



MAYOR BETSY HODGES

CITY OF MINNEAPOLIS

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

May 2015

City of Minneapolis Cradle to K Plan

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Letter from Mayor Betsy Hodges

Minneapolis' greatest strength is our people: their talent and their genius. In my 2015 State of the City Address, I asked: "How much genius are we going to leave on the table?"

My answer is still the same: None. In order to make sure that every bit of talent and genius our community has to offer is nurtured, we must start at the very beginning of life.

What we do for our kids early on matters. Eighty percent of a child's brain development happens by the time he or she is three years old. A mounting body of research shows that focusing investments at the very start of life yields returns far greater than other kinds of investment.

However, our current inequities in Minneapolis — especially those rooted in race, place and income — mean that generations of people's brainpower and talent are not being fully engaged in solving our city's most pressing problems. Generations of people's creativity are not being fully tapped to move our city forward. Generations of young people haven't received or won't get the education they need to build our city's future for all of us.

We cannot afford to leave any genius on the table, economically or morally.

There's something in it for all of us when we create a city where we have no gaps, including no gaps in the belief that all of our children can be successful in reaching their full potential. Within the genius of our children lies the collective greatness of the future of Minneapolis. I created the Cradle to K Cabinet to ensure that this greatness is realized, that this genius is tapped.

I have been encouraged by the level of engagement from the community since the Cradle to K Initiative began. My Cabinet of energetic professionals in the fields of early childhood, research, health, housing, and homelessness prevention, joined by smart, insightful parents, hit the ground running, working hard to determine how to eliminate disparities in early childhood — and better yet, prevent them. The public's response to the draft report was overwhelming: hundreds of people participated in crafting this report in public forums, parent conversations, and online. This is not just a report of the Cradle to K Cabinet: it's a report of, to, and for our entire city.

Our youngest children are counting on us now, so now is the time for us to get to work. All of us will benefit when all of them succeed.



PLAN TO ADDRESS EARLY CHILDHOOD DISPARITIES

INTRODUCTION

In Minneapolis, we face a public-health epidemic of children arriving at kindergarten unprepared. Many children who enter kindergarten lag 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 that every child has the opportunity 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 high-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 and the entire City of Minneapolis. Efforts must also begin as early as possible since 80% of brain development happens by age three.

In May 2014, Minneapolis Mayor Betsy Hodges announced the “Cradle to K Cabinet,” a team of more than 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 to three years of age. The Cabinet adopted three key goal areas that impact the health and brain development of children during their formative years: a healthy start rich with early experiences; stable housing; and high quality, development-centered child care. Three subcommittees began 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.

In February 2015, a draft report was released to the public for input. We received many very thoughtful responses over the website and through email. Cradle to K staff also held more in-depth parent conversations with five parent groups at Way to Grow, Northside Achievement Zone, Twin Cities Healthy Start at The Family Partnership, Parents of Tradition Group with MPS Early Childhood Family Education and People’s Center Health Services.

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Cabinet members also hosted two public forums, each attended by over 100 people. During these public forums we asked people to rank which recommendations they felt were the most important. Over the two nights, the top three recommendations in order were:

1. Expand targeted home-visiting services.
2. Improve mental health services of children birth to three.
3. Increase the number of available high-quality child care slots in Minneapolis.

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.

We all know that children do not grow and develop in a vacuum. We are all reflections of our communities, our society, our families, the opportunities we are presented, and the choices that we make and those made on our behalf. The Mayor and the Cabinet recognize that, in developing these recommendations, we must acknowledge that larger societal issues have direct and profound effects on the growth and development of children. The Cabinet recognizes that we cannot have a discussion about eliminating any racial disparity in our community without 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 were living in low-income households defined as below federal poverty guidelines in Minneapolis. And 52% were living below 200% of poverty which for a family of four (two adults and two children) is \$47,248 annually.

During our parent conversations, we heard in vivid detail the amount of energy many families with very young children are investing daily just trying to survive. There is no guarantee that they will have a safe and stable roof over their children's heads every night and food on the table. Some parents are faced with choosing between doubling up with a friend or remaining in a domestic violence situation or in housing in an unsafe community. No option seems viable for a parent trying to ensure their child has a healthy environment in which to thrive. Yet these are the options facing many families with young children every day in Minneapolis. The Cabinet recognizes it will be challenging to move any of these recommendations forward while some families continue to remain in deep poverty and are unable to continually provide the basic necessities for their children. We cannot ignore the fact that poverty, employment, criminal justice and other societal issues plague the development of our very young children. Yet we must still act now. We invite others in our community who are working on issues of racial equity and economic justice, who may not normally pay attention to the issues of early childhood, to listen and join us as we take action to address 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. Income-based achievement

gaps open up during the ages of 0-5 and stay stable or shrink over K-12ⁱ, while race-based gaps are wide open at 5 and grow only modestly at later ages.ⁱⁱ This would suggest that the opportunity to close or even prevent these achievement gaps is while the child is young; it is much harder to close gaps the older the child gets.

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.ⁱⁱⁱ 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.^{iv v vi}

Research shows that 80% of brain development occurs by the age of three.^{vii} 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.^{viii} However, extensive research on the resilience of children from the Center of the Developing Child at Harvard shows that the negative effects on children living in unhealthy environments and having adverse experiences are not only prevented, but significantly reduced when they have the support of at least one caring adult and a supportive community.^{ix}

We know that we can make a difference. We can close these gaps. In experiments, children from low-income families who are randomly-assigned to have access to high-quality supports during their earliest years score on IQ tests like children from

higher-income families. These investments in early childhood pay off big. The children do better in school, require less special-education services, do not repeat grades as much and, as adults, earn more. The rate of return on early childhood investments in disadvantaged children exceeds the rate of return on investments in the stock market.^{xxixii} This is our best, highest-return opportunity to grow our community's future.

Early childhood from prenatal to age 3 is 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 high-quality early childhood education programs and services. Minnesota is updating the birth-through-kindergarten entrance standards in language, literacy, and communication; and in social and emotional development. Minneapolis children are not prepared to meet these standards. Access to high-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 lead healthy and productive lives. It also leaves Minneapolis and Minnesota without the future workforce it needs to grow a prosperous economy for everyone.

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 childhood opportunities gaps: we must eliminate them so that all students are 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

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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 ages 0 to 3 will receive a healthy start rich with early experiences that will prepare them for successful early education and literacy.

Goal 2 → All children are safely and stably housed.

Goal 3 → All children ages 0 to 3 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.
 - b. Works to heal and prevent effects of racism.
 - c. Creates and maintains stability for families.
 - d. Driven and led by parents and their experiences and expertise.
3. 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. Adjusts to focus on each individual family and what it takes for them to be successful.
 - e. Results driven – builds upon what works to bring effective tools that will lead us to equitable results.

RECOMMENDATIONS

The following recommendations are just that, recommendations. They have been crafted over several months by the Cabinet and then revised based on comments we received from the public. This is not meant to be an implementation plan. During our public comment period we heard many comments asking us to quantify how much each recommendation may cost or what resources would be required to ensure it can be implemented. The Cabinet recognizes that answering these questions is important and plans to ensure this work happens during the next phase of implementation.

THE CRADLE TO K CABINET RECOMMENDATIONS

Goal One: All children ages 0 to 3 will receive a healthy start rich with early experiences that will prepare 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 safely and stably housed.

1. Increase housing options for the lowest-income families at 30% Area Median Income¹.
2. Target funding to address the needs of children and families experiencing homelessness to improve their stability while on the path to housing.
3. Provide resources and support for very-low income families to become economically stable.
4. Improve conditions for healthier and safer housing and stronger communities.

Goal Three: All children ages 0 to 3 will 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 high quality child care slots in Minneapolis.
3. Partner with parents and their family, friend and neighbor care providers to ensure that the children they serve are prepared for kindergarten.

¹Currently 30% of the AMI in Hennepin County is \$24,870 annually for a family of four.

Goal One: All children ages 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 between white babies and babies of color as early as birth in the areas of infant mortality, 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.^{xiii} It is imperative that these early experiences be positive and in the context of healthy bonds between baby and caregiver.

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

- Early parenting -- home visiting as a targeted intervention, prenatally and beyond, is very effective for teen parents and parents experiencing multiple barriers.
- Health and wellbeing of children -- good medical care, nutrition, early childhood screening and connection to resources for early childhood mental health as a response to trauma.
- Healthy environments - stable housing, safe family, healthy relationships, and quality child care.
- Community supports and connections to resources -- encouraging parents to talk, sing and read with their children and other early literacy efforts. Information, resources and building peer support for parents and family, friend and neighbor caregivers.

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 in order to increase the rates of early childhood screening at three and to ensure families have access to appropriate follow-up services for their children.

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. Early childhood screening should be aligned with other programs such as child and teen checkups, birth certification, doctor's offices, early childhood centers, churches and community centers. Work to increase the level of early childhood screening in Minneapolis is being coordinated by Generation Next and the Cabinet will continue to partner with them as they lead this work.

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GOAL ONE KEY INDICATORS OF PROGRESS

1. Increase the percentage of African American and American Indian babies born at a healthy birth weight by 3%.
2. All infant mortality rates by race and ethnicity will be at or below the national benchmark of 6.6 deaths per 1,000 births by 2016.
3. Increase the number of children screened at three by 20% 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 screening at age three by 5% over the next three years.
5. The percent of children, 24 to 36 months of age in a citywide representative sample, demonstrating age-appropriate rates of Child Vocalizations.

The American Academy of Pediatrics (AAP), Centers for Disease Control and Prevention (CDC), federal agencies and the Minnesota Health Department all strongly recommend routine, universal screening for young children ages 0 to 5 years of age. The AAP recommends that all children receive standardized developmental screening at 9, 18, and 24-30 months, and at 3-5 years of age, as well as routine social-emotional screening beginning in the first year of life. Although there are many efforts throughout Minneapolis to encourage screening at age three, the Minneapolis Health Department and the Cabinet recommend alignment and coordination to support increased routine, universal screening for children ages 0-3 in the clinic setting, 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 children experiencing homelessness should receive developmental screenings as early as possible to be able to detect delays and concerns and be referred for services.

For children who are developing normally (and for those who are not), developmental screening serves as a ‘teachable moment.’ Parents increase their awareness of developmental expectations and become attuned to new milestone achievements. Parents learn what to watch for and how to develop skills 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 value of developmental activities, child or family supports, interventions and/or services which may prevent the need for more intensive interventions at a later time.

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%).^{xiv} The rate in Minnesota in 2011/12 was 43.8%.^{xv} According to Generation Next, in Minneapolis in 2013-2014, 24% of 3-year-olds were screened and 80% of kindergarteners were screened prior to enrollment.^{xvi} Work needs to be done to do to help each Minneapolis family assess their children’s development during this critical time and to address developmental needs before they become expensive and severe.

Furthermore, adults can use better data on child status at age-3 to hold

ourselves accountable to serving our children better over this critical 0-3 period. It will help flag areas of concern, identify strategies that are working, and drive continuous improvement

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."^{xvii} Toxic stress, as it is known, is devastating to a developing brain.^{xviii} Friedman-Krauss and Barnett describe toxic stress as "experiences of severe, uncontrollable, and chronic adversity."^{xix} 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 who is mentally ill or chemically dependent.

Increased services are needed 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. Toxic stress can be ameliorated by a caring parent or caregiver who sees and responds to a child in a positive and consistent way.

Much progress has been made in Minneapolis and around the state to develop an early childhood mental health work force of trained mental health professionals available to work with children and their families. However, 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 means that more than 1 out of 4 children who need mental health services are not getting them. Further, greater focus is needed on prevention of mental health issues rather than on detection and treatment.

HEALTH AND DEVELOPMENT

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

All young families are not being reached through home visiting. The City of Minneapolis utilizes state and federal funding to provide limited and home visiting to reduce infant mortality and to increase healthy birth outcomes targeted to 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. Further, the federal funding that is currently available is diminishing each year.

Low-income mothers of children ages 0 to 3 often have psychosocial risk factors (e.g. low educational level, limited

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social support, history of trauma, domestic violence and unstable housing) are at high risk for postpartum depression, anxiety, emotional distress, and substance abuse. Postpartum depression and anxiety are common and affect 1 out of 8 women in the general population, and 1 out of 4 women with risk factors such as low income, low educational status, or being a teen.^{xx} These undermine parents' ability to engage in positive behaviors associated with better child outcomes. Home visitors using evidence-based practices provide maternal mental health screening and linkage to health, mental health, parenting and social service resources that are a critical component for healthy child development. Also, new parents can use these experienced counselors to discuss a new phase in their lives and the many ways they can fulfill the responsibilities they have to their children and their community as parents.

High-quality, targeted home visiting services to pregnant women and families with young children is an effective dual-generational strategy to reduce infant mortality and increase health and education of babies. It works to help encourage healthy development in babies and provide high-quality education to parents. During our public forums, expanding targeted home visiting received the highest number of votes as a priority.

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. Increased funds and alignment is needed for initiatives that focus on the mother-child relationship and pregnant women and parents with mental illness.

LITERACY AND ACADEMIC DEVELOPMENT

Alignment is needed to provide universal outreach for 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 verbal 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 social as well as

a cognitive endeavor learned through relationships, thereby it is a product of not only “talking” but also nurturing – a wide array of parenting practices support children’s language development.^{xxi} 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. For these reasons, the My Brother’s Keeper (MBK) 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. 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.^{xxii xxiii}

Early mathematical learning is equally important; it encourages exploration, structured thinking, and curiosity, along with building vocabulary and is appealing and accessible to parents across languages and cultures.

Children are embedded within family and community. Addressing disparities in language and mathematical skills must include a family-system focus that emphasizes parent education and support. Broader outreach to diverse, immigrant communities is a challenge and success requires engaged leaders from within those cultural communities. Licensed parent educators with Early Childhood Family Education, and home visitors will also be critical partners in this work.

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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.^{xxiv} 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^{xxv}. 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 three. 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.^{xxvi} 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 three 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 in both 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. There should be a greater focus on prevention, as well as increased efforts on detection and intervention. Few professionals have knowledge of, or access to training on, children’s mental health at this young age. There is insufficient 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.

b. Allow children experiencing homelessness birth to three to automatically be eligible for federally-mandated early intervention services for infants and children

Part C is a \$436 million federal program administered by states that serves infants and toddlers through age two who are high risk for a developmental delay, already experiencing a developmental delay, or who have diagnosed physical or mental conditions with high probabilities of resulting in a developmental delay. 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 who are high risk for developmental delay so that they are ready for preschool and kindergarten and are less likely to need special education services later on. In fact, a Minnesota study found that one-third of children who received Part C early intervention services did not need special education by second or third grade. States are required to ensure that Part C policies and practices are implemented so that traditionally underserved children, including those who are homeless, have access to services. This is critical because children who are homeless are four times more likely to show delayed development and have twice the rate of learning disabilities as non-homeless children.^{xxvii} However, only eight Minnesota infants and toddlers were served through Part C during the 2012-13 school year^{xxviii} and there were more than 1,700 homeless children under age 5 in Minnesota in 2012.^{xxix} An effective way to reduce the outreach and service-delivery challenges for homeless children is to make them categorically eligible for Part C services. This would increase the early intervention screening and services provided to homeless children and improve their outcomes, including reducing the need for special education services later on.

This strategy received the most criticism during our public input phase. There are many who stated that they are reluctant to add stress to an already overburdened special education system to serve these children. In addition, there are those that are reluctant to “label” children as needing special education services due to their lack of housing. However, the Cabinet maintains that the issue of how children experiencing homelessness receive services has never been resolved in Minnesota while the number of children who are homeless continues to increase. Moreover, Part C Early Intervention services are documented as an effective way to prevent special education services later on in a child’s academic career, and, therefore, a cost effective way to improve child outcomes and reduce the burden on special education services. The Cabinet welcomes a healthy discussion on how to best serve this population and increase their access to existing services, including Part C.

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.

The architecture of the brain is built through early transactional relationships. Responsive and sensitive parenting and

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caregiving means engaging in a “serve and return” process with young children – acknowledging and responding to a child’s immediate expressed needs, back and forth conversation, talking, singing and reading with children – builds and strengthens neural connections that support the development of children’s cognitive, communication, and social skills. We heard often during our parent conversations and public forums that fathers and mothers need support from the entire community in building their relationship with their babies and toddlers.

There is a need for 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.

Organizations need to be recruited to participate in the Word Gap Campaign and identify a key champion and funder; 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 Campaign communications to develop key themes and to promote community awareness and conversations around these issues, and support parents in taking advantage of the precious, once-in-a-lifetime opportunity for lifelong impact embodied in how they parent during these early years.

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^{xxx}.

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 provide 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^{xxxi} are not being served due to lack of resources. Utilizing home visitors trained in evidence-based practices is a proven dual-generational strategy for prevention and intervention and is widely supported by the community.

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 reach all of the families in need of this service. For instance, while the present funding supporting MVNA’s Nurse Family Partnership (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. Reaching an additional 250 families of this population would require an estimated \$1.15 million investment per year.^{xxxii}

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.**
- c. Partner with employers and build early childhood champions among local businesses that provide workplace policies that promote strong families (e.g., paid parental leave, paid sick time, and/or offer ways to help employees access high-quality child care).**
- d. Promote the importance of healthy father involvement in child development and the father’s role as a protective factor in preventing adverse childhood experiences and strengthening families.**

It is imperative that the progress that is made on early childhood policy and practices be rooted in the science of brain development, attachment, and investments in early learning. However, the vast majorities of community members do 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.^{xxxiii}

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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.

Fathers play an important and unique role in supporting their baby's healthy development during this critical time. The more contact dads have with their babies and their increased sensitivity to infant communication styles helps fathers serve as attachment partners who have a positive influence on infant development. Our families come in many sizes and shapes. In every case, adults must find ways to work together to provide nurturing environments for the children who depend on them. Research shows that children being raised with significant positive father involvement display greater empathy, higher self-esteem, increased curiosity, higher verbal skills, and higher scores of cognitive competence, yet fathers continue to be an underutilized and under-supported resource for infants and young children.^{xxxiv xxxv} Prevention and early intervention services that focus on fathers of young children can be powerful protective factors in reducing the frequency of adverse childhood experiences. Community awareness and engagement efforts should promote practices for positive father-child relationships and co-parenting for optimal child development and healthy families and communities.

Goal Two: All Children
are Safely and Stably Housed

INTRODUCTION

For a very young child, being homeless or highly mobile can quickly translate from a single traumatic event to one that is persistently traumatic. The stress a child feels from their caregiver and the stress of instability and lack of routine affects brain development. For that reason, this second goal of having every child have a stable home is imperative. It is also important to ensure that all children are food secure. Inadequate nutrition inhibits normal growth and development. Families experiencing homelessness are more likely to be food insecure.

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 Hennepin County has needed an 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. ^{xxxvi}

To help in understanding the experiences of families with unstable housing a few key definitions are noted:

- **Emergency Shelter:** Temporary short-term housing for individuals or families who are homeless.
- **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. Create 10 new affordable housing units developed at 30% Area Median Income (AMI) or below.
2. Decrease by 10% the number of families with children 5 years old and younger who have repeat emergency shelter use by end of 2016.
3. Reduce the number of children 3 years and younger identified as homeless and highly mobile by the Minneapolis Public Schools.

NEED FOR LOW-INCOME FAMILY HOUSING

Alignment is needed to coordinate funding for developing and subsidizing housing to reduce the population of families experiencing homelessness 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:

a. Developing new affordable housing at 30 percent or below Area Median Income (AMI).²

b. Acquiring rental subsidies that can turn market-rate apartments into affordable units for people with extremely low income.

In the first five years of the 10 Year Plan to End Homelessness, 2,432 units have been created. However, the majority of this housing was for single adults far exceeding the goal for developing units for individuals experiencing homelessness. 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.^{xxxvii}

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 women experiencing homelessness 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.^{xxxviii}

²Currently 30% of the AMI in Hennepin County is \$24,870 annually for a family of four.

Minneapolis and Hennepin County are seven years into the 10-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, not much progress has been made 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 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 to make this kind of housing unit feasible.

SERVICES TO STABILIZE FAMILIES EXPERIENCING HOMELESSNESS

Alignment is needed to coordinate funding for support services for families experiencing homelessness 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.^{xxxix}

There are currently very little or no public funds that are directly and specifically tied to serving children in highly-mobile families or experiencing homelessness 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 the Cabinet is emphasizing the importance of having service dollars targeted towards children experiencing homelessness, 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.

As so much is at stake during these formative years, the alignment needed is in the area of funding. Young children who 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.

ECONOMIC STABILITY FOR LOW-INCOME FAMILIES

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.^{x1} 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 families experiencing homelessness. 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 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 children experiencing homelessness 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 families experiencing homelessness 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, 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.

Many families with children that are homeless are accessing the Minnesota Family Investment Program (MFIP). MFIP is the state's Federal Temporary Assistance for Needy Families (TANF) or welfare-to-work program. Families accessing 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 results.

SAFETY

Alignment of resources and additional efforts are needed to stabilize communities, stabilize families and stabilize kids.

During our parent conversations, we heard from many parents who were currently or had recently experienced housing instability. In addition, many low-income parents who had housing felt as though they had little choice as to live in unsafe neighborhoods because that is what they could afford. Families often have to stay in unhealthy or unsafe housing when they have no other options financially.

Subsidized housing, for instance, is not always healthy housing. We heard loud and clear that stability goes “hand in hand” with safety when raising young children. When defining “safety,” parents talked about a range of issues such as gun violence, domestic violence as well as feeling safe to allow your children to play outside and raising your children in apartment buildings and neighborhoods that were not “child friendly.”

Parents and community members gave us detailed descriptions as to many of the economic and financial issues that plague low-income families and families of color in Minneapolis. A family’s income level and credit history is tightly related to the safety and stability of their housing. In addition, immigrant and Native communities often have big families that do not fit into available housing apartments.

There are also many health issues related to unsafe housing, child development is adversely affected by unhealthy environmental exposure to lead-based paint, mold from water damage, infestation by insects or rodents, inadequate lighting, poor air quality due to lack of air conditioning, airport noise and pollution, etc.

Fears of neighborhood violence and lack of protection prevent parents from allowing their young children to play outside their home. Children living in these unsafe conditions experience trauma, toxic stress and inhibited physical and social development. Efforts are needed to stabilize communities, stabilize families and stabilize kids.

Housing advocates and early childhood advocates need to come together to align resources to serve this population.

PRIMARY RECOMMENDATIONS AND STRATEGIES

Recommendation One: Increase housing options for the lowest income families at 30% and below Area Median Income (AMI³).

Strategies:

a. The City of Minneapolis will find the location and leverage 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 families experiencing homelessness. Minneapolis Public Housing Authority (MPHA) has the authority to operate 112 additional public housing units over its current stock, under a Housing and Urban Development (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 federal 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.^{xii} 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 children experiencing homelessness and families to improve their stability while on the path to housing.

Strategies:

a. Redesign service funding to focus on families and children living in supportive housing and emergency shelters to facilitate opportunities for 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. Children experiencing homelessness should receive priority access to opportunities to high quality early learning.

Currently children whose families are experiencing homelessness are a priority to receive state early learning scholarships as well as to receive basic sliding fee child care assistance. Outreach is needed to those programs and services that serve this population to ensure families experiencing homelessness have good access to these resources.

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

³ Currently 30% of the AMI in Hennepin County is \$24,870 annually for a family of four.

Strategies:

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

b. Support efforts to increase income for low-income parents (i.e. raise minimum wage)

Early childhood professionals working in licensed child care programs are predominantly women, and many are women of color. There is a disparity in income among these professionals compared with other types of educators (e.g., ECFE programs, Kindergarten teachers). Wages are generally very low for these workers, but opportunities to earn more income can increase with additional education. It is important to provide accessible and affordable training to early childhood professionals to stabilize the workforce.

Recommendation Four: Improve conditions for healthier and safer housing and stronger communities.

Strategies:

- a. Build awareness of environmental impacts on health and child development and improve city systems to provide for healthy food, clean air, clean water, and reduced noise pollution.**
- b. Increase housing inspections and hold landlords accountable to meet housing codes for healthy and safe subsidized housing.**
- c. Make neighborhoods safer: reduce violence, promote block clubs to foster community wellbeing.**
- d. Increase stop signs and add crosswalks for families to safely access parks.**

Goal Three: All children ages 0 to 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 offering an Infant Health and Development Program (IHDP) style program 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^{xiii}. Achievement gaps can be closed with the right investments.

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

The achievement gap, especially in early childhood, is driven by an investment gap in early childhood learning. Parents with high-earning power have options for how to invest into high quality early learning for their children every day. For low-wage families, many of whom are families of color, they cannot make this investment and children in these families fall permanently behind. With focused early investment, we can change children's life trajectories. Currently public investments in early childhood education such as the Child Care Assistance Program are not 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 - 2014 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 \$13,993; and for a 4-year-old child it is \$10,812. The average annual fees for full-time care in a family child care home for an infant are \$7,835; and for a 4-year-old child, they are \$7,108. A stay-at-home parent must give up the chance to work and earn. These costs 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 care as a percent of median family income, for an infant in a center, percent of income for married couples is 15%. In addition, for a single parent to place an infant in a center in 2014, it would roughly be 54% of her income. While our society offers many subsidies to help families with older children afford college, little support is provided to families trying to finance high-quality early environments for young children. Is it any wonder that families struggle and many children do not receive the kinds of investments that would set them on a path to success?

GOAL THREE KEY INDICATORS OF PROGRESS

1. Increase by 50% the number of slots in Minneapolis with a high-quality rating by Parent Aware in two years.
2. Increase by 10% the amount of families receiving child care assistance that have their children in high quality care.
3. Increase the number of children of color in high quality care.

Families are guaranteed access to assistance without paying for child care when they are accessing MFIP and most can access it in their first year transitioning off MFIP. Other families not accessing MFIP can apply for assistance through the Basic Sliding Scale Fee Child Care Assistance Program (BSF CCAP). BSF CCAP is not fully funded and 5,800 families are on a waitlist including nearly 4,000 in Hennepin County. However, the child care authorization funding for these programs, which allows parents to search for employment and go to work, is not centered on providing high quality early learning experiences to children. The priority of the program is to ensure that parents enter the workforce. A paradigm shift is needed to ensure that the funding, which comes in the form of child care authorizations, be leveraged to create high quality early learning for low-income children as parents enter the workforce.

In Minnesota, there are several examples of providing early learning scholarships to low-income families, which have yielded promising results such as the The Minnesota Early Learning Foundation (MELF) pilot and through the Race to the Top Scholarships.

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^{xliii}.

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 is beginning to see positive 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 state of Minnesota also funds a third type of early learning scholarship, up to \$5,000 per year, for children from low-income families age 3-5.

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.

Some working parents, across all socioeconomic levels, choose unlicensed care by family members, friends, or neighbors for their young children, for reasons that may include guaranteeing secure attachment, attention to a child's individuality and cultural background. Many working parents of lower income do not have the resources to pay for a licensed child care program they use Family, Friend or Neighbor (FFN) caregivers out of necessity to keep a job or stay in school. To increase the quality of child care for the most vulnerable children aged 0-3 it is important to engage and educate FFN providers on developmentally appropriate activities for optimal child development.

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.

Data from the 2013 Community Indicators Report, *One Minneapolis*, produced by the Minneapolis Foundation, shows that 33% of our city's children are living in poverty. The report emphasizes this is not an issue for just one or two neighborhoods, in fact there are sections of north, central, and south Minneapolis in which over 75% percent of children live in poverty.

Of these 13,000 families in poverty, over two-thirds are headed by single mothers. Poverty also disproportionately impacts communities of color: African American children account for 30% of all Minneapolis families and for 53% of children in poverty. Immigrant families, which account for 30% of the population, account for 68% of all families in poverty.

These nearly 25,000 children currently living in Minneapolis households with very few economic resources are at a significant disadvantage for success in school and life. Deep poverty is associated with high risks of poor physical health and mental health, depression, anxiety, and toxic levels of stress. Parents are often dependent upon public transportation, may work nonstandard hours, and typically have inflexible work schedules, resulting in few to no options for reliable, quality child care which impacts their ability to obtain, or maintain, employment. For low-income working parents, it is a precarious balancing act; in some cases once they acquire stable housing or get a better paying job, they can lose their child care subsidy, making a quality licensed child care program unaffordable.

Additional barriers to continuous access for immigrant families include a shortage of bicultural, bilingual quality early childhood programs, issues with immigration status/documentation, accessing services that are bilingual for non-English speakers and English language learners, and not wanting to challenge systems out of fear. For families experiencing homelessness and highly mobile families, there is no consistency in care for their children due to the unstable housing, insufficient resources, and support funds that are dependent upon the parent being employed or tied to specific programming. Such stressors on parents and disruptions to participation in quality child care weaken a young child's foundation in life.

There are two main issues with the funding structure of early childhood education for low-income children who in Minneapolis are 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 on a parent's ability to perform; the Basic Sliding Fee Program is underfunded and has long waiting lists in Hennepin County; and state early learning scholarships, although helpful in some ways, do not cover the cost for an entire year of service for a child and do not include children before their third birthday.

The second issue is the challenge for early learning providers, specifically those who serve low-income communities and communities of color, to be financially sustainable within this current system. The provider 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 often happens through providers taking a loss or philanthropic resources with varying degrees of success and time limits which undermine continuity of resources and leaves many in this field especially vulnerable to closing down.

There is a need for increased provider 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. It is home-based child care that is legally exempt from regulation and is the most common type of child care for children under age 5 whose parents work.

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.^{xliv}

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 5,800 families on the waiting list as of February 2015. 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. Increasing investments in the Basic Sliding Fee is a two generational approach to addressing economic stability because children benefit from stable, consistent child care that is often high quality and parents are able to work.

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 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.^{xlv} Many culturally specific and providers of color are seeking out Parent Aware and becoming rated. These providers need to receive continued support to remain high quality. Families should 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 (including those for evening and overnight care) 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, Parent Aware three-star 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). In many instances in Minneapolis, these rates still do not cover the total cost of care for a high quality child care slot. This is primarily because the provider reimbursement rates have eroded significantly over time. The provider reimbursement rate in 2014 was the 25th percentile of the 2011 market rate. Federal regulations recommend that states keep their provider rates at the 75th percentile of the current market rate. ^{xlvi}

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 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 parents and their 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.**
- b. **Foster learning and support opportunities, such as an FFN provider network for FFN providers. Providers desire and need multiple kinds of supports, including:**
 - **Information about child development and school readiness**
 - **Methods for strengthening their community connections**
 - **Education about family-friendly relationship issues and communication.**
- c. **Develop education and support for professionals working with FFN providers. This will accomplish at least two purposes: apply lessons learned from Minnesota FFN initiatives and national initiatives to improve program implementation, and create a community of practice for professionals working with FFN providers.**
- d. **Investigate development of a low-cost communications systems to stay in relationship with parents and other caregivers about the opportunities to support children’s healthy development.**

Many parents appreciate the chance to get regular electronic reminders about how to support their child’s development via text, email or other means. An experiment in San Francisco showed that weekly text messages drove large changes in parents’ use of time and large gains in child skills.^{xlvii} The City of Chicago is currently developing a similar system.^{xlviii} Leaders in Minneapolis’s vibrant business, philanthropic, academic, social service, and public service communities could emerge to develop this.

WHERE TO GO FROM HERE

We will only become the great city of the 21st century that we all want to be when we are able to call out racial disparities, and address and end them systematically. The intent of this report is to lay a foundation for the Mayor, the Cabinet and the City of Minneapolis to move forward in creating an early learning system that moves the dial on reducing disparities for children prenatal to three years old. This is the beginning of the work of the Cradle to K Initiative. The Mayor and the Cabinet are in the process of putting together an Implementation Plan that will include how to work with and align community partners, parents, businesses, non-profits and service providers that have already been working towards the goals mentioned in this report.

During the public comment period, we heard many ask what will it cost financially to make all of this happen and where the money would come from. There are various answers to this question depending upon the recommendation. As part of the implementation of the recommendations the Cabinet and subcommittees will work with our partners to determine funding estimate and to also identify areas that need more alignment of current resources and not necessarily new funding.

The recommendations and indicators presented in this report will be tracked annually beginning in 2016. Mayor Hodges is looking into where this tracking process will reside long-term, but for the time being, it will be the responsibility of the Cradle to K Cabinet.

With the disparities that our youngest children face, our city is at a critical juncture. The good news is that we have everything we need in order to end these disparities and win this battle. We know what our challenges are and we have identified concrete solutions that change the reality for our very young children in Minneapolis.

In order to make this happen, however, we need everyone's help. No one person or entity or group can accomplish this single-handedly. We invite others in our community that are working on issues of housing equity, racial equity and economic equity to join the work of ensure all of our very young children have the foundation they need to thrive in Minneapolis.

Now the work begins.

ENDNOTES

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^{iv} <http://www.wilder.org/Wilder->

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