MN Kids Database
Demographic profile of youth served in the 2012-13 school year

The MN Kids Database (MKD) is a collaborative project involving a number of school based mental health providers in Minnesota. Using a web-based data tracking system, providers have been collecting a common set of data related to school based clinical services, including information about students who have received both billable and ancillary mental health services and some mental health outcomes.

During the 2012-13 school year, students were served by 171 clinicians in 147 schools. Demographic information was provided for 2,326 students who received at least one school based service during the 2012-13 school year.

This brief provides a basic profile of youth who were served during the 2012-13 academic year. It summarizes the demographic information about the students tracked in MKD during the school year who received at least one service including gender, race, ethnicity, primary language, grade, emotional disturbance certification, prior mental health services, and primary insurance.

Gender

Slightly over half of the students who received services during the 2011-12 school year were male. Of the 2,262 students with gender information recorded, 1,217 were male (54%) and 1,044 were female (46%) (Figure 1).

1. STUDENT GENDER (N=2,262)
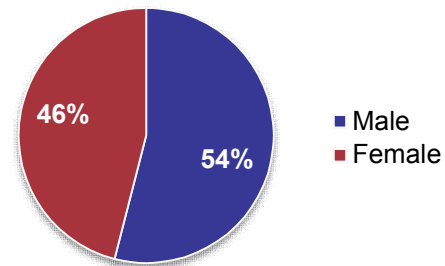
Note: Gender was missing for 64 students (3%). An "other" category is provided, but only one student was recorded in this category.

Race, ethnicity, and home language

A diverse array of youth was served, with more than half of the students representing communities of color. The race categories used in the database were selected to align with those required by Minnesota's Department of Human Services (DHS). Forty-three percent of the students who received school based mental health students were White, followed by Black/African American/African Ancestry (29%), Bi-racial/Multiracial/Multicultural (12%), American Indian/Alaskan Native (3%), Asian (3%) and Other (10%), which may include Hispanic youth since some agencies track this as race (Figure 2).

## 2. STUDENT RACE (N=2,144)
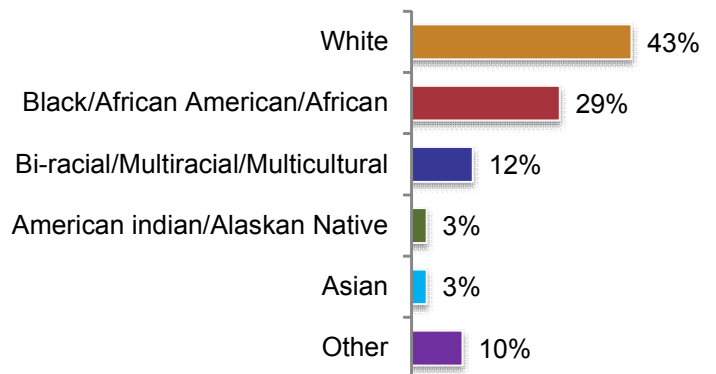
Note: Race information was missing for 182 students (8%).

Ethnicity was recorded for approximately one-third of the students (38%), so percentages should be viewed with caution. The ethnicity categories were also selected to align with those required by DHS. For some agencies, this categorization may be challenging to align with existing internal reporting systems. Forty-four percent of the students who had an ethnicity recorded were Latino/Hispanic. About half (49%) were listed in the Other category and may include those whose race is labeled Caucasian. The remaining students were identified as Somali, West African, or Hmong (Figure 3).

3. STUDENT ETHNICITY (N=880)

Latino/Hispanic	44%
Hmong/Laotian	4%
West African	2%
Somali	1%
Other	49%
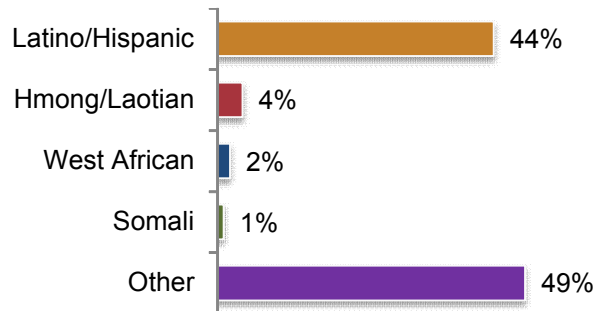
Note: Ethnicity was missing for 1,446 students (62%).

Most of the students served spoke English at home. The majority of the students served (84%) primarily spoke English at home. Fourteen percent of the students spoke Spanish and two percent spoke another language (Figure 4).

**4. HOME LANGUAGE SPOKEN BY STUDENTS (N=2,056)**

English 84%
Spanish 14%
Other 2%
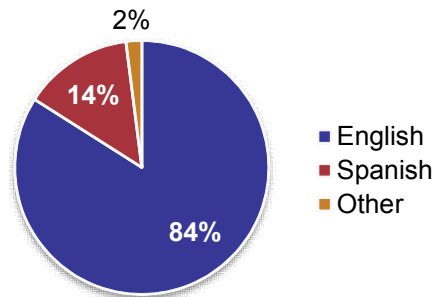
Note: Primary language spoken at home was missing for 270 students (12%).

Grade in school

About half of the students (46%) receiving services in the 2012-2013 school year were in Kindergarten to 5th grade. Fifty-four percent were older, with 21 percent in in 6th-8th grade and 33 percent in 9th-12th grade. Less than one percent was in pre-school (Figure 5).

5. GRADE IN SCHOOL (N=1,804)
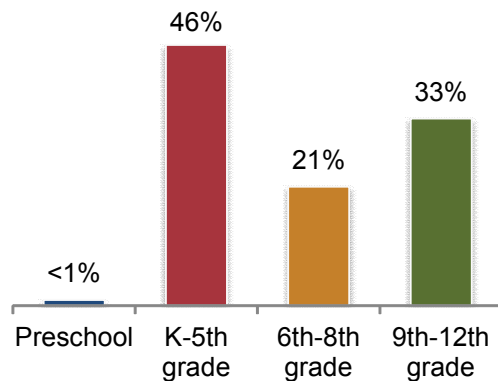
Note: Grade is missing for 522 students (22%).

Emotional disturbance

Clinicians were asked to report whether students were classified with an Emotional Disturbance (ED) or Severe Emotional Disturbance (SED). Emotional disturbance is a general term and intended to reflect all categories of disorder described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), as usually first evident in childhood or adolescence. Students with the most serious emotional disturbances (SED) may exhibit distorted thinking, excessive anxiety, bizarre motor acts, and abnormal mood swings. ED and SED disorders often seriously limit a child's capacity to function in primary aspects of daily living such as personal relations, living arrangements, work, school, and recreation.

Four in five students served were classified as either ED or SED. Of the 1,570 students who had information provided, eighty-two percent had either an Emotional Disturbance (ED) or Severe Emotional Disturbance (SED) classification (50% ED, 32% SED). The remaining eighteen percent did not meet the criteria or were not classified because they were too old (Figure 6).

### 6. SEVERE/EMOTIONAL DISTURBANCE CERTIFICATION STATUS (N=1,570)

■ Emotional disturbance
■ Severe emotional disturbance
■ None/Adult
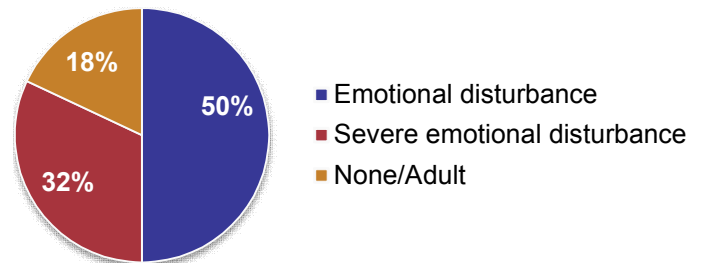
Note: ED/SED classification is missing for 756 students (33%).

History of mental health service

Half of the students served (51%) were receiving their first mental health services. The remaining 49 percent of the students had received mental health services in the past (Figure 7).

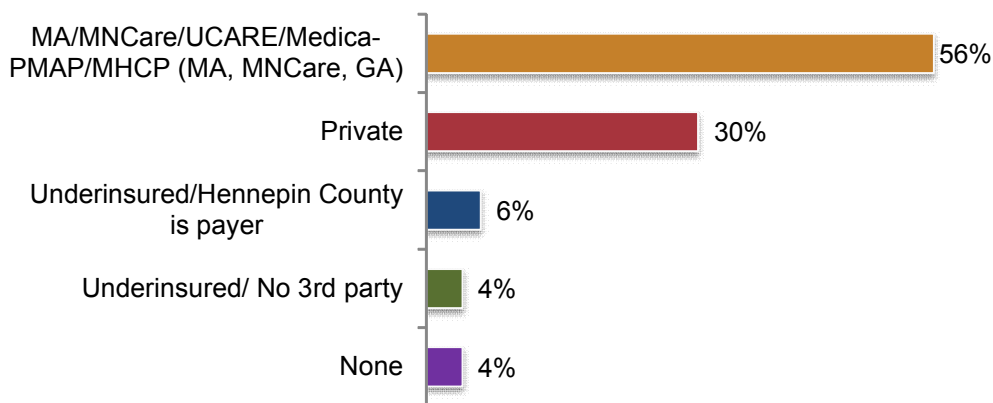### 7. FIRST TIME RECEIVING MENTAL HEALTH SERVICES (N=1,995)

■ Yes, first time receiving mental health services
■ No, has received mental health services in the past
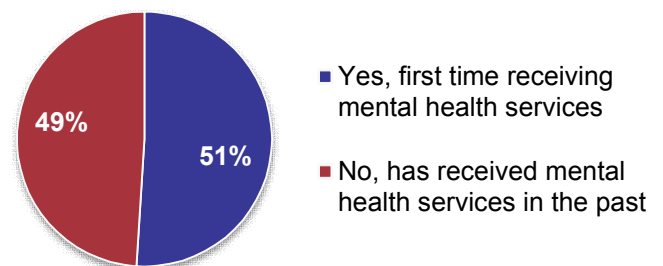
Note: First time receiving mental health services data are missing for 331 students (14%).

Primary insurance

More than half of the students served were covered by public insurance. Of the 2,111 students who had information provided, 56 percent were covered by Medical Assistance (MA), Minnesota Care (MNCare) or UCare. Almost one-third (30%) were covered by private insurance. Ten percent was underinsured, with Hennepin County serving as the payer (6%) or with no 3rd party payer at all (4%)[1]. Four percent did not have any insurance at all (Figure 8).

8. PRIMARY INSURANCE COVERAGE (N=2,111)

Category	Percent
MA/MNCare/UCARE/Medica-PMAP/MHCP (MA, MNCare, GA)	56%
Private	30%
Underinsured/Hennepin County is payer	6%
Underinsured/ No 3rd party	4%
None	4%

Note: Primary insurance information is missing for 215 students (9%).

History of MN Kids Database

The MN Kids Database partners were motivated by a desire to use system-level data to better understand the potential benefits of school based mental health services, identify strategies for enhancing programming, and build a case for program sustainability.

The MN Kids Database is managed and owned by the partners that financially contributed to its creation and is not a government run website. Wilder Research serves as project manager, working with an external vendor to create the MN Kids Database, managing user agreements and fees, and preparing reports. An advisory group works closely with Wilder Research to oversee the development and implementation of the database.

Disclaimers: The information entered into the MKD is not always complete for all students. There are a number of reasons for missing data. Some agencies did not use all data categories, depending upon the specific requirements of their funders. A few agencies electronically transferred their data into the MKD and did not collect some of the information that is now recorded in MKD, therefore some fields were missing for those students.