Department of Health

TN Evidence-Based Home Visiting

SFY2024 Annual Report

July 1, 2023 - June 30, 2024

Home Visiting Annual Report
State Fiscal Year 2024

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The Tennessee Department of Health (TDH) would like to acknowledge the infants, children and families who make Tennessee their home. It is an honor to support you through Evidence Based Home Visiting Services.

TDH would also like to acknowledge all staff at the local implementing agencies (LIAs) who provide home visiting services across the state. Your support is crucial to the positive outcomes for families. Your tireless efforts in some of the most extreme circumstances speak to your commitment and dedication to the home visiting profession and the families of Tennessee.

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Tennessee State Government

TENNESSEE COMMISSION ON CHILDREN & YOUTH

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

From: Richard L. Kennedy, Executive Director

Date: August 8, 2024

Subject: Annual Report for Home Visiting Programs

In accordance with Tennessee Code Annotated 68-1-125, 37-3-703, and 68-1-2408, the Tennessee Commission on Children and Youth (TCCY) has collaborated with the Tennessee Department of Health to present the Annual Report on Home Visiting Programs for July 1, 2023, to June 30, 2024.

TCCY remains committed to quality home visiting programs as essential infrastructure for improving outcomes for children and families. These programs primarily serve high-risk families facing poverty and stress, which increase the risks of child abuse and developmental challenges. Evidence-based home visiting aligns with the goals of the Resilient Tennessee Collaborative Strategy and is crucial for addressing adverse childhood experiences (ACEs) and promoting Positive Childhood Experiences (PCEs).

Research highlights the significant benefits of these programs. Evidence-based home visiting can reduce child maltreatment by up to 40% and improve maternal health, including a 30% decrease in prenatal and postnatal depression. For every dollar invested, there is a return of $1.80 to $5.70, with additional savings of $4.40 per dollar spent on reduced future costs related to child welfare and education services.

TCCY commends the Governor and the General Assembly for their support and expansion of these programs, particularly through TANF funding, which has extended services to all 95 counties. This report underscores the positive outcomes and cost-effectiveness of home visiting services compared to state custody expenses. The Department of Health's and community provider advancements in this area deserve continued support.

Sincerely,

Richard L. Kennedy

Richard L. Kennedy, Executive Director
Tennessee Commission on Children and Youth

Executive Summary

Evidence Based Home Visiting (EBHV) provides voluntary, in-home parenting education and support that promotes family stability, economic support and improves outcomes for families with infants and young children. **Priority populations for EBHV enrollment include low-income families, first time and teen mothers, history of child abuse and neglect, history of substance abuse, user of tobacco, low student achievement, children with developmental delays, and military families.** The EBHV workforce supports healthy pregnancies, educate families on various topics such as breastfeeding, postpartum depression, safe sleep practices, developmental screening, intimate partner violence and substance use. **EBHV programs operate in all 95 counties through contracts with the TDH to 19 contracted local implementing agencies (LIAs).**

During State Fiscal Year 2024, Tennessee's EBHV programs saw the following successes:

- **EBHV served 3,663 families**. This was an increase of 445 families served from SFY23.
- Healthy Start, the state funded EBHV program, saw **98% of children served did not have a substantiated case of child maltreatment**.
- Over **88% of EBHV participating mothers who reported smoking received a referral to tobacco cessation programs, and 92.5% of mothers with a positive screen for postpartum depression were referred for mental health services**.
- The percentage of primary caregivers without a high school diploma at the time of EBHV enrollment who **continued enrollment in school or completed their high school education reached 51%, exceeding the target of 30%**.

EBHV programs are relationship-based, which allows home visitors to engage with families on sensitive issues, such as intimate partner violence, depression, developmental screenings, and depression. As a result, home visitors provide education and referrals to families when these needs are identified. Home visitors also provide education and information to families on safe sleep practices, breastfeeding, and early language and literacy.

Home visitors connect families to community resources to ensure a continuity of care.

What is Evidence-Based Home Visiting (EBHV)?

EBHV is an effective early-intervention strategy to improve the health and well-being of children and families by providing education and support, and addressing social and community factors that can negatively impact one's quality of life. Adverse childhood experiences were significantly associated with poorer health outcomes, health risk behaviors, and socioeconomic challenges.[1] **EBHV is a key service and primary prevention intervention known to prevent and mitigate the long-term impact of Adverse Childhood Experiences (ACEs).** Early childhood home visitation programs are an example approach to advance recommended ACEs prevention strategies.[2]

EBHV both provides immediate support and improves long-term outcomes for children and families. It is a relationship-based system that promotes positive parent-child relationships in a manner that is culturally competent, strengths-based, and family-centered.

Elements included in services are:

- routine screening for child development
- education to caregivers to prevent child maltreatment and abuse
- maternal depression screening
- tobacco cessation resources
- support, school readiness, and ACEs mitigation.[3]

"The amount of support, guidance, understanding, and resources are beyond anything I could have imagined. I don't only suggest this program, I highly recommend it. Whether you are new to motherhood or if it's your 3rd child, they will help you and your child/children on a level you cannot understand unless you're in it."
-EBHV Enrollee

[1] Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention — 25 States, 2015–2017. Morbidity and Mortality Weekly Report Early Release / Vol. 68 November 5, 2019. https://stacks.cdc.gov/view/cdc/82319
[2] A Public Health Approach to Adverse Childhood Experiences | Adverse Childhood Experiences (ACEs) | CDC https://www.cdc.gov/aces/php/public-health-strategy/index.html
[3] Home Visiting Evidence of Effectiveness. (2020). Homvee.acf.hhs.gov. https://homvee.acf.hhs.gov/implementation/Healthy

What are the benefits of EBHV?

Children in low-income families who receive early childhood development and education interventions can obtain higher educational levels. These children are also more likely to have positive childhood experiences. Quality EBHV leads to fewer children in social welfare, mental health, and juvenile corrections systems, with considerable cost savings for states.[4]

> *"Rigorous evaluation of high-quality home visiting programs has also shown positive impact on reducing incidences of child abuse and neglect, improvement in birth outcomes such as decreased pre-term births and low-birthweight babies, improved school readiness for children and increased high school graduation rates for mothers participating in the program. Cost-benefit analyses show that high quality home visiting programs offer returns on investment ranging from $1.75 to $5.70 for every dollar spent due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses."*[5]

Who qualifies for EBHV?

EBHV programs in Tennessee prioritize low-income, pregnant, and new mothers with children up to age 5, who live in at-risk communities for poor health outcomes. These families are provided with resources, services, and skills for child health and development, emotional well-being, and effective parenting.

What are Adverse Childhood Experiences (ACEs) and Positive Childhood Experiences (PCEs)?

Adverse Childhood Experiences, or ACEs, are potentially stressful and traumatic events that occurs before a child turns 18. These experiences range from emotional, mental, physical, and sexual abuse to household dysfunction. These can have a detrimental impact on lifelong health, health outcomes and opportunities. ACEs also disrupt safe, stable, and nurturing family and parent-child relationships. In TN and the US, 16% of children aged 0-5 had experienced at least one adverse childhood experience. Nearly 70% of Tennesseans had experienced at least one ACE by adulthood[6], [7]. To mitigate the impact of ACEs, children need to be exposed to Positive Childhood Experiences (PCEs). To mitigate the impact of ACEs, children need to be exposed to Positive Childhood Experiences (PCEs). Positive Childhood Experiences, or PCSs promote stable and nurturing relationships and environments that are experienced during childhood.[8] The experiences aid children in developing a sense of belonging and connectedness to help build resiliency.

[4] Nurse Family Partnerships (2022) Benefits and Cost. https://www.nursefamilypartnership.org/wp-content/uploads/2022/03/NFP-Benefits-and-Costs.pdf
[5] Home Visiting: Improving Outcomes for Children. National Conference of State Legislatures. Home Visiting: Improving Outcomes for Children (ncsl.org). Accessed 12/20/2023.
[6] National Survey of Children's Health, 2022. NSCH 2022: Adverse childhood experiences, Tennessee vs. Nationwide, No adverse childhood experiences x Age in 3 groups (childhealthdata.org). Accessed Dec. 19, 2023.
[7] Swedo EA, et al. MMWR. June 30, 2023.Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020 (cdc.gov). Accessed Dec. 19, 2023.
[8] CDC. (2022, March 28). Creating Positive Childhood Experiences. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/featuredtopics/prevent-child-abuse.html

Funding for Home Visiting

Funding for EBHV in Tennessee is through a combination of the **federal MIECHV** (Maternal, Infant, and Early Childhood Home Visiting) grant; **the recurring state Healthy Start appropriation; the recurring state Nurse Home Visitor appropriation**; and **state TANF** (Temporary Assistance for Needy Families) funds from TDHS. In SFY24, 72% of EBHV funding was state sourced.

1994 Healthy Start (TCA 37-3-703)

- Recurring state appropriation is $3,292,500
- Legislatively mandated by Tennessee Child Development Act of 1994
- Healthy Families America (HFA) model
- Intended to reduce or prevent child abuse and neglect
- Provides services in 23 counties through nine (9) Local Implementing Agencies

2007 Nurse Home Visitor Act (TCA 68-1-2404)

- Recurring state appropriation is $345,000 (amount of $696,000 in Figure 1 includes funds from a one-time state NFP appropriation)
- Nurse Family Partnership (NFP) model
- Services provided in Shelby County

2010 Maternal Infant Early Childhood Home Visiting (MIECHV)

- FFY24 amount is $9,867,744 (MIECHV funding is awarded on federal fiscal year)
- Federal funds granted by Health Resources and Services Administration (HRSA)
- Services provided in 30 counties most at-risk, as determined by comprehensive needs assessment, last conducted in 2020
- Intended to improve outcomes in 6 domains including maternal and child health, child abuse and neglect, crime and domestic violence, education and income, school readiness, and community resources

2021 Temporary Assistance for Needy Families (TANF) and Two-Generational Approach (2Gen)

- SFY24 funding is $31,072,700
- Focused on poverty reduction among children and families
- Provides services in 80 counties through funding to 18 Local Implementing Agencies

2021 American Rescue Plan (ARP)

- $3,436,393 total of two Tennessee ARP grants (not included in total EBHV funding for SFY24 as ARP funds did not support direct services; ARP 1 funding ended September 30, 2023)
- Supplemental federal funds granted to MIECHV awardees; ARP 2 funding expired September 30, 2024
- Supported communities at-risk for poor maternal and child health outcomes
- Seven designated categories of use include:
  - Service delivery
  - Hazard Pay or other staff costs
  - Home visitor training
  - Technology
  - Emergency supplies
  - Diaper bank coordination
  - Prepaid grocery cards

$44,928,944

SFY24 EBHV funding

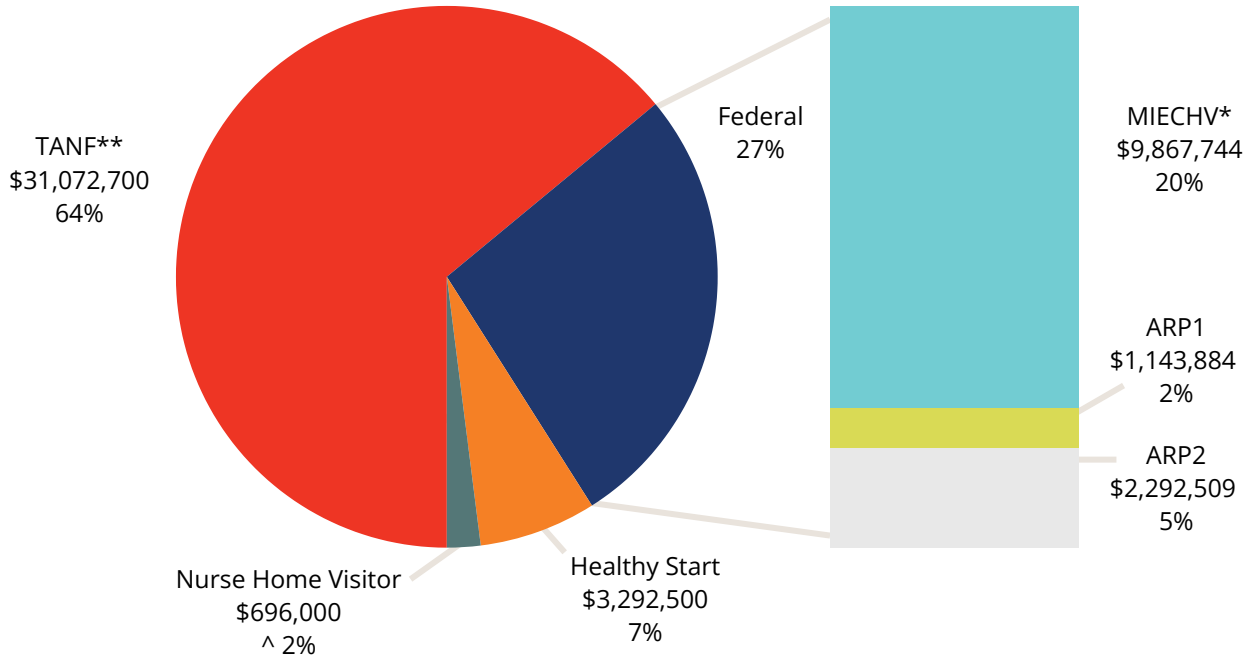
95 counties

4

EBHV models

Figure 1: Sources of Funding for Evidence Based Home Visiting, SFY24

Annual dollar amount and percentage of total. Total EBHV funding SFY24:$44,928,944 (includes TANF, MIECHV, Healthy Start, and NFP state funding). Federal MIECHV American Rescue Plan (ARP) funds: $3,436,393 (ARP did not fund direct services).



** The MIECHV federal funding amount is for the federal fiscal year grant term of September 30, 2023 – September 29, 2024. ** TANF includes 2Gen funding. 2Gen funds are specific amounts awarded to EBHV LIAs that applied to DHS through the competitive process for TANF funding (independent of TDH). TANF funds were awarded to TDH through an interdepartmental agreement, making TDH the administrative agency for TANF funds to EBHV LIAs. ARP 1 funding ended September 30, 2023.*

** DHS awarded TDH an additional $25,000,000 for the TANF expansion for SFY2023-2024.*
^The Nurse Home Visitor recurring state funding in this table is a direct state appropriation for NFP in Shelby County and does not include NFP services provided via other state and federal funding sources. $696,000 is a combination of the recurring state appropriation of $345,000 and non-recurring nurse home visitor appropriation funds.

Home Visiting Models in Tennessee

"Evidence-based" home visiting refers to home visiting programs that have been shown to promote positive outcomes for the families served.

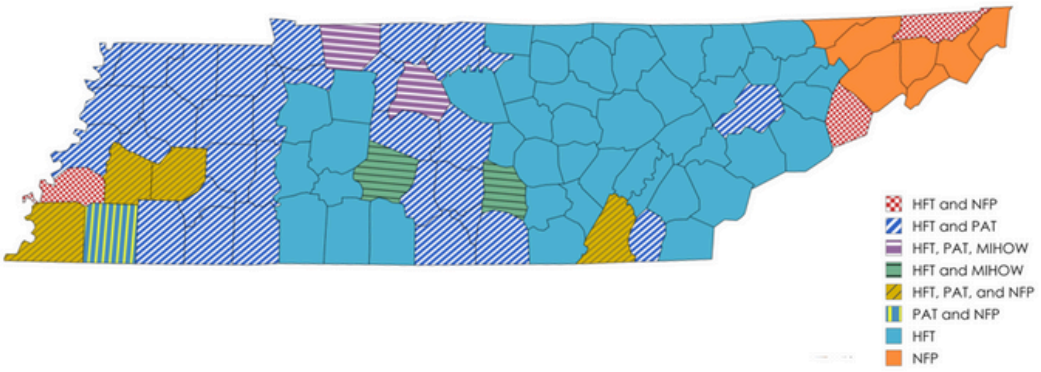
Four evidence-based home visiting models are implemented in Tennessee:

- Healthy Families Tennessee (HFT)
- Parents as Teachers (PAT)
- Nurse Family Partnership (NFP)
- Maternal Infant Health Outreach Worker (MIHOW)

MIHOW was previously funded with MIECHV as a Promising Practice. The model was designated evidence-based in November 2022.

"This program has been so beneficial to me dealing with postpartum depression. Although I already have a child, it has been so helpful to have refreshers on various stages of their life and how to get through those hard moments. I appreciate the one on one and all of the resources available. This program is literally a life changer."
-EBHV Enrollee

Evidence Based Home Visiting Models in Tennessee



** SFY23 TANF expansion funds were not finalized in service contracts until February 2024. Four (4) existing HFA programs added the PAT model to their service array during SFY24.*

Impact of Home Visting

NUMBER OF FAMILIES SERVED BY EBHV PROGRAMS IN TENNESSEE

3,663

AVERAGE COST PER FAMILY (VARIES BY MODEL)

$13,203.91*

NUMBER OF EBHV IMPLEMENTING AGENCIES IN TENNESSEE

19

NUMBER OF EBHV DIRECT SERVICE POSITIONS IN TENNESSEE

284

Table 1: Selected Outcomes for Families Receiving EBHV Services, SFY24

Measure	Tennessee EBHV SFY24	National FY2023**
Percentage of infants breastfeeding at 6 months, among those who initiated breastfeeding	33.0%	43.5%
Percentage of parents of infants using safe sleep practices (put to sleep on back, alone in crib, with no soft bedding)	64.2%	65.5%
Percentage of infants born preterm after enrollment	11.6%	11.9%
Percentage of mothers with a positive Intimate Partner Violence screen who received services for IPV	32.0%	48.2%
Percentage of caregivers reporting tobacco use and receiving a tobacco cessation referral or information	75.2%	43.1%

Red: Below national performance; Orange: Within 5% of national performance; Green: Above national performance.

"The home visiting program offered a whole community of resources to me. It helped me feel more prepared for motherhood than I would have been on my own."
-EBHV Enrollee

**average cost per family is inflated due to program expansion and start up time.*
*** Tennessee MIECHV Program SFY 2023 HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. (n.d.). https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/tn.pdf Tennessee MIECHV Program SFY 2023 (hrsa.gov)*

"This program has helped me in almost all areas of my life. I have learned how to help control stress, learn cute little activities to do with the baby and learned how to build a stronger bond as a family. I have learned that it is okay to ask questions and there is no such thing as being a perfect parent."
-EBHV Enrollee

In SFY21 Tennessee DHS began partnering with TDH to make EBHV available in all 95 counties as a part of the 2GEN approach through TANF funding. A second expansion occurred in SFY23.

The 2GEN approach has 4 Key Components:

- Health & Well-being
- Economic Support
- Education
- Social Capital[9]

EBHV fits each of the 4 Key Components through a multigenerational approach to serving families. Table 2 is a sample of TANF/2Gen performance measures indicating the impact of EBHV.

There are nuances to EBHV data. Several factors may contribute to the lower percentage of postpartum visits, including some areas being maternity care deserts, difficulties in securing timely appointments, and families facing competing priorities due to the current economic challenges. Despite these obstacles, the program remains committed to collaborating with LIAs through quality improvement and data quality projects, focusing on family education to ensure timely medical appointments and data completeness.

A factor that may contribute to a lower percentage of developmental screening referrals is families who already receive developmental services do not receive referrals.

Additional nuances include data entry variances at the individual home visitor level, cultural practices, and/or missing data.

[9] *DHS, 2Generation (2Gen) Components*
https://www.tn.gov/humanservices/building-a-thriving-tennessee-through-2gen/about-2gen-in-tennessee.html

Table 2: TANF/2Gen Performance Outcomes, SFY24

Performance Outcome Measures	SFY2023	Target*
Health and Wellbeing		
Percent of infants (among mothers who enrolled in home visiting prenatally before thirty-seven (37) weeks) will be born at full term following program enrollment.	88.0%	90.0%
Percent of mother enrolled in home visiting prenatally or within 30 days after delivery will receive a postpartum visit with a healthcare provider within 8 weeks (56 days) of delivery	53.0%	75.0%
Percent of infants enrolled in home visiting will always be placed to sleep on their backs, without bed-sharing or soft bedding	55.0%	75.0%
Percent of households enrolled in home visiting will not have a verified case of child maltreatment.	99.0%	93.0%
Education		
Percent of primary caregivers enrolled in home visiting without a high school degree or equivalent will be enrolled in and maintain continuous enrollment or complete a high school degree or equivalent during their participation	51.4%	30.0%
Social Capital		
Percent of primary caregivers receiving a positive screen for depression will be offered resources/education and a referral for professional services	92.5%	90.0%
Percent of primary caregivers receiving a positive screen for intimate partner violence will be offered resources/education and a referral for professional services.	67.0%	90.0%

Red: Below national performance; Orange: Within 5% of national performance; Green: Exceeded target.
**TANF targets were devised through deliberate alignment of TANF 4 Key Component and MIECHV performance measures.*

Healthy Start

The state Healthy Start program was created by the Tennessee Legislature in 1994 to reduce child maltreatment. While this program employs the HFA model, the enabling legislation requires the following elements to be reported annually:

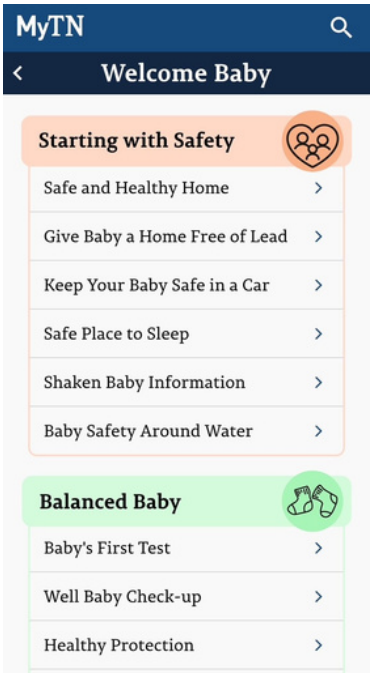
Immunizations
88.8% of children enrolled in Healthy Start were up to date with immunizations at 2 years of age, compared to the state average of 77% in SFY23.

Subsequent Pregnancies
Out of 555 Healthy Start enrollees no women enrolled in Healthy Start had a subsequent pregnancy occur in less than 12 months. Birth spacing decreases maternal morbidity and mortality and preterm birth.

Child Abuse and Neglect
In SFY24, 99% of children enrolled in Healthy Start did not have a substantiated claim of child abuse or neglect.

Successes

- Families were served in 93 of 95 counties.
- The Welcome Baby booklet was created into an app within the MyTN app. This advancement increased accessibility of the health and safety guidance provided by the booklet to anyone with the MyTN app and has resulting in an estimated savings of $240,000 annually. For SFY24, the Welcome Baby section within the MyTN app received 1,254 total visits. The Welcome Baby section within the MyTN app did not launch until Fall 2023.



- TDH Early Childhood Initiatives (ECI) partnered with the Tennessee Department of Safety and Homeland Security to provide trigger locks free of charge to EBHV enrolled families. Be SMART safe firearm storage training was provided to the EBHV workforce. In SFY24, 315 EBHV staff were trained. The Be SMART training equips home visitors to have apolitical conversations with families about safe firearm storage.
- Language was identified as a health disparity among EBHV programs. In SFY24, 19.5% of EBHV enrollees were non-English speaking. TDH ECI has increased focus on ways to provide higher quality EBHV services to families whose primary language is not English. One example is 18 EBHV data forms were translated into 9 different languages. The top 2 non-English languages spoken by EBHV enrollees in order are Spanish and Arabic.

"I have loved that the program has helped us as first-time parents in the education of our son."
-Spanish-speaking EBHV Enrollee

AIMHiTN

- TDH ECI maintains a partnership with AIMHiTN (Association of Infant Mental Health in Tennessee) to provide standardized required tenants of EBHV and professional development infrastructure including:

Administered the Infant Mental Health Endorsement (IMH-E®). Endorsement guarantees a standardized level of early childhood development training and experience.

Provided Reflective Supervision/Consultation (RSC) to 64 home visitors across 8 cohorts with 278 hours of Reflective Supervision and 1:1 RSC space for 4 executive positions monthly. 420 support calls to EBHV supervisors to facilitate RSC training and onboarding for staff. Reflective Supervision is a required tenant of EBHV.

Established an Infant and Early Childhood Mental Health Consultation program called ECHO, to provide training and education specific to EBHV. In this year, 17 events were held with 118 EBHV attendees.

Launched a Warmline for EBHV in SFY24 to provide infant and early childhood mental health consultation. There were 21 EBHV warmline requests since full launch in January 2024. This initiative was recognized as a strength of the Tennessee EBHV system during the 2024 federal MIECHV grant site visit.

Modified an Infant Mental Health-based Emergency Preparedness Toolkit for EBHV, in English and Spanish. In SFY24, the English version had 2,126 views and 297 downloads, while the Spanish version had 919 views and 10 downloads.

559
EBHV staff have applied for IMH-E®

279 or 95%
of home visitors have received IMH-E® year-to-date across 79 counties

"In my case, with breastfeeding, for example, I was very fearful. I didn't have a clue. And then my parent educator helped me a lot, and it was all by phone. And it helped me to ask a lot of questions that I was ashamed to ask at first.[10]"

Early Success Coalition of Porter Leath and Consilience Group

- TDH has maintained a partnership with the Early Success Coalition (ESC) of Porter Leath in Memphis, TN, to replicate a "no wrong door" intake and referral approach. TDH also partnered with ESC to implement the MIECHV Tennessee Early Connect (TEC) project. TEC was funded by a competitive MIECHV Innovation grant. The TEC project focuses on increasing enrollment of pregnant women into EBHV. Evidence shows earlier enrollment leads to better maternal and infant health outcomes. ESC partnered with the Urban Institute to complete the TEC project evaluation. Accomplishments of the ESC partnership include:

Provided training and technical assistance to 2 cohorts of 30 EBHV supervisors and home visitors on smoking cessation, breastfeeding, and English as a second language.

- 91.67% have a better understanding of the different types of data and how they are used. 100% understand the differences between population-level and program-level data.
- 90.91% have a better understanding of what a root cause analysis is and how it is used.
- 100% were able to identify specific actions to address the identified root cause disparities.

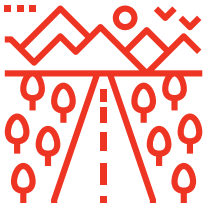
Maximized TDH's existing Call Center to add warm outreach and referral of pregnant women to EBHV programs in tandem with the TANF expansion of home visiting. Identified partners include: TennCare Presumptive Eligibility (PE), Department of Human Services (DHS), TennCare and statewide MCOs (WellPoint/formerly Amerigroup, BlueCare, and UnitedHealthcare), TDH Women's Health Navigators, TDH Healthcare Connect Navigators, Families First Prevention Services Act's (FFPSA's) Department of Children's Services (DCS) consultants.

Expanded the TDH Call Center in SFY23 to add warm outreach to pregnant women to increase referral and enrollment in EBHV programs in tandem with the SFY23 TANF expansion. In SFY24 this warm outreach was expanded to include TennCare presumptive eligibility candidates. Tennessee Early Connect (TEC) resulted 4,885 outreaches, 706 successful prenatal referrals and 344 successful postnatal referrals.

[10] *Benatar, Sarah, Laura Packard Tucker, Juliana Mayer, and Dow Drukker. 2024. "Baseline Findings from the Evaluation of Tennessee Early Connect (TEC): Pre-implementation Site Visit and Administrative Data Analysis." Washington, DC: Urban Institute.*

EBHV Challenges

There are five key challenges facing home visitors across the state:

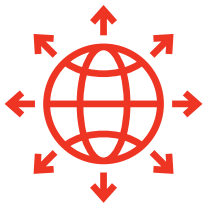


Limited resources in rural areas

There are fewer available healthcare and social service providers in rural areas. This continues as a challenge for home visitors to connect families to needed resources. Potential solutions include formal partnerships with OB/GYN and pediatric providers and community birthing hospitals to increase awareness of the availability of EBHV. This would potentially increase referrals to EBHV services.

Communication Barriers

Language continues as a health disparity within EBHV. Much of the population eligible for EBHV are families whose primary language is not English. To meet the needs of this population, EBHV LIAs have focused on increased hiring of bilingual and multilingual home visitors. This has presented a challenge, as bilingual and multilingual home visitor positions require a higher pay scale to retain staff. TDH ECI is pursuing procurement of a language translation platform to enable direct communication between home visitors and EBHV families. This would avoid lags and lengthened home visits associated with a third-party interpreter.



Expansion Challenges

While EBHV services are available in all 95 counties, some county data indicates zero (0) families served. Some Tennessee counties do not have the population to support a full caseload of families. Further, not every family with a birth meets EBHV enrollment criteria. TDH ECI will continue to analyze data to ascertain a reasonable presence in each county. LIAs are also experiencing challenges recruiting and hiring qualified staff for expansion direct home visitor positions, resulting in than lower than expected capacity. LIAs continue creative outreach for potential candidates including partnering with higher education institutions.

Workforce Retention

LIAs differ in organizational structure and governance, making implementation of a standardized pay structure challenging. Home visitors often gain experience and leave positions to continue their education or accept another position. Noncompetitive pay and lack of advancement opportunities are often reasons given for leaving.

Limited Internet Access Across the State

LIAs report documentation and data entry challenges and delays due to limited or no internet access when providing services. TDH ECI is pursuing expanded capabilities of the statewide EBHV database to include offline documentation and data entry.

EBHV Recommendations

Continuous and Stable Funding

The Tennessee Department of Health recommends that existing funding for EBHV in Tennessee be maintained to continue services in all counties. Home visiting programs provide crucial education, guidance, and support for vulnerable families to promote health and wellbeing. EBHV programs have been shown to build protective factors and contribute to Positive Childhood Experiences that mitigate and overcome much of the impact of ACEs. Prevention and intervention have been key components of successful home visiting programs. The following are recommendations to further the work of home visiting programs:

Post Expansion Analysis

Analyze EBHV and county level data in hindsight of expansion to determine a reasonable capacity of services in counties with low birth rates and where zero (0) families have been served.

Virtual Home Visits

TDH recommends that virtual home visits continue to be allowed when needed to maintain the health and safety of enrolled families and the home visiting workforce. TDH EBHV contracts now require that at least 85% of home visits occur in-person.

Centralized Intake System

TDH ECI continues to work toward a coordinated intake and referral methodology to enroll families in the best services according to each family's needs and choice depending on the EBHV models delivered in each county. ECI is partnering with internal TDH child and family serving programs to increase service coordination and continuing to advance partnerships with other child and family serving state agencies through the Tennessee Early Connect Project.

Define Home Visitation as a Profession

TDH EBHV recommends continuing to define and recognize home visiting as a profession. TDH EBHV supports this by partnering with the Association of Infant Mental Health in Tennessee (AIMHiTN) to hold the Infant Mental Health Endorsement (IMH-E®) system for the state of Tennessee, and further contractually requiring that EBHV home visitors pursue IMH-E®. This creates a standardized level of education, knowledge, and experience relevant to infant and early childhood.

EBHV Pay Structure

TDH EBHV utilized MIECHV American Rescue Plan funds to have an EBHV pay study completed. Pay for the EBHV workforce varies across the state and by each LIA based on individual LIA structure. Results of the EBHV pay study provide a recommended, vetted pay scale for home visitors that is based on experience, education, geographic location, and market pay for similar career fields. At least 2 EBHV LIAs used pay study data to increase staff pay. Providing market pay to this workforce increases retention in these positions, which directly impacts family retention in services.

For more information:

https://www.tn.gov/health/health-program-areas/fhw/tdh-ebhv