

Fiscal Year 2024 Texas Nurse-Family Partnership Statewide Grant Program Evaluation Report

**As Required by
Texas Human Resources Code Section
137.107**

**Texas Health and Human Services
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TEXAS
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Executive Summary

The Texas Nurse-Family Partnership (TNFP) competitive grant program was established by Senate Bill (S.B.) 156, 80th Legislature, Regular Session, 2007. The Texas Health and Human Services Commission (HHSC), Family Support Services (FSS) division, leverages funds from the TNFP competitive grant program to award grants to community-based organizations for the implementation and operation of Nurse-Family Partnership (NFP) programs.

[Texas Human Resources Code Section 137.107](#) requires FSS to submit an annual report to the Senate Health and Human Services Committee and the House Human Services Committee on the performance of each grant recipient during the preceding fiscal year. To fulfill this requirement, this report includes information on TNFP inputs, outputs, and outcomes in fiscal year 2024. The information included in this report is drawn from FSS grants with TNFP sites, using data from community-level reports to FSS, the Prevention and Early Intervention Reporting System (PEIRS), and the NFP data reporting system. FSS also funds NFP programs through its federally funded Texas Home Visiting program (seven sites provide services in the following counties: Potter and Randall; Nueces and San Patricio; Wichita; Gregg, Harrison, Smith, and Henderson; Bexar; and Ector and Midland). Sites funded under this program are not included in this report; however, they are covered in other FSS reports.

NFP is a voluntary, evidence-based program whose mission is to positively transform the lives of vulnerable babies, mothers, and families, which they accomplish through regular home visitation by specially trained registered nurses. NFP has three primary goals:

1. To improve pregnancy outcomes by promoting health-related behaviors.
2. To improve child health, development, and safety by promoting competent caregiving.
3. To enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment.

To achieve these goals, NFP provides vital services to the families it serves. Specifically, nurse home visitors help women engage in good preventive health practices, including getting prenatal care from their healthcare providers; improving their diet; and reducing their use of cigarettes, alcohol, and illegal substances. In

addition, the program improves child health and development by helping parents provide responsible, protective, and competent care. Importantly, NFP supports families in achieving economic self-sufficiency by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and attain employment.

Since the initial Request for Proposals in 2008, TNFP has grown from one site in Dallas to 16 state-funded sites serving low-income, first-time mothers in 26 counties across the state. In fiscal year 2024, these sites:

- Served 4,253 families.
- Enrolled 1,810 new families.
- Had an average monthly caseload of 2,551 clients.

These clients were served with equal or greater fidelity to each of the model elements compared to NFP sites nationally, leading to better outcomes for NFP mothers and children. Clients see value in the services NFP provides, as illustrated by the 57 percent of clients who remained enrolled in the program on their one-year anniversary in fiscal year 2024.

TNFP exceeded FSS' fiscal year 2024 goal for breastfeeding rates at six months after birth and nearly met the goal for full-term births. FSS continues to engage TNFP grantees on continuous quality improvement efforts to ensure the program continues to provide the highest quality services that improve outcomes for TNFP clients.

Introduction

The TNFP competitive grant program was established by S.B. 156, 80th Legislature, Regular Session, 2007, at Texas Health and Human Services. In fiscal year 2016, oversight of TNFP was transferred to the Department of Family Protective Services' Prevention and Early Intervention (PEI) division from the Health and Human Services Commission through S.B. 200, 84th Legislature, Regular Session, 2015. In fiscal year 2024, PEI was transferred to Health and Human Services through S.B. 24, 88th Legislature, Regular Session, 2023. This transfer renamed PEI to FSS and included the transfer of all grants under PEI to HHSC, including Texas Nurse-Family Partnership.

FSS leverages funds from the TNFP competitive grant program to award five-year grants to community-based organizations for the implementation and operation of NFP programs. [Texas Human Resources Code Section 137.107](#) requires FSS to submit an annual report to the Senate Health and Human Services Committee and the House Human Services Committee on the performance of each grant recipient during the preceding fiscal year. To fulfill this requirement, this report includes information on TNFP inputs, outputs, and outcomes in fiscal year 2024. The information included in this report is drawn from FSS grants with TNFP sites, using data from community-level reports to FSS, PEIRS, and the NFP data reporting system.

This report contains six sections:

- An introduction that includes background information about NFP nationally and in Texas.
- A description of TNFP program sites, including their location, funding, capacity, and staffing.
- An overview of demographic information on the clients served by TNFP, including elements required under Texas Human Resources Code Section 137.107 such as the number of:
- low-income, first-time mothers to whom each grant recipient provided partnership program services and, of that number, the number of mothers who established the paternity of an alleged father as a result of services provided under the program;

- ▶ mothers who married the father or reside in the same household with the father;
- ▶ mothers who have previous involvement with the child welfare system, the criminal justice system, or the juvenile justice system; and
- ▶ mothers who receive other services from the commission.
- Information on model adherence by TNFP, as required under Texas Human Resources Code Section 137.107 such as:
 - ▶ the extent to which each grant recipient made regular visits to mothers during the period described by Section 137.103(4);
 - ▶ the extent to which each grant recipient adhered to the Nurse-Family Partnership National Service Office's program model, including the extent to which registered nurses:
 - ◇ conducted home visitations comparable in frequency, duration, and content to those delivered in Nurse-Family Partnership National Service Office clinical trials; and
 - ◇ assessed the health and well-being of mothers and children participating in the partnership programs in accordance with indicators of maternal, child, and family health defined by the Nurse-Family Partnership National Service Office and required by the commission.
- An overview of key outcomes achieved by TNFP sites in fiscal year 2024.
- A summary of the findings of this report and discussion of the activities and goals of TNFP in fiscal year 2025 and beyond.

Background of NFP

The NFP program is a voluntary, evidence-based program that helps transform the lives of vulnerable, first-time mothers and their babies through regular home visitation by specially trained registered nurses. NFP's mission is to empower first-time mothers living in poverty to successfully change their lives and the lives of their children through evidence-based nurse home visiting. To achieve their mission, NFP provides vital services to the families it serves. NFP improves pregnancy outcomes by helping women engage in good preventive health practices, including getting prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances. NFP improves child health and development by helping parents provide responsible and competent care. NFP improves the economic self-sufficiency of the family by

helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find employment.

NFP Model Elements

Key to NFP's success is the requirement that all NFP programs implemented across the United States adopt and adhere to the 19 elements of the NFP model.¹ The elements address program characteristics, such as:

- Client demographics and participation.
- Form, frequency, and extent of visitation.
- Qualifications of nurse home visitors and supervisors.
- Collection of data.
- Organizational attributes.
- Community collaboration.

The elements are based on research, expert opinion, field lessons, and theoretical rationales. NFP National Service Office (NFPNSO) predicts that adherence to all the elements leads to results similar to those found in randomized clinical trials. Appendix A includes a detailed description of each of the elements.

NFP in Texas

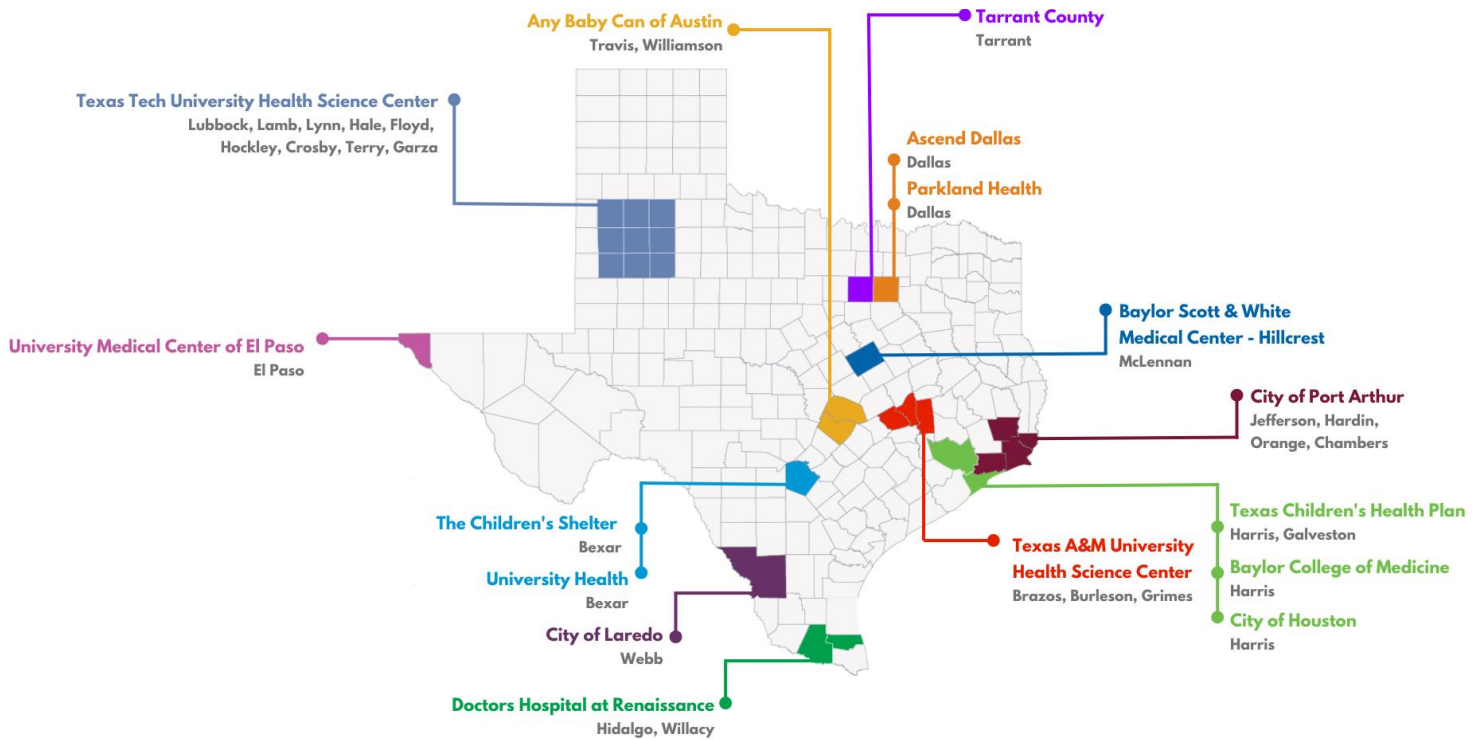
The Young Women's Christian Association of Dallas established the first NFP program in Texas in 2006. Thanks in part to the success of that program, the Legislature unanimously passed S.B. 156, 80th Legislature, Regular Session, 2007, which created a TNFP competitive grant program to fund NFP programs across the state. TNFP follows the national NFP model, but also incorporates the goal of reducing the incidence of child abuse and neglect. Two state-supervised funds provide the funding for TNFP sites: Temporary Assistance for Needy Families (TANF) Block Grant and Texas General Revenue.

Additionally, FSS also utilizes federal funding through Health Resource and Service Administration (HRSA) of the Administration of Children and Families to fund seven NFP sites through FSS' Texas Home Visiting Program under HRSA's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant (seven sites in the

¹ The model "elements" were previously referred to as "standards," but NFPNSO has changed their language and now use the term "elements" to describe them.

following counties: Potter and Randall; Nueces and San Patricio; Wichita; Gregg, Harrison, Smith and Henderson; Bexar County; and Ector and Midland). This report is focused solely on the Texas NFP sites funded by state funding streams.

Figure 1. TNFP Sites and Counties Served



TNFP Funding, Sites, and Staffing

The TNFP competitive grant program authorizes FSS to award grants for the implementation or expansion of NFP programs across the state. In fiscal year 2024, FSS awarded over \$20.1 million to 16 organizations to provide NFP programs in their area. The grantees include city and county health departments, hospitals, and community-based organizations located in 14 different cities that serve 26 counties across the state.

Table 1. TNFP Program Sites in Fiscal Year 2024: Location, Funding, and Capacity

LOCATION	ORGANIZATION	COUNTIES SERVED	FY24 GRANT AMOUNT	FY24 PROGRAM CAPACITY*
Austin	Any Baby Can	Travis, Williamson	\$2,316,274	350
Bryan	Texas A&M University Health Science Center – College of Nursing	Brazos	\$909,515	125
Dallas	Dallas County Hospital District (Parkland Hospital)	Dallas	\$1,226,252	200
Dallas	WiNGS (ASCEND Dallas)	Dallas	\$1,732,514	300
El Paso	El Paso County Hospital District	El Paso	\$904,809	175
Ft. Worth	Tarrant County	Tarrant	\$1,072,406	175
Houston	Baylor College of Medicine	Fort Bend, Harris	\$899,087	125
Houston	City of Houston	Harris	\$1,775,570	200
Houston/Galveston	Texas Children's Health Plan	Fort Bend, Harris	\$975,057	145
Laredo	City of Laredo	Webb	\$751,017	100
Lubbock	Texas Tech University Health Science Center	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry	\$1,102,730	200
McAllen/Edinburg	Doctors Hospital Renaissance	Hidalgo, Willacy	\$914,471	175
Port Arthur	City of Port Arthur	Chambers, Hardin, Jefferson, Orange	\$898,771	150

LOCATION	ORGANIZATION	COUNTIES SERVED	FY24 GRANT AMOUNT	FY24 PROGRAM CAPACITY*
San Antonio	The Children’s Shelter	Bexar	\$1,769,851	350
San Antonio	Bexar County Hospital District	Bexar	\$1,435,868	250
Waco	Hillcrest Baptist Medical Center	McLennan	\$1,473,285	250
Total			\$20,157,477	3,270

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

TNFP Staff

A unique aspect of TNFP is the high level of training and expertise required of nurse home visitors and supervisors. Each nurse home visitor is required to be a trained registered nurse with a bachelor's degree in nursing. Additionally, once hired as a home visitor, nurses are required to undergo initial specialized training in topics essential to serving first-time mothers with low incomes, and to continue this specialized training throughout their careers. In fiscal year 2024, FSS funded 133 nurse home visitor positions and 22 nurse supervisor positions through TNFP in communities across the state. Additionally, FSS blends federal TANF and state funds (General Revenue) to provide a staffing infrastructure to help ensure the success of TNFP. This includes programmatic staff who provide project implementation support; contract staff who oversee financial matters, including contracts, invoices, receipts, and payments; and specialized support to meet data management and training needs. FSS also contracts with NFPNSO to provide guidance around model fidelity and nurse consultation to each TNFP site.

Experienced home visitors are expected to carry a caseload of approximately 25 clients at a time.² In exceptional circumstances such as staff leave, vacancies, and client transition periods leading up to program graduation, home visitors may exceed the maximum caseload. Otherwise, caseloads are capped to ensure clients receive the recommended frequency, duration, and quality of visits. For these reasons, vacancies and staff turnover have a large impact on sites' ability to serve their funded client capacity.

² New nurse home visitors are given a year to gradually increase their client load while they complete initial training and gain on the job training and experience.

TNFP Visits

In addition to the rigorous qualifications required of TNFP nurse home visitors, NFP requires an intensive visitation schedule. Typically, TNFP clients enroll early in their pregnancy, and home visits begin between the 16th and 28th week of pregnancy. Visits continue up to the child's second birthday on the following recommended schedule:

- Weekly for the first four weeks of participation.
- Biweekly from the fifth week of participation through delivery.
- Weekly from delivery to six weeks postpartum.
- Biweekly from postpartum week seven until the baby is 21 months old.
- Monthly for the last three months of program participation.

In total, nurse home visitors typically provide up to 65 visits to clients enrolled in the program from the second trimester until the child's second birthday. Clients who are assessed as lower risk may be on a reduced schedule if the nurse, supervisor, and client determine that a varied schedule best meets the needs of the client. This often occurs as clients are approaching the end of the program, or when clients have met their goals and are on track for positive long-term outcomes. Clients are also permitted to take a short break from the program or reduce the visiting schedule for a limited time if their schedule requires it.

Though visits conducted by TNFP nurse home visitors occur at the client's home, NFPNSO allows for flexibility on certain visits in terms of location and format. Visits may take place in a public location of convenience to the client, such as a school or library, or they may even occur over the phone in special circumstances. These accommodations help TNFP clients stay enrolled in the program while still meeting their employment, education, and family needs.

During visits, nurse home visitors provide:

- Ongoing family, parent, and child assessments.
- Extensive education in parenting and child development.
- Health literacy support.
- Assistance in accessing healthcare, employment, and other resources.

Through this process, nurse home visitors build strong, supportive relationships with families.

What Families are Saying

I learned a lot of things as a first-time mother, to understand my baby and his needs. My nurse helped me a lot when I had doubts or questions. She helped me set goals for myself and my family.

The most helpful things about the services that were given to my child and I were all the information provided and the caring attitude of the nurse home visitor. As a first-time mom, I didn't have much guidance on how to raise a child, so the information provided helped me in this journey to care for and provide for my child.

This program helped me get stabilized and connected me to resources to take care of my family.

I had a trusted advocate to provide me information and help me live successfully as a first-time mom and student.

This program guided me through every step of my child's development, in what to expect and what I can do to care for my child. I felt like I knew exactly what to do. The nurse home visitor helped me a lot with dealing with my mental health post-partum and connected me to ongoing support.

Texas Nurse-Family Partnership Clients

To enroll in the TNFP program, clients must meet certain eligibility requirements. TNFP clients should:

- Have no previous live birth.³
- Have an income at or below 185 percent of the federal poverty level.⁴
- Be a Texas resident.
- Be enrolled before the end of the 28th week of pregnancy.
- Agree to participate voluntarily.

In some special cases, exceptions are made to the eligibility criteria, but any exceptions must be approved in consultation with FSS and NFPNSO staff.

Clients Served in Fiscal Year 2024

In fiscal year 2024, TNFP served 4,253 clients and 3,339 infants. The average monthly client load by site ranged from 46 percent to 98 percent of total capacity. Table 2 shows program capacity, total clients served, average monthly caseload, average monthly capacity, and the number of total clients with infants in fiscal year 2024.

³ Model guidance issued in 2017 allows providers to serve mothers who lost their baby within 30 days of the birth. Providers are considered to be operating with fidelity if no more than five percent of mothers served had a prior live birth but lost the child within 30 days of birth.

⁴ Based on the U. S. Department of Health and Human Services published poverty guidelines, available from: <https://aspe.hhs.gov/poverty-guidelines>. Pregnant women enrolling in the program are considered two individuals for eligibility purposes.

Table 2. Clients Served by Site in Fiscal Year 2024

Location	Organization	Program Capacity	Total Clients Served*	Avg. Monthly Caseload	Avg. Monthly Capacity Percent	Total # of Clients with an Infant*
Austin	Any Baby Can	350	548	320	91%	483
Bryan	Texas A&M University Health Science Center – College of Nursing	125	169	111	89%	151
Dallas	Dallas County Hospital District	200	285	173	87%	252
Dallas	WINGS (ASCEND Dallas)	300	332	193	64%	279
El Paso	El Paso County Hospital District	175	248	174	99%	235
Ft. Worth	Tarrant County	175	225	127	73%	200
Houston	Baylor College of Medicine	125	127	73	58%	107
Houston	City of Houston	200	262	140	70%	207
Houston/ Galveston	Texas Children's Health Plan	145	164	105	72%	147
Laredo	City of Laredo	100	113	59	59%	92
Lubbock	Texas Tech Health Science Center	200	275	175	88%	207
McAllen/ Edinburg	Doctors Hospital Renaissance	175	204	134	77%	160
Port Arthur	City of Port Arthur	150	208	127	85%	159
San Antonio	The Children's Shelter	350	379	238	68%	332
San Antonio	Bexar County Hospital District	250	371	188	75%	269
Waco	Hillcrest Baptist Medical Center	250	343	214	86%	267
Total		3,270	4,253	2,551	78%	3,547

*Total Clients Served and # of Clients with an Infant reflect the number of clients receiving NFP services, regardless of funding source. Source: Location, program capacity, total clients served, and average monthly caseload data retrieved from PEIRS in October 2024. Clients with an infant are defined as those with an eligible child age 0 to 2 years old.

TNFP in Their Communities

Doctors Hospital Renaissance (Hidalgo County)

When Amy, a teenager from Hidalgo County, found out she was pregnant, it completely changed her life. Her school counselor referred Amy to the local Nurse-Family Partnership program to strengthen the support system she lacked at home.

During her pregnancy, Amy developed serious health complications that forced her to postpone her education. With the support of her nurse home visitor Amy gave birth to a full-term, healthy, baby girl. Additionally, Amy was able to use the program's goal setting to assist her in re-enrolling for school, earn lost credits, and graduate with a high school diploma alongside her classmates. Amy stated that through the unwavering support of her Nurse Home Visitor, she feels proud and confident in the life she is creating for herself and her baby.

Clients Enrolled in Fiscal Year 2024

To determine whether National Nurse-Family Partnership programs are operating with fidelity to the model, NFPNSO issues quarterly fidelity reports that show whether each site adheres to the measurable model elements. This report pulls in data for state fiscal year 2024 (September 1, 2023, to August 31, 2024) where available, but in some cases federal fiscal year 2024 (October 1, 2023, to September 30, 2024) data was used.

In fiscal year 2024:

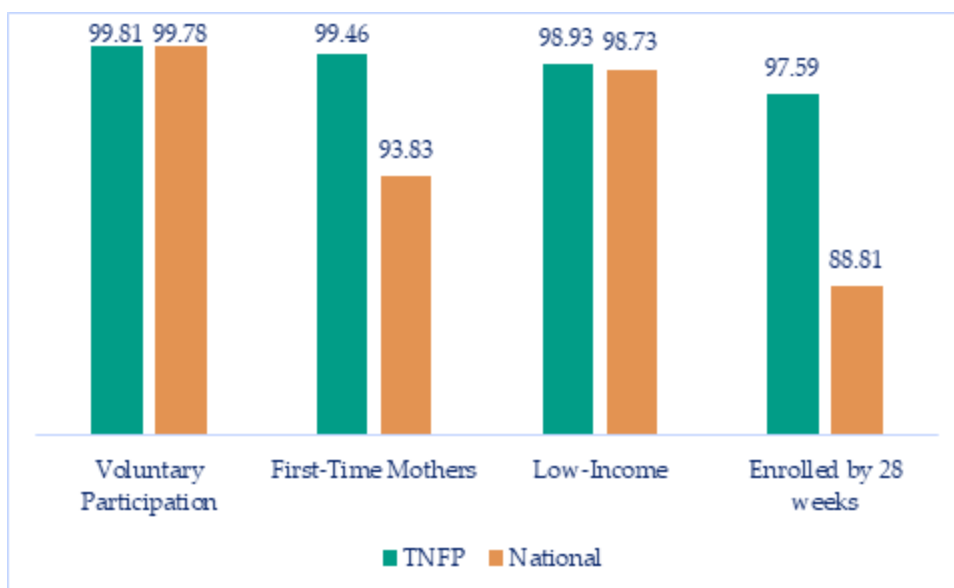
- 99 percent of newly enrolled TNFP clients were first-time mothers;
- 99 percent met low-income criteria⁵ at intake; and
- 98 percent were enrolled before their 28th week of pregnancy.

All clients resided in Texas, and 99.8⁶ percent agreed to participate voluntarily. In each case, TNFP fared equivalent to or better than the nation overall, as illustrated in Figure 2, below.

⁵ NFPNSO criteria for low-income status is based on the demographic intake question: "Do you (client) qualify for TANF, Medicaid, WIC, or food stamps?"

⁶ For 0.2% of families enrolled in TNFP, the indicator in the NFP system was not selected to indicate whether or not the family enrolled voluntarily.

Figure 2. Client-Characteristic Elements of Fidelity in TNFP and National NFP Fiscal Year 2024



Source: 2024 Texas Fidelity Report, October 1, 2023, to September 30, 2024, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 31, 2024.

The clients enrolled by TNFP in fiscal year 2024 were diverse in terms of age, race, and ethnicity. The demographic characteristics of newly enrolled TNFP clients and national NFP clients are presented in Table 3, below. Due to NFPNSO data system changes in fiscal year 2023, many clients had missing data for one or more demographic categories. Missing data are not included in the calculations, and thus, client-reported primary language and income were unable to be analyzed for this report.

Thirty-two percent of clients served in fiscal year 2024 were young mothers or expectant mothers (under 21 years old).

TNFP mothers are also diverse in terms of their race and ethnicity. Overall, 66 percent identified as White, the largest racial group, and 23 percent identified as Black or African American. In fiscal year 2024, 63 percent of clients identified as Hispanic or Latino, but there was wide geographic variation in client race and ethnicity by site.

Table 3. Demographic Characteristics of Active TNFP Clients Fiscal Year 2024

Characteristic	Category	Texas Nurse-Family Partnership (FY24)*
Age	21 and under	32%
Age	22-29	49%
Age	30-44	18%
Age	45+	0.12%
Age	Not Reported	1%
Marital Status	Single, Never Married	54%
Marital Status	Married	14%
Marital Status	Divorced	1%
Marital Status	Separated	0.61%
Marital Status	Not Married but Living Together with Partner	21%
Marital Status	Other/Unknown	9%
Marital Status	Widowed	0.05%
Ethnicity	Hispanic	63%
Ethnicity	Not Hispanic/ Not Reported	37%
Race	Black or African- American	23%
Race	White or Anglo	66%
Race	Asian	2%
Race	Other	3%
Race	Declined to Self-identify or Unknown	7%

* Demographic data above was obtained from PEIRS for all active TNFP clients for fiscal year 2024. Where a client carried over from a previous year, their age is calculated at the start of the fiscal year, otherwise, the client’s age is calculated at enrollment. Percentages may not add up to 100 due to rounding.

Source: PEIRS data retrieved on October 31, 2024.

Adherence to NFP Model Elements

There are 19 elements to the Nurse-Family Partnership model, which, if implemented correctly, are expected to result in outcomes like those achieved in the randomized controlled trials. The Texas Nurse-Family Partnership competitive grant program works closely with NFPNSO to ensure that all sites comply with the model elements. When a new site is created, NFPNSO provides information on how to hire, budget, and train with fidelity to the model elements. Once sites are fully operational, NFPNSO also helps them run and interpret annual fidelity reports for the previous program year. In fiscal year 2024, all TNFP sites complied with the 19 model elements. In federal fiscal year 2024, TNFP sites had an average Fidelity Index score of 67 out of 100.

Of the 19 model elements, three were previously discussed in the *Clients Enrolled in Fiscal Year 2024* section of the report (voluntary participation, first-time motherhood, and low-income status). There are two additional elements that are of interest:

- Adherence to the recommended frequency, duration, and content of visits; and
- Regular assessment of mother and child health and well-being.

These two types of elements are discussed in greater detail below. More information about the remaining model elements is provided in Appendix A.

TNFP in Their Communities

Bexar County Hospital District (Bexar County)

In March, Bexar County Hospital District graduated a young father from their program. Tragically, his son's mother passed away unexpectedly when the baby was just one month old. Through support from his parents, the NFP program, and his nurse, he was able to learn and understand the typical stages of growth, how to foster his son's emotional and social skills, and felt equipped to support his child's needs at every stage. He diligently took notes during sessions and often followed up with his nurse to clarify any uncertainties. His proactive approach reflected his deep desire to create a nurturing environment for his son and to be the best father he could be. This young man is now balancing work and college while raising his son as a single father.

City of Port Arthur (Jefferson, Hardin, Orange, and Chambers Counties)

One of our nurses began working with a young woman who became pregnant under difficult circumstances. The young mother was struggling and the nurse was able to help guide her through this difficult time. Over time, the mother got a good job, bought her own car, moved into her own apartment, and became more comfortable with being a mom. By using simple strategies focusing on bonding and emotional support, the nurse was able to help this mother overcome her difficult start, achieve self-sufficiency, and build a positive relationship with her baby.

Texas Children's Health Plan (Harris and Galveston Counties)

One of the mothers in our program, found temporary housing with her infant in a family shelter and was able to access crucial resources that changed her life. Through the program, she received transportation assistance for essential medical appointments, ensuring that both she and her child received the healthcare they needed. Additionally, the shelter provided vital support for employment and childcare, empowering her to pursue job opportunities and achieve financial stability.

Visit Frequency, Duration, and Content

Model elements five, six, seven, and ten address the characteristics of nurse home visits. These elements are meant to ensure the interventions provided by nurse home visitors are consistent with the visits that were provided in the randomized

controlled trials. As mentioned previously, NFPNSO allows some flexibility within these standards to address client needs.

Element 5. *Client is visited one-to-one, one nurse home visitor to one first-time mother.* NFP clients are visited by one nurse home visitor to every first-time mother. Family members or significant others may be included in visits if clients prefer. Fathers are particularly encouraged to attend visits when possible and appropriate. The nurse home visitor engages in a therapeutic relationship with the client, focusing on meeting the individual client's needs and empowering her to promote her own health and the health and well-being of her child. In some circumstances, the nurse home visitor may bring another nurse home visitor or supervisor for the purposes of peer consultation. This practice helps clients learn that nurse home visitors work as a team to help support their clients and can reduce attrition if the nurse home visitor goes on leave or if there is agency turnover.

The TNFP program closely follows NFPNSO guidelines pertaining to home visits. Overall, 94.8 percent of all TNFP visits in fiscal year 2024 were one-on-one with clients. This is greater than the 93.5 percent of NFP visits done one-on-one at the national level.

Element 6. *Client is visited in her home as defined by the client, or in a location of the client's choice.* NFPNSO defines the client's home as the place where she is currently residing for the majority of time. This could include a shelter, friend's home, or temporary living situation for some of the most at-risk clients. Visiting the client in her home allows the nurse home visitor a better opportunity to observe, assess, and understand the client's and child's living context and challenges. More specifically, home visits allow the nurse to assess client safety, social dynamics, ability to provide basic needs, and the mother-child interaction.

As mentioned previously, NFPNSO does allow some home visits to take place in other settings such as libraries, schools, or places of employment due to issues with the client's schedule or living situation. These visits are generally the exception rather than the rule and are scheduled based on the client's need for accommodation. Nurse home visitors have continued to complete their visits with clients through a combination of a variety of telehealth and in-person platforms similar to last fiscal year.

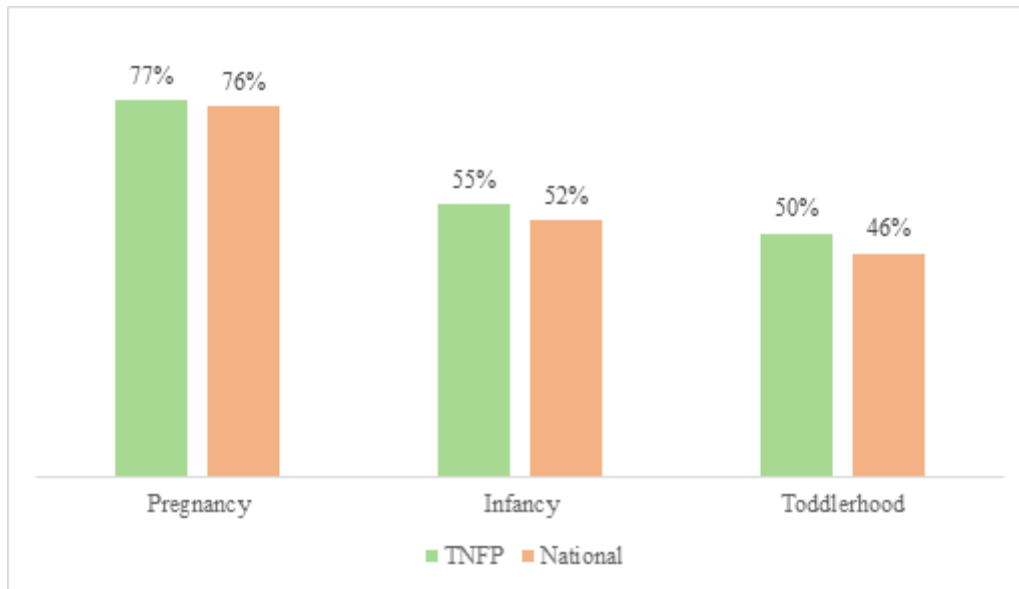
In fiscal year 2024 the proportion of clients having visits to their homes continues to be high with 98.5 percent of TNFP visits taking place in the home, and 99.6

percent of the program's clients participating in at least one home visit after initial enrollment.

Element 7. *Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the NFP visit schedule or an alternative schedule agreed upon between the client and nurse.* The frequency of home visits may influence the effectiveness of the NFP programs. Even if clients do not use the nurse home visitor to the maximum level recommended, the regular contact from the nurse home visitor over a long period of time is a powerful tool for change for the mother and the family. 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 use, smoking, and nutrition greatly influence fetal development. Addressing these issues early with the client can reduce the risks for adverse outcomes for the mother and child.

NFPNSO measures adherence to element seven through client retention rates in each phase of the program. TNFP clients were retained in the program at rates greater than or close to equal to national NFP for all three phases. Figure 3 shows the differences between TNFP and national NFP. It should be noted that retention rates are calculated based on the potential completers of each phase, so greater retention in the pregnancy phase means more potential completers at each stage of the program.

Figure 3. Retention During Each Phase for TNFP and National NFP, federal fiscal year 2024



Source: 2024 Texas Fidelity Report, October 1, 2023, to September 30, 2024, retrieved from Nurse-Family Partnership Business Intelligence Portal on October 31, 2024.

Additionally, FSS tracks adherence to element seven by tracking family engagement in the program for at least one year. In fiscal year 2024, 75 percent of families who had enrolled stayed engaged for a year or longer in the NFP program. Long-term enrollment in TNFP ensures that families receive the full benefits of the program.

Element 10. Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks, guidance, and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains. Nurse home visitors use strength-based approaches in their work with families and individualize the guidelines to meet clients’ needs. These approaches fall under six life domains. Nurse home visitors are encouraged to include information about all the domains in each visit. Table 4 shows the six life domains and the types of issues addressed under each domain.

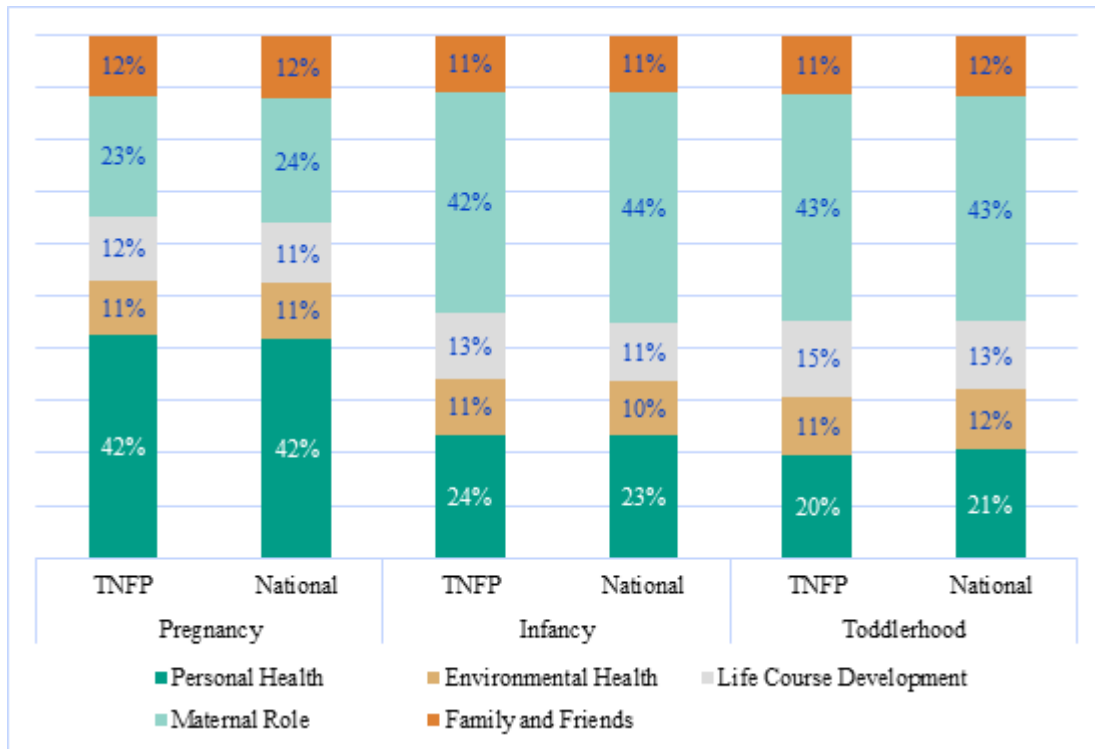
Table 4. NFP Life Domains

Domain	Issues Addressed
Personal Health	Health maintenance practices, nutrition and exercise, substance use, and mental health functioning
Environmental Health	Adequacy of home, work, school, and neighborhood for maternal and infant health
Life Course Development	Client goals related to childbirth planning and economic self-sufficiency
Maternal Role	Client's acceptance of the mothering role; knowledge and skills to promote the physical, behavioral, and emotional health of a child
Friends and Family	Helping clients deal with relationship issues, and enhance their own goals and management of child care
Health and Human Services	Linking families with needed community resources

It should be noted that there is significant flexibility within the guidelines to address the strengths and challenges faced by each family. Nurse home visitors are expected to individualize visit content to meet the client's needs rather than adhering to a predetermined schedule. This may mean that as certain challenges occur in the lives of clients and their families, one or more life domains may not be covered in a given visit. This is consistent with the expectations of NFPNSO.

Figure 4 shows the weighted average percent of time spent on each domain per visit in each phase for TNFP sites as compared to the national average. TNFP home visitors were in-line with NFP sites nationally on the proportion of time spent at each home visit devoted to the five domains. According to NFP standards, TNFP and national NFP sites were in or above range on discussions of most domains in the pregnancy, infancy, and toddlerhood phases that are measured using the time-spent metric. Sites were slightly below standard for discussion of the maternal role in pregnancy, infancy, and toddlerhood. The final domain—health and human services—is measured primarily through referrals rather than time spent and discussed further in the assessment of health and well-being section of this report.

Figure 4. Average Time Spent Per Visit on Each Domain for TNFP and National NFP, Fiscal Year 2024



Source: FSS analysis of TNFP site data provided to by NFPNSO to HHSC on October 31, 2024.

Note: Totals do not add to 100 percent because some TNFP sites did not report time spent on domains equal to 100 percent.

Assessment of Health and Well-Being

One of the key services provided by nurse home visitors in the NFP program is to regularly assess the health and well-being of mothers and children participating in the program. To conduct those assessments accurately and regularly, nurse home visitors must:

- Follow the visiting guidelines discussed in the previous section;
- Enter the program with enough education to adequately assess health and well-being; and

- Receive adequate training on the NFP model, theories, and structure to deliver the program in a way that facilitates formal and informal assessments of health and well-being.

Model elements eight, nine, and eleven address the education and training required of nurse home visitors to be able to assess maternal and child health and well-being adequately and regularly.

Element 8. *Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a bachelor of science in nursing (BSN).* When new nurse home visitors are hired into the program, supervisors are expected to evaluate their background, levels of knowledge, skill, and abilities in relation to the services provided by the NFP program. A BSN is the standard educational background for entry into public health, and the model expects that all nurse home visitors will be licensed registered nurses with at least a BSN. For supervisors, a master's degree in nursing is preferred. In circumstances where agencies struggle to hire nurses with a BSN, NFPNSO does allow for agencies to hire experienced nurses without a BSN. When agencies do so, they are expected to support professional development and encourage the nurse to complete a BSN. Sites seeking to hire non-BSN nurses are expected to consult with the state and NFPNSO on the hire.

At the end of fiscal year 2024, all TNFP program sites were in adherence with this program element; 95.3 percent of TNFP nurse home visitors had a bachelor's degree or higher in nursing, as compared to 88.9 percent nationally.

Element 9. *Nurse home visitors and nurse supervisors complete core educational sessions required by Nurse-Family Partnership National Service Office and deliver the intervention with fidelity to the Nurse-Family Partnership Model.* The specialized nature of the NFP program requires extensive training on the model, theories, and structure to deliver the program effectively, even among the highly trained group of nurses hired to work for NFP programs. NFPNSO requires that all nursing staff complete all NFP education sessions in a timely manner, the first two of which must be completed before nurse home visitors can start visiting clients. The additional training sessions offered by NFPNSO are listed below. Two of the training sessions deal with administering formal assessments of child and maternal well-being, but all trainings feature tools and information essential for the informal assessment of family well-being.

Examples of NFP Training Sessions

- Instruction on motivational interviewing
- Partners in Parenting Education
- Ages and Stages Questionnaire, and Ages and Stages Questionnaire, Social Emotional Screening
- Assessment of child health and development
- Positive parenting and care giving
- Infant cues and behaviors (Keys to Caregiving)
- 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

By the end of fiscal year 2024, 58 percent of nurse home visitors at TNFP sites had completed their initial NFP educational training sessions compared to 56 percent nationally.

Making a Difference for Families

The overarching goal of NFP model is to improve the health, well-being, and economic self-sufficiency of low-income, first-time parents and their children. The introduction chapter of this report highlighted research into the long-term impacts of NFP programs. There are short-term outcomes that can be assessed for fiscal year 2024, many of which have been associated with the positive long-term impacts that TNFP seeks to improve.

Establishment of Paternity

Texas Human Resources Code Section 137.107 requires TNFP program sites to assist clients in establishing paternity of their babies through an Acknowledgement of Paternity (AOP) form. To fulfill this requirement, TNFP helps clients understand paternity and child support services, and information on paternity establishment is provided to all clients. All nurse home visitors complete the training in the Office of the Attorney General Paternity Opportunity Program as a part of their initial training. Nurse home visitors also complete an annual refresher course offered through the Office of the Attorney General. AOPs are often completed during the family's hospital stay following the birth of their child or at a later date online. Many clients report that fathers are acknowledging paternity on the birth certificate, which is not captured in this data. Moreover, AOPs are now registered electronically, and families complete these outside of the home visit. During fiscal year 2024, TNFP sites reported counseling families on the importance of AOPs but did not complete them directly with the families as these are completed directly at the birthing hospital or through an Office of the Attorney General certified entity (such as a local birth registrar or child support office.)

FSS and TNFP sites continue to partner with the Office of the Attorney General as part of the Parenting and Paternity Awareness (PAPA) program. The PAPA program is evidence-based, educational curriculum designed for high school students to support youth in understanding the benefits of waiting to become a parent until after they have completed their education, started a career, and are in a stable, committed relationship. This program is a way school districts can comply with state law requiring high-school health to include a parenting and paternity awareness curriculum.

Nurse home visitors have access to special training on paternity establishment and the child support system, and a third-party evaluation is being conducted to determine the results of that training and its ability to meet grant goals.

Serving Vulnerable Populations

Nurse-Family Partnership is a nurse-led, evidence-based home visitation program proven to significantly improve the health, well-being, and economic self-sufficiency for children and their families. In addition to providing health education about pregnancy and newborn care, the nurse is a source of support and resources to help address a family's need. In some instances, a family may have prior or current involvement in the child welfare system and the criminal justice systems. Nurse home visitors can play a significant role in helping build protective factors in the home and connect families to additional supports, such as those provided across FSS and within Texas Health and Human Services.

Social Support Services

Because families that are enrolled in TNFP services must have an income at or below 185 percent of the federal poverty level, many families are enrolled in other services that address overall family needs. This includes programs such as Medicaid, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Supplemental Nutrition Assistance Program (SNAP), Early Childhood Intervention, mental health services, and substance use services. Nurse home visitors reported that almost all families (99 percent) enrolled in TNFP receive one of these services. For families not enrolled in these other services that qualify, the nurse home visitor often refers the family to these programs when there is an identified need.

Child Welfare

Since NFP requires clients to enroll when they are in their first pregnancy, mothers served through this program will not have involvement with Child Protective Investigations or Child Protective Services as a parent. However, some mothers may have a history as an alleged victim themselves or as an alleged perpetrator with a different child. In fiscal year 2024, 146 families had prior involvement with Child Protective Investigations or Child Protective Services.

Criminal System Involvement

Families engaged in TNFP may have prior involvement with the criminal justice and juvenile justice systems. Nurse home visitors reported that either they do not collect this information directly or often families do not have any involvement with these systems. All sites reported that less than 10 percent of families have any involvement in the criminal justice and juvenile justice systems, with the vast majority reporting no involvement.

Improving Pregnancy and Maternal Outcomes

Intervening in the lives of new families at the very beginning, prior to birth, can have long-lasting impacts on the health, well-being, and long-term success of children. Based on analysis of fiscal year 2024 data, TNFP programs appear to be associated with improved short-term outcomes that have an impact on long-term health and well-being.

Full-Term Births

Preterm births are an important risk factor for future child health and well-being and family well-being across the life course. Babies born preterm have greater mortality rates than full-term infants and are at a higher risk for several health problems at birth and later in life.⁷ Preterm births add an economic and emotional burden on families, and families with preterm babies are at a higher risk for child maltreatment. Preterm birth is also costly to society. The Institute of Medicine estimates that the cost of preterm births to the United States was over \$25 billion annually.⁸ Of the babies born to clients who enrolled in TNFP in fiscal year 2024, 87.1 percent were born full-term. It should be noted that there was wide variation across sites on this outcome, with sites ranging from 75 percent to 100 percent full-term births, with the discrepancy driven mostly by demographic characteristics of clients and number of multiple births served by each site.

⁷ Institute of Medicine (U.S.) Committee on Understanding Premature Birth and Assuring Healthy Outcomes; Behrman, R. E., & Butler, A. S. (Eds.). (2007). *Preterm birth: Causes, consequences, and prevention*. Washington, DC: National Academies Press. Available from: <https://pubmed.ncbi.nlm.nih.gov/20669423/>.

⁸ Waitzman, N., Jalali, A., Grosse, S. (2021). Preterm birth lifetime costs in the United States in 2016: An update, *Seminars in Perinatology*, Volume 45, Issue 3. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0146000521000033>.

Breastfeeding

TNFP sites not only work to reduce risk factors for child maltreatment and poor overall health and well-being, they also seek to increase protective factors that help families thrive. Breastfeeding is an important protective factor. Breastfeeding has been associated with decreased risk of infections, asthma, and other health conditions for children and decreased risks of breast cancer in mothers. It's also associated with increased parental bonding and decreased risk of child maltreatment.⁹

Increasing breastfeeding rates among clients is a key goal of TNFP for ensuring positive family health and well-being far into the future. Of the 930 children who were between six and 12 months old in fiscal year 2024, 43.8 percent were still receiving breast milk at six months, far exceeding an original goal of 15 percent and the 12.4 percent of unmarried mothers in the Texas reference group in the Fragile Families study.¹⁰

Well-Child Visits

Annually, the American Academy of Pediatrics publishes a recommended schedule of well-child visits for children from newborn to 21 years old. This schedule is meant to serve as a minimum for each age group and is meant to establish a medical home for the child; assess child physical, mental, social, and behavioral development; and provide screenings and preventive care.

In fiscal year 2024, 71 percent of TNFP children received their last recommended well-child visit. This represents an increase compared to prior fiscal years 2019 through 2023, when less than 70 percent of TNFP children received their last well-child visit. There was substantial variation across sites, ranging from 50 percent at one site to 88 percent at another. FSS expects well-child visit rates for TNFP families will continue to increase and will work with sites to ensure valid and reliable data around well-child visits is documented in PEIRS.

⁹ Department of Family Protective Services and Department of State Health Services. (2015). Strategic plan to reduce child abuse and neglect fatalities. Austin, TX. Available from:

https://www.dfps.texas.gov/About_DFPS/Reports_and_Presentations/CPS/documents/2015/2015-03-16_DFPS_DSHS_Strategic_Plan.pdf.

¹⁰ McLanahan, S., Garfinkel, I., & Waller, M. (2000). Fragile families and child wellbeing study. Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

Early Language and Literacy

Significant variation exists in the amount and duration of early literacy activities across home environments. By age three, children in the lowest income families hear about 30 million fewer words than children in the highest income families.^{11,12} By the time low-income children enter kindergarten, they are already behind the learning curve. Research on NFP has shown that participation in the program can positively impact early childhood literacy, with effects lasting into third grade.¹³

One way that NFP can increase early language and literacy is by encouraging families to read, sing songs, or tell stories to their children. FSS set an ambitious goal of 80 percent of families engaged in the above activities with their children seven days a week, six months after birth (or after enrollment for programs that enroll children after birth). In fiscal year 2024, 79.9 percent of NFP families met that goal.

There was significant variation on this measure across sites, with 64 percent of families engaging in activities seven days a week at one site and 98 percent engaging in activities seven days a week at another site. Providers' performance on this measurement has improved from fiscal year 2022, when the range was between 60 percent and 100 percent. FSS will continue to work with sites to improve performance on that indicator, including facilitating peer-learning across sites to encourage more families to engage in daily literacy activities with their children.

Caregiver Self-Sufficiency

Children who grow up in poverty face challenges across the life course. While the primary function of NFP is to improve health incomes for prenatal mothers and young children, family self-sufficiency is important for children's long-term development. Research from the field of developmental neurobiology suggests that

¹¹ Fernald, A., Marchman, V.A., & Weisleder, A. (2013). SES differences in language processing skill and vocabulary are evident at 18 months. *Developmental Science*, 16(2):234-48.

¹² Hart, B. & Risley, T. R. (1995). *Meaningful differences in the everyday experience of young American children*. Baltimore, MD: Brookes.

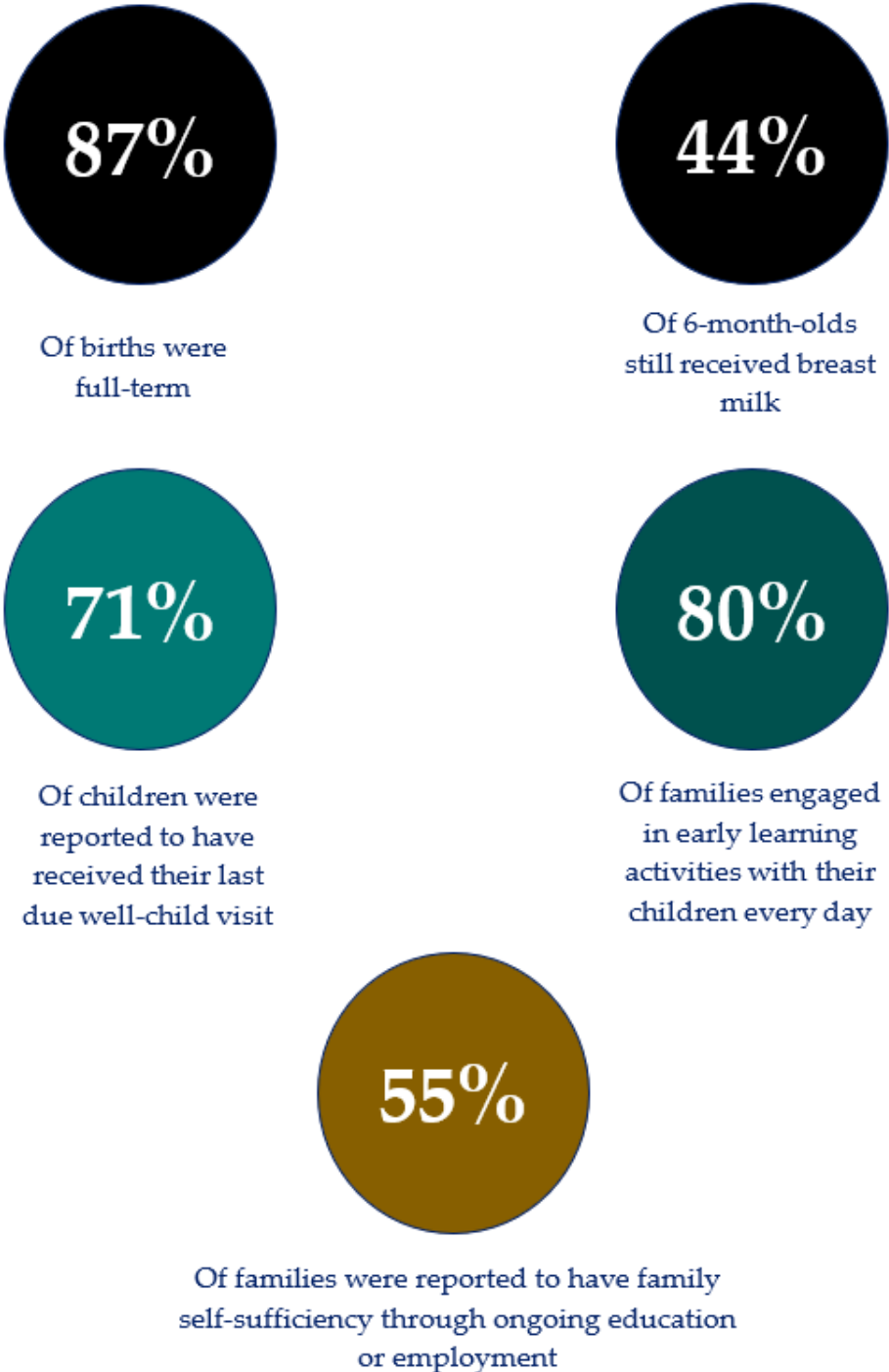
¹³ Olds, D., Eckenrode, J., Henderson, C., et al. (1997). Long-term effects of home visitation on maternal life course and child abuse. *JAMA*, 278: 637-643.

the most important time to increase family income and improve self-sufficiency to improve child development is during early childhood.¹⁴

In fiscal year 2024, 55 percent of NFP families exited the program employed or enrolled in an education program (i.e., completion of high school or GED equivalent, technical training, or college program) to support ongoing self-sufficiency. TNFP's performance on this measure has improved from fiscal year 2021, when 53 percent of participating families exited the program either employed or enrolled in an education program. FSS will support TNFP sites to work towards the goal of 60 percent for this outcome in the coming year, building connections with employment and education resources to help clients exit the program self-sufficient.

¹⁴ Duncan, G. J. & Magnuson, K. & Votruba-Drzal, E. (2014). Boosting family income to promote child development. *The Future of Children*, 24(1): 99-120. doi:10.1353/foc.2014.0008.

Figure 5. TNFP Outcomes by the Numbers, Fiscal Year 2024



The Future of TNFP

This report highlights how TNFP is working in at-risk communities across the state to increase the health and well-being of low-income, first-time mothers and their children. TNFP sites serve a diverse population across the state of Texas; implement the NFP model with fidelity across all elements; and improve outcomes for mothers, families, and children. The work done by TNFP in fiscal year 2024 is predicted to have positive impacts on the lives of families served by the program and their communities for years to come.

Historic Expansion of Services

Additional state and federal funding have allowed for growth of TNFP services during prior legislative sessions. This growth has allowed TNFP to serve more families across Texas.

- With additional funding from the 86th Legislature, communities in Texas saw the expansion of TNFP services starting in fiscal year 2021. The City of Houston NFP program was granted funding to support six additional nurse home visitors, serving an additional 150 families. Texas Children's Health Plan received funding to hire one nurse home visitor, serving 25 families and expanding services into Galveston County. Finally, through an Interagency Contract with The University of Texas Health Science Center at Tyler (UTHSCT), two additional nurse home visitors have been hired, serving 50 families and expanding services into Henderson County in East Texas. The additional funding allowed for the expansion of TNFP services across the state, expanding the nurse home visitor workforce and extending capacity to reach 225 more families.
- In fiscal year 2022, Texas A&M University Health Science Center - College of Nursing received TNFP grant funding to serve families in Brazos County.
- During fiscal year 2022 through fiscal year 2025, additional Community-Based Child Abuse Prevention - American Rescue Plan Act funds allowed for expansion to three existing locations: El Paso County Hospital District, Hillcrest Baptist Medical Center, and Bexar County Hospital District.
- The 88th Legislature provided additional funding for TNFP to expand services across existing TNFP grantees. These additional funds allowed for expansion of services and supports during fiscal year 2024 and ongoing through the biennium.

In fiscal year 2018, as part of its growth strategy, FSS contracted with Population Health at UTHSCT to develop a series of tools, utilizing risk mapping and geographically based risk and resiliency models, to map the state's distribution of child maltreatment risk by residential ZIP code. In fiscal year 2021, updated maltreatment risk maps were released, and FSS continues to use them to more effectively allocate resources and provide support to communities with the highest need. Maps are available here: <https://www.maltreatment-risk.txsafebabies.org/>.

Supporting Continuing Education

FSS provides funding, support, technical assistance, and learning opportunities to nurse supervisors and nurse home visitors. FSS' Partners in Prevention conferences include sessions that qualify for Continuing Nursing Education credits. This helps ensure that attendees from our NFP programs receive professional development that serves their unique needs. In fiscal year 2025, FSS will strive to continue to offer training opportunities that support nurse home visitors in serving Texas mothers and families.

Improving Data Reporting & Outcomes Tracking

FSS is working with TNFP to continue to advance data collection using the PEIRS application, allowing TNFPS sites to track home visit schedules and requirements, staff caseload and retention, and client referrals to other services. PEIRS enables TNFP sites to track progress toward outputs and outcomes as data is collected, without having to export the data to an outside system. Reports featuring outputs and outcomes are available in PEIRS to provide real-time support.

Conclusion

By working directly with families and communities, TNFP grantees continue to improve the health, well-being, and economic self-sufficiency of low-income, first-time parents and their children. Since the initial Request for Proposals in 2008, TNFP has grown from one site in Dallas to 16 state-funded sites serving low-income, first-time mothers in 26 counties across the state. In fiscal year 2024, these sites:

- Served 4,253 families.
- Enrolled 1,810 new families.
- Had an average monthly caseload of 2,551 clients.

These clients were served with equal or greater fidelity to each of the model elements compared to NFP sites nationally, leading to better outcomes for NFP mothers and children. Family Support Services will continue to partner with grantees to ensure services meet the needs of families and support positive outcomes across Texas.

List of Acronyms

Acronym	Full Name
AOP	Acknowledgement of Paternity
BSN	Bachelor of Science in Nursing
FSS	Family Support Services
FY	Fiscal Year
HHSC	Texas Health and Human Services Commission
NFP	Nurse-Family Partnership
NFPNSO	Nurse-Family Partnership National Service Office
PEI	Prevention and Early Intervention Division (PEI)
PEIRS	Prevention and Early Intervention Reporting System
S.B.	Senate Bill
SNAP	Supplemental Nutrition Assistance Program
TANF	Temporary Assistance for Needy Families
TNFP	Texas Nurse-Family Partnership
UTHSCT	University of Texas Health Science Center at Tyler
WIC	Special Supplemental Nutrition Program for Women, Infants and Children

Appendix A. NFP Model Elements

Clients

- **Element 1:** Client participates voluntarily in the Nurse-Family Partnership program.
- **Element 2:** Client is a first-time expectant parent.
- **Element 3:** Client meets low-income criteria.
- **Element 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.

Intervention Context

- **Element 5:** Client is visited one-to-one, one nurse home visitor to one first-time mother or family.
- **Element 6:** Client is visited in her home as defined by the client, or in a location of the client's choice.
- **Element 7:** Client is visited throughout her pregnancy and the first two years of her child's life in accordance with the standard NFP visit schedule or an alternative visit schedule agreed upon between the client and nurse.

Expectations of Nurses and Supervisors

- **Element 8:** Nurse home visitors and nurse supervisors are registered professional nurses with a minimum of a baccalaureate degree in nursing.
- **Element 9:** Nurse home visitors, and nurse supervisors participate in and complete all education required by the NFPNSO. In addition, a minimum of one current NFP administrator participates in and completes the administration orientation required by NFPNSO.

Application of the Intervention

- **Element 10:** Nurse home visitors use professional knowledge, nursing judgment, nursing skills, screening tools and assessments, frameworks,

guidance and the NFP Visit-to-Visit Guidelines to individualize the program to the strengths and risks of each family and apportion time across the defined program domains. This includes completing the STAR framework by the 7th visit; completing the Patient Health Questionnaire-9 (PHQ-9) within three months postpartum; completing an intimate partner violence screener by the 7th visit; completing the Didactic Assessment of Naturalistic Caregiver-Child Experience assessment at 10 months; and completing an Ages and Stages Questionnaire screener at 10 months.

- **Element 11:** Nurse home visitors and supervisors apply nursing theory, nursing process, and nursing standards of practice to their clinical practice and the theoretical framework that underpins the program, emphasizing self-efficacy, human ecology, and attachment theories, through current clinical methods.
- **Element 12:** A full-time nurse home visitor carries a caseload of 25 or more active clients.

Reflection and Clinical Supervision

- **Element 13:** NFP agencies are required to always employ a NFP nurse supervisor.
- **Element 14:** Nurse 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.

Program Monitoring and Use of Data

- **Element 15:** Nurse home visitors and nurse supervisors collect data as specified by the Nurse-Family Partnership National Service Office and ensure that it is accurately entered into the NFP data collection system in a timely manner. Element 15a: NFP nurse home visitors and supervisors use data and NFP reports to assess and guide program implementation, enhance program quality, and demonstrate program fidelity and inform clinical practice and supervision.

Agency

- **Element 16:** Nurse home visitors and nurse supervisors use NFP reports to guide their practice, assess, and guide program implementation, inform clinical supervision, enhance program quality, and demonstrate program fidelity.
- **Element 17:** A Nurse-Family Partnership 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.
- **Element 18:** A Nurse-Family Partnership Implementing Agency convenes a long-term community advisory board that meets at least quarterly to implement a community support system to the program and to promote program quality and sustainability.
- **Element 19:** Adequate support and structure shall be in place to support nurse home visitors and nurse supervisors to implement the program and to assure that data are accurately entered into the database in a timely manner.