Children’s Defense Fund Minnesota
Zero to Three: Research to Policy Update
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Children’s Defense Fund-Minnesota

- An independent voice for all Minnesota children
- Private, non-profit organization
- No public funds
- Non partisan

- Research, outreach, youth development and advocacy
  - KIDS COUNT
  - Freedom Schools
  - Beat the Odds
  - Bridge to Benefits
Great Start Meeting
February 2012 Update

I. MFIP Report Findings

II. CDF-MN Legislative Agenda
MFIP Report Findings

- **Context**
  - Labor force growth in MN will be negative for next decade; slower than the US average
  - MN child poverty grew 62% 2000-2010 to 15%

- Seven out of ten receiving MFIP are children
  - 71,000 children in December 2010
  - One-third of MFIP children are child-only cases
  - Almost half of the children in families receiving MFIP are age five or younger
- MFIP keeps children from destitution, but they remain poor and are often pushed deeper into poverty by current policies.
  - Average monthly payment is $357/family.
  - No COLA since 1986.
  - Family cap since 2003 freezes payment for families with newborns.
    - MFIP standard is $532 for a family of 3
      - 35% of FPL.
    - Payment frozen for a family of 4 with a newborn
      - 29% of FPL
    - Additional financial sanctions for parental noncompliance
Many MFIP children are in families experiencing additional challenges that puts them at risk.

- 47% parents or guardians in families have a mental health diagnosis within the prior 3 years.
- 37% parents or guardians diagnosed with a chemical dependency in the prior 3 years.
- 53% of parents or guardians receiving SSI in child-only cases have a serious mental health diagnosis.
- 18% of MFIP families involved in child protection in prior three years.
Limited available data about MFIP children indicate that their circumstances are increasing their risk but few are participating in early childhood programs.

- 35% in special education (3 X rate of all children)
- One-third in a longitudinal study had a mental health diagnosis
- Nearly two-thirds of young children in a pilot project screened positive for potential developmental delays
- Head Start data (which may undercount MFIP children) show small proportion are MFIP:
  - One in eight Head Start
  - One in four Early Head Start
- No data re Part C/Help Me Grow
- Only 40% of families with a child 6 or under use CCAP
Federal law and MFIP statutes focus almost exclusively on adults; child well-being issues related primarily to parents’ employment.

Federal and state reports reflect lack of attention to children

- Child disability may exempt parent working; no follow-up required
- No requirements or county measures related to child well-being; school achievement etc unknown
- No provisions to ensure parents can follow through on information re early childhood health and screening

- Child care assistance tied to parents’ employment
  - Child-only ineligible
  - Care may be interrupted according to parents’ schedules
A few pilot projects specifically oriented to children receiving MIFP have shown positive results.

- Original MFIP pilot at 140% FPL
- School Readiness Connections
- MFIP Children’s mental health pilot

Additionally, a large body of early childhood research shows the effectiveness of an holistic approach to improving child outcomes for at-risk children.
MFIP Report Recommendations

- Seek the input of parents
- Increase attention to children in MFIP families through improved data collection
- Improve the state’s data reporting capacity to answer questions about children’s success to current services and outcomes
- Use the child behavior assessment in the MFIP Employability Measure with parents to identify potential early childhood issues
- Provide training and professional development opportunities for front-line county workers on the impact of adverse childhood experiences and resources
MFIP Report Recommendations (continued)

- Review MFIP cash assistance and related policies
- Conduct an analysis of the state’s current service capacity
- Revisit the January 2010 Child Care Advisory Task Force report
- Reconsider child care policies that make it difficult for the most at risk children to access regular early learning experiences
- Expand efforts to improve low-income workers’ wages
- Adopt workplace policies that support parents
II. CDF-MN 2012 Legislative agenda

- HF 1202/SF 1165: referrals to Part C assessment required for infants and toddlers reported for maltreatment

- HF 1203/SF XXXX: Increase attention to child well-being in child welfare through study of data linking

- 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:** Extends MA PPD 2 years for mother & child; funds increased outreach to uninsured; requires jointly prepared strategic plan by MDH, DHS and MDE; Add parenting to ARHMS; increases outreach grants; adds children with parents with serious MI to Part C referrals; requires relevant health boards to educate practitioners re mat dep/EC; funds child care mental health consultation, increases EHS funds and requires training of staff; provides CCP for up to 6 months/one year of parent unable to work and seeking MH treatment; allows MFIP families (including child-only) to receive up to 12 hours/week CCAP if exempt from work requirement due to MI; funds School Readiness and FSS to help families access MH services; establishes task force to review policies affecting low income families within state workforce needs
  - Limited bill (e.g., WIC outreach, plan, ARHMS)
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
- Next reports: Homeless infants and toddlers; young children in the child welfare system
MN’s future doctors, teachers and job creators at the Capitol
For more information

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