Tennessee Home Visiting Annual Report

July 1, 2020 – June 30, 2021

Tennessee Department of Health
Division of Family Health and Wellness
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HOME VISITING
ANNUAL REPORT
FOR STATE FISCAL YEAR 2021

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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MEMORANDUM

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

From: Lisa Piercey, MD, MBA, FAAP
Commissioner, Tennessee Department of Health

Date: February 2022

RE: Annual Report for Home Visiting Programs

As required by Tennessee Code Annotated 68-1-125, 37-3-703 and 68-1-2408 the ***Tennessee Department of Health Annual Report – Home Visiting Programs*** for July 1, 2020 – June 30, 2021 is hereby submitted. The impact of the COVID-19 pandemic has made supports for children and families all the more critical. Over the course of the year, the Department of Health not only adapted services to protect families and the workforce from illness but also responded to statewide need and expanded Evidence Based Home Visiting (EBHV) to all 95-counties in Tennessee as a result of the partnership with Department of Human Services (DHS) Temporary Assistance for Needy Families (TANF) funds as directed by the General Assembly.

The report provides an overview of the status of efforts to identify, implement and expand the number of Evidence-based Home Visiting (EBHV) programs and research-based programs throughout Tennessee. The report also includes process and outcome measures used to evaluate the quality of home visiting services offered to participating families such as the number of families served, the types of services provided, and the estimated rate of success in meeting specific goals and objectives.

A total of 2,457 children and their families received EBHV services from July 1, 2020 – June 30, 2021. Each EBHV agency has different service delivery models and enrollment criteria that are designed to result in different outcomes for participants. Each family is enrolled voluntarily in the program best suited to their needs. In addition, Community Health Access and Navigation in Tennessee (CHANT) provides in-home or remotely accessed care coordination and referral to community services to benefit the family. Sustained impacts include improvements in maternal and newborn health, school readiness, decreased domestic violence and decreased child abuse and neglect. For example, in SFY2021 99.7% of children served by the state Healthy Start appropriation for EBHV were free of abuse and neglect and remained in the home. Positive results from home-visiting are especially beneficial to families facing challenges of substance dependence, maternal depression or limited social or financial support.

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

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MEMORANDUM

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

FROM: Richard Kennedy, Executive Director

DATE: February 2022

RE: Annual Report for Home Visiting Programs

As required by Tennessee Code Annotated 68-1-125, 37-3-703 and 68-1-2408, the Tennessee Commission on Children and Youth (TCCY) has consulted with the Tennessee Department of Health in the submission of this Tennessee Department of Health Annual Report – Home Visiting Programs for July 1, 2020– June 30, 2021.

TCCY is a strong supporter of quality home visiting programs as critical infrastructure for improving outcomes for children and families. The primary recipients of home visiting programs in Tennessee are high-risk families, especially families in poverty and with high levels of stress that place children at risk of abuse or neglect and developmental deficits. These programs have become even more important with the impact of COVID-19 on children and families. Evidence-based home visiting should be an integral part of strategic efforts to improve outcomes for Tennessee's youngest children. Evidence-based home visiting aligns with the strategic goals of Building Strong Brains Tennessee and is one of the most fundamental strategies for effective state efforts to prevent when possible and ameliorate the impact of adverse childhood experiences (ACEs) when they cannot be prevented.

Brain development research makes clear the value of investing in young children. For every $1 invested in evidence-based home visiting, there is a return on investment of $1.80 - $5.70 (according to the 2017 National Home Visiting Yearbook from the National Home Visiting Resource Center). TCCY applauds the Governor and the General Assembly for the expansion and continued support of evidence-based home visiting in recent years and especially for approving the use of Temporary Assistance for Needy Families (TANF) funding to make evidence-based home visiting services available in all 95 counties

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

Executive Summary

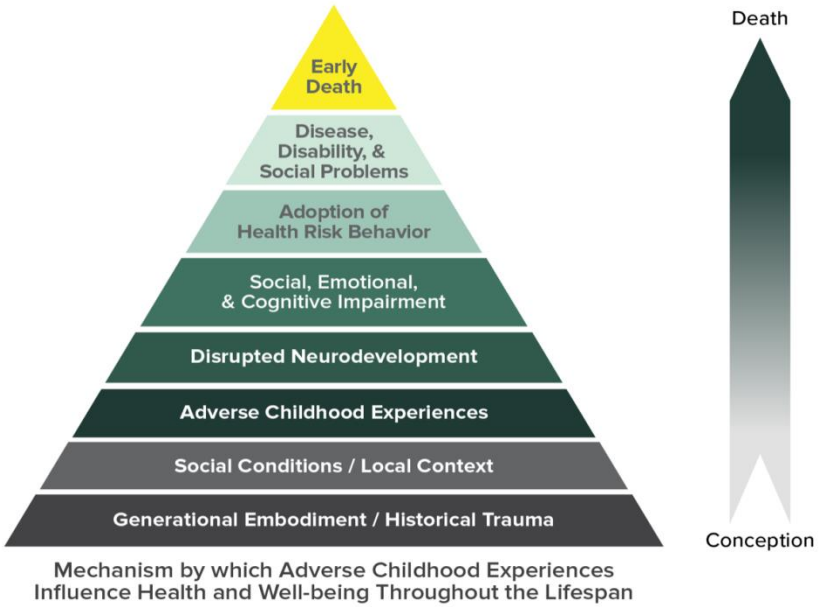
Positive results from home-visiting have been especially needed during the pandemic and for populations most impacted by substance dependence, maternal depression or limited social or financial support. A summary of SFY2021 home visiting accomplishments supporting those benefits for Tennessee families include:

- 2,457 families were served by EBHV services during SFY2021. 26,305 EBHV home visits were completed using a combination of virtual, telehealth, and in-person methods.
- Implemented funding to expand EBHV services to *all* previously unserved counties in Tennessee through a partnership with the Department of Human Services utilizing Temporary Aid to Needy Families (TANF) funds.
- Ongoing implementation of EBHV services to counties identified as the most at-risk.
- Completion of a comprehensive statewide needs assessment as required by Section 50603 of the Bipartisan Budget Act of 2018 (Pub. L. 115-123) to provide an updated understanding of the evidence-based home visiting system in Tennessee.
- Adaptation of services to support families and staff safely through the COVID-19 pandemic.
- Collaboration with the Association of Infant Mental Health in Tennessee (AIMHiTN) to provide a standardized level of Reflective Supervision (a required tenant of each EBHV model) and Infant Mental Health Endorsement® in Tennessee, to further strengthen and standardize the vocation and professionalism of infant and early childhood service providers and supervisors.
- Ongoing implementation of the CHANT model of care coordination. CHANT (Community Health Access and Navigation in Tennessee) has combined CHAD (Child Health and Development) Program, Help Us Grow Successfully (HUGS), Children's Special Services (CSS) and TennCare Kids Community Outreach into one service framework to streamline TDH service delivery to families.
- Early Success Coalition cohorts to improve coordination between CHANT care coordination and EBHV programs across Tennessee.
- Implementation of Continuous Quality Improvement (CQI) plans by each EBHV implementing agency to further ensure the success and quality of services delivered. Local Implementing Agencies (LIAs) participated in Continuous Quality Improvement training and had opportunities to complete a CQI project toward certification.
- The Welcome Baby booklet was mailed to 78,227 parents/caregivers of newborns in SFY2021. Welcome Baby is a universal outreach in Tennessee to first-time parents and caregivers of newborns. The booklet includes information on infant and early childhood health and development, milestones, immunizations, safe sleep and the home environment to educate parents and caregivers on how to provide the best start for their baby.
- EBHV LIA staff training plans were used in conjunction with performance measurement data to develop a targeted EBHV statewide training plan to more specifically meet program needs and equip staff to better serve families.
- The annual Home Visiting Summit was held virtually, with a modified schedule for the EBHV workforce to engage in networking and collaboration. The theme of the summit was resilience of the workforce and families served.
- Collaboration with state-level partners, including the Tennessee Departments of Education, Children's Services, and Human Services to promote information sharing and partnership around common goals impacting infants, children, and families.

To conserve health and vitality for the future of Tennessee, investments must be made in infancy and early childhood. Early experiences affect the development of brain architecture, which provides the foundation for all future learning, behavior, and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture, with negative effects lasting into adulthood. (Figure 1) The CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) study found the greater the exposure to severe stressors such as domestic violence, addiction, and depression in early childhood, the

greater the risk for problems later in life such as higher risk for chronic illnesses, poverty, depression and addictive behaviors (Building Strong Brains Tennessee Public and Private Sector Partners, https://www.tn.gov/tccy/programs0/tccy-aces/tccy-ace-building-strong-brains.html).

Figure 1: Lifetime Impact of Adverse Childhood Experiences



(https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/about.html)

According to Tennessee's annual Behavioral Risk Factor Surveillance System, over half of adult Tennesseans consistently report at least one ACE, and about 25% had experienced three or more. This is similar to national data. The National Conference of State Legislatures in an August 2018 report indicate "from 2011 to 2014 over half of all U.S. adults (62%) from 23 states (including Tennessee) reported having at least one adverse childhood experience and 25% of adults reported three or more." A February 2019 data analysis by the Sycamore Institute found ACEs cost the state about $5.2 billion in 2017 from direct medical cost and productivity losses.
http://www.ncsl.org/Portals/1/HTML_LargeReports/ACEs_Access_HTML_2.htm
https://www.sycamoreinstitutetn.org/economic-cost-adverse-childhood-experiences/

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

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

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

Additional outcomes of EBHV programs include:

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

> The single most common factor for children and teens that develop the capacity to overcome serious hardship is having at least one stable and committed relationship with a supportive parent, caregiver, or other adult. These relationships provide the personalized responsiveness and protection that buffer children from developmental disruption and model the capabilities—such as the ability to plan, monitor, adjust, and regulate behavior—that enable individuals to respond adaptively to adversity and thrive. This combination of supportive relationships, adaptive skill-building and positive experiences interacts with genetic predispositions to form the foundation of resilience.
>
> While responsive relationships in childhood help build a lifelong foundation for resilience, they continue to be important throughout our lives. They help adults deal with stress, support self-regulation, and promote a positive outlook for the future. By contrast, the social isolation experienced by many parents living in poverty or dealing with mental health or substance abuse problems can trigger a range of negative side effects. (https://developingchild.harvard.edu/resources/three-early-childhood-development-principles-improve-child-family-outcomes/)
>
> -The Harvard University Center for the Developing Child

Enabling Legislation

This report is submitted in compliance with the statutory requirements for a status report on evidence-based home visiting (TCA 68-1-125), Healthy Start (TCA 37-3-703), and the Nurse Home Visitor Program (TCA 68-1-2408). Additionally, this report provides a status report on the federal Maternal, Infant and Early Childhood Home Visiting Program and the state funded home visiting and counseling/coordination program as requested by the General Assembly to provide comprehensive information about all the home visiting programs administered by the Tennessee Department of Health.

TCA 68-1-125 requires the Tennessee Department of Health (TDH) to annually review and identify the research models upon which the home visiting services are based, to report on the outcomes of those who were served, and to identify and expand the number of evidence-based programs offered through TDH in the state. The statute further states TDH shall work in conjunction with the Tennessee Commission on Children and Youth (TCCY) and other experts to identify those programs that are evidence-based, research-based and theory-based and report such findings to the Governor and specific committees of the state legislature of each year.

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

TCA 68-1-2404 established the Nurse Home Visitor Program based on the national evidence- based model known as the Nurse Family Partnership. Home visiting nurses enroll first time pregnant women for service prior to the 28th week of pregnancy and continue services up to the child's second birthday.

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

Introduction to Home Visiting Programs in Tennessee

EBHV is a voluntary, in-home service for at-risk pregnant women and caregivers of infants and children up to age five (5). EBHV services help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. EBHV can be cost-effective in the long term, with the largest benefits from reduced spending on government programs and increased individual earnings.
https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf

Home visits include:

- supporting preventive health and prenatal practices
- assisting mothers on how to breastfeed and care for their babies
- helping parents understand child development milestones and behaviors
- promoting parents' use of praise and other positive parenting techniques, and

- working with mothers to set goals for the future, continue their education, and find employment and childcare solutions.

(https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview)

Both EBHV and CHAD programs were essential to the development of a new statewide model of care coordination, Community Health Access and Navigation in Tennessee or CHANT. CHANT represents the integration and streamlining of three public health programs, Help Us Grow Successfully (HUGS), Children's Special Services (CSS) and TennCare Kids Community Outreach with the goal of enhancing family-centered engagement, navigation of medical and social services referrals, and impacting pregnancy, child and maternal health outcomes. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

TDH completed implementation of CHANT in all Tennessee counties by July 2019. The TDH Call Center conducts telephonic screening and assessment for medical and social needs of newborns. All eligible families are referred to available EBHV programs. Families who are not eligible or who decline EBHV services but who have additional needs are placed on care coordination pathways with their permission and are sent as referrals from the Call Center to local CHANT teams for navigation of services. CHAD referrals originating from the Department of Children's Services (DCS) are sent directly to local CHANT teams for screening, assessment, and care coordination. CHAD is now a part of the CHANT care coordination model of care.

Each state county health department now incorporates the CHANT process for engaging the following target populations:

- Pregnant and Postpartum adolescents and women
- All children 0-21 years
- Children and Youth with Special Healthcare Needs (CYSHCN) (Birth – 21 years)

The priority population for EBHV services includes families with:

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

While both EBHV and CHANT provide home based visits, the programs differ in both intent and intensity. Each program has different service delivery models and enrollment criteria that are designed to result in different outcomes for participants. The model provided by CHANT is evidence informed care coordination, while EBHV programs are evidence based and longer term. EBHV programs are most effective when families participate in the program for the model-recommended period, with services beginning prenatally or at birth.

TDH maintains strong interagency partnerships to further ensure all children in the state have the means to achieve optimal development and wellness via connection to numerous child and family services. TDH looks forward to continued success and collaboration with public and private partners to improve child health and well-being and provide needed supports to parents and caregivers to establish a healthy foundation for children.

Home Visiting Funding in Tennessee

In Tennessee, home visiting programs are funded through both state and federal funds (Figure 2). Funding for State Fiscal Year 2021 includes state (Healthy Start and Nurse Home Visitor) and federal (MIECHV and TANF).

Figure 2a: Evidence Based Home Visiting State Fiscal Year Funding SFY2021

	Federal Funding	Recurring State Funding	Total
MIECHV*	$9,444,900.00	NA	**$9,444,900.00**
Healthy Start	NA	$3,292,500.00	**$3,292,500.00**
Nurse Family Partnership^^	NA	$345,000.00	**$345,000.00**
Temporary Aid to Needy Families (TANF)^**	$7,090,949.34	NA	**$7,090,949.34**
Totals	**Total Federal Funding: $16,535,849.30**	**Total Recurring State Funding SFY2021: $3,637,500.00**	**Total EBHV Funding SFY2021: $20,173,349.30**

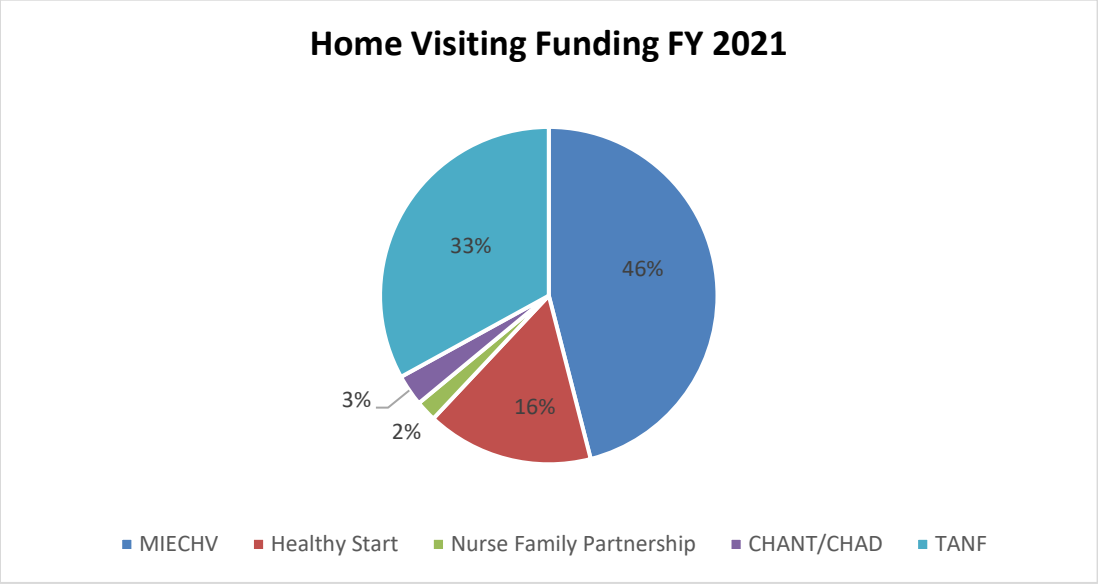
*The MIECHV federal funding amount is for the federal fiscal year grant term of September 30, 2020 – September 30, 2021.
** TANF includes 2Gen funding. 2Gen funds are specific amounts awarded to EBHV LIAs that applied to DHS thru the competitive process for TANF funding (independent of TDH). TANF funds were awarded to TDH through an interagency agreement, making TDH the administrative agency for TANF funds to EBHV LIAs.
^TANF funding amount was January 1, 2021 – June 30, 2021. The DHS/TDH contract did not begin until January 1, 2021, thus TANF funds were not added to existing EBHV service contracts until late SFY21.
^^The Nurse Family Partnership (NFP) recurring state funding in this table is a direct state appropriation for NFP and does not include NFP services provided via the other state and federal funding sources.

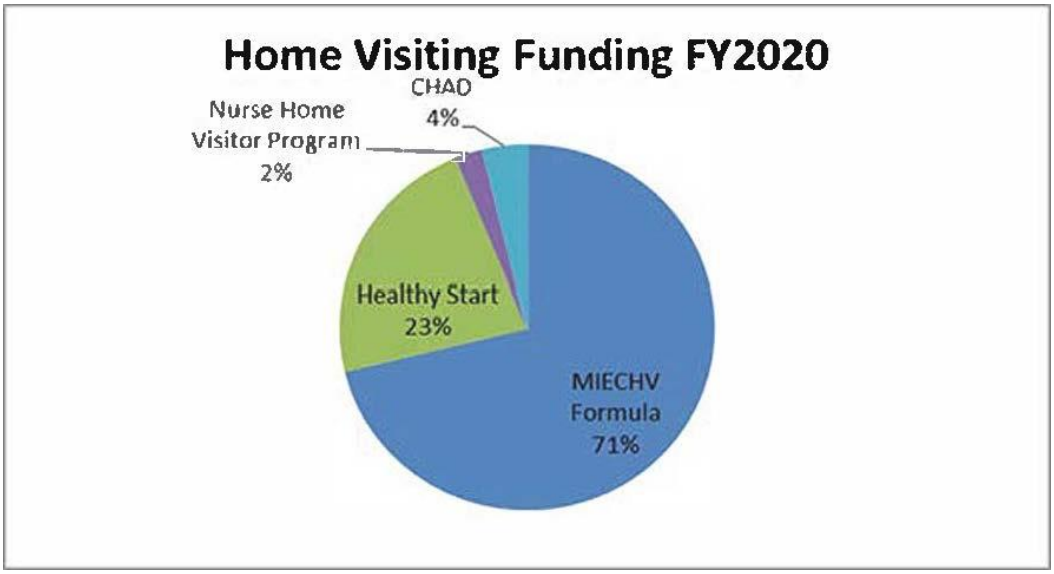
For comparison and to demonstrate the increase in reach of the EBHV program resulting from the TANF expansion, EBHV state fiscal year 2020 funding is represented below:

Figure 2b: Evidence Based Home Visiting State Fiscal Year Funding SFY2021

	Federal Funding	State Funding	Total
MIECHV	$9,846,841.00	NA	**$9,846,841.00**
Healthy Start	NA	$3,288,000.00 Recurring	**$3,288,000.00**
Nurse Family Partnership	NA	$345,000.00 Recurring $334,100.00 Reserve	**$679,100.00**
Total	**Total Federal Funding: $9,846,841.00**	**Total State Funding: $3,967,100.00**	**TOTAL HOME VISITING FUNDING SFY2020: $13,813,941.00**

Figure 3: Distribution of Home Visiting Funding





Federal MIECHV funding sources provided 46**%** of all EBHV funding in SFY2021. Prior to the TDH partnership with DHS for the TANF-funded expansion of EBHV, federal MIECHV funding accounted for 71% of EBHV funding in Tennessee (Figure 3). The TANF-funded expansion significantly changed the capacity of EBHV in the state. Federal MIECHV funds were re-authorized during FY2019 for an additional five years until 2023. State Healthy Start dollars for evidence-based home visiting were restored to original funding amounts and made recurring as of SFY2020. The state funding restoration ensured that beneficial home visiting services were sustained and not disrupted for many high-risk families in Tennessee.

Home Visiting Services Administered by the Department of Health

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

The home visiting programs administered by TDH are categorized as evidence-based, promising approach, or a research-based approach.

Evidence-based: As defined in TCA 68-1-125 means the program or practice is governed by a program manual or protocol that specifies the nature, quality and amount of service that constitutes the program and scientific research using methods that meet high scientific standards, evaluated using either randomized controlled research designs, or quasi-experimental research designs with equivalent comparison groups. The effects of such programs must have demonstrated using two (2) or more separate client samples that the program improves client outcomes central to the purpose of the program. This aligns closely with how evidence-based is defined by the federal Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)) which authorized the Maternal, Infant and Early Childhood Home Visiting Program.

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

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

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

Model Name	Category	Model Description
Healthy Families America (HFA)	**Evidence-based**	HFA is designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The model is best equipped to work with families who may have experienced trauma, intimate partner violence, poor mental health, or substance abuse diagnoses. HFA services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively and long-term (3 to 5 years after the birth of the baby).
Nurse Family Partnership (NFP)	**Evidence-based**	NFP is designed to work with low-income women who are having their first babies. Each woman is enrolled prior to 28 weeks of pregnancy and paired with a nurse who provides her with weekly home visits throughout her pregnancy until her child's second birthday (recommended program length is prenatal – 2 years). The program's main goals are to improve pregnancy outcomes, children's health and development and women's personal health and economic self-sufficiency.
Parents as Teachers (PAT)	**Evidence-based**	PAT is designed to provide parents with child development knowledge and parenting support, provide

		early detection of developmental delays and health issues, prevent child abuse and neglect, and increase children's school readiness. Services include one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families. The recommended program length is at least 2 years between pregnancy and kindergarten.
Community Health Access and Navigation in Tennessee (CHANT)	**Research-based**	CHANT is the merging of CHAD, Help Us Grow Successfully (HUGS), Children's Special Services (CSS) and TennCare Kids Community Outreach into one service framework to streamline services to provide enhanced patient-centered engagement and navigation of medical and social services referrals.

Per TCA 68-1-125, TDH and any other state agency administering funds for home visiting programs must ensure that 75 percent of the funds expended are used for evidence-based models.

The preponderance of funds expended in SFY2021 was used for evidence-based models. The following section provides a description of each funding source as well as enrollment and service provision for each of the federal and state funded evidence-based and research-based home visiting programs administered by TDH during SFY2021 (July 1, 2020 - June 30, 2021).

TANF funded EBHV is through a partnership between DHS and TDH to expand EBHV services to ***all*** counties in Tennessee. The DHS/TDH contract did not begin until January 1, 2021, thus TANF funds were not added to existing EBHV service contracts until late SFY21. Program expansion and onboarding new EBHV expansion staff took place during the 3rd quarter of SFY21. It takes approximately 6-months to hire and train new home visiting staff, thus TANF service numbers are low for SFY21. TANF annual costs per family were not included in this Report as they are greatly inflated due to the aforementioned factors.

Funding Source: Temporary Assistance to Needy Families (TANF)

Description: The **Temporary Assistance to Needy Families (TANF) Program** is federal funding provided to states through formula and competitive grants. TDH was awarded TANF funds to deliver EBHV services as part of the 2Gen approach.

TANF funding from January 1, 2021 – June 30, 2021 is **$7,090,949.34.**

TANF Federal Grant, during State Fiscal Year July 1, 2020 - June 30, 2021

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2020-June 30, 2021	Number of Home Visits
Helen Ross McNabb (HRM)	Healthy Families America	Grainger	2	49
		Loudon	1	
		Morgan	2	
		Roane	4	
		HRM total	**9**	
Nurture the Next (NTN)	Healthy Families America	Bledsoe	5	56
		Fentress	2	
		Meigs	1	
		Rutherford	8	
		Wilson	8	
		NTN total	**24**	
Porter Leath	Parents as Teachers	Shelby/Memphis	0	0

		Lafayette	0	
		Porter Leath total	**0**	
Centerstone	Healthy Families America	Perry	1	3
		Wayne	0	
		Cannon	0	
		Humphreys	0	
		Van Buren	0	
		Warren	2	
		Williamson	0	
		Centerstone total	**3**	
UT Martin	Healthy Families America,	Benton	1	37
		Carroll	3	
		Weakley	5	
		UT Martin total	**9**	
Center for Family Development (CFD)	Healthy Families America	Cheatham	1	52
		Houston	2	
		Moore	0	
		Robertson	4	
		Stewart	5	
		Sumner	5	
		Trousdale	0	
		CFD total	**17**	
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Clay	0	14
		Jackson	3	
		Smith	1	
		Overton	1	
		Pickett	0	
		Exchange Club total	**5**	
Jackson Madison County General Hospital	Healthy Families America	Chester	1	25
		Crockett	1	
		Gibson	6	
		Decatur	3	
		McNairy	1	
		Jackson-Madison total	**12**	
Knox County Health Department	Parents as Teachers	Knox	0	0
		Knox County Total	**0**	
Sullivan County Health Department	Healthy Families America	Sullivan	0	0
		Sullivan County Total	**0**	
Family Cornerstone Starfish (contract is currently under Fiscal	Parents as Teachers	Bradley	0	

Review Committee review and not yet finalized)				
		TOTALS	**79 families served**	**236 home visits**

Note: Knox County PAT and Sullivan County HFA programs are now funded by TANF. Knox Co served 53 families over 386 home visits with $727.900.00 in other state funding during this time frame. Sullivan County served 0 families; this is a newly established EBHV program. Program implementation was impacted as staff who were hired were redirected to Covid-19 duties. Their funding amount was $505,150.00 in other state funding. This state funding was not carried forward.

Funding Source: 2Gen

Description: 2Gen

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

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

2Gen, Federal Grant, during State Fiscal Year

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2020- June 30, 2021	Number of Home Visits
Methodist LeBonheur Community Outreach (LeB)	Nurse Family Partnership	Shelby	31	56
		LeB total	**31**	
Center for Family Development (CFD)	Healthy Families America	Montgomery	3	30
		Bedford	1	
		Franklin	1	
		Lincoln	0	
		Marshall	0	
		CFD total	**5**	
Centerstone	Healthy Families America	Perry	0	0
		Wayne	0	
		Cannon	0	
		Humphreys	0	
		Van Buren	0	
		Warren	0	
		Williamson	0	
		Centerstone total	**0**	
East Tennessee State University (ETSU)	Nurse Family Partnership	Carter	7	880
		Cocke	4	
		Greene	29	
		Hancock	2	
		Hawkins	3	
		Johnson	4	
		Sullivan	38	

		Unicoi	1	
		Washington	37	
		ETSU total	**125**	
Helen Ross McNabb (HRM)	Healthy Families America	Blount	5	9
		HRM total	**5**	
Nurture the Next (NTN)	Healthy Families America	Davidson	0	0
		Claiborne	**0**	
		Grundy	0	
		Hamilton	0	
		Johnson	0	
		Marion	0	
		McMinn	0	
		Monroe	0	
		Polk	0	
		Rhea	0	
		Scott	0	
		Sequatchie	0	
		Union	0	
		Bradley	0	
		Anderson	0	
		NTN Total	**0**	
		TOTALS	**166 families served**	**975 home visits**

* The TANF-funded Family Cornerstones Starfish PAT program contract is currently under Fiscal Review Committee (FRC) review by the Tennessee General Assembly per state procurement policy and thus not yet finalized.

Funding Source: Maternal, Infant, Early Childhood Home Visiting (MIECHV), Federal

Description: The **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program** is federal funding provided to states through formula and competitive grants. MIECHV funding is now combined into one competitive grant. The MIECHV program provides services in 52 counties through 10 community-based agencies and staff employed by those agencies. Funding allocations are used to implement evidence-based home visiting programs in the most at-risk communities, further strengthening the early childhood system. In 2010, Tennessee completed statewide needs assessment related to home visiting services and used the information to develop an initial State Plan for expansion of home visitation services. An updated 2019 needs assessment was completed; this confirmed the need to continue to distribute the funding and organize services as they are currently being delivered.

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

The annual average cost per child for programs funded by MIECHV funding is **$5,862.75.** MIECHV was funded in FY2021 with $**9,444,900.00.**

MIECHV Federal Grant, during State Fiscal Year July 1, 2020 - June 30, 2021

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2020-June 30, 2021	Number of Home Visits	Annual Cost Per Family*
Helen Ross McNabb	Healthy Families America	Campbell	66	2080	**$3, 937.38**
		Cocke	29		
		Anderson	1		
		Hamblen	1		

		Jefferson	1		
		Knox	79		
		Sevier	37		
		H.R. McNabb total	**214**		
Nurture the Next	Healthy Families America	Bradley	1	2342	**$8,249.13**
		Claiborne	10		
		Davidson	145		
		Grundy	19		
		Hamilton	20		
		Johnson	9		
		Marion	7		
		McMinn	21		
		Monroe	20		
		Polk	2		
		Rhea	6		
		Scott	19		
		Sequatchie	8		
		PCAT total	**287**		
Chattanooga-Hamilton County Health Department	Parents as Teachers	Hamilton	69	754	**$6,337.68**
		Chattanooga Hamilton total	**69**		
Centerstone	Healthy Families America	Coffee	56	1776	**$5,462.07**
		Dickson	14		
		Franklin	4		
		Giles	1		
		Lawrence	52		
		Maury	46		
		Marion	1		
		Centerstone total	**174**		
Lebonheur Children's Hospital, Community Health and Well-Being	Healthy Families America & Nurse Family Partnership	Shelby	158(HFA) 23 (NFP)	2783 (HFA) 485 (NFP)	**$8,971.97** (HFA) **$2,904.33**
		Tipton (PAT only)	3		
		Lebonheur total	**184**		
Center for Family Development	Healthy Families America	Fort Campbell/ Montgomery	85	865	**$3,363.53**
		Center for Family Dev'p total	**85**		
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Cumberland	15	314	**$9,480.00**
		Dekalb	9		
		Putnam	1		
		Exchange Club total	**25**		
Jackson Madison County General Hospital	Healthy Families America	Hardeman	12	1081	**$7,125.27**
		Hardin	10		

		Haywood	9		
		Henderson	11		
		Madison	49		
		Jackson-Madison total	**91**		
University of Tennessee (UT)-Martin	Healthy Families America	Dyer	31	621	**$9,029.79**
		Henry	1		
		Lake	1		
		Lauderdale	14		
		UT Martin total	**47**		
Porter Leath *Porter Leath is not funded to serve Fayette county.	Parents as Teachers	Fayette	**1**	1230	**$2,796.24**
		Shelby	212		
		Porter Leath total	**213**		
		TOTALS	**2,457 families served**	**15,561 home visits**	**$5,862.75 average cost per family**

Healthy Start aims to reduce or prevent child abuse and neglect in enrolled families. Legislatively mandated by the Tennessee Childhood Development Act of 1994 (TCA 37-3-703), the Healthy Start program provides services in **30** counties through nine community-based agencies and staff employed by those agencies. Healthy Start is an evidence-based program based on the Healthy Families America model. Individual HFA sites select the specific characteristics of the target population they plan to serve (such as first-time parents, parents on Medicaid, or parents within a specific geographic region); however, the HFA National Office requires that all families complete the Parent Survey a comprehensive assessment to determine the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

The annual average cost per family is **$5,120.52** Funds to support this program come from State funds. Healthy Start was funded in FY2021 with $**3,292,500.00** recurring dollars.

Funding Source: Healthy Start, State					
Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2020-June 30, 2021	Number of Home Visits	Annual Cost per Family*
Helen Ross McNabb	Healthy Families America	Hamblen	6	1348	**$4,200.00**
		Jefferson	7		
		Blount	1		
		Knox	74		
		Helen Ross McNabb Center total	**88**		
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Putnam	24	1030	**$6,040**
		Cumberland	1		
		White	13		
		Jackson	1		
		Macon	16		
		Exchange Club total	**55**		
Jackson Madison County General Hospital	Healthy Families America	Madison	38	484	**$6,910.53**
		Jackson Madison total	**38**		
Lebonheur Children's Hospital, Community Health and Well-Being	Healthy Families America	Shelby	62	1279	**$5,479.03**
		Lebonheur total	**62**		
Metro Government of Nashville & Davidson County	Healthy Families America	Davidson	34	394	**$9,570.58**
		Metro Davidson total	**34**		

Funding Source: Healthy Start, State					
Center for Family Development	Healthy Families America	Bedford	37	698	**$4,629.51**
		Franklin	13		
		Lincoln	11		
		Marshall	8		
		Montgomery	53		
		Center for Family Dev. total	**122**		
UT Martin	Healthy Families America	Henry	13		
		Obion	17		
		Tipton	10		
		Weakley	1		
		UT Martin total	**41**	546	**$7,509.76**
Centerstone	Healthy Families America			740	**$5,559.21**
		Giles	34		
		Hickman	20		
		Lewis	19		
		Centerstone total	**76**		
Nurture the Next (NTN)	Healthy Families America	Anderson	25	547	**$4,798.68**
		Bradley	26		
		Hamilton	19		
		McMinn	1		
		Union	5		
		NTN total	**76**		
		Totals	**643 families served**	**7,063 home visits**	**$5,120.52 average cost per family**

Funding Source: Nurse Home Visitor, State

TCA 68-1-2404 designates TDH as the responsible agency for establishing, monitoring, and reporting on the Nurse Home Visitor Program funded through a state appropriation. This state law requires the replication of the national evidence-based Nurse Family Partnership model with the goal of expanding the program as funds become available. The goals of the Nurse Family Partnership Program are to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. The Nurse Home Visitor Program, implemented locally by Le Bonheur Children's Hospital in Memphis, began seeing families in June 2010 after staff were hired and trained. In FY2021, home visiting nurses provided services to low-income, first time mothers who are enrolled before 28 weeks of pregnancy and serve them through the child's second birthday.

The annual average cost per child is **$2,464.28** Funds to support this program are a recurring State appropriation.

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2020-June 30, 2021	Number of Home Visits	Annual Cost per Family*
Lebonheur Children's Hospital, Community Health and Well-Being	Nurse Family Partnership	Shelby	180	2470	$1,916.67
		Totals	**180 families served**	**2,470 home visits**	**$1,916.67 average cost per family**

Total Number of Local Implementing Agencies	Categories and Models	Total Number of Counties With a Home Visiting Program	Number of Families Served July 1, 2020- June 30, 2021	Total Number of Home Visits
15 Local Implementing Agencies (EBHV)	Evidence-based Programs: -Healthy Families America -Nurse Family Partnership -Parents as Teachers	**95 EBHV**	**2,457 EBHV families**	**26,305 EBHV**
All 95 County/Metro Health Departments (CHANT)	Research-based Programs: -Community Health Access and Navigation in TN (CHANT)	**95 CHANT**	**11,971 CHANT**	***The number of home visits is not collected for CHANT.**

Home Visiting Impact: Outcomes

The types of outcomes measured differ across the three evidence-based home visiting programs delivered in Tennessee based upon specific statutory or fidelity requirements of the models. To align the expected outcomes, TDH requires all evidence-based programs to collect and report the same information based on Tennessee's Benchmark Plan. The federal legislation that created the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program required TDH to develop a comprehensive Benchmark Plan and demonstrate measurable improvement among families enrolled in EBHV programs in at least four of the six following benchmark areas:

1. Improvements in prenatal, maternal, and newborn health, including improved pregnancy outcomes
2. Improvements in child health and development (including the prevention of child injuries and maltreatment) and improvements in cognitive, language, social-emotional and physical developmental indicators
3. Improvements in school readiness and child academic achievement
4. Reductions in domestic violence
5. Improvements in family economic self-sufficiency
6. Improvements in the coordination of referrals for, and the provision of, other community resources and supports for eligible families, consistent with State child welfare agency training

A separate effort at the federal level, the "Maternal, Infant, and Early Childhood Home Visiting Program Evaluation" (MIHOPE), is assessing the effect of MIECHV programs on child and parent outcomes, including with respect to each of the benchmark areas. MIHOPE found positive effects across multiple outcome areas through the time children were about 15 months old (A Summary of Results from the MIHOPE and MIHOPE-Strong Start Studies Of Evidence-Based Home Visiting | The Administration for Children and Families (hhs.gov).

The Association of State and Tribal Home Visiting Initiatives (ASTHVI, http://asthvi.org/) summarized talking points from the MIHOPE Study, including these *outcomes highlighted*:

- Improved home environments: families participating in home visiting provided more cognitive stimulation and emotional support to their children.
- Reduced frequency of psychological aggression towards the child: parents participating in home visiting were less likely to yell, scream, or swear at the child, or call the child names.

- Fewer child emergency department visits: children whose families participated in home visiting were less likely to go to the ER for injury or illness, perhaps due to improved preventive care, reduced incidence of child maltreatment, or better understanding of when an ER visit is needed.
- Fewer child behavior problems: children whose families were enrolled in home visiting were less likely to show aggression, act out, or demonstrate hyperactivity; they were also less likely to present with anxiety, sadness, and social withdrawal.
- Gentler guidance: parents enrolled in home visiting were more likely to motivate and encourage their children in a positive manner than to assert power over children to accomplish a task.
- Reductions in experience of intimate partner violence: mothers enrolled in home visiting were less likely to experience physical or sexual violence or battering.
- Reductions in parental depression: parents enrolled in home visiting were less likely to exhibit symptoms of depression.
- Reductions in parental stress: parents participating in home visiting were less likely to exhibit parenting distress or dysfunctional parent-child interactions.

Measure	TANF	MIECHV	Healthy Start	State NFP	Highlights
Breastfeeding Initiation	N/A	71%	71%	73%	Initiation is slightly higher among mothers served by Nurse Family Partnership, as women are enrolled much earlier in pregnancy and are able to receive more education and encouragement from nurses.
Percentage of infants breastfeeding at 6 months, among those who initiated breastfeeding	N/A	39%	33%	17%	The percentage of infants receiving any breastmilk at 6 months varied and is most likely affected by small numbers.
Percentage of parents of infants less than 12 months of age using safe sleep practices (put to sleep on back, alone in crib, with no soft bedding)	63%	66%	62%	56%	Measure reports parents using all safe sleep practices.
Percentage of caregivers with a positive Intimate Partner Violence Screen who received a referral	50%	91%	90%	100%	Home visiting participants are screened for a variety of health and safety concerns. When indicated, they are linked to the appropriate services.
Percentage of caregivers with a positive depression screening who received a referral	81%	97%	90.30%	No positive screens	
Percentage of newly enrolled caregivers with tobacco use at enrollment receiving a tobacco cessation referral or information	N/A	99%	98%	No positive screens	

Note: TANF includes all three EBHV models delivered. Healthy Start only includes HFA programs. State NFP only includes the Methodist Lebonheur NFP program in Shelby county. TANF outcomes are similar to MIECHV outcomes.

Healthy Start Outcomes

In accordance with TCA 37-3-703(d), (1)(2)(3)(6), the following additional information about Healthy Start is provided thru SFY20.

Immunizations

61.8**%** of children enrolled in Healthy Start are up to date with immunizations at 2 years old compared to the state average of 78.2% in 2020.[1]

Subsequent Pregnancies

There were no subsequent pregnancies in less than 12 months.

Child Abuse and Neglect

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

Cost Benefits Estimate for Healthy Start

In accordance with TCA 37-3-703(d)(4)(5), the following information is provided about the average cost of services provided by Healthy Start and the estimated cost of out-of-home placement that would have been expended on behalf of children who remain united with their families as a result of participation in Healthy Start. As shown below, the cost for providing Healthy Start and preventing child abuse and neglect is dramatically lower than the cost of children coming into custody.

Average Annual Cost per Child *Healthy Start Program*	$5,120.52
Average Estimated Annual Cost per Child *Out of Home Placement: Foster Care, Department of Children's Services*	$11,680[2]
Average Estimated Annual Cost per Child *Out-of-Home Placement: Residential Care, Department of Children's Services*	$80,300[3]

[1] Results of the 2020 Immunization Status Survey of 24 Month Old Children in Tennessee.
https://www.tn.gov/content/dam/tn/health/documents/cedep-weeklyreports/2020-24-Month-Old-Survey.pdf
Due to the pandemic, there was a decline in number of pediatric care visits which resulted in missing data for the immunizations.

[2] Tennessee Department of Children's Services, $11, 680 per year

[3] Tennessee Department of Children's Services, $80, 300 per year

Strengths and Opportunities Related to Home Visiting Services

Availability of Home Visiting Services

All TDH-administered home visiting programs are:

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

TDH currently governs EBHV programs in all 95 counties across the state by means of service contracts with local community-based agencies and county and regional health departments. 2,457 families were served by EBHV programs during SFY2021.

The 2021 Kids Count Data Book reports that Tennessee ranks 36th in the Nation for overall child well-being. The Data Book includes the following key statistics for Tennessee youth and children:

- 20% of children live in poverty
- 28% of children live in homes where their parents lack secure employment
- 6% of teens are not in school and not working
- 9.2% of births are low birthweight
- 26% of children live in households with a high housing cost burden

(https://assets.aecf.org/m/resourcedoc/aecf-2021kidscountdatabook-2021.pdf)

As noted previously, EBHV services have a positive impact on many of the outcomes associated with the above statistics. Parental stress resulting from a lack of resources further compounds any toxic stress that may be experienced by children and families with greatest need. Accessing EBHV services provides opportunities for families to be connected to community services that address health and wellness needs, provide guidance on how best to support their child's health and development, as well as take action toward improving their economic opportunities. EBHV services help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. EBHV can be cost-effective in the long term, with the largest benefits from reduced spending on government programs and increased individual earnings.
https://mchb.hrsa.gov/sites/default/files/mchb/MaternalChildHealthInitiatives/HomeVisiting/pdf/programbrief.pdf

Collaboration between Public and Private Sector Stakeholders

AIMHiTN

TDH maintains a partnership with the Association for Infant Mental Health in Tennessee (AIMHiTN) to identify and implement workforce development initiatives to support and strengthen the EBHV workforce, which strengthens the infant and early childhood system in Tennessee. EBHV home visitors across Tennessee receive support through this partnership to obtain Infant Mental Health Endorsement®. Endorsement support provided by AIMHiTN includes: processing initial registrations and resultant applications, communication with applicants, supporting applicants through application/portfolio development, conducting pre-reviews of submitted applications, assigning reviewers, supporting the vetting process for reflective supervisors, reviewing applications, and other related tasks.

Reflective supervision is a critical component of EBHV best practices and is essential for sustaining high-quality infant mental health programs. It is a required component for EBHV programs. Tennessee has recently adopted Michigan's Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®. Reflective Supervision/Consultation is one of four primary components which qualifies candidates to seek Endorsement®. This program is designed to promote reflective supervision as defined in Michigan Association for Infant Mental Health's Best Practice Guidelines for Reflective Supervision/Consultation. Reflective supervision is crucial for providing high-quality EBHV services for at-risk young children and families.

Early Success Coalition

TDH also maintains a partnership with the Early Success Coalition (ESC) in Shelby County, Memphis to provide technical assistance (TA) and support to county health departments to design and implement an integrated early childhood service delivery model. This model has been successful in Shelby County, Memphis and this partnership replicates the "no wrong door" service approach across Tennessee. Consilience Group, LLC, a long-time partner of the ESC provides consultative support as part of this initiative. TA is comprised of the following components: group web-based TA sessions, individual coaching sessions, and the establishment of a peer community of practice. This project seeks to increase the rate of successful enrollments into EBHV programs and improve access through the CHANT model to needed support services for families with young children, resulting in improved outcomes for children and families.

Tennessee Commission on Children and Youth

Tennessee maintains collaboration with other child and family-serving state agencies and community partners. The Tennessee Young Child Wellness Council (TNYCWC) is a statewide, early childhood entity designated as the Governor's Early Childhood Advisory Council. Since September 2018, TDH has partnered with the Tennessee Commission on Children and Youth (TCCY) to convene the TNYCWC. The TNYCWC consists of over 100 statewide partners, state agencies, and organizations, and serves as a sustainable state-level structure that focuses on pregnancy, infancy and early childhood and the relationship between early experience, brain development and long-term health and developmental outcomes. The TNYCWC strives to increase multi-agency collaboration and coordination toward improved services and data sharing among the various infant and early childhood-serving agencies, organizations, providers, and other pertinent partnerships. The TNYCWC also serves as the Advisory Council for the federal MIECHV grant.

The TNYCWC provides an opportunity for infant and early childhood state agencies and community stakeholders to collaborate and share expertise around a common agenda and shared goals. Strategies are collaboratively developed and informed by all involved to ensure a comprehensive action plan. TNYCWC completed a new strategic plan and identified updated strategic goals for the Council across sectors and the state.

The groundwork laid by the TNYCWC and partners led to Tennessee being selected by the national organization ZERO TO THREE to receive a technical assistance grant with financial support of $75,000. ZERO TO THREE and the Center for Law and Social Policy's (CLASP) Building Strong Foundations: Advancing Comprehensive Policies for Infants, Toddlers, and Families project seeks to promote federal and state policies that comprehensively address the well-being of infants, toddlers, and families. This project is guided by a Policy Framework, which is comprised of four principles describing the needs of infants and toddlers and their families based on a large body of developmental research. This technical assistance was provided in FY 2020-2021 and continues into FY 2021-2022 culminating in an Early Childhood Policy Summit.

TDH continues to partner with TCCY to convene the Home Visiting Leadership Alliance (HVLA). HVLA partners include leadership from evidence-based home visiting programs in Tennessee, state departments and other early childhood stakeholders from across the state. The HVLA is co-chaired by TDH and TCCY and provides an opportunity for networking, information sharing, collaborating, training and professional development for Evidence Based Home Visiting leadership and programs. The HVLA membership identified workforce

development and capacity and retention as priority topics late in 2019, however with the emergence of COVID-19, the group has temporarily shifted focus to address the immediate needs and priorities of home visiting programs.

Data Collection for Program Evaluation and Continuous Quality Improvement

TDH applies quality improvement best practices to ensure effective and appropriate services are provided to families enrolled in EBHV programming. Performance management strategies are a part of CQI efforts through partnership with LIAs. Each LIA has a designated CQI Champion who participates in CQI projects implemented by the TDH Early Childhood Initiatives team CQI epidemiologist on behalf of the LIA. Foci for CQI projects are identified by upward or downward trend data among families served. Past CQI projects include family retention in programming and tobacco cessation among enrolled caregivers.

Challenges

SFY2021 presented a new set of challenges resulting from the COVID-19 pandemic. TDH central office staff made the change in mid-March 2020 to implement Alternative Workspace Solutions, or AWS. EBHV LIAs made implementation adjustments and home visitors began to provide virtual home visits in March 2020. According to data, virtual home visits have not decreased family retention or capacity in EBHV programs. TDH has continued to provide support to EBHV and CHANT implementing agencies and health departments via virtual meetings and conference calls at the same frequency as prior to the pandemic.

An ongoing challenge of EBHV programs is retention. As of September 30, 2021, Tennessee had a baseline retention rate of 15.3 months for families that exited services. During the final quarter of FY2021, Tennessee reported that caseload capacity decreased to 81.1%. Considerations for the decreased capacity could be due to an increase in the number of families that were lost to contact and who refused further visits due to extenuating circumstances that came with the COVID-19 Pandemic.

It takes approximately 6 (six) months to hire and train a new home visitor due to the intensity of the training to ensure home visitors are equipped to work with families that often have a myriad of complex issues. Many of the parents/caregivers served have experienced multiple Adverse Childhood Experiences (ACES) and lack systemic supports. As EBHV is a relationship-based program, the length of family retention is impacted by staff retention. Home visitors frequently experience secondary trauma from working closely with families who have experienced trauma. This ongoing stress, along with minimal opportunities for wage increases contribute to high turnover rates in home visiting positions. Families that have built relationships often do not want to begin the relationship-building process with a new home visitor, so they exit services; thus, family retention and staff retention are frequently connected. Family and staff retention impact overall cost per family in programs.

TANF funded EBHV is through a partnership between DHS and TDH to expand EBHV services to all counties in Tennessee. The DHS/TDH EBHV contract began January 1, 2021, thus TANF funds were not added to existing EBHV service contracts until late in SFY2021. Program expansion and onboarding new EBHV expansion staff took place during the 3rd quarter of SFY2021. It takes approximately 6-months to hire and train new home visiting staff, thus TANF service numbers are low for SFY2021. Annual costs per child were not included in this Report as they are greatly inflated due to the aforementioned factors.

In Conclusion

Accomplishments of FY2021 include:

- 2,457 families were served by EBHV services during SFY2021. 26,305 EBHV home visits were completed using a combination of virtual, telehealth, and in-person methods.
- Secured funding to expand EBHV services to *all* previously unserved counties in Tennessee through a partnership with the Department of Human Services utilizing Temporary Aid to Needy Families (TANF) funds.
- Adaptation of services to support families and staff safely through the COVID-19 pandemic.
- The Welcome Baby booklet was mailed to 78,227 parents/caregivers of newborns in SFY2021. Welcome Baby is a universal outreach in Tennessee to first-time parents and caregivers of newborns. The booklet includes information on infant and early childhood health and development, milestones, immunizations, safe sleep, and the home environment to educate parents and caregivers on how to provide the best start for their baby.
- Collaboration with state-level partners, including the Tennessee Departments of Education, Children's Services, and Human Services to promote information sharing and partnership around common goals impacting infants, children, and families.

Despite the challenges that arose from the COVID-19 pandemic, TDH continues to provide high quality home visiting services to families, work to mitigate the impact of ACEs, and maintain strong community partnerships with state agencies and early childhood stakeholders. ACEs are highly prevalent in Tennessee, putting residents at increased risk of chronic health conditions and diseases in adulthood, alcohol and drug abuse, unintended pregnancy, and other negative health outcomes throughout the lifespan. Safe and nurturing relationships serve as protective factors in a child's life to mitigate the impact of ACEs. Home visiting programs provide education, support, and referral to community resources to parents and caregivers to create the opportunity to build healthy and strong families, and thus create a healthy Tennessee both now and in the future. EBHV is a key service known to prevent and mitigate the impact of ACEs. It is an upstream intervention to minimize and diminish the long-term impacts of ACEs.

To conserve health and vitality for the future of Tennessee, investments must be made in infancy and early childhood when children's brains can be most impacted. Home visiting services are essential in this effect. TDH and its partners have improved the quality of EBHV services provided to Tennessee families and appreciates the ongoing commitment of the Governor and General Assembly to provide critical support to families when it is most needed and in a manner that is most effective.