

**TEXAS HOME VISITING PROGRAM**  
*Statewide Findings from the  
Program Implementation Evaluation*  
September 2016



## **Texas Home Visiting Program**

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### Statewide Findings from the Program Implementation Evaluation

September 2016

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## Introduction

The Prevention and Early Intervention (PEI) Division at the Texas Department of Family and Protective Services (DFPS),<sup>a</sup> contracted with the Child and Family Research Partnership (CFRP) at the LBJ School of Public Affairs at UT Austin to evaluate the implementation and outcomes of the Texas Home Visiting Program (THV). The overarching aim of the program implementation evaluation (PIE) is to better understand the factors that advance or limit the successful implementation of evidence-based home visiting programs and the ability of programs to produce positive outcomes for families with young children.

The ability for programs to successfully recruit, enroll, serve, and retain families impacts whether or not children and families benefit from home visiting programs. The purpose of this data book is to present preliminary findings from PIE that highlight:

- The recruitment and enrollment of families in THV;
- The extent to which programs are providing families with the prescribed number of visits and intended services;
- Whether programs are retaining families long enough to benefit from the program; and
- How families are benefiting as defined by the federally required benchmark outcomes.<sup>b</sup>

## BACKGROUND INFORMATION

With federal Maternal, Infant, and Early Childhood Home Visiting program (MIECHV) formula and developmental grants awarded in fiscal years 2010 and 2011, respectively, PEI-THV created the Texas Home Visiting Program (THV)—a multi-layer approach to home visiting that includes both the provision of evidence-based home visiting services and the development or expansion of community coalitions that build early childhood comprehensive systems (ECCS). THV aims to ensure that Texas children ages zero to five are healthy and prepared for school by promoting a seamless delivery of health and human services in high-need communities.<sup>1</sup>

With the initial rounds of formula and competitive funding, PEI-THV identified seven communities across eight Texas counties that would benefit most from THV through a statewide needs assessment. With additional grant funding in 2013, PEI-THV increased service

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<sup>a</sup> THV moved from the Texas Health and Human Services Commission to DFPS-PEI, effective May 1, 2016

<sup>b</sup> The benchmark outcomes presented here reflect the original set of federally required benchmark outcomes. New federal performance measures go into effect on October 1, 2016

to two additional communities (Bexar and Wichita counties) and expanded programs in three of the original communities for a total of 29 programs serving families in nine communities across 14 counties. A combination of state funding and recent MIECHV expansion funding awarded in 2015 further expanded THV to four additional communities and expanded programs in two communities. This data book relies on information collected from 37 programs in 13 THV communities across 21 counties (Table 1).<sup>c</sup>

**Table 1. THV Communities and Home Visiting Programs Included in Data Book**

Community	City of Primary Contractor	Home Visiting Programs
Bexar County	San Antonio	PAT, HIPPY, NFP
Smith, Cherokee, and Anderson Counties*	Tyler	PAT
Dallas and Collin Counties	Dallas	PAT (5), HIPPY
Ector and Midland Counties	Odessa	PAT, HIPPY, NFP
Gregg County	Longview	PAT, HIPPY, NFP
Rio Grande Valley (RGV): Hidalgo, Willacy, Cameron, and Starr Counties	McAllen	PAT (2), HIPPY, NFP
Nueces and San Patricio Counties	Corpus Christi	EHS-HB, PAT, HIPPY, NFP
Potter County and the City of Amarillo	Amarillo	EHS-HB, PAT, HIPPY, NFP
Wichita County	Wichita Falls	PAT, HIPPY, NFP
Harris County	Houston	PAT, HIPPY
Hays County	San Marcos	PAT
Montgomery County	Conroe	PAT
Tarrant County	Fort Worth	PAT

\*Anderson Cherokee Community Enrichment Services (ACCESS) in Jacksonville was the primary contractor in Cherokee and Anderson counties through August 2015. UT Tyler Health Sciences Center in Tyler is currently the primary contractor.

<sup>c</sup> As of March 31, 2016, the two Early Head Start-Home Based (EHS-HB) programs originally funded through MIECHV in 2011, continue to be implemented, but are no longer funded through MIECHV. Past data from families enrolled these programs when funded through MIECHV are included in the present report. The 2015 expansion programs in Collin and Starr are included in the present report as Dallas and RGV, respectively.

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## WHERE DO THE DATA COME FROM?

The findings in this data book come from the information home visiting program staff collect from families and enter into their data system (VisitTracker or ETO), which is then exported to the Texas Home Visiting Benchmark Data System. This information comes from all families with at least one recorded home visit who were ever enrolled in THV beginning September 1, 2012 through August 31, 2016.<sup>d</sup> Additionally, families who have no exit (or termination) date, but have not had a visit in 90 days<sup>e</sup> are assumed to have exited their program and are given an exit date equal to the date of their last home visit.

The THV data system was launched in spring 2012 to meet federal grant data reporting requirements. In July 2013, reports from the data system indicated large amounts of missing information on families for all home visiting programs in the THV communities. CFRP, PEI-THV, the state program model leads, as well as program leads and home visiting program coordinators in the THV communities have worked to resolve many of the missing data issues. Nonetheless, several issues with missing data persist and are noted throughout the data book.

For each of the outcome measures, families must have been enrolled for specific lengths of time to be included in the measures (e.g., for six months or for one year). Too few families in the most recent expansion communities (Harris, Hays, Montgomery, and Tarrant) have been enrolled long enough to be included in the measures. Outcome data are not presented for the expansion communities.

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<sup>d</sup> Data from NFP programs are current through September 30, 2015.

<sup>e</sup> HIPPY families who enrolled after September 1, 2015 and had their last home visit date after April 1, 2016 are not given termination dates because of their program schedule.

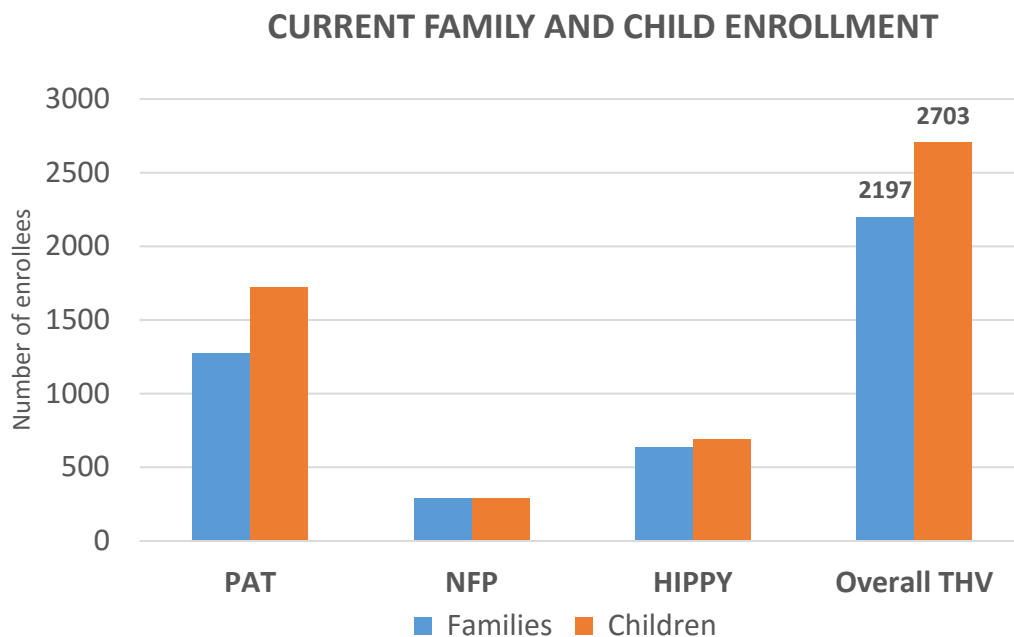
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## Recruitment and Enrollment

Recruiting families into home visiting programs is often difficult because the programs' overall target population has multiple risk factors that make the families hard to reach, and the program models have various age and income eligibility requirements that restrict which families can be enrolled in a particular program.

### CHILD AND FAMILY ENROLLMENT

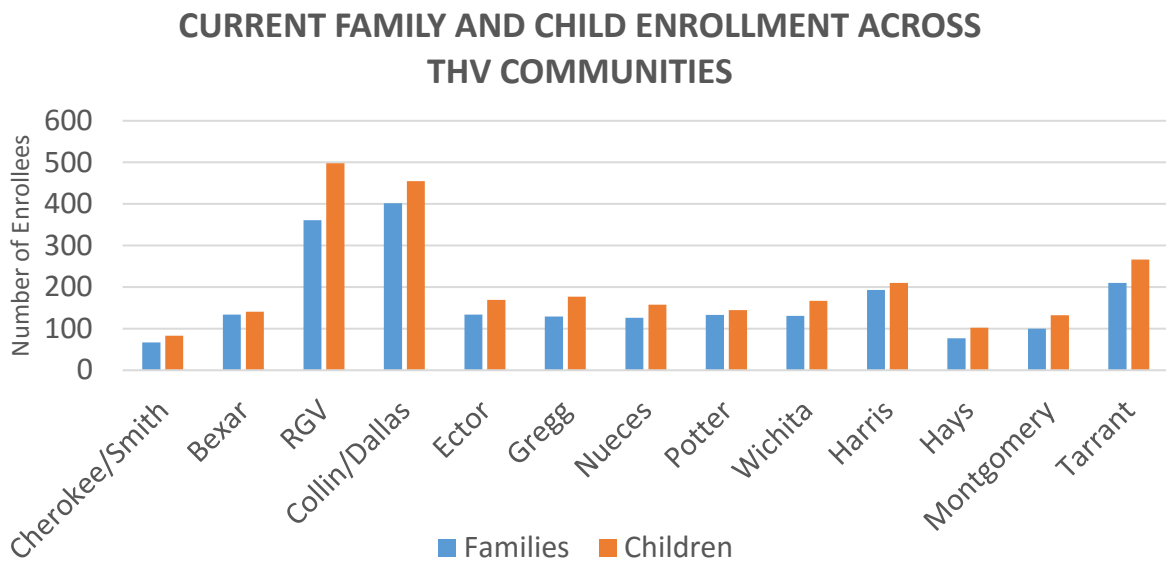
Currently, as of August 31, 2016,<sup>f</sup> THV has 2,197 families and 2,703 children enrolled across the state.



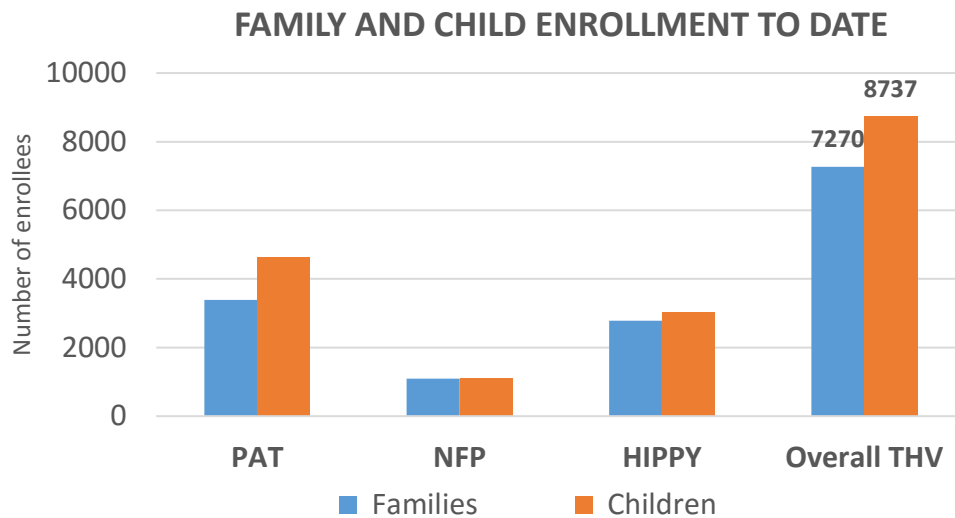
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<sup>f</sup> Please note that NFP data are current as of September 30, 2015.

Current enrollment across the THV communities is provided below. RGV<sup>§</sup> and Dallas/Collin, two of the first seven THV communities, are currently serving the largest numbers of children and families.

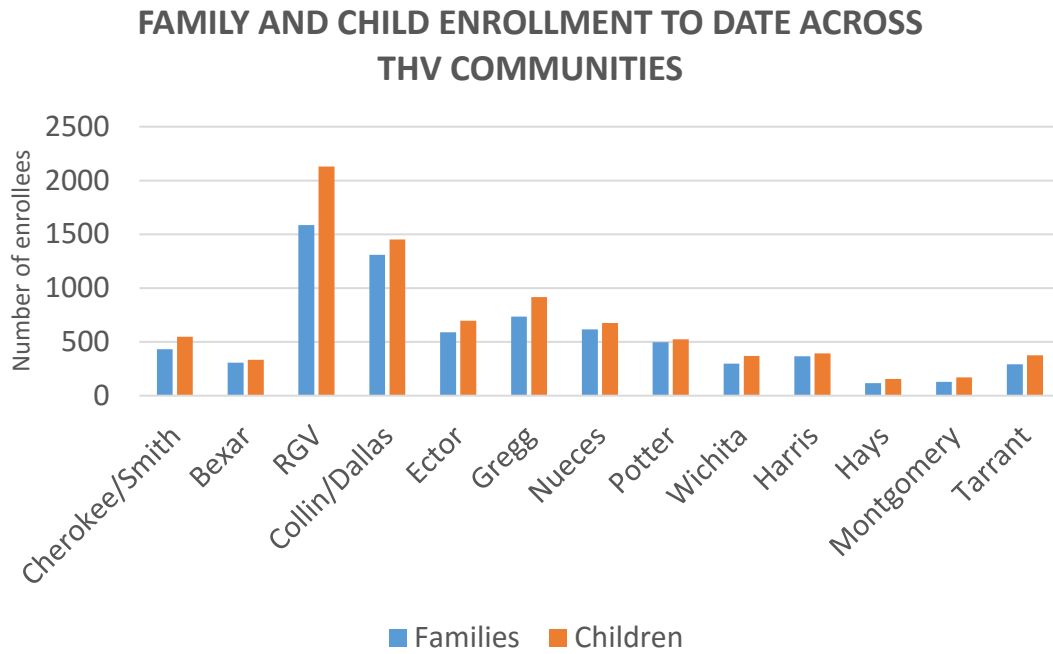


To date, since September 2012, THV has enrolled 7,270 families and 8,737 children across the state.



<sup>§</sup> RGV: Rio Grande Valley represents Hidalgo, Willacy, Cameron, and Starr Counties

The total child and family enrollment to date across THV communities is provided below. The programs in RGV and Dallas/Collin have served the greatest number of children and families.

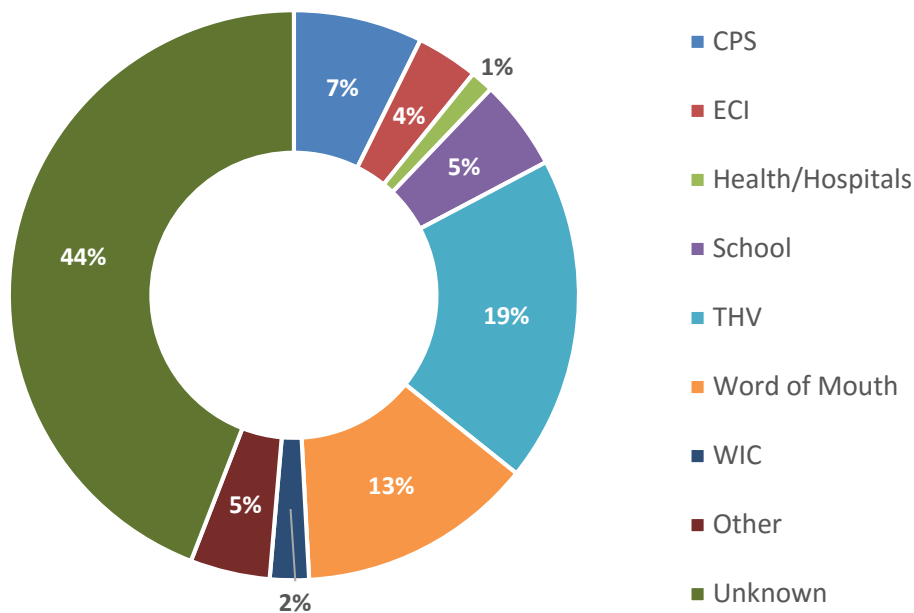




## RECRUITMENT SOURCES

Home visiting program staff continue to note that recruitment efforts are more successful now than they were in the first few years of serving families, and that the difficulty in recruiting families has declined over time. Program staff have developed relationships with various recruitment sources (e.g., WIC offices, health clinics, counselors at local schools) in the communities that provide a steady flow of potential clients to the home visiting programs. Of the available recruitment source data (44 percent are missing), nearly one-fifth of families recruited (19%) come from other THV programs and 13 percent of families recruited come through word of mouth, which continues to be a growing source of recruitment. Additionally, many of the programs are at or near capacity and have wait lists to draw from, reducing the need for staff to actively recruit clients.

### RECRUITMENT SOURCES

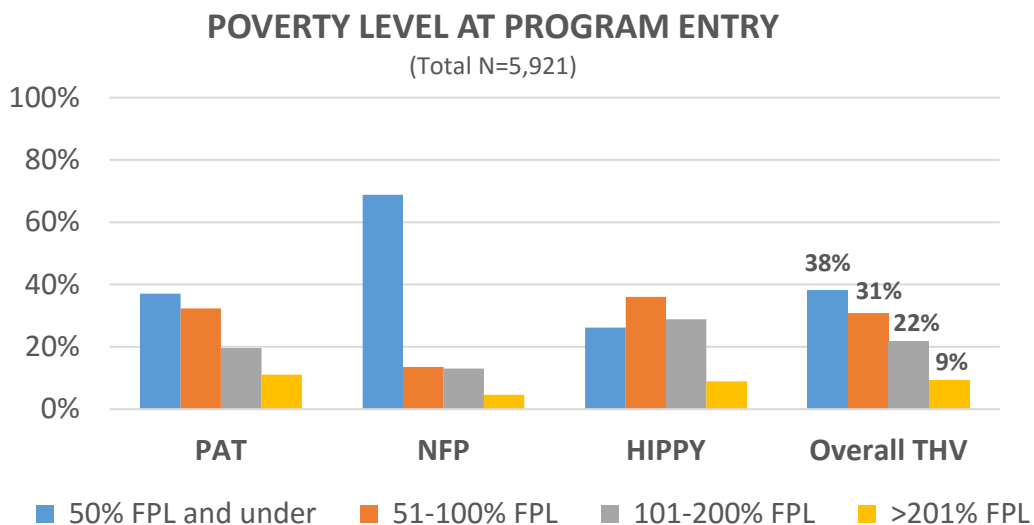


## Characteristics of Families and Children in the THV Communities

One of the core components of the federal MIECHV legislation is that states receiving MIECHV funding give priority to serving high-risk populations.<sup>h</sup> The MIECHV legislatively-identified priority populations include, among others, low-income families, pregnant teenagers, families with a history of child abuse or neglect, families with a history of substance abuse, and military families. The legislation also identified families as eligible if they reside in high-need communities, as determined by a statewide needs assessment. All of the THV communities were selected based on needs identified in a statewide needs assessment conducted by PEI-THV. Thus all families enrolled in THV are considered a part of a MIECHV priority population.

### POVERTY

Nearly 70 percent of THV families have incomes at or below the federal poverty line (FPL)<sup>i</sup>. Another 22 percent of families are low income, earning incomes between 100 and 200 percent of the federal poverty line.



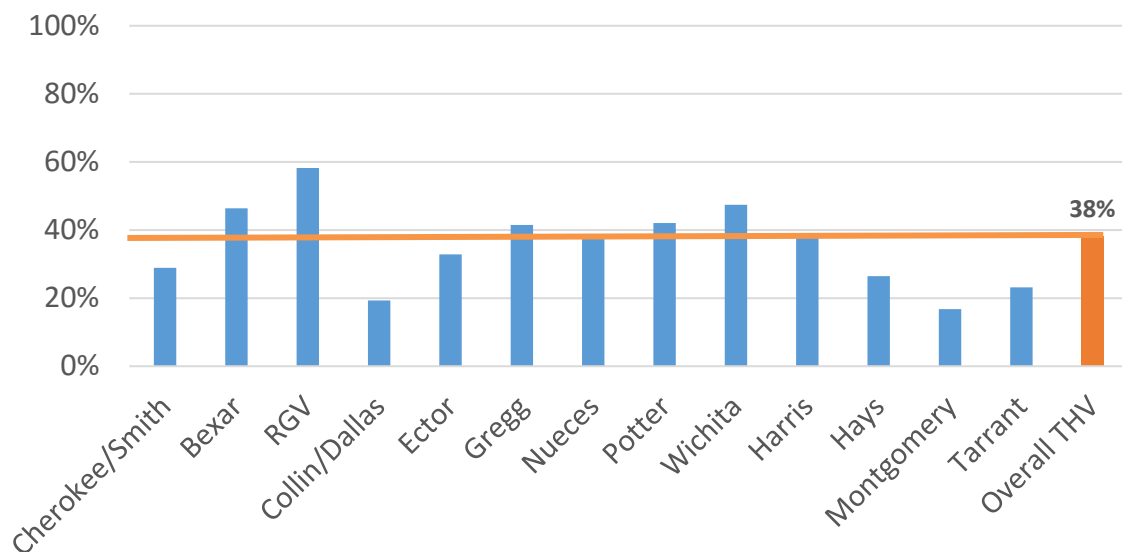
<sup>h</sup> Social Security Act, Title V, Section 511(d) (4).

<sup>i</sup> The federal poverty line (FPL) is set by the U.S. Department of Health and Human Services and is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter and other necessities. FPL varies according to family size.

Families' level of poverty when they enter the THV program varies across the sites. More than half of the families in RGV (nearly 60%) are extremely poor compared to fewer than 20 percent of the families in Dallas/Collin. Experiencing poverty in childhood is associated with a host of adverse cognitive, health, and social-emotional outcomes,<sup>2</sup> but experiencing extreme poverty puts children at an even higher risk of a negative health and developmental outcomes.<sup>3</sup> Children living in extreme poverty are more likely to have parents who experience poor physical or mental health, high parenting stress, and a lack of perceived social support compared to children living at the poverty line.<sup>4</sup>

### VARIATION IN PERCENT OF FAMILIES IN EXTREME POVERTY ACROSS THV COMMUNITIES

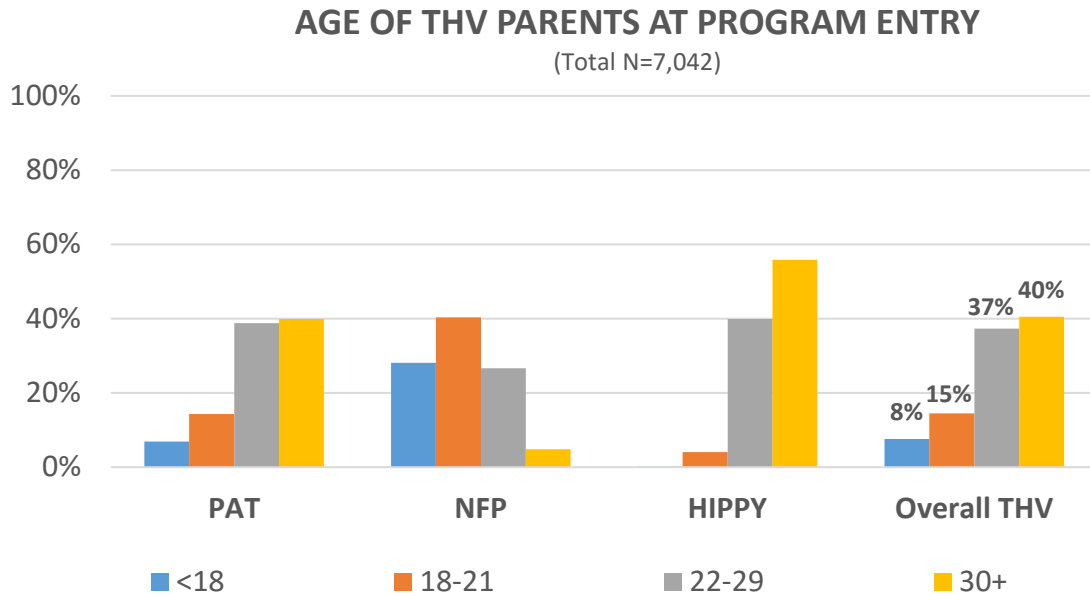
(Total N=5,921)



### AGE

Although more than 40 percent of THV parents are age 30 or older at program entry, nearly one quarter (23%) of THV parents are very young parents (age 21 or younger). Becoming a parent at a young age presents numerous challenges; teen parents are more likely to drop out of high school, less likely to go to college, and are more likely to face poverty in adulthood as compared to peers who do not become parents.<sup>5</sup> Children of young parents are also at higher risk of negative outcomes – children of teen parents are more likely to have negative health and academic outcomes (e.g., premature birth, low birth weight, lower scores on measures of

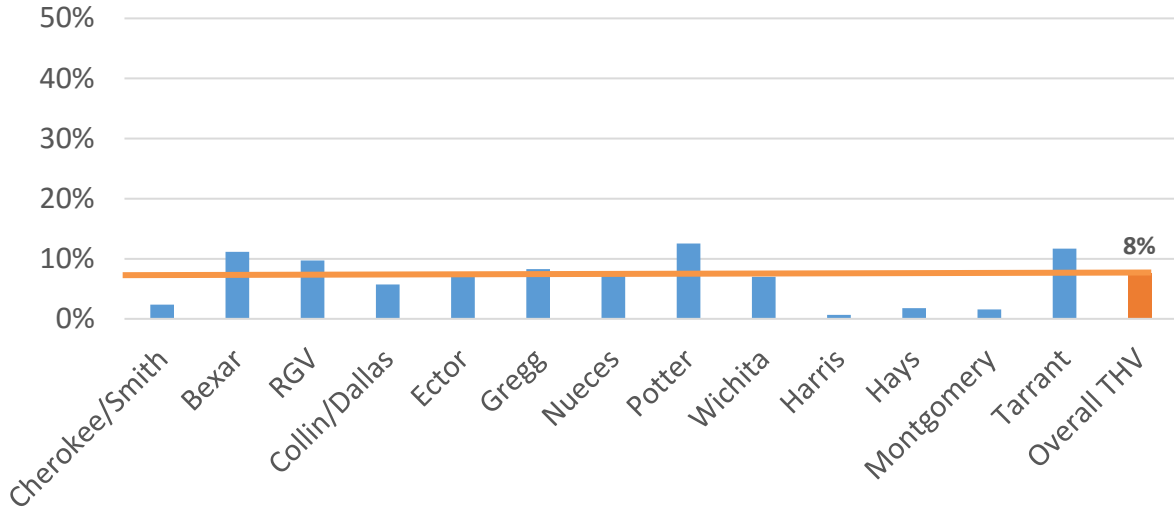
school readiness), face higher rates of abuse and neglect, be incarcerated, and become teen parents themselves.<sup>6</sup> There is important variation across the program models. Most of the mothers in NFP (68%) are age 21 or younger at program entry compared to only 4 percent of HIPPY mothers. NFP targets first-time mothers, who are often teenagers.



For the most part, variation in the percent of very young teen parents (younger than 18 years of age) being served is driven by which communities have NFP programs. For example, Bexar, RGV, and Potter, which all have NFP programs, are serving a higher percentage of teen parents than the overall average for THV.

### VARIATION IN THE PERCENT OF YOUNG TEEN (<18) PARENTS BEING SERVED ACROSS THV COMMUNITIES

(TOTAL N=7,042)

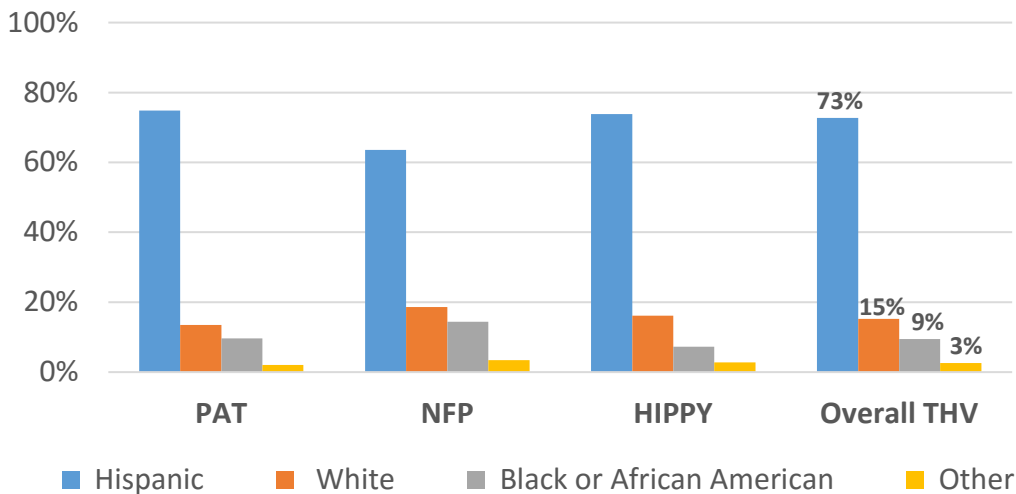


### RACE/ETHNICITY

Across the state, 73 percent of parents enrolled in THV are Hispanic. In comparison, recent estimates from the U.S. Census indicate that slightly more than one-third of Texan adults (35%) are Hispanic.<sup>7</sup>

### RACE/ETHNICITY OF THV PARENTS

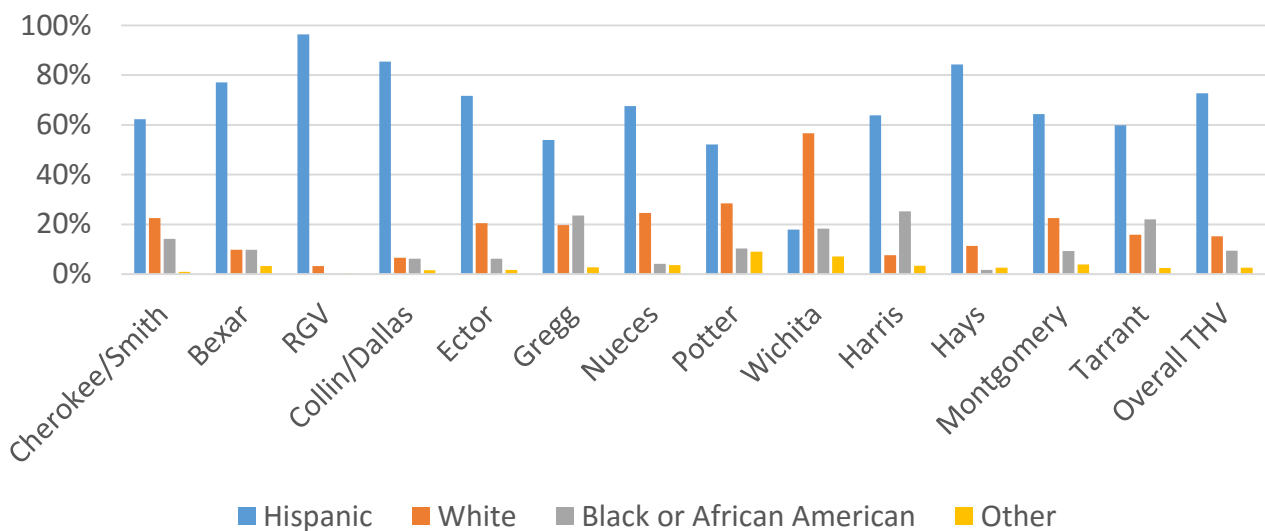
(Total N=7,190)



Interesting variation in race/ethnicity emerges across the communities. The majority of families being served in each THV community are Hispanic with one notable exception. In Wichita, nearly 60 percent of families are White and fewer than 20 percent are Hispanic. Although they too are mostly serving Hispanic families, Gregg, Harris, and Tarrant are serving a higher percentage of Black or African American families than the overall THV average.

### VARIATION IN RACE AND ETHNICITY ACROSS THV COMMUNITIES

(Total N=7,190)

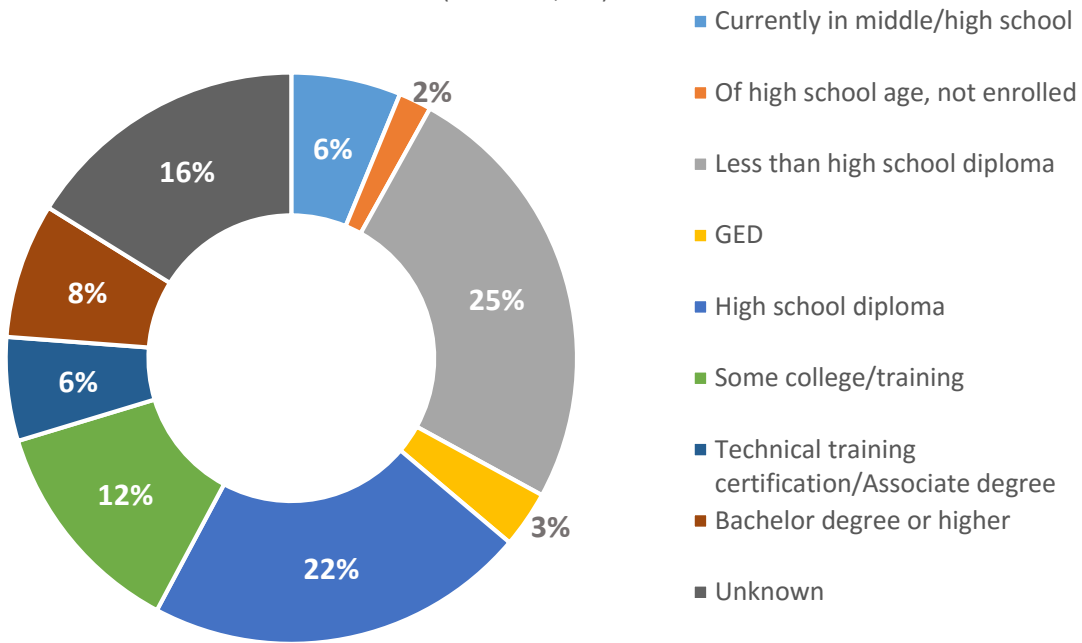


### PARENT EDUCATION LEVEL

At program entry, more than one-third (36%) of THV parents lack a high school diploma (includes those who are still in middle or high school, dropped out of high school, or earned their GED). Some of these less-educated parents are currently attending middle or high school, but many are parents who have dropped out of high school. Individuals who do not complete high school are more likely to have lower annual earnings,<sup>8</sup> live in poverty,<sup>9</sup> face higher rates of unemployment,<sup>10</sup> and rely on public assistance.<sup>11</sup>

## PARENTS' LEVEL OF EDUCATION AT PROGRAM ENTRY

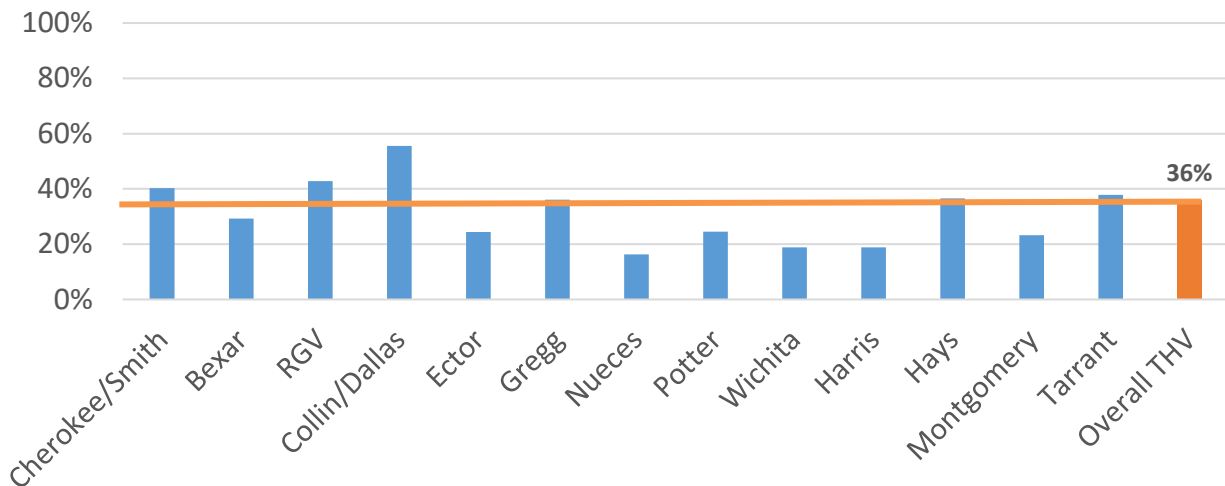
(Total N=7,243)



The percent of families enrolled in THV who have not earned a high school diploma varies widely across communities. Programs in Cherokee/Smith, RGV, and Collin/Dallas serve a higher percentage of parents without a high school diploma compared to THV overall.

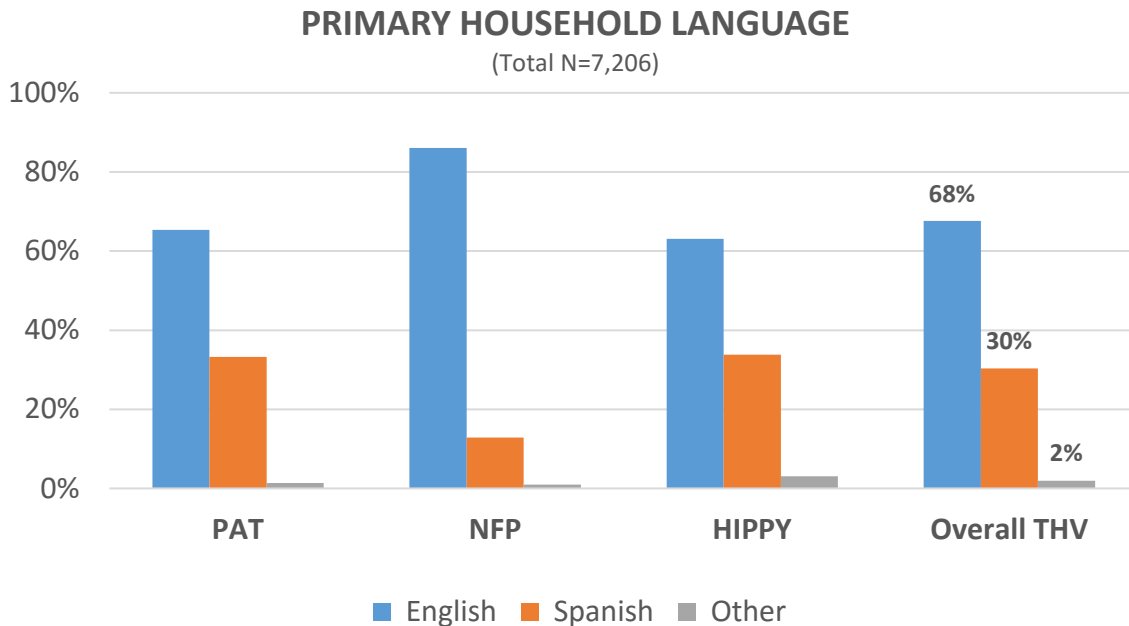
## VARIATION IN THE PERCENT OF PARENTS WHO HAVE NOT EARNED A HIGH SCHOOL DIPLOMA ACROSS THV COMMUNITIES

(Total N=7,243)



## PRIMARY HOUSEHOLD LANGUAGE

Overall, 68 percent of THV families speak English and 30 percent of families speak Spanish. This varies across the program models, such that fewer than 15 percent of NFP families are Spanish speakers.

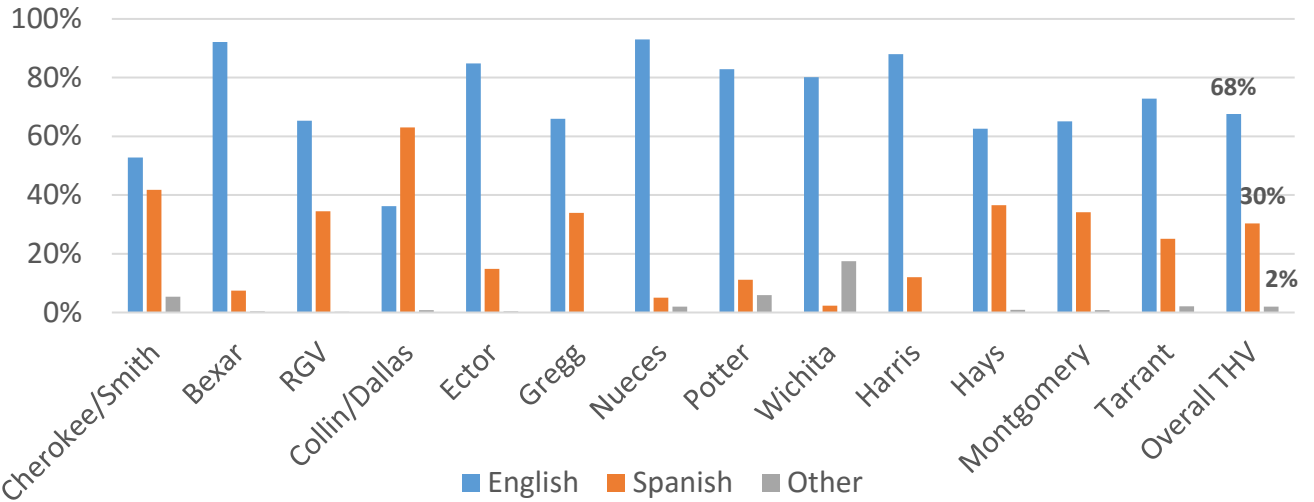


Across the communities, THV families are mostly English-speaking, except in Dallas/Collin counties, where most families (more than 60%) are Spanish-speaking. Program staff across the state continue to report that one of the primary challenges associated with serving Spanish-speaking families is finding qualified home visiting staff who are bilingual. For some communities in which the programs are serving a higher than average percentage of Spanish-speaking families, this challenge can be particularly difficult.



## VARIATION IN HOUSEHOLD LANGUAGE ACROSS THV COMMUNITIES

(Total N=7,206)



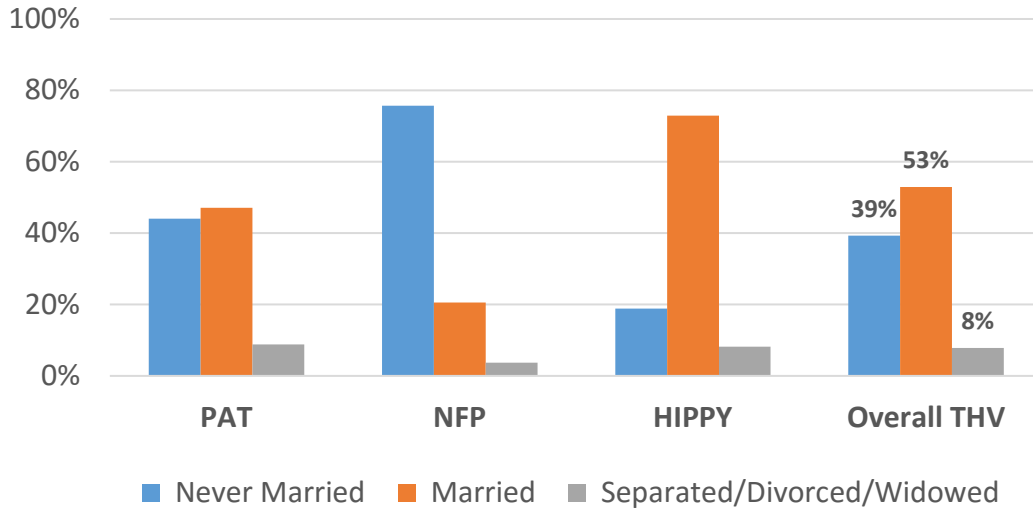
### MARITAL STATUS

Overall, slightly more than half (53%) of children’s parents report being married at program entry. 39 percent have never married. Survey data from mothers participating in THV indicate that just because mothers are not married, it does not necessarily mean they are single parents. Slightly more than half (52%) of unmarried mothers surveyed reported living with their child’s father.

There is important variation across the program models. In NFP, the majority of parents (nearly 80 percent) have never been married (this is consistent with NFP parents being younger on average compared to parents in the other programs). In contrast, more than 70 percent of HIPPY parents are married at program entry.

## MARITAL STATUS OF THV PARENTS AT PROGRAM ENTRY

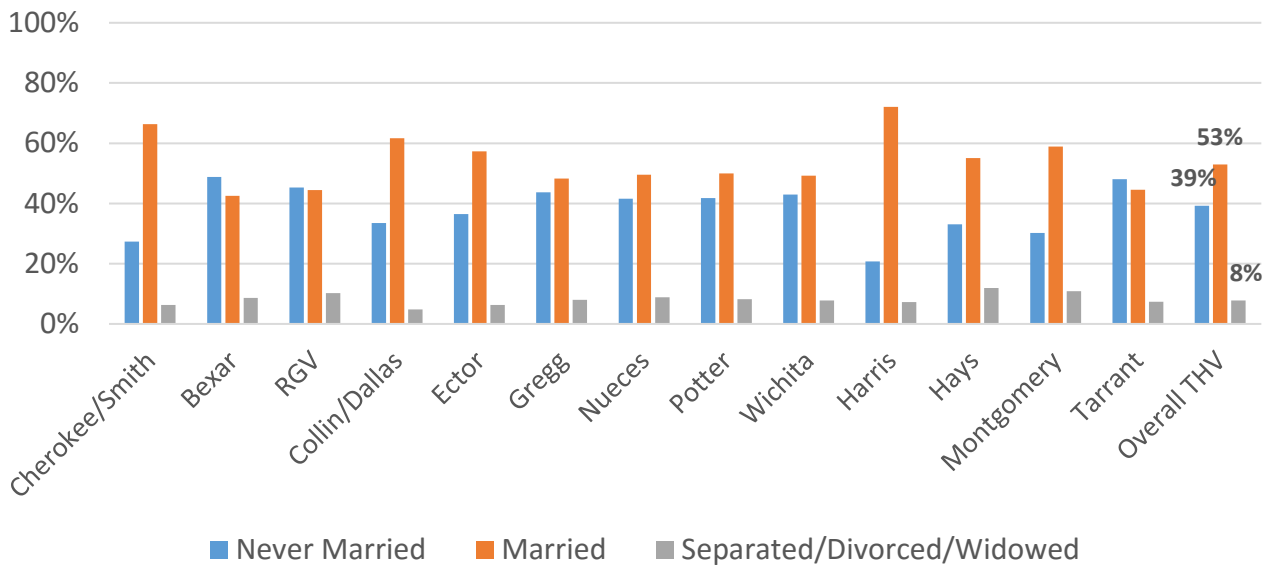
(Total N=6,961)



Parent marital status varies across the THV communities. Similar to the variation in age at enrollment across the communities, NFP is driving the variation in marital status. Generally, the communities with an NFP program serve fewer married parents.

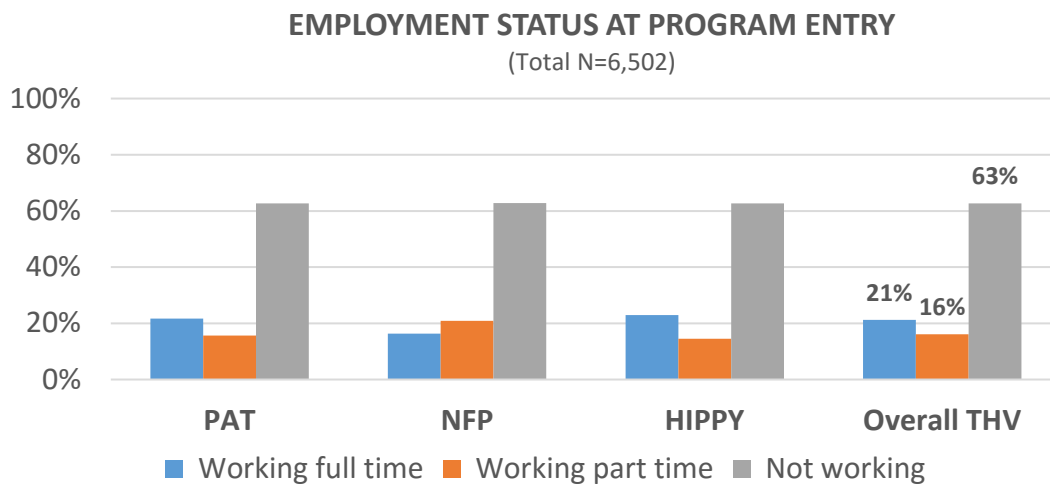
## VARIATION IN MARITAL STATUS ACROSS THV COMMUNITIES

(Total N=6,961)

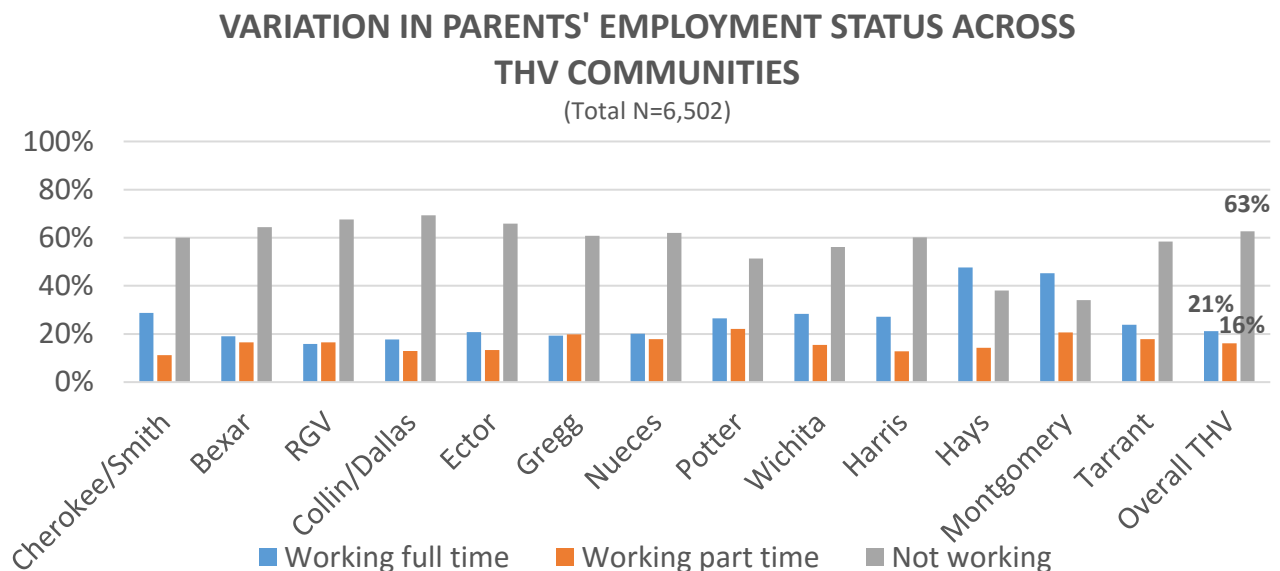


## EMPLOYMENT STATUS

Nearly two-thirds of parents (63%) report not working at program entry. Parents who are not working present a paradox for home visiting program staff. Increasing family self-sufficiency is a MIECHV goal, and program staff prioritize helping parents find jobs or training, but one of the reasons families leave home visiting programs prior to completion is because they found a job and no longer have time to attend home visits.

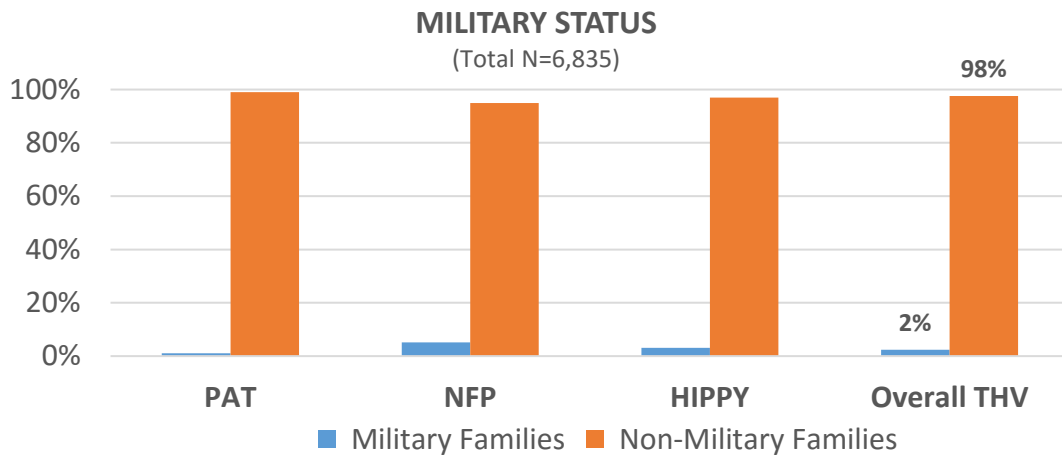


This low rate of employment is consistent across program models and across most of the THV communities, except for two communities (Hays and Montgomery), where more than 40 percent of families are working full time at program entry.

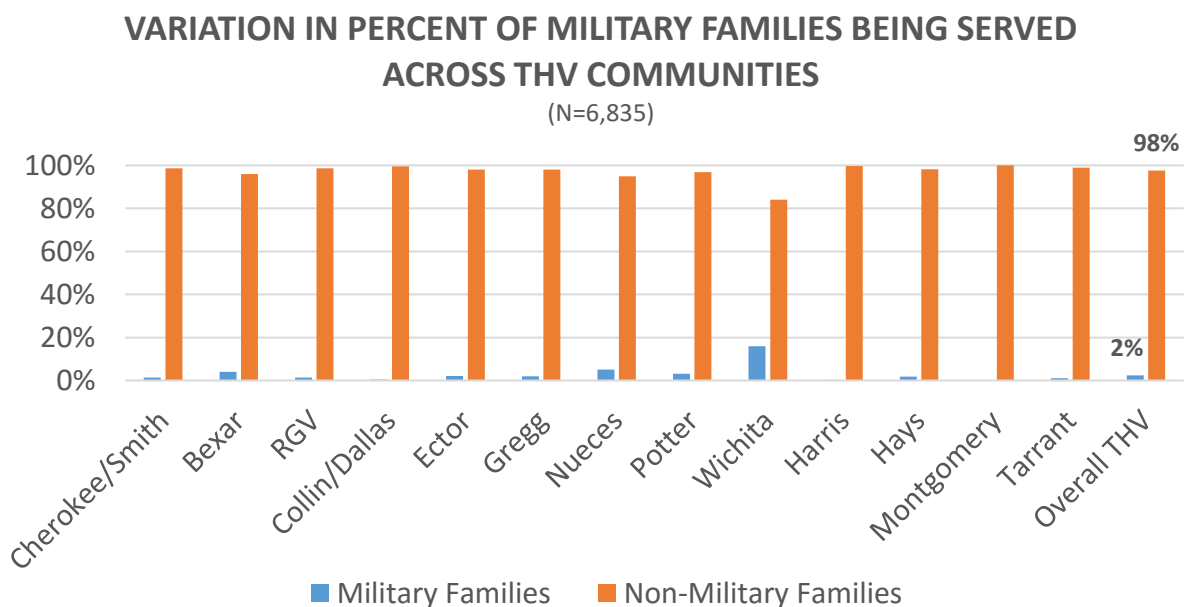


## MILITARY SERVICE

Despite being a MIECHV legislative priority, approximately two percent of the families ever enrolled in THV have been military families.



The three largest military installations in the state are in Bexar, El Paso, and Bell counties, but THV is only serving families in one of these communities (Bexar). The percentage of military families being served by THV varies across communities and closely mirrors where military installations are located across the state (e.g., Joint Base San Antonio in Bexar, Sheppard Air Force Base in Wichita, Naval Air Station Corpus Christi in Nueces).



## Dosage

Critical to implementing home visiting programs with fidelity to the model and increasing the likelihood that families benefit from participating in the programs is *dosage*—the amount of the program families receive.<sup>12</sup> Home visiting program curriculum is delivered to families during home visits. Across the 37 programs, THV has provided 132,795 home visits to families since September 2012.

If home visitors do not conduct all of the prescribed visits with many families, then they cannot deliver all of the services and program curriculum, which limits the extent to which families can benefit from the programs. Identifying the barriers that keep families from receiving the amount of the program prescribed by the model can help program operators, evaluators, and policy makers better understand obstacles families and home visitors face, leading to the development of strategies to promote full service delivery.

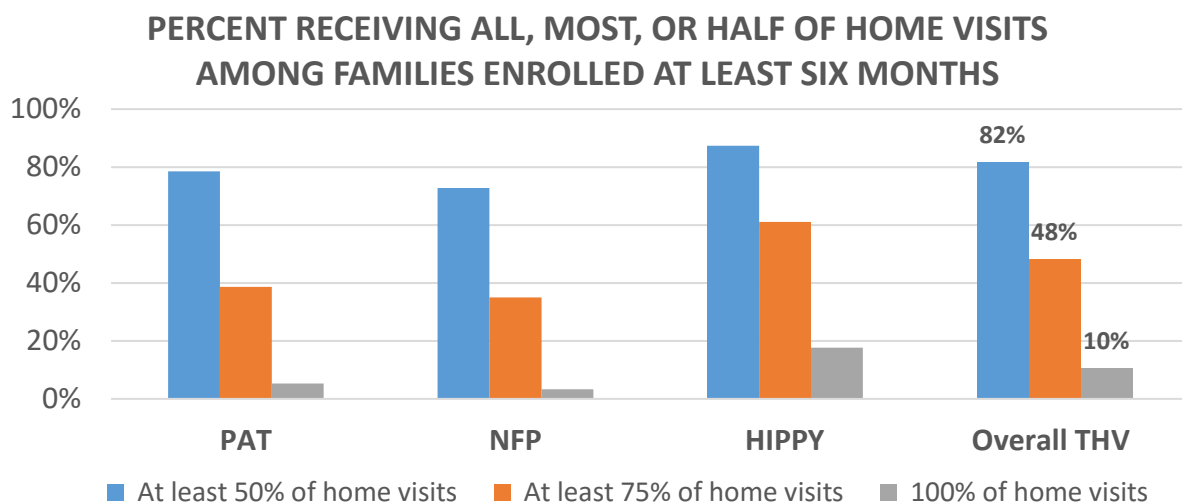
Each of the program models serving families in THV has a different intended dosage prescribed by the model (Table 2).

**Table 2. Intended Dosage across Program Models**

	Duration	Dosage	# of Visits Expected / First Year	# of Visits Expected / First 6 Months
HIPPY	Age 3 or 4 - Age 5	Weekly home visits for 30 weeks & twice-monthly group meetings <sup>13</sup>	30	15
NFP	Pregnancy (before 28 weeks) – 24 months	Weekly for first 4 visits, every other week until birth, weekly from birth-6 weeks, every other week from 6 weeks-21 months, monthly until 24 months <sup>14</sup>	30	18
PAT	Pregnancy – Age 5 (Families are expected to participate for 2 years)	Monthly visits or twice-monthly visits for families with 2 or more risk factors <sup>15</sup> <i>(The majority of THV PAT programs visit their families twice monthly)</i>	24	12

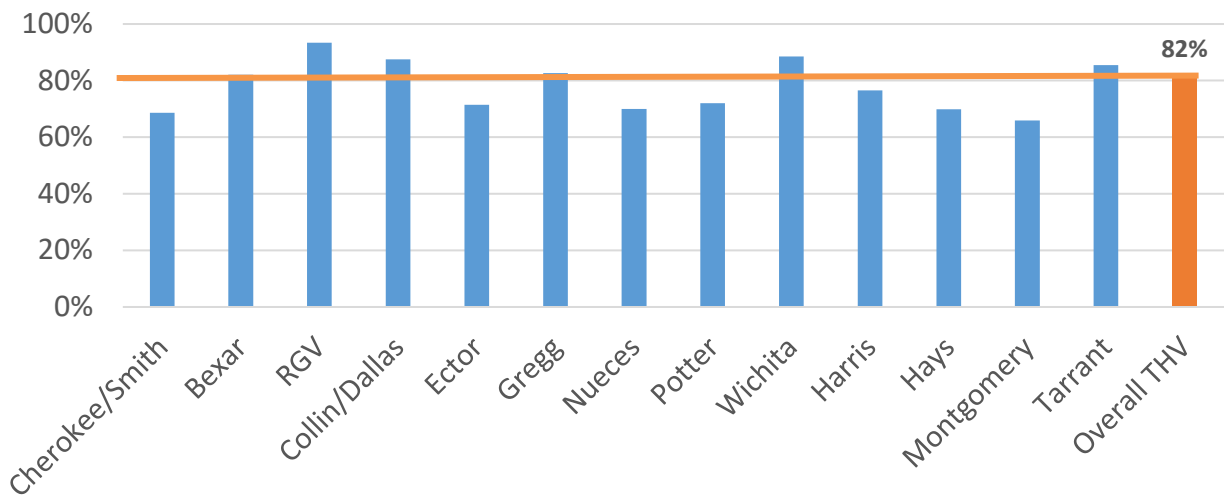
Importantly, the actual dosage families received in the impact studies for each of the program models varies widely. That is, even though each program model has a prescribed schedule of the number of home visits and how often they should occur, families did not receive the full schedule of visits in more tightly controlled impact studies, and it will likely be more difficult for families to receive the full schedule of visits during community-wide implementation.

Among families enrolled for at least six months, 10 percent of families overall have received all (100%) of their home visits. In contrast, 48 percent of families have received at least 75 percent of their home visits, and 82 percent of families have received at least half of the intended dosage. A similar trend emerges among families enrolled for at least one year (not shown): 12 percent received all their visits, 55 percent received at least 75 percent of their visits, and 85% received at least half of their visits.



The variation in the percent of families (enrolled for at least six months) receiving at least half of their home visits is presented below.

VARIATION IN THE PERCENT OF FAMILIES RECEIVING AT LEAST HALF OF THEIR HOME VISITS ACROSS THV COMMUNITIES



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## Screenings Received

Program staff continue to note the ongoing challenge of delivering the required services and information when visits do occur. The high-risk families enrolled in THV often have urgent needs that arise unexpectedly. Home visitors show up prepared for a particular visit, but will often need to prioritize addressing families' immediate needs. According to program staff, doing so is not only in line with the program model, but it is also an important strategy for keeping families engaged in the program. Program staff believe that families are less likely to remain in the program if the families perceive that program staff are there only to deliver a curriculum and not also to be a reliable resource for families more broadly. That said, delivering the program curriculum is also essential. Many of the outcomes being measured that demonstrate the impact of participation in home visiting programs on child and family wellbeing depend on the actual curriculum being delivered (e.g., improvements in maternal health, children's development).

The data for these services provided comes from directly from the information entered into ETO or Visit Tracker by home visiting program staff in the communities. Analyses of data from the THV benchmark data system examine the percentage of families in each community who received the information and support required by MIECHV for the federal benchmark areas. These analyses included screenings for parents' cigarette use, maternal depressive symptoms, and domestic violence, as well as screening children for developmental and learning delays using the Ages and Stages Questionnaire (ASQ).

### **SCREENS FOR CIGARETTE SMOKING**

Screens for cigarette smoking are required for all enrolled parents in each of the home visiting program models. Overall, 78 percent of parents are screened for smoking within the first three months of their enrollment, though this varies across the program models and across the THV communities.



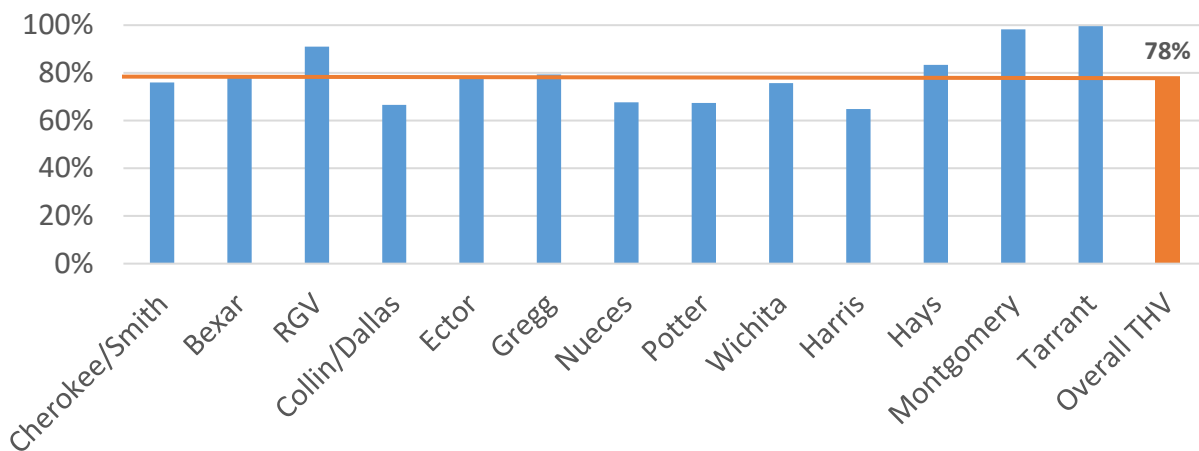
**PERCENT OF PARENTS SCREENED FOR SMOKING  
WITHIN THE FIRST THREE MONTHS OF ENROLLMENT**

(Total N=6,185)



**VARIATION IN THE PERCENT OF PARENTS SCREENED FOR  
CIGARETTE SMOKING ACROSS THV COMMUNITIES**

(Total N=6,185)

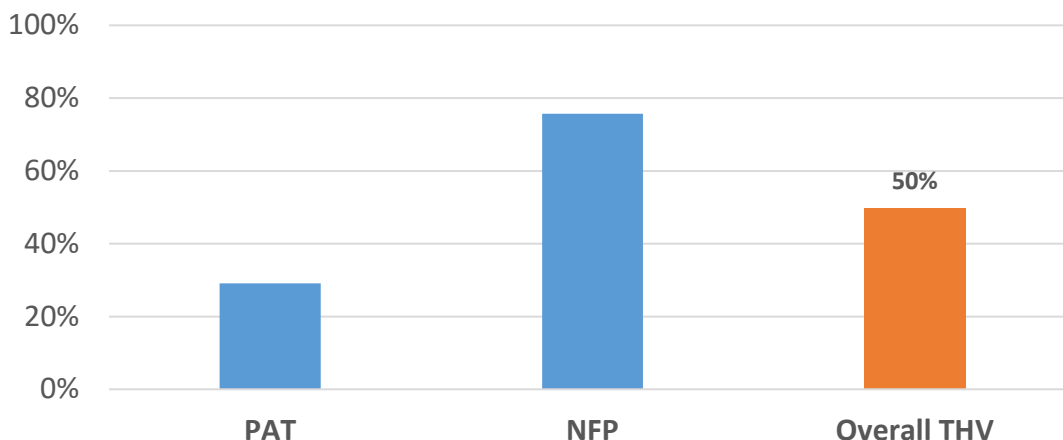


**SCREENS FOR MATERNAL DEPRESSIVE SYMPTOMS**

Screens for postpartum depression are required within three months after enrollment for mothers who enrolled during pregnancy or who enrolled within one year after giving birth. Mothers enrolled in the HIPPY program are excluded. Overall, 50 percent of mothers have been screened for depression within the first three months of enrollment. Variation in the percent of mothers screened across program models and THV communities is presented below.

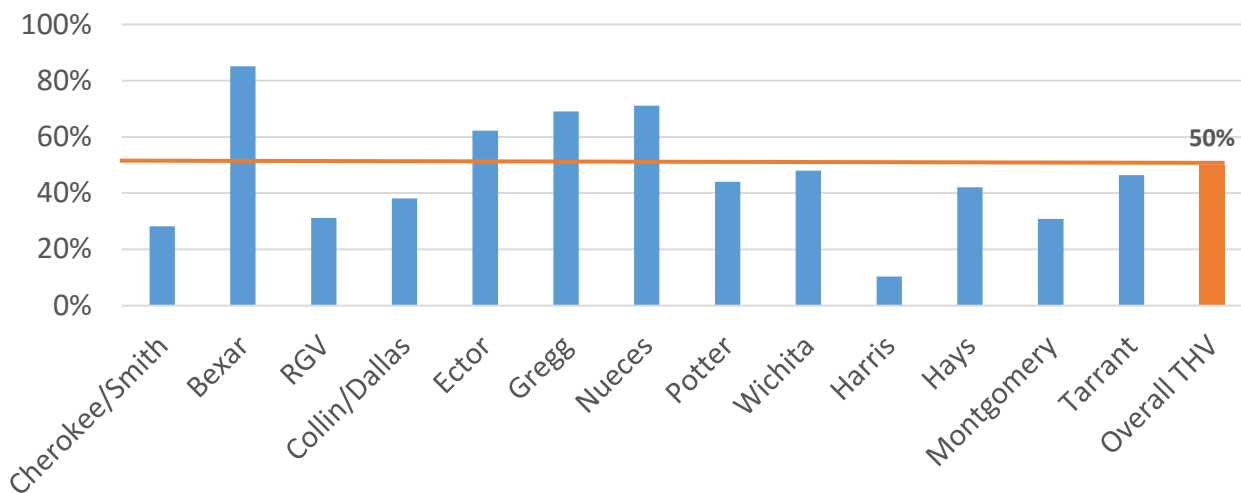
## PERCENT OF THV MOTHERS SCREENED FOR DEPRESSION BY THREE MONTHS POSTPARTUM

(Total N=2,043)



## VARIATION IN PERCENT OF MOTHERS SCREENED FOR DEPRESSION ACROSS THV COMMUNITIES

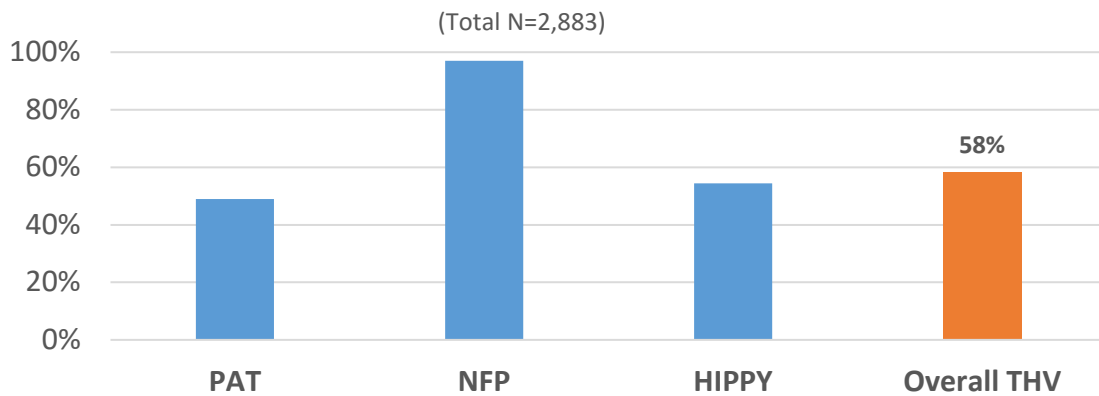
(Total N=2,043)



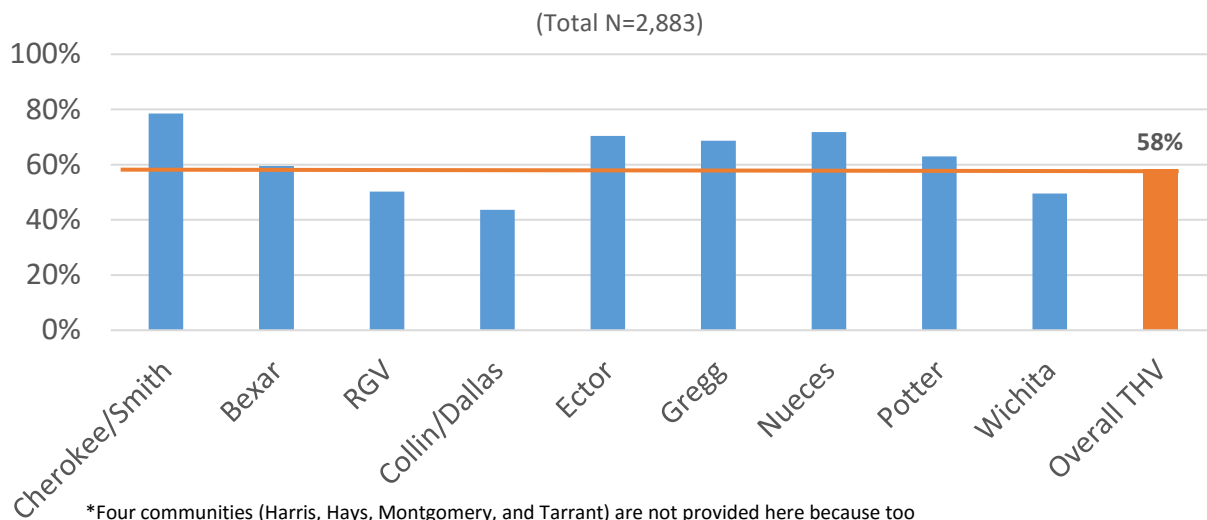
## SCREENS FOR DOMESTIC VIOLENCE

One of the six federal benchmarks specifically targets reducing domestic violence. Screens for domestic violence are required for all parents who have been enrolled for at least one year in each of the programs in THV. Overall, 58 percent of these families have been screened for domestic violence. The variation across the program models and the THV communities is presented below.

### PERCENT OF THV FAMILIES SCREENED FOR DOMESTIC VIOLENCE



### VARIATION IN PERCENT OF THV FAMILIES SCREENED FOR DOMESTIC VIOLENCE ACROSS THV COMMUNITIES\*



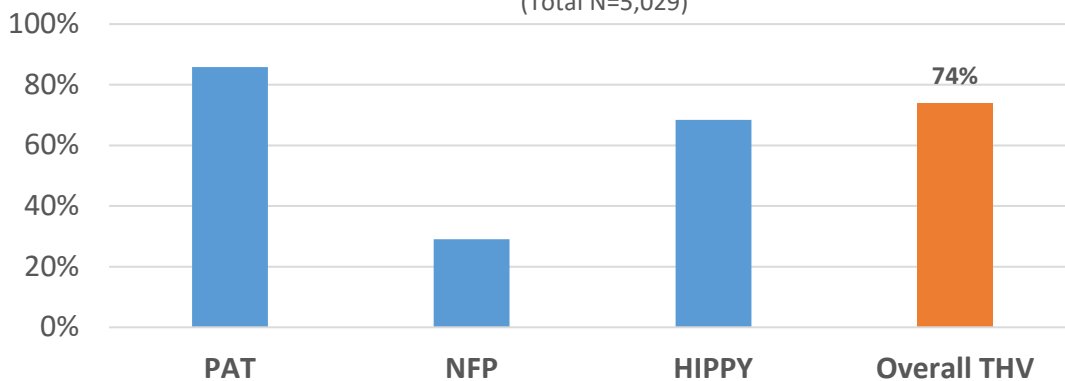
\*Four communities (Harris, Hays, Montgomery, and Tarrant) are not provided here because too few families have been enrolled for one year

## SCREENS FOR CHILDREN’S DEVELOPMENTAL DELAYS

Each of the programs in THV are required to screen children for delays using the Ages and Stages Questionnaire (ASQ) in communication, language, and emergent literacy; cognitive skills; positive approaches to learning; social behavior, emotion regulation, and emotional wellbeing; and physical health and development, and subsequently refer them to services within three months of a need being identified. Among children who have been enrolled for at least six months (for children who are enrolled prenatally, this is six months after their birth), 74 percent have received at least one developmental screening. Variation across program models and the THV communities is presented below.

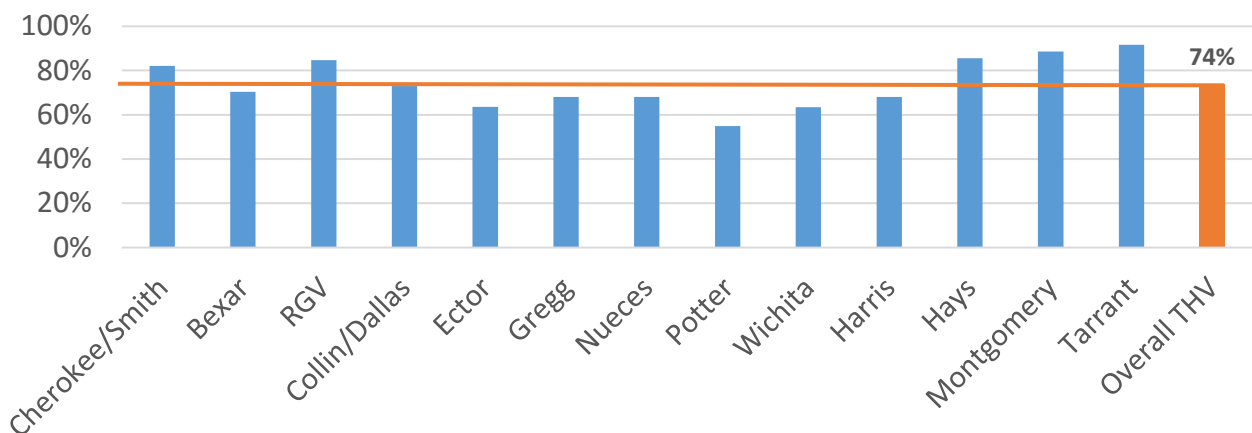
### PERCENT OF THV CHILDREN RECEIVING AT LEAST ONE DEVELOPMENTAL SCREENING

(Total N=5,029)



### VARIATION IN THE PERCENT OF CHILDREN RECEIVING AT LEAST ONE DEVELOPMENTAL SCREENING ACROSS THV COMMUNITIES

(Total N=5,029)



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## Retention

Keeping families engaged in home visiting programs and retaining them until families complete the program are essential for improving child and family outcomes, but both are challenges cited by program staff across communities. Through interviews with program staff, as well as surveys of both mothers participating in the programs and home visitors providing services, we have learned that families leave their home visiting programs prior to completion for a wide range of reasons. Home visiting program staff reported that some of the primary reasons for family attrition include the time commitment required by the programs, school breaks or holidays, moving or relocation, children going to preschool, and parents returning to either school or work.

Many home visiting programs also reported problems with excessive missed appointments. Teenage parents (particularly after the birth of a child), families referred by CPS, and families with multiple risk factors (e.g., difficulty meeting basic needs like housing, dealing with unemployment, etc.), were often identified as particularly hard to engage and retain in home visiting programs across THV. THV home visitors cited being unable to locate a family as another important reason for family attrition.

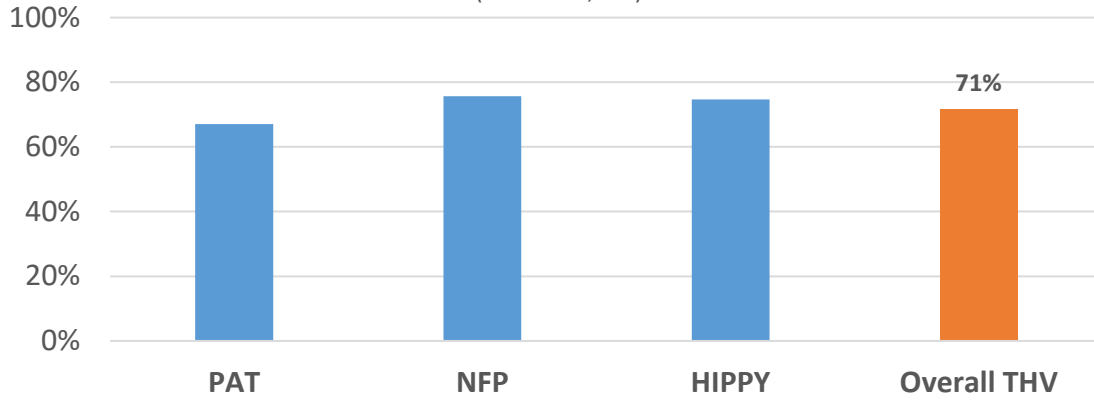
Families who exit prior to completion sometimes do so for positive reasons (i.e., reasons programs consider a successful outcome). In a survey of THV home visitors conducted by CFRP, more than 20 percent of the nearly 800 families reported on by home visitors left because they either enrolled their child in child care or other early education programs, or the parent or guardian began a job -- both of which are positively aligned with home visiting program goals.

### **MOST FAMILIES STAY FOR AT LEAST SIX MONTHS, AND MANY STAY FOR A YEAR**

Nearly three-quarters (71%) of families are still enrolled in THV six months after enrollment. Whether families are still enrolled in their home visiting program at six months varies widely across the THV communities.

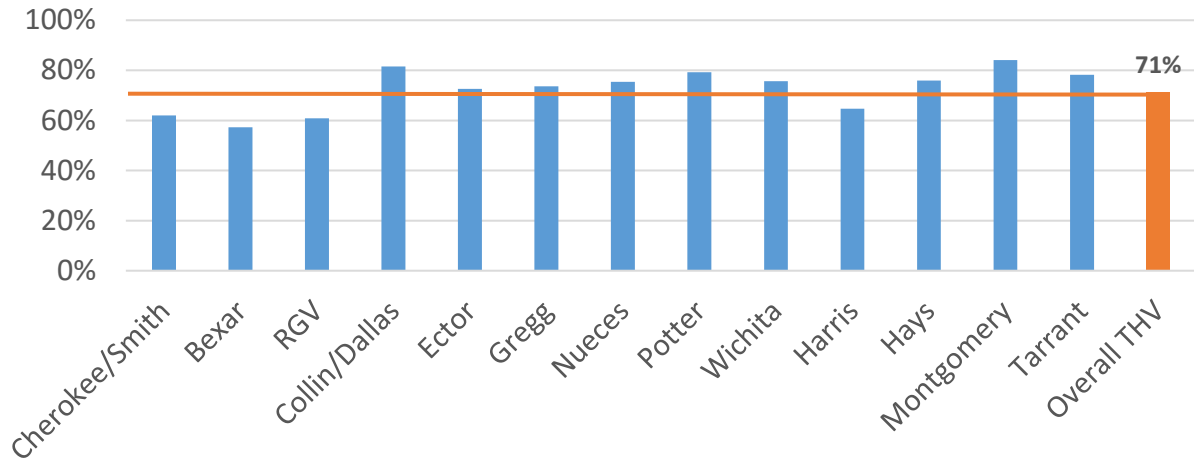
### PERCENT OF FAMILIES ENROLLED FOR AT LEAST SIX MONTHS

(Total N=6,501)



### VARIATION IN THE PERCENT OF FAMILIES STILL ENROLLED AT SIX MONTHS ACROSS THV COMMUNITIES

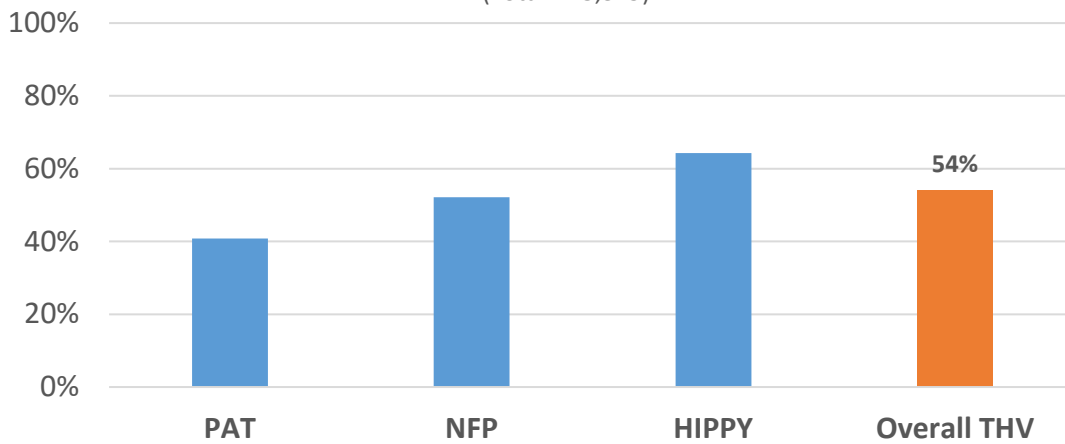
(Total N=6,501)



Just over half of families (54%) are still enrolled at one year after program entry. This also varies across the THV communities. Four communities (Harris, Hays, Montgomery, and Tarrant) are not presented here because too few (if any) families have been enrolled for one year.

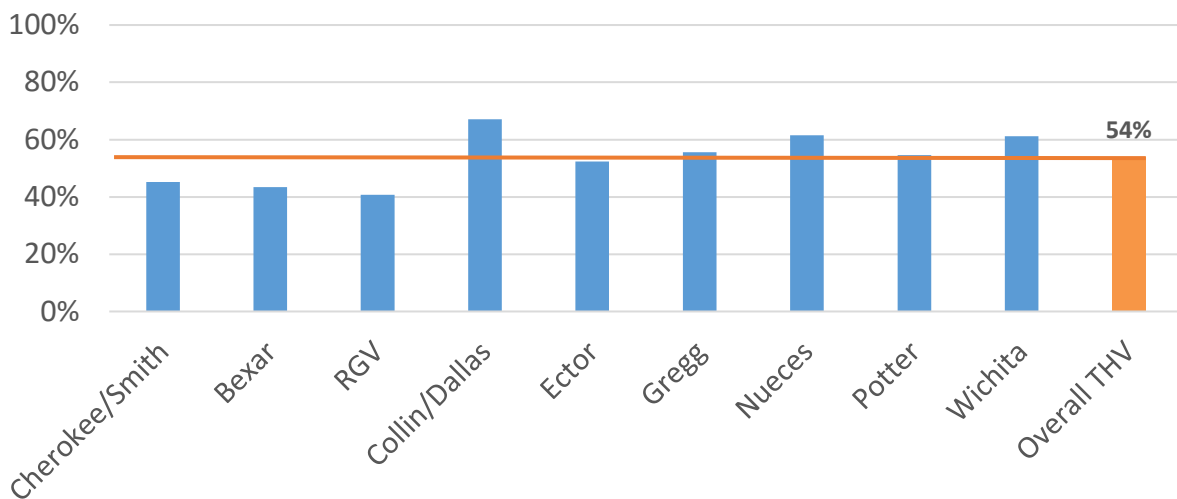
### PERCENT OF FAMILIES ENROLLED FOR AT LEAST ONE YEAR

(Total N=5,349)



### VARIATION IN THE PERCENT OF FAMILIES STILL ENROLLED AT ONE YEAR ACROSS THV COMMUNITIES

(Total N=5,349)

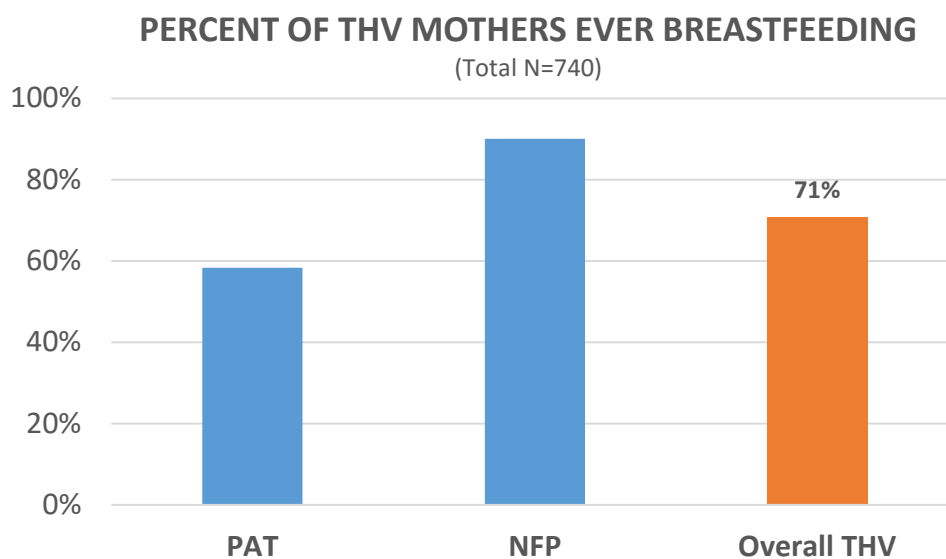


## Benchmark Outcomes

The home visiting programs in each of the THV communities all work broadly to improve the wellbeing of the children and families they serve, and also work to both meet the goals specific to their program model and demonstrate improvement in the MIECHV child and family benchmark outcomes. HRSA required THV to develop benchmarks that focus on the six predetermined domains highlighted in this chapter, including breastfeeding, well-child visits, injury and ingestion prevention, reading, family self-sufficiency, and referrals to community resources. This section provides an update on the progress in child and family benchmark outcomes among THV families across program models and communities. Please note that some of these benchmark measures will change for fiscal year 2017.

### BREASTFEEDING

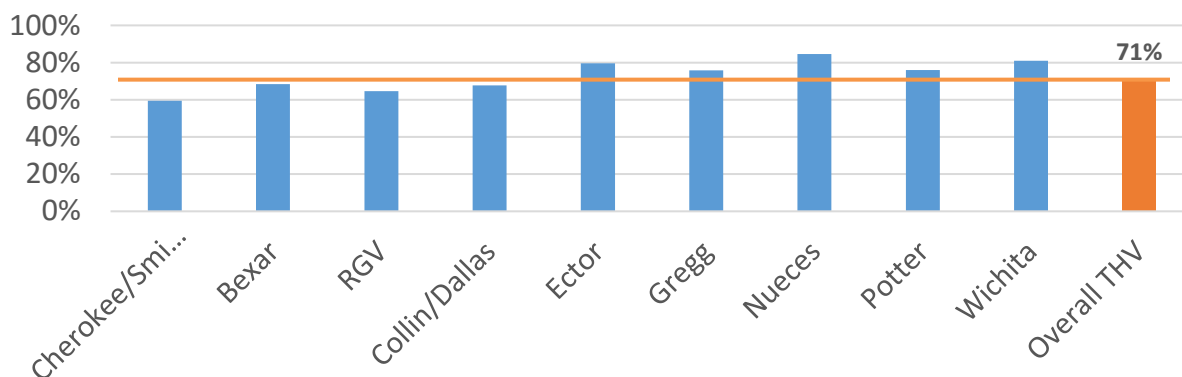
Overall, nearly three-quarters (71%) of mothers who enrolled during pregnancy initiated breastfeeding. This varies across the two program models presented (HIPPY is excluded because they serve families with children age 3 or older) and the THV communities. Four communities (Harris, Hays, Montgomery, and Tarrant) are not presented here because too few (if any) families have enrolled during pregnancy and remained for at least six months postpartum.





## VARIATION IN PERCENT OF THV MOTHERS REPORTING INITIATING BREASTFEEDING ACROSS THV COMMUNITIES

(Total N=740)



### INJURY AND INGESTION PREVENTION

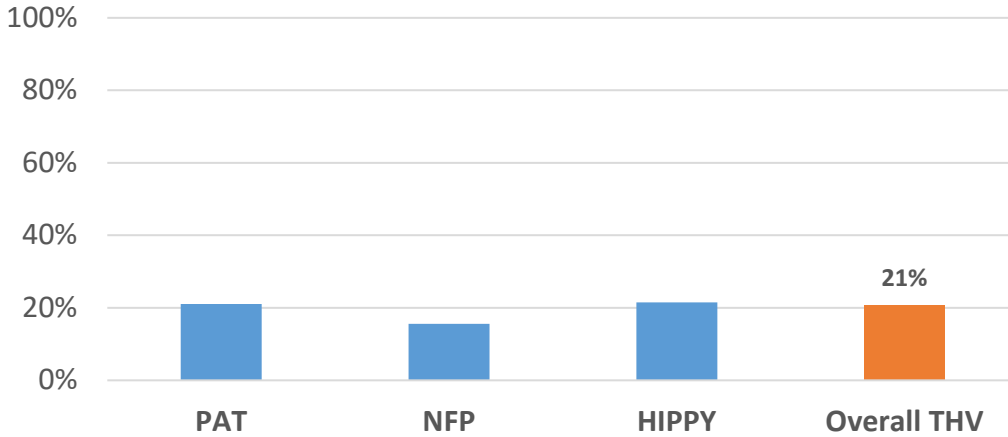
Almost all parents reported no child injuries or ingestions. Overall, 98 percent report zero child injuries or ingestions. There is little to no variation across the program models or the THV communities.

### DAILY READING

Among families enrolled for at least six months, approximately 21 percent report reading daily to their child. Variation across program models and the THV communities is presented below (four communities: Harris, Hays, Montgomery, and Tarrant are not presented here because too few families have been enrolled for at least six months). Some of the variation could be due to the type of programs and the average age of children being served in communities. Parents of infants may be less likely to read to their child daily compared to parents of preschool-aged children.

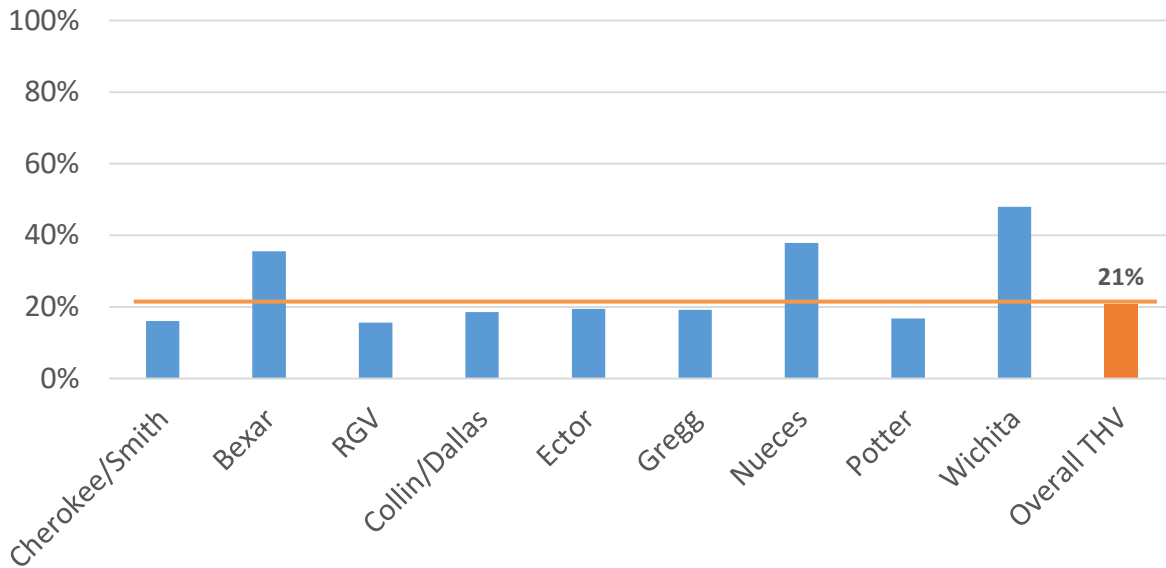
### PERCENT OF THV FAMILIES READING DAILY

(Total N=1,882)



### VARIATION IN PERCENT OF THV PARENTS READING DAILY ACROSS THV COMMUNITIES

(Total N=1,882)



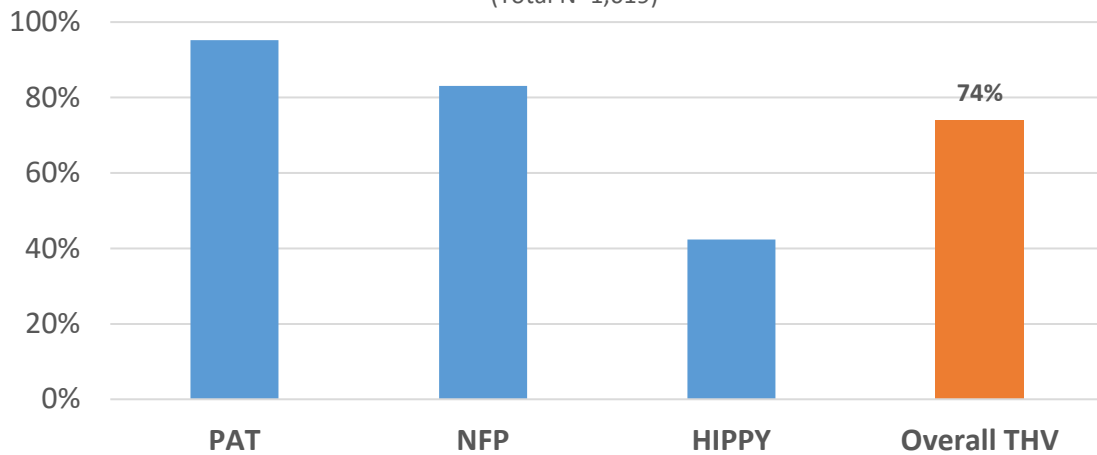
### REFERRALS TO COMMUNITY RESOURCES

Referrals to community resources are measured as the percentage of families with a demonstrated need (e.g., developmental, domestic violence, smoking) who received a referral from their home visiting program during the first year of the program. Overall, nearly three-quarters of families (74%) with an identified need have received a referral from their home

visiting program. Variation across program models and the THV communities is presented below. Data from four communities (Harris, Hays, Montgomery, and Tarrant) are not presented here because too few families have been enrolled for one year.

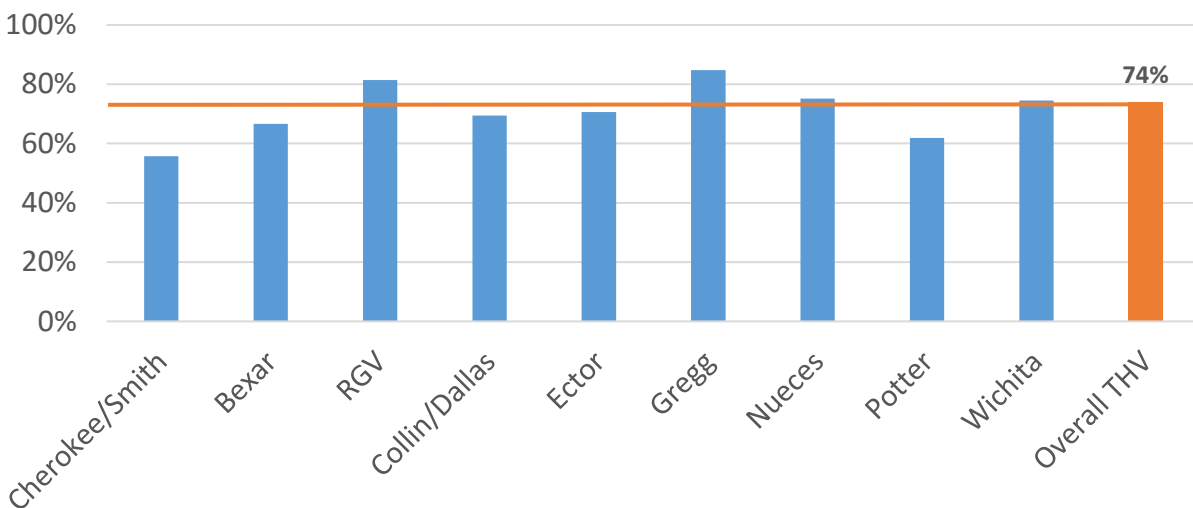
### PERCENT OF THV FAMILIES WITH A NEED RECEIVING REFERRALS

(Total N=1,619)



### PERCENT OF FAMILIES WITH A NEED RECEIVING A REFERRAL DURING THE FIRST YEAR OF THV PROGRAM

(Total N=1,619)



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## Conclusion

This data book presents preliminary findings from our evaluation of THV. It includes updated information on the recruitment and enrollment of families in THV; the extent to which programs are providing families with the prescribed number of visits and intended services; whether programs are retaining families long enough to benefit from the program; and how families are benefiting as defined by the federally required benchmark outcomes.

This information can be used to identify areas for growth in the THV programs in order to best serve the children and families in the state. Please consider CFRP a resource in using this information. If you have questions, need clarification or additional data, please do not hesitate to ask. We are happy to assist.

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## ENDNOTES

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<sup>1</sup> Texas Health and Human Services Commission (HHSC). Texas Home Visiting Program RFP No. 529-12-002 November 2011. Section 1: General Information

<sup>2</sup> Anderson Moore, K., Redd, Z., Burkhauser, M., Mbwana, K., & Collins, A. (2009). Children in poverty: Trends, consequences, and policy options. *Child Trends*. Retrieved from <http://www.childtrends.org/?publications=children-in-poverty-trends-consequences-and-policy-options-april-2009>; See also Brooks-Gunn, J., & Duncan, G.J. (1997). The effects of poverty on children. *The Future of Children*, 7, 55-71.

<sup>3</sup> Ekono, M., Jiang, Y., & Smith, S. (2016). Young children in deep poverty. National Center for Children in Poverty. Retrieved from [http://www.nccp.org/publications/pub\\_1133.html](http://www.nccp.org/publications/pub_1133.html)

<sup>4</sup> Ekono, M., Jiang, Y., & Smith, S. (2016). Young children in deep poverty. National Center for Children in Poverty. Retrieved from [http://www.nccp.org/publications/pub\\_1133.html](http://www.nccp.org/publications/pub_1133.html)

<sup>5</sup> Centers for Disease Control and Prevention (2015). About teen pregnancy. Retrieved from <http://www.cdc.gov/teenpregnancy/about/index.htm>; The National Campaign to Prevent Teen and Unplanned Pregnancy (2012). Why it matters: Teen childbearing, education, and economic wellbeing. Retrieved from <https://thenationalcampaign.org/resource/why-it-matters-teen-childbearing-education-and-economic-wellbeing>

<sup>6</sup> The National Campaign to Prevent Teen and Unplanned Pregnancy (2012). Why it matters: Teen childbearing, education, and economic wellbeing. Retrieved from <https://thenationalcampaign.org/resource/why-it-matters-teen-childbearing-education-and-economic-wellbeing>

<sup>7</sup> Population Division, U.S. Census Bureau (2014). Adult Population by Race. Retrieved from <http://datacenter.kidscount.org/data/tables/6539-adult-population-by-race?loc=45&loct=2#detailed/2/45/false/869,36,868,867,133/68,69,67,12,70,66,71,2800/13517,13518>. Data provided by the Texas KIDS COUNT at the Center for Public Policy Priorities. The KIDS COUNT Data Center is a project of the Annie E. Casey Foundation.

<sup>8</sup> Bureau of Labor Statistics & U.S. Census Bureau (2015). Table PINC-03. Educational Attainment--People 25 Years Old and Over, by Total Money Earnings in 2014, Work Experience in 2014, Age, Race, Hispanic Origin, and Sex. Retrieved from [https://www.census.gov/hhes/www/cpstables/032015/perinc/pinc03\\_000.htm](https://www.census.gov/hhes/www/cpstables/032015/perinc/pinc03_000.htm). (See "Both Sexes, 25 Years and Over, Total Work Experience, All Races"). For example, median annual earnings for those who started, but did not finish high school was \$21,862 in 2014, compared to \$30,731 for high school graduates (including those with a GED).

<sup>9</sup> DeNavas-Walt, C. & Proctor, B. D. (2015). Income and poverty in the United States: 2014. (U.S. Census Bureau, Current Population Reports, P60-252). Washington, DC: U.S. Government Printing Office. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf>. In 2014, the most recent year available, 28.9 percent of individuals 25 and older without a high school diploma were in poverty, much lower than rates for those with a high school diploma and no college (14.2%), those with some college and no degree (10.2%), and those with a bachelor's degree or higher (4.4%).

<sup>10</sup> Bureau of Labor Statistics (2015). Labor force statistics from the current population survey. Table 7. Employment status of the civilian noninstitutional population 25 years and over by educational attainment, sex, race, and Hispanic or Latino ethnicity. Retrieved from <http://www.bls.gov/cps/cpsaat07.htm>. The annual average unemployment rate in 2015 for individuals with less than a high school diploma was 8.0 percent, compared to 5.4 percent for high school graduates (no college), 4.5 percent for those with some college or an associate's degree, and 2.6 percent for those with a bachelor's degree or higher.

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<sup>11</sup> Rumberger, R. W. (2013). Poverty and high school dropouts: The impact of family and community poverty on high school dropouts. Retrieved from <http://www.apa.org/pi/ses/resources/indicator/2013/05/poverty-dropouts.aspx>

<sup>12</sup> Daro, Deborah, Bonnie Hart, Kimberly Boller, and M.C. Bradley. "Replicating Home Visiting Programs With Fidelity: Baseline Data and Preliminary Findings." Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. 2012 December. Contract No.: GS-10F-0050L/HHSP233200800065W. Available from Mathematica Policy Research, Princeton, NJ. Retrieved from: <http://supportingebhv.org/crossite>

<sup>13</sup> <http://www.hippyusa.org/>

<sup>14</sup> <http://www.nursefamilypartnership.org/>

<sup>15</sup> <http://www.parentsasteachers.org/>