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**Texas Nurse-Family Partnership  
Statewide Grant Program  
Evaluation Report for Fiscal Year 2014**

**As Required by  
§531.651 – §531.660 of the Texas Government Code**

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**Health and Human Services Commission  
December 2014**

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## EXECUTIVE SUMMARY

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The Texas Nurse-Family Partnership (TNFP) competitive grant program, through which the Health and Human Services Commission (HHSC) awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years, was established by §531.651 – 531.660, Texas Government Code. Section 531.659 requires HHSC to prepare and submit an annual report regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing TNFP program services. Pursuant to §531.659, HHSC is submitting the *Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report* for fiscal year 2014, which provides the findings of the evaluation of the TNFP program since the start of the program on September 1, 2008 through June 30, 2014, with a focus on the most recent program year, July 1, 2013 to June 30, 2014.<sup>1</sup>

The Nurse-Family Partnership (NFP) program is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children. Specially trained registered nurses regularly visit the homes of participating mothers to provide NFP services including education about prenatal health and good parenting practices, assistance locating resources and setting life development goals, and healthcare advice. TNFP follows the three-goal NFP model, and a fourth goal was added by the Texas Legislature and codified in §531.653, Texas Government Code. As such, TNFP works with clients to achieve the following four goals:

- Improve pregnancy outcomes
- Improve child health and development
- Improve family economic self-sufficiency and stability
- Reduce the incidence of child abuse and neglect

NFP programs are implemented in 43 states and the U.S. Virgin Islands. Organizations implementing NFP receive professional guidance from the NFP National Service Office (NFPNSO), the nonprofit organization which has oversight of the implementation of the NFP model. Programs are required to provide NFPNSO with extensive data which are used to monitor fidelity to the NFP model, improve service delivery and outcomes, and expand the research on the model. NFPNSO owns the NFP model and requires implementing agencies to contract with them for its use and ongoing technical support of program services. HHSC contracts directly with the NFPNSO to provide technical assistance, model fidelity support, and data support services to all NFP implementing agencies in Texas. NFPNSO consultants and HHSC TNFP staff work together closely to support implementing agencies in achieving the best possible outcomes.

As a result of HHSC's initial Request for Proposals (RFP) in 2008, grants were awarded for the expansion of one existing TNFP site and the development of ten new sites. A subsequent RFP in 2009 resulted in grant awards for the development of one additional TNFP site and the funding of a TNFP site formerly funded by the Department of Family and Protective Services. In 2011 a site was added in Laredo. The 13 state-funded TNFP sites are located in the cities of Austin, Dallas, El Paso, Fort Worth, Houston, Laredo, Lubbock, Port Arthur, and San Antonio. These

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<sup>1</sup> While the Texas Government Code requests a report for the preceding fiscal year, due to the lag in data availability, the evaluation focuses on the most recent program year with available data, from July 1, 2013 to June 30, 2014.

sites serve 23 counties.<sup>2</sup> From July 1, 2013 through June 30, 2014, the average monthly active client load for these 13 TNFP sites was 1,491 clients.

The goal of the program evaluation is to provide data for the prior year on the number of TNFP clients enrolled and served along with demographics for these clients, to provide data on the program outcomes, and to assess whether the sites are adhering to NFPNSO model standards. Evaluation findings are based primarily on raw data files from NFPNSO, standardized NFPNSO reports, and supplemental data provided by TNFP program staff from the individual sites and state office.

Key findings of the evaluation are as follows:

- TNFP enrolled 890 low-income first-time mothers from July 1, 2013 to June 30, 2014, bringing the total enrollment since the program started in Texas in 2008 to 6,204. Of new clients enrolled between July 1, 2013 and June 30, 2014, data on gestational age at enrollment were known for 96 percent. Of these clients, 95 percent began receiving program services before the end of their 28<sup>th</sup> week of pregnancy.
- Since September 2008, 1,234 clients have stayed in the program through their child's second birthday, 2,343 clients were enrolled through their child's first birthday, and 4,431 clients completed the pregnancy phase of the program.<sup>3</sup> Out of the 3,585 clients who had time to complete all three phases of the program by June 30, 2014, 34 percent stayed in the program through their child's second birthday.
- As a funding condition, TNFP grantees are required to adhere to the NFP program model standards developed by NFPNSO. All of the TNFP sites successfully adhered to the 18 model standards, with a few minor exceptions to standard 14, which focuses on staff supervision.
- Information about the establishment of paternity and child support was provided to all TNFP clients. In fiscal year 2014, September 1, 2013 to August 31, 2014, 77 clients completed Acknowledgment of Paternity (AOP) documentation with their nurse home visitor prior to delivery. It is unknown how many clients completed AOP documentation during their hospital stay following the birth of their baby or at a later time point. Evaluators were not able to determine definitively the number of mothers who established paternity as a result of TNFP services.
- The TNFP program has four program goals:
  - Improve pregnancy outcomes: Rates of subsequent pregnancies at 6 months, 12 months, and 18 months after the birth of their first child for TNFP clients are similar to national NFP rates. Rates of subsequent pregnancies 24 months after the birth of their first child for TNFP clients are lower than national NFP rates. However, subsequent pregnancy data are missing for a significant number of clients for TNFP and NFP nationally.
  - Improve child health and development: TNFP clients exceeded the Healthy People 2020 objective of initiating breastfeeding, but rates for breastfeeding at 6 and 12 months were lower than the rate for NFP clients nationally and fell short of the objectives. However, the breastfeeding rates for each time period have increased by ten or more percentage points since the first year of the program. The rates of immunization for TNFP infants at

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<sup>2</sup> Counties served include Bexar, Chambers, Crosby, Dallas, El Paso, Floyd, Fort Bend, Galveston, Garza, Hale, Hardin, Harris, Hockley, Jefferson, Lamb, Lubbock, Lynn, Orange, Tarrant, Terry, Travis, Webb, and Williamson

<sup>3</sup> Not all clients who have completed the pregnancy and/or infancy phases have been in the program long enough to complete the subsequent phases.

6 and 12 months are higher than the rates for national NFP infants. Similar proportions of TNFP infants were screened for developmental and social delays as national NFP infants.

- Improve family economic self-sufficiency and stability: The rates of TNFP clients working at 6, 12, and 18 months after the birth of their child is lower than the rate of employment for national NFP clients. However, TNFP clients started with lower levels of employment at intake and the increase in TNFP clients who are working from intake to 18 months postpartum is substantial and similar to the increase nationally.
- Reduce child abuse and neglect: No data are presented on the reduction of child abuse and neglect due to limited information. HHSC plans to continue developing measures for this goal and plans to report on child abuse and neglect outcomes in future reports.

## INTRODUCTION

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The Texas Nurse-Family Partnership (TNFP) competitive grant program, through which the Health and Human Services Commission (HHSC) awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years, was established by §531.651 – 531.660, Texas Government Code. Section 531.659 requires HHSC to prepare and submit an annual report regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing TNFP program services. Pursuant to §531.659, HHSC is submitting the *Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report* for fiscal year 2014, which provides the findings of the evaluation of the TNFP program since the start of the program on September 1, 2008 through June 30, 2014, with a focus on the most recent program year, July 1, 2013 to June 30, 2014.<sup>4</sup>

### **Background**

The Nurse-Family Partnership (NFP) program is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children. Specially trained registered nurses regularly visit the homes of participating mothers to provide NFP services, including education about prenatal health and good parenting practices, assistance locating resources and setting life development goals, and healthcare advice. TNFP follows the three-goal national NFP model, and a fourth goal was added by the Texas Legislature and codified in §531.653, Texas Government Code. As such, TNFP works with clients to achieve the following four goals:

- Improve pregnancy outcomes
- Improve child health and development
- Improve family economic self-sufficiency and stability
- Reduce the incidence of child abuse and neglect

The first NFP pilot program was implemented in 1978 in Elmira, New York.<sup>5</sup> Since then, NFP programs have expanded to 43 states and the U.S. Virgin Islands and have served approximately 191,000 women nationally. Organizations implementing NFP programs receive professional guidance from the Nurse-Family Partnership National Service Office (NFPNSO). NFP programs are required to provide extensive data to NFPNSO, which are used to monitor fidelity to the NFP model, improve service delivery and outcomes, and expand the research on the model.

Longitudinal studies have been conducted on three randomized control NFP trials involving diverse populations.<sup>6</sup> There have also been several studies done on the statewide NFP program in Pennsylvania. These studies have found a variety of both short- and long-term benefits. Program effects found in two or more of the NFP trials or the Pennsylvania studies include:

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<sup>4</sup> While the Texas Government Code requests a report for the preceding fiscal year, due to the lag in data availability, the evaluation focuses on the most recent program year with available data, from July 1, 2013 to June 30, 2014.

<sup>5</sup> The first pilot of the program was a randomized, controlled NFP trial in Elmira, New York in 1978. NFP mothers from Elmira and their children have been followed since 1978.

<sup>6</sup> The first trial was in Elmira, NY from 1978-1980, the second trial was in Memphis, TN from 1990-1991, and the third trial was in Denver, CO from 1994-1995.

- Improved prenatal health<sup>7</sup>
- Decreased smoking during pregnancy<sup>8</sup>
- Fewer childhood injuries and/or instances of abuse and neglect<sup>9</sup>
- Fewer subsequent pregnancies within two years of birth<sup>10</sup>
- Increased intervals between births<sup>11</sup>
- Increased maternal employment<sup>12</sup>
- Improved school readiness<sup>13</sup>
- Reduction in the use of public programs<sup>14</sup>

A minimum amount of participation needed to benefit from the program has not been established; however, research indicates that the beneficial impact increases as the amount of participation increases.<sup>15</sup>

In addition, a RAND Corporation independent analysis found that the return for each dollar invested in a NFP program was more than five dollars for higher-risk populations served (first time mothers who were both single and low-income) and almost three dollars for all individuals served.<sup>16</sup> The savings were calculated from the time of the mother's involvement in the program through when the child turned age 15, and for some costs the savings included a projected savings in the future. The return included benefits to the participants, society at large, and four types of governmental savings:

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<sup>7</sup> Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: A randomized trial of nurse home visitation. *Pediatrics*, 77(1), 16-28.; Olds, D. L., Robinson, J., O'Brien, R., Luckey, D. W., Pettitt, L. M., Henderson, C. R., ... & Talmi, A. (2002). Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*, 110(3), 486-496.; Kitzman, H., Olds, D.L., Henderson, C.R. Jr, Hanks, C., Cole, R., Tatelbaum, R., McConnochie, K.M., Sidora, K., Luckey, D.W., Shaver, D., Engelhardt, K., James, D., & Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. *Journal of the American Medical Association*, 278(8), 644-652.

<sup>8</sup> Olds et al., Home visiting by paraprofessionals and by nurses; Matone, M., O'Reilly, A. L., Luan, X., Localio, R., & Rubin, D. M. (2012). Home visitation program effectiveness and the influence of community behavioral norms: a propensity score matched analysis of prenatal smoking cessation. *BMC public health*, 12(1), 1016.

<sup>9</sup> Olds, D.L., Henderson, C.R. Jr, Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: A randomized trial of nurse home visitation. *Pediatrics*, 78(1), 65-78.; Kitzman et al., Effect of prenatal and infancy home visitation.

<sup>10</sup> Olds et al., Home visiting by paraprofessionals and by nurses; Kitzman et al., Effect of prenatal and infancy home visitation; Rubin, D. M., O'Reilly, A. L., Luan, X., Dai, D., Localio, A. R., & Christian, C. W. (2011). Variation in pregnancy outcomes following statewide implementation of a prenatal home visitation program. *Archives of Pediatrics & Adolescent Medicine*, 165(3), 198.

<sup>11</sup> Olds et al., Home visiting by paraprofessionals and by nurses; Kitzman, H., Olds, D. L., Sidora, K., Henderson Jr, C. R., Hanks, C., Cole, R., ... & Glazner, J. (2000). Enduring effects of nurse home visitation on maternal life course. *JAMA: the journal of the American Medical Association*, 283(15), 1983-1989.

<sup>12</sup> Olds, D. L., Henderson Jr, C. R., Tatelbaum, R., & Chamberlin, R. (1988). Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. *American journal of public health*, 78(11), 1436-1445. Olds et al., Home visiting by paraprofessionals and by nurses.

<sup>13</sup> Olds et al., Effects of home visits by paraprofessionals and by nurses; Olds, D. L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D. W., ... & Holmberg, J. (2004). Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial. *Pediatrics*, 114(6), 1550-1559.

<sup>14</sup> These effects were found before welfare reform in the 1990s. Kitzman et al., Enduring effects of nurse home visitation; Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *Journal of the American Medical Association*, 278(8), 637-643.

<sup>15</sup> Nurse-Family Partnership National Service Office. (2008). *Nurse-Family Partnership Model Elements*.

<sup>16</sup> Karoly, L.A., Kilburn, M.R., & Cannon, J.S. (2006). *Early Childhood Interventions: Proven Results, Future Promise*. The Rand Corporation: Santa Monica, CA.

- Increased tax revenues as a result of increased earnings from employment
- Child welfare system savings resulting from reduced rates of child abuse and neglect
- Decreased need for public assistance
- Decreased involvement in the criminal justice system

### **NFP Standards**

Before becoming an NFP implementing agency, the candidate agency must affirm its intention to adhere to the validated NFP model when delivering the program to clients. Such fidelity requires the observance of all NFP model standards. These standards are based on research, expert opinion, field lessons, and/or theoretical rationales. NFPNSO states that if a program is implemented in accordance with these model standards, the implementing agencies can be reasonably confident that results will be similar to those found in the trials. Conversely, it suggests that if program implementation does not meet model standards, results could differ from research results.

NFPNSO requires every NFP program to follow 18 model standards. These standards cover seven areas of implementation. A detailed description of each of the standards is included in the Implementation Evaluation section starting on page 25.

### **TNFP Grant Awards**

The NFP program was first implemented in Texas in 2006 when the YWCA of Metropolitan Dallas utilized Texas Department of Family and Protective Services Prevention and Early Intervention funds to open an NFP program. A year later, the 80<sup>th</sup> Legislature passed S.B. 156, which directed HHSC to use a competitive grant process to expand the NFP program to sites throughout Texas.

HHSC issued a Request for Proposals (RFP) in February 2008 and received 12 proposals. In September 2008, HHSC issued grants to nine organizations. YWCA of Metropolitan Dallas was awarded a grant to expand its existing NFP program to include an additional 200 clients, and eight other grants were awarded for the development of the ten new TNFP sites.<sup>17</sup>

HHSC considered several factors in determining which applicants to fund, including:

- The need for the program in the community in which the proposed program would operate
- The applicant's ability to comply with requirements to adhere to the NFP model (including meeting data collection standards)

The initial grant period was September 1, 2008, through August 31, 2009, with the understanding that the grant contracts could be extended for an additional six years, contingent upon the

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<sup>17</sup> The grant to the Houston TNFP Consortium, administered by the Healthy Families Initiatives as the lead agency, included three sites: Baylor, Houston DHHS, and the Texas Children's Health Plan.

availability of funds. With the exception of the contract with the Healthy Families Initiative in Houston, all of the 2008 contracts were extended through August 31, 2010.<sup>18</sup>

Program implementation for the new TNFP sites began on September 1, 2008. Staff was hired and completed NFPNSO mandatory training. The first home visit occurred on September 29, 2008 in Dallas. All sites were serving clients by the end of January 2009. The first years of implementation focused on building infrastructure and caseloads and ensuring adherence to the model.

In December 2009, HHSC issued an RFP to expand the TNFP program to include an additional 200 clients, increasing the total potential number of clients served to 2,000. HHSC received four proposals. Awards were made to YWCA of Metropolitan Dallas and University Medical Center (UMC) of El Paso. With the additional TNFP funding provided to YWCA of Metropolitan Dallas, TNFP began funding an additional 100 YWCA of Metropolitan Dallas clients, including all of the clients previously funded by the Department of Family and Protective Services. UMC of El Paso was awarded funds to provide NFP services to 100 clients in the El Paso area. The addition of the 2 new sites brought the total number of TNFP sites to 12, with a maximum capacity of 2,025 clients. Based on a two-year contract cycle and contingent on the availability of funding, all contracts were further extended through August 31, 2012.

In 2011, the Parkland Health and Hospital System site was reduced to 100 clients, and a site in Laredo was added with the capacity to serve 100 clients, bringing the total current sites to 13 but maintaining the maximum caseload of 2,025 (see Figure 1). Again, all contracts were extended until 2014, and subsequently extended through August 31, 2015.

An RFP for general revenue-funded NFP programs in fiscal year 2016 is planned, and it is anticipated that interest in the continuation of NFP services, expansion of services, and new services will be strong. There are currently 20 agencies implementing NFP in the Texas, the 13 agencies supported with general revenue funds, and 7 agencies supported with funds from the federal Maternal Infant Early Childhood Home Visiting (MIECHV) program.<sup>19</sup> Two implementing agencies in communities without NFP services, Waco and New Braunfels, have been approved by NFPNSO to implement NFP, should funding become available.

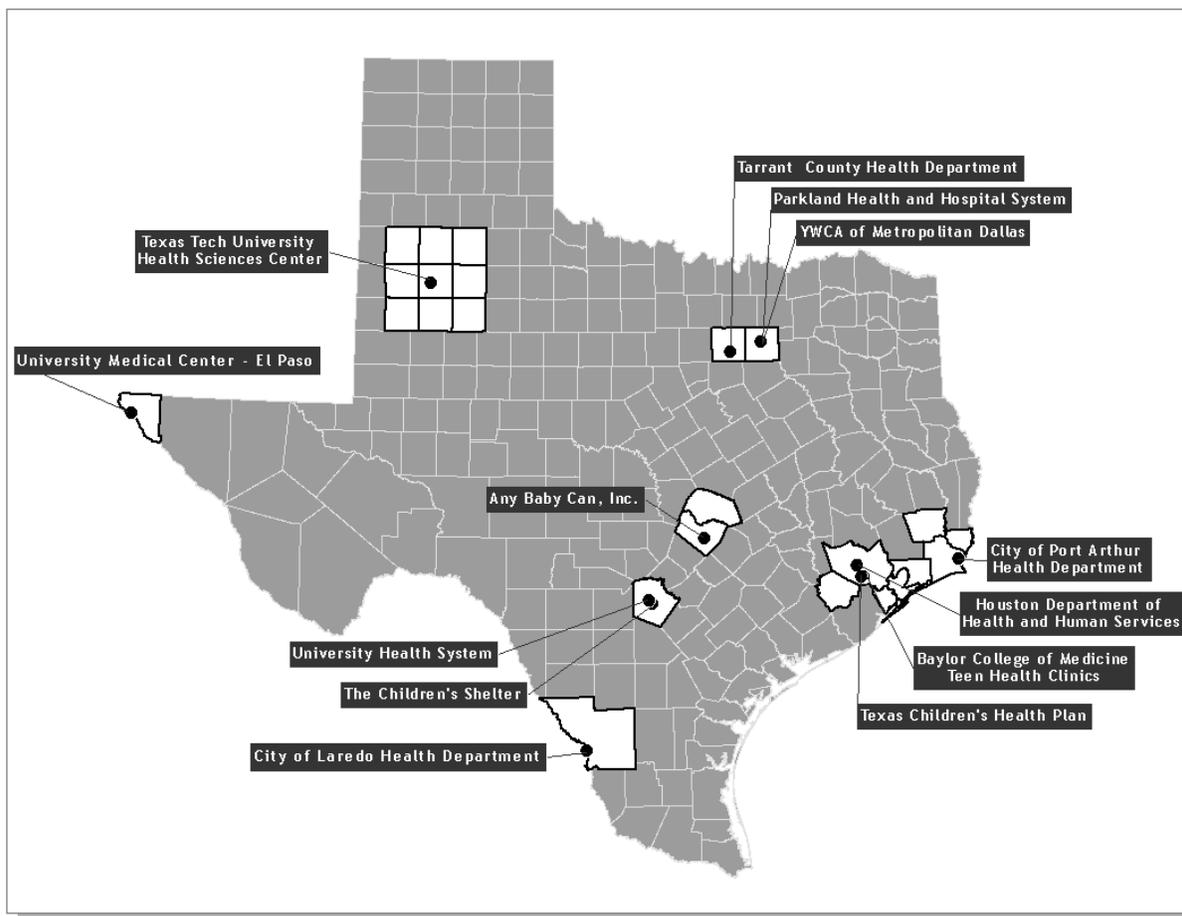
Three of the general revenue-funded sites also receive funding from other sources for one or more nurse home visitors. In 2014, the Houston Department of Health and Human Services site received funding through the Texas Healthcare Transformation Quality Improvement Program Waiver's Delivery System Reform Incentive Pool (DSRIP) for a second team of eight nurse home visitors. The 83<sup>rd</sup> Legislature, Regular Session, passed S.B. 426, legislation creating a Texas Home Visiting Program to fund a variety of home visiting programs throughout the state. In August 2014, Parkland Health and Hospital System and the City of Laredo Health Department NFP programs both received funds resulting from this legislation to expand their programs by 1 nurse home visitor, adding the capacity to serve approximately 25 additional clients per site.

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<sup>18</sup> In 2010, HHSC entered into contracts with the three separate agencies implementing NFP in the Houston TNFP consortium (Baylor, Houston Department of Health and Human Services, and Texas Children's Health Plan) and terminated the contract with Healthy Family Initiatives as the lead agency for the Houston TNFP consortium.

<sup>19</sup> The MIECHV-funded NFP sites are located in Corpus Christi, Longview, Odessa, Amarillo, Edinburgh, San Antonio, and Wichita Falls.

**Figure 1. TNFP Program Sites**



### **TNFP Program Funding**

Section 531.652, Texas Government Code required the TNFP program to provide services to approximately 2,000 families.

- The 80<sup>th</sup> Legislature appropriated \$7.9 million to the TNFP program for fiscal year 2009 to serve 1,800 clients.
- The 81<sup>st</sup> Legislature appropriated \$17.8 million to the TNFP program for the 2010-11 biennium, enabling TNFP to serve an additional 200 clients, for a total of 2,000 clients.
- The 82<sup>nd</sup> Legislature appropriated \$17.4 million to the TNFP program for the 2012-13 biennium, and the maximum caseload increased to 2,025.
- The 83<sup>rd</sup> Legislature appropriated \$17.7 million to the TNFP program for the 2014-15 biennium, and the maximum caseload stayed at 2,025.
- In fiscal year 2014, \$8,839,412 in grant funds were awarded to 13 TNFP sites and the NFPNSO (see Table 1).

The fiscal year 2014 grant amounts shown in Table 1 account for 90 percent of the total cost of the program. In order to operate within the appropriations received and ensure substantial local commitment, HHSC required local communities to fund 10 percent of the program cost. In fiscal

year 2010, HHSC began allowing a portion of overhead or administration costs to be included in the grant request as part of the 10 percent funded by the local community. Additionally, as part of the 10 percent, grantees are required to provide administrative staff time, physical space, and utilities, most of which are still provided as in-kind.<sup>20</sup>

Fiscal year 2014 is the first year HHSC contracted directly with NFPNSO to cover the site specific fees for training and technical assistance for all NFP sites in Texas.<sup>21</sup> Prior to this, each site contracted with NFPNSO individually. The contracting process had been overly complicated for some of the sites, and HHSC is better able to negotiate fees, prompting the shift. As a result, in fiscal year 2014, HHSC contracted with NFPNSO to cover these costs as well as the portion of the statewide technical assistance fee for the general revenue-funded sites. The total HHSC contract with NFPNSO for use of the NFP model and technical assistance for all 20 NFP implementing agencies in Texas (general revenue and MIECHV funded) for fiscal year 2014 was \$665,916, of which, \$319,735 was for the general revenue sites.

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<sup>20</sup> Some sites have reported that they contribute funds exceeding ten percent of the cost of the program in order to keep the program operational.

<sup>21</sup> Throughout the report, "TNFP" is used to refer to general revenue funded NFP sites while "NFP sites in Texas" includes NFP sites with other funding sources.

**Table 1. Locations, Capacity, and Grant Awards of TNFP Programs**

<b>Location</b>	<b>Organization</b>	<b>Program Capacity*</b>	<b>Counties Served</b>	<b>FY 2014 Grant Amount</b>
Austin	Any Baby Can	200	Travis Williamson	\$725,893
Dallas	Parkland Health and Hospital System	100	Dallas Tarrant	\$428,856
Dallas	YWCA of Metropolitan Dallas	300	Dallas Tarrant	\$1,200,127
El Paso	University Medical Center of El Paso	100	El Paso	\$492,530
Fort Worth	Tarrant County Public Health	200	Dallas Tarrant	\$797,888
Houston	Baylor College of Medicine Teen Health Clinics	100	Fort Bend Harris	\$521,665
Houston	City of Houston Department of Health and Human Services	100	Fort Bend Harris	\$559,475
Houston	Texas Children's Health Plan	100	Brazoria Fort Bend Galveston Harris Montgomery	\$559,475
Laredo	City of Laredo Health Department	100	Webb	\$472,358
Lubbock	Texas Tech University Health Sciences Center School of Nursing	200	Lubbock Crosby Floyd Garza Hale Hockley Lamb Lynn Terry	\$719,111
Port Arthur	City of Port Arthur Health Department	125	Chambers Hardin Jefferson Orange	\$516,850
San Antonio	The Children's Shelter	200	Bexar	\$752,958
San Antonio	University Health System	200	Bexar	\$772,491
<b>TOTAL</b>		<b>2,025</b>		<b>\$8,519,677</b>

\*Program capacity is the maximum number of clients the program can serve.

## **TNFP Implementing Agencies**

TNFP implementing agencies are a diverse group of government and community organizations. Detailed descriptions of each implementing agency are included in Appendix A, including the agency history, the population served, the services that the agency provides, a description of how the agency collaborates with other agencies in the community, and the types of members on the NFP community advisory boards.

## **TNFP Program Staff Descriptions**

HHSC administers the TNFP competitive grants. The HHSC NFP team supports all the sites in Texas, not just general revenue sites, and consists of:

- A team lead who conducts statewide planning for program growth, expansion and sustainability, and provides highly advanced consultative and non-clinical technical assistance to NFP grantees in Texas on local long-term planning efforts<sup>22</sup>
- A state nurse consultant who provides statewide clinical support, consultation, program policy development, and technical assistance to the NFP program sites in Texas<sup>23</sup>
- A project manager who provides statewide management and oversight of day-to-day operations, monitoring, program policy development/consultation, and technical assistance to the NFP program sites in Texas<sup>24</sup>
- A contract manager who oversees contracts, invoices, vouchers, deliverable receipts, and payments

Each TNFP program site has three types of staff: nursing supervisors, nurse home visitors, and data entry specialists. The nursing supervisor manages program operations, including the supervision and evaluation of data entry specialists and up to eight nurse home visitors.

The nurse home visitor provides NFP services to TNFP clients and their families while striving to maintain the highest standards in clinical nursing practice and adherence to the NFP model. Each nurse home visitor maintains a maximum caseload of 25 clients. However, a shortage of nurse home visitors (e.g., due to medical and maternity leave, severed employment, etc.) may require a redistribution of clients that may cause a temporary caseload of over 25 clients per nurse home visitor in order to continue to provide services to actively enrolled clients.

The data entry specialist provides administrative support to the nursing supervisor and nurse home visitors. Other responsibilities include data entry, office organization, client reminder calls, submission of purchase requests for NFP supplies, general clerical duties, and the organization of enrollment packets and outreach materials.

TNFP currently has positions statewide for 82 nurse home visitors, 14 nurse supervisors and 14 data entry specialists. All staff is full-time except for three data entry specialists, two of whom work three-quarter time and one who works half-time. As of June 30, 2014, there were two nurse home visitor vacancies and two data entry specialist vacancies.

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<sup>22</sup> The team lead position has been vacant since April 2014. Candidates are currently being interviewed.

<sup>23</sup> The state nurse consultant position was filled in April 2014. The new state nurse consultant overlapped with the previous state nurse consultant who also served as the team lead and has since retired.

<sup>24</sup> A new project manager was hired in May 2014 after the position had been vacant for three months.

## **Program Eligibility**

Women eligible to enroll in the TNFP program should meet all of the following requirements:

- Have no previous live births
- Have an income at or below 185 percent of the federal poverty level<sup>25</sup>
- Be a Texas resident
- Be enrolled before the end of the 28<sup>th</sup> week of pregnancy
- Agree to participate voluntarily

## **Visitation Process/Schedule**

TNFP clients are typically enrolled early in their pregnancy with home visits beginning between the 16<sup>th</sup> and 28<sup>th</sup> week of pregnancy. Ideally, visits begin early in the second trimester, between the 14<sup>th</sup> and 16<sup>th</sup> week of gestation. Nurse home visitors meet with clients regularly from pregnancy through the child's second birthday, providing a maximum of 65 visits throughout this period. Scheduled visits for each nurse home visitor include:

- Weekly for the first four weeks of program participation
- Biweekly starting in week five until delivery
- Weekly from delivery until six weeks postpartum
- Biweekly starting in week 7 until the baby is 21 months old
- Monthly for the last three months of program participation

Although at least some visits must occur at the client's home, visits also occur in schools, libraries, or other public spaces. Allowing the client to pick the visit location permits increased flexibility around client work or school schedules and increases retention and program completion. New NFPNSO guidelines offer alternative visit formats. This may include visits via phone, a short "vacation" from the program and/or monthly visits for a limited time. Ninety-one percent of NFP clients opt for the recommended visit schedule. However, to improve retention through graduation, clients are offered alternative visit schedules to meet their needs.

Nurse home visitors provide ongoing assessments, a therapeutic relationship, extensive education, health literacy support, and assistance in accessing resources and health-care coverage, such as Medicaid, during pregnancy and early childhood.

Prior to conducting home visits, NFPNSO requires nurse home visitors to complete extensive training on program administration, implementation issues, and the utilization of standardized data collection materials and client visit protocols. This standardization facilitates fidelity to the NFP program model. In addition, HHSC requires nurse home visitors to demonstrate the achievement of minimum competencies in caring for pregnant women including dealing with issues such as hypertension in pregnancy, preterm labor, and perinatal emergencies. Nurse home visitors are also expected to complete two Department of State Health Services breastfeeding courses within two years of hire, and are required to have a current and valid Texas nursing

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<sup>25</sup> Based on the U.S. Department of Health and Human Services published poverty guidelines, available at <http://aspe.hhs.gov/poverty/14poverty.cfm>, 185 percent of the federal poverty guideline in 2014 for a household of two individuals is \$29,101. Pregnant women count as two individuals.

license and to complete annual recertification for Texas Acknowledgement of Paternity (AOP).

## **EVALUATION METHODOLOGY AND LIMITATIONS**

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The TNFP evaluation detailed in this report focuses on the most recent year, from July 1, 2013 to June 30, 2014. For some analyses, the full six years of the grant-funded program, September 1, 2008, through June 30, 2014, are included to identify trends or provide a more complete picture of the program.

### **Methodology**

Evaluators used several types of information for this report:

- Information HHSC TNFP staff obtained from monthly narrative and staff data reports and directly from the TNFP sites
- A raw data file and cumulative summary reports from NFPNSO containing information submitted by the TNFP sites
- Cumulative summary reports from NFPNSO containing national comparison data
- Information about expectations for program implementation from the NFPNSO website, newsletters, and other program documents

Evaluators also used NFP research reports from other states to obtain an additional perspective on program implementation and expectations.

### **Limitations**

HHSC's program evaluation met the TNFP reporting requirements in §531.659, Texas Government Code, with one exception – the evaluators were not able to determine with certainty the number of mothers who established the paternity of an alleged father as a result of TNFP services. Although this report provides data about the establishment of paternity, only those clients who completed the AOP documentation with their nurse home visitor prior to the birth of their babies are included. It is unknown how many clients completed AOP documentation during their hospitalization following the birth of their babies or at a later time point. While establishment of paternity was not part of the standard NFPNSO data collection, the number of AOPs completed in the preceding month and in the current program year was submitted to HHSC for each program site, in accordance with state statute.

The following issues limited the scope of the evaluation, but did not affect the degree to which the evaluation addressed the requirements in §531.659, Texas Government Code:

- Because of the extensive NFPNSO reporting requirements, the evaluation utilized data that each TNFP site provided to NFPNSO.
- The TNFP data presented comes from the raw data file containing data each TNFP site submitted to NFPNSO. The data were compared to the cumulative summary tables in the NFPNSO 2014 2<sup>nd</sup> Quarter quarterly report. Some minor discrepancies were found between the raw data file and the NFPNSO report. Although the discrepancies are small, due to the

small sample size and low occurrence of reported measures, any discrepancy may impact the interpretation of the results. All of the national data came directly from the NFPNSO report.

- To allow time for data entry and the reconciliation of data issues, evaluators excluded data for July and August 2014 from the report.
- Program attrition impacts the reliability of the evaluation. Outcomes can only be evaluated for clients who stay in the program and report on each outcome for each time period. It is unknown if clients who leave the program before their child's second birthday differ from clients who complete the program in ways that may affect the program outcomes.
- One of the TNFP program goals is to reduce child abuse and neglect. However, HHSC is still working on an accurate method to measure this goal and, for this reason, data on this goal are not included in the report, but HHSC anticipates that these measures will be included in future reports.

## **TNFP CLIENT DEMOGRAPHICS**

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From July 1, 2013 through June 30, 2014, the TNFP program enrolled 890 low-income first-time mothers, bringing the total enrollment since the program started in Texas in 2008 to 6,204.<sup>26</sup> The top four sources of client referrals are healthcare providers and clinics (24 percent), schools (13 percent), WIC programs (11 percent), and Other, which includes other human service agencies (11 percent). Since September 2008, 1,234 clients have stayed in the program through their child's second birthday, 2,343 clients were enrolled through their child's first birthday, and 4,431 clients completed the pregnancy phase of the program.<sup>27</sup>

From July 1, 2013 through June 30, 2014, the average monthly active client load for the TNFP sites was 1,491 clients. The average monthly active client load ranges from 48 percent of the site's client capacity to 87 percent. In combination, the 13 sites had an average monthly client caseload of 74 percent of the total client capacity. Table 2 provides a breakdown of enrollees and average monthly active client load by TNFP site.

The maximum capacity was not reached for a number of reasons, including staff turnover and staff medical issues.<sup>28</sup> When nurse home visitors leave the TNFP program, some of their clients leave the program as well. In addition, new staff builds their caseload up to 25 clients over a 9 to 12 month period of time, so they are under capacity for most of their first year. The average nurse home visitor caseload for nurses who have been with the program over a year and are not reducing their caseload in preparation to take medical leave was 22 clients.

HHSC TNFP program staff and NFPNSO are working with sites to address caseload through a variety of strategies including staff retention, strengthening referral networks, increasing the percent of women who enroll out of those who are referred to the program, and strategies to

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<sup>26</sup> Clients that transferred from out of state are not included in the enrollment count or demographics of newly enrolled clients.

<sup>27</sup> Not all clients who have completed the pregnancy and/or infancy phases have been in the program long enough to complete the subsequent phases.

<sup>28</sup> Eleven sites had a total of 22 nurse home visitor staff vacancies between September 1, 2013 and June 30, 2014. In some cases, vacant positions remained unfilled for two months or longer due to an inability to locate qualified candidates with baccalaureate degrees in nursing. In other cases positions remained vacant due to the agencies' human resource policies and procedures around nurse home visitor recruitment and hiring practices.

increase client retention in each phase. These strategies include methods to retain clients when nurse home visitors leave, including anticipating medical leave and turnover, assessing which nurse on the team would be the best fit for the client before transferring, and implementing "soft transfers" where the original nurse and the replacement nurse have one or more joint visits with the client before the original nurse leaves.

HHSC TNFP program staff is also working on how best to measure capacity. Implementation experience since 2008 has demonstrated that the capacity goal set by the NFP model of 23-25 clients per nurse home visitor is not always an attainable goal, given staff turnover, medical leave, and the program model characteristics, such as building a full caseload progressively over 9 to 12 months. TNFP program staff is working with NFPNSO to set attainable capacity goals for each site by quarter to reflect staffing patterns and duration of nurse home visitor employment. Both increased capacity and improved retention are goals for fiscal year 2015. Ultimately, the active caseload for the 13 grantees is expected to reach 1,721, or 85 percent of the maximum capacity of 2,025 first-time mothers and their children. This level of capacity would allow room for turnover, medical leave, and new staff to build their caseload.

**Table 2. Clients Enrolled and Served by Site**

<b>Location</b>	<b>Organization</b>	<b>Program Capacity*</b>	<b>Average Monthly Active Client Load**</b>	<b>Newly Enrolled Clients</b>
Austin	Any Baby Can	200	142	82
Dallas	Parkland Health and Hospital System	100	82	39
Dallas	YWCA of Metropolitan Dallas	300	245	151
El Paso	University Medical Center of El Paso	100	86	61
Fort Worth	Tarrant County Public Health	200	136	32
Houston	Baylor College of Medicine Teen Health Clinics	100	48	64
Houston	City of Houston Department of Health and Human Services	100	87	52
Houston	Texas Children's Health Plan	100	68	48
Laredo	City of Laredo Health Department	100	71	44
Lubbock	Texas Tech University Health Sciences Center School of Nursing	200	148	101
Port Arthur	City of Port Arthur Health Department	125	76	56
San Antonio	The Children's Shelter	200	159	101
San Antonio	University Health System	200	143	59
<b>TOTAL</b>		<b>2,025</b>	<b>1,491</b>	<b>890</b>

Time Period for TNFP: July 1, 2013 - June 30, 2014

\*Program capacity is the maximum number of clients the program can serve.

\*\*A client is considered active in a month if they had a visit that month or if they had a visit the month before and the month after the month in question.

The demographics presented below for TNFP clients include clients enrolled between July 1, 2013 and June 30, 2014. These clients are compared to national historical data, i.e., data on all national NFP clients enrolled since the start of the program, as national data for the most recent program year are unavailable for comparison.

## **Age**

Age at enrollment was known for 100 percent of TNFP clients. The median age of TNFP clients at enrollment was 19 years, which is the same as the NFP median age nationally. Thirty percent of TNFP clients were under age 18 at enrollment. This percentage is slightly higher than the historical national average of 29 percent. The percentage of very young teens (less than 15 years) enrolled in TNFP in the most recent program year is 2.4 percent, slightly lower than the historical national total of 2.8 percent.

## **Gestational Age**

Estimated gestational age at enrollment was known for 96 percent of TNFP clients. Of these TNFP clients with an estimated gestational age, the median gestational age at enrollment was 18 weeks, and 95 percent of clients were enrolled by 28 weeks. Nationally, estimated gestational age at enrollment was known for 92 percent of clients. Of these national NFP clients with an estimated gestational age at enrollment, historically the median gestational age of enrollment was 18 weeks, and 94 percent were enrolled by 28 weeks.

## **Ethnicity and Race**

On November 1, 2010, NFP data collection forms were modified to conform to the federal classification standards for maintaining, collecting, and presenting data on race and ethnicity.<sup>29</sup> The federal classification standards include:

- Two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino"
- Five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White

Fifty-three percent of TNFP clients enrolled during the most recent program year were Hispanic or Latina, 33 percent were not Hispanic or Latina, and ethnicity was unknown for 14 percent (see Table 3). The percentage of TNFP clients who were Hispanic or Latina was more than twice as high as the percentage of Hispanic or Latina NFP clients nationally.

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<sup>29</sup> Information on the federal classification standards can be found here: <http://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf>.

**Table 3. Ethnicity of TNFP Clients**

<b>Ethnicity</b>	<b>TNFP (n=890)</b>	<b>National NFP (n=189,069)</b>
Not Hispanic or Latina	33.4%	63.6%
Hispanic or Latina	52.5%	24.7%
Unknown*	14.2%	11.6%

Time period for TNFP: July 1, 2013 - June 30, 2014

\*Clients may not have ethnicity data because it was not collected or because they declined to self-identify.

With respect to race, 52 percent of TNFP clients enrolled in the most recent program year were White and 23 percent were Black or African American (see Table 4). The percent of white clients is slightly higher in Texas as compared to historical data for NFP clients nationally, and the percent of American Indian or Alaska Native and Multiracial clients is slightly lower in Texas. The rest of the percentages are similar to the percentages for the NFP clients nationally. Due to the changes in data collection practices and some clients declining to self-identify, the race was unknown for 174 clients (20 percent) in Texas and 44,548 clients nationally (24 percent).

**Table 4. Race of TNFP Clients**

	<b>TNFP (n=890)</b>	<b>National NFP (n=189,069)</b>
American Indian or Alaska Native	1.7%	3.7%
Asian or Pacific Islander	1.9%	1.8%
Black or African American	22.8%	23.3%
White	51.7%	42.3%
Multiracial	2.4%	5.2%
Unknown*	19.6%	23.6%

Time period for TNFP: July 1, 2013 - June 30, 2014

\*Clients may not have race data because it was not collected or because they declined to self-identify.

### **Primary Language Spoken**

Primary language spoken was known for 88 percent of the TNFP clients enrolled in the most recent program year and 63 percent of the NFP clients nationally. Of those clients with language data, English was the primary language for 82 percent of TNFP clients and 85 percent of national NFP clients, and Spanish was the primary language for 16 percent of TNFP clients and 12 percent of national NFP clients. In addition to bilingual nurses at most TNFP sites, an

interpreter/translator or a nurse home visitor capable of speaking the client's native language was available to clients whose first language was not English or Spanish, if one could be located.<sup>30</sup>

## **Marital Status**

Marital status was known for 95 percent of newly enrolled TNFP clients and approximately 96 percent NFP clients nationally. Out of clients with a known marital status, 18 percent of newly enrolled TNFP clients were married at intake compared to 16 percent of NFP clients nationally. Among TNFP clients over age 18 at intake, 24 percent were married.

## **Education**

Due to a change in the question about education, only data for clients with intake surveys collected after October 1, 2010 are included in the national data. Data on high school completion rates are known for 95 percent of newly enrolled TNFP clients.<sup>31</sup> Of newly enrolled TNFP clients with known educational status at intake, 52 percent reported having completed high school, and 2 percent reported having taken the GED. In comparison, out of the national clients with known educational status after October 1, 2010, the percentage of clients who reported having completed high school was 53 percent and the percentage of clients who reported having taken the GED was 5 percent. Among TNFP clients over age 18 at intake, 76 percent had completed high school or taken the GED.

## **Income**

Income was unknown for 8 percent of newly enrolled TNFP clients, and an additional 41 percent of clients reported that they were financially dependent on their parents or guardians. With 30 percent of newly enrolled clients under age 18 at enrollment and 54 percent still in school (98 percent of clients under age 18 and 34 percent of clients over age 18), it is not surprising that a large portion of clients are financially dependent on their parents at enrollment. Of the remaining 53 percent of clients who reported their income range, 39 percent had an income of \$6,000 or less per year, 30 percent reported incomes between \$6,001 to \$12,000, 20 percent between \$12,001 and \$20,000, 9 percent between \$20,000 and \$30,000, and 3 percent over \$30,000. The median income range for TNFP clients was \$6,001 to \$12,000 which is the same median range as NFP clients nationally.

## **Employment**

Employment status at intake was known for 95 percent of TNFP clients (96 percent of clients under age 18 and 95 percent of clients over age 18) and approximately 83 percent of NFP clients nationally (62 percent of clients under age 18 and 91 percent of clients over age 18). Of the TNFP clients with known employment status at intake, 8 percent of TNFP clients under age 18 and 43 percent of TNFP clients over 18 were working full- or part-time. Nationally, of the clients with known employment status and age at intake, 22 percent of clients under age 18 were working, and 44 percent of clients over age 18 were working. The percent of TNFP clients under age 18 who were working at intake is much lower than the percent of national NFP clients who

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<sup>30</sup> NFPNSO client materials are only available in English and Spanish.

<sup>31</sup> The exact percentage of national clients with data on high school completion rates at intake is not known, since it is dependent on when the intake survey data were collected, not on the date of enrollment. Only data from surveys collected after October 1, 2010 are included, but the client may have been enrolled before this date.

were working. However, the TNFP percent is based on the most recent year, while the national data are since the program inception.

### Public Assistance Use

Upon enrollment in the TNFP program:

- The percent of TNFP clients accessing Supplemental Nutrition Assistance Program (SNAP) services was higher than the percent of national NFP clients.
- The percent of TNFP clients receiving Medicaid benefits was higher than the percent of national NFP clients.
- The percent of TNFP clients accessing Temporary Assistance for Needy Families (TANF) benefits was lower compared to the percent of national NFP clients.
- The percent of TNFP clients accessing WIC services was slightly lower than the percent of national NFP clients (see Table 5).

**Table 5. Use of Public Assistance at Enrollment**

	Percent with Public Assistance Data	Public Assistance			
		SNAP	Medicaid	TANF	WIC
TNFP	95.4%	32.6%	80.1%	0.5%	69.8%
National NFP	91.3%	22.8%	70.6%	6.3%	72.4%

Time period for TNFP: July 1, 2013 - June 30, 2014

### Birth Outcomes

The TNFP sites collect data on the rates of premature births as well as low birth weight. The NFP program has not been shown in the randomized, controlled trials to impact premature births and low birth weight.<sup>32</sup> However, NFPNSO still collects data on these outcomes since they provide important information about the clients in the program, and TNFP staff develops strategies to reduce behaviors known to increase prematurity. The rates of premature births and low birth weight are compared to the rates for Texas births where Medicaid paid for the delivery in fiscal year 2012 and the Healthy People 2020 objectives which are government developed objectives for the nation (details on these objectives are presented in the outcome section on page 34).<sup>33</sup> Birth outcomes are presented for all clients since the start of the program in 2008.

#### *Premature Births*

Gestational age at birth was collected for 4,365 babies born to TNFP clients out of 4,372 known births between September 1, 2008 and June 30, 2014. Of these babies, 11 percent were born before 37 weeks gestation (see Table 7). The rates of premature births were highest for clients

<sup>32</sup> A reduction in preterm deliveries for a small group of smokers was found in the Elmira, NY trial. However, this effect was not found in the Memphis, TN trial and was not studied in the Denver, CO trial.

<sup>33</sup> Texas Health and Human Services Commission. (2014). *Gestational Diabetes in Medicaid: Prevalence, Outcomes, and Costs*. Austin, TX. Retrieved from <http://www.hhsc.state.tx.us/reports/2014/SB1-Gestaional-Diabetes.pdf>.

under age 15 (17 percent), followed by clients older than 30 (15 percent). While the TNFP rate of premature births is slightly higher than the national NFP rate, it is lower than both the rate of premature births for all Texas births where Medicaid paid for the delivery in fiscal year 2012 and the Healthy People 2020 objective.

**Table 7. Premature Births**

	<b>Births with Known Gestational Age</b>	<b>Percent of Births with Known Gestational Age</b>	<b>Preterm Birth (born before 37 weeks)</b>
TNFP	4,365	99.8%	10.5%
National NFP	128,762	86.9%	9.5%
Texas Medicaid FY 2012	202,369	~95%	13.1%
Healthy People 2020 Objective*			11.4%

Time Period for TNFP: September 1, 2008- June 30, 2014

\*The NFP objective is to be equal to or less than the Healthy People 2020 objective

***Low Birth Weight***

Birth weight was collected for 4,311 babies born to TNFP clients out of 4,372 known births between September 1, 2008 and June 30, 2014. Of these babies, 10 percent were born at a low birth weight (less than 2,500 grams or 5 lbs. 8 oz.) and 2 percent were born at a very low birth weight (less than 1,500 grams or 3 lbs. 5 oz.) (see Table 8). The rates of low birth weight babies were highest for clients older than 30 (17 percent), followed by clients under age 15 (13 percent). Clients older than 30 at intake also had the highest rates of very low birth weight babies (6 percent). The TNFP rate of low birth weight babies is higher than the national NFP rate, the Healthy People 2020 objective, and the rate of low birth weight babies for all Texas births where Medicaid paid for the delivery in fiscal year 2012. One factor that may contribute to the higher rate of low birth weight babies among TNFP clients as compared to all Texas births where Medicaid paid for the delivery in fiscal year 2012 is the higher percentage of TNFP clients under age 18, 30 percent compared to 6 percent of the Medicaid population used in the comparison. Women under age 18 are at increased risk for delivering low birth weight babies.

**Table 8. Low Birth Weight**

	<b>Number of Babies with Known Weight</b>	<b>Percent of Babies with Known Weight</b>	<b>Low Birth Weight (&lt; 2500g)</b>	<b>Very Low Birth Weight (&lt; 1500g)</b>
TNFP	4,311	98.6%	10.2%	1.5%
National NFP	129,058	87.1%	9.8%	1.6%
Texas Medicaid FY 2012	202,369	~95%	8.6%	**
Healthy People 2020 Objective*			7.8%	1.4%

Time Period for TNFP: September 1, 2008- June 30, 2014

\*The NFP objective is to be equal to or less than the Healthy People 2020 objective.

\*\*The Texas Medicaid FY 2012 data does not include data on very low birth weight babies.

## **PROGRAM ATTRITION**

HHSC evaluators measured attrition using a slightly different methodology than NFPNSO. For this reason, the attrition rates presented here differ from the attrition rates reported in NFPNSO's quarterly report.

There are two main differences between NFPNSO's methodology for calculating attrition and HHSC evaluators' methodology:

1. ***HHSC and NFPNSO define when a client left the program differently.*** HHSC uses more a rigorous methodology to determine the date a client left the program. If a nurse home visitor is not able to locate a client (the client does not return phone calls or fails to attend scheduled appointments), NFPNSO considers that client actively enrolled for 180 days (6 months) after the last contact. In comparison, HHSC used the date of the last completed visit and the presence of forms completed at specific time intervals to determine the date clients left the program.

For example, if a client's estimated due date is April 1, 2014 and her official program end date is June 1, 2014, NFPNSO would count that client as having completed the pregnancy phase. However, the client's last completed visit may have been as far back as January 1, 2014. In comparison, if the last visit was before the estimated due date and the infant birth form was not completed when the baby was born nor were any of the other post-birth surveys, HHSC evaluators would label the client as incomplete in the pregnancy phase, because there is no evidence the nurse home visitor had any contact with the client at or after the baby's birth. This difference means that the HHSC attrition rates are higher because the criteria that HHSC evaluators use to define when a client left the program are stricter. In addition to the overall higher attrition rates, many clients who NFPNSO counts as completing the pregnancy phase and leaving during the infancy phase are counted as leaving during the

pregnancy phase using the HHSC methodology, increasing the pregnancy phase attrition rate but decreasing the infancy attrition rate.

2. ***HHSC and NFPNSO use a different pool of clients (denominator) when calculating attrition rates.*** The NFPNSO attrition rate was calculated by dividing the number of clients who left before completing a phase by all clients who had enough time to finish the phase regardless of whether or not they actually completed the previous phase. If half of the clients left during each phase, and only clients who had time to complete all three phases were included, the NFPNSO attrition rates would be 50 percent for pregnancy, 25 percent for infancy, and 12.5 percent for toddlerhood.

HHSC evaluators wanted to know how many of the clients who started each phase completed it. The HHSC attrition rate was calculated by dividing the number of clients who left before completing a phase by all clients who started that phase and had enough time to finish the phase. If half of the clients leave during each phase, the attrition rate would be 50 percent for each phase. While neither of these methods is incorrect, they tell the story from different perspectives. The HHSC attrition rate tells how many clients leave each phase out of those who started it while the NFPNSO attrition rate tells what percent of all clients left during each phase.

Table 6 on page 25 includes the rates of attrition for the TNFP program using the HHSC methodology, as well as the rates of attrition for the TNFP program using the NFPNSO denominator. While the rate using the NFPNSO denominator is more comparable to the national rates, the criteria for when a client left the program are still stricter for the TNFP rates than the national rates. HHSC evaluators feel that the methodology adopted by HHSC provides a clearer picture of attrition in each phase of the program and better enables HHSC TNFP program staff to identify where to focus strategies to improve attrition. Attrition is presented for all clients since the start of the program in 2008.

## **Pregnancy Phase**

Only clients who had time to complete the pregnancy phase, i.e. clients who had either an infant date of birth or an estimated due date before June 30, 2014, were included in the pregnancy phase attrition analysis. Clients that left the program and who did not have any indication of contact after the birth of their child (no infant birth form or surveys after the birth of the child) were included in attrition. Of the 5,868 clients included in this analysis, 1,437 (25 percent) left the program before the end of the pregnancy phase. When the attrition rate is broken down by the fiscal year the client entered the program, the rate steadily declines from a high of 28 percent in the first year of the program to 23 percent for clients entering in fiscal year 2013, the last year for which all entering clients had sufficient time to complete the pregnancy phase, showing a substantial improvement since the program started.

Using the HHSC methodology for the date the client left the program but NFPNSO's denominator methodology, the rate of attrition for the pregnancy phase wouldn't change since the difference in methodology has no impact on the pregnancy phase attrition rate. The TNFP pregnancy phase attrition rate of 25 percent is higher than the national attrition rate for the pregnancy phase of 16 percent.

## **Infancy Phase**

Clients were included in the analysis of attrition in the infancy phase if they completed the pregnancy phase and the birth of the child was at least one year before June 30, 2014. Clients were included in the count of attrition if their final visit was less than 11 months after the infant date of birth, or their final visit was more than 11 months after the birth of their child and they had not completed one or more of the one-year surveys. Out of the 3,685 clients included in this analysis, 1,342 (36 percent) did not finish the infancy phase. When the attrition rate for the infancy phase is broken down by the fiscal year the client entered the program, the rate drops from a high of 42 percent for clients entering in fiscal year 2009 to 31 percent for clients entering in fiscal year 2012, the last year for which all entering clients had sufficient time to complete the infancy phase, again, showing a substantial improvement since the program started.

Using the HHSC methodology for the date the client left the program but NFPNSO's denominator methodology, the rate of attrition for the infancy phase would be 27 percent instead of 36 percent. This is lower than the national rate for the infancy phase of 35 percent.

## **Toddlerhood Phase**

Clients were included in the analysis of attrition in the toddlerhood phase if they completed the pregnancy and infancy phases, and the birth of the child was at least two years before June 30, 2014. Clients were included in the attrition count if their last visit was less than two years after the infant date of birth. Clients who had their final visit in the 24<sup>th</sup> month after the birth of their child but before the two year mark and the reason for leaving was “the child reached 2<sup>nd</sup> birthday” were included as completing the toddlerhood phase. Out of the 1,642 clients included in this analysis, 408 (25 percent) did not finish the toddlerhood phase. When the attrition rate for the toddlerhood phase is broken down by the fiscal year the client entered the program, the rate drops from 26 percent for clients entering in fiscal year 2009 to 23 percent for clients entering in fiscal year 2011, the last year for which all entering clients had sufficient time to complete the toddlerhood phase, again, showing improvement since the program started.

Using the HHSC methodology for the date the client left the program but NFPNSO's denominator methodology, the rate of attrition for the toddlerhood phase would be 11 percent instead of 25 percent. This is much lower than the national rate of 18 percent, despite the more restrictive rules on when a client left the program used in the TNFP rate.

## **Total Attrition**

In total, 3,585 clients had time to complete the toddlerhood phase by June 30, 2014. Out of these clients, 66 percent left the program before their child's second birthday. However, it is important to note that for each phase of the program, attrition rates have been steadily declining since program inception in 2009. Program sites are working to continue this trend.

The primary reasons for attrition include:<sup>34</sup>

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<sup>34</sup> As discussed on page 14, when nurse home visitors leave the TNFP program some of their clients leave the program as well. HHSC TNFP staff report that clients will not necessarily report the change in nurses as the reason they are leaving, they may simply stop returning phone calls from NFP staff or cancel multiple visits. HHSC TNFP staff estimate that as many as 40 percent of clients leave when their nurse leaves.

- The client could not be located (37 percent).
- The client missed an excessive number of visits (13 percent).
- The client moved from the service area (13 percent).
- The client indicated she received what she needed from the program (9 percent).
- The client returned to work or school (7 percent).
- The client refused the new nurse (6 percent).
- There was a miscarriage or fetal death (5 percent).

**Table 6. Program Attrition**

	Pregnancy		Infancy		Toddlerhood	
	Number of Clients Used in Analysis	Percent Attrition	Number of Clients Used in Analysis	Percent Attrition	Number of Clients Used in Analysis	Percent Attrition
TNFP using HHSC Methodology	5,868	24.5%	3,685	36.4%	1,642	24.8%
TNFP using NFPNSO Denominator	5,868	24.5%	4,905	27.4%	3,585	11.4%
National NFP	175,300	15.5%	154,730	33.5%	135,330	18.1%

Time period for TNFP: September 1, 2008 - June 30, 2014

## **IMPLEMENTATION EVALUATION**

### **Adherence to the NFP Model Standards**

NFPNSO developed 18 NFP model standards that cover 7 areas of program implementation. The model standards are designed to measure each grantee’s performance and adherence to the original NFP model. HHSC adopted these model standards as the performance indicators for the program. NFPNSO states that by following the model standards, results of the intervention are expected to be similar to the results of the randomized control trials conducted by David Olds. Some minor deviations from the standards are approved by NFPNSO after consultation with the NFPNSO nurse consultant. These deviations are not considered by NFPNSO to result in a lack of compliance with the standard by the program site. NFPNSO has also created national NFP program objectives for many of the standards. The objectives are long-term targets, but sites do not need to achieve these outcomes to meet the standards. NFPNSO and HHSC provide several resources to help local programs implement the NFP model with fidelity. This report assesses adherence to NFP program model standards from July 1, 2013 through June 30, 2014.<sup>35</sup> With a

<sup>35</sup> Data included in this report ended on June 30, 2014, due to a lag in the availability of program data.

few minor exceptions to standard 14, all of the TNFP sites successfully adhered to the 18 model standards.

## Clients

**Standard 1.** *Client participation must be voluntary.* NFP services are designed to build self-efficacy. Voluntary enrollment empowers the client and promotes a trusting relationship between the client and the nurse home visitor.

The TNFP program has implemented several protocols to ensure adherence to Standard 1.

- All clients were required to sign a consent form before participation. The TNFP program does not consider a client enrolled until she has a signed consent form.
- The consent form included in the enrollment packet includes explicit language indicating that participation is voluntary and that the client may withdraw from the program at any time.
- If a potential client was a minor, the nurse was required to spend time explaining the program to both the potential client and her guardian. The minor must express interest in the program and her desire to participate. Although Texas law states that minors can consent for their own treatment during pregnancy, TNFP requests that both the client and the guardian sign the consent to participate.
- When recruiting potential partner agencies, TNFP staff is required to ensure that the partner agency understands that client involvement must be voluntary. For example, if a TNFP site would like to partner with a local probation office, it is required to explain to probation staff that participation in the TNFP program cannot be a condition of parole.

If the TNFP sites had enrollment issues or concerns, NFPNSO and HHSC staff was available to provide guidance and possible solutions.

**Standard 2.** *Client is a first-time mother.* The intent of the NFP program is to help women when they are vulnerable and therefore more open to receiving additional support. NFPNSO research suggests that first-time mothers may benefit from the NFP program more than those with additional children, possibly because inexperience increases receptiveness to offers of help. The NFPNSO data indicate that limiting enrollment to first-time mothers maximizes the opportunity to improve outcomes for families.

In order to ensure adherence to Standard 2, each TNFP program site asked all potential clients to provide a pregnancy history and report that they had no prior live births. Only those who met this criterion were enrolled in the program; however, clients occasionally change their answer after they are enrolled. Between June 30, 2013 and July 1, 2014, three clients were enrolled who indicated they had a prior live birth (0.3 percent).

**Standard 3.** *Client meets low-income criteria at intake.* At the time of enrollment, each NFP client is required to have an income at or below 185 percent of the federal poverty level. The NFPNSO randomized control trials found that, while all clients benefited from the assistance provided by the NFP program, clients with higher incomes had additional resources available to them outside of the program and did not benefit from the program to the same degree as low-income clients.

Each TNFP program site determined eligibility through information provided by potential clients about their income and receipt of benefits. A potential client was considered eligible for enrollment if she was receiving public benefits that have an income requirement at or below 185 percent of the federal poverty level, including Medicaid, WIC, and SNAP, or if the client's self-reported income was below this level.<sup>36</sup> Vulnerable clients who exceed low-income criteria may be enrolled on a case-by-case basis, after consultation with NFPNSO and TNFP staff. In the period from July 1, 2013 through June 30, 2014, of the 53 percent of newly enrolled clients with a reported income range, 97 percent met low-income criteria at the time of enrollment.<sup>37</sup>

***Standard 4.*** *Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28<sup>th</sup> week of pregnancy.* Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child. NFPNSO research indicates that early enrollment provides the nurse home visitor the opportunity to address prenatal health behaviors that affect birth outcomes and the child's neurodevelopment.

Estimated gestational age at enrollment data were known for 96 percent of TNFP clients enrolled between July 1, 2013 and June 30, 2014, and 92 percent of NFP clients nationally. Ninety-five percent of TNFP clients with known gestational age at enrollment were enrolled before the end of the 28<sup>th</sup> week of gestation.<sup>38</sup> This percentage is slightly higher than the NFP program nationally, which had only 94 percent of clients enrolled by 28 weeks out of clients with age at enrollment data.

## **Intervention Context**

***Standard 5.*** *Client is visited one-to-one, one nurse home visitor to one first-time mother.* The therapeutic relationship between the nurse home visitor and the client must be focused on the individual client's circumstances. By engaging in a one-to-one setting, the nurse home visitor can better strengthen the client's abilities and support behavior changes to achieve the goals of the program.

The TNFP program closely followed the NFPNSO guidelines pertaining to home visits. Specifically, each nurse home visitor scheduled individual visits with each client. In addition, each TNFP program site is required to ensure an adequate nurse-home-visitor-to-client ratio. On average, each TNFP nurse home visitor had a 22-client caseload.<sup>39</sup>

***Standard 6.*** *The program is delivered in the client's home, which is defined as the place where she is currently residing.* Home visitation is an essential part of the program. When a client is visited in her home, the nurse home visitor has an opportunity to observe, assess, understand, and

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<sup>36</sup> When determining eligibility for the NFP program, NFPNSO indicated that most implementing agencies across the nation use the income eligibility thresholds for WIC, Medicaid, or other public programs for low-income families.

<sup>37</sup> Of all newly enrolled TNFP clients, 53 percent reported an income range, 39 percent reported they were dependent on their parents, and 8 percent did not report their income at enrollment. The household income for minors who are dependent on their parents is unknown.

<sup>38</sup> At enrollment, each client estimated how long she had been pregnant. After enrollment, sonograms indicated some clients exceeded the 28-week requirement. These clients typically remained enrolled in the program. In addition, sometimes women are enrolled at later gestational ages. This is at the discretion of the nurse supervisor and nurse home visitor, in consultation with the state nurse consultant and NFPNSO consultants.

<sup>39</sup> Calculations of average nurse caseload were based on nurse home visitors who had been employed with NFP for greater than 11 months to allow them time to build a full caseload. NFPNSO recommends 9-12 months as the average period of time required for nurse home visitors to build full caseloads.

monitor the client's status. Specifically, the nurse can assess the client's safety, social dynamics, ability to provide basic needs, and the mother-child interaction. NFPNSO defines a "home setting" as a location where the client lives for the majority of time (i.e., she sleeps there at least four nights a week). This may include a shelter, a friend's home, a detention center, or another location. When the client's living situation or her work/school schedule makes it difficult to see the client at home, the visit is conducted in another setting.

According to HHSC TNFP staff, all TNFP program sites met the requirements of this standard. The location of TNFP client home visits was similar to the national data on the location of NFP home visits. As discussed previously, some visits do not occur in the client's home in an effort to allow the client greater flexibility and increase retention and program completion.

***Standard 7.*** *Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current NFPNSO Guidelines.* The frequency of home visits may influence the effectiveness of NFP programs. Even if clients do not use the nurse home visitor to the maximum level recommended, the visits made can be a powerful tool for change. Research indicates that the earlier a client enters the program, the greater the program's effectiveness. The high frequency of home visits early in the pregnancy and throughout the first two years of the child's life may have the greatest impact on maternal behavior, and thereby the highest probability of improving outcomes. For example, substance abuse, smoking, and nutrition greatly influence fetal development. By addressing these issues early with the client, the risks for adverse outcomes for mother and baby can be reduced.

TNFP sites completed 75 percent of the expected home visits during pregnancy based on the NFPNSO guidelines. This completion rate is slightly higher than the NFP national average of 73 percent. The NFPNSO objective is an 80 percent completion rate during the pregnancy phase. TNFP sites completed 65 percent of expected home visits during infancy and 68 percent during toddlerhood. The NFPNSO objective is a 65 percent completion rate during the infancy phase and 60 percent completion rate during the toddlerhood phase. The TNFP completion rates were higher than the national rates. The NFP model provides for a maximum of 65 visits from pregnancy through the child's second birthday. For TNFP clients who completed the full program, the average number of visits is 45, 68 percent of the maximum visits, with a range from 8 to 79.

As discussed previously, new NFPNSO guidelines offer alternative visit formats. This may include visits via phone, a short "vacation" from the program and/or monthly visits for a limited time. Ninety-one percent of NFP clients opt for the recommended visit schedule; however, to improve retention through graduation, clients are offered alternative visit schedules to meet their needs.

## **Expectations of Nurses and Supervisors**

***Standard 8.*** *Nurse home visitors and nursing supervisors are registered professional nurses with a minimum of a baccalaureate degree in nursing.* The NFPNSO research indicates that the public perceives registered nurses as having high standards of ethical practice and honesty. This may give NFP nurses credibility with families, helping make them acceptable providers of the NFPNSO curriculum and increasing the likelihood they will be welcomed into clients' homes. The nurse home visitors are also required to have a valid nursing license.

As of June 30, 2014, all but 2 of the 80 nurse home visitors seeing clients had a Bachelor of Science in Nursing (BSN). The two nurse home visitors who are employed without a BSN have an Associate Degree in Nursing, and one is currently enrolled in a BSN program. The sites employing these non-BSN nurses each submitted a variance request to NFPNSO and were granted a waiver allowing these nurses to provide nurse home visiting services. Twelve nurse home visitors have a master's degree in one or more of the following fields: nursing, education, social work, business, microbiology, and public health. In addition, one is a licensed counselor, one is a women's health nurse practitioner, and one is a certified lactation consultant. All 14 nursing supervisors have a BSN. In addition, five of the nursing supervisors have master's degrees in nursing or business administration, two hold certifications as lactation consultants, and one is a certified childbirth educator.

**Standard 9.** *Nurse home visitors and nursing supervisors complete core educational sessions required by NFPNSO and deliver the intervention with fidelity to the NFP Model.* The NFP program is a highly specialized program that requires extensive training on the NFP model, theories, and structure to deliver the program. The NFPNSO policy is that all nursing staff must complete all NFP education sessions. While NFPNSO does not have a specific timeframe for the completion of all the training sessions, nurse home visitors are required to complete the first two of four NFPNSO training sessions prior to visiting clients.

According to HHSC TNFP staff, as of June 30, 2014, all TNFP nurse home visitors had completed the first two NFPNSO training sessions and are in compliance with this standard. In addition, the nurse home visitors are expected to complete other training sessions relevant to the NFP program including the following:

- Instruction on motivational interviewing
- Partners in Parenting Education (PIPE)
- Ages and Stages Questionnaire (ASQ), and Ages and Stages Questionnaire, Social-Emotional Screening (ASQ-SE)
- Assessment of child health and development
- Positive parenting and care giving
- Infant cues and behaviors (Keys to Care Giving)
- Texas Health Steps modules (optional)
- The Office of the Attorney General Paternity Opportunity Program
- Identification of complications during pregnancy
- Didactic Assessment of Naturalistic Caregiver-child Experience (DANCE)

HHSC TNFP staff also reported that 72 of the 80 TNFP nurse home visitors had completed all required additional training sessions. The remaining nurses were in the appropriate phases of their training based on hire dates. In addition, HHSC and local TNFP sites provided other training opportunities to staff to complement and enhance training received from NFPNSO. Training needs are identified through ongoing needs assessments conducted by the TNFP State Nurse Consultant and Nurse Supervisors.

### **Application of the Intervention**

**Standard 10.** *Nurse home visitors, using professional knowledge, judgment and skill, apply NFPNSO Visitation Guidelines focusing the topic of each visit to the strengths and challenges of each family and apportioning time across defined program domains.* NFPNSO visitation

guidelines are tools that guide nurse home visitors in the delivery of program content. These guidelines suggest that each visit include information about each of the following six life domains.

- **Personal Health** - Health maintenance practices, nutrition and exercise, substance use, and mental health
- **Environmental Health** - Home, work, school, and neighborhood
- **Life Course Development** - Family planning, education, and livelihood
- **Maternal Role** - Mothering role, physical, behavioral, and emotional care of a child
- **Friends and Family** - Personal network relationships and assistance with childcare
- **Health and Human Services** - Linking families with needed referrals and services

NFPNSO provides objectives for the overall proportion of time at each home visit devoted to the first five of the six life domains. In accordance with NFPNSO policies, the TNFP nurse home visitors individualize visit content to meet the client's needs rather than adhering to a predetermined schedule.

- **Pregnancy Phase:** During the client's pregnancy, TNFP nurse home visitors met the NFPNSO objectives for the proportion of home visit time devoted to all domains and exceeded the NFPNSO objective for time devoted to Environmental Health.
- **Infancy Phase:** During the infancy phase TNFP nurse home visitors met the NFPNSO objectives for the proportion of home visit time devoted to the personal health, environmental health, life course development, and friends and family domains. They spent slightly more time on the environmental health domain and less time on the maternal role domain when compared to the NFPNSO objectives.
- **Toddlerhood Phase:** During the toddlerhood phase, TNFP nurse home visitors met the NFPNSO objectives for the proportion of home visit time devoted to the personal health, environmental health, and friends and family domains. They spent less time on the life course development and maternal role domains when compared to the NFPNSO objectives.

***Standard 11.** Nurse home visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories, through current clinical methods.* These theories serve as the foundation for NFP programs and are reflected in the visit guidelines and training sessions. Nurse home visitors are expected to utilize these guidelines and methods in each home visit.

TNFP nursing supervisors, nurse home visitors, NFPNSO, and HHSC TNFP staff work together to ensure that each TNFP program site closely follows the NFP model. Questions or concerns about model fidelity are addressed through an open dialogue between the TNFP sites, HHSC, and NFPNSO. In addition, each TNFP nursing supervisor evaluates the nurse home visitors to ensure fidelity to the NFP model.

***Standard 12.** A full time nurse home visitor carries a caseload of no more than 25 active clients.* A caseload greater than 25 clients would negatively impact the nurse home visitor's ability to develop and establish an adequate therapeutic relationship with each client.

On average, each TNFP nurse home visitor has a 22-client caseload.<sup>40</sup> HHSC considers a full caseload to be between 23-25 clients which allows for fluctuations in caseload numbers due to clients leaving the program early. Ten sites also had several new nurse home visitors in the period between July 1, 2013 and June 30, 2014. New nurse home visitors take up to 12 months to build a full client caseload per NFPNSO guidelines. Seventeen nurse home visitors from eleven sites had caseloads exceeding the maximum at times. Reasons for exceeding the maximum caseload size include:

- The client's regular nurse home visitor was on leave
- Nursing staff vacancies
- Adding new clients as the number of visits required per month decreases for graduating clients (to ensure as many clients as staffing would allow could be seen)

## Reflection and Clinical Supervision

**Standard 13.** *A full-time nursing supervisor provides supervision to no more than eight individual nurse home visitors.* Because of the expectation of one-to-one supervision, a full-time nursing supervisor should manage no more than eight nurse home visitors. Nursing supervisors are also responsible for referral management, program development, and administrative tasks that include the management of administrative, clerical, and interpreter staff.

According to HHSC TNFP staff, all sites have complied with this standard.

**Standard 14.** *Nursing supervisors provide nurse home visitors clinical supervision with reflection, demonstrate integration of the theories, and facilitate professional development essential to the nurse home visitor role through specific supervisory activities including one-to-one clinical supervision, case conferences, team meetings and field supervision.* To ensure that nurse home visitors are clinically competent and supported to implement the NFP program, nursing supervisors provide clinical reflection through specific supervisory activities. These activities include one-to-one supervision, case conferences and team meetings, and field supervision.

- **One-to-one supervision.** Nursing supervisors are required to have a weekly one-to-one meeting with each nurse home visitor to review the nurse's work, including the management of her caseload and quality assurance. According to HHSC TNFP staff, 11 sites satisfactorily complied with this component of the standard. Two sites that only partially met this standard had new nurse supervisors with competing demands including trainings.
- **Case conferences and team meetings.** Nursing supervisors are required to schedule weekly case conferences or team meetings dedicated to joint case review for the purpose of problem solving and professional growth. Team meetings also include discussions of program implementation issues and team building exercises. According to HHSC TNFP staff, all sites met or exceeded the 85 percent minimum threshold for conducting case conferences and team meetings recommended by NFPNSO.
- **Field supervision.** Nursing supervisors are required to conduct a joint home visit with each nurse every four months. According to HHSC TNFP staff, most sites complied with this component of the standard. Three sites that only partially completed this component had new nurse supervisors, staff turnover, and competing time demands for NFPNSO supervisor

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<sup>40</sup> Calculations of average nurse caseload were based on nurse home visitors who had been employed with NFP for greater than 11 months to allow them time to build a full caseload. NFPNSO recommends 9-12 months as the average period of time required for nurse home visitors to build full caseloads.

training and additional learning requirements that impacted their ability to fully meet this standard.

## **Program Monitoring and Use of Data**

***Standard 15.** Nurse home visitor and nursing supervisors collect data as specified by the NFPNSO and use NFP Reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.*

Each TNFP program site collected data and used the NFP reports to monitor and improve its operations. NFPNSO sent each site quarterly summary reports providing statistical information on each site's performance in relation to the NFP national totals. TNFP nurse supervisors reviewed the reports to determine if the sites were meeting the goals of the NFP program and if they were adhering to the model standards. During the review of reports, problems with the reported data were also identified, and corrected data were transmitted to NFPNSO along with the reason for the error (e.g., data entry, data collection, or other error). If needed, the TNFP program sites made appropriate corrections in the database or adjustments in protocol, in consultation with NFPNSO or HHSC. TNFP nursing supervisors also used the data reports to establish a basis for the development of quality improvement processes.

## **Agency**

***Standard 16.** An NFP implementing agency is located in and operated by an organization known in the community for being a successful provider of prevention services to low-income families. The implementing agency should provide visible leadership and support the NFP program with all tools necessary to ensure program fidelity.*

All TNFP implementing agencies met this standard. Detailed descriptions of the TNFP implementing agencies are included in Appendix A.

***Standard 17.** An NFP implementing agency convenes a long-term community advisory board that meets at least quarterly to promote a community support system to the program and to promote program quality and sustainability. It is important for an implementing agency to have a community advisory board where implementation issues can be vetted and problems addressed. A community advisory board:*

- Provides a support network for NFP staff and clients
- Facilitates awareness of NFP in the community
- Provides assistance in developing relationships with referral sources and service providers
- Helps assess and respond to challenges in program implementation
- Identifies gaps in client resources and services
- Consults with the NFP staff regarding quality improvement
- Works with other local, state, and federal entities to generate the support needed to sustain the NFP program

Each program site has a community advisory board that met quarterly. The two TNFP sites in Dallas share an advisory board, as do the two TNFP sites in San Antonio.

**Standard 18.** *Adequate support and structure shall be in place to support nurse home visitors and nursing supervisors to implement the program and to ensure that data are accurately entered into the database in a timely manner.* Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets, and other equipment to carry out the program. It also includes employing a person primarily responsible for key administrative support tasks for NFP staff, such as entering data and maintaining report accuracy. Each implementing agency must have the equivalent of a half-time general administrative staff member for every 100 clients to support the nurse home visitors and nursing supervisors.

All 13 TNFP sites have established an adequate support structure to ensure effective implementation and accurate data entry. Each TNFP program site has dedicated support staff. Nine sites have one full-time person providing data entry and other administrative assistance, one site has two full-time administrative assistants, two sites have administrative assistants working three-quarter time, and one site has an administrative assistant working half time. As of June 30, 2014, there were two nurse home visitor vacancies and two data entry specialist vacancies.

In addition, each implementing agency has dedicated space, desks, computers, and other equipment to its TNFP program. The majority of each site's overhead is paid by the implementing agency.

## **PROGRAM OUTCOMES**

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The aim of the TNFP program is to improve the health and self-sufficiency of low-income, first-time parents and their children by improving pregnancy outcomes, improving child health and development, improving family economic self-sufficiency and stability, and reducing child abuse and neglect. TNFP sites gather program outcome data associated with these program goals:

- **Improve pregnancy outcomes.** NFP aims to “improve pregnancy outcomes by helping women engage in preventative health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances.”<sup>41</sup> A variety of outcomes related to healthier pregnancies has been found in the NFP trials, including decreases in prenatal cigarette smoking, fewer hypertensive disorders of pregnancy, and fewer closely-spaced subsequent pregnancies.<sup>42</sup> TNFP sites collect data on a number of the outcomes above. The outcomes for subsequent pregnancies are included below.
- **Improve child health and development.** NFP works to “improve child health and development by helping parents provide responsible and competent care.”<sup>43</sup> TNFP sites collect data on immunizations, breastfeeding, screening for developmental delays, emergency room visits, hospitalizations, and well-child check-ups. Data on breastfeeding, immunizations, and screening for developmental delays are included below.
- **Improve family economic self-sufficiency and stability.** NFP also aims to “improve the economic self-sufficiency of the family by helping parents develop a vision for their own

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<sup>41</sup> <http://www.nursefamilypartnership.org/about/what-we-do>

<sup>42</sup> Smoking: Olds et al., Home visiting by paraprofessionals and by nurses; Matone et al., Home visitation program effectiveness and the influence of community behavioral norms; Kitzman et al., Effect of prenatal and infancy home visitation; Rubi et al., Variation in pregnancy outcomes following statewide implementation.

<sup>43</sup> <http://www.nursefamilypartnership.org/about/what-we-do>

future, plan future pregnancies, continue their education, and find work.”<sup>44</sup> TNFP sites collect data on subsequent pregnancies, employment, education, relationship stability, and the use of public assistance. Data on employment are included below. Data on subsequent pregnancies are include in the improve pregnancy outcomes section on page 35.

- **Reduce child abuse and neglect.** TNFP has reducing child abuse and neglect as an additional stand-alone goal. TNFP sites collect data on the frequency of hospitalizations (including visits to the emergency room) for injury and ingestion and referrals to Child Protective Services for suspected child abuse or neglect.<sup>45</sup>

In addition to the program goals, section 531.653, Texas Government Code, requires TNFP program sites to assist clients in establishing paternity of their babies. Data on establishment of paternity are also included in this section.

The outcome data presented for TNFP come from NFPNSO raw data file and were verified using the quarterly summary tables. Due to minor differences in methodology and occasional errors in the data, the statistics from the raw data file may not exactly match the statistics in the NFPNSO quarterly reports. The national NFP data came from the quarterly summary tables. Due to the method in which NFPNSO collects and aggregates the data in the quarterly summary tables, the number of clients with data for each outcome is known, but the number of clients with missing data is not known in many instances. For this reason, it is not possible to tell how much of the national NFP population is represented in the data for each outcome, and the percentages for NFP clients nationally may be over or understated and cannot be directly compared to the Texas data. Program outcomes are presented for all clients since the start of the program in 2008.

No data are presented on the reduction of child abuse and neglect due to limited data. During this reporting period, NFPNSO assessed rates of child abuse and neglect by the number of children admitted to the hospital or seen in the emergency room because of an injury or ingestion. Data were collected for the first time on the number of referrals to Child Protective Services for suspected child abuse or neglect in 2012; however, the number of referrals is small and the outcomes of the cases are unknown. HHSC plans to continue developing measures for this goal and plans to report on child abuse and neglect outcomes in future reports.

## **NFP Objectives**

NFP uses the Healthy People 2020 objectives for their outcome measures.<sup>46</sup> The Healthy People 2020 objectives are produced by a federal interagency workgroup with representatives from U.S. Department of Health and Human Services as well as a number of other federal agencies. The objectives were developed over several years, are science-based, and incorporate feedback from many levels of government, more than 2,000 organizations, and the public. The goal of the Healthy People 2020 initiative is to set attainable goals for health promotion and disease prevention to improve the health of the nation. The objectives are long-term targets for implementing agencies to achieve over time, but are not markers of whether sites met the standards.

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<sup>44</sup> <http://www.nursefamilypartnership.org/about/what-we-do>

<sup>45</sup> Ingestion is used as a surrogate measure for child abuse and neglect.

<sup>46</sup> For more information on the Healthy People 2020 initiative and the objectives, visit <http://www.healthypeople.gov/2020/default.aspx>.

## Goal 1: Improve Pregnancy Outcomes

### Subsequent Pregnancy

The rate of subsequent pregnancies for TNFP clients was equal to or slightly lower than the national NFP rate for each time period after the birth of the first child.<sup>47</sup> Between September 1, 2008 and June 30, 2014, of the TNFP clients with data on subsequent pregnancies, 4 percent were pregnant 6 months after giving birth, 12 percent were pregnant 12 months after giving birth, 20 percent were pregnant 18 months after giving birth, and 24 percent were pregnant 24 months after giving birth (see Table 9). The rates of subsequent pregnancies for clients over age 18 at intake and under age 18 at intake were very similar. Subsequent pregnancy status is only known for clients who stayed in the program through the end of each time period and reported their status. The NFPNSO objective for subsequent pregnancies is for less than 25 percent of clients to have a subsequent pregnancy within 24 months of their first child's birth.

**Table 9. Subsequent Pregnancy**

	6 Months Postpartum		12 Months Postpartum	
	Clients with Known Pregnancy Status*	Pregnant Clients**	Clients with Known Pregnancy Status*	Pregnant Clients**
TNFP	2,865 (99.4%)	107 (3.7%)	2,175 (92.8%)	250 (11.5%)
National NFP	76,662	2,779 (3.6%)	58,358 (56.7%)	6,905 (11.8%)

	18 Months Postpartum		24 Months Postpartum	
	Clients with Known Pregnancy Status*	Pregnant Clients**	Clients with Known Pregnancy Status*	Pregnant Clients**
TNFP	1,631 (99.49%)	322 (19.7%)	1,211 (98.1%)	292 (24.1%)
National NFP	41,849	9,001 (21.5%)	36,723 (33.1%)	10,526 (28.7%)

Time Period for TNFP: September 1, 2008- June 30, 2014

\* "Clients with Known Pregnancy Status" includes clients who provided information about subsequent pregnancies on the Demographics Update Form at 6, 12, 18, and 24 months. The percent is how many clients had data out of the best estimate of clients in that time period. The total number of national NFP clients at 6 and 18 months is unknown. Therefore, the percent of national NFP clients with data cannot be calculated for these time periods.

\*\*Clients included in the count of pregnant clients in one time period may not be included in the count in other time periods if they did not complete the survey for that time period or were no longer enrolled in the program.

<sup>47</sup> The national rates represent much smaller proportions of national clients than the TNFP rates. In addition, the rates may vary because outcomes are only known for women who stay in the program through each time period and report on subsequent pregnancies.

## **Goal 2: Improve Child Health and Development**

### **Breastfeeding**

Of the TNFP clients with data on breastfeeding, 83 percent initiated breastfeeding, exceeding the Healthy People 2020 objective of 82 percent and the percent of national NFP clients who initiated breastfeeding. When the babies were 6 months old, 23 percent of TNFP clients were breastfeeding, and when the babies were 12 months old, 13 percent of TNFP clients were breastfeeding.

The percent of clients breastfeeding at 6 and 12 months is lower than the percent of NFP clients nationally. However, the total number of national NFP clients and the corresponding percent of NFP clients with data at 6 months is unknown, and the percent of national NFP clients with data at 12 months is only 37 percent. Therefore, the numbers are not directly comparable. The rates were also substantially lower than the Healthy People 2020 objectives. However, the rates for each time period have increased by ten or more percentage points from the first year of the program to the most recent year with available data for each time period. For births in program year 2014, 87 percent of clients initiated breastfeeding and 30 percent were breastfeeding at 6 months. For births in program year 2013, 16 percent of clients were breastfeeding at 12 months (see Table 10).

**Table 10. Breastfeeding**

	<b>Birth</b>		<b>6 months</b>		<b>12 months</b>	
	<b>Clients with Data*</b>	<b>Initiated Breastfeeding</b>	<b>Clients with Data*</b>	<b>Breastfeeding at 6 Months</b>	<b>Clients with Data*</b>	<b>Breastfeeding at 12 Months</b>
TNFP	4,405 (99.4%)	3,668 (83.3%)	2,408 (85.0%)	563 (23.4%)	1,828 (78.0%)	245 (13.4%)
National NFP	100,834 (68.1%)	81,492 (80.8%)	52,697 -	15,574 (29.6%)	38,230 (37.2%)	6,885 (18.0%)
Healthy People 2020 Objective**		81.9%		60.6%		34.1%

Time Period for TNFP: September 1, 2008- June 30, 2014

\*"Clients with Data" includes clients who provided information about breastfeeding on the Infant Birth Form, the Infant Health Form at 6 months, or Infant Health Form at 12 months. The percent with data is the number of clients with data out of the best estimate of clients in that time period. The total number of national NFP clients in the six month time period is unknown. Therefore, the percent of national NFP clients with data cannot be calculated for this time period.

\*\*The NFP objective is to be equal to or greater than the Healthy People 2020 objective.

## Immunizations

The rate of immunization for TNFP clients is higher than the rate for national NFP clients at 6 and 12 months.<sup>48</sup> Between September 1, 2008 and June 30, 2014, of the babies with a completed Infant Health Care Form at each time interval that provided data on immunizations, 91 percent of 6 month old TNFP babies and 90 percent of 12 month old babies had received all of their scheduled immunizations (see Table 11).

**Table 11. Immunization Rates**

	6 Months		12 Months	
	Children with Immunization Data*	Children with Up-to-Date Immunizations	Children with Immunization Data*	Children with Up-to-Date Immunizations
TNFP	2,822 (99.6%)	2,578 (91.0%)	2,138 (91.3%)	1,926 (89.5%)
National NFP	49,385	43,737 (88.6%)	39,164 (38.1%)	34,436 (87.9%)

Time Period for TNFP: September 1, 2008- June 30, 2014

\*"Children with Immunization Data" includes all children with a completed Infant Health Care Form at each time interval that included information about immunization status. The percent with data is the number of clients with data out of the best estimate of clients in that time period. The total number of national NFP clients at six months is unknown. Therefore, the percent of national NFP clients with data cannot be calculated for this time period.

## Developmental Delays

In order to screen TNFP babies for developmental and social delays, nurse home visitors administer the Ages and Stages Questionnaire (ASQ-3) and Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) instruments. These screening instruments are designed to test infants and young children at standardized intervals for developmental delays and social-emotional delays. Only data from the first two screenings (4-months and 10-months for the ASQ-3 screenings and 6-months and 12-months for the ASQ:SE) are reported. The ASQ and ASQ:SE must be administered within a specific time interval around the specific assessment age in order to be included in analysis. Several factors may contribute to the ASQ not being administered during the allowed time interval including cancelled appointments, client travel, and a sleeping baby at the time of the visit.

There were 2,424 babies screened with the ASQ at four months of age with five percent requiring additional developmental assessment. At ten months of age, 1,806 infants were screened, and nine percent required additional screening (see Table 12).

<sup>48</sup> The national rates represent much smaller proportions of national clients than the TNFP rates.

**Table 12. Developmental Delays: Ages and Stages Questionnaire (ASQ) Screening\***

	<b>Infants Assessed at 4 Months**</b>	<b>Required Additional Assessment</b>	<b>Infants Assessed at 10 Months**</b>	<b>Required Additional Assessment</b>
TNFP	2,424 (85.6%)	128 (5.3%)	1,806 (83.5%)	158 (8.7%)
National NFP	45,572 (86.1%)	2,764 (6.1%)	34,387 (84.8%)	3,571 (10.4%)

Time Period for TNFP: September 1, 2008 - June 30, 2014

\*ASQ is also assessed at 14 and 20 months

\*\* The percent assessed at each time period is how many clients' children were assessed out of the best estimate of clients in that time period.

There were 12,489 infants screened at six months of age with the ASQ:SE. Of these, three percent required further evaluation (see Table 13). At twelve months, 1,921 infants were screened, and two percent required further evaluation.

**Table 13. Developmental Delays: Ages and Stages Questionnaire: Social Emotional (ASQ:SE) Screening\***

	<b>Infants Assessed at 6 Months**</b>	<b>Required Additional Assessment</b>	<b>Infants Assessed at 12 Months**</b>	<b>Required Additional Assessment</b>
TNFP	2,489 (88.4%)	79 (3.2%)	1,921 (89.5%)	39 (2.0%)
National NFP	42,443 (80.2%)	1,569 (3.7%)	32,453 (80.1%)	900 (2.8%)

Time Period for TNFP: September 1, 2008 - June 30, 2014

\* ASQ:SE is also assessed at 18 and 24 months.

\*\* The percent assessed at each time period is how many clients' children were assessed out of the best estimate of clients in that time period. The percent of infants assessed in each time period nationally is the percent reported in the most recent quarterly report, not the percent calculated based on the best estimate of clients in each time period.

### **Goal 3: Improve Family Economic Self-Sufficiency and Stability**

#### **Employment**

The rates of employment for TNFP clients for each time period were lower than the rates for national NFP clients. However, the increase in employment rates over time is similar to the increase nationally. In the client demographics section of the main report, the percent of clients who were employed at intake was presented for clients enrolled in the most recent program year. For all TNFP clients since the start of the program, of the clients with known employment status

at intake (84 percent), 14 percent of TNFP clients under age 18 at intake and 39 percent of TNFP clients over 18 at intake were working full- or part-time (see Tables 14 and 15).

As expected, the rates of employment for clients that were under 18 and older than 18 at intake are different, reflecting that clients under 18 are often financially dependent on parents or guardians and may be enrolled in school. Of the clients older than 18 at intake with employment data at each time period, 56 percent were working at 6 months, 60 percent were working at 12 months, and 65 percent were working at 18 months. Of the clients younger than 18 at intake with employment data at each time period, 38 percent were working at 6 months, 40 percent were working at 12 months, and 49 percent were working at 18 months. It is also expected that employment among program participants will be lower in the early postpartum period and will increase as the child grows.

While the employment rates for TNFP clients are lower than the rates for national NFP clients, the lower rate of employment at intake for TNFP clients suggests the job market in recent years in Texas may not be directly comparable to the job market nationally since the NFP program started. TNFP clients started with lower levels of employment; however, the increase in TNFP clients who are working from intake to 18 months postpartum is substantial and similar to the increase nationally. In addition, the number of national NFP clients with missing data is unknown for all but the intake time period.

**Table 14. Client Employment Status for Clients Over Age 18**

	Intake		6 Months Postpartum		12 Months Postpartum		18 Months Postpartum	
	Clients with Data*	Working	Clients with Data*	Working	Clients with Data*	Working	Clients with Data*	Working
TNFP	3,758 (91.8%)	1,460 (38.9%)	1,416 (73.1%)	788 (55.6%)	1,181 (75.7%)	711 (60.2%)	943 (87.0%)	610 (64.7%)
National NFP	122,851 (90.8%)	53,791 (43.8%)	36,240	23,845 (65.8%)	31,247	20,795 (66.6%)	23,982	16,044 (66.9%)

Time Period for TNFP: September 1, 2008 - June 30, 2014

\*"Clients with Data" includes all clients who completed demographic forms for time period and answered the question about working status. The percent with data at each time period is based on the best estimate of clients in that time period. The total number of national NFP clients in all but the intake time period is unknown. Therefore, the percent of clients with data cannot be calculated.

**Table 15. Client Employment Status for Clients Under Age 18**

	Intake		6 Months Postpartum		12 Months Postpartum		18 Months Postpartum	
	Clients with Data*	Working	Clients with Data*	Working	Clients with Data*	Working	Clients with Data*	Working
TNFP	1,525 (70.4%)	216 (14.2%)	541 (57.2%)	206 (38.1%)	489 (62.5%)	196 (40.1%)	416 (75.9%)	203 (48.8%)
National NFP	32,972 (62.0%)	7,117 (21.6%)	10,266	4,808 (46.8%)	9,743	4,871 (66.6%)	7,945	4,236 (53.3%)

Time Period for TNFP: September 1, 2008 - June 30, 2014

\*"Clients with Data" includes all clients who completed demographic forms for time period and answered the question about working status. The percent with data at each time period is based on the best estimate of clients in that time period. The total number of national NFP clients in all but the intake time period is unknown. Therefore, the percent of clients with data cannot be calculated.

### **Establishment of Paternity**

Section 531.653, Texas Government Code, requires TNFP program sites to assist clients in establishing paternity of their babies. The goal of the TNFP program is to help clients understand paternity and child support services. All nurse home visitors complete the initial and annual refresher AOP training offered through the Office of the Attorney General and are able to complete AOP documentation should a client desire to complete it prior to their delivery. Information on paternity establishment is provided to all TNFP clients. In fiscal year 2014, 77 clients completed AOP documentation with their nurse home visitor prior to delivery. It is unknown how many clients completed AOP documentation during their hospital stay following the birth of their baby or at a later time point.

### **CLIENT SATISFACTION SURVEY**

In order to gather information on the experiences of the clients participating in the TNFP program, clients that had a visit with their nurse in June, July, or August of 2012 or 2013 were given the opportunity to complete a brief client satisfaction survey. The results of the survey from both years were overwhelmingly positive with 99 percent of clients reporting that they were satisfied with the program, the nurse home visitor talked about things that were important to them, the program was helpful, and they would recommend the program to others. In 2015, a client satisfaction survey will be added to the standard NFPNSP forms to be administered to clients at 36 weeks gestation and 12 months postpartum.

## SUMMARY

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From July 1, 2013 to June 30, 2014, TNFP enrolled 890 low-income first-time mothers, bringing the total enrollment since the program started in Texas in 2008 to 6,204, and served an average monthly caseload of 1,491 clients. The median age of TNFP clients at intake was 19 years, and TNFP clients had a median annual household income between \$6,001 and \$12,000. Since September 2008, 1,234 clients have stayed in the program through their child's second birthday, 2,343 clients were enrolled through their child's first birthday, and 4,431 clients completed the pregnancy phase of the program.<sup>49</sup> Out of the 3,585 clients who had time to complete all three phases of the program by June 30, 2014, 34 percent stayed in the program through their child's second birthday.

As a condition of their funding, TNFP grantees were required to adhere to the TNFP program model standards developed by NFPNSO. With a few minor exceptions, all of the TNFP sites successfully adhered to the 18 model standards covering 7 areas of implementation.

- **Clients (Standards 1-4)** - Clients participated in the program voluntarily, more than 99 percent were first-time mothers, and 97 percent met the low-income criteria. Ninety-five percent began receiving program services before the end of their 28<sup>th</sup> week of pregnancy.
- **Intervention Context (Standards 5-7)** - Each nurse home visitor visited clients in accordance with NFPNSO guidelines. TNFP sites completed 75 percent of the expected home visits during pregnancy, slightly higher than the NFP national average of 73 percent but just short of the NFPNSO objective of 80 percent. TNFP sites exceeded the NFPNSO objectives of completed home visits in the infancy and toddlerhood phases.
- **Expectations of the Nurses and Supervisors (Standards 8-9)** - Each grantee followed the NFPNSO guidelines regarding staff training and experience or received variance approval from NFPNSO. All but 2 of the 80 nurse home visitors seeing clients had a Bachelor of Science in Nursing (BSN), and TNFP nurse home visitors had completed all required additional training sessions or were in the appropriate phases of their training based on hire dates.
- **Application of the Intervention (Standards 10-12)** - Each nurse home visitor followed the NFPNSO visitation guidelines during client visits and used current clinical methods to apply the NFP theoretical framework. However, a quarter of nurse home visitors had a caseload greater than 25 clients for short periods of time.
- **Reflection and Clinical Supervision (Standards 13-14)** – Nursing supervisors provided supervision to no more than eight nurses and provided clinical supervision and feedback in accordance with NFPNSO guidelines. Overall, most nursing supervisors provided sufficient one-to-one supervision, case conferences and team meetings, and field supervision. Two sites only partially met the one-to-one supervision standard and three sites partially met the field supervision standard.
- **Program Monitoring and Use of Data (Standard 15)** - Each grantee collected data in accordance with NFPNSO guidelines.
- **Agency (Standards 16-18)** - Each grantee was located in an organization known for providing prevention services and had the organizational structure to support the implementation and operation of an NFP program. All sites met regularly with a community advisory board to discuss implementation and sustainability issues.

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<sup>49</sup> Not all clients who have completed the pregnancy and/or infancy phases have been in the program long enough to complete the subsequent phases.

The aim of the TNFP program is to improve the health and self-sufficiency of low-income, first-time parents and their children by improving pregnancy outcomes, improving child health and development, improving family economic self-sufficiency and stability, and reducing child abuse and neglect. TNFP sites gather program outcome data associated with these program goals:

- Improve pregnancy outcomes: Rates of subsequent pregnancies at 6 months, 12 months, and 18 months after the birth of their first child for TNFP clients are similar to national NFP rates.
- Improve child health and development: TNFP clients exceeded the Healthy People 2020 objective of initiating breastfeeding, but rates for breastfeeding at 6 and 12 months were lower than the rate for NFP clients nationally and fell short of the objectives. However, the breastfeeding rates for each time period have increased by ten or more percentage points from the first year of the program to the most recent year with available data for each time period. The rates of immunization for TNFP infants at 6 and 12 months are higher than the rates for national NFP infants in both time periods. Similar rates of TNFP infants were screened for developmental and social delays as national NFP infants.
- Improve family economic self-sufficiency and stability: The rates of TNFP clients working at 6, 12, and 18 months after the birth of their child is lower than the rate of employment for national NFP clients. However, TNFP clients started with lower levels of employment at intake, and the increase in TNFP clients who are working from intake to 18 months postpartum is substantial and similar to the increase nationally.
- Reduce child abuse and neglect: No data are presented on the reduction of child abuse and neglect due to limited data. HHSC plans to continue developing measures for this goal and plans to report on child abuse and neglect outcomes in future reports.

## CONCLUSION

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The goal of the TNFP evaluation is to provide data for the prior year on the number of TNFP clients enrolled and served along with demographics for these clients, provide data on the program outcomes, and to assess whether the sites are adhering to NFPNSO model standards. The TNFP grantees met all of the 18 NFP model standards except for a few sites only partially meeting standard 14.

There are currently four funding sources for NFP sites in Texas. As transfers between sites and mixed funding at sites become more common, it will become increasingly difficult to separate out the general revenue-funded sites and clients for evaluation. The scope of future evaluations may expand to include NFP sites funded through additional sources.

## **APPENDIX A: IMPLEMENTING AGENCY DESCRIPTIONS**

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TNFP implementing agencies are a diverse group of government and community organizations. Detailed descriptions of each implementing agency are included below, including the agency history, the population served, the services that the agency provides, a description of how the agency collaborates with other agencies in the community, and the types of members on the NFP community advisory boards.

### **Any Baby Can, Inc. – Austin**

Any Baby Can is a nonprofit community organization located in Austin and provides services to families and teens in Austin and the surrounding area.

#### ***Agency History***

Any Baby Can Child and Family Resource Center has been providing help to Central Texas children since 1979. In 1979, CEDEN (Center for Development, Education, and Nutrition) Family Resource Center was formed to promote and strengthen families in need of prenatal, early childhood, and parenting education. The agency provided services to improve birth outcomes, prevent and reverse developmental delays, increase positive parenting behaviors, reduce injuries, and ensure timely immunizations. CEDEN served primarily low-income status families and parents with children 0 to 5 years old with developmental delays or risk of becoming delayed. In 1992, Any Baby Can of Austin was founded at the direction of and with funding from the Texas Department of Health and was replicated from the highly successful Any Baby Can model in San Antonio. It targeted children with special health care needs and was designed to improve access to services and health care. It also provided support for families of children with special needs through preventive education, early intervention, and advocacy, giving families of children at risk a better chance in life. In 2000, CEDEN Family Resource Center and Any Baby Can of Austin merged, forming Any Baby Can Child and Family Resource Center. In November 2003, the Candlelighters Childhood Cancer Foundation of the Austin Area, a nonprofit that worked with children and families battling childhood cancer, became part of Any Baby Can. In 2008, the Children's Hearing Aid Texas (CHAT) joined Any Baby Can. CHAT provides hearing devices and auditory services for children who have no other resources for these services.

#### ***Population Served and Services***

Any Baby Can provides services to children and their families. Any Baby Can specifically helps pregnant women, new parents, children with developmental delays, children with chronic illnesses, children with cancer, mothers with postpartum depression, and parents seeking to improve their parenting or literacy skills. In fiscal year 2013, Any Baby Can served 1,718 children and families through home visitation programs, 2,381 people attended parenting or literacy classes and support groups, and 2,912 clients received safety net services. Of the clients served, 77 percent had incomes under 150 percent of the federal poverty level and 15 percent of them had income between 151 and 200 percent of the federal poverty level.

Any Baby Can improves the lives of children by strengthening them and their families through education, therapy, and family support services. Most services are provided through home

visitation, and they also offer community classes and support groups. Any Baby Can offers the following programs:

- Candlelighters Childhood Cancer Program serves families of children with cancer through age 20. Home- or hospital-based services span from diagnosis throughout treatment, during times of crisis, and can continue when the child is off-treatment. Bereavement services are available. The program also offers family events that provide a place for families to meet, have fun, and support each other.
- Children's Hearing Aid Texas (CHAT) provides auditory services and hearing aids for children in Central Texas with audiological needs who have no financial alternatives to meet those needs (families with incomes at or below 250 percent of the federal poverty level).
- Comprehensive Advocacy and Resources for Empowerment (CARE) Program serves families of children zero through age 20 who have physical, developmental, emotional, or behavioral special health care needs. A priority of CARE is to find and establish a medical home for the family. Parents and children receive emotional support, learn coping skills, and are connected to health and family resources in the community that are outside of their primary care provider's scope. The program also offers family events that provide a place for families to meet, have fun, and support each other.
- Early Childhood Intervention (ECI) Program serves families with children birth to 36 months with a developmental delay, medically diagnosed condition, or auditory or visual impairment. The ECI model was built on the understanding that the most effective time to improve a child's ability to grow and learn is before the age of three. ECI helps children reach their full potential and increases parents' knowledge, skills, and ability to support their child. Early intervention responds to the critical needs of children and families by promoting development and learning, providing support to families, coordinating services and decreasing the need for costly special programs.
- Family Education Program provides a variety of classes to guide new and experienced parents through the journey of parenthood. The Be Ready for Baby class prepares parents for childbirth and early parenting and the evidenced-based classes, the Nurturing Parenting Program and Triple P (Positive Parenting Program), give parents the tools and skills to support their children and to be proactive, confident, and appropriate role models. The Family Learning Center offers tutoring for the diverse needs of the entire family. Parenting classes are also offered in partnership with other community organizations at various sites. All classes are offered in English and Spanish.
- Healthy and Fair Start (HFS) Program strengthens low-income families with children younger than five years old whose well-being is at risk or who have a mild developmental delay. Any Baby Can staff utilizes Parents as Teachers, an evidence-based curriculum focusing on home-based parent education and child development. HFS home visitors work with clients in their home to create stable and safe family environments, address developmental delays, increase school readiness, and encourage parent involvement in school and the community. These result in improved parental confidence

and competence, leading to greater family stability as well as appropriate emotional development of the child.

- No Estás Solo You are Not Alone Counseling Program employs clinically licensed therapists who provide bilingual, home-based mental health counseling to children and families enrolled in other Any Baby Can home visitation programs. Counseling services help clients address mental health issues and cope with stressful and difficult situations.
- Nurse-Family Partnership (NFP) Program
- Postpartum Services include an English postpartum depression support group for new mothers and their partners plus postpartum informational presentation and resources for the professional community whose clientele includes new parents. Clients who give birth during their enrollment in other Any Baby Can home visitation programs receive a supportive phone call from a mental health professional to work toward awareness and prevention of postpartum depression. Postpartum specialized home-based counseling services are also available for women who choose to participate after their supportive phone call or who are experiencing postpartum depression.
- Tandem Pregnant & Parenting Teen Collaboration promotes the health and well-being of teen parents who receive prenatal care at People's Community Clinic. The collaboration works to reduce the risk of low birth weight infants and subsequent unplanned pregnancies. Tandem utilizes *Teen Parents as Teachers*, an evidence-based curriculum focusing on home-based parent education and child development from the teen perspective. Tandem has been recognized for incorporating into its program many of the nationally identified best practices for serving teen parents and has been particularly effective in promoting positive health behaviors among its participants. Tandem is a collaboration among Any Baby Can, Austin Child Guidance Center, LifeWorks, and People's Community Clinic.
- Basic Needs Program Support Services provides families receiving case management from Any Baby Can programs referrals to community resources as needed as well as basic needs support from trained professionals in order to develop the skills needed to thrive. These supports can include, but are not limited to, assistance related to food, shelter, health, employment, burial, and respite care.

### ***Community Collaboration***

The NFP program at Any Baby Can receives referrals from People's clinic, Austin Independent School District via school nurses who are the employees of Seton Hospital System and service the high school students, Manor Independent School District via their social workers in the high schools, Brackenridge Hospital, Caritas, Hope Connections Resource Center (crisis pregnancy center), Lifeworks, Pflugerville Independent School District, Juvenile Probation case managers, WIC clinics, Round Rock Independent School District, and Seton Health Care centers.

Any Baby Can collaborates with Peoples' Clinic to provide case management for pregnant teens. They also refer their clients to other community resources, such as Foundation Communities, Early Childhood Intervention services, Lifeworks, Austin Community College, Annunciation Home, Austin Children's Shelter, Caritas, WIC services, and primary care physicians,

obstetrician/gynecologists, and pediatrics.

### ***NFP Community Advisory Board***

In the past year, Any Baby Can's NFP has expanded their community advisory board to include additional types of community members and has joined their board with the Parents As Teachers, an evidence-based curriculum used by two ABC programs which also requires a community advisory board. The two programs share several common goals, including improved attachment between caregiver and child, child abuse prevention and the empowerment of clients to be even better parents. The current advisory board consists of doctors, nurses, social workers, and corporate and managed care community ambassadors. They intend to continue recruiting new members, including individuals from the education sector, law enforcement sector, healthcare sector, and former clients.

### **Baylor College of Medicine Teen Health Clinics**

Baylor College of Medicine Teen Health Clinic is a college-affiliated community clinic located in Houston and serving Harris County.

### ***Agency History***

The Teen Clinic has been providing medical, counseling, and education services for over 35 years in some of Houston's poorest neighborhoods. Historically the Teen Clinic began providing educational and counseling services to delivering mothers at Jeff Davis Hospital and has expanded to ten comprehensive teen health clinics that provide family planning, sexually transmitted disease testing and treatment, HIV testing and counseling, and primary care services at school based clinics. The primary goals of the Teen Health Clinics are to reduce infant mortality, prevent subsequent teen pregnancies, and reduce the incidence of sexually transmitted diseases. In addition, the clinics are participants in several community based coalitions.

### ***Population Served and Services***

The Teen Health Clinics provide services to teens, students, and young adults in the city of Houston and surrounding areas. All services are offered to teens and young adults ages 13 to 23(females) or 25(males), at little to no cost. No one is turned down for an inability to pay.

The Teen Health Clinics provide basic outpatient services such as screening and treatment for basic health concerns, prenatal care, immunizations, family planning services, crisis intervention services, assistance completing the application for public benefits, parenting classes, and other community programs.

### ***Community Collaboration***

The NFP program collaborates with Honey Child for additional parenting and prenatal education, Baylor Teen Clinic Centering Pregnancy for prenatal care and education, Baylor Teen Clinic Fatherhood Program for support to fathers for parenting and job skills, Baylor Teen Clinic Northeast Adolescent Programs for counseling and support, and Early Childhood Intervention for child assessment and developmental support.

The program receives referrals from Harris County WIC, local school districts, pregnancy resource centers, and community clinics, as well as the two other Houston NFP sites. The nurses

attend prenatal WIC classes to introduce the NFP programs and try to ensure each nurse is assigned to a clinic or private physician's office and school district to work with regarding referrals. All staff members conduct weekly outreach and are able to screen and contact referrals. They also work with their community advisory board to identify agencies for referral partnering, as well as ensuring the board member's agencies are knowledgeable about referring to the program.

### ***NFP Community Advisory Board***

Baylor Teen Health Clinic shares an NFP community advisory board with the City of Houston Department of Health and Human Services (HDHHS) and the Texas Children's Health Plan. The board includes an obstetrician/gynecologist, a WIC administrator, a Child Protective Services administrator, a March of Dimes program director, a statistician for Harris County, a Mental Health and Mental Retardation Authority administrator, representatives from Stork's Nest and the Source for Women, a collegiate professor, a film producer, NFP National Service Office staff, and administrators from each of the NFP sites.

## **City of Houston Department of Health and Human Services**

HDHHS is a local government agency serving the Houston metropolitan area.

### ***Agency History***

HDHHS has a long history of assisting at-risk families in the Houston metropolitan area and has historically administered a broad array of public health services to prevent disease and to promote health.

### ***Population Served and Services***

HDHHS serves low income families, teens, and males from 22 to 45 years old. Many of their programs specifically serve low income populations. HDHHS has eleven community-based multi-service centers which provide an array of services to meet the needs of the surrounding community. Most multi-service centers include, among other services, child daycare, senior citizen centers, substance abuse counseling, some emergency services and family counseling.

HDHHS offers the following programs:

- **Children and Family Programs**
  - Care Houston
  - Healthy Families Healthy Futures
  - Kids Village
  - Kids Vision for Life
  - Nurse Family Partnership
  - Project Milestone
  - Project Saving Smiles
  
- **Clinical Programs and Services**
  - Preventive health care and treatment for selected diseases are provided at community health centers, through mobile units and community-based organizations. Services include:
    - CHS on the Road Keeping Houston - Healthy

- HIV/AIDS Testing and Prevention
  - Sexually-Transmitted Disease Treatment
  - Tuberculosis Screening, Diagnosis and Treatment
  - Hansen’s Disease Treatment
  - Disease Investigation
  - Childhood Immunizations
  - Selected Travel Immunizations
  - Women, Infants and Children (WIC) Program/Nutrition Services
  - Family Planning
  - Dental Services
  - Lead Screening
- **Community Support**
    - HDHHS provides a variety of community support services to the residents of Houston.
    - Houston/Harris County Area Agency on Aging
    - Birth Certificates and Death Certificates (Bureau of Vital Statistics)
    - Community Re-entry Network Program
    - Diabetes Awareness and Wellness Network
    - Health Planning/Health Statistics
    - Jail Health/Emergency Medical Services
    - Emergency Preparedness
- **Education and Health Promotion**
    - Cable Television Show Health Face to Face Programs
    - Community Garden Program
    - Community Transformation Grant
    - Farmers Markets
- **Emergency Preparedness**
    - Public health preparedness
    - Readyhouston.org
- **Environmental Health Services**
    - HDHHS' Environmental Health Services division provides a variety of programs and services relating to air and water pollution, occupational health and food establishments.

***Community Collaboration***

The NFP program at HDHHS conducts outreach activities and presentations monthly for the purpose of client recruitment. Clients are recruited from the City of Houston WIC sites (the primary referring agency), pregnancy testing centers, obstetrician/gynecologist offices, school districts in the targeted area (Spring, Aldine, Alief, and Houston Independent School Districts), and Central Care Federally Qualified Health Center. Agencies are given an overview of the NFP program, and are provided with NFP brochures and referral forms. Program enrollment information is also listed on the City Of Houston’s website and social media sites and presented at community events.

HDHHS has also partnered with nonprofit Federally Qualified Health Centers (FQHCs) and hospital district primary care clinics to enhance access to services for residents and improve the

city's health profile. Efforts include the innovative HIV testing program for the community called "Hip-Hop for HIV Awareness." In the Assessment, Intervention, and Mobilization (AIM) project, HDHHS goes door-to-door in selected neighborhoods performing assessments, linking residents to services and providing immediate follow-up.

### ***NFP Community Advisory Board***

HDHHS shares an NFP community advisory board with Baylor Teen Health Clinic and Texas Children's Health Plan. The members of the joint board are listed under the description for Baylor Teen Health Clinic above.

## **City of Laredo Health Department**

The City of Laredo Health Department (CLHD) is a local government agency serving Webb and surrounding counties.

### ***Agency History***

CLHD has over 60 years of experience providing a full range of public health services to the residents of Webb County with limited services to Duval, Jim Hogg, Zapata, and Starr counties.

### ***Population Served and Services***

CLHD serves everyone in the community. They have several programs specifically for low-income clients including the Title X family planning program, Title V prenatal and child dental program, immunization services, the tuberculosis clinic, sexually transmitted disease and HIV testing services, and WIC program. In addition, they offer basic outpatient medical services (i.e. screening and treatment for basic health concerns), prenatal care, and assistance completing the application for public benefits. CLHD is located in a border town and works closely with the Health Minister of Mexico addressing the health needs of immigrant and migrant residents. CLHD continues to promote text for babies, a program that provides information for new mothers via text messages, and has integrated healthy babies activities into many of its programs. Their Healthy Texas Babies coalition is now part of the Laredo Health Coalition.

### ***Community Collaboration***

Most of the referrals for the NFP program come from the eight local WIC departments (80 percent); Pregnancy, Education, and Parenting (P.E.P.) programs from two area school districts (10 percent); and a variety of other sources such as word of mouth, doctors' offices, Help America, and the CLHD Maternity Department. In addition, the NFP program refers to the local Medicaid office, Title V Prenatal and Child Dental, Family Planning, and WIC for services.

### ***NFP Community Advisory Board***

The City of Laredo NFP community advisory board includes a Department of State Health Services Medicaid Provider Relations representative, the director of Help America Corp., the United Independent School District P.E.P coordinator, the Laredo Independent School District P.E.P. program liaison, the Laredo Independent School District health service coordinator, Webb County Head Start coordinator, Maximus Texas Health Steps (THSteps) outreach counselor, the CASA de Misericordia Education Center administrator, and representatives from SCAN Pregnant and Post-partum Intervention Program, BCFS Health and Human Services, Department

of State Health Services Health Service Region 11, Driscoll Cadena de Madres Program, and CLHD Immunizations Program.

### **City of Port Arthur Health Department**

The City of Port Arthur Health Department is a local government agency serving Jefferson County.

#### ***Agency History***

The City of Port Arthur Health Department has more than 100 years of experience providing health, parent, and family support services to low-income families in their community. The Health Department also has past experience in providing home-based services through a maternal and child health grant.

#### ***Population Served and Services***

The City of Port Arthur Health Department serves low income families and clients in the Port Arthur community. They have a number of services and/or programs for low income clients, including the sexually transmitted disease clinic, the TB clinic, the Primary Care Clinic (basic medical care for uninsured/underinsured working people), immunizations, and WIC. In addition, they provide basic outpatient services such as screening and treatment for basic health concerns and crisis intervention services.

#### ***Community Collaboration***

The City of Port Arthur's NFP program receives referrals from each area in the Health Department; the Hope Women's Resource Center; Beaumont, Port Arthur, Hardin, and Silsbee WIC offices; Birthright, a pregnancy testing center in Beaumont; local medical providers; and area schools. They also refer clients to other city departments for the services they provide.

#### ***NFP Community Advisory Board***

City of Port Arthur Health Department's NFP community advisory board includes WIC breastfeeding peer counselors from Port Arthur and Beaumont, professors from Lamar University Nursing School, an Early Childhood Intervention case worker, a career counselor from an area technical school, a representative from Maximus, a school counselor from Port Arthur ISD, a representative from Catholic Charities of Beaumont, two retired representatives from a local sorority, two representatives from HHSC, two graduates of our program, a nurse from CPS, and a representative from Beaumont Court Appointed Child Advocates (CASA).

### **The Children's Shelter**

The Children's Shelter is a private, nationally accredited nonprofit organization located in San Antonio serving children and their families in Bexar County.

#### ***Agency History***

Since 1901, The Children's Shelter has provided a safe haven for abused, abandoned, and neglected children in San Antonio and Bexar County. Today, The Children's Shelter offers emergency shelter and residential treatment for children in crisis and helps children find

permanent homes through foster care and adoption. Their family strengthening programs teach nurturing parenting skills to vulnerable families and help families overcome crises.

### ***Population Served and Services***

The Children's Shelter serves children and their families. Their family strengthening programs are free of charge to prospective clients who meet the program eligibility guidelines. The Children's Shelter offers the following programs:

- iParent SA Program provides parents with children from infancy to 17 years old with five service tracks to serve the needs of parents, including emergency respite services.
- Compadre Y Compadre Program is a 15-week program to help fathers or father figure role models who are primary caretakers of their children become nurturing parents.
- Nurse-Family Partnership Program
- Residential Treatment Center provides intensive therapeutic services for children ages five through twelve years of age who have experienced severe trauma.
- Permanency Support Services provides adoption and foster care services for prospective foster, foster to adopt, and adoption parents. They serve children who are currently awaiting adoption in foster care.
- Emergency Shelter provides 24-hour temporary emergency care to children from infancy to 14 years of age who have been removed from their homes due to abuse, abandonment, or neglect.

### ***Community Collaboration***

The NFP program at The Children's Shelter collaborates with many agencies in the Bexar County area. The NFP program receives referrals from pregnancy testing centers, local school districts, the Bexar County Juvenile Justice System, UT Teen Health, local doulas, current and previous clients, physician's offices, and other programs within The Children's Shelter.

The other programs offered by The Children's Shelter's provide additional support for NFP clients. The iParent SA<sup>®</sup> Program offer services to clients who do not qualify for the NFP program, clients who are currently on the NFP waiting list, and clients who have graduated from the NFP program and need additional support. The Compadre Y Compadre program provides many of the fathers of infant and toddler clients with education and support to become better fathers and to be more involved with their families.

The NFP program also collaborates with outside agencies for additional services for their NFP clients. NFP refers teenage clients to UT Teen Health for family planning services. Our Lady of the Lake University's doctoral counseling program provides in-home counseling to NFP clients.

In addition, the NFP program is a member of the Texas Association of Infant Mental Health and the Alamo Alliance for Nurturing Young Children and representatives from the NFP program regularly attend meetings for both organizations. The NFP at The Children's Shelter also collaborates with *UTHSCSA School of Nursing* and welcomes nursing students in the RN BSN program to do part of their community health rotation with the NFP program.

### ***NFP Community Advisory Board***

The Children's Shelter shares an NFP community advisory board with University Health System and Catholic Charities, an NFP site funded through the federal Maternal Infant Early Childhood

Home Visiting (MIECHV) program. The board includes pediatricians, obstetricians, neonatologists, nurses, nurse practitioners, hospital administrators, lawyers, local business owners, local and state government officials, medical and nursing school professors, school district personnel, social workers, early childhood consultants, non-profit agency administrators, program directors and board members, HMO administrators, and Department of Family and Protective Services staff.

## **Parkland Health & Hospital System**

Parkland Health & Hospital System is a large safety-net hospital located in Dallas serving residents of Dallas County.

### ***Agency History***

Parkland has been a pillar and leading health care system in Dallas for more than 100 years. In 2012, they delivered over 10,000 babies, had more than 1 million visits to their outpatient clinics, and more than 140,000 visits to their emergency department.

### ***Population Served and Services***

Parkland's primary population is low-income clients. The main hospital does not provide pediatrics. However, they have a network of community-oriented primary care clinics that provide services across the life-span, as well as school-based clinics for adolescent health. They have a health plan for low-income clients who do not qualify for governmental assistance.

Their services include a wide range of inpatient and outpatient services, prenatal care, labor, delivery and postpartum services, immunizations, family planning, WIC services, mental health services, crisis intervention services, parenting classes, Healthy Start, Daddy Boot Camp, senior house calls, homeless mobile clinics, Victims Intervention Services/Rape Crisis Center, and Injury Prevention Center, and many additional community programs.

### ***Community Collaboration***

The NFP program receives referrals from Parkland's network of ten women's health centers across Dallas County, their health plan, WIC offices, school nurses, and pregnancy resource centers. They also collaborate with other community programs of Parkland and the YWCA NFP to ensure the residents of Dallas receive comprehensive NFP and other home visiting program services.

### ***NFP Community Advisory Board***

Parkland and Dallas YWCA's NFP programs share a community advisory board. Members of the joint board include a state advocacy director, a city council member, an independent health care consultant, a foundation president, the director of the area March of Dimes, a non-profit CEO, a local media outreach director, NFP nurse supervisors and administrators, and the director of the Women's Health Centers.

## **Tarrant County Public Health**

Tarrant County Public Health (TCPH) is the county health department serving the residents of Tarrant County.

### ***Agency History***

Since its inception in the 1950s, TCPH has been a valuable local resource by providing services to all Tarrant County residents aimed at promoting, achieving, and maintaining a healthy standard of living. TCPH has a client base and scope of services as diverse as the county's population, a dedicated staff of more than 350 public health professionals, and annual funding resources totaling approximately \$36 million.

### ***Population Served and Services***

TCPH serves residents of Tarrant County that are low-income, as well as those that are not insured but have the ability to pay. They offer immunizations to low-income clients and clients that have the ability to pay on a sliding fee scale and provide TB screening and treatment for refugees. In addition, TCPH provides basic outpatient medical, WIC services, and other community programs.

### ***Community Collaboration***

TCPH's NFP program receives referrals from the TCPH WIC program, area pregnancy centers, and JPS clinics, which also help locate clients for the NFP program. Their NFP team has contacted referral sources by mail, visits to the various sites, and dropping off their introductory packages and brochures. They have also conducted presentations at various sites.

The NFP program collaborates with University of North Texas Health Science Center Healthy Start; Honey Child mentoring program for African American clients; The Natural Way Birthing project which provides free birthing classes to NFP clients; and Independent School Districts' Pregnancy, Education, and Parenting programs to provide additional services to NFP clients.

### ***NFP Community Advisory Board***

The TCPH NFP community advisory board includes a university dean of nursing, a county commissioner, the Mayor Pro-tem of Arlington City Council, the director of women's services at the county hospital, ministers, a pediatrician, retired college educators, and nursing school faculty.

## **Texas Children's Health Plan**

Texas Children's Health Plan is a non-profit provider-owned managed care organization (MCO) located in Houston which provides services to Medicaid and CHIP eligible families in a 20 county area surrounding Houston.

### ***Agency History***

Texas Children's Health Plan is mission driven and focused on improving the health and wellness of the community it serves. Texas Children's Health Plan provides Medicaid Managed Care benefits to approximately 370,000 eligible members. Texas Children's Health Plan also

managed approximately 51 percent of CHIP enrollees making it the third largest STAR/CHIP MCO in the entire state of Texas, and the largest provider-owned MCO in Texas.

### ***Population Served and Services***

Texas Children's Health Plan provides access to healthcare for the vulnerable populations enrolled in Medicaid and CHIP. Their population of approximately 370,000 Medicaid enrollees is comprised of a significant proportion of children and youth with special health care needs and children and youth from minority as well as economically disadvantaged backgrounds. The health plan serves approximately 7,000 pregnant women per month. In addition to their primary role as a Medicaid managed care organization, they provide assistance completing the application for public benefits, parenting classes, keep fit classes, complex case management for disease processes like diabetes and asthma, and counseling resources through the health plan. The NFP program primarily serves Harris county residents but does serve small pockets of clients from Brazoria, Fort Bend, and Montgomery counties.

### ***Community Collaboration***

The NFP program receives referrals from the Source for Women, Center for Children and Women, Best Start Program, physician's offices, pregnancy centers, school districts, and internal case management referrals.

The NFP program collaborates with a number of community organizations for a variety of purposes. They work with the other three NFP programs in Houston to provide services for clients they do not have the capacity to serve as well as provide educational opportunities to all NFP nurse home visitors. They refer clients they cannot serve to the Best Start and Healthy Families America programs which are case management programs for low income individuals. They collaborate regularly with the March of Dimes for materials, education, community awareness opportunities and education for pregnant mothers, specifically the Comenziendo Bien classes for Spanish speaking mothers in the Houston area. They refer clients to the Honey Child program, a program that provides support for pregnant African American women in the faith-based community setting, Baylor Teen Health Clinics for family planning, the Source for Women, and programs under the City of Houston Health and Human Services Department. They precept University of Houston Nursing School community health students and the students in turn volunteer for NFP events. They partner with Early Childhood Intervention for staff education. And they work with the Center for Children and Women for collaboration in care.

### ***NFP Community Advisory Board***

Texas Children's Health Plan shares an NFP community advisory board with Baylor Teen Health Clinic and HDHHS. The members of the joint board are listed under the description for Baylor Teen Health Clinic above.

### **Texas Tech University Health Sciences Center School of Nursing**

Texas Tech University Health Sciences Center School of Nursing is a public entity nurse managed federally qualified health center located in Lubbock serving the residents of Lubbock and surrounding areas.

### ***Agency History***

The Larry Combest Community Health and Wellness Center (LCCHWC), which is operated by the Texas Tech University Health Sciences Center School of Nursing, began providing student health services at Texas Tech University in 1988, but transitioned to primary health care services in east Lubbock in 1998. The center became designated as a federally qualified health center in 2009 and currently serves patients at two locations.

### ***Population Served and Services***

The LCCHWC is a nurse managed primary care center providing primary medical and behavioral healthcare services. They serve clients of all ages but primarily work with the medically underserved population of Lubbock. All services are provided on a sliding fee scale for patients who do not have funding. Services such as case management, prescription assistance, transportation, and patient navigation are provided at no cost. The center provides primary care, prenatal care, immunizations, mental health services, and Stork's Nest parenting classes.

### ***Community Collaboration***

The NFP program receives most of their referrals from a community based Medicaid obstetrician/gynecologist provider called Grand Expectations. They also receive referrals from area pregnancy testing centers and the WIC office.

The NFP program expands resources and services for NFP clients through collaboration with the following organizations:

- Children & Families Coalition (United Way Child Abuse)
- Partners in Parenting (Texas Agrilife)
- March of Dimes Program Service Committee
- Community Collaboration Coalition (Parenting Cottage & United Way)
- Perinatal Coalition (Texas Tech University Health Sciences Center Obstetrics)
- West Texas Association of Infant Mental Health
- Texas Adolescent Initiative (YWCA)
- Campus Provider Objective Committee (ECI)

### ***NFP Community Advisory Board***

The NFP community advisory board includes representatives from WIC, Early Childhood Intervention, Department of Family and Protective Services, Parents As Teachers, the Texas Tech School of Nursing, Children's Connection, Department of State Health Services, managed care, Maximus, housing, Texas Workforce, Lubbock Independent School District liaison, Storks Nest, United Way, March of Dimes, a nurse practitioner, NFP home visitors, and an NFP graduate.

### **University Health System**

The University Health System (UHS) is a hospital health center located in San Antonio serving residents of Bexar County and South Texas.

### ***Agency History***

The Bexar County Hospital District, doing business as UHS, is a political subdivision of the state of Texas. The legal entity was created in 1955 to provide medical care to the indigent of Bexar

County. UHS's origins date back to 1916 when the city of San Antonio and Bexar County jointly sponsored the Robert B. Green Memorial Hospital to provide medical services to the community's indigent. Today, it is the third largest public health system in the state of Texas and one of the largest employers in Bexar County with over 5,000 employees, nearly 700 resident physicians, and an operating budget of \$947.6 million for 2012. University Hospital operates about 400 acute care and specialty beds and serves as the lead Level I trauma center for a 22-county area of South/Central Texas. University Health System's outpatient and facilities provide primary care and specialty outpatient care throughout Bexar County.

### ***Population Served and Services***

UHS serves the residents of Bexar County and South Texas. The primary population is socio-economically disadvantaged. UHS provides a wide range of inpatient and outpatient medical services, prenatal care, labor/delivery/postpartum services, immunizations, family planning, WIC services, mental health services, crisis intervention services, early childhood intervention, housing assistance, assistance completing the application for public benefits, parenting classes, and other community programs. The majority of programs are provided to low income clients for Medicaid reimbursement and at low-cost or on a sliding scale. Examples include Children and Pregnant Women Case Management, immunizations, Pregnancy Centering classes, diabetes treatment/education, nutrition counseling/education, mammography, substance abuse treatment/rehabilitation, parent education, prenatal care/classes, and breastfeeding/lactation services.

### ***Community Collaboration***

Referrals for the NFP program are received internally from outpatient and inpatient providers and staff as well as from community partners. NFP collaborates with UT Teen Health to reduce the incidence of unplanned, subsequent pregnancies in teens; Voices for Children to increase awareness, advocacy, and prevention efforts to reduce the incidence of child abuse; local school districts to facilitate access to GED and English as a second language classes; San Antonio Food Bank to facilitate client's access to food and other services; Early Head Start and CCDS to facilitate client's access to child care; and San Antonio Doulas.

### ***NFP Community Advisory Board***

UHS shares an NFP community advisory board with The Children's Shelter and Catholic Charities, an NFP site funded through the federal Maternal Infant Early Childhood Home Visiting (MIECHV) program. The members of the joint board are listed under the description for The Children's Shelter above.

## **University Medical Center of El Paso**

University Medical Center (UMC) of El Paso is a hospital health center serving the residents of El Paso.

### ***Agency History***

UMC of El Paso has provided women's health services to the El Paso community for over 30 years. They are committed to enhancing women's quality of life by providing comprehensive care from teenage years through motherhood and beyond. UMC is the largest public hospital located on the U.S./Mexico border. Its mission since opening in 1915 has been to enhance the

health and wellness of the El Paso community by making high quality, affordable health care services available to all. UMC is proud to be the region's only academic medical center in partnership with the Texas Tech University Health Science Center Paul L. Foster School of Medicine, the schools of nursing at Texas Tech and UT El Paso, and El Paso Children's Hospital.

Throughout the organization, nurses at UMC are recognized and respected for their contributions. UMC provides support for professional development through the professional clinical program, national certifications, higher education, preceptor training, and the D.A.I.S.Y (Diseases Attacking the Immune System) Award and Star Award. The American Nurses Credentialing Center designated UMC with Pathway to Excellence status. UMC is seeking designation as a Baby-Friendly hospital.

### ***Population Served and Services***

UMC is the only Designated Level 1 Trauma Center within a 280-mile radius of El Paso and is El Paso's first and only women's hospital which provides high quality care to women from their teens through their child-bearing years and beyond. UMC participates in the Texas Women's Health Program and Title X grant funds for family planning. Services are provided to low-income men and women. Pregnant clients are assisted with CHIP and Medicaid applications at all seven UMC clinic locations. UMC-El Paso Neighborhood Healthcare Centers identify patients that may qualify for the HealthCARE Options of El Paso care management plan. Self-pay programs are also in place at UMC.

UMC provides a wide range of inpatient and outpatient medical services, prenatal care, labor/delivery/postpartum services, immunizations, family planning, assistance completing the application for public benefits, parenting classes, the Teen Advisory Board, and Lactation Consultants at Women's Health Centers which is offered free of charge even if a client doesn't deliver at UMC of El Paso. UMC of El Paso is located in a border town and works closely with the Health Minister of Mexico addressing the health needs of immigrant and migrant residents.

### ***Community Collaboration***

Referrals for the NFP program at UMC of El Paso are received from House of HOPE, WIC, School-Age Parent Center, Teen Parent Services, UMC of El Paso Clinics, and current and former clients. The NFP nurse supervisor makes presentations and provides information on NFP at health fairs, hosts tables in the hospital lobby, and visits with community vendors and agencies. They check to see which prenatal clients meet program requirements and contact clients. El Paso First Baby Showers are held monthly by El Paso First Health Plans and the NFP nurse supervisor or the nurse home visitors attend and explain the NFP program. All staff receives and makes phone calls to acquire information on potential clients and referrals. Community advisory board members are encouraged to refer clients at every meeting. NFP has worked with UMC of El Paso's public relations department in order to market NFP on the hospital website and in clinical settings. Nurses are encouraged to contact potential referral sources and to attend health fairs.

NFP cannot function as a stand-alone service in any community. The efficacy of NFP El Paso is directly related to its engagement of other health, social support, and educational resources. The development and maintenance of referral relationships with compatible purpose organizations is

critical to the success of NFP clients. NFP staff works with over 60 organizations to ensure access to and coordination of critical services for NFP clients and their families.

### ***NFP Community Advisory Board***

The UMC of El Paso NFP community advisory board includes two obstetrician/gynecologist physicians from Texas Tech University Health Services Center, the chief nursing officer at the City of El Paso Department of Public Health, two MSW prepared social workers from UMC and El Paso Children's Hospital, an international board certified lactation consultant, the executive director of House of Hope, a case manager from the department of high-risk pediatrics at Texas Tech University Health Services Center, a male college student who is a graduate of Teen Advisory Board, a grant management coordinator, a nurse-midwife administrator, and the UMC mother/baby manager.

### **YWCA of Metropolitan Dallas**

The YWCA of Metropolitan Dallas (YW) is a non-profit community organization serving the women of Dallas County.

### ***Agency History***

YW is a chapter of the YWCA USA. YWCA USA was founded in 1858 and is one of the oldest and largest women's organizations in the nation. It is dedicated to eliminating racism and empowering millions of women, girls, and their families.

YW was established locally in 1908 to meet the needs of vulnerable women, children, and families. For over 100 years, YW has continuously evolved to provide programs that address a variety of social and economic issues impacting health, financial stability, and quality of life. As one of the most dynamic social services agencies in North Texas, YW has become a trusted leader and convener on women's issues. And while YW may look different today, their mission is still the same – empowering women who are taking action to make their lives better.

### ***Population Served and Services***

YW bridges the gap between poverty and self-sufficiency for low- to moderate-income women through core programs in asset-building, in-home parenting education, and women's health. YW meets women where they are – in their communities and homes – providing no-cost programs that create long-term behavioral changes. YW commits to a client from the moment she engages with one of their financial coaches, nurse home visitors, or patient navigators, and they walk beside her for as long as it takes to achieve her goal of self-sufficiency.

- The YW Financial Empowerment program targets low- to moderate-income individuals with a primary focus on low-income female-led households. It serves 4,000 individuals each year, helping families move out of poverty via education, coaching, benefit access, and matched-savings accounts.
- The YW NFP program serves 300 families each year, improving the health and quality of life for at-risk mothers and their babies.

- The YW Women's Health program provides services to low-income uninsured or underinsured women age 35-64 that lack access to breast health care. It serves 1,000 women each year offering women access to a continuum of breast health care through education, screening, diagnosis, and patient navigation.

### ***Community Collaboration***

YW collaborates with a number of Dallas agencies with the goal of helping clients learn to identify and connect with local resources.

YW NFP works with agencies to create referral systems that help new moms obtain consistent care and support for themselves and their babies. YW NFP has established partnerships with WIC offices, pregnancy resource centers, community health clinics, local school districts, and private health care providers. These partners help recruit new NFP moms, as well as providing services not offered through NFP.

Referral networks also exist with providers who offer comparable services. In areas where YW NFP shares targeted zip codes with other prevention and parenting education programs, clients are referred to the appropriate provider based on the programs' eligibility requirements and geographic service area. YW NFP has an established network with providers of prenatal care, and clients are referred for services when applicable. Collaborative relationships exist with Dallas & Mesquite's Pregnancy Resource Centers and MacArthur OB/GYN.

YW also participates in community-based coalitions, such as the Children At Risk Coalition, West Dallas Community Coalition, Teen Age Parenting Alliance, Dallas Healthy Start Consortium, and Dallas CHIP Coalition. Agencies and groups participating in the various injury, neglect, and abuse prevention coalitions also collaborate with one another for advocacy efforts, support of ancillary initiatives, and for referrals, resources, client services, education, and training.

Nurses and supervisors market to obstetrician/gynecologists, WICs, pregnancy resource centers, schools and other social services agencies. Nurses build relationships with agencies in their service areas (North Dallas, South Dallas, and surrounding cities) and make visits at least every other month to keep referrals coming in.

### ***NFP Community Advisory Board***

The YW NFP shares a community advisory board with the Parkland Health and Hospital System NFP program. The members of the joint board are listed under the description for Parkland above.