

**Michigan Maternal, Infant, and Early Childhood Home Visiting Program
STATEWIDE NEEDS ASSESSMENT**

Letters of Concurrence on Statewide Needs Assessment

Letters of Concurrence on Michigan's Statewide Needs Assessment confirm that representatives of the signatories' agencies participated in the needs assessment process and concur with the results. The letters are from the:

- Michigan Department of Community Health, which serves as the state's Title V Agency and the Single State Agency for Substance Abuse Services;
- Michigan Department of Human Services, the state's agency for Title II of CAPTA, which also houses the Head Start State Collaboration Office (HSSCO, which is detailed to the Early Childhood Investment Corporation).

Following the Letters of Concurrence is an organizational chart describing the structure of Michigan's home visiting program, followed by a list of the state and local partners who provided information for this Needs Assessment.



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
LANSING



ISMAEL AHMED
DIRECTOR

September 20, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

Dear Dr. Yowell:

The Department of Human Services (DHS) is Michigan's public assistance and child welfare agency. DHS directs the operations of public assistance and service programs through a network of over 100 county offices around the state. DHS is the state's agency for Title II of the Child Abuse Prevention and Treatment Act, and houses the Head Start State Collaboration Office, which is detailed to the Early Childhood Investment Corporation. DHS also administers the Temporary Assistance to Needy Families, grant and offers a wide range of service programs available for the families and children of Michigan. Those programs include, but are not limited to, children's protective services, foster care and adoption services for children who may have been abused or neglected, as well as family services, such as child day care and domestic violence prevention and treatment services.

DHS staff from the Bureau of Child Welfare, Children's Trust Fund, Head Start State Collaboration Office, and Interagency & Community Services Office have contributed to the Needs Assessment process, and concur with the results presented in Michigan's response to the Supplemental Information Request.

DHS looks forward to continued collaboration with the Michigan Department of Community Health and other key partners and stakeholders to plan, implement, and sustain evidence-based home visitation programs for at-risk children and families.

Sincerely,

Ismael Ahmed



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

JENNIFER M. GRANHOLM
GOVERNOR

JANET OLSZEWSKI
DIRECTOR

September 17, 2010

Audrey M. Yowell, PhD, MSSS
Health Resources and Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
18A-39
Rockville, MD 20857

Dear Dr. Yowell:

The Michigan Department of Community Health (MDCH) is responsible for health policy and management of the state's publicly-funded health service systems. MDCH is the state's Title V agency, as well as the Single State Agency for Substance Abuse Services. MDCH also houses the Medical Services Administration (Medicaid and SCHIP) and Mental Health Services. About 2 million Michigan residents will receive services this year that are provided with total or partial support from MDCH.

As the grantee for the ACA Home Visiting program funds in Michigan, MDCH staff has collaborated with many partners to develop Michigan's response to the Supplemental Information Request (SIR). Here at MDCH, staff from across our Maternal Child Health, Epidemiology, Children's Mental Health, and Substance Abuse programs have contributed to the Needs Assessment process, and concur with the results presented in the attached document.

We look forward to our continued collaboration with the Health Resources and Services Administration (HRSA) and the Administration on Children and Families (ACF) in implementing Michigan's *Maternal, Infant, and Early Childhood Home Visiting Program*.

Sincerely,

Janet Olszewski
Director

JO/el
Enclosure

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STATE OF MICHIGAN

MICHIGAN DEPT OF EDUCATION
Early Childhood Education and Family Services

MICHIGAN DEPT OF COMMUNITY HEALTH
Public Health Admin
Home Visiting Program Staff

- Project Administrator
- Program Coordinator
- Program Analyst
- Evaluation Contractor

Mental Health Admin
Substance Abuse Admin
Medicaid & SCHIP Admin

MICHIGAN DEPT OF HUMAN SERVICES
Child Welfare
Child Care
HSSCO
Children's Trust Fund

MICHIGAN EARLY CHILDHOOD INVESTMENT CORP
Early Childhood System Building and Promotion

Michigan
GREAT START SYSTEM TEAM

Michigan
HOME VISITATION WORKGROUP AND SUBCOMMITTEES

Intermediate School Districts
Local School Districts

Local Public Health
Local Community Mental Health
Regional Substance Abuse Coordinating Agencies
Medicaid Health Plans

Local Human Services Offices
Local Child Abuse and Neglect Councils

Great Start Collaboratives
Great Start Parent Coalitions
Great Start Child Care Quality Program

LOCAL GRANTEES / HOME VISITING PROGRAMS

Participants in Michigan's Needs Assessment

Agency	Name	Role
STATE LEVEL		
EDUCATION	Lindy Buch	Director, Office of Early Childhood Education and Family Services (which includes both Part C and Part B 619 preschool).
	Renee DeMars-Johnson	Supervisor, Infant/Toddler & Family Services (including Part C)
	Colleen O'Connor	Education Consultant (Part C and Great Parents, Great Start)
HUMAN SERVICES	Lisa Brewer-Walraven	Director, Office of Early Education and Care/Federal Liaison
	Zoe Lyons	Program Director, Children's Protective Services and Family Preservation Program Offices
	Jeremy Reuter	Director, Head Start State Collaboration Office
	Teresa Marvin	Part C Parent Representative
	M. Jeffrey Sadler	Departmental Analyst, Bureau of Child Welfare
	CHILDREN'S TRUST FUND	Mike Foley
Sarah Davis		Senior Program Development Coordinator
EARLY CHILDHOOD INVESTMENT CORPORATION	Joan Blough	Vice-President, Great Start System Planning and Evaluation & ECCS Coordinator
	Alissa Parks	Director, Great Start Collaborative Development and Assistance
MICHIGAN LEAGUE FOR HUMAN SERVICES	Jane Zehnder-Merrell	Project Director, Kids Count in Michigan
COMMUNITY HEALTH	Alethia Carr	MCH Director, Bureau of Family, Maternal and Child Health
	Deborah Hollis	Director, Bureau of Substance Abuse and Addiction Services
	Sheri Falvay	Director, Mental Health Services to Children and Families
	Violanda Grigorescu	Director, Division of Genomics, Perinatal Health and Chronic Disease Epidemiology
	Brenda Fink	Director, Division of Family & Community Health
	Nancy Peeler	Manager, Child Health Unit; Project

		Administrator for Home Visiting program
	Sheila Embry	Manager, Medicaid , Quality Improvement and Program Development Section
	Jackie Prokop	Manager, Medicaid, Ambulatory Benefits Section
	Deb Marciniak	Senior Project Coordinator
	Joni Detwiler	Public Health Consultant, Perinatal Health Unit
	Mary Ludtke	Maternal Health , Early Childhood and Collaboration Consultant
	Kathleen Haines	Manager of the Performance Measurement Section, MDCH-MH/SA Administration
	Richard Berry	Analyst, Performance Measurement Section, MDCH-MH/SA Administration
	Carolyn Foxall	SPF-SIG Coordinator
	Angela Smith-Butterwick	Women's Treatment Specialist
	Joyce Washburn	Substance Abuse Treatment Specialist
	Tiffany Kostelec	Public Health Liaison to Part C
	Lin Dann	Project Director for Project LAUNCH
	Mary Kleyn	Newborn Screening epidemiologist
	Penny Verran	Consultant
LOCAL LEVEL – 10 identified counties		
GREAT START COLLABORATIVE BODIES	Directors	Helped gather Home Visiting program information from partner agencies
LOCAL PUBLIC HEALTH	Health Officer	Helped gather Home Visiting program information in Public Health
HEAD START	Directors	Provided data regarding Head Start Community Needs Assessments
LOCAL CAPTA GRANTEES	Directors	Provided data from CAPTA Needs Assessments

**Michigan Maternal, Infant, and Early Childhood Home Visiting Program
STATEWIDE NEEDS ASSESSMENT**

Our daily experiences tell us that all communities in Michigan have families at risk, especially given our state’s severe economic and budget crisis. However, our Needs Assessment for the federal Home Visiting funds is focused on communities with the highest concentration of risk, as determined by indicators and metrics specified in the Supplemental Information Request (SIR). In order to complete the Needs Assessment, Michigan’s Home Visiting Workgroup followed the steps outlined in the SIR.

1. Statewide Data Report

2. Identification of Unit Selected as “Community”

The statewide data is reported in Appendix A.

We used 13 indicators in our preliminary data analysis to identify communities with the highest concentration of need; ten that were specified in the SIR, plus three additional indicators identified by our Home Visiting Workgroup. Based on extensive discussion, we added the three additional indicators to our analysis to reflect what we have been learning about disparities that impact wellness, risk and needs. The 13 indicators include:

Indicator	Source	Year
Premature birth	MDCH Vital Records	2009 provisional data
Low-birth weight infants	MDCH Vital Records	2009 provisional data
Infant mortality	MDCH Vital Records	2004-2008
Poverty	Small Area Income & Poverty Estimates (SAIPE)	2008
Crime	Crime Index; Crime in Michigan Annual Report	2008
Domestic violence	Michigan Incident Crime Reporting	2008
School drop-out rates	Michigan Center for Educational Performance Information (CEPI); Kids Count for Michigan	2009
Substance abuse	SAMHSA	2006-2008
Unemployment	US Bureau of Labor Statistics	June 2010
Child maltreatment	Michigan Department of Human Services; Kids Count for Michigan	2009
Presence of an urban center in a county	US Census	2000
Proportion of the total population of American Indians living in each	CDC National Center for Health Statistics - WONDER	2008

Indicator	Source	Year
county compared to the total population of American Indians in the state	(Wide-ranging Online Data for Epidemiologic Research)	
Proportion of the total population of African Americans living in each county compared to the total population of African Americans in the state	CDC National Center for Health Statistics - WONDER (Wide-ranging Online Data for Epidemiologic Research)	2008

In order to identify the communities with the highest concentration of risk, we selected county as our unit of analysis, so that county = community. This decision was based on the fact that data is most available by county (but not by other units of measurement). We explored focusing the analysis on our larger, urban cities, but could not locate most of the data we would need to conduct a reasonable analysis. Since we will be able to conduct further analysis in the next step of the Needs Assessment, we chose to focus on the county level data for this preliminary work.

We were able to access the data sources specified in the SIR for most indicators. Special considerations include:

- Maternal-child health indicators: The Title V Needs Assessment used provisional 2009 data for premature birth, low birth weight and infant mortality. 2009 provisional data was also used for this needs assessment, but varies slightly due to updates that have been made to the original data.
- Domestic violence rates: Based on consultation with the state Family Violence Prevention and Services Act (FVPSA) administrators, the Michigan Incident Crime Reporting for 2008 was selected as the data source to for domestic violence rates.
- School drop-out rates: We accessed data from the Michigan Center for Educational Performance and Information (CEPI). CEPI uses a nationally standardized definition of drop-outs that is consistent with the definition listed in the SIR. Michigan school data is recorded by local school district and by Intermediate School Districts (ISDs). Neither local district nor intermediate district borders follow county lines, so for this analysis, we used CEPI data that had been re-coded by Kids Count for Michigan to approximate county lines (Kids Count is also organized by county). Because the state calculation method does determine the percent of high school drop-outs for grades 9-12, only one indicator was used to represent drop-out rates.
- Substance abuse: Our substance abuse data was drawn from the SAMHSA website cited in the SIR. That data reports percentages rather than rates; thus, the data used in our analysis is the percentage of those 12 years and older who reported a particular behavior divided by all respondents 12 years and older.
- Child maltreatment rates by type: Michigan documents types of child maltreatment across 22 categories. A single incident may be recorded in multiple categories. Since this is primarily descriptive data, it is recorded in Appendix A, but was not used in the numerical analysis. Appendix A includes simple counts for each type of maltreatment; when the count for a category was very small the actual numbers are not listed, due to standards for reliability and precision, and due to privacy concerns.

Twenty-two of Michigan’s 83 counties did not have complete data across the indicators, and could not be included in the final analysis. Incomplete data might be due to missing information, or because of such small values for one or more indicators that they are not reported, due to standards for reliability and precision, and due to privacy concerns.

For the remaining 61 counties, we determined the level of risk for each county on each indicator. The county was deemed “at risk” if the county average was higher than the state average for that indicator. When the SIR requested multiple measures for an indicator (for example, Substance Abuse has four measures), a composite score was calculated and used. The county was deemed “at risk” for the composite score if any of the individual measures were higher than the state average. Finally, the number of indicators for which the county was higher than the state average was totaled to calculate the concentration of risk.

Research by Barth, et al (2008), cited by the Harvard University Center on the Developing Child (http://developingchild.harvard.edu/index.php/library/briefs/inbrief_series/inbrief_the_impact_of_early_adversity/), indicates that as the number of adverse early childhood experiences mount, so does the risk of developmental delays. Children with seven or more risk factors have a 100% chance of developmental delay. Applying this research, we defined a county as having a high concentration of risk if it exceeded the state average on seven or more of the 13 indicators used in our analysis.

Our preliminary analysis identified ten counties with the highest concentration of risk as compared to the statewide level of risk. The counties identified include:

County	Concentration of Risk Score
Genesee	13
Wayne	12
Saginaw	11
Calhoun	10
Ingham	10
Kalamazoo	9
Muskegon	9
Berrien	8
Kent	8
St. Clair	8

Note: there were no counties with a score of 7

These results, while not exactly the same, are consistent with previous analyses by MDCH that identify many of the same counties as having the highest infant mortality rates, low birth weight, highest incidence of lead poisoning, as well as poor rankings on the County Health Rankings for Michigan.

3. Data Report for Each At-Risk Community in the State

Data reports for the ten communities identified with the highest concentration of risk are located in Appendix A, following the state data report. The county level data reports use the same data sources as used in the state data table. Data from the State's Title V Needs Assessment is generally not included on the local data tables, as the assessment utilized primarily a statewide focus. A brief description of the data and results for each county is included below, under 4.b.

4. Quality and Capacity of Existing Programs/Initiatives for Early Childhood Home Visitation in Each of the Identified At-Risk Communities

a. State level home visiting programs in Michigan

Home visiting programs in Michigan are listed in the chart titled **State or Federally-Funded Home Visiting Programs (Appendix B)**. This chart includes programs that use home visiting as a primary service delivery strategy, are at least partially supported with State or Federal funds, and focus on promotion or prevention. The following information is provided for each program:

- Name of the program
- Home visiting model or approach in use
- Specific service(s) provided
- Intended recipients of the service (e.g., pregnant women, infants)
- Targeted goals/outcomes of the intervention (e.g., child maltreatment reduction, maternal and child health, early literacy, reduction of domestic violence)
- Demographic characteristics of individuals or families served (using data in the form in which it is collected by the service provider)
- Number of individuals or families served (depending on the intended recipient(s))
- Geographic area served

State-level Home Visiting Programs

Michigan identified nine state-level home visiting programs supported by State or Federal funds. State level means that there is some involvement or program coordination occurring at the state level. The first two programs listed are available to Medicaid beneficiaries statewide.

One is the Maternal Infant Health Program (MIHP), which enrolled and served 27,164 pregnant women and an estimated 10,000 infants in CY09. This means that MIHP served about 50% of the families whose childbirth medical expenses were covered by Medicaid in 2009. MIHP undoubtedly has the broadest reach of all home visiting programs in Michigan.

The other home visiting program available to Medicaid recipients statewide is Community Mental Health Home-Based Services. This is an infant mental health services program for children 0-47 months that have a parent that meets diagnostic

criteria for mental illness, developmental disability or dual diagnosis. Home-based Services, based on parental diagnosis, were provided to 1,031 families in 2009. (NOTE: Some Community Mental Health Services Programs also provide infant mental health as a prevention (B3) service. In 2009, 329 families were served under this program.)

The remaining seven home visiting programs listed are available in fewer of Michigan's 83 counties. Early Head Start is offered in 64 counties, but the other six programs are only offered in three to thirteen counties. Furthermore, many programs serve only a restricted area within a county (e.g., zip code area).

All home visiting programs listed target families with risk factors. We do not yet have sufficient data to estimate the number of families touched by home visiting programs over a 12 month period, given that the federal guidance indicated that the "number and types of individuals and families receiving these services may be reported using the units and formats used by each service provider" and that there was insufficient time to attempt to gather all of the data and convert it into a standardized format. This preliminary information will be supplemented in the State's Updated Needs Assessment that will be required as part of the Updated State Plan.

Quality and Capacity of Existing Programs/Initiatives - Extent to Which They are Meeting the Needs of Eligible Families.

The state-level table in Appendix B includes preliminary information about the nine state-level programs. Additional information, such as demographics of families being served and information about program evaluations results, model fidelity and quality assurance will be supplemented in the State's Updated Needs Assessment that will be required as part of the Updated State Plan. This information will be used to assess the extent to which existing programs are meeting the needs of eligible families. This analysis will focus on the ten counties identified as having the highest concentration of risk.

Needs/Gaps identified in other Needs Assessments

The State conducted a Needs Assessment for its 2011 Title V application. The four top maternal and child health needs identified were: access to care, family planning, infant mortality and maternal depression. Based on a pre-survey of stakeholders, analysis of key indicators and comments from a workgroup consisting of state and local agency representatives, consumers, public and private providers; the following priorities for the period 2011-2016 were determined:

- Increase the proportion of intended pregnancies
- Increase the proportion of Children with Special Health Care Needs population that has access to a medical home and integrated care planning
- Reduce obesity in children, including children with special health care needs, and women of childbearing age
- Address environmental issues (asthma, lead poisoning, second-hand smoke) affecting children, youth and pregnant women
- Reduce African American and Native American infant mortality rates
- Decrease the rate of sexually transmitted diseases among youth 15-24 years of age

- Reduce intimate partner and sexual violence
- Increase access to early intervention services and developmental screening within the context of a medical home for children
- Increase access to dental care for pregnant women and children, including children with special health care needs
- Reduce discrimination in health care services in publicly-funded programs

While needs and gaps relating to home visiting programs were not specifically analyzed, the fact that access to care and infant mortality were top issues hints at needs/gaps in the statewide early childhood system.

The Children’s Trust Fund (CTF) Needs Assessment for Title II of CAPTA provides more insight into the issue of needs/gaps in our statewide system of services. CTF funds 70 local child abuse and neglect prevention councils covering 80 of the State’s 83 counties. Each local council works with other local partners to conduct a local needs assessment to inform their local prevention plans. CTF analyzed the 2010-2012 renewal applications for 69 councils that provided data on 79 counties, and found the following results. Home visiting programs are clearly identified as one of the most significant needs in local communities. The local councils also indicated that establishing a predictable and sustainable funding source will be key to Michigan’s implementation of home visiting programs.

CTF Most significant issues	CTF Most significant needs
Unemployment	Services for at-risk families
Poverty	Parent education
Substance abuse	Home visiting
Parental stress	Public awareness
Increasing CAN investigations	Prevention programs in schools
Transportation	Community collaboration
	Child care opportunities

Gaps and Duplications in Home Visiting Services in Michigan

The state poverty rate in Michigan is 14.4% for residents below 100% of the federal poverty level (per SAIPE). US census data released September 16, 2010 show that Detroit is one of the top five metropolitan areas posting the largest gains in poverty in 2009.

The number of children age birth through five living in poverty in Michigan is estimated at about 119,000, based on a poverty rate of 19.3% for all children. The number of births paid for by Medicaid per year is approximately 50,000. This totals 169,000 individuals who could be considered to be in need of home visiting services at this time.

While we can assemble descriptive data about the population to be served, we cannot yet estimate the gaps in service. The number of families/children/pregnant women currently served by home visiting programs on an annual basis is counted in different ways; some count number of families served; some count number of pregnant women served; some

count the number of children; and some count number of individuals served. It is clear that we do not have detailed enough data to provide an accurate total of numbers currently being served. Even without specific data in hand, we feel it is appropriate to state that we expect our more detailed needs assessment to document major gaps in the availability of home visiting programs for at-risk families in Michigan.

There is anecdotal evidence that some families are enrolled in multiple home visiting programs, however, it is not possible to do an analysis of this at this time, given time restrictions and inability to compare enrollment across programs – state and local programs typically do not have the infrastructure in place to conduct this type of analysis. This issue will be a focus in the State’s Updated Needs Assessment, especially for the ten counties identified as having the highest concentration of risk. This will also be one of the areas in which the state will focus infrastructure building efforts.

Existing Infrastructure within Michigan for Supporting Effective Implementation of Statewide Home Visiting Programs

Michigan’s *Great Start* initiative was established in February of 2005 to build a comprehensive early childhood system for young children prior to school entry. The Great Start State Team (GSST) is made up of the directors of early childhood programs administered by state government. It is co-convened by the Michigan Department of Community Health (MDCH) and the Early Childhood Investment Corporation (ECIC). The GSST serves as the State team for the Early Childhood Comprehensive Systems (ECCS) initiative and as the State Wellness Council for Project LAUNCH.

In 2009, the GSST charged a Home Visiting workgroup (HVWG) to study existing home visitation programs in the state in order to develop a set of interdepartmental recommendations to more effectively address financing, coordination, administration, common messaging and future investment in home visiting. When DHHS announced the *Maternal, Infant, and Early Childhood Home Visiting Program* in June 2010, it was determined that the HVWG would serve in an advisory role for the Michigan’s new Home Visiting Program. Since then, the HVWG has developed three sub-committees to prepare Michigan’s response to the FOA.

The existing elements of Michigan’s statewide home visiting program infrastructure are as follows:

1. There is concurrence on the part of the Governor, the State Department Administrators, and the Early Childhood Investment Corporation that collaboratively building a statewide home visiting program system should be a key component of Michigan’s early childhood comprehensive system.
2. The Great Start System Team (GSST) been charged with overseeing the development of the home visiting system. The GSST has appointed a Home Visiting Workgroup (HVWG) to operationalize this charge. The HVWG includes representatives of all entities required by DHHS. Nearly all of the members have collaborated on many other early childhood initiatives and have developed strong working relationships

with each other. Group members are personally committed to building a sound home visiting system as a key component of a comprehensive early childhood system. The HVWG is chaired by the MDCH Director of the Division of Family & Community Health who reports directly to the Title V Director.

3. The HVWG has initiated the data collection process, as required in the DHHS guidance. The HVWG already has found this process to be illuminating. It was useful for each state government department that fund home visiting programs to know exactly what home visiting programs are being supported by other departments, and to see the actual numbers of pregnant women and families with young children served by each. It has also shown how much work needs to be done to develop a workable system.
4. The process of hiring staff for the Home Visiting Program at MDCH is underway, with the anticipation that they will play a key role in completing the next step of the Needs Assessment.
5. The Kellogg Foundation funded the development of a report titled *Financing Evidence-Based Home Visiting Programs in Michigan: A Strategic Financial Planning Toolkit*, May 2010. This report lays out specific action steps that the HVWG will consider as it begins to focus on systems-building.
6. The HVWG is in the process of collecting information from other states that have more advanced systems (e.g., descriptions of their systems, lessons learned, assessment tools, etc.), as offered through webinars and conference calls sponsored by national TA providers. For example, we requested the *Self-Assessment Tool for States* from ZERO TO THREE and they replied that they may be able to provide phone or e-mail technical assistance should Michigan decide to use the tool, since our state is part of the Birth to Five Policy Alliance. This might involve adapting the tool for Michigan, helping with the self-assessment process, reviewing the compiled assessment data, or providing suggestions on an implementation plan.
7. Michigan participants at the Early Childhood 2010 Summit plan to more widely share the work of Dr. Jack Shonkoff and the work of the Harvard Center on the Developing Child, as it raises important considerations as we move forward with early childhood system building and implementation of this Home Visiting program.
8. Michigan intends to apply for DHHS home visiting funds to help build state and local infrastructure to support effective implementation of evidence-based home visiting models in one or more communities with high concentration of risk.

While many efforts are underway to build Michigan's home visiting structure, the initiative is still very much in development. The State does not yet have a means to reliably determine the extent to which existing home visiting programs are meeting the needs of eligible families. Some programs use family surveys, but those tend to measure satisfaction rather than outcomes/whether needs are met. The state and local partners

need to assemble the pieces of the home visiting puzzle, including accurately cataloging the existing programs, the outcomes these programs address, whether the programs address promotion, prevention or intervention, for which target populations, leaving which gaps. The needs assessments that we have reviewed to prepare this document – both at the state and local levels – uniformly indicate that access to care is an issue and there are significant gaps in services due to limited capacity and limited funding. This home visiting needs assessment process will successfully support our efforts to document and better understand our existing system, so that well-informed decisions can be made about both state and local infrastructure development with the new federal home visiting funds.

Home visiting programs in each at -risk community supported by State or Federal funds

A list of home visiting programs that use home visiting as a primary service delivery strategy, are at least partially supported with State or Federal funds, and focus on promotion or prevention is provided in Appendix B for each of the ten counties Michigan has identified as having the highest concentrations of risk. These tables are after the state-level table. The summary information given below is preliminary. Complete data was not available for all programs and it was not possible to identify families that may have received services from more than one program. Clarification will be sought in the State’s Updated Needs Assessment that will be required as part of the Updated State Plan.

In addition to an overview on home visiting programs, the following section includes a description of each county, needs and issues from the local Title II of CAPTA Needs Assessments and available information from local Head Start community-wide needs assessments. The Children’s Trust Fund (CTF) and the Head Start State Collaboration Office (HSSCO) worked together to help collect this data.

BERRIEN COUNTY

Berrien County is located in the extreme southwest of Michigan and borders the state of Indiana to the South and a portion of Lake Michigan to the West. It encompasses 571 square miles of land. The county seat is St. Joseph and other major cities include Niles and Benton Harbor. The population of Berrien County is 160,472 and it contains mostly rural communities. Berrien County has a diversified economic base with its manufacturing, agriculture, tourism and service industries, which is enhanced with the unique farm markets within the area.

Berrien exceeded state averages on eight indicators of risk: infant mortality; poverty; prescription and illicit drug use; category A, all, and juvenile crimes; domestic violence; child maltreatment, and a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state. Berrien does not have an urban center in the county.

Berrien County identified a total of five existing home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental

Health Home-based Services), there are three programs that target families with risk factors. One of these programs specifically targets African American families. Another specifically targets women with a previous alcohol-exposed birth. Approximately 613 individuals/children/families with risk factors were served in a 12-month period by four of these five programs. Data is not available for one of the programs as it is in the beginning stages.

Berrien County's CAPTA Needs Assessment identifies issues in the areas of income, education level, crime, drug and alcohol abuse, and teen pregnancy for the community of Benton Harbor compared to the rest of the county. Benton Harbor's population is predominantly African American (around 92%), compared to the county as a whole, which is 15.1% African American. A need identified for Berrien County is an agency that consistently provides information and education specific to prevention and detection of child sexual abuse.

We have not yet received the information from the Head Start programs in Berrien County, thus their data is not available for the county data table, and gaps/needs information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

CALHOUN COUNTY

Calhoun County has a population of 135,616 and is located in the south central portion of Michigan. It spans 709 square miles and is comprised of a mix of rural and urban communities. The county seat is Marshall. The cities of Albion and Battle Creek, a major metropolitan area, are also located in Calhoun County. These cities emerged as industrial centers and are all currently home to industrial parks, including Lear Corporation, Kellogg's and the Defense Logistics Information Service (DLIS) Program, in conjunction with the Department of Defense in Washington. Dairy farming accounts for over one-third of the county's total agricultural income today.

Calhoun exceeded state averages on ten indicators of risk: preterm births; infant mortality; poverty; prescription drug use; category A and all crimes; domestic violence, high school drop-outs, child maltreatment; a high proportion of American Indians living in the county as compared to the total population of American Indians in the state; and the presence of an urban center.

Calhoun County identified a total of six home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are three programs that target families with risk factors. One program specifically targets African American families. Approximately 361 individuals/children/families with risk factors were served by four of these five programs in a 12-month period. Data was not available for one of the programs as it has not yet begun to serve families. There is also one program that does not appear to have income or risk factor eligibility requirements. This program served 15 families in a twelve-month period.

The CAPTA Needs Assessment for Calhoun County indicates that their rate of child abuse and neglect has been higher than the state average for the last decade; 44% of all substantiated cases have previous child abuse or neglect substantiation.

We have not yet received the information from the Head Start programs in Calhoun County, thus their data is not available for the county data table, and gaps/needs information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

GENESEE COUNTY

Genesee County is Michigan's fifth most populous county with a population of 424,043. The county seat and population center is Flint, the seventh largest city in Michigan. Genesee county spans 640 square miles and is located in the eastern/central portion of the lower peninsula. There are 11 cities and five villages located within the county. For decades, Genesee County played a significant role in the automotive industry; however since the late 1960s, it has suffered from disinvestment, deindustrialization, and depopulation. Genesee County's redevelopment will rely heavily on its institutions of higher learning.

Genesee exceed state averages on 13 indicators of risk, which is the high score across the 10 counties: preterm birth (with a state high of 14.0%); low birth weight; infant mortality; poverty; prescription drug use (state high of 6.01%), illicit drug use (state high of 7.62%); category A crimes, all crime; domestic violence; high school drop-outs; unemployment; child maltreatment; a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state; and the presence of an urban center.

Genesee County identified a total of ten home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are seven programs that target families with risk factors. Two of these specifically target African American families. Approximately 1,744 individuals/children/families with risk factors were served in a 12-month period by eight of these programs. Data was not available for one of the programs as it is not yet begun to serve families. There is also one program with universal entry that has served 920 families in a 12-month period.

Genesee County's CAPTA Needs Assessment indicates that the county has over 2,000 substantiated cases of child abuse and neglect each year, and around 1,400 children placed in out-of-home-care due to abuse/neglect. These child abuse rates are reported to be twice the state average; a child dies before their first birthday every 7 days. Poverty rates are increasing due to the decimation of the automobile industry, and unemployment rates are among the highest in the nation.

The community needs include parenting classes (especially for fathers), training adults to recognize and prevent abuse and neglect, fostering safe and supportive neighborhoods, developing connections for children and families, access to mental health and substance

abuse treatment for parents and funding to increase or maintain the existing quality programs that exist in the county.

The Head Start needs assessment results shared by the Genesee County Community Action Resources Department Head Start (GCCARD) indicate that high unemployment and the struggling economy are causing an increase in demand for community services in Genesee County. The crime rate is high, especially in Flint. However, local law enforcement programs are being forced to cut police and jail budgets. Nineteen percent of babies born in Genesee County are born to teen mothers; nearly 46% of new births are to single parents. There is an increasing trend of grandparents raising grandchildren with 49.7% of those grandparents living below the poverty level.

INGHAM COUNTY

Ingham County is located in the central portion of the Lower Peninsula in Michigan and is home to the state capital of Lansing. Lansing is the only state capital in the nation that is not also a county seat, which is currently in Mason. The population of Ingham County is 277,633 and it encompasses 559 square miles of mostly urban communities and a few outside rural communities. The economy in Ingham County is driven by the presence of Michigan State University, Lansing Community College and Sparrow Hospital system, as well as State government.

Ingham exceeded state averages on ten indicators of risk: preterm birth; poverty; binge alcohol (state high of 28.02%) and marijuana use, prescription drug use, and illicit drug use (state high of 4.28%); category A crimes, all crime, and juvenile crime (state high at a rate of 107.74/1,000); domestic violence; high school drop-outs; child maltreatment; a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state; and presence of an urban center.

Ingham County identified a total of six home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are three programs that target families with risk factors. Approximately 1,341 individuals/children/families with risk factors were served by these five programs in a 12-month period. There is also one program for “parents that can’t access other services.” It served 341 families in a 12-month period.

According to Ingham County’s CAPTA Needs Assessment, in 07/08, Ingham County received 2,175 complaints of abuse/neglect; 91 cases were substantiated across Categories I-III (e.g. the higher levels of concern). These numbers represent a 30% increase in 10 years. Ingham’s rate of infant mortality and substantiated cases of child abuse were above the state average.

Ingham identified a need for home visiting services in the city of Lansing. Several existing home visiting programs that could help prevent abuse and neglect lost funding due to state budget cuts, leaving a gap for parents.

We have not yet received the information from the Head Start programs in Ingham County, thus their data is not available for the county data table, and gaps/needs information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

KALAMAZOO COUNTY

Kalamazoo County is located in the southwest corner of Michigan and has a population totaling 248,407. Its square footage totals 562 miles with a blend of rural and urban communities. Kalamazoo County is comprised of four cities (including Kalamazoo) and five villages and is the eighth largest county in the state. Kalamazoo County is home to the fourth largest university in the state, as well as three private colleges and one community college, which contribute to a thriving international culture in the county. A stabilizing factor in Kalamazoo County's economy is the presence of two world-class hospitals.

Kalamazoo exceeded state averages on nine indicators of risk: low birth weight; poverty; binge alcohol and prescription drugs; category A crime, all crime, and juvenile crimes; domestic violence; child maltreatment; a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state; and presence of an urban center.

Kalamazoo County identified a total of seven home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are four programs that target families with risk factors. One of these programs specifically targets Latino and African American families. Approximately 1,113 individuals/children/families with risk factors were served by these six programs in a 12-month period. There is also one program with "no income or risk factor requirements." It served 562 families in a 12-month period.

Kalamazoo's CAPTA Needs Assessment indicated that 16% of the population lives in poverty (2005 data). Eighty-six percent of confirmed cases of abuse and neglect are defined as neglect, which is tied to poverty and a lack of family and community support. Current needs include making information available to professionals, families, and the general public in regards to resources available, parent education opportunities, prevention programs and statistics.

We have not yet received the information from the Head Start programs in Kalamazoo County, thus their data is not available for the county data table, and gaps/needs information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

KENT COUNTY

Kent County has a population of 604,330 and is the fourth largest population center in the state of Michigan. Kent County has an equal blend of urban and suburban communities, with a rural population of about 20%. The county seat, Grand Rapids, has a population of 192,252 and is the second largest city in the state. It is located in West Michigan and

covers 864 square miles and is home to 9 cities. The area was a manufacturing center particularly known for furniture, but in the past 10 years, economic development has focused on diversification of businesses in health, research sciences and tourism.

Kent exceeded state averages on eight indicators of risk: infant mortality; poverty; category A crime and juvenile crime; high school drop-out rates; child maltreatment; a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state; and presence of an urban center.

Kent County identified a total of nine existing home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are six programs that target families with risk factors. Two programs specifically target African American families. One program is operated by the Inter-tribal Council of Michigan, serving Native American communities. One program specifically targets women with a previous alcohol-exposed birth. One program combines funds from multiple sources and contracts with multiple providers to serve at-risk families with the primary goal of preventing child abuse and neglect. There is also one program with universal entry for all families in the Kent Intermediate School District which served 553 families (859 children) in a 12-month period.

Approximately 3,757 individuals/children/families with risk factors were served by these eight programs in a 12-month period.

Kent County also identified the following two systems-level initiatives:

1. *Welcome Home Baby* is a new gateway program for all first-time mothers and mothers 25 years and under with a previous birth. Services include needs assessment and referrals to home visiting programs, as well as to other resources.
2. *Home Visitor Provider Network* is a community coalition of 55 individuals from 20 local agencies that provide all of the home visiting programs serving pregnant women and children 0-5 years old in Kent County. The Network is in the process of updating an extensive grid with information on all local home visiting programs including funding sources, capacity, number of home visits, etc.

CAPTA Needs Assessment results for Kent County identify 11,106 reports of suspected abuse or neglect in 2006, 29% involving children under the age of two. DHS investigated and administered services to 3,732 families. Child neglect cases have risen, while abuse cases have declined slightly over a five year period. From 2003-2005 there was a 22% increase in the number of children removed from unsafe situations.

Nearly 20% of Kent county children under the age of five live in poverty. For every 1,000 live births, 22 babies born to African American women living in Grand Rapids die before their first birthday, identifying Kent County as having the highest African American infant mortality rate in the state. According to Kids Count 2008, Kent has the second worst prenatal care statistics in the state, is second highest in births to teens, births

to unwed mothers and preterm births. Kent County statistics also clearly demonstrate the need for relationship violence prevention efforts.

The needs in Kent County are diverse, as is its population. There is a need to further prevention partnering to address poverty, young children and school readiness, youth, etc. Kent has identified early childhood as their highest priority and having the highest return on investment not only financially, but also in terms of impact.

The Michigan Family Resources Head Start Needs Assessment indicates that families using their programs are more likely to live in poverty, be working, include a larger proportion of African Americans and Hispanics than the city or county population, are more likely to rent housing due to low/no income, experience transportation issues, and seek emergency assistance. They are also likely to live in single-parent homes, have less education, and speak languages other than English. Needs include stronger partnerships to enhance access to resources; use of mental health professionals; access to quality child care; expanding family literacy; establishing alliances with school districts; and developing fatherhood/male involvement activities.

MUSKEGON COUNTY

Muskegon County is home to 173,951 residents and occupies 509 square miles on the central western edge of Michigan. It is a blend of both rural and urban communities, with the city of Muskegon as its urban center. Located on the Lake Michigan shoreline, Muskegon County has been aggressively building not only its recreation infrastructure, but also its infrastructure for business. Muskegon has long been a center of industrial development with major manufacturers in aerospace, automotive, office furniture, defense, and related industries calling the area home.

Muskegon exceeded state averages on nine indicators of risk: low birth weight; poverty; prescription and illicit drug use; category A crimes and all crimes (state high with a range of 147.68); unemployment; child maltreatment; a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state; and presence of an urban center.

Muskegon County identified a total of seven programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are five programs that target families with risk factors. One of these specifically targets pregnant teens. Another specifically targets women with a previous alcohol-exposed birth. Approximately 1,113 individuals/children/families with risk factors were served in a 12-month period by five of the programs; data were not available for two of the programs.

According to the CAPTA Needs Assessment for Muskegon, in 2008, CPS received 3,400 child abuse and neglect complaints. Seventeen hundred were assigned for investigation, and of these 470 were substantiated. Three hundred sixty-five children were involved in court proceedings. Muskegon has one of the highest teen pregnancy rates in the state (2007); the unemployment rate is rising above state and national averages, there is

decreased funding for services for children, and a corresponding rise in incidents of abuse/neglect.

Needs identified include: age-appropriate materials for children so they can protect themselves from abuse and neglect, making teens aware of risks associated with being sexually active, and making families aware that child abuse exists in the community and how to reduce the likelihood that their child will be abused.

We have not yet received the information from the Head Start programs in Muskegon County, thus their data is not available for the county data table, and gaps/needs information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

SAGINAW COUNTY

Saginaw County is a unique blend of urban and rural landscapes with a diverse population of 200,745. It covers 812 square miles and is located in the central portion of the lower peninsula of Michigan. Saginaw County encompasses the cities of Saginaw, Frankenmuth and Zilwaukee. The region remains an important manufacturing center, popular recreation and tourism area, and a leader in agricultural production. Saginaw County is now positioning itself toward an economic foundation based in the medical and education industries.

Saginaw exceeded state averages on eleven indicators of risk: preterm birth; low birth weight; infant mortality; poverty; binge alcohol use, marijuana use, and illicit drug use; category A crimes, all crime, and juvenile crimes; domestic violence; child maltreatment (with a state high rate of 22.9/1,000 children); a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state; and presence of an urban center.

Saginaw County identified a total seven home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are four programs that target families with risk factors. One of these programs specifically targets families in communities with large minority populations. Approximately 1,133 individuals/children/families with risk factors were served in a 12-month period by five of the programs. Data was not available for one of the programs, as it will not be operational until January 2011. There is also one program for all families with children 0-5 years old residing in all 13 public school districts in the county. It served 525 families in a 12-month period.

In Saginaw County, the CAPTA Needs Assessment indicated that an average of seven children are abused or neglected each day. Over 75% of the students in the city of Saginaw live in poverty. The County has a high infant mortality rate, including infant death due to unsafe sleep practices.

Several community needs assessments identify child abuse and neglect as a priority, along with reducing the number of children in foster care. Other areas to address include

basic needs, promoting health and social-emotional well-being, economic security and strengthening families.

The Saginaw Intermediate School District Head Start program Community Needs Assessment indicates that childhood poverty rates, record unemployment levels, poor results on health status indicators and a perpetual high rate of special education eligibility continue to challenge the region. Infant mortality, asthma, lack of good nutrition and obesity continue to impact the county's youngest citizens. While Saginaw is losing population, the need for services is increasing. Needs and gaps include: childcare, early identification of learning problems, transportation, health-related services and job readiness for parents.

ST. CLAIR COUNTY

St. Clair County is located in the "thumb" area on Michigan's eastern border. A total of 167,562 residents reside in St. Clair County, which spans 724 square miles and is considered predominantly rural with a large urban presence. Port Huron is the county seat with six additional cities, two villages and 23 townships making up the rest of the county. St. Clair is also known as the "Blue Water Area." The St. Clair River is one of the heaviest traveled rivers in the world. It is part of the world's longest shipping canal, the 2,347 mile St. Lawrence Seaway. Tourism, construction and agriculture are among the top industries in St. Clair County.

St. Clair exceeded state averages on eight indicators of risk: preterm birth; low birth weight; binge alcohol and prescription drug use; all crimes; domestic violence; unemployment, child maltreatment; a high proportion of American Indians living in the county as compared to the total population of American Indians in the state. St. Clair does not have an urban center.

St. Clair County identified a total of four home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there is one program that targets families with risk factors. Approximately 626 individuals/children/families with risk factors were served by these three programs in a 12-month period. There is also one program that provides service to all families. Data on the number of families served was not given.

The CAPTA Needs Assessment for St. Clair County indicates that 11.9% of the population is living below the poverty level; the unemployment rate was 17.7%.

Recent programming by the CAN council has focused on child abuse/neglect prevention education and sexual abuse prevention education, both of which were identified as gaps in the system. School counselors, social workers, and administrators have identified the need for students to learn about personal safety and understand sexual harassment, sexual assault and the laws pertaining to these topics.

We have not yet received the information from the Head Start programs in St. Clair County, thus their data is not available for the county data table, and gaps/needs

information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

WAYNE COUNTY

Wayne County boasts a population of 1,925,848, making it the 13th most-populous county in the United States. The county seat is Detroit, the largest city in Michigan. Thirty-three additional cities and nine townships make up the remainder of Wayne County. Wayne County is located in southeast Michigan and devotes 83% of its 614 square miles to urban uses. Automobile manufacturing continues to be a primary force in the Detroit economy. In recent years, however, dependence on the auto industry has decreased, while the services sector has increased. Commercial shipping continues to contribute to Detroit's status as a major international market.

Wayne exceeded state averages on twelve indicators of risk: preterm birth; low birth weight (state high of 10.6%); infant mortality (state high rate of 10.5/1,000 live births); poverty (state high of 20.5%); binge alcohol use; category A crimes (state high with a rate of 55.4/1,000 residents), all crimes and juvenile crimes; domestic violence (state high rate of 14.7/1,000); high school drop-outs (state high of 16.1%); unemployment (state high of 15.4%); a high proportion of both American Indians and African Americans living in the county as compared to the total population of American Indians and African Americans in the state (both state high rates of 13.2 and 54.9, respectively); and the presence of the state's largest urban center.

Wayne County identified a total of eight home visiting programs. In addition to the two statewide programs (Maternal Infant Health Program and Community Mental Health Home-based Services), there are six programs that target families with risk factors. Approximately 8,431 individuals/children/families with risk factors were served in a 12-month period by five of the programs. Data were not available for three of the programs.

The Wayne CAPTA Needs Assessment reports results for two geographic areas. In the eastern part of the county, 2008 data showed that 3,928 children were victims of abuse and neglect; 42% were under the age of 5, an increase of about 20% from 2007. In the city of Detroit, there were 8,867 reports of child abuse/neglect; 42% were substantiated, with 37% of the children removed from their homes.

Other county issues include teen pregnancy, the relationship of adult domestic violence to abuse/neglect of children; substance abuse, etc. The highest priority to address was parent/caregiver education, training and services. The second priority was community education about these issues.

We have not yet received the information from the Head Start programs in Wayne County, thus their data is not available for the county data table, and gaps/needs information will be a supplement to our State Updated Needs Assessment for the Updated State Plan.

Consumer Participation

The HVWG fully intends to meaningfully involve consumers in the development of the Updated State Plan, when more in-depth work is done to create detailed profiles of the 10 counties identified as being at greatest risk, and decisions are made as to where Michigan initially will invest its Home Visiting Program funds. As we work with the local communities, the involvement of their local parent councils and coalitions will be key in helping to identify gaps and prioritize needs to be addressed with any home visiting funding that is received.

5. State's Capacity for Providing Substance Abuse Treatment and Counseling Services to Individuals/Families Needing These Services Who Reside in Identified At-Risk Communities

The MDCH Bureau of Substance Abuse and Addiction Services (BSAAS) uses a Coordinating Agency infrastructure mechanism to develop and implement evidence-based practices, programs and policies that will enable Michigan to reduce and delay the onset of alcohol, tobacco and other drug use; and therefore, help achieve the goals of the Affordable Care Act (ACA) Maternal Infant and Early Childhood Home Visiting Program.

BSAAS has several community partners in the provision of substance abuse prevention programming, including community coalitions, coordinating agencies and inter-agency stakeholders. We envision those community coalitions playing a major role in the implementation of the home visiting programs. BSAAS has a rich history working with community coalitions; including those coalitions funded with (CSAP) Michigan Prevention Partners grants, Drug Free Communities grants and state and local resources. In addition, we have established a statewide Community Anti-Drug Coalitions of Michigan (CADCOM) to engage coalitions in planning, strategic and state and community-level advocacy efforts of interest to the State. Community Coalitions were also represented in our Strategic Prevention Framework State Incentive Grant project and are active in the State Epidemiological Workgroup. In addition, we expect departments with mutual goals at the state and community levels to play a major role in the planning and implementation of the home visiting project.

Coordinating agencies (CAs) are statutorily responsible for the planning and administration of local substance abuse treatment and prevention programs. CAs are administered by Municipal and County Health Departments, Community Mental Health Boards, County Commissions and private, non-profit substance abuse commissions. There are 16 CAs and their catchment areas vary in size from a single municipality to a region responsible for several counties. CAs, however, serve all 83 counties in the State of Michigan. The CA network is consistent with Michigan's other systems of regional authorities for the provision of health and human services. Services are directed from the State level but locally controlled. CAs are funded with federal, state and local-level dollars and are obligated to provide local match to support the identified local needs.

Administrative Rules (promulgated pursuant to Section 6231 (1), P.A. 368) prohibit CAs from performing direct prevention and treatment services. Consequently, the CAs contract with local providers via a bid process and provide training, data and evaluation services. Each CA is responsible for performance and financial reporting to the State and all have developed and implemented data systems to secure data from providers. Each CA must submit to the State a regional action plan for prevention and treatment including initiatives pertaining to evidence-based prevention, treatment, continuum of care, co-occurring disorders, case management and care management.

Each CA is required by contract to provide all substance abuse treatment and prevention services needed in the region to meet local need. Treatment services along the full continuum must be available to residents. These services include: outpatient, residential, methadone, sub acute detoxification, case management, early intervention, peer recovery/recovery supports and integrated treatment for those with co-occurring mental health and substance abuse disorders. Auricular acupuncture and suboxone are alternative treatment services that are covered under state funding, but are not required. In Michigan, providers must be both licensed and accredited in order to contract with CAs. There are also workforce credentialing requirements for clinicians.

Michigan has gender specific treatment programs throughout the state that meet the federal block grant criteria for designation. These specialized programs are available in all CA regions. Additional services like transportation, child care and case management are required of these agencies. A listing of all providers can be found at www.michigan.gov/mdch-bsaas.

The CAs act as the State's regional administrative authority and possess accumulated extensive experience at working with local level agencies and stakeholders in various communities around Michigan. CAs also employ personnel with the experience and expertise that local agencies cannot provide. Given the size, population and the geographical layout of our State, it would be impossible for the State to administer and direct services at the local level.

Community Readiness: Community Strategic Prevention Planning Collaboratives (CSPPCs) have been formed across all 16 CA regions. The State Block Grant action planning requires the continuation of a representative collaborative that will drive the implementation of substance use services at the community level. The CSPPCs should include, but not be limited to, representation from the following partners and stakeholders, where feasible, serving the targeted community: ATOD Community Coalitions, Student and Parent organizations, Intermediate School District Safe and Drug Free Community School and Communities Grantees, Local Education Administration, Drug Free Community Grantees, County Department of Human Services Agencies, Local Public Health Departments, Community Mental Health Boards, Older Adult Service Agencies, Faith-Based Communities, Drug Enforcement Agency, High Intensity Drug Traffic Area Agency, Local Liquor Control Commission, Michigan Coalition for Underage Drinking, Tobacco and Alcohol Retailer Associations and local law enforcement agencies.

The collaboratives are empowered to perform the following tasks:

- Conduct a community-level needs assessment utilizing data derived from the State Epidemiological Workgroup (SEW) and/or Community Epidemiological Workgroup (CEW). This activity may include epidemiological work done to fill the gaps in data.
- Conduct assessments, mobilize citizens and develop capacity to build infrastructure and implement evidence-based related programs, policy and practices.
- Select and target communities for impact.
- Develop and submit a Community-Level Strategic Plan.
- Make recommendations for training and technical assistance.
- Make recommendations for provider agencies.
- Contribute to and review reports submitted by the CA to the State.
- Participate in the evaluation as required.
- Attend regularly scheduled meetings.
- Convene relevant workgroups as needed.

There are a variety of precursors that increase the likelihood that women will use, and that subsequently, their modeling of life skills, social interactions and historic patterns of substance use will effect the behaviors of those immediately in their contact. They have a web of influence that permeates the family, social, school and personal domains, whether intentional or not. Preventing initial problems from occurring is the best case scenario, however, developing intervention, treatment and supportive wraparound services becomes the next responsible function of our field. Since the concerns are so pervasive, it behooves us to take a look at Michigan's total need, high risk indicators and the levels of use in specific priority cities. This will be supported by information about our infrastructure and capacity to serve.

Under 42 U.S.C. and 45 C.F.R., states are required to submit an annual needs assessment. This is not contingent on the receipt of Federal needs assessment resources. Michigan typically relies upon county data from the U.S. Bureau of the Census and sub-state estimates from the Substance Abuse and Mental Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH). This submission represents NSDUH estimates on prevalence from 2006-2008, for ages 12 years of age and older. Specifically based on these figures, the total number of those in need of services for FFY 2011 is estimated to be 798,000. This primary figure was broken down by age, sex and race resulting in an estimated 505,000 (12.2%) males and 270,000 (6.2%) females.

Interestingly, a 2007 report entitled "Health Insurance and Substance Abuse Treatment Need" tells us that 90% of those estimated to be in need of treatment did not receive it, and only 6.3% felt they needed services. Using these percentages, the number for the Michigan population "that would seek treatment" represents an estimate of the people who also felt they need it. This is significant because it means that even though 798,000 of our population needs treatment only 45,360 are seeking it. This has implications for our State's methodology for engaging the underserved numbers and our capacity to extend support. As the chart below indicates, the good news is that currently those who are seeking treatment receive it. Nonetheless, the service system seems to be at capacity, spending as it receives.

Appendix C presents data regarding the ten communities with the highest concentration of risk, and estimates the number of persons in each county potentially in need of substance abuse services, and estimates the number of those who are not receiving services. Across the ten counties, it is estimated that there could be as many as 265,623 individuals in need of substance abuse services, with 82,501 individuals needing but not receiving treatment. The challenge is addressing the gap between those estimated to be in need but are not seeking services.

Substance Abuse State Agency Spending Report from 10/1/2007 to 9/30/2008

Activity	SAPT Block Grant FY 2008 Award (spent)	Medicaid (Federal State and Local)	Other Federal Funds (e.g. Medicare, other public welfare)	State Funds	TOTAL
Substance Abuse Prev and Tx	\$ 41,614,857	\$ 36,087,045	\$ 2,058,828	\$ 16,143,860	\$95,904,590
Primary Prevention	\$ 14,975,964		\$ 227,392	\$ 2,421,225	\$17,624,581
TOTAL					\$113,529,171

Some identified barriers to people seeking services are:

- Stigma
- Lack of childcare
- Denial of problem
- Lack of transportation
- Lack of awareness of services
- Lack of awareness of signs of problems
- Lack of coverage or knowledge of financial assistance
- Lack of systems coordination/referrals

BSAAS feels that the Affordable Care Act/Maternal, Infant, and Early Childhood Home Visiting Program can help address these barriers, because it incorporates a continuum of care “no wrong door” approach to meeting the deficits of our current system. Through an expanded use of home visiting (HV) programs, prenatal mothers can receive early identification of substance abuse and other problems. Issues related to low socio-economic circumstance, transportation, education and population-level awareness can be more readily identified and wrap-around interventions can become part of an intervention model/plan. Collaboration between service sectors such as Mental Health, Education, BSAAS, DHS, MDCH and others will facilitate dialogue and referrals. Use of evidence-based programs and environmental approaches will foster more awareness and accurate targeting of populations.

6. Summary of Needs Assessment Results

Michigan has successfully assembled the required state and local data tables, as well as preliminary state and local home visiting program information (see Appendices A and B). We have identified a geographic unit upon which to base our analysis (county), and have identified the ten counties with the highest concentration of need (defined as exceeding state averages on seven or more of the 13 indicators used in our analysis). The counties include: Berrien, Calhoun, Genesee, Ingham, Kalamazoo, Kent, Muskegon, Saginaw, St. Clair and Wayne. Members of the Home Visiting Workgroup and its subcommittees have been instrumental in supporting this process.

Three challenges arose in completing this needs assessment:

- deciding which geographic unit to use to identify the communities with the highest concentration of risk;
- gathering local data and local needs assessments;
- estimating gaps in services in the current programs.

As indicated above, all communities in Michigan are experiencing significant needs and issues; choosing a means to identify only a few with whom to move forward was very difficult. No matter where we turned, we knew that some very needy target audiences were being left out. Our challenge will be to leverage this home visiting program to positively impact all communities, even if they are not ultimately chosen to receive funding to provide direct services to families.

Gathering data from local communities was a challenge given the short time frame for completing this document. Many state and local partners worked collaboratively to gather necessary data. Some of the needs assessments we were required to use did not contain the data that was requested of us. We have yet to access many of the local Head Start community-wide needs assessments, an activity that will continue once this document is submitted. There may have been confusion about requests for data about home visiting programs vs. requests for data from local needs assessments – in many cases, they are the same information.

It is clear from this process that we need to establish clear definitions and a common language from which to analyze and discuss our existing system. Programs and funding streams do not have common measures or requirements for the scope of their data collection. Establishing this common base will be critical for establishing a statewide infrastructure within which improved communication, collaboration and service delivery can occur.

With the lack of common measures or data collection requirements, it is impossible to quantify the gaps in home visiting services to the extent needed. Both state and local needs assessments, along with our daily experiences, indicate that there are gaps, but measuring those gaps is not yet possible. Local communities may be better suited to quantify the gaps. Beginning the next level of analysis will be a core component of our ongoing needs assessment process. Appendix C provides an analysis of the gaps in substance abuse

treatment and counseling services, which will help inform the analysis needed around home visiting services.

This needs assessment has and will help us closely study what already exists, where the most significant needs and gaps lie, and how to fit that information together with home visiting models that will help us to achieve outcomes and bring about much needed improvements in support of Michigan families.

A number of initiatives are underway that will help address unmet needs as we are better able to define them through building our state and local infrastructure. Unmet needs exist at all levels of the system as well as in the daily lives of children and families.

Cross-agency workgroups and advisory committees, initiated by state departments or the Early Childhood Investment Corporation (ECIC), have facilitated the development of strong working relationships and understanding of other system capacities and limitations. State programs and activities are designed to promote inclusion of cultural assets, particularly those of African American, American Indian, Hispanic, Asian and Arab-Chaldean and migrant populations in Michigan. Addressing Michigan's marked disparities in health, developmental and school readiness outcomes is a priority across state departments that determines resource allocation, structures planning, and drives the use of evidence-based practices and evaluation. Current systems and infrastructure at the state level which are designed to promote wellness and prevent negative outcomes for children include:

Michigan Department of Community Health (MDCH), including Title V. MDCH includes the Public Health Administration (including Title V), the Mental Health and Substance Abuse Administration, and the State Medicaid Agency. Each of these three large systems contain many resources, programs, infrastructure components and contract activities that are directed toward children and their families. Each delivers its funding and services through a wide variety of provider contracts. All three administrations collaborate to coordinate policies, funding and program strategies for the programs affecting this target population.

MDCH has an Office of Minority Health, created to oversee efforts to address racial and ethnic disparities in the provision of supports and services. Their activities include monitoring minority health progress; establishing minority health policy; and developing and implementing recruitment and retention strategies to increase the number of minorities in the health and social services professions.

The Title V office is the recipient of a grant from the Kellogg Foundation designed to develop a workforce practice model for effectively addressing social determinants of health as a critical part of the strategy for addressing infant mortality disparities in Michigan, with the intent that this would be used eventually across and within systems statewide. MDCH has a formative role with health care reform in Michigan both in terms of structure and financing. This role will also include, as part of this home visitation initiative, assurance that the home visitation infrastructure emerging statewide will be integrated solidly at state and local levels with other critical health care reform benefits and financing to the maximum extent allowable by emerging federal requirements and state resource capacity. The intent is to link home visitation systemically with the co-occurring development of other system components such as medical homes, electronic records, regional information systems, improved access and referral systems and resource databases.

MDCH is also finishing Year 1 of its Project LAUNCH grant, which also focuses on evidence-based home visiting and other services that promote child wellness. MDCH and partners already have many ‘lessons learned’ from LAUNCH, especially related to the science of implementation as well as functional definitions of evidence-based practices and fidelity. These lessons will have considerable impact on infrastructure building and service provision for the home visiting program.

MI Department of Education (MDE): MDE takes the lead on a number of early childhood education and parenting programs, and each has a collaborative governance and advisory structure, as well as collaborative operation in the field. State department managers meet monthly to provide leadership to Part C of IDEA and work together on the Michigan Interagency Coordinating Council. MDE and the Head Start State Collaboration Office regularly meet and convene groups to consider recruitment and enrollment, professional development and other needs across the state’s publicly-funded preschool programs. Each year MDE leads the planning and support for the Michigan Collaborative Early Childhood Conference, addressing publicly-funded early childhood programs. MDE collaborates with other agencies/programs to develop standards that are approved by the State Board of Education and shared throughout the early childhood system as a basis for the expectations for children’s learning, high quality programs and preparation of personnel.

MI Department of Human Services (MDHS): The Department of Human Services is responsible for administering child welfare services, including child protection services, adoption and foster care. In addition, the department is responsible for child day care (family and center) rules, licensing, monitoring and compliance, TANF, juvenile justice programs, youth programs, cash and food assistance via the Family Independence Program (FIP) and related social services. The Michigan Children’s Trust Fund partners with DHS in child abuse/neglect prevention efforts.

Early Childhood Investment Corporation (ECIC): Unique to Michigan, the ECIC is a public corporation created in February of 2005 to ensure that every young child in Michigan has a Great Start and arrives at kindergarten healthy and ready to succeed, with parents who are committed to educational achievement. Accomplishing this involves the combined efforts of parents, community leaders, business, the legislature, state and local government, faith-based organizations and philanthropic organizations. The ECIC brings opportunities to the State public and private infrastructure that would not otherwise be available. ECIC and the three state departments listed above collaborate to support the work of early childhood systems development. Examples include:

- MDCH details the operation of the Early Childhood Comprehensive System (ECCS) grant to ECIC because of the leadership role ECIC plays relative to early childhood systems development. Integral to the state level planning for ECCS is the Great Start Systems Team (GSST), a state-agency advisory group in place to operationalize the *Great Start Blueprint* (ECCS State Early Childhood Plan).
- The ECIC oversees and champions the implementation of the *Great Start Blueprint*, and works with partners from the public and private sectors to achieve the strategic priorities contained within the Blueprint.
- The Head Start State Collaboration Office (HSSCO) for Michigan is also detailed to the ECIC, assuring strong collaboration between ECCS and HSSCO.

- The ECIC also houses Michigan’s Early Learning Advisory Council (ELAC), appointed by the Governor to assure that all Michigan children arrive at kindergarten – safe, healthy and eager to succeed. The Council’s goal is to meet the early learning needs of all children from 0-5 years old and their families by establishing a high quality, accessible and comprehensive state-wide early learning system. The Council advises on collaborative efforts to coordinate, improve, and expand existing early learning programs and services; including making use of existing reports, research and planning efforts. The Great Start Early Learning Advisory Council will provide advice that leads to the improvement of the coordination and quality of early learning programs and services for children from birth to school entry.
- The ECIC administers the Federal Child Care Development Fund (CCDF) quality set-aside for Michigan. These funds support state and regional efforts to improve child care quality, including the Child Care Prevention Expulsion Program (CCEP). CCEP is a mental health consultation program that promotes social and emotional development in child care settings and prevents child care and preschool expulsions.
- CCDF is also used in combination with State School Aid funds and private funds from the Kellogg and Kresge Foundations to support the state-wide network of GSCs and Great Start Parent Coalitions, which are the local backbone and infrastructure for the statewide Great Start Initiative.

Coordination/Collaboration across Systems at the State Level: Key examples of collaborations and partnerships are below:

The Governor’s Children’s Cabinet: comprised of the Directors of the above listed departments, with the addition of the Director of the Department of Labor and Economic Development. The objective of this Cabinet is to seek systemic innovation and integration opportunities, support planning and resource partnerships across departments and guide implementation of coordinated systems of care for children and families.

Build Initiative: Build is a multi-state partnership, created by the Early Childhood Funders Collaborative to make sure that children, birth to five, are safe, healthy, eager to learn and ready to succeed in school. Build provides grants and technical assistance to states to develop comprehensive early childhood systems. As a state partner with Build, Michigan will continue to be supported in its visionary effort to build an early childhood comprehensive system.

Assuring Better Child Health and Development (ABCD) Screening Academy: Michigan was one of 18 states selected for participation in the ABCD Screening Academy. The primary focus of the project was to increase the use of developmental screening tools as part of health supervision during well-child care provided by primary care providers who act as young children’s medical homes. Through the support of Medicaid and other state agencies, primary care providers, professional associations (i.e., MI-AAP) and other stakeholders, Michigan successfully completed the pilot phase, and has now launched a spread strategy to bring developmental screening to a greater number of physician offices around the state.

Parent Leadership in State Government Initiative: Supported by interagency funding from MDCH, MDE and DHS, the Parent Leadership initiative was created to identify, train and support parent leaders from among families who utilize specialized public services with a

focus toward providing consumer voice and input to impact local, state and federal program planning and policy development that impacts children and families. This initiative uses an integrated systematic approach to identify, recruit, train, mobilize, deploy and support leadership from the parent community to serve on commissions, advisory bodies, workgroups and committees.

Foundation support: Michigan's two largest foundations, Kellogg and Kresge, as well as numerous others including: Steelcase, Skillman and Consumers Energy are making significant investment in the Great Start Initiative in grants given to both ECIC and local Great Start Collaboratives. There is an Early Childhood Committee at the Michigan Council of Foundations, which is actively seeking opportunities for increased investment.

Early childhood partners in Michigan continue to look for any new grant opportunities that will support the implementation of a comprehensive early childhood system, including effective home visiting programs. The Federal Home Visiting funding under the Affordable Care Act is a critical component in our effort to develop our infrastructure and expand service provision in communities of need. Our many collaborative efforts and initiatives can only be enhanced with this infusion of new funding, which will not only fund services and projects, but help to leverage change at the state, local and family levels.

Appendix A: State and Community data tables

State Level Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments on 'Other'</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	12.5%	--	--	--	10.6%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	8.5%	--	--	--	8.4%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	7.4	--	--	--	7.6	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	Not included	--	Not Available	--	14.4%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	34.2	Source: Crime Index 2008
# reported crimes/1,000 residents	Not included	--	--	--	97.11	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	Not included	--	--	--	75.66	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not Available	--	9.98	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						

Appendix A: State and Community data tables

Percent high school drop-outs grades 9-12	Not included	--	--	--	11.3%	Source: High School Dropouts by County 2009 - Michigan Center for Educational Performance Information (CEPI); Michigan League for Human Services Kids Count
Other school drop-out rates as per State/local calculation method	Not included	--	--	--	--	
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	--	24.96%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	--	6.91%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	--	5.63%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	--	3.74%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	--	--	13.60	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	Not included	--	--	12	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?

Appendix A: State and Community data tables

Rate of reported substantiated maltreatment by type	--	Not included	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.
• Abandonment	--	--	--	--	632	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	4780	
• Drug Positive Infant	--	--	--	--	1789	
• Drug Residence	--	--	--	--	902	
• Exploitation	--	--	--	--	113	
• Failure to Protect	--	--	--	--	6900	
• Improper Supervision	--	--	--	--	9166	
• Intra-familial Family Violence	--	--	--	--	161	
• Maltreatment	--	--	--	--	694	
• Medical	--	--	--	--	851	
• Mental Injury	--	--	--	--	439	
• Methamphetamine	--	--	--	--	250	
• Munchausen by Proxy	--	--	--	--	6	
• Other than Methamphetamine	--	--	--	--	422	
• Physical	--	--	--	--	20203	
• Severe Physical Injury	--	--	--	--	346	
• Sexual	--	--	--	--	1187	
• Sexual Contact	--	--	--	--	738	
• Sexual Penetration	--	--	--	--	428	
• Shaken Baby Syndrome	--	--	--	--	34	
• Substance Abuse	--	--	--	--	5079	
• Threatened Harm	--	--	--	--	7977	
Other indicators of at-risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	100%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population	--	--	--	--	100%	

Appendix A: State and Community data tables

At least one urban center	--	--	--	--	Yes	
Footnotes:						
<p>N/A = Not applicable Not included = not located in document Not available = document not yet forwarded</p>						

Appendix A: State and Community data tables

Berrien County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	10.3%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	7.9%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	7.8	--	--	--	7.9	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not Available	--	17.5%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	34.9	Source: Crime Index 2008
# reported crimes/1000 residents	--	--	--	--	138.61	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	84.65	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not Available	--	12.43	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	10.5	Source: High School Dropouts by County 2009 Michigan League for Human Services Kids

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not Available	23.9%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not Available	6.3%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not Available	5.9%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not Available	4.0%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not Available	--	13.1%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	38%*	Not Available	--	19	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	8	Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	53	
• Drug Positive Infant	--	--	--	--	77	
• Drug Residence	--	--	--	--	59	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	209	
• Improper Supervision	--	--	--	--	149	
• Intra-familial Family Violence	--	--	--	--	∞	
• Maltreatment	--	--	--	--	17	
• Medical	--	--	--	--	14	
• Mental Injury	--	--	--	--	∞	
• Methamphetamine	--	--	--	--	10	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	38	
• Physical	--	--	--	--	518	
• Severe Physical Injury	--	--	--	--	∞	
• Sexual	--	--	--	--	16	
• Sexual Contact	--	--	--	--	11	
• Sexual Penetration	--	--	--	--	6	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	94	
• Threatened Harm	--	--	--	--	203	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	1.22%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population	--	--	--	--	1.64%	
At least one urban center	--	--	--	--	No	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

*CAPTA NA – % substantiated of 526 complaints in 2006

** CAPTA NA - % validated sexual abuse of 400 children seen in 2008 by the Berrien County Council for Children

Appendix A: State and Community data tables

Calhoun County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	11.5%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	8.0%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	7.9	--	--	--	10.3%	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not available	--	16.2%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	48.3	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	127.83	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/100,000 juveniles age 0-19	--	--	--	--	34.74	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	13.56	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	12.5	Source: High School Dropouts by County 2009 Michigan League for Human Services Kids

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	25.1%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	6.8%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	5.9%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	3.7%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not available	--	11.5%	Source: http://data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	**	--	--	15	Source: http://datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677 Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	∞	Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	80	
• Drug Positive Infant	--	--	--	--	43	
• Drug Residence	--	--	--	--	19	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	64	
• Improper Supervision	--	--	--	--	59	
• Intra-familial Family Violence	--	--	--	--	∞	
• Maltreatment	--	--	--	--	8	
• Medical	--	--	--	--	6	
• Mental Injury	--	--	--	--	6	
• Methamphetamine	--	--	--	--	19	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	∞	
• Physical	--	--	--	--	392	
• Severe Physical Injury	--	--	--	--	9	
• Sexual	--	--	--	--	19	
• Sexual Contact	--	--	--	--	11	
• Sexual Penetration	--	--	--	--	∞	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	83	
• Threatened Harm	--	--	--	--	50	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	1.48%	Total number of American Indians and African Americans for each county. Source: http://wonder.cdc.gov/bridged-race-v2008.html on Aug 31, 2010
African American Population	--	--	--	--	1.05%	
At least one urban center	--	--	--	--	Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

**No data provided for rate of substantiated maltreatment in CAPTA needs assessment. However, 44% of all substantiated cases have previous abuse or neglect substantiation

Appendix A: State and Community data tables

Genesee County data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	14.0%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	10.1%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	8.1	--	--	--	9.8	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not included	--	16.6%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	43.8	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	High	--	110.08	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	"	--	70.06	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	"	--	13.22	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						

Appendix A: State and Community data tables

Percent high school drop-outs grades 9-12	--	--	Not available	--	13.3%	Source: High School Dropouts by County 2009 Michigan League for Human Services Kids Count
Other school drop-out rates as per State/local calculation method	--	--	--	--	--	
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Reported by 32% of clients admitted to Tx in county	22.4%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Reported by 26% of clients admitted to Tx in county	7.6%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Reported by 7% of clients admitted to Tx in county	6.0%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Reported by 35% of clients admitted to Tx in county	4.0%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	15.4% (July 2010)	--	14.1%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						

Appendix A: State and Community data tables

Rate of reported substantiated maltreatment	--	*	Not included	--	8.9	Rate of reported substantiated maltreatment (substantiated, indicated, alt. response victim) - (Rate of confirmed victims of abuse/neglect per 1,000 0-17 years) Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	Rate of each type of abuse per 1000 0-17 year olds. http://inside.michigan.gov/dhs/Tools/Data/CWSD/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Abandonment	--	--	--	--	32	
• Domestic Violence	--	--	--	--	425	
• Drug Positive Infant	--	--	--	--	194	
• Drug Residence	--	--	--	--	13	
• Exploitation	--	--	--	--	9	
• Failure to Protect	--	--	--	--	620	
• Improper Supervision	--	--	--	--	631	
• Intra-familial Family Violence	--	--	--	--	19	
• Maltreatment	--	--	--	--	60	
• Medical	--	--	--	--	53	
• Mental Injury	--	--	--	--	11	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	6	
• Physical	--	--	--	--	1616	
• Severe Physical Injury	--	--	--	--	12	
• Sexual	--	--	--	--	45	
• Sexual Contact	--	--	--	--	21	
• Sexual Penetration	--	--	--	--	13	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	462	
• Threatened Harm	--	--	--	--	676	
Other indicators of at risk prenatal, maternal, newborn, or child health						

Appendix A: State and Community data tables

American Indian Population	--	--	--	--	4.25%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-v2008.html on Aug 31, 2010
African American Population	--	--	--	--	5.89%	
At least one urban center	--	--	--	--	Yes	
Footnotes:						
<p>N/A = Not applicable Not included = not located in document Not available = document not yet forwarded *No numerical data reported for Genesee county CAPTA needs assessment re: rate of substantiated maltreatment. However, they report over 2000 substantiated cases of abuse and neglect per year.</p>						

Appendix A: State and Community data tables

Ingham County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	13.6%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	7.8%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	7.3	--	--	--	7.4	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not available	--	18.1%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	38.8	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	113.61	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	107.74	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	11.53	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008.
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	11.8	Source: High School Dropouts by County 2009 Michigan League for Human Services Kids

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	28%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	7.6%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	6.9%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	4.3%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not available	--	11.2%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	**	Not available	--	19.1%	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	http://inside.michigan.gov/dhs/Tools/Data/CWS D/Documents/typesMaltreatment09.pdf

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	21	Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	330	
• Drug Positive Infant	--	--	--	--	55	
• Drug Residence	--	--	--	--	57	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	298	
• Improper Supervision	--	--	--	--	241	
• Intra-familial Family Violence	--	--	--	--	9	
• Maltreatment	--	--	--	--	18	
• Medical	--	--	--	--	42	
• Mental Injury	--	--	--	--	11	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	26	
• Physical	--	--	--	--	1212	
• Severe Physical Injury	--	--	--	--	10	
• Sexual	--	--	--	--	26	
• Sexual Contact	--	--	--	--	17	
• Sexual Penetration	--	--	--	--	7	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	270	
• Threatened Harm	--	--	--	--	597	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	2.79%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population	--	--	--	--	2.24%	
At least one urban center	--	--	--	--	Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

** No rate data provided. Ingham County CAPTA needs assessment indicates that there were 221 substantiated complaints of child abuse or neglect in 07/08.

Appendix A: State and Community data tables

Kalamazoo County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	9.8%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	8.9%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	7.0	--	--	--	7	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not available	--	15.9%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	44.0	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	130.51	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	100.81	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	13.51	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	11.1	Source: High School Dropouts by County 2009 Michigan League for Human Services Kids

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	25.1%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	6.8%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	5.9%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	3.7%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not available	--	10.9%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	**	Not available	--	18	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	8	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	513	
• Drug Positive Infant	--	--	--	--	42	
• Drug Residence	--	--	--	--	143	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	221	
• Improper Supervision	--	--	--	--	309	
• Intra-familial Family Violence	--	--	--	--	7	
• Maltreatment	--	--	--	--	19	
• Medical	--	--	--	--	14	
• Mental Injury	--	--	--	--	∞	
• Methamphetamine	--	--	--	--	73	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	50	
• Physical	--	--	--	--	1221	
• Severe Physical Injury	--	--	--	--	10	
• Sexual	--	--	--	--	48	
• Sexual Contact	--	--	--	--	28	
• Sexual Penetration	--	--	--	--	14	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	241	
• Threatened Harm	--	--	--	--	459	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	1.92%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population	--	--	--	--	1.80%	
At least one urban center	--	--	--	--	Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

** Kalamazoo County CAPTA Needs Assessment does not include rate or numerical data.

Appendix A: State and Community data tables

Kent County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	9.7%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	7.3%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	7.5	--	--	--	7.7	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	13%/ 604,330	--	14.6%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	37.0	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	96.61	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	95.31	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not included	--	6.20	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	12.3	Source: High School Dropouts by County 2009

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Michigan League for Human Services Kids Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not included	24.39%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not included	5.76%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not included	5.24%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not included	3.70%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	See comments	--	17.0%	Source: http://www.data.bls.gov/cgi-bin/dsrw June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	**	Not included	--	12	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	14	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	379	
• Drug Positive Infant	--	--	--	--	103	
• Drug Residence	--	--	--	--	49	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	259	
• Improper Supervision	--	--	--	--	389	
• Intra-familial Family Violence	--	--	--	--	11	
• Maltreatment	--	--	--	--	23	
• Medical	--	--	--	--	67	
• Mental Injury	--	--	--	--	15	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	36	
• Physical	--	--	--	--	1998	
• Severe Physical Injury	--	--	--	--	17	
• Sexual	--	--	--	--	96	
• Sexual Contact	--	--	--	--	62	
• Sexual Penetration	--	--	--	--	36	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	244	
• Threatened Harm	--	--	--	--	817	
Other indicators of at risk prenatal, maternal, newborn, or child health	--	--	--	--		
American Indian Population	--	--	--	--	5.04%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-v2008.html on Aug 31, 2010
African American Population	--	--	--	--	4.11%	
At least one urban center	--	--	--	--	Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

** No rates provided for Kent County CAPTA needs assessment. In 2006, they received 11,106 reports of suspected abuse and neglect. 3,732 cases were investigated and received services from DHS.

Appendix A: State and Community data tables

Muskegon County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	10.2%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	8.4%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	6.7	--	--	--	6.9%	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not available	--	17.9%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	46.0	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	147.68	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	31.09	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	9.95	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	11.1	Source: High School Dropouts by County 2009

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Michigan League for Human Services Kids Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	23.92%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	6.29%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	5.89%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	4.0%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not available	--	13.9%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	--	Not available	--	16.8	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	**	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	8	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	100	
• Drug Positive Infant	--	--	--	--	42	
• Drug Residence	--	--	--	--	25	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	92	
• Improper Supervision	--	--	--	--	154	
• Intra-familial Family Violence	--	--	--	--	∞	
• Maltreatment	--	--	--	--	40	
• Medical	--	--	--	--	18	
• Mental Injury	--	--	--	--	22	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	14	
• Physical	--	--	--	--	527	
• Severe Physical Injury	--	--	--	--	6	
• Sexual	--	--	--	--	28	
• Sexual Contact	--	--	--	--	17	
• Sexual Penetration	--	--	--	--	13	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	92	
• Threatened Harm	--	--	--	--	93	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	2.29%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-v2008.html on Aug 31, 2010
African American Population	--	--	--	--	1.68%	
At least one urban center	--	--	--	--	Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

** Data not provided as a rate in CAPTA needs assessment. Muskegon County received 3400 Child abuse and neglect complaints in 2008. Of those 470 were substantiated.

Appendix A: State and Community data tables

Saginaw County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	12.0%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	10.0%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	10.2	--	--	--	9.2%	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	13.9% (2006-2008)	--	19.1%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	44.1	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	128.58	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	82.29	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	17.16	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12		--	--		11.1	Source: High School Dropouts by County 2009 Michigan League for Human Services Kids

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method			--	--		Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	25.7%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	7.0%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	5.6%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	3.8%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	14.9% (January 2010)	--	12.3%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	**	1140 confirmed cases in 2008	--	22.9	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?

Appendix A: State and Community data tables

Rate of reported substantiated maltreatment by type	--	--	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.
• Abandonment	--	--	--	--	11	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	249	
• Drug Positive Infant	--	--	--	--	58	
• Drug Residence	--	--	--	--	27	
• Exploitation	--	--	--	--	11	
• Failure to Protect	--	--	--	--	224	
• Improper Supervision	--	--	--	--	265	
• Intra-familial Family Violence	--	--	--	--	∞	
• Maltreatment	--	--	--	--	28	
• Medical	--	--	--	--	28	
• Mental Injury	--	--	--	--	9	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	11	
• Physical	--	--	--	--	921	
• Severe Physical Injury	--	--	--	--	11	
• Sexual	--	--	--	--	51	
• Sexual Contact	--	--	--	--	29	
• Sexual Penetration	--	--	--	--	19	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	296	
• Threatened Harm	--	--	--	--	607	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population					1.52%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population					2.60%	
At least one urban center					Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

** No numerical data provided for Saginaw County Substantiated Child Maltreatment in CAPTA needs assessment

Appendix A: State and Community data tables

St. Clair County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	13.3%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	8.6%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	4.4	--	--	--	6.8	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not available	--	11.1%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	30.2	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	97.72	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	54.65	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	10.55	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	9	Source: High School Dropouts by County 2009

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Michigan League for Human Services Kids Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	26.3%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	5.8%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	6.3%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	3.5%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not available	--	15%	Source: http://www.data.bls.gov/cgi-bin/dsrv June 2010
Child maltreatment						
Rate of reported of substantiated maltreatment (substantiated/indicated/alt response victim)	--	**	Not available	--	12.2	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?

Appendix A: State and Community data tables

Rate of reported substantiated maltreatment by type	--	--	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.
• Abandonment	--	--	--	--	12	http://inside.michigan.gov/dhs/Tools/Data/CWS/D/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	89	
• Drug Positive Infant	--	--	--	--	32	
• Drug Residence	--	--	--	--	36	
• Exploitation	--	--	--	--	∞	
• Failure to Protect	--	--	--	--	103	
• Improper Supervision	--	--	--	--	132	
• Intra-familial Family Violence	--	--	--	--	∞	
• Maltreatment	--	--	--	--	6	
• Medical	--	--	--	--	6	
• Mental Injury	--	--	--	--	∞	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	8	
• Physical	--	--	--	--	343	
• Severe Physical Injury	--	--	--	--	∞	
• Sexual	--	--	--	--	24	
• Sexual Contact	--	--	--	--	18	
• Sexual Penetration	--	--	--	--	11	
• Shaken Baby Syndrome	--	--	--	--	∞	
• Substance Abuse	--	--	--	--	90	
• Threatened Harm	--	--	--	--	123	
Other indicators of at risk prenatal, maternal, newborn, or child health						
American Indian Population	--	--	--	--	1.44%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population	--	--	--	--	0.33%	
At least one urban center	--	--	--	--	No	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

Not available = document not yet forwarded

∞ Too small to report

**No numerical data provided for St. Clair county substantiated Child Maltreatment rate in CAPTA needs assessment.

Appendix A: State and Community data tables

Wayne County Data						
<u>Indicator</u>	<u>Title V</u>	<u>CAPTA</u>	<u>Head Start</u>	<u>SAMHSA</u>	<u>Other</u>	<u>Comments</u>
Premature birth						
Percent: # live births before 37 weeks/total # live births	--	--	--	--	12.0%	Source: MDCH Vital Records 2009
Low-birth-weight infants						
Percent: # resident live births less than 2500 grams/# resident live births	--	--	--	--	10.6%	Source: MDCH Vital Records 2009
Infant mortality (includes death due to neglect)						
# infant deaths ages 0-1/1,000 live births	10.7	--	--	--	10.5%	Source: MDCH Vital Records 2004-2008
Poverty						
# residents below 100% FPL/total # residents	--	--	Not available	--	20.5%	Source: SAIPE - County Level http://www.census.gov/did/www/saipe/county.html
Crime						
# reported crimes/1,000 residents- category A crimes only	--	--	--	--	55.4	Source: Crime Index 2008
# reported crimes/1,000 residents	--	--	--	--	116.79	Source: Crime in Michigan Annual Report 2008
# crime arrests ages 0-19/1,000 juveniles age 0-19	--	--	--	--	83.04	Source: Crime in Michigan Annual Report 2008
Domestic violence						
As determined by each State in conjunction with the State agencies administering the FVPSA	--	--	Not available	--	14.70	Rate per 1,000. Source: Michigan Incident Crime Reporting 2008
School Drop-out Rates						
Percent high school drop-outs grades 9-12	--	--	--	--	16.1	Source: High School Dropouts by County 2009

Appendix A: State and Community data tables

Other school drop-out rates as per State/local calculation method	--	--	--	--	--	Michigan League for Human Services Kids Count
Substance abuse						
Prevalence rate: Binge alcohol use in past month	--	--	Not available	25.0%	--	Number of those 12 years and older who reported binge alcohol use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Marijuana use in past month	--	--	Not available	6.0%	--	Number of those 12 years and older who reported marijuana use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Nonmedical use of prescription drugs in past month	--	--	Not available	5.5%	--	Number of those 12 years and older who reported nonmedical prescription use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month	--	--	Not available	3.7%	--	Number of those 12 years and older who reported illicit drug use divided by all respondents 12 years and older. Source: SAMHSA 2006-2008 http://www.oas.samhsa.gov/substate2k10/toc.cfm
Unemployment						
Percent: # unemployed and seeking work/total workforce	--	--	Not available	--	15.4%	Source: http://www.data.bls.gov/cgi-bin/dsrw June 2010
Child maltreatment						
Rate of reported substantiated maltreatment	--	**	Not available	--	9.3	Source: http://www.datacenter.kidscount.org/data/bystate/Rankings.aspx?state=MI&ind=1677Year?
Rate of reported substantiated maltreatment by type	--	--	--	--	--	Rate of each type of abuse per 1000 0-17 year olds.

Appendix A: State and Community data tables

• Abandonment	--	--	--	--	230	http://inside.michigan.gov/dhs/Tools/Data/CWSD/Documents/typesMaltreatment09.pdf Child Welfare Improvement Bureau, Data Management Unit, Data Source Teradata, 3/8/2010
• Domestic Violence	--	--	--	--	416	
• Drug Positive Infant	--	--	--	--	548	
• Drug Residence	--	--	--	--	80	
• Exploitation	--	--	--	--	18	
• Failure to Protect	--	--	--	--	1347	
• Improper Supervision	--	--	--	--	1050	
• Intra-familial Family Violence	--	--	--	--	36	
• Maltreatment	--	--	--	--	117	
• Medical	--	--	--	--	242	
• Mental Injury	--	--	--	--	89	
• Methamphetamine	--	--	--	--	∞	
• Munchausen by Proxy	--	--	--	--	∞	
• Other than Methamphetamine	--	--	--	--	49	
• Physical	--	--	--	--	3687	
• Severe Physical Injury	--	--	--	--	127	
• Sexual	--	--	--	--	195	
• Sexual Contact	--	--	--	--	141	
• Sexual Penetration	--	--	--	--	69	
• Shaken Baby Syndrome	--	--	--	--	6	
• Substance Abuse	--	--	--	--	605	
• Threatened Harm	--	--	--	--	824	
Other indicators						
American Indian Population	--	--	--	--	13.2%	Total number of American Indians and African Americans for each county. Source: http://www.wonder.cdc.gov/bridged-race-y2008.html on Aug 31, 2010
African American Population	--	--	--	--	54.90%	
At least one urban center	--	--	--	--	Yes	

Appendix A: State and Community data tables

Footnotes:

N/A = Not applicable

Not included = not located in document

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∞ Too small to report

** Data provided only for Eastern Wayne County in the CAPTA needs assessment. 3,928 children were victims of abuse and neglect in 2008. In 2006, in Detroit alone, there were 3,772 of 8,867 substantiated cases of abuse.

Appendix B: State or Federally-Funded Home Visiting Programs

Michigan Maternal, Infant and Early Childhood Home Visiting Program Statewide Needs Assessment State or Federally-Funded Home Visiting Programs in Michigan

NOTE: “Early childhood home visiting services” are defined as including currently operative programs that are fully or partially supported by State or Federal government funds, where home visiting is a primary intervention strategy for providing services to pregnant women and/or children birth to kindergarten entry, excluding programs with few or infrequent visits or where home visiting is supplemental to other services. IDEA Part C and Part B Section 619 services are also excluded. The number and types of individuals and families receiving these services may be reported using the units and formats used by each service provider.

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it’s collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographic(s)	No. Served	Geographic area served																		
Maternal-Infant Health Program (MDCH)	Model developed by MDCH for Medicaid beneficiaries Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide	Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification Standardized interventions to address low, medium and high levels of risk for defined risk areas Service intensity determined by risk stratification and interdisciplinary plan of care ASQ3 and ASQ-SE developmental	Pregnant Medicaid beneficiaries Infants with Medicaid Insurance	Reduction of infant death rates and sickness rates Delivery of a full term, healthy baby Developmentally healthy infants Physically and emotionally healthy mothers Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery Provision of	Medicaid beneficiaries Maternal population: <table border="1"> <thead> <tr> <th>Age</th> <th>%</th> </tr> </thead> <tbody> <tr> <td><20</td> <td>26%</td> </tr> <tr> <td>20-24</td> <td>38%</td> </tr> <tr> <td>25-35</td> <td>31%</td> </tr> <tr> <td>35+</td> <td>5%</td> </tr> <tr> <th>Race</th> <th>%</th> </tr> <tr> <td>white</td> <td>53%</td> </tr> <tr> <td>black</td> <td>37%</td> </tr> <tr> <td>other</td> <td>10%</td> </tr> </tbody> </table>	Age	%	<20	26%	20-24	38%	25-35	31%	35+	5%	Race	%	white	53%	black	37%	other	10%	New enrolled in 2009 27,164 pregnant women CY 2009 Estimated 10,000 infants in CY09	Statewide
Age	%																								
<20	26%																								
20-24	38%																								
25-35	31%																								
35+	5%																								
Race	%																								
white	53%																								
black	37%																								
other	10%																								

Appendix B: State or Federally-Funded Home Visiting Programs

		screens are used with all infants Care coordination with Medicaid Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant		consultation and technical assistance to local programs			
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services are provided in accordance with an individual plan of services that focuses on the child and his family. The plan identifies child and family strengths and needs, determines appropriate interventions, and identifies supports and resources. It is developed in partnership with family members. Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-	Criteria for children birth through 3 do not preclude the provision of services to an adult beneficiary who is a parent for whom it is determined home-based services would be the treatment modality that would best meet the needs of the adult beneficiary and the child. This includes a parent with a condition that results in a care giving environment that places the child at-risk for serious emotional disturbance. These criteria do not preclude the provision of	Promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings. Results from the study of IMH in Michigan: Reduction in physical abuse & violence in home during post-service period CPS registry checks were done for 71 completers and non-completers; of the 13 cases investigated	Home-based Services: MI Parent: Total 978 Medicaid 844 Average Age 25.9 Race: American Indian 8 Asian 1 Black 238 Pacific Islander 1 Other 27 White 700 DD Parent: Total 17 Medicaid 15 Average Age 27.5 Race: Black 3 White 14 Dual Diagnosed Parent: Total 36 Medicaid 34 Average Age 23.9 Race: Black 7 White 29	Home-based Services Total: 1,031 MI Parent: Total 978 DD Parent: Total 17 Dual Diagnosed Parent: Total 36 Infant Mental Health as a B3 Service (data) MI Parent: Total 269 DD Parent: Total 44 Dual Diagnosed Parent: Total 16	All CMHSPs are required to provide home-based services. Statewide

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.</p>	<p>home-based services that are necessary to meet the needs of the child and family.</p> <p>The beneficiary must be seriously emotionally disturbed or at high risk for serious emotional disturbance as determined by diagnosis, functional impairment and duration/history.</p>	<p>during/after IMH services, only 3 involved completers, and all 3 of these cases were unsubstantiated.</p> <p>ASQ-SE results - children that were a part of the program at an earlier age did better on the ASQ-SE. Mean differences in change scores move in the direction of positive change & with each successive administration, the gains are greater.</p> <p>81.9% of caregivers reported no additional pregnancies while in the program.</p> <p>At intake 15 families reported using a hospital emergency room in past four months - at termination 10 families reported using a hospital ER in past quarter.</p> <p>Health stress items from FILE show some improvements</p>	<p>Infant Mental Health as a B3 Service (data)</p> <p>MI Parent:</p> <p>Total 269</p> <p>Medicaid 185</p> <p>Average Age 33.3</p> <p>Race:</p> <p>American Indian 1</p> <p>Black 23</p> <p>White 232</p> <p>Other 12</p> <p>DD Parent:</p> <p>Total 44</p> <p>Medicaid 40</p> <p>Average Age 33.3</p> <p>Race:</p> <p>Black 13</p> <p>White 29</p> <p>Other 2</p> <p>Dual Diagnosed Parent:</p> <p>Total 16</p> <p>Medicaid 16</p> <p>Average age 33.3</p> <p>Race:</p> <p>White 16</p>		
--	--	--	---	---	--	--	--

Appendix B: State or Federally-Funded Home Visiting Programs

				in the adults' & children's physical well-being post-service.			
Zero to Three Secondary Prevention Initiative (MDHS)	<p>Zero to Three supports the seven home visiting projects listed below. Demographic and service data is only available at the statewide level, so it is provided here, rather than separately for each program.</p> <p><u>FY 09 Statewide Demographic Data:</u> Children birth to 47 months and expectant mothers; female (92.2%), white (83.4%) and adults over 18 years old (88.4%); 11.6% of participants were teen parents; 54.4% of participants reported an approximate annual household income of \$15,000 or less; 36.3% of participants were married and 36.8% were single women; the remaining participants were single men, unmarried couples, or were separated or divorced.</p> <p><u>FY 09 Statewide Quarterly Service Data:</u> 1,967 families served, of which 1,867 (94.9%) had three or more CAN risk factors; 2,354 children were served, on average, each quarter; 166 expectant mothers were served 13,734 at risk families were referred for services and screened for CAN risk 1,529 new families were determined to be appropriate for services and were enrolled in programs 1,878 new children were enrolled in programs 281 new expectant mothers were enrolled in programs 99.4% of families served reported that they were satisfied with the services 93.8% of families served reported improved parenting skills as a result of services</p>						
	Supportive Opportunities for Families Secondary Prevention Program - Parents As Teachers	Intensive case management services, Parents as Teachers home visits, Nurturing Parenting classes, Fetal Alcohol Spectrum Disorder screening, diagnosis, and case managed interventions	Families with children 0-47 months and expectant parents Must have a CPS Category III or IV case or have 3 or more identified child abuse and/or neglect risk factors.	Prevention of child abuse & neglect; Improved parent-child interactions; Foster positive parenting skills; school readiness; Enhance appropriate early childhood development, etc.	See statewide data above.	See statewide data above	Macomb Co.
	Parents As Teachers	Education, support, case management, resource & referral, intensive infant mental health services	At-risk families with children ages birth to three. Must have a CPS Category	Reduce risk factors and promote healthy family environments	Same as above	Same as above	Genesee Co.

Appendix B: State or Federally-Funded Home Visiting Programs

			III or IV case or have 3 or more identified child abuse and/or neglect risk factors.				
	First Steps Kent - Healthy Families America	Parenting support and education, case management, support groups and assistance in accessing community resources	At-risk expectant families and families with children birth-three. Must have a CPS Category III or IV case or have 3 or more identified child abuse and/or neglect risk factors.	Promote healthy child and family development by reducing risk factors, promoting healthy habits, strengthening parent/child bonds, and empowering the family	Same as above	Same as above	Kent Co.
	Nurse Family Partnership	Risk assessment, service plan development, child development and health education, linkage to other community resources and case management	Low-income first-time moms until baby reaches age 2. Must have a CPS Category III or IV case or have 3 or more identified child abuse and/or neglect risk factors.	Empower mothers to confidently create a better life for their children and themselves. Focus on development of protective factors against child maltreatment.	Same as above	Same as above	City of Pontiac and greater Oakland Co. area
	Healthy Families/Healthy Start Oakland (3 models) Note: Also listed under Current CTF Direct Service	<u>Parent Child Home</u> Parent training, early literacy, child's social-emotional needs, assessments & screenings, case management, intervention	At-risk expectant families and families with children birth through 3. Must have a CPS Category	Prevent child abuse and neglect Promotes healthy child & family development by reducing risk factors, promoting	Same as above	Same as above	Oakland Co.

Appendix B: State or Federally-Funded Home Visiting Programs

	Grants	<p><u>Healthy Families</u> Parenting support, education, case management, support groups</p> <p><u>Fussy Baby</u> Parenting education & support</p>	<p>III or IV case or have 3 or more identified child abuse and/or neglect risk factors.</p> <p>Families with children birth through 3 with regulatory disorders</p>	<p>healthy habits, strengthening parent/child bonds, empowering the family</p>			
	Healthy Families America	Counseling, case management with family assessments, information and referral, support groups and linkages to community services	Families with children birth through 47 months of age with CPS involvement or risk factors for child maltreatment	Promote healthy child and family development by reducing risk factors, promoting healthy habits, strengthening parent/child bonds, and empowering the family	Same as above	Same as above	Wayne Co.
	ABCs of Early Childhood (2 models -Parents As Teachers and Infant Mental Health)	Screening, information, activities, support related to infant and toddler health and development, emotional support and counseling, opportunities to participate in specialty groups, advocacy, and linking to other community resources	At-risk expectant women and families with children birth through three years of age with CPS involvement or risk factors for child abuse and neglect	Promoting healthy, nurturing attachment relationships and developing positive parenting practices	Same as above	Same as above	Wayne Co. – NW Detroit
Current Children’s Trust Fund Direct Service Grants (partially funded	Nurse-Family Partnership (Berrien County Health Dept.) FY10-FY12	Parenting education, child development	Low-income, first-time pregnant women	Prevention of CAN; improve pregnancy outcomes, improve child health development,	White 73 African Amer. 41 Hispanic/Latino 2 Other or undoc. 4	120 individuals (FY10 3 rd quarter YTD; grant began in	Berrien Co.

Appendix B: State or Federally-Funded Home Visiting Programs

by CAPTA via CBCAP)	NOTE: Also listed under Nurse-Family Partnership			improve families' economic self-sufficiency		FY10)	
	Parents as Teachers (Keweenaw Family Resource Center) FY10-FY12	Parenting education, socialization & playgroups, hospital visitation	Pregnant teens & high-risk families (with young children) who have 4 or more risk factors for abuse and neglect	Increase parent knowledge of early childhood development and improve parenting practices, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness and success	White 47 Hispanic/Latino 5 Asian 2 Multiracial 1 Other or undoc. 263	318 individuals (FY10 3 rd quarter YTD; grant began in FY10)	Baraga, Houghton, Keweenaw Counties
	Healthy Start/Healthy Families (St. Joseph Mercy Oakland) FY09-FY11 NOTE: Also listed under Zero to Three Secondary Prevention Initiative	Family support services including counseling, infant mental health, parenting education, support groups	Moderate-risk families with at least two risk factors for CAN	Prevention of CAN, developing and enhancing the parent/child bond	White 13 African Amer. 13 Hispanic/Latino 30 Multiracial 1	57 individuals	Oakland Co.
	Parents as Teachers (Student Advocacy Center of Michigan) FY09-FY11	Family education and support	Families with an expectant mother and/or children up to age 5, who are identified by DHS and the Washtenaw ISD Early Childhood Council as needing in-	Preventing CAN, increasing infant bonding and effective parenting, improving parent protection skills around sexual abuse, strengthening the marriage or other co-parenting relationships	White 28 African Amer. 19	47 individuals	Washtenaw Co.

Appendix B: State or Federally-Funded Home Visiting Programs

			home parenting services				
	Parents as Teachers (Student Advocacy Center of Michigan) FY10-FY12	Parent education, peer mentoring, couples counseling	Low-income families, with children from prenatal to five, who have been identified as at risk for CAN by DHS & Success by Six	Preventing CAN, increasing infant bonding and effective parenting, improving parent protection skills around sexual abuse, strengthening the marriage or other co-parenting relationships	White 14 African Amer. 11 Hispanic/Latino 1	26 individuals (FY10 3 rd quarter YTD; grant began in FY10)	Washtenaw Co.
	Parents as Teachers (Traverse City Area Public Schools) FY09-FY11	Parent education and support groups, parent mentoring	Parents with children prenatal to 5 who have at least one risk factor, including pregnant teens or teen parents enrolled at Traverse City High School	Increase parent knowledge about child development, improve school readiness, reduce child abuse and neglect, support families in times of need.	White 164 African Amer. 2 Hispanic/Latino 5 American Indian 1 Asian 3 Multiracial 2	177 individuals	Grand Traverse Co.
	Healthy Families America (Dad's Make a Difference program through the Women's Resource Center of Livingston County) FY09-FY11	Parent education and support groups (using Circle of Parents model)	First-time families (specifically fathers and parenting partners) who are at-risk for CAN based on screening	Promote positive parenting, understand and enhance child health and development, manage child behavior in nurturing and effective ways, work cooperatively with the child's mother, prevent CAN	White 31 Hispanic/Latino 1	32 adults	Livingston Co.

Appendix B: State or Federally-Funded Home Visiting Programs

Children’s Trust Fund Approved New Direct Service Grants (FY11-FY14) with a Home Visiting Focus – Will Begin January 2011	Parents as Teachers (MSU Extension) FY11-FY14	Parenting education (incl. personal visits, screenings, group meetings)	Families with children 0-5 at risk of CAN	CAN prevention, increasing parents’ knowledge of child development, improving parenting practices, increasing school readiness	N/A	Goal of 40 adults (as identified in grant application)	Saginaw Co.
	Family Links, based on Healthy Start Hawaii (Cadillac Area OASIS/FRC) FY11-FY14	Parenting education, links to medical providers, other referrals as needed, support groups	Families with children 0-5 with at least three risk factors for CAN	Reduce the risk of CAN, promote optimal child development	N/A	Goal of 55 adults (as identified in grant application)	Wexford & Missaukee Counties
Prevention Pilot Home Visiting Programs (MDHS)	Evidenced-based/evidence informed home visitation models	Parenting skills, improved parent – child interactions	At-risk families with children ages 0-18, Must have a CPS Category III or IV case or have 3 or more identified child abuse and/or neglect risk factors	Prevention of child abuse and neglect	All races; average household income less than \$15,000 (estimated)	Contracts’ effective start date 08-01-10; data not yet available	NE Osborn neighborhood in Wayne Co. by zip code SW Detroit and City of Dearborn, Wayne Co. by zip code City of Flint, Genesee Co. by zip code City of Grand Rapids, Kent Co. by zip code
Nurse-Family Partnership Note: CTF supports NFP in Benton Harbor (Berrien Co.)	Evidenced-based practice designation. Must sign assurances that agency will strictly adhere to program model which includes abiding by all the NFP	Clients are visited one on one. Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and	Low-income, first time mothers (Michigan has emphasized the African American population because of unacceptable	Promotion of healthy child development, improved health during pregnancy and a positive parental life course	The mothers at program intake have a median age of 19, 55% have not completed high school, 94% are unmarried; their median household income is \$10,500, 73% are on Medicaid	New enrolled in 2009 Total families in 5 communities: 197 Kalamazoo 96	Cities: Kalamazoo (Kalamazoo Co.) Benton Harbor (Berrien Co.) Grand Rapids

Appendix B: State or Federally-Funded Home Visiting Programs

	Model elements for: client services, intervention content, expectations of the nurses and supervisors, application of the interventions; reflection and clinical supervision, program monitoring and use of data, and agency requirements.	then every other week until the baby is 21 months old. From 21-24 months, visits are monthly. To meet the needs of the individual family, frequency of visits may be altered and evening and weekend visits may be required. Standardized proprietary curricula provided by national NFP office. The nurse, using professional knowledge, judgment and skill, apply the NFP Visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains. The domains include: personal health; environmental health; life course; maternal role; friends and family; and health and human services.	health disparity in the infant population. Focus on health, social, education and economic determinates of health.		at program entry, 95% by end of pregnancy, and 81% are participating in WIC. The programs are targeted in African American communities focused on African American families (70.5%), but also serve Hispanic (4.9%), Native American (1.3%), Asian (0.8%), multiracial (6.3%).	Benton Harbor 60 Grand Rapids 28 Pontiac 13 NOTE: Detroit (Wayne Co.) program closed 2009	(Kent Co.) Pontiac (Oakland Co.) Battle Creek (Calhoun Co.) New program opened 2010
Healthy Start Federally funded through HRSA, DHHS	Locally developed models	Includes a combination of the following components: Outreach & recruitment Consortia	Pregnant women and infants in communities with large minority populations	Providing adequate prenatal care Promoting positive prenatal health behaviors Meeting basic health needs		2007—six federally funded programs Total served in 2007	Specific zip codes in six communities: Detroit (Wayne Co.)

Appendix B: State or Federally-Funded Home Visiting Programs

		Case management Collaboration with Title V Education Sustainability Screening & treatment of depression Interconception care Fatherhood/male involvement	with high rates of unemployment, poverty and major crime	(nutrition, housing, psychosocial support) Reducing barriers to access Enabling client empowerment		5440 Detroit 1,914 Kalamazoo 362 Saginaw 974 Genesee 775 Intertribal Coun. of MI 514 Grand Rapids 901	Kalamazoo (Kalamazoo Co.) Saginaw (Saginaw Co.) Genesee (Genesee Co.) Intertribal Coun. of MI Grand Rapids (Kent Co.)
Early Head Start	Varies state wide – locally determined	Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing,	Pregnant women Child age 0-3 Income Eligibility: 100% of Federal Poverty Guidelines 10% children w/ Disabilities Categorical Eligibility: Homeless Foster care Public assistance	To promote healthy prenatal outcomes for pregnant women To enhance the development of very young children To promote healthy family functioning Principles included: • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion	Under age 1: 791 1 year old: 813 2 year old: 849 3 year old: 113	FY 2009 Pregnant women: 89 Children 0-3: 2,566 Note: EHS expanded roughly 1,800 for FY 2010	There are EHS programs in 64 (of 83) counties. In 52 of these counties, children residing throughout the county may be served. In the other 12 counties, only children residing in certain parts of the county may be served.

Appendix B: State or Federally-Funded Home Visiting Programs

		transportation, etc. Community Building	recipient (TANF or SSI)	<ul style="list-style-type: none"> Comprehensive, flexible, responsive, and intensity Transitions Collaboration			
Parent-Child Assistance Program		Case management: coordinating, linking, screening and referral	Pregnant women or women up to 6 months post-partum with previous alcohol-exposed birth	Prevent future alcohol/drug exposed births through parental abstinence or effective use of contraception	Income Status Employed 10 TANF 33 Unemployment 3 SSI 8 Tribal 1 Receiving food stamps 63 Age 18-20 y/o 22 21-25 y/o 22 26-30 y/o 18 31-39 y/o 16 Race African American 33 Hispanic 6 Caucasian 48	Families served FY 2009 69	Berrien Co. Kent Co. Muskegon Co.

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Berrien County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 506</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Care coordination with Medicaid Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant				from 2008.	
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	3 of 3 were Medicaid Recipients	MI Parents 2 DD Parents 0 Dual Diagnosed Parents 1 ----- IMH as a B3 Service MI Parents 0 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Nurse-Family Partnership	Evidenced-based practice designation. Must sign assurances that agency will strictly adhere to program model which includes	Clients are visited one on one. Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly	Low-income, first time mothers (Michigan has emphasized the African American population because of	Improved health during pregnancy Promotion of healthy child development, improved health during pregnancy and a positive parental life		New enrolled in 2009 Benton Harbor 60	Benton Harbor

Appendix B: State or Federally-Funded Home Visiting Programs

	<p>abiding by all the NFP Model elements for: client services, intervention content, expectations of the nurses and supervisors, application of the interventions, reflection and clinical supervision, program monitoring and use of data and agency requirements.</p>	<p>for the first six weeks and then every other week until the baby is 21 months old. From 21-24 months, visits are monthly. To meet the needs of the individual family, frequency of visits may be altered and evening and weekend visits may be required. Standardized proprietary curricula provided by national NFP office. The nurse, using professional knowledge, judgment and skill, apply the NFP Visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains. The domains include: personal health, environmental health, life course, maternal role, friends and family, and health and human services.</p>	<p>unacceptable health disparity in the infant population.) Focus on health, social, education and economic determinates of health.</p>	<p>course</p>			
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Appendix B: State or Federally-Funded Home Visiting Programs

<p>Early Head Start</p>		<p>Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>Pregnant women</p> <p>Child age 0-3</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>To promote healthy prenatal outcomes for pregnant women</p> <p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>Principles included: High quality</p> <ul style="list-style-type: none"> • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity <p>Transitions Collaboration</p>		<p>72 children served during 2009-2010 school year Through September 29, 2010 – Benton Harbor & Coloma</p>	<p>Entire county starting this year; previously in Benton Harbor and Coloma only</p>
<p>Parent-Child Assistance Program</p>	<p>PCAP model</p>	<p>Case management: coordinating, linking, screening and referral</p>	<p>Pregnant women or women up to 6 months post-partum with previous alcohol-exposed birth</p>	<p>Prevent future alcohol/drug exposed births through parental abstinence or effective use of contraception</p>	<p><u>Berrien Income Status</u> 1 employed 1 on unemployment 6 TANF 9 receiving food stamps</p> <p>NOTE: Data on age & race only available for Muskegon & Berrien Counties combined</p> <p><u>Combined Age</u> 14 18-20 y/o</p>	<p>NOTE: Data on number of families served only available for Muskegon & Berrien Counties combined</p> <p>Families served in FY 2009 44</p>	<p>Entire county</p>

Appendix B: State or Federally-Funded Home Visiting Programs

					14 21-25 y/o 10 26-30 y/o 7 31-39 y/o <u>Combined Race</u> African American 18 Hispanic 1 Caucasian 30		
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Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Calhoun County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p> <p>Care coordination with Medicaid</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Age of mothers ranges from 13-40 years (most in their 20's)</p> <p>80% single mothers</p>	<p>New maternal beneficiaries enrolled in 2009 282</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant Referrals to CPS, Early On, WIC as appropriate					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	25 of 26 were Medicaid Recipients	MI Parents 22 DD Parents 3 Dual Diagnosed Parent 1 ----- IMH as a B3 Service MI Parents 0 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Nurse-Family Partnership	Evidenced-based practice designation. Must sign assurances that agency will strictly adhere to	Clients are visited one on one. Prenatal visits occur once a week for the first four weeks, then every other week until the baby is	Low-income, first time mothers (Michigan has emphasized the African American	Promotion of healthy child development, improved health during pregnancy and a positive parental life course	Not yet known	Scheduled to begin Fall 2010 (Not started yet) Intend to serve 100 families	Entire County

Appendix B: State or Federally-Funded Home Visiting Programs

	<p>program model which include abiding by all the NFP Model elements for: client services, intervention content, expectations of the nurses and supervisors, application of the interventions, reflection and clinical supervision, program monitoring and use of data, and agency requirements.</p>	<p>born. Postpartum visits occur weekly for the first six weeks and then every other week until the baby is 21 months old. From 21-24 months, visits are monthly. To meet the needs of the individual family, frequency of visits may be altered and evening and weekend visits may be required. Standardized proprietary curricula provided by national NFP office. The nurse, using professional knowledge, judgment and skill, apply the NFP Visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains. The domains include: personal health; environmental health; life course; maternal role; friends and family; and health and human services.</p>	<p>population because of unacceptable health disparity in the infant population.) Focus on health, social, education and economic determinates of health.</p>				
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Appendix B: State or Federally-Funded Home Visiting Programs

<p>Early Head Start</p>	<p>Partners for Healthy Babies (Florida State University)</p>	<p>Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>Pregnant women</p> <p>Child age 0-3</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>To promote healthy prenatal outcomes for pregnant women</p> <p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>Principles include:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 	<p>92% At or below poverty</p> <p>4% Homeless</p> <p>76% Medicaid</p>	<p>Children served (Aug 2009-Aug 2010) 38</p>	<p>Battle Creek</p>
<p>Great Parents, Great Start (Calhoun ISD)</p>	<p>Parents as Teachers</p>	<p>Monthly or bi-weekly in-home parent education</p> <p>Parent-Child Learning Groups (2-3 times/month)</p> <p>Child Developmental Screener or Assessment (every 6 months)</p>	<p>Children 0-5 years with the focus on 0-3 years</p>	<p>Improve school readiness</p> <p>Encourage early mathematics & reading literacy</p> <p>Reduce the need for special education services</p> <p>Improve positive parenting skills by</p>	<p>90% low income</p> <p>Multiple risk factors</p>	<p>Families served (Oct 2009-Sep 2010) 15</p>	<p>Calhoun ISD service area (13 school districts)</p>

Appendix B: State or Federally-Funded Home Visiting Programs

		Raising A Reader Referrals as needed Free books		fostering the maintenance of stable families			
Expectant Mothers (Community Action)	Partners for Healthy Babies (Florida State University)	Bi-weekly home visits for pregnant moms Parent training on best practice in raising a healthy child Address family concerns throughout and after pregnancy including assistance and/or referrals for basic needs Assist in developing support systems during and after the birth of the child	Prenatal - 3 years old Priority given to: Low income, expectant moms needing 30+hours/wk of childcare to return to workforce or complete education High-risk pregnancies Children with disabilities Foster care families	To promote healthy prenatal outcomes for pregnant women To enhance the development of very young children To promote healthy family functioning Principles include: <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 	80% Single Parent 87% Medicaid 87% At/below poverty 13% Homeless	Mothers served (Aug 2009-Aug 2010) 15	Battle Creek

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Genesee County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 598</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Care coordination with Medicaid Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	3 of 4 recipients were Medicaid recipients	MI Parents 4 DD Parents 0 Parent with Dual Diagnosis 0 ----- IMH as a B3 Service MI Parents 0 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Zero to Three Secondary Prevention Initiative (MDHS)	Parents As Teachers	Education, support, case management, resource & referral, and intensive infant mental health services for families	At-risk families with children ages birth to three	Reduce risk factors and promote healthy family environments		2009 1 year 4	Entire county
Children's Trust Fund Direct Services Grants	Parents as Teachers and home-based	Child development education, parenting education,	Parents and children birth to three. Families	Prevention of child abuse and neglect		Families served per year	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

	Nurturing Program	development of empathy, screening & referral	that have level III or IV CPS cases.			22 Capacity of 50	
Prevention Pilot Home Visiting Programs (MDHS)	Evidenced-based/Evidence informed home visitation models	Parenting skills, improved parent – child interactions	At-risk families with children ages 0-18	Prevention of child abuse and neglect	All races; average household income less than \$15,000 (estimated)	N/A	City of Flint, Genesee Co. by zip code
Healthy Start	Federally-defined core components (evidence-informed, consumer-driven) with locally developed implementation practices	<ul style="list-style-type: none"> • Outreach • Intense Case Management & Risk Assessment • Health education • Interconception Care • Depression Screening • Community Consortium • Local Health System Action Plan 	African American pregnant women and infants who demonstrate high risk factors	<ul style="list-style-type: none"> • Increase # of children with a medical home • Increase # of women with source of on-going primary & preventive care • Increase # of completed referrals • Increase # of pregnant women with prenatal visit in 1st trimester • Reduce # of very low birth weight • Reduce # of low birth weight • Reduce infant mortality • Reduce neonatal mortality • Reduce post neonatal mortality • Reduce perinatal mortality 	Primarily African Americans, low income, pregnant women and infants (birth – 2 years of age)	Individuals served in 2009 719	City of Flint and Genesee County Zip codes: 48503 48504 48505 48507 48458

Appendix B: State or Federally-Funded Home Visiting Programs

<p>Early Head Start</p>	<p>Varies state wide – locally determined</p>	<p>Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>Pregnant women</p> <p>Child age 0-3</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p> <p>Program prioritized teen parents working on high school completion.</p>	<p>To promote healthy prenatal outcomes for pregnant women</p> <p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>Principles include:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 		<p>FY 2009 287</p>	
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Appendix B: State or Federally-Funded Home Visiting Programs

<p>Head Start</p>	<p>Parents as Teachers</p>	<p>Child Development: Home Based Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Comprehensive health & mental health services & education Adult education literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>Child age 3-5</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>Principles included:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity <p>Transitions Collaboration</p>		<p>FY 2009 Children served 60</p>	<p>Entire county</p>
<p>Successful Kids = Involved Parents (SKIP)</p> <p>(Great Parents/ Great Start funds as well as federal and local funds to expand the capacity of the program)</p>	<p>Parents as Teachers</p>	<p>Child Development: Home Based Early education services Parent education Screening/referrals</p> <p>Parent and child may attend optional Learn and Play groups</p>	<p>Universal entry</p> <p>All income levels of families</p> <p>Prenatal to Kindergarten entry</p> <p>Families self select or may be referred</p>	<p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>School readiness: Coordination with preschools and kindergarten programs</p>	<p>60% of enrolled families meet low-income criteria</p>	<p>2009 Families served 920 (8 home visits per year)</p>	<p>Entire county</p>

Appendix B: State or Federally-Funded Home Visiting Programs

<p>REACH U.S. (Racial & Ethnic Approaches to Community Health)</p>	<p>Former MIHAS (Maternal-Infant Health Advocacy Services)</p>	<ul style="list-style-type: none"> • Outreach • Advocacy Services 	<p>African American, low-income pregnant women and infants (0–1) who demonstrate high risk factors</p>	<p>Reduce infant mortality</p>		<p>2009 Individuals served 50</p>	<p>Entire county</p>
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Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Ingham County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographic(s)	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p> <p>Care coordination with Medicaid Health Plan (MHP),</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 608</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		medical home, and other medical and service/support providers for mother and infant					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	Data provided is for CEI CMH serving 3 counties (Ingham is most populace of 3 counties) 102 of 125 were Medicaid Recipients	MI Parent 114 DD Parents 0 Dual Diagnosed Parent 11 ----- IMH as a B3 Service MI Parents 15 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Early Head Start	Weekly home visits	Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals Family	Pregnant women Child age 0-3 Income Eligibility: 100% of Federal Poverty Guidelines	To promote healthy prenatal outcomes for pregnant women To enhance the development of very young children To promote healthy family functioning		Children served 18	Lansing Area and county-wide

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>Principles include:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 																							
Family Outreach Services	<p>Incorporates Parents as Teachers and Early Head Start, as well as Medicaid Outreach activities</p>	<ul style="list-style-type: none"> • Connect children and families to a medical home • Ensure children and families have medical coverage • Assure positive health outcomes for children and families (medical appointments, immunizations, and well child checks) • Assist with referrals to other services within the community • Prenatal education • Child development and parenting education 	<p>Medicaid eligible:</p> <ul style="list-style-type: none"> • Pregnant women • Families with children 0-3 	<ul style="list-style-type: none"> • Enhancing family functioning • Teaching problem solving skills • Improving a family’s support system • Providing prenatal education and strategies to promote a healthy pregnancy • Promoting positive parent-child interactions and relationships • Supporting healthy childhood growth and development 	<p>100% of families are Medicaid eligible (185% of poverty)</p> <p>Data from a FY 2007 evaluation:</p> <p><u>Income</u> 50% of families had household incomes under \$10,000</p> <p><u>Mother’s Race</u></p> <table> <tr><td>White</td><td>50%</td></tr> <tr><td>Black</td><td>28%</td></tr> <tr><td>Multi-racial</td><td>10%</td></tr> <tr><td>Hispanic</td><td>7%</td></tr> <tr><td>Asian</td><td>3%</td></tr> <tr><td>Native Amer.</td><td>2%</td></tr> </table> <p><u>Mother’s Ed/Employ</u></p> <table> <tr><td>37%</td><td>Some HS</td></tr> <tr><td>35%</td><td>HS diploma or GED</td></tr> <tr><td>52%</td><td>Unemployed</td></tr> <tr><td>56%</td><td>Single mothers</td></tr> </table>	White	50%	Black	28%	Multi-racial	10%	Hispanic	7%	Asian	3%	Native Amer.	2%	37%	Some HS	35%	HS diploma or GED	52%	Unemployed	56%	Single mothers	<p>FY 2009 Families served 560</p>	<p>Entire county plus Lansing addresses in Eaton and Clinton Counties</p>
White	50%																										
Black	28%																										
Multi-racial	10%																										
Hispanic	7%																										
Asian	3%																										
Native Amer.	2%																										
37%	Some HS																										
35%	HS diploma or GED																										
52%	Unemployed																										
56%	Single mothers																										

Appendix B: State or Federally-Funded Home Visiting Programs

<p>Community Foundation and United Way</p>	<p>Parents as Teachers At least monthly visits</p>	<p>Child and Family Development</p>	<p>Prenatal through age 5 not already in kindergarten (specifically focus on birth to three)</p>	<p>Relationships between children and adult become stronger Parents become knowledgeable of school readiness skills and safe home environments</p>	<p>Medicaid eligible parents in school or working Income eligibility requirements Refugee and homeless children (Burmese and Arabic families)</p>	<p>Children currently 15 Full capacity up to 30</p>	<p>Entire county</p>
<p>Great Parents, Great Start</p>	<p>Parents as Teachers</p>	<p>Child and Family Development Minimum of every other week</p>	<p>Parents that can't access other services</p>	<p>Relationships between children and adult become stronger Parents become knowledgeable of school readiness skills and safe home environments</p>		<p>Cumulative total for Community Foundation, United Way and GP, GS last year 341</p>	<p>Entire county</p>

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Kalamazoo County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p> <p>Care coordination with Medicaid Health Plan (MHP), medical</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 275</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		home, and other medical and service/support providers for mother and infant					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	3 of 5 were Medicaid Recipients	MI Parents 4 DD Parents 0 Dual Diagnosed Parents 1 ----- IMH as a B3 Service MI Parents 8 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Nurse-Family Partnership	Evidenced-based practice designation. Must sign assurances that agency will strictly adhere to program model which include abiding by all the NFP Model	Clients are visited one-on-one. Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six weeks and then every other	Low-income, first time mothers (Michigan has emphasized the African American population because of unacceptable	Promotion of healthy child development, improved health during pregnancy and a positive parental life course	85 % between 15-24 yrs 45 % completed HS 87% WIC recipients Median household income \$10,500	New enrolled in 2009 Kalamazoo 96	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

	elements for: client services, intervention content, expectations of the nurses and supervisors, application of the interventions, reflection and clinical supervision, program monitoring and use of data and agency requirements.	week until the baby is 21 months old. From 21-24 months, visits are monthly. To meet the needs of the individual family, frequency of visits may be altered and evening and weekend visits may be required. Standardized proprietary curricula provided by national NFP office. The nurse, using professional knowledge, judgment and skill, apply the NFP Visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains. The domains include: personal health, environmental health, life course; maternal role, friends and family, and health and human services.	health disparity in the infant population.) Focus on health, social, education and economic determinates of health.		83% Medicaid enrolled		
Healthy Start	Locally developed models	Includes a combination of the following components: <ul style="list-style-type: none"> • Outreach & recruitment • Consortia 	Pregnant women and infants in communities with large minority populations with high rates	Providing adequate prenatal care Promoting positive prenatal health behaviors Meeting basic health	2009 62% between ages of 15-24 African-Amer. 55% 142 pregnant women	Served in 2007 362 Served in 2008 398	Specific zip codes in Kalamazoo: 49001 49007 49048

Appendix B: State or Federally-Funded Home Visiting Programs

		<ul style="list-style-type: none"> • Case management • Collaboration with Title V • Education • Sustainability • Screening & treatment of depression • Inter-conception care • Fatherhood/male involvement 	of unemployment, poverty and major crime.	<p>needs (nutrition, housing, psychosocial support)</p> <p>Reducing barriers to access</p> <p>Enabling client empowerment</p>	<p>below 185% FPL</p> <p>80% women received access to care during 1st trimester</p>	Total clients receiving case management services in 2009 323	
<p>Great Start Plus</p> <p>Kalamazoo Regional Educational Service Agency (KRESA)</p>	<p>KRESA-operated program based on the EHS model (Kalamazoo doesn't have EHS)</p>	<p>Child Development: Early education services Parent education Screening/referrals</p> <p>Family Development: Child development</p> <p>Comprehensive health & mental health services & education</p> <p>Facilitate family self-sufficiency</p> <p>Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>Pregnant women</p> <p>Child age 0-3</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>To promote healthy prenatal outcomes for pregnant women</p> <p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>Principles included:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity <p>Transitions Collaboration</p>		<p>2009/10 Families served 100</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

Ready, Set, Succeed! (a KRESA-based program)	Parents as Teachers	Parent education and support	Families with children 0-5 seeking information about child development, parenting education and/or desiring connection with other parents No income or risk factors required			2009/10 Families served 562	Entire county
Ujima	Parents as Teachers	Parent education, screening food assistance	African & Latino low-income families from pregnancy to Kindergarten	School Readiness		2009 Families served 24	Urban zip codes

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Kent County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH) Providers: Cherry Street Health Services Kent County Health Department Spectrum Health MOMS Metro Health	Model developed by MDCH for Medicaid beneficiaries Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide	Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification Standardized interventions to address low, medium and high levels of risk for defined risk areas Service intensity determined by risk stratification and interdisciplinary plan of care ASQ3 and ASQ-SE developmental screens are used with all infants Care coordination with Medicaid	Pregnant Medicaid beneficiaries Infants with Medicaid Insurance	Reduction of infant death rates and sickness rates Delivery of a full term, healthy baby Developmentally healthy infants Physically and emotionally healthy mothers Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery Provision of consultation and technical assistance to local programs	Medicaid beneficiaries The following demographic data represents all MIHPs in Kent County for 2008 including KCHD, Spectrum Health MOMS, Cherry Street and Breton Health as analyzed by the Michigan Families Medicaid Project <u>Age</u> <20 24% 20-24 35% 25-34 36% >35 5% <u>Education</u> <12 grade 49% 12 grade 32% >12 grade 14% Unknown 5% <u>Race</u> Black 24% Caucasian 32%	New maternal beneficiaries enrolled in 2009 1718 NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant			Hispanic 42% Other 2% Unmarried 72% Married 28% <100 % FPL 23% >FPL 77%		
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, improve attachment between parent and child and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	7 of 8 were Medicaid Recipients	MI Parents 8 DD Parents 0 Dual Diagnosed Parents 0 ----- IMH as a B3 Service MI Parents 17 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Local Healthy Start = DHS 0-3, SFSC & 0-18 pilot as well as Kent County Government and private funding	Healthy Families America Evidenced-based home visitation model	Parenting support and education, case management, support groups and assistance in accessing community	At-risk expectant families and families with children birth-three	Promote healthy child and family development by reducing risk factors, promoting healthy habits, strengthening	ALL HS/HFA HV programs & providers (2009 data): Mother's age for home visiting only:	2009 data – includes new and continuing mothers: Moms	All are Kent County except 0-18 Prevention Pilot (see below)

Appendix B: State or Federally-Funded Home Visiting Programs

<p>Zero to Three Secondary Prevention Initiative (MDHS)</p> <p>Prevention Pilot Home Visiting Programs (MDHS) 0-18</p> <p>SFSC</p>	<p>First Steps Kent</p> <p>Child & Family Resource Council</p> <p>Catholic Charities of SW MI</p>	<p>resources</p>	<p>At-risk families with children 0-3</p> <p>At-risk families with children 0-18</p> <p>At-risk families with children 0-3</p>	<p>parent/child bonds, and empowering the family</p> <p>Prevention of child abuse and neglect</p> <p>Improved parent – child interactions</p>	<p>12-19 = 31%</p> <p>20-29 = 58%</p> <p>30-39 = 11%</p> <p>40-49 = <1%</p> <p>Mother’s race (HV only):</p> <p>White 46%</p> <p>Hispanic/Latino 31%</p> <p>Black 17%</p> <p>Multi-racial 5%</p> <p>Asian/Pacific Islander 1%</p> <p>Mother’s income (HV):</p> <p>43% - under \$10K</p> <p>32% - \$10K-19,999</p> <p>11% - \$20K-29,999</p> <p>6% - \$30K-39,999</p> <p>3% - \$40K-49,999</p> <p>4% - \$50,000 & over</p>	<p>499</p> <p>Children 474</p>	<p>0-18 Pilot: City of Grand Rapids, Kent County by zip code</p>
<p>Zero to Three Secondary Prevention Initiative (MDHS)</p>	<p>See “Local Healthy Start” HFA model above</p>	<p>All funding sources combined – see above</p>					
<p>Prevention Pilot Home Visiting Programs (MDHS) 0-18</p>	<p>See “Local Healthy Start” HFA model above</p>	<p>All funding sources combined – see above</p>					
<p>Nurse-Family Partnership</p>	<p>Evidenced-based practice designation. Must sign assurances that agency will strictly adhere to program model which includes abiding by all the NFP Model elements for: client services, intervention content, expectations of the nurses</p>	<p>Clients are visited one on one. Prenatal visits occur once a week for the first four weeks, then every other week until the baby is born. Postpartum visits occur weekly for the first six</p>	<p>Low-income, first time mothers (Michigan has emphasized the African American population because of unacceptable</p>	<p>Improved health during pregnancy</p> <p>Promotion of healthy child development by helping parents provide more responsible and competent care for</p>	<p>African Amer. 82%</p> <p>38% ages 15-17</p> <p>26% ages 18-19</p> <p>92% receive Medicaid</p> <p>Median household income is \$7500</p>	<p>New enrolled in 2009</p> <p>Grand Rapids 28 new enrollees each year</p>	<p>Grand Rapids and Kentwood</p>

Appendix B: State or Federally-Funded Home Visiting Programs

	<p>and supervisors, application of the interventions, reflection and clinical supervision, program monitoring and use of data, and agency requirements.</p>	<p>weeks and then every other week until the baby is 21 months old. From 21-24 months, visits are monthly. To meet the needs of the individual family, frequency of visits may be altered and evening and weekend visits may be required. Standardized proprietary curricula provided by national NFP office. The nurse, using professional knowledge, judgment and skill, apply the NFP Visit guidelines, individualizing them to the strengths and challenges of each family and apportioning time across defined program domains. The domains include: personal health, environmental health, life course, maternal role, friends and family, and health and human services.</p>	<p>health disparity in the infant population.) Focus on health, social, education and economic determinates of health.</p>	<p>their child Improve families' economic self-sufficiency</p>	<p>69% are unemployed</p>		
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Appendix B: State or Federally-Funded Home Visiting Programs

<p>Federal Healthy Start</p> <p>“Strong Beginnings”</p>	<p>Evidence-based Federal (HRSA) Healthy Start program</p> <p>Partnership of:</p> <p>Cherry Street Health Services</p> <p>Kent County Health Dept.</p> <p>Spectrum MOMS</p> <p>The Salvation Army</p> <p>Grand Rapids African American Health Institute</p> <p>Arbor Circle</p> <p>Metro Health</p> <p>Healthy Kent 2010 Infant Health I-Team</p>	<p>Components:</p> <p>Outreach & recruitment by CHWs (peer advocates)</p> <p>Case management by CHWs and MIHP providers for education, client empowerment, social support, and referrals during pregnancy and for two years after delivery</p> <p>Dental program</p> <p>Health education and parenting classes for participants, community and providers</p> <p>Mental health services (crisis management, individual counseling, therapeutic support groups)</p> <p>Consortium of community representatives, consumers, and service providers</p> <p>Systems work to</p>	<p>High risk African American women and their families during pregnancy and for two years after delivery (i.e., pregnant women, inter-conception women, and children 0 – 2 years)</p>	<p>Reduce infant mortality, prematurity and low birth-weight among African Americans</p> <p>Reduce unintended pregnancies and improve child spacing</p> <p>Increase the percent of women with adequate prenatal care</p> <p>Reduce stress and perinatal depression</p> <p>Promote positive prenatal and inter-conception health behaviors</p> <p>Help clients obtain resources to meet basic needs (food, housing, employment transportation and education)</p> <p>Reduce use of alcohol, tobacco and other drugs</p> <p>Promote healthy relationships and parenting skills</p> <p>Reduce barriers to</p>	<p>One-year data for Jan. 1 – Dec. 31, 2009:</p> <p><u>Race</u> Black: 95% White: 4% Other or unknown: 1%</p> <p><u>Ethnicity</u> Latino: 6%</p> <p><u>Income</u> Below 185% FPL: 100%</p> <p>Below 100% FPL: 80% (20% are between 100% and 185% FPL)</p> <p><u>Pregnant Age</u> 11-19 34% 20-24 36% 25-34 26% 35-44 4%</p> <p><u>Inter-Conception Age</u> 11-19 24% 20-23 32% 24-34 38% 35-44 6%</p> <p><u>Children Age</u> 0-12 months 69% 13-24 mo 31%</p> <p><u>Risk Level</u> 80% High risk 15% Moderate risk</p>	<p>Total served in 2009: 832</p> <p>prenatal 209</p> <p>unduplicated inter-conception 243</p> <p>children under 2 380</p> <p>women served in mental health program 93</p>	<p>For client enrollment: City of Grand Rapids.</p> <p>For systems-level work: Kent County</p>
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Appendix B: State or Federally-Funded Home Visiting Programs

		<p>improve overall system of care</p> <p>Advocacy</p> <p>Collaboration with Title V and other state agencies</p> <p>SB clients receive standardized MIHP interventions along with additional services provided by SB (CHW visits every two weeks, mental health, dental care, inter-conception program, community education, etc.).</p>		<p>the delivery of care and promote access to medical homes for women and children</p> <p>Promote cultural competency and address racism in all its manifestations (internalized, personally-mediated and institutional)</p> <p>Advocate for policies that promote maternal child health</p> <p>Address social & environmental determinants of health</p> <p>Improve the overall system of care for women and children</p>	<p>5% Low risk</p> <p><u>Other Risk Factors:</u></p> <p>Single 93%</p> <p>Married 7%</p> <p>Unintended pregnancy: 95%</p> <p>Homeless during enrollment: 25%-30%</p> <p>In abusive relationship: 11% prenatal, 25% inter-conception</p> <p>Prenatal smoking 30%</p> <p>IC smoking 34%</p> <p>Prenatal alcohol +/- drug use 19%</p> <p>IC use 30%</p> <p>Screen positive for moderate – severe depression: 37%</p> <p>Enrolled in mental health: 20%</p>		
<p>Federal Healthy Start</p> <p>“Maajtaag Mnobmadzid” Grand Rapids Site</p>	<p>Evidence-based Federal (HRSA) Healthy Start program</p> <p>Program in Grand Rapids is one of eight sites throughout the State that serve the American Indian</p>	<p>Components:</p> <p>Outreach & recruitment by Native Outreach Workers (peer advocates)</p>	<p>Native American women and Non-Native women partnered with a Native father and their</p>	<p>Reduce infant mortality, particularly due to SUID, prematurity and low birth-weight in the American Indian population</p>	<p>89% of pregnant clients are American Indian</p> <p>16% are younger than 18 years; 31% are younger than 20 yrs</p>	<p>Average annual number of unduplicated case management clients: 85; including</p>	<p>Target area is all of Kent county plus Muskegon county. May also serve families in Ottawa</p>

Appendix B: State or Federally-Funded Home Visiting Programs

<p>Inter-tribal Council of Michigan Healthy Start</p>	<p>MCH population</p> <p>Program staff are employees of the Inter-tribal Council of MI, but are housed in the city of Grand Rapids, in the same building as Huron Potawatomi Tribal Head Start</p> <p>Program includes formal and informal collaborative partnerships for referral, case conferencing and community advocacy with numerous local tribes and health and human service providers. RN is a member of the Healthy Kent 2010 Infant Health I-Team and other county MCH collaboratives</p> <p>Contact is Darlene Van Overen, RN, Site Supervisor dvanoveren@hotmail.com.</p> <p>Elizabeth Kushman, MPH State Project Director ekushman@charter.net</p>	<p>Incorporation of cultural elements into all program components</p> <p>Case management by RN and Outreach Worker for risk screening, education, client empowerment, social support, and referrals during pregnancy and for two years after delivery</p> <p>Individual and group health education for participants, community and providers</p> <p>Consortium of community representatives, consumers, and service providers</p> <p>Systems work to improve overall system of care</p> <p>Advocacy</p> <p>Collaboration with Title V and other state agencies</p> <p>Clients receive standardized MIHP interventions along</p>	<p>families during pregnancy and for two years after delivery (i.e., pregnant women, inter-conception women, and children 0 – 2 years)</p> <p>Target area is all of Kent county plus Muskegon county. May also serve families in Ottawa county</p>	<p>Reduce unintended pregnancies and improve child spacing</p> <p>Increase the percent of women with adequate prenatal care</p> <p>Reduce stress and perinatal depression</p> <p>Promote positive prenatal and inter-conception health behaviors</p> <p>Help clients obtain resources to meet basic needs (food, housing, employment transportation and education)</p> <p>Reduce use of alcohol, tobacco and other drugs</p> <p>Promote healthy relationships and parenting skills</p> <p>Reduce barriers to the delivery of care and promote access to medical homes for women and children</p> <p>Promote cultural</p>	<p>29% have no medical home</p> <p>19% have no reliable source of transportation</p> <p>76% reported their pregnancy as unplanned</p> <p>41% report prenatal smoking</p> <p>22% report drinking alcohol during their pregnancy; 17% had a past problem with alcohol</p> <p>9% report using drugs during pregnancy; 42% report a history of past drug use</p> <p>52% report a history of domestic violence; 4% report a current domestic violence situation</p> <p>35% were assessed as have high psychosocial risk factors</p>	<p>15-20 pregnant women; 20-25 Inter-conception women 40-45 children age 0-2</p> <p>About 150 community members participate in educational events and gatherings per year</p>	<p>county, if referred in</p>
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Appendix B: State or Federally-Funded Home Visiting Programs

		with additional screening and services provided by RN and Outreach Worker (visits every four weeks or more if needed, referrals, transportation, inter-conception health promotion education, community education, etc.)		<p>competency and address racism in all its manifestations (internalized, personally-mediated and institutional)</p> <p>Advocate for policies that promote maternal child health</p> <p>Address social & environmental determinants of health; increase community awareness of risk factors for SUID</p> <p>Promote breastfeeding</p> <p>Improve the overall system of care for women and children</p>			
Early Head Start	Expectant Families Through Age Three developed through collaboration between Jackson Community Action Agency and MSU	<p>Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development:</p>	<p>Pregnant women</p> <p>Child age 0-3</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10%</p>	<ul style="list-style-type: none"> Promote healthy prenatal outcomes for pregnant women Enhance the development of very young children Promote healthy family functioning 	<p><u>Income</u></p> <p>Income below 100% of federal poverty line 109</p> <p>Receipt of public assistance such as TANF, SSI 36</p> <p>Status as Foster child 3</p>	2009-2010 program year 151 (from PIR)	Grand Rapids Area, extending south to include Kentwood and Wyoming and also including Cedar Springs in the Northern

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<ul style="list-style-type: none"> • Support parent/child attachment • Increase parental understanding of child development and parent's role in supporting development • Promote healthy infants and toddlers through WIC, Hgb, and Lead Screens • Increase parental understanding of connection between health, nutrition, and link to future school readiness • Link parents to community resources • Empower parents to advocate for their children • Refer to outside resources as needed <p>Principles include:</p> <ul style="list-style-type: none"> • High quality 	<p>Status as homeless 1</p> <p>Over income 2</p> <p><u>Age</u></p> <table> <tr> <td>< 1 year</td> <td>41</td> </tr> <tr> <td>1 year</td> <td>55</td> </tr> <tr> <td>2 year</td> <td>29</td> </tr> <tr> <td>3 year</td> <td>7</td> </tr> <tr> <td>PGW</td> <td>19</td> </tr> </table> <p><u>Ethnicity</u></p> <p>Black or African American 47</p> <p>White 86</p> <p>Biracial/Multi-racial 18</p>	< 1 year	41	1 year	55	2 year	29	3 year	7	PGW	19	<p>part of the county</p>
< 1 year	41															
1 year	55															
2 year	29															
3 year	7															
PGW	19															

Appendix B: State or Federally-Funded Home Visiting Programs

				<p>prevention & promotion</p> <ul style="list-style-type: none"> • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 			
<p>Parent-Child Assistance Program – Arbor Circle</p>		<p>Case management: coordinating, linking, screening and referral</p>	<p>Pregnant women or women up to 6 months post-partum with previous alcohol-exposed birth</p>	<p>Prevent future alcohol/drug exposed births through parental abstinence or effective use of contraception</p> <p>Promote healthy development</p>	<p>9/1/09-8/31/10</p> <p><u>Age</u> 10-18 3: 8% 19-29 24: 63% 30-39 11: 29%</p> <p><u>Gender</u> 37 Females 97% 1 Male 3%</p> <p><u>Race/Ethnicity</u> White 17: 45% African Am. 11: 30% Native Amer. 4: 11% Hispanic 3: 8% Unreported 3: 8%</p> <p><u>Income</u> < \$5000 18:47% \$5000-9999 7:18% \$10,000-14,000 1:3% \$15,000-24,999 2:6% \$100,00</p>	<p>9/1/09-8/31/10</p> <p>Families Served 38</p>	<p>Entire county</p>

Appendix B: State or Federally-Funded Home Visiting Programs

					<p>1:3% Unreported 9:24%</p> <p><u>Family Size</u> 3 Individuals: 8% 13- 2 members: 34% 8 - 3 members: 21% 2 - 4 members: 5% 1 - 5 members: 3% 2-6 members: 5% 1-7 members: 3% 8–Unreported: 21%</p>		
<p>“Bright Beginnings”</p> <p>MI Dept. of Education supported</p>	<p>Born to Learn – Parents As Teachers curriculum</p>	<p>Home visiting, complete developmental screenings, play groups and parent meetings</p>	<p>A universal service for all families with children 0-5 within Kent ISD</p>	<p>Enhance parenting and early literacy skills</p> <p>Link parents to community resources</p> <p>Promote readiness for Kindergarten</p>	<p>2009</p> <p><u>Race of Children for HV:</u> Caucasian 80% Hispanic/Latino 12% African Am. 4% Asian 2% Multi-racial 1%</p> <p><u>Family Income</u> (combined for all services; not just HV): 56% \$50K + 24% Under \$30K 11% \$40-49K 10% \$30-39K</p> <p><u>Mean age of Mother</u> 33</p> <p><u>Mean age of child</u> 1</p> <p>100% of children are 0-5 years (HV only) 56% < 1 yr 22% 1-2 yrs 14% 2-3 yrs</p>	<p>Enrollment data 2008</p> <p>Families 553</p> <p>Children 859</p>	<p>Kent Intermediate School District</p>

Appendix B: State or Federally-Funded Home Visiting Programs

					7% 3-4 yrs 1% 5 or more yrs		
<p>Welcome Home Baby</p> <p>ECIC supported & DHS support of intake & referral for those with 3 risk factors</p>	<p>Local program developed from evidence-informed model in Cuyahoga County, OH (Cleveland area)</p> <p>New program began at St. Mary’s Hospital on 7/19/10; at Metro Hospital on 9/7/10, and will launch at Spectrum Health in October 2010</p>	<p>Gateway for all hospital newborns plus intake and referral for DHS 0-3, 0-3 portion of 0-18 pilot & SFSC 0-3. Social worker visit in hospital + initial nurse visit for maternal child health & psychosocial needs assessment; visits conducted by BSN Maternal Child nurses with MSN clinical supervisor; then referral to appropriate services as assessment indicates, including evidence-based and evidence-informed Home Visiting programs, basic needs, parenting education, early literacy. Connect child to medical home within 3-5 days of discharge and to first well-child visit within 10-14 days of discharge</p>	<p>All newborns of first time moms plus moms age 25 & under with previous birth</p> <p>51% of target births are Medicaid</p>	<p>Increase referrals to MIHP and other home visiting programs as appropriate</p> <p>Increase incidence of early identification of developmental delays</p> <p>Reduce in-patient hospitalizations and emergency department visits within 30 days after birth</p>	<p>New program – race/ethnicity and ages not available yet</p>	<p>Projected based on 2009 birth data:</p> <p>4,734 mothers total (2406 Medicaid):</p> <p>Break out: 3,440 first time mothers</p> <p>1,424 age 25 and under with previous birth</p>	<p>Kent County (out-county moms delivering at Kent County hospitals are referred to local resources in their jurisdiction)</p>
<p>Home Visitor Provider Network</p>	<p>The HV Network is a valuable Kent County resource for information on existing home visiting projects. It was formed in January 2010 under the auspices of Healthy Kent 2010’s Infant Health Implementation Team (IHIT). The IHIT is a community coalition of 55 individuals from 20 local agencies, and the HV Network includes all home visiting programs in Kent County serving pregnant women and children 0-5. The HV Network is updating an extensive grid with info on all local HV programs, including funding sources, capacity, number of home visits, etc.</p>						

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Muskegon County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/Approach	Specific Service(s) Provided	Intended Recipient	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 943</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Care coordination with Medicaid Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant				carried over from 2008.	
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	2 of 3 were Medicaid Recipients	MI Parents 3 DD Parents 0 Dual Diagnosed Parents 0 ----- IMH as a B3 Service MI Parents 2 DD Parents 10 Dual Diagnosed Parents 8	Entire county
Early Head Start (Conducted by Muskegon Area Intermediate School District within Muskegon County)	<ul style="list-style-type: none"> • Creative Curriculum • Parents As Teachers • Partners for a Healthy Baby 	Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services	Pregnant teens and women working or in school Child age 0-3 Income Eligibility:	To promote healthy prenatal outcomes for pregnant women To enhance the development of very young children To promote healthy		Children served 76	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>100% of Federal Poverty Guidelines</p> <p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>family functioning</p> <p>Principles include:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 			
<p>Parent-Child Assistance Program</p>	<p>PCAP model</p>	<p>Case management: coordinating, linking, screening and referral</p>	<p>Pregnant women or women up to 6 months post-partum with previous alcohol-exposed birth</p>	<p>Prevent future alcohol/drug exposed births through parental abstinence or effective use of contraception</p>	<p><u>Muskegon Income Status</u> 6 employed 15 on TANF 3 on SSI 27 receiving food stamps</p> <p>NOTE: Data on age & race only available for Muskegon & Berrien Counties combined</p> <p><u>Combined Age</u> 14 18-20 y/o 14 21-25 y/o 10 26-30 y/o 7 31-39 y/o</p> <p><u>Combined Race</u> African Amer. 18 Hispanic 1</p>	<p>NOTE: Data on number of families served only available for Muskegon & Berrien Counties combined</p> <p>Families served in FY 2009 44</p>	<p>Entire county</p>

Appendix B: State or Federally-Funded Home Visiting Programs

					Caucasian 30		
CARE Program Block Grant Infant Mortality Reduction Program at LHD	Peer home visiting program modeled after the now non- existent state Maternal, Infant Health Advocate Program (MIHAS)	CARE: Coordination Advocacy Referrals for variety of needs Education/information Transportation	Pregnant and postpartum women with a history of prior fetal or infant loss All income levels	Reduce the incidence of infant mortality		2008-2009 27	Entire county
Catholic Charities' Teen Parenting Program		Child Development: Parent education Comprehensive health & mental health services Screening/referrals Family Development: Child development Comprehensive health & mental health services & education Safe housing, transportation, etc. GED, high school completion	Pregnant, parenting teens	To promote healthy prenatal outcomes for pregnant girls/women & prevention of repeated births as teens To enhance the development of very young children To promote healthy family functioning To facilitate education completion			Entire county
Catholic Charities' Healthy Families Program							Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Saginaw County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p> <p>Care coordination with Medicaid</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 203</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	61 of 71 were Medicaid Recipients	MI Parents 71 DD Parents 0 Dual Diagnosed Parent 0 ----- IMH as a B3 Service MI Parents 1 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Great Beginnings Healthy Start Program		Includes a combination of the following components: Outreach & recruitment Consortia Case management Collaboration with Title V	Pregnant women and infants in communities with large minority populations with high rates of unemployment, poverty and	Providing adequate prenatal care Promoting positive prenatal health behaviors Meeting basic health needs (nutrition, housing, psychosocial support)	2009 <ul style="list-style-type: none"> • Race of pregnant program participants: 3 Asian, 148 African American (67%), 68 White (31%), 2 More than one race • 100% of pregnant program participants were below 100% of FPL • 223 males received support 	2009 Individuals served 729 <ul style="list-style-type: none"> • 221 pregnant women • 325 infants/ children 	Specific zip codes in Saginaw

Appendix B: State or Federally-Funded Home Visiting Programs

		Education Sustainability Screening & treatment of depression Inter-conception care Fatherhood/male involvement	major crime	Reducing barriers to access Enabling client empowerment	<ul style="list-style-type: none"> services • 203 families received transportation services • 249 participants received family planning services • 552 participants received women’s health services • 99.4% of all children 0-18 yrs had a medical home • 100% of women had an ongoing source of primary and preventive care services • 77.4% of pregnant women received prenatal care in the first trimester of pregnancy • Infant Mortality Rate for program participants: 3.9 (1/255) 	<ul style="list-style-type: none"> • 183 inter-conception women 	
<p>Birth-5 Saginaw County</p> <p>(13 local public school districts, DPH, SISD)</p>	Parents As Teachers (PAT)	Monthly home visits, parent education, age-appropriate child development activities, playgroup services, parent ed. group meetings, developmental screening and referrals to community resources	All families with children ages 0-5 residing in all 13 local public school districts	<ul style="list-style-type: none"> • Increase parenting skills • Reduce child maltreatment • Increase school readiness, including emergent literacy and readiness in all developmental domains • Early identification and referrals to early intervention programs • Promote comprehensive child wellness, with an emphasis on social/emotional health, nutrition and physical activity • Decrease special education rates and 		<p>2009</p> <p>Families served 525</p>	Saginaw County

Appendix B: State or Federally-Funded Home Visiting Programs

				<p>costs</p> <ul style="list-style-type: none"> • Link/connect families to community resources through referrals and facilitating access 			
<p>HEAD START Home-Based Program</p> <p>Saginaw ISD</p>	<p>Parents As Teachers (PAT)</p> <p>Creative Curriculum</p>	<p>Weekly home visits, parent education, age-appropriate child development activities, bi-weekly socialization services, parent ed. cluster group meetings, developmental screening and on-going assessments, preventative health care, preventative oral health care, preventative social/emotional services, early intervention services, comprehensive family services, parent leadership services, early identification & referral to EI programs & community resources, follow up services</p> <p>Child Development: Early education services Parent education</p>	<p>Head Start eligible families residing in Saginaw County, i.e., meet eligibility requirements and have preschool-age children 3-5</p> <p>Other target audiences include families experiencing domestic violence and children in the child welfare system</p>	<ul style="list-style-type: none"> • Increase parenting skills and parent empowerment/ leadership • Reduce child maltreatment • Increase school readiness, including emergent literacy and readiness in all developmental domains • Promote comprehensive child wellness, with an emphasis on social/emotional health, nutrition and physical activity • Family stabilization, employment and holistic supports • Decrease special education rates and costs • Establish medical home, including preventative health care and treatment • Establish oral health home, including preventative dental care and treatment 		<p>Jan – Sept 2010</p> <p>Children served in home-based services 12</p>	<p>Entire county</p>

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>					
<p>EARLY HEAD START Home-Based Program</p> <p>Saginaw ISD</p> <p>(Note: SISD Early Head Start has both home-based and center-based program options. This data is for the home-based/home visiting program option only.)</p>	<p>Parents As Teacher (PAT)</p> <p>Partners for a Healthy Baby</p>	<p>Weekly home visits, parent education, age-appropriate child development activities, bi-weekly socialization services, parent ed. cluster group meetings, developmental screening and on-going assessments, preventative health care, preventative oral health care, preventative social/emotional services, early</p>	<p>Early Head Start eligible pregnant women and families with infants/toddlers ages 0-3 residing in the 4 local public school districts with the highest free and reduced lunch counts</p> <p>Other target audiences include teen</p>	<ul style="list-style-type: none"> • Promote healthy prenatal outcomes for pregnant women • Enhance the development of very young children • Promote healthy family functioning • Increase parenting skills and parent empowerment/ leadership • Reduce child maltreatment • Increase school readiness, including emergent literacy and readiness in all 		<p>Mar –Sept 2010</p> <p>Children served 108</p>	<p>Families physically residing within boundaries of 4 school districts in Saginaw County:</p> <p>City of Saginaw</p> <p>Buena Vista</p> <p>Bridgeport</p>

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>intervention services, comprehensive family services, parent leadership services, and early identification & referral to EI programs & community resources, follow up services</p> <p>Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>parents, families experiencing domestic violence, and children in the child welfare system</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>developmental domains</p> <ul style="list-style-type: none"> • Promote comprehensive child wellness, with an emphasis on social/emotional health, nutrition and physical activity • Family stabilization, employment and holistic supports • Decrease special education rates and costs • Establish medical home, including preventative health care and treatment • Establish oral health home, including preventative dental care and treatment <p>Principles include:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 			Carrollton
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Appendix B: State or Federally-Funded Home Visiting Programs

<p>Children’s Trust Fund Approved New Direct Service Grant (FY11-FY14) with a Home Visiting Focus – Will Begin January 2011</p>	<p>Parents as Teachers (MSU Extension) FY11-FY14</p>	<p>Parenting education (incl. personal visits, screenings, group meetings)</p>	<p>Families with children 0-5 at risk of CAN</p>	<p>CAN prevention Increasing parents’ knowledge of child development Improving parenting practices Increasing school readiness</p>	<p>N/A</p>	<p>Goal of 40 adults (as identified in grant application)</p>	<p>Saginaw Co.</p>
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Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in St. Clair County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/ Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p> <p>Care coordination with Medicaid</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 483</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008.</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Health Plan (MHP), medical home, and other medical and service/support providers for mother and infant					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	23 of 29 were Medicaid Recipients	MI Parents 11 DD Parents 9 Dual Diagnosed Parents 9 ----- IMH as a B3 Service MI Parents 0 DD Parents 0 Dual Diagnosed Parents 0	Entire county
Early Head Start	Home-based with playgroups	Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals	Pregnant women Child age 0-3 Income Eligibility: 100% of Federal Poverty Guidelines	To promote healthy prenatal outcomes for pregnant women To enhance the development of very young children To promote healthy	Public assistance recipient (TANF or SSI) 46 Homeless 1 Foster care 1	Individuals served in home-based with playgroups since program began Jan 2010 114: Pregnant	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		<p>Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>10% children w/ Disabilities</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>family functioning</p> <p>Principles included:</p> <ul style="list-style-type: none"> • High quality • Prevention & promotion • Positive relationships and continuity • Parent involvement • Inclusion • Comprehensive, flexible, responsive, and intensity • Transitions • Collaboration 		<p>16</p> <p>0-3 98</p>	
Great Parent, Great Start	Parents as Teachers	Child Development and Family Development	Service all families	To promote child and family development		<p>42 home visits</p> <p>4 play groups occur</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

State or Federally-Funded Home Visiting Programs in Wayne County

Table Heading Definitions:

HV Program Name = Home Visiting Program Name; HV Model/Approach = Parents as Teachers, Healthy Families America, Early Head Start; Specific Service(s) Provided = health education, child development education, parenting education, screening and referral; Intended Recipient = pregnant women, infants; Targeted Goals/Outcomes of Intervention = child maltreatment reduction, maternal child health, early literacy, domestic violence reduction; Demographic(s) = characteristics of individuals or families served, use data in form of which it's collected by service provider, provide income status, age and race; No. Served = number of individuals or families served per year; Geographic area served = location within the state where services are available.

HV Program Name	HV Model/Approach	Specific Service(s) Provided	Intended Recipient(s)	Targeted Goals/Outcomes of Intervention	Demographics	No. Served	Geographic area served
Maternal-Infant Health Program (MDCH)	<p>Model developed by MDCH for Medicaid beneficiaries</p> <p>Providers are certified by MDCH every 36 months to assure consistency in administering the program statewide</p>	<p>Up to 9 visits in pregnancy; 9 visits in infancy with additional visits (up to 36) available if infant is drug exposed or with medical verification</p> <p>Standardized interventions to address low, medium and high levels of risk for defined risk areas</p> <p>Service intensity determined by risk stratification and interdisciplinary plan of care</p> <p>ASQ3 and ASQ-SE developmental screens are used with all infants</p> <p>Care coordination with Medicaid Health</p>	<p>Pregnant Medicaid beneficiaries</p> <p>Infants with Medicaid Insurance</p>	<p>Reduction of infant death rates and sickness rates</p> <p>Delivery of a full term, healthy baby</p> <p>Developmentally healthy infants</p> <p>Physically and emotionally healthy mothers</p> <p>Timely quality assurance site reviews to enforce Medicaid policy and evaluate and assure accountability for service delivery</p> <p>Provision of consultation and technical assistance to local programs</p>	<p>Medicaid beneficiaries</p> <p>Other data not available by county</p>	<p>New maternal beneficiaries enrolled in 2009 5,905</p> <p>NOTE: This no. does not reflect total served, as data are not readily available on the no. of pregnant women carried over from 2008, the no. of infants enrolled in 2009, and the no. of infants carried over from 2008</p>	Entire county

Appendix B: State or Federally-Funded Home Visiting Programs

		Plan (MHP), medical home, and other medical and service/support providers for mother and infant					
Community Mental Health Home-based Services (infant mental health services for children 0-47 months who have parent with mental illness) (MDCH)	Infant mental health services model developed by MDCH for Medicaid beneficiaries	Services range from assisting families to link to other resources that might provide food, housing (material needs), and medical care, as well as providing more therapeutic interventions such as infant/toddler-parent psychotherapy, providing developmental guidance, developing life coping skills and social support, supportive counseling, or services to restore or enhance functioning for individuals, couples, or families.	Women who have mental illness, developmental disabilities or are dual diagnosed and have an infant or toddler (ages 0-47 months). Pregnant women may be served.	The primary goals of home-based services are to promote normal development, promote healthy family functioning, support and preserve families, reunite families who have been separated, and reduce the usage of, or shorten the length of stay in, psychiatric hospitals and other substitute care settings.	198 of 228 were Medicaid Recipients	MI Parent 222 DD Parent 2 Dual Diagnosed Parent 2 ----- IMH as a B3 Service MI Parents 18 DD Parents 32 Dual Diagnosed Parents 2	Entire county
Zero to Three Secondary Prevention Initiative (MDHS)	Healthy Families America	Counseling, case management with family assessments, information and referral, support groups and linkages to community services	Families with children birth through 47 months of age with risk, CPS involvement or risk factors for child maltreatment	Promote healthy child and family development by reducing risk factors, promoting healthy habits, strengthening parent/child bonds, and empowering the family			Entire county
Services provided by Children's Outreach, Spaulding, The Guidance Center,	ABCs of Early Childhood	Screening, information,	At-risk expectant	Promoting healthy, nurturing attachment		Number served in	NW Detroit Wayne Co.

Appendix B: State or Federally-Funded Home Visiting Programs

Development Centers, and Starfish	(2 models - Parents As Teachers and Infant Mental Health)	activities, and support related to infant and toddler health and development, emotional support and counseling, opportunities to participate in specialty groups, advocacy, and linking to other community resources	women and families with children 0-3 years of age with CPS contact at category 3 or 4 or risk factors for child abuse and neglect	relationships and developing positive parenting practices		first FY by The Guidance Center, Development Center, and Starfish 180 Data unavailable for Children's Outreach and Spaulding	
Prevention Pilot Home Visiting Programs (MDHS)	Evidenced-based/evidence-informed home visitation model	Parenting education	At-risk families with children ages 0-18	Prevention of child abuse and neglect Improved parent – child interactions	All races; average household income less than \$15,000 (estimated)	Not yet available – new program	NE Osborn neighborhood in Wayne Co. by zip code
	Evidenced-based/evidence-informed home visitation model	Parenting education	At-risk families with children ages 0-18	Prevention of child abuse and neglect	All races; average household income less than \$15,000 (estimated)	Not yet available – new program	City of Dearborn, Wayne Co. by zip code
Healthy Start	Locally developed model	Includes a combination of the following components: <ul style="list-style-type: none"> • Outreach & recruitment • Consortia • Case management • Collaboration with Title V • Education • Sustainability • Screening & treatment of depression • Inter-conception 	Pregnant women and infants in communities with large minority populations with high rates of unemployment, poverty and major crime	Providing adequate prenatal care Promoting positive prenatal health behaviors Meeting basic health needs (nutrition, housing, psychosocial support) Reducing barriers to access Enabling client empowerment		Served in 2007 Detroit 1,914	Specific zip codes in Detroit

Appendix B: State or Federally-Funded Home Visiting Programs

		<ul style="list-style-type: none"> care Fatherhood/male involvement 					
Early Head Start	Home-based model	<p>Child Development: Early education services Parent education Comprehensive health & mental health services High quality child care services Screening/referrals</p> <p>Family Development: Child development Comprehensive health & mental health services & education Adult education Literacy Facilitate family self-sufficiency Safe housing, transportation, etc.</p> <p>Community Building</p>	<p>Pregnant women</p> <p>Child age 0-3</p> <p>Income Eligibility: 100% of Federal Poverty Guidelines</p> <p>10% children w/ disabilities can be over poverty level</p> <p>Categorical Eligibility: Homeless Foster care Public assistance recipient (TANF or SSI)</p>	<p>To promote healthy prenatal outcomes for pregnant women</p> <p>To enhance the development of very young children</p> <p>To promote healthy family functioning</p> <p>Principles included:</p> <ul style="list-style-type: none"> High quality Prevention & promotion Positive relationships and continuity Parent involvement Inclusion Comprehensive, flexible, responsive, and intensity Transitions Collaboration 		<p>Served by Starfish in 12 Western Wayne Co. communities 64 per year</p> <p>Served by Detroit Head Start in Detroit 90</p>	Western Wayne Co. and Detroit

Appendix C: Need for Substance Abuse Treatment by County

A	B	C	D	E	F	G	H
County	County census 12 and older (2008 Census)	% Dependence Drug or Alcohol (NSDUH) (Table C8)	Persons in Need (NSDUH) (B * C)	% of Admissions Women *FY 08 Clients served	Estimated # Women In Need (D * E)	Need but not Receiving. TX (F * 18.9/21)	Estimate of Not Receiving. but Felt Need (G * 1.2/19)
Berrien (Lakeshore)	134,745	10.45%	14,081	32.5%	4,576	3,923	248
Calhoun (Kalamazoo)	114,684	9.11%	10,448	35.7%	3,730	3,197	202
Genesee	359,001	9.78%	35,110	33.7%	11,832	10,142	641
Ingham (Mid-South)	236,814	10.33%	24,463	37.7%	9,223	7,905	499
Kalamazoo	208,598	9.11%	19,003	35.7%	6,784	5,815	367
Kent	496,376	9.59%	47,602	37.7%	17,946	15,382	972
Muskegon (Lakeshore)	146,485	10.45%	15,308	32.5%	4,975	4,264	269
Saginaw	170,575	9.18%	15,659	38.6%	6,044	5,181	327
St Clair	144,014	8.46%	12,184	34.1%	4,155	3,561	225
Wayne (Detroit)	743,024	10.81%	80,321	37.4%	30,040	25,749	1,626