A large, abstract graphic composed of several overlapping, curved, brush-stroke-like shapes in various shades of blue, ranging from light to dark. The shapes are positioned on the left and bottom edges of the page, framing the central text.

# Anoka County Children and Family Council

January 2025 Meeting

## 2 The Job

Family Services Collaboratives strive to:

- Improve outreach and early identification
- Coordinate assessments and services across agencies
- Integrate funding and resources

What initially began as a five year plan to reform and integrate services is still going strong in Minnesota.

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

- Identifying needs
- Creating or seeking 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
- Recruiting 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



## 1 How we came to be

The Minnesota Legislature established Children's Mental Health Care Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1999 as innovative approaches to address the needs of children and youth who face complex problems making them and their families with multiple service systems.

Collaborative provides support to local members through a range of services including: technical assistance, training, and information sharing.

Collaborative provides support to local members through a range of services including: technical assistance, training, and information sharing.

## 3 What Guides Us

Each local Collaborative is each designed and directed by an unique. Collaborative can be able to address various needs, and the requirements. However, each Collaborative address local needs, provide services to the most need, and help community, and provide employment.

Priority #1    Priority #2    Priority #3

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

Collaborative has been able to provide a continuum of care for children and youth at risk of developmental delays or conditions and improve their ability to succeed.

- Identifying and aligning services to identify children and youth at risk of developmental delays or conditions and improve their ability to succeed
- Identifying and aligning services to identify children and youth at risk of developmental delays or conditions and improve their ability to succeed
- Improving and increasing access to resources/services and helping families navigate service systems
- Recruiting 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

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 to support caregiver, youth, and community capacity to respond positively to stressful situations
- Increase stable family, wrap-around and/or community-based services and support

## 4 Partners

Mandatory partners include counties, school districts, public health, community action programs and Head Start. These partners work together to meet goals to address the health, educational, developmental and family-related needs of children and youth.

## 5 LCTS Funding 1997

What is it?    Spending

Quote: "Head Start provided that it could be used for..."

### LCTS by the Numbers

How many separate initiatives or programs that the ACFC supported over the years?

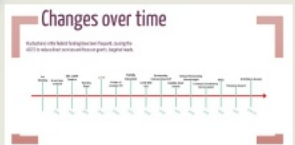
1997-1998	10
1998-1999	15
1999-2000	20
2000-2001	25
2001-2002	30
2002-2003	35
2003-2004	40
2004-2005	45
2005-2006	50
2006-2007	55
2007-2008	60
2008-2009	65
2009-2010	70
2010-2011	75
2011-2012	80
2012-2013	85
2013-2014	90
2014-2015	95
2015-2016	100
2016-2017	105
2017-2018	110
2018-2019	115
2019-2020	120
2020-2021	125
2021-2022	130
2022-2023	135
2023-2024	140
2024-2025	145

How much money has the ACFC disbursed through the years?

1997-1998	\$1,000,000
1998-1999	\$1,500,000
1999-2000	\$2,000,000
2000-2001	\$2,500,000
2001-2002	\$3,000,000
2002-2003	\$3,500,000
2003-2004	\$4,000,000
2004-2005	\$4,500,000
2005-2006	\$5,000,000
2006-2007	\$5,500,000
2007-2008	\$6,000,000
2008-2009	\$6,500,000
2009-2010	\$7,000,000
2010-2011	\$7,500,000
2011-2012	\$8,000,000
2012-2013	\$8,500,000
2013-2014	\$9,000,000
2014-2015	\$9,500,000
2015-2016	\$10,000,000
2016-2017	\$10,500,000
2017-2018	\$11,000,000
2018-2019	\$11,500,000
2019-2020	\$12,000,000
2020-2021	\$12,500,000
2021-2022	\$13,000,000
2022-2023	\$13,500,000
2023-2024	\$14,000,000
2024-2025	\$14,500,000

How many children's families had their first child and through Local Direct Care Funding?

1997-1998	1,000
1998-1999	1,500
1999-2000	2,000
2000-2001	2,500
2001-2002	3,000
2002-2003	3,500
2003-2004	4,000
2004-2005	4,500
2005-2006	5,000
2006-2007	5,500
2007-2008	6,000
2008-2009	6,500
2009-2010	7,000
2010-2011	7,500
2011-2012	8,000
2012-2013	8,500
2013-2014	9,000
2014-2015	9,500
2015-2016	10,000
2016-2017	10,500
2017-2018	11,000
2018-2019	11,500
2019-2020	12,000
2020-2021	12,500
2021-2022	13,000
2022-2023	13,500
2023-2024	14,000
2024-2025	14,500



Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific, community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen/volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.

# 1


## How we came to be

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.





Collaboratives promote prevention and early intervention strategies through an expansive public health approach encompassing all developmental dimensions of well-being (cognitive, social, emotional/behavioral, physical, environmental, economic, spiritual, and educational/vocational).




In 1993, the Minnesota State Legislature also provided \$8 million in funding to establish these local collaborative initiatives to better the lives of children and their families by encouraging the integration and reform of services.

Five-year grants were made available on a competitive basis as incentives for the development of “locally driven service delivery partnerships that help communities come together to improve results for Minnesota’s children and families” (MN Department of Children, Families and Learning, 1998).


Each Collaborative’s funding priorities were based on locally determined needs. While funding for Collaboratives was jump started by these state grants, contributions from collaborative partners, either “in-kind” or cash, were built into the planning as Integrated Service Funds.


Subtitle

In 1993, the Minnesota State Legislature also provided \$8 million in funding to establish these local collaborative initiatives to better the lives of children and their families by encouraging the integration and reform of services.




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Each Collaborative's funding priorities were based on locally determined needs. While funding for Collaboratives was jump started by these state grants, contributions from collaborative partners, either "in-kind" or cash, were built into the planning as Integrated Service Funds.



# 2 The Job

**Family Services Collaboratives strive to:**

- Improve outreach and early identification
- Coordinate assessments and services across agencies
- Integrate funding and resources.

**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.

What initially began as a five year plan to reform and integrate services is still going strong in Minnesota.



# 3

## What Guides Us

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

**Priority #1**

**Priority  
#2**

**Priority  
#3**

## **Priority 1: 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

## 2 The Job

Family Services Collaboratives strive to:

- Improve outreach and early identification
- Coordinate assessments and services across agencies
- Integrate funding and resources

What initially began as a five year plan to reform and integrate services is still going strong in Minnesota.



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

- Identifying needs
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- 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
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- Enhancing capacity by integrating funding and improving the flexibility, efficiency, and use of existing resources



## 1 How we came to be

The Minnesota Legislature established Children's Mental Health Care Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1997 as innovative approaches to address the needs of children and youth who face complex problems making them and their families with multiple service systems.



Collaborative provides support to local members through a range of services including: assessment, coordination of services, case management, and other services.

## 3 What Guides Us

Since each Collaborative is unique and diverse, they set an unique direction on an annual to current needs, and new resources. However, each Collaborative addresses local needs, provides services to the most need, and acts proactively, and proactively.

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

- Identifying needs
- Creating or seeking 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
- Recruiting 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

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 to support caregiver, youth, and community capacity to respond positively to stressful situations
- Increase stable family, wrap-around and/or community-based services and support

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

Goals to be met by the end of the year:

- Increase and integrate services to identify children and youth at risk of developmental delays or conditions and support them to reach milestones
- Identify and address barriers to early identification and support
- Engage parents and provide support to caregivers and the family

## 4 Partners

Mandatory partners include counties, school districts, public health, community action programs and Head Start. These partners work together to meet goals to address the health, educational, developmental and family-related needs of children and youth.

# Anoka County Children and Family Council

## January 2025 Meeting

All federal revenue received through the LCTS must be used to expand early intervention and prevention services for children and families. The GOALS of these services are:

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

## 5 LCTS Funding 1997

What is it? Spreading

“How many children had their best interests met through LCTS funding?”

**LCTS by the Numbers**

How many separate initiatives or programs in all the ACFCs supported over the years?	-50 -17 -28 -18 -33+
The H&A-ECF fiscal year for the ACFC, was in 2006. How much was it?	\$245,000
How much was it?	\$1,717,000
How much was it?	\$2,702,000

How many children had their best interests met through LCTS funding?	8,000
How many children had their best interests met through LCTS funding?	58,812
How many children had their best interests met through LCTS funding?	68,312



Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific, community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen/volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.

## **Priority 2: 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

## 2 The Job

Family Services Collaboratives strive to:

- Improve outreach and early identification
- Coordinate assessments and services across agencies
- Integrate funding and resources

What initially began as a five year plan to reform and integrate services is still going strong in Minnesota.



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

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- Improving and increasing access to resources/services and helping families navigate service systems
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- Enhancing capacity by integrating funding and improving the flexibility, efficiency, and use of existing resources



## 1 How we came to be

The Minnesota Legislature established Children's Mental Health Care Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1997 as innovative approaches to address the needs of children and youth who face complex problems making them and their families with multiple service systems.

Collaborative possibilities exist in many other areas. Changes brought on recently state laws have encouraged development of decentralized structures of services that are more community-based, people-driven, and more integrated.

## 3 What Guides Us

Since each Collaborative is unique and diverse, they set an unique direction on an shared common values, goals, and resources. However, each CA address address local needs, provide services to the most need, and help community, and provide employment.

Goals to be met in the future:

- Increase and integrate services to identify children and youth at risk of developmental delays or conditions and improve their early outcomes
- Identify and address issues and support youth on the continuum to succeed in their lives
- Engage parents and provide support to caregivers and the family

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

Goals to be met in the future:

- Increase and integrate services to identify children and youth at risk of developmental delays or conditions and improve their early outcomes
- Identify and address issues and support youth on the continuum to succeed in their lives
- Engage parents and provide support to caregivers and the family

It is understood that the authority to decide how LCTS funds are spent shall reside with each local Collaborative, with the State of Minnesota. The State shall not be able to take to Collaborative partners anything but support. This is a related effort to CO agreement with the State government.

The Collaborative has been the focus of the support of the State government and the State of Minnesota. LCTS funds shall be used to support the education, social health, or health related services to families and children publicly to Minnesota. Statute: Section 256E.03, sub 1(2)(b) version.

## 4 Partners

Mandatory partners include counties, school districts, public health, community action programs and Head Start. These partners work together to meet goals to address the health, educational, developmental and family-related needs of children and youth.

Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific, community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen/volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.



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 to support caregiver, youth, and community capacity to respond positively to stressful situations
- Increase stable family, wrap-around and/or community-based services and support

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

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- Increase outreach and education on trauma, ACEs, toxic stress, brain development, and social determinants of well-being
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- Increase stable family, wrap-around and/or community-based services and support

All federal revenue received through the LCTS must be used to expand early intervention and prevention services for children and families. The GOALS of these services are:

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

## 5 LCTS Funding 1997

What is it? Spreading

Quote: "How many children had their best interests met through LCTS funding?"

**LCTS by the Numbers**

How many separate initiatives or programs in all the ACCTC supported over the years?	-10 -17 -20 -25 -33+
The H&A-ECF fiscal year for the ACCTC, was in 2006. How much was it?	\$3,663,000
How many Professional and Family based and Parental Support Programs & Programs (COPICs) were funded?	700
How many Professional and Family based and Parental Support Programs & Programs (COPICs) were funded?	5000

How much money has the ACCTC disbursed through the State of Minnesota?	\$4,000,000
How many children had their best interests met through LCTS funding?	55,812

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# **Priority 3: Strengthen Resilience & Protective Factors of Families, Schools & Communities**

Examples of ways 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 support

## 2 The Job

Family Services Collaboratives strive to:

- Improve outreach and early identification
- Coordinate assessments and services across agencies
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## 1 How we came to be

The Minnesota Legislature established Children's Mental Health Care Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1997 as innovative approaches to address the needs of children and youth who face complex problems making them and their families with multiple service systems.



Collaborative partnerships are the key to successful change. Broad and varied stakeholder representation and development of shared goals are key to successful collaborative efforts.

## 3 What Guides Us

Since each Collaborative is unique and diverse, they set an unique direction on an shared common values, goals, and vision. However, each CA address address local needs, provide services to the most need, and help community, and provide employment.

Goals to be met by the year 2025:

- Increase and improve services to children and youth at risk of developmental delays or conditions and improve their early identification
- Identify and address issues and support youth and their families to succeed in their lives
- Engage parents and provide support to students and their families

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

Goals to be met by the year 2025:

- Increase and improve services to children and youth at risk of developmental delays or conditions and improve their early identification
- Identify and address issues and support youth and their families to succeed in their lives
- Engage parents and provide support to students and their families

It is understood that the authority to decide how LCTS funds are spent shall reside with each local Collaborative, with the State of Minnesota. The State shall not be deemed to have approved any program or project of any local Collaborative. This is a federal grant agreement with the State of Minnesota. The Collaborative shall have the right to be used for the purpose of only information and education. Family Services Collaboratives, LCTS funds shall be used to expand opportunities for education, social health or health related services to families and children publicly to Minnesota. Statute: Section 256E.33, sub 1(2)(b) 2008.

## 4 Partners

Mandatory partners include counties, school districts, public health, community action programs and Head Start. These partners work together to meet goals to address the health, educational, developmental and family-related needs of children and youth.

Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific, community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen/volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.



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 to support caregiver, youth, and community capacity to respond positively to stressful situations
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- Prevention of out-of-home placement
- Enhancement of family support and children's physical and mental health services
- Development of a seamless system of services
- Strengthening of local community-based collaborative efforts

## 5 LCTS Funding 1997

What is it? Spreading

Quote: "How many children had their best interests met through LCTS funding?"

LCTS by the Numbers

How many separate initiatives or programs in all the ACCTC supported over the years?	-10 -17 -20 -25 -33+
The H&A-ECF fiscal year for the ACCTC, was in 2006. How much was it?	\$3,663,000
How many Professional and Family based and Parent and Family Support (P&F) programs in all the ACCTC?	700
How many Professional and Family based and Parent and Family Support (P&F) programs in all the ACCTC?	5000

How much money has the ACCTC disbursed through its fiscal year?	\$4,000,000
How many children had their best interests met through LCTS funding?	58,812

How many children had their best interests met through LCTS funding?	58,812
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# 4

# Partners

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Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.

## 2 The Job

Family Services Collaboratives strive to:

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- Identifying needs
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  - Recruiting and aligning child-serving systems to ensure a continuum of care, and
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Collaborative provides support to local members through a range of services including: technical assistance, training, and information sharing. Collaborative also provides support to local members through a range of services including: technical assistance, training, and information sharing.

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Priority #1    Priority #2    Priority #3

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 to support caregiver, youth, and community capacity to respond positively to stressful situations
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Priority: Support Healthy Growth & Social Emotional Development of Children, Youth & Young Adults

Goals to be met by the end of the year:

- § Increase and integrate services to identify children and youth at risk of developmental delays or conditions and support them to reach milestones
- § Identify and address barriers and support youth on the pathway to success in their lives
- § Support assessment patterns and provide support to students and their families

# Anoka County Children and Family Council

## January 2025 Meeting

## 4 Partners

Mandatory partners include counties, school districts, public health, community action programs and Head Start. These partners work together to meet goals to address the health, educational, developmental and family-related needs of children and youth.

All federal revenue received through the LCTS must be used to expand early intervention and prevention services for children and families. The GOALS of these services are:

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

## 5 LCTS Funding 1997

What is it?    Spreading

Quote box containing text: "How many children..."

### LCTS by the Numbers

How many separate initiatives or programs that the ACFC supported over the years?	-10-17	-20-25	-30-35
The H&A-ECF fiscal year for the ACFC, was in 2006. How much was it?	\$3,663,000	\$5,717,000	\$2,702,000
How many Professional and Family based attached Mental Health Inquiries & Referrals (MIRs) were received?	700	5000	9000

How much money has the ACFC obtained through State and Federal funding?	\$4,000,000	\$8,000,000	\$16,000,000
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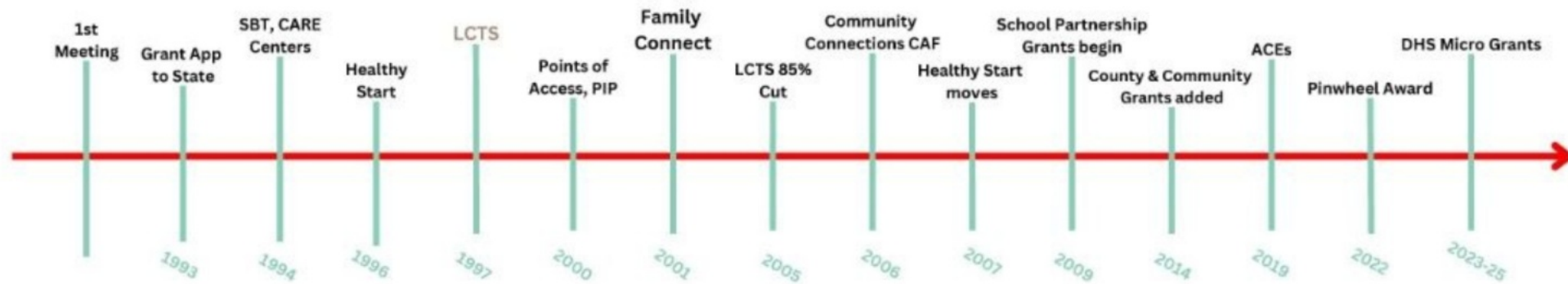
How many children and families had their best interests met through Local Direct Care Funding?	8,000	15,000	22,000
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Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific, community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen/volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.

# Changes over time

Fluctuations in the federal funding have been frequent, causing the ACCFC to reduce direct services and focus on grants, targeted needs.



# 5

## LCTS Funding

1997



**What is it?**



**Spending**

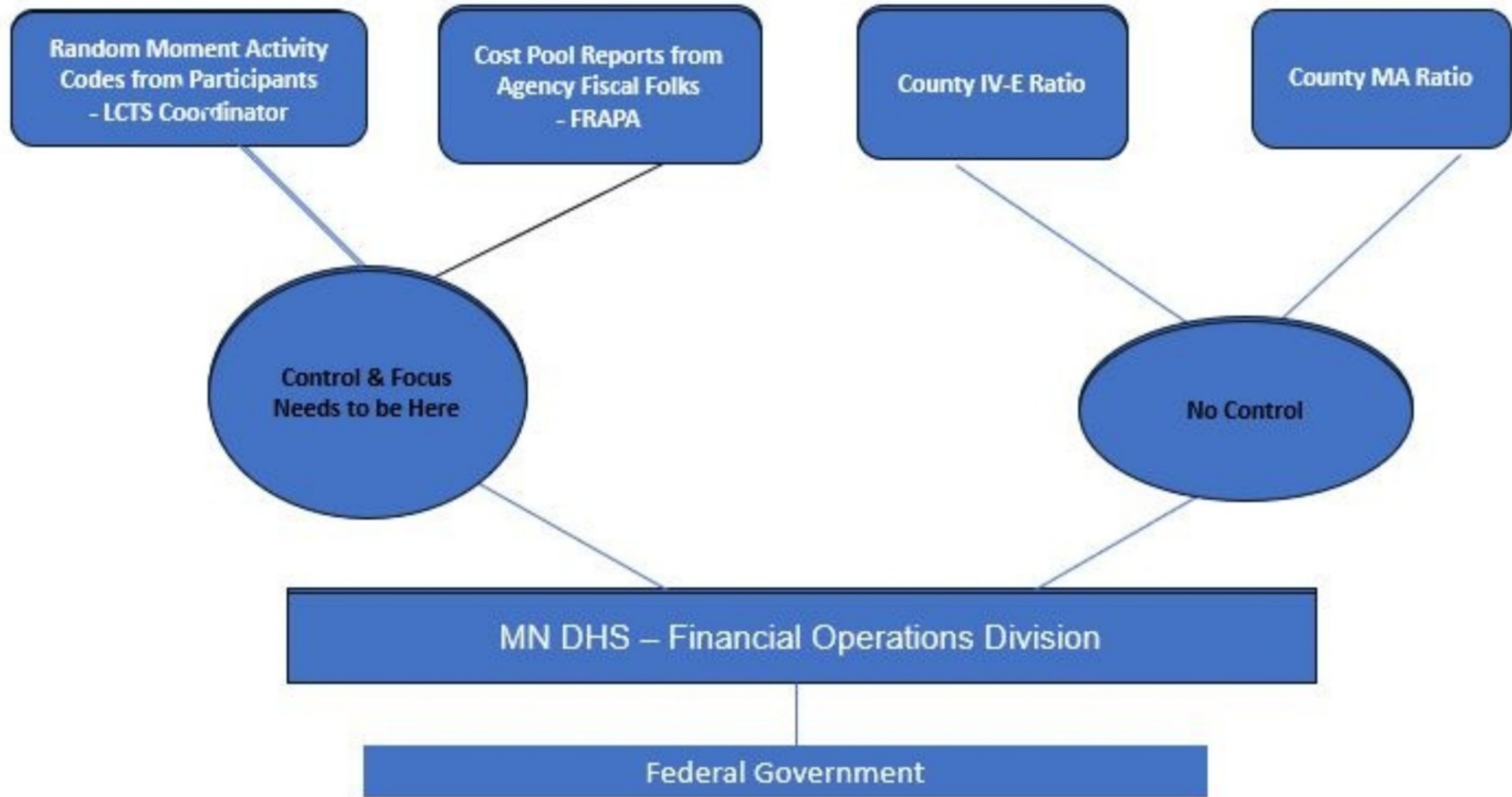
The LCTS accesses federal entitlement funds through two sections of the Social Security Act; Medical Assistance through Title XIX and Foster Care and Adoption Assistance through Title IV-E.

Public Health, County or Community Corrections and School Districts who are members of an approved Children's Mental Health & Family Services Collaborative participate and earn federal dollars for a collaborative.

Random Moments document time spent by staff on various work activities at randomly selected dates and times each quarter.

At the time of the random moment, each staff person on the LCTS will choose an activity code to represent what best describes the activity they were performing at that date and precise time

# LCTS - Claiming Flow



## 2 The Job

Family Services Collaboratives strive to:

- Improve outreach and early identification
- Coordinate assessments and services across agencies
- Integrate funding and resources

What initially began as a five year plan to reform and integrate services is still going strong in Minnesota.



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

- Identifying needs
- Creating or seeking 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
- Recruiting 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



## 1 How we came to be

The Minnesota Legislature established Children's Mental Health Care Collaboratives (CMHCs) and Family Services Collaboratives (FSCs) in 1997 as innovative approaches to address the needs of children and youth who face complex problems making them and their families with multiple service systems.



Collaborative provides support to local members through a range of services including: technical assistance, training, and peer support.

## 3 What Guides Us

Since each Collaborative is unique and diverse, they set an unique direction on an annual to current needs, needs, and resources. However, each Collaborative addresses local needs, provides services to the most need, and acts proactively, and proactively.

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

Goals to be met by the end of the year:

- Increase and improve services to children and youth at risk of developmental delays or conditions and improve their social-emotional
- Identify and address barriers and support youth in their substance to success in their lives
- Engage parents and provide support to caregivers and the family

## 4 Partners

Mandatory partners include counties, school districts, public health, community action programs and Head Start. These partners work together to meet goals to address the health, educational, developmental and family-related needs of children and youth.

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 support caregiver, youth, and community capacity to respond positively to stressful situations
- Increase stable family, wrap-around and/or community-based services and support

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All federal revenue received through the LCTS must be used to expand early intervention and prevention services for children and families. The GOALS of these services are:

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

# Anoka County Children and Family Council

## January 2025 Meeting

## 5 LCTS Funding 1997

What is it? Spreading

Quote: "How many children had their best interests met through LCTS funding?"

**LCTS by the Numbers**

How many separate initiatives or programs in the ACFC?	10
How much was requested over the year?	\$1,171,000
How much was approved?	\$2,700,000
How many Professional and Family based and Parental Support Services (PSS) were funded?	100
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How much money has the ACFC disbursed through LCTS funding?	\$1,171,000
How many children had their best interests met through LCTS funding?	100

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How many children had their best interests met through LCTS funding?	100



Collaboratives are expected to have broad community representation, which may include other local providers, including additional school districts, counties, and public health entities, other municipalities, public libraries, existing culturally specific, community organizations, tribal entities, local health organizations, private and nonprofit service providers, child care providers, local foundations, community-based service groups, businesses, local transit authorities or other transportation providers, community action agencies under section 256E.31, senior citizen/volunteer organizations, parent organizations, parents, and sectarian organizations that provide nonsectarian services.

It is understood that the authority to decide how LCTS funds are spent shall reside with each local Collaborative's governing board.

Earnings from the Local Collaborative Time Study must not be distributed back to Collaborative partners according to who earned it. This is a violation of the LCTS agreement with the federal government.

The Collaborative decides how the funds will be spent for expansion of early intervention and prevention.

Family Services Collaboratives, LCTS funds shall be used to expand expenditures for education, social, health, or health-related services to families and children pursuant to Minnesota Statutes, Section 256F.13, subd.(1)(b)(3).service

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

Goals to be met by the year 2025:

- Increase and improve services to children and youth at risk of developmental delays or conditions and improve their social skills
- Identify and address barriers and support youth in their substance to success in their lives
- Support employment and provide access to resources and life skills

It is understood that the authority to decide how LCTS funds are spent shall reside with each local Collaborative, and not the State.

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

Goals to be met by the year 2025:

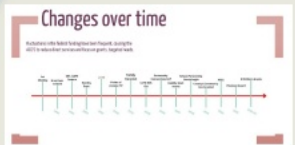
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## 5 LCTS Funding 1997

What is it? Spreading

Quote: "How many children had their best weeks and through Local Direct Care Funding."

ACFC by the Numbers

The 1997-2000 period saw the ACFC, with a 2004 program that was \$1,717,000 supported over the years:

- 10-17
- 18-25
- 26-33

How much money has the ACFC disbursed through Local Direct Care Funding?

1997	14,000
1998	24,000
1999	24,000
2000	24,000
2001	24,000
2002	24,000
2003	24,000
2004	24,000
2005	24,000
2006	24,000
2007	24,000
2008	24,000
2009	24,000
2010	24,000
2011	24,000
2012	24,000
2013	24,000
2014	24,000
2015	24,000
2016	24,000
2017	24,000
2018	24,000
2019	24,000
2020	24,000
2021	24,000
2022	24,000
2023	24,000
2024	24,000
2025	24,000

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2016	24,000
2017	24,000
2018	24,000
2019	24,000
2020	24,000
2021	24,000
2022	24,000
2023	24,000
2024	24,000
2025	24,000

# Anoka County Children and Family Council

## January 2025 Meeting

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## ACCFC By the Numbers

How many separate initiatives or programs has the ACCFC supported over the years?

- 10-17
- 18-32
- 33+

The HIGHEST revenue year for the ACCFC was in 2004. How much was it?

- \$303,167
- \$1,717,030
- \$2,767,103

How many Professional and Families have attended (Mental Health, Immigrant & Refugee, CRC/ACEs combined) CAF trainings/resource events since they began:

- 766
- 5666
- 9066

How much money has the ACCFC dispersed towards Sponsorships:

- 150,000
- 400,000
- 25,000,000

How many students/families had their basic needs met through School District Site Funding:

- 8,005
- 55,803
- 68,352

Since 2012, the over  
34 separate RFPs  
awarded impacted  
HOW many students/  
families directly:

-24,939

-44,939

-104,939

Between 2002-2023, how  
many individual students/  
families have been directly  
served using ACCFC  
programs/funds:

-34,114

-134,114

-334,114

**What's Next?**