

EI Breakfast Club

April 27, 2026



MIKE DEWINE
GOVERNOR OF OHIO



Family Connects Ohio – Newborn Home Visiting

04/27/26

Julie Babcock, Senior Project Coordinator, Bright Beginnings



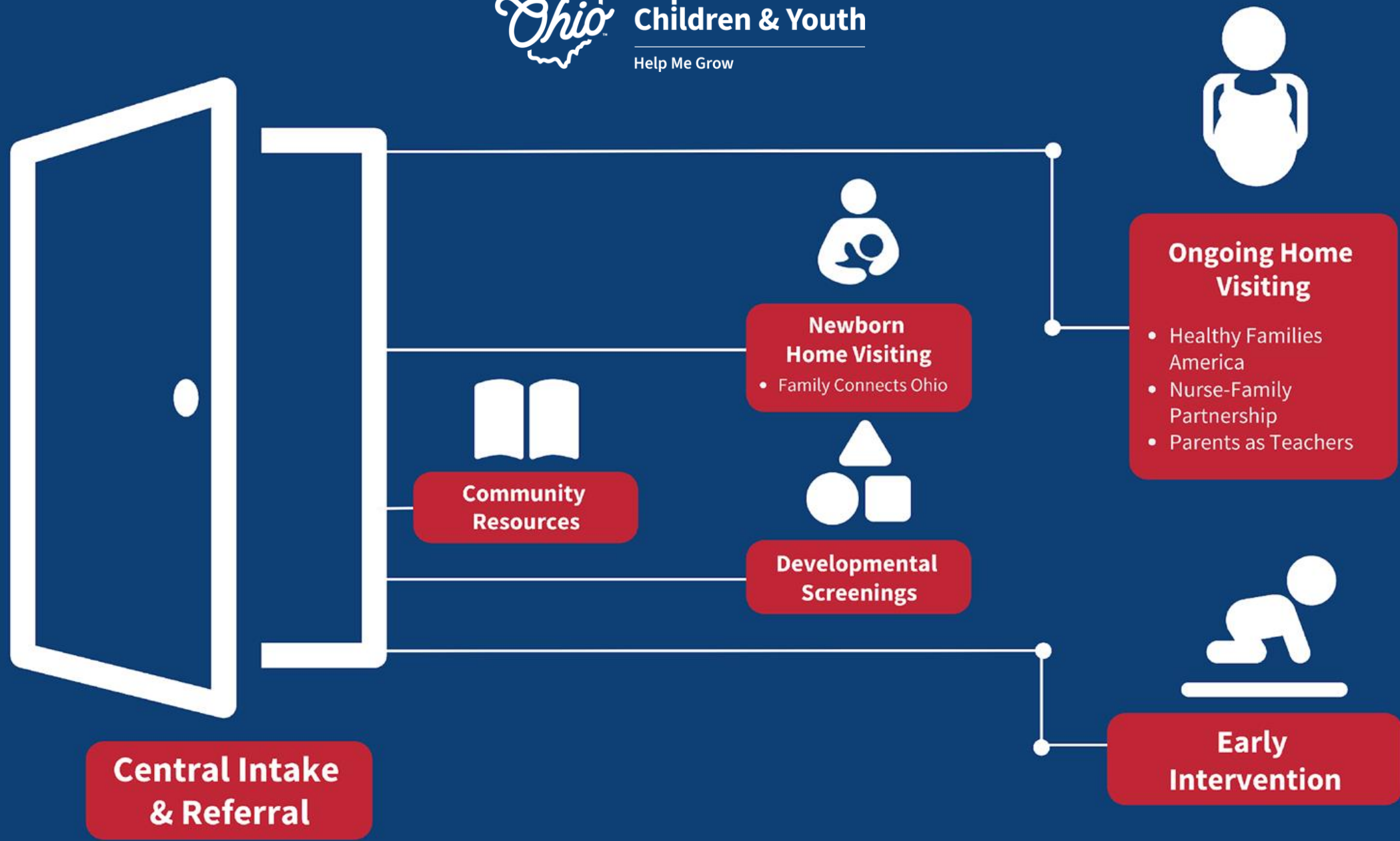
MIKE DEWINE
GOVERNOR OF OHIO



Why Help Me Grow?

Early experiences create the foundation for success.





Central Intake & Referral

Community Resources

Newborn Home Visiting
• Family Connects Ohio

Developmental Screenings

Ongoing Home Visiting

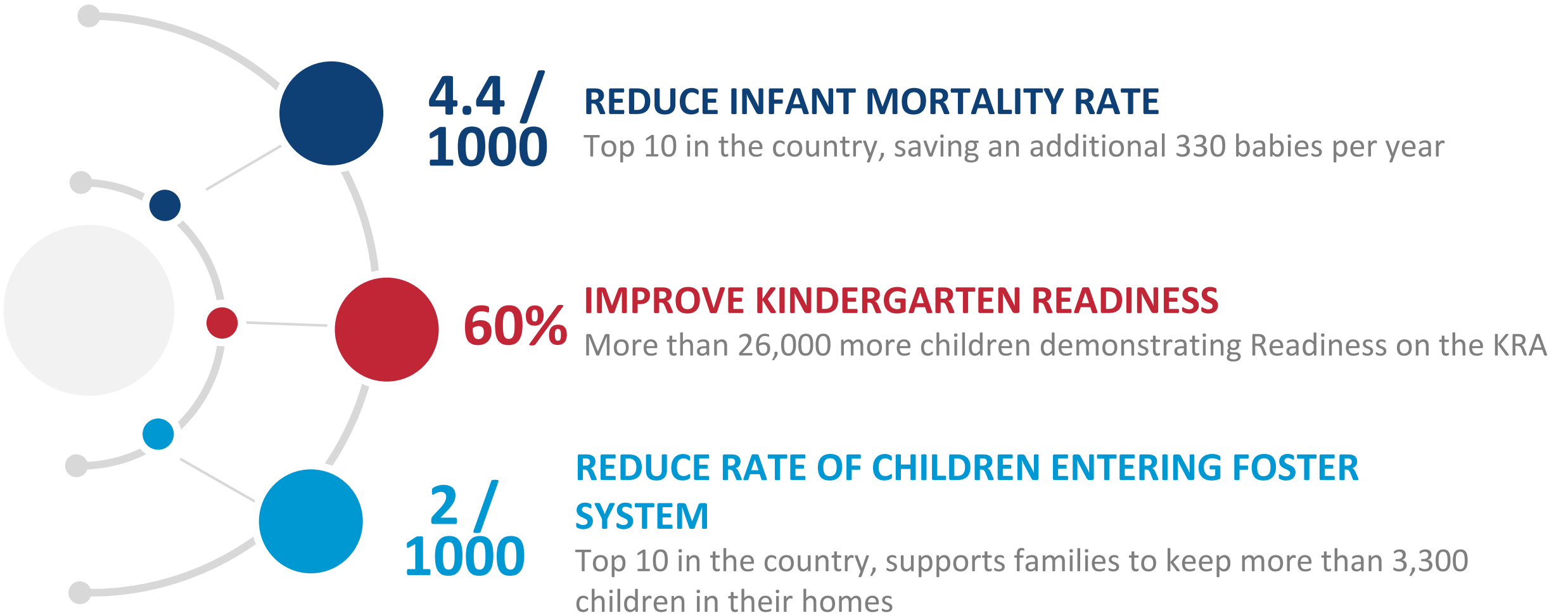
- Healthy Families America
- Nurse-Family Partnership
- Parents as Teachers

Early Intervention

Newborn Home Visiting



DCY BIG GOALS OVERVIEW



WHY HOME VISITING?

Home visiting uses a **two-generation approach** — seeing child and family development as one unit that encompasses overall wellbeing to help the whole family thrive. Home visiting intervention **prevents future risks** by lessening harms and providing resources.

- Increase in positive child development
- Increase in parenting skills and family relationship approaches
- Increase in resource connections in communities
- Increase in familial economic self-sufficiency
- Decrease in child maltreatment
- Decrease in familial stress



FAMILY CONNECTS INTERNATIONAL MODEL - TODAY

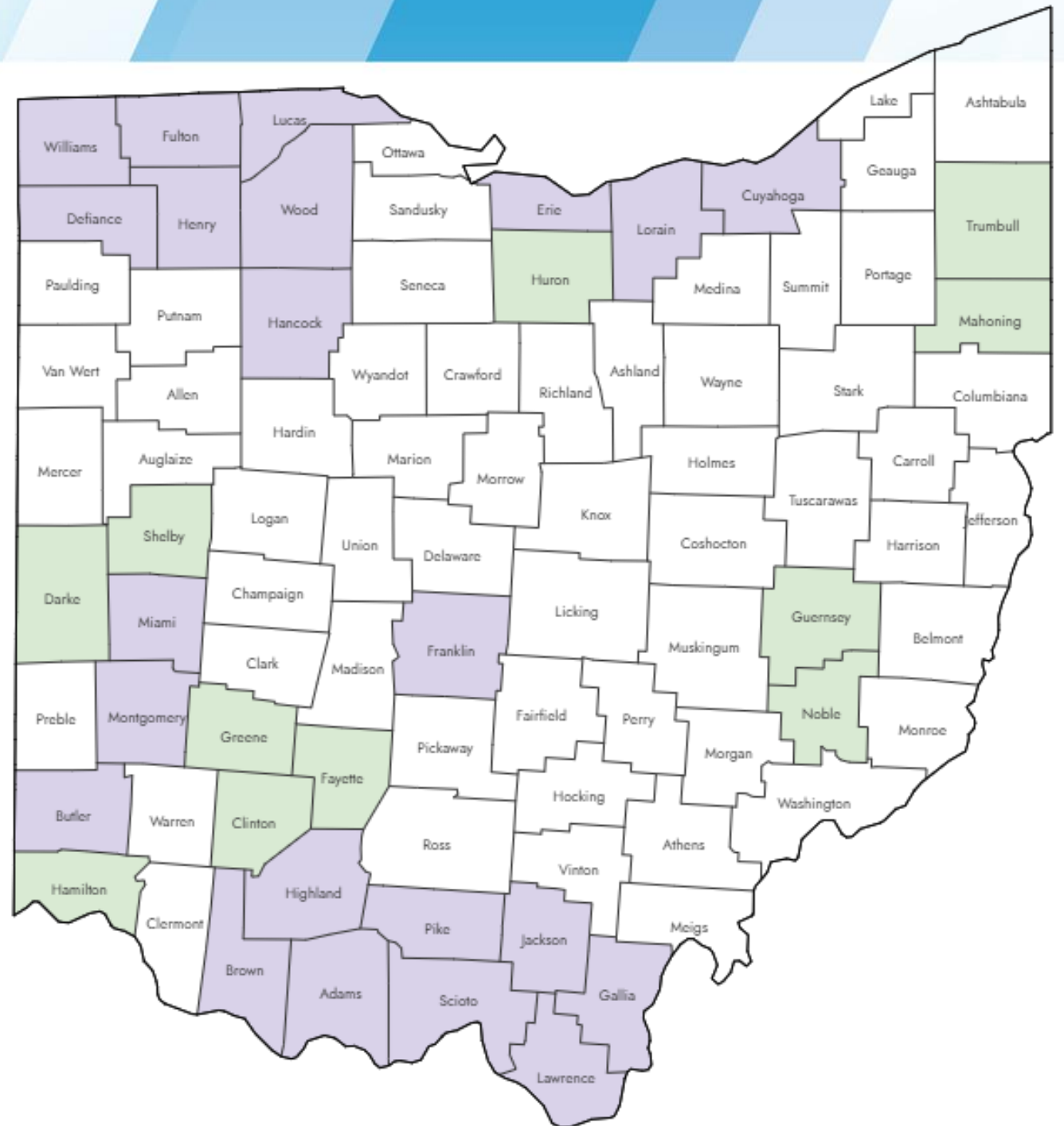
Family Connects International

- 20 States
- 53 Community Partners
- FCI nurses have supported over 100,000 babies since 2017



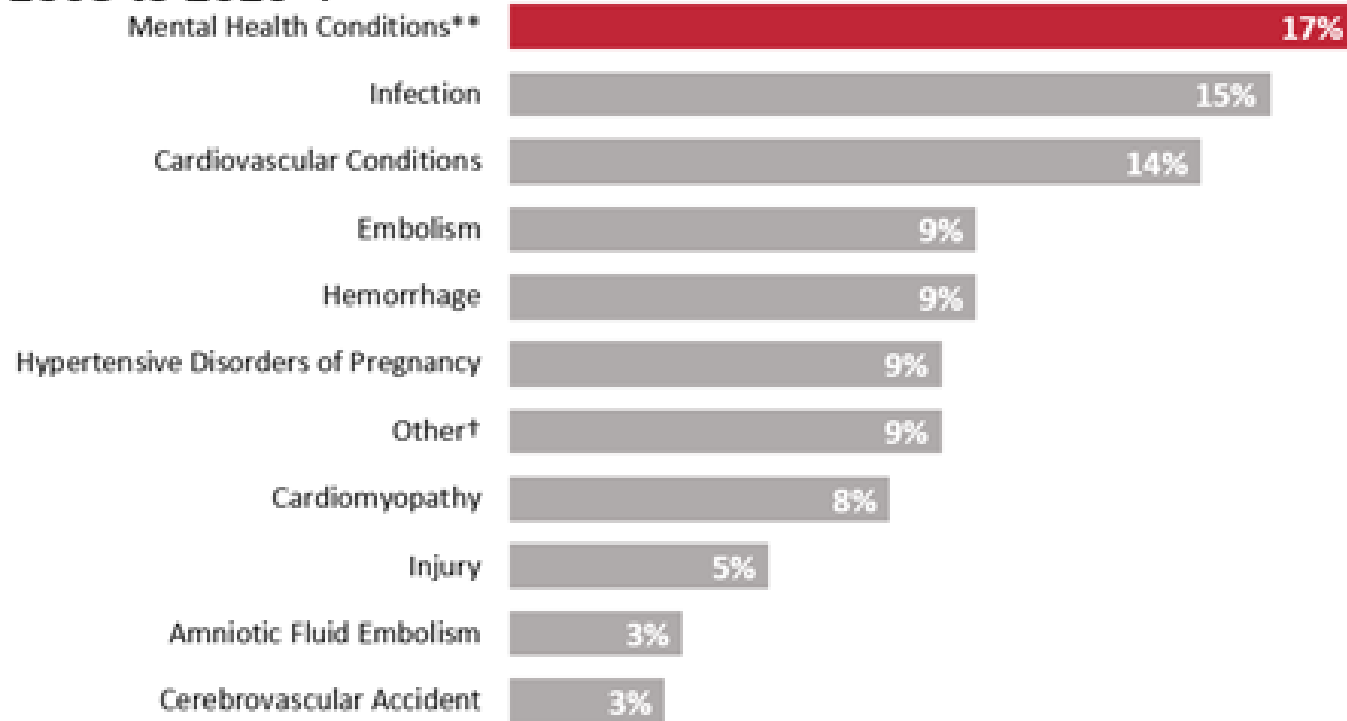
FAMILY CONNECTS COUNTIES SERVED

- **Wave 1:** Guernsey, Darke, Hamilton, Fayette, Erie, Huron, Greene, Mahoning, Trumbull, Noble, Shelby, Clinton*
- **Wave 2:** Adams, Brown, Gallia, Highland, Jackson, Lawrence, Pike, Scioto, Butler, Lucas, Cuyahoga, Montgomery, Hancock, Henry, Lorain, Miami, Franklin, Wood, Erie, Defiance, Fulton, Williams



WHY WE HAVE FAMILY CONNECTS OHIO - MOTHERS

Figure 7. **Mental health conditions** were the leading cause of pregnancy-related deaths in Ohio from 2008 to 2020*.



*2019 data not included. To achieve more timely data and prioritize the review of deaths related to COVID-19, ODH and PAMR made the difficult decision not to review 2019 deaths.

**Mental health conditions include deaths due to substance use disorder/overdose, depression, anxiety disorder, and other psychiatric conditions.

†Other includes deaths due to renal disease, anesthesia complications, autoimmune diseases, gastrointestinal diseases, metabolic/endocrine, neurologic conditions, pulmonary conditions, hematologic conditions, cancer, and unknown causes.

WHY WE HAVE FAMILY CONNECTS OHIO - MOTHERS

Figure 6. From 2008-2020*, non-Hispanic Black women were almost 2 times more likely to die from pregnancy-related causes than non-Hispanic white women.



**2019 data not included. To achieve more timely data and prioritize the review of deaths related to COVID-19, ODH and PAMR made the difficult decision not to review 2019 deaths.*

KEY OUTCOMES FROM FCI RESEARCH

Hospital Utilization	Post-partum Health	Family and Community Connections	Child Protective Services
<p>50% reduction in infant ED visits and hospitalizations in the first year of life</p> <p>25% reduction in race disparity for ED visits.</p> <p>\$3 saved for every \$1 spent on program costs (reduced infant ED and hospital utilization)</p>	<p>28% reduction in mothers reporting symptoms of postpartum anxiety</p> <p>48% reduction in disparity between Black and White mothers.</p> <p>Increases in postpartum visit completion</p>	<p>17% increase in community connections</p> <p>Increase in infant-father engagement</p>	<p>44% lower rates of Child Protective Services investigations</p>

MEET FCO NURSE BETH



**Free in-home nurse visit
for families with newborns.**



[Youtube.com/watch?tv=DNJOm35coPw](https://www.youtube.com/watch?tv=DNJOm35coPw)

THE FAMILY CONNECTS MODEL



FOR ALL

Helping all families regardless of income or background



THREE WEEKS

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



NO COST TO RECIPIENTS

As an eligible recipient, you will not be charged



REGISTERED NURSE

All visits are made by highly trained nurses

Components of a FCO visit



Assessment



Education

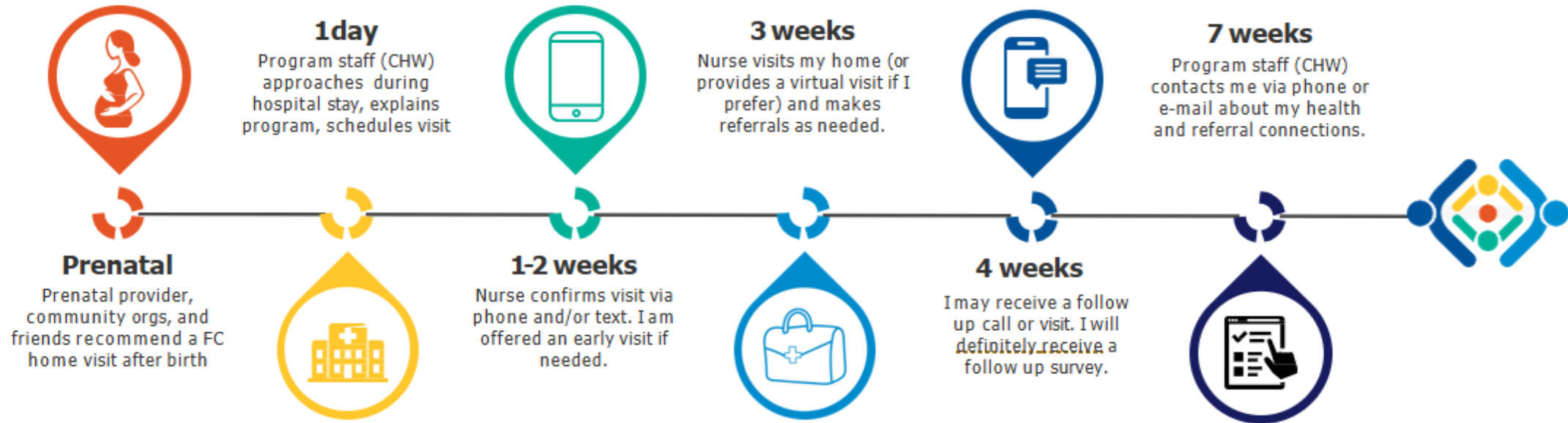


Lactation Support



Referrals

FAMILY CONNECTS REFERRAL AND VISIT PROCESS



WHAT THE DATA SHOWS

207 families were served from December 2024-June 2025

410 families were served from July 2025-February 2026

From 2024-2025:

- **13%** of families who were not participating in other home visiting models were enrolled into one after a FCO visit
- **76%** of families who completed the post-visit survey had contact with an agency referral



WHAT THE FAMILIES HAVE TO SAY

- To date, **all** families have reported **positive** feedback on their post visit survey.
- Common reason for not receiving services/no agency contact was “lack of time”

"The nurse was very nice and respectful! The baby was excited to see the nurse and bonded well with her"

"I was able to receive WIC and obtain formula as a result of the visit which was very important to us"

"The nurse was very friendly and made my baby feel comfortable"

Get connected or refer to Help Me Grow services today!



Complete a referral form online at **www.helpmegrow.org**.



Call **(800) 755-GROW (4769)** to speak with an intake specialist.



Email a completed referral form to **hmgreferrals@helpmegrow.org**.



Fax completed referral forms to **(855) 418-3322** or **(855) 318-3322**.

REFERRING FAMILIES TO FAMILY CONNECTS OHIO

- Families can sign up for an FCO home visit via the Help Me Grow referral link <https://ochids.odh.ohio.gov/public/refer>.
- If you are not the child's parent, you may still make a referral. Help Me Grow will first contact the child's parent before proceeding.
- Making a referral to Help Me Grow is the first step for parents who have questions or concerns about their infant or child. In addition to FCO, referral to Help Me Grow opens the door to many programs that support families including Early Intervention, Home Visiting, and the Women, Infants, and Children (WIC) Program

Referral for Services

Making a referral to Help Me Grow is the first and easy step for parents who have questions or concerns about their infant or child. One referral to Help Me Grow opens the door to many programs that support families including Early Intervention, Home Visiting, Moms and Babies First, and the WIC Program.

If you are not the child's parent, you may still make a referral. Help Me Grow will first contact the child's parent before proceeding.

Referral Source

*Required Field
Who is making the referral: * -- Select One --

Caregiver Contact Information

*Required Field

Primary Caregiver First Name: * Primary Caregiver Last Name: *

Primary Caregiver Relationship to Child(ren): * -- Select One -- Primary Caregiver DOB:

REFERRING FAMILIES TO FCO – FORM 8045

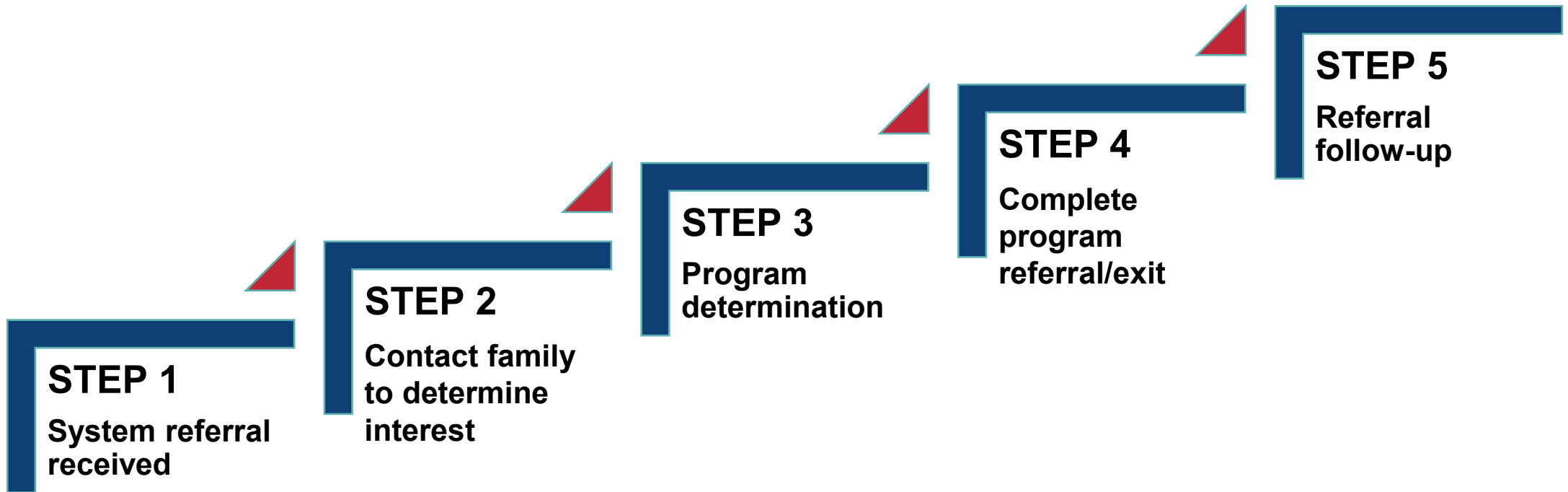


- Making a referral to Help Me Grow is the first step for parents who have questions or concerns about their infant or child. In addition to FCO, referral to Help Me Grow opens the door to many programs that support families including Early Intervention, Home Visiting, and the Women, Infants, and Children (WIC) Program
- odjfs.state.oh.us/forms/num/DCY08045/pdf/

Help Me Grow Home Visiting Agency and Referrer Information

Instructions: Complete upon referral. If home visiting provider, search OCHIDS prior to sending to Central Intake. *Mandatory Field **Requires at least one valid contact method All fields MUST be completed for automatic assignment.		
*HV Agency being referred to:		*Program: <input type="checkbox"/> HMGHV <input type="checkbox"/> MIECHV <input type="checkbox"/> Medicaid <input type="checkbox"/> ODM <input type="checkbox"/> Local Funding <input type="checkbox"/> FCO
*Referring Agency (if different):		*Model: <input type="checkbox"/> MBF <input type="checkbox"/> NFP <input type="checkbox"/> NFP Expanded Eligibility <input type="checkbox"/> FCO <input type="checkbox"/> HFA <input type="checkbox"/> HFA – Child Welfare Protocols <input type="checkbox"/> PAT
*Referrer Name:		*Referrer Role:
*Phone:	FAX:	*Email:
Mailing Address:		
Date of Referral:	Caregiver was informed of all service options, providers and waitlist, if applicable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Caregiver Contact Information		
*Primary caregiver name:		
**Primary phone number:		**Email:
**Street Address:		
**City	**Zip Code:	*County:
*Preferred contact method: <input type="checkbox"/> Call <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Mail		Best contact time: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening <input type="checkbox"/> Anytime

Processing Referrals



WWW.HELPMEGROW.ORG



Translate 

[Click Here for Employment Opportunities](#)

Learn about Help Me Grow

One referral to Help Me Grow opens the door to many programs that support families. Anyone can make a referral!

[Learn More](#)



OUR WHY

- When medical providers and community agencies aren't well aligned, it can create gaps – leading to poorer health outcomes
- All families deserve a warm and secure connection to resources and the community from the beginning – without having to navigate the transition period alone.
- FCO directly supports one of the Ohio Department of Children and Youth's (DCY) big goals, which is to reduce Ohio's infant mortality rate and ensure babies in Ohio live to see their first birthdays.





THANK YOU!



**THE HEART
OF IT ALL™**

Ohio.org

OHIO.ORG

**FOCUSED
AND
CONNECTED**

Preparation – finalizing grant setup and system readiness

On Track – keeping funding and compliance on track

Partnership – working together to support EI sustainability

AGENDA

EI Updates

- Policy and Monitoring
- Professional Development
- TA and Training
- System of Payment/Assistive Technology
- Grants, Contracts, Fiscal
- We'll open the floor for questions and look forward to a thoughtful conversations.

UPDATES



POLICY/MONITORING

UPDATES



TA AND TRAINING

SYSTEM OF PAYMENT

Assistive Technology

GRANTS



GMS



EXPENSES



AMENDMENTS

DCY Short & Long Term Goals

Ohio aims to be the best place in the country to start and raise a family and DCY has outlined the following goals to become a leading state (e.g., top 10 in the country across 3 program areas):

Goal #1:

Maternal & Infant Wellness

Reduce the Rate of Infant Mortality (per 1000)

BASELINE
(CY22)
7.1



MOST RECENT DATA
(released March 2026)
6.4* preliminary



SHORT-TERM GOAL
(SFY 2027)
6.0



LONG-TERM GOAL
(SFY 2029)
4.4

Goal #2:

Early Care & Education

Increase the Percentage of Children Demonstrating Readiness on the KRA

BASELINE
(Autumn 2022)
35.4%



MOST RECENT DATA
(released March 2026)
44.9%* preliminary



SHORT-TERM GOAL
(SFY 2027)
48%



LONG-TERM GOAL
(SFY 2029)
60%

Goal #3:

Children Services, Kinship, Foster & Adoption

Reduce the Rate of Children Entering Foster Care (per 1000)

BASELINE
(FFY22)
3.3



MOST RECENT DATA
(released March 2026)
3.52



SHORT-TERM GOAL
(SFY 2027)
2.0



LONG-TERM GOAL
(SFY 2029)
2.0

