



# FAMILY CONNECTS



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Washington State Department of  
**CHILDREN, YOUTH & FAMILIES**

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## Executive Summary

In May 2021, Engrossed Substitute Senate Bill (ESSB) 5092 section 229 provided funding for the Washington State Department of Children, Youth, and Families (DCYF) to collaborate with a nonprofit in Pierce County to provide a brief voluntary newborn home visiting program. The agency was also directed to examine the feasibility of using different funding streams to fund this visitation model. This report should be viewed in conjunction with the earlier reports submitted in [December 2019](#) and June 2020, which is included in the appendix. The earlier reports discussed in-depth specific broad funding strategies and are only referenced in this report.

There are as many different ways to fund this type of visitation program as there are programs. In Washington, it could be feasible to fund a system of visitation utilizing Medicaid, private insurance, Title IV-E, and MIECHV dollars, in addition to partnerships with the public health sector to capitalize on any prevention dollars that exist outside of the social services and child welfare sector. Brief voluntary newborn home visiting is an evidence-based prevention technique. Any operation and expansion of the current pilot will require an explicit partnership between the three state agencies that govern these types of services: DCYF, the Department of Health (DOH), and Health Care Authority (HCA), along with an authentic partnership with local implementing agencies.

## Legislative Context

In 2019, as a part of Engrossed Substitute House Bill (ESHB) 1109, the Washington State Legislature asked DCYF for a report to identify different methods for funding a “light-touch,”<sup>1</sup> universally offered, and voluntary newborn home visiting model. DCYF was asked to look at the feasibility of leveraging funding sources other than State General Fund-Budget Proviso dollars, including Medicaid and Title IV-E, to support this model. DCYF chose also to investigate the feasibility of utilizing private, local governmental, and private insurance funding to sustain the only model that explicitly meets the legislative criteria listed above, the nationally recognized and evidence-based model Family Connects. While the [2019 report](#) is now almost three years old, the financing strategies are still valid for the federal and other types of funding sources.

In June 2020, First 5 Fundamentals, the nonprofit operating the Family Connects model in Pierce County, contracted with Public Leadership Group to complete a comparative analysis of feasible and sustainable financing measures for the Pierce County Family Connects program. Their scope was to sustain and later expand services within Pierce County and secondarily to provide learnings and best practices that could be applied to expansion of a Newborn Home Visiting Model like Family Connects into other areas of the state. While the First 5 Fundamentals report submitted in 2020 (Appendix A) is also more than two years old, the strategies remain valid and align with those suggested in the 2019 legislative report.

In May 2021, Gov. Jay Inslee signed ESSB 5092 into law. Section 229 contains a budget proviso to continue services and the request for a report to identify different methods for funding a “light-touch,” universally offered, and voluntary newborn home visiting model. DCYF was directed to collaborate with the nonprofit implementer to identify the feasibility of leveraging federal and other fund sources, including federal Title IV-E and Medicaid funds, for home visiting through the pilot.

*To contract with a countywide nonprofit organization with early childhood expertise in Pierce County for a pilot project to prevent child abuse and neglect using nationally recognized models.*

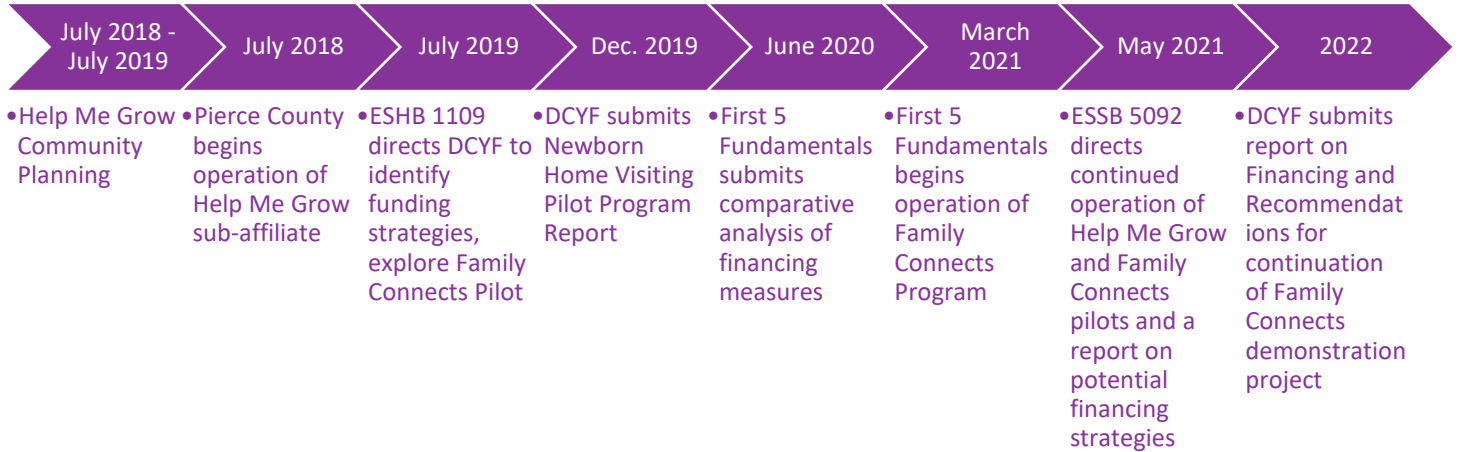
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<sup>1</sup> “Light touch” means that there is brief contact with a family. Family Connects meets with families a maximum of three times in comparison with traditional, intensive home visiting models like Nurse Family Partnership or Parents as Teachers, which meet with families regularly for several years.

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(a) *The nonprofit organization must continue to implement a countywide resource and referral linkage system for families of children who are prenatal through age five.*

(b) *The nonprofit organization must offer a voluntary brief newborn home visiting program. The program must meet the diverse needs of Pierce county residents and, therefore, it must be flexible, culturally appropriate, and culturally responsive. The department, in collaboration with the nonprofit organization, must examine the feasibility of leveraging federal and other fund sources, including federal Title IV-E and Medicaid funds, for home visiting provided through the pilot. The department must report its findings to the governor and appropriate legislative committees by September 1, 2022.*



### The Need for Light-Touch Home Visiting

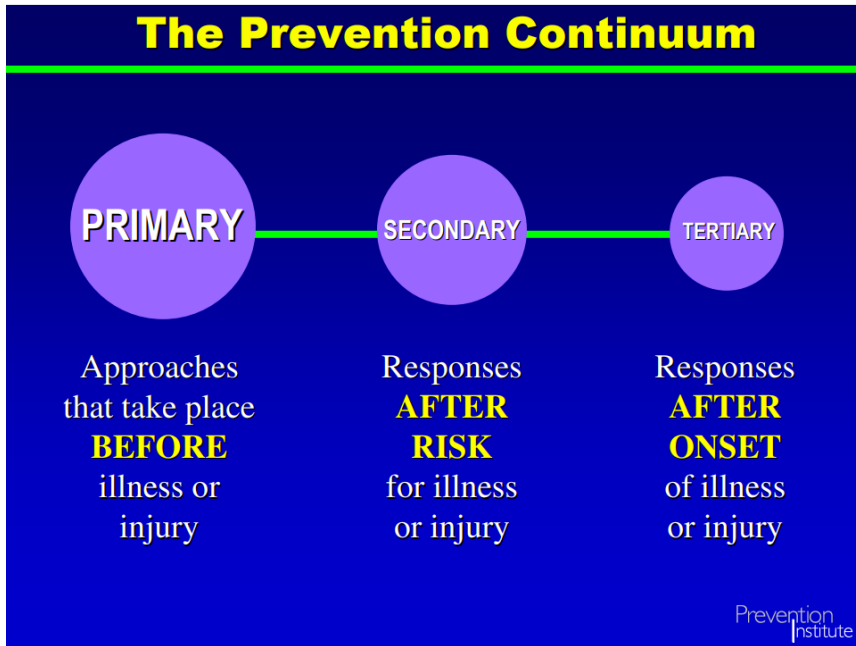
DCYF is the social service agency that oversees prenatal to age 5 services such as traditional home visiting, Help Me Grow, licensed child care, and Early Intervention for Infants and Toddlers (ESIT). DCYF has been the funding agency for this demonstration project. Family Connects is a light-touch, universally offered, and voluntary home visiting model made available at no cost to all families with newborns residing within a defined service area. The model aims to support families’ efforts to enhance maternal and child health and well-being and reduce child abuse and neglect rates. It consists of one to three home visits by nurses, typically when the infant is about 3 weeks old, to support parents and babies when they are at the highest risk of physical and mental health complications. All new parents may benefit from extra support at this unique and unstable time. National research on Family Connects finds that 94% of families identified some need for nurse education or referral connections when bringing home their new baby.<sup>2</sup> The program also follows up with families and community agencies to confirm families’ successful linkages with community resources. Research also demonstrates that Family Connects can effectively reduce child maltreatment investigations in a child’s first five years.<sup>3</sup>

DCYF is also the agency that oversees child welfare and child abuse and neglect prevention services for the state. Family Connects is a vital prevention strategy to decrease out-of-home placements and screened-in calls to the child protective services system. Prevention services exist on a spectrum, and Family Connects is a primary prevention strategy. Prevention is a systematic process that promotes healthy behaviors and

<sup>2</sup> [www.familyconnects.org](http://www.familyconnects.org)

<sup>3</sup> “Effect of a universal postpartum nurse home visiting program on child maltreatment and emergency medical care at 5 years of age,” W.B. Goodman, K.A. Dodge, Y. Bai, R.A. Murphy and K. O’Donnell. JAMA Network Open, July 7, 2021.

environments and reduces the likelihood or frequency of an incident, condition, or illness occurring. Primary prevention is taking action to prevent problems from occurring before the onset of symptoms.

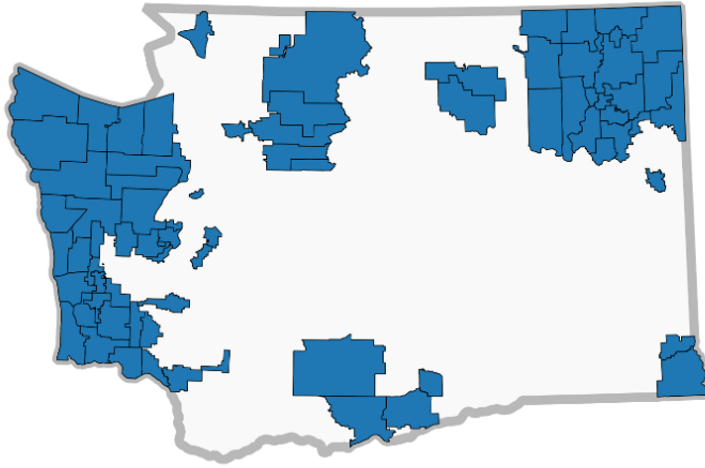


Some prevention strategies target a specific population to meet an identified need, while others are universal to reach the entire population, reduce the stigma of accessing services, and are the first step to increasing the number of families who have access to all of the strengthening opportunities offered across the state. Targeted universalism allows a program to serve all of the population in a targeted area. The current Family Connects demonstration project sites were chosen using targeted universalism: all of the infants born who live in the three highest need zip codes in Pierce County are eligible for visits in the pilot, regardless of socio-economic status or perceived need. The zip codes chosen were locales that are comprised of one or more school districts with 20,000+ people and the top 20% of child welfare intakes in the state. They also span three areas that have historically high racism and structural barriers to access care.<sup>5</sup>

<sup>4</sup> The Prevention Institute, [www.preventioninstitute.org](http://www.preventioninstitute.org)

<sup>5</sup> This information and the “Geographic Areas of Highest Risk- 23 Locales” map below comes from a DCYF Office of Innovation, Alignment and Accountability analysis of the Community Risk Profiles as created by DSHS. (<https://www.dshs.wa.gov/ffa/research-and-data-analysis/community-risk-profiles>)

## Geographic Areas of Highest Risk – 23 Locales



[www.dcyf.wa.gov](http://www.dcyf.wa.gov)

The Family Connects program is not designed or intended to replace any traditional intensive home visiting programs operating throughout the state, but rather to ensure that parents have a warm connection, postpartum assessment, newborn assessment, and a process to offer and match families to longer-term home visiting services along with any other needed services. This first connection by a trusted health care professional can help to link all families with the services that they need when they need them. Every family, regardless of socio-economic status, deserves support. Family Connects programs across the country have found that about 80% of families receive at least one referral in a Family Connects postpartum visit. This includes connections to traditional home visiting programs, WIC, lactation specialists, Help Me Grow resource navigators, diaper banks, etc.

### Pierce County Help Me Grow and Family Connects Demonstration Project Overview

In 2019, ESHB 1109 provided \$56,000 for the exploration and implementation of Family Connects in FY 2020. ESHB 1109 also provided \$539,000 for the operation of the program in FY 2021. The same bill provided \$656,000 over the biennium to create and implement a Help Me Grow (HMG) resource and referral network. In 2021, ESSB 5092 appropriated \$871,000 for FY 2022 and FY 2023. The intent has been to continue implementing the HMG resource and referral system, and the Family Connects light-touch, universally offered newborn and family home visiting program. DCYF contracted with First 5 Fundamentals (F5F) to implement this demonstration project.

The goals of the project are to reduce dependency filings for children aged birth to 3 in target zip codes, improve child and family health, gain population information on services offered and needed, and develop a comprehensive system of services and supports for families of children prenatal to age five. The pilot incorporates two nationally recognized evidence-based models, HMG and Family Connects, to identify vulnerable children, link families to services, support the healthy development of children, and strengthen community connections. HMG is a resource and referral network that builds upon relationships in the community between the organizing entity, medical providers, social service providers, and families. Family Connects relies on access to a thorough resource and referral network to serve its families. They are strategic partners in a local community and serve as referral partners for each other and other programs and services within the community. The connection allows for the strong development of feedback loops between

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programs, identifying capacity and infrastructure strengths. Participation in both programs provides Pierce County with valuable information regarding aggregate client data and community assets and barriers. Family Connects and HMG work synergistically and build on each other in this county-based pilot. The Family Connects visits allow a connection point with families. When the families need a connection to resources beyond the immediate support of the nurse visit, the resources available through the HMG system can support them.

F5F began the operation of the Pierce County sub-affiliate of the statewide HMG model in 2018 after a year of community engagement. The Family Connects model began service delivery in Pierce County in March 2021 after building on the work of the HMG program and a period of strategic community engagement. Family Connects is a key strategy for family outreach when a child is born to address both infant and maternal health early in the postpartum period. Many health problems that may lead to maternal morbidity and mortality can emerge at this time, such as depression, hemorrhaging, and pulmonary embolism. As HMG continues to build momentum as a connected statewide system with regional and local affiliates, the inclusion of expanded Family Connects programs will offer an opportunity to engage in an interwoven system that supports families getting what they need as the new parent(s) of infants.

Fiscal Year 2023 is the fifth and final year of the Pierce County HMG and Family Connects demonstration project to develop a system of services and support for children aged prenatal to 5 years and their families. F5F focused initially on three jurisdictions: Pierce County (98444), City of Lakewood (98499), City of Tacoma (98408), and added a fourth zip code at Tacoma General to support Central Tacoma/Hilltop neighborhood (98405).

Visits by Zip Code, 2021-22	
98408	15.9%
98499	39.3%
98444	43.8%
98405 (Tacoma General only)	0.9%

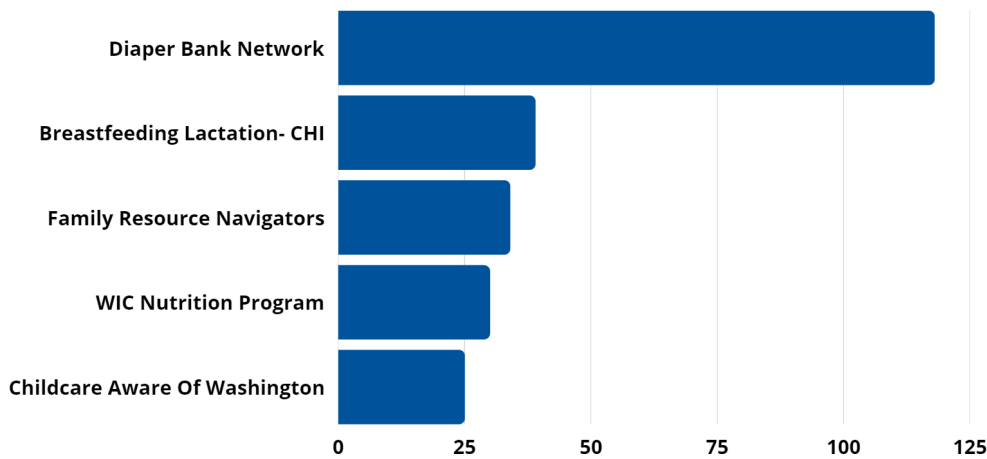
*From PCFC Community Advisory Board Minutes, 7/2022*

As of July 2022, Family Connects Pierce County (FCPC) has completed 333 home visits out of the eligible birth population of 948 at Tacoma General and St. Joseph Medical Center hospitals. Beginning an in-person service during COVID-19 was a challenge. Much of the face-to-face relationship building that normally would move the program along did not start until a year into the implementation phase due to COVID-19 protocol recommendations. FCPC has subcontracted with two entities in the county, which are also Medicaid Maternal Support Service (MSS) providers. The providers now have physical access to both birthing hospitals and, as of April 2022, are offering both virtual and in-person visits as family's request. FCPC's goal is to offer home visits to all families with a birth at either of the birthing hospitals that live in one of the targeted zip codes. FCPC has made more than 700 referrals to community resources. FCPC has reported:

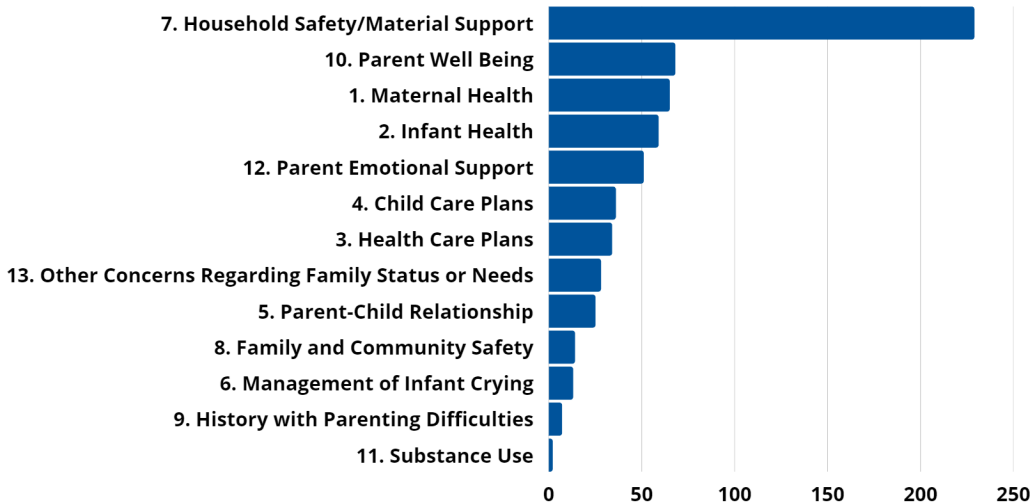
- Approximately 50% of families are eligible/enrolled in Maternal Support Services through Medicaid

- Approximately 65% of families report Medicaid as their insurance provider
- 50 of the families had self-reported current or past CPS involvement
- 6 families were referred for high maternal depression scores
- 1 completed Plan of Safe Care Plan (for pregnant substance-using moms) out of 6 referrals
- 3 referrals to Emergency Room
- 1 referral to 911

## TOP REFERRALS



## Referrals by Matrix Factor



From Family Connects Community Advisory Board Minutes, 7/2022

## Funding Options

As Washington considers expanding Family Connects beyond the demonstration project in Pierce County, it is essential to address sustainable funding. Based on Washington’s experience in Pierce County, working with Family Connects International (the organization that oversees Family Connects affiliates for adherence to the program), and with Family Connects programs in 15 other states, there are many different ways that this



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model can be funded and administered. Family Connects programs across the country are funded in many disparate ways. Oregon and New Jersey are working directly through their legislatures to facilitate Medicaid funding and private insurance. Connecticut, Colorado, Texas, and North Carolina are looking at how to tie several regional systems into one coordinated statewide system. Most Family Connects programs nationwide are housed in nonprofits, hospitals, local health jurisdictions, or foundations. These organizations then can apply for funding through direct fundraising for a small geographic area like a city or birthing center catchment area. This often includes a patchwork of small grants, philanthropy, and endowments. Another is through connection to a local public health jurisdiction (LHJ) serving a county or region. The LHJs, as well as some of the nonprofits, fund Family Connects as one of their state’s approved home visiting models. This option model is funded via contracts with the state government with established funding streams like the Preschool Development Grant (PDG), The American Rescue Plan Act of 2021 (ARPA), United Way, or the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program (Federal Home Visiting dollars).

Oregon is currently the only state scaling Family Connects for statewide implementation. Birthing hospitals in five Oregon counties are in the implementation phase and three more are due to begin visits this year. The Oregon Health Authority administers Oregon Family Connects. In July 2021, New Jersey became the second state to pass legislation mandating a statewide Family Connects system. Both Oregon and New Jersey’s legislation mandates that Medicaid partially fund the program. The New Jersey Department of Children and Families administers the program that will onboard five communities at a time until they reach the statewide scale. Both Texas and North Carolina are organized into five multi-county program locations to serve most of the state through partnerships with United Way or between local health jurisdictions.

**Current Family Connects Programs by Funding Stream and State, Aug. 2022**

Arkansas	Arkansas Home Visiting Network/ MIECHV
California	Nonprofit within County Office of Education (moving away from Family Connects to homegrown, non-evidence-based model)
Colorado	Illuminate Colorado
Connecticut	Office of Early Childhood/ARPA
Illinois	Chicago Department of Public Health, local hospitals, Children’s Home Association, United Way, MIECHV, Start Early, Board of Education, Medicaid
Iowa	Hospital, Foundation
Maryland	Hospital, Home Visiting
Minnesota	Health care system
New Jersey	Burke Foundation, Department of Children and Families, Medicaid
New Mexico	NM Department of Health, Thornburg Foundation
North Carolina	LHJ, County, Smart Start, University Endowment, local hospital

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	LHJ through PDG Hospital partnership with PDG Nonprofit
Oklahoma	Nonprofit, Child Abuse Prevention
Oregon	Oregon Health Authority (Medicaid/DOH/DCYF)
Texas	MIECHV through United Way of Austin, ARPA
Wisconsin	LHJ as approved Home Visiting model (moved away from Family Connects to a non-evidence based homegrown program in April 2022)

Family Connects visits include potentially covered Medicaid services such as maternal depression screens, case management services, newborn sensory screens, and lactation support.<sup>6</sup> Programs across the country utilizing Medicaid to pay for home visiting models generally report that a very small percentage of their visit costs are reimbursable by Medicaid. The Medicaid payment structures that typically reimburse for these types of services is fee-for-service for a specific treatment/screening or through Targeted Case Management. Targeted Case Management in Washington is an approved component of Maternal Support Services that covers the eligible birth parent throughout the pregnancy and postpartum period. Infant Case Management covers an eligible newborn through the first year.

In 2019, the Oregon Legislature passed Senate Bill (SB) 526, directing the Oregon Health Authority (OHA) to design, implement, and maintain a voluntary statewide program to provide universal nurse home visiting to all families with newborns living in the state. SB 526 also legislated that home visits become part of the insurance code in Oregon and that health plans must reimburse for the cost of the visits. OHA has negotiated with the Centers for Medicaid Services a flat fee per visit of approximately \$600 that Medicaid and private insurance must pay. This fee does not pay for their entire program. This, added to the previously established Targeted Case Management reimbursements, nets about \$1,000 per birth visit. OHA has been able to bill Medicaid successfully for these fees and continues to work with private insurers to build out reimbursement options. Oregon has estimated, based on its first year of operation in limited communities, that Family Connects costs them approximately \$1,300 per birth. Pierce County estimates, based on their first year of implementation, that at scale countywide costs would be approximately \$1,000 per birth. The cost of nurses has not yet been a barrier in Washington. Several nurses currently working in the Pierce County program were eager to leave their traditional hospital positions for a more flexible schedule in the Family Connects model. When the program moves into expansion, they will revisit this challenge.

Under a Fee-For-Service arrangement, Medicaid pays for a specific service or “widget,” while the cost of Family Connects includes administration and overhead costs as well. This makes a comparison of the well-established (launched in 1989) Maternity Support Services/Infant Case Management services and Family Connects visits like comparing apples to oranges. Medicaid-covered services are paid to providers (or agencies implementing the services) and do not typically include all the costs necessary to deliver the program, as not all costs may be Medicaid eligible. This is inherently different from Family Connects, where all of the costs for

<sup>6</sup> There is wide variation between states and Medicaid programs in terms of covered benefits and services in State Plans, as well as reimbursement amounts for these services. Programs across the country report that the percentage reimbursed varies from 2% to 40% for this type of service.

operation of a program are borne by the agency administering the program and therefore included in the per birth cost. For Family Connects, the cost of services includes the nurse visit and the cost of running a volunteer advisory board, marketing and outreach activities, and administrative costs such as non-nursing staffing positions required by the model. Additionally, most insurance companies do not have a mechanism for dyadic billing, for those services that benefit both the birth parent and baby. Medicaid services are typically billed for one beneficiary – not for the child and parent together. Programs have also reported that finding the correct billing codes for reimbursement has been a challenge.

The Washington State Health Care Authority (HCA) is the Medicaid single state agency (approximately 2,100,000 people) and the payer for State Employee Insurance (PEBB/SEBB approximately 700,000 people).<sup>7</sup> In 2020, Medicaid covered approximately 50% of the births in the state.<sup>8</sup> Family Connects Pierce County reports that 65% of their visits are made to families insured by Medicaid. In Washington, a partnership with HCA to create a mechanism for payment of those covered by an HCA plan (Apple Health/Medicaid and PEBB/SEBB) would assist in paying for a significant portion of the visits for the birthing population and over-representation of BIPOC, rural residents, and other more vulnerable groups. If applied in Washington, this would be similar to how Oregon has approached payment sustainability for Family Connects. It is still very early in New Jersey's process; however, this is also the direction that they are headed. Oregon has had some challenges with its implementation process as private payers have taken much longer to establish rates. This unintended consequence has created a tiered system where only Medicaid clients can receive visits, which has created some stigma around the Family Connects services. The universality of Family Connects is one of the main tenets that leads to its success because it is available to all families regardless of socio-economic status. If a law similar to those passed in Oregon and New Jersey were to be implemented in Washington, it would be essential that funding also be provided to continue to offer the service to all families regardless of insurance carrier or status.

A relationship with the Health Benefits Exchange and the Insurance Commissioner could assist in moving forward some form of payment from the private insurance providers. A substantial portion of the privately insured birthing population is covered by either Tricare or Kaiser Permanente. In Pierce County, 45% of the non-Medicaid covered visits completed in the demonstration project were with a family with one of these two payers. Both Kaiser Permanente and the military health care system have a history of integrative services and a focus on prevention as a method of reducing treatment costs. A relationship with both payers could allow Family Connects WA to reach an additional and meaningful portion of the eligible population across the state. There are at least two different models for how this could happen and they would need to be designed in the local community. For example, Kaiser tends to hire their own staff and could house a Family Connects RN to serve those who are covered by Kaiser Permanente. Tricare could create a partnership that serves the population that delivers in a military hospital (Madigan has not been served in the initial demonstration project but will be once the program expands across Pierce County) or pay for those who deliver in an off-base hospital. Ideally, all private insurance companies would follow the payment structure set out by Medicaid. However, there is not currently a legal mechanism to force this participation. Oregon has legislated that private insurance companies should follow the regulations set for Medicaid. However, this has been a challenge thus far. The Washington Office of the Insurance Commissioner reviews and approves the insurance products that carriers and insurers sell and ensure that they meet state laws and regulations. They could be of assistance in this process for Washington.

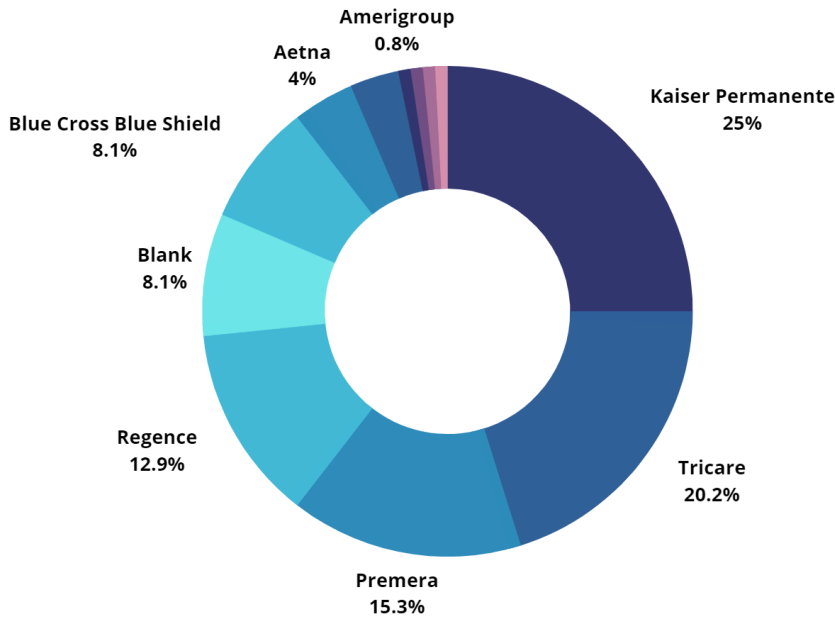
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<sup>7</sup> Christopher Chen, MD, MBA; WA HCA: Presentation: COVID-19 Vaccination Rates for Medicaid Clients, Aug. 17, 2022.

<sup>8</sup> <https://www.hca.wa.gov/assets/billers-and-providers/characteristics-women-washington-state.pdf>

Non-Medicaid Insurance Providers of Pierce County Family Connects Families, 2021-22

### Private Insurance Providers



From Family Connects Community Advisory Board Minutes, 7/2022

### Conclusions

Based on national research and valuable learning during the Pierce County Family Connects demonstration project, Family Connects would be a valuable service to be offered universally to all birthing parents in a defined population as a family support and child abuse and neglect prevention strategy for Washington State. Universal access reduces stigma and encourages families to participate because nothing and no one is implying that there is something wrong with the family, or that this program targets certain “risk” factors, either real or perceived. The universality acknowledges that all families have strengths and needs regardless of socio-economic status, that Washington wants to ensure that every baby has a strong start, and each family is connected to all the resources that they may need. Targeted universalism supports Washington in offering services to all families, and focusing on regions with the highest documented need ensures that families receive the triage services that Family Connects can offer.

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*“[The nurse] really helped me out since I just gave birth. It was my second time around, but I had so many questions. She was very patient and answered all of my questions. I didn’t feel alone.”*

*“I was really alone with my prior pregnancies. This time, I did not feel alone.”*

*“I realized I really do need to advocate for my baby. Being heard by my pediatrician makes me feel more positive. My mood has improved since my baby is feeling better.”*

*“The visit was so helpful. We needed a lot of help and got a lot of resources.”*

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Because Family Connects is universal, insurance will unlikely cover all of the costs of the service for all families in Washington. As demonstrated by the work in Oregon, insurance payers may cover the costs for some of the clients' visits. This shortage in funding will require creative thinking, partnerships, and a commitment from the Washington State Legislature to support the expansion of this work. Currently, Pierce County uses budget proviso dollars, county dollars, and private philanthropy. Any Family Connects program will require braided funding like Family Connects Pierce County has managed for their demonstration project, but ideally with the infusion of insurance dollars for eligible services. This balance of funding will allow for necessary growth and more sustainable operation of a statewide Family Connects program with affiliates across the state.

Any desire to expand the demonstration project throughout the rest of Pierce County, beyond the county lines to another site, and ultimately to the rest of the state will require a strong connection and clear governance between local communities and the state. The locally administered sites and a statewide organizing entity will need to partner to avoid creating many different, potentially duplicative and siloed programs around the state. To ensure that Washington can demonstrate positive outcomes and return on investment, any operating programs will need to connect statewide. This will mean creating a statewide system to support the work done on a local level to create and operate Family Connects programs to serve their own community appropriately. Family Connects is a fidelity-based program with evidence-based steps for each community to take to explore the creation and implement a program, with the necessary support to ensure implementation happens with fidelity. Implementation supports, such as those for the Home Visiting Services Account, ensure the local implementation (also called replication) maintains and sustains fidelity with the original model. Local programs can be housed in local health jurisdictions, nonprofits, foundations, hospitals, or other interested entities with support from statewide partners. For the current pilot, F5F, as the nonprofit that operates both the local Help Me Grow and the Family Connects programs, can utilize the same resource database and referral platforms to serve the community. Sharing infrastructure streamlines outcomes and can be a cost-saving measure. There would be no need to recreate the resource directory or to specialize in areas that are already supported through the partner program. Creating a statewide system will assist local programs in portions of the model like data management, negotiating with insurance payers, training and technical assistance, marketing, and recruiting. There is a statewide Community Access Point in Help Me Grow Washington that will be accessible to all Family Connects programs across the state for resources and referrals. Local communities connecting to the Community Access Point and adding in their own local information will only enhance the services available to all across the state.

Currently, traditional intensive home visiting in Washington operates using a partnership between DOH, Start Early Washington, and DCYF. Staff in each agency have a role to play in supporting the needs of traditional intensive home visiting programs across the state. DOH supports home visiting through epidemiologic and data support. DCYF oversees the HVSA, communication, and policy, monitors and administers the contracts with local communities, and supports organizations in compliance. Start Early WA acts as the implementation hub, with home visiting model and continuous quality improvement leads providing training and technical assistance lead along with being the advocacy lead with the legislature as a non-governmental organization.

Washington can support Family Connects in a similar way. The three state agencies would each play a big part in the successful expansion of Family Connects: DCYF, DOH, and HCA. All three agencies have expressed support for a program like Family Connects. Each agency will be required to work together with communities and families to create a strong system to provide universally offered postpartum visits to every interested family born in Washington. Each holds an important piece of this puzzle and are essential to the growth and scale of this universally offered, no-cost, light-touch newborn home visiting model.

DOH has strong relationships in the community that are unique to their structure. Public health generally has a strong alignment with local communities and can work well with other state agencies to address both the medical and social determinants of health. They administer the state nursing commission, which gives them unique access to the workforce needed in a Family Connects program. They also advise the 35 LHJs across the state and consult with the Tribal health departments. DOH has a division of epidemiologists to study and analyze the data that comes from the visits. Currently, the Tacoma Pierce County Health Department is completing this evaluation role for the demonstration project, but there will be a need for statewide roll-up with expansion beyond the county boundaries. The DCYF Office of Innovation, Alignment and Accountability can support the development of a strong evaluation component that can help the state to demonstrate the efficacy of this prevention strategy within Washington using state-specific data. The ability to connect families who participate in Family Connects to decreases in child abuse and neglect, increased access to traditional intensive home visiting and other needed resources, improved parental comfort, and decreases in racial disparities in maternal morbidity would be monumental. Several programs across the country house their programs in LHJs, particularly in North Carolina. The funding for LHJs comes from many sources, several state agencies, including DOH and DCYF, as well as others, along with Centers for Disease Control and Prevention and local county dollars. As described in the Financing section, a relationship with HCA will be essential to sustainable funding moving forward to expansion.