Tennessee Evidence Based Home Visiting

FY2023 Annual Report

July 1, 2022 – June 30, 2023

Home Visiting Annual Report
State Fiscal Year 2023

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Acknowledgements

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

The Department of Health would also like to acknowledge all staff at the agencies providing home visiting services across the state. Your support is crucial to the positive outcomes for the families. Your tireless efforts in some of the most extreme circumstances speak to your commitment and dedication to the home visiting profession and the families of Tennessee.

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Tennessee State Government

TENNESSEE COMMISSION ON CHILDREN & YOUTH

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

From: Richard L. Kennedy, Executive Director

Date: October 23, 2023

Subject: 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, 2022– June 30, 2023.

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 as we have emerged from 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 the Resilient Tennessee Collaborative: 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 and work to create resilient individuals, families, and communities. We know quality home visiting programs have numerous positive impacts including preventing child abuse and neglect, encouraging positive parenting, improving prenatal health and birth outcomes, and promoting child development and school readiness

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 2021 National Home Visiting Yearbook from the National Home Visiting Resource Center). TCCY applauds the Governor and the General Assembly for the 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.

Thank you!

Richard L. Kennedy

Richard L. Kennedy
Executive Director

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Executive Summary

Evidence Based Home Visiting (EBHV) provides voluntary, in-home parenting education and support that promotes family stability, economic support and improves outcomes for families with infants and young children. **Priority populations for EBHV enrollment include low-income families, teen mothers, history of child abuse and neglect, history of substance abuse, users of tobacco, low student achievement, children with developmental delays, and military families.** The EBHV workforce supports healthy pregnancies, educate families on various topics such as breastfeeding, postpartum depression, safe sleep practices, developmental screening, intimate partner violence and substance use. **EBHV programs operate in all 95 counties through grants from the Tennessee Department of Health (TDH) to 16 contracted Local Implementing Agencies.**

During State Fiscal Year 2023, Tennessee's EBHV programs saw the following successes:

- **EBHV served 3,218 families.** With additional funds from the Department of Human Services, the number of families served are expected to increase significantly in the next fiscal year.
- Healthy Start, a state funded EBHV program, saw **98% of children served did not have a substantiated case of child maltreatment.** At a per child cost of $5,526, this EBHV program saw savings when compared to a Department of Children's Services out-of-home placement ($12,887 per child).
- Mothers using EBHV services were more likely to receive referrals to improve their health and those of their children. **Over 99% of mothers who reported smoking received a referral to tobacco cessation programs, and 100% of mothers with a positive screen for postpartum depression were referred for mental health services.**
    - Intimate partner violence referrals increased from 82.6% to 91.3%.
    - Depression screen referrals increased from 87.8% to 91%.
- The percentage of primary caregivers without a high school diploma at the time of EBHV enrollment who continued enrollment in school or completed their high school education reached 38%, exceeding the target of 30%.

Evidence-based home visiting programs are relationship-based, which allows home visitors to engage families on sensitive issues, such as intimate partner violence and depression. As a result, home visitors can provide information and referrals to families when these needs are identified.

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

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, as requested by the General Assembly to provide comprehensive information about all home visiting programs administered by the Tennessee Department of Health (TDH).

TCA 37-3-703

Passed in 1994, 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 68-1-125

Passed in 2008, requires the 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 68-1-2404

Passed in 2007, 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.

Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c))

Authorized the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program in 2010 and 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 most of the 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

What is Evidence-Based Home Visiting (EBHV)?

Evidence-Based Home Visiting (EBHV) is an effective early-intervention strategy to improve the health and well-being of children and families by providing education and support, and addressing social and community factors that can negatively impact one's quality of life. **EBHV is a key service and upstream intervention known to prevent and mitigate the long-term impact of ACEs**. Research shows home visiting can be an effective method of delivering family support and child development services.[1]

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 ACEs mitigation.[2]

According to a brief published by the National Conference on State Legislators,

> *"Rigorous evaluation of high-quality home visiting programs has also shown positive impact on reducing incidences of child abuse and neglect, improvement in birth outcomes such as decreased pre-term births and low-birthweight babies, improved school readiness for children and increased high school graduation rates for mothers participating in the program. Cost-benefit analyses show that high quality home visiting programs offer returns on investment ranging from $1.75 to $5.70 for every dollar spent due to reduced costs of child protection, K-12 special education and grade retention, and criminal justice expenses."*[3]

Who qualifies for EBHV?

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

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[1] *The Research Case for Home Visiting*. (2014). ZERO to THREE. https://www.zerotothree.org/resources/144-the-research-case-for-home-visiting

[2] *Home Visiting Evidence of Effectiveness*. (2020). Homvee.acf.hhs.gov. https://homvee.acf.hhs.gov/implementation/Healthy

[3] *Home Visiting: Improving Outcomes for Children. National Conference of State Legislatures.* Home Visiting: Improving Outcomes for Children (ncsl.org). Accessed 12/20/2023.

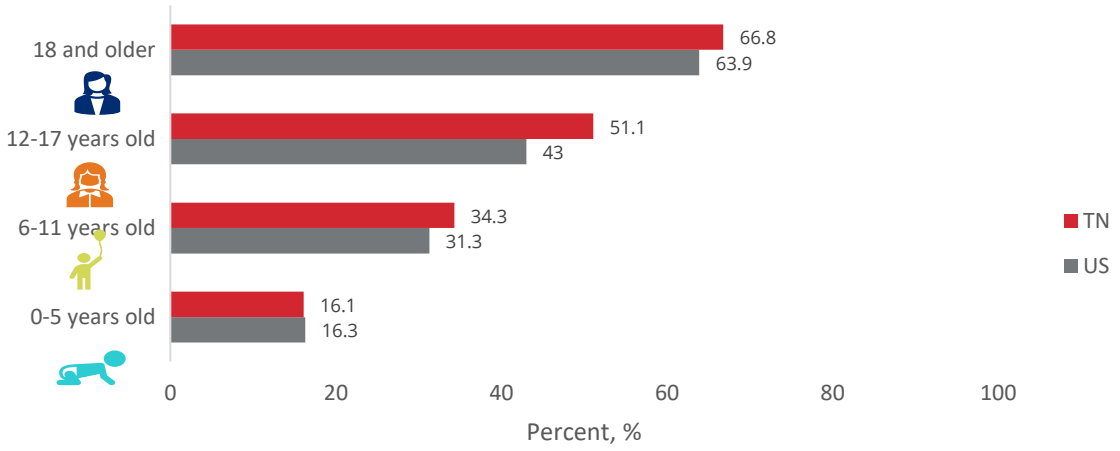
What are the benefits of EBHV?

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

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

Adverse Childhood Experiences, or ACEs, are potentially stressful and traumatic events that occurs before a child turns 18. These experiences range from emotional, mental, physical, and sexual abuse to household dysfunction. These can have a detrimental impact on lifelong health, health outcomes and opportunities. ACEs also disrupt safe, stable, and nurturing family and parent-child relationships. In TN and the US, 16% of children aged 0-5 had experienced at least one adverse childhood experience. Nearly 70% of Tennesseans had experienced at least one ACE by adulthood (Figure 1)[5, 6]. **To mitigate the impact of ACEs, children need to be exposed to Positive Childhood Experiences (PCEs).** PCEs promote supportive and nurturing environments that allow children to feel a sense of belonging and connectedness, while exploring resiliency.[7] These experiences improve the health and well-being of families and enhance the life of children as they grow into adults.

Figure 1: Prevalence of Experiencing Any ACEs by Age



[4] Nurse Family Partnerships (2022) *Benefits and Cost*. https://www.nursefamilypartnership.org/wp-content/uploads/2022/03/NFP-Benefits-and-Costs.pdf

[5] National Survey of Children's Health, 2022. NSCH 2022: Adverse childhood experiences, Tennessee vs. Nationwide, No adverse childhood experiences x Age in 3 groups (childhealthdata.org). Accessed Dec. 19, 2023.

[6] Swedo EA, et al. MMWR. June 30, 2023. Prevalence of Adverse Childhood Experiences Among U.S. Adults — Behavioral Risk Factor Surveillance System, 2011–2020 (cdc.gov). Accessed Dec. 19, 2023.

[7] CDC. (2022, March 28). *Creating Positive Childhood Experiences*. Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/featuredtopics/prevent-child-abuse.html

Funding for Home Visiting

Funding for EBHV in Tennessee is through a combination of the **federal MIECHV** (Maternal, Infant, and Early Childhood Home Visiting); **the recurring state Healthy Start appropriation**; **the recurring state Nurse Home Visitor appropriation**; and **state TANF** (Temporary Assistance for Needy Families) funds. In SFY23, 57% of EBHV funding was state sourced.

Approximate costs per family are determined from the 12-month contract amount divided by the number of families served during that term. Several factors contribute to variation in the approximate cost per family figures, including: a Local Implementing Agency (LIA) having more than one physical location; costs variances across the state; home visiting program position pay scale being determined on the local LIA level; variances in cost by EBHV model as well as the number of LIAs implementing a particular model.

1994 Healthy Start (TCA 37-3-703)

- Legislatively mandated by Tennessee Child Development Act of 1994
- Healthy Families America (HFA) model
- Intended to reduce or prevent child abuse and neglect
- Provides services in 10 counties through two Local Implementing Agencies

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

- Nurse Family Partnership (NFP) model
- Services provided in Shelby County

2010 Maternal Infant Early Childhood Home Visiting (MIECHV)

- Federal funds granted by Human Resources and Services Administration (HRSA)
- Services provided in 32 counties most at-risk counties, as determined by comprehensive needs assessment, last conducted in 2020
- Intended to improve outcomes in 6 domains including maternal and child health, child abuse and neglect, crime and domestic violence, education and income, school readiness, and community resources

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

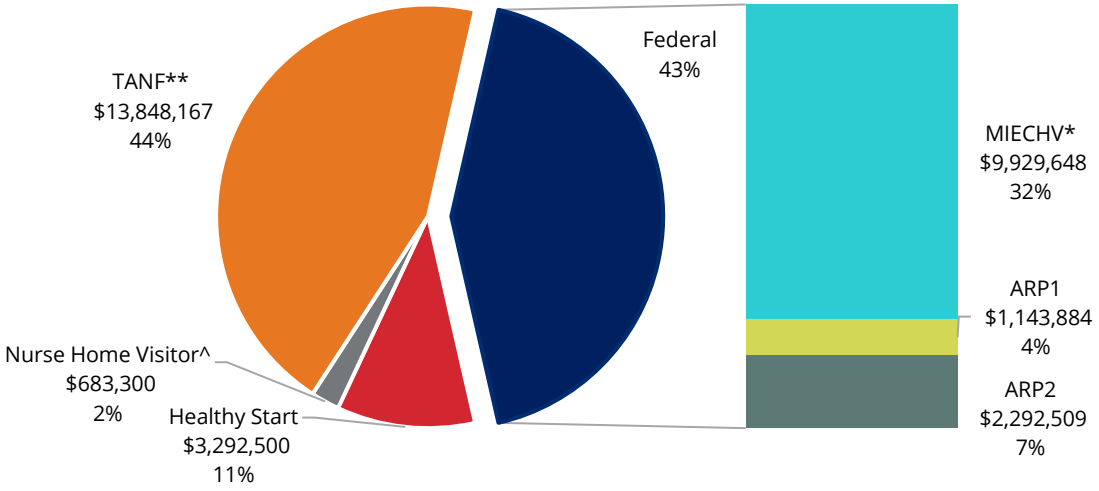
- Focused on poverty reduction among children and families
- Provides services in 61 counties through funding to 13 Local Implementing Agencies

2021 American Rescue Plan

- Supplemental federal funds granted to MIECHV awardees; expires September 30, 2024
- Supports communities at-risk for poor maternal and child health outcomes
- Seven designated categories of use:
  - Service delivery
  - Hazard Pay or other staff costs
  - Home visitor training
  - Technology
  - Emergency supplies
  - Diaper bank coordination
  - Prepaid grocery cards

Figure 2: Sources of Funding for Evidence Based Home Visiting, SFY23

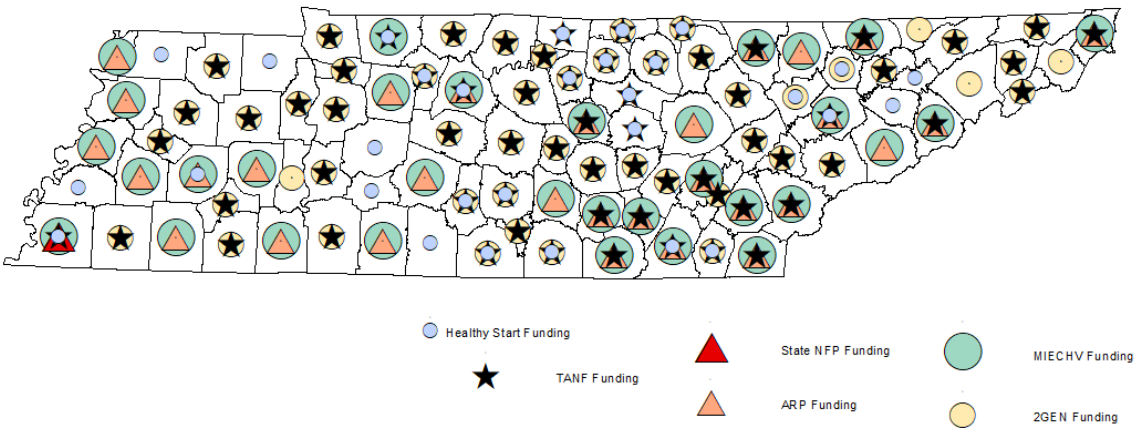
Annual dollar amount and percentage of total



**The MIECHV federal funding amount is for the federal fiscal year grant term of September 30, 2022 – September 29, 2023. ** TANF includes 2Gen funding. 2Gen funds are specific amounts awarded to EBHV LIAs that applied to DHS through the competitive process for TANF funding (independent of TDH). TANF funds were awarded to TDH through an interdepartmental agreement, making TDH the administrative agency for TANF funds to EBHV LIAs.*

^The Nurse Home Visitor recurring state funding in this table is a direct state appropriation for NFP in Shelby County and does not include NFP services provided via other state and federal funding sources.

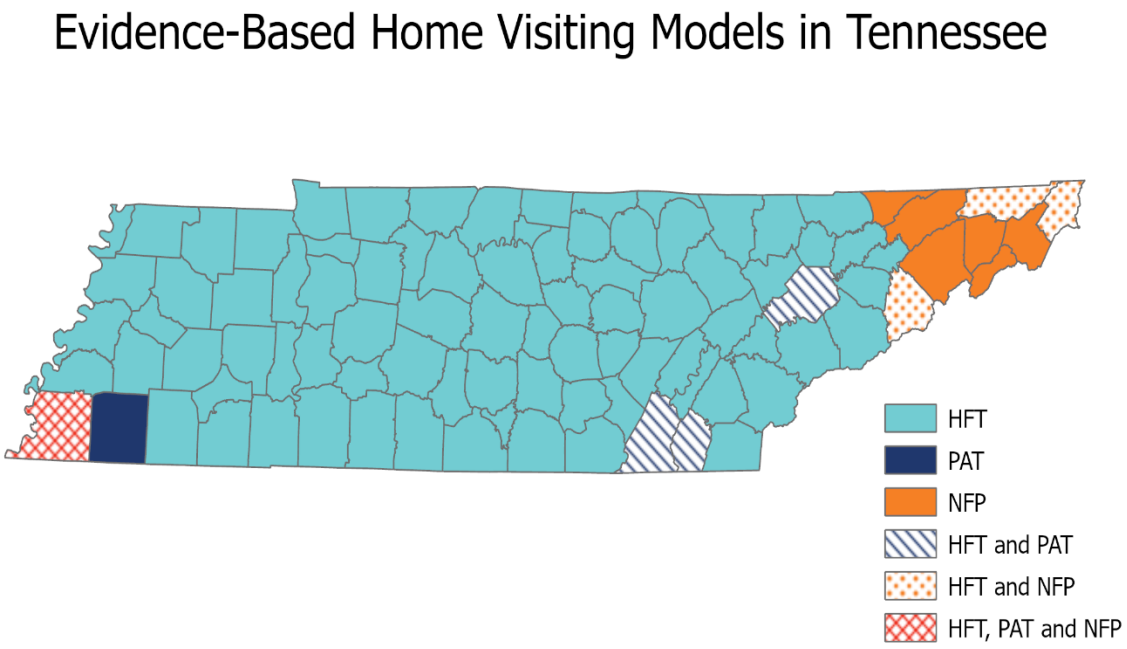
Figure 3: EBHV Funding Source by County, SFY23



Home Visiting Models in Tennessee

"Evidence-based" home visiting refers to home visiting programs that have been shown to promote positive outcomes for the families served. Three evidence-based home visiting models are implemented in Tennessee: Healthy Families Tennessee (HFT), Parents as Teachers (PAT), and Nurse Family Partnership (NFP).

The following pages show the number of families served, average cost per family, and home visits by county-level for each model available in Tennessee.

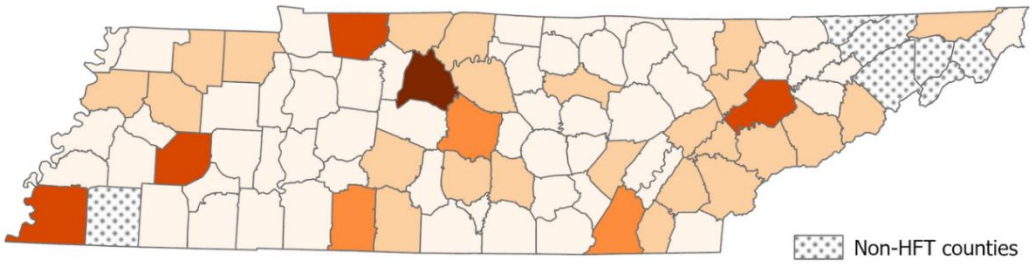


Healthy Families Tennessee

Healthy Families Tennessee (HFT) has achieved success with programs that are evidence-based, relationship focused, flexible, and include comprehensive training. HFT promotes child well-being and prevents the abuse and neglect of children in communities around the world through family-focused and empathic support provided in the home. The Healthy Families Tennessee model is the largest evidence-based home visiting program in Tennessee, operating in 88 of 95 counties across the state.

During SFY23, 2,314 families were served by HFT, with a total of 26,339 home visits.

Number of Families Served with the Healthy Families Tennessee Model

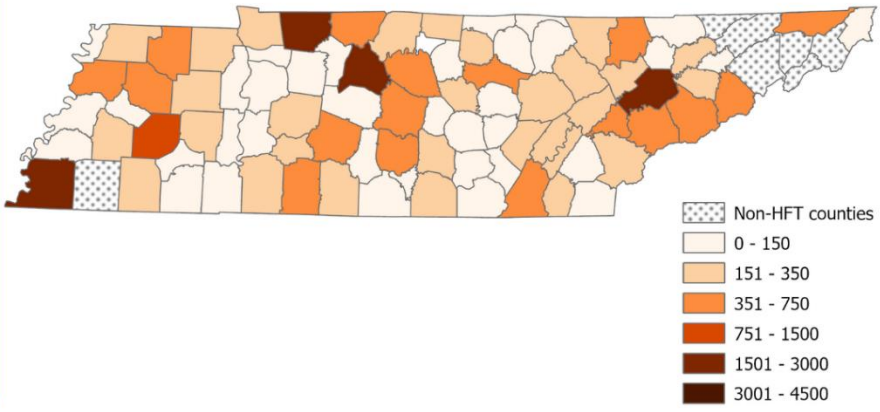


The annual average cost per family for HFT programs is **$7,521.13**.

HFT Agencies

- Center for Family Development
- Centerstone
- Helen Ross McNabb
- Jackson Madison County General Hospital
- LeBonheur's Children's Hospital
- Nashville Health Department
- Nurture the Next
- Sullivan County Health Department
- The Exchange Club/Holland J Stephens Center for the Prevention of Child Abuse
- UT Martin

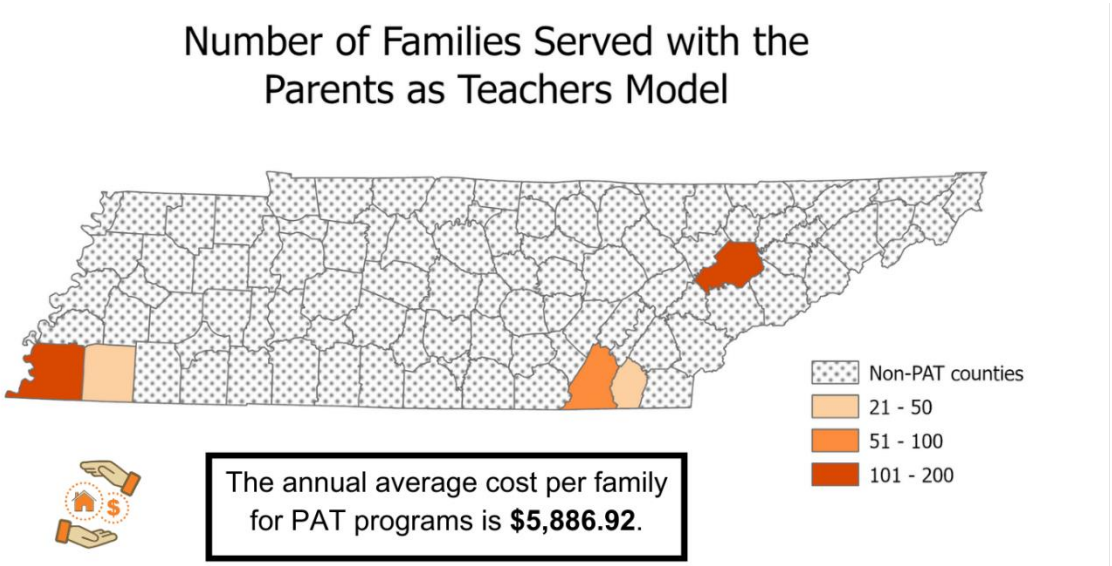
Number of Home Visits Delivered with the Healthy Families Tennessee Model



Parents as Teachers

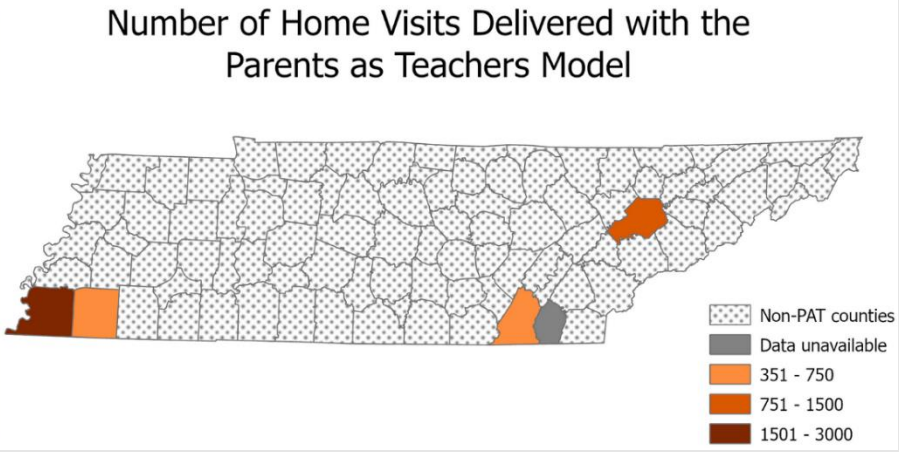
Parents as Teachers (PAT) is a home-based program that recognizes parents are a child's first teacher. The PAT program utilizes a strengths-based approach that focuses on enhancing parenting skills, early childhood development, and school readiness, while also supporting the health and wellbeing of the family. The PAT model operates in 5 Tennessee counties (Bradley, Fayette, Hamilton, Knox, Shelby).

During SFY23, 384 families were served by PAT, with a total of 3,315 home visits.



PAT Agencies

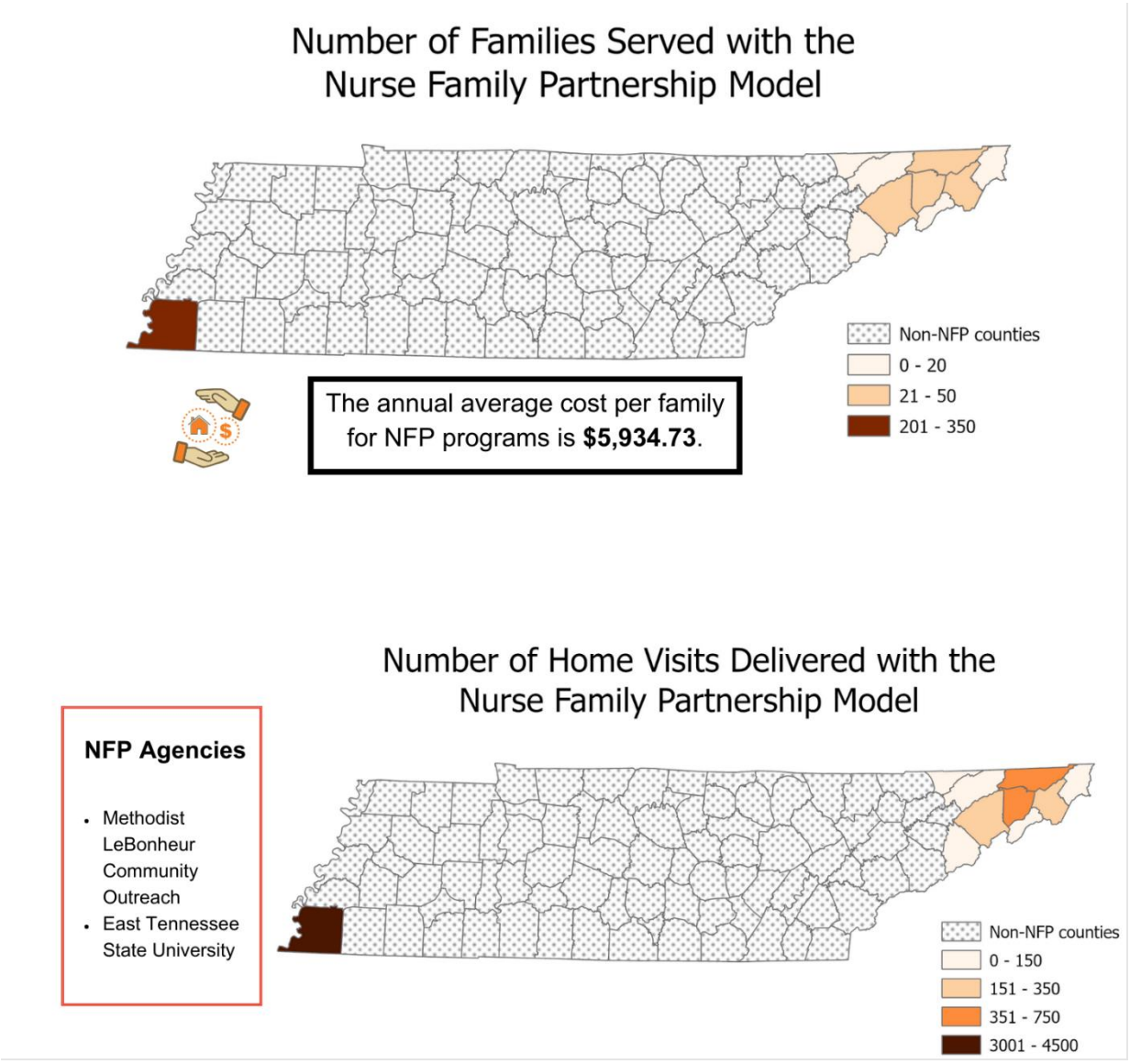
- Knox County Health Department
- Porter Leath
- Chattanooga-Hamilton County Health Department
- Family Cornerstone Starfish



Nurse Family Partnership

Nurse Family Partnership (NFP) is an evidence-based community health program that serves vulnerable families by providing consistent home visits from a Registered Nurse. NFP Educates and promotes physical and environmental health, child health and development, and parenting skills. NFP operates in 10 counties across Tennessee.

During SFY23, 520 families were served by NFP, with a total of 5,651 home visits.



Impact of Home Visiting

NUMBER OF FAMILIES SERVED BY EBHV PROGRAMS IN TENNESSEE

3,218

AVERAGE COST PER FAMILY (VARIES BY MODEL)

$6,473.59

NUMBER OF EBHV IMPLEMENTING AGENCIES IN TENNESSEE

16

Table 1: Selected Outcomes for Families Receiving EBHV Services, SFY23

Measure	MIECHV EBHV SFY2023	TANF EBHV SFY2023	National FY2022[8]
Percentage of infants breastfeeding at 6 months, among those who initiated breastfeeding	**35.0%**	**N/A***	**43.5%**
Percentage of parents of infants using safe sleep practices (put to sleep on back, alone in crib, with no soft bedding)	**72.5%**	**61.5%**	**63.7%**
Percentage of infants born preterm after enrollment	**8.1%**	**14.6%**	**11.3%**
Percentage of mothers with a positive Intimate Partner Violence screen who received services for IPV	**44.4%**	**N/A***	**47.8%**
Percentage of caregivers reporting tobacco use and receiving a tobacco cessation referral or information	**99.2%**	**N/A***	**45.8%**

***Red**: Below national performance; **Orange**: Within 5% of national performance; **Green**: Above national performance;* N/A*: not measured

[8] *Tennessee MIECHV Program FY 2022 HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program*. (n.d.). https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/home-visiting/tn.pdf

*These measures are nonapplicable as they are not measured by the TANF/2Gen program.

Table 2: TANF/2Gen Performance Outcomes, SFY23

Performance Outcome Measures	SFY2023	Target
Health and Wellbeing		
Percent of infants born at full term following program enrollment	87.1%	90%
Percent of mothers receiving a postpartum visit with a healthcare provider within 8 weeks of delivery	41.4%	75%
Percent of infants enrolled in home visiting will always be placed to sleep on their backs, without bed-sharing or soft bedding	61.5%	75%
Percent of households without a verified case of child maltreatment	88.6%	93%
Developmental Screening		
Percent of children enrolled in home visiting that are screened for possible developmental delays and offered a referral for intervention/service	88.2%	90%
Education		
Percent of primary caregivers without a high school who maintained continuous enrollment or completed a high school degree or equivalent	38.7%	30%
Social Capital		
Percent of primary caregivers with a positive screen for depression a referral for professional services	91.0%	90%
Percent of primary caregivers with a positive screen for intimate partner violence and referred for assistance	91.3%	90%

***Red**: Did not meet target; **Orange**: Within 5% of target ; **Green**: Exceeded target*

Healthy Start

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

Immunizations

- Sixty-three percent (63%) of children enrolled in Healthy Start were up to date with immunizations at 2 years of age, compared to the state average of 77.1% in 2022.

Subsequent Pregnancies

- No women enrolled in Healthy Start had a subsequent pregnancy occur in less than 12 months. Birth spacing decreases maternal morbidity and mortality and preterm birth.

Child Abuse and Neglect

- In FY22*, 97.7% of children enrolled in Healthy Start did not have a substantiated claim of child abuse or neglect.

Return on Investment

- The average cost per child enrolled in Healthy Start was $5,526, compared to $12,877 per child for a foster care placement.

Successes

- **Programs and services continue to expand in all 95 counties.**
- EBHV model-specific technical assistance specialists have been added to the TDH EBHV team to provide enhanced guidance and support to LIAs in service delivery to fidelity according to each model. This to further assure the delivery of high-quality EBHV services.
- A Quality Assurance/Quality Improvement position was added to the TDH EBHV team to assess and lead continuous quality improvement (CQI) initiatives at the individual LIA and EBHV state system levels.
- TDH EBHV identified language as a health disparity among EBHV programs to increase focus on how to provide higher quality services and customer service to families whose primary language is not English.
- TDH EBHV continues to pursue **opportunities to partner with other child and family serving state agencies to develop and increase outreach, intake, and referrals to EBHV services.**
- In SFY23 TDH EBHV began planning for **expansion of the TDH Call Center** to add warm outreach to pregnant women to increase referral and enrollment in EBHV programs.
- TDH EBHV employed a data-driven approach to the FY23 TANF expansion of EBHV services. This included analysis of county-level, statewide needs assessment, and programmatic data to guide expansion. Programmatic expansion will occur during SFY24.

EBHV Challenges

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

Limited resources in rural areas

There are fewer available healthcare and social service providers in rural areas. This can be a challenge for home visitors to connect families to needed resources.

Potential solutions include EBHV LIAs continuing to build and maintain relationships with community partners that serve families. The ongoing expansion of home visiting can include increased outreach and public relations strategies to solidify relationships with community providers. Formal partnerships with OB/GYN and pediatric providers and community birthing hospitals to increase awareness of the availability of EBHV would potentially increase referrals to EBHV services.

TDH EBHV continues to collaborate with the TDH Office of Strategic Initiatives to address social determinates of health among service populations.

Communication Barriers

A growing portion of the population eligible for EBHV are families whose primary language is not English. To meet the needs of this population, EBHV LIAs have focused on increased hiring of bilingual and multilingual home visitors. This has presented a challenge, as bilingual and multilingual home visitor positions require a higher pay scale to retain staff. Another solution of EBHV LIAs has been to hire an interpreter to accompany home visitors when serving families. This has presented a challenge in that home visiting is relationship-based and this approach has impacted the relationship between the home visitor and enrolled parent.

TDH EBHV is exploring a language translation platform to enable direct communication between the home visitor and EBHV participant. This would avoid lags and lengthened home visits associated with a third-party interpreter.

EBHV Recommendations

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

Virtual Home Visits

In March 2020 EBHV LIAs pivoted to virtual home visits to continue providing EBHV services to families during the COVID-19 pandemic. While the pandemic has ended, virtual home visits remain a viable option to maintain continuous services to families during periods of illness within enrolled families. TDH recommends that virtual home visits continue to be allowed when needed to maintain the health and safety of enrolled families and the home visiting workforce.

Centralized Intake System

TDH EBHV continues to work toward a coordinated intake and referral methodology to enroll families in the best services according to each family's needs. Formalized coordination with other child and family serving state agencies such as the Departments of Human Services, Children's Services, Mental Health and Substance Abuse Services, Developmental and Intellectual Disabilities, and TennCare is recommended to streamline intake and referral of families to needed services through one point of entry to decrease burden on the families intended to benefit from multiple services.

Define Home Visitation as a Profession

TDH EBHV recommends continuing to define and recognize home visiting as a profession. TDH EBHV supports this by partnering with the Association of Infant Mental Health in Tennessee (AIMHiTN) to hold the Infant Mental Health Endorsement (IMH-E®) system for the state of Tennessee, and further contractually requiring that EBHV

home visitors pursue IMH Endorsement. This creates a standardized level of education, knowledge, and experience relevant to infant and early childhood for the EBHV workforce.

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