

2019 MICHIGAN HOME VISITING REPORT

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2019

a year's overview

INTRODUCTION

“When I first began Home Visiting, I was being evicted from my home of 17 years and had so many past due bills I didn’t know where to begin. During this time, while caring for my teenage son, I unexpectedly found out I was pregnant and had my sweet baby boy during the midst of all this. My home visitor came every week then and still comes every week now. She helped me to overcome some of my huge barriers and understand the importance of caring for myself in order to care for my baby.”

A parent enrolled in Michigan Home Visiting.

Home visiting programs equip pregnant and parenting families with tools to have a healthy pregnancy and a healthy and happy family. Through trusting relationships, parents share concerns and needs with their home visitor who serves as a connection to the wider community, providing a link to resources and services. Home visiting programs adapt to the needs of families and are guided by the goals and ambitions of the families they serve.

Home visiting in Michigan includes a broad spectrum of possible program options for families, with room for growth and continued coordination to ensure families are connected to the program that best fits their needs, in the right place, at the right time.

The FY2019 Report Will



Reflect reporting for program and administrative data as currently available.



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



Reflect funding for all state funded programs.



Highlight family experience of home visiting in Michigan.

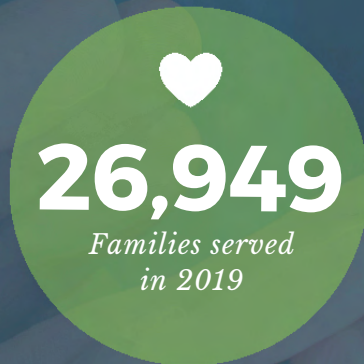


Executive Summary

Public Act 291

Strength of Michigan Home Visiting FY19

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 five years old.



*"I joined home visiting because I liked the idea of having a nurse come to my home and give me information on pregnancy and baby care, and my sister recommended the program. I liked building a relationship with my nurse. It's like a therapy session. I love the fact that I can vent, and how the nurse is always interested in my goals and personal life and my child's. I always recommend home visiting to other parents because I love the program."
A parent enrolled in Michigan Home Visiting*

Michigan's Home Visiting Continuum

Not every family needs the same type of supports - that's why there are currently eight home visiting models serving Michigan families. Seven are evidence-based and one is considered a promising practice.

- Early Head Start Home Based
- Family Spirit
- Healthy Families America
- Infant Mental Health (Promising Practice)
- Maternal Infant Health Program
- Nurse Family Partnership
- Parents as Teachers
- Play and Learning Strategies Infant

The Demographics of Home Visiting Families

Income of Families Enrolled in Home Visiting in FY2019



60.6% of families enrolled in a Home Visiting Program that earn less than 50% of the federal poverty level. This translates to: **Under \$13,100** annually for a family of four.

18.6% of families enrolled in a Home Visiting Program that earn 50-100% of the federal poverty level. This translates to: **\$13,101 - \$26,200** annually for a family of four.

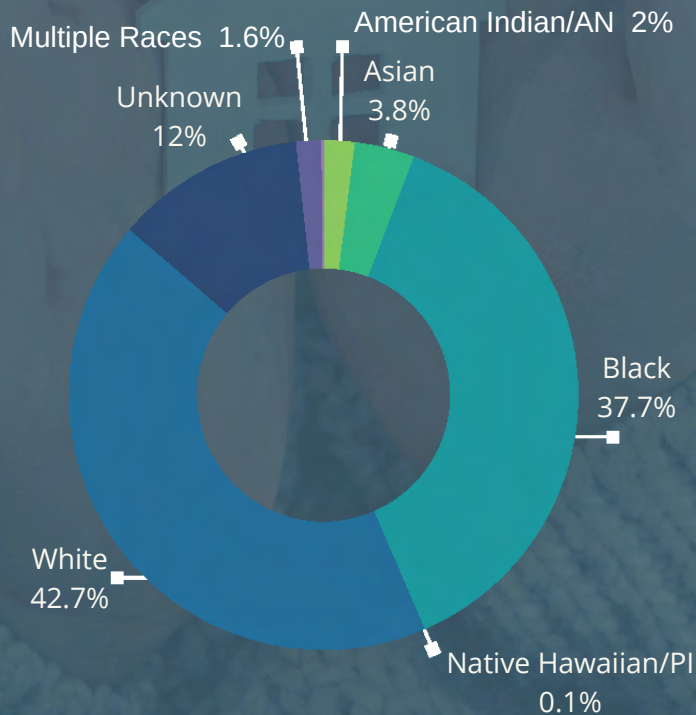
8.8% of families enrolled in a Home Visiting Program that earn 101-133% of the federal poverty level. This translates to: **\$26,201 - \$34,248** annually for a family of four.

4.8% of families enrolled in a Home Visiting Program that earn 134-250% of the federal poverty level. This translates to: **\$34,249 - \$64,375** annually for a family of four.

Less than 3% of families enrolled in a Home Visiting Program that earn more than 250% of the federal poverty level. This translates to: **More than \$64,375** annually for a family of four.

4.7% of families enrolled in a Home Visiting Program did not have their income recorded.

Diversity of Families Enrolled in Home Visiting in FY2019





88.4%

Of pregnant mothers enrolled in Home Visiting in FY2019 did not have a pre-term birth



75.8%

Of mothers that give birth while enrolled in Home Visiting in FY2019 initiated breastfeeding with their newborn

"My home visitor comes every week to check on how me and the baby are doing, and we work on so many things together. My home visitor has helped me to better understand healthy versus unhealthy relationships and making good choices. My home visitor has helped me understand that I am capable of more than I think I am. We talk about my son's development and all the new and fun things he is doing now being one years old. We think about different things together about taking care of my child and this is helpful. We work together as a team and I am thankful for my home visitor. My home visitor has never given up on me and my baby!"

A parent enrolled in home visiting



81.6%

Of new mothers enrolled in Home Visiting in FY2019 received a postpartum visit referral



96.9%

Of families enrolled in Home Visiting in FY2019 did not experience any confirmed cases of child maltreatment during this year

MICHIGAN'S INVESTMENT IN HOME VISITING

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

Michigan provides direct support to Nurse-Family Partnership (NFP) programs through MDHHS General Fund appropriations. In addition, the Legislature continues to support rural evidence-based home visiting and appropriated additional state funds for home visiting programs in FY19. The Michigan Home Visiting Initiative continues to partner with community agencies to identify the model that best fits the needs of the community that will be supported with state funding. In addition, 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. General Fund dollars are also used to support an NFP and PAT program in Flint, Michigan.

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. The Children's Trust Fund (CTF) is the entity designated to apply for, receive, and distribute these funds in Michigan (CAPTA Title II Funds).

Medicaid

Medicaid funds are also used 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's Trust Fund (CTF)

The Michigan Children's Trust Fund 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's Trust Fund dollars support Parents as Teachers and Healthy Families America home visiting programs. Appendix III-FY 2019 Home Visiting Investment by Model and Source provides a more detailed look at the funding supporting evidence-based home visiting in Michigan.

MICHIGAN'S HOME VISITING ADVISORY

The Home Visiting Advisory Committee (HV Advisory) was established in 2019 by mutual agreement of the Michigan Department of Health and Human Services and Michigan Department of Education, along with home visiting stakeholders.

The purpose of the Advisory is to support efficient and effective operations that result in change, improvement, and impact on home visiting and the home visiting system. Additionally, the Advisory 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 Advisory began meeting in March of 2019.

Accomplishments during the first year include:

- Developing Operating Guidelines
- Convening quarterly meetings
- Developing a Vision, Purpose (mission) Statement, and adopting a set of Guiding Principles
- Convening a subcommittee to focus on professional development and core knowledge/competencies for home visitors, across home visiting models

The Advisory is composed of parents who have participated in home visiting programs, local home visiting program staff and supervisors, agency and state-level leaders, and other stakeholders including advocates, members of local home visiting coordinating bodies, and Home Visiting model representatives.

HOME VISITING ADVISORY COMMENTARY

Members of the Home Visiting Advisory were asked to offer their thoughts and comments about serving on the committee. Some of their responses are below.



What has the Advisory accomplished in its first year?

- "The Advisory brought key players to the table, increased the overall understanding of Home Visiting programs, and set a good course for continued success."
- "It provided a structure to discuss common needs, concerns, and to strategize with a view toward what is best for the State as a whole while keeping in mind the perspectives of Michigan's diverse communities and geographic areas."

What are you most excited about?

- "I am most excited about building the voices of local program staff and families into state-level decision making system building."
- "Authentically involving families in the process"
- "Strengthening the recognition of home visiting as a highly-effective strategy to address health, social and educational disparities."

What has been the most valuable thing about the Advisory?










- "Bringing everyone together - including parents and home visitors - and allowing everyone to have an equal voice."
- "Coming together with others that see the value and potential in home visiting."

What differences will the Advisory make going forward?

- "Having a multidisciplinary, cross-system, and parent-informed Advisory to inform Michigan's Home Visiting system will strengthen the system and future decisions/expansion to better serve communities and families."
- "Supporting and securing the place of Home Visiting in the array of basic services acknowledged as essential for every community."




OUTCOMES

Michigan is committed to understanding, evaluating, and improving our home visiting efforts. To do this, state-funded home visiting programs assess 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 outcome measures, we can identify where program improvements should be made and quantify the impact home visiting has on children and families across our state.

MHVI Fiscal Year 19 data in this report is coded to indicate progress:

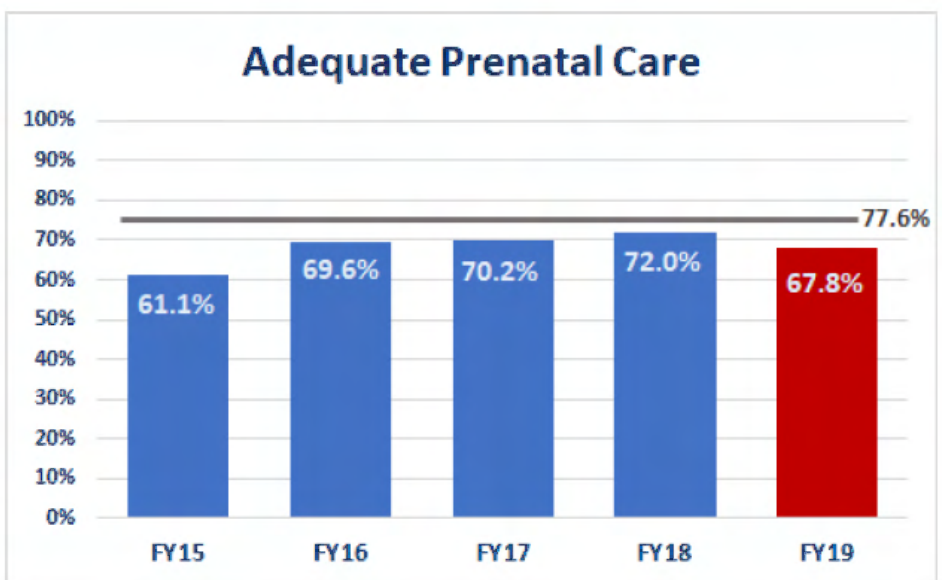
-  Improvement in this indicator
-  Monitor due to slight increase/decline
-  Decrease that is being investigated

Healthy People 2020 national target data has been included, where available as a **line** across the chart, to provide context on Michigan's indicator data. Michigan is aligning well with these national targets and the home visiting system is continuing to improve quality and services to families in Michigan to achieve positive outcomes.



ADEQUATE PRENATAL CARE

Prenatal care can reduce the risk of infant health problems such as low birth weight and cognitive impairments, and can assist in addressing chronic health conditions for mothers and link them to medical care. All women are encouraged to begin prenatal care early (ideally in the first or second month of pregnancy) and continue prenatal visits regularly until delivery. Home visitors emphasize the importance of prenatal care and help resolve barriers to accessing care. The percentage of women enrolled in home visiting that received access to adequate prenatal care increased steadily from FY2016 until FY2018, but fell in FY2019.



Line indicates Healthy People 2020 national target

Calculation

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

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

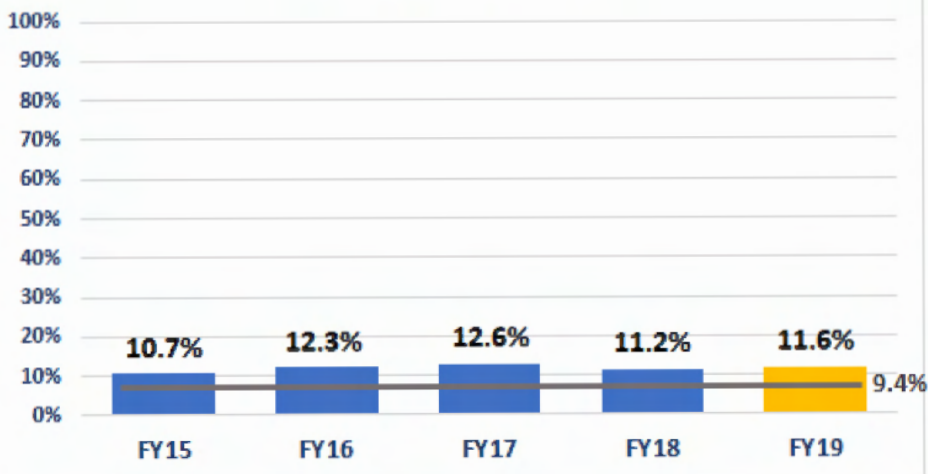
Note: Adequate or adequate plus prenatal care is defined as a woman who begins prenatal care by the fourth month of pregnancy and receives 80 percent or more of the expected visits

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. For example 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 / structural racism. Pregnant women and their home visitors review strategies for healthy eating, exercise, avoiding exposure to substances, and reducing stress; it is also important to understand that an individual's choices are not the leading cause of pre-term births. The number of preterm births has stayed mostly steady since FY2016 but is still being monitored.



Preterm Births



Line indicates Healthy People 2020 national target

Calculation

Percent of women enrolled in home visiting services during pregnancy who have a preterm birth (<37 weeks gestation)

Number of women enrolled in home visiting services during pregnancy who have a preterm birth (<37 weeks gestation)

Number of women enrolled in home visiting during pregnancy

Data Source

Vital Records

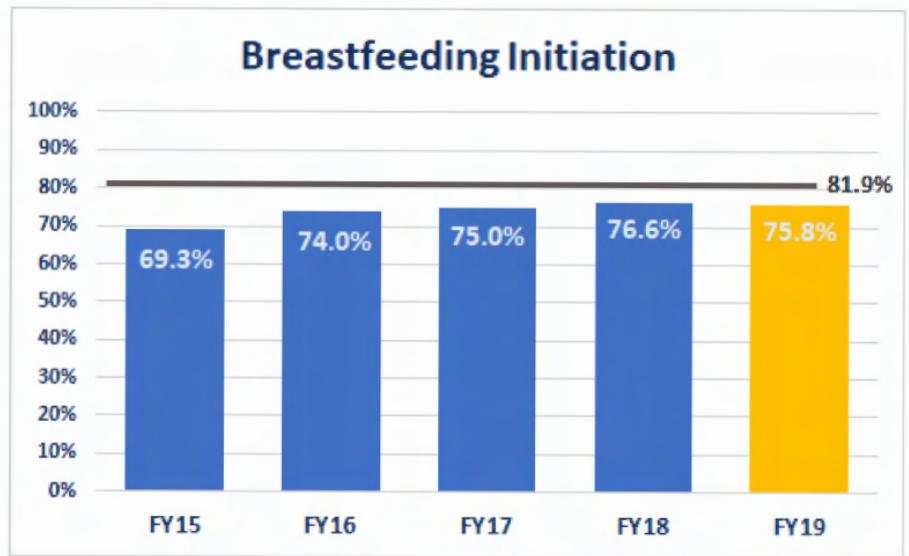
Models Reporting

FS, MIHP, EHS-HB, NFP, HFA



BREASTFEEDING INITIATION

Evidence shows that breastfeeding provides strong support for healthy infant development and protects infants from common childhood illnesses. In addition, children experience long-term benefits, such as reduced risk for obesity and type-2 diabetes. Home visitors provide education and promote breastfeeding before and after delivery. After delivery, home visitors support mothers through regular discussions about breastfeeding and provide referrals for lactation support, when needed. The number of mothers initiating breastfeeding while enrolled in home visiting has taken a small dip in FY2019 and is being monitored.



Line indicates Healthy People 2020 national target

Calculation

Percent of women enrolled in home visiting services during pregnancy who initiate breastfeeding

$$\frac{\text{Number of women enrolled in home visiting services during pregnancy who initiated breastfeeding}}{\text{Number of women enrolled in home visiting during pregnancy}}$$

Number of women enrolled in home visiting during pregnancy

Data Source

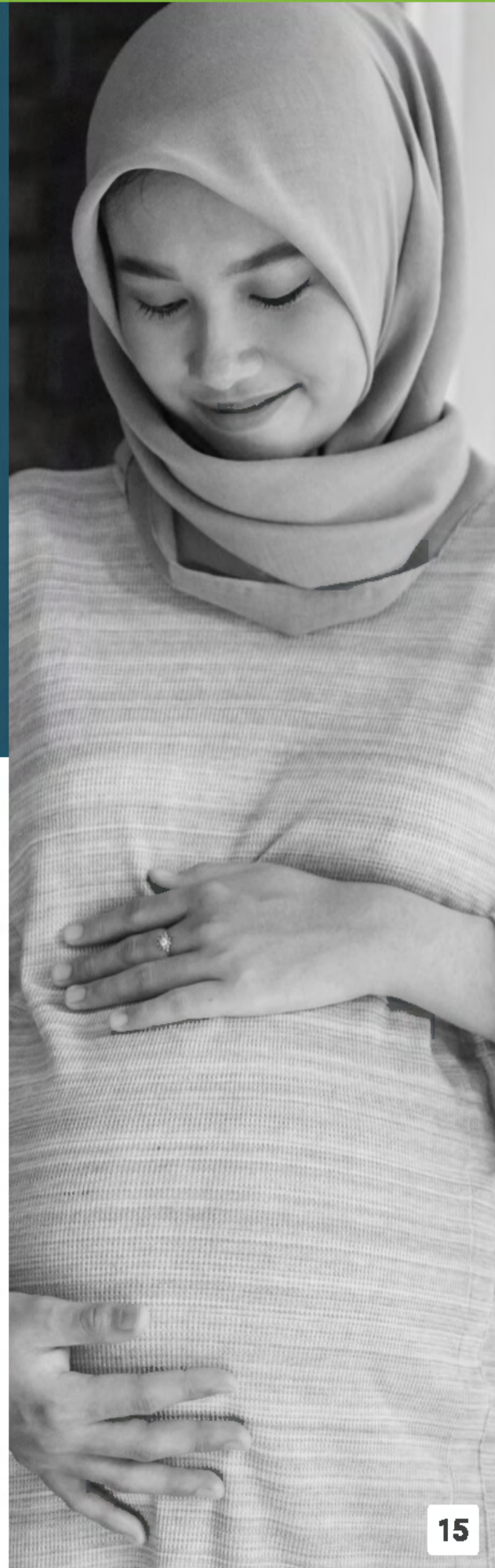
Vital Records

Models Reporting

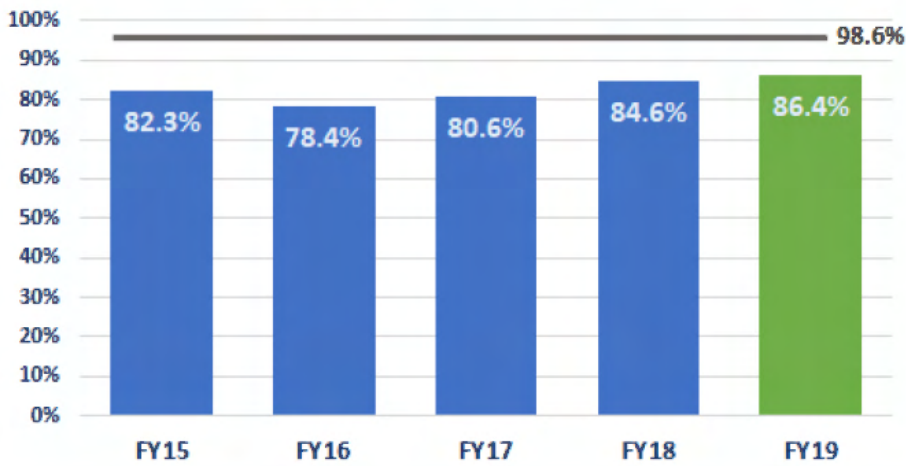
FS, MIHP, EHS-HB, NFP, HFA

MATERNAL TOBACCO ABSTINENCE

Smoking during pregnancy remains one of the most common preventable causes of infant disease, illness, injury, and death. Maternal cigarette smoking during pregnancy increases the risk for pregnancy complications, including serious bleeding and premature birth, as well as increased risk for sudden unexplained death after a baby is born. Home visitors encourage women to quit, reduce, and/or avoid being around smoking during and after pregnancy and connect women with programs and services to help them quit smoking. The percentage of women enrolled in home visiting for at least six months who were not using tobacco or smoking at six months post-enrollment (or at program exit) has increased each year since 2016.



Tobacco Abstinence



Line indicates Healthy People 2020 national target

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 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 six months

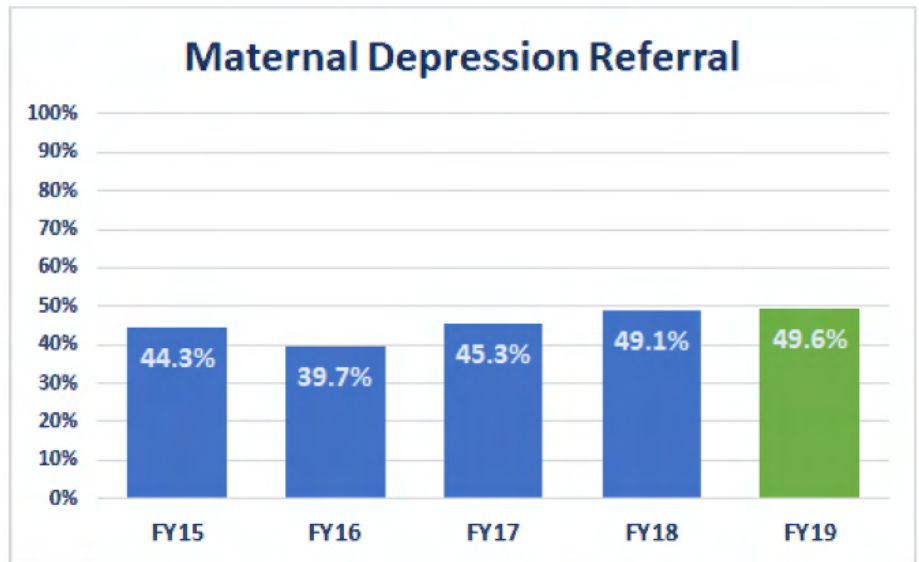
Data Source
Program Data

Models Reporting
MIHP, EHS-HB, NFP, HFA



MATERNAL DEPRESSION REFERRAL

Untreated depression during pregnancy can lead to premature birth, low birth weight of the baby, or other issues depending on the severity of the depression. Children whose mothers are depressed are at increased risk for difficulties with attachment and other long-term social-emotional effects, including difficulties in school. 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. The percentage of women enrolled in home visiting who received a referral based on a depression screening has increased each year since 2016.



Calculation

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

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

Data Source

Program Data

Models Reporting

FS, MIHP, EHS-HB, NFP, HFA, PAT

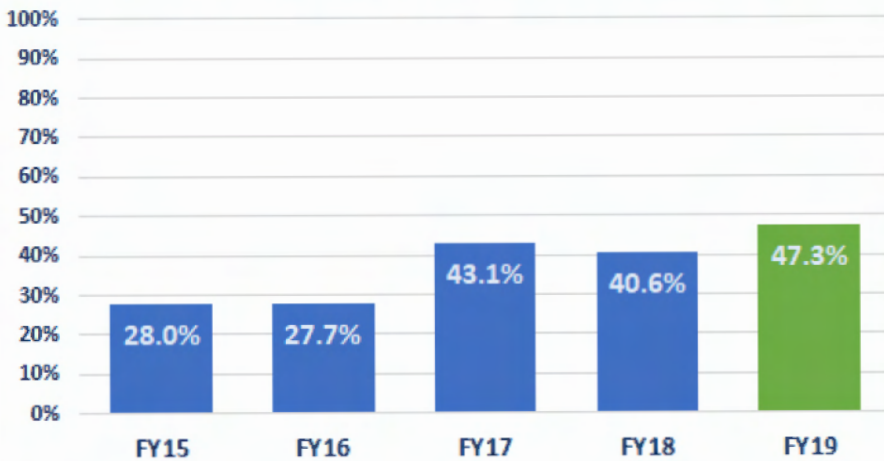
Note: A referral is considered to have occurred when program staff have identified a need and provided appropriate information to the client for additional services outside the home visitation program.

MATERNAL HIGH SCHOOL COMPLETION

Young mothers can face significant barriers to completing their education, including access to quality childcare, lack of stable housing, working during school hours, social stigma, and wanting time with their children. Earning a high school diploma increases a mother’s ability to be economically self-sufficient by increasing access to better paying jobs and pursuing higher education. Home visitors work with women to overcome the challenges to school completion. A goal for home visiting programs is to see an increase in the percentage of women enrolled in or completing a high school diploma or the equivalent. The percentage of women enrolled in home visiting who made progress toward or completed a high school diploma or GED increased in 2019.



Maternal High School Completion



Calculation

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 FY 2018

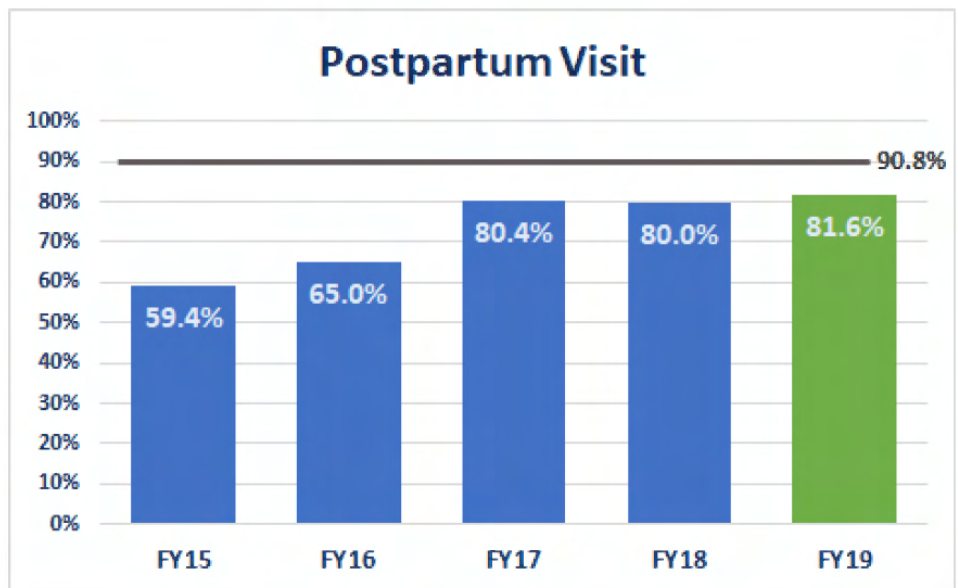
Number of women enrolled in home visiting program without a high school diploma or GED certificate who are either still enrolled in school or GED program or who have successfully completed high school or received a GED certificate

Number of women who enter a home visiting program without a high school diploma or GED completion



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 physical complications due to delivery, provide breastfeeding support, answer questions about infant health and safety, evaluate mental well-being, and discuss planning any future pregnancies. Home visitors encourage women to follow up with their doctor and work to increase the number of women who receive postpartum care. Home visitors can also help women identify and address barriers to attending a postpartum visit. The percentage of women enrolled in home visiting who received a postpartum visit with a health provider within two months (60 days) following birth has increased since 2018.



Line indicates Healthy People 2020 national target

Calculation

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

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) postpartum

Data Source

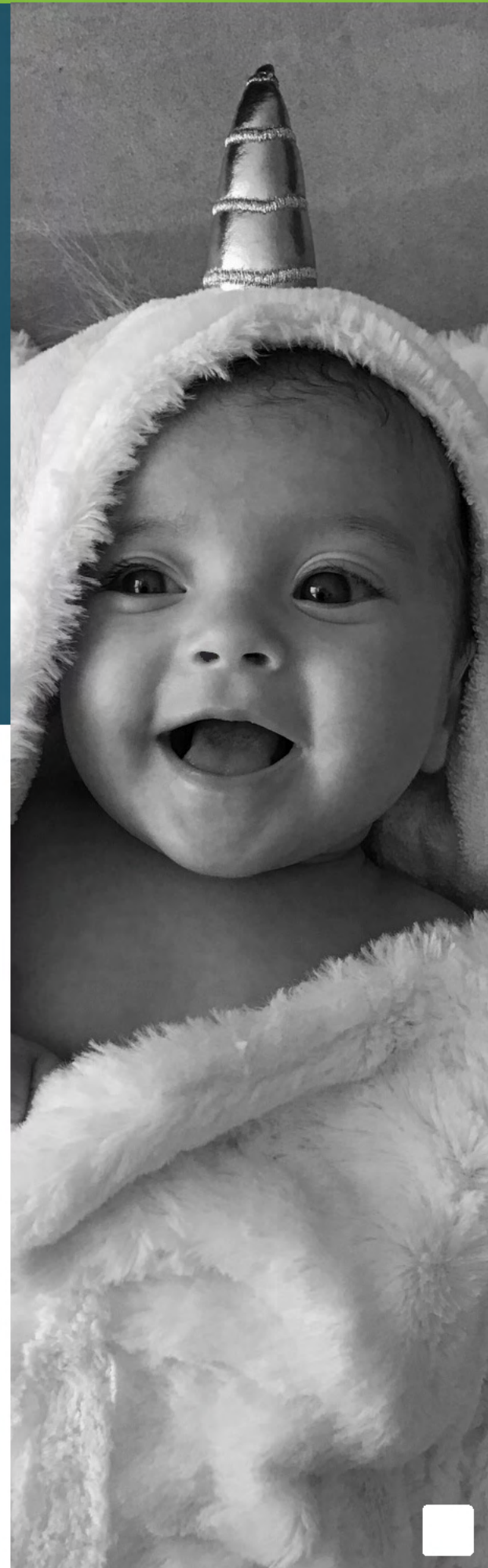
Program Data, Managed Care Encounter, Fee for Service Claim Data

Models Reporting

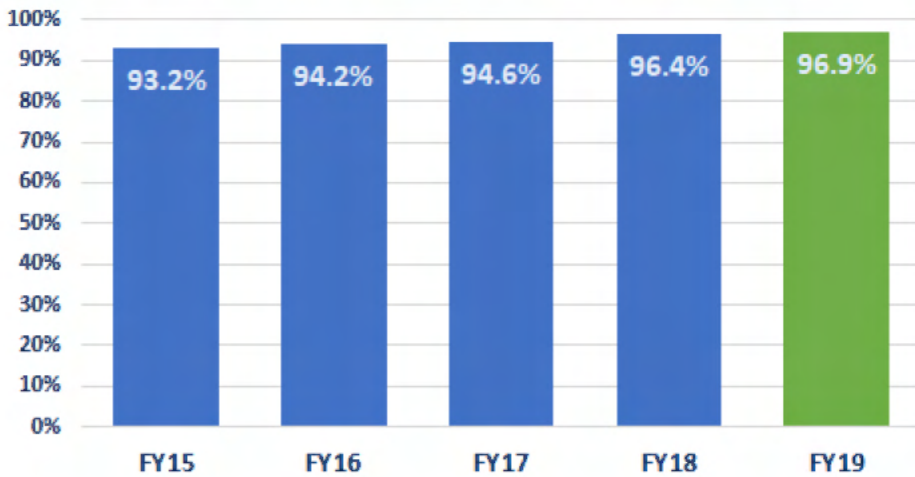
MIHP, EHS-HB, NFP, HFA

FAMILIES WITHOUT CHILD MALTREATMENT

Child maltreatment is the abuse and neglect of a child under the age of 18 by a parent, caregiver, or another individual in a custodial role. Child maltreatment includes physical, sexual, and emotional abuse, as well as neglect. Home visitors work with families to promote positive parenting practices and prevent child maltreatment. They also work closely with mothers and caregivers to reduce family stress and increase social supports. Both strategies impact the home environment and can assist in the prevention of child abuse or neglect. The percentage of children in families who participated in home visiting for at least six months during fiscal year 19, without confirmed child maltreatment, increased from 2018 to 2019.



Families Without Child Maltreatment



Calculation

Percent of children enrolled in home visiting without confirmed child maltreatment

Number of children who participated in home visiting without confirmed child maltreatment

Number of children participating in home visiting

Data Source

Children’s Protective Services

Models Reporting

MHP, EHS-HB, NFP, HFA, PAT, FS

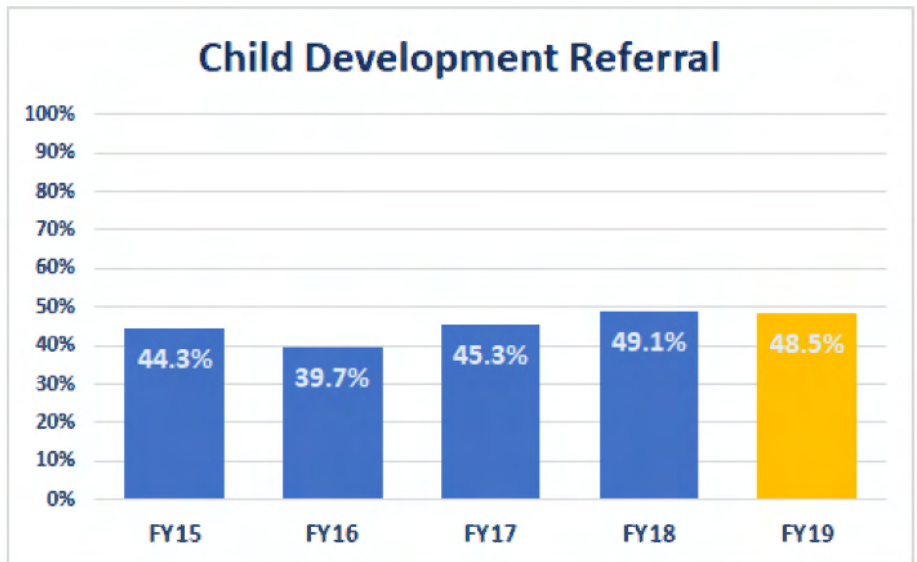
Note: Confirmed child maltreatment is defined as substantiated Category I and II maltreatment as investigated and confirmed by Child Protective Services.





CHILD DEVELOPMENT REFERRAL

Developmental screening provides the best opportunity to identify children with potential delays early and connect them to intervention services. Home visitors 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. Home Visitors also make referrals for other community services, such as *Early On*®, when there are questions or concerns about a child’s development. The percentage of children participating in home visiting who received a referral based on developmental screening has taken a small dip in FY2019 and is being monitored.



Calculation

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

Number of children participating in home visiting who received developmental 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 need for referral for follow-up evaluation and intervention

Data Source

Program Data

Models Reporting

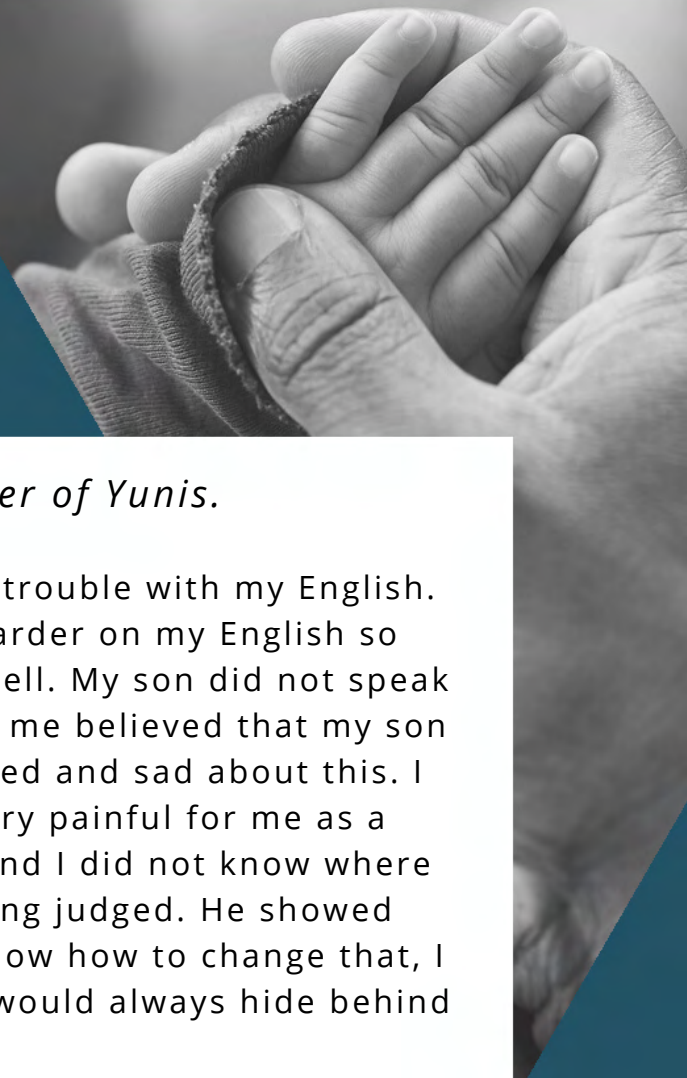
MIHP, EHS-HB, NFP, HFA, PAT

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

FAMILY

Ilham and Yunis

STORY



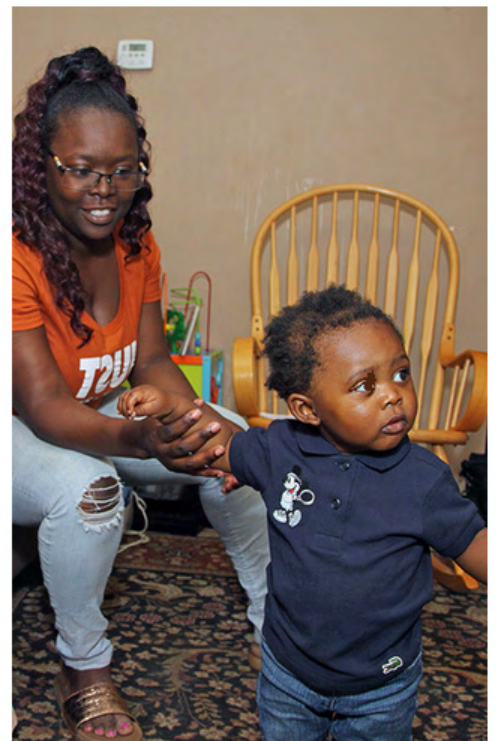
My name is Ilham and I am the mother of Yunis.

When I first came to home visiting, I had trouble with my English. My home visitor motivated me to work harder on my English so that I am better able to help my son as well. My son did not speak at all and was very shy. Everyone around me believed that my son had autism, and I used to feel embarrassed and sad about this. I always tried to defend him, and it was very painful for me as a mom. I had no idea what to do about it and I did not know where to find help without feeling like I was being judged. He showed very little social emotion and I did not know how to change that, I thought it was a part of who he was. He would always hide behind my legs when we were in public places.

After attending sessions with my home visitor, such as talking is teaching and music, I began to learn how I can help my son grow. My home visitor encouraged me to move past the judgments of others and focus on the well-being of my child and my family. My home visitor made me realize that I am the most influential teacher in my son's life. I learned that the way I interact with him is something that will affect him for the rest of his life, thus I depended on my home visitor to make sure these interactions were amazing and valuable. They provided me with encouragement, knowledge and amazing resources. Yunis has changed so much since then, he is more outgoing at school and the teachers are very proud of him as well. He became less shy and learned how to interact and share with kids. My home visitor was like a second mother to him, she was always there when we needed her for advice and resources. Because of this program, my son and I were able to grow together, an experience I am very happy about and will always thank ACCESS, Great Start and my home visitor for.

FAMILY STORIES

"I learned about infant development. They spent more time with me explaining things than the doctor did."



"I liked that they offer the convenience of coming to my home. I didn't have to take the children out."





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 FY2019 State Budget Home Visiting Investment by Model and Fund Source

APPENDIX I

Service Statistics	
Total Home Visits	203,095
Total Families Served	26,949
Total Children Served	22,499
Total Women Served	16,932
Pregnant Women	10,105

Household Demographic Characteristics		
	N	%
Federal Poverty Level	16,635	100.0%
<= 50%	10,074	60.6%
51-100%	3,086	18.6%
101-133%	1,472	8.8%
134-250%	792	4.8%
251% +	432	2.6%
Unknown	779	4.7%

Child Demographic Characteristics		
	N	%
Insurance:	22,499	100.0%
None	120	0.5%
Medicaid	21,019	93.4%
TRICARE	9	0.0%
Private/Other	561	2.5%
Unknown	790	3.5%
Ethnicity:	22,499	100.0%
Hispanic	2,368	10.5%
Not Hispanic	19,464	86.5%
Unknown	667	3.0%
Race:	22,499	100.0%
American Indian/AN	355	1.6%
Asian	795	3.5%
Black	7,102	31.6%
Native Hawaiian/PI	13	0.1%
White	9,513	42.3%
Multiple Races	700	3.1%
Unknown	4,021	17.9%
Age:	22,499	100.0%
< 1 Year	13,530	60.1%
1-2 Years	6,896	30.7%
3-5 Years	2,001	8.9%
Unknown	72	0.3%
Gender:	22,499	100.0%
Female	10,947	48.7%
Male	11,453	50.9%
Unknown	99	0.4%

Maternal Demographic Characteristics		
	N	%
Insurance:	16,932	100.0%
None	230	1.4%
Medicaid	14,971	88.4%
TRICARE	6	0.0%
Private/Other	857	5.1%
Unknown	868	5.1%
Ethnicity:	16,932	100.0%
Hispanic	1,673	9.9%
Not Hispanic	14,649	86.5%
Unknown	610	3.6%
Race:	16,932	100.0%
American Indian/AN	342	2.0%
Asian	641	3.8%
Black	6,390	37.7%
Native Hawaiian/PI	14	0.1%
White	7,230	42.7%
Multiple Races	276	1.6%
Unknown	2,039	12.0%
Marital Status:	16,932	100.0%
Married	4,287	25.3%
Widowed	41	0.2%
Separated	208	1.2%
Divorced	350	2.1%
Never Married	11,572	68.3%
Unknown	474	2.8%
Education:	16,932	100.0%
< High School	4,128	24.4%
HS Diploma/GED	9,482	56.0%
Some College/Tech	1,841	10.9%
Bachelor's Degree +	810	4.8%
Other	64	0.4%
Unknown	607	3.6%
Age:	16,932	100.0%
< 18 Years	493	2.9%
18-19 Years	1,300	7.7%
20-24 Years	5,034	29.7%
25-29 Years	4,980	29.4%
30-34 Years	2,981	17.6%
35-44 Years	1,715	10.1%
45 + Years	96	0.6%
Unknown	333	2.0%
Primary Language:	16,611	100.0%
English	15,337	92.3%
Spanish	484	2.9%
Arabic	337	2.0%
Other	208	1.3%
Unknown	245	1.5%

APPENDIX II

FY19 HV sites

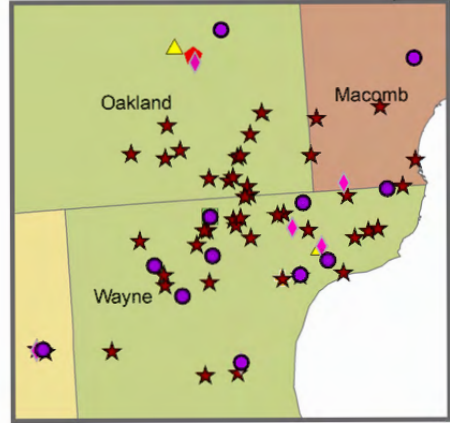
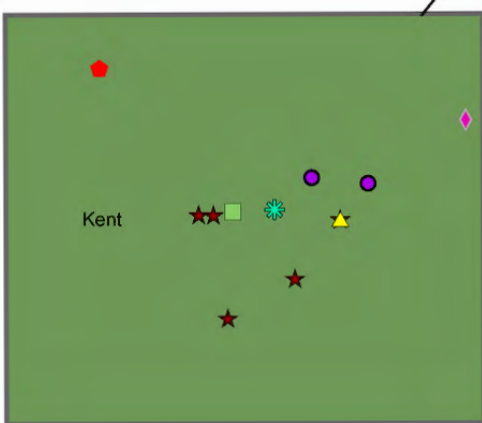
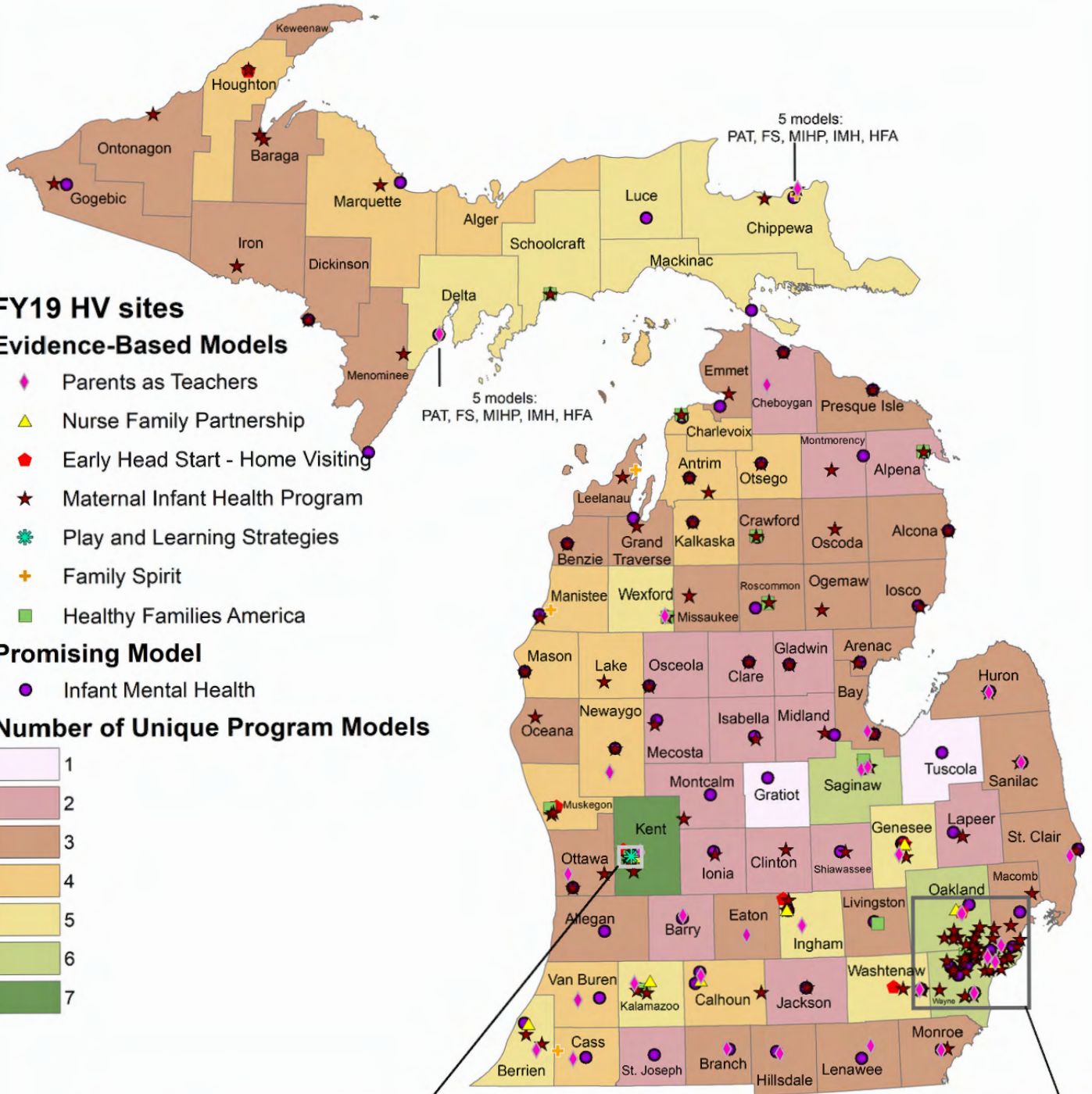
Evidence-Based Models

- ◆ Parents as Teachers
- ▲ Nurse Family Partnership
- ◆ Early Head Start - Home Visiting
- ★ Maternal Infant Health Program
- ✿ Play and Learning Strategies
- ✚ Family Spirit
- Healthy Families America

Promising Model

- Infant Mental Health

Number of Unique Program Models



APPENDIX III

Home Visiting Model	Funding Source	Federal Funding	State Funding	Private Funding
Early Head Start-Home Based (EHS-HB) ¹	MIECHV	\$924,381		
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$554,888	
Family Spirit ¹	State General Fund		\$216,570	
Healthy Families America (HFA)	CBCAP	\$51,669		
	CTF (License plates, donations, tax check off, etc.)			\$129,298
	MIECHV	\$2,370,954		
	State General Fund		\$2,149,035	
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$319,097	
Infant Mental Health (IMH)	Medicaid	\$2,991,183	\$1,649,903	
Maternal Infant Health Program (MIHP)	Medicaid	\$8,926,927	\$4,583,707	
Nurse Family Partnership (NFP)	MIECHV	\$2,420,476		
	Medicaid	\$1,320,836		
	State General Fund		\$2,324,155	
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$249,224	
Parents as Teachers (PAT)	CBCAP	\$118,303		
	CTF (License plates, donations, tax check off, etc.)			\$296,043
	State School Aid Act, Section 32p and 32p4 Block Grant Funds		\$3,789,313	
	State General Fund		\$267,323	
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		\$134,864	
All Models Total		\$19,124,729	\$16,238,080	\$425,341

1 - The Administration for Children and Families Federal funding that supports many tribal programs are distributed directly to the individual agency and do not flow through the state budget. Those funds are not included in this total.