



2024



MISSISSIPPI KIDS COUNT FACTBOOK

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INTRODUCTION

The Children's Foundation of Mississippi (CFM) is pleased to present the 2024 Mississippi KIDS COUNT Factbook. The CFM believes that for Mississippi to reach its potential, Mississippi's children and youth must reach their potential.

Mississippi KIDS COUNT is recognized as the premier source of data on children, serving both public and private sectors across Mississippi. KIDS COUNT is often used to gauge important changes in metrics for children, families, and communities.

Nationally, KIDS COUNT data is presented across the following four domains, with four indicators under each domain for a total of 16 indicators:

- Education
 - Young children (ages 3 and 4) not in school
 - Fourth graders not proficient in reading
 - Eighth graders not proficient in math
 - High school students not graduating on time
- Health
 - Low birth-weight babies
 - Children without health insurance
 - Child and teen deaths per 100,000
 - Children and teens (ages 10-17) who are overweight or obese
- Economic well-being
 - Children in poverty
 - Children whose parents lack secure employment
 - Children living in households with a high housing cost burden
 - Teens not in school and not working
- Family and Community
 - Children in single-parent families
 - Children in families where the household head lacks a high school diploma
 - Children living in high-poverty areas
 - Teen births per 1,000

Mississippi ranks 48th overall in the state-by-state comparisons (2023). Among the four overall domains, Mississippi ranks 32nd in education. It is noteworthy that high school students not graduating on time (improved from 15% to 12%) and teens working and not in school (improved from 10% to 7%). Yet, there is much to be done to improve overall domains, particularly in the areas of child health and children in poverty, children whose parents lack secure employment; child and teen death rates, and children and teens who are overweight or obese.



INTRODUCTION

We encourage readers to visit the Data Center (datacenter.aecf.org) for more detailed information. Kids Count data may be used to tailor reports for various geographical locations within Mississippi and across regions using indicators impacting children and families. If you would like a hands-on demonstration in your local community or one via Zoom on how to use the Data Center, please contact the CFM at info@childrensfoundationms.org

We are also pleased to note the findings from a recent CFM survey (utilizing a convenience sample). Respondents represented both public and private organizations across Mississippi and those who reported using Mississippi KIDS COUNT data for grant applications over the past three years resulted in a collective **\$48 million to Mississippi**.

Beyond this, the CFM incorporates data into discussions as community leaders come together to determine opportunities for improving outcomes for children at the local level. Over the past two years, the CFM has funded Early Childhood planning grants to 17 communities across Mississippi.

This edition of the Mississippi KIDS COUNT Factbook includes the following sections: the status of young children, particularly in the areas of early intervention, childcare, and the status of older children and youth heading into adulthood, all underscored by the importance of addressing adverse childhood experiences. Accompanying economic impact statements are also included in the Factbook.

While the CFM and Mississippi KIDS COUNT have a focus on improving children's outcomes for a better tomorrow, we are recognizing one of Mississippi's stalwart advocates for children, youth, and families--- Judge Thomas "Tom" Broome, who exemplified this mission. To say that his life truly "counted" for children seems to be an understatement, given the myriad ways that he did this—inside and outside the courtroom, to intervene in ways that truly 'counted' in significant, life-changing ways. We are honored that two of Judge Broome's closest friends and colleagues (Patti Marshall and Judge John Hudson) wrote the foreword in honor of Judge Broome. Perhaps one of the best ways we can honor the life and legacy of Judge Broome is for each of us to determine the best ways to "count" for children and youth in our communities and across Mississippi.

**LINDA H. SOUTHWARD, EXECUTIVE DIRECTOR
CHILDREN'S FOUNDATION OF MISSISSIPPI**



Throughout the Factbook, Marcie will call your attention to important quotes from the experts!



FOREWORD

FOR THE FIRST TIME IN OUR HISTORY, MISSISSIPPI KIDS COUNT IS DEDICATING THIS FACTBOOK TO AN INDIVIDUAL WHO HAS MADE AN INCREDIBLE AND ENDURING CONTRIBUTION TO THE SAFETY AND WELL-BEING OF CHILDREN AND FAMILIES IN VULNERABLE SITUATIONS AND HELPED CREATE A PATHWAY TOWARD PERMANENCY FOR MANY CHILDREN.

This year's honoree is the late Judge Tom Broome, the former County Court Judge of Rankin County. It will be difficult to ever name another who has had such a positive impact on the best possible outcomes for these often-defenseless folk. Through this dedication, we honor and celebrate a significant life that was cut short much too soon.

Judge Broome was elected county judge for Rankin County in 2002. Immediately after his election, Tom began his journey as a vital advocate for children and youth issues in the judiciary. He spent countless hours educating representatives and senators in our legislature on the fundamental needs of the youth court and child welfare systems while tending to the needs of those individuals encountered in his court. He was elected and reelected by his judicial peers to serve as chairman of the Council of Youth Court Judges and continued serving in that role for twelve years. He was named the co-chair of the Supreme Court's Commission on Children's Justice and held that position for twelve years.

Judge Broome was a bold innovator. In 2006, he created the youth drug court in his home county. Four years later, he began one of the first two family drug courts in our state. He established a Safe Babies Court Team in 2015 to ensure that children in the most vulnerable environments received intensive services from birth to age three.

In the realm of juvenile justice, he spearheaded the establishment of a state-of-the-art detention center for young individuals in such unfortunate circumstances to be placed there. This facility boasted a robust school and an array of therapeutic programs tailored to address their specific needs.

On the state level, Judge Broome was a vital leader in developing standards for detention facilities and developed instruments to objectively assess whether a child should be detained. He spearheaded the effort to provide legal representation to economically disenfranchised parents who had their children removed by government authorities. Judge Broome led by example, with the youth court in his home county being among the first five counties in the state to ensure that all parents, regardless of ability to pay, had competent legal representation. Due in large part to his efforts, that legal representation has expanded to numerous counties which hear over 70% of the child welfare caseload ensuring those same process rights for children and families in those venues.

He was a sought-after trainer for numerous venues. Of course, he trained judges on a variety of issues, but his training extended to prosecutors, law enforcement officers, school attendance officers, school resource officers, child protection workers, guardians ad litem, circuit clerks, chancery clerks, and a host of others.

His leadership reached well beyond the borders of Mississippi to influence the nation as a whole. He was an active member of the National Council of Juvenile and Family Court Judges (NCJFCJ). He was elected by his national peers to the Council's Board of Directors and served two terms, eventually elected to the position of secretary. He deeply enjoyed his work with NCJFCJ, bringing a great deal of satisfaction to serving on the national level. During his final illness, he had individuals from across the country following the situation and lifting prayers for him and his family.



FOREWORD

Tom possessed a vibrant personality that naturally drew people to him. He was deeply compassionate and caring. His self-deprecating humor was legendary. He defused many a tense encounter in meetings he chaired and in the courtroom hearings. He cared deeply about the children and families that came before him. No matter the time of day or night, he always made himself available to pursue their best interests. Those same children and families experienced his care and compassion and most embraced his commitment to help them. One drug court youth wrote him while he was hospitalized, "Thank you for all the times you had my back and all the times you kept me going in the right direction." Another, upon learning of his passing, slipped into deep grief and professed, "Besides my family, Judge Broome is the only person who cared for me." That was Tom Broome. He cared deeply for them. He knew them and called them by name.

Now, Judge Broome proudly wore maroon and white. He graduated with the highest honors from Mississippi State University in mechanical engineering in 1988. The university named him their most outstanding graduate in engineering that year. He has since been inducted into the MSU Hall of Fame.

Tom subsequently attended Mississippi College School of Law and graduated from there in 1996. He served on the Law Review, and the Moot Court Board and was a two-term president of the Student Bar Association. More importantly, it was there that he met the love of his life, Paula. They were married in 1998.

Judge Broome was loved and respected by his family and friends; by his court family, the judiciary, prosecutors, lawyers, and law enforcement; by legislators, elected officials, and many others; but most of all by those he served, those who needed him most, the families and children who appeared before him. He was a man of integrity. He led with compassion and understanding.

Every day, Judge Broome toiled to improve our systems. He most desired that our children and families have all the assistance needed to ensure that they would live abundant and hope-filled lives.

His loss is still deeply felt in the child welfare and delinquency world, but his drive and inspiration undergird all of us as we continue his work for progress in these most important fields.

Thus, it is evident why we today do something that has never been done before. When it comes to Tom Broome, his wife, Paula, best expressed all our sentiments, "There will never be another."

FOR ALL THESE REASONS, IT IS A PRIVILEGE AND TRUTHFULLY AN OBLIGATION TO DEDICATE THIS CRUCIAL OFFERING OF VITAL DATA AFFECTING THESE CHARGES FOR WHOM HE SO GREATLY CARED TO THAT GREAT CHAMPION OF CHILDREN, YOUTH, AND FAMILIES, GONE TOO SOON—JUDGE TOM BROOME.

**THE HON. JOHN N. HUDSON, JD
PATTI MARSHALL, JD**



MISSISSIPPI'S KIDS COUNT INDICATORS

In order to provide high-quality, unbiased information that encourages action to improve the status of children, the Annie E. Casey Foundation has produced rankings of child well-being in each state for almost three decades. States receive an overall child well-being score based on 16 measures across four domains: (1) Economic Well-Being, (2) Education, (3) Health, and (4) Family & Community. The composite scores in each of these domains are then used to rank all 50 states and to look at the overall well-being of children nationwide. States are given a rank for each domain as well as an overall rank. Each year Mississippi has been either last or nearly last place for most of these indicators. **In 2023, Mississippi moved up again and is now 32nd in education. Overall, Mississippi's ranking was 48th.**

	INDICATOR	YEAR	NUMBER	PERCENT/RATE	RANK
ECONOMIC WELL-BEING	Children in poverty	2021	189,000	28%	50
	Children whose parents lack secure employment	2021	241,000	35%	49
	Children living in households with a high housing cost burden	2021	194,000	28%	28
	Teens not in school and not working	2021	12,000	7%	24
EDUCATION	Young children (ages 3 and 4) not in school	2017-2021	38,000	50%	8
	Fourth-graders not proficient in reading	2022	N/A	69%	28
	Eighth-graders not proficient in math	2022	N/A	82%	46
	High school students not graduating on time	2019-2020	N/A	12%	17
HEALTH	Babies with low birth weight	2021	4,339	12.3%	50
	Children without health insurance	2021	46,000	6%	6
	Child and teen deaths per 100,000	2021	405	55	50
	Teens who are overweight or obese	2020-2021	N/A	41%	48
FAMILY & COMMUNITY	Children in single-parent families	2021	292,000	45%	49
	Children in families where the household head lacks a high school diploma	2021	76,000	11%	39
	Children living in high poverty areas	2017-2021	152,000	22%	50
	Teen births per 1,000	2021	2,545	26	49



THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

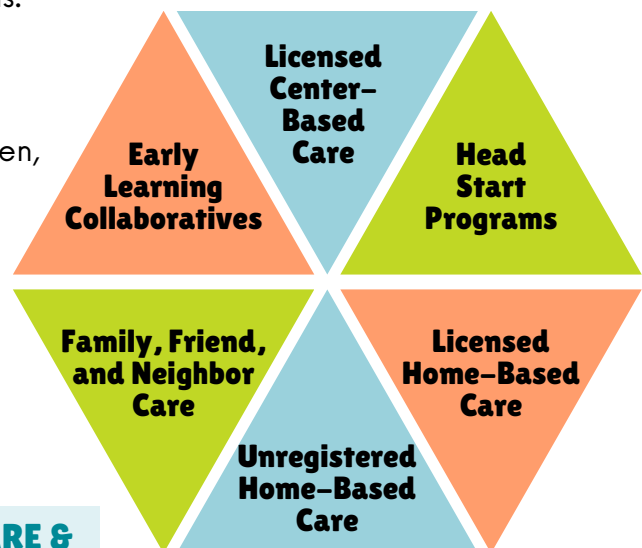
CHILD CARE AVAILABILITY & WORKFORCE

Recognizing that we all contribute to and have a stake in our children being successful, the importance of quality childcare can provide excellent learning environments to strengthen and enhance early brain development. Just as a blueprint calls for a strong foundation in the construction of a house, quality early care and education can provide solid brain-building opportunities for infants and young children. Research underscores that one million neural connections are formed each second of a young child's life, making this stage the most critical for advancing brain development. Mississippi is making strides toward a more accessible and equitable child care system. To accurately capture the current status of this system, our team has pulled together the most recently available data regarding the need, availability, funding, and workforce of Mississippi's early childhood education system. We also explore current efforts to improve the quality of our centers and home-based child care options.

CHILD CARE NEED & AVAILABILITY

In 2022, Mississippi had an estimated 174,000 children under the age of 5 [2]. Of these children, 88% had at least one parent in the workforce [3]. In our rural state, **parents and caregivers select from a mosaic of child care choices** based on their unique family and child needs and the availability of options in their area.

In this section, data about child care centers that are licensed through the Mississippi Department of Health are shared, including information about the acceptance of Child Care Development Fund (CCDF) vouchers.



MISSISSIPPI CENTER-BASED EARLY CARE & EDUCATION STATS



1,363

Licensed Child Care Facilities (Oct 2023) [1]

FACILITY DOES NOT
ACCEPT CCDF
VOUCHER
32% [1]



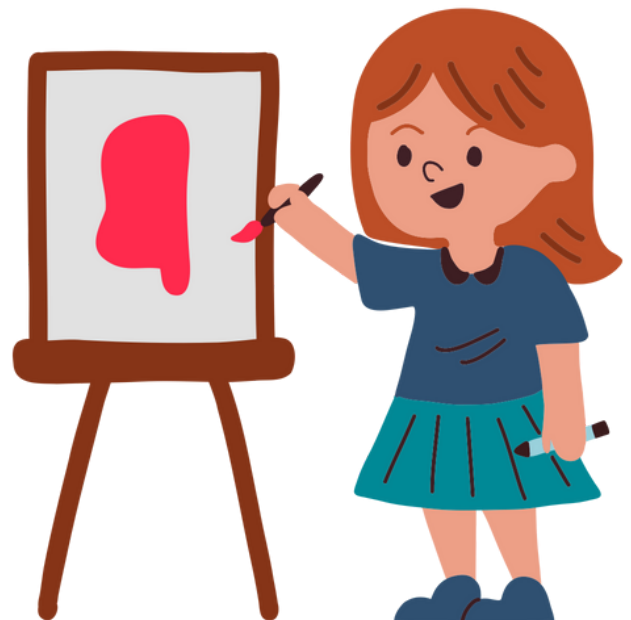
121,297

Licensed Child Care Seats (Oct 2023) [1]



174,518

Children under 5 years (2022) [2]



THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

CHILD CARE AVAILABILITY & WORKFORCE

As of October 30, 2023, only 7 of Mississippi's counties had enough licensed child care seats to accommodate the number of children under 5 in that county. A further six counties had no centers that accept CCDF vouchers [1].

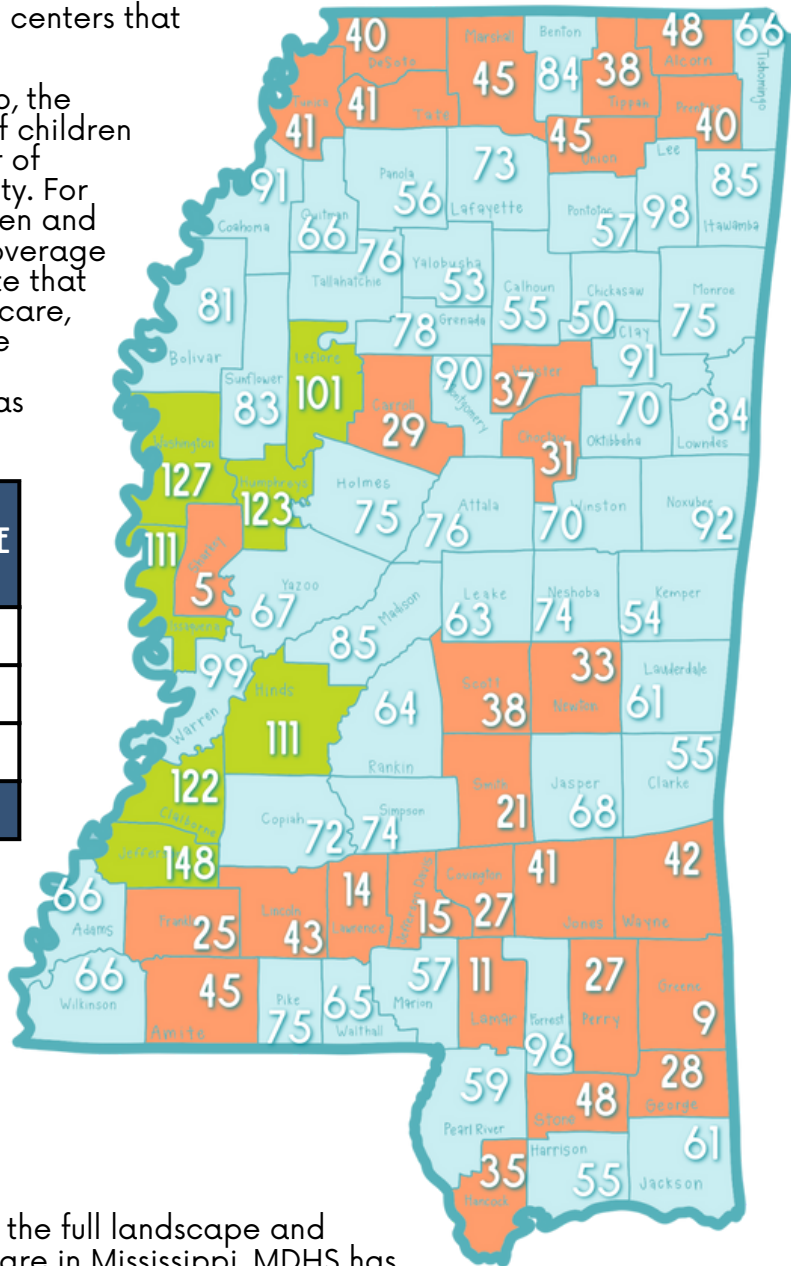
In the Percentage of Coverage map, the proportion represents the number of children in the county divided by the number of licensed seats available in the county. For example, a county with 1,000 children and 800 licensed seats would have a coverage rate of 80% [1]. It is important to note that not all centers offer infant/toddler care, so even if a county has an adequate number of slots based on the child population, that does not mean it has availability for all children.

COUNTIES WITH ENOUGH LICENSED CHILD CARE SEATS TO ACCOMMODATE ALL CHILDREN UNDER 5

Claiborne	Jefferson
Hinds	Leflore
Humphreys	Washington
Issaquena	

COUNTIES WITH NO OPTIONS ACCEPTING MDHS VOUCHERS

Amite	Issaquena
Benton	Perry
Franklin	Smith



To better understand the full landscape and availability of child care in Mississippi, MDHS has partnered with Mississippi State University Extension to identify and provide professional development training to non-licensed, home-based child care providers across the state through the Nurturing Homes Initiative (NHI) [4]. Data about these in-home providers is forthcoming.

MDHS has also received Preschool Development Grant funding from the federal government and plans to use it to strengthen and expand child care options across the state.

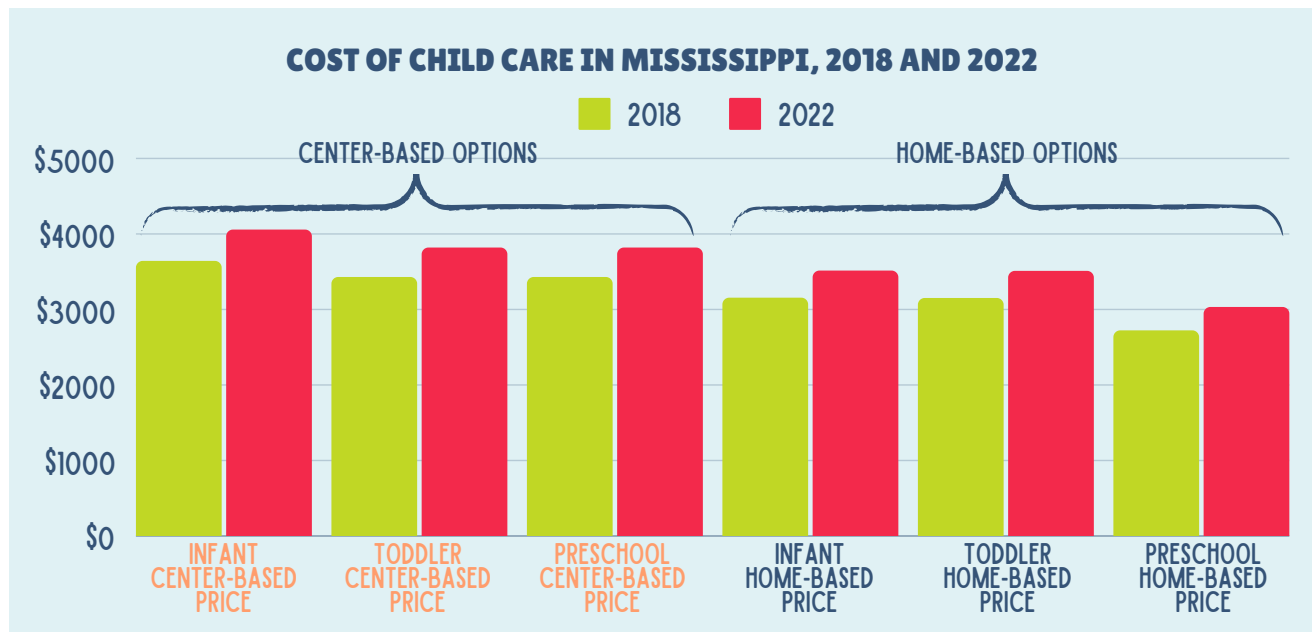


THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

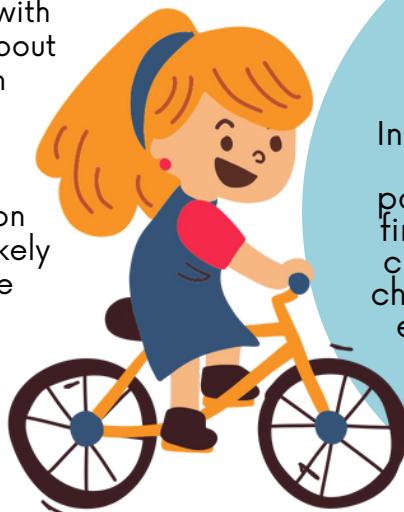
CHILD CARE AVAILABILITY & WORKFORCE

AFFORDING CHILD CARE

Affording child care in Mississippi can be difficult for families, especially as 26% of children ages 0-5 live in poverty [5] - the highest rate of child poverty in the US. The 2023 National KIDS COUNT Factbook shared that Mississippians pay \$4,382/year for toddlers in center-based care [6]. It was estimated that this cost burden was upwards of 19% of the median income of single mothers and 5% of the median income of a married couple with children [6]. In 2021, an estimated 45% of Mississippi's children lived in single-parent households [7]. Further complicating matters is the high percentage of families with insecure employment. Thirty-five percent of Mississippi's children have parents who lack secure employment, compared to 29% of children nationally [8].



As the chart above indicates, prices have risen across center-based and home-based child care options since 2018 by approximately 11.4%. Between 2018 and 2021, the income of families with children also increased by about 11.1%, meaning that families in 2022 were facing the same child care tuition as they were five years ago [6]. However, the extreme inflation felt by families in 2023 has likely had a negative impact on the affordability of child care.



POLICY SPOTLIGHT

In May of 2023, MDHS removed the requirement that single parents seeking CCDF vouchers first seek child support from the child's other parent. This policy change is anticipated to greatly expand access to affordable care [9].

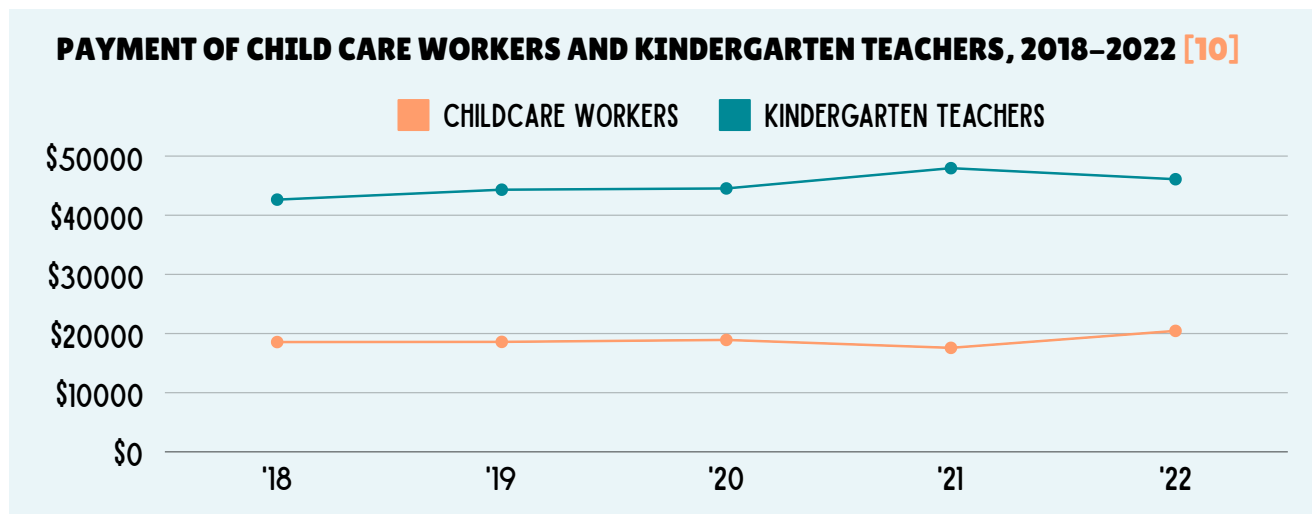
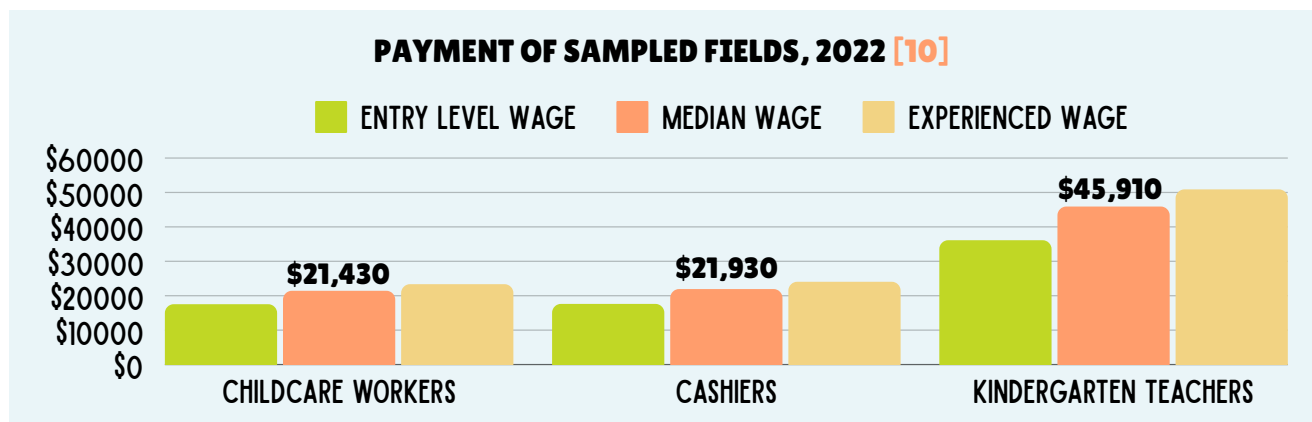
THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

CHILD CARE AVAILABILITY & WORKFORCE



THE CHILD CARE WORKFORCE

According to the Mississippi Department of Employment Security (MDES), Mississippi had 5,640 child care workers in May 2022 [10]. By 2030, Mississippi is estimated to need 740 additional workers in this sector [11]. Problematically, the child care workforce is not well-paid in Mississippi. Workers are paid an average hourly rate of \$10.30, amounting to \$21,430 per year [10]. These rates are comparable to those of a cashier, an occupation that is much easier to attain and requires no education. However, the rate of pay is substantially lower than that of Kindergarten teachers and has remained largely stagnant over the past 5 years.



The Social Science Research Center at Mississippi State University released findings from a survey of 661 child care providers in November 2023 [12]. In this convenience sample, **nearly 11% of child care providers had a second job, 21% of providers worked more than 40 hours per week** at their child care center, and **36% of providers received public assistance** [12].

In order to recruit and retain quality early care and education providers, the state needs to examine ways to address salary differentials.

THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

EARLY INTERVENTION & DEVELOPMENTAL SCREENING

MISSISSIPPI & EARLY INTERVENTION

As noted in the last section, an architect follows a blueprint to sequence the stages in building houses starting with a strong foundation. While not all houses are built at the same pace, there are sequential steps in the building process that are necessary. Understanding and recognizing the importance of young children's developmental milestones is key to providing the supports young children need to learn and flourish. When children and their families need specific interventions, it is critical to have timely screening, appropriate referrals, intervention and follow-ups.

In 2022, only 3.1% of children in Mississippi between the ages of 0 and 35 months received Early Intervention Services [1,2]. Current data regarding Early Intervention call for improvement of Mississippi's current system and signal a need for a collective effort to administer developmental screening at a rigorous pace to ensure all children are appropriately connected to services.

WHAT IS EARLY INTERVENTION?

Early Intervention (EI) programs provide an array of services to young children (birth to 3 years) who have learning challenges or developmental disabilities with the purpose of assisting them in meeting developmental milestones. EI includes support to parents and families of children through the Individualized Family Support Plan (IFSP). The IFSP is developed through collaboration between the family and an IFSP team, a group of specialists committed to supporting and advising the family. "This team includes the family, educators and caregivers, the disability services coordinator, and any specialists who offers support and services identified in the plan." [3] Services provided may include physical, speech, or occupational therapies, counseling, and training for the caregivers, and identifying any assistive technologies the child may need (such as hearing aids).

EI programs are mandated by Part C of the Individuals with Disabilities Education Act (IDEA) and are administered by the state. In Mississippi, this program is housed at the Department of Health and is known as the Mississippi First Steps Early Intervention Program [4].

After age 3, children and families are supported by EI to transition to Part B services, which provide support through age 21 as necessary.

IFSP	IEP
Provides a plan for children birth to 3 years old	Provides a plan for children and young people 3 years old to 21 years old
Focuses on supporting the child's developmental needs	Focuses on supporting the child's education
Includes support for the family	Does not include support for the family

Research shows that children who receive intervention earlier in life have better outcomes than those who wait until they enter school (around age 5) due to the flexibility and neural connections being made in those first years. Children who receive EI experience greater academic success and improved emotional regulation. The national research group, The RAND Corporation estimates that "well-designed EI generates a return on investment ranging from \$1.80- \$17.07 for each dollar spent on EI." [5]



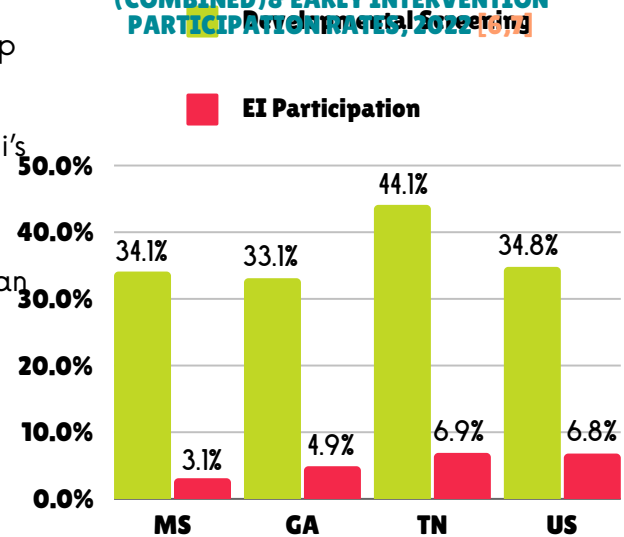
THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

EARLY INTERVENTION & DEVELOPMENTAL SCREENING

DEVELOPMENTAL SCREENING

Developmental screening is a necessary first step in identifying developmental delays and connecting children to services to get them on the right path. In 2020-2021, 34.1% of Mississippi's infants and toddlers received a developmental screening, just less than the national average of 34.8% [6,7]. However, Mississippi's Early Intervention participation rate remains lower than other southern states. While not all children who are screened will require EI, it is important to keep screening rates high to ensure early identification of delays and disabilities. Tennessee is seeing great success in increasing participation in EI by increasing their developmental screening rates [7].

DEVELOPMENTAL SCREENING RATES, 2020-2021
(COMBINED) & EARLY INTERVENTION PARTICIPATION RATES, 2020-2021



WHERE ARE CHILDREN RECEIVING DEVELOPMENTAL SCREENING?

Parents are able to monitor their child's development using a myriad of tools. One of the most accessible tools is the CDC's Developmental Milestones page, which provides lists of tasks a child should be able to accomplish by a certain age, broken down into two-month increments. The CDC recently developed a free Milestone Tracker mobile application [8] that parents can download, that provides tips and checklists associated with the child's specific age. Parents should be encouraged to share their findings with their pediatrician, regardless of checklist outcomes.

Children may receive formal Developmental Screenings at well-child visits or in their early childhood classroom. Their pediatrician or teacher may use a standardized screening tool such as the Ages and Stages Questionnaire that evaluates the child's communication, gross motor, fine motor, problem-solving, and personal/social skills.

In Mississippi, Medicaid reimburses health centers for conducting Developmental Screenings and private insurers often provide a discount for this service at the doctor's office. In early child care settings, screening is free, but there is little data on how many child care providers offer screenings or are trained in conducting them.

When parents or child care providers who are unfamiliar with screening have concerns about a child's development, they may consult the experts at the Mississippi Early Childhood Inclusion Center (MECIC). These Child Development Specialists provide free Developmental Screening within the child's classroom or at a Resource & Referral Center [10] local to the family.

PROGRAM SPOTLIGHT

The Mississippi Early Childhood Inclusion Center (MECIC) [9], based at the University of Southern Mississippi, provides support to child care workers who are educating children with disabilities. MECIC offers on-site technical assistance across the state provided by licensed experts in early childhood education.

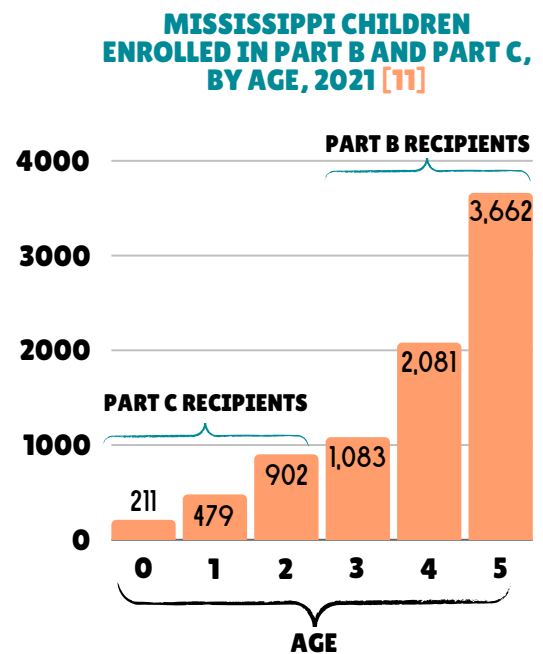
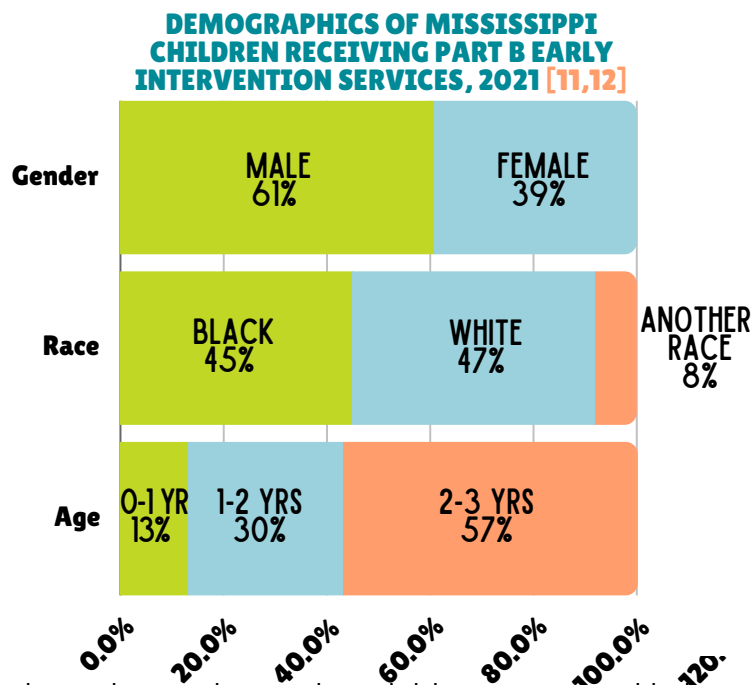


THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

EARLY INTERVENTION & DEVELOPMENTAL SCREENING

WHO IS RECEIVING EARLY INTERVENTION?

As described above, Mississippi consistently underperforms when it comes to enrollment in EI. By investigating who is receiving services, we can also identify who we may be missing.



These data indicate that children are more likely to be referred to services as they grow older, with a distinct spike at age 5 when most children enter kindergarten. This means that we **could** support more than **four times as many children** at the age of two through Early Intervention if delays are caught early. Research shows that younger children are more responsive to intervention, with the impact of services tapering off as the child ages. This is why providing services as soon as possible is so important.

The prevalence of young boys receiving EI services reflects a national trend that requires further examination. Services are provided to children of different races at rates that approximate their representation in the population.

MISSISSIPPI IDEA PART C - EARLY INTERVENTION TASK FORCE: SUMMARY OF REPORT FINDINGS & RECOMMENDATIONS

Findings and recommendations are now available from the Early Intervention Task Force. A summary of the final report submitted to the Mississippi Legislature and Mississippi State Department of Health can be found at: <http://tinyurl.com/MS-EI-Findings>.

THE STATUS OF YOUNG CHILDREN IN MISSISSIPPI:

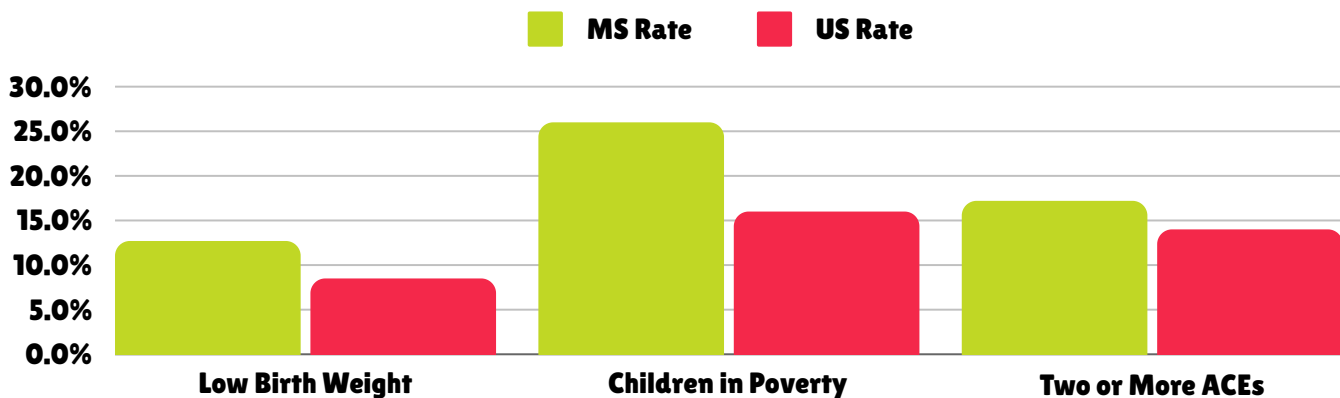
EARLY INTERVENTION & DEVELOPMENTAL SCREENING



MISSISSIPPI'S UNIQUE CONTEXT & THE NEED FOR COLLECTIVE CHANGE

Mississippi provides a unique context for Early Intervention services. It ranks first in some of the highest predictors of developmental needs such as low birth weight, poverty, and adverse childhood experiences (ACEs).

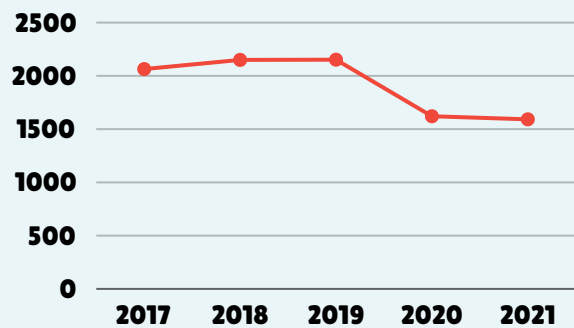
MISSISSIPPI AND NATIONAL RATES OF KEY PREDICTORS FOR DEVELOPMENTAL NEEDS, 2022 [13,14]



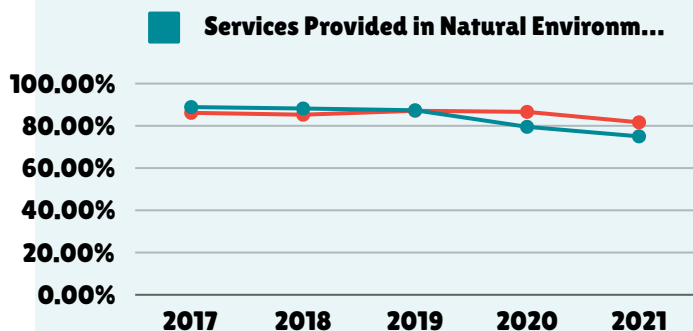
The need for increasing Developmental Screening rates and access to high-quality Early Intervention services is clear - and Mississippi is doing well in this realm!

However, longitudinal analysis on Mississippi Early Intervention shows that the number of infants and toddlers who had an Individual Family Service Plan (IFSP) dropped dramatically during the pandemic and has yet to recover [16]. Even prior to the pandemic, there was a slow decline in key quality indicators.

NUMBER OF MISSISSIPPI INFANTS AND TODDLERS WITH IFSPS, 2017-2021 [15]



MISSISSIPPI EARLY INTERVENTION QUALITY INDICATORS, 2017-2021 [15]



The findings in this section underscore how critical it is to continue to educate parents and child care providers, increase the developmental screening rate of young children, and support EI professionals.

EARLY ACCESS TO QUALITY SUPPORT WILL LEAD TO MORE EQUITABLE FUTURES AND FAVORABLE OUTCOMES FOR OUR YOUNGEST MISSISSIPPIS.

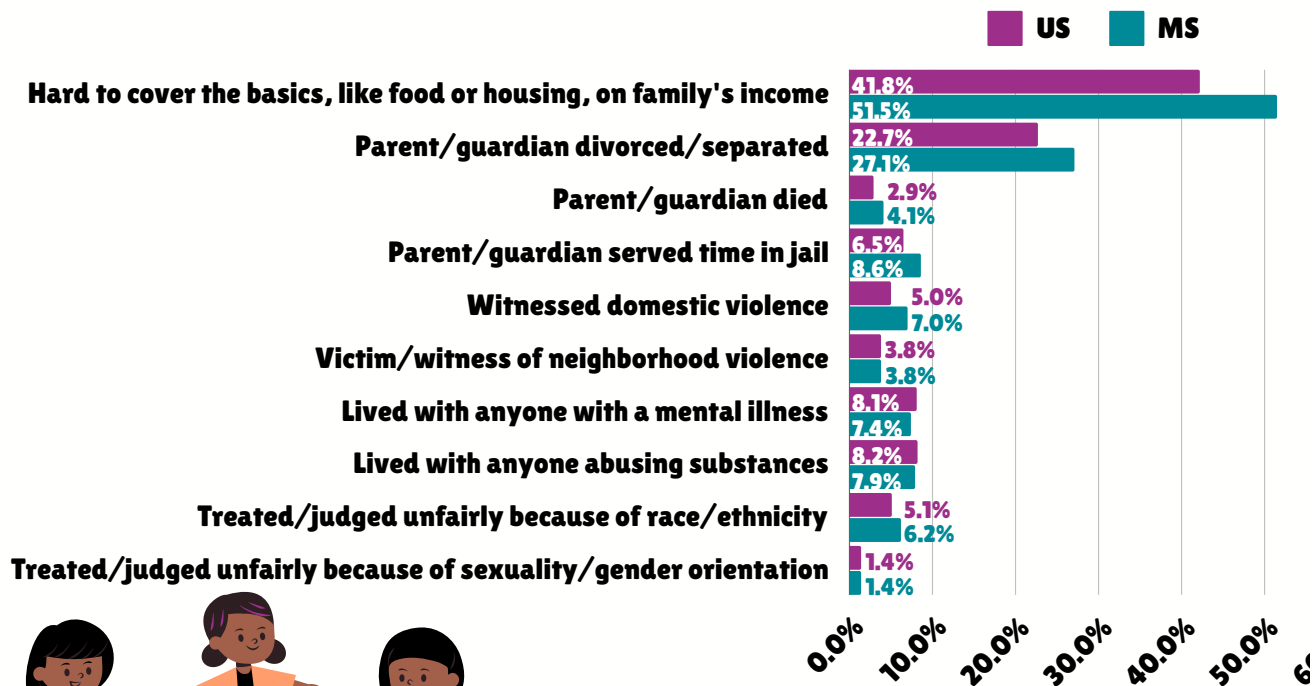
ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are "preventable, potentially traumatic events that occur in childhood (0-17 years) such as neglect, experiencing or witnessing violence, and having a family member attempt or die by suicide" [1].

These experiences, especially when children are exposed to more than one, can cause difficulties later in life including emotional, health, and mental challenges, leading to educational, professional, and personal difficulties. Unfortunately, **ACEs are often linked—when one ACE is experienced, additional ACEs follow.** For instance, if a child is living in a household where their parents cannot meet their basic needs (one ACE), they could be removed from the household and placed in foster care (a second ACE).

In Mississippi, some ACEs are more common than they are for children nationally. In the chart below, national and state-level differences are shown. The most notable differences are in poverty (51.5% of Mississippi children's households struggle to make ends meet, as compared to 42.2% of children nationally) and divorce (27.1% of Mississippi children experience parental divorce or separation as compared to 22.7% of children nationally).

ADVERSE CHILDHOOD EXPERIENCES AND DISCRIMINATION, 2022 [2]



Measuring ACEs

Researchers calculate Adverse Childhood Experiences by measuring the presence or absence of:

- Physical, emotional, & sexual abuse
- Physical and emotional neglect
- Mental illness in the home
- Parental/guardian incarceration
- Poverty
- Parental divorce or separation
- Witnessing domestic violence
- Substance abuse in the home
- Parental death

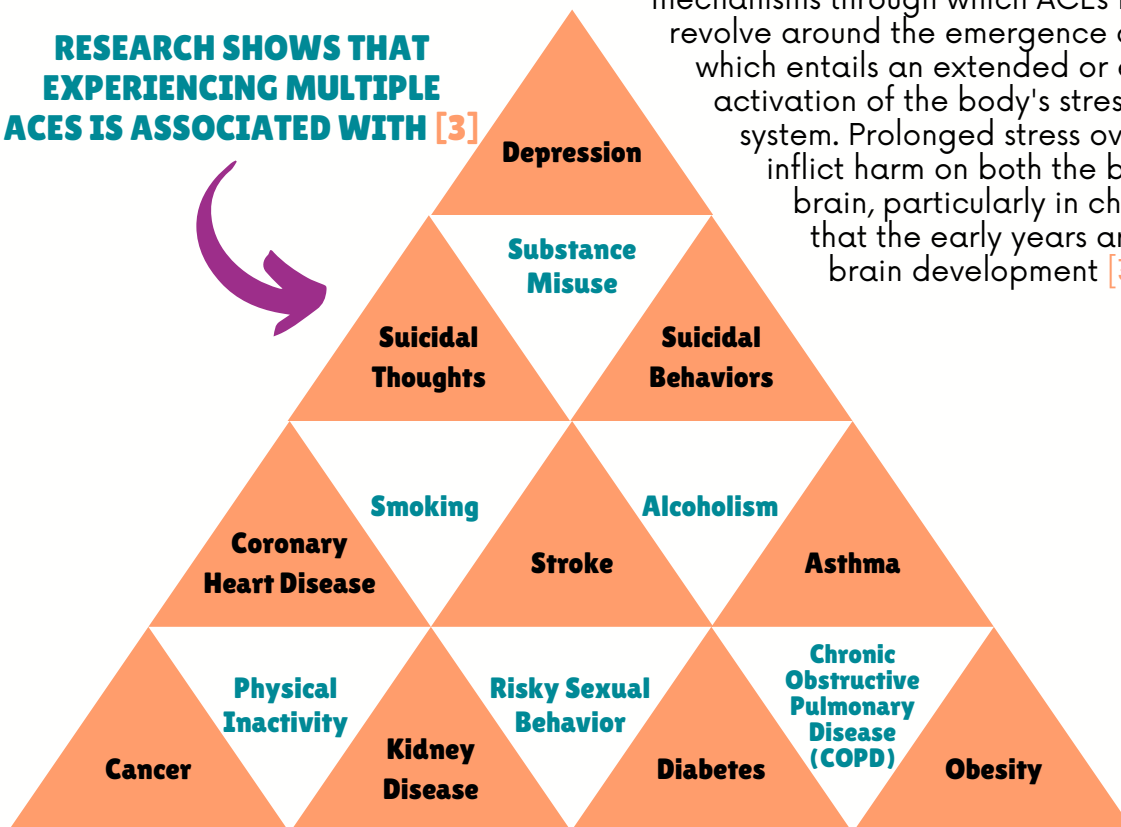
ADVERSE CHILDHOOD EXPERIENCES

Researchers have discovered a clear connection between Adverse Childhood Experiences (ACEs) and the top 5 leading causes of death (heart disease, cancer, respiratory diseases, diabetes, and suicide) [3]. ACEs have been observed to follow a generational pattern, with parents who abuse or neglect their child often having experienced childhood abuse or neglect themselves. **ACEs cause a cascade effect later in life; as ACEs compound, so do their repercussions on the body.** ACEs align with the evolving public health focus on proactive measures and the prevention of adverse outcomes before they manifest - **that is, by preventing ACEs, we can affect the health of generations to come.**

Decades of research have firmly established a correlation between ACEs and a heightened risk of developing chronic diseases and behavioral issues, encompassing conditions like obesity, autoimmune disorders, depression, and alcoholism [3]. The more ACEs an individual experiences, the greater their susceptibility to adverse outcomes. People with multiple ACEs are at an elevated risk of academic underachievement, unemployment, and the adoption of high-risk health behaviors such as smoking and substance abuse. These risky behaviors account for nearly half of the increased risk associated with ACEs. The underlying

mechanisms through which ACEs impact health revolve around the emergence of toxic stress, which entails an extended or excessive activation of the body's stress response system. Prolonged stress over time can inflict harm on both the body and the brain, particularly in children, given that the early years are pivotal for brain development [3].

RESEARCH SHOWS THAT EXPERIENCING MULTIPLE ACEs IS ASSOCIATED WITH [3]



and social outcomes such as lack of health insurance, unemployment, and less than a high school diploma or equivalent education.

CONDITIONS AND CIRCUMSTANCES SUCH AS THESE OFTEN MAKE IT DIFFICULT FOR THOSE AFFECTED BY ACEs TO KEEP UP WITH THEIR PEERS EDUCATIONALLY, PROFESSIONALLY, AND PHYSICALLY.



ADVERSE CHILDHOOD EXPERIENCES

The Youth Risk Behavior Surveillance System (YRBSS) tracks key health-risk behaviors among youths and young adults aged 9 to 18 [4]. These priority health-risk behaviors, which encompass interconnected and preventable actions contributing to the primary causes of illness and mortality in young people and adults, typically take root during childhood and adolescence and persist into adulthood. Many of the behaviors measured by YRBSS, such as substance use and sexual conduct, are also linked to educational and social outcomes, including absenteeism, subpar academic performance, and school dropout rates. YRBSS data is gathered from various sources, including a nationwide school-based survey administered by the CDC, as well as state, territorial, tribal, and major urban school district surveys conducted by educational and health agencies.

The graphics that follow show comparisons of risk behaviors experienced by youth living in Mississippi and the United States as a whole. Findings indicate that Mississippi youth endorsed more risky behaviors than the general population of youth in the United States. Statistically significant differences are denoted with an asterisk.

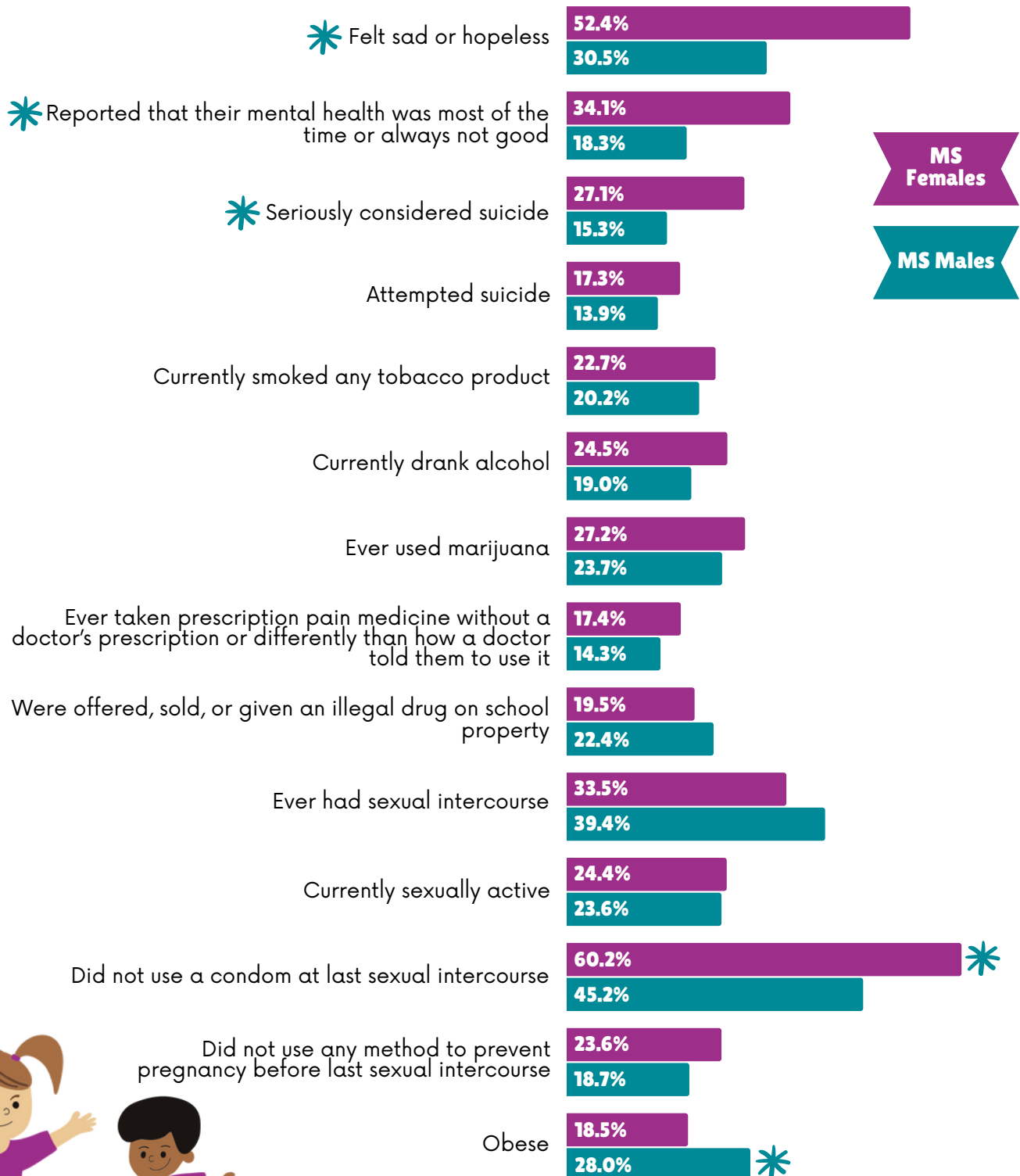
FINDINGS FROM THE MISSISSIPPI AND US YRBS, 2021 [4]



ADVERSE CHILDHOOD EXPERIENCES

Digging in deeper, we examined Mississippi trends by gender. In the chart below, statistically significant differences are denoted with an asterisk.

FINDINGS FROM THE MISSISSIPPI YRBS, BY GENDER, 2021 [4]



THE STATUS OF YOUTH IN MISSISSIPPI:

MENTAL HEALTH OF MISSISSIPPI'S YOUTH



When individuals experience mental wellness, they are more productive, engaged, and supportive members of their families and communities. Just as a vehicle has certain warning lights to indicate there are concerns for a smooth ride, there are often “warning lights” in our environments and circumstances that may disrupt our health and well-being. The warning lights are more likely, depending upon the number of Adverse Childhood Experiences (ACEs) that individuals may have experienced. The warning lights indicate the need for specific interventions. Having accessible professionals trained for specialized interventions delivered in a timely manner with appropriate follow-up care is critical for positive mental health functioning. A primary goal of receiving mental health services is to maintain a level of functioning that works for individual well-being. Individuals achieve this goal by developing a set of tools that they can use to increase coping skills and recognize “warning lights” that may occur in the future.

We are seeing concerning trends in mental health among youth in Mississippi. An estimated 15% of Mississippi youth have experienced a major depressive episode within the last year [1,2].

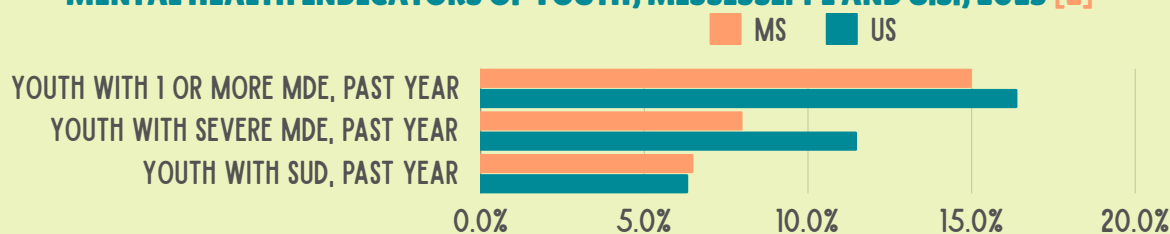
WHAT IS A MAJOR DEPRESSIVE EPISODE?

Major Depression is one of the most common mental disorders in the U.S. For some, major depression can result in severe impairments and limit one's ability to function. A Major Depressive Episode includes 2 or more weeks with 5 or more of the following symptoms:

- Feelings of worthlessness or hopelessness
- Inability to sleep or increased sleep
- Lack of energy
- Poor concentration
- Appetite changes
- Suicidal ideation and planning
- Depressed mood most of the time
- Psychomotor agitation or retardation
- Fatigue
- Excessive guilt
- Loss of interest
- Impaired thinking

The latest data reported by Mental Health America shows the prevalence of mental health indicators among youth with rankings by state (note: higher-ranked states show lower rates of mental health concerns than lower-ranked states) [2]. Reports reveal that Mississippi ranked 10th in ‘Youth with 1 or more major depressive episodes (MDE)’ with 15% of youth reporting 1 or more MDE in the last year, compared to 16.4% of youth nationally. MS ranked 3rd in ‘Youth with severe MDE in 2023’ with 8% of MS youth having severe MDE, compared to 11.5% of youth nationally. Looking at the prevalence of substance use disorder (SUD) among youth shows that MS ranked 23rd with 6.5% of MS youth reporting SUD, compared to 6.34% of youth, nationally. Looking at trends across the years reveals that mental health among MS youth is improving compared to other states in the U.S. For example, Mississippi's overall youth rankings were 13th (2022), 18th (2021), and 29th (2020) [2].

MENTAL HEALTH INDICATORS OF YOUTH, MISSISSIPPI AND U.S., 2023 [2]



According to the 2023 Department of Mental Health (DMH) directory of services for children and youth [3], 11 regional Community Mental Health Centers (CMHCs) provide services for children and youth. These 11 CMHCs serve all 82 counties in the state with physical central and satellite offices in 79 counties. All 11 CMHCs offer a variety of services, including traditional outpatient services (individual and/or family therapy, community support services) school-based mental health services, Intensive Community Support Services, and access to a local-level Making a Plan (MAP) Team. In addition, Mississippi Youth Programs Around the Clock (MYPAC) and Wraparound Facilitation are offered statewide by two providers as well as some regionally based private providers and CMHCs.

There are 34 residential treatment facilities in the state which include (a) Therapeutic Foster Care, (b) Therapeutic Group homes, (c) Residential A&D Recovery programs, and (d) Psychiatric Inpatient services [3]. These 34 residential treatment facilities are located in 21 counties throughout Mississippi.

[illegible]

A map of Iowa showing its 99 counties. Each county is labeled with its name and the number of U.S. Representatives it elects, indicated by a red number. The numbers are: 1 for Adams, Allamakee, Ansonia, Audubon, Boone, Bremer, Buchanan, Butler, Calhoun, Cass, Cedar, Cherokee, Clarke, Clay, Clinton, Crawford, Dallas, Davis, DeWitt, Dubuque, Emmet, Franklin, Fremont, Fulton, Hamilton, Hancock, Harlan, Harrison, Howard, Humboldt, Ida, Jasper, Johnson, Jones, Keosauqua, Keokuk, Laramie, Lee, Lincoln, Linn, Louisa, Lucas, Madison, Mahoning, Marion, Marshall, Mason, Mercer, Miami, Mills, Mitchell, Monona, Monroe, Montgomery, Muscatine, Newton, Norman, O'Brien, Osage, Ottawa, Packer, Page, Polk, Pottawattamie, Pulaski, Putnam, Randolph, Ray, Rich, Ringgold, Rock, Sac, Salem, Shelby, Sioux, Story, Tama, Taylor, Taylor, Union, Van Buren, Warren, Washington, Wayne, Webster, Winnebago, Winnish, Woodbury, Woodland, Wright, and York. The number of representatives for each county is: Adams (1), Allamakee (1), Ansonia (1), Audubon (1), Boone (1), Bremer (1), Buchanan (1), Butler (1), Calhoun (1), Cass (1), Cedar (1), Cherokee (1), Clarke (1), Clay (1), Clinton (1), Crawford (1), Dallas (1), Davis (1), DeWitt (2), Dubuque (2), Emmet (1), Franklin (1), Fremont (1), Fulton (1), Hamilton (1), Hancock (1), Harlan (1), Harrison (1), Howard (1), Humboldt (1), Ida (1), Jasper (1), Johnson (1), Jones (1), Keosauqua (1), Keokuk (1), Laramie (1), Lee (1), Lincoln (2), Linn (1), Louisa (1), Lucas (1), Madison (1), Mahoning (1), Marion (1), Marshall (1), Mason (1), Mercer (1), Miami (1), Mills (1), Mitchell (1), Monona (1), Monroe (1), Montgomery (1), Muscatine (1), Newton (3), Norman (1), O'Brien (1), Osage (1), Ottawa (1), Packer (1), Page (1), Polk (1), Pottawattamie (1), Pulaski (1), Putnam (1), Randolph (1), Ray (1), Rich (1), Ringgold (1), Rock (1), Sac (1), Salem (1), Shelby (1), Sioux (1), Story (1), Tama (1), Taylor (1), Taylor (1), Union (1), Van Buren (1), Warren (1), Washington (1), Wayne (1), Webster (1), Winnebago (1), Winnish (1), Woodbury (1), Woodland (1), Wright (1), and York (1).

THE STATUS OF YOUTH IN MISSISSIPPI:

MENTAL HEALTH OF MISSISSIPPI'S YOUTH



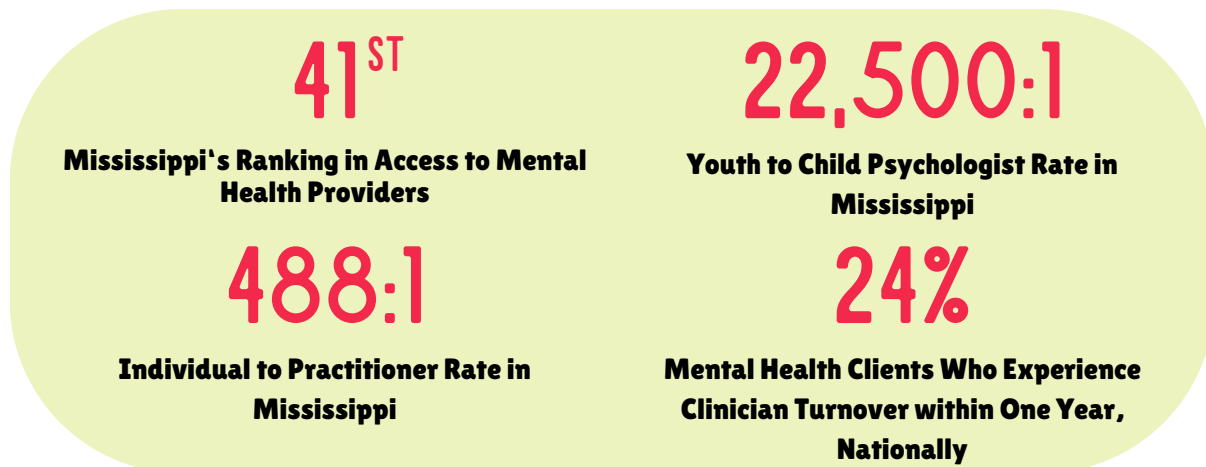
MISSISSIPPI'S MENTAL HEALTH WORKFORCE

Mississippi is considered a Health Professional Shortage Area (HPSA).

WHAT IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA)?

An HPSA is a federally-designated area where there is a “documented shortage of health care providers (primary care, dental, or mental health) as well as the existence of barriers to accessing care including lack of public transportation, travel time, and distance to the next source of non-designated care and high poverty” [4].

Mississippi ranks 41st in the nation regarding access to mental health providers [5]. As of 2022, there are 222.5 psychiatrists, psychologists, licensed clinical social workers and counselors, and advanced practice nurses practicing **per 100,000 individuals** working in Mississippi; this equates to roughly 488 individuals per mental health practitioner in the state [5]. Furthermore, the AAMC reports only **44 active child and adolescent psychiatrists** in the state as of 2021; analyses reveal a rate of roughly 22,500 youth per child psychiatrist in Mississippi [6].



High rates of turnover among mental health providers, between 24-60% each year, pose a significant problem and contribute to provider shortages [7]. Furthermore, nearly ¼ (24%) of clients report experiencing clinician turnover within a one-year period [8]. This turnover can negatively impact providers, agencies, and patients due to disruptions in services and inadequate quality of care. Clinician turnover is linked to emotional exhaustion due to the demands of the work as well as financial strain related to low wages [9,10]. Clinicians tend to report greater financial strain than 2/3 of the U.S. adult population. Furthermore, providers who perceive greater financial strain are 1.3x more likely to leave their agency the following year.

THE STATUS OF YOUTH IN MISSISSIPPI:

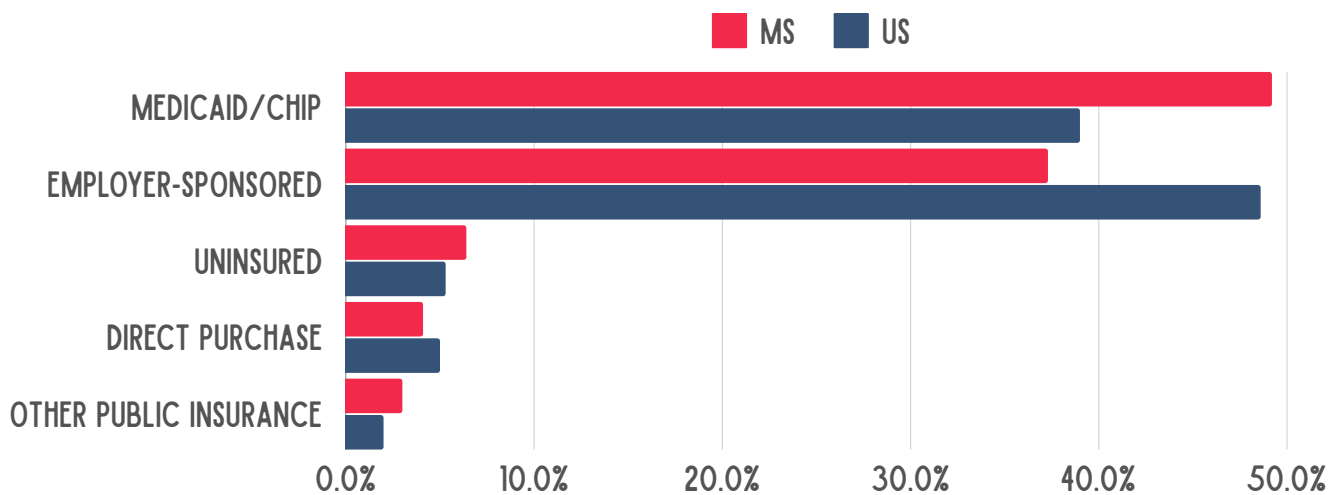
MENTAL HEALTH OF MISSISSIPPI'S YOUTH

MENTAL HEALTH & MEDICAID

Healthcare and mental healthcare coverage is particularly important for children because it provides access to care that supports healthy development. When children receive the health and mental healthcare they need, they are more likely to succeed in school and the workforce as adults, as well as experience better health throughout the lifespan.

Although the state shows an improvement in the proportion of uninsured persons [from 20% uninsured in 2013 to 14% in 2021], Mississippi continues lagging behind the national averages of uninsured individuals [from 17% uninsured in 2013 to 10% in 2021] [11]. Children and youth in Mississippi follow this trend wherein 6.2% of children in the state are uninsured, compared to 5.4 children, nationally [12]. Looking at children by age reveals that roughly 7% of children between 6 and 18 and 4% of children under 6 lack coverage in the state. Figure # below shows how Mississippi's children are covered.

SOURCES OF MEDICAL COVERAGE FOR MISSISSIPPI CHILDREN, 2021 [12]



As of June 2023, the Mississippi Division of Medicaid reports that 24% (779,857 individuals) of the population of Mississippians are covered by Medicaid [11]. Over 93% of children are eligible to participate in Medicaid or MS CHIPS; however, only 45% of children in Mississippi are covered by Medicaid [12].

The Division of Medicaid measures the quality of services and care outcomes for children using a set of standardized, evidence-based measures [11]. Trends for quality measures in Mississippi rank between worst and median rankings when stacked against other states in the U.S., including behavioral health care, care of acute and chronic conditions, dental and oral health services, and primary and preventative care.



THE STATUS OF YOUTH IN MISSISSIPPI:

CHILDREN & YOUTH IN PROTECTIVE CARE

Just as plants and trees need strong roots for stability, children's well-being begins early and is dependent upon strong, safe, and supportive environments and relationships with caring adults. When these strong relationships begin at birth and are supported over time, it can strengthen a child's sense of belonging and safety. In turn, children are more likely to thrive across subsequent development stages. Just as plants' growth is influenced by water, soil, and air, children and youth's environments and relationships can result in many positive outcomes to help facilitate growth and expand possibilities. When there is not a strong root system or a nurturing environment with strong relationships, children and youth need programs that can build stronger connections with their families and other caring adults.

SPOTLIGHT: MDCPS

While a vast array of extended family members, churches, and community organizations are often informally supporting children and youth across Mississippi to "fill in the gaps," sometimes more support is needed to assist children and families. One such organization is the Mississippi Department of Child Protection Services (MDCPS). MDCPS operates the state's child welfare services, including a 24/7 hotline for child abuse and neglect reports [1].

Tremendous strides are being made at MDCPS. In an effort to create a seamless service delivery system for children and families, the agency is improving data systems (anticipated rollout: June 2024), stabilizing the workforce by substantially decreasing social worker turnover rates, maximizing IV-E funding, and piloting a care portal in collaboration with Lifeline to match needs and resources of youth in foster care.

WHO IS IN CARE?

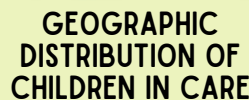
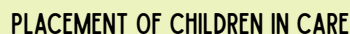
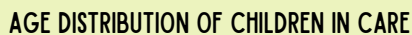
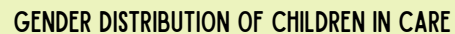
Most children in CPS custody in the state are displaced due to neglect, abuse, or a combination of both [2]. However, neglect is often difficult to separate from poverty, or simply not having enough to provide. A lack of financial resources and a lack of familial support were the second and third most prevalent reasons judges and referees reported seeing neglect cases [2]. Mississippi is a unique context due to high rates of childhood poverty and the rural nature of the state.

Poverty is prevalent among children here, with 28% of Mississippi children living in poverty as compared to 19% of children nationally. Further, much of the state is rural and parents living in rural areas report struggling to find critical resources like affordable child care and healthy foods. To redefine neglect and to mitigate the effects of poverty, the Administration of Courts (AOC) partnered with Casey Family Programs, the University of Mississippi Child Advocacy Clinic, and Mississippi Judicial College to study the feasibility of redefining neglect to consider the effects of poverty as opposed to intentional neglect [1].



Regarding placement type, slightly more than one third of children and youth (38.1%) were placed with non-relatives while 28.5% were placed in foster homes with a relative. Geographically, children in care are distributed widely, with the highest concentrations in Jackson, Harrison, Hinds, Lee, and Lowndes Counties.

3,804 TOTAL CHILDREN IN CARE



THE STATUS OF YOUTH IN MISSISSIPPI:

CHILDREN & YOUTH IN PROTECTIVE CARE

YOUTH TRANSITION SUPPORT SERVICES

Starting in 2018, the State introduced Youth Transition Support Services (YTSS), offering transitional support to adolescents aged 14 and older within the organization [1]. This innovative approach enhances the agency's ability to bolster the outcomes for youth who are transitioning out of care, while also diversifying the range of services accessible to young individuals based on their unique needs.

Additionally, aftercare services remain accessible to young adults between the ages of eighteen (18) and twenty-one (21). YTSS aftercare functions as an assessment and community-oriented program, extending support to individuals aged 18-21 who have left the care system [1]. Transition Navigators administer the Youth Appraisal to youth seeking assistance, facilitating the identification of their specific needs and making soft referrals as deemed necessary. These services aim to assist youth in achieving a successful transition to adulthood, encompassing several critical components:



YOUTH ADVISORY COUNCIL

The Commissioner of CPS convenes quarterly meetings of the Youth Advisory Council (YAC) to share their experiences and any needed feedback to MDCPS.

- 1 Ensuring access to stable and suitable housing**
- 2 Avoiding legal entanglements**
- 3 Active participation in educational or vocational programs**
- 4 Cultivating essential life skills**
- 5 Establishing social and financial resources**
- 6 Developing community connections**
- 7 Connecting youth to vital community-based resources essential for achieving self-sufficiency**

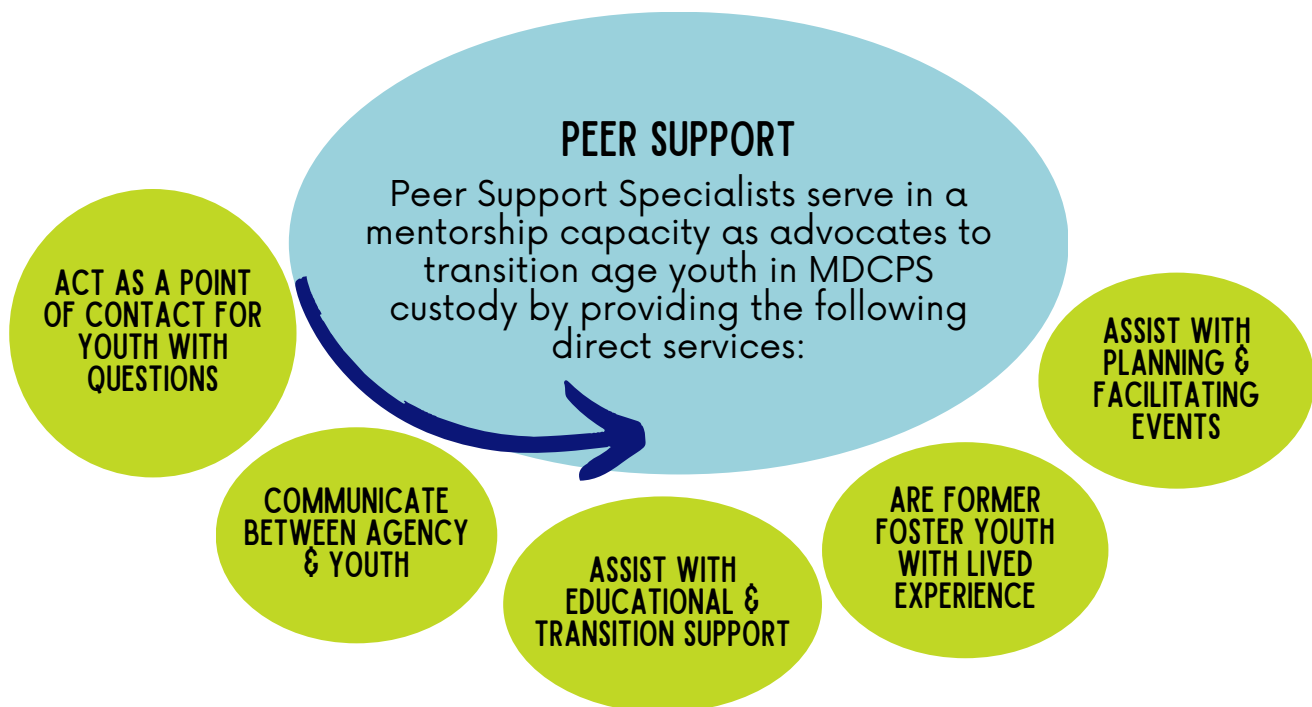
All eligible youth are strongly encouraged to participate in community-based life skill learning opportunities offered through community-based organizations. This holistic approach aims to provide comprehensive support to youth as they navigate the path to self-sufficiency and adulthood.

HIGHLIGHTING HANCOCK COUNTY

The Hancock County Youth Court, under the guidance of Judge Trent Favre, has implemented several new programs that have shifted trends in children in custody for the county. These programs include a Court Appointed Special Advocate (CASA) network, a peer support network for parents, and Trust Based Relational Intervention (TBRI) principles to enhance relationships with the families and children in custody [4].

THE STATUS OF YOUTH IN MISSISSIPPI:

CHILDREN & YOUTH IN PROTECTIVE CARE



The Department is partnering with local and regional housing authorities throughout the state to secure Foster Youth to Independence housing vouchers for youth in care or out of care and homeless. Memorandums of Understanding have been secured with several housing authorities and private child welfare providers to offer housing options and support to youth [1].

MDCPS provides a number of stipends and incentives to support independent living among transitional youth. Stipends are available for the following:

- Attend skills classes
- Earn GED or high school diploma
- Attend post-secondary schooling
- Receive assistance with living expenses
- GED/ACT preparation
- Peer mentorship
- Youth summer camps or retreats



"Over the last three years we have made great strides at MDCPS, but we still have a lot to do. I will never be satisfied with the status quo, and my team is committed to the hard task of creating systemic change in state government that will improve outcomes for future generations of Mississippi children and youth."

-ANDREA SANDERS, LMSW, JD, COMMISSIONER OF MDCPS

HEADING INTO ADULTHOOD

Emerging adulthood constitutes a distinctive developmental phase spanning from 18 to 25 years of age, marked by pivotal developmental milestones that enable self-discovery and the formation of one's identity. It is imperative to delineate young adulthood as a distinct stage, separate from both adolescence and full-fledged adulthood as young adults are defining themselves and making choices that will impact the rest of their lives.

This demographic encounters elevated incidences of injuries, mental health challenges, substance misuse, and sexual/reproductive health concerns. Their propensity for risk-taking behaviors and the consequent adverse health outcomes render young adults particularly vulnerable [1]. These trends indicate a need for increased support and practical resources to successfully establish themselves as positive and productive members of their communities.

DEVELOPMENTAL TASKS OF YOUNG ADULTS INCLUDE:



As young adulthood presents rapidly changing dynamics, individuals in this developmental phase encounter an increased susceptibility to negative health outcomes. Risky health behaviors, often rooted in adolescence, tend to intensify during the young adult years. Empowered by newfound independence, young adults may venture into behaviors such as excessive alcohol consumption, illicit drug use, and driving while impaired [1]. The unique aspects of identity exploration that accompany this life stage can exert a considerable influence on the adoption of these risky health behaviors.

When it comes to their health, young adults are more likely to suffer than adolescents and middle-aged adults due to hazardous health practices. Young adults rank highest in terms of morbidity and mortality rates attributed to motor vehicle accidents, homicides, mental health challenges, sexually transmitted infections (STIs), and substance misuse when compared to all other age brackets [2].

THE BEHAVIORAL PATTERNS FORMED AND THE LIFESTYLE CHOICES MADE DURING YOUNG ADULTHOOD EXERT SUBSTANTIAL INFLUENCE OVER AN INDIVIDUAL'S HEALTH AND WELL-BEING THROUGHOUT THEIR LIFESPAN.



HEADING INTO ADULTHOOD

ISSUES FACING YOUTH IN TRANSITION

The developmental tasks of this age cohort are compounded by the fact that many lose tangible support, such as housing and public benefits, during this time. These combined struggles can lead to disparate negative outcomes for young adults. Common challenges include:



1. POVERTY & INCOME INSTABILITY

- The poverty rate jumps by more than 8% between ages 17-21 [3,4].
- Roughly one quarter of the low-wage workforce is comprised of those aged 18-24. The labor market prospects of adolescents and young adults (ages 16 to 29) have been severely affected by the pandemic, with the most significant declines observed among Black and Latino youth and those with lower levels of education [3,5].

2. HOUSING INSTABILITY

- Approximately 1 in 30 adolescents ages 13 to 17 and 1 in 10 young adults ages 18 to 25 experience homelessness each year [3,5].
- These rates are higher among youth with experience in child protection services.

3. VULNERABILITY TO LEGAL SYSTEM INVOLVEMENT

- Neuroscience research shows that people in this age group often have a relatively limited capacity to resist peer pressure or control impulses, even when they understand that their behavior is risky or harmful [3].
- Because of this, young adults ages 18 to 24, especially those with behavioral health needs, are more likely than people in other age groups to be involved with the legal system.



"Because we know that youth who exit foster care without achieving permanency are at risk for many adverse outcomes, it is imperative that we diligently work to help children maintain connections to caretakers who will not only ensure their safety, but also provide the best opportunity for them to grow."

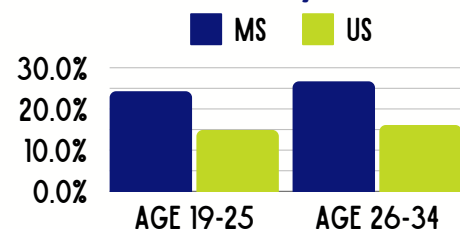
-JUDGE TRENT FAVRE, HANCOCK COUNTY YOUTH COURT

Health insurance coverage for young adults increases the probability of accessing preventive health services and promotes well-being. In 2019, the uninsured rate was higher for young adults aged 26 to 34 than for those aged 19 to 25 in Mississippi [6]. This lack of health insurance makes young adults less likely to have a usual source of care (e.g., a primary care physician or medical home) [6].

These trends related to health insurance coverage occur because emerging adults face changes in eligibility for coverage at the ages of 19 and 26 [6].

- At the age of 19, young adults are no longer eligible for public coverage through the Children's Health Insurance Program (CHIP) in most states, but may still be covered as a dependent on a parent's private health insurance plan.
- At the age of 26, young adults are no longer eligible to be covered as a dependent through a parent's health insurance plan, but may access public coverage if they meet requirements, including having income below a certain threshold.

RATES OF UNINSURED YOUNG ADULTS IN MISSISSIPPI AND NATIONALLY, 2019



HEADING INTO ADULTHOOD

TRANSITIONS IN EDUCATION

A major win in education over the past five years has been the state's high school graduation rate increase from 83% in 2018 to 88% in 2022. This increase has been consistent among all subgroups examined in state-level data.

Despite the growing number of on-time graduations, the percentage of students immediately entering postsecondary institutions following high school has not yet reached pre-pandemic levels. White students from the Class of 2021 exhibited a surge in postsecondary enrollment, while Black students, and students with disabilities have consistently declined in enrollment rates since the onset of the pandemic.

Further research should be conducted to examine these differences in postsecondary enrollment.

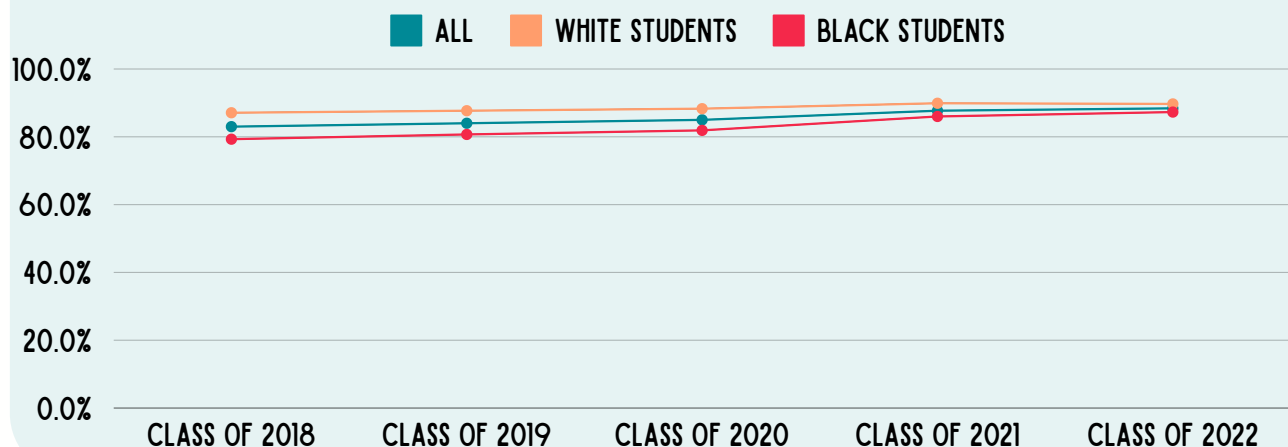


THE FAITH ACT

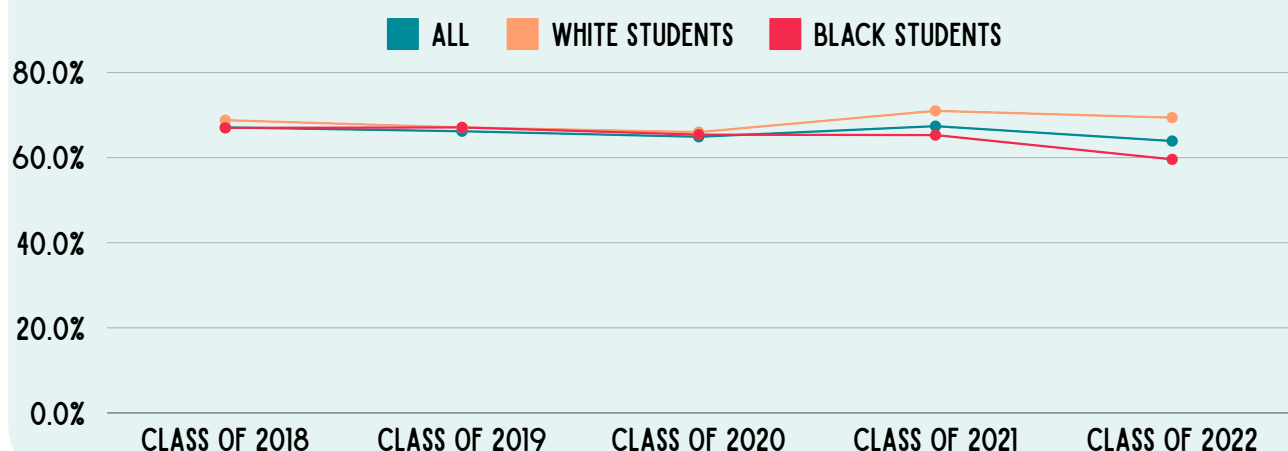
In 2022, the Mississippi Legislature passed the Fostering Access and Inspiring True Hope (FAITH) Scholarship Program (H.B. 1313). This program is designed to provide former foster youth with financial support to attend higher education programs within the state.

In its inaugural semester, 171 young people participated in the program, taking advantage of more than one million dollars in financial aid [7].

HIGH SCHOOL GRADUATION RATES BY DEMOGRAPHIC GROUP, 2018–2022 [8]



POST-SECONDARY EDUCATION ENROLLMENT BY DEMOGRAPHIC GROUP, 2018–2022 [8]



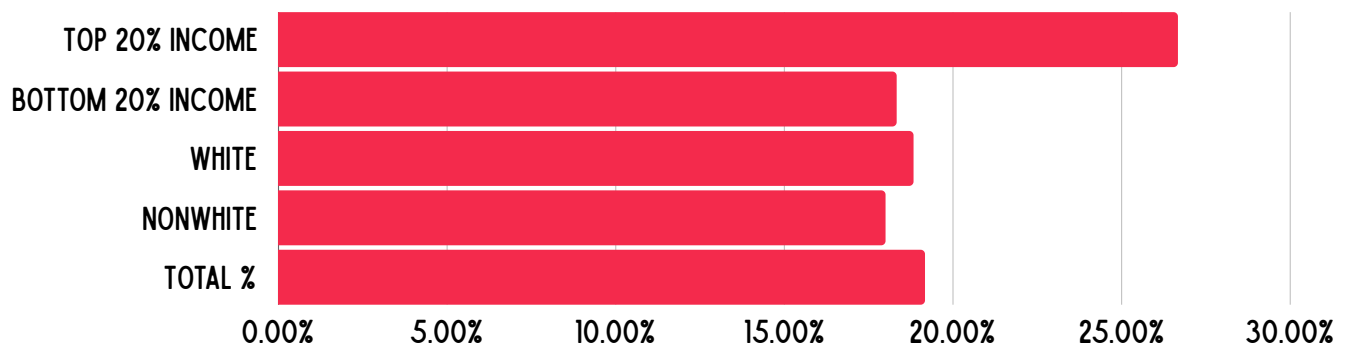
HEADING INTO ADULTHOOD

In the year 2020, the Mississippi Education Achievement Council made an observation that 45% of the working population held a college degree. In response, they set an ambitious goal to raise this figure to a minimum of 55% by the year 2030. This aspiration was grounded in the understanding that the future economy is likely to demand a more highly educated workforce due to the rapid pace of technological advancement.

MIGRATION & THE RETENTION OF YOUTH

The Young Adult Migration Data tool utilizes data from the decennial census, survey, and tax data to measure migration between locations in childhood and young adulthood. Childhood locations are measured at age 16 and locations in young adulthood are measured at age 26 [9]. Investigating migration patterns across the more urban areas in the state reveals that about 20% of young adults move out of the state between ages 16 to 26. While those numbers hold constant when looking at white and nonwhite residents, a stark difference exists by income level. Trends reveal significantly more young adults from more affluent homes leave the state.

PERCENT OF MISSISSIPPI YOUNG ADULTS MOVING OUT OF STATE [9]



COMMON DESTINATIONS OF MISSISSIPPI YOUTH				
Atlanta, GA	Baton Rouge, LA	Birmingham, AL	Chicago, IL	Dallas, TX
Houston, TX	Mobile, AL	Nashville, TN	New Orleans, LA	Washington D.C.

These trends correspond to major shifts in geographic mobility patterns among highly-educated citizens. Some states are keeping and receiving a greater share of adults, while many others, like Mississippi, Arkansas, Alabama, and Louisiana, are maintaining a smaller share of young adults. This phenomenon has far-reaching implications, extending beyond the economic problems for states that lose young adults.

IDENTIFYING WHAT ATTRACTS YOUNG ADULTS TO STATES SUCH AS GEORGIA AND TENNESSEE AND DETERMINING RELEVANCY TO MISSISSIPPI COULD BE A POSITIVE STEP IN INCREASING THE RETENTION OF YOUNG PEOPLE IN THE STATE.



POLICY & PROGRAMMATIC CONSIDERATIONS

RECOMMENDATIONS FOR YOUNG CHILDREN

Continue state investments in quality pre-kindergarten via Mississippi's Early Learning Collaboratives and State-Invested pre-kindergarten programs that meet National Institute for Early Education Research (NIEER) benchmarks

Fund an economic impact study to track outcomes of children who receive timely assessments & interventions compared to children who do not

Increase the percentage of children screened for physical & developmental concerns prior to entry into licensed & home-based child care centers

Increase the percentage of children receiving Early Intervention Services in a timely manner



Increase the awareness of both the Pre-K tax credits & opportunities for employers' child care stipends to offset the expense of child care tuition by increasing public-private partnerships at the state & local level

"WHEN CHILD CARE WORKS, KIDS CAN HAVE POSITIVE EARLY EXPERIENCES AND PARENTS CAN PURSUE FAMILY-SUPPORTING CAREERS."

-LISA HAMILTON, PRESIDENT, CEO OF THE ANNIE E. CASEY FOUNDATION

As noted throughout the sections, it is clear that Mississippi's economic well-being is heavily dependent upon an active workforce. By supporting policies and innovative programs to improve quality early care and education, improving child development screening and referral and maximizing employer based tax credits, pathways are opened for more individuals to be employed without having to choose between employment and child care [1].

RECOMMENDATIONS FOR YOUTH

Expand availability of mental health professionals who offer services to children and youth, especially in underserved communities which include schools

Provide community members with training that enables them to recognize mental health challenges and develop a system of appropriate referral, intervention and follow-up

Increase access to dual-enrollment and dual-credit courses in high school

Facilitate continued access to Medicaid after leaving foster care

Provide financial incentives to enhance public-private partnerships in leveraging education, housing and employment and career readiness training opportunities for youth transitioning out of foster care

Engage and mentor youth in community organizations and advisory boards across the state to provide a variety of leadership development, networking and community engagement activities



The Children's Foundation of Mississippi's Blueprint II: Improving The Future of Mississippi's Youth Ages 9-18 [2] noted the following successful strategies which continue to be needed in Mississippi. Successful strategies in Mississippi include: a "commitment to long-term, sustainable programs that promote collaboration among all stakeholders and focus on common goals."

A critical component is the development of comprehensive, coordinated data systems where stakeholders share data to identify needs and gaps, track progress, reduce duplication of services, and make adjustments to improve the system. These data systems allow successful states to measure outcomes, not just process them, and to hold service providers accountable for improving outcomes."

ECONOMIC IMPACTS

CHILDCARE AVAILABILITY & WORKFORCE

Early childhood education (ECE) plays a crucial role in current economic dynamism and in shaping the future economic landscape. By providing young children with a strong foundation in learning, ECE fosters the development of essential cognitive and social skills, which are fundamental for future academic success and workforce readiness.

In Mississippi, where educational outcomes and economic development are so interlinked, investment in early childhood education is vital for long-term economic growth. This early investment in human capital is critical in preparing a well-educated and skilled workforce, necessary for driving innovation and productivity in a competitive global economy. ECE also empowers the existing workforce by allowing parents to enter more fully and reliably into the labor market, increasing the labor force participation of mothers, for example, by up to 12% [1].

Quality Early Childhood Education can increase math and reading scores in elementary school for children who attend. It has also been shown to provide positive benefits for children's social and emotional development. In a variety of contexts, researchers consistently find improvements in child development [1].

High-quality early education opportunities can mitigate the effects of socioeconomic disparities, offering children a chance to acquire skills and knowledge that may not be available in their immediate environment. For example—directly resulting from increasing Head Start quality and availability, there was a 13 percent reduction in the difference between white and Hispanic students' test scores. In fact, other studies have shown that gains in test scores from quality ECE are larger for children who would not otherwise have attended preschool [2]. This inclusivity not only benefits the individual children but also contributes to a more equitable society, where economic opportunities are not strictly determined by one's background.

From a macroeconomic perspective, investing in quality ECE offers a high return on investment (ROI). Numerous studies have shown that for every dollar invested in ECE, society gains multiple times that amount in economic benefits over the long term. These benefits include higher rates of employment, increased earnings, and reduced social spending. Further, ECE supports the current workforce by allowing parents to engage in work or further education, knowing their children are in a safe and educational environment. This, in turn, contributes to higher productivity and economic growth.

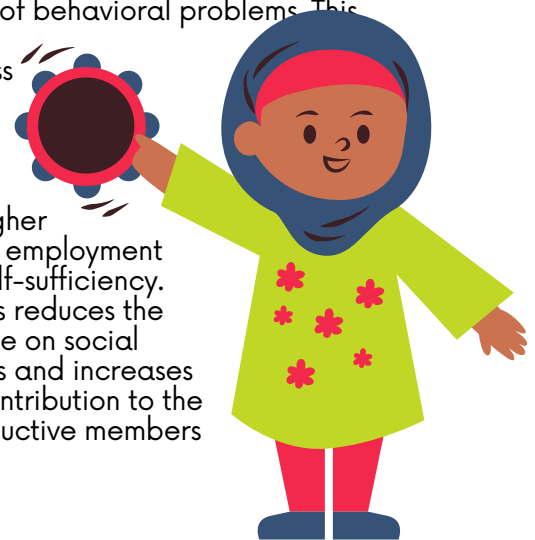
Importantly, the ECE sector itself is a significant contributor to the economy. It creates jobs, stimulates demand for educational materials and infrastructure, and supports ancillary services. The expansion of ECE services responds to the growing need for quality education in the early years, thus driving innovation and development in this sector.

The economic impact of early childhood education is substantial and far-reaching. It not only prepares individuals for future economic success but also contributes to societal equality, offers a strong ROI, and directly stimulates economic activity. Investing in ECE is an investment in the future economic prosperity and social well-being of Mississippi.

EARLY INTERVENTION & DEVELOPMENTAL SCREENING

Early childhood intervention and developmental screenings are vital investments with far-reaching economic implications. These early interventions, aimed at identifying and addressing developmental delays and disabilities in young children, play a pivotal role in shaping their future educational and economic outcomes. By detecting developmental issues early, these screenings enable timely intervention, which is often more effective and less costly than later remediation. Early detection and intervention not only support the child's cognitive, emotional, and social development but also reduce future expenditures in special education and healthcare.

The economic benefits of early childhood intervention extend into the educational realm. Children who receive these interventions are more likely to perform better in school, exhibit improved social skills, and have lower rates of behavioral problems. This enhances their learning readiness and academic achievement, leading to better educational outcomes and higher chances of future employment and economic self-sufficiency. Consequently, this reduces the long-term reliance on social welfare programs and increases their potential contribution to the economy as productive members of the workforce.



ECONOMIC IMPACTS

MENTAL HEALTH & ADVERSE CHILDHOOD EXPERIENCES

The economic importance of mental healthcare is multifaceted, encompassing individual well-being, workplace productivity, and broader societal impacts. At the individual level, accessible and effective mental healthcare is crucial for maintaining and improving mental health, which is a key component of overall health and quality of life. Mental health issues, if left untreated, can lead to significant personal costs, including decreased ability to function, loss of income, and increased healthcare expenses. By addressing mental health needs effectively, individuals can lead more productive and fulfilling lives, contributing positively to their communities and the economy at large.

In the workplace, the impact of mental healthcare is particularly evident. Mental health issues are among the leading causes of employee absenteeism and reduced productivity. When employees struggle with untreated mental health conditions, their performance and engagement at work can suffer significantly. This not only affects their personal career growth but also impacts the overall productivity of organizations. Investing in mental healthcare, including employee support programs and wellness initiatives, can significantly improve workforce productivity and morale. This not only benefits the individual employees but also enhances the overall economic output and competitiveness of businesses.

On a broader societal level, the economic impact of mental healthcare is profound. Untreated mental health conditions are a significant burden on healthcare systems and social services. They can lead to increased utilization of emergency services, hospitalizations, and long-term care, which in turn drive up healthcare costs. By investing in preventative and early intervention mental health services, governments and healthcare systems can reduce these costs significantly. Moreover, effective mental healthcare contributes to the reduction of societal issues such as homelessness, crime, and substance abuse, which are often linked to untreated mental health conditions.

CHILDREN & YOUTH IN PROTECTIVE CARE

High-quality care for children and youth in protective care is not just a critical social responsibility, it also has significant economic implications. Children in the protective care system often face unique challenges and require dedicated support to navigate their circumstances effectively. Providing stable placements, mental health services, and educational support plays a pivotal role in their development. This care can lead to better educational outcomes, reduced behavioral issues, and a smoother transition into adulthood.

Economically, investing in quality protective care and re-entry programs for youth translates to long-term savings and benefits. Children who receive consistent, supportive care are more likely to complete their education and less likely to become involved with the criminal justice system or require social welfare assistance as adults. This reduces the overall financial burden on public systems in the long run. Research indicates that improving educational and career and technical training in these programs can significantly enhance the employment prospects of youth, leading to higher lifetime earnings and contributions to the economy. Moreover, high-quality care and re-entry programs can mitigate the high costs associated with frequent placement changes and the resultant need for additional services. Consistent, supportive care environments contribute to better mental and physical health outcomes, reducing healthcare costs over time.

In conclusion, the economic impact of high-quality protective care extends beyond the immediate costs of these services. By investing in the well-being and development of these children and youth, we are contributing to the creation of a more stable, productive, and economically resilient society.



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ABOUT THE ANNIE E. CASEY FOUNDATION

A private philanthropy that creates a brighter future for the nation's children and youth by developing solutions to strengthen families, build paths to economic opportunity, and transform struggling communities into safer and healthier places to live, work, and grow. The Annie E. Casey Foundation's KIDS COUNT is a national and state effort to track the status of children in the United States. By providing policymakers and advocates with benchmarks on child well-being, the Foundation seeks to enrich local, state, and national discussions concerning ways to enable all children to succeed. Nationally, the Foundation produces KIDS COUNT publications on key areas of well-being, including the annual KIDS COUNT Data Book and periodic reports on critical child and family policy issues. The Foundation's KIDS COUNT Data Center — at datacenter.kidscount.org — provides the best available data on child well-being in the United States. Additionally, the Foundation funds the KIDS COUNT Network — which counts members from every state, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands — to provide a more detailed, local picture of how children are faring.

ABOUT THE CHILDREN'S FOUNDATION OF MISSISSIPPI

CFM is focused on improving the policies and systems that affect Mississippi children's well-being. We were founded in 2019 as a 501 (c) 3 to serve as a convener, facilitator, advocate, and catalyst for positive change. Since January 2020, the Children's Foundation has been home to Mississippi KIDS COUNT. The Children's Foundation produces the annual Mississippi KIDS COUNT Factbook and works in concert with the national KIDS COUNT Data Center. Additional recent publications include Mississippi's first-ever Risk and Reach Report (2021), as well as the CFM's Blueprint for Improving the Future of Mississippi's Children (2021 and 2022, Phase I and Phase II, respectively). We recognize that for Mississippi to reach its potential, our children must first reach theirs.

REFERENCES

CHILD CARE AVAILABILITY & WORKFORCE

- [1] Mississippi Department of Health Child Care Provider Search. www.msdh.provider.webapps.ms.gov/ccsearch.aspx
- [2] Census Bureau, Mississippi Profile. www.data.census.gov/profile/Mississippi?g=040XX00US28
- [3] KidsCount Data Center. www.datacenter.aecf.org/data/tables/8373-children-under-age-6-with-no-parent-in-the-laborforce?loc=26&loct=2#detailed/2/any/false/2026,1983,1692,1691,1607,1572,1485,1376,1201,1074/any/16967
- [4] Mississippi State University Extension Service. [www.extension.msstate.edu/family/children-and-parenting/nurturing-homes-initiative#:~:text=The%20Nurturing%20Homes%20Initiative%20\(NHI,experiences%20in%20family%20childcare%20homes](http://www.extension.msstate.edu/family/children-and-parenting/nurturing-homes-initiative#:~:text=The%20Nurturing%20Homes%20Initiative%20(NHI,experiences%20in%20family%20childcare%20homes)
- [5] KidsCount Data Center. www.datacenter.aecf.org/data/tables/5650-children-in-poverty-by-age-group?loc=26&loct=2#detailed/2/26/false/1095,2048,1729,37,871,870,573,869,36,868/8121,18,122/12263,12264
- [6] Annie E. Casey Foundation, Kids Count Databook. www.assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatabook-2023.pdf
- [7] KidsCount Data Center. www.datacenter.aecf.org/data/tables/6204-children-living-in-single-parent-families?loc=26&loct=2#detailed/2/any/false/2026,1983,1692,1691,1607,1572,1485,1376,1201,1074/any/12922
- [8] KidsCount Data Center. www.datacenter.aecf.org/data/tables/5043-children-whose-parents-lack-secure-employment?loc=26&loct=2#detailed/2/26/false/2048,1729,37,871,870,573,869,36,868,867/any/11452,11453
- [9] Magnolia Tribute (2023) www.magnoliatribune.com/2023/05/16/mdhs-removes-child-support-requirement-for-families-receiving-childcare-assistance/
- [10] Bureau of Labor Support. www.data.bls.gov/oes/#/geoOcc/Multiple%20occupations%20for%20one%20geographical%20area
- [11] Mississippi Department of Economic Security. www.mdes.ms.gov/media/389796/oep_lt_state.pdf
- [12] Social Science Research Center, Mississippi State University. www.scl.ssrc.msstate.edu/wp-content/uploads/2023/12/Wages-Survey-Full-Report-Formatted-compressed.pdf

EARLY INTERVENTION & DEVELOPMENTAL SCREENING

- [1] "The State of Mississippi's Babies." (2023) www.stateofbabies.org/state/mississippi/
- [2] Children's Foundation of Mississippi (2022). www.childrensfoundationms.org/research/msearlyintervention/
- [3] Early Childhood Learning & Knowledge Center (2019). <https://eclkc.ohs.acf.hhs.gov/sites/default/files/pdf/it-tips-ifsp.pdf>
- [4] Mississippi Department of Health, First Steps Early Intervention Program. www.msdh.ms.gov/page/41,0,74.html
- [5] RAND Corporation (2005). "Proven Benefits of Early Childhood Interventions." www.rand.org/pubs/research_briefs/RB9145.html
- [6] Zero to Three (2023). State of Babies Yearbook. www.zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf
- [7] State of Babies (2023), Indicators across States. www.stateofbabies.org/compare-indicators-across-states/#learning_indicators_screening
- [8] Centers for Disease Control, Milestones App. www.cdc.gov/ncbddd/actearly/milestones-app.html
- [9] Mississippi Early Childhood Inclusion Center, University of Southern Mississippi. www.mecic-usm.org/
- [10] Mississippi Department of Human Services, Child Care Resource & Referral Centers. www.mdhs.ms.gov/eccd/child-care-resource-referral-sites/
- [11] Department of Education, IDEA APR and State Determination Letters. www.sites.ed.gov/idea/idea-files/2022-spp-apr-and-state-determination-letters-part-b-mississippi/
- [12] Towle, et al., (2020). "Is Earlier Better? The Relationship between Age when Starting Early Intervention and Outcomes for Children with Autism Spectrum Disorder: A Selective Review." www.ncbi.nlm.nih.gov/pmc/articles/PMC7421097/
- [13] Mississippi Statistically Automated Health Resource System, Birth Tables. www.mstahrs.msdh.ms.gov/forms/birthtable.html
- [14] KidsCount DataCenter, Children in Poverty. www.datacenter.aecf.org/data/tables/43-children-in-poverty?loc=26&loct=2#detailed/2/26/true/1095,2048,1729,37,871,870,573,869,36,868/any/321,322
- [15] Department of Education, Part C. www.data.ed.gov/dataset/idea-section-618-data-products-static-tables-part-cs

REFERENCES

ADVERSE CHILDHOOD EXPERIENCES

- [1] Centers for Disease Control. <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- [2] America's Health Rankings (2022). https://www.america'shealthrankings.org/explore/measures/ACEs_8/MS
- [3] National Conference of State Legislatures (2022). <https://www.ncsl.org/health/adverse-childhood-experiences#:~:text=Researchers%20identified%20a%20link%20between,can%20follow%20an%20intergenerational%20pattern>
- [4] Mississippi Youth Risk Behavior Survey, 2021 <https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MS>

MENTAL HEALTH OF MISSISSIPPI'S YOUTH

- [1] Mississippi Department of Health (2020). Mississippi State Health Plan." www.msdh.ms.gov/page/resources/10034.pdf
- [2] Mental Health America (2023). "Country and State Data Maps." www.mhanational.org/mhamapping/mha-state-county-data
- [3] MS DMH (2023). "2022-2023 Children and Youth Services Directory." www.dmh.ms.gov/wp-content/uploads/2023/08/Children-and-Youth-Services-Directory-2023.pdf
- [4] Office of Mississippi Physician Workforce (2023). "Physician Workforce" www.ompw.org/OMPW/Resources/Physician%20Workforce1.html
- [5] United Health Foundation (2022). "America's Health Rankings Annual Report." www.america'shealthrankings.org/explore/measures/MHP/MS
- [6] Association of American Colleges (2020). "Mississippi Physician Workforce Profile." www.aamc.org/media/58236/download
- [7] Fukui et al., (2020). "Characteristics and Job Stressors Associated With Turnover and Turnover Intention Among Community Mental Health Providers." www.ps.psychiatryonline.org/doi/10.1176/appi.ps.201900246
- [8] Johnson Kwochka et al., (2019). "The Relationship Between Clinician Turnover and Client Outcomes in Community Behavioral Health Settings." www.ps.psychiatryonline.org/doi/10.1176/appi.ps.201900169
- [9] Dishop et al., (2022). "Predicting Turnover: The Moderating Effect of Functional Climates on Emotional Exhaustion and Work Attitudes." www.ncbi.nlm.nih.gov/pmc/articles/PMC8906191/
- [10] Adams et al., (2019). "Therapist Financial Strain and Turnover: Interactions with System-Level Implementation of Evidence-Based Practices." www.ncbi.nlm.nih.gov/pmc/articles/PMC7083521/
- [11] Mississippi Division of Medicaid (2023). "Medicaid in Mississippi." www.files.kff.org/attachment/fact-sheet-medicaid-state-MS
- [12] Center for Children and Families (2022). "Children's Healthcare Report Card: Health Coverage Report, Mississippi state profile." www.kidshealthcarereport.ccf.georgetown.edu/states/mississippi/

CHILDREN & YOUTH IN PROTECTIVE CARE

- [1] MDCPS (2023). 2023 ANNUAL PROGRESS SERVICE REPORT (APSR). www.mdcps.ms.gov/sites/default/files/Mississippi%202023%20APSR.pdf
- [2] Children's Foundation of Mississippi (2023). "An Overview of Child Welfare in Mississippi." www.childrensfoundationms.org/research/an-overview-of-child-welfare-in-mississippi/

REFERENCES

CHILDREN & YOUTH IN PROTECTIVE CARE, CONTINUED

- [3] Personal communication with Karen Rosamond (Dec 2023). Mississippi Department of Child Protection Services
- [4] The Sea Coast Echo (2023). "Hancock County Youth Court Hosts the Science of Addiction Training." www.seacoastecho.com/news/hancock-county-youth-court-hosts-the-science-of-addiction-training/article_b7906564-bf85-11ed-89d8-0b9df5658864.html

HEADING INTO ADULthood

- [1] Higley (2019). "Defining Young Adulthood." www.repository.usfca.edu/dnp_qualifying/17
- [2] Institute of Medicine & National Research Council (2014). "Health care for young adults: Findings and recommendations from the report." www.nationalacademies.org/hmd/~media/Files/Report%20Files/2014/YA/YAs_Health_Care_brief.pdf
- [3] Urban Institute (2020). "Stabilizing Young People Transitioning to Adulthood Opportunities and Challenges with Key Safety Net Programs." www.urban.org/sites/default/files/publication/103583/stabilizing-young-people-transitioning-to-adulthood_2.pdf
- [4] Hawkins (2019). "The Rise of Young Adult Poverty in the U.S." Berkeley, CA: Goldman School of Public Policy
- [5] Ross and Bateman (2019). "Meet the Low-Wage Workforce." Washington, DC: Metropolitan Policy Program at Brookings
- [6] US Census Bureau (2020). 2019 American Community Survey; 1-year estimates. www.census.gov/content/dam/Census/library/publications/2020/acs/acsbr20-02.pdf
- [7] Personal Communications with Jennifer Rogers (Nov 2023). Institute of Higher Learning (IHL)
- [8] Mississippi First (2023). "Trends in High School Graduation and Postsecondary Enrollment Rates." www.mississippifirst.org/blog/rising-high-school-graduation-rate/
- [9] US Census Bureau (2022). "Young Adult Migration." <https://www.migrationpatterns.org/>

POLICY & PROGRAMMATIC CONSIDERATIONS

- [1] Children's Foundation of Mississippi, KidsCount Factbook (2023). www.childrensfoundationms.org/research/2023-ms-kids-count-factbook/
- [2] Children's Foundation of Mississippi, Blueprint II (2023). www.childrensfoundationms.org/research/blueprint-phase-ii/

ECONOMIC IMPACTS

- [1] Hojman and Boo (2022). "Public childcare benefits children and mothers: Evidence from a nationwide experiment in a developing country." <https://www.sciencedirect.com/science/article/pii/S0047272722000883>
- [2] Kose (2023). "Public Investments in Early Childhood Education and Academic Performance." <https://jhr.uwpress.org/content/58/6/2042.abstract>
- [3] Gray-Lobe, Pathak, and Walters (2022). "The Long-Term Effects of Universal Preschool in Boston" <https://academic.oup.com/qje/article-abstract/138/1/363/6701924>
- [4] Kline and Walters (2016). "Evaluating Public Programs with Close Substitutes: The Case of Head Start" <https://academic.oup.com/qje/article-abstract/131/4/1795/2468877>

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