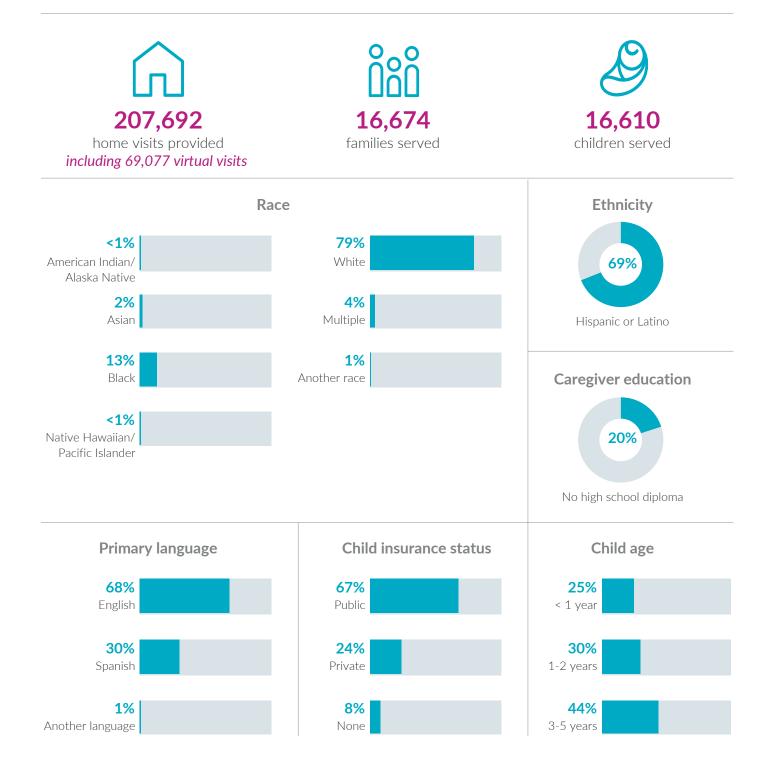
#### **NHVRC STATE PROFILES**

## **Texas**

## Families Served Through Evidence-Based Home Visiting in 2020

Models implemented in Texas included Early Head Start Home-Based Option, Family Connects, Healthy Families America, Home Instruction for Parents of Preschool Youngsters, Nurse-Family Partnership, Parents as Teachers, and Play and Learning Strategies. Statewide, 111 local agencies operated at least one of these models.



#### NHVRC STATE PROFILES

## **Texas**

#### Potential Beneficiaries in 2020

In Texas, there were 1,749,000 pregnant women and families with children under 6 years old not yet in kindergarten who could benefit from home visiting. These families included 2,319,700 children.

# 2,319,700 children

could benefit from home visiting

# 1,749,000 families

could benefit from home visiting

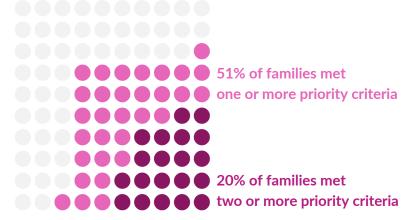
### Of the 2,319,700 children who could benefit-

375,000 16%	801,200 35%	1,143,500 49%
< 1 year	1-2 years	3-5 years
Infants	Toddlers	Preschoolers

Many home visiting services are geared toward particular subpopulations. The NHVRC estimated the percentage of families who could benefit in Texas who met the following priority criteria:



### Of the 1,749,000 families who could benefit—



NHVRC State Profiles present data provided by evidence-based models, which include both MIECHV and non-MIECHV data. This State Profile includes participant data from the following evidence-based models: EHS, Family Connects, HFA, HIPPY, NFP, PAT, and PALS. • Missing and unknown data were not included in calculations. • Percentages may not add to 100 due to rounding. • Public insurance includes Medicaid, CHIP, and TRICARE. • Low income is defined as family income below the federal poverty threshold. • Single mothers include single, never married mothers or pregnant women. • EHS did not require reporting on 2020 data due to the COVID-19 pandemic. The number of children served in 2019 was included as a proxy for children and families served in 2020. • Family Connects did not report children served or primary language. The number of families served was included as a proxy for children served. • HFA reported primary language of caregivers. • HIPPY did not report virtual home visits. • NFP reported primary language of caregivers. • PAT data for child insurance status and primary language were not included. • PALS reported data reflecting the PALS I and PALS II programs. The PALS I program meets HomVEE criteria for evidence of effectiveness. PALS reported children served, families served, total home visits, and virtual home visits only.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the 2021 Home Visiting Yearbook.

