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 2020

As Required by §265.101 - §265.110

December 1, 2020

Table of Contents

List of Tables

List of Figures

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 a result, §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 2020. The information included in this report is drawn from DFPS contracts with TNFP sites, using data from community-level reports to DFPS, the Prevention and Early Intervention Reporting System (PEIRS), Texas Home Visiting (THV) data system, and the NFP data reporting system known as Flo. PEI also funds Nurse Family Partnership programs through its Healthy Outcomes through Prevention and Early Support program (one site in Dallas County) and its federally-funded Texas Home Visiting program (seven sites in Potter and Randall counties, Nueces and San Patricio counties, Wichita County, Gregg County, Smith County, Bexar County, and Ector and Midland counties). Sites funded under these other programs are not included in this report; however, they are covered in other PEI reports.

NFP is a voluntary, evidence-based program whose mission is to positively transform the lives of vulnerable babies, mothers, and families, which they accomplish through regular home visitation by specially trained registered nurses. NFP has three primary goals: 1) To improve pregnancy outcomes by promoting health related behaviors; 2) To improve child health, development, and safety by promoting competent care-giving; and 3) To enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment. To achieve their goals, NFP provides vital services to the families it serves. Specifically, nurse home visitors help 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. In addition, the program improves child health and development by helping parents provide responsible, protective, and competent care. Importantly, to support families in sustaining ongoing improvements, NFP supports families in

achieving economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and attain employment.

Since the initial Request for Proposals in 2008, TNFP has grown from 1 site in Dallas to 16 state-funded sites serving low-income, first-time mothers in 26 counties across the state. In Fiscal Year 2020, these sites:

- served 3,785 client families;
- enrolled 1,694 new client families; and
- had an average monthly caseload of 2,118 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 90 percent of clients who remained enrolled in the program on their one-year anniversary in Fiscal Year 2020.

TNFP exceeded PEI's Fiscal Year 2020 goal for breastfeeding rates at six months after birth and nearly met the goal for full-term births.. PEI will be engaging with TNFP on continuous quality improvement efforts throughout Fiscal Year 2021, 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 2020. 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.

This report contains six sections:

- 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 2020; and
- a summary of the findings of this report and discussion of the activities and goals of TNFP in Fiscal Year 2021 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.

NFP's Return on Investment

An independent analysis of NFP conducted by the RAND Corporation[1] 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.

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 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 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.[iii] 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 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[iv] 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:

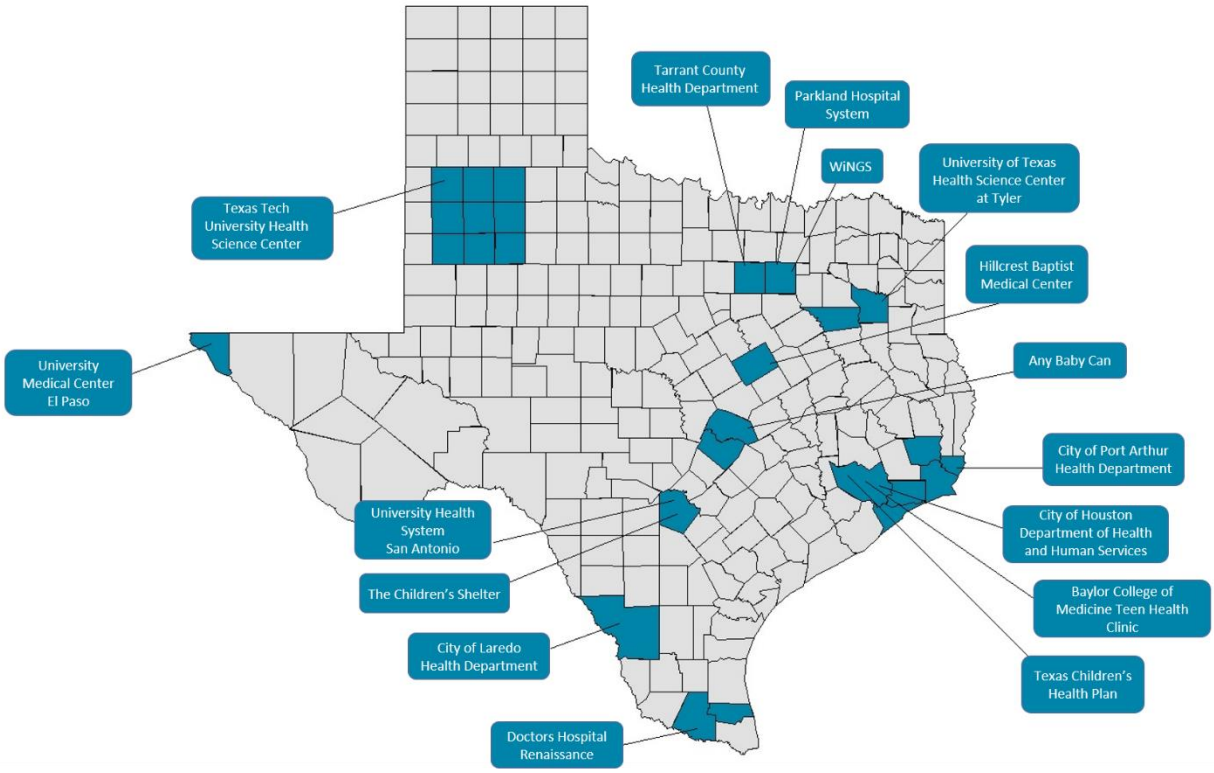
- improved prenatal health;
- decreased smoking during pregnancy;
- fewer childhood injuries and/or instances of abuse and neglect;
- fewer subsequent pregnancies within two years of birth;
- increased intervals between births;
- increased maternal employment;
- improved school readiness; and
- reduction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

NFP in Texas

The Young Women's Christian Association of Dallas, Texas established the first Nurse Family Partnership (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 (TNFP) 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 (GR). 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 Texas Nurse Family Partnership (TNFP) competitive grant program authorizes PEI to award grants for the implementation or expansion of Nurse Family Partnership (NFP) 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 (seven sites in Potter and Randall counties, Nueces and San Patricio counties, Wichita County, Gregg County, Smith County, Bexar County, and Ector and Midland counties). Sites funded under these other programs are not included in this report but are covered in other PEI reports.

In Fiscal Year 2020, PEI awarded over $15.8 million to 16 organizations to provide NFP programs in their area. The grantees include city and county health departments, hospitals, and community-based organizations located in 14 different cities that serve 26 counties across the state. Table 1 shows the list of funded sites for Fiscal Year 2020 along with their locations, counties served, funding source, total Fiscal Year 2020 grant award, and funded capacity.

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

LOCATION	ORGANIZATION	COUNTIES SERVED	FUNDING SOURCE	FY2020 GRANT AMOUNT	FY2020 PROGRAM CAPACITY*
AUSTIN	Any Baby Can	Travis	TANF/GR†	$1,464,711	400
DALLAS	Parkland Hospital	Dallas, Tarrant	TANF/GR	$933,564	150
DALLAS	WiNGS (previously YWCA Dallas)	Dallas, Tarrant	TANF/GR	$1,500,000	300
EL PASO	University Medical Center El Paso	El Paso	GR	$607,079	125
FT. WORTH	Tarrant County	Dallas, Tarrant	TANF/GR	$984,640	200
HOUSTON	Baylor College of Medicine	Fort Bend, Harris	GR	$739,982	125
HOUSTON	City of Houston	Fort Bend, Harris	TANF/GR	$1,736,321	250
HOUSTON/ GALVESTON	Texas Children's Health Plan	Fort Bend, Galveston, Harris	GR	$909,224	150
LAREDO	City of Laredo	Webb	GR	$590,159	100
LUBBOCK	Texas Tech Health Science Center	Crosby, Floyd, Garza,	TANF/GR	$1,014,307	200

LOCATION	ORGANIZATION	COUNTIES SERVED	FUNDING SOURCE	FY2020 GRANT AMOUNT	FY2020 PROGRAM CAPACITY*
		Hale, Hockley, Lamb, Lubbock, Lynn, Terry			
MCALLEN/ EDINBURG	Doctors Hospital Renaissance	Hidalgo, Willacy	GR	$886,966	175
PORT ARTHUR	City of Port Arthur	Chambers, Hardin, Jefferson, Orange	TANF/GR	$688,122	125
SAN ANTONIO	The Children's Shelter	Bexar	TANF/GR	$1,614,839	325
SAN ANTONIO	University Health System	Bexar	TANF/GR	$1,006,404	200
TYLER	University of Texas Health Science Center at Tyler	Henderson, Smith	GR	$198,347.47	50
WACO	Hillcrest Baptist Medical Center	McLennan	TANF/GR	$952,690	200
TOTAL				**$15,854,356**	**3,750**

* Program Capacity is the maximum number of clients the program can serve.
† All September 2019 NFP invoices paid exclusively with State General Revenue.

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 first-time mothers with low incomes, and to continue this specialized training throughout their careers. In Fiscal Year 2020, Texas Home Visiting funded 123 nurse home visitor positions and 20 nurse supervisor positions through GR and TANF funds in communities across the state. 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.[v] 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.

TNFP Visits

In addition to the rigorous qualifications required of TNFP nurse home visitors, NFP requires an intensive visitation schedule. 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 up to 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 birth;[vi]
- have an income at or below 185 percent of the federal poverty level;[vii]
- 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 must be approved in consultation with TNFP and NFPNSO staff.

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 (PEI) received $2.9 million in funding to be granted to communities developing and expanding TNFP programs during the Fiscal Year 2020-2021 biennium.

After a competitive grant process, three communities were selected. The City of Houston NFP program received funding to support six additional nurse home visitors, serving an additional 150 families. Texas Children's Health Plan received funding to hire one nurse home visitor, expand services into Galveston County and serve 25 additional families. Finally, through an Interagency Contract (IAC) with the University of Texas Health Science Center at Tyler, two additional nurse home visitors were hired to serve 50 families and expand services into Henderson County in East Texas. The Exceptional Item funding has successfully supported expansion of TNFP services across the state, expanding the nurse home visitor workforce and extending capacity to reach 225 more families.

Clients Served in Fiscal Year 2020

In Fiscal Year 2020, TNFP served 3,785 clients and over 3,000 infants. The average monthly client load by site ranged from 50 percent to 88 percent of total capacity, with one exception. Fiscal year 2020 was the first year of University of Texas Health Science Center Tyler's contract, and was treated as a ramp-up year for that site. Table 2 shows program capacity, total clients served, average monthly caseload, average monthly capacity, and the number of total clients with infants in Fiscal Year 2020.

Table 2. Clients Served by Site in Fiscal Year 2020

Location	Organization	Program Capacity	Total Clients Served*	Avg. Monthly Caseload	Avg. Monthly Capacity Percent	Total # of Clients with an Infant*
Austin	Any Baby Can	400	456	274	69%	371
Dallas	Parkland Hospital	150	219	119	79%	177
Dallas	WiNGS (previously YWCA Dallas)	300	341	205	68%	292
El Paso	University Medical Center El Paso	125	153	63	50%	130
Ft. Worth	Tarrant County	200	220	118	59%	191
Houston	Baylor College of Medicine	125	156	80	64%	123
Houston	City of Houston	250	275	158	63%	233
Houston	Texas Children's Health Plan	150	171	92	61%	137
Laredo	City of Laredo	100	98	63	63%	85
Lubbock	Texas Tech Health Science Center	200	271	163	82%	215
McAllen/ Edinburg	Doctor's Hospital Renaissance	175	211	124	71%	173
Port Arthur	City of Port Arthur	125	164	72	58%	117
San Antonio	The Children's Shelter	325	445	249	77%	351
San Antonio	University Health System	200	291	176	88%	238
Tyler**	University of Texas Health Science Center Tyler	50	40	5	10%	18
Waco	Hillcrest Baptist Medical Center	200	274	143	72%	212
Total		**3,075**	**3,785**	**2,118**	**69%**	**3,063**

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

UT Tyler had a new TNFP contract in Fiscal Year 2020. This should be considered a ramp up year for the program.

Source: Location, program capacity and average monthly caseload data from monthly reports to DFPS. Total clients served retrieved from PEIRS in October 2020. Clients with an infant are defined as those with an eligible child age 0 to 2 years-old.

Clients Enrolled in Fiscal Year 2020

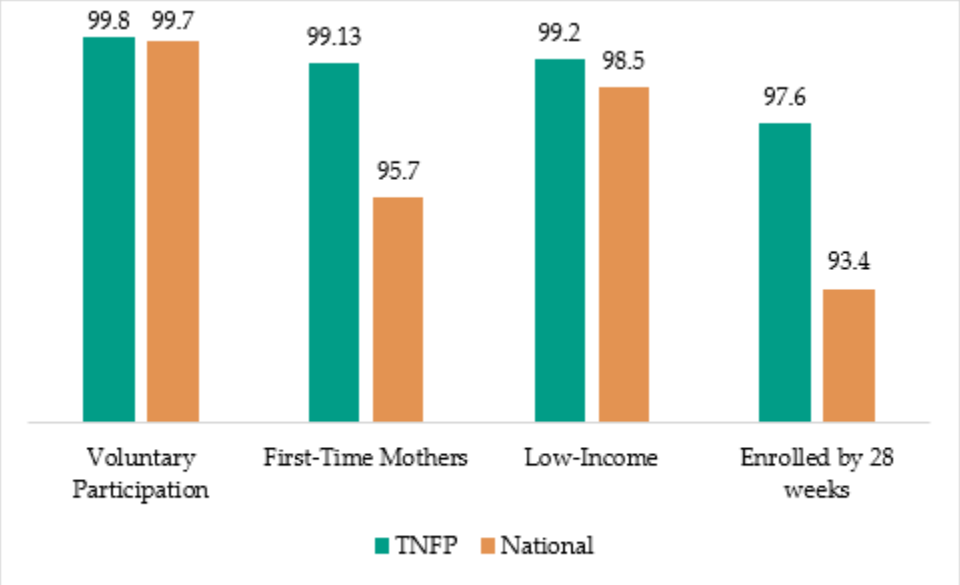
To determine whether National Nurse-Family Partnership programs are operating with fidelity to the model, NFPNSO issues quarterly fidelity reports that show whether each site adheres to the measurable model elements. This report pulls in data for State Fiscal Year 2020 (September 1, 2019 to August 31, 2020) where available, but in some cases Federal Fiscal Year 2020 (October 1, 2019 to September 30, 2020) data was used.

In Fiscal Year 2020:

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

All clients resided in Texas, and 99.8 percent agreed to participate voluntarily. In each case, TNFP fared equivalent to or better than the nation overall, as illustrated in Figure 2, below.

Figure 2. Client-Characteristic Elements of Fidelity in TNFP and National NFP Fiscal Year 2020



Source: 2020 Texas Fidelity Report, October 1, 2019 to September 30, 2020, retrieved from Nurse Family Partnership Business Intelligence Portal on October 9, 2020.

In Fiscal Year 2020, TNFP enrolled 1,694 new participants. Clients came to TNFP through referrals from various sources, including[ix]:

- community agencies (44.7 percent);
- healthcare providers (33.0 percent);

- school, daycare, or other education provider (7.0 percent); and
- a friend or relative (7.0 percent).

Supporting Families during COVID-19

WiNGS partners with local restaurants to feed young families in their NFP program.

Since the pandemic began, WiNGS partnered with local restaurants to provide families with weekly meal kits. Each meal kit includes breakfasts, lunch, and dinners for a family of 4 totaling 20 meals a week per family. This has been a great benefit to young families in the NFP program who have struggled financially because of the pandemic. By the end of the year, WiNGS will have donated and delivered 8,000 meals to their families.

The clients enrolled by TNFP in Fiscal Year 2020 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 2020, many clients had missing data for one or more demographic categories. Missing data are not included in the calculations, and thus, client-reported primary language and income were not analyzable for this report.

Nearly 68 percent of clients served in Fiscal Year 2020 were young mothers or expectant mothers (under 24 years old). Some enrolled clients fell into higher-risk groups based on age:

- 30 percent were under age 20; and
- 13 percent were juveniles (under age 18).

TNFP mothers are also diverse in terms of their race and ethnicity. Overall, 54 percent identified as White, the largest racial group, and 23 percent identified as Black or African American. In Fiscal Year 2020, 50 percent of clients identified as Hispanic or Latino, but there was wide geographic variation in client race and ethnicity by site.

Table 3. Demographic Characteristics of Active TNFP Clients
Fiscal Year 2020

Characteristic	Category	Texas Nurse-Family Partnership (FY2020)*	National Nurse-Family Partnership (PY2018) †
Age	Under 15	1.22%	1.10%
	15 to 17	12.12%	13.70%
	18 to 19	17.04%	19.20%
	20 to 24	37.57%	36.00%
	25 to 29	19.00%	18.60%
	30+	12.24%	11.40%
	Not Reported	.82%	0.00%
Ethnicity	Hispanic	48.03%	30.60%
	Not Hispanic	35.61%	65.90%
	Not Reported	16.36%	3.50%
Race	Black or African-American	23.17%	32.70%
	White or Anglo	52.35%	45.80%
	Asian	1.44%	4.90%
	Other	2.31%	5.60%
	Declined to Self-identify or Unknown¶	20.74%	11.00%

* Demographic data above was obtained from the DFPS Data Warehouse for all Active TNFP clients for Fiscal Year 2020.
† Data for Fiscal Year 2020 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.
‡ Where a client carried over from a previous year, their age is calculated at the start of the fiscal year, otherwise, the client's age is calculated at enrollment.
Source: DFPS analysis of TNFP site data provided to DFPS on October 9, 2020 and National statistics from program year 2018 quarterly reports.

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 like those achieved in the randomized controlled trials. The Texas Nurse Family Partnership competitive grant program works closely with NFPNSO to ensure that all comply 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 2020, all TNFP sites complied with 18 model elements. In Federal Fiscal Year 2020, TNFP sites had an average Fidelity Index score of 80.7 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 elements that are of 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.

TNFP Sites in their Communities

City of Houston more than doubled their team adding six new Nurse Home Visitors and supplemental mental health services in Fiscal Year 2020. Their NFP program includes a Life Coach to provide various therapeutic modalities to program participants. This service complements an existing LCSW, who treats peri- and postnatal depression and provides supportive and grief counseling.

Texas Tech University Health Science Center adjusted services during the pandemic to conduct visits via telehealth and supplied clients without phones and internet access with a phone and four months of free service. Their telehealth approach includes lactation assistance and assistance in applying for Medicaid, SNAP, and other resources. Texas Tech NFP also delivers diapers and wipes as needed and leverages a wealth of community relationships, including health and mental health providers to assist their program participants.

Doctor's Hospital Renaissance partnered with the Lactation Care Center Rio Grande Valley to support and promote increased breastfeeding across South Texas. DHR created customizable Lactation Care Kits for new moms to meet individual mothers' needs. Recent data reflects a 100% breastfeeding initiation rate among program participants since implementing of these efforts.

Any Baby Can is applying new strategies to streamline the process for community partners to make referrals, including website updates. Any Baby Can is also collaborating with ConnectATX and Aunt Bertha to provide a closed-loop referral link for WIC and other providers. Prospective NFP clients are connecting quicker than ever in Travis and Williamson Counties.

Visit Frequency, Duration, and Content

Model elements five, six, seven, and ten 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.* NFP clients are visited by one home visitor to every 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 percent of all TNFP visits in Fiscal Year 2020 were one-on-one with clients. This is on par with the 97.9 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.

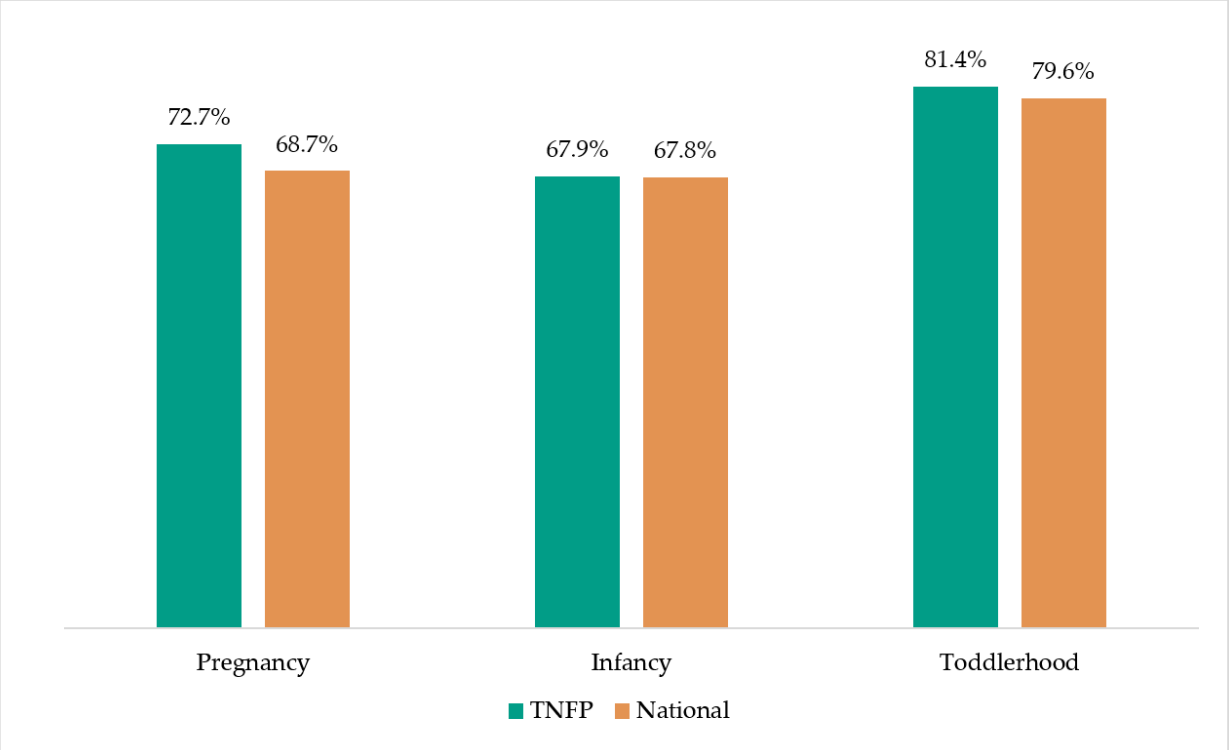
As mentioned previously, NFPNSO does allow some home visits to take place in other settings such as libraries, schools, or places of employment due to issues with the client's schedule or living situation. These visits are generally the exception rather than the rule and are scheduled based on the client's need for accommodation. That said, the COVID-19 pandemic has significantly impacted NFP and other home visiting programs' ability to conduct in-person home visits in Fiscal Year 2020. Instead, nurse home visitors completed their visits with clients from mid-March onward through a variety of telehealth platforms.

In Fiscal Year 2020 the proportion of clients having visits to their homes was significantly lower compared to Fiscal Year 2019, with 34 percent of TNFP visits taking place in the home, and 67 percent of the program's 3,764 clients participating in at least one home visit. During the previous year, 81.2 percent of home visits took place within the home while 94.3 percent of clients participated in at least one home visit. On both measures, Baylor Health Teen Clinic was significantly lower than all others, predominantly due to the population served by the site. Nationally, 34.4% of home visits occurred in the home and 73.8% of clients participated in at least one home visit during the same timeframe.

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 seven 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 during Each Phase for TNFP and National NFP, Federal Fiscal Year 2020



Source: 2020 Texas Fidelity Report, October 1, 2019 to September 30, 2020, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 9, 2020.

Additionally, PEI tracks adherence to element seven by tracking family engagement in the program for at least one year. In Fiscal Year 2020, 90 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 in their work 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 the domains in each visit. Table 4 shows the six life domains and the types of issues addressed under each domain.

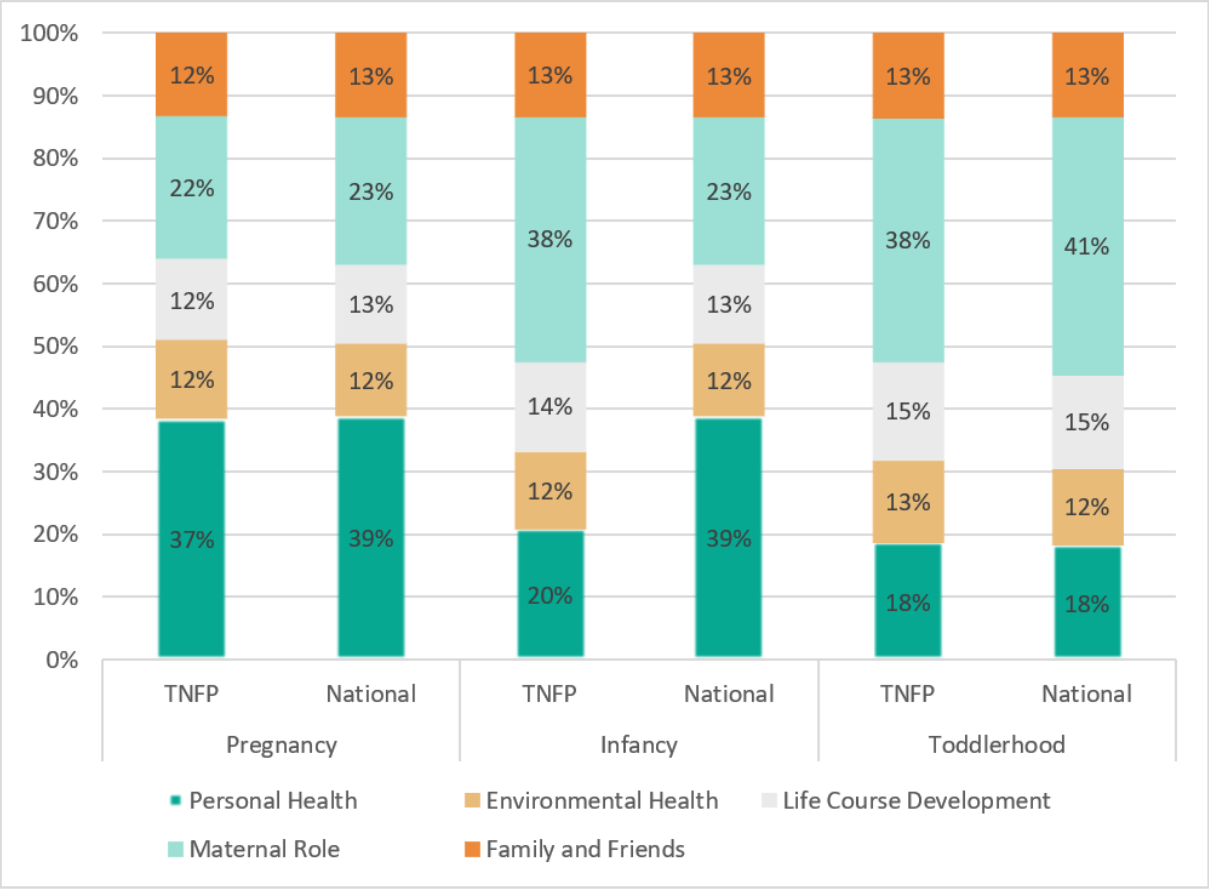
Table 4. NFPNSO Life Domains

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. The final domain—health and human services—is measured primarily through referrals rather than time spent and 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 2020



Source: DFPS analysis of TNFP site data provided to DFPS on October 8, 2020.
Note: Totals do not add to 100% because some TNFP sites did not report time spent on domains equal to 100%.

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 enough 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 eight, nine, and eleven 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 Bachelor of Science 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 BSN 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 2020, all TNFP program sites were in adherence with this program element; 94 percent of TNFP nurse home visitors have a bachelor's degree or higher in nursing, as compared to 85.2 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 administering formal assessments of child and maternal well-being, but all trainings feature tools and information 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 care giving
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 2020, 82 percent of nurse home visitors at TNFP sites had completed their initial NFPNSO educational training sessions compared to 77 percent nationally. Of the remaining 17 percent, more than a third 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 NFP programs. While the Texas Nurse-Family Partnership (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 2020, 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 then able to complete AOP documentation should a client desire to complete it prior to their delivery.

In Fiscal Year 2020, 18 TNFP clients completed AOP documentation with their nurse home visitor prior to delivery. The TNFP program does not track the number of clients who completed AOP documentation during their hospital stay following the birth of their child or at a later date. Many clients report that fathers are acknowledging paternity on the birth certificate, which is not captured in this data. Fiscal year 2020 also offered other complicating factors for providers: due to Covid-19 prenatal home visits in the latter half of the fiscal year took place remotely, where previously home visitors collected signed forms. Moreover, AOPs are now registered electronically, a system on which providers have not had the opportunity to complete their training.

To address these barriers to tracking the Acknowledgement of Paternity, PEI is working with DSHS to match paternity data from birth records to TNFP data, tracking AOPs that take place in hospitals or after birth. Further, PEI and TNFP sites are engaging in a special partnership with the Office of the Attorney General in Fiscal Year 2021 as part of the Parenting and Paternity Awareness integration grant. Nurse home visitors will have access to special training on paternity establishment and the child support system, and a third-party evaluation will be conducted to determine the results of that training and its ability to meet grant goals.

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 2020 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 several 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 2020, 84.8 percent were born full-term. It should be noted that there was wide variation across sites on this outcome, with sites ranging from 76.7 percent to 91.5 percent full-term births, with the discrepancy 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 608 children who were between 6 and 12 months old in Fiscal Year 2020, 38.4 percent were still receiving breast milk at six-months, far 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, while this represents a slight decline from 40.5 percent for Fiscal Year 2019 breastfeeding rate, it remains an improvement from Fiscal Year 2018 when 36 percent of 6- to 12-month-olds were still receiving breast milk 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 2020, a reported 55 percent of TNFP children received their last recommended well-child visit[xv], falling short of meeting PEI's goal of 80 percent of children receiving their last well-child visit. This does represent a significant increase from Fiscal Year 2019 when 44 percent of TNFP children received their last well-child

visit but a decrease from 2018 when 88 percent of participating children did the same. Because this measure looks at the well-child visit due at the end of the reporting period, it was heavily affected by the Covid-19 pandemic. Texas has seen an overall decline in children receiving well-child visits during the pandemic, across the state. In spite of that, there was substantial variation across sites, ranging from 27 percent at one site to 78 percent at another. PEI expects well-child visit rates for TNFP families will increase once the Covid-19 pandemic is resolved, and will work with sites to ensure valid and reliable data around well child visits is documented in the PEI Reporting System (PEIRS).

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 30 million fewer words than children in the highest income families.[xvi, xvii] 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.[xviii]

One way that NFP can increase early language and literacy is by encouraging families to read , 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 2020, 79 percent of NFP families met that goal, just shy of 80 percent. TNFP's performance on this measure has improved over both Fiscal Years 2018 and 2019, when 69 percent and 72 percent of participating families, respectively, engaged in language and literacy activities seven days a week over both fiscal years.

There was significant variation on this measure across sites, with 54 percent of families engaging in activities seven days a week at one site and 95 percent engaging in activities seven days a week at another site. Providers' performance on this measurement has improved from Fiscal Year 2019, when the range was between 36 percent and 92 percent. 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.

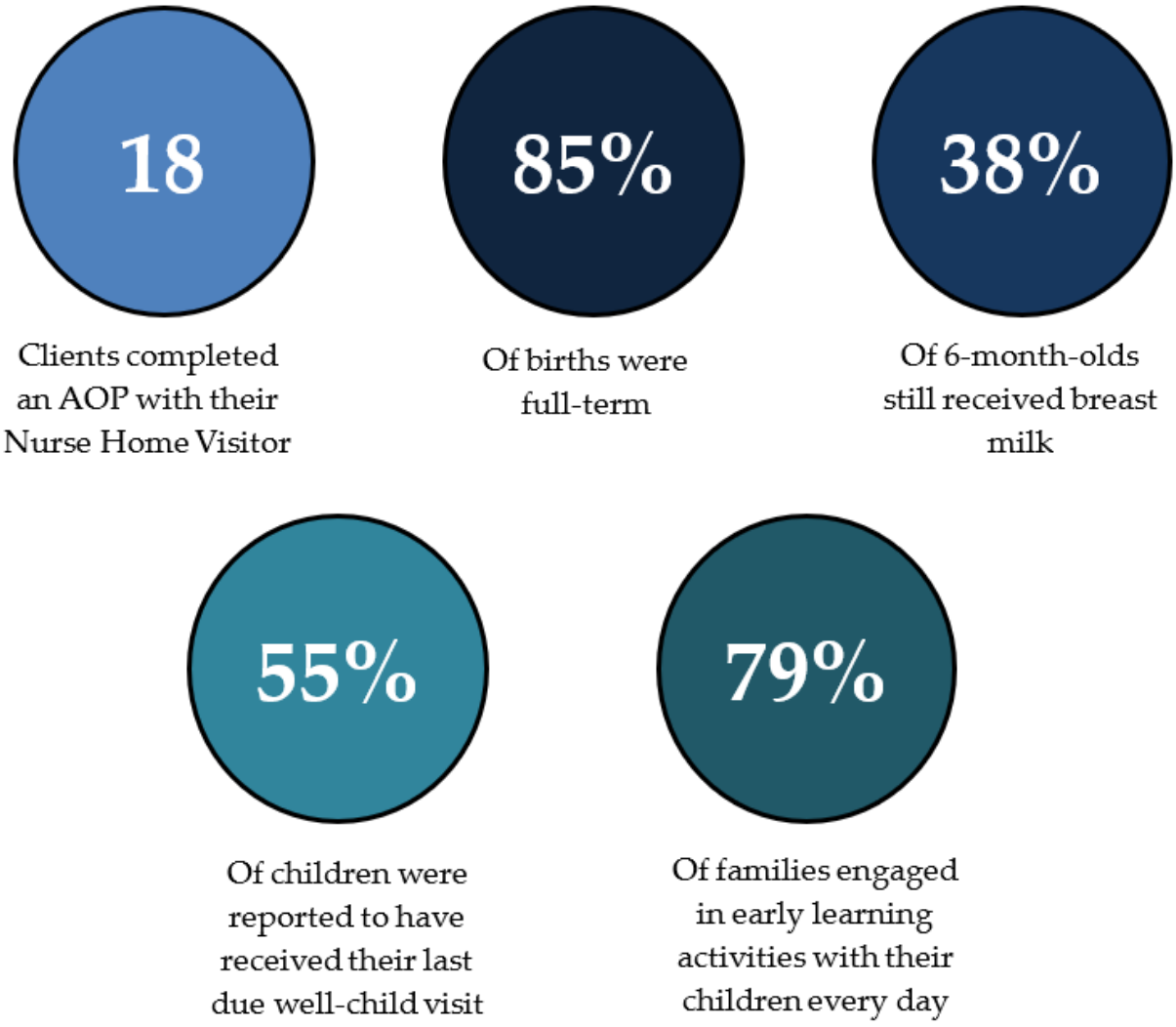
Caregiver Self-Sufficiency

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.[xix]

In Fiscal Year 2020, there were a couple of complicating factors regarding caregiver self-sufficiency measures. First, the new data systems used by TNFP includes changes in data collection that preclude assessing a caregiver's work or school status upon exiting the program. Second, the coronavirus pandemic has affected the employment status of primary caregivers across the state. It is anticipated that Fiscal Year 2021 will show improvements in both areas. 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 2020



The Future of TNFP

This report highlights how the Texas Nurse Family Partnership program (TNFP) 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; implement the NFP model with fidelity across all elements; and improve outcomes for mothers, families, and children. The work done by TNFP in Fiscal Year 2020 is predicted to have positive impacts on the lives of families served by the program and their communities for years to come.

With the partial funding of an Exceptional Item request during the 86th Legislature, communities in Texas saw the expansion of TNFP services in Fiscal Year 2020. The City of Houston NFP program was granted funding to support six additional nurse home visitors, serving an additional 150 families. Texas Children's Health Plan received funding to hire one nurse home visitor, serving 25 families and expanding services into Galveston County. Finally, through an Interagency Contract (IAC) with the University of Texas Health Science Center at Tyler, two additional nurse home visitors have been 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 225 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 2021 and beyond, PEI will use UTHSCT's risk maps to prioritize communities that would most 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. In Fiscal Year 2021, 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 were 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 weekly PEI Provider News, 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 2021 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 (THV) programs to continue to advance data collection using the PEI Reporting System (PEIRS) 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 enables TNFP sites to track progress toward outputs and outcomes as data is collected, without having to export the data to an outside system. PEIRS expansion finalized 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 was completed in Fiscal Year 2020 and is expected to be fully implemented over the course of Fiscal Year 2021.

Data collection and management changes have happened on that national level, as well. In Fiscal Year 2020, NFPNSO continued to transition from Efforts to Outcomes (ETO) to a custom-designed system, Flo. The new system provides additional functionality to ensure that the data collected by NFP is valid and reliable. As part of the transition, NFP is auditing and quality checking all their data to ensure that the data moving into the new system is accurate. Most TNFP sites transitioned to Flo in Fiscal Years 2019 and 2020. TNFP and PEI had the privilege of supporting this transition by serving as pilot testers and providing feedback.

The multiple data transitions that TNFP have engaged 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 Fiscal Year 2020 allows 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 ensures TNFP continues serving Texas mothers and children with quality and fidelity into Fiscal Year 2021 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] The model "elements" were previously referred to as "standards," but NFPNSO has changed their language and now use the term "elements" to describe them.
[iv] Miller, T. R. (2013). Nurse-Family Partnership home visitation: Costs, outcomes, and return on investment. Pacific Institute for Research and Evaluation.
[v] 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.
[vi] 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.
[vii] 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.
[viii] NFPNSO criteria for low-income status is based on the demographic intake question: "Do you (client) qualify for TANF, Medicaid, WIC, or food stamps?"
[ix] Fiscal year 2020 clients were manually migrated from their model system. All those migrated were given a referral source of "Other" (45.4% of all clients). For this reason, to give a better picture of referral sources, those with Other were excluded from the analysis of referral sources.
[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] Because this measure is reported as of the end of the fiscal year, and the PEI Reporting System was fully implemented by that time, this measure is reported from that system, rather than the model data system, Flo.
[xvi] Fernald, A., Marchman, V.A., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science, 16*(2):234–48.

[xvii] Hart, B. & Risley, T. R. (1995). *Meaningful differences in the everyday experience of young American children*. Baltimore, MD: Brookes.

[xviii] 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

[xix] 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