TEXAS
Department of Family
and Protective Services

Prevention and Early Intervention: Supporting New Families and Investing in the Newest Texans

Texas Nurse-Family Partnership
Statewide Grant Program Evaluation Report
Fiscal Year 2019

As Required by §265.101 - §265.110

December 1, 2019

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Executive Summary

The Texas Nurse-Family Partnership (TNFP) competitive grant program was established by S.B. 156, 80th Legislature, Regular Session, 2007. The Department of Family and Protective Services (DFPS) leverages funds from the TNFP competitive grant program to award grants to community-based organizations for the implementation and operation of Nurse Family Partnership (NFP) programs. In Fiscal Year 2016, oversight of TNFP was transferred to the DFPS Prevention and Early Intervention Division (PEI) by the Health and Human Services Consolidation Bill, S.B. 200, 84th Legislature, Regular Session, 2015. As such, §265.109 of the Texas Family Code requires PEI to submit an annual report to the Senate Health and Human Services Committee and the House Human Services Committee on the performance of each grant recipient during the preceding fiscal year. To fulfill this requirement, this report includes information on TNFP inputs, outputs, and outcomes in Fiscal Year 2019. The information included in this report is drawn from DFPS contracts with TNFP sites, community-level reports to DFPS, the Texas Home Visiting (THV) data system, and the NFP data reporting systems (Efforts to Outcomes and Flo). PEI also funds Nurse Family Partnership programs through it's Healthy Outcomes through Prevention and Early Support program (one site in Dallas County) and its federally-funded Texas Home Visiting program (five sites in Potter and Randall Counties, Wichita County, Gregg County, Smith County, and Bexar County). Sites funded under these other programs are not included in this report, but are covered in other PEI reports.

NFP is a voluntary, evidence-based program that helps transform the lives of vulnerable, first-time mothers and their babies through regular home visitation by specially trained registered nurses. NFP's mission is to empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting. To achieve their mission, NFP provides vital services to the families it serves. NFP improves pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances. NFP improves child health and development by helping parents provide responsible, protective, and competent care. NFP improves the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

Since the initial Request for Proposals in 2008, TNFP has grown from one site in Dallas to 15 state-funded sites serving low-income, first-time mothers in 24 counties across the state. In Fiscal Year 2019, these sites:

- served 3,845 clients;
- enrolled 2,383 new clients; and
- had an average monthly caseload of 2,308 clients.

These clients were served with equal or greater fidelity to each of the model elements compared to NFP sites nationally, leading to better outcomes for NFP mothers and children. Clients see value in the services NFP provides, as illustrated by the 91 percent of clients who remained enrolled in the program on their one-year anniversary in Fiscal Year 2019.

TNFP exceeded PEI's Fiscal Year 2019 goal for breastfeeding rates at six months after birth and very nearly met the goal for full-term births. TNFP families also improved over Fiscal Year 2018 performance on early language and literacy activities. PEI will be engaging with TNFP on continuous quality improvement efforts throughout Fiscal Year 2020, and beyond, to ensure that the program continues to provide the highest quality services that improve outcomes for TNFP clients.

Introduction

The Texas Nurse-Family Partnership (TNFP) competitive grant program was established by S.B. 156, 80th Legislature, Regular Session, 2008. The Department of Family and Protective Services (DFPS) leverages funds from the TNFP competitive grant program to award five-year grants to community-based organizations for the implementation and operation of Nurse Family Partnership (NFP) programs. In Fiscal Year 2016, oversight of TNFP was transferred to the DFPS Prevention and Early Intervention Division (PEI) by the Health and Human Services Consolidation Bill, S.B. 200, 84th Legislature, Regular Session, 2015. As such, §265.109 of the Texas Family Code requires PEI to submit an annual report to the Senate Health and Human Services Committee and the House Human Services Committee on the performance of each grant recipient during the preceding fiscal year. To fulfill this requirement, this report includes information on TNFP inputs, outputs, and outcomes in Fiscal Year 2019. The information included in this report is drawn from DFPS contracts with TNFP sites, community-level reports submitted to DFPS, and the NFP data reporting systems (Efforts to Outcomes and Flo, NFP's newest reporting system).

This report contains six sections, including:

- an introduction that includes background information about the Nurse Family Partnership (NFP) nationally, and in Texas;
- a description of TNFP program sites, including their location, funding, capacity, and staffing;
- an overview of demographic information on the clients served by TNFP;
- information on model adherence by TNFP;
- an overview of key outcomes achieved by TNFP sites in Fiscal Year 2019; and
- a summary of the findings of this report and discussion of the activities and goals of TNFP in Fiscal Year 2020 and beyond.

Background of NFP

The Nurse-Family Partnership (NFP) program is a voluntary, evidence-based program that helps transform the lives of vulnerable, first-time mothers and their babies through regular home visitation by specially trained registered nurses. NFP's mission is to empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting. To achieve their mission, NFP provides vital services to the families it serves. NFP improves pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances. NFP improves child

health and development by helping parents provide responsible and competent care. NFP improves the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find employment.

Since the implementation of the first NFP pilot program in Elmira, New York in 1978[i], NFP programs have expanded to 41 states, five Tribal communities, and the U.S. Virgin Islands and have served over 309,000 families nationally.[ii] Organizations implementing NFP programs receive professional guidance from the Nurse-Family Partnership National Service Office (NFPNSO), and 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 research on the model.

NFP's Return on Investment

An independent analysis of NFP conducted by the RAND Corporation[iii] found a more than 500 percent return on investment for dollars spent on high-risk populations and a nearly 300 percent return for dollars spent on all individuals served, by the time the child turned 15. Returns came from four types of government savings:

- *increased tax revenues due to increased earnings from employment;*
- *child welfare systems savings due to reduced rates of child maltreatment;*
- *decreased need for public assistance; and*
- *decreased involvement in the criminal justice system.*

NFP Model Elements

Key to NFP's success is the requirement that all NFP programs implemented across the United States adopt and adhere to the 18 elements of the NFP model.[iv] The elements address program characteristics, such as:

- client demographics and participation;
- the form, frequency, and extent of visitation;
- the qualifications of nurse home visitors and supervisors;
- the collection of data;
- organizational attributes; and
- community collaboration.

The elements are based on research, expert opinion, field lessons, and theoretical rationales. NFPNSO predicts that adherence to all of the elements leads to results similar to those found in randomized clinical trials. The Appendix includes a detailed description of each of the elements.

Several studies have been conducted on NFP's impact on families and the communities they serve. A study completed in 2013[v] by the Pacific Institute for Research and Evaluation (PIRE) found that for every 1,000 low-income families served by NFP, they anticipate preventing an estimated:

- 78 preterm births;
- 73 second births to young mothers;
- 240 child maltreatment incidents;
- 350 violent crimes by youth;
- 2,300 property and public order crimes (e.g., vandalism, loitering);
- 180 youth arrests;
- 230 person-years of youth substance abuse; and
- 3.4 infant deaths.

The Evidence Base of Nurse Family Partnership

Nurse Family Partnership (NFP) is an evidence-based program, supported by randomized controlled trials with diverse populations. These studies have found a variety of both short- and long-term benefits to participation. Program effects found in two or more of the NFP trials[i] or other methodologically rigorous studies include:

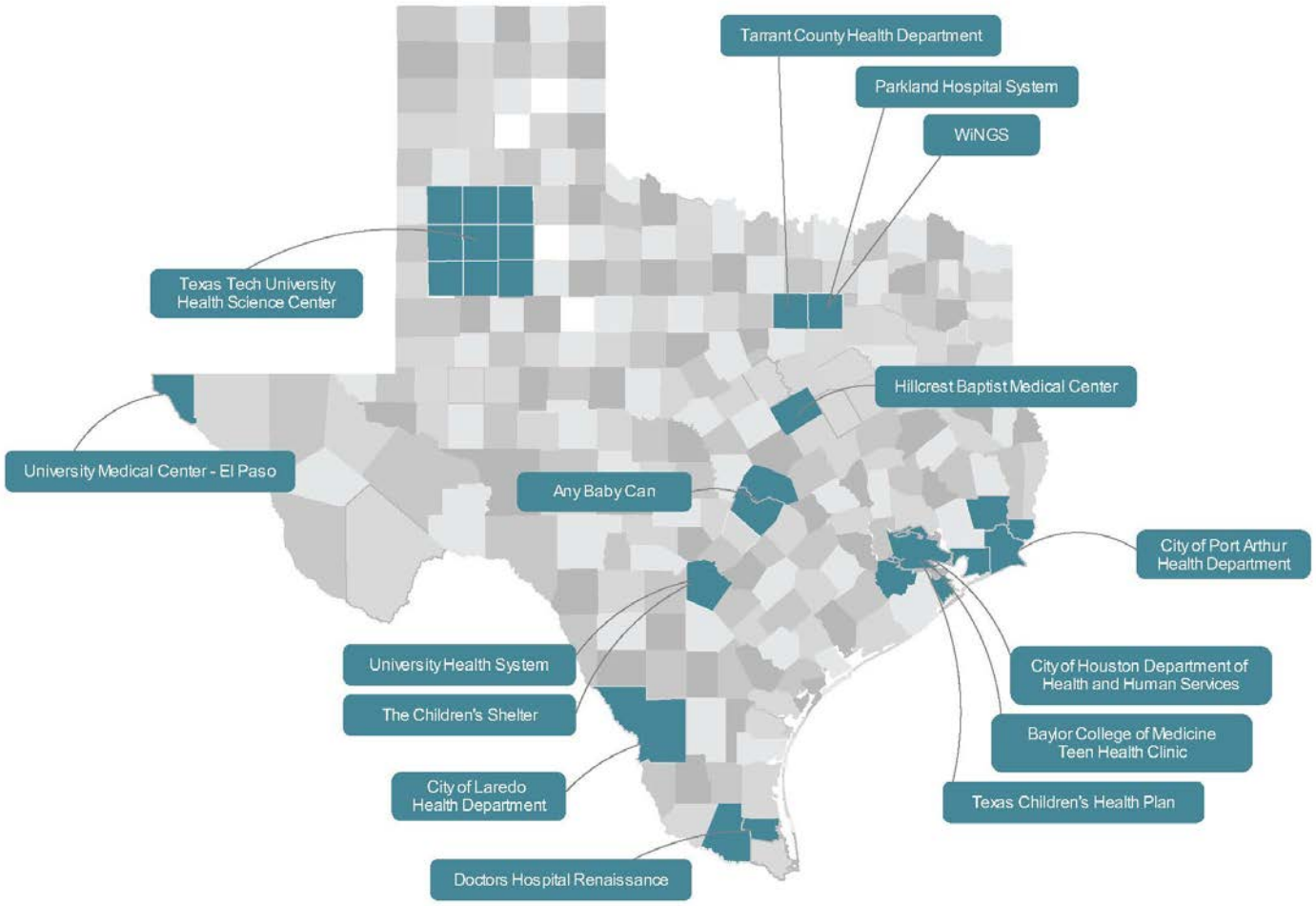
- *improved prenatal health;*
- *decreased smoking during pregnancy;*
- *fewer childhood injuries and/or instances of abuse and neglect;*
- *fewer subsequent pregnancies within two years of birth;*
- *increased intervals between births;*
- *increased maternal employment;*
- *improved school readiness; and*
- *reduction in the use of public programs.*

NFP in Texas

The Young Women's Christian Association of Dallas, Texas established the first NFP program in Texas in 2006. Thanks in part to the success of that program, the Legislature

unanimously passed S.B. 156, 80th Legislature, 2007, which created a Texas Nurse Family Partnership competitive grant program to fund NFP programs across the state. TNFP follows the national NFP model, but also incorporates the goal of reducing the incidence of child abuse and neglect. Two state supervised funds provide the funding for TNFP sites: Temporary Assistance for Needy Families (TANF) Block Grant and Texas General Revenue. PEI also supervises eight Texas NFP sites that are funded primarily through federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funds, supervised by the Health Resource and Service Administration of the Administration of Children and Families. This report is focused solely on the NFP sites funded, at least in part, by state-supervised funding streams.

Figure 1. TNFP Sites and Counties Served



TNFP Funding, Sites, and Staffing

The TNFP competitive grant program authorizes PEI to award grants for the implementation or expansion of Nurse Family Partnership programs across the state.

PEI also funds Nurse Family Partnership programs through it's Healthy Outcomes through Prevention and Early Support program (one site in Dallas County) and its federally-funded Texas Home Visiting program (five sites in Potter and Randall Counties, Wichita County, Gregg County, Smith County, and Bexar County). Sites funded under these other programs are not included in this report, but are covered in other PEI reports.

In Fiscal Year 2019, PEI awarded over $14 million to 15 organizations to provide NFP programs in their area. The grantees included city and county health departments, hospitals, and community-based organizations, located in 11 different cities, and serving 24 counties across the state. **Table 1** shows the list of funded sites for Fiscal Year 2019 along with their locations, counties served, funding source, total Fiscal Year 2019 grant award, and funded capacity.

Table 1. TNFP Program Sites: Location, Funding, and Capacity

LOCATION	ORGANIZATION	COUNTIES SERVED	FUNDING SOURCE	FY2019 GRANT AMOUNT	FY2019 PROGRAM CAPACITY*
AUSTIN	Any Baby Can	Travis	GR	$1,464,711	300
DALLAS	Parkland Hospital	Dallas, Tarrant	TANF	$933,564	150
DALLAS	WiNGS (previously YWCA Dallas)	Dallas, Tarrant	TANF/GR	$1,300,000	300
EL PASO	University Medical Center El Paso	El Paso	GR	$607,079	125
FT. WORTH	Tarrant County	Dallas, Tarrant	TANF	$984,640	200
HOUSTON	Baylor College of Medicine	Fort Bend, Harris	GR	$739,982	125
HOUSTON	City of Houston	Fort Bend, Harris	TANF	$628,016	100
HOUSTON	Texas Children's Health Plan	Harris	TANF	$735,877	125
LAREDO	City of Laredo	Webb	GR	$555,159	100
LUBBOCK	Texas Tech Health Science Center	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry	TANF	$978,307	200
MCALLEN/ EDINBURG	Doctors Hospital Renaissance	Hidalgo, Willacy	GR	$886,966	175
PORT ARTHUR	City of Port Arthur	Chambers, Hardin, Jefferson, Orange	GR	$688,122	125
SAN ANTONIO	The Children's Shelter	Bexar	GR	$1,612,819	325
SAN ANTONIO	University Health System	Bexar	TANF	$1,006,404	200
WACO	Hillcrest Baptist Medical Center	McLennan	GR	$952,690	200
TOTAL				**$14,074,336**	**2,750**

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

TNFP Staff

A unique aspect of TNFP is the high-level of training and expertise required of nurse home visitors and supervisors. Each nurse home visitor is required to be a trained registered nurse with a bachelor's degree in nursing. Additionally, once hired as a home visitor, nurses are required to undergo initial specialized training in topics essential to serving low-income, first-time mothers, and to continue this specialized training throughout their careers. In Fiscal Year 2019, Texas Home Visiting funded 112 nurse home visitor positions and 18 nurse supervisor positions through GR and TANF funds in communities across Texas. Additionally, PEI blends federal and state funds to provide a staffing infrastructure to help ensure success of TNFP. This includes: programmatic staff who provide project implementation support; contract staff who oversee financial matters, including contracts, invoices, receipts, and payments; and specialized support to meet data management and training needs. PEI also contracts with NFPNSO to provide guidance around model fidelity and nurse consultation to each TNFP site.

Experienced NFP home visitors are expected to carry a caseload of approximately 25 to 30 clients at a time.[vi] In exceptional circumstances such as staff leave, vacancies, and client transition periods leading up to program graduation, home visitors may exceed the maximum caseload. Otherwise, caseloads are capped to ensure that clients receive the recommended frequency, duration, and quality of visits. For these reasons, vacancies and staff turnover have a large impact on sites' ability to serve their funded client capacity. At the end of Fiscal Year 2019, there were seven nurse home visitor vacancies and one nurse supervisor vacancy. Several new home visitors were also hired during the year and had limited caseloads while in training.

TNFP Visits

In addition to the rigorous qualifications required of TNFP nurse home visitors, NFP requires an extensive visitation process. Typically, TNFP clients enroll early in their pregnancy, and home visits begin between the 16th and 28th week of pregnancy. Visits continue up to the child's second birthday on the following recommended schedule:

- weekly for the first four weeks of participation;
- biweekly from the fifth week through delivery;
- weekly from delivery to six weeks postpartum;
- biweekly from week 7 until the baby is 21 months old; and
- monthly for the last three months of program participation.

In total, nurse home visitors typically provide a maximum of 65 visits to clients enrolled in the program from the second trimester until the child's second birthday. Clients that

are assessed as lower risk may be on a reduced schedule, if the nurse, supervisor, and client determine that a varied schedule best meets the needs of the client. This is often as clients are approaching the end of the program, or when clients have met their goals and are on track for positive long-term outcomes. Clients are also permitted to take a short break from the program or reduce the visiting schedule for a limited time if their schedule requires it.

Though visits conducted by TNFP nurse home visitors occur at the client's home, NFPNSO allows for flexibility on certain visits in terms of location and format. Visits may take place in a public location of convenience to the client, such as a school or library, or they may even occur over the phone in special circumstances. These accommodations help TNFP clients stay enrolled in the program while still meeting their employment, education, and family needs.

During visits, nurse home visitors provide:

- ongoing family, parent, and child assessments;
- extensive education in parenting and child development;
- health literacy support; and
- assistance in accessing health care, employment, and other resources.

Through this process, nurse home visitors build strong, supportive relationships with families.

Texas Nurse-Family Partnership Clients

To enroll in the TNFP program, clients must meet certain eligibility requirements. TNFP clients should:

- have no previous live births;[vii]
- have an income at or below 185 percent of the federal poverty level;[viii]
- be a Texas resident;
- be enrolled before the end of the 28th week of pregnancy; and
- agree to participate voluntarily.

In some special cases, exceptions are made to the eligibility criteria, but any exceptions have to be approved in consultation with TNFP and NFPNSO staff.

Clients Served in Fiscal Year 2019

In Fiscal Year 2019, TNFP served 3,845 clients and over 2,800 infants. The average monthly client load by site ranged from 47 percent to 98 percent of total capacity.

Spotlight on TNFP Expansion

In Fiscal Year 2019, during the 86th Legislative Session, the Texas Legislature partially funded an Exceptional Item request to expand prevention services. As a result, Prevention and Early Intervention Division received $2.9 million in funding to be granted to communities developing and expanding TNFP programs during the Fiscal Year 2020-2021 biennium. In FY 2019, $1.33 million will be used directly by communities to expand services.

After a competitive grant process, three communities were selected. The City of Houston NFP program will receive funding to support six additional nurse home visitors, serving an additional 150 families. Texas Children's Health Plan will receive funding to hire one nurse home visitor, serving 30 families and expanding services into Galveston County. Finally, through an Interagency Contract with the University of Texas Health Science Center at Tyler, two additional nurse home visitors will be hired, serving 50 families and expanding services into Henderson County in East Texas. The Exceptional Item funding will support expansion of TNFP services across the state, expanding the nurse home visitor workforce and extending capacity to reach 230 more families.

Table 2 shows program capacity, total clients served, average monthly caseload, and the number of newly enrolled clients at each site for Fiscal Year 2019.

Table 2. Clients Served by Site in Fiscal Year 2019

Location	Organization	Program Capacity	Total Clients Served*	Avg. Monthly Caseload	Avg. Monthly Capacity Percent	Avg. Monthly Staff Vacancies	# of Clients with an Infant*
Austin	Any Baby Can	300	439	254	83%	1.17	271
Dallas	Parkland Hospital	150	222	123	82%	0.83	185
Dallas	WiNGS (previously YWCA Dallas)	300	414	277	92%	0.25	322
El Paso	University Medical Center El Paso	125	167	105	84%	0.58	135
Ft. Worth	Tarrant County	200	232	147	74%	1.08	184
Houston	Baylor College of Medicine	125	166	119	95%	0.33	136
Houston	City of Houston	100	298	57	57%	0.92	214
Houston	Texas Children's Health Plan	125	170	112	89%	0.00	140
Laredo	City of Laredo	100	111	47	47%	0.58	62
Lubbock	Texas Tech Health Science Center	200	269	195	98%	0.67	234
McAllen/ Edinburg	Doctor's Hospital Renaissance	175	218	149	86%	0.25	177
Port Arthur	City of Port Arthur	125	166	108	87%	0.25	119
San Antonio	The Children's Shelter	325	409	258	79%	1.25	293
San Antonio	University Health System	200	286	189	94%	0.17	224
Waco	Hillcrest Baptist Medical Center	200	278	168	84%	0.00	196
Total		**2,750**	**3,845**	**2,308**	**82%**	**8.33**	**2,892**

***Total Clients Served and # of Clients with an Infant reflect the number of clients receiving NFP services, regardless of funding source.**

Source: Location, program capacity and average monthly caseload data from monthly reports to DFPS. Total clients served retrieved from ETO in October 2019. Clients with an infant include those with only an attempted or phone call in Fiscal Year 2019. Served clients include only those with a completed home visit.

Clients Enrolled in Fiscal Year 2019

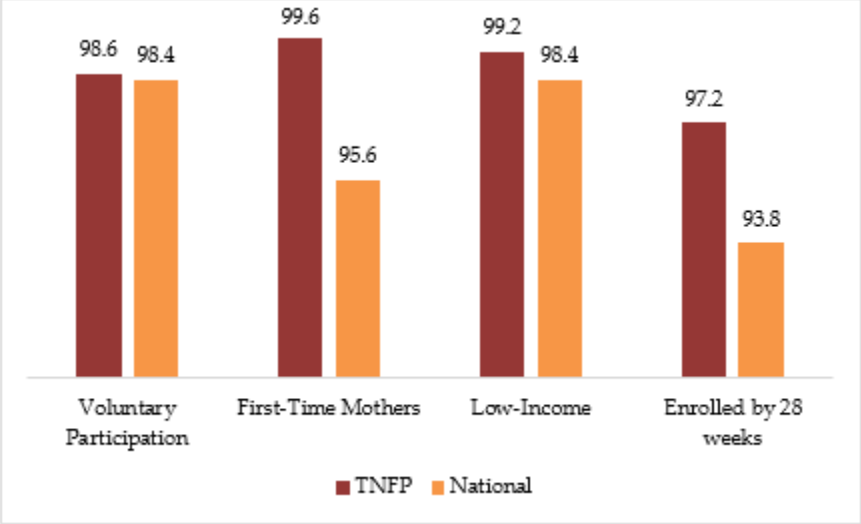
To determine whether National Nurse-Family Partnership programs are operating with fidelity to the model, NFPNSO issues quarterly fidelity reports that show whether each site adheres to the measurable model elements. This report pulls in data for State Fiscal Year 2019 (September 1, 2018 to August 31, 2019) where available, but in some cases Federal Fiscal Year (October 1, 2018 to September 30, 2019) data was used.

In Fiscal Year 2019:

- 99.6 percent of newly enrolled TNFP clients were first-time mothers;
- 99.2 percent met low-income criteria[ix] at intake; and
- 97.2 percent were enrolled before their 28th week of pregnancy.

All clients resided in Texas, and 98.6 percent agreed to participate voluntarily. In each case, TNFP fared equivalent to or better than the nation as a whole, as illustrated in **Figure 2**, below.

Figure 2. Client-Characteristic Elements of Fidelity in TNFP and National NFP, Fiscal Year 2019



Source: 2019 Texas Fidelity Report, September 1, 2018 to August 31, 2019, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 17, 2019.

In Fiscal Year 2019, TNFP enrolled 2,383 new participants. Clients came to TNFP through referrals from various sources, including:

- health care providers (22.3 percent);
- pregnancy testing clinics (11.0 percent);
- Women, Infants, and Children (WIC) (10.8 percent); and
- schools (6.8 percent).

***Success Story:* Texas NFP helped a first-time mother graduate from high school and pursue higher education.**

"Claire," a high school student, was referred to NFP by the school social worker. "Claire" had limited financial and social support from her immediate family, but she was determined to break away from the cycle of poverty that had hindered her family in so many ways. She established a trusting, stable relationship with her nurse home visitor and with her nurse's support, "Claire" graduated from high school and has developed a strong, supportive relationship with her child's paternal grandparents, who have been a continued source of support and stability for "Claire" and her child. Since entering the program, "Claire" has applied for financial aid, enrolled in college, and completed her Certified Nurse Assistant certification. She is now on the path to obtaining her registered nurse license.

The clients enrolled by TNFP in Fiscal Year 2019 were diverse in terms of age, race, and ethnicity. The demographic characteristics of newly enrolled TNFP clients and national NFP clients are presented in **Table 3**, below. Due to NFPNSO data system changes in Fiscal Year 2019, many clients had missing data for one or all of the demographic categories. Missing data are not included in the calculations, and thus, client-reported primary language and income were not analyzable for this report.

With a median age at enrollment of 20, the majority of clients that TNFP enrolled in Fiscal Year 2019 were young mothers. There were also a number of enrolled clients who fell into higher-risk groups based on age:

- 43.56 percent were under age 20; and
- 2.64 percent were very young teens (under age 15).

Nationally, 34 percent of newly enrolled clients were under age 20. This difference suggests that the clients served by TNFP face a greater risk of poor pregnancy, child, and family outcomes than those served by NFP nationally.

TNFP mothers are also diverse in terms of their race and ethnicity. Overall, 61 percent identified as White, the largest group, and 25 percent identified as African American. In Fiscal Year 2019, 52 percent of clients identified as Hispanic, but there was wide geographic variation in client race and ethnicity by site.

Table 3. Demographic Characteristics of Newly Enrolled TNFP Clients, Fiscal Year 2019

Age	Texas Nurse-Family Partnership (FY2019)*	National Nurse-Family Partnership (PY2018)**
Under 15	2.64%	1.10%
15 to 17	20.69%	13.70%
18 to 19	20.23%	19.20%
20 to 24	32.40%	36.00%
25 to 29	15.27%	18.60%
30+	8.52%	11.40%
Total clients Responding	**2,377**	**23,060**

Ethnicity	Texas Nurse-Family Partnership (FY2019)*	National Nurse-Family Partnership (PY2018)**
Hispanic	51.83%	30.60%
Not Hispanic	43.03%	65.90%
Declined to Self-Identify	5.13%	3.50%
Total clients Responding	**409**	**21,146**

Race	Texas Nurse-Family Partnership (FY2019)*	National Nurse-Family Partnership (PY2018)**
Black or African- American	25.30%	32.70%
White	61.07%	45.80%
Multiracial	3.89%	4.90%
Other	4.87%	5.60%
Declined to Self-identify	4.87%	11.00%
Total clients Responding	**411**	**21,030**

Source: DFPS analysis of TNFP site data provided to DFPS on October 8, 2019 and National statistics from program year 2018 quarterly report

** A total of 2,383 new clients enrolled in TNFP Fiscal Year 2019, across all sites. Due to NFPNSO data system changes in Fiscal Year 2019, many clients had missing data for one or all of the demographic categories. Missing data are not included in the calculations.*

*** Data for Fiscal Year 2019 are not available at the national level. Data for Program Year 2018, which spans July 1, 2017 to June 30, 2018, are provided as a point of comparison. A total of 23,095 new clients enrolled in national NFP sites in Program Year 2018.*

TNFP Sites in their Communities

Texas Tech University Health Science Center *collaborated with Lubbock and Crosby ISD to discuss policy, parent education, and engaging with pregnant students.*

Hillcrest Baptist Medical Center *in Waco successfully launched a mental health support group for mothers, addressing anxiety and depression and meeting a critical need for mothers in the program.*

The ***City of Port Arthur*** *partnered with Beaumont ISD Parenting Program to offer NFP school-based services to eligible students.*

Parkland *NFP partnered with the Unit Based Council (UBC), Healthy Start, Victim Intervention Program (VIP), and Family Planning at Parkland Health System, to foster inter-professional collaboration and share best practices in serving families.*

Laredo *NFP program partnered with other City of Laredo Health Department programs to showcase public health nursing to students from the Texas A&M International University Canseco School of Nursing.*

Tarrant County Public Health *(TCPH) hosted its first Parent Café, a peer-to-peer learning program focusing on social connections and protective factors. TCPH also supported the Infant Toddler Development Screening Initiative in Fort Worth, helping to meet the goal of screening at least 4,000 at-risk infants and toddlers with the ASQ and ASQ-SE.*

Adherence to NFP Model Elements

There are 18 elements to the Nurse-Family Partnership model, which if implemented correctly, are expected to result in outcomes similar to those achieved in the randomized controlled trials. The Texas Nurse Family Partnership competitive grant program works closely with NFPNSO to ensure that all sites are in compliance with the model elements. When a new site is created, NFPNSO provides information on how to hire, budget, and train with fidelity to the model elements. Once sites are fully operational, NFPNSO also helps them run and interpret annual fidelity reports for the previous program year. In Fiscal Year 2019 (September 1, 2018 to August 31, 2019), all TNFP sites were in compliance with the 18 model elements. In Federal Fiscal Year 2019, TNFP sites had an average Fidelity Index score of 81.5 out of 100.

Of the 18 model elements, three were previously discussed in the *Clients Served* section of the report (voluntary participation, first-time motherhood, and low-income status). There are two additional types of elements that are of particular interest:

- adherence to the recommended frequency, duration, and content of visits; and

- the regular assessment of mother and child health and well-being.

These two types of elements are discussed in greater detail below. More information about the remaining model elements is provided in the appendix to this report.

Visit Frequency, Duration, and Content

Model Elements 5, 6, 7, and 10 address the characteristics of nurse home visits. These elements are meant to ensure that the interventions provided by nurse home visitors are consistent with the visits that were provided in the randomized controlled trials. As mentioned previously, NFPNSO allows some flexibility within these standards to address client needs.

Element 5*. Client is visited one-to-one, one nurse home visitor to one first-time mother.* Family members or significant others may be included in visits, if clients prefer. Fathers are particularly encouraged to attend visits when possible and appropriate. The nurse home visitor engages in a therapeutic relationship with the client, focusing on meeting the individual client's needs and empowering her to promote her own health and the health and well-being of her child. In some circumstances, the nurse home visitor may bring another home visitor or supervisor for the purposes of peer consultation. This practice helps clients learn that nurse home visitors work as a team to help support their clients and can reduce attrition if the home visitor goes on leave or if there is agency turnover.

The TNFP program closely follows NFPNSO guidelines pertaining to home visits. Overall, 98.5 percent of all TNFP visits in Fiscal Year 2019 were one-on-one with clients. This is on par with the 98.6 percent of NFP visits done one-on-one at the national level.

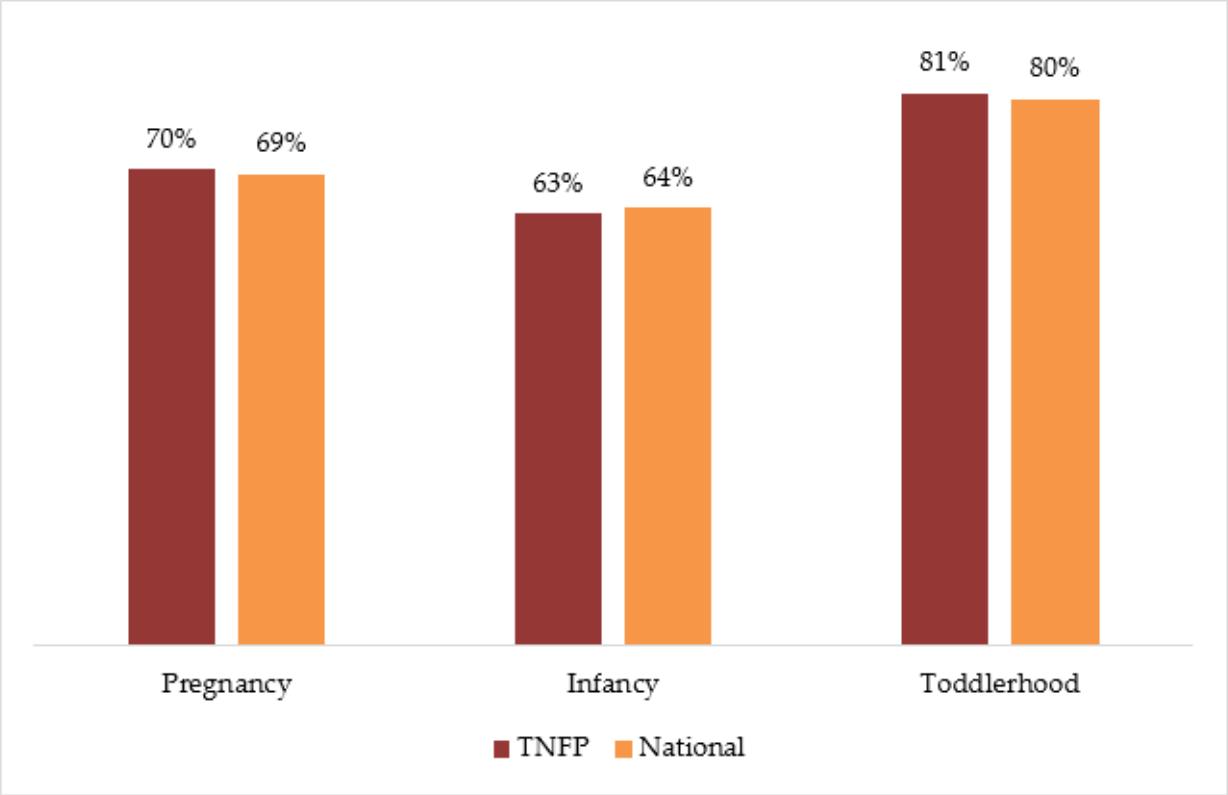
Element 6. *Client is visited in her home as defined by the client, or in a location of the client's choice.* NFPNSO defines the client's home as the place where she is currently residing for the majority of time. This could include a shelter, friend's home, or temporary living situation for some of the most at-risk clients. Visiting the client in her home allows the nurse home visitor a better opportunity to observe, assess, and understand the client's and child's living context and challenges. More specifically, home visits allow the nurse to assess client safety, social dynamics, ability to provide basic needs, and the mother-child interaction. As mentioned previously, NFPNSO does allow some home visits to take place in other settings such as libraries, schools, or places of employment due to issues with the client's schedule or living situation. These visits are the exception rather than the rule and scheduled based solely on the client's need for accommodation.

Overall, 81.2 percent of TNFP visits took place in the home, and 94.3 percent of clients received at least one home visit in Fiscal Year 2019. On both measures, Baylor Health Teen Clinic was significantly lower than all others, predominantly due to the population served by the site. TNFP sites had slightly higher percentages of visits taking place in the home and clients receiving at least one home visit, compared to national percentages over the same time period, which were 77.7 and 92.4 percent, respectively.

Element 7. *Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the NFP visit schedule or an alternative schedule agreed upon between the client and nurse.* The frequency of home visits may influence the effectiveness of the NFP programs. Even if clients do not use the home visitor to the maximum level recommended, the regular contact from the nurse home visitor over a long period of time is a powerful tool for change for the mother and the family. 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. Addressing these issues early with the client can reduce the risks for adverse outcomes for the mother and child.

NFPNSO measures adherence to Element 7 through client retention rates in each phase of the program. TNFP clients were retained in the program at rates greater than or close to equal to national NFP for all three phases. **Figure 3** shows the differences between TNFP and national NFP. It should be noted that retention rates are calculated based on the potential completers of each phase, so greater retention in the pregnancy phase means more potential completers at each stage of the program.

Figure 3. Retention Percentage during Each Phase for TNFP and National NFP, Federal Fiscal Year 2019



Source: 2019 Texas Fidelity Report, October 1, 2018 to September 30, 2019, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 12, 2019.

Additionally, PEI tracks adherence to Element 7 by tracking family engagement in the program for at least one year. In Fiscal Year 2019, 91 percent of families who had enrolled a year ago were still enrolled in the program. Long-term enrollment in TNFP ensures that families receive the full benefits of the program.

Element 10. *Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance, and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.* Nurse home visitors use strength-based approaches to working with families and individualize the guidelines to meet clients' needs. These approaches fall under six life domains. Nurse home visitors are encouraged to include information about all of the domains in each visit. **Table 4** shows the six life domains and the types of issues addressed under each domain.

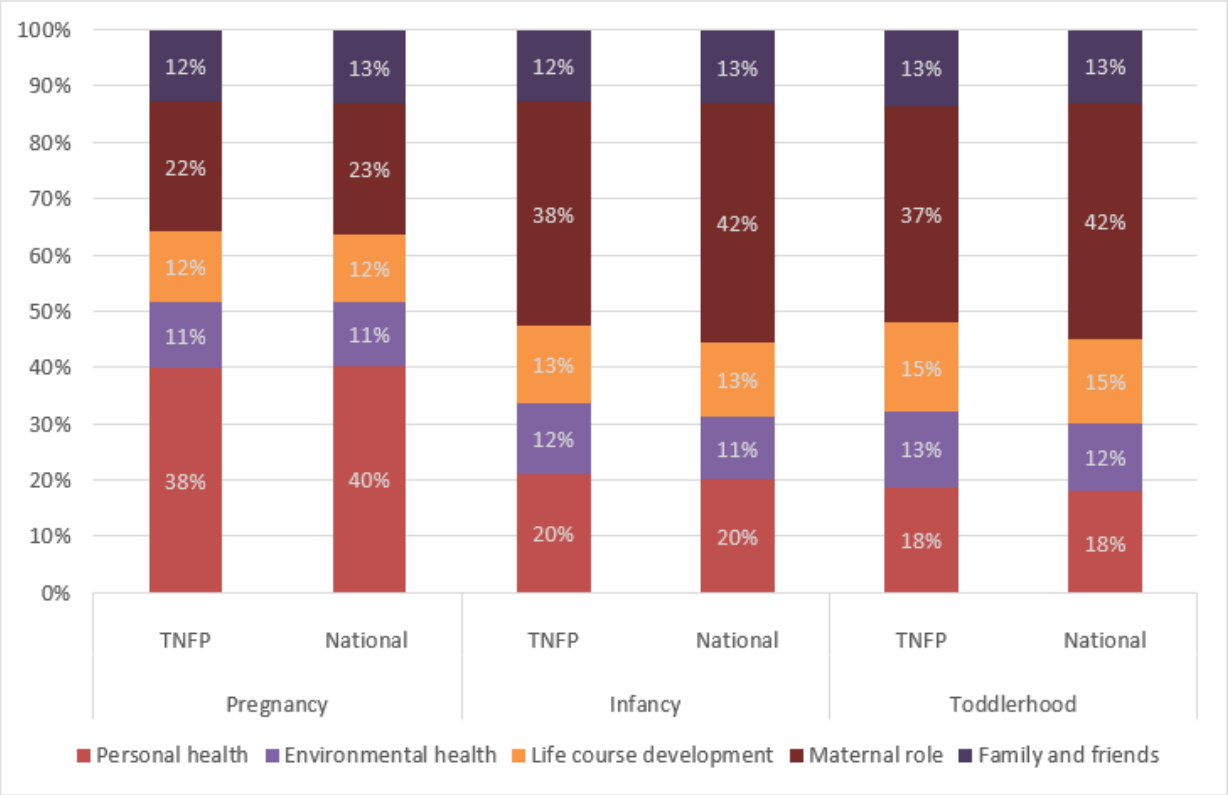
Table 4. NFPNSO Life Domains

Domain	Issues Addressed
Personal Health	Health maintenance practices, nutrition and exercise, substance abuse, and mental health functioning
Environmental Health	The adequacy of home, work, school, and neighborhood for maternal and infant health
Life Course Development	Client goals related to childbirth planning and economic self-sufficiency
Maternal Role	Client's acceptance of the mothering role; knowledge and skills to promote the physical, behavioral, and emotional health of a child
Friends and Family	Helping clients deal with relationship issues, and enhance their own goals and management of child care
Health and Human Services	Linking families with needed community resources

It should be noted that there is significant flexibility within the guidelines to address the strengths and challenges faced by each family. Nurse home visitors are expected to individualize visit content to meet the client's needs rather than adhering to a predetermined schedule. This may mean that as certain challenges occur in the lives' of clients and their families, one or more life domains may not be covered in a given visit. This is consistent with the expectations of NFPNSO.

Figure 4 shows the weighted average percent of time spent on each domain per visit in each phase for TNFP sites as compared to the national average. TNFP home visitors were in-line with NFP sites nationally on the proportion of time spent at each home visit devoted to the five domains. According to NFP standards, TNFP and national NFP sites were in or above range on discussions of most domains in the pregnancy, infancy, and toddlerhood phases that are measured using the time-spent metric. Sites were slightly below standard for discussion of the maternal role in pregnancy, infancy, and toddlerhood and slightly below the range for life course development in toddlerhood, both nationally and in Texas. The final domain—health and human services—is measured primarily through referrals rather than time spent, and is discussed further in the assessment of health and well-being section of this report.

Figure 4. Average Time Spent Per Visit on Each Domain for TNFP and National NFP, Fiscal Year 2019



Source: DFPS analysis of TNFP site data provided to DFPS on October 8, 2019.

Assessment of Health and Well-Being

One of the key services provided by nurse home visitors in the NFP program is to regularly assess the health and well-being of mothers and children participating in the program. To accurately and regularly conduct those assessments, nurse home visitors must:

- follow the visiting guidelines discussed in the previous section;
- enter the program with sufficient education to adequately assess health and well-being; and
- receive adequate training on the NFP model, theories, and structure to deliver the program in a way that facilitates formal and informal assessments of health and well-being.

Model Elements 8, 9, and 11 address the education and training required of nurse home visitors to be able to adequately and regularly assess maternal and child health and well-being.

Element 8. *Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a Baccalaureate degree in nursing (BSN).* When new nurse home visitors are hired into the program, supervisors are expected to evaluate their background, levels of

knowledge, skill, and abilities in relation to the services provided by the NFP program. A Bachelor of Science in Nursing (BSN) degree is the standard educational background for entry into public health, and the model expects that all nurse home visitors will be licensed registered nurses with at least a BSN. For supervisors, a master's degree in nursing is preferred. In circumstances where agencies struggle to hire nurses with a BSN, NFPNSO does allow for agencies to hire experienced nurses without a BSN. When agencies do so, they are expected to support professional development and encourage the nurse to complete a BSN. Sites seeking to hire non-BSN nurses are expected to consult with the state and NFPNSO on the hire.

At the end of Fiscal Year 2019, all TNFP program sites were in adherence with this program element; 96.3 percent of TNFP nurse home visitors have a Bachelor's degree or higher in nursing, as compared to 89.8 percent nationally.

Element 9. *Nurse home visitors and nurse supervisors complete core educational sessions required by Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the Nurse-Family Partnership Model.* The specialized nature of the NFP program requires extensive training on the model, theories, and structure to deliver the program effectively, even among the highly trained group of nurses hired to work for NFP programs. NFPNSO requires that all nursing staff complete all NFP education sessions in a timely manner, the first two of which must be completed before nurse home visitors can start visiting clients. The additional training sessions offered by NFPNSO are listed below. Two of the training sessions deal with the administration of formal assessments of child and maternal well-being, but all of the trainings feature skills and knowledge that are essential for the informal assessment of family well-being.

Examples of NFPNSO Training Sessions

- *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 Caregiving*
- *Infant Cues and Behaviors (Keys to Caregiving)*
- *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)*

By the end of Fiscal Year 2019, 83 percent of nurse home visitors at TNFP sites had completed their initial NFPNSO educational training sessions. Of the remaining 17 percent, almost half had been employed with TNFP less than nine months.

Making a Difference for Families

The overarching goal of NFP programs is to intervene early in life to improve the lives of low-income children in a way that will benefit them and their communities across the life course. The introduction chapter of this report highlighted research into the long-term impacts of Nurse-Family Partnership programs. While the TNFP competitive grant program has not been in existence long enough to evaluate these long-term impacts, and such an analysis would be beyond the scope of this report, there are some short-term outcomes that can be assessed for Fiscal Year 2019, many of which have been associated with the positive long-term impacts that TNFP seeks to improve.

Establishment of Paternity

Section 265.103, Texas Family Code requires TNFP program sites to assist clients in establishing paternity of their babies through an Acknowledgement of Paternity (AOP) form. To fulfill this requirement, TNFP helps clients understand paternity and child support services, and information on paternity establishment is provided to all clients. As mentioned in the previous section, all nurse home visitors complete the training in the Office of the Attorney General Paternity Opportunity Program as a part of their initial training. Nurse home visitors also complete an annual refresher course 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.

In Fiscal Year 2019, 25 TNFP clients completed AOP documentation with their nurse home visitor prior to delivery. The number of clients who completed AOP documentation during their hospital stay following the birth of their child, or at a later time, is not independently tracked by the TNFP program. Many clients report that fathers are acknowledging paternity on the birth certificate, which is not captured in this data. PEI is working with Texas Department of State Health Services to match paternity data from birth records to TNFP data, tracking AOPs that take place in hospitals or after birth. In Fiscal Year 2020 and beyond, PEI will work with TNFP sites to increase AOP documentation for clients, and provide on-going training and technical assistance to nurse home visitors and nurse supervisors.

Improving Pregnancy and Maternal Outcomes

Intervening in the lives of new families at the very beginning, prior to birth, can have long-lasting impacts on the health, well-being, and long-term success of children. Based on analysis of Fiscal Year 2019 data, TNFP programs appear to be associated with improved short-term outcomes that have an impact on long-term health and well-being.

Full-Term Births

Preterm births are an important risk factor for future child health and well-being and family well-being across the life course. Babies born preterm have greater mortality rates than full-term infants and are at a higher risk for a number of health problems at birth and later in life.[x] Preterm births add an economic and emotional burden on families, and families with preterm babies are at a higher risk for child maltreatment. Preterm birth is also costly to society—the Institute of Medicine estimates that the cost of preterm births to the United States was over $26 billion annually.[xi] Of the babies born to clients who enrolled in TNFP in Fiscal Year 2019, 85.8 percent were born full-term, approaching PEI's goal of at least 87 percent although lower than the 88 percent of full-term births in Fiscal Year 2018. It should be noted that there was wide variation across sites on this outcome, with sites ranging from 72 percent to 97 percent full-term births, with the data driven mostly by demographic characteristics of clients and number of multiple births served by each site.

Breastfeeding

TNFP sites not only work to reduce risk factors for child maltreatment and poor overall health and well-being—they also seek to increase protective factors that help families thrive. Breastfeeding is an important protective factor. Breastfeeding has been associated with decreased risk of infections, asthma, and other health conditions for children and decreased risks of breast cancer in mothers. It's also associated with increased parental bonding and decreased risk of child maltreatment.[xii]

Increasing breastfeeding rates among clients is a key goal of TNFP for ensuring positive family health and well-being far into the future. Of the 618 children who were between 6 and 12 months old in Fiscal Year 2019, 40.5 percent were still receiving breastmilk at six-months, exceeding PEI's goal of 15 percent and the 12.4 percent of mothers in the reference group, unmarried mothers from the Texas subset of the Fragile Families study.[xiii] Additionally, this is an improvement over Fiscal Year 2018 rates, when 36 percent of 6 to 12 month-olds were still receiving breastmilk at six months.

Well-Child Visits

Annually, the American Academy of Pediatrics publishes a recommended schedule of well-child visits for children from newborn to 21 years old. This periodicity schedule is meant to serve as a minimum for each age group, assuming children are "receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion."[xiv] Well-child visits are meant to establish a child with a medical home; assess child physical, mental, social, and behavioral development; and provide screenings and preventive medicine.

In Fiscal Year 2019, a reported 44 percent of TNFP children received their last recommended well-child visit, falling short of meeting PEI's goal of 80 percent of children receiving their last well-child visit, and representing a significant decrease from Fiscal Year 2018 where 88 percent of children received their last recommended well-child visit. The reduction in reported well-child visits is attributed to changes in nurse home visitor record keeping; as TNFP sites transition to a new national data system, dates of well-child visits are recorded in a way that falls outside the periodicity schedule. There was some variation across sites, ranging from 28 percent at one site to 52 percent at another, as some sites have transitioned to the new national data system before others.

Early Language and Literacy

Significant variation exists in the amount and duration of early literacy activities across home environments. By age three, children in the lowest income families hear about 4 million fewer words than children in the highest income families.[xv] By the time low-income children enter kindergarten, they are already behind the learning curve. Research on NFP has shown that participation in the program can positively impact early childhood literacy, with effects lasting into third grade.[xvi]

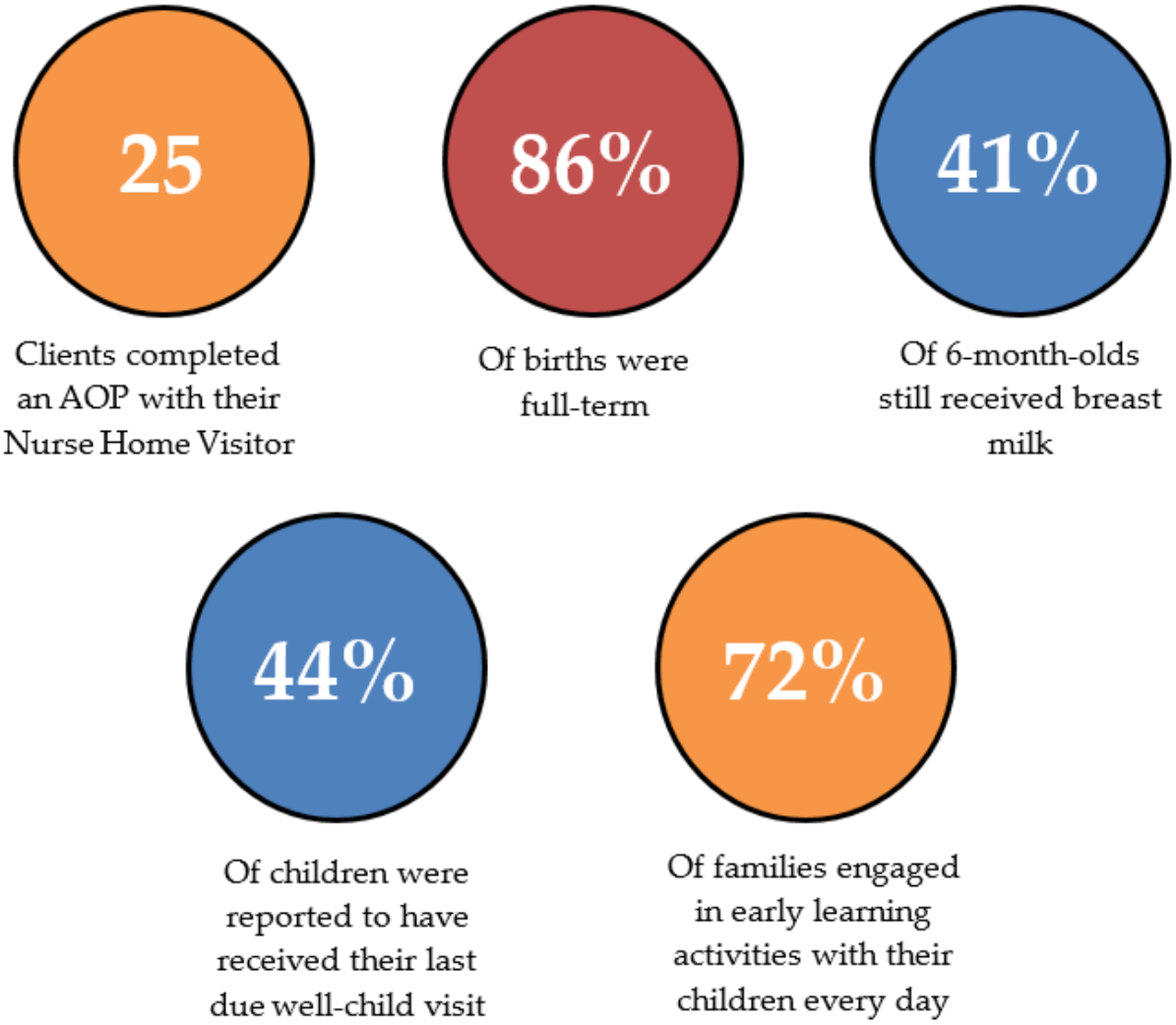
One way that NFP can increase early language and literacy is by encouraging families to read to, sing songs, or tell stories to their children. PEI set an ambitious goal of 80 percent of families engaged in the above activities with their children seven days a week, six months after birth (or after enrollment for programs that enroll children after birth). In Fiscal Year 2019, 72 percent of NFP families met that goal, fewer than the 80 percent target, but an increase over Fiscal Year 2018 when 69 percent of families engaged in language and literacy activities seven days a week. There was significant variation on this measure across sites, with 36 percent of families engaging in activities seven days a week at one site and 92 percent engaging in activities seven days a week at another site. PEI will continue to work with sites to improve performance on that indicator, including facilitating peer-learning across sites to encourage more families to engage in daily literacy activities with their children.

Caregiver Self-Sufficiency

Children who grow up in poverty face challenges across the life course. While the primary function of NFP is to improve health incomes for prenatal mothers and young children, family self-sufficiency is important for children's long-term development. Research from the field of developmental neurobiology suggests that the most important time to increase family income and improve self-sufficiency to improve child development is during early childhood.[xvii]

In Fiscal Year 2019, there were changes in data collection that precluded assessing a caregiver's work or school status upon exiting the program. With the expansion of PEI Reporting System (PEIRS) to include data from TNFP sites, data accuracy on measures of caregiver self-sufficiency should improve in Fiscal Year 2020. PEI will continue to work with TNFP sites to meet the goal of 60 percent for this outcome in the coming year, building connections with employment and education resources to help clients exit the program self-sufficient.

Figure 5. TNFP Outcomes by the Numbers, Fiscal Year 2019



The Future of TNFP

This report highlights how the Texas Nurse Family Partnership program is working in at-risk communities across the state to increase the health and well-being of low-income, first-time mothers and their children. TNFP sites serve a diverse population across the state of Texas; are implementing the NFP model with fidelity across all elements; and continue to improve outcomes for mothers, families, and children. The work done by TNFP in Fiscal Year 2019 is predicted to have positive impacts on the lives of families served by the program and their communities for years to come.

With additional funding from the 86th Legislature, communities in Texas will see the expansion of TNFP services in Fiscal Year 2020. The City of Houston NFP program will receive funding to support six additional nurse home visitors, serving an additional 150 families. Texas Children's Health Plan will receive funding to hire one nurse home visitor, serving 30 families and expanding services into Galveston County. Finally, through an Interagency Contract with the University of Texas Health Science Center at Tyler, two additional nurse home visitors will be hired, serving 50 families and expanding services into Henderson County in East Texas. The additional funding will support expansion of TNFP services across the state, expanding the nurse home visitor workforce and extending capacity to reach 230 more families.

In Fiscal Year 2018, as part of its growth strategy, PEI contracted with Population Health at The University of Texas Health Science Center at Tyler (UTHSCT) to develop a series of tools, utilizing risk mapping and geographically based risk and resiliency models, to map the state's distribution of child maltreatment risk by residential zip code. In Fiscal Year 2019, the maltreatment risk maps were released, and PEI began using them to more effectively allocate resources and provide support to communities with the highest need. In Fiscal Year 2020 and beyond, PEI will use UTHSCT's risk maps to identify communities that would benefit from programs like TNFP and assist communities as they develop readiness to implement.

PEI continues to demonstrate its commitment to TNFP by providing funding, support, technical assistance, and learning opportunities to nurse supervisors and nurse home visitors. The Fiscal Year 2019 and Fiscal Year 2020 Partners in Prevention Conferences included sessions that qualified for Continuing Nursing Education (CNE) credits. This helps ensure that attendees from our Nurse Family Partnership programs receive professional development that serves their unique needs. PEI will strive to continue to offer training opportunities that support nurse home visitors in serving Texas mothers and families.

Fiscal Years 2019 and 2020 are marked by new opportunities for continuing education, extending beyond the Partners in Prevention Conference. TNFP providers, nurse supervisors, and nurse home visitors have access to the bimonthly PEI newsletter TidbitsU, which highlights opportunities for continuing education and funding opportunities, as well as PEI's Learning Hub, a web-based professional development portal. The Learning Hub includes on-demand courses covering topics like child safety; workplace wellness; continuous quality improvement; data entry, use, and interpretation; and racial equity.

Fiscal Year 2020 will also see new attempts at data collection, management, and analysis, both nationally and statewide. PEI is working with TNFP and other Texas Home Visiting programs to expand the PEI Reporting System and integrate their data needs with the unique requirements they bring into the system, allowing communities to track home visit schedules and requirements, staff caseload and retention, and client referrals to other services. PEIRS also will allow TNFP sites to track progress toward outputs and outcomes as data is collected. PEIRS expansion will finalize the merger between PEI and THV, improving data accuracy and giving PEI the ability to talk about NFP across funding streams for the first time. This project is scheduled for completion in Fiscal Year 2020.

Data collection and management changes are coming to NFP, as well. In Fiscal Year 2020, NFPNSO will continue transitioning from Efforts to Outcomes to a custom-designed system. The new system provides additional functionality to assure that the data collected by NFP is valid and reliable. As part of the transition, NFP is auditing and quality checking all of their data to ensure that the data moving into the new system is accurate. Some TNFP sites have already transitioned to the new system, while others will transition in Fiscal Year 2020. TNFP and PEI are supporting this transition by serving as pilot testers and providing feedback.

The multiple data transitions that TNFP will be engaging in during Fiscal Year 2020 provide a unique opportunity to emphasize continuous quality improvement with our sites and build a culture of data-informed learning and action. The launch of PEIRS Expansion in FY 2020 will allow PEI and TNFP staff to work together to continuously review performance measures, promote interventions that work to improve outcomes, and explore root causes when they fall short. This increased capacity, along with the increases in resources and data system capability will ensure that TNFP can continue to serve Texas mothers and children with quality and fidelity into Fiscal Year 2020 and beyond.

Appendix: NFP Model Elements

Clients

- **Element 1:** Client participates voluntarily in the Nurse-Family Partnership program.
- **Element 2:** Client is a first-time mother.
- **Element 3:** Client meets low-income criteria at intake.
- **Element 4:** Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of week 28 of pregnancy.

Intervention Context

- **Element 5:** Client is visited one-to-one, one nurse home visitor to one first-time mother or family.
- **Element 6:** Client is visited in her home as defined by the client, or in a location of the client's choice.
- **Element 7:** Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.

Expectations of Nurses and Supervisors

- **Element 8:** Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a baccalaureate degree in nursing.
- **Element 9:** Nurse home visitors, and nurse supervisors participate in and complete all education required by the NFPNSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFPNSO.

Application of the Intervention

- **Element 10:** Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains.
- **Element 11:** Nurse home visitors and supervisors apply nursing theory, nursing process and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing Self-Efficacy, Human Ecology and Attachment theories, through current clinical methods.
- **Element 12:** A full-time nurse home visitor carries a caseload of 25 or more active clients.

Reflection and Clinical Supervision

- **Element 13:** NFP agencies are required to employ at all times a NFP nurse supervisor.
- **Element 14:** Nurse 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.

Program Monitoring and Use of Data

- **Element 15:** Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner. Element 15a: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality and demonstrate program fidelity and inform clinical practice and supervision.

Agency

- **Element 16:** A Nurse-Family Partnership 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.
- **Element 17:** A Nurse-Family Partnership Implementing Agency convenes a long-term community advisory board that meets at least quarterly to implement a community support system to the program and to promote program quality and sustainability.
- **Element 18:** Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.

Endnotes

[i] 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.
[ii] Nurse Family Partnership. (2019). Nurse-Family Partnership national snapshot: Families served. Retrieved October 23, 2019 from: https://www.nursefamilypartnership.org/wp-content/uploads/2019/07/NFP_Snapshot_April2019.pdf
[iii] Karoly, L. A., Kilburn, R. M., & Cannon, J. S. (2005). *Early childhood interventions: Proven results, future promise*. RAND Corporation. Retrieved October 23, 2019 from https://www.rand.org/content/dam/rand/pubs/monographs/2005/RAND_MG341.pdf
[iv] The model "elements" were previously referred to as "standards," but NFPNSO has changed their language and now use the term "elements" to describe them.
[v] Miller, T. R. (2013). Nurse-Family Partnership home visitation: Costs, outcomes, and return on investment. Pacific Institute for Research and Evaluation.
[vi] New nurse home visitors are given a year to gradually increase their client load while they complete initial training and gain on the job training and experience.
[vii] Model guidance issued in 2017 allows providers to serve mothers who lost their baby within 30 days of the birth. Providers are considered to be operating with fidelity if no more than five percent of mothers served had a prior live birth, but lost the child within 30 days of birth.
[viii] Based on the U. S. Department of Health and Human Services published poverty guidelines, available from: https://aspe.hhs.gov/poverty-guidelines. Pregnant women enrolling in the program are considered two individuals for eligibility purposes.
[ix] NFPNSO criteria for low-income status is based on the demographic intake question: "Do you (client) qualify for TANF, Medicaid, WIC, or food stamps?"
[x] Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman, R. E., & Butler, A. S. (Eds.). (2007). *Preterm birth: Causes, consequences, and prevention*. Washington, DC: National Academies Press. Available from: https://www.ncbi.nlm.nih.gov/books/NBK11362/ doi: 10.17226/11622
[xi] Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman, R. E., & Butler, A. S. (Eds.). (2007). *Preterm birth: Causes, consequences, and prevention.* Washington, DC: National Academies Press. Available from: https://www.ncbi.nlm.nih.gov/books/NBK11362/ doi: 10.17226/11622
[xii] Department of Family Protective Services and Department of State Health Services. (2015). Strategic plan to reduce child abuse and neglect fatalities. Austin, TX. Available from: http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-03-16_DFPS_DSHS_Strategic_Plan.pdf
[xiii] McLanahan, S., Garfinkel, I., & Waller, M. (2000). Fragile families and child wellbeing study. Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).
[xiv] American Academy of Pediatrics and Bright Futures. (2017). Recommendations for preventive pediatric health care. Available from https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
[xv] Gilkerson, J., Richards, J.A., Warren, S.F., et al. (2017). Mapping the early language environment using all-day recordings and automated analysis. *American Journal of Speech-Language Pathology, 26(2)*: 248-265 doi: 10.1044/2016_AJSLP-15-0169
[xvi] Olds, D., Eckenrode, J., Henderson, C., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse. *JAMA, 278*: 637-643

[xvii] Duncan, G. J. & Magnuson, K. & Votruba-Drzal, E. (2014). Boosting family income to promote child development. *The Future of Children, 24*(1): 99-120.doi:10.1353/foc.2014.0008