MISSISSIPPI 2020

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM NEEDS ASSESSMENT

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

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Introduction

Mississippi's Maternal, Infant, and Early Childhood Home Visiting Program Needs Assessment (MIECHV) update is to provide the United States Department of Health and Human Services with a county-level and statewide overview of the Mississippi communities that have been recognized as having large concentrations of detrimental indicators identified by the Health Resources and Services Administration (HRSA). These indicators have been grouped into five at-risk domains: socio-economic status (SES), adverse perinatal outcomes, substance use disorder, crime, and child maltreatment. The purpose of this study is to identify communities (i.e., counties) significantly impacted by these at-risk domains and the services provided throughout the state focused on improving the quality of life for Mississippians living in those counties. The goal of the assessment is to provide a deeper understanding of the diverse needs of eligible families living in these counties and how the state can collaborate to strengthen and expand services and resource delivery to help the families meet those needs. The strategy implemented to achieve this goal includes a thorough evaluation of Mississippi's current capacity to provide programs for early childhood home visiting, capacity to provide substance abuse treatment and counseling, and coordination across other state and federal agencies providing similar resources and services.

State Overview

Population

The state of Mississippi has a land area of 46,962 square miles divided into 82 counties. With a population of approximately three million people, the state has experienced an average annual population growth of 0.6% since 1950 (U.S. Census, 2019). Approximately 1,200,000 people live in one of 17 counties across the five metropolitan statistical areas within the state (Gulfport-Biloxi metro, Hattiesburg metro, Jackson metro, Memphis metro, and Pascagoula metro), the remaining population is divided among the state's 65 rural counties. Only three Mississippi cities have populations above 50,000; Southaven with a population of 53,274, Gulfport with a population of 67,793, and Jackson with a population of 173,514. The population of the other incorporated cities across the state range from 25 (Tillatoba) to 46,251 (Hattiesburg).

Age

Over 40% of the state's population is over the age of 45 with the majority of those individuals being over the age of 60. The population below the age of 40 includes 32.5% between the ages of 20 and 44, with the remaining 21% of the population at or below the age of 19.

Race / Ethnicity

White (non-Hispanic) Mississippians represent the largest demographic in the state with 59.1% of Mississippians classifying themselves as such. Black Mississippians are the second largest demographic, representing 37.8% of Mississippi's total population. This is followed by Hispanic (and Latinx) Mississippians, which represent 3.4% of the population. Finally, 1.3% of Mississippians identify as mixed-race, 1.1% identify as Asian, 0.6% identify as Native American, and 0.1% identify as Pacific Islanders (including native Hawaiian).

Languages

According to the 2018 American Community Survey, the official state language of Mississippi, English, is spoken by 96% of the population. Spanish (2.3%) is the only other language spoken by

more than 1% of the population, but 0.6% of the population speaks other Indo-European languages, 0.5% speaks Asian and Pacific Islander languages, and 0.4% speaks other languages.

Education

According to the American Community Survey, of the Mississippi population ages 25 and older, 16.6% have less than a high school education, 30.4% have completed high school, and 22.6% have some college. Those with associate and bachelor's degrees account for 9.1% and 13.3% of the population, respectively. The remaining 8% have a graduate or professional degree.

Economy and Employment

Healthcare and Social Assistance is the largest economic sector in the state and employs over 179,000 Mississippians, accounting for almost 16% of total employment, followed by Wholesale and Retail Trade, which employs over 172,000 or 15.3% of total employment. Manufacturing employs approximately 145,000 individuals, accounting for 12.9% of total employment (Bureau of Labor Statistics, 2019). After struggling with a high unemployment rate, Mississippi has experienced a recovery that offers new economic opportunities for workers and job seekers. According to data from the Bureau of Labor Statistics (2020), Mississippi's unemployment rate has dropped from 10.4% in 2010 to a historic low of 4.8% in 2018, before rising slightly to 5.5% by November 2019.

Data Collection Methodology (Phase 1)

All data collected for this needs assessment were collected at a county level to help ensure that all areas of the state were included and appropriately represented. As an additional measure to make certain the data obtained accurately reflected the five at-risk domain categories (SES, adverse perinatal outcomes, substance use disorder, crime, and child maltreatment) identified in the simplified method, the domain indicator information has been modified in multiple ways. Although all indicators provided by HRSA have been retained, the indicator definition has been

modified where possible to represent the impact of the indicator in Mississippi more accurately. Additionally, the researchers completing the analysis updated the data tables with the most current data available at the time of submission. A final modification to the simplified method was the change in data source. Where available, data for each indicator was pulled from a state level agency, organization, or program. The changes made to the data summary resulted in a 100% rate of data collection for each indicator from all 82 counties. A detailed description of the changes is provided in Table 1.

Table 1. Domain Indicator Changes

Indicator	Original Indicator Definition	Modified Indicator Definition	Original Collection Date	Modified Collection Date	Original Data Source	Modified Data Source
Poverty	Percentage of population living below 100% federal poverty level (FPL)	N/A	2016	2019	Census Small Area Income and Poverty Estimates	N/A
Unemployment	Unemployed percentage of the civilian labor force	N/A	2016	2018	Bureau of Labor Statistics	N/A
High School Dropout	Percentage of 16-19 year olds not enrolled in school with no high school diploma	N/A	2016	2019	American Community Survey	N/A
Income Inequality	Gini Coefficient - 1 Five-year Estimate	N/A	2016	2013-2017	American Community Survey	N/A
Preterm Birth	Percentage of live births less than 37 weeks	Number of live births less than 37 weeks	2012-2016	2014-2018	NVSS - Raw Natality File	Kids Count Data Center
Low Birth Weight	Percentage of live births less than 2500 g	Number of live births less than 2500 g	2012-2016	2018	NVSS - Raw Natality File	Kids Count Data Center
Alcohol	Prevalence rate: Binge alcohol use in past month	Prevalence rate: Percentage of adults that report	2012-2014	2018	SAMHSA - National Survey of Drug Use	The County Health Rankings & Roadmaps

		binge or heavy drinking			and Health	
Marijuana	Prevalence rate: Marijuana use in past month	Number of marijuana possession/ paraphernalia arrests	2012-2014	2019	SAMHSA - National Survey of Drug Use and Health	Report received from the Mississippi Board of Narcotics
Illicit Drugs	Prevalence rate: Use of illicit drugs, excluding marijuana, in past month	Prevalence rate: Number of drug related arrests	2012-2014	2019	SAMHSA - National Survey of Drug Use and Health	Mississippi Opioid and Heroin Data Collaborative
Pain Relievers	Prevalence rate: Nonmedical use of pain medication in past year	Prevalence rate: Number of opioid and benzodiazepine prescriptions per 1,000 residents	2012-2014	2018	SAMHSA - National Survey of Drug Use and Health	Opioid and Benzodiazepine prescriptions in Mississippi. Prescription data update
Crime Reports	Number of reported crimes/1,000 residents	Estimated totals	2014	2018	Institute for Social Research - National Archive of Criminal Justice Data	Federal Bureau of Investigation Uniform Crime Reporting (UCR)Program-Crime in the United States
Juvenile Arrests	Number of crime arrests ages 0-17/100,000 juveniles aged 0-17, 2015	Number of youths tried in the juvenile court.	2015	2018	Institute for Social Research - National Archive of Criminal Justice Data	MDHS Division of Youth Services Annual Report
Child Maltreatment	Rate of maltreatment victims aged younger than 1-17 per 1,000 children (aged <1-17) residents	Substantiated reports of maltreatment of children up to the age of 18.	2014	2018	ACF	Mississippi Department of Child Protection Services (MDCPS)

Communities with Concentration of Risk

To be considered an at-risk county, a significant presence of at least two of the five at-risk domains had to be observed in the analysis. Seventeen counties, or approximately 21% of the state was identified as at-risk. Approximately 65% of these identified at-risk counties were in one of Mississippi's metropolitan statistical areas (see Table 2). In addition, the metropolitan at-risk county clusters tend to have higher concentrations of at-risk domains than the rural outlying at-risk counties. Of these identified metropolitan at-risk counties, 64% are clustered around the state capital and the Gulf Coast.

Table 2. Metro Area At-Risk Counties

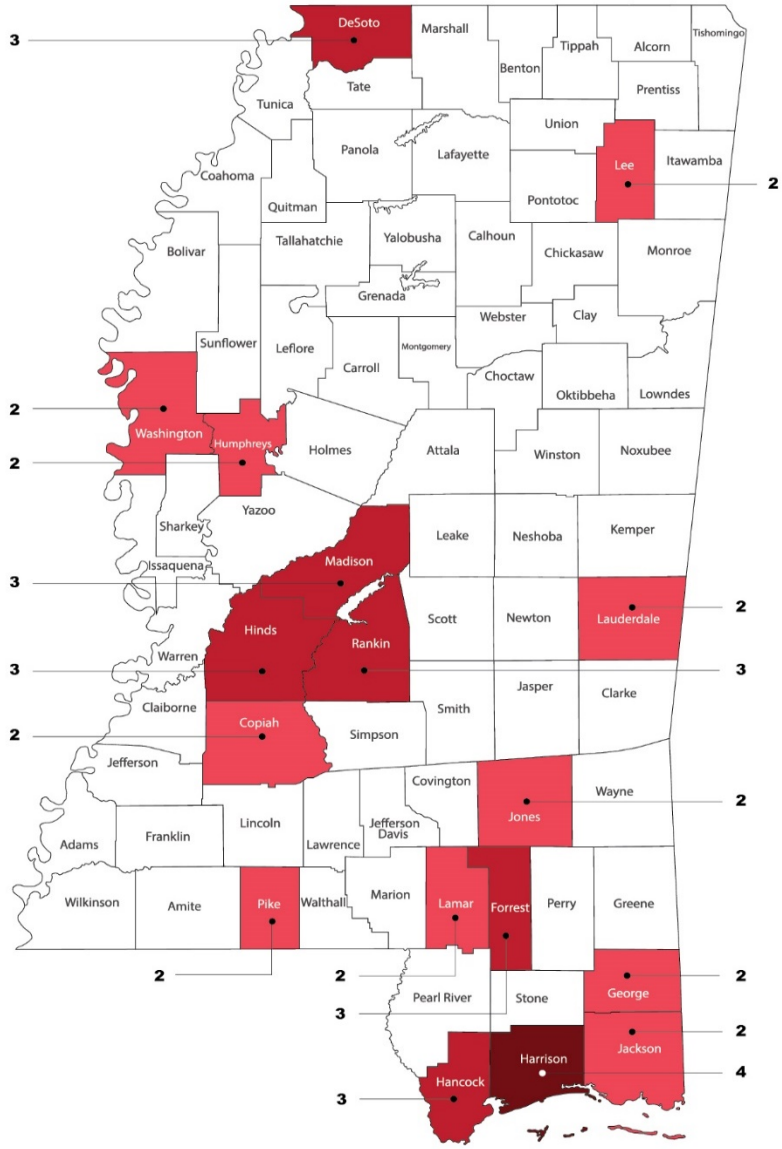
County	Metropolitan Statistical Area
Copiah	Jackson Metro
Desoto	Memphis Metro
Forrest	Hattiesburg Metro
George	Pascagoula Metro
Hancock	Gulfport-Biloxi Metro
Harrison	Gulfport-Biloxi Metro
Hinds	Jackson Metro
Jackson	Pascagoula Metro
Lamar	Hattiesburg Metro
Madison	Jackson Metro
Rankin	Jackson Metro

Although none of the counties were identified as having a significant presence of all five at-risk domains, one county was observed to contain four, six were observed to contain three at-risk domains, and 10 were observed to contain two. A visual breakdown of the geographic dispersion and coinciding number of observed at-risk domains in the identified counties is provided in Figure 1 (on page 12).

Domain Breakdown

Crime was the most prevalent at-risk domain and was observed in 88% of the identified counties. Humphreys and Pike were the only two at-risk counties where crime was not observed to be a factor. The second most prevalent at-risk domain was adverse perinatal outcomes, observed in approximately 59% of the identified counties. This domain was not observed in the at-risk counties of Copiah, George, Hancock, Humphreys, Lamar, Pike, and Washington. Substance abuse was observed in 47% of the at-risk counties. These counties include DeSoto, Forrest, George, Hancock, Harrison, Hinds, Madison, and Rankin. The child maltreatment domain was observed in 35% of the at-risk counties, which includes Hancock, Harrison, Humphreys Lamar, Pike, and Rankin. SES was the least represented at-risk domain, observed in approximately 18% of the identified counties (Humphreys, Pike, and Washington). A complete visual breakdown of all at-risk domain indicators is provided in Appendix 2A through Appendix 2E.

Figure 1


At-Risk Counties
DeSoto
Marshall
Tippah
Alcorn
Tishomingo
Benton
Tate
Prentiss
Tunica
Union
Panola
Lafayette
Lee
Itawamba
Coahoma
Pontotoc
Quitman
Tallahatchie
Yalobusha
Calhoun
Chickasaw
Monroe
Bolivar
Grenada
Webster
Clay
Sunflower
Leflore
Montgomery
Carroll
Choctaw
Oktibbeha
Lowndes
Washington
Humphreys
Holmes
Attala
Winston
Noxubee
Yazoo
Sharkey
Leake
Neshoba
Kemper
Issaquena
Madison
Scott
Newton
Lauderdale
Hinds
Rankin
Warren
Jasper
Clarke
Claiborne
Smith
Copiah
Simpson
Jefferson
Covington
Wayne
Jones
Adams
Franklin
Lincoln
Lawrence
Jefferson Davis
Wilkinson
Amite
Pike
Walthall
Marion
Lamar
Forrest
Perry
Greene
Pearl River
Stone
George
Jackson
Harrison
Hancock
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2
4
3

Data Collection Methodology (Phase 2)

According the Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (2018), Mississippi is ranked first in the nation for the following: percentage of births to unmarried mothers, caesarian delivery rate, preterm birth rate, percentage of newborns with low birthweight, and infant mortality. More recent data from the National Vital Statistics Report (ELY & Driscoll, 2020) have indicated that the highest rate of infant mortality was for those born to teenage mothers (i.e., females under the age of 20). Utilizing these nascent findings, Phase 2 was applied to the counties that currently operate MIECHV and were not identified as at-risk in Phase 1 for the purpose of identifying high and emerging risks (not captured in the initial analyses) to the mother and child. The 11 counties of focus in Phase 2 include: Claiborne, Coahoma, Holmes, Issaquena, Jefferson, Neshoba, Sharkey, Sunflower, Tallahatchie, Tunica, and Wilkinson. The analysis was based on three specific indicators.

1) The percentage of infants born to pregnant women receiving prenatal care beginning in their first trimester. To be considered at-risk on this indicator, the county percentage would need to be **below the state average of 80.4%.**
2) Teen pregnancy rate. To be considered at-risk on this indicator, the county percentage would need to be **above the state average of 46%.**
3) Infant mortality rate. To be considered at-risk on this indicator, the county rate would need to be **above the state rate of 8.72 per 1,000.**

For the Phase 2 analysis, an at-risk county is defined as possessing a minimum of two of the three specific indicators. The results of the analysis are provided in Table 3 (on page 14).

Table 3. Eleven County Indicator Analysis

County	Prenatal Care (%) *	Below the State Average (80.4%)	Teen Pregnancy (%) *	Above the State Average (46%)	Infant Mortality Rate	Above the State Average (8.72) **	Total number of Adverse Indicators
Claiborne	73.1	Yes	43.7	No	12.1-21.0	Yes	**2**
Coahoma	77	Yes	79.5	Yes	7.4-8.7	No	**2**
Holmes	77.8	Yes	54.8	Yes	10.6-12.0	Yes	**3**
Issaquena	72.6	Yes	73.6	Yes	< 4.4	No	**2**
Jefferson	64.1	Yes	63.2	Yes	8.8-10.5	Yes	**3**
Neshoba	87	No	62.6	Yes	12.1-21.0	Yes	**2**
Sharkey	63.5	Yes	73.9	Yes	< 4.4	No	**2**
Sunflower	78	Yes	60.9	Yes	12.1-21.0	Yes	**3**
Tallahatchie	68.2	Yes	69.4	Yes	10.6-12.0	Yes	**3**
Tunica	59.3	Yes	73.4	Yes	7.4-8.7	No	**2**
Wilkinson	68.7	Yes	73	Yes	< 4.4	No	**2**

* Mississippi Department of Health, County Health Profile, 2018.
**Mississippi Department of Health, Infant Mortality Report, 2018.

Results indicate all 11 counties were observed to possess at least two of the three adverse indicators. Four of the counties (Holmes, Jefferson, Sunflower, and Tallahatchie) were observed to possess all three adverse indicators. With regard to the specific indicators, approximately 91% of the counties were observed to be below the state average on prenatal care, approximately 91% of the counties were observed to be above the state average on teenage pregnancy, and approximately 55% of the counties were observed to be above the state average for infant mortality rate.

The findings of the phase two analysis reflect the prenatal risks associated with mother and child observed across the state. Although the 11 counties served by the MIECHV program were not initially observed to be at risk, the resulting data from phase two provide strong indication of a critical need for continued home visiting services within the communities and families residing within these counties.

Quality and Capacity of Existing Programs

Mississippi Department of Human Services (MDHS)

MDHS currently manages and operates the Healthy Families Mississippi (HFM) program. HFM is a MIECHV-supported program serving pregnant women and children from birth to kindergarten in 14 counties, through 13 locations, across Mississippi (Figure 2 on page 17). To help ensure HFM activities are meeting the needs of participants, the program follows the Healthy Families America model, an evidence-based model that has been shown to positively impact the lives of enrolled families. The HFM program is the only state home visiting program currently provided in Mississippi by MDHS.

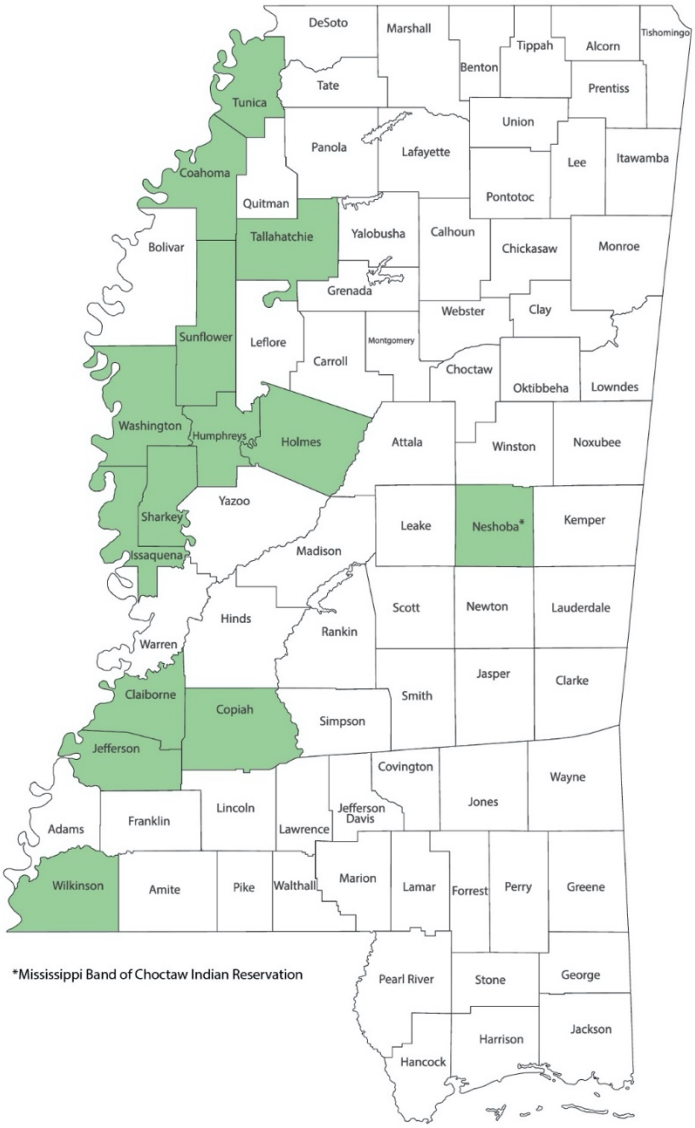
MDHS divides their HFM labor force into two distinct regions. The Northern Region provides maternal home visiting services in Holmes, Humphreys, Sunflower, Tallahatchie, Tunica, Coahoma, and Washington counties. The Southern Region provides maternal home visiting services in Claiborne, Copiah, Issaquena, Jefferson, Neshoba, Sharkey, and Wilkinson counties.

Based on the most recent MIECHV annual report (2019), the HFM program provided home visiting services for 1,415 participants, including 721 households, 351 pregnant women, 409 female caregivers, 14 male caregivers, and 641 children. The ages of adults served through the HFM program ranged from below 17 years of age to above 65. The age of the children served ranged from younger than one year to four. Of the 774 adults, 96% identified as Black or African American, the remaining 4% identified as American Indian or Alaskan Native (1.8%), having more than one race (1.2%), White/Caucasian (0.5%), and Asian (0.5%). The racial breakdown of the children served by the program shared roughly the same distribution as the adults served. Eighty-nine percent of the adults served reported that they have never been married, with the remaining 11% reported being married (6%), divorced or separated (3%), or living with a partner (2%).

Regarding education, approximately 15% had less than a high school diploma, 37% had a high school diploma or equivalent, 26% reported having some college, 20% had an associate or a bachelor's degree, and the remaining 2% had technical training/certification or failed to report their educational attainment. Thirty-eight percent of the adults served reported having a full-time occupation. An additional 13% reported working part-time, and the remaining 49% reported being unemployed.

HFM operates in three at-risk counties (Copiah, Humphreys, and Washington). The estimated number of eligible families in those counties is 930. In 2018, the HFM program provided services to 196 families or approximately 21% of those families within those three counties identified as eligible for home visiting services.

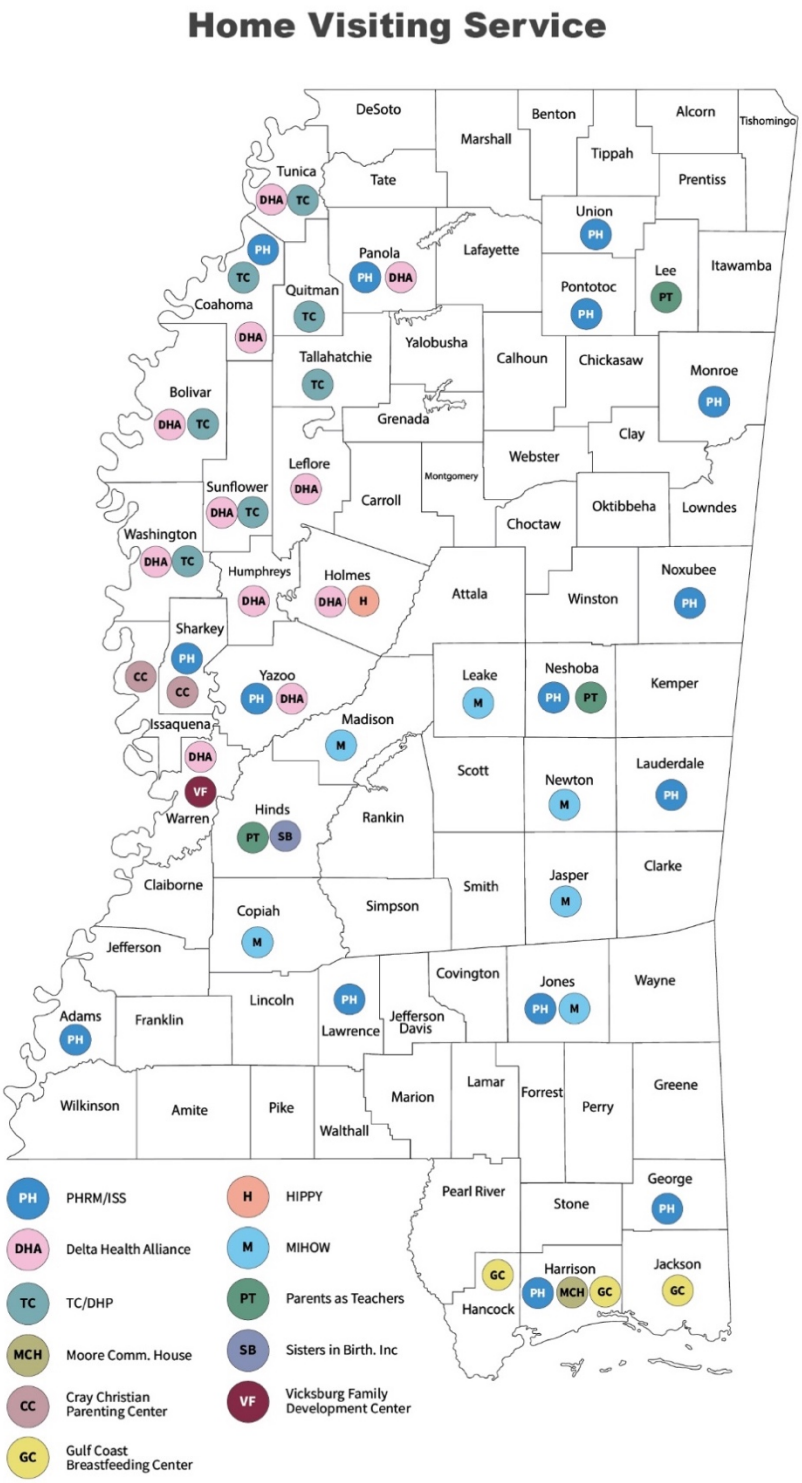
Figure 2


Healthy Families Mississippi Service Counties
DeSoto
Marshall
Tippah
Alcorn
Tishomingo
Benton
Tate
Prentiss
Tunica
Union
Panola
Lafayette
Lee
Itawamba
Coahoma
Pontotoc
Quitman
Tallahatchie
Yalobusha
Calhoun
Chickasaw
Monroe
Bolivar
Grenada
Webster
Clay
Sunflower
Leflore
Montgomery
Carroll
Choctaw
Oktibbeha
Lowndes
Washington
Humphreys
Holmes
Attala
Winston
Noxubee
Yazoo
Sharkey
Leake
Neshoba*
Kemper
Issaquena
Madison
Scott
Newton
Lauderdale
Hinds
Rankin
Warren
Jasper
Clarke
Claiborne
Copiah
Smith
Simpson
Jefferson
Covington
Wayne
Jones
Adams
Franklin
Lincoln
Lawrence
Jefferson Davis
Wilkinson
Amite
Pike
Walthall
Marion
Lamar
Forrest
Perry
Greene
*Mississippi Band of Choctaw Indian Reservation
Pearl River
Stone
George
Harrison
Jackson
Hancock

Additional Home Visiting Programs

In addition to the HFM program operated by MDHS, many state agencies, head start programs, community organizations, and non-profit groups provide home visiting services to pregnant women and families with young children. To identify as many of these programs as possible, researchers conducting the MIECHV needs assessment followed a three-phase process. First, researchers reviewed the home visiting programs from the last MIECHV needs assessment to identify those programs still in operation. Second, researchers conducted an exhaustive internet search to identify home visiting programs currently operated by state agencies, community organizations, and non-profit groups. Lastly, researchers reached out to the Head Start agencies throughout the state that operate early Head Start programs to identify any home visitation services they may provide as part of their program. A visual distribution of the identified programs is provided in Figure 3 (on page 19). A description of the home visiting services and the entities providing these services is discussed below.

Figure 3


Home Visiting Service
DeSoto
Marshall
Benton
Alcorn
Tishomingo
Tippah
Prentiss
Tunica
DHA TC
Tate
Union
PH
PH
TC
Panola
PH DHA
Lafayette
Lee
PT
Itawamba
Coahoma
DHA
Quitman
TC
Pontotoc
PH
Yalobusha
Calhoun
Chickasaw
Monroe
PH
Tallahatchie
TC
Bolivar
DHA TC
Grenada
Clay
Webster
Leflore
DHA
Montgomery
Sunflower
DHA TC
Carroll
Oktibbeha
Lowndes
Choctaw
Washington
DHA TC
Humphreys
DHA
Holmes
DHA H
Attala
Winston
Noxubee
PH
Sharkey
PH
CC
CC
Yazoo
PH DHA
Leake
M
Neshoba
PH PT
Kemper
Issaquena
DHA
Madison
M
Scott
Newton
M
Lauderdale
PH
VF
Warren
Hinds
PT SB
Rankin
Smith
Jasper
M
Clarke
Claiborne
Copiah
M
Simpson
Jefferson
Covington
Jones
PH M
Wayne
Adams
PH
Franklin
Lincoln
PH
Lawrence
Jefferson Davis
Wilkinson
Amite
Pike
Walthall
Marion
Lamar
Forrest
Perry
Greene
Pearl River
Stone
George
PH
GC
Harrison
PH MCH GC
Jackson
GC
Hancock
PH PHRM/ISS
DHA Delta Health Alliance
TC TC/DHP
MCH Moore Comm. House
CC Cray Christian Parenting Center
GC Gulf Coast Breastfeeding Center
H HIPPY
M MIHOW
PT Parents as Teachers
SB Sisters in Birth. Inc
VF Vicksburg Family Development Center

Mississippi Department of Health

https://msdh.ms.gov/msdhsite/_static/41,0,106.html

The Mississippi Department of Health (MSDH) manages and operates the Perinatal High-Risk Management/Infant Services System Program (PHRM/ISS) in 15 counties across the state, including Monroe, Pontotoc, Union, Coahoma, Panola, Lauderdale, Neshoba, Noxubee, Sharkey, Yazoo, Jones, Adams, Jefferson, George, and Harrison. The goal of the PHRM/ISS is to reduce the rate of negative birth outcomes (e.g., pre-term births, low birth weight, infant mortality, etc.) through integrated health services and multidisciplinary interventions such as health education and home visiting for eligible mothers and infants in order to promote maternal self-sufficiency. To be eligible for the program, pregnant women need to be screened onto the maternal portion of the PHRM. Eligible women can receive services up to 60 days after the birth of their child. Eligible children receive services after birth and can continue receiving services until their first birthday. PHRM/ISS program services include a needs assessment, a personalized plan of care, continuous monitoring and follow-up, coordination of care across all providers delivering services, and access to up-to-date resources on additional programs to assist the mother and child upon program completion. In 2017, MSDH indicated that 1,796 pregnant women received services from the PHRM/ISS program (Mississippi Department of Health, 2019).

Delta Health Alliance

https://deltahealthalliance.org/

Delta Health Alliance (DHA) is a non-profit, tax-exempt organization that serves the needs of people throughout the Mississippi Delta by improving access to health services, promoting healthier lifestyles, and expanding educational opportunities. DHA provides support and guidance for multiple home visiting programs throughout Northeast Mississippi. These programs include:

Delta Home Visiting Initiative

The Delta Home Visiting Initiative provides parents with the information, support, and encouragement needed to help their children develop optimally during the crucial early years of life. Through using an evidence-based early childhood home visitation curriculum that builds strong communities, reinforces families, and facilitates the development of children who are healthy, safe, and ready to learn, the Delta Home Visiting program improves women's health, ensure healthier babies, and promote quality perinatal services.

DHA's certified parent educator-staff members work one-on-one with high-risk expectant mothers and parents of children, ages zero to five, to emphasize parent-child interaction, development-centered parenting, and family well-being. There are four interrelated components of the model, including personal home visits, group connection meetings, screenings, and easy access to a comprehensive resource network. Recruited from the communities they serve, parent educators receive extensive training and learn to build relationships with parents. This helps to provide infants and young children with the stability and enriched environment they need to thrive. One key to the program's success is that the parent educators are from the same community as the families with whom they are working.

Health Pregnancy Program

The Healthy Pregnancy Program, a multi-county initiative throughout the Mississippi Delta focused on reducing the pre-term birth rate by delivering education, support, encouragement, and connections to vital social services. The program currently services 196 homes in combined areas of Bolivar, Coahoma, Panola, Tunica, Warren, and Yazoo counties, and 272 homes in the combined areas of Holmes, Humphreys, and Leflore counties. They exclusively service maternal and child care.

Parents as Teachers

The Parents as Teachers program serves families ranging from expectant mothers to children entering kindergarten. Utilizing one-on-one home visits and group meetings with DHA staff, parents become the teachers in their own homes and neighborhoods, providing the knowledge and resources for delivering healthier babies and raising healthier children. In addition, the Parents as Teachers program offers health and developmental screenings for their children and establishes peer networks among families so they can help each other. DHA operates the Parents as Teachers Program out of Promise Communities, these initiatives focus on ensuring the healthy development of children and families in the communities in which they are operated. Moreover, Promise Communities unite healthcare, education, government, community, and faith-based services to develop a "pipeline" of academic, family, and community resources from pre-natal care through third grade and above, creating a path for students to gain meaningful careers and earn financial independence. The Indianola Promise Community/Parents as Teachers project provides services for 100 homes in the Sunflower area. They exclusively service maternal and child care needs. The Deer Creek Promise Community/Parents as Teachers project services 150 homes in Washington County. They also exclusively service maternal and child care.

The Delta Healthy Start Collaborative

The Delta Healthy Start Collaborative serves families in Leflore, Humphreys, Holmes, and Yazoo counties. The program, initiated in Spring 2019, utilizes Parent Educators trained in the evidence-based Parents as Teachers model to work with pregnant moms and infants/children up to 18 months, utilize the Center for Disease Control's Preconception Health to support women's health, and foster fatherhood participation through Partners for Healthy Babies/24/7 Dads program.

Tougaloo College/ Delta Health Partners Healthy Start Initiative

https://www.tougaloo.edu/administration/health-and-wellness/delta-health-partners#:~:text=GIVE,Delta%20HealthPartners%20Healthy%20Start%20Initiative,the%20Mississippi%20Delta%20in%201999.

The Tougaloo College/ Delta Health Partners Healthy Start Initiative (TC/DHP) was created to reduce infant mortality among high-risk and underserved residents of the Mississippi Delta. To achieve this goal, the program provides high-quality comprehensive maternal child and family services through advocacy and direct service provision resulting in safe, healthy families and inclusive thriving communities. These services include outreach efforts targeting pregnant women of childbearing age (10 – 44), helping clients to access health coverage under the Affordable Care Act, coordinating and facilitating access to healthcare services, providing support for preventative services (mammograms, pap smears, etc.), and assistance with reproductive life planning. The TC/DHP provides services for pregnant women and families in the combined areas of Bolivar, Coahoma, Quitman, Sunflower, Tallahatchie, Tunica, and Washington counties.

Moore Community House

https://www.moorecommunityhouse.org/

Moore Community House serves the families of the Mississippi Gulf Coast by providing early childhood education and workforce training for women in the construction and advanced manufacturing fields. The Moore Community House Early Head Start (MCH EHS) has provided services to pregnant women and children ages zero to three and their families since 1998. Moreover, MCH EHS provides high-quality services to 104 infants, toddlers, pregnant women, and their families living in Harrison County year-round, five days a week for ten hours per day. These services include providing comprehensive family services specialists, who assess the specific needs of individual families and then develop a holistic approach that responds directly to those needs and the Expectant Mothers Program. This program offers mothers support to give birth to

a healthy infant. MCH EHS strives to deliver these services in ways that support and nurture the culture, home language, and educational goals of each family. MCH EHS assists parents in their role of being the first and most influential teacher to their children.

Cray Christian Parenting Center

http://www.carychristiancenter.org/aboutus.htm

The Cray Christian Parenting Center is a Christian-based parenting program offering services to expecting mothers and families. The program is focused on providing parents with the support, knowledge, and skills they need to nurture their families into healthy lives. They provide this support to families with children ages 0-3. Services include early prenatal classes for expectant parents in the first and second trimesters to educate and encourage a healthy pregnancy, a six-week series of prenatal classes preparing the parents for a healthy pregnancy, and labor and delivery services. Home visiting services include a home visitor who becomes involved in the family and follows the family until the child is 3 years old, goals setting and attainment, and parenting classes. Home visiting also includes healing prayer to enable pre/postnatal mothers to better interact with their babies physically, emotionally, and spiritually while improving their own personal holistic health. The Cray Christian Parenting Center provides services for 23 homes in the combined areas of Issaquena and Sharkey counties.

Gulf Coast Breastfeeding Center

https://www.gulfcoastbreastfeedingcenter.com/

The Gulf Coast Breastfeeding Center serves all south Mississippi counties, as well as southeast Louisiana and Mobile areas. They provide lactation education classes and consultations to expecting and postpartum mothers. They serve over 250 families. Mothers can seek assistance before they deliver the baby to increase the chances of having a successful delivery.

Home Instruction for Parents of Preschool Youngsters (HIPPY)

https://www.hippyusa.org/

Home Instruction for Parents of Preschool Youngster (HIPPY) serves 45 homes in the Holmes area. They exclusively provide maternal and child care. The Hippy home visiting model focuses on parent-involved early learning. Services are delivered directly to parents, who then use what they learn with their own children. HIPPY's mission is to increase children's success through parental preparation and teaching as the children's first teacher through providing them with the tools, skills, and confidence they need to work with their children in the home.

Maternal Infant Health Outreach Workers

https://www.mihow.org/

Maternal Infant Health Outreach Workers (MIHOW) program serves Jones, Leake, Copiah, Newton, Jasper, and Madison counties. Based out of Vanderbilt University Medical Center, MIHOW is a community-based intervention program dedicated to enhancing birth outcomes and healthy child development. Program professionals train women in the local areas to deliver home and group services to underserved families in rural and inner-city communities. State operations for Mississippi's MIHOW program is managed by Friends of Children Head Start, Inc., located in Flowood, Mississippi.

Parents as Teachers

https://parentsasteachers.org/

Parents as Teachers currently serves families in Lee, Neshoba, and Hinds counties. Parents as Teachers works to build strong communities, thriving families, and children who are healthy, safe, and ready to learn. This is achieved by matching parents and caregivers with trained professionals who make regular personal home visits during a child's earliest years in life, from prenatal through kindergarten.

Sisters in Birth, Inc.
https://www.sibirth.org/

Sisters in Birth, Inc. pregnancy center offers free pregnancy tests and home healthcare throughout pregnancy and post-delivery to women in the Greater Jackson area. Sisters in Birth currently provides services to 40 pregnant women and families in Hinds County. They exclusively provide maternal and child care services.

Vicksburg Family Development Center
https://vicksburgfamilydevelopment.weebly.com/

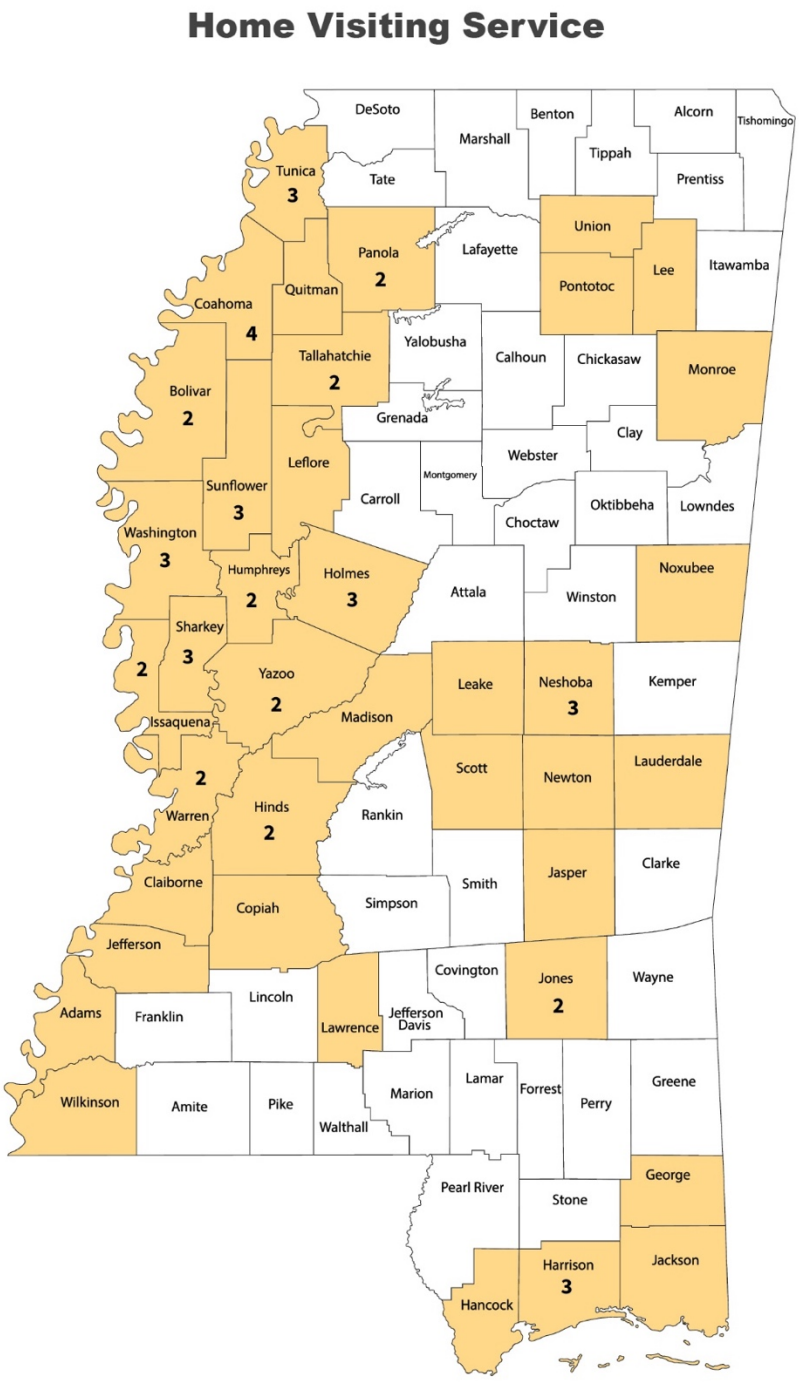
Vicksburg Family Development provides parenting education for first or second-time parents and their children. These services include prenatal classes, home visits, and a preschool education program. This program provides parents of children, prenatal to age four, with the knowledge, skills, and support needed to promote positive outcomes for both the parent and child. Vicksburg Family Development Center serves 70 homes in Warren County. They exclusively provide maternal and child care.

Gaps in Early Childhood Home Visiting

Three main gaps exist in providing early childhood home visiting services to eligible families across Mississippi. The largest gap is the availability of services statewide. Although there are multiple state agencies, non-profit, and community organizations providing home visiting services, these services are not currently available in 43 counties or over 50% of the state. Moreover, five of the counties not served by home visiting programs were identified as at-risk (DeSoto, Forrest, Lamar, Pike, and Rankin counties). The second major gap is the delivery of services to eligible families within the identified at-risk counties. As mentioned earlier in this assessment, the MIECHV only provides services to three of the identified at-risk counties and delivers those services to

approximately 21% of the eligible families residing in those counties. The additional home visiting programs deliver services to 12 at-risk counties through 17 providing locations. The number of families served within the at-risk areas was unavailable for each of these service providers. However, if we assume the number of families in at-risk counties served by these additional home visiting programs is equal to that of the HFM program, then the total number of families served in the at-risk counties by all home visiting programs would be 3,528. Given that the estimated need of eligible families in the at-risk counties is 9,765, the number of eligible families not receiving home visiting services would be 6,237, indicating a service gap of approximately 64%. The third major gap in early childhood home visiting programs is the lack of evidence-based models utilized within the state. Among all the identified early childhood home visiting programs, only two indicated that they use an evidence-based model. These programs are the MIECHV program which strictly utilizes the Healthy Families America Model for all HFM operations and the Parents as Teachers model which is operated by additional early childhood home visiting programs within the state. Combined, these two evidence-based models are only utilized in seven programs in the at-risk counties and 20 counties statewide. A visual representation of the counties served and the number of programs within each served county is presented in Figure 4 (on page 28).

Figure 4


Home Visiting Service
DeSoto
Marshall
Benton
Alcorn
Tishomingo
Tippah
Prentiss
Tunica
3
Tate
Union
Panola
2
Lafayette
Lee
Itawamba
Pontotoc
Quitman
Coahoma
4
Yalobusha
Calhoun
Chickasaw
Monroe
Tallahatchie
2
Bolivar
2
Grenada
Clay
Webster
Leflore
Montgomery
Carroll
Oktibbeha
Lowndes
Sunflower
3
Choctaw
Washington
3
Humphreys
2
Holmes
3
Attala
Winston
Noxubee
Sharkey
3
2
Yazoo
2
Leake
Neshoba
3
Kemper
Madison
Issaquena
2
Scott
Newton
Lauderdale
Warren
Hinds
2
Rankin
Jasper
Clarke
Claiborne
Smith
Copiah
Simpson
Jefferson
Covington
Jones
2
Wayne
Adams
Franklin
Lincoln
Lawrence
Jefferson Davis
Wilkinson
Amite
Pike
Walthall
Marion
Lamar
Forrest
Perry
Greene
Pearl River
Stone
George
Harrison
3
Jackson
Hancock

Meeting the Needs of Eligible Families

Overall, approximately 65%, or 11 of the 17 at-risk counties were identified as having at least one provider delivering home visiting services to eligible families within the county. Three counties (Jones, Washington, and Hinds) were identified to have at least two providers delivering home visiting services to eligible families, and one county (Harrison) was identified to have at least three providers delivering home visiting services to eligible families.

Evidence-Based Home Visiting Models

Healthy Families Mississippi

https://www.mdhs.ms.gov/hfm/

According to data obtained from HRSA, among the 17 identified at-risk counties, the estimated need of eligible families (i.e., families with children under 6 years old that were living in poverty that also contained a mother with a high school education or less, a pregnant woman, or a mother under the age of 21) was 9,765. In 2019, the HFM program served three of these counties (Copiah, Humphreys, and Washington) and provided home visiting services to 142 families within those counties. Of the counties served by HFM, HRSA identified 930 eligible families, indicating that the HFM program reached approximately 15% of the target population within those counties and approximately 1.5% of the total number of eligible families across all identified at-risk counties. To better meet the needs of eligible families, MDHS implemented an action plan based on the Continuous Quality Improvement (CQI) management philosophy. By following the principles of CQI, MDHS was able to increase the number of pregnant women served through the MIECHV program by approximately 63% from 2018 to 2019.

Parents as Teachers

https://parentsasteachers.org/

In addition to the HFM, the Parents as Teachers Program is an additional evidence-based model utilized to deliver home visiting services in Mississippi. The Parents as Teaches model was used to provide home visiting services in the at-risk counties of Hinds, Humphreys, Lamar, and Lee.

Alternative Home Visiting Programs

Alternative Home Visiting Programs are defined as those programs that were identified as either utilizing an alternative service model other than the MIECHV eligible evidence-based models, or providing home visiting service model that was not identifiable at the time of the report. Alternative models were used to provide home visiting services in the at-risk counties of Harrison, Madison, George, Jones, and Lauderdale.

Gaps in Staffing, Community Resources, and Other Requirements

MDHS utilizes 38 Family Support Specialists (FSS) to conduct home visitations for the HFM program. Each county served by the HFM program utilizes three to four FSS except Neshoba County. Neshoba is served by two FSS as services are only provided to eligible families living on the Mississippi Band of Choctaw Indian (MBCI) reservation (a complete HFM organizational chart is provided in Appendix 3). In 2019, the HFM program provided services to 357 new families in addition to the 364 families that were currently receiving services, an increase of approximately 98% and an average caseload of approximately 19 families. Given that the Healthy Families America model (the model the HFM program is built upon) is a long-term program that provides services for three years or more, and the trend of increasing families at a rate of 98% continues, the average caseload for any individual FSS will be approximately 27 families by the end of 2020. According to the U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention Fact Sheet (2001), the caseload of Healthy Families America home visitors is intended to be light (10 to 15 families) to provide sufficient time to meet with each family

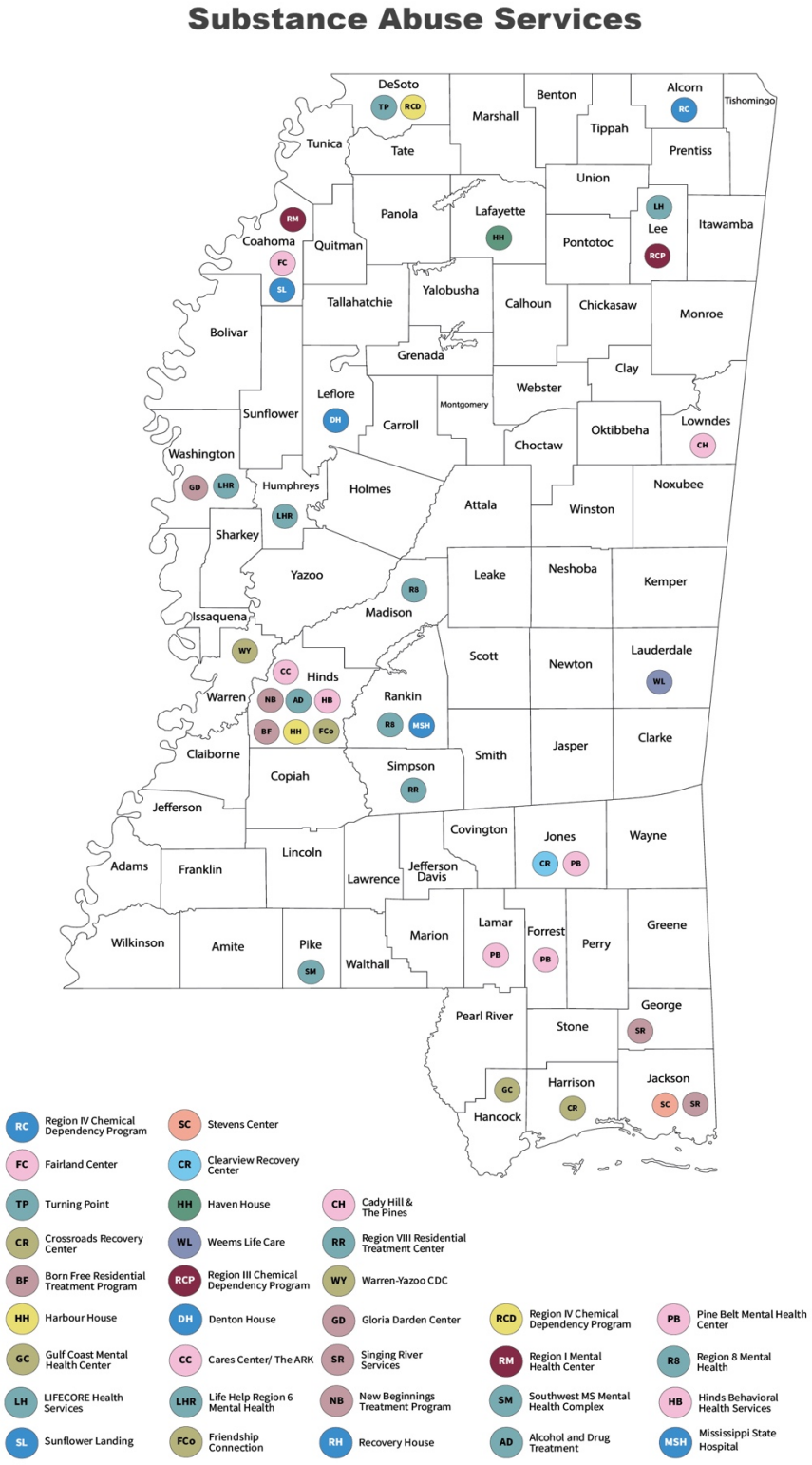
and appropriately address their needs. At the current rate, the FSS caseload will be close to twice the upper limit of the recommended cases. High and increasing caseloads indicates a gap in staffing and has a detrimental effect on the quality of services FSS can provide.

Many of the community and non-profit organizations contacted for the current needs assessment verbalized the need for additional funding to maintain their current ability to provide home visiting services to eligible families. An inability to secure funding for continued operations of current services creates a gap in the ability of these community organizations to expand their service offering and/or provide existing services to a larger number of families. Moreover, since home visiting is a smaller component of a much larger program (e.g., Early Head Start), a reduction in available resources has the potential to reduce the ability for programs to offer home visiting services all together.

Capacity for Providing Substance Use Disorder Treatment and Counseling Services

To identify the capacity for providing treatment and counseling services focused on substance use disorder, multiple facilities meeting the treatment needs of pregnant women and families were identified. Included treatment centers were contacted via cold calling all facilities with publicly available contact information. Information requested from each center included the physical location of the operating facility, full program name, number of families/individuals served, services or treatment provided, number of beds offered (if applicable), restrictions on any homes or beds, and any additional notes (e.g., additional facilities, plans for expansion, etc.). A visual representation of the available substance abuse and counseling services is provided in Figure 5 (on page 32).

Figure 5


Substance Abuse Services
DeSoto
TP
RCD
Marshall
Benton
Alcorn
RC
Tishomingo
Tippah
Tunica
Tate
Prentiss
Union
Panola
Lafayette
HH
LH
Lee
Itawamba
RM
Coahoma
Quitman
Pontotoc
RCP
FC
SL
Yalobusha
Calhoun
Chickasaw
Monroe
Tallahatchie
Bolivar
Grenada
Clay
Webster
Leflore
DH
Montgomery
Sunflower
Carroll
Oktibbeha
Lowndes
CH
Choctaw
Washington
GD
LHR
Humphreys
Holmes
Attala
Winston
Noxubee
LHR
Sharkey
Yazoo
Leake
Neshoba
Kemper
RB
Madison
Issaquena
WY
CC
Hinds
Scott
Newton
Lauderdale
WL
Warren
NB
AD
HB
Rankin
RB
MSH
BF
HH
FCo
Claiborne
Smith
Jasper
Clarke
Copiah
Simpson
RR
Jefferson
Covington
Jones
CR
PB
Wayne
Lincoln
Adams
Franklin
Lawrence
Jefferson Davis
Lamar
Forrest
PB
PB
Perry
Greene
Wilkinson
Amite
Pike
SM
Walthall
Marion
Pearl River
Stone
George
SR
GC
Harrison
CR
Jackson
SC
SR
Hancock
RC Region IV Chemical Dependency Program
SC Stevens Center
FC Fairland Center
CR Clearview Recovery Center
TP Turning Point
HH Haven House
CH Cady Hill & The Pines
CR Crossroads Recovery Center
WL Weems Life Care
RR Region VIII Residential Treatment Center
BF Born Free Residential Treatment Program
RCP Region III Chemical Dependency Program
WY Warren-Yazoo CDC
HH Harbour House
DH Denton House
GD Gloria Darden Center
RCD Region IV Chemical Dependency Program
PB Pine Belt Mental Health Center
GC Gulf Coast Mental Health Center
CC Cares Center/ The ARK
SR Singing River Services
RM Region I Mental Health Center
RB Region 8 Mental Health
LH LIFECORE Health Services
LHR Life Help Region 6 Mental Health
NB New Beginnings Treatment Program
SM Southwest MS Mental Health Complex
HB Hinds Behavioral Health Services
SL Sunflower Landing
FCo Friendship Connection
RH Recovery House
AD Alcohol and Drug Treatment
MSH Mississippi State Hospital

Range of Services

Community-Based Residential Substance Abuse Programs for Adults

Community-based residential substance abuse programs for adults are programs that aim to provide resources and rehabilitation for adults struggling with substance abuse. Third-party providers, not the state, operate these programs. Sixteen programs of this type were located, including:

Born Free Primary Residential Treatment Center

Born Free Primary Residential Treatment Center offers the Born Free and New Beginnings programs focused on providing treatment for pregnant and/or parenting women to recover from chemical addictions. Both these programs stress the importance of involving residents' family members and significant others in the comprehensive treatment process. The program provides follow-up care for up to one year for residents who successfully complete treatment. Born Free is a primary residential treatment program for pregnant and/or parenting women needing assistance to recover from chemical addictions. New Beginnings is a transitional program that offers community-based, transitional residential substance abuse services. Operated by Catholic Charities, Born Free Residential Treatment Program offers 12 beds and treatment services to pregnant and parenting females in and around the Jackson area (Hinds County). Their number of beds is down from 18 in 2010.

Pines and Cady Hill Recovery Center

https://www.pachrecovery.org/

Pines and Cady Hill offers 42 beds (26 male and 16 female) and services in the Columbus area (Lowndes County). Number of beds is up from 26 in 2010. Residential treatment at the center includes over 30 hours of clinical care per week, daily 90-minute group therapy sessions, education groups, family therapy, and individual therapy. The focus of the program is on therapeutic

interventions to assist individuals in emotional regulation and behavioral interventions. Operated by Community Counseling Services, Pines and Cady Hill also offer community-based transitional, residential substance abuse services.

Clearview Recovery Center

https://www.clearviewrecovery.com/

Offering 56 beds for men and women, Moselle Clearview Recovery Center in Jones County provides comprehensive programs that focus on alcohol or drug dependency, as well as other addictive behaviors. Number of beds is up from 27 in 2010. Oak Arbor Transitional Living Center is the sister program to the Moselle Recovery Center. It is housed in Hattiesburg, Mississippi and serves the community residing in and around Forrest and Lamar counties. In addition to continued comprehensive treatment services, Oak Arbor provides a unit with 92 beds for males and a separate five-bed unit for females. It is operated by Pine Belt Mental Healthcare Resources. Both locations also offer community-based transitional, residential substance abuse services.

Crossroads Recovery Center

https://gcmhc.com/

https://www.facebook.com/CrossroadsRecovery/

Crossroads Recovery Center provides clinical treatment for alcohol and drug problems through individual and group treatment and intensive chemical dependency therapy. For multiple-DUI offenders, the center offers a 20-hour state-certified program, consisting of assessment followed by individual and group therapy. The facility offers 42 beds with no restrictions. The number of beds is up from 18 in 2010. Operated by the Gulf Coast Mental Health Center, Crossroads Recovery Center serves Harrison, Hancock, and Stone counties.

Life Help Denton House

http://regi69.attwebspace.com/wordpress/

Life Help Denton House provides substance abuse treatment services to residents in and around Leflore County. It offers 42 beds with no restrictions. Their number of beds is up from 32 in 2010. It is operated by Life Help Mental Health Center Region IV.

Fairland Center

http://www.regionone.org/?fbclid=IwAR1tUAu1dYGpWJ3FMhHsiRKKRWv_JLOu75O-HnQRbnhzJwDxM91P1W1HK84

https://www.facebook.com/fairlandcenter/

The Fairland Center's primary treatment program is for adults seeking recovery from chemical and behavior addictions. The center is one of the few in the state that has programs and residential units designated for pregnant women and women with small children. The facility offers 52 beds with no restrictions and provides services to residents in and around Coahoma, Quitman, Tallahatchie, and Tunica counties. Their number of beds is up from 48 in 2010. Operated by the Region I Mental Health Center, the Fairland Center also offers community-based transitional, residential substance abuse services.

Gloria Darden Center

The Gloria Darden Center provides substance abuse treatment services to residents in and around Washington County. The facility offers 36 beds (24 male, 12 female), a 200% increase from the number of beds (12) in 2010. In addition to residential treatment services, the Gloria Darden Center also offers community-based, transitional residential substance abuse services. It is operated by Delta Community Mental Health Services.

Harbor House
https://www.hhjackson.org/

Harbor House uses an evidence-based treatment model as a basis for providing substance abuse services to residents in and around Hinds, Madison, and Rankin counties. Harbor House offers 89 beds across two facilities, an increase of 43 beds since 2010. In addition to residential treatment services, the Harbor House also offers community-based, transitional residential substance abuse services. It is operated by Harbor House, Inc.

Haven House
http://havenhousems.org/

Haven House provides holistic and evidenced-based treatment services, as well as medicated assisted treatment (MAT) for opioid use disorder, alcohol use disorder, and nicotine use disorder for Mississippi residents in and around Lafayette County. The Haven House also offers community-based, transitional residential substance abuse services. Operated by Communicare MS, the facility offers 48 co-ed beds, up from 32 in 2010.

Region III Chemical Dependency Program

Operated by Lifecore Addiction Services, the Region III Chemical Dependency Program provides residential services for alcohol, opioid, and substance abuse issues. The program also offers community-based, transitional residential substance abuse services. They offer 46 beds with no restrictions and serve residents in and around Lee County. Number of beds is up from 26 in 2010.

Region IV Chemical Dependency Program
https://www.regionivmhs.com/about-us

The Region IV Chemical Dependency Program provides residential services for alcohol, opioid, and substance abuse issues. Region IV Chemical Dependency Program also offers community-based, transitional residential substance abuse services. Their facility offers 36 beds with no

restrictions and serves residents in and around Alcorn and DeSoto counties. Number of beds is up from 24 in 2010. The program is operated by Region IV Mental Health Services.

Region VIII Residential Treatment Center
http://region8mhs.org/

Region VIII Residential Treatment Center provides residential services for alcohol, opioid, and substance abuse issues using an evidence-based model focused on cognitive-behavioral and systems theories. Their facility offers 20 beds to only males and serves residents in and around Copiah and Simpson counties. It is operated by Region VIII Mental Health Services.

Recovery House
http://recoveryhouse.com/

Recovery House provides goal-oriented treatment planning, individual and group counseling, art, therapy, psychological testing and evaluation, educational lectures, parenting classes, GED program, and community 12-step meetings. Recovery House also offers community-based, transitional residential substance abuse services to women as well. Their facility offers a total of 12 beds to only females and residents in and around Lowndes County. It is operated by Recovery House, Inc.

Stevens Center
http://www.singingriverservices.com/index.php/services/addiction-services

The Stevens Center provides 30-day residential alcohol and drug treatment programs that utilizes gender-specific, evidence-based curriculum to facilitate the recovery process. The Stevens Center also offers community-based, transitional residential substance abuse services. Their facility offers 22 beds (8 male, 14 female) and serves residents in and around Jackson and George counties. Number of beds is up from 20 in 2010. It is operated by Singing River Services.

Turning Point
https://www.turningpointtreatment.org/

Turning Point provides multi-level care for adults with substance abuse, addiction, and mental health disorders. The facility offers 86 beds (43 male, 43 female) and serves the residents in and around DeSoto County. It is operated by Addiction Campuses.

Warren Yazoo Behavioral Health Chemical Dependency Center (CDC)

http://www.warren-yazoo.org/

Warren-Yazoo CDC services are centered around the strengths and resilience of individuals and families who are actively taking responsibility for their health and wellness. Operated by Warren-Yazoo Mental Health Services, the facility offers 25 beds (19 male, 6 female) and serves residents in and around Warren County. Number of beds is up from 21 in 2010.

Weems Life Care

http://www.weemsmh.com/default/

Weems Life Care provides treatment programs that address a variety of substance abuse problems, including those that are just beginning to cause problems in an individual's life. In addition, Weems Life Care's ¾ program offers community-based, transitional residential substance abuse services. The facility offers 36 beds and provides service for residents in and around Lauderdale County. Number of beds is down from 20 in 2010. It is operated by Weems Community Mental Health Center.

Home of Grace

https://www.homeofgrace.org/

Home of Grace is a faith-based treatment program offering individual counseling, group counseling, worship and devotion, classes and workshops, and adult education classes. The men's campus offers 110 beds and serves residents in and around Jackson County. The women's facility offers similar accommodations and serves residents in the same area. It is operated by Home of Grace Addiction Recovery.

Community-Based Residential Substance Abuse Programs for Adolescents

Community-based residential substance abuse programs for adolescents are programs specifically designed to provide resources and rehabilitation for adolescents struggling with substance abuse. These programs are operated by third-party providers, not the state.

The ARK

The ARK provides substance abuse treatment for adolescents ages 6-17 and provides services for residents in and around Hind, Madison, and Rankin County. Their facility offers 60 beds, a 200% increase from the number of beds (20) in 2010. The program is managed through Mississippi Children's Home Services.

Sunflower Landing

http://www.regionone.org/sunflower-landing.html

Sunflower Landing provides adolescents with rehabilitation services focused on three elements: the body, through understanding the neurochemical roots of addiction and related disorders and using diet, sunshine, therapy, play and laughter, and medication where appropriate; the mind, through cognitive-behavioral therapy; and the Spirit, through a spiritually-based 12-Step program. They offer a total of 32 beds (20 male, 12 female) for adolescents ages 13-18 and serve residents in and around Coahoma, Quitman, Tallahatchie, and Tunica counties. Number of beds is up from 24 in 2010. Sunflower Landing is operated by Region I Mental Health Center.

Community-Based Transitional Residential Substance Abuse Programs

Community-based residential substance abuse programs are programs that aim to provide resources and rehabilitation for individuals struggling with substance abuse in a transitional setting, typically after a residential program has been completed. Most of these programs are operated by third-party providers, with a few supported by state agencies.

Friendship Connection
https://www.thefriendshipconnectionjackson.com/

Operated by the Center for Independent Learning, Friendship Connection provides alcohol and drug counseling, education, job placement, housing assistance, recovery support services, and a job readiness program for female residents in and around Hinds County. They offer 24 beds, which is down from 30 in 2010.

Metro Counseling Center

Metro Counseling Center is an alcohol recovery and substance abuse center serving residents in and around Hinds County. They focus on outpatient treatment for young adults with special programs designed specifically for women.

New Life for Women, Inc.

New Life for Women, Inc. is an alcohol rehab program focusing on substance abuse treatment services in Hinds County. The center provides substance abuse treatment and a halfway house or sober living home with both residential short-term treatment and residential long-term treatment.

Hospital-Based Inpatient Chemical Dependency Substance Abuse Programs

Hospital-based inpatient chemical dependency substance abuse programs are programs that aim to provide resources and rehabilitation for individuals struggling with substance abuse via inpatient hospital care. These programs are operated by authorized hospitals, some of which receive direct funding from the state.

Mississippi State Hospital
http://www.msh.state.ms.us/

Mississippi State Hospital offers a total of 50 beds (25 male, 25 female) and services the Whitfield area in Rankin County. Number of beds is down from 91 in 2010. It is funded through the Mississippi Department of Mental Health.

East Mississippi State Hospital, Bradley A. Sanders Adolescent Complex

http://www.emsh.state.ms.us/index_files/basacv3.html

The Bradley A. Sanders Adolescent Complex at East Mississippi State Hospital provides acute psychiatric services and chemical dependency services to adolescent males ranging in age from 12 years to 17 years, 11 months. Although located in Lauderdale County, the Bradley A. Sanders Complex provides chemical dependency services to all adolescent residents in Mississippi.

Facility Capacities

Overall, the state has seen an increase in the capacity to provide substance use disorder treatment and counseling services. The number of individuals that can be housed at residential treatment centers has increased by 28% since 2010. Only seven identified service providers did not increase their capacity to provide residential treatment services, with three (Born Free Residential Treatment Program, Friendship Connection, and the Mississippi State Hospital) indicating a reduction and four (Region VIII Residential Treatment Center, Recovery House, Turning Point, and Home of Grace) indicating no change.

Gaps in the Current Level of Treatment and Counseling Services

Eight of the identified at-risk counties (DeSoto, Forrest, George, Hancock, Harrison, Hinds, Madison, and Rankin) were identified as having substance abuse as one of their at-risk domains. Data obtained from HRSA indicated 4,182 eligible families live within this set of counties. A total of 19 providers deliver treatment and counseling services within these counties. No other gaps in treatment and counseling services were identified. A more thorough breakdown of the treatment and counseling service provider types is provided in Table 4.

Table 4. Treatment and Counseling Services in Substance Abuse At-Risk Counties.

County (Number of Eligible Families)	Residential Adolescent Service Centers	Residential Adult Service Centers	Transitional Service Centers
DeSoto (353)	0	2	1
Forrest (238)	1	1	0

George (171)	1	0	0
Hancock (337)	0	0	1
Harrison (1,998)	0	1	0
Hinds (2,446)	1	2	4
Madison (345)	0	1	1
Rankin (292)	0	1	1

Although not identified as at-risk counties, it is important to note that two additional counties (Pearl River and Tishomingo) were also identified as having substance abuse as an at-risk domain indicator. Neither county was identified to have any providers delivering counseling and substance abuse services.

Barriers to Service

One of the largest barriers to receiving substance abuse and counseling services among eligible families in the at-risk counties is the lack of service accessibility. This barrier can obstruct eligible families' ability to receive substance abuse and counseling services in three distinct ways. For residents in counties without any treatment services available, the physical distance to the nearest available treatment or counseling center may be too great and not feasible. The second service accessibility barrier is capacity to provide services of existing substance abuse treatment and counseling centers. Across all of the treatment centers identified in the at-risk counties, regardless of restrictions (e.g., women only, adolescents under the age of 18, etc.) or services provided, the maximum capacity of individuals that can be served at any one time is approximately 798, or roughly 19% of the eligible families living in these counties. The third accessibility barrier is the service area of providers. Due to the lack of qualified staff or the ability to recruit qualified staff, many providers are restricted to serving the communities and counties where they physically reside, making it unable to serve a larger volume of patients, provide a larger menu of services, or accept new patients outside their current service range. In addition, all of the substance abuse and counseling providers listed work within one of the identified metropolitan statistical area (Table 2

on page 10), leaving residents in rural areas (communities without an urban center with a minimum population of 50,000) to seek alternative means of services and treatment (i.e., community-based organizations, religious groups, etc.).

A second barrier to receiving substance use disorder treatment and counseling services is the potential impact it would have on the family dynamic; specifically, how it would impact the family economically. The financial resources required for payment of treatment services and travel expenses can deter those in need of treatment from actively engaging service providers. Also, the time commitment necessary to adequately go through a treatment or counseling program may not be feasible due to the inability to schedule these services at a time that fits their work schedule. Since many of the eligible families are classified as low income, time away from work may not be a realistic possibility.

A third barrier to receiving substance use disorder treatment and counseling services is knowledge of service availability. With so few providers delivering treatment and counseling services in the at-risk counties, eligible families in need may not be able to locate a service provider, be aware that there is a service provider in their local area, or where to find out this information.

A fourth barrier to receiving substance use disorder treatment and counseling services is the psychological and social stigma associated with receiving treatment for an addiction. On a personal level, the feeling of shame and judgement from family members and peers outweighs the need to seek professional help. Additionally, the fear that receiving treatment may adversely influence promotional decisions or upward mobility at one's place of employment may also dissuade a person from actively seeking services.

Opportunities for Collaboration

Grants

An overwhelming majority of the substance use disorder treatment and counseling service providers contacted heavily emphasized a need for additional funding. Some providers were on the verge of closing entirely if they were unable to acquire external funding to offset the rising cost associated with providing treatment and counseling services. Many federal and private grant programs require multi-agency partnerships or consortiums to receive funding. Several include this requirement as a catalyst to strengthen the system of care provided. Identifying viable partnerships with treatment and counseling service providers, state agencies, non-profit businesses, and communities could yield opportunities to sustain or increase current substance use disorder treatment and counseling activities.

Partnerships with Institutes of Higher Learning

The majority of the universities across the state have research centers devoted to improving the quality of life for all Mississippians. Many of these centers have programs focused on substance use disorders and best practices for preventing, responding, and recovering from these disorders. Although part of the college, most university research centers are funded externally and are continuously seeking opportunities to expand their work through collaborative efforts with various agencies and entities. Researchers at these centers have a working understanding of various funding streams and can be valuable partners in securing funding for treatment and counseling services.

Partnerships with Business and Industry

Many of the state's largest employers host activities to provide funding for various charitable initiatives. Sanderson Farm Championship is a Professional Golf Association (PGA) sanctioned event that is held at the Jackson Country Club in Hinds County each year. In 2019, it generated

1.3 million dollars in donations to the Friends of Children's Hospital to support pediatric healthcare efforts at the University of Mississippi Medical Center (Sanderson Farms Corporate 2019). The Ingalls "5K on the Causeway", hosted by Huntington Ingalls Shipyard in Pascagoula, raised $25,000 for the Special Olympics of Mississippi. Through sharing the need for additional resources to combat substance use disorder throughout the state with local and state businesses and explaining how they can help could potentially increase the ability of existing treatment and counseling service providers to reach more people through expanding their services, increasing the capacity of their current facilities, and building new facilities in high-need areas.

Coordination with the Title V MCH Block Grant, Head Start, and CAPTA Needs Assessment

Coordination with the Title V MCH Block Grant

In Mississippi, the Title V Block Grant is administrated by the Mississippi Department of Health (MSDH). The most recently submitted needs assessment was submitted in 2015. The MSDH publishes the Five-Year Needs Assessment on their website. The maternal and child health priority needs for 2016-2020 identified by MSDH included six priority outcomes: reduce low birth weight and premature birth; decrease the infant mortality rate and increase access to prenatal care; increase access to healthcare/medical homes; increase access to comprehensive healthcare; decrease teen pregnancy and teen birth rate; and increase health insurance coverage.

Coordination with the Head Start Community-Wide Strategic Planning and Needs Assessment

The Head Start Community-Wide Strategic Planning and Needs Assessment is conducted by each Head Start agency individually. Coordination with the Head Start agencies was done in three distinct phases. In Phase 1, the executive director of the Mississippi Head Start Association was

contacted to identify the existence of a potential repository for community-wide needs assessments. In Phase 2, an internet search of all the active Head Start websites was conducted to retrieve community-wide needs assessments potentiality posted on the site. In Phase 3, researchers reached out to each agency and requested a copy of the most recently submitted community-wide needs assessment. Through this process, multiple community-wide needs assessments were obtained from various Head Start agencies across the state and findings were incorporated into the current needs assessment.

Coordination with Title II of the Child Abuse Prevention and Treatment Act (CAPTA)

The Mississippi Department of Child Protection Services (MDCPS) is the physical agency in the state of Mississippi responsible for adherence to the Child Abuse Prevention and Treatment Act. As part of the MDCPS performance improvement plan submitted to meet the requirements of sections 106(b)(2)(B)(ii) and (iii) of the Child Abuse Prevention and Treatment Act (CAPTA), the agency worked directly with MDHS to develop a multi-systemic method of care to refer infants and their families to the HFM program, MSDH, and the Mississippi Department of Mental Health (2019). The results of these referrals are incorporated into the current needs assessment.

Discussion of Findings from the Title V MCH Block Grant, Head Start, and CAPTA Needs Assessment

The priority outcomes of MSDH's Title V MCH Block Grant, the Head Start Community-Wide Needs Assessment, and MDCPS's CAPTA Needs Assessment were integrated into the current needs assessment in multiple ways. By identifying current objectives, programs, and strategies engaged by the various agencies, the current needs assessment was able to provide a clearer picture of the various services available to eligible families and children across the state and more thoroughly identify various services available to eligible families residing in the at-risk counties.

"Service deserts," or areas in the at-risk county region where no identified agency is currently providing services, were also discovered. The information gathered through the coordination efforts also assisted with providing more up-to-date data for completion of the Needs Assessment Data Summary, specifically, information to complete the perinatal outcome, substance abuse disorder, and child maltreatment domains.

Through evaluating the services offered from all the coordinating agencies and focusing on the identified at-risk counties, multiple barriers and challenges to the delivery of services were identified. The biggest barrier was lack of resources to expand services or initiate new programs. Since most services are offered statewide, expanding services or adding additional programs within the identified at-risk counties would require additional funding and personnel. With already limited budgets, concessions would have to be made and resources reallocated to the at-risk counties. This reallocation would have to take the form of a reduction or end of services in currently served areas, potentially resulting in the creation of new at-risk counties and the widening of service gaps.

The combination of high demand for services among eligible families in the at-risk counties and low supply of services provided to those families creates a special opportunity to re-evaluate how the collaborating agencies deliver these services. Although no duplication of services was identified, incorporating a more open system of communication across agencies could strengthen and improve the coordination of service delivery and ensure duplication of services does not occur in the future. Moreover, a more open system of communication could assist agencies in identifying new funding streams as well as methods to braid current funding streams together for better resource utilization, allowing each agency to serve more eligible families.

Efforts to Convene Stakeholders

Prior to final submission to HRSA, the findings of the current report will be presented to all stakeholders at the quarterly meeting of the State Early Childhood Advisory Council (SECAC) to better assess risk, unmet needs, and gaps in available care. SECAC is designed to include a variety of early childhood stakeholders, health professionals, educators, and state agencies to help ensure the state is focused on meeting children and families' needs. The role of SECAC in Mississippi is to provide counsel to the governor on issues related to young children and their families. To provide this counsel, SECAC is divided into three committees. The Early Learning and Care Committee works to promote quality early child education experiences for all of Mississippi's children by ensuring that all child care and early learning programs can provide a healthy, safe, and nurturing environment. The Health, Mental Health, and Nutrition Committee works to explore best practices and indicators to aid parents, children, and providers to reach their maximum potential through aligned resources, services, and policies in the core areas of health, mental health, nutrition, safety, and physical health. The Family Support Committee works to promote an integrated network of community-based resources and services which strengthen practices that foster family stability and the healthy development of children.

Processes Established for Ongoing Communication

Current SECAC membership includes representation from two of the three entities (Head Start and MSDH) that were coordinated with to complete the MIECHV needs assessment. Until May 2016, MDCPS operated under MDHS as a Division of Family & Children's Services and not a separate state agency. As such, MDCPS does not have representation on the SECAC. However, the SECAC meetings are open to the public and held quarterly at a minimum. Every effort will be made to ensure MDCPS has representation invited to each SECAC meeting to ensure data and

information critical to the care and well-being of children and families within the state are shared among all stakeholders and findings from each agency's respective needs assessments are discussed.

Conclusion

Major Findings

Through the Healthy Families Mississippi program, MDHS has made large strides in providing early childhood home visiting services to eligible families in the counties they serve. From 2018 to 2019, the number of pregnant women served increased by 140, the number of new families served increased by 357, and the 38 family support specialists in the field completed 8,712 home visits in the 14-county service area (Mississippi Department of Human Services, 2019). In addition, all services provided were done following the Healthy Families America evidence-based model. However, there is still work to be done. Seventeen counties were identified as being at-risk based on analysis of data obtained from five different domains. Of those counties, HFM only has operations in three, and was only able to provide home visiting services to a small percentage (21%) of those eligible families. Additional home visiting programs provided by other agencies, non-profit entities, and community organizations also provided service to eligible families in 12 of the at-risk counties, leaving five of the at-risk counties without any early childhood home visiting services.

In sum, the demand for services is currently exceeding the supply of early childhood home visiting providers, resulting in an inability to meet the needs of eligible families in both the at-risk areas as well as other counties across the state. Through the process of conducting the current needs assessment, three strategies emerged as potential methods for improving service delivery to eligible families. One strategy is to increase the ability of current HFM program sites to serve more eligible families. Increasing the current capacity to serve through additional personnel and resources will contribute to maintaining the status of the 11 counties served by the HFM program not identified

as at-risk and potentially reduce the number of at-risk domains within those counties. Additionally, expanding services to more eligible families in the three at-risk counties could lower the counties' risk factors and potentially remove them from the at-risk county list.

A second strategy to better meet the needs of eligible families is to add additional HFM sites in at-risk counties that are currently not receiving any HFM services. Figure 1 (on page 12) provides a visual description of the at-risk counties and the number of at-risk domains identified within each of those counties. Establishing HFM programs in the counties with the highest number of at-risk domains could also reduce the risk factors of those counties and provide much needed early childhood home visiting to eligible families living in those counties. Alternatively, additional HFM programs could be established based on the estimated need of eligible families. There are five identified at-risk counties where the estimated need of eligible families (Column G, Tab 6 of the Needs Assessment Data Summary) is over 500, with two of those over 1,000. Initiating new programs within one or more of the at-risk counties with high levels of need has the potential to reduce one or more of the at-risk factors and could possibly remove them from the list of at-risk counties.

A third strategy is to create a better system of communication and collaboration across all the early childhood home visiting providers operating in the state. By collaborating across programs, resources could be pooled together to provide more services and/or serve more eligible families; the quality of service could be improved through sharing best practices and implementing evidence-based models; additional funding opportunities that require consortiums or multi-group collaborations could be pursued and secured; and duplication of services can be avoided.

Dissemination Plan

The statewide needs update will be disseminated to stakeholders in two ways. First, the findings will be scheduled to be presented at a SECAC meeting once a final version has been approved and submitted. A copy of the presentation and the submitted assessment will be uploaded to the SECAC website. Additionally, a copy of the assessment will be uploaded to the "News" section of the MDHS website. As an added measure to ensure all stakeholders have access to the assessment, copies of the assessment will also be available upon request by any stakeholder.

Appendix

Appendix 1: Works Cited

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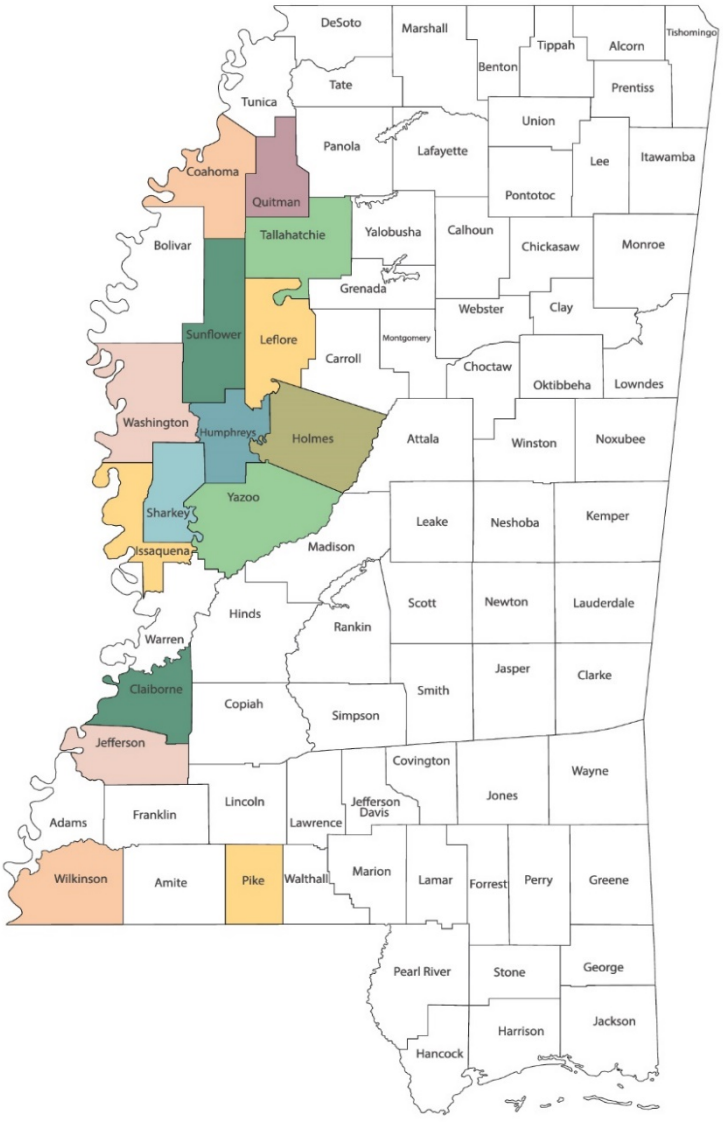
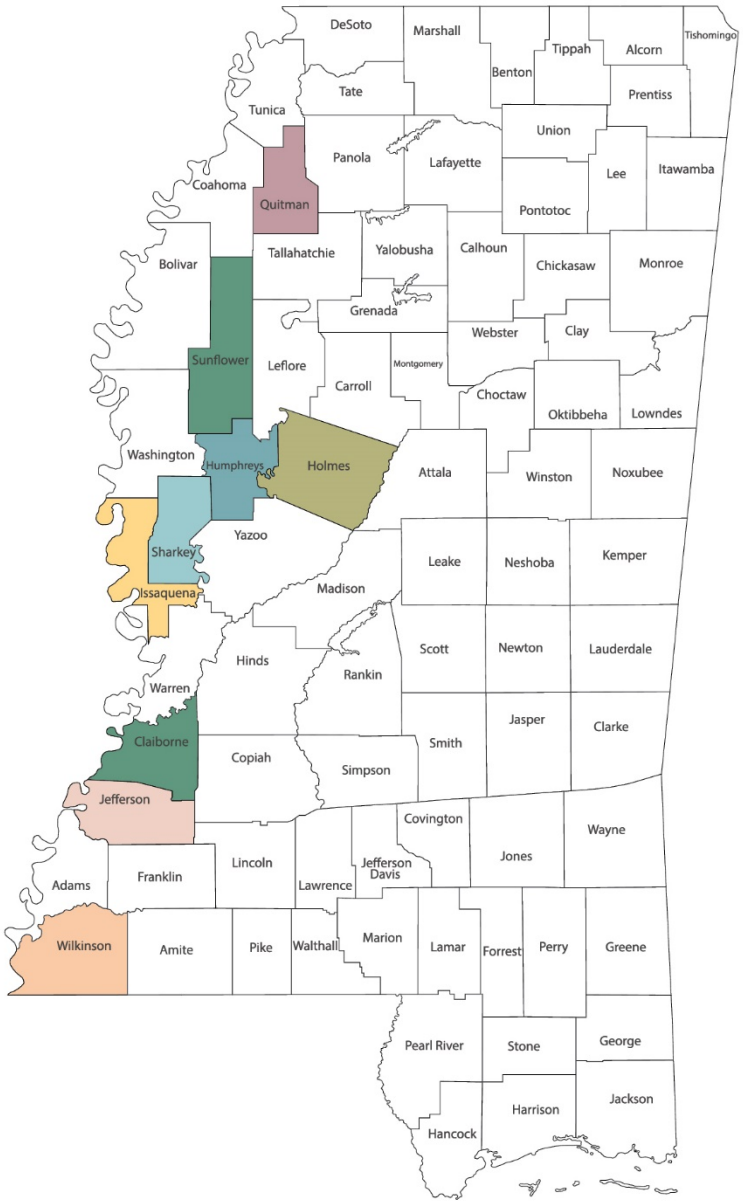
Appendix 2A Domain Indicators: Socioeconomic Status

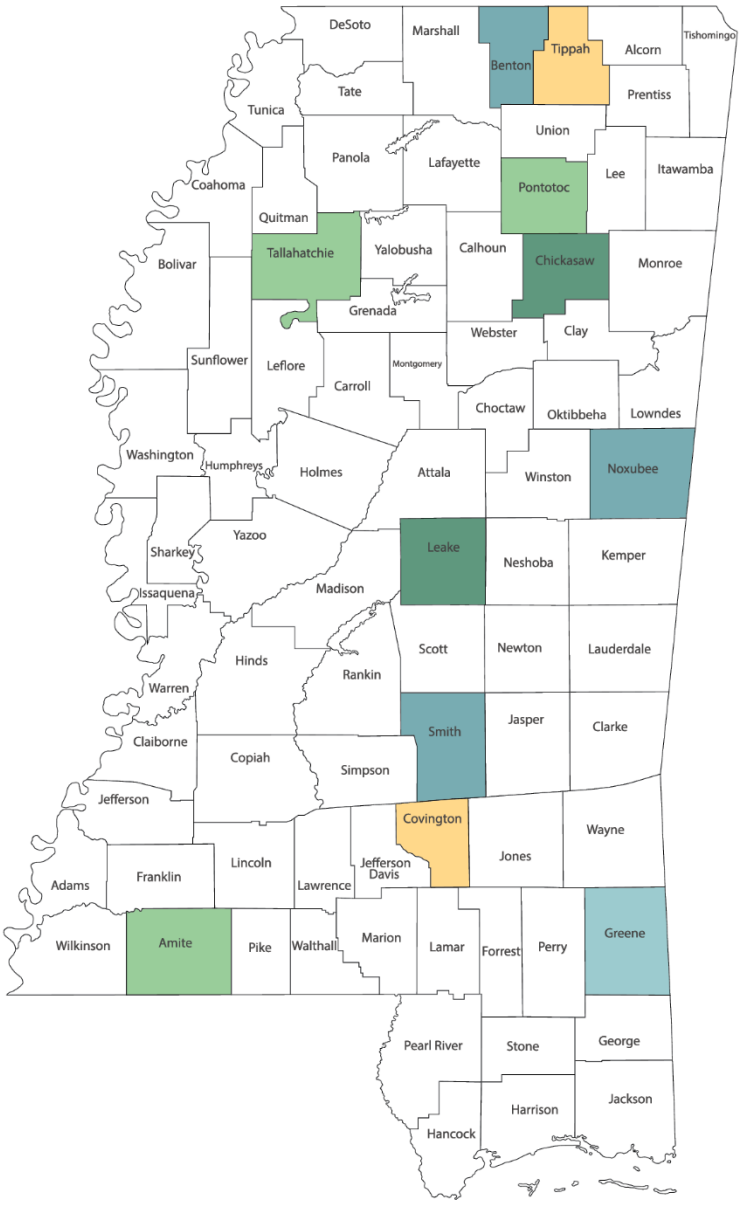
Poverty



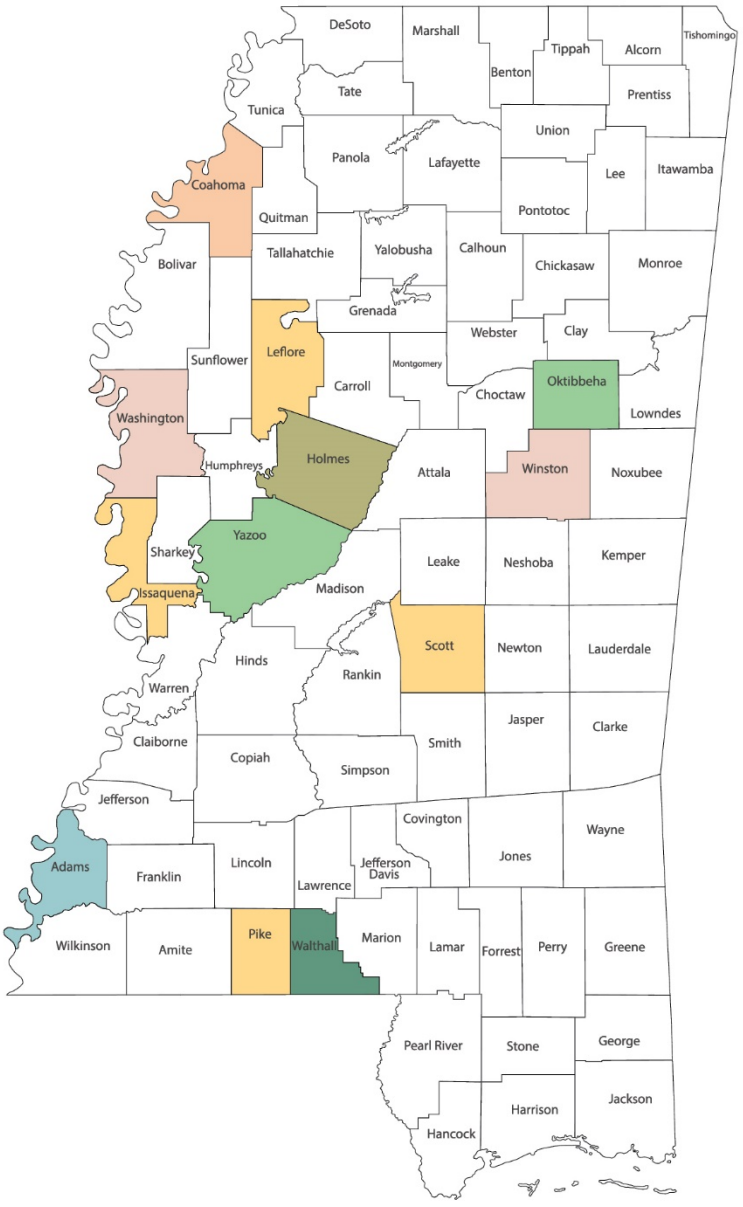
Unemployment



High School Dropout

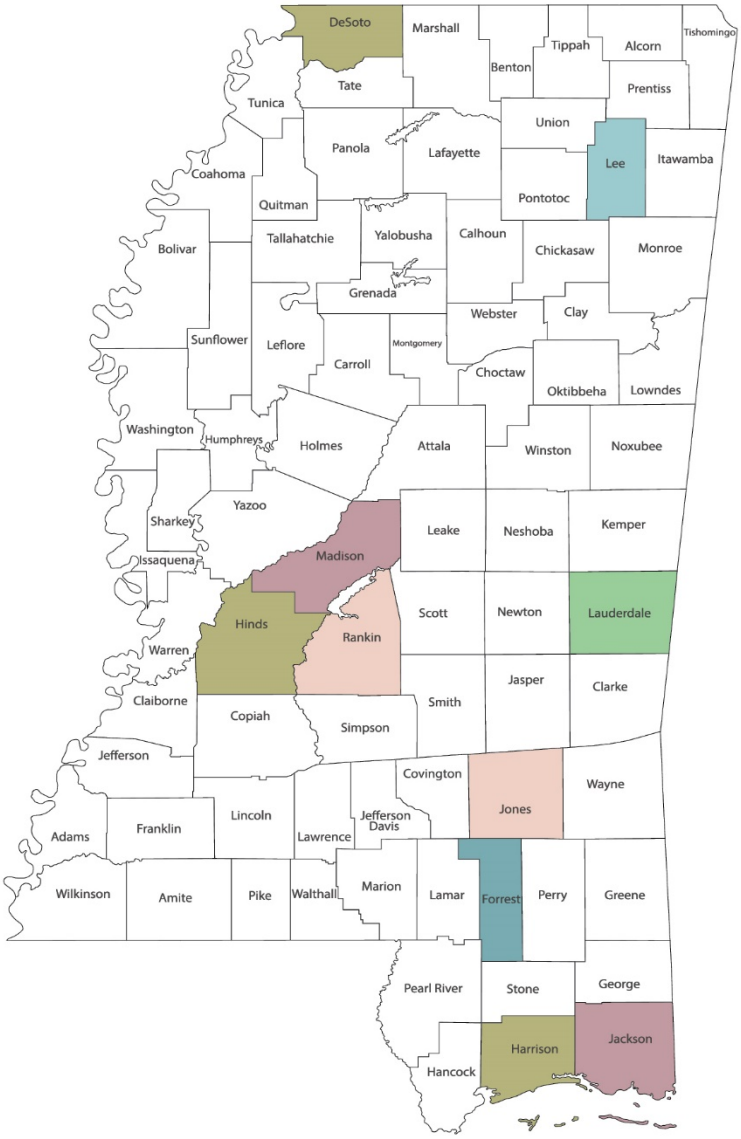


Income Inequality

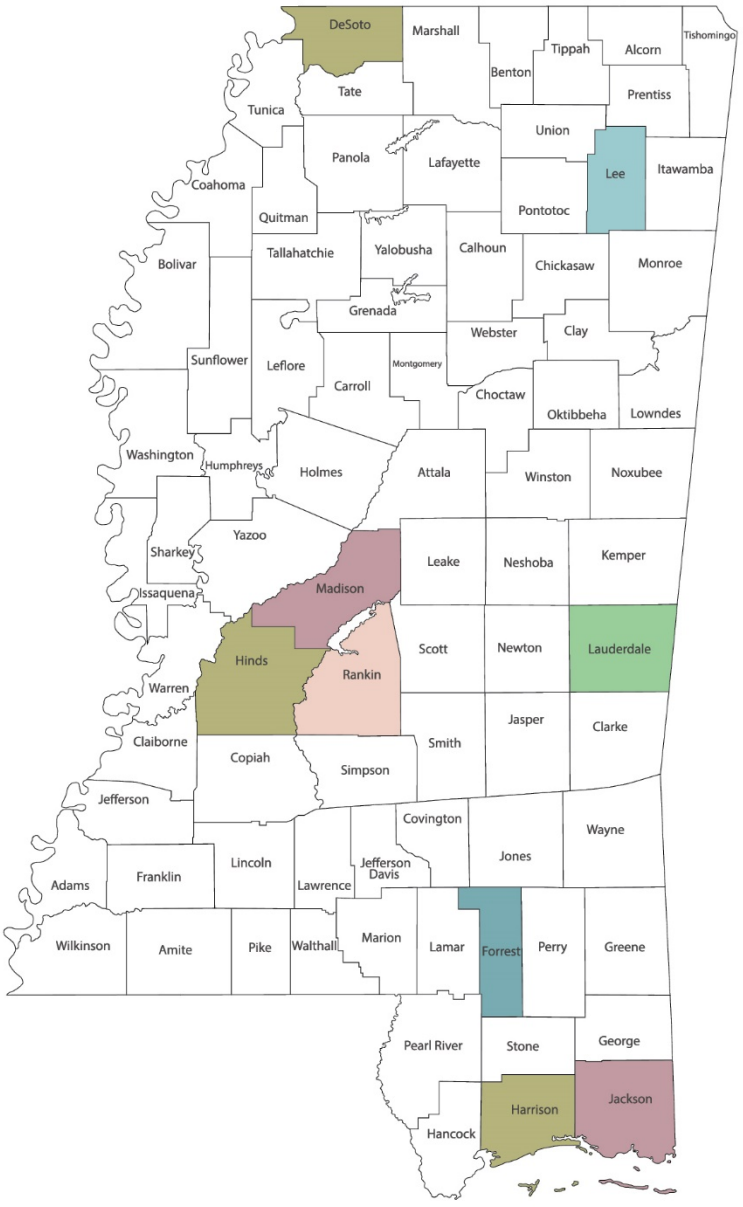


Appendix 2B Domain Indicators: Adverse Perinatal Outcomes

Pre-Term Birth

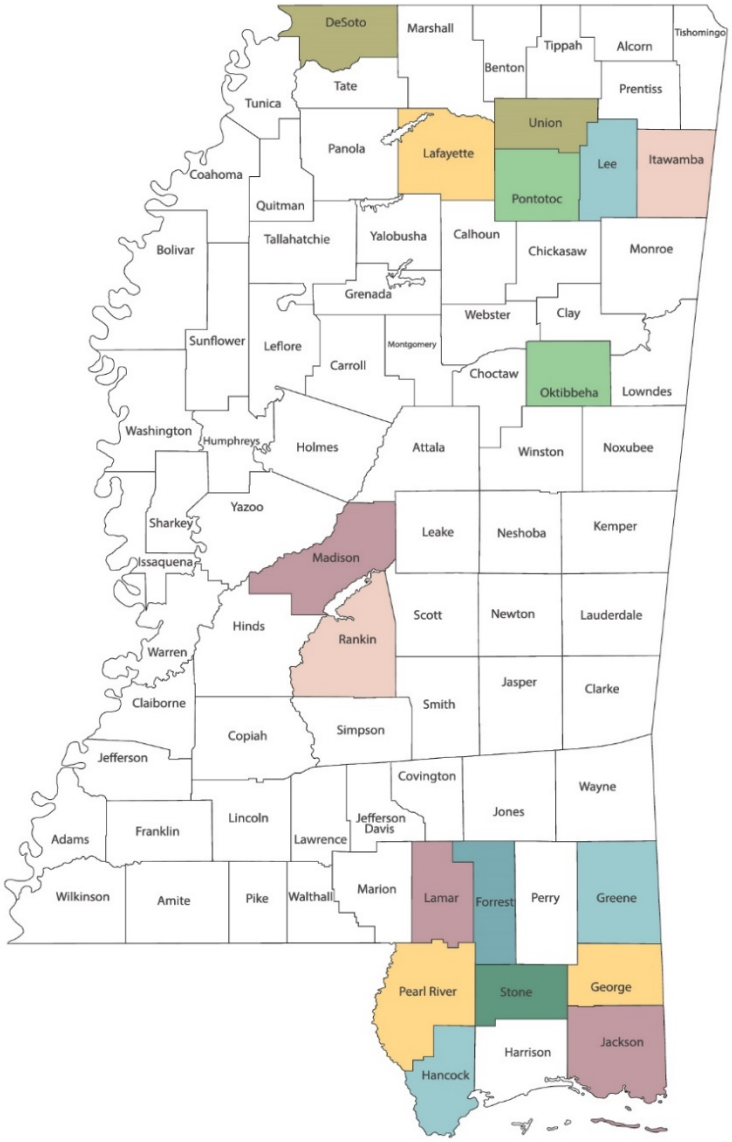


Low Birth Rate

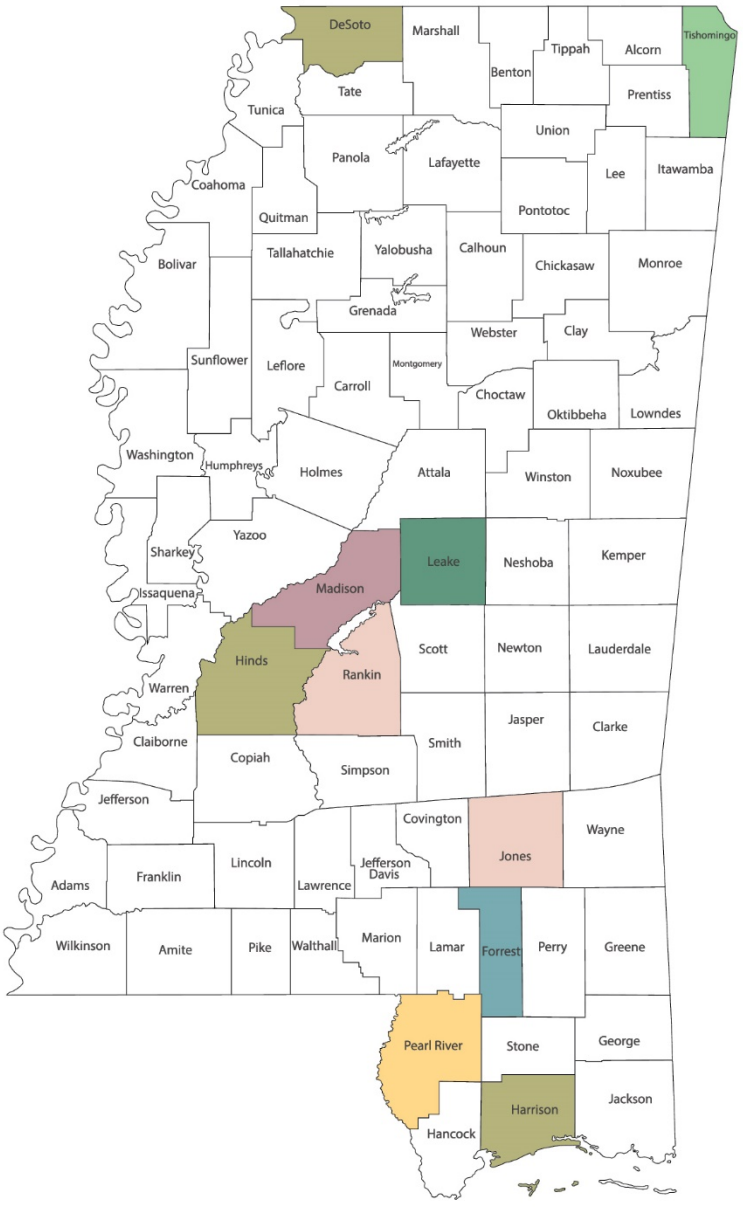


Appendix 2C Domain Indicators: Substance Use Disorder

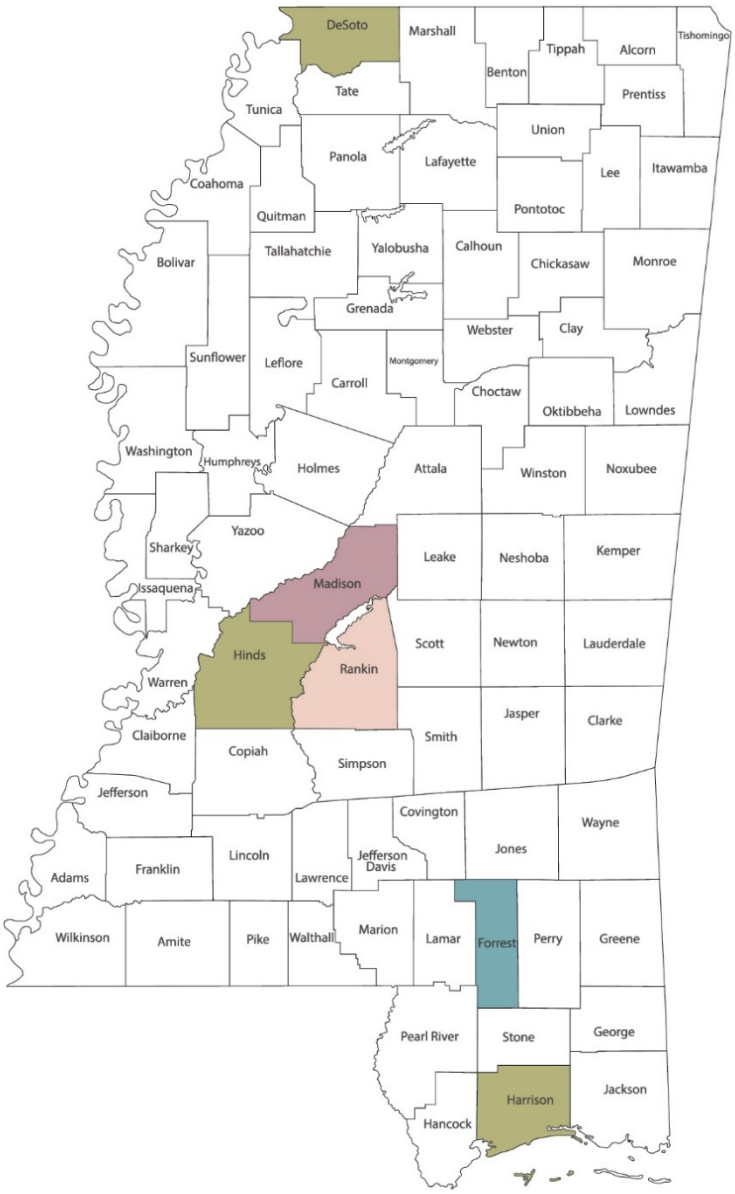
Alcohol



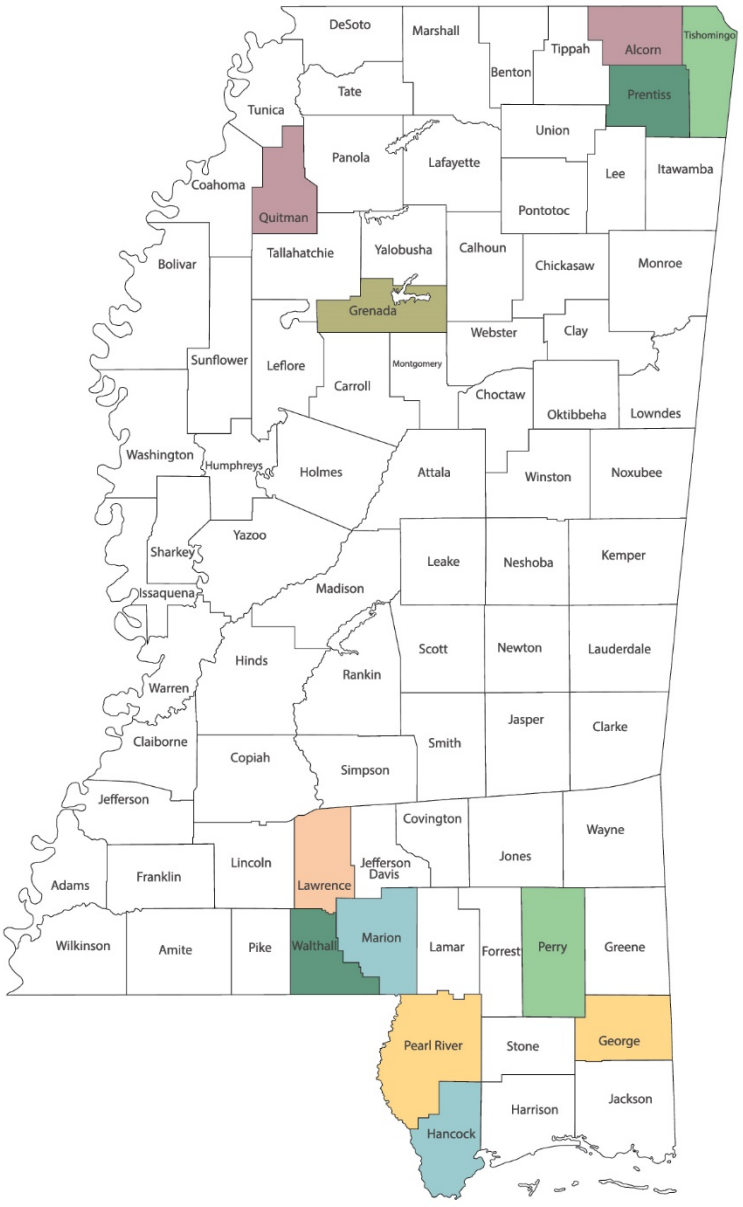
Marijuana


DeSoto
Marshall
Tippah
Alcorn
Tishomingo
Benton
Tate
Prentiss
Tunica
Union
Panola
Lafayette
Lee
Itawamba
Coahoma
Pontotoc
Quitman
Tallahatchie
Yalobusha
Calhoun
Chickasaw
Monroe
Bolivar
Grenada
Webster
Clay
Sunflower
Leflore
Montgomery
Carroll
Choctaw
Oktibbeha
Lowndes
Washington
Humphreys
Holmes
Attala
Winston
Noxubee
Yazoo
Sharkey
Leake
Neshoba
Kemper
Issaquena
Madison
Scott
Newton
Lauderdale
Hinds
Rankin
Warren
Jasper
Clarke
Claiborne
Smith
Copiah
Simpson
Jefferson
Covington
Wayne
Jones
Adams
Franklin
Lincoln
Lawrence
Jefferson Davis
Wilkinson
Amite
Pike
Walthall
Marion
Lamar
Forrest
Perry
Greene
Pearl River
Stone
George
Harrison
Jackson
Hancock

Illicit Drugs

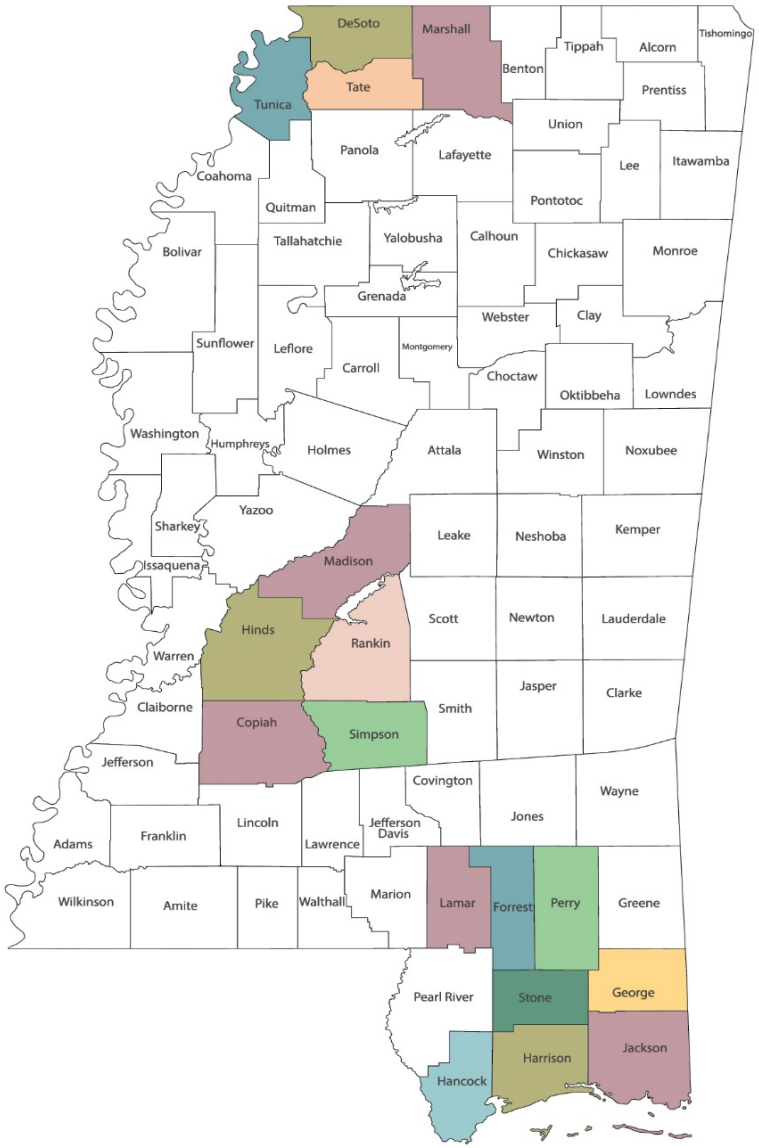


Pain Relievers

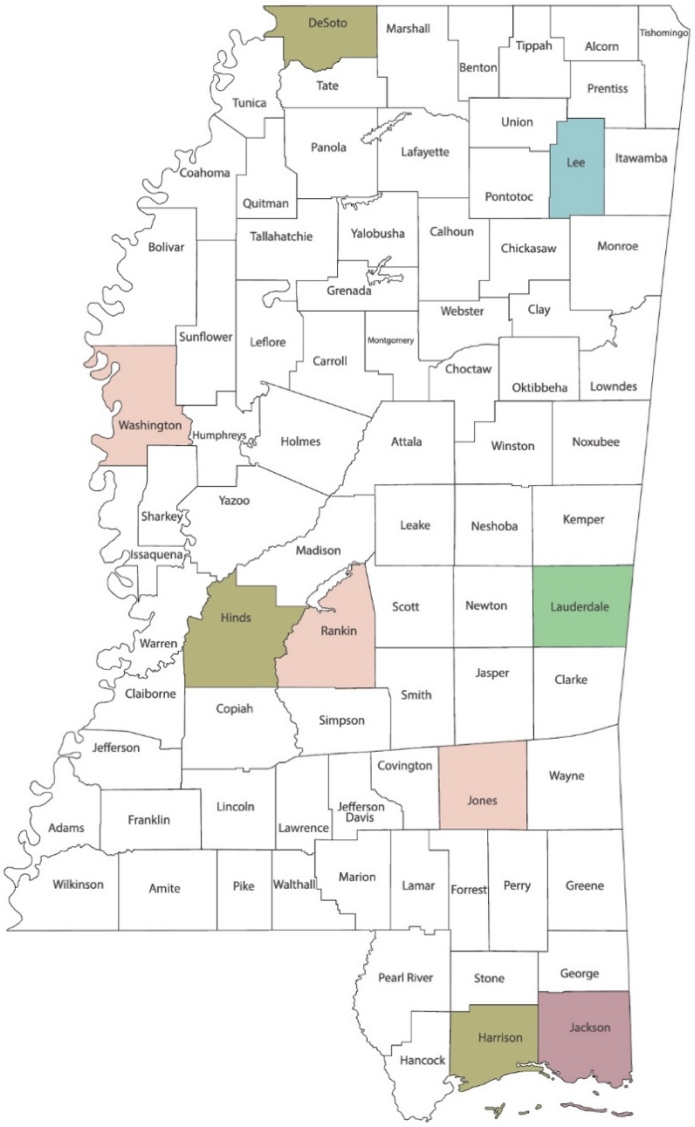


Appendix 2D Domain Indicators: Crime

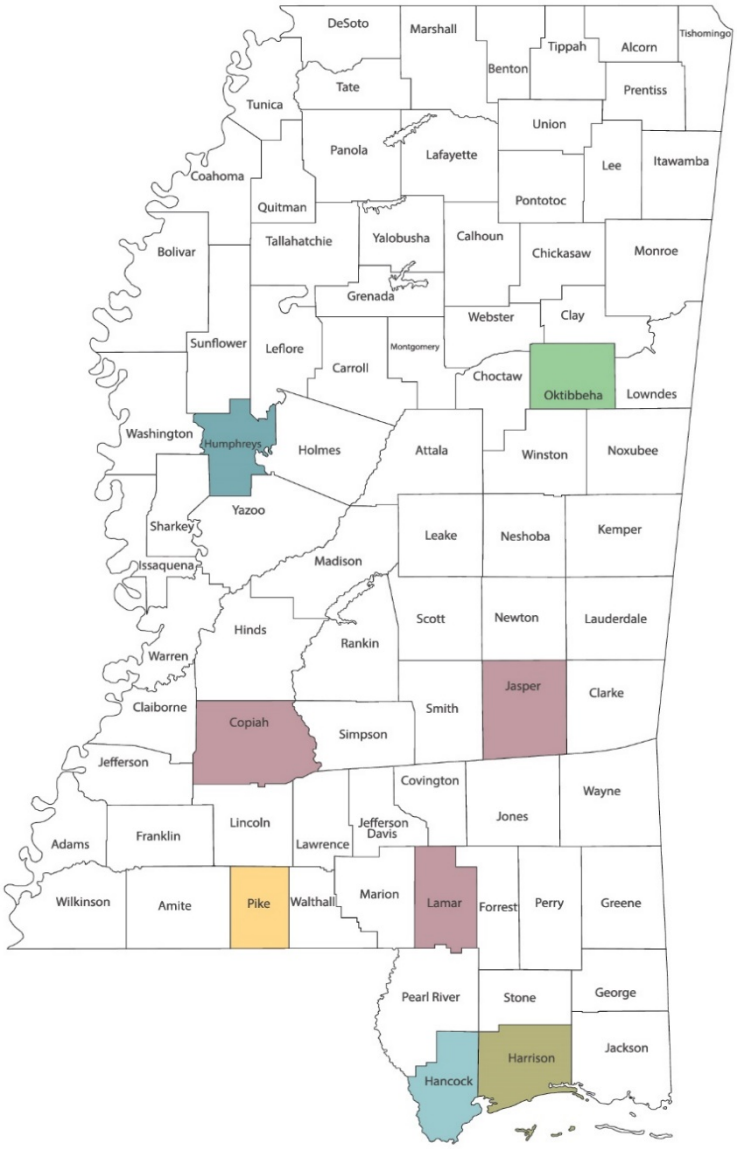
Crime Reports



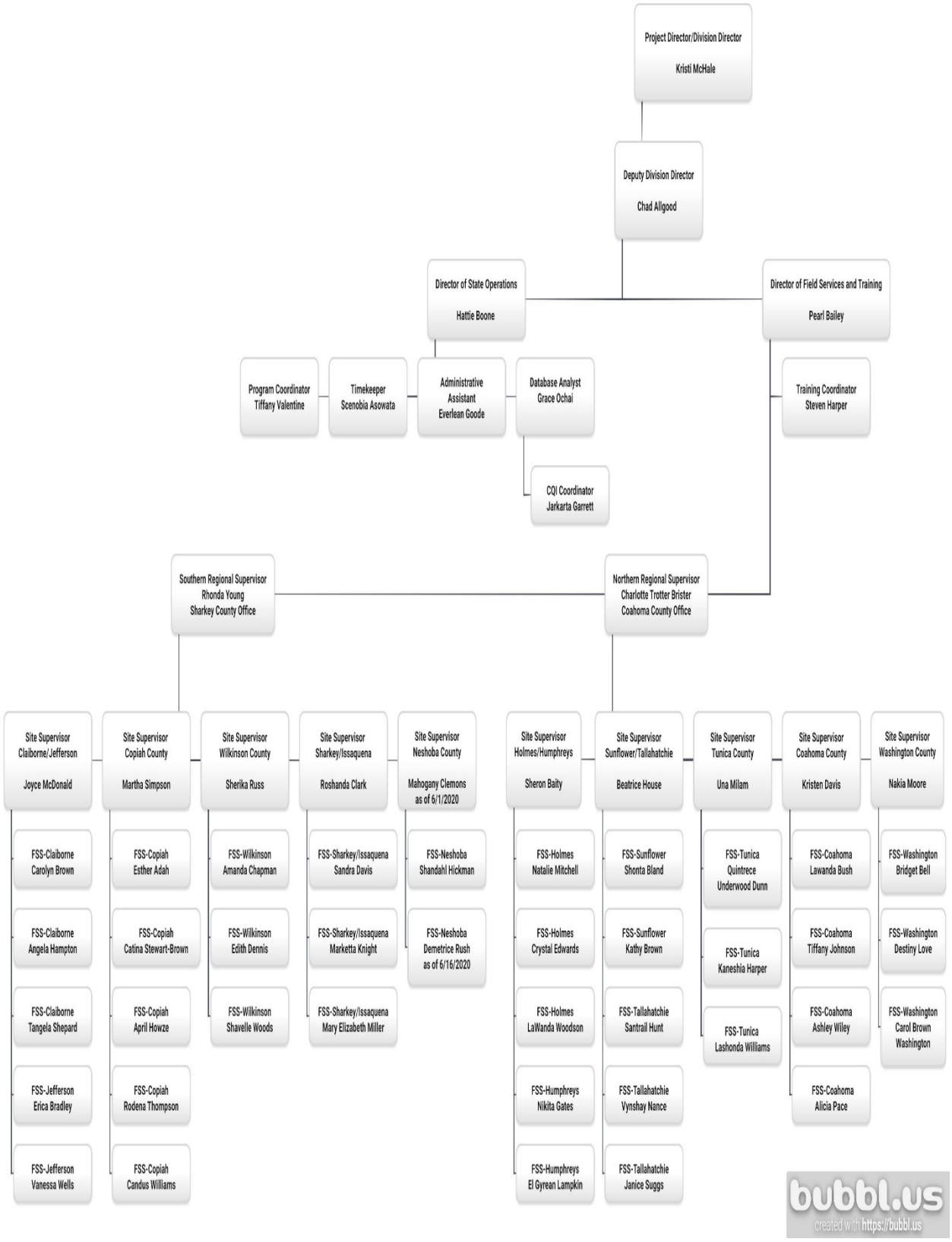
Juvenile Arrest



Appendix 2E Domain Indicator: Child Maltreatment



Appendix 3: Healthy Families Mississippi Organizational Chart



MISSISSIPPI 2020

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM NEEDS ASSESSMENT

MDHS

MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

MISSISSIPPI 2020

MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAM NEEDS ASSESSMENT

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