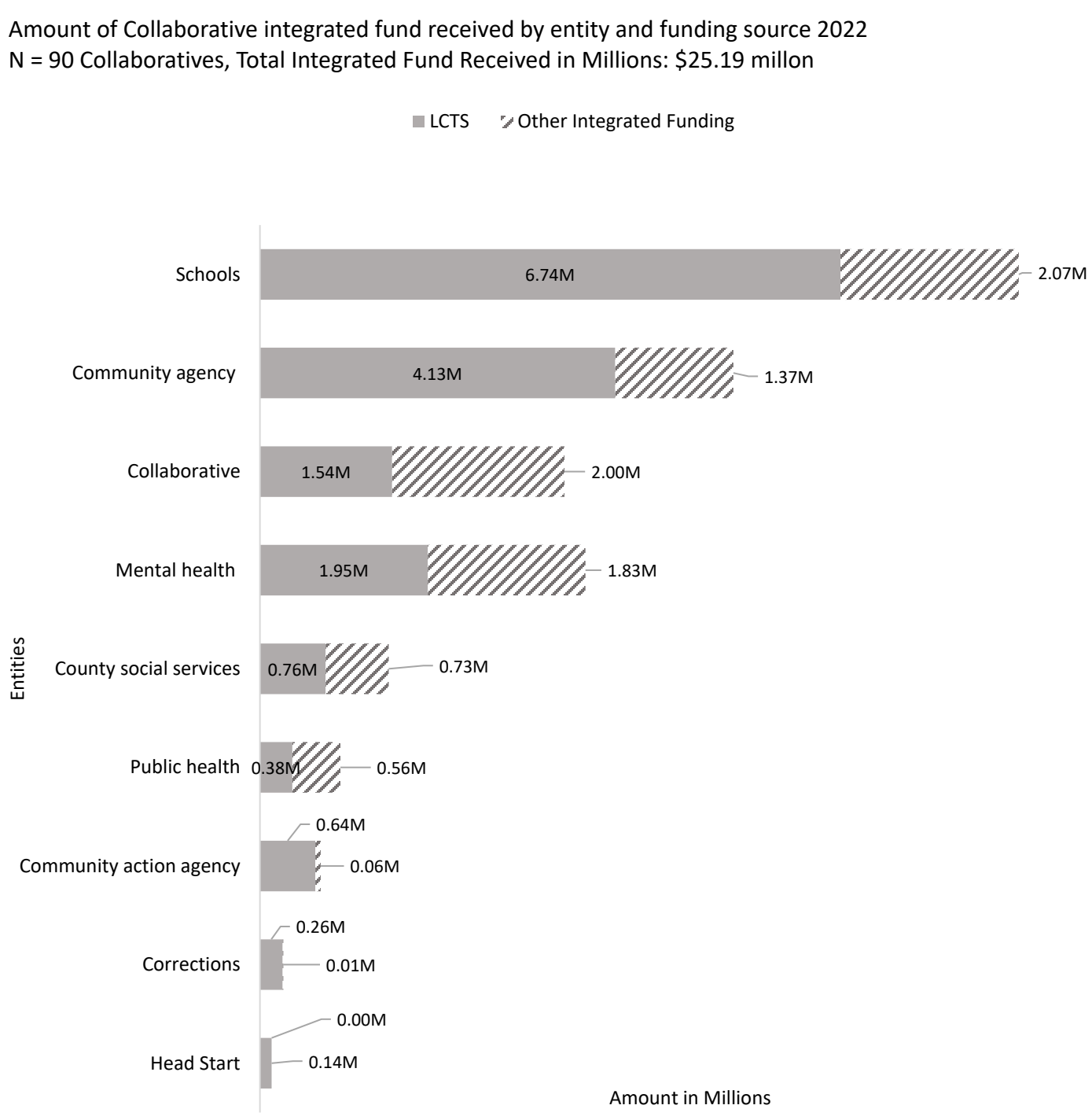
This figure (bar chart) shows the total LCTS spent by outcome area in 2022 (in millions). The trend in this data indicates that the highest funded outcome area with LCTS dollars was school success (outcome area 4), and the least funded outcome area was youth at risk (outcome area 5).

Figure 6: Collaborative integrated fund spending by outcome area and funding source in 2022



This figure (stacked bar chart) shows the total 2022 Collaborative integrated fund spending by outcome area and funding source (LCTS and other integrated funding). The trend in this data indicates that the highest funded outcome area with the Collaborative integrated fund in 2022 was children and youth mental health (outcome area 1), and the least funded outcome area was family and community resiliency (outcome area 3).

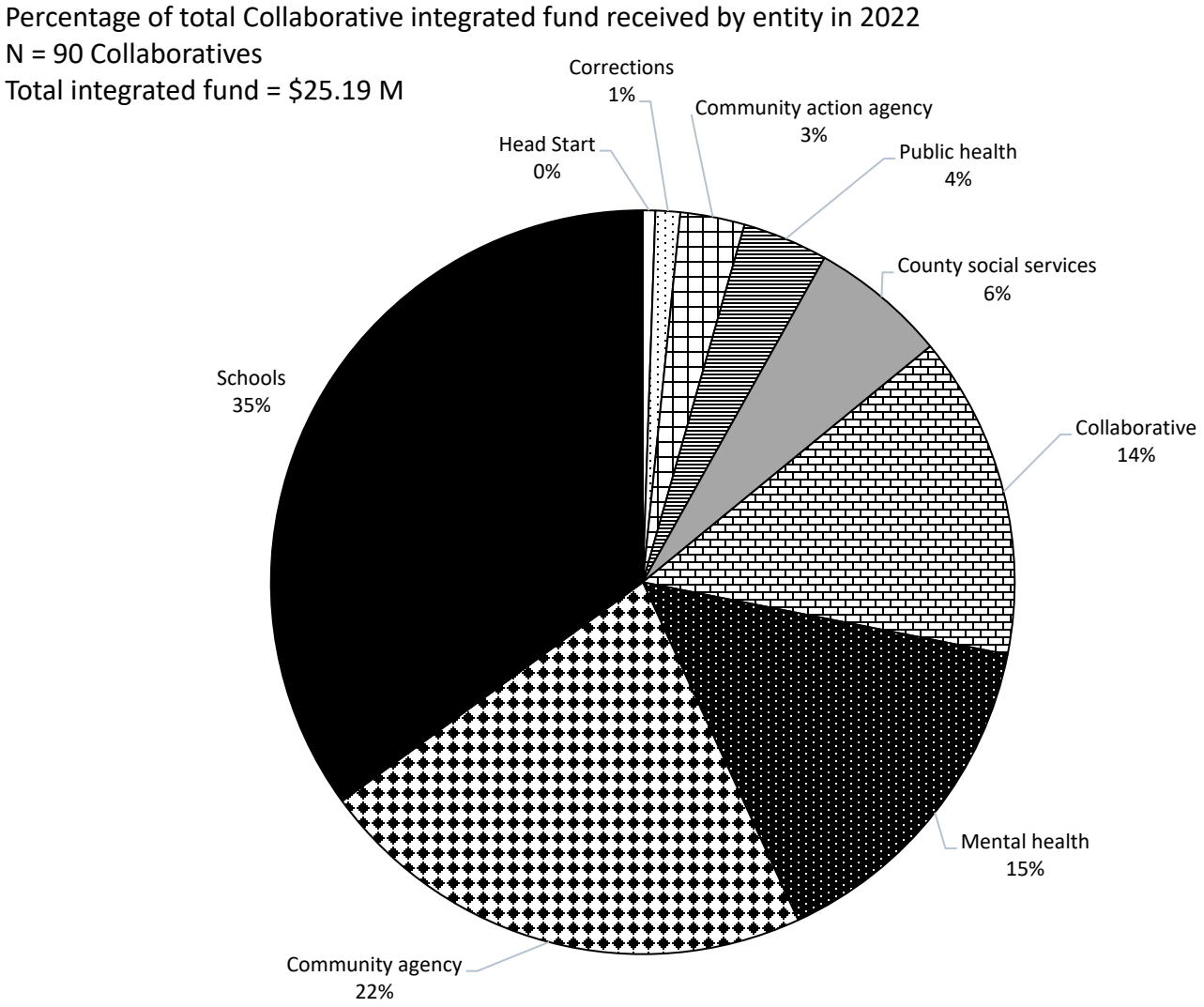
Figure 7: Collaborative integrated funding received by entity and funding source in 2022



**Due to rounding, the Total Integrated Fund Received in millions differs slightly than the sum of the individual contributions by entity*

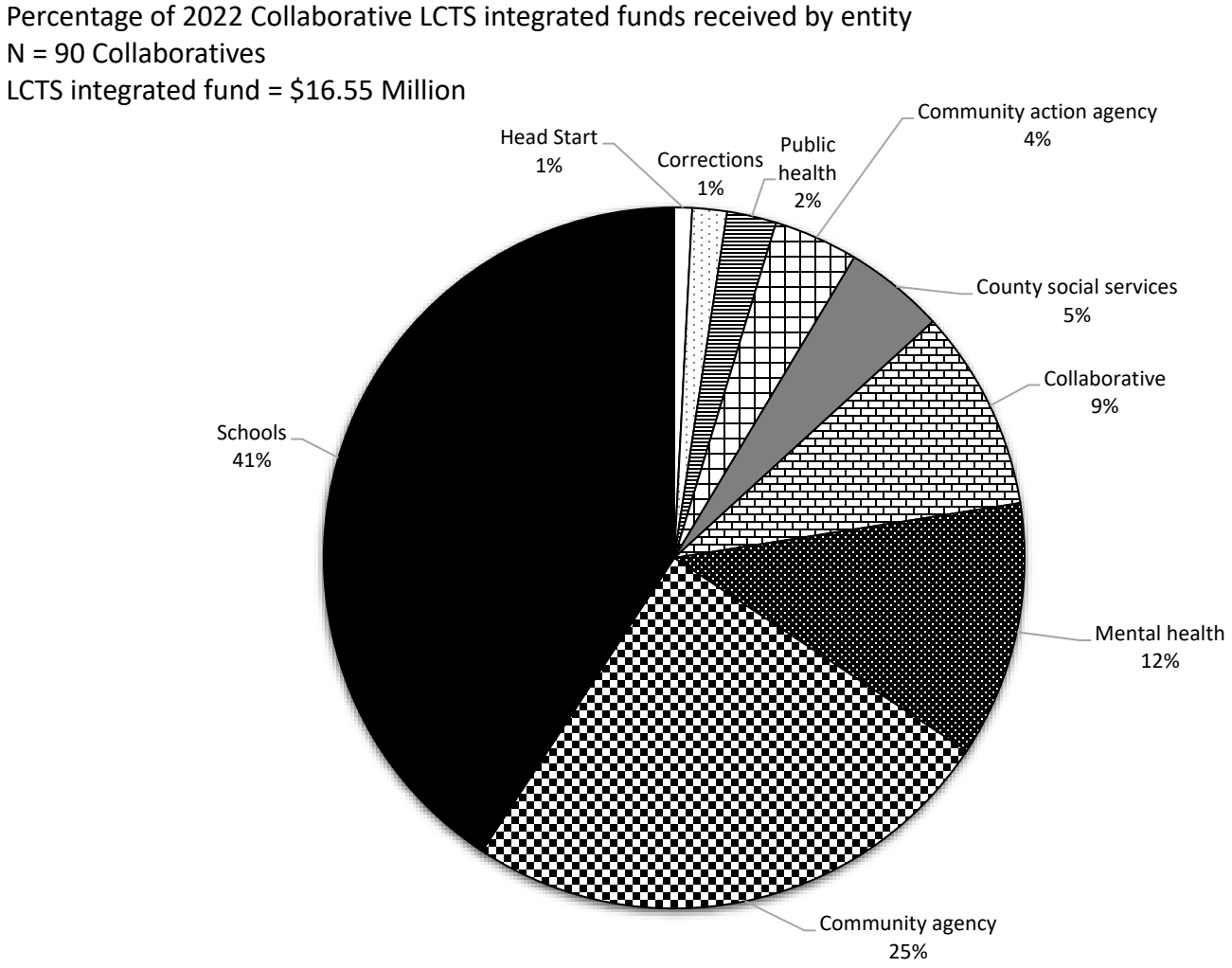
This figure (stacked bar chart) shows the total Collaborative integrated fund received by entity and funding source in 2022. The trend in this data indicates that the highest funded entity with the Collaborative integrated fund in 2022 was schools, and the least funded entity was Head Start.

Figure 8: Percentage of total Collaborative integrated fund received by entity in 2022



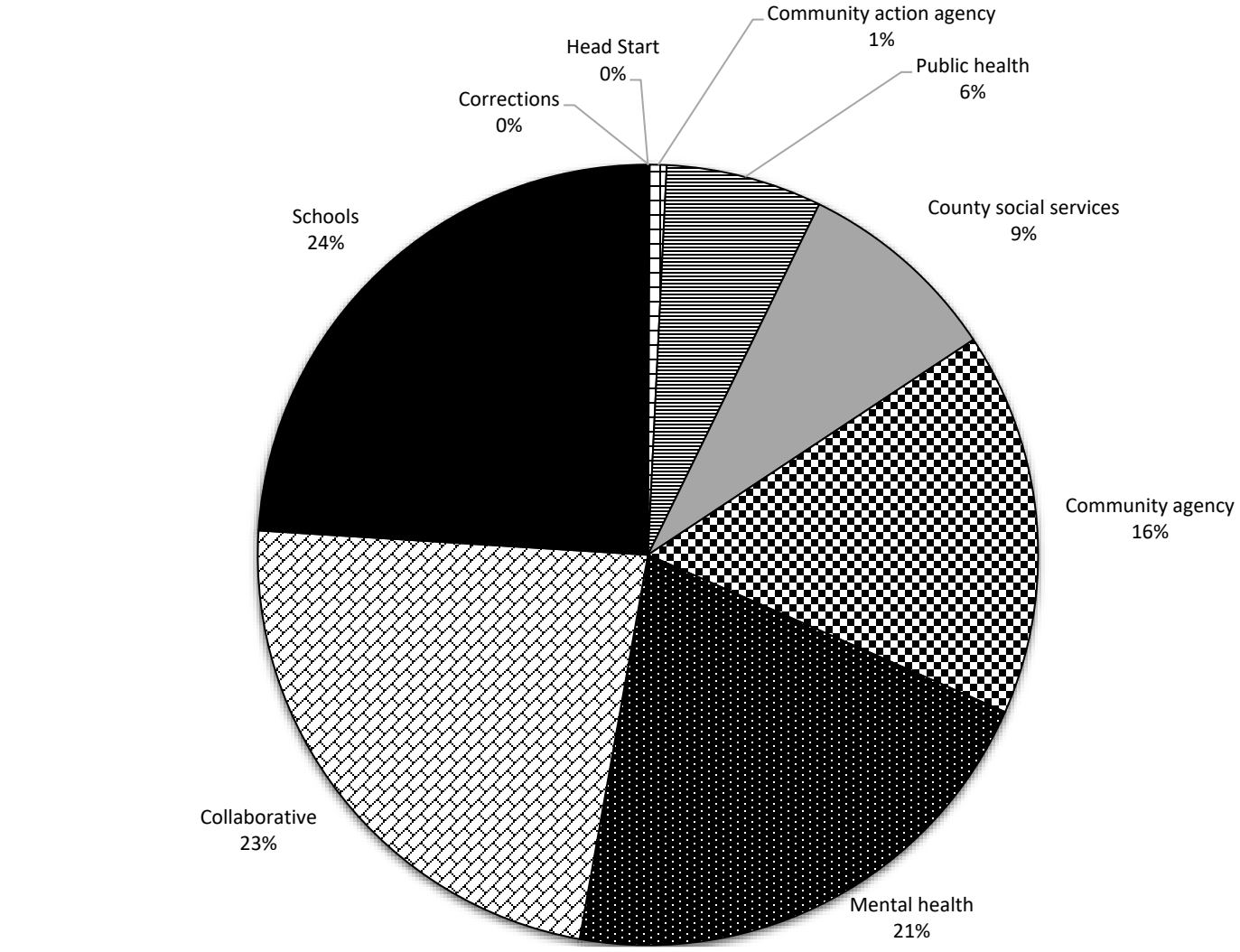
This figure (pie chart) shows the percentage of total Collaborative integrated fund received by entity in 2022. The trend in this data indicates that the highest funded entity with the Collaborative integrated fund in 2022 was schools, and the least funded entity was Head Start.

Figure 9: Percentage of Collaborative LCTS integrated fund received by entity in 2022



This figure (pie chart) shows the percentage of Collaborative LCTS integrated funds received by entity in 2022. The trend in this data indicates that the entity that received the most of the Collaborative LCTS integrated fund was schools, and the entities that received the least amount of LCTS integrated funds were corrections and Head Start.

Figure 10: Percentage of Collaborative non-LCTS integrated fund received by entity in 2022



This figure (pie chart) shows the percentage of Collaborative non-LCTS integrated funds received by entity in 2022. The trend in this data indicates that the entity that received the most Collaborative non-LCTS integrated funding was schools, and the entities that received the least amount of non-LCTS integrated funds were Head Start and corrections.

Table 5: Collaborative 2022 outcome summary

Outcome areas	Percentage of Collaboratives participating by outcome area	Number of programs and services	Number of children, youth and families served	Integrated fund (LCTS) spent in 2022	Integrated fund (non-LCTS) spent in 2022	Total integrated fund spent in 2022	Percentage of total integrated fund
Outcome area 1: Improve community prevention and clinical interventions to meet the mental health needs of children and youth	74%	142	57,308	$ **3,562,206**	**$ 2,899,570**	$ **6,461,776**	26%
Outcome area 2: Improve early effective interventions to meet social and emotional developmental needs of children and youth	72%	154	53,875	$ **2,947,813**	**$ 1,584,333**	$ **4,532,146**	18%
Outcome area 3: Improve services and supports to strengthen resiliency for families and communities	70%	172	195,877	$ **3,136,884**	$ **968,303**	$ **4,105,187**	16%
Outcome area 4: Improve services to support resiliency and success for children and youth in school	69%	166	72,553	$ **4,589,623**	$ **1,188,115**	$ **5,777,738**	23%

Outcome area 5: Improve interventions for youth experiencing risks for negative outcomes (chemical dependency, corrections, truancy, etc.)	52%	88	24,914	$ **2,310,348**	$ **1,997,729**	$ **4,308,077**	17%
Total	100% offered programs in at least one outcome area	722 programs and services	404,527 children, youth and families served	$16,546,874 LCTS integrated fund spent	$8,638,050 Non-LCTS integrated fund spent	$25,184,924 total integrated fund spent on outcome areas	100% total integrated fund

This summary table provides an overview of the programs and services in each Collaborative outcome area in 2022.

Outcome area 1: Improve community prevention and clinical interventions to meet the mental health needs of children and youth

- 142 programs and services reported in 2022
- 57,303 children and their families served in 2022
- $6,461,776 total integrated fund spent on outcome area 1 in 2022
- $3,562,206 integrated fund (LCTS) spent in 2022
- $2,899,570 integrated fund (Non-LCTS) spent in 2022

The priority audience for this outcome area is children aged birth through 12th grade, school staff, caregivers and their families. Special populations of focus include: Head Start students and teachers, school social workers and counselors, Early Childhood teachers and day care providers, and K-12 teachers, families with children birth – 5 years of age, infants, parents seeking education and support, families in transitional housing, children with Severe Emotional Disturbance, expectant parents, and Hmong, Somali, and Latinx communities, and youth of African descent.

Types of programs and services include: flexible funding, preschool scholarships, school-based interventionists, labor and delivery classes, counselors, and social workers, peer support groups, early childhood programs and screening, book donation programs, social emotional learning, universal contact, Universal Home Visiting, Welcome Baby, School-Linked Mental Health, Follow Along Program, parent coaching, day treatment, before and after school programming, youth centers, immunization clinics, Help Us Grow, mentoring, Early Childhood Mental Health, Head Start, Positive Behavioral Specialists, 4H, Public Health Nursing – Women, Infants, and Children, Early Childhood Family Education (ECFE), foster care licensing, Conscious Discipline, Reflective Practice, mental health services, and Circle of Parents.

Outcome area 2: Improve early effective interventions to meet social and emotional developmental needs of children and youth

- 154 programs and services reported in 2022
- 58,875 children and their families were served in 2022
- $4,532,146 total 2022 integrated fund spent on outcome area 2 in 2022
- $2,947,813 integrated fund (LCTS) spent in 2022
- $1,584,333 integrated fund (non-LCTS) spent in 2022

The priority audience for this outcome area is children aged birth through five years of age and youth, expectant caregivers and parents, school staff and children's mental health providers, and parents seeking support and education.

Some of the programming focused on special populations or identity groups, including: youth who identified as Black, Indigenous, or people of color (BIPOC), Spanish-speaking families, families who are underinsured or uninsured, low-income, children identified as not having up-to-date immunizations, students in special education, families experiencing crisis, parents and family members caring for child with mental health condition, children with disabilities, children with emotional or behavioral disorders, such as Severe Emotional Disturbance/Emotional Disturbance.

Types of programs and services include: preschool programs, school social workers, home visiting programs, Family School Coordinators, early childhood family education programs, school and community-based mental health, parent support and navigation services, Children's Therapeutic Services and Supports (CTSS) for students in special education, peer and family coaching, Extension 4-H club, clinical supervision, crisis services, crisis nursery, kinship services, family therapy, grief counseling, family outreach, Change to Chill, Family Home Visiting, Follow Along Program, social emotional learning, mentoring, visitation and safe exchange programs, equine assisted therapy, and support groups.

Outcome area 3: Improve services and supports to strengthen resiliency for families and communities

- 172 programs and services reported in 2022
- 195,877 children and their families were served in 2022
- $4,105,187 total 2022 integrated fund spent on outcome area 3 in 2022
- $3,136,884 integrated fund (LCTS) spent in 2022
- $968,303 integrated fund (non-LCTS) spent in 2022

The priority audience for this outcome area is children aged birth through 12th grade and their families, and the staff and providers who support them, including school social workers, chemical and behavioral health therapists, school nurses, school psychologists, counselors and other school staff. Special populations of focus include immigrant and refugee families, Native American, African American, and Latinx families and their children, students with disabilities, low-income families, families with children with a mental health condition, families experiencing food or housing insecurity, families experiencing crisis, incarcerated parents, and foster or adoptive families.

Types of programs and services include: Community Asset Funds, suicide prevention programming, respite, Parent Support Outreach Program (PSOP), Wraparound, Early Childhood Family Education (ECFE), Coats for Kids, camp scholarships and family flex funding, resource fairs, resource centers, Covid-19 relief programs, healthy free meal programs, mentoring, Family Facilitator Program, Love & Logic Parent Classes, Lunch Buddy Program, after school programs, adoption support groups, supervised visitation, school social workers, co-located public health nurses, Family TIES, Family Group Decision Making, and access to basic resources such as clothing, household products, transportation, internet, and meals.

Outcome area 4: Improve services and supports to support resiliency and success for children and youth in school

- 166 programs and services reported in 2022
- 72,553 children and their families were served in 2022
- $5,777,738 total 2022 integrated fund spent on outcome area 4 in 2022
- $4,589,623 integrated fund (LCTS) spent in 2022
- $1,188,115 integrated fund (non-LCTS) spent in 2022

The priority audience for this outcome area is children and youth (pre-natal through 21 years), and their families, and service providers and school staff supporting children and their families. Special populations of focus include: children and families who need help with basic needs, students facing academic challenges, children receiving Individualized Education Plan (IEP) services, children with an ADHD diagnosis, children with Severe Emotional Disturbance, students who have dropped out or left an educational setting, and African American, Native American, Southeast Asian, Karen, Somali, Latinx children, youth, and their families, and English Language Learners.

Types of programs and services include: Family Facilitator program, preschool scholarships, youth scholarships, flex funding, gifted and talented enrichment, mentoring, Positive Behavior Interventions and Supports (PBIS), Reflective Practice group, Calm Classroom, afterschool programming, restorative practices and social emotional learning, mindfulness programming, truancy prevention programming, bullying prevention programming, family school support worker, school-based mental health services, and community and in-home based mental health services.

Outcome area 5: Improve interventions for youth experiencing risks for negative outcomes (chemical dependency, corrections, truancy, etc.)

- 88 programs and services reported in 2022
- 24,914 children and their families were served in 2022
- $4,308,077 total 2022 integrated fund spent on outcome area 5 in 2022
- $2,310,348 integrated fund LCTS money spent in 2022
- $1,997,729 integrated fund (non-LCTS) spent in 2022

The priority audience for this outcome area includes youth ages kindergarten – 12th grade, their families, and school staff. Special populations of focus include: children and youth impacted by caregiver substance misuse, youth with chemical health needs, youth who have experienced sexual violence, youth referred to court for truancy, youth who have committed a non-violent crime, youth facing charges of weapon possession, disorderly conduct and/or assault, youth with incarcerated parents, youth who are incarcerated at a juvenile detention facility, youth experiencing crisis, black male youth who have experienced trauma, and Latinx youth.

Types of programs and services include Truancy Prevention programming, school diversion programs, chemical health programming, restorative justice, school liaison and resource officers, mentoring, summer programming, and family engagement specialists.

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 2022. This section includes information about federal, state, and local resources (including cash and in-kind) that were contributed by Collaborative board voting representatives and others in 2022. This section also provides funding strategies that Collaboratives used to sustain their activities in 2022.

In 2022, the total statewide Collaboratives' integrated fund was $28,917,098.

Sources of Collaborative integrated funding

The following table shows the amount and percentage of federal, state, and local partner and non-partner contributions to the total 2022 statewide Collaborative integrated fund.

Table 6: Sources of Collaborative integrated funding

Item number	Funding source	Amount	Percentage of total integrated fund
1	Federal 2022 LCTS	$16,720,981	58%
2	Partner In-Kind	$4,247,444	15%
3	Partner Cash	$4,258,084	15%
4	Other Federal 2022	$1,420,775	5%
5	Total State 2022	$986,281	3%
6	Non-Partner Cash	$691,745	2%
7	Non-Partner In-Kind	$591,788	2%
8	Total Integrated Fund	$28,917,098	100%

This table highlights the funding sources that contributed to the Collaboratives' integrated fund in 2022. The total Collaborative integrated funding was $28,917,098 in 2022. The trend in this data indicates that the largest funding source to the Collaboratives' integrated fund in 2022 was the LCTS federal funds, and the smallest funding source was non-partner in-kind contributions.

Federal funds

Federal funds comprised 63% of the total 2022 statewide Collaborative integrated fund, for a total of $18,141,756. The two sources of federal funds included the Local Collaborative Time Study (LCTS) and other federal funds. In total, LCTS comprised $16,720,981 of federal contributions (92%), and other federal funds included $1,420,775 of federal contributions (8%).

Local Collaborative Time Study (LCTS)

The largest contributor to the Collaboratives' integrated fund is the Local Collaborative Time Study (LCTS), which made up 58% of the total 2022 Collaborative integrated fund. 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

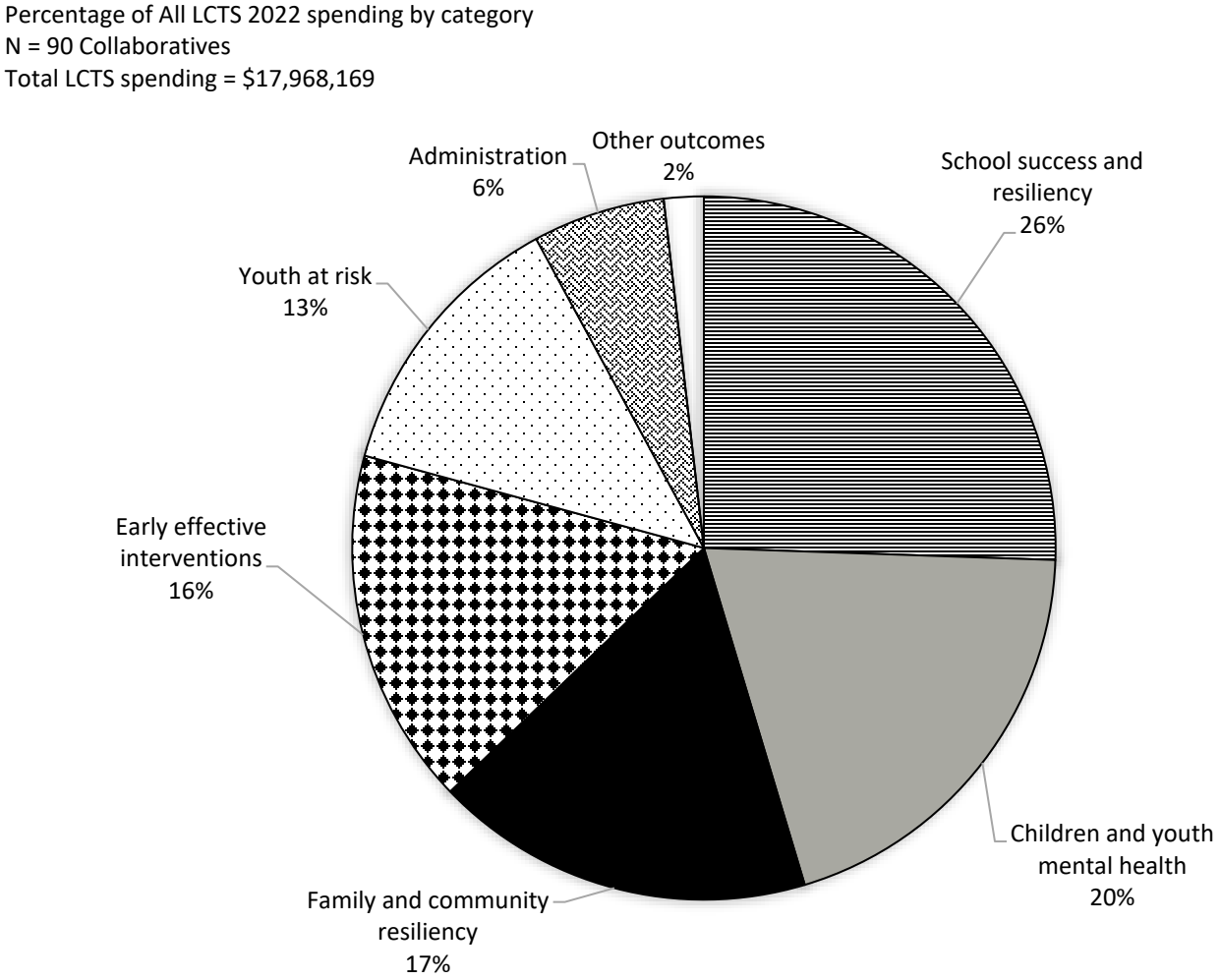
The totals for the LCTS spending data are provided below. These numbers were pulled from the 2022 Annual Collaborative Report Outcome Data and the 2022 LCTS Spending Report.

Table 7: LCTS spending totals for program outcomes

Item Number	LCTS Spending Categories	Amount 2022	Description	Data Source
1	Outcome 1: Children and youth mental health	$ 3,562,206	Outcome 1 spending	2022 Collaborative Reports
2	Outcome 2: Early effective interventions	$ 2,947,813	Outcome 2 spending	2022 Collaborative Reports
3	Outcome 3: Family and community resiliency	$ 3,136,884	Outcome 3 spending	2022 Collaborative Reports
4	Outcome 4: School success and resiliency	$ 4,589,623	Outcome 4 spending	2022 Collaborative Reports
5	Outcome 5: Youth at risk	$ 2,310,348	Outcome 5 spending	2022 Collaborative Reports
6	Total LCTS 5 outcomes spending in 2022	$ 16,546,874	LCTS spending on 5 outcome areas	2022 Collaborative Reports
7	Admin LCTS spending in 2022	$ 1,092,506	Admin spending	2022 Collaborative Reports
8	Total LCTS 5 outcomes spending and admin spending in 2022	$ 17,639,380	Total LCTS 5 outcomes spending (2022 Collaborative Reports) + admin spending (2022 Collaborative Reports)	2022 Collaborative Reports
9	Other LCTS outcomes spending in 2022	$ 328,789	Total LCTS services spending (2022 LCTS Spending Report) - total LCTS 5 outcomes spending (2022 Collaborative Reports)	2022 Collaborative Reports and 2022 LCTS Spending Report
10	Total LCTS outcomes spending in 2022	$ 16,875,663	Total LCTS 5 outcomes spending (2022 Collaborative Reports) + other outcome spending (2022 LCTS spending report)	2022 Collaborative Reports and 2022 LCTS Spending Report
11	Total LCTS outcomes spending and admin spending in 2022	$ 17,968,169	Total LCTS 5 outcomes spending (2022 Collaborative Reports) + other outcome spending (2022 LCTS spending report) + admin spending (2022 Collaborative Reports)	2022 Collaborative Reports and 2022 LCTS Spending Report

This table highlights variations of LCTS 2022 spending totals, including administrative spending, outcome spending, and "other" outcome spending. This table indicates that the total 2022 LCTS federal fund outcomes and admin spending was $17,968,169.

Figure 11: Percentage of all LCTS 2022 outcomes spending by category



This figure (pie chart) shows the percentage of all LCTS 2022 spending by category. The trend in this data indicates that the highest amount of LCTS funding was spent on the school success category, and the lowest amount of LCTS funding was spent on other outcomes.

Other federal (non-LCTS) funds

The "Other Federal" category comprised 5% of the Collaboratives' statewide integrated fund in 2022, for a total of $1,420,775. This category includes all contributions from federal sources, aside from LCTS funds. This category included contributions from the American Rescue Plan Act (ARPA), Journey to Independence, Opioid Response, Mental Health Awareness Training, and Partnership for Success funds from the Substance Abuse and Mental Health Services Administration (SAMHSA).

State funds

In 2022, funds from the State of Minnesota made up 3% of the Collaboratives' integrated funding for a total of $647,127. In 2022, the Minnesota Department of Human Services provided 79% of state grant contributions, 17% of state contributions were provided by other sources, and the remaining 4% of state funding was contributed by the Minnesota Department of Education. These other sources included Minnesota Department of Public Safety, Minnesota Office of Justice Programs, and Minnesota Department of Health.

Table 8: Sources of state contributors to the 2022 Collaborative integrated fund

Item number	State contributors	Amount of state contributions	Percentage of state contributions by department
1	Department of Human Services	$777,058	79%
2	Other departments	$172,432	17%
3	Department of Education	$36,791	4%
4	Total	$986,281	100%

This table outlines the sources of state funding to the Collaboratives' integrated fund in 2022. The trend in this data indicates that the greatest number of state contributions were received from the Department of Human Services, and the fewest number of state contributions were received from the Department of Education.

Partner cash and in-kind contributions

In 2022, the combination of partner cash and in-kind partner contributions made up 30% of the statewide Collaborative integrated fund for a total of $8,505,528. The partner cash contributions were $4,258,084 and the partner in-kind contributions were $4,247,444.

Statewide, the highest partner cash contributions came from the county, and the highest partner in-kind contributions came from schools. Partners that fit in the "other" category included local social services agencies and non-profits, tribal communities, faith-based organizations, cities, healthcare agencies, foundations, youth, and families.

Table 9: Sources of partner contributors to the 2022 Collaborative integrated fund

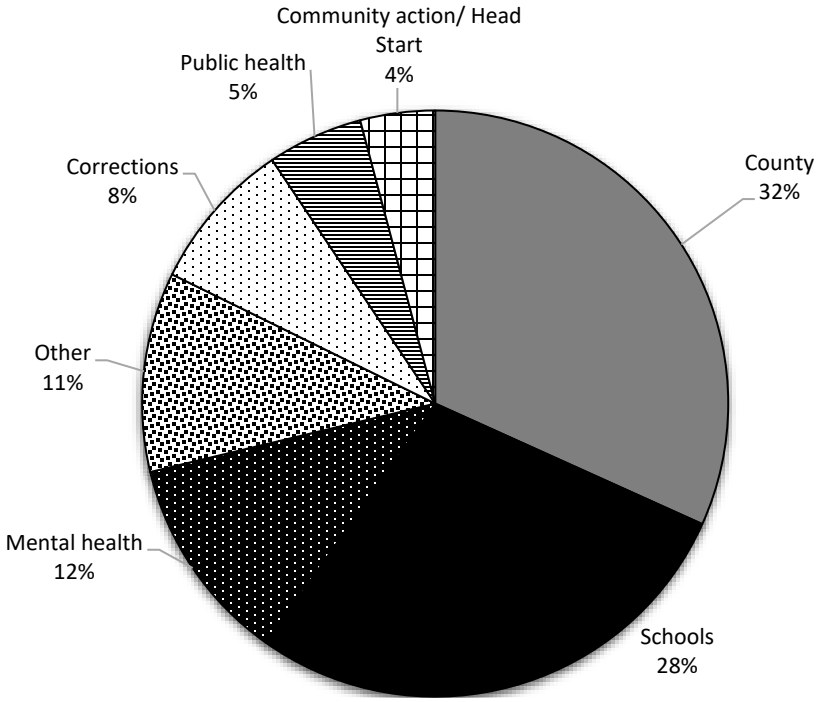
Item number	Partner contributors	Cash	Percentage of cash	In-kind	Percentage of in-kind	Total partner contribution	Percentage of total partner contribution
1	County	$1,391,859	33%	$1,308,415	31%	$2,700,274	32%
2	Schools	$1,014,269	24%	$1,369,772	32%	$2,384,041	28%
3	Mental health	$789,967	19%	$185,725	4%	$975,692	11%

4	Other	$181,345	4%	$755,602	18%	$936,947	11%
5	Corrections	$618,161	15%	$91,825	2%	$709,986	8%
6	Public health	$221,546	5%	$226,549	5%	$448,095	5%
7	Community action/ Head Start	$40,937	1%	$309,556	7%	$350,493	4%
8	Total	$4,258,084	100%	$4,247,444	100%	$8,505,528	100%

This table outlines the sources of partner contributions to the 2022 statewide Collaborative integrated fund.. The trend in this data indicates that the partners that contributed the highest amount of combined cash and in-kind resources to the 2022 Collaborative integrated fund were the counties, and the partners that contributed the least amount to the integrated fund were community action agencies/Head Start.

Figure 12: Percentage of total partner contribution to the 2022 Collaborative integrated fund

Percentage of partner contribution by entity to the 2022 Collaborative integrated fund
Total partner cash and in-kind contribution = $8.51 million
N = 90 Collaboratives



**Due to rounding, the Mental Health category is listed as 11% in Table 9, but 12% in Figure 12*

This figure (pie chart) shows the percentage of partner contributions (including in-kind and cash contributions) to the 2022 Collaborative integrated fund by entity. The trend in this data indicates that the highest amount of partner contribution came from counties, and the lowest amount of partner contributions came from community action/ Head Start in 2022.

Non-partner cash and in-kind contributions

In 2022, non-partner contributions comprised 4% of the statewide Collaborative integrated fund. Non-partner cash contributions included $691,745 in cash, and $591,788 in-kind contributions. Combined, these two categories totaled $1,283,533.

Non-partners included contributions from local businesses, foundations, fee-for-service and program fees, the Radiothon to End Child Abuse, faith-based organizations, and other donations.

Administrative spending

Table 10: Administrative spending from the 2022 Collaborative integrated fund

In 2022, Collaboratives spent a total of $2,320,342 on administrative spending. The three types of administrative spending included Collaborative administration, LCTS Time Study administration, and other administration.

Item Number	Type of Administration	Integrated fund (LCTS) spent in 2022	Integrated fund (non-LCTS) spent in 2022	Total integrated fund spent in 2022
1	Collaborative Administration	$953,437	$791,615	$1,745,052
2	LCTS Time Study Administration	$442,403	$10,703	$453,106
3	Other Administration	$38,707	$83,477	$122,184
4	Total	$1,434,547	$885,795	$2,320,342

This summary table provides an overview of Collaborative administrative spending in 2022. The trend in this data indicates that the greatest amount administrative costs were concentrated on Collaborative administration, and the least amount of administration costs fell into the “other administration” category.