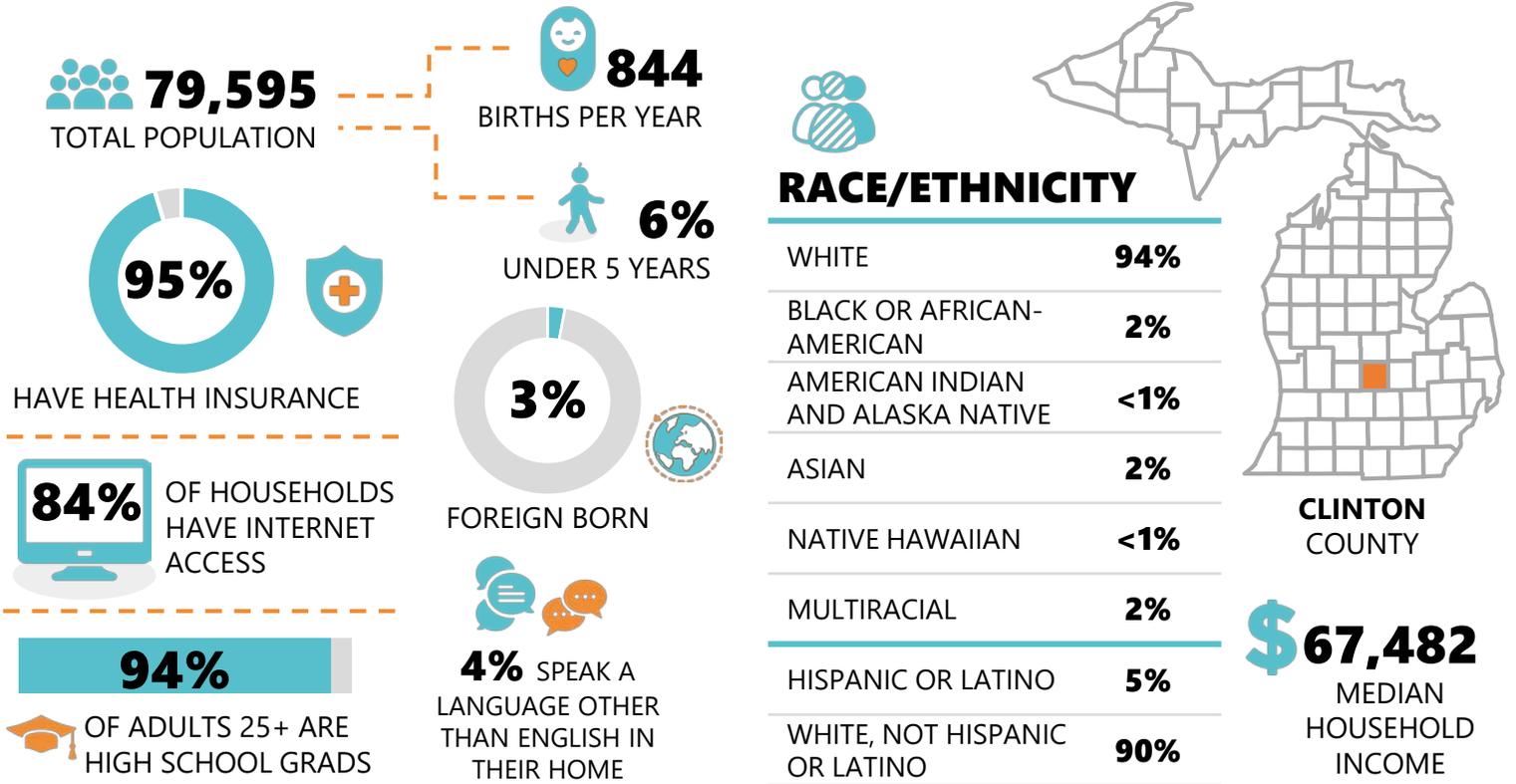


2020 HOME VISITING NEEDS ASSESSMENT

CLINTON COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



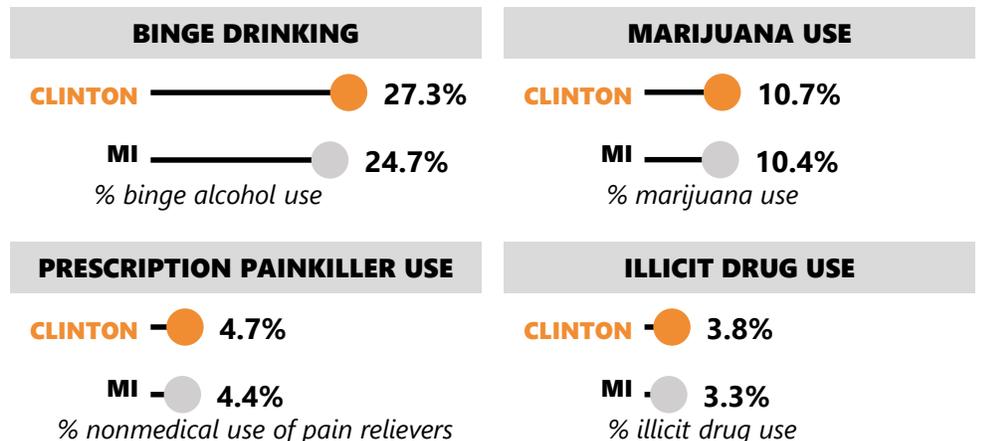
OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

- MATERNAL HEALTH
- CHILD HEALTH
- CHILD DEVELOPMENT & SCHOOL READINESS**
- POSITIVE PARENTING PRACTICES
- CHILD MALTREATMENT
- FAMILY ECONOMIC SELF-SUFFICIENCY
- LINKAGES AND REFERRALS
- JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND CRIME



The percent of children under six years old receiving special education services is higher than the state overall. This may be related to the issues with substance use and abuse in Clinton County: all four of these indicators (see below) are higher than both the overall state and national prevalence. Further, the dropout rate at Ovid-Elsie High School (8%) is nearly three times the state average.

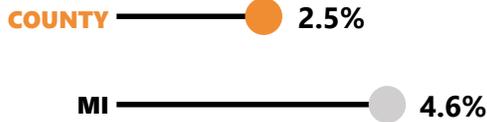


COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN



% of children ages 0-4 who experienced homelessness during the school year

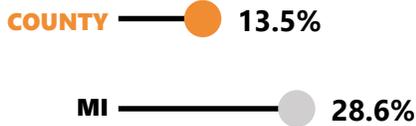


The county rate for homelessness is **lower** than Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

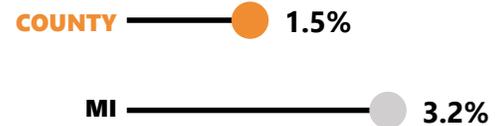


The county rate for receiving public assistance is **lower** than the rate in Michigan.

NO HIGH SCHOOL DIPLOMA



% of persons 16-19 years of age not enrolled in school with no high school diploma

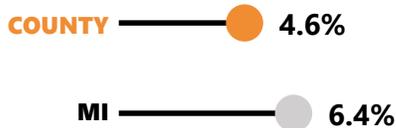


The county rate of persons without a high school diploma is **lower** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years



The county rate for no health insurance is **lower** than the rate in Michigan.

UNEMPLOYMENT



% of unemployed persons 16 years of age or older within the civilian labor force



The county rate for unemployment is **lower** than the rate in Michigan.

INCOME INEQUALITY



A measurement of how far the wealth or income distribution differs from being equal (Gini Coefficient).

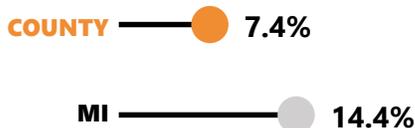


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level



The county rate for poverty is **lower** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



% of children ages 0-17 who live below the poverty threshold

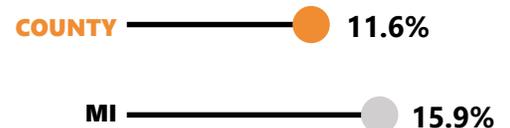


The county rate for children experiencing poverty is **lower** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



% of children experiencing food insecurity (lack of access, at times, to enough food)



The county rate for childhood food insecurity is **lower** than Michigan's rate.

EXISTING HOME VISITING PROGRAMS

Home visiting programs sit at the intersection of families and communities. They provide critical linkages between families and community service systems. Clinton County identified the reach and quality of services for families that partner with home visiting and identified strengths and gaps in the service network. Some patterns of reach and quality for home visiting clients and the service delivery network were noted during the assessment, and ideas for strengthening the service delivery network are described below.



4 HOME VISITING PROGRAMS



195 FAMILIES ARE **IN NEED**¹ OF HOME VISITING SERVICES IN CLINTON COUNTY



2 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

Children up to 18 months of age are well served in Clinton County. Home visiting for children three to five years represents a gap in Clinton County's network of providers. There is also a gap in mental health services. There are no geographic disparities in services available.

CONNECTED SERVICES

Relationships with other organizations are critical part to serving families in Clinton County. Home visitors are well connected with WIC, area OB/GYN and pediatrics offices, birth hospitals, and DHHS.



GAPS IN THE SERVICE NETWORK

There are gaps in services for children three to five years old and mental health services.

MEETING NEEDS OF CLIENTS

Clinton County has a strong network of inter-organizational communication, especially once a family is receiving services from more than one program. Early childhood service providers have adopted a growth mindset by paying attention to the data in the Great Start dataset to see where the county stands and asking what they can do to improve. Prevention is a high priority in among leadership in Clinton County as well, which helps prioritize the perinatal and early childhood populations.

CLINTON COUNTY



QUALITY OF SERVICES PROVIDED

Clinton County has high quality wraparound services once a family is reached by at least one program. The well-connected relationships between organizations are the foundation for this strength.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Home visiting services are needed for children too old for the Maternal Infant Health Program. Mental health services for those who aren't eligible for Community Mental Health are needed as well.

¹Number of families likely to be eligible for MIECHV services based on the criteria: Number of families with children under the age of 6 living below 100% of the poverty line + number of families in poverty with a child under the age of 1 and no other children under the age of 6; AND belongs to one or more of the following at-risk sub-populations: Mothers with low education (high school diploma or less), young mothers under the age of 21, and/or families with an infant (child under the age of 1). Data Source: ACS 2017 1-Yr PUMS Data

COMMUNITY READINESS TO EXPAND HOME VISITING

New or expanded programs and services are most successful in communities that are clear about their readiness to provide a supportive context. Home Visiting partners were convened to discuss the five dimensions of readiness to expand home visiting and identified both community strengths and weaknesses. For each of these domains, the community partners scored each dimension as a 0 (no readiness), 1 (limited readiness), 2 (moderate readiness), 3 (significant readiness), or 4 (full readiness).

COMMUNITY KNOWLEDGE OF FAMILY NEEDS

MODERATE READINESS

Community partner administrations are aware of the different agencies and their needs within the County; however, they do not always fully understand what each agency has to offer.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

Community pursuit of equity varies from community to community. Typically, service providers are more accepting of diversity than the general public. There is a very small ethnic population in Clinton county, and the community often has a loud voice that unwelcomes diversity.

COMMUNITY KNOWLEDGE OF HOME VISITING

MODERATE READINESS

The community has a decent amount of knowledge about home visiting programs; however, some partners are unaware of Sparrow's home visiting program. Other community programs are regularly talked about.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

Leaders are very well connected and work together to eliminate duplicate services, saving resources. Prevention is a high priority among community leaders. There are good wrap-around programs for complicated cases, however, it can be challenging to make sure services are provided quickly.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

Organizations are paying attention to data and making efforts to improve outcomes. However, organizations are not always using time and resources wisely due to increasing demands.

COMMUNITY RESOURCES

MODERATE READINESS

The resources provided and networking of resources are great in Clinton County. However, due to the proximity to Lansing and Ingham County, tri-county collaboration often leads to outlying areas of Clinton County being forgotten or forced to complete for resources.

NEED & CAPACITY TO EXPAND HOME VISITING

Clinton County has need and capacity to expand evidence-based home visiting. Clinton County needs programs for children ages three to five years and mental health services, particularly for those who aren't eligible for services through Community Mental Health. There is capacity to expand since some organizations serve multiple counties in the Capital Area. The existing infrastructure could serve as a starting point to increase the number of families served in Clinton County.

This process engaged families to participate as partners and leaders by creating virtual spaces for participation to adapt to COVID-19 restrictions. 1-on-1 interviews were conducted with participants from each county's WIC program where health department staff had existing built rapport. Each participating family received a \$50 Meijer or Wal-Mart gift card to offset the time and energy to participate in the assessment.

Thank you to the parents and community partners who engaged in the assessment process.

Data collected by Mid-Michigan District Health Department (MMDHD) with assistance from MPH-CHC. For more information about this assessment, contact MMDHD. This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,799,696 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).