CHILDREN'S FOUNDATION
OF MISSISSIPPI

BLUEPRINT II:
IMPROVING THE FUTURE OF MISSISSIPPI'S YOUTH AGES 9-18

TABLE OF CONTENTS

INTRODUCTION

In June 2021, the Children's Foundation of Mississippi issued its Blueprint for Improving the Future of Mississippi's Children, which identified systems and policies that have been shown to be effective in improving the status of children and their families and that had been singled out by Mississippians as areas of great need with the most potential for success. The Blueprint document zeroed in on those issue areas that affected young children (from birth to age eight), noting that the needs of older children were unique and called for distinctive interventions and approaches.

This Phase Two of the Blueprint continues the journey begun in Phase One, serving as a guide for directing the projects and investments of the CFM for children and youth from ages nine through eighteen. The journey begins from the same home base as Phase One: data from multiple surveys and reports, as well as detailed interviews with state leaders.

The approach of the CFM is four-fold:

Holistic Outlook

Taking a comprehensive view of what children and youth need physically, mentally, socially, and emotionally – and working to integrate the efforts of programs that can often focus on only one category, one aspect of a child's needs

Developmentally Appropriate

Recognizing differences in needs and designing interventions that fit for younger vs. older children and youth

Systems Focused

Focusing on policies and systems that impact communities, our children and youth and their families

Research-Based

Integrating data from the many contributing systems, factors, policies, and procedures as we navigate towards structuring positive outcomes

Mississippi can grow and prosper only if our children and youth develop into healthy, independent, productive adults. Youth in this older age group are of the age to begin taking responsibility for their own lives, making decisions that can increasingly have lifelong consequences. It is important that they and their families have an environment that supports their efforts to reach their goals and aspirations.

ACKNOWLEDGEMENTS

The Children's Foundation of Mississippi (CFM) was founded on the belief that for Mississippi to reach its potential, all our state's children and youth must reach their potential.

The research process for this document was intentional to hear a wide array of "voices" across multiple sectors (public, private, and nonprofit) across many disciplines. At the same time, we documented best practices and evidence-based research findings. We also acknowledge that leaders of state agencies and private and nonprofit organizations, health care providers, and many additional stakeholders and external reviewers gave of their time to provide insights on the needs and priorities of children in Mississippi.

As with any successful, sustainable plan for improved outcomes, the importance of collaboration is key. We are grateful to the funders, the research team, and the CFM Board of Directors, all of whose support and expertise made this possible.

Linda H. Southward

Linda H. Southward, Ph.D.
Executive Director
Children's Foundation of Mississippi

Research Team

Dr. Leslie Joblin, Dr. Izzy Thornton, & Audrey Reid
Elucidata, LLC

Therese Hanna
Research and Policy Consultant

Maribeth Kitchings
Programs Manager

Bailey Shelton
Communication & Outreach Coordinator

Graduate Students

Harvard T. H. Chan School of Public Health

Dr. Nicole Brathwaite-Dingle
Brooke Brody
Muksha L. Jingree
Dr. Sanjana Kattera
Alyce Norcross

University of Alabama-Birmingham School of Public Health

Kyla L. Lewis
Courtney Marlow

Student Advisors

Dr. Connie Baird-Thomas
Associate Director, Mississippi State University Social Science Research Center

Dr. Kaye Bender
Consultant

Margaret O. Middleton,
Attorney III, Mississippi Division of Medicaid

Funders and Research Partners

Harvard T. H. Chan School of Public Health
The Phil Hardin Foundation
Casey Family Programs

Board of Directors

Mary Currier, M.D.	Professor of Preventive Medicine Former State Health Officer	University of Mississippi Medical Center MS State Department of Health
Dave Dennis, Chair	President	Specialty Contractors & Associates, Inc.
Carla J. Evers, Ph.D.	Superintendent	Pass Christian School District
Patti Marshall, J.D.	Assistant Attorney General (Retired)	Mississippi Attorney General's Office
Sammy Moon	Executive Director	Mississippi Alliance of Nonprofits & Philanthropy
Yumeka Rushing, J.D.	Chief Strategy Officer	NAACP

EXECUTIVE SUMMARY

As noted in **Blueprint for Improving Outcomes for Mississippi's Children: Phase I**, the Children's Foundation of Mississippi set its first goal to seek to understand the areas where the Foundation can most effectively make a positive impact in the lives of children and families in Mississippi.

Phase II of the Blueprint focuses on older children and youth (ages 9-18 years), whereas Phase I (released June 2021) focused on young children (ages 0-8 years). We are pleased that information in phase I of the Blueprint continues to be used to improve programming and inform policy considerations across Mississippi.

As noted in Blueprint phase I, the CFM employs an innovative approach that comprises a comprehensive view of older children and youth to help us foresee possible outcomes. We can think of this research and data as being like a GPS that guides our efforts, charting a course forward that considers the many contributing systems, factors, policies, and procedures that structure positive outcomes.

We explore the many domains of health and well-being, holding up innovations and interventions that have been shown to work here and in other states, such as data-sharing, health passports for youth in foster care, and revisiting the importance of comprehensive and evidence-based-health education. We illustrate through hopeful and inspiring examples a vision of the Mississippi we are working to create and a reminder that we all have a role to play [1].

As with Blueprint I, we asked individuals who have been working with older children and youth and their families across the state where the greatest needs were, and which interventions were most likely to gain the support needed for change to occur. We narrowed our focus by using data from multiple surveys, reports, and detailed interviews with state leaders.

Our research directed the focus of Phase II of the Blueprint into four priority strategies to improve outcomes for Mississippi's older children and youth: access to life skills training, transitions out of foster care, mental health services, and comprehensive health education.

EXECUTIVE SUMMARY

COMPREHENSIVE HEALTH EDUCATION

Professionals across the state support comprehensive, developmentally appropriate health education. Not only were the respondents supportive of including these topics in schools, but they also noted that health education is among the most feasible programs to implement. Including skills-based nutrition education (such as planting school gardens and being taught media literacy regarding healthy food choices) has been proven effective. Providing opportunities for all children to be taught about health literacy is particularly important in our state, with such a high percentage of children living in poverty. The importance of providing age-appropriate sex education is indicated by Mississippi's high teen pregnancy and pre-term birth rate. A broad array of health topics, such as the prevention of sexually transmitted diseases, the relationship between substance abuse and risky sexual practices, and the need for healthy relationship communication, among others, could help young people cultivate relationships and relational skills that lay a foundation for a lifetime of positive engagement with their communities.

LIFE SKILLS EDUCATION

Life skills are essential to the success of Mississippi's youth in navigating opportunities for post-secondary education, technical training, and general well-being – in other words, it's about creating opportunities for young people to thrive. Life skills include a range of behavioral, cognitive, and interpersonal skills that are cultivated in relationship and are important to youth's pathway toward employment, such as: understanding the importance of teamwork, critical thinking, communicating and managing stress effectively, problem-solving, financial literacy, and handling disputes to name a few. Business leaders in Mississippi are overwhelmingly supportive of these skills being taught to potential employees before entering the job market. When young people have opportunities to practice these skills early, they are more grounded in them, better able to secure and keep a job, and have more earning potential as adults. A specific example in the Blueprint spotlights community engagement where youth are paired with caring adults in their community to serve as mentors throughout their middle and high school years. When educators are equipped with knowledge about handling the effects of adverse childhood experiences, they can employ strategies to mitigate chronic absenteeism and school suspensions while adding solid financial literacy programs to the curriculum, which ensure more successful and long-lasting outcomes for children and youth.

MENTAL HEALTH

When young people are mentally healthy, they can engage more fully with the world and thrive throughout their lives. However, in Mississippi, we must do more to ensure that children and youth receive mental health services. While services are needed throughout the state, wide geographical gaps exist in terms of specific programming and mental health providers. Mississippi ranks 42nd in the nation for the percentage of children undergoing adverse childhood experiences. Add to that the impact of Covid on youth, and it becomes clear that improving mental health services and access is critical for not only Mississippi's children and adolescents, but for all of us. We also know that prior to Covid, suicide was the second leading cause of death for youth ages 10-24, nationally. Between 2020 and 2021, the teen suicide rate in Mississippi jumped from 12.3% to 16.2% [2].

With concerted and collaborative efforts across systems, we can improve both the quantity and quality of community and school-based mental health services (from prevention to intervention) provided to children, youth, and their families. Such services would increase the likelihood of positive social and emotional functioning of young people. Mental health support would also better prepare youth to complete their education or workforce training, increasing the probability of employment and financial stability.

EXECUTIVE SUMMARY

YOUTH TRANSITIONING OUT OF FOSTER CARE

For youth transitioning out of foster care, the climb can be particularly steep, and they need support to find their footing. Research conducted by the CFM on Mississippi youth transitioning out of foster care or who were already out of care is instructive in ways to improve programming and policies, particularly in the areas of housing, health care, and life skills attainment. There are opportunities to enhance positive outcomes, such as increasing opportunities to assist youth in completing the Free Application for Federal Student Aid (FAFSA). Supports like the Fostering Access and Inspiring True Hope (FAITH) Scholarship Program passed during the Mississippi 2022 Legislative session (H.B. 1313) signal increased attention to youth transitioning out of foster care, which is a step forward for all of us.

Just as we noted in Blueprint Phase I, this Blueprint is also an invitation to collaborate with our communities across the state. Indeed, since the publication of Blueprint I, the Children's Foundation of Mississippi has funded nine communities across the state with planning grants to establish early childhood councils. These councils are bringing together stakeholders across the community and sharing data. This collaboration produces opportunities to guide positive changes at the local level.

We are learning more every day about how we can remove barriers, making it easier to build systems that support improved health and wellness. A growing team of dedicated partners is stepping forward to invest in tomorrow's leaders, citizens, and taxpayers. We have more knowledge than ever about what works and why.

As with Blueprint I, several recurring themes throughout this document point to key strategies that successful states have used to improve children's health, education, and well-being. These states have committed 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 adjust to improve the system in pointing a way forward for better outcomes. These data systems allow successful states to measure results, not just process them, and to hold service providers accountable for improvement.

Systems should support parents in preparing their children and teenagers for success in school and life. Too often, systems can unintentionally create barriers for parents.

The Children's Foundation hopes to build on the solid work already being done in Mississippi, using research to point us in the right direction and taking advantage of the experience of other states who have already reached thier desired destinations. By focusing on a few critical areas identified by our partners and stakeholders, the CFM hopes to draw momentum from their optimism, interest, and dedication, bringing in resources (and taking advantage of available state and federal funding) and inviting collaboration as needed to create an environment where all children and youth will prosper [1].

When Mississippi's children and youth thrive, our state thrives.

METHODS & DATA

In the same way that up-to-date maps are critical for a GPS, current data about children are critical for building a reliable blueprint. This Blueprint is research-driven to determine which areas the CFM should focus its efforts in creating the Mississippi we want for our children. Both quantitative and qualitative data were compiled and analyzed as part of the following primary data collection efforts:

1 Semi-structured qualitative interview study of deliberately-sampled Mississippi stakeholders and key leaders working on children's issues in the state

This data collection effort involved a series of semi-structured interviews (n=63) with a wide array of professionals working in Mississippi on issues related to children. Interview data were recorded in the form of field notes, which were then coded using an inductive data analysis technique of first-cycle structural coding and second-cycle code mapping and operational model diagramming [1]. Through this analytic procedure, the research team was able to highlight what components of an early childhood system were identified by participants and how these components relate to one another. Thematic analysis was used to identify priorities, system elements, and feasibility assessments within the field.

2 Youth In Transition Survey- Mississippi (YIT-MS 2021)

This data collection effort involved focus groups with Mississippi youth preparing to transition out of state care (n=16) and a survey of 240 youth who were currently in care or recently transitioned from care. Focus group data were recorded, transcribed, and then coded using a thematic data analysis technique [1]. Through this analytic procedure, the research team was able to identify strengths and areas for growth in the age-out process and assess the health and well-being of respondents.

These primary data collection efforts were complemented with analysis of secondary data from the following sources:

- Mississippi Kids Count Risk and Reach Report – county-level data on important indicators of children's health and well-being as well as on services available to address risk factors [2]
- Mississippi KIDS COUNT 2020 Fact Book [3] & National KIDS COUNT 2022 Fact Book [4]– annual assessments of the current status of children's health, education, family and community life, and economic well-being
- American Communities Survey 2020, which is the US Census Bureau's most rigorous data collection effort [5]
- These data sources were augmented with a review of the most recent literature.
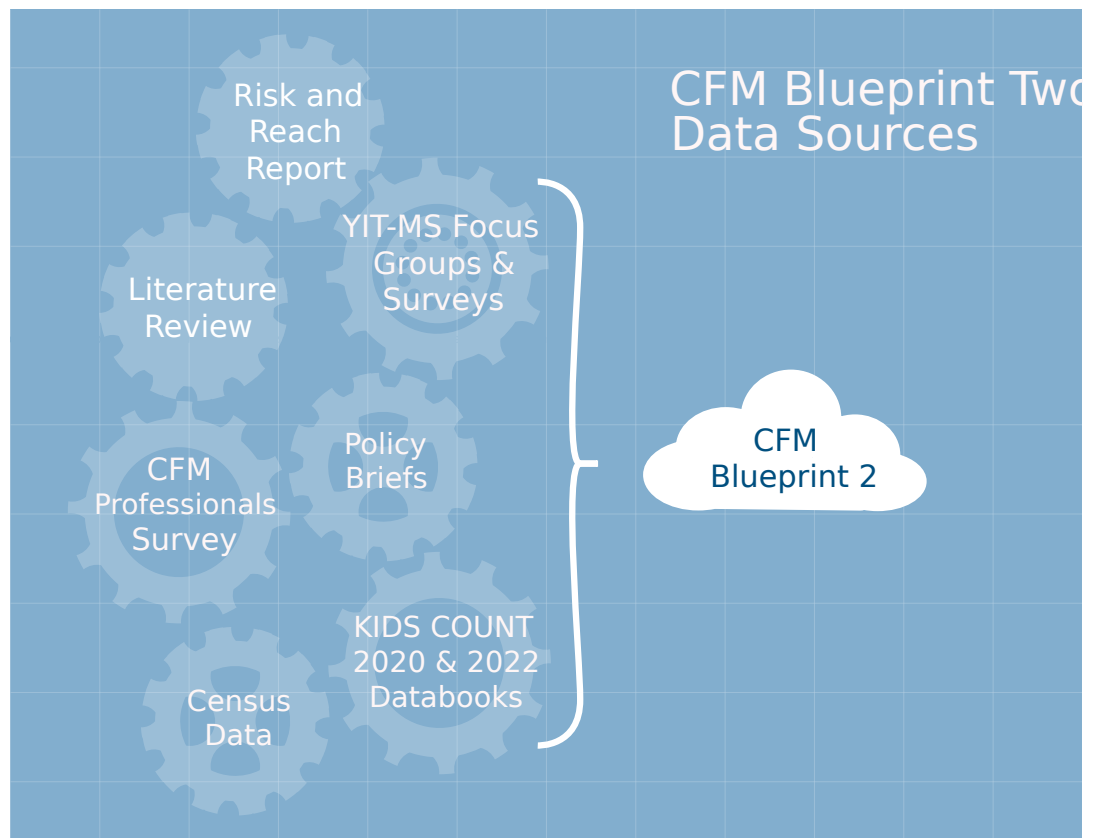
For more details, please see our Methodological Appendix at:
https://childrensfoundationms.org/wp-content/uploads/2021/06/Appendix_Final.pdf

COMPREHENSIVE HEALTH EDUCATION: RELATIONSHIPS ARE THE ROOTS

According to the 2022 Kids Count Profile, Mississippi ranks 48th in overall child well-being. In two domains, Mississippi ranked last in the nation: (1) children's health and (2) measures of family and community well-being.

Contributing factors include the high teen birth rate and the percentage of mothers with less than a high school education; the infant mortality rate and percentage of babies born with low birth weights, and the percentage of uninsured children or living with food insecurity, among other indicators [1,2]. These issues reveal a significant need for greater health literacy, nutrition education, age-appropriate relationships and health education. As leaders and policymakers, we owe it to our children to design systems that support their health and well-being. By adopting a skills-based curriculum that includes comprehensive health education, Mississippi schools can address the physical, social, and emotional dimensions of health and empower students to achieve health literacy and health-enhancing behaviors.

Mississippi's Ranking in Children's Well-Being [2]

Econ. Well-Being	49
Education	39
Health	50
Family & Community	50
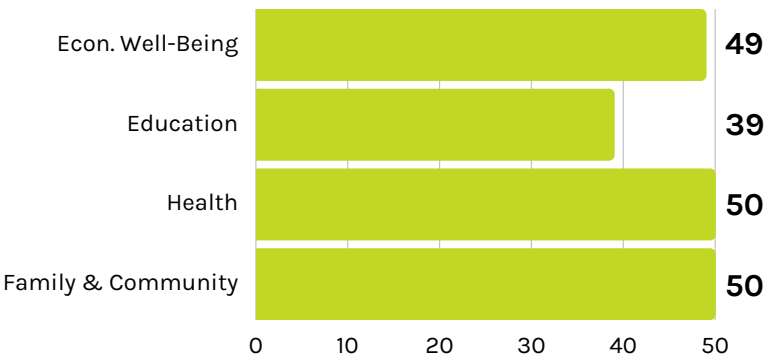
Mississippi Educators Believe Comprehensive Health Education is Feasible and Desirable
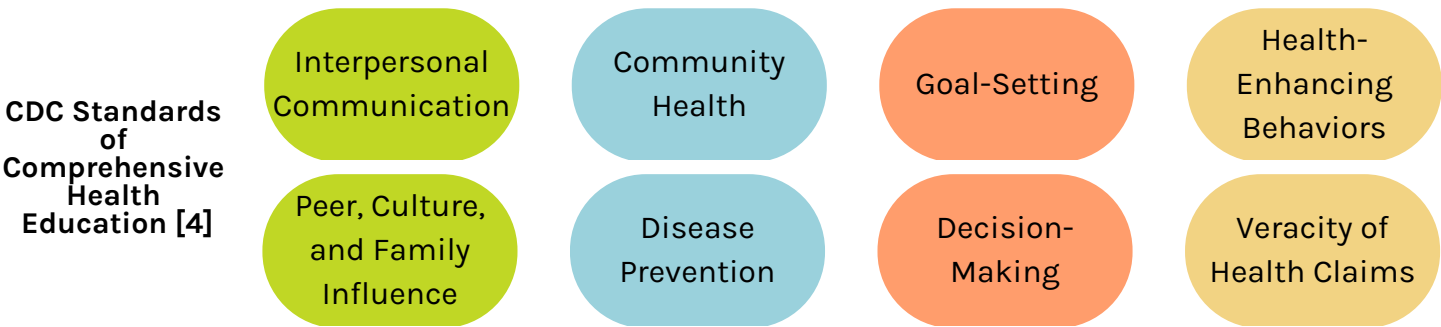
We can change things for the better, as evidenced by our improvement in education outcomes. Mississippi's education system has experienced gains in rank over the past several years, from 49th in 2017 to 39th in 2022. Existing research suggests that the state can leverage the strengths of its education system to improve the well-being of children and their future economic and social productivity [3].

Mississippi's Education Ranking, 2015-2022 [2]
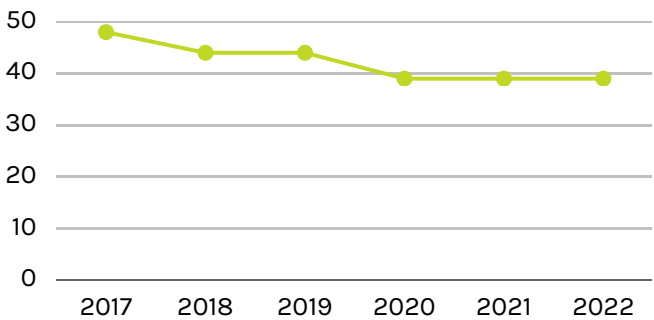
In the Mississippi Issues Impacting Children (MIIC) Survey conducted by the Children's Foundation, professionals across fields in Mississippi overwhelmingly supported the promotion of comprehensive health education. Moreover, they identified it as among the most feasible interventions for improving the well-being of Mississippi's children, with respondents giving this topic a 9/10 average feasibility rating. Findings from this survey further indicated that access to comprehensive health education was among the top 3 priorities in ensuring youth are prepared to live as independent, productive adults following high school.

The CDC establishes national standards for comprehensive health education[4]. These eight standards, which are further enumerated with benchmarks for grades 2, 5, 8, and 12, include the following:

CDC Standards of Comprehensive Health Education [4]

- Interpersonal Communication
- Community Health
- Goal-Setting
- Health-Enhancing Behaviors
- Peer, Culture, and Family Influence
- Disease Prevention
- Decision-Making
- Veracity of Health Claims

Skills-Based Nutrition Education Cultivates Curiosity and Creates Better Habits
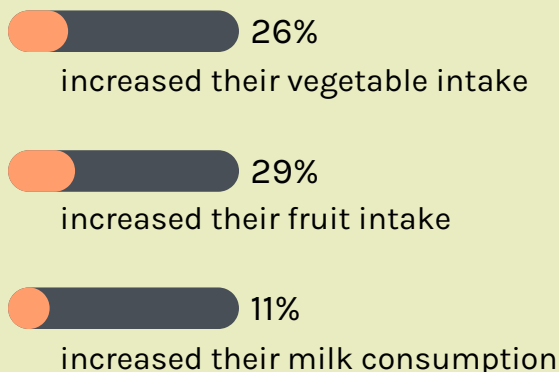
Adults working to support young people have the opportunity to transform dysfunctional systems to ensure that ALL youth have the support they need to explore, discover, and become a force for good in our communities and society. This includes cultivating good relationships with nutrition. In Mississippi in 2019, 16% of youth reported not having had vegetables in the past week, as compared to 8% of youth nationwide. Seventy-seven percent of Mississippi youth reported having had soda in the past week, compared to 68% nationally. In fact, about one-quarter of Mississippi youth reported having a sugary soda at least once per day, while only 15% of youth nationally reported the same [5].
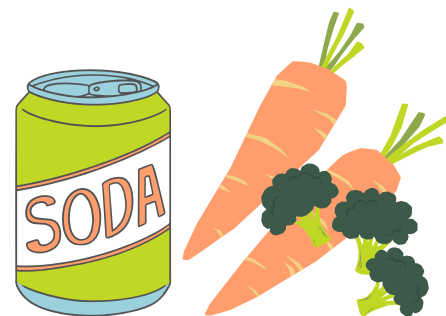
A successful model for improved nutrition education can be found in the Georgia Performance Standards for Health Education, Georgia's framework for developing their comprehensive health education programs. Over the last 15 years, Georgia's health education curriculum has demonstrated a paradigm shift, evolving from a primarily knowledge-based subject to a skills-based subject [6]. In practice, this means nutrition education is not siloed into one course or a few designated weeks of study. Instead, health content is integrated into an array of courses like science, and language arts and delivered as hands-on, culturally and age- appropriate activities such as cooking lessons, and school gardens.

Research shows that this skills-based approach to nutrition increases the likelihood that students eat nutritious food and cook and garden on their own [7]. Some youth garden programs also boast increased cultural awareness and appreciation among participants. Participating students were more eager to try unfamiliar foods and showed a stronger appreciation for individuals and cultures different from themselves [7]. In Georgia, children are also taught media literacy regarding food consumption. Per a 2022 state mandate, public schools in Georgia must offer health and physical education at every grade level (K-12), and nutrition education training is offered to all teachers and staff members [8].

Outcomes of SNAP-Ed Programming for Youth

26%
increased their vegetable intake

29%
increased their fruit intake

11%
increased their milk consumption

Additionally, the Georgia Department of Health has a Healthy Eating Learning policy for school districts that requires districts to provide nutrition education outside of the classroom. Schools promote nutritional education for parents and students through pamphlets and brochures, hosting healthy eating seminars, and posting nutrition tips on the school website [9]. Mississippi's SNAP-Ed program offers similar nutrition education to parents and children. As demonstrated in the figure to the left, this nutrition education program produces documentable results for children and families in Mississippi [10]. An independent evaluation of SNAP-Ed programs across the southeast revealed that participants consumed more fruits and vegetables per day following the intervention. SNAP-Ed programming led to community-wide changes to support healthy nutrition [10].

By scaling the project up and systematically integrating it within schools as Georgia has, Mississippi can expand its reach and efficacy. According to SNAP-Ed, providing this sort of practical, hands-on nutrition education can help prevent chronic diseases and save Mississippians money spent on healthcare creating a healthier future for us all [10]. Seeing our neighboring state making these changes can serve as a model to Mississippi.

COMPREHENSIVE HEALTH EDUCATION

Increasing Health Literacy Early in Education Leads to Healthier Youth

Health literacy involves the ability to find, understand, and use health information and services [11]. Low levels of health literacy disproportionally impact low-income children and families. Mississippi ranks last in the percentage of people living below the poverty line, making health literacy a significant priority for our state.

Health literacy education helps prepare youth to manage their own health and access health care systems. In 2021, Mississippi ranked 40th in the US for its rate of children and youth receiving services needed for transitioning to adult health care. Only 16.5% of Mississippi children aged 12–17 received these services. Twenty-eight percent of Mississippi children aged 12-17 report not having a health care provider who worked with them to gain skills to manage their health and health care [12].

> **Developing personal health literacy should start early in life. Teaching health literacy skills is part of the process of caring for and educating children, adolescents, and young adults. All students should graduate with skills that will help them lead healthier lives.**

The US Department of Health and Human Services released its Healthy People 2030 goals. One primary goal offered to enhance adolescent health literacy is to "increase the proportion of adolescents who speak privately with a provider at a preventive medical visit." [13] These school-based interventions address several relevant adolescent health indicators beyond health literacy, as well:

> **The Community Preventive Services Task Force recommends starting and maintaining school-based health centers (SBHCs) in low-income communities. SBHCs, either on site or off site, provide health services to students in pre-K through grade 12. CPSTF found that starting and maintaining SBHCs in low-income communities leads to better educational outcomes — like grade promotion and high school completion — and better health outcomes — like decreased hospital admissions and increased contraceptive use.**
> - Office of Disease Prevention and Health Promotion, 2022

Emergent research from Baylor University's Robbins College of Health and Human Sciences indicates support for programs that simultaneously combine teaching adolescents about media literacy and health literacy. Successful programs "stressed the importance of functional literacy (e.g., knowing a medical term for internet search purposes), critical literacy (e.g., identifying credible sources), and interactive literacy (e.g., transferring learned information to appropriate health behaviors)." [14]

Researcher-recommendations for combined health and media literacy intervention programs [14]

- Guide youth toward youth-oriented directories and search engines
- Recommend links to resources on the web pages of schools and libraries
- Teach adolescents techniques for formulating and refining search terms, advising adolescents to be aware of potential search term misspellings
- Instruct young people on techniques for systematically exploring websites
- Have programs taught by healthcare providers and K-12 teachers

Providing Age-Appropriate Sex Education Increases Better Health Decisions

For over a decade, Mississippi has ranked among the top three states with the highest rates of teen pregnancy and teen births. This is a critical issue for Mississippi, as teen pregnancy is often linked to lower educational achievement, economic well-being, and child welfare. Giving birth to a child as a teen makes it more difficult for young parents to achieve their educational and career goals, which can diminish their future prospects as well as those of their children. Children born to teen mothers are more likely to enter juvenile justice systems and twice as likely to enter foster care. Reducing high teen pregnancy and birth rates in Mississippi could significantly improve the lives of Mississippi youth and improve the state's economy through increased high school graduation rates and rates of continued education, both of which correlate to higher earnings and tax contributions [15].

Mississippi & United States Teen Births per 1,000, 2011-2020 [16]
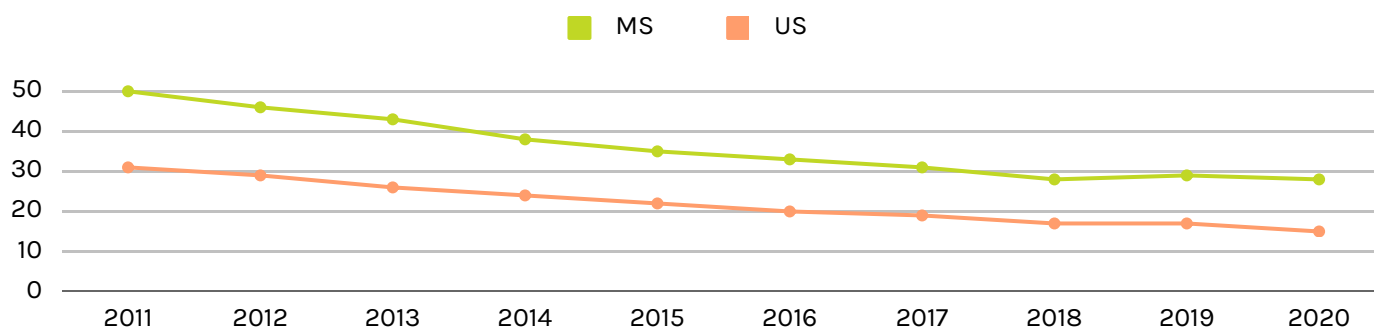
In 2011, Mississippi House Bill 999 was passed and became effective in 2012, making sex education mandatory for all public school districts in the state. Districts were given two options for sex education: abstinence-only or abstinence-plus. Sex education focused on abstinence-only education methods is largely ineffective at reducing adverse health outcomes for young people. In school year 2017-2018 (the most recent year for which data are available), over half (55%) of districts adhered to abstinence-only education [17].

In Mississippi's broadly abstinence-only sex education landscape, Mississippi's young people currently:

- Use birth control less frequently than youth nationally [18]
- Get tested for sexually transmitted infections less frequently than youth nationally [19], and
- Have had a higher rate of teen births than teens nationally, (a trend which has persisted since before sex education was made mandatory) [16].

Research demonstrates that sex education curricula are most effective at improving outcomes for youth when they include comprehensive, age-appropriate health education. The CDC's recommendation for sex health education programs includes 20 topics. While these topics include the benefits of being sexually abstinent, they also discuss sexually transmitted diseases and their prevention, other forms of contraception and their efficacy, the relationship between substance use and risky sexual practices, and healthy relationship communication, in addition to other topics. With opportunities to cultivate communication and other relational skills, young people can flourish to become tomorrow's leaders.

Research on the implementation of sex education in Mississippi's public schools has noted several weaknesses that could be addressed the next time the state law is renewed. The quantity and quality of instruction are currently highly variable; the law could be strengthened by including minimum requirements for both. The opportunities for change in the current legislation include requiring curricula to be medically accurate and providing opportunities for all children and youth to receive age appropriate health and sex education. Making healthier decisions provides more stability in youth as they grow into adulthood.

LIFE SKILLS: HOW NON-ACADEMIC SKILLS IMPACT WORKFORCE READINESS

LIFE SKILLS EDUCATION

Life skills are critical to the well-being of Mississippi youth and Mississippi's future workforce. Life skills include a range of behavioral, cognitive, and interpersonal skills necessary to navigate the world with reliability, resilience, and independence. These are skills youth learn "in between the lines" beyond the formal class room instruction in subject areas like history or biology. Among others, these skills include thinking adaptively, communicating effectively, and managing emotions productively (See Figure 1) [1].

Figure 1: Life Skills for Success [1]

Self-Awareness	Interpersonal Skills	Thinking Skills
• Stress Management • Emotion Regulation • Positive Thinking • Self-Esteem	• Empathy • Listening Skills • Interpersonal Effectiveness • Handling Disputes • Managing Relationships • Confident Communication	• Goal Setting • Decision Making • Problem Solving • Critical & Creative Thinking • Executive Function • Resilience

Development of life skills is vital to the state's social and economic well-being, affecting things like a candidate's ability to land a job interview, work with a team in a stressful environment, manage finances, and maintain enduring, supportive relationships. A 2021 survey of Mississippi business leaders revealed that 83% of respondents considered employees' "lack of soft skills" a significant threat to their business [2]. This was especially of concern regarding recent high school graduates, and there was "virtually unanimous agreement" among business leaders that these skills should be taught "actively and earlier" [2].

> **A 2021 survey of Mississippi business leaders revealed that 83% of respondents considered employees' "lack of soft skills" a significant threat to their business.**

Life skills preparation can also help Mississippi reduce youth disconnectedness [3]. "Disconnected youth" describes youth who are chronically absent from school or who have not progressed through the educational system and secured consistent, stable employment. When young people are able to cultivate strong relationships, they experience fewer family disruptions, have more positive peer relationships, and may avoid becoming homeless or abused. Mississippi has the third highest disconnection rate overall for any state (15.0) percent [3]. Youth who endure adverse childhood experiences (ACEs) such as abuse, neglect, mental illness, substance abuse, or parental divorce are at high risk for disconnection, a serious concern for Mississippi, where youth face an incidence of ACEs higher than the national average. Life skills preparation, which has been proven to bolster resilience, is especially critical for these youth. The development of life skills is also positively associated with a reduction in substance use, aggression, and violence [2].

What does disconnection cost? [2]

Addressing disconnection in young people can increase employment and average salaries in adulthood. As a result, they will be less likely to rely on government funds. Completing high school and earning gainful employment also decreases the risk of incarceration.

A variety of evidence-based interventions can help to ensure that students leave school equipped with necessary life skills for post-graduate success. In this brief, we discuss options to:

Ⅰ Implement social-emotional learning approaches in schools

Ⅲ Offer financial literacy programs

LIFE SKILLS EDUCATION

Why Does Disconnection Happen?

Disconnection is one result of children having differing starting lines along life's pathway to success. In life, children are born into circumstances with varying levels of advantages and disadvantages [4]. Children who start out with a larger share of disadvantages have more to overcome on their way to success, as noted in the examples of the pathway to success below.

Advantages (+1)	
Parent(s) graduated from college	Felt safe walking alone at night in the neighborhood
Attended summer camps growing up	Grew up with many books in the home
Family never had to move due to financial inabilities	Had teachers who were of the same race
Members of your race, religion, and class widely represented positively in media	Holidays of family's religion were observed by schools
Disadvantages (-1)	
Started school speaking a language other than English	Worried about crime, drugs, and other violence in the neighborhood
Grew up in a single-parent home	Skipped meals or went away from a meal hungry because there was not enough money to buy food
Grew up in an economically-disadvantaged home	Someone in the household served time in jail
Bullied because of an accent or speech impediment	Someone in the household was addicted to drugs or alcohol

THE PATHWAY TO SUCCESS [4]

Owen
- Mom and dad graduated from college & read to him every night (+2)
- Teachers at his school are of the same race & create activities based on his religious holidays (+2)
- He sees people like himself play superheroes in movies (+1)
- Feels safe playing in his neighborhood and loves going to camp (+2)

Wyatt
- Lives in a single-parent home (-1)
- Mom graduated from college & reads to him every night (+2)
- Speaks Spanish at home (-1)
- Doesn't talk in class because he gets made fun of for his accent (-1)
- Is frightened to walk alone in his neighborhood (-1)

Emma
- Mom and Dad graduated from college & read to her every night (+2)
- Teachers at her school are of the same race (+1)
- Feels safe playing in her neighborhood and loves going to camp (+2)
- Has never had to move because of money (+1)

Maddie
- Lives in a single-parent home (-1)
- Grandmother reads to her every night (+1)
- Mother is in jail for drug-related charges (-2)
- Avoids talking at school because of a speech impediment (-1)

SUCCESS

Social-Emotional Learning Creates More Resilient Youth

Young people's success is rooted in developmental relationships. These relationships are a source of stability as they explore their world and discover their place within it. Developmental relationships nourish young people's talents and help connect them to resources in their environment. And perhaps most importantly, developmental relationships can take root anywhere—as long as the environment continues to offer the nutrients young people need to grow. Research also shows what it takes to make sure that relationships and environments are nurturing. The Developmental Relationship Framework tells us that expressing care, challenging growth, providing support, sharing power, and expanding possibilities are all a part of what makes relationships work. Making sure these well-rounded relationships take root among Mississippi youth will result in a stronger Mississippi [5].
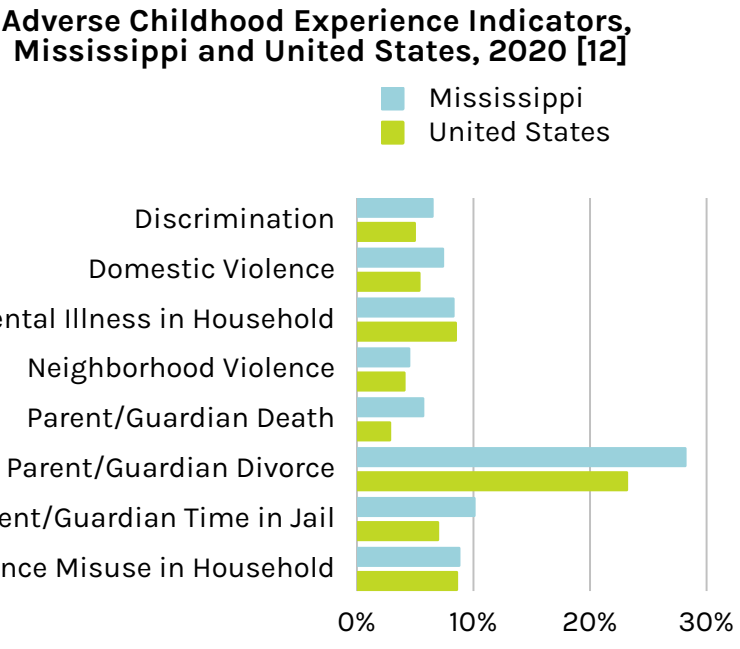
Many of the "soft skills" recently identified as lacking by Mississippi business leaders— "having initiative," "speaking skills," and "addressing conflict with communication"—are explicitly taught in a "Social-Emotional Learning" (SEL) curriculum. Nation-wide, business leaders are paying growing attention to hiring employees with adequate social-emotional skills [6,7].

Social-Emotional Learning (SEL) curriculum teaches students to recognize, express, and manage emotions, to understand others' perspectives, to work cooperatively, to exhibit inhibitory control, and build self-confidence [8,9]. According to a 2021 systematic review, students participating in SEL programs showed reduced symptoms of depression and anxiety as well as an increased ability to manage stress and depression when it did manifest. Academic performance also improves in an SEL context: a landmark meta-analysis of 213 studies involving more than 270,000 students saw students' academic performance increase by 11 percentile points compared to non-participating students. Other common approaches such as "mindfulness" or "positive youth development" have produced inconsistent results or "limited evidence of impact."[10]

One strategy for preventing and decreasing the negative effects associated with exposure to Adverse Childhood Experiences (ACEs) and promoting resilience in youth is social-emotional learning (SEL) [2]. Psychosocial skills taught in an SEL classroom bolster children's resilience, better equipping them to "withstand, recover, and grow in the face of stressors and changing demands" [10]. Heightened resilience is linked to lower rates of suicide, stronger problem-solving skills, and greater ability to bounce back from failure [6,7].

Social-Emotional Learning Mitigates the Effects of Adverse Childhood Experiences

Children who experience ACEs are more likely than children with no ACEs to encounter challenges to gainful employment and postgraduate success as older youth. ACEs hamper a child's ability to form healthy attachments to others and increase the risk of mental health problems: 1 in 3 diagnosed mental health conditions in adulthood tie directly to ACEs [11]. According to the CDC, ACEs can lead to adverse outcomes like victimization and lifelong health problems. Effectively intervening and mitigating these effects is especially critical to supporting Mississippi youth, eighteen percent of whom have experienced two or more ACEs. Mississippi ranks 42nd in this measure. Comparisons of recent state and national data are noted in the accompanying graph.

Adverse Childhood Experience Indicators, Mississippi and United States, 2020 [12]

Legend: Mississippi, United States

Categories: Discrimination, Domestic Violence, Mental Illness in Household, Neighborhood Violence, Parent/Guardian Death, Parent/Guardian Divorce, Parent/Guardian Time in Jail, Substance Misuse in Household (axis 0% to 30%)

LIFE SKILLS EDUCATION

Two recommendations emerge from these findings:
1. Educators should be offered opportunities for and engage in professional development in SEL.
2. SEL should be incorporated into university curricula for Education degree-seekers.

Programming in Action

Shannon High School, located in Northeast Mississippi, has implemented a youth mentorship program to decrease youth disconnectedness [13]. This program, targeted toward high-risk ninth-graders, pairs students with positive adult role models from the community to bolster engagement. Previous iterations of this program have led to increased grade performance and on-time graduation. This type of mentorship program is low-cost to school districts, only requiring payment of background checks for potential adult mentors, and holds promise for lasting impact. Funding for this project was provided by the CREATE Foundation.

Financial Literacy Is a Major Determinant of Adolescent Health

Like the social-emotional skills explored above, financial literacy is often transmitted informally through one's social network of caregivers, influential adults, and peers. Historically, formal classroom instruction on money management has been rare or inconsistent in the United States, and research shows that low-income individuals who lack alternative access to accurate financial information are the most heavily impacted by this lack. Mississippi has recently made strides by acknowledging this need and in closing this gap: in 2019, Mississippi became one of seven states to require adolescents to complete a semester-long course on personal finance in high school. This requirement came after the Mississippi Council on Economic Education (MSCEE) partnered with Get2College to create a college and career preparedness requirement that included a personal finance component [14].

Evidence shows that such financial literacy training can help low-income youth avoid predatory lending practices, seek out public and work-related benefits, and improve their knowledge of banking practices, savings and investing strategies, credit use, and interest rates [15]. Additionally, youth who have been made aware of the financial resources available to help them pay for higher education are more likely to enroll and more likely to take advantage of lower-cost loans and grants to pay for it [16,17]. This education builds a foundation of financial competence that can last a lifetime. When these skills are cultivated early, they instill confidence in young people that they can contribute to thriving communities.

These findings underscore the need for financial-literacy education to be implemented as early as elementary school and repeated in secondary school. Financial-literacy education should be a required part of the school curriculum to ensure continuous learning.

Further Considerations

As schools have become more focused on test results, there is less time to focus on students' psychosocial development. Business leaders desire a workforce that is emotionally healthy and competent in non-academic skills and that practices such as those proposed here to improve classroom environments, cut down on absenteeism, and reinforce emotional maturity. Teachers and other school personnel need supports to learn more about these methods to enhance learning environments of their students.

MENTAL HEALTH: THE FOUNDATION FOR OVERALL HEALTH AND WELL-BEING

MENTAL HEALTH

The 2020 Mississippi State Health Plan estimated that 22.2% of adolescents in the state have severe mental health impairments and are in urgent need of treatment [1]. Since that reporting, rates of mental illness have increased for youth due to the COVID-19 pandemic, which elevated stress, anxiety, alienation, and fear levels. Nationally, these stressors contributed to rising youth mental health-related emergency room visit rates between January 2020 and January 2022. During this period, ER visits increased by 24% for children ages 5-11 and 31% for those ages 12 to 17 compared with 2019 data [2].

Ultimately, it is difficult to quantify the true prevalence of most types of mental illness and behavior disorders because the negative social stigma associated with the term "mental illness" causes many people not to seek care [3]. However, we do know that a significant relationship exists between adverse childhood experiences (ACEs) and higher risks for mental health issues and suicidal ideation. Mississippi ranks 42nd in the nation for ACEs [4].
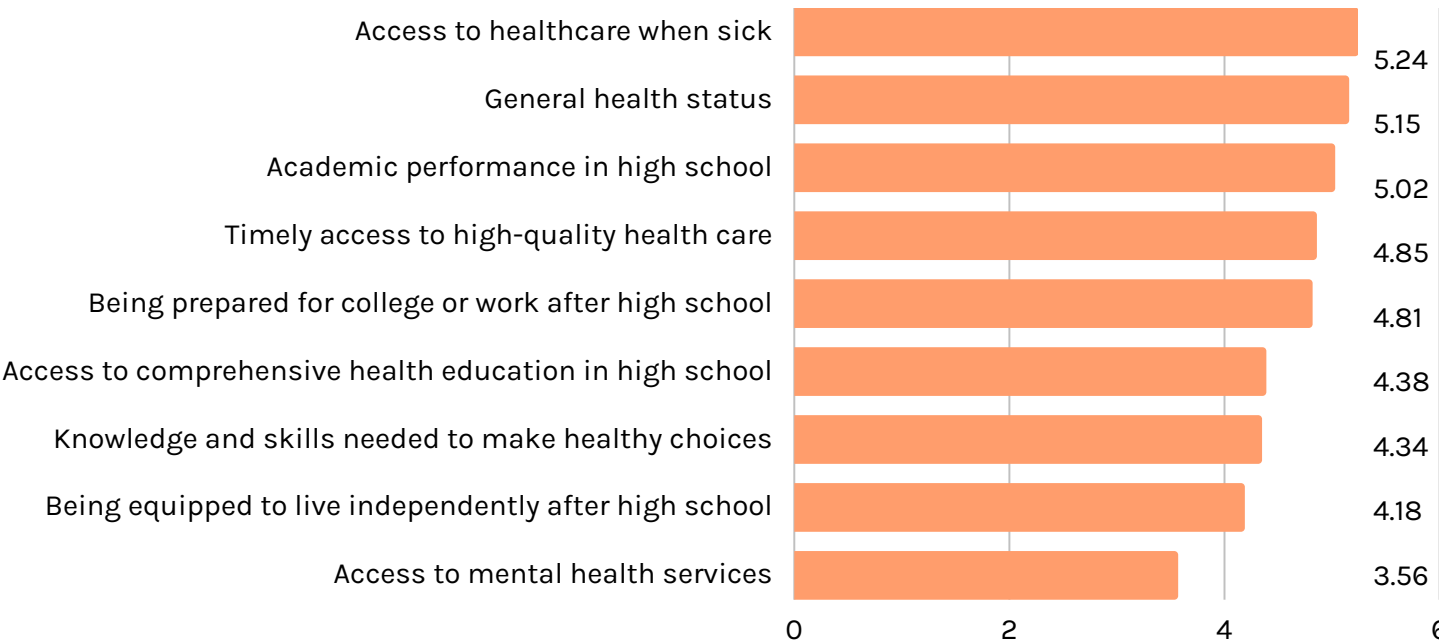
> Mental health is considered "a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community." [5]

Mental health services are crucial to addressing these public health concerns, understanding the full scope of mental illness prevalence, and saving lives in Mississippi's population of children and adolescents.

Currently, a gap exists between the number of adolescents who could benefit from the care and the resources—psychiatrists, psychologists, and pediatricians—accessible to them. Mississippi is a medically underserved state, particularly in rural areas. While schools can play a significant role in ensuring access to mental health services and referrals, school-based access to care has been limited.

Data collected in the MIIC Survey demonstrate that professionals working with children rate access to mental health services by youth in Mississippi very low (3.56 out of a scale of 10) relative to youth in other states. Of eight proposed interventions for improving the well-being of adolescents, mental health care access was rated the most important area for state intervention by the participants of this study.

Chart 1: MIIC Survey: Status of Well-Being Components

Component	Value
Access to healthcare when sick	5.24
General health status	5.15
Academic performance in high school	5.02
Timely access to high-quality health care	4.85
Being prepared for college or work after high school	4.81
Access to comprehensive health education in high school	4.38
Knowledge and skills needed to make healthy choices	4.34
Being equipped to live independently after high school	4.18
Access to mental health services	3.56

## Context: Snapshot of the Mental Health Care System

In Mississippi, the Department of Mental Health (DMH), regional Community Mental Health Centers (CMHCs), and licensed private sector facilities provide most of the state's mental health services. DMH serves as the agency that coordinates and administers the delivery of public mental health services state-wide. Specifically, DMH is responsible for: (a) state-level planning and expansion of all types of mental health services (b) standard-setting and support for community mental health programs, (c) serving as a state liaison with mental health training and educational institutions, and (d) overseeing the operation of the state's psychiatric facilities [6].

Regional community mental health centers are a major component of the state's mental health services. There are 13 CMHCs* that operate in the state's mental health service areas, with most centers having satellite offices in other counties. These centers are required to meet both federal and state program and performance standards. The purpose of regional community mental health centers is to: (a) provide accessible services to all citizens with mental and emotional issues; (b) reduce initial admissions to state hospitals; and (c) prevent re-admission by providing supportive aftercare services. These centers play a vital role in providing an integrated system of mental health services to all residents of Mississippi. Crisis Stabilization Units (CSUs), which provide stabilization and treatment services to people who are in a psychiatric crisis, are coordinated by the CMHCs. One CSU (located in Hinds County) specializes in child and adolescent crises [6].

Mental health services for children and adolescents are offered through 10 of the state's psychiatric facilities. Psychiatric Residential Treatment Facilities also provide needed services, supporting emotionally disturbed children and adolescents who are not in an acute phase of illness to require services from a psychiatric hospital, but need restorative, residential treatment services. There are seven such facilities in the state of Mississippi. All of these facilities adopt a comprehensive treatment program, including inpatient, outpatient, follow-up services, and an educational program for children and adolescents [6].

Mental health support is also offered through Making A Plan (MAP) Teams, coordinated through CMHCs. These teams are comprised of a child/youth behavioral health representative from the CMHC, a school representative, a representative from the Mississippi Department of Child Protection Services, and a parent or family member of the child, among other community agency representatives. MAP teams are convened in an effort to coordinate care across multiple systems for children and youth with serious emotional or behavioral problems. They create linkages for services outside of hospitalization or inpatient care [7].

Locations of Psychiatric Facilities Treating Children
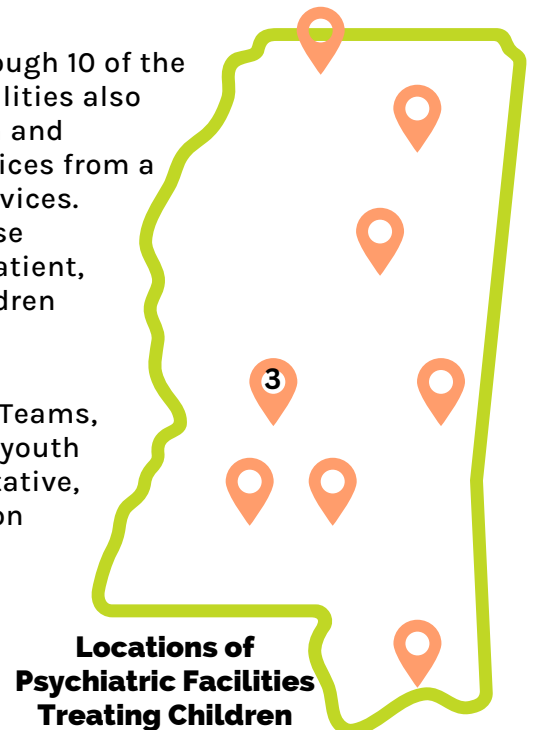
Finally, Mississippi has a network of Mobile Crisis Response teams to ensure access to mental health services in all 82 counties. This reduces the travel burden to receive services and provides immediate assistance to adults, children, youth, and families in crisis [8].

*Two regions are combining in February 2023, which will result in a total of 12 total CMHCs in the state.

MENTAL HEALTH

Access to Mental Health Care for Mississippi's Youth

The state has made some progress in expanding mental health services for children with more severe mental or emotional problems. It has allocated more funding to community-based mental health services, but many unmet needs still exist [9]. Mississippi is a medically underserved state, particularly in rural areas and areas containing large low-income, elderly, and minority populations. Many mental health programs that operate outside of the education system struggle to reach residents in the most rural parts of local counties [9]. As of May 2021, Mississippi had only 330 clinical and counseling psychologists and 50 psychiatrists dispersed around the state. The state also lacks pediatricians, with 50 across the state, often the first professionals young people turn to with concerns about their mental health [10].

Another significant barrier to mental health resources is the large percentage of children in Mississippi (15%) who do not have insurance coverage for mental health services, one of the highest rates in the nation [11]. Compounding the issue is that very few mental healthcare providers accept Medicaid to cover the cost of care. Medicaid is the single largest source of coverage for children in Mississippi. This creates a disparity in access for Mississippi residents, even in locations with adequate providers. Even for families with a provider, wait lists can be long, and care can be expensive.

Schools are an important venue for students to receive emotional and psychological support. and young people who reported they were unable to access these resources, especially during the COVID-19 pandemic, were more likely to report feelings of hopelessness and anxiety [12]. While many experts agree that more help should be available in schools (where kids spend most of their time), the number of school-funded psychologists in Mississippi remains low. In 2021, only 190 school psychologists were employed in the state [10], meaning approximately two school psychologists are available per Mississippi county.

Preventing the onset of mental health problems before they occur and supporting children to help them stay well are essential approaches to improving community mental health. Increasing outreach to schools to reframe public perceptions around mental health is crucial to ensuring that students get this education early and are empowered to protect their mental health and well-being in the present and future [13]. Addressing mental health issues among children and youth can help prevent future challenges, as mental and emotional problems can seriously impact learning and the classroom environment. Mental health challenges earlier in life can also lead to long-term issues such as unemployment and incarceration.

Policy Recommendations

▷ Expand the workforce by "Growing Your Own"

States such as Missouri, Texas, and South Carolina, have successfully addressed gaps in mental healthcare accessibility by adopting a 'grow your own' model. In this model, communities that have difficulty recruiting and retaining mental health care professionals recruit existing professionals in the area to retrain into mental healthcare career opportunities. The increase in remotely accessible degree programs and training makes this approach more feasible than ever for small Mississippi towns and communities. It equips the state with a workforce already well-accustomed to its specific needs and challenges.

These programs are often housed within the Department of Education and provide teachers and other educational professionals with certifications in school psychology. In South Carolina, the Centers for the Re-Education and Advancement of Teachers in Special Education program aided teachers with the necessary coursework and testing to gain their certifications. This program sees an 87% retention of these teachers within their same district post-certification, indicating that teachers who gain new skills through their district are likely to employ those skills in that district. Additional research could consider how the state could tailor a similar in-house retraining program that provides monetary incentives and job shadowing through the Mississippi Department of Mental Health for in-state professionals seeking a career change [14].

Expand Provider and School Mental Health Screening Practices

Mental health issues can—and should—be identified and treated long before conditions worsen. Pediatricians and physicians should screen children and youth for mental health conditions as the American Academy of Pediatrics recommends. Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program, states are required to provide Medicaid-eligible children with regular mental health screenings. This benefit can also extend to screening and behavioral health services in schools, which is an option that Mississippi may consider. Mississippi falls behind in providing this to all children and adolescents covered under Medicaid. The EPSDT program should be more rigorously enforced by ensuring that practices conduct appropriate mental health screenings for eligible youth [15] and that children receive appropriate referrals and treatment for any identified problems. Incentivizing EPSDT compliance among providers and managed care organizations is vital to promoting more mental health screening, referral, and follow-ups.

Mental health screenings should also take place in schools, with staff helping to identify mental health conditions early and connecting students with help. Problems in school are often the first sign that children are struggling with mental health issues. With training and support, school staff should be able to recognize early warning signs, be trained to work with local Community Mental Health Centers, and be able to discuss mental health concerns with families. The Mississippi Department of Mental Health and Mississippi Department of Education have deployed an online training for the Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) aimed at teachers who are seeking support in administering assessments [16]. They also offer Youth Mental Health First Aid and Shatter the Silence training for free through the School Safety Act. Finally, staff should be advised on how and where to refer parents for assessment, follow-up, and treatment. The Department of Mental Health provides a resource guide to help make the connection to local resources. School districts should be made aware of and leverage these resources to empower their teachers and administrators.

Increase Collaboration among Systems

Mississippi should increase investments into community-based care, specifically regional Community Mental Health Centers (CMHCs) that are certified and monitored by the Department of Mental Health. Existing research also demonstrates that providing Medicaid coverage to include more uninsured families immediately impacts the treating of mental health disorders [17]. Increasing the number of healthcare providers who accept Medicaid is also key to meeting the unmet mental health needs of youth in Mississippi. The education and health systems must work in tandem to address mental health care access concerns for children and adolescents in Mississippi. Strengthening the state's workforce of school-based psychologists and other mental health professionals should be a priority, and policy interventions to incentivize expansion of this workforce offer an important starting point. This has the potential for an immediate effect in Mississippi communities [18].

MISSISSIPPI YOUTH IN TRANSITION: RECOMMENDATIONS FOR YOUTH EXITING FOSTER CARE

Children in foster care face a rocky path to adulthood. We need programs that give them the supports and resources they need to heal from past trauma, build resilience, and equip them to thrive as they become adults. They are classified by the American Academy of Pediatrics (AAP) as children with special health care needs because of the high prevalence of multiple chronic medical, developmental, and mental health conditions [1]. Youth involved in Child Protection Services are also at increased risk for "disconnection." Disconnected youth may struggle to consistently attend school, secure stable employment, or maintain relationships with others [2]. CPS-involved youth who receive multiple placements while in care are also uniquely vulnerable to future housing uncertainty and homelessness.

In 2020, there were 3,594 children in foster care in Mississippi on the last day of the fiscal year. Of those, 446 were transition-age youth (16-21 years old). That same year, 61 transition-age youth were emancipated from foster care [3]. In 2021, CFM and MDCPS coordinated a survey of Youth in Transition (YIT-MS) to determine where they felt further support s needed. That survey uncovered three top priorities:

I   Reduce the number of placements received while in care

II Facilitate continued access to Medicaid after leaving foster care, and

III Provide greater preparation for independence

Because CPS-involved youth are predisposed to a greater number of health conditions, higher rates of homelessness, and a higher risk of disconnection, they stand to benefit greatly from extra support navigating housing, medical care, and continued education as they transition out of the foster care system. Ensuring that people are healthy enough to work and able to secure stable employment or higher education is also helpful to Mississippi's economy. A deeper discussion about disconnected youth and possible solutions is located in the Life Skills Education section of this document.
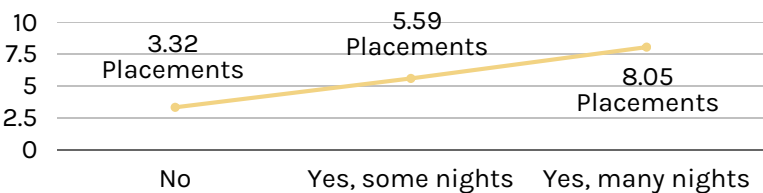
Limiting the Number of Placements in Care Reduces the Likelihood of Future Housing Insecurity

Youth transitioning out of foster care face higher rates of housing insecurity and homelessness than youth who have not spent time in care. In fact, nearly one-third of youth experiencing homelessness had experiences with foster care, according to a recent study by Chapin Hall [4]. The YIT-MS echoed these findings and underscored the extent of housing insecurity experienced by youth who had previously been in the care of MDCPS: over 50% of participants had experienced uncertainty about where they were going to sleep at night. For 18% of participants, housing insecurity was a common experience. Participants who reported experiencing housing insecurity shared a history of receiving a high number of placements while in foster care.

Receiving multiple placements while in foster care is disruptive for youth and frequently portends future housing uncertainty. In fact, experiencing multiple moves in foster care has one of the strongest associations with future homelessness [5]. Results of the YIT-MS reinforced these previous findings. As the number of placements in care increased, the rate of future housing insecurity increased dramatically. Participants who had not experienced housing insecurity since leaving foster care reported an average number of 3.32 placements while in care.

Participants who had experienced housing insecurity "some nights" after leaving foster care had an average number of 5.59 placements while in care. Among participants who reported experiencing housing insecurity "many nights," the average number of placements while in care was 8.05. There was a meaningful relationship between reported experiences of housing insecurity and number of placements while in care.

Chart 1: Average Number of Placements, Grouped by Response to: "Have you ever been unsure about where you were going to sleep at night?"

> ▶ **MDCPS has a unique and significant entry point to prevent a large percentage of youth from becoming homeless. Limiting the number of placements received while in care to fewer than 4 demonstrates a likelihood of mitigating future housing insecurity.**

Securing Coordinated Care Coverage for Former Foster Youth Ensures Better Health Outcomes

Youth transitioning out of foster care frequently face substantial medical and mental health care needs. The majority of children in foster care have more than one chronic illness, and one-fourth have 3 or more chronic medical problems [6]. While in foster care, many of these youth have endured multiple out-of-home placements that disrupt consistent oversight and care. Former foster youth may require preventive medical and dental care, mental health services, specialty care for chronic conditions, and reproductive health care. Their ability to access care depends on continuous health insurance coverage, and these beneficiaries are unlikely to be able to afford care if coverage lapses. Unstable enrollment and even short delays in resuming coverage can be linked to fewer preventive health care visits. In addition to improving health outcomes, preventing coverage gaps through policies that decrease disenrollment may also reduce Medicaid costs [7]. Kentuckians who transitioned from traditional fee-for-service coverage to Medicaid coordinated care experienced a 4-percentage point reduction in the probability of monthly outpatient utilization and lowered out-of-pocket spending [7].

The current policy approach to enrolling former foster youth (ages 19-26) in Fee-for-Service Medicaid (FFS) increases the likelihood that former foster youth experience disenrollment and lapses in coverage. FFS does not provide the scope of services and care coordination necessary to address the health needs prevalent in this population. With FFS enrollment, care coordination for these former foster youth requires systems coordination among multiple agencies to identify gaps and barriers to accessing relevant data. For example, caseworkers may lack access to an individual's health data, and individuals may lack access to knowledge about enrollment windows for benefits programs for which they are eligible. Below are barriers that exist for former youth in foster care.

Barriers to Continuous Medicaid Coverage	Barriers to Coordinated Medical & Behavioral Care
• Enrollment & eligibility determination processes are variable • Case workers may lack information about other agencies' benefit programs for which children in foster care are eligible • Outreach programs to former foster youth to make them aware of their eligibility are presently insufficient	• Former foster youth are not eligible for & do not benefit from care coordination or specially designed Performance Improvement Projects • Former foster youth are enrolled in FFS Medicaid which does not incentivize holistic care • Multisystem involvement of children in foster care creates barriers for young people & case workers to access relevant data

Ensuring continuous health coverage secures better health outcomes for youth transitioning from foster care and for former foster youth.

⚑ **Extending eligibility for Medicaid Coordinated Care Coverage (CCO) to former foster youth (ages 19-26) would eliminate lapses in healthcare coverage and require systems coordination among the multiple agencies that impact outcomes for former foster youth. The MS Division of Medicaid Comprehensive Quality Strategy Sept. 2021 and the recent passage of H.B. 1313 (2022) by the Mississippi legislature which created the FAITH Scholarship Program to provide tuition waivers for teenagers who have spent time in foster care. These efforts help to ensure continuous Medicaid coverage and access to coordinated comprehensive care for these youth and young adults signals an opportunity .**

Health Passports Facilitate Coordinated Care for Foster Youth

In addition to uncertainty about insurance eligibility, foster youth and youth transitioning out of care also confront questions and gaps regarding their own medical histories. Foster youth experience multiple caregivers who may have limited knowledge of the child's past medical history. Data has revealed that 75% of emergency department visits take place within 3 weeks of a placement change[8]. The efficacy of medication regimens or behavioral interventions is undermined by disruptions in care that can expose children to "increasing numbers and combinations of medications, to their inappropriate administration, and even to abrupt discontinuation."[9] Without consistent adoption of electronic health records (EHR) or a universal database for youth in MDCPS conservatorship, health service providers are unable to maintain continuous relationships. During focus groups and in survey responses, youth maintained that during and following the transition, they do not receive access to their own records despite the requirement to provide hard copies of this data.

Ensuring continuous health coverage secures better health outcomes for youth transitioning from foster care and for former foster youth.
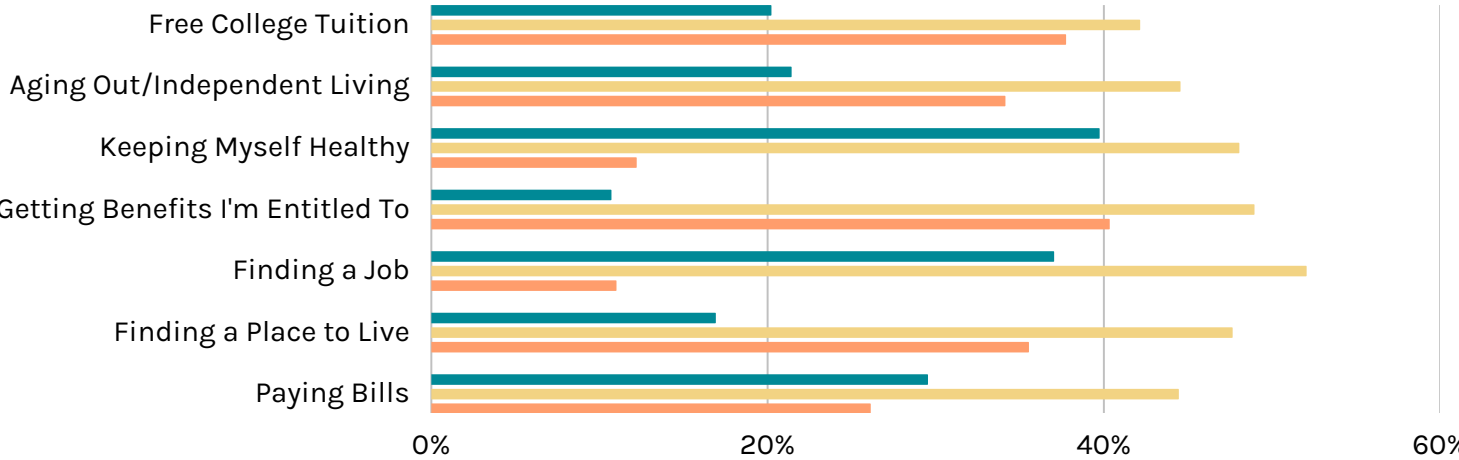
> **Texas has seen success with concentrated investment in a state-wide health passport system. Records begin when the child is placed in out-of-home care and maintained through a web-based provider and caseworker access, and it is maintained until exit from care [10]. Some cities and states have developed this further with smart cards that contain a chip programmed with a summary of the child's medical history [11]. This method minimizes the likelihood that medical information is lost as a child moves in and out of foster care.**

Youth Require Greater Practical Support to Bolster Agency and Aid Transition

Many systems of support exist to support youth with experience in foster care—e.g., free college tuition and assistance paying bills—yet many YIT-MS participants report being unaware or uncertain of how to navigate the systems of support available. When surveyed about their confidence in different independence-related domains, participants reported feeling moderately confident in their ability to keep themselves healthy and secure a job, but much less prepared to pay bills, find housing, and identify benefits to which they were entitled. Other specific concerns included completing the Free Application for Federal Student Aid (FAFSA) and obtaining a driver's license. Many participants also expressed a need for greater access to personal documents such as their birth certificate, social security card, and medical records.

Chart 2: In the past year, I knew about…

Legend: ■ Felt like an Expert ■ Knew a Little ■ Knew Almost Nothing

Categories (top to bottom): Free College Tuition, Aging Out/Independent Living, Keeping Myself Healthy, Getting Benefits I'm Entitled To, Finding a Job, Finding a Place to Live, Paying Bills

X-axis: 0% – 20% – 40% – 60%

We have solutions that we know can work!

> Between ages 14 and 21, foster youth in Mississippi have a right to participate in youth Transition Support Services to help them transition from custody to independent life. Transition Support Services provide a natural opportunity to increase youth health literacy, inform foster youth about Medicaid eligibility, covered benefits and stress the importance of preventive care at regular intervals. Having experts in to discuss these topics could benefit youth preparing for independence.

> Foster youths' unfamiliarity with paying bills and managing money underscores the need for greater and earlier financial literacy education in public schools, as discussed in detail in the Life Skills Education Section.

> Help foster youth navigate applications for college financial aid (FAFSA). As part of a growing trend, eight states currently require students to complete the FAFSA in order to graduate from high school. Importantly, in these states, resources are provided to schools to assist students in completing the FAFSA. This policy benefits not just foster youth, but all youth. States with FAFSA mandates have seen the number of students applying increase; in Louisiana, the first state to make such a mandate, applications increased nearly 26% in the first year implemented (2018) [12]. In Mississippi, the Woodward Hines Education Foundation's Get2College program assists students with the FAFSA, along with services to prepare for the ACT and explore scholarships. In the past few years, Mississippi has experienced tremendous growth in FAFSA completion thanks to this program and others, with 69.1% of Mississippi high schoolers completing the application [13]. Providing stronger backing to these programs will ensure continued success, and lead to higher completion of the FAFSA.

We need to design our systems of care to ensure transition-age foster youth have the financial resources and guidance they need to launch a successful pathway forward. Economic security clears the path to stronger connections with their communities, connections which benefit everyone.

IMPLICATIONS FOR POLICY & SYSTEMS

Many individuals and organizations working hard to meet the needs of children in Mississippi, and the state has seen considerable improvement in a number of indicators recently. Mississippi, however, continues to rank very low in most areas of child health and well-being and struggles to see significant, long-lasting progress. By working harder and smarter, Mississippi can ensure that our children and youth are prepared to learn in school and equipped upon graduation to succeed in their chosen work. This increases the probability of having a higher workforce participation rate, higher-paying jobs and less federal assistance needed.

Mississippi can build a foundation of policies and systems that will support, facilitate, and enhance the many ongoing efforts in the state. This means implementing policies that help parents provide what their children need to succeed, as well as foster an environment that is conducive to learning and growth. It also means establishing systems that measure progress, provide feedback, and ensure accountability.

There are several recurring themes throughout this Blueprint document that point to strategies that successful states have used to improve the health, education, and well-being of children. These states have committed 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 in order 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.
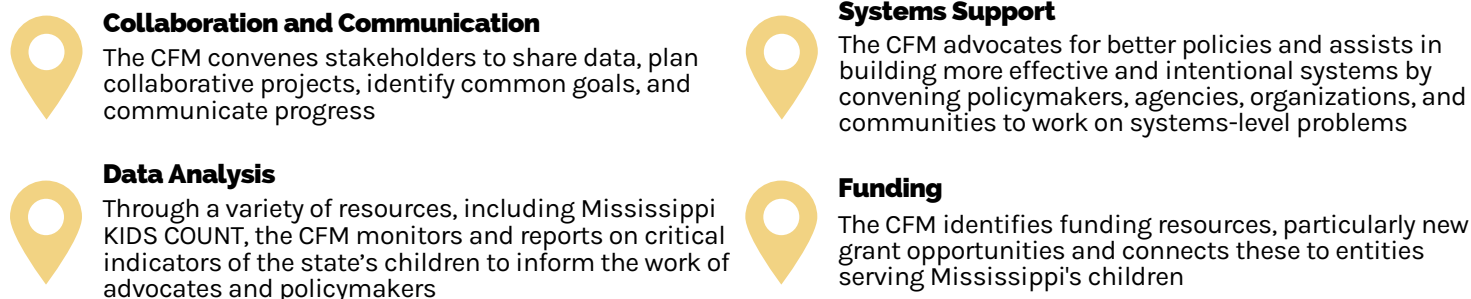
Development of these coordinated systems can be viewed as a higher-order effort that requires substantial attention and resources exceeding those available to a poor state like Mississippi. Foundations such as the CFM can help fill this gap, however, by convening stakeholders, accessing technical assistance, identifying additional resources, analyzing data, and fostering communications, thereby complementing and expanding efforts.

THE ROLE OF THE CFM

The interviews of state leaders and professionals working in children's services in Mississippi identified several key elements as necessary to improve the standing of Mississippi's children, including the following:

- Collaboration – the need for individuals, agencies, sectors, and organizations serving children and their families to work collaboratively
- Data – improvement in data collection and analysis capacities
- Funding – the need for additional funding, including required matching funds, and the willingness to apply for available grants

Due to its position as an independent operating foundation, the CFM is well-positioned to assist in addressing several of these identified needs by fulfilling certain key roles:

Collaboration and Communication
The CFM convenes stakeholders to share data, plan collaborative projects, identify common goals, and communicate progress

Systems Support
The CFM advocates for better policies and assists in building more effective and intentional systems by convening policymakers, agencies, organizations, and communities to work on systems-level problems

Data Analysis
Through a variety of resources, including Mississippi KIDS COUNT, the CFM monitors and reports on critical indicators of the state's children to inform the work of advocates and policymakers

Funding
The CFM identifies funding resources, particularly new grant opportunities and connects these to entities serving Mississippi's children

The CFM is dedicated to improving the lives of Mississippi's children. This Blueprint outlines those areas identified by key stakeholders in Mississippi that are the most important and feasible for creating sustainable positive change. We know that the health and well-being of our community is supported by the work of professionals in many different sectors. We hope that this CFM Blueprint has been an invitation to find opportunities for collaboration. The CFM invites all those who share the our commitment to improving the health, education, and well-being of Mississippi's children to join the Foundation in this work. We all have a role to play in building the Mississippi we want.

REFERENCES

Executive Summary

1: https://www.frameworksinstitute.org/toolkit/reframing-developmental-relationships/
2: https://mstahrs.msdh.ms.gov/table/morttable1.php

Methods & Data

1: Johnny Saldaña, The Coding Manual for Qualitative Researchers, Second edition (Los Angeles: SAGE Publications Ltd, 2012).
2: https://childrensfoundationms.org/new-cfm-report-pinpoints-areas-where-mississippi-children-most-need-resources
3: https://childrensfoundationms.org/research/kidscount2020/
4: https://www.aecf.org/resources/2022-kids-count-data-book
5: http://data.census.gov

Comprehensive Health Education

1: https://www.aecf.org/resources/2022-kids-count-data-book
2: https://datacenter.kidscount.org/data#MS/2/0/char/0
3: https://www.annualreviews.org/doi/full/10.1146/annurev-publhealth-040218-043727
4: cdc.gov/healthyschools/sher/standards/index.htm
5: https://nccd.cdc.gov/youthonline/app/Results.aspx?
6: https://www.georgiastandards.org/standards/GPS%20Support%20Docs/Health_Education_2-11-2010.pdf
7: https://www.researchgate.net/profile/Lauren-Beckman-2/publication/225190443_Beliefs_knowledge_and_values_held_by_inner-city_youth_about_gardening_nutrition_and_cooking/links/5450fb260cf24e8f7376af6e/Beliefs-knowledge-and-values-held-by-inner-city-youth-a
8: https://www.georgiastandards.org/standards/GPS%20Support%20Docs/Health_Education_2-11-2010.pdf
9: https://dph.georgia.gov/sites/dph.georgia.gov/files/Model%20Healthy%20Eating%20Learning%20Schools%20Policy_FINAL.pdf
10: https://community-nutrition-education.extension.org/wp-content/uploads/2019/11/Snap-Ed-and-EFNEP-Impact-Report-2019.pdf
11: https://www.cdc.gov/healthliteracy/education-support/schools.html
12: https://www.childhealthdata.org/browse/survey/results?q=8659&r=26&r2=1
13: https://health.gov/healthypeople/objectives-and-data/browse-objectives
14: https://onlinegrad.baylor.edu/resources/health-literacy-adolescents/
15: https://www.ncsl.org/research/health/teen-pregnancy-in-mississippi.aspx
16: https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/TeenBirth_MCH/state/MS
17: https://teenhealthms.org/policy-and-advocacy/mississippi-sex-education-law/
18: https://nccd.cdc.gov/youthonline/App/Results.aspx?
TT=C&SID=HS&QID=H61&LID=MS&LID2=SL&YID=2019&YID2=SY&SYID=&EYID=&HT=C04&LCT=LL&COL=S&ROW1=N&ROW2=N&TST=false&C1=&C2=&SC=DEFAULT&SO=ASC&VA=CI&CS=Y&DP=1&QP=G&FG=G1&FA=A1&FR=R1&FS=S1&FSC=P1&FSI=I1
19: https://nccd.cdc.gov/youthonline/App/Results.aspx?
TT=C&SID=HS&QID=H61&LID=MS&LID2=SL&YID=2019&YID2=SY&SYID=&EYID=&HT=C04&LCT=LL&COL=S&ROW1=N&ROW2=N&TST=false&C1=&C2=&SC=DEFAULT&SO=ASC&VA=CI&CS=Y&DP=1&QP=G&FG=G1&FA=A1&FR=R1&FS=S1&FSC=P1&FSI=I1

REFERENCES

Life Skills Education

1: https://www.researchgate.net/publication/226086316_Life_Skills_Training_Empirical_Findings_and_Future_Directions
2: https://msmec.com/wp-content/uploads/2022/02/MEC-Securing-Mississippis-Future-2.7.22.pdf
3: https://ssrc-static.s3.amazonaws.com/moa/ADecadeUndone2021Update.pdf
4: https://www.eiu.edu/eiu1111/Privilege%20Walk%20Exercise-%20Transfer%20Leadership%20Institute-%20Week%204.pdf
5: https://www.frameworksinstitute.org/wp-content/uploads/2020/05/searchinstitute-talking-points.pdf
6: https://www.newamerica.org/education-policy/edcentral/setting-the-record-straight-on-social-emotional-learning-the-business-case-for-sel/
7: https://www.uschamberfoundation.org/sites/default/files/Closing%20the%20Soft%20Skills%20Gap.pdf
8: http://psycnet.apa.org/record/2016-12330-001
9: https://scirp.org/reference/referencespapers.aspx?referenceid=2140286
10: https://casel.org/fundamentals-of-sel/what-does-the-research-say/
11: https://mft.nhs.uk/rmch/services/camhs/young-people/adverse-childhood-experiences-aces-and-attachment/
12: https://www.americashealthrankings.org/explore/annual/measure/ACEs_8/state/MS
13: https://www.djournal.com/news/education/shannon-high-school-using-grant-to-launch-mentorship-program/article_3467af0f-5643-5149-aecd-6eac9eb7fbbc.html
14: https://mscee.org/programs/
15: https://scholarworks.wmich.edu/jssw/vol33/iss1/4/
16: https://www.cnbc.com/2021/02/01/more-states-require-high-school-seniors-to-fill-out-a-fafsa.html
17: https://www.nefe.org/_images/research/Effects-of-K-12-Financial-Education-Mandates/Effect-State-Mandated-Fin-Ed-June25-2018.pdf

Mental Health

1: https://msdh.ms.gov/page/resources/10034.pdf
2: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9164513/
3: https://www.psychiatry.org/patients-families/stigma-and-discrimination
4: https://www.americashealthrankings.org/explore/annual/measure/ACEs_8/state/MS
5: https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response
6: https://www.dmh.ms.gov/
7: https://mentalhealthms.com/glossary/making-a-plan-map-teams/
8: https://mentalhealthms.com/mobile-crisis-response-teams/
9: https://namims.org/rural-children-in-mississippi-often-without-mental-health-treatment/
10: https://www.bls.gov/oes/current/oes_ms.htm
11: https://www.mhanational.org/issues/2017-state-mental-health-america-access-care-data
12: https://www.masd.k12.ms.us/about/psychological-services
13: https://www.dmh.ms.gov/think-again-about-mental-health-chronic-illness/
14: https://link.springer.com/article/10.1007/s40688-020-00348-z
15: https://store.samhsa.gov/sites/default/files/d7/priv/pep19-school-guide.pdf
16: http://www.dmh.ms.gov/wp-content/uploads/2021/12/November-2021-Board-of-Mental-Health-Minutes.pdf
17: https://www.cbpp.org/research/health/to-improve-behavioral-health-start-by-closing-the-medicaid-coverage-gap
18: https://www.managedhealthcareexecutive.com/view/behavioral-health-needs-are-increasing-medicaid-programs-are-trying-to-keep-up-

REFERENCES

Youth in Transition

1: https://www.aap.org/en/patient-care/foster-care/fostering-health-standards-of-care-for-children-in-foster-care/
2: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9628293/
3: https://www.acf.hhs.gov/cb/report/trends-foster-care-adoption
4: https://www.chapinhall.org/impact_area/youth-homelessness/
5: link.gale.com/apps/doc/A675461417/AONE?u=anon~5f464a4b&sid= googleScholar&xid=7019b667
6: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4074665/
7: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5798711/pdf/10.1177_0046958017698550.pdf
8: https://www.nemours.org/content/dam/nemours/www/filebox/healthpro/advocacy/outcomesfostercare.pdf
9: https://www.nemours.org/content/dam/nemours/www/filebox/healthpro/advocacy/outcomesfostercare.pdf
10: https://www.hhs.texas.gov/services/health/medicaid-chip/medicaid-chip-programs-services/foster-care-youth/star-health
11: https://www.urban.org/sites/default/files/publication/61741/410408-The-Health-Passport-Project-Assessment-and-Recommendations-Executive-Summary.PDF
12: https://www.marketplace.org/2022/02/16/more-states-requiring-high-schoolers-complete-financial-aid-form/
13: https://www.msstate.edu/newsroom/article/2022/10/rise-gear-mississippi-fafsa-completions-helps-mississippi-rank-third

CHILDREN'S FOUNDATION

OF MISSISSIPPI

https://childrensfoundationms.org

@ChildrensFoundationMS

@ChildrensFoundationMS