

# Family Connects Wew Mexico

A Public Health Initiative to Improve the Wellbeing of NM Families.

### What is Family Connects?

A newborn population health model and systems building strategy with a nurse home visit at the center

#### Evidence Based

- Completed two randomized control trials and 1 quasi-experimental trial
- Recognized by HRSA/MIECHV as an evidence-based model

#### University Based

- Ongoing rigorous evaluations
- Non-competitive and value add focused





Every family is vulnerable at the birth of a child

\*94% of families had 1+ need for nursing support and/or community resources



Community-wide eligibility is essential to population change

\*Does not replace intensive, targeted programs, but informs what families need



Population Reach requires both a top down and bottom up approach

\*Identify preventative system of care, align resources, reach all families

\*Assess risk, provide intervention, improve connections



## The Family Connects Model



#### **FOR ALL**

Helping <u>all</u> families regardless of income or background



#### **NO COST TO RECIPIENTS**

As an eligible recipient, you will not be charged



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



#### **REGISTERED NURSE**

All visits are made by highly trained nurses



# How Families Experience the Family Connects Model

**Pre-natal** 



Messaging from primary care and prenatal

services:

Home Visit



About 3 weeks post-birth, a RN visits home for 1.5-2

Birth



Messaging from Family Connects:

**Warm Hand Off** 



Follow Up: Post Visit Connection Call (PVC):



## **Key Performance Indicators:**

Data Driven Decisions for Clients and Community

#### **Implementation**

- Scheduling rate
- Visit completion rate
- Participant demographics

## Program Integrity

- Home visit protocol adherence
- Inter-rater reliability

#### **Community Capacity**

- Referral documentation
- Client report of service connection

#### **Community Need**

- Clinical assessment
- Risk stratification by family support matrix domain



#### **Domains Assessed**

#### Factors (3 per Domain)

- **Support for Health Care** 
  - Maternal Health
  - Infant Health
  - Health Care Plans
- **Support for Infant Care** 
  - Child Care Plans
  - Parent-Child Relationship
  - Management of Infant Crying

  - 2 = Needs addressed during visit

# 1 = No family needs

- Support for a Safe Home
  - Household Safety/Material
  - Family and Community Safety
  - History with Parenting
- Support for Parent(s)
  - Parent Wellbeing
  - Substance Abuse in Household
  - Parent Emotional Support

3 = Community resources needed

4 = Emergency intervention needed



## **Domains of Change**

System of Care Alignment & Efficiency

**Coordinated Referral to Services** 

Data Aggregation / Needs Assessment

**Social Determinants of Health** 

Child & Family Well-being

Service Provider Well-being



# Public Health Alignment With Community

If you are trying to make community level change, it's imperative that you remember and promote the message that you are working **WITH** the community and not **ON** the community





# Public Health Alignment With Community

- ACCESS TO CARE: Increase access to community services and supports
- COLLABORATIVE: Promote coordination across systems
- Incremental phased implementation, tailored to each community
- Ready for phase one of implementation



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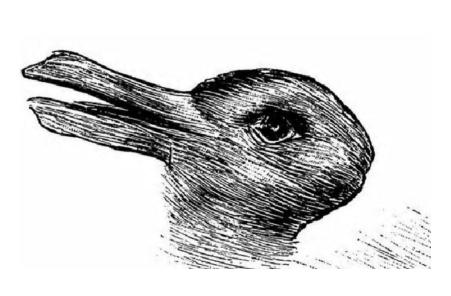
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#### QR Code: Family Connects New Mexico site

https://sites.google.com/view/welcome-home-baby-nm/home



