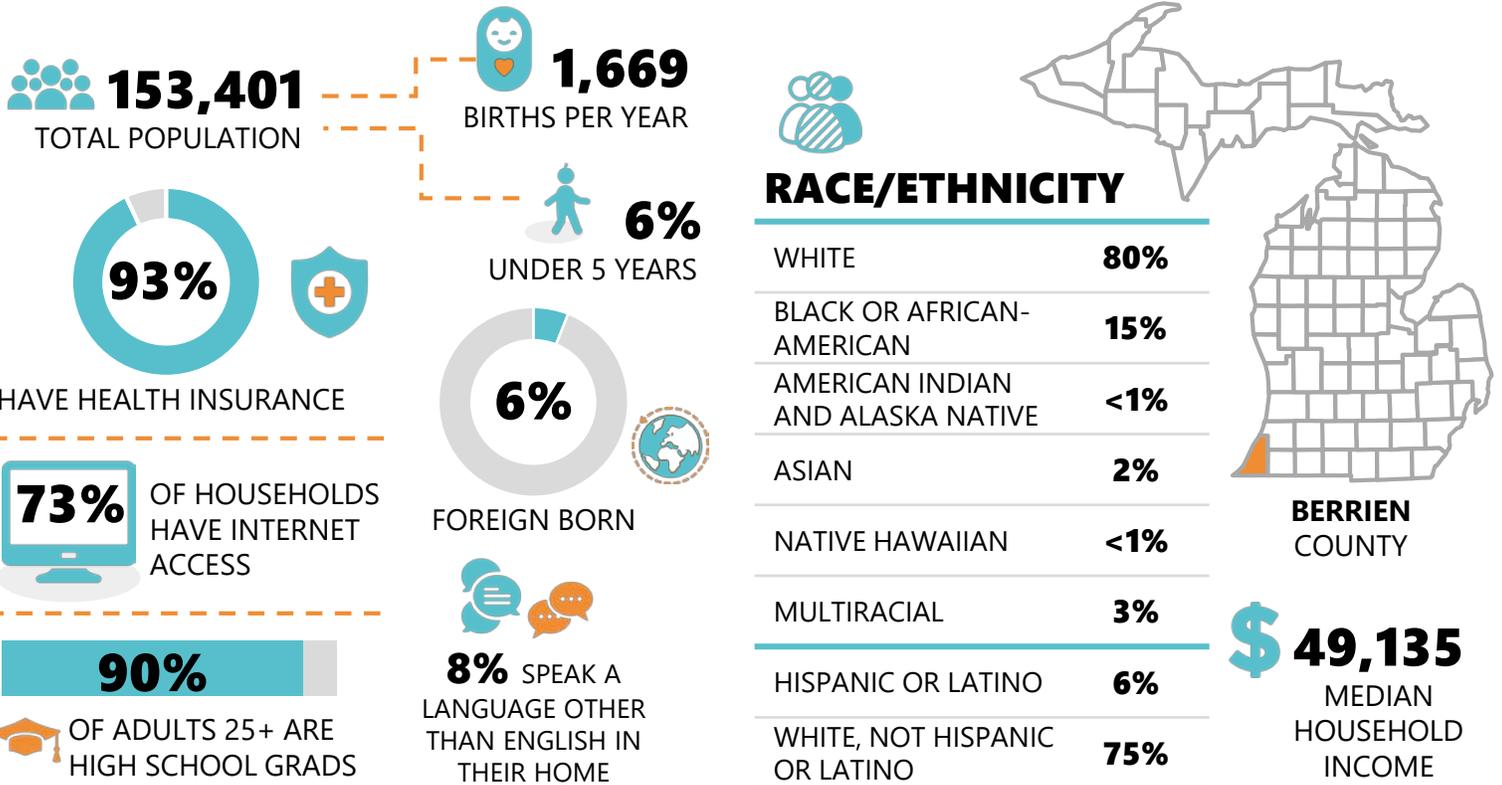


# 2020 HOME VISITING NEEDS ASSESSMENT

## BERRIEN COUNTY



### KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS



### OUTCOMES IMPACTED BY HOME VISITING

#### COUNTY PRIORITIES

MATERNAL HEALTH

CHILD HEALTH

CHILD DEVELOPMENT & SCHOOL READINESS

POSITIVE PARENTING PRACTICES

CHILD MALTREATMENT

FAMILY ECONOMIC SELF-SUFFICIENCY

LINKAGES AND REFERRALS

JUVENILE DELINQUENCY, FAMILY VIOLENCE, AND CRIME



41.9% of mothers in Berrien County receive less than adequate prenatal care which is higher than the state average at 32.2%.



Over half of children 3 and 4 years of age in the county are not in any preschool programming.



Due to the risk factors facing families in Berrien County, data suggests that parents are facing stress in their lives. This can impact the ability of parents to utilize positive parenting practices and risk the well-being of children.



Berrien County's rate of substantiated child abuse and neglect among 0-8-year-olds of 34 children per thousand is higher than the state average of 25.5 children per thousand.



Berrien County has a higher rate of households receiving public assistance as well as facing child food insecurity than the state averages. Berrien County has a higher rate of unemployment and 21.1% of children 0-17 are living in poverty in Berrien County which are both higher than the state average.

# COMMUNITY CONDITIONS IMPACTING FAMILIES

## HOMELESSNESS AMONG CHILDREN



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



The county rate for homelessness is **lower** than the rate in Michigan.

## HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

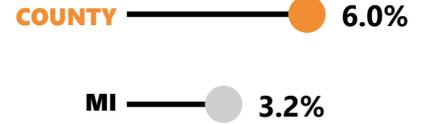


The county rate for receiving public assistance is **higher** than the rate in Michigan.

## NO HIGH SCHOOL DIPLOMA



% of persons 16-19 years of age not enrolled in school with no high school diploma

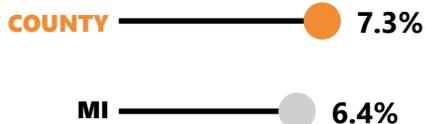


The county rate of persons without a high school diploma is **higher** than Michigan.

## NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years



The county rate for no health insurance is **higher** than the rate in Michigan.

## UNEMPLOYMENT



% of unemployed persons 16 years of age or older within the civilian labor force

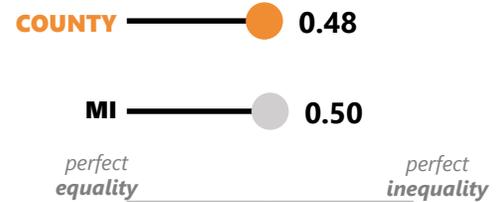


The county rate for unemployment is **higher** than the rate in Michigan.

## INCOME INEQUALITY



A measurement of how far the wealth or income distribution differs from being equal (Gini Coefficient).



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

## FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level



The county rate for poverty is **higher** than the poverty rate in Michigan.

## CHILDREN EXPERIENCING POVERTY



% of children ages 0-17 who live below the poverty threshold

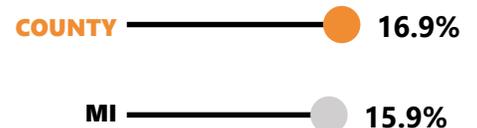


The county rate for children experiencing poverty is **higher** than Michigan's rate.

## CHILDHOOD FOOD INSECURITY



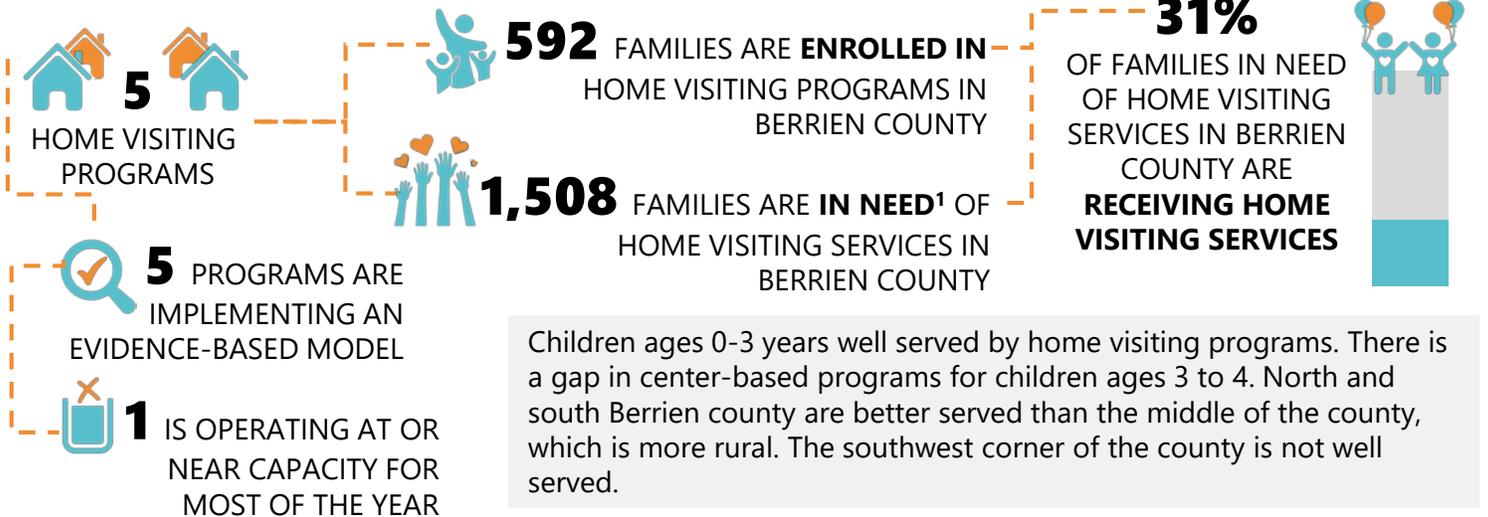
% of children experiencing food insecurity (lack of access, at times, to enough food)



The county rate for childhood food insecurity is **higher** than Michigan's rate.

# EXISTING HOME VISITING PROGRAMS

Home visiting programs sit at the intersection of families and communities. They provide critical linkages between families and community service systems. Berrien County identified the reach and quality of services for families that partner with home visiting and identified strengths and gaps in the service network. Some patterns of reach and quality for home visiting clients and the service delivery network were noted during the assessment, and ideas for strengthening the service delivery network are described below.



## CONNECTED SERVICES

Berrien RESA is well connected overall. They receive referrals from many sources and refer out as needed. WIC, OBGYNs, Pediatricians, and the health department all connect with home visiting services.

## MEETING NEEDS OF CLIENTS

All of the home visiting programs provide high quality services in the network. Participants rate the home visiting programs highly and they are all in fidelity.



**BERRIEN COUNTY**



## GAPS IN THE SERVICE NETWORK

Berrien county could better support the continuum of services. Also, the local hospital network does not refer families to home visiting services. Families who were previously served by MIHP Intercare are having difficulty connecting to new home visiting services.

## STRENGTHENING THE SERVICE DELIVERY NETWORK

There needs to be something in place to support the continuum of service between home visiting programs. At this time, there is no tracking of what families are being referred on after participating in a program. It's unknown how many parents are unwilling to participate in a new program or if they simply aren't being referred. A system was in place for a short time through the Local Leadership Group but has since discontinued. It would also be beneficial to have a connection with the local hospitals for referrals. This would help meet the needs of families by informing them from birth about the home visiting services available to them. During the parent focus group, all of the parents mentioned that they hadn't heard of home visiting until they were referred for the services.

<sup>1</sup>Number of families likely to be eligible for MIECHV services based on the criteria: Number of families with children under the age of 6 living below 100% of the poverty line + number of families in poverty with a child under the age of 1 and no other children under the age of 6; AND belongs to one or more of the following at-risk sub-populations: Mothers with low education (high school diploma or less), young mothers under the age of 21, and/or families with an infant (child under the age of 1). Data Source: ACS 2017 1-Yr PUMS Data

# FAMILY PERSPECTIVES ON HOME VISITING

Berrien County asked parents who have previously participated in a Home Visiting program in their county to take part in a focus group to share their experiences with home visiting and other community services. Focus group participants were asked to describe the risks and opportunities families face in their communities; the outcomes they're concerned about and what facilitates wellbeing; strengths and opportunities to improve home visiting programs; and strengths and opportunities to improve the service delivery system. Berrien County completed 1 focus group with a total of 7 participants, all of which were served by home visiting programs in their community.



## STRENGTHS

Participants shared that home visiting helps first time parents gain confidence and feel supported. Home visitors are a great way to connect with other resources in the community that parents may not know about. Participants felt supported without being judged. Home visitors in the county are accessible as families need them and seek out families who may be less engaged. Overall, the programs are flexible and adaptable to the needs of parents, and participants appreciate when home visitors point out things that they have done well during the visit. Parents feel that they are helping to get their children prepared for school by meeting developmental milestones with the support of their home visiting programs.



## OPPORTUNITIES TO IMPROVE

Participants said they did not know about home visiting programs until their children were referred, and they believed the community is also unaware of the availability of home visiting. Participants agreed that there are many unmet needs in the county for parents, including home visiting services for parents with children not at-risk. Also, participants expressed confusion about playgroups and who can attend. Parents were not aware that they were open to all families with young children even if they weren't in home visiting or didn't have a delay. Participants also noted opportunities to improve virtual visits, better scheduling for parents without job flexibility, smoother transition of cases between county lines, and a need for additional programs with different age limits. Participants shared that some communities are uncomfortable seeking outside help, so there may be opportunities to reduce this barrier.



## OUTCOMES OF HOME VISITING

Parents participating in the focus group noted that home visiting helped them feel more connected to another supportive adult. They saw their children benefitting from the services, feeling that home visiting helped their children become prepared for school. All parents in the group expressed that their experience with home visiting was overall very positive. They wanted more parents to know about what was available and thought the community could benefit if more parents could participate.



## OTHER KEY TAKEAWAYS

Parents want support groups and other ways to connect with parents in their same life stage. It's difficult to connect with other parents if you stay at home and aren't involved in activities with your family. Parents are looking for support to provide in home education as virtual schooling seems more and more likely.

# COMMUNITY READINESS TO EXPAND HOME VISITING

New or expanded programs and services are most successful in communities that are clear about their readiness to provide a supportive context. Home Visiting partners were convened to discuss the five dimensions of readiness to expand home visiting and identified both community strengths and weaknesses. For each of these domains, the community partners scored each dimension as a 0 (no readiness), 1 (limited readiness), 2 (moderate readiness), 3 (significant readiness), or 4 (full readiness).

## COMMUNITY KNOWLEDGE OF FAMILY NEEDS

### SIGNIFICANT READINESS

4  
3  
2  
1

The Breastfeeding Coalition has parent attendance and prioritizes their voices. Parents as Teachers seeks parent input and uses that information to influence their work. There are also surveys, focus groups and relationship building to hear family voices to help prioritize. The early childhood community has a great understanding about home visiting and the benefit to the greater community. Other groups do not share this understanding.

## COMMUNITY PURSUIT OF EQUITY

### MODERATE READINESS

4  
3  
2  
1

The community seems to be in a place where work can begin to address disparities. There are a few community projects that are working on this goal and there is an increased effort to seek input from marginalized groups. Partners are in the beginning stages of this work and programming isn't being adapted yet. Staff is not representative of the community in most organizations.

## COMMUNITY KNOWLEDGE OF HOME VISITING

### MODERATE READINESS

4  
3  
2  
1

There is a need for more marketing to improve awareness of home visiting and reduce stigma. Early childhood partners are ready for increased marketing and awareness. Participants with home visiting love their services and would make good ambassadors. Currently, the broader community doesn't know about home visiting and there is no connection with the hospital about their marketing efforts.

## COMMUNITY LEADERSHIP

### MODERATE READINESS

4  
3  
2  
1

Leaders of early childhood programs are connected and very supportive. Other partners who are associated with early childhood work are also supportive advocates. However, those not associated with the work of early childhood in the community do not prioritize home visiting.

## COMMUNITY CLIMATE

### MODERATE READINESS

4  
3  
2  
1

Some entities prioritize home visiting while others have strong advocates that help them to keep home visiting as a funded priority even if it's not on their agenda. However, the larger community focuses less on families and young children than other issues.

## COMMUNITY RESOURCES

### LIMITED READINESS

4  
3  
2  
1

Home visiting is supported by grants but not dedicated funding sources. Additionally, the home visiting workforce is not well paid.

# NEED & CAPACITY TO EXPAND HOME VISITING

Berrien County has need and capacity to expand evidence-based home visiting. Capacity could be expanded if there were more funding. There is a strong infrastructure in place and programs would not need to start from scratch. There are good wraparound programs in the county that can help support home visiting. All programs are currently staffing to the capacity of their program based on funding.

This process engaged families to participate as partners and leaders by seeking participation from current home visiting participants. Families who participated in virtual focus groups were reimbursed for their time and provided mileage and childcare.

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

*Data collected by Great Start Collaborative and the Local Leadership Group of Berrien County with assistance from MPHI-CHC. For more information about this assessment, contact Berrien County GSC/LLG. This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$7,799,696 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.*