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**Supporting New Families and Investing in the Newest Texans  
Texas Nurse-Family Partnership  
Statewide Grant Program Evaluation Report  
Fiscal Year 2017**

**As Required by §265.101 - §265.110**

**Texas Department of Family and Protective Services  
Prevention and Early Intervention  
December 2017**

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## Executive Summary

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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 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 FY2017. The information included in this report is drawn from DFPS contracts with TNFP sites, community level reports to DFPS, the Texas Home Visiting (THV) data system, and the NFP data reporting system, Efforts to Outcomes.

The 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 work.

Since the initial Request for Proposals in 2008, TNFP has grown from 1 site in Dallas to 14 state-funded sites serving low-income first time mothers in 22 counties across the state. In FY2017:

- these sites served 3,039 clients;
- enrolled 1,436 new clients; and
- had an average monthly caseload of 1,965 clients.

These clients were served with equal or greater fidelity to each of the model elements than NFP sites nationally, leading to better outcomes for NFP mothers and children. Clients see value in the services NFP provides, as illustrated by the 86 percent of clients who remained enrolled in the program on their one-year anniversary in FY2017.

TNFP was on par with PEI's FY2017 goal for pre-term births and exceeded the goal for breastfeeding rates at six-months after birth. PEI will be engaging with TNFP on continuous quality improvement efforts throughout FY2018 and beyond to ensure that the program continues to provide the highest quality services that improve outcomes for TNFP clients.

## Introduction

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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 two-year grants to community based organizations for the implementation and operation of Nurse Family Partnership (NFP) programs. In FY2016, 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 FY2017. 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 system Efforts to Outcomes.

This report includes six sections of interest to legislators and the general public. The sections include:

1. an introduction that includes background information about the Nurse Family Partnership (NFP) nationally, and in Texas;
2. a description of TNFP program sites, including their location, funding, capacity, and staffing;
3. an overview of demographic information on the clients served by TNFP;
4. information on model adherence by TNFP;
5. an overview of key outcomes achieved by TNFP sites in FY2017; and
6. a summary of the findings of this report and discussion of the activities and goals of TNFP in FY2018 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 moms 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 conducted by the RAND Corporation 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.

## **The Evidence Base of Nurse Family Partnership**

Nurse Family Partnership (NFP) is an evidence-based program, supported by randomized control trials with diverse populations have been conducted on NFP. 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<sup>1</sup> 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
- Reduction in the use of public programs

The first NFP pilot program was implemented in 1978 in Elmira, New York.<sup>i</sup> Since then, NFP programs have expanded to 43 states and the U.S. Virgin Islands and have served approximately 269,311 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. Adherence to all of the elements is predicted by NFPNSO to lead to results similar to those found in randomized clinical trials. A detailed description of each of the elements is included in the Appendix.

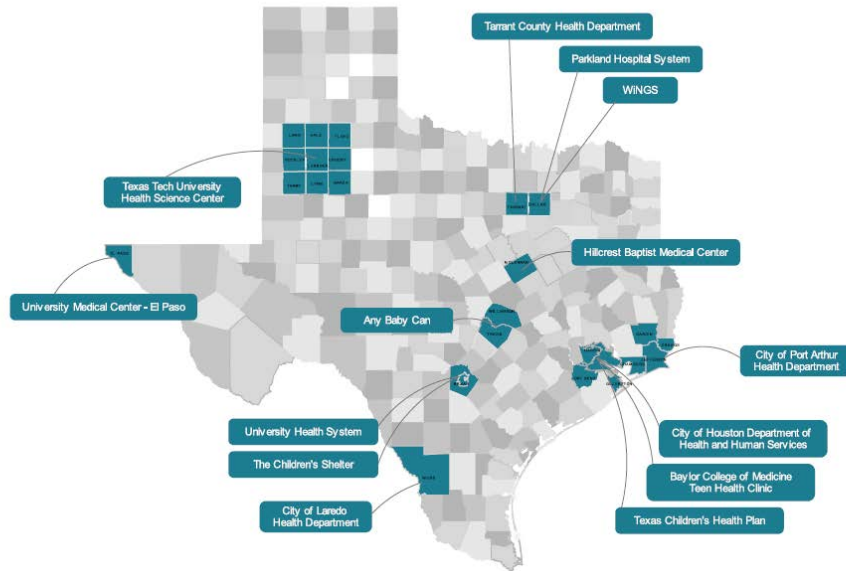
Several studies have been completed on NFP's impact on families and the communities they serve. A study completed in 2013<sup>iv</sup> by the Pacific Institute for Research and Evaluation (PIRE) found that for every 1,000 low-income families served by NFP, they anticipate preventing an estimated:

- 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.

### ***NFP in Texas***

The first Nurse Family Partnership (NFP) program in Texas was established in 2006 by the YWCA of Dallas, Texas. 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. TNFP sites are funded by two state supervised funds: 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 the DFPS Prevention and Early Intervention Division (PEI) to award grants for the implementation or expansion of Nurse Family Partnership (NFP) programs across the state.

In FY2017, PEI awarded over \$11.3 million to 14 organizations to provide NFP programs in their area. The grantees included city and county health departments, hospitals, and community-based organizations based in 10 different cities, and serving 21 counties across the state. Table 1 shows the list of funded sites for FY2017 along with their locations, counties served, funding source, total FY2017 grant award, and funded capacity.

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

| LOCATIO<br>N   | ORGANIZATION                         | COUNTIES SERVED   | FUNDING<br>SOURCE | FY2017<br>GRANT<br>AMOUNT | FY2017<br>PROGRAM<br>CAPACITY* |
|----------------|--------------------------------------|---|-------------------|---------------------------|--------------------------------|
| AUSTIN         | Any Baby Can                         | Travis  | GR                | \$820,312                 | 200                            |
| DALLAS         | Parkland Hospital                    | Dallas, Tarrant   | TANF              | \$933,563                 | 150                            |
| DALLAS         | WiNGS (previously<br>YWCA Dallas)    | Dallas, Tarrant   | GR &<br>TANF      | \$1,300,000               | 300                            |
| EL PASO        | University Medical<br>Center El Paso | El Paso   | GR                | \$547,079                 | 125                            |
| FT.<br>WORTH   | Tarrant County                       | Dallas, Tarrant   | TANF              | \$864,640                 | 175                            |
| HOUSTON        | Baylor College of<br>Medicine        | Fort Bend, Harris   | GR                | \$739,982                 | 125                            |
| HOUSTON        | City of Houston                      | Fort Bend, Harris   | TANF              | \$728,016                 | 100                            |
| HOUSTON        | Texas Children's<br>Health Plan      | Harris  | GR                | \$700,876                 | 125                            |
| LAREDO         | City of Laredo                       | Webb  | GR                | \$521,159                 | 100                            |
| LUBBOCK        | Texas Tech Health<br>Science Center  | Crosby, Floyd, Garza,<br>Hale, Hockley, Lamb,<br>Lubbock, Lynn, Terry | TANF              | \$937,307                 | 200                            |
| PORT<br>ARTHUR | City of Port Arthur                  | Chambers, Hardin,<br>Jefferson, Orange                                | GR                | \$580,633                 | 100                            |
| SAN<br>ANTONIO | The Children's Shelter               | Bexar   | GR                | \$944,239                 | 200                            |
| SAN<br>ANTONIO | University Health<br>System          | Bexar   | TANF              | \$1,006,404               | 200                            |
| WACO           | Hillcrest Baptist<br>Medical Center  | McLennan  | GR                | \$718,931                 | 150                            |
| <b>TOTAL</b>   |                                      |   |                   | <b>\$11,343,141</b>       | <b>2,250</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 low-income, first time mothers and to continue their specialized training throughout their career. In FY2017, Texas Home Visiting funded 86 nurse home visitor positions and 14 nurse supervisor positions through General Revenue (GR) and Temporary Assistance to Needy Families (TANF) funds in communities across Texas. Additionally, PEI blends federal and state funds to provide a staffing infrastructure to help ensure success of TNFP. This includes programmatic staff who provide project implementation support, contract staff who oversee financial matters, including contracts, invoices, receipts, and payments; and specialized support to meet data management and training needs. PEI also contracts with NFPNSO to provide nurse consultation to each TNFP site as well as to provide guidance around model fidelity.

Experienced NFP home visitors are expected carry a caseload of approximately 25 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, but 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. As of the end of FY2017 there were two nurse home visitor vacancies and no supervisor vacancies. Four new home visitors have been hired in the past year and had capped caseloads as they become fully trained. NFP program best practice requires nurse home visitors with less than 6 months experience to carry a reduced caseload and build up to a full caseload within their first year of service.

### ***TNFP Visits***

In addition to the rigorous qualifications required of TNFP nurse home visitors, NFP requires an extensive visitation process. Typically, TNFP clients enroll early in their pregnancy and home visits begin between the 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 a maximum of 65 visits to clients enrolled in the program from the second trimester until the child's second birthday. Clients that are assessed as lower risk may be on a reduced schedule, if the nurse, supervisor and client determine that a varied schedule best meets the needs of the client. This is often as clients are approaching the end of the program, or where the 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.

Most visits conducted by TNFP nurse home visitors occur at the client's home. The Nurse-Family Partnership National Service Office also 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.

During this process, the nurse home visitor also builds a strong and supportive relationship with the family.

## **Texas Nurse-Family Partnership Clients**

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In order to enroll in the TNFP program, clients must meet certain eligibility requirements. TNFP clients should:

- have no previous live birth;
- have an income at or below 185 percent of the federal poverty level;<sup>vi</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 have to be approved in consultation with TNFP and Nurse-Family Partnership National Service Office staff.

### ***Clients Served in FY2017***

In FY2017, TNFP sites served 3,039 clients and over 2,300 infants. The average monthly client load by site ranged from 65 percent to 105 percent of total capacity. Table 2 shows program capacity, total clients served, average monthly caseload, and the number of newly enrolled clients at each site for FY2017.

**Table 2. Clients Served by Site in FY2017**

| LOCATION           | ORGANIZATION                      | PROGRAM CAPACITY | TOTAL CLIENTS SERVED | AVG. MONTHLY CASELOAD | AVG. MONTHLY CAPACITY PERCENT | STAFF VACANCIES IN FY2017 | # OF CLIENTS WITH AN INFANT* |
|--------------------|-----------------------------------|------------------|----------------------|-----------------------|-------------------------------|---------------------------|------------------------------|
| <b>AUSTIN</b>      | <b>ANY BABY CAN</b>               | <b>200</b>       | <b>251</b>           | <b>192</b>            | <b>96%</b>                    | <b>0</b>                  | <b>224</b>                   |
| <b>DALLAS</b>      | Parkland Hospital                 | 150              | 231                  | 157                   | 105%                          | 1                         | 170                          |
| <b>DALLAS</b>      | Tarrant County                    | 175              | 237                  | 155                   | 89%                           | 1                         | 169                          |
| <b>DALLAS</b>      | WiNGS (previously YWCA Dallas)    | 300              | 388                  | 248                   | 83%                           | 2                         | 314                          |
| <b>EL PASO</b>     | University Medical Center El Paso | 125              | 141                  | 89                    | 71%                           | 1                         | 118                          |
| <b>HOUSTON</b>     | Baylor College of Medicine        | 125              | 147                  | 81                    | 65%                           | 2                         | 112                          |
| <b>HOUSTON</b>     | City of Houston                   | 100              | 136                  | 97                    | 97%                           | 0                         | 117                          |
| <b>HOUSTON</b>     | Texas Children's Health Plan      | 125              | 156                  | 100                   | 80%                           | 1                         | 127                          |
| <b>LAREDO</b>      | City of Laredo                    | 100              | 119                  | 80                    | 80%                           | 0                         | 88                           |
| <b>LUBBOCK</b>     | Texas Tech Health Science Center  | 200              | 256                  | 165                   | 83%                           | 1                         | 192                          |
| <b>PORT ARTHUR</b> | City of Port Arthur               | 100              | 154                  | 91                    | 92%                           | 0                         | 108                          |
| <b>SAN ANTONIO</b> | The Children's Shelter            | 200              | 312                  | 176                   | 88%                           | 1                         | 227                          |
| <b>SAN ANTONIO</b> | University Health System          | 200              | 310                  | 196                   | 98%                           | 0                         | 248                          |
| <b>WACO</b>        | Hillcrest Baptist Medical Center  | 150              | 201                  | 138                   | 91%                           | 1                         | 145                          |
| <b>TOTAL</b>       |                                   | <b>2,250</b>     | <b>3,039</b>         | <b>1,965</b>          | <b>87%</b>                    | <b>11</b>                 | <b>2,359</b>                 |

*Source: Location, program capacity and average monthly caseload data from monthly reports to DFPS. Total clients served retrieved from ETO in November 2017. Clients with an infant include those with only an attempted or phone call in FY2017. Served clients include only those with a completed home visit.*

### **Clients Enrolled in FY2017**

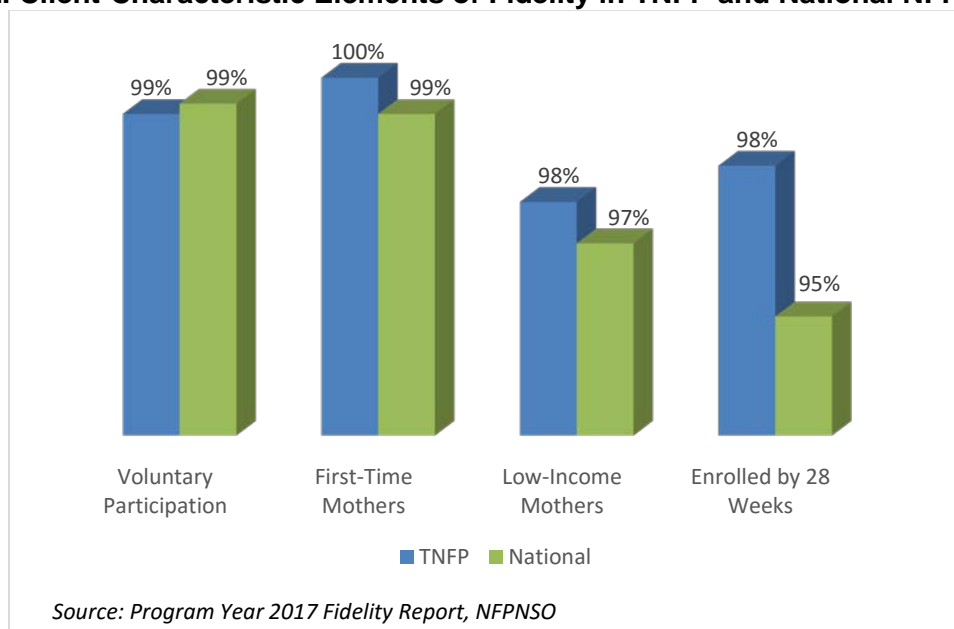
To determine whether National Nurse-Family Partnership programs are operating with fidelity to the model, NFPNSO issues quarterly fidelity reports that show whether each site adheres to the measurable model elements. The most recent fidelity report covered program year 2017 (July 1, 2016 to June 30, 2017).

In program year 2017:

- 99.9 percent of newly enrolled TNFP clients were first-time mothers;
- 97.5 percent had income below 185 percent of the poverty level; and
- 98.2 percent were enrolled before their 28<sup>th</sup> week of pregnancy.

All clients resided in Texas and 99.2 percent agreed to participate voluntarily. In each case, TNFP fared equivalent to or better than the nation as a whole, as illustrated in figure 1, below.

**Figure 2. Client-Characteristic Elements of Fidelity in TNFP and National NFP, PY 2017**



In FY2017, TNFP enrolled 1,436 participants. Clients came to TNFP in FY2017 through referrals from various sources, including:

- Clinics (29 percent);
- Women, Infants, and Children (WIC) (26 percent);
- pregnancy testing clinics (12 percent); and
- schools (8 percent).

The clients enrolled by TNFP in FY2017 were diverse in terms of their age, race and ethnicity, and primary language spoken. The demographic characteristics of newly enrolled TNFP clients and national NFP clients are presented in Table 3, below.

The majority of clients that TNFP enrolled in FY2017 are young mothers. The most frequently reported age range was 20 to 24 (31 percent). There were a number of enrolled clients who fell into higher risk groups based on age:

- 48 percent were under age 20; and

- 2 percent were very young teens (under age 15).

Nationally, 26 percent of newly enrolled clients were under age 18. This difference suggests that the clients served by TNFP face a greater risk of poor pregnancy, child, and family outcomes than those served by NFP nationally.

TNFP mothers are also diverse in terms of their race and ethnicity. Overall, 58 percent identified as White, the largest racial group, and 22 percent identified as Black or African American. In FY2017, 61 percent of clients identified as Hispanic or Latino, but there was wide variation in race and ethnicity served by site. All clients who enrolled at the City of Laredo identified as White and Hispanic or Latino, while only 27 percent of the mothers who enrolled with the City of Port Arthur's NFP program identified as Hispanic and Latino, and 54 percent of clients who enrolled at WiNGS in Dallas identified as Black or African American.

This diversity was also reflected in the primary language spoken. Overall, 81 percent of newly enrolled TNFP clients spoke English as their primary language. While all newly enrolled clients spoke English as their primary language at Baylor Teen Health Clinic, the majority of clients enrolled at Parkland Hospital (52 percent) spoke Spanish as their primary language. Only four percent of newly enrolled TNFP clients identified a language other than English or Spanish as their primary language in FY2017. To accommodate the diversity of primary languages, most TNFP sites have at least one bilingual nurse, and all efforts were made to provide interpreters and translators to clients whose first language was not English or Spanish.

**Table 3. Demographic Characteristics of Newly Enrolled TNFP Clients, FY2017**

| <b>Characteristic</b>     | <b>Texas Nurse-Family Partnership (FY2017)*</b> | <b>National Nurse-Family Partnership (FFY2017)**</b> |
|---------------------------|---|--|
| <b>Age</b>                | <b>(n=1,436)</b>                                | <b>(n=22,530)</b>                                    |
| Under 15                  | 2.4%  | 1.3%   |
| 15 to 17                  | 21.8%   | 14.8%  |
| 18 to 19                  | 24.2%   | 19.9%  |
| 20 to 24                  | 31.1%   | 35.9%  |
| 25 to 29                  | 11.3%   | 17.8%  |
| 30+                       | 9.3%  | 10.2%  |
| <b>Ethnicity</b>          | <b>(n=1,372)</b>                                | <b>(n=20,464)</b>                                    |
| Hispanic                  | 61.1%   | 32.6%  |
| Not Hispanic              | 34.2%   | 63.8%  |
| Declined to Self-Identify | 4.7%  | 3.3%   |
| <b>Race</b>               | <b>(n=1,368)</b>                                | <b>(n=20,460)</b>                                    |
| Black or African American | 22.4%   | 30.7%  |
| White                     | 58.3%   | 47.1%  |
| Multiracial               | 2.6%  | 5.0%   |
| Other                     | 2.8%  | 5.3%   |
| Declined to Self-identify | 13.8%   | 11.4%  |
| <b>Primary Language</b>   | <b>(n=1,372)</b>                                | <b>(n=20,592)</b>                                    |
| English                   | 81.3%   | 84.0%  |
| Spanish                   | 16.8%   | 12.3%  |
| Other                     | 1.8%  | 3.7%   |

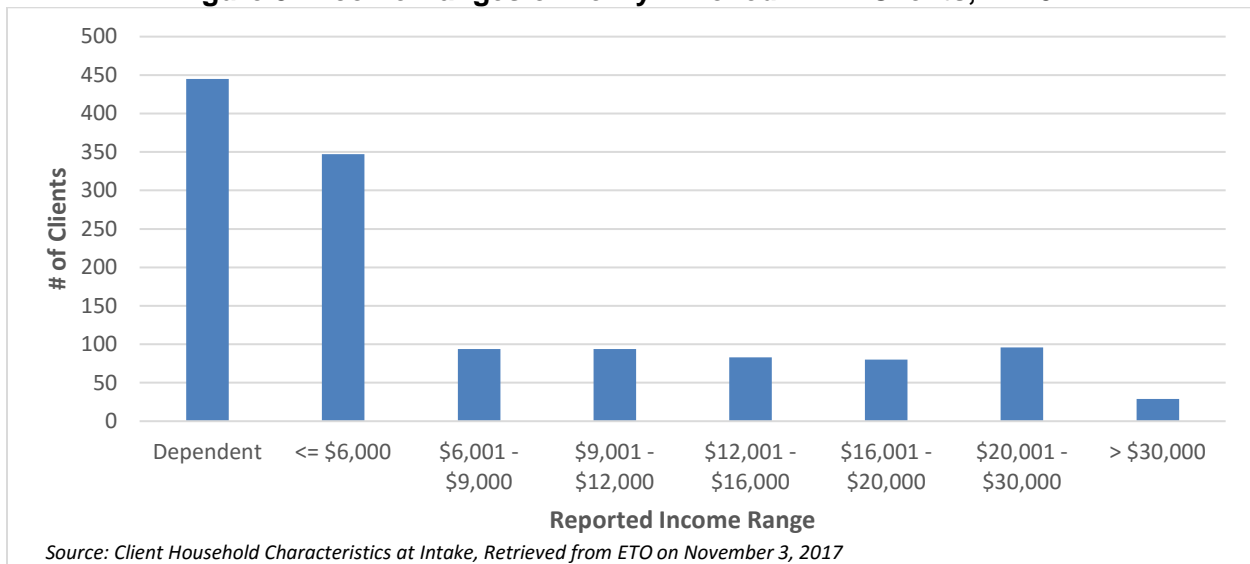
\* A total of 1,436 new clients enrolled in TNFP fiscal year 2017, across all sites. Some clients had missing data for one or all of the demographic categories, but missing data were not included in the calculations.

\*\* Data for TX FY2017 are not available at the national level. Data for fiscal year 2017, which spans October 1, 2016 to September 30, 2017 are provided as a point of comparison. A total of 22,558 new clients enrolled in national NFP sites in program year 2017.

Source: DFPS analysis of TNFP site data from *Efforts to Outcomes*, retrieved November 3, 2017 and National statistics from federal fiscal year 2017 quarterly reports

Figure 2, shows the income distribution of clients enrolled in the TNFP program in fiscal year 2017. While all TNFP clients were required to be low-income, the data shows that TNFP program sites are serving a large number of participants who are very low-income. Of the 1,169 enrolled clients who reported income information, 38 percent of clients reported that they were financially dependent on their parents or guardians. Among those who were not dependents (724 clients), 48 percent reported that they had income of \$6,000 or less per year, or 37 percent of the federal poverty level for a household of two and 61 percent reported making less than \$9,000 per year, approximately 55 percent of the federal poverty level for a household of two.

**Figure 3. Income Ranges of Newly Enrolled TNFP Clients, FY2017**



## Adherence to NFP Model Elements

There are 18 elements to the Nurse-Family Partnership model, which, if implemented correctly are expected to result in outcomes similar to those achieved in the randomized control trials. The Texas Nurse Family Partnership competitive grant program works closely with NFP National Service Office (NFPNSO) to ensure that all sites are in compliance with the model elements. When a new site is created, NFPNSO provides information on how to hire, budget, and train with fidelity to the model elements. Once sites are fully operational, NFPNSO also helps them run and interpret annual fidelity reports for the previous program year. In program year 2017 (July 1, 2016 to June 30, 2017), all TNFP sites were in compliance with the 18 model elements.

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 were two additional types of elements that were of particular interest:

- adherence to the recommended frequency, duration, and content of visits; and
- the regular assessment of mother and child health and well-being.

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

### **Visit Frequency, Duration, and Content**

Model elements five, six, seven and ten address the characteristics of nurse home visits. These elements are meant to ensure that the interventions provided by the nurse home visitors are consistent with the visits that were provided in the randomized control trials. As mentioned previously, they allow 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. If the client would like to include other family members or her significant other in the visit, they may attend. Fathers are particularly encouraged to attend visits when possible and appropriate. The nurse home visitor engages in a therapeutic relationship with the client that is focused on meeting her individual client's needs and empowering the client 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 often helps the client learn that the 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 followed NFPNSO guidelines pertaining to home visits. Overall, 99 percent of all TNFP visits in program year 2017 were one-on-one with clients. This slightly exceeds 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 the exception rather than the rule and scheduled based solely on the client's need for accommodation.

Overall, 87 percent of TNFP visits took place in the home and 96 percent of clients received at least one home visit in program year 2017. On both measures, one site Baylor Health Teen Clinic was significantly lower than all others, predominantly due to the population served by the site. Even with this outlier, TNFP performed on par with the nation on these measures. Nationally, 86 percent of visits occurred in the home and 95 percent of clients received at least one home visit.

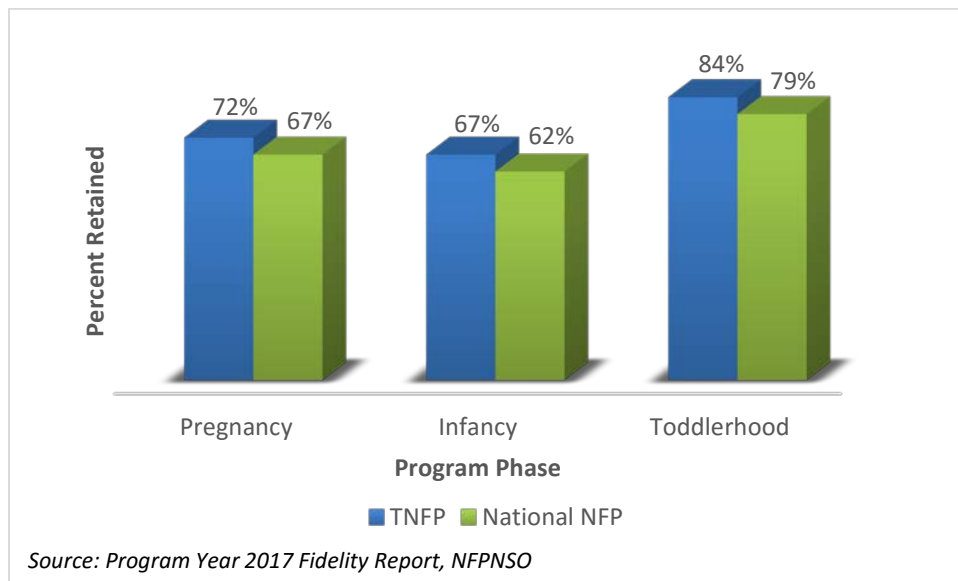
**Element 7.** *Client is visited throughout her pregnancy and the first two years of her life in accordance with the NFP visit schedule or an alternative schedule agreed upon between the client and nurse.* The frequency of home visits may influence the effectiveness of the NFP programs. Even if clients 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 can be and 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. By addressing



these issues early with the client, the risks for adverse outcomes for the mother and child can be reduced.

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 national NFP for all three phases. Figure 3, below shows the differences between TNFP and national NFP. It should be noted that the 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 4. Retention During Each Phase for TNFP and National NFP, PY 2017**



Additionally, PEI tracks adherence to element seven by tracking family engagement in the program for at least one year. In FY2017, 86 percent of families who had enrolled a year ago were still enrolled in the program. Long-term enrollment in TNFP ensures that families receive the full benefits of the program.

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

**Table 4. NFPNSO Life Domains**

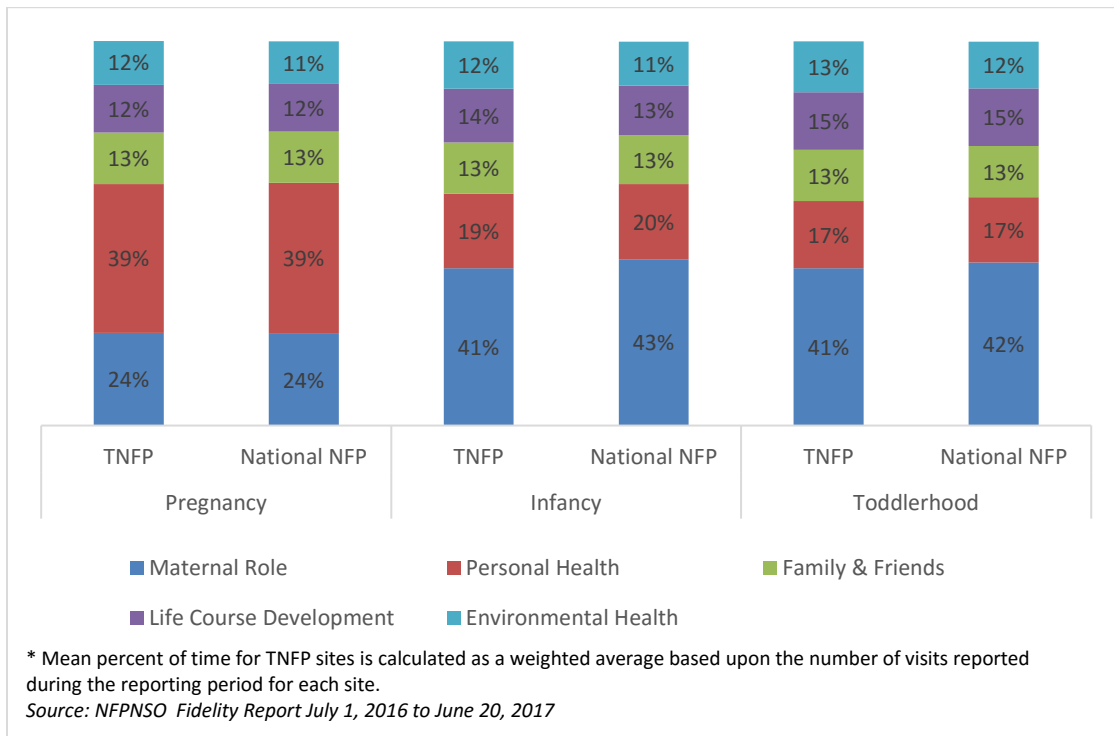
| <b>Domain</b>                    | <b>Issues Addressed</b>  |
|----------------------------------|--|
| <b>Personal Health</b>           | Health maintenance practices, nutrition and exercise, substance abuse, and mental health functioning                                 |
| <b>Environmental Health</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 that one or more life domains may not be covered in a given visit. This is consistent with the expectations of NFPNSO.

TNFP home visitors met the expectations of NFPNSO on the proportion of time spent at each home visit devoted to the five domains on which there is guidance. The final domain--health and human services--is measured primarily through referrals rather than time spent, and is discussed further in the assessment of health and well-being section of this report.

Figure 5 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. Overall, TNFP sites were on par with National NFP on the amount of time spent discussing each domain in all three periods. Both TNFP and National NFP sites were slightly below the NFP objective for time spent discussing the maternal role in the infancy phase, and life course development in the toddlerhood phase. TNFP and National NFP met the objectives for all other domains in each phase.

**Figure 5. Average Time Spent Per Visit on Each Domain for TNFP and National NFP, Program Year 2017**



**Assessment of Health and Well-Being**

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

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

Model elements 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 Baccalaureate degree in nursing (BSN). When new nurse home visitors are hired into the program, supervisors are expected to evaluate their background, levels of knowledge, skill and abilities in relation to the services provided by the NFP program. A Bachelor of Science in Nursing (BSN) degree is the standard educational background for entry into public health, and the model expects that all nurse home visitors will be licensed registered nurses with at least a BSN. For supervisors, a master's degree in nursing is preferred. In circumstances where agencies struggle to hire nurses with a BSN, NFPNSO does allow for agencies to hire experienced nurses without a BSN. When agencies do so, they are expected to support

professional development and encourage the nurse to complete a BSN. Sites seeking to hire non-BSN nurses are expected to consult with the state and NFPNSO on the hire.

At the end of program year 2017, all TNFP program sites were in adherence with this program element. 98 percent of TNFP nurse home visitors have a Bachelor's degree or higher in nursing, as compared to 86 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 complete before nurse home visitors can start visiting clients. The additional training sessions offered by NFPNSO are listed below. Two of the training sessions deal with the administration of formal assessments of child and maternal well-being, but all of the trainings feature skills and knowledge that are essential for the informal assessment of family well-being.

### **Examples of NFPNSO Training Sessions**

- Instruction on motivational interviewing
- Partners in Parenting Education (PIPE)
- Ages and Stages Questionnaire (ASQ), and Ages and Stages Questionnaire, Social Emotional Screening (ASQ-SE)
- Assessment of child health and development
- Positive parenting and 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 program year 2017, 86 percent of nurse home visitors at TNFP sites had completed their initial NFPNSO educational training sessions. Of the remaining 14 percent who had not completed their initial training, just over 20 percent had been employed with TNFP less than 9 months.

## **Making a Difference for Families**

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The overarching goal of Nurse-Family Partnership (NFP) programs is to intervene early in life to improve the lives of low-income children in a way that will benefit them and their communities across the life course. The introduction chapter of this report highlighted research into the long-term impacts of Nurse-Family Partnership programs. While the Texas Nurse-Family Partnership competitive grant program (TNFP) 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 FY2017, many of which have been associated with the positive long-term impacts that TNFP seeks to improve.

## ***Establishment of Paternity***

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

In FY2017, 88 TNFP clients completed AOP documentation with their nurse home visitor prior to delivery. The number of clients who completed AOP documentation during their hospital stay following the birth of their child, or at a later time is not independently tracked by the TNFP program at this time. Future data matching may include this variable.

## ***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 FY2017 data, TNFP programs appear to be associated with improved short-term outcomes that have an impact on long-term health and well-being.

### **Preterm Births**

Preterm births are an important risk factor for future child health and well-being and family well-being across the life course. Babies born preterm have greater mortality rates than full term infants and are at a higher risk for a number of health problems at birth and later in life.<sup>vii</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>viii</sup> Of the babies born to clients who enrolled in TNFP in Fiscal Year 2017, 13.7 percent were born preterm, slightly exceeding PEI's goal of less than 13 percent. It should be noted that there was wide variation across sites on this outcome, with sites ranging from 0 percent to 29.7 percent pre-term births, with the data driven mostly by the 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>ix</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 601 children who reached age 6 through 12 months in fiscal year 2017, 27 percent were still receiving breastmilk at six-months, exceeding PEI's goal of 15 percent and the 12.4 percent of mothers in the reference group, unmarried mothers from the Texas subset of the Fragile Families study.<sup>x</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>xi</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.

In FY2017, 59 percent of TNFP children received their last recommended well-child visit. There was significant variation across sites, ranging from 39 percent at one site to 78 percent at another. In general, sites with the lowest performance on this outcome measure were in rural areas, suggesting that resource availability may limit some sites’ availability to meet the target for this measure. In FY2017, PEI set an ambitious target of 80 percent of children receiving their last recommended well-child visit. PEI will continue to work with TNFP sites to increase the number of children who receive well-child visits.

## **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>xii</sup> <sup>xiii</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 grade 3.<sup>xiv</sup>

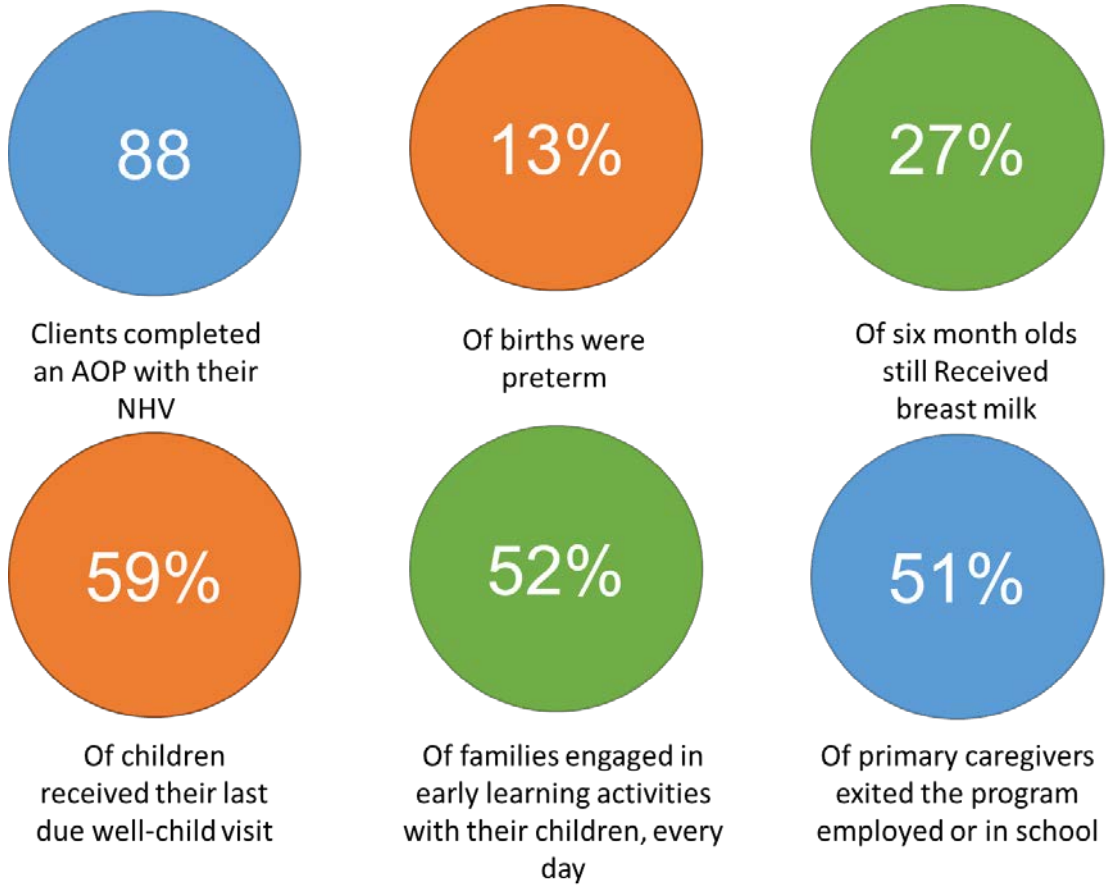
One way that NFP can increase early language and literacy is by encouraging families to read to, sing songs, or tell stories to their children. PEI set an ambitious goal of 80 percent of families engaged in the above activities with their child 7 days a week, six months after birth (or after enrollment for programs that enroll children after birth). In FY2017, 52 percent of NFP children met that goal, fewer than the 80 percent target. PEI will continue to work with sites to improve performance on that indicator and encourage more families to engage in literacy activities with their children daily.

## **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>xv</sup>

In FY2017, 51 percent of primary caregivers exited NFP either working or in school. At the beginning of the year, PEI set an ambitious goal of 60 percent, and six sites met or exceeded the goal. Many of the sites that did not meet the overall goal had very few exits in the fiscal year. PEI will continue to work with TNFP sites to build connections with employment and education resources to help our clients exit the program self-sufficient.

Figure 6: TNFP Outcomes by the Numbers, FY 2017



## The Future of TNFP

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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, are implementing the NFP model with fidelity across all elements, and continue to improve outcomes for mothers, families, and children. The work done by TNFP in FY2017 is predicted to have positive impacts on the lives of families served by the program and their communities for years to come.

With the additional \$5 million appropriated for FY2018-2019 biennium, NFP services will be expanded in the following areas: Corpus Christi, Waco, San Antonio, Austin, Port Arthur and Houston. The new funding will provide services for 475 families. This includes an increase of 275 families from FY2017 and additionally restores one federally funded program that was impacted by the reduction in federal funds. Minimal additional infrastructure funds will be provided to El Paso and Laredo to attempt to increase staff retention and enhance program quality. Programs participating in the expansion process will continue to leverage external resources for Nurse-Family Partnership.

PEI will continue to demonstrate its commitment to TNFP by providing support, technical assistance, and learning opportunities to nurse supervisors and nurse home visitors. For the first time, the FY2018 Partners in Prevention Conference included sessions that qualified for Continuing Nursing Education Credits. This helped ensure that the attendees from our Nurse Family Partnership programs received professional development that served their unique needs. PEI will strive to continue to offer sessions that support nurse home visitors in serving Texas mothers and families.

The TNFP application, an electronic charting application created by PEI, was piloted by two sites in FY2017 and will be maintained and expanded in FY2018. For communities that lack their own electronic charting application, the TNFP app was designed to streamline the charting process, reduce the paperwork burden, and allow the nurse home visitor to optimize their time spent with clients.

FY2018 and FY2019 will also see new attempts at data collection, management, and analysis at NFP and at PEI. As part of the merger, the research and evaluation team at PEI is continuing work with our evaluators to pilot new outcomes survey tools with the federally funded and HOPES program home visiting sites. These tools are designed to better capture data related to family and child outcomes that are impacted by participation in TNFP. PEI is also working with TNFP and other Texas Home Visiting programs to expand the PEI Reporting System (PEIRS) and integrate their data needs with the unique requirements they bring into the system. This will finalize the merger between PEI and THV and give us the ability to talk about NFP across funding streams for the first time. This project is scheduled for completion in early FY2019.

Data collection and management changes are coming to NFP, as well. In spring of 2018, NFP's National Service Office is switching from Efforts to Outcomes to a custom designed system. The new system will provide additional functionality to assume that the data collected by NFP is valid and reliable. As part of the transition, NFP will be auditing and quality checking all of their data to ensure that the data moving into the new system is accurate. TNFP and PEI will be supporting this transition by serving as pilot testers and providing feedback.



The multiple data transitions that TNFP will be engaging in during FY2018 provide a unique opportunity to emphasize continuous quality improvement with our sites and build a culture of data-informed learning and action. The Texas Home Visiting application has been updated to include state funded THV programs in FY2018, allowing PEI and TNFP staff to work together to continuously review outcomes, promote interventions that work to improve outcomes, and explore root causes when they fall short. This increased capacity, along with the increases in resources and data system capability will ensure that TNFP can continue to serve Texas mothers and children with quality and fidelity into FY2018 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 NFP NSO. In addition, a minimum of one current NFP administrator participates in and completes the Administration Orientation required by NFP NSO.

### ***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. (2017). Nurse Family Partnership September 2017 Snapshot. Retrieved November 1, 2017 from [https://community.nursefamilypartnership.org/getattachment/Agency-Support/Marketing/Marketing-collateral/NFP\\_Snapshot\\_Sept2017.pdf.aspx](https://community.nursefamilypartnership.org/getattachment/Agency-Support/Marketing/Marketing-collateral/NFP_Snapshot_Sept2017.pdf.aspx).
- <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., Nurse-Family Partnership Home Visitation: Costs, Outcomes, and Return on Investment. 2013. 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> Based on the U.S. Department of Health and Human Services published poverty guidelines, available at <https://aspe.hhs.gov/poverty-guidelines>. Pregnant women enrolling in the program are considered two individuals for eligibility purposes.
- <sup>vii</sup> Institute of Medicine (US) Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman RE, Butler AS, editors. Preterm Birth: Causes, Consequences, and Prevention. Washington (DC): National Academies Press (US); 2007. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK11362/> doi: 10.17226/11622
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- <sup>ix</sup> Department of Family Protective Services and Department of State Health Services. Strategic Plan to Reduce Child Abuse and Neglect Fatalities. Austin(TX). March 2015. Available at [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>x</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>xi</sup> American Academy of Pediatrics and Bright Futures. Recommendations for Preventive Pediatric Health Care. February 2017. Available at [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)
- <sup>xii</sup> Fernald, A., V.A. Marchman, & A. Weisleder. 2013. "SES Differences in Language Processing Skill and Vocabulary Are Evident at 18 Months." *Developmental Science* 16 (2): 234–48.
- <sup>xiii</sup> Hart, B., & T.R. Risley. 1995. Meaningful Differences in the Everyday Experience of Young American Children. Baltimore: Brookes.
- <sup>xiv</sup> David Olds, John Eckenrode, Charles Henderson and others, "LongTerm Effects of Home Visitation on Maternal Life Course and Child Abuse," *JAMA* 278 (1997): 637-643
- <sup>xv</sup> Duncan, G. J. & Magnuson, K. & Votruba-Drzal, E. "Boosting Family Income to Promote Child Development." *The Future of Children*, vol. 24 no. 1, 2014, pp. 99-120. Project MUSE, doi:10.1353/foc.2014.0008