



### **Child FIRST (Child and Family Interagency Resource, Support, and Training)**

is an intensive, early childhood, home visiting intervention that works with a community's most vulnerable young children (prenatal to age six years) and their families. The goal is to identify children at the earliest possible time to decrease emotional and behavioral problems, developmental and learning problems, and abuse and neglect.

#### **The Challenge**

Scientific research in brain development clearly shows that **high-risk environments** (e.g., where there is maternal depression, domestic violence, substance abuse, or homelessness) lead to levels of stress that can be **“toxic”** to the **young, developing brain**. Without the buffer of strong, nurturing relationships, the results are **long-term damage with decreased learning, behavioral and emotional problems, and poor health**.

#### **The Child FIRST Response**

Broad community partnerships lead to early identification of children from very high risk environments or who show the earliest signs of emotional, behavioral, or developmental problems. Referral to Child FIRST provides:

- **Intensive home visiting intervention:** Comprehensive assessment, well integrated family-driven plans, and home-based parent guidance and parent-child psychotherapeutic services are provided by a team of a Master's level Mental Health/Developmental Clinician and Care Coordinator. Assessment and mental health consultation in early care and education is a component of this comprehensive approach.
- **Care coordination/case management:** Coordinated, hands-on connection to community resources is provided for all family members, promoted by strong collaborative relationships through local early childhood systems of care or early childhood councils. This prevents duplication, gaps, and inefficiency.

#### **Child FIRST Works!**

The Child FIRST intervention was evaluated with a very high risk population of young children and families. A **randomized, controlled trial** demonstrated that the Child FIRST intervention was **statistically significant and clinically effective** when compared to Usual Care controls at 12 month follow-up. The results of the randomized controlled trial have been published in *Child Development* in January/February 2011.

#### **Results from Randomized Control Trial:**

- Child FIRST children were **68% less likely to have language problems**.
- Child FIRST children were **42% less likely to have aggressive and defiant behaviors**.
- Child FIRST mothers had **64% lower levels of depression and/or mental health problems**.
- Child FIRST families were **39% less likely to be involved with child protective services**.
- Child FIRST family members had a **98% increase in access to community services and supports**.

*At 3 year follow up:*

- Child FIRST families were **33% less likely to be involved with child protective services**.

#### **Child FIRST Accomplishments and Impact**

- Child FIRST has been designated **one of the 12 national evidence-based home visiting models**, eligible for replication funding under the federal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV).
- Child FIRST is the only home-based, mental health intervention for diagnosed young children that receives **Medicaid reimbursement** in Connecticut.
- Child FIRST's **cost effective** home-based intervention and care coordination cost about \$6,800 per family of four, compared to \$700,000-\$900,000 for one year of psychiatric hospitalization for a single child.
- Child FIRST has been **recognized** by the CT State Legislature, CT State agencies, American Hospital Association, CT Hospital Association, Zero to Three, and state and national foundations.
- The **Robert Wood Johnson Foundation, the CT Department of Children and Families**, and 20 other funders have joined in a **public-private partnership** to replicate Child FIRST throughout Connecticut.

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