



MICHIGAN

HOME VISITING REPORT












2022

www.Michigan.gov/HomeVisiting

"It is good to have your voice be heard and to advocate for something and finally have it happen. That is just great."

- A Home Visiting Parent

TABLE OF CONTENTS

INTRODUCTION	3
EXECUTIVE SUMMARY.....	4
MICHIGAN'S INVESTMENT IN HOME VISITING.....	7
HOME VISITING ARRAY.....	9
HOME VISITING ADVISORY.....	10
OUTCOMES.....	11
 ADEQUATE PRENATAL CARE.....	12
 PRETERM BIRTHS.....	13
 BREASTFEEDING INITIATION.....	14
 MATERNAL TOBACCO ABSTINENCE.....	15
 MATERNAL DEPRESSION REFERRAL.....	16
 MATERNAL HIGH SCHOOL COMPLETION.....	17
 POSTPARTUM VISITS.....	18
 FAMILIES WITHOUT CHILD MALTREATMENT.....	19
 CHILD DEVELOPMENT REFERRAL.....	20
CELEBRATION OF HOME VISITING.....	21
APPENDICES.....	22
APPENDIX I.....	23
APPENDIX II.....	24
APPENDIX III.....	27



The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

INTRODUCTION

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 enhancing 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 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 supports they need to thrive.

The FY2022 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 visitors treat you like you are family. That's what I really wanted to help broaden my perspective of being a parent. They are very compassionate. If I don't understand certain stuff they say, they break it down for me so I can really understand. She always had great responses."

-A Home Visiting Parent

Executive Summary

Public Act 291

Strength of Michigan Home Visiting FY22

Home visiting programs partner with families to support them during pregnancy and their child's early years, with some programs continuing support until a child is 5 years old.



20,603

*Families served
in FY2022*

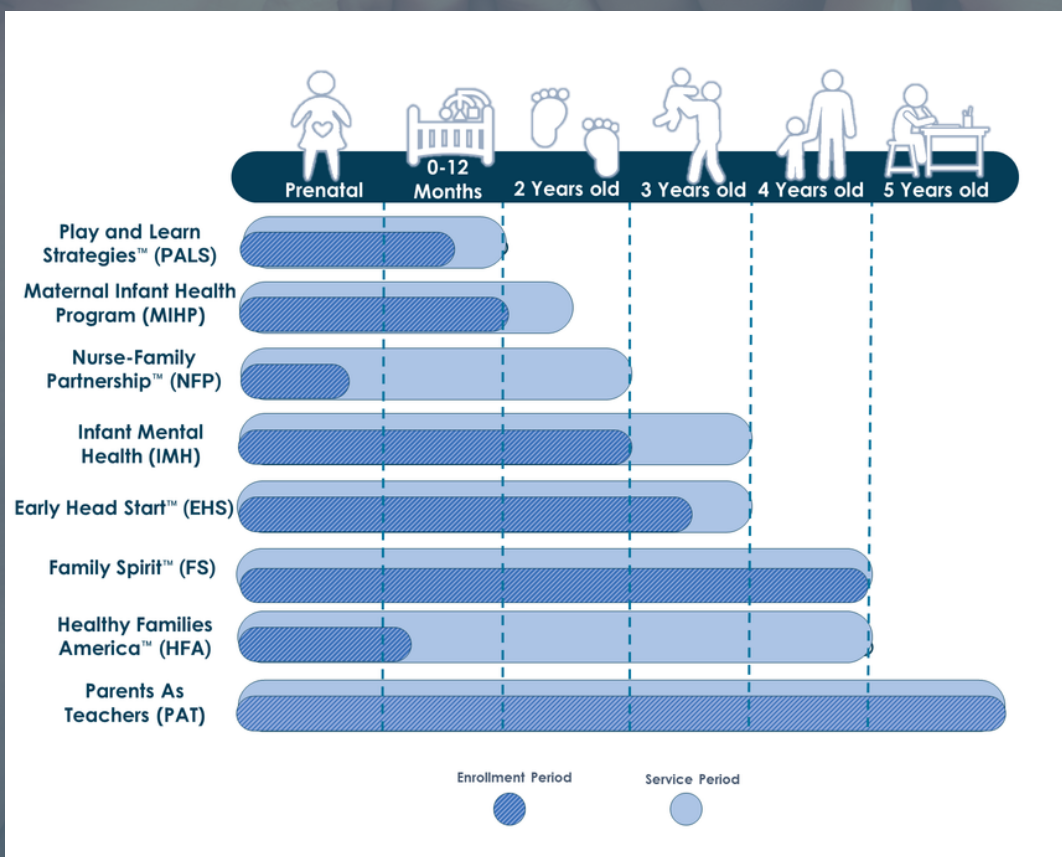


157,712

*Total home visits
in FY2022*

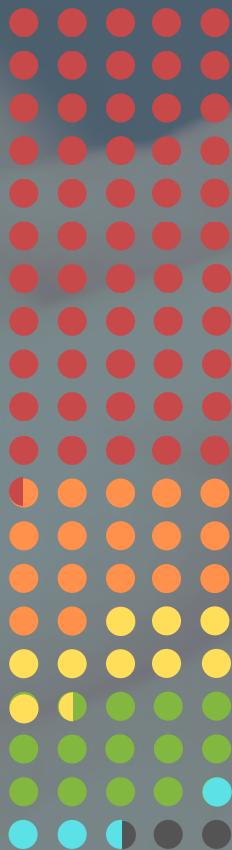
Michigan's Home Visiting Array

Not every family needs the same type of supports that's why there are currently eight home visiting models serving Michigan families.



THE DEMOGRAPHICS OF HOME VISITING FAMILIES

INCOME OF FAMILIES ENROLLED IN HOME VISITING IN FY2022



55.5% of families enrolled in a Home Visiting Program earn less than 50% of the federal poverty level. This translates to **under \$13,875** annually for a family of four.

16.6% of families enrolled in a Home Visiting Program earn 50-100% of the federal poverty level. This translates to **\$13,876 - \$27,750** annually for a family of four.

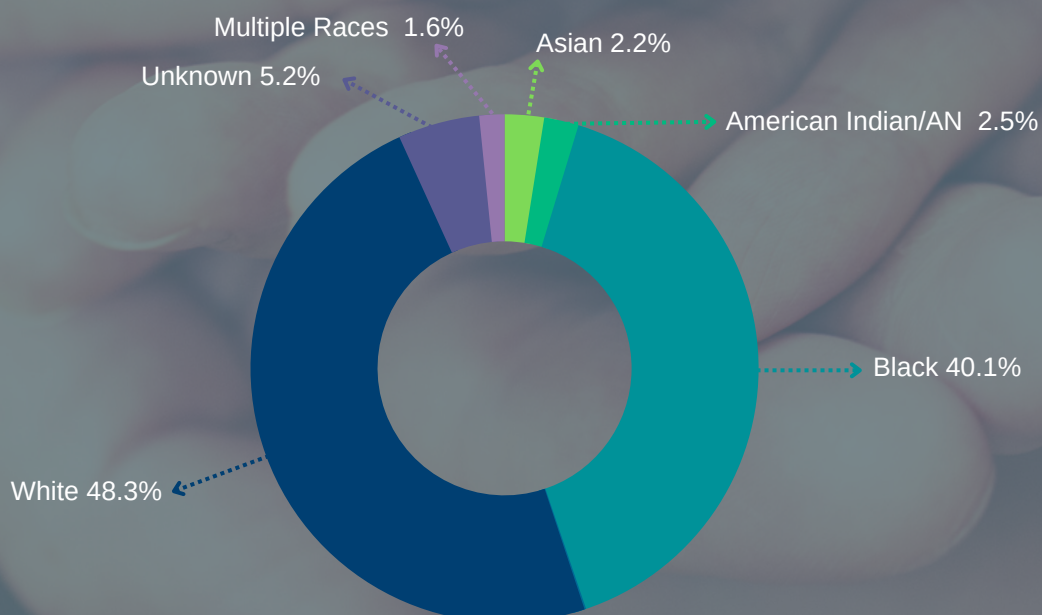
9.6% of families enrolled in a Home Visiting Program earn 101-133% of the federal poverty level. This translates to **\$27,751- \$36,907** annually for a family of four.

12.7% of families enrolled in a Home Visiting Program earn 134-250% of the federal poverty level. This translates to **\$36,908 - \$69,375** annually for a family of four.

3.3% of families enrolled in a Home Visiting Program earn more than 250% of the federal poverty level. This translates to **more than \$69,375** annually for a family of four.

2.3% of families enrolled in a Home Visiting Program did not have their income recorded.

DIVERSITY OF MOTHERS ENROLLED IN HOME VISITING IN FY2022





87.9%

of pregnant people enrolled in Home Visiting in FY2022 did not have a pre-term birth.



79.2%

of pregnant people that give birth while enrolled in Home Visiting in FY2022 initiated breastfeeding with their newborn.

"I think Home Visiting is doing great, they always have a lot of resources, and I would recommend them. I just think Michigan is steering in the right direction. I love how parents are getting involved. Our voices are heard, and we're not looked down on as much. They're reducing the stigma, you know it's just great! I think they do good. I just wanted them to know that."

-A Home Visiting Parent



82.3%

of new pregnant people enrolled in Home Visiting in FY2022 received a postpartum visit referral.



98.1%

of families enrolled in Home Visiting in FY2022 did not experience any confirmed cases of child maltreatment during the year.

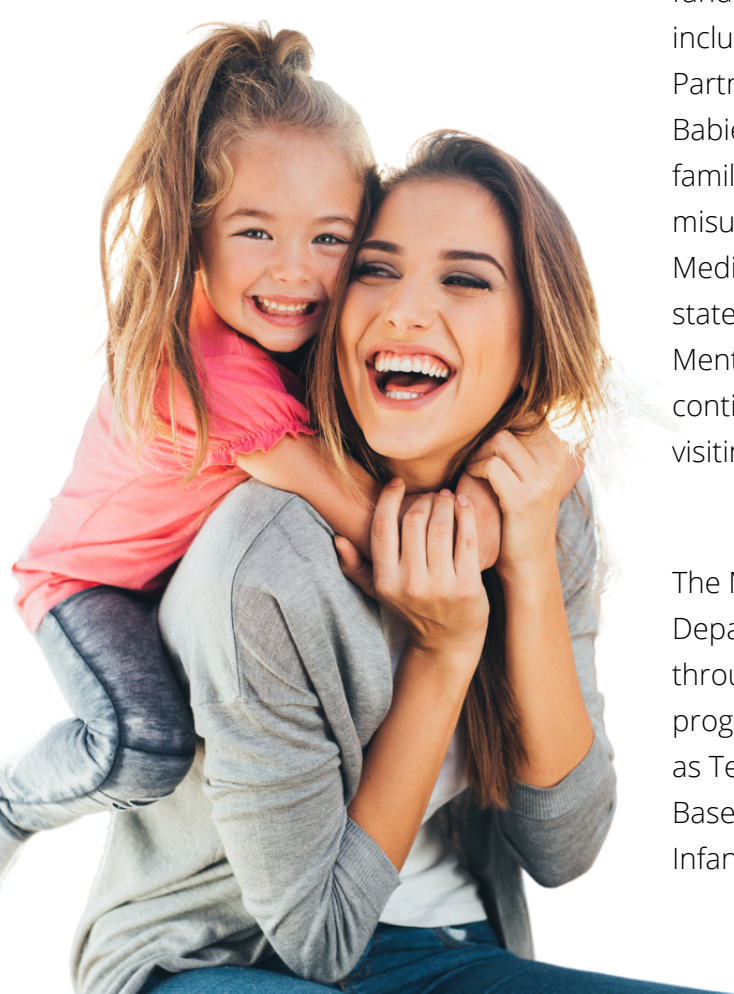


MICHIGAN'S HOME VISITING INVESTMENT

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 1 percent from private investment. Each of these investments includes 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 2022 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. Healthy Moms Healthy Babies funding has contributed to expanded programming for families impacted by the child welfare system and substance misuse. 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 (MHVI) continues to partner with community agencies to identify the home visiting model that best fits the needs of the community.

State School Aid

The Michigan 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 historically under-resourced communities 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 supports 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 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 use 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

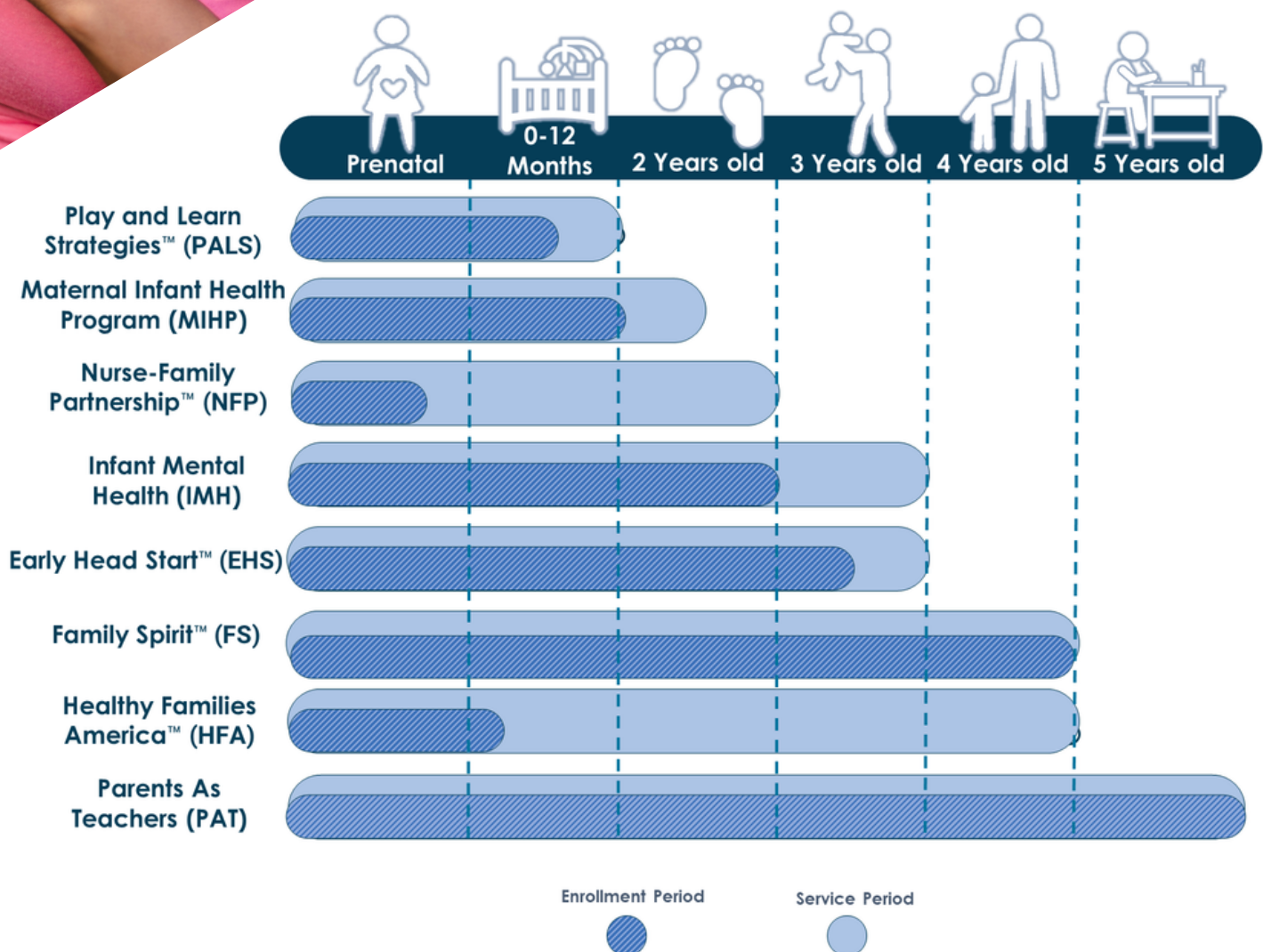
Children Trust Michigan (CTM)

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 III-FY 2022 Home Visiting Investment by Model and Source provides a more detailed look at the funding supporting evidence-based home visiting in Michigan.



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.



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

-A Home Visiting 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 opportunity 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 five and younger currently enrolled in programs were chosen in FY22 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 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.

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 informed the content of this report, suggesting that it speaks to the impact of the COVID-19 pandemic on families, includes a greater focus on family stories, and highlights how 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 the home visiting system.



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

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 2022 data in this report is coded to indicate progress:



Stability or improvement in this indicator



Minor decrease that is being monitored



Decrease that is being investigated

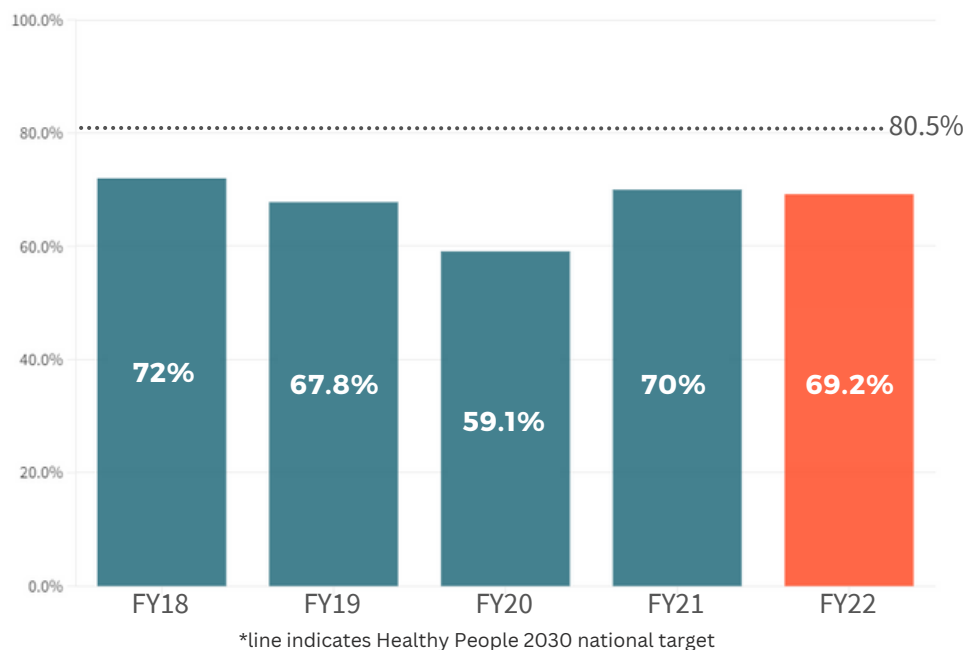
Healthy People 2030 sets national targets related to some of the indicators in this report. When available, those targets are noted as a **horizontal line marker**, to provide context on Michigan's indicator data. These national targets set a high bar and illustrate how the home visiting system is achieving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





ADEQUATE PRENATAL CARE

Prenatal care protects the health of pregnant people and infants. It reduces the 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 the 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.



"My home visitors let me know it was okay - it was normal to be concerned. They gave me the information to make sure I'm healthy along with information to keep my baby healthy"

- A Home Visiting Parent

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

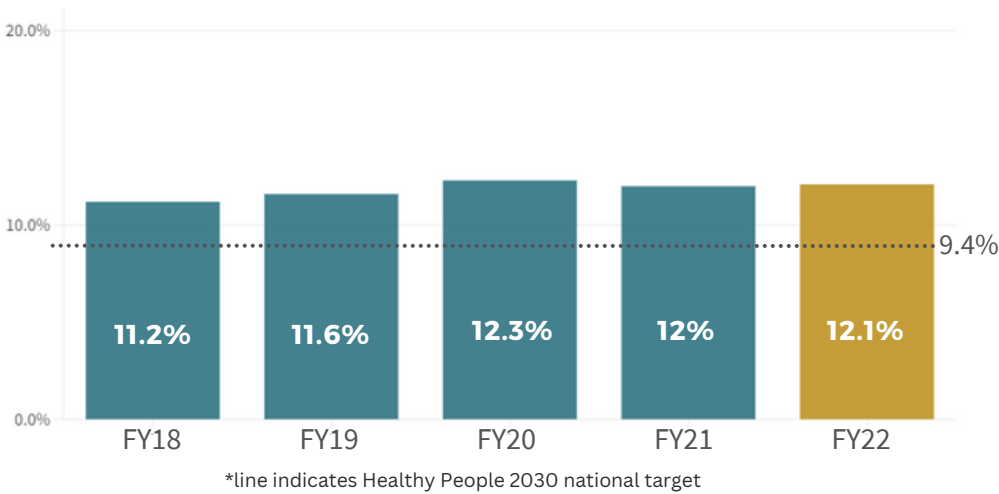
Calculation
$$\frac{\text{Number of women enrolled in home visiting during pregnancy who received "adequate" or "adequate plus" prenatal care}}{\text{Number of women enrolled in home visiting during pregnancy}}$$

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.



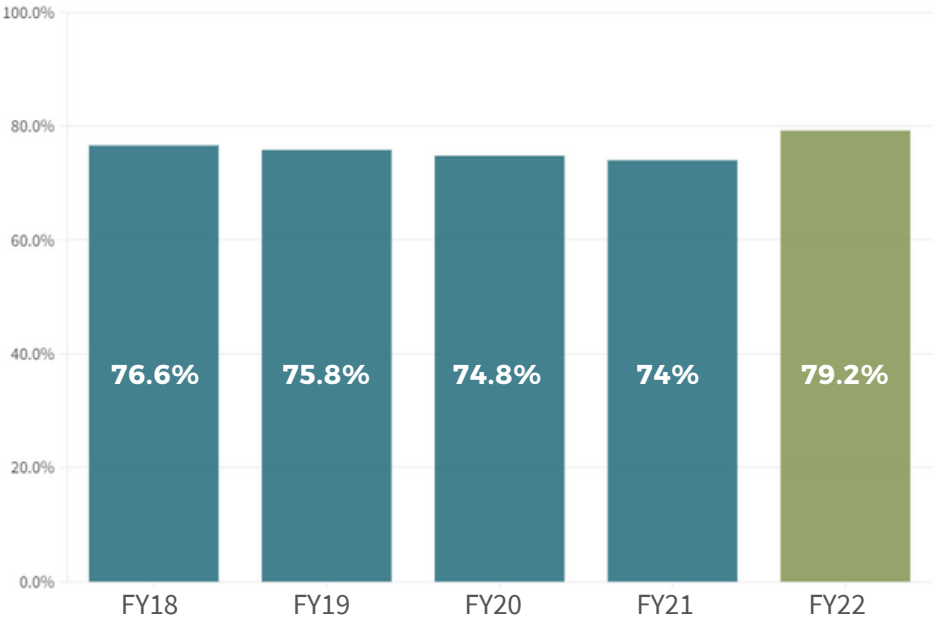
Definition	Calculation
Percent of women enrolled in home visiting services during pregnancy who have a preterm birth (<37 weeks gestation)	$\frac{\text{Number of women enrolled in home visiting during pregnancy who have a preterm birth (<37 weeks gestation)}}{\text{Number of women enrolled in home visiting during pregnancy}}$
Data Source	Vital Records
Models Reporting	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.

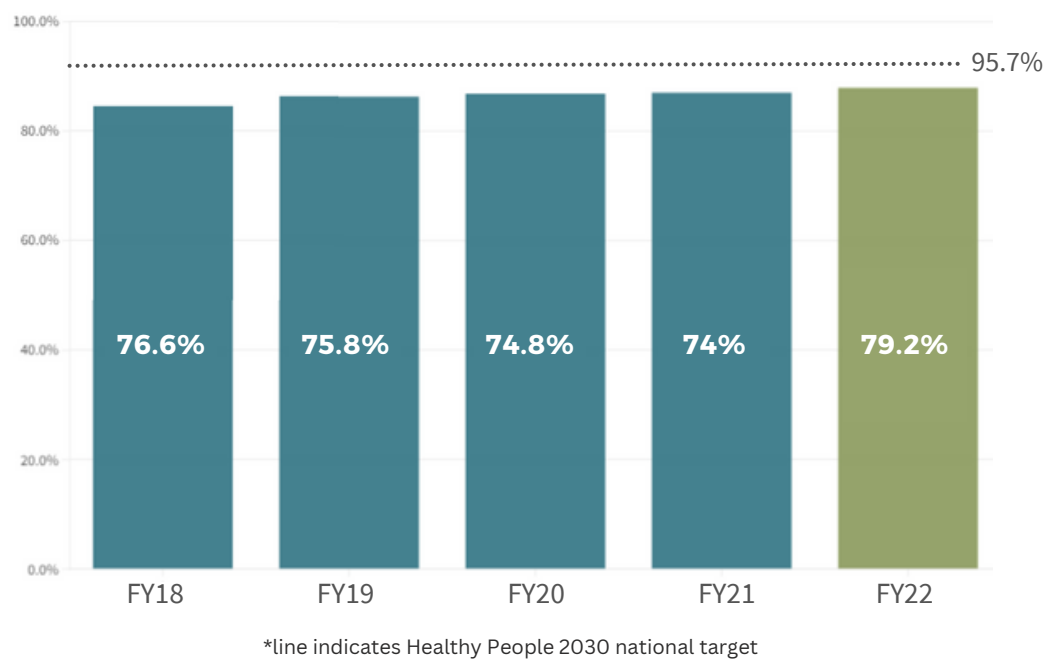


"My supply had slowed down, I had to leave my child at the NICU for a month, and my home visitor gave me information -- tools to help my supply. They gave me a lactation specialist to reach out to as well."
- A Home Visiting Parent

Definition	Calculation
Percent of women enrolled in home visiting services during pregnancy who initiate or plan to initiate breastfeeding	$\frac{\text{Number of women enrolled in home visiting during pregnancy who initiate or plan to initiate breastfeeding}}{\text{Number of women enrolled in home visiting during pregnancy}}$
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 of pregnancy complications including serious bleeding, premature birth, and 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 babies. Home visitors also offer support as women seek programs and services to help them quit smoking.



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	$\frac{\text{Number of women enrolled in home visiting for at least six months who were not using tobacco at six months or upon program exit}}{\text{Number of women enrolled in home visiting for six months}}$

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

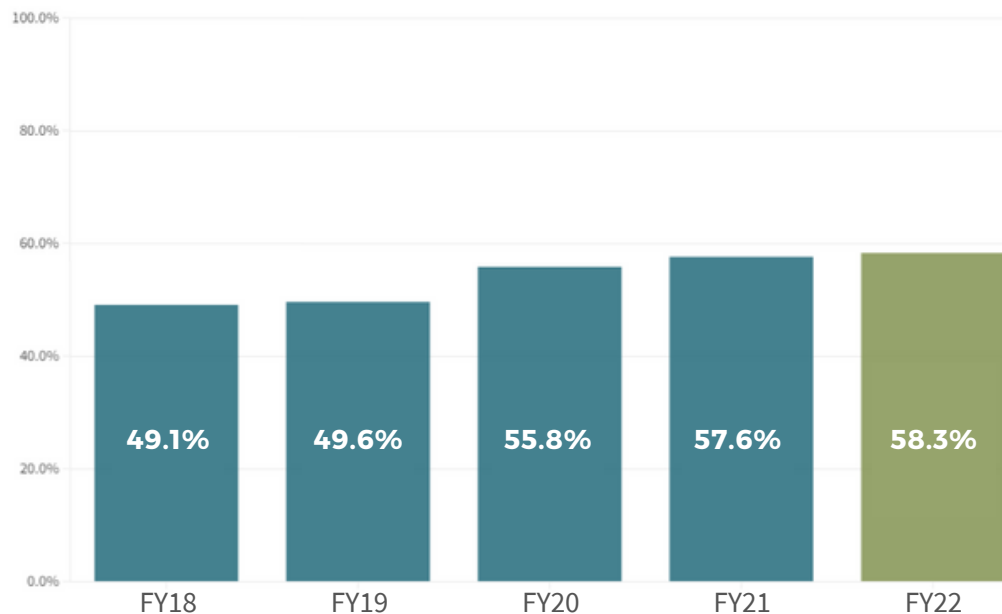


"I can say it was hard. I used to smoke every day. It was relieving stress, but I had to do it for my baby. I didn't want problems with my child, and I didn't want to go into labor early."
- A Home Visiting Parent



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.



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

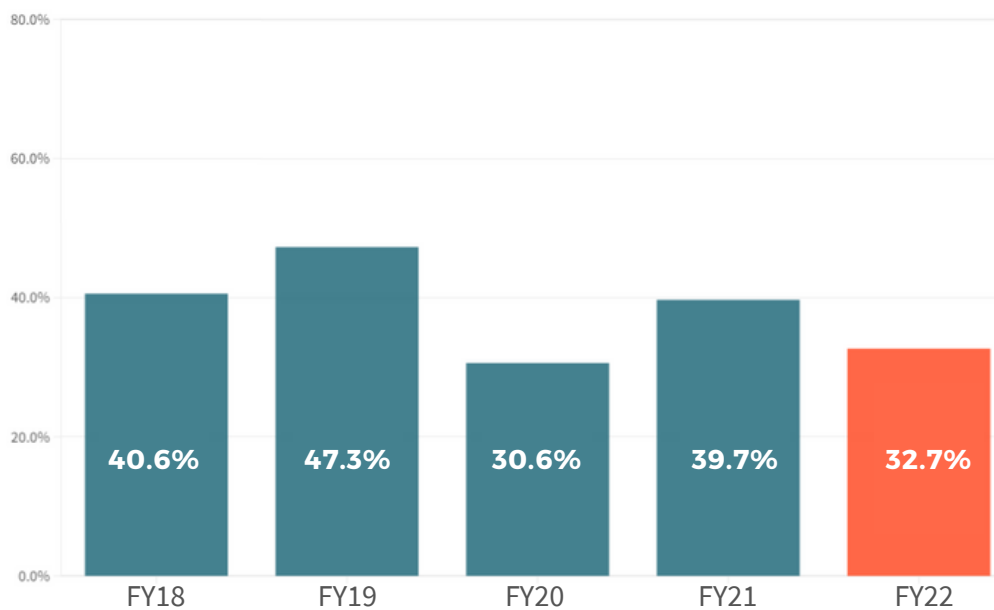
Note: A referral is considered to have occurred when program staff have indicated a need and provided appropriate information to the client for additional services outside the home visiting program.

"I'm feeling anxious now that she's home. Home Visiting helped by giving me information and a doctor to reach out to."
- A Home Visiting Parent



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 in 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.



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 FY2022

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

"It's not all about learning for your child, you're learning as well. You get a lot of benefits from it, and Home Visiting is here for you."

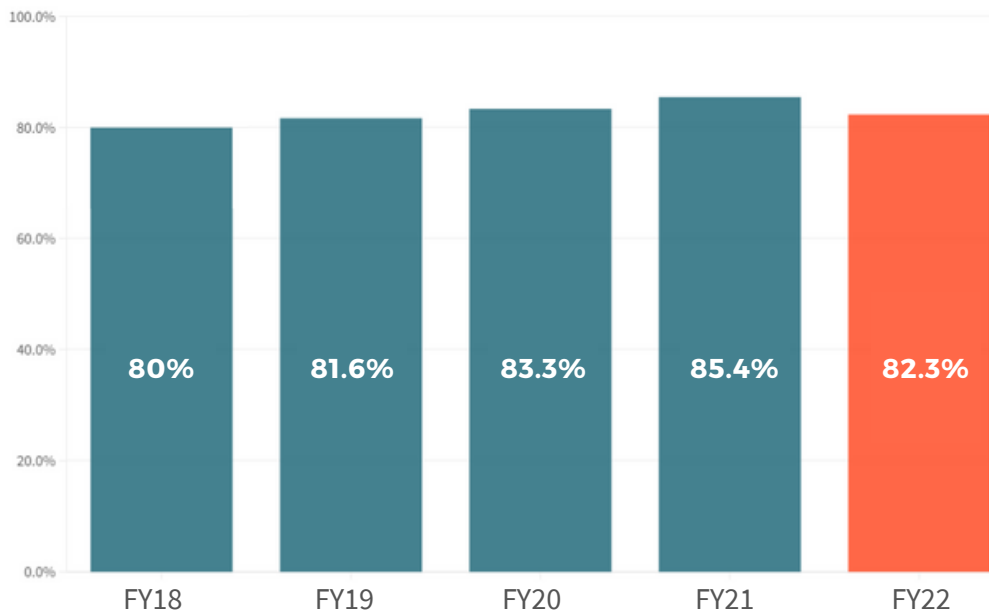
- A Home Visiting Parent





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 healthcare has been more limited.



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

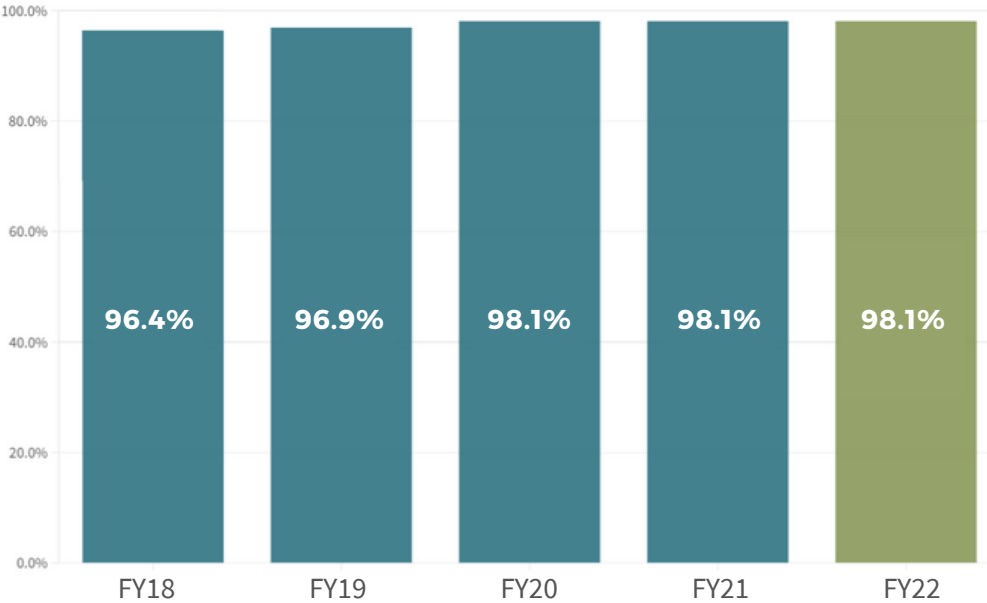
"It is always good to get outside help. I just wanted another outlook to help me with my child."

- A Home Visiting Parent



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
	$\frac{\text{Number of children who participate in home visiting without confirmed child maltreatment}}{\text{Number of children participating in home visiting}}$
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

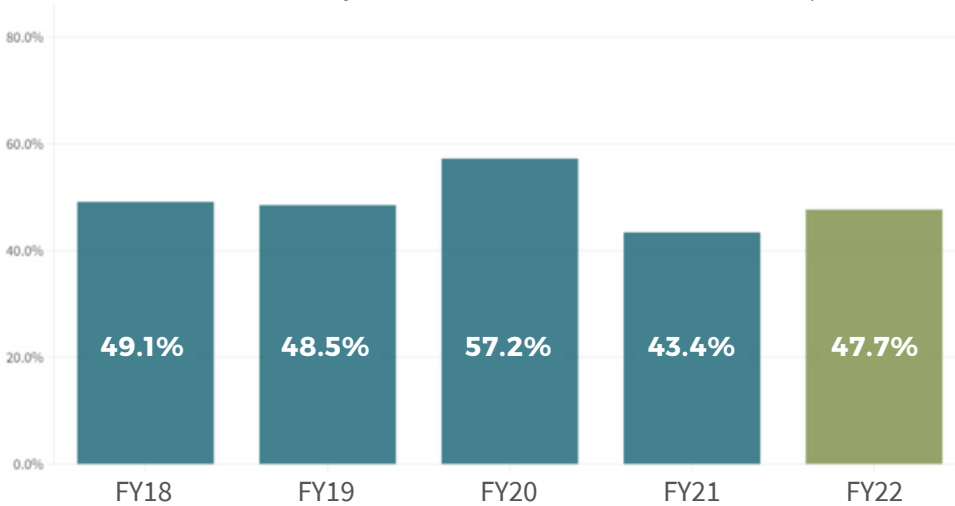




CHILD DEVELOPMENTAL REFERRAL

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 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.

"My Home Visitor talked about developmental screenings and I didn't know what that was, they had to break it down for me. We set up an appointment to screen at six months."
- A Home Visiting Parent



Calculation

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

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.

Home visitors in Michigan are a committed and passionate workforce. They support, encourage, and engage with families to understand the successes and challenges they experience. For this report, home visitors were asked to complete a survey about their experiences serving families and to share their joys and challenges experienced as home visitors.

In FY2022, home visitors continued to connect parents to resources such as breastfeeding support, employment programs, play groups, valuable community resources, and so much more.

Home visitors shared that they appreciate how they support parents to advocate for themselves and their children. They also appreciate being able to provide awareness and education about child development, parent child interaction, and how to facilitate learning. Observing nurturing parent child relationships or watching a child's development change week to week and month to month has been extremely valuable to home visitors.

The use of virtual visits was prominent in 2022 with many families continuing to prefer a virtual visit over an in-person visit. Home visitors have mixed feelings about telehealth, valuing being able to meet the needs of families and desiring to capture the benefits that in-person visits can bring. Home visitors utilized innovations such as community visits and parent-child based activities as a way to increase engagement with in-person visits.

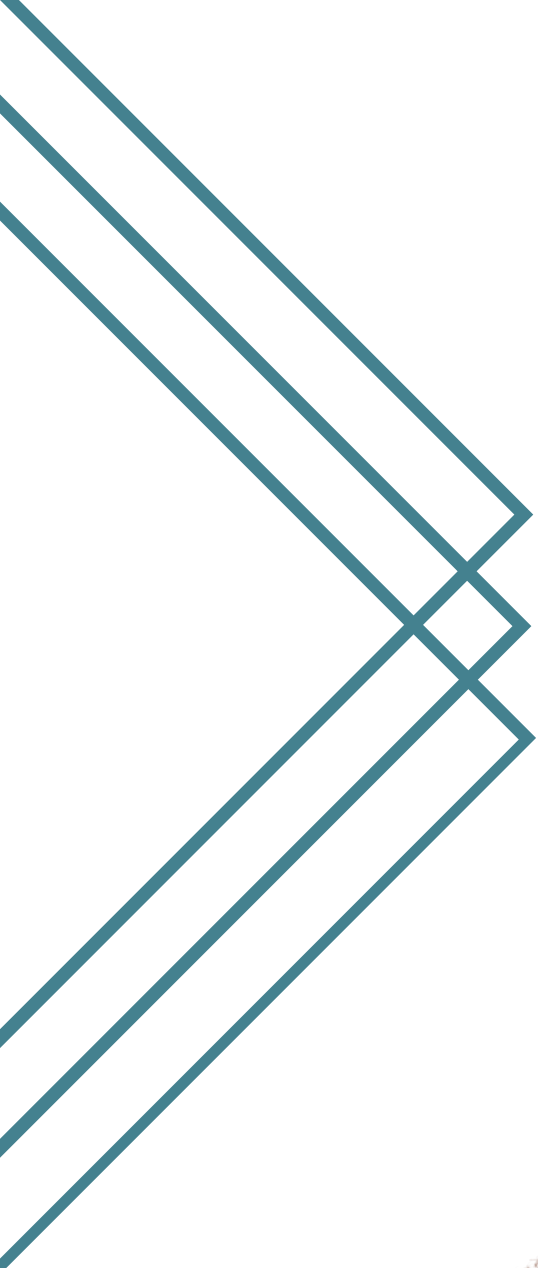
Home visitors expressed challenges. Families are living with circumstances that impact how they engage or participate in visits. Home visitors stated they remain committed to working with families as best they can. Some home visitors send thinking of you notes, books, or other materials to families who have more difficulty engaging. Home visitors write grants to obtain materials they can provide to families that support efforts such as infants safely sleeping. Home visitors, many going above and beyond scheduled hours, are invested in ensuring families receive services they desire.

Low wages was noted as a concern by nearly all respondents no matter the model they were implementing. Home visitors also expressed a desire for increased professional development opportunities, statewide awareness of home visiting as a service, and resources that address the social determinants of health.

Home visitors clearly stated they enjoy their work and profession. They celebrate all that families are able to accomplish and are happy to be a part of a family's journey.

HOME VISITING CELEBRATION





"It was great! It was amazing. It was another support person."

-A Home Visiting Parent

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

APPENDICES

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 FY2022 State Budget Home Visiting Investment by Model and Fund Source



SERVICE STATISTICS

Total Home Visits	157,712
Total Families Served	20,603
Total Children Served	16,794
Total Women Served	13,131
Pregnant Women	9,119

HOUSEHOLD DEMOGRAPHIC

CHARACTERISTICS

	N	%
Federal Poverty Level:	20,603	100%
<=50%	11,431	55.5%
51-100%	3,421	16.6%
101-133%	1,979	9.6%
134-250%	2,625	12.7%
251%+	683	3.3%
Unknown	464	2.3%

CHILD DEMOGRAPHIC

CHARACTERISTICS

	N	%
Insurance:	16,794	100%
None	152	0.9%
Medicaid	16,006	95.3%
TRICARE	6	0.0%
Private/Other	342	2.1%
Unknown	288	1.7%
Ethnicity:	16,794	100%
Hispanic	1,602	9.5%
Not Hispanic	14,836	88.4%
Unknown	356	2.1%
Race:	16,794	100%
Amerian Indian/AN	339	2.0%
Asian	332	2.0%
Black	5,652	33.7%
Native Hawaiian/PI	15	0.1%
White	7,682	45.7%
Multiple Races	508	3.0%
Unknown	2,266	13.5%
Age:	16,794	100%
< 1 Year	9,385	55.8%
1-2 Years	5,854	34.9%
3-5 Years	1,540	9.2%
Unknown	15	0.1%
Gender:	16,794	100%
Female	8,304	49.5%
Male	8,471	50.4%
Unknown	19	0.1%

MATERNAL DEMOGRAPHIC

CHARACTERISTICS

	N	%
Insurance:	13,121	100%
None	87	0.7%
Medicaid	12,164	92.7%
TRICARE	*	*
Private/Other	585	4.5%
Unknown	281	2.1%
Ethnicity:	13,121	100%
Hispanic	1,322	10.1%
Not Hispanic	11,523	87.8%
Unknown	276	2.1%
Race:	13,121	100%
American Indian/AN	325	2.5%
Asian	286	2.2%
Black	5,267	40.1%
Native Hawaiian/PI	17	0.1%
White	6,343	48.3%
Multiple Races	202	1.6%
Unknown	681	5.2%
Marital Status:	13,121	100%
Married	3,326	25.4%
Widowed	18	0.1%
Separated	157	1.2%
Divorced	266	2.0%
Never Married	9,124	69.5%
Unknown	230	1.8%
Education:	13,121	100%
< High School	2,819	21.5%
HS Diploma/GED	7,780	59.3%
Some College/Tech	1,524	11.6%
Bachelor's Degree +	837	6.4%
Other	*	*
Unknown	157	1.2%
Age:	13,121	100%
< 18 Years	364	2.8%
18-19 Years	846	6.4%
20-24 Years	3,709	28.3%
25-29 Years	3,844	29.3%
30-34 Years	2,777	21.2%
35-44 Years	1,456	11.1%
45 + Years	53	0.4%
Unknown	72	0.5%
Primary Language:	13,121	100%
English	11,663	88.9%
Spanish	354	2.7%
Arabic	197	1.5%
Other	210	1.6%
Unknown	697	5.3%

Number of Unique Home Visiting Program Models*

- 2
- 3
- 4
- 5
- 6
- 7

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

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			1	4	4
Charlevoix		1	1	1	1				4	4
Cheboygan				1	1			1	3	3
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				2	7	1		1	11	4
Gladwin				1	1				2	2
Gogebic			1	1	1				3	3
Grand Traverse		1	1	1	1				4	4
Gratiot				1	1				2	2
Hillsdale				1	4			1	6	3
Houghton			1	1	2				4	3
Huron				1	1				2	2
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

County	EHS	FS	HFA	IMH	MIHP	NFP	PALS	PAT	Grand Total	Unique Program Models
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			2	1	3				6	3
Luce		1	1	1	1			1	5	5
Mackinac		1	1	1	1			1	5	5
Macomb				1	27	1		1	30	4
Manistee		2	1	1	1				5	4
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			2	1	1			1	5	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		6	49	5
Wexford		1	2	1	1			1	6	5
Grand Total	5	24	44	95	216	10	1	41	436	

Home Visiting Model	Funding Source	Federal Funding	State Funding	Private Funding
Early Head Start (EHS-HV) (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.)	MIECHV	\$788,009		
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$429,181	
Healthy Families America (HFA)	MIECHV	\$2,337,647		
	Title IV-E	\$35,455		
	CBCAP	\$30,883		
	CTF (License plates, donations, tax check off, etc.)			\$70,706
	State General Fund		\$3,313,063	
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$265,614	
Maternal Infant Health Program (MIHP)	Medicaid	\$7,051,965	\$2,566,394	
Nurse Family Partnership (NFP)	MIECHV	\$2,240,200		
	Medicaid	\$490,394	\$737,394	
	State General Fund		\$3,096,718	
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$162,885	
Parents as Teachers (PAT)	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$3,200,914	
	CBCAP	\$152,000		
	CTF (License plates, donations, tax check off, etc.)			\$348,000
	Title IV-E	\$22,876		
	State General Fund		\$651,950	
Family Spirit (FS) (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		\$462,864	
Infant Mental Health (IMH)	Medicaid	\$7,393,341		
	State General Fund		\$2,921,029	
Play and Learning Strategies (PALS) (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		\$178,906	
All Models	All sources: \$38,948,388	\$20,542,770	\$17,986,912	\$418,706



MICHIGAN

HOME VISITING REPORT

www.Michigan.gov/HomeVisiting