
Annual Report on the Texas Home Visiting Program

**As Required By
S.B. 426, 83rd Legislature, Regular Session, 2013**

**Health and Human Services Commission
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1. Executive Summary

Senate Bill 426, 83rd Legislature, Regular Session, 2013, authorized the establishment of the Texas Home Visiting Program, building on existing home visiting work overseen by the Texas Health and Human Services Commission (HHSC) through the Office of Health Coordination and Consumer Services (OHCCS). The legislation specifically requires the development of a strategic plan to serve at-risk pregnant women or families with children under the age of six through home visiting programs that improve outcomes for parents and families. Additionally, the legislation directs the HHSC to submit an initial report to the Legislature regarding the status of the implementation process, including a description of home visiting programs being implemented and data on families being served.

Accordingly, this initial report provides an update on the work completed to date including the following:

- Infrastructure development building to prepare for expansion including increased staffing, coordinated training, and enhanced data systems
- The strategic planning process utilized including synthesis of needs assessment data statewide surveys, targeted focus groups, and quantitative data analyses
- Cross-agency coordination efforts to build a statewide network of early childhood services
- Strategies utilized to expand home visiting services to more children and families
- Information on families served through the HHSC managed home visiting programs

The OHCCS focused part of its initial implementation efforts on the strategic planning process. The data collected through the strategic planning process consistently demonstrated the need to expand comprehensive support systems for vulnerable Texas families. Population statistics, survey and focus groups, and statistical analyses clearly indicated that families with young children have substantial unmet needs. In addition, the strategic planning process clearly outlined the need for comprehensive home visiting systems that address the multitude of issues impacting pregnant mothers and families with young children.

Based upon these findings, OHCCS will release a competitive procurement in targeted at-risk communities to expand home visiting systems. These expansion communities will utilize a comprehensive early childhood systems approach that combines home visiting services and community mobilization strategies for systems change. The evidence-based models identified to implement home visiting through this Request for Proposal (RFP) include:

- Parents as Teachers (PAT),
- Nurse-Family Partnership (NFP)
- Early Head Start – Home-Based (EHS-HB), and
- Home Instruction for Parents of Preschool Youngsters (HIPPOY).

Respondents may also propose a promising practice model as long as it meets the criteria set forth in the legislation. Given the lessons learned from the strategic planning process, the OHCCS will utilize a dual-process approach to expansion: a) building community readiness for change; and b) implementing the comprehensive home visiting system model.

The OHCCS anticipates supporting four to seven new communities, through competitive procurement, in implementing comprehensive home visiting services with appropriated funds and leveraging additional federal funding. As directed by legislation, OHCCS is also strategically seeking opportunities to leverage additional resources for home visiting across the state. The OHCCS will continue to utilize the strategic plan to inform future decision-making on the expansion of home visiting services to effectively serve more vulnerable Texas children and families.

The next steps to expansion include developing a Request for Proposal (RFP) scheduled to be released in December 2014 with contracts anticipated to be executed by March 2015. The new procurement is limited to the following eligible geographic areas: Bell, Brazoria, Collin, Denton, Fort Bend, Harris, Hays, Lubbock, Montgomery, Smith, Starr, Tarrant, Taylor, and Williamson counties.

2. Introduction

Senate Bill 426 requires the HHSC to establish the Texas Home Visiting Program including a strategic plan to serve at-risk pregnant women and families with children under the age of six through home visiting programs that improve outcomes for parents and families. The legislation contains the following key sections. Texas Government Code, Section 531.984 directs the HHSC to actively seek and apply for any available federal funds and to accept gifts, donations, and grants to support home visiting programs. Texas Government Code, Section 531.986 directs HHSC to do the following: adopt outcome indicators to measure the effectiveness of home visiting; develop internal processes to share data and information to aid in relevant analysis of the performance of a home visiting program; and use data to monitor, conduct ongoing quality improvement, and evaluate the effectiveness of home visiting programs. The HHSC will ensure the implementation of the home visiting program achieves favorable outcomes to measure effectiveness in at least two of the ten outcome indicators around child and family well-being. The ten outcome areas are as follows:

1. Improved maternal or child health outcomes
2. Improved cognitive development of children
3. Increased school readiness of children
4. Reduced child abuse, neglect, and injury
5. Improved child safety
6. Improved social-emotional development of children
7. Improved parenting skills, including nurturing and bonding
8. Improved family economic self-sufficiency
9. Reduced parental involvement with the criminal justice system
10. Increased father involvement and support

The HHSC was directed by S.B. 426 to submit an initial report to the Legislature regarding the status of the implementation process of the Texas Home Visiting Program, including a description of program models implemented and data on the number and demographics of families being served. This one-time initial report will be followed by a report due on December 1 of even-numbered years to the Legislature.

3. Status of Implementation

In September 2013, the HHSC's Office of Health Coordination and Consumer Services (OHCCS), the office currently charged with oversight and management of the home visiting program, executed the directive to implement S.B. 426 to further establish a state-funded Texas Home Visiting Program. The OHCCS defines home visiting programs as voluntary-enrollment programs, with home visiting as the primary service delivery strategy, where trained home visitors who are early childhood or health (i.e. nurses) professionals or paraprofessionals regularly visit the homes of at-risk pregnant women or families with children under the age of six. Through the implementation plan development process, four foundational steps for successful implementation were identified:

1. Infrastructure Development
2. Strategic Planning
3. Cross-agency Coordination and
4. Expansion of Services.

Each of these implementation components are further detailed below.

3.1 Infrastructure Development

To effectively support the ongoing establishment of a comprehensive home visiting program in Texas, The OHCCS focused initial implementation efforts on building a solid infrastructure for expansion. This included restructuring the department and adding essential staff, streamlining data collection processes, building training systems, and augmenting evaluation plans to support program growth.

The initial infrastructure for a statewide home visiting program began in 2007 with the authorization of S.B. 156, 80th Regular Session, 2007, to establish the Nurse-Family Partnership (NFP) program in areas across the state. This consisted of two staff members located under the Medicaid Program operating a \$7.9 million biennium budget. Shortly thereafter, home visiting programs began receiving both national and state attention given the extensive research demonstrating that community-based interventions with a time-limited, intensive home-visiting component can be an extremely cost-effective and outcome-based service delivery model. As such, the budget for home visiting programs in Texas was more than doubled during the 2010-2011 biennium with an increase in state general revenue funds to \$17.8 million and the receipt of the first grant award from the U.S. Department of Health and Human Services Health Resources Services Administration (HRSA) for \$7.3 million of Maternal, Infant, and Early Childhood Home Visiting (MIECHV) federal funds. At this time, home visiting was transferred from the Medicaid Program to the OHCCS program (previously named the Office of Program Coordination for Children and Youth). Despite this substantial growth, the number of staff dedicated to home visiting only grew by three positions and thus struggled to accommodate the expansion and increased responsibilities.

The immediate focus of the OHCCS program following the passage of S.B. 426 was the expansion of home visiting which included building a team that could better support communities in implementing home visiting programs. This entailed creating a new organizational structure including adding staff with expertise in: program implementation, quality assurance, training, evaluation, and contract management and monitoring. The program grew from 14 to 28 full-time employees. To assist in the management of the program, the new structure included reclassifying three positions (Program Support Manager, Texas Home Visiting Manager, and Monitoring and Compliance Specialist) and creating seven new positions: Training Specialist, Community Development Specialist, Data Specialist, Communication Specialist, Special Projects Manager, State Home Visiting Team Lead, and Administrative Assistant. Ten of the current OHCCS program staff members are part of the Texas Home Visiting Team focused on program implementation, five staff are part of an operations team focused on contract management, budget and fiscal management and external relations, and seven are part a Program

Support Team focused on training and technical assistance, data, communications, and evaluation.

While many of these new and reclassified positions are fully funded through federal grants, three positions are fully funded through state general revenue: Texas Home Visiting Program Manager, Texas Home Visiting Team Lead, and Administrative Assistant. Nine other positions are partially funded through these state dollars, and are leveraged with federal dollars to provide all-inclusive support to home visiting work statewide. As of November 2014, the OHCCS program was fully staffed.

In addition to building the internal team, the OHCCS program focused part of its initial implementation efforts on building a solid training infrastructure. This included initiating the development of a training institute to ensure that home visitors throughout the state, regardless of funding source, have free online access to continual, relevant professional development opportunities. The initial work on the training institute utilized both in-house support and an outside contractor. The specific objectives of the training institute are to: ensure a well-trained network of home visitors; create career pathways; provide model-neutral statewide training opportunities; promote local training opportunities; focus on supporting, recruiting and retaining families and staff; and focus on high-quality supervision. Training modules will include pre- and post-tests to identify changes in knowledge, skills, and attitudes. There will also be a professional resource library online for 24-hour access to materials and resources. To date, HHSC has worked with stakeholders to identify core competencies for home visitors and supervisors. The HHSC anticipates having the first trainings available in fiscal year 2015 with train-the-trainer and in-person options to follow in fiscal year 2016.

The final component to the infrastructure development process included enhancing the Texas Home Visiting Data Collection System. This system extrapolates and synthesizes shared outcome and benchmark data from the individual program model databases. This allows for assessing the collective impact of the Texas Home Visiting Program, thus ensuring ongoing quality improvement and effective service delivery.

3.2 Strategic Planning

As directed by the legislation to complete a strategic plan, OHCCS contracted with EW Consulting to complete a comprehensive strategic planning process in fiscal year 2014. The purpose of the process was to determine how to most effectively and efficiently expand home visiting in Texas to serve at-risk pregnant women and families with children under the age of six. The strategic planning process utilized by OHCCS included:

- a) Synthesizing existing needs assessment data for young children and families
- b) Conducting an online survey with parents and professionals across the state
- c) Facilitating in-person focus groups with parents and professionals in six targeted communities and with the Texas Home Visiting Consortium to gather qualitative data
- d) Analyzing quantitative data to assess current maternal and child health status and school readiness needs

These are discussed in further detail below along with the results of the strategic planning process.

a) Synthesizing Needs Assessment Data

In order to most comprehensively identify the needs of Texas children and families, EW Consulting synthesized data from research studies and reports from more than 30 published federal, state, university, foundation, nonprofit, and journal sources. In addition to reviewing HHSC data, the review of other data sources represented the most authoritative research available on young children and families including: the Texas State Data Center; Texas Department of State Health Services (DSHS); Texas Department of Public Safety; Texas Education Agency; and the Texas Department of Family and Protective Services (DFPS). At the national level, the synthesis summarized data from the U.S. Census Bureau, Centers for Disease Control and Prevention, National Center for Education Statistics, and the Bureau of Labor Statistics. Additionally, the data analysis process included reviewing critical research findings and conclusions from the comprehensive evaluations of home visiting including the University of Texas Ray Marshall Center for the Study of Human Resources, Pew Charitable Trusts and the Texas Association for the Protection of Children (TexProtects).

The following major trends were identified from the data synthesis:

- The state's large geographic area includes a broad range of urban and rural communities. In sparsely populated areas, child and maternal health services are not available within a reasonable distance. In concentrated urban areas, resources are not able to keep up with demand.
- Texas is a diverse state with a demographic trend of a rapidly growing Hispanic population. The state includes a border region where much of the population speaks Spanish which raises linguistic and cultural considerations for effective service development and delivery.
- The population of Texas is young and exponentially growing. The numbers of young children and women of childbearing age are rapidly increasing.
- Texas has the highest rate of uninsured individuals in the United States. The lack of health insurance differs markedly between racial and ethnic groups. Individuals without health insurance are likely to go without necessary treatments, including preventive care.
- The number of preterm births and low birth weight babies born in Texas is on the decline, but the number of such births is still quite high.
- The number of family violence incidents reported to Texas law enforcement has been roughly constant at about 200,000 incidents per year.
- Poverty remains a significant problem in Texas with more than one in four Texas children birth to age five currently living in poverty (27 percent). The poverty rate is even higher for female-headed households, whose poverty rate was 35.9 percent.

b) Survey for Parents and Professionals

In addition to the data synthesis, EW Consulting conducted two statewide surveys to gather parent and professional input on family and community needs and strengths. There was an

internet-based version and a paper survey made available, as well as a Spanish version of the parent survey. A total of 560 people statewide responded to the surveys.

The parent survey focused on issues related to raising children during the first five years of life, including an assessment of individual and community challenges and strengths. Additionally, the survey assessed parents' knowledge about available resources and gathered feedback about how families with young children learn about local resources and where they go for support. Parent respondents indicated that obtaining affordable high-quality childcare was the most significant challenge. The second and third greatest challenges were paying bills and obtaining employment. Approximately 50 percent of parent respondents also reported having to take unpaid leave from work to care for their children when sick, thus impacting their financial security. Parents also indicated that parenting services were important to them, and identified additional challenges with drugs or alcohol, violence at home, and meeting other parents. Finally, parents expressed a desire for their communities to transform and become more family-friendly and "tight-knit."

The professional survey similarly analyzed parent and community needs and strengths and additionally assessed perception about home visiting and other support services. It also explored the extent to which community leaders valued early childhood programs to identify opportunities for sustainable expansion. Findings on the top three challenges facing families from the professional survey paralleled those from the parent survey with the large majority of respondents identifying the following key challenges: accessing quality, affordable childcare; paying bills; and obtaining employment. Additionally, 64 percent of respondents indicated transportation was an issue and 56 percent indicated accessing mental health services was a challenge. The general theme of the responses regarding programs to help families was that the programs exist, but need to be expanded. There was also a general consensus that there was local interest from community leaders for early childhood programs.

c) Focus Groups

The contractor, EW Consulting, also organized and conducted community input focus group sessions for parents and professionals in six targeted communities to obtain more in-depth information about how to improve outcomes for families with young children. The six areas were selected based upon the population of children under the age of six living in poverty and the relatively low current level of federal and state investment in home visiting. The intent was to better understand the needs of families that may currently have limited access to home visiting services. The communities included:

- Denton (Denton County)
- Waco (McLennan, and Bell counties)
- Bryan/College Station (Brazos County)
- Lubbock (Lubbock County)
- Abilene (Taylor County)
- Galveston (Galveston County)

In addition to the targeted community groups, EW Consulting facilitated a focus group with the Texas Home Visiting Consortium, which consists of key home visiting advocates and

stakeholders across the state. A total of 120 parent and professional participants attended the targeted focus group sessions.

Each community provided feedback on issues impacting children and families. These reports aligned significantly with findings from the needs assessment and online survey with the top issues including:

- Coordination and Collaboration between Agencies and Program Providers
- Access to Public Transportation
- Access to Mental/Behavioral Health Care
- Economic Self-Sufficiency
- Access to Affordable and Quality Childcare

Coordination and Collaboration between Agencies and Program Providers

Professional focus group participants noted their community could be better served by a referral system that coordinates and collaborates between agencies and program providers. For example, the 2-1-1 system present in each of the communities is designed for families to be connected to appropriate services. However, several professionals said that many families are referred to services and programs that do not have the ability to effectively meet their needs. Professional participants expressed the need for a centralized referral intake system that tracks cases across network agencies. Implementing this sort of system would increase the efficiency and effectiveness of referrals and the delivery of needed services.

Access to Public Transportation

Families in each of these communities expressed having limited transportation options, and many lack a personal automobile. Parents said public transportation issues contributed to their family's sense of isolation and inability to take full advantage of community services and opportunities. Community transportation issues, such as high bus fare cost, infrequent schedules, and limited routes were identified as significant barriers to low-income families seeking and maintaining employment, as well as the ability to schedule and keep appointments.

Access to Mental/Behavioral Health Care

Participants in each of the six communities targeted for community conversations shared concerns about mental health care and the lack of services in their area. The focus group participants expressed that mental health illnesses and issues were prevalent in their community. Participants additionally reported a mismatch in the needs of families and the services available in the communities, especially for young children with mental illnesses or developmental disabilities. Focus group participants said that mental health issues have a negative stigma and are misunderstood. There is a lack of awareness and education in the importance of mental health screening and care according to the focus group participants.

Economic Self-sufficiency

Professional participants expressed the concern that many families living in poverty in the community were part of a cycle of poverty that included a family history of teen pregnancy and subsequent inability to become self-sufficient. Many parent participants said low-paying jobs and underemployment were barriers to economic self-sufficiency.

Access to Affordable and Quality Childcare

Families across communities reported continued barriers in accessing high quality, affordable childcare. These participants indicated that there is a lack of providers and wait lists continue to be long, especially for infants. The lack of access to childcare can impact the ability to find or maintain employment.

After providing input on challenges in the community, focus group participants provided recommendations on how to expand home visiting for at-risk Texas families. The following recommendations for the Texas Home Visiting Program design and rollout were offered by participants:

- Provide planning grants, technical assistance, and both standardized and customized trainings to all regions.
- Work with established entities such as the United Way and Federally Qualified Health Centers to serve as intermediary organizations and encourage/require the use of Memorandums of Understanding (MOU) and partnership agreements.
- Support technology enhancements, data collection, data sharing, and a centralized intake and enrollment, assessment, and a referral system.
- Conduct ongoing evaluations, research, and return on investment analyses of existing programs and promising practices to promote continuous improvement.
- Coordinate program policies and requirements at the state level to expand the number of service providers (especially mental health and home visiting providers) and to ease administrative and eligibility barriers so that programs can work in tandem at the community level.
- Engage statewide organizations to provide outreach and support to their local affiliates.
- Work with communities to improve utilization of community-generated data.

d) Quantitative Data Analysis

To help identify how to strategically expand home visiting in Texas, the OHCCS program built upon the prior DSHS Maternal and Child Health Title V Needs Assessment by conducting additional analysis on risk and current investment. The purpose of this analysis was to apply a specific, time-oriented, measurable methodology for expansion that responds to the needs of Texas communities. The methodology applied the continuous learning gained through OHCCS' successful implementation of home visiting over the past several years and aligns with the best practices and research in the field.

More specifically, the OHCCS program utilized existing data to determine the gap of school-readiness services in each county. This service gap represented the projected number of children under age six living in poverty in each county without an available early childhood slot as defined as a spot in a home visiting program, Head Start program, Pre-Kindergarten, or subsidized day care. Population projections for 2020 were used with current numbers of slots in each program, thus no growth or loss was incorporated for the early childhood slots.

Subsequently, health and education scores were calculated for each county. The health score was calculated using teen pregnancy rates, low birth weight, and late or no prenatal care. The education score was calculated using school dropout rates and mothers' education levels. These indicators were then combined and used as a proxy for the environmental factors influencing families in each county. A higher score indicated that the county had a smaller level of existing environmental support, thus a greater need for intervention.

The school readiness gap was then weighted by the combined health and education score to determine the final ranking of county need as indicated by the attached map in Appendix A "Need for Home Visiting Programs by County." A second analysis detailing current federal and state investment level in home visiting for children under age six living in poverty was conducted as reflected in Appendix B, titled "Level of Investment in Home Visiting Programs by County." Finally, an overlay of need versus investment was conducted (Appendix C) to prioritize potential areas for expansion. A detailed account of the methodology utilized for this analysis is located in Appendix D.

Strategic Planning Process Overall Findings

Overall, the data collected through the strategic planning process consistently demonstrated the need to expand comprehensive support systems for vulnerable Texas families. Population statistics, survey and focus groups, and statistical analyses clearly indicated that families with young children have substantial unmet needs. This is particularly relevant in communities that are not receiving significant per capita federal and state funds for children under the age of five living in poverty. These communities either lack the readiness to provide these critical services and/or they can only serve limited numbers.

Furthermore, part of the challenge in expanding services to new communities historically has been the significant infrastructure development costs that a community must incur in preparation for implementing evidence-based home visitation services. This includes building interest in and knowledge about early childhood with local leaders; developing community support systems that complement home visiting services and increase community buy-in (such as toy lending libraries, neighborhood playgrounds, strong referral networks, etc.); building agency infrastructure to implement and evaluate services; and conducting costly trainings on evidence-based home visiting models. These expenses are more difficult to support as the expectation is often that services begin immediately upon receipt of federal and state funding. Therefore, traditional procurement processes for service delivery unintentionally give preference to those communities that are already receiving federal and state funds as they typically have the infrastructure in place to immediately expand services.

In addition, the strategic planning process clearly outlined the need for comprehensive home visiting systems that address the multitude of issues impacting pregnant mothers and families with young children. This is in large part due to the fact that the complex needs of families often extend beyond what home visiting services can provide in isolation. As demonstrated by the complex challenges noted throughout the process, families with young children need coordinated access to an array of available services. Additionally, there are many community-level issues that negatively impact families (i.e. transportation systems) that must be effectively addressed in order to ensure continued improvements in identified outcomes beyond the point-in-time home visiting interventions.

Based upon these findings, OHCCS will release a competitive procurement in targeted at-risk communities to expand home visiting systems. These expansion communities, which could be as broad as an entire county or as focused as targeted zip code(s), will utilize a comprehensive early childhood systems approach that combines evidence-based home visiting services and community mobilization strategies for systems change. Given the lessons learned from the strategic planning process, OHCCS will utilize a dual-process approach to expansion: a) building community readiness for change; and b) implementing the comprehensive home visiting system model.

3.3 Cross-Agency Coordination

In addition to building infrastructure and strategic planning, the OHCCS program worked extensively with cross-systems partners to ensure home visiting is part of a continuum of early childhood services. This included assessing needs and trends, creating cross-training opportunities, exploring avenues to analyze collective impact of early childhood programs, and discussing peer review opportunities across systems. More specifically, the program worked with DSHS, DFPS, the Office of the Attorney General, the Department of Assistive and Rehabilitative Services (DARS), the Texas Home Visiting Consortium, and TexProtects on data collection and analysis to assess current needs and trends across Texas. The OHCCS also facilitated a cross-sectional meeting of the above-stated agencies in coordination with the Pew Charitable Trust Fund and other key stakeholders to explore measures that can be utilized to assess the collective impact of early childhood efforts in Texas.

The OHCCS additionally partnered with the Early Childhood Intervention Program within DARS and Prevention and Early Intervention (PEI) division within DFPS to assess how these complimentary programs collectively create a full continuum of early childhood services. This included distinguishing mission, objectives, target populations and outcome measures. In addition, OHCCS specifically worked with the PEI division to formalize a cross-agency partnership to leverage state and federal dollars, increase service capacity across the state, and coordinate efforts. This partnership has specifically entailed developing a MOU to support the home visiting component of Project HOPES (Healthy Outcomes through Prevention and Early Support). This partnership includes shared training and technical opportunities, cross-sharing of data, evaluation support, and implementation support.

3.4 Expansion of Home Visiting Services

In an effort to quickly expand direct services, OHCCS initially focused growth efforts on current contractors who were well-performing and had active wait lists, community support, and an infrastructure in place to support expansion. As the federally-funded programs were not yet fully operational, the state-funded Nurse-Family Partnership (NFP) programs were the only sites that met these criteria.

The OHCCS specifically focused on growing four-nurse teams by one home visitor given experience and data demonstrating the efficiencies gained through such strategic expansion. More thoroughly, the smaller, four-nurse teams (the minimum staffing allowed by the national model) face critical retention issues, both for clients and staff. Any disruption in staffing, including natural attrition of nurse home visitors, leads to significant work load increases for the remaining nurse home visitors. At the beginning of fiscal year 2014, the following six sites were operating four-nurse teams: University Medical Center-El Paso, City of Laredo, Texas Children's Health Plan, Baylor Teen Clinic, City of Port Arthur, City of Houston, and Parkland Health & Hospital System. Based on outreach and planning with each site, proposed budgets, and readiness assessments, OHCCS offered immediate one-time investments to three sites (Parkland, Laredo, and El Paso) to increase services by 25 families each. Of these three, only Parkland and Laredo indicated readiness for expansion. Despite the effort to quickly expand services at these two sites, lengthy contract amendment, hiring, and training processes prevented immediate service delivery. As such, the two expansion sites are anticipated to begin providing direct services during fiscal year 2015.

To more broadly expand home visiting into additional high-risk geographic areas across Texas, OHCCS utilized strategic planning results to initiate a competitive procurement process for targeted communities. This entailed developing a RFP currently scheduled to be released in December 2014 with contracts anticipated to be executed by March 2015. Table 1 outlines the anticipated timeline for procuring home visiting services.

**Table 1: Texas Home Visiting Program Procurement Schedule
as of December 2014**

Activity	Timeline
RFP Release Date	December 17, 2014
Vendor Conference	December 27, 2014
Vendor Questions Due	January 5, 2015
HHSC Posts Responses to Vendor Questions	January 12, 2015
Proposals Due	January 17, 2015
Contract Execution	March 31, 2015

As previously referenced, the expansion areas will develop comprehensive home visiting systems that include both direct service- and systems-level strategies to positively impact child and family outcomes. More specifically, communities will implement the home visiting programs and services that best meet local needs, as well as facilitating local coalitions to adopt or build upon an existing comprehensive early childhood system.

Given what OHCCS has learned over the past six years regarding expansion processes, the procurement will include dual-process approach to expansion: a) building community readiness for change; and b) implementing the comprehensive home visiting system model. While these two processes at times operate concurrently, it is generally anticipated that the initial investment will heavily focus on building readiness, while subsequent funds focus on implementation.

Eligible Geographic Areas for Expansion

The new procurement is limited to the following eligible geographic areas: Bell, Brazoria, Collin, Denton, Fort Bend, Harris, Hays, Lubbock, Montgomery, Smith, Starr, Tarrant, Taylor, and Williamson counties. Within these areas, respondents may propose to focus as broad as a county level or as narrow as a targeted zip code(s).

Eligible areas were identified based on the comprehensive strategic planning process completed by OHCCS. As previously described, the process included a synthesis of needs assessment data, statewide surveys, targeted focus groups, and a quantitative analysis of risk factor data for maternal and child health and school readiness. Given the voluntary nature of home visiting services and the cost efficiencies gained by appropriately targeting services, counties with fewer than 3,000 children under the age of five living in poverty were deemed ineligible.

Program Models

Respondents to the RFP may select one or more program models to create or expand home visiting in their identified geographic area. The respondents may choose from pre-selected evidence-based program models or propose a promising practice home visiting program model,

with no more than 25 percent of funds dedicated for such programs. Respondents choosing a promising practice model must ensure that the program has:

- At least one completed outcome-based study or randomized controlled trial in a homogeneous sample demonstrating positive change that occurred as a result of the program.
- A current impact evaluation in process or a proposed timeline for developing an impact evaluation to demonstrate the effectiveness of the intervention over time.
- A program manual or design that specifies the purpose, outcomes, duration, and frequency of the services that constitute the program.
- Requirements for well-trained and competent staff including continual professional development.
- Strong links to other community-based services.

Respondents choosing to implement evidence-based programs must select one or more of the following models:

- Parents as Teachers (PAT)
- Home Instruction for Parents of Preschool Youngsters (HIPPOY)
- Nurse-Family Partnership (NFP)
- Early Head Start-Home Based (EHS-HB).

These models, currently part of the Texas Home Visiting Program, were identified based upon extensive research and analysis conducted by OHCCS to identify programs demonstrating positive outcomes in maternal and child health, child development, and/or school readiness. This initially entailed verifying that the program models met the criteria of evidence as set forth by the U.S. Department of Health and Human Services, which is outlined on the Home Visiting Evidence of Effectiveness website. In addition, these models have a strong state infrastructure to provide technical assistance on model fidelity to the new sites.

The evidence-based models are described in more detail below.

PAT: The program goals are 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 school readiness. The PAT model includes one-on-one home visits, monthly group meetings, developmental screenings, and a resource network for families. Local sites offer at least 12 hour-long home visits annually with more offered to higher need families. The PAT model is designed to serve families as early as pregnancy and may continue through kindergarten entry. Each affiliate selects the specific characteristics and eligibility criteria of the targeted population they plan to serve.

HIPPY: The program goals are to help vulnerable children achieve long-term academic success, improve parent-child relationships and increase parent's involvement in their children's schools and communities by providing instruction in the home. The HIPPY offers weekly, hour-long home visits for 30 weeks a year, and two-hour group meetings at least six times a year. Home visitors are typically drawn from the same population that is served by the HIPPY site. The services are offered directly to the parents, who then work with their own children. Role play is

used as the method of instruction. The program model is designed for parents who lack confidence in their ability to prepare their children for school, including parents with past negative school experiences. Frequently, these parents did not graduate from high school or have only limited formal education, limited English proficiency, limited financial resources, or other risk factors. The HIPPIY serves parents with children ages three through five.

NFP: The program is designed for first-time, low-income mothers and their children to improve prenatal health and outcomes; increase knowledge of child health and development; support families' economic self-sufficiency; and/or positively impact maternal life course development. The NFP offers one-on-one home visits by a trained public health registered nurse to participating clients. Nurse home visitors use input from parents, nursing experience, nursing practice, and a variety of model-specific resources coupled with the principles of motivational interviewing to promote mothers' health during pregnancy, care of their infants, and personal growth and development. Nurse home visitors build on parents' own interests to attain the model's goals. The NFP requires a client to be enrolled in the program early in the pregnancy and to receive a first home visit no later than the end of the 28th week of pregnancy. Services are available until the child is two years old.

EHS-HB: The program goal is to enhance the development of infants and toddlers while strengthening families. The EHS-HB provides early, continuous, intensive, and comprehensive child development and family support services. The EHS-HB offers weekly 90-minute home visits and two group socialization activities per month for parents and their children. Home visitors are required to have knowledge and experience in child development and early childhood education; principles of child health, safety, and nutrition; adult learning principles; and family dynamics. The EHS-HB targets low-income pregnant women and families with children birth through age three. To be eligible for EHS-HB, most families must be at or below the federal poverty level. However, 10 percent of enrollment opportunities are available to children with disabilities who are eligible for Part C services under the Individuals with Disabilities Education Act in the state. Each individual site is allowed to develop specific program eligibility criteria, aligned with the program's performance standards.

3.5 Sustainability of the Texas Home Visiting Program

Per Government Code Section 531.984(b), OHCCS has actively sought federal funds to support the expansion of home visiting services. In addition to state funds, OHCCS hopes to utilize federal funds from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) program grant through HRSA to support the new procurement and subsequent program expansion. The OHCCS submitted three separate federal fund applications during calendar year 2014 in order to pursue expansion. The HHSC has also utilized Temporary Assistance for Needy Families dollars to specifically support NFP. In addition, OHCCS is strategically reaching out to business champions and private foundations during fiscal year 2015 to identify opportunities to leverage additional resources for home visiting across the state.

The OHCCS has additionally encouraged local partners to leverage resources to support home visiting programs. Since inception, OHCCS has required agencies implementing NFP to leverage a ten percent cash or in-kind match at the local level. This has helped increase community

ownership of the model and provided a solid foundation for growth. More recently, OHCCS added a contract performance measure to the federally-funded programs requiring a 15 percent overall cash match. The OHCCS is supporting each specific community in customizing financing plans to optimize local resources and ensure success.

The OHCCS has additionally placed a strong emphasis on community ownership as part of the new procurement to ensure buy-in and, ultimately, sustainability. Communities will build early childhood systems while strategically designing and implementing sustainability plans to leverage support in addition to state and federal investments.

4. Data on Families Served by the Texas Home Visiting Program

Tables 2 and 3 provide data on current services to families in state and federally-funded home visiting program administered by OHCCS.

Table 2: Texas Home Visiting Program Service Numbers

Type	State-funded NFP	Federally-funded MIECHV	Total Currently Served	Projected State-funded S.B. 426
Families served	2,128	2,297	4,425	895**
Children served*	1,411	2,556	3,967	761***

*The number of children served is lower than the families served number because NFP serves many pregnant women.

**Estimate based upon the current average cost per MIECHV family. Projected number to be served is after all ramp-up activities have been completed and programs are operating at full capacity.

***Estimate based upon current proportion of children to families for all home visiting programs.

Table 3: Texas Home Visiting Program Family Demographics

Category	State-funded NFP	Federally-funded MIECHV
Caregiver Gender		
Male	0%	2%
Female	100%	98%
Parent Ethnicity		
Hispanic	58%	76%
Not Hispanic	42%	24%
Parent Race		

Category	State-funded NFP	Federally-funded MIECHV
White	45%	72%
Black or African American	27%	9%
Asian/Pacific Islander	1%	2%
American Indian/Alaskan Native	1%	0%
More than one selected or unknown	26%	17%
Parent Age		
Under 15	4%	1%
15-17	30%	8%
18-19	25%	8%
20-24	29%	22%
25-29	8%	22%
Over 30	4%	39%
Parent Education		
High school diploma	50%	30%
General Education Development (GED)	3%	3%
Vocational	1%	8%
No diploma or GED	34%	35%
Currently enrolled	12%	24%
Parent Income*		
≤ 185% of federal poverty level	98%	--
> 185% of federal poverty level	2%	--
≤ 133% of federal poverty level	--	86%
= 134%-250% of federal poverty level	--	10%
> 250% of federal poverty level	--	4%
*Income categories vary by program.		

5. Conclusion

The OHCCS has worked diligently to implement this legislation as mandated by the Texas Legislature. This has included building an internal infrastructure to support growth; conducting a comprehensive strategic planning process to inform expansion; awarding funds to increase direct services; seeking additional federal funds to leverage state investments; and developing an RFP to support home visiting in new at-risk geographic areas. The OHCCS anticipates supporting four to seven new communities in implementing comprehensive home visiting systems with appropriated funds and leveraging additional federal funding. The OHCCS will continue to utilize the strategic plan to inform future decision-making on the expansion of home visiting services to effectively serve more vulnerable Texas children and families.

List of Acronyms

DARS	Texas Department of Assistive and Rehabilitative Services
DFPS	Texas Department of Family and Protective Services
DSHS	Texas Department of State Health Services
EHS-HB	Early Head Start – Home Based
HHSC	Texas Health and Human Services Commission
HIPPY	Home Instruction for Parents of Preschool Youngsters
HRSA	Health Resources and Services Administration
MIECHV	Maternal, Infant, and Early Childhood Home Visiting
MOU	Memorandum of Understanding
NFP	Nurse-Family Partnership
OHCCS	Health Coordination and Consumer Services
PAT	Parents as Teachers
PEI	Prevention and Early Intervention
Project HOPES	Healthy Outcomes through Prevention and Early Support
RFP	Request for Proposal
TexProtects	Texas Association for the Protection of Children

Appendix A

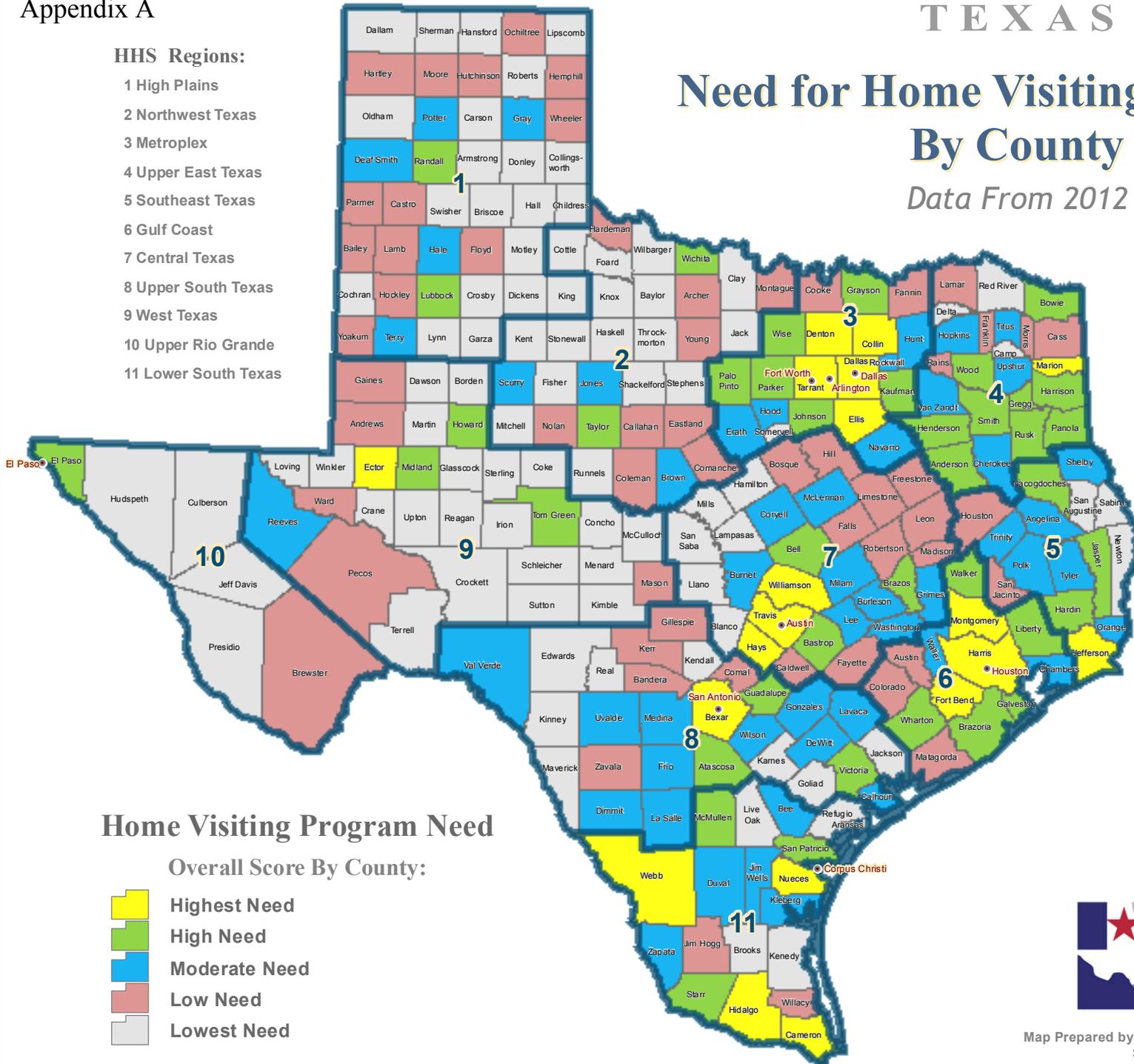
HHS Regions:

- 1 High Plains
- 2 Northwest Texas
- 3 Metroplex
- 4 Upper East Texas
- 5 Southeast Texas
- 6 Gulf Coast
- 7 Central Texas
- 8 Upper South Texas
- 9 West Texas
- 10 Upper Rio Grande
- 11 Lower South Texas

TEXAS

Need for Home Visiting Programs By County

Data From 2012



Home Visiting Program Need

Overall Score By County:

- Highest Need
- High Need
- Moderate Need
- Low Need
- Lowest Need



Map Prepared by: Texas Health and Human Services Commission,
Strategic Decision Support. MRL
October 7, 2014

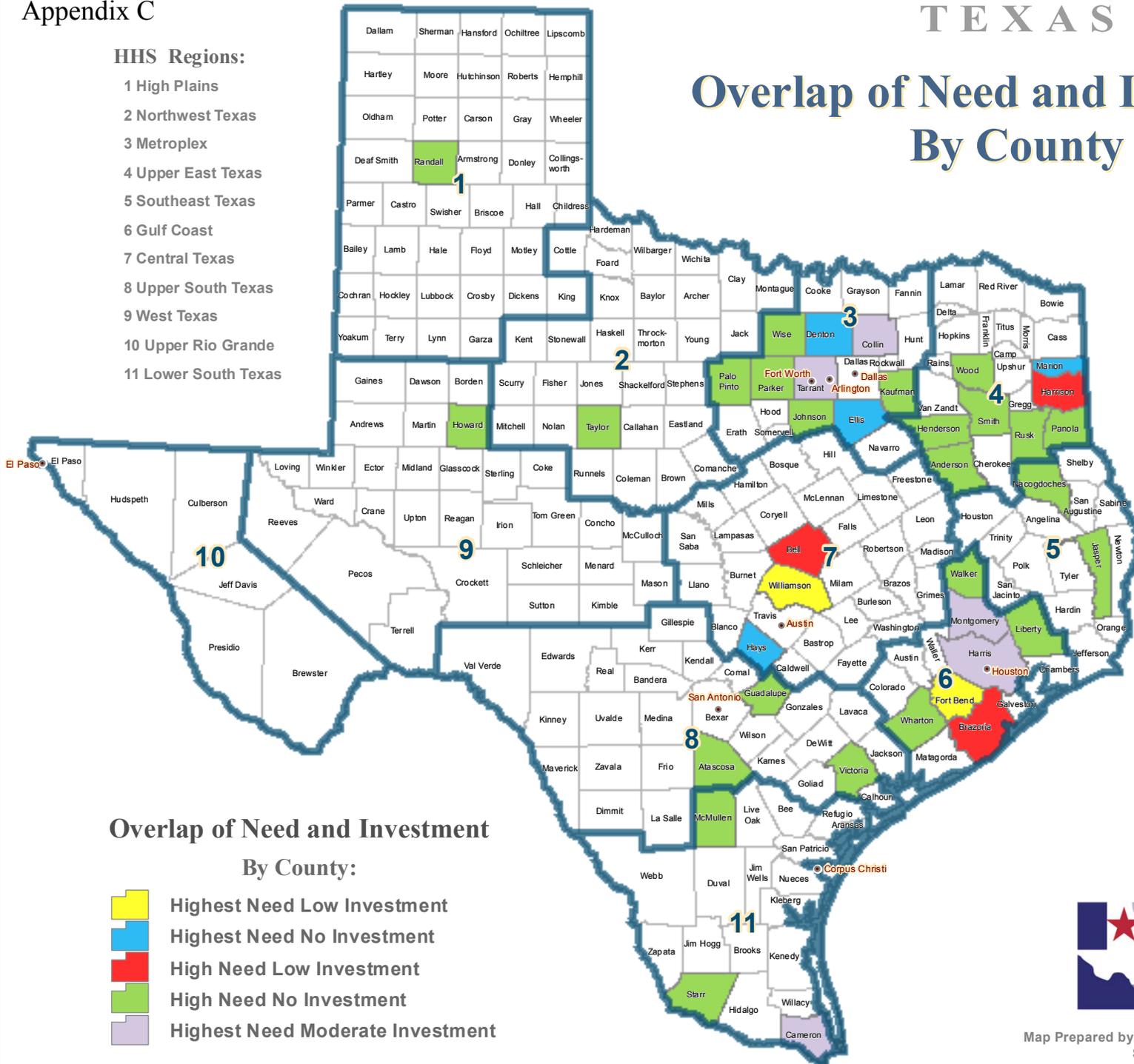
Appendix C

TEXAS

Overlap of Need and Investment By County

HHS Regions:

- 1 High Plains
- 2 Northwest Texas
- 3 Metroplex
- 4 Upper East Texas
- 5 Southeast Texas
- 6 Gulf Coast
- 7 Central Texas
- 8 Upper South Texas
- 9 West Texas
- 10 Upper Rio Grande
- 11 Lower South Texas



Overlap of Need and Investment By County:

- Highest Need Low Investment
- Highest Need No Investment
- High Need Low Investment
- High Need No Investment
- Highest Need Moderate Investment



Map Prepared by: Texas Health and Human Services Commission,
Strategic Decision Support. MRL
October 7, 2014

Attachment 4

S.B. 426 Texas Home Visiting Initial Report

Appendix D: Detailed Methodology for Quantitative Analysis

A resources indicator was the main score used to identify the home visiting service gap for children and families in need. A review of the existing literature and data available to identify children in need was performed. There are two main areas of focus that were strategically identified: education and health. The 2012 health data utilized were teen pregnancy; poverty rates of children birth to age five and children under the age of 18; late or no prenatal care; and low birth weight. The education data chosen were the number of mothers with no high school graduation (out of all women who had given birth in 2012, the most recent year with complete data) and the 7th to 12th grade dropout rates of economically disadvantaged students. The calculations used to analyze the data and create health and education indicators are outlined below.

Health Indicators

1. Percent Teen Pregnancy Births: teen pregnancy births/all births.
2. Percent Late (After the third trimester)/No Prenatal Care: Number of late prenatal care births + Number of no prenatal care births/all births.
3. Percent Low Birth Weight Births: Number of low births/all births.

Education Indicators

1. Dropout Rate of Students in Poverty: number of economically disadvantaged dropouts/number of all dropouts.
2. Percent Mother's Education: No High School (HS) Graduation: number of children born to mothers with no HS graduation/all births.

The mean score was calculated for the health indicators and the education indicators. The respective mean scores were named the Health Score and the Education Score. The two scores were added together to make the Overall Score (out of 200 possible).

Health Score = (Indicator 1 + Indicator 2 + Indicator 3)/3

Education Score = (Indicator 1 + Indicator 2)/2

Overall Score = Health Score + Education Score