



**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 2022**

**As Required by Texas Family Code §265.109**

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December 1, 2022

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## Executive Summary

The Texas Nurse-Family Partnership (TNFP) competitive grant program was established by S.B. 156, 80<sup>th</sup> 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, 84<sup>th</sup> 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 2022. 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) and the NFP data reporting system. PEI also funds Nurse-Family Partnership programs through 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 Texas Home Visiting 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) improve pregnancy outcomes by promoting health related behaviors; 2) improve child health, development, and safety by promoting competent caregiving; and 3) enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment. To achieve these goals 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 and 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 2022, these sites:

- served 3,962 client families;
- enrolled 1,749 new client families; and
- had an average monthly caseload of 2,288 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 over 60 percent of clients who remained enrolled in the program on their one-year anniversary in Fiscal Year 2022.

TNFP exceeded PEI's Fiscal Year 2022 goal for breastfeeding rates at six months after birth and nearly met the goal for full-term births. PEI utilizes continuous quality improvement with TNFP grantees 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, 80<sup>th</sup> 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, 84<sup>th</sup> 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 2022. The information included in this report is drawn from data from PEI's reporting system, (PEIRS), DFPS grants with TNFP providers, community-level reports submitted to DFPS, and the NFP National Service Office.

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 2022; and
- a summary of the findings of this report and discussion of the activities and goals of TNFP in Fiscal Year 2023 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

and 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<sup>1</sup> 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<sup>i</sup>, NFP programs have expanded to 41 states, five tribal communities, and the U.S. Virgin Islands and served over 342,766 families nationally.<sup>ii</sup> 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.<sup>iii</sup> 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<sup>iv</sup> 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 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, 80<sup>th</sup> 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

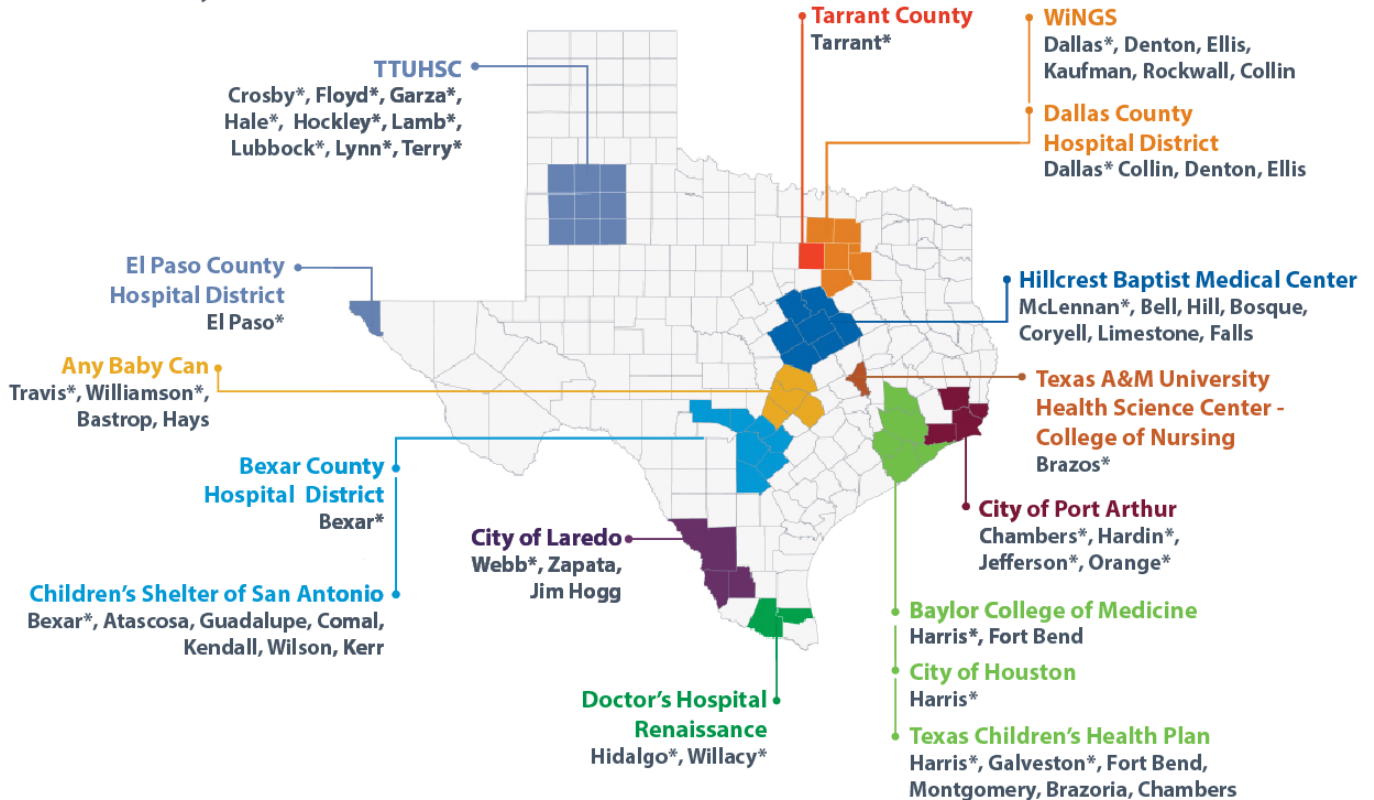


Early Childhood Home Visiting (MIECHV) program funds, supervised by the Health Resource and Service Administration of the Administration of Children and Families. This report is focused solely on the NFP sites funded, at least in part, by state-supervised funding streams.

Figure 1. TNFP Sites and Counties Served

## Our Providers and Communities

\* Denotes Primary Counties



## ***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 its federally- and state-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 2022, PEI awarded over \$18.6 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 2022 along with their locations, counties served, funding source, total Fiscal Year 2022 grant award, and funded capacity.

**Table 1. TNFP Program Sites in FY2022: Location, Funding, and Capacity**

<b>LOCATION</b>	<b>ORGANIZATION</b>	<b>COUNTIES SERVED</b>	<b>FUNDING SOURCE</b>	<b>FY2022 GRANT AMOUNT</b>	<b>FY2022 PROGRAM CAPACITY*</b>
<b>AUSTIN</b>	Any Baby Can	Travis	TANF/GR	\$2,032,684	300
<b>BRYAN</b>	Texas A&M University Health Science Center – College of Nursing	Brazos	TANF/GR	\$720,652	52
<b>DALLAS</b>	Dallas County Hospital District (Parkland Hospital)	Tarrant	TANF/GR	\$1,210,122	200
<b>DALLAS</b>	WiNGS	Dallas, Tarrant	TANF/GR	\$1,649,357	300
<b>EL PASO</b>	El Paso County Hospital District	El Paso	TANF/GR	\$884,567	150
<b>FT. WORTH</b>	Tarrant County Texas, Inc.	Dallas, Tarrant	TANF/GR	\$1,000,000	175
<b>HOUSTON</b>	Baylor College of Medicine	Fort Bend, Harris	TANF/GR	\$785,187	125
<b>HOUSTON</b>	City of Houston	Harris	TANF/GR	\$1,752,344	250
<b>HOUSTON/ GALVESTON</b>	Texas Children's Health Plan	Fort Bend, Harris	TANF/GR	\$944,224	145
<b>LAREDO</b>	City of Laredo	Webb	TANF/GR	\$686,542	100

LOCATION	ORGANIZATION	COUNTIES SERVED	FUNDING SOURCE	FY2022 GRANT AMOUNT	FY2022 PROGRAM CAPACITY*
LUBBOCK	Texas Tech Health Science Center	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry	TANF/GR	\$1,073,046	200
MCALLEN/ EDINBURG	Doctors Hospital Renaissance	Hidalgo, Willacy	TANF/GR	\$890,992	175
PORT ARTHUR	City of Port Arthur	Chambers, Hardin, Jefferson, Orange	TANF/GR	\$781,463	125
SAN ANTONIO	The Children's Shelter of San Antonio	Bexar	TANF/GR	\$1,612,640	325
SAN ANTONIO	Bexar County Hospital District	Bexar	TANF/GR	\$1,263,904	200
WACO	Hillcrest Baptist Medical Center	McLennan	TANF/GR	\$1,322,690	200
<b>TOTAL</b>				<b>\$18,560,414</b>	<b>3,022</b>

\* 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 first-time mothers with low incomes, and to continue this specialized training throughout their careers. In Fiscal Year 2022, the Texas Nurse Family Partnership program funded 134 nurse home visitor positions and 23 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.<sup>v</sup> 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 16<sup>th</sup> and 28<sup>th</sup> 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;<sup>vi</sup>
- have an income at or below 185 percent of the federal poverty level;<sup>vii</sup>
- be a Texas resident;
- be enrolled before the end of the 28<sup>th</sup> 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 in the Community

#### Hillcrest Texas Nurse-Family Partnership (McLennan County)

A 19-year old mother, who was engaged in Hillcrest's Nurse-Family Partnership program, took steps to secure her and her baby's safety and future. While in the program and caring for her baby, the young mother worked hard on her goal to become a Certified Medical Assistant. She experienced significant challenges, including intimate partner violence, and had to take difficult steps to ensure her baby's safety.

The mother recently completed relationship counseling and mental health counseling through a local mental health provider. The Nurse Home Visitor, who has been working with this young mother since before her baby was born, has watched her grow and achieve goals in the face of incredible obstacles. Her baby is 11 months old now. Despite these odds, and with the support of her Nurse Home Visitor and other providers, the mother completed her training and is now a Certified Medical Assistant – all while caring for and nurturing her baby during her critical first year.

### *Clients Served in Fiscal Year 2022*

In Fiscal Year 2022, TNFP served 4,092 clients and 2,252 infants. The average monthly client load by site ranged from 54 percent to 96 percent of total capacity. 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 2022.

**Table 2. Clients Served by Site in Fiscal Year 2022**

<b>Location</b>	<b>Organization</b>	<b>Program Capacity</b>	<b>Total Clients Served*</b>	<b>Avg. Monthly Caseload</b>	<b>Avg. Monthly Capacity Percent</b>	<b>Total # of Clients with an Infant*</b>
<b>Austin</b>	Any Baby Can	300	503	287	95.7%	281
<b>Bryan</b>	Texas A&M University Health Science Center – College of Nursing	52	60	28	53.8%	26
<b>Dallas</b>	Dallas County Hospital District	200	291	166	83.0%	177
<b>Dallas</b>	WiNGS (previously YWCA Dallas)	300	300	164	54.7%	193
<b>El Paso</b>	El Paso County Hospital District	150	231	109	72.7%	92
<b>Ft. Worth</b>	Tarrant County	175	185	97	55.4%	111
<b>Houston</b>	Baylor College of Medicine	125	165	106	84.8%	111
<b>Houston</b>	City of Houston	250	239	135	54.0%	128
<b>Houston</b>	Texas Children's Health Plan	145	184	107	73.8%	124
<b>Laredo</b>	City of Laredo	100	127	59	59.0%	46
<b>Lubbock</b>	Texas Tech Health Science Center	200	266	161	80.1%	152
<b>McAllen/Edinburg</b>	Doctor's Hospital Renaissance	175	244	145	82.9%	137
<b>Port Arthur</b>	City of Port Arthur	125	181	116	92.8%	112
<b>San Antonio</b>	The Children's Shelter	325	480	271	83.4%	222
<b>San Antonio</b>	Bexar County Hospital District	200	317	182	91.0%	175
<b>Waco</b>	Hillcrest Baptist Medical Center	200	319	186	93.0%	165
<b>Total</b>		<b>3022</b>	<b>4092</b>	<b>2319</b>	<b>75.7%</b>	<b>2252</b>

\*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 PEIRS in October 2022. Clients with an infant are defined as those with an eligible child age 0 to 2 years old.

## ***Clients Enrolled in Fiscal Year 2022***

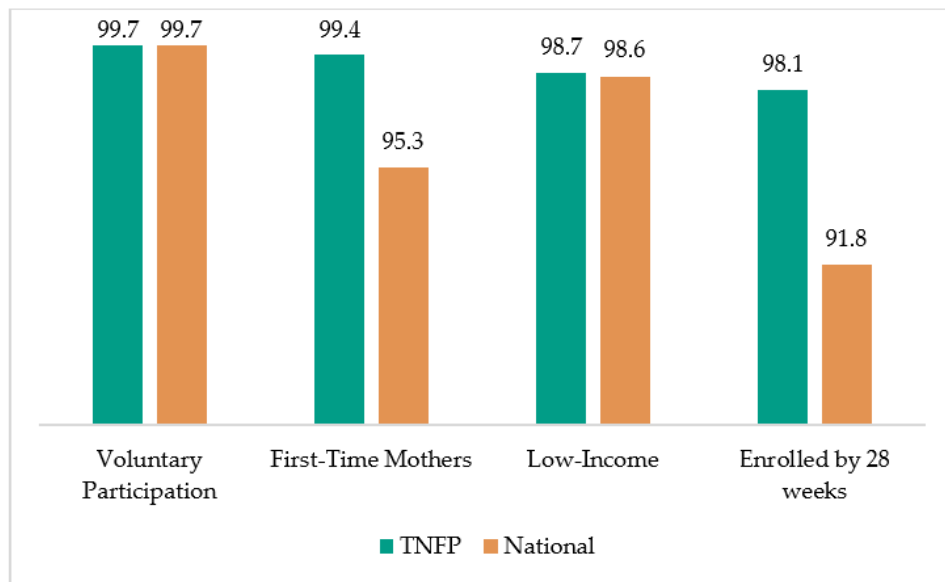
To determine whether National Nurse-Family Partnership programs are operating with fidelity to the model, NFPNSO issues quarterly fidelity reports that show whether each site adheres to the measurable model elements. This report pulls in data for State Fiscal Year 2022 (September 1, 2021 to August 31, 2022) where available, but in some cases Federal Fiscal Year 2022 (October 1, 2021 to September 30, 2022) data was used.

In Fiscal Year 2022:

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

All clients resided in Texas, and 99.7 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 2022**



*Source: 2022 Texas Fidelity Report, October 1, 2021 to September 30, 2022, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 14, 2022.*



## Resiliency in the TNFP Community

### **Tarrant County**

A mother of a two-year old child graduated from the Texas Nurse-Family Partnership program this fall. During her time in the program, the mother and the father of the baby separated after an altercation occurred. This event resulted in an open CPS case and a restraining order issued against the father. The mother immediately removed herself and her child from the unsafe situation and followed CPS' recommendations. As a result, her CPS case was successfully closed, and her child was able to remain safely at home.

Throughout her time in the program, the mother was able to secure stable housing and obtain a job with steady income. During this time, she ensured her child made medical appointments and frequently reached out to her team to get support. According to her nurse home visitor, while in the program, the mother did a phenomenal job overcoming the many adversities faced in prioritizing safety for her child.

The clients enrolled by TNFP in Fiscal Year 2022 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 2022, 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 34 percent of clients served in Fiscal Year 2022 were young mothers or expectant mothers (under 21 years old). Some enrolled clients fell into higher-risk groups based on age:

- 17 percent were under age 20; and
- 3 percent were juveniles (under age 18).

TNFP mothers are also diverse in terms of their race and ethnicity. Overall, 62 percent identified as White, the largest racial group, and 24 percent identified as Black or African American. In Fiscal Year 2022, 60 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 2022**

<b>Characteristic</b>	<b>Category</b>	<b>Texas Nurse-Family Partnership (FY2022) *</b>	<b>National Nurse-Family Partnership (Program Year 2021)</b>
<b>Age</b>	21 and Under	34%	34%
	22-29	47%	47%
	30-44	17%	18%
	45+	< 1%	< 1%
	Not Reported	<1%	0%
<b>Ethnicity</b>	Hispanic	60%	33%
	Not Hispanic/ Not Reported	40%	64%
<b>Race</b>	Black or African-American	24%	34%
	White or Anglo	62%	53%
	Asian	2%	3%
	Other	3%	10%
	Declined to Self-identify or Unknown	9%	0%

Note: 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, 2022 and National statistics from program year 2021 yearbook.

## **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 2022, all TNFP sites complied with the 18 model elements. In Federal Fiscal Year 2022, TNFP sites had an average Fidelity Index score of 79 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 Community

### **Parkland Hospital (Dallas County Hospital District)**

A mother engaged in Parkland Hospital's Nurse-Family Partnership program leaned on her nurse home visitor for support after a stressful visit with her child's pediatrician. During her appointment, the pediatrician expressed concern that the mother's 6-month old baby was not gaining enough weight. The mother took immediate action and discussed these concerns with a lactation counselor through the Texas Lactation Support Hotline. When the mother explained the new breastfeeding plan to her nurse home visitor, she expressed that she did not understand the counselor's recommendations. Through the help of her nurse home visitor, the mother was able to better understand the reasoning behind the information provided to her and in turn felt more confident in providing the best care and nourishment for her baby.

### **The Children's Shelter (Bexar County)**

A new mother receiving services through The Children's Shelter's Nurse-Family Partnership program worked diligently to juggle work, motherhood, and the many bills that accompany adulthood. Unfortunately, this new mother experienced a roadblock when she lost her job, leading her to fall behind on her water and electric bills.

Through her determination, the mother was able to quickly secure a new job; however, due to the delay in her first paycheck, she was unsure how she would pay her rent and utilities and ensure that her and her son were able to maintain their housing. Her nurse home visitor immediately engaged the Nurse-Family Partnership team to secure TANF Basic Needs Funds to assist the mother in covering her water and electricity bills. When her nurse home visitor called the mother to confirm the utilities were paid, she expressed gratitude and relief that she would be able to afford her rent after accessing these critical supports to meet her family's needs.

## *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.* 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, 97.5 percent of all TNFP visits in Fiscal Year 2022 were one-on-one with clients. This is on par with the 98 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 continued to impact NFP and other home visiting programs' ability to conduct in-person home visits in Fiscal Year 2022. Nurse home visitors have continued to complete their visits with clients through a combination of a variety of telehealth and in-person platforms similar to last fiscal year. While NFP still requires

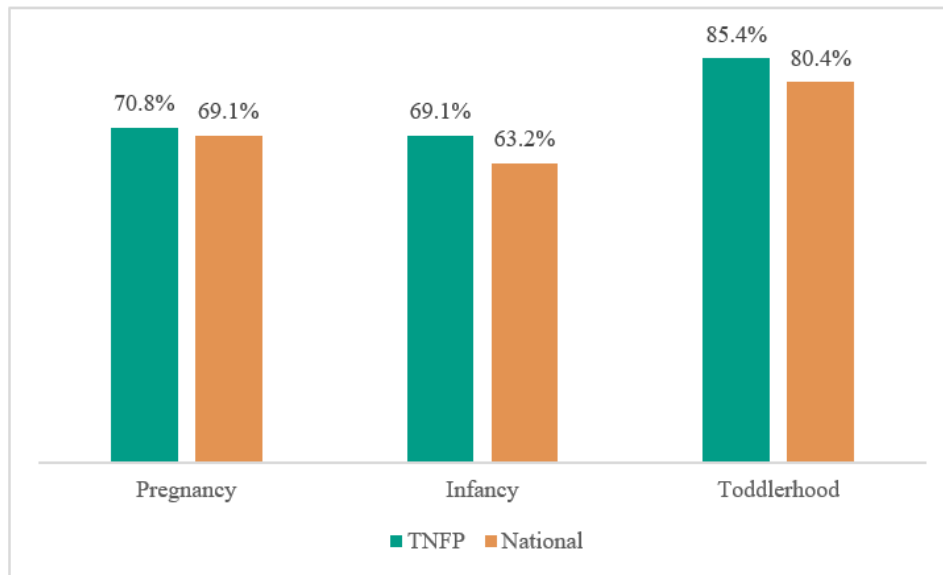
some regular face-to-face interactions, the model does emphasize collaborating with the family to determine the balance of in-person and telehealth visits.

In Fiscal Year 2022 the proportion of clients having visits to their homes was significantly higher compared to Fiscal Year 2021, with 30.2 percent of TNFP visits taking place in the home, and 65.2 percent of the program's clients participating in at least one in-person home visit. During the previous year, 8 percent of home visits took place within the home while 34.6 percent of clients participated in at least one in-person home visit.

*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 2022**



Source: 2022 Texas Fidelity Report, October 1, 2021 to September 30, 2022, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 14, 2022.

Additionally, PEI tracks adherence to element seven by tracking family engagement in the program for at least one year. In Fiscal Year 2022, almost half of families who had enrolled in the NFP program stayed engaged for a year or longer. 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.

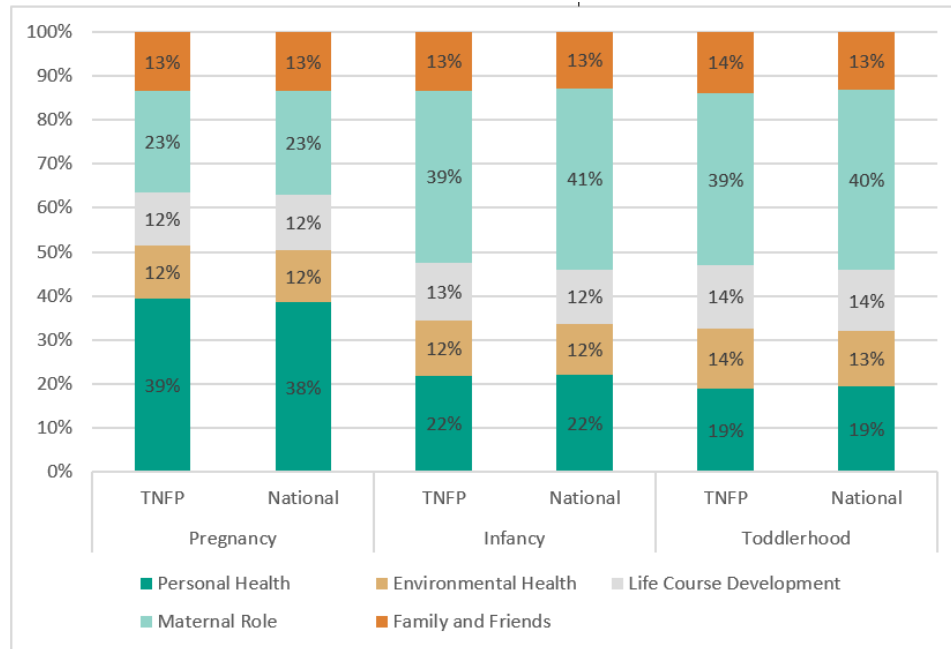
**Table 4. NFPNSO Life Domains**

<b>Domain</b>	<b>Issues Addressed</b>
<b>Personal Health</b>	Health maintenance practices, nutrition and exercise, substance abuse, and mental health functioning
<b>Environmental Health</b>	The adequacy of home, work, school, and neighborhood for maternal and infant health
<b>Life Course Development</b>	Client goals related to childbirth planning and economic self-sufficiency
<b>Maternal Role</b>	Client's acceptance of the mothering role; knowledge and skills to promote the physical, behavioral, and emotional health of a child
<b>Friends and Family</b>	Helping clients deal with relationship issues, and enhance their own goals and management of child care
<b>Health and Human Services</b>	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 2022**



Source: DFPS analysis of TNFP site data provided to DFPS on October 14, 2022.

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 2022, all TNFP program sites were in adherence with this program element; 82.1 percent of TNFP nurse home visitors have a bachelor's degree or higher in nursing, as compared to 86.3 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 2022, 38.8 percent of nurse home visitors at TNFP sites had completed their initial NFPNSO educational training sessions compared to 43.4 percent nationally.

## **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 of this report highlighted research into the long-term impacts of NFP 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 2022, 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. AOPs are often completed

during the family's hospital stay following the birth of their child or at a later date online. Many clients report that fathers are acknowledging paternity on the birth certificate, which is not captured in this data. Moreover, AOPs are now registered electronically and families complete these outside of the home visit. During Fiscal Year 2022, TNFP sites reported counseling families on the importance of AOPs but did not complete them directly with the families.

PEI and TNFP sites are continuing their partnership with the Office of the Attorney General in Fiscal Year 2023 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 2022 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.<sup>ix</sup> 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.<sup>x</sup> Of the babies born to clients who enrolled in TNFP in Fiscal Year 2022, 84.3 percent were born full-term. It should be noted that there was wide variation across sites on this outcome, with sites ranging from 72.5 percent to 95.2 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.<sup>xi</sup>

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 363 children who were between 6 and 12 months old in Fiscal Year 2022, 45.5 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.<sup>xii</sup>

### **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.”<sup>xiii</sup> 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.

Fiscal Year 2022 reported 61 percent of TNFP children received their last recommended well-child visit<sup>xiv</sup>, short of meeting PEI’s goal of 80 percent. This does represent a steady comparison to Fiscal Years 2020 and 2021 when 55 and 63 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. In spite of that, there was substantial variation across sites, ranging from 41 percent at one site to 72 percent at another. PEI expects well-child visit rates for TNFP families will continue to increase and will work with sites to ensure valid and reliable data around well child visits is documented in 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.<sup>xv, xvi</sup> 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.<sup>xvii</sup>

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 2022, 79 percent of NFP families met that goal, just shy of 80 percent. TNFP’s performance on this measure has stayed steady in both Fiscal Year 2020 and 2021, when 79 percent and 81 percent of participating families, respectively, engaged in language and literacy activities seven days a week.

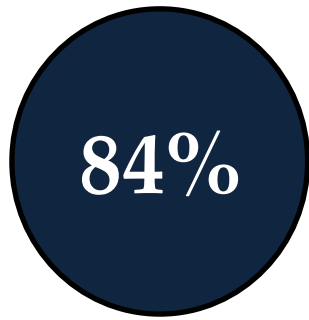
There was significant variation on this measure across sites, with 60 percent of families engaging in activities seven days a week at one site and 100 percent engaging in activities seven days a week at another site. Providers’ performance on this measurement has improved from Fiscal Year 2021, when the range was between 64 percent and 96 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**

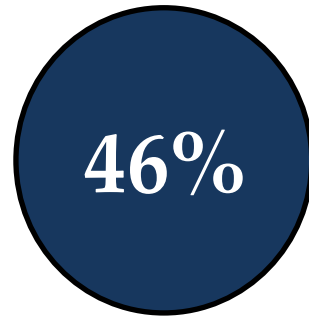
Children who grow up in poverty face challenges across the life course. While the primary function of NFP is to improve health incomes for prenatal mothers and young children, family self-sufficiency is important for children's long-term development. Research from the field of developmental neurobiology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

In Fiscal Year 2022, 60 percent of NFP families reported being engaged in employment or ongoing education to help better support self-sufficiency. TNFP's performance on this measure has significantly improved from Fiscal Year 2021, when 53 percent of participating families were reported. The coronavirus pandemic has continued to affect the employment status of primary caregivers across the state. It is anticipated that Fiscal Year 2023 will show improvements in both areas. PEI will work with TNFP sites to continue meeting 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.

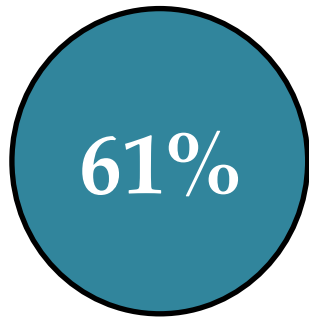
Figure 5. TNFP Outcomes by the Numbers, Fiscal Year 2022



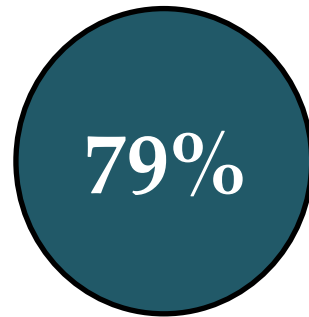
Of births were full-term



Of 6-month-olds still received breast milk



Of children were reported to have received their last due well-child visit



Of families engaged in early learning activities with their children every day

## The Future of TNFP

This report highlights how 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 2022 is predicted to have positive impacts on the lives of families served by the program and their communities for years to come.

### *Expansion of Services*

Additional state and federal funding has allowed for growth of TNFP services.

- Starting in Fiscal Year 2022, Texas A&M University Health Science Center - College of Nursing received TNFP grant funding to serve families in Brazos County.
- During Fiscal Year 2022 through Fiscal Year 2025, additional Community-Based Child Abuse Prevention - American Rescue Plan Act funds allows for expansion to three existing locations: El Paso County Hospital District, Hillcrest Baptist Medical Center, and Bexar County Hospital District.
- The 87<sup>th</sup> Legislature directed the use of federal Family First Transition Act funds to support the use of Nurse-Family Partnership in Texas. These funds were incorporated into grants during Fiscal Year 2022.

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 2021, updated maltreatment risk maps were released, and PEI continues to use them to more effectively allocate resources and provide support to communities with the highest need.

### *Supporting Continuing Education*

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 2022 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 2023, PEI will continue to offer training opportunities that support nurse home visitors in serving Texas mothers and families.

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 and interpretation, and racial equity.

*Improving Data Reporting & Outcomes Tracking*

Fiscal Year 2023 will also see new attempts at data collection, management, and analysis, both nationally and statewide. PEI is working with TNFP to continue to advance data collection using PEIRS, 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.



## 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

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- <sup>i</sup> The first pilot of the program was a randomized controlled NFP trial in Elmira, New York in 1978. NFP mothers from Elmira and their children have been followed since 1978.
- <sup>ii</sup> Nurse-Family Partnership. (2020). Nurse-Family Partnership national snapshot: Families served. Retrieved November 5, 2021 from [https://www.nursefamilypartnership.org/wp-content/uploads/2020/08/NFP\\_Snapshot\\_Dec2020.pdf](https://www.nursefamilypartnership.org/wp-content/uploads/2020/08/NFP_Snapshot_Dec2020.pdf)
- <sup>iii</sup> The model “elements” were previously referred to as “standards,” but NFPNSO has changed their language and now use the term “elements” to describe them.
- <sup>iv</sup> Miller, T. R. (2013). Nurse-Family Partnership home visitation: Costs, outcomes, and return on investment. Pacific Institute for Research and Evaluation.
- <sup>v</sup> 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.
- <sup>vi</sup> 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.
- <sup>vii</sup> 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.
- <sup>viii</sup> NFPNSO criteria for low-income status is based on the demographic intake question: “Do you (client) qualify for TANF, Medicaid, WIC, or food stamps?”
- <sup>ix</sup> 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
- <sup>x</sup> 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
- <sup>xi</sup> 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](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-03-16_DFPS_DSHS_Strategic_Plan.pdf)
- <sup>xii</sup> 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).
- <sup>xiii</sup> 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](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)
- <sup>xiv</sup> 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.
- <sup>xv</sup> 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.
- <sup>xvi</sup> Hart, B. & Risley, T. R. (1995). *Meaningful differences in the everyday experience of young American children*. Baltimore, MD: Brookes.
- <sup>xvii</sup> 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

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<sup>xviii</sup> 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