



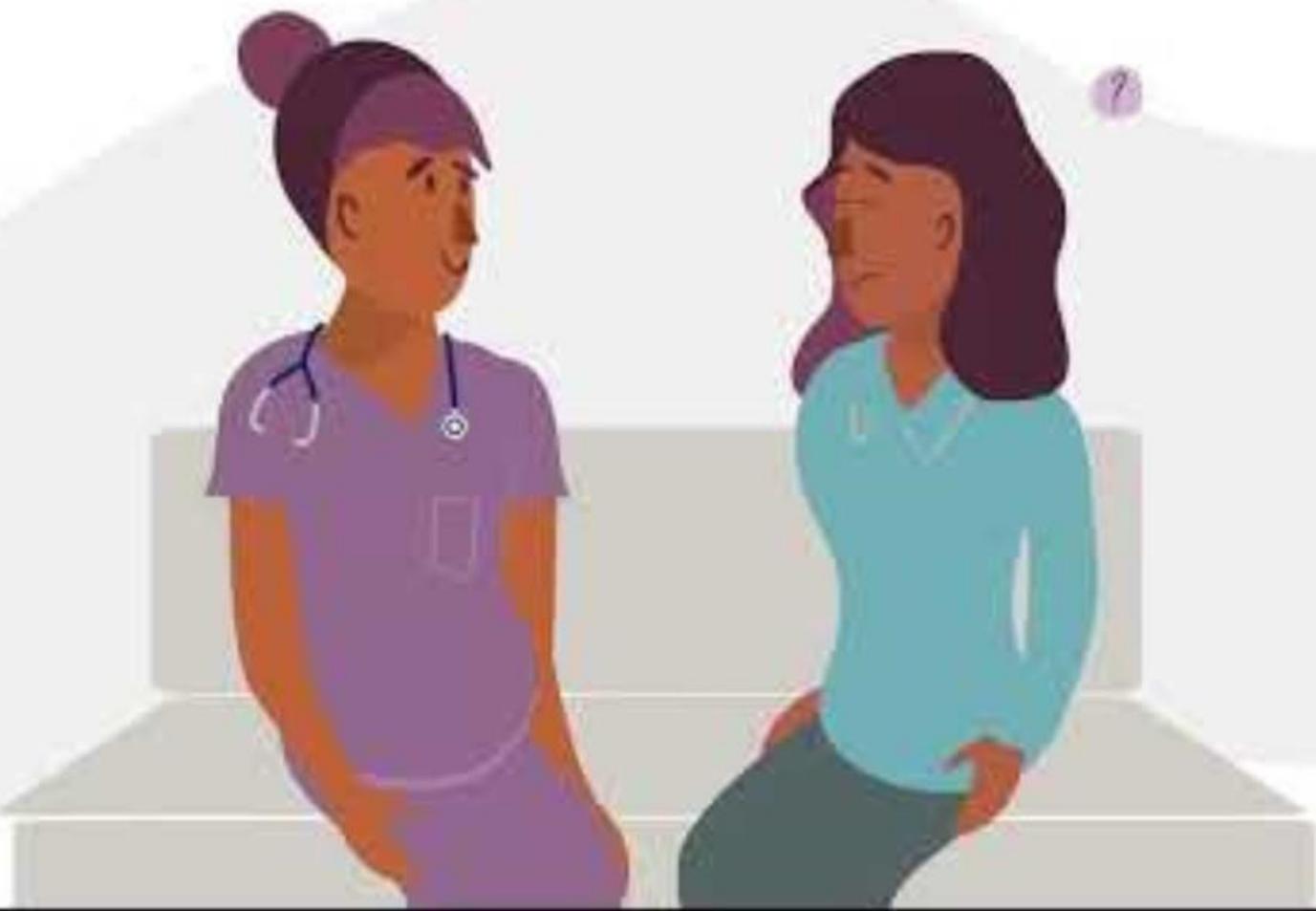
# Implementation of the Family Connects Model & CHIP Alignment



# Community Health Improvement Plan Priorities



Priority Area	Goal Area	Objective	Strategy
Increase Economic Security and Mobility	5. Improve Access to Affordable Physical and Behavioral Care	By December 30, 2026, offer at least one home visit from a nurse and connection to community resources to families with a new baby through the Family Connects Model.	Increase realized access to community-based programs and services.



# Connecting every family to a healthy future



## 3 Weeks In

Expect a visit around 3 weeks after birth



## For All

Helping every family with a newborn



## Registered Nurses

All nurses are highly skilled professionals

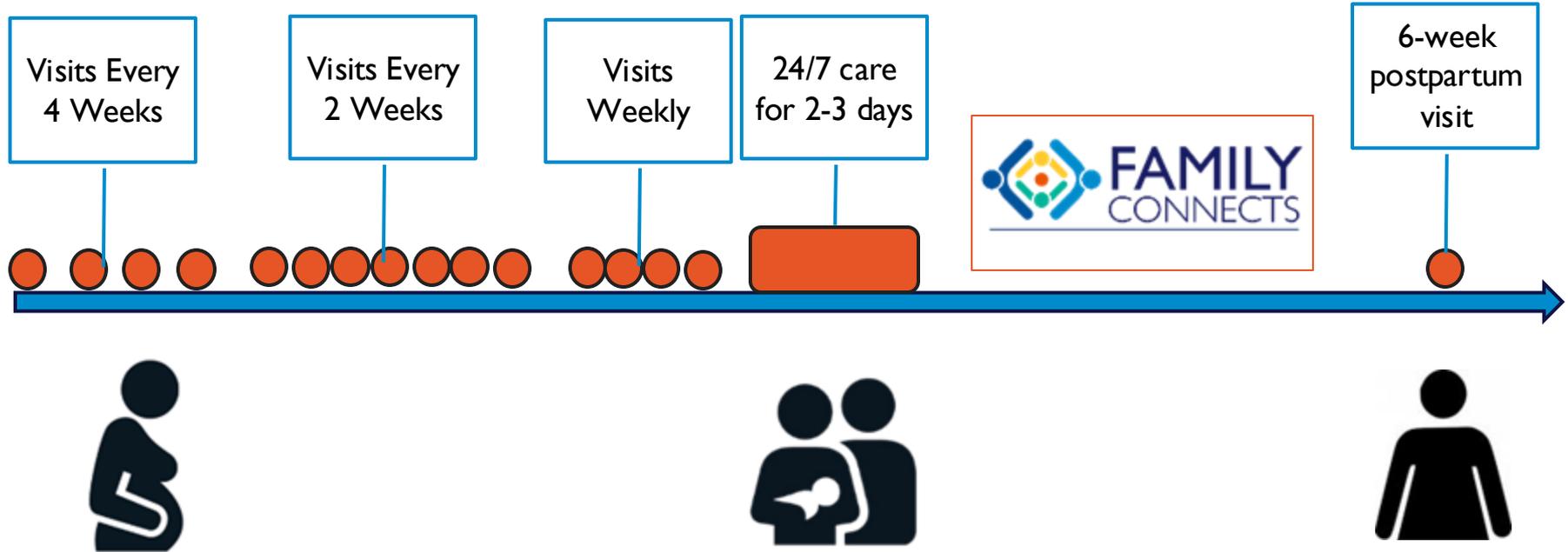


## No Cost

As a parent, there is no additional cost to you



# Family Connects Intervention



# Why It Matters

## Connection from the Start

All newborns deserve a warm and secure connection to family and community from the start. Too often, however, medical providers and community agencies aren't well aligned, creating gaps and possibly leading to poor health outcomes.

## A Critical Period

No family should navigate this period of tremendous change alone. We connect newborn families to home-visiting nurses and community resources for critical postpartum support.

## In Relationship

FC sites build relationships with local community agencies and providers to meet the needs of families with newborns.



# REQUIRED ROLES

---



**Program  
Admin**

**Michele  
Ebendick**



**Community  
Alignment  
Specialist**

**Mikayla  
Branz**



**Nurse  
Supervisor**

**Rebecca  
Rapport**



**Nurse  
Home  
Visitor**

**Kena  
Pina**



**Medical  
Director**

**FCI  
Colorado**



**Program  
Support  
Specialist**

**TBD,  
Funding  
needed**



# Home Visit Components

Support for Healthcare	Support for Caring for Infant	Support for a Safe Home	Support for Parent
Maternal Health (Physical assessment)	Childcare Plans	Household Safety and Material Supports	Parent Well-being (Assessment of support networks)
Infant Health (Physical assessment, feeding assessment, and lactation support)	Parent-Child Relationships	Family and Community Safety	Substance Use
Healthcare Plans	Management of Infant Crying	History with Parent Difficulties	Parent Emotional Support (Postpartum depression screening)



## 13. Other Family Members

# Community Alignment Domains



# MODEL FIDELITY

Family Connects has **three primary Key Performance Indicators** that are used to demonstrate model fidelity.



## Population

**Reach:**  $\geq 60\%$  of the eligible population must complete an Integrated Home Visit (IHV) or Virtual Visit (Modified Integrated Home Visit)



**Average Age of Infant at IHV:**  $\geq 70\%$  of infants are 14-34 days old at the time of the integrated home visit.



**Referral Connection Rate:**  $\geq 50\%$  of all nurse referrals related to a support score of 3 or higher resulting in a successful connection

# Program Evidence

- Families had 44% lower rates of Child Protective Services investigations for suspected child abuse or neglect through child age 2; 39% lower investigation rates through child age 5.
- Out of 630 home visits by Family Connects in Colorado nurses, 2 referrals were made to Child Protective Services (0.003%)
- Positive impact on access to community resources for families
  - At 6 months:
    - Decreases maternal anxiety disorder by 34% and closes race disparity gap by 89%
  - At 60 months:
    - Decreases emergency medical care by 33% and closes race disparity by 14%
    - Decreases child abuse investigations by 39% and closes race disparity by 28%
- In a replication randomized controlled trial, there were even better outcomes in decreasing child abuse investigations by 44% and a 57% reduction in race disparity.
- 95% of families indicate support needs following a hospital discharge.



# Family Connects Colorado Implementation Structure

National Model  
Purveyor



State Intermediary &  
Colorado Admin Home



Initial Implementation Sites

Eagle County  
Public Health

Boulder County  
Public Health  
(Joint Site with  
Broomfield HHS)

Jefferson County  
Public Health

Public Health  
Institute at  
Denver Health

Expansion Sites

Mesa County  
Public Health

Arapahoe County  
Public Health

Weld County  
Public Health  
(Pending / TBD)

Great Expectations  
- Garfield & Pitkin  
(Structure TBD)

Adams County  
Public Health  
(Structure TBD)



# Family Connects Colorado Participating Hospitals



- Aspen Valley Hospital
- Avista Hospital
- Boulder Community Foothills Hospital
- Denver Health Medical Center**
- Good Samaritan Medical Center
- Longmont United Hospital
- Longs Peak Hospital
- Lutheran Medical Center
- Vail Health
- Valley View Hospital
- Mesa County - TBD (1 or 2 hospitals)

## ACPH Year I Catchment Area (Eligibility):

Arapahoe County residents who birth at Denver Health\*  
~850 births a year, ~510 home visits a year

\*Current NFP clients are not eligible for FC

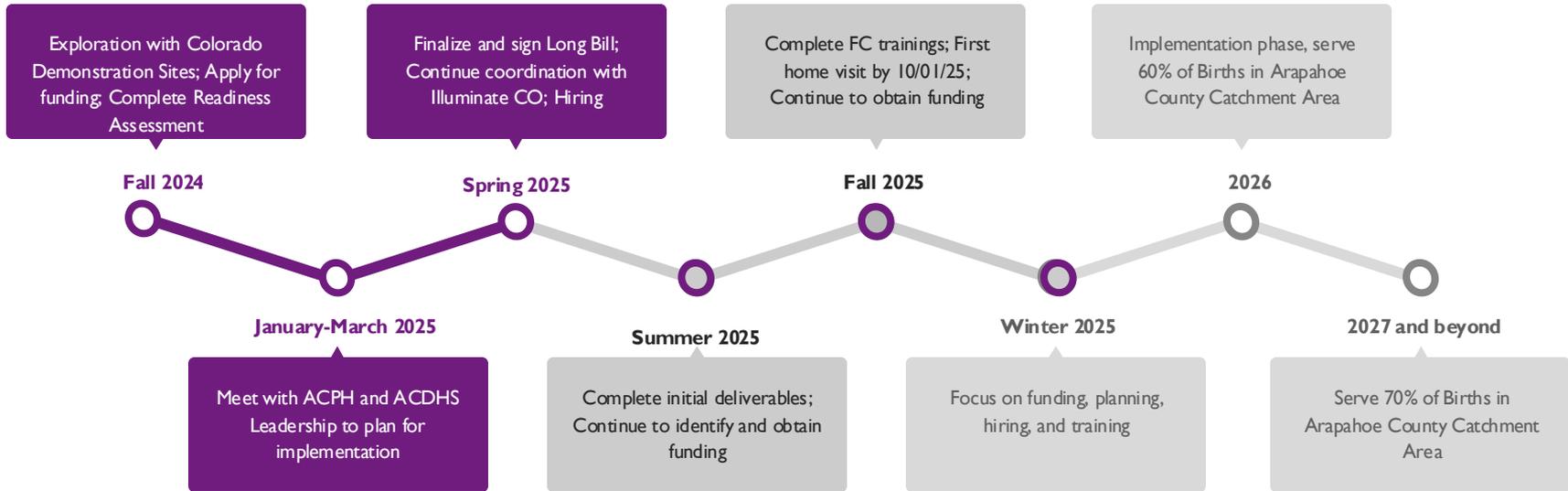


# Funding Sources

- ACPH MCH Title V Block Grant
- Public Health Institute at Denver Health subcontract for CDEC R-06 funds
- Illuminate Colorado subcontract for Office of Minority Health funds
- Colorado Access Community Giving grant
- *In progress: Health First Colorado Medicaid Reimbursement*



# Family Connects at ACPH Timeline



# ACPH CHIP Alignment

- Screening, Resource & Referral
- Upstream changes to improve social and emotional wellbeing of families
- Increase awareness of tax credits
- Partner with Regional Accountable Entity
- Advocate for policy change to improve access to care
- Improve safety resources and partnerships
- Address food insecurity



# BOH Call to Action

- Identify funding opportunities
- Support hospital connections, especially with OB/GYN
- Share training opportunities for nurse home visitors
- Identify organizations that support families for our Provider Directory

**Thank you!**

