



## Health Services Initiatives (HSI)

**An opportunity for Texas to leverage available federal funds to impact maternal and child health outcomes.**

The State Children's Health Insurance Program (CHIP) allows states to use a limited amount of funding to implement health services initiatives (HSIs) focused on improving the health of eligible children. As of February 2019, 24 states had 71 HSIs approved in their CHIP state plans. States implementing HSIs have flexibility to determine the type and scope of HSIs.

Federal rules define HSIs as activities that protect public health, protect the health of individuals, improve or promote a state's capacity to deliver public health services, and strengthen the human and material resources necessary to accomplish public health goals relating to improving the health of children, including targeted low-income children. While HSIs should have a direct impact on the health of low income children, they may also serve other children.

Under the CHIP HSI option, states may use part of their annual allotments and receive the federal CHIP matching rate for expenditures associated with HSIs. A state may use up to 10% of its total CHIP spending for certain allowable activities such as outreach and HSIs, after it covers CHIP state plan administrative expenses.

### Texas Health Services Opportunity

In order to decrease maternal morbidity and mortality and ensure children have strong health outcomes supported by early intervention, TexProtects proposes scaling Family Connects in existing communities operating the program.



In 2019, 1,239 families were served in five Texas counties with Family Connects. This program offers universal access to newborn nurse home visits to interested mothers. The program has been demonstrated to improve indicators associated with maternal mortality and morbidity and child wellbeing including reduction of emergency department visits and substantiated cases of child maltreatment.

At an average of \$600/birth, an investment of \$23.6 million to \$35.1 million could scale the program in existing hospital sites or cover an additional 25% of births in operating counties respectively. Thus, growing the program 34,946 to 50,820 families if funded over two years.

The State Match required would be \$3.8 million to \$5.6 million, a modest comparative investment and opportunity to leverage available and untapped federal funding.

### For More Information

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