

Children's Defense Fund Minnesota Zero to Three: Research to Policy

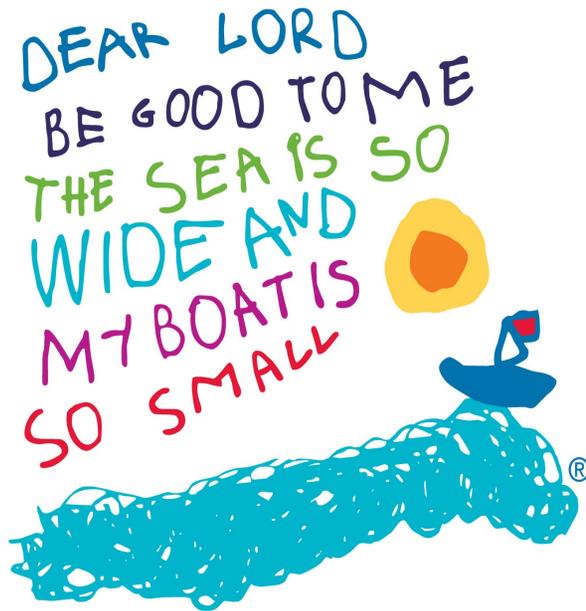
Statewide ECI Coordinators' Meeting

March 23, 2012

Marcie Jefferys



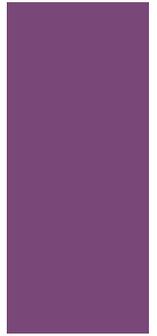
Children's Defense Fund-Minnesota



Children's Defense Fund

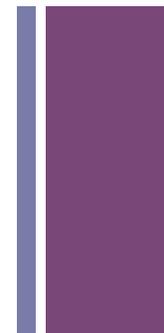
MINNESOTA

- An independent voice for all Minnesota children
 - Private, non-profit organization
 - No public funds
- Research, outreach, youth development and advocacy
 - KIDS COUNT
 - Freedom Schools
 - Beat the Odds
 - Bridge to Benefits



+ Maternal Depression and Early Childhood

- ... the best available evidence suggest[s] that perinatal depression, whether major or minor depression, is a very common complication of pregnancy. Furthermore, and arguably more important, after labor and delivery this dramatically common complication, rather than primarily affecting one individual, now directly affects two: mother and child.⁹—
 - RTI-University of North Carolina Evidence-Based Practice Center

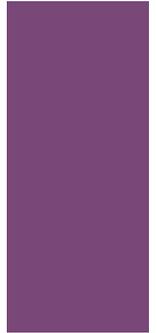


+ Maternal Depression Increases Risks Throughout Childhood

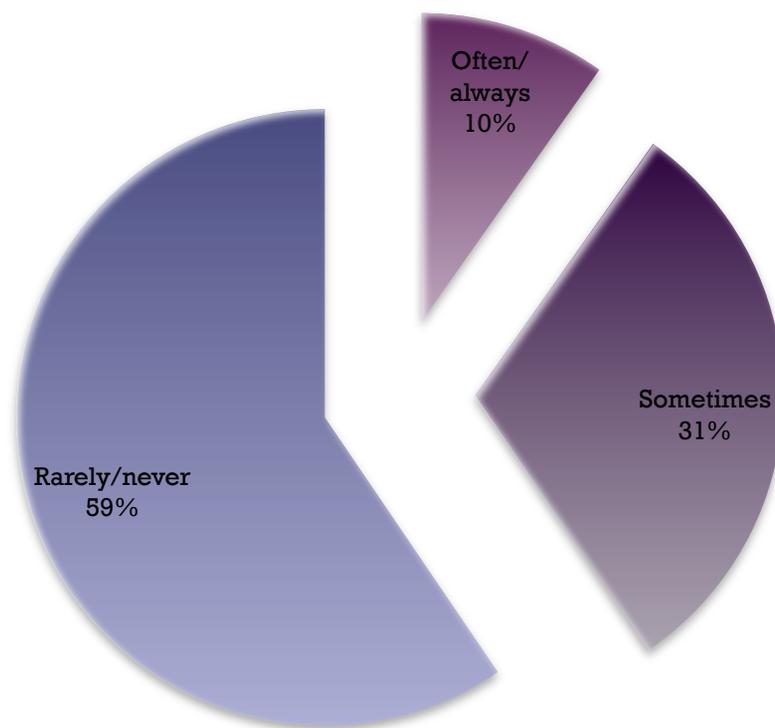
Newborn	Infancy	Toddlerhood	Later Childhood	Adolescence
Low birth weight Preterm birth complications	Difficulty self-soothing Impaired parent-child attachment	Behavior problems Emotional problems Delayed development of language	Learning difficulties Conduct disorders Vulnerability to depression	Depression Anxiety disorders Substance abuse Learning disorders

+ Minnesota

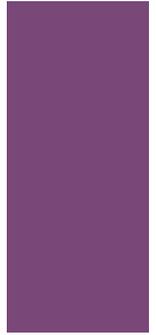
- 10% of new mothers report serious depressive symptoms first year after their child's birth (PRAMS, 2008)
 - 22,000 mothers, infants and toddlers
 - Fathers and child care providers as well



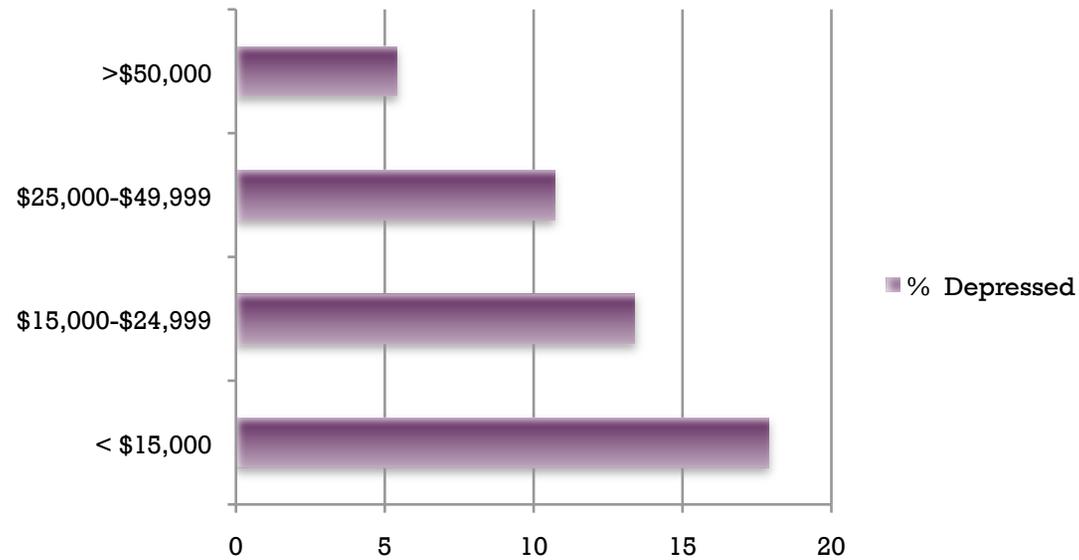
+ Minnesota: New Mothers Reporting Depressive Symptoms (2008)



+ Minnesota: PPD Rates Differ by Income



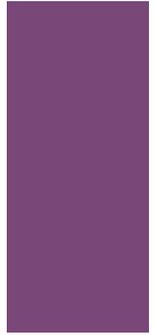
**Postpartum Depression by Income
Minnesota 2008**



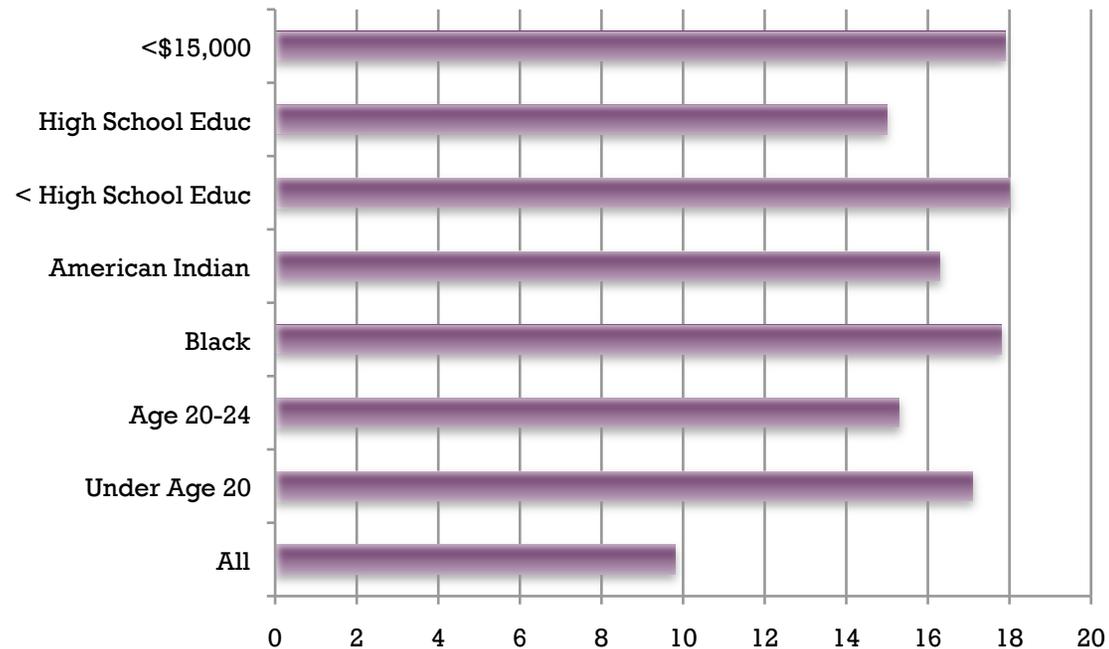
+ National Studies & State Data

- Low income, women of color, and women with less education twice as likely to report depressive symptoms
 - MN: Women with incomes below \$15,000 3X rate of over \$50,000
 - MN: Women with less than high school education almost 5X rate of women with college education

+ Minnesota: Some Groups Experience PPD at Higher Rates



Demographic Groups Reporting Highest Rates of PPD

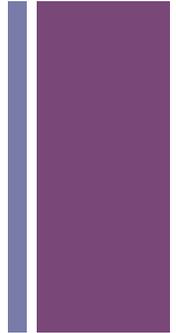


+ High-Risk Families Are Often in Public Systems

- 47 % of MFIP families in 2010 had a caregiver diagnosed with a serious mental health condition in prior three years
 - One-fourth of children in MFIP families are less than three years old
- 53% of the caregivers in child-only cases receiving SSI had a serious mental health disorder diagnosis
 - One-third of children receiving MFIP are in child-only cases

+ Many High Risk Children in Public Systems

- Almost half of 71,000 children receiving MFIP are age five or younger (DHS)
 - Nearly two-thirds of young children screened in MFIP pilot project scored positive for delays
- 46% of parents of young children in the Child Welfare system (NSCAW)
 - 28% of children reported for neglect are age two or younger (DHS)

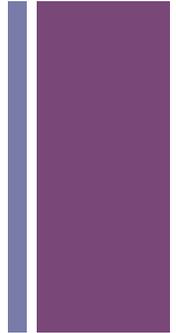


+ Economic Implications

- One-fourth of the state budget has its roots in early childhood
 - Special education, public safety, welfare, county social services, MA basic health care for families
- Another almost one-fifth is spent on long term and basic health care for people with disabilities & the elderly
- Investment in early childhood (child care, ECFE, Head Start etc) less than 2% of the state budget
- \$23,000 per unaddressed mother annual cost to state and economy (Wilder Research, 2010)

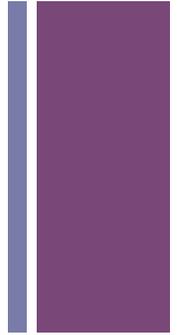
+ Components of an Effective Response

- Early screening and referral for mothers and children
- Two-generation focused approach
- Economic security & social supports
- Broadly shared vision & clear points of public responsibility and authority
- Public awareness



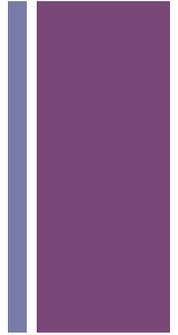


Minnesota Infrastructure



- Progressive policies regarding screening and parent awareness
- Effective, knowledgeable and committed professionals at all levels
- Successful pilot projects and local programs with documented effectiveness
- Innovative communities and providers
- Professionals educating and supporting their colleagues
- Internationally recognized university researchers
- Foundation & policymaker interest

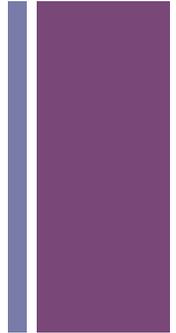
+ Challenges



- Effective pilots have not been brought to scale; other programs are severely underfunded
- Many programs are not consistently administered or implemented
- Programs are often uncoordinated at the delivery and administrative levels
- Disparities in services and outcomes
- Family well-being data unavailable & not part of the public policy debate.

+ Challenges con't

- State policies do not take maximum advantage of cost-effective targeting opportunities for prevention and early intervention efforts.
- Federal funds are not fully utilized.
- Some policies contribute to the development or maintenance of depression.
- Public still largely unaware of the importance of early childhood and the impact of caregivers' mental health.
- Most programs & policies lack a two-generation perspective.
 - DHS survey found high rates of removal of children from parents with serious mental illness.



+ II. CDF-MN 2012 Legislative agenda

- HF 1202/SF 1165: referrals to Part C assessment required for infants and toddlers reported for abuse or neglect
- HF 1203/SF XXXX: Increase attention to child well-being in child welfare through study of better information
- HF/SF: Visible Child Act: Part C for infants and toddlers who are homeless or formerly homeless; requires a statewide strategic plan to end child homelessness and improve well-being of homeless children
- HF/SF: Family Economic Security: Improve family financial stability by increasing the state minimum wage; fully fund and expand CCAP eligibility, create state child tax credit

+ Legislative agenda-continued

- **HF/SF Maternal Depression/Early Childhood Comprehensive Act:**
 - **Article 1: Health Care:**
 - Extends MA PPD 2 years for mother & child; funds increased outreach to uninsured; includes WIC sites for PPD awareness; adds families with maternal depression to those targeted for family home visiting; requires practice standards for home visiting that include maternal depression screening, etc; requires DHS provide technical assistance to providers to improve screening and referral rates, and monitor results including school readiness; adds parenting to ARHMS

+ Legislative Agenda—con't

- **HF/SF Maternal Depression/Early Childhood Comprehensive Act:**
 - **Article 2: Early Childhood Services, Planning and Monitoring**
 - Requires relevant health boards receive mat dep/EC-related info; adds children with parents with serious MI to Part C referrals; increases funding for Early Head Start/Head Start with required staff training; requires jointly developed plan (MDH, DHS, MDE) to reduce prevalence and potential impact on children, if unaddressed (based on multi-sector, multidisciplinary task force), including information on services by race, geography and income with follow-up biennial reports; CMH responsible for joint performance measures; appropriates funds for mental health consultation in child care settings

+ Legislative agenda—con't

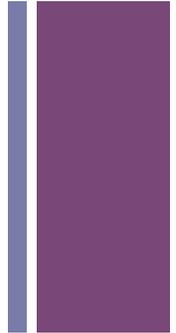
- **HF/SF Maternal Depression/Early Childhood Comprehensive Act: Article 3: Child Care & Family Support Services**
 - Allows families to receive up to 12 months CCAP if obtaining mental health treatment; allows families with a temporary break in employment to retain CCAP for 3 months; allows families in MFIP/FSS or MFIP child-only cases to receive 12 hours of CCAP/week if the primary caregiver has serious MI and exempt from the work requirement; allows providers to be reimbursed for additional absent days if parent is receiving mental health services; funds school readiness connections and FSS to help families access mental health & other services; establishes a task force to review the adequacy of state policies to support low income families, including ROI of early intervention within state workforce needs; repeals the MFIP family cap.
- **HF/SF: Targeted Mat Dep/EC Initiative**

+ Non Legislative Strategies: Examples

- Support public awareness campaign regarding impact of family mental health on child development
- Integrate maternal depression into general depression screening in clinics
- Strategic state plan
- More TA for providers regarding screening and referral practice
- Change practice so providers inquire about adults' parenting status and the well-being of their children
- Increase professional associations and providers group efforts to educate their members

+ Current Activities

- Promoting agenda through presentations, website, social media etc.
- Developing non-traditional voices and others to support issues
- Working with administration on shared goals and approaches
- Continuing individual legislative meetings with PCAMN partners re child welfare issues
- Ongoing advocacy at the Capitol



+ MN's future doctors, teachers and job creators at the Capitol





Contact Info

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