Creating a System of Connection

FAMILY CONNECTS INTERNATIONAL

Hello! THIS IS US.

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Rain Helms, Co-Director of Network Implementation

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Our objectives

Attendees will be able to:

- Demonstrate an understanding of the Family Connects model history and research
- Identify the core components of the Family Connects model
- Analyze funding streams for the Family Connects model
- Apply the information on the Family Connects model to their own community contexts

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Our purpose

is to ensure every family with a newborn feels **supported, connected, and cared for**

as they navigate early parenthood and continue to grow together.

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We know that...

1 Million neural connections per second

Nourishing Relationship = lifelong health & well-being

Traumatic events change our bodies

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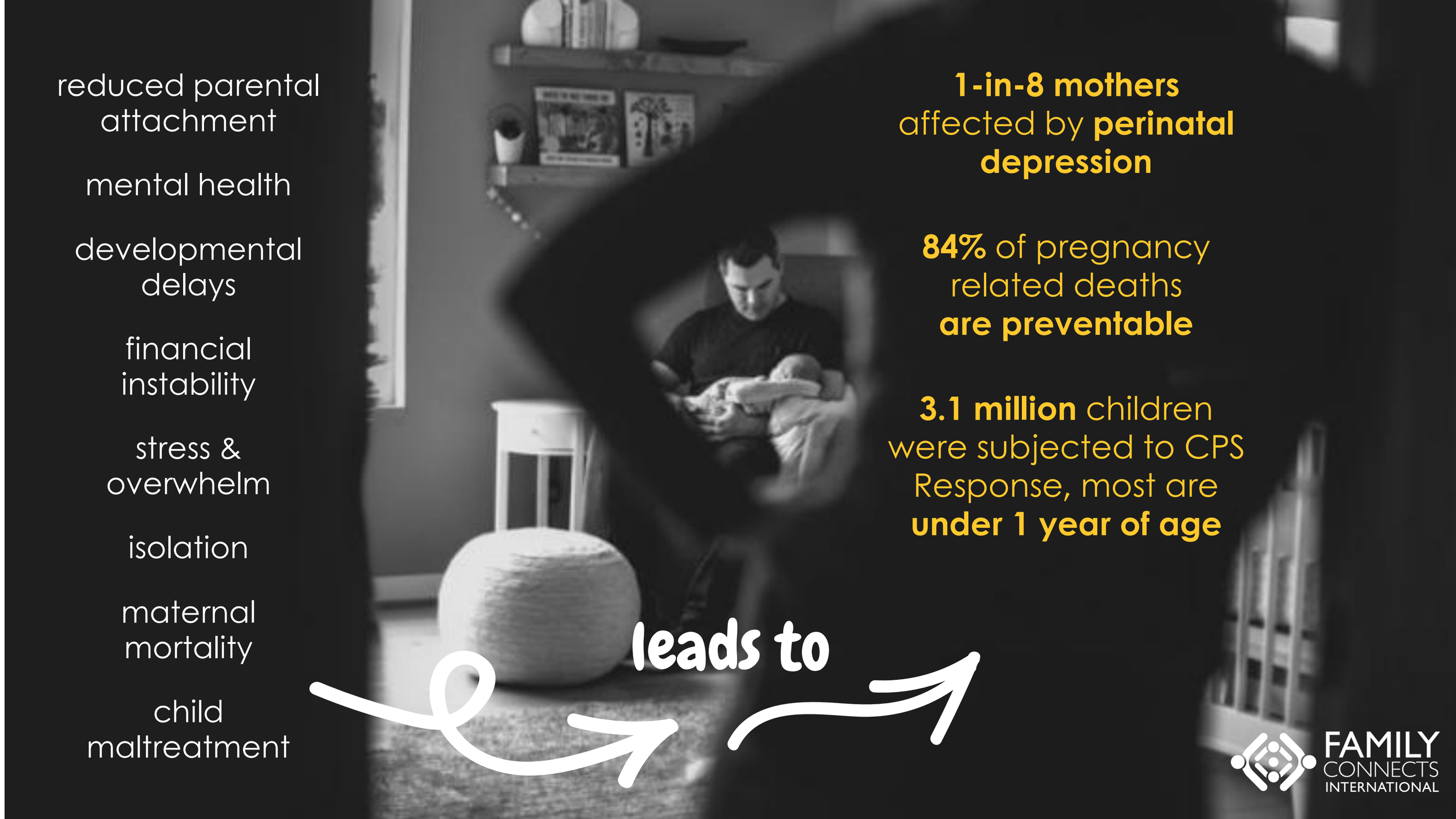

reduced parental attachment

mental health

developmental delays

financial instability

stress & overwhelm

isolation

maternal mortality

child maltreatment

leads to

1-in-8 mothers affected by **perinatal depression**

84% of pregnancy related deaths **are preventable**

3.1 million children were subjected to CPS Response, most are **under 1 year of age**

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so why do problems persist?

38% of pregnancy-related deaths in Idaho occurred between 43 and 365 days after birth

About 30% of Idaho counties have no obstetric provider or hospital/birth center offering obstetric care

Most common underlying causes of maternal deaths were mental health conditions and hemorrhage

25% of Idaho mothers experienced moderate to severe postpartum depression in the three months following pregnancy, outpacing the national average of 13%

Too many mothers and babies have limited access to care, especially in rural areas

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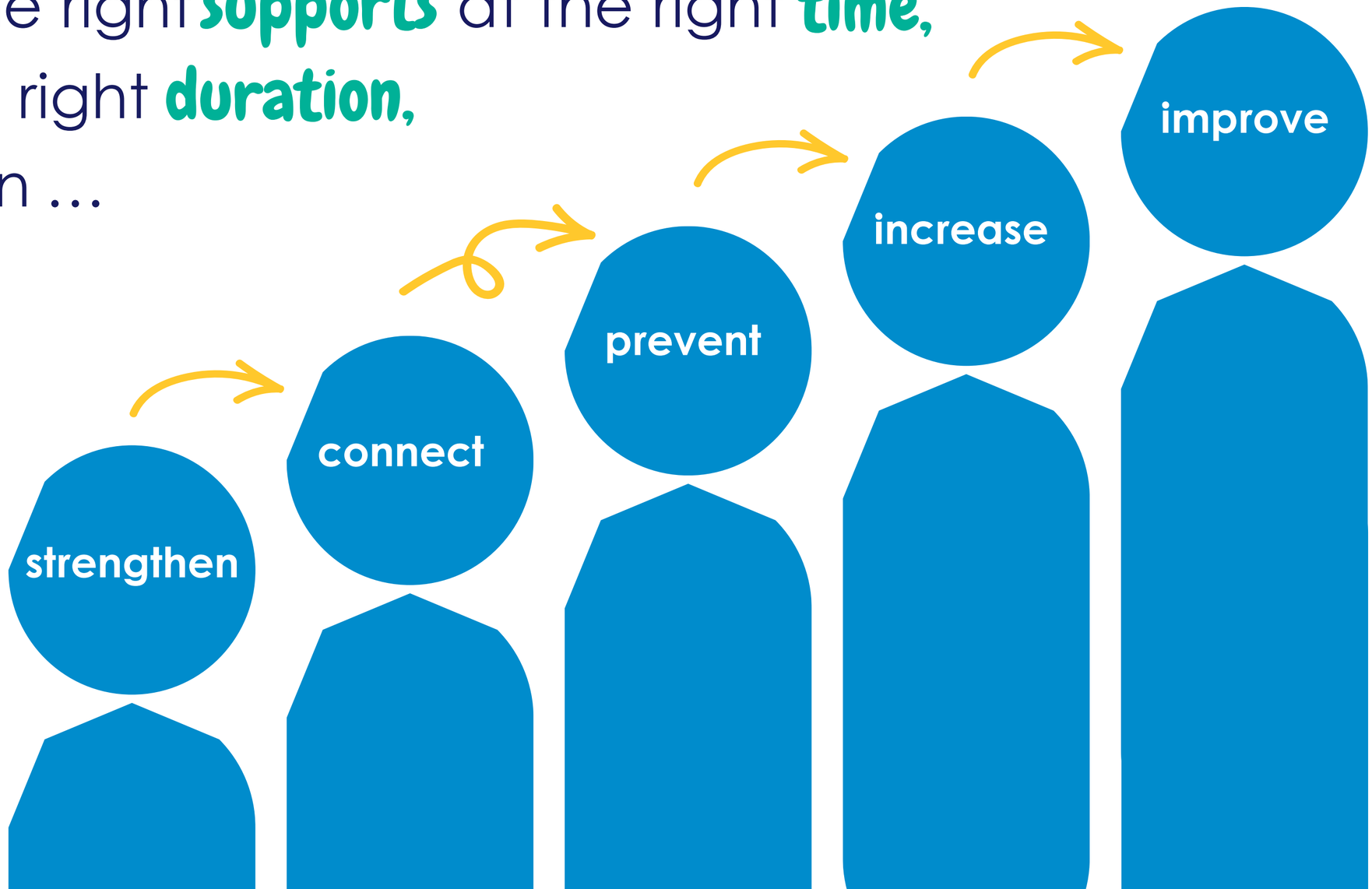
When we accompany parents and caregivers

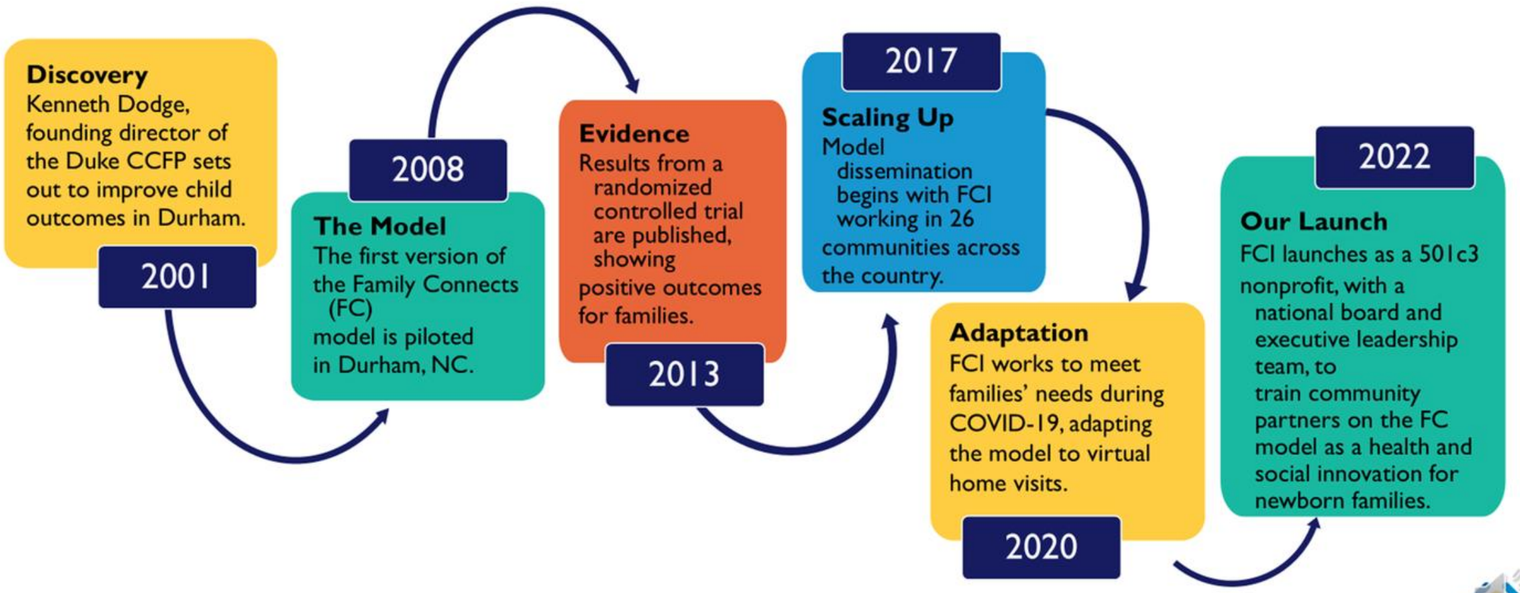
with the right **supports** at the right **time,**

for the right **duration,**

we can …



OUR HISTORY

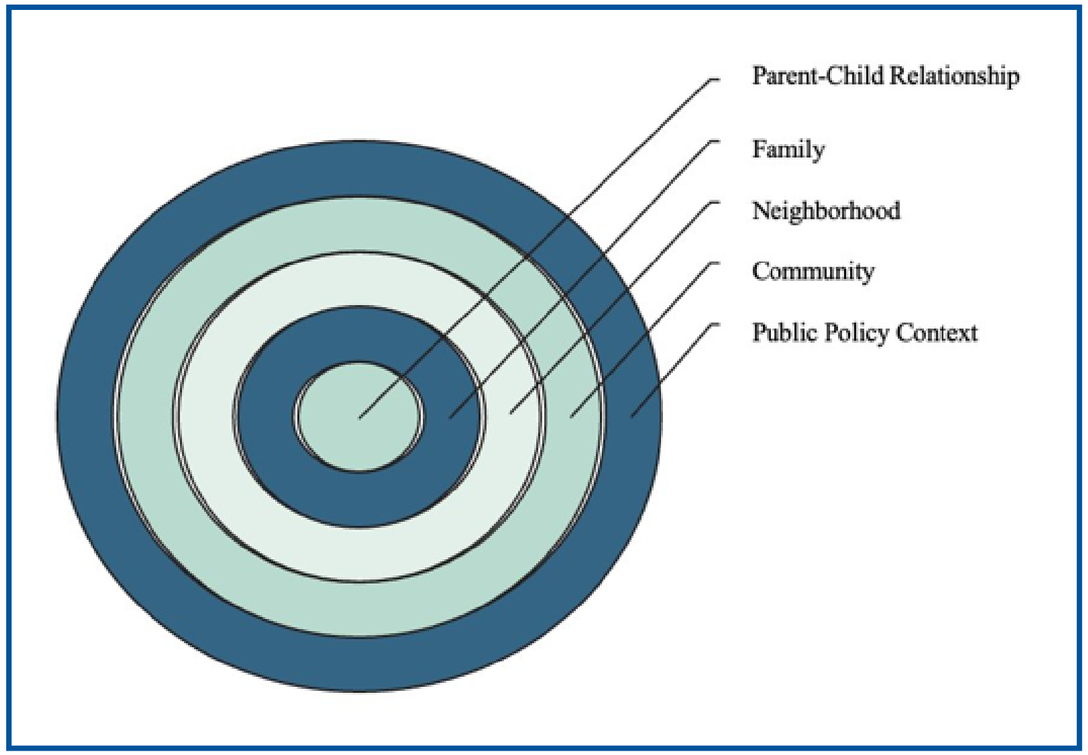


2000: The Duke Endowment, a non-profit based in and focused on the Carolinas, sought a solution to the high rates of child maltreatment in Durham County in NC.

2001: The Duke Endowment funded a 10-year Duke-Durham community effort to develop a solution that was:

- grounded in developmental science
- capable of being manualized
- annual funding based on progress

THEORETICAL MODEL



Child abuse is a breakdown of the parent-child relationship that occurs when:

- Family functioning is unhealthy
- Local community support is lacking
- Broader health care and legal systems do not adequately support families

More than a decade of research into the **Family Connects** Home visiting program model has shown:

50%

decrease

in total child emergency room visits and hospital overnights were through age 12 months

44%

decrease

in the total child maltreatment investigations through child age 2

30%

less likely

for mothers to experience postpartum depression or anxiety

94%

of families

identified at least one need during their home visit

Postpartum visit completions increased by 16%

Community engagement increased by 15%

99% of participants said they would recommend Family Connects

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INITIAL FORMATIVE RESEARCH

Research focused on family processes associated with maltreatment risk revealed four key domains:

- Healthcare
- Family Safety & Resources
- Parenting / Childcare
- Parent Well-Being

Individual case studies of maltreatment highlighted the significance of ***connectedness*** and the ***absence of support*** as common factors contributing to maltreatment.

TWO RANDOMIZED CONTROLLED TRIALS

RCT I: Durham NC, July 2009-December 2010

- All resident county births included in trial (N = 4,777) from 2 hospitals (Duke & Durham Regional)
- Even birth dates Family Connects eligible (n=2,327)
- Obtained administrative hospital records from both hospitals with birthing parent's consent to tally ER visits and hospital overnights post-birth discharge from the hospital. Random subset of 549 families received blinded interviews for impact evaluation at infant age 6 months.

RCT II: Durham NC. January 2014-June 2014

- Resident county births at one hospital included in trial (N = 994)
- Separate impact evaluation with representative subsample (n = 316)
- Hypothesized that Durham Connects would achieve its aims to (1) reach most birthing families in the population, with high fidelity of implementation at reasonable cost; (2) improve the family's connections to individually matched ongoing community resources based on assessed risk and need; (3) improve parenting and family functioning; and (4) improve infant public health outcomes

QUASI-EXPERIMENTAL STUDY IN RURAL NC

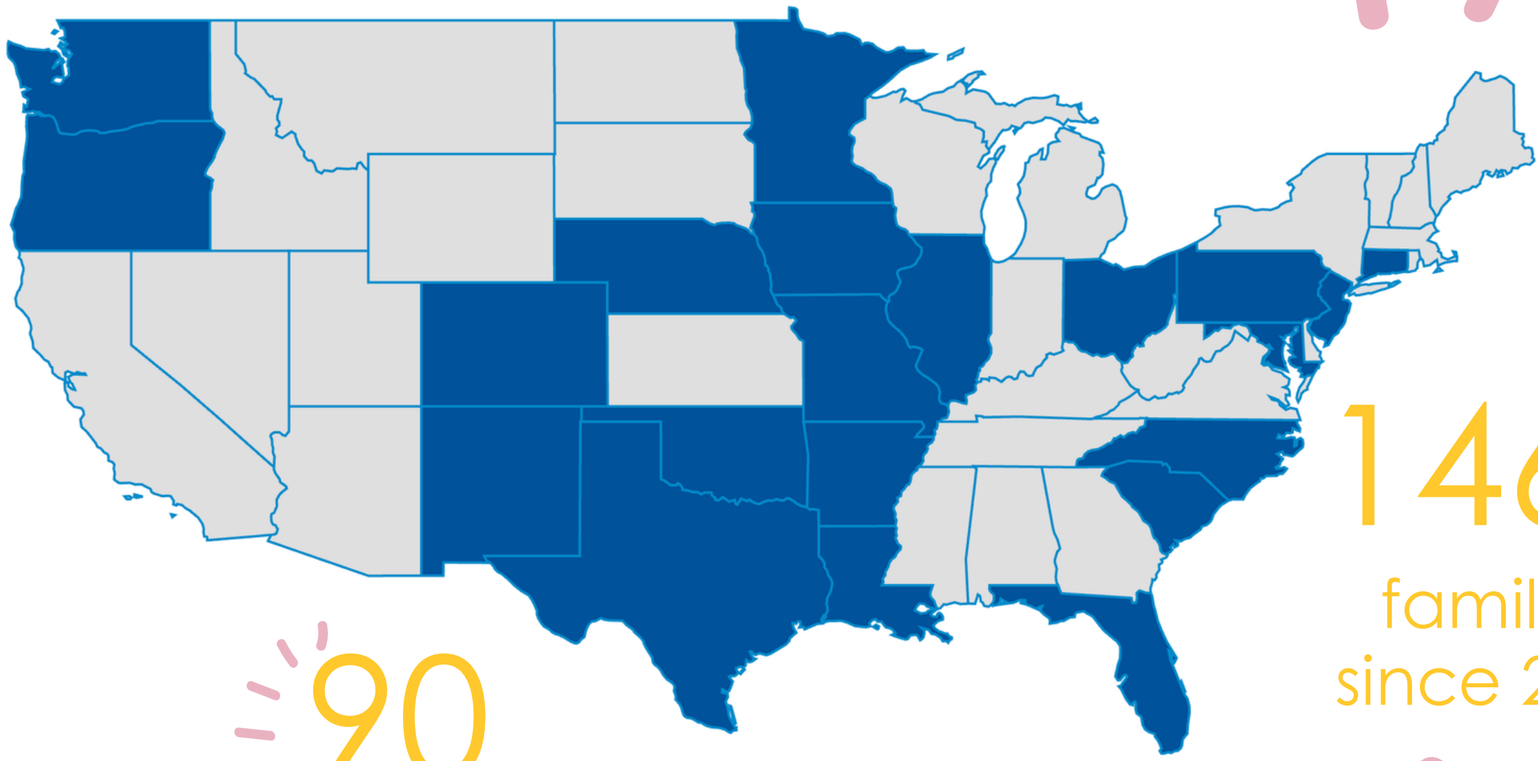
NorthEast Connects September 2014-December 31, 2015

- NO RANDOMIZATION. Attempted to reach all families with newborns born during study. Funded by NC DHHS Race to the Top Early Learning Challenge Grant

FC disseminated to four counties characterized by chronic rural poverty:

- Limited formal community resources and services
- 770 total births per year (range 75 – 450 per county)
- 70% of births to low-income families; 35% child poverty rate, High unemployment (> 10%)
- Comparison families – families of infants born prior to program implementation (Feb. 1, 2014 – July 1, 2014)

Our program model is already at work across the US



21
states

90
communities

146k
families
since 2017

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light-touch, non-invasive

community alignment

education & training

universal

evidence-based

adaptive

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how does it work?

1

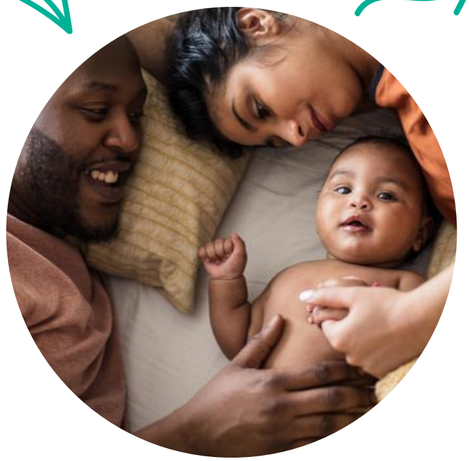
An FCI member visits the hospital, schedules a free home visit for 3 weeks

2

Checkups for parent & baby

3

Mental health check for parents, and connection to community resources for postpartum period and beyond



4

The service is no cost, non-judgmental, and totally confidential

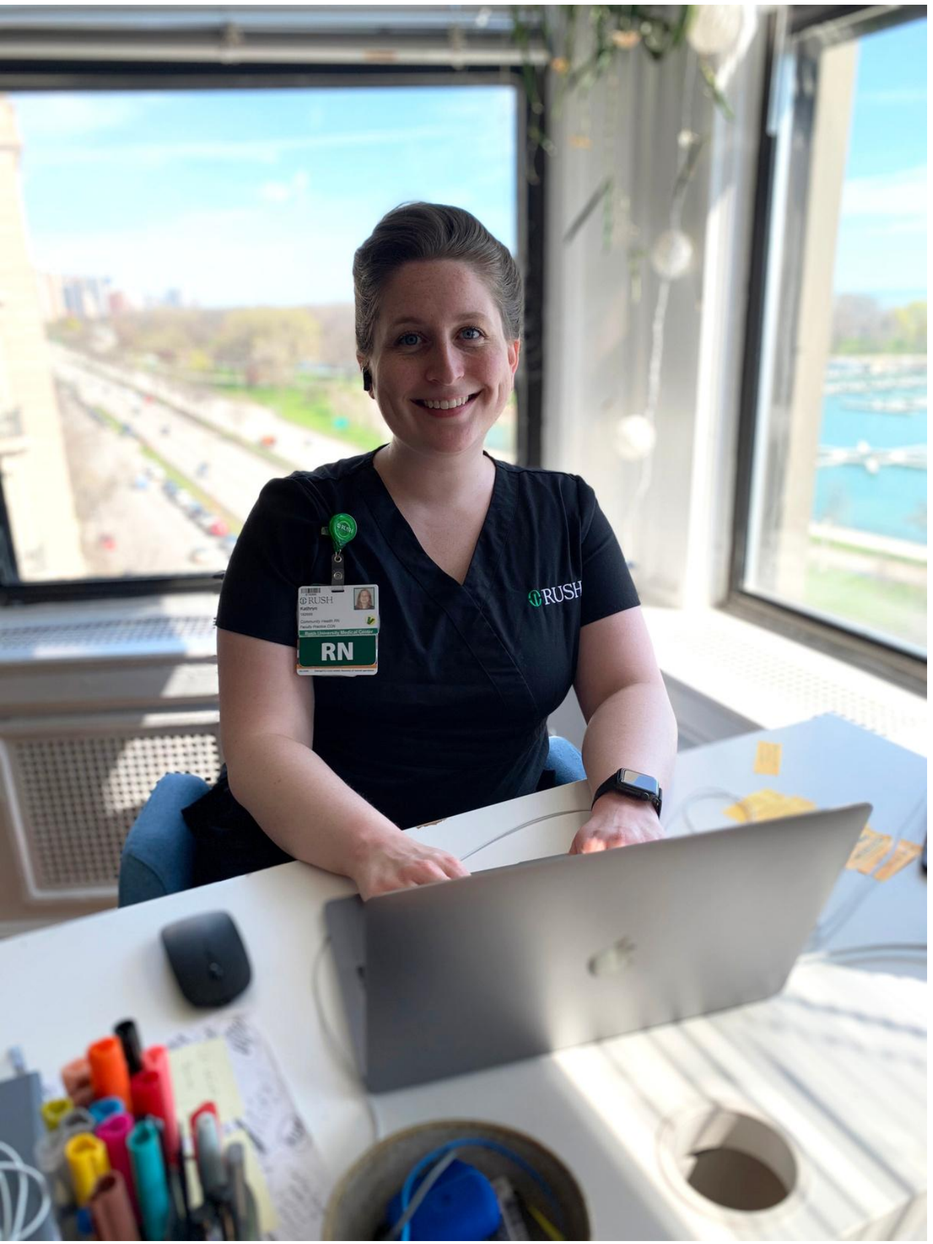
5

FCI is available to ALL families, helping parents fill in the gaps while navigating their new family

KEY FIDELITY COMPONENTS

- Universal
  - All families have needs around the birth of a child
  - Family needs are not limited to those with demographic risk factors only
  - Offering the service to all families reduces stigma
  - The data generated with a universal program provides important information
- Nurse Supervisors and Home Visitors are RNs
- The Integrated home visit happens at about 3 weeks after the infant is discharged from the birth hospital
- FC staff recruit the parent/caregiver at the bedside within the birthing hospital.
- Family Connects teams connect with families following the visit to ensure ongoing support.

KEY FIDELITY COMPONENTS



- Family Connects nurses utilize the Family Support Matrix to assess family needs.
- Family Connects nurses provide prevention education and make referrals to address family needs.
- Each Community Partner is responsible for utilizing a compendium of community resources.
- Nurse Supervisor holds weekly case conferences for the entire team.
- Each program has a community advisory board that meets at least quarterly
- Program is staffed in alignment with FC required staffing ratios
- Each staff member completes FC required training for the role

HOME VISIT COMPONENTS

Assessment

- Visual inspection of home environment and family dynamics
- Physical examination of mother and infant
- Vital signs
- Head-to-toe exam of infant
- Infant measurements
- Inspection of c-section incision as needed
- Screening tools
  - Substance Use: CAGE-AID
  - Intimate Partner Violence: Revised Conflict Tactics Scale
  - Depression and Anxiety: EPDS
- Conversation and queries

Education & Guidance

- Infant feeding
- Formula preparation
- Infant voiding/stooling
- Infant crying
- Soothing techniques
- Family sleep concerns
- Safe sleep
- Normalizing baby blues
- Recognizing signs of perinatal mood disorders
- Reasons to call provider or 911 for mother and infant

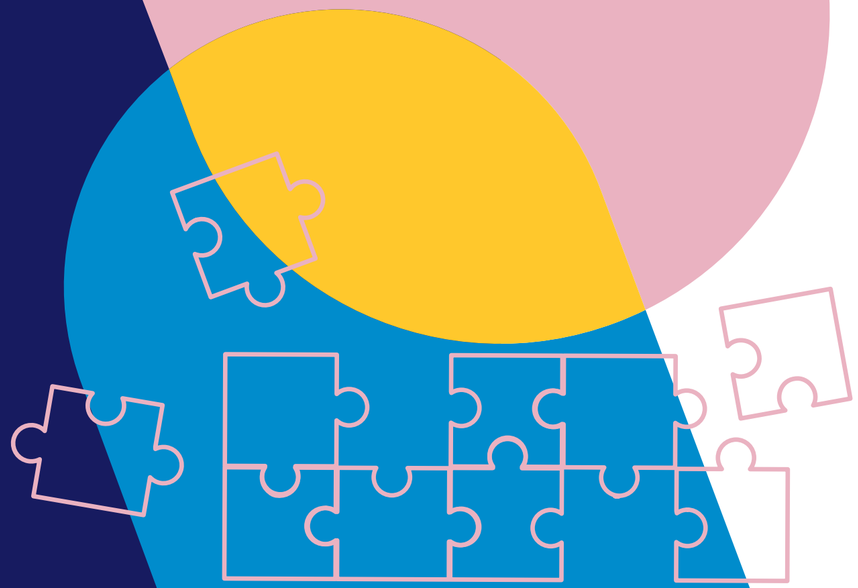
Lactation Support

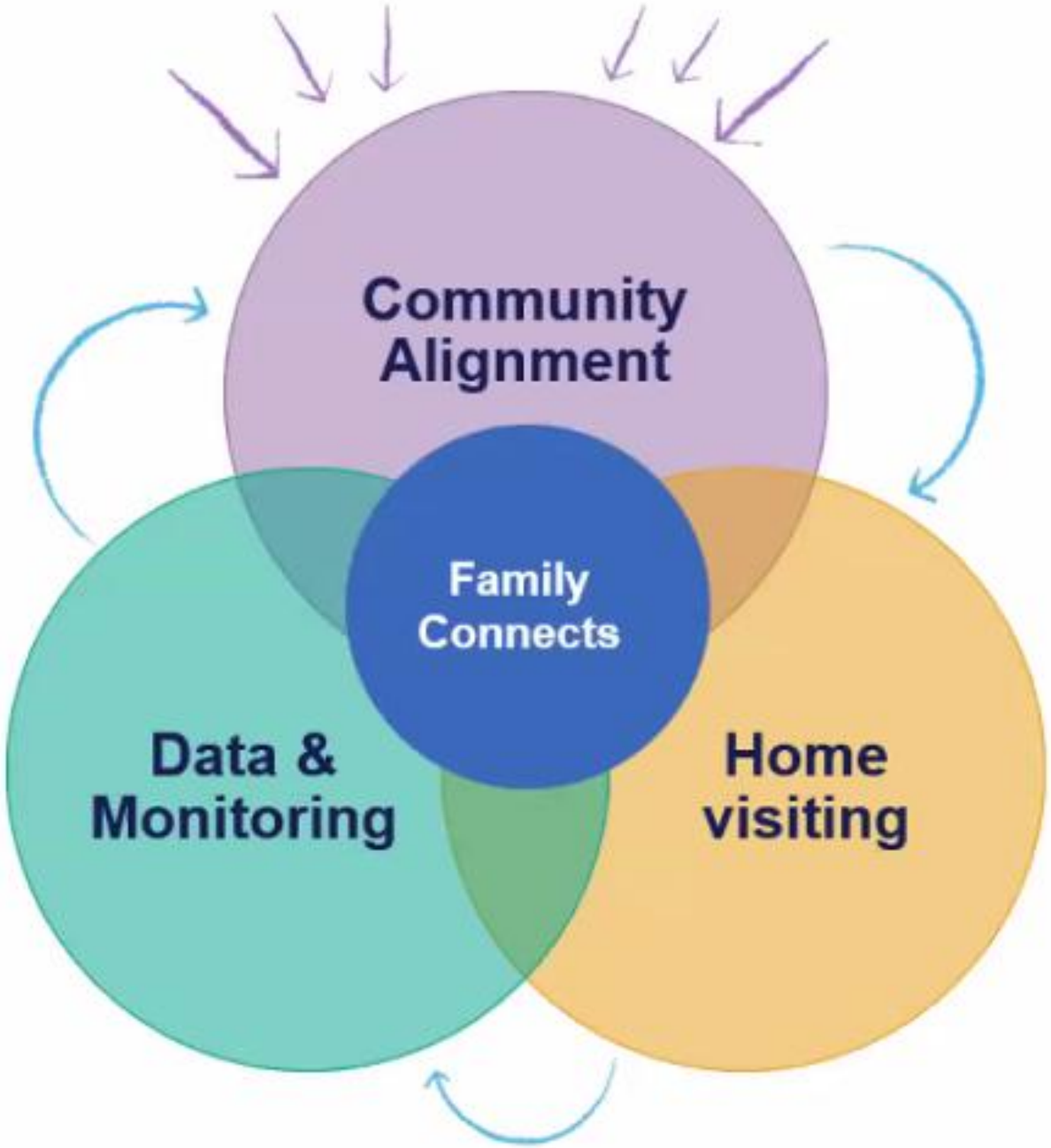
- Assistance with positioning and latch
- Help setting up breast pump
- Storage of expressed milk
- Paced bottle feeding
- Cleaning pump and bottle parts
- Planning for return to work

Referral

- Health care providers
- Childcare providers or vouchers
- Long term home visiting programs
- Parenting classes
- Parent support groups
- Domestic violence shelters
- Housing assistance
- WIC and SNAP
- Food and diaper banks
- Lead abatement programs
- Mental health support
- Smoking cessation programs
- Legal aid

home-visiting models



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Group Activity

In small groups, discuss the following and report out:

- **What are the identified needs or service gaps within your community driving interest in the Family Connects model**

- **How does the model align with these needs/gaps?**
- **How would the model fit with the services and supports already in place within the community?**

- **How will you know if the needs or gaps are being met with the Family Connects model?**

PHASES OF ENGAGEMENT

Readiness

Engage interested partners in building familiarity of the Family Connects model, securing necessary support, and establishing a foundation for successful implementation.

Installation

Orient new partners to the Family Connects model through the Family Connects Academy, development of an Implementation Plan, and completion of all required trainings.

Implementation

Implementation begins at launch of program services and is focused on delivering the model with consistency and fidelity in the defined, and approved, initial catchment area.

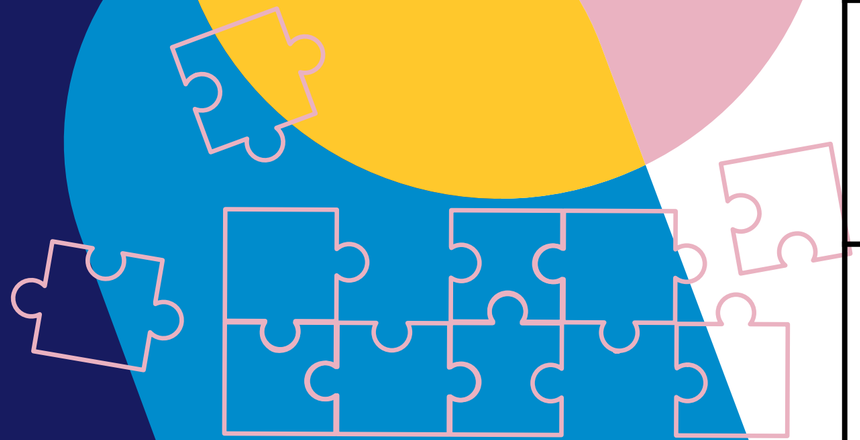
Certification

Certification is awarded following consistent implementation and demonstration of adherence to all model fidelity metrics.

Accreditation

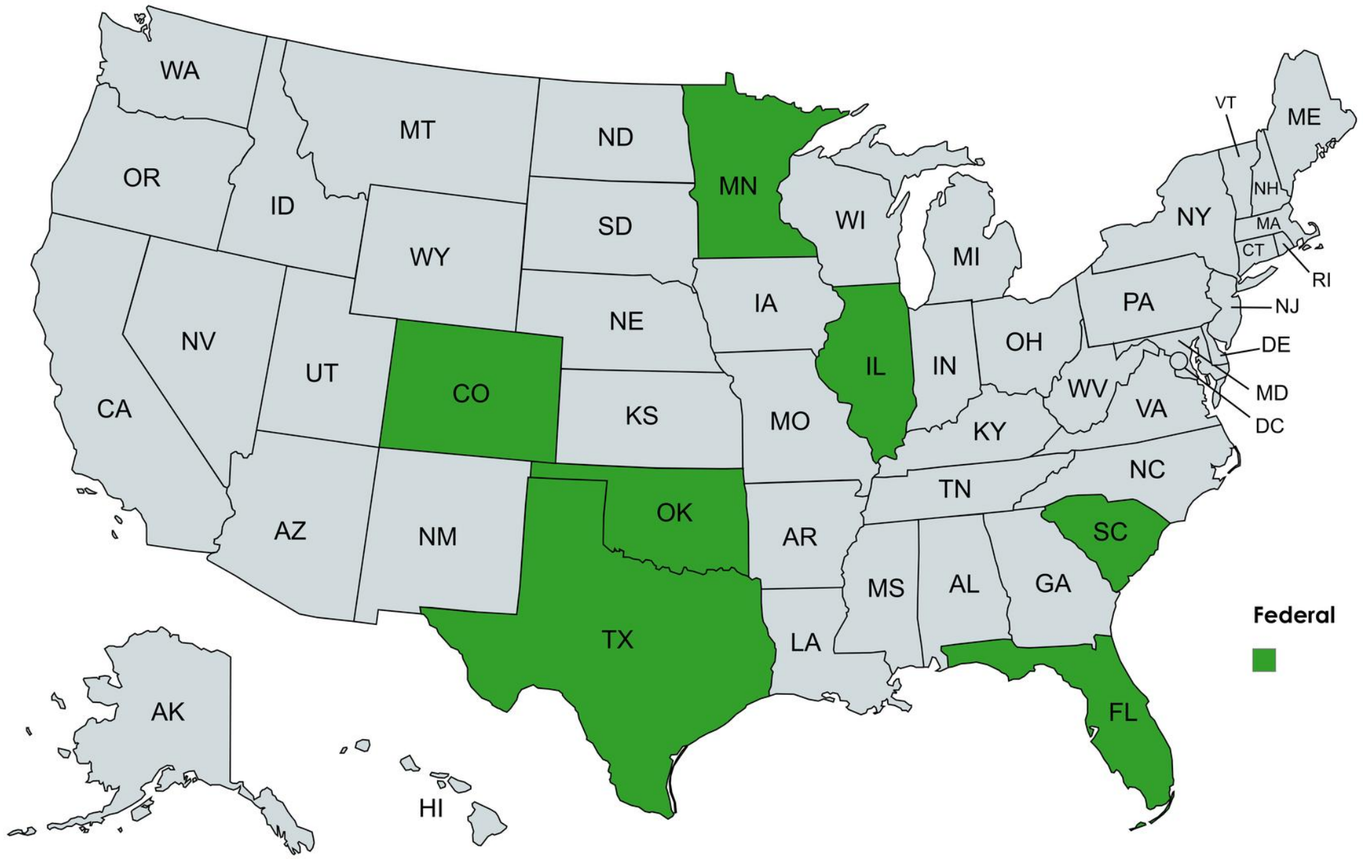
Accreditation is the highest level of performance and engagement with Family Connects, signifying sustained achievement of all fidelity and performance metrics.

funding streams



Federal	State	Local	Private
Maternal, Infant, Early Childhood Home Visiting Program (MIECHV)	General Revenue	City	Philanthropy
Title V (Maternal/Child Health)	Medicaid	County	Hospitals (foundations, community benefit, in-kind staffing)
Preschool Development Grant Birth through Five (PDG-5)	Commercial Insurance		Health plans (individual contracts and foundations)
Child Abuse Prevention and Treatment Act (CAPTA)			
Social Impact Partnerships to Pay for Results Act (SIPPRA)			

federal



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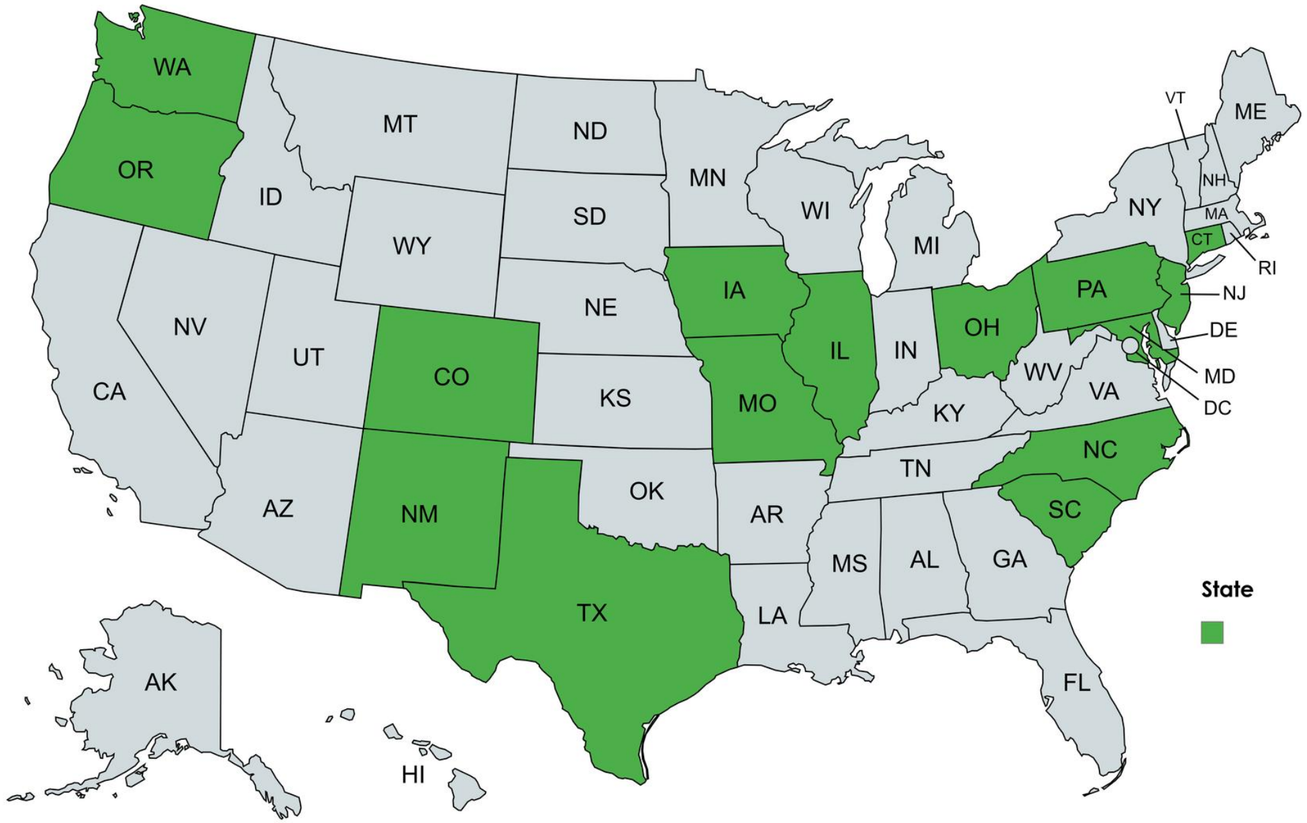
state



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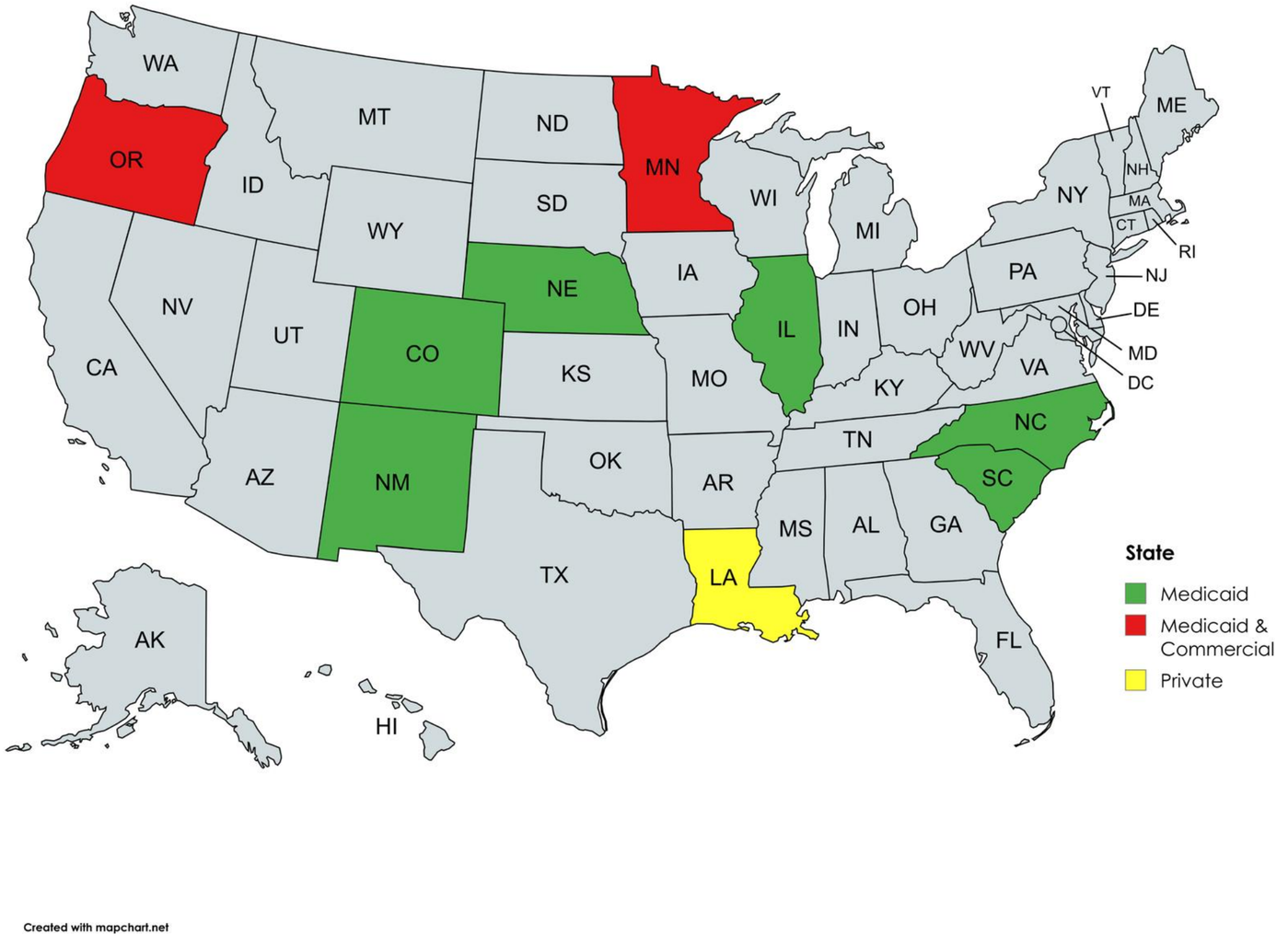
third-party reimbursement



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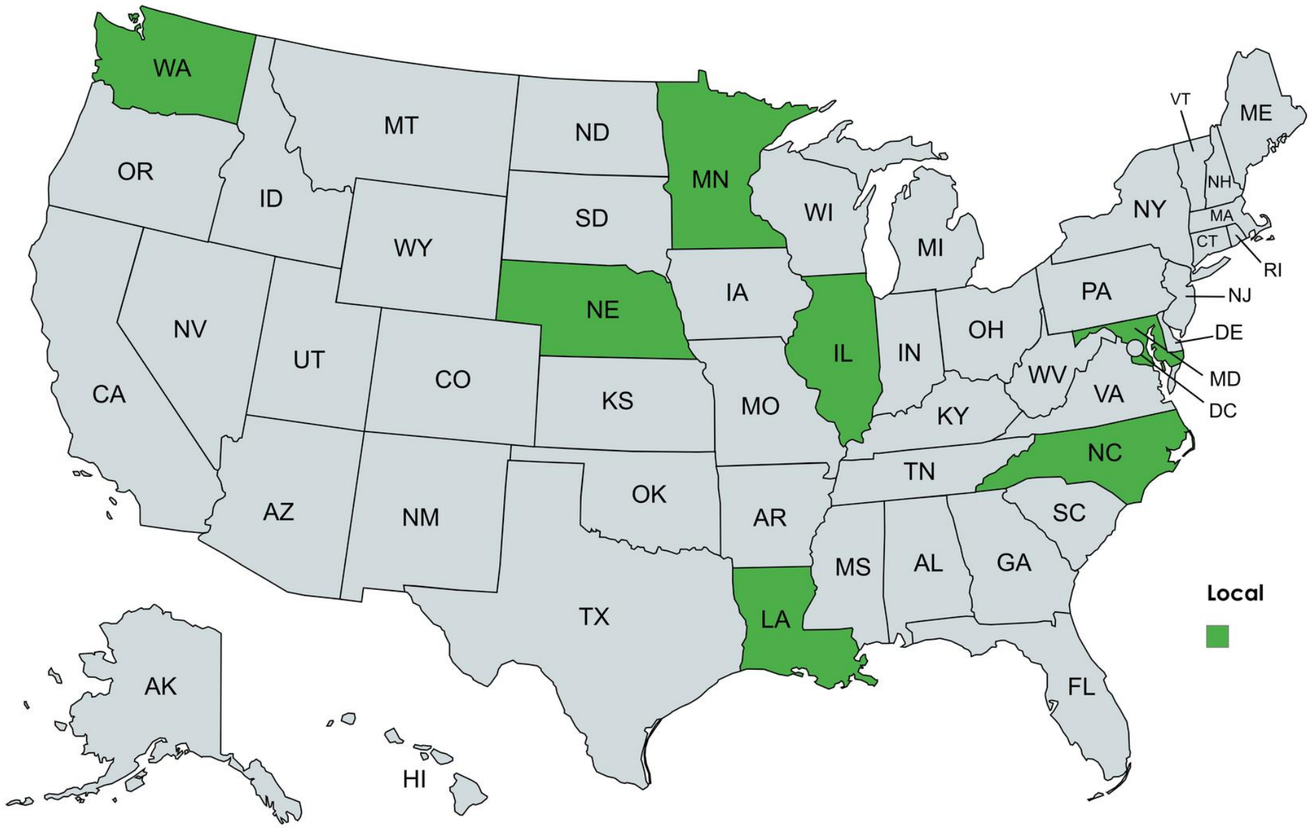
local



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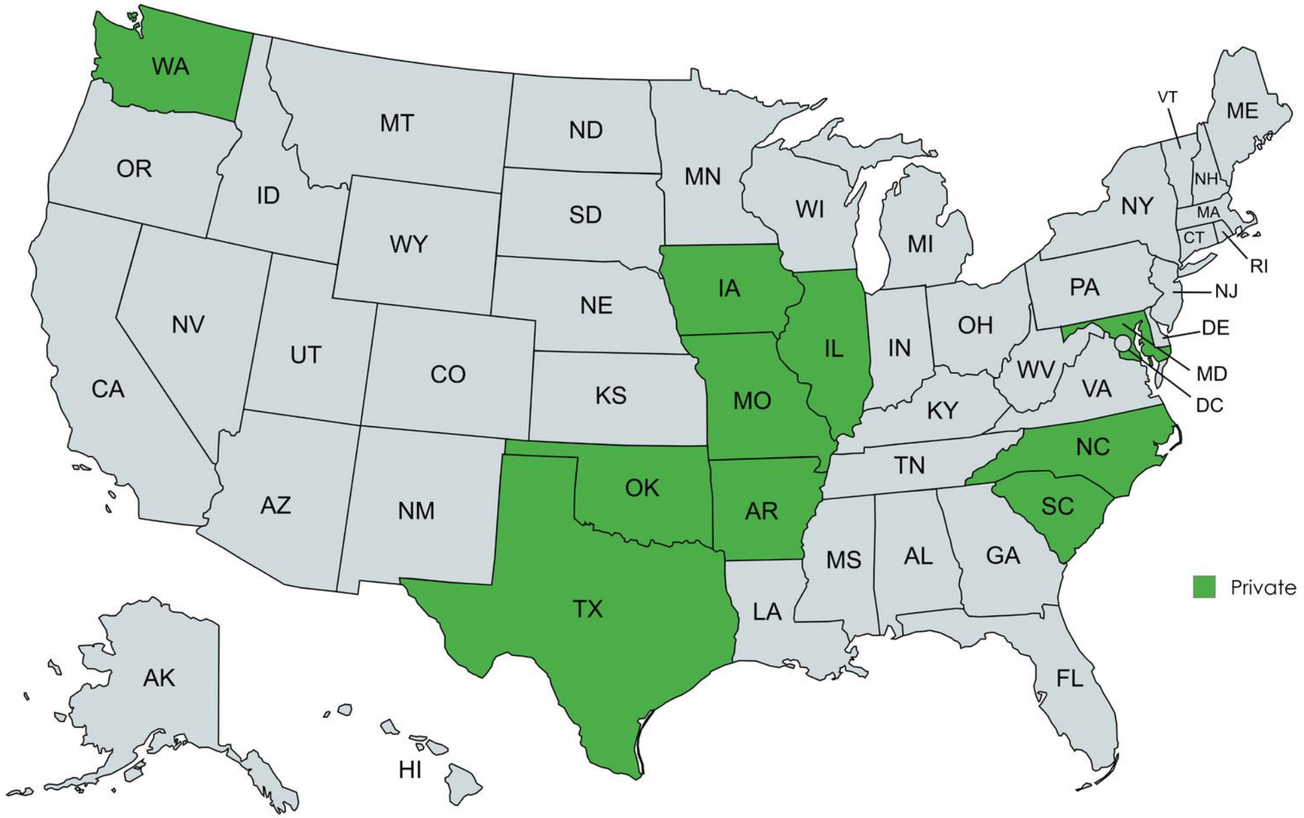
private



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Every dollar spent on Family Connects generates a $3 return

The societal cost of maternal morbidity — including complications during pregnancy and postpartum — was estimated at $32.3 billion for births in a single year, with 2/3 of costs occurring in the child's first year of life.

Preventing even half of these outcomes could save **$78.6 billion** annually.

Universal postpartum support is not just a health imperative — it is an economic one.

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Prospective Idaho Medicaid Cost Savings

Measure	Cost	Family Connects Impact	Potential Savings
Postpartum Emergency Department Utilization	$4 million (25% of women have one or more emergency room visits within the first 6 months postpartum)	50% reduction	$2 million
Untreated Perinatal Mood and Anxiety Disorders (PMADs)	$9.4 million (25% of mothers experience moderate-severe postpartum depression in 3 months following pregnancy)	30% less likely to experience possible postpartum depression or anxiety	$2.7 million
Total			**$4.7 million**

we can...

strengthen connections for families with newborns
and link them to community resources

we can...

ensure each and every child has the support they need to thrive

we believe that...

no family should face the postpartum period alone

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we can
do better.
we.
know.
what.
works.
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thank you!