

- SUBJECT:** Competitive grant program to fund nurse-family partnership programs.
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 8 ayes — Laubenberg, Jackson, Cohen, Coleman, Gonzales, S. King, Olivo, Truitt
- 0 nays
- 1 absent — Delisi
- WITNESSES:** For — John Castle, TexProtects, The Dallas Foundation; Stacey Emick, Texas Right to Life; Tricia Johnson, Nurse Family Partnership, YWCA; Madeline McClure, TexProtects; Carol Miller, National Association of Social Workers, Texas chapter; Colleen Quinn, Nurse Family Partnership (*Registered, but did not testify*: Melody Chatelle, United Ways of Texas, United Way Capital Area; Erin Hurt, Texas Right to Life; Clair Jordan, Texas Nurse Association; Kathy Rider, Texas Society for Clinical Social Work; Elizabeth Sjoberg, Texas Hospital Association; Jodie Smith, Texans Care for Children; Lynda Woolbert, Coalition for Nurses in Advanced Practice; Ana Yanez-Correa, Texas Criminal Justice Coalition)
- Against — None
- On — Tony Fabelo, Justice Center Council of State Government
- BACKGROUND:** The Nurse Family Partnership is a nurse home visitation program whose purpose is to improve the health, well-being, and self-sufficiency of low income, first time parents and their children. The nurse family partnership practice model has been in existence since 1977, operates in 23 states, and serves approximately 20,000 families. The program has conducted randomized trials, which demonstrated such positive outcomes as reduction in child abuse and neglect and reduction in the behavioral problems of children.
- DIGEST:** CSHB 424 would amend ch. 531 of the Government Code to add the Nurse-Family Partnership Competitive Grant Program. The Health and Human Services Commission (HHSC) would establish grant program to award grants for implementation or creation of nurse-family partnership

programs. These programs would have to operate for a minimum of two years. HHSC would award grants in multiple communities to programs that provide services to at least 2,000 families.

Registered nurses would be required to regularly visit the homes of low-income, first-time mothers in the program no later than the mother's 28th week of gestation and continuing until the child's second birthday. The visits would be to improve pregnancy outcomes, child health and development, family economic self-sufficiency and stability, and reduce the incidence of child abuse and neglect.

Application for grants. Public and private entities, municipalities, and political subdivisions of the state could apply for a grant. Applications would have to adhere to requirements of the Nurse-Family Partnership National Service (NFPNS) office and provide relevant information. Applicants would have to submit a written application to HHSC, which would provide data on the number of low-income, first-time mothers who were in the community and provide information on the existing services available to these mothers. The application also would have to describe the monitoring and evaluation process for the grant.

During the grant process, HHSC would consider the need for a partnership program in a community, the poverty rate of the community, the crime rate, the number of births to Medicaid recipients, the rate of poor birth outcomes, the incidence of child abuse and neglect in the community, and the need to enhance school readiness. HHSC should also consider the applicant's ability to perform ongoing monitoring, performance evaluations, and collect and provide information to HHSC. HHSC also would take into account the applicant's ability to adhere to the partnership program standards and the applicant's history of developing and maintaining programs.

Use of grant funds. Grant funds would only be used to cover the costs of implementation and expansion of partnership programs to cover such costs as administering the program, training and managing registered nurses who participated in the program, paying the salaries and expenses of registered nurses in the program, paying for facilities and equipment, and paying for services provided by the NFPNS office.

Program coordination, monitoring, and evaluation. HHSC would contract with a state nurse consultant, who would assist grant recipients

with implementation, expansion, and operation of the partnership programs. HHSC would adopt performance indicators to measure partnership program performance. HHSC also would continuously monitor and evaluate the performance of each program and prepare and submit an annual report by December 1 of each year to the Senate Health and Human Services Committee and the House Public Health Committee.

This bill would require HHSC to seek and apply for any available federal funds. HHSC would be able to use appropriated funds from the state and accept gifts and donations. HHSC would be required to establish the grant program by December 1, 2007. HHSC would be required to submit its initial annual report to the Legislature by December 1, 2008. The commissioner would be authorized to make rule and regulations that adhere to standards of the NFPNS program model to administer this program.

The bill would take effect September 1, 2007.

NOTES:

HB 424 would cost \$7,200,600 in general revenue-related funds in fiscal 2008-09. The bill would require a budget of approximately \$4,700 per family per year participating in the program to fund registered nurses, a nurse supervisor, an administrative support person, and travel for home visits. However, this bill would require HHSC to apply for federal funds to offset some of the cost of this program.

The substitute removed provisions that would specify that the YWCA of Metropolitan Dallas would receive grants under this program. The substitute also increased the program requirement for the number of families served from 1,200 to 2,000 families served.