
Texas Nurse-Family Partnership Statewide Grant Program Report

Health and Human Services Commission

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Executive Summary

S.B. 156, 80th Legislature, Regular Session, 2007, authorized the Health and Human Services Commission (HHSC) to provide statewide grants to fund the Nurse-Family Partnership (NFP), an evidence-based, nurse home visitation program that would improve the health and well-being of low-income, first-time parents and their children. Programs are placed in communities that have a demonstrated need for a partnership program and the commitment to replicate the successful NFP national model. This effort is supported by the Nurse-Family Partnership National Service Office (NFPNSO).

In the NFP program, women are enrolled early in their pregnancy, with visits beginning during the second trimester of pregnancy. A highly skilled nurse visits the client regularly from pregnancy through their child's second birthday, providing visits throughout this time period. Nurses provide assessment and extensive health education as well as assistance in accessing resources.

The Texas Nurse-Family Partnership (TNFP) is providing grant funding and support for NFP sites throughout the state to serve 1,800 first-time mothers and their children. HHSC has awarded a total of \$7,855,227 to nine grantees across the state. These sites will provide services in Bexar, Crosby, Dallas, Floyd, Fort Bend, Garza, Hale, Harris, Hockley, Jefferson, Lamb, Liberty, Lubbock, Lynn, Montgomery, Orange, Travis, Tarrant, and Terry counties. The TNFP was implemented on September 1, 2008.

HHSC has been working closely with the NFPNSO to ensure appropriate start-up support has been provided to the nine grantees, which represent 11 sites throughout Texas. Extensive consultation efforts are underway as the current grantees complete their initial hiring efforts and begin engaging in training and seeing their first clients.

Introduction

In response to a desire for improved maternal and child health outcomes statewide, the Texas Legislature passed S.B. 156 to provide an evidence-based, nurse home visitation program that would improve the health and well-being of low income first-time parents and their children. Legislation requires that grantees strictly adhere to the program model by the Nurse-Family Partnership National Services Office (NFPNSO). As authorized by S.B. 156, Texas is providing grant funding and support for Nurse-Family Partnership (NFP) sites throughout the state to serve 1,800 first-time mothers and their children during the initial contract year. Programs are in communities that have high numbers of low income, first-time mothers, a demonstrated need for a partnership program, and the commitment to replicate the successful NFP national model. This effort is supported by the NFPNSO, a nonprofit organization that created the NFP model and provides support to local communities in the development and implementation of the NFP program.

In the NFP program, women are enrolled early in their pregnancy, with visits beginning between the 16th and 28th week of pregnancy. A highly skilled, bachelor's-prepared registered nurse visits the client regularly from pregnancy through their child's second birthday, providing up to 65 visits throughout this time period. Nurses provide ongoing assessments, a therapeutic relationship, extensive education, health literacy support, and assistance in accessing resources during pregnancy and early childhood.

One Nurse-Family Partnership program existed in Texas before S.B. 156 appropriated grant funds to support the expansion of the NFP model in Texas. This program, which serves over 100 families, is housed at the YWCA in Dallas and funded through Prevention and Early Intervention funds from the Department of Family and Protective Services (DFPS). The funding provided by S.B. 156 allows HHSC to build on the current success of this pilot project and expand services at the YWCA in Dallas, and also more broadly across the state including sites in Bexar, Harris, Jefferson, Lubbock, Travis, and Tarrant counties.

Nine organizations operating 11 TNFP sites across the state have been awarded grants and began implementation on September 1, 2008.

Enabling Legislation

S.B. 156 directs HHSC to administer grants to public or private entities, including counties, municipalities, or other political subdivisions of Texas, including nonprofits, to implement the NFP, an evidence-based, nurse home visitation program that improves the health and well-being of low income first-time parents and their children.

The cost estimate for an initial year of TNFP operation was \$9.4 million, of which \$7.9 million was appropriated as required by the 2008-09 General Appropriations Act (Article II, Health and Human Services Commission, Rider 63, H.B. 1, 80th Legislature, Regular Session, 2007). In Rider 63, a single year of funding was appropriated for the implementation of the TNFP. HHSC included an exceptional item in its Legislative Appropriations Request for 2010-11 that would allow HHSC to fund the TNFP sites for both years of the upcoming biennium.

Program Eligibility

Those eligible to enroll as clients in TNFP must meet the following requirements:

- Have no previous live births.
- Be enrolled by the 28th week of gestation.
- Be Medicaid eligible.
- Have an income at or below 185 percent of the federal poverty level. For example, a family of two could have an income of approximately \$25,900 or below to qualify for the program.
- Be a U.S. citizen or meet Medicaid eligibility criteria for legal, permanent residents.

Potential Program Benefits

NFP programs have existed for 23 years in 22 states, serving over 20,000 mothers. NFP research points to long-term benefits of NFP that include increases in relationship stability with partners, improved academic adjustment to elementary school, and reduction of childhood mortality from preventable causes. Based on a 2005 RAND Corporation analysis, it is estimated that for every one dollar spent by the state on NFP programs, long-term savings of over five dollars could be realized.

Specifically, research findings show benefits to children and mothers include:

- Fifty-six percent reduction in emergency room (ER) visits for accidents and poisonings.¹
- Thirty-two percent reduction in ER visits in the second year of life.²
- Thirty-nine percent fewer injuries among children of low resource mothers.³
- Seventy-nine percent reduction in preterm delivery.⁴
- Twenty-three percent fewer subsequent pregnancies.⁵
- Thirty-one percent fewer closely-spaced (less than 6 months) subsequent pregnancies.⁶
- Twenty percent reduction in welfare use.⁷
- Forty-eight percent reduction in child abuse and neglect at child age.^{1,5,8}

¹ Olds, D.L., Henderson, C.R. Jr, Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*, 78(1), 65-78.

² Ibid.

³ Reanalysis⁸ of Kitzman et al. JAMA. 1997;278(8):644-652. This particular outcome reflects a reanalysis of data from the Elmira trial using an updated analytic method conducted in 2006.

⁴ Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., & Chamberlin, R. (1986). Improving the delivery of prenatal care and outcomes of pregnancy: a randomized trial of nurse home visitation. *Pediatrics*, 77(1), 16-28.

⁵ Kitzman, H., Olds, D.L., Henderson, C.R. Jr, Hanks, C., Cole, R., Tatelbaum, R., McConnochie, K.M., Sidora, K., Luckey, D.W., Shaver, D., Engelhardt, K., James, D., and Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing. A randomized controlled trial. *JAMA*, 278(8), 644-52.

⁶ Olds DL, Eckenrode J, Henderson CR Jr, Kitzman H, Powers J, Cole R, Sidora K, Morris P, Pettitt LM, Luckey D. Long-term effects of home visitation on maternal life course and child abuse and neglect. Fifteen-year follow-up of a randomized trial. *JAMA*. 1997 Aug. 27;278(8):637-43.

⁷ Olds, D., Kitzman, H., Cole, R. Robinson, J., Sidora, K., Luckey, D., Henderson, C., Hanks, C., Bondy, J., and Holmberg, J. (2004). Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics* 114, 1550-1559.

⁸ Reanalysis⁸ of Olds et al. JAMA. 1997;278(8):637-643.

- Eighty-three percent increase in mother's labor force participation by child's fourth birthday.⁹
- Sixty-seven percent reduction in behavioral/intellectual problems at child age.^{6,10}

Discussion of Significant Activities for Fiscal Year 2009

HHSC announced the issuance of a request for proposals (RFP) on February 21, 2008, which requested grant proposals from public or private entities, including nonprofit entities, counties, municipalities, or other political subdivisions of the state.

A cross-agency team including reviewers from HHSC, Department of Assistive and Rehabilitative Services (DARS), Department of State Health Services (DSHS), and the NFPNSO evaluated those proposals received on or before the April 4, 2008, RFP due date. The cross-agency evaluation team identified nine grantees that were appropriate for contracting for provision of TNFP services. These nine grantees will serve 1,800 clients through 11 sites during the initial contract year. It was originally expected that the TNFP program would serve 2,000 clients in the initial year, but HHSC did not receive a sufficient number of competitive proposals to provide services to 2,000 clients.

These sites will provide services in Bexar, Crosby, Dallas, Floyd, Fort Bend, Garza, Hale, Harris, Hockley, Jefferson, Lamb, Liberty, Lubbock, Lynn, Montgomery, Orange, Travis, Tarrant, and Terry counties. The TNFP program began implementation on September 1, 2008 with services being available to clients in fall and winter 2008. Grants have been extended to the following organizations in the following amounts:

- Any Baby Can of Austin \$756,725
- The Children's Shelter in San Antonio \$875,822
- Healthy Family Initiatives in Houston \$1,615,341
 - Baylor College of Medicine- Teen Health Clinics
 - City of Houston Department of Health and Human Services
 - Texas Children's Health Plan
- Parkland Health and Hospital System \$806,284
- City of Port Arthur Health Department \$481,937
- Tarrant County Health Department \$860,720
- Texas Tech University Health Sciences Center School of Nursing \$854,835
- University Health System in San Antonio \$808,154
- YWCA of Metropolitan Dallas \$795,409

The grant amounts noted above account for 90 percent of the total cost of the program. In order to ensure substantial local commitment, a 10 percent local community match was required and

⁹ Olds, D.L., Henderson, C.R. Jr, Tatelbaum, R., and Chamberlin, R. (1988). Improving the life-course development of socially disadvantaged mothers: a randomized trial of nurse home visitation. *American Journal of Public Health*, 78(11), 1436-45 Olds et al. *Am J Pub Health*. 1988;78(11): 1436-1445.

¹⁰ Olds, D., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D., Henderson, C., Hanks, C., Bondy, J., and Holmberg, J. (2004). Effects of nurse home visiting on maternal life-course and child development: age-six follow-up of a randomized trial. *Pediatrics*, 114, 1550-1559.

secured by each of these grantees. Additionally, HHSC did not allow overhead or administration costs to be included in the grant request. Each grantee has administrative staff, physical space, and utility costs that were absorbed by the grantee and local community to further guarantee their commitment to ongoing support of the TNFP program.

The initial grant period is September 1, 2008 through August 31, 2009, with the option to extend contracts up to six years if funds are available.

The Evaluation Unit of the Health and Human Services Commission (HHSC) Strategic Decision Support (SDS) division will conduct an evaluation of the TNFP program. The SDS Evaluation Unit at HHSC has many years of experience evaluating statewide health and human services programs and includes professional evaluators with expertise in data systems used by HHSC.

The TNFP program evaluation will use a mixed evaluation design with two major components: a process evaluation; and an outcome evaluation. The process evaluation will assess how closely grant recipients adhered to the data collection and program requirements of the NFPNSO.

The outcome evaluation will assess whether grant recipients met the four primary objectives of the program:

- (1) Improve pregnancy outcomes.
- (2) Improve child health and development.
- (3) Improve family economic self-sufficiency and stability.
- (4) Reduce child abuse and neglect.

The outcome evaluation will examine outcome measures for each of the primary objectives to determine whether the program is meeting its goals.

Process Evaluation

The primary objective of the process evaluation is to determine how closely grant recipients adhere to the national NFP model. Grant recipients will be required to supply client data and referral information, acknowledgment of paternity data, nurse visitation data, program staff statistics, and program administration information to the NFPNSO organization for evaluation. The Evaluation Department of the HHSC SDS unit will access the NFPNSO database, the TNFP program database, and interview NFPNSO evaluation staff to produce the process evaluation report. The process evaluation will provide a concise narrative that focuses on the following points:

- (1) goals and objectives of the program;
- (2) client characteristics, including general demographics, the number of low-income first-time mothers who enter the program, and recruitment information;
- (3) referrals, including the number of referrals to other agencies and the percent of families enrolled in Medicaid;

- (4) home visit characteristics, including total number of visits, frequency of visits per mother, and the content of the home visits;
- (5) staffing and training, including staff levels, recruitment and retention, and training;
- (6) establishment of paternity;
- (7) program administration, including adherence to data collection and program requirements of the NFPNSO.

Outcome Evaluation

The overall goal of the TNFP program is to improve the health and self-sufficiency of low-income, first-time parents and their children. The outcome evaluation will use data from several different sources to describe and compare the outcomes of the TNFP program with state averages and demographically similar Medicaid participants. The following indicators, subject to data availability, are proposed below in alignment with program goals:

- (1) Improve pregnancy outcomes, as measured by prematurity and low-birth-weight rates, use of the neonatal intensive care unit, and incidence of pregnancy complications.
- (2) Improve child health and development, as measured by frequency of ER visits, hospitalizations, childhood weight comparison measurements and well-child check-ups.
- (3) Improve family economic self-sufficiency and stability, as measured by the length of intervals between the first and second child, and Temporary Assistance for Needy Families and food stamp use.
- (4) Reduce child abuse and neglect as measured by ER visits and hospitalizations for injury and ingestion.

Implementation Support Activities

Because S.B. 156 requires adherence to the national NFP model, a high level of interaction between HHSC staff and the NFPNSO is imperative to successful implementation of this legislation. To this end, HHSC worked closely with the NFPNSO to ensure appropriate start-up support has been provided to the 11 sites. This implementation and start-up support includes the following activities:

- NFPNSO provided a “welcome kit” to help grantees begin to understand the NFP model as well as to provide important start-up steps, support for job posting and initial nurse recruitment, and marketing support to begin building a referral base in their community.
- NFPNSO, with support from HHSC, conducted trainings to provide grantees with in-depth information about the NFPNSO “model elements” and nurse recruitment. The “model elements” form the basis of the NFP model and provide the foundation necessary for proper implementation. Within these elements the importance of the highly skilled, bachelor’s-prepared registered nurse is discussed. In order to find the “right” nurse for the NFP model, NFPNSO and HHSC provide detailed support to each site including, but not limited to, appropriate job posting templates, sample interview questions, stories of a day in the life of an NFP nurse, one-on-one interview support, and resume review where requested.

- HHSC and the NFPNSO jointly performed site visits to provide sites with an opportunity for individualized consultation on start-up issues that could include appropriate data and financial reporting, creating of a “nursing culture” in a non-nursing agency, state monitoring requirements, creating adequate referral capacity, and support from community collaborations.
- HHSC and the NFPNSO jointly held a retreat for TNFP site administrators to discuss implementation issues and provide opportunities for cross-agency information sharing. Administrators from each grantee agency, as well as those nurse supervisors who had been hired prior to the September 1 grant effective date, were in attendance to learn about how to successfully start up their TNFP site with strict adherence to the NFP national model. HHSC presented the policy and procedure manual to TNFP grantees during this event to guide them in the most important early start up aspects of the program.

Fully implemented, staffing for the TNFP will include 11 nurse supervisors, 72 nurse home visitors, and 11 data entry/program support staff. All nurse supervisors and nurse home visitors must complete the NFPNSO’s training curriculum including unit one through unit four training which includes a mix of self-study and on-site training modalities. Those nurses who have completed unit two are prepared to begin seeing clients. Units three and four provide nurses with skills updates and enhancements. HHSC will provide continuing educational opportunities throughout the life of the program to enhance nurses’ understanding and usage of the NFP model as well as nursing skills as an additional support beyond the training required by the NFP model.

As of December 2008, 10 nurse supervisors and approximately 17 nurse home visitors have been hired at TNFP grantee sites. Three nurse supervisors have completed the NFPNSO’s unit one self-study training, as well as completed the NSO on-site unit two training in Denver, preparing them to begin seeing clients.

Ongoing Consultation Activities

HHSC, with support from NFPNSO, has begun extensive clinical and programmatic consultation services for TNFP grantees. This includes the following activities:

- Ongoing consultation is provided by HHSC, with support from the National Service Office. These consultation activities include:
 - monthly meetings with all nurse supervisors statewide to discuss clinical and educational issues;
 - quarterly conference calls with all program administrators to ensure proper understanding of program deliverables and ongoing expectations on programmatic and local community support; and
 - regular one-on-one site specific conferences calls to each grantee, to identify individual challenges and review implementation and program progress.
- With support from HHSC, the Office of Attorney General (OAG) conducted acknowledgement of paternity (AOP) training in October and November 2008 for TNFP nurses in San Antonio, Austin, and Houston. This training was designed based on the

standard AOP training provided by the OAG and modified in collaboration with TNFP to meet the unique needs of TNFP nurses. This training provides TNFP nurses with both theoretical and technical information about completion of the legal AOP forms and information about the availability of child support services from the OAG. This training is designed to help nurses provide TNFP mothers and fathers with information about the rights, responsibilities, and benefits of establishing the paternity of their child; assistance to voluntarily acknowledge paternity; and information about the availability of child support services from the OAG. Additional efforts are currently underway to further integrate OAG fatherhood involvement trainings into the enhanced training provided by HHSC to TNFP nurses.

Pursuance of Federal Funding for TNFP

HHSC, in collaboration with the Parents as Teachers (PAT) program, submitted a request for funds to the Administration for Children and Families Children's Bureau, which was subsequently denied for funding. The intent of the grant was to implement the Education Begins at Home Texas project, a collaborative that would have focused on the development of statewide partnerships among prenatal and early childhood home-based visitation programs to provide a continuum of evidence-based programs focused on decreasing the prevalence and incidence of child abuse around Texas. The collaborative would have initially focused its efforts in El Paso to develop a PAT and NFP program, to complement the current AVANCE and Early Head Start programs in existence. Plans were to conduct an extensive evaluation of this project, to help refine the new program for replication in other communities that lack evidence-based home visitation programs. The TNFP program will continue to pursue federal funding opportunities that provide support and enhancement to the current program.

Support of *Frew v. Hawkins* Corrective Action Order

In order to support the corrective action order set forth by *Frew v. Hawkins* and improve knowledge of Texas Health Steps services, all nurses in the TNFP program are required to take all THSteps on-line education modules. THSteps is a program that provides medical and dental preventive care and treatment to Medicaid-enrolled children from birth through age 20. Additionally, each nurse home visitor can give informational brochures about the THSteps programs to clients during the duration of their relationship as often as needed. Finally, grantees are required to provide information and referrals to each client about periodicity schedules and THSteps check-ups, and to document these referrals in reporting to the HHSC TNFP program.

Conclusion

Throughout fiscal year 2009, HHSC will collect substantial information about the TNFP program, including qualitative data about implementation and start up, qualitative monitoring information, and extensive quantitative information.

The TNFP program will be able to provide extensive information about program activities, pregnancy, birth, and early infancy outcomes in the December 2009 legislative report. Some examples of this information include detailed demographic information about the number of

women and children served, frequency and duration of visits, amount of time spent in each required program area during each visit, and pregnancy/birth outcomes including number of clients experiencing preterm labor and low-birth-weight babies. Due to lags in the Medicaid and vital statistics data, the 2009 TNFP Statewide Grant Program Report will be limited to data from NFPNSO and the TNFP program database. HHSC will continue to seek out and pursue federal funding opportunities that can support the TNFP.