



Strengthening Connections: State Approaches to Connecting Families to Services

Tennessee's Care Coordination Model



ZERO to THREE
Early connections last a lifetime

SUMMARY

In 2019, the Tennessee Department of Health streamlined three public health programs—Help Us Grow Successfully (a home-grown, light-touch home visiting program), Children’s Special Services (care coordination and reimbursement for medical services and treatment for Children and Youth with Special Health Care Needs), and TennCare Kids (Medicaid) Community Outreach—into one integrated model of care coordination, [Community Health Access and Navigation in Tennessee \(CHANT\)](#). CHANT is a voluntary statewide care coordination service through local health departments to assist families with children in coordinating medical and social service needs. The goal is to reach families as soon as possible prenatally or after birth.

The initial outreach to families is a [Welcome Baby](#) booklet mailed to all parents of newborns. Through an automated process, birth certificate data are stratified using a risk algorithm, which helps identify children who are at medium or high risk for poor health outcomes for a second level of contact.

The algorithm identifies families who meet the criteria for home visiting programs in their community. The statewide CHANT call center staff send referrals of eligible families to local home visiting programs based on the program’s number of openings. The home visiting program connects with families to offer home visiting services. Each week, call center staff make phone calls to all families identified by the risk algorithm who do not meet the criteria for home visiting services. Staff conduct a screening and assess-

ment of family needs, and a tracking system sends referrals to the appropriate local CHANT team.

CHANT care coordination teams are located in health departments in each of the 95 Tennessee counties in either county or metro areas. County/metro leads receive referrals, triage them by risk, and assign families to care coordinators. The assessment tool used in the CHANT process triggers care coordination pathways, based on families’ identified needs, using a model from the Agency for Healthcare Research and Quality. The pathways cover 16 areas of services such as child health development, insurance, housing, employment, immunization, and dental home. The care coordinator contacts the family to discuss their needs, uses the pathways information as the basis for service planning, and continues with families until the identified pathway is completed.



Tennessee’s Approach to Strengthening Connections

- statewide call center
- local health departments as community hubs
- contact with pregnant parents and parents of newborns
- integrated care coordination
- referrals of eligible families to local home visiting programs

GETTING STARTED

The Tennessee Department of Health recognized that the delivery of health care and social services to families with young children was fragmented and redundant. Staff sought to overcome families' challenges in navigating these systems. They wanted the agency's programs to have mutual goals and metrics and to measure outcomes using an evidence-informed model. In particular, they were looking for a strategy to reduce infant mortality rates.

In July 2019, the Tennessee Department of Health streamlined three public health programs—Help Us Grow Successfully (a home-grown, light-touch home visiting program), Children's Special Services (care coordination and reimbursement for medical services and treatment for Children and Youth with Special Health Care Needs), and TennCare Kids (Medicaid) Community Outreach—into one integrated model of care coordination, [Community Health Access and Navigation in Tennessee](#) (CHANT). CHANT is a voluntary statewide care coordination service through local health departments to assist families with children in coordinating medical and social service needs. The goal is to reach families as soon as possible prenatally or after birth. CHANT aims to:

- enroll eligible children in Medicaid
- connect children with medical homes
- identify and serve children with special health care needs
- increase participation in well-child visits
- refer families to other early childhood programs such as home visiting and early intervention
- meet the needs families have identified through the screening and assessment process



ADMINISTRATION

The Tennessee Department of Health administers the CHANT program using Medicaid administrative funds and Title V Maternal and Child Health Block Grant funds. Central office staff from the three programs were realigned to form a state-level care coordination team. An existing statewide call center was also reorganized to become part of the CHANT process. The call center, staffed by 21 Department of Health employees, provides screening and assessment for CHANT.

In each of Tennessee's regions or metro areas, a regional lead manages the CHANT program. This position is responsible for providing oversight, quality assurance, and community connections for CHANT. Regional/metro leads are supervised within the regional/metro health structure and not directly by central office CHANT staff; however, the state team meets with the regional/metro leads on a regular basis to ensure processes are consistent.

Department of Health CHANT care coordination teams are located in health departments in each of the 95 Tennessee counties in either county or metro areas. County/metro leads receive referrals, triage them by risk, and assign families to care coordinators. There are approximately 250 care coordinators on local CHANT teams, whose role is to screen and assess families' needs if this

has not yet been done, provide ongoing care coordination to meet those needs, and conduct community outreach and engagement activities.

In addition, [KidCentral TN](#) is a state-funded repository of information and services available for families. Families can search the website to find the appropriate services to meet their needs. KidCentral TN was started more than 10 years ago as part of a previous Governor's Children's Cabinet and is now operated by the Tennessee Commission on Children and Youth. It is funded jointly by the Departments of Health, Human Services, Education, Substance Abuse and Mental Health, and Developmental Disabilities.



APPROACH

The Tennessee Department of Health captures all births through their vital statistics and newborn screening divisions. This information is used in CHANT and the Department's Evidence-Based Home Visiting program. The initial outreach to families is a [Welcome Baby](#) booklet mailed to all parents of newborns. Welcome Baby provides resources for new parents on a variety of topics, including child development, immunizations, safe sleep, parenting, and how to access the CHANT and Evidence-Based Home Visiting programs. CHANT and Welcome Baby together form an early childhood system of universal outreach to families with newborns to:

- provide timely information to address the needs of families with newborns
- connect children and families with appropriate services in the community
- screen for family and child risks at the time of a child's birth
- improve utilization of community resources
- reduce infant mortality

Through an automated process, birth certificate data are stratified using a risk algorithm, which helps identify children who are at medium or high risk for poor health outcomes for a second level of contact. On a weekly basis, an epidemiologist reviews, cleans, and formats the data and sends the information to the statewide CHANT call center.

The algorithm identifies families who meet the criteria for home visiting programs in their community. Each week the call center staff send referrals of eligible families to local home visiting programs based on the program's number of openings. With these referrals, the home visiting program connects with families to offer home visiting services. If families are not interested in home visiting services, the family is asked whether they want the local health department to help meet their needs and, if so, they are referred to the CHANT team that covers their community.

The call center staff make phone calls each week to all families identified by the risk algorithm who do not meet the criteria for home visiting services. Staff conduct a screening and assessment of family needs, and a tracking system sends referrals to the appropriate local CHANT team. CHANT referrals also come directly to the local health department care coordinators, and these care coordinators conduct the screening and assessment.

To assess families' needs, Tennessee blended several standardized tools into a customized tool which includes questions that screen for maternal depression, developmental disabilities, domestic violence, and substance abuse. Developmental and behavioral screenings using the Ages and Stages Questionnaires are completed on young children once the family is connected to services.

The local CHANT team lead triages cases and assigns them to a care coordinator within 24 hours. The assessment tool used in the CHANT process triggers care coordination pathways, based on families' identified needs, using a model from the [Agency for Healthcare Research and Quality](#). The pathways cover 16 areas of services such as child health development, insurance, housing, employment, immunization, and dental home. Each pathway includes information about appropriate resources and linkages based on best practices. The care coordinator contacts the family to discuss their needs and which are most critical, then uses the pathways information as the basis for service planning. The care coordinator provides both direct services and referrals to meet identified needs and follows the family until each pathway has a final outcome.

Care coordinators use laptops and tablets to conduct screening and assessment and to gather data on the pathways for each family member. Currently REDCap is the software used to gather and track data; however, the Tennessee Department of Health is working on making CHANT data part of the electronic health records system.

For children older than newborns, referrals can be made to local health department CHANT staff

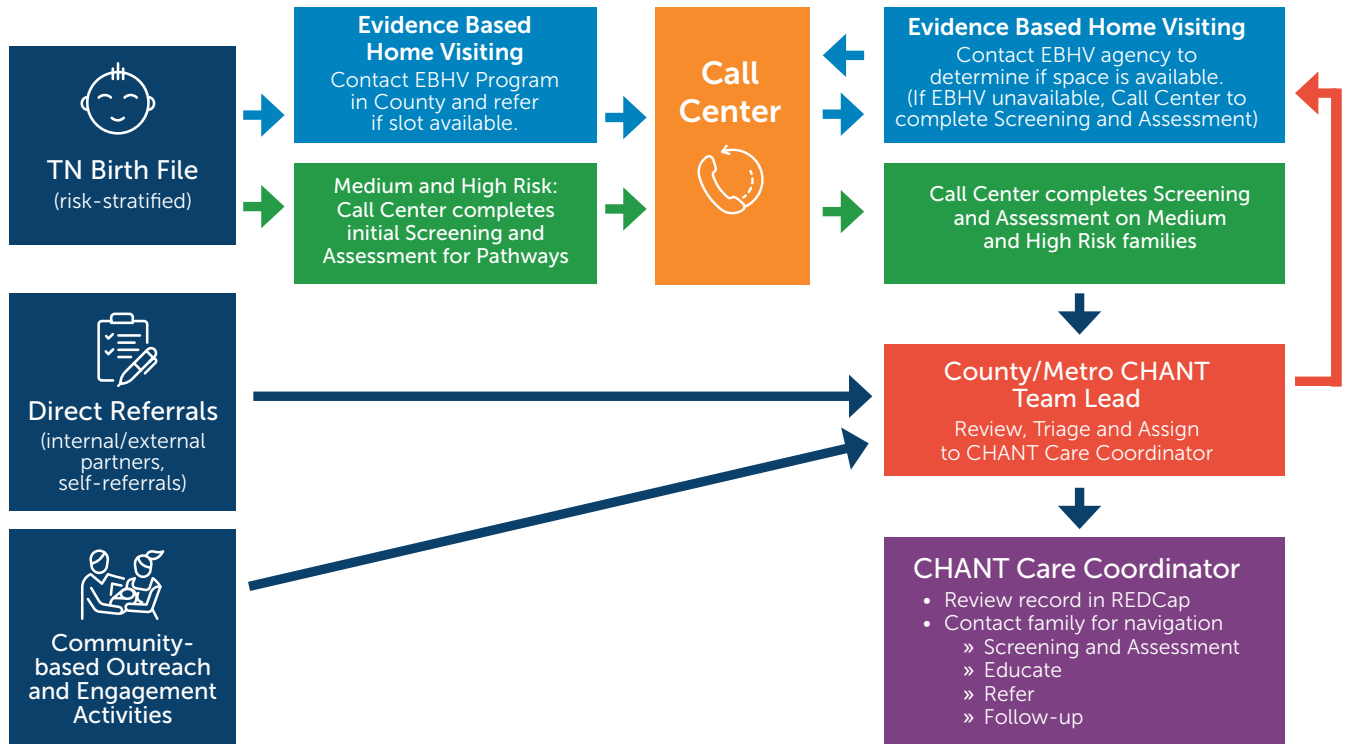
through an online form or in person. CHANT works with other programs to receive referrals, such as from Child Protective Services, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Family Planning, Immunizations, schools, substance abuse treatment programs, hospitals, and medical practitioners.

Tennessee's approach to CHANT has evolved in several ways since its beginning in 2019:

- created the statewide call center once it was determined that the volume of referrals was too high for local CHANT teams to handle directly
- prioritized some of the pathways to be addressed first
- changed messaging from explaining the CHANT program to talking about how staff can support parents with their new family
- expanded their services to families requesting Early and Periodic Screening, Diagnostic and Treatment (EPSDT) by connecting them to a primary care physician, assisting them in scheduling an appointment, and following up to confirm that appointments were kept. These services are handled by local health departments for those families who accept CHANT services and by the call center for those families who only want EPSDT.



CHANT Referral/Central Intake Process



CHALLENGES AND IMPACT

The Tennessee Department of Health faced several challenges in implementing CHANT:

- Merging three long-standing programs into a new program was difficult for some staff who had to change job responsibilities. State team members worked with regional leads to support local staff and conducted joint training and team-building activities.
- Finding appropriately qualified staff was a struggle at times.
- Some localities initially structured the program differently. State staff provided training to ensure consistency across the state.

CHANT served 14,968 families in the state fiscal year ending June 30, 2021. Tennessee has seen a number of benefits from the CHANT program, including:

- reaching families prenatally or soon after the birth of a child
- partnering with the Evidence-Based Home Visiting program to enroll families in home visiting programs early
- identifying mothers who may be depressed and referring them for treatment immediately
- connecting families to medical homes
- meeting the needs of parents and all children in the family

The CHANT epidemiologist shares data reports regularly with project leads and regional directors. In the fall of 2021, a focus group of regional/metro CHANT team members, care coordinators, and directors met for four virtual sessions to weigh in on successes, challenges, and recommendations to strengthen the CHANT program. In addition, a fellow from the Centers for Disease Control and Prevention has been placed with the Department of Health for the next 2 years and will provide consultation and evaluation support on the care coordination pathways.

Lessons Learned from Tennessee

- **Involve those who oversee staff early in the process.** Tennessee was intentional in including staff from the three merged programs and regional directors early so they could see the value of the new approach.
- **Communicate openly and be amenable to feedback as you implement.** Helping staff realize the difficulty of change and how to manage it is crucial.
- **Plan implementation through a statewide roll-out.** Early on, Tennessee identified dates for regions/metro areas to begin CHANT implementation to prevent conflict with other initiatives and activities.
- **Review the data.** Tennessee's state team held quarterly calls with each regional team for the first 2 years to examine the data, answer questions, and provide information to improve performance.
- **Employ staff who can help solve technical issues.** Care coordinators' greatest challenge has been difficulty using the software program.

LOOKING TO THE FUTURE

As Tennessee looks to the future, Department of Health staff hope to:

- engage families as they enter various systems, such as when families first apply for Temporary Assistance for Needy Families (TANF) or when teens in foster care become pregnant
- use CHANT data on the regional and local levels to develop or realign services to better serve families
- identify the difference between care coordination and evidence-based home visiting and connect families to whichever is most appropriate

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For other case studies in this series, see [here](#).