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)

% Improved by .5 Standard Deviation or More Among those who Scored Positive at Baseline

<table>
<thead>
<tr>
<th>Domain</th>
<th>CT All-Time</th>
<th>CT Past Year</th>
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<tbody>
<tr>
<td>Child Communication</td>
<td>64%</td>
<td>66%</td>
</tr>
<tr>
<td>Child Social Skills</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>Child Problem Behavior</td>
<td>52%</td>
<td>47%</td>
</tr>
<tr>
<td>Caregiver Depression</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Caregiver PTSD</td>
<td>70%</td>
<td>65%</td>
</tr>
<tr>
<td>Parenting Stress</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>Parent-Child Relationship</td>
<td>66%</td>
<td>66%</td>
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</tbody>
</table>
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.
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.