

Support HB 2333 to Promote Supports for Texas Families with Newborns

Testimony to the Texas House Public Health Committee

We support HB 2333 by Rep. Donna Howard, which would promote evidence-based nurse home visiting strategies that are proven to save money, improve maternal and child health, and connect new parents to available local services. The bill creates a competitive grant program at the Health and Human Services Commission (HHSC) so that the state may leverage funds from multiple sources — including federal, state, and philanthropic investments — and promote scale-up of evidence-based voluntary nurse home visits for caregivers with newborns, such as visits conducted through Family Connects.

The birth of a child is a big change, and every family could use support when a new baby comes home.

Brain science is clear that the experiences of babies and toddlers during the first few years of childhood have a huge influence on the rest of their lives. But it's often not until young children reach school that they and their families are connected to official channels of support.

Families with young children often have to navigate disconnected systems to access services.

Texas lacks a streamlined system of care and services to support new parents and infants, resulting in families having to navigate multiple disconnected systems to access services including health care, child care, developmental screenings and referrals, parent education, behavioral health, and access to basic needs (e.g., housing or SNAP food stamps). The absence of a streamlined system can lead to extra emergency room visits, maternal deaths and pregnancy complications that could have been treated, and inefficient use of available resources.

Voluntary programs that connect families with newborns to local services have emerged as a vital solution to current gaps.

One example is Family Connects, which is an evidence-based program that uses short-term nurse home visits to coordinate care, align resources, and ultimately bring together families, health providers, and

communities in ways that improve maternal and child health. After a new mom gives birth and before she is discharged from the hospital, a nurse home visit is offered to all families in a community to assess family health and well-being at approximately three weeks postpartum. These voluntary baby and family check-ins (whether at home or virtually) are opportunities for parents to ask questions about feeding and safe sleep, provide health screenings for mom and baby, and for parents to learn about and be connected to other local services — resources they might not otherwise know exist.

Short-term nurse visits save money, have long-lasting benefits, and make existing services more efficient and effective.

In 2019, Family Connects served 1,239 families in five Texas counties. Research shows that through use of short-term nurse home visiting for newborns:

- Infants had 50% fewer emergency room visits and hospital overnight stays in the first year of life;
- Substantiated cases of child maltreatment were reduced by 44%;
- Mothers were more likely to complete their six-week postpartum health checkups;
- Mothers were 28% less likely to report clinical anxiety.

Family Connects has been shown to save \$3.17 for every \$1 spent in reduced emergency room costs alone, according to a 2019 randomized controlled trial conducted by The Center for Child and Family Policy at Duke University.¹

This bill creates a mechanism for scale-up of proven models.

This bill establishes a competitive grant process for Family Connects housed within HHSC. This critical step would help scale-up this public health approach to serve more Texas families by facilitating use of a variety of funding sources, including state, federal, and private philanthropic dollars. The Legislature has a precedent of success with a similar approach after establishing the competitive grant program for Nurse-Family Partnership in 2007.

¹ Goodman, W Benjamin et al. "Randomized controlled trial of Family Connects: Effects on child emergency medical care from birth to 24 months." *Development and psychopathology* vol. 31,5 (2019): 1863-1872. doi:10.1017/S0954579419000889(finding that hospital billing records indicate a \$3.17 decrease in total billing costs for each \$1 in program costs).