

2022 and 2023 Legislative Report: Healthy Start Act



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2022 AND 2023 HEALTHY STARTS FOR BABIES AND MOMS

I. Background

In May 2021, the Minnesota Legislature created new releasing authority for the Department of Corrections (DOC) related to pregnant and recently post-partum individuals ([Laws of Minnesota 2021, Reg. Sess. Chapter 17, Section 1](#)). The Commissioner of Corrections has the authority to conditionally release an incarcerated person from prison to the community, to engage in work, vocational training, substance abuse or mental health treatment, education, or parenting education, while completing their sentence, if they are either:

- Pregnant; or
- Within eight months post-delivery.

This Healthy Start conditional release (“Healthy Start release”) may last the duration of the pregnancy and up to one year of the newborn child’s life.

[Minn. Stat. § 244.065](#), subd. 2(d) requires DOC to file a written report with the legislature by April 1 of each year, reporting on a variety of data related to individuals released under this new authority from state correctional facilities.

The Minnesota Department of Corrections is required to report on the following for the prior calendar year:

1. The total number of individuals conditionally released from prison under this authority; and
2. The duration of the releases.

II. Pregnancy and Infants of Corrections Involved Individuals

Incarceration negatively impacts mothers, their babies, and their families in profound ways that are oftentimes invisible to systems, programs, and communities. Having an incarcerated parent is considered an Adverse Childhood Experience and refers to potentially traumatic events that occur in childhood that can cause long-lasting harm to a child’s mental, emotional, and physical well-being. A state survey of parents in prison in 2014 showed that there were 16,248 children with an imprisoned parent in Minnesota.¹

A study in 2010 by M.J. Eddy and J. Poehlmann showed that parental incarceration is associated with a child’s increased risk for internal and external behavior problems, as well as an increased risk for substance abuse, cognitive skill deficits, physical health problems, and academic

¹ Shlafer, Duwe, Hindt (2014). Parents in Prison and their Minor Children: Comparisons between State and National Estimates. Minneapolis, MN: University of Minnesota.

concerns.² Parental incarceration increases the risk for further consequences, such as the disruption of family relationships, challenges with parenting, economic instability, and residential mobility.³

In keeping with community standards, incarcerated women who have given birth are discharged from the hospital within two to three days after the birth. At this point, women are returned to prison, which means that they are also quickly separated from their infants. No visitation with friends or family is allowed while at the hospital and there are barriers to visiting once mothers are returned to prison. This includes distance, time restrictions, transportation issues and more.

Newborns live an average of 150 miles from the correctional facility; often caregivers must take time off from work to bring the newborn to visit their mother. The first year of life is a critical time for mothers and babies to bond. Research shows higher levels of postpartum depression for women who are incarcerated when they give birth. The separation is stressful for both the child and the mother. Even short periods of parental incarceration cause profound disruption to a child's life, particularly in infancy, and can have long-term ramifications.

The legislature recognized the need to invest in Minnesota children and help them get a healthy start to life by giving the Commissioner of Corrections this conditional release authority. By placing mothers in community settings closer to or with their babies, babies are given a foundation for long-term success. Through providing positive engagement in community-based programming and connection with family, mothers not only reduce their criminogenic risk, but meet the needs of their infants to make a healthy start.

III. Healthy Start Implementation

The legislature required the Commissioner of Corrections to “develop policy and criteria to implement this subdivision according to public safety and generally accepted correctional practice.”⁴

a. Trends in Admissions to Prison While Pregnant

In establishing the need for Healthy Start legislation, the DOC and stakeholders examined and shared data between the years of 2015 through 2019. During those years, on average there were 25-30 pregnant persons admitted to prison; 40% of those had less than one year to serve. (Prior to 2021, DOC did not have data on a person's post-partum status and only pregnancy information was available.) Since the statute's inception, the numbers of pregnant persons have significantly waned (Fig. 1). While it is unclear the direct cause of the commitment

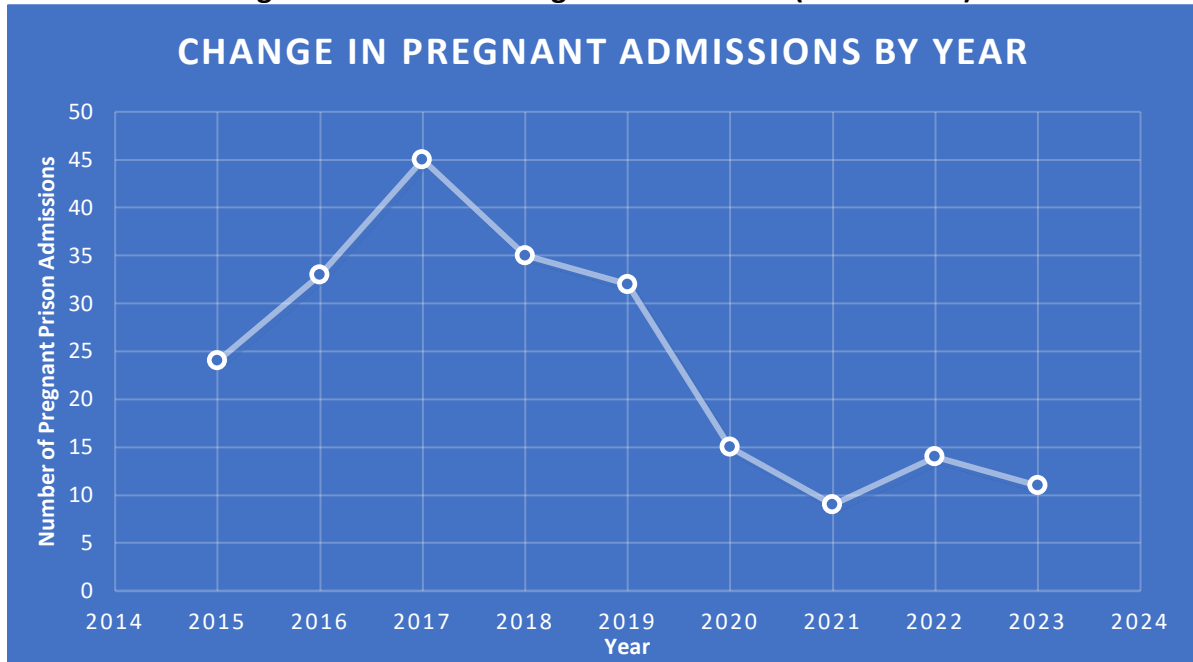
² Eddy, M.J., & Poehlmann, J (2010). *Children of incarcerated parents: A handbook of researchers and practitioners*. Washington DC: Urban Institute Press; Travis et al., 2014.

³ Travis, J., Western, B., & Redburn, F. S. (2014). Consequences for health and mental health. *The growth of incarceration in the United States: Exploring causes and consequences*. (pp. 202-232). Washington, DC: The National Academies Press. doi:10.17226/18613.

⁴ [Minn. Stat. § 244.065](#), subd. 2(c).

reduction, certainly the pandemic had a role to play. Generally, during this time court processes were slowed resulting in fewer prison admissions overall, and admissions of individuals who were pregnant also decreased.⁵

Figure 1. Number of Pregnant Admissions (2015 – 2023)



b. Policy Design and Engagement

DOC initial efforts involved policy and resource development, establishing mechanisms for reporting, and conducting community engagement.

DOC contracted with the Ostara Initiative, a national non-profit organization that works toward inclusive policies and practices for pregnant and parenting people, to do a needs assessment with current and formerly incarcerated women who have experienced pregnancy in prison. Their findings suggest that women identify their greatest needs as being housing stability, sober support/treatment, and pro-social connection to their community. Additionally, the Ostara Initiative has worked to identify, engage, and inform community resources and stakeholders. Their contract also included deployment of community navigation and support to the first Healthy Start participants released in 2022.

Healthy Start policy was developed through a person-centered lens to support parental strengths, assets, and interests, and to keep the best interests and well-being of babies in mind. The program leverages incentives for parents, relies on interventions designed to reduce risk

⁵ M Kearney, P Levine, (2023) US births are down again, after the COVID baby bust and rebound. Brookings Institute [US births are down again, after the COVID baby bust and rebound | Brookings](#)

and needs by offering supports and services. Healthy Start seeks to intervene by reducing potential ACEs and traumatic events for babies. The conditional release is more than a one-size-fits-all program; it presents an inclusive approach to each individual parent and infant's needs regardless of their release jurisdiction. Parent participants may be released to any city or county in Minnesota. The team of staff and partners works with each parent to locate the interventions, services, and supports they need to be successful.

c. Policy Criteria and Review Process

DOC Policy #205.123 Healthy Start Placement for Pregnant and Post-Partum Persons governs the healthy start conditional release process and states the criteria for eligibility and the standard for approval or denial of healthy start. A visual of these policy decisions are highlighted in Figure 2 below.

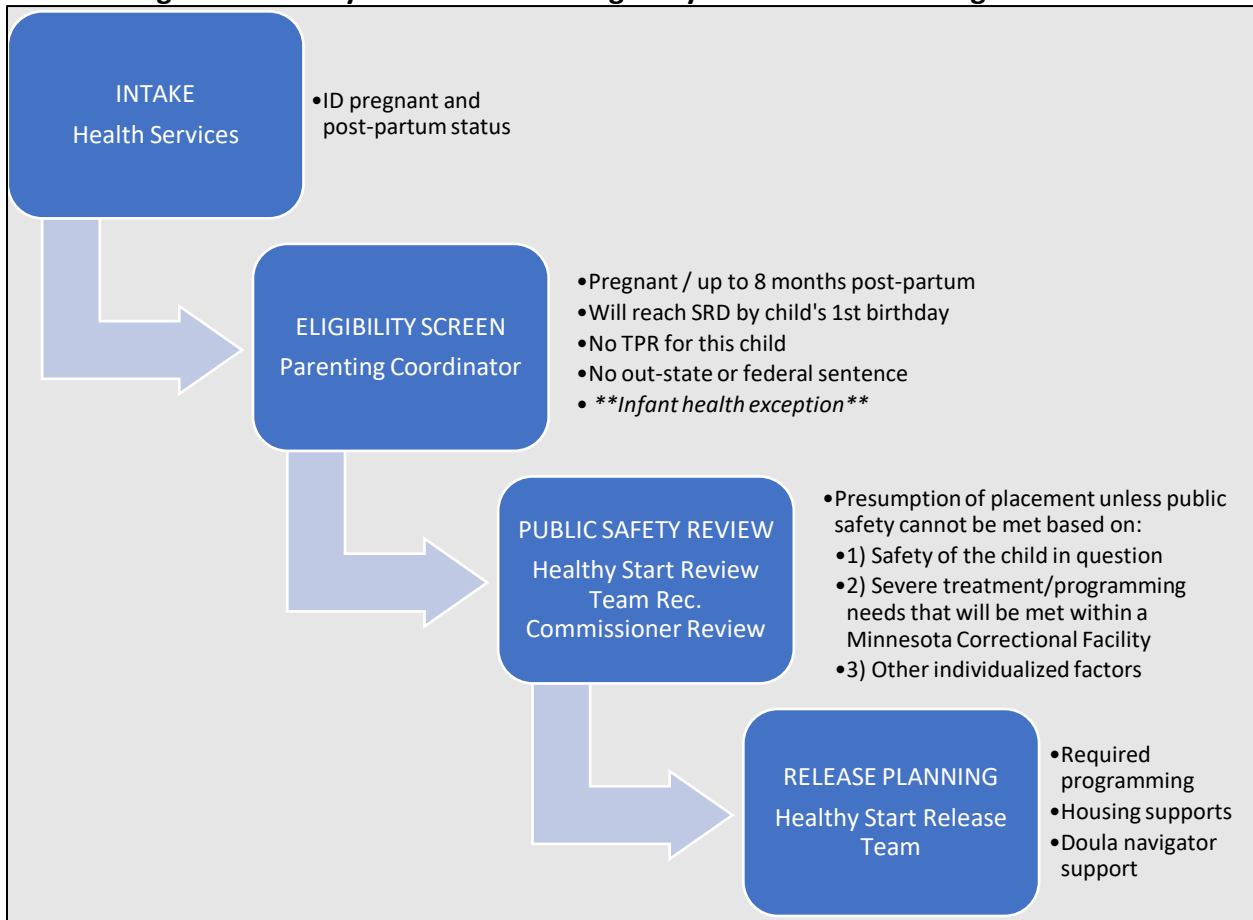
Health services identifies potentially eligible parents at intake by testing for and inquiring about pregnancy or post-partum status. People who may qualify for Healthy Start are then referred to the parenting coordinator for screening for eligibility. Eligible parents then undergo a public safety review by a multi-disciplinary team of professionals from which recommendations are made to the Commissioner of Corrections for final decision. If approved, DOC engages the Healthy Start Release Team for release planning and placement on conditional release.

DOC created the eligibility criteria for Healthy Start based on the length of statutory release authority afforded to the DOC. Mothers are eligible throughout pregnancy and for up to one-year post-birth. If an individual would not meet their confinement release date during a Healthy Start release period, or is not legally permitted to parent their infant, they are not eligible for Healthy Start release. These eligibility criteria are aligned with recommendations from child development experts on attachment and bonding needs for infants. Babies need to be bonded with an ongoing primary caregiver and Healthy Start is granted to a parent when they can maintain that caregiver role uninterrupted by a mandatory return to prison. There are some limited exceptions based on the health of the infant and whether there are extenuating circumstances that would necessitate healthy start placement, such as neonatal intensive care needs.

Healthy Start release opens the doors for moms to receive pre- and post-release wraparound services that benefit them and their babies. Prior to release, a team of individuals help moms identify needs and obstacles to:

- establishing safe housing,
- enrolling in programming, education, and/or treatment,
- connecting with health insurance and medical and/or mental health professionals,
- meeting basics needs like clothes and baby/household supplies, and
- preparing to parent.

Figure 2. Healthy Start Reviews – Eligibility and Decision-Making Standards



d. Policy Review and Evaluation

DOC continues to review policy criteria as more is learned about eligible and ineligible parents, their needs, the impact of incarceration on their babies, and public safety. DOC meets regularly with agency partners, particularly the Minnesota Children’s Cabinet, to discuss policy conditions, unmet needs of parents and children, and data. DOC strives for a collaborative approach to evaluating the impact of this policy and its successes and failures.

DOC contracted with the University of Minnesota to develop evaluation criteria and metrics, feedback collection from program participants, along with recommendations for data collection, for a future evaluation of the program. In 2023, DOC entered a new annual plan with the University to begin implementing the evaluation, including the approvals for the research, and identifying other possible long-term funding.

e. Policy Application

With participants released to locations around the state, Healthy Start uses a person-centered approach in release planning. This individualized level of release and supervision requires a

significant amount of proactive coordination to identify and connect with local resources around the state, wherever the participant resides. These resources most frequently include referrals to medical care, substance use and mental health treatment, safe and stable housing, and addressing daily living needs like food, hygiene, and infant needs. All of these must be quickly addressed prior to leaving to assist parents in their transition and must be maintained to support their success in communities. Depending on a parent's release destination, these resources can be readily available or a scarce commodity.

Because DOC aimed to create a healthy start wherever parents want to call "home," DOC found that resources vary and were often lacking to support impacted parents and families. One of those regular barriers is housing. When admitted to prison, parents are leaving one carceral setting for the next; meaning they are admitted to MCF-Shakopee from jails and have no home address. Many parents often have inadequate or unstable housing arrangements. Perhaps one of the most sizable barriers, however, is the lack of social support for participants. Quickly releasing Healthy Start parents from prison does not leave sufficient time to create or locate meaningful community-based emotional support and crisis management.

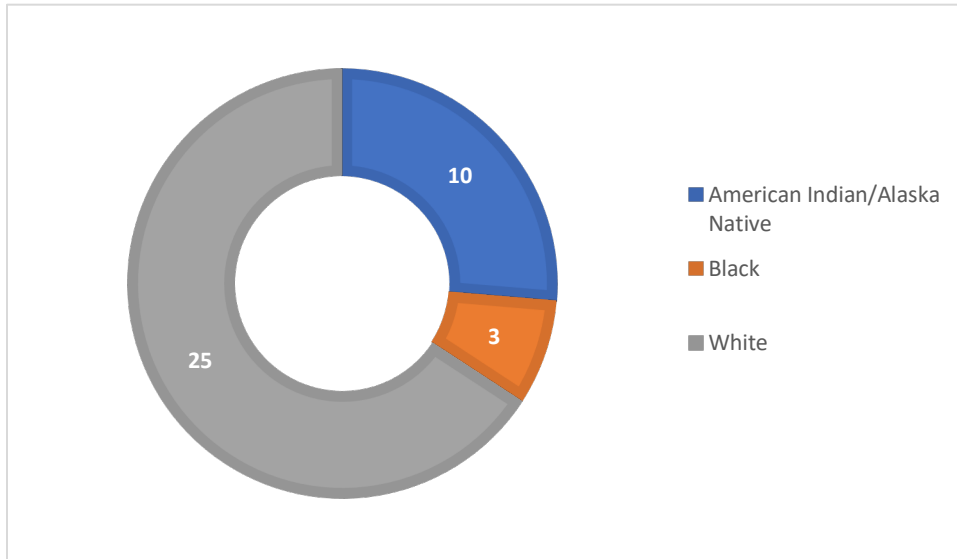
Recognizing the need for this type of support, DOC contracted with the Ostara Initiative, through its Minnesota Prison Doula Project (MPDP), to provide participants' pre and post-release support. Doulas from the MPDP met with participants before release to establish rapport, assisted in planning releases, and offered support and follow-up after prison release. The goal was for doulas to troubleshoot problems, provide for emergency needs and community-connections, and aid participants through means not typically provided by supervision agents. DOC needed to establish a continuity of care and planning, leveraging this doula support to connect between participants, supervision agents, and our internal Healthy Start Team.

Statewide support is a difficult task. Locating the services, navigating various community or government programs and rules, takes a navigation professional. Doulas are well-qualified to provide education, birthing and post-partum support but stretching their role across the state, with added responsibilities of serving clients on correctional supervision, was challenging. In 2023, DOC requested and received funding to create a Family Support Unit to lead the agency on developing strategies and policies to support parents and their families, including developing and implementing programming. The unit was designed to include a Family Supports Community Navigator, who is now onboard, to focus on Healthy Start participants and in developing statewide services accessed by impacted families. This effort will assist incarcerated and released persons and the professionals who serve them in navigating resources and programs across Minnesota. The new navigator will serve in coordinating Healthy Start pre and post release planning and supervision, providing support and accountability for participants.

IV. 2022 and 2023 Healthy Start Data

DOC captures demographic data for people screened for Healthy Start. Between January 1, 2022, and December 31, 2023, there were 38 pregnant or post-partum persons reviewed for Healthy Start Conditional Release. The racial distribution of that pool is detailed in Figure 3.

Figure 3. Number of Pregnant or Post-Partum Persons Screened for Healthy Start by Race

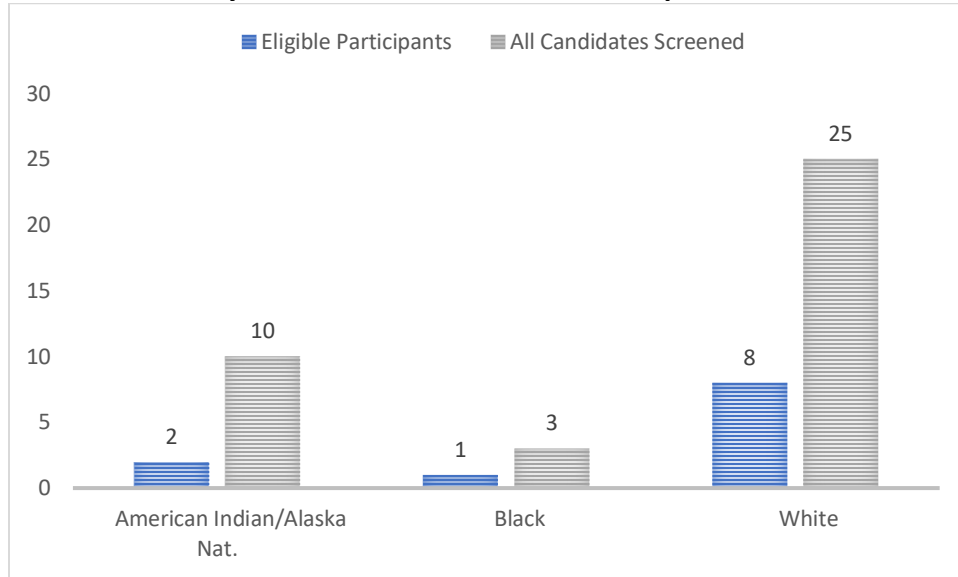


Tribal affiliation is also reported and tracked for the 11 federally recognized tribes in Minnesota and any other tribe the individual shares with DOC (Bois Forte Band of Chippewa, Fond Du Lac Reservation, Gichi-Onigaming / Grand Portage Band of Lake Superior Chippewa, Leech Lake Band of Ojibwe, Lower Sioux Indian Community, Mille Lacs Band of Ojibwe, Prairie Island Indian Community, Red Lake Band of Chippewa Indians, Shakopee Mdewakanton Sioux (Dakota) Community, Upper Sioux Community, White Earth Reservation, and Other). However, because of the low numbers of women reporting tribal affiliation, that information is not reported here to preserve anonymity.

a. Individuals Granted Healthy Start Release

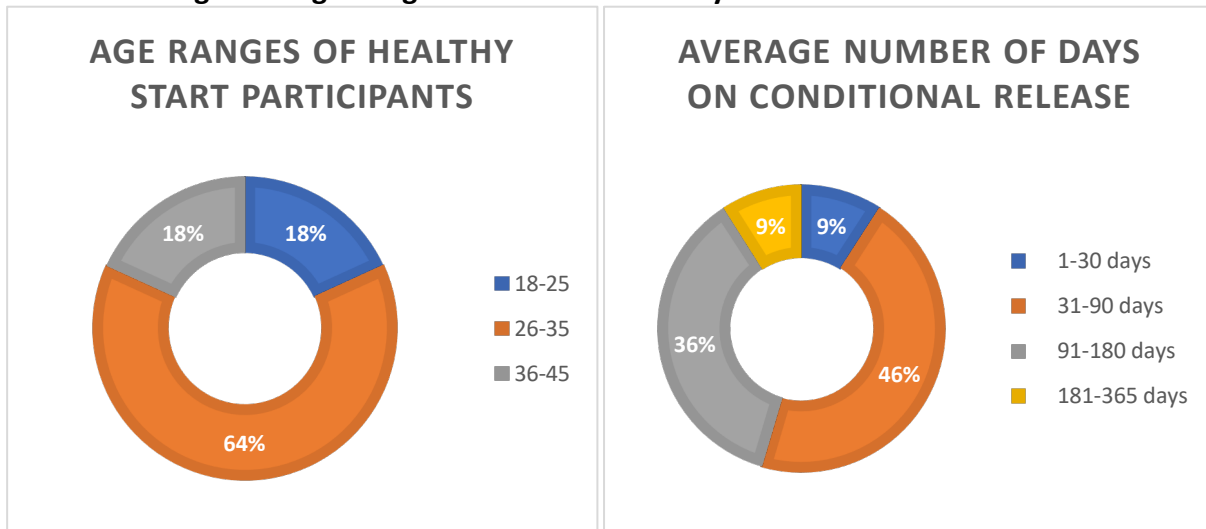
In 2022 and 2023, 11 people were released on Healthy Start. Figure 4 shows the numbers of candidates screened compared to the numbers of candidates released, distributed by race.

Figure 4. Number of Healthy Start Candidates Released Compared to those Screened (by race)



Of the 11 Healthy Start participants released, nearly two-thirds were between the ages of 26-35 (Fig. 5). Just over half of the participants were conditionally released for 90 days or less before reaching their actual incarceration release date. Just over a third were on conditional release for 6 months or less. Only one participant was on conditional release for more than 6 months (Fig. 5).

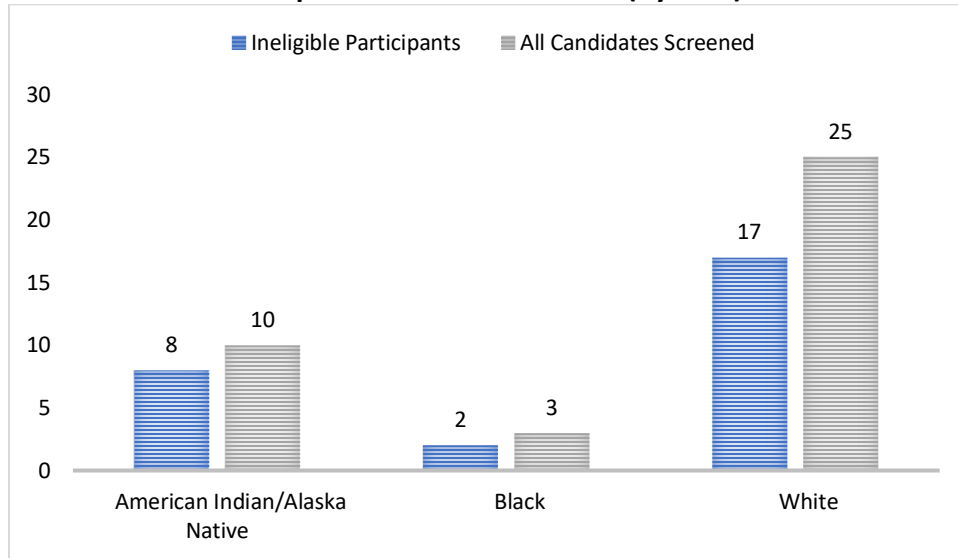
Figure 5. Age Ranges and Numbers of Days on Conditional Release



b. Individuals Deemed Ineligible for Healthy Start Release

In 2022 and 2023, DOC determined that 27 people were ineligible for Healthy Start (Fig. 6).⁶

Figure 6. Number of Individuals Deemed Ineligible for Healthy Start Compared to those Screened (by race)



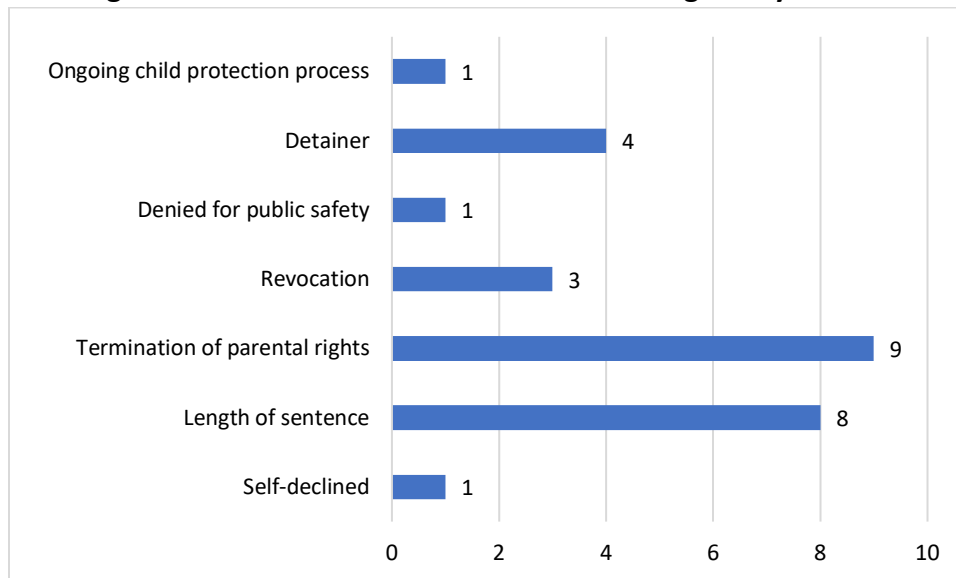
In reviewing demographics of those deemed ineligible for Healthy Start release, more candidates were screened out as ineligible than offered release. Among the entire candidate pool, 80% of people who identified as American Indian and two-thirds of people who identified as white or Black did not meet basic eligibility criteria (Fig. 6). The most frequent reason was the termination of parental rights to the child or the length of incarceration time to serve.

Just over a third of ineligible candidates had already lost parental rights to the infant, or the loss of these rights was imminent. By law, a determination of parental rights is not made until the child is born and are required if parents have experienced prior involuntary termination of parental rights. In seven cases, the length of incarceration time exceeded that allowed by policy; meaning, they would have had to return to prison after spending up to one-year post-partum with their infant. In one case, the length of incarceration was too short; there was insufficient time to adequately plan for an earlier release under Healthy Start. Four individuals were subject to a detainer, meaning another criminal justice agency or court had a hold placed on their release from custody. Three were deemed ineligible because they were returning to

⁶ In 2022, no individuals were denied Healthy Start for public safety reasons. In 2023, one person was denied for public safety reasons. That individual is represented in the ineligibility data despite meeting eligibility criteria for the program. In future years, if this category of individuals grows, it will be broken out separately so that demographics can be assessed.

prison on a revocation.⁷ One individual was denied for public safety reasons,⁸ and one declined to participate in Healthy Start (Fig. 7).

Figure 7. Number of Individuals Deemed Ineligible by Reason

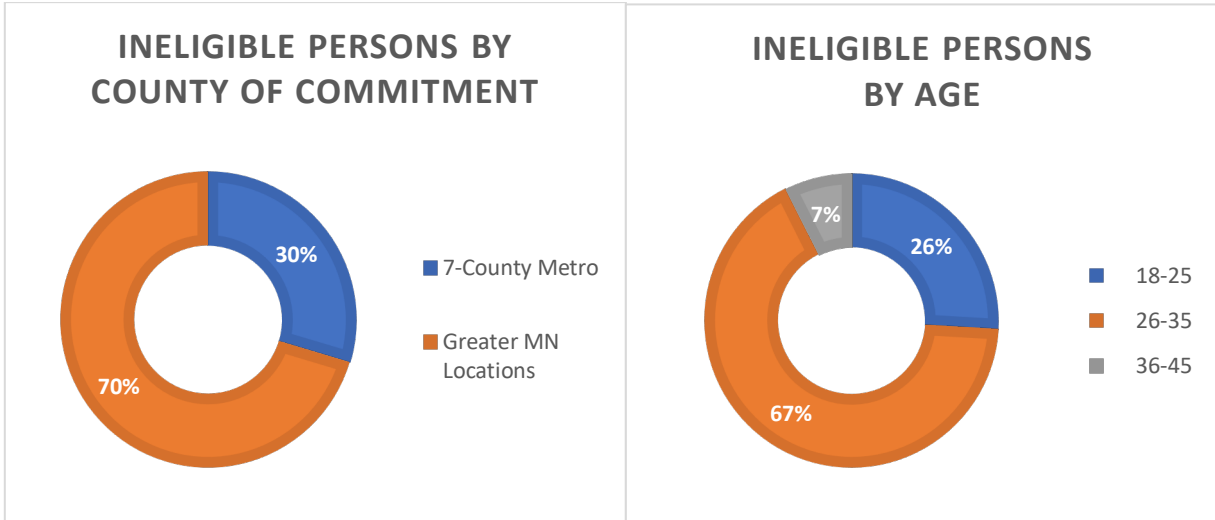


Eight individuals deemed ineligible for Healthy Start (30%) were committed to DOC from the seven-county metro area (Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington) and 19 (70%) were from Greater MN counties (Fig. 8). Like those who were released on Healthy Start, the majority of women who were ineligible for Healthy Start were in the 26–35-year-old range (Fig. 8).

⁷ In early 2022, revocation acted as a de facto ineligibility criterion because the process had not yet been developed to identify, divert, or quickly evaluate individuals for Healthy Start eligibility. Revocation is not part of the criteria for eligibility for healthy start, though, depending on how long someone is revoked back to prison, there may not be time to evaluate and place someone on Healthy Start before they are released back to the community. Of the three individuals who were deemed ineligible for Healthy Start in early 2022, they served only 14, 35, and 56 days in prison on revocation.

⁸ See FN 6.

Figure 8. Ineligible Persons by County of Commitment and by Age



c. Individuals Deemed Ineligible for Healthy Start Due to Length of Sentence

There were seven candidates found ineligible for conditional release due to their length of incarceration time exceeding the one-year Healthy Start release time permitted by statute. Figure 9 shows the remaining incarceration time beyond one year for people deemed ineligible for that reason. The majority had sentences that were two to three years longer than the one-year of release permitted by statute.

Figure 9. Incarceration Time Remaining Beyond 1 Year

