


MDHHS
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

MICHIGAN Department of Education

# MICHIGAN
## HOME VISITING REPORT

**PUBLIC ACT 291 OF 2012 LEGISLATIVE REPORT** FY2020

# CONTENTS



*Annual Report*

# INTRODUCTION

Home visiting programs partner with pregnant and parenting families to support them while they work to obtain their goals. In partnership with families, home visitors build trusting relationships and offer information and support as requested by families served. Using a two-generation approach, home visiting programs support parents as they foster their children's healthy growth and development. Through voluntary engagement in home visiting, parents nurture strong relationships with their children by learning parenting skills and working toward goals that benefit the whole family. Home visiting programs adapt to the needs of families and are guided by the dreams and ambitions of the families they serve.

Home visiting in Michigan includes a continuum of options for families, which creates the potential to connect families with the type of home visiting program that best fits their needs. Although the system does not currently have the capacity to serve as many families as might benefit from home visiting, it stands ready to expand high quality, evidence-based home visiting throughout Michigan.

Home visiting models have undergone rigorous evaluation and demonstrated many positive benefits for children and families, which ultimately benefit our communities and state as a whole. Home visiting improves maternal and child health outcomes, prevents childhood injury and abuse, improves developmental outcomes and school readiness, and connects families with the other supports they need to thrive.

## The FY2020 Report

**Reflects reporting** for program and administrative data as currently available.

**Maps** home visiting programs that operate with funds appropriated through the state and are implemented with fidelity.

**Reflects funding** for all state-funded programs.

**Highlights family experience** of home visiting in Michigan.

# MICHIGAN'S INVESTMENT IN HOME VISITING

Michigan invests state, federal, and private funds to support home visiting. Roughly 45 percent of Michigan's total investment is made up of state resources, 54 percent federal resources, and less than one percent from private investment. Each of these investments include specific program requirements and accountability metrics. Michigan deploys each funding stream strategically to achieve improved outcomes for children and families and to invest public resources effectively and efficiently. Additional home visiting programs operate with direct federal or local funds and are not reflected in this report (Appendix III – Fiscal Year 2019 Home Visiting Investment by Model and Source).

## State Funding

### General Fund

Michigan provides direct support to Nurse-Family Partnership (NFP) programs through MDHHS General Fund appropriations. In addition, the Legislature continues to support rural evidence-based home visiting and appropriated additional state funds for home visiting programs in FY20. The Michigan Home Visiting Initiative continues to partner with community agencies to identify the model that best fits the needs of the community that will be supported with state funding. In addition, General Fund dollars are used to draw down matching Medicaid funds that support some home visiting models in the state, including the Maternal Infant Health Program and Infant Mental Health. General Fund dollars are also used to support an NFP and Parents As Teachers program in Flint, Michigan.

### State School Aid

The Legislature appropriates funds to the Michigan Department of Education (MDE) that may be used for home visiting through the State School Aid Act, Sections 32p and 32p(4). Local programs funded through the State School Aid Act include Parents as Teachers, Healthy Families America, Early Head Start-Home Based, Nurse-Family Partnership, and Play and Learning Strategies Infant.

# Federal Funding

## Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

MIECHV is a federal program that is awarded on a formula grant basis. The MIECHV funding allows Michigan to increase evidence-based home visiting services in communities that are historically under-resourced through a statewide needs assessment. Early Head Start-Home Based, Healthy Families America, and Nurse-Family Partnership are implemented with MIECHV funding. MIECHV legislation requires that 75 percent of the funding is used to support direct service. In addition to serving families, MIECHV program funding also allows Michigan to implement an aligned system that maximizes outcomes for families through collaborative planning and partner engagement. In Michigan, funds are administered by the MDHHS Public Health Administration.

## Child Abuse Prevention and Treatment Act (CAPTA)

Michigan receives Child Abuse Prevention and Treatment Act funds to develop, operate, expand, and enhance community-based, prevention-focused programs and activities designed to strengthen and support families and to prevent abuse and neglect. Title II funds, called Community-Based Abuse Prevention Grants (CBCAP), can be used for home visiting. The Children's Trust Fund (CTF) is the entity designated to apply for, receive, and distribute these funds in Michigan (CAPTA Title II Funds).

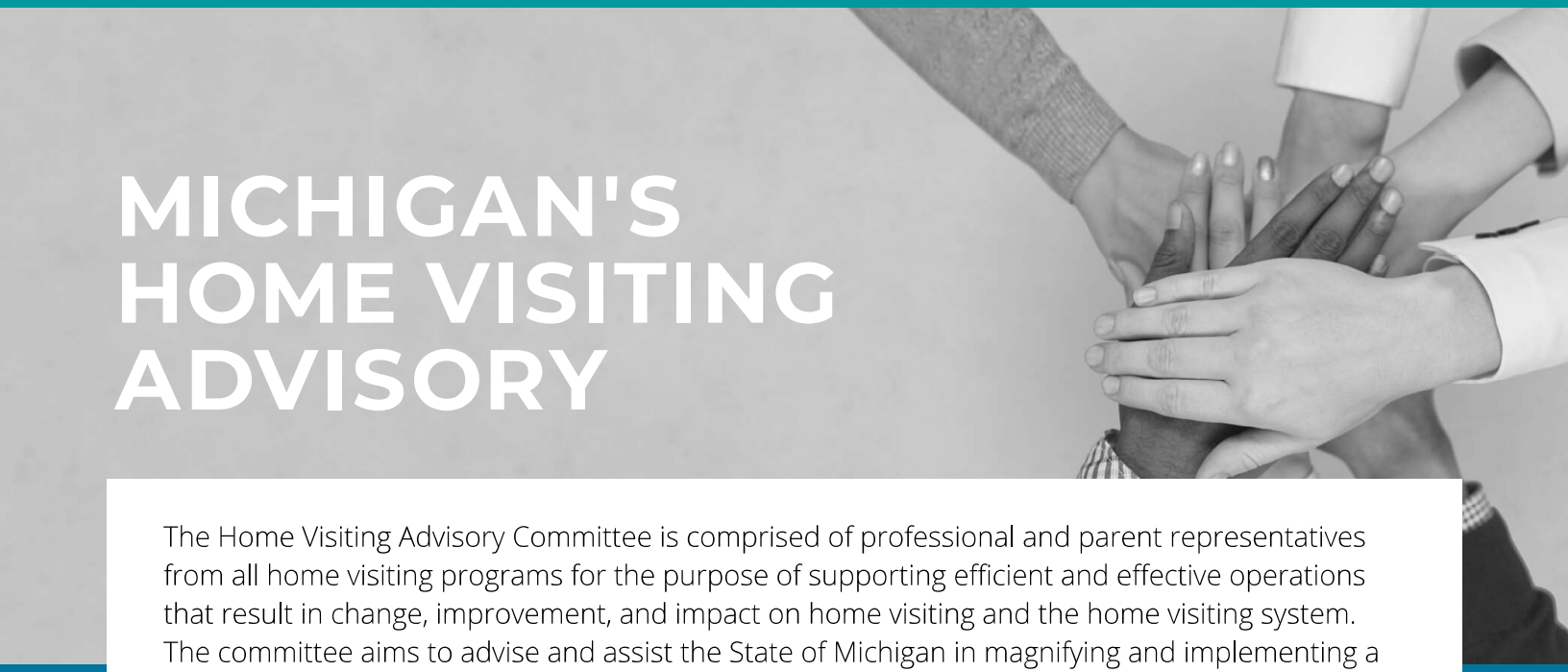
## Medicaid Matching Funds

Federal Medicaid funds are also used to match eligible home visiting models under allowed uses for case management services to support several evidence-based home visiting models in Michigan. Home visiting has proven outcomes in maternal and child physical and mental health and lowers overall health care costs.

# Private Funding

## Children's Trust Fund (CTF)

The Michigan Children's Trust Fund raises funds from private sources, which are granted to local communities for secondary prevention programs such as home visiting programs. Secondary prevention programs focus on families at risk for abuse and neglect in order to strengthen and support families while preventing child abuse and neglect. Children's Trust Fund dollars support Parents as Teachers and Healthy Families America home visiting programs. Appendix III-FY 2019 Home Visiting Investment by Model and Source provides a more detailed look at the funding supporting evidence-based home visiting in Michigan.



# MICHIGAN'S HOME VISITING ADVISORY

The Home Visiting Advisory Committee is comprised of professional and parent representatives from all home visiting programs for the purpose of supporting efficient and effective operations that result in change, improvement, and impact on home visiting and the home visiting system. The committee aims to advise and assist the State of Michigan in magnifying and implementing a collective vision for the home visiting system and the work it carries out. The vision of the committee is to create an equitable, integrated system that provides Michigan families with the opportunities to choose the right program, at the right time, in the right place.

The strength of the Home Visiting Advisory Committee is in large part due to the participation and input of the parents, who represent a range of evidence-based home visiting programs. Parents of children aged 5 and younger currently enrolled in programs are chosen at the annual Michigan Home Visiting conference through a process established and implemented by the Local Leadership Group (LLG) Parent Leader state group.

Other representatives of the committee include home visiting professionals and supervisors from each of the state's evidence-based home visiting programs, state agency representatives, and other stakeholders with an interest in strengthening the home visiting system, such as advocates, individuals supporting the professional development of home visitors, LLG coordinators, other home visiting models, etc. A set of operating guidelines was adopted to ensure that the committee is equitably represented by all stakeholder groups and has representatives from all geographic areas of the state. Additionally, three co-chairs were selected, representing a local home visiting program, a state partner, and families.

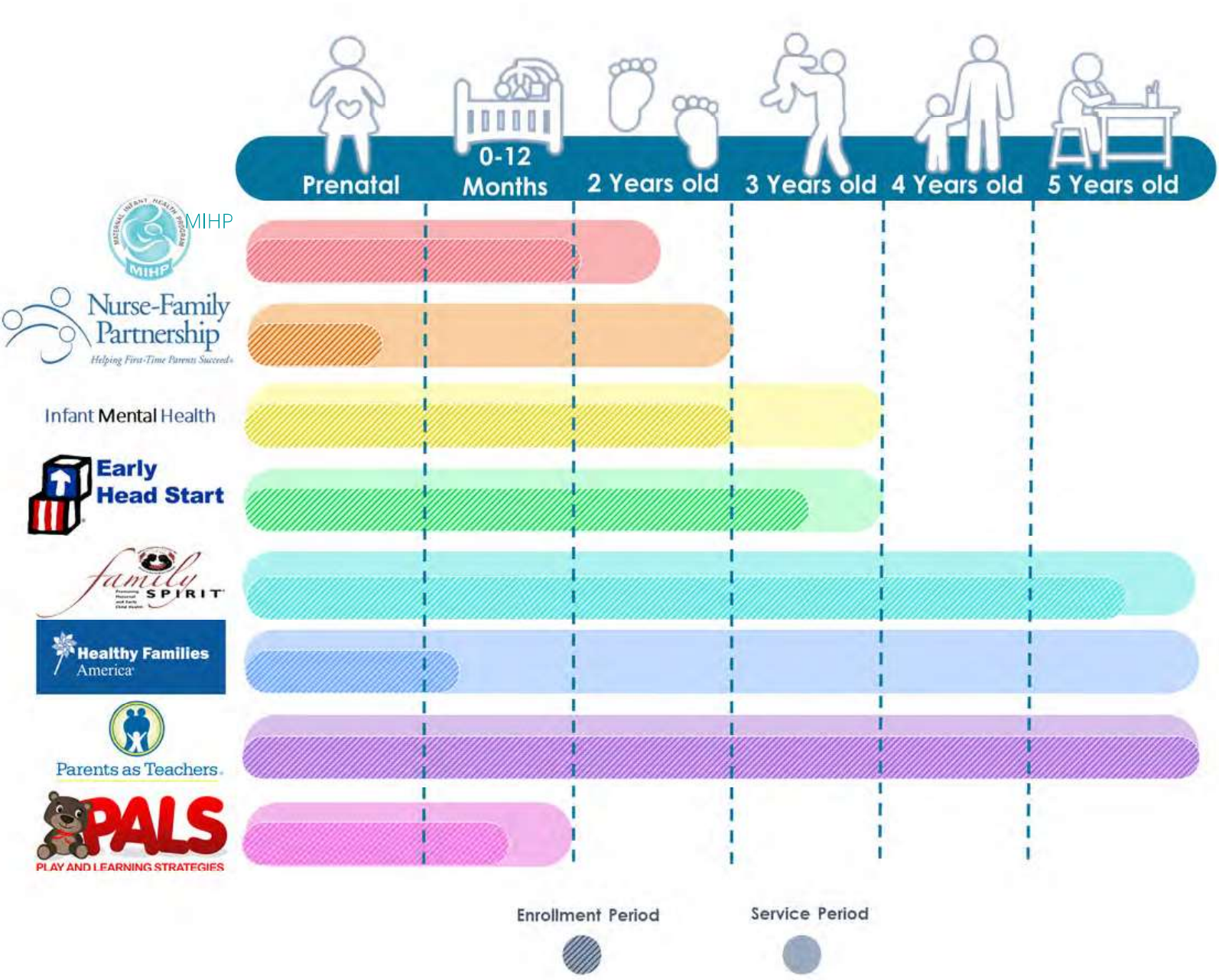
The Home Visiting Advisory Committee has had tremendous success in promoting collaboration among programs, parents, advocates, and state agencies. The Advisory also established two Ad Hoc Committees tasked with developing implementation structure for the first two goals of the MHVI Strategic Plan: Goal 1) Ensure the home visiting system is family centered and guided by parent- partnership and voice; and Goal 2) All families served by home visiting in Michigan will receive high-quality, equitable standards.

*"As a parent leader we need to address the stigmas and that there are ideal candidates, and they turn you away if you don't fit a certain need. If it's for families, and I am a family, I want to participate. Be more aware and informed and empowered."*

PARENT, WAYNE COUNTY

# HOME VISITING CONTINUUM

The home visiting system in Michigan includes multiple models, each of which is unique in its design. Each of the following models is referenced in the body of this report and the image below describes the time frame of enrollment and duration of service. For more information about each model please visit Michigan.gov/HomeVisiting



# HOME VISITING DURING THE COVID-19 PANDEMIC

The first two positive COVID-19 cases were identified in Michigan on March 10, 2020. The rapid growth of cases and the resulting threat to health and safety required drastic changes to the way we live, work, learn, and play. In order to protect the health and safety of families and home visitors, in-person contact was put on pause, but home visiting's important work continued. Home visiting supported families throughout this extraordinary time by shifting what was largely an in-person service to a virtual format. Families have never been under such stress, and home visitors have offered a lifeline to concrete, emotional, and social support.

Once the pandemic reached Michigan, home visitors not only continued meeting with families virtually, they directly supported COVID-19 response efforts in many ways. Family needs expanded exponentially, and home visitors were there, dropping off essential supplies like food and diapers, helping families navigate complex application processes to access assistance, and linking families with mental health services to manage grief and trauma. Additionally, many of Michigan's home visitors are also nurses. Nurses were called to fulfill essential public health functions such as contact tracing and administering COVID tests, on top of maintaining connection with their families. Michigan owes our home visitors a debt of gratitude for the multitude of ways they took care of us all during this most challenging year.

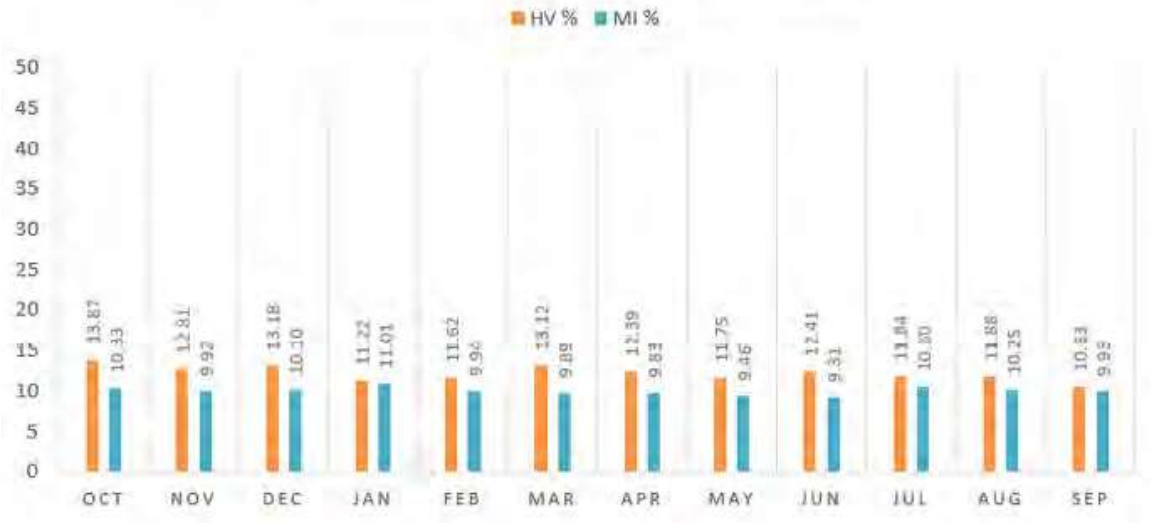
To gather preliminary data on the impact of the pandemic on families served by home visiting programs, the Michigan Home Visiting Initiative conducted a survey of home visiting programs in the summer of 2020. A total of 110 agencies responded to the question *"How have the needs of families changed since the COVID-19 pandemic reached Michigan?"* The most common responses were related to an increase in **unmet basic needs,** especially **food**, **transportation**, **housing**, and **baby care items**. Respondents also noted an increase in **unemployment** or loss of income. The next most common responses were related to an increase in **family isolation**, stress and fear, and **mental health concerns**. Issues related to **internet connectivity** and device availability were also noted. Respondents also described the challenges families were experiencing with being home with children full time as both childcare centers and schools closed. These changes impacted parents' ability to work, and it led to additional need for parenting support. Needs related to health and healthcare were primarily related to the challenges of completing well child visits, immunizations, and postnatal visits, as well as getting accurate information about COVID-19 and ways to stay safe.

The Michigan Home Visiting Initiative will track the long-term impact of the pandemic on Michigan's families served by home visiting programs. The indicators reported in this year's report reflect a mix of pre- and post-pandemic experiences. This makes it difficult to use this year's indicators to identify how the pandemic impacted families served by home visiting programs. In order to begin this exploration, the Michigan Home Visiting Initiative analyzed three indicators that can be pulled from Vital Records by month over the course of FY20. As illustrated in the graphs on the following page, the trend in preterm birth and breastfeeding initiation showed no change during the months of the pandemic for families served by home visiting programs. However, there was a dramatic decline in adequacy of prenatal care beginning in May 2020. This tells us that, in the early months of the pandemic, pregnant persons were not receiving as many prenatal care visits as is recommended, but that preterm birth and breastfeeding were not impacted for families in home visiting programs. These results are preliminary and exploration of the impact of the pandemic will continue in the years to come.



*"There is an increased need for food support, housing and financial support. As well as low cost internet and access to technology to implement distance learning. Additionally, there is need for mental and emotional support for families and education on COVID-19 issues."*
PARENT, HOUGHTON

## PRETERM BIRTH BY BIRTH MONTH




## ADEQUACY OF PRENATAL CARE BY BIRTH MONTH


## BREASTFEEDING INITIATION BY BIRTH MONTH

# OUTCOMES

Michigan is committed to understanding, evaluating, and improving our home visiting efforts. To do this, state-funded home visiting programs are working toward assessing progress against nine key indicators:

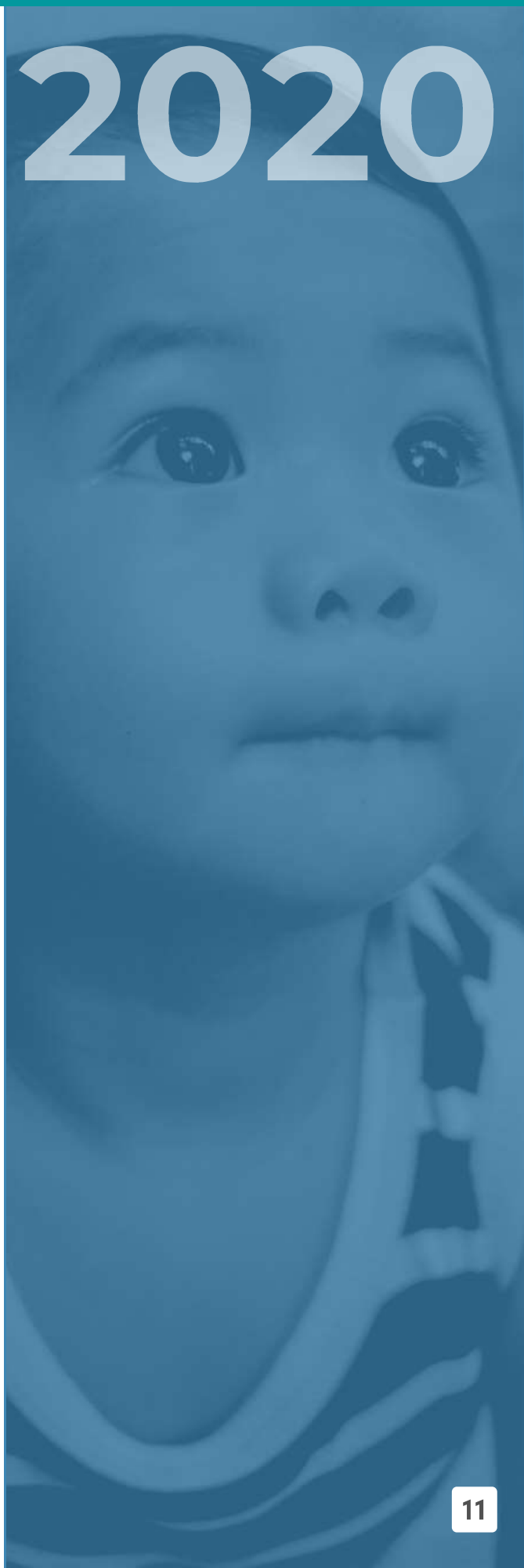
- Adequate Prenatal care
- Preterm Birth
- Breastfeeding Initiation
- Maternal Tobacco Abstinence
- Maternal Depression Referral
- Maternal High School Completion
- Postpartum Visits
- Families without Child Maltreatment
- Child Development Referral

By tracking Michigan's progress on key indicators, we can identify where the home visiting system can improve and quantify the impact home visiting has on children and families across our state.

MHVI Fiscal Year 20 data in this report is coded to indicate progress:

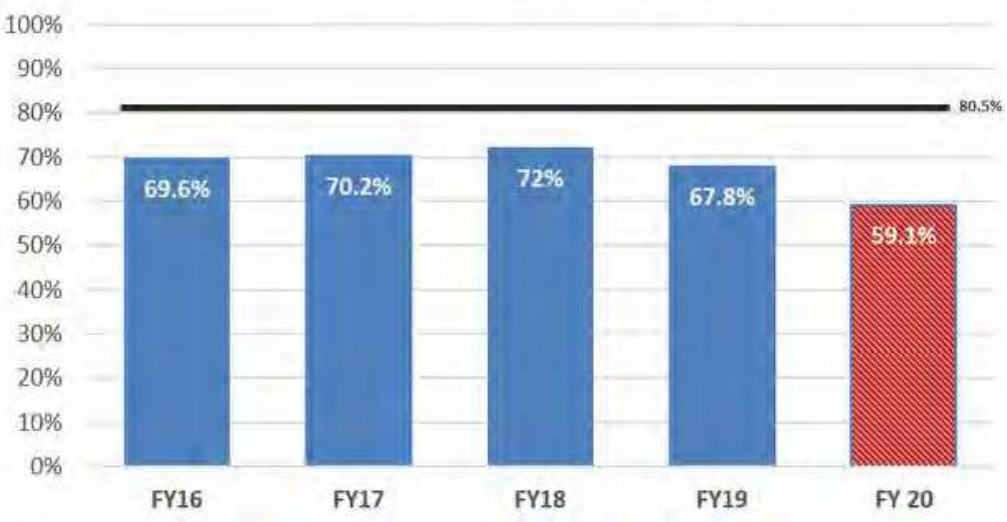
- Improvement in this indicator
- Decrease that is being investigated

***Healthy People 2020*** sets national targets related to some of the indicators in this report. When available, those targets are noted as a **line across the chart**, to provide context on Michigan's indicator data. These national targets set a high bar and illustrate how the home visiting system is achieving positive outcomes by partnering with families.



# ADEQUATE PRENATAL CARE

Prenatal care protects the health of women and infants. It reduces risk of low birth weight and helps mothers care for themselves during and after pregnancy. Women who begin prenatal care in the first or second month of pregnancy and continue prenatal visits regularly until delivery benefit the most. However, the health care system can be challenging to navigate, and some women experience discrimination when they seek care. The COVID-19 pandemic created additional barriers to accessing prenatal care early and often. As noted above, Michigan saw dramatic decreases in adequacy of prenatal care during the months of the pandemic. Home visitors help resolve barriers to accessing care, and they support women in advocating for their needs and concerns.




Line indicates Healthy People 2030 national target

**Definition**
Percent of women enrolled in home visiting services during pregnancy who received adequate or adequate plus prenatal care

**Calculation**

$$\frac{\text{Number of women enrolled in home visiting during pregnancy who received "adequate" or "adequate plus" prenatal care}}{\text{Number of women enrolled in home visiting during pregnancy}}$$

**Data Source** Vital Records
**Models Reporting** FS, MIHP, EHS-HB, NFP, HFA

Note: Adequate or adequate plus prenatal care is defined as a woman who begins prenatal care by the fourth month of pregnancy and receives 80 percent or more of the expected visits.

*"It was really impactful when she asked me how I am doing – most people don't really care how Mom is doing."*

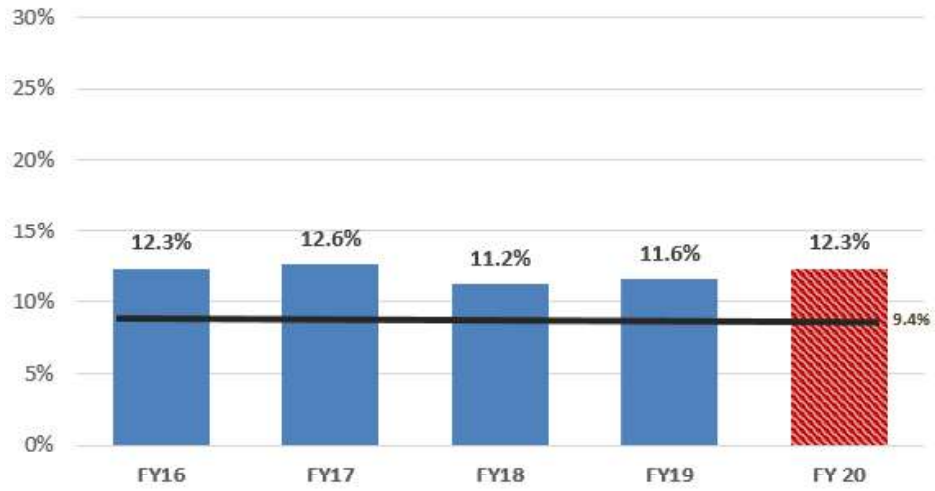
PARENT, DETROIT

*"Before becoming a mom, I thought I knew it all about kids. Then I was a mom and had a preemie and he is hard of hearing and this was a whole new world. I felt completely unprepared, scared and felt like I had never even held a child before, especially because he was on monitors and had tubes. The reassurance of home visiting and the information that they provided – like when to introduce food, how often to feed him was great."*

PARENT, GRAND RAPIDS

# PRETERM BIRTHS

Babies born before 37 weeks gestation may experience short and long-term medical and developmental challenges and an increased risk of infant death. Premature babies can experience breathing and feeding difficulties and are at greater risk for vision problems and hearing loss. There are significant disparities in preterm birth by race, which are driven by institutional and structural racism, and COVID-19 created additional risks to the health of pregnant women and infants. Pregnant women partner with their home visitors to implement strategies that support full-term pregnancies, such as healthy eating, exercise, avoiding exposure to substances, and reducing stress. During the pandemic, home visitors also helped families access the resources they needed to stay safe. While these strategies do not address the deeper causes of preterm birth, they support women in taking control of their health.




Line indicates Healthy People 2030 national target

**Definition**
Percent of women enrolled in home visiting services during pregnancy who have a preterm birth (<37 weeks gestation)

**Calculation**

$$\frac{\text{Number of women enrolled in home visiting during pregnancy who have a preterm birth (<37 weeks gestation)}}{\text{Number of women enrolled in home visiting during pregnancy}}$$

**Data Source** Vital Records

**Models Reporting** FS, MIHP, EHS-HB, NFP, HFA

*"I appreciate the fact that they aren't judging me with questions and it's not just a one-way street. Just because they want it done a certain way, it doesn't mean I have to do it that way."*

PARENT, OGEMAW

# BREASTFEEDING INITIATION

Breastfeeding supports attachment and bonding, healthy infant development, and building a strong immune system. In addition, children experience long-term benefits, such as reduced risk for obesity and Type 2 diabetes. However, mothers who want to breastfeed often need support both getting started and continuing, including the culturally responsive support needed to reduce significant disparities in breastfeeding rates. Home visitors discuss breastfeeding with mothers and their partners, provide education and support, and help address the common barriers that arise. They also help connect mothers with lactation support or other resources when needed. It is important to note that some lactation support resources were more limited as a result of the COVID-19 pandemic.


**Definition**
Percent of women enrolled in home visiting services during pregnancy who initiate or plan to initiate breastfeeding

**Calculation**

$$\frac{\text{Number of women enrolled in home visiting during pregnancy who initiate or plan to initiate breastfeeding}}{\text{Number of women enrolled in home visiting during pregnancy}}$$

**Data Source** Vital Records

**Models Reporting** FS, MIHP, EHS-HB, NFP, HFA

*"Home Visiting was fundamental for me – helped me get through a lot. Giving me the knowledge and confidence in my parenting abilities."*

PARENT, GRAND RAPIDS

# MATERNAL TOBACCO ABSTINENCE

Smoking during pregnancy threatens the health of both mother and baby. It is one of the most common preventable causes of infant disease, illness, injury, and death. It also increases the risk for pregnancy complications, including serious bleeding and premature birth, as well as sudden unexplained infant death. Many pregnant women want to quit smoking but need support through the process, as well as alternative strategies for reducing stress. Home visitors work closely with mothers to understand their needs and help them reduce the risk to themselves and their baby. Home visitors also offer support as women seek programs and services to help them quit smoking.


Line indicates Healthy People 2030 national target

**Definition**

Percent of women enrolled in home visiting services for at least six months who were not using tobacco or smoking at six months or upon program exit

**Calculation**

Number of women enrolled in home visiting for at least six months who were not using tobacco at six months or upon program exit

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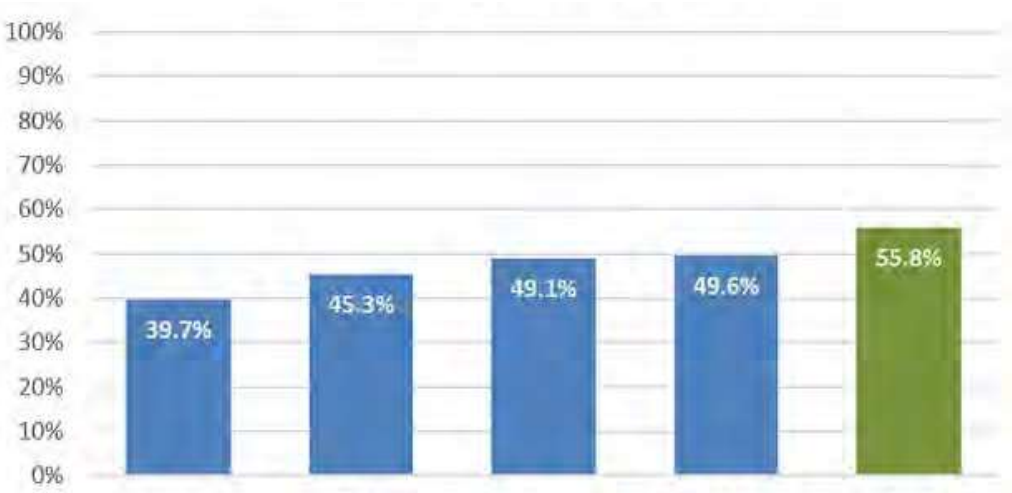
Number of women enrolled in home visiting for six months

**Data Source** Program data

**Models Reporting** EHS-HB, NFP, HFA

# MATERNAL DEPRESSION REFERRAL

Untreated depression is harmful to both mothers and their babies. During pregnancy untreated depression can lead to premature birth or low birth weight. After birth it can disrupt attachment and bonding. Children whose mothers are depressed are at increased risk for long-term social-emotional effects, including difficulties in school. As a result of the COVID-19 pandemic, levels of stress, anxiety, and depression have risen and the need for mental health services is pervasive. Home visitors work with women to identify and screen for signs of depression, refer women to appropriate supports, and help women overcome challenges with accessing services.




**Definition**
Percent of women enrolled in home visiting services with need for follow-up depression evaluation and intervention who received referral for these services

**Calculation**
Number of women enrolled in home visiting services who received a maternal depression screening with a validated tool whose results indicated the need for referral who were referred for follow-up evaluation and intervention

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Number of women participating in home visiting services who received maternal depression screening with a validated tool whose results indidcated a need for a referral

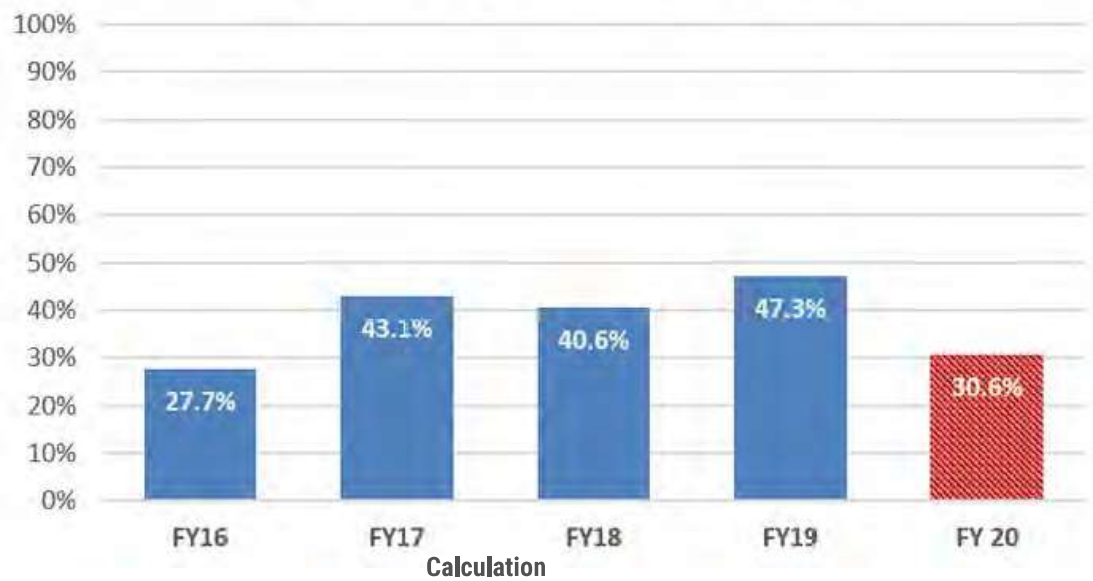
**Data Source** Program Data

**Models Reporting** FS, EHS-HB, NFP, HFA, PAT

Note: A referral is considered to have occurred when program staff have indicated a need and provided appropriate information to the client for additional services outside the home visiting program.

# MATERNAL HIGH SCHOOL COMPLETION

Young parents can face significant barriers to completing their education, including limited access to quality childcare, lack of stable housing, working during school hours, social stigma, and wanting time with their children. Earning a high school diploma increases a family's ability to be economically self-sufficient by increasing access to better paying jobs and pursuing higher education. The COVID-19 pandemic created new challenges navigating both school and childcare, leading to a need for extra supports. Home visitors work with young mothers to set goals for themselves and their children, and to overcome the challenges to completing school and gaining economic self-sufficiency.




*"My worker is knowledgeable, and also if I ask about something and she doesn't know, she will do the research and if it's really important she will follow up by either by texting me or sharing information with me in the next meeting."*

PARENT, OGEMAW

**Definition**
Percent of women entering home visiting without a high school diploma/GED who were still enrolled in or completed high school/GED by the end of FY2020

**Calculation**

$$\frac{\text{Percent of women enter the program without a high school diploma or GED certificate who are either still enrolled in school or a GED Program, or who have successfully completed high school or received a GED Certificate}}{\text{Number of women who entered a home visiting program without a high school diploma or GED certifcate}}$$

**Data Source** Program Data

**Models Reporting** EHS-HB, NFP, HFA, PAT

# POSTPARTUM VISITS

In the weeks after delivery, mothers can experience significant physical, social, and psychological changes. Postpartum visits are a powerful tool to assess a woman's physical and mental well-being after delivery, follow up on complications due to delivery, provide breastfeeding support, answer questions about infant care, and discuss birth spacing. Home visitors support new mothers by discussing the purpose of the postpartum visit and working to improve access to postpartum care. Home visitors can also help women identify and address barriers to attending a postpartum visit. This support was especially important during the COVID-19 pandemic when access to preventive healthcare was more limited.


**Definition**

Percent of mothers enrolled in home visiting prenatally or within 30 days of giving birth who receive a postpartum visit with a health provider within two months (60 days) following birth

**Calculation**

Number of mothers enrolled in home visiting prenatally or within 30 days of giving birth who receive a postpartum visit with a health provider within two months (60 days) following birth

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Number of mothers enrolled in home visiting prenatally or within 30 days of giving birth who are at least two months (60 days) post partum

**Data Source** Program Data, managed care encounter, fee for service claim data

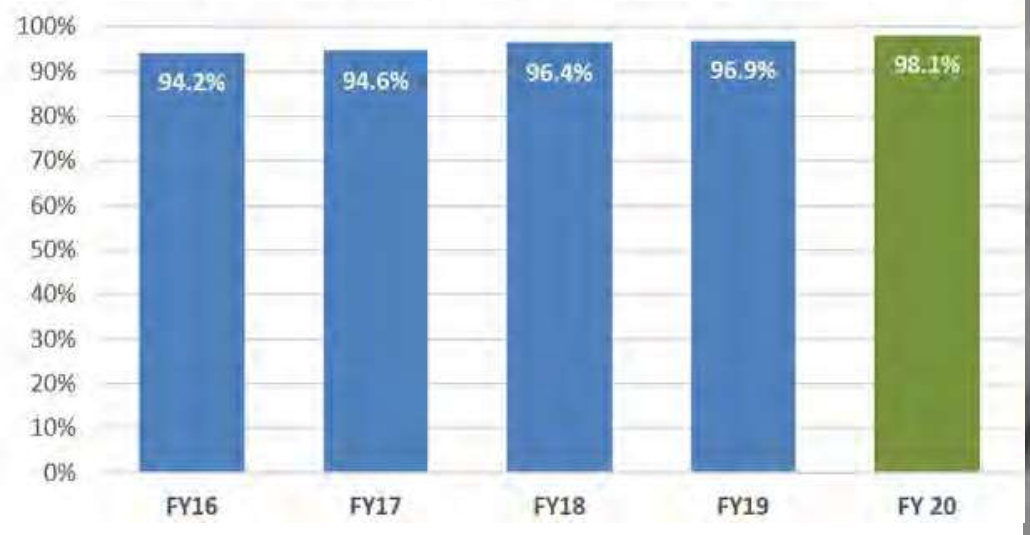
**Models Reporting** MIHP, EHS-HB, NFP, HFA

*"I think it helps to strengthen our families. Whether a broken family, someone who has been through drugs or any kind of issues, it's nice to have people to help you through it rather than doing it alone."*

MOTHER, HOUGHTON

# FAMILIES WITHOUT CHILD MALTREATMENT

Home visitors work with families to promote attachment and bonding, build knowledge of child development, promote positive parenting practices, and support positive parent child interactions. They also work with parents to build protective factors that can help parents heal from their own past trauma and reduce family stress. These strategies build a sense of parent empowerment and efficacy that leads to a nurturing environment and prevents child abuse or neglect. Home visitors are also mandated reporters who ensure families get help if they are unable to safely care for their children. Both functions have been essential throughout the COVID-19 pandemic which has placed families under extraordinary levels of stress and isolation, creating both elevated risk for child maltreatment and fewer opportunities to identify unsafe situations.




**Definition**
Percent of children enrolled in home visiting without confirmed child maltreatment

**Calculation**

$$\frac{\text{Number of children who participate in home visiting without confirmed child maltreatment}}{\text{Number of children participating in home visiting}}$$

**Data Source** Children's Protective Services

**Models Reporting** FS, MIHP, EHS-HB, NFP, HFA, PAT

Note: Confirmed child maltreatment is defined as substantiated category I and II maltreatment as investigated and confirmed by Children's Protective Services

*"They know and trust my vision – and compliment it with books and learning toys."*
MOTHER, WAYNE COUNTY

# CHILD DEVELOPMENT REFERRAL

Developmental screening provides the best opportunity to identify children with potential delays early and connect them to intervention services. Home visitors work with parents to complete the Ages and Stages Questionnaires, Third Edition® (ASQ-3™) and the Ages and Stages Questionnaire®: Social-Emotional, Second Edition (ASQ: SE-2™) for every child they serve. These screening tools identify children who may be experiencing a developmental delay, and they also provide a starting point for talking about child development and developmental milestones. When home visitors notice a possible delay, they make referrals for other community services, such as Early On®. Early identification and intervention can change a child's developmental trajectory and improve their long-term outcomes. Although home visitors typically conduct developmental screenings in person with parents, they were able to quickly adapt their practices during the COVID-19 pandemic to conduct these screenings during virtual visits, helping to reduce the likelihood that delays would be missed due to the pandemic.


**Definition**
Percent of children in home visiting referred for follow-up evaluation and intervention if need is indicated by development screening with ASQ

**Calculation**

Number of children participating in home visiting who received development screening with ASQ that indicated need for referral who were referred

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Number of children participating in home visiting who received developmental screening with ASQ whose screening results indicated a need for referral for follow-up evaluation and intervention

**Data Source** Program Data

**Models Reporting** FS, EHS-HB, NFP, HFA, PAT

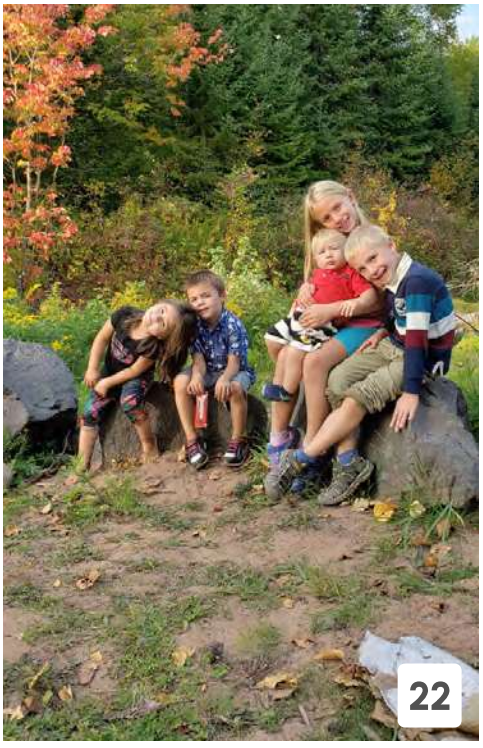
Note: A referral is considered to have occurred when program staff have indicated a need and provided appropriate information to the client for additional services outside the home visiting program.

# FAMILY STORIES



*"I learned about Home Visiting by signing up for WIC. I was smoking marijuana during my pregnancy, and I kind of knew that I needed to stop. It would help me, being 200 miles away from my family. A third person to give me pointers and to help in an educational standpoint to tell me where my daughter should be at what I need to do to make sure she is there and alleviate some of the stress of being a first-time mom."*

*"It's the best thing you will do for you and your baby that you never knew that you needed. The best thing because it gives you a chance to just be. Lots of moms don't get a chance for an adult conversation, you get some laughs and information and someone who understands child development. They give it to you for free. It supports early learning and 0-3 is and that is an impactful time, and it helps to promote happy and healthy kids. We can't do it without the help and support. It is something you didn't know you needed, but once you have it it's like oh my gosh!"*




# APPENDICES

# APPENDIX I

| Service Statistics | |
|---|---|
| **Total Home Visits** | **195,765** |
| **Total Families Served** | **23,207** |
| **Total Children Served** | **19,140** |
| **Total Women Served** | **14,126** |
| **Pregnant Women** | **9,101** |

**Household Demographic Characteristics**

| | N | % |
|---|---|---|
| **Federal Poverty Level** | **13,596** | **100.0%** |
| <= 50% | 8,535 | 62.8% |
| 51-100% | 2,404 | 17.7% |
| 101-133% | 1,255 | 9.2% |
| 134-250% | 565 | 4.2% |
| 251% + | 182 | 1.3% |
| Unknown | 655 | 4.8% |

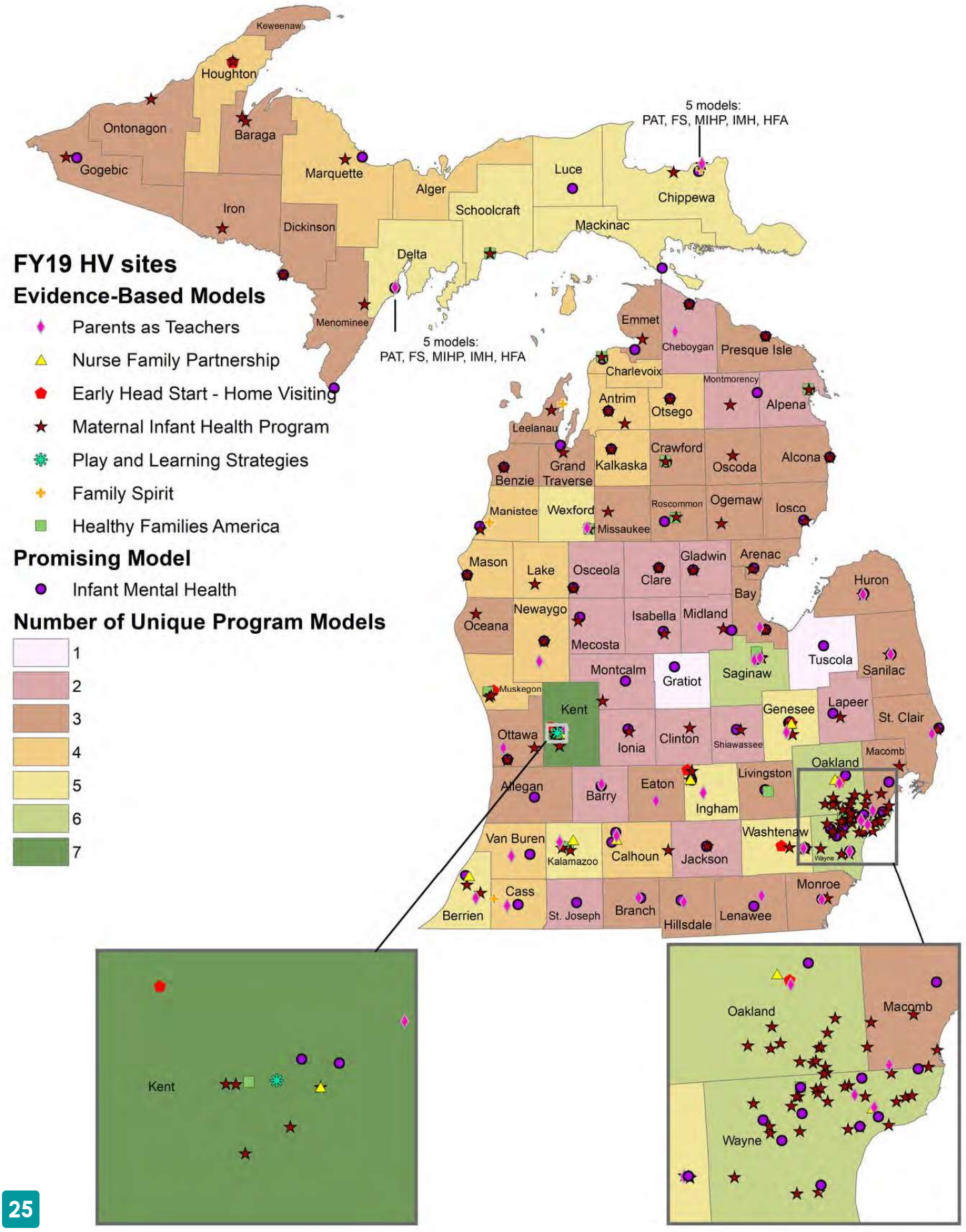
**Child Demographic Characteristics**

| | N | % |
|---|---|---|
| **Insurance:** | **19,140** | **100.0%** |
| None | 98 | 0.5% |
| Medicaid | 18,365 | 96.0% |
| TRICARE | 6 | 0.0% |
| Private/Other | 408 | 2.1% |
| Unknown | 263 | 1.4% |
| **Ethnicity:** | **19,140** | **100.0%** |
| Hispanic | 1,884 | 9.8% |
| Not Hispanic | 16,841 | 88.0% |
| Unknown | 415 | 2.2% |
| **Race:** | **19,140** | **100.0%** |
| Amerian Indian/AN | 371 | 1.9% |
| Asian | 291 | 1.5% |
| Black | 6,425 | 33.6% |
| Native Hawaiian/PI | 14 | 0.1% |
| White | 8,082 | 42.2% |
| Multiple Races | 564 | 2.9% |
| Unknown | 3,393 | 17.7% |
| **Age:** | **19,140** | **100.0%** |
| < 1 Year | 11,381 | 59.5% |
| 1-2 Years | 6,382 | 33.3% |
| 3-5 Years | 1,337 | 7.0% |
| Unknown | 40 | 0.2% |
| **Gender:** | **19,140** | **100.0%** |
| Female | 9,373 | 49.0% |
| Male | 9,721 | 50.8% |
| Unknown | 46 | 0.2% |

**Maternal Demographic Characteristics**

| | N | % |
|---|---|---|
| **Insurance:** | **14,126** | **100.0%** |
| None | 134 | 0.9% |
| Medicaid | 12,979 | 91.9% |
| TRICARE | 8 | 0.1% |
| Private/Other | 660 | 4.7% |
| Unknown | 345 | 2.4% |
| **Ethnicity:** | **14,126** | **100.0%** |
| Hispanic | 1,468 | 10.4% |
| Not Hispanic | 12,339 | 87.3% |
| Unknown | 319 | 2.3% |
| **Race:** | **14,126** | **100.0%** |
| Amerian Indian/AN | 332 | 2.4% |
| Asian | 209 | 1.5% |
| Black | 5,639 | 39.9% |
| Native Hawaiian/PI | 11 | 0.1% |
| White | 6,110 | 43.3% |
| Multiple Races | 247 | 1.7% |
| Unknown | 1,578 | 11.2% |
| **Marital Status:** | **14,126** | **100.0%** |
| Married | 3,403 | 24.1% |
| Widowed | 26 | 0.2% |
| Separated | 190 | 1.3% |
| Divorced | 304 | 2.2% |
| Never Married | 9,946 | 70.4% |
| Unknown | 257 | 1.8% |
| **Education:** | **14,126** | **100.0%** |
| < High School | 3,463 | 24.5% |
| HS Diploma/GED | 7,957 | 56.3% |
| Some College/Tech | 1,564 | 11.1% |
| Bachelor's Degree + | 824 | 5.8% |
| Other | 13 | 0.1% |
| Unknown | 305 | 2.2% |
| **Age:** | **14,126** | **100.0%** |
| < 18 Years | 524 | 3.7% |
| 18-19 Years | 1,103 | 7.8% |
| 20-24 Years | 4,210 | 29.8% |
| 25-29 Years | 4,169 | 29.5% |
| 30-34 Years | 2,539 | 18.0% |
| 35-44 Years | 1,423 | 10.1% |
| 45 + Years | 51 | 0.4% |
| Unknown | 107 | 0.8% |
| **Primary Language:** | **13,539** | **100.0%** |
| English | 12,730 | 94.0% |
| Spanish | 303 | 2.2% |
| Arabic | 284 | 2.1% |
| Other | 165 | 1.2% |
| Unknown | 57 | 0.4% |

# APPENDIX II


FY19 HV sites
Evidence-Based Models
Parents as Teachers
Nurse Family Partnership
Early Head Start - Home Visiting
Maternal Infant Health Program
Play and Learning Strategies
Family Spirit
Healthy Families America
Promising Model
Infant Mental Health
Number of Unique Program Models
1
2
3
4
5
6
7
5 models: PAT, FS, MIHP, IMH, HFA
5 models: PAT, FS, MIHP, IMH, HFA
Keweenaw
Houghton
Ontonagon
Baraga
Gogebic
Marquette
Alger
Luce
Chippewa
Schoolcraft
Mackinac
Iron
Dickinson
Delta
Menominee
Emmet
Cheboygan
Presque Isle
Charlevoix
Montmorency
Antrim
Otsego
Alpena
Leelanau
Crawford
Kalkaska
Oscoda
Alcona
Benzie
Grand Traverse
Manistee
Wexford
Missaukee
Roscommon
Ogemaw
Iosco
Mason
Lake
Osceola
Clare
Gladwin
Arenac
Huron
Bay
Oceana
Newaygo
Isabella
Midland
Mecosta
Tuscola
Sanilac
Montcalm
Gratiot
Saginaw
Muskegon
Kent
Genesee
Lapeer
St. Clair
Ottawa
Ionia
Clinton
Shiawassee
Macomb
Oakland
Livingston
Allegan
Barry
Eaton
Ingham
Washtenaw
Van Buren
Kalamazoo
Calhoun
Jackson
Wayne
Monroe
Cass
Berrien
St. Joseph
Branch
Hillsdale
Lenawee
Kent
Oakland
Macomb
Wayne

# APPENDIX III

| Home Visiting Model | Funding Source | Federal Funding | State Funding | Private Funding |
|---|---|---|---|---|
| **Early Head Start (EHS-HV)** | MIECHV | $831,575 | | |
| (Note: The Administration for Children and Families Federal funding that supports most EHS-HV programs are distributed directly to the grantees and do not flow through the state budget. Those funds are not included in this total). | State School Aid Act, Section 32p and 32p4 Block Grant Funds | | $486,390 | |
| **Healthy Families America (HFA)** | MIECHV | $2,329,942 | | |
| | CBCAP | $23,397 | | |
| | CTF (License plates, donations, tax check off, etc.) | | | $79,590 |
| | State General Fund | | $2,196,540 | |
| | State School Aid Act, Section 32p and 32p4 Block Grant Funds | | $270,413 | |
| **Maternal Infant Health Program (MIHP)** | Medicaid | $8,233,778 | $3,433,808 | |
| **Nurse Family Partnership (NFP)** | MIECHV | $2,433,153 | | |
| | Medicaid | $1,204,863 | $1,468,725 | |
| | State General Fund | | $1,142,136 | |
| | State School Aid Act, Section 32p and 32p4 Block Grant Funds | | $195,689 | |
| **Parents as Teachers (PAT)** | State School Aid Act, Section 32pand 32p4 Block Grant Funds | | $3,026,585 | |
| | CBCAP | $124,840 | | |
| | CTF (License plates, donations, tax check off, etc.) | | | $408,665 |
| | State General Fund | | $206,198 | |
| **Family Spirit** (The Administration for Children and Families Federal funding that supports many tribal programs are distributed directly to the Inter-Tribal Council and do not flow through the state budget. Those funds are not included in this total). | State General Fund | | $294,312 | |
| **Infant Mental Health (IMH)** | Medicaid | $6,471,903 | | |
| | State General Fund | | $3,640,445 | |
| **Play and Learning Strategies (PALS)** (MDE funds one PALS model in the state for its evidence-based infant component only. | State School Aid Act, Section 32pand 32p4 Block Grant Funds | | $117,000 | |
| **All Models =** | | **$21,653,451** | **$16,478,241** | **$488,255** |