An Introduction to the Child First Model

OUR MISSION

Intervene with young children and families who are experiencing the greatest challenges, at the earliest possible time, to prevent and heal the effects of trauma and adversity.

CHILD FIRST APPROACH

Child First is a two-generation, evidence-based, mental health and home visiting intervention

CHILD FIRST GOALS

- Promote child and parent mental health
- Promote child development and learning
- Prevent child abuse and neglect
- Enhance parent and child executive capacity
- Access community-based services and supports

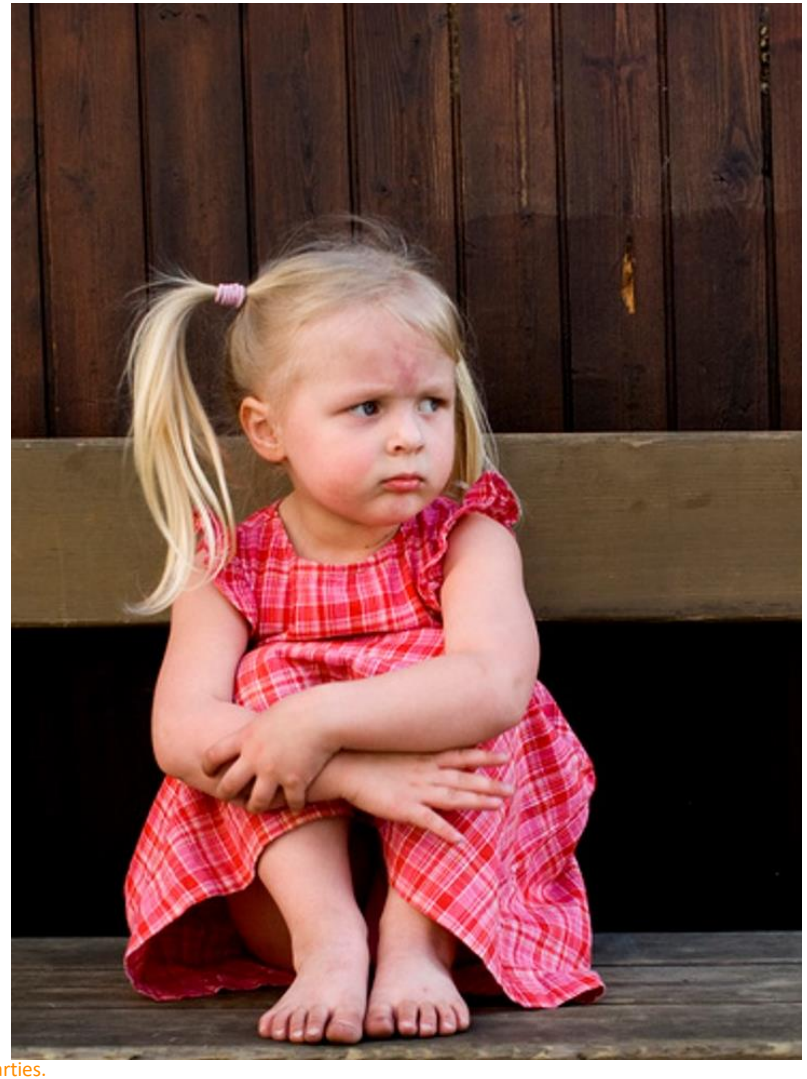
Child First Serves

Children

Prenatal through age 5

- Emotional and behavioral problems
- Learning or developmental problems
- Experiencing or at risk for abuse or neglect
- Problems threatening healthy development

Services may begin at any time in age range



Child First Serves

Caregivers

Facing multiple challenges

- Poverty, intimate partner violence, homelessness, substance misuse, depression/other mental health issues
- Birth parents including fathers, foster parents, relative caregivers
- Caring for one or more children

Domestic/Community violence

Extreme poverty

Depression

Inequity

Neglect

Poor quality childcare

Health and dental issues

Immigration

Racism

Substance abuse

Incarceration

Unemployment

Trauma

Lack of basic needs

Lack of education

Illiteracy

PTSD

Homelessness

Isolation and lack of social supports

Teen and single parenthood

child first

Toxic stress and ACEs cause a rise in cortisol and epigenetic changes which damage the developing brain and physiologic systems:

Mental illness

Academic failure or learning disabilities

Chronic health problems

OPPORTUNITY!

Early, responsive, nurturing relationships:

Protect the developing brain and metabolic systems from the damaging effects of toxic stress.

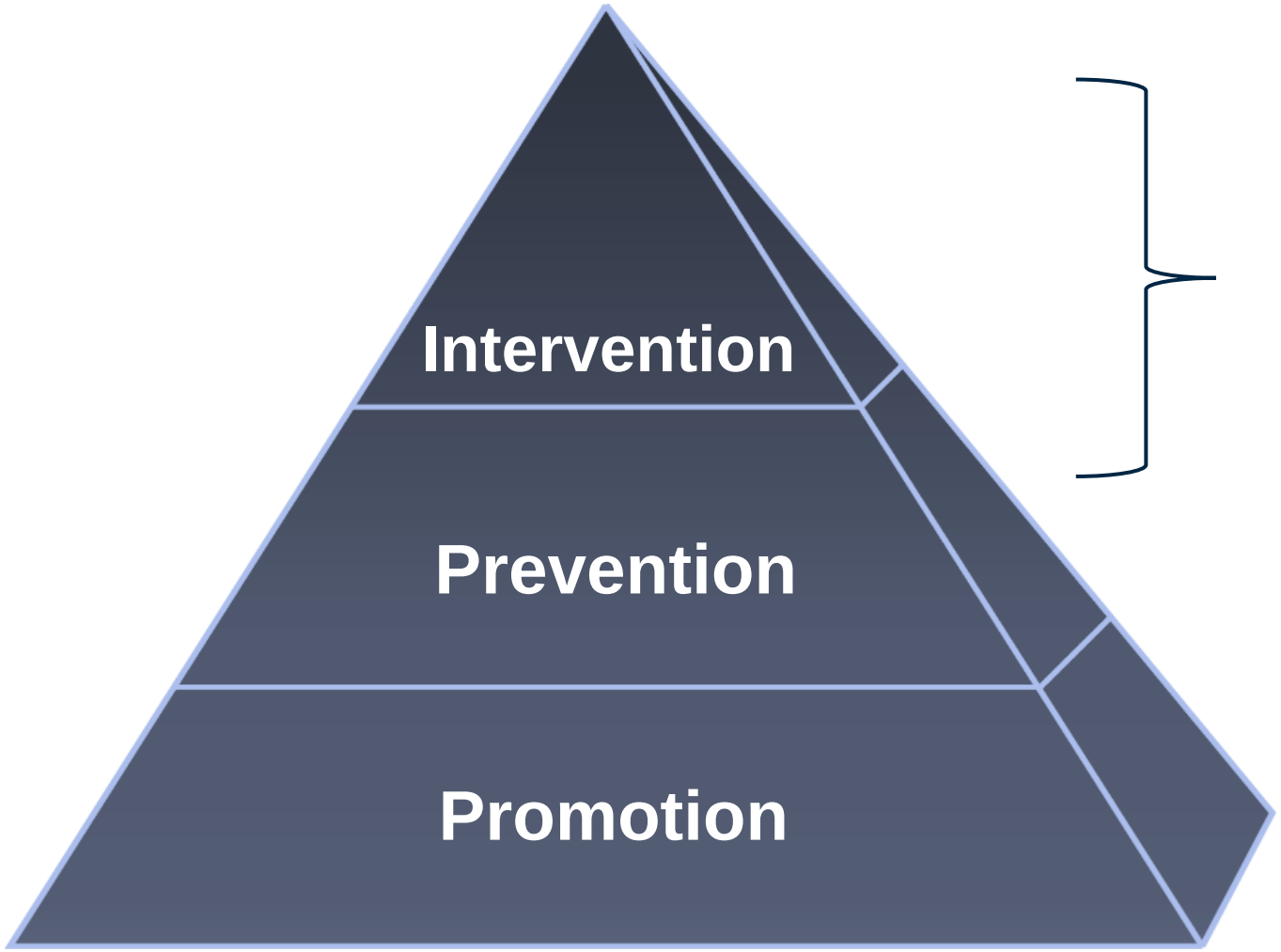
Child First Theory of Change

(1) Decrease stressors through connection to comprehensive community-based services and supports

(2) Promote responsive, nurturing, protective, parent-child relationships

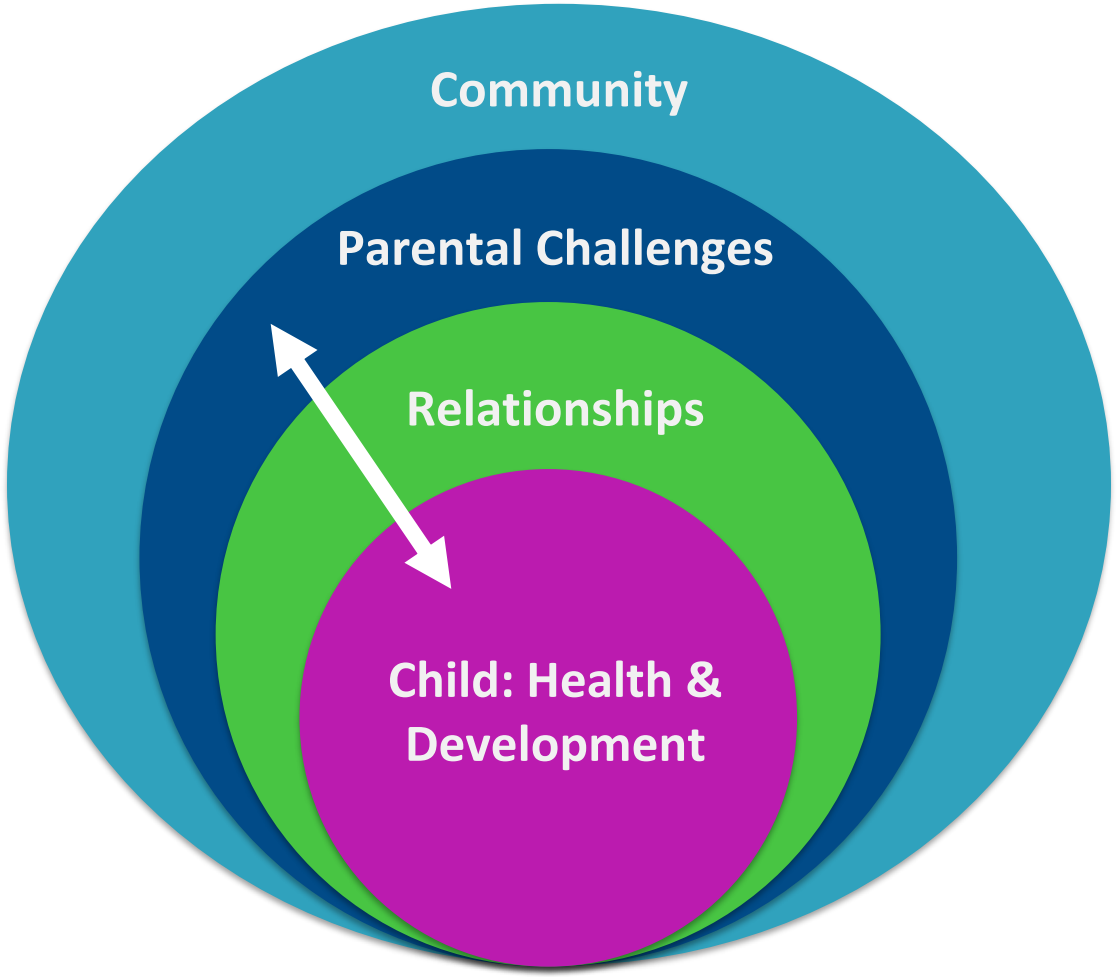
FILLING A CRITICAL GAP

In the continuum of care



ECOLOGICAL APPROACH

Within an early childhood system of care



Early Childhood System of Care

CLINICAL TEAM APPROACH
Care Coordinators

- Bachelor's level
- Stabilize the family by connecting them to services and supports
- Decrease toxic psychosocial stress
- Provide growth enhancing opportunities for the child & family
- Build executive capacity in caregiver and child

Connecting Families

To community services through care coordination

- Medical Home: Primary/specialty pediatric care
- Childcare and Education
- Special education
- Child mental health
- Parenting groups
- Parent mentors and aides
- Adult mental health
- Substance abuse treatment
- Adult health care
- Legal aid
- Domestic violence services
- Housing/shelters
- Job training and education
- Transportation
- Clothing and furniture
- Food assistance (SNAP, food banks, WIC)
- TANF
- Medicaid, CSHCN

CLINICAL TEAM APPROACH
Mental Health/Developmental Clinicians

- Licensed, Master's level mental health clinician
- Facilitate safe, responsive, nurturing parent-child relationships
- Builds resilience, protecting developing brains from high chronic stress
- Heals child and parent from trauma and adversity
- Promotes attachment, emotional regulation, and behavioral health

Team Intervention Process

- **Visit frequency in the home**
  - 2x per week during 1st month with both Clinician and Care Coordinator
  - 1x per week or greater with each Clinical Team member thereafter
- **Length of service**
  - Average of 6 – 12 months; up to 18 months based on family challenges
- **Caseload**
  - Average of 10-12 cases, based on complexity of families and geography
- **Extensive reflective clinical supervision**
  - 3.5 hours per week per staff member

Components of the Child First Intervention

- Family engagement
- Family stabilization
- Comprehensive assessment
- Family-driven Plan of Care
- Child-Parent Psychotherapy
- Mental Health Consultation to early care and education
- Connection to community services and supports
- Building executive functioning

Child-Parent Psychotherapy (CPP)

- Heal the damage caused by trauma and adversity – for both the child and parent
- Develop protective, nurturing, caregiving relationship and secure attachment
- Build reflective capacity
- Strive to understand the meaning of behavior
- Foster emotional regulation
- Build executive functioning
- Provide parent guidance

Core Training and Consultation

- ✓ Clinical Supervisors' Training
- ✓ Child First Learning Collaborative
- ✓ Child First Distance Learning
- ✓ Child-Parent Psychotherapy (CPP) LC
- ✓ Abecedarian Approach
- ✓ Staff Accelerated Training (STAT)
- ✓ Child First Reflective Clinical Consultation
- ✓ Child First Network Supervisors' Meeting
- ✓ Specialty Trainings: DC: 0-5, Circle of Security

National Recognition of the CF Model

- Recipient of a federal SAMHSA NCTSN-II grant (National Child Traumatic Stress Network – Category II)
  - To create a national early childhood training center: Center for Prevention and Early Trauma Treatment
  - Raise the level of knowledge for other home visiting models, early education and childcare providers, child welfare providers, early interventionists, pediatric health providers, and others
  - Support national expansion of the Child First model

Child First Is Evidence-Based

Results of RCT

- **42%** improvement in child behavioral problems
- **68%** improvement in child language
- **64%** improvement in caregiver depression
- **39%** decrease in child welfare involvement
- Connection to **98%** of requested/needed services

Clearinghouse Reviews

- Family First Prevention Services Act (FFPSA) Clearinghouse: Supported
- The Federal HHS Maternal, Infant and Early Childhood Home Visiting Program (MIECHV)
- California Evidence-Based Clearinghouse (CEBC)
- Coalition for Evidence-Based Policy
- National Registry for Effective Programs and Practices (NREPP)
- Early Intervention Foundation

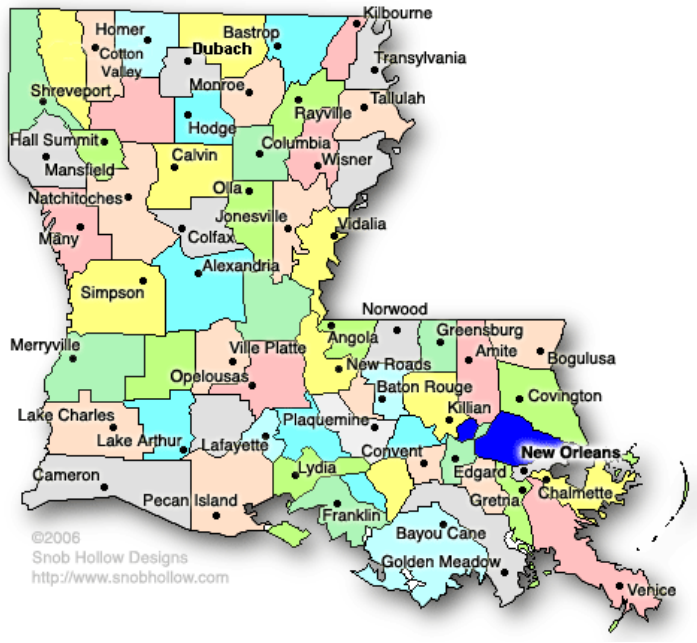
Child First Services Nationally

- 28 Affiliate Agencies in 4 states:
  - Connecticut, Florida, North Carolina, Florida
- Currently 132 teams (Clinician and Care Coordinator)
- Next state: Louisiana
- Capacity to serve between 2,640 – 3,000 caregivers and their children annually
- Major goal: Replicate widely to serve many more young children and families experiencing trauma and adversity.

Louisiana Replication

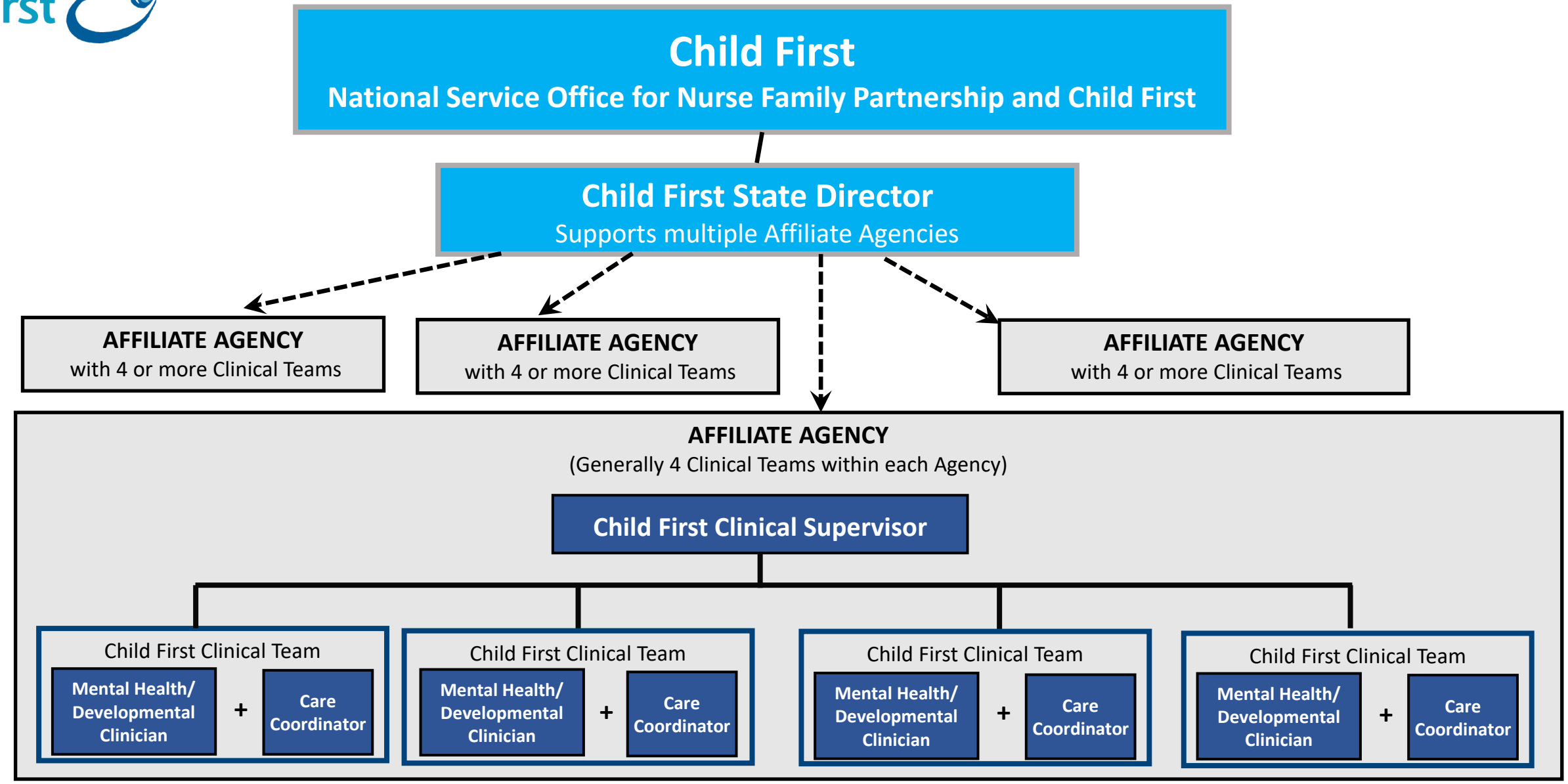
Child First anticipates starting operations in Louisiana around Spring 2023

- Under the auspices of DCFS
- Funding from Families First Transition Act (FFTA)
- Anticipate training 16 Child First teams within 4 affiliate agencies
- Serving approximately 320 children and families annually
- Serving 6 or more Parishes




ARKANSAS
TEXAS
MISSISSIPPI
COUNTY MAP OF
LOUISIANA
State Boundary
County Boundary
State Capital
County Seat
0 25 50 Miles
0 25 50 75 Kilometers
CADDO
BOSSIER
WEBSTER
CLAIBORNE
UNION
MOREHOUSE
WEST CARROLL
EAST CARROLL
LINCOLN
OUACHITA
RICHLAND
MADISON
JACKSON
BIENVILLE
RED RIVER
DESOTO
CALDWELL
FRANKLIN
TENSAS
LASALLE
CATAHOULA
CONCORDIA
WINN
GRANT
NATCHITOCHES
SABINE
VERNON
RAPIDES
AVOYELLES
POINTE COUPEE
WEST FELICIANA
EAST FELICIANA
SAINT HELENA
EVANGELINE
SAINT LANDRY
ALLEN
BEAUREGARD
JEFFERSON DAVIS
ACADIA
SAINT MARTIN
IBERVILLE
EAST BATON ROUGE
WEST BATON ROUGE
Baton Rouge
LIVINGSTON
ASCENSION
SAINT JAMES
SAINT JOHN THE BAPTIST
SAINT TAMMANY
ORLEANS
JEFFERSON
SAINT BERNARD
PLAQUEMINES
LAFOURCHE
TERREBONNE
SAINT MARY
IBERIA
SAINT MARTIN
ASSUMPTION
SAINT CHARLES
LAFAYETTE
VERMILION
CAMERON
CALCASIEU
Shreveport
Bossier City
Minden
Homer
Farmerville
Bastrop
Oak Grove
Lake Providence
Arcadia
Ruston
Monroe
Rayville
Tallulah
Jonesboro
Columbia
Winnsboro
Mansfield
Coushatta
Winnfield
Saint Joseph
Natchitoches
Harrisonburg
Jena
Vidalia
Many
Colfax
Alexandria
Leesville
Marksville
DeRidder
Ville Platte
Opelousas
New Roads
Clinton
Greensburg
Franklinton
Oberlin
Port Allen
Livingston
Covington
Lake Charles
Jennings
Crowley
Lafayette
Plaquemine
Donaldsonville
Saint Martinville
Abbeville
New Iberia
Napoleonville
Convent
Edgard
New Orleans
Chalmette
Hahnville
Cameron
Franklin
Thibodaux
Houma
Pointe a la Hache

STRUCTURE OF CHILD FIRST IN A STATE



Child First National Service Office Provides

- Funding Model: Full training and ongoing sustainable public funding
- Training: Intensive Start-up and ongoing specialty training
- **Reflective clinical consultation and TA for Clinical Supervisors**
- Monthly Clinical Supervisor Network meetings
- EHR, data collection, and analysis
- Quality enhancement and Child First Accreditation
- Adaptation and innovation to meet the needs of your communities, affiliates, and families
- Community and State Collaborations

Child First Affiliate Agencies: Preferred Qualifications

- **Service provision:**
  - Provider of mental health services
  - Early childhood expertise
  - Experience with home-based service delivery
  - Experience replicating evidence-based models with fidelity
  - Experience with data collection and willingness to use the Child First Comprehensive Clinical Record (CFCR) for data entry and analysis
  - Commitment to reflective clinical supervision
  - Commitment to reflective clinical consultation from the Child First State Director
  - Commitment to trauma-informed practice

Child First Affiliate Agencies - continued

- **Staffing**
  - Master's level mental health supervisors and clinicians
  - Bachelor's level care coordinators
  - Completion of all Child First training
  - Staff ratio of one clinical supervisor for four teams of clinicians and care coordinators
  - Commitment to diversity and equity in all hiring, with staff representing cultures, races, and languages of the families served
  - Low staff turn-over with competitive salaries, high morale, and agency support
  - Involved and committed CEO/Clinical Leadership

Child First Affiliate Agencies - continued

- **Community**
  - Collaborative, trusted community partner and leader
  - Convene a Child First Community Advisory Board / Community Collaborative (or identify another early childhood collaborative to take this role)
  - Listen to the voices of parents and caregivers within the community
  - Work closely with other early childhood providers within the system of care
  - Experience serving the Child Welfare population

Replication Process in Louisiana

- LA agencies indicate interest through email to Child First by July 29
  - Interest shared with DCFS
- Child First conducts Readiness Process with interested affiliates
  - Determine qualifications and philosophical alignment
- Child First makes recommendations for new affiliates to DCFS
  - Within 2 months of readiness process
- DCFS notifies agencies and begins contracting process
- Child First and Affiliate Agency Provider Agreement signed after DCFS contracting completed

Replication Process in Louisiana - continued

- Child First Data and Quality Dept set up EHR
  - Child First Comprehensive Clinical Record (CFCR)
- Child First job descriptions sent to new affiliates for posting
  - Support from Child First State Clinical/Program Director
- Child First Start-up training begins – 3 months post Provider Agreement
  - Child First Clinical Supervisor Training
  - Child First Distance Learning
  - Child First Learning Collaborative begins
  - Anticipated time from present to beginning of Learning Collaborative = 8 months
- Affiliates begin serving families – 6 weeks into Learning Collaborative

Child First Network Data Analysis

August 2010 – December 2021

Child First Impact Nationwide Network

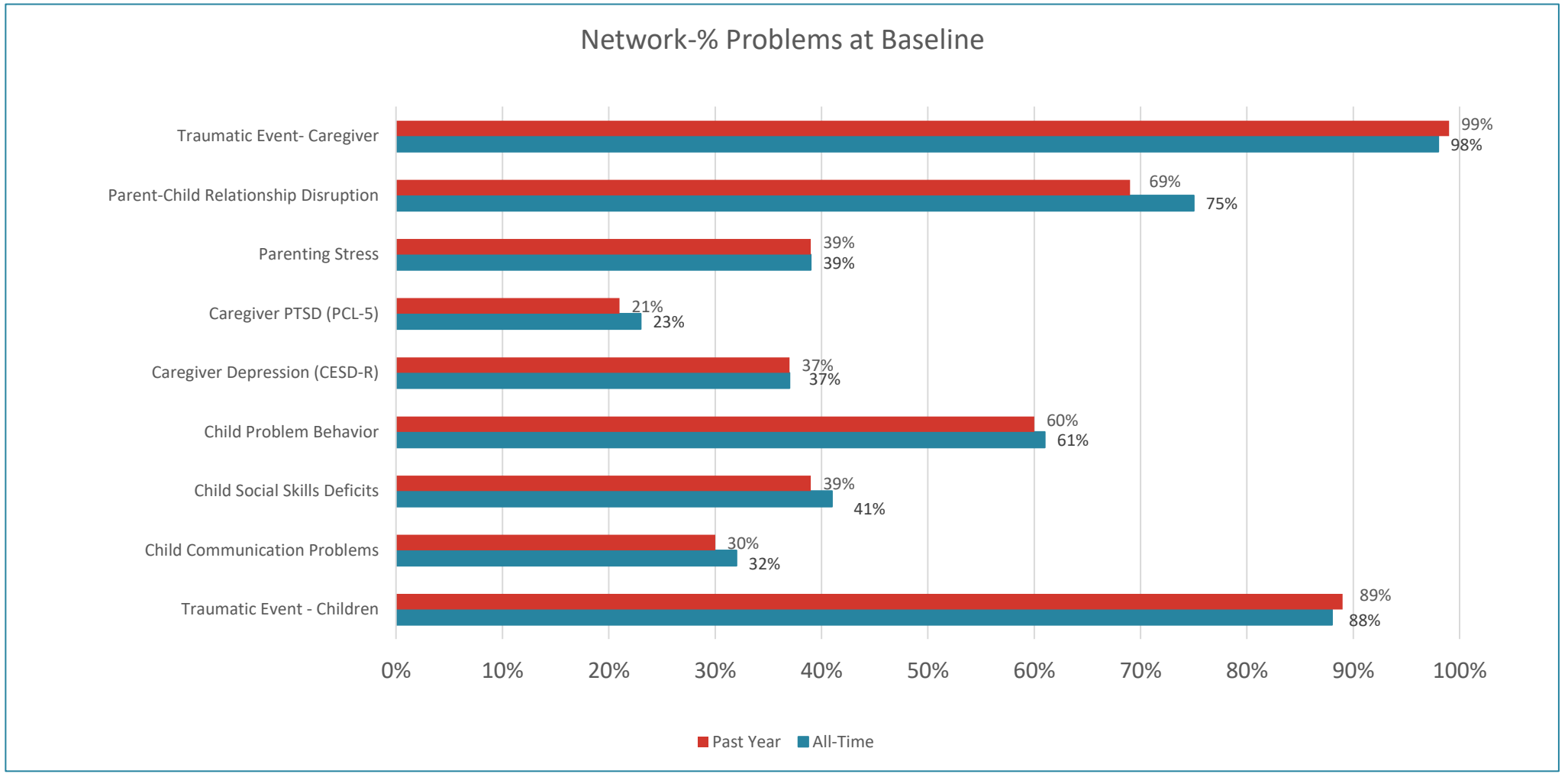
Outcome measures:

All Time: 8/1/2010 – 12/31/2021

Past Year: 1/1/2021 – 12/31/2021

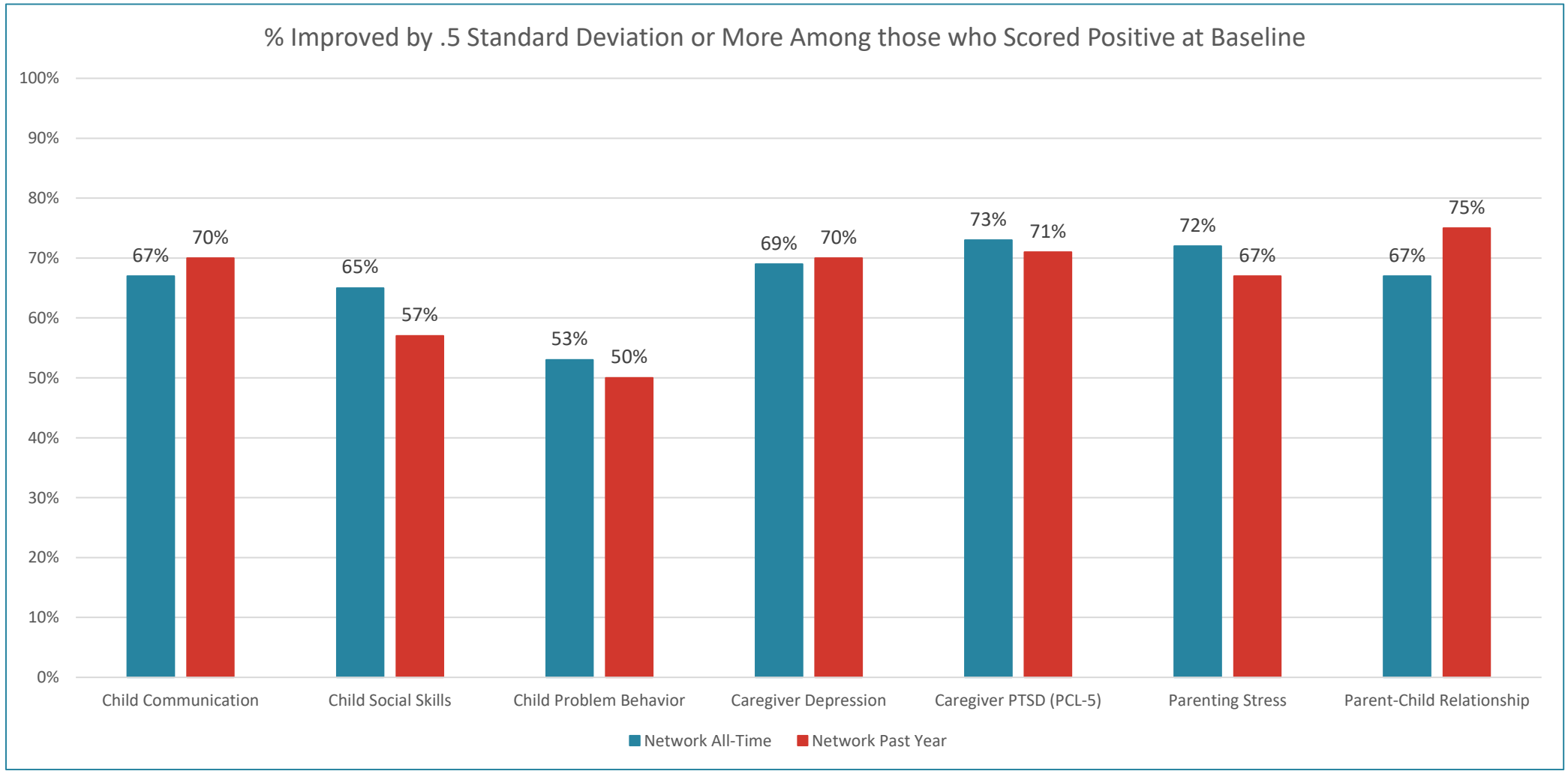
Prevalence

Among admissions through December 2021



Percent Improvement by Domain

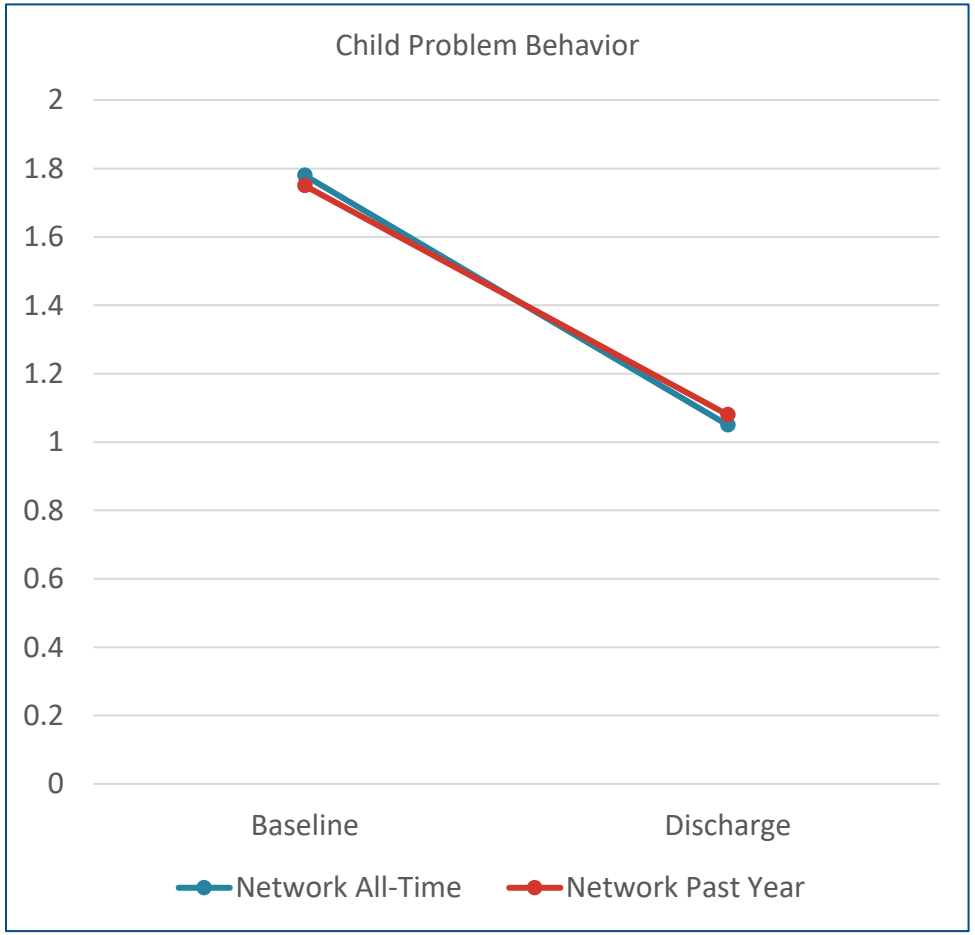
Among those who discharged through December 2021



Child Problem Behavior

BITSEA & PKBS-2

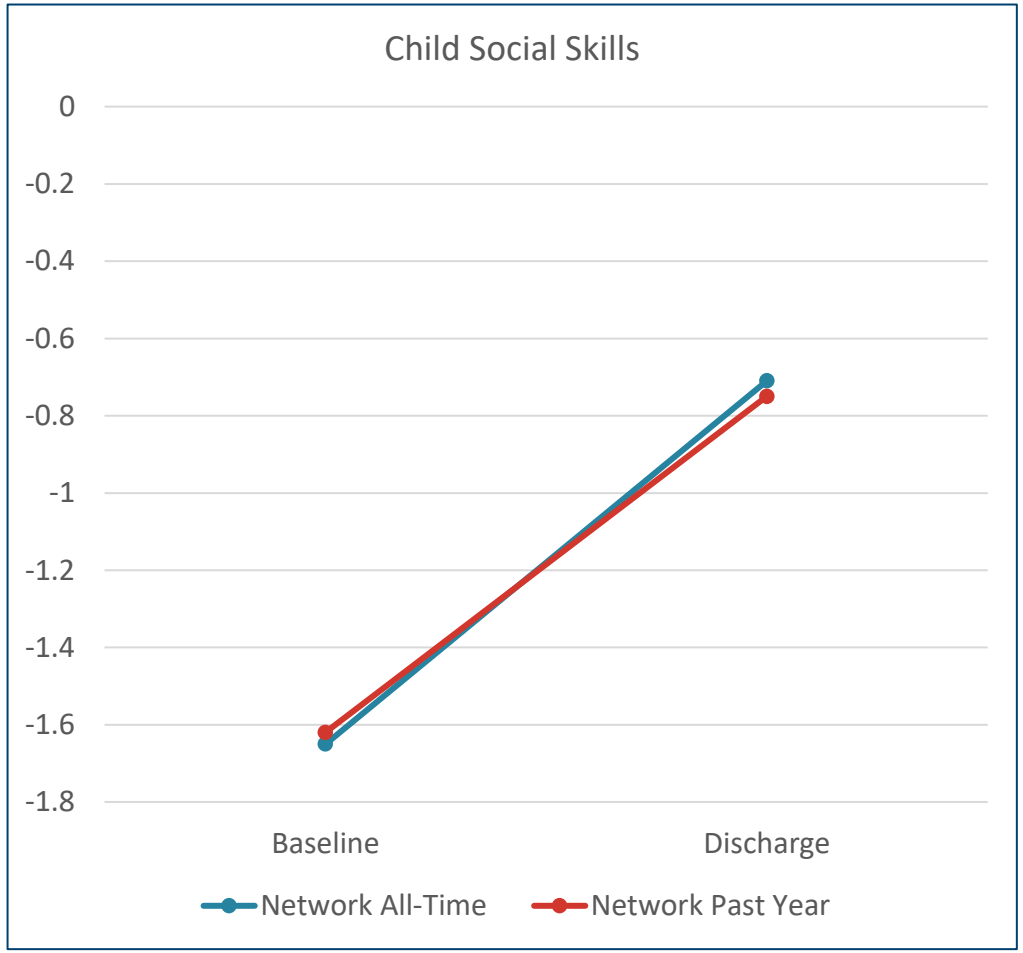
- Children that presented with problem behaviors at baseline showed moderate to large improvement
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=0.79
  Past Year Cohen's d=0.73



Child Social Skills

BITSEA & PKBS-2

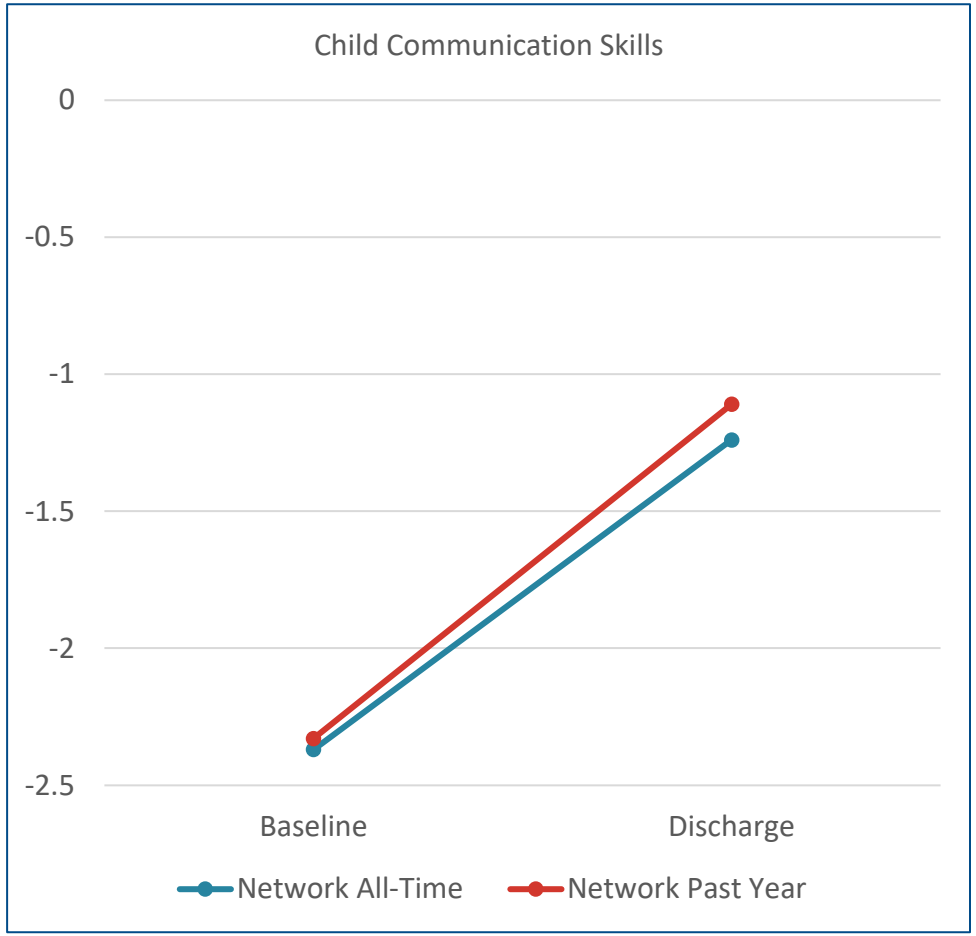
- Children that presented with deficits in social skills or competence at baseline showed large improvement
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=0.99
  Past Year Cohen's d=0.92



Child Communication Skills

ASQ – Communication Domain

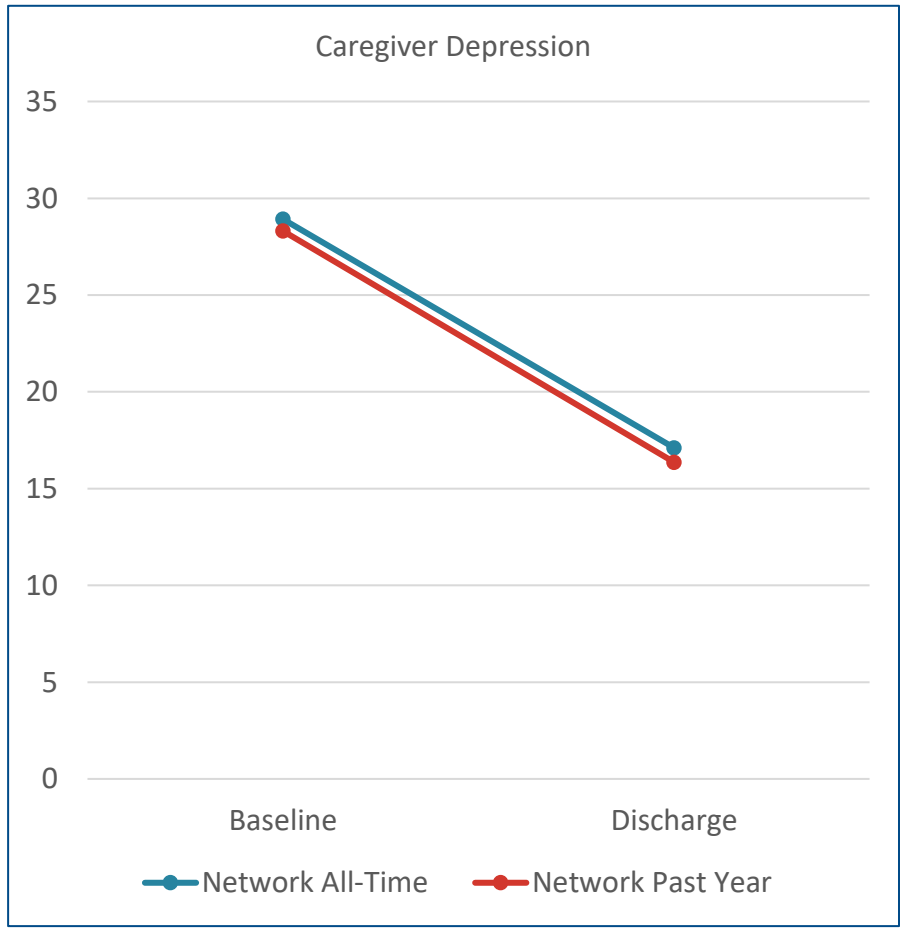
- Children with a language delay at baseline showed large improvement
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=0.81
  Past Year Cohen's d=0.91



Caregiver Depression

CESD-R

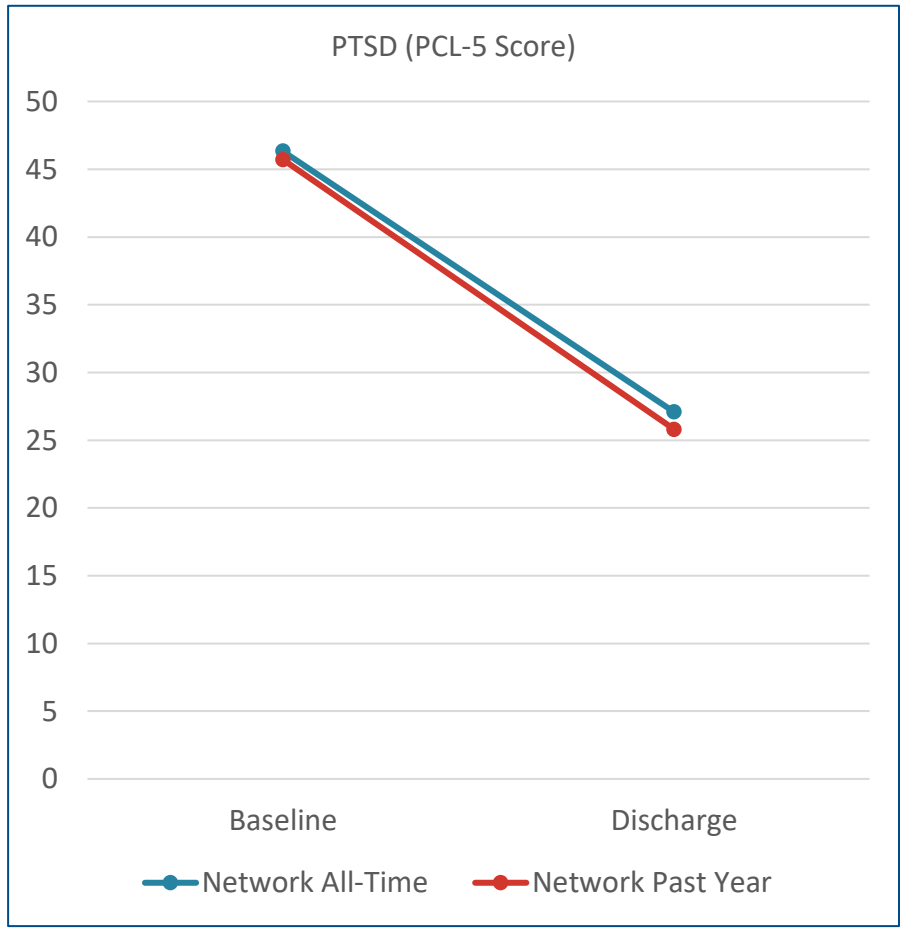
- Mothers that presented with depression at baseline showed very large improvement
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=1.07
  Past Year Cohen's d=1.11



Caregiver PTSD

PCL-5

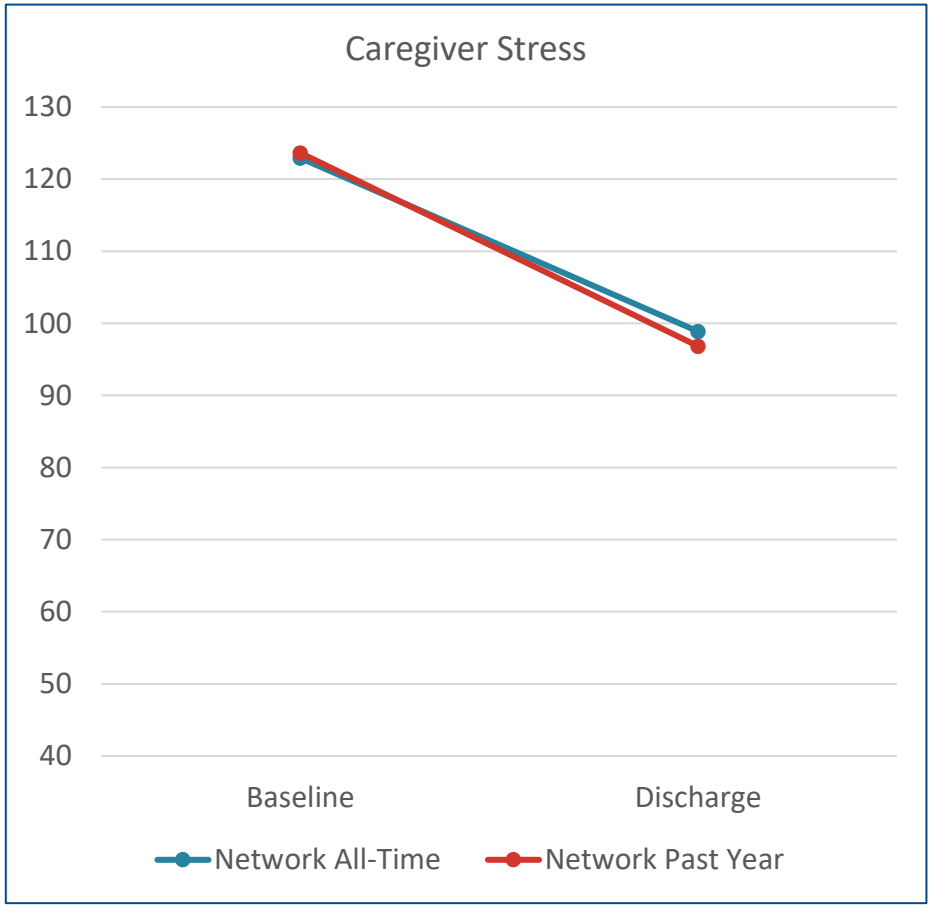
- Caregivers who presented with PTSD showed very large improvement.
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=1.34
  Past Year Cohen's d=1.36



Parenting Stress

Parenting Stress Inventory -4 (PSI-4)

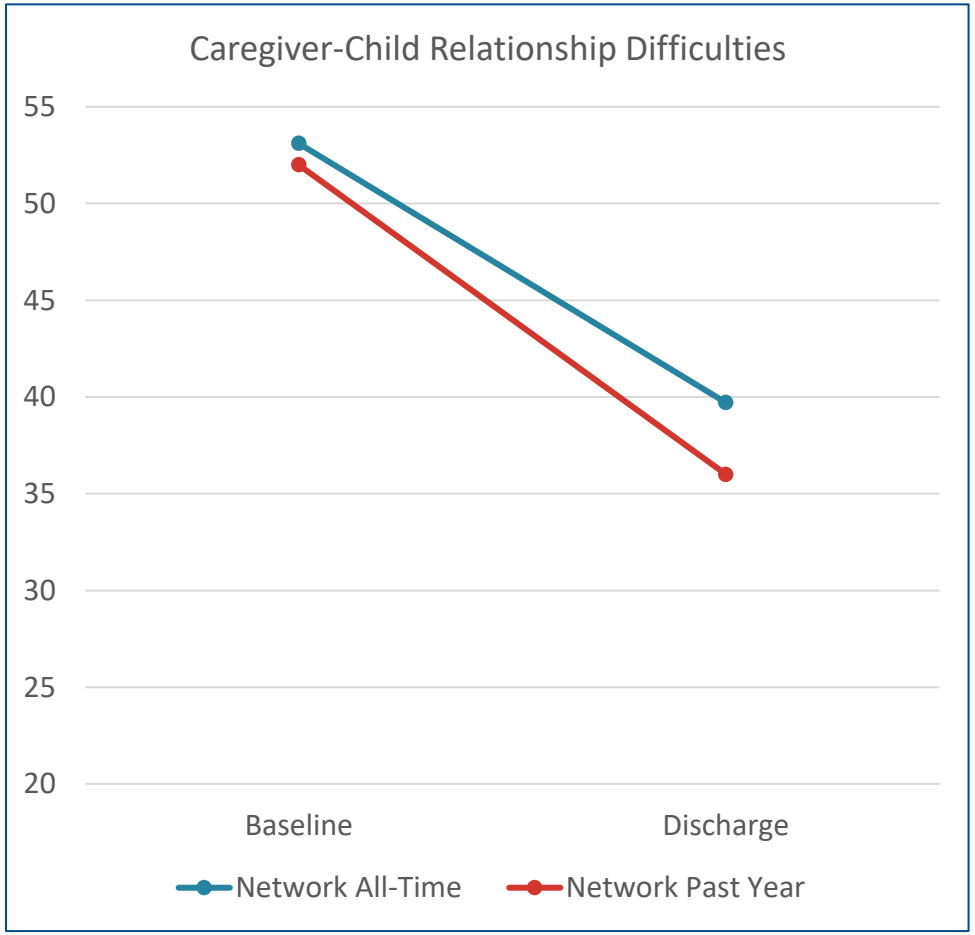
- Caregivers reporting high parenting stress at baseline showed very large improvement
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=1.36
  Past Year Cohen's d=1.30



Caregiver – Child Relationship Difficulties

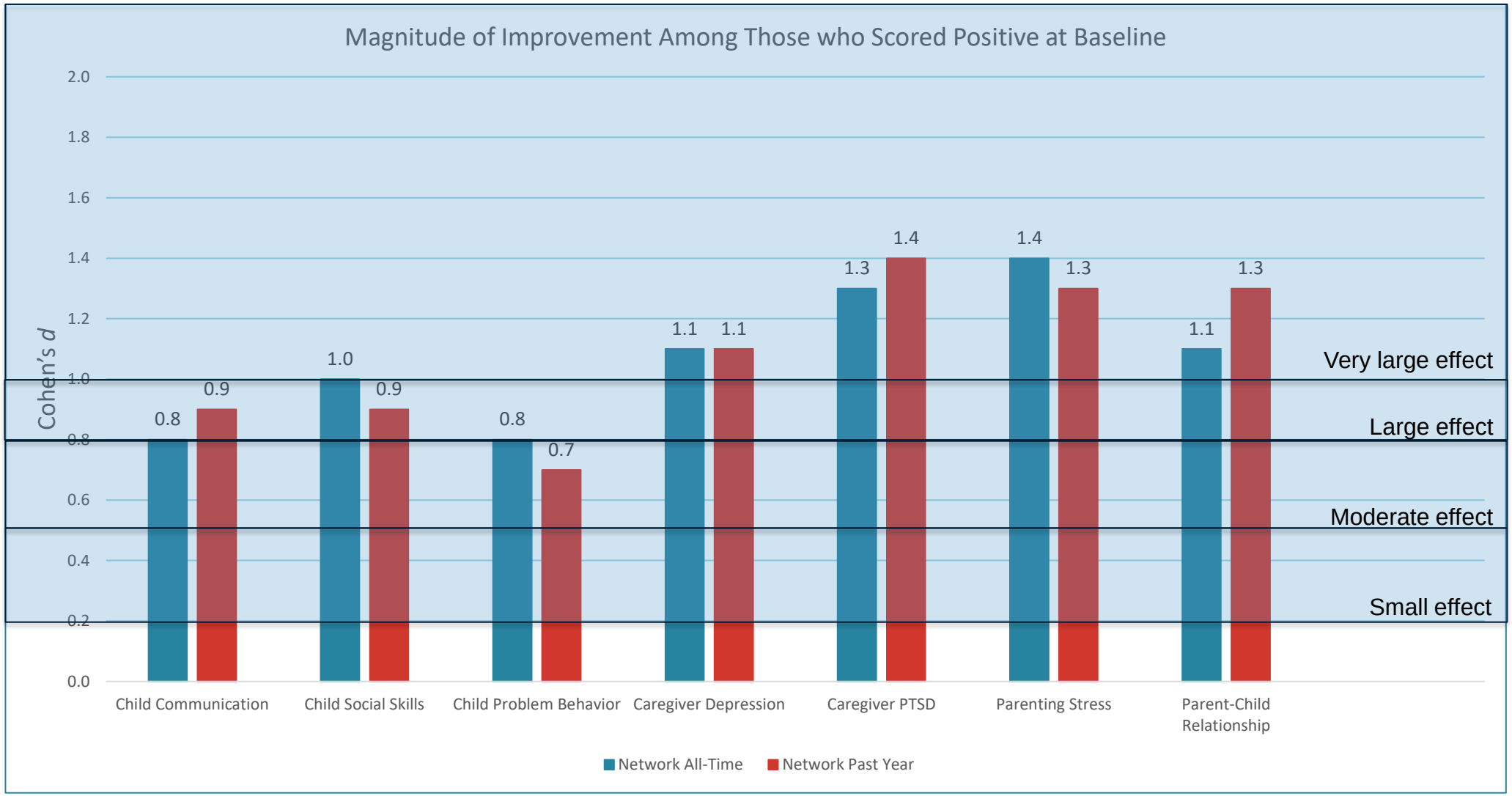
CCIS

- Problems in the parent-child relationship showed very large improvement from baseline to discharge
- Statistical significance: p<.0001
- Effect size:
  All-time Cohen's d=1.07
  Past Year Cohen's d=1.32

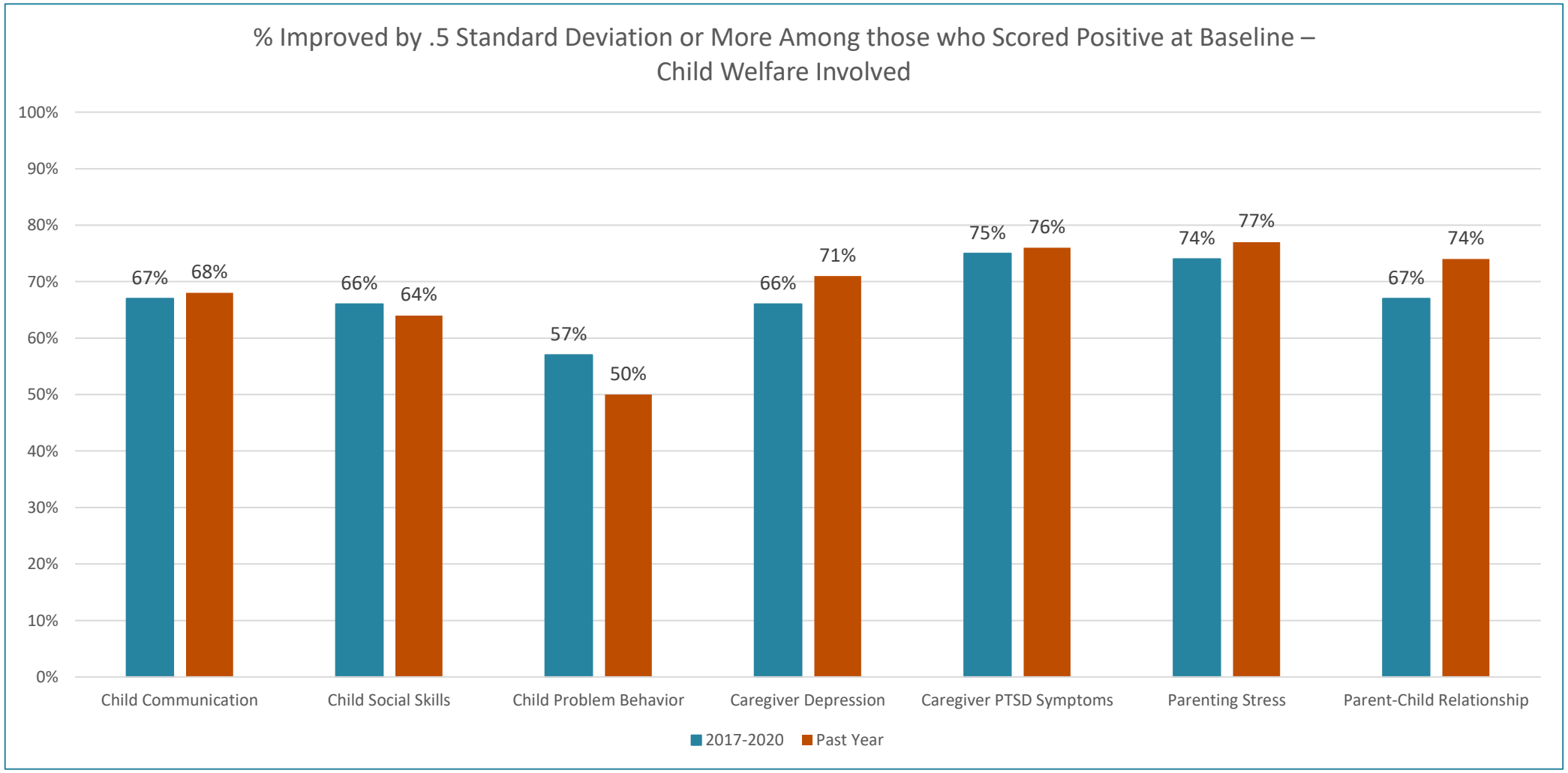


Major Effect Sizes in All Outcomes

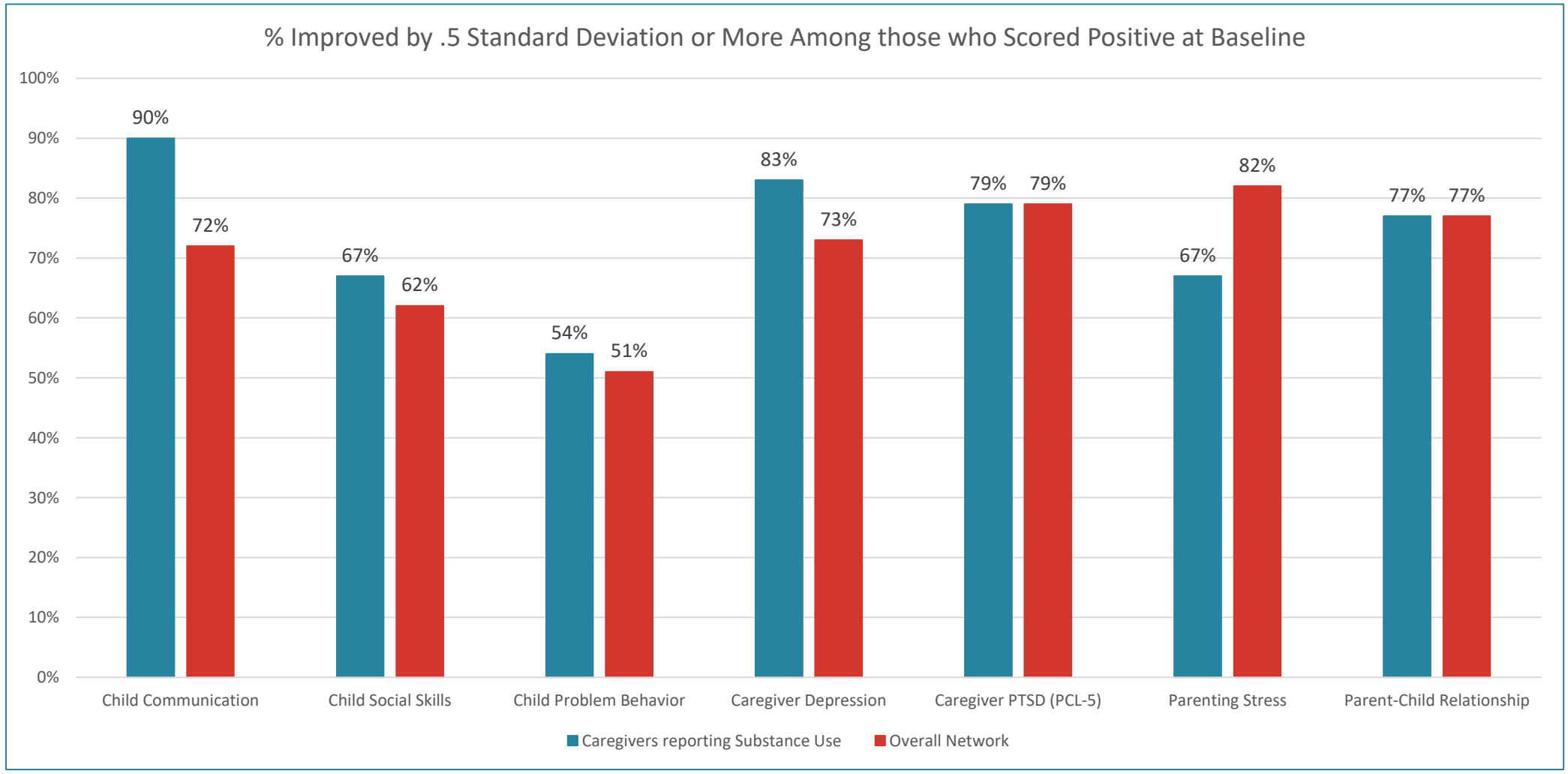
Among those who discharged through December 2021



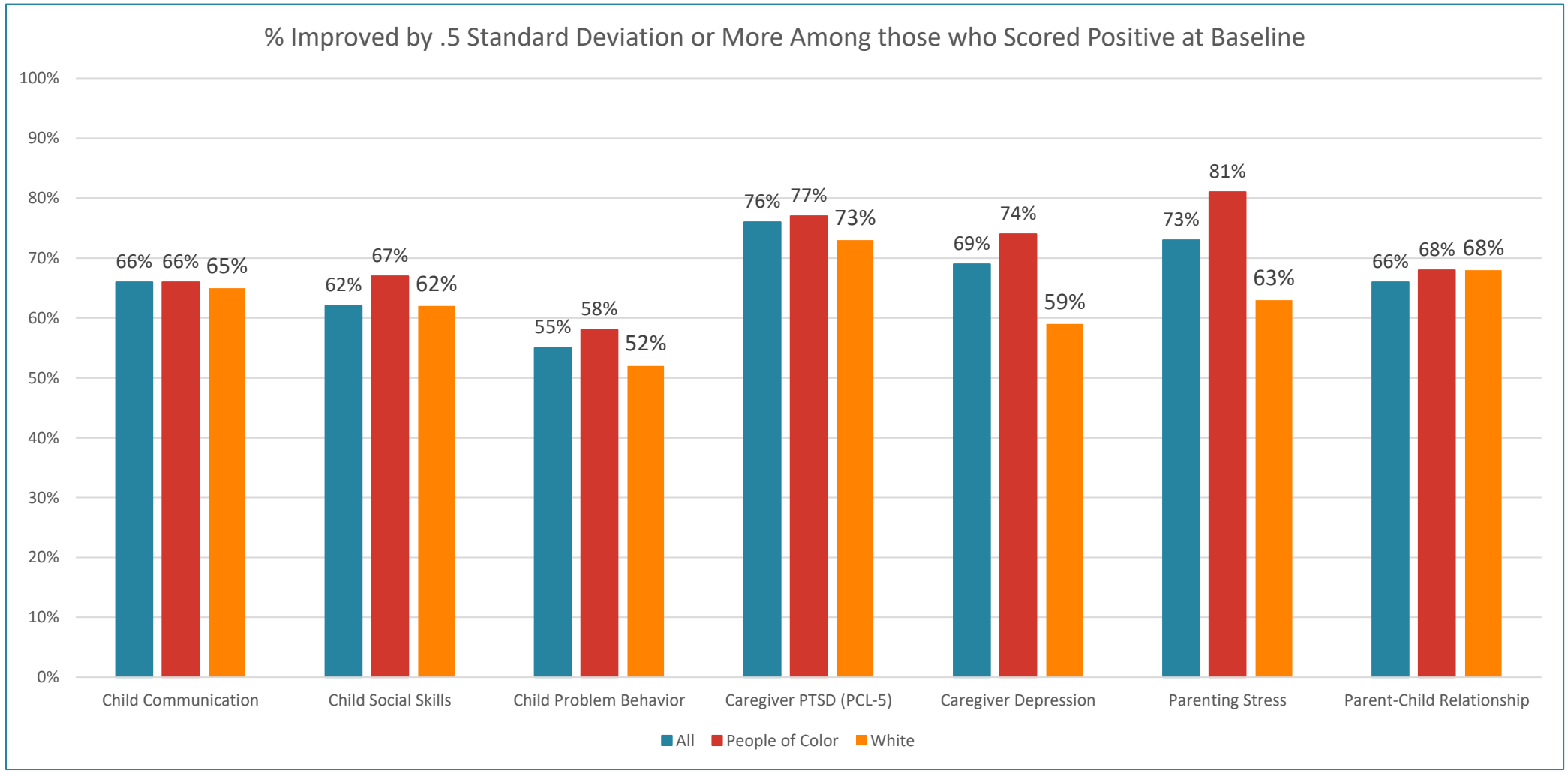
Child First: Percent Improvement Families Involved with Child Welfare



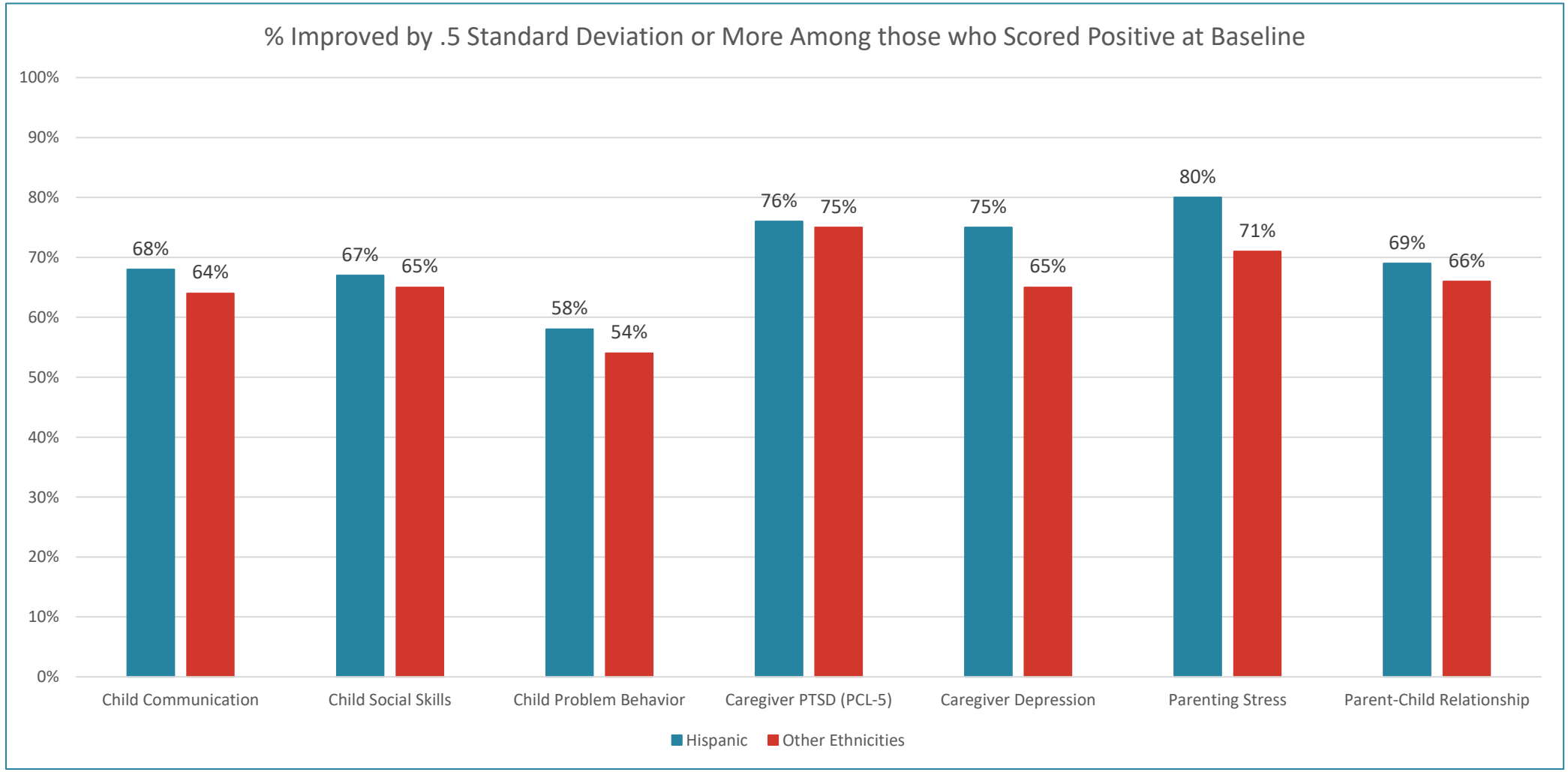
Child First: Percent Improvement Caregivers Reporting Substance Abuse



Child First: Percent Improvement All / People of Color / White



Child First: Percent Improvement Hispanic / Other Ethnicities



Trajectory of Children Served by Child First

Population

Children prenatal - 5 years and their families with:

- Emotional/mental health problems
- Learning problems
- Abuse and neglect
- Living with trauma & adversity

CF Outcomes

↑Child emotional/mental health

↑Language development

↑Parent mental health

↑Executive functioning

↑Parent-child relationship

↑Service access

↑Child safety

↓Child welfare involvement

Future Results

↑Academic success

↑Employment

↑Economic self-sufficiency

↑Physical health

↑Emotional/mental health

↓Incarceration

Summary of Child First Strengths

- **Early childhood, evidence-based, two-generation, home-based model**
- **Child mental health intervention** with licensed, Master's level clinician, providing two-generation, trauma-informed psychotherapy
- **Connection to comprehensive services** and supports with BA level care coordinator addressing SDOH for entire family
- **Children with trauma, emotional problems**, delays in development
- **Families** who have experienced **major adversity** with poverty, parental depression, substance misuse, domestic violence, homelessness, racial and ethnic disparities
- Children begin services any time from **prenatal to 6 years**

Summary of Child First Strengths

- Over 50% of families have current and 25% past **child welfare** involvement
- **Length of service 6-9 months** (up to 18 months – flexible)
- **Visits** are minimum of **1-2/week; may be multiple times** per week based on family challenges
- **Foster families and birth families** may be seen simultaneously
- **Intensive training** and ongoing **reflective clinical supervision**
- **Ongoing** individual and group **reflective clinical consultation** and **TA**
- **Data driven: Outcomes** based on change from baseline to discharge
- **Continuous Quality Improvement**
- **Subpopulations analyzed** to ensure strong outcomes

Thank you!

Darcy Lowell, MD
Child First Founder and
Chief Officer

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