

2020 HOME VISITING NEEDS ASSESSMENT

MUSKEGON COUNTY



KEY DEMOGRAPHICS & CULTURAL CHARACTERISTICS

173,566
TOTAL POPULATION

2,051
BIRTHS PER YEAR

6%
UNDER 5 YEARS

2%
FOREIGN BORN

3% SPEAK A LANGUAGE OTHER THAN ENGLISH IN THEIR HOME

94%
HAVE HEALTH INSURANCE

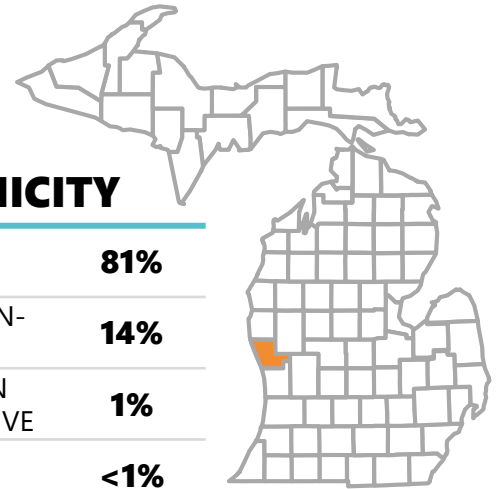
77% OF HOUSEHOLDS HAVE INTERNET ACCESS

91% OF ADULTS 25+ ARE HIGH SCHOOL GRADS



RACE/ETHNICITY

WHITE	81%
BLACK OR AFRICAN-AMERICAN	14%
AMERICAN INDIAN AND ALASKA NATIVE	1%
ASIAN	<1%
NATIVE HAWAIIAN	0%
MULTIRACIAL	3%
HISPANIC OR LATINO	6%
WHITE, NOT HISPANIC OR LATINO	76%



MUSKEGON COUNTY

\$48,329
MEDIAN HOUSEHOLD INCOME

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



Muskegon County families have high rates of prenatal drug exposure as well as high rates of trauma and post-partum depression. COVID-19 has exacerbated this.



Cost of medical expenses and no health insurance are barriers to many families. Lack of transportation often prohibits families from seeking regular medical care along with safe childcare options.



3rd grade reading scores in Muskegon County are key indicators that children are not ready for school when they enter Kindergarten.



This county has a high rate of teen parents without a positive support network or "lifeline." Parents may have past trauma, mental health concerns, or unhealthy relationship involvement that can impact parenting.



There are high child maltreatment rates within Muskegon County, especially in the 0- to 5-year-old population.



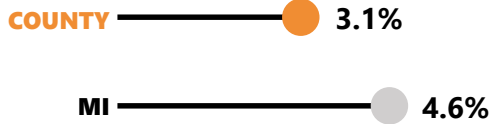
ALICE data and low median income data suggest that families do not have what they need to be self-sufficient. COVID-19 will continue to have a huge impact on families going forward.

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 Michigan's rate.

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

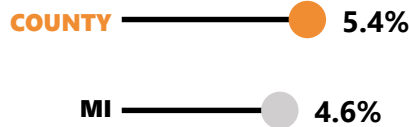


The county rate for no health insurance is **lower** than the rate in Michigan.

UNEMPLOYMENT



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

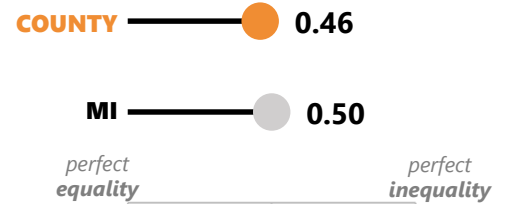


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

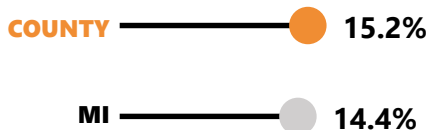


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

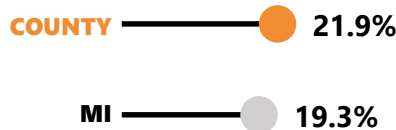


The county rate for poverty is **higher** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

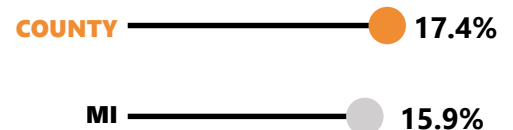


The county rate for children experiencing poverty is **higher** than Michigan's rate.

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. Muskegon 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.

 **4** HOME VISITING PROGRAMS




59 FAMILIES ARE **ENROLLED IN** HOME VISITING PROGRAMS IN MUSKEGON COUNTY




1,212 FAMILIES ARE **IN NEED¹** OF HOME VISITING SERVICES IN MUSKEGON COUNTY

5% OF FAMILIES IN NEED OF HOME VISITING SERVICES IN MUSKEGON COUNTY ARE **RECEIVING HOME VISITING SERVICES**



 **4** PROGRAMS ARE IMPLEMENTING AN EVIDENCE-BASED MODEL

 **4** ARE OPERATING AT OR NEAR CAPACITY FOR MOST OF THE YEAR

There is a gap in services for children ages 0-5 due to financial eligibility requirements, insurance requirements, or age restrictions created by funders. The City of Muskegon, Muskegon Heights, and immediate surrounding areas are served well. Outlying rural communities within the county are not served as well.

WELL CONNECTED SERVICES

Many agencies and services are well connected and use each other for referral sources and collaborate with each other to promote training opportunities.



GAPS IN THE SERVICE NETWORK

Turnover within agencies can create gaps. Designating a point person in every agency/home visitation program would be beneficial in maintaining relationships even when there is turn over. Waiting lists can create a gap and not having a central hub to aid in accessing needed resources. There is also a lack of services for children ages 3-5.

MEETING NEEDS OF CLIENTS

Agencies coordinate and share information and trainings on a regular basis. These intentional collaborative efforts increase the knowledge and ability of all home visiting programs to provide quality services to families. The Local Leadership Group meets monthly to share resources and gather feedback from parents to enhance quality. Other community networking groups do an exceptional job at communicating the needs of clients and providing information on available resources.

MUSKEGON COUNTY



QUALITY OF SERVICES PROVIDED

Programs use evidence-based screening tools, evidence-based curriculum, and best-practice methods in their approaches with service delivery. Programs have a set referral system, and they collaborate and share data with other providers.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Work needs to be done with primary care providers to increase their understanding of HV programs and the benefits that these programs can provide to their patients. The service delivery network could educate or reinforce to families that HV programs are not CPS, and emphasize building a relationship and rapport with families, offer non-judgmental services, and offer additional location options for home visitation.

¹Number 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

Muskegon 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. Muskegon County completed one focus group with a total of four participants, all of whom were served by home visiting programs in their community.



STRENGTHS

Parents who participated in the focus group indicated that home visitors help link families to community resources and can assist families in accessing those services. Parents identified that having home visitors with an ability to provide transportation assistance helps families who do not own a vehicle. Parents also felt home visitation was a great way to "expand your village." Parents shared that their home visitors often brought activities and/or taught them parenting strategies that they never would have thought of on their own.



OPPORTUNITIES TO IMPROVE

Opportunities to improve that frequently came up in the focus group included a deficiency in easily accessible mental health treatment. In addition, parents expressed that there is a gap in available services for those families who are in a slightly higher income bracket who may not qualify for needed services such as Head Start, or other programs that might only accept Medicaid patients, but for whom preschool tuition is not affordable either. Parents expressed a concern that they could not afford out of pocket expenses for some types of assistance, such as speech therapy. They noted that there was nothing for those families who were "in between" and they wondered what those families could do.



OUTCOMES OF HOME VISITING

Parents who participated in the focus group indicated that they liked learning new things and having an extra set of eyes on their child in order to notice any potential delays that they might miss. In addition, they appreciated having a home visitor who could recognize when a specific referral to a supportive service might be needed, as well as offering ideas and activities to help their child stay on track developmentally. It was evident that parents felt that home visitors could help them gain access to services more easily. Several parents appreciated having someone there that would listen to them; they felt it was very reassuring to have continued contact with their home visitor during the COVID-19 pandemic.



OTHER KEY TAKEAWAYS

It was very clear after conducting this focus group that the parents appreciated and valued what their home visitors could offer them. Overall, the parents were very positive and were excited to share the good things about their experiences. The focus group was a safe place for them to talk and share together. The parents were also very accepting and non-judgmental of each other's comments. They built off of each other's comments and input which resulted in a lively conversation with meaningful results. They also generated good ideas for things they would like to see in the future in home visiting.

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

Many organizations with parent-led groups collaborate to identify needs and inform program work, and needs are addressed through prenatal care and WIC. Community agencies are aware of home visiting, but stronger referrals are needed. There is a stigma and distrust of home visiting, often by families who might benefit from it the most.

COMMUNITY PURSUIT OF EQUITY

SIGNIFICANT READINESS

4
3
2
1

Several local organizations work together to collect and review community assessments and other data and address equity. Efforts are made to hire parents who have received services previously and to include parents in decision making. However, grants only allow for shorter-term projects, and work still needs to be done to address systemic racism.

COMMUNITY KNOWLEDGE OF HOME VISITING

SIGNIFICANT READINESS

4
3
2
1

Muskegon county has very strong collaboration and knowledge-sharing between home visiting groups. There is a decision tree to aid referrals, but recruitment efforts need to be strengthened with more referral sources and word of mouth. Some programs are not fully enrolled, but the need still exceeds availability.

COMMUNITY LEADERSHIP

MODERATE READINESS

4
3
2
1

Muskegon County community leaders support home visiting programs, including attending community meetings and sharing resources. However, limited funding and participant caps / strict eligibility requirements cause challenges. Outreach is needed to reduce the stigma of home visiting and perceived connection to CPS.

COMMUNITY CLIMATE

SIGNIFICANT READINESS

4
3
2
1

Collaboratives and home visitors work hard to build relationships with families, help identify needs, and develop obtainable goals. However, COVID-19 has impacted services to families, as virtual visits are not always a good fit. There is not enough funding to sufficiently support the goals of home visitation services.

COMMUNITY RESOURCES

SIGNIFICANT READINESS

4
3
2
1

Professional development opportunities are offered to home visitors. Agencies work together to meet the needs of families in the community, but there is not enough funding to support this. This county needs to prioritize relationship building between agencies, home visitors and health care providers to help serve families more fully.

NEED & CAPACITY TO EXPAND HOME VISITING

Muskegon County has need and capacity to expand evidence-based home visiting in order to try to address the gap in services for children ages 0 to 5. There are currently four evidence-based home visiting programs providing services in this county that could expand.

This process engaged families to participate as partners and leaders by inviting families with children 0 to 5 years old to provide their input and provided gift card incentives for their participation. Families were invited to share their voice during focus groups.

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

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