Tennessee Home Visiting Annual Report

July 1, 2017 – June 30, 2018

Tennessee Department of Health
Division of Family Health and Wellness
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HOME VISITING
ANNUAL REPORT
FOR STATE FISCAL YEAR 2018

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MEMORANDUM

To: The Honorable Bill Haslam, Governor
The Honorable Randy McNally, Lieutenant Governor
Honorable Members of the Tennessee General Assembly

From: John J. Dreyzehner, MD, MPH, FACOEM
Commissioner, Tennessee Department of Health

Date: December, 2018

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, 2017 – June 30, 2018 is hereby submitted. The report provides an overview of the status of efforts to identify, implement and expand the number of Evidence-based Home Visiting 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 2,512 children and their families received home visiting services from July 1, 2017 – June 30, 2018 through evidence-based or research-based home visiting programs. These programs support families with young children through frequent visitation in their home (weekly, bi-weekly or monthly) over a substantial length of time (one to five years). Each of the programs has different enrollment criteria and model of service delivery that result in different outcomes for participants. **Impacts include improvements in maternal and newborn health, school readiness, decreased domestic violence and decreased child abuse and neglect.** It is also noteworthy, while not a home visiting program, the TDH supports another care coordination program directed at families called **HUGS** (Help Us Grow Successfully). This program has a home visiting component that **provided 6,205 individuals in all 95 counties with opportunities to improve pregnancy outcomes as well as maternal and child health and wellness during SFY18**.

The Department of Health is grateful to the Governor and General Assembly for restoring Evidence Based Home Visiting state funding in state fiscal year 2019 to the previous funding level of $3.4 million and designating this funding as recurring. With this increase, TDH will strengthen the scope and quality of home visiting services available to Tennessee children and families.

This report will also be made available via the Internet at http://www.tn.gov/health/article/home-visitation-reports.

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MEMORANDUM

TO: The Honorable Bill Haslam, Governor
The Honorable Randy McNally, Lieutenant Governor
Honorable Members of the Tennessee General Assembly

FROM: Richard Kennedy, Executive Director

DATE: December, 2018

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, 2017 – June 30, 2018.

TCCY is a strong supporter of quality home visiting programs as critical infrastructure for improving outcomes for vulnerable 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. 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 supports and applauds the Governor and the General Assembly for restoring state funding in the state fiscal year 2019 budget for evidence-based home visiting to pre-Recession funding level of $3.4 million and a move to recurring funding. The preservation and expansion of these vital programs is essential to avoid eroding the foundation of services/opportunities for some of Tennessee's most vulnerable children and families to receive quality home visiting services. TCCY budget recommendations for FY 2019 encourage the continued support and expansion of evidence-based home visiting services in Tennessee.

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 has made significant strides in quality home visiting in recent years that should be applauded, supported and expanded.

Executive Summary

Home Visiting has a multisystem impact to families, providing both immediate support and improving long-term outcomes. It is a relationship-based system that promotes positive parent-child relationships in a manner that is culturally competent, strengths-based, and family-centered. Home visiting programming affects outcomes for both child and caregiver; a two-generation approach. Elements included in services are routine screening for child wellbeing, 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/3/Healthy-Families-America--HFA--Model-Overview/10).

Home Visiting serves as an early intervention to offset many of the long-standing and complex challenges faced as a state in our health, mental health, social services, child protection, juvenile and criminal justice systems. The early years of life are especially important as the human brain is constructed during this period. A strong foundation in the early years increases the probability of positive outcomes. The CDC-Kaiser Permanente Adverse Childhood Experiences (ACEs) study found the greater the exposure to things 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/dcs/topic/building-strong-brains-tennessee-aces-initiative).

Evidence Based Home Visiting (EBHV) programming is one of the key services known to prevent and mitigate the impact of ACEs. It is an essential service to ensure the Tennessee Department of Health (TDH) moves upstream and prevents the long term impacts of ACEs including:

- Poor health outcomes, including increased obesity, depression, suicide attempts, sexually transmitted infections (STIs), heart disease, cancer, stroke, chronic obstructive pulmonary disease (COPD), and injuries.
- Negative health behaviors such as smoking, alcoholism, and drug use.
- Lost economic opportunity including unemployment, lower graduation rates, poor academic achievement, and lost time from work.

A total of 2,512 families received services from one of the evidence-based or research-based home visiting programs administered by TDH during the period of July 1, 2017 through June 30, 2018; this includes EBHV and Child Health and Development (CHAD) program services (see Appendix A). Each program has different service delivery models and thus enrollment criteria that are designed to result in different outcomes for participants. EBHV programs are most effective when families participate in the program for the model-recommended period, with services beginning prenatally or at birth. Some of the resulting outcomes include: improved immunization status of children; decreased child abuse and neglect; increased breastfeeding initiation; decreased smoking by mothers; increased child development screening; and safely spaced subsequent pregnancies by mothers receiving services.

In Tennessee, home visiting programs are funded through both state and federal funds. Funding for State Fiscal Year 2018 includes state (Healthy Start, Nurse Home Visitor, and CHAD) and federal (MIECHV). MIECHV-funded direct service contracts total 7,467,200 for the federal fiscal year period of October 1, 2017 - September 30, 2018. MIECHV-funded

contracts are on federal fiscal year schedule, whereas Healthy Start funded contracts are on the state fiscal year schedule. The total funding amount (both recurring and non-recurring funds) is $10,262,200.00. (See Figure 1)

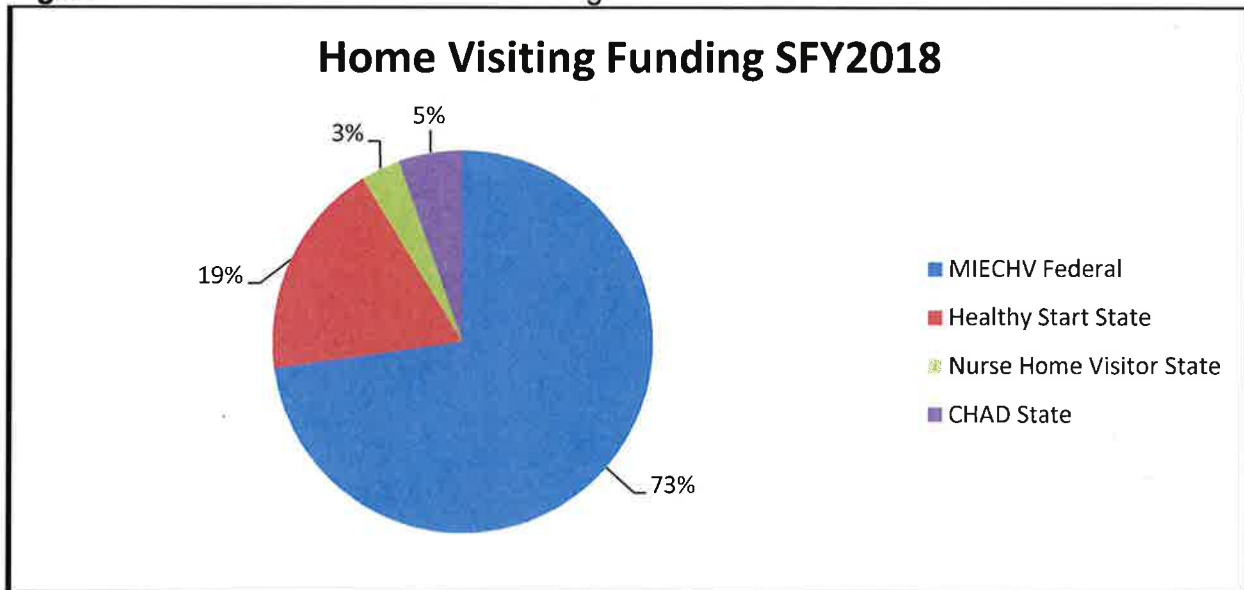
Figure 1. 2018 Home Visiting State Fiscal Year Funding

	Funding Source	Recurring/ Non-Recurring State Funding	Funding Amount
MIECHV	Federal	NA	**$7,467,200**
Healthy Start	State	$1,500,000 Non-Recurring $392,500 Recurring	**$1,892,500**
Nurse Home Visitor	State	$345,000 Recurring	**$345,000**
CHAD	State	$450,000 Non-Recurring $107,500 Recurring	**$557,500**
Total	**NA**	**Total Non-Recurring: $1,950,000** **Total Recurring: $845,000**	**$10,262,200.00**

SFY2019

Federal MIECHV funding sources provided 73% of all EBHV funding in SFY2018. Federal MIECHV funds have been re-authorized for an additional five years until 2023. TDH is pleased that state dollars have been restored to original funding amounts and are now recurring as of. This ensures that beneficial home visiting services are sustained and not disrupted for many high risk families in Tennessee. (See Figure 2)

Figure 2. 2018 Distribution of EBHV Funding



During SFY2018, a concentrated effort was placed on increasing the length of family retention in EBHV programs. When families stay enrolled longer, the overall number of families served is expected to be reduced because there is not as much turnover. However, retaining families in a home visiting program for the recommended length of time (as determined by model) results in

better outcomes for families and this has become a quality metric. Additionally, to ensure delivery of high-quality services that are individualized to meet the needs of families, EBHV models have recommendations for caseload capacity. This ensures that each family gets the appropriate service dosage based on their needs and initial assessment results. EBHV models also require home visitors to receive comprehensive training, including reflective supervision, which ensures that home visitors maintain objectivity when serving enrolled families. The goal of reflective supervision is to support staff who then support families - and create a more effective working relationship. (https://www.zerotothree.org)

TDH maintains a cohesive system of home visiting services. A summary of SFY2018 accomplishments include:

- Continued implementation of EBHV services to the counties identified as most at-risk in the State, and to military families living off-base of Fort Campbell Army Installation;
- Development of an infant and early childhood workforce development infrastructure licensed to oversee the Infant Mental Health Endorsement® in Tennessee, to further strengthen and standardize the vocation and professionalism of infant and early childhood service providers;
- Collaboration between the TDH Early Childhood Initiatives team and the TDH Tobacco Prevention team to provide tobacco cessation trainings to the home visiting workforce on "the 5 A's": Ask, Advise, Assess, Assist and Arrange, and develop tobacco cessation toolkits to distribute to each home visiting program-enrolled caregiver that self-reports tobacco use;
- An increase in family retention among EBHV programs from 11 months to 13.13 months, or a 19.4% increase in the duration of programming, as a result of the implementation of Continuous Quality Improvement (CQI) plans by each EBHV implementing agency;
- Statewide Building Strong Brains trainings of trainers on childhood brain development and Adverse Childhood Experiences (ACEs) provided by the Tennessee Commission on Children and Youth (TCCY). The goals of the training include an increased awareness of the negative effects of ACEs on social, emotional and physical health across the lifespan. As a result, home visiting and other providers are able to implement ACEs informed services; and
- Continued collaboration with state-level partners, including education, mental health and substance abuse, children's services, and human services to promote information sharing and systemic collaboration around common goals.

Tennessee has been identified as a leader in the development and implementation of a home visiting system and has provided consultation with other state home visiting programs to share innovative practices and approaches being implemented.
Tennessee was one of the first states to:

- Design core competencies for home visitors with a corresponding self-assessment;
- Develop a web-based training for all home visitors to assure knowledge of the core competency areas;
- Provide information and resources to all parents of newborns through the Welcome Baby Initiative; and
- Share information about the importance of preventing and mitigating ACEs to parents, providers and key stakeholders.

TDH maintains robust interagency partnerships to further ensure all children in the state have the means through numerous child and family services to achieve optimal development and wellness. 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 their children.

Background

This report is submitted in compliance with the statutory requirements for a status report on evidence-based home visiting (TCA 68-1-125), Healthy Start (TCA 37-3-703), and the Nurse Home Visitor Program (TCA 68-1-2408). Additionally, this report provides a status report on the federal Maternal, Infant and Early Childhood Home Visiting Program and the state Child Health and Development Program in order to provide comprehensive information about all of 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 in January of each year.

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

TCA 68-1-2408 established the Nurse Home Visitor Program based on the national evidence-based model known as the Nurse Family Partnership. Home visiting nurses carry a small caseload and enroll first time pregnant women for service prior to the 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.

TCA 68-1-125 excludes any Medicaid-funded disease management or case management services or programs that may include home visits from being classified as home visiting programs. As such, the Help Us Grow Successfully (HUGS) Program funded by TennCare and administered by the TDH is not included in this report.

Introduction to Home Visiting Programs

In a home visiting program, trained professionals provide regular home visits to expectant and new parents over time to assess child and family risks, provide health and developmental screenings and guidance, and provide referrals to other supports and services offered in the community. Services are voluntary; parents and caregivers are enrolled by their own intention resulting from referral or outreach efforts. Evidence-based home visiting programs have been shown to improve maternal and child health in early years. These programs make lasting, positive impacts on parental skills and enhance children's cognitive, language, and social-emotional development.

Home visiting is a critical component of a two-generation approach that puts the whole family on a path to economic security as it focuses both on children and adults simultaneously. Because physical and mental health have a major impact on a family's ability to thrive and succeed, home visitors are uniquely positioned to address a parent's immediate health and well-being needs while fostering positive growth and development of children.

Currently, TDH administers home visiting programs in 50 counties across the state by means of service contracts with local community-based agencies and county and regional health departments. The capacity to serve eligible families varies in the counties where services are available. Were additional funding made available, EBHV programs could be expanded in communities identified as high-priority based on health-related risk factors.

TDH also utilizes the federal Maternal, Infant, and Early Childhood Home Visiting, or MIECHV, investment in EBHV to implement the Welcome Baby Initiative. Welcome Baby provides universal outreach to every new parent in Tennessee. Recognizing that not all families need home visiting services, TDH maintains clear distinctions of EBHV primary emphases.

Home Visiting Services Administered by the Department of Health

The Tennessee Department of Health (TDH) has successfully administered home visiting services since 1979. Since that time, several home visiting programs have been established utilizing a variety of approaches to meet the unique needs of Tennessee communities. Currently, TDH administers home visiting services through contractual arrangements with community-based agencies and county health departments. The home visiting programs administered by TDH are categorized as an evidence-based or 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.

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 histories of trauma, intimate partner violence, mental health, or substance abuse issues. 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.
Maternal Infant Health Outreach Worker (MIHOW)	**Promising Approach**	MIHOW trains peer mentors that reflect the culture of the families served. They support women during pregnancy to become physically, mentally, and emotionally healthy for their baby's arrival. Once the baby is born, these MIHOW outreach workers focus on promoting positive parent-child interactions and establishing a safe, stable, nurturing environment. The recommended program length is prenatal to 3 years.
Child Health and Development	**Research-based**	CHAD, administered by county HUGS staff in conjunction with the HUGS program, is designed to work with

(CHAD)		adolescent parents and families of young children who experienced or are at high risk of experiencing abuse and/or neglect. CHAD services can begin prenatally or any time prior to the child's 6th birthday. Intensity and length of service varies depending on family's needs.

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 FY2018 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 SFY2018 (July 1, 2017 - June 30, 2018).

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 **33** counties through nine 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 a statewide needs assessment related to home visiting services and used the information to develop an initial State Plan for expansion of home visitation services.

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 cost per child for programs funded by MIECHV funding is **$5,486.55.**

MIECHV Federal Grant, during State Fiscal Year July 1, 2017 - June 30, 2018

Local Implementing Agency	Evidence-Based or Promising Approach Model	At-Risk County	Number of Families Served July 1, 2017- June 30, 2018	Number of Home Visits	Annual Cost Per Child*
Helen Ross McNabb	Healthy Families America	Campbell	49	1,877	**$5,169.00**
		Cocke	25		
		Jefferson	1		
		Knox	45		
		Sevier	43		
		H.R. McNabb total	**163**		
Prevent Child Abuse Tennessee	Healthy Families America	Claiborne	21	2,051	**$8,026.00**
		Davidson	139		
		Grundy	11		
		Hamilton	24		
		Johnson	12		
		Marion	10		
		McMinn	15		
		Monroe	11		
		Polk	4		
		Rhea	14		
		Scott	14		
		Sequatchie	12		
		County not reported	8		
		PCAT total	**295**		

Chattanooga-Hamilton County Health Department	Parents as Teachers	Hamilton	68	1,055	**$5,769.00**
		Chattanooga Hamilton total	**68**		
Centerstone	Healthy Families America	Coffee	55	1,654	**$6.015.00**
		Dickson	14		
		Franklin	1		
		Giles	3		
		Hickman	3		
		Lawrence	43		
		Lewis	2		
		Maury	37		
		Centerstone total	**158**		
Lebonheur Children's Hospital, Community Health and Well-Being	Healthy Families America, Nurse Family Partnership, & Parents as Teachers	Shelby	(HFA) 168 (NFP) 28 (PAT)178	Across all three models: 5,647	Across all Three Models **$3,498.00**
		Tipton (PAT only)	3		
		Lebonheur total	**377**		
Center for Family Development	Healthy Families America	Fort Campbell/ Montgomery	77	1,121	**$3,713.00**
		Center for Family Dev'p total	**77**		
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Cumberland	10	147	**$11,285.71**
		Dekalb	9		
		County not reported	2		
		Exchange Club total	**21**		
Jackson Madison County General Hospital	Healthy Families America	Hardeman	13	1,800	**$4,502.78**
		Hardin	17		
		Haywood	11		
		Henderson	20		
		Madison	75		
		County not reported	8		
		Jackson-Madison total	**144**		
University of Tennessee (UT)-Martin	Healthy Families America	Dyer	35	943	**$7,317.24**
		Lake	9		
		Lauderdale	14		
		UT Martin total	**58**		
		TOTALS	**1,361 families**		**$5,486.55**

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 **23** 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 (formerly the Kempe Family Stress Checklist), a comprehensive assessment to determine the presence of various factors associated with increased risk for child maltreatment or other adverse childhood experiences.

The annual cost per child is **$4,291.38**. Funds to support this program come from State funds. Healthy Start was funded in FY2018 with mostly non-recurring dollars.

Funding Source: Healthy Start, State					
Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2017-June 30, 2018	Number of Home Visits	Annual Cost per Child*
Helen Ross McNabb	Healthy Families America	Jefferson	7	468	$3,764.71
		Knox	43		
		Hamblen	1		
		Helen Ross McNabb Center total	**51**		
The Exchange Club/ Holland J Stephens Center for the Prevention of Child Abuse	Healthy Families America	Putnam	18	693	$4,411.11
		Davidson	1		
		White	11		
		Macon	15		
		Exchange Club total	**45**		
Jackson Madison County General Hospital	Healthy Families America	Madison	26	361	$3,589.29
		County not reported	2		
		Jackson Madison total	**28**		
Lebonheur Children's Hospital, Community Health and Well-Being	Healthy Families America	Shelby	41	806	$3,951.22
		Lebonheur total	**41**		
Metro Government of Nashville & Davidson County	Healthy Families America	Davidson	41	373	$4,634.15
		Metro Davidson total	**41**		
Center for Family Development	Healthy Families America	Bedford	21	1,163	$4,029.70
		Franklin	13		
		Lincoln	17		
		Marshall	13		
		Montgomery	36		
		Morgan	1		
		Center for Family Development total	**101**		
University of Tennessee (UT)-Martin	Healthy Families America	Dyer	1	430	$3,894.74
		Henry	8		
		Obion	19		
		Tipton	10		
		UT Martin total	**38**		
Centerstone	Healthy Families America	Giles	12	438	$6,333.33
		Hickman	13		
		Lawrence	2		

Funding Source: Healthy Start, State					
Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2017- June 30, 2018	Number of Home Visits	Annual Cost per Child*
		Lewis	15		
		Centerstone total	**42**		
Prevent Child Abuse Tennessee	Healthy Families America	Anderson	33	557	$4,154.55
		Bradley	15		
		Decatur	1		
		Union	4		
		County not reported	2		
		Prevent Child Abuse Tennessee total	**55**		
		Totals	**442 families**		**$4,291.38**

Funding Source: Nurse Home Visitor, State

TCA 68-1-2408 designates TDH as the responsible agency for establishing, monitoring and reporting on the Nurse Home Visitor Program funded through a state appropriation. This state law requires the replication of the national evidence-based Nurse Family Partnership model with the goal of expanding the program as funds become available. The goals of the Nurse Family Partnership Program are to improve pregnancy outcomes, improve child health and development and improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education and find work. The Nurse Home Visitor Program, implemented locally by Le Bonheur Children's Hospital in Memphis, began seeing families in June 2010 after staff were hired and trained. In FY2018, 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 cost per child is **$3,415.84** Funds to support this program come from State funds.

Local Implementing Agency	Evidence-Based Model	At-Risk County	Number of Families Served July 1, 2017- June 30, 2018	Number of Home Visits	Annual Cost per Child*
Lebonheur Children's Hospital, Community Health and Well-Being	Nurse Family Partnership	Shelby	101	866	$3,415.84
		Totals	**101 families**		**$3,415.84**

Total Number of Local Implementing Agencies	Categories and Models	Total Number of Counties With a Home Visiting Program	Number of Families Served July 1, 2017- June 30, 2018	Total Number of Home Visits
34	Evidence-based Programs: -Healthy Families America -Nurse Family Partnership -Parents as Teachers Research-based Programs: -Child Health and Development (CHAD)	**61**	**2,512 families**	**25,413**

Funding Source: Child Health and Development (CHAD), State
The Child Health and Development (CHAD) program, the oldest home visiting program implemented by TDH, is designed to: 1) enhance physical, social, emotional, and intellectual development of the child; 2) educate parents in positive parenting skills; and 3) prevent child abuse and neglect. The program is offered in 22 counties in Northeast and East Tennessee through local public health departments in conjunction with the HUGS program and is staffed by health department HUGS employees. CHAD began as a research-based model based on the Demonstration and Research Center for Early Education model developed by Peabody College. All families can receive services from the birth of a child until the child turns 6 years of age. The annual cost per family is **$916.94.** Funds to support this program come from State funds.

Local Implementing Agency	Research-Based Model	At-Risk County	Number of Families Served July 1, 2017- June 30,2018	Number of Home Visits	Annual Cost per Child*
Anderson Co. Health Department	Child Health and Development	Anderson	6	15	Annual cost per child is estimated utilizing the SFY2018 state allocation divided by the total numbers served statewide. As such, county specific cost per child is not available.
Blount Co. Health Department	Child Health and Development	Blount	3	7	
Bradley Co. Health Department	Child Health and Development	Bradley	1	1	
Campbell Co. Health Department	Child Health and Development	Campbell	25	99	
Carter Co. Health Department	Child Health and Development	Carter	79	367	
Claiborne Co. Health Department	Child Health and Development	Claiborne	9	39	
Cocke Co. Health Department	Child Health and Development	Cocke	14	57	
Grainger Co. Health Department	Child Health and Development	Grainger	1	5	
Greene Co. Health Department	Child Health and Development	Greene	110	519	
Hamblen Co. Health Department	Child Health and Development	Hamblen	31	129	
Hancock Co. Health Department	Child Health and Development	Hancock	17	155	
Hawkins Co. Health Department	Child Health and Development	Hawkins	56	252	
Jefferson Co. Health Department	Child Health and Development	Jefferson	2	6	
Johnson Co. Health Department	Child Health and Development	Johnson	26	150	
Loudon Co. Health Department	Child Health and Development	Loudon	11	64	
Monroe Co. Health Department	Child Health and Development	Monroe	5	23	
Morgan Co. Health Department	Child Health and Development	Morgan	19	46	
Rhea Co. Health Department	Child Health and Development	Rhea	1	1	
Roane Co. Health Department	Child Health and Development	Roane	6	44	
Scott Co. Health Department	Child Health and Development	Scott	15	65	
Sevier Co. Health Department	Child Health and Development	Sevier	26	126	
Unicoi Co. Health Department	Child Health and Development	Unicoi	41	338	
Union Co. Health Department	Child Health and Development	Union	6	29	
Washington Co. Health Department	Child Health and Development	Washington	95	423	
County Not Reported	Child Health and Development		3		
		Totals	**608**	**2,960**	**$916.94**

*Annual cost per child was calculated by dividing the agency's budget by the number served during the state contract period.

Home Visiting Impact: Outcomes of Promising Approaches

A promising approach does not yet meet the rigorous criteria for evidence-based models but is grounded in relevant empirical work and has an articulated theory of change. The Maternal Infant Health Outreach Worker (MIHOW) program is the Promising Approach delivered in Tennessee. MIHOW is delivered in Tennessee through a partnership between Vanderbilt University and Catholic Charities of Tennessee. The goal of the MIHOW Program is to improve maternal and child health outcomes through a strength-based approach via home visiting. MIHOW trains peer mentors that reflect the culture of the families served. They support women

during pregnancy to become physically, mentally, and emotionally healthy for their baby's arrival. Once the baby is born, these MIHOW outreach workers focus on promoting positive parent-child interactions and establishing a safe, stable, nurturing environment.

An ongoing randomized clinical trial (RCT) to assess the efficacy of MIHOW in a sample of women in Tennessee was recently completed. The majority of the study hypotheses were supported, which provided strong evidence of the effectiveness of MIHOW on improving health outcomes. At all data time points in this study, women in the MIHOW group reported fewer depressive symptoms, less parenting stress and more social and emotional help than women in the comparison group. The women in the MIHOW group were more confident in breastfeeding their infant and gave their infant breastmilk longer. The MIHOW mothers used more safe sleep practices and read and sang to their infants more often. At all postpartum time points, home environments of mothers in the MIHOW group were observed to have a higher level of quality and quantity of stimulation and support available to the child. Mothers in the MIHOW group received more referrals related to their needs and connected with those resources more often than women in the comparison group.

Home Visiting Impact: Outcomes

Outcomes vary 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.

In addition to the above, Tennessee's approved Benchmark Plan included the stated performance measure, the type of measure (outcome or process), the data source (client, home visitor, or administrative records), the target population being measured, the tool or measure identified, and the measurement period. Information was also included on the type of comparison being made (individual, cohort, or cross-sectional comparison of data), the direction of improvement needed to demonstrate success, and the type of scoring that will be used to demonstrate change.

Measure	MIECHV	Healthy Start	State NFP	Highlights
Breastfeeding Initiation	68.8	74.6	86.4	The percentage of new mothers initiating breastfeeding varied somewhat by funding stream. Initiation is highest 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 a nurse.
Percentage of infants breastfeeding at 6 months, among those who initiated breastfeeding	40.0	28.6	17.6	The percentage of infants receiving any breastmilk at 6 months varies, 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)	62.7	52.4	48.3	Measure reports parents using all safe sleep practices.
Percentage of caregivers with a positive Inimate Partner Violence Screen who received a referral	100	100	*No positive screens*	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	98.4	100	100	
Percentage of newly enrolled caregivers with tobacco use at enrollment receiving a tobacco cessation referral or information	97.1	100	100	

It is important to note that the data collected through this effort is performance management and quality data rather than impact data. The benchmark data allows TDH to monitor and assess progress over time. However, it does not report on the effectiveness of the program in achieving its ultimate intended outcomes. 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. For more information about the MIHOPE evaluation, see http://www.acf.hhs.gov/programs/opre/research/project/maternal-infant-and-early-childhood-home-visiting-evaluation-mihope.

Healthy Start Outcomes

In accordance with TCA 37-3-703(d),(1)(2)(3)(6), the following additional information about Healthy Start is provided for FY 2017.

Immunizations

93.5% of children enrolled in Healthy Start are up to date with immunizations at 2 years old.

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 Five Years	
Fiscal Year	**% of children**
2012	98.7%
2013	98.6%
2014	98.4%
2015	100%
2016	100%
2017	100%
2018	**99.3%**

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*	$4,291.38
Average Estimated Annual Cost per Child *Out of Home Placement: Foster Care*	$8,752.70[1]
Average Estimated Annual Cost per Child *Out-of-Home Placement: Residential Care*	$60,819.95[2]

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.

Evidence-based home visiting programs are available in 50 of Tennessee's 95 counties. Conversely, there are 45 counties in Tennessee where Evidence-based Home Visiting is not available. Collectively, 2,512 children were served by TDH-administered home visiting programs during SFY2018 (this figure includes Evidence-based Home Visiting and CHAD

[1] Tennessee Department of Children's Services, $23.98 per day per child or $8,752.70 per year

[2] Tennessee Department of Children's Services, $166.63 per day per child or $60,819.95 per year

programs). While home visiting availability has been expanded to more counties in recent years, capacity of home visiting programs to serve the population of children under the age of five varies across the state. Currently Evidence-based Home Visiting programs serve just 1.6% of Tennessee's children living at 100% or less of the poverty level. Parental stress resulting from a lack of resources further compounds any toxic stress that may be experienced by children and families with greatest need. Exposure to chronic stress negatively influences child well-being, especially during the formative early years of brain development.

The 2018 Kids Count Data Book reports that Tennessee ranks 35th in the Nation for overall child well-being. The Data Book includes the following key statistics:

- 23% of children in Tennessee live in poverty,
- 31% of children in Tennessee live in homes where their parents lack secure employment,
- 7% of Tennessee teens are not in school and not working
- 9.3% of births in Tennessee are low birth-weight

(https://www.aecf.org/m/databook/2018KC_profiles_TN.pdf)

Accessing services through a home visiting program provides an opportunity for families to be connected to community services that can address their health and wellness needs, receive guidance on how best to support their child's health and development, as well as take action toward improving their economic situation. Additional families could benefit from home visiting services were they more widely available.

The Tennessee Department of Human Services (DHS) partnered with Nurse Family Partnership and East Tennessee State University to begin serving more families through Evidence-based Home Visiting services in 2017. DHS is using Temporary Assistance for Needy Families (TANF) funding to expand Nurse Family Partnership (NFP) to the following counties in Northeast Tennessee: Sullivan, Carter, Greene, Hancock, Hawkins, Johnson, Unicoi, and Washington. During the period July 1, 2017 to June 30, 2018 the Northeast Tennessee NFP program served 113 pregnant women and first-time moms and 78 children.

Collaboration between Public and Private Sector Stakeholders

One of the central goals of the federal Maternal, Infant, and Early Childhood Home Visiting funds is to improve coordination among early childhood agencies and increase referrals to other community resources and supports, thus improving access to needed services. 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. The TNYCWC consists of over 100 statewide partners, 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 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. The TNYCWC toolkit developed last year was designed to assist Evidence based Home Visiting and other early childhood service providers in forming community-based coalitions to improve referral processes. The toolkit was piloted in Maury and Hamilton counties. The goal is for the toolkit to be utilized in at least half the counties that provide Evidence Based Home Visiting services.

TDH continues to partner with the Tennessee Commission on Children and Youth (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 also convenes several subcommittees to focus on areas that require additional processing, including data and outcomes, Infant Mental Health Endorsement (IMHE) ®, and outreach/education.

TCCY continues to provide Training the Trainer opportunities across the state for *Building Strong Brains Tennessee (BSB)*. Training participants are prepared to speak knowledgably about early childhood and brain development and ACEs. The Training for Trainers is a key component of the public awareness efforts for *BSB.* TCCY also coordinated a public awareness campaign for *BSB* with a grant from the Office of Criminal Justice Programs and funding from TDH. Additionally, TCCY continues to provide technical assistance through the BSB Learning Collaborative. Between November 2017 and October 2018, over 400 individuals have accessed materials and information, including shared resources, research, and meaningful conversation.

Data Collection for Program Evaluation and Continuous Quality Improvement

TDH remains committed to collecting data to examining process and outcome measures related to its programs, including home visiting services. The importance of measuring program impact has grown in the last decade and is now one of the cornerstones of program implementation among home visiting programs in both the public and private sectors. By identifying and aligning common outcomes and measures, home visiting programs are using data to continuously improve and document the effectiveness of these services. TDH has developed a set of uniform program measures and methods to collect data which will improve Tennessee's ability to evaluate effectiveness and impact of home visiting services and compare outcomes across programs. TDH maintains a comprehensive data collection and management system to document progress toward common outcomes among all funded home visiting programs.

Welcome Baby

Federal MIECHV funding continues to support the Welcome Baby program, a uniform outreach and referral initiative to assure that families of newborns are aware of and referred to available community programs, including home visiting.

All families of newborns receive a Welcome Baby booklet within ten to fourteen days after birth. The booklet is designed to welcome the new baby and provide new parents with the message that the first few years of a child's life are very important, parenting is not always easy, and resources are available in Tennessee to provide additional support.

The Welcome Baby booklet offers an opportunity to share information about important health messages such as the ABCs of Safe Sleep and protecting a child from toxic stress as well as

two key unique Tennessee resources: Imagination Library/Books from Birth and kidcentraltn. Imagination Library/Books from Birth is a Tennessee program that provides a book each month from birth to age 5 at no cost to the family. Enrollment has been proven to improve kindergarten readiness and home reading practices, including time spent reading with children and children's interest in books. Kidcentraltn was launched July 15, 2013. This resource provides comprehensive information on a variety of health, development, education and support topics, and a wide-ranging resource inventory of state-funded and operated community-based programs and services.

In Conclusion

TDH has a strong, integrated system of home visiting services. Tennessee has been identified as a leader in the development and implementation of a home visiting system and has consulted with other state home visiting programs to share innovative practices and approaches being implemented. Tennessee was one of the first states to:

- Design core competencies for home visitors with a corresponding self-assessment;
- Develop a web-based training for all home visitors to assure knowledge of the core competency areas;
- Provide information and resources to all parents of newborns through the Welcome Baby Initiative; and
- Share information about the importance of preventing adverse childhood experiences.

TDH has developed and maintained partnerships that help assure Tennessee children have the opportunity for optimal growth and development during the early formative years. TDH looks forward to continued success and collaboration with public and private partners to ultimately offer home visiting in all 95 counties, and thus ensure all high risk parents in Tennessee have the opportunity to participate in programming that improves child health and well-being.

Appendix: Number of Families Served by Evidence-Based Home Visiting Programs by County, July 1, 2017 – June 30, 2018**

COUNTY	MIECHV (Families served)	HEALTHY START (Families served)	NURSE HOME VISITOR PROGRAM (Pregnant women served)	TOTALS SERVED BY COUNTY	TOTAL NUMBER OF CHILDREN UNDER 5 IN COUNTY	ESTIMATED NUMBER OF CHILDREN UNDER 5 LIVING IN POVERTY IN COUNTY	ESTIMATED PERCENTAGE OF CHILDREN UNDER 5 LIVING IN POVERTY SERVED BY HOME VISITING
Anderson	*	33	*	33	3,963	1,255	1.6%
Bedford	*	21	*	21	3,149	1,107	2.0%
Benton	*	*	*	*	790	301	*
Bledsoe	*	*	*	*	667	245	*
Blount	*	*	*	*	6,387	1,778	*
Bradley	*	15	*	15	5,647	1,964	0.8%
Campbell	49	*	*	49	2,117	934	5.2%
Cannon	*	*	*	*	772	180	*
Carroll	*	*	*	*	1,663	469	*
Carter	*	*	*	*	2,829	1,316	*
Cheatham	*	*	*	*	2,329	498	*
Chester	*	*	*	*	987	233	*
Claiborne	21	*	*	21	1,485	446	4.7%
Clay	*	*	*	*	471	205	*
Cocke	25	*	*	25	1,799	978	2.6%
Coffee	55	*	*	55	3,307	1,229	4.5%
Crockett	*	*	*	*	865	202	*
Cumberland	10	*	*	10	2,624	900	1.1%
Davidson	139	42	*	181	45,191	14,808	1.2%
Decatur	*	1	*	1	603	248	0.4%
Dekalb	9	*	*	9	1,031	228	*
Dickson	14	*	*	14	3,128	599	2.3%
Dyer	35	1	*	36	2,290	528	6.8%
Fayette	*	*	*	*	2,255	605	*
Fentress	*	*	*	*	886	313	*
Franklin	*	13	*	13	2,013	446	3.1%
Gibson	*	*	*	*	3,246	971	*
Giles	3	12	*	15	1,617	418	3.6%
Grainger	*	*	*	*	1,189	380	*
Greene	*	*	*	*	3,234	1,271	*

COUNTY	MIECHV (Families served)	HEALTHY START (Families served)	NURSE HOME VISITOR PROGRAM (Pregnant women served)	TOTALS SERVED BY COUNTY	TOTAL NUMBER OF CHILDREN UNDER 5 IN COUNTY	ESTIMATED NUMBER OF CHILDREN UNDER 5 LIVING IN POVERTY IN COUNTY	ESTIMATED PERCENTAGE OF CHILDREN UNDER 5 LIVING IN POVERTY SERVED BY HOME VISITING
Grundy	11	*	*	11	698	288	3.8%
Hamblen	*	1	*	1	3,867	1,792	0.1%
Hamilton	92	*	*	92	20,177	5,047	1.8%
Hancock	*	*	*	*	359	181	*
Hardeman	13	*	*	13	1,292	507	2.6%
Hardin	17	*	*	17	1,365	514	3.3%
Hawkins	*	*	*	*	2,823	791	*
Haywood	11	*	*	11	1,051	459	2.4%
Henderson	20	*	*	20	1,698	575	3.5%
Henry	*	8	*	8	1,690	553	1.4%
Hickman	3	13	*	16	1,214	332	4.8%
Houston	*	*	*	*	451	175	*
Humphreys	*	*	*	*	917	259	*
Jackson	*	*	*	*	569	252	*
Jefferson	1	7	*	8	2,624	592	1.4%
Johnson	12	*	*	12	705	216	5.6%
Knox	45	43	*	88	25,865	6,132	1.4%
Lake	9	*	*	9	321	201	4.5%
Lauderdale	14	*	*	14	1,629	731	1.9%
Lawrence	43	2	*	45	2,868	985	4.6%
Lewis	2	15	*	17	676	177	9.6%
Lincoln	*	17	*	17	1,895	564	3.0%
Loudon	*	*	*	*	2,516	892	*
Macon	*	15	*	15	1,574	573	2.6%
Madison	75	26	*	101	6,512	2,496	4.0%
Marion	10	*	*	10	1,403	521	1.9%
Marshall	*	13	*	13	1,841	551	2.4%
Maury	37	*	*	37	5,719	1,472	2.5%
McMinn	15	*	*	15	3,058	1,001	1.5%
McNairy	*	*	*	*	1,473	573	*
Meigs	*	*	*	*	485	130	*
Monroe	11	*	*	11	2,580	835	1.3%
Montgomery	77	36	*	113	15,801	4,123	2.7%
Moore	*	*	*	*	238	47	*
Morgan	*	1	*	1	964	332	0.3%

COUNTY	MIECHV (Families served)	HEALTHY START (Families served)	NURSE HOME VISITOR PROGRAM (Pregnant women served)	TOTALS SERVED BY COUNTY	TOTAL NUMBER OF CHILDREN UNDER 5 IN COUNTY	ESTIMATED NUMBER OF CHILDREN UNDER 5 LIVING IN POVERTY IN COUNTY	ESTIMATED PERCENTAGE OF CHILDREN UNDER 5 LIVING IN POVERTY SERVED BY HOME VISITING
Obion	*	19	*	19	1,718	511	3.7%
Overton	*	*	*	*	1,315	410	*
Perry	*	*	*	*	467	213	*
Pickett	*	*	*	*	210	33	*
Polk	4	*	*	4	779	161	2.5%
Putnam	*	18	*	18	4,190	1,585	1.1%
Rhea	14	*	*	14	1,677	546	2.6%
Roane	*	*	*	*	2,510	754	*
Robertson	*	*	*	*	4,467	1,069	*
Rutherford	*	*	*	*	18,645	3,604	*
Scott	14	*	*	14	1,320	436	3.2%
Sequatchie	12	*	*	12	839	170	7.1%
Sevier	43	*	*	43	5,155	1,213	3.5%
Shelby	373	41	101	515	66,703	25,485	2.0%
Smith	*	*	*	*	1,053	111	*
Stewart	*	*	*	*	731	228	*
Sullivan	*	*	*	*	7,685	2,565	*
Sumner	*	*	*	*	10,150	1,873	*
Tipton	3	10	*	13	3,843	764	1.7%
Trousdale	*	*	*	*	415	99	*
Unicoi	*	*	*	*	745	201	*
Union	*	4	*	4	1,201	344	1.2%
Van Buren	*	*	*	*	266	154	*
Warren	*	*	*	*	2,447	1,159	*
Washington	*	*	*	*	6,560	1,369	*
Wayne	*	*	*	*	765	286	*
Weakley	*	*	*	*	1,849	603	*
White	*	11	*	11	1,444	510	2.2%
Williamson	*	*	*	*	11,795	956	*
Wilson	*	*	*	*	7,124	1,345	*
County Missing	19	4	0	24	N/A	N/A	*
Funding Stream Unidentified	*	*	*	*	N/A	N/A	*
TOTAL SERVED	**1,361**	**442**	**101**	**1,904**	**395,520**	**118,580**	**1.6%**

* Program is not available in county

** This table reports the number of families served by evidence-based models and does not include the 608 families served by the research-based model CHAD (Child Health and Development).