Tennessee Home Visiting FY2022 Annual Report

July 1, 2021 – June 30, 2022

Tennessee Department of Health
Division of Family Health and Wellness
710 James Robertson Parkway
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Nashville, TN 37243

Acknowledgements

The Tennessee Department of Health would like to acknowledge the infants, children, and families who make Tennessee their home. This work is for you. May you find Tennessee to be a place that protects, promotes, and improves the health and prosperity of your family.

The Department of Health would also like to acknowledge the home visitors who serve families across the great state of Tennessee. Home visitors adapted to seamlessly provide home visiting services to families in the state during the COVID-19 Pandemic, while living their own personal experiences many of which included of sickness and loss. Your tireless efforts make a positive impact on the lives of Tennesseans.

Tennessee Department of Health Staff

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HOME VISITING
ANNUAL REPORT
FOR STATE FISCAL YEAR 2022

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH
ANDREW JOHNSON TOWER
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NASHVILLE, TENNESSEE 37243

MEMORANDUM

To: The Honorable Bill Lee, Governor
The Honorable Randy McNally, Lieutenant Governor
The Honorable Cameron Sexton, Speaker of the House
Honorable Members of the Tennessee General Assembly

From: Morgan McDonald, MD, FACP, FAAP
Interim Commissioner, Tennessee Department of Health

Date: December 31, 2022

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, 2021 – June 30, 2022 is hereby submitted. Over the past two-years, the Department of Health not only adapted and continued Evidence Based Home Visiting (EBHV) services to families during the COVID-19 Pandemic, but also expanded EBHV services to all 95-counties in Tennessee through a partnership with the Department of Human Services (DHS) and Temporary Assistance for Needy Families (TANF) funds as directed by the General Assembly.

The report provides an overview of the status of EBHV programs throughout Tennessee. The report also includes process and outcome measures used to evaluate the quality of home visiting services offered to participating families such as the number of families served, the types of services provided, and the estimated rate of success in meeting specific goals and objectives.

A total of 2,899 children and their families received EBHV services from July 1, 2021 – June 30, 2022. Sustained impacts include improvements in maternal and newborn health, school readiness, decreased domestic violence and decreased child abuse and neglect. Positive results from home-visiting are especially beneficial to families facing challenges of substance dependence, maternal depression, or limited social or financial support.

TDH is grateful that in state fiscal year 2019 the Governor and General Assembly restored EBHV Healthy Start state funding to the previous funding level of $3.4 million and designating this funding as recurring as well as the ongoing federal funding that support these services. With this increase, TDH has been able to strengthen the scope and quality of home visiting services available to Tennessee children and families, supporting increased work to mitigate and prevent Adverse Childhood Experiences (ACES). This report will also be made available via the Internet at https://www.tn.gov/health/health-program-areas/fhw/early-childhood-program/reports-and-publications.html.

Tennessee State Government

TENNESSEE COMMISSION ON CHILDREN & YOUTH

To: The Honorable Bill Lee, Governor
The Honorable Randy McNally, Lieutenant Governor
The Honorable Cameron Sexton, Speaker of the House
Honorable Members of the Tennessee General Assembly
From: Richard Kennedy, Executive Director
Date: November 3, 2022

Subject: 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, 2021– June 30, 2022.

TCCY is a strong supporter of quality home visiting programs as critical infrastructure for improving outcomes for children and families. The primary recipients of home visiting programs in Tennessee are high-risk families, especially families in poverty and with high levels of stress that place children at risk of abuse or neglect and developmental deficits. These programs have become even more important with the impact of and recovery from COVID-19 on children and families. Evidence-based home visiting should be an integral part of strategic efforts to improve outcomes for Tennessee's youngest children. Evidence-based home visiting aligns with the strategic goals of the Resilient Tennessee Collaborative: Building Strong Brains Tennessee and is one of the most fundamental strategies for effective state efforts to prevent when possible and ameliorate the impact of adverse childhood experiences (ACEs) when they cannot be prevented and work to create resilient individuals, families, and communities. We know quality home visiting programs have numerous positive impacts including preventing child abuse and neglect, encouraging positive parenting, improving prenatal health and birth outcomes, and promoting child development and school readiness

Brain development research makes clear the value of investing in young children. For every $1 invested in evidence-based home visiting, there is a return on investment of $1.80 - $5.70 (according to the 2021 National Home Visiting Yearbook from the National Home Visiting Resource Center). TCCY applauds the Governor and the General Assembly for the expansion and continued support of evidence-based home visiting in recent years and especially for approving the use of Temporary Assistance for Needy Families (TANF) funding to make evidence-based home visiting services available in all 95 counties

The information in this report documents the improved outcomes for children receiving home visiting services and the cost effectiveness of these programs relative to the cost of state custody for children who experience abuse or neglect. The Department of Health continues to make significant strides in quality home visiting that should be applauded, supported, and expanded.

Thank you!

Richard L. Kennedy

Richard L. Kennedy
Executive Director

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Tennessee Department of Health Strategic Priorities

PREVENTION

Prevention always beats treatment, improving health outcomes and lowering costs for everyone.

- Support Local Leadership: County Health Councils
- Decrease Youth Obesity
- Decrease Tobacco Use
- Decrease Substance Misuse
- Prevent and Mitigate Adverse Childhood Experiences

ACCESS

The changing landscape of health care access brings new challenges to Tennesseans, particularly those in rural areas.

- Optimize Internal Clinical Efficiency: Primary Care
- Improve External Primary Care Access
- Leverage Innovation: Telehealth
- Expand Partnerships

TN Department of Health

Enabling Legislation

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 funded home visiting and counseling/coordination program as requested by the General Assembly to provide comprehensive information about all 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 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 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 68-1-2404 established the Nurse Home Visitor Program based on the national evidence-based model known as the Nurse Family Partnership. Home visiting nurses 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 (MIECHV) Program which is jointly administered by the U.S. Department of Health and Human Services (HHS) and the 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.

Introduction

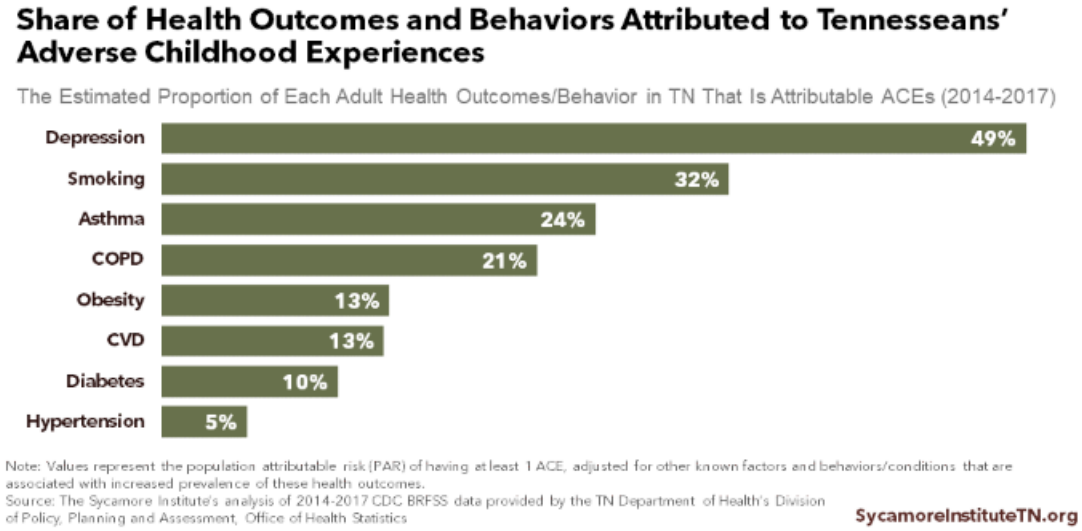
ACEs, or Adverse Childhood Experiences, are traumatic events in early childhood such as physical and emotional abuse, neglect, parental incarceration, substance abuse, and mental illness. These experiences have a lasting impact on the developing brain and contribute to increased morbidity in adulthood. *"There is a powerful, persistent correlation between the more ACEs experienced and the greater the chance of poor outcomes later in life, including dramatically increased risk of heart disease, diabetes, obesity, depression, substance abuse, smoking, poor academic achievement, time out of work, and early death"*.
(https://www.rwjf.org/en/library/collections/aces.html)

ACEs are common in Tennessee. According to the Tennessee 2020 Behavioral Risk Factor Surveillance System (BRFSS):

- 63.6% of adult Tennesseans reported experiencing 1 or more ACEs
- 29.5% of adult Tennesseans reported experiencing 3 or more ACEs
- People with 0 ACES were more likely to report better physical and mental health than those with high ACE scores:
    - 29.3% of those reporting 4 or more ACEs also reported poor mental health for 14 or more days within the last 30 days, compared to 8.7% of those with 0 ACEs
    - 45.1% of those with 4 or more ACEs were ever diagnosed with a depressive disorder, compared to 13.6% of those with 0 ACEs
    - 17.4% of those reporting 4 or more ACEs also reported poor physical health for 14 or more days within the last 30 days, compared to 8.3% of those with 0 ACEs
- In 2019-2020, 74% of Tennessee's non pregnant women aged 18-44 reported experiencing at least one ACE
- In 2019-2020, women of reproductive age with 4+ ACEs were 3.5 times more likely to report fair or poor health compared to those with 0 ACEs

Source: TN Behavioral Risk Factor Surveillance System, Office of Population Health Surveillance, Division of Population Health Assessment, Tennessee Department of Health.

ACEs have a significant impact on the health of Tennesseans, as seen in the table below from Sycamore Institute research:



Sycamore Institute. (2019). The Economic Cost of ACEs in TN. RESEARCH REPORT, 11
(https://www.sycamoreinstitutetn.org/economic-cost-adverse-childhood-experiences/)

According to that Sycamore Institute report, *"By affecting our health outcomes and behaviors, ACEs increase health care costs in taxpayer-funded programs like TennCare, raise employers' costs for health care and productivity loss, and shrink earnings for employees who miss work. Efforts to prevent ACEs and mitigate their effects could potentially reduce those expenses"* (https://www.sycamoreinstitutetn.org/economic-cost-adverse-childhood-experiences/).

The 2022 Kids Count Data Book reports that Tennessee ranks 36th in the Nation for overall child well-being. The Data Book includes the following key statistics for Tennessee youth and children:

- 21% of children live in poverty
- 29% of children live in homes where their parents lack secure employment
- 7% of teens are not in school and not working
- 8.9% of births are low birthweight
- 37% of children in single-parent families

Source: https://assets.aecf.org/m/databook/2022KCDB-profile-TN.pdf

Evidence Based Home Visiting (EBHV) is a key service known to prevent and mitigate the impact of ACEs. It is an upstream intervention to minimize and diminish the long term impacts of ACEs. Quality EBHV leads to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable cost savings for states. Research shows home visiting can be an effective method of delivering family support and child development services (https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting).

EBHV both provides immediate support and improves long-term outcomes for children and families. It is a relationship-based system that promotes positive parent-child relationships in a manner that is culturally competent, strengths-based, and family-centered. Elements included in services are routine screening for child development, education to caregivers to prevent child maltreatment and abuse, maternal depression screening, tobacco cessation resources and support, school readiness, and Adverse Childhood Experiences (ACES) mitigation. https://homvee.acf.hhs.gov/implementation/Healthy%20Families%20America%20(HFA)®/Model%20Overview

EBHV is inherently a two-generation program, as both the parent/caregiver and infant/child benefit from the positive outcomes resulting from EBHV. Research demonstrates that young children of families enrolled in EBHV show improvements in health and development outcomes and increased school readiness.

Additional outcomes of EBHV programs include:

- Improved family functioning and parenting skills
- Linking families with appropriate social service agencies
- Promotion of early learning
- Help for new parents in providing safe, nurturing environments for their children and becoming more self-sufficient

Home Visiting in Tennessee

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.

TDH currently governs EBHV programs in all 95 counties across the state by means of service contracts with local community-based agencies and county and regional health departments. EBHV programs are most effective when families participate in the program for the model-recommended period, with services beginning prenatally or at birth.

The priority population for EBHV services includes families with:

- Low income
- Pregnant women younger than age 21
- A history of child abuse or neglect, or have had interactions with child welfare services
- A history of substance abuse or need for substance abuse treatment
- Users of tobacco products in the home
- Children with developmental delays or disabilities and/or
- Families that include individuals who are serving or have formerly served in the Armed Forces, including such families that have members of the Armed Forces who have had multiple deployments outside of the United States.

The name, description, and classification of the EBHV models implemented in Tennessee are:

Model Name	Model Description
Healthy Families America (HFA)	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 experienced trauma, intimate partner violence, poor mental health, or substance abuse diagnoses. HFA services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively, and long-term (3 to 5 years after the birth of the baby).
Nurse Family Partnership (NFP)	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 weekly home visits throughout pregnancy until the child's second birthday (recommended program length is prenatal – 2 years). 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)	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. The recommended program length is at least 2 years between pregnancy and kindergarten.

Funding and Families Served

In State FY2022, 2,899 families were served by EBHV programs. Funding for EBHV in Tennessee is through a combination of the *MIECHV* (Maternal, Infant, and Early Childhood Home Visiting) federal grant; the recurring state *Healthy Start* appropriation; the recurring state *Nurse Home Visitor* appropriation; and *TANF* (Temporary Assistance for Needy Families) funds. Approximate costs per family are determined from the 12-month contract amount divided by the number of families served during that term. Several factors contribute to variation in the approximate cost per family figures, including: a Local Implementing Agency (LIA) having more than one physical location; costs variances across the state; home visiting program position pay scale being determined on the local, LIA level; and variances in cost by EBHV model. Approximate cost per family for *TANF* and *2Gen* are not provided in this Report as these are expansion programs and so are continuing to establish presence to scale in these specific counties.

Figure 2a: Evidence Based Home Visiting State Fiscal Year Funding SFY2022

	Federal Funding	State Funding	Total
MIECHV*	$10,069,999.00	NA	**$10,069,999.00**
Healthy Start	NA	$3,292,500.00	**$3,292,500.00**
Nurse Home Visitor^^ (specifically for the NFP program in Shelby county)	NA	$345,000.00 (recurring) $338,300.00^^^ (nonrecurring)	**$683,300.00**
Temporary Aid to Needy Families (TANF)^**	$14,141,876.68	NA	**$14,141,876.68**
Totals	**Total Federal Funding: $24,211,875.68**	**Total State Funding SFY2022: $ 3,975,800.00**	**Total EBHV Funding SFY2022: $28,187,675.68**

*The MIECHV federal funding amount is for the federal fiscal year grant term of September 29, 2021 – September 30, 2022.

** TANF includes 2Gen funding. 2Gen funds are specific amounts awarded to EBHV LIAs that applied to DHS thru the competitive process for TANF funding (independent of TDH). TANF funds were awarded to TDH through an interagency agreement, making TDH the administrative agency for TANF funds to EBHV LIAs.

^^The Nurse Family Partnership (NFP) recurring state funding in this table is a direct state appropriation for NFP and does not include NFP services provided via other state and federal funding sources.

^^^The nonrecurring $1,000,000.00 Nurse Home Visitor program appropriation in SFY22 is being distributed over 3 SFYs to provide for program continuity.

The following tables show the number of families served by funding source and by county across Tennessee:

Funding Source: Temporary Assistance to Needy Families (TANF)				
Description: The **Temporary Assistance to Needy Families (TANF) Program** is federal funding provided to states through formula and competitive grants. TDH was awarded TANF funds to deliver EBHV services as part of the 2Gen approach. TANF funding from July 1, 2021 – June 30, 2022 was $14,141,876.68.				
TANF Federal Grant, during State Fiscal Year July 1, 2021 - June 30, 2022				
Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2021- June 30, 2022	Number of Home Visits
Helen Ross McNabb (HRM)	Healthy Families America	Grainger	12	1,034
		Loudon	22	
		Morgan	12	
		Roane	21	
		HRM total	**67**	
Nurture the Next (NTN)	Healthy Families America	Bledsoe	16	832
		Fentress	7	
		Meigs	6	
		Rutherford	51	
		Wilson	25	
		NTN total	**105**	
Porter Leath	Parents as Teachers	Shelby/Memphis	1	179
		Lafayette	24	
		Porter Leath total	**25**	
Centerstone	Healthy Families America	Perry	3	277
		Wayne	8	
		Cannon	1	
		Humphreys	2	
		Van Buren	0	
		Warren	6	
		Williamson	2	
		Centerstone total	**22**	
UT Martin	Healthy Families America,	Benton	5	563
		Carroll	11	
		Weakley	16	
		UT Martin total	**32**	
Center for Family Development (CFD)	Healthy Families America	Cheatham	3	1,047
		Houston	3	
		Moore	1	
		Robertson	42	

		Stewart	17	
		Sumner	27	
		Trousdale	0	
		CFD total	**93**	
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Clay	6	351
		Jackson	9	
		Smith	12	
		Overton	7	
		Pickett	2	
		Exchange Club total	**36**	
Jackson Madison County General Hospital	Healthy Families America	Chester	5	329
		Crockett	6	
		Gibson	25	
		Decatur	7	
		McNairy	1	
		Jackson-Madison total	**44**	
Knox County Health Department	Parents as Teachers	Knox	39	364
		Knox County Total	**39**	
Sullivan County Health Department	Healthy Families America	Sullivan	46	251
		Sullivan County Total	**46**	
Family Cornerstone Starfish (contract is currently under Fiscal Review Committee review and not yet finalized)	Parents as Teachers	Bradley	27	113
		FCS County Total	**27**	
		TOTALS	**536 families served**	**5,340 home visits**

Funding Source: 2Gen

Description: 2Gen

The **2Gen Program** is federal funding provided to states through formula and competitive grants. The 2Generation approach focuses on reducing poverty among children and families. 2G aims to create effective pathways to economic opportunity including access to education, training, and services for those with barriers to employment. 2G also ensures families have social supports, assuring healthy child development, and promoting resilience.

TDH was awarded TANF funds to deliver EBHV services as part of the 2Gen approach.

2Gen, Federal Grant, during State Fiscal Year

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2021-June 30, 2022	Number of Home Visits
Methodist LeBonheur Community Outreach (Leb)	Nurse Family Partnership	Shelby	127	1,078
		Leb total	**127**	
Center for Family Development (CFD)	Healthy Families America	Montgomery	12	225
		Bedford	6	
		Franklin	1	
		Lincoln	1	
		Marshall	0	
		CFD total	**20**	
Centerstone	Healthy Families America	Coffee	1	66
		Lawrence	15	
		Centerstone total	**16**	
East Tennessee State University (ETSU)	Nurse Family Partnership	Carter	19	1,019
		Cocke	13	
		Greene	44	
		Hancock	0	
		Hawkins	13	
		Johnson	11	
		Sullivan	44	
		Unicoi	1	
		Washington	48	
		ETSU total	**193**	
Helen Ross McNabb (HRM)	Healthy Families America	Blount	29	445
		HRM total	**29**	
Nurture the Next (NTN)	Healthy Families America	Bradley	0	67
		Davidson	0	
		Hamilton	4	
		Polk	3	
		NTN Total	**7**	
		TOTALS	**392 families served**	**2,900 home visits**

Funding Source: MIECHV

Description: The **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program** is federal formula funding provided to states. The MIECHV program provides services in 52 counties through 10 local implementing agencies (LIAs). Funding allocations are 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 to develop an initial state plan for expansion of home visitation services. An updated 2020 needs assessment was completed and MIECHV service counties remained unchanged.

Three evidence-based home visiting models are implemented in Tennessee: Healthy Families America (HFA), Parents as Teachers (PAT), and Nurse Family Partnership (NFP). Military families represent one priority population in the legislation, thus one additionally funded project targets military families that live off base in Montgomery County, Tennessee, where the Fort Campbell Army Installation is located.

The annual average cost per family for programs funded by MIECHV is **$8,377.70.** MIECHV funding to Tennessee for the federal FY2022 term (9/29/21–9/30/22) was **$10,069,999.00.**

MIECHV Federal Grant, during State Fiscal Year July 1, 2021 - June 30, 2022

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2021-June 30, 2022	Number of Home Visits	Annual Cost Per Family*
Helen Ross McNabb	Healthy Families America	Campbell	46	2,110	$5,015.48
		Cocke	15		
		Anderson	0		
		Hamblen	0		
		Jefferson	0		
		Knox	75		
		Sevier	32		
		H.R. McNabb total	**168**		
Nurture the Next	Healthy Families America	Bradley	0	1,873	$8,425.27
		Claiborne	11		
		Davidson	145		
		Grundy	20		
		Hamilton	9		
		Johnson	11		
		Marion	6		
		McMinn	25		
		Monroe	21		
		Polk	0		
		Rhea	10		
		Scott	17		
		Sequatchie	6		
		NTN total	**281**		
Chattanooga-Hamilton County Health Department	Parents as Teachers	Hamilton	61	631	$7,168.85
		Chattanooga Hamilton total	**61**		
Centerstone	Healthy Families America	Coffee	27	1,020	$7,664.52
		Dickson	12		

		Franklin	0		
		Giles	0		
		Lawrence	38		
		Maury	47		
		Marion	0		
		Centerstone total	**124**		
Lebonheur Children's Hospital, Community Health and Well-Being	Healthy Families America & Nurse Family Partnership	Shelby	(HFA) (NFP) 157	(HFA) 2,656	$5,605.10
		Tipton (PAT only)	0		
		Lebonheur total	**157**		
Center for Family Development	Healthy Families America	Fort Campbell/ Montgomery	82	1055	$3,486.59
		Center for Family Dev'p total	**82**		
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Cumberland	14	321	$11,850.00
		Dekalb	6		
		Putnam	0		
		Exchange Club total	**20**		
Jackson Madison County General Hospital	Healthy Families America	Hardeman	17	832	$7,452.87
		Hardin	8		
		Haywood	6		
		Henderson	16		
		Madison	40		
		Jackson-Madison total	**87**		
University of Tennessee (UT)-Martin	Healthy Families America	Dyer	27	476	$10,104.76
		Henry	0		
		Lake	3		
		Lauderdale	12		
		UT Martin total	**42**		
Porter Leath *Porter Leath is not funded to serve Fayette county.	Parents as Teachers	Fayette	1	1691	$3,143.33
		Shelby	179		
		Porter Leath total	**180**		
		TOTALS	**1,202 families served**	**12,665 home visits**	**$8,377.70 average cost per family**

Funding Source: Healthy Start, State appropriation

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 **30** counties through nine EBHV local implementing agencies (LIAs). Healthy Start is based on the Healthy Families America (HFA) model

The annual average cost per family is **$5,293.41.** Funds to support this program come from State funds. Healthy Start was funded in FY2022 with **$3,292,500.00** recurring dollars.

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2021-June 30, 2022	Number of Home Visits	Annual Cost per Family*
Helen Ross McNabb	Healthy Families America	Hamblen	6	1,349	$3,329.73
		Jefferson	8		
		Blount	0		
		Knox	97		
		Helen Ross McNabb Center total	**111**		
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Putnam	30	939	$5,445.90
		Cumberland	0		
		White	14		
		Jackson	0		
		Macon	17		
		Exchange Club total	**61**		
Jackson Madison County General Hospital	Healthy Families America	Madison	46	474	$5,708.70
		Jackson Madison total	**46**		
Lebonheur Children's Hospital, Community Health and Well-Being	Healthy Families America	Shelby	60	1,229	$5,638.33
		Lebonheur total	**60**		
Metro Government of Nashville & Davidson County	Healthy Families America	Davidson	46	640	$7,073.91
		Metro Davidson total	**46**		
Center for Family Development	Healthy Families America	Bedford	41	1,917	$4,246.62
		Franklin	11		
		Lincoln	10		
		Marshall	9		
		Montgomery	62		
		Center for Family Dev. total	**133**		
UT Martin	Healthy Families America	Henry	19	457	$8,321.62
		Obion	15		
		Tipton	3		
		Weakley	0		
		UT Martin total	**37**		
Centerstone	Healthy Families America			525	$8,622.45
		Giles	25		
		Hickman	13		
		Lewis	11		
		Centerstone total	**49**		
Nurture the Next (NTN)		Anderson	34	450	$4,616.46

	Healthy Families America	Bradley	22		
		Hamilton	17		
		McMinn	0		
		Union	6		
		NTN total	**79**		
		Totals	**622 families served**	**7,980 home visits**	**$5,293.41 average cost per family**

Funding Source: Nurse Home Visitor Program, State appropriation					
TCA 68-1-2404 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 (NFP) model with the goal of expanding the program as funds become available. The goals of the NFP 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 is implemented locally by Methodist LeBonheur Children's Hospital in Memphis. The program began seeing families in June 2010 after staff were hired and trained. NFP nurses provide services to first time mothers who are enrolled before 28 weeks of pregnancy and serve them through the child's second birthday. The annual average cost per child is **$4,648.30.** SFY22 funding for this program includes the annual recurring Nurse Home Visitor state appropriation of $345,000.00 and a third of a nonrecurring state appropriation of $1,000,000.00 ($338,300.00), for a total of **$683,300.00**.					
Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2021- June 30, 2022	Number of Home Visits	Annual Cost per Family*
Lebonheur Children's Hospital, Community Health and Well-Being	Nurse Family Partnership	Shelby	147	1873	$4,648.30
		Totals	**147 families served**	**1,873 home visits**	**$4,648.30 average cost per family**

Total Number of Local Implementing Agencies	Categories and Models	Total Number of Counties With a Home Visiting Program	Number of Families Served July 1, 2021- June 30, 2022	Total Number of Home Visits
15 Local Implementing Agencies (EBHV)	Evidence-based Programs: -Healthy Families America -Nurse Family Partnership -Parents as Teachers	**95 EBHV**	**2,899 EBHV families**	**30,758 EBHV**

Healthy Start Outcomes

Immunizations

Eighty percent (80.0%) of children enrolled in Healthy Start are up to date with immunizations at 2 years old compared to the state average of 75.3% in 2021.[1]

Subsequent Pregnancies

There were no subsequent pregnancies in less than 12 months. Increasing the gap between pregnancies improves both maternal morbidity and mortality outcomes as well as decreases prematurity, which is a chief driver of infant mortality in Tennessee.

Child Abuse and Neglect

Percent of Children Free of Abuse/ Neglect and Remaining in Home for Each of the Past Nine Years	
Fiscal Year	**% of children**
2013	98.6%
2014	98.4%
2015	100%
2016	100%
2017	100%
2018	99.3%
2019	99%
2020	99.2%
2021	99.7%

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 Estimated Annual Cost per Child *Out of Home Placement: Foster Care, Department of Children's Services*	$12,264[1]
Average Estimated Annual Cost per Child *Out-of-Home Placement: Residential Care, Department of Children's Services*	$84,315[2]

[1] Results of the 2020 Immunization Status Survey of 24 Month Old Children in Tennessee. 2021-24-Month-Old-Survey.pdf (tn.gov). Due to the pandemic, there was a decline in number of pediatric care visits which resulted in missing data for the immunizations.

[1] Tennessee Department of Children's Services

[2] Tennessee Department of Children's Services

Measure	TANF	MIECHV	Healthy Start	State NFP	Highlights
Breastfeeding Initiation	N/A	77.6%	68.1%	78.5%	Initiation is slightly higher among mothers served by Nurse Family Partnership, as women are enrolled much earlier in pregnancy and can receive more education and encouragement from nurses.
Percentage of infants breastfeeding at 6 months, among those who initiated breastfeeding	N/A	23.2%	26.5%	18.2%	The percentage of infants receiving any breastmilk at 6 months varied between 18-23%.
Percentage of parents of infants less than 12 months of age using safe sleep practices (put to sleep on back, alone in crib, with no soft bedding)	61.7%	71.3%	74.8%	63.8%	Measure reports parents using all safe sleep practices.
Percentage of caregivers with a positive Intimate Partner Violence Screen who received a referral	82.6%	90.0%	100%	100%	Home visiting participants are screened for a variety of health and safety concerns. When indicated, they are linked to the appropriate services. More than 90% of those who screened positive for use of tobacco products received referrals.
Percentage of caregivers with a positive depression screening who received a referral	87.8%	100%	100%	100%	
Percentage of newly enrolled caregivers with tobacco use at enrollment receiving a tobacco cessation referral or information	N/A	92.9%	91.4%	100%	

Emerging Issues and Challenges

Recruiting and hiring qualified staff continues to be a challenge. LIAs have increased training opportunities with the goal of improving staff retention and quality of services. There have been increased difficulties of vetting the appropriate staff which has contributed to vacancies remaining open for up to a year or more. It is difficult on agencies due to the time required to train a new home visitor with the intensity needed to ensure quality services can be provided. LIAs report the most common reasons for leaving have been due to staff accepting higher pay, moving to a new area, and transitioning to work in a different field. TDH staff will continue to work with agencies to develop strategies and improvement plans to address these challenges.

Low referrals have consistently been shared as an issue among LIAs. Potential reasons may include a low number of births in the county, remaining impacts of the COVID-19 pandemic as providers have returned to in-person services. LIAs continue to use creative outreach methods and local partnerships to expand reach to families in service counties.

The most common response from LIAs regarding challenges was the fluctuation of COVID cases. The rapid growth of COVID cases and the resulting threat to the health and safety of home visiting

staff and families resulted in the continuation of virtual home visits when necessary. This caused limited in-person access and added an element of difficulty in continuing outreach to other agencies, medical providers, etc. Several outreach events were canceled due to the rising number of COVID-19 cases and a hospital that acted as primary referral source closed due to short staffing. LIAs have also adapted when necessary to continue to provide seamless services to families when spikes in COVID-19 rates have occurred over the past year. Home visitors may still provide virtual home visits when necessary to maintain the health of both the enrolled family and home visitor.

On a micro level, several counties have unique challenges as reported by the LIAs. Filling a caseload in Polk County has been challenging due the low population and large geographic area within the county. Meigs county continues to be a challenge due to its size and annual birth rate, being a very small community. Trousdale county is a rural county with a small population, and the location of the Trousdale Turner Correctional Center, a private prison for men. With a large percentage of the county population being incarcerated men, there have been referral and enrollment challenges for the LIA that provides EBHV services in this county. EBHV LIAs have reported that expansion into rural counties where EBHV services had not previously been provided have presented challenges such as the county being resource barren and untrusting of new services. This has resulted in lower numbers of families served in expansion counties. LIAs continue to use creative outreach methods to establish partnerships with resource providers to solidify EBHV service presence and expand referrals in these counties.

Also, EBHV LIAs have the ongoing challenge to provide equitable services across the state to families whose primary language spoken in the home is non-English.

Recommendations

The Department of Health recommends that existing funding for EBHV in Tennessee continue to maintain services in all 95-counties in Tennessee. This will continue to build protective factors and contribute to Positive Childhood Experiences (PCEs) that mitigate and overcome much of the impact of ACEs.

It is further recommended that the state of Tennessee continue and expand support for programs that strengthen families during infancy and early childhood to make the highest possible impact on brain health and development, thus resulting in greater health for Tennesseans throughout the lifespan. The following are recommendations for how this may be accomplished:

- **Further link the EBHV and childcare systems in our state:** Families that receive EBHV services often also utilize the childcare system in Tennessee. There are many commonalities between the demographics of the EBHV and childcare workforces. Infant and early childhood development expertise apply to both fields. There is opportunity for enhanced workforce development and partnership for these fields.

- **Invest in the EBHV workforce to advance it as a competitive field within Tennessee**: Creating more robust economic opportunities in the field of infant and early childhood in all areas of the state is an investment in Tennessee's economy. Home visiting and childcare positions are usually low pay. Establishing a standardized, minimum pay scale across EBHV local implementing agencies (LIAs) for home visitor positions would contribute to stability within the EBHV workforce by increasing home visitor retention and maintaining experienced staff within rural communities that often lack resources. Offering

enhancements to this workforce pipeline that strengthen and elevate EBHV as a profession in Tennessee and provide economic opportunities within rural communities.

- **Invest in broadband access in rural communities**: The COVID-19 pandemic forced advances in telemedicine, including virtual home visits. This approach will be continued when necessary to best serve EBHV families who have sick family members in the home. A challenge in implementing this virtual practice was lack of bandwidth in rural communities. This limits equitable access to not only EBHV, but other telehealth services.

- **Create targeted messaging to broadly share of the impact and availability of EBHV in Tennessee**: Tennessee has significantly invested in EBHV through the TANF expansion in 2021. Use of media, such as radio ads and public service announcements, would share the EBHV opportunity broadly and equally across the state. This would increase referrals and program enrollment.

- **Expand language access to EBHV services**: Establishing a statewide language services contract through which all EBHV LIAs can access interpreter services for non-English speaking families will reduce the costs burden of this need among individual services providing organizations.

- **Partner with healthcare and community health workers**: Build partnerships between hospitals, OB/GYNs, midwives, doulas, and other pregnancy wellness providers in Tennessee to increase referrals to EBHV programs during pregnancy, as earlier enrollment of pregnant women in EBHV services increases positive outcomes.