
**Texas Nurse-Family Partnership
Statewide Grant Program
Evaluation Report for Fiscal Year 2015**

**As Required by
§531.651 – §531.660 of the Texas Government Code**

**Health and Human Services Commission
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EXECUTIVE SUMMARY

The Texas Nurse-Family Partnership (TNFP) competitive grant program, through which the Health and Human Services Commission (HHSC) awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years, was established by §531.651 – 531.660, Texas Government Code. Section 531.659 requires HHSC to prepare and submit an annual report regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing TNFP program services. Pursuant to §531.659, HHSC is submitting the *Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report* for fiscal year 2015, which provides a history of the TNFP program since it started on September 1, 2008 and the results of the evaluation of the program in the most recent program year, July 1, 2014 to June 30, 2015.¹

The Nurse-Family Partnership (NFP) program is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children. Specially trained registered nurses regularly visit the homes of participating mothers to provide NFP services including, education about prenatal health and good parenting practices, assistance locating resources and setting life development goals, and healthcare advice. TNFP follows the three-goal NFP model, and a fourth goal was added by the Texas Legislature and codified in §531.653, Texas Government Code. As such, TNFP works with clients to achieve the following four goals:

- Improve pregnancy outcomes
- Improve child health and development
- Improve family economic self-sufficiency and stability
- Reduce the incidence of child abuse and neglect

NFP programs are implemented in 43 states and the U.S. Virgin Islands. Organizations implementing NFP programs receive professional guidance from the NFP National Service Office (NFPNSO), the nonprofit organization which has oversight of the implementation of the NFP model. Programs are required to provide NFPNSO with extensive data which are used to monitor fidelity to the NFP model, improve service delivery and outcomes, and expand the research on the model. NFPNSO owns the NFP model and requires implementing agencies to contract with them for its use and ongoing technical support of program services. HHSC contracts directly with the NFPNSO to provide technical assistance, model fidelity support, and data support services to all NFP implementing agencies in Texas. NFPNSO consultants and HHSC TNFP staff work together closely to support implementing agencies in achieving the best possible outcomes.

As a result of HHSC's initial Request for Proposals (RFP) in 2008, grants were awarded for the expansion of one existing TNFP site and the development of ten new sites. A subsequent RFP in 2009 resulted in grant awards for the development of one additional TNFP site and the funding of a TNFP site formerly funded by the Department of Family and Protective Services. In 2011 a site was added in Laredo. The 13 state-funded TNFP sites are located in the cities of Austin, Dallas, El Paso, Fort Worth, Houston, Laredo, Lubbock, Port Arthur, and San Antonio. These

¹ While the Texas Government Code requests a report for the preceding fiscal year, due to the lag in data availability, the evaluation focuses on the most recent program year with available data, from July 1, 2014 to June 30, 2015.

sites serve 23 counties.² From July 1, 2014 through June 30, 2015, the average monthly active client load for these 13 TNFP sites was 1,659 clients.

The goal of the program evaluation is to provide data for the prior year on the number of TNFP clients enrolled and served along with demographics for these clients, to provide data on the establishment of paternity, and to assess whether the sites are adhering to NFPNSO model standards. Evaluation findings are based primarily on standardized NFPNSO reports and supplemental data provided by TNFP program staff from the individual sites and state office.

Key findings of the evaluation are as follows:

- TNFP enrolled 1,082 low-income first-time mothers from July 1, 2014 to June 30, 2015, bringing the total enrollment since the program started in Texas in 2008 to 7,286. Of new clients enrolled between July 1, 2014 and June 30, 2015, data on gestational age at enrollment were known for 96 percent. Of these clients, 98 percent began receiving program services before the end of their 28th week of pregnancy.
- Since September 2008, approximately 1,785 clients have stayed in the program through their child's second birthday, 3,135 clients were enrolled through their child's first birthday, and 5,206 clients completed the pregnancy phase of the program.³ An analysis completed last year showed that, out of the 3,585 clients who had time to complete all three phases of the program by the end of that program year, 34 percent stayed in the program through their child's second birthday.
- As a funding condition, TNFP grantees are required to adhere to the NFP program model standards developed by NFPNSO. All of the TNFP sites successfully adhered to the 18 model standards, with a minor exception to standard 14, which focuses on staff supervision.
- Information about the establishment of paternity and child support was provided to all TNFP clients. In fiscal year 2015, 88 clients completed Acknowledgment of Paternity (AOP) documentation with their nurse home visitor prior to delivery. It is unknown how many clients completed AOP documentation during their hospital stay following the birth of their baby or at a later time point. Evaluators were not able to determine definitively the number of mothers who established paternity as a result of TNFP services.

² Counties served include Bexar, Chambers, Crosby, Dallas, El Paso, Floyd, Fort Bend, Galveston, Garza, Hale, Hardin, Harris, Hockley, Jefferson, Lamb, Lubbock, Lynn, Orange, Tarrant, Terry, Travis, Webb, and Williamson

³ Not all clients who have completed the pregnancy and/or infancy phases have been in the program long enough to complete the subsequent phases.

INTRODUCTION

The Texas Nurse-Family Partnership (TNFP) competitive grant program, through which the Health and Human Services Commission (HHSC) awards grants to public and private entities to implement or expand TNFP programs and operate those programs for at least two years, was established by §531.651 – 531.660, Texas Government Code. Section 531.659 requires HHSC to prepare and submit an annual report regarding the performance of each grant recipient during the preceding state fiscal year with respect to providing TNFP program services. Pursuant to §531.659, HHSC is submitting the *Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report* for fiscal year 2015, which provides the findings of the evaluation of the TNFP program since the start of the program on September 1, 2008 through June 30, 2015, with a focus on the most recent program year, July 1, 2014 to June 30, 2015.⁴

Background

The Nurse-Family Partnership (NFP) program is a voluntary, evidence-based home visitation program shown to improve the health and well-being of low-income first-time mothers and their children. Specially trained registered nurses regularly visit the homes of participating mothers to provide NFP services, including education about prenatal health and good parenting practices, assistance locating resources and setting life development goals, and healthcare advice. TNFP follows the three-goal national NFP model, and a fourth goal was added by the Texas Legislature and codified in §531.653, Texas Government Code. As such, TNFP works with clients to achieve the following four goals:

- Improve pregnancy outcomes
- Improve child health and development
- Improve family economic self-sufficiency and stability
- Reduce the incidence of child abuse and neglect

The first NFP pilot program was implemented in 1978 in Elmira, New York.⁵ Since then, NFP programs have expanded to 43 states and the U.S. Virgin Islands and have served approximately 224,799 families nationally.⁶ Organizations implementing NFP programs receive professional guidance from the Nurse-Family Partnership National Service Office (NFPNSO). NFP 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 the research on the model.

Longitudinal studies have been conducted on three randomized control NFP trials involving diverse populations.⁷ There have also been several studies done on the statewide NFP program in

⁴ While the Texas Government Code requests a report for the preceding fiscal year, due to the lag in data availability, the evaluation focuses on the most recent program year with available data, from July 1, 2014 to June 30, 2015.

⁵ 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.

⁶ Nurse Family Partnership. (2015). Nurse Family Partnership Snapshot. Retrieved July 31, 2015 from http://www.nursefamilypartnership.org/assets/PDF/Fact-sheets/NFP_July_2015_Snapshot.aspx.

⁷ The first trial was in Elmira, NY from 1978-1980, the second trial was in Memphis, TN from 1990-1991, and the third trial was in Denver, CO from 1994-1995.

Pennsylvania. These studies have found a variety of both short- and long-term benefits. Program effects found in two or more of the NFP trials or the Pennsylvania studies include:

- Improved prenatal health⁸
- Decreased smoking during pregnancy⁹
- Fewer childhood injuries and/or instances of abuse and neglect¹⁰
- Fewer subsequent pregnancies within two years of birth¹¹
- Increased intervals between births¹²
- Increased maternal employment¹³
- Improved school readiness¹⁴
- Reduction in the use of public programs¹⁵

A minimum amount of participation needed to benefit from the program has not been established; however, research indicates that the beneficial impact increases as the amount of participation increases.¹⁶

⁸ 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.; Olds, D. L., Robinson, J., O'Brien, R., Luckey, D. W., Pettitt, L. M., Henderson, C. R., ... & Talmi, A. (2002). Home visiting by paraprofessionals and by nurses: a randomized, controlled trial. *Pediatrics*, 110(3), 486-496.; 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., & Barnard, K. (1997). Effect of prenatal and infancy home visitation by nurses on pregnancy outcomes, childhood injuries, and repeated childbearing: A randomized controlled trial. *Journal of the American Medical Association*, 278(8), 644-652.

⁹ Olds et al., Home visiting by paraprofessionals and by nurses; Matone, M., O'Reilly, A. L., Luan, X., Localio, R., & Rubin, D. M. (2012). Home visitation program effectiveness and the influence of community behavioral norms: a propensity score matched analysis of prenatal smoking cessation. *BMC public health*, 12(1), 1016.

¹⁰ 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.; Kitzman et al., Effect of prenatal and infancy home visitation.

¹¹ Olds et al., Home visiting by paraprofessionals and by nurses; Kitzman et al., Effect of prenatal and infancy home visitation; Rubin, D. M., O'Reilly, A. L., Luan, X., Dai, D., Localio, A. R., & Christian, C. W. (2011). Variation in pregnancy outcomes following statewide implementation of a prenatal home visitation program. *Archives of Pediatrics & Adolescent Medicine*, 165(3), 198.

¹² Olds et al., Home visiting by paraprofessionals and by nurses; Kitzman, H., Olds, D. L., Sidora, K., Henderson Jr, C. R., Hanks, C., Cole, R., ... & Glazner, J. (2000). Enduring effects of nurse home visitation on maternal life course. *JAMA: the journal of the American Medical Association*, 283(15), 1983-1989.

¹³ Olds, D. L., Henderson Jr, C. R., Tatelbaum, R., & 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), 1436-1445. Olds et al., Home visiting by paraprofessionals and by nurses.

¹⁴ Olds et al., Effects of home visits by paraprofessionals and by nurses; Olds, D. L., Kitzman, H., Cole, R., Robinson, J., Sidora, K., Luckey, D. W., ... & Holmberg, J. (2004). Effects of nurse home-visiting on maternal life course and child development: age 6 follow-up results of a randomized trial. *Pediatrics*, 114(6), 1550-1559.

¹⁵ These effects were found before welfare reform in the 1990s. Kitzman et al., Enduring effects of nurse home visitation; Olds, D. L., Eckenrode, J., Henderson, C. R., Kitzman, H., Powers, J., Cole, R., ... & Luckey, D. (1997). Long-term effects of home visitation on maternal life course and child abuse and neglect. *Journal of the American Medical Association*, 278(8), 637-643.

¹⁶ Nurse-Family Partnership National Service Office. (2008). *Nurse-Family Partnership Model Elements*.

In addition, a RAND Corporation independent analysis found that the return for each dollar invested in a NFP program was more than five dollars for higher-risk populations served (first time mothers who were both single and low-income) and almost three dollars for all individuals served.¹⁷ The savings were calculated from the time of the mother's involvement in the program through when the child turned age 15, and for some costs the savings included a projected savings in the future. The return included benefits to the participants, society at large, and four types of governmental savings:

- Increased tax revenues as a result of increased earnings from employment
- Child welfare system savings resulting from reduced rates of child abuse and neglect
- Decreased need for public assistance
- Decreased involvement in the criminal justice system

NFP Standards

Before becoming an NFP implementing agency, the candidate agency must affirm its intention to adhere to the current NFP model when delivering the program to clients.¹⁸ Such fidelity requires the observance of all NFP model standards. These standards are based on research, expert opinion, field lessons, and/or theoretical rationales. NFPNSO states that if a program is implemented in accordance with these model standards, the implementing agencies can be reasonably confident that results will be similar to those found in the trials. Conversely, it suggests that if program implementation does not meet model standards, results could differ from research results.

NFPNSO requires every NFP program to follow 18 model standards. These standards cover seven areas of implementation. A detailed description of each of the standards is included in the Implementation Evaluation section starting on page 18.

TNFP Grant Awards

The NFP program was first implemented in Texas in 2006 when the YWCA of Metropolitan Dallas utilized Texas Department of Family and Protective Services Prevention and Early Intervention funds to open an NFP program. A year later, the 80th Legislature passed S.B. 156, which directed HHSC to use a competitive grant process to expand the NFP program to sites throughout Texas.

HHSC issued a Request for Proposals (RFP) in February 2008 and received 12 proposals. In September 2008, HHSC issued grants to nine organizations. YWCA of Metropolitan Dallas was awarded a grant to expand its existing NFP program to include an additional 200 clients, and eight other grants were awarded for the development of the ten new TNFP sites.¹⁹

¹⁷ Karoly, L.A., Kilburn, M.R., & Cannon, J.S. (2006). *Early Childhood Interventions: Proven Results, Future Promise*. The Rand Corporation: Santa Monica, CA.

¹⁸ NFPNSO has made some changes to the original validated model since the trials such as allowing for alternative visitation schedules, allowing for reduced caseloads due to certain circumstances, allowing for visits outside of the home, and only aiming for completion of 75 percent of the recommended visits. Many of these changes have been made to allow participants flexibility and increase program completion rates.

¹⁹ The grant to the Houston TNFP Consortium, administered by the Healthy Families Initiatives as the lead agency, included three sites: Baylor, Houston DHHS, and the Texas Children's Health Plan.

HHSC considered several factors in determining which applicants to fund, including:

- The need for the program in the community in which the proposed program would operate
- The applicant's ability to comply with requirements to adhere to the NFP model (including meeting data collection standards)

The initial grant period was September 1, 2008, through August 31, 2009, with the understanding that the grant contracts could be extended for an additional six years, contingent upon the availability of funds. With the exception of the contract with the Healthy Families Initiative in Houston, all of the 2008 contracts were extended through August 31, 2010.²⁰

Program implementation for the new TNFP sites began on September 1, 2008. Staff was hired and completed NFPNSO mandatory training. The first home visit occurred on September 29, 2008 in Dallas. All sites were serving clients by the end of January 2009. The first years of implementation focused on building infrastructure and caseloads and ensuring adherence to the model.

In December 2009, HHSC issued an RFP to expand the TNFP program to include an additional 200 clients, increasing the total potential number of clients served to 2,000. HHSC received four proposals. Awards were made to YWCA of Metropolitan Dallas and University Medical Center (UMC) of El Paso. With the additional TNFP funding provided to YWCA of Metropolitan Dallas, TNFP began funding an additional 100 YWCA of Metropolitan Dallas clients, including all of the clients previously funded by the Department of Family and Protective Services. UMC of El Paso was awarded funds to provide NFP services to 100 clients in the El Paso area. The addition of the 2 new sites brought the total number of TNFP sites to 12, with a maximum capacity of 2,025 clients. Based on a two-year contract cycle and contingent on the availability of funding, all contracts were further extended through August 31, 2012.

In 2011, the Parkland Health and Hospital System site was reduced to 100 clients, and a site in Laredo was added with the capacity to serve 100 clients, bringing the total current sites to 13 but maintaining the maximum caseload of 2,025 (see Figure 1). Again, all contracts were extended until 2014, and subsequently extended through August 31, 2015.

Three of the general revenue-funded sites also receive funding from other sources for one or more nurse home visitors. In 2014, the Houston Department of Health and Human Services site received funding through the Texas Healthcare Transformation Quality Improvement Program Waiver's Delivery System Reform Incentive Pool (DSRIP) for a second team of eight nurse home visitors. The 83rd Legislature, Regular Session, passed S.B. 426, legislation creating a Texas Home Visiting Program to fund a variety of home visiting programs throughout the state. In August 2014, the NFP program at Parkland Health and Hospital System received funds resulting from this legislation to expand the program by 1 nurse home visitor, adding the capacity to serve approximately 25 additional clients.

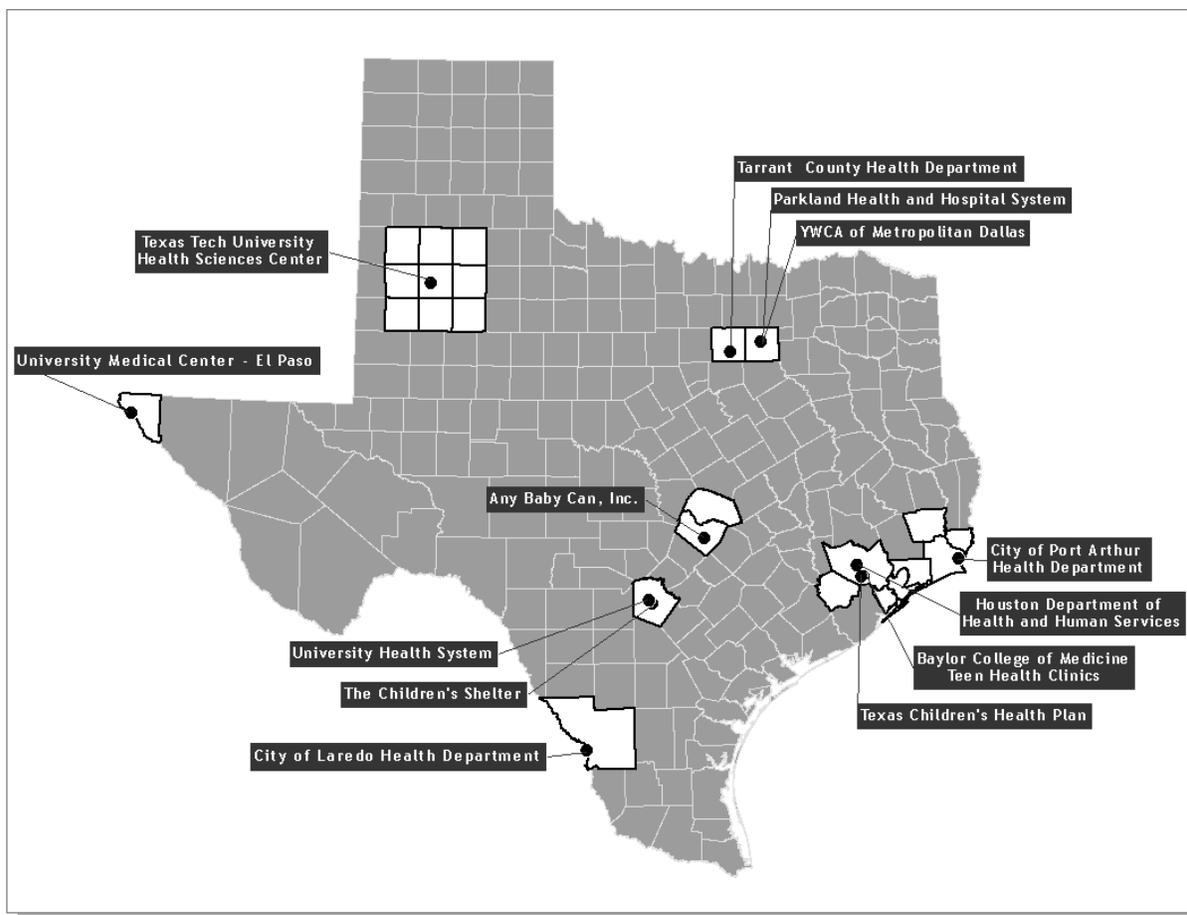
²⁰ In 2010, HHSC entered into contracts with the three separate agencies implementing NFP in the Houston TNFP consortium (Baylor, Houston Department of Health and Human Services, and Texas Children's Health Plan) and terminated the contract with Healthy Family Initiatives as the lead agency for the Houston TNFP consortium.

An RFP for general revenue-funded NFP programs was released in fiscal year 2015 to support the NFP programs beginning September 2016. HHSC received 16 total proposals (1 proposal was submitted after the deadline and was initially disqualified). Of the 15 timely proposals, 13 were awarded contracts, including a new site at Hillcrest Baptist Medical Center in Waco. A site in New Braunfels, which was initially awarded a contract as part of the procurement, was unable to complete the negotiation process.

Given the expansion of federal Temporary Assistance for Needy Families (TANF) funds (awarded via the 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015, Article II, Health and Human Services Commission, Rider 57) HHSC was able to partially support the site that submitted their proposal after the deadline and did not receive funds as part of the competitive procurement (Any Baby Can), resulting in 14 total sites supported in full or in part through general revenue or TANF funds.

As of the start of fiscal year 2016, there are 21 agencies implementing NFP in Texas, the 14 agencies supported with general revenue or TANF funds, and 7 additional agencies supported with funds from the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.²¹

Figure 1. TNFP Program Sites



²¹ The MIECHV-funded NFP sites are located in Corpus Christi, Longview, Odessa, Amarillo, Edinburg, San Antonio, and Wichita Falls.

TNFP Program Funding

Section 531.652, Texas Government Code required the TNFP program to provide services to approximately 2,000 families. Since fiscal year 2009, the legislature has appropriated \$60.8 million to the TNFP program. The number of clients to be served with the annual funds grew from 1,800 in fiscal year 2009 to 2,025 since fiscal year 2012. During the past program year, the average monthly client load for the TNFP sites was 1,659 clients. In fiscal year 2015, \$8,849,857 in grant funds were awarded to 13 TNFP sites and the NFPNSO (see Table 1).

The fiscal year 2015 grant amounts shown in Table 1 account for 90 percent of the total cost of the program. In order to operate within the appropriations received and ensure substantial local commitment, HHSC required local communities to fund 10 percent of the program cost. In fiscal year 2010, HHSC began allowing a portion of overhead or administration costs to be included in the grant request as part of the 10 percent funded by the local community. Additionally, as part of the 10 percent, grantees are required to provide administrative staff time, physical space, and utilities, most of which are still provided as in-kind.²²

Fiscal year 2014 was the first year HHSC contracted directly with NFPNSO to cover the site specific fees for training and technical assistance for all NFP sites in Texas.²³ Prior to this, each site contracted with NFPNSO individually. The contracting process had been overly complicated for some of the sites, and HHSC is better able to negotiate fees, prompting the shift. As a result, in fiscal year 2014 and again in fiscal year 2015, HHSC contracted with NFPNSO to cover these costs as well as the portion of the statewide technical assistance fee for the general revenue-funded sites. The total HHSC contract with NFPNSO for use of the NFP model and technical assistance for all 20 NFP implementing agencies in Texas (general revenue and MIECHV funded) for fiscal year 2015 was \$552,238, of which, \$330,181 was for the general revenue sites.

Over the past six years the costs of doing business for sites have increased, primarily around staff salary and fringe. This increased cost of running the program coupled with flat funding has been particularly challenging for city departments who implement NFP programs because they are required to adhere to across the board salary and fringe increases. As a result of these higher costs, three sites were not able to fund the same number of nurses with HHSC funds as in prior years (City of Port Arthur Health Department, City of Houston Department of Health and Human Services, and Tarrant County Public Health Department). The City of Houston Department of Health and Human Services was able to utilize their DSRIP funds to maintain current service levels, while the other two cities opted not to fill existing staff vacancies. As a result of this challenge, the recent procurement emphasized the rising costs of business over time and required sites to strategically plan for these increased costs by leveraging additional outside resources. These reductions, partially countered by the increased capacity of 25 clients at Parkland Health and Hospital System, decreased the maximum client load for the TNFP sites from 2,025 to 1,975.

²² Some sites have reported that they contribute funds exceeding ten percent of the cost of the program in order to keep the program operational.

²³ Throughout the report, "TNFP" is used to refer to general revenue funded NFP sites while "NFP sites in Texas" includes NFP sites with other funding sources.

Table 1. Locations, Capacity, and Grant Awards of TNFP Programs

| Location | Organization | Program Capacity* | Counties Served | FY 2015 Grant Amount |
|-----------------|--|--------------------------|---|-----------------------------|
| Austin | Any Baby Can | 200 | Travis Williamson | \$725,893 |
| Dallas | Parkland Health and Hospital System | 125 | Dallas Tarrant | \$428,857 |
| Dallas | YWCA of Metropolitan Dallas | 300 | Dallas Tarrant | \$1,200,127 |
| El Paso | University Medical Center of El Paso | 100 | El Paso | \$492,530 |
| Fort Worth | Tarrant County Public Health | 175 | Dallas Tarrant | \$797,888 |
| Houston | Baylor College of Medicine Teen Health Clinics | 100 | Fort Bend Harris | \$521,665 |
| Houston | City of Houston Department of Health and Human Services | 75 | Fort Bend Harris | \$559,475 |
| Houston | Texas Children’s Health Plan | 100 | Brazoria Fort Bend Galveston Harris Montgomery | \$559,474 |
| Laredo | City of Laredo Health Department | 100 | Webb | \$472,358 |
| Lubbock | Texas Tech University Health Sciences Center School of Nursing | 200 | Lubbock Crosby Floyd Garza Hale Hockley Lamb Lynn Terry | \$719,111 |
| Port Arthur | City of Port Arthur Health Department | 100 | Chambers Hardin Jefferson Orange | \$516,850 |
| San Antonio | The Children’s Shelter | 200 | Bexar | \$752,957 |
| San Antonio | University Health System | 200 | Bexar | \$772,491 |
| TOTAL | | 1,975 | | \$8,519,676 |

*Program capacity is the maximum number of clients the program can serve.

TNFP Program Staff Descriptions

HHSC administers the TNFP competitive grants. The HHSC NFP team supports all the sites in Texas, not just general revenue sites, and consists of:

- A team lead who conducts statewide planning for program growth, expansion and sustainability, and provides highly advanced consultative and non-clinical technical assistance to NFP grantees in Texas on local long-term planning efforts
- A state nurse consultant who provides statewide clinical support, consultation, program policy development, and technical assistance to the NFP program sites in Texas
- A project manager who provides statewide management and oversight of day-to-day operations, monitoring, program policy development/consultation, and technical assistance to the NFP program sites in Texas
- A contract manager who oversees contracts, invoices, vouchers, deliverable receipts, and payments

Each TNFP program site has three types of staff: nursing supervisors, nurse home visitors, and data entry specialists. The nursing supervisor manages program operations, including the supervision and evaluation of data entry specialists and up to eight nurse home visitors.

The nurse home visitor provides NFP services to TNFP clients and their families while striving to maintain the highest standards in clinical nursing practice and adherence to the NFP model. Each nurse home visitor maintains a maximum caseload of 25 clients. However, a shortage of nurse home visitors (e.g., due to medical and maternity leave, severed employment, etc.) may require a redistribution of clients that may cause a temporary caseload of over 25 clients per nurse home visitor in order to continue to provide services to actively enrolled clients.

The data entry specialist provides administrative support to the nursing supervisor and nurse home visitors. Other responsibilities include data entry, office organization, client reminder calls, submission of purchase requests for NFP supplies, general clerical duties, and the organization of enrollment packets and outreach materials.

TNFP currently has positions statewide for 79 nurse home visitors, 14 nurse supervisors and 14 data entry specialists. All staff is full-time except for staff in four data entry specialist positions, two of whom work three-quarter time and three who work half-time (two of these three combine into one full time equivalent.) As of June 30, 2015, there were two nurse home visitor vacancies.

Program Eligibility

Women eligible to enroll in the TNFP program should meet all of the following requirements:

- Have no previous live births
- Have an income at or below 185 percent of the federal poverty level²⁴

²⁴ Based on the U.S. Department of Health and Human Services published poverty guidelines, available at <http://aspe.hhs.gov/poverty/15poverty.cfm>, 185 percent of the federal poverty guideline in 2015 for a household of two individuals is \$29,471. Pregnant women count as two individuals.

- Be a Texas resident
- Be enrolled before the end of the 28th week of pregnancy
- Agree to participate voluntarily

Visitation Process/Schedule

TNFP clients are typically enrolled early in their pregnancy with home visits beginning between the 16th and 28th week of pregnancy. Ideally, visits begin early in the second trimester, between the 14th and 16th week of gestation. Nurse home visitors meet with clients regularly from pregnancy through the child's second birthday, providing a maximum of 65 visits throughout this period. Scheduled visits for each nurse home visitor include:

- Weekly for the first four weeks of program participation
- Biweekly starting in week five until delivery
- Weekly from delivery until six weeks postpartum
- Biweekly starting in week 7 until the baby is 21 months old
- Monthly for the last three months of program participation

Although at least some visits must occur at the client's home, visits also occur in schools, libraries, or other public spaces. Allowing the client to pick the visit location permits increased flexibility around client work or school schedules and increases retention and program completion. New NFPNSO guidelines offer alternative visit formats. This may include visits via phone, a short "vacation" from the program and/or monthly visits for a limited time. Approximately ninety percent of NFP clients opt for the recommended visit schedule. However, to improve retention through graduation, clients are offered alternative visit schedules to meet their needs.

Nurse home visitors provide ongoing assessments, a therapeutic relationship, extensive education, health literacy support, and assistance in accessing resources and health-care coverage, such as Medicaid, during pregnancy and early childhood.

Prior to conducting home visits, NFPNSO requires nurse home visitors to complete extensive training on program administration, implementation issues, and the utilization of standardized data collection materials and client visit protocols. This standardization facilitates fidelity to the NFP program model. In addition, HHSC requires nurse home visitors to demonstrate the achievement of minimum competencies in caring for pregnant women including dealing with issues such as hypertension in pregnancy, preterm labor, and perinatal emergencies. Nurse home visitors are also expected to complete two Department of State Health Services breastfeeding courses within two years of hire, and are required to have a current and valid Texas nursing license and to complete annual recertification for Texas Acknowledgement of Paternity (AOP).

EVALUATION METHODOLOGY AND LIMITATIONS

The TNFP evaluation detailed in this report focuses on the most recent year, from July 1, 2014 to June 30, 2015.

Methodology

Evaluators used several types of information for this report:

- Information HHSC TNFP staff obtained from monthly narrative reports, staff data reports, and directly from the TNFP sites
- Cumulative summary reports from NFPNSO containing data submitted by the TNFP sites and national comparison data
- Information about expectations for program implementation from the NFPNSO website, newsletters, and other program documents

Evaluators also used NFP research reports from other states to obtain an additional perspective on program implementation and expectations.

Limitations

HHSC's program evaluation met the TNFP reporting requirements in §531.659, Texas Government Code, with one exception – the evaluators were not able to determine with certainty the number of mothers who established the paternity of an alleged father as a result of TNFP services. Although this report provides data about the establishment of paternity, only those clients who completed the AOP documentation with their nurse home visitor prior to the birth of their babies are included. It is unknown how many clients completed AOP documentation during their hospitalization following the birth of their babies or at a later time point. While establishment of paternity was not part of the standard NFPNSO data collection, the number of AOPs completed in the preceding month and in the current program year was submitted to HHSC for each program site, in accordance with state statute.

The following issues limited the scope of the evaluation, but did not affect the degree to which the evaluation addressed the requirements in §531.659, Texas Government Code:

- Because of the extensive NFPNSO reporting requirements, the evaluation utilized data that each TNFP site provided to NFPNSO.
- Some minor discrepancies were identified in the NFPNSO quarterly reports. Although the discrepancies are small, due to the small sample size and low occurrence of reported measures, any discrepancy may impact the interpretation of the results.
- To allow time for data entry and the reconciliation of data issues, evaluators excluded data for July and August 2015 from the report.

TNFP CLIENT DEMOGRAPHICS

From July 1, 2014 through June 30, 2015, the TNFP program enrolled 1,082 participants bringing the total enrollment since the program started in Texas in 2008 to 7,286.²⁵ The top four sources of client referrals for TNFP clients since the program started are healthcare providers and clinics (40 percent), WIC (14 percent), schools (12 percent), and pregnancy testing clinics (11 percent). Since September 2008, approximately 1,785 clients have stayed in the program through their child's second birthday, 3,135 clients were enrolled through their child's first birthday, and 5,206 clients completed the pregnancy phase of the program.²⁶ An analysis completed last year showed that, out of the 3,585 clients who had time to complete all three phases of the program by the end of that program year, 34 percent stayed in the program through their child's second birthday.²⁷

From July 1, 2014 through June 30, 2015, the average monthly active client load for the TNFP sites was 1,659 clients.²⁸ The average monthly active client load ranges from 66 percent of the site's client capacity to 96 percent. In combination, the 13 sites had an average monthly client caseload of 84 percent of the total client capacity. Table 2 provides a breakdown of enrollees and average monthly active client load by TNFP site.

The maximum capacity was not reached for a number of reasons according to HHSC TNFP staff, including staff turnover and staff medical issues.²⁹ During fiscal year 2015, there was an unusually high number of staff on medical leave concurrently and an increase in staff turnover, both of which resulted in overall decreases in numbers of clients served. When nurse home visitors leave the TNFP program, some of their clients leave the program as well. In addition, new staff builds their caseload up to 25 clients over a 9 to 12 month period of time, so they are under capacity for most of their first year. The average nurse home visitor caseload for nurses who have been with the program over a year was 23 clients.

HHSC TNFP program staff and NFPNSO are working with sites to address caseload through a variety of strategies including staff retention, strengthening referral networks, increasing the percent of women who enroll out of those who are referred to the program, and strategies to increase client retention in each phase. These strategies include methods to retain clients when nurse home visitors leave, including anticipating medical leave and turnover, assessing which nurse on the team would be the best fit for the client before transferring, and implementing "soft transfers" where the original nurse and the replacement nurse have one or more joint visits with the client before the original nurse leaves.

²⁵ Clients that transferred from out of state are not included in the enrollment count or demographics of newly enrolled clients. Newly enrolled clients includes clients who enrolled but who may not have been active at the end of their first quarter.

²⁶ Not all clients who have completed the pregnancy and/or infancy phases have been in the program long enough to complete the subsequent phases. These numbers are approximate due to limitations of the quarterly report data.

²⁷ This data was not re-analyzed in the most recent program year.

²⁸ NFPNSO policy considers a client active for up to six months after their last visit. Due to this policy, the client load includes clients who have not had any visits in up to six months. The 2014 report only included clients as active for a month if they had a visit in the month in question or the month before or after the month in question.

²⁹ Eleven sites had a total of 22 nurse home visitor staff vacancies between September 1, 2013 and June 30, 2014. In some cases, vacant positions remained unfilled for two months or longer due to an inability to locate qualified candidates with baccalaureate degrees in nursing. In other cases positions remained vacant due to the agencies' human resource policies and procedures around nurse home visitor recruitment and hiring practices.

Implementation experience since 2008 has demonstrated that the capacity goal set by the NFP model of 23-25 clients per nurse home visitor is a not always an attainable goal, given staff turnover, medical leave, and the program model characteristics, such as building a full caseload progressively over 9 to 12 months. However, HHSC TNFP staff would like to see the active caseload for the 13 grantees reach 1,678, or 85 percent of the maximum capacity of 1,975 first-time mothers and their children. This level of capacity would allow room for turnover, medical leave, and new staff to build their caseload. Both increased capacity and improved retention were goals for fiscal year 2015.

As such, HHSC closely monitors capacity performance on a monthly basis to identify problems, taking into account situational factors including staff turnover or staff on medical leave. Programs that are operating under capacity with no acceptable situational factors (i.e. new staff building caseloads) are placed on a corrective action plan. The corrective action plan requires sites to detail the challenges in reaching and maintaining full capacity as well as to provide a detailed improvement plan to ensure they can meet the caseload requirements in the future. Typically, sites are given 90 days to address performance challenges, during which time they are closely monitored by HHSC staff. At the time of being placed on a corrective action plan, sites are notified that if they are unable to make progress during the 90 day timeframe they are subject to contract reductions and/or termination. Five of the 13 general revenue sites have been on corrective action at some point since program inception but none are currently on corrective action. Additionally, the fiscal year 2015 procurement process factored in historical performance to prevent expansion in areas that have been struggling to meet capacity numbers.

Table 2. Clients Enrolled and Served by Site

| Location | Organization | Program Capacity* | Average Monthly Client Load** | Newly Enrolled Clients |
|-----------------|--|--------------------------|--------------------------------------|-------------------------------|
| Austin | Any Baby Can | 200 | 140 | 66 |
| Dallas | Parkland Health and Hospital System | 125 | 83 | 72 |
| Dallas | YWCA of Metropolitan Dallas | 300 | 266 | 146 |
| El Paso | University Medical Center of El Paso | 100 | 80 | 33 |
| Fort Worth | Tarrant County Public Health | 175 | 154 | 103 |
| Houston | Baylor College of Medicine Teen Health Clinics | 100 | 81 | 59 |
| Houston | City of Houston Department of Health and Human Services | 75 | 72 | 31 |
| Houston | Texas Children's Health Plan | 100 | 89 | 60 |
| Laredo | City of Laredo Health Department | 100 | 92 | 31 |
| Lubbock | Texas Tech University Health Sciences Center School of Nursing | 200 | 163 | 115 |
| Port Arthur | City of Port Arthur Health Department | 100 | 88 | 84 |
| San Antonio | The Children's Shelter | 200 | 184 | 109 |
| San Antonio | University Health System | 200 | 167 | 173 |
| TOTAL | | 1,975 | 1,659 | 1,082 |

Time Period for TNFP: July 1, 2014 - June 30, 2015

*Program capacity is the maximum number of clients the program can serve.

** NFPNSO policy considers a client active for up to six months after their last visit. Due to this policy, the client load includes clients who have not had any visits in up to six months. The 2014 report only included clients as active for a month if they had a visit in the month in question or the month before or after the month in question.

The demographics presented below for TNFP and national clients include clients enrolled between July 1, 2014 and June 30, 2015.

Age

Age at enrollment was known for 99.7 percent of TNFP clients. The median age of TNFP clients at enrollment was 20 years, which is the same as the NFP median age nationally. Twenty-three percent of TNFP clients were under age 18 at enrollment. This percentage is slightly higher than the national average of 20 percent. The percentage of very young teens (less than 15 years) enrolled in the most recent program year is almost the same for TNFP and national clients, at 1.9 percent and 1.8 percent respectively.

Ethnicity and Race

On November 1, 2010, NFP data collection forms were modified to conform to the federal classification standards for maintaining, collecting, and presenting data on race and ethnicity.³⁰ The federal classification standards include:

- Two categories for data on ethnicity: "Hispanic or Latino" and "Not Hispanic or Latino"
- Five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White

Fifty-one percent of TNFP clients enrolled during the most recent program year were Hispanic or Latina, 32 percent were not Hispanic or Latina, and ethnicity was unknown for 17 percent (see Table 3). The percentage of TNFP clients who were Hispanic or Latina was more than one and a half times as high as the percentage of Hispanic or Latina NFP clients nationally.

Table 3. Ethnicity of TNFP Clients

| Ethnicity | TNFP (n=1,082) | National NFP (n=22,025) |
|------------------------|---------------------------|------------------------------------|
| Not Hispanic or Latina | 32.3% | 55.2% |
| Hispanic or Latina | 51.0% | 28.7% |
| Unknown* | 16.7% | 16.1% |

Time period: July 1, 2014 - June 30, 2015

*Clients may not have ethnicity data because it was not collected or because they declined to self-identify.

With respect to race, 53 percent of TNFP clients enrolled in the most recent program year were White and 22 percent were Black or African American (see Table 4). The percent of white clients is slightly higher in Texas as compared to NFP clients nationally, and the percent of clients of all other races is slightly lower in Texas. Due to some clients declining to self-identify

³⁰ Information on the federal classification standards can be found here: <http://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf>.

or data on race not being collected, race was unknown for 236 clients (22 percent) in Texas and 4,356 clients nationally (20 percent).

Table 4. Race of TNFP Clients

| | TNFP (n=1,082) | National NFP (n=22,025) |
|----------------------------------|---------------------------|------------------------------------|
| American Indian or Alaska Native | 0.9% | 2.9% |
| Asian or Pacific Islander | 1.1% | 2.8% |
| Black or African American | 21.6% | 26.6% |
| White | 52.8% | 42.9% |
| Multiracial | 1.8% | 5.1% |
| Unknown* | 21.8% | 19.8% |

Time period: July 1, 2014 - June 30, 2015

*Clients may not have race data because it was not collected or because they declined to self-identify.

Primary Language Spoken

Primary language spoken was known for 85 percent of the TNFP clients enrolled in the most recent program year and 90 percent of the NFP clients nationally. Of those clients with language data, English was the primary language for 82 percent of TNFP clients and 85 percent of national NFP clients, and Spanish was the primary language for 17 percent of TNFP clients and 12 percent of national NFP clients. In addition to bilingual nurses at most TNFP sites, an interpreter/translator or a nurse home visitor capable of speaking the client's native language was available to clients whose first language was not English or Spanish, if one could be located.³¹

Income

Income was unknown for 17 percent of newly enrolled TNFP clients, and an additional 31 percent of clients reported that they were financially dependent on their parents or guardians. Of the remaining 52 percent of clients who reported their income range, 32 percent had an income of \$6,000 or less per year, 14 percent reported incomes between \$6,001 and \$9,000, 11 percent between \$9,001 and \$12,000, 16 percent between \$12,001 and \$16,000, 12 percent between \$16,001 and \$20,000, 10 percent between \$20,001 and \$30,000, and 4 percent over \$30,001. The median income range for TNFP clients was \$9,001 to \$12,000.

³¹ NFPNSO client materials are only available in English and Spanish.

IMPLEMENTATION EVALUATION

Adherence to the NFP Model Standards

NFPNSO developed 18 NFP model standards that cover 7 areas of program implementation. The model standards are designed to measure each grantee's performance and adherence to the original NFP model. HHSC adopted these model standards as the performance indicators for the program. NFPNSO states that by following the model standards, results of the intervention are expected to be similar to the results of the randomized control trials conducted by David Olds.³² Some minor deviations from the standards are approved by NFPNSO after consultation with the NFPNSO nurse consultant. These deviations are not considered by NFPNSO to result in a lack of compliance with the standard by the program site. NFPNSO has also created national NFP program objectives for many of the standards. The objectives are long-term targets, but sites do not need to achieve these outcomes to meet the standards. NFPNSO and HHSC provide several resources to help local programs implement the NFP model with fidelity. This report assesses adherence to NFP program model standards from July 1, 2014 through June 30, 2015.³³ With a minor exception to standard 14, all of the TNFP sites successfully adhered to the 18 model standards.

Clients

Standard 1. *Client participation must be voluntary.* NFP services are designed to build self-efficacy. Voluntary enrollment empowers the client and promotes a trusting relationship between the client and the nurse home visitor.

The TNFP program has implemented several protocols to ensure adherence to Standard 1.

- All clients were required to sign a consent form before participation. The TNFP program does not consider a client enrolled until she has a signed consent form.
- The consent form included in the enrollment packet includes explicit language indicating that participation is voluntary and that the client may withdraw from the program at any time.
- If a potential client was a minor, the nurse was required to spend time explaining the program to both the potential client and her guardian. The minor must express interest in the program and her desire to participate. Although Texas law states that minors can consent for their own treatment during pregnancy, TNFP requests that both the client and the guardian sign the consent to participate.
- When recruiting potential partner agencies, TNFP staff is required to ensure that the partner agency understands that client involvement must be voluntary. For example, if a TNFP site would like to partner with a local probation office, it is required to explain to probation staff that participation in the TNFP program cannot be a condition of parole.

If the TNFP sites had enrollment issues or concerns, NFPNSO and HHSC staff was available to provide guidance and possible solutions.

³² See page four of the report for additional information about the studies conducted on the randomized control trials.

³³ Data included in this report ended on June 30, 2015, due to a lag in the availability of program data.

Standard 2. *Client is a first-time mother.* The intent of the NFP program is to help women when they are vulnerable and therefore more open to receiving additional support. NFPNSO research suggests that first-time mothers may benefit from the NFP program more than those with additional children, possibly because inexperience increases receptiveness to offers of help. The NFPNSO data indicate that limiting enrollment to first-time mothers maximizes the opportunity to improve outcomes for families.

In order to ensure adherence to Standard 2, each TNFP program site asked all potential clients to provide a pregnancy history and report that they had no prior live births. Only those who met this criterion were enrolled in the program; however, clients occasionally change their answer after they are enrolled. Between June 30, 2014 and July 1, 2015, eight clients were enrolled who indicated they had a prior live birth (0.7 percent).

Standard 3. *Client meets low-income criteria at intake.* At the time of enrollment, each NFP client is required to have an income at or below 185 percent of the federal poverty level. The NFPNSO randomized control trials found that, while all clients benefited from the assistance provided by the NFP program, clients with higher incomes had additional resources available to them outside of the program and did not benefit from the program to the same degree as low-income clients.

Each TNFP program site determined eligibility through information provided by potential clients about their income and receipt of benefits. A potential client was considered eligible for enrollment if she was receiving public benefits that have an income requirement at or below 185 percent of the federal poverty level, including Medicaid, WIC, and SNAP, or if the client's self-reported income was below this level.³⁴ Vulnerable clients who exceed low-income criteria may be enrolled on a case-by-case basis, after consultation with NFPNSO and TNFP staff. In the period from July 1, 2014 through June 30, 2015, of the 60 percent of newly enrolled clients with a reported income range, 96 percent met low-income criteria at the time of enrollment.³⁵

Standard 4. *Client is enrolled in the program early in her pregnancy and receives her first home visit by no later than the end of the 28th week of pregnancy.* Early enrollment allows time for the client and nurse home visitor to establish a relationship before the birth of the child. NFPNSO research indicates that early enrollment provides the nurse home visitor the opportunity to address prenatal health behaviors that affect birth outcomes and the child's neurodevelopment.

Estimated gestational age at enrollment data were known for 96 percent of TNFP clients and 95 percent of NFP clients nationally enrolled between July 1, 2014 and June 30, 2015. Ninety-eight percent of TNFP clients with known gestational age at enrollment were enrolled before the end of the 28th week of gestation.³⁶ This percentage is slightly higher than the NFP program

³⁴ When determining eligibility for the NFP program, NFPNSO indicated that most implementing agencies across the nation use the income eligibility thresholds for WIC, Medicaid, or other public programs for low-income families.

³⁵ Of all newly enrolled TNFP clients, 60 percent reported an income range, 35 percent reported they were dependent on their parents, and 5 percent did not report their income at enrollment. The household income for minors who are dependent on their parents is unknown.

³⁶ At enrollment, each client estimated how long she had been pregnant. After enrollment, sonograms indicated some clients exceeded the 28-week requirement. These clients typically remained enrolled in the program. In addition, sometimes women are enrolled at later gestational ages. This is at the discretion of the nurse supervisor and nurse home visitor, in consultation with the state nurse consultant and NFPNSO consultants.

nationally, which had only 94 percent of clients enrolled by 28 weeks out of clients with age at enrollment data.

Intervention Context

Standard 5. *Client is visited one-to-one, one nurse home visitor to one first-time mother.* The therapeutic relationship between the nurse home visitor and the client must be focused on the individual client's circumstances. By engaging in a one-to-one setting, the nurse home visitor can better strengthen the client's abilities and support behavior changes to achieve the goals of the program.

The TNFP program closely followed the NFPNSO guidelines pertaining to home visits. Specifically, each nurse home visitor scheduled individual visits with each client. In addition, each TNFP program site is required to ensure an adequate nurse-home-visitor-to-client ratio. On average, each TNFP nurse home visitor had a 23-client caseload.³⁷

Standard 6. *The program is delivered in the client's home, which is defined as the place where she is currently residing.* Home visitation is an essential part of the program. When a client is visited in her home, the nurse home visitor has an opportunity to observe, assess, understand, and monitor the client's status. Specifically, the nurse can assess the client's safety, social dynamics, ability to provide basic needs, and the mother-child interaction. NFPNSO defines a "home setting" as a location where the client lives for the majority of time (i.e., she sleeps there at least four nights a week). This may include a shelter, a friend's home, a detention center, or another location. When the client's living situation or her work/school schedule makes it difficult to see the client at home, the visit is conducted in another setting.

According to HHSC TNFP staff, all TNFP program sites met the requirements of this standard. The locations of TNFP client home visits were consistent with the current NFPNSO model standards. As discussed previously, some visits do not occur in the client's home in an effort to allow the client greater flexibility and increase retention and program completion.

Standard 7. *Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the current NFPNSO Guidelines.* The frequency of home visits may influence the effectiveness of NFP programs. Even if clients do not use the nurse home visitor to the maximum level recommended, the visits made can be a powerful tool for change. Research indicates that the earlier a client enters the program, the greater the program's effectiveness. 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 mother and baby can be reduced.

TNFP clients who completed the pregnancy phase completed 74 percent of the expected home visits (an average of 8.7 visits) based on the NFPNSO guidelines. This completion rate is slightly higher than the NFP national average of 72 percent. The NFPNSO objective is an 80 percent

³⁷ Calculations of average nurse caseload were based on nurse home visitors who had been employed with NFP for greater than 11 months to allow them time to build a full caseload. NFPNSO recommends 9-12 months as the average period of time required for nurse home visitors to build full caseloads.

completion rate during the pregnancy phase. TNFP clients who completed the infancy phase completed 67 percent of the expected home visits (an average of 18 visits) and clients who completed the toddlerhood phase completed 68 percent of the expected home visits (an average of 15 visits). The NFPNSO objective is a 65 percent completion rate during the infancy phase and 60 percent completion rate during the toddlerhood phase. The TNFP completion rates were higher than the national rates of 64 percent and 65 percent for the infancy and toddlerhood phases, respectively. The NFP model provides for a maximum of 65 visits from pregnancy through the child's second birthday.

As discussed previously, new NFPNSO guidelines offer alternative visit formats. This may include visits via phone, a short "vacation" from the program and/or monthly visits for a limited time. Approximately ninety percent of NFP clients opt for the recommended visit schedule; however, to improve retention through graduation, clients are offered alternative visit schedules to meet their needs.

Expectations of Nurses and Supervisors

Standard 8. Nurse home visitors and nursing supervisors are registered professional nurses with a minimum of a baccalaureate degree in nursing. The NFPNSO research indicates that the public perceives registered nurses as having high standards of ethical practice and honesty. This may give NFP nurses credibility with families, helping make them acceptable providers of the NFPNSO curriculum and increasing the likelihood they will be welcomed into clients' homes. The nurse home visitors are also required to have a valid nursing license.

As of June 30, 2015, all but 1 of the 79 nurse home visitors seeing clients had a Bachelor of Science in Nursing (BSN). The one nurse home visitor who is employed without a BSN has an Associate Degree in Nursing. The site employing this non-BSN nurse submitted a variance request to NFPNSO and was granted a waiver allowing this nurse to provide nurse home visiting services. Nine nurse home visitors have a master's degree in one or more of the following fields: nursing, social work (community health), business (healthcare administration), and public health. There is one certified lactation consultant. All 14 nursing supervisors have a BSN. In addition, five of the nursing supervisors have master's degrees in nursing, and two hold certifications as lactation consultants.

Standard 9. Nurse home visitors and nursing supervisors complete core educational sessions required by NFPNSO and deliver the intervention with fidelity to the NFP Model. The NFP program is a highly specialized program that requires extensive training on the NFP model, theories, and structure to deliver the program. The NFPNSO policy is that all nursing staff must complete all NFP education sessions. While NFPNSO does not have a specific timeframe for the completion of all the training sessions, nurse home visitors are required to complete the first two of four NFPNSO training sessions prior to visiting clients.

According to HHSC TNFP staff, as of June 30, 2015, all TNFP nurse home visitors had completed the first two NFPNSO training sessions and are in compliance with this standard. In addition, the nurse home visitors are expected to complete other training sessions relevant to the NFP program including the following:

- 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 Care Giving)
- 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)

HHSC TNFP staff also reported that 62 of the 79 TNFP nurse home visitors had completed all required additional training sessions. The remaining nurses were in the appropriate phases of their training based on hire dates. In addition, HHSC and local TNFP sites provided other training opportunities to staff to complement and enhance training received from NFPNSO. Training needs are identified through ongoing needs assessments conducted by the TNFP State Nurse Consultant and Nurse Supervisors.

Application of the Intervention

Standard 10. Nurse home visitors, using professional knowledge, judgment and skill, apply NFPNSO Visitation Guidelines focusing the topic of each visit to the strengths and challenges of each family and apportioning time across defined program domains. NFPNSO visitation guidelines are tools that guide nurse home visitors in the delivery of program content. These guidelines suggest that each visit include information about each of the following six life domains.

- **Personal Health** - Health maintenance practices, nutrition and exercise, substance use, and mental health
- **Environmental Health** - Home, work, school, and neighborhood
- **Life Course Development** - Family planning, education, and livelihood
- **Maternal Role** - Mothering role, physical, behavioral, and emotional care of a child
- **Friends and Family** - Personal network relationships and assistance with childcare
- **Health and Human Services** - Linking families with needed referrals and services

NFPNSO provides objectives for the overall proportion of time at each home visit devoted to the first five of the six life domains. In accordance with NFPNSO policies, the TNFP nurse home visitors individualize visit content to meet the client's needs rather than adhering to a predetermined schedule.

- **Pregnancy Phase:** During the client's pregnancy, TNFP nurse home visitors met the NFPNSO objectives for the proportion of home visit time devoted to all domains and exceeded the NFPNSO objective for time devoted to environmental health and maternal role.
- **Infancy Phase:** During the infancy phase TNFP nurse home visitors met the NFPNSO objectives for the proportion of home visit time devoted to the personal health, environmental health, life course development, and friends and family domains. They spent slightly more time on the environmental health domain and less time on the maternal role domain when compared to the NFPNSO objectives.
- **Toddlerhood Phase:** During the toddlerhood phase, TNFP nurse home visitors met the NFPNSO objectives for the proportion of home visit time devoted to the personal health,

environmental health, maternal health, and friends and family domains. They spent slightly less time on the life course development domain when compared to the NFPNSO objectives.

Standard 11. *Nurse home visitors apply the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories, through current clinical methods.* These theories serve as the foundation for NFP programs and are reflected in the visit guidelines and training sessions. Nurse home visitors are expected to utilize these guidelines and methods in each home visit.

TNFP nursing supervisors, nurse home visitors, NFPNSO, and HHSC TNFP staff work together to ensure that each TNFP program site closely follows the NFP model. Questions or concerns about model fidelity are addressed through an open dialogue between the TNFP sites, HHSC, and NFPNSO. In addition, each TNFP nursing supervisor evaluates the nurse home visitors to ensure fidelity to the NFP model.

Standard 12. *A full time nurse home visitor carries a caseload of no more than 25 active clients.* A caseload greater than 25 clients would negatively impact the nurse home visitor's ability to develop and establish an adequate therapeutic relationship with each client.

On average, each TNFP nurse home visitor has a 23-client caseload.³⁸ HHSC considers a full caseload to be between 23-25 clients which allows for fluctuations in caseload numbers due to clients leaving the program early. Five sites also had nine new nurse home visitors in the period between July 1, 2014 and June 30, 2015. New nurse home visitors take up to 12 months to build a full client caseload per NFPNSO guidelines. Twenty-one nurse home visitors from nine sites had caseloads exceeding the maximum at times. Reasons for exceeding the maximum caseload size include:

- The client's regular nurse home visitor was on leave
- Nursing staff vacancies
- Adding new clients as the number of visits required per month decreases for graduating clients (to ensure as many clients as staffing would allow could be seen)

Reflection and Clinical Supervision

Standard 13. *A full-time nursing supervisor provides supervision to no more than eight individual nurse home visitors.* Because of the expectation of one-to-one supervision, a full-time nursing supervisor should manage no more than eight nurse home visitors. Nursing supervisors are also responsible for referral management, program development, and administrative tasks that include the management of administrative, clerical, and interpreter staff.

According to HHSC TNFP staff, all sites have complied with this standard.

Standard 14. *Nursing 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.* To ensure that

³⁸ Calculations of average nurse caseload were based on nurse home visitors who had been employed with NFP for greater than 11 months to allow them time to build a full caseload. NFPNSO recommends 9-12 months as the average period of time required for nurse home visitors to build full caseloads.

nurse home visitors are clinically competent and supported to implement the NFP program, nursing supervisors provide clinical reflection through specific supervisory activities. These activities include one-to-one supervision, case conferences and team meetings, and field supervision.

- **One-to-one supervision.** Nursing supervisors are required to have a weekly one-to-one meeting with each nurse home visitor to review the nurse's work, including the management of her caseload and quality assurance. According to HHSC TNFP staff, 12 sites satisfactorily complied with this component of the standard.
- **Case conferences and team meetings.** Nursing supervisors are required to schedule weekly case conferences or team meetings dedicated to joint case review for the purpose of problem solving and professional growth. Team meetings also include discussions of program implementation issues and team building exercises. According to HHSC TNFP staff, all sites met or exceeded the 85 percent minimum threshold for conducting case conferences and team meetings recommended by NFPNSO.
- **Field supervision.** Nursing supervisors are required to conduct a joint home visit with each nurse every four months. According to HHSC TNFP staff, most sites complied with this component of the standard. Four sites that only partially completed this component had new nurse supervisors, staff turnover, and competing time demands for NFPNSO supervisor training and additional learning requirements that impacted their ability to fully meet this standard.

Program Monitoring and Use of Data

***Standard 15.** Nurse home visitor and nursing supervisors collect data as specified by the NFPNSO and use NFP Reports to guide their practice, assess and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.*

Each TNFP program site collected data and used the NFP reports to monitor and improve its operations. NFPNSO sent each site quarterly summary reports providing statistical information on each site's performance in relation to the NFP national totals. TNFP nurse supervisors reviewed the reports to determine if the sites were meeting the goals of the NFP program and if they were adhering to the model standards. During the review of reports, problems with the reported data were also identified, and corrected data were transmitted to NFPNSO along with the reason for the error (e.g., data entry, data collection, or other error). If needed, the TNFP program sites made appropriate corrections in the database or adjustments in protocol, in consultation with NFPNSO or HHSC. TNFP nursing supervisors also used the data reports to establish a basis for the development of quality improvement processes.

Agency

***Standard 16.** An NFP 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. The implementing agency should provide visible leadership and support the NFP program with all tools necessary to ensure program fidelity.*

All TNFP implementing agencies met this standard. Detailed descriptions of the TNFP implementing agencies were included in previous reports. For the descriptions, please refer to the

"Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report for Fiscal Year 2014."³⁹

Standard 17. *An NFP implementing agency convenes a long-term community advisory board that meets at least quarterly to promote a community support system to the program and to promote program quality and sustainability.* It is important for an implementing agency to have a community advisory board where implementation issues can be vetted and problems addressed. A community advisory board:

- Provides a support network for NFP staff and clients
- Facilitates awareness of NFP in the community
- Provides assistance in developing relationships with referral sources and service providers
- Helps assess and respond to challenges in program implementation
- Identifies gaps in client resources and services
- Consults with the NFP staff regarding quality improvement
- Works with other local, state, and federal entities to generate the support needed to sustain the NFP program

Each program site has a community advisory board that met quarterly. The two TNFP sites in Dallas, the two TNFP sites in San Antonio, and two of the three TNFP sites in Houston share an advisory board.

Standard 18. *Adequate support and structure shall be in place to support nurse home visitors and nursing supervisors to implement the program and to ensure that data are accurately entered into the database in a timely manner.* Support includes the necessary infrastructure to support and implement the program. This includes the necessary physical space, desks, computers, cell phones, filing cabinets, and other equipment to carry out the program. It also includes employing a person primarily responsible for key administrative support tasks for NFP staff, such as entering data and maintaining report accuracy. Each implementing agency must have the equivalent of a half-time general administrative staff member for every 100 clients to support the nurse home visitors and nursing supervisors.

All 13 TNFP sites have established an adequate support structure to ensure effective implementation and accurate data entry. Each TNFP program site has dedicated support staff. For the data specialist function, nine sites have one full-time person providing data entry and other administrative assistance, one site has two full-time administrative assistants, two sites have administrative assistants working three-quarter time, and one site has an administrative assistant working half time. As of June 30, 2015, there were two nurse home visitor vacancies.

In addition, each implementing agency has dedicated space, desks, computers, and other equipment to its TNFP program. The majority of each site's overhead is paid by the implementing agency.

³⁹ The report can be accessed here: http://www.hhsc.state.tx.us/about_hhsc/reports/search/search_alpha.asp.

ESTABLISHMENT OF PATERNITY

Section 531.653, Texas Government Code, requires TNFP program sites to assist clients in establishing paternity of their babies. The goal of the TNFP program is to help clients understand paternity and child support services. All nurse home visitors complete the initial and annual refresher AOP training 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. Information on paternity establishment is provided to all TNFP clients. In fiscal year 2015, 88 clients completed AOP documentation with their nurse home visitor prior to delivery. It is unknown how many clients completed AOP documentation during their hospital stay following the birth of their baby or at a later time point.

SUMMARY

From July 1, 2014 to June 30, 2015, TNFP enrolled 1,082 low-income first-time mothers, bringing the total enrollment since the program started in Texas in 2008 to 7,286, and served an average monthly caseload of 1,659 clients. The median age of TNFP clients at intake was 20 years, and TNFP clients had a median annual household income between \$9,001 and \$12,000.

Since September 2008, approximately 1,785 clients have stayed in the program through their child's second birthday, 3,135 clients were enrolled through their child's first birthday, and 5,206 clients completed the pregnancy phase of the program.⁴⁰ In the previous program year, from July 1, 2013 to June 30, 2014, out of the 3,585 clients who had time to complete all three phases of the program, 34 percent stayed in the program through their child's second birthday.

As a condition of their funding, TNFP grantees were required to adhere to the TNFP program model standards developed by NFPNSO. With a minor exception to standard 14, all of the TNFP sites successfully adhered to the 18 model standards covering 7 areas of implementation.

- **Clients (Standards 1-4)** - Clients participated in the program voluntarily, more than 99 percent were first-time mothers, and of the 60 percent of new clients with income data, 96 percent met the low-income criteria at enrollment. Ninety-eight percent of clients with known gestational age at enrollment began receiving program services before the end of their 28th week of pregnancy.
- **Intervention Context (Standards 5-7)** - Each nurse home visitor visited clients in accordance with NFPNSO guidelines. TNFP sites completed 74 percent of the expected home visits during pregnancy, slightly higher than the NFP national average of 72 percent but just short of the NFPNSO objective of 80 percent. TNFP sites exceeded the NFPNSO objectives of completed home visits in the infancy and toddlerhood phases.
- **Expectations of the Nurses and Supervisors (Standards 8-9)** - Each grantee followed the NFPNSO guidelines regarding staff training and experience or received variance approval from NFPNSO. All but 1 of the 79 nurse home visitors seeing clients had a Bachelor of

⁴⁰ Not all clients who have completed the pregnancy and/or infancy phases have been in the program long enough to complete the subsequent phases.

Science in Nursing (BSN), and TNFP nurse home visitors had completed all required additional training sessions or were in the appropriate phases of their training based on hire dates.

- **Application of the Intervention (Standards 10-12)** - Each nurse home visitor followed the NFPNSO visitation guidelines during client visits and used current clinical methods to apply the NFP theoretical framework. However, a quarter of nurse home visitors had a caseload greater than 25 clients for short periods of time.
- **Reflection and Clinical Supervision (Standards 13-14)** – Nursing supervisors provided supervision to no more than eight nurses and provided clinical supervision and feedback in accordance with NFPNSO guidelines. Overall, most nursing supervisors provided sufficient one-to-one supervision, case conferences and team meetings, and field supervision. Four sites only partially met the field supervision standard.
- **Program Monitoring and Use of Data (Standard 15)** - Each grantee collected data in accordance with NFPNSO guidelines.
- **Agency (Standards 16-18)** - Each grantee was located in an organization known for providing prevention services and had the organizational structure to support the implementation and operation of an NFP program. All sites met regularly with a community advisory board to discuss implementation and sustainability issues.

CONCLUSION

The goal of the TNFP evaluation report is to provide data for the prior year on the number of TNFP clients enrolled and served along with demographics for these clients, and to present the results of the assessment as to whether the sites are adhering to NFPNSO model standards. The TNFP grantees met all of the 18 NFP model standards except for a few sites only partially meeting standard 14.

There are currently four funding sources for NFP sites in Texas. As transfers between sites and mixed funding at sites become more common, it will become increasingly difficult to separate out the general revenue-funded sites and clients for evaluation. The scope of future evaluations may expand to include NFP sites funded through additional sources.