2020 HOME VISITING NEEDS ASSESSMENT

LIVINGSTON COUNTY

KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

191,995 TOTAL POPULATION

1,746 BIRTHS PER YEAR

5% UNDER 5 YEARS

96% HAVE HEALTH INSURANCE

3% FOREIGN BORN

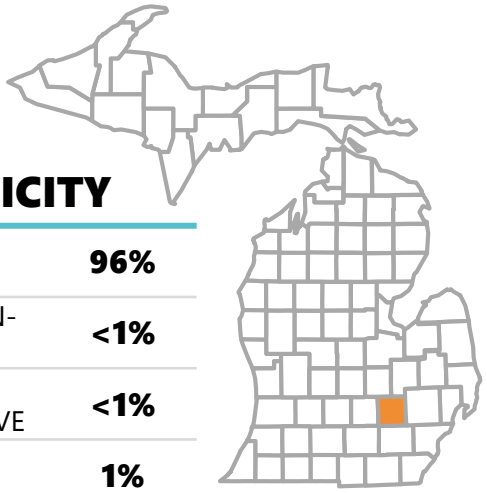
86% OF HOUSEHOLDS HAVE INTERNET ACCESS

95% OF ADULTS 25+ ARE HIGH SCHOOL GRADS

3% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

RACE/ETHNICITY

WHITE	96%
BLACK OR AFRICAN-AMERICAN	<1%
AMERICAN INDIAN AND ALASKA NATIVE	<1%
ASIAN	1%
NATIVE HAWAIIAN	<1%
MULTIRACIAL	1%
HISPANIC OR LATINO	3%
WHITE, NOT HISPANIC OR LATINO	94%



LIVINGSTON COUNTY

$80,897 MEDIAN HOUSEHOLD INCOME

OUTCOMES IMPACTED BY HOME VISITING

COUNTY PRIORITIES

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

Families must travel out of county for some medical appointments and to deliver babies and may not have reliable transportation.

Children who are developmentally on track are better prepared to transition into school. Parents can support their child's development with knowledge and skills provided by home visiting services.

Social emotional health indicators have been low, providing parenting support early can support this area.

Home visiting services can support and provide education around expected developmental milestones, which can reduce child maltreatment.

Cost of living in Livingston County makes it difficult for low-income families to make ends meet.

Livingston County has a higher percentage of binge drinking which may impact this area, and family violence has increased during pandemic.

COMMUNITY CONDITIONS IMPACTING FAMILIES

HOMELESSNESS AMONG CHILDREN

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

COUNTY 1.9%

MI 4.6%

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

COUNTY 11.8%

MI 28.6%

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

COUNTY 2.5%

MI 3.2%

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

COUNTY 4.1%

MI 6.4%

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

COUNTY 3.3%

MI 4.6%

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).

COUNTY 0.40

MI 0.50

perfect ***equality*** — *perfect* ***inequality***

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

FAMILIES LIVING IN POVERTY

% population living below 100% of the federal poverty level

COUNTY 5.3%

MI 14.4%

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

COUNTY 5.5%

MI 19.3%

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)

COUNTY 10.3%

MI 15.9%

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. Livingston 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.

5 HOME VISITING PROGRAMS

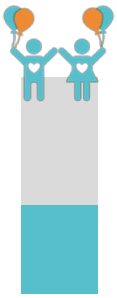
4 PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

2 ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

99 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN LIVINGSTON COUNTY

238 FAMILIES ARE **IN NEED**[1] OF HOME VISITING SERVICES IN LIVINGSTON COUNTY

41% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN LIVINGSTON COUNTY ARE **RECEIVING HOME VISITING SERVICES**



Home visiting programs in Livingston County serve children and pregnant moms prenatally and infants. The largest age groups not well served are the 2- to 4-year-old children. The areas of Fowlerville, Howell and Pinckney are not well-served.

CONNECTED SERVICES

Home visiting providers refer to many services. If a provider refers to Early On and once both services are in the home, there is 2-way communication.

MEETING NEEDS OF CLIENTS

When there is a strong relationship between the home visitor and family, connections are made, and referrals are followed through. There is a warm hand off between referrals.

LIVINGSTON COUNTY

GAPS IN THE SERVICE NETWORK

There is a need for a stronger connection and knowledge of home visiting services by community partners to encourage earlier referrals, especially with physicians and DHHS. Housing and mental health resources are lacking, and Medicaid reimbursement is tedious. Funding for technology assistance is needed.

PATTERNS IN QUALITY OF SERVICES PROVIDED

The process to access supports can be challenging, which can impact quality. Protocols don't always accommodate the families' needs and feelings. Services can be combined - i.e. LESA overlaps services within programs. Families can receive above and beyond services because they are connected to LESA within a different program. Wrap around services through CMH is an excellent service for families. Any community provider can make a referral. The community can bring together multiple providers and services.

STRENGTHENING THE SERVICE DELIVERY NETWORK

The service delivery network needs increased availability and flexibility for families. There needs to be more available transportation, affordable housing and affordable and high-quality childcare. Knowledge of other community programs needs to be shared with staff. Increased funding and staffing would help to reach more families and to further support current families, to address the additional need.

[1]Number 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

FAMILY PERSPECTIVES ON HOME VISITING

Livingston County asked parents who have previously participated in a Home Visiting program in their county to take part in a focus group to share their experiences with home visiting and other community services. Focus group participants were asked to describe the risks and opportunities families face in their communities; the outcomes they're concerned about and what facilitates wellbeing; strengths and opportunities to improve home visiting programs; and strengths and opportunities to improve the service delivery system. Livingston County completed 1 focus group with a total of 6 participants, 6 of which were served by home visiting programs in their community.

STRENGTHS

When participants were asked what they enjoy or appreciate about their home visiting experience, their non-verbal reactions were as telling as their verbal responses. They all smiled and nodded in agreement as others expressed that their home visitors "treat them with respect" and "provide much-needed validation and reassurance." One parent commented "(participating) was huge, it was monumental, to have the extra added support" and "even if you have a silly question, nothing is silly to her."

Participants also shared that home visitors are responsive to their needs, easily accessible ("I can text any day/time of the week and she answers") and create strong relationships with them, demonstrated by them being referred to as "part of the family" and more important than their doctor. Care provided was also seen as individualized, making parents feel seen and connected, or, as one parent said, her home visitor "sees you as not just a number, not just as a statistic, not just a piece of paper, but as you are, you have a name, your children have names, you know they know who you are and know the situation that you are in."

Communication, both written and style, was another reported strength. Participants shared that their home visitors easily adapted to and remembered the mode of communication that worked best for the parent (phone calls, email, Zoom, Facebook messenger, text). Handout materials that are provided during home visits about child development and reminders (such as when to take your child to the dentist) were described as clear and easy to follow. Participants also indicated that adaptations that were made due to COVID-19 (moving to virtual visits where it was available) were appreciated and communicated well.

OPPORTUNITIES TO IMPROVE

Parents that participated in the focus group shared that strengthening the resource and referral process would improve their experience. Recommendations from the parents included providing a booklet or an up-to-date website for parents to access, and a designated person in the community who is responsible for ensuring that resource information is collected and kept current. Outside of the need for enhanced system connections, participants also shared that they would appreciate it if their home visitor would make more suggestions based on what they are seeing and hearing during the visit. While the participants appreciate being asked what they need, it is often frustrating, because they often need supports to meet their basic needs - diapers, clothes, etc., but those are not things that the home visitor can provide. Their suggestions to improve this included: "if they could come into your house and go: 'hey, this needs baby-proofing and this is what you should get'" and "sometimes, I don't know what I need, and I need somebody else to maybe make suggestions, like 'this will help your child, or I've found that other moms took advantage of this and it helped'." In addition, several of the parents were interested in supports to keep their children safe, such as appropriate babyproofing materials and access to First Aid/CPR training and materials.

FAMILY PERSPECTIVES ON HOME VISITING (CONTINUED)

Outside of the referrals that the home visitors make, participants also indicated that they believe that more families would participate in home visiting if they were aware of it. When participants were asked how they learned about home visiting, most could not recall, and one said that she believes that she was referred by her midwife. During the focus group, lack of flexibility was mentioned several times - this included: hours when home visits are offered, the ability to change visitors if it's not a good fit, and the way child development/parenting guidance is delivered.

Flexibility in hours was mentioned by the parents as both a barrier to other parents participating ("for these type of programs having people who have the ability to work after hours instead of just during working hours is important, because I know a parent who could benefit after their kids are in bed") and a challenge to parents who are currently participating, who need to adjust their schedules and work around the parameters of other programs that they use. As stated by one participant "I have an 8-5 job that has caused numerous issues, the child has to be at day care all day, therefore I have to do an 8 a.m. meeting and then take her to daycare late, she's through DHHS and has to go 40 hours a week so then I had to leave her late."

While the participants overall indicated that they had wonderful experiences with their home visitor, some shared that they have been assigned home visitors that were not a good match. The participants then explained that due to the limited staff and high caseloads of the home visitors, when they have requested a new assignment, they have been told that it is not possible. In their own words: "we need to be respecting the workers and give less of a huge caseload but give us an opportunity to have someone else if there is not a good jive there."

Finally, a few of the parents shared that some of the home visitor's approaches felt "old school" and that they have been told that they must do things in a certain way, which did not work for the parent and their environment and did not honor the parent's knowledge of their child. Examples given included adhering to specific sleeping schedules and developmental expectations (feeling that they are not allowing children to develop at their own pace).

OUTCOMES OF HOME VISITING

Parents agreed that participation in home visiting supported them in building confidence in their parenting skills and their knowledge of the developmental milestones that they should be watching for in their children. Many of the parents also shared that they feel socially isolated and disconnected from the community, and this has been especially true due to COVID-19. Participating in home visiting, however, has helped them feel a connection to the community and to another person - as one parent shared: "we don't know anyone in this community so for us to know that maybe we're thought about by another human being is huge."

OTHER KEY TAKEAWAYS

One final takeaway that emerged during the focus group was that finding affordable childcare is a huge gap in services in the community. Many of the participants are trying to work or go to school and are currently juggling these opportunities around the schedules of family members that are willing to care for their child(ren). Most of the group did not know about childcare subsidy, which one of parents shared information about; however, it was clear (based on the applause by the whole group and the "Amen" uttered by one of the parents) the lack of childcare is a huge challenge for parents.

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

SIGNIFICANT READINESS

4
3
2
1

Family voice is incorporated via focus groups, input from direct care workers, surveys, and parent involvement in advisory councils. Many community partners view home visiting as a strategy to address community needs, but others are not as well-connected, such as medical providers not specialized in child development. WIC is a great referral partner.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1

Local committees and community groups are working with parents to address equity issues, including providing virtual options and reaching out to grandparents and fathers. Inclusive recruiting processes and materials are used, and equity data are collected and reviewed often. The county is not very diverse, and it is difficult to reach marginalized groups. More community-wide training/outreach is needed as well as more funding to address root causes.

COMMUNITY KNOWLEDGE OF HOME VISITING

SIGNIFICANT READINESS

4
3
2
1

Much of the medical community is aware of the Maternal Infant Health Program but not other home visiting programs. Michigan Medicine MIHP is a universal referral to all their Medicaid patients. Local agencies refer to and partner with Healthy Families. There may be a lack of knowledge outside of early childhood service agencies, but there is support for expansion of home visiting.

COMMUNITY LEADERSHIP

MODERATE READINESS

4
3
2
1

Many groups support the health and wellbeing of women and children, including the GSC, United Way, and Michigan Medicine MIHP. However, there are a lack of funding, awareness campaigns, and relationships with the broader community.

COMMUNITY CLIMATE

MODERATE READINESS

4
3
2
1

The Livingston GSC and partnerships are strong and there is a wide variety of support services available to families, including virtual options since the pandemic. However, home visiting services can be viewed with suspicion and there is a stigma. Affordable childcare options are lacking. Funding and eligibility gaps persist and there is a need for further connections and supports, and a focus on prevention.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

Many organizations support and/or fund home visiting, including Michigan Medicine, United Way, the state, LACASA and Healthy Families, HV Coalition, the Great Start Collaborative, Local Leadership Groups, and WIC. There is no centralized location for all home visiting information and resources. There is a lack of options due to funding, eligibility, and accessibility. The home visitor wage does not meet the survival budget in the county.

NEED & CAPACITY TO EXPAND HOME VISITING

Livingston County has need and capacity to expand evidence-based home visiting. Based on how many children and families are in the county, there is a need to reach more families. The home visiting programs can target more at-need communities within the county.

This process engaged families to participate as partners and leaders by inviting them to attend meetings, including them in discussions, and asking for their feedback in person and through surveys. Families played the role as equal partners at the table and helped with the development, decision-making, and implementation.

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

Data collected by Livingston County Home Visiting Coalition with assistance from MPHI-CHC. For more information about this assessment, contact Livingston County Home Visiting Coalition. 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.