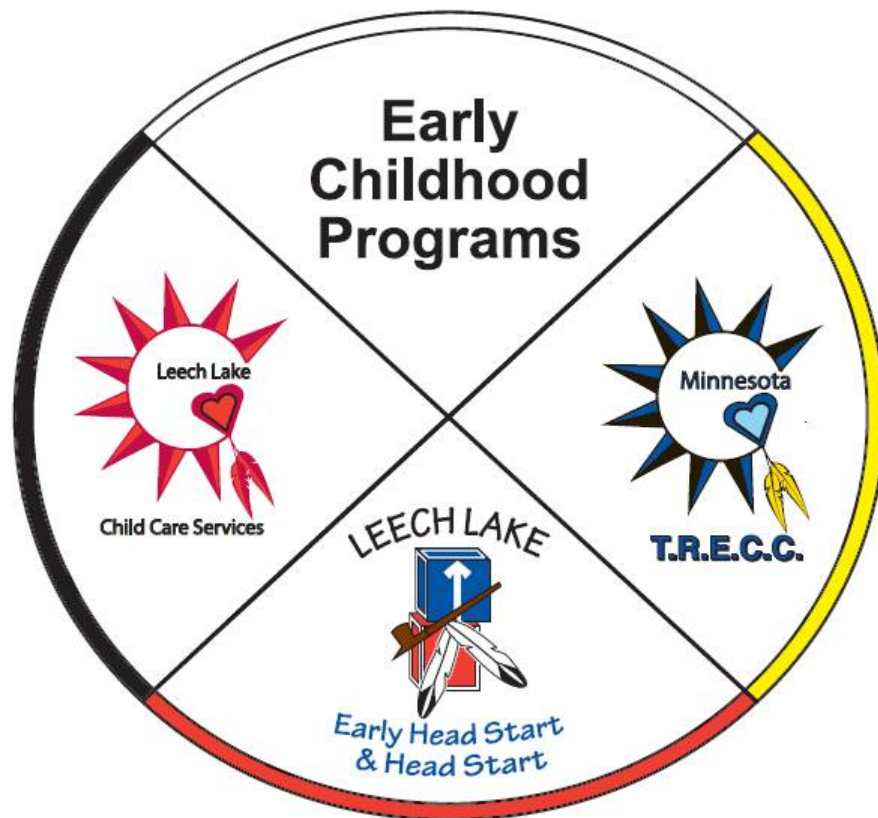


Leech Lake Early Childhood Community Assessment



MARCH 12, 2018

Leech Lake Community Needs Assessment 2016

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Section 1

Introduction and Methodology

Introduction

This triennial needs assessment complies with the Federal requirement for all Head Start (HS) and Early Head Start (EHS) programs to publish a comprehensive community assessment documenting the conditions of children and families in their recruitment and service areas. The objective of this assessment process is to better understand and meet the needs of area families with children ages zero to 5. Using insights gained through a comprehensive assessment process that includes all program stakeholders, Leech Lake Head Start can better meet its mission.

Leech Lake Early Childhood Mission Statement

Leech Lake Early Childhood provides quality services to empower children, families, and staff. We provide safe and healthy lifestyles through family partnerships, nutrition, health, and transportation services. We provide opportunities to educate parents/guardians to become the primary educators and advocates for their children. We hold the Anishinaabeg Language and Traditions to the highest degree with respect and value for other cultures.

Methodology

This assessment is the culmination of planned survey administration, parent interviews, a review of available data, and analysis of the data gathered. Stakeholders who completed surveys for this assessment included parents of children served through HS and EHS, HS and EHS teachers and child care providers, community members, and HS and EHS partner agencies and service providers.

Surveys

Four different print surveys were designed for each stakeholder group listed below to complete. Individuals completed 270 surveys. The format was based on surveys used for the 2013 assessment. Leech Lake Early Childhood staff and administration and Head Start and Early Head Start parents suggested some survey modifications. The four surveys are described below.

1. **Early Head Start and Head Start Family Survey:** More than 90 families whose children attend HS and EHS in the multiple program sites provided basic demographic

information regarding their household size, income, housing status, any history of homelessness, level of education, and other socio-economic indicators. Respondents also indicated which Head Start/Early Head Start program options best suited their family needs, provided evaluative feedback on Leech Lake Head Start/Early Head Start and special needs programming (for those with past experience), and reported on the availability and quality of services in their community. In an open-ended answer format, they identified their family needs, strengths, and hopes, as well as the strengths and needs of their community.

- 2. Community Member Survey:** More than 130 Community members completed surveys while attending different community events throughout the recruitment area during the same timeframe as families were surveyed. They were asked to identify the strengths and needs of the Leech Lake Reservation; and the strengths, needs, challenges and hopes of Leech Lake families with children ages 5 and under. They provided input on the quality and availability of child care and rated the need for a Home Visiting program in their community. They ranked the availability and quality of a wide variety of other community services and resources and indicated whether they had any direct experience with Leech Lake Early Childhood programming.
- 3. Head Start Agency/Service Provider Survey:**
More than 15 Service Providers who work with HS and EHS families with children ages 0–5 completed and returned an electronic survey. Based on their professional experiences, these respondents gave feedback on Leech Lake Head Start and Early Head Start programming and rated community resource and service quality and availability to families with children 0–5. These respondents also provided insight on the strengths and needs of the Leech Lake Reservation as a community and specifically gave feedback on the strengths and needs of families with children ages 0–5.
- 4. Childcare Provider & HS/EHS Teachers Survey:** Nearly 30 child care providers and HS/EHS teachers shared information about their services, offered feedback on the quality of Leech Lake Child Care services, stated their interest in providing EHS, rated the need for quality child care in the community, indicated the need for Parent Aware and Child Care Health Consultants, and commented on their barriers to participating in Parent Aware and Health Consultant programs. These respondents also provided insight on the strengths and needs of the Leech Lake Reservation as a community and specifically on the strengths and needs of families with children ages 0–5. They ranked the accessibility and quality of a variety of community services and resources for families.

Methodology – Social Sciences Research Emphasis

To provide data-informed research that can help policy council members, managers, and staff decide on resource allocations for Head Start and Early Head Start, the best available social sciences research relevant to Minnesota’s young children and communities has been included. Data provided is based on key findings from the “Minnesota Risk and Research Report” (see the full citation under data sources below). An overview of findings is presented here as it helped determine the types of external data to include in the Community Needs Assessment.

Minnesota Early Childhood Risk & Reach Report: Key Indicators of Early Childhood Development, County by County Wilder Research Center – Sept. 2015

Overall Risk Status

Minnesota has an estimated 436,00 children age 5 and younger living in 87 counties. The counties with the most indicators at high risk levels are Mahnomen, Becker, **Beltrami**, and **Cass**. Each county was assigned to one of the four risk categories, based on its average score across all indicators relative to other counties.

- 80,000 children live in low-risk counties
- 155,000 live in low-to-moderate risk counties
- 123,000 children live in moderate-to-high risk counties. This includes **Itasca County**, 1 of 4 counties within the Leech Lake Reservation.
- 68,000 children live in high risk counties: These include **Beltrami, Cass, and Hubbard**, 3 of the 4 counties with land in the Leech Lake Reservation’s boundaries.

Economic Risks

■ Eight percent of births in 2012 were to mothers with less than a high school degree. Nine of Minnesota’s counties fall in the high risk category on this indicator, all of which are located in greater Minnesota. Mahnomen County has the highest share (24%).

■ Statewide, about 3 percent of children have no working parent, ranging from 25 percent in Wadena County to 2 percent in Sherburne County.

■ Almost 17 percent of children are living in poverty in Minnesota (poverty level is about \$19,000 per year for a family of three and about \$23,000 for a family of four). Fourteen counties spread throughout the state fall in the highest risk category on this indicator.

Health Risks

■ The **teen birth rate** in Minnesota is 20 births per 1,000 girls age 15 to 19. Seven counties are high risk. Mahnomen, Nobles, and Beltrami counties have the highest rates at 96, 55, and 50 births per 1,000 teen girls, respectively.

■ In 2012, an estimated 22 percent of births in Minnesota lacked adequate **prenatal care**. Most counties are low to moderate risk on this indicator. The 13 high-risk counties are scattered throughout the state, including multiple counties in the southwest and northwest regions.

■ In 2013, almost 5 percent of births were **low-weight births** (under 5.5 pounds). The thirteen counties in the high risk category are spread throughout the state.

■ The Minnesota **infant mortality rate** is 5 deaths per 1,000 births. The rate in Mahnomen County is the highest, 13.5 per 1,000, reflecting the county's high concentration of American Indian children and mortality rates among American Indian babies that are double the rates of white babies in Minnesota.

Family Stability Risks

■ Nineteen percent of children under age 5 **changed residences** at least once in the past year (2008-2012).

■ In 2013, 25 in 1,000 children under age 5 statewide had a **maltreatment report** filed.

■ In 2013, about 8 in 1,000 children under age 6 statewide were in **foster care**. The state's highest rates of foster care placements are all in six northern counties. Beltrami has the state's highest rate, at 45 per 1,000 children.

Research and Key Data Sources

Relevant data was gathered primarily from the resources described below. See the Appendix for a complete listing.

1. U.S. Census Bureau/American Community Survey (ACS)

The American Community Survey (ACS) is a nationwide, continuous survey conducted by the U.S. Census Bureau. ACS is designed to provide reliable and timely demographic, housing, social, and economic data *every year for every community* in the nation.

Prior to 2010, small cities and American Indian Reservations such as Leech Lake had to rely on the last U.S. Census figures for detailed information about the characteristics of

their communities. Once every decade, the U.S. Census collected detailed demographic data through a “long-form Census questionnaire” sent to a subset of households. The data became obsolete years before a new Census occurred.

In 2010 and beyond, **ACS data is being collected throughout the decade and published annually in the form of 3-year and 5-year estimates--even for small geographic areas such as Reservation Communities.** This is a helpful development for Reservation communities seeking current data.

The Leech Lake Early Childhood Community Assessment Update follows U.S. Census Bureau guidance on which ACS data can be reliably compared to Census 2010 data, as there are differences in the “universe, question wording, residence rule, reference periods and the way in which the data are tabulated that can impact comparability.” ACS also publishes a margin of error for all data. Generally, the margin of error is higher for smaller populations such as a Reservation.

2. Leech Lake Band of Ojibwe Tribal Planning Department

June 7, 2017 – Summary of the official Economic Assessment and Market Analysis conducted by the First Nations Oweesta Corporation on the behalf of the Leech Lake Band of Ojibwe.

3. Minnesota County Health Tables (2015 and additional years where indicated)

Published annually, the MN County Health Tables include current health data for the State as a whole and the four counties in which the Leech Lake Reservation lies: Cass, Itasca, Hubbard and Beltrami counties.

4. Minnesota Department of Human Services, Children and Family Services

Minnesota's Out-of-Home Care and Permanency Report 2016 and Minnesota's Child Maltreatment Report 2016. These reports summarize and detail both Child Maltreatment Reports and Out-of-Home Placement causes and numbers and types of placements, as well as federal performance standards for permanency/adoption/and other positive outcomes. The data is summarized and provided for each county and the two Minnesota Tribes which administer their own child welfare. These two tribes are the Leech Lake Band of Ojibwe and the White Earth Band of Ojibwe. Note: These two reports were previously a single report and there is some change in data reported in 2016 as compared to 2015 and prior years.

5. Minnesota Housing Partnership, 2015 Cass County Housing Profile, accessed at www.mhponline.org. MHP Profiles draw on U.S. Census ACS data, HUD Fair Market Rents, and Minn. Dept. of Employment and Economic Development wage data, among other sources. *Note:* HUD data used by MHP was corrected for 2015 and corrected data is used in the profile referenced for this document.

6. **Annie E. Casey Foundation: KIDS COUNT Data Center**

Found at www.kidscount.org/datacenter, KIDS COUNT posts county and state level data on factors that impact the quality of life for children including: basic demographics, education, economic well-being, health, safety and risk behavior, and family/community wellbeing.

7. **Leech Lake Head Start and Early Head Start Parent Focus Group.** The Community Needs Assessment Consultant met with parents, who generously shared information about their children's participation in the program.

8. **Leech Lake Head Start and Early Head Start Program Information Reports (PIRs)**

Data was drawn from the 2012-13, 2013-14, 2014-15, and 2015-16 PIRs for the Leech Lake HS and EHS Programs. The Office of Head Start Program Information Report (PIR) provides comprehensive data on the services, staff, children, and families served by Head Start and Early Head Start programs nationwide. All grantees and delegates are required to submit Program Information Reports for Head Start and Early Head Start programs.

9. **"Eliminating Health Disparities Initiative Report to the Minnesota Legislature 2016,"** Minnesota Dept. of Health.

10. **"Populations of Color Health Update: Births and Deaths,"** 2015, Minnesota Department of Health, Center for Health Statistics.

11. **Minnesota Early Childhood Risk & Reach Report:** Key Indicators of Early Childhood Development in Minnesota, County by County, September 2015, produced by Wilder Research Center, in partnership with the University of Minnesota (Harris Training Programs in the Center for Early Education and Development) and the Minnesota Departments of Education (MDE), Health (MDH), and Human Services (DHS). Prepared by: Richard Chase, Ellen Mai, and Peter Mathison, Wilder Research Elizabeth Carlson and Alison Giovanelli, University of Minnesota

Analyzing Information Gathered

Leech Lake Early Childhood administration, staff and the Policy Council reviewed survey, internal and external data. They provided valuable input that gave further meaning to the information gathered and insights for the direction of future programming. The Leech Lake Band of Ojibwe Early Childhood Program contracted with Rebecca Schueller Training & Consulting, LLC, Bemidji, Minn., to prepare this Community Needs Assessment.

Section 2

Service Area and Recruitment Area



Service and Recruitment Area Defined

The Leech Lake Reservation has the largest on-reservation population of any reservation in Minnesota, with a resident population of 10,660, according to the 2010 United States Census. The recruitment area for the Leech Lake Head Start and Early Head Start programs consist of the boundaries of the Leech Lake Reservation, and a site in the City of Bemidji in neighboring Beltrami County. While a majority of children and pregnant mothers enrolled in Early Childhood Division programming live within those boundaries, services are also provided to those who request enrollment in a Leech Lake Head Start or Early Head Start program but who live outside the reservation's boundaries. These families are defined as having "on or near reservation" status.

This eligibility status was developed to address an acute housing shortage on the Leech Lake Reservation, which forces some program-eligible families to live off the Reservation. These families are located primarily in three communities—Bemidji, Walker and Deer River. The Leech Lake HS and EHS programs wish to respect these families' rightful wishes to retain a tie to the People, language and culture of Leech Lake. In 2010, a Head Start classroom was added in Bemidji, Minnesota, which is located approximately 15 miles west of the Reservation Boundary in Beltrami County.

Reservation Snapshot

Geographical Location: The Leech Lake Reservation, *Gaa-zagaskwaajimekaag* in the Ojibwe language, is located in rural, north central Minnesota, approximately 235 miles north of Minneapolis/St. Paul and 100 miles south of the Canadian border. The reservation overlaps four counties including Cass, Itasca, Beltrami and Hubbard and reaches across seven school districts. The majority of reservation land is located within Cass County.

While approximately 1,050 square miles lie within this open reservation's borders, only about 5% percent of this land is owned by the tribe or by private owners of American Indian descent. The rest is owned by federal, state, and local governments or by private individuals who are not American Indian.

Communities: The reservation consists of eleven villages; two additional communities have a substantial number of Leech Lake Band members. Nearly all Leech Lake communities are located in or near the woods of the Chippewa National Forest. The largest community is Cass Lake, situated on the southwestern shores of the eponymous lake. The next largest

settlements are Ball Club, Onigum, Inger, and Bena. In some communities, housing is located along only one road, with each side lined with homes. Leech Lake communities include:

- Ball Club
- Bena
- Cass Lake
- Deer River
- Inger
- Longville
- Mission
- Oak Point
- Onigum
- Pennington
- Smokey Point
- Squaw Lake
- Sugar Point
- Whipholt

Leech Lake tribal members have organized their own community councils to give voice and political power to their concerns. These community councils are called, Local Indian Council or LIC's. The smaller communities have facilities for community events and services such as medical clinics and programs for elders. Head Start and Early Head Start Programs are also located in many of these communities.

Tribal Government: The Leech Lake Band of Ojibwe (LLBO) was organized pursuant to the Indian Reorganization Act of 1934 and is one of six member-Bands of the Minnesota Chippewa Tribe. Jurisdiction over reservation matters is vested in the Leech Lake Reservation Tribal Council. The Tribal Council is comprised of five members, with three elected to represent geographical districts and two, the Chairman and Secretary-Treasurer, elected at-large. Reservation communities are served by 16 Local Indian Councils (LICs) that are separated by distances ranging from 40 to 160 miles roundtrip. LIC members relay their jurisdiction's issues to the Tribal Council to ensure that the services and programs necessary to meet the needs of the district are in place.

The City of Cass Lake serves as the hub for activities and services on the reservation. The main offices for the Leech Lake Band are located in Cass Lake, along with the Leech Lake Tribal College, the Cass Lake Indian Health Service Hospital and Clinic, the Minnesota Chippewa Tribe's Offices, and the Chippewa National Forest management staff. The Regional Bureau of Indian Affairs and Indian Health Service area offices are located just 15 miles west of Cass Lake in the City of Bemidji.

Population Density and Transportation Challenges: According to the Minnesota Department of Health's 2015 County Health Tables, the population density in Cass County is a scant 14.2 people per square mile in comparison to the State of Minnesota's population density of 69.0 people per square mile. Multiple studies and comments in this Needs Assessment document the barriers to employment, childcare, and services due to the lack of a public transportation infrastructure in this high poverty, dispersed rural area. Residents of this sparsely populated, vast land area have long been challenged by a lack of transportation resources and infrastructure. A mixture of paved and gravel roads link Reservation communities, circumnavigating numerous lakes that add to the driving distances between homes and market services areas for health care, retail shopping, education, and other services. Travel can be hazardous during the winter months due to snow and ice conditions,

which can create life and death situations as well as extreme isolation for some of the reservation population.

Natural Resources & Climate: The land is heavily forested and contains two of the five largest lakes in the state. The vast majority of the Reservation is within the boundaries of the Chippewa National Forest. The region's climate is characterized by two distinct seasons—a short, warm summer and a long, cold winter. Average annual temperature is 38 degrees Fahrenheit with a maximum of 100 degrees Fahrenheit and a low of 45 degrees below zero Fahrenheit. Winter temperatures average between 0 and 10 degrees Fahrenheit, while summer temperatures average between 65 and 75 degrees Fahrenheit. The average annual precipitation is 22 inches with a maximum of 40 inches and a minimum of 13 inches. Snowfall averages 50 inches annually. The growing season is short with the average number of days without killing frost numbering 110.

Map of the Leech Lake Reservation

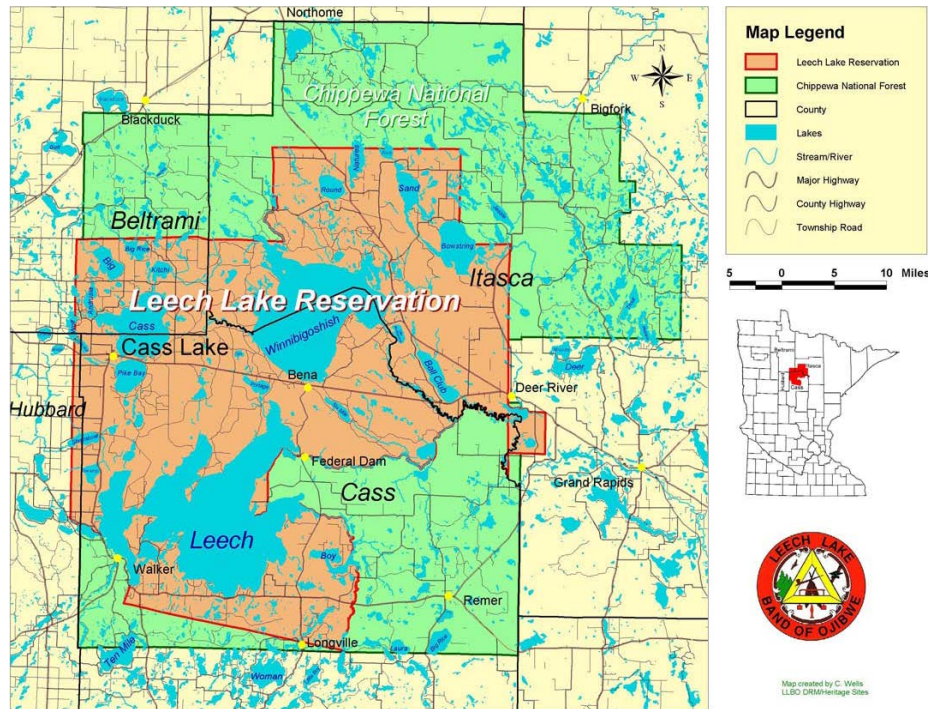


Figure 1

Leech Lake Service Area Demographics

Population Breakdowns: Leech Lake has the largest population of the Minnesota American Indian Reservations, according to the U.S. Census. The most recently published American Community Survey (2012-2016) indicates that the population of the Leech Lake Reservation is 10,660. As noted in the chart below, most of the population is either American Indian or White. The American Indian population has increased since 2000. There are 4,682 American Indians residing on the Reservation, according to the 2010 U.S. Census. The vast majority of this region's American Indian population is of the Anishinabe tribal heritage (or "Chippewa" according to U.S. Census terminology).

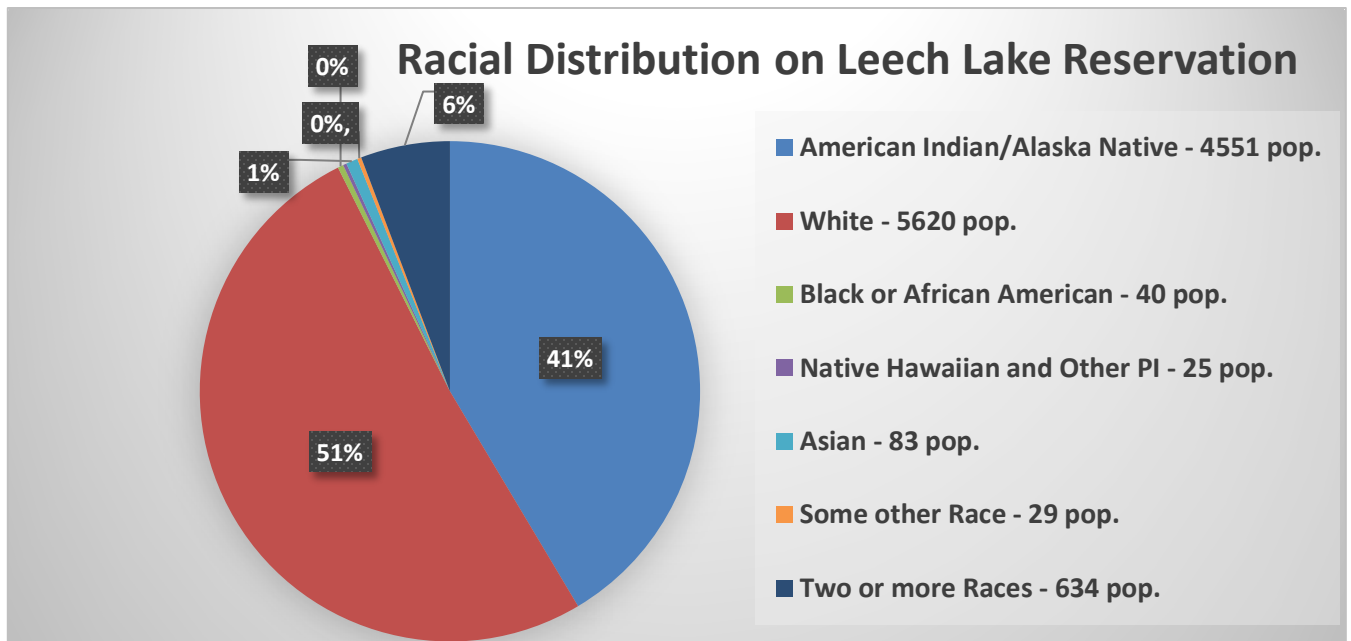


Figure 2 - Source: U.S. Census Bureau, American Community Survey, 2012–2016

The U.S. Census documents a 35% growth rate among Minnesota's American Indian population between 1990 and 2010. In 1990, the American Indian population was 49,909, in 2000 it had grown to 54,067, and in 2010, the growth was even more significant, showing 67,325 American Indians in Minnesota.

As shown below, each of the four counties that overlap the Leech Lake Reservation's boundaries is growing, as is the American Indian population within three of those counties.

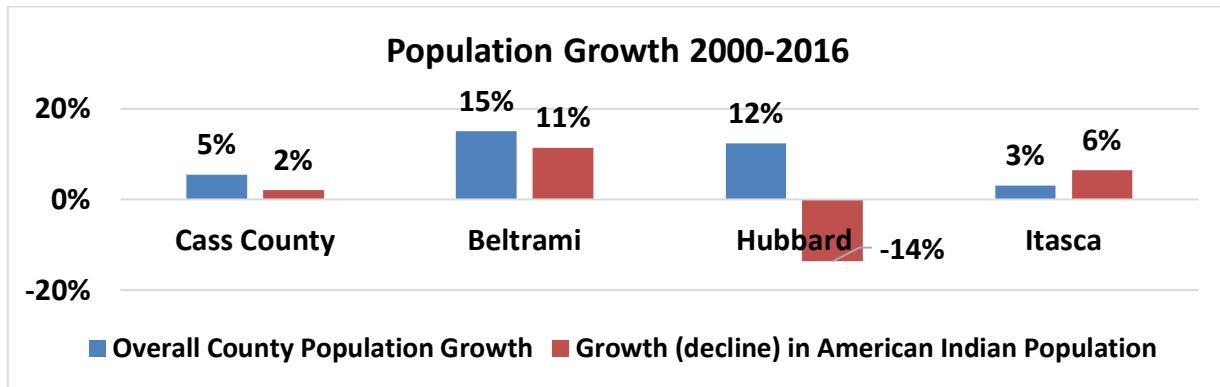


Figure 3 - Source: U.S. Census, 2000 and American Community Survey 2012-2016 Estimate.

Hubbard County is the only one in which the American Indian population has declined.

Just over 4,300 households live on the Leech Lake Reservation, and 38% of those households have one or more child under age 18. The table below shows that the percentage of the reservation population under age 5 on Leech Lake Reservation is slightly higher than for the State of Minnesota and the U.S. The under 5 population is estimated at 811 children on the Reservation.

Preschool Population as a Percentage of Total Population

	Percentage of Population Ages 0-5
Leech Lake Reservation	7.4%
Minnesota	6.4%
United States	6.2%

Table 1 - Source: U.S. Census Bureau, American Community Survey, 2012-2016

Percentage of Children under age 6 (by county) who are American Indian

Population	Cass	Beltrami	Hubbard	Itasca	Minnesota
American Indian Children Under Age 6	20.1%	31.4%	*	3.4%	6.2%

Table 2 - Source: U.S. Census Bureau, American Community Survey, 2008-2012, as reprinted in Wilder Research Report: "Minnesota Early Childhood Risk and Reach Report," Sept. 2015. (*) indicates the survey sample is too small to produce reliable estimates.

Average Household and Family Size

	Average Household Size	Average Family Size
Leech Lake Reservation	2.53	2.88
Minnesota	2.49	3.06
United States	2.64	3.24

Table 3 - Source: U.S. Census Bureau, American Community Survey, 2012-2016

Language: Less than 1% of the Leech Lake Reservation population indicates that they “do not speak English very well.” Thus, language is not a barrier to receiving services such as Head Start for the vast majority of eligible families. Tribal leaders, elders, and other tribal members have embarked on an effort to teach the Anishinaabe language after decades of discouragement of its use by the U.S. Government.

Economic Data

Data in the following charts clearly shows the pervasive nature of poverty on the Reservation. Per capita income is more than \$10,000 less on the Reservation than statewide and unemployment is nearly 15%.

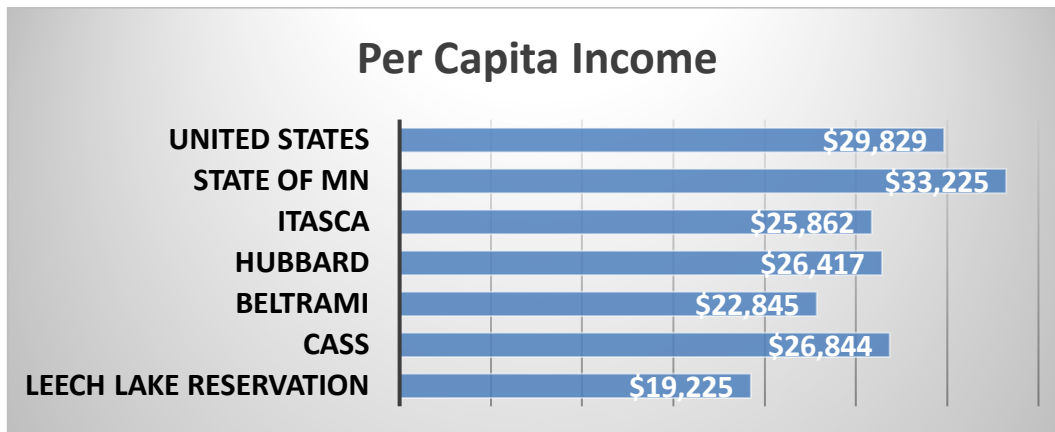


Figure 4 - Source: U.S. Census Bureau, American Community Survey, 2012-2016

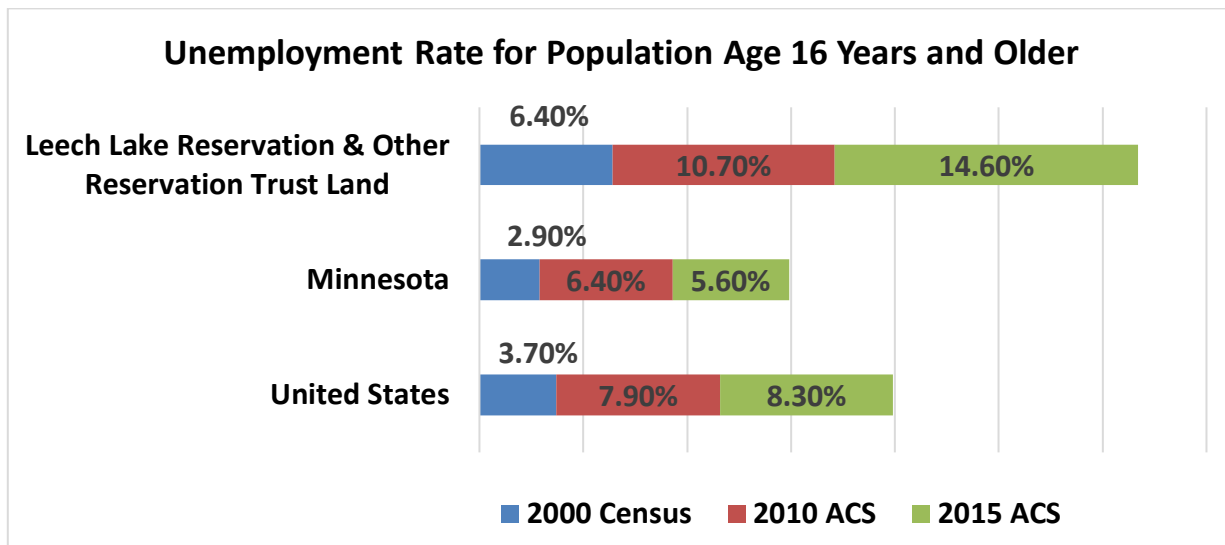


Figure 5 - Source: Leech Lake Tribal Development Report, June 7, 2017, drawing on U.S. Census 2000 and 2010 Data and American Community Survey 2015 Data.

Cass County and Beltrami County perennially rank as two of the poorest counties in Minnesota. As the following chart shows, more than one-quarter of all people residing within the Leech Lake Reservation boundaries live below the poverty rate. The estimate of poverty for the American Indian residents of Leech Lake Reservation is much higher—more than 40% (American Community Survey 2007-2011).

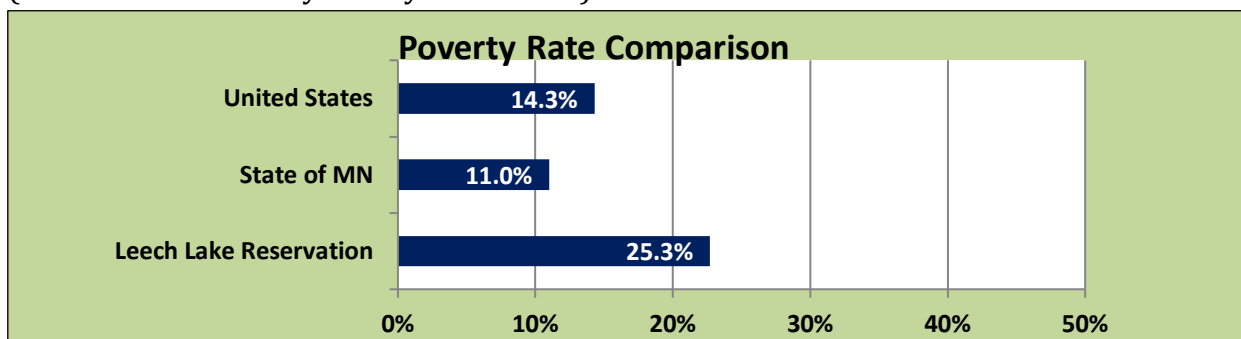


Figure 6 - Source: U.S. Census Bureau, American Community Survey, 2012–2016

Even more striking is the poverty rate of young children on the Reservation, which far exceeds the state and national figure, as illustrated in the following chart.

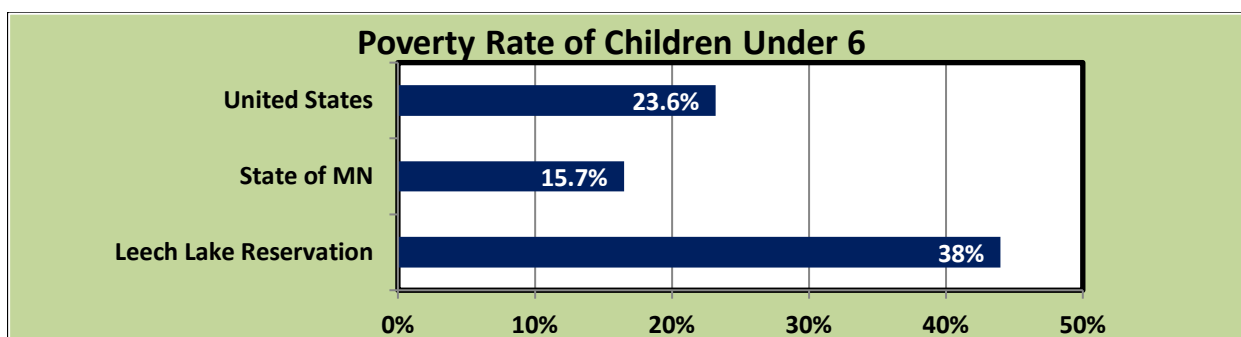


Figure 7 - Source: U.S. Census Bureau, American Community Survey, 2012-16

A standard **indicator of poverty** is the number of children receiving free or reduced-price school lunches. In 2015, nearly two-thirds of all children in Cass County were eligible for this program, according to the Minnesota Children’s Defense Fund. All four counties from which Leech Lake Early Childhood draws children *significantly* exceed the state percentage.

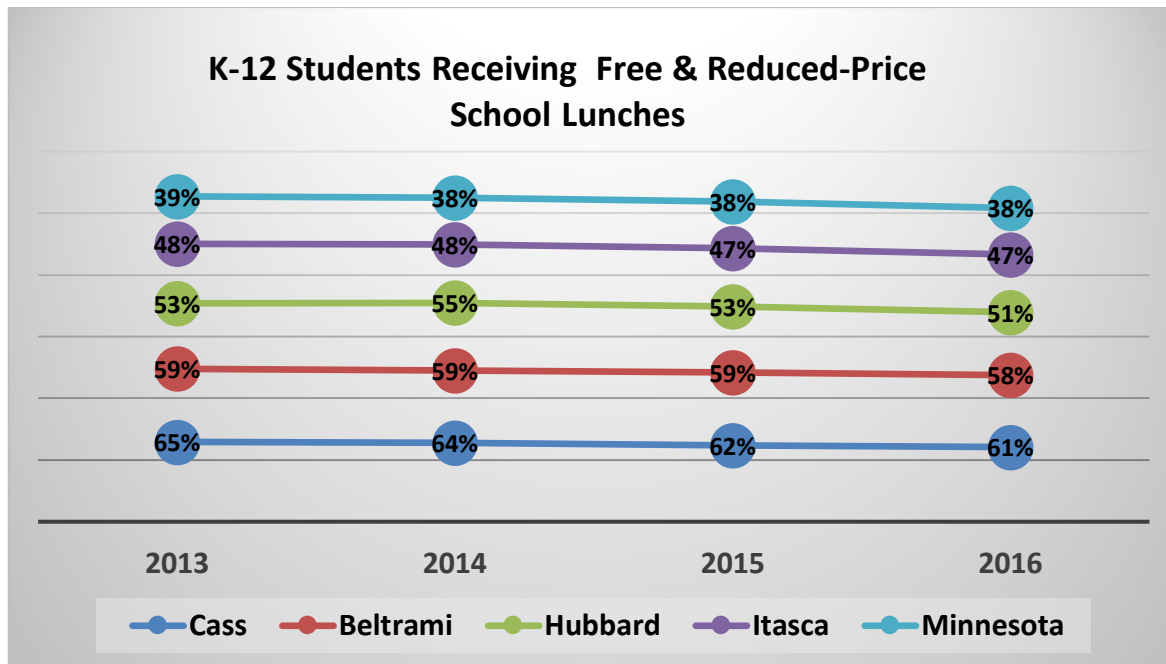


Figure 8 - Source: Minnesota Children’s Defense Fund, Kids Count Data Center.

Housing: The Minnesota Housing Partnership (MHP) produces county housing cost profiles each year. The 2015 Cass County Profile shows that 13% of owner households (vs. 9% in the Minnesota statewide population) are spending more than 50% of their income on housing. According to MHP, when families reach and exceed this level of spending on housing, they are referred to as “extremely burdened,” meaning they are at-risk for being unable to afford basic needs.¹

“A safe, modest 2-bedroom apartment costs \$703 per month in Cass County.³ A family could affordably spend \$637 per month on rent at the median renter household income of \$25,491.⁴ By definition, half of the county’s renters earn less than this median and need less expensive housing,” according to MHP’s Cass County Profile And, this source continues to say that “There are now **only 60 units affordable and available for every 100 extremely low-income renters in Cass County.**⁵”

Studies conducted by the Amherst Wilder Foundation every three years show a high rate of doubling up, substandard housing, and a lack of emergency shelter beds in the area. Conditions for those who are doubled up tend to be unstable, more likely to be sub-standard, overcrowded, lacking in privacy, and ripe for spreading communicable disease. A lack of affordable, safe housing contributes to the high rate of mobility of families in the area (families moving frequently).

Education

Level of Education Attained: The pie graph that follows illustrates the educational attainment of adults on the Reservation who are over age 25. Note that 11% of the adult Reservation population does not have a high school diploma or equivalency while this is true for 8% of adults in the state of Minnesota. Low rates of high school graduation on the Reservation impact the support needs of Head Start and Early Head Start parents. The Early Childhood Education program administrators and staff, the community, and families can take a leading role to ensure that Head Start and Early Head Start have the resources to impact this statistic for future generations on the Reservation.

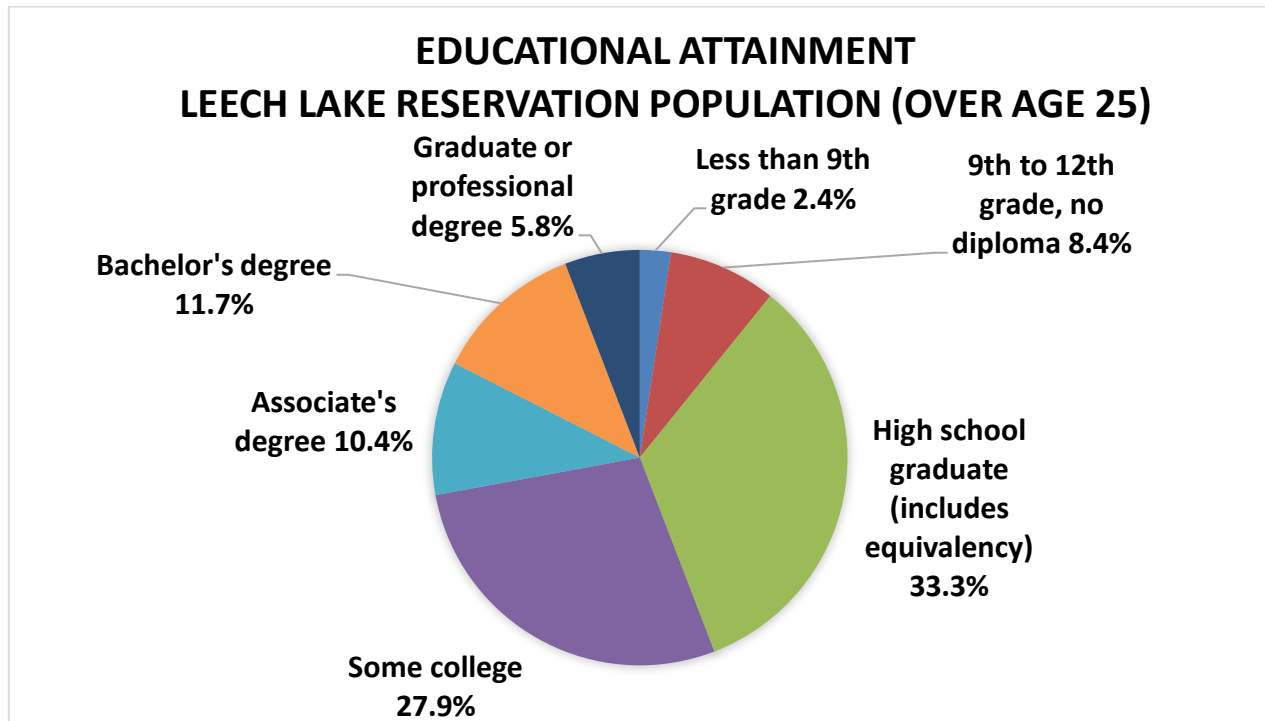


Figure 9 - Source: U.S. Census Bureau, American Community Survey, 2012–2016

A majority of the Reservation lies in Cass County, and as the table below indicates, the percentage of K-12 students requiring special education is consistently far above the statewide rate.

K-12 Students Enrolled in Special Education

County	2013	2014	2015	2016
Cass	19.5%	19.2%	19.3%	19.3%
Beltrami	16.2%	16.2%	16.7%	17.6%
Hubbard	19.1%	19.4%	19.7%	20.1%
Itasca	15.7%	16.7%	17.2%	18.0%
Minnesota	13.4%	13.4%	13.6%	13.5%

Table 4 - Source: Minnesota Children's Defense Fund, Kids Count Data Center, County Fact Sheets, Accessed Jan. 2018.

Each of the counties where Leech Lake Early Childhood Education families reside has a higher rate of special education students than Minnesota as a whole.

As the table below indicates, just over half of the 3 and 4-year-olds on Leech Lake Reservation are enrolled in preschool. When the published margin of error for is data source is figured in, the reservation's level of enrollment is similar to the state and national mark.

Pre-School Enrollment of 3- and 4-year-olds

Enrollment By:	Percent of 3- & 4-Year-olds in Pre-school	% Enrolled in Public Pre-School
Leech Lake Reservation	50.8%	90.8%
Minnesota	45.3%	62.3%
United States	48.1%	59%

Table 5 - Source: U.S. Census, American Community Survey 5-Year Estimates, 2012–2016

Notably, more than 90% of the preschool enrolled Leech Lake Reservation children are at a *public* preschool, which is far above the Minnesota (62%) and national (59%) figures. Publicly supported preschools on the Reservation are an *essential* resource in this transportation and resource-scarce area.

Health Indicators and Disparities

The Minnesota Dept. of Health established the Center for Health Equity in 2001 to address the different health outcomes for populations of color and American Indians. In its 2016 Report to the Minnesota Legislature on Health Disparities, MDH reports that **“Even though Minnesota ranks high in terms of general health status compared to other states, Minnesota has some of the worst health care disparities or health differences between groups - in the nation.** For example, while Minnesota has one of the lowest overall infant mortality rates in the United States (4.8 infant deaths per 1,000 births), there is a persistent disparity, particularly between whites (4.1/1,000) and African Americans (8.5/1,000) and American Indians (9.6/1,000)².”

In 2009, the Minnesota Department of Health published a report on health disparities for racial and ethnic groups in the state. For all 16 of the health indicators measured by the study, Minnesota's American Indian population faced disparities. American Indians were the *only* subpopulation without at least *one indicator* for which they ranked best in the state.

The sixteen indicators examined by the study are listed here in order of the disparity for the American Indian population (highest disparity to lowest): homicide, prenatal care initiated at 3rd trimester or none, teen births, gonorrhea incidence, diabetes mortality, suicide, motor

vehicle mortality, unintentional injury mortality, Chlamydia incidence, heart disease mortality, Chronic Lower Respiratory Disease mortality, infant mortality, cancer mortality, stroke mortality, low birth weight, and preterm births. American Indians in Minnesota are 4½ times more likely to die by suicide, 4 times more likely to die from diabetes, and greater than 3 times more likely to die from heart disease than Minnesota’s Caucasian population (Minnesota Department of Health, “Health Disparities by Racial/Ethnic Populations in Minnesota,” December 2009). The health indicators below indicate that these disparities are still significant 5+ years later.

Premature Death: The Minnesota Department of Health reports that “American Indians and African Americans are much more likely to die prematurely than other race or ethnic groups.” The MDH 2015 “Populations of Color Update” developed its mortality rates by analyzing data on all deaths to Minnesota residents occurring between 2010 and 2014. The five-year time period provided a large enough number of deaths to review deaths by age group and by cause of death. For every age group, including ages 5-14, 15-24, 25-44, 45-64, and 65-74, American Indian death rates were significantly above death rates for every other racial and ethnic group.

Median Age

The median age of Leech Lake residents is actually higher than the state and national median age, but it drops significantly when only the AIAN population is used. The following table outlines the comparatively young American Indian population, especially on the Reservation. There are well-documented health disparities for American Indians that are clearly part of the explanation for this.

Median Age		
Geographical Area	Whole Population	American Indian Population Only
Leech Lake Reservation	40.2	26.9
Minnesota	37.8	27.8
United States	37.7	32

Table 6 - Source: U.S. Census Bureau, American Community Survey, 2011–2015

Suicide and Mental Health

The Minn. Dept. of Health’s 2009-2013 analysis of suicide by population shoed that American Indians have the highest rate of suicide in the State at 17.3 per 100,000 vs. 11.9 per 100,000 or Whites. Cass and Beltrami counties are among the 10 counties in Minnesota with the highest rates of suicide. Needs assessments perenially show a shortage of mental health care providers and inadequate funding to address this critical situation.

Prenatal Care and Birth Outcomes

Early and adequate prenatal care contributes to improved birth outcomes. The Minnesota Department of Health uses a composite index, called the GINDEX, to measure the adequacy of care. This index takes into account the month or trimester in which prenatal care began, the number of prenatal care visits, and the gestational age of the infant at the time of birth.

Compared to other Minnesota counties, Beltrami County ranked 4th highest in percentage of births to mothers who received late or inadequate prenatal care and Cass ranked 6th. Their rates of “inadequate or no prenatal care” are *three to four times* higher than Minnesota’s statewide rate. Three of the four counties that intersect Leech Lake Reservation have a challenge to overcome in reaching pregnant women with appropriate prenatal care.

Percent Adequacy of Prenatal Care, GINDEX				
State/County/CHB	Percent of Prenatal Care Received in 1st Trimester	Adequate or Better	Intermediate	Inadequate or None
State of Minnesota	82.1	76.8	18.7	4.5
Beltrami	69.6	62.5	20.1	17.5
Cass	76.8	67.7	19.2	13.1
Hubbard	79.5	68.3	25.2	6.4
Itasca	83.8	76.9	18.6	4.5

Table 7 – Minnesota Dept. of Health, County Health Tables, 2015.

Notes: “Late or inadequate prenatal care” is defined as the number of births in which the mother received no prenatal care, prenatal care which started in the 3rd trimester, or the woman had an inadequate number of visits regardless of when prenatal care began. Births are assigned to the county in which the mother resides, even if the birth occurs in a different county.

Prenatal Care by Race and Ethnic Group: One in five American Indian mothers (20.6%) received inadequate or no care in the 2010-2014 period, more than 7 times the rate of White Minnesota mothers.

Percent of Minnesota Mothers Receiving Inadequate or No Prenatal Care (by race and ethnic group)			
Race or ethnic group	1989-93	2003-07	2010-14
African American	20.1%	8.1%	8.1%
American Indian	27.2%	16.0%	20.6%
Asian	20.6%	5.1%	6.4%
Hispanic	14.7%	7.0%	5.3%
White	3.3%	2.3%	2.5%

Table 8 - Source: Center for Health Statistics, Minnesota Department of Health, “Populations of Color Health Update: Births and Deaths”, 2015.

In Cass, Beltrami, and Itasca Counties, approximately 25% to 30% of pregnant mothers indicated that they smoked during pregnancy. These rates are consistently two to three times higher than the stable statewide rate of 10%, according to the Minnesota Dept. of Health.

Percentage of Low Birth Weight Babies

Year	Cass County	Beltrami County	Hubbard County	Itasca County	State of MN
2015	5.3%	6.3%	5%	7.6%	4.8%
2014	8.1%	4.7%	5.2%	6.5%	4.9%
2013	5.2%	4.4%	7.3%	4.1%	4.7%
2012	5.8%	6.1%	6.5%	4.0%	5%

Table 9 - Source: Minnesota Children's Defense Fund, Kids Count Data Center, County Profiles 2014-2017.

Infant Deaths: The infant death rate among American Indians is twice as high as the rate for White infants.

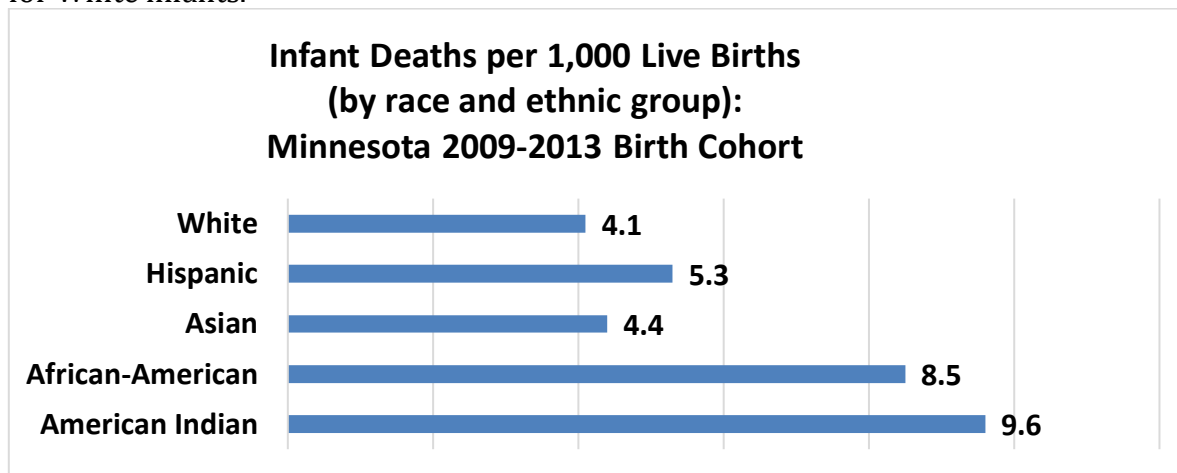


Figure 10 - Source: Minnesota Dept. of Health, Center for Health Statistics, 2015.

Family Stability Indicators

Families on or near Leech Lake Reservation face challenging circumstances that are illustrated by data in this section.

Births to Teen Mothers

American Indian young women have the highest teen birth rates of all Minnesota populations, according to the Minn. Dept. of Health Center for Health Disparities. Beltrami and Cass counties consistently exhibit extremely high rates of births by teenage mothers as compared to other counties in the state. Beltrami County ranks 2nd, Cass 3rd, Itasca 13th, and Hubbard 19rd of 87 Minnesota counties on the percentage of births to unmarried mothers, according to the Minnesota Dept. of Health 2015 County Health Tables. The Robert Wood Johnson Foundation reports that single parent homes are “susceptible to chronic stress due to

economic factors, social isolation and stigma.” The table below shows that Beltrami and Cass have a teen birth rate nearly **3 times** Minnesota’s rate.

Infants Born to Teen Mothers 2013-2015 Expressed as a three-year average of live births per 1,000 females						
State/County	Teen Birth Rates (TBR)			Teen Pregnancy Rates (TPR)		
	Ages 15-17 Years	Ages 18-19 Years	Ages 15-19 Years	Ages 15-17 Years	Ages 18-19 Years	Ages 15-19 Years
State of Minnesota	6.6	28.3	15.3	8.8	37.1	20.2
Beltrami	17.6	41.6	29.8	19.2	46.5	33.1
Cass	17.5	72.9	36.4	18.2	85.9	41.3
Hubbard	*	72.6	27.7	*	80.4	30.3
Itasca	8.2	57.5	24.9	9.7	62.0	27.5

Table 10 - Source: Minnesota Department of Health, Center for Health Statistics and the US Census. MDH 2015 County Health Natality Table. *Rate not calculated for less than 20 events.

Percentage of Births to Unmarried Mothers

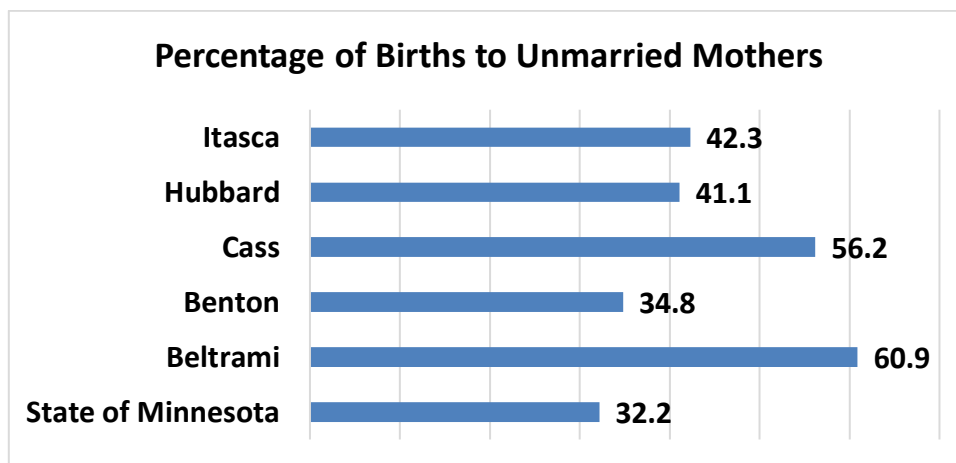


Figure 11 - Source: MN Department of Health, 2015 Minnesota Health Natality Tables (#8)

When compared to the other 87 Minnesota counties, Beltrami County ranks 3rd, Cass 4th, Hubbard 9th, and Itasca 10th on the percentage of births where no father is listed on the birth certificate [Minnesota Dept. of Health, 2015].

Child Out-of-Home Placements

Compared to white children, American Indian children were **17.6** times more likely to experience care in 2016 [based on population estimates], according to Minnesota DHS. In 2016, Leech Lake had 610 children ages 0-17 in care at some point during the year.

Leech Lake's placement rates significantly exceed those of Beltrami, Cass and Itasca Counties, which are all significantly above the state average. Since Leech Lake took over administration of its own child welfare, the rankings of Cass, Hubbard and Itasca have steadily dropped.

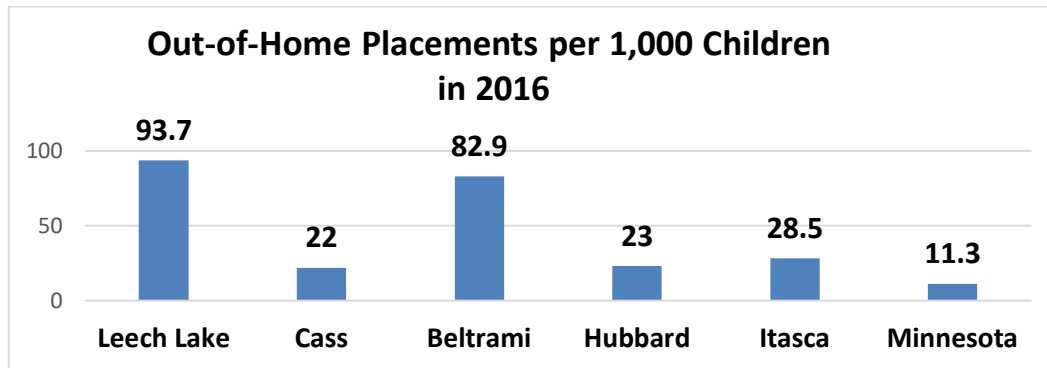


Table 11 - Source: Minnesota Dept. of Human Services, Minnesota Out of Home Care and Permanency Report, 2016.

Only 10 counties in the *entire State* have child out-of-home care rates of 20 per 1,000 or greater. All other counties are below 20/1,000. Beltrami County's rates were the **highest in the state** in 2011, and it has since remained among the **top 4** in the State.

Numbers of Children 5 and Under in Foster Care in 2016

Leech Lake Band of Ojibwe	Cass County	Beltrami County	Hubbard County	Itasca County	Minnesota
Children Ages 0-2 in foster care					
57	25	268	20	46	3545
All Children Ages 5 and under in foster care					
100	42	430	42	84	5,790
Children Ages 5 & under as a percentage of all children in care					
54%	27%	44%	41%	29%	39%

Figure 12 - Source: Minnesota Department of Human Services, *Minnesota's Out-of-Home Care and Permanency Report 2016*.

PARENT DRUG ABUSE IS THE TOP REASON FOR LEECH LAKE CHILDREN ENTERING OUT OF HOME CARE			
Parent drug abuse was the primary reason for 68% of the 63 Leech Lake children and youth who newly entered care in 2016. All reasons for entering care included:			
Parent Drug Abuse	68%	Abandonment	5%
Alleged Neglect	16%	Incarceration of Parents	3%
Parent Alcohol Abuse	8%	Alleged Sexual Abuse	2%

Figure 13 - Source: Minnesota Department of Human Services, *Minnesota's Out-of-Home Care and Permanency Report 2016*. Note: This report was subsequently updated after its initial publication and the numbers above include the latest DHS figures.

In 2016, parental drug abuse became **the most common primary reason** for removal from the home (27 percent of episodes [for children of all ages]), according to the Minn. Dept. of Human Services.

Prenatal Exposure to Alcohol or Substances

113% Increase in Prenatal Exposure in Minnesota since 2012

- 1,330 Minnesota children were prenatally exposed to substances and alcohol in 2016, representing a **113 percent increase** in the number of children with prenatal exposure since 2012.
- In 2016, African American/Black and **American Indian infants were nearly six and 20 times** more likely to be identified as victims with prenatal exposure compared to White children [in Minnesota] respectively.
- Exposure to harmful substances prenatally are known to have many adverse effects on newborns, including low birth weight, and long-term development and behavioral problems. [Behnke and Smith, 2013]

Minnesota Department of Human Services, Minnesota's Child Maltreatment Report 2016, DHS Children and Family Services, October 2017 [Excerpts from the Report]

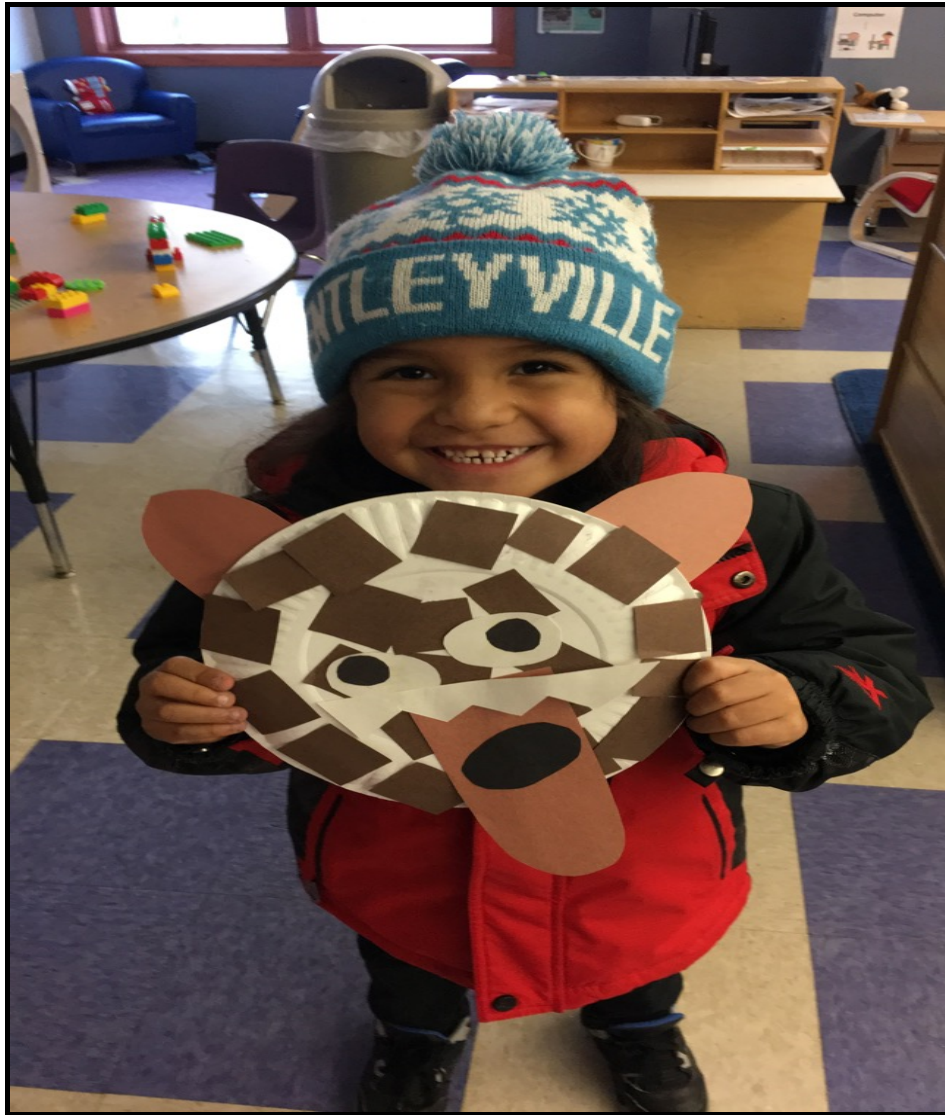
American Indian Children Disproportionately Represented Among High Numbers of Children Under Age 2 in Care: Parent Drug Abuse is the Primary Reason

- 2,673 children under age 2 experienced out-of-home care in 2016.
- Of these 2,673 children, 1,171 (43.8 percent) entered care because of parental drug abuse.
- Of the 2,673 children under age 2, 620 children (23.2 percent) identified as American Indian.
- Approximately 252 of every 1,000* American Indian children under age 2 in Minnesota experienced care in 2016, at rates very high relative to their population estimates.
- 844 (31.6 percent) entered because of alleged neglect.

Minnesota Department of Human Services, Minnesota's Out-of-Home Care and Permanency Report 2016, Minn. DHS Children and Family Services, October 2017

Grandparents Raising Grandchildren: ACS 2012-16 data documents that 488 grandparents on the reservation live with their grandchildren under 18 years. Of these, 283, nearly 56%, report that they are responsible for their grandchildren. These grandparents are primarily female (nearly 70%) and 37% are disabled. Of these intergenerational families, 41% live in poverty. Notably, ACS data shows that 62% of these grandparents are in the labor force.

Section 3 - Leech Lake Head Start and Early Head Start Program & Enrollee Data



Leech Lake Early Childhood Development operates under the umbrella of the Leech Lake Education Division and implements and directs the Head Start and Early Head Start Programs. In addition, Early Childhood Development operates three other programs that meet the needs of Leech Lake Reservation children and families:

- 1) **Leech Lake Child Care Services** - To improve the quality, affordability and capacity of child care through advocacy, supporting parent choice, and expanding & strengthening the child care delivery system. We promote community building through partnerships, coordination and collaboration.

The program provides Family Services, which includes resources and referrals as well as programs to help families pay for child care.

The program provides child care licensing and monitoring, as well as support to providers to develop and maintain quality programs.

- 2) **Regional Childcare Aware** - Enhances and supports Leech Lake Child Care programs.
- 3) **MN TRECC (Minnesota Tribal Resources for Early Childhood Care)** is the voice that connects and strengthens early education and childcare services for American Indian children and families within the State of Minnesota. It is a statewide tribal service grant that connects eleven federally recognized tribes and supports childcare providers throughout the state.

Leech Lake Head Start is licensed through the Leech Lake Reservation and serves children at eight sites. Classrooms are open nine months a year, Monday–Thursday, from 9:00 a.m. – 3:30 p.m. Transportation is provided, and bus runs range from across the street to up to 140 miles round trip. In 2015-16, the Leech Lake Head Start Program was federally funded to serve 192 children and state funding provided spaces for an additional 50 children. An additional financial contribution by the Tribal Government allowed the program to enhance services to families and children.

Leech Lake Early Head Start is currently caring for children in the communities of Cass Lake, Bena, Onigum, Ball Club and at the Leech Lake Tribal College. These classrooms are open 11 months a year, closing for part of August.

Leech Lake Early Head Start is licensed through the Leech Lake Reservation and in 2015-16 was federally funded to serve 60 children from ages 6 weeks to 3 years old, as well as 12 pregnant mothers. Pregnant mothers are given the option to transfer into the EHS program. In 2015-16, 41 pregnant mothers and 133 children were served.

Early Head Start Licensed Classroom Capacity

Cass Lake	30 children	(4 newborn/ infants; 26 toddlers)
Bena	12 children	(4 newborn/infants; 8 toddlers)
Onigum	12 children	(4 newborn/infants; 8 toddlers)
Ball Club	9 children	(3 newborn/infants; 6 toddlers)
Leech Lake Tribal College	11 children	(3 newborn/infants; 8 toddlers)

Head Start Licensed Classroom Capacity

Cass Lake	135 children in Seven Classrooms	Ball Club	20 children
Bena	20 children	Sugar Pt	20 children
Onigum	20 children	Inger	20 children
		Bemidji	20 children

Early Learning Partnerships

Leech Lake Head Start and the Deer River School District have a partnership which serves 17 preschool children.

Child Care Services and the Early Head Start and Head Start programs provide full day of comprehensive services in four EHS Centers and at one HS Center. Sites are open from 7:15 or 7:30 a.m. until 5 p.m and classrooms are open 11 months a year, closing for part of August.

Through a partnership between a Leech Lake Family Childcare Provider and Early Head Start, one family childcare location on the Reservation provides EHS programming to Infants and Toddlers.

Leech Lake Early Childhood Development Program Sites

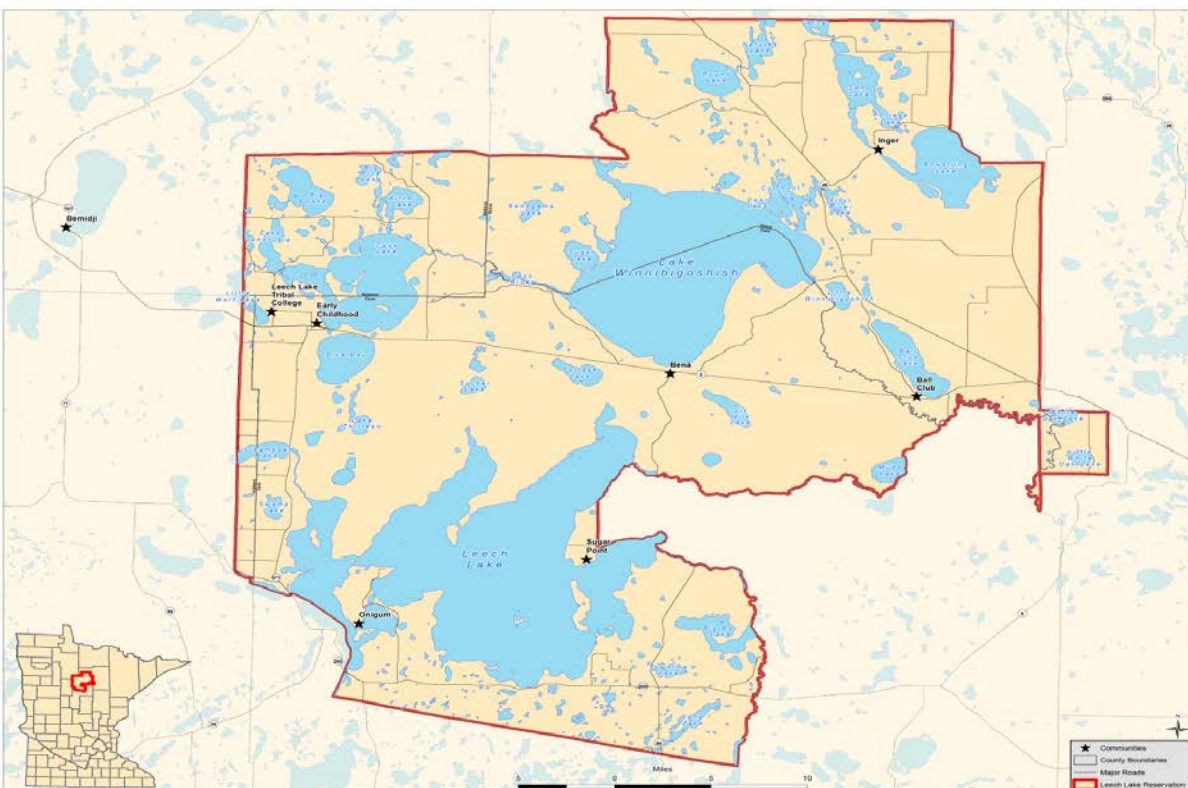


Figure 14



Eligibility

Eligibility priorities are reviewed annually by the Parent Policy Council. At the time this document was released, the following enrollment priorities were in place.

Head Start & Early Head Start enrollment priorities at the time of this publication are as follows:

1. Categorically Eligible Children, i.e. those receiving public benefits such as SSI, or MFIP, those in Foster Care, and Special Needs Children/children with a disability who have an IEP/IFSP)
2. Returning Student (Head Start or Early Head Start)
3. 4-Year-old never previously enrolled in HS
4. Income Eligible/poverty guidelines
5. Enrolled in Expectant Families Program
6. Family without source of income
7. Single Parent/Guardian
8. 2 Parent/Guardian
9. If families are over income and there is a tie, then the family with the lowest income or income closest to the poverty guidelines will receive points

Early HeadStart Priorities at the Leech Lake Tribal College Site:

1. Categorically Eligible Children, i.e. those receiving public benefits such as SSI, or MFIP, those in Foster Care, and Special Needs Children/ children with a disability/ IFSP)
2. Returning Student
3. Income Eligible/Poverty Guidelines
4. Expectant Family Program
5. Students Attending FT (12 credits)
6. Students Attending PT (6 credits)
7. Employee of the College
8. Single Parent/Guardian
9. 2 Parent Family/Guardian
10. Family without source of income
11. If families are over income and there is a tie, then the family with the lowest income or income closest to the poverty guideline will receive points.

Each child's primary eligibility category is recorded. More than 75% of Head Start children are eligible for the program due to low family income, receipt of public assistance, foster care placement or homeless status. These data points remained consistent for the past decade.

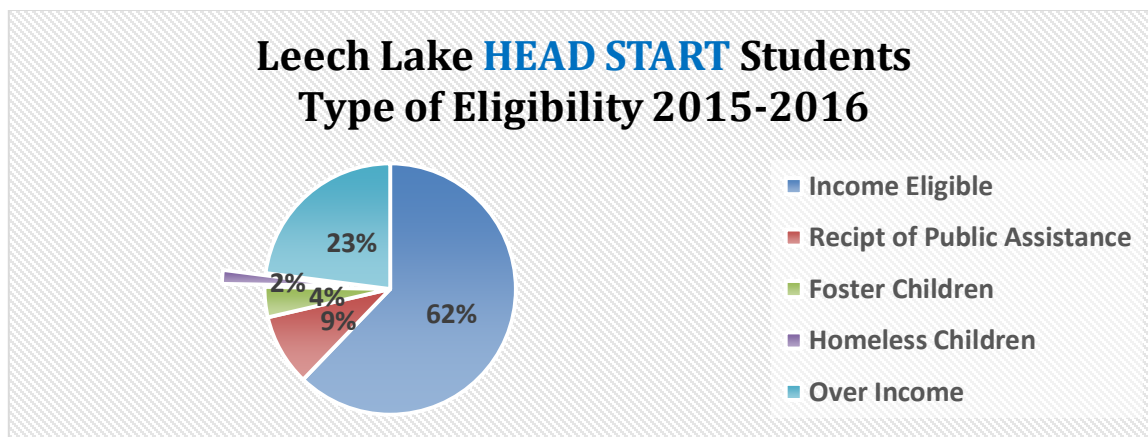


Figure 15 - Source: Leech Lake Head Start PIR data, 2015-2016.

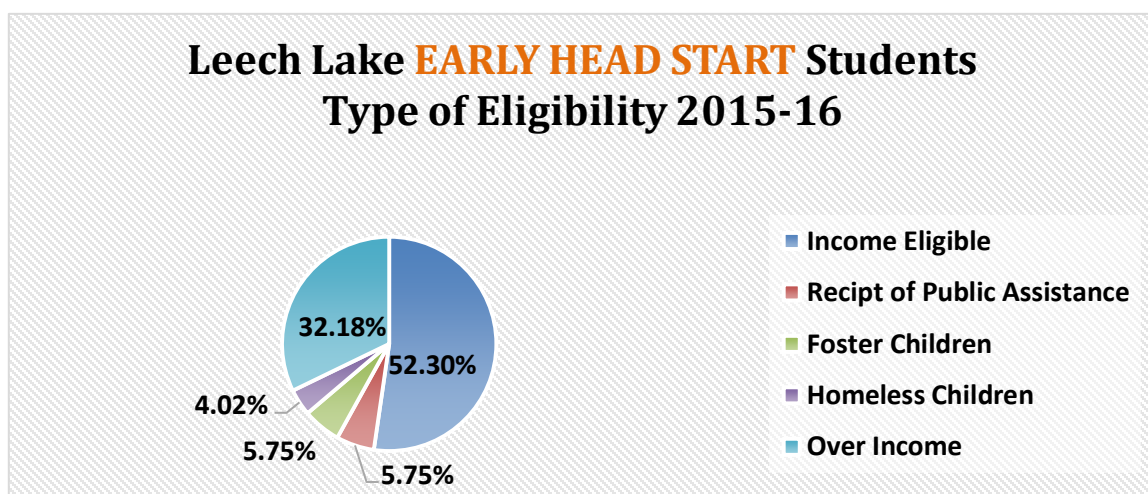


Figure 16 - Source: Leech Lake Early Head Start PIR data, 2015-2016.

Enrollment

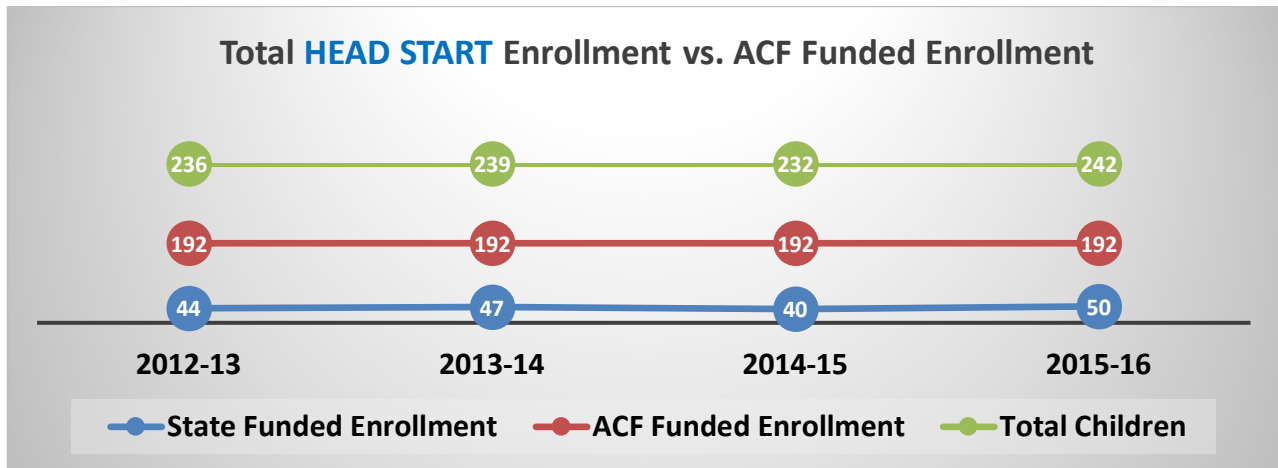


Figure 17 - Source: Leech Lake Head Start PIR data, 2013-2016.

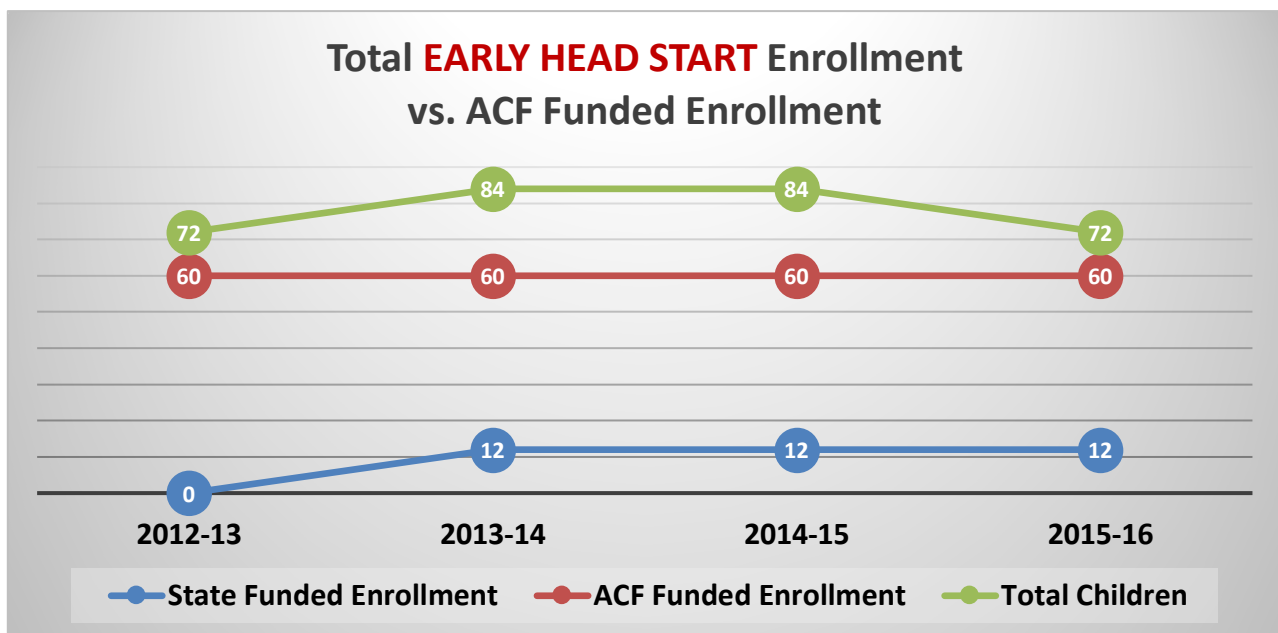


Figure 18 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

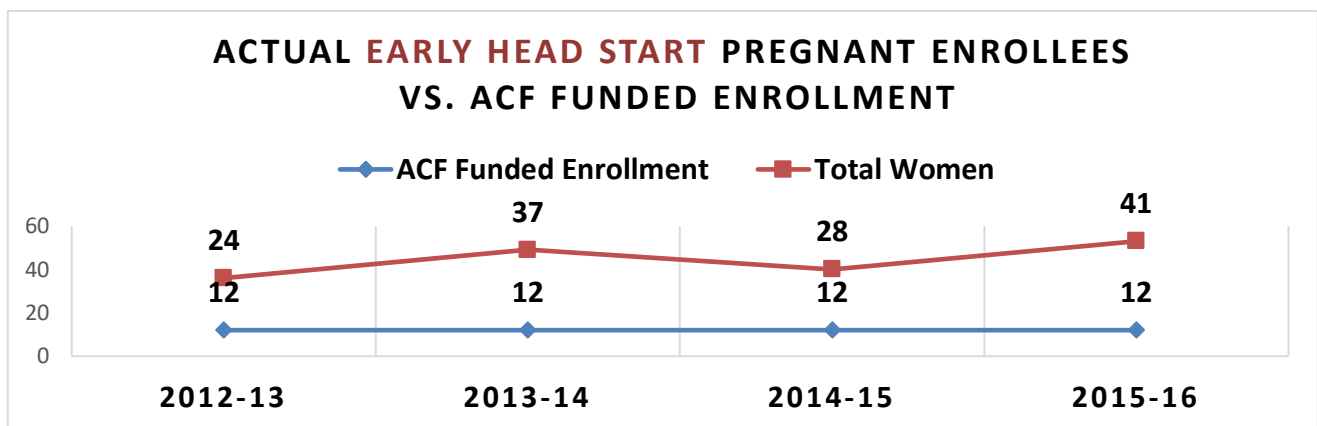


Figure 19 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

Racial Composition of Enrollees

Race of Leech Lake **HEAD START Children
2012-2016 School Years (Cumulative)**

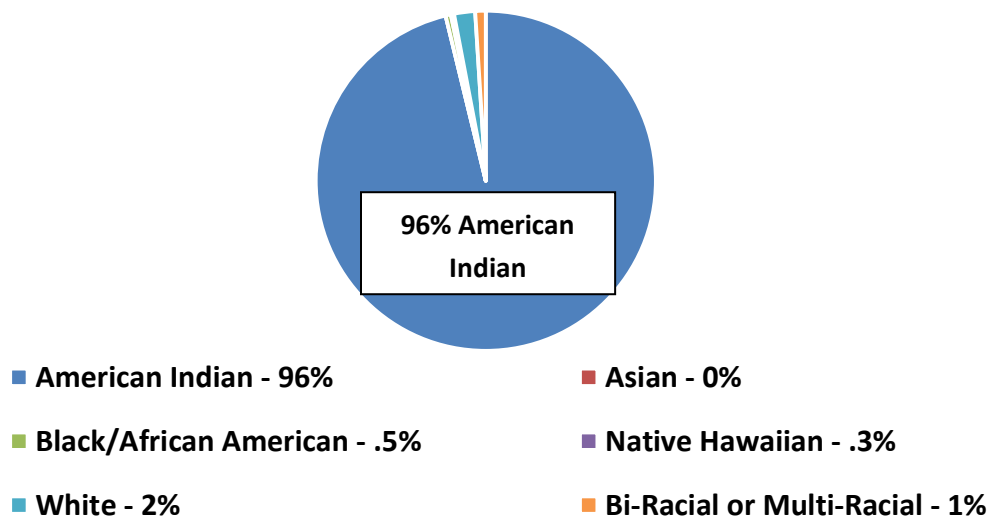


Figure 20 - Source: Leech Lake Head Start PIR Data 2013-2016

Race of Leech Lake **EARLY HEAD START Children
2012-2016 School Years Cumulative**

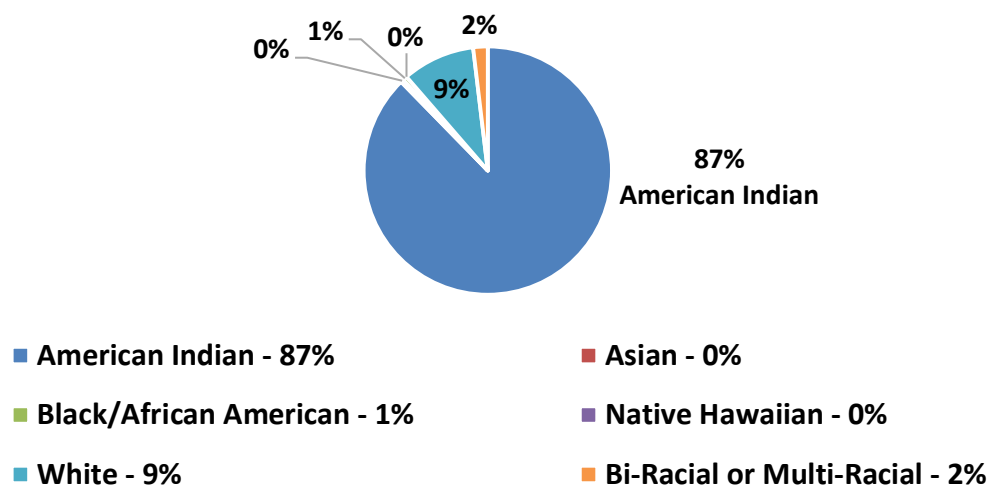


Figure 21 - Source: Leech Lake Early Head Start PIR Data, 2013-2016

Language

As noted in Section 2 of this assessment, the vast majority of Leech Lake residents speak only English at home. English is their first and primary language (Leech Lake HS & EHS PIRs 2015-16). Just under 4% of the Reservation population speaks another language at home (ACS).

Likely, within this figure are families who are speaking their native Ojibwe language *as a second* language in their home.



Program Turnover

The counties in this region of Minnesota experience some of the highest poverty rates in the state. Family poverty, combined with a lack of jobs and affordable housing, leads to a high rate of mobility. In

addition, there is no transportation provided for Early Head Start, which compounds access challenges. Leech Lake Early Childhood works hard to recruit families to enroll their children in the programming provided. At times, high poverty and mobility rates lead to a family's inability to maintain steady enrollment of their children. This trend can be seen in the following figure.

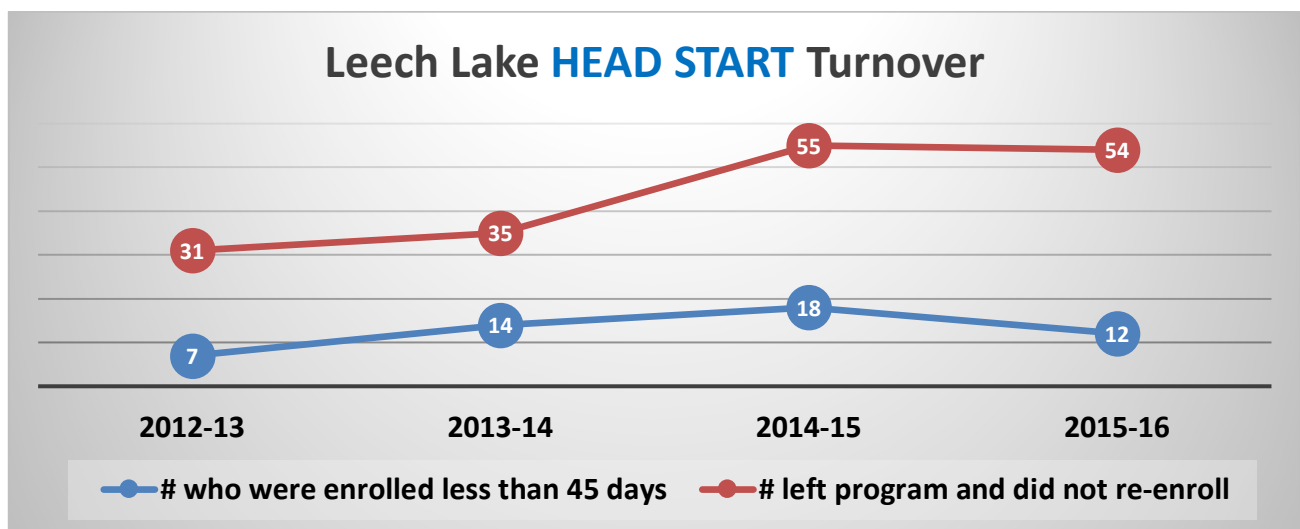


Figure 22 - Source: Leech Lake Head Start PIR Data 2013-2016

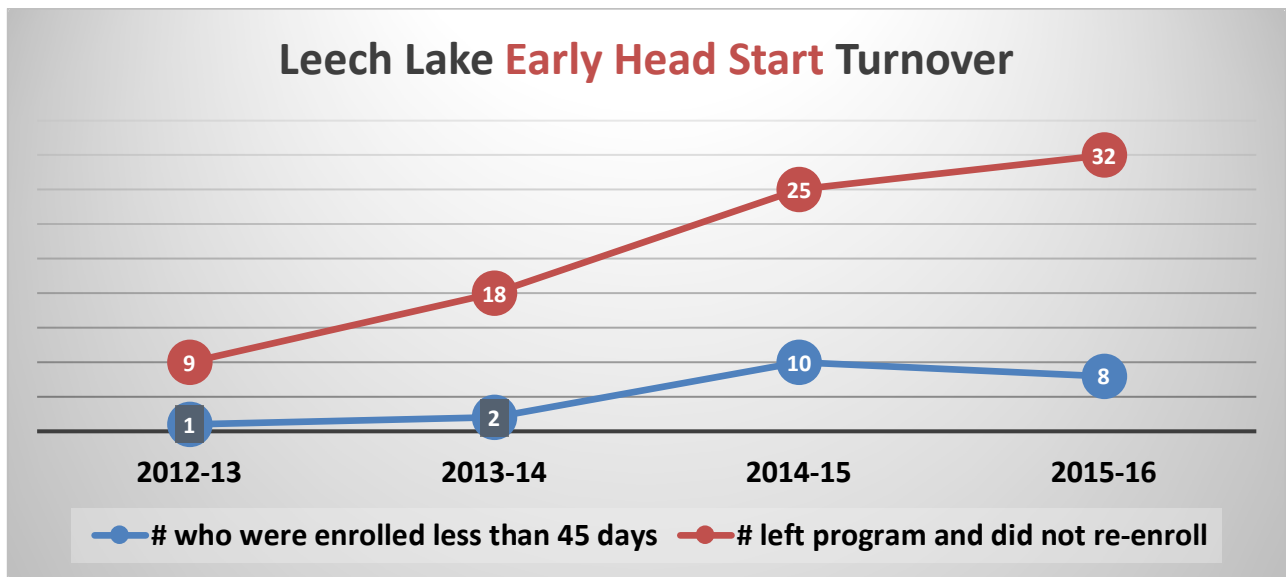


Figure 23 - Source: Leech Lake Early Head Start PIR Data 2013-2016

Pregnant Mother Turnover & Infant Enrollment Rates	#	Percentage
# pregnant women <i>left before birth</i>	0	0%
# pregnant women <i>receiving services at birth</i>	29	100%
Of those receiving services at birth: Children enrolled in EHS	2	6%
Of those receiving services at birth: Children NOT enrolled in EHS	27	93%

Table 12 - Source: Leech Lake Early Head Start PIR data, 2015-2016.

Turnover rates among pregnant women are a significant concern. There are few EHS slots for infants and these slots do not open up very often. Leech Lake simply doesn't have enough infant slots for mothers to use following birth. Many mothers list their infants on child care waiting lists as far in advance as 6 months before their babies are born. It is also a fact that infant child care is significantly more expensive than toddler child care. Many programs have simply stopped taking infants because of the space and cost challenges.



Health and Medical Status

Health Insurance Access

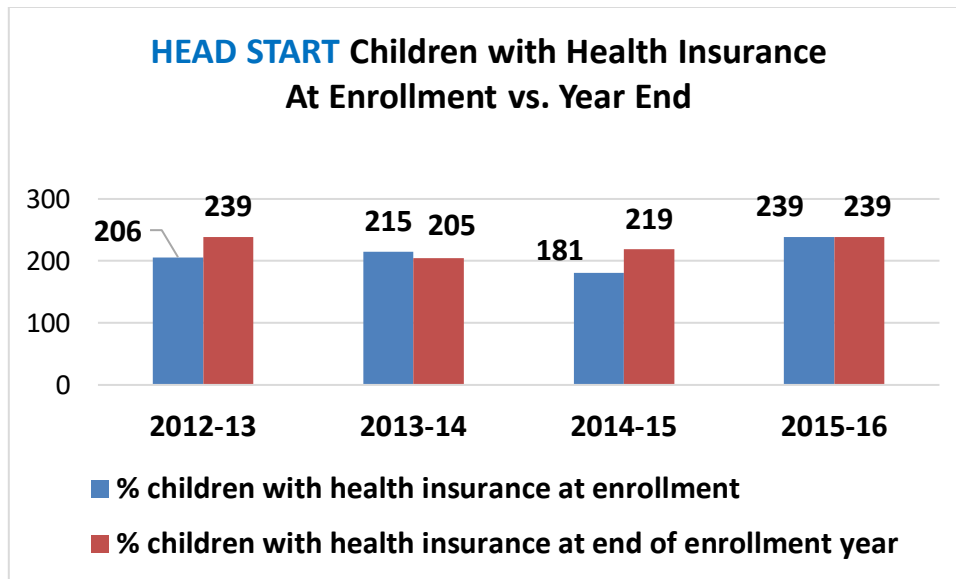


Figure 24 - Source: Leech Lake Head Start PIR data, 2013-2016.

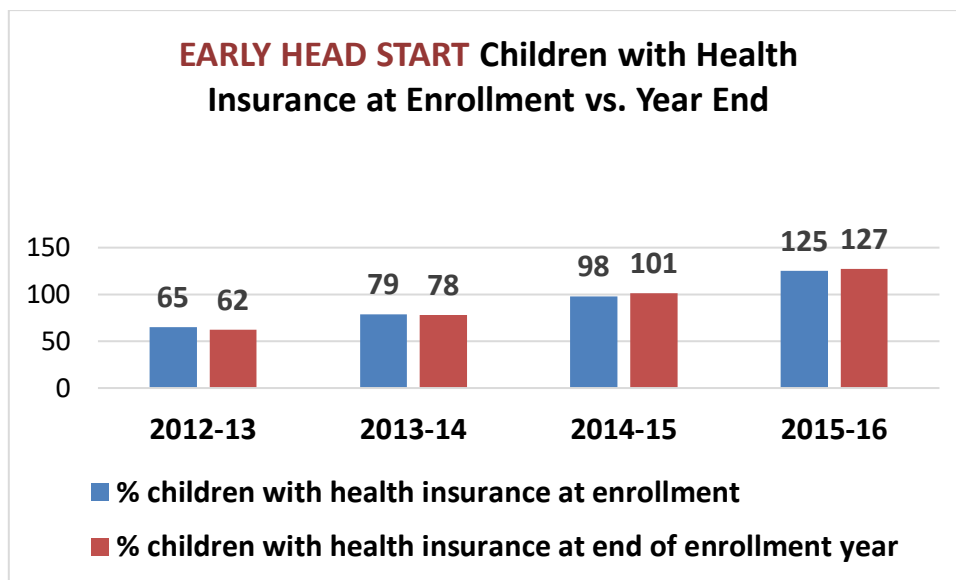


Figure 25 - Source: Leech Lake Early Head Start PIR data, 2013-2016.



Preventive and Primary Health Care

Only 65% of the Leech Lake Head Start children were up-to-date with the state's preventive and primary health care schedule at the beginning of the school year in 2015-16. The table below shows that over 83% met that mark by the end of the year, a significant gain. Through screening of Head Start students, 11 chronic conditions needing medical treatment were identified: anemia (1), asthma (8 students), and high lead levels (2). One challenge identified is that parents are responsible for bringing their children in for medical appointments for well-child checks and required immunizations. Unfortunately, given the poverty rates of parents, lack of transportation, and other life challenges, this

does not always happen reliably.

HEAD START Percentage Receiving Appropriate Health Care	2013-14	2014-15	2015-16
Head Start Children <u>Up-to-Date</u> State's schedule of age-appropriate preventive and primary health care at End of Year	39%	100%	83%

Table 13 - Source: Leech Lake Head Start PIR data, 2014-2016.

EARLY HEAD START Percentage Receiving of Appropriate Health Care	2013-14	2014-15	2015-16
Children <u>Up-to-Date</u> with State's schedule of age-appropriate preventive and primary health care at End of Year	44%	39%	41%

Table 14 - Source: Leech Lake EHS PIR data, 2014-2016.

Incidence of Obesity

In recent years, the Head Start Program has begun measuring Body Mass Index (BMI) of students. Calculated from a child's weight and height, BMI is a reliable indicator of body fat for most children and teens. The Center for Disease Control (CDC) and the American Academy of Pediatrics (AAP) recommend the use of BMI to screen for overweight and obesity in children beginning at 2 years old. BMI is calculated for children and teens, and the results are plotted on the CDC BMI-for-Age Growth Charts (for either girls or boys) to obtain a percentile ranking.

BMI Percentile Ranges and Weight Status

Weight Status Category	Percentile Range
Underweight	Less than the 5th percentile
Healthy weight	5th percentile to less than the 85th percentile
Overweight	85th to less than the 95th percentile
Obese	Equal to or greater than the 95th percentile

Table 15

The percentile in the preceding table indicates the relative position of the child's BMI number among children of the same sex and age. The growth charts show the weight status categories used with children and teens (underweight, healthy weight, overweight, and obese). Based on the CDC's BMI-for-Age growth table, 1 in 4 Leech Lake Head Start students are obese, an indicator for potential future health issues if not addressed. Please note that there has been progress as 39% of Head Start students were reported as obese in the 2013 Needs Assessment. In 2013, only 39% of children were reported at a healthy body weight, while nearly 52% were at a healthy body weight in 2015-16.

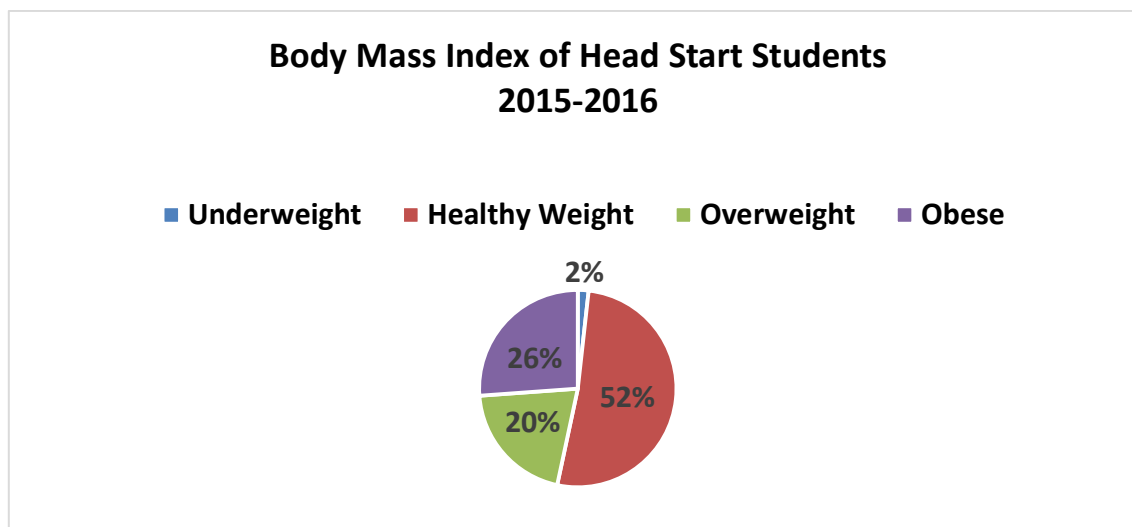


Figure 26 - Source: Leech Lake Head Start PIR data, 2015-16.

Head Start ensures each child has a Well Child Check, with heights and weights taken three times during a school year. With parental permission, the program refers children to the Tribal Dietitian if they fall into these categories: BMI <5%, BMI 85 – 94%, and BMI >95%. They will have either a home visit from the dietitian or, if parents prefer, information will be sent to them.

Immunizations

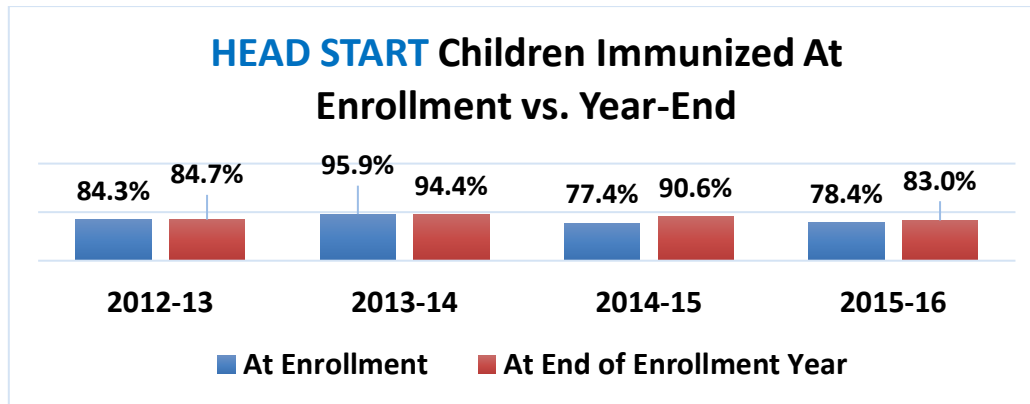


Figure 27 - Source: Leech Lake Head Start PIR data, 2013-16.

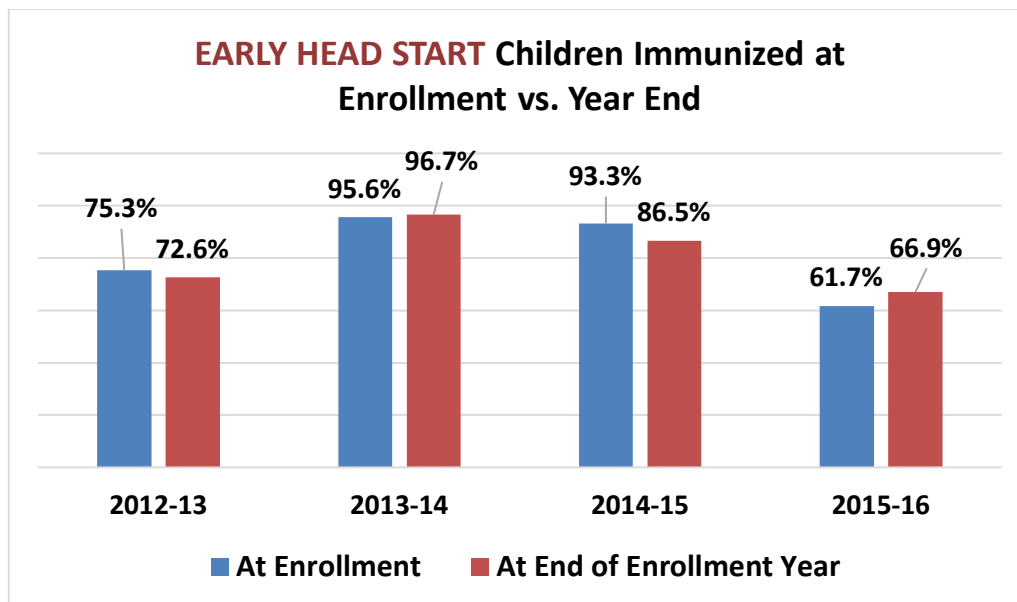


Figure 28 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

Medical Home

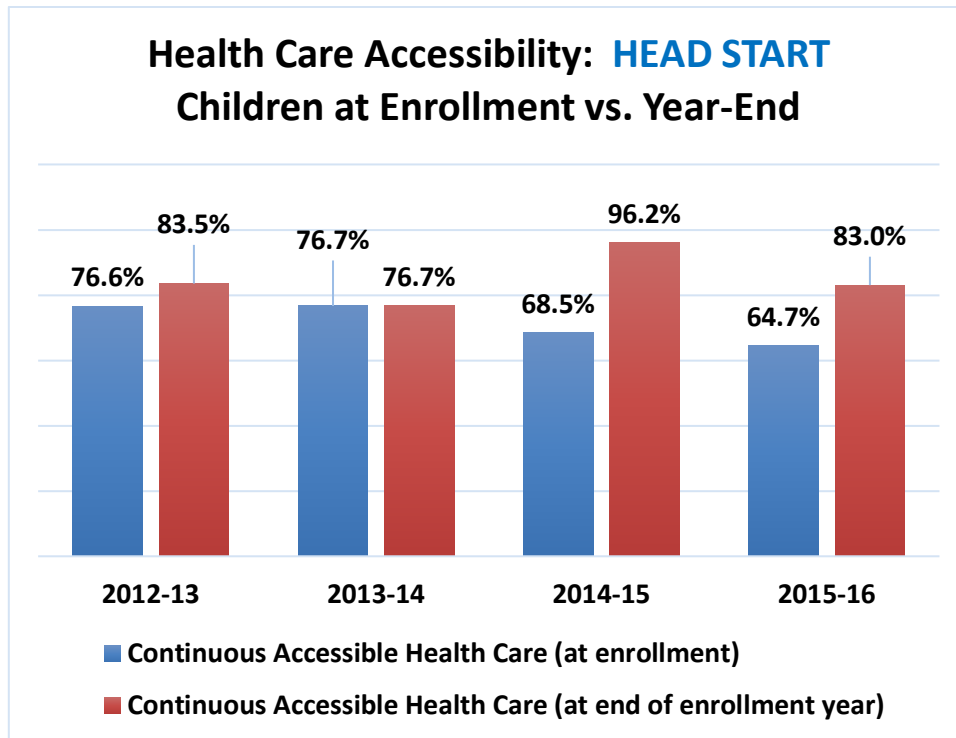


Figure 29 - Source: Leech Lake Head Start PIR data, 2013-16.

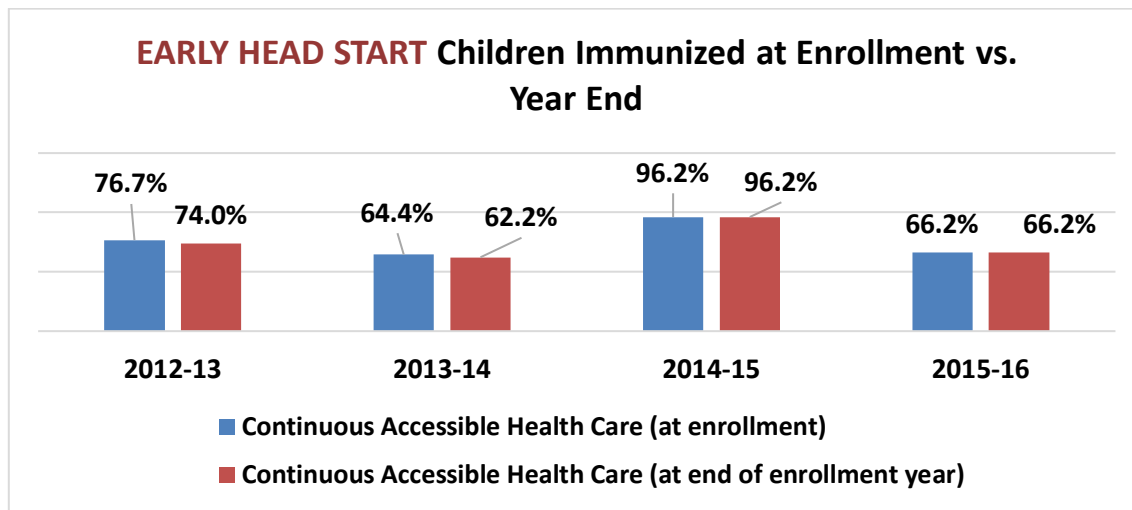


Figure 30 - Source: Leech Lake Early Head Start PIR data, 2013-16.

IHS Use

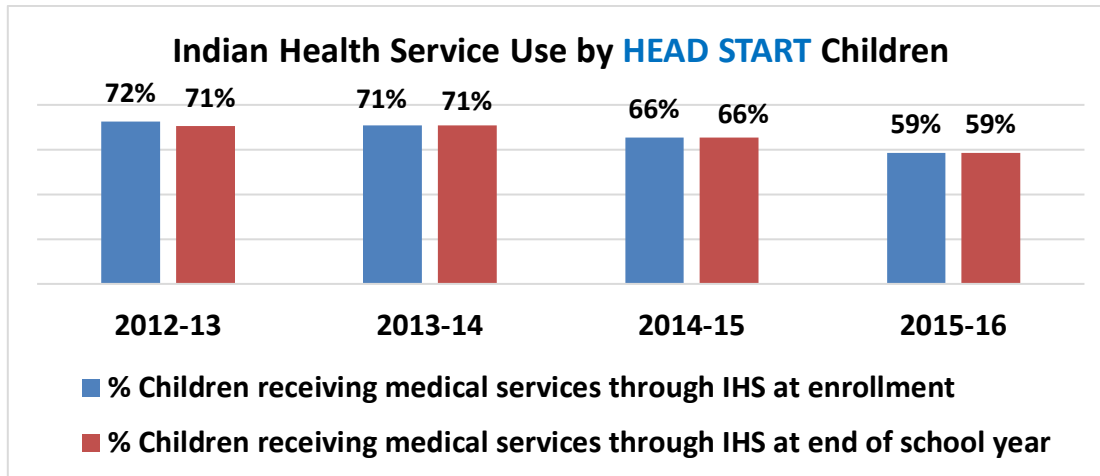


Figure 31 - Source: Leech Lake Head Start PIR data, 2013-16.

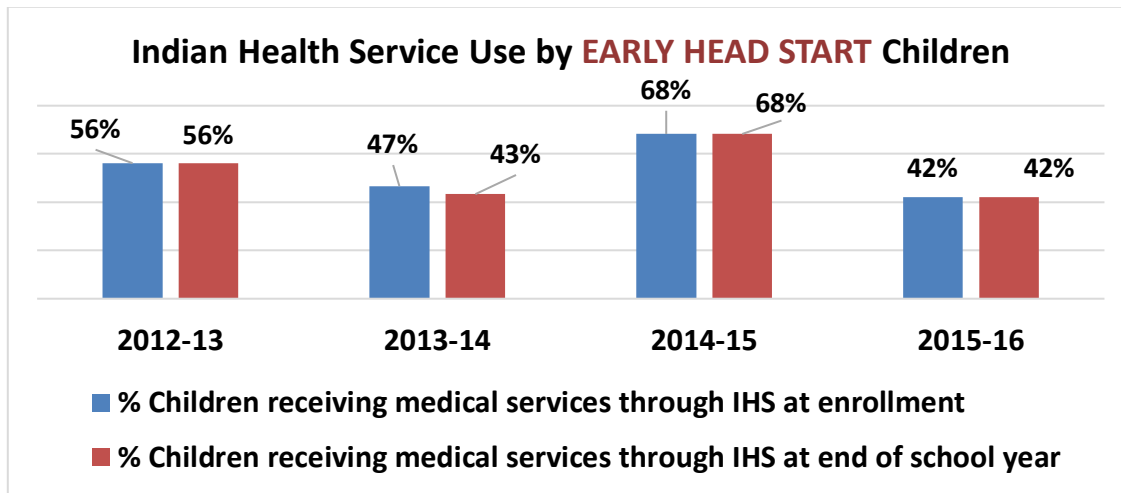


Figure 32 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

Dental Care

In 2015-16, of the 165 (58%) who completed dental preventive care and oral health exam, 68 children needed dental treatment. Of those 68 children, 25 received or are receiving treatment.

Access to Dental Care among Head Start Children	2013-14	2014-15	2015-16
Continuous Accessible Dental Care (<i>at enrollment</i>)	198	160	176
Continuous Accessible Dental Care (<i>at end of enrollment year</i>)	198	221	175

Table 16A - Source: Leech Lake Head Start PIR data, 2014-2016.

In the 2014-15 year, a significant 61 children received access to dental care who had not had such care in place at enrollment.

Access to Dental Care among Early Head Start Children	2013-14	2014-15	2015-16
Continuous Accessible Dental Care <i>(at enrollment)</i>	50	80	24
Continuous Accessible Dental Care <i>(at end of enrollment year)</i>	50	80	43

Table 16B - Source: Leech Lake Early Head Start PIR data, 2014-2016.



Mental Health

Leech Lake Early Childhood contracts with a mental health consultant to provide mental health services, as stated in the Head Start Performance Standards. Each classroom has a general observation in the fall of each year.

The consultant reports on the environment, teacher/child interactions, child/child interactions, parent/child

interactions and parent/teacher interactions. The teacher is invited to share any concerns that arise during the first few weeks of school.

On-site consultation is scheduled for each site on a monthly (bi-monthly for EHS/FCC sites) basis. A schedule is provided to parents. The consultant is available to address concerns regarding children, family or other issues that may create challenges in their lives. The consultant also checks in with the teacher to see if she can be of assistance with addressing classroom behaviors or other concerns.

The goal is to provide parents and staff with opportunities to voice concerns and receive specific guidance. The consultant helps identify situations that may require specific treatment; suggests modifications to classroom, or home; refers to other agencies; provides further assessment; and/or provides support for parents and staff in their efforts to help children in the classroom.

Mental Health Care Access and Services Received

HEAD START Program	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Avg. hours per month Mental Health (MH) professional spends onsite	13	6	9	7	16	16
# children for whom MH professional consulted with staff	8	36	24	25	57	30
# children for whom MH professional consulted with parent/guardian	4	3	7	12	15	13
# children with individual mental health assessment by MH professional	1	8	6	10	8	9
# children given referral for MH services by MH professional	1	8	0	0	0	1
# children referred by the program for Mental Health services outside HS	11	0	0	0	0	1
# children referred outside HS who received services	9	0	0	0	0	1

Table 17 - Source: Leech Lake Head Start PIR data, 2010-2016.

Special Education

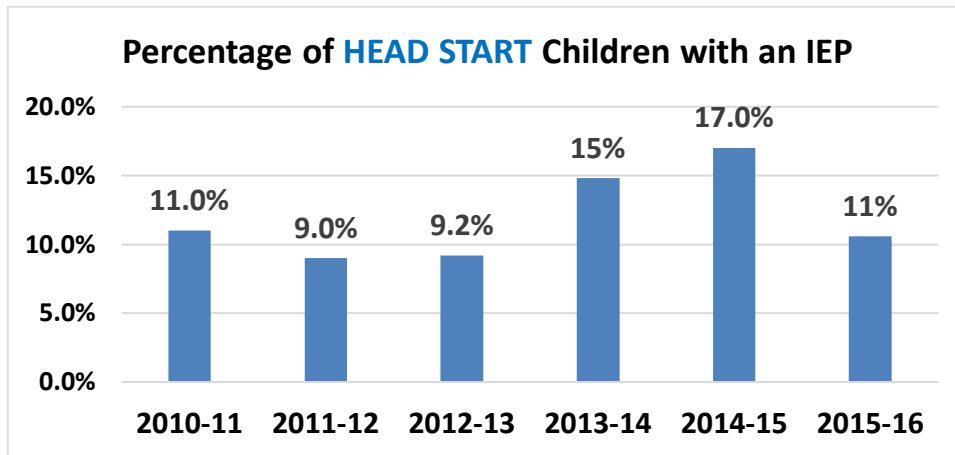


Figure 33 - Source: Leech Lake Head Start PIR data, 2010-16.

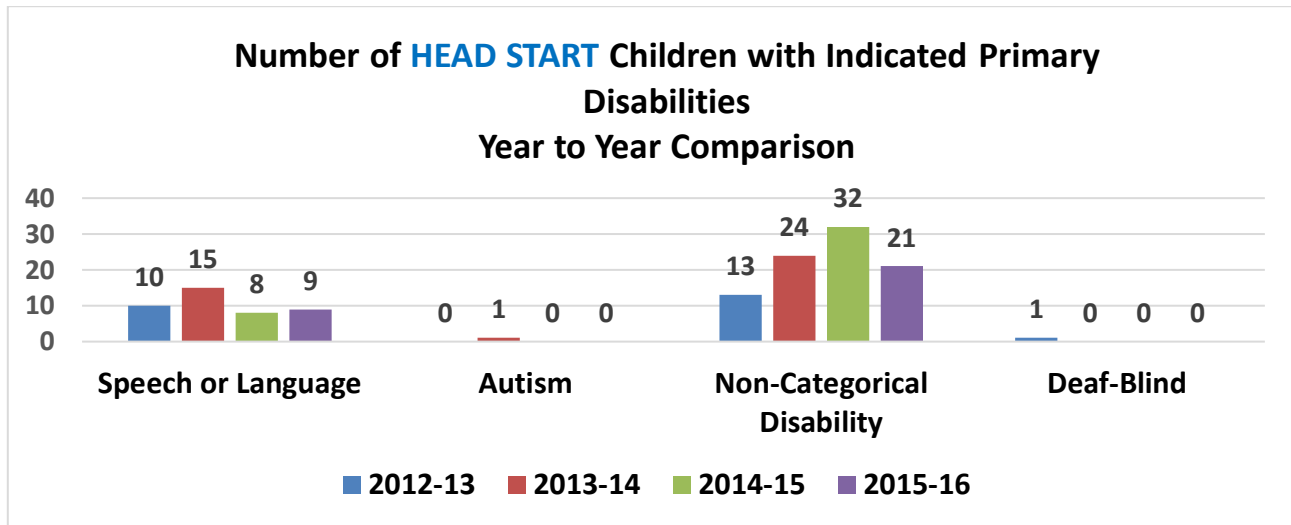


Figure 34 - Source: Leech Lake Head Start PIR data, 2012-2016.

Some primary disabilities for which data is tracked are not listed in the chart above, as there were no incidences of those disabilities in the date range represented. They include orthopedic, autism, traumatic brain injury or multiple disabilities.

Transition Activities

Transition Services provided by the Leech Lake Early Childhood Program are based upon the individual development of the child. Early Head Start and Head Start put in place transition plans that encompass both transitioning into and out of their respective programs.

Within Early Head Start, transition planning is relationship based and geared to the needs of the children and families. The process begins during enrollment meetings. At any point when it is determined that a transition can occur for a child, a meeting is scheduled between the teachers from both the exiting and entering classrooms and parents/guardians to ensure that the needs of the children and families will be met. Activities are discussed that will help everyone involved experience a smooth transition. The plan is written on a contact form and the Education Program Manager also writes the transition plan in a formal letter for the families and classroom staff.

Head Start Transition Plans for Kindergarten

Throughout the transition process from Leech Lake Head Start to kindergarten, parents are supported in their role as their child's primary teacher and advocate. It is essential that children who leave Head Start succeed in their next school setting.

To help with the kindergarten transition process, Leech Lake Head Start offers families resources for school readiness learning activities and information on how to prepare their child for academic achievement in kindergarten. Every year in March, Head Start staff schedules dates and times for the Head Start graduates to participate in kindergarten transition visits. The children engage in a kindergarten classroom activity, tour the facility and have lunch. The program holds an annual education advisory meeting to ensure ongoing

communication between Head Start and the Local Educational Agencies. This gathering promotes continuity of developmentally appropriate curricular objectives and shared expectations for children’s learning such as school readiness skills and development. Head Start also includes the Local Education Agencies in establishing comprehensive transition policies and procedures that support transitioning to neighboring schools. Parents authorize permission at the end of the Head Start school year for their child’s teaching strategies gold assessment report to be sent to the elementary schools. This allows the kindergarten teachers to build on school readiness skills and other educational gains the child has achieved in Head Start.

The transition process is reviewed annually. Most importantly, it is vital to help parents and caregivers understand the importance of their involvement in their child’s future academic success.

Foster Care

In the years 2012-13 and 2015-16, between 7 and 16 children were enrolled in Leech Head Start each year who showed status as a foster child as their primary eligibility factor.

Leech Lake Early Head Start has cared for 7 to 10 infants and toddlers who were in foster care at enrollment.

Homeless Children

- Head Start served 5 homeless children in 2015-16 (2%)
- Early Head Start served 7 homeless children in 2015-16 (7%)

Family Demographics

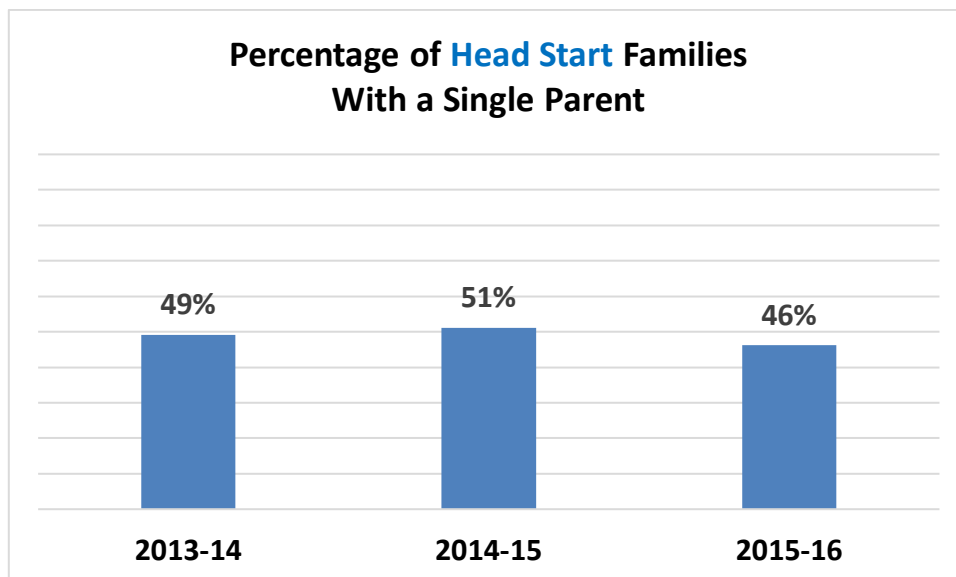


Figure 35 - Source: Leech Lake Head Start PIR data, 2013-2016.

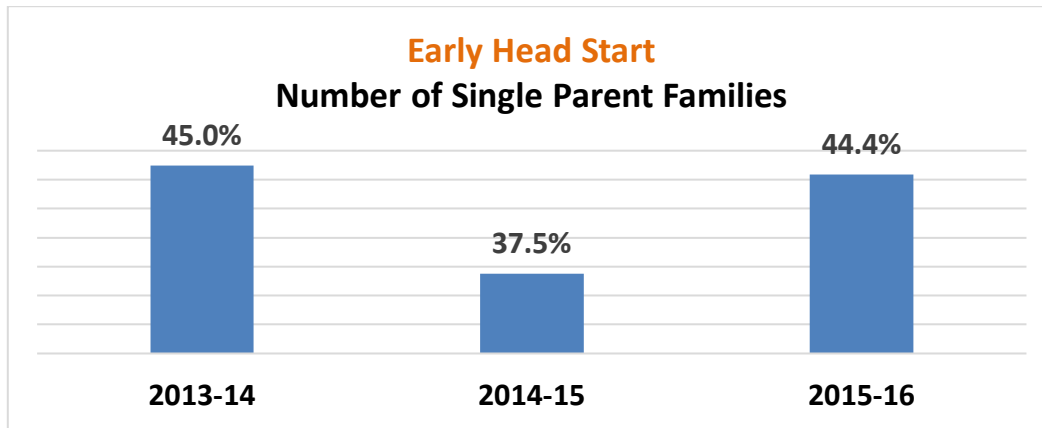


Figure 36 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

Education and Employment Among Head(s) of Household

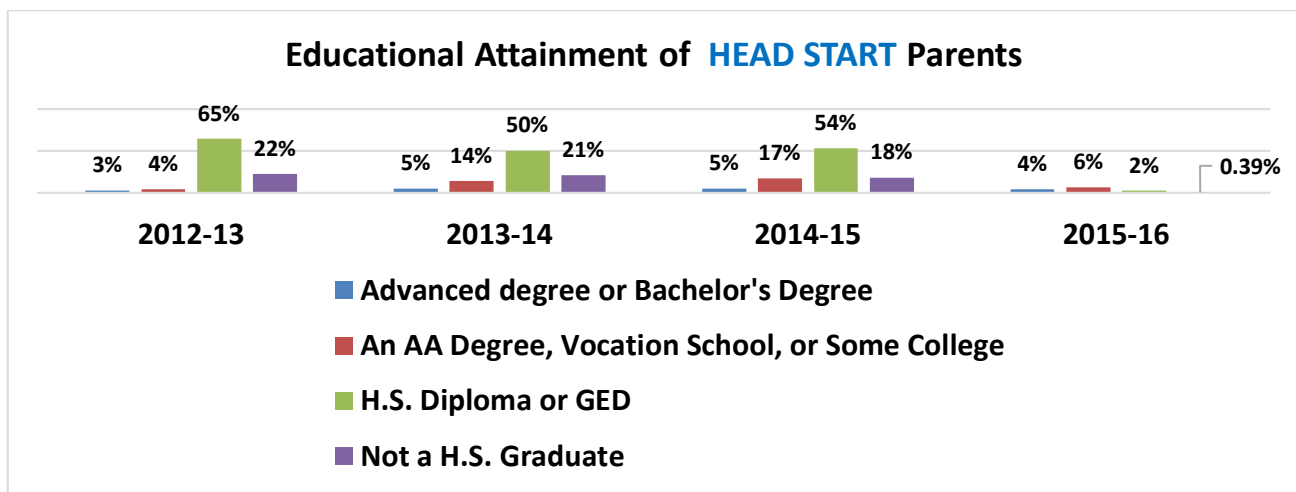


Figure 37 - Source: Leech Lake Head Start PIR Data, 2013-2016.

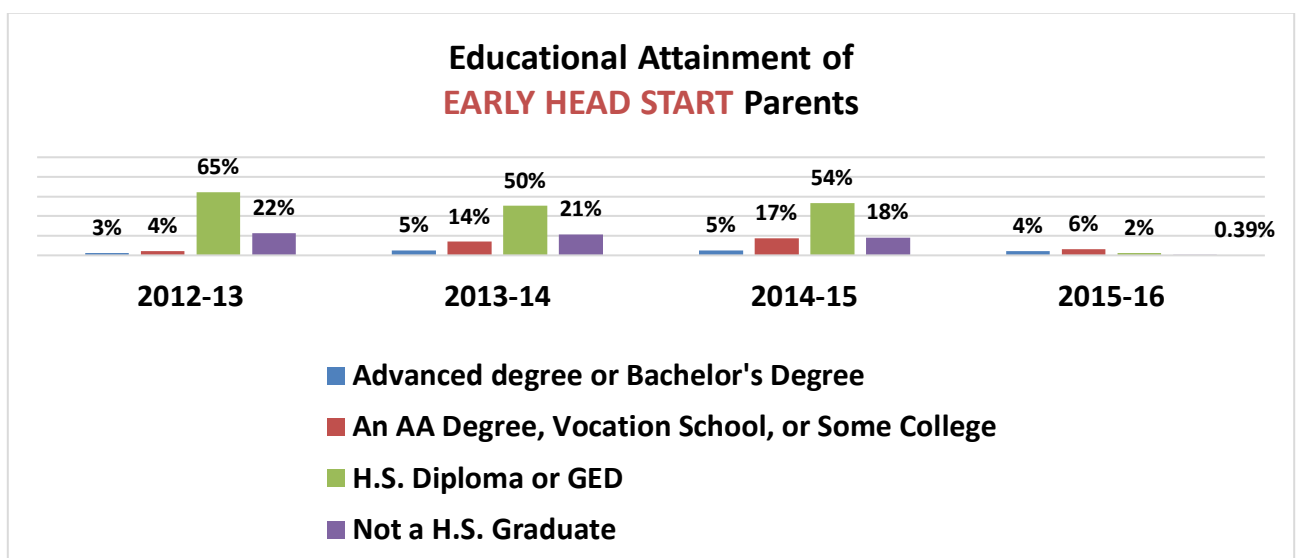


Figure 38 - Source: Leech Lake Early Head Start PIR Data, 2013-2016.

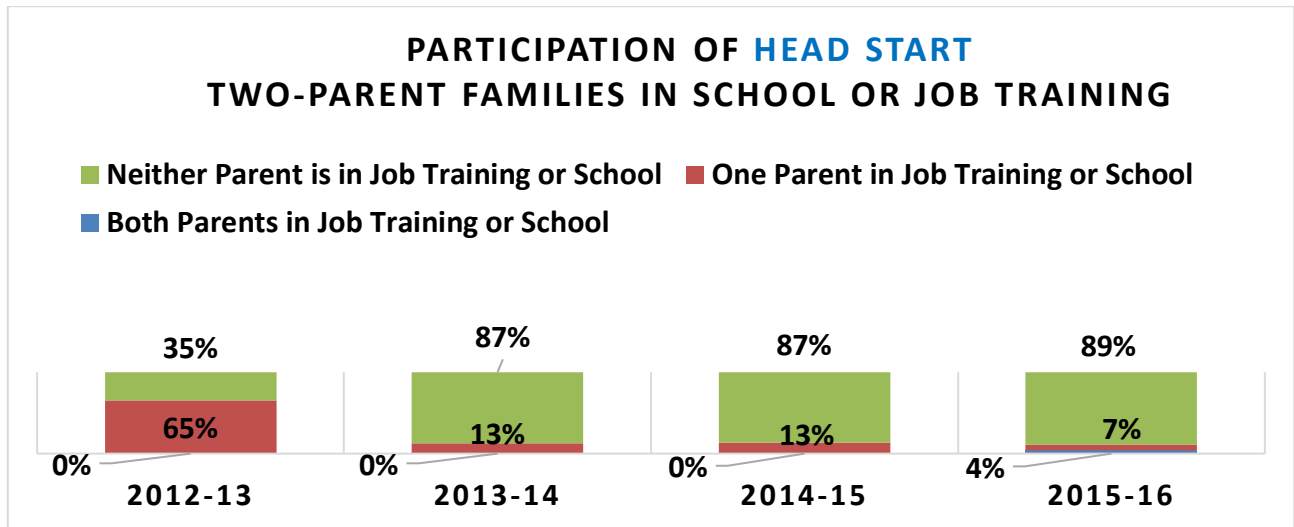


Figure 39 - Source: Leech Lake Head Start PIR Data, 2013-2016.

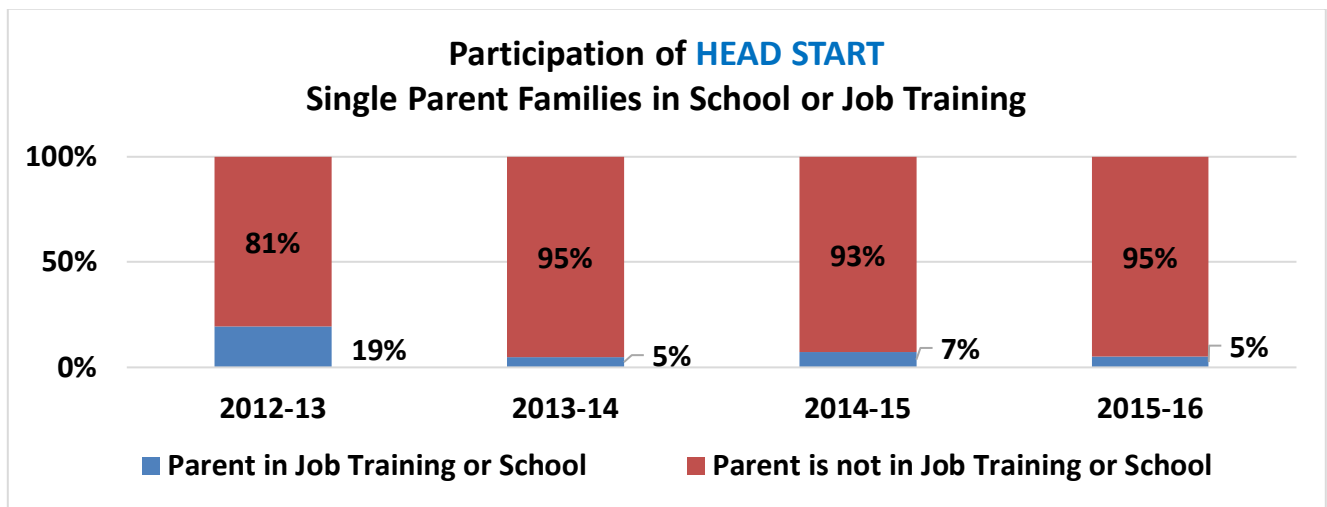


Figure 40 - Source: Leech Lake Head Start PIR Data, 2013-2016.

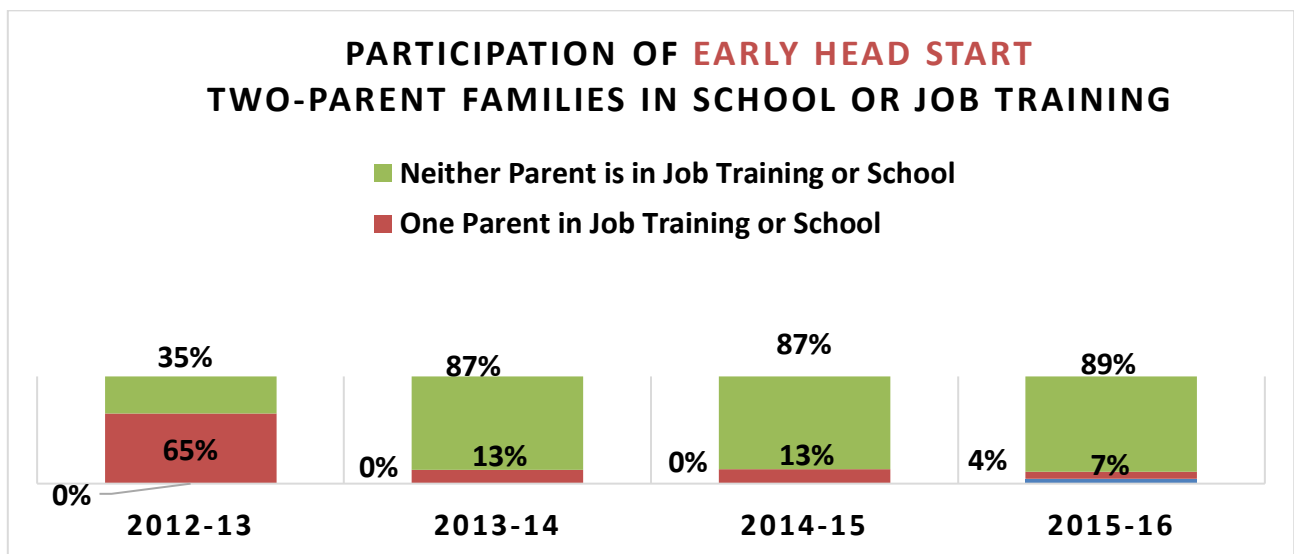


Figure 41 - Source: Leech Lake Early Head Start PIR Data, 2013-2016

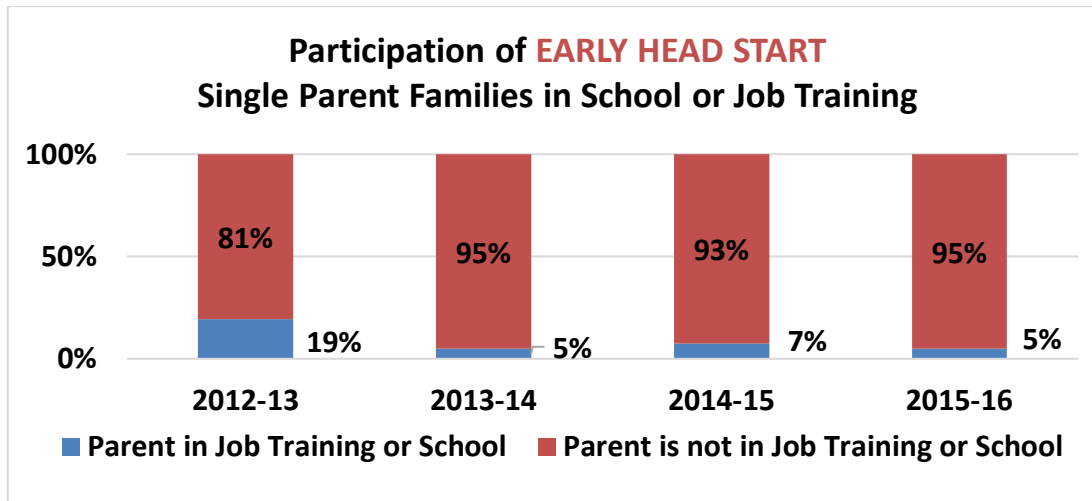


Figure 42 – Source: Leech Lake Early Head Start PIR Data, 2013-2016

During the 2013-16 period, between 76% and 83% of all two-parent families had either one or both parents employed.

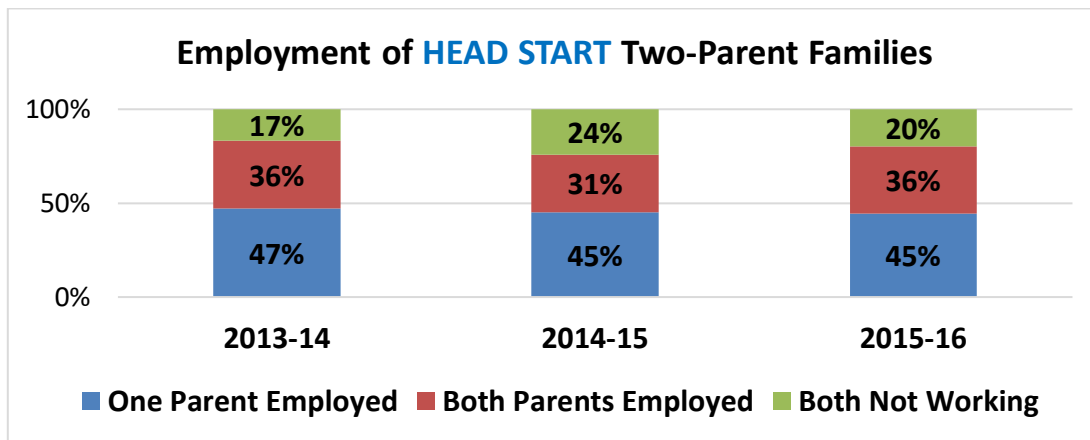


Figure 43 - Source: Leech Lake Head Start PIR data, 2013-2016.

Among Head Start Single Parent Families, 60% or more were employed during the 2013-16 period.

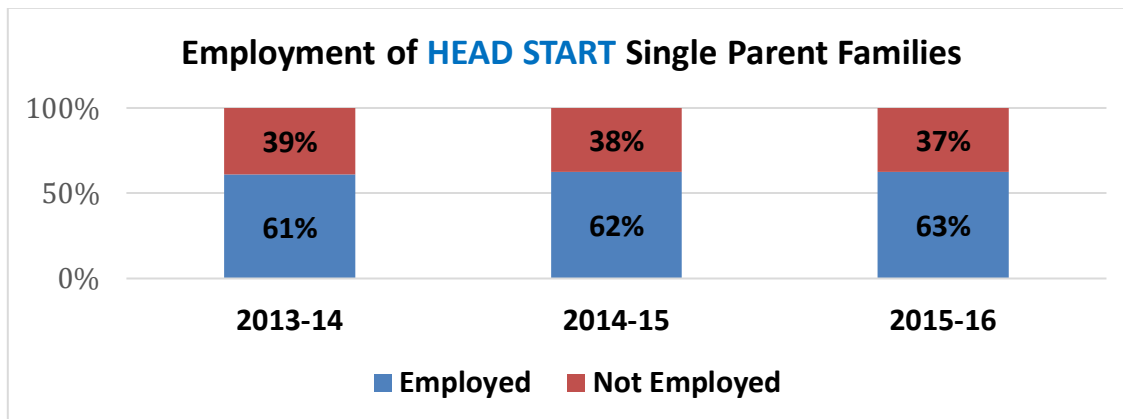


Figure 44 - Source: Leech Lake Head Start PIR data, 2013-2016.

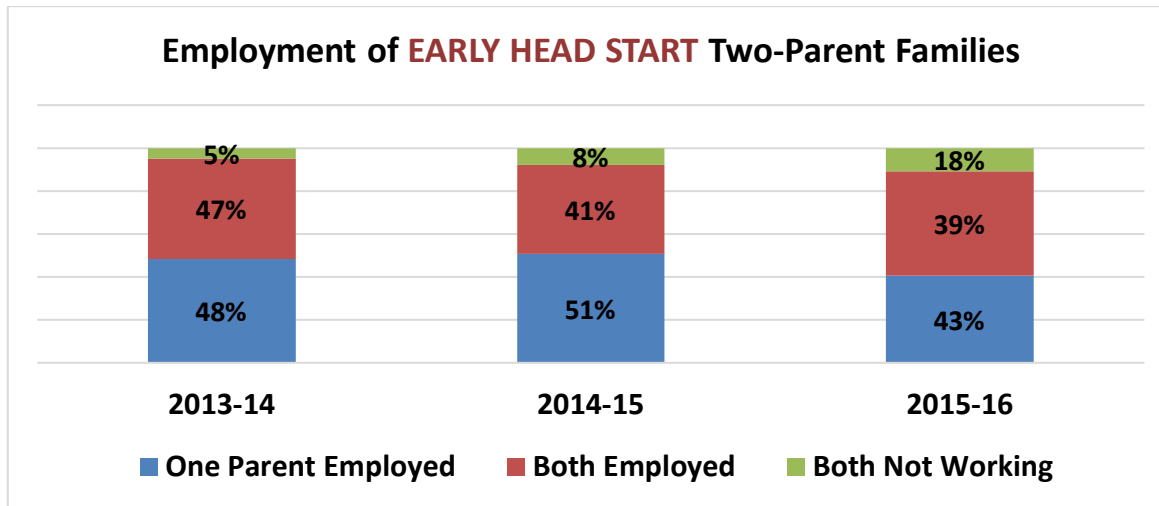


Figure 45 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

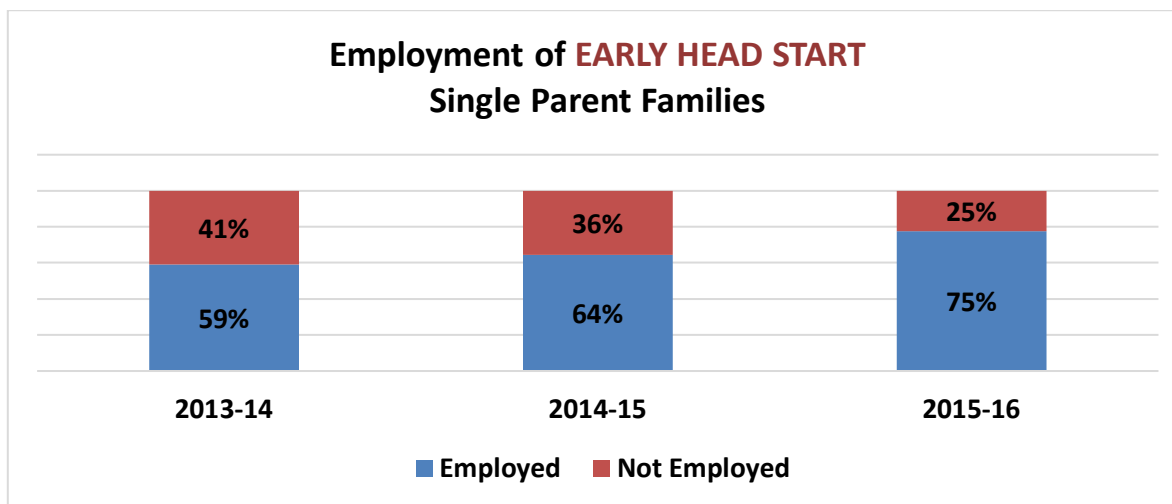


Figure 46 - Source: Leech Lake Early Head Start PIR data, 2013-2016.

Public Assistance

HEAD START Families Receiving Public Assistance

Type of Assistance	2012-13	2013-14	2014-15	2015-16
Receiving WIC	69%	44%	62%	56%
Receiving TANF	62%	55%	53%	25%

Table 18 - Source: Leech Lake Head Start PIR data, 2012-2016.

EARLY HEAD START Families Receiving Public Assistance

Type of Assistance	2012-13	2013-14	2014-15	2015-16
Receiving WIC	62%	54%	58%	66%
Receiving TANF	41%	35%	31%	12%

Table 19 - Source: Leech Lake Early Head Start PIR data, 2012-2016.

Family Services

Leech Lake Early Childhood staff work with all families to establish a Family Partnership Agreement (FPA). Along with the FPA, families complete a Strengths and Needs Assessment

Head Start Family Services	2012-2013	2013-2014	2014-2015	2015-2016
Emergency/crisis intervention for immediate needs	1	18	28	14
Housing assistance	1	4	7	3
Mental health service	1	2	0	1
English as a Second Language	0	0	0	0
Adult education (GED)	0	3	0	0
Job training	2	2	2	2
Substance abuse prevention	0	0	0	0
Substance abuse treatment	0	0	0	0
Child abuse and neglect services	0	0	0	0
Domestic violence services	0	0	0	0
Child support assistance	0	1	1	1
Health education	0	0	1	1
Assistance to families of incarcerated individuals	0	0	0	0
Parenting education	0	1	1	1
Relationship/Marriage education	0	0	0	0
Asset building services (financial education, etc.)	0	0	0	0
Families who received at least one family service	5	25	32	17

Table 20 - Source: Leech Lake Head Start PIR data, 2013-2016.

Early Head Start Family Services	2012-2013	2013-2014	2014-2015	2015-2016
Emergency/crisis intervention for immediate needs	0	1	1	2
Housing assistance	0	0	0	1
Mental health service	1	1	0	0
English as a Second Language Training	0	0	0	0
Adult education (GED)/College Assistance	0	0	0	0
Job training	0	0	0	1
Substance abuse prevention	0	1	0	0
Substance abuse treatment	0	1	0	0
Child abuse and neglect services	0	0	0	0
Domestic violence services	0	0	0	0
Child support assistance	0	1	1	0
Health education	1	9	14	9
Assistance to families of incarcerated individuals	0	0	0	0
Parenting education	0	7	6	1
Relationship/Marriage education	0	0	0	0
<i>Asset building services (financial education, etc.)</i>	0	0	0	0
EHS Families receiving at least one family service	2	12	16	10

Table 21 - Source: Leech Lake Early Head Start PIR data, 2013-16.

and create a Family Goal Plan with staff help. The process of developing a Family Goal Plan helps parents establish attainable goals for their household. During a home visit by the Family Service Advocate (FSA), the parent(s) chooses goals that are meaningful to them and help their children. They also designate a deadline for accomplishing their goals. The FSA assists with reducing barriers to their success, in some cases by connecting them to services and resources, then follows up to help them measure what was achieved at a later date.

The Leech Lake Head Start Resource Directory is included in the Appendix of this assessment.



Section 4 - Leech Lake Head Start and Early Head Start Program Ratings

Head Start Family Evaluation of Current Programming

Parents and guardians of 2015-16 Head Start students were surveyed in spring 2016 for this Needs Assessment and 78 surveys were completed. The breakdown is provided below. Please be aware that not all questions tally to 78 as not all respondents answered every question.

Relationship of Survey Respondent to Current Head Start Child(ren)

Mother	47	Aunt	2
Father	14	Foster Parent	1
Grandparent	13	Other	1
Total Respondents: 78			

Table 22 - Source: 2016 HS Parent Survey Data

Ages of Child(ren) Living with Head Start Survey Respondents

Ages 0 to 2 years	49	Ages 6 to 13 years	76
Ages 3 to 5 years	104	Ages 12-17 years	16
Total under age 5: 153		Total under age 18: 245	

Table 23 - Source: 2016 HS Parent Survey Data

Of their children ages 0 to 5, respondents reported that 69 were expected to be enrolled in HS in 2016-17.

Housing Situation & Homeless Status:

- Nearly 60% rent their homes, while 26% own their homes
- 33% have been homeless with their children previously, while 21% report that they have had concerns about losing their housing
- While 62% report that their housing is the right size, 43% report that their housing is crowded; 36% says their housing needs major repairs, and 37% report that their housing is old and aged. Paradoxically, 86% also report that their housing is kept in good condition.

Household Make-Up by Living Situation

Year	Two -parent living alone with child(ren)	Single parent alone with child(ren)	With relatives	With friends	Shelter or homeless
2016	27	30	10	0	1
2013	21	16	7	3	1

Table 24 - Source: 2016 & 2013 HS Parent Survey Data

Head Start Program Evaluation

Nearly 80 parent/guardian respondents from classrooms in Onigum, Outer HS, Bemidji, Sugar Point, Esiban, Mahng, Migizi, and Bena provided feedback. Of these, 83% were mothers, grandmothers, aunties, or foster mothers, and 17% were dads, uncles, or grandfathers. Of these parents and other caregivers, 76% were Native American, 16% were White, 3.4% were African American, 3.4% were Hispanic, and 1% identified as Asian/Pacific Islander. The primary language was English for 99% of respondents and Ojibwe for 1%.

Respondents were given 19 positive statements and asked to evaluate if they strongly disagreed, disagreed, agreed, strongly agreed or “don’t know.” Responses were highly positive with 90%+ strong agreement or agreement on 75% of all questions.

Highest rating were given to the following statements:

- My child feels safe and happy while at Head Start (94%)
- Head Start is preparing my child well for kindergarten (97%)
- Head Start staff communicates well with my family (95%)
- I feel welcome in the Head Start classroom as an observer or volunteer (94%)
- Head Start staff follow-up with what they say they are going to do (93%)
- Head Start classrooms are clean, safe, and set up well for preschool learning (96%)
- I enjoy Head Start special events (92%)
- Head Start transportation for my child is safe and meets our needs (96%)

While ratings were very positive overall, there is always room for improvement, and parents voiced the following preferences:

- My child gets enough Ojibwe culture at Head Start (69% strong agreement or agreement vs. 13% who disagreed)
- Head Start staff is good at connecting me to community resources (84% strong agreement or agreement) vs. 5% who disagreed
- Head Start has helped me learn how to teach my child at home (83% strong agreement or agreement vs. 9% who disagreed)
- My experience with Head Start has helped me with parenting (84% strong agreement or agreement vs. 6.5% who disagreed)

Family Focus Group Feedback

One experienced mother in her early 40s, who was raising both her own children and foster care children, commented on the wide variety of additional resources the Head Start Program connects parents with. “Teachers are active about getting information and connecting parents.” She noted this is particularly important for younger parents, who may not be familiar be how to get their children physical and dental services. This mother expressed the concern that a “lot of parents get lost” trying to navigate resources without the additional assistance Head Start teachers provide.



Special Needs Programming Evaluation

- 11 respondents (14%) in the 2016 survey had children with special needs vs. 5 respondents in the 2013 survey.
- Ratings provided in the table below were clearly lower for this service than for overall Head Start services and education. Ratings for all 5 questions were at 50% "Excellent" or "Good," with an additional 10-21% rating services as "fair." "Poor" ratings were given by only 5%-8% of respondents, representing between 4 and 6 actual respondents. An additional 21% to 32% of respondents reported "unsure." This "unsure"

response is not unusual given that a total of 86% of respondents reported not having a special needs child (78.5%) or being unsure if their child had special needs (7.6%).

HEAD START Program Ratings				
Statement	Excellent or Good	Fair	Poor	Unsure
The information parents receive about how to get help for a special needs child	38 (50%)	16 (21%)	6 (7.9%)	16 (21%)
Communication with parents and support for families with a special needs child by Head Start and LEAs (school districts)	37 (49.3%)	14 (18.7%)	4 (5.3%)	20 (27%)
Head Start as an advocate for special needs children	35 (48%)	12 (16.4%)	4 (5.5%)	22 (30%)
Respect shown by referral agency toward parents of special needs child	37 (50%)	7 (9.5%)	6 (8.1%)	24 (32%)
The quality of the special needs services	34 (46%)	10 (13.5%)	6 (8.1%)	24 (32%)

Table # 25 Leech Lake HS Family Survey, 2016.

Note: Questions with the same number of responses had different percentages due to the fact that 100% of respondents did not respond to all questions, thus the total number was larger for some questions than for others, and this affected the percentage ratings.

Head Start Schedule and Location

Slightly less than half of all families surveyed preferred the four-day option, while 35% preferred wrap-around care five days per week. Just over 20% preferred a 4-day, wraparound schedule.

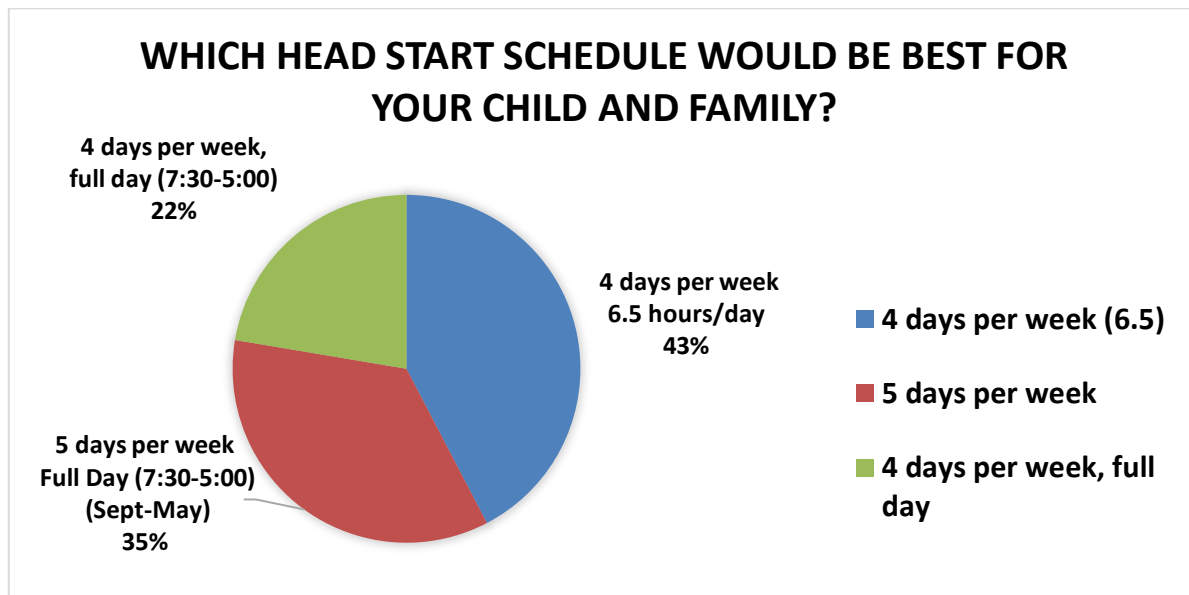


Figure 47 – Source: 2016 HS Parent Survey

Fully 60% want the current Center-Based model with 14% unsure, and 13% interested in the Family Child Care Provider option. An additional 14% expressed interest in Early Head Start with a Family Care provider.

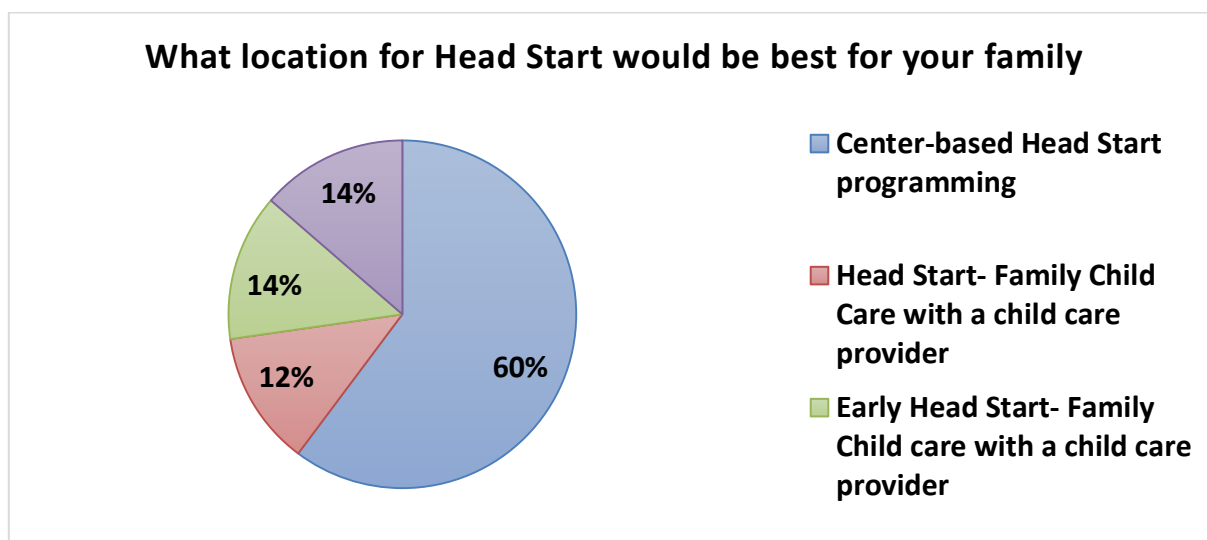


Figure 48 - 2016 HS Parent Survey



Should more father involvement activities be added to Head Start Programming

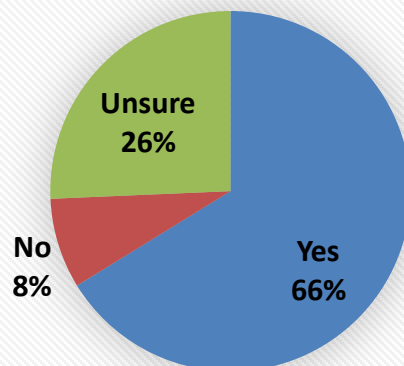


Figure 49 -2016 Head Start Parent Survey

Types of Child Care Used

Type of child care HS families use outside of Head Start

- 50 use unlicensed child care—mostly a combination of family members
- 6 use licensed family child care
- 13 respondents stated that they had no current need for other child care
- 4 use a licensed child care center

Childcare Need

The greatest need noted for child care was for infant to age 5, and most commonly mentioned were ages 3 and 4.

Reason for choosing child care outside of Head Start

Affordable Cost	36
Licensed	5
Location near home or work	41
Family or friend	32
Safety	25
Other	5

Table 25 - Source: 2016 HS Parent Survey. **Note: Respondents were asked to choose one “main” reason, but some indicated more than one.*

Child Care Rating

Head Start families who completed the survey rated their current childcare as: Excellent (39%), Good (45%), Fair (14%), or Poor (1.6%).

Early Head Start Family Evaluation of Current Programming

Parents and guardians of 2015-16 Early Head Start students were surveyed in Spring 2016 for this Community Assessment. In total, 14 families with children enrolled in EHS completed the survey including two men and 12 women.

Relationship to Child Who Will be Enrolled in EHS Next Year

Mother	7
Father	2
Grandparent	3
Foster Parent	1

Table 26 - **Some survey respondents will not have a child enrolled next year, so not all answered this question.*

Housing Situation

- 71% of respondents said their current housing size and quality was just right, while 29% disagreed

- 36% indicated that their housing was over-crowded and the same percentage indicated their housing needed major repairs. Yet, 71% also said their housing was kept in good condition.
- 50% stated that their housing was old and aged
- 7% indicated their housing was at-risk at some point
- 21% of respondents have been homeless with their children at some point
- Home owners and renters are not delineated because too few respondents answered those questions for meaningful data.

Household Make-Up

Two-parent living alone with child(ren)	43.75%
Single parent living alone with child(ren)	25%
With other relatives	12.5%
Other	18.75%

Table 27 – Source: 2016 Leech Lake EHS Survey

Early Head Start Program Evaluation

Respondents were given 19 positive statements and asked to evaluate to what degree those statements would apply to Leech Lake Early Head Start programming. Possible answers included: strongly disagree, disagree, agree, strongly agree and don't know. Overall, the Early Head Start Program received an average of "agree" or better on all statements.

Ratings of 92% to 100% were given for the following statements:

- "My child feels safe and happy while at EHS."
- "EHS classrooms are clean, safe and set up well for learning."
- EHS staff understands my child's needs
- EHS staff listens to my opinions about my child's needs
- EHS staff follow-up with what they say they are going to do
- EHS staff communicates well with my family
- EHS staff communicates often enough with my family
- EHS Staff has met/is meeting my child's needs
- I feel welcome in the EHS classroom as an observer or volunteer
- "I enjoy EHS special events."

The following statements received lower parent ratings:

- "My child gets enough Ojibwe culture at EHS." (64% of parents agreed)
- "EHS staff is good at connecting me to community resources." (46% of parents agreed)
- "EHS staff is good at helping my family set goals and make plans to reach those goals." (64% of parents agreed)
- EHS has helped me learn how to teach my child at home (62% of parents agreed)
- Most families in our community know about EHS (71% of parents agreed)

Early Head Start Special Needs Programming Evaluation

Early Head Start respondents were given six positive statements about Leech Lake EHS Special Needs programming and were asked to evaluate to what degree they agreed with the statements applied. They could respond with “Excellent,” “Good,” “Fair,” “Poor,” or “unsure.”



Only one respondent had a child with special needs, while 2 were “unsure”.

Overall, the six positive statements regarding special needs programming received majority responses of “good and fair.” There were no “poor” ratings. Between 10% and 25% of parents replied “unsure” to the choices for each question.

Program Preferences

EHS survey respondents were asked which program location would be best for their family. Forty-two percent preferred the Center-Based option. Please note that the reliability of this data is uncertain due to the limited number of respondents (14) and the fact that not all respondents replied to all questions.

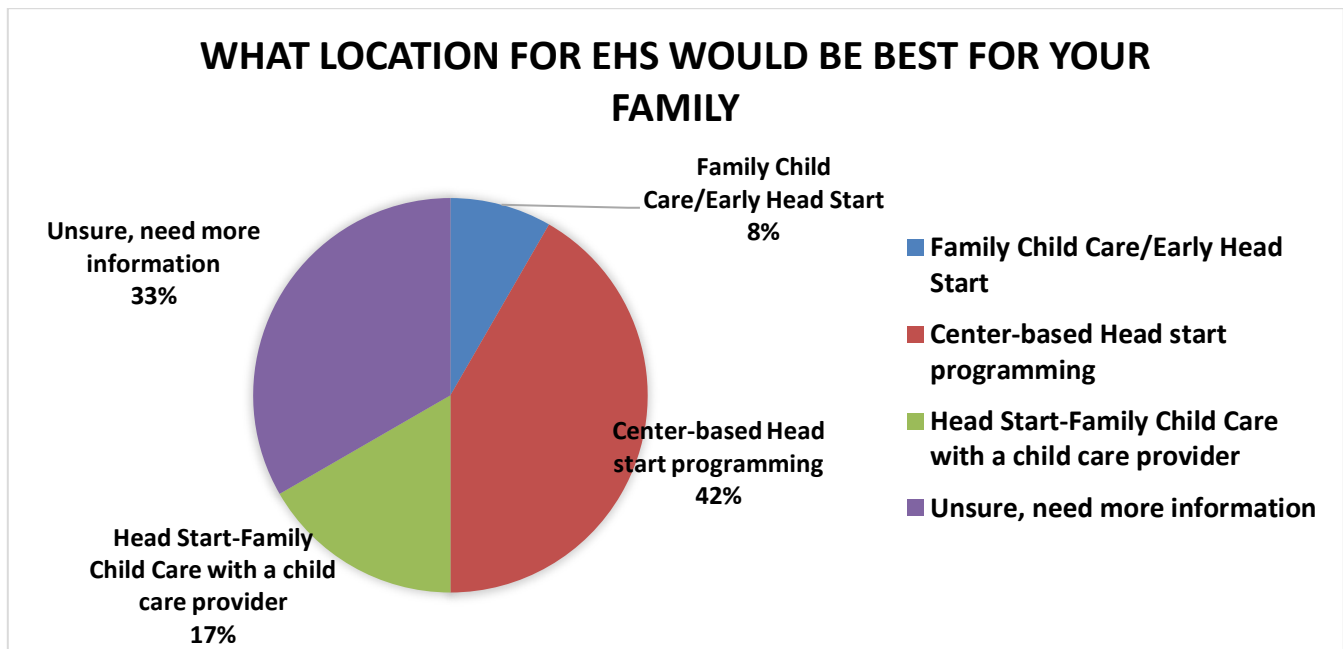


Figure 50 - Source: Leech Lake EHS Parent Survey Data, 2016

Respondents were asked if there was a need for a Home Visiting Program in their community and a brief description of such programming was given. 62% responded that there was a need for this programming.

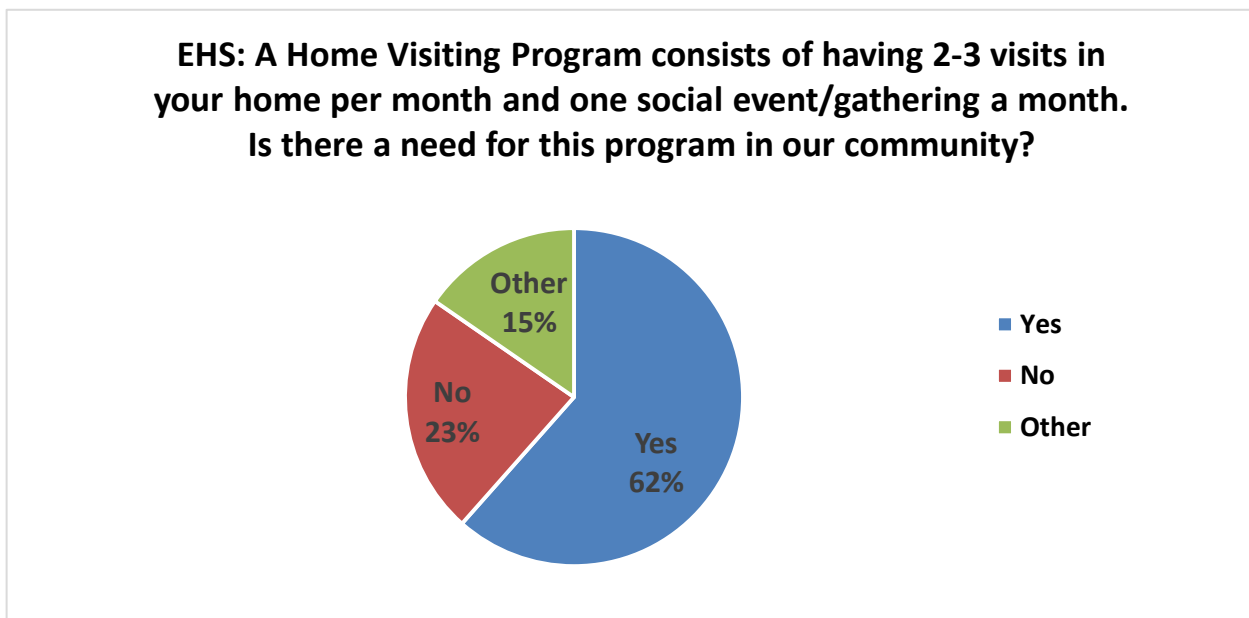


Figure 51 - Source: Leech Lake EHS Parent Survey Data, 2016

As a follow-up question, those who did see a need for a Home Visiting Program were asked whether they would enroll their child. Among respondents, 63% indicated that they would. Based on the 15% “other” responses, there may have been some confusion about the services available through the home visiting program.

Parent Involvement

100% of respondents definitely agreed that parent involvement in activities is important, and 73% agreed that more activities would be helpful. Specific suggestions for activities included:

Ideas for activities:

Any activities
Bring a book Wednesdays
Bring Daddy to school day
Build a paper/Toy car day
Building/ kits
Cultural activities
Father brings a book to share w/ class
Father-daughter

Field trips
Mother-son
Painting
Paintings/ art
Reading time
Story time
Trust Building Games

Table 28 – Source: 2016 EHS Survey

Child Care Arrangements & Need

EHS families who responded to this survey gave an average rating of “good” to their current child care.

Type of Child Care EHS Families Use Outside of Early Head Start

Licensed family child care	2
Licensed child care center	0
Unlicensed child care	9
Other	3

Table 29 – Source: 2016 EHS Survey

Type of Child Care Needed by EHS Families in the Last Year:

Full day	8
Half day	0
Night or weekend	0
Before/after school	4
Other	3

Table 30 – Source: 2016 EHS Survey

Community Evaluation of Head Start and Early Head Start

More than 130 community members completed surveys from Leech Lake Reservation communities including Ball Club, Bena, Boy Lake, Cass Lake, Inger, Sugar Point, Walker, and Winnie Dam, as well as Bemidji. These respondents were not parents of current Head Start or Early Head Start children, but some have extended family members in the programs or had children of their own enrolled in Head Start at some point in the past.

Home Visiting Program Need

Respondents were given a brief description of what a Home Visiting Program would entail and were asked if there was a need for such a program in their community. Of those who have preschoolers or toddlers in their home, a strong majority indicated that they would use a Home Visiting Program if available. Community perception of the need for home visiting services **increased from 71% in the 2013** Community Needs Assessment to **92% in 2016**. Notably, the “no, this service is not needed,” responses *decreased* from **26%** in 2013 to **8%** in 2016.

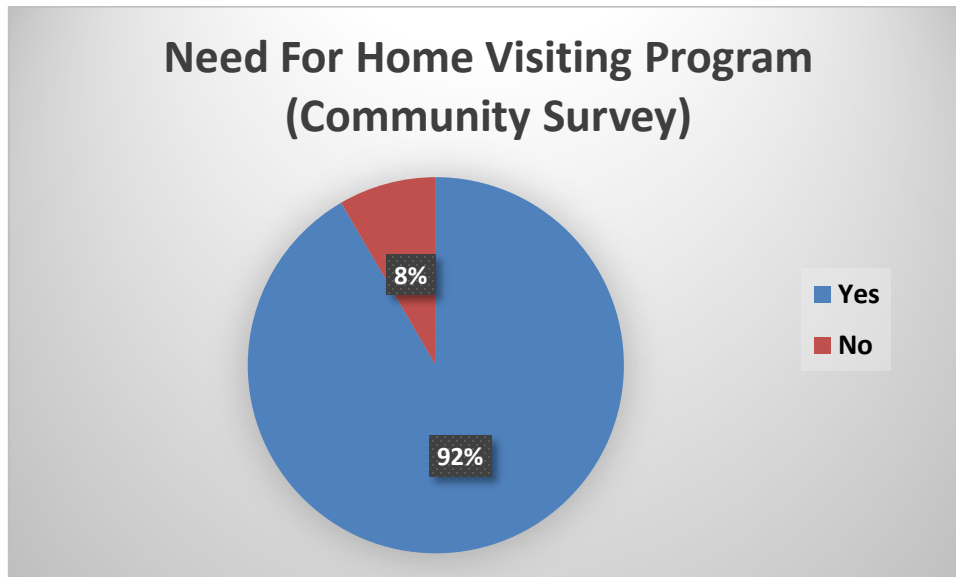


Figure 52 - Source: Leech Lake HS & EHS Community Survey Data, 2016

Feedback on Child Care Needs

Thirty-six community respondents reported that they “need child care on a regular basis.” The ages of their children ranged from newborn to 11 years old.

Family Focus Group Feedback

A father in his mid-50s, who has 13 children who have used HS & EHS services, described picking up his 4-year-old son from Head Start. He was clearly proud to see his son arrive home singing in Ojibwe and said his son was teaching him the Ojibwe words he learned at Head Start. This father said he could tell his son was happy and felt very “at home” in Head Start because when he picks him up, he sees his son helping in the classroom.

Type of childcare respondents are currently using

What type of child care are you using now?	Numbers	Percent Note: Total of only those currently using child care.
Licensed Families Child Care	4	11%
Licensed Child Care Center	8	22%
Unlicensed Child Care	24	66%
I have no current need for child care	79	

Table 31 - Source: Leech Lake HS & EHS Community Survey Data, 2016

Those who are using unlicensed care are relying primarily on immediate or extended family members.

While the Community Survey did not ask about child care need nor ask community members to rate current child care options, the data above clearly indicate that **66% of parents and caregivers are currently using unlicensed options**. In 2015, community members stressed that there was a HIGH need for quality child care in their respective communities. Quotes from the 2013 Community Survey comments include:

- “I desperately need childcare but have no options. I've only ever used family for childcare. Right now, however, I am on the waiting list for EHS.”
- “We need more licensed family child care providers, especially for infants and toddlers.”
- “My mother-in-law provides care. There isn't any (daycare) here. If my mother-in-law wasn't here it would be hard to go to school or work.”
- “We need daycare/community center with a caregiver and someone to cook for the elders.”
- “Need more trustworthy child care places.”
- “More staffing, training of existing providers to build trust with parents.”

Respondents in 2016 appeared to agree strongly with these comments made by community members in the 2013 Survey:

- Transportation and the long distances to available child care are challenging.
- No available child care options in outlying communities on the Reservation.
- Need child care that caters to men and women who work "off" hours and on weekends.

Child Care Providers and Head Start Teachers Input

Child care providers and teachers who work with Head Start and Early Head Start families were asked to provide input on the programming at Leech Lake Early Head Start. 29 respondents provided input.

The providers were asked to assess their access to Child Care Services and Resources and then to rate the services. Services noted by respondents as hard to access are highlighted.

Is it difficult to get this service?			
#	Type of Service	Yes	No
1.	Subsidy	20.0%	80.0%
2.	Early Head Start Partnership	20.0%	80.0%
3.	Licensing	0.0%	100.0%
4.	Monitoring	0.0%	100.0%
5.	Language and Culture Activities	14.3%	85.7%
6.	Technical Assistance Services	44.4%	55.6%
7.	Literacy Activities	0.0%	100.0%
8.	Leech Lake Child Care Services Training Events	0.0%	100.0%
9.	Leech Lake Child Care Services Training Scholarships	33.3%	66.7%
10.	Infant Toddler Lending Library	0.0%	100.0%
11.	Early Childhood Library	0.0%	100.0%
12.	Education (AA, CDA) Incentives	40.0%	60.0%
13.	Community Outreach	16.7%	83.3%
14.	Child Care Aware Training	0%	100%
15.	Services for child with special needs	50.0%	50.0%
16.	CACFP - Food Program	0.0%	100.0%
17.	DEVELOP Services	0.0%	100.0%
18.	ParentAware Rating	20.0%	80.0%

Table 32 – Source: Leech Lake Child Care Providers & HS/EHS Teachers Survey

Highest ratings, with many exceeding 80% and some exceeding 90% among combined service rankings for the ratings “Good or Excellent” were given for the following services:

Early Head Start Partnerships – 93%
 DEVELOP - 90%
 Licensing - 90%
 ParentAware – 86%
 Child Aware Training – 86%
 Monitoring – 84%
 CACFP Food Program - 83%
 CACFP Food Program - 83%
 Language/Culture – 82%
 Subsidy – 82%

Ratings appear in the chart below. Any service rated by more than 20% of respondents as Fair or Poor are highlighted.

#	Service	Excellent	Good	Fair	Poor
1.	Subsidy	27%	55%	18%	0%
2.	Early Head Start Partnership	47%	47%	7%	0%
3.	Licensing	42%	47%	11%	0%
4.	Monitoring	32%	53%	16%	0%
5.	Language and Culture Activities	14%	68%	18%	0%
6.	Technical Assistance Services	9%	55%	27%	9%
7.	Literacy Activities	35%	40%	25%	0%
8.	Leech Lake Child Care Services Training Events	44%	32%	20%	4%
9.	Leech Lake Child Care Services Training Scholarships	26%	42%	21%	11%
10.	Infant Toddler Lending Library	7%	64%	29%	0%
11.	Early Childhood Library	21%	53%	26%	0%
12.	Education (AA, CDA) Incentives	27%	36%	27%	9%
13.	Community Outreach	19%	48%	29%	5%
14.	Child Aware Training	27%	59%	14%	0%
15.	Services for child with special needs	9%	57%	22%	13%
16.	CACFP - Food Program	33%	50%	17%	0%
17.	DEVELOP Services	20%	70%	10%	0%
18.	ParentAware Rating	33%	52%	10%	5%

Figure 33 - Source: Leech Lake Child Care Provider & HS/EHS Teacher Surveys 2016

Lower ratings were provided for the following services. Percentages reflect the numbers of respondents who rated those services “Fair or Poor.” Even those services that received a “Fair or Poor” rating of 36%, still had 64%, well over a majority of respondents, who rated it “Good or Excellent.” These ratings are provided to give the EHS & HS program feedback for the program’s parent advisory councils, management, and program staff to consider during strategic planning.

Technical Assistance Services – 36%
 Education Incentives – AA/CDA – 36%
 Services for Children with Special Needs – 35%
 Community Outreach – 33%
 Training Scholarships – 32%
 Infant/Toddler Lending Library – 28.6%

Note: The “Don’t Know” responses are not included in the percentage calculations above to prevent skewed ratings of services from those who actually rated the services.

High Need for Infant/Toddler Child Care

The clear need for infant and toddler child care was apparent with just under 70% of respondents indicating a high need for this service.

Need for Different Types of Childcare				
Please Rate your community's need for School Age Child Care	High	Medium	Low	Unsure
	39.3%	39.3%	10.7%	10.7%
Please rate your community's need for Extended Hour Child Care				
	46.4%	28.6%	21.4%	3.6%
Please rate your community's need for Infant/Toddler Child Care				
	67.9%	17.9%	7.1%	7.1%

Table 34 – Source: 2016 Leech Lake Child Care Providers & HS/EHS Teachers Survey

Barriers to participation child care provider & HS/EHS Teacher participation in EHS, Parent Aware, and other quality building programs offered:

While approximately half of respondents indicated that they are taking advantage of the training opportunities, others identified barriers, which included:

■ **Scheduling.** Providers noted that they can’t miss work/time they spend providing child care to attend, in part because they lack other child care for the children. Several noted that they can’t attend week-day trainings. The following comment describes this challenge:

“Wish there were more trainings that are bigger – on the weekends during the fall or early spring. No Fridays or middle of the week. Can’t afford to close my daycare for trainings.”

A Family Child Care Provider in Walker

■ **Time** was noted as a barrier with some teachers stating that due to paperwork requirements and lack of classroom prep time they couldn’t attend.

■ Others noted lack of transportation and lack of child care as barriers to attendance.

How Leech Lake Child Care Services Is/Is Not Meeting the Needs of Children and Families (Feedback and Comments):

Staff are caring and patient.

“Here in Ball Club, we get to share services from the local school in Deer River and Special Education Teachers stop in and answer questions as needed so then we can put in Referrals

and help us get services that are close to us. The LLCC Services are helpful and always trying to help us serve our families.”

“I believe the Center to be a great installation in our community. They provide a high-quality service that is strategically important for the families it serves.” *An in-home family care provider*

“There is a beautiful Head Start facility in Cass Lake. That community should be very fortunate to have a safe and clean place to bring their children every day.”

The program provides many opportunities for families and children to succeed, i.e. trainings/supportive services.

They are helpful in offering “TB’s, dentals, etc. so child could start on time.

Our community is being served well.

SUGGESTIONS FOR IMPROVEMENT:

Workforce Shortage and Capacity:

There were multiple comments related to the ongoing HS and EHS workforce shortage and workforce capacity challenges, which some respondents stated created stress in the classroom. One comment reflected feedback from many respondents: “More reliable staff, more staff in general. Kids need to know who will be there every day and also need a lot of attention.” Another respondent stated that: More staff, less stress for teachers. When teachers are stressed, the kids feel it and get on it.” Another respondent suggested a need for “stricter rules and policies.”

The staffing shortage is particularly challenging when there are significant behavioral concerns to manage. One respondent stated that: [There are] “Not enough teachers in a classroom for ‘difficult’ children who need more attention.”

Several respondents noted the need for an “FSA” (Family Service Advocate).

Communication:

Improving communication was another recommendation made by multiple respondents. Comments included: “Better communication with staff/parents and families,” and “Communication is an ongoing issue for improving services.” One example given by a teacher was not being informed of new children being added to the classroom until the day the child entered the class.

Outreach: Respondents commented on the need to “Find ways to have good quality child care for the surrounding community,” as well as “a better way to promote services.”

Other recommendations:

“Bigger buildings with more teachers and learning spaces to provide for an ever-growing need for education and quality learning environments.” *An in-home family care provider*

“Helping with food while children aren’t in school. I see a lot of children trying to take food home.” *Migizi Head Start Center Teacher*

“Maybe training childcare providers to be able to teach a little more and have learning activities for all children.”

Additional suggestions included:

- More parent-teacher time and more parent involvement activities.
- Need more learning activities for infants and toddlers (shape sorters, puzzles).
- Need age-appropriate outdoor climber for infants.
- Better equipment.
- Need More Ojibwe culture books/activities.
- Get elders involved in classrooms!!
- Continue with the collaboration with other agencies.
- More family-based activities, more people coming in to work with the kids.
- Shorter school days.
- Extra behavior support.
- Add another EHS building in Cass Lake as there are many children that need it. Time to do TSG (Teaching Strategies Goal Child Assessment Software).

Head Start Partner Agency Comments and Feedback

Referrals and Head Start partner agencies clearly value HS & EHS and believe they are critically important for the high poverty families and children served. There were 16 partners and service provider respondents who provided heartfelt accolades, as well as well-intended suggestions for improvement.

Program Strengths

“EHS & HS are doing fantastic – the programs work well with other entities to ensure families’ needs are met in many ways. It’s educational for the child and parents – from prenatal support to post-partum support.” “Early childhood is good at reaching out to network with other LLBO programs, public schools, the hospital, and other entities off-reservation.” *An LPN who is a staff member with the Leech Lake Health Division Family Spirit Program*

“I think the Early Head Start and Head Start program is exceptional at training for parents, adequate nutrition, cultural integration and education. I’m unsure what the program does to educate young children on the dangers of drugs, etc., since some children are around this in their homes.” *Cass Lake Indian Health Services RN involved with pediatric clinical services, well-child visits, developmental screenings, breastfeeding assistance, and immunizations.*

"The Head Start program is wonderful. It is a great part of the community. I hope to see it expand and allow even more children to participate." *Leech Lake Child Welfare Worker (involved in intake and assessment of child neglect and maltreatment, family preservation screenings, information and referral)*

"HS does a great job of enrolling kids & identifying kids who may need extra support (speech, special education, mental health). However, I feel as though in some cases the mental health component isn't addressed soon enough or often enough. HS provides many opportunities for parents/guardians to get involved. The staff at HS is wonderful, but many classrooms need additional support. I feel that the office staff and classroom teachers work well together to support the kids. I only observe breakfast in the classroom, but the food is healthy and the kids love it!" *A staff member with BRIC (Bemidji Regional Interdistrict Council)*

"Leech Lake Head Start is meeting the needs of enrolled children and families. It has been a very good resource for me and my practice." *An NPC with Leech Lake Child Health.*

"Bemidji's Head Start transportation [provided by Leech Lake HS for their Bemidji site] is very, very important for families." *ISD 31 (Bemidji) staff member.*

"I believe Head Start is doing a great job with the needs for the children. I'm grateful for Early Head Start and the wrap-around program." *A Leech Lake Health Division Staff member who provides Child and Teen Check-ups*

Recommendations to Improve Outcomes for Children & Families

"The biggest problem with Leech Lake HS & EHS is transiency with students and staff. The kids in need do not get to the program regularly. They also need to up the educational opportunities in Ball Club and Inger so the kids are more prepared. Too many qualify or could qualify who are not really special education, they are disadvantaged. I also would love to see more honest evaluation and conversation with parents about their child is actually doing." *Deer River Early Childhood Special Education Staff Member*

"HS needs more classrooms to allow for more children to be enrolled for school. Offer M,W,F and T,TH classes so more children are able to attend school." Offer more special needs for families." *ISD 31 Indian Education staff member*

"More classrooms and more transportation for families in Bemidji would be helpful." *ISD 31 (Bemidji) staff member.*

"Maybe hire a provider on staff to assist all year long with some medical needs such as physicals and simple medical needs for families and referrals. Hire a traditional/cultural advocate or person to help with cultural teachings for families." *An LPN who is a staff member with the Leech Lake Health Division Family Spirit Program*

Section 5 - Assessment of Community and Family Strengths and Needs

Through the 2016 Community Assessment survey process, Head Start families, Early Head Start families, community members, service providers and child care providers were asked to identify the strengths and needs of Leech Lake Reservation as a whole. In addition, these respondents were asked to reflect on the strengths, needs, challenges and hopes of families with children age zero to five.

The next section provides a summary of these responses and a discussion of patterns that emerged within each group of respondents. By drawing upon identified strengths within families and the community, Leech Lake Early Childhood programs can better help children and their families overcome challenges.



Question 1

What are the greatest STRENGTHS of LEECH LAKE RESERVATION as a community?

Family Survey

- Elders and Respect for Elders
- Teachers at Head Start and Early Head Start
- Community Involvement
- Pow Wows and community events and gatherings
- Cultural teachings
- Unity

Community Survey

- Community
- Family
- Elders
- Head Start
- Tradition
- Local benefits
- Pow wows
- Teachings

Head Start Agency/ Service Provider Survey

- Building a love and value of family/culture
- Loving/caring teachers in HS & EHS
- Small “community feel”
- Many resources for families
- We have the Tribal College
- Great options for schooling (Pre-K to graduation) with teachers who care
- People want to learn about their own culture, and we have people who can help with tradition and culture
- Economic growth
- Natural Resources – fishing
- Gaming
- Long-time teachers at schools

Childcare Provider/Head Start Teacher Survey

- Close-Knit families
- The small size; People know each other
- Reaching out to serve the children in our community
- Pulls together in emergencies
- Cultural activities; Pow Wows
- Multiple family centers
- Community events
- Leech Lake Tribal College
- Head Start
- Childcare
- Nest
- HIS
- Benefits, programs, resources
- Lots of programs for help: Social Services, Diabetic Services

Question 2

What are the greatest NEEDS of LEECH LAKE RESERVATION as a community?

Family Survey

- Housing was the number one item most often noted by survey respondents, there were additional comments made about the need for safer housing, housing that can accommodate extended family, housing repair, and the need for a homeless shelter.
- Drug abuse prevention and treatment was the second item most frequently noted by respondents. There were many additional comments made about the need for drug enforcement and “cleaning up the drug abuse.”
- Employment/jobs was the third most highly rated need with comments about the need for it in the outer areas of the reservation as well.
- Transportation was the next most highly rated need. Families need access to medical appointments, jobs, education, and even grocery shopping and pharmacies.
- Activities for kids, including athletic activities and activities to keep kids from becoming involved with drugs, were repeatedly noted.
- Childcare, including after school hours, and elder programming and housing were also noted.

Community Survey

- Drug Treatment
- Housing
- Education
- Jobs
- Transportation
- Child Care

Parental Involvement, Alcohol Treatment, and Community were also noted, but not at the same level of frequency.

HS Agency Partner/Service Provider Survey

- Housing (repeatedly mentioned)
- Family transiency due to housing need, multiple moves by families
- There are lots of transient and homeless families. They are hard to keep up with because they have no phones and no transportation.
- There is a long waiting list for the Reservation Housing Authority
- More treatment and In-patient Family Treatment programs where families can bring their children (drug addiction issues and treatment needs repeatedly mentioned)
- There is no detox nor in-patient nor out-patient treatment centers anywhere that are culturally specific. The Opiate program offers no real out-patient treatment except “dosing” [i.e. medication assisted treatment]
- Transportation
- On the job training and jobs (repeatedly mentioned). One provider commented that “WIA is awesome, it helps our families”)
- Family support groups (to help with family issues)
- Keeping young kids in school
- Quality teacher retention
- Lack of access to behavioral health services/crisis management issues
- Leadership and responsibility
- Better Parenting
- Traditional education/healers/events

Child Care Providers & Head Start Teacher Feedback:

- Better transportation policies for Head Start
- More parent involvement at Head Start
- A nurse at Head Start
- The medical care services are here – it’s getting the kids to the program.



- More father involvement – maybe incentives or make it mandatory for fathers to attend an activity with their child
- More elders involved as “teachers’ aides,” or visitors, or helpers
- Transportation should be more flexible because there are different ways and situations where children need to go before or after school. Fix transportation policies to help other family caregivers let the children they are taking care of get picked up or dropped off at other locations so we don’t have to miss work.
- Most parents these days are not taking care of their “own children.” Other family members are.
- Teacher’s aides should have good pay. They need a starting wage higher than minimum wage.

Question 3

What are the greatest **STRENGTHS** of Leech Lake Reservation **FAMILIES** with children age 0-5?

Family Survey

- Families are loving and supportive (“we help each other,” unity, respect, honesty, bonding, acceptance, togetherness, “there for each other,” very close)
- Grandparents committed to making sure grandchildren are taken care of
- Sober parents
- Working parents and 2-incomes
- Goal motivated
- Stable home and transportation

Community Survey

- Childcare
- Education
- Drug Treatment
- Housing
- Food
- Clothing
- Transportation
- Jobs
- Head Start

Head Start Partner Agency/Service Provider Survey

- Parents love their children and want them to do well (repeatedly mentioned)
- Family members helping family (mentioned repeatedly), including when parents and their children are couch hopping
- Lots of multi-generational family involvement/extended family support for children and involvement of grandparents in the lives of their grandchildren
- Families are resilient and able (they can find what they need)
- Ability to access services (repeatedly mentioned)
- Family Preservation (a service offered by LL Child Welfare)
- Access to medical care
- Access to dental care
- Housing
- WIC Program
- NEST – nurses helping and program for WIC participants to get baby items on point boards.
- Jobs
- Schools
- Very good programs such as early childhood
- Head Start & Early Head Start wrap-around child care
- People to help look for services

Child Care Providers & Head Start Teacher Feedback:

- Early childhood/Head Start; Great EHS/HS free school
- Busing
- Food support/no child goes without food
- Services for school age and some 0-3 children after school hours
- Family preservation program
- Housing
- Child Care Assistance
- They work full-time despite staying in poverty (keep jobs)
- They get/keep young kids in school
- Are open to cultural education at HS/EHS/Schools
- Family support all over; Use families for child safety; Family ties to help each other
- Culture is passed down
- Summer food drive
- Summer School
- Strong ties to community
- Wanting to get their children to have an education
- Love of their children
- Good support system
- A good variety of services
- Pride in history
- Integrity of culture
- Compassion for Life

Question 4

What are the greatest NEEDS of Leech Lake Reservation FAMILIES with children 0-5?

Family Survey

- **Job opportunities**
- **Housing and home improvements**
- **Transportation** (vehicle, driver's license)
- **Childcare**
- **Education** (costs associated as well)
- **Encouragement from one another**

Community Survey

- **Childcare** (quality, dependable, extended day or evening, for job seekers and parents in school)
- **Transportation**
- **Housing** (quality, safe, affordable)
- **Jobs, opportunities**
- **Financial ability (or assistance) to meet basic needs**
- **Activities for youth**
- **Higher level of education**

Also mentioned:

Substance abuse treatment, support to stay sober and drug-free

Health care, education accessibility

Support and caregivers to keep families positive and moving forward

HS Partner Agency/Service Provider Survey

- | | |
|---------------------------------------------------------------------------------|-------------------------------------------------------|
| • Help with transportation (repeatedly mentioned) | • Basic needs, ID, insurance, birth certificate, #SSN |
| • Reliable housing and affordable housing (repeatedly mentioned) | • Employment |
| • Childcare and Wrap-around day care need to be expanded (repeatedly mentioned) | • Food Shelves |
| • Parent Education (repeatedly mentioned) | • Cultural/ Traditional learning events |
| • Home visitation - to see what families need | • Knowing how to earn, spend, & keep money |
| • Better child mental health facilities | • More school involvement |
| • Better access to healthcare | • Awareness of programs |
| | • Quality, consistent education & teachers |
| | • More elders involved @ head start |

Concerns noted were that “The kids in need don't get to programs consistently” and “there is a need for follow up.”

Child Care Providers & Head Start Teacher Feedback:

- Parenting classes
- Safe place for teens after school until parents can get home
- A home to live in (housing and housing stability were repeatedly mentioned)
- Jobs that pay enough to live on
- Reliable, safe, & affordable child care
- The families need to make effort
- Youth/family activities & options
- Education
- Access to more services
- Transportation; Rides (repeatedly noted)
- Drug/Alcohol Treatment; Help for the addicted (repeatedly noted)
- Providing job opportunities (repeatedly noted)
- Coping skills for families
- Help for domestic abuse
- Self-help skills and education (basic life skills)
- Family unity
- Youth Coordinator
- Community center
- Getting to Cass Lake for higher education
- Economic advancement
- Food, shelter, clothing
- Health and dental
- Quality education
- Reasonable Subsidy
- Room for growth out of poverty, ex. “horizon planning” models.

Question 5

What are the greatest CHALLENGES for Leech Lake FAMILIES with children 0-5?

Community Survey

- Presence of drugs and alcohol
- Poverty and lack of jobs (living wage jobs scarce)
- Transportation and isolation (distances to medical appointments, entertainment, activities and challenge to have reliable transportation due to cost, lack of driver’s license, lack of public transportation)
- Parenting challenges (having positive influence and passing along values in a sometimes challenging environment)
- Gangs, violence
- Childcare scarcity
- Lack of adequate housing and homelessness
- Shortage of funds for basic needs (food, heat, electricity, etc)

Also mentioned: health concerns, safety concerns. Sense that more positive, healthy activities are needed. Wanting to keep families together and peaceful, supportive.

Note: Families and childcare providers were not asked for challenges.

Question 6

What are the greatest HOPES for Leech Lake FAMILIES with children ages 0-5?

Family Survey

- Education (children graduate from high school and college, parents attain higher education, learn trade)
- Stability in family life (support one another, close, show respect, quality parenting, together, good values taught)
- Healthy (including making healthy lifestyle choices)
- Happiness
- Better housing situation
- Provide for family with decent jobs, income
- Jobs/success for children later in life (self-sufficient)

Community Survey

- Education for parents and children
- Family together in a loving home with positive role models and good values
- Family provided for with decent jobs
- Drug-free home and community (successful prevention of and abstention from use)
- Future jobs for children (productive, work hard, can provide for their families)
- Safety
- Traditions and culture kept strong
- Healthy

Also mentioned: Youth active, safe places for families to enjoy time together

Note: The “Greatest hopes” question was not asked for childcare providers or HS Partners/Service Providers.

Family Focus Group Feedback

A young single mother whose 17-month-old daughter was in EHS shared that she was in recovery. She had relapsed after relocating from South Dakota back home to Leech Lake. “I can’t express how grateful I am” she said about EHS allowing her daughter to remain in the program while mom went back to treatment.” This mom also is happy for her daughter to be in EHS because her daughter is an only child, and she values the closeness she sees between her daughter and the other children.

Section 6 - Community Resource Access & Quality Ratings

All of the Leech Lake Community Assessment surveys—Head Start and Early Head Start family, community, childcare provider and service provider -- asked respondents to rate how well families with children 0-5 could access various resources and services within the community. The full list of resources and services included:

- Medical care
- Dental care
- Child care
- Mental Health/Wellness services
- Housing assistance
- Substance abuse prevention or treatment
- Public transportation
- Employment support
- Education (GED)
- Education (college, tech school)
- Family Preservation services
- Transition services after incarceration
- Law enforcement
- Legal aid
- Family support services
- Domestic violence/Sexual assault programs
- Emergency and Crisis Intervention
- Income support (MFIP, SNAP, others)
- Child Support services
- Basic family needs (food, clothing, other)
- Services for child with special needs

Respondents were then asked to rate the quality of each service/resource. Finally, the EHS and HS family surveys asked them to identify any barriers that are keeping them from accessing these services/resources.

This section outlines the responses of each survey group on these community access and quality questions.

Access to Services

Head Start Families
Easiest to access: Income support, dental, and medical services.
Services families are unable to access or sometimes not able to access: <ol style="list-style-type: none"> 1. Housing assistance 2. Public transportation 3. Child care 4. Employment support 5. Transition after incarceration 6. (Four-way TIE) Dental, mental health services, child support services and services for special need children

Access to Services Continued

Early Head Start Families	
Families were unable to access or sometimes not able to access: 1 st Tier: Child care 2 nd Tier: Medical Care, Dental care, and Housing Assistance 3 rd Tier: Family Support Services, Crisis Needs, and Law Enforcement Other Needs identified: Mental Health services, Substance Abuse Prevention and Treatment, Public transportation, education (GED), education (college and tech school), and child welfare.	
Community	
Most easily accessed: Head Start, college, and law enforcement.	
Most difficult for families to access: 1. Housing assistance 2. Child care 3. Employment support	
Childcare Providers & HS Teachers	
Of the 24 services rated for difficulty or ease of access, a notable 18 different services or 75% were rated as <u>difficult</u> to access by more than 20% of respondents. It is important to realize that for some of these services, only 4 respondents rated them at all. There was a range of 4 to 13 respondents for each.	
Easiest to Access as rated by 80% to 89% of respondents: <div style="display: flex; justify-content: space-between;"> <div>Head Start</div> <div>Medical Care</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Education (college, tech school)</div> <div>Education (GED)</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Income Support Services (MFIP, SNAP, others)</div> <div></div> </div>	
Most difficult to access (rated difficult by 50% or more of respondents): <div style="display: flex; justify-content: space-between;"> <div>Public Transportation</div> <div>Emergency and Crisis Intervention</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Foster Care</div> <div>Child Care</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Housing Assistance</div> <div>Relative Care Resources</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Transition services after incarceration</div> <div>Legal Aid</div> </div>	
Difficult to Access (rated difficult by 30%-44% of respondents): <div style="display: flex; justify-content: space-between;"> <div>Child Support Services</div> <div>Family Preservation Services</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Law Enforcement</div> <div>Mental Health/Wellness Services</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Substance Abuse/Prevention/Treatment</div> <div>Dental care</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Domestic Violence/Sexual Assault Program</div> <div></div> </div>	
Rated Difficult by 20-29% of Respondents: <div style="display: flex; justify-content: space-between;"> <div>Services for child with special needs (disability)</div> <div>Culture and Language Activities</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Basic family needs (food, clothing, other)</div> <div>Employment Support</div> </div>	

HS Partner Agencies/Service Providers	
“Good” or “Excellent” Access. Services rated as “good” or “excellent” by 70% or more of respondents included (in order with highest ratings first)	
Adult Ed Access (GED, college, tech)	Services for Special Needs Children 0-5
Family preservation	Medical care
Domestic violence services	Health Education
Job Training	Child Welfare Services
Dental Care	
“Poor” or “Fair” Access. Services rated as “poor” or “fair” for accessibility by more than 30% of respondents included (in order with highest ratings for “poor” or “fair” first)	
Transportation	Mental Health services
Housing Assistance	Employment Assistance
Child Care	Emergency & Crisis services
Substance Abuse Treatment	Income Support Assistance

Partner Agency/Service Provider Comments on Service Access

“Too many of my kids have dental issues, it is a huge access problem.”

Regarding child care access, “We need so much more, many more kids need the program.”

Regarding services for special needs children (0-5), “Accessing the kids and getting the needy kids to the school or to have visits is a challenge.”

Regarding a #2 rating of “fair” for Child Welfare Services, “This is NOT a judgement, they are so overworked.” An RN also commented “I feel like they have a lot on their plate. They are overworked.”

An RN working at Leech Lake noted that “I know Behavioral Health is in town but many say they don’t want to go due to knowing everyone.” Another medical professional reports that “Walls are thin per a patient. And it takes a long time for appointments.”

Regarding medical care access, “Many patients do not have gas money or transportation. Encourage parents to use CHR program.” An NPC with Leech Lake Tribal Health

“There are many medical procedures IHS cannot do – so people are referred to Sanford or other services. But transportation is HARD.” Leech Lake Tribal Health staff member

“The HIS is the only DDS in the area. There is no place close that takes MA and no surgical ortho.”

“There are not enough child care services in outer areas like Inger.”

Regarding job training access, “there is none available – not even at job service. LLBO is not a priority.”

Barriers to Accessing Services

Rank	Head Start Family Barriers		
1	Waiting list too long	7	Fees for this service are too high
2	Transportation	8	Concerns about confidentiality
3	Child care is not available	9	No insurance
4	Services too far away	10	Uncomfortable with “outsiders”
5	Rules and eligibility	11	Other
6	Agencies not open at convenient time		

Table 35 – Source: 2016 Leech Lake HS Family Survey

Rank	Early Head Start Family Barriers	
1	Waiting lists too long	
2	Concerns about confidentiality	
3	Agencies not open at a convenient time	
4	Child care is not available	

Table 36 - Source: 2016 Leech Lake EHS Family Survey

Service Quality Ratings

Head Start Families	
Services Highly Rated:	
Medical Care, Dental Care, and Child Care all scored “good” or “excellent,” and Housing Assistance, Education, College, Tech School scored somewhat lower.	
Lower Service Ratings:	
Public Transportation, Transition after incarceration, and Substance abuse prevention and treatment received the lowest ratings. Note: Only ratings that received more than 15 total responses were included to maximize reliability of results.	
Early Head Start Families	
Services Highly Rated	
Education (college, tech school) received “good or excellent” ratings. Medical, dental, child care, and crisis needs all received good or fair ratings.	
Lower Service Ratings	
Public transportation, housing assistance, and child welfare received lower ratings.	
Community Survey	
Services Highly Rated	
Head Start, College, technical college, Income support services	
Lower Service Ratings	
Mental health services, housing assistance, emergency and crisis intervention.	
Childcare Providers & Head Start Teachers Survey	

These service ratings received many more respondent ratings with a range of 10-25 responses for each service. The median was 17 responses per service.	
Services Highly Rated The following services all received ratings of “Good or Excellent” by 70% or more of respondents. They are listed in order with the highest ratings first.	
■ Head Start – This was the number one rated service for quality with 100% of respondents rating it good or excellent.	■ Child Care
■ Culture and Language Activities	■ Legal Aid
■ Medical Care	■ Income Supports (MFIP, SNAP, others)
Lowest Service Ratings The services that received the single highest percentages of “poor” ratings (between 26% and 30%) by respondents were:	
■ Public Transportation	■ Services for a child with special needs
■ Transition after incarceration	■ Substance Abuse Treatment
Lower Service Ratings More than 40% of respondents gave the following combined ratings of “poor” and “fair:”	
■ Substance Abuse/Prevention/Treatment	■ Housing Assistance
■ Transition services after incarceration	■ Foster Care
■ Mental Health/Wellness Services	■ Family Preservation Services
■ Substance Abuse/Prevention/Treatment	■ Services for child with special needs
■ Transition services after incarceration	■ Emergency and Crisis Intervention
■ Employment Support	■ Domestic Violence/Sexual Assault Pgm.
■ Relative Care Resources	■ Child Support Services
■ Public Transportation	■ Law Enforcement
Head Start Partner Agencies/Service Providers	
Highest Service Ratings “Good” or “Excellent” Quality. Quality was rated as “good” or “excellent” (combined rating) by 75% or more of respondents for the following:	
■ Adult Ed programs	■ Domestic Violence Services
■ Family preservation	■ Medical Care
■ Dental care	■ Quality of available jobs
■ Special Needs Services	■ Child Welfare Services
“Poor” or “Fair” Quality. The following services received “poor” or “fair” combined ratings by 50% or more of respondents:	
■ Housing assistance	■ Emergency & Crisis Services
■ Quality of Housing available	■ Public transportation
■ Job Training	■ Mental Health Services



Section 7 - Projections

This section contains three major components:

1. Data regarding growth of Early Head Start and Head Start eligible children in future years
2. Data regarding Early Head Start and Head Start eligible children with disabilities in future years
3. Greater Minnesota's Acute Need for Child Care for the 0-5 Population

"With the growing numbers of children, the Early Head Start Program should be expanding, adding and building more classrooms." A Leech Lake Health Division staff member who provides Child and Teen Check-ups (2016 Survey)

Growth in the HS & EHS Eligible Population: Reservation Counties & Statewide Child Population Ages 0–4

Census data between 2000 and 2010 indicate significant growth in the population of children ages 0-4 in the Leech Lake HS & EHS service area. The 0-4 child population continued to be significant between 2012-2016, with increases of 16%-25% for three of the four counties as compared to just 6% for the State. Between 2000 and 2010, for 3 of the 4 counties in the Leech Lake primary service area, this growth in the 0-4 child population has ranged from 21% to 29%, significantly outpacing the State growth rate for this population of just 8%.

For the 2010-2016 period, Cass County, which is the location for the vast majority of Leech Lake tribal members, showed an increase of 29% between 2000 and 2010 and 20% for the 2012-2016 period. Please note that these numbers do not include reservation members living in the Twin Cities, Duluth, or in other reservation communities in Minnesota and other states. This point is made because there is significant mobility between the Leech Lake Reservation tribal members and other areas of the State.

While the rate of growth slowed for some counties in the 2012-16 ACS projection, including the Statewide rate, growth is still significant as compared to the 2000 Census. Growth in 3 of the 4 primary Leech Lake service area counties significantly outpaces the statewide rate.

GROWTH IN CHILD POPULATION AGES 0-4 OVER SPECIFIC TIME PERIODS					
Year	CASS	BELTRAMI	HUBBARD	ITASCA	STATE of MINNESOTA
2000	1,347	2,772	990	2,292	328,889
2010	1,740	3,357	1,260	2,459	355,504
Percent Change 2000-2010	29%	21%	27%	7.3%	8.1%
2012-2016 ACS 5-Year Population Estimate	1622	3469	1151	2346	348,800
Percent Change 2000 to 2012-16	20%	25%	16%	2%	6%

Table 37 - Source: The Annie E. Casey Foundation, KIDS COUNT Data Center, www.kidscount.org/datacenter 2000 & 2010 Data. Source: U.S. Bureau of the Census, American Community Survey 5-Year Population Estimates, 2012-2016, accessed Dec. 2018.

LEECH LAKE CHILD POPULATION GROWTH AGES 0-4

According to U.S. Census data, the Leech Lake 0-4 child population grew by more than 12% between 2000 and 2010. Between 2010 and 2016, the same population grew at a smaller

rate, but still showed a gain of 5.8% over the child population in 2000. The most recent Census estimates show that 811 children under age 5 live on the Leech Lake Reservation (American Community Survey 2012–2016).

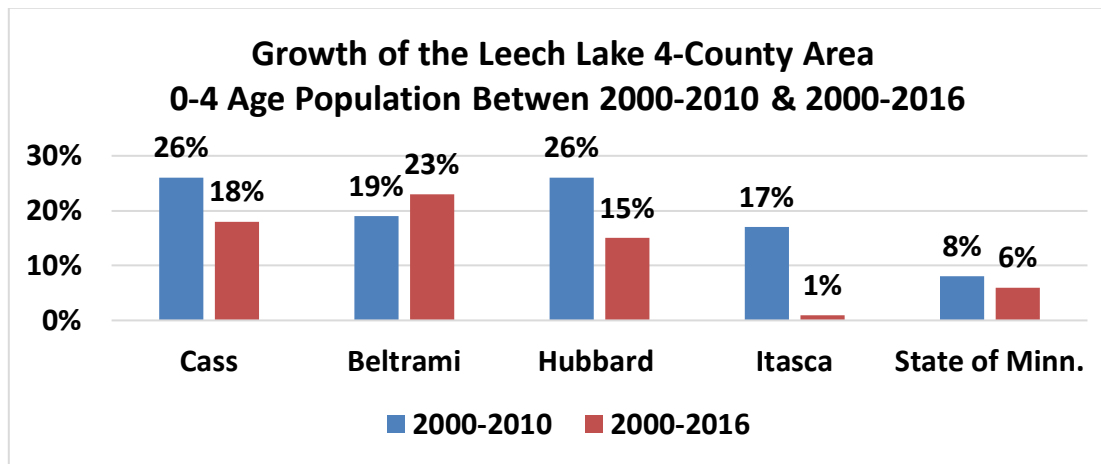


Figure 53 - Source: U.S. Census 2000, U.S. Census 2010, & American Community Survey 2012-16 5-Year Estimate.

Fertility is the measure of live births in the past 12 months per 1,000 women. The table below illustrates a higher comparative rate of fertility on Leech Lake Reservation, a factor that has remained constant over time. These high fertility rates in the 4-county area and on Leech Lake are striking, particularly when considering the high rate of fertility among *teenage* females (see Table 10 in Section 2 above) on the Leech Lake Reservation in comparison to state and national figures.

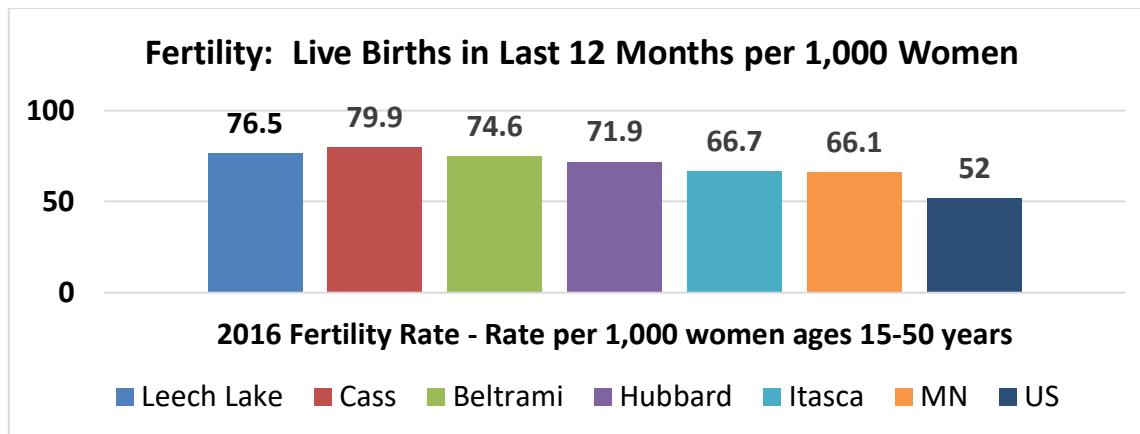


Table 38 - Source 1: MDH County Health Tables - Natality Table, 2016. Source 2: U.S. data from the US Census Bureau, American Community Survey, 1-Year Estimate, 2016

Early childhood services should be geared toward assisting these very young parents. When high fertility rates are sustained, communities must incorporate this as a key element in their planning.

“Sustained high fertility rates create large populations of young dependents, creating demand for supports for young children, for an adequate number of schools, and for affordable child care.” (Child Trends Databank 2011)

Special Needs Child Population

Leech Lake **Head Start** Enrolled Children with a Disability(ies) [Number and Percent]

School Year	Number of LLHS Children with Disability	Percentage of LLHS Children with Disability	School Year	Number of LLHS Children with Disability	Percentage of LLHS Children with Disability
2015-16	30	11%	2009-10	32	12%
2014-15	40	17%	2008-09	42	18%
2013-14	40	15%	2007-08	27	11%
2012-13	24	9%	2006-07	43	18%
2011-12	25	9%	2005-06	44	18%
2010-11	31	11%			

Table 39 - Source: Leech Lake Head Start Program Information Report Data (PIR), 2005-06 through 2011-12, and 2012-2016.

Percentage of K-12 Public School Students Enrolled in Special Education

County	Average from 2008-2012	Average from 2012-2016
Cass	20.6%	19.5%
Beltrami	16.1%	16.2%
Hubbard	19.3%	19.2%
Itasca	14.7%	16.3%

Table 40 - Sources: The Annie E. Casey Foundation, KIDS COUNT Data Center for 2008-12 data, www.kidscount.org/datacenter and Minnesota Dept. of Education, County Tables Special Populations, 2012-2016, accessed at <http://w20.education.state.mn.us/MDEAnalytics/>

Note: These four-year averages have remained consistently high with growth among Beltrami and Itasca outpacing a slight decline in Cass and Hubbard.

Leech Lake Early Childhood projects that the number of program eligible children with disabilities is likely to increase due to expanded outreach efforts. Staff will continue to work with community partners to identify and follow up with families whose children may be in need of special needs programming through Early Head Start and Head Start.

Acute Need for Child Care in Greater Minnesota

The number of licensed family child care providers has decreased almost **30 percent** since 2005. Census data from 2014 shows that approximately 310,000 children in Minnesota ages 0-5 have both parents or guardians in the workforce and likely need some form of child care. In 2015, licensed child care programs had the capacity to care for 224,000 children, leaving a gap in licensed capacity of approximately 86,000. **This problem is particularly acute in Greater Minnesota, where there is less access to child care centers.** [Source: Minnesota Dept. of Human Services Press Release, Jan. 9, 2018]



Costs for child care remain prohibitively high for many Minnesota families, particularly for infant care. Many licensed programs have stopped providing infant care. While Statewide child care costs are higher than those in the Leech Lake service area, median statewide income is almost \$20,000 higher as well.

Early Childhood Education Costs	Statewide	Cass	Beltrami	Hubbard	Itasca
Average annual cost for licensed center-based infant care [2016]	\$15,340	N/A	\$11,440	N/A	N/A
Average annual cost for licensed family-based infant care [2016]	\$8,320	\$6,760	\$6,708	\$6,656	\$7,800
Average annual cost for licensed center-based toddler care [2016]	\$13,312	\$6,240	\$7,436	N/A	N/A
Average annual cost for licensed family-based toddler care [2016]	\$7,904	\$6,500	\$6,448	\$6,500	\$7,540

Early Childhood Education Costs	Statewide	Cass	Beltrami	Hubbard	Itasca
Average annual cost for licensed center-based preschool care [2016]	\$11,804	\$6,240	\$7,436	N/A	N/A
Average annual cost for licensed family-based preschool care [2016]	\$7,540	\$6,448	\$6,448	\$6,396	\$6,916

Table 41 - SOURCE: Children's Defense Fund Minnesota –www.datacenter.kidscount.org

Section 8 - Conclusions

“The number of children attending preschool in Minnesota has remained relatively unchanged from 2007 to 2014 and nearly half of all states have a higher rate than Minnesota of children attending preschool. All of Minnesota’s early education programs, including Child Care Assistance, Head Start, early learning scholarships, and school-based preschool, are severely underfunded so not all eligible children are able to access these programs.” *Minnesota Ranks #1 State in the Nation for Child Well-Being: Disparities Persist Despite Minnesota’s Top Ranking, June 21, 2016 Annie E. Casey Foundation*

The Child Care-Economic Development Connection

“A lack of quality, affordable child care in Minnesota is a barrier to both economic development and workforce development,” said DEED Commissioner Shawntera Hardy (January 9, 2018). “Without quality child care, businesses in Greater Minnesota are not able to hire, and workers are not able to contribute to the workforce.”

Use of Community Needs Assessment Data

The continuing poverty level on the Leech Lake Reservation and in surrounding counties, combined with the significant health and economic disparities experienced by the American Indian population, document a critical need for continued and increased investments in Head Start, Early Head Start, and wrap-around child care services for children ages 0-5. Leech Lake PIR data clearly demonstrates that Head Start working single parents grew from 76% to 83%, while Head Start two-parent families consistently had 76%-85% of parents (one or both) in the workforce. See Tables 43 and 44 in Section 3 above.

Leech Lake Early Childhood administration, staff and Policy Council will utilize findings in this Community Assessment to make data-informed resource allocation decisions, as well as course corrections where needed, to enhance the program’s services to improve child and family outcomes. Management, program staff, and parents will re-examine the program’s current philosophy, enrollment criteria, program options, classroom locations, and links to community resources to make any necessary changes based on the critical insights gained through this assessment process. Leech Lake HS & EHS will begin Strategic Planning in 2018.

Appendices

- **Citation listing**
- **Resource Directory**

Citations

American Community Survey 5-Year Estimates, 2012-2016. U.S. Bureau of the Census.
Accessed at <http://www.census.gov/acs/>

The Annie E. Casey Foundation, KIDS COUNT Data Center. Accessed at www.kidscount.org.

2017 Race for Results, Building a Path to Opportunity for All Children, By the Annie E. Casey Foundation

Leech Lake EHS & HS Community/Parent/Agency Partner/& Service Providers Survey Data, 2016

Leech Lake Head Start & Early Head Start Program Information Reports (PIRs): 2012-2013, 2013-2014, 2014-2015, 2015-2016.

Leech Lake Band of Ojibwe Tribal Development Division, June 7, 2017,
Summary of the official Economic Assessment and Market Analysis conducted by the First Nations Oweesta Corporation on behalf of the Leech Lake Band of Ojibwe.

Minnesota Children's Defense Fund, Kids Count Data Center, www.cdf-mn.org

Minnesota Department of Health, County Health Tables 2010-2016.

Minnesota Department of Human Services, Children and Family Services
Minnesota's Out-of-Home Care and Permanency Report 2016 and Minnesota's Child Maltreatment Report 2016.

Minnesota Early Childhood Longitudinal Data System, online, interactive database combining data collected by the Department of Education, the Department of Human Services and the Department of Health. Accessed at [www. http://eclids.mn.gov](http://eclids.mn.gov) (February 2018)

Minnesota Early Childhood Risk & Reach Report: Key Indicators of Early Childhood Development in Minnesota, County by County, September 2015, produced by Wilder Research Center, in partnership with the University of Minnesota (Harris Training Programs in the Center for Early Education and Development) and the Minnesota Departments of Education (MDE), Health (MDH), and Human Services (DHS). Prepared by: Richard Chase, Ellen Mai, and Peter Mathison, Wilder Research Elizabeth Carlson and Alison Giovanelli, University of Minnesota

Minnesota Housing Partnership, 2015 Cass County Housing Profile, accessed at www.mhponline.org. MHP Profiles draw on U.S. Census ACS data, HUD Fair Market Rents, and Minn. Dept. of Employment and Economic Development wage data, among other sources. *Note:* HUD data used by MHP was corrected for 2015 and corrected data is used in the profile referenced for this document.

U.S. Bureau of the Census, 2000 and 2010. Accessed at <http://census.gov> and www.census.gov/tribal

Leech Lake Early Childhood Resource Directory



CHILD CARE SERVICES

Leech Lake Childcare Services	(800) 551-0969
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Cass County	(218) 547-1340
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Hubbard County	(218) 732-1451
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Beltrami County	(218) 333-8300
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FAMILY CHILDCARE PROVIDERS

Nicole Collins	(218) 760-0133
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Shelly Ausk	(218) 335-6445
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Kathleen Church	(218) 987-2890
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Edward & Maralee J. Gunkel	(218) 335-2240
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Sheila Masters	(218) 335-8587
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Keila Reimer	(218) 368-6553
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BREASTFEEDING SUPPORT

Mary Auger	(218) 444-2722
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Sanford Health	(218) 333-5289
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Labor/OB “Lois”	(218) 333-5755
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PARENTING PROGRAMS

Evergreen Family Support Services (Sat. hours)	(218) 751-4332
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Leech Lake Family Spirit Home Visiting Program	(218) 335-7235
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LL Family Spirit Toll-Free	(800) 282-3389
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Northland Area Family Center	(218) 363-3348
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Leech Lake Family Preservation	(218) 335-4448
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North Homes, Incorporated	(218) 766-1354
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North Central Job Wrap - Bemidji	(218) 751-5538
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CHILD SUPPORT SOCIAL SERVICES

Leech Lake Child Support	(218) 339-5640
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Cass County	(218) 547-1340
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Beltrami County	(218) 333-8327
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Hubbard County	
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Itasca County	(218) 327-7363
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CRISIS SERVICES

CRISIS/HOMELESS SHELTER

Evergreen Youth Shelter	(218) 751-4332
Evergreen Youth Services (housing program)	(218) 751-8223
Northwoods Coalition for Battered Women	(218) 751-0211
Leech Lake Homeless Shelter – Bena	(218) 665-2250
Bi-County Community Action Program	(218) 751-4631
Salvation Army - Beltrami County	(218) 444-1380

DOMESTIC VIOLENCE HELP

Northwoods Coalition for Battered Women	(218) 444-1395
Battered Women's Shelter Crisis Line	(800) 588-6229
LL Family Violence Prevention/Intervention Program	(218) 335-3560
Women's Center of Mid-Minnesota	(218) 828-1216

SEXUAL ASSAULT SERVICES & SUPPORT

Support Within Reach	(218) 444-9524
Support Within Reach Violence Resources	(800) 708-2727
Shelter Crisis Line	(800) 588-6229

EDUCATION

LEECH LAKE BAND OF OJIBWE EARLY CHILDHOOD PROGRAM

Head Start-Cass Lake	(218) 335-8345
Head Start-Inger Site	(218) 659-2851
Head Start-Ball Club Site	(218) 246-8374
Head Start- Bena	(218) 665-5312
Head Start- Sugar Point	(218) 654-5274
Head Start-Onigum Site	(218) 547-1420
Head Start-Bemidji	(218) 444-8480
Leech Lake Tribal College	(218) 987-6128
Bemidji Early Childhood Family Education - ECFE	(218) 333-8329
Bi-Cap Head Start-Bemidji	(218) 751-4631

AREA LEARNING CENTERS (ALC)

Cass Lake	(218) 335-6529
Grand Rapids	(218) 999-0247
Bemidji Area Learning Center	(218) 333-3299
Walker	(218) 547-4377

EDUCATIONAL FINANCIAL ASSISTANCE

Leech Lake Johnson O'Malley Program (JOM)	(218) 335-8253
Post-Secondary Grant Program	(218) 335-8253

GED TESTING

Leech Lake Tribal College	(218) 335-4222
Bemidji	(218) 333-3299
Itasca	(218) 322-2390
Central Lakes College	(218) 855-8166
Grand Rapids AEOA	(218) 327-1138
Remer-Longville	(218) 566-2351
Walker	(218) 547-4216

BOYS & GIRLS CLUBS

Cass Lake	(218) 335-2204
Bemidji	(218) 444-4171
Walker	(218) 547-1853 ext. 2
Deer River	(218) 246-3400

COLLEGES

Leech Lake Tribal College	(218) 335-4200
Bemidji State University	(218) 755-2001
Northwest Technical College	(218) 333-6600
Itasca Community College	(218) 322-2300
Oak Hills Christian College	(218) 751-8670

COMMUNITY EDUCATION PROGRAMS

Leech Lake Tribal College	(218) 335-4247
Cass Lake	(218) 335-2204
Bemidji	(218) 333-3284
Blackduck	(218) 835-5206
Deer River	(218) 246-2420

COMMUNITY EDUCATION PROGRAMS (Continued)

Grand Rapids	(218) 327-5730
Remer	(218) 556-2351
Walker	(218) 547-1311
Walker	(218) 547-4216
Walker	(218) 547-4360
Bemidji School District #31	(218) 333-3100

SCHOOLS

Bug-O-Nay-Ge-Shig School	(218) 665-3000
“Bug School” Toll-free	(800) 265-5576
Blackduck School District #32	(218) 835-5200
Northland Community Schools #118	(218) 556-2351
Search Resources of Bemidji, Inc.	(218) 755-5531
Red Lake School District #38	(218) 679-3353
Staffing Agency	(218) 759-9787
Bemidji Regional Inter-District Council	(888) 473-2742
Bemidji Regional Inter-District Council	(218) 751-6622

HEALTH CARE

Social Security & Medicare Information	(866) 258-6345
Social Security Administration - Bemidji	(800) 772-1213
Sanford Health of Northern Minnesota	(218) 751-5430
Bemidji Ambulance Service	(218) 751-9111
Leech Lake Ambulance	(218) 335-6363
Deer River Ambulance	(218) 246-2909
Rural Aids Action Network (RAAN)	(218) 444-4561
Free HIV Testing	or (800) 966-9735
Leech Lake WIC program	(218) 335-8386
Bemidji WIC program	(218) 333-8140

CLINICS

Indian Health Service (Cass Lake)	(218) 335-3200
Sanford Health (Bemidji)	(218) 333-0323
Sanford Health Walker Clinic	(218) 547-7700
Deer River Health Care Center	(218) 246-2900

CLINICS (Continued)

Grand Itasca Clinic & Hospital	(218) 326-3401
Shana Kongsjord, CNP	(218) 566-1441

DENTAL

Cass Lake IHS Dental	(218) 335-3230
Deer River Dental Clinic	(218) 246-8200
Lisa Johnson	(218) 326-0339
Northern Dental Access Center (Bemidji)	(218) 444-9646
Northern Dental Toll-free	1-888-678-3033
North Country Dental	(218) 751-1111
Smile Center	(218) 534-3141

BIRTH CONTROL & REPRODUCTIVE HEALTH CARE

Planned Parenthood of MN, ND, SD & Bemidji Clinic	(800) 268-9150
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SUBSTANCE ABUSE

Cass County Health, Human & Veteran Services	(218) 547-1340
Chemical Dependency Treatment	(218) 444-5740

Leech Lake Band of Ojibwe

Leech Lake Band of Ojibwe/Rule 25 Assessments	(218) 335-8210
Ahnji-Be-Mah-Diz Center	(218) 335-6880
Detox Case Management	(218) 335-8300
Women's Services	(218) 335-3560
Youth Chemical Dependency Prevention Program	(218) 335-8325
Upper Mississippi Mental Health Center-Longville	(218) 363-3348
Area Family Center	
Program for Addiction Recovery	(218) 751-3280
Northland Recovery Center	(800) 626-0377
Rapid Counseling	(800) 887-0170

MENTAL HEALTH

Leech Lake Behavioral Health	(218) 335-7211
Evergreen Youth Services (child & young adult)	(218) 751-8223
Hope House (Bemidji)	(800) 605-6047
Northwoods Coalition for Family Safety	(218) 444-1395
North Homes, Inc.-Offices in Bemidji & Grand Rapids (mental health & in-home family services)	(218) 327-3000

FAMILY SERVICES

PROTECTIVE SERVICES

Beltrami Child & Adult Protection	(218) 333-8300
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CHILDREN'S MENTAL HEALTH CRISIS RESPONSE #s

Information & Referral	(800) 422-8565
Beltrami County Crisis Line	(800) 422-0045
Cass County Crisis Line	(800) 462-5525
Hubbard County Crisis Line	(800) 422-0045
Itasca County Crisis Line	(800) 326-8565
Red Lake Crisis Line	(800) 282-5005
Sanford Behavioral Health (formerly Upper Miss.)	(218) 751-3280
Minnesota Chippewa Tribe	(218) 335-8581

CLOTHING RESOURCES

Cinderella's Closet Consignment	(218) 246-8282
Kidz Klozet (Grand Rapids)	(218) 326-3929
Goodwill (Grand Rapids)	(218) 326-6843
Salvation Army (Grand Rapids)	(218) 326-4847
Tossed and Found (Longville)	(218) 363-3949
Tag by Bree (Walker)	(218) 547-3585
ARC Thrift Store (Akeley)	(218) 652-3508
Seventh Day Adventist (Bemidji)	(218) 751-1985
St. Philip's Clothing Depot (Bemidji)	(218) 444-3835
Twice But Nice (Bemidji)	(218) 751-4241
Goodwill (Bemidji)	(218) 759-2147
Thrift Shop Bridal/Art Gallery-House Hold Furniture	(218) 999-5611
United Way Coats for the Community (Bemidji)	(218) 444-8929

EMPLOYMENT

Northwest Indian Community Development Center	(218) 759-2022
MN Workforce Center - Bemidji	(218) 333-8200
North Central Job Wrap – Bemidji	(218) 751-6001

EMPLOYMENT FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

Occupational Development Center - Beltrami	(218) 751-6001
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INFORMATION & REFERRAL

First Call for Help - North Central	(2-1-1)
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EMERGENCY FOOD PROGRAMS

Bemidji Community Food Shelf	(218) 444-6580
Lutheran Social Services - Beltrami	(218) 751-6102
Father's Heart & Hand Food Shelf- Remer	(218) 566-3663
Walker Food Shelf	(218) 547-1713
Second Harvest North Central Food Bank	(218) 326-4420
Leech Lake Food Distribution Program	(218) 335-2676
Cass Lake Food Shelf	(218) 335-2676
Cha-Cha-Bahning Food Shelf	(218) 556-7590
Deer River Food Shelf	(218) 246-2500

COMMUNITY CAFÉ'S

Community Meal-Deer River	(218) 246-8028
ENP-Inger	(218) 659-2140
ENP-Ball Club	(218) 246-8537
ENP-Bena	(218) 665-5313
ENP-Cass Lake	(218) 335-8314
ENP-Onigum	(218) 547-3995
Community Table (Bemidji, formerly the Soup Kitchen)	(218) 444-7909
Lutheran Social Services (seniors)-Beltrami	(218) 751-6102

TEMPORARY FINANCIAL SERVICES

Bi-County Community Action Programs, Inc.	(800) 332-7161
Emergency Community Services	(218) 751-4631
Family Homeless Prevention and Assistance Program (FHPAP)	
Emergency Financial Assistance	(218) 547-1340

TEMPORARY FINANCIAL SERVICES Continued

Leech Lake Band of Ojibwe	(218) 335-8200
Energy Assistance Program	(218) 335-3783
Leech Lake Tribal Assistance Program	(218) 335-3626
Heat Share	(218) 547-3438 _{ext 110}
Itasca County Health & Human Services	(800) 422-0312
Cash, Food Stamps, Medical, Child Care	(218) 327-2941
Energy Assistance	(877) 687-1163

TRANSPORTATION

Paul Bunyan Transit	(218) 751-8765
Leech Lake Transit	(218) 335-7290
Leech Lake CHR Program	(218) 335-4500

SUBSIDIZED HOUSING

D. W. Jones, Inc.	(218) 547-3307
Carter Place Townhouses	
Ridgeway Court III & IV	
Bi-County Community Action Program	(218) 751-4631
Family Homeless Prevention & Assistance	(800) 332-7161
Baker Park Elderly Apartments	(218) 751-7249
Low Income Senior Housing	
Bemidji Housing & Redevelopment Authority	(218) 444-4522
Bi-CAP Transitional Housing	(218) 751-4631
Itasca County Housing and Redevelopment	(218) 326-9515
Park Place Bemidji (supportive housing)	(218) 444-8717

OTHER HOUSING RESOURCES

Evergreen Youth Services (young adults-housing)	(218) 751-8223
Family Homeless Prevention & Assistance Program	(218) 751-4631
Cass County Housing & Redevelopment Authority	(218) 947-3993
Low-Cost Housing	
Four Seasons Apartments (HRA Office)	(218) 335-2674
Lakeview Terrace Townhouses	(218) 547-3307
Leech Lake Housing Authority	(218) 335-8280
Mayview Manor Apartments	(218) 547-3307
Pine River Housing & Redevelopment Authority	(218) 587-4929

OTHER HOUSING RESOURCES Continued

Norway Brook	(218) 587-4929
Heartland Apartments	(218) 587-4929

MONEY MANAGEMENT

Lutheran Social Service - Beltrami	(888) 577-2227
Financial counseling service	(218) 751-1305
Leech Lake Financial Services	(218) 339-3940
Better Business Bureau	(800) 646-6222

LEGAL SERVICES

Anishinabe Legal Services	(218) 335-7988
Legal Aid for Native Americans	(800) 422-1335
Child Support Unit	
Beltrami County Senior Citizen Council on Aging	(218) 751-8836
Volunteer Income Tax Preparation	
Legal Services of Northwest MN-Bemidji	(218) 751-9201
Legal Services Toll-free	(800) 450-9201

PUBLIC SAFETY

Northstar Chapter American Red Cross	(218) 722-0071
Leech Lake Band of Ojibwe Dept Public Safety	(218) 335-8277
Federal Dam Fire Department	9-1-1 (218) 654-3001
Longville Fire Department	9-1-1 (218) 363-2055
Minnesota Intra-Agency Fire Center	(218) 327-4436
Motley Fire Department	9-1-1 (218) 352-6172
Pillager Fire Department	9-1-1 (218) 746-3691
Pine River Fire Department	9-1-1 (218) 587-2131
Remer Fire Department	9-1-1 (218) 566-2600
Walker Fire Department	9-1-1 (218) 547-3736