

Michigan's Maternal Infant and Early Childhood Home Visiting Program (MIECHV) *Summary Report for Fiscal Year 2016*

Released August 2017

Prepared by Michigan Public Health Institute



Home visiting programs serve pregnant women and families with children ages birth to age five and help parents develop the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. The **Michigan Maternal Infant and Early Childhood Home Visiting (MI MIECHV)** program was established to strengthen and improve coordination of services, and identify and provide home visiting services to improve outcomes for families who reside in at risk communities.

The Michigan Department of Health and Human Services (MDHHS) receives MIECHV funding through the Health Resources Services Administration (HRSA). This report describes the performance of MI MIECHV funded Local Implementing Agencies (LIAs) in six federally mandated benchmark areas.

MI MIECHV Summary Report

What is in this report?

This report describes the performance of MI MIECHV funded Local Implementing Agencies (LIAs) in six federally mandated benchmark areas. The body of this report contains data from Fiscal Year (FY) 2016, and the data table in the back of the report provides data from both FY 2015 and FY 2016. The data included in this report are aggregated across all MIECHV funded LIAs.



What do all of these numbers mean?

These data indicate how the MI MIECHV program performed in the six benchmark areas. The demographics presented in the data tables include all individuals who received at least one home visit during each FY. The performance measures are defined and reported in a way that reflects services provided by the LIAs during the indicated FY. The group of people in the denominator will vary across the performance measures and fiscal years. The performance measures demonstrate how the program is operating, not how specific families are doing. The MI Benchmark Plan contains additional details regarding each performance measure.

When were these data collected?

Fiscal Year '16 (FY16) refers to October 1, 2015 through September 30, 2016. Fiscal Year '15 (FY15) refers to October 1, 2014 through September 30, 2015. The data in this report capture information for services provided during FY15 and FY16.

Acronyms

LIA – local implementing agency (home visiting program)
MIECHV – Maternal Infant and Early Childhood Home Visiting
FY – fiscal year

Who is represented in this data?

Each family provides data about a primary caregiver and a target child. The LIAs serve additional children and caregivers who are included in the demographic numbers but are not included in the performance measures.

Where do these data come from?

Healthy Families America and Early Head Start LIAs funded by the MIECHV program in Michigan submit data to Michigan Public Health Institute (MPHI). Data for Nurse Family Partnership programs come from their data system called Efforts to Outcomes (ETO). MPHI analyzes the data and reports findings to the Michigan Department of Health and Human Services (MDHHS), HRSA, and MIECHV funded LIAs. Data are used for grant monitoring and continuous quality improvement (CQI).

Where can I learn more?

Federal MIECHV program: <http://mchb.hrsa.gov/programs/homevisiting/>

US Benchmark Plan: <http://mchb.hrsa.gov/programs/homevisiting/ta/resources/benchmarkmeasures.pdf>

MI MIECHV program: www.michigan.gov/homevisiting/

MI Benchmark Plan: located in the State Plan found on www.michigan.gov/homevisiting/

Michigan Home Visiting Initiative: www.mihomevisiting.org

Questions regarding the contents of this report: Center for Healthy Communities at MPHI, 3242 Woodlake Dr, Okemos MI, 48864

Real Families & Real Change

During FY16 MIECHV funded:

- 4** Early Head Start LIAs
- 7** Healthy Families America LIAs
- 9** Nurse Family Partnership LIAs

And touched the lives of:

- 1,963** families
- 1,975** women
- 1,494** children



Families Served in FY16

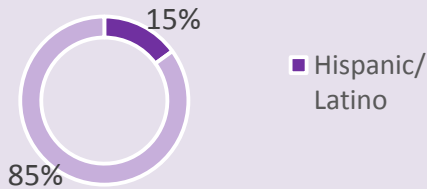
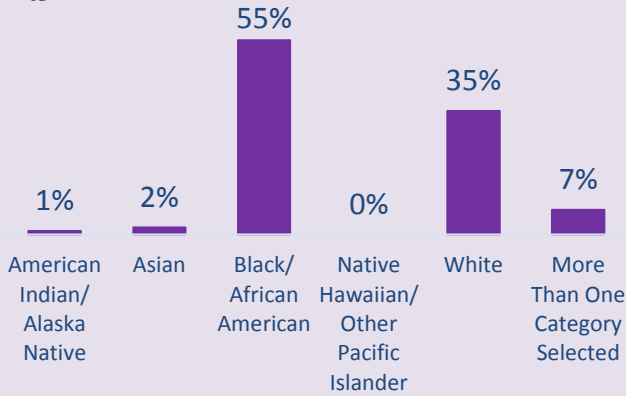
Adult Demographics



1,975 Women



115 Men



31%

less than or currently enrolled in high school



41%

High School diploma or Completed GED



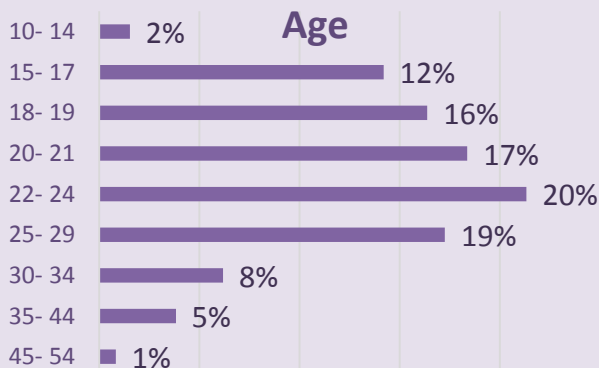
20%

Some college or training



8%

Training certification or college degree



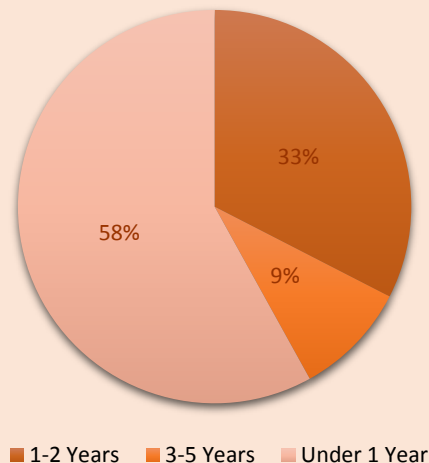
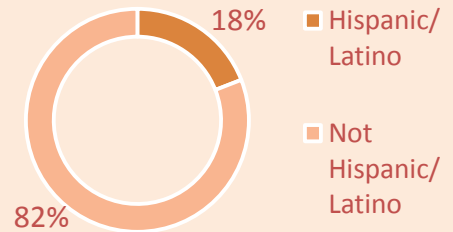
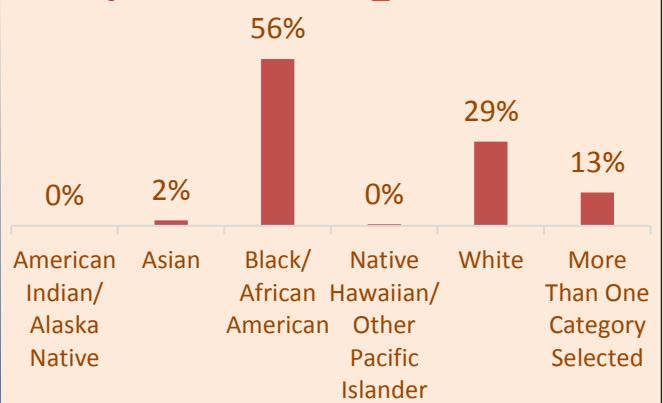
Child Demographics



731 girls



763 boys



Michigan Home Visiting Benchmark Areas for Improvement



Home Visitors are working with families to help strengthen six benchmark areas:

- Improve maternal and newborn health
- Prevent child injuries, child abuse, neglect, or maltreatment, and reduce emergency department visits
- Improve school readiness and achievement
- Reduce crime, including domestic violence
- Improve family economic self-sufficiency
- Improve the coordination and referrals for other community resources and supports

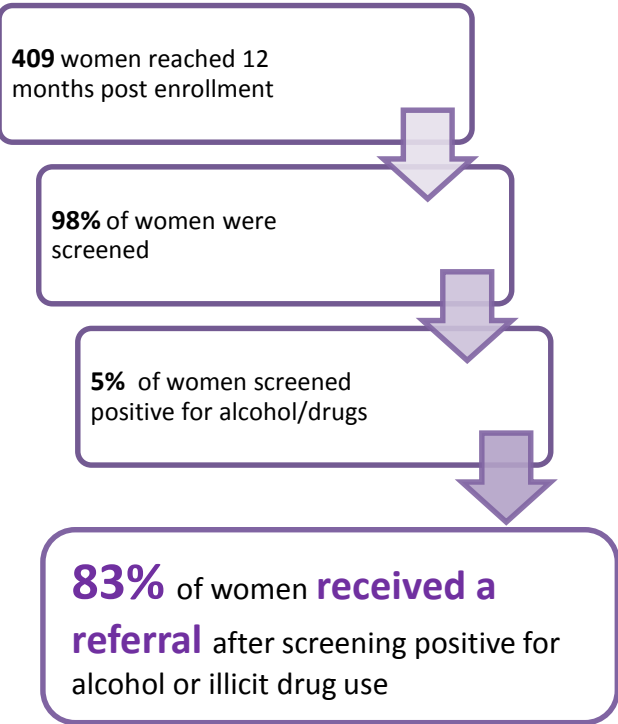


Maternal & Newborn Health

MI MIECHV LIAs support preconception, interconception, prenatal, and well-child care – including health insurance, breastfeeding support, and immunizations. Additionally, LIAs utilize evidence-based screening tools to identify and appropriately refer families who need help with drug and alcohol use or maternal depression.



Drugs & Alcohol



Prenatal Care

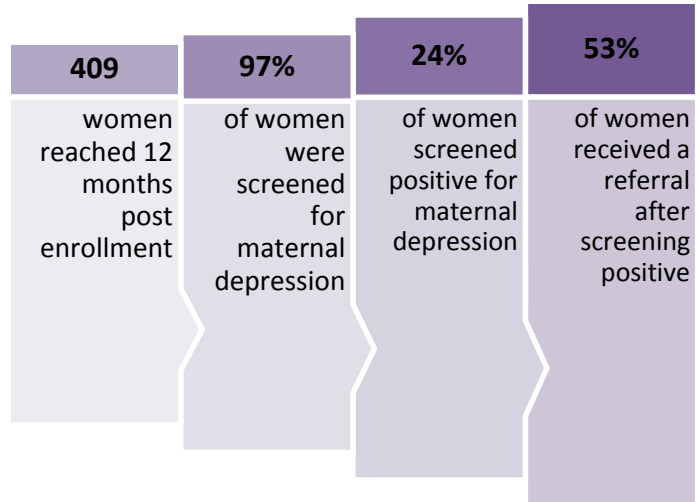
75% of women enrolled prenatally received 'adequate' or 'adequate plus' prenatal care as recorded on their birth certificate



Maternal & Newborn Health, continued



53% of women received referrals after screening positive for symptoms of **maternal depression**



78%



of women enrolled prenatally initiated **breastfeeding** when their babies were born

96%



of children completed their most recent **well-child visit**



94%

of women and children had **health insurance** by 6 months of service



Child Injuries, Child Abuse, Neglect, or Maltreatment

Through education, assessment, and support, MI MIECHV LIAs work to decrease visits to the Emergency Department, decrease the need for medical care due to injury/ingestion, and reduce the incidence of child abuse, neglect, and maltreatment. Positive parenting practices are supported through assessment and parent education.

A total of **1,656 injury prevention topics** were covered in the first year of service for families reaching 12 months post enrollment in FY16

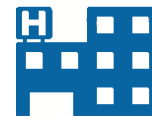


Injury Prevention

37% of target **children** visited the **emergency department** between 6 months and 12 months of service



Emergency Room Visits



Injury or Ingestion



24% of **female caregivers** visited the **emergency department** between 6 months and 12 months of service

3% of the target children required **medical treatment** for an **injury or ingestion** between 6 and 12 months of service

Child Injuries, Child Abuse, Neglect, or Maltreatment, continued

Prevention in Home Visiting

Home visitors work with families to help strengthen parenting skills, and provide links to resources and community supports to help prevent child injuries, abuse, neglect, and maltreatment. Preventing child maltreatment is a foundational goal of home visiting.



81% of families were **not reported** to Children's Protective Services (CPS) for investigation



92% of families **did not** have a **substantiated CPS finding**



94% of families **did not** have a **1st time substantiated CPS finding**





School Readiness and Achievement

MI MIECHV LIAs use developmental screeners (ASQ-3 and ASQ-SE) as well as the Protective Factors Survey (PFS) and the Home Observation for Measurement of the Environment (HOME) Inventory to assess children’s developmental needs, parenting practices, and the home environment. These screeners and assessments help identify areas where children and families could use additional support. LIAs also provide supports and referrals to help link families with community partners who can address identified needs.

HOME Inventory



Of all families reaching 6 months post enrollment, **84%** of families **received a HOME Inventory** at both enrollment and 6 months

Protective Factors Survey



Of all families reaching 6 months post enrollment, **90%** of families **received a PFS** at both enrollment and 6 months

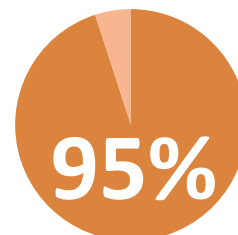
Ages and Stages ASQ-3

Out of all eligible children, **90%** of children received an **ASQ-3**



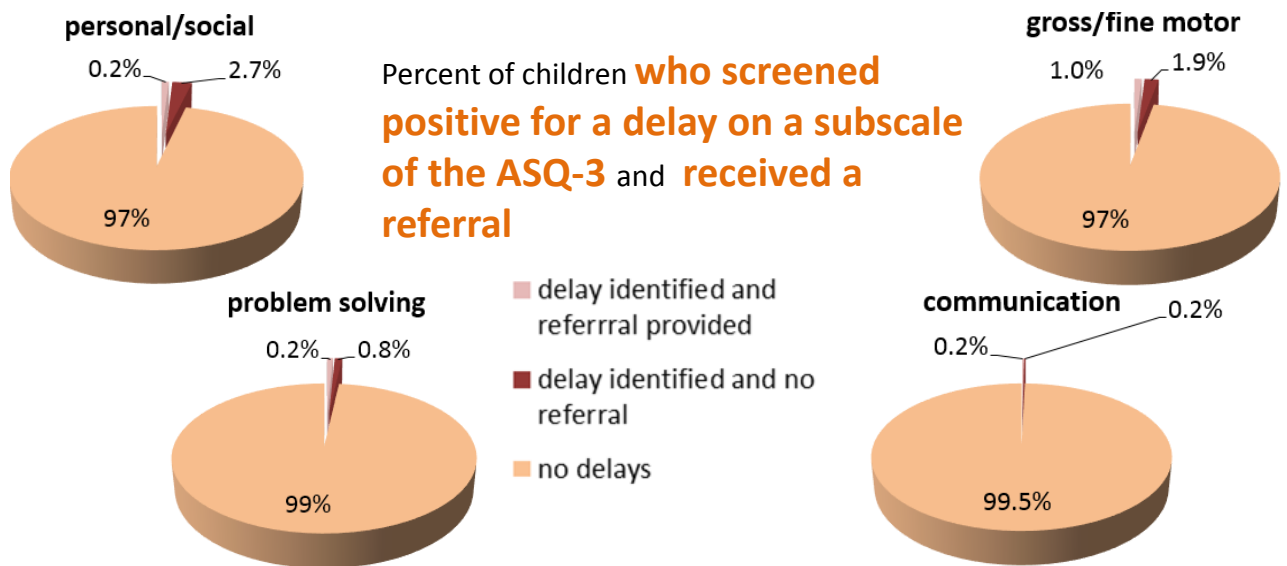
Social-Emotional ASQ

Out of all eligible children, **95%** of children received an **ASQ-SE**



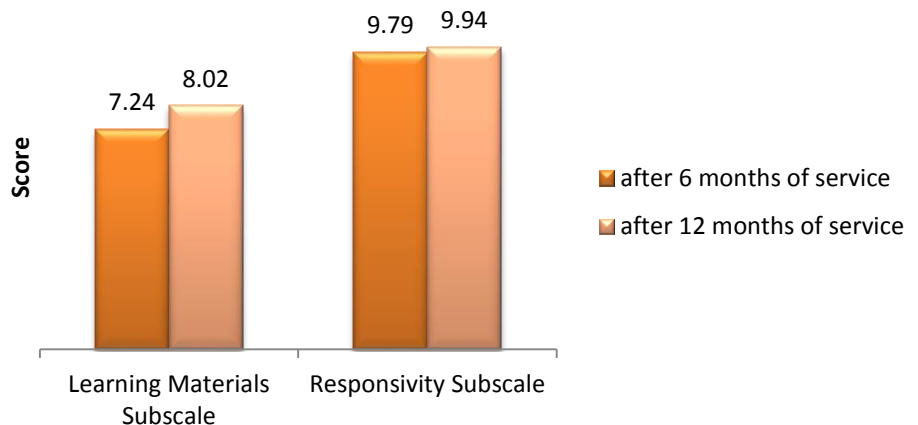
School Readiness and Achievement, continued

LIAs provide support and referrals to help link families with community partners who can address identified needs. **Children who screen positive for a developmental delay using the ASQ-3** typically receive a referral to additional services such as Early On. They may also receive additional support from their home visitor followed by another screening.



HOME Inventory Scores

Families showed **increased** support for and presence of **learning materials** in the home and **parental responsivity**





Domestic Violence

MI MIECHV LIAs utilize assessments including the Relationship Assessment Tool and NFP's relationship screener to screen for domestic violence. LIAs provide referrals, education, and develop safety plans to support families who are experiencing domestic violence.

Screening for domestic violence

involves various techniques including written questions, oral questions, indirect questions, framing questions, and use of SAFE questions (questions addressing Stress/Safety, Afraid/Abused, Friends/Family, and Emergency plan).

A safety plan is a personalized, practical plan that includes ways to remain safe while in a relationship, planning to leave, or after one leaves an abusive environment. Safety planning involves deciding what to do in dangerous situations, identifying safe people and places, and building on what survivors are already doing to stay safe.

Screening

Safety Plan



95%
of women
were
screened for
presence of
domestic
violence

4%
of women
screened
positive for
domestic
violence

71%
of women who
screened positive
for domestic
violence had a
safety plan

53%
of women
received a referral
after screening
positive for
domestic violence



Family Economic Self-Sufficiency

MI MIECHV measures economic self-sufficiency through income, benefits received, and employment/schooling. LIAs support families by connecting them with community resources, helping them achieve stable employment, and supporting them as they enroll in educational programs.

Families are asked to provide this information at enrollment and after 6 and 12 months of participation in the home visiting program. The data below on paid work hours and household income represents all families who reached 12 months post enrollment in FY16 and the average change for families after receiving one year of service as compared to when they enrolled.

Paid Work and Child Care Hours

13% increase in average number of **paid work hours** in addition to **unpaid hours devoted to infant care** after 12 months of service

Adequate Health Insurance

93% of caregivers and target children had **adequate health insurance** after 12 months of service



Household Income and Benefits

5.8% increase in average estimated **dollar value** of **household income** and estimated **benefits** after 12 months of service



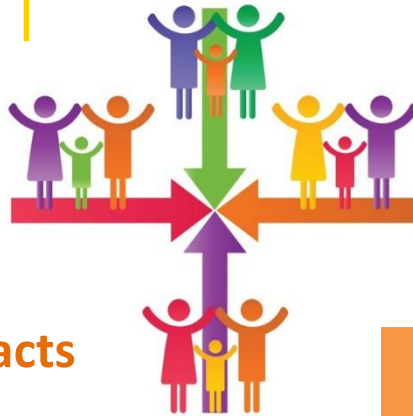


Referrals for Community Resources

MI MIECHV LIAs create comprehensive networks of support within their communities. Home visiting in Michigan is working to create a safety net of resources and connections for Michigan families, through establishing referral networks with family serving agencies in their communities.

Comprehensive Assessments

99.7% of families received a **comprehensive assessment** of their service needs



94% of families with service needs **received a referral**

Referrals

Referral Contacts

86% of referrals resulted in **contacts** between a **family** and the **referral agency**

Clear Points of Contact

LIAs had **clear points of contact** with **61%** of the agencies in their local **Great Start Collaborative**.

Memorandums of Understanding

LIAs had an average of **5 formal agreements** with community partners



Data Table



What is in the data table?

Definitions of each of the performance measures under the six benchmarks are included in the following table along with the numerator (N), denominator (D), and the percent or average (% or average) for both FY15 and FY16. There are two types of performance measures: group comparison measures and individual comparison measures. Most of the performance measures compare a group of people served in one FY with another group of people who are served the following FY. There are some individual measures that compare data for the same people from one time point to a second time point (identified with a ‘**’ in the data table).

What does improvement over time mean?



Most of the performance measures in this report show how the home visiting programs are doing. An improvement will generally mean that the programs improved the services they provided to the families in one year as compared to the prior year.





Who is included in the denominator?

Each performance measure focuses on a specific sub-population. The MI Benchmark plan (located in the State Plan found on www.michigan.gov/homevisiting/) contains detailed notes on the denominator for each performance measure.

Where can I learn more about these measures?

Additional details regarding the performance measures can be found in the MI Benchmark Plan (located in the State Plan found on www.michigan.gov/homevisiting/).

Benchmark: Measure		FY15			FY16		
#	Definition	N	D	% or average	N	D	% or average
 Benchmark 1: Maternal and Newborn Health							
1.1	% of women enrolled prenatally who receive 'adequate' or 'adequate plus' prenatal care as recorded on the birth certificate	344	476	72%	451	604	75%
1.2	% of female caregivers who screen positive for alcohol, tobacco, or illicit drug use and are referred to services	12	12	100%	15	18	83%
1.3	% of mothers who have access to family planning services that provide education regarding planning for pregnancy, medical services to monitor reproductive health, and access to birth control	218	231	94%	355	376	94%
1.4	% of mothers enrolled in the program who report that they use a form of birth control that is at least 75% effective at preventing pregnancy	184	237	78%	273	378	72%
1.5	% of female caregivers enrolled in the program who screen positive for maternal depression (i.e. have a score that exceeds the cutoff score for the tool used) who are referred to services	35	65	54%	50	95	53%
1.6	% of mothers who enroll while pregnant who initiate breastfeeding	157	203	77%	234	302	78%
1.7	% of target children enrolled in the program who completed their last scheduled well-child visit	245	250	98%	390	405	96%
1.8	% of female caregivers and target children enrolled in the program who have health insurance by 6 months post enrollment	760	803	95%	943	1009	94%
 Benchmark 2: Preventing child injuries, child abuse, neglect, or maltreatment							
2.1	% of target children enrolled in the program who have visited the emergency room in the past six months at 12 months post family enrollment	108	247	44%	148	397	37%
2.2	% of female caregivers enrolled in the program who have visited the emergency room within the past six months at 12 months post enrollment	71	243	29%	93	391	24%
2.3	Mean number of child injury prevention topics covered with families at 6 months and 12 months of enrollment **	1340	241	5.6	2056	400	5.1
2.4	% of target children enrolled in the program who have required medical treatment for an injury or ingestion in the past 6 months at 12 months post enrollment	9	241	4%	11	398	3%
2.5	% of children who have participated in the program for at least six months with a CPS complaint referred for investigation by 12 months post enrollment	38	383	10%	123	649	19%
2.6	% children participating in the program for at least six months with a substantiated CPS finding (Category 1, 2 or 3) by 12 months post enrollment	9	383	2%	49	649	8%
2.7	% children who have participated in the program for at least six months with a first-time substantiated CPS finding (Category 1,2 or 3) within the first 12 months following enrollment in the program	1	383	0.3%	39	649	6%

Benchmark: Measure		FY15			FY16		
#	Definition	N	D	% or average	N	D	% or average
 Benchmark 3: Improvements in school readiness and achievement							
3.1	Improved mean scores on HOME Inventory Learning Materials scale at one year as compared with six months**	114	156	0.7	144	186	0.8
3.2	% of caregivers who reviewed the ASQ-3 and ASQ-SE results with their home visitor	262	272	96%	381	399	96%
3.3	Improved scores on HOME Inventory responsivity scale at one year as compared with six months**	49	156	0.3	26	186	0.14
3.4	Improved scores on SE Support and Concrete support scales of Protective Factors Survey at one year as compared with six months**	-25.08	217	-0.1	-4	370	-0.01
3.5	% of children enrolled in the program with a developmental delay in communication who received a referral	3	4	75%	1	2	50%
3.6	% of children enrolled in the program with a developmental delay in problem solving who received a referral	2	4	50%	1	4	25%
3.7	% of children enrolled in the program with a developmental delay in personal and social skills who received a referral	2	5	40%	1	11	9%
3.8	% of children enrolled in the program with a delay in social emotional development who received a referral	0	2	0%	3	7	43%
3.9	% of children enrolled in the program with a developmental delay in gross or fine motor skills who received a referral	3	7	43%	1	8	13%
 Benchmark 4: Domestic Violence							
4.1	% of female caregivers enrolled in the program who are screened for domestic violence	245	250	98%	390	409	95%
4.2	% of female caregivers enrolled in the program who need services for domestic violence that received a referral	15	22	68%	9	17	53%
4.3	% of female caregivers who received a screening that identified domestic violence who have a safety plan	19	22	86%	12	17	71%
 Benchmark 5: Family economic self-sufficiency							
5.1	Increase in average estimated dollar value of household income and estimated benefits at 12 months compared with enrollment**	194152	188	1033	305921	324	944
5.2	Increase in average number of hours of paid work plus unpaid hours devoted to infant care (up to 30 hours) for participating caregivers at 12 months as compared with enrollment**	600	110	5.5	892	212	4.2
5.3	Increase in percentage of participating caregivers and target children who have adequate (not emergency) health insurance**	0	259	0	17	426	4%
 Benchmark 6: coordination and referrals for other community resources and supports							
6.1	% of families who receive a comprehensive assessment of their service needs	457	472	97%	665	667	99.7%
6.2	% of families with service needs that receive referrals	306	326	94%	455	485	94%
6.3	% of referrals that resulted in contact between a family and the referral agency	256	306	84%	391	455	86%
6.4	Increase in number of MOUs or other formal agreements HV LIAs have with other social service agencies in the community	78	18	4.3	95	19	5
6.5	% of Great Start Collaborative agencies with whom the home visiting agency reports having a clear point of contact	397	593	67%	386	632	61%



Michigan MIECHV Summary Data Report Fiscal Year 2016



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under D89MC26358, the Maternal, Infant, and Early Childhood Home Visiting Program, for grant amount \$6,681,600. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government.

