



# New England Home Visiting Forum

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# Goal of Child First

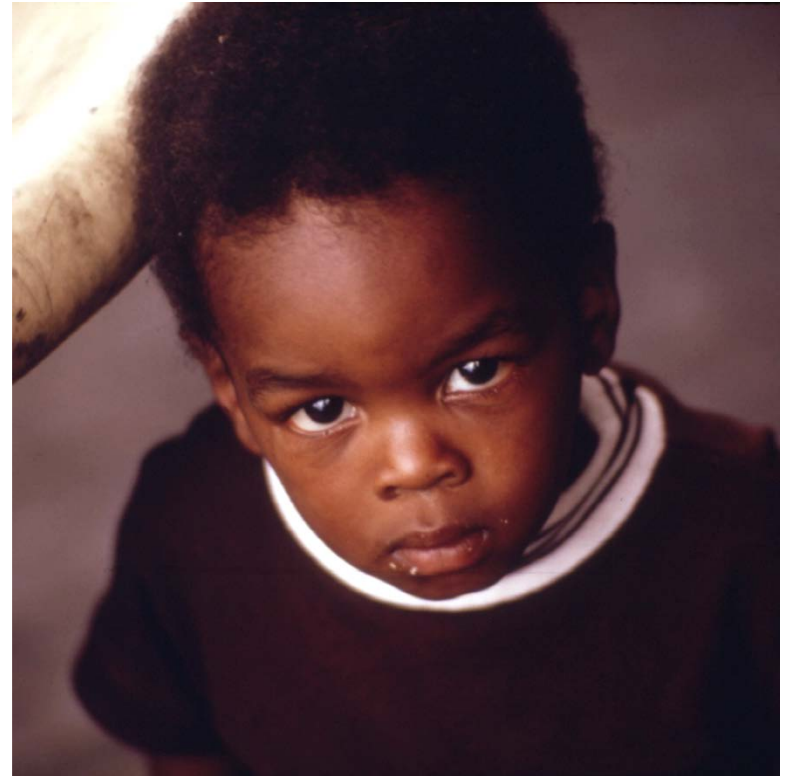
- Reach the **most vulnerable** young children and families at the **earliest** possible time
- Intervene to **prevent**:
  - Emotional and behavioral disturbance
  - Developmental and learning problems
  - Abuse and neglect



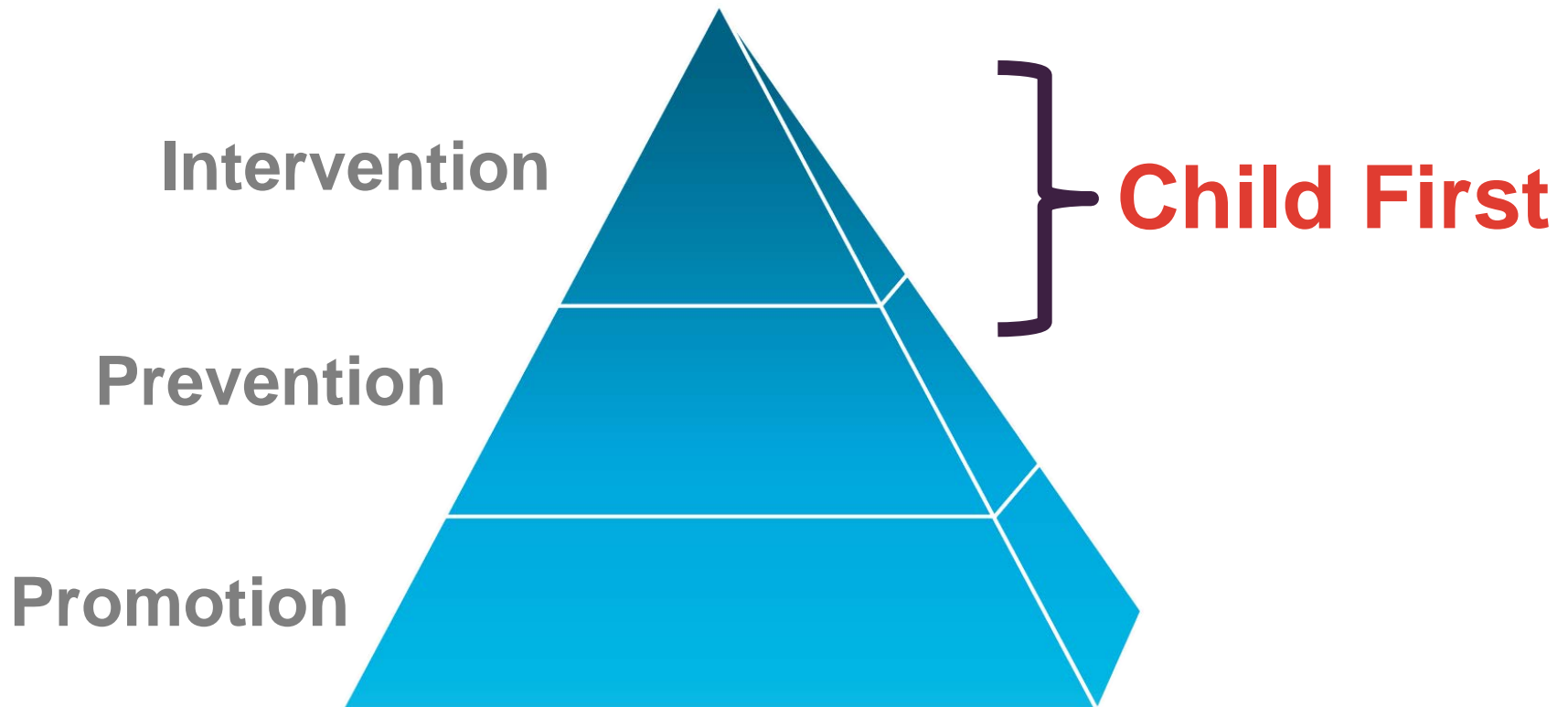
# The Child First Story

# Needs Not Met

- Children:
  - Emotional and behavioral problems
  - Trauma
- Parents:
  - Major challenges
- Services fragmented



# Child First Fills a Critical Gap in the Continuum of Care



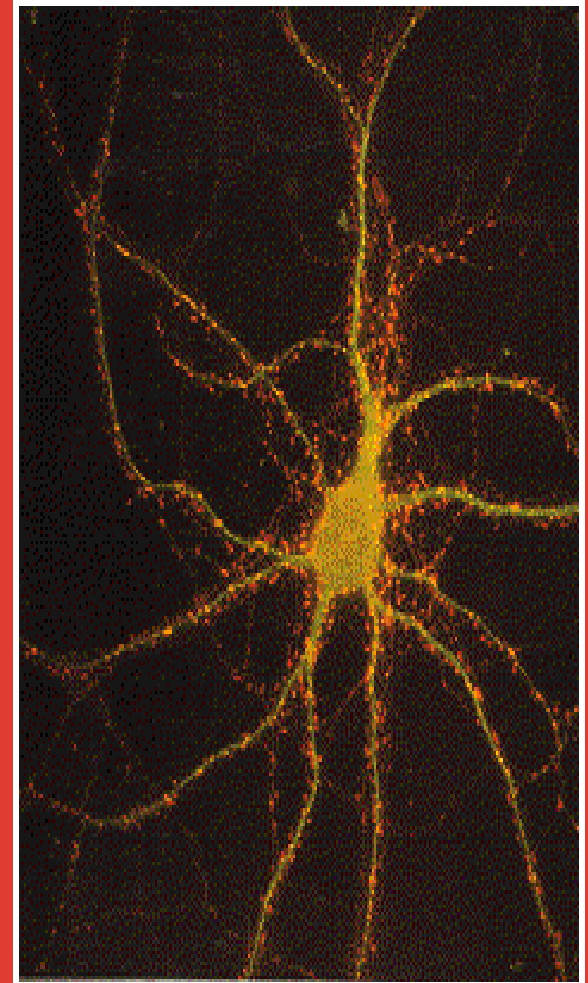


# The Developing Brain



# Brain Development

- By 8 months of age, brain synapses have increased from 50 to 1000 trillion:  
700 synapses/second
- The child's early experiences actually build the architecture of the brain - EPIGENETICS
- By 3 years, 80% of brain growth is complete.



# TOXIC STRESS!

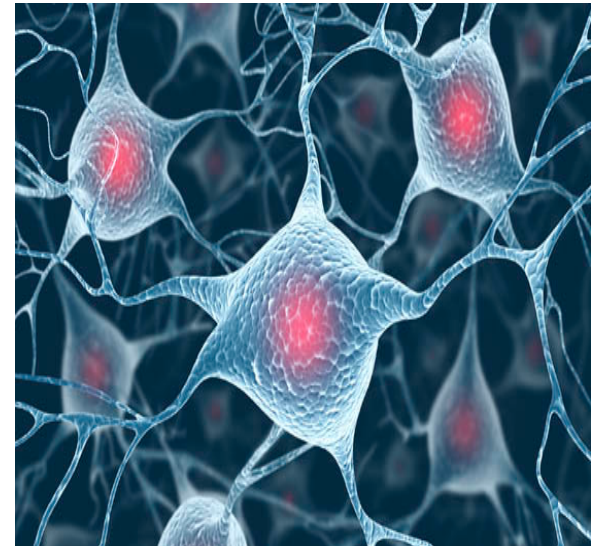




# Brain Research: Toxic Stress

Based on the most recent research about the young, developing brain:

- High stress destroys brain architecture.
- Leads to lifelong problems in:
  - **Mental health**
  - **Development & learning**
  - **Physical health**



# Environmental Risks

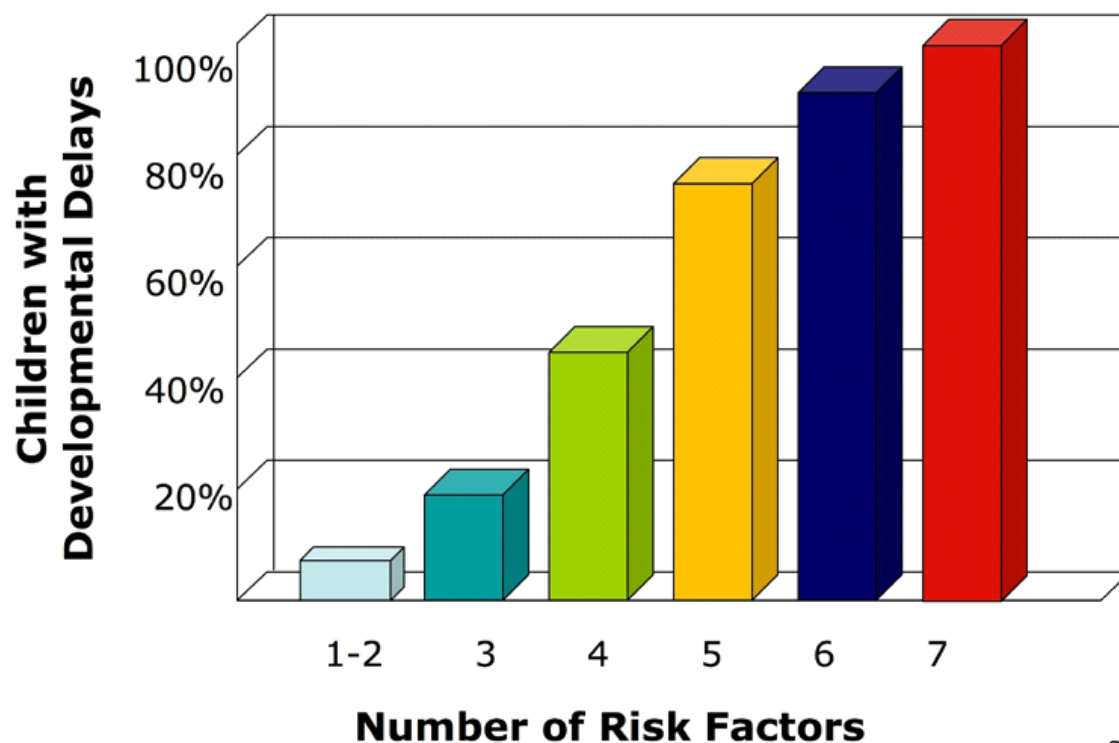
- Extreme poverty
- Domestic and community violence
- Abuse and neglect
- Parental mental health issues, especially depression
- Substance abuse
- Homelessness
- Incarceration
- Teen and single parenthood
- Isolation and lack of social supports
- Lack of education and illiteracy
- Unemployment
- Health and dental issues
- Poor quality child care
- Lack of basic needs: food, clothing, heat, furniture





Center on the Developing Child  
HARVARD UNIVERSITY

## Significant Adversity Impairs Development in the First Three Years



Source: Barth et al. (2008)

# Behavioral Problems

- Incidence:  
1 risk = 7%  
4-8 risks = 40 - 70%  
[Rutter and Sameroff]
- In Bridgeport:  
Children who were  
high risk → 70%  
screened positive for  
emotional concerns



# And It Does Not Just Go Away!

- Emotional or behavioral problems at age 3 years  
→ 50% psychiatric diagnosis by kindergarten or 1st grade.



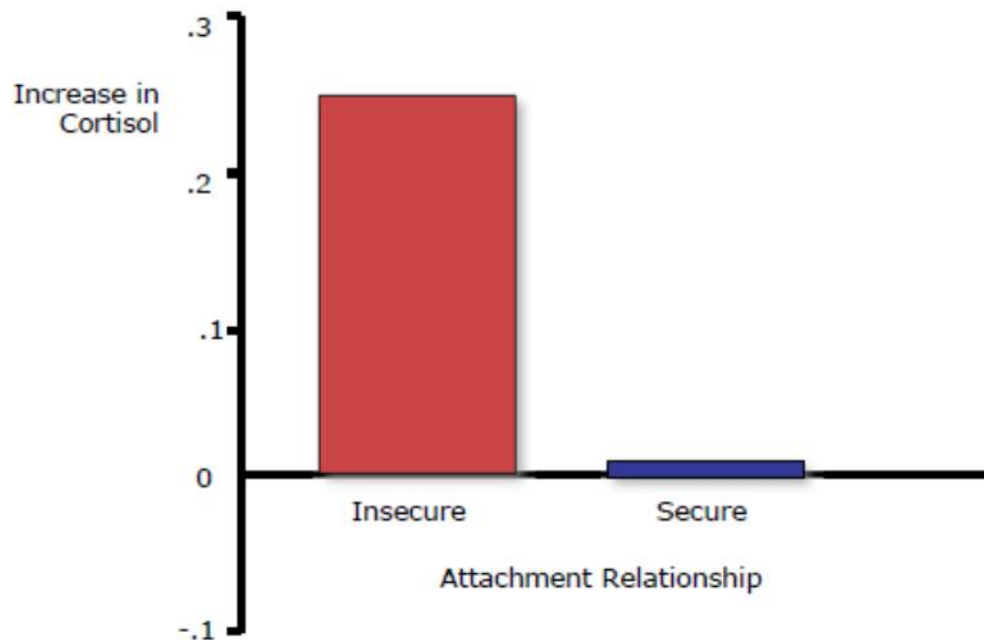


# Power of Responsive Nurturing





## Secure Relationships Calm Children's Stress Hormone Response



Source: Nachmias et al. (1996)



# The Child First Model



# Child First Theory of Change: Two-Pronged Approach

1

Decrease toxic psychosocial stress by connecting children and families to needed services and supports.

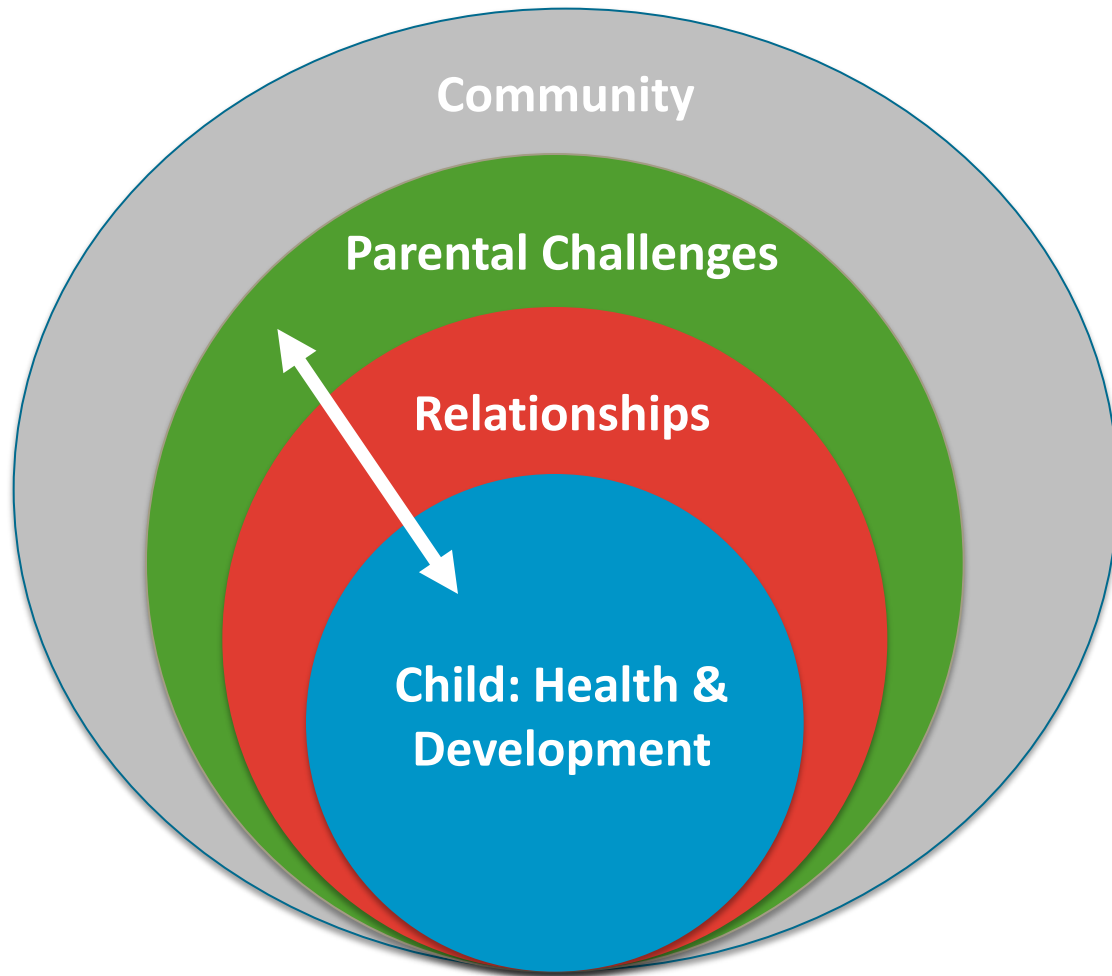
**Care Coordinator**

2

Facilitate the development of a responsive, nurturing parent-child relationship that can protect the brain.

**Mental Health Clinician**

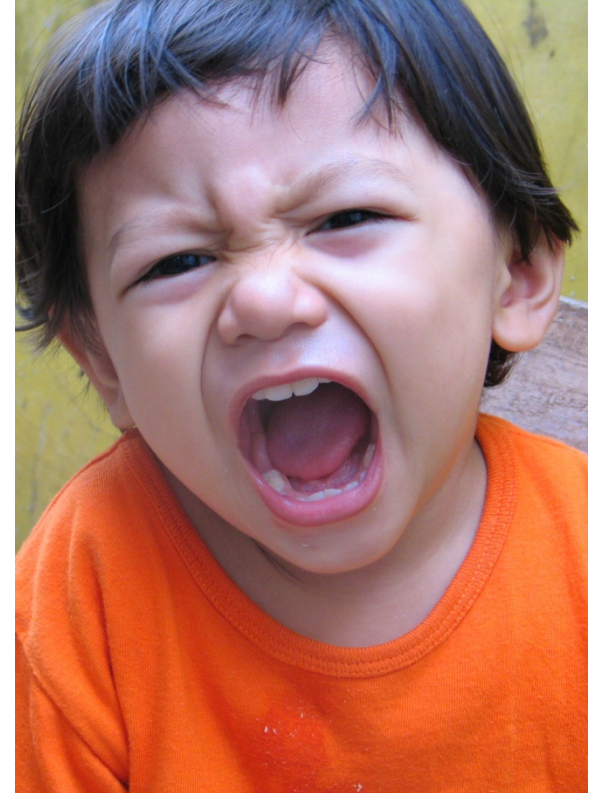
# Ecological Approach within an Early Childhood System of Care





# Target Population: Children

- Prenatal to 6 years
- Any problem that threatens healthy development:
  - Emotional/behavioral
  - Developmental/learning
  - Abuse and neglect
- Serve families with multiple children



# Target Population: Parents

- Parents/caregivers (birth parents, foster parents, relatives) with **multiple challenges**:
  - Depression and other mental health problems
  - Substance use
  - Homelessness
  - Domestic violence
  - Child protective service involvement
  - Poverty
- Fathers and caregiving partners included
- TWO GENERATION APPROACH



# Overview of Child First Intervention

- Screening and community referrals
- Home-based intervention
  - Engagement
  - Comprehensive assessment
  - Child and Family Plan of Care
  - Targeted parent guidance and Child-Parent Psychotherapy
- Mental health classroom consultation
- Connection to community-based services



# Services

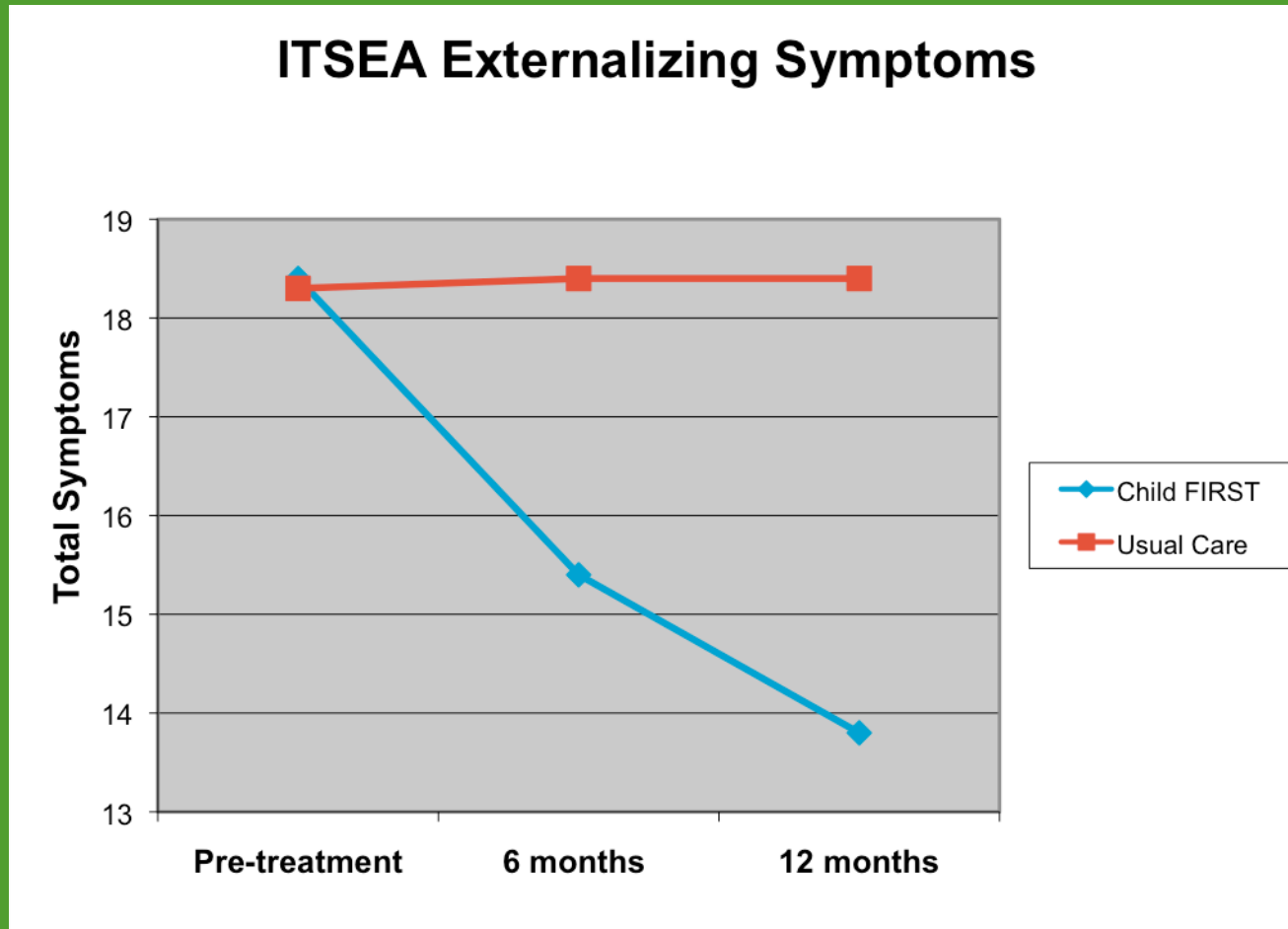
- Primary or specialty pediatric care
- Early care and education
- Birth to Three
- Special education
- Child mental health
- Parenting groups
- Family Resource Centers
- Parent mentors and aides
- Adult mental health
- Substance abuse treatment
- Adult health care
- Legal aide
- Domestic violence services
- Immigration
- Housing / shelters
- Job training
- Computer training
- Food stamps
- Food banks
- HUSKY
- GED
- Literacy
- ESL
- WIC
- TANF
- SSI
- CSHCN
- Toys and books
- Clothing and furniture
- Transportation



# The Evidence



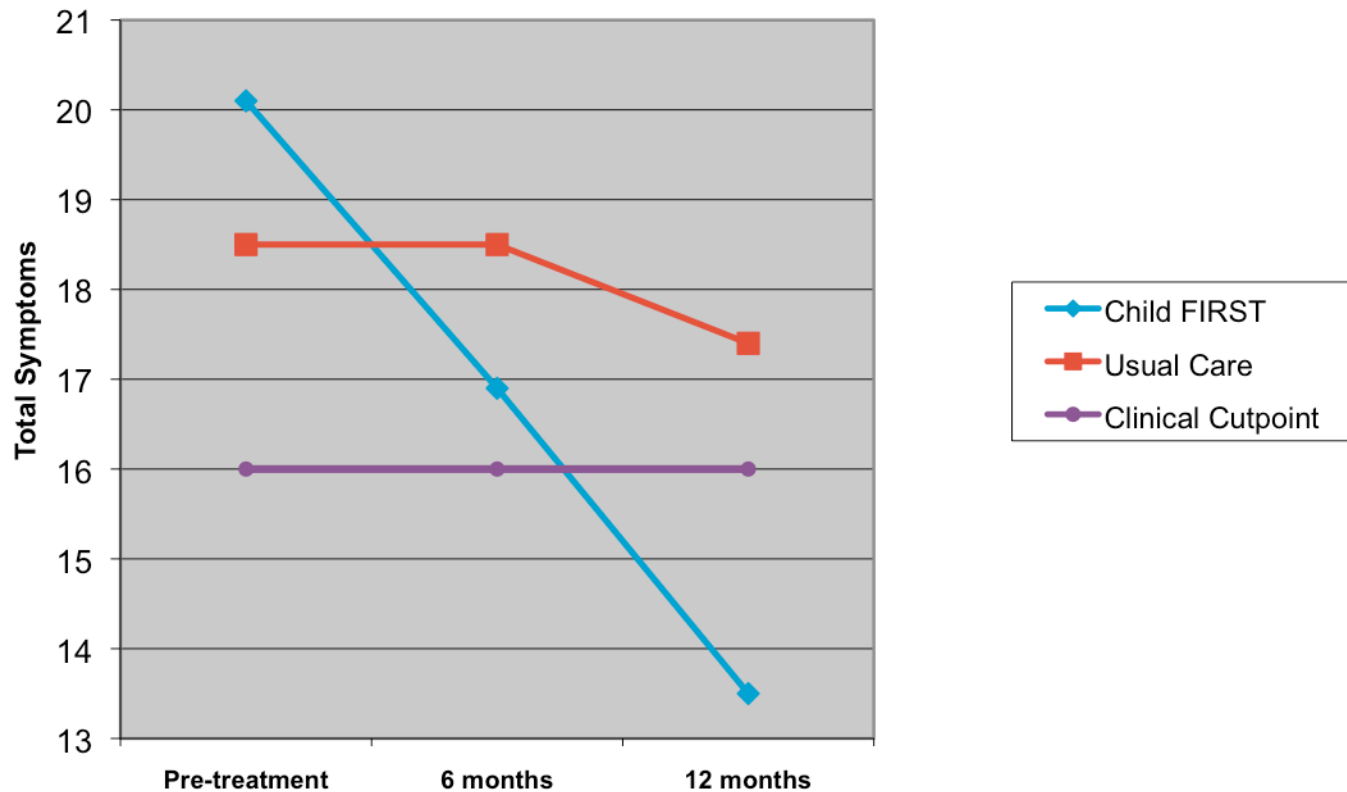
# Child Mental Health Problems



42% decrease in aggression, defiance, impulsiveness

# Maternal Depression

**Depressive Symptoms on the CES-D**

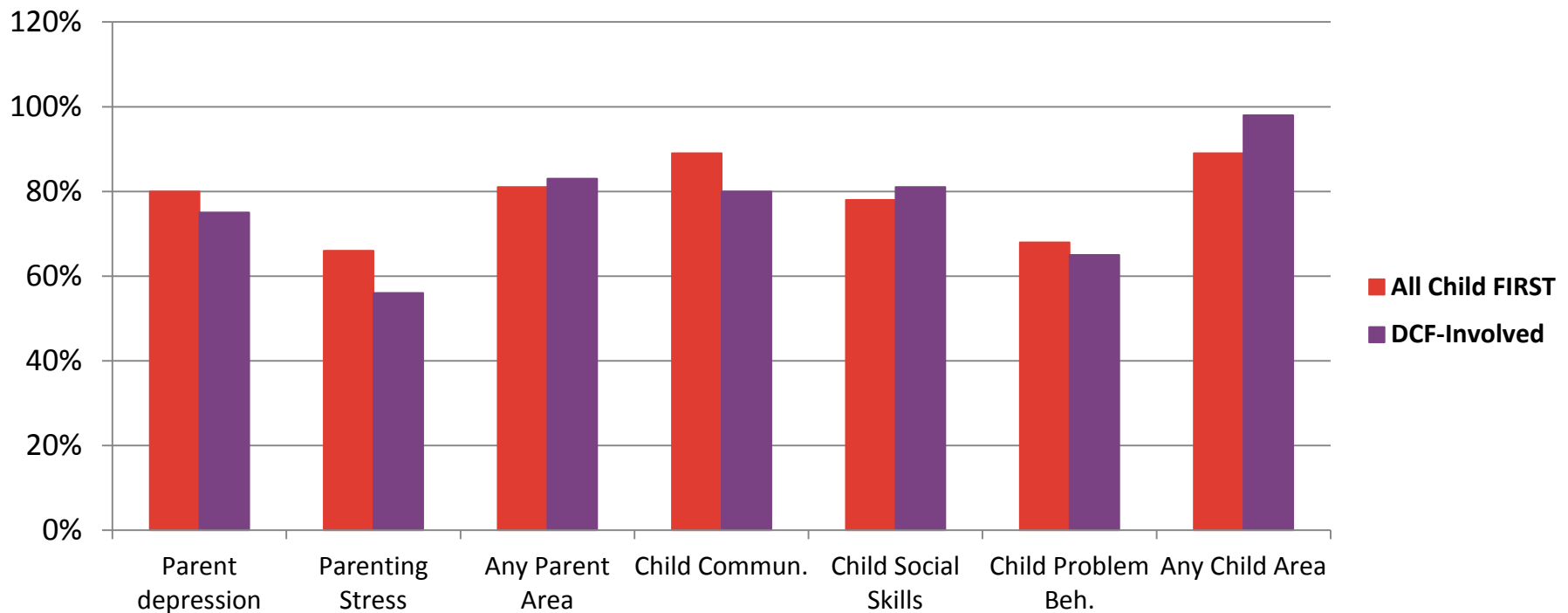


# Fidelity and Outcomes



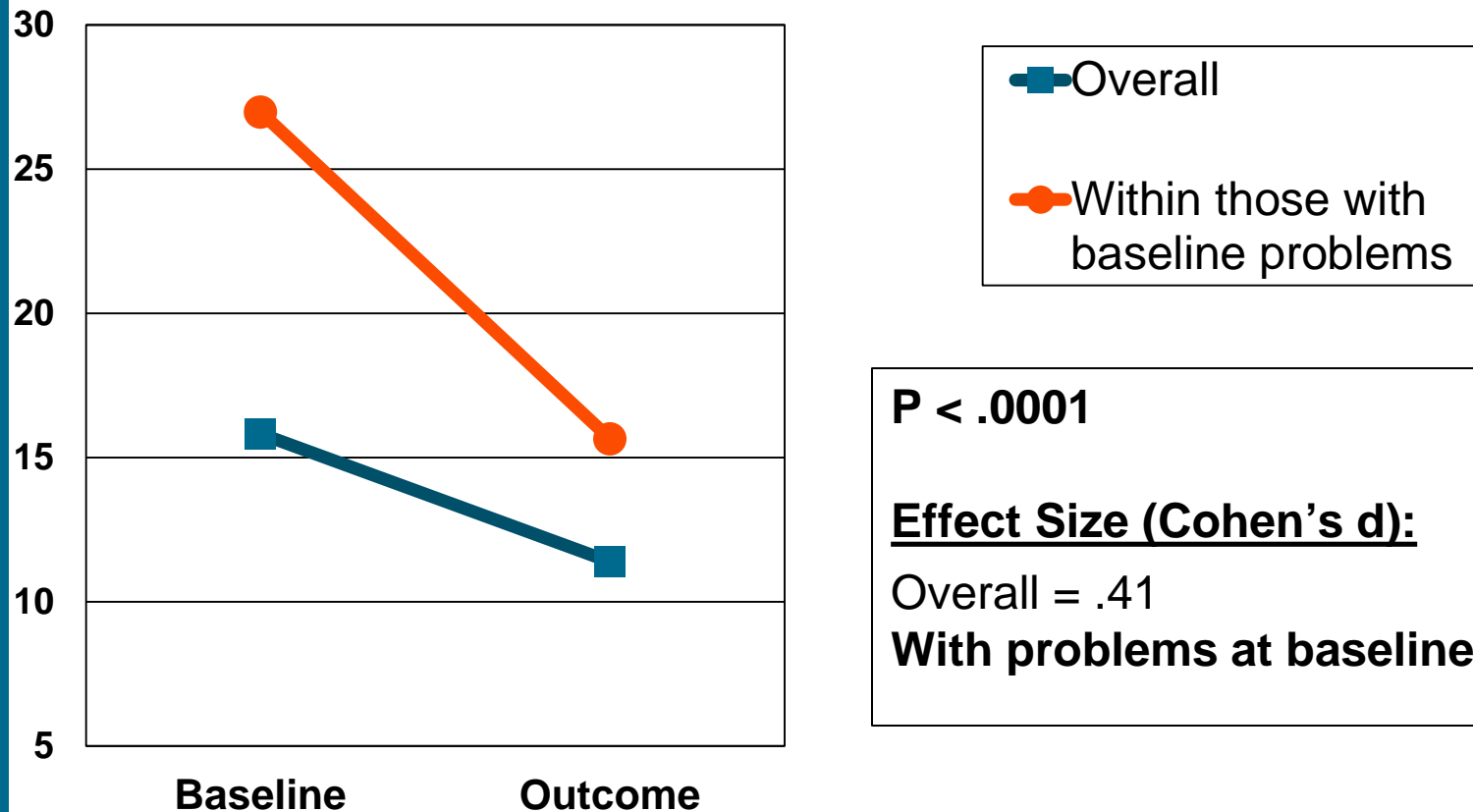
# Percentage with Improvement

**Figure 3. All Child First Children and DCF Children: % with Improvements in Each Area**



# Mental Health - Parent

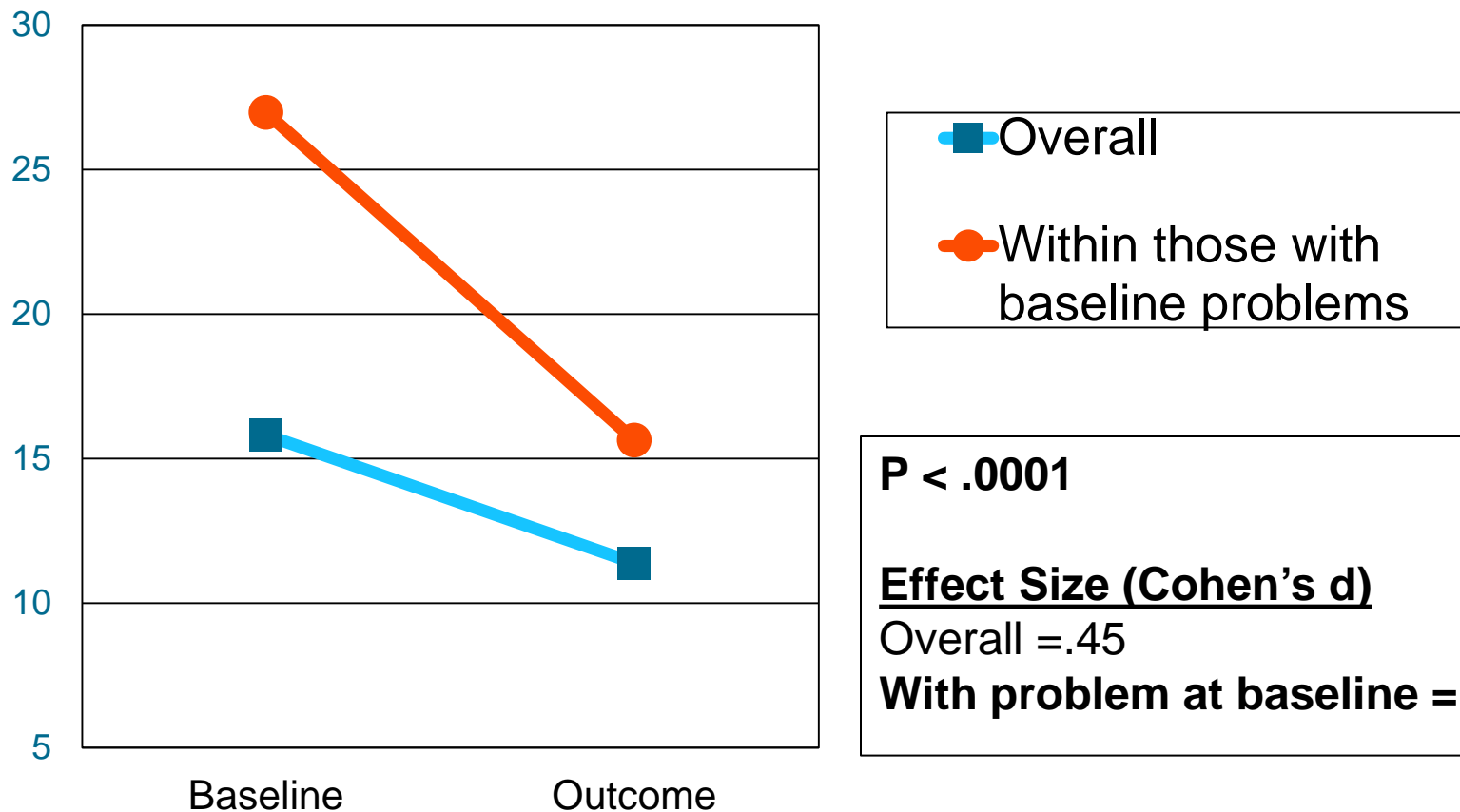
## Maternal Depression – CES-D





# Mental Health - Child

## Problem Behaviors –BITSEA & PKBS

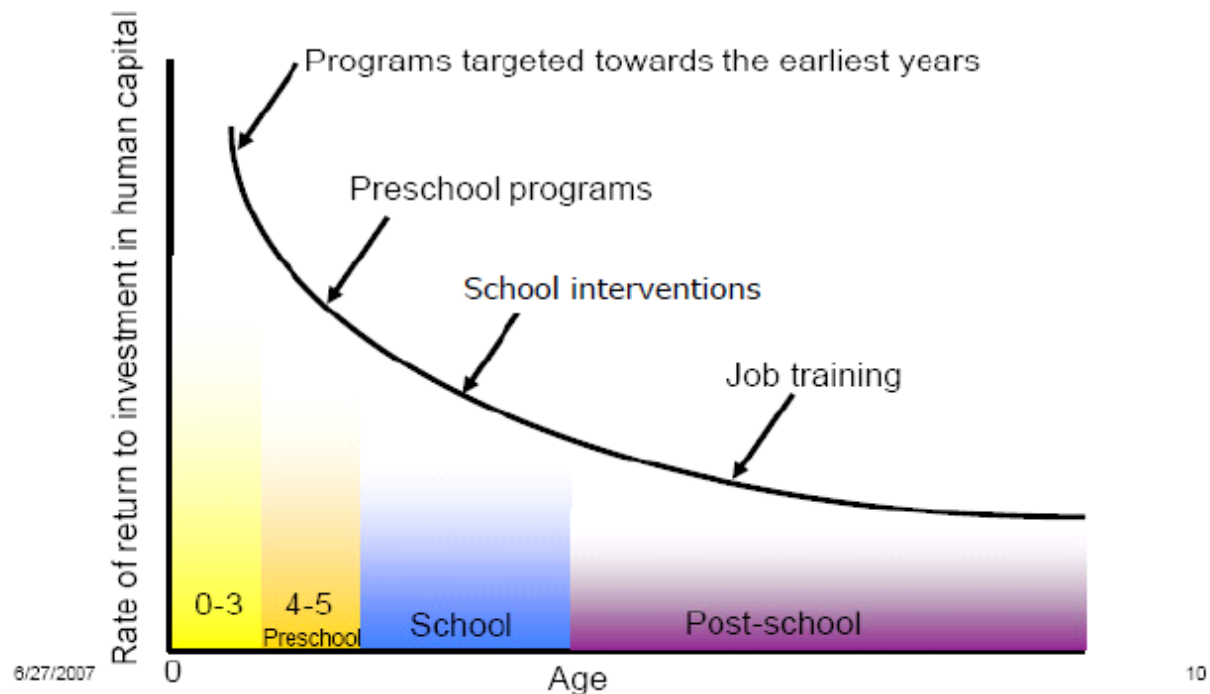




## Cost - Benefit

# Return on Investment in Children

## Rates of Return to Additional Investments in Human Capital for Disadvantaged Children



Heckman, J. "Investing in Disadvantaged Young Children Is Good Economics and Good Public Policy,"  
Testimony before the Joint Economic Committee, Washington D.C., June 27, 2007

# Preliminary Cost-Benefit Analysis

- Cost per family of 4 in CT = \$6,900
- Compare to cost of psychiatric hospitalization
  - May be \$700,000 - \$900,000/year
- Child First is cost-neutral within the first year when family receives intervention
  - This assumes leverage of 25% of funding through Medicaid
  - Only includes CPS involvement, maternal depression treatment, language remediation

# Preliminary Cost-Benefit Analysis

Additional future costs averted include:

- Child mental health treatment
- Special education and school drop-out
- Future CPS involvement with foster care or residential treatment
- Hospitalization and ER usage
- Substance abuse treatment
- Violent crime and incarceration
- Medical treatment for diabetes, heart disease, hypertension



# Thank you!

