

# Tennessee Home Visiting Programs Annual Report

**July 1, 2011 – June 30, 2012**



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ANNUAL HOME VISITING REPORT  
FOR FISCAL YEAR 2012

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## Executive Summary

Home visiting services have been proven to help families support young children's health and development, strengthen family functioning, prevent child abuse and neglect and apply new knowledge in order for their child to have the best chance of thriving 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 four home visiting programs across the state through contractual arrangements with community-based agencies or county health departments.

Approximately 7,500 families received home visiting services from July 1, 2011 – June 30, 2012 through one of four home visiting or home-based case management programs. Each of the four programs has different enrollment criteria, model of service delivery and anticipated outcomes however some universal impacts were demonstrated including the following:

- For those families enrolled in home visiting services prenatally, birth outcomes such as birth weight and prematurity were positively impacted.
- The immunization status of children enrolled in home visiting services is higher than the population at large.

Over the past fiscal year, TDH has provided leadership to develop a set of uniform program measures and methods to collect data which will improve Tennessee's ability to evaluate effectiveness and impact of home visiting services and compare outcomes across programs. Additionally, TDH is in the process of adopting an information collection and management evaluation system to be used to document progress toward common outcomes among all funded home visiting programs.

TDH is taking a leadership role on the development of a high quality workforce development plan to assure multiple opportunities exist for home visiting staff, managers and leaders to develop the competencies necessary to be effective in their role.

While home-based case management services are available in all 95 counties, home visiting programs are not and capacity to serve the population of children under the age of five varies across the state. TDH is committed to the implementation of evidence-based home visiting programs, where sufficient evidence and resources exists to implement such programs. Acknowledging that not all families require intensive home visiting services, TDH has reviewed and developed clear distinctions among home-based case management services and evidence-based home visiting programs' purposes and intensities to assure a continuum of early childhood services exists to assure that the right family receives the right service at the right time.

The Department looks forward to continued success and collaboration with other public and private partners in order to improve child health and well being and support parents in the very important work of helping their children become successful.

## Background

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

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

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

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

## Introduction to Home Visiting Programs

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. Home visiting services have been proven to help families support young children's health and development, strengthen family functioning, prevent child abuse and neglect and apply new knowledge in order for their child to have the best chance of thriving during the early school years and throughout life.

In a home visiting program, trained professionals provide regular, voluntary home visits to at-risk expectant and new parents over time to assess child and family risks, provide health and developmental screening and guidance, and provide referrals to other supports and services offered in the community. Economists have found that, over time, well-designed evidence-based home visiting programs can return up to \$5.70<sup>1</sup> per taxpayer dollar invested by reducing societal costs associated with poor child health and academic failure.

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<sup>1</sup> L.A. Karoly, et al., *Early Childhood Interventions: Proven Results: Future Promise* (Santa Monica, CA: RAND Corporation, 2005); J. Isaacs, "Cost-Effective Investments in Children," *Budgeting for National Priorities* (2007)

## Home Visiting Services Administered by the Tennessee Department of Health

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

Currently, TDH administers home visiting services across the state through contractual arrangements with community-based agencies or county health departments<sup>2</sup>. The home visiting programs administered by TDH are categorized as evidence-based, research-based or theory based.

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

- "Evidence-based" means the program or practice is governed by a program manual or protocol that specifies the nature, quality and amount of service that constitutes the program and scientific research using methods that meet high scientific standards, evaluated using either randomized controlled research designs, or quasi-experimental research designs with equivalent comparison groups. The effects of such programs must have demonstrated using two (2) or more separate client samples that the program improves client outcomes central to the purpose of the program.
- "Research-based" means a program or practice that has some research demonstrating effectiveness, but that does not yet meet the standard of evidence-based; and
- "Theory-based" means a program or practice that has general support among treatment providers and experts, based on experience or professional literature, may have anecdotal or case-study support, and has potential for becoming a research-based program or practice.

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

Tables 1 and 2 summarize key information, numbers served, program results and outcome measurements for home visiting programs and home-based services administered by TDH during FY 2012 (July 1, 2011-June 30, 2012).

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<sup>2</sup> 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 an United States citizen or a "qualified alien" within the meaning of ch. 1061.

**TABLE 1: SUMMARY OF HOME VISITING PROGRAMS/SERVICES AND NUMBERS SERVED  
FY 2012**

Home Visiting Program/Service	Location	Program Model	Target Group(s)	Number served FY2012	Types of Service provided
<b>Child Health and Development (CHAD)</b>	22 counties in Northeast and East TN	Research Based, Home Visiting Program	<ul style="list-style-type: none"> <li>• Teen parents under 18</li> <li>• Families with children under 6 years old deemed at risk for child abuse or neglect and referred by DCS</li> <li>• Low income</li> </ul>	<ul style="list-style-type: none"> <li>• 919 children</li> </ul>	<ul style="list-style-type: none"> <li>• Family assessment</li> <li>• Developmental screening</li> <li>• Nutrition assessment</li> <li>• Referral for other services as needed</li> <li>• Monthly home visits</li> </ul>
<b>Healthy Start</b>	31 counties in Middle and West TN	Evidence Based, Home Visiting Program	<ul style="list-style-type: none"> <li>• First time pregnant women</li> <li>• Families with children under 5 years old deemed at risk for child abuse or neglect</li> <li>• Low income</li> </ul>	<ul style="list-style-type: none"> <li>• 1,217 families</li> <li>• 1,297 children</li> </ul>	<ul style="list-style-type: none"> <li>• Family assessment</li> <li>• Developmental screening</li> <li>• Referral for needed services</li> <li>• Weekly home visits (Intensity decreases based on child's age)</li> </ul>
<b>Help Us Grow Successfully (HUGS)</b>	All 95 counties	Theory Based, Home-Based Case Management Program	<ul style="list-style-type: none"> <li>• Prenatal women</li> <li>• Families with children under 6 years old</li> <li>• Women up to 2 yrs postpartum</li> <li>• Families with loss of a child before age 2</li> <li>• No income requirements but children must be enrolled in TennCare</li> </ul>	<ul style="list-style-type: none"> <li>• 5,037 families</li> <li>• 5,107 children</li> </ul>	<ul style="list-style-type: none"> <li>• Family assessment</li> <li>• Developmental screening</li> <li>• Referral for needed services</li> <li>• Intensity of home visits based on needs of child and family</li> </ul>
<b>Nurse Home Visitor Program</b>	1 pilot project in Memphis	Evidence Based, Home Visiting Program	<ul style="list-style-type: none"> <li>• First time pregnant women</li> <li>• Low income (defined as gross annual income under 200% of the Federal Poverty Level)</li> <li>• Provides service until child is 2 years of age</li> </ul>	<ul style="list-style-type: none"> <li>• 100 pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>• Family assessment</li> <li>• Developmental screening</li> <li>• Referral for needed services</li> <li>• Weekly home visits (Intensity decreases based on child's age)</li> </ul>

**TABLE 2: SUMMARY OF COMMON OUTCOME MEASURES BY HOME VISITING PROGRAM/SERVICE  
FY 2012**

Outcome Measures	CHAD	Healthy Start	HUGS	Nurse Home Visitor Program	Tennessee Population At Large	Tennessee Medicaid Population
Percent of mothers enrolled prenatally who gave birth to infants weighing 2500g (5.5 lbs) or more	90%	87.3%	87%	90%	91% <sup>3</sup>	87% <sup>4</sup>
Percent of infants born at full term (37 weeks or later)	98%	87%	85%	90%	89% <sup>5</sup>	85% <sup>6</sup>
Percent of children with up-to-date immunizations at 24 months	88.4%	95.6%	89%	95%	74.9% <sup>7</sup>	Not Available
Percent of children free from child abuse and neglect	91.6%	98.7%	96.49%	100%	99.45% <sup>8</sup>	Not Available

<sup>3</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics  
<sup>4</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics  
<sup>5</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics  
<sup>6</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics  
<sup>7</sup> 2011 Immunization Status Survey of 24 month old children in Tennessee  
<sup>8</sup> 2012, Tennessee Department of Children's Services

## **Strengths and Opportunities Related to Home Visiting Services**

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

### **Availability of Home Visiting Services**

Collectively, approximately 7,500 children were served by TDH-administered home visiting programs and home-based case management services during FY2012. While home-based case management services are available in all 95 counties, home visiting programs are not and capacity to serve the population of children under the age of five varies across the state. As indicated in TCCY's 2011 Resource Mapping Report, few counties serve more than 5.6% of the 0-5 population who reside in that county.<sup>9</sup> It is likely that additional families could benefit from home visiting services were they more widely available.

### **Collaboration between Public and Private Sector Stakeholders**

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

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

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<sup>9</sup> Tennessee Commission on Children and Youth, 2011 Resource Map of Expenditures for Tennessee Children.



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

### **Data Collection for Program Evaluation and Continuous Quality Improvement**

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

### **Emphasis on Evidence-Based Services and Programs**

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

Acknowledging that not all families require intensive home visiting services, TDH has reviewed and developed clear distinctions among home-based case management services and evidence-based home visiting programs' purposes and intensities to assure a continuum of early childhood services exists to assure that the right family receives the right service at the right time.

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

The Patient Protection and Affordable Care Act expanded Title V of the Social Security Act to establish the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program which provides funding for states to implement evidence-based home visiting programs in the most at-risk communities. In 2010, Tennessee completed a statewide Needs Assessment related to home visiting services and utilized this information to develop an initial State Plan for expansion of home visitation services. Based on the counties identified as most at-risk in the Needs Assessment, three evidence based models are being implemented in the 30 most at-risk counties utilizing 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.

Using MIECHV funding, TDH is developing a uniform outreach and referral system based on county/regional resources to assure that families are aware of and referred to available community programs, including home visiting programs and home-based case management services. The Welcome Baby Project, planned for implementation in 2013, will identify infants most at-risk for infant mortality and provide a one time outreach home visit to provide the family with information of available resources and referrals.

## Program-Specific Information

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

### CHILD HEALTH AND DEVELOPMENT PROGRAM (CHAD)

The Child Health and Development (CHAD) program, the oldest home visiting program implemented by TDH, is designed to: 1) enhance physical, social, emotional, and intellectual development of the child; 2) educate parents in positive parenting skills; and 3) prevent child abuse and neglect. The program is offered in 22 counties in Northeast and East Tennessee through local public health departments and is staffed by health department employees. CHAD began as a research and theory-based model based on the Demonstration and Research Center for Early Education model developed by Peabody College. All families can receive services from the birth of a child until the child turns 6 years of age. Prenatal home visiting services are provided for pregnant women who are less than 18 years of age. The annual cost per child is \$1240. Funds to support this program come from State funds. CHAD was funded in FY2013 with non-recurring dollars. Without continuation of funding, the program will be eliminated in FY2014.

**TABLE 3: FY2012 PROGRAM OBJECTIVES — CHAD**

OBJECTIVES	STATUS FY 2012	Comparison of Status to Target		
		CHAD	TN Population At Large	Healthy People 2020 Target <sup>10</sup>
100% of children are free of child abuse and neglect	91.6% of enrolled children were free of child abuse and neglect in FY 2012.	91.6% or 84 per 1000	99.45% or 5.5 per 1000 <sup>11</sup>	99.15% or 8.5 per 1000 <sup>12</sup>
90% of 2 year olds are fully immunized	88.4% of children who turned 2 during the year were up to date on immunizations.	88.4%	74.9% <sup>13</sup>	80% <sup>14</sup>

<sup>10</sup> Healthy People Targets are goals for the nation and are not indicative of current status

<sup>11</sup> 2012, Tennessee Department of Children's Services

<sup>12</sup> Healthy People 2020 –Injury and Violence Prevention- 38-Reduce nonfatal child maltreatment

<sup>13</sup> 2011 Immunization Status Survey of 24 month old children in Tennessee

<sup>14</sup> Healthy People 2020 –Completion of recommended vaccination series by 35 months of age

## HEALTHY START

Healthy Start aims to reduce or prevent child abuse and neglect in enrolled families. Legislatively mandated by the Tennessee Childhood Development Act of 1994 (TCA 37- 3-703), the Healthy Start program is provided in 31 counties by eight community-based agencies and is staffed by employees of those agencies. Healthy Start is an evidence-based program based on the Healthy Families America model. Families at high risk of child abuse and/or neglect as measured by the Kempe Family Stress Checklist are eligible for enrollment in the program; participation is voluntary. The annual cost per child is \$2749. Funds to support this program come from State funds. Healthy Start was funded in FY2013 with non-recurring dollars. Without continuation of funding, the program will be eliminated in FY2014.

**TABLE 4: FY2012 PROGRAM OBJECTIVES — HEALTHY START**

OBJECTIVES	STATUS FY 2012	Comparison of Status to Target		
		Healthy Start	TN Population At Large	Healthy People 2020 Target
At least 95% of children are free of child abuse and neglect	98.7% of enrolled children were free of child abuse and neglect in FY 2012.	98.7% or 13 per 1000	99.45% or 5.5 per 1000 <sup>15</sup>	99.15% or 8.5 per 1000 <sup>16</sup>
At least 90% of program children are up to date with immunizations by their 2 <sup>nd</sup> birthday	95.6% of children were up to date on immunizations at age 2.	95.6%	74.9% <sup>17</sup>	80% <sup>18</sup>
At least 90% of Healthy Start program mothers will delay a subsequent pregnancy for at least 12 months after the birth of the previous child	95% were not pregnant one year or more after the birth of the previous child.	95%	98.1% <sup>19</sup>	Comparable national target not available

<sup>15</sup> 2012, Tennessee Department of Children's Services

<sup>16</sup> Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment

<sup>17</sup> 2011 Immunization Status Survey of 24 month old children in Tennessee

<sup>18</sup> Healthy People 2020 –Completion of recommended vaccination series by 35 months of age

<sup>19</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

At least 90% of enrolled children will receive at least one annual periodic developmental screening	100% of children received at least one developmental screening during the year in accordance with screening tool guidelines.	100%	29% <sup>20</sup>	Comparable national target not available
At least 85% of mothers enrolled prenatally will give birth to babies weighing 2,500 grams or more	87.3% weighed 2,500 grams or more.	87.3%	91% <sup>21</sup>	92.2% <sup>22</sup>
At least 85% of mothers enrolled prenatally will deliver their babies at term (37 weeks or later)	87% were born at 37 weeks or more.	87%	89% <sup>23</sup>	88.6% <sup>24</sup>

In accordance with TCA 37-3-703(d)(1)(2)(3)(6), the following additional information about Healthy Start is provided for FY 2012.

### 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 1,297 (100%) of the children receiving Healthy Start services were considered at risk for abuse/neglect based on the family KFSC score prior to initiation of service.

**TABLE 5: FY2012 NUMBER OF CHILDREN/FAMILIES SERVED**

Facility Name	Children	Families
Center for Family Development--Shelbyville	88	73
Healthy Start of Clarksville	149	131
Helen Ross McNabb Center	317	330
Jackson-Madison County General Hospital	160	139
Le Bonheur Center for Children and Parents	159	171
Metro Nashville Health Department	181	167
Stephens Center	125	93
University of Tennessee at Martin	118	113
<b>TOTAL All Sites</b>	<b>1,297</b>	<b>1,217</b>

<sup>20</sup> Tennessee Report from the National Survey of Children's Health, NSCH 2007

<sup>21</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>22</sup> Healthy People 2020 MICH-8.1 Percent of live births are low birth weight

<sup>23</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>24</sup> Healthy People 2020 MICH-9.1 Percent of live births are preterm

**TABLE 6: FY2012 NUMBER OF VISITS PROVIDED BY TYPE OF SERVICE**

Facility Name	Home Visits	Other Visits <sup>25</sup>	Group Sessions	Total by Facility
Center for Family Development--Shelbyville	1,468	126	0	1594
Healthy Start of Clarksville	2,589	53	75	2717
Helen Ross McNabb Center	3,529	463	309	4301
Jackson-Madison County General Hospital	2,414	50	18	2482
Le Bonheur Center for Children and Parents	2,891	23	24	2938
Metro Nashville Health Department	2,194	28	0	2222
Stephens Center	1,162	75	39	1276
University of Tennessee at Martin	1,785	15	0	1800
<b>Total All Sites</b>	<b>18,032</b>	<b>833</b>	<b>465</b>	<b>19330</b>

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

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

**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, participation in Healthy Start represents a more cost-effective measure for prevention of child maltreatment than foster care (savings of \$6,354 per year) or residential care (savings of \$43,797 per year).

Average Annual Cost per Child <i>Healthy Start Program</i>	\$2,749.00 <sup>26</sup>
Average Estimated Annual Cost per Child <i>Out of Home Placement: Foster Care</i>	\$9,103.03 <sup>27</sup>
Average Estimated Annual Cost per Child <i>Out-of-Home Placement: Residential Care</i>	\$46,546.44 <sup>28</sup>

<sup>25</sup> "Other" visits are defined as visits that take place in locations such as the health department clinic, office, or high school.

<sup>26</sup> Annual cost is based on program budget of \$3,564,400 (State General Funds to TDH of \$3,043,200 plus MCH Block Grant Funding of \$521,200) divided by 1,297 children served

<sup>27</sup> Tennessee Department of Children's Services, \$24.94 per day per child or \$9,103.03 per year

<sup>28</sup> Tennessee Department of Children's Services, \$127.52 per day per child or \$46,546.44 per year

## HELP US GROW SUCCESSFULLY (HUGS)

The Help Us Grow (HUG) program was developed by TDH beginning in the 1990s to provide care coordination in order to optimize child health and well being and was renamed in FY 2003 to Help Us Grow Successfully (HUGS). The goals of the program are to improve pregnancy outcomes, improve maternal and child health and wellness and maintain or improve family strengths. In FY 2007, HUGS was modified to provide these services using a standardized curriculum for parenting skills. In 2008-2009, HUGS was further modified to include an electronic data collection system to gather information on all children and families enrolled in the program, including regular assessments of family wellness and child growth and development using the standardized Ages and Stages questionnaire. HUGS is TDH's only program that offers home-based services in all counties of the state through local public health departments and is staffed by state employees. The annual cost per child is \$1336. Funds to support this program come to TDH through an interdepartmental agreement with the Bureau of TennCare to provide care coordination health services to young children in order to improve birth outcomes and increase the number of infants and children who are up to date with the health assessment services of Early Periodic Screening Diagnosis and Treatment (EPSDT). HUGS is a theory-based, home-based case management program which offers services (including home-visiting services) on a voluntary basis to pregnant women, postpartum women, and families with children from birth up to their 6<sup>th</sup> birthday.

**TABLE 8: FY2012 PROGRAM OBJECTIVES — HUGS**

OBJECTIVES	STATUS FY 2012	Comparison of Status to Target		
		HUGS	TN Population At Large	Healthy People 2020 Target
At least 90% of women enrolled prenatally will not smoke during pregnancy	76% of women reported that they did not smoke during pregnancy.	76%	83% <sup>29</sup>	98.6% <sup>30</sup>
At least 90% of HUGS program mothers will delay a subsequent pregnancy for at least 12 months after the birth of the previous child	Of the mothers with at least one previous birth, 95% had a birth interval greater than 12 months.	95%	98.1% <sup>31</sup>	Comparable national target not available.
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by birth weight 2,500 grams or more	87% of babies born to HUGS participants were of a healthy weight.	87%	91% <sup>32</sup>	92.2% <sup>33</sup>

<sup>29</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>30</sup> Healthy People 2020, MICH- 11.3 Abstaining from smoking during pregnancy

<sup>31</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

OBJECTIVES	STATUS FY 2012	Comparison of Status to Target		
		HUGS	TN Population At Large	Healthy People 2020 Target
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by gestational age of 37 weeks or later	85% were born at 37 weeks or later.	85%	89% <sup>34</sup>	88.6% <sup>35</sup>
At least 90% of the infants and children enrolled will receive and maintain effective vaccination coverage for universally recommended vaccines among young children	89% of the 2 year olds were up to date on immunizations	89%	74.9% <sup>36</sup>	80% <sup>37</sup>
At least 90% of the program participants (caregivers and children) identified as needing other community services are referred within one month	94% of service referrals were completed within one month for identified problems.	94%	Tennessee state-level data not available.	Comparable national target not available
At least 90% of children are free of child abuse and neglect	96.49% of enrolled children were free of child abuse and neglect in FY 2012.	96.49% or 35.1 per 1000	99.45% or 5.5 per 1000 <sup>38</sup>	99.15% or 8.5 per 1000 <sup>39</sup>
Newly enrolled mothers and children participate in Women, Infants, & Children (WIC) Program	85.8% of newly enrolled women and children participated in WIC	85.8%	56.2% <sup>40</sup>	Comparable national target not available.

<sup>32</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>33</sup> Healthy People 2020 MICH-8.1 Percent of live births are low birth weight

<sup>34</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>35</sup> Healthy People 2020 MICH-9.1 Percent of live births are preterm

<sup>36</sup> 2011 Immunization Status Survey of 24 month old children in Tennessee

<sup>37</sup> Healthy People 2020 –Completion of recommended vaccination series by 35 months of age

<sup>38</sup> 2012, Tennessee Department of Children's Services

<sup>39</sup> Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment

<sup>40</sup> Tennessee Pregnancy Risk Assessment Monitoring System, 2010



## NURSE HOME VISITOR PROGRAM

TCA 68-1-2408 designates TDH as the responsible agency for establishing, monitoring and reporting on the Nurse Home Visitor Program funded through a state appropriation. This state law requires the replication of the national evidence-based Nurse Family Partnership model with the goal of expanding the program as funds become available. The goals of the Nurse Family Partnership Program are to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. The Nurse Home Visitor Program, implemented locally by Le Bonheur Children's Hospital in Memphis, began seeing families in June 2010 after staff were hired and trained. The annual cost per child is \$3450. Home visiting nurses provide services to 100 low income, first time mothers who are enrolled before 28 weeks of pregnancy and serve them through the child's second birthday.

**TABLE 9: FY2012 PROGRAM OBJECTIVES — NURSE HOME VISITOR PROGRAM**

OBJECTIVES	STATUS FY 2012	Comparison of Status to Target		
		Nurse Family Partnership	TN Population At Large	Healthy People 2020 Target
At least 75% of eligible women referred to the program will be enrolled	90% of the referred women were enrolled in the program.	90%	N/A	N/A
At least 90% of enrolled pregnant women have adequate prenatal care	80% received adequate prenatal care defined by Kessner Index.	80%	60% <sup>41</sup>	77.6% <sup>42</sup>
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by birth weight 2,500 grams or more	90% of babies born to NFP participants weighed 2500 grams or greater.	90%	91% <sup>43</sup>	92.2% <sup>44</sup>
At least 85% of mothers enrolled during the prenatal period will have a healthy birth measured by gestational age of 37 weeks or later	90% of babies born to NFP participants were born at 37 weeks or later.	90%	89% <sup>45</sup>	88.6% <sup>46</sup>

<sup>41</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>42</sup> Healthy People 2020, MICH-10.2 Early and adequate prenatal care

<sup>43</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>44</sup> Healthy People 2020 MICH-8.1 Percent of live births are low birth weight

OBJECTIVES	STATUS FY 2012	Comparison of Status to Target		
		Nurse Family Partnership	TN Population At Large	Healthy People 2020 Target
At least 20% or greater reduction in percentage of women smoking from intake to 36 weeks of pregnancy	97% of women reported that they did not smoke during pregnancy. Of the 3% who did smoke, all quit smoking before 36 weeks of pregnancy.	97%	Comparable state target not available.	Comparable national target not available.
At least 90% completion of recommended immunizations by the time the child is two years of age	95% of children 2 years of age received recommended immunization.	95%	74.9% <sup>47</sup>	80% <sup>48</sup>
At least 90% of children are free of child abuse and neglect	100% of children were free from child abuse and/ or neglect during FY 2012. 0 incidents have been reported or observed by the families receiving services.	100% or 0 per 1000	99.45% or 5.5 per 1000 <sup>49</sup>	99.15% or 8.5 per 1000 <sup>50</sup>
Enrolled mothers and children participate in WIC	98% of enrolled mothers are receiving WIC.	98%	56.2% <sup>51</sup>	Comparable national target not available.
At least 90% of infants and children enrolled will receive age appropriate screening for developmental delays	100% of the infants from age 4 months to 2 years received age appropriate developmental screening using the Ages And Stages Questionnaire (ASQ).	100%	29% <sup>52</sup>	Comparable national target not available.

<sup>45</sup> 2011, Tennessee Department of Health, Office of Policy, Planning & Assessment, Division of Health Statistics

<sup>46</sup> Healthy People 2020 MICH-9.1 Percent of live births are preterm

<sup>47</sup> 2011 Immunization Status Survey of 24 month old children in Tennessee

<sup>48</sup> Healthy People 2020 –Completion of recommended vaccination series by 35 months of age

<sup>49</sup> 2012, Tennessee Department of Children's Services

<sup>50</sup> Healthy People 2020 –Injury and Violence Prevention- 38 Reduce nonfatal child maltreatment

<sup>51</sup> Tennessee Pregnancy Risk Assessment Monitoring System, 2010

<sup>52</sup> Tennessee Report from the National Survey of Children's Health, NSCH 2007

## **Conclusions**

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

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

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

## Appendix: Numbers Served by County, July 2011 – June 2012

County	HUGS (Families served)	Healthy Start (Families Served)	CHAD (Children served)	Nurse Home Visitor Program (Pregnant women served)
ANDERSON	49	*	9	*
BEDFORD	77	45	*	*
BENTON	25	4	*	*
BLEDSON	15	*	*	*
BLOUNT	22	42	5	*
BRADLEY	97	*	*	*
CAMPBELL	80	*	82	*
CANNON	4	*	*	*
CARROLL	47	6	*	*
CARTER	41	*	85	*
CHEATHAM	2	*	*	*
CHESTER	20	3	*	*
CLAIBORNE	27	*	7	*
CLAY	13	*	*	*
COCKE	45	*	12	*
COFFEE	51	9	*	*
CROCKETT	51	18	*	*
CUMBERLAND	56	*	*	*
DAVIDSON	339	167	*	*
DECATUR	15	*	*	*
DEKALB	43	*	*	*
DICKSON	35	*	*	*
DYER	29	5	*	*
FAYETTE	33	*	*	*
FENTRESS	22	*	*	*
FRANKLIN	23	*	*	*
GIBSON	60	51	*	*
GILES	18	*	*	*
GRAINGER	11	*	26	*
GREENE	124	*	69	*
GRUNDY	4	*	*	*
HAMBLIN	28	*	22	*
HAMILTON	297	*	*	*
HANCOCK	40	*	40	*
HARDEMAN	63	*	*	*

County	HUGS (Families served)	Healthy Start (Families Served)	CHAD (Children served)	Nurse Home Visitor Program (Pregnant women served)
HARDIN	51	*	*	*
HAWKINS	70	*	102	*
HAYWOOD	56	*	*	*
HENDERSON	62	*	*	*
HENRY	26	6	*	*
HICKMAN	12	*	*	*
HOUSTON	0	*	*	*
JACKSON	15	11	*	*
JEFFERSON	56	18	8	*
JOHNSON	44	*	38	*
KNOX	198	269	*	*
LAKE	10	8	*	*
LAUDERDALE	35	*	*	*
LAWRENCE	36	*	*	*
LEWIS	5	*	*	*
LINCOLN	42	5	*	*
LOUDON	18	1	17	*
MACON	47	*	*	*
MADISON	28	118	*	*
MARION	26	*	*	*
MARSHALL	23	4	*	*
MAURY	49	*	*	*
MCMINN	51	*	*	*
MCNAIRY	47	*	*	*
MEIGS	7	*	*	*
MONROE	28	*	7	*
MONTGOMERY	65	125	*	*
MOORE	2	*	*	*
MORGAN	14	*	9	*
OBION	24	14	*	*
OVERTON	13	12	*	*
PERRY	6	*	*	*
PICKETT	10	*	*	*
POLK	17	*	*	*
PUTNAM	101	53	*	*
RHEA	17	*	*	*
ROANE	46	*	16	*

County	HUGS (Families served)	Healthy Start (Families Served)	CHAD (Children served)	Nurse Home Visitor Program (Pregnant women served)
ROBERTSON	5	*	*	*
RUTHERFORD	206	10	*	*
SCOTT	7	*	24	*
SEQUATCHIE	11	*	*	*
SEVIER	46	*	24	*
SHELBY	399	171	*	100
SMITH	32	*	*	*
STEWART	12	6	*	*
SULLIVAN	344	*	*	*
SUMNER	165	*	*	*
TIPTON	101	*	*	*
TROUSDALE	0	*	*	*
UNICOI	74	*	84	*
UNION	13	*	14	*
VAN BUREN	1	*	*	*
WARREN	12	*	*	*
WASHINGTON	122	*	223	*
WAYNE	7	*	*	*
WEAKLEY	21	19	*	*
WHITE	15	17	*	*
WILLIAMSON	49	*	*	*
WILSON	132	*	*	*
<b>TOTAL SERVED</b>	<b>5037 families</b>	<b>1217 families</b>	<b>919 children</b>	<b>100 pregnant women</b>

\* Program not available in county

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