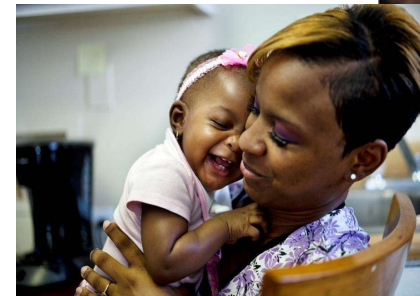




Child First is an intensive, evidence-based, two-generation, home-based intervention that serves young children and families experiencing trauma and adversity.

Child First Model Overview

- Families experiencing trauma and adversity
- Children with behavioral/mental health problems, prenatal to age 6 years
- Intensive in-home services: Two-generation treatment, 1 or more X per week
- Team approach with licensed Mental Health Clinician and Care Coordinator
- Trauma-informed Child-Parent Psychotherapy (CPP)
- Comprehensive care coordination, focused on SDoH, ACEs
- Mental Health Consultation in all childcare settings
- Evidence-based – Reviews by multiple clearinghouses
- Rigorous training, supervision, data collection
- Strong consistent outcomes for both caregivers and children, over a period of 12 years
- Cost effective



Target Population: Two-Generations

Children:

Prenatal to age 6 years

- Emotional/behavioral problems
- Trauma
- Abuse and neglect
- Developmental disabilities

Parents/Caregivers:

- Child protective services
- Depression, anxiety, PTSD
- Substance use
- Domestic violence
- Homelessness
- Extreme poverty



Demographics - 2022

Age ranges:

- Prenatal=2%
- Birth to 3=26%
- 3 to 6=72%

Race:

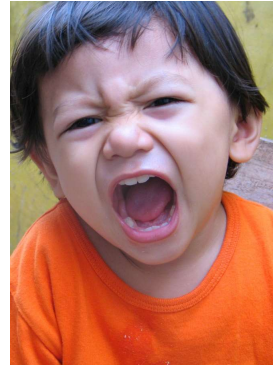
- Black/African American/
Multiracial=30%
- White=72%
- Other=2%

Ethnicity:

- Latinex=43%
- Non-Latinex= 57%

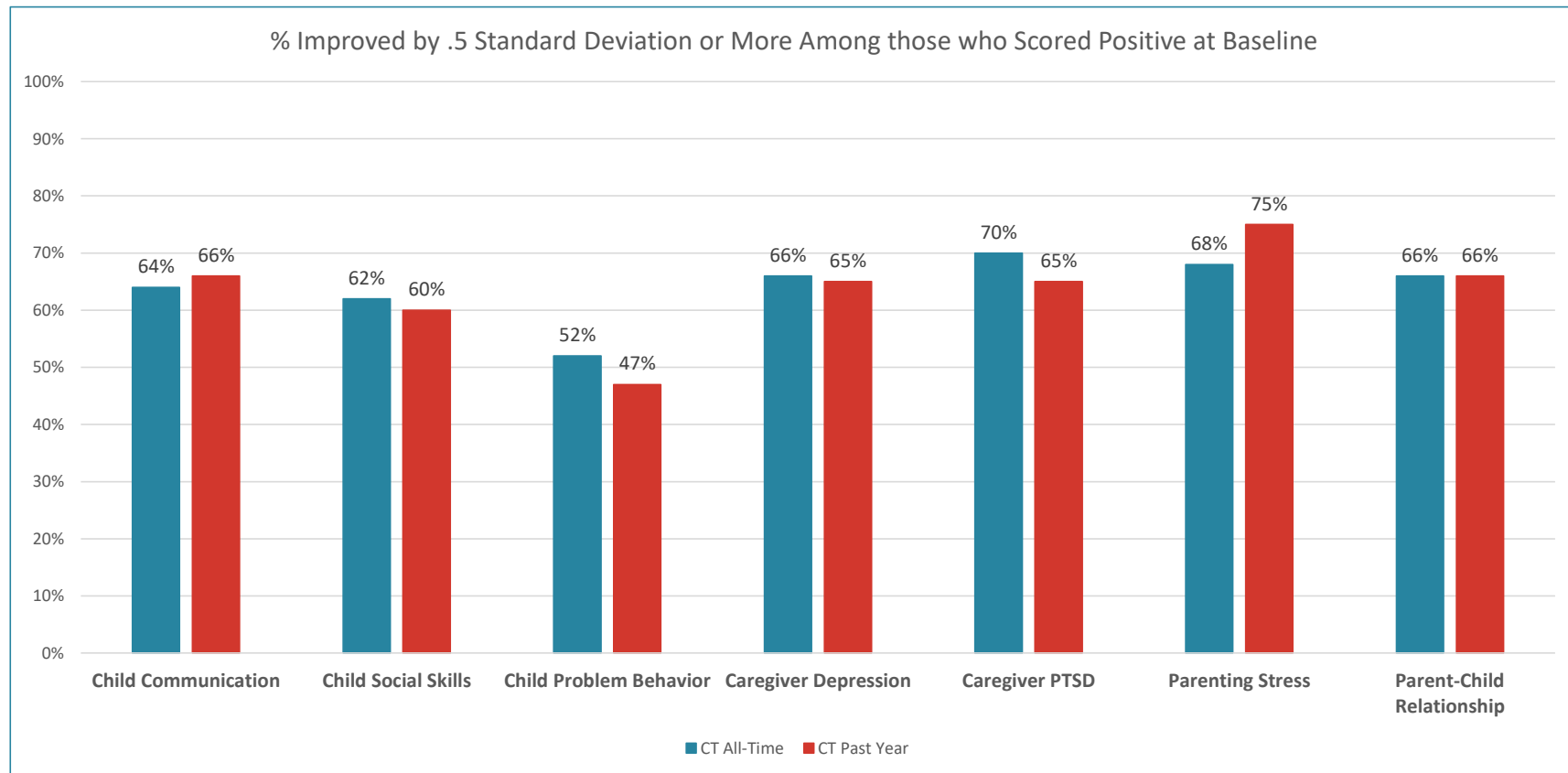
Prevalence of Problems upon Entry - 2022

- Trauma – Caregiver = 99%
- Trauma – Child = 82%
- Child behavior problems = 62%
- Child language delay = 34%
- Caregiver-child relationship
disturbance = 63%
- Caregiver depression = 35%
- Parenting stress = 41%
- Children with past
or current DCF
involvement = 75%



Percent Improvement in Outcomes - Connecticut

Comparison by Domain among Outcomes 2010-2022 (All-Time) and January-December 2022 (Past Year)



Child First Capacity / Waitlists

- Child First began at Bridgeport Hospital in 2001, began replicating in 2010, and had coverage in all regions of the state by 2021.
- **Current capacity** has decreased markedly, with the end of funding through **ARPA**.
 - **Number of agencies: 15 → 11**
 - **Number of teams: 57 → 36**
 - **Capacity to serve children and families: 1,368 → 864 families**
- Existing agencies are trying to cover the entire state. Saw 950 families in 2022.
- Current waitlist across CT is over 200 children and families
 - This does not reflect the much higher need for services in CT, as DCF Enhanced Service Coordinators often do not refer unless there is an upcoming opening.
 - Single affiliate agency with a waitlist of 74 families.

Current Decrease in Capacity:

- **4 agencies**
- **21 teams**
- **504 children and families**

Funding Streams

Current (without ARPA funds):

- DCF: Funds 11 affiliate agencies with 25 teams
 - TANF funding – Past, current?
- OEC: Funds 9 teams
 - Both State and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) funding from HRSA
- VOCA (Victim of Crime Act) funds 1 team
- Philanthropy funds 1 team
- **TOTAL: 36 teams**



Future possible funding:

- Medicaid / EPSDT
 - Child First has been certified by DCF and DSS for Medicaid reimbursement
- MIECHV - \$1.4 million to CT in new federal funds
- Family First (Title IV-E)
 - Child First is “Supported” and conducting 2nd RCT.
- TANF
- IDEA
- CAPTA
- State funding
- Block grants



Cost Savings

- Child First implementation cost per family = \$9,000 (both child and parent)
- Cost-Benefit:
 - Child-Parent Psychotherapy (CPP): Child First MH clinicians are all trained and rostered in CPP. CPP returns \$13.82 for every \$1 spent to deliver the service.
 - Child First RCT showed: Decrease in child maltreatment: At 1 year = 40% decrease, at 3 years = 33% decrease. Cost of substantiation = \$34,000. Lifetime cost per victim of non-fatal maltreatment = \$210,000.
 - Of those children admitted to Child First “at risk for removal,” 75% remained in their homes. Cost to DCF for one child in foster care = \$81,232/year.
 - Cost of residential treatment for one child = \$96,000/4 months
 - Cost of special education in CT for one child = \$28,548/year.
 - Societal cost of untreated maternal depression and anxiety = \$32,000.
 - Also cost savings in other mental health, healthcare, and education services, and in juvenile/criminal justice.