



Child First® in Colorado

Supporting Colorado's Behavioral Health Transformation

For 22 years, Invest in Kids has worked with Colorado communities to support the implementation of the Nurse-Family Partnership® and The Incredible Years®. We work tirelessly to bridge research into practice, leveraging the power of these evidence-based programs to support more than 100,000 Colorado families most impacted by systemic and structural inequities.

Child First is Invest in Kids' most recent program offering and fills a major void in Colorado's early childhood mental health services for families impacted by trauma and chronic stress. **Child First is an evidence-based, intensive, home-based program that offers psychotherapeutic interventions for children 0-5 and their caregiver(s).** Child First works with children and families experiencing the most challenges, helping them heal from the damaging effects of stress and trauma. This two-generation approach builds strong, nurturing, caregiver-child relationships, promotes adult capacity, and connects families with needed services. This intervention increases emotional health and learning success and prevents child abuse and neglect.

Child First works with families in the home and via telehealth. Referrals come from families and providers throughout the community system of care, including early care, education, pediatrics, early intervention, and child welfare. Child First provides hands-on connection to broad community-based services and supports for all family members, leading to family stabilization, decreased stress, and utilization of growth-enhancing community resources.

Evidence-based Outcomes*

- 68% decrease in child language problems.
- 42% decrease in child externalizing mental health symptoms.
- 64% decrease in maternal depression or mental health problems.
- 91% increase access to services in the community to meet their basic needs.
- 39% decrease their involvement with child protective services

*Child First was evaluated with a randomized controlled trial (RCT) with strong positive outcomes. (Child Development, January/February 2011). Colorado specific outcomes will be available in late 2022.

Child First in Colorado: Current Implementing Agencies

- ❖ Aurora Mental Health Center: the City of Aurora
- ❖ San Luis Valley Behavioral Health Group: Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache Counties
- ❖ Savio: Adams and El Paso Counties
- ❖ Tennyson Center for Children: Boulder, Broomfield and Jefferson Counties

How can you support Child First in Colorado?

In 2022, Invest in Kids seeks to expand Child First. Child First presents a perfect opportunity to utilize one-time funding to accomplish this goal. American Rescue Plan Act (ARPA) funding can both launch new services and provide gap funding needed to sustain the four current Child First implementing agencies. Long-term sustainability of Child First is largely supported through the Medicaid behavioral health benefit while startup expenses can be covered by one-time funds. Given this, ARPA funding can support expansion of the program to more Colorado communities and provide short-term support of current implementing agencies while additional long-term sources to complement Medicaid reimbursement are secured.

Child First Bolsters Behavioral Health Transformation Efforts and meets many of the Behavioral Health Transformational Task Force Funding Allocation Recommendations:

- B.2. Children, Youth, and Families Community Services
- D. Primary Care BH Integrations (formerly SIM)
- E.1. Community BH Continuum of Care Gap Grants:
- E.2. Criminal Justice Grants: Diversion, CJ Early Intervention Program, intervention, and Competency
- F. Workforce

Alignment with Community Behavioral Health Care Continuum Gap Grant funding:

Ensure transparency and accountability mechanisms: Invest in Kids, as the Colorado intermediary organization supporting Child First, and implementing agencies keep exhaustive data on outputs and outcomes through the Child First Clinical Record (CFCR) as well as the local Electronic Health Record (EHR) system, ensuring an elevated level of accountability and a strong capacity to gather additional data that may be needed based on reporting requirements.

Require a county or regional level assessment that identifies gaps in the service continuum for that community and areas that need investment should be identified: As part of our exploration and site readiness process, Invest in Kids utilizes community mapping to capture

the current diverse system of care that exists in a geographic region. Invest in Kids assesses the need for Child First by meeting with large groups and in one-on-one settings to jointly determine the fit of program to community. This process allows us to be informed by community and family voice to prioritize the communities with the greatest need, understand the barriers they face in implementing the program, and the opportunity. We partner with the community to address and mitigate barriers to be able to establish Child First and thus serve families most in need.

Allow for non-financial match to be used as an addition or alternative to a financial match; waivers in certain instances may be necessary: Invest in Kids exploration process, and broader research, both demonstrate the value of having a community invested even when it is a non-financial commitment. We know that non-financial matches are variable by community and agency.

Incentivize alignment with regional opioid settlement plans and local public health needs assessments: Child First transforms how behavioral health is delivered by providing dyadic treatment in the home of Coloradans experiencing significant health and mental health disparities. Child First aligns closely with the goals of many Maternal Opioid Misuse grant efforts by providing an intervention that addresses the impact of SUD on the parent-child relationship. Alignment must be established in each area, and we believe it will be clear in all community assessments.

Include a cap on indirect costs: Child First currently operates with 10% indirect cap on private funds granted to provider agencies.

Require projects are connected with larger state systems (for example, if mobile crisis response is being funded in a community, it would need to respond to 988 calls): Child First depends on the larger state and county systems for referrals into and out of the program. Child First is in strong alignment with ongoing work and priority areas within the Colorado Department of Human Services, including the Office of Early Childhood, Office of Behavioral Health and the Office of Children, Youth and Families. Additionally, provider agencies partner with other community-based agencies that encompass the broader system of care for early childhood to collaboratively meet the needs of the communities and to add a layer of service that enhances the system of care rather than replicating it.

Require applicants to demonstrate sustainability for receipt of funds: Invest in Kids has raised private philanthropic and government funds that launched and are helping to sustain the first cohort of Child First services. Once launched, Child First providers can bill most Child First activities to Medicaid and receive reimbursement for 60-75% of Child First costs. The remainder

of the long-term funds needed are currently being pursued at the state and county level including Families First Prevention Services Act (FFPSA) and Maternal Infant and Early Childhood Home Visiting (MIECHV) as Child First is on the list of eligible programs for both federal programs.

Encourage applicants to work regionally, such as through the opioid regional boards, or other regional efforts: Prior to the program installation phase, the site readiness process ensures that the provider agency is engaging the broader, and many times multi-county, community to ensure that when available, Child First, becomes an embedded resource into the region's system of care. Child First implementing agencies and Invest in Kids staff continually advocate for and collaborate within current and ongoing community task forces and boards.

Demonstrated need for one-time funding, and outreach to these communities with an offer to provide grant writing support: Child First is a perfect opportunity for one-time funding – both for the launch of new services for the second cohort and the gap funding needed to sustain the currently operating implementing agencies. Long-term sustainability of Child First is largely supported through the Medicaid behavioral health benefit while startup expenses can be covered by one-time funds. Given this, ARPA funding will support expansion of the program to more Colorado communities and short-term support of current implementing agencies while additional long-term sources to complement Medicaid reimbursement are secured.

**Child First has strong alignment with other key Colorado initiatives
to reform the behavioral health system.**

- Colorado Behavioral Health Task Force [Blueprint for Reform](#)
- [SB 19-195](#) Child & Youth Behavioral Health System
- [SB 19-222](#) Community Behavioral Health Safety Net System
- SB 21-137 Behavioral Health *Transformation* Taskforce [Key Pillars](#)