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

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Health and Human Services Commission

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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

Nurse Family Partnership (NFP)

NFP Goals:
- Improved Pregnancy Outcomes
- Improved Child Health & Development
- Improved Maternal Life Course Development

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
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.
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 (HIPPY)
- Nurse-Family Partnership (NFP)
- Parents as Teachers (PAT)
Texas Home Visiting Program: Evidence-Based Models

<table>
<thead>
<tr>
<th>Early Head Start-Home-Based Option (ESH-HB)</th>
<th>Home Instruction for Parents of Pre-school Youngsters (HIPPY)</th>
<th>Nurse Family Partnership (NFP)</th>
<th>Parents as Teachers (PAT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Prenatal through age 3</td>
<td>• Ages 3 through 5</td>
<td>• First-time mothers only</td>
<td>• Prenatal through age 5</td>
</tr>
<tr>
<td>• Weekly visit for 90 minutes</td>
<td>• Focuses on school readiness</td>
<td>• Women enrolled by 28 weeks</td>
<td>• Focuses on positive parenting, health, abuse prevention, and school readiness</td>
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<tr>
<td>• Two group socializations each month</td>
<td>• Curriculum developed by HIPPY for specific age groups</td>
<td>• Visits continue until child is 2 years old.</td>
<td>• Visits vary based on family need</td>
</tr>
<tr>
<td>• Serves 5 counties</td>
<td>• Weekly home visits combined with group activities</td>
<td>• Texas has 20 NFP sites which totaled $14m in FY15 (GR &amp; MIECHV)</td>
<td>• Typically complete 48 visits each month</td>
</tr>
<tr>
<td>• Serves 44 families</td>
<td>• Use staff from the community</td>
<td>• Registered nurses license required</td>
<td>• In 17 counties</td>
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<tr>
<td></td>
<td>• Serves 17 counties</td>
<td>• Serves 34 counties</td>
<td>• Serves 692 families</td>
</tr>
<tr>
<td></td>
<td>• Serves 756 families</td>
<td>• Serves 2,283 women</td>
<td>• Serves 9 pregnant women</td>
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</table>
**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

MIECHV-Funding Programs: Early Outcomes

School Readiness & Family Self-Sufficiency

- Parents Feel Supported: 26% (FY 13) vs. 41% (FY 14)
- Child read to each day: 4% (FY 13) vs. 25% (FY 14)
- Increase in education or hours worked: 13% (FY 13) vs. 29% (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.

Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin
MIECHV-Funded Programs: Child Safety Early Outcomes

Child Safety

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 13</th>
<th>FY 14</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER Visits</td>
<td>12.5%</td>
<td>8.1%</td>
<td>24.0%</td>
</tr>
<tr>
<td>Medical Attention</td>
<td>1.8%</td>
<td>1.3%</td>
<td>10.4%</td>
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</table>

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