



Presentation to the Select Committee on Child Protection: Texas Home Visiting Programs

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Texas Home Visiting Program: Overview

- The Texas Home Visiting program matches trained home visitors with pregnant women, young children, and their families to provide access to a coordinated system of care.
 - 4,671 families are currently served through the Texas Home Visiting program.
- Key program objectives:
 - Increase positive parenting practices
 - Improve maternal and newborn health
 - Decrease child maltreatment
 - Improve school outcomes and achievement
 - Increase parent employment and self-sufficiency

Texas Home Visiting Program: Overview

HHSC Texas Home Visiting Program

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

MIECHV Goals:

- ▶ Improve health & development
- ▶ Prevent child injuries, child abuse, neglect, or maltreatment, & reduce emergency department visits
- ▶ Improve school readiness & achievement
- ▶ Reduce crime, including domestic violence
- ▶ Improve family economic self-sufficiency
- ▶ Improve the coordination & referrals for other community resources and supports

Federally-funded Programs

Nurse Family Partnership (NFP)

NFP Goals:

- ▶ Improved Pregnancy Outcomes
- ▶ Improved Child Health & Development
- ▶ Improved Maternal Life Course Development

State-funded Programs

Senate Bill 426

S.B. 426 Goals:

- ▶ Improved maternal or child health outcomes
- ▶ Improved cognitive development of children
- ▶ Increased school readiness of children
- ▶ Reduced child abuse, neglect, & injury
- ▶ Improved child safety
- ▶ Improved social-emotional development of children
- ▶ Improved parenting skills, including nurturing & bonding
- ▶ Improved family economic self-sufficiency
- ▶ Reduced parental involvement with the criminal justice system
- ▶ Increased father involvement & support

Texas Home Visiting Program: Funding

- The Texas Home Visiting program is funded with federal and state dollars.
 - Texas has received a total of four federal grants, including the federal Health Resources and Services Administration, Maternal, Infant, Early Childhood Home Visiting (MIECHV) grant, to support the development and implementation of home visiting programs in communities across Texas.
 - Total federal funding was \$19.9 in FY14.
 - Provides capacity to serve 2,646 families in 16 counties.
 - \$8.9 million GR was appropriated in FY14 for Texas' Nurse Family Partnership (TNFP) program model.
 - SB 426 (83R) appropriated \$2.7 million to the Texas' Home Visiting Program.

Texas Home Visiting Program: Evidence-Based Models

- State and Federal guidelines require states to use at least 75% of home visiting funds on evidence-based program models.
- HHSC selected and runs the following evidence-based home visiting program models:
 - Early Head Start-Home-Based Option (ESH-HB)
 - Home Instruction for Parents of Preschool Youngsters (HIPPI)
 - Nurse-Family Partnership (NFP)
 - Parents as Teachers (PAT)

Texas Home Visiting Program: Evidence-Based Models

Early Head Start- Home-Based Option (ESH-HB)	Home Instruction for Parents of Pre-school Youngsters (HIPPO)	Nurse Family Partnership (NFP)	Parents as Teachers (PAT)
<ul style="list-style-type: none"> • Prenatal through age 3 • Weekly visit for 90 minutes • Two group socializations each month • Serves 5 counties • Serves 44 families 	<ul style="list-style-type: none"> • Ages 3 through 5 • Focuses on school readiness • Curriculum developed by HIPPO for specific age groups • Weekly home visits combined with group activities • Use staff from the community • Serves 17 counties • Serves 756 families 	<ul style="list-style-type: none"> • First-time mothers only • Women enrolled by 28 weeks • Visits continue until child is 2 years old. • Texas has 20 NFP sites which totaled \$14m in FY15 (GR & MIECHV) • Registered nurses license required • Serves 34 counties • Serves 2,283 women 	<ul style="list-style-type: none"> • Prenatal through age 5 • Focuses on positive parenting, health, abuse prevention, and school readiness • Visits vary based on family need • Typically complete 48 visits each month • In 17 counties • Serves 692 families • Serves 9 pregnant women

Nurse Family Partnership: Outcomes

- Outcomes observed in at least one of the three randomized controlled trials of Nurse-Family Partnership
 - 48% reduction in child abuse and neglect
 - 56% reduction in emergency room visits for accidents and poisonings
 - 59% reduction in arrests at child age 15
 - 67% reduction in behavioral and intellectual problems at child age six
 - 72% fewer convictions of mothers at child age 15
- Positive outcomes for clients served by Texas' Nurse-Family Partnership
 - 91% of babies were born full term
 - 91% of babies were born at a healthy weight—at or above 2500 g (5.5lbs)
 - 87% of mothers initiated breastfeeding
 - 93% of children received all recommended immunizations by 24 months

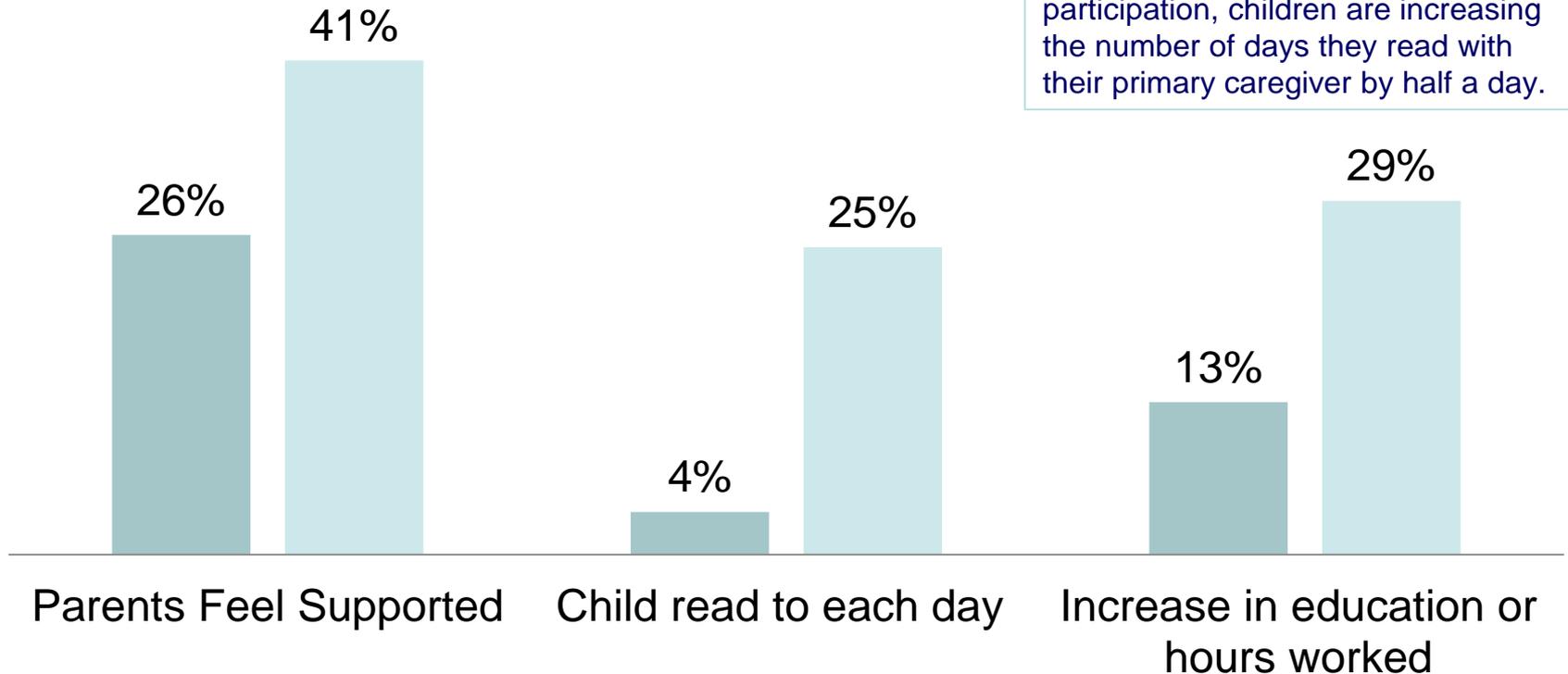
*Source: *Nurse-Family Partnership: An Evidence-based Return on Investment for Texas*.
Cumulative data as of December 31, 2013 Robert Wood Johnson Foundation.

MIECHV-Funding Programs: Early Outcomes

School Readiness & Family Self-Sufficiency

■ FY 13 ■ FY 14

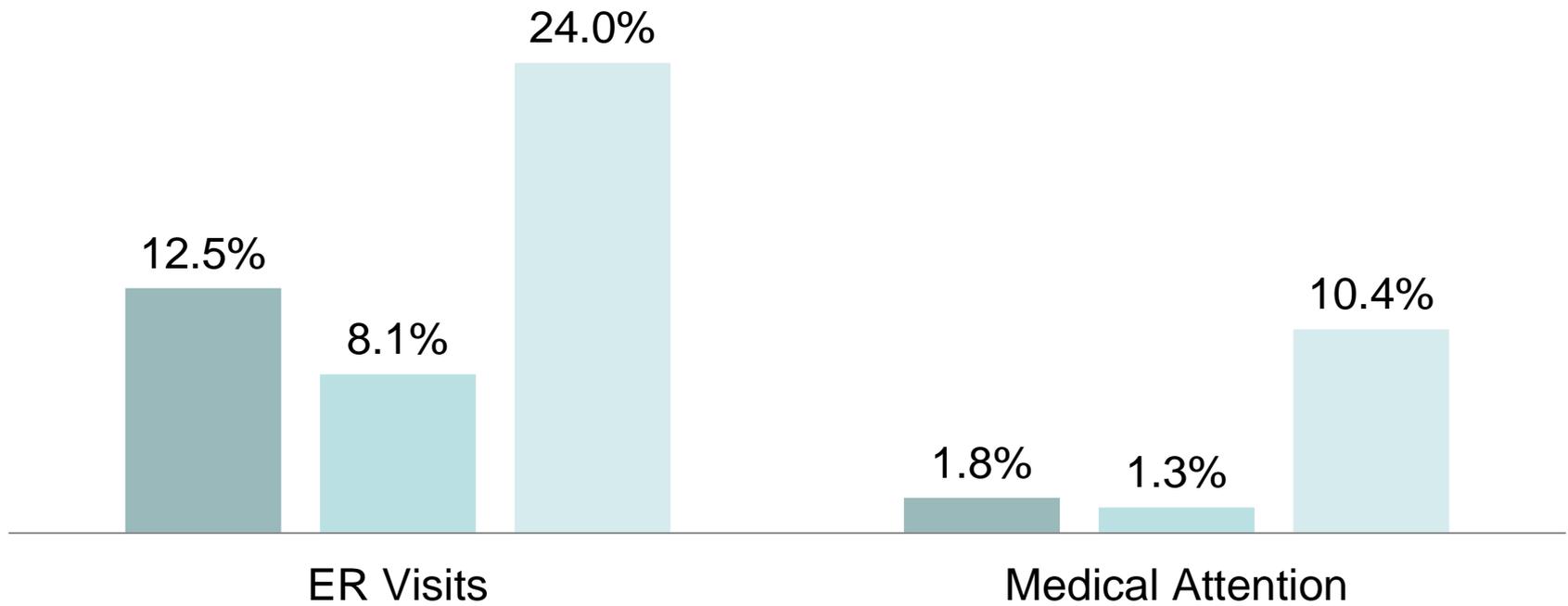
During the first year of program participation, children are increasing the number of days they read with their primary caregiver by half a day.



MIECHV-Funded Programs: Child Safety Early Outcomes

Child Safety

■ FY 13 ■ FY 14 ■ National %



Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin

SB 426: Overview

- SB 426 (83R) directs HHSC to develop and implement a strategic plan to provide home visiting programs to target populations, including a formal evaluation component, and community feedback.
 - Requires at least 75% of funds go to evidence-based programs.
 - Requires HHSC to measure outcomes defined in statute.
 - Appropriation for \$2.7 million in FY14, \$5.2 million in FY15
- Home visiting programs created by SB 426 will utilize and benefit from current HHSC home visiting infrastructure:
 - Data collection/data analysis
 - Comprehensive Evaluations
 - Early Childhood Comprehensive System development (ECCS)
 - Formal Continuous Quality Improvement (CQI) and sustainability planning
 - Centralized intake and referral system

SB 426: Activities and Timeline

- Development of strategic plan
 - HHSC has contracted for specific pieces of the strategic plan development, including synthesis of current needs assessments and a review of comparable systems.
 - HHSC solicited feedback from stakeholders through surveys, focus groups, and stakeholder community meetings.
 - Community meetings have been held in Denton, McLennan/Bell, Brazos, Lubbock, Taylor, Galveston Counties.
 - Strategic plan will include criteria for community level funding opportunities, additional infrastructure needs, and partnering opportunities.
 - Final strategic plan will be included in December 1, 2014, report to Legislature.
- Request for Proposal is expected to be released late fall, 2014.
- SB 426 report due to Senate Human Services Committee and House Human Services Committee by December 1, 2014