



## Introduction

Children are learning from the moment they are born. Brain growth, approaches to life, learning, and language skills are all shaped by what does or does not happen in a child's first days, months and years. The most important factor for laying this foundation is the quality of relationships that infants and toddlers have with adults, particularly their primary caregivers. Yet, several socio-economic factors can adversely affect the quality of these relationships, which in turn negatively impact that child's health and development. Indeed, the quality of a child's early interactions with parents and caregivers plays a critical role in determining that child's readiness to succeed in school and in life. In order to create the type of safe and positive formative environment newborns need to thrive, it is crucial to provide families access to the appropriate health and family supports at this early stage.

## The Case for a Universal Approach

Because of the importance of these early years, interventions like evidence-based maternal and child home visiting programs<sup>1</sup> were created to help establish the foundation for a strong developmental trajectory throughout the life of a child. Home visiting programs and interventions have been recognized as an essential strategy to ensure that children born to families at risk develop a strong, healthy, and secure relationship with their caregivers.

Many of these home visiting services, and their related funding sources, are intended for the most vulnerable families based on certain criteria, such as poverty, a history of substance abuse, domestic violence, child abuse and neglect, teen parenthood, and homelessness, among others. This type of approach is designed to identify and assist the families most in need of these services.

While there has been a continued focus on providing services for at-risk families, there has also been increased awareness that birth is a critical moment, full of both possibility and challenge, for all families. The needs and desires of each family are different, but every family can benefit from increased support when welcoming a new baby. The birth of a new child also represents a window of opportunity to connect families to the community resources and knowledge they need to best support their children.

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<sup>1</sup> Home visiting programs, which pair at-risk families with trained professionals who provide vital information and parental support in scaffolding children's development, have been demonstrated to improve the child's health and education outcomes, as well as long-term workforce and welfare outcomes, by supporting parents' ability to provide a safe, supportive, and healthy early learning environment for their children. Home visiting programs are voluntary, free of charge to eligible families, and serve families from the prenatal period to age 5.



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Over the past several years, this has led to momentum around developing and implementing a universal approach for *all* families to ensure that children are healthy and well-prepared to thrive and succeed.<sup>2</sup>

This approach is based on three principles:

1. A universal home visiting strategy reduces the stigma associated with targeting interventions to pre-determined high-risk populations.
2. Conducting the assessment in a family's home increases the likelihood that those in need of the most intensive support will be appropriately referred and will accept such assistance.
3. There is no singular programmatic solution to the challenge of supporting parents of young children, and every entity in a community has a role to play in building systems of care.

Newborn home visiting services provide new mothers and their families' early identification, referral and advocacy for emergent postpartum medical concerns. These practices have the potential to reduce maternal mortality and/or address risks to newborn health and development.<sup>3</sup>

What distinguishes a universal model from more traditional home visiting services in Illinois and throughout the country? Most home visiting services to date have focused on improving *individual* child and family outcomes. A universal approach, on the other hand, introduces a public health focus that builds on strong networks of community services to ensure that *every* new parent and family has access to adequate resources and supports.

A universal model can also generate meaningful population level benefits, the most dramatic being cost savings on emergency medical care for mothers and infants (i.e., fewer emergency visits and preventable medical interventions). An independent evaluation of the Durham Connects model found that each \$1 spent on the program yielded \$3.02 in savings in medical care and costs for mothers and newborns in the first weeks and months post birth.<sup>4</sup>

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<sup>2</sup> Daro, D., & Dodge, K. A. (2009). Creating Community Responsibility for Child Protection: Possibilities and Challenges. *The Future of Children*, 19(2), 67-93.

<sup>3</sup> Illinois Maternal Morbidity and Mortality Report. (2018). Retrieved from <http://dph.illinois.gov/sites/default/files/publications/publicationsowhmaternalmorbiditymortalityreport112018.pdf>.

<sup>4</sup> Dodge, K. A., Goodman, W. B., Murphy, R. A., Odonnell, K., & Sato, J. (2013). Randomized Controlled Trial of Universal Postnatal Nurse Home Visiting: Impact on Emergency Care. *American Journal of Public Health*, 104(Supplement 1). doi: 10.1542/peds.2013-1021m



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What's more, researchers estimate that for cities of a similar size (to Durham), a yearly investment of \$2.2 million in newborn home visiting can result in a community-wide health care cost savings of approximately \$7 million in the first two years of a child's life.<sup>5</sup>

Less tangible, but just as important, are the community benefits that result from such a model. A robust newborn home visiting program can strengthen the collaboration, coordination, and availability of a variety of local support services available for families. Over time, these programs can help local governments and community advocates identify the types of much-needed services lacking (or not easily accessible) in a community, like affordable childcare or mental health programs.

Ultimately, a universal home visiting approach is transformative because it recognizes that *all families with newborns* benefit from some level of support, which does not currently exist as a comprehensive, standardized service. This approach also acknowledges the important role played by a community as a whole in supporting children and families. A community-level approach ensures that families in need are less dependent on seeking out specialized, categorical services on their own.

Universal home visiting aims to ensure that there is an *entry point for all families* to receive the services from which they could most benefit.

### Explaining the Family Connects Model

Several models using a universal approach have been developed in the United States, and numerous other countries already have similar initiatives in place. One of the most promising models in the United States is Family Connects. Created in Durham, North Carolina by Duke University, Family Connects is now actively being replicated in almost two dozen locations across the country through Family Connects International. It has also been approved at the federal level by Home Visiting Evidence of Effectiveness (HomVEE) as an evidence-based model.<sup>6</sup>

The Family Connects approach coordinates with participating hospitals to ensure that prior to discharge from the hospital, 100 percent of all birthing families – regardless of income, risk or perceived needs – meet with a Family Connects staff member who offers them a follow-up home visit. During the subsequent visit in the family's home, the nurse evaluates the physical and

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<sup>5</sup> Family Connects International. Retrieved from <http://www.familyconnects.org/faq>

<sup>6</sup> Home Visiting Evidence of Effectiveness (HomVEE), operated by the Administration for Children and Families at the U.S. Department of Health and Human Services, and reviews the evidence of effectiveness for specific home visiting program models. A complete list of models is available here: <http://homvee.acf.hhs.gov/programs.aspx>.



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psychosocial health of the mother and baby, and then conducts a standardized assessment through a guided discussion to help the family and nurse identify the family's strengths, needs, potential risks and interests for support in the areas of parenting and family life (also known as the "FC IL Integrated Home Visit"). This assessment triggers an immediate referral process based on the family needs. The nurse then connects families with the appropriate resources and local community systems of care.<sup>7</sup>



The following offers a brief overview of the Family Connects process:

- After a birth, the family is approached in the hospital by a Family Connects staff member with extensive specialized training, who offers her Family Connects services.
- If the family accepts the service, the Family Connects nurse will schedule a visit in the home within the first few weeks post birth.
- During the home visit, the Family Connects nurse engages with the family in a friendly and supportive dialogue while assessing and rating the critical factors that are known to be associated with maternal and child health and well-being.
  - This visit provides the Family Connects nurse with the opportunity to assess the following:
    - The physical health status of the child and mother
    - The social and psychosocial needs of the mother *and* other members of the family
    - In determining the unique needs of each family, the nurse can identify the immediate needs of the infant, the mother and family (e.g., feeding, weight gain, sleep, and parenting stress)

<sup>7</sup> UIC Evaluation Report Executive Summary Illinois Family Connects Early Evaluation Report. (2018, June). Retrieved from [https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive\\_Summary\\_IFC\\_Formative\\_Eval\\_U\\_of\\_I\\_6.22.18.pdf](https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive_Summary_IFC_Formative_Eval_U_of_I_6.22.18.pdf)



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- The nurse is then able to connect the family with the appropriate local community services and resources based on the family's unique needs and wishes
- The Family Connects staff member then follows-up with the family by phone approximately one month after the visit to ensure linkages to community supports.

Randomized control trials conducted on the effectiveness of this model in Durham County found that when compared to families in the control group, the families participating in the Durham Connects intervention experienced:<sup>8</sup>

- More connections to community services / resources;
- More mother-reported positive parenting behaviors;
- Higher quality (blinded observer-rated) mother parenting behavior;
- Higher quality and safer (blinded observer-rated) home environments;
- Higher quality child care for those who chose out-of-home care;
- Less maternal reported anxiety; and,
- Fewer cases of emergency infant medical care at 12 and 24 months of age.

In addition to serving families, the Family Connects model focuses on building a strong collaborative relationship with hospitals, medical providers, local and state service providers, early care and education programs, and their county health departments. These relationships result in community linkages to a wide array of supports with varying levels of need, ranging from parks and libraries to shelters and food pantries, to medical providers and home visiting programs.

## Funding & Universal Approach

### **Funding**

The home visiting system in Illinois is a key component of the state's broader early childhood system, which is composed of a much larger and more diverse set of funding streams and services. Currently in Illinois, targeted home visiting based on defined eligibility criteria is supported by funding from the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, the Illinois Department of Human Services, Illinois State Board of Education and Early Head Start. Together, these funding streams support approximately 300 programs across the state and serve approximately 17,000 families each year.

Building a new universal system in our state will require new approaches to revenue allocation. Each of the state's historical funding streams and services – public and private – have a role to play in a

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<sup>8</sup> Daro, D., & Dodge, K. A. (2015, December). *Family Connects*. Presented to Illinois Home Visiting Task Force (HVTF).



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universal system of support for newborns and their families. In addition to the agencies that directly fund home visiting, the larger circle of entities necessary to create a successful universal system include public health, private insurance companies, hospitals, local/county health departments, and other social service supports in the community.

**Exploring a Universal Approach in Illinois**

In late 2012, the Illinois Home Visiting Task Force (HVTF), a standing committee of Illinois Early Learning Council, decided to explore a universal home visiting approach.

The HVTF serves as the advisory body for the MIECHV Program, which is funded by the U.S. Department of Health and Human Services. The Task Force also serves to coordinate the home visiting programs funded by the Illinois State Board of Education, the Department of Health and Human Services, and Early Head Start. The HVTF is a diverse, collaborative group of nearly 200 members drawn from federal, state and local governments, including academia, representatives from national home visiting models, service providers, advocates, parents and others. Since its creation in 2009, the HVTF has made great strides towards building a comprehensive, statewide system of high-quality home visiting programs. In the past several years, one of the key priorities – and areas of work – for the HVTF has been increasing collaboration between home visiting and other early childhood systems, including health, child welfare, homelessness, and Early Intervention among others.

The current vision of the Home Visiting Task Force is to support and promote robust home visiting services in Illinois – services that can be embedded within a broader system of prevention. The Task Force's goal for the Illinois home visiting system is to support families expecting and caring for young children, so they can establish healthy foundations in the first weeks and years of a child's life. In 2012, the HVTF convened a group of public and private stakeholders representing public health, human services, hospitals, community-based organizations, county health departments, education, and child welfare organizations among others. This group spent several years exploring the concept of a universal newborn support system and ultimately determined that the Family Connects model was best suited for an implementation strategy in Illinois. Funding was secured through a grant from the MIECHV Program and the Illinois State Board of Education (ISBE) Prevention Initiative. A smaller working team, led by the Ounce of Prevention Fund, launched the initial implementation sites in Peoria and Stephenson Counties in May and June of 2017.

Since the HVTF works with the Governor's Office to provide leadership in this larger process of early childhood systems development, it was particularly well-suited to bring representatives from all these funding streams and services together to collaborate.



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The long-term goal of this initial implementation phase is to build the statewide capacity and systems to spread this universal model throughout the state of Illinois, so that upon the birth of a child, every family can access comprehensive supports and critical services.

**Identifying a Universal Model for Illinois**

The subcommittee created in 2014 by the HVTF was composed of key stakeholders tasked with developing recommendations for creating a universal system in Illinois to reach all newborns and their families and offer them a home visit to provide them with information, supports, and resources to help families meet their children's needs. This subcommittee identified the following components of such a system, recognizing that some of these would be part of a statewide framework, while others would be tested at the community-level through the initial implementation phase:

1. **Outreach and Public Education:** There is a need to create a public relations campaign to ensure that there is common understanding of, and appreciation for, a universal assessment. It is important to create awareness that offering appropriate support to new parents can improve parental capacity and promote optimal child development.
2. **Access to All Newborns and Their Families:** The goal is to find and reach all babies born in Illinois and offer their families a home visit.
3. **Common Assessment Tool/Procedure:** During the home visit, a single, standardized and validated tool will be administered by a nurse trained in applying the tool to determine each family's needs.
4. **Referral System:** Based on the results of the application of the tool, families will be provided with referrals to appropriate services. Based on a family's level of need and personal resources, this assistance will range from providing information on how to care for newborns, to offering assistance with breastfeeding, to finding appropriate child care, to referring families to parent support groups, to making referrals to high-intensity services such as home visiting.
5. **Adequate Service Options:** It is essential to determine the full range of supports and service options available to families in each community.
6. **Follow-Up/Evaluation:** Evaluations will be a component of this system to determine what happened after the referral was made, and to determine the effectiveness of the system, e.g. to analyze rates of referral and uptake, and factors that influence those rates.

Once these components were identified, Family Connects was chosen to be the most suitable universal model for Illinois, launching the Family Connects Illinois (FC IL) pilot program. Funding was subsequently secured through the MIECHV Program and ISBE, which catalyzed the process of selecting implementation sites. Peoria and Stephenson Counties were chosen for several reasons: a



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strong history of home visiting and doula services, connections to the local hospitals, a reasonable number of births that could be reached through the initial implementation sites, and relationships with other community-based services in each area. Stephenson County began providing services in May 2017, with Peoria following in June 2017.

### Implementing Family Connects in Illinois

During the first year of operation, the implementation team from the Ounce of Prevention worked closely with representatives from the two initial implementation sites, as well as Family Connects International, to receive updates, provide technical assistance, and identify and resolve challenges to address a family's needs.

One of the initial findings in both initial implementation sites was a lack of breastfeeding consultation and support services available for families, unless they were enrolled in WIC<sup>9</sup> services. To bridge the gap in available services and to increase breastfeeding rates among new mothers, the FC IL nurses at each initial implementation site completed Certified Lactation Counselor (CLC) training. As a result, the FC IL nurses are now able to provide breastfeeding support services to mothers by telephone and in-person before, during and shortly after the time of their FC IL Integrated Home Visit. This not only helped the FC IL nurses provide an important service, but also encouraged breastfeeding and greater acceptance of services.<sup>10 11</sup>

Another example involves connecting families — through a more streamlined process — to needed mental health services with a local provider when FC IL nurses identified such a need. One implementation site is working with a mental health provider in a neighboring county to offer tele-counseling to this underserved community – a partnership that has continued since implementation and as other sites launch in the future.

Overall, the most frequently requested services centered on 3 main areas of need:

- Maternal health:

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<sup>9</sup> The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states, including Illinois, for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.

<sup>10</sup> Illinois Family Connects Early Evaluation Report. (2018, June). Retrieved from [https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive Summary IFC Formative Eval U of I 6.22.18.pdf](https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive_Summary_IFC_Formative_Eval_U_of_I_6.22.18.pdf).

<sup>11</sup> Handler, A., Zimmermann, K., Dominik, B., & Garland, C. E. (2019). Universal Early Home Visiting: A Strategy for Reaching All Postpartum Women. *Maternal and Child Health Journal*. doi:10.1007/s10995-019-02794-5.



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- Such as maternal postpartum elevated blood pressure, postpartum depression, medication reactions.
- Infant health:
  - Inadequate weight gain (failure to thrive), tongue tied infants, jaundice
- Household/material supports:
  - A need for safe sleep environments for newborns, i.e. pack and play, cribs for newborns, etc.

Nurses in both pilot communities could quickly identify pregnancy-related and postpartum complications that resulted in referrals to obstetrical providers and hospital emergency rooms. Both new mothers and newborns benefited from early identification of medical complications and subsequent timely delivery of services and care.

### What We've Learned: Strengths & Lessons

An early formative evaluation (the "Evaluation")<sup>12</sup> conducted by the University of Illinois School of Public Health and the University of Illinois Center for Research on Women and Gender explored the planning process and initial phase of FC IL implementation based on interviews conducted in January 2018 with key FC IL administrators, staff, partners, and stakeholders in each of the two pilot sites. The Evaluation is also based on program implementation data from the FC IL program for three quarters in 2017 and the first quarter of 2018 as well as information on the demographics of women delivering in participating hospitals in 2017, and on 2016 birth certificate data for both counties. One of the most compelling findings from the first year of implementation is that 97 percent of all families exhibited a need for education during the FC IL Integrated Home Visit or referrals for ongoing services. The most common referrals were for parent health, infant health, household and material needs (e.g., diapers, financial assistance, and food, among other services).

The results of the Evaluation indicate the following: an abundance of positive support for the FC IL program; some early challenges and issues, as well as some early successes; and possibly some unanticipated benefits. Based on the perspectives of the key informants, FC IL has been very well-received by providers, women, families and community partners. According to interviewees, acceptance by families of the home visit is based on the universality of the program, and the fact that the FC IL Integrated Home Visit is completed by an FC IL nurse who interacts with the family to ensure that all is well during a very vulnerable period.

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<sup>12</sup> Illinois Family Connects Early Evaluation Report. (2018, June). Retrieved from [https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive Summary IFC Formative Eval U of I 6.22.18.pdf](https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive%20Summary%20IFC%20Formative%20Eval%20U%20of%20I%206.22.18.pdf)



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During the first two years of service delivery, over 1,300 Illinois families received Family Connects home visits in the two implementation communities. The utilization and reception of services was positive and reinforced the need for access to resources post birth.

**Family Connects Illinois Data (July 2017 – June 30, 2019), Peoria and Stephenson Counties:**

- **97 percent** of all families served had a need for additional education, referrals and or support.
- **92 percent** of the families who responded to the post service follow-up reported that they were able to connect to the services they chose to contact from the resources recommended by the FC IL nurse.

Because the FC IL Integrated Home Visit happens early and FC IL nurses do not plan to have an extended relationship with families, FC IL does not appear to be duplicative of other home visiting and case management programs. It is important to note that the Family Connects model in Illinois serves to expand the reach of a program like Coordinated Intake (Coordinated Intake for Illinois Home Visiting Programs),<sup>13</sup> without duplicating it by broadening the eligibility criteria to all families with newborns, and deepens the referral network to include both home visiting and other critical areas of newborn and family supportive services. **In fact, FC IL builds on and utilizes existing networks of services, which is another strength of the program.**<sup>14</sup>

**Key Lessons**

The universal nature of the FC IL program has resulted in effects beyond the model itself, including increased support for home visiting and increased support for public health in general. The Evaluation findings support the concept that a universal program has positive impacts on family and community health and well-being.

The key lessons learned, as of June 2018, according to the Family Connects Illinois Early Evaluation Report completed by the University of Illinois at Chicago's Center of Excellence in Maternal and Child

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<sup>13</sup> Coordinated Intake provides families with a single point of entry for home visiting programs within a neighborhood, community, city, town, suburb, or county. The state of IL has piloted Coordinated Intake in six communities funded by MIECHV (Maternal, Infant, and Early Childhood Home Visiting): [https://www2.illinois.gov/sites/OECD/Documents/HVTF\\_MIECHVP/MIECHVP/New%20Web%20updates%20v2/J15\\_IL\\_Voluntary\\_CI\\_Expectations.pdf](https://www2.illinois.gov/sites/OECD/Documents/HVTF_MIECHVP/MIECHVP/New%20Web%20updates%20v2/J15_IL_Voluntary_CI_Expectations.pdf)

<sup>14</sup> Handler, A., Zimmermann, K., Dominik, B., & Garland, C. E. (2019). Universal Early Home Visiting: A Strategy for Reaching All Postpartum Women. *Maternal and Child Health Journal*. doi:10.1007/s10995-019-02794-5



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Health, the School of Public Health, and the Center for Research on Women and Gender, are as follows:<sup>15</sup>

1. **Pre-implementation groundwork is very important for the entire community and particularly for the participating hospitals.** A successful launch of FC IL requires educating and obtaining buy-in from key partners prior to implementation, particularly hospital executives and staff and all community partners.
2. **Selection of an FC IL Lead Agency with a robust set of services/established referral network and whose mission and purpose are closely aligned with FC IL's mission facilitates implementation.** It is important that FC IL be housed in an agency with a referral network that is fully embedded in the social and health service fabric of the community in which the program is to be implemented. In addition, it is essential that the lead agency fully support the universal nature of the program and its focus on serving all families, particularly since this approach marks a shift in traditional social service delivery.
3. **Successful FC IL implementation requires a prenatal education component aimed at both women and medical providers** to ensure that both are aware of the program to increase acceptance of the program by women and families when they are approached in the hospital by FC IL nurses.
4. **Marketing FC IL to the entire community, both prior to launch and throughout ongoing implementation, is essential in ensuring** endorsement by and support for the program from all community members.
5. **Sufficient staffing/funds for staff are required to carry out all the components of the program.**
6. **There is a need for continuous quality improvement to increase the acceptance, completion, and reach of FC IL and to ensure follow-through from the hospital to the FC IL Integrated Home Visit.** By continuous examination of both quantitative and qualitative data generated directly from the FC IL program or from select evaluation efforts, it will be clear whether and where new strategies are needed to either increase women/families' acceptance of the program in the hospital, increase their willingness to participate in the FC IL Integrated Home Visit once at home with their newborns, and to

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<sup>15</sup> Illinois Family Connects Early Evaluation Report. (2018, June). Retrieved from [https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive Summary IFC Formative Eval U of I 6.22.18.pdf](https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Documents/Executive%20Summary%20IFC%20Formative%20Eval%20U%20of%206.22.18.pdf)



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increase their uptake and follow-through with referrals. This could be done through a variety of possible strategies, including follow up with families who have participated and developing cross-site collaborations to identify best practices to maximize effectiveness.

### **Moving Forward: The Future of Family Connects Illinois**

FC IL provides the opportunity to work with families, provide education, increase confidence in parenting abilities, and provide connections to a spectrum of services that are designed to help meet parents' needs, now and in the future.

This type of approach should become a systemic service that is a part of the institutionalized, cross-system standard of care provided to all newborns and their families. It is an opportunity to improve entire communities' ability to connect families with all the services that would benefit them on a wide spectrum, from low-intensity to higher intensity.

There is an opportunity to leverage funding and support from public and private sources that have not traditionally been involved in these types of services, but can see a role for themselves and their organizations in creating this entry point for services. Given the reach of a universal approach and the number of services that it involves, one of the key considerations for future expansion will be diversifying funding sources. This will also provide an opportunity to explore how different types of funding sources can collaborate and leverage one another to create a comprehensive system of supports for newborns and their families.

This universal approach to supporting all newborns and their families soon after birth holds extraordinary promise to address many of the concerns that may arise with a newborn baby and to be a strategy in solving critical system issues such as infant and maternal mortality and child abuse and neglect. Family Connects Illinois ensures that families are informed about and connected to all the health and community resources that will help them to thrive.

It is important to note that this effort involves the coordination of several agencies (the Illinois State Board of Education, and the Illinois departments of Human Services, Healthcare and Family Services, Children and Family Services and Public Health) to create a comprehensive approach that supports the families of newborns.

As Illinois continues to learn from its early experiences with implementing a universal approach, it will require continued, and increased, engagement from all funding sources and services that work with newborns and their families to create a comprehensive, statewide system to support families.