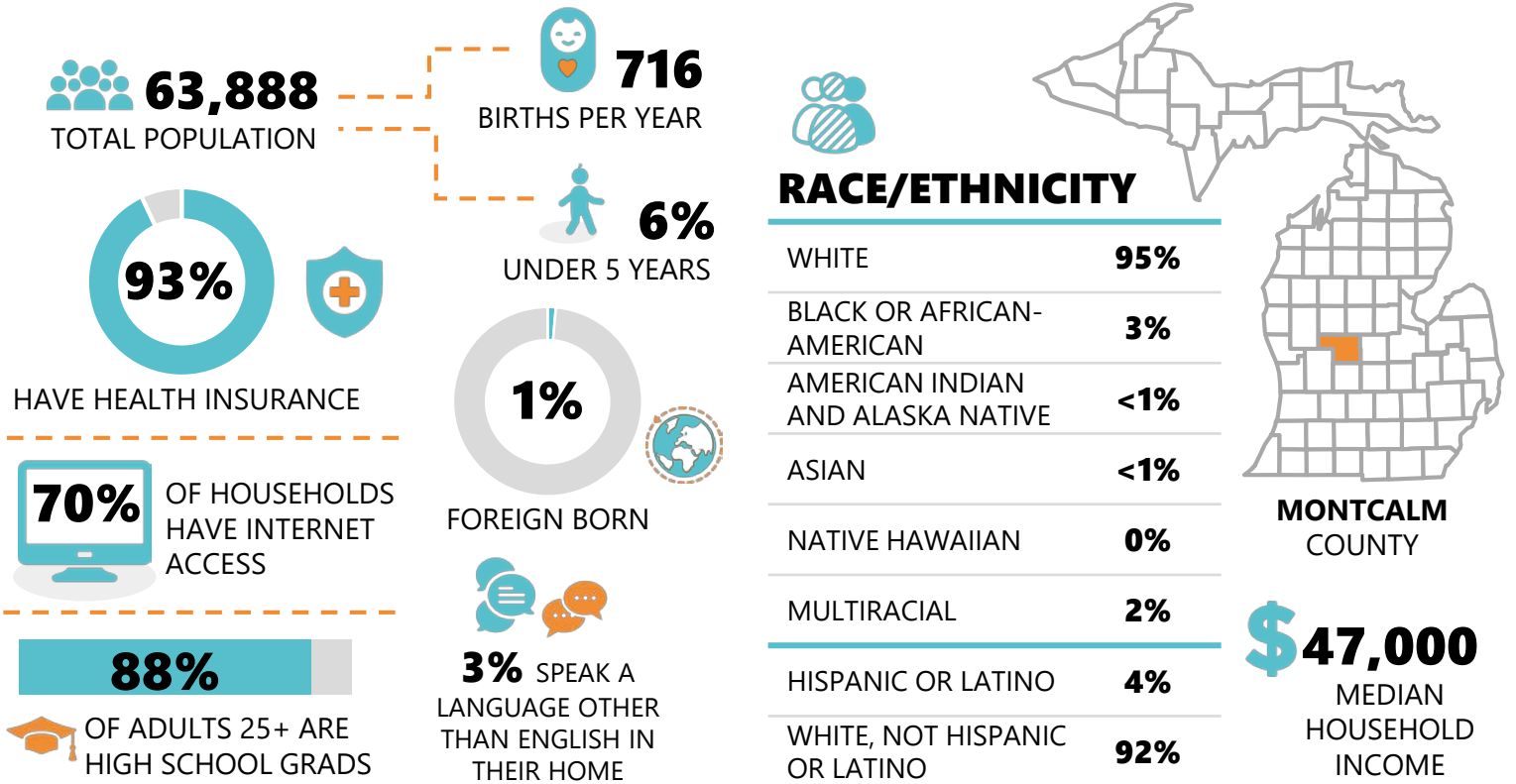


2020 HOME VISITING NEEDS ASSESSMENT

MONTCALM 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



The percent of children in special education and the high school dropout rate were both at least as high as the State of Michigan as a whole. Further, when looking at high school dropout at the school district level, four of seven districts have a higher percent than the state average.



The child maltreatment rate in Montcalm County is higher than the state average. This may be influenced by the higher prevalence of all four Substance Abuse & Use indicators in Montcalm County, as compared to state and national averages: binge drinking, marijuana use, non-medical painkiller use, and illicit drug use.



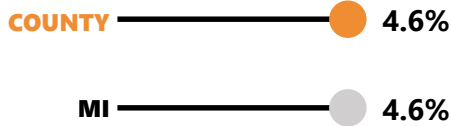
Eight of the fifteen indicators related to Family Economic Self-Sufficiency for Montcalm County are higher than the state average. Further, essential partners report a lack of middle-income households.

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 **the same as** Michigan's rate.

HOUSEHOLDS RECEIVING PUBLIC ASSISTANCE



% of households receiving supplemental security income or other public assistance

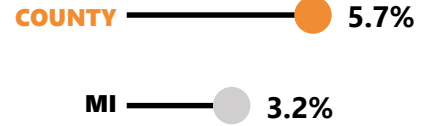


The county rate for receiving public assistance is **higher** than the rate in Michigan.

NO HIGH SCHOOL DIPLOMA



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

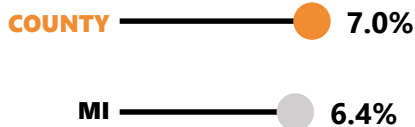


The county rate of persons without a high school diploma is **higher** than Michigan.

NO HEALTH INSURANCE



% of persons without health insurance, under age 65 years

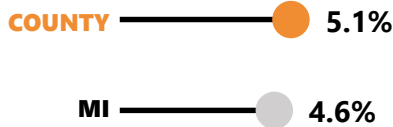


The county rate for no health insurance is **higher** than the rate in Michigan.

UNEMPLOYMENT



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

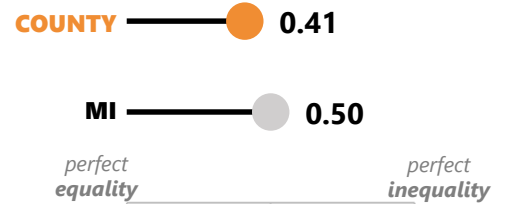


The county rate for unemployment is **higher** than the rate in Michigan.

INCOME INEQUALITY



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

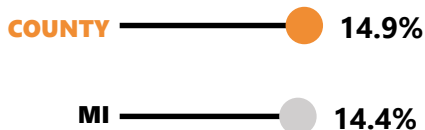


The county measure of income inequality is **lower** than in Michigan.

FAMILIES LIVING IN POVERTY



% population living below 100% of the federal poverty level

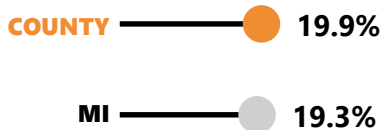


The county rate for poverty is **higher** than the poverty rate in Michigan.

CHILDREN EXPERIENCING POVERTY



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

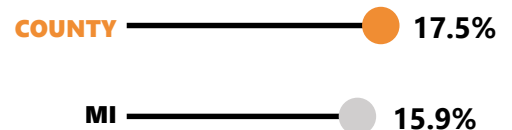


The county rate for children experiencing poverty is **higher** than Michigan's rate.

CHILDHOOD FOOD INSECURITY



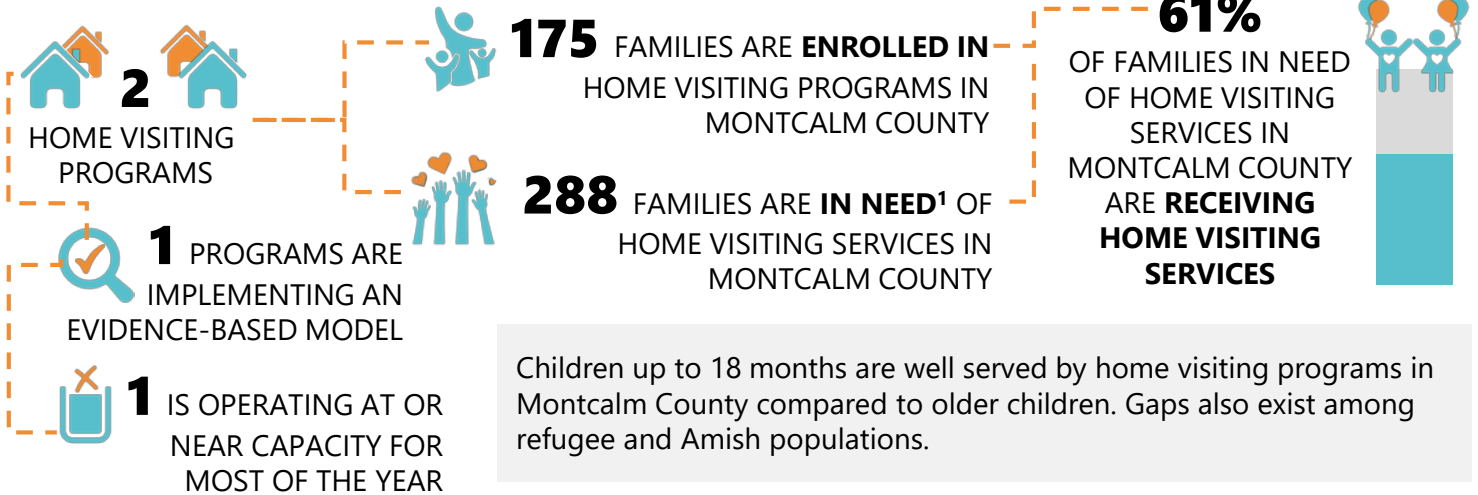
% of children experiencing food insecurity (lack of access, at times, to enough food)



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. Montcalm 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.



Children up to 18 months are well served by home visiting programs in Montcalm County compared to older children. Gaps also exist among refugee and Amish populations.

CONNECTED SERVICES

There is good coordination between early childhood services across sectors such as healthcare and education. Montcalm County is a small community; good coordination may be attributed to a single person whom families know to contact for each service area and a strong GSC with participation from parents of all backgrounds. There is collaboration between the Maternal Infant Health Program and mental health to provide wrap around services.



GAPS IN THE SERVICE NETWORK

Gaps exist in serving refugee and Amish populations. The Early On program has been successful in recent years in serving more Amish families, and the strong early childhood service connections have helped other early childhood programs reach Amish families as well.

MONTCALM COUNTY

MEETING NEEDS OF CLIENTS

Despite its geographic isolation and scarce resources, Montcalm County can meet the needs of families in creative ways. Families know about resources available to them.



QUALITY OF SERVICES PROVIDED

Montcalm County provides high quality services to families with young children, founded on successful collaboration between programs. The ingenuity of partners is evident in their success with reaching the local Amish population, starting up the informal Baby Club that offers play groups, and collaborating to provide Welcome Baby services to families who may not otherwise be eligible for services due to income restrictions.

STRENGTHENING THE SERVICE DELIVERY NETWORK

Montcalm County thinks outside the box to provide services for families, even though the community is resource poor and geographically isolated. However, county funds are very minimal, and the community would benefit from expanding services, particularly to children older than 18 months.

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

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

Parent voice is heard in the community, and agencies can address population need through coordination. However, it is hard to spread information to the masses. There is a desire to communicate needs to the federal level, but no knowledge on how to do so.

COMMUNITY PURSUIT OF EQUITY

MODERATE READINESS

4
3
2
1

Families in minority communities are welcoming to services in their cultures, specifically the Amish/Mennonite community. However, it is hard to reach these families and spread awareness due to language barriers.

COMMUNITY KNOWLEDGE OF HOME VISITING

SIGNIFICANT READINESS

4
3
2
1

Home visiting programs are visible and promoted in the community. Parents know where to direct questions due to the intimate size of the county. Agencies advertise their services, but there is a gap in communicating mental health and child services. Families are unclear which providers do what.

COMMUNITY LEADERSHIP

SIGNIFICANT READINESS

4
3
2
1

Early childhood programs are seen as costly and are often actively fundraising. There is difficulty getting the public to understand the benefit of funding early childhood programs; however, the community has had some successes in promoting the importance of early childhood.

COMMUNITY CLIMATE

LIMITED READINESS

4
3
2
1

There are great partnerships between collaborative members, churches, and schools, as well as home visiting programs that partner for community play groups. Funding is very limited for services and programs like the Maternal Infant Health Program due to low Medicaid reimbursement rates.

COMMUNITY RESOURCES

LIMITED READINESS

4
3
2
1

There is great human capacity to think outside the box when providing for the community. However, gaps in resources include, limited universal support services, rural isolation, lack of transportation, "no show" rates in psychiatric services, limited funding.

NEED & CAPACITY TO EXPAND HOME VISITING

Montcalm County has need and capacity to expand evidence-based home visiting. The need for expanded home visiting services in Montcalm County is great. The Maternal Infant Health Program has a higher reach than in neighboring counties, which suggests a high capacity. Montcalm County would benefit from an additional evidence-based home visiting program to help provide more outreach to families in need.

This process engaged families to participate as partners and leaders by creating virtual spaces for participation to adapt to COVID-19 restrictions. 1-on-1 interviews were conducted with participants from each county's WIC program where health department staff had existing built rapport. Each participating family received a \$50 Meijer or Wal-Mart gift card to offset the time and energy to participate in the assessment.

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

Data collected by Mid-Michigan District Health Department (MMDHD) with assistance from MPHI-CHC. For more information about this assessment, contact MMDHD. 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](https://www.hrsa.gov).