



Invest in Kids 2021–2022 Report of Child First in Colorado

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Motivation Statement

Invest in Kids' (IIK) annual program evaluations help ensure we are fulfilling our commitment to measurably improve the health and well-being of Colorado's children and families. Our approach to working with communities is grounded in Implementation Science and Practice. As such, data is collected as part of a larger Decision Support Data System, one of the Implementation Drivers identified in the Active Implementation Frameworks. To that end, we are committed to evaluating the Child First program annually and creating evaluation reports for our funders and stakeholders. We have a responsibility to monitor Colorado's Child First implementation process and outcomes to ensure that in Colorado we are achieving similar high-quality outcomes to those previously documented in Child First research studies and those observed in other replication sites.

Vision

To ensure that every Colorado child has a strong start in life.

Mission

Invest in Kids partners with local communities to ensure the success of evidence-based programs that improve the health and well-being of Colorado's youngest children and their families.

Equity Commitment

Invest in Kids is dedicated to building a future where we can no longer predict child and family outcomes, such as healthy pregnancies, child development, and school readiness based on socioeconomic status, race, ethnicity, or zip code.

Equity

To create this future, we incorporate equity, diversity, inclusion, and belonging into all aspects of our organization and work.

Diversity

We recognize the toxic impact of oppressive forces like racism and poverty on Colorado's children and families. We are committed to building systems that eliminate health, mental health, and educational disparities and ensure that every child and family can thrive.

Inclusion

We value the power of unique and varied life experiences shaped by all aspects of a person's identity (including race, ethnicity, socioeconomic status, age, religion, gender, physical ability, sexual orientation, and geographic location) that are impacted by the inequitable systems we all encounter. We embrace all types of diversity and strive to honor and increase the diversity of the children, families, and community partners that we serve, as well as that of our own staff and board.








Belonging

We work hard to ensure that everyone feels valued and respected, including our staff, board, community partners, and the children and families that we serve. We aim to center the voices of Colorado's families and communities and use their feedback to improve our programs and practices.

We take pride in our mission and values. We prioritize human connection and have an organizational culture that supports employees holistically, honors our shared humanity, and encourages empathy, vulnerability, and authenticity.

*This statement was created by IIK's Equity Committee. It is reviewed and revised collaboratively as we are constantly learning and growing.

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NOTE: All photos that appear in this report are of caregivers and children who have participated in the Child First program, or are of clinical staff who have provided the Child First program.



Highlights

Child First is an evidence-based, early childhood mental health home visitation program that pairs a mental health clinician and a family support partner with a caregiver and their very young child. Child First launched services in July 2021, and the program **served 199 children and their caregivers** in the 2021-22 program year. Child First in Colorado started with **32 staff members** from **four implementing agencies**, consisting of two community mental health centers and two non-profit mental health agencies. The four implementing agencies serving Colorado children and families during the 2021-22 program year were Aurora Mental Health Center, San Luis Valley Behavioral Health Group, Savio, and Tennyson Center for Children.

IKK intensively supports the staff at these implementing agencies to ensure high-quality delivery of the program with fidelity to the Child First model through ongoing reflective supervision, technical assistance, administrative, and clinical activities. Alongside the community launch of the program in Colorado, Invest in Kids ensured that the clinical and programmatic staff were in place to support high quality program use across the state. The Child First team at Invest in Kids is now comprised of a Program Director and Program Support Manager. These two roles are further supported by IKK's Director of Implementation and Director of Community Partnerships.

As we look ahead to the 2022-23 program year, we are excited to serve more families through expansion of Child First services.



Pictured left: A female caregiver and young girl with their faces close together and smiling



Introduction

Healthcare, education, and mental health services in Colorado often do not adequately support the diverse needs of children and families, especially for people of color, families living on low incomes, and those living in rural or frontier communities. We all have an obligation to support the health and well-being of children and families; in particular, those who face inequitable access to resources and disparities in the quality of available services. For IIK, this commitment means investing in and supporting the delivery of evidence-based programs in communities across the state. Each of our programs equip Colorado families with the tools they need to build positive, healthy relationships and ensure a strong start for their children.

Since 1998, Invest in Kids (IIK) has worked alongside Colorado communities to adopt, implement, and successfully scale proven programs that have the greatest long-term impact on young children and families experiencing poverty. Thanks to funding from The Colorado Trust, IIK was able to adopt Nurse-Family Partnership® (NFP) as our first program. Its objective is to strengthen families and ensure a strong start for children based on findings from three randomized, controlled trials and over 40 years of longitudinal research conducted by Dr. David Olds.

IIK adopted The Incredible Years® (IY) in 2002, as it became clear there was a statewide need for a prevention program designed to promote young children's social-emotional skills and school readiness. IIK's support of IY across the state encourages responsive, nurturing relationships between children, parents, and teachers, and fosters children's social-emotional capacity and competence, providing a strong foundation for learning in early childhood and beyond.

Beginning in the spring of 2019, IIK began to explore the need in Colorado for another evidence-based program. After a full year of exploration, research, and community meetings, IIK identified Child First. In March 2020, the IIK Board voted to adopt Child First as its third program. Child First is now operational in 4 agencies, serving 13 Colorado counties.

Child First is an evidence-based, early childhood mental health home-based intervention that serves young children and families most impacted by systemic and structural inequities. The aim of the program is to intervene early to promote nurturing, protective relationships which can both heal and prevent damage to the developing brain due to trauma and adversity.

Evolution of Child First

Child First began in 1995 as the FIRST Team in Bridgeport, CT. At that time, a group of Bridgeport health, education, and social service providers began meeting to address the challenges of young children and families who were “falling through the cracks” and not receiving critically needed services. Under the leadership of Darcy Lowell, MD, a Developmental and Behavioral Pediatrician, a collaboration among early childhood service providers began, known as the “FIRST Team.” “FIRST” was an acronym standing for “Family Interagency, Resource, Support, and Training.” Bridgeport Hospital served as the home and fiduciary of the FIRST Team in Bridgeport, Connecticut.

In 2001, A grant from the Connecticut Health Foundation gave Child FIRST an opportunity to create an “early childhood mental health system of care,” adding two full time staff – a Mental Health/Developmental Clinician and a Family Support Partner. The collaborative changed its name from the “FIRST Team” to “*Child FIRST*,” (Child and Family Interagency Resource, Support, and Training) to emphasize the central importance of the child in the context of the family. Child FIRST received a *Starting Early Starting Smart – Prototype (SESS-P)* grant from the Center for Substance Abuse Prevention of the Substance Abuse and Mental Health Services Administration (SAMHSA) to further enhance the model and to research its effectiveness by conducting a randomized controlled trial.



Pictured left: Three young children gathered together and smiling

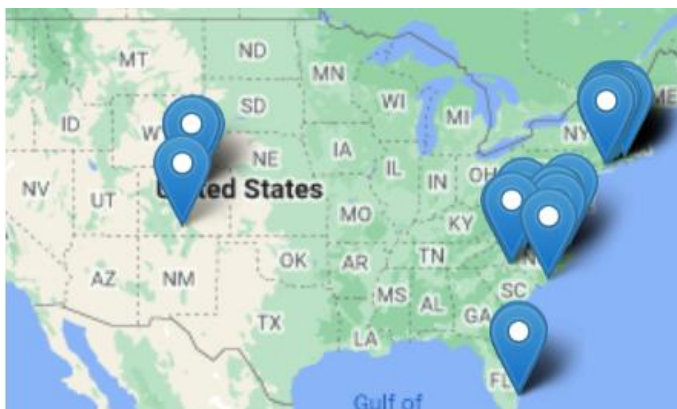
Child First began replication at new sites in CT in 2010. In 2011, positive results from the first randomized controlled trial were published.

The initial research supporting Child First as an evidence-based intervention found that in comparison to those not receiving the Child First program:

- Children receiving Child First were **42% less likely to have externalizing symptoms**
- **Language delays were 68% less likely** for children receiving Child First
- Mothers were **64% less likely to have scores in the clinical range for mental health issues**
- After families received Child First, they were **39% less likely to be involved with Child Protective Services**
- Families receiving Child First had **91% of their service needs met** as compared to 33% of those in the control group

By 2014, Child First began replication throughout the United States. In 2020, Child First and Nurse-Family Partnership merged into one organization and both programs are now supported nationally through the National Service Office for Nurse-Family Partnership and Child First. In Colorado, Invest in Kids is the implementation support partner for both programs.

In 2021, Child First worked with 2,049 children and their families across 4 states. These families received services from 26 implementing agencies and 122 clinical teams.



Connecticut

Affiliate Sites: 15

Florida

Affiliate Sites: 3

North Carolina

Affiliate Sites: 9

Colorado

Affiliate Sites: 4



Invest in Kids' Value Added

In service to our mission of improving the health and well-being of Colorado's children and families, IIK plays an innovative role in our partnerships with communities to deliver evidence-based programs (EBPs). Implementation Science research indicates that it takes much more than solely making the decision to adopt an EBP to ensure that it is delivered with a high level of quality and competence, and that the intended societal benefits of the program are realized. IIK is dedicated to maximizing the impact of our EBPs in Colorado by providing a strong foundation of implementation supports that help to ensure each program's effectiveness for children and families, in both the short and long-term.

We actively work with key decision makers to help secure each program's funding. By leveraging our time and expertise to identify opportunities, we seek out everything from federal, state, and local funds to investment from private foundations and individual donors. Together, we ensure the ongoing budgetary support required for long-term success and sustainability of programs statewide.

Specific IIK activities that support high-quality delivery of Child First include:



Engaging in a collaborative **exploration** process with sites prior to program adoption



Exploring **site-level readiness** to deliver Child First



Providing high quality **supervision** in the Child First clinical model



Working with site leadership and clinical staff to **address barriers** to successful program delivery



Ensuring connections between the Child First agency and community are assessed and that the creation of connections is supported in service to **steady referrals** to the program



Monitoring fidelity and benchmarks and supporting ongoing practice improvement



Providing **data-informed feedback** to clinical staff, agencies, and communities



Engaging leadership and developing **Local Implementation Teams (LITs)** to support long-term sustainability of Child First

Program Launch

After understanding the need for Child First services in Colorado, and to enable the launch of services in summer 2021, Invest in Kids raised \$2.15M through the generous support and partnership of the Colorado Health Foundation, Gary Community Investments, Buell Foundation, Caring for Colorado, as well as the Behavioral Health Administration, formerly known as the Office of Behavioral Health, and Office of Early Childhood at the state of Colorado. This public-private launch of Child First supported four agencies to hire staff, engage in rigorous program training, and then begin program delivery.

After the formal adoption of Child First to the Invest in Kids array of services in spring 2020, and then the launch of program services in summer 2021, Invest in Kids hired key staff to ensure high-quality delivery and future sustainability of Child First. In 2021, IIK hired the Child First Program Director and then in 2022 hired a Program Support Manager for Child First. IIK's Director of Implementation and Director of Community Partnerships have been supporting program launch throughout.

A key launch goal for IIK has been to ensure that multiple service systems in Colorado are informed about the availability of the program. To this end, over 60 information-based Child First introductory meetings for communities and agencies across Colorado were led by IIK staff in the 2021-22 program year. Deeper exploration with over 30 organizations resulted from these initial meetings.

IIK has repeatedly heard from community members that there are not enough services for very young children in challenging or toxic environments, or for those who have experienced trauma early in life. IIK has been successful in creating strong partnerships between Child First and the child welfare system, as well as partnering with pediatric clinics and other state efforts around supports for newborns who have been exposed to substances.



Pictured left: Child First staff throughout Colorado gathered together with the IIK Child First Program Director during a training



Innovations

- IIK developed a community mapping tool to support and inform outreach efforts to additional contacts in the early childhood system of care and for our partner agencies. IIK staff supported two of the four launch agencies directly using this mapping tool. This resulted in these agencies building relationships with over 100 agencies or individuals within the community.
- A key part of launch for Child First in Colorado has been the sustainable financing for the program. One IIK value is Stewardship, and we work to ensure that public and private funds are responsibly used. While Medicaid is billed for Child First families who are eligible, this funding source does not cover the whole cost of the program. IIK has diligently worked with state partners at the Department of Healthcare Policy and Financing (HCPF) to better understand how a monthly case rate that would reimburse providers at a fair and full rate could be developed.
- Other ways to fill the gap in funding for Child First services include Child First's inclusion in the Colorado State Prevention Plan for the Family First Prevention Services Act, the passage of House Bill 22-1369 Children's Mental Health Programs, as well as access to funding through the Children and Youth Mental Health Treatment Act (CYMHTA). CYMHTA is a benefit typically offered to people with private insurance when it does not have a covered benefit for the mental health needs of the child, allowing Child First to expand its reach and enable agencies who have a more diverse clientele to also provide the program.

As we look ahead to the future of Child First in Colorado, the four key areas of focus for IIK will be to:

- (1) Prioritize the high-quality sustainable program delivery of the first four Child First provider agencies through comprehensive training, coaching, and use of evaluation data for quality improvement,
- (2) Expand Child First in a way that aligns with community readiness,
- (3) Effectively collaborate with the Harris Network for reflective community building for Child First staff in Colorado, and
- (4) Work with local providers to employ a diverse workforce, honor relevant lived experiences and have the capacity in Colorado for Child First to provide services to both Spanish and English speaking families.



Outcomes

I have a client whose mother had struggled with substance abuse, and as a child, having been introduced to substances by her own mother, had then relapsed as an adult, resulting in her own child being removed from the home. Being able to approach the situation in a different way as the therapist, rather than all of the different therapies and situations that the mother has gone through -utilizing the Child First model- has brought the mother to a point of being able to really talk about her own trauma in a different way, being seen through a different lens and not being judged solely on her addiction, but rather seeing the bigger picture.

Child First is something that translates to all aspects of my life, because I'm a parent myself, and being able to just take a moment and reflect on "What is my child feeling in this moment?" "What is this behavior telling me?" Being able to share some of the Circle of Security components with my mom friends and even my own partner. I like that it's (Child First) more like providing a structure of what we're going to talk about, but we can take the client's lead and take more time to address the needs of the caregiver because the needs of the caregiver translate to the needs of the child. I really like that whole rounded approach. I did Trauma Systems Therapy before I joined the Child First team and I feel like Child First takes that therapy one step further – we're not going to just talk to the system about the child's behavior, it's more like "what are the behaviors and feelings of the people in their system and how is that impacting the child?" I think that has been very impactful to me.

- LaDaiju Velez, LSW

Child First Clinician, Savio, Serving Adams and El Paso counties



Pictured left: Female caregiver kisses a smiling young girl on the cheek

During the first full program year of Child First services in Colorado (2021-22), **199 children** and their caregivers were served by **four agencies** delivering the program to **13 counties**.

Local Implementation Teams are a key part of ensuring the ongoing quality and sustainability of Child First. In the first year of program delivery for Child First, **all four agencies established Local Implementation Teams, with meetings convening monthly** with both internal and external agency representatives.

Building a strong and reliable referral base is another key piece of ensuring the success of the Child First program. IIK staff worked to support Child First in building the referral network for the four launch provider agencies. As relationships developed and word of Child First began to spread in Colorado, the referrals to the program began to increase. Between October 2021 and June 2022, IIK's efforts to expand the referral network were highly productive, yielding **133 new referrals** for Child First agencies. During this period, there was an increase in the number of children served, the number of referrals received, as well as the conversation rate (the number of referrals that turned into clients). The **number of children served increased 70%**, from 96 in the first three months to 163 in the next three months. At the same time, **referrals grew by 35%**. Lastly, the **conversion rate increased from 59% to 67%**. While all these increases cannot be solely attributed to IIK's efforts, the trends were very positive and encouraging.



Pictured left: Two male caregivers hug a child while sitting on a couch



Who We Serve

When children and caregivers are enrolled into the Child First program, data are collected to understand who is being served by the program, and comparisons in data at enrollment to data at program discharge can later be assessed. The data presented below describes children and their caregivers with completed assessments at enrollment during the 2021-22 program year.

- 27% of children were identified as having delays in child communication.
- 59% of children were identified as having behavior problems.
- 45% of children were identified as having social-emotional problems or delays in social-emotional competence.
- 91% of children screened positive for trauma, indicating they had a history of a discreet trauma or exposure to a traumatic/stressful event.
- 50% caregivers were identified as experiencing stress in the parenting role.
- 36% of caregivers screened positive for depression.
- 30% of caregivers were identified as having PTSD symptoms related to exposure to a traumatic event.
- 97% of caregivers screened positive for trauma, indicating they had a history of a discreet trauma or exposure to a traumatic/stressful event.
- 96% of caregivers identified experiences of adversity that impact the family and young child.
- 45% of child-caregiver dyads had challenges in the quality of interactions over time.
- 54% of home environments presented with problems that could impact child health, development and safety.

The formal names of intake measures used can be shared upon request.

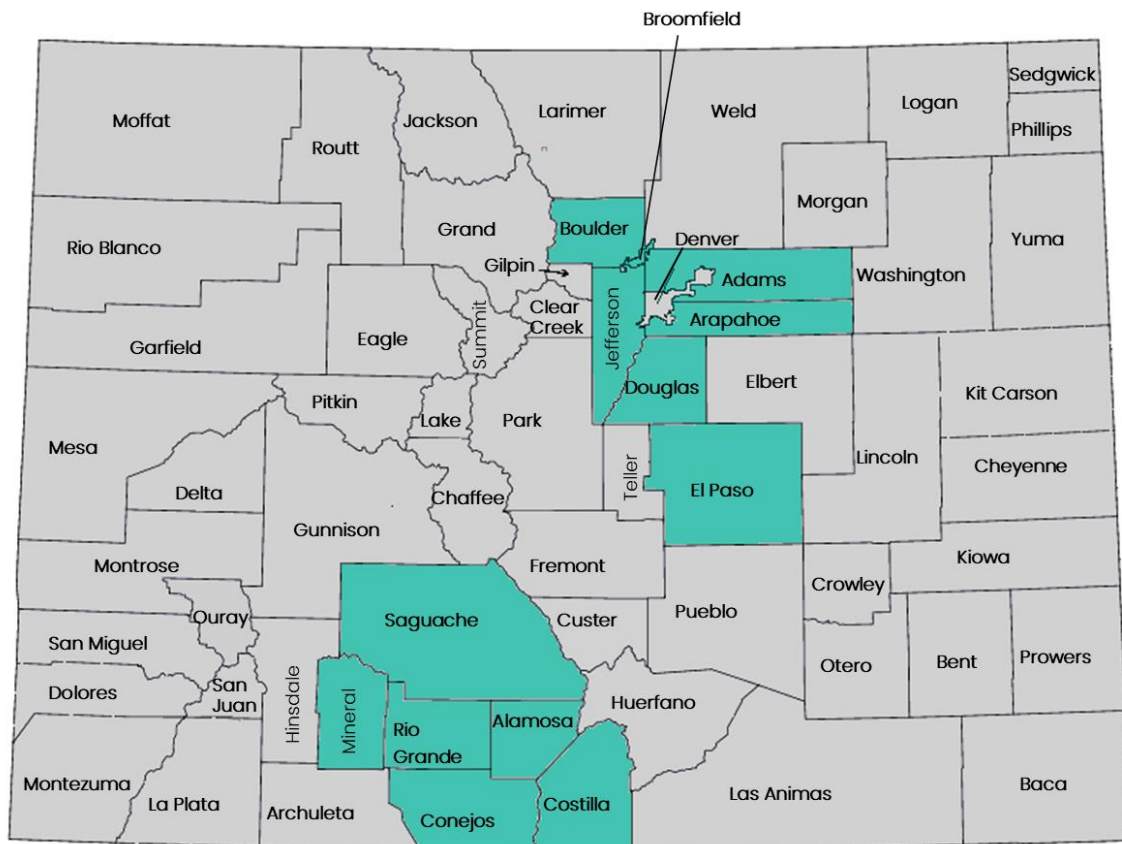
Intake Measure	Number of Intake Measures Completed	Percent scoring within a clinical range
Child Communication Skills	99	27%
Child Behavior	78	59%
Child Social Skills	78	45%
Child Trauma Exposure	123	91%
Parenting Questionnaire	83	96%
Caregiver Depression	76	36%
Caregiver PTSD Symptoms	73	30%
Caregiver Trauma Exposure	75	97%
Parenting Stress	58	50%
Child-Caregiver Interaction	69	45%
Home Environment	95	54%

Child First Across Colorado

In the 2021-22 program year, Child First was supported by Invest in Kids in the following counties: Adams, Alamosa, Arapahoe, Boulder, Broomfield, Conejos, Costilla, Douglas, El Paso, Jefferson, Mineral, Rio Grande, Saguache.

In the map below, counties shaded green indicate where Child First was delivered during the 2021-22 program year. Child First was not delivered by any agency to the gray counties during the program year.

In the coming 2022-23 program year, Child First will expand to six additional counties: Chaffee, Clear Creek, Custer, Fremont, Gilpin, and Lake.





Fidelity

Child First developed a cross-site, electronic, web-based Electronic Health Record (EHR) called the Child First Comprehensive Clinical Record (CFCR). It is within CFCR that Benchmark data is entered by all Child First sites. The system includes all client information from referral to discharge.

Program fidelity is assessed at each Child First site on a monthly basis by examining the key Child First Benchmarks. Child First measures benchmarks to ensure fidelity to the model and high-quality service delivery, which has been shown to lead to positive outcomes for children and their caregivers. The Child First Benchmarks outline the essential quantitative elements used regularly to assess a site's performance and adherence to the Child First model.

While Year 1 of program delivery in the 2021-22 program year in Colorado does not provide us with enough information to report out on the benchmarks, the 10 benchmarks that will have accompanying data in the future are as follows:

Child First Benchmarks			
#	Benchmark	Target	Description
1	Age Served	20-80%	At the time of admission, children may be prenatal to 6 years (5 years 364 days).
2	Adjusted Home Visits	90%	Team members conduct the required number of adjusted home visits based on their role.
3	Baseline Assessment Completion	80%	Baseline assessments are completed for children and caregivers.
4	Meeting Identified Needs	60%	Identified needs are met or the family is on a waiting list, by the end of treatment.
5	Early Care Mental Health Observations/ Consultations	90%	Every child who is cared for outside of the home (any type of childcare) will have an Early Care and Education or School Mental Health observation and consultation.
6	Supervision Hours	75%	Team members participate in the required supervision hours.
7	Length of Service	70%	Discharged children have a length of service (LOS) of 6 months or longer.
8	Meeting Treatment Goals	60%	Met Treatment Goals is the discharge reason
9	Discharge Assessment Completion	70%	Discharge assessments are completed for children and caregivers.
10	Family Improvement	75%	Discharged families demonstrate improvement by .5 standard deviations or greater in at least 1 domain where a problem was identified at admission



Program Staff



Marisa Gullicksrud, LCSW
Program Director, Child First



Amanda Fixsen, Ph.D.
Director of Implementation



Iesha Mitchell
Director of Community
Partnerships



Em Archuleta
Program Support Manager

The program staff's work is made possible with invaluable support from Executive Director, Lisa Hill, and staff from the Development, Finance and Operations teams.

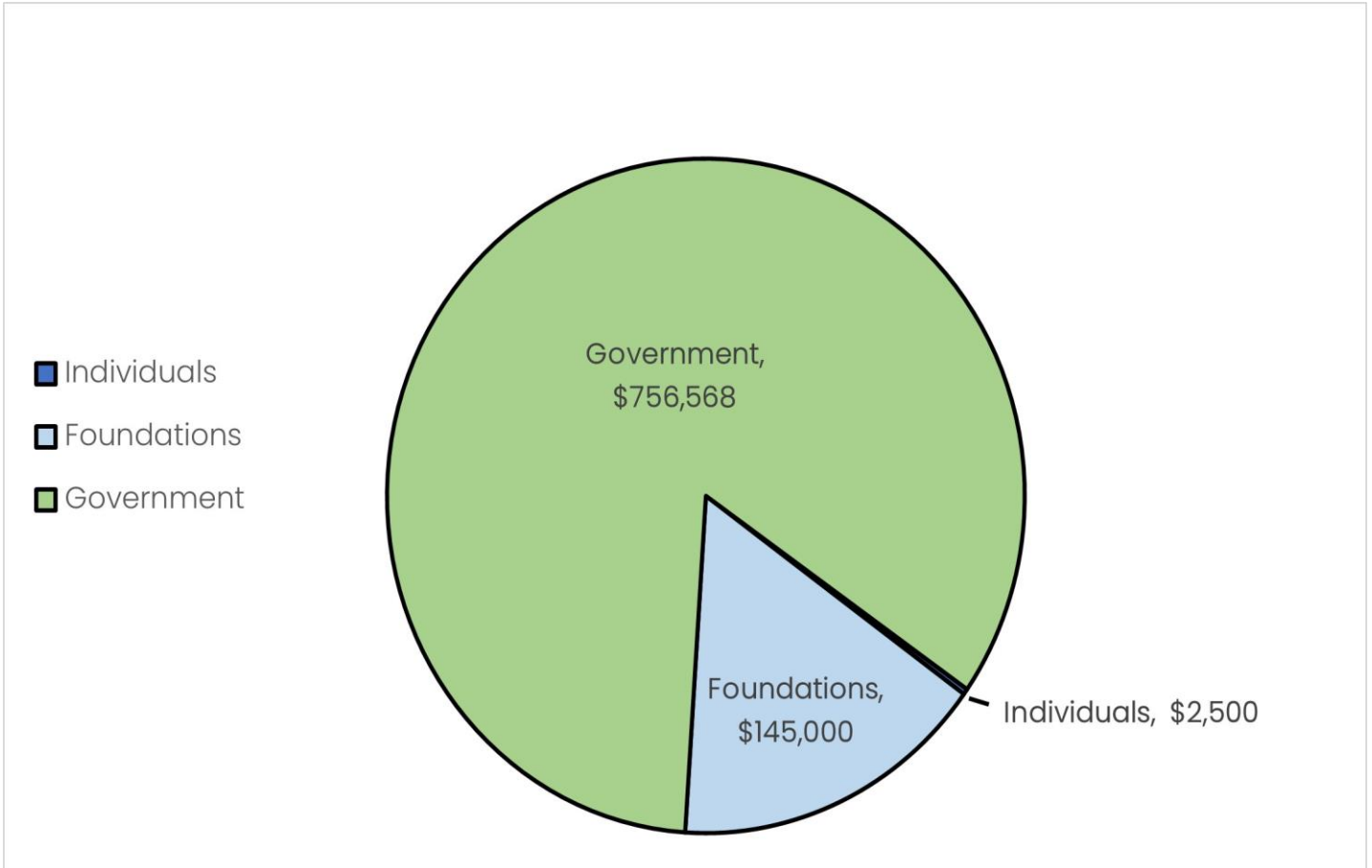
Appendices

A. Data Collection

Child First developed a cross-site, electronic, web-based Electronic Health Record (EHR), based in the CareLogic system designed by Qualifacts called the Child First Comprehensive Client Record (CFCR). This system includes all client information from referral to discharge. It is designed to most efficiently facilitate recording of client information and decrease duplicative data entry. No other health record is necessary. Training and ongoing technical assistance are provided to all sites by the Child First Data and Quality Enhancement Team.

CFCR data is owned by each Child First delivering agency. This data is then shared on an ongoing basis with the Child First National Service Office and with Invest in Kids. All data is used for quality improvement purposes.

**B. Child First Program Funding
Fiscal Year Ending June 30, 2022
Totals \$904,068**





C. Partners

IKK has many community partners* throughout the state without whom the launch of Child First would not have occurred. We thank them for their dedication to delivering the program with a high level of quality for Colorado's children and families. We also thank the donors and philanthropic community whose financial support has made this program available, as well as the foundations who continue to prioritize funding for early childhood mental health programs.

*A detailed list of our community partners is available upon request.