Child First Model
Darcy Lowell, MD
Founder and Chief Child First Officer
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 is a two-generation, evidence-based, mental health, 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
• With or at risk for abuse or neglect
• Problems threatening healthy development
• Beginning 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
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.
(1) Decrease stressors through connection to comprehensive community-based services and supports

(2) Promote a responsive, nurturing, protective, parent-child relationship
FILLING A CRITICAL GAP
In the continuum of care

- Promotion
- Prevention
- Intervention

child first
ECOLOGICAL APPROACH
Within an early childhood system of care
CLINICAL TEAM APPROACH

Care Coordinators

• 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

Mental Health/Developmental Clinicians

• Facilitate responsive, nurturing parent-child relationships
• Protect developing brains and physiologic systems
• Promote child and parent mental health
Team Intervention Process

• Visit frequency
  – 2x per week during 1st month with both Clinician and Care Coordinator
  – 1x per week or more with each Clinical Team member

• Length of service
  – Average of 6 – 12 months; up to 18 months based on family challenges

• Caseload
  – Average of 10-15 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
- Mental Health Consultation
- Child-Parent Psychotherapy
- 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
- Reflect on meaning of behavior
- Foster emotional regulation
- Build executive functioning
- Provide parent guidance
Mental Health Consultation

- Observations by clinicians in early care/ed settings
- Help teachers reflect on meaning of child’s behavior
- Collaborate with teachers/caregivers to develop strategies for child’s challenging behavior
- Frequent positive impact on other children
Connecting Families
To community services through care coordination

- Medical Home: Primary/specialty pediatric care
- Early care 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
Early Childhood System of Care

Children & Families Experiencing Challenges

- Health
- Early Learning
- IDEA Part C
- Child Welfare
- Concrete Supports
- Family Support
- Home Visiting
- Mental Health
- Informal Supports
Core Training and Consultation

✓ Child First Learning Collaborative
✓ Child-Parent Psychotherapy (CPP)
✓ Distance Learning
✓ Clinical Directors’ Training
✓ Staff Accelerated Training (STAT)
✓ Child First Reflective Clinical Consultation
✓ Child First Network Supervisor Meeting
✓ Specialty Trainings
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
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**

- 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
- Family First Prevention Services Act (FFPSA) Review in Colorado: Supported
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 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 for data entry and analysis
  - Commitment to reflective clinical supervision
  - Commitment to reflective clinical consultation from the Child First State Clinical Lead
  - Commitment to trauma-informed practice
Child First Affiliate Agencies - continued

- **Staffing**
  - Master’s level mental health supervisors and clinicians
  - Bachelor’s level care coordinator
  - 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 (or identify another early childhood collaborative to take this role)
  - Listen to the voices of parents and caregivers within the community
  - Work with other early childhood providers within the system of care
  - Experience serving the Child Welfare population
Child First Network Data Analysis
August 2010 – December 2020
2020 Child First Network: Percent Improvement in Outcomes

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

- Child Communication: Network All-Time 67%, Network Past Year 72%
- Child Social Skills: Network All-Time 66%, Network Past Year 62%
- Child Problem Behavior: Network All-Time 55%, Network Past Year 51%
- Caregiver Depression: Network All-Time 69%, Network Past Year 73%
- Caregiver PTSD (PCL-5): Network All-Time 73%, Network Past Year 79%
- Parenting Stress: Network All-Time 75%, Network Past Year 82%
- Parent-Child Relationship: Network All-Time 65%, Network Past Year 77%
Prevalence

Network-% Problems at Baseline

- Traumatic Event - Caregiver: 99% Past Year, 98% All-Time
- Parent-Child Relationship Disruption: 74% Past Year, 76% All-Time
- Parenting Stress: 38% Past Year, 39% All-Time
- Caregiver PTSD (PCL-5): 24% Past Year, 25% All-Time
- Caregiver Depression (CESD-R): 32% Past Year, 37% All-Time
- Child Problem Behavior: 58% Past Year, 61% All-Time
- Child Social Skills Deficits: 41% Past Year, 41% All-Time
- Child Communication Problems: 32% Past Year, 33% All-Time
- Traumatic Event - Children: 87% Past Year, 89% All-Time

Past Year
All-Time
Child Problem Behavior

BITSEA & PKBS-2

- Children that presented with problem behaviors at baseline showed large improvement
- Statistical significance: $p<.0001$
- Effect size:
  - All-time Cohen’s $d=0.83$
  - Past Year Cohen’s $d=0.83$
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 $d=1.04$
  - Past Year Cohen’s $d=1.06$
Caregiver PTSD

PCL-5

- Caregivers who presented with PTSD showed very large improvement.
- Statistical significance: 
  $p < .0001$
- Effect size:
  All-time Cohen’s $d = 1.32$
  Past Year Cohen’s $d = 1.39$
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=1.01 Past Year Cohen’s d=1.32
Major Effect Sizes in All Outcomes

Magnitude of Improvement Among Those who Scored Positive at Baseline

- Child Communication
- Child Social Skills
- Child Problem Behavior
- Caregiver Depression
- Caregiver PTSD
- Parenting Stress
- Parent-Child Relationship

Cohen's $d$

- Very large effect
- Large effect
- Moderate effect
- Small effect

Network All-Time vs. Network Past Year
Summary of Child First Strengths

- **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**
- Over 50% of families have current and 25% past **child welfare** involvement
Summary of Child First Strengths

• **Length of service** is **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
• **Data driven: Outcomes** based on change
• **Continuous Quality Improvement**
• **Subpopulations analyzed** to ensure strong outcomes
• **Intensive training** and ongoing **reflective clinical supervision**
• **Ongoing** individual and group **reflective clinical consultation** and **TA**
Thank you!

Darcy Lowell, MD
Child First Founder

dlowell@childfirst.org
Child First Funding Structure: Start-Up

- Start-up Training Fee:
  - $160,000 to train 16 – 32 teams (Clinician, Care Coordinator, Clinical Supervisor)
  - Usually paid for by State/County funding, MCO, or philanthropy
  - Includes:
    - Clinical Supervisor Training
    - Child First multi-module Distance Learning
    - Child First 4 session Learning Collaborative (6-8 months)
    - Intensive Reflective Consultation by State Clinical Lead (9-12 months)
    - Training and Set-up of Child First Clinical Record (CFCR)
    - Child-Parent Psychotherapy, Circle of Security, and DC:0-5 Training
    - Resource Library and Assessments for first year
Child First Funding Structure: Team Fees

- **Annual Fees per Child First Team:**
  - $15,000/team (Affiliate agency has 4 teams)
  - **Includes:**
    - Reflective Clinical Consultation with State Clinical Lead – biweekly, ongoing
    - State Clinical Supervisor Network Meetings – monthly
    - Distance Learning – ongoing access to past and new trainings
    - Staff Accelerated Training (STAT) for new staff
    - Specialty trainings and conferences
    - User fees and technical support for CFCR
    - Continuous Quality Improvement with monthly data analysis and reports
    - Accreditation
    - Technical assistance, as needed