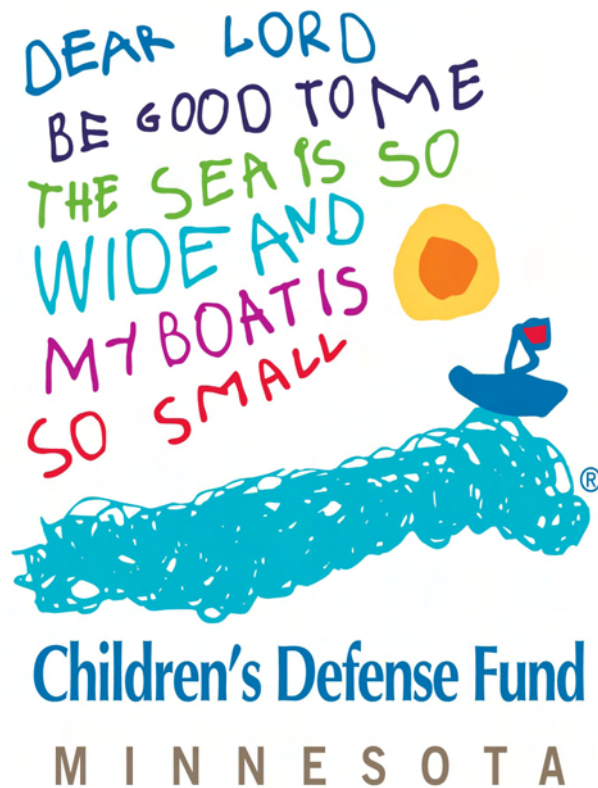


**Children's Defense Fund Minnesota
Zero to Three: Research to Policy
Update**

**Marcie Jefferys
February 8, 2012**

+ 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

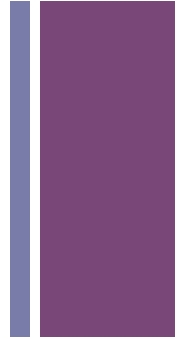
+ Great Start Meeting
February 2012 Update



■ I. MFIP Report Findings

■ II. CDF-MN Legislative Agenda

+ MFIP Report Findings



■ Context

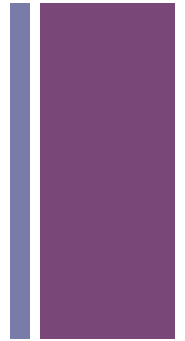
- Labor force growth in MN will be negative for next decade; slower than the US average
- MN child poverty grew 62% 2000-2010 to 15%

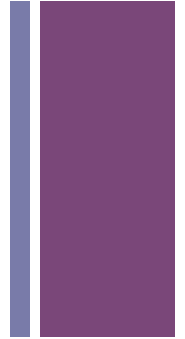
■ Seven out of ten receiving MFIP are children

- 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

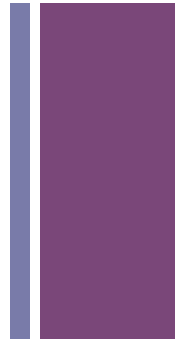




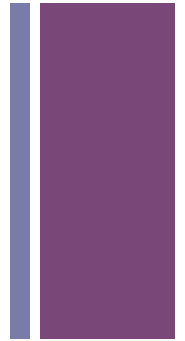
- Many MFIP children are in families experiencing additional challenges that puts them at risk.
 - 47% parents or guardians in families have a mental health diagnosis within the prior 3 years.
 - 37% parents or guardians diagnosed with a chemical dependency in the prior 3 years.
 - 53% of parents or 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.

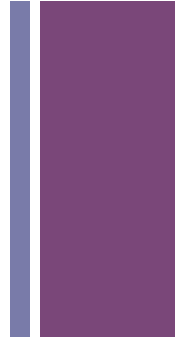
+ ■ Limited available data about MFIP children indicate that their circumstances are increasing their risk but few are participating in early childhood programs.

- 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



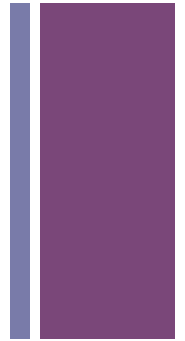


- A few pilot projects specifically oriented to children receiving MIFP have shown positive results.
 - Original MFIP pilot at 140% FPL
 - School Readiness Connections
 - MFIP Children's mental health pilot

- 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

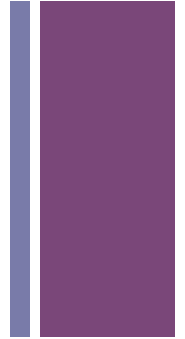
+ II. CDF-MN 2012 Legislative agenda

- 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

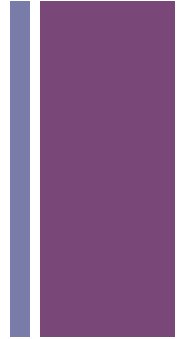


- Promoting agenda through presentations, website, social media etc.
- Developing non-traditional voices and others to support issues
- Working with administration on shared goals and approaches
- Continuing individual legislative meetings with PCAMN partners re child welfare issues
- Ongoing advocacy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