Tennessee Home Visiting Programs Annual Report

July 1, 2013 – June 30, 2014

Tennessee Department of Health
Division of Family Health and Wellness
710 James Robertson Parkway
8th Floor, Andrew Johnson Tower
Nashville, TN 37243

ANNUAL HOME VISITING REPORT
FOR FISCAL YEAR 2014

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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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: John J. Dreyzehner, MD, MPH, FACOEM
Commissioner, Tennessee Department of Health

Date: January 9, 2015

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, 2013 – June 30, 2014 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 3,700 families received home visiting services from July 1, 2013 – June 30, 2014 through evidence-based, research-based, or "promising approach" home visiting programs. All of these programs support families with young children through frequent visitation in their home (weekly, bi-weekly or monthly) over a substantial length of time (one to five years). Each of the programs has different enrollment criteria and model of service delivery which results in different outcomes for participants. Impacts found include: improved immunization status of children; decreased child abuse and neglect; increased breastfeeding initiation; decreased smoking by mothers; increased screening of child development; 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 is available via our website at http://health.state.tn.us/statistics/index.htm

STATE OF TENNESSEE

TENNESSEE COMMISSION ON CHILDREN AND YOUTH

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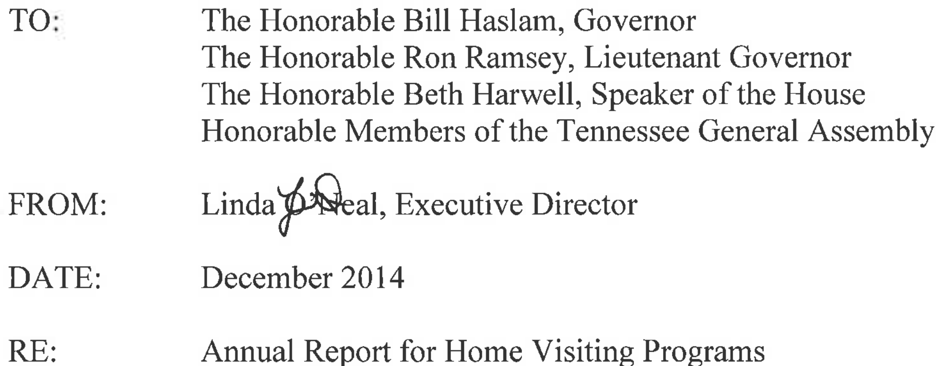
MEMORANDUM



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 2014

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, 2013 – June 30, 2014.

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 influence their ability to achieve in school, to live a healthy life and to become a productive citizen. 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, development and learning; strengthen family functioning and economic well-being; and prevent adverse childhood experiences including abuse and neglect. Evidence-based home visiting programs have been shown to result in 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 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 programs across the state through contractual arrangements with local community-based agencies and local health departments. Evidence-based home visiting programs are not available in all counties across the state and capacity to serve the population of children under the age of five varies in the counties where it is available. 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 3,700 families received services from one of the evidence-based, research-based or "promising approach" home visiting programs administered by TDH during the period of July 1, 2013 through June 30, 2014. Each of the programs has different enrollment criteria and model of service delivery which results in different outcomes for participants. All programs support families with young children by frequently visiting them in their home (weekly, bi-weekly or monthly) over a substantial length of time (one to five years). Impacts found includes improved immunization status of children; decreased child abuse and neglect; increased breastfeeding initiation; decreased smoking by mothers; increased screening of child development; and delayed subsequent pregnancies by mothers receiving services.

TDH is also 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 of 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 and 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). Additionally, this report provides a status report on the federal Maternal, Infant and Early Childhood Home Visiting Program and the state Child Health and Development Program in order to provide comprehensive information about all of the home visiting programs administered by the Tennessee Department of Health.

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.

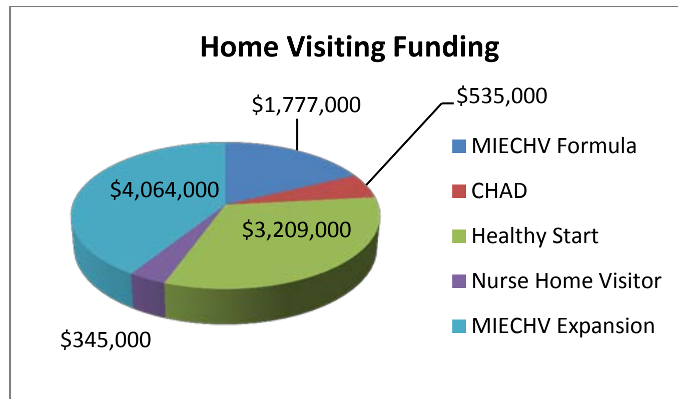
TCA 68-1-2408 established the Nurse Home Visitor Program based on the national evidence-based model known as the Nurse Family Partnership. Home visiting nurses carry a small caseload and enroll first time pregnant women for service prior to the 28th week of pregnancy and continue services up to the child's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

The federal Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) authorized the Maternal, Infant and Early Childhood Home Visiting Program which is jointly administered by the U.S. Department of Health and Human Services (HHS) and State of Tennessee. The purpose of this program is to (1) strengthen and improve the programs and activities carried out under Title V of the Social Security Act; (2) improve coordination of services for at-risk communities; and (3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities. The statute reserves the majority of funding for the delivery of services through use of one or more evidence-based home visiting service delivery models. In addition, it supports continued innovation by allowing up to 25 percent of funding to be used for services that are promising approaches and do not yet qualify as evidence-based models.

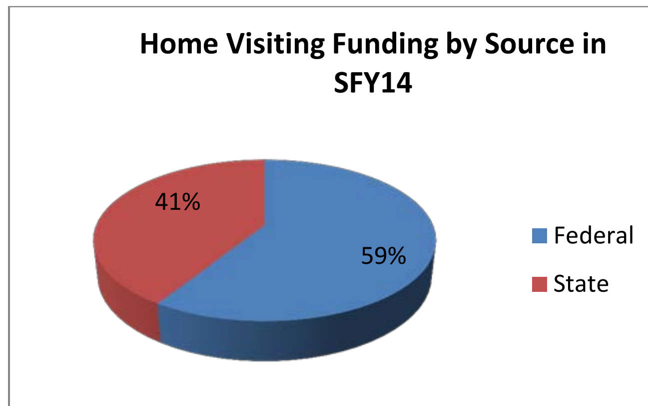
TCA 68-1-125 excludes any Medicaid-funded disease management or case management services or programs that may include home visits from being classified as home visiting programs. As such, the Help Us Grow Successfully (HUGS) Program funded by TennCare and administered by the TDH is not included in this report.

In Tennessee, home visiting programs are funded through a variety of funding sources from both state and federal funds. Funding for State Fiscal Year 14 includes:

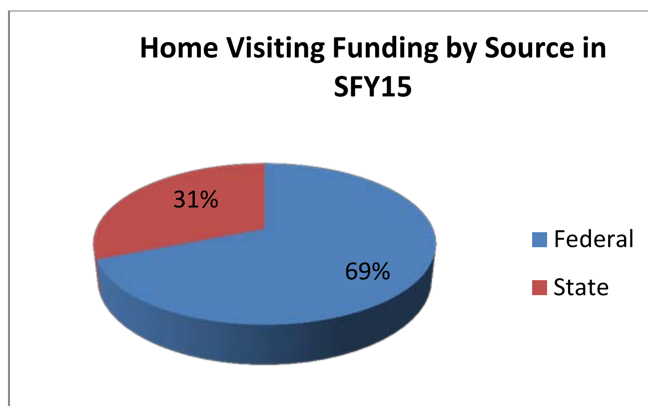
1. State funding of $3,209,000 for the Healthy Start Home Visiting Program;
2. State funding of $345,000 for the Nurse Home Visitor Program;
3. State funding of $535,000 for the Child Health and Development Program; and
4. Federal funding of $5,841,000 for the Maternal, Infant and Early Childhood Home Visiting Program (Inclusive of both the formula grant and competitive expansion grant).



The following demonstrates the distribution of funds between federal and state sources:



In State Fiscal Year 15 (the current fiscal year), the distribution of funds between state and federal sources changed reflecting available funding.



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 and cost-effective interventions to help parents support their young children's health and development, strengthen family functioning, and prevent adverse childhood experiences, such as 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 have been shown to result in 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 necessary for children to thrive during the early school years and throughout life.

In recent months, leaders in the State of Tennessee are exploring a new and powerful idea for addressing systemic, persistent poverty in the state: a "two-generation" approach that seeks to address the needs of both vulnerable children and parents together. This approach serves both children and their parents with an array of services, supports, and learning and empowerment opportunities – all geared toward helping families envision and achieve brighter futures. In particular, evidence suggests that a two-generation approach focused on education, economic supports, social capital, and health and well-being has the potential to generate significant financial stability outcomes for low-income families.

Home visiting is a critical component of a two-generation approach that puts the whole family on a path to economic security as it is one of the only programs that focuses both on children and adults simultaneously. Because physical and mental health have a major impact on a family's ability to thrive and succeed, home visitors are uniquely positioned to address a parent's immediate health and well-being needs while fostering positive growth and development of their children. Home visiting has been shown to positively influence a parent's economic situation by focusing on not only job attainment, but also planning for a career and supporting further educational attainment. By helping parents create a better future for their child, home visiting programs are supporting parents to become greater contributors to society, build their own strong and stable families, and bolster communities and the economy.

Home Visiting Services Administered by the 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 through contractual arrangements with community-based agencies or county health departments. The home visiting programs administered by TDH are categorized as evidence-based, research-based or a promising approach.

Evidence-based: As defined in TCA 68-1-125 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. This aligns closely with how evidence-based is defined by the federal Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) which authorized the Maternal, Infant and Early Childhood Home Visiting Program.

Research-based: As defined in TCA 68-1-125 means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based.

Promising Approach: As defined by the federal Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) a program is a promising approach if it has little to no evidence of effectiveness or has evidence that does not meet the criteria for an evidence-based model. A "promising approach" must be grounded in relevant empirical work and have an articulated theory of change. A "promising approach" must have been developed by or identified with a national organization or institution of higher education and must have developed an evaluation plan with a well-designed and rigorous plan to measure impacts.

Within each of these three categories are a variety of models. Each of the models has a theory of change which specifies clearly identified outcomes and describes the activities that are related to those outcomes. The name, description and classification of the home visiting models implemented in Tennessee are as follows:

Model Name	Category	Model Description
Healthy Families America (HFA)	Evidence-based	HFA is designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The model is best equipped to work with families who may have histories of trauma, intimate partner violence, mental health, or substance abuse issues. HFA services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively and over the long-term (3 to 5 years after the birth of the baby).
Nurse Family Partnership (NFP)	Evidence-based	NFP is designed to work with low-income women who are having their first babies. Each woman is enrolled prior to 28 weeks of pregnancy and paired with a nurse who provides her with weekly home visits throughout her pregnancy until her child's second birthday. The

		program's main goals are to improve pregnancy outcomes, children's health and development and women's personal health and economic self-sufficiency.
Parents as Teachers (PAT)	Evidence-based	PAT is designed to provide parents with child development knowledge and parenting support, provide early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. Services include one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families.
Child Health and Development (CHAD)	Research-based	CHAD is designed to work with adolescent parents and families of young children who experienced or are at high risk of experiencing abuse and/or neglect. CHAD services can begin prenatally or any time prior to the child's 6th birthday. Intensity and length of service varies depending on family's needs.
Maternal Infant Health Outreach Worker (MIHOW)	Promising Approach	MIHOW is designed as a parent-to-parent intervention that targets economically disadvantaged and geographically and/or socially isolated families with children birth to age 3. The program is designed to improve health and child development among these families. MIHOW employs parents from the local community as outreach workers and role models, who educate families about nutrition, child health, and development, and positive parenting practices. The outreach workers also provide links to medical and social services.
Nurses for Newborns	Promising Approach	Nurses for Newborns is designed to provide a safety net for families in order to prevent infant mortality, child abuse, and neglect. In response to referrals from medical centers, physician offices, clinics, social service agencies, and direct requests from families, Nurses for Newborns sends specially trained pediatric nurses to the homes of pregnant women or parents with infants who face medical, social, or environmental risks. Services are provided as needed, and may be provided for up to two years after the infant's birth.

Per TCA 68-1-125, 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.

Eighty-nine percent of the funds expended in 2013-2014 were used for evidence-based models.

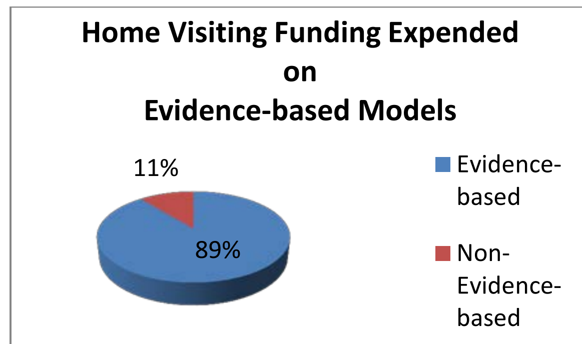


Table 1 summarizes Capacity, Enrollment and Service Provision for each of the federal and state funded evidence-based, research-based and "promising approach" home visiting programs administered by TDH during FY 2014 (July 1, 2013 - June 30, 2014).

Table 1. Summary of Home Visiting Program Capacity, Enrollment and Service Provision

Funding Source: **FEDERAL**
Program Name: **MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING (Formula funding)**
Funding Period: **September 30, 2013 through September 30, 2014**

At-Risk County	Local Implementing Agency	Evidence-Based or Promising Approach Model	Service Capacity	Number Served to Date (as of 9/30/14)	Number of Home Visits	Annual Cost Per Child*
Davidson County (Promising Approach)	Nurses for Newborns Foundation	Nurses for Newborns (Promising Approach)	400 (October 1, 2013 – September 30, 2016)	351	1398	$2250
Davidson County (Promising Approach)	Catholic Charities	Maternal Infant Health Outreach Worker (Promising Approach)	75 (October 1, 2013 – September 30, 2016)	68	61	$2457
Campbell County	Helen Ross McNabb (formerly Child and Family Tennessee)	Nurse Family Partnership (Transitioned to Healthy Families America Model as of July 1, 2014)	50	69	383	$5067
Davidson County	Prevent Child Abuse Tennessee	Healthy Families America	96	94	1241	$3724
Hamilton County	Hamilton County Health Department	Parents as Teachers	96	70	700	$3719
Maury County	Centerstone	Healthy Families America	64	60	320	$3731
Shelby County	LeBonheur Children's Hospital, Community Health and Well-Being	Healthy Families America, Nurse Family Partnership, & Parents as Teachers	50 (HFA) 25 (NFP) 160 (PAT)	68 (HFA) 23 (NFP) 90 (PAT)	1256 (HFA) 238 (NFP) 762 (PAT)	Across all Three Models $1513
Fort Campbell/ Montgomery County	Center for Family Development	Healthy Families America	36	42	527	$4108
TOTALS			1052	935	6886	$3321

Table 1, continued. Summary of Home Visiting Program Capacity, Enrollment and Service Provision

Funding Source: **FEDERAL**
Program Name: **MATERNAL, INFANT, & EARLY CHILDHOOD HOME VISITING (Expansion funding)**
Funding Period: **September 30, 2013 through September 30, 2014**

At-Risk County	Local Implementing Agency	Evidence-Based Model	Service Capacity	Number Served to Date (as of 9/30/14)	Number of Home Visits	Annual Cost per Child*
Coffee	Centerstone	Healthy Families America	60	30	308	$1267
Maury			82	18	111	
Dickson			60	14	130	
Lawrence			110	58	410	
Cumberland	The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	20	29	332	$3806
Dekalb			20	30	273	
Campbell	Helen Ross McNabb Center	Healthy Families America	25	17	301	$2906
Cocke			25	19	193	
Sevier			50	42	470	
Shelby	LeBonheur Children's Hospital, Community Health and Well-Being	Healthy Families America	75	52	1099	$1778
Shelby	LeBonheur Children's Hospital, Community Health and Well-Being	Parents as Teachers	240	262	1830	
Dyer	University of Tennessee (UT)-Martin	Healthy Families America	32	24	244	$2942
Lake			20	8	60	
Lauderdale			28	11	187	
Claiborne	Prevent Child Abuse Tennessee with a subcontract to Jackson-Madison County General Hospital in Hardeman, Haywood, Henderson and Madison counties.	Healthy Families America	25	9	106	$3910
Davidson			75	67	975	
Grundy			25	8	77	
Hamilton			25	24	423	
Hardin			25	8	86	
Haywood			25	17	258	
Hardeman			25	19	299	
Henderson			25	14	201	
Johnson			25	11	186	
Madison			25	93	1123	
Marion			25	3	14	
McMinn			25	13	212	
Monroe			25	10	182	
Polk			25	5	120	

At-Risk County	Local Implementing Agency	Evidence-Based Model	Service Capacity	Number Served to Date (as of 9/30/14)	Number of Home Visits	Annual Cost per Child*
Rhea			25	7	56	
Scott			25	13	129	
Sequatchie			25	0	0	
Totals			1322	935	10087	$2768

Funding Source: **STATE**
Program Name: **HEALTHY START**
Funding Period: **July 1, 2013 through June 30, 2014**

At-Risk County	Local Implementing Agency	Evidence-Based Model	Service Capacity	Number Served to Date (as of 6/30/14)	Number of Home Visits	Annual Cost per Child*
Jefferson	Helen Ross McNabb	Healthy Families America	40	78	3378	$2977
Knox			190	221		
Putnam	The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	60	50	1025	$2612
White			40	32		
Chester	Jackson Madison County General Hospital	Healthy Families America	10	9	1199	$2409
Crockett			30	22		
Madison			70	58		
Shelby	LeBonheur Children's Hospital, Community Health and Well-Being	Healthy Families America	150	162	2593	$3765
Davidson	Metro Government Of Nashville & Davidson County	Healthy Families America	150	140	1967	$4070
Bedford	Center for Family Development	Healthy Families America	35	38	2464	$2817
Franklin			5	3		
Lincoln			5	3		
Marshall			5	2		
Montgomery			125	124		
Benton	University of Tennessee (UT)-Martin	Healthy Families America	10	7	1270	$3972
Carroll			10	8		
Gibson			40	44		
Henry			5	9		
Obion			10	12		
Weakley			10	9		
Totals			1000	1031	13896	$2984

Table 1, continued. Summary of Home Visiting Program Capacity, Enrollment and Service Provision

Funding Source: **STATE**
Program Name: **CHILD HEALTH AND DEVELOPMENT**
Funding Period: **July 1, 2013 through June 30, 2014**

At-Risk County	Local Implementing Agency	Research-Based Model	Service Capacity	Number Served to Date (as of 6/30/14)	Number of Home Visits	Annual Cost per Child*
Anderson	Anderson Co. Health Department	Child Health and Development	CHAD Funding is not allocated per county so there is not an expected number to be served each year by individual counties	29	199	Annual cost per child is estimated utilizing the state allocation divided by the total numbers served statewide. As such, county specific cost per child is not available.
Blount	Blount Co. Health Department	Child Health and Development		3	18	
Campbell	Campbell Co. Health Department	Child Health and Development		51	480	
Carter	Carter Co. Health Department	Child Health and Development		101	686	
Claiborne	Claiborne Co. Health Department	Child Health and Development		6	34	
Cocke	Cocke Co. Health Department	Child Health and Development		2	15	
Grainger	Grainger Co. Health Department	Child Health and Development		17	99	
Greene	Greene Co. Health Department	Child Health and Development		45	322	
Hamblen	Hamblen Co. Health Department	Child Health and Development		38	194	
Hancock	Hancock Co. Health Department	Child Health and Development		15	79	
Hawkins	Hawkins Co. Health Department	Child Health and Development		59	187	
Jefferson	Jefferson Co. Health Department	Child Health and Development		4	10	
Johnson	Johnson Co. Health Department	Child Health and Development		32	112	
Loudon	Loudon Co. Health Department	Child Health and Development		21	49	
Monroe	Monroe Co. Health Department	Child Health and Development		2	2	
Morgan	Morgan Co. Health Department	Child Health and Development		8	25	
Roane	Roane Co. Health Department	Child Health and Development		8	24	
Scott	Scott Co. Health Department	Child Health and Development		36	436	
Sevier	Sevier Co. Health Department	Child Health and Development		23	121	
Unicoi	Unicoi Co. Health Department	Child Health and Development		20	166	
Union	Union Co. Health Department	Child Health and Development		13	66	
Washington	Washington Co. Health Department	Child Health and Development		128	614	
Totals				661	3938	$1023

Table 1, continued. Summary of Home Visiting Program Capacity, Enrollment and Service Provision

Funding Source: **STATE**
Program Name: **NURSE HOME VISITOR**
Funding Period: July 1, 2013 through June 30, 2014

At-Risk County	Local Implementing Agency	Evidence-Based Model	Service Capacity	Number Served to Date (as of 6/30/14)	Number of Home Visits	Annual Cost per Child*
Shelby	LeBonheur Children's Hospital, Community Health and Well-Being	Nurse Family Partnership	100	154	898	$4168
Totals			100	154	898	$4168

Funding Source: **ALL STATE AND FEDERAL COMBINED**
Program Name: **ALL PROGRAMS**
Funding Period: July 1, 2013 through June 30, 2014

Total Number of Counties With a Home Visiting Program	Total Number of Local Implementing Agencies	Categories and Models	Total Service Capacity	Total Number Served to Date (as of 6/30/14)	Total Number of Home Visits	Annual Cost per Child*
60	34	Evidence-based Programs: -Healthy Families America -Nurse Family Partnership -Parents as Teachers Research-based Programs: -Child Health and Development Promising Approach: -Maternal Infant Health Outreach Worker (MIHOW) -Nurses for Newborns	3474 (excluding the CHAD Program)	3716	35705	Range from $1023 to $5067

*Annual cost per child was calculated by dividing the agency's budget by the capacity of program (expected numbers to be served) during the state contract period.

Strengths and Opportunities Related to Home Visiting Services

TDH utilizes key data to inform its efforts to implement a coordinated, efficient, accountable system of home visiting services across the state. Building on the Governor's Children's Cabinet *Home Visitation Revi*ew, published in July 2010, TDH has taken many steps to strengthen the home visiting system in Tennessee. This review identified and quantified the array of home visiting programs and services offered at that time, 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

All TDH-administered home visiting programs are:

- Locally managed – each local implementing agency chooses the home visiting model that best meets the needs of its own at-risk community and provides the home visiting services to families in their own communities; and
- Voluntary – families choose to participate and can leave the program at any time.

Evidence-based home visiting programs are available in 50 of Tennessee's 95 counties. Collectively, approximately 3,700 children were served by TDH-administered home visiting programs during FY2014. While home visiting availability has been expanded to more counties in recent years, capacity of home visiting programs to serve the population of children under the age of five who can benefit varies across the state. This is particularly striking when considering the estimates of children living in poverty. A lack of resources makes it challenging for parents to provide children's basic health and development needs like food, health care and quality child care. This increases the stress on parents and in the home. Exposure to chronic stress negatively influences a child's well-being, especially in the early years when the brain is developing rapidly.

Tennessee ranks 39th for the percent of children living in poverty and has an estimated twenty-six percent of children living in poverty. Accessing services through a home visiting program provides an opportunity for families to be connected to community services that can address their health and wellness needs, receive guidance on how best to support their child's health and development, as well as take action toward improving their economic situation. Additional families could benefit from home visiting services were they more widely available. Of the number of children living in poverty, only three percent are currently being served across the state. Only five counties are serving ten to fifteen percent of children living in poverty. Less than ten percent of children living in poverty are being served by home visiting in fifty-five counties and

thirty-five counties do not have a TDH funded home visiting program. Percentages by county can be found in Table 6 in the Appendix.

Collaboration between Public and Private Sector Stakeholders

One of the central goals of the federal Maternal, Infant, and Early Childhood Home Visiting funds is to improve coordination among early childhood agencies and referrals for other community resources and supports and thus improve access to needed services. Home visiting programs in Tennessee benefit from involvement in the Tennessee Young Child Wellness Council (TNYCWC), a statewide early childhood entity consisting of over 100 statewide partners, agencies and organizations. The TNYCWC is serving as a sustainable, coordinated state level structure that intentionally focuses on pregnancy, infancy and early childhood and builds upon the recent scientific evidence regarding the relationship between early experience, brain development and long term health and developmental outcomes. The TNYCWC is striving to increase multi-agency collaboration and coordination toward improved services and data sharing among the various agencies, organizations, providers and other partnerships relevant to young children. Members of the TNYCWC strengthen knowledge of one another's work; embrace a shared goal and agenda; and work to implement collectively identified strategies. TDH will continue to facilitate the TNYCWC and leverage opportunities to align and coordinate services to create a comprehensive early childhood system which includes home visiting services.

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; however, there is wide variability in the amount and type of other data collected across the various home visiting programs in Tennessee. 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 data system to be used to document progress toward common outcomes among all funded home visiting programs. These steps will assure more robust analysis of outcomes and impacts across the home visiting programs in the upcoming year.

Emphasis on Evidence-Based Services and Programs

TDH is committed to the implementation of evidence-based programs, where there is sufficient evidence of need and where resources exist to implement such programs. TDH is administering funds for home visiting programs successfully and ensuring 75 percent of the funds or more is expended in 2013-2014 for evidence-based models. Three evidence-based models are being utilized by TDH administered programs including Healthy Families America, Nurse Family Partnership, and Parents as Teachers.

Beginning October 1, 2013, two "promising approaches" were established with the approval of HHS. The promising approaches, Nurses for Newborns (NFN) and the Maternal Infant Health Outreach Worker (MIHOW) Programs, were funded to respond to the diverse needs of children and families in Davidson County, especially parents who are adolescents, have medical or mental health challenges, or who are non-English speaking as well as parents who have a child with complex medical needs. Both Promising Approaches have finalized a rigorous and robust evaluation plan and are rapidly enrolling families in their services. Results from these evaluations will be expected in fall of 2016.

TDH staff have prepared a strong network of evidence-based home visiting programs and is ready to continue expansion in the next most at-risk counties as additional funding becomes available.

Development of Referral Systems to Assure Efficient Utilization of Services

Funding from the federal MIECHV grant is supporting a uniform outreach and referral initiative to assure that families are aware of and referred to available community programs, including home visiting programs. This initiative, Welcome Baby, consists of two major strategies.

First, all families of newborns receive a Welcome Baby packet which includes a letter from Mrs. Haslam, Tennessee's First Lady, within ten to fourteen days after birth. 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 packet offers an opportunity to share information about important health messages such as the ABCs of Safe Sleep and protecting your child from toxic stress as well as 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. Enrollment has been proven to improve kindergarten readiness and home reading practices, including time spent reading with children and children's interest in books. Under the leadership of the Governor's Children's Cabinet co-chaired by Governor and First Lady Haslam, a statewide information portal, KIDCENTRALTN,

was launched July 15, 2013. Parents with young children in Tennessee can 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. This resource is an important tool for families 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 offers the parent of children at high risk for infant mortality the option of an outreach contact. Through this outreach contact, child and family needs are assessed and connections with community resources, including evidence-based home visiting programs, are provided as appropriate. The outreach contact occurs in the first two months after birth and 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. A rigorous and robust evaluation plan of Welcome Baby has been developed with initial findings expected to be available in summer of 2015.

Program-Specific Information

This section contains data on the outcomes for each of the home visiting programs administered by TDH. Program-specific outcomes are compared to the Tennessee population at large and to Healthy People 2020 target objectives whenever possible.

Outcomes 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-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. The annual cost per family is $1,023.00. Funds to support this program come from State funds. CHAD was funded in FY2015 with mostly non-recurring dollars (that will be eliminated in FY2016 without continuation funding)

TABLE 2: FY2014 PROGRAM OBJECTIVES — CHAD

Outcome	Comparison of Local Outcomes to State		Healthy People 2020 Target
	Program-Specific: CHAD	Tennessee Population At Large	
CHILD OUTCOMES			
Children are free of child abuse and neglect.	90%	99.57% (or 4.3 per 1000)[1]	99.15% (or 8.5 per 1000)[2]
Children are up to date with immunizations by their 2nd birthday.	86%	75.4%[3]	80%[4]

[1] 2012, Tennessee Department of Children's Services
[2] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment
[3] 2013 Immunization Status Survey of 24 month old children in Tennessee
[4] 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 provides services in 20 counties through seven community-based agencies and staff employed by 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. The annual cost per child is $2984. Funds to support this program come from State funds. Healthy Start was funded in FY2015 with mostly non-recurring dollars (that will be eliminated in FY2016 without continuation funding).

TABLE 3: FY2014 PROGRAM OUTCOMES — HEALTHY START

Outcome	Comparison of Local Outcomes to State		Healthy People 2020 Target
	Program-Specific: Healthy Start	Tennessee Population At Large	
CHILD OUTCOMES			
Children are free of child abuse and neglect.	98.4%	99.57% (or 4.3 per 1000)[5]	99.15% (or 8.5 per 1000)[6]
Children are up to date with immunizations by their 2nd birthday.	94.3%	75.4%[7]	80%[8]
Children receive periodic developmental screening.	100%	38.3%[9]	Comparable national target not available
MATERNAL OUTCOMES			
Mothers receive early and consistent prenatal care.	96.1%	71.1%[10]	77.9%[11]
Mothers delay a subsequent pregnancy for at least 12 months after the birth of the previous child.	96.1%	93%[12]	Comparable national target not available

[5] 2012, Tennessee Department of Children's Services
[6] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment
[7] 2013 Immunization Status Survey of 24 month old children in Tennessee
[8] Healthy People 2020 –Completion of recommended vaccination series by 35 months of age
[9] Tennessee Report from the National Survey of Children's Health, NSCH 2011
[10] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[11] Healthy People 2020- 10.1 Maternal, Infant and Child Health Increase the proportion of mothers whoreceived prenatal care beginning in the first trimester
[12] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

PROGRAM SPECIFIC OUTCOMES			
Infants are not born premature (before 37 weeks gestation).	84.7%	87.4%[13]	88.6%[14]
Infant are born weighing 2,500 grams (5.5 pounds) or more.	88%	90.8%[15]	92.2%[16]

In accordance with TCA 37-3-703(d)(1)(2)(3)(6), the following additional information about Healthy Start is provided for FY 2014.

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 1,031 (100%) of the families receiving Healthy Start services were considered at risk for abuse/neglect based on the family KFSC score prior to initiation of service.

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

Fiscal Year	% of children
2010	98.8%
2011	99.4%
2012	98.7%
2013	98.6%
2014	98.4%

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,,984[17]
Average Estimated Annual Cost per Child *Out of Home Placement: Foster Care*	$8,836.65[18]
Average Estimated Annual Cost per Child *Out-of-Home Placement: Residential Care*	$52,585.55[19]

[13] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

[14] Healthy People 2020 –Maternal, Infant and Child Health -9.1 Reduce total preterm births

[15] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

[16] Healthy People 2020 –Maternal, Infant and Child Health – 8.1 Reduce low birth weight

[17] Annual cost is based on program budget divided by numbers served

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

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

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 $4168. In FY2014, home visiting nurses provided services to 154 low-income, first time mothers who are enrolled before 28 weeks of pregnancy and serve them through the child's second birthday.

TABLE 4: FY2014 PROGRAM OUTCOMES — NURSE HOME VISITOR PROGRAM

Outcome	Comparison of Local Outcomes to State		Healthy People 2020 Target
	Program-Specific: Nurse Home Visitor	Tennessee Population At Large	
CHILD OUTCOMES			
Children are free of child abuse and neglect.	100%	99.57% (or 4.3 per 1000)[20]	99.15% (or 8.5 per 1000)[21]
Children are up to date with immunizations by their 2nd birthday.	95%	75.4%[22]	80%[23]
Children receive periodic developmental screening.	100%	38.3%[24]	Comparable national target not available
Infants are born to mothers who did not smoke during pregnancy.	93%	83.3%[25]	98.6%[26]

[20] 2012, Tennessee Department of Children's Services
[21] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment
[22] 2013 Immunization Status Survey of 24 month old children in Tennessee
[23] Healthy People 2020 –Completion of recommended vaccination series by 35 months of age
[24] Tennessee Report from the National Survey of Children's Health, NSCH 2011
[25] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[26] Healthy People 2020 –Maternal, Infant, and Child Health 11.3 – Increase abstinence from cigarette smoking among pregnant women

MATERNAL OUTCOMES			
Mothers breastfeed their infants at discharge from hospital.	70.8%	72.1%[27]	81.9%[28]
Mothers delay a subsequent pregnancy for at least 12 months after the birth of the previous child.	97.4%	93%[29]	Comparable national target not available
PROGRAM SPECIFIC OUTCOMES			
Infants are not born premature (before 37 weeks gestation).	71.4%	87.4%[30]	88.6%[31]
Infant are born weighing 2,500 grams (5.5 pounds) or more.	82%	90.8%[32]	92.2%[33]

In addition to the above, two additional outcomes of the Nurse Home Visitor Program are to decrease exposure to violence during pregnancy and reduce the occurrence of infant behavioral impairments due to use of alcohol and drugs. All mothers were screened for domestic violence and substance use as time of enrollment. Six mothers reported exposure to domestic violence and all six were referred to appropriate services. All but one mother complied with the requirement of remaining abstinent from drugs and alcohol use while enrolled. The one client who reported drug use was referred to appropriate services.

[27] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[28] Healthy People 2020 –Maternal, Infant, and Child Health 21 – Increase the proportion of infants who breastfed
[29] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[30] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[31] Healthy People 2020 –Maternal, Infant and Child Health -9.1 Reduce total preterm births
[32] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics
[33] Healthy People 2020 –Maternal, Infant and Child Health – 8.1 Reduce low birth weight

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

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. TDH successfully applied and was awarded a three year competitive expansion grant in 2012. Both funding allocations are to be used to implement evidence-based home visiting programs in the most at-risk communities while strengthening the early childhood system. 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 received in July 2011 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 in additional at-risk counties. Combined with the formula funded sites, evidence-based home visiting programs are offered in 30 counties, including: 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.

The annual cost per child for programs funded by formula and expansion funds is $3018.

TABLE 5: FY2014 PROGRAM OUTCOMES — MATERNAL, INFANT AND EARLY CHILDHOOD HOME VISITING PROGRAM

Outcome	Comparison of Local Outcomes to State		Healthy People 2020 Target
	Program-Specific: MIECHV	Tennessee Population At Large	
CHILD OUTCOMES			
Children are free of child abuse and neglect.	99.6%	99.57% (or 4.3 per 1000)[34]	99.15% (or 8.5 per 1000)[35]

[34] 2012, Tennessee Department of Children's Services
[35] Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment

Children receive periodic developmental screening.	75.2%	38.3%[36]	Comparable national target not available
Infants and children have health insurance.	94.5%	94.7%[37]	Comparable national target not available
MATERNAL OUTCOMES			
Mothers receive early and consistent prenatal care.	92.8%	71.1%[38]	77.9%[39]
Mothers breastfeed their infants at discharge from hospital.	75.15%	72.1%[40]	81.9%[41]
PROGRAM SPECIFIC OUTCOMES			
Mothers who receive a maternal depression screening.	69.8%	Comparable state level data not available	Comparable national target not available
Mothers who receive a screening for domestic violence.	98.6%	Comparable state level data not available	Comparable national target not available

In addition to the above, the legislation that created the home visiting program required TDH to demonstrate measurable improvement among eligible families participating in the program in at least four of the six following benchmark 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.

[36] Tennessee Report from the National Survey of Children's Health, NSCH 2011/2012 Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health

[37] Tennessee Report from the National Survey of Children's Health. NSCH 2011/2012. Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health

[38] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

[39] Healthy People 2020- 10.1 Maternal, Infant, and Child Health Increase the proportion of mothers whoreceived prenatal care beginning in the first trimester

[40] 2013, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

[41] Healthy People 2020 –Maternal, Infant, and Child Health 21 – Increase the proportion of infants who breastfed

Tennessee's approved Benchmark Plan included the stated performance measure, the type of measure (outcome or process), the data source (client, home visitor, or administrative records), the target population being measured, the tool or measure identified, and the measurement period. Information was also included on the type of comparison being made (individual, cohort, or cross-sectional comparison of data), the direction of improvement needed to demonstrate success, and the type of scoring that will be used to demonstrate change.

It is important to note that the data collected through this effort is performance management data rather than impact data. The benchmark data allows TDH to monitor and assess progress over time. However, it does not report on the effectiveness of the program in achieving its ultimate intended outcomes. A separate effort at the federal level, the "Maternal, Infant, and Early Childhood Home Visiting Evaluation" (MIHOPE), is assessing the effect of MIECHV programs on child and parent outcomes, including with respect to each of the benchmark areas. For more information about the MIHOPE evaluation, see http://www.acf.hhs.gov/programs/opre/research/project/maternal-infant-and-early-childhood-home-visiting-evaluation-mihope.

On October 30, 2014, TDH successfully submitted the results of the Benchmark Plan which demonstrated measurable improvement among eligible families participating in the program in at least four of the six benchmark areas. Some of the significant findings include:

- Increase in the percentage of women enrolled in the program prior to delivery who receive prenatal care in the first or second trimester of pregnancy.
- Increase in the percentage of women of childbearing age (15-44 years) who are not taking folic acid at intake who report folic acid use after 12 months of enrollment.
- Increase in the percentage of households with a smoker in the home at intake who report no smokers in the home after 12 months of enrollment.
- Increase in the percentage of households who receive age-appropriate injury prevention information and training.
- Increase in the percentage of households with evidence of increased parental support for children's learning and development.
- Increase in the percentage of households with increased parental knowledge of child's development and their child's developmental progress.
- Increase in the percentage of households showing improved parenting behaviors and parent-child relationships.
- Increase in the number of women with a positive domestic violence screen at enrollment that receive a referral for local domestic violence services and for whom a safety plan in completed.
- Increase of household income and benefits or total number of hours spent in educational programs by adult household members at 12 months post enrollment.

Conclusions

TDH has made great strides toward the development of a strong, integrated system of home visiting services. A summary of the accomplishments of TDH over the recent three years include:

- expansion of evidence-based home visiting services to thirty of the identified most at-risk counties in the state and to military families living off base of Fort Campbell Army Installation;
- development of a data collection system to track process and outcome measures and a plan for an even more robust data collection and management system;
- implementation of a home-visiting specific continuous quality initiative (CQI) curriculum to strengthen local activities leading to improved outcomes for program participants;
- implementation of universal outreach to all newborns (~ 80,000 each year) and outreach and referral mechanisms to assure families of at-risk newborns (~15,000 each year) receive timely information and are aware of community resources, including home visiting programs;
- development of a mechanism to share information about the impacts of toxic stress on a child's health and development with all parents of newborns (~80,000 each year);
- strengthened collaboration with a variety of state level partners to promote information sharing, stronger collaboration around common goals, and increased understanding of one another's role in supporting the optimal development and wellness of young children.

Tennessee has been identified as a leader in the development and implementation of a home visiting system and has consulted with other state home visiting programs to share innovative practices and approaches being implemented. Tennessee was one of the first states to:

- design core competencies for home visitors with a corresponding self-assessment;
- develop a web-based training for all home visitors to assure knowledge of the core competency areas;
- provide information and resources to all parents of newborns through the Welcome Baby Initiative; and
- universally share information about the importance of preventing adverse childhood experiences.

Tennessee is fortunate to have a number of exciting partnerships to assure all Tennessee children realize their optimal development and wellness during the early years from birth through school age to create a foundation for life-long success. TDH looks forward to continued success and collaboration with public and private partners to offer home visiting in all 95 counties and to more families in order to improve child health and well-being and support parents in the very important work of helping their children prosper.

Appendix Table 6: Numbers Served by County, July 2013 – June 2014

COUNTY	MIECHV – Formula (Families served)	MIECHV – Expansion (Families served)	HEALTHY START (Families served)	CHAD (Children served)	NURSE HOME VISITOR PROGRAM (Pregnant women served)	TOTALS SERVED BY COUNTY	TOTAL NUMBER OF CHILDREN UNDER 5	ESTIMATED NUMBER OF CHILDREN UNDER 5 LIVING IN POVERTY	ESTIMATED PERCENTAGE OF CHILDREN UNDER 5 LIVING IN POVERTY SERVED BY HOME VISITING
ANDERSON	*	*	*	29	*	29	4019	1359	2.1%
BEDFORD	*	*	38	*	*	38	3265	1133	3.4%
BENTON	*	*	7	*	*	7	841	315	2.2%
BLEDSOE	*	*	*	*	*	0	597	251	0.0%
BLOUNT	*	*	*	3	*	3	6481	1634	0.2%
BRADLEY	*	*	*	*	*	0	5747	2101	0.0%
CAMPBELL	69	17	*	51	*	137	2182	995	13.8%
CANNON	*	*	*	*	*	0	769	225	0.0%
CARROLL	*	*	8	*	*	8	1649	430	1.9%
CARTER	*	*	*	101	*	101	2870	1344	7.5%
CHEATHAM	*	*	*	*	*	0	2290	313	0.0%
CHESTER	*	*	9	*	*	9	961	234	3.8%
CLAIBORNE	*	9	*	6	*	15	1523	347	4.3%
CLAY	*	*	*	*	*	0	477	194	0.0%
COCKE	*	19	*	2	*	21	1870	884	2.4%
COFFEE	*	30	*	*	*	30	3366	1232	2.4%
CROCKETT	*	*	22	*	*	22	916	254	8.7%
CUMBERLAND	*	29	*	*	*	29	2650	839	3.5%
DAVIDSON	513	67	140	*	*	720	44603	14493	5.0%
DECATUR	*	*	*	*	*	0	636	286	0.0%
DEKALB	*	30	*	*	*	30	1136	256	11.7%

COUNTY	MIECHV – Formula (Families served)	MIECHV – Expansion (Families served)	HEALTHY START (Families served)	CHAD (Children served)	NURSE HOME VISITOR PROGRAM (Pregnant women served)	TOTALS SERVED BY COUNTY	TOTAL NUMBER OF CHILDREN UNDER 5	ESTIMATED NUMBER OF CHILDREN UNDER 5 LIVING IN POVERTY	ESTIMATED PERCENTAGE OF CHILDREN UNDER 5 LIVING IN POVERTY SERVED BY HOME VISITING
DICKSON	*	14	*	*	*	14	3207	570	2.5%
DYER	*	24	*	*	*	24	2460	682	3.5%
FAYETTE	*	*	*	*	*	0	2381	594	0.0%
FENTRESS	*	*	*	*	*	0	911	336	0.0%
FRANKLIN	*	*	3	*	*	3	2035	440	0.7%
GIBSON	*	*	44	*	*	44	3162	958	4.6%
GILES	*	*	*	*	*	0	1623	492	0.0%
GRAINGER	*	*	*	17	*	17	1222	312	5.4%
GREENE	*	*	*	45	*	45	3393	1268	3.5%
GRUNDY	*	8	*	*	*	8	716	301	2.7%
HAMBLEN	*	*	*	38	*	38	3791	1679	2.3%
HAMILTON	70	24	*	*	*	94	20174	5547	1.7%
HANCOCK	*	*	*	15	*	15	367	164	9.1%
HARDEMAN	*	19	*	*	*	19	1385	524	3.6%
HARDIN	*	8	*	*	*	8	1473	540	1.5%
HAWKINS	*	*	*	59	*	59	2880	707	8.3%
HAYWOOD	*	17	*	*	*	17	1091	461	3.7%
HENDERSON	*	14	*	*	*	14	1730	516	2.7%
HENRY	*	*	9	*	*	9	1770	649	1.4%
HICKMAN	*	*	*	*	*	0	1265	336	0.0%
HOUSTON	*	*	*	*	*	0	454	186	0.0%
HUMPHREYS						0	965	272	0.0%
JACKSON	*	*	*	*	*	0	562	252	0.0%

COUNTY	MIECHV – Formula (Families served)	MIECHV – Expansion (Families served)	HEALTHY START (Families served)	CHAD (Children served)	NURSE HOME VISITOR PROGRAM (Pregnant women served)	TOTALS SERVED BY COUNTY	TOTAL NUMBER OF CHILDREN UNDER 5	ESTIMATED NUMBER OF CHILDREN UNDER 5 LIVING IN POVERTY	ESTIMATED PERCENTAGE OF CHILDREN UNDER 5 LIVING IN POVERTY SERVED BY HOME VISITING
JEFFERSON	*	*	78	4	*	82	2660	805	10.2%
JOHNSON	*	11	*	32	*	44	794	293	15.0%
KNOX	*	*	221	*	*	221	25644	5803	3.8%
LAKE	*	8	*	*	*	8	344	259	3.1%
LAUDERDALE	*	11	*	*	*	11	1669	847	1.3%
LAWRENCE	*	58	*	*	*	58	2835	833	7.0%
LEWIS	*	*	*	*	*	0	703	309	0.0%
LINCOLN	*	*	3	*	*	3	1981	666	0.5%
LOUDON	*	*	*	21	*	21	2470	702	3.0%
MACON	*	*	*	*	*	0	1602	483	0.0%
MADISON	*	93	58	*	*	151	6559	2466	6.1%
MARION	*	3	*	*	*	3	1446	418	0.7%
MARSHALL	*	*	2	*	*	2	1907	481	0.4%
MAURY	60	18	*	*	*	78	5750	1522	5.1%
MCMINN	*	13	*	*	*	13	2983	931	1.4%
MCNAIRY	*	*	*	*	*	0	1479	589	0.0%
MEIGS	*	*	*	*	*	0	503	132	0.0%
MONROE	*	10	*	2	*	12	2768	985	1.2%
MONTGOMERY	42	*	124	*	*	166	15550	4158	4.0%
MOORE	*	*	*	*	*	0	247	76	0.0%
MORGAN	*	*	*	8	*	8	1006	300	2.7%
OBION	*	*	12	*	*	12	1730	451	2.7%
OVERTON	*	*	*	*	*	0	1325	397	0.0%

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PERRY	*	*	*	*	*	0	436	169	0.0%
PICKETT	*	*	*	*	*	0	226	41	0.0%
POLK	*	5	*	*	*	5	803	197	2.5%
PUTNAM	*	*	50	*	*	50	4212	1712	2.9%
RHEA	*	7	*	*	*	7	1784	516	1.4%
ROANE	*	*	*	8	*	8	2590	822	1.0%
ROBERTSON	*	*	*	*	*	0	4535	1205	0.0%
RUTHERFORD	*	*	*	*	*	0	18638	3650	0.0%
SCOTT	*	13	*	36	*	49	1334	389	12.6%
SEQUATCHIE	*	0	*	*	*	0	884	193	0.0%
SEVIER	*	42	*	23	*	65	5220	1263	5.1%
SHELBY	181	314	162	*	154	811	66152	24878	3.3%
SMITH	*	*	*	*	*	0	1080	208	0.0%
STEWART	*	*	*	*	*	0	787	296	0.0%
SULLIVAN	*	*	*	*	*	0	7727	2580	0.0%
SUMNER	*	*	*	*	*	0	10180	1864	0.0%
TIPTON	*	*	*	*	*	0	3912	881	0.0%
TROUSDALE	*	*	*	*	*	0	435	77	0.0%
UNICOI	*	*	*	20	*	20	849	221	9.0%
UNION	*	*	*	13	*	13	1175	242	5.4%
VAN BUREN	*	*	*	*	*	0	271	104	0.0%
WARREN	*	*	*	*	*	0	2490	1063	0.0%
WASHINGTON	*	*	*	128	*	128	6578	1599	8.0%

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WAYNE	*	*	*	*	*	0	778	242	0.0%
WEAKLEY	*	*	9	*	*	9	1864	633	1.4%
WHITE	*	*	32	*	*	32	1474	533	6.0%
WILLIAMSON	*	*	*	*	*	0	12081	1115	0.0%
WILSON	*	*	*	*	*	0	7115	1307	0.0%
TOTAL SERVED	**935**	**935**	**1,031**	**661**	**154**	**3716**	**397,430**	**118,811**	**3.1%**

* 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). 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.