

# MICHIGAN HOME VISITING REPORT

SERVING PREGNANT PEOPLE AND  
CHILDREN THROUGH AGE FIVE



2021



**How did you learn about Home Visiting?**

*"I learned about Home Visiting when I gave birth to my first son. The nurse who weighed him gave me a list of programs and resources, and home visiting was one of them."*



*"A friend told me about her experience and all of the resources that she was getting, and I was a young mom and needed those same resources."*

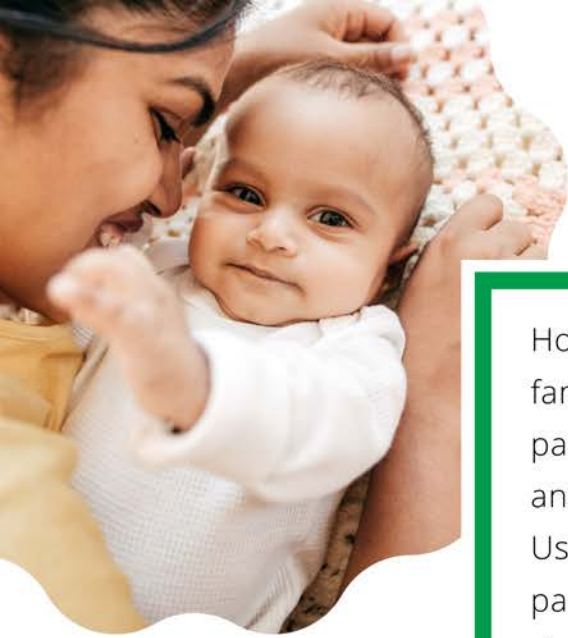


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# INTRODUCTION



## The FY2021 Report



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



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



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



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



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

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

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

## *Why did you choose to participate in home visiting?*

*"I was in a dark place going through a lot. I was homeless, depressed and needed support."*

# MICHIGAN'S HOME VISITING INVESTMENT

## What made you stay in home visiting?

*"The support was super important. I wasn't speaking to my parents/friends. The home visitors weren't judging me and helped me get things done. They showed me things like how to make toys with things that I had at home that was important support with the limited budget I had."*



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

## STATE FUNDING

### General Fund

The Michigan Legislature continues to provide appropriations that fund evidence-based home visiting models across the state including Healthy Families America, Family Spirit, Nurse-Family Partnership, and Parents as Teachers. General fund dollars are used to draw down matching Medicaid funds that support some home visiting models in the state including the Maternal Infant Health Program and Infant Mental Health. The Michigan Home Visiting Initiative continues to partner with community agencies to identify the home visiting model that best fits the needs of the community that is supported with state funding.

### State School Aid

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

## FEDERAL FUNDING

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

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

### Child Abuse Prevention and Treatment Act (CAPTA)

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

### Medicaid Matching Funds

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

## PRIVATE FUNDING

### Children Trust Michigan (CTM)

Children Trust Michigan raises funds from private sources, which are granted to local communities for secondary prevention programs such as home visiting programs. Secondary prevention programs focus on families at risk for abuse and neglect in order to strengthen and support families while preventing child abuse and neglect. Children Trust Michigan dollars support Parents as Teachers and Healthy Families America home visiting programs. Appendix IV-FY 2021 Home Visiting Investment by Model and Source provides a more detailed look at the funding supporting evidence-based home visiting in Michigan.

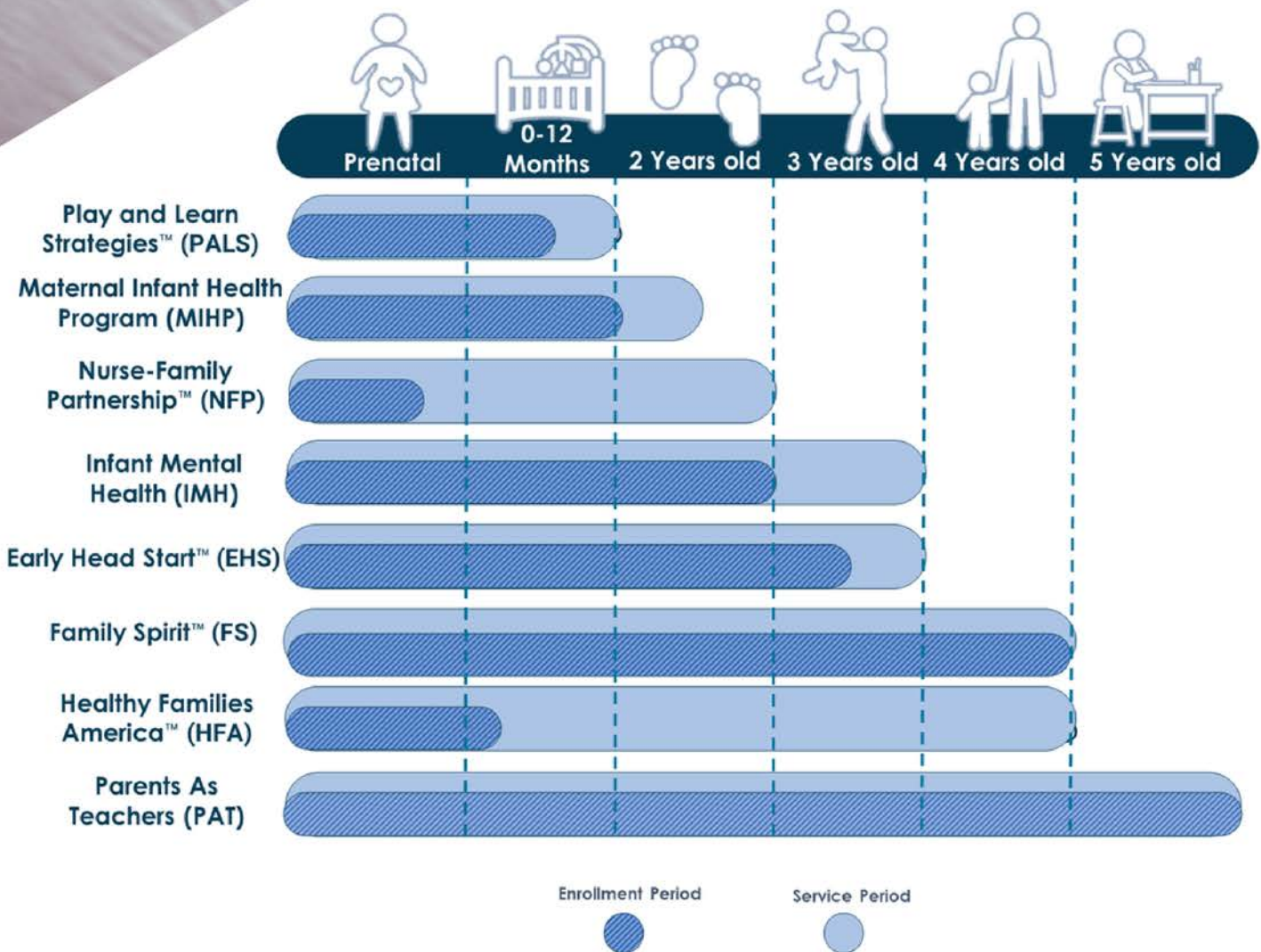
*"It was nice to have someone check in on me. They connected me to resources. I liked that there was a combination of medical, educational, and personal information shared with me."*





# THE HOME VISITING ARRAY

The home visiting system in Michigan includes multiple models, each of which is unique in its design and adds to the array of options available for families. Each of the models are referenced in this report and the image below describes the time frame of model enrollment and duration of service. Michigan's array of models supports families so they can be connected to a model that best fits their needs. For more information about each model, please visit: [www.Michigan.gov/homevisiting](http://www.Michigan.gov/homevisiting).



*"As a result of home visiting, I am a more well-equipped parent. I have a great foundation as a parent."*

# THE HOME VISITING ADVISORY COMMITTEE

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

The strength of the Home Visiting Advisory Committee is in large part due to the participation and input of the parents, who represent a range of evidence-based home visiting programs. Parents of children ages 5 and younger currently enrolled in programs were chosen in FY21 through outreach by the home visiting models.

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

The Home Visiting Advisory Committee had another productive year. They guided the development of the home visiting strategic plan, offering insight on strengthening Michigan's system of family-centered, equitable, and high-quality home visiting. The Advisory Committee also provided input on developing a centralized access system for home visiting, helping to identify existing assets and gaps in systems for connecting families with home visiting services. They also informed the content of this report, suggesting that it speak to the impact of the COVID-19 pandemic on families, include a greater focus on family stories, and highlight the ways parents are involved in home visiting system building. Over the course of this year, the Advisory Committee has continued to play a critical role in improving home visiting system.

*"Home visiting changed my perspective. I want to make these services more known to others so that they can use them. I have created my own business, and I want to encourage other parents to do so as well."*

# IMPACT OF COVID-19 ON HOME VISITING

COVID-19 has significantly impacted Michigan's vulnerable families. Home visiting professionals faced extra challenges during the pandemic in helping families to create a safe and nurturing home environment. With traditional in-home visits halted or significantly reduced, programs were forced to come up with new ways to care for their families.

The biggest change for home visiting professionals and families alike was the transition to "virtual" telehealth visits, conducted through computers, smart phones, or landline phones. In addition to the challenges of adjusting to a new method of conducting visits, many families had to deal with lack of reliable internet or phone service—and in many cases lack of computers or phones. Despite the challenges, home visiting professionals throughout the state worked hard to help families, constantly coming up with creative solutions to keep families engaged and ensure their safety and well-being.

Yet home visitors have also seen some positive developments. Many home visitors and families have reported that they prefer visits that are conducted virtually. They are able to engage with each other in a more focused way, since they don't encounter as many distractions as they may during an in-home visit. In addition, home visitors and families have more flexibility in scheduling virtual or telehealth visits versus scheduling in-home visits, which requires travel and occasionally results in missed appointments.

Whatever the outcome of the COVID-19 pandemic, Michigan's families can rest assured that the home visiting professionals who support them and advocate for their health and well-being will continue to look for creative ways to make home visits work—whether in person or virtually.





# OUTCOMES

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



Adequate Prenatal Care



Preterm Birth



Breastfeeding Initiation



Maternal Tobacco Abstinence



Maternal Depression Referral



Maternal High School Completion



Postpartum Visits



Families without Child Maltreatment



Child Development Referral

## What was your Home Visiting experience?

*"My experience was good. I was given lots of ideas of what to do with my children. There were some different things going on in my life post-partum, my husband lost his job; Home Visiting was there for me throughout the entire time."*

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

MHVI Fiscal Year 2021 data in this report is coded to indicate progress:



Stability or improvement in this indicator.



Decrease that is being investigated.

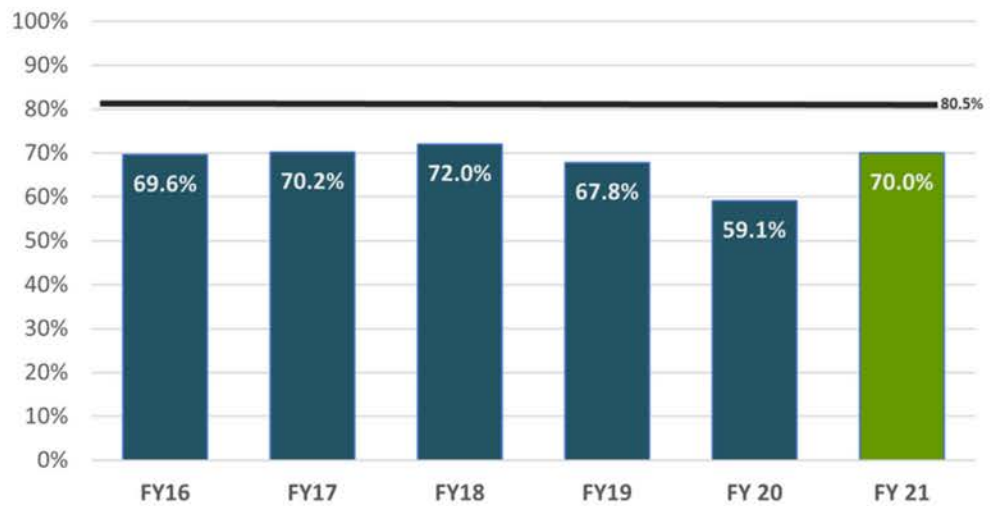
**Healthy People 2030** sets national targets related to some of the indicators in this report. When available, those targets are noted as a **line across the chart**, to provide context on Michigan's indicator data. These national targets set a high bar and illustrate how the home visiting system is achieving positive outcomes by partnering with families.



# ADEQUATE PRENATAL CARE



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



Line indicates Healthy People 2030 national target

*"My home visiting nurse was the biggest support. My nurse was a safe place that helped me to deal with depression. Being realistic about emotions. Now I'm not afraid to speak out to other women to encourage them."*

#### Definition

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

#### Calculation

Number of women enrolled in home visiting during pregnancy who received "adequate" or "adequate plus" prenatal care.

Number of women enrolled in home visiting during pregnancy.

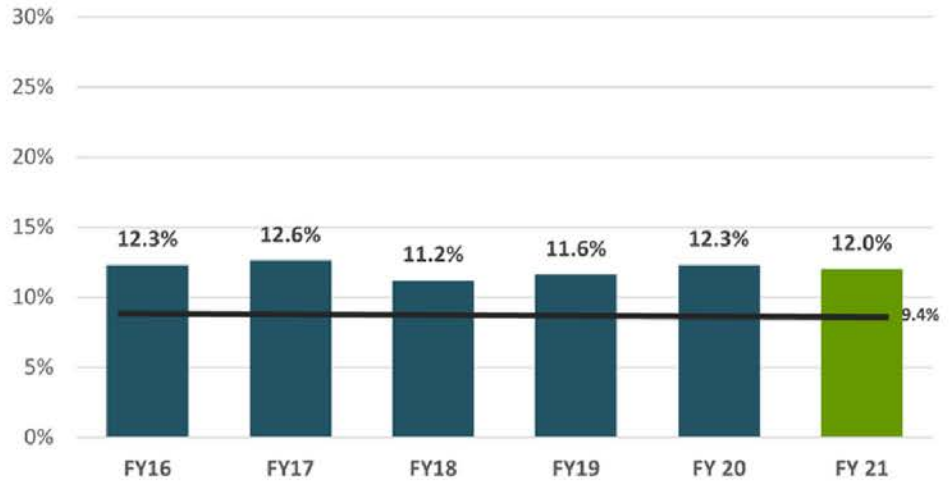
**Data Source** Vital Records  
**Models Reporting** FS, MIHP, EHS-HB, NFP, HFA

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

# PRETERM BIRTHS



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



Line indicates Healthy People 2030 national target.

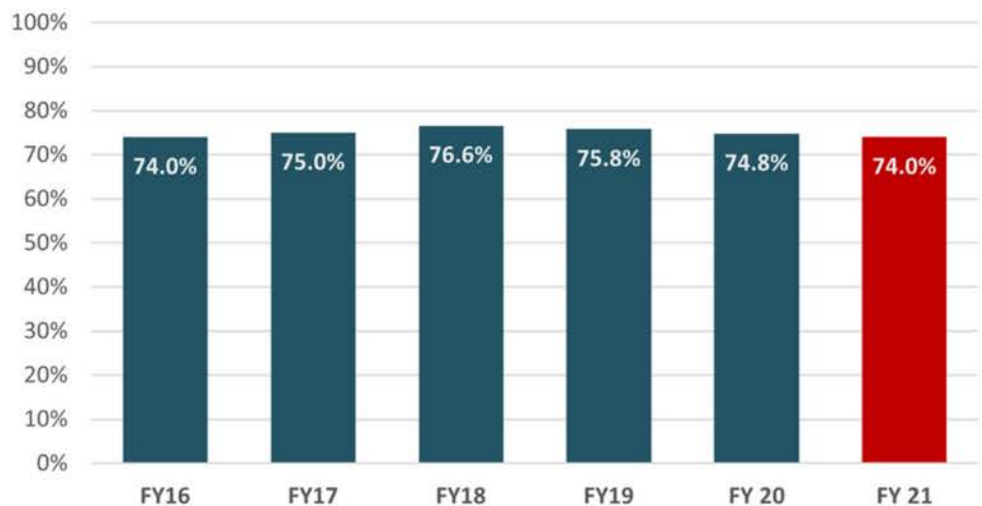
*"Home visiting helped the entire family. It was great having a cheerleader throughout my parenting experience. The socialization created friendships that lasted beyond home visiting."*

Definition	Calculation
Percent of women enrolled in home visiting services during pregnancy who have a preterm birth (<37 weeks gestation).	$\frac{\text{Number of women enrolled in home visiting during pregnancy who have a preterm birth (<37 weeks gestation)}}{\text{Number of women enrolled in home visiting during pregnancy}}$
<b>Data Source</b>	Vital Records
<b>Models Reporting</b>	FS, MIHP, EHS-HB, NFP, HFA

# BREASTFEEDING INITIATION



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



*"I have a more balance and stability. There was a lot of encouragement that helped a lot, and I was able to change my circumstances. I now have stable housing and I have a better outlook on life. I have a better attitude and I'm calmer."*

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

**Calculation**  

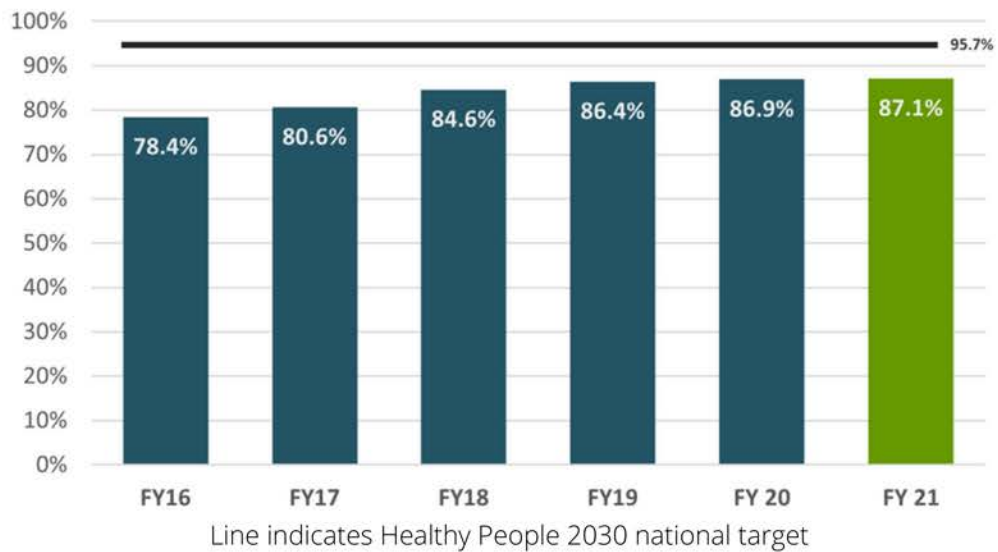
$$\frac{\text{Number of women enrolled in home visiting during pregnancy who initiate or plan to initiate breastfeeding.}}{\text{Number of women enrolled in home visiting during pregnancy.}}$$

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

# MATERNAL TOBACCO ABSTINENCE



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



***If you were talking with another parent about home visiting, what would you say to encourage them to participate?***

*"Just do it. Get involved. Connect with other parents, it's been so valuable."*

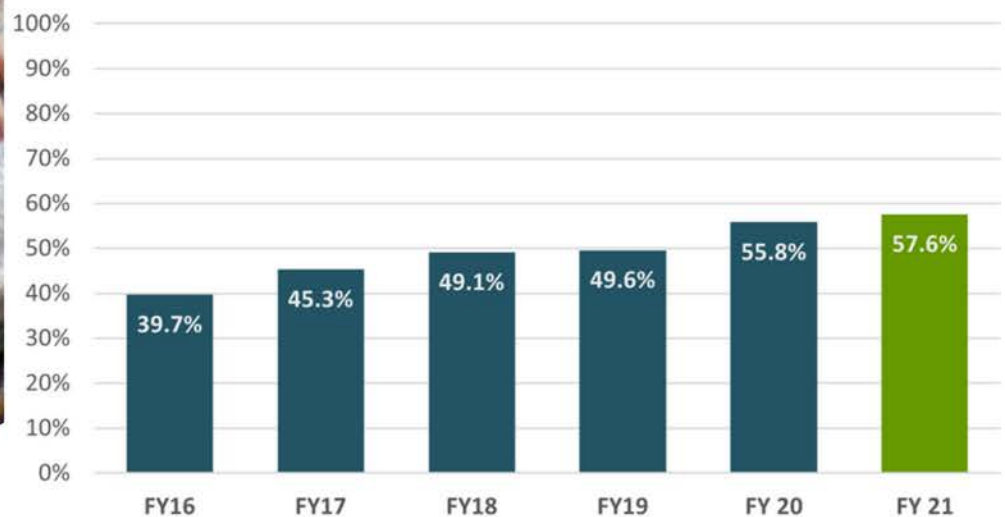
Definition	Calculation
Percent of women enrolled in home visiting services for at least six months who were not using tobacco or smoking at six months or upon program exit.	Number of women enrolled in home visiting for at least six months who were not using tobacco at six months or upon program exit.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

**Data Source** Program data  
**Models Reporting** EHS-HB, NFP, HFA

# MATERNAL DEPRESSION REFERRAL



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



*"Mental health is something that isn't discussed in my culture, and I didn't want to keep the secret of my depression any longer. They encouraged me to find my voice and use it. I found a great support system. They taught me how to advocate for my son and that felt good."*

### Definition

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

### Calculation

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

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

**Data Source** Program Data

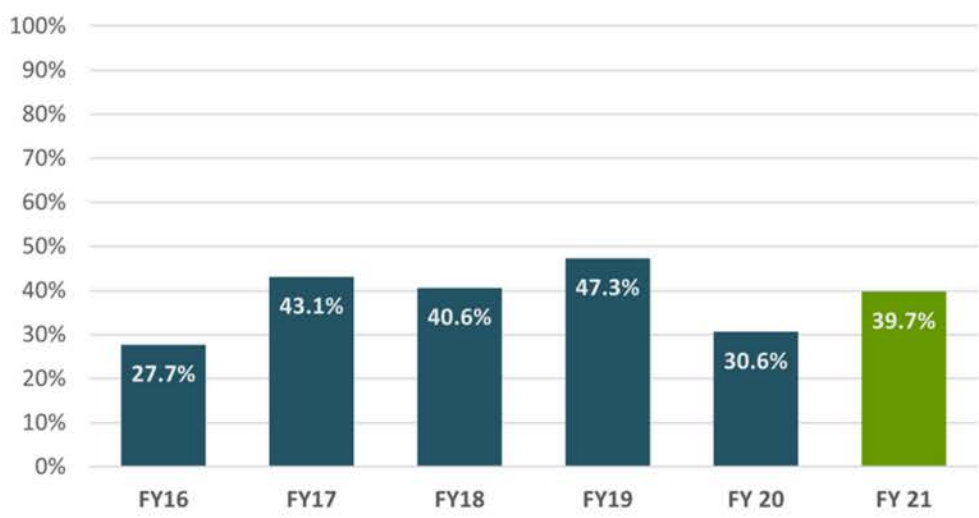
**Models Reporting** FS, EHS-HB, NFP, HFA, PAT

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

# MATERNAL HIGH SCHOOL COMPLETION



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



*"I have more confidence! I have a more positive attitude."*

**Definition**

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

**Calculation**

Percent of women enter the program without a high school diploma or GED certificate who are either still enrolled in school or a GED Program, or who have successfully completed high school or received a GED Certificate.

Number of women who entered a home visiting program without a high school diploma or GED Certificate.

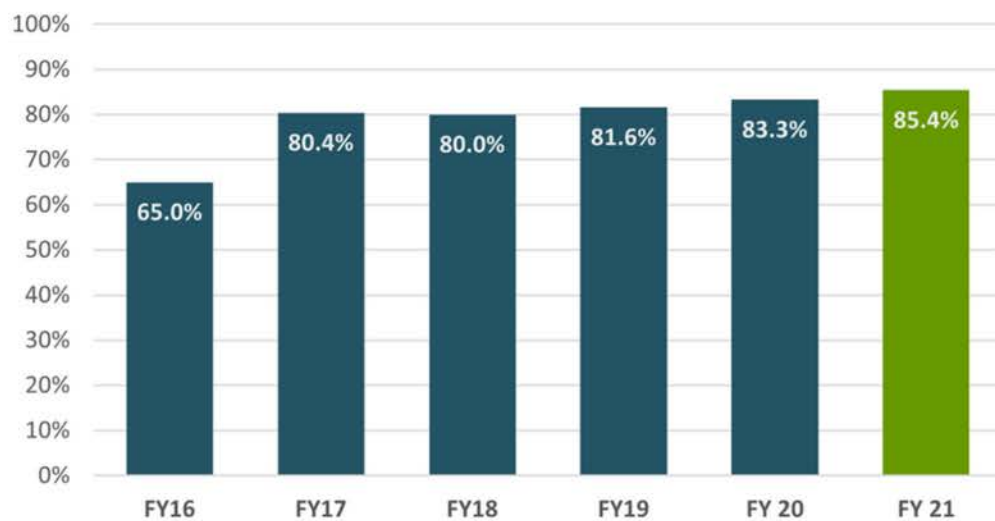
**Data Source** Program Data

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

# POSTPARTUM VISITS



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



*"Kathryn, with EHS, I loved having her. She was there for me when I lost my sister. And told me that I could be the best mom for my three kids. I had to focus on being the best me, so that I could be the best mom while dealing with the trauma. Everyone thrived through that time with the home visitor, and I appreciate it."*

### Definition

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

### Calculation

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

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

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

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



# FAMILIES WITHOUT CHILD MALTREATMENT



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



### Calculation

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

Number of children who participate in home visiting without confirmed child maltreatment.  


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 Number of children participating in home visiting.

**Data Source** Child Protective Services

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

**Note:** Confirmed child maltreatment is defined as substantiated category I and II maltreatment as investigated and confirmed by Child Protective Services.

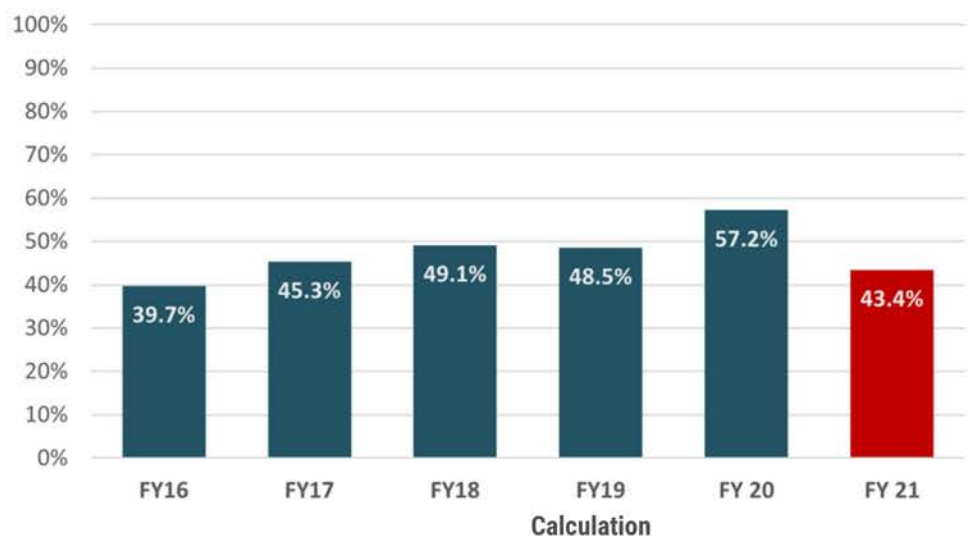
## What made you stay enrolled in home visiting?

*"What made me stay was that in the different phases of my life, home visiting provided a different level of support with each phase."*

# CHILD DEVELOPMENTAL REFERRAL



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



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

**Data Source** Program Data

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

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

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

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

## What was your Home Visiting experience?

*"It was flexible at a time when I was living in many different places during my pregnancy, delivery, and after. I kept in contact during the rough times. My home visitor always made it a point to check in on me throughout everything I had going on."*



## APPENDICES

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### APPENDIX I Participant Demographic Information

### APPENDIX II Where are State-Funded Home Visiting Programs Available? Program Offices and Number of Models Per County

### APPENDIX III FY2021 State Budget Home Visiting Investment by Model and Fund Source

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

## Service Statistics

Total Home Visits	142,930
Total Families Served	21,496
Total Children Served	18,249
Total Women Served	13,802
Pregnant Women	8,770
Total Male Caregivers	272

## Household Demographic Characteristics

	N	%
<b>Federal Poverty Level</b>	<b>21,496</b>	<b>100.0%</b>
<= 50%	11,416	53.1%
51-100%	3,922	18.2%
101-133%	2,300	10.7%
134-250%	2,519	11.7%
251% +	650	3.0%
Unknown	689	3.2%

## Child Demographic Characteristics

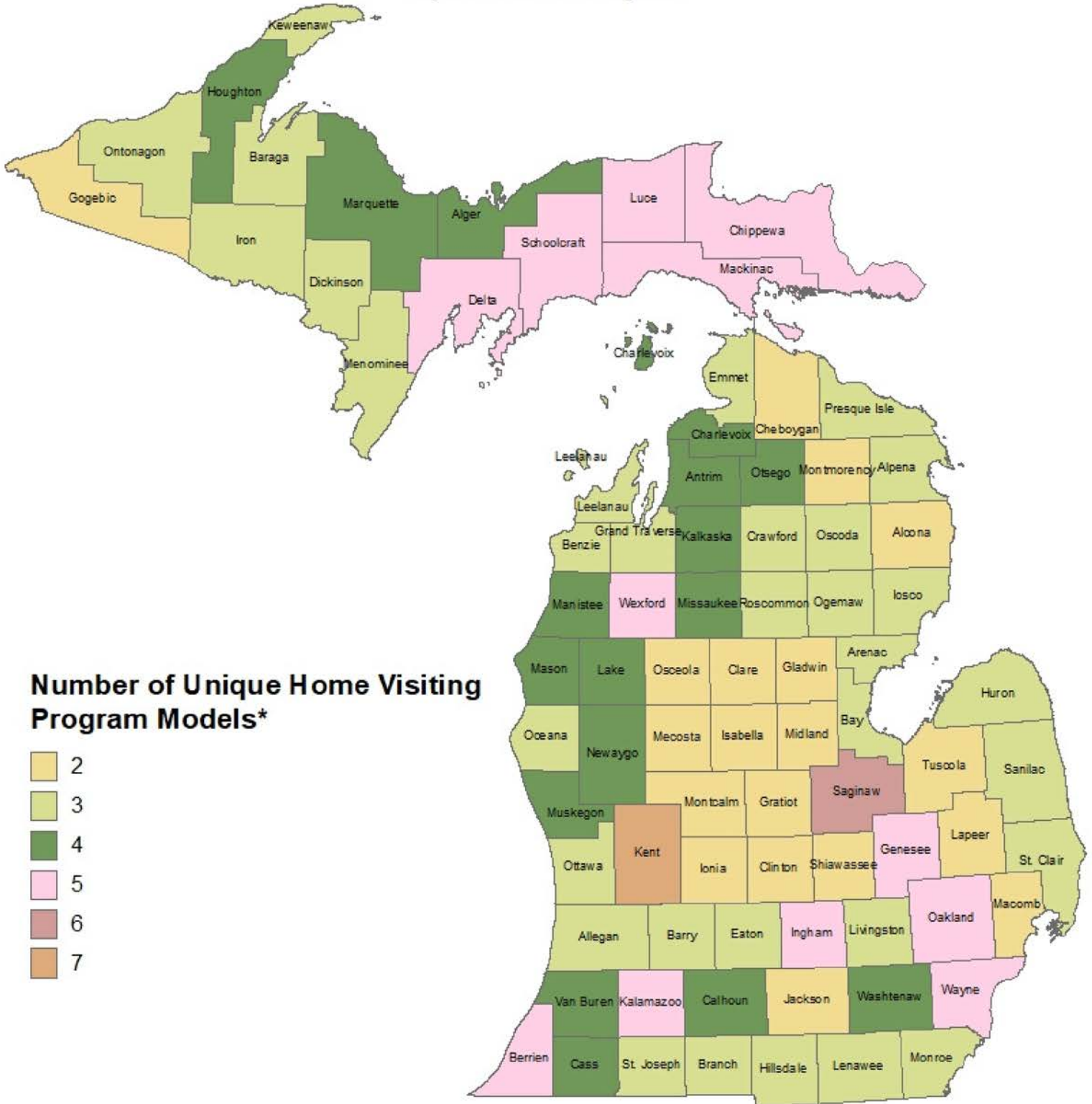
	N	%
<b>Insurance:</b>	<b>18,249</b>	<b>100.0%</b>
None	87	0.5%
Medicaid	17,348	95.1%
TRICARE	17	0.1%
Private/Other	398	2.2%
Unknown	399	2.2%
<b>Ethnicity:</b>	<b>18,249</b>	<b>100.0%</b>
Hispanic	1,824	10.0%
Not Hispanic	15,867	86.9%
Unknown	558	3.1%
<b>Race:</b>	<b>18,249</b>	<b>100.0%</b>
Amerian Indian/AN	380	2.1%
Asian	323	1.8%
Black	5,997	32.9%
Native Hawaiian/PI	15	0.1%
White	8,896	48.7%
Multiple Races	723	4.0%
Unknown	1,915	10.5%
<b>Age:</b>	<b>18,249</b>	<b>100.0%</b>
< 1 Year	9,481	52.0%
1-2 Years	6,331	34.7%
3-5 Years	2,381	13.0%
Unknown	56	0.3%
<b>Gender:</b>	<b>18,249</b>	<b>100.0%</b>
Female	8,843	48.5%
Male	9,354	51.3%
Unknown	52	0.3%

## Maternal Demographic Characteristics

	N	%
<b>Insurance:</b>	<b>13,802</b>	<b>100.0%</b>
None	119	0.9%
Medicaid	12,679	91.9%
TRICARE	7	0.1%
Private/Other	673	4.9%
Unknown	324	2.3%
<b>Ethnicity:</b>	<b>13,802</b>	<b>100.0%</b>
Hispanic	1,545	11.2%
Not Hispanic	11,906	86.3%
Unknown	351	2.5%
<b>Race:</b>	<b>13,802</b>	<b>100.0%</b>
Amerian Indian/AN	344	2.5%
Asian	262	1.9%
Black	5,300	38.4%
Native Hawaiian/PI	14	0.1%
White	6,982	50.6%
Multiple Races	263	1.9%
Unknown	637	4.6%
<b>Marital Status:</b>	<b>13,802</b>	<b>100.0%</b>
Married	3,442	24.9%
Widowed	25	0.2%
Separated	196	1.4%
Divorced	288	2.1%
Never Married	9,551	69.2%
Unknown	300	2.2%
<b>Education:</b>	<b>13,802</b>	<b>100.0%</b>
< High School	3,164	22.9%
HS Diploma/GED	8,017	58.1%
Some College/Tech	1,528	11.1%
Bachelor's Degree +	774	5.6%
Other	60	0.4%
Unknown	259	1.9%
<b>Age:</b>	<b>13,802</b>	<b>100.0%</b>
< 18 Years	418	3.0%
18-19 Years	943	6.8%
20-24 Years	3,922	28.4%
25-29 Years	4,012	29.1%
30-34 Years	2,775	20.1%
35-44 Years	1,549	11.2%
45 + Years	94	0.7%
Unknown	89	0.6%
<b>Primary Language:</b>	<b>13,285</b>	<b>100.0%</b>
English	12,082	90.9%
Spanish	375	2.8%
Arabic	324	2.4%
Other	236	1.8%
Unknown	268	2.0%

# FY 21 Home Visiting Models by County

To find Home Visiting Programs in your county, please visit:  
<https://mihomevisiting.com>



\*Map represents only programs that are allocated funding from the state. Please see chart on page 22 for a complete list of program models.

# MICHIGAN FY21 HOME VISITING PROGRAM MODEL COVERAGE

County	EHS	FS	HFA	IMH	MIHP	NFP	PALS	PAT	Grand Total	Unique Program Models
Alcona				1	1				2	2
Alger		1	1	1	1				4	4
Allegan		1		1	1				3	3
Alpena			1	1	1				3	3
Antrim		1	1	1	2				5	4
Arenac				1	1			1	3	3
Baraga			1	1	2				4	3
Barry				1	1			1	3	3
Bay				1	1			1	3	3
Benzie		1		1	1				3	3
Berrien		1		1	1	1		1	5	5
Branch				1	1			1	3	3
Calhoun				2	2	1		1	6	4
Cass		1		1	1			2	5	4
Charlevoix		1	1	1	1				4	4
Cheboygan				1	1				2	2
Chippewa		1	1	1	1			1	5	5
Clare				1	1				2	2
Clinton				1	2				3	2
Crawford			1	1	1				3	3
Delta		1	1	1	2			1	6	5
Dickinson			1	1	1				3	3
Eaton				1	2			1	4	3
Emmet			1	1	1				3	3
Genesee	1			2	7	1		1	12	5
Gladwin				1	1				2	2
Gogebic				1	1				2	2
Grand Traverse		1		1	1				3	3
Gratiot				1	1				2	2
Hillsdale				1	4			1	6	3
Houghton	1		1	1	2				5	4
Huron				1	1			1	3	3
Ingham	1			1	6	1		1	10	5
Ionia				1	1				2	2
Iosco			1	1	1				3	3
Iron			1	1	1				3	3
Isabella				1	1				2	2
Jackson				2	2				4	2
Kalamazoo			1	1	2	1		1	6	5
Kalkaska		1	1	1	1				4	4
Kent	1		1	2	6	1	1	1	13	7
Keweenaw			1	1	1				3	3
Lake		1	2	1	1				5	4
Lapeer				1	1				2	2
Leelanau		1		1	1				3	3
Lenawee				1	1			1	3	3
Livingston			1	1	3				5	3
Luce		1	1	1	1			1	5	5
Mackinac		1	1	1	1			1	5	5
Macomb				1	27				28	2
Manistee		2	1	1	1				5	4

# MICHIGAN FY21 HOME VISITING PROGRAM MODEL COVERAGE

Marquette		1	1	1	1				4	4
Mason		1	1	1	1				4	4
Mecosta				1	1				2	2
Menominee			1	1	2				4	3
Midland				1	1				2	2
Missaukee			1	1	1			1	4	4
Monroe				1	3			1	5	3
Montcalm				1	1				2	2
Montmorency				1	1				2	2
Muskegon	1		1	1	2				5	4
Newaygo		1		1	1			1	4	4
Oakland	1			1	27	1		1	31	5
Oceana			1	1	1				3	3
Ogemaw			1	1	1				3	3
Ontonagon			1	1	1				3	3
Osceola				1	2				3	2
Oscoda			1	1	1				3	3
Otsego			1	1	1			1	4	4
Ottawa				1	1			1	3	3
Presque Isle				1	1			1	3	3
Roscommon			1	1	1				3	3
Saginaw	1		1	1	2	1		2	8	6
Sanilac				1	1			1	3	3
Schoolcraft		1	1	1	1			1	5	5
Shiawassee				1	1				2	2
St. Clair				1	4			1	6	3
St. Joseph		1		1	1				3	3
Tuscola				1	1				2	2
Van Buren		1		1	2			1	5	4
Washtenaw	1			1	11			1	14	4
Wayne			1	9	32	1		4	47	5
Wexford		1	1	1	1			1	5	5
Grand Total	8	24	38	95	216	9	1	39	430	8

**EHS:** Early Head Start

**IMH:** Infant Mental Health

**PALS:** Play and Learn Strategies™

**FS:** Family Spirit™

**MIHP:** Maternal Infant Health Program

**PAT:** Parents as Teachers

**HFA:** Healthy Families of America™

**NFP:** Nurse-Family Partnership™

For more information about each model, please see the Home Visiting Array on page six, or visit:

[www.Michigan.gov/homevisiting](http://www.Michigan.gov/homevisiting).

Home Visiting Model	Funding Source	Federal Funding	State Funding	Private Funding
<b>Early Head Start (EHS-HV)</b>	MIECHV	\$962,122		
(Note: The Administration for Children and Families Federal funding that supports most EHS-HV programs are distributed directly to the grantees and do not flow through the state budget. Those funds are not included in this total).	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$502,529	
<b>Healthy Families America (HFA)</b>	MIECHV	\$2,216,719		
	CBCAP	\$31,015		
	CTF (License plates, donations, tax check off, etc.)			\$53,435
	State General Fund		\$2,530,599	
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$268,701	
<b>Maternal Infant Health Program (MIHP)</b>	Medicaid	\$7,045,138	\$2,755,833	
<b>Nurse Family Partnership (NFP)</b>	MIECHV	\$2,168,371		
	Medicaid	\$1,356,814	\$737,839	
	State General Fund		\$2,040,712	
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$235,537	
<b>Parents as Teachers (PAT)</b>	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$3,275,948	
	CBCAP	\$188,108		
	CTF (License plates, donations, tax check off, etc.)			\$324,081
	State General Fund		\$292,956	
<b>Family Spirit</b> (The Administration for Children and Families Federal funding that supports many tribal programs are distributed directly to the Inter-Tribal Council and do not flow through the state budget. Those funds are not included in this total).	State General Fund		\$300,000	
<b>Infant Mental Health (IMH)</b>	Medicaid	\$9,282,725		
	State General Fund	\$3,978,311		
<b>Play and Learning Strategies (PALS)</b> (MDE funds one PALS model in the state for its evidence-based infant component only.	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$109,626	
<b>All Models =</b>				