

Healthy Start Annual Report 2007-2008

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PREPARED BY

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This report is in submitted in response to TCA 37-3-703 which directs the state of Tennessee to develop, coordinate, and implement a healthy start pilot project within ten (10) or more counties of the state. The project is to be based on a nationally recognized model, focused on home visitation and counseling services, and target improved family functioning and elimination of abuse and neglect of infants and young children within families identified as high risk. Services are to extend through a child's first five (5) years of life, and family participation is to be voluntary.

As directed, this report includes the number of families receiving Healthy Start services, the number of children at risk of abuse and neglect prior to initiation of service, the number of children identified at risk of abuse or neglect who have been subjects of abuse or neglect reports, the average cost of services, the estimated cost of out of home placement that reasonably would have otherwise been expended on behalf of children who successfully remain united with their families as a result of program participation, the number of children who remain unified with their families and free from abuse and neglect for one (1), two (2), three (3), and four (4) years while receiving services, and a statement of achievement and progress for the previous year along with recommendations for improvement or expansion.

TENNESSEE HEALTHY START ANNUAL REPORT

Tennessee has developed, implemented, and continues to coordinate a Healthy Start pilot program. This program provides home visitation and counseling services to 30 counties. The program identifies high risk families and works to improve family functioning and eliminate abuse/ neglect of infants and young children. Families voluntarily participate in the program and services are provided at least through a child's first five (5) years of life.

The Tennessee Healthy Start program is modeled after the nationally recognized Hawaii Healthy Start program. The Hawaiian model showed effectiveness in reducing child abuse and neglect, increasing immunization rates, increasing prenatal care and promoting child development¹. Prevent Child Abuse America (PCAA) determined what it perceived to be the critical elements of the successful Hawaii model and developed the structured Healthy Families America (HFA) model of in-home visitation. While programs in Tennessee are grouped together under the umbrella name of the Tennessee Healthy Start Program, several of the individual programs use the Healthy Families name and are affiliated with the Healthy Families America Network of programs. Tennessee Healthy Start programs all follow the nationally recognized Healthy Families America model. (Please see Appendix 1 for sites, counties served, staff, and primary sources of referrals)

¹ Hawaii Department of Health. *Outcomes for the Hawaii Healthy Start Program, 1992*. Honolulu, HI, Maternal and Child Health. 1994.

(1) Number of families receiving services:

Table 1: Number Served (FY 2007-2008)

Facility Name	Children	Families
CFD Shelbyville	131	124
Healthy Start of Clarksville	177	154
HR McNabb Center	339	276
Jackson MCGH	181	159
Le Bonheur CCP	196	159
Nashville HD	272	216
Stephens Center	137	114
UT Martin	130	107
All Sites	1,563	1,309

(2) Number of children at risk of abuse or neglect prior to receiving services:

The Kempe Family Stress Checklist (KFSC) is a standardized instrument used by the Healthy Start program to determine indicators of stress and elevated risk for child abuse and neglect. Families whose stress scores are at or above the Prevent Child Abuse America/Healthy Families America's recommended cutoff level are offered enrollment in the Healthy Start program.

Therefore, all **1,563 (100%)** of the children receiving Healthy Start services were considered at risk for abuse/ neglect prior to initiation of service.

(3) Abuse and Neglect:

The most current data during fiscal year 2007-08 shows that **99.4%** of the active children in the program are free from reports of abuse and/or neglect and remain in their parents' home.

(4) Average cost of services provided:

Total DCS Contract:	\$3,060,100
Total MCH Funding:	\$510,900
Total Healthy Start funding:	\$3,556,000
Average Cost per child per year:	<u>\$2,275.11</u>

(5) Estimated cost of out-of-home placement, through foster care, group homes or other facilities, that reasonably would have otherwise been expended on behalf of children who successfully remain united with their families as a direct result of the project:

Cost per child in residential care: \$42/ day
 Cost per child in foster care: \$14/ day²

Average Length of Stay in Foster Care: 28.3 months³

Estimated Cost of child in residential care: **\$35,658**
 Estimated Cost of child in foster care: **\$11,886**

(6) Number of children who remain unified with their families and free from reported abuse/ neglect for one (1), two (2), three (3), and four (4) years while receiving project services:

Table 2: Percent of Children Free of Reports of Abuse/Neglect and Remaining in Home

	% of children
2004	99.3%
2005	99.0%
2006	99.2%
2007	99.4%

(7) Overall statement of achievements and progress of the program:

VISITS PROVIDED

The Tennessee Healthy Start program provides home visits, other visits, and group sessions in 30 counties to improve family functioning and prevent child abuse/ neglect.

Table 3: Type of Service Contacts

Facility Name	Home Visits	Other Visits	Group Sessions
CFD Shelbyville	2,528	179	75
Healthy Start of Clarksville	2,546	76	46
HR McNabb Center	3,177	196	400

² Tennessee Department of Children's Services

³ U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. *Adoption and Foster Care Analysis and Reporting System (AFCARS) data submitted for FY 2006*

Jackson MCGH	2,592	29	92
Le Bonheur CCP	3,074	61	28
Nashville HD	2,779	111	0
Stephens Center	1,921	100	70
UT Martin	1,773	22	7
All Sites	20,390	774	718

The majority (59.2%) of home visits were made to families with the highest need

IMMUNIZATIONS

Addressing the specific objective for the Healthy Start Program (TCA 37-3-703 (c) (2) regarding up-to-date immunizations in children, the program has surpassed the Tennessee average of 75.9% and the national average of 75.6% (CDC National Immunization Survey 2007) to have **85%** of children meeting immunization requirements by age 2.

CHILD DEVELOPMENT SCREENING

Addressing specific objective for the Healthy Start Program (TCA 37-3-703 (c) (3), regarding developmental screenings, visitors performed **1,338** child developmental screenings.

EARLY PRENATAL CARE

Addressing specific objective for the Healthy Start Program (TCA 37-3-703 (c) (5), of families receiving services who have a subsequent pregnancy, **89%** entered into prenatal care in the first trimester, compared with the state's average of 71.8% of TN women who enter prenatal care in the first trimester (Health of Tennessee's Women, 2006 report).

OBSERVATIONS

As the economic climate and budgetary issues have worsened in the preceding year, the Department of Health is working diligently to maintain the existing level of services associated with this vital program. No expansion is planned for the following year.

Appendix 1: Tennessee Healthy Start/Healthy Families Program Descriptions

Sites	Center for Family Development	Exchange Club/ Stephens Center	Healthy Start of Clarksville	Helen Ross McNabb Center	Jackson-Madison County General Hospital	Le Bonheur Center for Children & Parents	Metro. Nashville/ Davidson County Health Department	UT Martin
Counties Served	Bedford, Coffee, Lincoln, Marshall, Maury, Rutherford, Moore and Franklin	Jackson, Overton, Putnam and White	Montgomery and Stewart	Blount, Jefferson, Knox and Loudon	Chester, Crockett and Madison	Shelby	Davidson	Benton, Carroll, Gibson, Henry, Lake, Obion and Weakley
Primary source of referrals and screening	Hospitals, schools, health depts., self referrals	Hospitals, schools, doctors	Hospitals, schools, health depts., doctors	Hospitals, schools, health depts., doctors	Hospitals, schools, health depts., doctors, TEIS clinic, TEIS	Hospitals, schools, health depts., self referrals	Health Department Central Referral System	Hospitals, schools, health agencies, TEIS, clients, doctors
Developmental Screening Instruments	Infant/ Toddler Home Inventory; Hawaii Early Learning Profile(HELP)	Denver II	Denver II; Ages & Stages Questionnaire	Ages and Stages Questionnaire – Dev. & Social Emotional	Denver II; Ages & Stages Questionnaire; DAYC	Denver II	Denver II	Denver II, Battelle
Staffing	5 FSW's 1 FAW 1 program manager/ director 1 super-visor	5 FSW's 1 FAW 1 program manager 1 supervisor 2secretaries	5 FSW's 1 FAW 1 program manager 1 program assistant	13 FSW's 3 team leader/FSW 1 director 1 program coordinator 1 assistant 1 health educator	5 FSW's 1 FAW/FSW 1 FAW/ supervisor 1program manager	9 FSW's 1 FAW/FSW 1 director, 1 program manager 2 supervisors 1 administrative assistant	7 FSW's 2 Nurse/FSW's 1 Nurse FAW/FSW 1 director 1 office support	5 FSW's 1 FAW/FSW 1 director 1 program manager 1 assistant 1 secretary

DAYC – Developmental Assessment of Young Children FAW – Family Assessment Worker FSW – Family Support Worker