

# Minnesota Collaboratives

## Strategic Framework

The Minnesota Legislature established [Children's Mental Health Collaboratives \(CMHCs\)](#) and [Family Services Collaboratives \(FSCs\)](#) in 1993 as innovative approaches to address the needs of children and youth who face complex problems involving them and their families with multiple service systems. There are currently 90 state-sanctioned Collaboratives serving communities across Minnesota. Collaboratives promote promising prevention and early intervention strategies through an expansive public health approach encompassing all developmental dimensions of well-being (cognitive, social, emotional/behavioral, physical, environmental, economic, spiritual, and educational/vocational).

Children's Mental Health and Family Services Collaboratives share similar goals of reducing gaps and barriers to accessing resources/services and assuring resources/services cut across traditional boundaries. However, they each have slightly different target populations, geographic areas of coverage, and purposes. Minnesota statute directs CMHCs to establish an integrated mental health service system to target the multisystem needs of children and youth with or at risk for mental health concerns and their families. Minnesota statute directs FSCs to focus on addressing health, educational, developmental, and family-related needs of all children and youth.

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

### **Mission**

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

### **Guiding Principles**

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

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

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

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

# Collaborative Priorities

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

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

### *Examples for how to meet this priority:*

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

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

### *Examples for how to meet this priority:*

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

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

### *Examples for how to meet this priority:*

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

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

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

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