

2016 KIDS COUNT IN MICHIGAN ADVISORY COMMITTEE

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www.mlpp.org

Kids Count in Michigan is part of a broad national effort to measure the well-being of children at the state and local levels and use that information to shape efforts to improve the lives of children.

The project is housed at the Michigan League for Public Policy, a research and advocacy organization that promotes policies to improve the economic security of all Michigan residents.

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Printed copies of this report are available from the League as long as supplies last. Please request by phone (517/487-5436) or e-mail: pkillips@mlpp.org.



Do kids count in Michigan? Irreversible damage due to lead poisoning from the Flint water crisis. Detroit Public Schools on the verge of bankruptcy with students in unsafe learning conditions. Two major examples of the investment—or lack thereof—to protect our children and provide a basic need, like water, and access to a safe and quality education. Yet, the state continues to underfund most government services and programs. Revenue limits—funds that could be raised to ramp up investments in the state's children and families—continue to fall well below the constitutional limitations.

However, some victories for children have been won in the last year. In the current state budget, investments were made to improve third-grade reading with the recognition that learning begins prenatally, increase funds targeted for our most at-risk students—the first time in more than a decade—and expand Healthy Kids Dental into the remaining three counties without this level of access.

Unfortunately, many policy decisions continue to weaken safety net programs and erode economic opportunity for all, making it harder for all children to get ahead. The child poverty rate in the state, while coming down slightly, continues to be unacceptably high at nearly 23%. Many parents are struggling to make ends meet, often having to combine temporary or part-time work to survive. Families are not able to get ahead. About one-quarter of Michiganians are also considered asset poor without sufficient savings to survive an economic emergency. Without addressing poverty and ensuring parents have access to economic opportunities, child outcomes in health, education and welfare will not improve.

The 2016 Kids Count in Michigan Data Book examining the state, its counties and Detroit shows that only three counties experienced a decline in child poverty over the trend period comparing 2006 to 2014. About half of counties had improvements in the health of the state's youngest residents. The teen birth rate continues to improve across most counties. But only a small number of counties saw improvement in the rates of children put in harm's way due to abuse or neglect. And the state's new educational assessment test, the M-STEP, revealed that about half of third-graders and less than half of eleventh-graders were proficient in reading and writing.

Disparities in child well-being continue to exist based on race and place. The top and bottom three counties for overall child well-being from last year are nearly the same as in 2016. This year's best counties are Livingston (1st), Ottawa (2nd) and Clinton (3rd). The worst counties are Lake (82nd), Clare (81st) and Muskegon (80th).

Looking forward, there are actions based on the data that can be taken to improve outcomes for kids in our state. Research shows that helping parents is one of the best ways to help their children. Taking a two-generation approach to addressing economic security, health, education, and families and communities is a strong strategy to improve the well-being of children in Michigan. Included in this report are recommended policies and practices that will increase the quality of life for all children and families in Michigan.

Individual profiles for counties, regions and Detroit are available under Kids Count at www.mlpp.org

The KIDS COUNT Data Center

There are many additional indicators available by state, county, city and Congressional District on the KIDS COUNT Data Center: www.datacenter.kidscount.org. Users can compare counties, create customized local data profiles, and generate maps, charts and graphs that can be inserted in reports, embedded on websites or shared through email and social media.

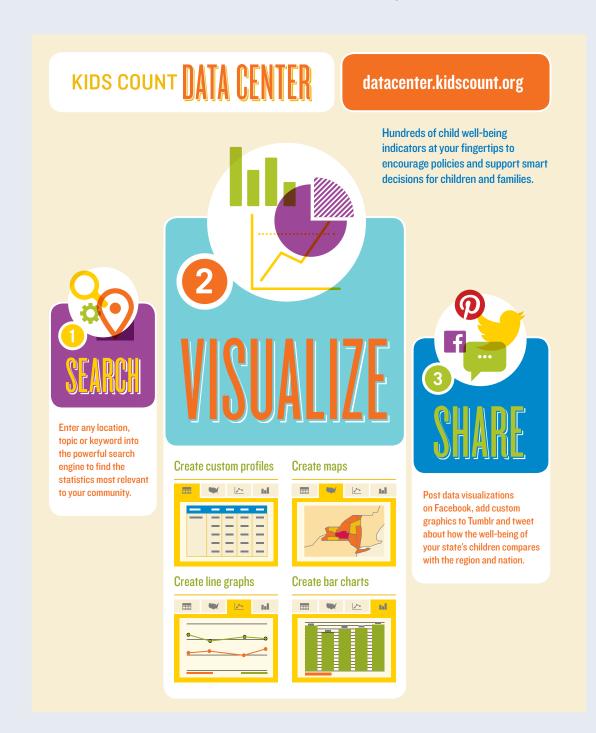
Using the Data Book

For 25 years, the annual Kids Count in Michigan Data Book has reviewed various background and trend data to evaluate the well-being of children in the state. The base period for the 2016 book is 2006 compared to 2014, unless otherwise noted. The report analyzes 16 key indicators across four domains: 1) economic security; 2) health and safety; 3) family and community; and 4) education. The overall child well-being rank is based on a county's rank in each of the 16 measures.

New this year is additional background with a breakdown of the child population by age, level of mother's education, high poverty neighborhoods, and utilization of Early On services and the Women, Infants, and Children (WIC) program. Not available this year was data on birth defects. An additional education indicator was added to measure the trend of 3- and 4-year-olds in preschool.

Also important to note is that after 40 years, the state replaced the Michigan Educational Assessment Program (MEAP) with a new standardized test called the Michigan Student Test of Educational Progress (M-STEP). Not only are the testing standards more rigorous, but the test is now delivered in the spring rather than the fall. Additionally, the Michigan Merit Exam (MME) for high schoolers underwent a number of changes and has been incorporated into the M-STEP. Due to these changes, MEAP and MME data is not comparable to the new M-STEP data.

Finally, caution should be taken when reviewing rates (e.g., per 1,000 or 100,000), percentages and numbers. Small population numbers in some areas of the state often result in data being suppressed and small numbers may cause percent changes in a rate to appear significant. Also, keep in mind that some data are based on different time frames (e.g., school years, fiscal years and three-year averages).





MICHIGAN BACKGROUND INFORMATION

(All data are for 2014 unless otherwise noted)

2006	2013	% CHANGE
10,102,322	9,895,622	-2.0%
2,478,106	2,245,201	-9.4%
770,378	692,723	-10.1%
952,048	878,545	-7.7%
755,680	673,933	-10.8%
148,403	176,504	18.9%
1,792,267	1,570,968	-12.3%
453,605	403,262	-11.1%
18,126	18,586	2.5%
65,705	75,881	15.5%
	10,102,322 2,478,106 770,378 952,048 755,680 148,403 1,792,267 453,605 18,126	10,102,322 9,895,622 2,478,106 2,245,201 770,378 692,723 952,048 878,545 755,680 673,933 148,403 176,504 1,792,267 1,570,968 453,605 403,262 18,126 18,586

FAMILY SUPPORT PROGRAMS	NUMBER	MI RATE
Children receiving		
• Subsidized child care, ages 0–12¹	30,374	1.9%
• FIP cash assistance ^{1,3}	56,242	2.4%
• Food Assistance Program ^{1,4}	621,531	26.0%
• Women, Infants, and Children (WIC)	298,014	52.0%
Children with support owed	520,547	20.6%
 Receiving none (% of those owed) 	142,977	27.5%
• Receiving less than 70% of amount	326,729	62.8%
Average amount received (month)	_	\$215

FAMILY & COMMUNITY	NUMBER	MI RATE
Births to moms without high school diploma or GED	15,683	13.8%
High-poverty neighborhoods	387,024	17.1%

ACCESS TO HEALTHCARE	NUMBER	MI RATE
Children with health insurance	2,222,794	95.7%
Children, ages 0–18, insured by		
• Medicaid¹	937,489	39.2%
• MIChild	35,728	1.5%
Fully immunized toddlers, ages 19–35 months (for the series 4:3:1:3:3:1:4) ¹	123,277	73.8%
Lead poisoning in children, ages 1–2		
• Tested	87,917	37.6%
• Poisoned (% of tested)	1,533	1.7%
Children, ages 1–14, hospitalized for asthma (rate per 10,000) ²	2,439	14.2
Children with special needs		
Students in Special Education ¹	205,214	13.6%
Children receiving Supplemental Security Income (rate per 1,000) ¹	47,522	21.2
Children, ages 0–3, receiving Early On services	8,898	2.6%

ECONOMIC CLIMATE	MICHIGAN
Unemployment	7.3%
Median household income (2013)	\$48,200
Average cost of full-time child care-month (2015)	\$544
• Percent of full-time minimum wage (2015)	38.5%
Percent of young children ages 0/5 in	
Michigan families where all parents work	66.9%

- 1. As of December 2014.
- 2. Annual rate and number are based on the three-year period 2011–2013 and only for counties with a total number over 20.
- 3. Family Independence Program.
- 4. State name for the federal Supplemental Nutrition Assistance Program, formerly called "food stamps." Note: Percentages reflect percent of population unless otherwise noted.
- *Sometimes a rate could not be calculated because of low incidence of events or unavailable data.

N/A not available.

See Data Notes and Sources for details.



MICHIGAN TRENDS IN CHILD WELL-BEING

	BASE	YEAR	CURREN	IT YEAR	PERCENT CH	ANGE IN RATE
	Number	Rate	Number	Rate	WORSE	BETTER
ECONOMIC SECURITY	20	06	20	14		
Children in poverty, ages 0–17	444,913	18.3%	492,257	22.6%	23	
Children, ages 0–5, eligible for SNAP¹	194,116	24.8%	221,322	31.9%	29	
Students eligible for free/reduced price	2006-0	7 (SY)	2014-1	<u> 15 (SY)</u>		
school lunches ²	612,022	36.2%	702,737	46.7%	29	
HEALTH & SAFETY	2004-0	6 (avg)	2011-1	3 (avg)		
Less than adequate prenatal care	N/A	N/A	33,923	29.9%		
Low-birthweight babies**	10,751	8.4%	9,503	8.4%		0
Infant mortality (per 1,000)	979	7.6	777	6.8		10
Child/Teen deaths, ages 1–19 (per 100,000)	815	30.5	653	26.7		12
FAMILY & COMMUNITY (PER 1,000)						
Births to teens, ages 15–19	12,117	33.4	8,806	25.9		23
Child abuse/neglect	20	<u>06</u>	20	<u>14</u>		
Children in investigated families	157,945	62.6	213,782	95.2	52	
Confirmed victims	28,842	11.4	33,020	14.7	29	
Children in out-of-home care	16,660	6.6	10,264	4.6		31
EDUCATION	2005	<u>-09</u>	2009) <u>-13</u>		
Three- and four-year-olds in preschool	153,976	46.9%	146,526	47.5%		1
	20	<u>07</u>	20	<u>14</u>		
Students not graduating on time	34,453	24.5%	26,615	21.4%		13
Not proficient (M-STEP)			2014-1	L5 (SY)		
Third-graders (English Language Arts)			53,535	49.9%		
Eighth-graders (Math)			75,854	67.8%		
Eleventh-graders (English Language Arts)			52,318	50.7%		

¹Supplemental Nutrition Assistance Program.

SY—School Year

M-STEP—Michigan Student Test of Educational Progress.

N/A not available.

Missing bars indicate no change or a rate could not be calculated; a "0" reflects no change. Percentage change is calculated with unrounded rates.

 $^{^{\}rm 2}\mbox{Family}$ income is below 185% poverty level.

 $^{^\}star$ Sometimes a rate could not be calculated because of low incidence of events or unavailable data.

^{**}Percent change in rate for low-birthweight babies did not change for Michigan.

DATA IN ACTION

STRATEGIES FOR IMPROVING OVERALL CHILD WELL-BEING

ECONOMIC SECURITY:

- » Ensure access to affordable, quality child care;
- » Provide workforce development opportunities, including adult education and postsecondary training and credentialing;
- » Improve workplace quality by providing earned paid sick leave for all workers;
- » Strengthen policies that support work, such as the Earned Income Tax Credit; and
- » Promote tools and policies that support asset building to achieve long-term financial security.

HEALTH & SAFETY:

- » Ensure access to quality healthcare, including mental health services;
- » Improve oral healthcare by increasing access for adults on Medicaid and completing expansion of Healthy Kids Dental; and
- » Create and maintain clean and safe environments through sufficient funding for local communities.

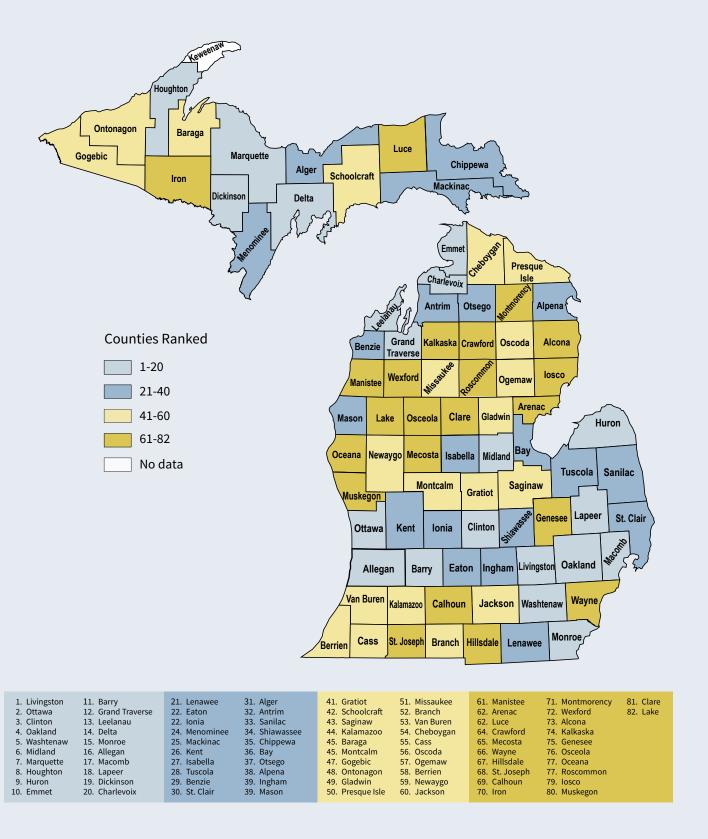
FAMILY & COMMUNITY:

- » Invest in communities to improve quality of life and the creation of vibrant, safe neighborhoods;
- Expand home visitation in areas of high need to strengthen families;
- » Promote comprehensive strategies to prevent child abuse and neglect;
- » Maintain and expand services to prevent teen and unplanned pregnancy; and
- » Improve data collection and coordination on justice involved youth.

EDUCATION:

- » Adequately fund public schools targeting resources in high-need areas;
- » Increase access to early developmental screenings and services, such as Early On;
- » Provide early interventions to improve third-grade reading;
- >> Engage parents early in their children's education; and
- >> Invest in youth development and career-technical education.

OVERALL CHILD WELL-BEING RANKED





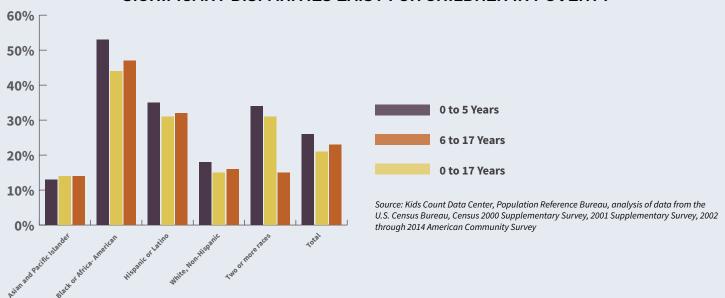
2014: Child poverty, ages 0–17					
	Michiga	n: 23%			
5 Best Counties	Rate	5 Worst Counties	Rate		
Livingston	8.1%	Lake	44.4%		
Ottawa	9.7%	Clare	38.8%		
Clinton	11.0%	Ogemaw	35.8%		
Oakland	12.4%	Wayne	35.2%		
Grand Traverse	13.5%	Roscommon	34.4%		
# Counties # Counties # Counties Ranked: 83 Changed: 83 Improved: 3					

2014: Young children eligible for food aid (SNAP)				
	Michiga	n: 31.9%		
5 Best Counties	Rate	5 Worst Counties	Rate	
Livingston	11.5%	Lake	56.2%	
Ottawa	12.8%	Wayne	49.7%	
Clinton	16.2%	Roscommon	48.5%	
Oakland	16.6%	Genesee	44.9%	
Leelanau	17.6%	Saginaw	43.7%	
# Counties Ranked: 83	# Counties # Counties Changed: 82 Improved: 17			

2014: Students eligible for free/reduced price lunch					
Michigan: 46.7%					
5 Best Counties	Rate	5 Worst Counties	Rate		
Livingston	21.1%	Lake	92.3%		
Clinton	27.2%	Oceana	72.2%		
Washtenaw	29.2%	Roscommon	66.5%		
Oakland	31.7%	losco	65.2%		
Ottawa	34.0%	Cheboygan	64.4%		
# Counties # Counties # Counties Ranked: 82 Changed: 82 Improved: 0					

"The economic benefits of investing in children have been extensively documented...Investing fully in children today will ensure the wellbeing and productivity of future generations for decades to come. By contrast, the physical, emotional and intellectual impairment that poverty inflicts on children can mean a lifetime of suffering and want—and a legacy of poverty for the next generation..."— Carol Bellamy

SIGNIFICANT DISPARITIES EXIST FOR CHILDREN IN POVERTY



Too many Michigan families continue to struggle to make ends meet. The toll that living in poverty has on parents and children is well documented. Income continues to be the best predictor of outcomes for children related to education, physical health, socio-emotional health and long-term financial security. Yet nearly 1 in 4 children in Michigan continues to live in poverty. That's about a 23% increase in the rate since before the Great Recession. Children of color fare even worse with nearly 1 in every 2 African-American children and 1 in every 3 Hispanic children living in poverty.

While Michigan is technically out of the recession, it is clear that we are in a slow recovery process that has left many families behind without the tools to reach their potential. The unemployment rate in the state is at the lowest it's been in a decade. However, many people are choosing to remain out of the workforce, are being forced to accept jobs that pay well below the cost of living, and often are having to cobble together part-time and temporary work. The financial strain that a household lives in has a real impact on a person's ability to parent, not to mention the toxic stress that is created by living in poverty and the long-term effect on children's brain development.



Data in Action: Increasing Economic Security

Almost 23% of Michigan's children live in poverty, 32% live in families where no parent has secure employment¹, and the cost of child care exceeds 38% of 2015 full time minimum wage earnings...

Child well-being requires a solid foundation. Building strong families through two-generation approaches—where parents have access to quality, affordable child care, workforce development opportunities, quality workplaces, work supports and tools for long-term financial security—are some of the most proven ways to reduce poverty and improve child well-being. Racial and ethnic disparities must be addressed and efforts should also be targeted in communities of color.

Child Care: Having access to affordable and quality child care improves a parent's work attendance and employee turnover, which in turn increases a company's production and bottom line. High-quality child care also provides an early learning experience to help ensure that kids are better prepared for school.

Improvements to Michigan's child care subsidy program, which assists low-income families with the high cost of child care, include: increasing eligibility for families from 121% of the federal poverty level

to 150%; increasing child care payment rates to the 75th percentile of market rate; increasing the reimbursable hourly cap; and providing payments on a daily or weekly basis rather than hourly.

Workforce Development: Today's jobs, especially those that offer family-supporting wages and benefits, require employees to have some level of postsecondary education. Yet Michigan has underfunded its adult education system for decades and has not implemented reforms to make classes and training more accessible to parents. Improving high school diploma/GED completion is a first step towards economic security; however, many good paying jobs require postsecondary degrees or credentials.

Improvements to Michigan's adult education system include: increasing state funding for adult education; providing classes and training in nontraditional settings and offering child care; and allowing Family Independence Program (FIP) recipients to have

	Single Parent	/Two Children	Two Parents/	Two Children
	Annual Income	Monthly Income	Annual Income	Monthly Income
Extreme Poverty (50% FPL)	\$9,537	\$795	\$12,004	\$1,000
Federal Poverty Level (100% FPL)	\$19,073	\$1,589	\$24,008	\$2,001
130% FPL	\$24,795	\$2,066	\$31,210	\$2,601
185% FPL	\$35,285	\$2,940	\$44,415	\$3,701
200% FPL	\$38,146	\$3,179	\$48,016	\$4,001
Full-time minimum wage income*	\$17,680	\$1,473	\$17,680	\$1,473
Amount minimum wage earnings are below poverty level	\$1,393	\$116	\$6,328	\$527

^{*}Based on full-time employment, full year with 2,080 hours annually for one parent and uses minimum wage rate of \$8.50 per hour, effective Jan. 1, 2016

their federal work requirements met through participation in adult education to ensure long-term economic security.

• Workplace Quality: Earned paid sick leave is extremely beneficial to families for multiple reasons. It allows new mothers to bond with and nurse their infants while having the time to recover from the birthing experience—all of which are important for the physical and socio-emotional health of baby and mom. Earned sick leave also allows parents to care for their children when they are sick. But 47% of private sector workers do not currently get earned sick leave, including 70% of those in the lowest paying jobs.²

It can be costly to businesses when workers are sick as they are less productive and, in some cases, could risk getting customers ill as well. Research on earned paid sick leave shows that employers actually benefit from increased employee retention and reduced costs of hiring and training new employees.

Michigan's work environments can be improved with the passage of legislation or approval of the citizen-led ballot initiative³ to give earned paid sick leave to all workers.

• Work Supports: According to the supplemental poverty measure, an alternative method that takes into account the effect of safety net and tax policies on poverty, these programs positively impact child poverty. In fact, through state and federal public assistance programs and the federal Earned Income Tax Credit (EITC) and Child Tax Credit (CTC), children are lifted out of poverty, cutting Michigan's child poverty rate to 15%. Tax policies and safety net programs matter to bridge the gaps to help working families make ends meet. The EITC, which lifts the most children out of poverty compared with other programs, promotes work while allowing families to keep more of what they earn. Public assistance programs help ensure that children don't go hungry and help blunt the effects of deep poverty on families experiencing temporary financial hardship.

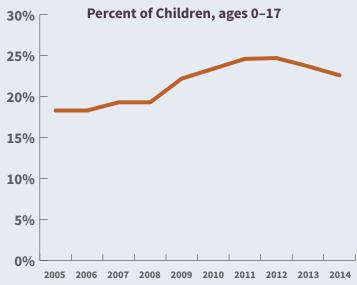
Michigan can improve its tax policies and safety net programs by: restoring the state EITC from the current 6% to 20% of the federal EITC; eliminating asset limits on food assistance, which act as a barrier to enrollment, forcing families to deplete savings that provide long-term financial security in order to gain temporary assistance while overburdening caseworkers with unnecessary paperwork; and discontinuing punitive and ineffective policies

that prevent families from accessing temporary assistance, such as truancy policies and drug testing.

Long-term Financial Security: With so many parents patching
together various types of part-time and seasonal jobs that may come
with inconsistent schedules, families are likely to experience times
of income volatility. Without sufficient savings and assets to fall
back on, these families often live one paycheck away from complete
financial distress, which has clear negative impacts on children.

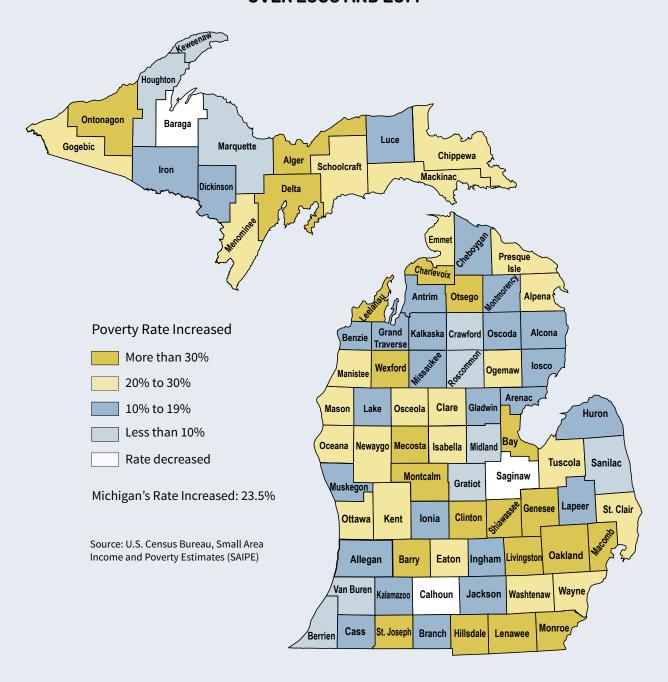
Financial security can be improved for Michigan families by: encouraging the use and development of Individual Development Accounts (IDAs) and college savings plans (529s) with targeted services for low- and moderate-income families.

WHILE BEGINNING TO IMPROVE, CHILD POVERTY IN MICHIGAN REMAINS STUBBORNLY HIGH



Source: U. S. Census Bureau and Small Area Income and Poverty Estimates (SAIPE)

CHILD POVERTY RATE INCREASED IN 80 OF 83 COUNTIES OVER 2006 AND 2014



In 2014, nearly half a million children under 17 in Michigan lived in poverty

Only three counties in Michigan experienced a decrease over the trend period of 2006 compared to 2014 in its poverty rate for children under 17 years old: Baraga (-1.8%); Calhoun (-4.9%); and Saginaw (-2.3%). The vast majority of the counties experienced a rate increase over the trend period, which varied significantly, ranging from a low of 2.2% in Houghton County to a high of 74.3% in Macomb County. Livingston County, which had the lowest child poverty rate, experienced an increase of 42.1% over the trend period while the county with the highest rate, Lake County, experienced a smaller increase of 16.8%.

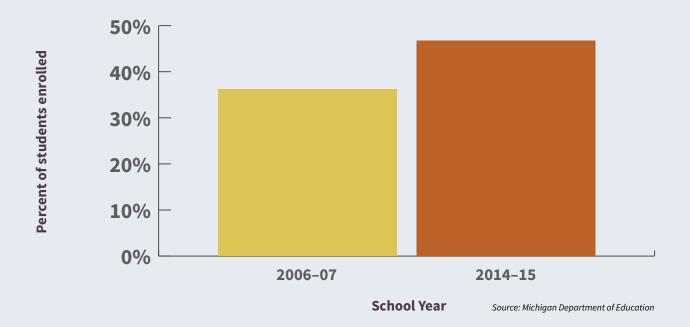
Children living in poverty are more likely to go hungry resulting in poor nutrition, physical health and readiness to learn in school. From

before the recession, the percent of Michigan's students eligible for free or reduced lunch also increased by 30%. The counties with the top five highest rate increases were: Isabella (114.2%); Eaton (80.2%); Macomb (74.7%); Allegan (73.5%); and Livingston (67.8%). Still more than 1 in 5 students were eligible for free or reduced lunch in the county with the lowest rate (Livingston County), which incidentally also experienced one of the highest increases.

16% of children in Michigan lived in households that were food insecure at some point during the year⁵

Similar to free and reduced lunch, the percent of young children under age 6 who received food assistance through the federal Supplemental Nutrition Assistance Program (SNAP) increased by 29%. In 2014, nearly 1 in every 3 young children received SNAP while 26%

THE RATE OF STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH INCREASED BY 30%



of all children, ages 0–18 years, received food assistance. However, some regions and counties experienced decreases in the percent of young children receiving food assistance. Of these 17 counties with declining numbers, more than half have higher percentages of children living in poverty than are participating in SNAP. With Michigan's implementation of asset tests as a part of determining eligibility for food assistance, it could be that there remains a need, but the barriers are too much. States have reported ending their use of asset tests because of the administrative burden placed on both the state and families—reporting assets requires much more complicated paperwork and could deter families from seeking assistance or prevent them from completing their applications while also overburdening caseworkers.

On average, monthly child care consumed almost 40% of 2015 minimum wage earnings in Michigan

The state child care subsidy program is available to assist low-income working parents, families receiving public assistance, foster parents, or those families with an open protective or preventive services case. The vast majority of children eligible for subsidized care live in working families while about a quarter live in a family receiving assistance. In 2014, less than 2% of children in the state, ages 0–12 years, received subsidized care. However, approximately 3 of every 4 eligible children received a subsidy payment for child care, which averaged \$271 per month. Important improvements were made in the current fiscal year to improve continuity of care for children, including the ability for a child to remain eligible for up to one year regardless of growth in family income. Eligibility will also continue for a child until their family income reaches 250% of the federal poverty level, and provider rate increases were approved based on quality.⁶

The vast majority of children eligible for subsidized care live in working families while about a quarter live in a family receiving assistance.



2011–2013: Less than adequate prenatal care					
	Michigan: 29.9%				
5 Best Counties	Rate	5 Worst Counties	Rate		
Huron	16.0%	Branch	43.0%		
Crawford	19.0%	Calhoun	41.3%		
Midland	19.9%	Luce	41.3%		
Oakland	20.3%	Schoolcraft	41.0%		
Bay	21.0%	Baraga	40.5%		
# Counties # Counties # Counties Ranked: 83 Changed: N/A Improved: N/A					

2011–2013: Low-birthweight babies					
	Michigan: 8.4%				
5 Best Counties	Rate	5 Worst Counties	Rate		
Gogebic	3.5%	Crawford	10.4%		
Houghton	4.3%	Wayne	10.4%		
Gladwin	5.1%	Dickinson	10.3%		
Alcona	5.3%	Genesee	10.2%		
Cheboygan	5.4%	Iron	10.2%		
Mackinac	5.4%				
Ogemaw	5.4%				
# Counties # Counties # Counties Ranked: 81 Changed: 80 Improved: 38					

2011–2013: Infant mortality				
M	lichigan: 6	.8 per 1,000		
5 Best Counties	Rate	5 Worst Counties	Rate	
Lapeer	2.4	Arenac	18.9	
Clinton	2.5	Otsego 13.9		
Shiawassee	3.2	Mecosta 11.8		
Ionia	4.1	Kalkaska	11.6	
Marquette	4.1	Wexford 9.8		
# Counties Ranked: 48	# Counties # Counties Changed: 45 Improved: 27			

2011–2013: Child/teen deaths			
Mic	higan: 26.	7 per 100,000	
5 Best Counties	Rate	5 Worst Counties	Rate
St. Joseph	12.4	Crawford	70.1
Ionia	14.4	losco 65.0	
Calhoun	18.5	Mason 57.6	
Macomb	19.2	Branch 42.3	
Washtenaw	19.2	Genesee	41.6
# Counties Ranked: 52			

Children need to be healthy and safe if they are to reach their full potential. Ensuring that children start off on the right path with a healthy birth, early detection of developmental disabilities, access to healthcare, and safe, clean communities to live in are all necessary to enable children to thrive.

Social determinants, including social, economic and physical environments, have a tremendous impact on health outcomes. Women with low incomes are more likely to experience inadequate nutrition and chronic health conditions, which lead to a higher probability of delivering low-birthweight babies—the leading cause of infant mortality—and can lead to other health and developmental problems. Persistent health disparities based on income and race and ethnicity continue to exist because of structural barriers that have reduced opportunity for good health and well-being.

Data in Action: Improving Health & Safety

Nearly 30% of births were to mothers who received less than adequate prenatal care; 8.4% of babies are born too small; almost 2% of children tested for lead poisoning have confirmed EBLs of 5+; and more than 26 of every 100,000 children died unnecessarily...

Events and circumstances a person experiences throughout his/her life from the very beginning have significant impacts on his/her long-term physical and mental well-being. To thrive, children and babies need healthy moms and dads. Healthy kids are better learners and become better positioned to meet their full potential. Strategies to improve the health and safety of children must encompass a holistic approach to well-being and be targeted in the state's most at-risk communities.

Quality healthcare: A woman's health prior to conception, during
pregnancy and after the birth is extremely important to both her and
her child's well-being. With the expansion of Medicaid to uninsured
individuals with incomes up to 133% of the federal poverty level,
an increasing number of people are likely to become insured and

gain adequate and timely care, particularly women prior to their pregnancies, which will lead to healthier births. However, other barriers, such as awareness and transportation, continue to exist.

Additionally, access to behavioral health services is equally important. Approximately one-third of women in their childbearing and child-rearing years experience depressive symptoms. ¹ Maternal depression can affect parenting, which can be even more stressful for those living in poverty, lacking necessary support and resources.

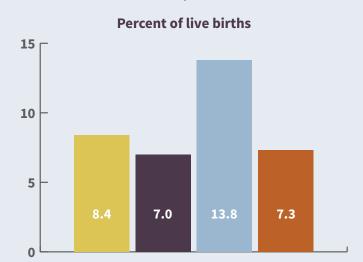
To improve access to quality healthcare for women, especially mothers or those expecting, Michigan can continue to support enrollment in Medicaid and the Healthy Michigan Plan²; promote

OVER 5,400 BIRTHS WERE TO MOMS RECEIVING LATE OR NO PRENATAL CARE

Percent of live births 10 8 6 4 2 4.8 3.8 7.6 6.5

Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics

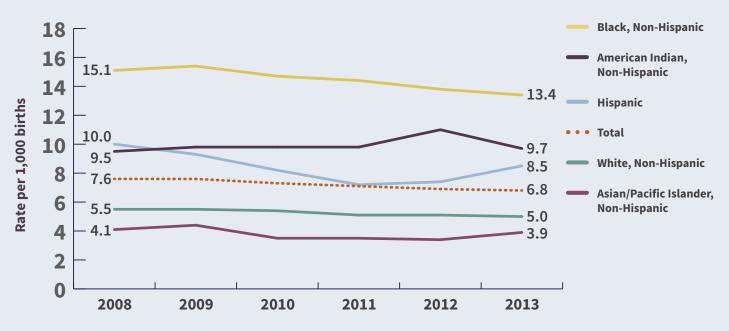
NO PROGRESS IN RATE OF LOW-BIRTHWEIGHT BABIES, DISPARITIES PERSIST



Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics

All Races White, Non-Hispanic Black, Non-Hispanic Hispanic

SIGNIFICANT DISPARITIES EXIST IN INFANT DEATH RATES WITH TROUBLING TRENDS



Source: Michigan Department of Health and Human Services, Division for Vital Records and Health Statistics

healthy behaviors and opportunities to increase adequate nutrition; explore solutions to transportation barriers that exist in many rural communities; and encourage behavioral health screenings of all women while also providing adequate funding for community mental health services for families and their children.

 Oral healthcare: Tooth decay remains the No. 1 chronic disease in children.³ Toothaches and other dental issues can cause children to do poorly in school or even miss days. Additionally, it is also critical during pregnancy as poor oral health has been linked to an increased risk of preterm birth and low-birthweight babies.

Michigan can complete the expansion of Healthy Kids Dental to the more than 130,000 low-income kids in Kent, Oakland and Wayne counties between the ages of 13–20 who remain without this enhanced coverage⁴, and increase access for the adult Medicaid population to receive dental care.

• Clean and safe environments: The type of community that a person lives in has clear effects on his/her overall health and well-being. Those who live in communities that not only provide the basics—safe drinking water and clean air—but also are rich with resources such as parks, community centers, and grocery stores with fresh produce and have lower crime rates will experience better health outcomes. The effects of stressful environments, such as unsafe or polluted neighborhoods, have been documented to cause health-related conditions like asthma. Plus, many families with low incomes are constrained by their incomes and wind up in unsafe housing where lead poisoning poses a threat to children's brain development.

To improve environmental health, Michigan can increase funding for the Childhood Lead Poisoning Prevention Program. The state has consistently underfunded childhood lead prevention relying on various federal resources. Additionally, many local communities are experiencing financial crisis—or are on the brink of falling into

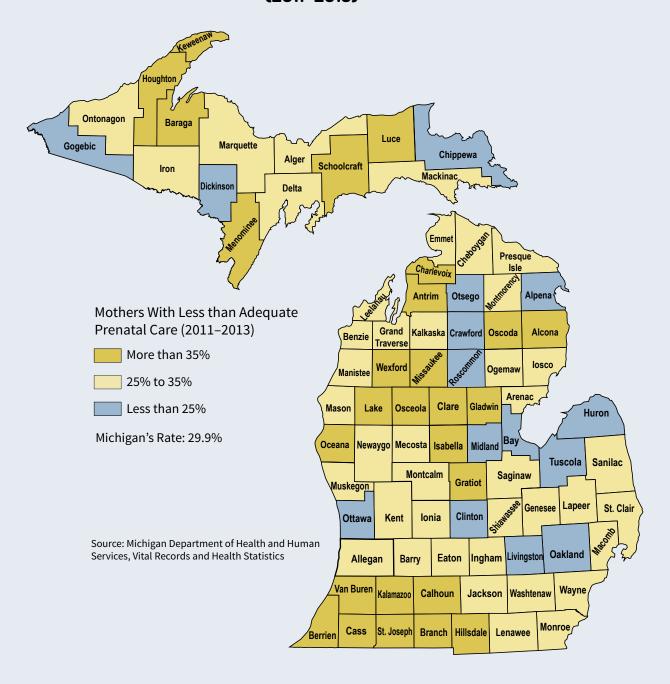
crisis—which has led to reduced or lower-quality services and programs affecting safety and law enforcement, clean water, and parks and recreation. After many years of decreases in revenue sharing, the state must adequately fund local governments to help improve the health and well-being of children and families.

In 2015, it was revealed that the residents, and most importantly children, of Flint had experienced the unthinkable. Children in the city were exposed to lead because of the failure of government to provide access to a basic need: clean water. The effects of lead poisoning are irreversible and can cause long-term health and behavioral issues with clear consequences on educational outcomes and other well-being factors. While this is clearly a major public health crisis in Flint that the state must address now and for decades to come, it also provides an opportunity to elevate awareness of lead poisoning that exists in many other areas of the state as well. Of the 1–2-year-olds screened and tested in Michigan, on average 1.7% had confirmed elevated blood levels of more than $5 \, \text{ug/dL}$. In Wayne County (4.7%), the rate is more than double the state average while the next two worst counties, Calhoun (3.2%) and Muskegon (3.2%), have rates nearly double the state average.

Asthma is another condition experienced by many children in the state that has implications for health and learning. More than 8% of children in Michigan under 18 years old are affected by asthma. In addition to the known environmental factors that can increase the condition, recent research has connected stressful situations, such as poverty and exposure to violence, to the onset of asthma. With approximately 2 of every 3 children in Detroit coping with an adverse childhood experience, the city leads the nation in toxic stressors and asthma rates for children up to 11 years old. It is third in the country for the share of children under the age of 18 with asthma.

With the appropriate resources and care, asthma can be managed. Changes in insurance providers, the cost of medications and access

30% OF MICHIGAN MOTHERS RECEIVING POOR PRENATAL CARE (2011–2013)



to services, however, can make it more difficult for some families to manage the breathing condition. In 2011–13, there were 14.2 per 10,000 children, ages 1–14, hospitalized due to asthma. Ten counties—diverse in rural, urban and suburban—have rates higher than the state average. The five counties with the highest rates per 10,000 of hospitalizations due to asthma are Wexford (27.2); Gratiot (23.6); Wayne (22.6); Washtenaw (21.8); and Isabella (20.8). Ottawa, Allegan, and St. Joseph counties experienced the lowest rates.

In 2011–2013, more than 9,500 babies in Michigan were born too small

Prenatal care is important for both mom and baby. It can reduce the risk of a baby being born too small, identify health concerns, provide

information on healthy behaviors, and prevent negative health outcomes. Still, in 2011–2013, nearly 5% of births were to mothers who received late or no prenatal care. In addition, nearly 30% of births were to mothers who received less than adequate prenatal care.

Over the three year period, urban counties fared somewhat better than mid size and rural counties in the percent of births to mothers receiving less than adequate prenatal care; however, it was still close to 30%. Mid size and rural counties experienced higher rates of around 32% of births while the city of Detroit experienced a rate of 40%.

Systemic barriers to care lead to racial disparities in low-birthweight babies, the leading cause of infant mortalities, and can be the cause of developmental delays for children. Statewide, the share of infants

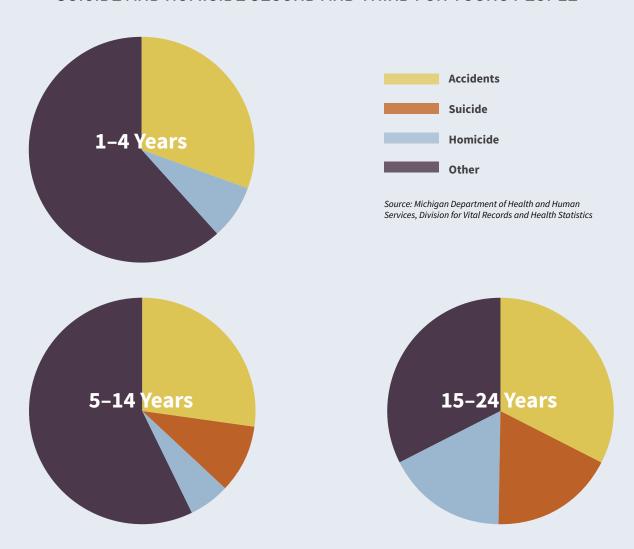
born too small has remained constant at 8.4% with much higher rates for African-American babies (13.8%) compared with White (7.0%) and Hispanic babies (7.3%). Some regions of the state, however, demonstrated notable improvements over the trend period, such as Gogebic-Ontonagon⁸ counties (56%) while Dickinson-Iron⁹ counties experienced an increase in low-birthweight babies by 10%. The city of Detroit experienced a 4.6% reduction, although the rest of Wayne County saw an increase of 4.3%. The southeastern Michigan region had an overall slight decrease of 1%.

Michigan's infant mortality rate remains unacceptably high and is above the national average. However, there was a 10% decline over the trend period with more than half of the counties with data experiencing at least the same level of decline, if not more. Of concern is that 18 of the 45 counties with sufficient data had an increase in the rate of infant deaths from 2004–2006 to 2011–2013, including

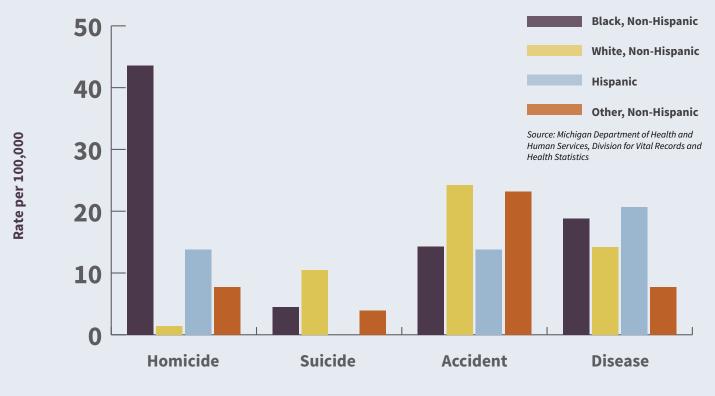
Cheboygan-Otsego-Presque Isle¹⁰ counties with both the number and rate nearly doubling. Urban counties generally experienced higher infant mortality rates than the state average (7 per 1,000 births) than rural counties (6.2 per 1,000 births). In particular, Detroit's 2011–2013 rate was 7 per 1,000 births following a 10% decline from the previous 2004–2006 base period.

While some progress has been made to close the racial gap in infant death rates, significant disparities continue to persist. In 2005, there were three times as many infant deaths for Black, non-Hispanics than for White, non-Hispanics. ¹¹ That ratio fell to 2.3 in 2013. ¹² Additionally, the American Indian, non-Hispanic infant mortality rate is the second highest and shows a slight increase from 2008 to 2013. Also troubling is that after making some progress from 2008 to 2011, the infant mortality rate for Hispanics is on the rise.

UNINTENTIONAL INJURIES LEADING CAUSE OF DEATH FOR ALL CHILDREN, SUICIDE AND HOMICIDE SECOND AND THIRD FOR YOUNG PEOPLE



CAUSES OF TEEN DEATHS VARY WIDELY ACROSS RACE AND ETHNICITY



2012: Ages 15-19 Years

Steady progress with fewer child deaths, state rate down by over 12% from 2004–2006

Keeping children safe from harm and from early death is essential to long-term child well-being. Unintentional injuries—those that can be prevented with proper safety precautions—are the leading cause of death for children in Michigan. For young people, suicide and homicide rank as the second and third leading causes of death. Over the trend period, the state experienced a decline of 12.4% in the child death rate. Most counties also had declines, including St. Joseph and Wexford counties, which showed the most improvement. Clinton and Jackson counties had the highest increases in their child death rate.

African-American youth are disproportionately more likely to die from homicide compared with their White and Hispanic peers. White teens are at higher risk of death by suicide and accident. Firearms are involved in the majority of homicides and suicides. Several policies have been put into place to prevent accidents, such as graduated driver's licenses, but not as much has been done to address youth safety, particularly the disparate number of African-American homicides. Schools and neighborhoods must be safe and access to guns must not be easy.

For young people, suicide and homicide rank as the second and third leading causes of death.



2011–2013: Teen births				
М	ichigan: 25	5.9 per 1,000		
5 Best Counties	Rate	5 Worst Counties	Rate	
Washtenaw	9.1	Lake	46.2	
Livingston	9.2	Wexford 42.5		
Houghton	11.3	St. Joseph 42.3		
Isabella	11.4	Clare	40.6	
Marquette	12.5	Calhoun 40.5		
# Counties # Counties # Counties Ranked: 81 Changed: 79 Improved: 72				

2014: Children in investigated families				
M	ichigan: 95	5.2 per 1,000		
5 Best Counties	Rate	5 Worst Counties	Rate	
Keweenaw	18.0	Lake	259.6	
Livingston	46.0	Luce 241.1		
Oakland	49.3	49.3 Roscommon 216.6		
Clinton	54.3	losco 180.		
Ottawa	55.0	Crawford	179.1	
# Counties Ranked: 83				

2014: Confirmed victims of abuse/neglect				
М	ichigan: 14	1.7 per 1,000		
5 Best Counties	Rate	5 Worst Counties	Rate	
Oakland	5.9	Lake	68.6	
Macomb	7.8	Antrim 36.2		
Houghton	7.9	Missaukee 35.8		
Clinton	8.6	Wexford	35.8	
Livingston	8.6	Alger	34.6	
# Counties # Counties # Counties Ranked: 82 Changed: 79 Improved: 12				

2014: Children in out-of-home care					
M	lichigan: 4	.6 per 1,000			
5 Best Counties	5 Best Counties Rate 5 Worst Counties Rate				
Houghton	1.6	Luce	32.1		
Missaukee	1.7	Lake 24.6			
Oakland	2.0	Crawford 15.0			
Ottawa	2.0	Arenac 14.7			
Clinton	2.2	Alcona	12.6		
Ionia	2.2				
# Counties # Counties # Counties Ranked: 79 Changed: 78 Improved: 34					

Families and communities are critical to a strong foundation for child well-being. At the center of a child's world are the people they interact with every day and the places in which they live. When homes or neighborhoods are not well positioned to protect children from toxic stress or adverse childhood experiences, children are faced with barriers to meet their full potential. The trauma caused by living in poverty, being abused or neglected, living with a parent with a substance abuse disorder, or having an incarcerated parent has real consequences for a child's long-term outcomes.

Data in Action: Strengthening Families and Communities

Over 17% of Michigan's children live in concentrated poverty', 28% of children experience two or more adverse experiences, nearly 10% of children live in a home investigated for abuse and/or neglect, and 8,000 babies are born to teen moms...

With strong institutions and resources, communities can help build resilient families and neighborhoods, which are essential to child well-being. To prevent child abuse and neglect, proven services should be targeted to those most at risk to help expectant and new parents access tools and information and ensure that they are supported in their new roles. Safety, stability and nurturing at home and in communities are critical to child development. Additionally, teen and unintended pregnancies can put mothers and children at risk and pregnancy prevention should remain a priority.

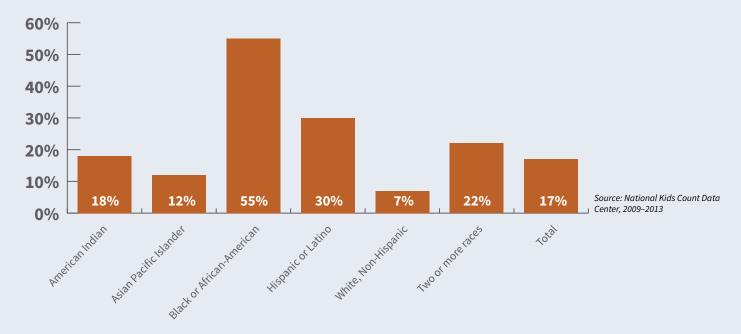
• Invest in communities: While revenue sharing has increased over the last few fiscal years, the state is currently underfunding cities, villages and townships by 70%.² These funds help local communities provide police and fire services, street and sidewalk maintenance and repairs, and trails and parks. Creating safe and vibrant communities with plenty of opportunities for improved quality of life—reduced blight, public transportation and recreational activities—is important for families in so many ways. Safe routes to school improve school attendance and educational outcomes. Access to reliable public transportation is important for job opportunities and employment. In the case of the city of Flint, investment in crumbling infrastructure would provide basic safety for families and also attract people and businesses.

Michigan should continue to increase revenue sharing to fully fund local government, ensure access to safe and reliable public transportation, and support affordable housing and community development initiatives.

Expand home visitation programs: Early childhood programs like home visitation offer many benefits, including increased school readiness and decreased juvenile justice encounters. Many of the evidence-based models target the prevention of child abuse and neglect and attainment of financial security. Young children are at the highest risk of abuse and neglect. Having a trained professional available to help parents of young children identify and prevent issues early can be crucial to strengthening parenting skills and improving short- and long-term outcomes for children. Home visitors assist at-risk mothers and families to create a safe, nurturing and stimulating environment to help their children grow and develop.

Michigan has a long history of supporting evidence-based and proven home visitation services. With the passage of PA 291 in 2012, the state is building its capacity to collect data on need and effectiveness and ensure needed community collaboration. As this work continues, the state should become well positioned to identify additional geographic areas of need to expand these

CHILDREN OF COLOR ARE MUCH MORE LIKELY TO LIVE IN HIGH-POVERTY NEIGHBORHOODS



PERCENT OF CHILDREN LIVING IN HIGH-POVERTY NEIGHBORHOODS VARIES ACROSS THE STATE

County	Number	Percent
Michigan	387,024	17.1
Allegan	1,659	5.9
Bay	2,856	12.4
Berrien	6,664	18.7
Calhoun	5,695	18.1
Cheboygan	604	12.2
Chippewa	1,705	23.1
Clare	2,632	42.4
Clinton	343	1.9
Delta	545	7.4

County	Number	Percent
Eaton	868	3.6
Genesee	30,605	30.1
Gratiot	1,936	22.3
Hillsdale	2,428	22.9
Houghton	426	5.8
Ingham	13,521	23.8
Ionia	455	2.9
losco	561	12.9
Isabella	2,506	21.0
Jackson	5,935	16.5

County	Number	Percent
Kalamazoo	9,348	16.7
Kent	27,375	17.6
Lenawee	2,946	13.4
Macomb	14,528	7.7
Marquette	1,429	11.7
Mecosta	1,372	16.6
Monroe	450	1.3
Muskegon	8,398	20.5
Oakland	17,137	6.2
Ogemaw	843	20.0

County	Number	Percent
Osceola	1,182	21.7
Oscoda	430	25.9
Ottawa	1,273	1.9
Saginaw	12,421	27.7
St. Clair	5,007	13.6
St. Joseph	1,117	7.3
Van Buren	2,066	11.2
Washtenaw	4,862	6.9
Wayne	192,896	43.6

*Source: American Community Survey, 5 Year Average, 2009–13

proven models to reduce child abuse and neglect, increase school readiness, and improve the health of moms and babies.

Promote comprehensive strategies to prevent child abuse and neglect: While state funding for child abuse and neglect prevention has declined—or at best stagnated—and is an issue to be addressed, prevention encompasses much more. Children living in poverty or in households where a parent suffers from substance abuse or depression are at higher risk of becoming victims of abuse or neglect. As referenced in earlier recommendations, parents need to be connected to workforce development opportunities and income support programs. Additionally, with the resurgence of prescription pill and heroin addictions in the state, it has become increasingly critical to ensure access to mental health services, including treatment for substance abuse and depression. In fact, nearly 30% of children confirmed as victims of abuse or neglect were exposed to drug activities, with the majority of these children being exposed to substance abuse (61.7%) or testing positive for drugs as infants (28.6%).3

The creation of the state Department of Health and Human Services (DHHS) has presented an opportunity to view the prevention of child abuse and neglect more holistically. With children's services, income assistance programs and public health under the same agency, there is potential for more integrated discussion about how to prevent child abuse and neglect.

pregnancies are rarely planned. Plus, 45% of women of all ages giving birth report that their pregnancies were unintended. The social and economic consequences of teen and unintended childbearing are dire and long lasting. While significant progress has been made to reduce teen pregnancy, Michigan's and the country's teen birth rates remain among the highest of any industrialized country, providing evidence that policymakers must continue to focus on strategies that work. Women who plan their pregnancies are more likely to be financially secure, seek prenatal care earlier, and be in a stable relationship, all of which benefit mother and child well-being.

To help reduce the number of teen and unplanned pregnancies, Michigan policymakers should support funding for evidence-based, results-driven programming. This should include targeting resources specifically for youth in foster care and the juvenile justice system, who experience teen pregnancy at rates higher than average. Additionally, to prevent unintended pregnancies, women must have access to affordable contraception that includes a full range of methods. Finally, as mentioned previously, early

childhood programs, such as home visitation, improve the health and outcomes of moms and babies and have been shown to also help with family planning.

Living in a high-poverty neighborhood, where crime rates are often very high, can have detrimental impacts on child well-being, even for those children whose families are better off financially. Limited access to resources and opportunities throughout one's life can result in lower school achievement and economic security and increased contact with the justice system. Michigan ranks in the bottom 10 in the country for its high percentage of children living in concentrated poverty (17%). Significant disparities exist by race and ethnicity. While 7% of White children live in high-poverty neighborhoods, more than half of African-American children, almost 1 of every 3 Hispanic children, nearly 1 of every 5 American Indian children, and 1 of every 8 Asian and Pacific Islander children experience it.

For the 38 counties with available data, 16 have concentrated poverty rates higher than the state average of 17%, including three counties with at least 30% or more of their children living in concentrated poverty. The vast majority of counties have more than 10% of children living in high-poverty neighborhoods, including Clare (42.4%); Genesee (30.1%); Oscoda (25.9%); Saginaw (27.7%); and Wayne (43.6%) counties. Five counties experienced rates less than 5%: Clinton (1.9%); Eaton (3.6%); Ionia (2.9%); Monroe (1.3%); and Ottawa (1.9%).

Over 90% of confirmed victims were neglected and 26% physically abused⁵

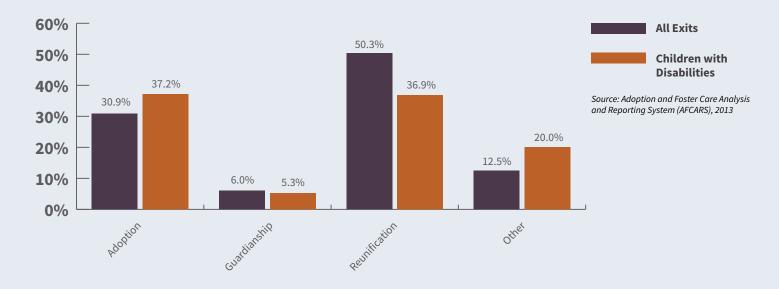
Experiencing traumatic events, such as abuse or neglect, or enduring toxic stress like chronic poverty can have long-lasting effects on children through adulthood. Over the trend period, the rate of children in Michigan living in families investigated for child abuse and neglect increased by 52%. In 2014, more than 95 per 1,000 children, ages 0–17, lived in a family investigated for abuse or neglect. Children in Keweenaw County fared the best (18 per 1,000) while those in Lake County experienced the highest investigation rates in the state (259 per 1,000). Keweenaw County was the only county to experience a decline during the trend period. Alpena had the largest rate increase (191.6%).

Also rising over the trend period, by 29%, was the rate of children confirmed as victims of abuse or neglect. In 2014, nearly 15 of every 1,000 children, ages 0–17, were confirmed victims of abuse or neglect compared with just over 11 per 1,000 in 2006. Again, Lake County (68.6 per 1,000) experienced the highest rate of children confirmed as victims, which increased at one of the highest rates of all counties. Children in Oakland County were the least likely to be confirmed victims of abuse or neglect (5.9 per 1,000) and the county experienced one of the largest declines in its rate (18%). However, Baraga County had the greatest rate decrease (44%), which is partially due to small numbers of incidences.

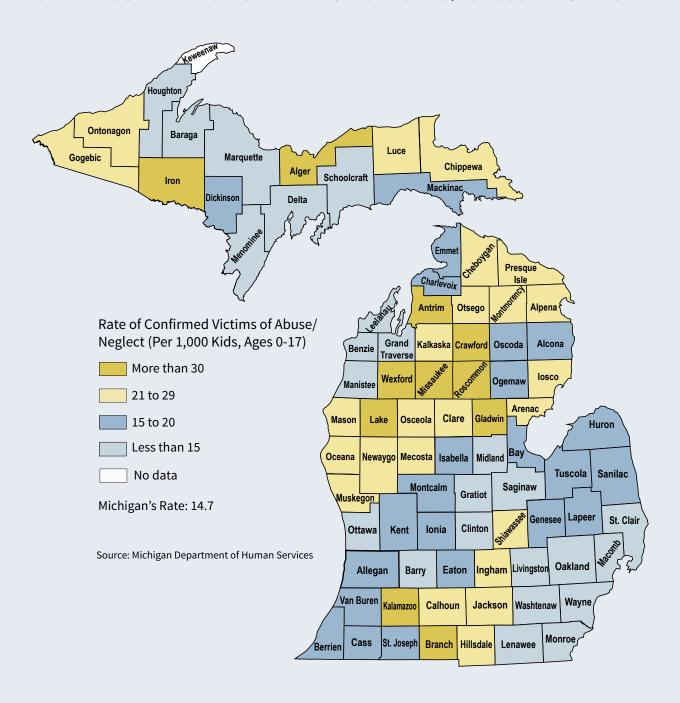
Each reported case of abuse and/or neglect is investigated by a Children's Protective Services (CPS) worker at the Department of Health and Human Services (DHHS) and is categorized based on the evidence collected and the safety risk for recurrence of abuse or neglect:

- Category I: These are the most serious cases of abuse or neglect against a child. In these situations, a preponderance of evidence is found and a court petition is filed to remove the child/children from the home. The department is required to provide services, either through CPS or foster care, and the family must participate in community-based services.
- Category II: There is a preponderance of evidence of abuse or neglect and based on the risk assessment, there exists a high or intensive risk of future abuse or neglect to the child. The family is required to receive services from DHHS and participate in community-based services.
- Category III: A preponderance of evidence of abuse or neglect is found and it is determined that there is a low to moderate risk of future abuse or neglect. The family is referred to communitybased services.
- Category IV: In these cases, the investigation reveals that there
 is no preponderance of evidence of abuse or neglect. However,
 the department assists the family with voluntary participation in
 appropriate community-based services.

CHILDREN WITH DIAGNOSED DISABILITIES LESS LIKELY TO BE REUNIFIED



CHILD ABUSE AND NEGLECT REMAINS HIGH FOR 70% OF COUNTIES IN 2014



 Category V: There may not be any evidence of abuse or neglect, the court decides not to issue an order to require the family to cooperate or the family cannot be located.

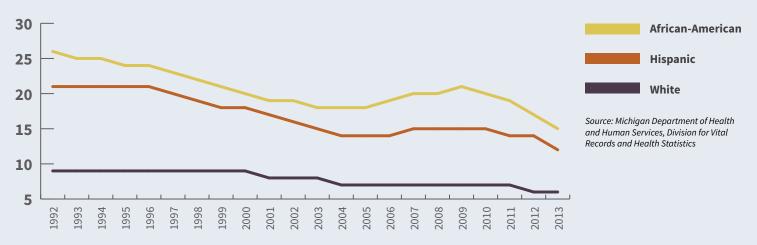
In 2014, the vast majority of the 80,117 cases investigated revealed no evidence of abuse or neglect (Category IV: 69.08%; Category V: 4.5%). Abuse or neglect occurred in more than one-quarter of the cases (Category I: 5.6%; Category II: 7.58%; Category III: 13.08%). Many of these families are required or encouraged to participate in community-based services to help strengthen their families and parenting skills. It is critical to ensure that services are available, particularly in rural counties, and that there are no barriers to accessing needed services like transportation.

More than 50% of children in foster care are reunited with their families⁶

While the goal is always to return a child to his/her family, sometimes children are removed from their homes until safety issues are resolved. Although the rate of child abuse and neglect increased over the trend period, the state average for out-of-home care declined by 31%. However, these rates vary significantly by county. For example, Houghton County had the lowest out-of-home placement rate of 1.6 per 1,000 children, ages 0–17, and Luce County had the highest rate of 32.1 for every 1,000 children. The state average rate is 4.6 per 1,000. Additionally, less than half of counties experienced a decline in the rate of out-of-home placement (35 of 75 counties) ranging from -70%

MAJOR DECLINES IN TEEN BIRTHS OCCURRED FOR ALL RACIAL/ETHNIC GROUPS OVER LAST TWO DECADES

Percent of total births by race/ethnicity



(Genesee County) to -0.2% (Grand Traverse-Leelanau⁷ counties). The remaining 40 counties experienced increases in their out-of-home placement rates between 2.1% (Barry County) and 150% (Livingston County). Some smaller counties also experienced significant increases in out-of-home placement rates.

When a child is placed into care outside of the home, the DHHS strives to move the child into permanency as quickly as possible whether it is reunification with his/her family or a new home through adoption. The majority of children do return home—again making access to services very important—but nearly a third are adopted and a smaller percentage are placed into guardianship (6%).8 However, children with diagnosed disabilities are less likely to be reunited with their families.

Percent of teen births has declined dramatically for all races and ethnicities

The 2013 teen birth rate in Michigan improved to 24 per 1,000 teens and remained lower than the national average (26 per 1,000). Similar to the decline in teen birth rates, the percentage of total Michigan babies born to young women under the age of 20 decreased substantially (40%) over the past two decades. The overall percentage dropped from 13% in 1992 to 7% in 2013. While the state's three major racial/ethnic groups all experienced declines in teen births of roughly 40%, large differences persisted. Even with the decrease, in 2013, African-American teen births still comprised 17% of all births and Hispanic teen births were 14% of all births compared with 6% of all births for White teen births.

Over the trend period, the rate of teen births in Michigan declined by nearly 23%, falling to nearly 26 per 1,000. Washtenaw County had the lowest teen birth rate (9.1 per 1,000) while Lake County had the highest (46.2 per 1,000). Kalkaska County experienced the largest decline of more than 47% over the trend period and Roscommon County had a significant increase of more than 31%. Larger percentages of teen births exist in counties, such as Lake and Roscommon, which are besieged by poverty. Such a concentration of social and economic disadvantage in counties and communities and among our largest racial/ethnic groups speaks to a pervasive need for a renewed commitment to comprehensive evidence-based prevention strategies that include economic opportunity.

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IMPROVING DATA COLLECTION TO HELP JUSTICE INVOLVED YOUTH

With the 2012 U.S. Supreme Court decision asserting that essentially children are children and should be sentenced and treated as such—and in 2015 affirming that this should be applied retroactively, recent juvenile facility closures at the state level, and pending legislation that has the potential to truly reform the way that Michigan treats justice involved youth, data collection has become even more critical.

To ensure that the needs of youths are met through prevention, diversion and reentry services effectively and efficiently, the state's juvenile justice system—and other related systems—need to be strengthened with policy decisions driven by good reliable data. This means that all courts and facilities are required and funded to report data, consistent definitions exist across localities, and racial and ethnic disparities are addressed.

What we know about justice involved youth...

The majority of youth in Michigan's juvenile justice system are diverted or successfully served in the community. Approximately 74% of justice involved youth are diverted from placement and ordered by the court into a program such as probation or other in-home and community-based programs.

2014 judicial data shows:

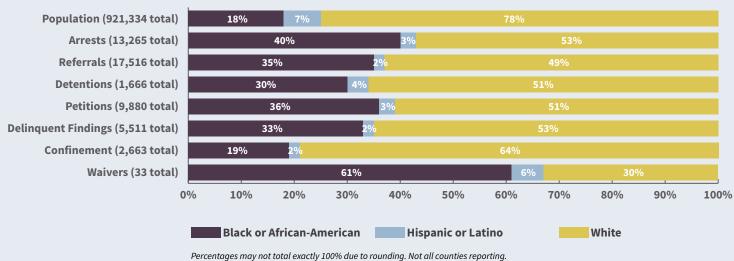
• 36,788 delinquency cases were pending, newly filed or reopened.

- Nearly 22% of the delinquent cases were diverted while over 12% were placed on the consent calendar to be handled informally.
- Almost one-fifth of the delinquent cases were dismissed either by the party or court.
- In one-third of the juvenile cases disposed, a guilty plea or admission was entered. Another 1% resulted in a verdict by a jury or a judge.

Over the past 10 years, 20,291 youth under 18 were convicted as adults in Michigan.

- Michigan is one of only nine states that automatically considers 17-year-olds as adults, accounting for 95% of youth in the adult system. The majority of these youth (59%) were convicted of nonviolent offenses and 58% had no prior juvenile record.
- Youth who are 14 to 16 years old can be waived to adult court via traditional (judicial) waiver or automatic (prosecutorial) waiver.
 In 2014, through either traditional or prosecutorial waiver, 70 delinquency cases were sent to adult criminal court.
- Youth of any age can be "designated" (adult criminal proceedings in juvenile court). Of the designated cases, a guilty plea was entered for the vast majority (55) and a smaller number was dismissed by the court (20) or the party (3).

SIGNIFICANT DISPARITIES EXIST WITHIN THE JUVENILE JUSTICE SYSTEM AT NEARLY EVERY DECISION POINT



Percentages may not total exactly 100% due to rounding. Not all counties reporting Source: Michigan Committee on Juvenile Justice, 2012 Data



2013: 3- and 4-year-olds in preschool				
	Michiga	n: 47.5%		
5 Best Counties	Rate	5 Worst Counties	Rate	
Leelanau	63.0%	Ontonagon	20.3%	
Washtenaw	59.9%	Montmorency 20.6%		
Oakland	58.7%	Mackinac 27.29		
Roscommon	58.5%	Iron	28.3%	
Huron	57.9%	Houghton 29.9%		
# Counties # Counties # Counties Ranked: 82 Changed: 78 Improved: 47				

	onungen 10 mproteur 11			
2015: 8th-graders not proficient in Math				
Michigan: 67.8%				
5 Best Counties	Rate	5 Worst Counties	Rate	
Crawford	47.0%	Lake	86.2%	
Washtenaw	51.5%	Manistee	84.8%	
Emmet	53.3%	Alcona	83.0%	
Mackinac	53.3%	Wexford 81.89		
Ottawa	54.6%	Schoolcraft	81.2%	
# Counties # Counties # Counties				

Changed: N/A

Ranked: 82

Improved: N/A

2015: 3rd-graders not proficient in English Language Arts						
Michigan: 49.9%						
5 Best Counties	Rate	5 Worst Counties	Rate			
Schoolcraft	21.6%	Oceana	67.1%			
Barry	32.3%	Alcona	64.8%			
Ottawa	32.6%	Cheboygan	62.9%			
Charlevoix	34.7%	Baraga	62.2%			
Houghton	36.1%	Lake	61.7%			
# Counties # Counties # Counties Ranked: 82 Changed: N/A Improved: N/A						

2014: High school students not proficient in English Language Arts						
Michigan: 41.3%						
5 Best Counties	Rate	5 Worst Counties	Rate			
Washtenaw	27.8%	Lake	72.7%			
Midland	28.5%	Clare	55.2%			
Clinton	30.8%	Osceola	54.3%			
Ottawa	30.8%	Montmorency	54.2%			
Emmet	31.8%	Ontonagon	54.0%			
# Counties Ranked: 82	# Counties # Counties Changed: N/A Improved: N/A					

2014: Students not graduating on time						
Michigan: 21.4%						
5 Best Counties	Rate	5 Worst Counties	Rate			
Mackinac	5.9%	Leelanau	44.6%			
Delta	8.6%	Lake	44.4%			
Oscoda	9.5%	Manistee	36.6%			
Iron	10.3%	Roscommon	34.5%			
Livingston	10.7%	Berrien	28.7%			
# Counties # Counties # Counties Ranked: 82 Changed: 82 Improved: 49						

Michigan's future economic prosperity and standing heavily depends on having a highly educated and skilled workforce. Education, beginning prenatally with a healthy birth and on into adulthood as lifelong learners, is critically important for overall well-being. Improved educational outcomes are connected to a number of factors, such as parental economic opportunity and community resources. Research has also demonstrated the importance of early learning and parental engagement to school readiness and long-term achievement.



Data in Action: Improving Educational Outcomes

60% of young children living in households under 200% of the federal poverty level are not in preschool, nearly 50% of third-graders are considered not proficient in English Language Arts, 15% of children under 6 are read to less than three days per week, and 6% of youth are either not in school or working...

With a changing economy from "brawn to brain," policymakers became focused on improving educational outcomes as one of the best ways to achieve economic security, improved health and other benefits. Following the Great Recession, the biggest economic downturn to affect Americans since the Great Depression, there continues to be concentrated attention on how to help students achieve at higher levels. What is clear, however, is that deep disparities continue to exist based on race, place and income. There is a strong connection between poverty and concentrated poverty with educational outcomes. These must be addressed simultaneously if students are to reach their full potential, providing businesses with a skilled workforce and communities and families with economic stability.

• Adequately fund public schools targeting high-need areas:

Although state funding increases have been made after significant cuts in 2011, Michigan continues to fare poorly in educational investments compared to other states. Without adequate support, schools cannot possibly provide safe and comfortable buildings, up-to-date textbooks or technology, or enriched or expanded learning opportunities, making it more difficult to deliver a high-quality education to students.

The Fiscal Year 2016 budget included investments to improve third-grade reading, which will need to be increased for schools to provide quality early and ongoing interventions to effectively help students. Also increased were funds to target support for at-risk students, but ongoing significant disparities point to the need to continue to augment these resources. Finally, due to declining enrollment, students are being negatively impacted under the current school funding formula and it should be reevaluated.

Increase access to early developmental screenings & services:
Identifying developmental delays early in a child's life can
significantly impact long-term outcomes. Children and their
families benefit greatly from early intervention. For example,
children have improved communication and cognitive skills while
parents are better able to support their children's growth over
time. Further, early intervention services help to ensure that
children are better prepared for school. These services have also
demonstrated a decrease in the cost of special education.

Currently 2.6% of the eligible population is being served; however, it is estimated that almost 8% of children are eligible to receive Early On services. To increase screenings and services, Michigan can allocate state funds for Early On (Part C of the Individuals with Disabilities Education Act [IDEA]), which provides specialized early intervention services and supports to infants and toddlers with disabilities and developmental delays and their families. Michigan should join the majority of states that help bolster the reach of the program with the use of state funds.

Provide early interventions to improve third-grade reading:
 Reading by the end of third grade represents a critical milestone in a student's long-term academic achievement. School readiness starts with a healthy birth and pregnancy. Learning begins well before a child even reaches kindergarten and strategies to increase reading proficiency should reflect that notion.

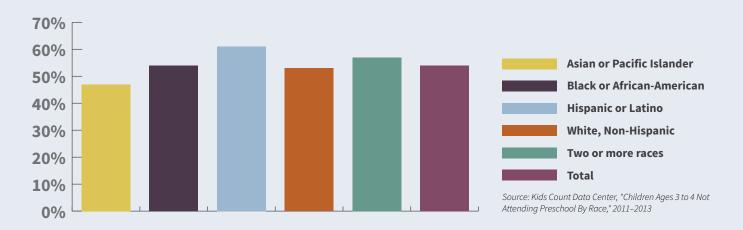
Home visitation and Early On, as mentioned in previous policy recommendations, are two key early childhood programs that can improve school readiness and reading outcomes. The state has made progress in expanding 4-year-old preschool programs; however, it should also establish a state 3-year-old preschool program. Additionally, any legislation aimed at improving third-grade reading should be a comprehensive solution that invests in early identification and intervention.

Engage parents early in their children's education: The quality
of the interaction between children and their parents or other
caregivers has a significant impact on socio-emotional health
and cognitive development.² Parents and other caregivers should
be supported to better understand their child's development
and needs and to promote early learning, which begins at home.
Children are more likely to do better in school if their parents are
actively engaged and involved.

Some pre-k programs, like Head Start and the Great Start Readiness Program (GSRP), along with home visitation models, actively reach out and work with parents. That type of engagement should continue throughout a child's education whether it is to develop a plan to intervene when a child is struggling with school

LATINO CHILDREN ARE LESS LIKELY TO BE ENROLLED IN PRESCHOOL

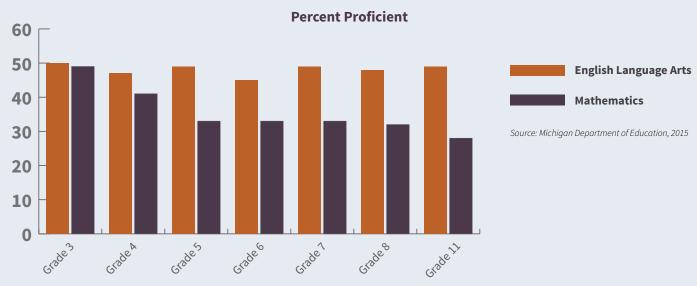
Percent of 3-4-Year-Olds Not Enrolled in Preschool



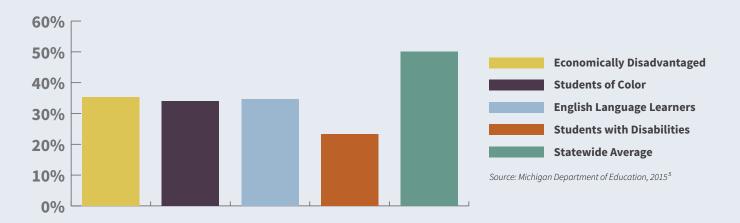
or to join the Parent-Teacher Organization (PTO). Involving parents can also be dual-purpose in that it can help the child meet his/her educational goals, as well as connect the parent to any resource that the family might be in need of, like adult education, English language classes or public assistance.

• Invest in youth development and career-technical education strategies: Youth who are either not in school or working are more likely to experience short- and long-term financial insecurity. Many jobs in today's economy, especially those that pay a livable wage, require some level of postsecondary training or education and at the very least a high school diploma. With opportunities to participate in enhanced or summer learning programs, community-based partnerships in job training or postsecondary credentialing, multiple pathways to graduation, and appropriate disciplinary policies, students are more likely to be successful. Students who become disconnected from school because they are struggling academically or were expelled often will not return to learn in a traditional setting. Alternative programs that allow youth to have flexibility and engage in job and postsecondary training and education need to be more available and accessible. Additionally, the disparate application of suspension and expulsion is well documented and often leads students down a path that doesn't allow for graduation or economic security. But it does increase the chance of contact with the justice system, which can have lifetime consequences. These policies must be reevaluated at the state level through data collection and analysis. Enrichment programs, such as after-school or summer learning, can help to keep students engaged and learning and should be expanded and supported.

READING SCORES PEAK IN 3RD GRADE, STILL ONLY 50% PROFICIENT



ROUGHLY ONE-THIRD OF MINORITY GROUPS WERE PROFICIENT IN 3RD-GRADE ENGLISH LANGUAGE ARTS COMPARED TO HALF STATEWIDE



Preschool enrollment in Michigan is on the rise, but disparities exist by race/ethnicity, place and income

Early learning experiences increase school readiness and have demonstrated long-term effects on education and economic outcomes. Over two five-year periods, 2005–2009 and 2009–2013, the percentage of young children enrolled in preschool increased by 1.3% with less than half of 3- to 4-year-olds in preschool (47.5%). Mid size counties experienced the largest rate growth in preschool attendance (7.1%) while urban counties had a small increase (1.1%). Rural counties lost ground with a 14.9% decrease in 3- and 4-year-olds attending preschool. Disparities also exist not solely by place, but by income and race. Children in lower income households are more likely not to be in preschool (60% versus 40%), and Latino children are also less likely to be in preschool.

Over the past several years, much focus has been on increasing preschool attendance as a way to improve third-grade reading. However, preschool alone cannot accomplish this, which appears to have been recognized by Governor Rick Snyder's 2015 Third-Grade Reading Initiative that included funding for programs that reach families with young children even before preschool age. In addition to expanding early childhood education as an approach to improve school readiness, the state made changes to standardized testing to set the bar for students at a higher level. The more rigorous M-STEP test, replacing the 44-year-old MEAP test, was administered for the first time in the spring of 2015. Not only did the new test raise standards of proficiency and learning, but it was moved to test students at the end of the school year rather than the beginning and it was computerized. The results were not surprising.

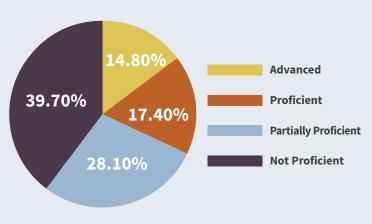
Stark variations of proficiency on the M-STEP subject areas existed amongst Michigan counties. The top ranked county, Schoolcraft, had 21.6% of its third-graders not proficient in English Language Arts while Oceana County, the worst ranked, had 67.1% of its third-graders not reading proficiently. Although, urban, mid size and rural counties all experienced similar levels of proficiency on third-grade English Language Arts. The results from the city of Detroit were startling, however, with over 83% of third-grade students tested not proficient in English Language Arts. Outer-Wayne results were similar to the state average of 49.9% with 48.4% not proficient.

Proficiency also varied by income, race/ethnicity, English Language Learners and students with disabilities. More than 35% of students considered to be economically disadvantaged compared with nearly 67% of non-economically disadvantaged students were proficient in third-grade English Language Arts. Similarly, English Language Learners (ELL) in third grade were proficient at a rate of nearly 35% and more than half of non-ELL students were proficient. Only 23.3% of students with disabilities were proficient. Higher rates of proficiency existed for Asian students (69.7%), Native Hawaiian/other Pacific Islander (52.3%), and White students (58.2%). Other groups experienced rates below the state average: American Indian or Alaska Native (44.3%); Black or African-American (23.2%); Hispanic⁴ (37.2%); Two or more races (47.7%).

Less than one-third of eighth-graders were considered proficient in math

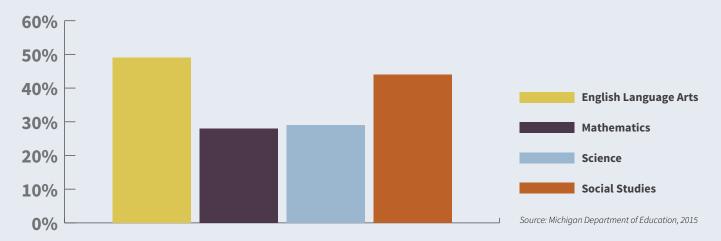
On the M-STEP, most counties had better results with their younger students. Even the highest ranked county, Crawford, had nearly

SMALL NUMBER OF 8TH-GRADERS PROFICIENT IN MATH ON NEW TEST



Source: Michigan Department of Education, 2015

LESS THAN HALF OF 11TH-GRADERS PROFICIENT IN READING, LOW MATH AND SCIENCE SCORES



half of its eighth-graders not proficient in math (47%). Schoolcraft County, while appearing first for third-grade English Language Arts, fell in the bottom five for eighth-grade math. Ottawa County, on the other hand, made the top five for both third-grade English Language Arts and eighth-grade math results. Lake and Alcona counties fell on the bottom five for both measures. Urban counties had lower rates of students not proficient in eighth-grade math (66.9%) compared with mid size (71.2%) and rural counties (71.5%), which had similar rates. Again, students in Detroit fared worse than outer-Wayne County students (91.2% versus 68.5% not proficient). The Upper Peninsula also had a higher percentage of eighth-graders not proficient in math than the state average (70.5% versus 67.8%).

High school English Language Assessment and college prep tests reveal little progress

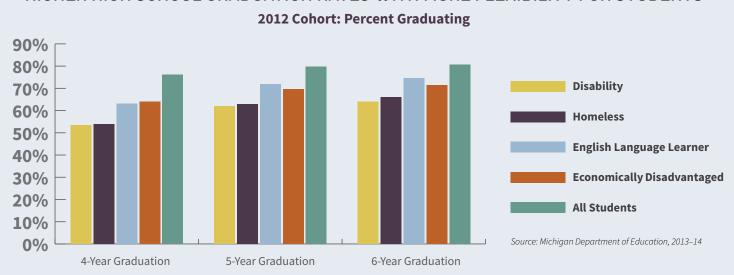
In the spring of 2015, the Michigan Merit Exam (MME) was delivered as a part of the M-STEP. Unlike previous versions of the MME, the new

test combines reading and writing into one component. The English Language Assessment (ELA) test results, similar to other grades, show that only 49% of eleventh-graders were proficient in reading and writing and less than 30% were proficient in math and science. ACT scores showed slight improvement in English, reading and science, but overall scores mostly have stagnated over the past five years.

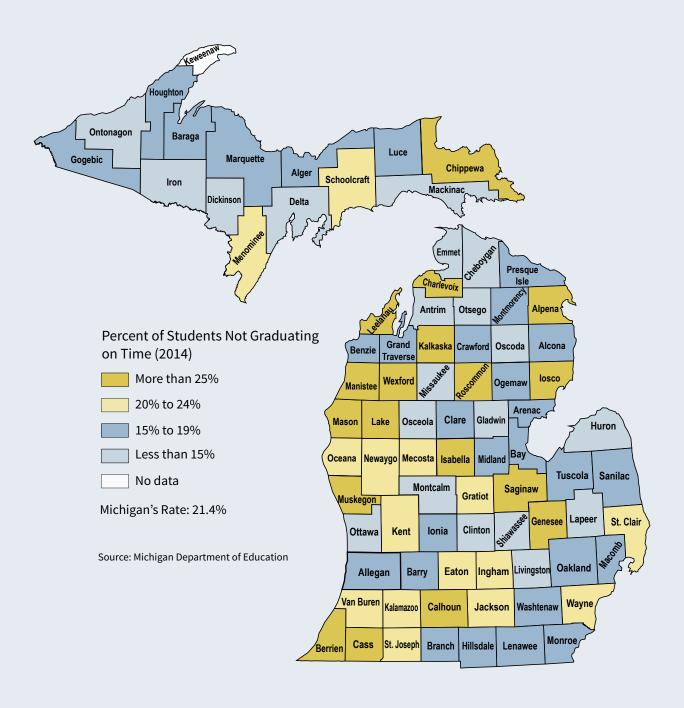
The high school dropout rate declined by over 36% from 2006–07 to 2013–14 school years⁶

Of high school students graduating in 2014, 21.4% did not graduate on time within four years (78.6% on-time), which is an improvement of 12.8% over the trend period. The rate of on-time graduation is much lower by race/ethnicity and income. The on-time graduation rate for Asian (89.1%), Native Hawaiian/Pacific Islander (78.9%), and White (82.9%) students was higher than the state average. African-American (64.5%), American Indian (64.8%), Hispanic (68.8%), and economically disadvantaged (65.6%) students' on-time graduation rates were lower.

HIGHER HIGH SCHOOL GRADUATION RATES WITH MORE FLEXIBILITY FOR STUDENTS



TOO MANY MICHIGAN STUDENTS STILL NOT GRADUATING HIGH SCHOOL ON TIME

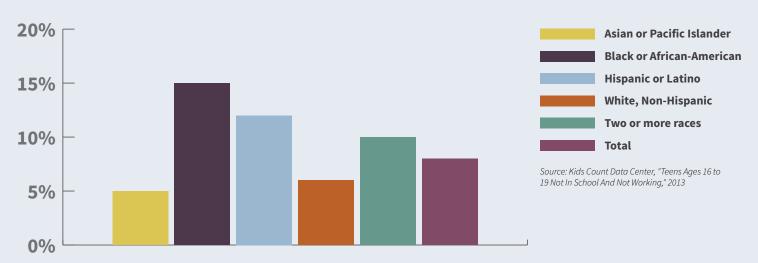


With the implementation of a policy to allow students to take up to six years to graduate from high school, Michigan has seen an increase in high school graduates across various disadvantaged groups. For the graduating class of 2012^7 , final graduation rates rose from 76.2% in four years to 80.7% in six years. The increased rate is especially helpful for students who are low-income, English Language Learners, homeless or students with disabilities.

The vast majority of counties made progress in the percent of students not graduating on time. Improvements ranged from a decrease of 60% in Oscoda County down to a smaller rate decline of 1.3% in Washtenaw County. Overall, urban counties experienced the most decline in students not graduating on time (-16.1%) while rural counties also made progress (-3.1%). Mid size counties had a small increase in the percent of students not graduating on time (4.3%).

BLACK AND LATINO YOUTH ARE TWICE AS LIKELY TO BE DISCONNECTED FROM SCHOOL OR WORK THAN WHITE YOUTH

Percent of Teens, ages 16-19



Students drop out of high school for many reasons, including when they struggle academically. Oftentimes, students do not learn their best in traditional settings, which can also lead to negative or disruptive behavior. Providing students with multiple pathways to high school graduation leads to young people pursuing work, becoming financially secure and contributing as citizens. Too many youth in Michigan are still disconnected and need more opportunities to succeed.

Providing students with multiple pathways to high school graduation leads to young people pursuing work, becoming financially secure and contributing as citizens.

DATA NOTES

BACKGROUND INDICATORS (in order of appearance on profiles)

ECONOMIC CLIMATE

Unemployment

The annual rate (not seasonally adjusted) is based on the average monthly number of persons considered to be in the "workforce" because they are employed or unemployed, but looking and available for work.

Source: U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics [http://data.bls.gov]

Median Household Income

The median represents the midpoint of household income amounts in 2013.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates [http://www.census.gov/hhes/www/saipe.html]

Average Cost of Full-Time Child Care

The number is the weighted average monthly cost for infants, toddlers, preschoolers, and school age children in day care centers, group homes and family homes in 2015.

Source: WorkLife Systems, Inc.

Percent of Full-Time Minimum Wage

The percent is the average child care cost divided by the monthly income from a full-time minimum wage job (based on 168 hours of work).

All Parents Work

The number is an average for 2009–2013 of children ages 0–5 whose parents are in the labor force; i.e. both parents work in a 2-parent family or the parent works in a 1-parent family. The percent is based on the average population ages 0–5 for 2009–13.

Source: American Community Survey Table B23008 [http://www.factfinder.census.gov]

POPULATION

Estimated populations for 2013 are for all people and of children ages 0–5, 6–12, 13–17 and 0–17. The 0–17 populations are listed by race and ethnicity. The estimates use a model that incorporates information on natural changes such as births and deaths and net migration.

Source: U.S. Census Bureau, State and County Population Estimates

FAMILY SUPPORT PROGRAMS

Children Receiving:

Subsidized child care: This number reflects children ages 0–12 in child care whose parents received a subsidy payment from the state in December 2014. Most families qualify with earned income below 121% of the poverty level. The percentage is based on the estimated population of children ages 0–12 in 2013.

Source: Michigan Department of Health and Human Services, Child Development and Care Program, Assistance Payments Statistics, Table 69, December 2014

FIP cash assistance: The number reflects child recipients ages 0–18 in the Family Independence Program (FIP) in a single month (December 2014). Families with minor children qualify with assets less than \$3,000 and gross monthly income below \$814. Children in families receiving extended FIP are not included. The percentage is based on the estimated 2013 population of children ages 0–18.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 4, December 2014 (for counties); special run for Detroit data

Food Assistance Program: The number reflects child recipients ages 0–18 in the FAP, also known as the Supplemental Nutrition Assistance Program, in a single month (December 2014), whose families qualify with incomes below 130% of the poverty level. The percentage is based on the estimated population of children ages 0–18 in 2013.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics,

Children with Support Owed

Table 68, December 2014 (for counties); special run for Detroit data

The number reflects children ages 0–19 who had a child support order and should have received child support for at least one month during Fiscal Year 2014. The percent is based on the estimated population of all children ages 0–19 in 2013. The county represents the location of the court rather than the child's residence.

Receiving none: The number reflects children who received none of the support payments that were owed during Fiscal Year 2014. The percent is based on the number of children with support owed for at least one month during Fiscal Year 2014.

Receiving less than 70% of court-ordered amount: The number reflects children who received less than 70% of total support amount owed for Fiscal Year 2014 (including those who received none). The percent is based on the number of children with support owed for at least one month during Fiscal Year 2014.

Average amount per child: The number reflects the average monthly amount (per child) of support received in Fiscal Year 2014, for children who received some child support.

Source: Michigan Department of Health and Human Services, Child Support Enforcement System Special Run

FAMILY & COMMUNITY

Births to Mothers with No High School Diploma or GED

The count is an average for 2011–13. The percent is based on average births for 2011-13.

Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Children Living in High-Poverty Neighborhoods

The count is an average for 2009–13 of children living in census tracts with poverty rates of 30% or higher. The percent is based on the 2009-13 average population of ages 0-17.

Source: American Community Survey [http://www.factfinder.census.gov] Table S1701

ACCESS TO HEALTHCARE

Children with Health Insurance

The annual number and percentage estimates are based on a threeyear average (2011–13) number of children ages 0–18 insured through a public or private program at any point during the year based on the Current Population Survey.

Source: Small Area Health Insurance Estimates (SAHIE)

Children Ages 0-18 Insured by:

Medicaid: The number reflects the enrollment in Medicaid as of December 2014. The percentage is based on the estimated population of children ages 0-18 in 2013.

Source: Michigan Department of Health and Human Services, special run for December 2014

MIChild: This program provides health insurance to children ages 0–18 in families with income between 150–200% of the federal poverty line. The number is the average monthly count during 2014. The percentage is based on the estimated population of children ages 0-18 in 2013.

Source: MAXIMUS. MIChild Monthly Executive Summaries

Fully Immunized Toddlers

The number reflects children ages 19–35 months who had completed the vaccination 4:3:1:3:3:1:4 Series Coverage as of December 2014, according to the Michigan Care Improvement Registry (MCIR). The percentage is based on the population of children ages 19-35 months who were born to mothers residing in Michigan at the time of the birth. Source: Michigan Care Improvement Registry [http://mcir.org]

Lead Poisoning in Children, Ages 1-2

Tested: The number reflects children ages 1–2 who were tested for lead in 2014. The percent is based on the number of children ages 1-2 as of July 2013.

Poisoned (% of tested): This number reflects children ages 1–2 whose test showed 5 or more micrograms of lead per deciliter of blood (mcg/ dL), with the results confirmed by venous testing. The percent is based on the number of children ages 1-2 who were tested.

Source: Michigan Department of Health and Human Services, Childhood Lead Poisoning Prevention Program, 2014

Children Hospitalized for Asthma

This number represents Michigan hospital discharges of children ages 1–14 with asthma recorded as the primary diagnosis. The number reflects the annual average and rate per 10,000 children ages 1-14 over three-years (2011-13). Rates are provided only for counties with a three-year total of more than 20 discharges; the numbers are provided for counties with more than four such discharges.

Source: Michigan Department of Health and Human Serviess, Division of Epidemiology Services

CHILDREN WITH SPECIAL NEEDS

Students in Special Education

The number includes all individuals ages 0-26 receiving special education services as of December 2014, except those in programs operated by state agencies. These students have been diagnosed with a mental or physical condition that qualified them for special education services. The percentage is based on the enrollments from the Free/Reduced Lunch data file.

Source: Michigan Department of Education, Special Education Services, and the Center for Educational Performance Information [http://www.mich.gov/cepi]

Children Receiving Supplemental Security Income (SSI)

The number reflects child recipients of SSI as of December 2014. SSI is a Social Security Administration program of cash and medical assistance for low-income elderly and disabled persons, including children. The rate is per 1,000 children ages 0-17 in 2013. Source: Michigan Department of Health and Human Services, Special Run for December 2014

Children Served by Early On

The number reflects children ages 0-2 who were enrolled in Early On in the fall of 2014. The percentage is based on the estimated population for ages 0-2 in 2013. These data are reported by Intermediate School District (ISD); 40 counties have county data, while 43 have their ISD total listed.

Source: Michigan Department of Education

TREND INDICATORS

(in order of their appearance on state/county profiles)

ECONOMIC SECURITY

Children in Poverty

The number reflects children living in families whose income was below the poverty level in 2006 and 2013. The percentage is based on the total number of children ages 0-17 in those years.

Source: U.S. Census Bureau, Small Area Income and Poverty Estimates [http://www.census.gov/ hhes/www/saipe.html]

Young Children in the Food Assistance Program

The number includes children in families eligible for the FAP, also known as the federal Supplemental Nutrition Assistance Program (SNAP), in December 2006 and December 2014. Families qualify with incomes below 130% of the poverty level. The percent is based on the estimated populations of children ages 0-5 in 2005 and 2013.

Source: Michigan Department of Health and Human Services, Assistance Payments Statistics, Table 68, December 2006 and December 2014 (for counties); special run for Detroit data

Students Eligible for Free/Reduced Price School Lunches

K-12 students from families with incomes below 130% of the federal poverty level are eligible for a fully subsidized lunch while children from families with incomes between 130% and 185% are eligible for reduced price meals. The percentage is based on total enrollment of K-12 public school students for school years 2006-07 and 2014-15, including public school academies.

Source: Center for Educational Performance Information [http://www.mich.gov/cepi]

CHILD HEALTH

Less than Adequate Prenatal Care

The number represents the mothers who received less than adequate prenatal care as defined by the Kessner Index, which measures the adequacy of prenatal care by the month it began, the number of prenatal visits, and the length of the pregnancy. Data from years prior to 2008 are not comparable. The number is an annual average for the three-year period of 2011–13. The percent is based on total resident live births, based on the mother's county of residence.

Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Low-Birthweight Babies

The number, which includes those babies who weighed less than 2,500 grams (approximately 5 lb., 8 oz.) at birth, is an annual average for the three-year periods of 2004–06 and 2011–13. The percentage is based on total resident live births in the mother's county of residence.

Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Infant Mortality

The number, which includes infants who died before their first birthday, is an annual average for the three-year periods of 2004–06 and 2011–13. The rate is the number of infant deaths per 1,000 births during the reference periods in the mother's county of residence. Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Child/Teen Deaths

The number includes deaths from all causes for ages 1–19. It is an annual average for the three-year periods of 2004–06 and 2011–13. The rate is the number of child deaths per 100,000 children ages 1–19, during those periods in the child's county of residence.

Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

FAMILY AND COMMUNITY

Births to Teens

The number of births to teens ages 15–19 is an annual average for the three-year periods of 2004–06 and 2011–13. The rate of teen births is based on the number of live births per 1,000 females, ages 15–19 for those periods by county of residence.

Source: Michigan Department of Health and Human Services, Vital Records and Health Data Development Section

Children in Investigated Families

These children reside in families where an investigation of abuse or neglect was conducted in fiscal years 2006 and 2014. Families may be investigated more than once in a given year, and their children would be counted each time. The number reflects the total for the year. Rates are calculated per 1,000 children ages 0–17 in their county of residence. Data are merged for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Health and Welfare Data Center, Children's Protective Service Management Special Report (Fiscal Years 2006 and 2014)

Confirmed Victims of Abuse or Neglect

The number reflects an unduplicated count of children confirmed to be victims of abuse or neglect following an investigation in fiscal years 2006 and 2014. The rate is calculated per 1,000 children ages 0–17 in their county of residence. Data are merged for two sets of counties: Missaukee-Wexford and Grand Traverse-Leelanau.

Source: Michigan Department of Health and Human Services, Health and Welfare Data Center, Children's Protective Service Special Report (Fiscal Years 2006 and 2014)

Children in Out-of-Home Care

The number represents child victims of abuse or neglect placed in a foster or relative home supervised by the Department of Health and Human Services, its agents or the courts during fiscal years 2006 and 2014. The county represents the location of the court rather than the child's residence. The rate is calculated per 1,000 children ages 0–17. The data are from a single month (September) in the reference years. Source: Michigan Department of Health and Human Services, Children's Services Management Information System, Special Report (September 2006 and 2014)

EDUCATION

Children Ages 3-4 in Preschool

The count represents the average number of children ages 3–4 who were enrolled in preschool during 2009–13. The percent is based on the population for ages 3–4 during that period.

Source: American Community Survey [http://www.factfinder.census.gov] Table S1401

Students Not Graduating On Time

The count includes students who entered Grade 9 in 2003 or 2010 and did not graduate four years later. The percent is based on the cohort of students entering Grade 9 in those years. It should be noted that some inconsistent data have been encountered each year.

Source: Michigan Department of Education [http://www.mich.gov/meap]

Third-Grade Reading (M-STEP)

The number reflects third-graders whose performance on the new 2015 M-STEP reading test did not meet the standard of proficiency. The percentage is based on the number of third-graders whose reading test scores were included in the report. M-STEP is a state standardized test for selected subjects in selected grades administered for the first time in 2015 to public school students. Source: Michigan Department of Education [http://www.mich.gov/meap]

Eighth-Grade Math (M-STEP)

The number reflects eighth-graders whose performance on the new 2015 M-STEP math test did not meet the standard of proficiency. The percentage is based on the number of eighth-graders whose math test scores were included in the report.

Source: Michigan Department of Education [http://www.mich.gov/meap]

Eleventh-Grade Reading (M-STEP)

The number reflects eleventh-graders whose performance on the new 2015 M-STEP reading test did not meet the standard of proficiency. The percentage is based on the number of eleventh-graders whose reading test scores were included in the report.

Source: Michigan Department of Education [http://www.mich.gov/meap]

DEFINITIONS

Population Estimates: Rates for non-census years are based on population estimates from the Census Bureau; the 2012 estimates were the latest available when rates were calculated for this publication.

Rates: Except where noted, rates are calculated when incidents total more than five. Three years of data are used to calculate an average annual rate for most health indicators because they are less likely to be distorted than rates based on single-year numbers; this three-year averaging also allows rates to be calculated for many counties with small populations. Rates based on small numbers of events and small populations can vary dramatically and are not statistically reliable for projecting trends or understanding local impact.

Percentage Change: Change is calculated by dividing the difference between the recent and base year rates by the base year rate (Recent rate-base rate) / base rate. Rising rates indicate worsening conditions for children on measures in this report. Changes on some indicators such as victims of abuse or neglect may reflect state or local policies or staffing levels. The calculation is based on unrounded rates; calculations using rounded rates may not produce identical results.

Rank is assigned to a county indicator based on the rounded rate of the most recent year reported or annual average. A rank of 1 is the "best" rate on the measure. Only counties with a rate in the most recent year are ranked on a given indicator.

ENDNOTES

Introduction

1. http://scorecard.assetsandopportunity.org/latest/state/mi

Economic Security

- Defined as the share of all children under age 18 living in families where no parent has regular, full-time employment.
- $2.\,Seema\,Singh.\, ``Time\,to\,Care: Earned\,Sick\,Leave.''\,Michigan\,League\,for\,Public\,Policy.\,July\,2015.$
- 3. The Time to Care Coalition has launched an earned paid sick leave ballot campaign for the November 2016 election. For more information, visit www.mitimetocare.org.
- 4. Kids Count Data Center. "Children in Poverty According to the Supplemental Poverty Measure." Population Reference Bureau analysis of Census Bureau 2011–2013 Supplemental Poverty Measure Public Use Research Files.
- 5. Kids Count Data Center. "Children Living in Households that were Food Insecure at Some Point During the Year." Population Reference Bureau, analysis of data from the U.S. Census Bureau, Current Population Survey, Food Security Supplement. 2013.
- Pat Sorenson. "Gains for Low-Income and Early Learners in 2016 School Aid/Education Budgets." Michigan League for Public Policy. June 2015.

Health & Safety

- "Maternal Depression Making a Difference Through Community Action: A Planning Guide."
 Mental Health America in partnership with the National Center for Children in Poverty for
 the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services
 Administration (SAMHSA), U.S. Department of Health and Human Services (HHS). 2008.
- 2. For more information about the Healthy Michigan Plan, please visit our website: http://www.mlpp.org/our-work/health-care-in-michigan.
- 3. Jan Hudson. "Investments Needed in a Critical but Sometimes Overlooked Component of Healthcare Oral Health." Michigan League for Public Policy. April 2015.
- 4. Jan Hudson. "Final Push Needed to Expand Healthy Kids Dental Statewide." Michigan League for Public Policy. July 2015.

- According to the Centers for Disease Control and Prevention, a reference level of 5
 micrograms per deciliter is used to identify children with blood lead levels that are much
 higher than most children's levels.
- Karen Bouffard. "Why stress may be fueling the childhood asthma epidemic." The Detroit News and PBS News Hour. December 2015.
- 7. ibid
- 8. Data combined in these counties.
- 9. Data combined in these counties
- 10. Data combined in these counties.
- 11. Michigan Infant Mortality Reduction Plan 2016–2019. Michigan Department of Health and Human Services.
- 12. ibid.
- 13. 2013 Michigan Resident Death File, Division for Vital Records & Health Statistics, Michigan Department of Health and Human Services; Population Estimate (latest update 9/2014), National Center for Health Statistics, U.S. Census Populations With Bridged Race Categories.

Family & Community

- Children living in high poverty, or concentrated poverty, areas is the percentage of children under age 18 who live in Census Tracts where the poverty rates of the total population are 30% or more
- 2. House Fiscal Agency. "Revenue Sharing Summary." July 23, 2015.
- "Children's Protective Services 2014 Comprehensive Report." Legislative Boilerplate Report for Fiscal Year 2015. Michigan Department of Health and Human Services. December 30, 2014.
- Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) Preliminary Data Tables. Michigan Department of Health and Human Services. 2010.
- "Maltreatment Types of Child Victims (%) in Michigan." Adoption and Foster Care Analysis and Reporting System (AFCARS). 2013.
- 6. "Exits of Children from Foster Care." Adoption and Foster Care Analysis and Reporting System (AFCARS). 2013.
- 7. Data combined in these counties.
- "Exits of Children from Foster Care." Adoption and Foster Care Analysis and Reporting System (AFCARS). 2013.
- 9. Mothers identified as Hispanic are not included in any racial group.
- 10. An in-depth analysis, "Teen Births in Michigan, its cities and townships: We cannot afford to slow down progress," was released in October 2015 by the Michigan League for Public Policy: http://www.mlpp.org/kids-count/michigan-2/2015-right-start.

Education

- Catherine E. Rice, et al. "Screening for Developmental Delays Among Young Children— National Survey of Children's Health, United States, 2007." Division of Birth Defects and Developmental Disabilities, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Supplements September 12, 2014 / 63(02); 27–35.
- 2 Jane Zehnder-Merrell. "Promoting Early Literacy in Michigan." Michigan League for Public Policy. March 2015.
- 3. M-STEP test results cannot be compared with prior year MEAP test results.
- 4. Hispanic includes all races.
- 5. Students of color include American Indian or Alaska Native, Black or African-American, Asian, Hispanic of any race, Native Hawaiian or other Pacific Islander, Two or more races. The number represents an average of all races/ethnicities.
- 6. Dropout rate is based on a cohort.
- 7. Students beginning 9th grade in 2008-09.



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