



MINNESOTA KIDS COUNT 2019:

# Navigating Systems for Children's Well-being



children's  
defense fund  
minnesota

# Minnesota KIDS COUNT is a Project of Children's Defense Fund–Minnesota

## About Children's Defense Fund

The Children's Defense Fund (CDF) Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start*, and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities. CDF provides a strong, effective, and independent voice for all the children of America who cannot vote, lobby, or speak for themselves. We pay particular attention to the needs of poor children, children of color, and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, drop out of school, get into trouble, or suffer family breakdown. CDF began in 1973 and is a private, nonprofit organization supported by individual donations and foundation, corporate, and government grants.

## What is KIDS COUNT?

KIDS COUNT, a project of the Annie E. Casey Foundation, is a national and state-by-state effort to track the status of children in the United States. By providing policymakers and citizens with benchmarks of child well-being, KIDS COUNT seeks to enrich local, state, and national discussions concerning ways to secure better futures for all children.

As the Minnesota KIDS COUNT grantee, Children's Defense Fund-Minnesota (CDF-MN) releases periodic reports and an annual data book regarding the well-being of children and families in Minnesota. Please visit our website at [www.cdf-mn.org](http://www.cdf-mn.org) to locate the electronic copy of this data book.

We thank the Annie E. Casey Foundation for its support but acknowledge that the findings and conclusions presented in this book are those of CDF-MN and do not necessarily represent the opinions of the foundation. Any or all portions of this data book may be reproduced without prior permission, provided the source is cited. Questions about the contents of this book may be directed to Jennifer Bertram at [jbertram@childrensdefense.org](mailto:jbertram@childrensdefense.org) or 651-855-1172.

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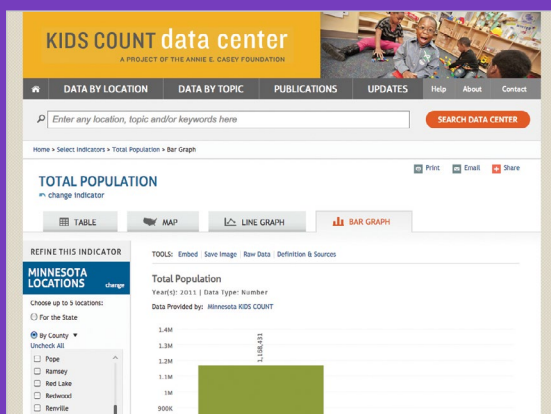
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# Sparking Conversations, Ideas and Change: The KIDS COUNT Data Center

The KIDS COUNT Data Center provides one comprehensive website of national, state, county, and city information to help community members stay up-to-date on key trends in child well-being. The website contains hundreds of indicators and allows users to:

- Create custom reports for a specific county or state;
- Compare and rank data for different states and counties; and
- Design graphics like maps and trend lines to use in presentations and publications, including websites or blogs.



The KIDS COUNT Data Center provides state- and county-level data for all 87 counties in Minnesota. These data are collected by KIDS COUNT grantees (including CDF-MN) for use in their data books and other publications. All county-level data that were previously published in the Minnesota KIDS COUNT Data Book are available through the interactive KIDS COUNT Data Center website—[datacenter.kidscount.org](http://datacenter.kidscount.org).

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# Letter from CDF-MN

**WHEN OUR SYSTEMS PROVIDE OPPORTUNITIES THAT MEET THE NEEDS OF EVERY CHILD,** the investment pays off in the form of a well-educated, healthy future workforce that can adapt to a rapidly changing economy and ensure the continued prosperity of Minnesota's communities. Raising engaged children from birth to adulthood is the collective work each of us holds, and it requires the support of our communities and public systems to ensure that all children are given a chance to thrive. As Minnesota's population continues to diversify by race and ethnicity, the systems that serve our state's children and families must be able to adapt to ensure our state leaves no community behind. Ensuring that our public programs are adequately funded and designed to support our children's diverse needs now will help sustain the next generation of workers.

Every 10 years, a census is taken to assess the number of individuals living in the United States. The systems that fund essential programs and services for our residents use the outcome of this point-in-time record of people to determine funding levels for the multitude of programs that serve our children and families. It is known that children under age 5 represent the largest category of undercounted age groups.<sup>1</sup> The risk of an undercount for young children is especially troubling as decisions for funding schools, health care, and a number of economic support programs that benefit children use census data for the 10 years following a census count, which equates to a significant proportion of a child's developing years. If the number of children missed in a geographic area during a census count is substantial, the consequences can be dramatic, with shortfalls in funding leaving many children without access to the quality of life that children in areas with a more accurate and complete count are given. Attaining an accurate, complete count is critical to building more family friendly systems that are prepared to meet and sustain growth and development needs of all Minnesota children throughout childhood.

As we identify trends in the data throughout the data book, it's clear that Minnesota's children, in the aggregate, rank in the top tier of states on many indicators of child well-being. In 2019, the Annie E. Casey Foundation (AECF) ranked Minnesota 4th for the third year in a row in their 30th annual KIDS COUNT Data Book.<sup>2</sup> The index of data indicators used by AECF focuses on education, health, family, and economic outcomes to understand children's well-being across the country. The high ranking is a testament to the systems of support that have been developed in Minnesota for children and families, but the overall score masks the disparate outcomes for children of color and American Indian children in the state. When we disaggregate data by race and ethnicity and by income, we see sharp disparities in outcomes for our children of color, American Indian children, and low income children. These disparities can only be explained by a pattern of policies and practices rooted in our state systems that perpetuate inequities and fail to adequately provide children living in low-income households, children of color, and American Indian children with the support they need to counteract decades of harmful practices and inequitable distribution of resources.

The theme of this year's data book explores how the census is a critical tool to support the navigation of the set of public programs that support the unique assets and needs of every child and family living in our state. When we ensure that our children have access to health care, quality education, healthy food, and services that support their growth and development to become productive, healthy adults, we invest in Minnesota's social and economic prosperity. Our systems must be flexible, nimble, and human-centered so they can leverage existing family and community strengths to address identified needs inclusive of all of Minnesota's children. This work is central to who we are as Minnesotans and is foundational to the success of our communities.

Children's Defense Fund-Minnesota works in partnership with families, community leaders, coalitions, organizations, and public officials to improve the ways in which public systems can support the diverse needs of our children and amplify their potential. Systems play a critical role in providing the tools and resources that children need for healthy development and setting children up for long-term success. The use of census data informs decision-making for systems to be equipped to provide the array of services needed for families to raise thriving children. We call on our policymakers and community leaders to inspire all households to commit to a complete count in Census 2020, and use the census data to assess and improve policies and programs to address inequities so that the potential of every child in our diverse communities is amplified. The power to promote a prosperous future for Minnesota by committing investments that help develop healthy, thriving children, families, and communities is in our hands. We must commit to investing in our future leaders now.

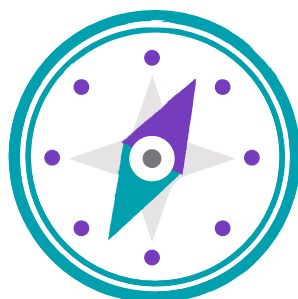
*Children's Defense Fund-Minnesota, November 2019*

# Introduction

The future success of a new generation of Minnesotans hinges on a set of federal, state, and county public systems. The services offered through our public systems provide children with the building blocks they need for healthy development, including health care, housing, and healthy meals. Meeting basic needs and providing access to opportunities for high-quality child care, education, and after-school and summer learning programs ensures the well-being of children. Collectively, families and public systems share responsibility in making sure that Minnesota's future leaders have a strong start in life so that they can contribute to the healthy, thriving economy Minnesotans have built for decades.

For our communities to thrive, and for our public systems to work robustly and efficiently, we must understand the needs of all families. That happens, in large part, through data: Information gained through data from the decennial census and the American Community Survey is used to make decisions across sectors every day. This data is used in understanding not only the population distribution of communities, but also the needs of individuals. And from there, the data is used to determine appropriate funding necessary to build those systems to effectively serve children and families living in Minnesota.

As Minnesota continues to diversify racially, policymakers and advocates must evaluate the effectiveness of public and private service delivery systems to adequately serve all residents. Because the challenges facing our society are complex and ever-changing, addressing the needs of today's children will require new ideas and approaches to put every child on a path to success. The consequence of historic and structural inequities have left many children, especially children living in lower income households, children of color, and American Indian children without access to support that addresses basic needs or programs that are culturally appropriate or have equitable capacity. For the state to best serve all Minnesotans, accurate data and coordinated systems that effectively and efficiently serve families are necessary.



## NAVIGATING SYSTEMS

The public systems that serve as a foundation for families to access support for increasingly complicated challenges facing children is resourced by dozens of public funding streams that require strict adherence to complex eligibility requirements and compliance rules. Navigating these public programs that serve children and families is challenging because eligibility and requirements differ widely across benefits and between services. Determining eligibility and completing applications and enrollment for public programs is a complex process that requires guidance from county workers, school social workers, advocates, and navigators who are trained to help people identify which programs can meet their needs and successfully complete applications to enroll in them.

In Minnesota, a growing proportion of children receive services from public systems,<sup>3</sup> with 17% of children enrolled in public programs in 2017, up from 12% in 2005. This increase, along with Minnesota's increasingly diverse population, warrants an evaluation of the adequacy of these systems to address the rapidly changing needs for families and children living in the state. We know that public assistance programs help low-income families afford basic living expenses while giving children the resources and opportunities that they need to grow, and that children whose families receive support from these programs are more likely to perform better in school and have increased future earning power.<sup>4</sup> But the current systems are inadequately funded and the application processes are too cumbersome to address the needs of all children in Minnesota.

Program eligibility rules that are cumbersome to navigate and interpret, particularly for immigrants who are fearful of their residency status, have affected enrollment in public programs. Growing evidence indicates that some families are choosing to disenroll from (or refrain from enrolling in) public programs for which they are eligible based on fears stemming from growing anti-immigrant sentiment at the federal level, requiring us to think about how to support navigation for immigrant families in new and different ways if we want to live the values we cherish in Minnesota.

Changes being made to public programs at the federal level have resulted in what has been termed a chilling



## Children's Cabinet

On Wednesday, August 7, 2019, Governor Tim Walz signed Executive Order 19-34 "Placing Children at the Center of Government," launching new actions and accountability for Minnesota's children to be led by the reconstituted Children's Cabinet.

The Children's Cabinet is chaired by Governor Tim Walz and Lieutenant Governor Peggy Flanagan with participation of leaders from 22 state agencies who understand that children and families intersect with all systems of government. A whole family approach will focus on data-driven, results-oriented methods that will ensure the state's systems are aligned with services and opportunities for Minnesota's children, families, and communities.

The Children's Cabinet will focus on a broad range of issues across a child's lifespan from prenatal to early adulthood, with particular cross-agency attention and outcome goals on:

- Healthy beginnings  
(beginning with the prenatal period)
- Child care and early education
- Mental health and well-being
- Housing stability

Since its August launch, the Children's Cabinet has convened commissioners and senior leaders across the administration to construct a children's agenda – living out the charge to "place children at the center of government." In addition, every policy that comes to the governor's desk will be evaluated with a children and family lens.

The executive order also addresses the importance of engagement with children, families, local governments, tribes, and communities. One of the primary ways this is achieved is through an external advisory body, comprised of a Children's Cabinet Advisory Council and the State Advisory for Early Education and Care. For more information about (or to contact) the Children's Cabinet, visit [mn.gov/childrenscabinet/](https://mn.gov/childrenscabinet/).

effect<sup>5</sup> on enrollment in public benefits. A decline in participation in MFIP and SNAP benefits has been observed in the short-term in organizations serving immigrants across the state.

Many children, especially children in lower income families, children of color, and American Indian children, face barriers to accessing basic needs and programs that serve them in a culturally appropriate and equitable capacity. A system that is more coordinated, easier to navigate, and more effective is essential to meaningfully address the needs of Minnesota children and families. In order to effectively prepare our 21st century workforce, policies and programs must adapt to Minnesota's dynamic population and serve the entire state.

### CENSUS

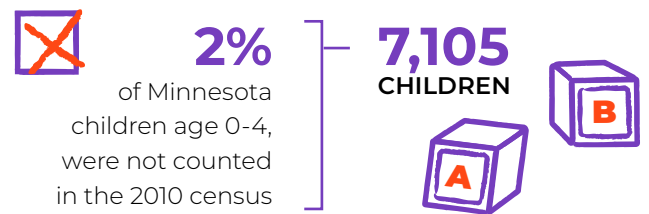
Ultimately the design of better navigation tools for complex systems is best determined by the needs of children and families. Data and data collection through the census is a key starting place in program design and efficiency. Every 10 years, the United States conducts a census to take a count of everyone who lives in our country, from the youngest baby to the oldest senior. Each home, whether it be an apartment or single family home, shelter, or group living facility, is expected to respond to the census form with a count of all who live there. The census provides a rich data source for leaders across sectors to gain insight into the distribution of our population at national, state, and local levels. The outcome of this count is used in decision-making that affects a multitude of public programs and services that support children and families, and it also affects representation by elected officials and the selection of businesses that choose to operate in our communities. This public count represents an opportunity for all who live in our state the same chance to be seen as fully a part of our state. It allows each of us to contribute to a complete count and ensures that the numbers that will be used for funding allocations and policymaking will be representative of every person who lives in Minnesota and contributes to our economic prosperity.

The decennial census provides data for leaders to determine the makeup of the population living in Minnesota. This data is used at every level of government, and these figures drive decision-making to set the amount of funding allocated by federal, state, and local governments for public systems serving communities across the state. It informs how to properly fund hospitals, roads, schools, and other essential services that support the infrastructure of our communities and systems that families and children use every day. State funding for programs such as SNAP, child care assistance,

housing assistance, energy assistance, Medicaid, and many others are determined by census results. People experience the effect of an undercount in the census through lower funding allocations for these and dozens of other federal, state, and local programs that support economic stability, nutrition, housing, health, education, and care. At state and federal levels, there has been an effort to more effectively coordinate programs to reach families and children who need it, and accurate, complete data makes it easier to ensure systems can respond to the needs of the people they serve.

Undercounting can further reinforce barriers to opportunity by denying communities accurate state and federal political representation that's determined by population numbers; local, state, and federal funds that they might otherwise receive; and private-sector investments, such as jobs and stores, that companies determine using census data. The number of members a state is allocated for the House of Representatives in Congress is dependent on population count using the decennial census figures. Minnesota's legislative district boundaries are also determined using census data, so a significant undercount in a particular geographic area can mean that elected officials representing an undercounted area must serve sharply higher numbers of constituents than their counterparts in areas with a more accurate census count.

The populations listed below, left, often struggle with some of the poorest health, academic, social, and employment outcomes in our country and our state. Using the census to identify and address their needs through public and private programs is critical to a thriving community. Because we know that a steep undercount in a community can result in diminished ability to support the needs of its members, we are working to effectively ensure that our children are able to access the tools they need to grow and become productive members of our state. An accurate count of all communities is a critical tool to support racial, economic, and geographic equity.



### UNDERCOUNT OF YOUNG CHILDREN

Following the 2010 census, researchers identified several historically undercounted communities (HUC), including young children,<sup>6</sup> estimating that nearly 1 million young children under age 5 were not counted<sup>7</sup> nationally, and an estimated 2% of Minnesota's youngest residents were missed in the 2010 Census – just over 7,000 children. Some children are not counted because their household was not counted, but in many cases, children who are not counted live in homes that did complete the census form but did not include the child on the form.<sup>8</sup> Why? Children whose families have joint custody, or who live temporarily with grandparents or caregivers other than their parents, as well as children living in multigenerational households are sometimes left off the census form.

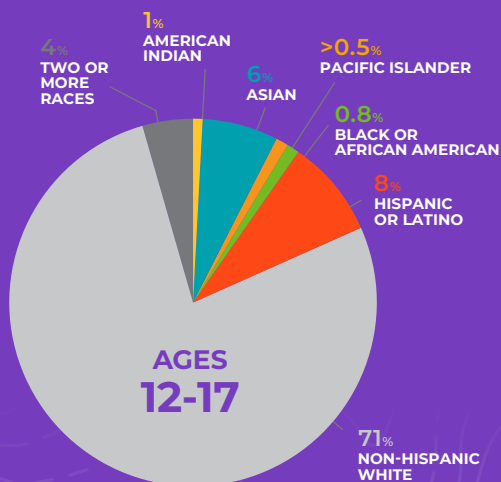
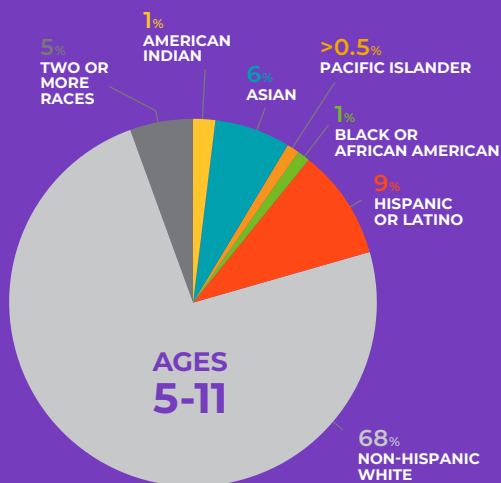
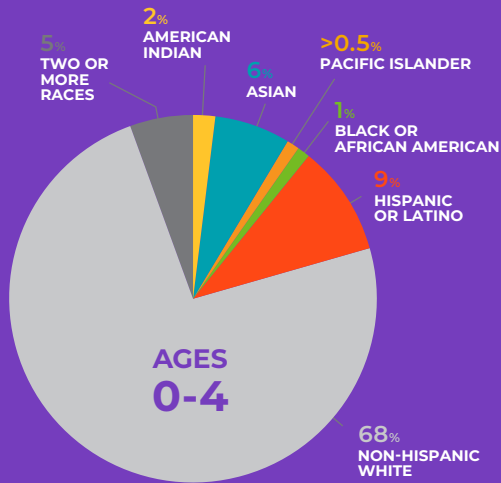
The consequences of a significant undercount for children are felt for an entire decade and can result in underfunded systems unable to support the education, health, and safety needs for young children during their early years, their most critical stage of development.<sup>9</sup> Making sure that children are counted means that the communities they live in are allocated a right-sized share of funding to support the growth and development of every child and are best equipped to provide for the needs of all who live in and contribute to the community's success.

### MINNESOTA'S TARGETED HISTORICALLY UNDERCOUNTED COMMUNITIES<sup>14</sup>

- Children ages 0-4
- Renter households
- Highly mobile persons
- Young adults (especially those in college)
- Racial and ethnic minorities
- Native/Indigenous people
- Non-English speakers
- Low income persons
- Persons experiencing homelessness
- Undocumented immigrants
- Persons who distrust the government
- Persons with mental or physical disabilities
- Persons who do not live in traditional housing
- Snowbirds



## CHILD POPULATION BY RACE AND AGE GROUP, 2017



Source: Population Division, U.S. Census Bureau

## CENSUS 2020

For the 2020 census, several proposed changes to the census form and the methods for collecting the data have raised concerns from advocates, researchers, and users of census data about the effectiveness of the process and accuracy of the data. The proposed addition of a question about citizenship for every household resident sparked several lawsuits, including the New York case, of which Minnesota was a party. Advocates and elected officials expressed concerns that significant numbers of immigrants would choose not to complete census forms, fearing that information provided to the Census Bureau would be shared with other government agencies and used to identify undocumented immigrants and target immigrant residents.

Confidentiality of data collected by the Census Bureau is taken very seriously, and the effect of significant numbers of families avoiding a response could have disastrous effects for their own communities. While data collected by the Census Bureau is protected by Title XXIII of the Census Act, prohibiting the Census Bureau, or any staff member, from sharing information about individuals with other government officials or using information for anything other than producing aggregate datasets, distrust of government persists.<sup>10</sup> Further, personal information is restricted from publication for 72 years, and information cannot be used to the detriment of the individual.<sup>11</sup>

## MINNESOTA'S RESPONSE TO THE CENSUS

Outreach efforts are underway to make sure that everyone in Minnesota is counted during the next U.S. Census count. A complete count will help ensure that Minnesota maintains eight seats in Congress, and that funding levels meet the state's needs for affordable health care, public assistance for low-income families, and for roads and transit systems. Over \$15 billion was sent to Minnesota in 2016 for 55 different federal programs to support the state's infrastructure and public service systems. These include vital programs that children and families rely on such as Medicaid, SNAP, Section 8, School Meal Program, Low Income Home Energy Assistance Program (LIHEAP), and Head Start, all of which are funded based upon the census count. This estimate does not include money allocated by state and local governments, which also relies on census data to determine funding levels. The Counting for Dollars 2020 project identified that funding for Medicaid was over \$6.6 billion, by far the largest program.<sup>12</sup>





Minnesota has a record of success in response rate to the census, achieving the second-highest (after Wisconsin) initial response rate in 2010.<sup>13</sup> The Minnesota Census Mobilization Partnership was created to develop an outreach strategy to address the risks associated with a potential undercount in Minnesota, specifically to create a network of organizations to educate individuals throughout the state about the importance of responding to the census. The composition of activists and organizers was deliberately and carefully chosen to effectively reach out to historically undercounted communities (HUC). Because we have established organizing and outreach strategies that have been shown to work, the commitment from both branches of government (administrative and legislative) and the drive to make it happen, we are confident that Minnesota will count all of its residents.

A statewide Complete Count Committee has been established to lead the effort in an accurate count for Minnesota. Hundreds of additional Complete Count Committees are being developed to educate the public across the state. The State Demographer's Office received \$1.6 million in funding allocated by the legislature to distribute to community organizations. The 2020 Census and the 2020 election provide opportunity to engage candidates for elected office in dialogues about the inequities facing children and families and establish a commitment to all residents to address disparities in outcomes for children living in low-income households, children of color, American Indian children, and children in Greater Minnesota. Each of us has a responsibility to ensure that Census 2020 represents an accurate count of all Minnesotans. What will each of us do, at home and in our communities, to ensure that Minnesota retains its record of a successful count?

Too many children in Minnesota are being left behind due to inequitable access to resources and family economic instability. We can do better. Poverty is a problem that impacts all of us. It is the responsibility of every Minnesotan to create the state we want to live in, and we cannot ensure that no child lives in poverty without addressing disparities based on race, income, and geography in access to the systems that serve children. We have the opportunity with the upcoming Census 2020 effort to better understand our state and the diversity of communities that live here. We have the opportunity to use this data to better inform and design systems that more effectively and efficiently serve all Minnesotans. Together we are building a strong and prosperous state for all.

## Minnesota Census Mobilization Partnership

The Minnesota Census Mobilization Partnership (MCMP) is comprised of organizations and individuals committed to ensuring an inclusive and accurate response to Census 2020 for all who live in Minnesota. Regular meetings have been held since 2018 to update members on national and state outreach, mobilization, and advocacy work to educate Minnesotans, particularly historically undercounted communities, on the importance of a complete count.

Convened by Minnesota Council on Foundations, MACS2020, Common Cause Minnesota, Minnesota Council on Nonprofits, Voices for Racial Justice, and Asian American Organizing Project, the MCMP has established five hubs to lead the effort in ensuring a complete count. The Our Minnesota Census Campaign hub is comprised of 13 organizations tasked with relational grassroots organizing to reach historically undercounted communities, address barriers for completing the census form, and ensure that all household members are counted accurately. The Tribal Hub is a partnership of the 11 tribal nations in Minnesota that work together to support the completion of the census form by members of each tribe across the state. The Minnesota Council of Nonprofits is also serving as a hub, tasked with training nonprofit organizations throughout Minnesota to educate and engage with their clients and community members to complete their census forms. Funds are available to support the work of Complete Count Committees throughout the state, and the hubs provide technical assistance to organizations engaging in census outreach work throughout Minnesota.

For more information, visit [www.mcf.org](http://www.mcf.org).



# Minnesota Policy Updates



**CHILDREN AND FAMILIES DO NOT COME IN PIECES**, which is why CDF-MN advocates for and supports policies that address early childhood care and learning, health care, financial stability, and child welfare with a focus on equity.

## Early Childhood Education

**Child Care Assistance Program (CCAP):** Conformity to federally-required provisions of the renewed Child Care Development Block Grant (CCDBG) was passed, including family-friendly provisions that eliminate complications for families experiencing homelessness and families that move to counties with child care waitlists, and reduces MFIP participation requirements to qualify for transition year child care. However, no additional funding was allocated to decrease the number of families on the basic sliding fee wait list nor were increases made to provider reimbursement rates.<sup>15</sup> Due to the Minnesota legislature's repeated inaction on provider reimbursement rates, we will now begin to lose federal funding from the CCDBG until provider rates are increased to the federally required 75th percentile of the most recent market rate survey.

## K-12 Education

In the FY 2020-21 budget, policymakers allocated \$556 million in net additional funding to E-12 education. The

largest piece is a 2% annual increase in funding for school districts through the basic student formula. That's an increase of \$126 per student in the first year and another \$129 in the second year, but it's important to note that this increase is not enough to keep up with inflation.

The budget also includes some targeted strategies to promote racial and geographic equity in educational opportunities, including additional funding for tribal schools and levy equalization to better fund schools in communities with lower tax bases. The education bill also includes \$1.5 million in FY 2020-21 for grants to support teachers of color. One-third of public school students are people of color or indigenous, yet in over 80% of Minnesota schools less than 10% of the teachers are people of color or indigenous.<sup>16</sup>

## Financial

**Minnesota Family Investment Program (MFIP):** The state's Temporary Assistance for Needy Families cash grant program has not increased since 1986. The legislature agreed to an increase for all individuals and families receiving this support by \$100 per month, beginning February 2020.

**Working Family Credit (WFC):** The tax credit expanded to a third tier to increase the tax benefit for families with three or more children, and increases the income thresholds and amount received for all tiers of benefit.<sup>17</sup>

## Health

### **Community Solutions for Healthy Child Development Grant Program:**

This grant program supports communities of color and American Indian communities in order to allow cultural communities to advance locally generated approaches to improving measures of well-being based on a broad subset of child well-being outcomes from prenatal to third grade. The grant program received \$4 million in funding over the next four years.

**TEFRA** is a program that allows families with higher incomes to access Medical Assistance (MA) if they have a child with a serious medical or mental illness. Changes were made to improve access to the program with a simplified enrollment process and a reduction in parent fees.

- + **Enrollment:** Simplified the TEFRA enrollment process and added instruction for potential eligibility for TEFRA through MNsure. Appropriated \$122,000 in FYs 2020-2021 and \$126,000 in FYs 2022-2023 to develop information on TEFRA for the MNsure portal and create a stakeholder group to recommend additional strategies to simplify the enrollment and renewal process for TEFRA.<sup>18</sup>
- + **TEFRA Fees:** Reduces the monthly family fees under TEFRA by 15%. A family whose income is between 275-545% of poverty will see a decrease from 1.94% to 1.65% of adjusted gross income.<sup>19</sup>

**Health Care Provider Tax:** Health care providers, hospitals, and wholesale drug distributors pay a provider tax to the Health Care Access Fund. This fund is used to provide affordable health care options and improved access to health and mental health care providers for people enrolled in Minnesota Health Care Programs, including Medical Assistance and MinnesotaCare. Over one million Minnesotans access affordable health care through MinnesotaCare and Medical Assistance, including working Minnesotans who don't have affordable insurance through their jobs, seniors, people living with disabilities, and almost 500,000 children.<sup>20</sup> The provider tax was established 27 years ago by a bipartisan group of legislators, but in 2011 legislators agreed to a sunset of this 2% tax on health care services in 2019.<sup>21</sup> In the 2019 legislative session, the sunset of this tax was repealed, but was reduced to 1.8%.

## Mental Health

**School-Linked Mental Health:** Expands the list of eligible grantees for the school-linked mental health program to include a community mental health center or clinic, an American Indian health facility, a Children's Therapeutic Services and Supports (CTSS) provider, or an MA-enrolled mental health or substance use provider with at least two mental health professionals or two alcohol and drug counselors qualified to provide clinical services to children and families.

This legislation also clarifies that allowable grant expenses for school-linked mental health grants include identifying and diagnosing a mental illness; delivering mental health treatment to children and families via telemedicine; supporting families in meeting the needs of their child with a mental illness including navigating the health care, social services, and the juvenile justice system; providing transportation for students during the summer to receive school-linked services; building the capacity of school staff to meet the needs of students with mental illnesses; and purchasing equipment and developing the infrastructure for telemedicine. Grantees are also required to provide data to the Department of Human Services to evaluate the effectiveness of the program. Funding for school-linked mental health grants was increased by \$1.201 million in FYs 2020-2021 and \$9.6 million in FYs 2022-2023.<sup>22</sup>

## Child Welfare

**Child Welfare Training Academy:** Funds the Child Welfare Training Academy at \$4.160 million in FYs 2020-2021 and \$5.761 in FYs 2022-2023. The Center for Advanced Studies in Child Welfare will partner with Minnesota Department of Human Services to develop and operate a statewide child welfare training academy that will offer evidence-based trainings through five regional hubs. It will create the state's first standardized curriculum and certification process to improve training for Minnesota's child protection workers and supervisors. There is also one-time funding to conduct a child welfare caseload study.<sup>23</sup>

**Foster Care:** Allows Medical Assistance (MA) to be paid for children in foster care who aren't eligible for Title IV-E funds but are eligible for foster care or kinship care. This change enables increased access for mental health services for children in foster care.<sup>24</sup>

# Early Childhood Education

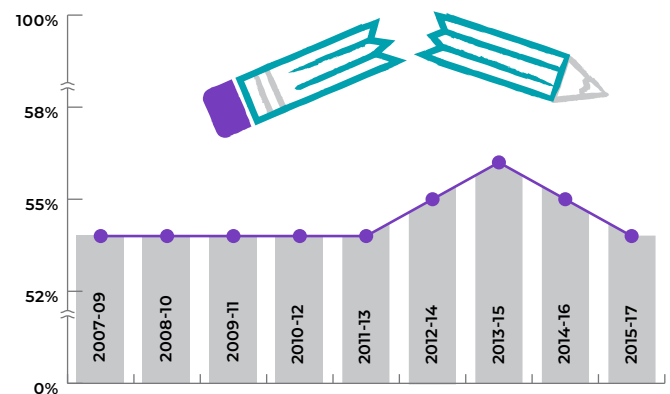
Policymakers, educators, and business leaders all recognize the benefits of high-quality, affordable, and accessible early childhood care and education to support young children's healthy development and school readiness, and they also support Minnesota's growing economy by allowing families to work. Investing in an early childhood education system that supports healthy development and school readiness for every young child in Minnesota while also supporting the child care needs of families would ensure that our youngest generation has the quality foundational education necessary to help them successfully move toward a more financially secure future.

## POLICY RECOMMENDATIONS

1. Fully fund the Child Care Assistance Program, Early Learning Scholarships, Head Start, School Readiness, and Voluntary Pre-Kindergarten Programs for Minnesota's children from birth through age 5.
2. Increase Child Care Assistance Program provider reimbursement rates to conform with federal Child Care Development Block Grant requirements. Minnesota is one of the last states to achieve federal conformity and is now at risk of losing millions in federal funding if provider rate conformity is not completed soon.
3. Increase the number of quality-rated, culturally relevant early care programs by revising Parent Aware quality standards and program rules to be culturally inclusive and accessible.
4. Using findings from the 2018 analysis of early childhood programs by the Office of the Legislative Auditor,<sup>25</sup> streamline funding and programs to make it easier for families to determine their eligibility and access to early childhood education programs.

Investing in equitable policies that increase the early childhood offerings will meet the needs of children and families in a way that aligns with family and cultural practices, addresses geographic inequities, and combats the opportunity gap for children of color and American Indian children. Due to structural racism and historical trauma, families of color and American Indian families are more likely to live in low-income households and to experience bias in education programs. Based on demographic trends, by 2035, one in four children born in Minnesota will be a child of color or American Indian. Culturally appropriate and supportive components in early childhood programs could help increase access to child care programming in Minnesota by attracting families seeking care that aligns with their cultural child caring practices. In greater Minnesota, shortages in child care leave many parents at a growing economic disadvantage. Again, increased investments that expand access to affordable, high-quality child care will improve family economic and child development outcomes. Research shows that investments will pay off in improved long-term social, academic, and economic outcomes.

## YOUNG CHILDREN NOT IN SCHOOL IN MINNESOTA



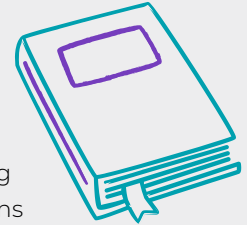
Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, pooled 2007-09 to 2015-17 one-year American Community Survey.





## NORTH STAR HIGHLIGHT

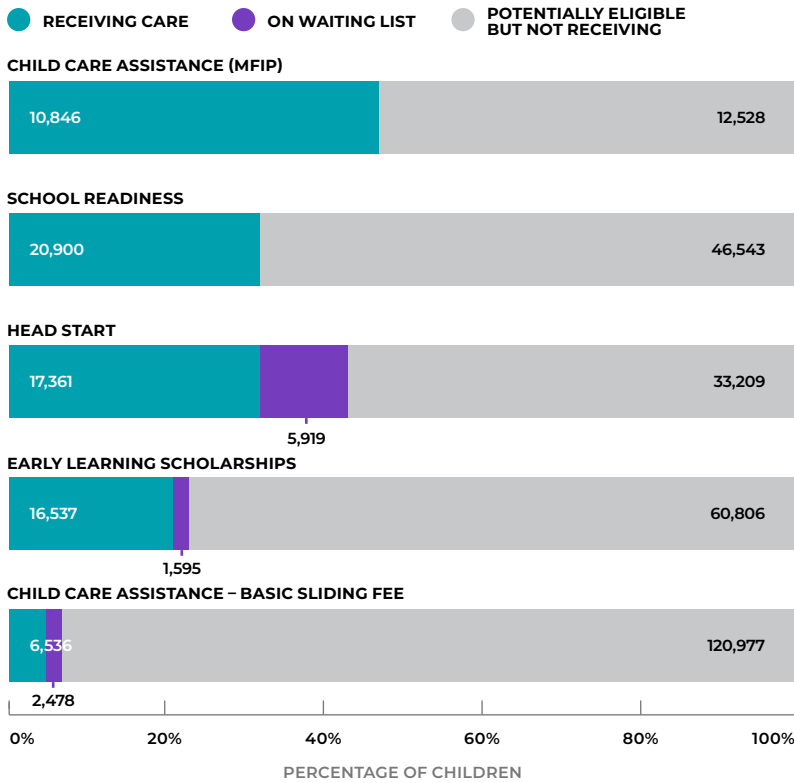
### Reach Out and Read



Reach Out and Read Minnesota is a national leader in fostering community connections. Awarding “Bookend” designations to communities and cities has been one successful approach. To become a Reach Out and Read Bookend Community, 100% of pediatric primary healthcare practices must participate in the program. Fairmont was the first community in Minnesota to achieve this designation, an effort led by the Fairmont police chief. In 2018, Minneapolis became the FIRST major city in the country to achieve Bookend status. Minnesota is also one of the few states chosen to participate in a national early math initiative that will use the Reach Out and Read model to help build foundational math skills. Reach Out and Read Minnesota currently has 271 active clinics in 56 counties, with more than 167,000 children participating (>45% of all children ages 6 months through 5 years).

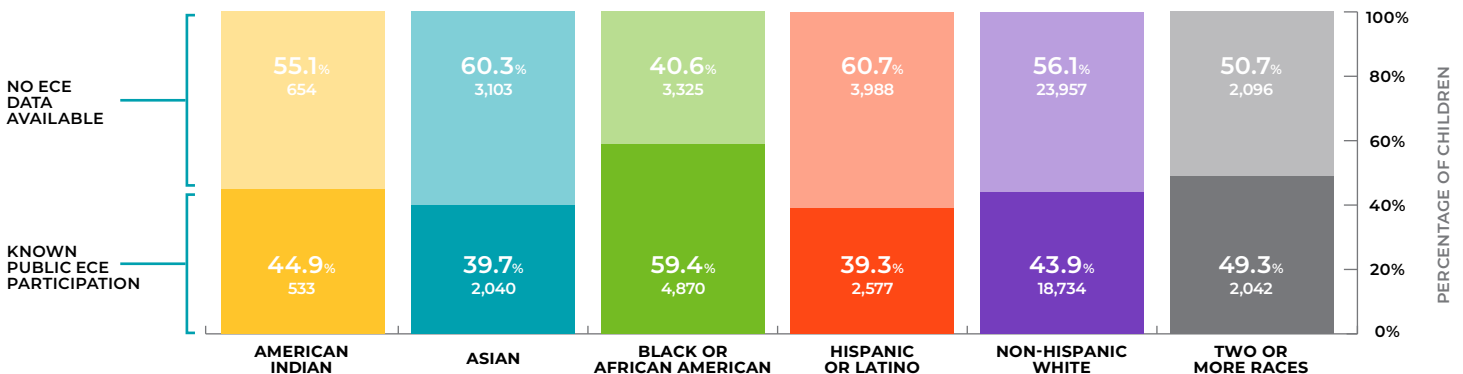
For more information, visit [www.reachoutandreadmn.org](http://www.reachoutandreadmn.org).

### NUMBER OF POTENTIALLY ELIGIBLE CHILDREN RECEIVING EARLY CHILDHOOD EDUCATION PROGRAMS, 2018



Source: Head Start data – Minnesota Head Start Association; Child Care Assistance Program – MFIP and Basic Sliding Fee – Minnesota Department of Human Services; Early Learning Scholarships – Minnesota Department of Education; School Readiness – Office of the Legislative Auditor

### EARLY CHILDHOOD EDUCATION PARTICIPATION BY RACE, 2018



Source: Minnesota Department of Education, Early Childhood Longitudinal Data System, [ecls.mn.gov](http://ecls.mn.gov).

# K-12 Education

School districts integrate systems that support community members, operating as a community hub or a one-stop shop for families to access services such as child care, expanded learning opportunities, mental health care, and housing support that contribute to the overall well-being of children. A greater awareness of the challenges facing today's families is leading to an increased understanding of the complex set of barriers facing children and families due to systemic policies and practices across systems that have undermined the potential for children of color and American Indian children. This greater understanding of the complex needs of families requires schools to operate in a more integrated way, to think about cultural relevance and support outside of academic instruction to help with overall achievement.

## POLICY RECOMMENDATIONS

1. Students of color and American Indian students experience better educational outcomes – evidenced by increased attendance rates, standardized test scores, and enrollment in advanced courses and college – when they have teachers that reflect their own identities. We support investments in programs that attract and retain teachers of color and American Indian teachers.
2. Targeting resources to high-quality summer and afterschool programs can improve academic outcomes and keep students fed and in a safe, enriching environment outside of school hours.
3. Increase funding for special education services to help alleviate the cross-subsidy costs that districts are absorbing due to shortfalls in funding to fully address the needs of students.
4. Continue to expand full-service community schools<sup>26</sup> that have been shown to increase active family engagement in children's education and improve attendance.

Research continues to demonstrate the significant effect that attendance has on standardized test scores, graduation rates, and academic achievement. Addressing obstacles to daily attendance, including transportation, adequate nutrition, health and mental health concerns, and school climate are key to helping ensure students are in school and ready to learn. Further efforts that address inequitable distribution of resources for public systems in addition to providing a quality educational foundation for every child in Minnesota will improve outcomes for children affected by the achievement gap and lead to a more sustainable future for Minnesota's economy.

## STUDENT PROFICIENCY IN MATH, 2016-2019

|                           | 2016  | 2017  | 2018  | 2019  |
|---------------------------|-------|-------|-------|-------|
| AMERICAN INDIAN           | 29.9% | 28.9% | 28.2% | 25.9% |
| ASIAN                     | 56.9% | 56.4% | 55.4% | 54.2% |
| BLACK OR AFRICAN AMERICAN | 29.5% | 28.6% | 28%   | 26.5% |
| HISPANIC OR LATINO        | 36.6% | 35.4% | 33.8% | 31.4% |
| NON-HISPANIC WHITE        | 67.1% | 66.3% | 65.2% | 62.9% |
| TWO OR MORE RACES         | 52.3% | 51.1% | 49.1% | 46.8% |
| LOW-INCOME                | 39.1% | 37.7% | 35.9% | 33.3% |
| TOTAL STUDENTS            | 58.8% | 57.6% | 56.2% | 53.9% |

## STUDENT PROFICIENCY IN READING, 2016-2019

|                           | 2016  | 2017  | 2018  | 2019  |
|---------------------------|-------|-------|-------|-------|
| AMERICAN INDIAN           | 33.9% | 33.7% | 34.5% | 34%   |
| ASIAN                     | 53.4% | 52.7% | 54.6% | 54.3% |
| BLACK OR AFRICAN AMERICAN | 33%   | 33.3% | 33.9% | 33.9% |
| HISPANIC OR LATINO        | 38%   | 37.9% | 38.5% | 38.2% |
| NON-HISPANIC WHITE        | 67.3% | 67.8% | 67.5% | 66.6% |
| TWO OR MORE RACES         | 54.9% | 55%   | 55.3% | 54.1% |
| LOW-INCOME                | 40.4% | 40.1% | 40.3% | 39.3% |
| TOTAL STUDENTS            | 59.3% | 59.3% | 59.2% | 58.3% |

Source: Minnesota Department of Education Data Center.



## CDF Freedom Schools®

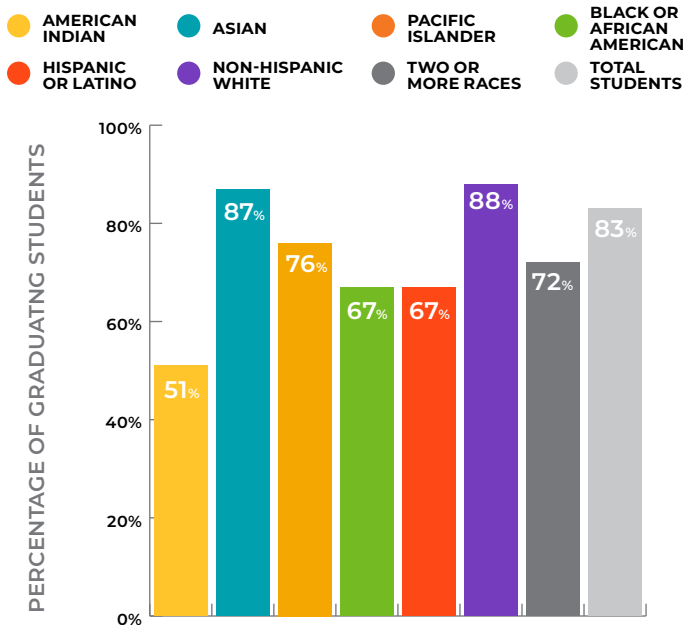
Rooted in the American Civil Rights Movement, CDF *Freedom Schools* provide literacy and cultural enrichment programming designed to empower youth to believe in their ability to make a difference in themselves, their communities, country, and world. CDF *Freedom Schools*' Integrated Reading Curriculum nurtures growth of reading skills while exposing students to culturally-relevant literary sources that promote self-awareness, pride, and civic engagement. Engaging enrichment activities embedded in the students' cultural experiences promote hands-on experiential learning. Programs also support parent engagement and help connect families to the right resources in their communities.

The CDF *Freedom Schools* summer and afterschool programs support children and their families through **five essential components**:

1. High quality academic enrichment
2. Parent and family development
3. Civic engagement and social action
4. Intergenerational servant leadership development
5. Nutrition, health, and mental health

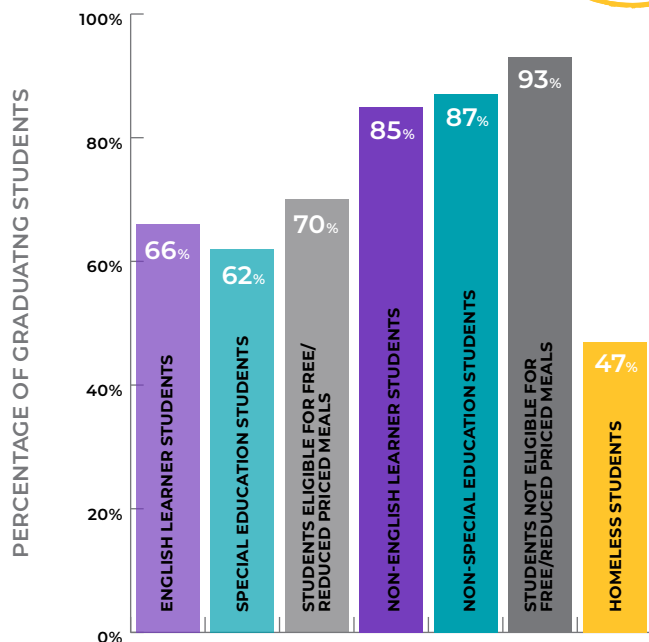
In Minnesota, 1,600 children participated CDF *Freedom Schools* programs over the past year at 16 sites throughout the Twin Cities. CDF-MN partners with schools and other organizations to provide expanded learning opportunities free of charge. Leadership development and intergenerational relationship building is one of the central components. Programs are staffed primarily by college students and recent college graduates who are from the community, with a 10:1 child to adult ratio. Participants have been shown to make significant gains in reading achievement and stave off summer learning loss. In 2018, almost all students either improved (60.2 percent) or maintained (24.6 percent) their reading skills.

### FOUR-YEAR GRADUATION RATES BY RACE AND ETHNICITY, 2018



Source: MN Department of Education Data Center.

### FOUR-YEAR GRADUATION RATES BY STATUS OF STUDENT, 2018



Source: MN Department of Education Data Center.

# Financial

When we ensure that everyone has access to what they need to thrive and be well, we all prosper – socially and economically. If we think of access to resources like quality educational opportunities, dependable transportation, and healthy housing as being like a grid that must be designed for equitable distribution, we can see that Minnesota has long recognized the importance of investing in the well-being of its people. However, state investments have been inequitably applied, leaving the grid open in places. The result is that many people of color and American Indian people in Minnesota have experienced the compounding impacts that lack of opportunity has made to their families' economic stability. Actions to counteract these historical inequitable investments are needed to address systemic inequities and improve economic potential for our children, families, and communities.

Research shows that children who live in families with adequate financial resources to support their growth and development have a greater chance at immediate and long-term healthy development and outcomes

## POLICY RECOMMENDATIONS

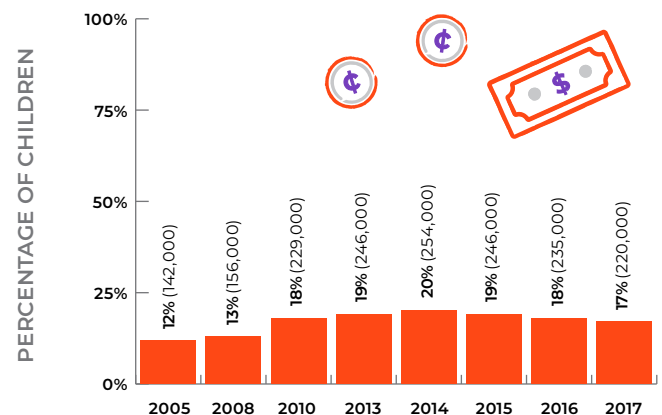
1. Increase the Minnesota Family Investment Program (MFIP) cash grant and address the issue with lower SNAP benefits resulting from an increase MFIP benefit. The \$100 increase that will go into effect in February 2020 is a first step in addressing more than three decades in which no increase was made.
2. Create a statewide Paid Family and Medical Leave Insurance program to ensure that parents and caregivers maintain economic security when taking time off work to bond with a newborn or recently adopted child or care for themselves or a family member when ill.
3. Create a state Child Tax Credit to help lower income families afford the ever-growing cost of raising children.
4. Increase funding for affordable housing, homelessness prevention, and supportive services for homeless families and families at risk of losing housing.

resulting in compounding positive societal benefits and cost savings.<sup>27</sup> A minimum wage that reflects the true cost of basic needs – including housing, adequate health care, and affordable healthy food – would not only improve children's access to what they need to thrive but also stimulate our state's overall economic growth.<sup>28</sup> Minimum wage has long fallen short of a living wage, so public programs to support nutrition, health, and stable housing continue to play a key role in ensuring that children and families can meet basic needs.

Over the past four decades, family income stability has decreased substantially, as wages have not increased to keep up with inflation for the bottom 90% of earners. A rise in income inequality<sup>29</sup> has resulted in a higher proportion of families accessing work support programs to supplement their income to provide for their families, with 17% of families receiving public assistance in Minnesota in 2017.<sup>30</sup>

Additional hardships such as affording and arranging child care and transportation affect parents' ability to work and earn enough to meet basic needs. Regardless of income, parents want to work to provide for their families but the lack of adequate education, training, and accessible jobs creates barriers to earning sufficient wages to meet basic needs. To ensure that Minnesotans reach their full potential, we need a highly-connected, well-functioning grid that connects families with the supports they need to raise children who thrive.

## CHILDREN IN FAMILIES THAT RECEIVE PUBLIC ASSISTANCE, 2005-2017



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, 2005, 2008, 2010, 2013-2017 American Community Survey (ACS).





## Economic Stability Indicator

In partnership with the Minnesota 2-Generation Policy Network, Olmsted County partnered with Children’s Defense Fund-Minnesota (CDF-MN) in 2018 to customize the Economic Stability Indicator (ESI), a tool developed by CDF-MN that can be used to demonstrate the interaction between wages, public programs, and tax liability in bringing a family to economic stability.

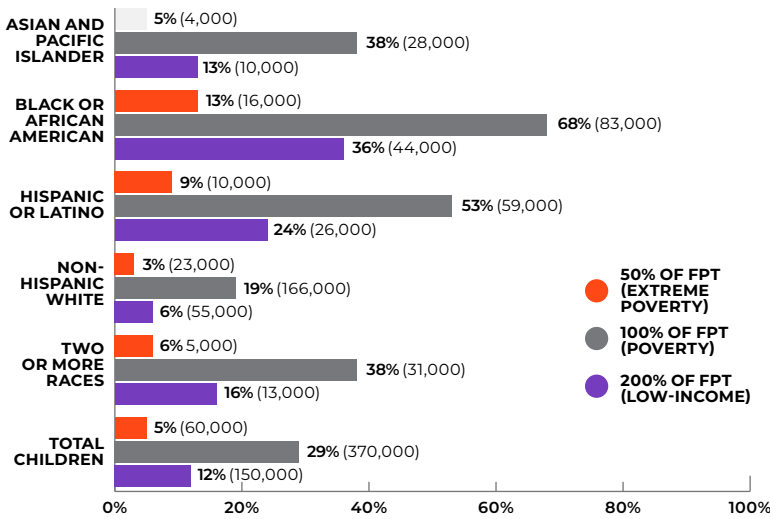
ESI grew out of the Disincentives to Earn report that shed light on how families struggle to rise out of poverty, in part due to “cliff effects,” or the decrease in public program benefits that results when a small increase in income affects program eligibility, often leaving families worse off at higher income levels and adding obstacles to their struggle to achieve self-sufficiency.

The ESI tool builds a family profile based on income and household composition. This information is used to calculate a basic needs budget and estimate public program eligibility and benefit amounts, as well as tax liability. ESI then presents the family’s monthly budget, showing how public programs fill the gap between low wages and a basic needs budget, improving family economic stability. The tool can also demonstrate these interactions as family wages and tax liability increase and public program benefits decrease, highlighting the income levels where cliff effects occur.

Olmsted County staff now uses the tool to support a family-centered approach to help clients better understand their choices concerning employment, public program usage, and budgeting and to pinpoint when cliff effects occur to start discussions about how clients can prepare for these effects and remain on a pathway toward self-sufficiency.

The ESI tool can be accessed at [www.economicstabilityindicatormn.org](http://www.economicstabilityindicatormn.org).

### LEVELS OF CHILD POVERTY BY RACE AND ETHNICITY, 2017



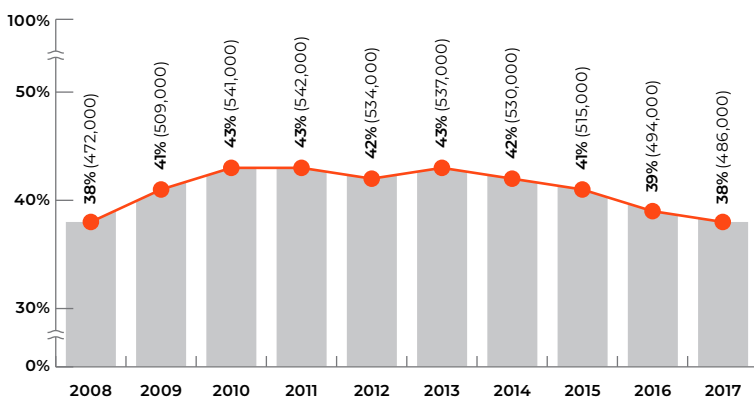
Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau, Census 2000 Supplementary Survey, 2001 Supplementary Survey, 2002 through 2017 American Community Survey.

### POVERTY LEVELS FOR FAMILY OF FOUR, 2019

|                   | ANNUAL INCOME | HOURLY WAGE |
|-------------------|---------------|-------------|
| POVERTY GUIDELINE | \$25,750      | \$12.38     |
| EXTREME POVERTY   | \$12,875      | \$6.19      |
| 200% OF POVERTY   | \$51,500      | \$24.76     |
| LIVING WAGE       | \$86,124      | \$20.70*    |

\* Per income-earner; annual income assumes two full-time earners  
Source, poverty guidelines: U.S. Department of Health & Human Services. Source, living wage: MN Department of Employment and Economic Development

### CHILDREN LIVING IN HOUSEHOLDS BELOW 250% OF POVERTY, 2008-2017



Source: Population Reference Bureau, analysis of data from the U.S. Census Bureau American Community Survey.

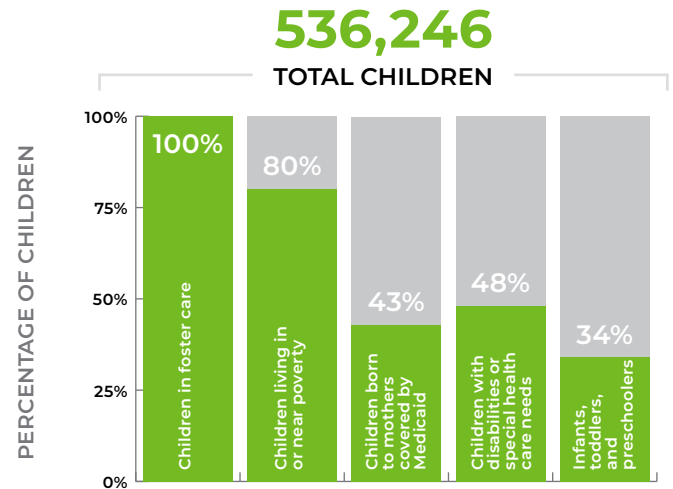
# Health

A strong system of care supporting children’s health is an integral component to the system that supports children’s development and well-being. Ensuring that every child receives quality preventive care and treatment to support their health and dental care needs throughout their childhood is important to the overall health and safety of all who live in our state. Access to health care, including dental care, is critically important to children’s growth and development. Because adversity in childhood due to lack of access to necessary nutrition, health care, and other protective factors can lead to lifelong difficulties in learning, memory and self-regulation, we must do everything that we can to ensure that our children have a strong foundation of health and well-being. Investments that ensure health insurance coverage is accessible and affordable to families pays off in reduced future health care costs and a healthier population to support our thriving economy.

## POLICY RECOMMENDATIONS

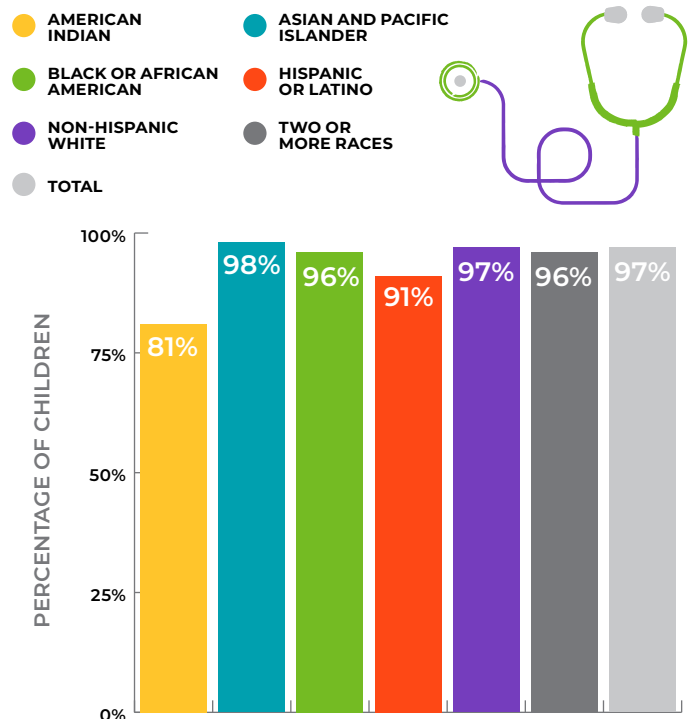
1. Address disparities in access to coverage and health outcomes and identify options for expanding access to cover all children regardless of immigration and residency status.
2. Target outreach and enrollment efforts and investments to American Indian and Latino communities to ensure those eligible for Medical Assistance or insurance subsidies are enrolled.
3. Continue to increase funding and access to family home visiting programs with priority given to culturally relevant services targeted to families of color, particularly African American and American Indian families, and especially expectant parents at increased risk for negative birth and infant outcomes.
4. Identify barriers to accessing dental care for children enrolled in Medical Assistance and develop solutions to improve coverage and care for dental treatment.

## CHILDREN ENROLLED IN MEDICAID, 2017



Source: Georgetown University Health Policy Institute. May 2019. Medicaid: Putting Minnesota Children on a Path to Success. <https://ccf.georgetown.edu/wp-content/uploads/2019/05/Minnesota.pdf>

## PERCENTAGE OF CHILDREN WITH HEALTH INSURANCE BY RACE AND ETHNICITY, 2017



Source: Population Reference Bureau, 2017 American Community Survey.

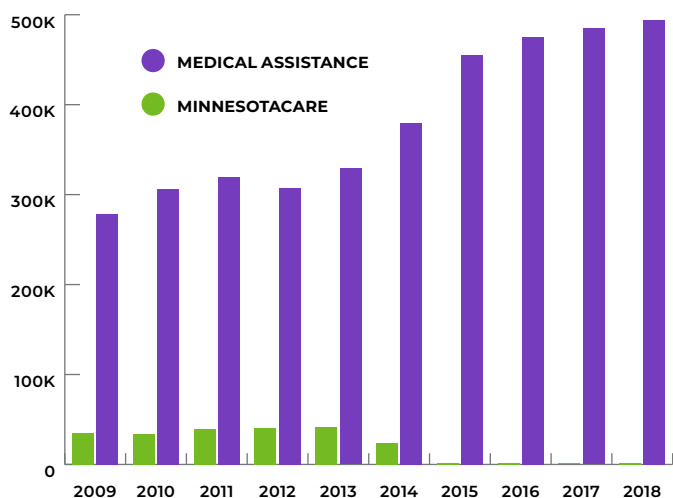


## Integrated Care for High-Risk Pregnancies

Led by a community-based advisory council and sponsored by the Minnesota Department of Human Services, the Integrated Care for High Risk Pregnancies (ICHRP) initiative supports parents, addresses disparities, and collaborates with clinical and social service systems in Ramsey and Hennepin counties. The elevated prevalence of high-risk pregnancies, preterm births, low birth weight, and the scarcity of integrated and coordinated care for African American families served as the impetus for ICHRP to develop partnerships that are family centered, community based, culturally responsive, and, especially, inclusive of fathers.

ICHRP teams coordinate integrated care for women with high-risk pregnancies by offering services that include health care and public health care, housing and social services, mental health care, chemical dependency treatment, and other community specific supports. The African American collaborative functions through grants to NorthPoint Health and Wellness Center, Open Cities Health Center, Minnesota Community Care, and the partnership of African American Babies Coalition and Amherst H. Wilder Foundation. ICHRP has developed collaborative relationships with Health Partners, North Memorial Medical Center, and other community based service providers to support healthy mothers, infants, and families. ICHRP has also supported five Minnesota tribes by providing collaborative care to address prenatal substance use. For more information visit [www.healthyblackpregnancies.org](http://www.healthyblackpregnancies.org).

### AVERAGE MONTHLY ENROLLMENT OF CHILDREN IN MINNESOTA HEALTH CARE PROGRAMS, 2009-18



Source: MN Department of Human Services, Personal contact with Ray Kurth-Nelson.



**5 in 10**

Minnesota third graders (49.5%) have dental decay

**2 in 10**

of those Minnesota third graders are untreated

Source: Minnesota Department of Health Data Access, 2015

|  | 2017    | 2018    |
|--|---------|---------|
| <b>TOTAL CHILDREN ENROLLED IN MA OR MNCARE</b>             | 654,578 | 643,151 |
| <b>CHILDREN ENROLLED IN MA OR MNCARE WHO SAW A DENTIST</b> | 238,595 | 249,189 |

Source: Minnesota Department of Health, personal contact with Genelle Lamont

**69.2%** of children 24-35 months are up-to-date with the vaccine series, July 2019

**24.2%** of adolescents at age 13 have received the recommended adolescent vaccines



Source: Minnesota Department of Health, personal contact with Miriam Muscoplat.

# Mental Health

Research has shown the impact of childhood trauma, Adverse Childhood Experiences (ACEs), and social determinants of health on adult health and mental health. Effectively addressing these challenges people face during childhood can help stave off long-term health risks.<sup>31</sup> Connecting children to services that support their mental health is a vital part of ensuring their overall well-being. Minnesota's mental health providers operate on a continuum of care model that aims to keep children in their homes when possible using community-based and in-home services, though growing need has resulted in a shortage of available services.

The expansion of school-linked mental health services, approved during the 2019 legislative session, enable an increased number of children to access support in the familiar environment of their school. This program improves access to mental health services for children and youth who are uninsured and underinsured, and leads to improved identification and treatment outcomes for children and youth with a mental health disorder. Improved access and appropriate support help ensure children and youth living with mental illnesses can achieve success in family life, school, and work.

## POLICY RECOMMENDATIONS

1. Establish state funding to increase access to early childhood mental health screening and intervention.
2. Expand access to mobile crisis response and stabilization services and community-based services.
3. Broaden access for children's mental health through support with linguistically and culturally diverse providers.
4. Enforce mental health parity for children and youth with private insurance who are unable to access needed care.
5. Increase access for children's mental health services in rural areas.

## MENTAL HEALTH POLICY

**Early Childhood Mental Health Grants** are awarded to community and tribal mental health providers covering all counties and tribes in Minnesota to provide mental health services to young children, ages birth to age 5, with a focus on uninsured and underinsured families.

**School-Linked Mental Health Programs**<sup>32</sup> provide children and youth with mental health care at school, which has been shown to improve mental health identification and outcomes for children and youth with diagnosed mental health issues, particularly for children who have not previously accessed mental health services. Students of color served are significantly more likely to be accessing mental health services for the first time in comparison to white students.

**Psychiatric Residential Treatment Facilities (PRTF)**<sup>33</sup> provide active inpatient treatment to children and youth with complex mental health conditions in a residential setting. Services are provided under the direction of a physician to residents and their families, and may include individual, family, and group therapy. A licensed mental health professional, along with the parent or legal guardian, may make a referral to a PRTF.

**Children's Therapeutic Services and Supports (CTSS)** is a range of mental health and behavioral services, provided in-home, at school, or in day treatment programs for youth and their families covered by Minnesota Health Care Programs who need higher levels of service than standard outpatient therapy.

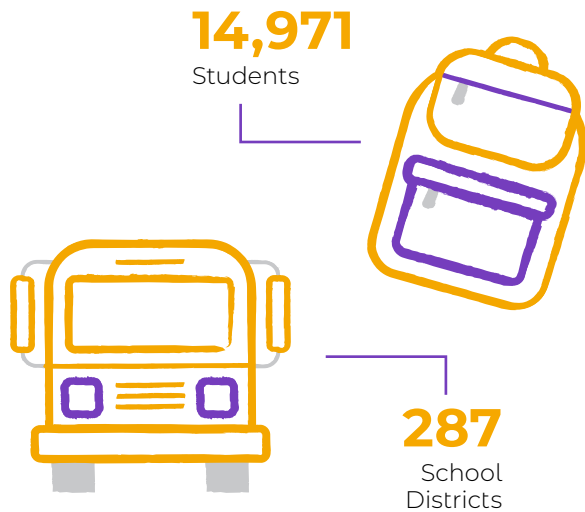
**CTSS services** aim to help children gain coping skills and self-management tools to manage symptoms of mental illness. Services may include:

- **Therapy** - individual, family, or group psychotherapy
- **Skills training** - individual, family, and group help to learn social, coping, communication, or daily life skills
- **Mental Health Behavioral Aide** - one-to-one service that helps youth manage behavior problems and symptoms at home or school
- **Crisis Plan Development for the child and family**
- **Children's day treatment**





### CHILDREN RECEIVING SCHOOL-LINKED MENTAL HEALTH SERVICES, 2017-2018



Source: Minnesota Department of Human Services, Behavioral Health Division, Legislative Report, 2017-2018

### CHILDREN WHO HAVE ONE OR MORE EMOTIONAL, BEHAVIORAL OR DEVELOPMENTAL CONDITIONS IN MINNESOTA, 2016-2017



Source: Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.

## Hennepin County School Mental Health Initiative

Hennepin County School Mental Health Initiative (HC SMHI) is a collaborative of 16 mental health organizations working in 164 schools and eight PICA Head Starts from 17 school districts serving over 5,000 students per year. Organizations have been providing mental health services for children in schools for over 20 years but it expanded in 2008 with the development of a state grant program. The Minnesota Legislature has increased funding for school-based mental health services from \$4.7 million per year in 2008 to \$13 million per year in 2019.

HC SMHI works with mental health organizations that embed a licensed mental health professional in schools. Through close collaboration with student support staff, including school social workers, school psychologists, school counselors, and school nurses, the therapist and school staff provide a broad continuum of services from mental health promotion to diagnosis and treatment. The therapist focuses on diagnosis, treatment, and consultation with school staff and care coordination with outside professionals. Student support staff and teachers focus on delivering social-emotional learning curriculum and prevention and early intervention supports and services. The HC SMHI developed a practice framework for school mental health in Hennepin County. The goals of school-based mental health are to improve access and engagement in mental health care; to improve symptoms, functioning, and school outcomes; and to integrate a broad continuum of mental health services and supports into schools.

The Minneapolis Public Schools School Mental Health Program (SMHP), which is part of the HC SMHI, has lead evaluation and research on school-based mental health services.

An evaluation of the SMHP conducted by Dr. Mark Sander and the Minneapolis Public Schools found the following school outcomes:

#### Improved Access and Engagement

- 85% of students have been seen face-to-face by a therapist in school
- Over 50% of students report receiving mental health services for the first time
- Students average 17 clinical visits during one school year and 25 visits over multiple school years

#### Improved student mental health and school functioning

- Decrease in office referrals, school suspensions, and special education referrals
- Increase in attendance and academic achievement
- 65% of students showed improvement in mental health symptoms on the Strengths and Difficulties Questionnaire

# Child Welfare

The child protection system is tasked with assessing the safety of children in their homes and is designed to intervene in families with children experiencing physical or sexual abuse or neglect. Minnesota's child protection system is state-supervised and county-administered meaning that each county and tribe establishes its own procedures for determining whether or in what capacity to provide services to children and families in compliance with federal and state law.

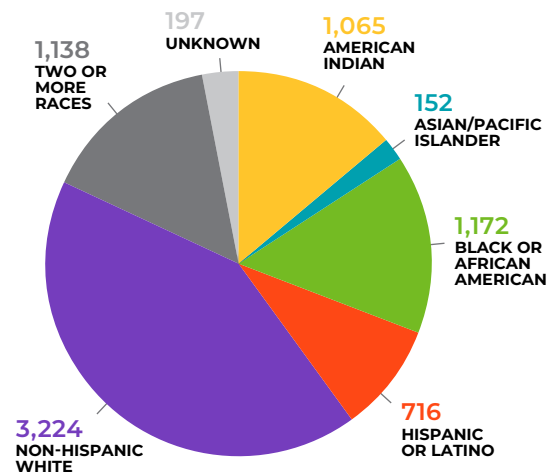
Minnesota has shifted practices to improve child safety since former Governor Mark Dayton's Task Force on the Protection of Children issued 93 recommendations in 2015.<sup>34</sup> These changes, combined with an increase in families experiencing substance abuse challenges, have resulted in an increase in the number of children placed in out-of-home care over the past several years.

The passage of the federal Family First Prevention Services Act<sup>35</sup> aims to pivot back toward keeping children home with their families, as long as safety is ensured, by allowing counties to access federal funding for services such as substance abuse treatment or parenting education without needing to place a child in out-of-home care.

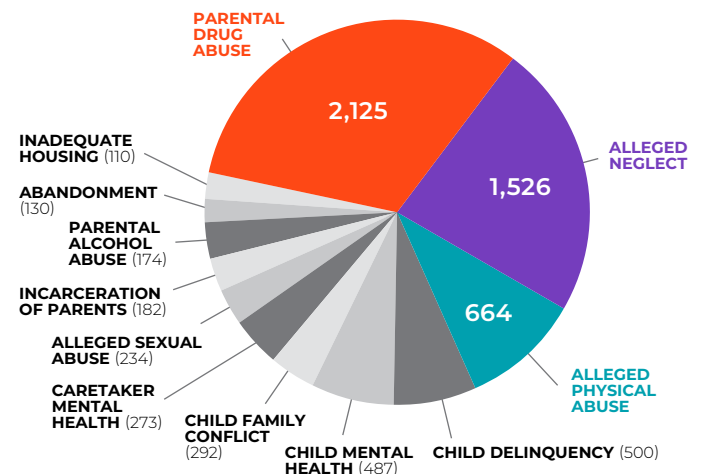
## POLICY RECOMMENDATIONS

1. Increase state funding and reduce reliance on county funding for the child protection system, and continue to analyze and implement recommendations from the Governor's Task Force on the Protection of Children.
2. Identify solutions to reduce racial disparities in out-of-home placement rates for American Indian and African American children, and determine how to more effectively and uniformly comply with Indian Child Welfare Act (ICWA) requirements.
3. Incorporate the provisions included in the federal Family First Prevention Services Act to support keeping children in their homes if they are safe from harm, and provide services to parents and children to support their needs.
4. Ensure that children placed in out-of-home care are able to remain in their school or are transferred to a new school within two weeks of placement to minimize disruption in learning.

## NUMBER OF NEW PLACEMENT EPISODES BY RACE AND ETHNICITY, 2018



## NUMBER OF NEW PLACEMENT EPISODES BY PRIMARY REASON FOR REMOVAL FROM THE HOME, 2018



Source: Minnesota Department of Human Services



## Minn-LInK

The Minnesota-Linking Information for Kids (Minn-LInK) project is housed at the Center for Advanced Studies in Child Welfare (CASCW), in the School of Social Work at the University of Minnesota. Minn-LInK was developed in recognition that some of the most vulnerable children and families are served by multiple systems, yet there was no method in place to form broader pictures of multi-system involvement. The Minn-LInK project provides researchers, practitioners, educators, administrators, and policymakers a rare opportunity to understand the experiences of children and families who are served by multiple systems. Minn-LInK projects are developed and carried out with a cross-system perspective in mind – linking longitudinal data from multiple systems to answer questions about the effects of policies, programs, and practice on the well-being of children and families in Minnesota. Minn-LInK was established in 2003, giving it a long history of partnership and research-to-practice opportunities as well as data spanning 20 years across systems.

Findings from Minn-LInK research have been used to shape programs and policies, to identify system-wide gaps in existing administrative data, and to illuminate additional avenues for program evolution, such as the prominent overlap between students experiencing homelessness and encounters with the child welfare system.

For more information about Minn-LInK or to access Minn-LInK briefs and other publications, please visit <https://cascw.umn.edu/community-engagement-2/minn-link/>.

## CHILD WELFARE POLICY

**The Indian Child Welfare Act (ICWA)** was enacted in 1978<sup>36</sup> to address the placement of large proportions of American Indian children in out-of-home care, often in families who were not American Indian. Provisions of ICWA require that if an American Indian child is referred to child protection, the child must be identified as American Indian and notice must be given to the child's tribe and the child's family to identify appropriate placement options that align with ICWA regulations, including the prioritization of placing the child in an American Indian home. In 2016, the Bureau of Indian Affairs issued comprehensive guidance for the regulations of ICWA<sup>37</sup> to reinforce and support the state and county child protection systems across the country in effectively interpreting, implementing, and carrying out the provisions of ICWA.

**The Minnesota Indian Family Preservation Act (MIFPA)** strengthens and reinforces ICWA provisions for children identified as American Indian and referred for child protection services in Minnesota.

**The Safe Harbor Act**, passed in 2011 and updated in 2016, changed the handling of children and youth who are victimized by sex trafficking. The definition of sexually exploited youth was added to the statutes for child protection and penalties were removed for children and youth age 24 and under who engage in commercial sexual conduct.

## CHILD WELFARE TRENDS, 2012-2018

|             | DETERMINED ABUSE/NEGLECT CASES | FATALITIES DUE TO MALTREATMENT | ALLEGED VICTIMS IN FA REPORTS | CHILDREN IN OUT-OF-HOME CARE * |
|-------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <b>2012</b> | 4,480                          | 10                             | 18,088                        | 11,453                         |
| <b>2013</b> | 4,346                          | 19                             | 19,943                        | 11,510                         |
| <b>2014</b> | 4,219                          | 19                             | 18,958                        | 12,172                         |
| <b>2015</b> | 6,146                          | 23                             | 23,223                        | 13,612                         |
| <b>2016</b> | 8,993                          | 26                             | 25,929                        | 15,004                         |
| <b>2017</b> | 9,083                          | 20                             | 23,713                        | 16,593                         |
| <b>2018</b> | 7,588                          | 26                             | 23,746                        | 16,488                         |

Source: Minnesota Department of Human Services, Child Safety and Permanency Division

# State-Level Data Tables



State-level data historically collected in the Minnesota KIDS COUNT Data Book can be found on the following pages. The data are broken out into eight categories so that readers can easily find the information:

- Demographics
- Family and Caregivers
- Early Childhood
- K-12 Education
- Economic Stability
- Healthy Development
- Safe homes and Communities
- Food and Nutrition

Indicators available at the county level are highlighted with a CT in the left hand column. Please visit the KIDS COUNT Data Center ([datacenter.kidscount.org](http://datacenter.kidscount.org)) to find the most recent county-level information along with other state-level data.

**CT** = Data also available by county on KIDS COUNT Data Center website: [datacenter.kidscount.org](http://datacenter.kidscount.org)

|           | DEMOGRAPHICS                                      | NUMBER    | PERCENT/<br>RATE | YEAR(S) |
|-----------|---|-----------|------------------|---------|
| <b>CT</b> | Child population, As % of total population        | 1,298,657 | 23%              | 2017    |
|           | Children 0-4, As % of children                    | 355,231   | 27%              | 2017    |
|           | Children 5-11, As % of children                   | 507,958   | 39%              | 2017    |
|           | Children 12-14, As % of children                  | 219,542   | 17%              | 2017    |
|           | Children 15-17, As % of children                  | 215,926   | 17%              | 2017    |
| <b>CT</b> | Children by Race/Ethnicity                        |           |                  |         |
|           | White, non-Hispanic, As % of children             | 898,908   | 69%              | 2017    |
|           | Black, non-Hispanic, As % of children             | 121,088   | 9%               | 2017    |
|           | American Indian, non-Hispanic, As % of children   | 18,551    | 1%               | 2017    |
|           | Asian, non-Hispanic, As % of children             | 79,161    | 6%               | 2017    |
|           | Two or more races, non-Hispanic, As % of children | 64,543    | 5%               | 2017    |
|           | Hispanic or Latino, As % of children              | 115,587   | 9%               | 2017    |

## FAMILY AND CAREGIVERS

NUMBER PERCENT/  
RATE YEAR(S)

|           |   |         |       |         |
|-----------|---|---------|-------|---------|
|           | Households raising children, As % of all households   | 655,150 | 30.3% | 2017    |
|           | Children in households:   |         |       |         |
|           | with married adults, As % of children in households   | 933,000 | 72%   | 2017    |
|           | with mother only, As % of children in households  | 246,000 | 19%   | 2017    |
|           | with father only, As % of children in households  | 103,000 | 8%    | 2017    |
|           | Children being raised by unmarried, cohabitating partners, As % of children                 | 110,000 | 9%    | 2017    |
|           | Children being raised by grandparents, As % of children                                     | 20,000  | 2%    | 2017    |
|           | Children in immigrant families (child and/or parent is foreign-born), As % of children      | 263,000 | 20%   | 2017    |
| <b>CT</b> | Total births, Rate per 1,000 children   | 68,603  | 12.3  | 2017    |
|           | Births by Maternal Education, As % of births  |         |       |         |
|           | Less than 4 years of high school  | 7,190   | 9.5%  | 2017    |
|           | 4 years of high school or GED completed   | 11,515  | 17%   | 2017    |
|           | Some college credit but no degree   | 12,208  | 18%   | 2017    |
|           | Associate's Degree  | 8,869   | 13.1% | 2017    |
|           | Bachelor's Degree   | 18,525  | 27.3% | 2017    |
|           | Master's, Doctorate, or Professional Degree   | 9,524   | 14%   | 2017    |
|           | Births to US-born mothers, As % of births   | 55,056  | 80.3% | 2017    |
|           | Births to foreign-born mothers, As % of births  | 13,547  | 19.7% | 2017    |
|           | Children born to married mothers, As % of births  | 46,664  | 68%   | 2017    |
| <b>CT</b> | Children born to unmarried mothers, As % of births  | 21,914  | 32%   | 2017    |
| <b>CT</b> | Children born with no father listed on the birth certificate, As % of births                | 8,000   | 11.7% | 2017    |
| <b>CT</b> | Children born to teenage (age 15-17) mothers, Rate per 1,000 15- to 17-year-olds, 2014-2016 | 1,581   | 5%    | 2015-17 |
| <b>CT</b> | Children in the Family Assessment Response program, Rate per 1,000 children                 | 23,746  | 18.3  | 2018    |
| <b>CT</b> | Children in out-of-home care, Rate per 1,000 children                                       | 16,488  | 12.7  | 2018    |
|           | Children aging out of foster care without a permanent family                                | 55      |       | 2017    |
|           | Children remaining under state guardianship, year-end                                       | 1,306   |       | 2017    |
|           | Children who had ever had a parent who was incarcerated                                     | 87,674  | 7%    | 2016-17 |



| EARLY CHILDHOOD |   | NUMBER   | PERCENT/<br>RATE | YEAR(S)   |
|-----------------|---|----------|------------------|-----------|
| CT              | Children born preterm, As % of births   | 6,104    | 9%               | 2017      |
| CT              | Children born at low-birthweight, As % of births  | 4,648    | 6.8%             | 2017      |
|                 | Children age 3 and 4 not enrolled in preschool  | 78,000   | 54%              | 2015-17   |
| CT              | Annual cost of center-based child care  |          |                  |           |
|                 | Infant  | \$15,450 |                  | 2019      |
|                 | Toddler   | \$13,450 |                  | 2019      |
|                 | Preschooler   | \$11,750 |                  | 2019      |
|                 | School-Age  | \$9,800  |                  | 2019      |
| CT              | Annual cost of family-based child care  |          |                  |           |
|                 | Infant  | \$8,150  |                  | 2019      |
|                 | Toddler   | \$7,800  |                  | 2019      |
|                 | Preschooler   | \$7,500  |                  | 2019      |
|                 | School-Age  | \$6,650  |                  | 2019      |
|                 | Children under age 6 with all available parents in the workforce,<br>As % of children under age 6                     | 312,000  | 75%              | 2017      |
|                 | Children in the Child Care Assistance Program (CCAP),<br>average monthly enrollment                                   |          |                  |           |
|                 | Minnesota Family Investment Program (MFIP) or<br>Transition Year Child Care Assistance Program                        | 16,434   |                  | 2018      |
|                 | Basic Sliding Fee (BSF)   | 13,387   |                  | 2018      |
|                 | Families on waiting lists for the CCAP  | 1,663    |                  | July 2019 |
|                 | Total Enrollment in Head Start or Early Head Start  | 13,901   |                  | 2017-18   |
|                 | Children served by Part C Early Intervention and have<br>Individual Family Service Plans (IFSPs), 2015–16 school year | 5,736    |                  | 2016-17   |
|                 | Homeless children served by Part C, 2015-16 school year   | 92       |                  | 2017-18   |

| K-12 EDUCATION |  | NUMBER  | PERCENT/<br>RATE | YEAR(S) |
|----------------|--|---------|------------------|---------|
|                | Students enrolled in non-public schools  | 65,638  |                  | 2018-19 |
| CT             | Students enrolled in K-12 public schools   | 889,304 |                  | 2018-19 |
| CT             | K-12 public school students with limited English proficiency,<br>As % of K-12 public school students | 74,315  | 8.4%             | 2018-19 |
| CT             | K-12 public school students enrolled in special education,<br>As % of K-12 public school students    | 143,925 | 16.2%            | 2018-19 |
| CT             | Students who graduated in 4 years, As % of public school students                                    | 55,869  | 83.2%            | 2018-19 |
|                | Students who graduated in 5 years, As % of public school students                                    | 56,851  | 85.8%            | 2018-19 |
| CT             | Students who dropped out within 4 years, As % of public school students                              | 3,064   | 4.6%             | 2018-19 |

| <b>ECONOMIC STABILITY</b> |   | <b>NUMBER</b> | <b>PERCENT/<br/>RATE</b> | <b>YEAR(S)</b> |
|---------------------------|---|---------------|--------------------------|----------------|
|                           | Entire population living in poverty, As % of population   | 517,000       | 9%                       | 2017           |
|                           | Children living in extreme poverty, As % of children  | 60,000        | 5%                       | 2017           |
| <b>CT</b>                 | Children living in poverty, As % of children  | 150,000       | 12%                      | 2017           |
|                           | White children in poverty, As % of all White children   | 55,000        | 6%                       | 2017           |
|                           | African American children in poverty, As % of all African American children                         | 44,000        | 36%                      | 2017           |
|                           | Asian children in poverty, As % of all Asian children   | 10,000        | 13%                      | 2017           |
|                           | American Indian children in poverty, As % of all American Indian children                           | S             | S                        | 2017           |
|                           | Hispanic or Latino children in poverty, As % of all Hispanic children                               | 26,000        | 24%                      | 2017           |
|                           | Children of Two or More Races in poverty, As % of all children of Two or More Races                 | 13,000        | 16%                      | 2017           |
|                           | Immigrant children in poverty, As % of all immigrant children                                       | 58,000        | 22%                      | 2017           |
|                           | Children age 5 and under living in poverty, As % of children age 5 and under                        | 52,000        | 13%                      | 2017           |
|                           | Children age 5 and under living below 185% of poverty   | 120,373       | 28.8%                    | 2017           |
|                           | Children below 200% of poverty, As % of children  | 370,000       | 29%                      | 2017           |
|                           | Families living in poverty, As % of families  | 62,000        | 10%                      | 2017           |
|                           | Married-couple families with children in poverty, As % of all married-couple families with children | 18,000        | 4%                       | 2017           |
|                           | Single-parent families with children in poverty, As % of all single-parent families with children   | 44,000        | 24%                      | 2017           |
|                           | Median annual income of families raising children (in 2017 dollars)                                 | \$89,700      |                          | 2017           |
|                           | Median annual income of White families (in 2017 dollars)  | \$101,600     |                          | 2017           |
|                           | Median annual income of African American families (in 2017 dollars)                                 | \$40,300      |                          | 2017           |
|                           | Median annual income of American Indian families (in 2017 dollars)                                  | \$38,100      |                          | 2017           |
|                           | Median annual income of Asian families (in 2017 dollars)  | \$81,400      |                          | 2017           |
|                           | Median annual income of Hispanic families (in 2017 dollars)   | \$43,400      |                          | 2017           |
|                           | Median annual income of families of Two or More Races (in 2017 dollars)                             | \$53,200      |                          | 2017           |
|                           | Children under age 6 with all available parents in the workforce, As % of families                  | 312,000       | 75%                      | 2017           |
|                           | Tax households who claimed the Earned Income Tax Credit (EITC)                                      | 316,000       |                          | 2018           |
|                           | Total value of the EITC   | \$702,000,000 |                          | 2018           |
|                           | Average EITC amount   | \$2,220       |                          | 2018           |
|                           | Families in the Minnesota Family Investment Program (MFIP)  |               |                          |                |
| <b>CT</b>                 | In Child-only cases   | 8,561         |                          | 2017           |
| <b>CT</b>                 | In Adult-eligible cases   | 20,594        |                          | 2017           |
| <b>CT</b>                 | Percent of families collecting child support, As % of eligible families                             |               | 75%                      | 2018           |
|                           | Female-headed families receiving child support, As % of families headed by unmarried women          | 46,000        | 36%                      | 2018           |
|                           | Children age 6 to 12 with all available parents in the workforce, As % of children 6 to 12          | 392,000       | 77%                      | 2017           |

| HEALTHY DEVELOPMENT |  | NUMBER  | PERCENT/<br>RATE | YEAR(S)   |
|---------------------|--|---------|------------------|-----------|
| CT                  | Children without health insurance, As % of children  | 47,000  | 3%               | 2017      |
| CT                  | Average monthly enrollment of children in Medical Assistance   | 493,804 |                  | 2018      |
| CT                  | Average monthly enrollment of families with children in MinnesotaCare  | 1,146   |                  | 2018      |
| CT                  | Children born to mothers who smoked during pregnancy, As % of births   | 5,549   | 8.1%             | 2017      |
| CT                  | Children whose mothers received inadequate or no prenatal care, As % of births   | 7,062   | 10.9%            | 2017      |
|                     | Children enrolled in Minnesota Health Care Program (MA or MNCare) who saw a dentist, As % of children enrolled in MHCP | 249,189 | 38.2%            | 2018      |
|                     | Children who have one or more emotional, behavioral, or developmental conditions, As % of children                     | 239,853 | 22%              | 2016-17   |
| CT                  | Children 24 to 35 months who are up-to-date with the vaccine series, As % of children 24 to 35 months                  |         | 69.2%            | July 2019 |
|                     | Children age 13 who have received the recommended adolescent vaccines, As % of children age 13                         |         | 24.2%            | July 2019 |

| SAFE HOMES AND COMMUNITIES |   | NUMBER  | PERCENT/<br>RATE | YEAR(S) |
|----------------------------|---|---------|------------------|---------|
| CT                         | Children under age 6 testing positive for lead poisoning                                | 885     |                  | 2018    |
|                            | Children living in crowded housing, As % of children                                    | 128,000 | 10%              | 2017    |
| CT                         | Households where housing costs exceed 30% of income, As % of all housing units          |         |                  |         |
|                            | Owner   | 225,542 | 21.8%            | 2017    |
|                            | Renter  | 268,557 | 46%              | 2017    |
| CT                         | Housing status of children, As % of children in occupied housing units                  |         |                  |         |
|                            | Owner   | 954,517 | 76%              | 2017    |
|                            | Renter  | 301,657 | 24%              | 2017    |
| CT                         | Children age 10 to 17 arrested for serious crimes, Rate per 1,000 children age 10 to 17 | 2,636   | 4.5              | 2018    |
| CT                         | Children who died from unintentional injuries   | 66      |                  | 2017    |
| CT                         | Children abused or neglected, Rate per 1,000 children                                   | 7,588   | 5.8              | 2018    |
| CT                         | Children who committed suicide or were murdered   | 51      |                  | 2017    |

| FOOD AND NUTRITION |  | NUMBER    | PERCENT/<br>RATE | YEAR(S) |
|--------------------|--|-----------|------------------|---------|
| CT                 | K-12 students approved for free school meals, As % of K-12 students  | 323,572   | 36.4%            | 2018-19 |
| CT                 | Average monthly enrollment of children receiving SNAP, As % of children  | 176,096   |                  | 2018    |
|                    | Participation in the WIC nutrition program   |           |                  |         |
|                    | Women (pregnant, breastfeeding and postpartum)   | 47,353    |                  | 2018    |
|                    | Babies born to mothers enrolled in WIC   | 50,016    |                  | 2018    |
|                    | Children (1 to 5 years old)  | 74,206    |                  | 2018    |
|                    | Households with children that report "food hardship"   |           | 12.7%            | 2016-17 |
|                    | Households that are "food insecure," As % of households  | 193,242   | 8.6%             | 2016-18 |
| CT                 | Children in families visiting food shelves (non-unique, counted each visit)  | 1,221,989 |                  | 2018    |
|                    | Children in the Summer Food Service Program (average daily participation), As % of those enrolled in free school meals | 46,437    | 14.4%            | 2018    |

# Technical Notes

"Children" if not otherwise defined refers to those under age 18 (0-17). A "parent" may be either biological, adoptive or a stepparent. "Families" refers to a parent raising one or more children in their household. A "household" may contain a single family, more than one family, a family and one or more sub-families (such as three generations living together), or it may contain members that are unrelated. Total and sub-group child populations used for calculating most rates are from the U.S. Census Bureau's year that corresponds to the data.

Statewide poverty estimates are based upon the universe for which poverty status is determined in the 2017 American Community Survey (ACS). Poverty status is not determined for people in military barracks, institutional quarters, or for unrelated individuals under age 18 (such as foster children). The federal poverty definition consists of a series of thresholds based on family size and composition. The poverty threshold in 2017 was defined as an annual income below \$24,600 for a family of four with two children.

Some data presented in this book is reflective of actual counts, while other data is obtained from survey estimates. In the latter case, we have rounded many figures to the nearest 500 or 1,000 to emphasize that the figure is an estimate, which contains a margin of error. For additional information about sampling methodology and confidence intervals, please refer to the original data source or contact Children's Defense Fund-Minnesota.

## DEMOGRAPHICS

### Child population, 2017

Source: U.S. Census Bureau, Population Estimates for July 1, 2017.

### Child population by age group, 2017

Source: U.S. Census Bureau, Population Estimates for July 1, 2017.

### Child population by race/ethnicity, 2017

Source: U.S. Census Bureau, Population Estimates for July 1, 2017. Note: Hispanic/Latino children are not counted in racial groupings.

## FAMILY & CAREGIVERS

### Households raising children, 2017

Source: U.S. Census Bureau, 2017 American Community Survey.

### Children in households, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children being raised by unmarried, cohabitating partners, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children being raised by grandparents, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note:

Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children in immigrant families, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Total births, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Births by maternal education, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Births to US-born mothers, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Births to foreign-born mothers, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Children born to married mothers, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Children born to unmarried mothers, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Children born with no father listed on the birth certificate, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables.

### Children born to teenage (15-17) mothers, 2015-17

Source: Minnesota Department of Health, Center for Health Statistics. 2015 Minnesota County Health Tables. Note: Due to small numbers, rate represents 3-year average for 2015-2017; rate given per 1,000 teenage girls ages 15 to 17.

### Children in the Family Assessment Response Program, 2018

Source: Minnesota Department of Human Services. *Minnesota's Child Maltreatment Report 2018*, Fall 2019.

### Children in out-of-home care, 2018

Source: Minnesota Department of Human Services. *Minnesota's Out-of-home Care and Permanency Report 2018*, Fall 2019.

### Children aging out of foster care without a permanent family, 2018

Source: Minnesota Department of Human Services. *Minnesota's Out-of-home Care and Permanency Report 2018*, Fall 2019.

### Children remaining under state guardianship, year-end, 2017

Source: Minnesota Department of Human Services, Child Safety and Permanency Division. Personal contact with Jon Pedersen.

### Children who had ever had a parent who was incarcerated, 2016-2017

Source: Child Trends analysis of data from the U.S. Department of Health

and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.

## EARLY CHILDHOOD

### Children born preterm, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables. Note: Live births of babies who are less than 37 weeks gestation at birth. Single births only; not multiples.

### Children born at low-birthweight, 2017

Source: Minnesota Department of Health, Center for Health Statistics. 2017 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: Refers to live births during 2016 in which the child weighed less than 2500 grams (5 pounds, 8 ounces) at birth. Single births only; not multiples.

### Children age 3 and 4 not attending preschool, 2015-2017

Source: U.S. Census Bureau, 2015-2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

### Cost of center-based child care, 2018

Source: Child Care Aware of Minnesota. 2018 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

### Cost of family-based child care, 2018

Source: Child Care Aware of Minnesota. 2018 Child Care Provider Rate Survey. Personal contact with Angie Bowman.

### Children under age 6 with all available parents in the workforce, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center Online.

### Average monthly enrollment of children in the Child Care Assistance Program (CCAP), 2018

Source: Minnesota Department of Human Services, Minnesota Child Care Assistance Program Fiscal Year 2018 Family Profile, January 2019. Note: Monthly averages of children receiving CCAP including Minnesota Family Investment Program (MFIP), Transition Year (TY) and Basic Sliding Fee (BSF) during state fiscal year 2018 (July 1, 2017 to June 30, 2018).

### Families on the waiting list for CCAP, July 2019

Source: Minnesota Department of Human Services. Note: The July 2019 waiting list was the most recent available at the time of publication.

### Children served by Head Start or Early Head Start, 2017-2018

Source: Minnesota Head Start Facts 2019, Minnesota Head Start Association. Retrieved at [www.mnheadstart.org/PDF/MN%20Factsheet.pdf](http://www.mnheadstart.org/PDF/MN%20Factsheet.pdf) on August 2, 2019.

### Children served by Part C Early Intervention Services and have Individual Family Service Plans, 2016-2017

Source: Minnesota Department of Education, Minnesota Part C Federal Fiscal Year 2016 State Performance Plan/Annual Performance Report.

### Homeless children served by Part C, 2017-2018 school year

Source: Minnesota Department of Education, Homeless Children Served by Part C Infant and Toddler Intervention. Fiscal Year 2018 Report to the Legislature as required by Minnesota Statutes, section 125A.125. Retrieved from [www.leg.state.mn.us/docs/2019/mandated/190793.pdf](http://www.leg.state.mn.us/docs/2019/mandated/190793.pdf) on August 2, 2019.

## K-12 EDUCATION

### Students enrolled in non-public schools, 2017-18

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2017-2018. Retrieved from Data Center at [www.education.mn.gov/MDE/Data/](http://www.education.mn.gov/MDE/Data/)

### Students enrolled in K-12 public schools, 2017-18

Source: Minnesota Department of Education, Minnesota Education Statistics Summary 2017-18.

### K-12 public school students with limited English proficiency, 2017-18

Source: Minnesota Department of Education, Data Center, 2017-18 Enrollments-County-Special Populations spreadsheet.

### K-12 public school students enrolled in special education, 2017-18

Source: Minnesota Department of Education, Data Center, 2017-18 Enrollments-County-Special Populations spreadsheet.

### Students who graduated in 4-years, 2016-2017

Source: Minnesota Department of Education, Data Center, 2016-2017 Graduation Rates.

### Students who dropped out in 4-years, 2016-2017

Source: Minnesota Department of Education, Data Center, 2016-17 Graduation Rates.

### Children age 6 to 12 with all available parents in the workforce, 2016

Source: U.S. Census Bureau, 2016 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

## ECONOMIC STABILITY

### Children living in extreme poverty, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children living in poverty, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### Children in poverty by race/ethnicity, 2017

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Immigrant children in poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Children under age 6 living in poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Children age 5 and under living below 185% of poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Accessed on American FactFinder, Table B17024.

#### **Children below 200% of the poverty line, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Families living in poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Married-couple households with children in poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Single-parent households with children in poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Entire population living in poverty, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Median annual income of families raising children, 2017**

Source: U.S. Census Bureau, 2016 American Community Survey.

#### **Median family income by race/ethnicity, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: See tables B19113A, B, C, D, E, and I.

#### **Children under age 6 with all available parents in the workforce, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Analysis by Population Reference Bureau. See KIDS COUNT Data Center online. Note: Due to significant changes to the American Community Survey questions on labor force participation and number of weeks worked starting in 2008, comparisons to previous years' estimates are not recommended.

#### **Tax households that claimed the Earned Income Tax Credit (EITC), 2018 (Tax Year 2018)**

Source: Internal Revenue Service, Statistics for 2018 Tax Returns with EITC. Retrieved from [www.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc](http://www.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc).

#### **Total value of the Earned Income Tax**

#### **Credit (EITC), 2018 (Tax Year 2018)**

Source: Internal Revenue Service, Statistics for 2018 Tax Returns with EITC. Retrieved from [www.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc](http://www.irs.gov/eitc-central/statistics-for-tax-returns-with-eitc/statistics-for-tax-returns-with-eitc).

#### **Families in the Minnesota Family Investment Program (MFIP), 2017**

Source: Minnesota Department of Human Services, Program Assessment and Integrity Division. Personal contact with Mark Besser. Note: figure is for active case counts for December 2017.

#### **Percent of families collecting child support, 2018**

Source: Minnesota Department of Human Services, Child Support Enforcement Division. Child Support Performance Report 2018. Current collection based on the federal fiscal year. Retrieved from: [www.leg.state.mn.us/docs/2019/other/190525.pdf](http://www.leg.state.mn.us/docs/2019/other/190525.pdf)

#### **Households headed by unmarried women who are receiving child support, 2017**

Source: U.S. Census Bureau, Current Population Survey. Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

### **HEALTHY DEVELOPMENT**

#### **Children without health insurance, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey.

#### **Average monthly enrollment of children in Medical Assistance (MA), 2018**

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson. Note: Includes children in MFIP households. Refers to children below age 18, although 18- to 20-year-olds are eligible to receive Medical Assistance. Child's age calculated as of July 1, 2018. Children are counted in only one county even if they moved during the year. Children are counted in both Medical Assistance and MinnesotaCare enrollee counts if they were enrolled in both programs during the year.

#### **Average monthly enrollment of children in MinnesotaCare, 2018**

Source: Minnesota Department of Human Services, Reports & Forecasts Division. Personal contact with Ray Kurth-Nelson. Note: Child's age calculated as of July 1, 2018. Children are counted in only one county even if they moved during the year. Children are counted in both Medical Assistance and MinnesotaCare enrollee counts if they were enrolled in both programs during the year.

#### **Children born to mothers who smoked during pregnancy, 2017**

Source: Minnesota Department of Health, Center for Health Statistics, 2017 Minnesota County Health Tables. Note: Births are assigned to the mother's county of residence, regardless of where the birth occurred.

#### **Children whose mothers received late or inadequate prenatal care, 2017**

Source: Minnesota Department of Health, Center for Health Statistics, 2017 Minnesota County Health Tables. Personal contact with Judy Palermo. Note: "Inadequate" is defined as either no prenatal care, care beginning in the 3rd trimester, or an inadequate range of visits, regardless of when prenatal care began.

#### **Children enrolled in Minnesota Health Care Program (MA or MinnesotaCare) who saw a dentist, 2018**

Source: Minnesota Department of Human Services, Minnesota Health Care Programs Dental Services

Recipients by County of Residence, Program Category and Age. Collected by the Minnesota Oral Health Program. St. Paul, Minnesota: Accessed from MN Public Health Data Access Portal. Retrieved from [www.data.web.health.state.mn.us/dental-utilization-metadata](http://www.data.web.health.state.mn.us/dental-utilization-metadata) August, 2019. Measured by children under age 21 who had at least one dental claim submitted for reimbursement.

#### **Children who have one or more emotional, behavioral or developmental conditions, 2016-2017**

Source: Child Trends analysis of data from the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.

#### **Children 24-35 months who are up-to-date with the vaccine series, 2019**

Source: Minnesota Department of Health, Immunization Program. Childhood Immunization Coverage in Minnesota. July 2019. Personal Contact with Miriam Muscoplat. Note: The vaccine series consists of 4+ DTaP, 3+ Polio, 1+ MMR, Complete Hib, 3+ HepB, 1+ Varicella, and Complete Prevnar.

#### **Adolescents age 13 who have received the recommended adolescent vaccines, 2019**

Source: Minnesota Department of Health, Immunization Program. Adolescent Immunization Coverage in Minnesota. July 2019. Personal Contact with Miriam Muscoplat. Note: The vaccine series consists of 1+ Tdap, 1+ MenACWY and Complete HPV.

### **SAFE HOMES & COMMUNITIES**

#### **Children under age 6 testing positive for lead poisoning, 2018**

Source: Minnesota Department of Health, Center for Health Statistics, Surveillance Database Reports. Note: Refers to children who were tested and found to have blood lead levels of 5 Micrograms per Deciliter ( $\mu\text{g}/\text{dL}$ ) or greater, both confirmed and unconfirmed cases of elevated blood lead levels.

#### **Children living in crowded housing, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey. Note: Analysis by Population Reference Bureau. See KIDS COUNT Data Center online.

#### **Households where housing costs exceed 30% of income, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates. Table B25091: Mortgage Status by Selected Monthly Owner Costs as a Percentage of Household Income in the Past 12 Months and Table S0201: Selected Population Profile in the United States.

#### **Housing status of children, 2017**

Source: U.S. Census Bureau, 2017 American Community Survey 1-year Estimates, Table B25012.

#### **Children age 10-17 arrested for a serious crime, 2018**

Source: Minnesota Department of Public Safety, 2017 Bureau of Criminal Apprehension, Minnesota Justice Information Services, Uniform Crime Report (July 2019). Note: Refers to arrests of juveniles age 10-17. Rate per 1,000 is calculated by dividing the number of juvenile arrests by the total number of children ages 10-17, then multiplying by 1,000. "Serious" crimes (Part I crimes) include murder, rape, robbery, aggravated assault, burglary, larceny, vehicle theft and arson. Not all children arrested for serious crimes

may have committed these crimes, and not all children who committed serious crimes may have been arrested.

#### **Children who died from unintentional injuries, 2017**

Source: Minnesota Department of Health, Center for Health Statistics, 2017 Minnesota County Health Tables. Personal contact with Judy Palermo.

#### **Children abused or neglected, 2018**

Source: Minnesota Department of Human Services. *Minnesota's Child Maltreatment Report 2018*, Fall 2019.

#### **Children who committed suicide or were murdered, 2017**

Source: Minnesota Department of Health, Center for Health Statistics, 2017 Minnesota County Health Tables.

### **FOOD AND NUTRITION**

#### **K-12 students approved for free school meals, 2018-2019**

Source: Minnesota Department of Education, Data Center, 2018-2019 Enrollments-County-Special Populations spreadsheet.

#### **Average monthly enrollment of children receiving SNAP, 2018**

Source: Minnesota Department of Human Services. Personal contact with Dorina Nikolla and Erika Martin. Note: Average monthly enrollment during calendar year 2018 of unique children in SNAP households. Includes children from MFIP Food Portion cases. Count of children only includes SNAP-eligible children in the household.

#### **Total participation in the WIC nutrition program, 2018**

Source: Minnesota Department of Health, WIC Category and Race and Ethnicity Annual Reports. Personal contact with Joni Geppert. Data retrieved from [www.health.state.mn.us/people/wic/localagency/reports/pptndemo/annual/category.html](http://www.health.state.mn.us/people/wic/localagency/reports/pptndemo/annual/category.html) Note: WIC is officially called the Special Supplemental Nutrition Program for Women, Infants, and Children.

#### **Percent of households with children that report "food hardship" 2016-2017**

Source: Food Research and Action Center. August 2018. Food Hardship in America: A look at national, regional, state and metropolitan statistical area data on household struggles with hunger. Retrieved from [www.frac.org/wp-content/uploads/food-hardship-july-2018.pdf](http://www.frac.org/wp-content/uploads/food-hardship-july-2018.pdf)

#### **Households that are "food insecure," 2016-2018**

Source: U.S. Department of Agriculture, Economic Research Service, Household Food Security in the United States, 2016-2018. Note: Based on data from the Current Population Survey Food Security Supplement.

#### **Children in families visiting food shelves, 2018**

Source: Hunger Solutions Minnesota, Food Shelf Statistics Report, 01/2018 to 12/2018. Personal contact with Jill Westfall. Note: Not a unique count of children served. All children in a family were counted each time a family member visited a food shelf during the year.

#### **Children in the Summer Food Service Program, 2018**

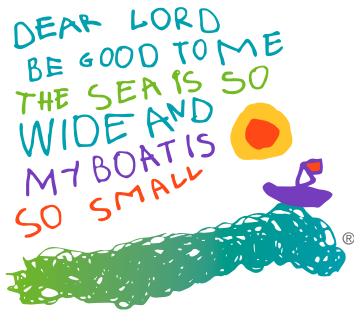
Source: Food Research and Action Center, State of the States 2018, Minnesota page. Note: Average daily participation during the month of July (busiest month). Rate is calculated by dividing summer participation figure by free and reduced-price school lunch enrollment figure. Retrieved from: [www.frac.org/research/resource-library/state-of-the-states-profiles?post\\_type=resource&p=4483&state=Minnesota](http://www.frac.org/research/resource-library/state-of-the-states-profiles?post_type=resource&p=4483&state=Minnesota)



# Endnotes

- 1 US Census Bureau. June 2019. Researching the Attitudes of Households Reporting Young Children – A Summary of Results from the 2020 Census Barriers, Attitudes, and Motivators Study (CBAMS) Survey <https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2020-report-cbams-attitudes-reporting-children.pdf>
- 2 Annie E. Casey Foundation. 2019. 2019 KIDS COUNT Data Book: State Trends in Child Well-being. <https://www.aecf.org/m/resourcedoc/aecf-2019kidscountdatabook-2019.pdf>
- 3 Annie E. Casey Foundation. January 2019. The Growing Role of Public Assistance in Childhood. <https://datacenter.kidscount.org/updates/show/229-the-growing-role-of-public-assistance-in-childhood>
- 4 Center on Budget and Policy Priorities. July 17, 2017. Economic Security Programs Help Low-Income Children Succeed Over Long Term, Many Studies Find. <https://www.cbpp.org/research/poverty-and-inequality/economic-security-programs-help-low-income-children-succeed-over>
- 5 Urban Institute. May 22, 2019. One in Seven Adults In Immigrant Families Reported Avoiding Public Benefit Programs in 2018. [https://www.urban.org/sites/default/files/publication/100270/one\\_in\\_seven\\_adults\\_in\\_immigrant\\_families\\_reported\\_avoiding\\_public\\_benefit\\_programs\\_in\\_2018.pdf](https://www.urban.org/sites/default/files/publication/100270/one_in_seven_adults_in_immigrant_families_reported_avoiding_public_benefit_programs_in_2018.pdf)
- 6 US Census Bureau. January 15, 2019. Investigating the 2010 Undercount of Young Children – Examining Coverage in Demographic Surveys. [https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2020-report-2010-undercount-children-examining\\_coverage\\_demo.pdf](https://www2.census.gov/programs-surveys/decennial/2020/program-management/final-analysis-reports/2020-report-2010-undercount-children-examining_coverage_demo.pdf)
- 7 Annie E. Casey Foundation. 2018. 2018 KIDS COUNT Data Book.
- 8 Ibid.
- 9 Stein, Deborah. June 2019. Counting All Children in the 2020 Census Would Benefit Poor Children: State and Local Advocates Can Help. <https://www.endchildpovertyus.org/blog/2019/6/10/counting-all-children-in-the-2020-census-would-benefit-poor-children-state-and-local-advocates-can-help>
- 10 Asian Americans Advancing Justice. 2019. Fact Sheet on the Census, Confidentiality and Japanese American Incarceration. [https://mn.gov/admin/assets/Census-Confidentiality-Factsheet-AAJC-LeadershipConference\\_tcm36-343333.pdf](https://mn.gov/admin/assets/Census-Confidentiality-Factsheet-AAJC-LeadershipConference_tcm36-343333.pdf)
- 11 Ibid.
- 12 Reamer, Andrew. 2019. Counting for Dollars 2020: The role of the decennial census in the geographic distribution of federal funds. GW Institute of Public Policy. [https://gwipp.gwu.edu/sites/g/files/zaxdzs2181/f/downloads/IPP-1819-3%20CountingforDollars\\_MN.pdf](https://gwipp.gwu.edu/sites/g/files/zaxdzs2181/f/downloads/IPP-1819-3%20CountingforDollars_MN.pdf)
- 13 US Census Bureau. 2010 Census Participation Rates interactive map. <https://www.census.gov/censusexplorer/2010ratemap.html>
- 14 Minnesota State Demographic Center. Retrieved from: <https://mn.gov/admin/2020-census/learn-about/who-gets-missed/>
- 15 Children’s Defense Fund – Minnesota. 2019 Legislative Session Recap. <https://cdf-mn.org/policy/policy-priorities/>
- 16 Minnesota Budget Project. Final Education Budget Makes Important Investments but Leaves More to Do to Support All Minnesota Students. <https://www.mnbudgetproject.org/blogdetails/minnesota-budget-bites/2019/07/03/final-education-budget-makes-important-investments-but-leaves-more-to-do-to-support-all-minnesota-students>
- 17 Tax Credits for Workers and Their Families. June 4, 2019. <http://www.taxcreditsforworkersandfamilies.org/news/minnesota-expands-eitc/>
- 18 NAMI Minnesota. 2019 Minnesota Legislative Session Summary of New Laws Affecting Children and Adults with Mental Illnesses and Their Families. <https://namimn.org/wp-content/uploads/sites/188/2019/07/2019-NAMI-MN-Leg-Summary.pdf>
- 19 Ibid.
- 20 Minnesota Budget Project. Keep Minnesotans Healthy: Keep our state provider tax. <http://www.mnbudgetproject.org/current-agenda/keep-minnesotans-healthy-keep-our-state-provider-tax>
- 21 Minnesota Public Radio. June 4, 2019. <https://www.mprnews.org/story/2019/06/04/5-things-to-know-about-minnesota-s-medical-provider-tax>
- 22 NAMI Minnesota. 2019 Minnesota Legislative Session Summary of New Laws Affecting Children and Adults with Mental Illnesses and Their Families. <https://namimn.org/wp-content/uploads/sites/188/2019/07/2019-NAMI-MN-Leg-Summary.pdf>
- 23 NAMI Minnesota
- 24 Ibid.
- 25 Office of the Legislative Auditor. 2018. Early Childhood Programs: 2018 Evaluation Report. Retrieved from: <https://www.auditor.leg.state.mn.us/ped/pedrep/earlychildhood.pdf>
- 26 Minnesota Department of Education. <https://education.mn.gov/MDE/dse/cimp/fullserve/>
- 27 Shelleby, Elizabeth C. August 17, 2018. Economic Stress in Fragile Families: Pathways to Parent and Child Maladjustment. Journal of Child and Family Studies.
- 28 Economic Policy Institute. February 5, 2019. Raising the Federal Minimum Wage to \$15 by 2024 Would Lift Pay for Nearly 40 Million Workers. <https://www.epi.org/publication/raising-the-federal-minimum-wage-to-15-by-2024-would-lift-pay-for-nearly-40-million-workers/>
- 29 Economic Policy Institute. March 27, 2019. Decades of Rising Economic Inequality in the US: Testimony before the US House Ways and Means Committee. <https://www.epi.org/publication/decades-of-rising-economic-inequality-in-the-u-s-testimony-before-the-u-s-house-of-representatives-ways-and-means-committee/>
- 30 Annie E. Casey Foundation. January 2019. The Growing Role of Public Assistance in Childhood. <https://datacenter.kidscount.org/updates/show/229-the-growing-role-of-public-assistance-in-childhood>
- 31 Minnesota Management and Budget. January 2019. Children’s Mental Health: Inventory of Cost Benefit Analysis. <https://mn.gov/mmb-stat/results-first/cmh-report.pdf>
- 32 [https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=DHS-305532](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=DHS-305532)
- 33 [https://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=DHS-305532](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&DocName=DHS-305532)
- 34 Governor’s Task Force on the Protection of Children Final Report and Recommendations. March 2015. [https://www.lcc.leg.mn/tfcp/pdf/governors\\_recommendation\\_2015.pdf](https://www.lcc.leg.mn/tfcp/pdf/governors_recommendation_2015.pdf)
- 35 Children’s Defense Fund. 2019. Implementing the Family First Prevention Services Act of 2018.
- 36 National Indian Child Welfare Association. About ICWA. Retrieved from: <https://www.nicwa.org/about-icwa/>
- 37 NICWA and Native American Rights Fund. June 2016. Indian Child Welfare Act Final Rule – 25 CFR Part 23 Summary of Key Provisions. Retrieved from: <https://www.nicwa.org/wp-content/uploads/2017/04/NICWA-NARF-ICWA-Regulations-Summary.pdf>





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