



- ❖ Support for federal, state, and local efforts to develop a system of coordinated supports for all families from the prenatal period through a child’s kindergarten entry. This cohesive, collaborative system includes sustainable funding and an aligned system that weaves together universal programs, such as Family Connects, with other services, community resources, and intensive long-term services such as targeted home visiting programs.
- ❖ Support for federal, state, and local expansion of programs aimed at supporting families as part of an expanded medical home. This includes expansion of universal newborn nurse home visiting to support mothers during the high-risk period immediately after birth, which is referred to by the American College of Obstetricians and Gynecologists (ACOG) as the “[fourth trimester](#)” and identifies Family Connects as aligned with [ACOG’s recommendations](#) for a connection with families at three weeks postpartum. The American Academy of Pediatrics (AAP) also supports moving the family-centered medical home (FCMH) beyond the office into the community. Integrating the personal and population approaches to health and health-care delivery has the potential to optimize each child’s life-course trajectory, improve outcomes, and reduce costs.
- ❖ Support for expansion of sustainable funding models at the federal, state, and local level to support early childhood systems and programs. These models could include dedicated funding streams, bundled billing codes, and streamlined billing processes for reimbursement via both public and private health insurance. One such example is the Family Connects Oregon model, which includes state general funds, Medicaid funding, and legislatively mandated reimbursement from state-regulated commercial insurance companies.