



CITY OF MINNEAPOLIS

Cradle to K Cabinet Draft Plan to Address
Early Childhood Disparities in Minneapolis

January 2015

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Cradle to K Cabinet Members and Subcommittee Co-chairs

Carolyn Smallwood, Co-Chair

Executive Director, Way to Grow

Peggy Flanagan, Co-Chair

Executive Director, Children's Defense Fund- Minnesota

Mikkel Beckmen, Stable Housing Subcommittee Chair

Director, Office to End Homelessness

Melvin W. Carter III

Director, Office of Early Learning at the Minnesota Department of Education

Victor Cedeño

Director, Networks and Education Policy, Generation Next

Pamela Gigi Chawla, M.D.

Senior Medical Director, Primary Care Children's Hospitals and Clinics of Minnesota

Sarah Clyne

Executive Director, Domestic Abuse Project

Ann DeGroot

Executive Director, Minneapolis Youth Coordinating Board

Teresa Diaz Barcenas

Parent, Joyce Preschool

Andre Dukes

Family Academy Director, Northside Achievement Zone

Frank Forsberg

Senior Vice President, Systems Change & Innovation, Greater Twin Cities United Way;
Co-Chair of Start Early Funders Group

Tonia Green

Parent Representative, Way to Grow

Richelle Hart-Peeler

Parent Representative, Northside Achievement Zone

Sharon Henry-Blythe

Director, Visible Child Initiative at the Family Housing Fund

Karen Kelley-Ariwoola

Chief Officer of External Relations at Harvest Network of Schools

Steven Knutson

DRAFT

Executive Director and CEO, Neighborhood Health Source Clinic

Denise Mayotte, Continuous Access Subcommittee Chair

Executive Director, The Sheltering Arms Foundation; Co-Chair of Start Early Funders Group

Scott McConnell

Professor, Center for Early Education and Development, University of Minnesota;
Director of Internal Evaluation for Northside Achievement Zone

Carol Miller

Senior Human Services Manager, Hennepin County

Gretchen Musicant, Early Experiences Subcommittee Chair

Director, Minneapolis Health Department

Art Rolnick

Senior Fellow and Co-Director, Human Capital Research Collaborative, Humphrey School of Public Affairs, University of Minnesota

Maureen Seiwert

Executive Director, Early Childhood Education, Minneapolis Public Schools

Aaron Sojourner

Assistant Professor, Carlson School of Management, University of Minnesota

Jen Van Liew

Executive Director and CEO, Minnesota Visiting Nurse Agency

Barbara Yates

President and CEO, Think Small; Chair, Governor's Early Learning Council

Deby Ziesmer

Vice President, Early Childhood Education, YWCA

Additional Subcommittee Members

Early Experiences

Stephanie M. Graves

MCH Coordinator, Minneapolis Health Department

Rob Grunewald

Economist, Federal Reserve Bank

Kay Tellinghuisen

Vice President of Early Childhood Services, The Family Partnership

Sameerah Bilal

Director of Early Childhood Initiatives, Minnesota Communities Caring for Children

Megan Waltz

Prenatal to Three Policy and Systems Advisor, Minnesota Department of Health

Sandy Myers

Director of Early Childhood Education, Think Small

Stable Housing

Heidi Boyd

Hennepin County, Office to End Homelessness

Wesley Butler

Manager, City of Minneapolis Residential Finance Housing Policy and Development

Marie Hanratty

Hennepin County Heading Home Hennepin

Sue Speakman-Gomez

President, HousingLink

Wendy Weigmann

Director of Programs, Simpson Housing

Dawn Horgan

Program Director, Housing and Family Services, Lutheran Social Services of Minnesota

Daniel Gumnit

CEO, People Serving People

Continuous Access

Jonathan May

Director of Data and Research, Generation Next

THE CITY OF MINNEAPOLIS

INTRODUCTION

In Minneapolis we face a public health epidemic of children arriving at kindergarten unprepared. Children who enter kindergarten are found to be lagging in physical health, socio-emotional, and/or cognitive development. The roots of this epidemic can begin as early as prenatally for a child and disparities build along racial and ethnic lines. Efforts to ensure an opportunity for every child to succeed must address the needs of the whole child – including mental and physical health, stable housing and a sense of wellbeing, as well as cognitive and social-emotional development and skills. Early intervention through child screening, access to quality early learning programs, and the ability to live in stable supportive housing are critical goals that must be met to secure the economic and healthy future of our residents.

In May of 2014, Minneapolis Mayor Betsy Hodges announced the “Cradle to K Cabinet,” a team of over two dozen experts charged with investigating ways to improve the achievement and lives of children of color by focusing on their early health and education. The focus is on children prenatal until three years of age. Key goal areas that impact the health and brain development of children during their formative years are the priorities addressed in this report: having a healthy start rich with early experiences, having stable living situations, and utilization of high quality child care. Three subcommittees have been working on these goal areas. This document outlines the Subcommittees’ and Cabinet’s strategic framework to actualize these key goal areas through policy, legislative, and collaboration recommendations for 2015.

Nationally many communities are taking a hard look at their current policies and practices around early childhood systems. There is a growing amount of research about the science of brain development and the importance of very early experiences in a child’s life journey. There are many variables such as physical and social environments, bonding and attachment, and the power of these relationships to harm and heal in those early years. Mayor Hodges is leading this effort in response to this trend and the expression from the community of the concern for its youngest members.

Coming into office, one of the first things Mayor Hodges did was to form the Cradle to K Cabinet focused on eliminating disparities for children birth to three years old in Minneapolis.

We all know that children do not grow and develop within a vacuum. We are all reflections of our communities, our society and the opportunities we are presented with and choices that we make and our made on our behalf. The Mayor and the Cabinet recognizes that the development of these recommendations has been difficult without acknowledging larger societal issues that have direct and profound effects on the growth and development of children. The Cabinet recognizes that we cannot have a discussion about closing any racial disparities in our community without somehow addressing the issues of structural and institutional racism. The fact that our prisons and criminal justice systems in Minnesota and the country have alarmingly disproportionate numbers of African Americans directly affects the growth and development of young children. The economic situations that many of our African American and Native American families are struggling under, for example, are the effects of racist policies and practices that were designed into the fabric and structure of our society many years ago and our children are now paying the price. In 2013, 27% (or 1 in 4) children birth to 5 live below federal poverty guidelines in Minneapolis. And 52% live below 200% of poverty which for a family of 4 (2 adults and 2 children) is \$47,248 annually.

We cannot ignore the fact that poverty, employment, criminal justice and other societal issues plague the development of our very young children. We invite others in our community who are working on issues of racial equity and may not normally pay attention to the issues of early childhood to listen and join us as we move towards closing these disparities.

Community Need

We are well aware in Minneapolis of the huge disparities in high school graduation. The rates were *startlingly* low for American Indian students (21.8%), Hispanic students (34.4%), Black students (36%), and low-income students (38%). Even for White students, the graduation rate of 67.3% is far below the statewide rate. But it would be foolish to ignore that these trends show up long before graduation; disparities actually begin at birth and develop and grow larger over time.

Kindergarten readiness, for example, has enormous influence on whether a student will be up to an appropriate reading level in the third grade, which significantly influences whether a student will graduate.ⁱ There is an enormous opportunity gap in the kindergarten readiness of Minneapolis children. According to some of the most recent statistics, there is a large disparity between the readiness of Hispanic children (44%) and White children (79%). These disparities only worsen for reading ability in the third grade with only 42% of 3rd graders demonstrating proficiency in reading.^{ii iii iv}

However, research shows that 80% of brain development occurs by the age of three.^v What largely drives the growth of the brain are both the positive and negative environments and relationships the child experiences during this time. This time has the potential to be rich with nurturing experiences that help the child grow and develop. Unfortunately, it also means that babies are especially vulnerable during this time to negative and unhealthy environments that can have long lasting influences on the development of their brains.^{vi}

The early childhood years from prenatal to three are an important time of rapid growth and learning. To support children's development and assist in preparation for kindergarten entry, parents and their children need continuous access to quality early childhood education programs and services. Minnesota is updating the birth through kindergarten entrance standards in these areas: language, literacy, and communication; and social and emotional development. Minneapolis children are not prepared to meet these standards. Access to quality early learning programs to target developmental milestones and school readiness skill development will help ensure every

single child begins on a path to school success.

When thousands of children are not ready for school, fall behind, drop out or do not graduate, it hurts their lifelong ability to earn a decent wage, which affects their ability to purchase healthy foods, live in stable housing and to lead healthy and productive lives. It leaves Minneapolis and Minnesota without the future workforce it needs to have a growing economy and to be part of the global marketplace.

The adults of Minneapolis need to understand and feel the urgency of the situation Minneapolis kids are facing: a series of opportunity gaps that is leaving many – at every turn – destined to achieve less in their lifetimes. When we change these numbers – for all students – Minneapolis will be the great 21st-century city that we *must* be.

Guiding Principles to Close Early Childhood Opportunity Gaps

Clearly it is not enough to merely close this gap; every student must be ready for kindergarten when they arrive. That is the reason so many policy leaders and researchers agree that in order to have a lasting and meaningful impact on the success of our children, we must look to prenatal care and care of children from ages prenatal to 3. We need to bring 21st-century solutions to our community to offer every young child in Minneapolis equality of opportunity in the following three critical goal areas:

Goal 1 → All children will receive a healthy start rich with early experiences that will prepare them for successful early education and literacy.

Goal 2 → All children will be stably housed.

Goal 3 → All children will have continuous access to high quality child development centered care.

This report is the current status of what is needed to achieve these goals. The Cradle to K Cabinet, a collaborative partnership, is working to give the community a structure for organizing, planning, and implementing their ideas. The collaborative partnership is a mechanism for designing comprehensive strategies with the focus on strengthening children and families in Minneapolis. As the Cabinet has worked through each objective and identified recommendations for improvement, they have also developed guiding principles for how to develop an early childhood system that would reduce the disparities for all children in Minneapolis.

Guiding Principles to Reduce Disparities for Minneapolis Children Prenatal to Age Three are:

1. Our system will be child focused:
 - a. Based on the science of brain development.
 - b. Based on developmentally appropriate strategies.
 - c. Tailored to each child and takes into account the unique cultural strengths of each child and their family.
2. Our system will be focused on strengthening the family:
 - a. Respectful of families wherever they are in life and works to heal effects of racism.
 - b. Creates and maintains stability for families.
 - c. Driven and led by parents and their experiences and expertise.

3. To have a seamless access to government, non-profit, and business systems:
 - a. Values the long-term public benefits of investment in early learning.
 - b. Values culturally specific strategies.
 - c. Builds on and strengthens existing successful strategies.
 - d. Should adjust to focus on each individual family and what it takes for them to be successful.
 - e. Results driven – building upon what works to bring effective tools that will lead us to equitable results.

THE CRADLE TO K CABINET RECOMMENDATIONS

Goal One: All children 0 to three will receive a healthy start rich with early experiences that prepares them for successful early education and literacy.

- 1. Increase early childhood screening at age three.**
- 2. Improve mental health services of children birth to three.**
- 3. Decrease the “Word Gap” of children birth to three.**
- 4. Expand targeted home visiting services.**
- 5. Increase community awareness and engagement in the importance of early childhood development**

Goal Two: All children are stably housed.

- 1. Increase housing options for the lowest income families at 30% Area Median Income.**
- 2. Target funding to address the needs of homeless children and families to improve their stability while on the path to housing.**
- 3. Provide resources for very-low income families to become economically stable.**

Goal Three: All children ages 0-3 have continuous access to high quality child development centered care.

- 1. Ensure that low-income families have access to financial resources to afford high quality early learning programs.**
- 2. Increase the number of available high quality child care slots in Minneapolis.**
- 3. Partner with family, friend and neighbor providers to ensure that the children they serve are prepared for kindergarten.**

Goal One: All children 0 to 3 will receive a healthy start rich with early experiences that will prepare them for successful early education and literacy.

INTRODUCTION

At first glance, it may appear that children are healthy and off to a good start in Minneapolis, but a closer look shows disparities as early as birth between white babies and babies of color in the areas of infant mortality and low birth weight, housing and poverty.

The science of brain development and behavior are clear on this point: what happens to a child in the first three years of life is critical in laying a foundation for the future prospects of that child's success. The earliest experiences help to shape a person's brain into one that is built on a sturdy foundation or one that is more fragile.^{vii} It is imperative that these early experiences be positive and performed in the midst of a healthy bond between baby and caregiver.

It is the belief of the Cabinet that this goal will be reached by supporting:

- Early parenting (Targeted home visiting to teen and parents experiencing multiple barriers.)
- Health and wellbeing of children (Early childhood screening and connection to resources for early childhood mental health as a response to trauma.) Community supports and connections to resources (Encouraging parents to read to their children and early literacy efforts.)

GAPS AND ALIGNMENT NEEDED

EARLY CHILDHOOD SCREENING

Alignment is needed to better coordinate state, county and city resources for early childhood screening and for payment of the detected follow-up care to increase the rates of early childhood screening at three and to ensure follow-up.

Screening children at three years old is an important tool in identifying physical and developmental delays early in order to access services and support so a child will be ready for kindergarten. Many low-income children are not screened early enough to catch delays and there is no community or system-wide standard to ensure children receive supportive services once they are identified as needing them.

Although there are many efforts throughout Minneapolis to encourage screening at age three, the Minnesota Health Department encourages screening earlier than three, especially for children living in families who are experiencing multiple barriers, placing them in a status known as "high-risk." In addition, the Cradle to K Stable Housing Subcommittee recommends that homeless children should receive developmental screenings as early as possible to be able to detect delays and concerns and refer for services.

GOAL ONE KEY INDICATORS OF PROGRESS

1. Increase the percentage of African American babies born at a healthy birth weight.
2. All infant mortality rates will not exceed national benchmark of 6.6. deaths per 1000 by 2016.
3. Increase the number of children screened at three by 10% by the conclusion of 2015-16 school year.
4. Increase the percentage of three-year-olds scoring in the typical developmental range in the cognitive and socio-emotional domains on the early childhood.
5. Measure the percent of children, 24 to 36 months of age in a citywide representative sample, demonstrating age-appropriate rates of Child Vocalizations.
6. Increase the number of children linked to services that promote school readiness.

For children who are developing normally, developmental screening serves as a ‘teachable moment.’ Parents increase their awareness of developmental expectations and are attuned to new milestone achievements. Parents learn what to watch for and skills to help develop in their child. When a child’s development is lagging, but not delayed to the point of eligibility for early intervention services, developmental screening can identify the need for developmental activities, child or family supports, interventions and/or services which may prevent the need for more intensive interventions at a later time. Indeed, studies have indicated that children with false-positive screening results are a group at high risk who are likely to benefit from programs other than early intervention or special education. Developmental screening and assessment can identify delays in children who would benefit from formal early intervention services. Early intervention reduces the need for special education and other services later in life.

Early Childhood Screening or evidence of a comparable screening by non-school provider (e.g., Head Start, Child & Teen Checkups/EPST or health care provider) is required for entrance in Minnesota’s public schools or within 30 days of enrollment into kindergarten. Early Childhood Screening for 3-5 year-olds is offered throughout the year by local districts according to standards identified in Minnesota Statutes and Rules. However, based upon parental report, results from the 2007 National Survey of Children’s Health indicate the rate of developmental screening in primary health care settings nationally ranges from 10.7% to 47% (mean 19.5%).^{viii} The rate in Minnesota in 2011/12 was 43.8%, up from 41.6% in 2007. ^{ix} That is little progress in five years.

With growing emphasis on access to health care for all children in a medical home, developmental screening in the health care setting makes sense. Yet there are many challenges to full implementation, including overall poor payment rates for well-child care within Medicaid, and significant barriers to practice change required operationalizing a new system and maintaining that system. In addition, many children do not access primary care on a regular basis, including many children at higher risk for developmental problems.

CHILDREN'S MENTAL HEALTH

Alignment is needed to provide the resources to broadly provide early childhood mental health screening and treatment to children 0 to three years old.

The science is compelling and points to tremendous opportunities in early childhood to influence a child's health trajectory. Just as positive experiences set the stage for healthy lives, Megan Gunnar and Camelia Hostinar assert, "There is increasing evidence that childhood adversity exposes individuals to an elevated risk of physical and mental health conditions."^x Toxic stress, as it is known, is devastating to a developing brain.^{xi} Friedman-Krauss and Barnett describe toxic stress as "experiences of severe, uncontrollable, and chronic adversity."^{xii} The discussion of stress as it relates to young children and their families is not one of judgment or the popular notion of being "stressed out." It is a discussion of the science of brain development and the factors that can affect it. For young children toxic stress can come in the form of intense poverty, homelessness, witnessing and being exposed to domestic and community violence, and having a primary caregiver that is mentally ill or chemically dependent.

There is a lack of services in Minneapolis for young children (age birth to 3) that have experienced or are experiencing trauma, especially chronic or persistent trauma. The wonderful thing about early childhood is that because the brain is being built there are interventions at this age that are quite effective not only to help a child prepare for kindergarten, but to address the long-term effects of traumatic events in a young child's life. Per the National Survey of Children's Health, the percent of Minnesota children age 2-17 with problems requiring counseling who received mental health care was 71.5% in 2011/12. That leaves 28.5% still in need of mental health services.

HEALTH AND DEVELOPMENT

Alignment is needed to provide universal identification and outreach to pregnant women and young children in the Minneapolis.

The City of Minneapolis utilizes state and federal funding to provide limited and targeted home visiting to reduce infant mortality and to increase healthy birth outcomes with mothers experiencing multiple barriers, but there are no funds allocated for universal access programs. Many pregnant mothers, especially those who do not seek out prenatal care, never receive services. In fact the federal funding that is currently available is diminishing each year.

According to the Centers for Disease Control and Prevention, about 37% of births in the United States were unintended at the time of conception between 1982 and 2010.^{xiii} An unintended pregnancy often triggers a crisis for a woman and her family, making her feel overwhelmed. When approached with the offer of targeted home visiting services using a national, evidenced-based model such as Nurse-Family Partnership (NFP) or Healthy Families America (HFA), families are reluctant to join and commit to long-term, intensive home visits when feeling overwhelmed during a crisis. After the pregnancy and birth, when things have settled down and they have coped with the immediate crisis, they are open to services; however, they no longer qualify as the window of eligibility has passed for NFP and HFA. There is a need

for additional evidence-based early parenting programs for these families who are falling through the gap, such as Parents as Teachers programs.

High quality targeted home visiting services to pregnant women and families with young children as a method to reduce infant mortality and increase health and education of babies and parents works to help Close the Loop. In Minneapolis, there are targeted home visiting services that are funded through several federal and state funds. The Minneapolis Health Department contracts with MVNA to provide these services to families. Currently, there is funding to only reach a portion of the pregnant and parenting women and young children at highest risk, leaving many babies with no access at all to home visiting services. In fact, some of the federal funding that Minneapolis has relied on for several years is being significantly reduced in 2015.

LITERACY AND ACADEMIC DEVELOPMENT

Alignment is needed to provide universal outreach or emphasis on early language development in low-income children to reduce the “Word Gap.”

Early language development is a marker for lifelong success. A large body of research has emerged over the last few decades that highlight the central importance of language development – learning words and sounds, and communicating wants and needs to parents, other adults, and children. This research has also focused attention on the ways in which language supports a wide range of other child skills and competencies, including early literacy and mathematical skills, social skills and emotional regulation, group participation, and school readiness.

A segment of this research has also demonstrated that disparities in language skills, and the opportunities that support development of those skills, exist from the early ages of children. In their landmark study, Betty Hart and Todd Risley showed that, by age 3, children from different socioeconomic groups showed very different levels of vocabulary and language development – and that children’s levels of performance were closely linked to the amount of day-to-day, fun, and routine interactions they had with parents and others. Differences found by Hart and Risley predicted children’s academic achievement in third grade; in other words, differences in opportunities to interact led to differences in children’s language skills, which in turn influenced their primary grade academic success.

A child’s language at age 3 not only represents their language learning to that date, but also a rich array of physical, social, and psychological experiences and characteristics from birth onward. Language development is a product of not only “talking” but also nurturing – a wide array of parenting practices support children’s language development.^{xiv}

In addition, the My Brother’s Keeper Task Force to the President has called for the elimination of the “Word Gap” as a strategy for ensuring boys of color are prepared for school. New research from Stanford University found an intellectual processing gap appearing as early as 18 months of age. By some measures, 5-year-old children of lower socioeconomic status score more than two years behind on standardized language development tests by the time they enter school. The MBK Task Force calls for raising awareness

to this issue and adopting in-home and caregiver strategies to help provide an enriching early learning environment.^{xv xvi}

PRIMARY RECOMMENDATIONS AND STRATEGIES

Recommendation One: Increase Early Childhood Screening

Strategies:

a. Increase the number of clinics participating in Close the Loop Project

The Assuring Better Child Health and Development (ABCD) Close the Loop initiative is a national, evidence-based model designed to increase the number of children receiving an Early Childhood Screening by creating efficient linkages between pediatric primary health care providers and other child and family service providers including school districts and Head Start programs.^{xvii} The project focuses on improving the referral and feedback process, supporting the goal of making sure all the children in our community are ready for kindergarten.

Project teams are made up of clinic staff, local public health, early childhood specialists and other stakeholders, all working together to create the most reliable system for helping families connect to schools for pre-school, screening, and help with developmental concerns. In Minneapolis in 2013-2014, 24% of 3-year-olds were screened and 80% of kindergarteners were screened prior to enrollment^{xviii}. The Cabinet believes this project should be expanded to reach additional health care providers and to address follow-up care needs.

b. Develop a universal tool to easily maintain and track screening information on young children.

Currently, there is no universal database to determine if a child has had an early developmental screen from birth to age 3. What is needed is a single source of data for public and charter schools, health care clinics, public health departments and other early learning providers to access data on early childhood screening. Minnesota Immunization Information Connection (MIIC) is a system that stores electronic immunization records and helps ensure that Minnesotans get the right immunizations at the right time. The immunization information is available to authorized users, such as health care providers, public health agencies, child care providers, and schools who work together to prevent vaccine-preventable diseases.^{xix} Once a health care provider enters data into the registry, authorized users such as the public school or child care providers can access that information. If a system such as this one was available for screening, child care providers, homeless shelters, clinics, and other providers would be able to access the registry and work with families on getting screened, as well as provide referral follow-up services and connection to resources that might be necessary.

Recommendation Two: Improve mental health services of children birth to three

Strategies:

- a. **Develop a community plan on how to identify the mental health needs of children birth to age 3 in Minneapolis and how to access resources, training, and mental health consultation for families and service providers.**

There is a gap in mental health services available for children birth to age three both in screening and detection as well as interventions. All children, especially those who live in areas of concentrated poverty, can be subjected to trauma associated with deep poverty, community and domestic violence, family substance abuse and mental health issues and homelessness. Few professionals have knowledge of, or access to training on, children's mental health at this young age. There is a lack of training and coaching available for early childhood teachers and professionals to instruct them on ways to design curriculum and programming to adjust for children experiencing trauma. In addition, scant financial resources are available for families to obtain needed services. A coordinated plan for addressing these needs is warranted. The plan should providing training and coaching to early childhood providers, training and coaching for children's mental health professionals and should also include developing clinics that provide toxic stress screening. Funding would be needed to support one full-time employee for at least one year to provide research, staff support to the planning group, and to write the plan. Any policy changes required would be identified in the plan.

- b. **Include a designation allowing homeless children birth to three to automatically be eligible federally mandated special education services for infants and children.**

Part C is a \$436 million federal program administered by States that serves infants and toddlers through age 2 with developmental delays or who have diagnosed physical or mental conditions with high probabilities of resulting in developmental delays. It is known as "Part C," because it is included in that section of the Individuals with Disabilities Education Act (IDEA). These Part C early intervention regulations are intended to help improve services and outcomes for the nation's infants and toddlers with disabilities and their families. The regulations focus on measuring and improving outcomes for the children served by the Part C program with the goal of ensuring that such children are ready for preschool and kindergarten. Part C provides early intervention services to infants and toddlers ages birth to three with developmental delays or a physical or mental condition that has a high likelihood of resulting in a developmental delay. The intent is to build interagency partnerships among state agencies and programs in health, education, human services and developmental disabilities. Homeless children should be designated as a high priority population for these services.

Recommendation Three: Decrease the “Word Gap” of Children birth to three in Minneapolis.

Strategies:

a. Create a “30 Million Word Gap” community initiative to aid closing the “word gap” and help children with brain development.

In their landmark study, Betty Hart and Todd Risley reported that, by age 3, children from different socioeconomic groups showed very different levels of vocabulary and language development – and that children’s levels of performance were closely linked to the amount of day-to-day, fun and routine interactions they had with parents and others. Differences found by Hart and Risley also predicted children’s academic achievement in third grade; in other words, differences in opportunities to interact led to differences in children’s language skills, which in turn influenced their primary grade academic success.

We have identified a need for a broad-based community-wide education campaign on how to close the “Word Gap.” Research is needed that is designed to gather baseline information on the specific word gap in the Minneapolis to track progress.

We would need to recruit organizations to participate in the Word Gap Campaign and identify a key champion and corporate sponsor; connect to efforts in other jurisdictions (city, state, national); create a “Minneapolis Talks” community initiative to aid closing the “word gap” and help with child brain development. This would also be an excellent opportunity to be able to connect to Family, Friend, and Neighbor (FFN) child care setting strategies. Funding will be needed for the marketing and public relations for the Campaign to develop key themes and create materials.

b. Support the Minnesota Department of Health in developing a Prenatal – Age Three Framework

Recognizing that not all of Minnesota’s children have the same healthy start, Governor Mark Dayton’s Children’s Cabinet appointed the Minnesota Department of Health to build a statewide Prenatal to Three Plan to address inequities and improve the health and wellbeing of children prenatally and through their first three years of life. The Framework is built upon the science and research of brain development. It will include an action-oriented set of policy recommendations to improve outcomes and reduce disparities in the areas of health, well-being, and education for infants, toddlers and their families and communities. Minneapolis should work with the Minnesota Department of Health by reviewing and implementing appropriate policies^{xx}.

Recommendation Four: Expand Targeted Home Visiting Services

Strategies:

- a. Support continued and expanded funding for evidence-based and culturally relevant home visiting practices and standards with a focus on the most vulnerable populations throughout the state**

There are many high quality, evidence-based home visiting programs that are providing services to families such as Healthy Start targeting African American and American Indian families with the goal of reducing infant mortality; Teen Parenting Services for pregnant and parenting teens; and Nurse Family Partnership and Healthy Families America programs that are being implemented with fidelity by service providers through state and federal funding. However, due to recent federal funding cuts, many families at very high risk^{xxi} are not being served due to lack of resources.

- b. Examine a variety of funding strategies so there is no loss of service and some expansion of service that aligns with standards**

Alignment in funding is needed for the State of Minnesota to help supplement the funds to be able to provide more targeted, voluntary home visiting services to be able to reach all of the families in need of this service. For instance, while the present funding supporting MVNA's NFP program represents a strong endorsement of the program's need and value, this funding is insufficient to meet the need in Minneapolis. In 2012, there were approximately 750 first-time, low-income (WIC or Medicaid eligible) births in Minneapolis. With current funding, NFP is only able to reach 11% of the eligible target population each year. To serve an additional 14% (250 families) of this population would require an estimated \$1.15 million investment per year.^{xxii}

Recommendation Five: Increase community awareness and engagement in the importance of early childhood development

Strategies:

- a. Create Community Discussions on the issues and importance of early childhood development, and the issues around the inequality of opportunities for healthy development.
- b. **Use the *Raising of America* series on PBS this winter to springboard opportunities for discussion on early childhood in the community.**

It is imperative that the progress we continue to make on early childhood policy and practices be rooted in the science of brain development, attachment, and investments in early learning. However, the vast majority of community members does not have a strong working knowledge of the importance of early childhood education and still view it as “babysitting.” In order for views to change, education and dialogue around these issues must happen. Mayor Hodges has the unique ability to be a convener of this dialogue as well as a champion for these issues. The *Raising of America* is a series being created in the context of a national public engagement campaign to expand the debate about what we as a society can—and should—do to ensure every infant the opportunity for a strong start.

With growing scientific evidence revealing how experiences in the first years of life build the foundation for life-long physical, emotional, and cognitive health, many viewers of “Unnatural Causes,” another series on PBS, urged us in surveys, conversations and emails that our next project scrutinize the “social ecology,” or web of relations and policies, that affect parents and caregivers. Social ecology shapes much of early child health and development, and consequently, life-course outcomes. The early years are a time when public policy interventions and grassroots efforts can have the greatest benefits. Many experts link investments in maternal health and early child development as critical to building a healthier, safer, happier, more equitable and more prosperous nation.^{xxiii}

These community conversations should focus in particular on issues raised in this report by the Cradle to K Cabinet as directly affecting the disparate racial outcomes for our young children, the importance of rich early experiences, and the effects of trauma on brain development.

Goal Two: All Children
Stably Housed

INTRODUCTION

Homeless or being highly mobile for a very young child can quickly translate from a traumatic event to one that is persistently traumatic. The stress a child feels from their caregiver and the stress of being highly mobile with often unstable or no routine can affect the brain development of a child birth to age three. For that reason, this second goal of having every child have a stable home is imperative.

In 2013, county contracted emergency shelter services for 1,572 families, and Mary's Place, a privately funded shelter served 374 families. Since April 2011 we have needed to keep overflow space for families experiencing homelessness. The use of county-contracted shelters has increased by 8.2% from 2012 to 2013. The average length of stay is around 47 days.^{xxiv}

To help in understanding the experiences of homeless families we have included a few key definitions:

- **Emergency Shelter:** Temporary short-term housing for individuals or families who are homeless.
- **Service-Enriched Housing:** Refers primarily to permanent, basic rental housing for the low-income population at-large in which social services are available.
- **Transitional Housing:** Describes a project that has as its purpose facilitating the movement of homeless individuals and families to permanent housing within a reasonable amount of time (usually 24 months).
- **Homeless:** A household lacking a permanent place to live that is fit for human habitation.
- **Household At Risk of Becoming Homeless:** A household that is faced with a situation or set of circumstances that is likely to cause the household to become homeless in the future, including living in substandard housing, living in housing that is inadequate for the size of the household, living in housing with a person who engages in domestic violence, paying more than 50 percent of household gross income for rent, or having insufficient household resources to pay for current housing and meet other basic needs.
- **Households Experiencing Long-Term Homelessness:** Persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless.

GOAL TWO KEY INDICATORS OF PROGRESS

1. Increase the number of new affordable housing units developed at 30% Area Median Income (AMI) or below.
2. Decrease the percent of children who live in a household with a high housing cost burden (defined as spending 30% or more of household income on housing).
3. Reduce the number of families who are identified as chronically homeless at the annual point in time count.
4. Reduce the number of children 3 years and younger identified as homeless and highly mobile by the Minneapolis Public Schools.

GAPS AND ALIGNMENT NEEDED

NEED FOR LOW-INCOME FAMILY HOUSING

Alignment is needed to coordinate funding for developing and subsidizing housing to reduce the population of homeless families in Minneapolis.

The third Heading Home Hennepin goal is to create 5,000 new affordable housing opportunities for people experiencing homelessness by 2016. The two most effective ways to accomplish this goal are:

1. Developing new affordable housing at 30 percent or below Area Median Income (AMI).
2. Acquiring rental subsidies that can turn market-rate apartments into affordable units for people with extremely low income.

In the first five years, 2,432 units have been created. However, the majority of this housing was for single adults far exceeding the goal for developing units for homeless individuals. In the 2012 Heading Home Hennepin Five Year Report, the progress towards reaching the goal for developing family housing units was almost 644 fewer than the goal of developing 1432 units.^{xxv}

It is very hard to develop housing with large subsidies to those in deep poverty, however it is those families that are earning \$15,000 or less annually that are repeatedly showing up in our shelter system. Over half of these homeless women have children under the age of five. In fact, mothers that are 25 and younger with very young children are more likely to end up in emergency shelter than older mothers are, and there is no coordinated system or incentives for developers to build low-income housing for these families.

A commitment is needed to set aside state or local funding for operating and deep rental subsidies for the development of housing for very low-income families. Much of the operating funding comes from the Department of Housing and Urban Development and they have not increased their funding since the 1990s. Operating subsidies through Minnesota Housing can currently be requested from Front Desk Operation; costs of operating service related space, security, tenant coordinator and interpretive services can be sought through Housing Trust Fund and Long

Term Homeless funds.^{xxvi}

Minneapolis and Hennepin County are seven years into the ten-year plan to end homelessness. The Plan calls for the creation of 5,000 housing opportunities. While our community has exceeded its housing goal for single adults, we are far behind on the development of units for families. To date, the community has met less than half of the goal for family housing, leaving a deficit of over 700 units. Family emergency shelters in Hennepin County have been operating over capacity since April 2011. In 2013 alone, 1,946 families sought refuge in our shelter system. Developing rental housing at 30% and below AMI for extremely low-income families has become incredibly challenging for a variety of reasons, and developers have been unable to successfully build these units.

Alignment is needed around all of the state, county and federal housing development funds.

SERVICES TO STABILIZE HOMELESS FAMILIES

Alignment is needed to coordinate funding for support services for homeless families to help them become stabilized in the areas of child care, employment and housing which directly affect the development of very young children.

The Wilder Research report, *Homeless in Minnesota – Findings from the 2012 Statewide Homeless Study* shows 4,316 people in Hennepin County were in homeless shelters, transitional housing programs, and in non-shelter locations on October 25, 2012. Of this amount, 1,623 were children with their parents.^{xxvii}

There are currently very little or no public funds that are directly and specifically tied to serving homeless or highly mobile children that are living in supportive housing units or emergency shelter. For those service providers that are serving this population, they are often in the position of annually fundraising for these dollars from private donors and foundations. As funds dry up for the service provider, so does the service. Although we are emphasizing the importance of having service dollars targeted towards homeless children, we recognize the importance of the relationship between the parent or caregiver and the child, and therefore funding should be flexible enough to focus on enhancing the relationship between the caregiver and the child.

Because so much is at stake during these formative years, the alignment needed is in the area of funding. Children that are experiencing homelessness should be a top priority for the use of state and federal funding. In addition, supportive housing services for families need to be better aligned with early childhood services.

The City of Minneapolis needs to convene a discussion with state agencies and the Interagency Council on Homelessness about prioritizing homeless children for service funding. All departments within the Minnesota Interagency Council on Homelessness, including: Department of Human Services, Department of Education, Minnesota Housing, and Department of Economic Security should come together to prioritize the building of affordable housing for very low-income families – because one entity cannot do it alone.

Alignment is needed to provide career support for young parents under 25 without high school diplomas as this is the population that are repeat emergency shelter users.

In a recent study by Maria Hanratty, it was found that there is a high correlation between family earnings and emergency shelter entry as well as their re-entry to shelter. In other words, those families that are earning well below the poverty line are the same families that are entering emergency shelter repeatedly.

Other characteristics highly correlated to shelter re-entry are race, age of mother, age of children, and previous shelter use.^{xxviii} Meaning that of repeat emergency shelter users, there is a disproportionate number of women of color who are 25 years-of-age or less and have very young children.

Currently, most employment programs do not function well for homeless families. They often have multiple barriers, which make it difficult to help them get employed. There are models in other states which could be reviewed where employment programs work closely with homeless networks to design programs in which homeless families could be more successful.

Alignment is needed between employment programs and homeless service providers. Through the Workforce Investment Opportunities Act, states can request up to 15% set-aside funding for the homeless population. This could be a great opportunity for increased support for job training for homeless adults.

It is also important to align this recommendation with the recommendation on increased support for homeless children and access to high quality early learning programming. If the issue of access to high quality early learning is not addressed, the parent's efforts to receive job training or go to work can be derailed.

Innovative programming in this area is needed such as, The Stable Families Initiative, which was developed to address the growing number of families who are returning to shelter after they already have been placed in housing. About 1,500 families are sheltered each year in Hennepin County. Recent data shows that about 25 percent had been in shelter in the past two years. A group of partners who serve homeless families came together in 2013 to design strategies to address the needs of the repeat shelter users. The Stable Families Initiative was a result of these discussions and planning.

In the Stable Families pilot project, it is recognized that education and employment are critical components to self-sufficiency. That is why enhanced employment services are offered to all families in the Stable Families pilot. Goodwill/Easter Seals provides this individual employment counseling and support. Parents are assisted with employment goal setting, and coached in their efforts to become job-ready. A career pathway approach is taken; meaning clients may have no high school diploma, or may

have college-level training. The counselor works with them, where they are at, and helps them to prepare, apply for, and maintain employment or the education to gain employment. Award money received by the pilot project from Ideas for Action is available to assist clients with employment or education expenses.

Families on MFIP are required to perform a certain number of activities each month to show they are meeting employment requirements for MFIP, such as applying for jobs and creating resumes. During the development of the pilot it was found that employment service providers, who are under contract with the county to assist clients in these activities, have caseloads of 70-80 clients. These high caseloads make it difficult to provide the intense counseling and support needed. In addition, over half of the Stable Families pilot participants have not completed high school or received their GED. These clients often require more attention and guidance to reach their goals.

The Cabinet recommends closely following the outcomes of this pilot and supporting the recommendations that are developed from the annual data.

PRIMARY RECOMMENDATIONS AND STRATEGIES

Recommendation One: Increase housing options for the lowest income families at 30% and below Area Median Income (AMI).

Strategies:

a. The City of Minneapolis will find the location and leveraged funding to develop 10 affordable housing units by the end of 2016.

There is currently a rare opportunity to create up to 112 units of housing for homeless families. Minneapolis Public Housing Authority (MPHA) has the authority to operate 112 additional public housing units over its current stock, under a HUD Annual Contributions Contract (referred to as ACC authority). While MPHA has the ACC authority, they do not have funding for the capital costs of developing these units. If housing units were developed in our community, MPHA would receive the operating subsidy similar to the subsidies they receive for all their public housing units. Because these units would be publicly owned, traditional funding tools like low-income tax credits are challenging to use to create the housing. If capital funding could be secured, every \$1.2 million raised would create a 4- 5 unit cluster development.^{xxix} In 2005, MPHA developed five units like these in the Linden Hills Family Townhomes.

b. Increase state rental assistance for families at risk of experiencing homelessness at 30% AMI or below from MN Housing.

A commitment is needed to set aside state or local funding for operating and deep rental subsidies for the development of housing for very low-income families.

Recommendation Two: Target funding to address the needs of homeless children and families to improve their stability while on the path to housing.

Strategies:

- a. Redesign service funding to focus on homeless families and children living in supportive housing and emergency shelters to focus on high quality early learning services.**

There should also be local alignment between the departments within the Interagency Council on Homelessness to prioritize funding for homeless children. Funding for homeless children should be prioritized with other groups identified as very high-risk targeted specifically towards their growth and development within their family units.

- b. Homeless children should receive priority access to opportunities to high quality early learning.**

Recommendation Three: Provide resources for very-low income families to become economically stable.

Strategy:

- a. Develop programs to support young parents, especially women with children to finish high school or receive a GED and develop a career path.**

This strategy is trying to address the finding in Hanratty' s recent study that shows of repeat emergency shelter users, there is a disproportionate number of women of color who are 25 years-of-age or less and have very young children.

Increasing educational attainment among young parents, particularly those who are 25 years old and younger, is a vital component of policies to improve family economic status, increase stable housing, and increase their child's developmental outcomes. Some strategies increase engagement and improve persistence in an education program and boost earnings more than others. The most promising interventions include:

- Career pathways frameworks;
- Sector-based approaches; and
- Increasing the number of young adults with a high school diploma or GED who make a rapid transition into vocational/post-secondary training.
- Flexibility with soft skills training / meeting people where they are at

Goal Three: All children ages 0-3
will have continuous access to
high quality child development
centered care.

INTRODUCTION

Research states that the most effective way of closing educational gaps in early life is consistent participation in high quality early learning programming.

Aaron Sojourner's research at the University of Minnesota proves that an intervention of an intensive two-year center-based program with home-visiting supports from birth to age three could close income-based gaps in cognitive ability and school readiness. Duncan and Sojourner's results imply that an Infant Health and Development Program (IHDP) style program provided to the general U.S. population would substantially reduce the educational achievement gaps between children from different income groups. At age three and at the end of the program, income-based gaps would be essentially eliminated with either a universal or income-based targeted program.

GAPS AND ALIGNMENT NEEDED

AFFORDABLE HIGH QUALITY CARE FOR LOW-INCOME FAMILIES

Alignment in funding and resources are needed to provide financial resources to low-income families so that they can afford high quality care for their young children.

Children, especially young children, thrive in consistent, familiar environments that provide nurturing care. However, child care costs are the single largest expense for many families and threaten family economic security. Child care affects parents' ability to work and provide for their families.

- The average parent misses 5-9 days of work per year because of child care problems.
- Missed work can mean sacrificing a paycheck, which further hurts a family's bottom line.^{xxx}

The achievement gap, especially in early childhood, is driven by an investment gap in early childhood learning. Middle and upper income families make an investment into high quality early learning for their children every day, which yield subsequent payoffs of greater numbers of children being prepared for kindergarten in middle class neighborhoods. For low-income families, many of whom are families of color they cannot make this investment. Currently public investments in early childhood education such as the Child Care Assistance Program are not only tied to high quality programming, but are directly tied to the performance of the parent in their welfare-to-work program, resulting in a gap in their child's early learning investment whenever the parent is sanctioned in their employment program.

According to *Child Care in America - 2012 State Fact Sheets* by Child Care Aware of America, in Minnesota the average annual fees for full-time care in a center for an infant is \$13,579; and for a 4-year-old child it is \$10,470. The average annual fees for full-time care in a family child care home for an infant are \$7,685; and for a 4-year-old child it is \$6,947. These figures can be compared with average annual tuition and fees for public four-year college in-state tuition of \$9,966. If you look at affordability, the cost of full-time child

GOAL THREE KEY INDICATORS OF PROGRESS

1. Increase the percentage of high quality child care slots in Minneapolis.
2. Increase the percent of families receiving child care subsidies that have their children (ages 0 to 3) in high quality care.
3. Increase the number of children of color in high quality care.

care as a percent of median family income, for an infant in a center, percent of income for married couples is 16%. In addition, for a single parent to place an infant in a center it will roughly be 52% of her income.

The majority of funding that is available for a low-income family to access early learning programming comes from our federal welfare-to-work program, which in Minnesota is called the Minnesota Family Investment Plan (MFIP). However, this child care authorization funding, which allows parents to search for employment and go to work, is not centered on providing high quality early learning programming to families, the priority of the program is to ensure that parents enter the workforce. A paradigm shift is needed to prioritize the funding, which comes in the form of child care authorizations, to be focused on high quality early learning for low-income children as parents are entering the workforce.

In Minnesota, we have had several examples of providing early learning scholarships to low-income families that have yielded promising results through the MELF pilot and through the Race to the Top Scholarships.

The Minnesota Early Learning Foundation (MELF) was created in 2005 through a partnership of foundation, corporate, and civic leaders to address growing concerns about the lack of school readiness among many children entering kindergarten. In 2008, they began to pilot early learning scholarships in St. Paul. About 650 low-income families participated in this program over three years. The evaluation of the program found that students that participated in two years of the scholarship program showed improvement in many school readiness skills such as early literacy and math skills. In addition, when compared to results of a control group of other entering kindergarten children, those that had participated in the scholarship program had better outcomes in the measures of social competence and anxiety^{xxxi}.

In addition, Minnesota received a federal Race to the Top-Early Learning Challenge (RTT-ELC) grant of \$45 million for 2012-2015 of which a portion went to support early learning scholarships in four transformation zones in the state including the Northside Achievement Zone in Minneapolis. To date, NAZ has given out 145

scholarships to families and we are beginning to see results. The 2014 NAZ Year End Report states that NAZ scholars are more likely to be ready for kindergarten (49% vs. 35% for our entire Zone)*. This is a big step forward to closing the achievement gap. It is also important to note that over 90% of these scholarships went to families with children who were not in any type of formal care setting and when presented with the option of a scholarship that funded the entire care, families chose to send their child to a high quality early childhood setting.

The work of improving early childhood business models should align with the City's work on small business development. As part of Mayor Hodges initiatives, she is looking into the manner in which small businesses interact with the City of Minneapolis. She has been meeting with small business owners to hear directly from them on their experiences working with the City as they start or expand their businesses. The Mayor and city attorney are working on next steps on how to better interact with small business. The business of early childhood is often one of a small business so these efforts will directly affect early childhood business owners in Minneapolis for the better.

CONTINUOUS AVAILABILITY OF HIGH QUALITY CHILD CARE SLOTS TO LOW-INCOME FAMILIES

Coordination is needed to ensure enough high quality infant and toddler slots are available to serve all low-income and vulnerable children as funds become available.

There are two main issues with the funding structure of early childhood education for low-income children which, in Minneapolis is primarily children of color. The first issue is that the funding sources for low-income families to tap into for early learning are inadequate: child care authorizations are not continuous and are based upon a parent's ability to perform; the Basic Sliding Fee Program is underfunded and has long waiting lists in Hennepin County; and early learning scholarships, although very helpful, do not cover the cost for an entire year of service for a child.

The second issue is the ability for early learning providers, specifically those that target low-income communities and communities of color, to be financially sustainable within this current system. The reimbursement rates provided for low-income children often do not cover the total cost of care leaving an annual funding gap for these providers to fill. Filling this gap happens through philanthropic resources with varying degrees of success and leaves many in this field especially vulnerable to closing down.

There is a need for increased reimbursement rates, longer authorizations, and more flexibility with scholarship funding.

FAMILY, FRIEND AND NEIGHBOR CARE

Alignment and outreach is needed to ensure that children receiving family, friend and neighbor care are receiving high quality care that is helping to prepare them for kindergarten.

Family, Friend and Neighbor Care (FFN) is early childhood care provided by family and friends. According to a 2009 DHS study, 52 percent of this care is provided by grandparents in Minnesota. Altogether, 70 percent of households that use child care regularly use some form of FFN care. Of all households using child care, 20 percent use FFN exclusively, and 22 percent use FFN as their primary arrangement but also use other types of care.^{xxxii}

Currently there is no system that monitors the care of children in FFN care and there are very few opportunities for training these very important caregivers. The Cabinet is very interested in building out the early childhood system to develop a relationship with these caregivers that is in alignment with closing the gaps for our children of color. There is a need for educational opportunities that can be provided through a variety of mediums such as through the Internet, during one-on-one home visits and on weekends and evenings. These educational opportunities should be focused on how FFN providers can prepare kids for kindergarten.

In addition, FFN care should be considered when building out any city or regional wide early childhood planning such as state Help Me Grow Centralized Access Point planning.

PRIMARY RECOMMENDATIONS AND STRATEGIES

Recommendation One: Ensure that low income families have access to financial resources to afford high quality early learning programs.

Strategies:

a. Recommend increased administrative flexibility and funding for federally funded child care assistance programs to stabilize children’s experience in high quality early care and education.

The state needs to fully fund the Basic Sliding Fee child care assistance program for Hennepin County so that all eligible families can access it, including the nearly 7,000 families on the waiting list. The state’s reimbursement rates to child care providers should also be raised so that facilities can afford to accept families using the child care assistance program. Increase investments in Basic Sliding Fee and assure as many children as possible benefit from allocated resources.

b. Substantially increase investments in early childhood scholarships including expanding scholarships to include the most vulnerable infants and toddlers ages birth to three.

Given current funding levels, approximately 10 percent of Minnesota’s eligible children receive early learning scholarships. The cost of services per child varies based on eligibility for other funding, quality rating of selected program, and average cost of care by geographic location. Funding should be expanded in order to reach a higher percentage of eligible children and/or fully cover costs of early care and education services for a child receiving a scholarship. In addition, a plan should be developed on how more children 0-3 can access scholarship funds.

c. Ensure the number of culturally-specific early childhood and licensed family child care programs are representative of our community.

Many gaps are present in providing continuous access to high quality preschool to low-income children and children of color. Although there are no real records or data to point to, anecdotally many can attest to the high rates of issues African American and other boys of color may have in preschool settings, often being singled out as children with behavior problems. That is why President Obama’s My Brother’s Keeper Task Force called for an “elimination of suspensions and expulsions in early learning settings to help prepare boys of color for school.” The report to the President also calls for communities to begin tracking this outcome for boys of color and to educate the community on the long-term harmful effects of suspensions and expulsions on a child.^{xxxiii} We must ensure that culturally-specific providers continue to become high quality so families do not have to choose between valuing high quality early childhood and culturally-specific care that they trust.

In addition, there is a need to find ways to bring more providers of color and English language learners (ELL) into the Parent Aware rating system.

Recommendation Two: Increase the number of available high quality child care slots in Minneapolis.

Strategies:

a. Develop a Community Solution Action Plan focused on the business of early childhood for at least two communities in Minneapolis (First Children’s Finance).

About a year ago, First Children’s Finance (FCF) along with the six regional initiative foundations began to work with rural Minnesota communities to help them plan for the early learning needs in their community. They invited concerned community members, elected officials, lenders, school superintendents, family child care providers, child care centers, small business owners, large employers, teachers, Head Start, rural economic development representatives – *anyone* who was interested in discussing child care – was invited to participate in a Town Hall meeting in their community. During that meeting, participants explored data about their community, identified successes, looked for gaps and

opportunities for improvement, and started to build the basis of a *Community Solution Action Plan*.

The Cabinet believes that a similar process could be tailored for neighborhoods in Minneapolis to develop a Community Solution Action Plan that will help strengthen the business of child care in Minneapolis. The purpose is to develop a plan that would:

- *Strengthen existing early care and education businesses*, ensuring that children have continuity of care that prepares them for success in school and beyond.
- *Expand the availability of quality child care* by creating new and innovative community partnerships.
- *Increase regional and statewide public awareness* of early care and education's role in rural economic development.

b. Increase CCAP reimbursement rates to reflect the true costs of high quality care.

Over the years, Minnesota has developed a tiered reimbursement system in efforts to encourage high quality early learning. Historically, Minnesota tied the maximum rates paid for Child Care Assistance to regional market rate surveys. Over the past ten years, those basic rates have been held artificially low overall by the legislature, but some changes were made for specific provider quality. The first step to a quality differential was a higher rate for accredited programs, followed by a lower rate for unlicensed care. In 2012, the state legislature voted to tie additional rate differentials to highly rated programs. Beginning in March 2014, three Star Parent Aware rated providers began receiving 15% above the current CCAP maximum rate and four star and/or accredited providers began receiving 20% above the current CCAP maximum rate for all children (infants through preschool). However, in many instances in Minneapolis, these rates still do not cover the total cost of care for a high quality child care slot.

Policy changes are needed for the Child Care Assistance Program (CCAP) that support stable early care and education arrangements even as family circumstances change. The Cabinet is dedicated to assuring that children, especially those most vulnerable, have access to consistent, high-quality care and education that supports their learning and development and supports policies that simplify CCAP. In addition, in order for CCAP reimbursements to be at a level which cover the true cost of care we believe provider rates should be increased to a more reasonable level for all providers who accept CCAP. Increasing provider rates will improve access for families, reduce the cost to families and ensure providers are able to meet operating costs.

Recommendation Three: Partner with family, friend and neighbor providers to ensure that the children they serve are prepared for kindergarten.

Strategy:

- a. Catalogue, map, and expand potential training and educational opportunities that are currently available for FFN providers and make the information easily accessible to use.**

Child care provided by family, friend, and neighbor (FFN) caregivers—home-based child care that is legally exempt from regulation—is of growing interest to parents and policymakers for several reasons. Chief among them is that it is the most common type of child care for children under age 5 whose parents work. Nearly half of all children spend their days—and sometimes their nights—in these types of settings; nearly a quarter of children whose care is subsidized by Child Care and Development Funding (CCDF) also use these arrangements.

Where to Go From Here – A Draft Vision to Respond to:

The recommendations and indicators presented in this report will be tracked annually. The City of Minneapolis is looking into where this tracking process will reside long-term but for the time being will be the responsibility of the Cradle to K Cabinet.

We are presenting this report in “Draft” form to get input from the community on any issues and recommendations that we have left out. We are looking forward to rich discussions with parents, providers and community members on how to address the health and educational disparities for children prenatal to three.

We will only become the great 21st Century City we all want to be when we are able to call out racial disparities and address each one specifically.

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- ⁱ <http://www.mncompass.org/education/stem/disparities>.
- ⁱⁱ <http://www.wilder.org/Wilder-Research/Publications/Studies/Generation%20Next/Baseline%20Data%20on%20Generation%20Next%20Goals%20for%20Minneapolis%20and%20Saint%20Paul%20Students.pdf>.
- ⁱⁱⁱ City of Minneapolis, Results Minneapolis 2011. Accessed at: <http://www.ci.minneapolis.mn.us/results/edu/kindergarten>.
- ^{iv} Minnesota Department of Education. Accessed 12-17-14 at: http://rc.education.state.mn.us/#graduation/orgId--999999000000__graduationYearRate--4__p--1.
- ^v "Baby's Brain Begins Now: Conception to Age 3", The Urban Child Institute, www.urbanchildinstitute.org/why-0-3/babay-and-brain.
- ^{vi} "Frequently Asked Questions on Brain Development". *Journal of Zero to Three*.
- ^{vii} National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1*. Retrieved from <http://www.developingchild.harvard.edu>.
- ^{viii} TeKolste, K., A Strategic Framework for Universal Developmental Screening for The State of Washington. Prepared for the Washington State Department of Health, Office of Maternal and Child Health, December 15, 2010, Pages 5-6.
- ^{ix} National Survey of Children's Health, Results Comparison 2007-2011/12. Accessed 12-29-14 at: <http://www.nschdata.org/browse/snapshots/nsch-profiles?rpt=17&geo=25>.
- ^x Gunnar, M., and Hostinar, C. "The Developmental Psychobiology of Stress and Emotion in Childhood." *Handbook of Psychology*, Vol. 6. Ed. I. Weiner, R. Lerner, M. Easterbrooks, and J. Mistry. Hoboken, N.J.: Wiley, 2013. Page 121.
- ^{xi} Center on the Developing Child at Harvard University and the National Scientific Council on the Developing Child. "The Science of Neglect: The Persistent Absence of Responsive Care Disrupts the Developing Brain." 2012. Accessed at: http://developingchild.harvard.edu/resources/multimedia/videos/inbrief_series/inbrief_neglect/. Page 1.
- ^{xii} Friedman-Krauss, A., and Barnett, W. S. Preschool Policy Brief, 5.
- ^{xiii} Centers for Disease Control website: <http://www.cdc.gov/nchs/data/nhsr/nhsr055.pdf>.
- ^{xiv} Scott McConnell. University of Minnesota.
- ^{xv} My Brother's Keeper Task Force Report to The President, May 2014, page 8.
- ^{xvi} Stanford Report, September 25, 2013. Accessed 12-29-14: <http://news.stanford.edu/news/2013/september/toddler-language-gap-091213.html>.
- ^{xvii} For more information see <http://www.gennextmsp.org/wp-content/uploads/2014/10/Generation-Next-Action-Summaries.pdf>
- ^{xviii} For more information see <http://www.gennextmsp.org/wp-content/uploads/2014/10/Generation-Next-Action-Summaries.pdf>
- ^{xix} Minnesota Department of Health website.
- ^{xx} Prenatal to Three Fact Sheet, Building Power for Babies: Developing a Prenatal to Three Plan for Minnesota. Retrieved from <http://www.health.state.mn.us/divs/cfh/program/pto3/content/document/pdf/factsheet.pdf>
- ^{xxi} We use the term "at-risk" or "at very high-risk" in this report to refer to children and families that have multiple barriers to their success including poverty, racism, community and domestic violence, issues with substance abuse and mental illness.
- ^{xxii} Nurse-Family Partnership in the City of Minneapolis Scaling Proposal to Achieve Community-Level Change, City of Minneapolis Health Department.
- ^{xxiii} From Raising of America Website, <http://raisingofamerica.org>.
- ^{xxiv} Heading Home Hennepin Update, July 2014.
- ^{xxv} Heading Home Hennepin Five Year Report, May 1, 2012.
- ^{xxvi} Housing Trust Fund, Ending Long-Term Homelessness Initiative Fund & Housing with Supports for Adults with Serious Mental Illness Operating Subsidy Program Guide, page 7.
- ^{xxvii} Wilder Research, "Homeless in Minnesota – Findings from the 2012 Statewide Homeless Study, September 2013.
- ^{xxviii} Hanratty, Maria J Family Shelter Entry and Re-entry over the Recession in Hennepin County, MN: The Role of Family Income, Earnings and Residential Location, 1/23/2014.
- ^{xxix} HHH flyer: MPHA Family Public Housing Opportunity.
- ^{xxx} Children's Defense Fund website: <http://www.cdf-mn.org/policy-priorities/childrens-health>.
- ^{xxxi} St. Paul Early Childhood Scholarship Evaluation, SRI International, December 2011
- ^{xxxii} 2009 Statewide Household Child Care Survey, Minnesota Department of Human Services.
- ^{xxxiii} My Brother's Keeper Report to the President, May 2014, pages 8 and 19.