



The Family Connects Model

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Agenda

- Overview of the Family Connects Model
- The Research
- Oregon as a National Leader
- Questions



Family Connects Can Be a Linchpin in a Connected Early Childhood System

How?

- Lifting up population health
- Improving access and outcomes for families from the universal touchpoint at birth

Why Does it Matter?

- There is no lifespan system of care. A formal system supporting “whole person” care which includes psychosocial care doesn’t even start until children enter the education system.
- Families with newborns and young children are on their own to navigate an often fragmented system. Those with more access and resources often benefit the most.

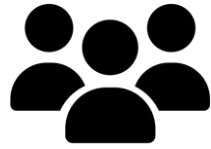


Steps Toward Future Possibilities

- The programs that OR is investing in such as intensive home visiting and resource referral systems are woven together so that families are supported in a seamless system that connects them with the resources that meet their needs and preferences
- Medical providers are connected and important partners in this system



The Family Connects Model



FOR ALL

Helping all families regardless of income or background



THREE WEEKS

Visits are scheduled around 3 weeks after a baby's birth



NO COST TO RECIPIENTS

As an eligible recipient, you will not be charged



REGISTERED NURSE

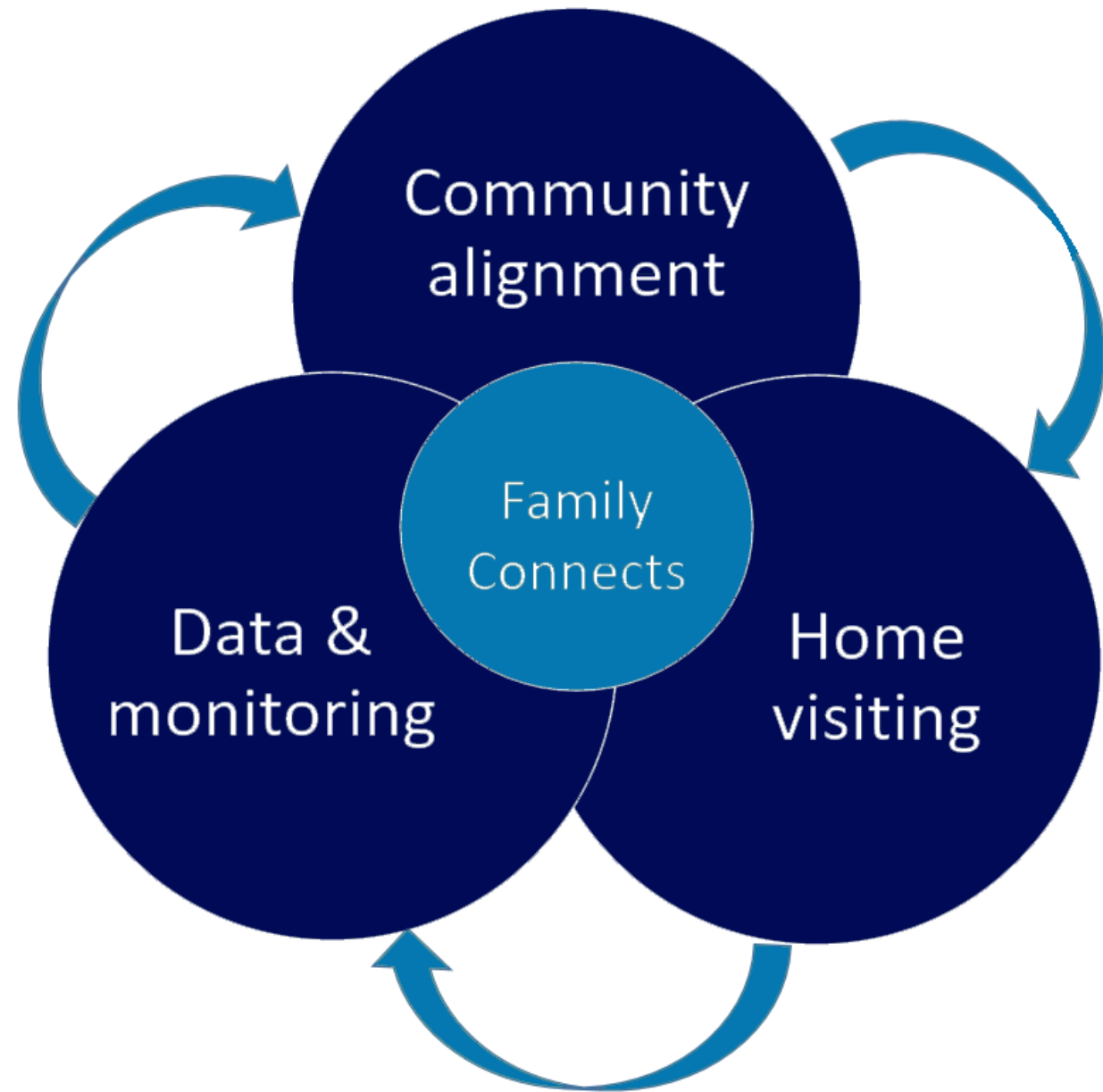
All visits are made by highly trained nurses

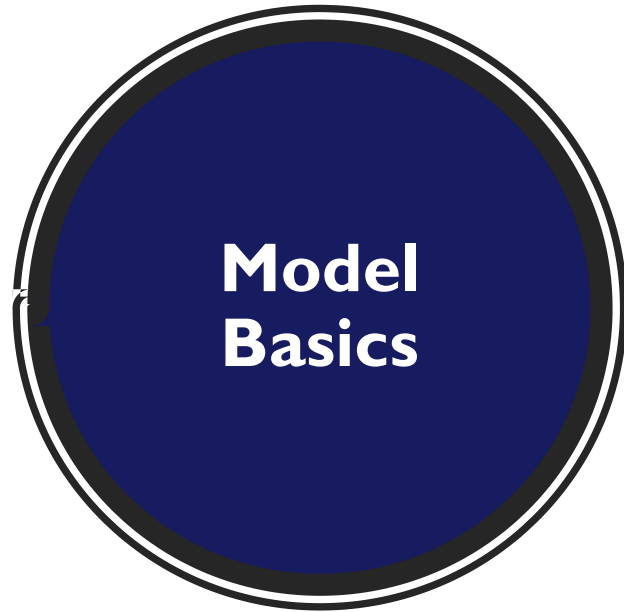


Why offer the intervention to all?



Core Components





Visit offered/scheduled
prior to discharge at
birthing hospitals

Visit scheduled
between 3 to 12
weeks postpartum

Available to all families
with newborns living
within a defined
geographic area

Six to eight new cases
per nurse per work
week

Follow-up contact
confirm linkages with
community resources

Nurse is an RN, but is
not required to
be a BSN



FAMILY CONNECTS MODEL RESEARCH



RCT I evaluation results:

Age 6-month in-home interviews

Compared to control families, Durham Connects-eligible families had:

- More connections to community services / resources
- More mother-reported positive parenting behaviors
- Higher quality and safer (blinded observer-rated) home environments
- Higher quality child care for those that chose out of home care
- Less maternal reported anxiety



RCT I evaluation results:

Child hospital administration records

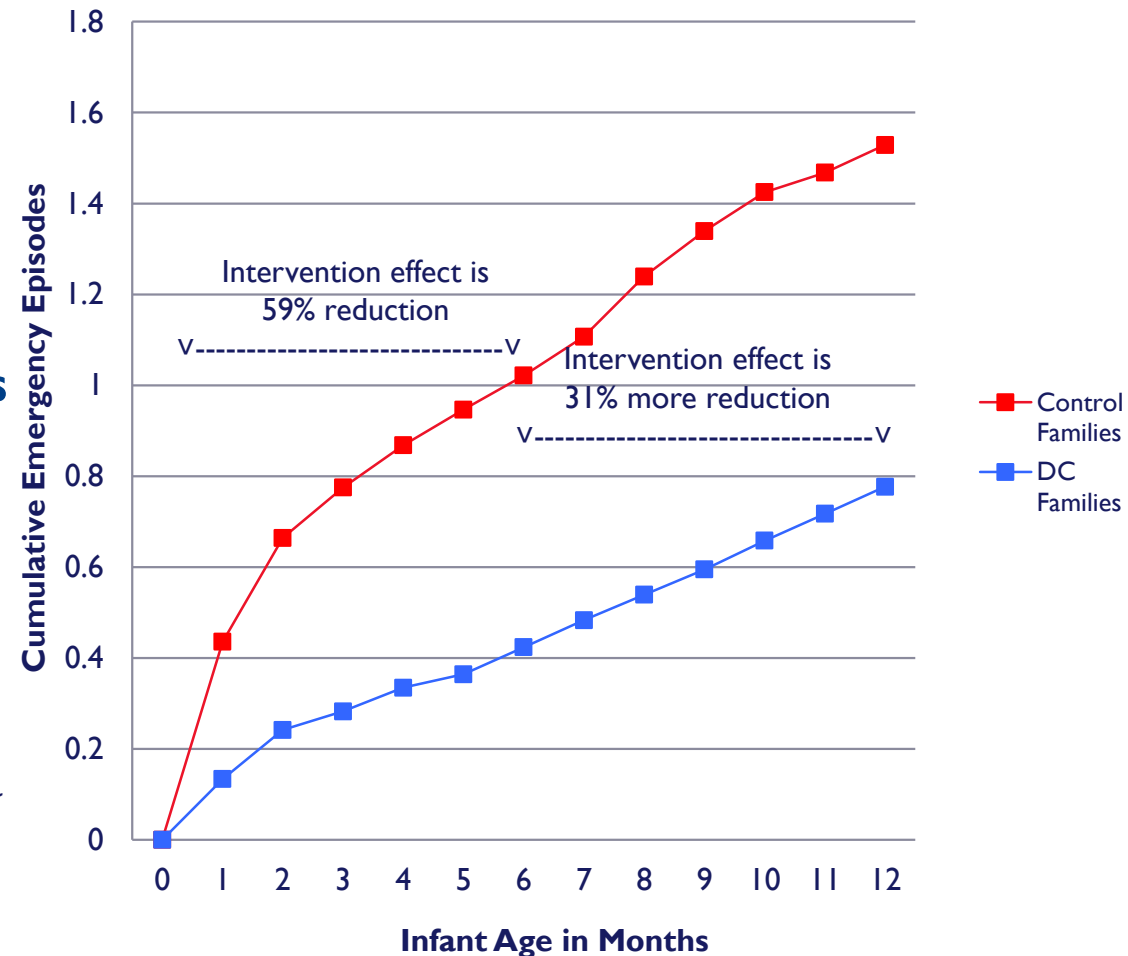
Results at infant age 12 months from aggregate hospital records

- 50% less total infant emergency medical care (ER visits + overnights in hospital)

Results at infant age 24 months from aggregate hospital records

- 37% less total infant emergency medical care (ER visits + overnights in hospital)

Examination of billing records indicate a \$3.17 decrease in total billing costs for each \$1 in program costs



RCT II evaluation results:

Age 24 months

Compared to control families, Durham Connects-eligible families had:

- More connections to community services / resources
- Higher use of out-of-home child care
- Less maternal reported anxiety and depression
- Lower rates of CPS investigations for suspected abuse or neglect
- More likely to complete maternal six-week postpartum health check
- More emergency department visits for mothers
- Fewer emergency room visits but more hospital overnights for infants as birth risk increased

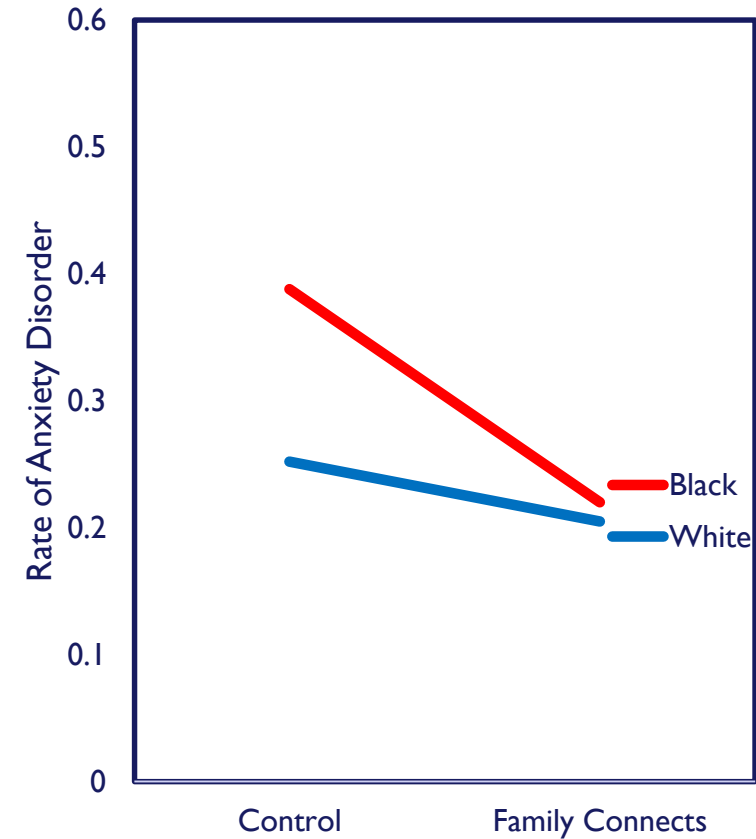


2021 RCT DATA ANALYSIS



Family Connects RCT I at age 6 months:

- Decreases maternal anxiety disorder by 34%
- Reduces race disparity by 89%

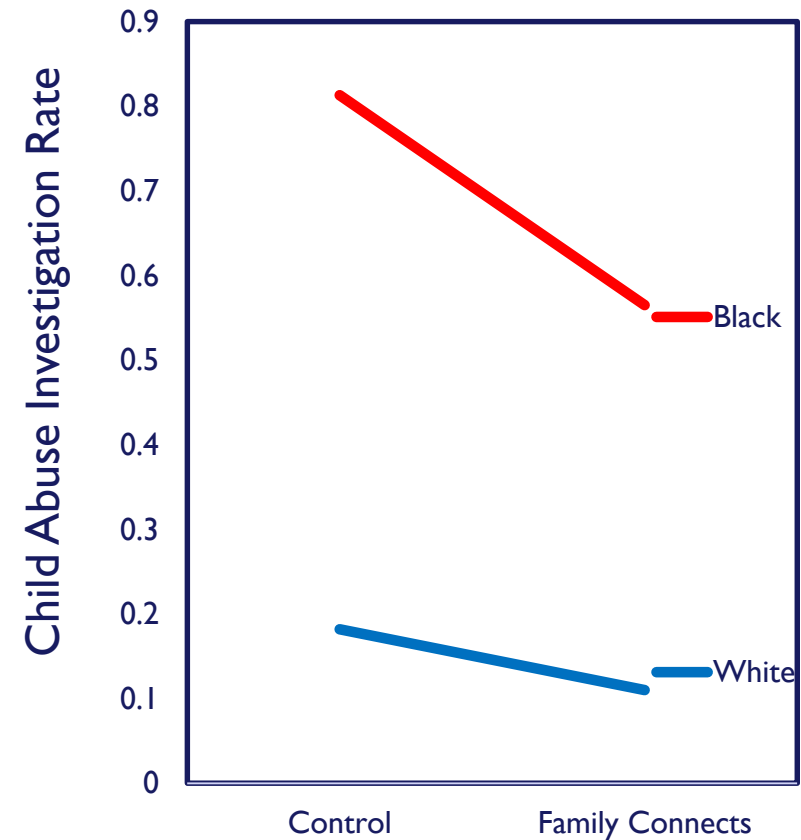


(Dodge, Goodman, Murphy, O'Donnell, & Sato, *Pediatrics*, 2013).



Family Connects RCT I at age 60 months:

- Decreases child abuse investigations by 39%
- Reduces race disparity by 28%

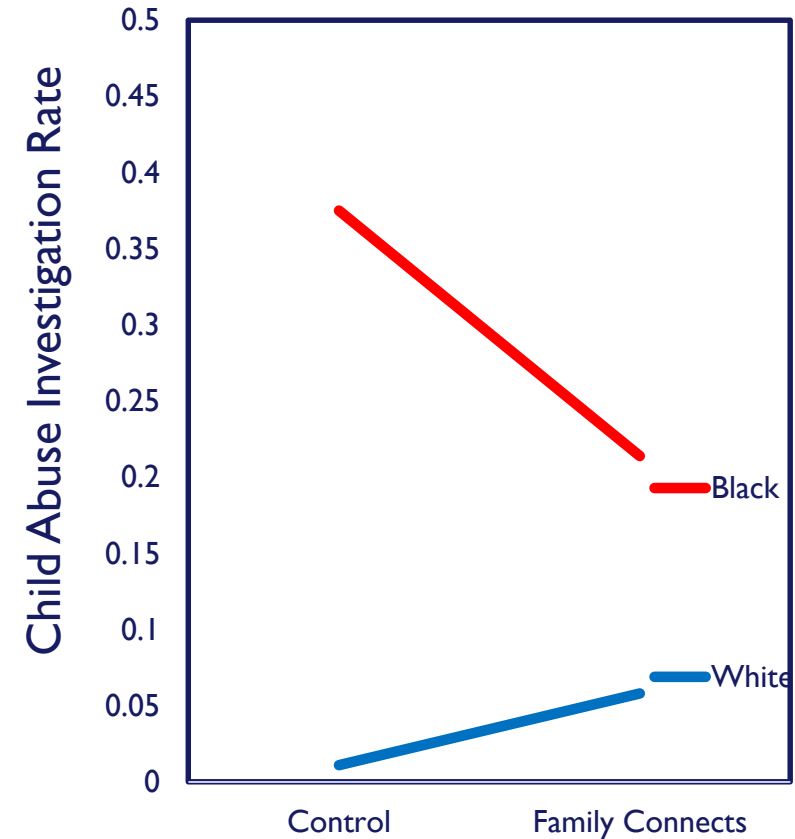


(Goodman, Dodge, Bai, Murphy, & O'Donnell, 2021).



Replication - Family Connects RCT II:

- Decreases child abuse investigations by 44%, and
- Reduces race disparity by 57%

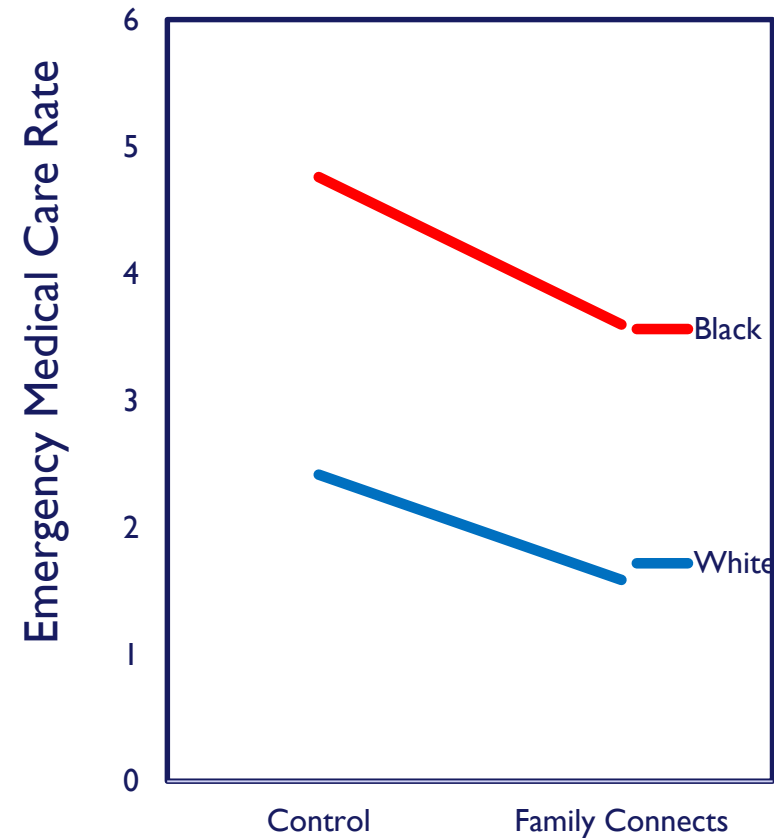


(Dodge, Goodman, Bai, O'Donnell, & Murphy, JAMA Network Open, 2019).



Family Connects RCT I at age 60 months:

- Decreases emergency medical care by 33%, and
- Reduces race disparity by 14%



(Goodman, Dodge, Bai, Murphy, & O'Donnell, 2021).



OREGON IS LEADING THE COUNTRY AS AN INNOVATOR



Oregon is Building a Strong, Connected Early Childhood System of Care

- Leading the country in payment innovation
- Developing strong community “whole person care” through partnerships between medical providers and community organizations addressing Social Determinants of Health
- Other states are looking to OR with bills now pending in NJ, TX and NY modeled on OR SB526
- OR is developing an infrastructure for OR families that positions OR well to support Federal family infrastructure initiatives

