CHILDREN'S FOUNDATION
OF MISSISSIPPI

BLUEPRINT FOR IMPROVING THE FUTURE OF MISSISSIPPI'S CHILDREN

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ACKNOWLEDGEMENTS

The Children's Foundation of Mississippi (CFM) was founded on the belief that for Mississippi to reach its potential, all children of our state must reach their potential. Charting a strategic course toward increasing the success of Mississippi's children in reaching their potential is at the heart of this document—Blueprint for Improving the Future of Mississippi's Children. Throughout the document we compare the Blueprint to a GPS, serving as a guide for directing the projects and investments of the CFM.

The process was intentional to hear a wide array of "voices" across multiple sectors (public, private and non-profits), 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 Board of Directors of the CFM, all of whose support and expertise made this possible.

Linda H. Southward

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Executive Director
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INTRODUCTION

To create the Mississippi we want – a flourishing community where everyone has what they need to thrive – we here at the Children's Foundation of Mississippi (CFM) are focusing on the next generation. Because when we do what we can to give our youngest citizens a strong start in life, we create a strong foundation of collective wellbeing for our community.

Like a GPS, this Blueprint is intended to serve as a guide for directing the projects and investments of the Children's Foundation of Mississippi and communicating the CFM's goals and vision as we chart a course forward as a community. It is meant to be a dynamic, flexible document that will adapt to changing conditions and needs.

THE APPROACH OF THE CFM IS FOUR-FOLD:

Holistic Outlook : taking a comprehensive view of what children 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 their families

Research Based: integrating data from the many contributing systems, factors, policies, and procedures as we navigate towards structuring positive outcomes

As a society we can support a strong foundation of wellbeing on multiple fronts: by providing access to healthy nutritious food, rich learning environments, and high quality healthcare for our young people. We can work on transforming conditions of poverty while at the same time providing support for stresses caused by poverty, and buffering the traumatic impacts of adverse childhood experiences, including poor health outcomes. While Mississippi has made some progress in many areas, much work is needed to accelerate this change. This work will take collaboration among the many stakeholders serving the state's children in order to build the systems that will create lasting improvements.

This Blueprint identifies key systems and policies that have been shown to be effective in improving the status of children and families and that have been identified by Mississippians as areas of great need that have the most potential for success. Because we all benefit from continued growth and prosperity, we all have a stake in supporting the systems that prepare this next generation. Only we can ensure that this happens. Read on to learn how we can better equip our young people to meet the challenges of the future by coordinating our systems, designing innovative solutions, and making meaningful investments.

> *This report is an invitation to our community to collaborate.*

EXECUTIVE SUMMARY

The Children's Foundation of Mississippi set as 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. We asked those who have been working with children and their families in the state where the greatest needs were and which interventions were most likely to gain the support needed for change to occur. Using data from multiple surveys and reports, and detailed interviews with state leaders, we began to narrow our focus.

It became clear as these data were compiled and analyzed that different approaches would be needed for younger children than for older youth. While the attention of the CFM remains on Mississippians from birth to age eighteen, the Blueprint will be rolled out in two phases: first for children from birth to age eight, and second for children and youth from ages nine to eighteen. This first phase of the Blueprint will focus on key areas for children from birth to age eight, as well as two broad interventions that can benefit children of all ages and their families.

Like a GPS, we have used research and data to guide our efforts, charting a course forward that takes into consideration the many contributing systems, factors, policies, and procedures that structure positive outcomes. We employ an innovative approach that comprises a holistic and comprehensive view of children and helps us envision what outcomes are possible.

Our research directed the focus of this phase of the Blueprint into five priority strategies:

Developmental Screening: To ensure that all children are prepared to succeed in school, it is important to identify any developmental delays as early as possible and provide the appropriate therapies to correct problems before school entry. While Mississippi has made recent improvements, the state has historically documented very low rates of children receiving comprehensive developmental screening. By working together to structure an integrated system that ensures all children are screened at appropriate ages, referred for follow-up, and provided needed therapies, Mississippi can better equip our children for academic success.

Quality Early Childhood Education: There is a growing body of evidence supporting the effectiveness of quality early childhood education, and Mississippians strongly support expanding access to publicly funded pre-kindergarten programs. The Mississippi Legislature recently increased funding for the state's Early Learning Collaboratives, but only enough to support enrollment of approximately 6,000 four-year-olds statewide. Quality improvement initiatives for early childhood education are also gaining ground among states, and surveys show strong support in Mississippi for proposals to assess quality of early childhood education programs. Mississippi discontinued its previous quality rating system and has yet to develop a replacement quality improvement system. Mississippi is fortunate to have a strong cadre of dedicated professionals working in early childhood education, as evidenced by the robust response to our surveys. With concerted effort, we can improve both the quantity and quality of education provided to preschool children in our state and reap the benefits of having better prepared children in kindergarten.

The Digital Divide: Participation in 21st Century society in the United States necessitates competence in the use of technology. During the COVID-19 pandemic and beyond, children must have access to the Internet for educational purposes, as well as for development of the skills they will need to compete for jobs upon graduation. Mississippi lags behind the nation in broadband access, particularly for rural areas and lower income households, but has commenced two major initiatives to correct this situation: the Mississippi Connects Program sponsored by the Mississippi Department of Education and the support of Mississippi's electric cooperatives to expand broadband spearheaded by the Public Service Commission. With continued commitment to expanding the digital infrastructure, Mississippi will realize major benefits for the education of our children.

Earned Income Tax Credit: The federal Earned Income Tax Credit (EITC) is a poverty reduction strategy that assists low-income working families by rewarding work and providing an incentive for unemployed people to join the workforce. The antipoverty effect of the EITC is double for households headed by single mothers. Currently, 32 states have implemented a state EITC that supplements the federal EITC. At the state level, a refundable state EITC has been associated with improvements in employment, family incomes, and healthier births. Because of Mississippi's high poverty rates, particularly for families with children, a state EITC could help reduce the high poverty rates of Mississippi families and children.

Children and Youth Ages 9 – 18: While it is critical for Mississippi to focus on preparing young children to succeed in school, it is also imperative for the state to establish policies and systems that ensure older youth graduate from high school and are well prepared to enter college and/or the workforce and ultimately become independent, productive adults. There were some primary issue areas that arose from our surveys and reports pointing to the needs of this age group in Mississippi: access to mental health services, comprehensive health education, life skills training, and transitions out of foster care. Further study is needed, however, to identify the most effective priority strategies for this population in our state and will therefore be the focus of phase two of this Blueprint.

This Blueprint is an invitation to our communities across the state to collaborate. We explore the many domains of health and well-being, holding up innovations and interventions that have been shown to work both here, and in other states, things like data-sharing and pre-kindergarten collaboratives. In the past year, we have shown that we can meet a crisis with solutions like telehealth, and by coming together as a state (public and private sectors) as part of grassroots movements like the Broadband Enabling Act. Together, we can build on these successes to make further strides to ensure that all children and youth have access to what they need to thrive. 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.

The past year has taught us a great deal about how much we need one another. We are learning more every day about how we can remove barriers, making it easier to build systems that support improved health and wellness. There is a growing team of dedicated partners who are stepping forward to invest in tomorrow's leaders, citizens, and taxpayers, and we have more knowledge than ever about what works and why.

There are several recurring themes throughout this Blueprint document that point to key 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 to point a way forward. These data systems allow successful states to measure outcomes, not just process, and to hold service providers accountable for improving outcomes.

Systems should support parents in their efforts to prepare their children for success in school and life. Too often they can unintentionally create barriers for parents. The Children's Foundation hopes to build on the solid work already being done in Mississippi, use research to point us in the right direction, take advantage of the experience of other states who have already reached the destinations we desire, and collaborate with the many individuals and organizations who share this journey. By focusing on a few key areas identified by our partners and stakeholders, the CFM hopes to capitalize on 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 every child will prosper.

When Mississippi's children thrive, our state thrives.

> *We have more knowledge than ever before about what works and why.*

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

Survey of Mississippi Issues Impacting Children (MIIC)

The MIIC survey [1] was a general population study of Mississippi adults assessing opinions about matters affecting children eight years of age and younger. These data were collected using probability sampling techniques and using industry-standard data collection protocols. The data are weighted according to population parameters released annually by the US Census Bureau; thus, these data are, mathematically speaking, the best possible representation of Mississippi's diverse populations and communities. The survey was conducted in August of 2019 by the Wolfgang Frese Survey Research Laboratory at Mississippi State University's Social Science Research Center. The final dataset included responses from 410 randomly-selected survey participants.

2

Survey of Mississippi stakeholders and key leaders working on children's issues in the state

Findings in this report result from a web-based survey of 439 professionals working with children in Mississippi. This study used a non-probability sample of participants recruited via email distribution lists and an open access web survey link distributed to targeted mailing lists of relevant professionals. Notably, all directors of licensed child care centers were provided a link via email to participate in the survey. The resulting dataset reflects responses widely distributed across Mississippi. This report highlights findings in several domains. It measures participants' perception of children's standing relative to children in other states. It also proposes a set of interventions and measures participants' evaluation of the importance, the feasibility, and the degree to which government should be involved in each. Each domain was divided into issues relevant to younger children (birth to age eight) and older children (age nine to eighteen).

3

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 [2]. 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.

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 key indicators of children's health and well-being as well as on services available to address risk factors [3]
- Mississippi KIDS COUNT 2020 Fact Book – an annual assessment of the current status of children's health, education, family and community life, and economic well-being [4]
- American Communities Survey 2019 (5-year estimates) which is the US Census Bureau's most rigorous data collection effort using statistical sampling of American households in years without a decennial census [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

METHODS & DATA

The following figure illustrates the breadth of the data sources used for this Blueprint:

CFM Blueprint Data Sources

CFM
Blueprint

**Primary
Data Sources:**

MS Issues
Impacting
Children
Survey

CFM
Professionals
Survey

CFM
Professionals
Interviews

**Secondary
Data Sources:**

ACS &
Census
Data

Literature
Review

Kids Count
2020 Fact
Book

Risk and
Reach
Report
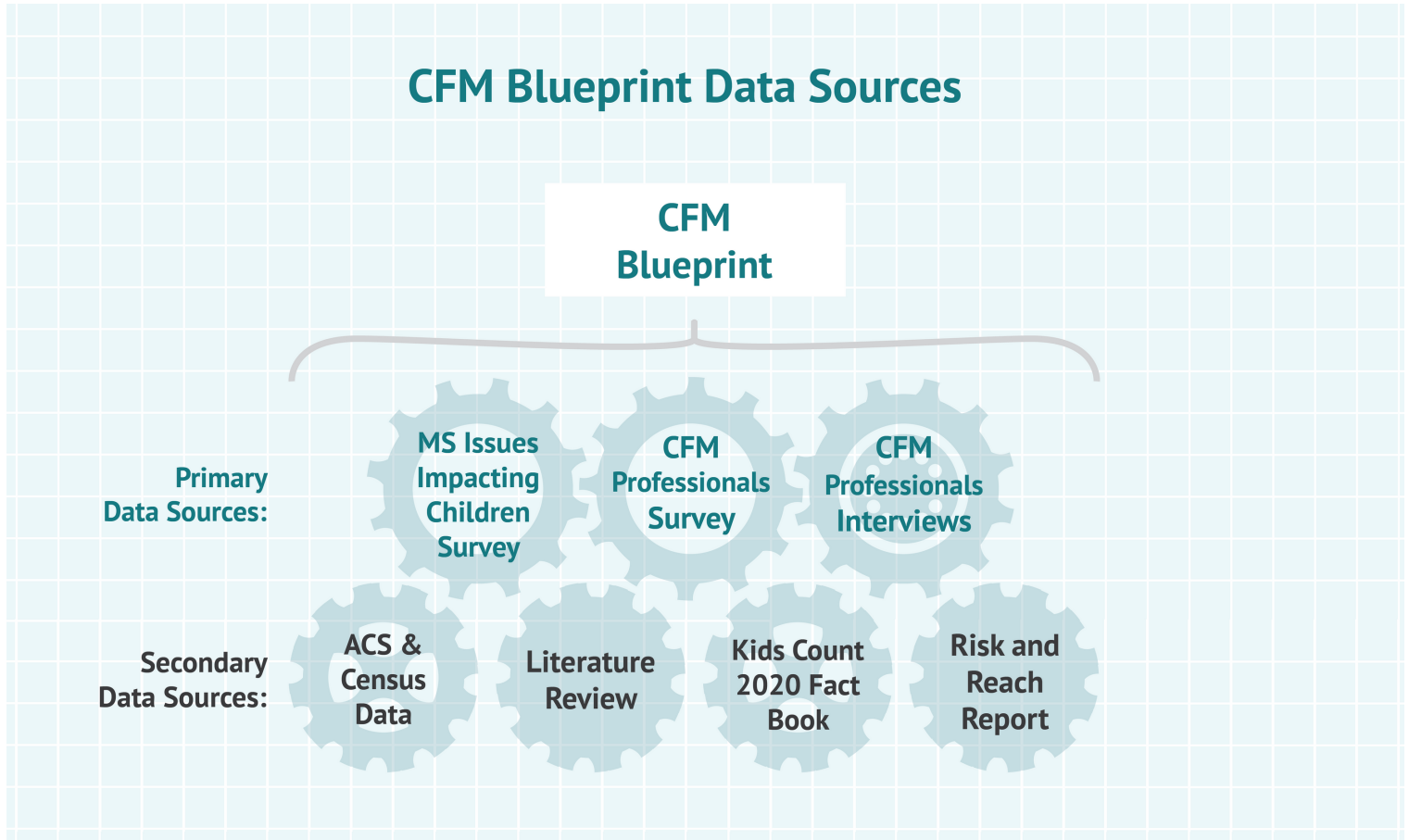
The qualitative data complement the quantitative data by bringing in the expertise of people with many years of experience working with children and families in Mississippi. Taken together, these data collection efforts and analyses of secondary data represent the strongest and most-current possible data regarding the status and well-being of children in Mississippi. Each component was rigorously analyzed to inform the findings presented in this report and to guide ongoing data collection efforts in the interest of Mississippi's children.

The key issues to be addressed in this Blueprint are divided into five sections. We begin by examining the two issues identified as the most important and feasible for our youngest children:

- Developmental Screening
- Quality Early Childhood Education

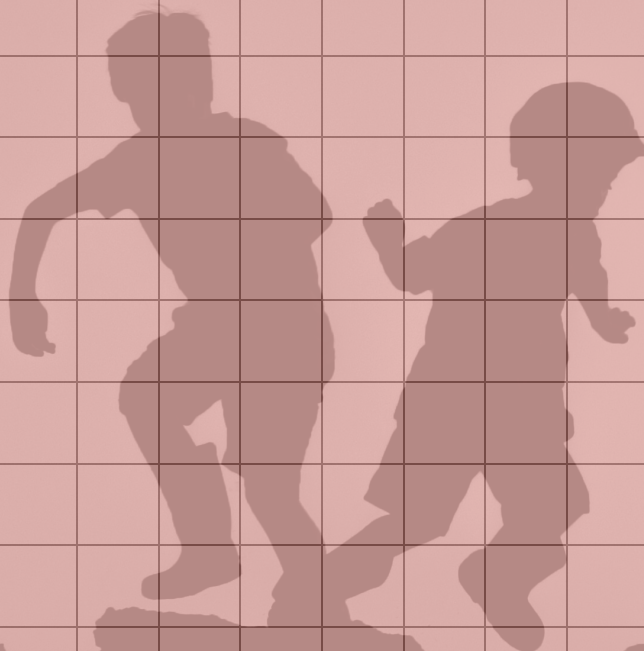Next are two overarching issues that affect children of all ages:

- The Digital Divide
- Earned Income Tax Credits

Finally, we discuss the need to further identify and study the issues most critical to children and youth aged nine and older.

DEVELOPMENTAL SCREENING:

RECOGNIZING HEALTHY DEVELOPMENT AS THE NECESSARY FIRST STEP FOR A BRIGHT FUTURE

DEVELOPMENTAL SCREENING

Our children are the future, and their healthy development is crucial to ensure that future. Child development is an intricate and multifaceted process, like a construction project, where there are periods of rapid development and a strong foundation is paramount. From birth, the brain is rapidly developing, with a million connections per second, and it nearly doubles in size within the first year of life. As they grow and interact with their environment, children are maturing in perceptual, motor, cognitive, socio-emotional, and behavioral skills. In a healthy child exposed to a rich environment these develop and support one another, building life skills such as problem-solving, resilience, and self-control and facilitating success in school [1]. Some children may experience delays in the development of these skills and abilities. It is important to detect these delays as early as possible and provide appropriate therapies that will correct developmental problems. If delays are not addressed early, they can impair a child's academic progress in school.

There are two main ways healthcare providers track child development:

- **Developmental surveillance** is an informal method that providers use to observe any noticeable delays as children engage with their environment during a well-child visit, and

- **Developmental screening** is a formalized assessment using a standardized tool to confirm children are achieving their appropriate developmental milestones.

A provider's ability to detect a developmental delay was found to be significantly increased when using a developmental screening tool, compared to developmental surveillance alone. Developmental screening is more effective because it provides a structured plan for detecting delays compared to the observational methods of surveillance.
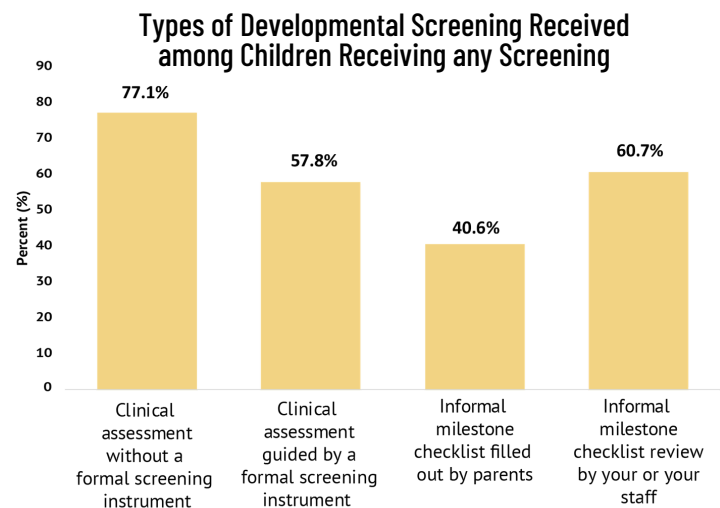
Mississippi Developmental Screening in a Snapshot

The 2011/2012 National Survey of Children's Health [2] showed that Mississippi had one of the lowest rates in the nation of developmental screening for preschool children, based upon parent reporting. In 2013, the Mississippi Legislature passed the Early Learning Collaborative Act [3], to increase access to early education for children by creating Mississippi's first state-funded pre-kindergarten (Pre-K) program. The collaboration consisted of school districts, Head Starts, childcare centers, and private non-profit preschools. As a measure of assessment for Mississippi's Pre-K program, standardized developmental screening tools were implemented. These standardized tools have played an essential role in evaluating children's cognitive development and kindergarten readiness.

In 2015, Mississippi's Division of Medicaid (DOM) authorized separate reimbursements for developmental screenings through the Early and Periodic Screening, Diagnostic and Treatment (EPDST) benefit based on the American Association of Pediatrics' (AAP) Bright Futures guidelines and periodicity schedule [4]. This change allowed reimbursement of developmental screening that was otherwise not reimbursable. Since 2015 in Mississippi, well-child visits for the first 15-months of life and ages 3-6 have been generally improving for both Medicaid insured children and children's health insurance program (CHIP) beneficiaries [5].

Despite this improvement, a study investigating national developmental screening and surveillance in 2016 found Mississippi's screening and surveillance rates to be among the lowest. Among children who participate in Medicaid, the EPSDT screening rates are much higher among children in their first year of life, but these rates drastically decrease after the age of 2 years of age until children reach kindergarten age [6].

While Mississippi is moving in the right direction, there is still more work to be done. In Mississippi, for children between the ages of 9-months and 6 years old, only 3 out every 10 children received developmental screening [7]. Of the those who received developmental screening, only about a fifth of those screenings were completed by a health care provider and the majority of screenings were not completed with a formal instrument [7].

Types of Developmental Screening Received among Children Receiving any Screening

Screening type	Percent
Clinical assessment without a formal screening instrument	77.1%
Clinical assessment guided by a formal screening instrument	57.8%
Informal milestone checklist filled out by parents	40.6%
Informal milestone checklist review by your or your staff	60.7%

DEVELOPMENTAL SCREENING

A statewide assessment of childcare centers' developmental screening use in 2018 found that 30% of childcare centers used a validated screening tool. Head Start centers conducted over one-third of the validated screenings completed by childcare centers, despite only comprising 10% of Mississippi's childcare centers, but these centers are federally funded and required to conduct screening [8]. A majority of childcare centers, almost 60%, offered no form of developmental screening, but can serve as a good source for surveillance and referral.

These rates of developmental screening have likely been affected by the COVID-19 pandemic, though future research will be necessary to better understand this impact. The pandemic has led to many detrimental challenges in the lives of Mississippi's children and families. Some of these challenges include an increase in food, housing, and economic insecurity, disrupted routines, and school closures. As a result, these events may exacerbate the impact Adverse Childhood Experiences (ACES) (which are "potentially traumatic events that occur in childhood" [9]). ACES have been directly correlated with an increasing risk of developmental delays, giving more urgency to ensure children are screened and provided needed therapies.

Constructing an Integrated System Approach to Bolster Early Childhood Development in Mississippi

As described in the Methods and Data section, surveys and interviews of early childhood professionals were conducted to inform this report (See Appendix). The findings below describe the strategies outlined by these professionals for increasing developmental screening and surveillance rates across Mississippi.

<u>Data Sharing</u>

To further improve developmental screening, referral, and necessary follow up, Mississippi should strive to build on the current system. This groundwork for our community's health is a task that requires an "all-hands-on-deck" approach. There are several state agencies that serve as leaders in the domain of early childhood that should be engaged in this process: the Mississippi State Department of Health (MSDH), Mississippi Department of Education (MDE), Mississippi Department of Human Services (MDHS), Mississippi Department of Child Protective Services, the Division of Medicaid (DOM), and the Mississippi Department of Mental Health (MDMH). Enhancing communication and collaboration between these agencies can reduce duplicative efforts and conserve resources. For example, as one participant noted:

> *It's been a little difficult in the past to get the state agencies to kind of come together for a variety of different reasons. But I think we're in a position now in our state where, especially mid-COVID, we've seen the value in state agencies coming together, pooling resources, and working together.*
>
> *- CFM Interview Respondent*

An integrative early childhood data system would enhance the state's ability to track service utilization and longitudinal outcomes. An actionable first step toward this data sharing goal would be the implementation of a common developmental screening and follow-up referral form. MDE, MSDH, DOM, and Mississippi's Coordinated Care Organizations (CCOs) can thereby increase communication and collaboration among one another to ensure transition gaps are minimized. Intervention referral forms and follow-up reporting requests can be standardized to a single form and still comply with HIPPA and FERPA privacy requirements. Reports should be sent back to the referring provider from the intervention specialists once a child receives intervention services. This system of common reporting is supported by early childhood professionals, as illustrated by the participant below:

> *One of the things we were looking at early on is a lot of states have developed forms so that information can flow very seamlessly among childcare centers, healthcare providers, parents, and early intervention, like there is this track of communication that's already there. There's an infrastructure and we don't have that at all. So that's an area that I think we could work on.*
>
> *- CFM Interview Respondent*

Other federally funded programs such as Mississippi Head Start could participate in this integrated system. Close, comprehensive monitoring of these data would be useful to measure progress and inform program effectiveness and future policy decisions for early childhood development initiatives in Mississippi. Access to this data may also more clearly demonstrate areas of improvement for which federal dollars could be obtained.

Performance Incentives for Coordinated Care Organizations (CCOs)

Two of our participants noted the critical role that CCOs play in Mississippi's system, and the opportunity to increase their role in developmental screening and surveillance:

> *I think the more we can move toward the value-based care and holding them accountable for outcomes, the better.*
>
> — *CFM Interview Respondent*

> *I think really what would be more helpful is if Medicaid would hold [CCOs] accountable for making sure that this gets done.*
>
> — *CFM Interview Respondent*

Mississippi DOM's coordinated care program, MississippiCAN (Mississippi Coordinated Access Network), was established to improve access, quality, and cost predictability. It has expanded to serve about 65% of Medicaid beneficiaries, including most children. CCOs can be a valuable asset for ensuring healthy early childhood development. DOM does not require developmental screening as a child quality metric for participating CCOs. Adding this metric would improve reporting and tracking of developmental screening and outcomes. Additionally, linking patients to appropriate services will increase if we use payment incentives and required quality improvement initiatives.

We can use these metrics to improve quality. Currently, reimbursements for participating CCOs in MississippiCAN include a value-based withhold (VBW) program, where money is withheld from programs failing to meet certain benchmarks. DOM could mandate reporting the number of developmental screenings and referrals for needed services for both Medicaid and CHIP beneficiaries. Inclusion of these metrics into the VBW program can ensure participating CCOs are held accountable to the families they serve.

Telehealth and Project ECHO

Several interview participants noted the benefits of a telehealth model for screening. As telehealth services have been widely expanded during COVID-19, the foundations for this mode of care have been broadly established.

> *We may not be in your area that month...but someone from the Delta wants to call in and wants their child screened so having that opportunity [telehealth] available for families is really, really good.*
>
> — *CFM Interview Respondent*

> *Because [health providers] can indirectly treat patients via the telehealth system and they can advise...rural health care providers. I think that's a good model.*
>
> — *CFM Interview Respondent*

Access to developmental screening via telehealth would minimize the health care access gap experienced by families with limited transportation options and areas experiencing provider shortages. Telehealth can also be utilized for appropriate follow-up services. As noted in the Risk and Reach Report, there are no licensed pediatricians in 38 of Mississippi's 82 counties [10]. Additionally, partnerships among academic centers and community health providers should be expanded for early childhood development services using telehealth.

DEVELOPMENTAL SCREENING

Project ECHO (Extension for Community Healthcare Outcomes) is one example: Through an innovative telemonitoring program, it establishes a virtual community of learners connecting healthcare providers and subject matter experts utilizing virtual conferencing technology. One health care provider interviewed noted the use of Project ECHO in Mississippi to promote child development:

> *We've started [ECHO] in early child development and are using that to pull in nurse practitioners and pediatricians around the state to learn more about developmental interventions, developmental pediatrics....*

Use of this model has been shown to create patient outcomes as good as or better than those treated at specialized referral hospitals. ECHO models have been adapted to address various pediatric specific conditions. The American Academy of Pediatrics acts as a pediatric arm of the ECHO Institute, to help train and share best practices for partner organizations, and offers continuing medical education credits toward Maintenance of Certification, which can incentivize participating health providers.

Parent Education

Some participants described a two-fold issue with parental engagement around screenings: first, a lack of understanding of developmental milestones; and, second, a hesitation around the screening process and its potential results.

> *Another barrier, we have is just lack of understanding of the importance of having [developmental] screenings done. I think there's a real hesitance.*

> *...so just helping them [parents] to understand the importance of those developmental screenings. So yeah, we have a lot of education that needs to take place holistically.*

> *I think it's a combination of education. Both families understanding the importance of developmental screenings and monitoring development. Really, just being involved in those types of things and being aware of those developmental milestones. Then, I think too that education piece for our pediatricians and...nurse practitioners as well because in our rural communities that is who families will go see.*

Providers should include parents and families in conversations about the importance of their child's development. Learning about developmental milestones is critical for early detection by parents and families, and normalizing consistent developmental screening is critical to improving parents' comfort with screenings. Engaging parents and families as partners in decisions can build trust and improve follow-up attendance for well-child visits.

Building a Brighter Future for Early Child Development

Enhancing collaboration and communication among entities promoting developmental screenings and surveillance is necessary for a broad understanding of developmental health in Mississippi. Building on these existing efforts and infrastructures could be used to leverage resources, improve strategies, and streamline implementation efforts. In doing so, Mississippi can construct a cohesive system focused on improving kindergarten readiness. This will require a collective effort from the state, community, and organizational levels to achieve an integrated system that ensures Mississippi's children can develop and flourish.

QUALITY EARLY CHILDHOOD EDUCATION:

BUILDING & WEAVING SKILLS FOR SUCCESS IN LIFE

QUALITY EARLY CHILDHOOD EDUCATION

We all play a part and have a stake in the success of the children in our community. Because we know that children's health and learning are strengthened and supported with high quality early childhood education (ECE) programs, our families, schools, and communities are working together to develop and implement ways of ensuring that our young people have access to learning contexts where there's a good mix of social and emotional learning. Such opportunities ensure that skills like critical thinking get interwoven with perspective-taking and listening, reinforcing one another to become stronger. If Mississippi is to have a future workforce that has the interpersonal skills that are critical for good teamwork and leadership and the foundational abilities employers desire such as persistence, reliability, resilience, and independence, we must start building these in early childhood. Childcare is important to the state's economy not only from its impact on the developing child, but also in the way it supports working parents. A report of the U. S. Chamber of Commerce Foundation, produced in partnership with the Mississippi Economic Council, noted that Mississippi loses approximately $673 million annually in economic activity due to breakdowns in childcare.

Perception of Mississippi's Early Childhood Education

The Children's Foundation of Mississippi commissioned a survey of professionals in children's services in Mississippi (See Appendix) to gauge the status of early childhood in the state and to inform programmatic directions related to the Foundation's mission. Among other measures, professionals were asked, for eleven key areas, to rate the standing of Mississippi's children relative to that of children in other states. For early childhood education, the ratings of these professionals indicate substantial room for improvement for children around the state. Kindergarten readiness was the fifth highest ranked item – on average, professionals ranked Mississippi's children 4.58 out of 10, relative to the performance of children in other states on Kindergarten readiness measures. For access to high quality early childhood education, including child care and pre-kindergarten, professionals gave Mississippi an average rating of 4.35 out of 10, making this the third lowest measure.

How do children in Mississippi fare relative to children in other states?
From "0 - Much Worse" to "10 - Much Better"

Treatment and follow up for developmental delays	**4.31**
Timely access to high-quality health care	**4.34**
Access to high quality early childhood education	**4.35**
Protection from abuse and neglect	**4.45**
Access to healthy foods	**4.54**
Kindergarten Readiness	**4.58**
General health status	**5.03**
School performance in elementary grades	**5.10**
Access to health care when sick	**5.85**
Access preventative health services	**6.36**
Identification of developmental problems at early stages	**4.55**

Quality Early Childhood Education Is Critical for Children's Success

The survey shows that community members and professionals in Mississippi agree on the importance of early childhood education. Action to evaluate and ensure the quality of these early childhood programs enjoys widespread support from professionals and non-professionals alike. Among the early childhood professionals surveyed by the Children's Foundation of Mississippi, 'assessing the quality of early childhood education programs' was identified as the second highest priority item among all available action items.
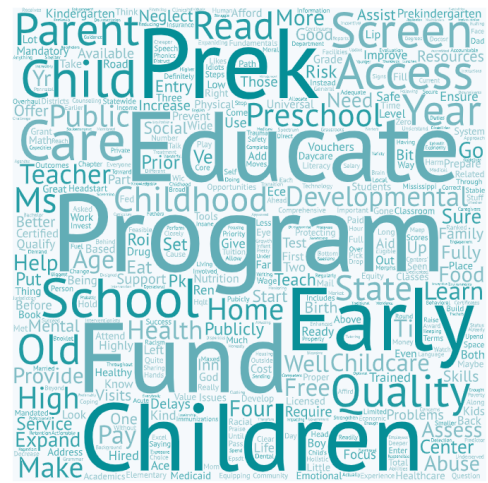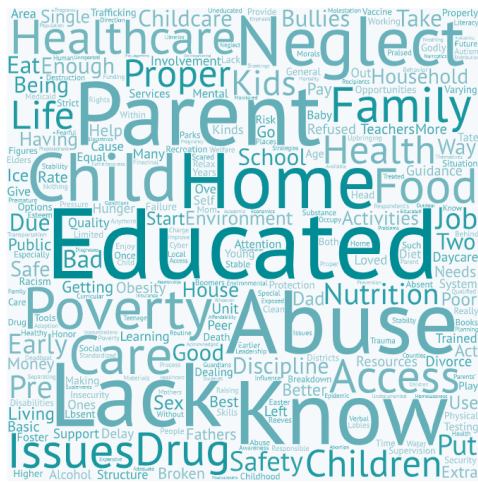
Priority Ranking of Intervention Strategies

Rank	Action Item
1	Assessing the quality of early childhood education programs, including child care and pre-kindergarten
2	Requiring all children to be screened for physical and developmental problems prior to school entry
3	Expanding access to publicly-funded vouchers for child care assistance
4	Requiring all children in licensed child care centers to be screened for physical and developmental problems prior to entry
5	Expanding publicly funded pre-kindergarten programs to all four-year-old children in the state
6	Providing home-visiting programs statewide to at-risk families to improve parenting skills and prevent child abuse and neglect

The item receiving the highest priority ranking was 'requiring all children to be screened for physical and developmental problems prior to school entry,' which is also a feature of high quality early childhood programs as detailed in the previous section of this document. Of the six action items ranked by these professionals, high quality early childhood education and care is directly related to both top ranked items.

The Children's Foundation of Mississippi commissioned a representative study of adults in Mississippi to assess general population sentiments around issues related to early childhood care and education. Among the survey items, Mississippians were asked the open-ended question: "What would you say is the most serious problem facing children ages birth – 8 yrs old in Mississippi today?" The word cloud below illustrates the response frequency of each word used in participants' responses, revealing that 'educated' is the most frequently cited substantive issue noted for young children.

Among early childhood professionals, a similar word frequency analysis was conducted on responses to the question: "If it were entirely up to you, what are three things you would do to ensure that children in Mississippi are prepared to succeed in school by age eight?" Findings from this analysis indicate a clear emphasis on program quality, as illustrated below. The data from both surveys indicate that professionals and non-professionals alike share similar priorities for young children with particular emphasis on education and quality.

Monitoring and maintaining quality early childhood education is an achievable goal

In addition to its high importance rating, professionals identified the quality of early childhood education programs as the most feasible intervention strategy among all strategies proposed.

## Feasibility Ranking of Intervention Strategies

Rank	Action Item
1	Assessing the quality of early childhood education programs, including child care and pre-kindergarten
2	Requiring all children to be screened for physical and developmental problems prior to school entry
3	Expanding access to publicly-funded vouchers for child care assistance
4	Requiring all children in licensed child care centers to be screened for physical and developmental problems prior to entry
5	Expanding publicly funded pre-kindergarten programs to all four-year-old children in the state
6	Providing home-visiting programs statewide to at-risk families to improve parenting skills and prevent child abuse and neglect

Beyond the perceived feasibility from professionals, data from surveys of the general population of Mississippi indicate strong support for the implementation of these interventions. Among general population samples, support for public pre-kindergarten has remained high in Mississippi over time.

A strong majority of general population respondents support tax increases to fund public pre-kindergarten programs. This majority support remains high over time and has withstood national recession, as illustrated in the line graph at right. [1, 2, 3]

Support for Publicly Funded PreK Over Time
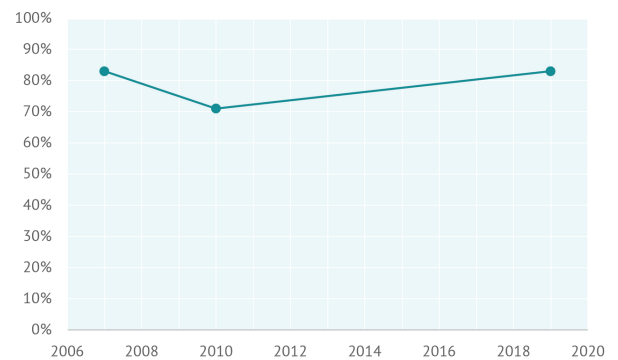
According to the 2020 Kids Count Factbook, during the 2019-2020 school year there were approximately 8,924 of the 37,647 four-year-olds in Mississippi enrolled in public pre-kindergarten programs, representing 24 percent of this population. Of those enrolled in public programs, approximately 3,016 were enrolled in the state-funded Mississippi Early Learning Collaboratives, which led Mississippi to be recognized by the National Institute for Early Education Research (NIEER) as one of four states to meet all of NIEER's ten quality standards for early childhood education.

Enrollment in the Collaboratives is limited by the degree of state funds appropriated to support the program. The original appropriation for the Collaboratives for 2014-2015 was approximately $3 million. The annual appropriation was raised to $4 million in 2016, $6.5 million in 2018, $6.7 million in 2019, and $16 million for 2021. This latter increase is estimated to allow the state to serve approximately 6,000 children.

Early Childhood Education Quality Improvement Systems

Clearly, many stakeholders in Mississippi involved in developing and implementing early childhood education (ECE) programs agree that evaluating the quality of public preschool/childcare settings is extremely important to creating a system designed to serve children effectively. While there is consensus among parents, policymakers, and professionals on the importance of this metric, the definition of quality in ECE is inconsistent and varies across programs. In preschool, quality is usually measured by assessing adult to child ratios, type of curriculum, teacher qualifications, length of school day and teacher/student interactions, all grouped together into one metric. On the other hand, in kindergarten to third grade (K-3), assessing teachers, the schools or student achievement informs the definition of quality in this system. In general, the definitions of quality usually include four main components:

- Structural Elements – length of school day, teacher education/degree/training, and teacher-student ratios
- Features of the classroom environment – classroom organization, cleanliness, availability of learning and play materials and the daily schedule
- Teacher-student interaction – teacher's behavior, emotional warmth, language and tone during daily classroom activities
- Aggregate indices – Quality Rating and Improvement Systems

With no single definition of what quality means in ECE, it comes with no surprise that multiple tools have been developed to measure quality in early childhood across the country. In 2006, the Mississippi Legislature enacted a law requiring the development of a pilot quality rating system [4]. A quality rating system was implemented in 2007, referred to as the "Quality Stars Program," but was discontinued in 2016.

While there are some aspects of this previous quality rating and improvement system that are debatable, there was research conducted that provides some objective evidence on the impact of the system while it was in effect. One study using licensure data from the State Department of Health documented that centers participating in the system were more than three times less likely to have licensure violations than non-participating centers. In addition, the number of violations decreased as the ratings increased [5].

Experience of Other States

North Carolina, a Southern state that has been working on building a statewide quality early childhood education system for over two decades, has demonstrated success in lowering special education placements by third grade and thereby serves as a good example to review. The state uses a Quality Rating and Improvement System (QRIS), the Star Rated License System (the second oldest in the country) [6], to assess program quality. This licensing system is managed by the North Carolina Division of Child Development and Early Education which works in partnership with multiple other stakeholders. ECE facilities can earn up to five stars based on state defined parameters that assess two components, namely staff education and program standards, on a seven-point scale to reflect program quality. Programs can also earn an additional quality point if they meet higher standards in these components. QRIS participation rules are determined by program type or by funding stream, so requirements for publicly funded childcare programs differ somewhat from those for religious-sponsored programs.

Results from assessing the impacts of North Carolina's QRIS system provide evidence that such systems that are robustly designed adequately perform their function to improve the quality of ECE programs. When programs receive low ratings on the QRIS, they respond by improving the areas with the lowest scores. QRIS also serves as an effective parent engagement tool, providing parents information they need to make the best choices for their children.

North Carolina's QRIS design is an example of a cost-effective approach to program implementation. Instead of designing and creating a new implementation process, the state's Division of Child Development and Early Education utilized already existing systems. Additionally, full assessments of programs were completed once in three years, provided they did not fail the annual monitoring of rating maintenance, which saved more dollars for the state. The success of North Carolina's Star Rated Program has been linked to a few strategic factors in the program's design, including a robust consumer education campaign and a strong professional education component. It should also be noted that adequate funding is needed to implement these improvements.

The map at right, featuring data from 2021, illustrates that most states have or are developing a quality rating and improvement system for early childhood education programs.

Number of States with QRIS Over Time

Source: QRIS Compendium and BUILD Initiative [7]

National Distribution of QRIS Programs, 2021

Source: QRIS Compendium and BUILD Initiative [7]

THE DIGITAL DIVIDE:

ACCELERATING MOMENTUM FOR MISSISSIPPI'S DIGITAL TRANSFORMATION

Digital Transformation
The total integration of digital tools and methods as part of core activities, fundamentally changing operations and culture to continually innovate.

Digital Divide
"The economic, educational, and social gap between those who have devices and broadband access and those who do not [1]."
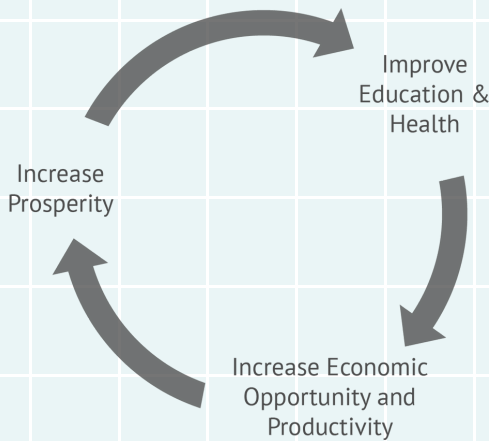
Broadband Access
High quality, fast, wide bandwidth internet access

3 subcomponents of access:
- available in high quality
- affordable, including devices
- adopted by users

Virtuous Cycle of Prosperity

Improve Education & Health

Increase Economic Opportunity and Productivity

Increase Prosperity

Current State of the Digital Divide in Mississippi

Like the challenge of electrification in the 20th century, Mississippi lags behind the national average in broadband access primarily due to structural inequities shaped by rurality and high levels of poverty. As the figures to the right illustrate, rural communities and low income households are less likely to have access to technology. The digital divide also impacts the strength of local economies and quality of life in local communities, further impacting the lives of children and their families.

Why Invest in Digital Transformation?

The complexity of 21st century challenges demand cutting edge technology, making broadband and digitalization the equivalent of electricity in the 20th century: essential for accessing information and resources and expanding social connectivity to prepare for what the future brings. The current shift to online learning heightens this importance. Thus, digital transformation – and in particular children's broadband access in particular – is a critical investment for ensuring all children have access to a quality education that facilitates the Virtuous Cycle of Prosperity (side bar) leading to greater social and economic prosperity for the entire state [2].

Technology Access Among MS Households, by Place

Legend:
- Urban Pop. > 20,000 (N=27)
- Urban Pop. (2,501 - 20,000) (N=34)
- Rural Pop. < 2,500 (N = 21)
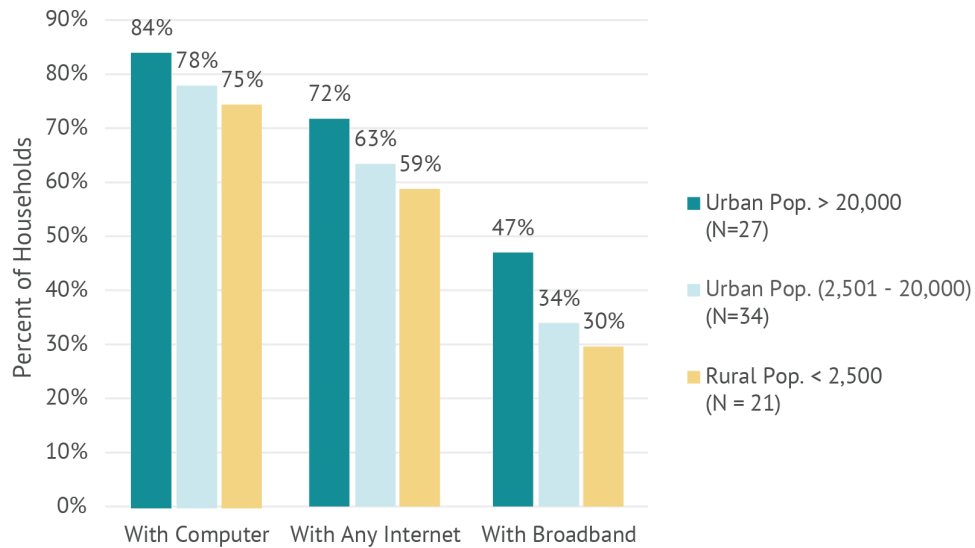
Percent of Households with a Broadband Internet Subscription in 2019, by Household Income

Legend:
- MS
- US
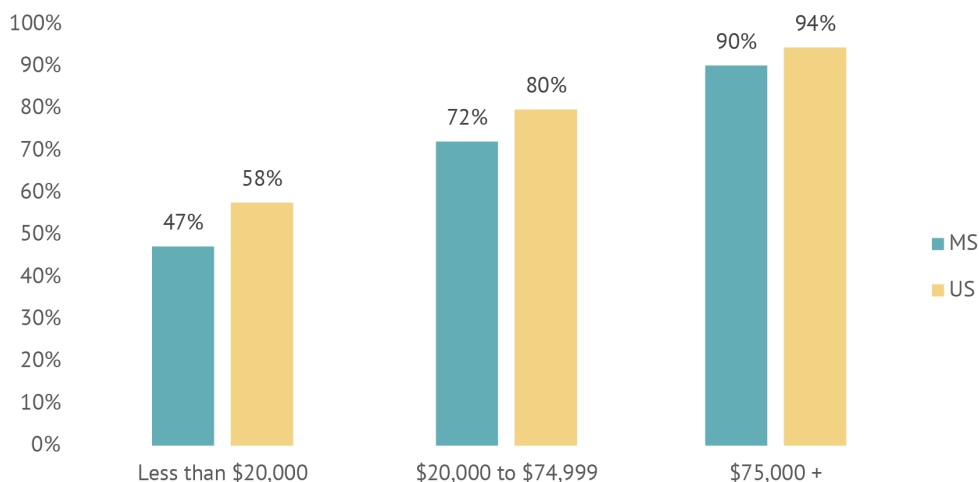
THE DIGITAL DIVIDE

KEY POLICY ACTIONS
UNDERGIRDING THE INFRASTRUCTURE

MS Senate Bill 3044, 2020 Session
Created the Equity in Distance Learning Act (codified as §37-68-1 et seq of the Mississippi Code) and provided $150 million to MDE and school districts from the CARES Act and other sources.

MS House Bill 1788, 2020 Session
Created the Mississippi Pandemic Response Broadband Availability Act and Grant Program and provided $50 million to MDE

MS Senate Bill 3046, 2020 Session
Provided $65 million from the CARES Act to the Electric Cooperatives Broadband Grant Program established in §77-17-1 et seq. of the Mississippi Code.

Rural Digital Opportunity Fund
A grant program of the Federal Communications Commission that awarded $495.7 million to Mississippi to expand rural broadband

Percent of Households with Broadband Subscriptions in Mississippi, 2019

- 40 - 49%
- 50 - 59%
- 60 - 69%
- 70 - 79%
- 80 - 89%
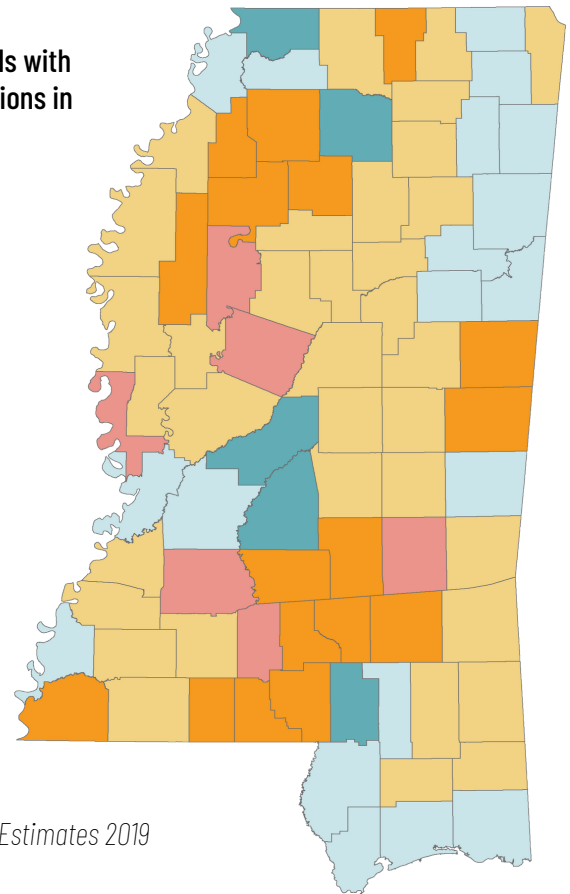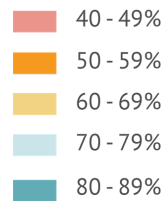
Source: ACS Five-Year Estimates 2019

The disruption and crisis of the COVID-19 pandemic have also sparked resilience and innovation: Mississippi has capitalized on the surge of federal funding to invest in broadband access significantly. For example, under the MS Connects program, the Mississippi Department of Education (MDE) has led an incredible, successful sprint to ensure that every child has the requisite device, pre-loaded and -configured, to continue their education online. The success of the MS Connects program shows that we can make a real difference in the lives of our students through access to broadband devices and services.

Also, the Public Service Commission received the necessary funds to jumpstart broadband deployment for the rural communities with greatest need, leveraging grassroots ownership of municipal electric co-operatives. Thirteen of the 25 not-for-profit electric cooperatives that deliver dependable electricity to more than 800,000 meters of service area in the most rural parts of the state signed on to participate in the Broadband Enabling Act, further supported by grant funding from the COVID-19 Connectivity Act.

This grassroots movement has built upon the legacy of rural electrification through the Tennessee Valley Authority under President Franklin Roosevelt.

Mississippi has several well-established and active telehealth programs throughout the state to assist in delivering high quality, convenient patient care for rural patients. Since the COVID-19 pandemic, more telehealth options have emerged, showing that we have the know-how to do more to coordinate, communicate, and collaborate in supporting the health of our community.

> Virtual learning isn't going away, it's not going to be temporary, it has its place.
>
> —Educator

	2020 KIDS Count Overall Rankings	2019 ACS Households with Broadband
North Carolina	33rd	67.8%
Georgia	38th	67.3%
Tennessee	39th	62.2%
Arkansas	40th	51.6%
Alabama	47th	57.2%
Louisiana	48th	58.8%
Mississippi	49th	47.6%

Lessons Learned

One of the key learnings from MDE's efforts in spring 2020 has been the power of balancing selective centralization and local control: by centralizing the challenges of logistical planning while allowing local school districts to choose the specific hardware and software best suited for their systems, MDE was able to ensure that all Mississippi students were able to start their education online in fall 2020, gain better support from vendors as a large volume order, and allow teachers to focus on teaching. This balanced approach was key to the speed at which schools and students were able to receive the equipment needed to facilitate online learning. Another key feature was the leadership that centered new and old partnerships to solve pressing but complex problems to achieve what's best for Mississippians today and in the future.

Analysis

To ensure the return on these investments, it is critical to plan for their sustainability and holistic integration, while balancing the current needs against future demands. Mississippi's digital transformation will require expansion of both its digital infrastructure (the minimum pieces needed to supply Broadband access) and digital ecosystem (the drivers for users to move online). Creating these new systems involves tackling both the inherent complexity of building new infrastructure and programs, as well as the contextual challenges of rural states.

Recommendations

Reviewing Mississippi's current status in comparison with best practices in other states points to several areas where focused attention could accelerate success in the state:

1. Build data monitoring systems to identify gaps in Broadband availability and measure the quality and affordability of Broadband services across the state.
2. Invest in digital literacy programs for users of all levels, cybersecurity, and regional IT help desks.
3. Integrate broadband use across government programs and services – not to replace paper forms but as a second option to expand accessibility and improve efficiency.
4. Plan for sustainability following reductions in external funding. Spread the cost of updating and replacing equipment over multiple years so that it is not incurred at the same time.

Mississippi has made great strides in digital transformation. To ensure the greatest return on this investment, it is important to continue this commitment by expanding the digital infrastructure to ensure all areas of the state are included and encouraging innovation, iteration, and evaluation. This infrastructure will not only benefit the education of children in the state but will support other efforts such as telehealth and economic development.

Experience of Other States

Analysis of six other rural, Southeastern states with state-wide broadband access plans showed **three primary types of "pathways" for success**, which have many parallels with the two key strategies in Mississippi spearheaded by the Mississippi Public Service Commission and the Mississippi Department of Education:

1

Grassroots empowerment: North Carolina and the Mississippi Public Service Commission

North Carolina's state plan focuses on encouraging competition among service providers and empowering communities to organize for improved broadband access [3]. Stakeholders in North Carolina recommended this approach in order to ensure community buy-in and drive community partnerships with private sector providers to expand affordable options. Legislators also designed policies to incentivize broadband adoption. In conjunction, the North Carolina Broadband Survey is designed to provide data on geographies with insufficient broadband access. The momentum to harness Mississippi's electric co-operatives arose from years of grassroots organizing. The first step was understanding that broadband access is equivalent to a public utility in modern life. The broadband market in rural areas does not have the right incentives for private sector companies to provide high quality, affordable broadband to rural communities. Thus, the government should step in.

2

Partnership and coordination: Georgia and the Mississippi Connects program of MDE

Georgia's Broadband Deployment Initiative sets out a coordinated plan for state and local partnerships – internal and external – to create broadband programs [4]. The Initiative includes representatives from private providers and local governments and is led by an Inter-Agency Team comprised of five government agencies. This allows for stakeholder input and collaboration in the design and implementation of grant and technical assistance programs for local broadband services. In this model of Public-Private Partnerships, Georgia recognizes that the private sector should provide services, but the rural broadband market has significant barriers to entry that government has a role in addressing in order to expand broadband access. One effort from the Initiative involves local level mapping of actual broadband access. The first phase of the Mississippi Connects program involved the rapid deployment of devices to students. This massive effort was spearheaded and coordinated by MDE, leveraging private sector partnerships and insights, taking advantage of bulk purchasing through public procurement, and maintaining some local autonomy. Importantly, MDE found that centralizing the coordination of logistics – from ordering to software and security configuration to storage and delivery – allowed for greater negotiating power, service quality, and order fulfillment speed with private partners. In addition, by supporting school districts' logistical needs and choice of hardware and software, MDE allowed school districts to focus their energies on developing the curriculum best-suited for the unique learning needs of their student populations.

3

### Top down legislation and investment: Tennessee and both Mississippi approaches

The Tennessee Broadband Accessibility Act outlined three prongs: investment through targeted grants; deregulation to allow private, nonprofit electric cooperatives to provide broad services; and education to enhance adoption of broadband opportunities [5]. Both efforts in Mississippi involved leadership and support from legislators to pass the relevant policies. They are also both involved in making targeted investments in communities where resources have been lacking, and the Mississippi Connects program also prioritizes adoption of digital skills.

Of note, three of the six states analyzed (North Carolina, Georgia, Louisiana) not only have holistic and robust broadband plans, but also recognize the importance of accurate mapping of broadband access data in order to properly target resources to underserved communities. These states note that the sparseness of their populations results in inadequate estimations of gaps in broadband access in national-level data, which uses broad census-tract data. Better measurement also allows for more rigorous tracking of progress.

EARNED INCOME TAX CREDIT:
LIFTING WORKING FAMILIES OUT OF POVERTY
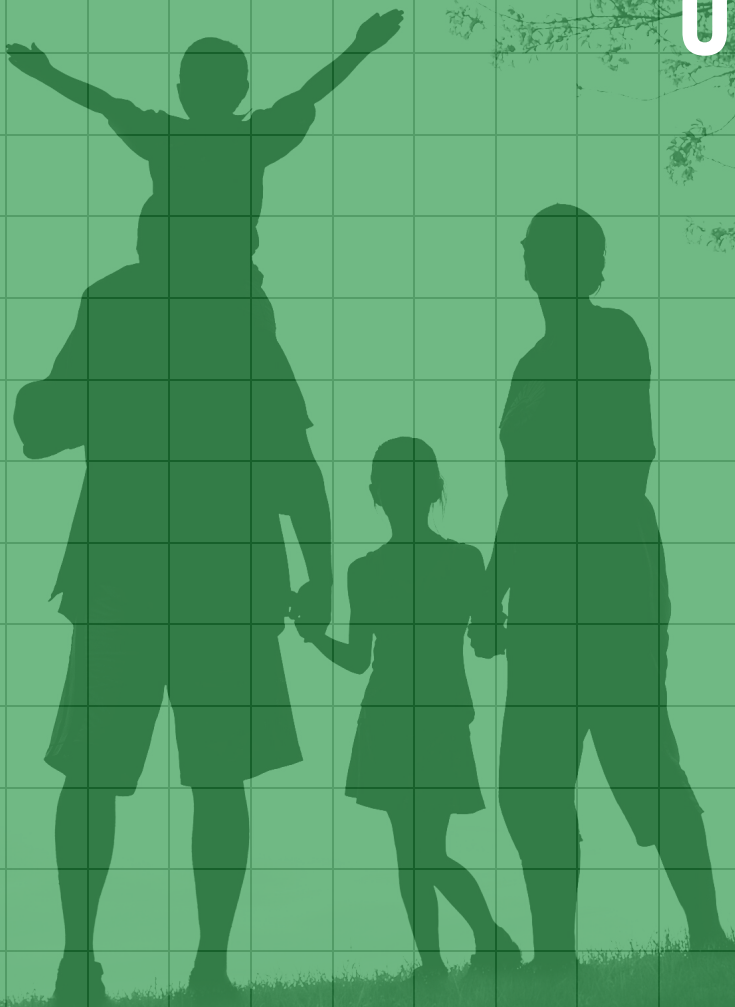
EARNED INCOME TAX CREDIT

The way our economy is structured has produced a situation where wages are not keeping up with living costs, pushing many working families to the brink of economic hardship. The resulting correlation between poverty and health and wellbeing has been well documented, with impacts seen on children's birth weight, psychosocial and developmental outcomes, and nutrition all which expose children to hardships that ultimately impact their ability to become productive members of their society.

In 2018, 28% of the Mississippi's children (195,794) were living in poverty [8]. This means that investments in the state's children stand to make a significant difference on a substantial percentage of our community, with lifelong benefits for health outcomes, socioemotional development and education outcomes, all determinants of health that in turn stand to positively impact health and well-being well into adulthood [9,10]. In addition, children living in African American, Hispanic and other minority families face structural barriers and challenges compared to their White and Asian peers [11]. For example, in 2017, 46% of Black children in Mississippi lived in families whose parents did not have secure employment compared to 24% of White children, a trend which has long historical roots and has persisted over decades [12].

We know how to address these longstanding socio-economic challenges and despite facing a long road ahead, Mississippi is making strides in improving the health and well-being for Mississippi's children. There have been some positive improvements in the education sector with the state's ranking moving from 48th to 44th in the nation between 2017 and 2019 [13], to 39th overall in 2020 [14]. Mississippi still ranks 48th overall comprised of indicators across education, economic wellbeing, health and family and community. Therefore, making the much-needed headway in improving children's health and wellbeing in Mississippi will require the implementation of robust policies and programs that will improve the status of the family unit as a whole. One such policy is a refundable State Earned Income Tax Credit that has been shown to positively impact social determinants of health affecting poor and low-income families with children [15]. There has been some effort in the past to introduce some form of state credit that would benefit Mississippi families. In 2016, Governor Phil Bryant proposed the introduction of a Mississippi Working Families Tax Credit that would be based on the federal credit [16]. Even though this bill introduced a non-refundable credit, this proposal might be a signal pointing towards the need for additional support for low-income working families in Mississippi who already use a substantial portion of their income to cover state and local taxes [17,18].

- **About 1 in 4 Mississippians are children and 28% of these children live in poverty. [1,2]**

- **Compared to the nation as a whole, Mississippi has one of the highest rates of poverty in the nation. [3,4]**

- **Median household income in 2018 dollars was $43,567 [5] compared to a national average of $64,324 [6] and almost 20% of the state's population was living in poverty in that same year. [7]**

- **There have been some positive improvements in the education sector with the state's ranking moving from 48th to 44th in the nation between 2017 and 2019, to 39th overall in 2020.**

- **The EITC's success as a poverty reduction strategy is attributed to the EITC's design around rewarding work.**

- **A "refundable" tax credit means you get a refund, even if you don't owe any taxes.**

What Is the Earned Income Tax Credit?

The United States Earned Income Tax Credit (EITC) is a poverty reduction strategy that has been successful in various locations across the country [19], and was designed to assist low-income working families with a refundable tax credit based on income, children and marital status [20,21]. In tax year 2019, families with incomes ranging from $41,100 to $53,000 were eligible for a federal EITC [22]. The EITC's success as a poverty reduction strategy is attributed to the EITC's design around rewarding work [23]. This strategy might help alleviate many of the challenges that low-income families with children in Mississippi face. The average EITC for each working person increases with each additional dollar they earn (up to a certain income limit), providing an incentive for people to join the workforce [24,25]. In 2019, 357,000 Mississippians filed for a federal EITC [31]. This meant that our state received one billion federal EITC dollars.

States independently determine the value of their EITC and decide whether this tax credit will be refundable or not. Currently, 32 states across the country have implemented some form of a tax credit or a tax-break for low-income working families with children.

Benefits of an EITC

Implementing a state EITC has been identified as one of 5 key policy measures that will positively impact family environments and helps improve children's health and well-being in the long run [26]. In 2020, EITC credits ranged from $538 for working families without children to $6,660 for working families with three or more qualifying children (Figure 1)[27,28]. This small amount of a refundable tax credit can have a major impact on poor working families who are struggling to make their wages cover all the expenses they incur [29]. Studies show that families receiving any form of EITC use their credit to cover household necessities, for home and vehicle maintenance, and in some cases to cover education costs and professional development expenses to increase their employability. Therefore the refundable EITC is a useful cash boost that helps set heads of households on the path to better employment prospects in the future.

> The antipoverty effect of the EITC was double for families headed by single mothers, indicating that families with possibly the most need can reap the most benefit.
>
> Studies show that families receiving any form of EITC use their credit to cover household necessities, for home and vehicle maintenance, and in some cases to cover education costs and professional development expenses to increase their employability [30].

One key benefit introduced by the EITC is its impact on reducing poverty for working families. Data from 2016 indicate that the federal and state EITC reduced the severity of poverty for 21.2 million families across the country, including over 7 million children. In 2018, 8 million children nationwide were living in families with income below the poverty line, and in the same year, the federal EITC kept 5.6 million people (more than half of them children) out of poverty. This antipoverty effect was double for families headed by single mothers indicating that families with the most need can reap the most benefit from a refundable EITC. At the state level, a refundable state EITC that is at least 10% of the federal EITC impacts children's health and well-being by promoting healthy births, reducing racial disparities in birth outcomes, and impacting employment and family income.

The EITC can be thought of as part of the foundation of community health and economic stability. In the following sections, we will explore some of the ways that this intervention produces better outcomes.

Federal EITC Credit Amounts by Family Size
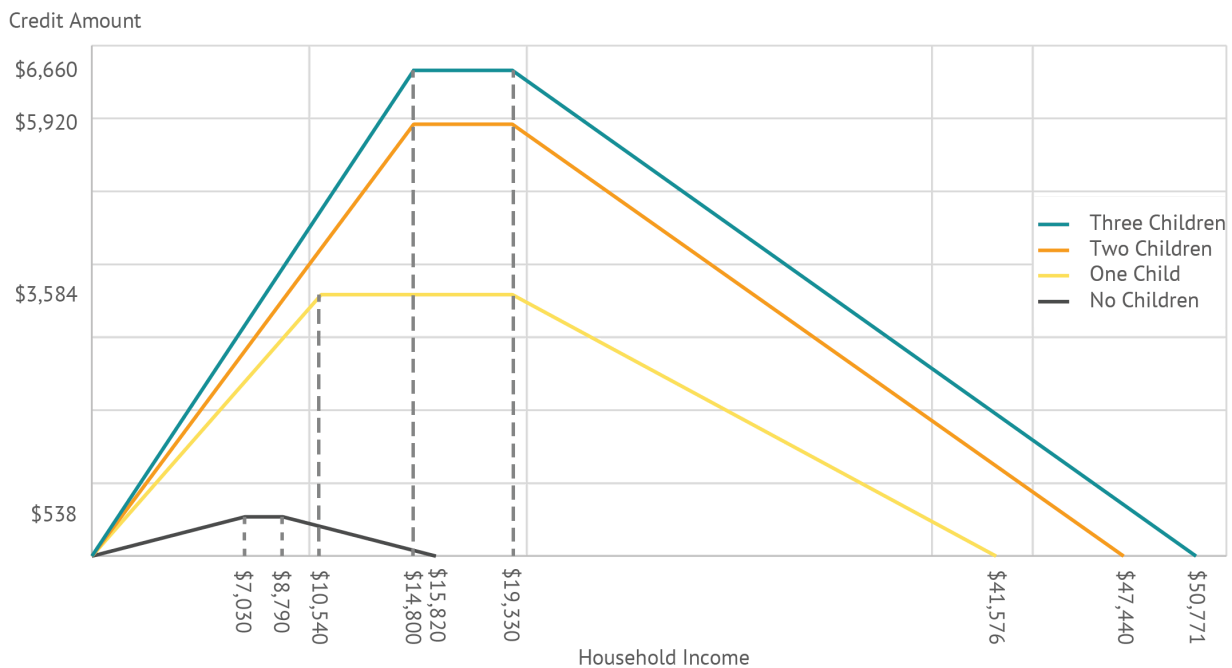
EARNED INCOME TAX CREDIT

EITC's Impacts on Health

The EITC, whether federal or state, has been shown to improve health outcomes, especially for single mothers and for young children [31-33]. A refundable EITC promotes healthy births by its association with lower incidence of low birth weight and increased mean birth weight [34,35]. In fact, states that have a more generous refundable EITC have a greater reduction in low birth weights, particularly among Black mothers, which decreases the gap in birth outcomes across races [36]. More specifically, a 2 to 3 percent decline in low birth weight was seen in babies born to single, low education mothers [37]. Some emerging studies are exploring the impacts of a state level EITC on health, showing promising results where as little as a $100 increase in state level EITC in 2015 dollars was associated with a 2-week increase in life expectancy [38].

> **In states that have a more generous refundable EITC, a greater reduction in low birth weights was seen among Black mothers, which decreases the gap in birth outcomes across racial differences.**
>
> **Out of all federal EITC filers, 60 percent use the EITC in the short term (about one to two years), which indicates that this credit has the potential to lift families out of poverty in the long term.**

EITC's Impact on Employment and Income

The EITC impacts employment by boosting families' work commitment. Refund dollars also help reduce debt (families use 25 – 50% of tax refund dollars for debt repayment), and cover rent and childcare costs. This could also help families contribute to their savings. Having access to essentials like childcare allows low-income families to work more hours, especially single mothers, which ultimately boosts family income. This tax credit boosts the number of single mothers entering the workforce, and in turn, unmarried women with young children work more hours, improving their overall earnings and wages in the long run. State-level EITCs have also been associated with reduced rates of poverty-related child neglect [39]. Out of all federal EITC filers, 60% only use this EITC in the short term (about one to two years each time) which shows that this credit has the potential to quickly lift families out of poverty by reducing the number of families dependent on an EITC.

Experience of Other States

Louisiana, New Mexico, Maine, and Iowa are states that share similarities with Mississippi, and each state has adopted a refundable EITC as a supplement to the federal EITC. Research into their practices shows that it is possible to keep track of the benefits of EITC on a state level, and that a refundable EITC positively impacts workforce participation increasing household wages. This, in turn, helps lift these families out of poverty so they become ineligible for the EITC as their wages increase. Nationally, states with a state-level EITC report rates of child poverty that are 4 percentage points lower than states without an EITC [40].

Implementing a State EITC in Mississippi

The cost of implementing a refundable EITC in Mississippi will vary depending on the percentage of the federal EITC selected by the state. Using estimates from 2017 tax year data, an estimated 1,200,000 Mississippians are expected to claim the federal EITC in tax year 2021. If the state sets a refundable EITC at 5 percent of the federal credit, this will cost an estimated $54 million in fiscal year 2021, increasing to $108 million for a credit set at 10 percent of the federal credit. While these are large numbers, they represent a much larger return on investment for the state.

A refundable EITC will help reduce or even eliminate some local and state taxes for low-income working families including the income tax, and it will provide resources to pay for other taxes such as sales and property taxes. Implementing a state EITC in Mississippi will reward work and bring benefits to the state, especially to working families. These benefits, as documented above, come in the form of positive impacts on the health, social, and economic wellbeing of children and families, thereby contributing to the state's prosperity.

CHILDREN AND YOUTH 9-18: IMPROVING OPPORTUNITIES FOR FUTURE SUCCESS

As described elsewhere in this Blueprint, early childhood is a critical time for intervention and support, especially since these investments will yield the greatest return. However, preliminary research in Mississippi underscores the different needs that older children face compared to younger children, and suggests that investments in early childhood areas (e.g. developmental screening, literacy, universal pre-K and childcare, etc.) are insufficient to prepare youth for productive, independent lives after high school. Instead, preliminary research highlights three important findings:

- Priority topic areas for older children and youth include **child protection**, **access to mental health services**, **comprehensive health education**, **life skills**, and **post-graduation preparedness**.

- Although these topic areas are perennial issues that all youth face, **the added stress of the COVID-19 pandemic and its social and economic consequences is expected to heighten the socio-emotional support needs** for this age group.

> *The issues that are manifesting during COVID-19 are issues that we have been plagued with prior to COVID. COVID has just allowed an opportunity for media and other groups of people to start to pay attention.*
>
> *-CFM Interview Participant*

- Youth in this age group begin to reach developmental stages where they should take responsibility for their own decisions, but may not fully understand the lasting consequences of their choices, so it is important to involve the community, in addition to public and private partners, in providing these resources for Mississippi's youth, to ensure that guidance can be tailored to the individual youth's needs and aspirations.

Although external resources confirm the importance of addressing these priority topic areas, there are significant gaps in contextual understanding of solutions best suited for Mississippi. The **Blueprint Phase Two will further investigate potential solutions for older children and youth.** The preliminary findings from the CFM's data collection efforts are outlined below.

- Mississippians perceive that older children have greater access to healthcare resources than life skills or mental health resources.

- Mississippians feel that government should play a lesser or partial role in preparing students with life skills (e.g. financial literacy, employment experience, personal responsibility, college success, etc.). Instead, local community groups or businesses are trusted to fill this gap.

- Despite the perception that older children acutely need sufficient access to mental health resources and that such access would be impactful for the youth, Mississippians feel that securing this resource will be very challenging.

- The overall perception is that COVID-19 exacerbated existing inequities: for stable, well-resourced families, the additional time spent with family members could have improved familial relationships, but for dysfunctional or stressed families, the pandemic would have only increased the overall dysfunction and stress of the family, increasing these children's risk of child abuse or neglect.

- Mississippians predict that after the COVID-19 pandemic restrictions lift, there will be a sharp increase in mental health and child protection needs: the social isolation severely decreased the safety nets that school and extra-familial supports provide to at-risk children, and the uncertainty, social isolation, and added stress would have affected not just adults but children and youth, who have very little control over their surroundings.

- Educational outcomes for the 2019-2020 and 2020-2021 academic years will be severely threatened by the rushed transition to online education. Educators worry that a generation of children will be significantly delayed.

There are 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. If Mississippi doesn't work harder and smarter to ensure that every child is prepared to learn in school and equipped upon graduation to succeed in their chosen work, the state will continue to experience a low workforce participation rate, struggle to attract high-paying jobs, and rely heavily on federal assistance.

Mississippi needs to 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 key 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, 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.
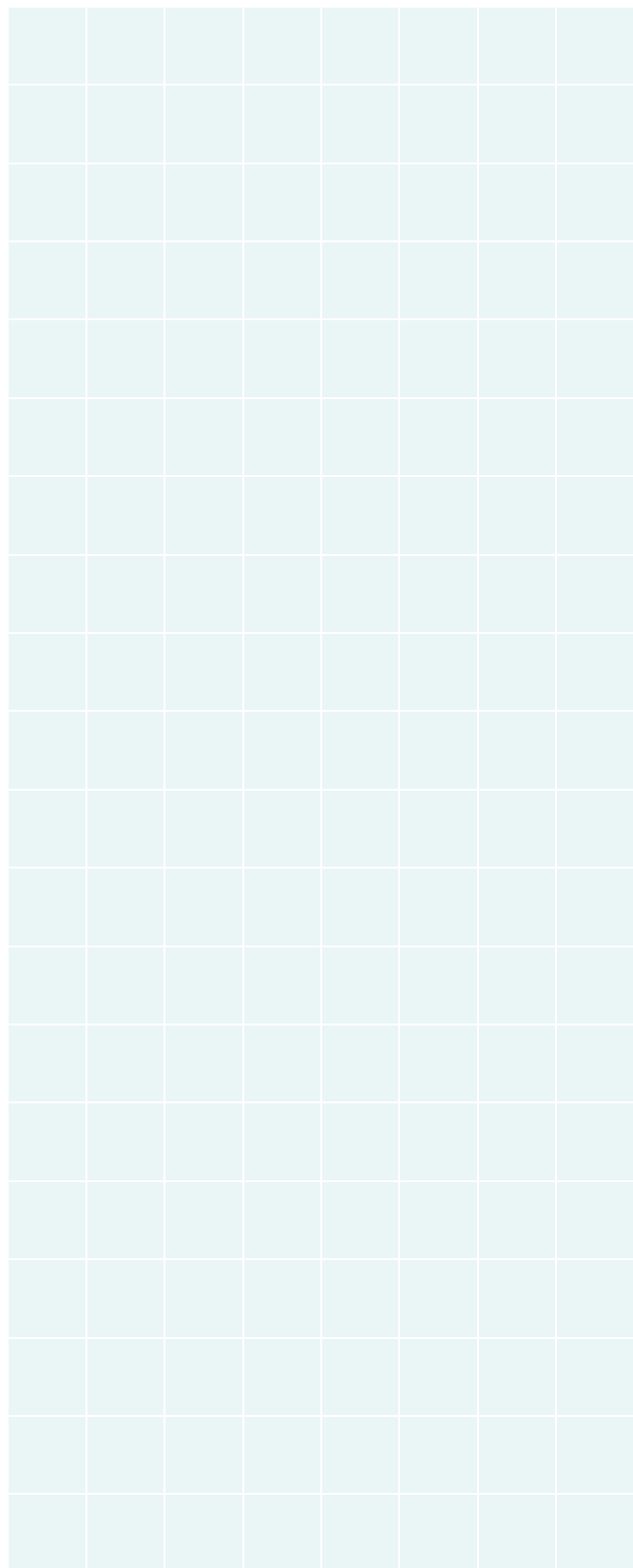
ROLE OF THE CHILDREN'S FOUNDATION OF MISSISSIPPI

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:

1. **Collaboration** – the need for individuals, agencies, sectors, and organizations serving children and their families to work collaboratively
2. **Data** – improvement in data collection and analysis capacities
3. **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

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

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

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 wellbeing 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 to create.**

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