







## Office of Early Learning

Mission: Partner with families & communities across the

state, and <u>align human & financial supports</u>
across agencies, to <u>promote healthy child</u>

<u>development</u> from prenatal through grade 3.

Vision: All Minnesota children get

the great start they need to succeed in school and life.









## Progress by the Numbers



**5,700+** children receive EL Scholarships!

**1,892** Parent Aware rated providers <u>statewide</u>!

**80%** of PW-I scholarship children choose 4-stars!

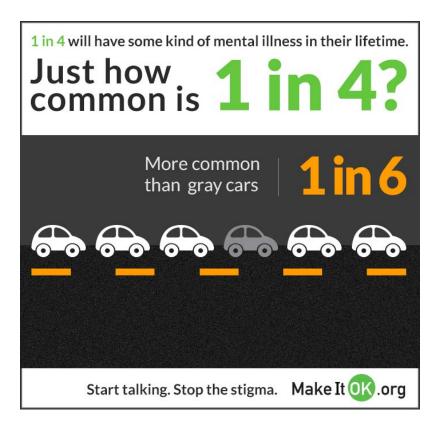
**29%** of CCAP children under 5 choose quality!

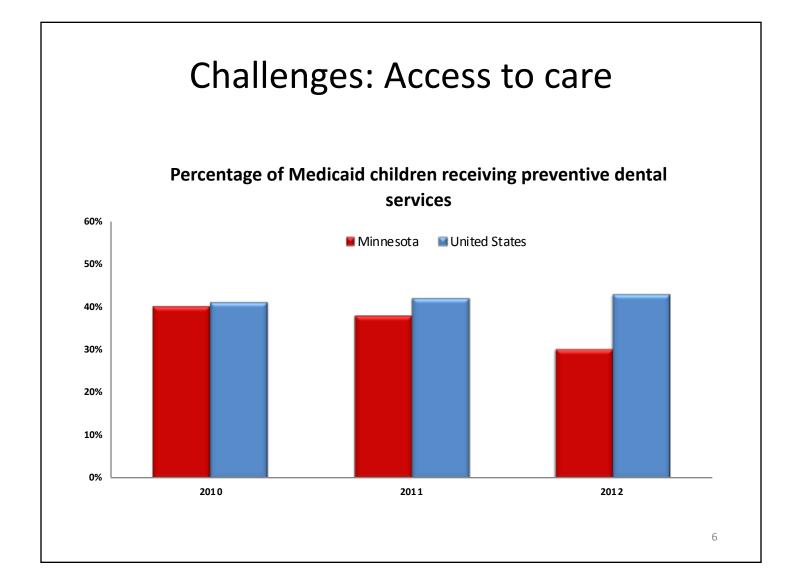






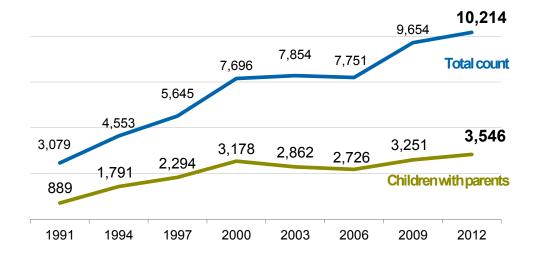
# Challenges: Mental health capacity





## Challenge: Children and housing

**Current issues:** The number of homeless children and their families has almost quadrupled *per one-night* shelter counts



# Challenges that still exist

#### In Minnesota:

- 5 in 10 Black children
- 4 in 10 American Indian children
- 3 in 10 Hispanic children
- 2 in 10 Asian children and
- 1 in 10 White children ...

#### **LIVED IN POVERTY IN 2012**

Source: U.S Census Bureau, 2012 American Community Survey



# Common Agenda

Healthy development

& well-being contribute to

early learning success

and a successful

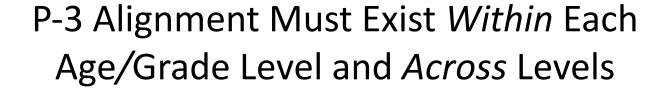
trajectory throughout school and life.

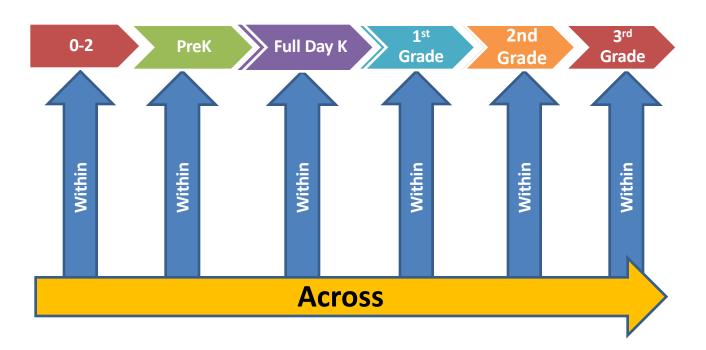












Kauerz, 2011





**Grades 1-3: Foundation for Lifelong Learning** 

Before / After / Summer School Programs



Full-day K: Universal Transition Year



**High-Quality PreK: Foundation for K-12 Education** 

**0-2**<sub>yrs</sub>



Birth to 3: Crucial Brain Development

Transition Plans in Place

## Help Me Grow (\$2M)

- Comprehensive, collaborative system for improving access to existing resources and services for children (birth → age 8) and their families;
- Builds on existing in-state structure, with help from Help Me Grow National Center;
- Four Core HMG Components:

Provider Outreach

Community Outreach

Centralized Access Point

❖ Data Collection





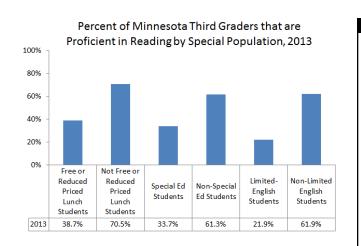


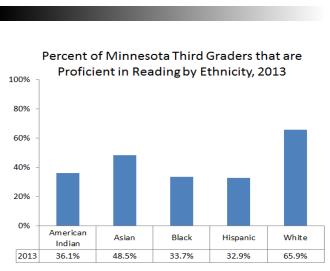




# **Early Learning**

Children of color and children from low-income families consistently demonstrate lower proficiency rates on key indicators such as third grade reading.<sup>5</sup>





<sup>5</sup>Minnesota Dashboard

### High Quality Early Learning

#### Statewide Pre-Kindergarten for 4 year olds (\$109M)

 Provide voluntary, full day, high quality pre-Kindergarten early learning opportunities for every 4-year old, statewide. (n = 31,000 children)

#### **Eliminate Head Start Waiting List (\$19.4M)**

• Promote school readiness, family support, and education for low-income children. (n = 2,485)

#### MN Reading Corps (\$10M)

• Provide trained tutors for students who struggle with literacy skills.

### High Quality Early Learning, cont.

#### **Invest in Quality Child Care**

- Simplify child care assistance requirements to reduce complexity for participants and counties (\$1.6M in FY16/17)
- Reduce the Basic Sliding Fee Child Care Waiting List - currently at 6,157 (\$12.5M in FY16/17)
- Sustain Parent Aware Quality Rating System (\$3.5M in FY16/17)

#### **Add Flexibility for Early Learning Scholarships**

• Enhance portability and family choice.



### Physical/ Mental Health

#### Free Breakfasts for Pre-K through Grade 3 (\$28.1M)

 Ensure every child, from Pre-K to grade 3, has access to a well-rounded, nutritious meal to start their day.

#### **Oral Health (\$8.4M in FY16/17)**

 Reform the way Oral Health services are provided in Medical Assistance and MinnesotaCare.

### Physical/ Mental Health

#### Child protection (\$2.5M in FY16/17)

- Support best practices;
- Increase accountability for county and tribal child welfare agencies.

#### **Mental Health: Prevention**

- Build community capacity to reduce the incidence of Adverse Childhood Experiences (ACEs) (\$796K in FY18/19);
- Expand respite care (\$847K in FY16/17) to keep children healthy in the community.

### Physical/ Mental Health

#### **Mental Health: Early Intervention**

- Mental health consultation for early childhood providers (\$922K in FY16/17)
- School-based diversion pilot for students with cooccurring disorders (\$65K in FY16/17)

#### **Mental Health: Treatment**

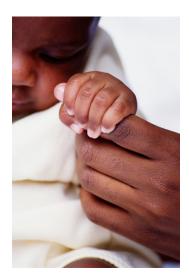
 Begin to establish Psychiatric Residential Treatment capacity in the state (\$6.6M in FY16/17).

## **Evidence-based Family Home Visiting**

- \$650,000 FY 2016, \$2M each FY thereafter
- Awarded competitively
- To Community Health Boards and Tribal Nations
- Expanding evidence-based programs already implemented in Minnesota (Nurse-Family Partnership, Healthy Families America, and Family Spirit (culturally tailored for American Indian families)
- Provide home visiting services to another 200-300 pregnant or parenting teens and women

## Family Home Visiting

- Develops parent knowledge of child development;
- Enhances parenting behaviors and parent-child relationships;
- Increases parenting confidence & skills;
- Screens for risk factors;
- Refers to other needed services and supports;
- Connects to preventive health services;
- Educates on home safety and injury prevention.



#### Home Visiting Results

- Improves healthy birth outcomes;
- Improves use of preventive health services; reduced ER visits;
- Reduces child abuse and neglect;
- Improves school readiness;
- Reduces use of government assistance programs;
- Increases employment for mothers;
- Increases intervals between pregnancies;
- Reduces juvenile arrests (child);
- Reduces maternal convictions (mother).



### **Community Partnerships**

- ❖ Provide wrap around services for children and families within the Northside Achievement Zone and St. Paul Promise Neighborhood, who partner with families and community to permanently eliminate education disparities. (\$4M)
- ❖ Support expanded tribal administration of human services programs for WEN (\$2.8M in FY16/17) and Red Lake TANF (\$284K in FY16/17)

### **Community Partnerships**

- Establish American Indian Family Early Intervention Program to families who are at risk for possible child maltreatment (\$2M in FY16/17)
- ❖ Invest in targeted, coordinated, culturally-specific care for pregnant mothers at high risk of poor birth outcomes from drug use (\$272K in FY16/17)

