Tennessee
Home Visiting Programs
Annual Report

July 1, 2012 – June 30, 2013

Tennessee Department of Health
Division of Family Health and Wellness
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ANNUAL HOME VISITING REPORT
FOR FISCAL YEAR 2013

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH

JOHN J. DREYZEHNER, MD, MPH
COMMISSIONER

BILL HASLAM
GOVERNOR

MEMORANDUM

To: The Honorable Bill Haslam, Governor
The Honorable Ron Ramsey, Lieutenant Governor
The Honorable Beth Harwell, Speaker of the House
Honorable Members of the Tennessee General Assembly

From: John J. Dreyzehner, MD, MPH, FACOEM
Commissioner, Tennessee Department of Health

Date: December 20, 2013

RE: Annual Report for Home Visiting Programs

As required by Tennessee Code Annotated 68-1-125, 37-3-703 and 68-1-2408 the ***Tennessee Department of Health Annual Report – Home Visiting Programs*** for July 1, 2012 – June 30, 2013 is hereby submitted. The report reflects the status of efforts to identify, implement and expand the number of evidence-based home visiting programs throughout Tennessee.

The report includes process and outcome measures used to evaluate the quality of home visiting services offered to participating families and compares them, where applicable, to state averages and national objectives as reflected in *Healthy People 2020,* the federal document which sets national health goals and objectives every ten years. Measures from individual programs including the number of people served, the types of services provided, and the estimated rate of success in meeting specific goals and objectives are also included.

Approximately 7,600 families received home visiting services from July 1, 2012 – June 30, 2013 through various home visiting or home-based case management programs. Each of the programs has different enrollment criteria and model of service delivery which results in different outcomes for participants. Impacts found includes improved immunization status of children; decreased child abuse and neglect; increased breastfeeding initiation; decreased smoking by mothers; increased screening of new mothers for maternal depression; and delayed subsequent pregnancies by mothers receiving services.

The Department collaborates annually with the Tennessee Commission on Children and Youth (TCCY) to prepare this report. Ongoing partnerships with TCCY and other interested parties have strengthened the scope and quality of home visiting services available to Tennessee children and families.

This report will also be made available via the Internet at http://health.state.tn.us/data.htm

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MEMORANDUM

TO: The Honorable Bill Haslam, Governor
The Honorable Ron Ramsey, Lieutenant Governor
The Honorable Beth Harwell, Speaker of the House
Honorable Members of the Tennessee General Assembly

FROM: Linda O'Neal, Executive Director

DATE: December 2013

RE: Annual Report for Home Visiting Programs

As required by Tennessee Code Annotated 68-1-125, 37-3-703 and 68-1-2408, the Tennessee Commission on Children and Youth (TCCY) has consulted with the Tennessee Department of Health in the submission of this ***Tennessee Department of Health Annual Report – Home Visiting Programs*** for July 1, 2012 – June 30, 2013.

TCCY is a strong supporter of quality home visiting programs as critical infrastructure for improving outcomes for vulnerable children and families. The primary recipients of home visiting programs in Tennessee are high-risk families, including families with high levels of stress that place children at risk of abuse or neglect, families that have been referred to the Department of Children's Services with unsubstantiated allegations of abuse or neglect, low-income, and Medicaid-eligible households. The children served by these programs have higher immunization rates than the population at-large, and lower levels of abuse and neglect than might otherwise occur in families facing such challenges.

Research- and evidence-based home visiting programs should be an integral part of strategic efforts to improve outcomes for Tennessee's youngest children, and should be available for at-risk children. Brain development research makes clear the value of investing in young children. This is a critical time for two state-funded home visiting programs, Child Health and Development (CHAD) and Healthy Start, as both currently operate with non-recurring dollars. The preservation of these vital programs is essential to avoid eroding the opportunity for some of Tennessee's most vulnerable children and families to receive quality home visiting services.

The Commission on Children and Youth is committed to efforts to maintain, improve and expand quality home visiting programs in Tennessee. They are a wise investment in improving outcomes for Tennessee children.

Executive Summary

The earliest years of a child's life heavily influences their ability to achieve in school, to live a healthy life and to become a productive citizen. Our children's brains develop most rapidly between birth and age five. That is the most critical and effective time to lay the foundation for later learning, healthy behaviors and adult productivity. Voluntary, evidence-based home visiting services have been identified as one of the most effective interventions to help parents support their young children's health and development, strengthen family functioning, and prevent child abuse and neglect. Evidence-based home visiting programs demonstrate improved maternal and child health in the early years; long-lasting, positive impacts on parental skills; and enhanced children's cognitive, language, and social-emotional development ; all which are necessary for children to thrive during the early school years and throughout life.

The Tennessee Department of Health (TDH) has successfully administered home visiting services since 1979. Currently, TDH administers home visiting or home-based case management programs across the state through contractual arrangements with local community-based agencies or county health departments. While home-based case management services are available in all 95 counties, evidence-based home visiting programs are not and capacity to serve the population of children under the age of five varies across the state. As additional funding becomes available, TDH is committed to the implementation of evidence-based home visiting programs, where sufficient evidence of need exists to implement such programs.

Approximately 7,600 families received services from one of the home visiting or home-based case management programs administered by TDH during the period of July 1, 2012 through June 30, 2013. Each of the programs has different enrollment criteria and model of service delivery which results in different outcomes for participants. Impacts found includes improved immunization status of children; decreased child abuse and neglect; increased breastfeeding initiation; decreased smoking by mothers; increased screening of new mothers for maternal depression; and delayed subsequent pregnancies by mothers receiving services.

TDH is utilizing the federal investment in evidence-based home visiting to implement the Welcome Baby Initiative which provides universal outreach to all new parents and provides an outreach contact to the highest risk children while expanding evidence-based home visiting programs in the most at-risk counties. Acknowledging that not all families require home visiting services, TDH has reviewed and developed clear distinctions among home-based case management services and evidence-based home visiting programs' purposes and intensities to provide a continuum of early childhood services that assure families can receive "the right service at the right time".

TDH is working to assure key components of successful home visiting programs are in place, including well-administered programs, a competent workforce, robust data collection systems, and strong community partnerships. The Department looks forward to continued success and collaboration with other public and private partners in order to improve child health and well-being and support parents in the very important work of helping their children become healthy successful.

Background

This report is submitted in compliance with the statutory requirements for a status report on evidence-based home visiting (TCA 68-1-125), Healthy Start (TCA 37-3-703), and the Nurse Home Visitor Program (TCA 68-1-2408).

TCA 68-1-125 requires the Tennessee Department of Health (TDH) to annually review and identify the research models upon which the home visiting services are based, to report on the process and outcomes of those who were served, and to identify and expand the number of evidence-based programs offered through TDH in the state. The statute further states TDH shall work in conjunction with the Tennessee Commission on Children and Youth (TCCY) and other experts to identify those programs that are evidence-based, research-based and theory-based and report such findings to the Governor and specific committees of the state legislature no later than January 1 of each year.

TCA 37-3-703 established the Healthy Start Pilot Program based on the national model and states that the program must be implemented in ten (10) or more counties of the state. The program focuses on improving family functioning and eliminating abuse and neglect of infants and young children in families identified as high risk.

TCA 68-1-2408 established the Nurse Home Visitor Program based on the national evidence-based model known as the Nurse Family Partnership. Home visiting nurses carry a small caseload and enroll first time pregnant women for service prior to the 28th week of pregnancy and continue services up to the child's second birthday.

In addition, the status of programs funded by the state Child Health and Development (CHAD) funding and the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding is included to provide a comprehensive overview of home visiting in the state of Tennessee.

The Help Us Grow Successfully (HUGS) Program, a home-based care coordination program for pregnant women and families with children under the age of five funded by TennCare has historically been included in this report. Although it is not deemed a home visiting program, HUGS provides an important home-based service to TennCare enrollees and outcomes about HUGS participants are included in this report.

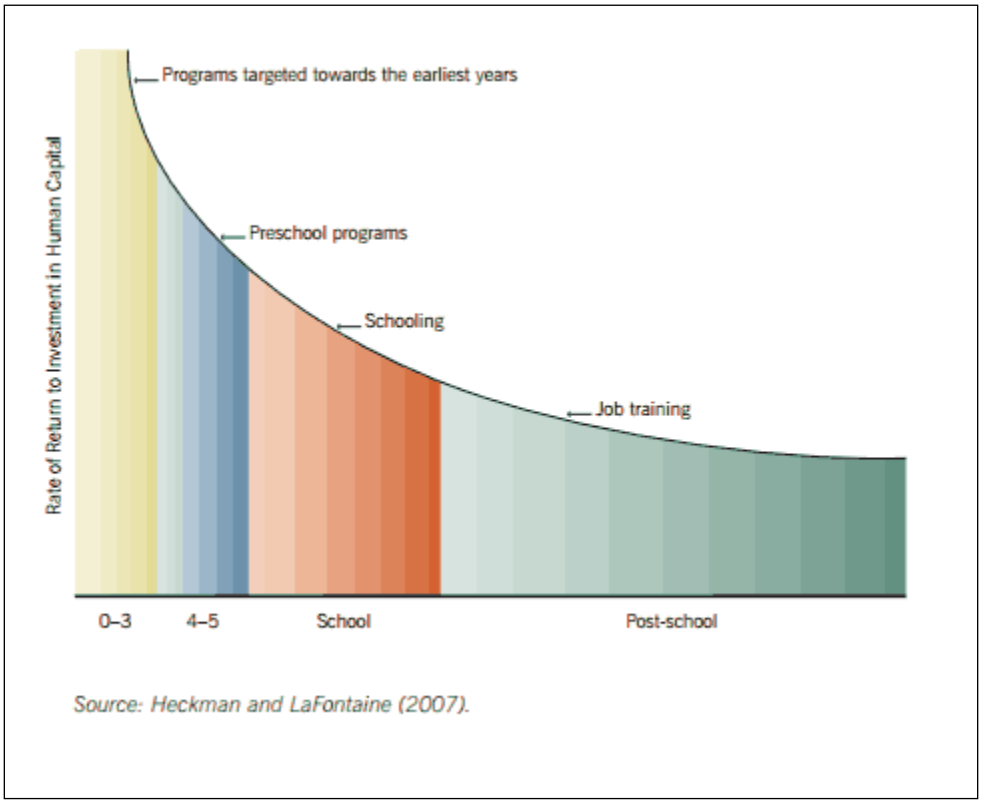
Introduction to Home Visiting Programs

The earliest years of a child's life heavily influences their ability to achieve in school, to live a healthy life and to become a productive citizen. Our children's brains develop most rapidly between birth and age five. That is the most critical and effective time to lay the foundation for later learning, healthy behaviors and adult productivity. With the neuroscience of brain development unfolding, it is now known that (1) the way a child's brain develops hinges on the complex interplay between the genes a child is born with and the experiences a child has from birth on; (2) the human brain develops more rapidly between birth and age five than during any other subsequent period; (3) the quality of an infant's relationship with his or her primary caregivers has a decisive impact on the architecture of the brain, affecting the nature and extent of adult capabilities; and (4) early interactions directly affect the way the brain is "wired," and do

not merely create a context for development. Simply put, learning starts in infancy, long before formal education begins.

Voluntary, evidence-based home visiting services have been identified as one of the most effective interventions to help parents support their young children's health and development, strengthen family functioning, and prevent child abuse and neglect. In a home visiting program, trained professionals provide regular, voluntary home visits to expectant and new parents over time to assess child and family risks, provide health and developmental screenings and guidance, and provide referrals to other supports and services offered in the community. Evidence-based home visiting programs demonstrate improved maternal and child health in the early years; long-lasting, positive impacts on parental skills; and enhanced children's cognitive, language, and social-emotional development; all which are necessary for children to thrive during the early school years and throughout life.

Data show that one of most effective strategies for economic growth is investing in the developmental growth of at risk young children. Short term costs are offset by the immediate and long term benefits through the reduction of the need for special education and remediation, better health outcomes, reduced need for social services, lower criminal justice costs, and increased self-sufficiency and productivity among families. Studies demonstrate the earlier the investment, the greater the return on investment. Nobel Prize Laureate economist James Heckman has shown that every dollar invested in quality early childhood development programs for at-risk children, including evidence-based home visiting, delivers economic gains of 7-10 percent per year through increased school achievement, healthy behavior, and adult productivity. His work proves that prevention through early childhood development services like home visiting programs is more cost-effective than remediation.



Source: Heckman and LaFontaine (2007).

Home Visiting Services Administered by the Tennessee Department of Health

The Tennessee Department of Health (TDH) has successfully administered home visiting services since 1979. Since that time, several home visiting programs have been established utilizing a variety of approaches to meet the unique needs of Tennessee communities.

Currently, TDH administers home visiting services across the state through contractual arrangements with community-based agencies or county health departments[1]. The home visiting programs administered by TDH are categorized as evidence-based, research-based or theory based.

TCA 68-1-125 defines home visiting programs as follows:

- "Evidence-based" means the program or practice is governed by a program manual or protocol that specifies the nature, quality and amount of service that constitutes the program and scientific research using methods that meet high scientific standards, evaluated using either randomized controlled research designs, or quasi-experimental research designs with equivalent comparison groups. The effects of such programs must have demonstrated using two (2) or more separate client samples that the program improves client outcomes central to the purpose of the program.

- "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based; and

- "Theory-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case-study support, and has potential for becoming a research-based program or practice.

Per TCA 68-1-25, TDH and any other state agency administering funds for home visiting programs must ensure 50 percent of the funds expended in 2012-2013 and 75 percent of the funds expended in 2013-2014 and each year after are used for evidence based models. The legislation excludes any Medicaid-funded disease management or case management services or programs that may include home visits from being classified as home visiting programs. The Help Us Grow Successfully (HUGS) Program funded by TennCare and administered by the TDH in all 95 counties is a home-based case management program for families with children under the age of five has historically been included in this report. Although it is not deemed a home visiting program, HUGS provides an important home-based service to TennCare enrollees and outcomes about HUGS participants are included in this report.

Table 1 summarizes key information and numbers served for home visiting programs and home-based services administered by TDH during FY 2013 (July 1, 2012-June 30, 2013).

[1] Statement of compliance with 2012 Tenn. Pub. Acts, ch. 1061 (the "Eligibility Verification for Entitlements Act") as required by TCA 4-57-106(b). The Tennessee Department of Health, including local health departments, boards and commissions, has implemented protocols and policies to verify that every adult applicant for "public benefits" is a United States citizen or a "qualified alien" within the meaning of ch. 1061.

TABLE 1: SUMMARY OF HOME VISITING PROGRAMS/SERVICES, PROGRAM MODEL, NUMBERS SERVED AND ANNUAL COST PER CHILD
FY 2013

Home Visiting Program/Service	Location	Program Model	Target Group(s)	Number served FY2013	Funding Source and Annual Cost per Child
Child Health and Development (CHAD) Program	22 counties in Northeast and East TN	Research Based, Home Visiting Program	• Teen parents under 18 • Families with children under 6 years old deemed at risk for child abuse or neglect • Low income	• 711 children	• State Appropriation and Federal Maternal & Child Health Block Grant • $1,023 per child
Healthy Start Program	30 counties in Middle and West TN	Evidence Based, Home Visiting Program (Healthy Families America Model)	• First time pregnant women • Families with children under 5 years old deemed at risk for child abuse or neglect • Low income	• 1,058 families • 1,222 children	• State Appropriation and Federal Maternal & Child Health Block Grant • $2,916 per child
Healthier Beginnings (Maternal, Infant and Early Childhood Home Visiting – MIECHV) Program	30 counties across the state deemed most “at risk”	Evidence Based, Home Visiting Program (Healthy Families America; Nurse Family Partnership and Parents as Teacher Models)	• Low-income eligible families. • Eligible families who are pregnant women who have not attained age 21. • Eligible families that have a history of child abuse or neglect or have had interactions with child welfare services. • Eligible families that have a history of substance abuse or need substance abuse treatment. • Eligible families that have users of tobacco products in the home. • Eligible families with children	• 556 families • 232 children	• Federal Formula Grant • Federal Competitive Grant • $3,300 per child

			with developmental delays or disabilities. • Eligible families who, or that include individuals who, are serving or formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside the United States.		
Nurse Home Visitor Program	1 pilot project in Memphis	Evidence Based, Home Visiting Program (Nurse Family Partnership Model)	• First time pregnant women • Low income (defined as gross annual income under 200% of the Federal Poverty Level) • Provides service until child is 2 years of age	• 133 pregnant women	• State Appropriation • $3,450 per child
Help Us Grow Successfully (HUGS) Care Coordination Program	All 95 counties	Theory Based, Home-Based Care Coordination Program	• Prenatal women • Families with children under 6 years old • Women up to 2 years postpartum • Families with loss of a child before age 2 • No income requirements but children must be enrolled in TennCare	• 5,083 families • 5,077 children	• TennCare Funding and Federal Maternal & Child Health Block Grant • $1,419 per child

Strengths and Opportunities Related to Home Visiting Services

The TDH utilizes key data, statistics and facts previously collected to inform its efforts to implement a coordinated, efficient, accountable system of home visiting services across the state. In July 2010, the Governor's Children's Cabinet published the *Home Visitation Revie*w which identified and quantified the array of home visiting programs and services, assisted the state in preparing for federal support for home visiting and provided recommendations to effectively position the home visiting programs to withstand potential budgetary constraints. Analysis of the geographical areas of the state most in need of home visiting services was conducted by TDH in September 2010 as part of the *Home Visiting Needs Assessment* required by the federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program. Together, these two reports provide TDH with a strong framework for informed decisions about where and how to most effectively implement home visiting services.

Availability of Home Visiting Services

Collectively, approximately 7,600 children were served by TDH-administered home visiting programs and home-based case management services during FY2013. While home-based case management services are available in all 95 counties, home visiting programs are not and capacity to serve the population of children under the age of five varies across the state. As indicated in TCCY's 2011 Resource Mapping Report, few counties serve more than 5.6% of the 0-5 population who reside in that county.[2] It is likely that additional families could benefit from home visiting services were they more widely available.

Collaboration between Public and Private Sector Stakeholders

The focus on expansion of home visiting services over the past two years at the state and federal level has fostered the creation of more substantive relationships between home visiting programs allowing for a dialogue about how to best meet the needs of children and families. TDH continues to participate in meaningful conversations with other Home Visiting entities, including those involved in the Home Visiting Collaboration, convened by Prevent Child Abuse Tennessee (PCAT) which consists of home visiting program representatives from across the state.

One important component of a comprehensive state home visiting system identified by all partners involves well-trained staff and supervisors. Well-trained professionals increase the likelihood that home visiting programs will achieve results. To maintain a well-trained workforce requires ongoing attention in order to ensure the effectiveness, efficiency and quality of home visiting programs. TDH is taking a leadership role on the development of a high quality workforce development plan to assure multiple opportunities exist for home visiting staff, managers and leaders to develop the competencies necessary to be effective in their role. Toward this goal, the TDH has

[2] Tennessee Commission on Children and Youth, 2011 Resource Map of Expenditures for Tennessee Children.

developed *Core Competencies for the Field of Home Visiting in Tennessee* and a *Self-Assessment of Core Competencies.* Utilizing funds from the federal Maternal, Infant and Early Childhood Home Visiting Grant, TDH is building a continuum of learning opportunities around the core competencies. Learning opportunities encompass education, training and technical assistance designed to support individuals who work with and on behalf of expecting families and families with young children, as well as ongoing experiences to enhance this work. These opportunities will be open to home visitors from any program and will lead to improvements in the knowledge, skills, practices, and dispositions of all home visiting professionals.

Data Collection for Program Evaluation and Continuous Quality Improvement

TDH remains firmly committed to collecting data to examine process and outcome measures related to its programs, including home visiting services. The importance of measuring program impact has grown in the last decade and is now one of the cornerstones of program implementation among home visiting programs in both the public and private sectors. By identifying and aligning common outcomes and measures, home visiting programs are using data to continuously improve and document the effectiveness of these services. This report includes the status of a few similar outcomes and measures regardless of the program implemented. For example, the two year old immunization rate is a standard outcome measurement to determine if young children are receiving regular well child checkups, an important indicator of health and well-being in preschool children; therefore it is reported for cross-program comparisons. However, there is wide variability in the amount and type of other data collected across the various home visiting programs in Tennessee. Over the past fiscal year, TDH has provided leadership to develop a set of uniform program measures and methods to collect data which will improve Tennessee's ability to evaluate effectiveness and impact of home visiting services and compare outcomes across programs. Additionally, TDH is in the process of adopting an information collection and management evaluation system to be used to document progress toward common outcomes among all funded home visiting programs.

Emphasis on Evidence-Based Services and Programs

The TDH is committed to the implementation of evidence-based programs, where sufficient evidence of need and resources exists to implement such programs. TDH staff has identified opportunities to implement evidence-based home visiting programs in the most at-risk counties as additional funding becomes available.

TDH has reviewed and developed clear distinctions among home-based case management services and evidence-based home visiting programs' purposes and intensities to provide a continuum of early childhood services that assure families can receive "the right service at the right time".

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Development of Referral Systems to Assure Efficient Access to and Utilization of Service Capacity

The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is federal funding provided to states through a formula funded grant and competitive expansion grants. This funding is to be used to implement evidence-based home visiting programs in the most at-risk communities. In 2010, Tennessee completed a statewide Needs Assessment related to home visiting services and utilized this information to develop an initial State Plan for expansion of home visitation services. The formula MIECHV funding supports services in five counties utilizing one of three evidence based models including the Healthy Families America, Parents as Teachers, and Nurse Family Partnership models. As military families represented one of the priority populations in the legislation, one additional funded project is specifically targeting military families living off base in Montgomery County, where Fort Campbell Army Installation is located.

In March 2012, the Tennessee Department of Health was awarded a competitive MIECHV expansion grant. These funds are being used to support evidence-based home visiting services to additional at-risk counties. Combined with the formula funded sites, evidence-based home visiting programs are in 30 counties. These counties include: Campbell, Claiborne, Cocke, Coffee, Cumberland, Davidson, DeKalb, Dickson, Dyer, Grundy, Hamilton, Hardin, Haywood, Hardeman, Henderson, Johnson, Lake, Lauderdale, Lawrence, Madison, Marion, Maury, McMinn, Monroe, Polk, Rhea, Scott, Sequatchie, Sevier, and Shelby.

Funding from the competitive grant is also supporting a uniform outreach and referral initiative to assure that families are aware of and referred to available community programs, including home visiting programs and home-based case management services. This initiative, Welcome Baby, consists of two major strategies. First, all families of newborns will receive a Welcome Baby packet which includes a letter from Mrs. Haslam, Tennessee's First Lady. The letter is designed to welcome the new baby and provide new parents with the message that the first few years of a child's life are very important, parenting is not always easy and there are resources available in our state to assist families of young children.

The Welcome Baby Initiative will offer an additional opportunity to share information about two key unique Tennessee resources: Imagination Library/Books from Birth and kidcentraltn. Imagination Library/Books from Birth is a Tennessee program designed to provide a book every month to a child from birth to age 5 without cost to the family. Under the leadership of the Governor's Children's Cabinet and Governor and First Lady Haslam, a statewide information portal, KIDCENTRALTN, was launched July 15, 2013. Parents with young children in Tennessee will find comprehensive information on a variety of health, development, education and support topics and a comprehensive resource inventory of state funded and operated community-based programs and services to learn about available supports that can provide timely support when needed.

Second, Welcome Baby is outreaching to families with newborns who reside in the 30 most at risk counties. The Welcome Baby contact will identify infants most at-risk for infant mortality and offer the parent the option for a local health department outreach worker to assess the child and family and connect them with community resources, including evidence-based home visiting programs if appropriate. The outreach visit includes an assessment of key health and development outcomes, including breastfeeding, safe sleep, parenting support, child development, insurance, well-child care visits and child care.

The Tennessee MIECHV program is required to measure and show some improvement in the following outcome areas:

1. Improvements in prenatal, maternal and newborn health, including improved pregnancy outcomes.
2. Improvements in child health and development, including the prevention of child injuries and maltreatment, and improvements in cognitive, language, social-emotional and physical developmental indicators.
3. Improvements in school readiness and child academic achievement.
4. Reductions in domestic violence.
5. Improvements in family economic self-sufficiency.
6. Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training.

Although the collection of data to demonstrate improvements in underway, some of the preliminary outcomes for participants enrolled in the MIECHV Program are promising and include:

- Decreases in Exposure to Smoking – 18% of households with a smoker in the home at intake report no smokers in the home 12 months post-enrollment;
- Increase in Contraception Use – 100% of enrolled mothers who are sexually active report use of effective contraceptive methods 12 months post-enrollment;
- Increase of Mothers Screened for Depression – 95% of mothers who delivered an infant are administered a standardized depression screen within 12 months post delivery;
- Increase of Mothers Screened for Domestic Violence – 95% of women were screened for domestic violence at time of enrollment;
- Increase in Initiation of Breastfeeding – 72% of enrolled pregnant women report initiating breastfeeding;
- Increase in Parental Knowledge of Child Development – 75% of households demonstrate an increase in Parental Knowledge; and
- Increase of Children Screened for Developmental Delays – 65% of enrolled children are administered a standardized developmental screen within 12 months of enrollment.

TDH will continue to collect and analyze data for participants enrolled in the MIECHV Program and anticipates a more comprehensive analysis of impacts achieved will be available at the end of 2014.

Program-Specific Information

This section contains data on the objectives for each of the home visiting programs/services administered by TDH. Program-specific objectives are compared to the Tennessee population at large and to Healthy People 2020 target objectives whenever possible. Objectives vary across programs, based upon specific statutory requirements or requirements from the model developers (for evidence-based programs).

CHILD HEALTH AND DEVELOPMENT PROGRAM (CHAD)

The Child Health and Development (CHAD) program, the oldest home visiting program implemented by TDH, is designed to: 1) enhance physical, social, emotional, and intellectual development of the child; 2) educate parents in positive parenting skills; and 3) prevent child abuse and neglect. The program is offered in 22 counties in Northeast and East Tennessee through local public health departments and is staffed by health department employees. CHAD began as a research and theory-based model based on the Demonstration and Research Center for Early Education model developed by Peabody College. All families can receive services from the birth of a child until the child turns 6 years of age. Priority is given to families who have been referred from the Department of Children's Services due to a report of possible child abuse or neglect which was unsubstantiated. The annual cost per child is $1,023.00. Funds to support this program come from State funds. CHAD was funded in FY2014 with non-recurring dollars. Without continuation funding, the program will be eliminated in FY2015.

TABLE 3: FY2013 PROGRAM OBJECTIVES — CHAD

OBJECTIVES	STATUS FY 2013	Comparison of Status to Target		
		CHAD	TN Population At Large	Healthy People 2020 Target[3]
100% of children are free of child abuse and neglect	89% of enrolled children were free of child abuse and neglect in FY 2012.	89% or 84 per 1000	99.45% or 5.5 per 1000[4]	99.15% or 8.5 per 1000[5]
90% of 2 year olds are fully immunized	80.7% of children who turned 2 during the year were up to date on immunizations.	80.7%	75.3% [6]	80%[7]

[3] Healthy People Targets are goals for the nation and are not indicative of current status
[4] 2012, Tennessee Department of Children's Services
[5] Healthy People 2020 –Injury and Violence Prevention- 38-Reduce nonfatal child maltreatment
[6] 2012 Immunization Status Survey of 24 month old children in Tennessee
[7] Healthy People 2020 –Completion of recommended vaccination series by 35 months of age

HEALTHY START

Healthy Start aims to reduce or prevent child abuse and neglect in enrolled families. Legislatively mandated by the Tennessee Childhood Development Act of 1994 (TCA 37-3-703), the Healthy Start program is provided in 30 counties by eight community-based agencies and is staffed by employees of those agencies. Healthy Start is an evidence-based program based on the Healthy Families America model. Families at high risk of child abuse and/or neglect as measured by the Kempe Family Stress Checklist are eligible for enrollment in the program; participation is voluntary. The annual cost per child is $2,916.86. Funds to support this program come from State funds. Healthy Start was funded in FY2014 with non-recurring dollars. Without continuation funding, the program will be eliminated in FY2015.

TABLE 4: FY2013 PROGRAM OBJECTIVES — HEALTHY START

OBJECTIVES	STATUS FY 2013	Comparison of Status to Target		
		Healthy Start	TN Population At Large	Healthy People 2020 Target
At least 95% of children are free of child abuse and neglect	98.6% of enrolled children were free of child abuse and neglect in FY 2012.	98.6% or 14 per 1000	99.45% or 5.5 per 1000[8]	99.15% or 8.5 per 1000[9]
At least 90% of program children are up to date with immunizations by their 2nd birthday	93.8% of children were up to date on immunizations at age 2.	93.8%	75.3%[10]	80%[11]
At least 90% of Healthy Start program mothers will delay a subsequent pregnancy for at least 12 months after the birth of the previous child	95.6% were not pregnant one year or more after the birth of the previous child.	95.6%	93%[12]	Comparable national target not available

[8] 2012, Tennessee Department of Children's Services
[9] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment
[10] 2012 Immunization Status Survey of 24 month old children in Tennessee
[11] Healthy People 2020 –Completion of recommended vaccination series by 35 months of age
[12] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

At least 90% of enrolled children will receive at least one annual periodic developmental screening	100% of children received at least one developmental screening during the year in accordance with screening tool guidelines.	100%	38.3%[13]	Comparable national target not available
At least 85% of mothers enrolled prenatally will give birth to babies weighing 2,500 grams or more	86% weighed 2,500 grams or more.	86%	90.8%[14]	92.2%[15]
At least 85% of mothers enrolled prenatally will deliver their babies at term (37 weeks or later)	85.6% were born at 37 weeks or more.	85.6%	88.9%[16]	88.6%[17]

In accordance with TCA 37-3-703(d)(1)(2)(3)(6), the following additional information about Healthy Start is provided for FY 2013.

CHILDREN AT RISK FOR ABUSE OR NEGLECT PRIOR TO INITIATION OF SERVICES

The Kempe Family Stress Checklist (KFSC) is a standardized instrument used by the Healthy Start program to measure indicators of stress and elevated risk for child abuse and neglect. Families whose stress scores are at or above the recommended cutoff level of 25 points are offered enrollment in the Healthy Start program. All 1,222 (100%) of the children receiving Healthy Start services were considered at risk for abuse/neglect based on the family KFSC score prior to initiation of service.

TABLE 5: FY2013 NUMBER OF CHILDREN/FAMILIES SERVED

Facility Name	Children	Families
Center for Family Development--Shelbyville	77	62
Healthy Start of Clarksville	139	126
Helen Ross McNabb Center	321	295
Jackson-Madison County General Hospital	139	117
Le Bonheur Center for Children and Parents	165	119
Metro Nashville Health Department	151	133
Stephens Center	99	85
University of Tennessee at Martin	131	121
TOTAL All Sites	**1,222**	**1,058**

[13] Tennessee Report from the National Survey of Children's Health, NSCH 2011
[14] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[15] Healthy People 2020 MICH-8.1 Percent of live births are low birth weight
[16] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[17] Healthy People 2020 MICH-9.1 Percent of live births are preterm

TABLE 6: FY2013 NUMBER OF VISITS PROVIDED BY TYPE OF SERVICE

Program Name	Home Visits	Other Visits[18]	Group Sessions	Total by Program
Center for Family Development--Shelbyville	1,431	25	18	1,474
Healthy Start of Clarksville	1,918	37	37	1,992
Helen Ross McNabb Center	3,671	265	260	4,196
Jackson-Madison County General Hospital	1,548	51	124	1,723
Le Bonheur Center for Children and Parents	2,616	5	4	2,625
Metro Nashville Health Department	1,844	27	1	1,872
Stephens Center	1,325	49	29	1,403
University of Tennessee at Martin	1,480	15	0	1,495
Total All Sites	**15,815**	**474**	**473**	**16,762**

TABLE 7: PERCENT OF CHILDREN FREE OF ABUSE/NEGLECT AND REMAINING IN HOME FOR EACH OF PAST FIVE YEARS

Fiscal Year	% of children
2009	98.1%
2010	98.8%
2011	99.4%
2012	98.7%
2013	98.6%

COST BENEFITS ESTIMATE FOR HEALTHY START

In accordance with TCA 37-3-703(d)(4)(5), the following information is provided about the average cost of services provided by Healthy Start and the estimated cost of out-of-home placement that would have been expended on behalf of children who remain united with their families as a result of participation in Healthy Start. As shown below, the cost for providing Healthy Start and preventing child abuse and neglect is dramatically lower than the cost of children coming into custody.

Average Annual Cost per Child *Healthy Start Program*	$2,916.86[19]
Average Estimated Annual Cost per Child *Out of Home Placement: Foster Care*	$8,836.65[20]
Average Estimated Annual Cost per Child *Out-of-Home Placement: Residential Care*	$52,585.55[21]

[18] "Other" visits are defined as visits that take place in locations such as the health department clinic, office, or high school.

[19] Annual cost is based on program budget of $3,564,400 (State General Funds to TDH of $3,043,200 plus MCH Block Grant Funding of $521,200) divided by 1,222 children served

[20] Tennessee Department of Children's Services , $24.21 per day per child or $8,836.65 per year

[21] Tennessee Department of Children's Services , $144.07 per day per child or $52,585.55 per year

HELP US GROW SUCCESSFULLY (HUGS)

The Help Us Grow (HUG) program was developed by TDH beginning in the 1990s to provide care coordination in order to optimize child health and well-being and was renamed in FY 2003 to Help Us Grow Successfully (HUGS). The goals of the program are to improve pregnancy outcomes, improve maternal and child health and wellness and maintain or improve family strengths. In FY 2007, HUGS was modified to provide these services using a standardized curriculum for parenting skills. In 2008-2009, HUGS was further modified to include an electronic data collection system to gather information on all children and families enrolled in the program, including regular assessments of family wellness and child growth and development using the standardized Ages and Stages questionnaire. HUGS is TDH's only program that offers home-based services in all counties of the state through local public health departments and is staffed by state employees. The annual cost per child is $1,419.00. Funds to support this program come to TDH through an interdepartmental agreement with the Bureau of TennCare to provide care coordination health services to high risk pregnant mothers and young children in order to improve birth outcomes and increase the number of infants and children who are up to date with the health assessment services of Early Periodic Screening, Diagnosis and Treatment (EPSDT). HUGS is a theory-based, home-based case management program which offers services (including home-visiting services) on a voluntary basis to high risk pregnant women, postpartum women, and families with children from birth up to their 6th birthday. Although data about the Tennessee population at large is used as a comparison, the Medicaid population is a higher risk population and will be used as a more appropriate comparison in future reports.

TABLE 8: FY2013 PROGRAM OBJECTIVES — HUGS

OBJECTIVES	STATUS FY 2013	Comparison of Status to Target		
		HUGS	TN Population At Large	Healthy People 2020 Target
At least 90% of women enrolled prenatally will not smoke during pregnancy	78% of women reported that they did not smoke during pregnancy.	78%	84%[22]	98.6%[23]
At least 90% of HUGS program mothers will delay a subsequent pregnancy for at least 12 months after the birth of the previous child	Of the mothers with at least one previous birth, 93% had a birth interval greater than 12 months.	93%	96.6%[24]	Comparable national target not available.

[22] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

[23] Healthy People 2020, MICH- 11.3 Abstaining from smoking during pregnancy

[24] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

OBJECTIVES	STATUS FY 2013	Comparison of Status to Target		
		HUGS	TN Population At Large	Healthy People 2020 Target
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by birth weight 2,500 grams or more	81.5% of babies born to HUGS participants were of a healthy weight.	81.5%	90.8%[25]	92.2%[26]
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by gestational age of 37 weeks or later	80.7% were born at 37 weeks or later.	80.7%	88.9%[27]	88.6%[28]
At least 90% of the infants and children enrolled will receive and maintain effective vaccination coverage for universally recommended vaccines among young children	84.6% of the 2 year olds were up to date on immunizations	84.6%	75.3%[29]	80%[30]
At least 90% of the program participants (caregivers and children) identified as needing other community services are referred within one month	95% of service referrals were completed within one month for identified problems.	95%	Tennessee state-level data not available.	Comparable national target not available
At least 90% of children are free of child abuse and neglect	97.3% of enrolled children were free of child abuse and neglect in FY 2012.	97.3% or 27 per 1000	99.45% or 5.5 per 1000[31]	99.15% or 8.5 per 1000[32]
Newly enrolled mothers and children participate in Women, Infants, & Children (WIC) Program	85.8% of newly enrolled women and children participated in WIC	85.8%	56.2%[33]	Comparable national target not available.

[25] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[26] Healthy People 2020 MICH-8.1 Percent of live births are low birth weight
[27] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[28] Healthy People 2020 MICH-9.1 Percent of live births are preterm
[29] 2012 Immunization Status Survey of 24 month old children in Tennessee
[30] Healthy People 2020 –Completion of recommended vaccination series by 35 months of age
[31] 2012, Tennessee Department of Children's Services
[32] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment
[33] Tennessee Pregnancy Risk Assessment Monitoring System, 2010

NURSE HOME VISITOR PROGRAM

TCA 68-1-2408 designates TDH as the responsible agency for establishing, monitoring and reporting on the Nurse Home Visitor Program funded through a state appropriation. This state law requires the replication of the national evidence-based Nurse Family Partnership model with the goal of expanding the program as funds become available. The goals of the Nurse Family Partnership Program are to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. The Nurse Home Visitor Program, implemented locally by Le Bonheur Children's Hospital in Memphis, began seeing families in June 2010 after staff were hired and trained. The annual cost per child is $3,450.00. Home visiting nurses provide services to 133 low income, first time mothers who are enrolled before 28 weeks of pregnancy and serve them through the child's second birthday.

TABLE 9: FY2013 PROGRAM OBJECTIVES — NURSE HOME VISITOR PROGRAM

OBJECTIVES	STATUS FY 2013	Comparison of Status to Target		
		Nurse Family Partnership	TN Population At Large	Healthy People 2020 Target
At least 75% of eligible women referred to the program will be enrolled	90% of the eligible women referred were enrolled in the program.	90%	N/A	N/A
At least 95% of enrolled pregnant women do not experience violence during pregnancy	99.26% of enrolled pregnant women did not experience violence during pregnancy	99.26%	91%[34]	77.6%[35]
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by birth weight 2,500 grams or more	55% of babies born to NFP participants weighed 2500 grams or greater.	55%	90.8%[36]	92.2%[37]
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by gestational age of 37 weeks or later	75% of NFP participants delivered babies 37 weeks or later.	75%	88.9%[38]	88.6%[39]

[34] Tennessee Pregnancy Risk Assessment Monitoring System, 2010
[35] Healthy People 2020, MICH-10.2 Early and adequate prenatal care
[36] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[37] Healthy People 2020 MICH-8.1 Percent of live births are low birth weight
[38] 2012, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

OBJECTIVES	STATUS FY 2013	Comparison of Status to Target		
		Nurse Family Partnership	TN Population At Large	Healthy People 2020 Target
At least 20% or greater reduction in percentage of women smoking from intake to 36 weeks of pregnancy	100% of women who reported that they smoked at enrollment quit smoking before 36 weeks of pregnancy.	100%	Comparable state target not available.	Comparable national target not available.
At least 90% completion of recommended immunizations by the time the child is two years of age	93.9% of children 2 years of age received recommended immunization.	93.9%	75.3%[40]	80%[41]
At least 90% of children are free of child abuse and neglect	100% of children were free from child abuse and/ or neglect during FY 2013. 0 incidents have been reported or observed by the families receiving services.	100% or 0 per 1000	99.45% or 5.5 per 1000[42]	99.15% or 8.5 per 1000[43]
Enrolled mothers who initiated breastfeeding	71% of enrolled mothers initiated breastfeeding.	71%	68%[44]	81.9%[45]
At least 90% of infants and children enrolled will receive age appropriate screening for developmental delays	100% of the infants from age 4 months to 2 years received age appropriate developmental screening using the Ages And Stages Questionnaire (ASQ).	100%	38.3%[46]	Comparable national target not available.

[39] Healthy People 2020 MICH-9.1 Percent of live births are preterm
[40] 2012 Immunization Status Survey of 24 month old children in Tennessee
[41] Healthy People 2020 –Completion of recommended vaccination series by 35 months of age
[42] 2012, Tennessee Department of Children's Services
[43] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment
[44] Tennessee Pregnancy Risk Assessment Monitoring System, 2010
[45] Healthy People 2020 – Maternal, Infant, & Child Health - 21 Infants who are ever breastfed
[46] Tennessee Report from the National Survey of Children's Health, NSCH 2011

Conclusions

TDH has made great strides toward the development of a strong, integrated system of home visiting services available to families most at-risk. Paramount to the success of this goal is the continued effort to build adequate infrastructure that supports program administration, capitalizes on technology, and is accessible across programs. This infrastructure, particularly as it relates to data collection and monitoring, will allow for more robust quality improvement and give programs the information they need to demonstrate impacts and pursue funding opportunities to support and expand their programs.

Outreach and referral services to provide immediate and accurate service information to families and staff will increase the efficiency and effectiveness of addressing identified needs outside home visiting services. Families, especially families at risk, have many needs beyond the basic care of their children. By improving the early identification and referral for child and family needs, TDH will have the best chance for impacting and improving child health and development and family functioning.

TDH has a rich history of providing high-quality services to at-risk families across the state. The Department looks forward to continued success and collaboration with other public and private partners in order to improve child health and well-being and support parents in the very important work of helping their children become successful.

Appendix: Numbers Served by County, July 2012 – June 2013

County	HUGS (Families served)	Healthy Start (Families Served)	CHAD (Children served)	Nurse Home Visitor Program (Pregnant women served)
ANDERSON	37	*	23	*
BEDFORD	84	39	*	*
BENTON	22	4	*	*
BLEDSOE	12	*	*	*
BLOUNT	19	38	2	*
BRADLEY	109	*	*	*
CAMPBELL	71	*	76	*
CANNON	9	*	*	*
CARROLL	32	9	*	*
CARTER	49	*	92	*
CHEATHAM	3	*	*	*
CHESTER	24	4	*	*
CLAIBORNE	33	*	4	*
CLAY	11	*	*	*
COCKE	24	*	12	*
COFFEE	58	4	*	*
CROCKETT	42	13	*	*
CUMBERLAND	35	*	*	*
DAVIDSON	511	133	*	*
DECATUR	9	*	*	*
DEKALB	34	*	*	*
DICKSON	30	*	*	*
DYER	44	7	*	*
FAYETTE	53	*	*	*
FENTRESS	25	*	*	*
FRANKLIN	26	3	*	*
GIBSON	56	57	*	*
GILES	34	*	*	*
GRAINGER	16	*	21	*
GREENE	140	*	54	*
GRUNDY	6	*	*	*
HAMBLEN	28	*	23	*
HAMILTON	224	*	*	*
HANCOCK	37	*	31	*
HARDEMAN	66	*	*	*

County	HUGS (Families served)	Healthy Start (Families Served)	CHAD (Children served)	Nurse Home Visitor Program (Pregnant women served)
HARDIN	53	*	*	*
HAWKINS	70	*	74	*
HAYWOOD	52	*	*	*
HENDERSON	59	*	*	*
HENRY	38	7	*	*
HICKMAN	15	*	*	*
HOUSTON	1	*	*	*
JACKSON	12	11	*	*
JEFFERSON	13	17	10	*
JOHNSON	23	*	39	*
KNOX	277	238	*	*
LAKE	6	10	*	*
LAUDERDALE	35	*	*	*
LAWRENCE	60	*	*	*
LEWIS	8	*	*	*
LINCOLN	63	5	*	*
LOUDON	23	2	31	*
MACON	48	*	*	*
MADISON	48	100	*	*
MARION	27	*	*	*
MARSHALL	29	3	*	*
MAURY	55	0	*	*
MCMINN	34	*	*	*
MCNAIRY	67	*	*	*
MEIGS	10	*	*	*
MONROE	28	*	*	*
MONTGOMERY	106	123	*	*
MOORE	2	*	*	*
MORGAN	9	*	3	*
OBION	15	10	*	*
OVERTON	12	15	*	*
PERRY	7	*	*	*
PICKETT	11	*	*	*
POLK	16	*	*	*
PUTNAM	81	47	*	*
RHEA	21	*	*	*
ROANE	18	*	5	*

County	HUGS (Families served)	Healthy Start (Families Served)	CHAD (Children served)	Nurse Home Visitor Program (Pregnant women served)
ROBERTSON	19	*	*	*
RUTHERFORD	188	8	*	*
SCOTT	13	*	37	*
SEQUATCHIE	8	*	*	*
SEVIER	43	*	27	*
SHELBY	296	119	*	133
SMITH	31	*	*	*
STEWART	12	3	*	*
SULLIVAN	260	*	*	*
SUMNER	142	*	*	*
TIPTON	134	*	*	*
TROUSDALE	0	*	*	*
UNICOI	59	*	42	*
UNION	19	*	7	*
VAN BUREN	1	*	*	*
WARREN	20	*	*	*
WASHINGTON	125	*	98	*
WAYNE	17	*	*	*
WEAKLEY	16	17	*	*
WHITE	26	12	*	*
WILLIAMSON	46	*	*	*
WILSON	143	*	*	*
TOTAL SERVED	**5083 families**	**1058 families**	**711 children**	**133 pregnant women**

* Program not available in county

Statement of compliance with 2012 Tenn. Pub. Acts, ch. 1061 (the “Eligibility Verification for Entitlements Act”) as required by TCA 4-57-106(b): None of the Department’s home visiting activities involve the provision of services to individuals who are subject to the SAVE Act.