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# Strong Families Through Home Visitation

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Mississippi 2010 Home  
Visiting Program Needs  
Assessment

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Mississippi Department of  
Human Services

Mississippi State  
Department of Health

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# **Strong Families Through Home Visitation Mississippi Home Visiting Program Needs Assessment**

## **Introduction**

Mississippi is a rural state, made up of many moderate sized cities and small towns. Jackson, the capitol and most populous city in the state, has approximately 178,000 residents. The next most populated area is Gulfport, which is on the Mississippi Gulf Coast (64,316). Only ten other cities have populations of 25,000 or more and all but three of them have fewer than 40,000 residents.

For purposes of this needs assessment, “county” has been selected as the geographic unit for which data were collected, assembled and reported. Mississippi has 82 counties. In those instances where county level data were not available, other data were used. A significant amount of data were compiled to provide information on all counties and to compare their standings with the State as a whole. Basic demographics and statistics on birth outcomes, child safety and security, and other demographics provide a description of the local environments in which a home visiting program might take place. This assessment also examines existing maternal and child health services that are available throughout the state and provides summary descriptions of those programs/services. The final component of this assessment addresses the State’s capacity to provide substance abuse treatment and counseling services for those individuals and families requesting such services.

Mississippi Department of Human Services contracted with the Social Science Research Center/Mississippi Health Policy Research Center at Mississippi State University to complete the needs assessment.

### County Demographics

Statistics for this assessment were obtained from public and non-profit agencies and organizations in Mississippi including: Mississippi State Department of Health (Office of Vital Health and Statistics), Mississippi Department of Human Services (MDHS) and MDHS Division of Youth Services, Division of Medicaid, Department of Employment Security, Department of Mental Health and state Head Start Programs. Following is a summary of the data and sources:

- Mississippi State Department of Health (Office of Vital Records): child and maternal health data including total births by mother’s county of residence, teen births, infant mortality rate, premature births and low birth weight births; domestic violence services.
- Mississippi Department of Human Services: incidence of child abuse and neglect (both substantiated and unsubstantiated); juvenile justice referrals (Division of Youth Services); community resource and needs assessment.
- Department of Mental Health: substance abuse counseling and treatment services’ substance abuse data.
- State Head Start Programs: community needs assessments.

Except where indicated, data represent three year averages (2005-2008). Much of the data is presented graphically, in either maps or tables.

### Early Childhood Home Visiting Programs

This assessment identified programs or initiatives in which home visiting is a primary service delivery strategy and in which services are offered on a voluntary basis to pregnant women, expectant fathers and parents and caregivers of children birth to kindergarten entry, targeting participant outcomes which may include improved maternal and child health; prevention of child injuries, child abuse, or maltreatment and reduction of emergency room visits; improvement in school readiness and achievement; reduction in crime and domestic violence; improvement in family economic self-sufficiency; improvements in the coordination and referrals for other community resources and supports; or improvements in parenting skills related to child development. Information related to the range and scope of services offered by these programs was gathered and/or verified through website information and phone contacts with program administrators and other key personnel.

### Data Challenges and Limitations

The majority of data available at the county level are collected and maintained by state agencies. There are three exceptions: crime (adult statistics), substance abuse and domestic violence. In the latter two cases, the available statistics are likely to under-represent actual occurrences for reasons discussed below. For this assessment, we reported juvenile crime data as those statistics are kept by MDHS, Division of Youth Services and are available at the county level. The most readily available and reliable source of adult crime statistics would be from the Federal Bureau of Investigation, Uniform Crime Report, *Crime in the United States*. These data rely on independent reporting by law enforcement agencies. Two limitations of this report are that 1) it captures only those crimes that come to the attention of the police and are recorded in official records; and 2) participation in UCR reporting is voluntary and not all law enforcement agencies elect to submit reports. The FBI estimated that for Mississippi, only 58% of non-metropolitan counties reported data for 2009. For these reasons, we opted not to include adult crime statistics. We also recognize that youth data are subject to the same limitations as adult reporting and that rates of juvenile delinquency may be higher than reflected in official statistics.

In Mississippi, statistics on domestic violence reflect those individuals who seek services from one of the 14 state funded domestic violence shelters. Many individuals who experience domestic violence do not seek assistance, thus, those cases will not be represented in these data. In addition, these shelters house women and children and consequently, do not capture instances of domestic abuse of men.

Self-reported substance use is collected through several statewide surveys (BRFSS and YBRFSS) but the research methodology does not allow for examination of the data at the county level. Substance abuse data for this report are taken from SAMHSA and are reported by the region in which each county is located. Additional information on individuals seeking treatment for alcohol and other drug abuse was obtained from the Department of Mental Health, the state

agency that administers the public system of alcohol and drug abuse prevention and treatment services in Mississippi.

Finally, the available data on child maltreatment have not been validated by the Mississippi Department of Human Services. We were allowed to review the data in determination of at risk counties, but were not given permission to use the county level data in any documents that may be publicly accessed.

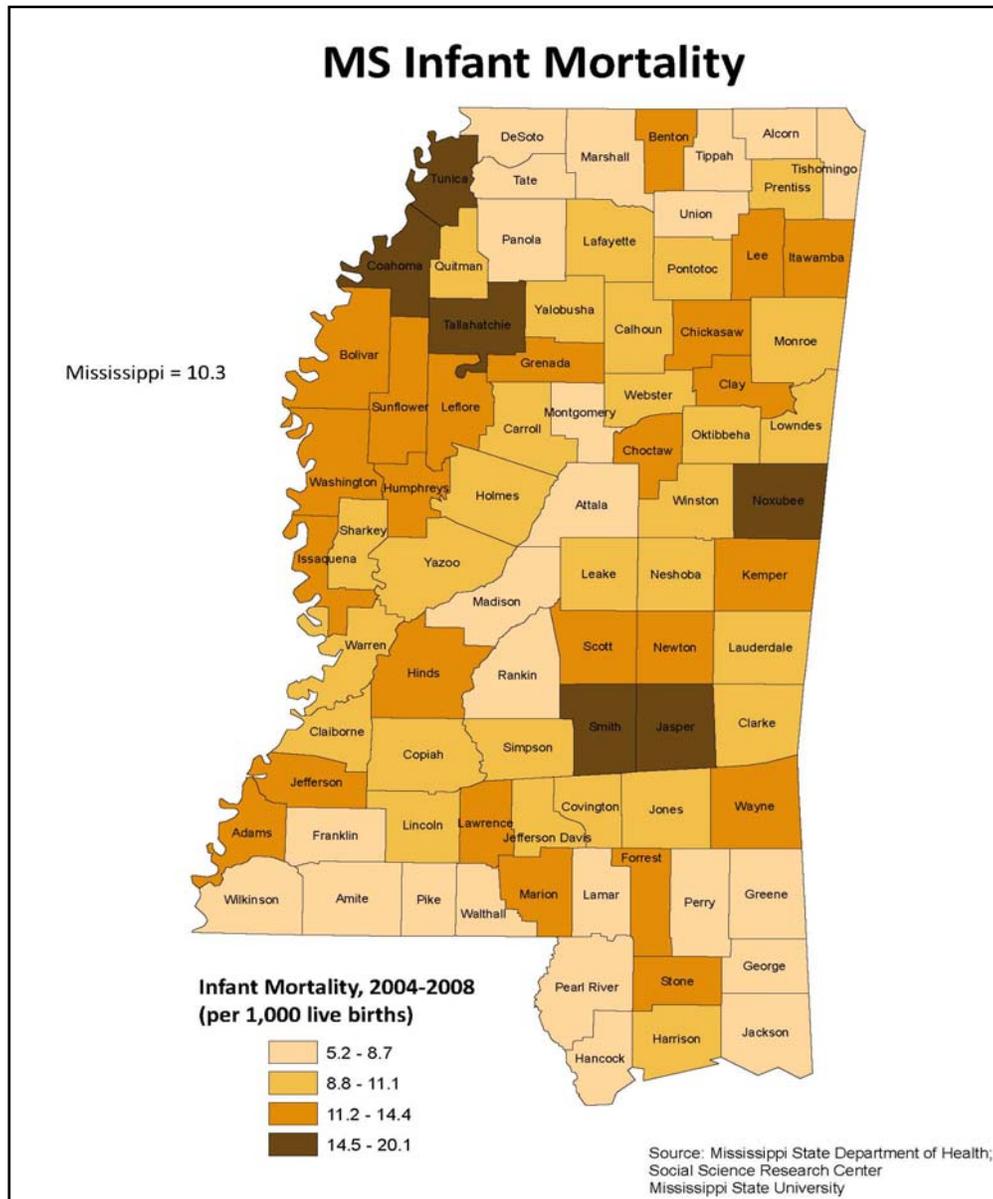
### Data Analysis

Once the county level data for all indicators were compiled, the needs assessment work group compared each indicator to the state average. When looking at each variable independently, virtually all of the state's 82 counties could be considered "at risk". Therefore, we elected to identify subsets of those counties that would most benefit from a home visiting program for pregnant or parenting families with young children. We first identified the counties that were above the state average in poor birth and/or child health outcomes: premature births, low birth-weight births, infant mortality and teen pregnancy. We then examined other indicators (e.g., unemployment, poverty, etc.) to determine each county's standing in those areas. Once we had selected a subset of counties, we looked at existing resources and home visiting programs in those areas. This process resulted in the inclusion of 15 counties that we have identified as "at risk".

## Data Report on Specific Indicators

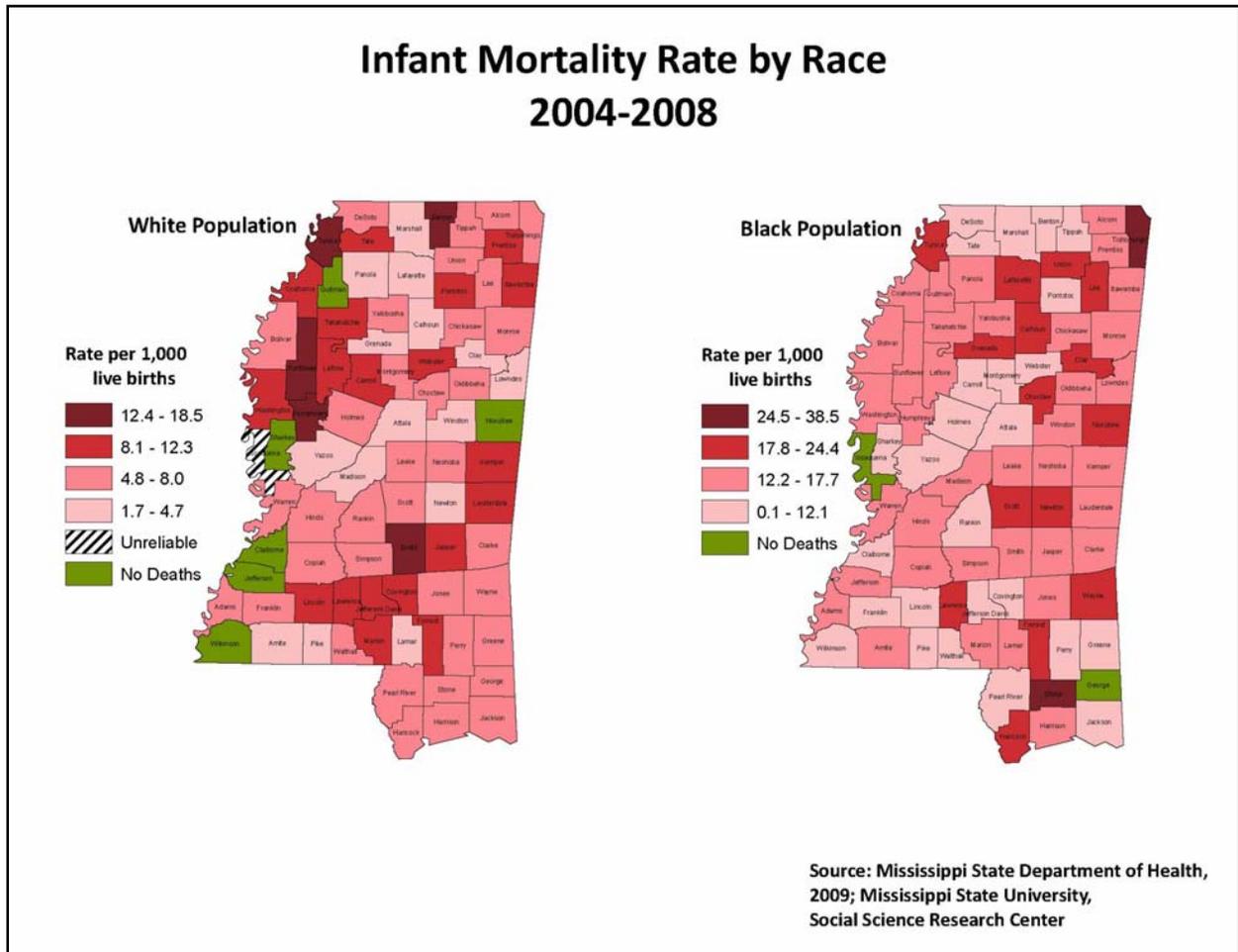
Identify communities with concentrations of: premature births, low-birth-weight infants and infant mortality, including infant death due to neglect or other indicators of at risk prenatal, maternal, newborn or child health; poverty; crime; domestic violence; high rates of high-school drop-outs; substance abuse; unemployment; or child maltreatment.

### Infant Mortality



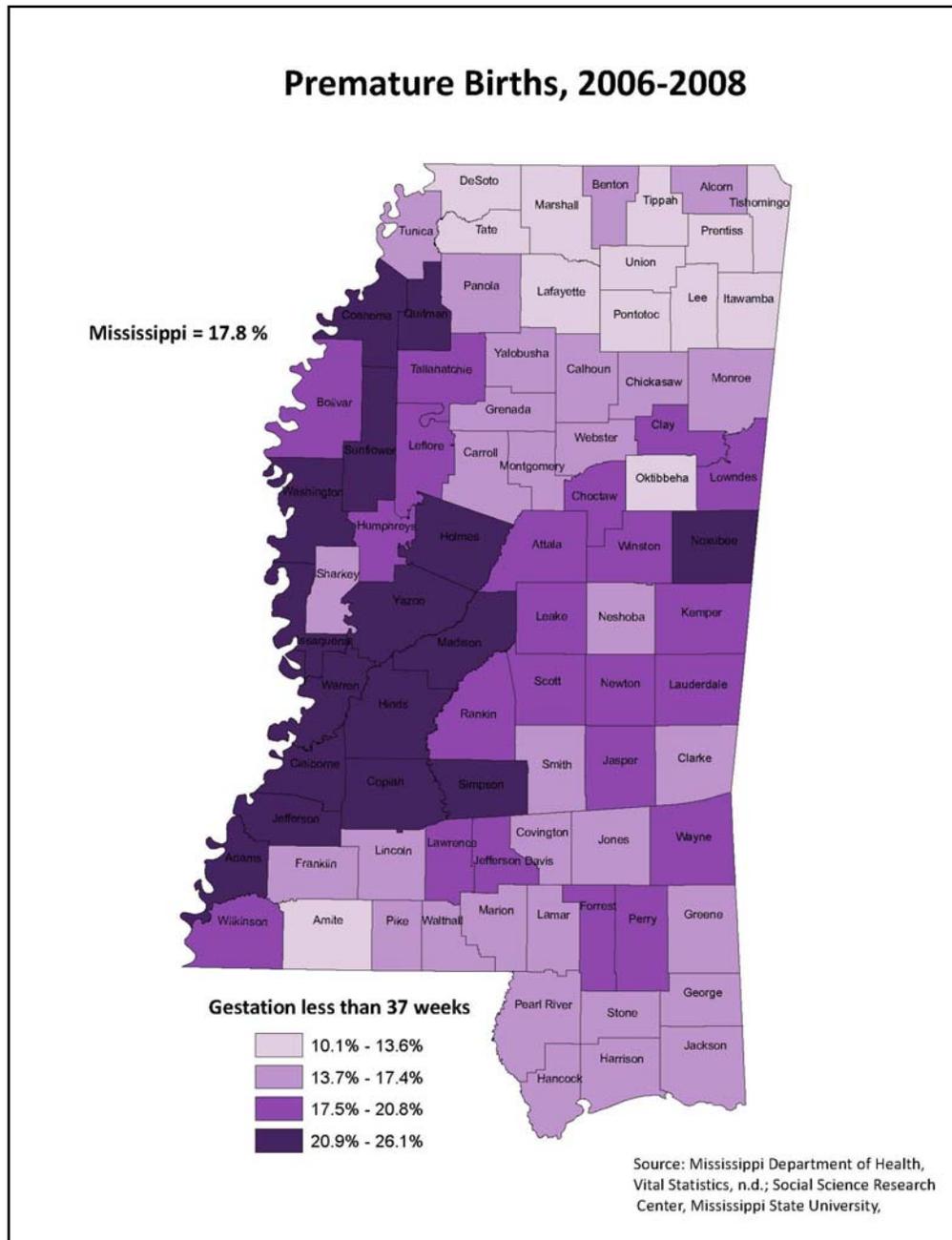
Mississippi has one of the highest infant mortality rates in the nation. During 2004-2008, the State experienced an average rate of 10.3 infant deaths (per 1000). The rate in Tunica County was almost double that of the state rate, followed closely by Noxubee County (20.1 and 17.0, respectively). An additional seven counties had rates of 14.0 or higher.

When examining rates between races (State Department qualifies race in categories of white and black) the differences in infant mortality become even more telling. For whites, there are five (5) counties with an infant mortality rate of 12.2 or higher; for blacks that number increases to 54 counties. In fact, when looking at the distributions that are most frequent, for whites the category is 4.8-8.0; for blacks the category is 12.2-17.7.

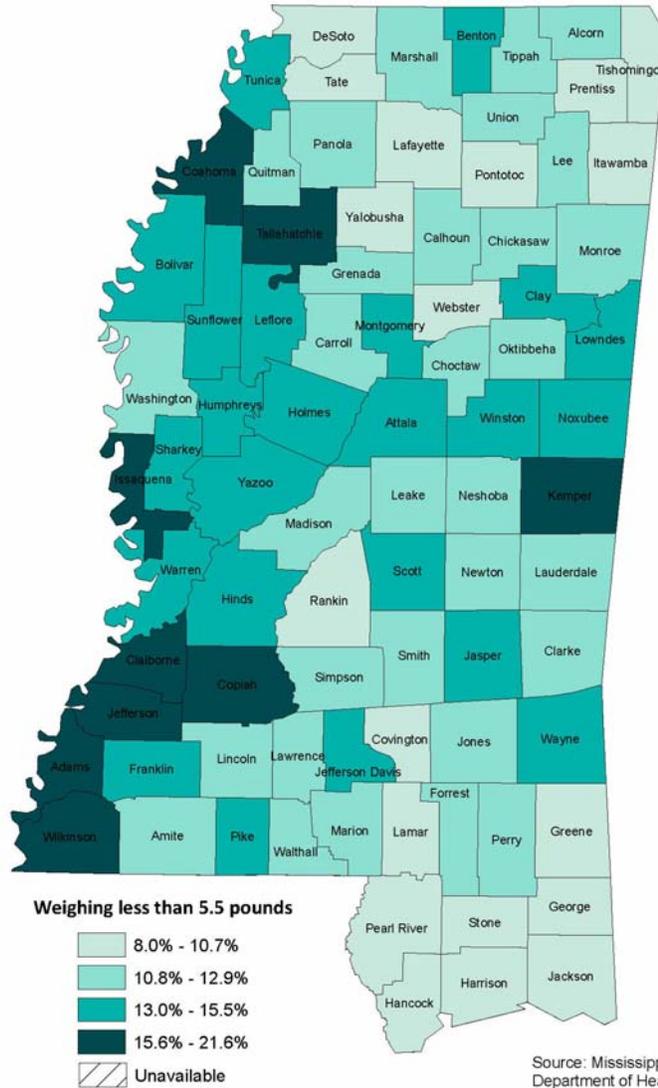


## Premature Births

Other indicators of poor birth outcomes are premature birth (less than 37 weeks gestation) and low birth weight (weighing less than 5.5 pounds). The state average for premature births is 17.8%; for low birth weight babies it is 12.2%. Counties with the lowest premature births tend to be at the northernmost and southernmost portions of the states. Those counties that are in the central portions of the state, particularly in the western half, tend to have the worst outcomes in terms of premature births. Many of those counties are part of the Mississippi Delta.



## Low Birthweight Babies, 2006-2008

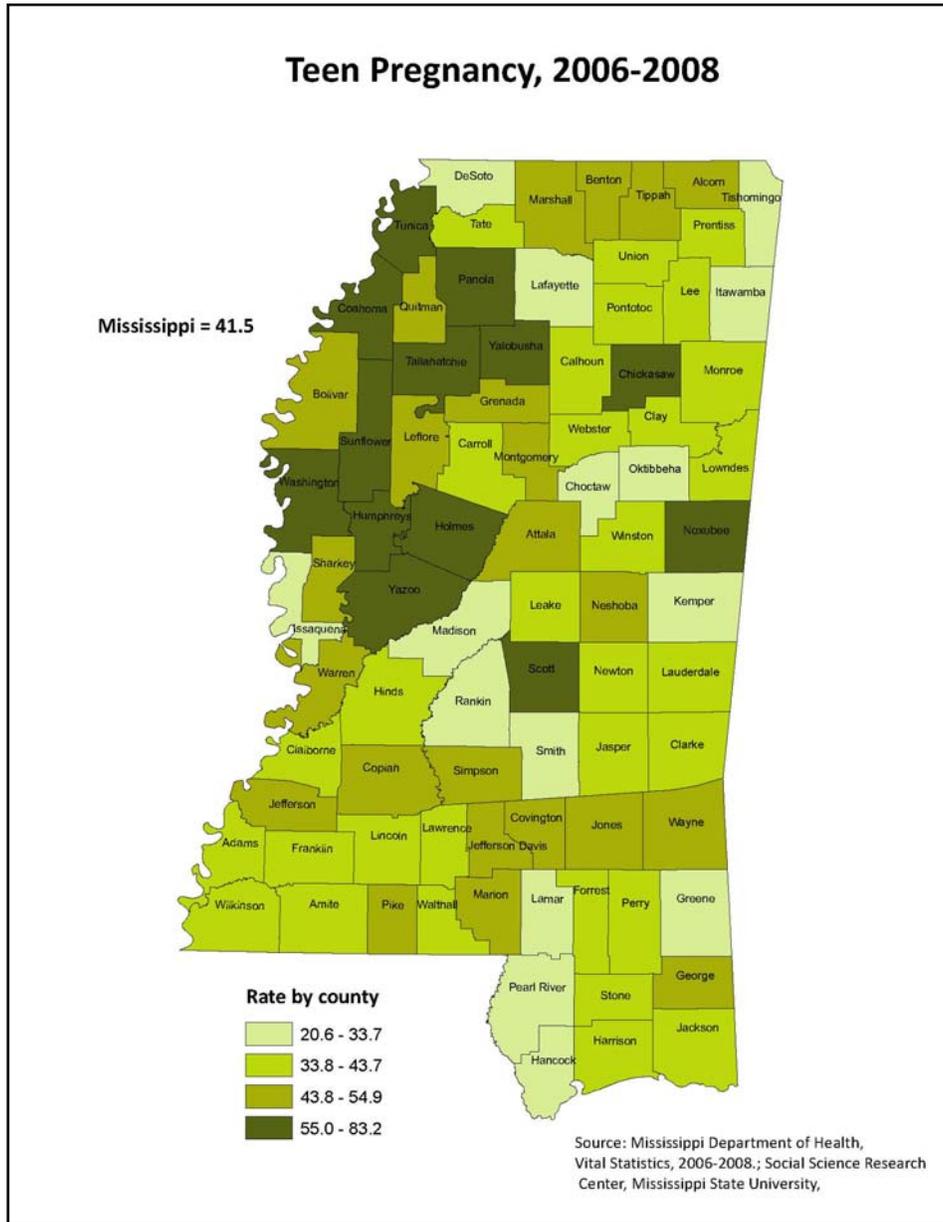


Source: Mississippi State Department of Health; Social Science Research Center, Mississippi State University

## Low Birth Weight

Patterns of low birth weight are similar, but not as pronounced. Again, the higher rates can be found in the central and western parts of the state. Issaquena County has almost twice the rate of low birth weight babies as the state average (21.6%). Overall, approximately one-third of all counties have rates that are higher than the state average.

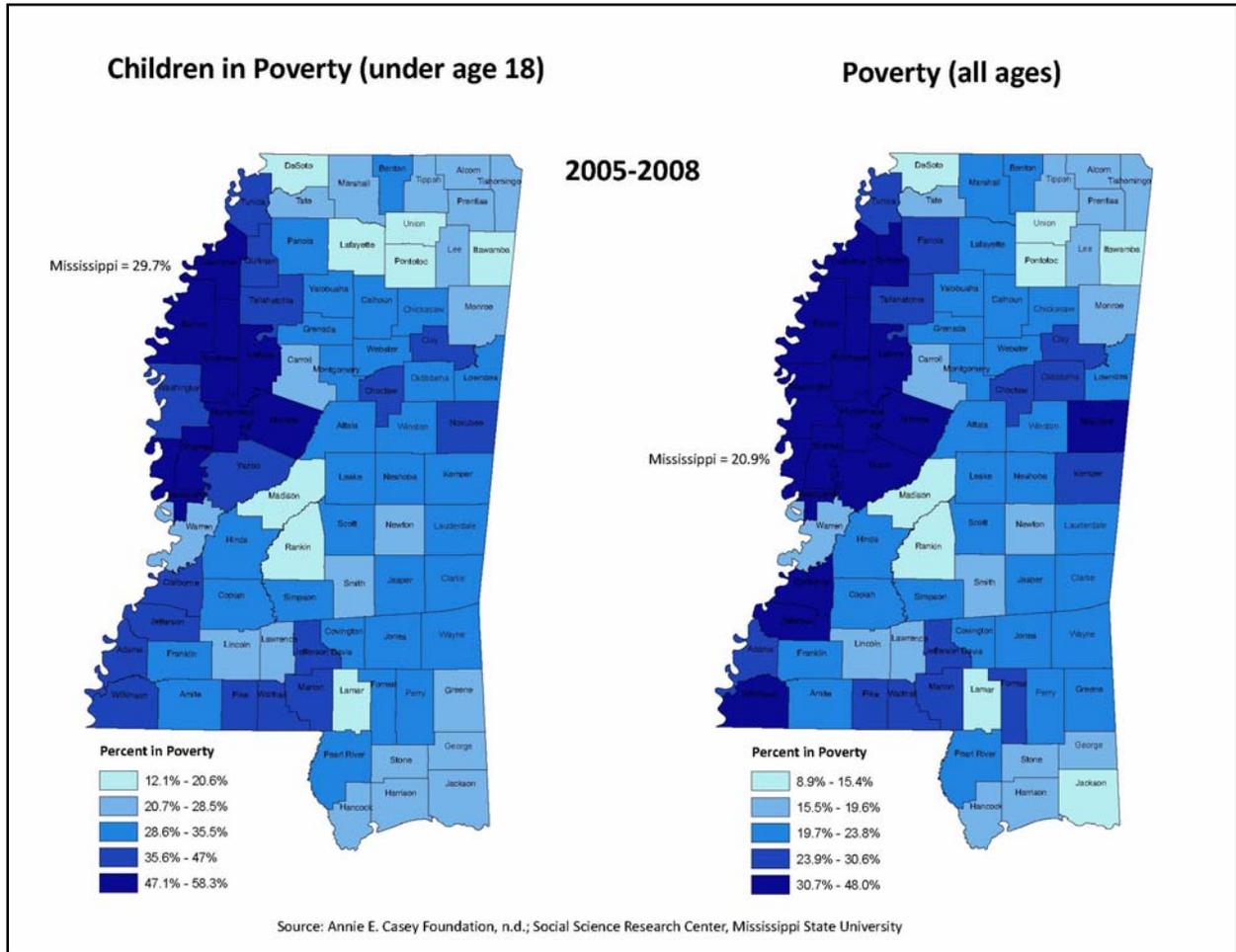
Teen Pregnancy



With few exceptions, births to teens are highest in the counties of the Mississippi Delta, with the highest (Tunica county at 83.2) being twice the state average. Five other counties in the Delta have rates that are well above the state average.

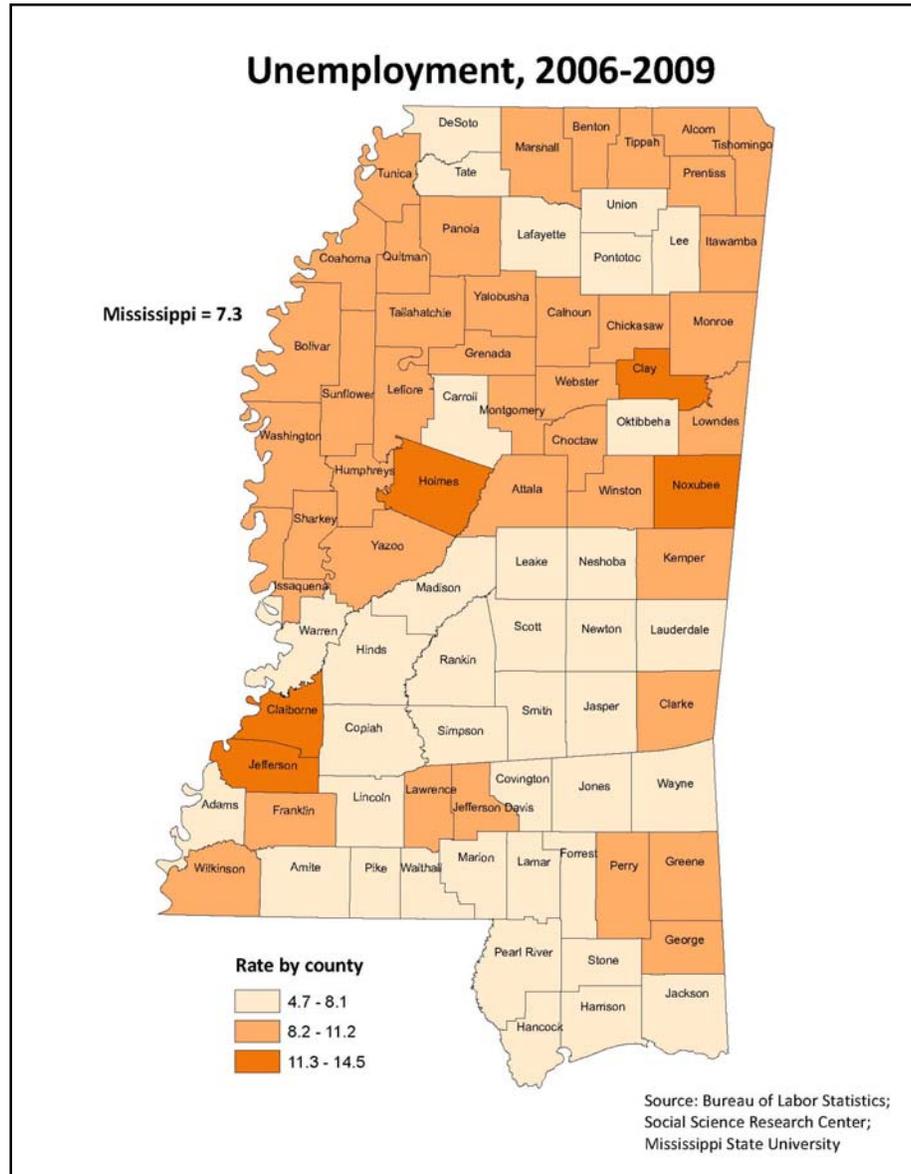
Poverty

Almost one-third of Mississippians under the age of 18 lives in poverty. The top ten counties that have the highest rate of childhood poverty are located in the Mississippi Delta. In seven of those counties, one of every two children is poor. Poverty in general (all ages) is more severe in the Delta region.



## Unemployment

While pockets of poverty are spread throughout the State, the highest rates of unemployment tend to be in the northern half of the state. It is of interest that while many other counties are experiencing similar rates of unemployment, they do not reflect the high poverty rates of the Mississippi Delta. Only one of the counties with the highest unemployment is in the Delta region (Holmes).



## Crime (Juvenile Delinquency)

The MDHS, Division of Youth Services records and reports youth crime data. In Mississippi, Youth Courts are responsible for adjudicating cases for youth between the ages of 10-17. According to the MDHS/DYS 2009 annual report:

*Youth Court statistical data contained herein [2009 annual report] is based upon information reported to the Mississippi Department of Human Services, Division of Youth Services (MDHS/DYS) by local youth courts, court staff, court clerks and county staff assigned to the local youth courts. As with large data collection projects of this type involving thousands of cases and dozens of reporters (i.e., county intake, county counselors, school attendance officers, and Youth Services' staff from various jurisdictions, the assignment of an error rate is difficult. No system, however, is perfect and a small error rate, both human and mechanical, should be considered when analyzing data. Also, note that different counties count only one offense and one disposition per referral, while others may count multiple offenses and multiple dispositions per referral.*

For 2009, there were over 17,500 referrals made to Mississippi Youth Courts. Of these, 15,868 were for delinquent offenses. Nine of the 82 counties recorded over 500 referrals. The top two delinquent offenses were disorderly conduct and simple assault. In that same year, 2,061 children in need of supervision (CHINS) came to the attention of the courts.

For this assessment, a delinquency rate was computed based on the number of delinquent referrals per county/number of youth 10-19 in the county. Delinquency rates for “at risk” communities are reported in each county’s data table.

## Domestic Violence

There are fourteen (14) domestic violence shelters that receive funding from the Mississippi State Department of Health. These shelters provide both residential and transitional services. In some instances special children’s and batterer’s programs also are offered.

Domestic violence statistics are recorded for the numbers of clients seen per shelter site, as well as for the county of residence of the woman seeking assistance. Not surprisingly, the largest numbers of clients reported were from those counties where domestic violence shelters were located. However, these data do not allow us to determine if women sought shelter in their home county or if they went to a shelter in another county. The counties that consistently have the largest numbers of referrals (county of residence of client) are Desoto, Forrest, Harrison, Hinds, Jackson, Lauderdale, Lee and Lowndes.

Patterns of domestic violence in the State are consistent with national trends. Most women seeking assistance had lower incomes and were between the ages of 19 and 30. In terms of race/ethnicity, there were almost equal numbers of black and white clients; approximately 50 Hispanic and American-Indian women were housed each year. The number of cases remained fairly constant across the three year period. The number of crisis calls related to domestic abuse fluctuated from year to year, but these data do not allow us to determine whether these changes

were due to changes in the actual incidence of domestic violence or changes that may have occurred for other reasons (e.g., staffing changes, recording practices, etc.) (see Table 1).

<b>Table 1. Domestic Violence Shelter New and Reopened Cases</b>									
<i>Location</i>	<i>2007</i>			<i>2008</i>			<i>2009</i>		
	Women	Children	Crisis calls <sup>1</sup>	Women	Children	Crisis calls	Women	Children	Crisis calls
Biloxi	181	186	8334	144	148	6318	199	175	8854
Columbus	53	89	2172	48	48	1032	61	86	1064
Greenville	19	15	377	18	13	557	23	31	440
Jackson	89	138	1739	76	118	1848	68	94	1688
Laurel	116	121	1048	115	131	1029	105	121	862
Meridian	142	184	929	184	159	1020	159	168	967
Natchez	50	47	134	59	78	162	50	51	150
Oxford	82	104	1957	59	63	865	45	52	1073
Pascagoula	72	28	803	90	53	1029	73	21	1078
Tupelo	67	87	469	66	82	426	74	83	258
Vicksburg	50	53	559	43	56	669	44	44	774
Pearl	41	49	742	56	73	427	54	82	388
Mendenhall	17	24	NA <sup>2</sup>	16	21	NA	27	51	NA
Southaven	73	77	NA	56	40	NA	52	54	NA
Totals	1052	1202		1030	1083		1034	1113	
Grand total	2,254			2,113			2,147		

### Child Maltreatment

County level data for child maltreatment (reported and substantiated) were provided by MDHS; however, the validation process had not been completed and the data could be used for planning purposes only. The working group will have those data available to assist it in the development and implementation of the home visiting program.

### Substance Abuse

Data for substance abuse were obtained from multiple sources. The Mississippi Department of Mental Health, Bureau of Alcohol and Drugs provided information on those individuals who were admitted for treatment through the State's system of care, primarily publicly funded alcohol and drug treatment centers. Estimates of binge drinking, marijuana use and use of other illicit drugs were taken from SAMHSA report *Substate estimates from the 2004-2006 National Surveys on Drug Use and Health*.

**Binge Drinking.** Statewide, an estimated 18.8% of Mississippians over the age of 12 had consumed five or more drinks on the same occasion or within a couple of hours of each other on at least one day in the past 30 days. Of the seven regions into which

<sup>1</sup> Domestic violence related calls only.

<sup>2</sup> Data not available

Mississippi's 82 counties are divided, Region 1 (northeast Mississippi) had the highest average. Region 7 approximated the average and all other regions were below the state average.

Marijuana use. Four of the seven regions had higher than state average use of marijuana. Again, Region 1 posted the highest usage, 4.8%, slightly more than the state average of 4.4%.

Illicit drug use (not marijuana). Regions 1, 2 and 7 posted the highest percentages of drug use other than marijuana. Region 2 is the Mississippi Delta and Region 7 incorporates the Mississippi Gulf Coast.

Non-medical use of prescription drugs. The state average use of non-medical use of prescription pain relievers in the past year was 4.01. Regions 6 and 7 were the only regions reporting above the state average.<sup>3</sup>

Adult clients receiving residential and transitional services through the Mississippi Department of Mental Health totaled 3,904 in 2007, 4,049 in 2008 and 4,286 in 2009. Moreover, many counties in the CAPTA Need and Resource Assessment indicated a need for alcohol and drug treatment services in their communities. (These counties are identified in the discussion of substance abuse treatment and services.)

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<sup>3</sup> See Appendix for calculation of substance abuse rates.

## **Existing Early Childhood Home Visiting Programs**

*Identify the quality and capacity of existing programs or initiatives for early childhood home visiting in the State, including the number and types of programs and the numbers of individuals and families who are receiving services under such programs or initiatives; the gaps in early childhood home visiting in the State, including descriptions of underserved communities where possible; and the extent to which such programs or initiatives are meeting the needs of eligible families.*

This section provides a descriptive summary of early childhood programs available to pregnant and/or parenting families that include home visiting as the primary method of service delivery. Some are available either in multiple counties or across the entire state while others have a more limited service area. Those with limited coverage areas are generally supported by non-profit or community based organizations, while others are a part of state agencies or are state sites for federally funded initiatives.

### The Birthing Project

The Birthing Project, Tupelo, is a site for Birthing Project, USA. The Birthing Project is a grassroots, volunteer led effort designed to improve birth outcomes of African-American and Latina women in Benton, Marshall, Union, Lee, Chickasaw, Pontotoc, Monroe, Oktibbeha and Lowndes counties. Eligibility is open to all pregnant women; referrals generally come from the community. Each woman who takes part in the program is paired with a “sister-friend,” a specially trained volunteer, lay-person or professional, who provides the mother with one-on-one support throughout the pregnancy and through the child’s first birthday. During this period, the sister-friend assists the mother in identifying her needs and locating community resources. The home visit curriculum is based on the stage of pregnancy. Topics that are discussed include child health and well-being, reproductive health issues, employment and education options. Local programs are provided with programmatic and technical support through the National Resources Center. Project participants also have the opportunity to attend classes on child birth preparation, breast feeding, money management, female health, child health, parenting on a budget and education and beyond. The project currently has 45 volunteers and sees 10-20 women a month. The number of clients the project is able to serve largely depends on the number of volunteers available.

### Cary Christian Center

Cary Christian Center (CCC), Cary MS, provides services to parents in Sharkey, Issaquena and southern Washington counties in the Mississippi Delta. The Parent Child component of the program provides families with prenatal classes, parenting classes, toddler meetings, mothers support group and home visiting and serves 75-100 pregnant women a year. Participants are selected either through self-volunteer or referrals from physicians, the local Health Department, family members or prior program participants. CCC accepts women at any stage of pregnancy; even those who have already given birth can participate in some phase of the Center’s programming. Community members, trained as lay home visitors, are assigned to the mothers to support them throughout the pregnancy and the child’s first years.

Expectant mothers in their first or second trimester are invited to attend quarterly prenatal workshops at CCC. The initial assessment determines if there are concerns that warrant the immediate start of home visits. If not, the home visits begin when the mother enrolls in the prenatal classes (during the seventh month of pregnancy). Within the first two weeks of the prenatal classes, mothers receive their first home visit. The remaining visitation schedule is: bi-weekly during the six weeks of prenatal classes; weekly after the classes, until the birth of the child; immediately after the mother and child return home; twice a week or more until the umbilical cord comes off; every other week until the infant is 2 months old; and once a month for a child 2-12 months old or toddler stage, if needed. The programs at CCC have received national attention for their efforts in reducing infant mortality.

### Healthy Start

The Healthy Start Program is an initiative of the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau. Its mandate is to reduce the rate of infant mortality and improve perinatal outcomes through grants to project areas with high rates of infant mortality in one or more subpopulations. Grantees are required to implement five core service components: outreach, case management, health education, perinatal depression screening, and inter-conception care; and four core system components: consortium, local health system action plan, collaboration and coordination with Title V and a sustainability plan.

Healthy Start in Mississippi is implemented by Delta Health Partners. The program uses a team case management approach consisting of a nurse, a social worker and an outreach worker. Three case management teams provide services to pregnant and inter-conception teens and their children in the Mississippi Delta counties of Washington, Sunflower, Bolivar, Quitman, Tallahatchie, Tunica and Coahoma. Most home visitors are BS level social workers who are supervised by a licensed clinical social worker. The case management teams work within the school systems of the seven counties to identify girls who may be in need of their services. Because the program operates in a school setting and school administrators have indicated that they cannot refer girls to the program, participants are primarily self-referrals. Constraints within the school also limit the amount of time personnel can spend on program activities, and sessions have to be coordinated with the academic schedule. If a girl is pregnant she receives home visits at least once a month, possibly more frequently, depending on her circumstances. Additional service referrals are based on assessments from the case management team. Mothers are eligible for services throughout the pregnancy and for one year afterward. The child may remain in the program until the second birthday.

### HIPPY (Home Instruction for Parents of Preschool Youngsters)

Home Instruction for Parents of Preschool Youngsters (HIPPY) is a parent involvement, school readiness program targeting children age three to five. The Holmes County site is implemented through the Mississippi Parent Information and Resource Center (PIRC) and currently has capacity to serve up to 30 families. A trained home visitor, usually a former HIPPY parent, provides parents with a curriculum, books and materials designed to strengthen their children's cognitive skills, early literacy skills and social/emotional and physical

development. The curriculum is developed by the National Program Office; it is 30 weeks long and usually corresponds to the academic school year. Home visits occur once a week. The Holmes County program has been in operation for approximately one year. In order to expand HIPPIY's presence in the state, PIRC is partnering with the State Migrant Program to make HIPPIY available to migrant families in Leflore, Sunflower, Bolivar, and Humphreys counties. This year (2010) will be that program's first year of operation.

Recruitment has been through presentations to local communities and faith based organizations, child care centers, advertisements and word of mouth. HIPPIY USA is the national office for the network of state coordinating offices and local HIPPIY programs. It has the primary responsibilities of providing training and technical assistance; developing and improving the HIPPIY materials and model; conducting outreach and advocacy; collecting national data; and overseeing research.

#### MIHOW (Maternal Infant Health Outreach Worker)

Maternal Infant Health Outreach Worker (MIHOW) represents a partnership between the Vanderbilt University Center for Health Services and community based organizations. The program serves pregnant women and families with children up to age three. The program targets families that are economically disadvantaged or geographically and/or socially isolated. MIHOW trains women from the community as lay home visitors to promote healthy living and self-sufficiency among its participants. Since MIHOW is community based and tailored to meet the specific needs of a community, the structure of the program may vary across sites. All sites, however, adhere to the same basic principles; they must be community based and community development focused, strength based and recognize paraprofessionals and program participants as equal members of the community. To ensure that individual programs maintain the required standards, sites participate in the Commitment to Excellence MIHOW Accreditation Program and are reviewed by the Center for Health Services. Current Mississippi MIHOW sites and their implementing agencies (in parentheses) are Leake County, Walnut Grove; Jones County, Laurel; Newton County, Newton (Friends of Children, Inc.); Leflore County, Itta Bena and Washington County, Greenwood (Mississippi Valley State University).

#### MIME (Metropolitan Infant Mortality Elimination) and DIME (Delta Infant Mortality Elimination) Demonstration Projects

MIME and DIME represent a collaborative effort between the Mississippi State Department of Health and the University of Mississippi Medical Center (UMMC) to prevent subsequent low birth weight births and reduce infant mortality among women who have given birth to a very low birth weight infant (VLBW), i.e., 3.2 pounds or less. The program provides 24 months of primary, continuous health care, dental screenings, enhanced nurse case management, and community outreach via a resource mother or resource worker. Primary health care addresses key areas epidemiologically linked to a VLBW delivery. The initiative is being offered to residents in the counties of Hinds, Madison and Copiah (MIME) and Desoto, Tunica, Tate, Panola, Quitman, Coahoma, Tallahatchie, Bolivar, Sunflower, Carroll, Leflore, Washington, Humphreys, Holmes, Yazoo, Sharkey, Issaquena and Warren (DIME). Initial eligibility targeted

African American mothers who either gave birth at the University of Mississippi Medical Center or had their child transferred there after birth.

Participants are visited in the home at least once a month. The project had 103 mothers enrolled as of August 2010. In the third year of DIME only, MSDH will expand enrollment to include women with maternal residence in the DIME service area who have delivered a VLBW infant at another hospital regardless of race or ethnicity and regardless of whether or not the infant was transferred to UMMC. They will not have the cost of primary care covered. Additionally, in the 3rd year of DIME only, MSDH will expand enrollment of the Perinatal High Risk Management (PHRM) program to include women who are not on Medicaid, who screen positive for a PHRM risk factor, and need case management services.

### New Parent Support Home Visitation Program

The New Parent Support Home Visitation Program is an early intervention program for military families that are expecting or have children up to age three. The program is designed to foster healthy child development and prevent child abuse through home visits, supervised playgroups, parenting classes and by providing access to educational materials that address parenting issues. The program is primarily voluntary, but under certain conditions, a commander may give specific instructions for an active duty service member to participate. All families that are pregnant or parenting an age eligible child can be screened and assessed for the services. Priority is given to families with a deployed active duty family member. The intensity of the home visitation program depends on family circumstances. Home visits are made by registered nurses or licensed social workers.

This program transitioned from the Parents as Teachers: Heroes at Home (a collaborative effort between the Department of Defense and Parents as Teachers National Office).

### Nurse Family Partnership

The Nurse-Family Partnership program (NFP) provides services for first time, low income parents and their children. The goals of NFP are to: 1) improve pregnancy outcomes by helping women engage in preventive health practices, including thorough prenatal care, improved diets, and reduced use of cigarettes, alcohol and illegal substances; 2) improve child health and development by helping parents provide responsible and competent care; and 3) improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work.

The NFP model pairs a first-time mother with a Baccalaureate level registered nurse home visitor. Home visits begin no later than 28 weeks gestation and continue through the child's second birthday. Visits are made on a regular and consistent basis and follow the developmental stages of pregnancy and early childhood. Nurses assess the physical, social, and emotional needs of the family and make referrals to services as needed. Each nurse visitor carries a maximum active caseload of 25 families. NFP teams consist of a nursing supervisor and no more than eight individual nurse visitors.

The Pearl River Development Foundation is in the planning and development stages of a NFP program that will serve Pearl River, Stone and Hancock counties. The expected date of implementation is January 2011.

### Parents as Teachers

Parents as Teachers (PAT) is a parent education and family support program designed to engage parents in the development of their children beginning at birth. PAT can serve families throughout pregnancy until the child enters kindergarten, though some affiliates chose to provide services from birth to age three. A certified parent educator provides parents with information on the developmental stages of childhood and ways to guide their child's language development, intellectual growth, social development and social skills through the various stages. Local agencies that serve parents and young children use the PAT program within their existing structure; thus, the eligibility standards and the implementation of the program may vary across sites. However, there are mandated core components: home visits, parent group meetings, child screening (developmental, health, vision and hearing) and resource network. Personal visits are at least monthly and may be more frequent depending on the needs of the family. Implementing sites receive program support -including curriculum and training, scientific based research, evaluation and quality indicators- from the PAT National Center. There are fourteen PAT sites (city, county) across Mississippi: Choctaw (Choctaw), Cleveland (Bolivar), Hattiesburg (Forrest), Hazlehurst (Copiah), Monticello (Lawrence), Mound Bayou (Bolivar), Pearl (Rankin), Petal (Forrest), Purvis (Lamar), Tupelo (2) (Lee), West Point (Clay) Wiggins (Stone) and Yazoo City (Yazoo) (see table 3).

Parents as Teachers is currently undergoing restructuring of its model that will impact replication and model fidelity with its community affiliates.

### Perinatal High Risk Management/Infant Services System (PHRM/ISS)

The PHRM/ISS program is a multi-disciplinary case management approach implemented by the Division of Medicaid to reduce infant mortality and low birth weight births among certain Medicaid-eligible women and infants. The program is voluntary and is available to any eligible mother in the State that meets one or more of the physical or social criteria that qualify her pregnancy as high risk. As part of this program, participants receive home visits from members of a case management team- licensed health care provider, social worker and nutritionist or dietitian. They also may receive psychosocial and nutritional counseling and/or assessments and health education. The number and frequency of home visits depend on the risk factors involved. Infants under age one also are eligible for PHRM/ISS if their health status places them at risk for mortality or morbidity. MSDH provides services for many PHRM/ISS clients, but services are available through private service providers as well.

## Take Baby Steps

Take Baby Steps is a literacy based program designed to increase school readiness for children from low income families in Okolona (Monroe County). The program targets both parents and children by: 1) training parents to enhance infant and preschooler pre-literacy and language development skills; and 2) providing literacy-based enrichment activities for toddlers (ages 1-2) and preschoolers (ages 3-4). The program is currently at capacity with 45 families; however, because there are services provided in the community, Baby Steps impacts more than the families that take part in its core services. Referrals come from schools, MDHS, MSDH and word-of-mouth. There is a short wait-list for the program.

The parenting sessions utilize a standard curriculum to teach parents developmentally appropriate ways to enhance their child's growth. The weekly home visits use the same conceptual framework as the parenting sessions. In addition, the home visitor models activities and gives the parent the opportunity to practice the skills. Materials (books, art, puzzles, etc.) are left with the parent so that child engagement is consistent. Baby Steps is staffed by community residents; all family home visitor employees have degrees in early childhood education. The program also is working closely with the school district to align its curriculum with state benchmarks for children entering kindergarten, with specific emphasis on health and community engagement.

## Vicksburg Family Development Center

One of the primary goals of the Vicksburg Family Development Center (VFDC) is to provide parents with the knowledge, skills and support necessary to promote positive outcomes for their families. The program was initially launched to assist in eliminating developmental delays of children in the Vicksburg/Warren County area. Referrals to the program come from the Health Department, local hospital, word of mouth (clients) and school counselors. The Center serves over 100 families annually. They currently are not at capacity.

The early intervention component of VFDC targets teen mothers and single parents who are experiencing either their first or second pregnancy, though exceptions to the number of pregnancies are often made. The primary elements of the program are home visits, pre-natal education, parenting classes and preschool classes. Eligibility is open and the mother may enroll at any time during the pregnancy. Home visits begin after the birth of the child and services are available through the child's third birthday. The caseloads are divided between a RN and a Master's level social worker. During the home visits, children are assessed through the Denver Developmental Test. The program uses the *Partners for a Healthy Baby* Curriculum developed by the Center for Prevention and Early Intervention Policy at Florida State University. Transportation services are provided for both parents and children. Home visits are made twice a month, until the child is two. At that point, the child is eligible to attend the Center's Play School until s/he enters Head Start.

## Welcome Baby (The Child Abuse Prevention Center)

The Welcome Baby Program is designed to provide support services to first time mothers and their children in Forrest, Lamar and Perry counties. If a parent gives birth to a second child while receiving services for the first pregnancy, she can still remain in the program. Mothers are eligible for the program from the last trimester of the pregnancy through the child's first birthday. The program is modeled after the National Exchange Club program of early childhood care. New mothers are visited at home weekly and also are contacted by phone; these contacts are designed to help with concerns, provide emotional support, and share information on the developmental progress of the baby.

Welcome Baby receives the majority of its referrals from MSDH, schools, hospitals, individuals in the community and self-referrals. Currently the program employs one part-time home visitor that works 2.5 days a week. The program can enroll up to 10 mothers during its service cycle and typically provides services to 20-25 families a year. The program has had to restrict its service area due to a loss of funding.

**Table 2. Select Characteristics of Existing Home Visiting Programs (2010)**

<i>Name of Program</i>	<i>Implementing Agency</i>	<i>Counties Served</i>	<i>Eligibility criteria/ target population</i>	<i>Families enrolled</i>	<i>Ages of children served</i>	<i>Program Goal(s)</i>	<i>Services provided and/or core model elements</i>
PHRM/ISS	Division of Medicaid	Statewide (82 counties)	Medical high risk; Medicaid eligible	2,877 women; 2014 infants	0-1	Decrease infant mortality and low birth weight infants	Physical exams; nutrition; social services; health screening; education; counseling; interventions and referrals
MIME/DIME	Mississippi State Department of Health	MIME: Copiah, Hinds, Madison DIME: Bolivar, Carroll, Coahoma, Desoto, Holmes, Humphreys, Issaquena, Leflore, Panola, Quitman, Sharkey, Sunflower, Tallahatchie, Tate, Tunica, Warren, Washington, Yazoo	Low income African-American women with very low birth weight birth at University of MS Medical Center	74 (DIME); 29 (MIME)	0-2	Improve overall health status and reduce medical and social risks of women who give birth to very low weight infants; reduce subsequent poor pregnancy outcomes	Primary health care and dental services; social services; case management; community outreach; individualized inter-pregnancy care plan
MIHOW (MIHOW curriculum/model)	Mississippi Valley State University; Friends of Children	MSVU: Leflore, Washington FOC: Jones, Leake, Newton,	Economically disadvantaged; teen moms; first time moms; have to be pregnant to enroll	Leflore (37) Washington (38) Leake (4) Newton(4) Jones (20)	0-5 (most programs serve 0-3)	Improve prenatal care, birth-weight, infant care, family dynamics, parenting skills, child development and community development for low-income and socially isolated families	Case management and advocacy; parent education; role modeling for positive parent-child interaction; health and developmental screening; information and referral; peer support groups
Parents as Teachers (Parents as Teachers model)	Various community based organizations	Bolivar (2), Choctaw, Clay, Copiah, Forrest (2), Hinds, Lamar, Lawrence, Lauderdale, Lee (2), Yazoo, Rankin, Stone	See Table #	See Table #	0-3	Provide information support and encouragement parents need to help their children develop optimally during the early years	Family support; parent education; child and family development; health, safety and nutrition; relationship between families and communities; family diversity
Healthy Start (Healthy Start)	Delta Health Partners	Bolivar, Coahoma, Quitman, Sunflower,	Teens	162	0-1	Reduce infant mortality; improve	Targeted case management services; outreach and

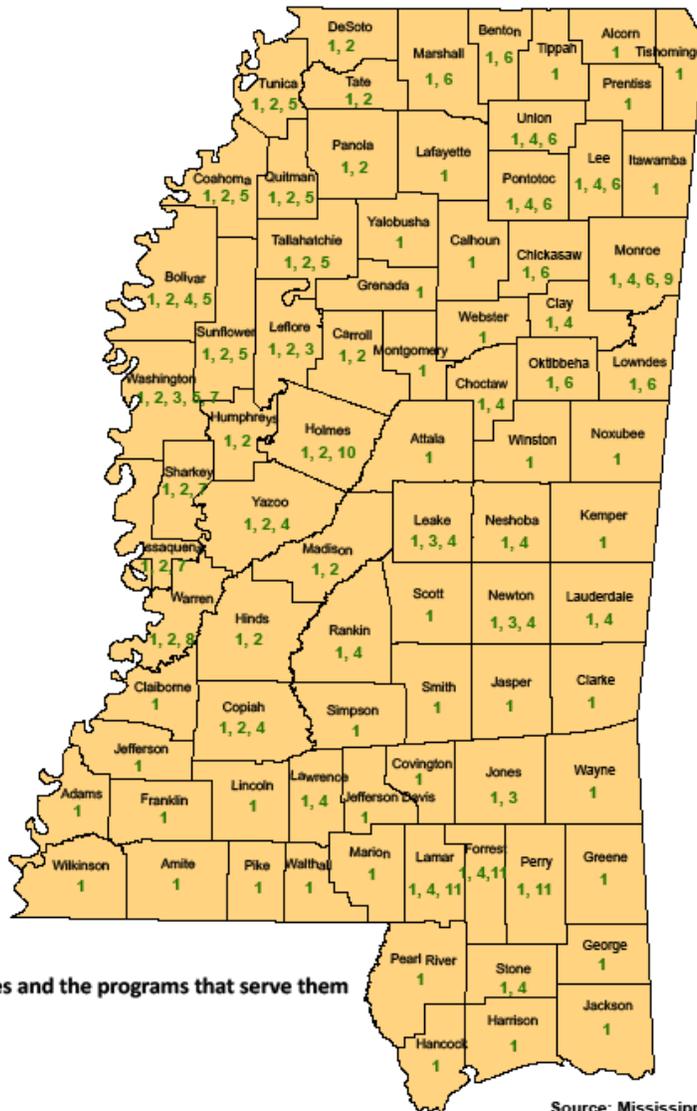
model/curriculum)		Tallahatchie, Tunica and Washington				perinatal outcomes	referral; health education
Birthing Project ( <i>Birthing Project, USA model</i> )	Birthing Project, Tupelo	Benton, Chickasaw, Lee, Lowndes, Marshall, Monroe, Oktibbeha, Pontotoc, Union	African-American; Latina	45	0-1	Improve birth outcomes and birthing experience	Health, life skills and parenting education; outreach and referrals; birth support and birth planning; lactation support
Parent Child Ministry	Cary Christian Center	Sharkey, Issaquena, Washington	Open		0-1	Trained lay home visitor	Prenatal classes; parenting classes; toddler groups; parent support groups; outreach and referral
Early Intervention Program ( <i>Partners for a Healthy Baby-Florida State University</i> )	Vicksburg Family Development Center	Warren	First or second time parents; teen and single parents	100	0-4	Provide parents knowledge, skills and support necessary to promote positive outcomes for their families; prevent child developmental delays	Parent education; child developmental screening; outreach; referrals; modeling; transportation; peer support group meetings
Take Baby Steps	Take Baby Steps	Monroe	Low income	45	0-4	Increase child school readiness through development of literacy and language skills	Parent training classes; literacy-based enrichment activities for toddlers and preschoolers; role play and modeling; at home literacy materials
HIPPY: Home Instruction for Parents of Preschool Youngsters ( <i>HIPPY model</i> )	Mississippi Parent and Information Resource Center	Holmes	Low income, no high school diploma or low literacy	28	3-5	Improve school readiness; strengthen child cognitive skills, literacy skills, social/emotional and physical development	Developmentally appropriate curriculum; role play; group meetings; enrichment activities
Welcome Baby ( <i>National Exchange Club Child Abuse Prevention model</i> )	South Mississippi Child Abuse Prevention Center	Forrest, Lamar, Perry	First time or very young mothers	20-25	0-1	Prevent child abuse; improve pregnancy and child health outcomes	Family education and support; community outreach and referral;
New Parent Support ( <i>Nurturing Parenting Program</i> )	Department of Defense	Military installations across the state	Expecting or parenting military families (screened for program)		0-3	Enhance child development; reduce parenting related stressors for military families	Parenting classes; playgroups; outreach and referral; family based activities

Nurse Family Partnership (Nurse Family Partnership)	Pearl River Development Foundation	Pearl River, Stone, Hancock (Anticipated start date January 2011)	First time, low income families, enrolled prior to 28 weeks gestation	100 (target)	0-2	Improve pregnancy outcomes; improve child health; improve family economic self-sufficiency	Parent education; health screening; family support; outreach and referral; case management
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<b>Table 3. Parents as Teachers</b>					
<i>Implementing Agency</i>	<i>Counties Served</i>	<i>Eligibility criteria/target population</i>	<i># of Families enrolled</i>	<i>Enrollment capacity/waiting list</i>	<i>Length of program</i>
Cleveland School District	City of Cleveland and Bolivar	Teen moms in school or GED program	35	School wide	2 visits a month
St. Gabriel Mercy Center	Bolivar (cities of Cleveland, Shelby, Alligator, Mound Bayou)	Open	55	At capacity	1 visit a month and one group meeting
Mississippi Action for Progress	Lee, Monroe	Pregnant moms or parent with child in Head Start	12 (Lee); 12 (Monroe)	1 child on wait list	1 visit a week @1.5 hours
Family Resource Center	Union, Pontotoc, Lee	Teens; first time moms;	25	Not at capacity due to funding limitations	Monthly; can vary with special needs or crisis
Yazoo County School District	Yazoo	Open (many teens and MDHS custody foster care cases)	15	1 parent educator	1 visit a month
Lamar County School District	Lamar	Teen moms; families w/children under 5	110	Capacity for 150	Monthly visits; twice monthly if special needs
Lawrence Co. School District	Lawrence	Target teen moms	8	Capacity for 12; 1 parent educator	1 visit a month
West Point School District	Clay	Teen moms or others who are interested	5	have one part-time parent educator; can only serve 5 families	1 visit a month; or varies with circumstances
Petal School District	Petal School District only (Forrest)	Priority to teen moms (0-3) in school or recent graduates	125	5 parent educators- at capacity	Varies with circumstances
Pearl Parent Teacher Community Resource Center	Pearl area only (Rankin)	Children 0-3	75	5 parent educators-	Only 5 or 6 families seen in home;
Harper-Wallin Family	Hattiesburg	Open- children 0-3	45	Do not have staff to	50% of families receive

Education Center				serve all families; 1.5 parent educators	weekly visits; 50% come into Center
Stone County School District	Stone County	Teen parents; student mothers	5-6	2 parent educators; have capacity for 10-12 families each	Combination home visits (1-2 a month) and parents coming to parent center
Family and Child Education Program- Bureau of Indian Affairs	Neshoba, Newton, Leake	Choctaw (open to all)	15	Capacity for 15 more families- 2 parent educators	Home visits 1-2 a week
Heritage House and Allen House	Hazlehurst	Unable to contact	Unable to contact	Unable to contact	Unable to contact

## Home Visiting Programs



\* Counties and the programs that serve them

Source: Mississippi Department of Health; Social Science Research Center, Mississippi State University

Program Legend:

- |                          |  |
|--------------------------|--|
| 1- PHRM/ISS              | 2-MIME/DIME                            |
| 3- MIHOW                 | 4- Parents as Teachers                 |
| 5- Healthy Start         | 6- Birthing Project                    |
| 7- Cary Christian Center | 8- Vicksburg Family Development Center |
| 9- Take Baby Steps       | 10- HIPPY                              |
| 11- Welcome Baby         |  |

## Summary of Existing Home Visitation Programs

This assessment identified several home visiting programs in the State designed specifically for pregnant women or families with children under the age of five, but service areas and scope of service for the most part are limited. Those programs administered by and implemented through state agencies, i.e., MSDH and the Division of Medicaid have the broadest coverage and generally are available to eligible residents in every county. However, statewide programs tend to have eligibility criteria that cover only specific categories of individuals. For example, the Perinatal High Risk Management/Infant Services System (PHRM/ISS) is based on medical risk factors and financial eligibility. The Metropolitan/Delta Infant Mortality Elimination demonstration projects (MIME and DIME), which are implemented by MSDH, target residents of two regions-the Delta and central Mississippi. Programs not linked to a state agency have limited capacity and thus, are more modest in the number of clients they reach.

In terms of geographic coverage, the eighteen counties of the Mississippi Delta have the largest number of home visiting programs and Parents as Teachers has the largest number of sites across the state. However, the number of families served by each program varies. While PAT has 14 sites, it may serve as many as 110 families (Lamar county) or as few as 5 families (Clay and Stone counties). There are several counties that have either one or no home visiting programs. Moreover, smaller programs such as the Birthing Project serve several counties, but may have only one or two clients in each county.

Almost all of the existing home visiting programs have goals related to improving maternal and child health and birth outcomes, e.g., reducing infant mortality, improving pre-natal care, reducing low-birth weight births, etc. As a result, eligibility for most families begins with pregnancy and ends when the child reaches age three. The limited number of programs that serve children ages 4-5 focus on literacy and school readiness (e.g., HIPPI and Take Baby Steps). The MIHOW model has the capacity to serve children through age five, but most sites in Mississippi use the early intervention component which concludes services at age three.

Across all programs in-home services are provided by a range of personnel including trained community members (both paid and volunteer), health educators, nurses, social workers or through a case management approach utilizing a combination of providers. The client's time of entry into the program also varies. While the majority of programs target (or accept) pregnant women, the MIME/DIME programs are available to women who already have delivered a very low birth weight baby.

Few of the programs have the staffing and resources necessary to increase the number of families they serve, though most administrators/directors realize that there are additional families in their communities that are categorically eligible for their programs and would benefit from their services. Many agencies have had to reduce their service areas because of cuts in funding.

## **Other Related Programs and Activities**

The following programs and/or models do not have a home visit component, but they do offer direct services or serve as resources to pregnant women and families with young children. These programs also serve multiple counties.

### Excel by 5

Excel by 5 is a certification program that recognizes communities that undertake specific efforts to improve local services to young children (birth to age 5) and their families, with the goal of improving overall child well-being by age five. It focuses on the important roles of parents and early childhood educators in the social, emotional and physical development of children during their early years. Communities that receive this certification support parents and children by connecting them with available resources they need to enhance a child's educational, social, physical and emotional development. Certified communities are Pascagoula, Petal, West Point, Monroe County and Mid-Jackson (Hinds County); candidate communities (those that are engaged in the process but have not yet become certified) are Cleveland, Moss Point, Biloxi, Hollandale, Oktibbeha County and Hattiesburg.

### Mom and Baby Mobile Center

In 2007, the March of Dimes partnered with the Coastal Family Health Center to create the Mom and Baby Mobile Health Center. The Center provides preconception, prenatal and well-baby medical care to pregnant women, new mothers and babies. March of Dimes committed to funding the unit for two years. The unit is staffed by the Coastal Family Health Center and targets low-income, underinsured, and uninsured residents of Hancock, Harrison and Jackson counties. The unit is set up to resemble the office of a health care provider and offers private exam areas, nurses' stations and waiting areas. They are equipped with all the necessary equipment to provide prenatal care including fetal monitors, an ultrasound and a back-up generator. The unit travels to fixed locations in Gautier, Vn Cleave and Gulfport each week.



## **Substance Abuse treatment and Counseling Services**

*Discuss the State's capacity for providing substance abuse treatment and counseling services to individuals and families in need of such treatment or services.*

The Mississippi Department of Mental Health administers the public system of alcohol and drug abuse prevention and treatment services in Mississippi through the Bureau of Alcohol and Drug Abuse Services. These services are provided through a statewide network, which includes state-operated facilities, regional community mental health centers, and other nonprofit community-based programs. There are fifteen regional community mental health/mental retardation centers (CMHCs) spread throughout the state and most provide prevention services, employee assistance programs, counseling (individual, group, and family), outreach/aftercare services, primary residential services (including detoxification services), transitional residential services, vocational counseling and emergency services (including a 24-hour hotline).

Other specialized services offered by some centers include: a 10- 15 week intensive alcohol and drug outpatient program for individuals who work or attend school but are in need of treatment; day treatment; and specialized services for children and adolescents, elderly persons, and women. A smaller number of free-standing nonprofit agencies also receive funding through the Department of Mental Health to provide substance abuse services for special populations and may receive additional funding from other sources.

The Department's inpatient chemical dependency units are located at Whitfield and Meridian. The chemical dependency unit at Meridian is a 25-bed unit for adult males with substance abuse problems who reside in the hospital's service area. It also provides chemical dependency treatment and dual diagnosis (mental illness and substance abuse) treatment, for adolescent males. The chemical dependency service at Whitfield consists of three units with a total of 117 active (staffed) beds. Two of the units provide treatment for adult men and women with alcohol and/or drug problems. The third unit (MICA Program) provides treatment for adult men who are dually diagnosed with mental illness and chemical dependency.

The Mississippi State Hospital Community Services Program operates MICARE (Mental Illness with Chemical Addiction Recovery Environment), a 12-bed group home for adults with dual diagnosis of mental illness and substance abuse. The DMH Bureau of Alcohol and Drug Abuse funds MICARE.

**Table 4. FY 2100 Community-Based Residential Substance Abuse Programs**

<i>Location</i>	<i>Program</i>	<i>Agency</i>	<i>Beds</i>
Clarksdale	Fairland Center	Region 1 Community Mental Health Center	48
Oxford	The Haven House	Communicare	32
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	26
Corinth	Timber Hills Haven House	Timber Hills Mental Health Services	24
Greenville	Gloria Darden Center	Delta Community Mental Health Services	18 (males/females)
Greenwood	Denton House	Life Help (Region VI)	32 (Adult males/females)
Columbus	Cady Hill & The Pines	Community Counseling Services	26 (Adult males/females)
Jackson	Harbor House	Harbor House, Inc.	46 (males and females)
Jackson	Born Free Residential Treatment Program	Catholic Charities	18 (pregnant and parenting females)
Mendenhall	Region VIII Residential Treatment Center	Region VIII Mental Health Services	20
Meridian	Weems Life Care	Weems Community Mental Health Center	20 (Adult males/females)
Brookhaven	Newhaven Recovery Center	Southwest Mental Health Complex	36 (Adult males/females)
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	27 (Adult males/females)
Pascagoula	Stevens Center	Singing River Services	20 (Adult males/females)
Gulfport	Live Oaks	Gulf Coast Mental Health Center	18 (Adult males/females)
Vicksburg	Warren-Yazoo CDC	Warren-Yazoo Mental Health Services	21

**Table 5. FY 2011 Community –Based Primary Residential Substance Programs for Adolescents**

<i>Location</i>	<i>Program</i>	<i>Beds</i>
Clarksdale	Sunflower Landing	24 (males/females)
West Point	C.A.R.T. House	12 (males)
Jackson	Cares Center/The ARK	20 (males/females 13-18)

**Table 6. FY 2011 Community-Based Transitional Residential Substance Abuse Programs**

<i>Location</i>	<i>Program</i>	<i>Agency</i>	<i>Beds</i>
Clarksdale	Fairland Center	Region I Community Mental Health Center	5 (Adult males/females; pregnant/parenting females)
Oxford	The Haven House	Communicare	16
Tupelo	Region III Chemical Dependency Program	Region III Mental Health Center	18
Corinth	Region IV Chemical Dependency Program	Timber Hills Mental Health Services	12
Greenville	Gloria Darden Center	Delta Community Mental Health Services	12 (Adult males/females)
Columbus	Cady Hill &The Pines	Community Counseling Services	14 (Adult females/males)
Columbus	Recovery House	Recovery House, Inc.	13 (Adult pregnant females)
Jackson	Harbor House	Harbor House, Inc.	31 (Adult males)
Jackson	New Beginnings Treatment Program	Catholic Charities	10 (Adult pregnant/parenting females)
Jackson	Center for Independent Learning	Center for Independent Learning	30 (Adult female ex-offenders; pregnant/parenting families)
Jackson	New Life for Women	New Life for Women	20 (Adult/pregnant females)
Jackson	Metro Counseling Center	Metro Counseling Center, Inc.	16
Meridian	Alexander House	Weems Community Mental Health Center	17
Moselle	Clearview Recovery Center	Pine Belt Mental Healthcare Resources	27 (Adult males/females)
Pascagoula	Stevens Center	Singing River Services	8 (Adult males/females)
Jackson	MICARE	Mississippi State Hospital	12 (Adult dual diagnosed males)

**Table 7. FY 2011 Hospital-Based Inpatient Chemical Dependency Substance Abuse Programs**

<i>Location</i>	<i>Program</i>	<i>Beds</i>
Meridian	East Mississippi State Hospital	25 – Adults (males)
Meridian	Bradley Sanders Complex	10 – Adolescents (males 12-18)
Whitfield	Mississippi State Hospital	90 – Adults (51 males in service area; 39 women statewide)

Although the state has a network of resources designed to provide alcohol and drug treatment services, the CAPTA 2010 Assessment of Available Resources identified the need for local substance treatment and counseling services for families and individuals in over 40% of Mississippi's 82 counties: Adams, Amite, Attala, Calhoun, Chickasaw, Choctaw, Claiborne, Clark, Clay, Franklin, Grenada, Hancock, Harrison, Humphreys, Itawamba, Jasper, Jones, Kemper, Lawrence, Leflore, Lowndes, Marshall, Monroe, Montgomery, Neshoba, Newton, Noxubee, Pike, Pontotoc, Quitman, Tallahatchie, Union, Webster, Wilkinson, Walthall and Yalobusha. Among the specific services needed are access to family therapy for substance abuse issues and residential, low-cost substance abuse treatment for the uninsured.

### **Other Identified Needs**

Needs assessments were received from three agencies that operate 42 of the Head Start Centers in the state. Many of the data they presented were taken from state agency sources and have already been presented in earlier sections of this report. County specific data were not given when addressing needed resources, but were discussed in terms of the organizations' service areas. Below are needs identified by each organization.

- Pearl River Valley Opportunity, Inc., a not for profit, community services agency, provides Head Start and early Head Start services to five counties: Lamar, Marion, Pike, Stone and Walthall. The organization's 2010 Community Assessment identified the following areas of concern for its service region:
  - services to address specific challenges of grandparents caring for grandchildren;
  - low wage employment;
  - lack of public transportation;
  - low birth-weight infants; teen pregnancy; premature births;
  - health literacy;
  - low income families' underutilization of mental health and medical services;
  - single parent households
  
- Friends of Children is a non-profit human services agency that operates 24 Head Start Centers and 8 Early Head Start Center classrooms in 15 counties. Through its mechanism of assessing family needs, they identified the following areas of community concerns:
  - quality childcare;
  - employment opportunities;
  - affordable health care;
  - affordable housing;
  - transportation;
  - flexible hours for Head Start and Early Head Start;
  - crime;
  - youth activities; and
  - better wages and income.

- Mississippi Action for Progress (MAP) is a private, non-profit community based program that provides Head Start and Early Head Start services in 25 counties. Some of the issues facing the areas it serves are:
  - teen pregnancy;
  - fetal death;
  - low birth-weight infants;
  - single parent families;
  - grandparents caring for grandchildren;
  - limited availability of affordable quality child care;
  - family safety; and
  - low education attainment.
  
- The CAPTA needs assessment identified a substantial number of counties that indicated a need for:
  - parenting classes;
  - timely mental health assessments;
  - transportation services; and
  - services located in the client's community (eliminate need to travel).

**Table 8. Mississippi Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	17.8%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	12.2%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	10.3	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents		--	--	--	20.9%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000 juveniles age 0-19	--	--	--	--	4.1%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	1039	Average # served in shelters annually

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	16.8%	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 18.75% Marijuana 4.39% Illicit drugs 3.49% Prescription 4.01%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	7.3%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	41.5	--	--	--		

**Table 9. Claiborne County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	23.4%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	16.4%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	10.3	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--		--	33.8%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	4.0%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	6.2	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 16.6% Marijuana 4.1% Illicit drugs 3.3% Prescription 3.57%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	12.4%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--	--	
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	37.0	--	--	--	--	

**Table 10. Chickasaw County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	15.6%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	11.5%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	11.9	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	21.6%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	1.0%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method		--	--	--	7.0 Chickasaw 29.9 Houston 9.0 Okolona	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 20.0% Marijuana 4.8% Illicit drugs 3.8% Prescription 3.95%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	11.0%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	58.4	--	--	--		

**Table 11. Coahoma County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	26.1%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	15.9%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	15.5	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	34.4%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	9.6%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u>						
-Percent high school drop-outs grades 9-12	--	--	--	--	16.8 Coahoma	2008- 2009
-Other school drop-out rates as per State/local calculation method					11.2 Clarksdale	
<u>Substance abuse</u>	--	--	--			
					Binge drinking 18.4%	
					Marijuana 4.7%	
					Illicit drugs 3.9%	
					Prescription 3.90%	
<u>Unemployment</u>						
-Percent: # unemployed and seeking work/total workforce	--	--	--	--	10.1%	
<u>Child maltreatment</u>						
-Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim)	--	--	--	--		
-Rate of reported substantiated maltreatment by type						
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u>						
Teen pregnancy rate	57.7	--	--	--		

**Table 12. Copiah County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	24.1%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	17.2%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	10.9	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--		--	23.3%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	4.7%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u>						
-Percent high school drop-outs grades 9-12	--	--	--	--	19.4 Copiah	2008-
-Other school drop-out rates as per State/local calculation method					19.7 Hazlehurst	2009
<u>Substance abuse</u>	--	--	--			
				Binge drinking 17.8%		
				Marijuana 3.9%		
				Illicit drugs 3.2%		
				Prescription 3.89%		
<u>Unemployment</u>						
-Percent: # unemployed and seeking work/total workforce	--	--	--	--	8.1%	
<u>Child maltreatment</u>						
-Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim)	--	--	--	--	--	
-Rate of reported substantiated maltreatment by type						
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u>						
Teen pregnancy rate	50.0	--	--	--	--	

**Table 13. Holmes County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	22.4%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	14.3%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	11.0	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents		--		--	40.1%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	1.2%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u>						
-Percent high school drop-outs grades 9-12	--	--	--	--	20.2 (Holmes)	2008-
-Other school drop-out rates as per State/local calculation method					15.5 (Durant)	2009
<u>Substance abuse</u>	--	--	--			
				Binge drinking 18.4%		
				Marijuana 4.7%		
				Illicit drugs 3.9%		
				Prescription 3.90%		
<u>Unemployment</u>						
-Percent: # unemployed and seeking work/total workforce	--	--	--	--	13.6%	
<u>Child maltreatment</u>						
-Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim)	--	--	--	--		
-Rate of reported substantiated maltreatment by type						
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u>						
Teen Pregnancy	63.5	--	--	--		

**Table 14. Humphreys County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	18.9%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	13.8%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	14.4	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--		--	38.3%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	2.4%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	17.8	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 18.4% Marijuana 4.7% Illicit drugs 3.9% Prescription 3.90%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	10.3%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	76.7	--	--	--		

**Table 15. Issaquena County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	23.9%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	21.6%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	11.9	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	48%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	13%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	21.3%	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 18.4% Marijuana 4.7% Illicit drugs 3.9% Prescription 3.90%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	9.6%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	27.8	--	--	--		

**Table 16. Jasper County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	19.3%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	13.9%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	15.7	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	21.7%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	5.0%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u>						
-Percent high school drop-outs grades 9-12	--	--	--	--	30.2 (East)	2008-2009
-Other school drop-out rates as per State/local calculation method					12.4 (West)	
<u>Substance abuse</u>	--	--	--			
				Binge drinking 17.6%		
				Marijuana 4.0%		
				Illicit drugs 3.0%		
				Prescription 3.86%		
<u>Unemployment</u>						
-Percent: # unemployed and seeking work/total workforce	--	--	--	--	17.5%	
<u>Child maltreatment</u>						
-Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim)	--	--	--	--	--	
-Rate of reported substantiated maltreatment by type						
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u>						
Teen pregnancy rate	38.1	--	--	--		

**Table 17. Jefferson County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	22.1%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	16.7%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	14.2	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--		--	35.2%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	2.5%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	14.4	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 16.6% Marijuana 4.1% Illicit drugs 3.3% Prescription 3.57%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	14.3%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	45.6	--	--	--		

**Table 18. Kemper County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	18.7%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	16.7%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	13.8	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	26.1%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	2.1%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	18.7	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 17.6% Marijuana 4.0% Illicit drug use 3.0% Prescription 3.86%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	9.4%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	32.1	--	--	--		

**Table 19. Noxubee County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	23%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	14.7%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	17.0	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--		--	32.2%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	1.3%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	25.2	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 17.6% Marijuana 4.0% Illicit drugs 3.0% Prescription 3.86%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	14.5%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	56.2	--	--	--		

**Table 20. Sunflower County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	21.5%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	15.2%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	13.4	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	38.9%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	4.5%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	18.4 (Drew) 26.4 (Indianola) 31.8 (Sunflower)	2008- 2009
<u>Substance abuse</u>	--	--	--	Binge drinking 18.4% Marijuana 4.7% Illicit drugs 3.9% Prescription 3.90%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	10.7%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	61.3	--	--	--		

**Table 21. Tallahatchie County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	20.7%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	17.2%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	15.0	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--	--	--	30.6%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	11.0%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	32.1 (West) 25.9 (East)	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 18.4% Marijuana 4.7% Illicit drugs 3.9% Prescription 3.90%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	9.0%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	61.2	--	--	--		

**Table 22. Tunica County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	16.5%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	13.8%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	20.1	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	25.4%	--	--	--		
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	7.0%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	31.1	2008-2009
<u>Substance abuse</u>	--	--	Binge drinking 18.4% Marijuana 4.7% Illicit drugs 3.9% Prescription 3.90%			
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--		--	10.4%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--		
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> Teen pregnancy rate	83.2	--	--	--		

**Table 23. Wilkinson County Data Report**

<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA Sub-State Treatment Planning Data Reports</u>	<u>Other</u>	<u>Comments</u>
<u>Premature birth</u> -Percent: # live births before 37 weeks/total # live births	19.5%	--	--	--		
<u>Low-birth-weight infants</u> -Percent: # resident live births less than 2500 grams/# resident live births	16.7%	--	--	--		
<u>Infant mortality (includes death due to neglect)</u> -# infant deaths ages 0-1/1,000 live births	7.1	--	--	--		2004-2008
<u>Poverty</u> -# residents below 100% FPL/total # residents	--	--		--	35.1%	
<u>Crime (juvenile delinquency)</u> - # reported crimes/1000 residents - # crime arrests ages 0-19/100,000juveniles age 0-19	--	--	--	--	5.5%	
<u>Domestic violence</u> -As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	--	--	Fewer than 20 cases	

<u>School drop-out rates</u> -Percent high school drop-outs grades 9-12 -Other school drop-out rates as per State/local calculation method	--	--	--	--	10.2	2008-2009
<u>Substance abuse</u>	--	--	--	Binge drinking 16.4% Marijuana 4.1% Illicit drugs 3.3% Prescription 3.57%		
<u>Unemployment</u> -Percent: # unemployed and seeking work/total workforce	--	--	--	--	9.0%	
<u>Child maltreatment</u> -Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim) -Rate of reported substantiated maltreatment by type	--	--	--	--	--	
<u>Other indicators of at risk prenatal, maternal, newborn, or child health</u> - Teen pregnancy rate	38.5			--		

## **Appendix A. Concepts and Measures**

Infant mortality rate - number of infants dying in the first year of life; including neo-natal (first 28 days of life) and post-neonatal (between 28 days and 1<sup>st</sup> birthday); per 1000 births

Premature births- % births at less than 37 weeks gestation

Low birth weight births - % infants born alive at less than 2,500 grams

Teenage pregnancy rate- pregnancies of women 15-19 per 1,000 females in specific age group

Child poverty- % of children under age 18 who live in families with incomes below the US poverty threshold, as defined by the US Office of Budget and Management. The federal poverty definition was adjusted based on the size of the family.

Juvenile delinquency referrals- Youth Court statistical data is based upon information reported to the Mississippi Department of Human Services, Division of Youth Services (MDHS/DYS) by local youth courts, court staff, court clerks, and county staff assigned to the local youth courts. As with large data collection projects of this type involving thousands of cases and dozens of reporters (i.e., county intake, county counselors, school attendance officers and Youth Services staff) from various jurisdictions, the assignment of an error rate is difficult. Different counties count only one offense and one disposition per referral, while others may count multiple offenses and multiple dispositions per referral.

Child maltreatment- reported and evidenced (substantiated cases) of child abuse and neglect statistics, calendar year 2008- includes physical, sexual abuse, physical neglect, medical neglect, emotional abuse and exploitation

### **Notes for SAMHSA data**

Estimates are based on a survey-weighted hierarchical Bayes estimation approach, and the 95 percent prediction (credible) intervals are generated by Markov Chain Monte Carlo techniques

### **Illicit Drug Use**

Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.

Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004, 2005, and 2006.

### **Marijuana Use –**

*Average annual rate* =  $100 * \{ [X1 \div (0.5 * X1 + X2)] \div 2 \}$ , where X1 is the number of marijuana initiates in the past 24 months and X2 is the number of persons who never used marijuana. Both

of the computation components,  $X_1$  and  $X_2$ , are based on a survey weighted hierarchical Bayes estimation approach. Note that the age group is based on a respondent's age at the time of the interview, not his or her age at first use. The prediction intervals for Average Annual Rate of First Use of Marijuana use a simultaneous solution for First Use of Marijuana and Never Used Marijuana outcomes, which had age group-specific random effects that were allowed to be correlated across the two outcomes. The associated Markov Chain Monte Carlo chains were used to calculate the posterior variance.