



Texas Home Visiting Programs, Office of Health Coordination and Consumer Services

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Health and Human Services Commission**

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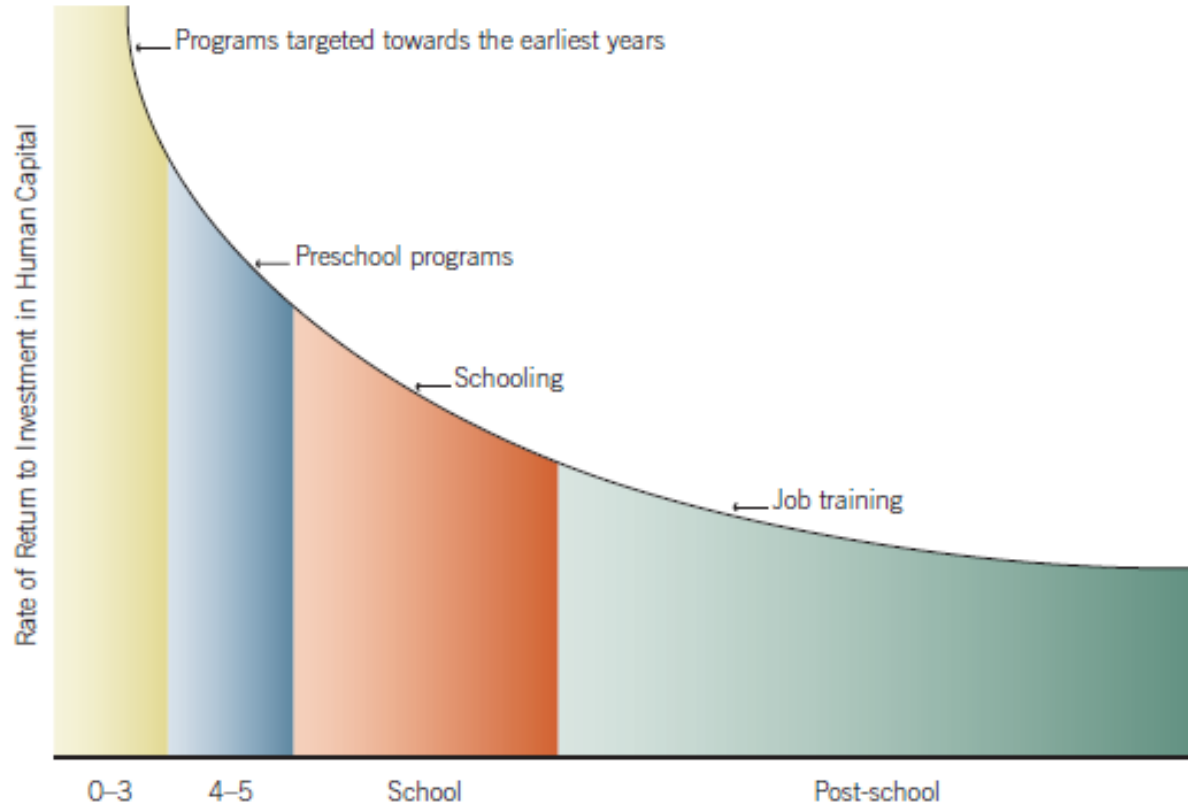
Our Program Goals

- Vision and strategic planning
- Team and structural development
- Coordination
- Alignment
- Sustainability
- Accountability



All Texas Children will reach their full potential in nurturing family and community environments.

Why is investment in early childhood so important?



Source: Heckman and LaFontaine (2007).

Impact of Home Visiting

Priority:

- Improvement in maternal and newborn health
- Improved school outcomes and achievement and child development

Immediate & Short-term:

- Increased positive parenting practices
- Decreased child maltreatment
- Increased parent employment and self-sufficiency



Economic:

Every \$1 yields up to \$5.70 in taxpayer returns¹

1. Kilburn, M.R., & Karoly, L.A. (2008). The economics of early childhood policy. What the dismal science has to say about investing in children. *RAND Corporation Study*, 1-48.

HHSC Texas Home Visiting

HHSC Texas Home Visiting Program

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

MIECHV Goals:

- ▶ Improve health & development
- ▶ Prevent child injuries, child abuse, neglect, or maltreatment, & reduce emergency department visits
- ▶ Improve school readiness & achievement
- ▶ Reduce crime, including domestic violence
- ▶ Improve family economic self-sufficiency
- ▶ Improve the coordination & referrals for other community resources and supports

Federally-funded Programs

Nurse Family Partnership (NFP)

NFP Goals:

- ▶ Improved Pregnancy Outcomes
- ▶ Improved Child Health & Development
- ▶ Improved Maternal Life Course Development

State-funded Programs

Senate Bill 426

S.B. 426 Goals:

- ▶ Improved maternal or child health outcomes
- ▶ Improved cognitive development of children
- ▶ Increased school readiness of children
- ▶ Reduced child abuse, neglect, & injury
- ▶ Improved child safety
- ▶ Improved social-emotional development of children
- ▶ Improved parenting skills, including nurturing & bonding
- ▶ Improved family economic self-sufficiency
- ▶ Reduced parental involvement with the criminal justice system
- ▶ Increased father involvement & support



Health Coordination and Consumer Services: Texas Home Visiting Programs

Texas Home Visiting includes federal and state funded programs:

Federal Funding:

- Health Resources and Services Administration, Maternal, Infant, Early Childhood Home Visiting (MIECHV)

Total federal funding for FY14: *19.9 million*

State Funding:

- Texas Nurse Family Partnership (TNFP):

Total state funding for FY14: *\$8.9 million*

- State Home Visiting Program (S.B. 426, 83R)

Total state funding for FY14: *\$2.7 million*

*Home visiting total capacity to serve 4,671 families**

**Not including SB 426*

Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Highlights:

- 4 Federal grants
- 9 Lead agencies providing services in 16 counties,
- 4 Evidence-based home visiting models
- Capacity to serve 2,646 families

Key Components:

- Data collection/ Data analysis
- Evaluation
- Early Comprehensive System Development (ECCS)
- Formal Continuous Quality Improvement (CQI) and sustainability planning
- Father Engagement
- Centralized intake and referral system

Texas Nurse Family Partnership (TNFP)

Highlights:

- 20 TNFP sites (GR & MIECHV)
- Capacity to serve 2,850 families across Texas

Goals:

- Improve pregnancy outcomes, child health and development, parents' economic self-sufficiency
- Reduce incidence of child abuse and neglect

20 TNFP Sites:

Ector/Odessa, Gregg/Longview, Hildalgo/Willacy/Cameron, Nueces/San Patricio, Potter/Amarillo, Wichita, Bexar, Travis/Williamson, Harris/Ft Bend, Galveston, Webb, Chambers/Hardin/Orange, Dallas/Tarrant, El Paso, and Garza/Hale/Hockley/Lamb/Lynn/Terry County

Senate Bill 426 (83R)

Senate Bill 426 directs HHSC to create and implement a strategic plan to provide home visiting programs to target population, including a formal evaluation component, and community feedback.

Key components:

- Voluntary program for at-risk pregnant women and families with children 0-6 years of age
- 75% of funded programs are evidence-based
- Shared outcome indicators and standard data collection
- Coordination with other state home visiting services, early childhood programs and external stakeholders.

Nurse Family Partnership: Outcomes

- Positive outcomes for clients served by Texas' Nurse-Family Partnership
 - 91% of babies were born full term
 - 91% of babies were born at a healthy weight—at or above 2500 g (5.5lbs)
 - 87% of mothers initiated breastfeeding
 - 93% of children received all recommended immunizations by 24 months

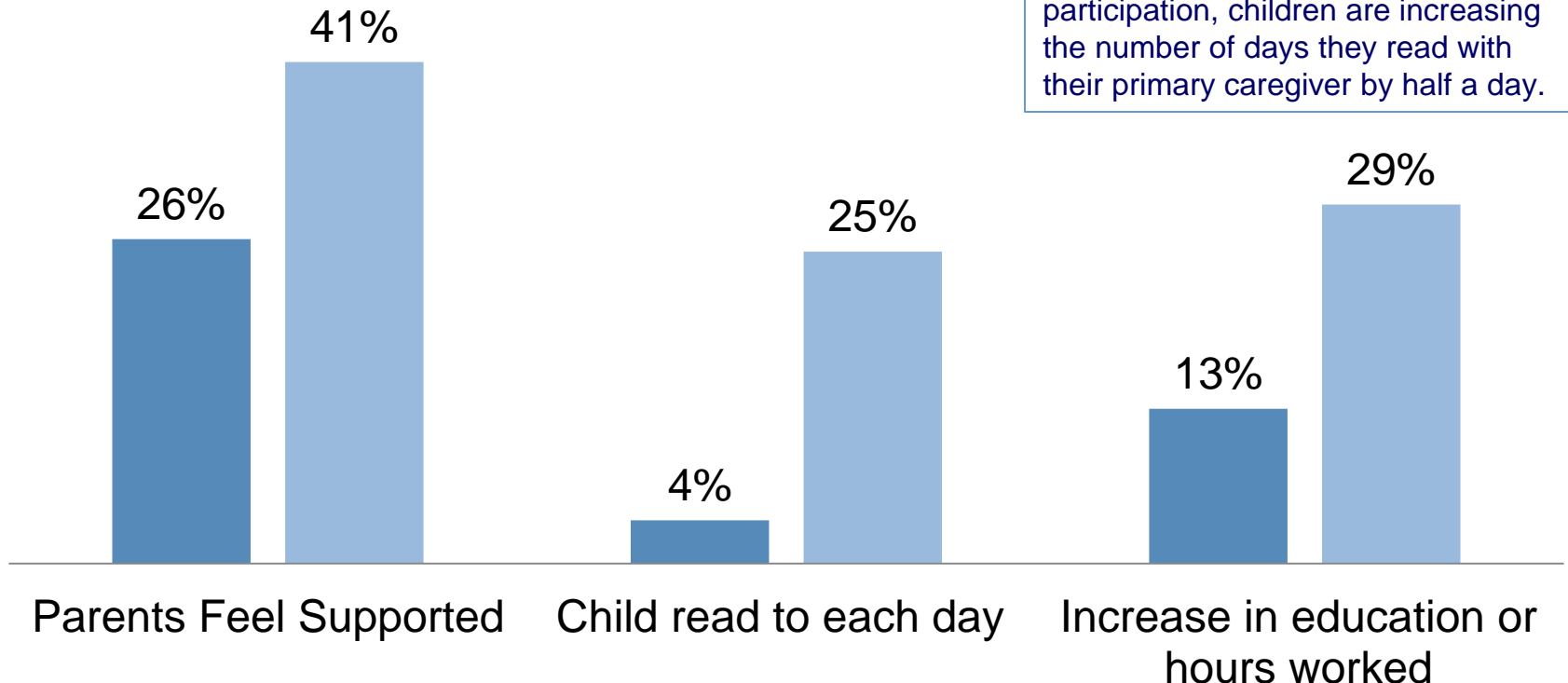
*Source: *Nurse-Family Partnership: An Evidence-based Return on Investment for Texas*. Cumulative data as of December 31, 2013 Robert Wood Johnson Foundation.

MIECHV-Funding Programs: Early Outcomes

School Readiness & Family Self-Sufficiency

■ FY 13 ■ FY 14

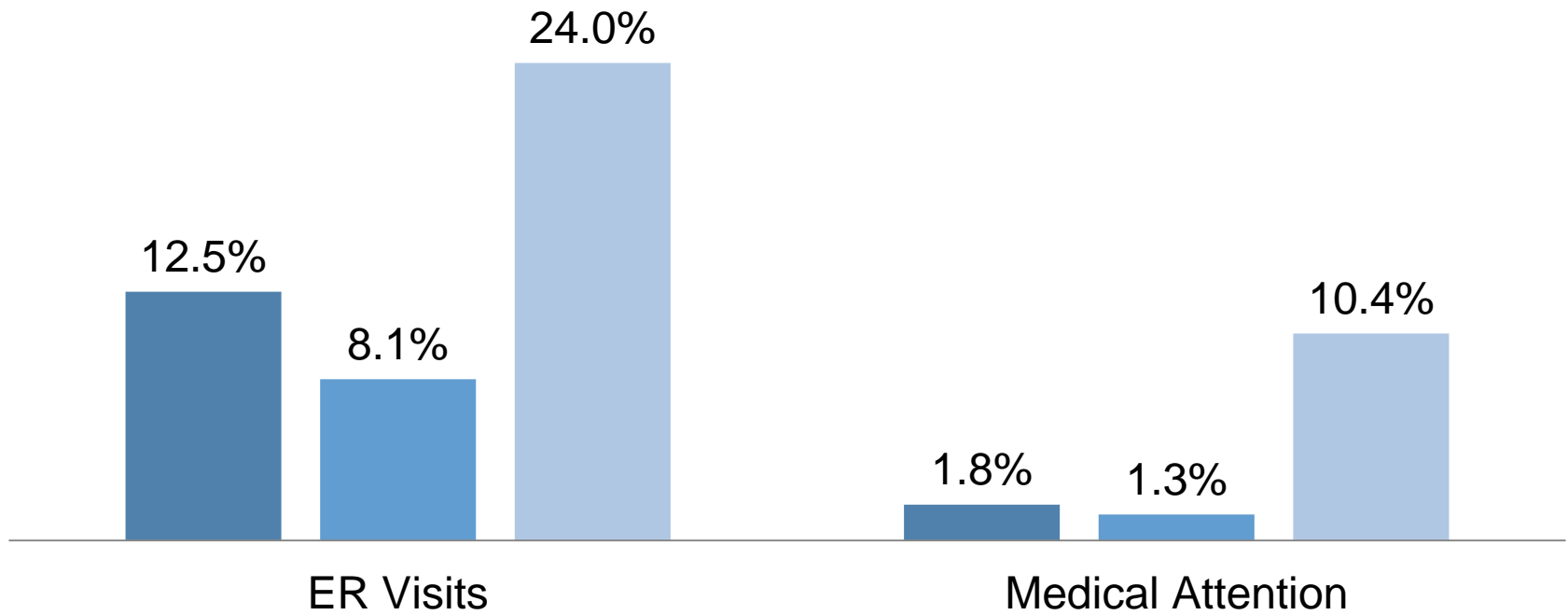
During the first year of program participation, children are increasing the number of days they read with their primary caregiver by half a day.



MIECHV-Funded Programs: Child Health and Wellness Outcomes

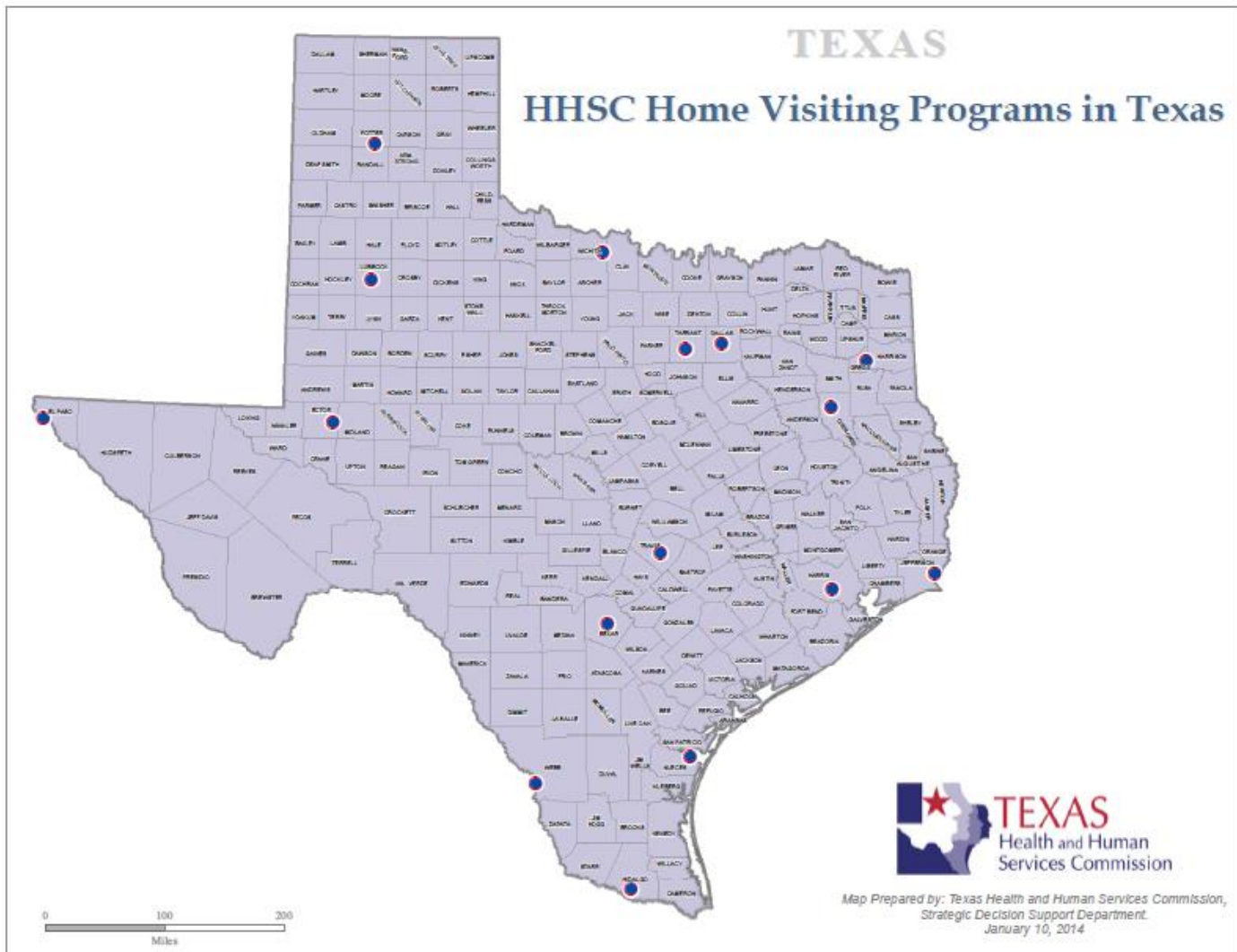
Child Health & Wellness

■ FY 13 ■ FY 14 ■ National %



Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin

Current Lead Agency Home Visiting Sites



Strategic Vision for Growth

Long-term vision: Create sustainable home visiting systems throughout Texas that effectively address the needs of vulnerable children and families.

- Identifying how/where to implement or expand direct services to children and families
- Identifying and implementing community-level strategies that strengthen children/families
- Increasing strategic partnerships with those that can help ensure sustainability

Texas Home Visiting: Next Steps

Continued focus on outcomes

- Centralized data collection
- Standardized benchmarks and outcome measures
- Narrowing focus: health/wellness and school readiness/child development

Focus on communities:

- Customized approaches
- Supported sustainability

Coordinate:

- Funding with federal, state, community, and private sector
- Service delivery and systems approach at local and state level



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