Demographic and background of students served in 2010-2011 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 services, including information about students served, billable and ancillary services provided, and student mental health outcomes. This brief summarizes the demographic information about the students tracked in the MKD for the 2010-2011 school year.

During this school year, 2,151 youth were provided mental health services that were recorded in MKD. These students were served in 215 schools in 45 school districts statewide. The following snapshot provides an overview of the demographic background of these youth, including gender, race, ethnicity, primary language, grade, emotional disturbance certification, prior mental health services, and primary insurance.

Gender

Just over half of the students who received services during the 2010-11 school year were male. Of the 2,070 students with gender information recorded, 1,132 were male (55%) and 938 were female (45%) (Figure 1).

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-seven percent of the students who received school-based mental health services were White (47%), followed by Black/African American/African Ancestry (26%), Bi-racial/Multi-racial (10%), American Indian/Alaskan Native (4%), Asian (1%) and Other (10%), which may include Hispanic youth (Figure 2).
The ethnicity categories were also selected to align with those required by DHS. This categorization tends to be challenging for agencies to align with their existing internal reporting systems. Over half of the students (52%) with ethnicity information recorded were Latino/Hispanic. Two in five (41%) were listed in the Other category and may include those whose race is labeled Caucasian. The remaining students were identified as Somali/West African (4%) and Hmong (3%) (Figure 3). 

Ethnicity information was missing for more than two-thirds of the youth represented in the database, so percentages should be viewed with caution.

3. **STUDENT ETHNICITY (N=687)**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latino/Hispanic</td>
<td>52%</td>
</tr>
<tr>
<td>Somali/West African</td>
<td>4%</td>
</tr>
<tr>
<td>Hmong/Laotian</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>41%</td>
</tr>
</tbody>
</table>

*Note: Ethnicity was missing for 1,464 students (68%).*

**Most of the students served spoke English at home.** The majority of the students served (84%) mainly spoke English at home. Fourteen percent (14%) of the students spoke Spanish and two percent (2%) spoke some other language (Figure 4).

4. **HOME LANGUAGE SPOKEN BY STUDENTS (N=1,736)**

- English: 84%
- Spanish: 14%
- Other: 2%

*Note: Primary language spoken at home was missing for 414 students (19%).*
Grade in school

Almost half of the students (48%) receiving services in the 2010-2011 school year were in Kindergarten to 5th grade. Another 48 percent were older, with 21 percent in 6th-8th grade and 27 percent in 9th-12th grade. The remaining four percent (4%) were in preschool (Figure 5).

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 1,547 students who had information provided, four in five students (80%) had either an ED or SED classification (55% ED, 25% SED). The remaining 20 percent did not meet the criteria or were not classified because they were too old (Figure 6).

History of mental health service

Over half of the students served (54%) were receiving their first mental health services. The remaining 46 percent of the students had received mental health services in the past (Figure 7).

Note: ED/SED classification is missing for 604 students (28%).

Note: First time receiving mental health services data are missing for 362 students (17%).
Primary insurance

Two in three students served were covered by public insurance. Of the 1,991 students who had information provided, nearly two in three (64%) were covered by Medical Assistance (MA), Minnesota Care (MNCare) or UCare. One-quarter (26%) were covered by private insurance. Over one in ten was underinsured or did not have any insurance at all (10%). A student is considered underinsured if they are not adequately covered for particular services or if they do not qualify for coinsurance requirements (Figure 8).

8. PRIMARY INSURANCE COVERAGE

<table>
<thead>
<tr>
<th>Insurance Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA/MNCare/Ucare</td>
<td>64%</td>
</tr>
<tr>
<td>Private</td>
<td>26%</td>
</tr>
<tr>
<td>Under or uninsured</td>
<td>10%</td>
</tr>
</tbody>
</table>

Note: Primary insurance information is missing for 160 students (7%).

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, including: 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.

For additional information about the MN Kids Database, user fees or user training contact:
Julie Atella, Research Associate, Wilder Research, 651.280.2658 (voice) or info@mnkidsdata.org (email)
MN Kids Database: A collaboratively developed and managed school-based mental health website
MN Kids Database is maintained by Wilder Research.