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

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Our Program Goals

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

All Texas Children will reach their full potential in nurturing family and community environments.
Why is investment in early childhood so important?

Source: Heckman and LaFontaine (2007).
Impact of Home Visiting

Priority:
• Improvement in maternal and newborn health
• Improved school outcomes and achievement and child development

Immediate & Short-term:
• Increased positive parenting practices
• Decreased child maltreatment
• Increased parent employment and self-sufficiency

Economic:
Every $1 yields up to $5.70 in taxpayer returns

HHSC Texas Home Visiting

HHSC Texas Home Visiting Program

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

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

Federally-funded Programs

Nurse Family Partnership (NFP)

NFP Goals:
- Improved Pregnancy Outcomes
- Improved Child Health & Development
- Improved Maternal Life Course Development

State-funded Programs

Senate Bill 426

S.B. 426 Goals:
- Improved maternal or child health outcomes
- Improved cognitive development of children
- Increased school readiness of children
- Reduced child abuse, neglect, & injury
- Improved child safety
- Improved social-emotional development of children
- Improved parenting skills, including nurturing & bonding
- Improved family economic self-sufficiency
- Reduced parental involvement with the criminal justice system
- Increased father involvement & support
Health Coordination and Consumer Services: Texas Home Visiting Programs

Texas Home Visiting includes federal and state funded programs:

**Federal Funding:**
- Health Resources and Services Administration, Maternal, Infant, Early Childhood Home Visiting (MIECHV)
  
  Total federal funding for FY14: 19.9 million

**State Funding:**
- Texas Nurse Family Partnership (TNFP):
  
  Total state funding for FY14: $8.9 million
- State Home Visiting Program (S.B. 426, 83R)
  
  Total state funding for FY14: $2.7 million

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

*Not including SB 426*
Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Highlights:

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

Key Components:

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

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

Goals:
• Improve pregnancy outcomes, child health and development, parents’ economic self-sufficiency
• Reduce incidence of child abuse and neglect

20 TNFP Sites:
Ector/Odessa, Gregg/Longview, Hidalgo/Willacy/Cameron, Nueces/San Patricio, Potter/Amarillo, Wichita, Bexar, Travis/Williamson, Harris/Ft Bend, Galveston, Webb, Chambers/Hardin/Orange, Dallas/Tarrant, El Paso, and Garza/Hale/Hockley/Lamb/Lynn/Terry County
Senate Bill 426 directs HHSC to create and implement a strategic plan to provide home visiting programs to target population, including a formal evaluation component, and community feedback.

**Key components:**

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

- 91% of babies were born full term
- 91% of babies were born at a healthy weight—at or above 2500 g (5.5lbs)
- 87% of mothers initiated breastfeeding
- 93% of children received all recommended immunizations by 24 months

**MIECHV-Funding Programs: Early Outcomes**

**School Readiness & Family Self-Sufficiency**

- **Parents Feel Supported**: FY 2013 - 26%, FY 2014 - 41%
- **Child read to each day**: FY 2013 - 4%, FY 2014 - 25%
- **Increase in education or hours worked**: FY 2013 - 13%, FY 2014 - 29%

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

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*Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin*
MIECHV-Funded Programs: Child Health and Wellness Outcomes

Child Health & Wellness

- **ER Visits**
  - FY 13: 12.5%
  - FY 14: 8.1%
  - National %: 24.0%

- **Medical Attention**
  - FY 13: 1.8%
  - FY 14: 1.3%
  - National %: 10.4%

*Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin*
Current Lead Agency
Home Visiting Sites

HHSC Home Visiting Programs in Texas

Map Prepared by: Texas Health and Human Services Commission, Strategic Decision Support Department. January 10, 2014
Strategic Vision for Growth

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

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

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

**Focus on communities:**
- Customized approaches
- Supported sustainability

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