

**Collaborative Maternal, Infant and Early Childhood Home Visiting Program
Statewide Needs Assessment**

Tennessee Department of Health

September 16, 2010

Note: Available data were used to conduct these analyses. Some data are greater than five years old, and some are not available at the county level, thus findings represent broad, synthetic estimates and should be interpreted with caution.

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Section 2951 of the Patient Protection and Affordable Care Act amends Title V of the Social Security Act by adding Section 511, which addresses maternal, infant and early childhood home visiting programs. Section 511 requires all states to conduct a statewide home visiting needs assessment. As part of this assessment, states must identify communities with concentrations of eight constructs as specified in paragraph 511(b)(1)(A) of the legislation:

1. Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn or child health
2. Poverty
3. Crime
4. Domestic violence
5. High rates of high-school drop-outs
6. Substance abuse
7. Unemployment
8. Child maltreatment

Following is a discussion of the steps taken to meet the requirements of paragraph 511(b)(1)(A). This discussion addresses the definition of community, the choice of data indicator(s) for each of the eight constructs, and the methodology used for assessing and ranking at-risk communities based on these indicators.

Defining ‘Community’

For purposes of this part of the needs assessment, counties were chosen as the unit of analysis due primarily to the fact that it was the smallest geographical level for which most population, health and other data were readily available. There are 95 counties in Tennessee, including 6 metropolitan counties (Davidson, Hamilton, Knox, Madison, Shelby and Sullivan).

Choice of Data Indicators

Following is the list of indicators chosen to represent each of the eight constructs. Each indicator will be described in detail. However, indicators were generally chosen to align as closely as possible with those specified in the ‘Supplemental Information Request for Submission of the Statewide Needs Assessment’ (SIR) provided by HRSA.

1. Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn or child health
 - premature birth
 - low birthweight
 - infant mortality
 - maternal smoking during pregnancy
 - teen pregnancies
2. Poverty
 - poverty rate

3. Crime
 - reported crimes
 - juvenile arrests
4. Domestic violence
 - domestic violence crimes
5. High rates of high-school drop-outs
 - event dropouts
 - cohort dropouts
6. Substance abuse
 - binge drinking
 - illicit drug use
7. unemployment
 - unemployment rate
8. child maltreatment
 - substantiated child abuse

Premature Birth

Measure: prevalence of premature birth (%)

Numerator: number of births occurring before 37 weeks gestation

Denominator: total number of live births

Data source(s): Tennessee Birth Statistical System

Data Year(s): 2004-2008 annual average

Low Birthweight

Measure: prevalence of low birthweight (%)

Numerator: number of births with birthweight <2,500 grams

Denominator: total number of live births

Data source(s): Tennessee Birth Statistical System

Data Year(s): 2004-2008 annual average

Infant Mortality

Measure: infant mortality rate (per 1,000 live births)

Numerator: number of infant deaths

Denominator: total number of live births

Data source(s): Tennessee Death (numerator) and Birth (denominator) Statistical Systems

Data Year(s): 2004-2008 annual average

Maternal Smoking during Pregnancy

Measure: prevalence of maternal smoking during pregnancy (%)

Numerator: number of infants born to women who smoked cigarettes during the third trimester

Denominator: total number of live births

Data source(s): Tennessee Birth Statistical System

Data Year(s): 2004-2008 annual average

Maternal smoking was added to the list of indicators recommended in the SIR. Tennessee is a leading tobacco growing state, and among the 50 states has the ninth highest prevalence of adult cigarette

smokers.^{1,2} Smoking during pregnancy contributes to many adverse birth outcomes, including prematurity and low birthweight, and Tennessee infants born to smoking mothers are 74% more likely to die during their first year of life than those born to non-smoking mothers.³ For these reasons, and because section 511 of the Affordable Care Act [paragraph (d)(4)(F)] identifies ‘families that have users of tobacco products in the home’ as a priority population for providing home visiting services, it was believed that a community-level measure of tobacco use was an important addition to the list of indicators.

Teen Pregnancies

Measure: teen pregnancy rate (per 1,000)

Numerator: number of pregnancies (i.e. fetal deaths, abortions and live births) among girls aged 15-17

Denominator: total number girls aged 15-17 in the population

Data source(s): Tennessee Department of Health; Division of Health Statistics

Data Year(s): 2004-2008 annual average

Teen pregnancy was added to the list of indicators recommended in the SIR. Children born to teenagers have an increased risk of prematurity, low birthweight and infant death. In addition, pregnant teens are more likely to have health behaviors that lead to poor birth outcomes. For example, compared to pregnant adults, they are less likely to seek prenatal care and take daily vitamins, and are more likely to smoke and drink alcohol.⁴ For these reasons, and because section 511 of the Affordable Care Act [paragraph (d)(4)(C)] identifies ‘families who are pregnant women who have not attained age 21’ as a priority population for providing home visiting services, it was believed that a community-level measure of teen pregnancy was an important addition to the list of indicators.

Poverty Rate

Measure: individuals living below poverty level (%)

Numerator: population for whom poverty status is determined and income is below poverty level

Denominator: population for whom poverty status is determined

Data source(s): 2000 U.S. Census

Data Year(s): 1999

Reported Crimes

Measure: crime rate (per 1,000)

Numerator: number of reported crimes (includes crimes against persons, property and society)

Denominator: total population

Data source(s): Tennessee Bureau of Investigation’s Tennessee Crime Statistics Online Database (accessed 08/24/2010); TBI utilized 2009 U.S. Census population estimates for denominator data

Data Year(s): 2009

Juvenile Arrests

Measure: juvenile arrest rate (per 100,000)

Numerator: number of arrests among 0-17 year olds

Denominator: total number of 0-17 year olds in the population

¹ U.S. Department of Agriculture’s 2007 Census of Agriculture (<http://www.agcensus.usda.gov/index.asp>).

² 2009 Behavioral Risk Factor Surveillance System (<http://www.cdc.gov/brfss/>).

³ Office of Policy, Planning and Assessment (2009). *Infant Mortality in Tennessee, 1997-2006*. Tennessee Department of Health, Nashville, TN.

⁴ HRSA (2008) *Evidence of Trends, Risk Factors, and Intervention Strategies. A Report from the Healthy Start National Evaluation 2006: Racial and Ethnic Disparities in Infant Mortality*. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau.

Data source(s): Tennessee Bureau of Investigation's Tennessee Crime Statistics Online Database (numerator; accessed 08/24/2010); 2008 Revision of the 2003 Population Estimates and Projections from the Tennessee Department of Health's Division of Health Statistics (denominator)

Data Year(s): 2009

The Tennessee Bureau of Investigation provides age specific crime statistics for two age groups only: 0-17 and 18+ years. Therefore it was not possible to calculate crime rates for 0-19 year olds as recommended in the SIR.

Domestic Violence Crimes

Measure: domestic violence crime rate (per 100,000)

Numerator: number of violent crimes (i.e. crimes against persons) involving domestic violence

Denominator: total population

Data source(s): Tennessee Bureau of Investigation's Tennessee Crime Statistics Online Database (numerator; accessed 05/25/2010); 2008 Revision of the 2003 Population Estimates and Projections from the Tennessee Department of Health's Division of Health Statistics (denominator)

Data Year(s): 2009

For the purposes of identifying at-risk populations for this needs assessment, domestic violence and substance abuse are the constructs for which few community-level data are available. With respect to domestic violence, the only database with state-wide, county-level data that could be identified was the Tennessee Bureau of Investigation's crime statistics database, which categorizes all crimes by whether or not they involved domestic violence. A major limitation of this data is that it likely underestimates the true prevalence of the problem because not all incidences of domestic violence are reported or investigated by the police. In addition, jurisdictions may not classify or report domestic violence crimes in a uniform manner. These limitations impact the usefulness of this measure as an indicator of need.

Event Dropouts

Measure: event dropout rate (%)

Numerator: number of students in grades 9-12 who dropped out of school during the school year

Denominator: total number of students in grades 9-12 during the school year

Data source(s): Numerator and denominator data were provided by the Office of Research of the Tennessee Department of Education. The KIDS COUNT division of the Tennessee Commission on Children and Youth converted district-level data to county level and computed the dropout rates. Rates were obtained from the KIDS COUNT website (<http://datacenter.kidscount.org/>).

Data Year(s): 2007

Cohort Dropouts

Measure: cohort dropout rate (%)

Numerator: number of students from the 9th grade cohort who dropped out of school before graduating

Denominator: total number of students enrolled in 9th grade (= 9th grade cohort)

Data source(s): Numerator and denominator data were provided by the Office of Research of the Tennessee Department of Education. The KIDS COUNT division of the Tennessee Commission on Children and Youth converted district-level data to county level and computed the dropout rates. Rates were obtained from the KIDS COUNT website (<http://datacenter.kidscount.org/>).

Data Year(s): 2007

Cohort dropout rate was added to the list of indicators recommended in the SIR. The SIR recommends using event dropouts, but states that other school dropout rates may also be included. Event dropout

rates reflect the percentage of students who drop out in a single school year without completing high school, and can be misleading because they tend to result in the lowest dropout rates among the various measures available. Cohort dropout rates reflect how many students in a specific grade drop out over time and provide a good indication of a 9th grader's chance of graduating.⁵ Cohort dropout rates tend to be higher than event dropout rates. It was felt that using both event and cohort dropout rates, rather than using event dropouts alone, provided a clearer picture of the experience of high school students in Tennessee.

Binge Drinking

Measure: prevalence of binge drinking among adults (18+) (%)

Numerator: men having 5 or more drinks on one occasion and women having 4 or more drinks on one occasion in the past 30 days

Denominator: total civilian, non-institutionalized population that are 18+ years

Data source(s): Tennessee Behavioral Risk Factor Surveillance System

Data Year(s): 2008

For the purposes of identifying at-risk populations for this needs assessment, domestic violence and substance abuse are the constructs for which few community-level data are available. With respect to binge drinking, the only data sources identified with this information were the Behavioral Risk Factor Surveillance System (BRFSS) and the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health. A major limitation of the data from both BRFSS and SAMHSA is that the smallest geographical area for which data is available is regions. All counties within a given region had to be assigned the same binge drinking prevalence as was observed in the region as a whole. Because alcohol use across counties within a given region may not be homogeneous, regional estimates might not be a true reflection of alcohol use for individual counties. Although both BRFSS and SAMHSA contain data on binge drinking, BRFSS was chosen as the data source for this variable due to the larger number of regions (14 versus 7) in the dataset.

Illicit Drug Use

Measure: prevalence of illicit drug use (%)

Numerator: persons aged 12 and older who used illicit drugs [i.e. marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants or prescription-type psychotherapeutics used non-medically] in the past 30 days

Denominator: total civilian, non-institutionalized population that are 12+ years

Data source(s): National Survey on Drug Use and Health (<http://oas.samhsa.gov/substate2k10/StateFiles/TN.pdf>)

Data Year(s): 2006-2008 annual average

For the purposes of identifying at-risk populations for this needs assessment, domestic violence and substance abuse are the constructs for which few community-level data are available. With respect to illicit drug use, the only data source identified with this information was the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health. A major limitation of the data from SAMHSA is that the smallest geographical area for which data is available is regions. All counties within a given region had to be assigned the same illicit drug use prevalence as was observed in the region as a whole. Because illicit drug use across counties within a given region may not be homogeneous, regional estimates might not be a true reflection of drug use for individual counties. Compounding this problem was the fact that there was very little regional variability in the SAMHSA data for the three illicit drug use variables recommended in the SIR. For

⁵ Bhanpuri H, Reynolds GM. *Understanding and Addressing the Issue of the High School Dropout Age*. North Central Regional Educational Laboratory (2003).

example, the regional estimates for 30-day illicit drug use (excluding marijuana) ranged from 4.1% to 5.1%, and the confidence intervals for these estimates overlapped, indicating that there were no statistically significant differences in the prevalence of use across regions. Imposing these regional estimates on counties for all three recommended indicators could result in artificial and exaggerated differences across counties. A compromise was made by choosing a single measure from the SAMSHA data (illicit drug use including marijuana) which had slightly more regional variation than either the marijuana use or illicit drug use excluding marijuana indicators alone.

Unemployment Rate

Measure: unemployment rate (%)

Numerator: number unemployed

Denominator: civilian labor force

Data source(s): Tennessee Department of Labor and Workforce Development (<http://www.sourceten.org/>)

Data Year(s): April 2010

Substantiated Child Abuse

Measure: prevalence of substantiated child abuse (%)

Numerator: number of unique substantiated abuse victims < 18 years

Denominator: total population <18 years

Data source(s): Tennessee Department of Children's Services

Data Year(s): 2007-2009 annual average

Rates of substantiated child abuse by abuse subtype were not included due to small county-level sample sizes.

Methodology for Assessing and Ranking At-Risk Communities

For each of the 15 indicators described above, counties were sorted in ascending order and then assigned a rank of 1 to 95 -- a ranking of '1' designating the county with the lowest risk value for a given indicator and a ranking of '95' designating the county with the highest risk value for that same indicator. Counties with the same value for an indicator were assigned the same ranking. County rankings for each of the 15 indicators were then summed to create a total score for each county. Total scores were then sorted and ranked in a manner similar to that described above to obtain an overall rank for each county. A higher overall rank represents higher values for the listed indicators and hence a more at-risk community.⁶ The results of the analysis are summarized in the following tables and map.

⁶ Rankings based on weighted and unweighted z-scores were also calculated. The results from all three ranking methods were almost identical. For this reason, the simpler and more easily understood sum of ranks method was chosen for the needs assessment.

Table 1. County-level Data and Ranks for All 15 Indicators*

COUNTY	Preterm Birth		Low Birthweight		Infant Mortality		Maternal Smoking		Teen Pregnancies		Overall Poverty		Reported Crimes		Youth Arrests		Domestic Violence		Dropouts (Cohort)		Dropouts (Event)		Unemployment		Child Abuse		Binge Drinking		Drug Use		Total Score	Overall Rank
	%	rank	%	rank	per 1,000	rank	%	rank	per 1,000	rank	%	rank	per 1,000	rank	per 100K	rank	per 100K	rank	%	rank	%	rank	%	rank	%	rank	%	rank	%	rank		
Anderson	12.8	68	9.7	68	6.2	29	25.8	59	26.8	37	13.1	31	89.6	74	1,235	68	731	35	7.2	48	1.2	16	9.5	15	14.1	89	7.5	10	8.1	29	676	44
Bedford	9.6	6	8.5	36	11.5	83	19.2	22	33.5	78	13.1	30	56.8	33	628	36	1,373	80	3.5	14	2.7	64	12.3	55	9.1	73	12.6	62	8.4	45	717	53
Benton	10.4	14	10.4	79	7.1	44	32.9	92	31.0	61	15.6	60	52.5	30	238	16	628	24	1.6	4	1.2	16	12.7	60	6.5	45	8.0	25	7.8	9	579	24
Bledsoe	10.8	24	7.2	9	6.0	22	24.5	48	24.4	24	18.1	76	22.8	2	35	4	248	4	8.2	59	2.6	60	13.4	74	5.3	30	13.2	85	8.6	69	590	27
Blount	11.5	36	8.4	30	6.3	32	20.5	26	23.0	21	9.7	8	55.3	31	937	55	896	46	10.1	75	3.4	77	9	8	6.9	48	7.5	10	8.1	29	532	15
Bradley	12.8	65	8.4	32	8.5	65	19.9	23	32.3	66	12.2	20	84.5	72	1,312	71	1,334	76	5.5	34	1.7	35	9.4	14	4.4	14	13.2	85	8.6	69	741	59
Campbell	13.7	80	9.4	63	6.6	36	31.1	86	29.9	51	22.8	91	121.8	91	404	24	1,228	73	10.5	79	4.1	86	12.7	60	13.8	88	7.5	10	8.1	29	947	90
Cannon	11.6	40	10.2	76	3.8	7	21.3	32	21.9	17	12.8	24	40.4	12	1,167	64	303	6	8.3	62	2.4	57	9.6	16	5.2	27	8.6	34	8.6	69	543	17
Carroll	11.1	27	9.7	69	11.9	84	24.5	47	33.5	77	13.9	39	49.2	23	449	25	580	21	4.1	19	1.2	16	15.7	88	5.1	26	8.0	25	7.8	9	595	28
Carter	11.9	47	9.8	71	9.5	73	29.3	83	29.2	47	16.9	73	52.0	29	863	49	438	10	7	46	1.7	35	10.2	25	8.6	67	6.4	1	7.0	1	657	42
Cheatham	12.2	51	9.5	65	7.7	54	20.0	24	18.6	8	7.4	3	68.7	55	1,059	57	1,078	65	2.5	8	2.1	44	9	8	5.0	21	10.7	49	8.4	45	557	18
Chester	11.7	45	8.1	21	5.4	15	22.0	38	30.1	53	14.4	48	56.4	32	451	26	868	44	6.5	43	1.6	31	10.3	26	8.9	72	12.7	74	7.8	9	577	22
Claiborne	14.1	86	10.7	83	7.3	48	38.7	95	23.9	23	22.6	90	73.6	65	393	22	923	48	8.5	64	2.9	71	11.5	48	8.2	63	7.5	10	8.1	29	845	76
Clay	12.3	53	7.1	7	8.3	62	21.5	35	32.9	71	19.1	82	39.6	11	0	1	516	14	5.4	33	1.2	16	13.1	69	4.5	15	8.6	34	8.6	69	572	21
Cocke	13.9	82	10.6	82	7.5	49	29.1	81	31.3	62	22.5	88	99.2	81	77	7	735	36	6.1	38	2.3	52	13.4	74	23.5	95	7.5	10	8.1	29	866	77
Coffee	10.7	19	8.2	23	9.1	68	25.5	55	33.2	74	14.3	47	97.9	80	1,610	85	1,473	82	8.2	59	2.7	64	11	36	15.7	93	12.6	62	8.4	45	892	82
Crockett	12.1	50	6.8	2	8.5	63	18.5	21	30.2	54	16.9	74	36.8	9	753	41	534	16	2.1	7	0.6	4	13.5	76	3.9	8	8.0	25	7.8	9	459	3
Cumberland	13.7	79	9.4	64	6.7	37	26.7	69	32.8	70	14.7	53	81.2	69	1,466	80	762	39	7.8	53	2.3	52	10.8	31	8.7	69	8.6	34	8.6	69	868	78
Davidson	11.5	35	9.3	60	7.7	55	9.3	3	52.1	94	13.0	27	136.1	93	1,427	77	2,143	94	16.8	93	5.9	92	9	8	8.0	60	8.9	48	11.1	95	934	88
Decatur	11.7	44	7.0	4	7.6	52	26.5	67	22.4	19	16.0	64	51.0	26	336	20	705	32	15.1	90	2.2	48	13	65	12.7	86	12.7	74	7.8	9	700	48
Dekalb	11.5	37	9.2	54	6.2	28	27.1	71	26.8	36	17.0	75	67.2	54	1,419	76	630	25	10.6	81	2.2	48	10.9	34	7.0	50	8.6	34	8.6	69	772	66
Dickson	10.5	16	8.2	24	7.6	53	22.9	41	28.1	41	10.2	12	83.5	71	1,167	65	1,752	88	11.5	85	4.6	89	10.6	29	9.3	75	10.7	49	8.4	45	783	68
Dyer	15.0	90	10.5	81	12.7	89	23.0	42	38.2	87	15.9	62	120.5	89	2,815	93	1,612	85	5.3	32	1.7	35	12.4	56	4.0	9	8.0	25	7.8	9	884	81
Fayette	12.7	64	9.5	66	4.2	8	9.5	4	26.7	35	14.3	46	49.3	24	505	31	516	13	10.5	79	2.8	68	11.2	40	5.0	22	12.7	74	7.8	9	583	25
Fentress	14.0	84	9.3	59	10.7	76	28.4	76	26.7	34	23.1	92	67.1	53	75	6	623	23	2.9	10	1	14	12	52	5.0	18	8.6	34	8.6	69	700	48
Franklin	13.4	75	9.2	55	6.0	21	20.8	28	25.1	28	13.2	32	63.5	45	1,218	67	992	54	10.4	78	2.7	64	10.8	31	5.2	28	13.2	85	8.6	69	760	62
Gibson	12.6	63	8.7	41	7.0	42	21.1	29	33.3	75	12.8	25	76.9	66	1,072	58	1,217	72	3.9	16	1.3	20	14.2	80	2.8	5	8.0	25	7.8	9	626	34
Giles	11.4	30	7.9	18	4.7	12	26.2	62	27.6	40	11.7	16	59.4	40	1,471	81	768	40	9.8	74	3.2	75	14.2	80	5.2	29	12.6	62	8.4	45	704	51
Grainger	12.6	60	9.4	62	4.6	10	26.7	68	32.9	72	18.7	80	50.5	25	631	37	687	29	8.4	63	3.3	76	14.5	83	8.2	64	7.5	10	8.1	29	768	65
Greene	10.7	21	8.7	42	6.1	24	29.1	82	28.3	42	14.5	51	66.6	52	494	28	762	38	2.6	9	0.8	8	14	79	6.9	49	6.4	1	7.0	1	527	13
Grundy	14.4	88	9.9	72	12.0	85	24.9	51	18.6	9	25.8	94	57.7	36	140	10	1,081	66	7.5	51	1.3	20	12.7	60	4.1	11	13.2	85	8.6	69	807	70
Hamblen	10.5	15	8.4	34	5.7	16	18.1	16	42.2	90	14.4	49	89.8	75	1,328	73	985	53	8	56	0.9	10	11.4	45	11.7	83	7.5	10	8.1	29	654	41
Hamilton	14.8	89	11.1	87	9.5	74	12.9	6	36.5	84	12.1	17	106.2	86	1,682	88	1,023	59	16.8	93	6.5	94	9	8	2.5	4	12.2	61	8.6	69	919	86

Table 1. County-level Data and Ranks for All 15 Indicators*

COUNTY	Preterm Birth		Low Birthweight		Infant Mortality		Maternal Smoking		Teen Pregnancies		Overall Poverty		Reported Crimes		Youth Arrests		Domestic Violence		Dropouts (Cohort)		Dropouts (Event)		Unemployment		Child Abuse		Binge Drinking		Drug Use		Total Score	Overall Rank
	%	rank	%	rank	per 1,000	rank	%	rank	per 1,000	rank	%	rank	per 1,000	rank	per 100K	rank	per 100K	rank	%	rank	%	rank	%	rank	%	rate	%	rank	%	rank		
Hancock	9.5	5	9.5	67	4.7	13	37.5	94	28.5	45	29.4	95	37.8	10	0	1	29	2	4.4	22	1.3	20	15.8	89	6.4	41	6.4	1	7.0	1	506	11
Hardeman	14.1	85	11.9	91	10.8	77	15.4	11	32.3	67	19.7	86	65.6	51	1,481	82	923	49	13.4	87	3.8	83	13.7	78	7.5	54	12.7	74	7.8	9	984	91
Hardin	11.4	33	9.9	73	8.3	61	31.7	90	28.9	46	18.8	81	107.1	87	883	53	1,356	78	9.3	68	2.3	52	11.6	50	9.2	74	12.7	74	7.8	9	929	87
Hawkins	10.4	12	7.8	16	6.9	40	27.1	72	25.0	26	15.8	61	72.5	63	456	27	554	18	11	84	2.9	71	9.8	21	5.0	17	6.4	1	7.0	1	530	14
Haywood	13.1	73	12.3	93	16.2	95	13.1	7	42.4	91	19.5	84	122.9	92	1,267	69	1,691	87	17.1	95	5.1	91	16.2	91	4.8	16	12.7	74	7.8	9	1067	93
Henderson	12.9	70	9.3	58	9.1	70	27.1	73	34.0	80	12.4	21	92.2	77	718	39	1,788	90	6.1	38	1.4	26	16.6	93	14.5	90	12.7	74	7.8	9	908	85
Henry	9.5	4	8.8	45	7.9	58	27.2	74	38.3	88	14.3	44	59.9	41	1,099	62	559	19	7.7	52	2.6	60	12.5	59	5.6	34	8.0	25	7.8	9	674	43
Hickman	11.6	38	8.7	40	14.6	94	31.2	87	35.9	83	14.3	45	42.5	16	365	21	793	41	3	11	1.3	20	12.7	60	12.6	85	12.6	62	8.4	45	748	60
Houston	9.4	2	7.0	5	5.8	18	22.0	39	32.5	69	18.1	78	72.4	62	495	29	1,590	84	0.9	2	1.8	39	10.6	29	5.8	37	10.7	49	8.4	45	587	26
Humphreys	11.9	46	9.0	47	2.8	5	31.6	89	21.4	13	10.8	14	42.3	14	931	54	672	26	8.5	64	1.9	42	11.1	37	8.7	70	10.7	49	8.4	45	615	32
Jackson	10.4	13	7.4	11	0.0	1	31.5	88	31.0	60	18.1	77	32.0	6	86	8	340	8	3	11	2.3	52	12	52	5.8	36	8.6	34	8.6	69	526	12
Jefferson	11.4	32	8.6	39	9.0	66	21.5	34	34.0	79	13.4	34	63.9	46	872	50	715	33	7.8	53	2.2	48	13	65	17.9	94	7.5	10	8.1	29	712	52
Johnson	12.5	57	10.8	84	11.4	81	34.6	93	30.5	57	22.6	89	42.0	13	1,112	63	1,031	60	4.8	26	3.9	84	13.1	69	6.8	47	6.4	1	7.0	1	825	73
Knox	12.8	66	9.2	51	6.1	27	15.9	13	30.3	56	12.6	23	83.3	70	1,407	75	890	45	14.5	89	3.4	77	8.2	3	5.9	38	13.4	95	8.1	29	757	61
Lake	15.9	93	12.2	92	14.2	93	29.1	80	34.5	81	23.6	93	36.7	8	310	18	310	7	10.8	83	4	85	11.3	41	4.1	12	8.0	25	7.8	9	820	71
Lauderdale	16.8	94	12.7	95	14.1	92	20.3	25	44.7	92	19.2	83	89.6	73	1,087	60	1,092	67	15.8	92	4.7	90	16.5	92	8.6	68	12.7	74	7.8	9	1106	94
Lawrence	11.6	39	8.0	19	6.2	31	21.7	37	21.7	15	14.6	52	100.1	83	534	34	1,776	89	12	86	4.2	87	15.2	84	7.9	58	12.6	62	8.4	45	821	72
Lewis	12.4	55	9.1	48	7.9	57	26.3	66	24.9	25	13.4	35	59.1	39	1,085	59	1,065	63	5.2	30	0.7	5	15.4	87	13.1	87	12.6	62	8.4	45	763	64
Lincoln	13.5	76	11.0	85	7.9	59	21.2	30	25.5	30	13.6	37	64.0	47	794	45	1,118	70	9.6	71	3.5	79	7.1	1	5.1	24	12.6	62	8.4	45	761	63
Loudon	12.5	58	8.5	35	4.6	11	20.8	27	30.9	58	10.0	10	65.5	49	817	46	964	52	5	29	1.4	26	8.7	6	6.6	46	7.5	10	8.1	29	492	8
Macon	11.4	31	8.6	38	7.6	51	24.7	49	33.0	73	14.5	50	44.6	21	1,092	61	694	30	10.1	75	2.6	60	10.9	34	6.5	44	8.6	34	8.6	69	720	55
Madison	13.0	72	10.3	78	13.2	91	13.1	8	41.2	89	15.9	63	141.7	94	3,364	95	1,918	92	9.7	72	2.1	44	10.8	31	7.7	57	7.5	9	7.8	9	904	84
Marion	15.1	91	12.6	94	11.4	82	26.0	61	30.3	55	15.1	55	65.6	50	226	13	1,074	64	3.3	13	0.7	5	11.1	37	5.0	19	13.2	85	8.6	69	793	69
Marshall	11.3	29	8.8	44	11.2	80	23.1	44	31.6	64	14.0	41	51.3	27	782	43	1,276	75	4.8	26	1.6	31	17.3	94	5.4	31	12.6	62	8.4	45	736	58
Mauzy	11.6	41	9.8	70	7.3	47	18.4	18	29.4	49	14.1	42	109.2	88	2,504	92	2,068	93	15.1	90	4.3	88	15.3	86	5.1	25	12.6	62	8.4	45	936	89
McMinn	12.4	56	9.1	50	5.9	19	26.2	63	28.4	43	10.0	11	121.0	90	1,316	72	1,620	86	6.6	45	1.3	20	13	65	7.3	52	13.2	85	8.6	69	826	74
McNairy	12.3	54	8.4	33	6.4	35	21.4	33	36.8	86	10.9	15	57.6	35	293	17	730	34	4.2	20	0.9	10	12.7	60	8.1	62	12.7	74	7.8	9	577	22
Meigs	10.3	10	6.2	1	7.8	56	32.4	91	12.2	2	18.3	79	73.3	64	104	9	952	50	3.9	16	0.5	2	13.3	73	10.1	78	13.2	85	8.6	69	685	46
Monroe	12.0	49	8.5	37	9.1	69	26.0	60	34.7	82	15.5	58	64.1	48	669	38	994	55	10.6	81	2.6	60	14.2	80	9.4	76	7.5	10	8.1	29	832	75
Montgomery	10.2	9	8.4	31	8.0	60	15.6	12	29.8	50	10.0	9	96.3	79	1,630	87	1,506	83	5.5	34	1.5	28	8.5	4	8.8	71	10.7	49	8.4	45	651	40
Moore	14.1	87	11.3	88	0.0	1	17.9	15	12.7	3	9.6	7	42.7	19	230	15	676	28	8.8	67	1.7	35	9.9	23	4.1	10	12.6	62	8.4	45	505	10
Morgan	12.6	62	9.3	61	7.1	43	29.8	84	15.6	5	16.0	66	33.4	7	46	5	229	3	3.5	14	0.5	2	11.5	48	6.4	42	7.5	10	8.1	29	481	7
Obion	13.8	81	9.3	56	12.5	86	25.8	58	28.4	44	13.3	33	71.7	60	498	30	914	47	7.3	49	3	73	9.9	23	6.4	43	8.0	25	7.8	9	717	53

Table 1. County-level Data and Ranks for All 15 Indicators*

COUNTY	Preterm Birth		Low Birthweight		Infant Mortality		Maternal Smoking		Teen Pregnancies		Overall Poverty		Reported Crimes		Youth Arrests		Domestic Violence		Dropouts (Cohort)		Dropouts (Event)		Unemployment		Child Abuse		Binge Drinking		Drug Use		Total Score	Overall Rank
	%	rank	%	rank	per 1,000	rank	%	rank	per 1,000	rank	%	rank	per 1,000	rank	per 100K	rank	per 100K	rank	%	rank	%	rank	%	rank	%	rank	%	rank	%	rank		
Overton	11.0	25	8.1	20	6.3	33	24.9	50	20.8	10	16.0	67	42.5	18	535	35	589	22	5.2	30	2.1	44	11.3	41	7.9	59	8.6	34	8.6	69	557	18
Perry	9.4	3	6.9	3	4.3	9	18.2	17	15.1	4	15.4	57	44.2	20	228	14	543	17	2	6	1.6	31	16.1	90	14.6	91	12.6	62	8.4	45	469	4
Pickett	10.1	8	7.2	10	7.2	46	27.0	70	26.6	33	15.6	59	15.9	1	0	1	0	1	0	1	0	1	15.2	84	1.7	2	8.6	34	8.6	69	420	2
Polk	13.9	83	10.2	77	8.5	64	25.6	56	36.7	85	13.0	28	69.0	56	1,777	90	702	31	4.6	24	1.5	28	11.4	45	7.5	55	13.2	85	8.6	69	876	80
Putnam	10.3	11	7.4	12	7.2	45	18.4	20	30.9	59	16.4	70	91.0	76	755	42	1,137	71	5.9	36	1.8	39	9.6	16	5.8	35	8.6	34	8.6	69	635	37
Rhea	12.6	61	10.0	74	11.0	78	29.0	79	46.7	93	14.7	54	59.0	38	850	48	962	51	9.4	70	3.5	79	13.5	76	7.3	53	13.2	85	8.6	69	1008	92
Roane	13.7	78	9.2	53	6.0	20	27.9	75	25.1	27	13.9	38	62.1	43	219	12	487	12	8.7	66	3.7	82	8.6	5	11.1	82	7.5	10	8.1	29	632	35
Robertson	10.6	18	8.4	28	6.2	30	15.4	10	30.0	52	9.0	6	58.2	37	877	52	1,054	61	6.3	41	1.8	39	9.6	16	7.2	51	10.7	49	8.4	45	535	16
Rutherford	11.7	42	8.2	26	5.2	14	11.9	5	29.2	48	9.0	5	79.3	67	1,193	66	1,396	81	8	56	2.2	48	9.6	16	8.3	65	10.7	49	8.4	45	633	36
Scott	12.0	48	7.9	17	9.0	67	25.4	54	25.6	31	20.2	87	99.6	82	873	51	1,093	68	9.7	72	3.5	79	20.3	95	10.1	79	7.5	10	8.1	29	869	79
Sequatchie	12.9	69	10.1	75	12.5	87	26.3	64	26.9	38	16.5	71	62.9	44	505	32	1,005	58	9.3	68	2.7	64	11.3	41	5.4	33	13.2	85	8.6	69	898	83
Sevier	13.6	77	9.3	57	6.7	37	21.5	36	33.4	76	10.7	13	106.1	85	1,377	74	1,232	74	3.9	16	2.8	68	10.4	28	15.2	92	7.5	10	8.1	29	772	66
Shelby	13.2	74	11.3	89	12.6	88	6.0	2	52.3	95	16.0	65	149.9	95	2,915	94	2,442	95	14.4	88	8.5	95	10.3	26	8.6	66	13.0	84	8.9	94	1150	95
Smith	11.5	34	8.1	22	11.2	79	24.5	46	22.2	18	12.2	19	29.6	3	218	11	524	15	1.1	3	0.9	10	12.4	56	8.0	61	8.6	34	8.6	69	480	6
Stewart	10.8	23	11.0	86	13.0	90	28.6	78	21.9	16	12.4	22	51.9	28	789	44	852	43	1.7	5	0.8	8	11.8	51	5.4	32	10.7	49	8.4	45	620	33
Sullivan	11.7	43	9.0	46	9.1	71	25.4	53	26.0	32	12.9	26	100.2	84	1,442	78	1,354	77	8	56	2.8	68	9.1	12	10.6	80	6.5	8	7.0	1	735	57
Sumner	10.0	7	7.8	15	6.1	26	17.7	14	22.6	20	8.1	4	70.2	57	2,137	91	1,065	62	6.2	40	1.6	31	9.7	20	5.0	23	10.7	49	8.4	45	504	9
Tipton	12.3	52	9.2	52	10.5	75	18.4	19	25.1	29	12.1	18	93.8	78	1,572	84	1,818	91	4.5	23	1.5	28	11.3	41	7.6	56	12.7	74	7.8	9	729	56
Trousdale	17.1	95	11.7	90	2.2	3	25.0	52	32.3	68	13.4	36	61.9	42	1,747	89	745	37	4.6	24	0.7	5	12	52	2.4	3	10.7	49	8.4	45	690	47
Unicoi	9.4	1	7.1	6	7.5	50	28.5	77	16.4	6	13.1	29	47.4	22	1,520	83	674	27	6.4	42	1.3	20	11.1	37	9.9	77	6.4	1	7.0	1	479	5
Union	15.1	92	10.5	80	2.4	4	31.0	85	27.3	39	19.6	85	42.5	17	397	23	560	20	8.2	59	2.3	52	9.8	21	12.4	84	7.5	10	8.1	29	700	48
Van Buren	12.9	71	8.4	29	7.0	41	23.4	45	20.9	11	15.2	56	30.5	4	333	19	273	5	4.9	28	3.1	74	13.2	72	3.7	7	8.6	34	8.6	69	565	20
Warren	11.1	26	8.3	27	6.0	23	22.7	40	32.2	65	16.6	72	57.6	34	739	40	848	42	6.5	43	2.5	58	12.4	56	5.0	20	8.6	34	8.6	69	649	39
Washington	11.1	28	9.1	49	9.2	72	21.3	31	21.4	14	13.9	40	79.9	68	1,623	86	1,365	79	10.3	77	2.1	44	8.9	7	6.1	40	6.4	1	7.0	1	637	38
Wayne	10.7	22	7.6	14	6.1	25	25.6	57	21.1	12	16.3	69	42.5	15	839	47	473	11	7.1	47	1.9	42	13	65	11.0	81	12.6	62	8.4	45	614	31
Weakley	12.6	59	7.6	13	5.8	17	23.1	43	16.7	7	16.0	68	71.7	59	982	56	1,105	69	6	37	6	93	11.4	45	3.1	6	8.0	25	7.8	9	606	30
White	10.6	17	8.2	25	6.4	34	26.3	65	31.4	63	14.3	43	72.3	61	512	33	996	56	7.9	55	1.1	15	13.1	69	6.0	39	8.6	34	8.6	69	678	45
Williamson	10.7	20	7.1	8	3.0	6	4.0	1	7.6	1	4.7	1	30.8	5	1,269	70	368	9	4.2	20	0.9	10	8.1	2	1.3	1	10.7	49	8.4	45	248	1
Wilson	12.8	67	8.7	43	6.9	39	14.8	9	23.3	22	6.7	2	71.3	58	1,454	79	1,000	57	7.3	49	2.5	58	9.1	12	4.3	13	10.7	49	8.4	45	602	29

* Counties with the same value for an indicator were assigned the same ranking. Note that all data in the table has been rounded to whole numbers or to a single decimal point for display purposes. Due to rounding error, some counties may appear to have the same value for a given indicator, but the values on which the corresponding rankings were based are actually slightly different due to additional decimal points not included in the table.

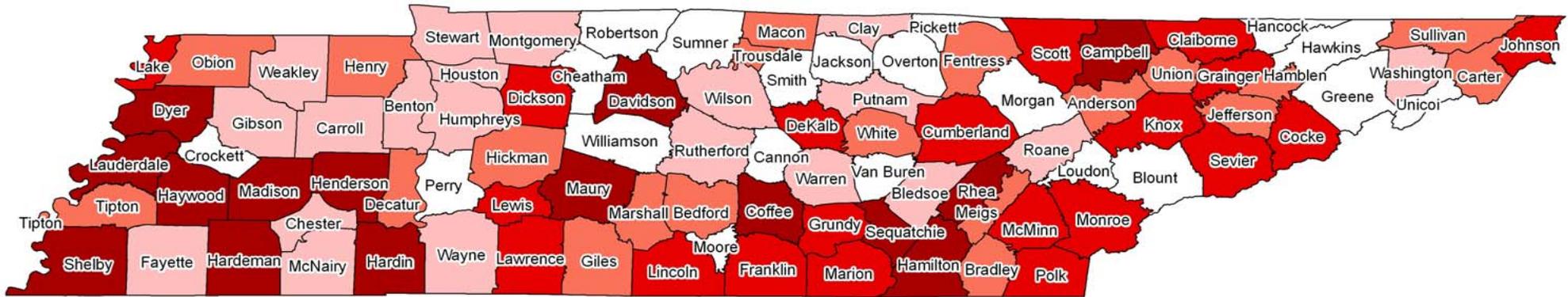
Table 2. Total Score and Overall Rank by County

COUNTY	Total Score	Overall Rank
Williamson	248	1
Pickett	420	2
Crockett	459	3
Perry	469	4
Unicoi	479	5
Smith	480	6
Morgan	481	7
Loudon	492	8
Sumner	504	9
Moore	505	10
Hancock	506	11
Jackson	526	12
Greene	527	13
Hawkins	530	14
Blount	532	15
Robertson	535	16
Cannon	543	17
Cheatham	557	18
Overton	557	18
Van Buren	565	20
Clay	572	21
Chester	577	22
McNairy	577	22
Benton	579	24
Fayette	583	25
Houston	587	26
Bledsoe	590	27
Carroll	595	28
Wilson	602	29
Weakley	606	30
Wayne	614	31
Humphreys	615	32
Stewart	620	33
Gibson	626	34
Roane	632	35
Rutherford	633	36
Putnam	635	37
Washington	637	38
Warren	649	39
Montgomery	651	40
Hamblen	654	41
Carter	657	42
Henry	674	43
Anderson	676	44
White	678	45
Meigs	685	46
Trousdale	690	47
Decatur	700	48
Fentress	700	48
Union	700	48
Giles	704	51
Jefferson	712	52
Bedford	717	53
Obion	717	53

Macon	720	55
Tipton	729	56
Sullivan	735	57
Marshall	736	58
Bradley	741	59
Hickman	748	60
Knox	757	61
Franklin	760	62
Lincoln	761	63
Lewis	763	64
Grainger	768	65
Dekalb	772	66
Sevier	772	66
Dickson	783	68
Marion	793	69
Grundy	807	70
Lake	820	71
Lawrence	821	72
Johnson	825	73
McMinn	826	74
Monroe	832	75
Claiborne	845	76
Cocke	866	77
Cumberland	868	78
Scott	869	79
Polk	876	80
Dyer	884	81
Coffee	892	82
Sequatchie	898	83
Madison	904	84
Henderson	908	85
Hamilton	919	86
Hardin	929	87
Davidson	934	88
Maury	936	89
Campbell	947	90
Hardeman	984	91
Rhea	1008	92
Haywood	1067	93
Lauderdale	1106	94
Shelby	1150	95

Figure 1.

Overall Rank by County



*Rank of 1 stands for least at-risk county and rank of 95 stands for most at-risk county

Rank*

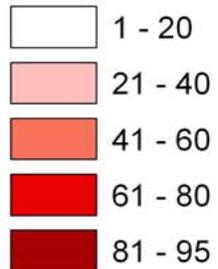


Table 3. Data Report by County – Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	12.2	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	9.5	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	8.5	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	13.5	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	95.4	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,541	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,367	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	3.5	--	--	--	--	
Cohort dropout rate (%)	10.2	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	10.5	--	Regional data used for all indicators
Percent: marijuana use past month	--	--	--	--	--	Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.5	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	10.5	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	7.6	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	33.9	
Maternal smoking during pregnancy (%)	--	--	--	--	16.0	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative. 14

Campbell County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	13.7	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	9.4	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	6.6	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	22.8	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	121.8	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	404	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,228	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	4.1	--	--	--	--	
Cohort dropout rate (%)	10.5	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	7.5	--	Regional data used for all indicators
Percent: marijuana use past month	--	--	--	--	--	Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.1	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	12.7	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	13.8	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	29.9	
Maternal smoking during pregnancy (%)	--	--	--	--	31.1	

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Coffee County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	10.7	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	8.2	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	9.1	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	14.3	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	97.9	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,610	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,473	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	2.7	--	--	--	--	
Cohort dropout rate (%)	8.2	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.6	--	Regional data used for all indicators
Percent: marijuana use past month	--	--	--	--	--	Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.4	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	11.0	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	15.7	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	33.2	
Maternal smoking during pregnancy (%)	--	--	--	--	25.5	

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Davidson County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	11.5	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	9.3	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	7.7	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	13.0	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	136.1	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,427	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	2,143	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	5.9	--	--	--	--	
Cohort dropout rate (%)	16.8	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	8.9	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	11.1	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	9.0	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	8.0	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	52.1	
Maternal smoking during pregnancy (%)	--	--	--	--	9.3	

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Dyer County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	15.0	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	10.5	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	12.7	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	15.9	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	120.5	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	2,815	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,612	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	1.7	--	--	--	--	
Cohort dropout rate (%)	5.3	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	8.0	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	12.4	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	4.0	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	38.2	
Maternal smoking during pregnancy (%)	--	--	--	--	23.0	

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Hamilton County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	14.8	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	11.1	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	9.5	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	12.1	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	106.2	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,682	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,023	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	6.5	--	--	--	--	
Cohort dropout rate (%)	16.8	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.2	--	Regional data used for all indicators
Percent: marijuana use past month	--	--	--	--	--	Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.6	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	9.0	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	2.5	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	36.5	
Maternal smoking during pregnancy (%)	--	--	--	--	12.9	

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Hardeman County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	14.1	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	11.9	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	10.8	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	19.7	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	65.6	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,481	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	923	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	3.8	--	--	--	--	
Cohort dropout rate (%)	13.4	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.7	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	13.7	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	7.5	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	32.3	
Maternal smoking during pregnancy (%)	--	--	--	--	15.4	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative.

Hardin County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	11.4	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	9.9	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	8.3	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	18.8	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	107.1	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	883	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,356	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	2.3	--	--	--	--	
Cohort dropout rate (%)	9.3	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.7	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	11.6	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	9.2	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	28.9	
Maternal smoking during pregnancy (%)	--	--	--	--	31.7	

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Haywood County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	13.1	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	12.3	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	16.2	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	19.5	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	122.9	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,267	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,691	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	5.1	--	--	--	--	
Cohort dropout rate (%)	17.1	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.7	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	16.2	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	4.8	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	42.4	
Maternal smoking during pregnancy (%)	--	--	--	--	13.1	

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Henderson County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	12.9	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	9.3	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	9.1	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	12.4	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	92.2	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	718	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,788	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	1.4	--	--	--	--	
Cohort dropout rate (%)	6.1	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.7	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	16.6	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	14.5	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	34.0	
Maternal smoking during pregnancy (%)	--	--	--	--	27.1	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative.

Lauderdale County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	16.8	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	12.7	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	14.1	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	19.2	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	89.6	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	1,087	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,092	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	4.7	--	--	--	--	
Cohort dropout rate (%)	15.8	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.7	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	16.5	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	8.6	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	44.7	
Maternal smoking during pregnancy (%)	--	--	--	--	20.3	

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Madison County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	13.0	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	10.3	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	13.2	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	15.9	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	141.7	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	3,364	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,918	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	2.1	--	--	--	--	
Cohort dropout rate (%)	9.7	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	7.5	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	7.8	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	10.8	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	7.7	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	41.2	
Maternal smoking during pregnancy (%)	--	--	--	--	13.1	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative.

Maury County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	11.6	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	9.8	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	7.3	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	14.1	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	109.2	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	2,504	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	2,068	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	4.3	--	--	--	--	
Cohort dropout rate (%)	15.1	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	12.6	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.4	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	15.3	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	5.1	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	29.4	
Maternal smoking during pregnancy (%)	--	--	--	--	18.4	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative.

Rhea County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	12.6	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	10.0	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	11.0	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	14.7	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	59.0	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	850	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	962	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	3.5	--	--	--	--	
Cohort dropout rate (%)	9.4	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	13.2	--	Regional data used for all indicators
Percent: marijuana use past month	--	--	--	--	--	Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.6	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	13.5	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	7.3	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	46.7	
Maternal smoking during pregnancy (%)	--	--	--	--	29.0	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative. 27

Sequatchie County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	12.9	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	10.1	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	12.5	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	16.5	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	62.9	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	505	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	1,005	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	2.7	--	--	--	--	
Cohort dropout rate (%)	9.3	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	13.2	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.6	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	11.3	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	5.4	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	26.9	
Maternal smoking during pregnancy (%)	--	--	--	--	26.3	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative.

Shelby County, Tennessee*

Indicator	Title V	CAPTA	Head Start	SAMHSA	Other	Comment
<i>Premature Birth</i>						
Percent: # live births <37wks / total # live births	13.2	--	--	--	--	
<i>Low Birthweight</i>						
Percent: # live births <2,500g / total # live births	11.3	--	--	--	--	
<i>Infant Mortality</i>						
# infant deaths / 1,000 live births	12.6	--	--	--	--	
<i>Poverty</i>						
# residents below 100% FPL / total # residents	16.0	--	--	--	--	
<i>Crime</i>						
# reported crimes / 1,000 residents	--	--	--	--	149.9	Arrests for ages 0-17 were substituted for arrests for ages 0-19 due to unavailability of data
# arrests ages 0-19 / 100,000 juveniles ages 0-19	--	--	--	--	--	
# arrests ages 0-17 / 100,000 juveniles ages 0-17	--	--	--	--	2,915	
<i>Domestic Violence</i>						
# domestic violence crimes / 100,000 residents	--	--	--	--	2,442	
<i>School Dropout Rates</i>						
Percent high school dropouts grades 9-12	8.5	--	--	--	--	
Cohort dropout rate (%)	14.4	--	--	--	--	
<i>Substance Abuse</i>						
Percent: binge alcohol use past month	--	--	--	13.0	--	Regional data used for all indicators Illicit drug use (incl. marijuana) was substituted for the 3 recommended drug use indicators due to concerns about regional level data
Percent: marijuana use past month	--	--	--	--	--	
Percent: nonmedical use of Rx past month	--	--	--	--	--	
Percent: illicit drug use (excl. marijuana) past month	--	--	--	--	--	
Percent: illicit drug use (incl. marijuana) past month	--	--	--	8.9	--	
<i>Unemployment</i>						
Percent: # unemployed / total workforce	--	--	10.3	--	--	
<i>Child Maltreatment</i>						
Rate of substantiated maltreatment (per 1,000)	--	8.6	--	--	--	Rates for subtypes of maltreatment were not included due to small county-level sample sizes
Rate of substantiated maltreatment by type	--	--	--	--	--	
<i>Other Indicators</i>						
Teen pregnancy rate ages 15-17 (per 1,000)	--	--	--	--	52.3	
Maternal smoking during pregnancy (%)	--	--	--	--	6.0	

* Column headings do not necessarily indicate direct source of data. For example, premature birth rates were calculated directly from the Tennessee Birth Statistical System dataset using the most recently available data rather than copied from the latest Title V grant submission. Detailed descriptions for each indicator (including numerator, denominator, data source(s), data year(s), data limitations, and reasons for deviations from recommended list of indicators) may be found in the narrative. 29

The quality and capacity of existing programs or initiatives for early childhood home visiting in the State

The State began a review of home visiting services provided by state departments and non-profit agencies in August 2009. The purpose for the review was to identify and quantify the array of services statewide and to determine similarities and differences among the services in order to prepare the State to apply for the anticipated federal support in FY 2011. Core participants in the review included representatives of the state departments of Health (DOH), including Early Childhood Comprehensive Systems (ECCS), Children's Services (DCS), Education (DOE), Mental Health and Developmental Disabilities (DMH/DD); the Home Visitation Collaboration, a voluntary association of nearly 100 providers statewide; the TennCare Bureau (the state's Medicaid program); the Tennessee Commission on Children and Youth (TCCY); the Office of the Special Assistant to the Governor for Projects; and the Governor's Office of Children's Care Coordination (GOCCC).

The review team designed an electronic survey to be completed by all known home visiting providers in the state. Instructions requested that the survey be completed at the county level if the program standard was a minimum of one visit/month. This yielded specific information about the number and types of home visiting services available in each county. Other elements of the survey included numbers of children and families served, the frequency of home visits, eligibility criteria, target populations and primary and secondary services offered. Focus groups were also conducted in three areas of the state to include anecdotal information from families receiving services as another means of establishing the benefit and need for such services in our state. A total of 278 programs at the county level were included in the review based on the description of the populations served, frequency of visits and the services offered.

Of the widely recognized home visiting models, *Healthy Families America*, *Healthy Start*, both the federal and Hawaii models, *Nurse Family Partnership*, *Parents as Teachers* and *Part C Early Intervention Services (TEIS)* have a presence in Tennessee. Home visiting services are provided in all counties through the *Help Us Grow Successfully (HUGS)* program administered by DOH and offered by county health departments. *TEIS* is also available in all counties for families with children having delays in one or more developmental areas as specified by the eligibility guidelines. The state's Social Service Block Grant dollars support the *Child Health and Development (CHAD)* projects provided by health departments in 22 counties in east Tennessee. Community Based Child Abuse Prevention (CBCAP) dollars provide *Healthy Start (Hawaii model)*-based services in thirty counties of the state. *Head Start* serves children and families in every county, and *Early Head Start* services exist in 21 counties. The *Parents as Teachers* program is available in 6 counties in southeast Tennessee primarily in the Chattanooga area. Finally, the state has two *Nurse Family Partnership* projects – one funded solely with federal dollars (Knoxville, TN) and the second funded through a state appropriation and supplemented with federal dollars (Memphis, TN). Thirty-eight (38) of the 95 counties have only HUGS and TEIS available to serve families.

Number and types of individuals and families who are receiving services under such programs or initiatives

Based on the Home Visiting Review, numbers of children served in 2009 increased by 540 between 2008-2009 (19,836 vs. 20,376). Excluding TEIS, the number of children served in home visiting programs grew from 11,512 in 2008 to 12,264 in 2009, an increase of 752 children. Other home visiting services identified by the survey are provided in specific counties such as *Nurses for Newborns* or the *Maternal Infant Health Outreach Worker* program. The tables below show a summary of Tennessee home visiting services and home visiting programs by county.

Table 4. Summary of Tennessee Home Visiting Services

PROGRAM NAME	PRIORITY SERVICES	TARGET POPULATIONS	AGE RANGE	NUMBERS SERVED FY2009	
Department of Health	Child Health And Development Program (CHAD)	Parenting education, developmental assessment, care coordination services for children identified as at risk for abuse or neglect through DCS central intake process	Teen parents under age of 18, other parents at risk of abuse and neglect (DCS referred) AFDC, SSI or FPL Families	Through age 5	22 counties in Northeast and East TN 1,298 children
	Healthy Families America-Credentialed	parenting skill education, assessment of risks, periodic medical & developmental review, referral to community agencies, intensive case management	First time mothers, with little or no prenatal care and limited support system	Through age 4	Bedford, Blount, Coffee, Jefferson, Knox, Lincoln, Loudon, Marshall, Shelby, Sevier counties 620 families with 777children
	Healthy Start-Healthy Families America	Parenting Skill Education, Assessment of risks, Periodic Medical & Developmental Review, Referral for	Prenatal women and teens, infants less than 4 months, families with children under 5 years old with low	Through age 5	19 counties 857 families with 1,060 children

		services	income		
	Help Us Grow Successfully (HUGS)	Parenting Ed, assessment of risks, periodic medical & developmental review , referral for services	Prenatal women and teens, families with children under 6, women up to 2 years postpartum, loss of a child before age 2	Through age 5	All 95 counties 5,895 children served
Dept of Education	Tennessee Early Intervention System (TEIS)	Parenting Skill Education, A voluntary program for children ages birth to three years old with disabilities or developmental delays.	Children with disabilities with a 25% delay in two developmental areas or 40% delay in one area.	Through age 2	All 95 counties 7,688 families with 7,792 children
	Early Head Start and Home Based Head Start	Home based parent and child education, periodic medical & developmental review, referral to community agencies		Early Head Start for 0 -3 Home based when center care is not available	21 counties 568 children
Dept of Mental Health	Homebuilders	Removing risk factors; ensuring linkages to other needed services; increasing family strengths and independence skills	Families of children on whom a child protection case would have been opened due to parents' substance abuse.	Families at risk with children through age 18	8 counties
Other Agencies	Child and Family Tennessee – Family Connections	Parenting Skill Education, Assessment of risks, Referral to community agencies	Provides services to any family who is referred to the program involved in domestic violence, first time mother or drug involved families	Through age 5	15 counties in east TN 152 families with 56 children
	Child and Family Tennessee – Nurse Family Partnership (federal ACF project)	Prenatal Care Support, Parenting Ed, Periodic Medical & Developmental Review, Referral to community agencies	First time mothers only	Through age 2	Knox County – Knoxville Started 2010; in process of completing training prior to family enrollment

Healthy Start-Federal	Medical and developmental assessment, Prenatal Care Support, Parenting Ed, Assessment of risks, Cognitive development, Referral to community agencies	Families with low birth weight babies, little or no prenatal care, Medically fragile	Through age 2	Shelby and Davidson County Health Departments 219 families with 218 children
La Paz de Dios	Prenatal Care Support, Parenting Skill Education, Referral to community agencies, Family Literacy	Latina women in the community	Prenatal	Hamilton Co. - Chattanooga 32 families
Maternal Infant Home Outreach Worker (MIHOW)	Prenatal Care Support, Parenting Skill Education, Cognitive development, Referral to community agencies	Promotes healthy birth outcomes, early child development, and parenting success.	Through age 3	Claiborne (TN), Campbell (TN), Davidson (TN) 83 families with 56 children
Le Bonheur Outreach - Nurse Family Partnership (federal ACF project)	Prenatal Care Support, Parenting Skill Education, Periodic Medical & Developmental Review, Referral to community agencies	First time mothers only	Through age 2	Shelby Co – Memphis Started 2009 trained to begin seeing families in January 2010
Nurses for Newborns	Parenting Skill Education, Assessment of risks, Periodic Medical & Developmental Review, Referral to community agencies	Medically fragile, Teen mothers, Drug involved families	Through age 2	16 counties in middle TN area 837 families with 738 children
Parents As Teachers	Parenting Ed, Assessment of risk, Periodic Medical & Developmental Review, Cognitive Development, Prenatal Care Support, Socio-emotional development	Teen mothers, First time mothers, Pregnant teens, and drug involved families. Program has open enrollment to any parent in the community.	Through age 5	Knox, Wilson, Bradley, Henry, Hamilton, Claiborne counties 600 families with 816 children
Porter-Leath Mental Health Center Home Visiting Services	Prenatal Care Support, Parenting Skill Education	Pregnant teens with little or no prenatal care with limited support system	Through age 5	Shelby County (Memphis) 753 families with 1,083 children

	Prevent Child Abuse Tennessee	Prenatal Care Support, Parenting Skill Education, Assessment of risks, Periodic Medical & Developmental Review, Referral to community agencies	Drug involved families, Limited support system, Little or no prenatal care	Through age 5	Davidson County (Nashville) 43 families with 84 children
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Table 5. Tennessee Home Visiting Programs by County, 2010

	CHAD	Healthy Families America (Cred)	Healthy Start Federal	Healthy Start Hawaii Model	HUGS	MIHOW	Nurse Family Partnership	Nurses for Newborns	Parents as Teachers	TEIS	Other
COUNTY											
Anderson	X			X	X					X	
Bedford		X			X			X		X	
Benton				X	X					X	
Bledsoe					X					X	
Blount	X	X			X					X	
Bradley					X				X	X	
Campbell	X				X	X				X	
Cannon					X					X	
Carroll				X	X					X	
Carter	X				X					X	
Cheatham					X			X		X	
Chester				X	X					X	
Claiborne	X				X	X			X	X	
Clay					X					X	
Cocke	X				X					X	
Coffee		X			X			X		X	
Crockett				X	X					X	
Cumberland				X	X					X	
Davidson				X	X	X		X		X	X
Decatur					X					X	
DeKalb					X					X	
Dickson					X			X		X	
Dyer					X					X	
Fayette					X					X	
Fentress					X					X	
Franklin					X					X	
Gibson				X	X					X	

Table 5. Tennessee Home Visiting Programs by County, 2010

Giles					X					X
Grainger	X				X					X
Greene	X				X					X
Grundy					X					X
Hamblen	X				X					X
Hamilton					X			X		X
Hancock	X				X					X
Hardeman					X					X
Hardin					X					X
Hawkins	X				X					X
Haywood					X					X
Henderson					X					X
Henry			X		X					X
Hickman					X			X		X
Houston					X			X		X
Humphreys					X					X
Jackson			X		X					X
Jefferson	X	X			X					X
Johnson	X				X					X
Knox		X			X		X		X	X
Lake			X		X					X
Lauderdale					X					X
Lawrence					X					X
Lewis					X					X
Lincoln		X			X					X
Loudon	X	X			X					X
Macon					X					X
Madison			X		X					X
Marion					X					X
Marshall		X			X					X
Maury					X			X		X
McMinn					X					X

Table 5. Tennessee Home Visiting Programs by County, 2010

McNairy					X					X	
Meigs					X					X	
Monroe	X				X					X	
Montgomery				X	X			X		X	X
Moore					X					X	
Morgan					X					X	
Obion				X	X					X	
Overton				X	X					X	
Perry					X					X	
Pickett					X					X	
Polk					X					X	
Putnam				X	X					X	
Rhea					X					X	
Roane	X				X					X	
Robertson					X			X		X	
Rutherford					X			X		X	
Scott	X				X					X	
Sequatchie					X					X	
Sevier	X	X			X					X	
Shelby		X	X		X		X			X	X
Smith					X					X	
Stewart				X	X			X		X	
Sullivan					X					X	
Sumner					X			X		X	
Tipton					X					X	
Trousdale					X					X	
Unicoi	X				X					X	
Union	X				X					X	
Van Buren					X					X	
Warren					X					X	
Washington	X				X					X	
Wayne					X					X	

Table 5. Tennessee Home Visiting Programs by County, 2010

Weakley				X	X					X	
White				X	X			X		X	
Williamson					X			X		X	
Wilson					X			X	X	X	

- Child Health and Development (CHAD)
- Health Families America (Credentialed)
- Healthy Start (Federal)
- Healthy Start (Hawaii Model)
- Help Us Grow Successfully (HUGS)
- Maternal Infant Health Outreach Worker (MIHOW)
- Nurse Family Partnership
- Nurses for Newborns
- Parents as Teachers
- Tennessee's Early Intervention System (TEIS)
- Other

Head Start

The Tennessee Head Start State Collaboration Office, funded by the Office of Head Start, Administration on Children and Families was initially funded in 1996 and placed in the TN Department of Education. It is housed in the TDOE, Office of Early Learning. The current director has been in that position since 1999.

The State of Tennessee has applied for funding of the Early Childhood Advisory Council (ECAC) from the Administration on Children and Families, Office of Head Start. ECAC will be housed in the Governor's Office of Children's Care Coordination with coordinated assistance from all state departments serving children. The Head Start State Collaboration director has been involved in the development of the ECAC application and serves on the ECAC Steering Committee and Advisory Board. The Collaboration director will be involved in many activities of the ECAC since most of them involve Head Start programs and their staff, as well as ongoing grant responsibilities of the Collaboration Office.

In December 2007, the Head Start Act (P. L. 110-134; Administration for Children and Families) required Head Start State Collaboration Offices (HSSCOs) to conduct a statewide needs assessment in order to support and improve collaboration among Head Start grantees and other early childhood agencies. Needs assessment data would then be used to develop a state strategic plan. The assessment studied needs of Head Start agencies in their collaborations with other agencies to align services, curricula, and assessments. Eight national priority areas were identified and a survey instrument was developed to identify current collaboration efforts and challenges. The eight national priority areas addressed in the survey included:

1. Health Services
2. Services for Children Experiencing Homelessness
3. Welfare / Child Welfare
4. Child Care
5. Family Literacy
6. Services for Children with Disabilities
7. Community Services
8. Public Education

Each program updates its needs assessment and its strategic plan annually to reflect changing conditions among the children and families it serves; and, every three years, re-assesses the focus of both the assessment and the strategic plan to ensure they continue to be responsive to the particular conditions in the area being served.

Summary from Tennessee Head Start State Collaborative Office Needs Assessment Report

Tennessee's 29 Head Start grantees enrolled a total of 20,290 children and served 18,743 families. Grantees operated 27 Head Start preschool programs, 12 Early Head Starts, and one Migrant Head Start. Tennessee Head Start programs operate 964 classrooms and serve children and families in every county of the state

Figure 2. Head Start County Service Areas by Agency in the State

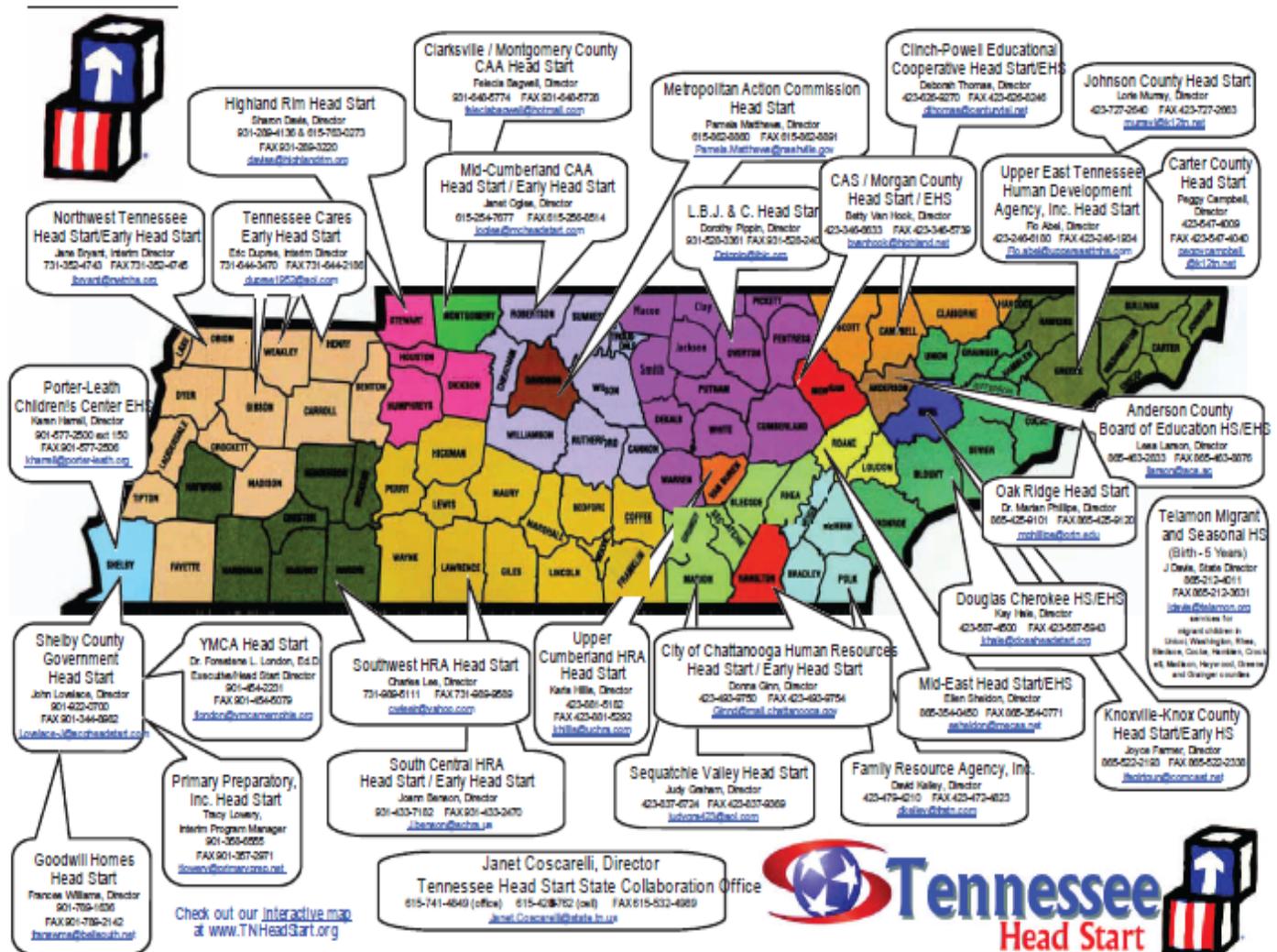


Figure 3. Tennessee Head Start Enrollment by Program Option

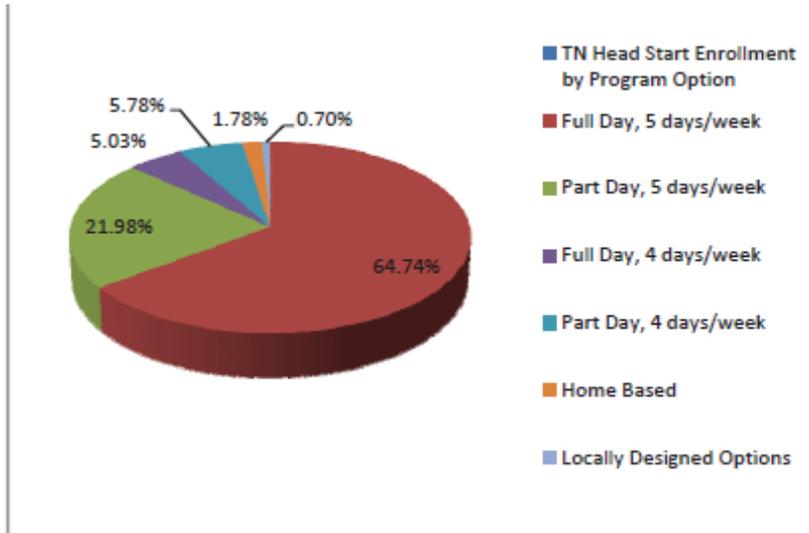


Figure 4. Tennessee Head Start Enrollment by Age

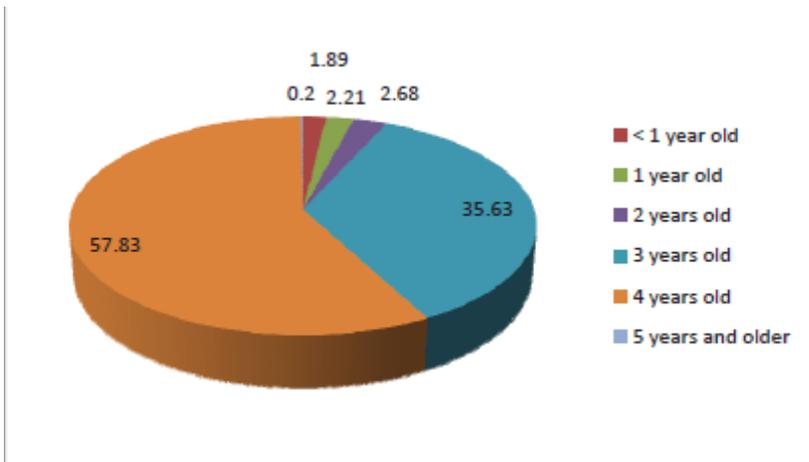
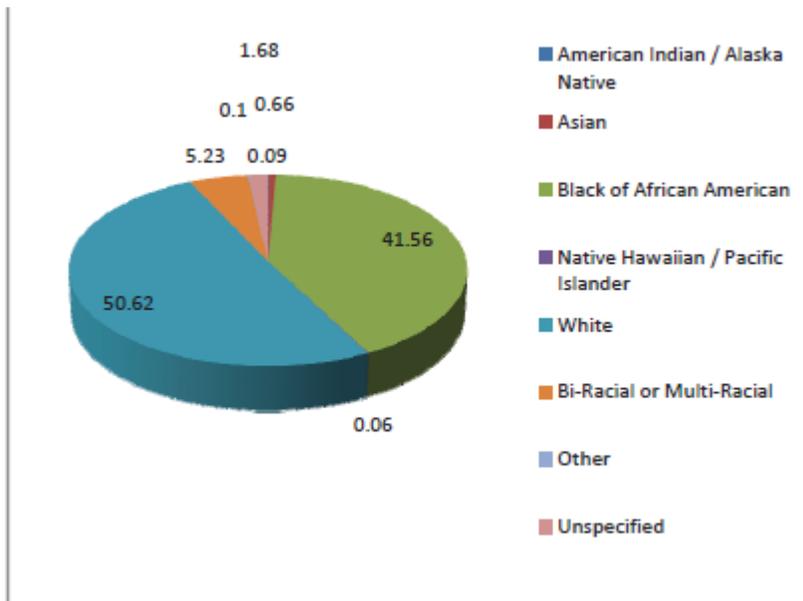


Figure 5. Tennessee Head Start Enrollment by Race



The 2009 Tennessee Head Start Needs Assessment Report also described results of the grantee survey about collaboration and partnerships. Tennessee grantees reported, on the whole, that collaborative relationships have been established in many of the areas in which Head Start’s priorities have long been identified. The focus on comprehensive services for children and families to support young children’s development has taken shape in the grantees’ efforts to maximize local and state resources in health care, family welfare, education for children and parents, basic family needs, disability services, and child care.

Head Start Home-Based Program

The Head Start Home-Based Program is one of the options for comprehensive Head Start services. Each of the Head Start programs in Tennessee has the option of delivering home-based services. Families have the opportunity to receive support they want in their own homes and may transition to center-based Head Start when they are ready.

Head Start Home-Based Programs:

- Use the home environment to help parents create rich learning opportunities that build on everyday routines and support a child’s development.
- Provide support to families whose life circumstances might prevent them from participating in more structured settings.
- Offer services during nontraditional hours to families who work or go to school.
- Work with families who live in rural communities and who otherwise would not be able to receive needed services.

Child Abuse Prevention

The Department of Children’s Services (DCS) and the Tennessee Children’s Trust Fund support a wide range of prevention and early intervention programs to reduce child maltreatment and increase parenting skills. The TDH Child Health and Development Program is funded in 22 counties of east Tennessee to specifically work with families who are referred for risk of abuse or neglect. Title IV-B funds administered by DCS are provided via an interdepartmental contract to fund this home visiting program at the local level. The state Healthy Start programs are also funded through DCS.

The Tennessee Children’s Trust Fund uses a request for proposal format to competitively award grants to community based organizations on a wide range of prevention and early intervention approaches. The goal of these grants is to improve parenting skills and reduce child maltreatment. During the last funding cycle, 43 grants were awarded to 30 community based agencies in the thirteen DCS regions. The award amount for each region is determined by a formula that includes the number of children in DCS custody and the child population. The grants targeted the following parenting and child development issues:

Parenting education	22 community based programs
Prevention of Sexual Abuse	13 community based programs
Home visiting and Home Based Counseling	10 community based programs

Most parenting education occurs in group settings with some innovative approaches including a fathering education program for the general population and another for those incarcerated. Other agencies target pregnant and parenting teens – an important group to educate about appropriate parenting and coping skills. Many of the prevention programs focus on school age children using creative techniques such as the Kids on the Block program to communicate important messages about personal safety and resisting offensive or uncomfortable behaviors of others. The home visiting and home based counseling programs incorporate content similar to the concept and activities used in parenting classes to instruct, model and practice more appropriate and positive parenting techniques. All of these services contribute to the community based resources on which to build a continuum of care for families with young children.

Capacity for providing substance abuse treatment and counseling services to individuals/families in need of these services who reside in communities identified as being at risk.

Addiction is a pervasive public health issue. It has roots in individual, family, peer, and community conditions that shape risk for experiencing substance abuse and its consequences. Substance use disorders exact negative impacts on families and children; decreases physical health; increases crime and threatens public safety; and imposes tremendous social and economic cost to society. Currently, 104 State-licensed alcohol and drug treatment providers in Tennessee operate 295 licensed treatment facilities. These providers deliver services in 241 outpatient, 30 residential, 24 halfway house, and 28 residential detoxification licensed treatment facilities and 12 outpatient methadone clinics.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant, the cornerstone of the States’ substance abuse prevention and treatment systems, is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), within the Department of Health and Human Services (HHS). The SAPT Block Grant serves our nation’s most vulnerable, low income groups by ensuring access to substance abuse services. The Tennessee Department of Mental Health/Division of Alcohol and Drug Abuse Services (DADAS) administers Tennessee’s SAPT Block Grant Funding. DADAS presently funds 49 of the 104 licensed treatment providers (nearly 47% of the total number of licensed treatment providers) through federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and State Alcohol and Drug Addiction Treatment (ADAT) funds (see map below. Yellow highlighted counties are those that have SAPT/ADAT services).

Figure 6. Tennessee Counties with SAPT-Funded Treatment Providers



DADAS goals include providing a full continuum of care which is available, accessible, and responsive to all Tennesseans who need treatment. Every consumer who receives DADAS funded treatment services is administered the Addiction Severity Index, Fifth Edition, a standardized multi-focused screening/assessment tool used to collect information regarding the nature and severity of problems encountered by individuals abusing alcohol and/or drugs. The ASI is the basis for the development of a comprehensive treatment plan which includes appropriate services for health, social, correctional and criminal justice, educational, vocational rehabilitation and employment needs. An integrated assessment is also conducted on every service recipient and consists

of: gathering information and engaging in a process with the consumer that enables the provider to establish the presence or absence of a COD; determine the consumer's readiness for change; identify consumer's strengths or problem areas that may affect the processes of treatment and recovery; and engage the consumer in the development of an appropriate treatment relationship. Based on the ASI and the integrated assessment, each consumer is referred to the appropriate level of care as identified by the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition, Revised.

Due to the higher risk of particular populations, priority preference for admission, and if necessary, placement on the waiting list to treatment programs following the admission is granted. The priority preference is as follows:

- First: Pregnant injecting drug abuser;
- Second: Pregnant substance abuser;
- Third: Injecting drug user;
- Fourth Medically Monitored Crisis Detoxification admissions;
- Fifth: Board of Probation and Parole;
- Sixth: All Others.

It is important to note that all DADAS funded treatment programs are required to provide services to Tennessee residents, regardless of the county the consumer resides in.

Tennessee SAPT Block Grant funding provides the following substance abuse treatment services:

Alcohol and Drug Halfway House Treatment Facility: a transitional residential program providing services to service recipients with substance use disorders with the primary purpose of establishing vocational stability and counseling focused on re-entering the community. Services include counseling contacts, lectures, seminars, and other services necessary to meet the service recipient's assessed needs.

Alcohol and Drug Non-Residential Rehabilitation Treatment Facility: an outpatient facility which offers treatment services to service recipients with substance use disorders that can include but not be limited to assessment, referral, counseling, and education.

Alcohol and Drug Residential Detoxification Treatment Facilities: intensive 24 hour residential treatment for service recipients to systematically reduce or eliminate the amount of a toxic agent in the body until the signs and symptoms of withdrawal are resolved.

Alcohol and Drug Residential Rehabilitation Treatment Facility: a residential program for service recipients at least 18 years of age, which offers highly structured services to service recipients with the primary purpose of restoring service recipients with substance use disorders to levels of positive functioning and abstinence appropriate to the service recipient. A primary goal of these services is to move the service recipient into less intensive levels of care and/or reintegration into the community as appropriate. Services

include counseling contacts, lectures/seminars, and other services necessary to meet the service recipients' assessed needs.

Alcohol and Drug Abuse D.U.I. School Service: an intervention program providing assessment, education and, if indicated, appropriate treatment referral, for offenders of driving under the influence of alcohol and/or other drugs. In an effort to enhance the educational intervention and support offered to DUI offenders across the state of Tennessee and to have a standardized curriculum, *Prime for Life*, is now being used in all Tennessee licensed DUI schools across the state. The Prevention Research Institute's *Prime for Life* curriculum is a DUI educational intervention program which provides high quality, evidence- based DUI educational services for all Tennesseans.

Alcohol and Drug Residential Treatment Facilities for Children and Youth: a residential program which offers 24 hour treatment to service recipients under 18 years of age with the primary purpose of restoring service recipients with substance use disorders to abstinence and levels of positive functioning appropriate to the service recipient. An important goal of these services is to move the service recipient into less intensive levels of care and/or reintegration in to the community.

Another DADAS funded service through the Access to Recovery Program, a Federal discretionary grant that provides Recovery Support Services through a voucher system, allowing consumers to choose from over 100 statewide providers to include secular for profits and nonprofits, as well as faith based organizations.

Recovery Support Services: a strengths-based management model that provides supports to aid service recipients at least 18 years of age, in maintaining abstinence and positive levels of functioning. Services include: assessments; case management; drug testing; basic education; employment skills; family support; pastoral support; recovery support; relapse prevention; spiritual support; transitional housing; and transportation.

The Alcohol and Drug Addiction Treatment (ADAT) Program is a state-funded program which was legislatively established in 1998 to provide court-ordered alcohol and drug abuse treatment services for indigent DUI offenders. The ADAT Program is supported by fines and fees related to economic conditions, such as DUI fines, temporary tag fees for vehicle purchases and vehicle forfeiture. Treatment services that ADAT funds are: Alcohol and Drug Non-Residential Rehabilitation Treatment, Alcohol and Drug Residential Rehabilitation Treatment, and Alcohol and Drug Halfway House Treatment.

To provide support for families of individuals in need of treatment, most Non-Residential and Residential Treatment Programs offer a Family Program. Family Support is also a Recovery Support Service that is provided through the ATR grant. This service includes interventions on the consumer's behalf to give family members and significant others information to understand the consumer's addiction, skills to support the consumer's recovery, and support to help the family cope. Family Support services may be offered during the treatment and/or recovery phase.

A brief description of each of the 13 identified at-risk communities' capacity for providing substance abuse treatment and counseling services to individuals/families in need of services follows:

Dyer County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two
Licensed Alcohol & Drug Residential Treatment for Children & Youth Programs: one
Licensed Alcohol & Drug Residential Detoxification Treatment Programs: two
Licensed Alcohol & Drug Non-Residential Opiate Treatment Program: one
Licensed DUI School: one
Recovery Support Provider: one

One of the two licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs is funded through ADAT.

Coffee County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two
Licensed DUI School: one
Recovery Support Provider: one

One of the two licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs is funded through ADAT. The other licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Program provides adolescent day treatment and is funded through the SAPT Block Grant.

Madison

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: five
Licensed Alcohol & Drug Residential Treatment for Children & Youth Programs: two
Licensed Alcohol & Drug Residential Detoxification Treatment Programs: two
Licensed Alcohol & Drug Residential Rehabilitation Treatment Programs: two
Licensed DUI School: two
Recovery Support Provider: two

Both Detoxification Treatment Programs, four Non-Residential Rehabilitation Treatment Programs, two Residential Treatment Programs are funded through the SAPT Block Grant.

Henderson

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two

One of the two licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs is funded through the SAPT Block Grant. Although Henderson County does not have licensed Alcohol & Drug Residential Rehabilitation Treatment Programs within its county lines, there are multiple services along the continuum of care provided in neighboring counties, including the larger Madison County.

Sequatchie

Licensed DUI School: two

Although Sequatchie County does not have licensed Alcohol & Drug Residential and Non-Residential Rehabilitation Treatment Programs within its county lines, there are services along the continuum of care provided in neighboring counties, including the larger Hamilton County.

Hamilton

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: ten

Licensed Alcohol & Drug Residential Detoxification Treatment Programs: two

Licensed Alcohol & Drug Residential Rehabilitation Treatment Programs: two

Licensed Alcohol & Drug Non-Residential Opiate Treatment Program: one

Licensed Alcohol & Drug Halfway House Treatment: two

Licensed DUI School: three

Recovery Support Provider: four

Of the ten licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs four are funded through the SAPT Block Grant. Also funded through the SAPT Block Grant are one Detoxification Program, one Residential Treatment Program, and one Halfway House.

Hardin County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two

Licensed Alcohol & Drug Non-Residential Opiate Treatment Program: one

Licensed Alcohol & Drug Halfway House Treatment: one

Recovery Support Provider: two

Of the two licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs one is funded through the SAPT Block Grant. Also funded through the SAPT Block Grant is the Halfway House.

Maury County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: four

Licensed Alcohol & Drug Residential Rehabilitation Treatment Programs: one

Licensed Alcohol & Drug Non-Residential Opiate Treatment Program: one

Licensed Alcohol & Drug Halfway House Treatment: one

Licensed DUI School: one

Recovery Support Provider: two

Of the four licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs one is funded through the SAPT Block Grant. Also funded through the SAPT Block Grant are one Residential Treatment Program, and one Halfway House.

Campbell County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two

Although Campbell County only has two licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs within its county lines, there are available services along the continuum of care provided within the region, including the larger Knox County.

Hardeman County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two

Although Hardeman County only has two licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs within its county lines, there is an array of services within the region, including the larger Shelby County and the neighboring Madison County.

Rhea County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: two

Although Rhea County only has one licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs within its county lines, there are available services along the continuum of care provided within the region, including the larger Hamilton County.

Haywood County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: one

Haywood County only has one licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs within its county lines, but there are other services along the continuum of care provided within the region, including the larger Shelby County and the neighboring Madison County.

Lauderdale County

Licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs: one

There is only one licensed Alcohol & Drug Non-Residential Rehabilitation Treatment Programs within Lauderdale county lines, but other services exist within the region, including the larger Shelby and Madison Counties.

BARRIERS TO SERVICE ACCESS

The most significant barriers to substance abuse treatment in Tennessee are the lack of clinical services and the limited number of providers in rural settings. Although there are services in nearby counties, access issues need to be further assessed in terms of distance, geographic barriers, and hours of operation. Another significant barrier to accessing services in Tennessee is the individual's inability to pay for services. The 2007 U.S.

Census ranked Tennessee 39th in the nation for per capita income at \$33,280. With the average residential treatment regimen costing \$3,840 per admission and the average outpatient treatment regimen costing \$1,433, many Tennesseans do not have the resources to pay out-of-pocket for treatment (TN-WITS, 2010). Furthermore, many insured individuals do not have adequate coverage—particularly coverage for substance abuse services. Thus, SAPT block grant dollars set aside for treatment are heavily utilized. As a consequence of high demand, many State-contracted providers exhaust funds early in each fiscal year, resulting in long waiting lists for those seeking treatment services. The Tennessee Medicaid system participates in a managed care waiver program entitled TennCare. Designed to centralize care through three Managed Care Organizations, TennCare’s criteria for patient placement is based on medical necessity rather than clinical necessity. Thus, access to the appropriate level of care is severely restricted under this model of care.

Earlier this month, Governor Bredesen announced a FY 2010-2011 budget that reduced state discretionary funding for alcohol and drug abuse services by 35%. This is in addition to significant reductions in the State’s non-discretionary funds for indigent alcohol and drug abusers who are ordered into treatment because of their DUI offenses. Tennessee’s budget situation presents a serious challenge, as policy-makers, funders, providers, consumers, and advocates attempt to cope with the unavoidable fallout in a state like Tennessee, where difficult economic times must be faced within the context of a budget that must be balanced through revenue generated by state sales taxes rather than state income taxes.

HOW TO ADDRESS GAPS IN SERVICE

Screening, Brief Intervention, Referral for Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and referral for treatment for persons with substance use disorders, as well as those who are at risk of developing these disorders. The services are different from, but designed to work in concert with, specialized or traditional treatment. SBIRT is a paradigm shift in health care’s approach to the provision of treatment services for substance use and abuse. The goal of SBIRT is to intervene prior to the need for more extensive services for substance use and abuse.

A key aspect of SBIRT is the integration and coordination of screening and treatment components into a system of services. This system links a community’s or region’s specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

The SBIRT model begins with a focus on risk and targets individuals who might be at risk of developing or having a substance use disorder. SBIRT concentrates on opportunities to help individuals understand hazardous use while helping them reduce or eliminate it. Each part of the SBIRT process provides information and assistance that is tailored to the individual patient and their needs.

Home Visitation providers will be trained to provide screening for behavioral health needs, and when needed, provide brief intervention. All providers will be trained to provide screening and brief intervention, utilizing Motivational Interviewing to engage clients to explore and resolve their risky substance use and related problems that affect their lives and their children.

Gaps in early childhood home visitation services in the State and the extent to which programs are meeting the needs of eligible families

As with other states, Tennessee has experienced extreme budgetary challenges associated with the recession. Tennessee's budget is notably sensitive to consumer spending and sales tax collections, as there is no state income tax, and a balanced budget is statutorily mandated. According to the Tennessee Department of Finance and Administration, the state experienced negative growth in sales tax collections for 22 of the 27 months between January, 2008, and March, 2010. Budget reduction strategies were initiated in 2008 which included a hiring freeze, travel restrictions, and a voluntary buy out which rapidly reduced the TDOH workforce by 5% (with only 10 days for transition and succession planning) in addition to the average TDOH vacancy rate of about 16%. The hiring freeze has presented particular challenges for central office and other administrative staff, because some hiring of "direct care" providers (e.g., clinic physicians, nurses, etc.) has been allowed, while hiring of program managers and support staff has been minimal, and a number of non-direct care positions such as health and nutrition educator positions have been permanently eliminated.

Since January, 2008, 272 of 2231 (12%) state-funded TDOH positions have been permanently eliminated, and an average vacancy rate of 16% has been maintained as a cost-control measure. MCH staffing has been reduced by about 30% compared to 2008 levels. These figures do not include elimination or reduction in state or local contract employees (thus excludes most of the 6 metro regions). In addition to challenges associated with increased vacancy rates, newly hired employees are generally less experienced, creating supervisory challenges for fewer seasoned staff who have assumed additional roles and responsibilities. TDOH salaries are not competitive (e.g., annual TDOH salary for an experienced physician is \$40-60,000 less than a physician similarly qualified and with similar duties in a federally qualified health center). There have been no pay raises for state employees in 3 years, and none is expected in the near-term.

A number of programs serving MCH groups will be continued for the next fiscal year with funding from a combination of state "rainy day" reserve funds and federal/ARRA funds. Future funding and viability of these programs is uncertain and cause for growing concern with regard to meeting maintenance of effort or match requirements to maintain federally funded programs. Informal indicators from other programs serving children (private, non-profits, etc.) show that they also have experienced similar capacity reductions.

At this point, we acknowledge that our estimates of at-risk and eligible families are synthetic and based on incomplete data. We currently do not have precise indicators of whether and how well needs are met by existing programs. Part of what we will do as we move forward with design and implementation of next steps will include an ongoing needs assessment to measure progress in determining and targeting services for those at-risk populations.

Summary of gaps and needs

- Limitations on the number of children/families who can receive home visiting services due to staff and funding shortages
- Limited numbers of providers for substance abuse services
- Lack of affordable health care coverage for substance abuse services
- The lack of coordination between programs to facilitate access and referral for needed services
- No centralized intake or assessment mechanism to determine how families are assigned to a particular program
- The lack of a uniform data collection system including manpower and expertise for design, implementation, analysis and reporting
- The lack of consistent measurable outcome objectives that are addressed through periodic evaluation
- Limited services in the neediest counties as identified by risk factor data analysis
- Lack of a standard measurement for school readiness
- Lack of a formal safety net when children age out of home visiting services prior to school entry
- Lack of a continuum of services (including general lack of connection between medical homes and home visiting programs)
- Core competencies of home visitors are not determined
- Limited workforce development training to continuously improve services delivered
- Limited data on workforce diversity and cultural competence

Summary of Needs Assessment Findings

We identified 15 counties with concentrations of risk around eight constructs:

1. Premature birth, low-birth weight infants, and infant mortality, including infant death due to neglect, or other indicators of at-risk prenatal, maternal, newborn or child health
2. Poverty
3. Crime
4. Domestic violence
5. High rates of high-school drop-outs
6. Substance abuse

7. Unemployment
8. Child maltreatment

The 15 counties at highest risk include:

Dyer
Coffee
Sequatchie
Madison
Henderson
Hamilton
Hardin
Davidson
Maury
Campbell
Hardeman
Rhea
Haywood
Lauderdale
Shelby

Counties were ranked by way of looking at cumulative risk of the 8 constructs. Separate constructs for each county will be examined in the next phase of the Home Visiting grant process in order to assess specific needs and services. We used county-level data since that was consistently available across the state. We were limited by lack of community-level data so chose to identify counties at highest risk for this component of the needs assessment.

Identified gaps in current home visiting services could be overcome with sustained funding, well-staffed programs, a competent workforce, robust data collection systems, and continued training and educational programs. It is our intent to seek funding to plan, implement and evaluate a home-visiting program in Tennessee. Teen parents, single mothers, and caregivers with developmental limitations and substance use/abuse problems have children at significant risk for poor pregnancy outcomes, developmental delays, abuse and neglect, failure to thrive and lack of appropriate infant stimulation. High quality home visiting services can identify and ameliorate some of these risks through careful nurturing of the caregiver and child, teaching of appropriate parent-child interaction, periodic assessment of developmental milestones to identify delays as early as possible and referral for needed services. These programs must be developed within the context of a system of care and preventive services for children and families: considering the Life Course perspective where we recognize that health extends beyond categories to a much broader landscape.

In addition to having enough home visiting services to meet the estimated need, the state needs to address the quality and intensity of the services offered. Home visiting services should match child and family needs rather than a “one size fits all” approach to fitting

the family to the available service. We will use the designated criteria from HRSA to determine models best equipped to address needs identified in this state needs assessment. Clear, effective evidence-based models that adhere to the program fidelity and continuously evaluate the quality of services offered are needed, not more programs that seem right. Adherence to models and improving services requires attention to the home visiting work force for on-going professional development and supervision and adequate pay scales to attract and keep high quality employees.

Current strengths on which we will build a home visiting program

- A common vision of improved health and well-being for Tennessee children and families
- The Home Visitation Collaborative, a voluntary association of nearly 100 providers statewide
- The Home Visiting Steering Panel, the group driving the needs assessment and planning process for this program, consisting of senior leadership of DOH, MCH, DCS, DOE/Head Start, DMH/DD, TCCY, and GOCCC
- The larger advisory consortium for the steering panel
- The Home Visiting Report by GOCCC, that served as a launching point for this assessment
- General agreement among home visiting and MCH stakeholders on consistent benchmarks
- A HUGS presence in all 95 counties
- Robust data management system for the HUGS program, which could serve as a framework for other programs
- Plans for MCH workforce development
- The recent shift in the current DOH MCH home visiting programs to include the Life Course framework, where home visiting is part of an integrated strategy to address high risk families
- Infrastructure to move forward once the home visiting models are determined, due to the strength and momentum of the current groups noted above, and history of collaboration