

2023

FCI PRIMER



FAMILY
CONNECTS
INTERNATIONAL

FCI MISSION ALIGNMENT AND FIT

FCI aims to expand services across the US, with an emphasis on the Carolinas, to ensure a strong start for families by offering all residents in affiliated communities a nurse home visit within three weeks of a birth to connect them with local resources. Randomized controlled trials of the Family Connects Model have shown **substantial improvements for families in maternal mental health, parental behaviors, health care utilization, and family engagement with Child Protective Services**. Many of these factors are important for optimal child health and development, offering safeguards against child maltreatment and promoting later kindergarten readiness. Family participation in local FCI programming is free and voluntary.



UNMET NEED

Families with newborns need FCI services to provide timely, convenient, and thorough clinical check-ups for mothers and babies when health risks are highest during the early postpartum period. In addition, most families are unaware of the numerous resources available locally and how to navigate the various systems for access to services, if there is a need for referrals. Addressing health concerns and **access to support early helps to reduce later disparity gaps**, especially for historically marginalized subpopulations and communities in the US. It is also important to care for all families universally in a community, and family types such as surrogate, adoptive, and bereaved parents, because everyone can benefit from nursing support or referrals postpartum.

FCI THEORY OF CHANGE

FCI's Theory of Change to achieve population-level results is informed by a socioecological framework whereby communities' beliefs, practices, and environmental structures influence the choices, and thereby actions, of its families. Similarly, communities are influenced by their state context to varying degrees, and the state is nested within a broader setting of national influences. Thus, **FCI works on the national, state, community, and family levels to drive meaningful change for newborns.**

Measurable changes on the population-level are achieved by the **FCI FIVE**:

- 1. Adherence to Family Connects Evidence-based Model;**
- 2. Implementation of Nurse-supervised Home Visits;**
- 3. Community Alignment of Early Childhood Resources;**
- 4. Policy Support; and**
- 5. Data-driven Continuous Quality Improvement of Local Programming.**

FCI APPROACH AND CONTEXT

The delivery of the FCI FIVE is done in **partnership with communities** to tailor the services and trainings to their specific needs depending on:

- **scope of the service area (statewide, regional, clusters, localized),**
- **locale (urban/suburban/rural),**
- **sustainability plan for 5-year financing,**
- **population demographics, community characteristics, and assets,**
- **scaling plan for ramping up to reach the total targeted birth population,**
- **implementation plan for achieving FCI Certification status, and**
- **networking of local resources to better align their early childhood systems.**

FCI takes a **human-centered design approach** in building trusting relationships with communities by first recognizing that our partners are not sites but local experts acting as change agents for their families. Second, we acknowledge with cultural humility that each community is unique, as is each family, as is each and every newborn. FCI then seeks to establish shared accountability for the local program's success through a charter of roles and responsibilities, transparent governance principles, and continuous communication feedback loops.

Intensity of support over time is sustained throughout the relationship, shifting between individualized and cohort-based engagements across the program lifecycle. There are six distinct stages of consultation, orientation, installation, implementation, certification, and expansion. **Each stage offers new opportunities to co-create solutions** that are data-informed by FCI analytics and draw on emerging evidence from the experiences of other partnerships in the FCI Network. A key goal for 2023 analytics is to establish average benchmarks on how much time it takes to progress through the FCI pipeline to certification based on data from new partnerships starting in 2022 with our new processes. Also, FCI will begin to collect community partner satisfaction data on an ongoing basis.

1

CONSULTATION

Inquiry period to discuss design pricing, and readiness state. **Time period varies.** Costs may apply up to \$100/hour.

2

ORIENTATION

Planning period to develop local programming plans. **3-month Academy.** \$25k per community.

3

INSTALLATION

Training period to recruit, hire, and train local staff on job duties and tools. **6-9 months on average.** Min \$100k/year.

4

IMPLEMENTATION

Deployment period to reach a min. of 65% of the total birth population while maintaining fidelity and quality. **2-3 years targeted.** Min \$100k/year.

5

CERTIFICATION

Maintenance period to reach up to 100% of total birth pop with qualifications to independently train new staff. **3-year Renewal Cycles.** Min \$20k/year.

6

EXPANSION

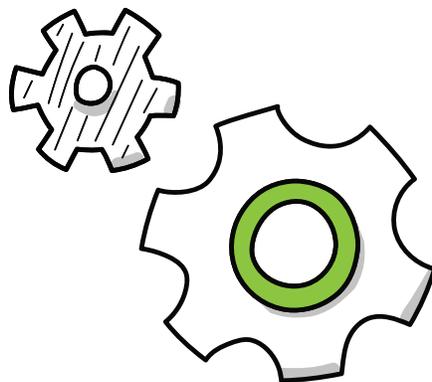
Growth period to increase total birth population with/out newly affiliated communities. **Academy period** and pricing for each new affiliate.

FCI LOGIC MODEL

The **BIG PROBLEM to solve is that complex systems create inequities** that widen over time, worsening persistent disparities experienced by historically marginalized communities and races/ethnicities. FCI assists community partners in preventing future inequities for all local newborns by offering their families free nursing support and referrals from the start. The universal, yet voluntary, access empowers families to determine what level of support, if any, that they would like without restrictions for eligibility of FCI services.

To achieve equitable results for families, the **FCI Logic Model illustrates the importance of strengthening connections** between FCI and community partners ► home visitors and families ► parents and newborns ► families and local community resources ► community entities within the local early childhood systems of care ► and community systems to stakeholders for funding.

The multi-level connections are expected to yield positive programmatic outputs for FCI community partners, preventative or improved maternal-child outcomes, and measurable population-level impacts in the community's systems such as health, education, and child welfare. Ultimately, the network of connections should lead to meaningful changes that ensure equitable outcomes for each and every newborn.



FCI MISSION

Equitable outcomes for each and every newborn with universal home visiting and referrals.

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INPUTS

- Evidence-Based Model
- Technical Trainers
 - Implementation Science
 - RN-Supervised Home Visiting
 - Community Alignment
- Policy Director
- CQI Trainer and Analytics
 - Internal KPIs
 - External Innovations
- Core Supports
 - Databases
 - Centralized-Network Individualized Sites
 - Learning Management System
 - Administration
 - Leadership Support
 - Contracting
 - Granting
 - Marketing

OUTPUTS

- FCI Local, State, & National Facilitated Convenings
- Completed Evidence-Based Newborn Home Visits
- Family Referrals to Local Services
- Locally Coordinated Early Childhood Supports
- Early Childhood Multi-systems Engagement
 - Maternal-Child Health
 - Developmental Science
 - Trauma Prevention
 - Community Financing
- State and Federal Advocacy
- Monthly KPI Reports
 - Implementation
 - Clinical Standards
- CQI and Innovation Pilots
- RN Trainings and Thought Leadership
- Community Partnership Contracts
- Foundation Partnership Grants
- FCI Local, State, & National Press

OUTCOMES

- Growing % of Birth Population Served
- High Family, Provider, and Partner Satisfaction
- Optimal Perinatal Health and Social Wellbeing
- Positive Parental Behaviors
- Extensive and Trusted Referral Networks
- Efficient Early Childhood Systems Utilization
 - Health, Education, Child Welfare, Judicial, Political
- Supportive State and Federal Legislation
- Mixed Payor Models for Local Programming
- Data-Informed FCI Service Enhancements
- RN Board-recognized CEUs, Certification, and Credentialing Pathways

IMPACTS

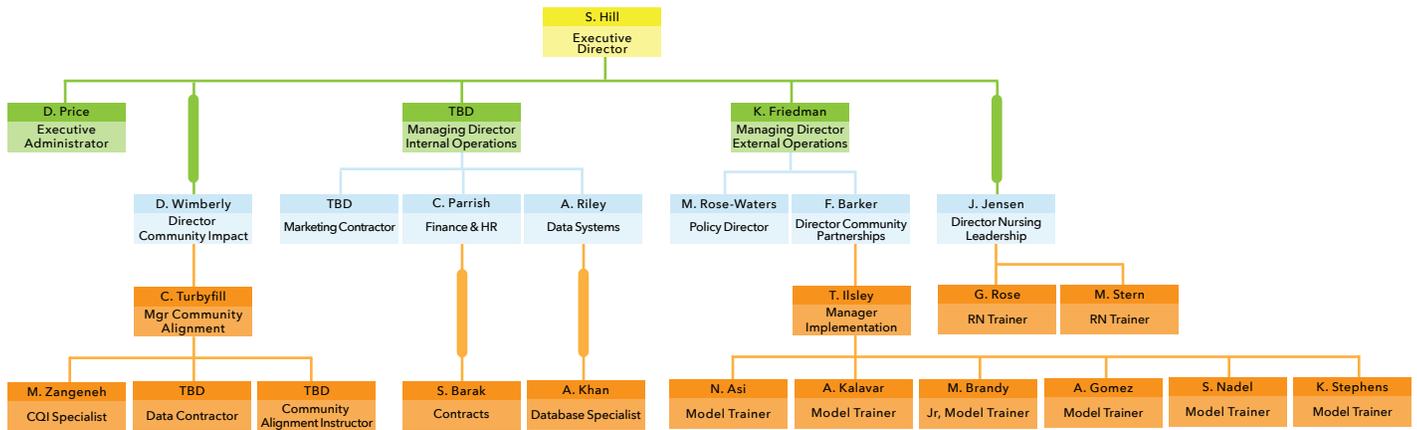
- National Service Area For Families
- Maternal and Infant Mortality
- High-Quality Child Care
- Early Childhood Maltreatment
- RN Workforce Development
- National Funding & Brand Recognition

FCI is working with Glass Frog as a thought partner to finalize the current draft of the Logic Model above.



FCI LEADERSHIP AND ORGANIZATIONAL STRUCTURE

FCI became an independent 501c3 non-profit in July 2022. The Board of Directors consists of eight voting members balanced on sex, race/ethnicity, and expertise across business, health services, government, and national evidence-based home visiting programs. Officers were established in June 2022, and the first Board retreat occurred in October 2022. Full Board meetings are monthly until June 30, 2023, which is the end of Fiscal Year 2023. Thereafter Full Board meetings will be quarterly with an annual retreat.

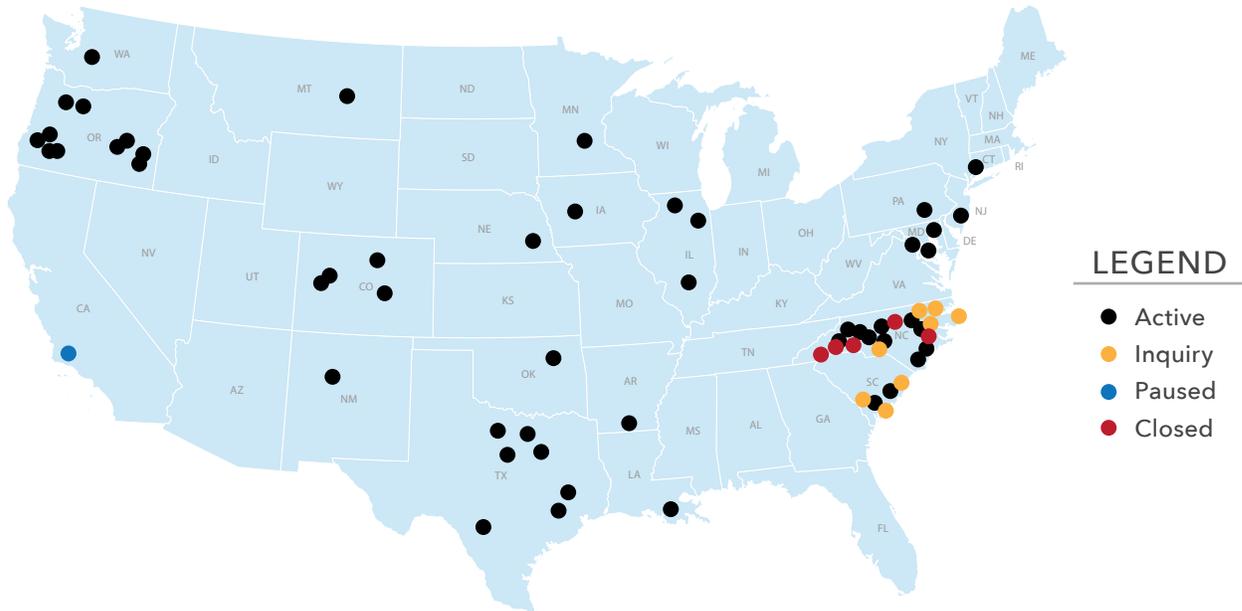


*Contractors are under consideration for hiring as FTE staff.

FCI's staff of 24 FTE is mostly female (75%), identifies with a specific cultural heritage (54%), and has 10 years or more of professional expertise (58%). Only a fifth of organization has more than 2 years of work history with the former Family Connects academic program. There was an organizational restructuring that began in April 2022 and ended in January 2023 to align the organization to the NPO's mission of ensuring equity in outcomes which required staff expertise in maternal-child health, systems building, analytics, nurse home visiting and/or business administration. The restructuring also established an expanded leadership team from three to 10 Managing Directors and senior-level supervisors to oversee functional teams for Finance & HR, Data Systems, Community Partnerships, Nursing Leadership, Community Impact, and Policy as shown below.

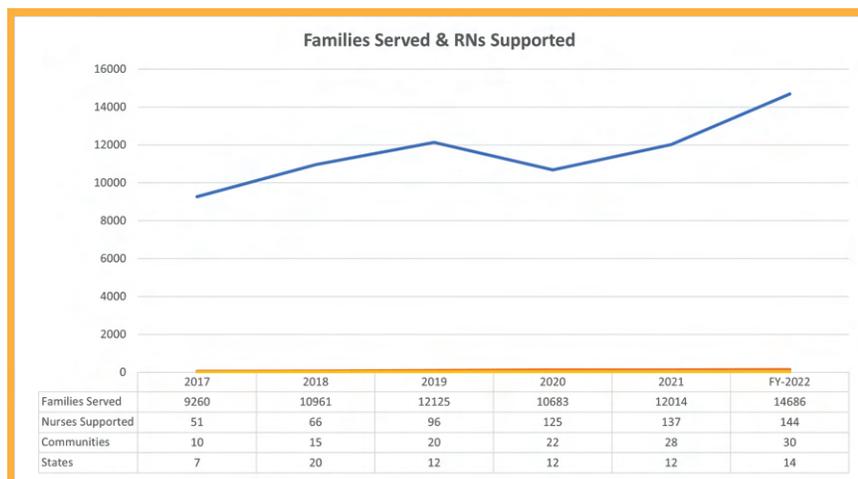
FCI PARTNERSHIPS

To date, there are 41 FCI Partnerships serving over 50 communities in 20 states.



FCI NETWORK REACH

Over the past 5 years since 2017, more than 69,000 families have received a Family Connects nurse home visit. Monthly Key Performance Indicator (KPI) Snapshots of the FCI Network provide YTD benchmarks for scheduling rates, completion rates, demographics, referrals, and satisfaction for community partners to compare their FREE Monthly KPI Snapshots. FCI’s Total Annual KPIs are published publicly by external stakeholders in March and October.



NURSING WORKFORCE DEVELOPMENT

Another essential service provided by FCI is workforce development for nursing. In our Fiscal Year of 2022 alone, a minimum of 144 nurses in our Network were trained with a total of 629 nurses supported over the past 5 years. To elevate FCI's work in this area, FCI has created a new Nursing Leadership Team who will be seeking accreditation for FCI to:



- Offer Continuing Education Units for FCI nurse home visiting training;
- Issue credentials for specializations in maternal postpartum and newborn home visiting,
- Achieve recognition as a certification partner/provider for nursing students who want to obtain clinical hours through home visiting in order to satisfy state licensure requirements,
- Highlight stories of when local nurses save lives through urgent referrals to clinical care for moms and babies, and
- Add clinical measures to monthly KPI reports to track local follow-up on critical health workflows for maternal high blood pressure readings, maternal moderately severe scores on depression screenings, and suboptimal infant weight gain rates, as a few examples.

PARTNERSHIP TYPES

The service areas of new partners, defined by total annual births, continue to increase in size as interests grows for statewide, regional, clusters, and metro-area programs. To encourage this trend and foster collaboration across less densely populated communities, FCI set a minimum threshold of 2500 total annual births in 2022 for new partnerships. In tandem, new partnership types have been categorized internally to better delineate service features.

- **Localized Community Partnership, L-CP**
- **Tiered Community Partnership, T-CP (Oversight team and multiple L-CPs)**
- **Intermediary Partnership, I-CP (State-recognized administrative home)**
- **Expansion Partnership E-CP (FCI Certified Partner expanding their service area)**
- **Coordinating Agency Partnership, CA-CP (FCI-recognized administrative home)**

FEATURES	L-CP	T-CP	I-CP	E-CP	CA-CP
Single contract	●	●	●	●	●
Multiple contracts, optional		●	●	●	●
Dedicated Implementation Specialist	●	●		●	●
Dedicated Project Lead Option		●	●		
Dedicated Academy Option		●	●		
FCI fee-splitting with Partner			●		
FCI fee-discount for Partner's Affiliates				●	



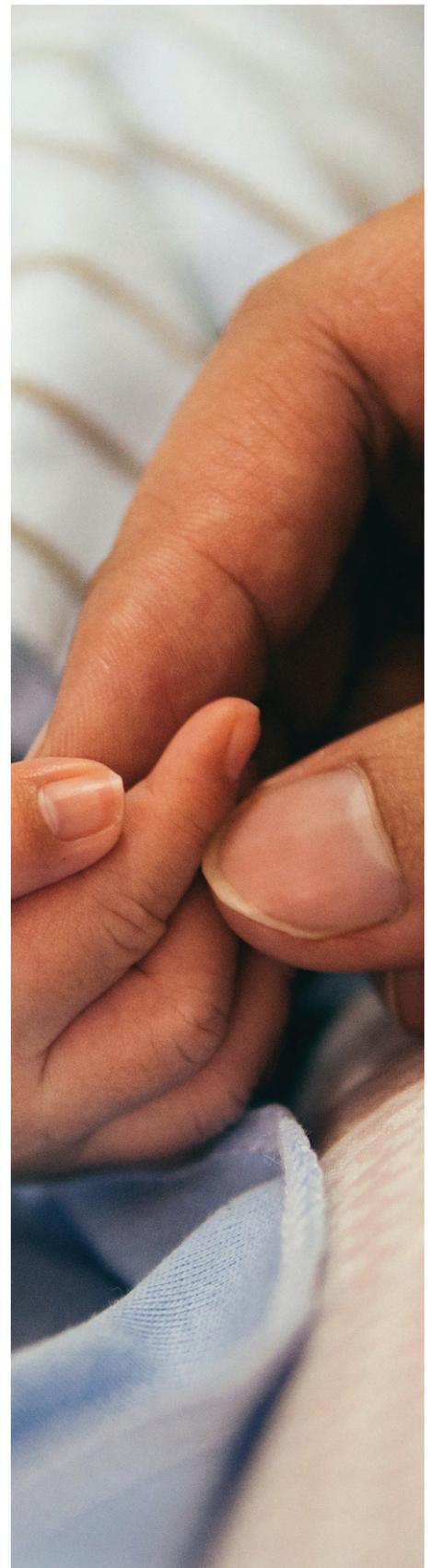
SCALING STRATEGY

The current FCI scaling strategy is to assist community partners in achieving certification status by completing visits with fidelity and quality for over 65% of their total birth population, with the majority of newborns aged less than a month, and successfully connecting families to at least half of the referrals made. Once certified, FCI works with partners to develop an expansion plan for widening the original service area. For instance, a hospital could consider expanding to the entire health system; a county partnership could expand regionally, and statewide efforts could grow into a collective for a federal demonstration pilot.

FCI's policy advocacy enables expansion by seeking stakeholder funding on the local, state, and federal level to finance local programming. Specifically, FCI provides stakeholder outreach, briefings, testimony, one-pagers with key messaging, drafting of bill language, and policy landscape analyses to support champion policymakers in legislative processes. **Now, more than ever, universal evidence-based programming is needed for newborns in states where policymakers have limited family planning options.**

New FCI legislation or reallocation of state funding in favor for universal home visiting and referral is currently underway in:

- **FEDERAL GOVERNMENT: 118th US Congress**
- **STATE GOVERNMENTS: AR, IN, NC, OH, OR (Increased Funding), MA, TX**



FCI 2023 STRATEGIC ROADMAP

STRATEGIC ROADMAP



2023 BUSINESS DRIVERS

1. Create community partners' feedback loops
2. Update data infrastructure
3. Reclaim footholds in NC
4. Cultivate FCI talent
5. Present nationally

JAN-JUN 2023



Initiate satisfaction data gathering & Quality Assurance trainings



Refresh website & one-pagers



Build new database systems

JUL-DEC 2023



Begin intensive policy outreach locally, states, federal



Invest in staff prof. development, conferences, benefits



Create FCI Innovation Center

GAIN 6-18 NEW STATE PARTNERSHIPS

PROGRESS FEDERAL LEGISLATION

ATTRACT BLUE MERIDIAN FUNDING



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