

# Invest in Kids and Child First in Colorado



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Invest in Kids is a nonprofit organization that works 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.



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# Invest in Kids Approach

- **Identify** research-based, proven programs with methodologies for success
- **Introduce** these programs to Colorado communities and constituencies to determine potential for impact
- **Implement** programs through agency and provider partnership and community collaboration
- **Ensure** ongoing program success through measurement of results and advocacy for sustainable funding



# Formula For Success



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Nurse-Family Partnership® (NFP) is an evidence-based, voluntary, community health nursing program for families living in poverty expecting their first child. Clients are partnered with a registered nurse early in their pregnancy and receive home visits until the child turns two. Nurse-Family Partnership is based on evidence from three randomized, controlled trials, and over 40 years of longitudinal research.

The program is uniquely effective due to the following characteristics:

- Voluntary enrollment of first-time mothers (an optimal time to promote positive behaviors)
- Long-term program duration (over 2 years)
- Delivered by highly trained, registered nurses with expertise in maternal/child health
- Relationship-based: nurses develop close, trusting relationships, with the mother and her child
- Strengths-based: an emphasis on clients' unique strengths and development of a positive vision and plan for their lives and the lives of their children

**Outcomes:**

- 31,000+ families served in Colorado since 2000
- 91% of babies were born full-term
- 85% of clients were screened for depression during pregnancy
- 94% of clients initiated breastfeeding
- 73% of infants were screened for developmental delays at age 10 months
- 91% of children were fully immunized at age 24 months

**For every dollar invested in NFP in Colorado there is a \$7.90 cost savings to society.**



**The Incredible Years® (IY)** is a suite of proven prevention programs that increase a child's success at school and at home by promoting positive relationships. The program's goal is to improve school performance, reduce child behavior problems, promote positive and consistent discipline, and support caregivers through a holistic approach involving children, parents, and teachers. IY addresses the unique needs of each audience through three distinct yet integrated components and skill-building programs.

Dinosaur School - 60 lessons delivered to children 2-3 times per week. Trained teachers co-lead lessons using puppets to engage in activities that focus on problem-solving, self-monitoring emotions, anger management, and how to make friends.

Preschool BASIC Parent Program - Delivered through a series of 14 weekly parent group meetings. Trained facilitators guide groups of 7 to 15 parents as they learn strategies and skills that promote children's social competence and reduce behavior problems

Teacher Classroom Management (TCM) - Teachers learn positive teaching strategies and essential skills for classroom management including how to connect to children with challenging behaviors and how to help them manage their emotions.

**Outcomes:** Statistically significant gains in the following:

- Students' Dinosaur School Social-Emotional Skills
- Students' Social Competence, including Emotion Regulation, Prosocial Communication, and Academic Skills
- Parents' Appropriate Discipline, Clear Expectations, and Positive Parenting
- Parents' Harsh Discipline and Inconsistent Discipline
- Childrens' Social Competence, including Emotion Regulation and Prosocial Communication

**For every \$1 invested, IY research suggests that \$4.13 can be avoided in future costs for the IY Parent Program.**



In March 2020, Invest in Kids added a new program to our statewide portfolio: Child First® (CF)

The adoption of Child First supports our partners statewide to help both children and families heal—and further protect them from the impacts of poverty and stress.

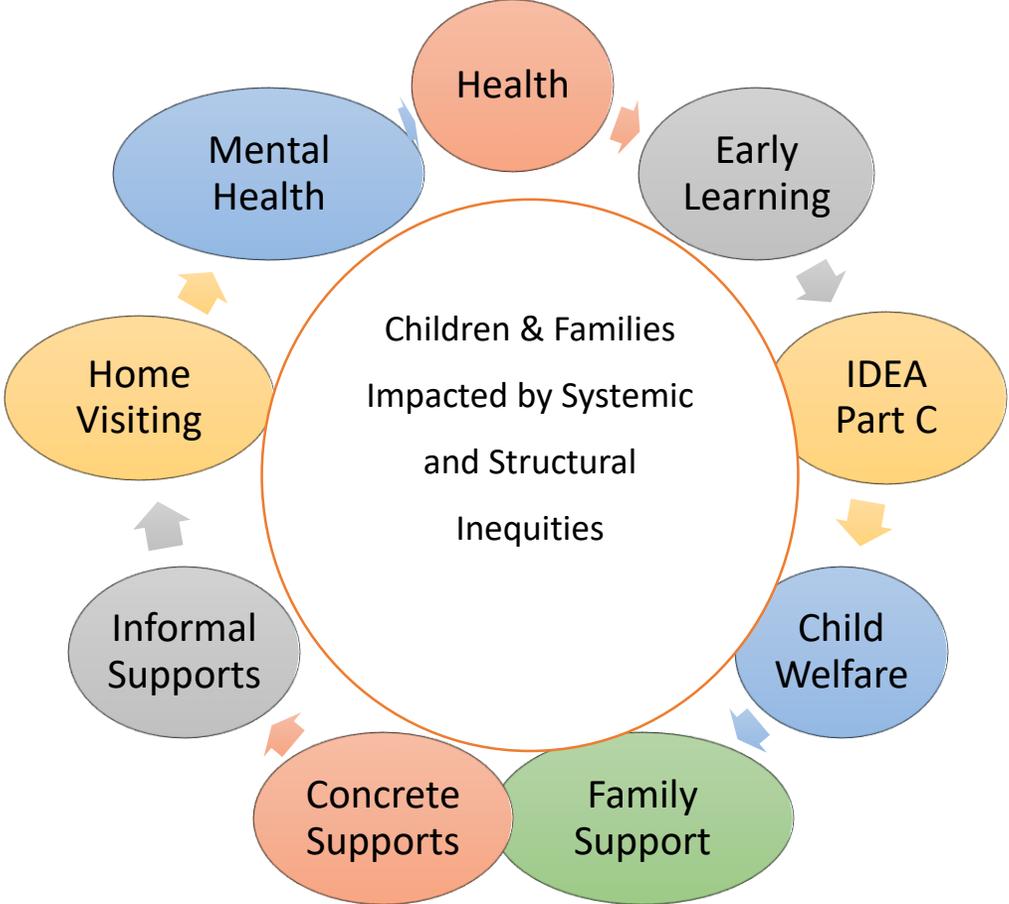
Child First is an evidence-based, two-generation, home-based mental health intervention that serves young children and their families most impacted by systemic and structural inequities.

**Goals of Child First:**

- Promote child and parent emotional health
- Promote child development and learning
- Enhance parent and child executive capacity
- Prevent child abuse and neglect

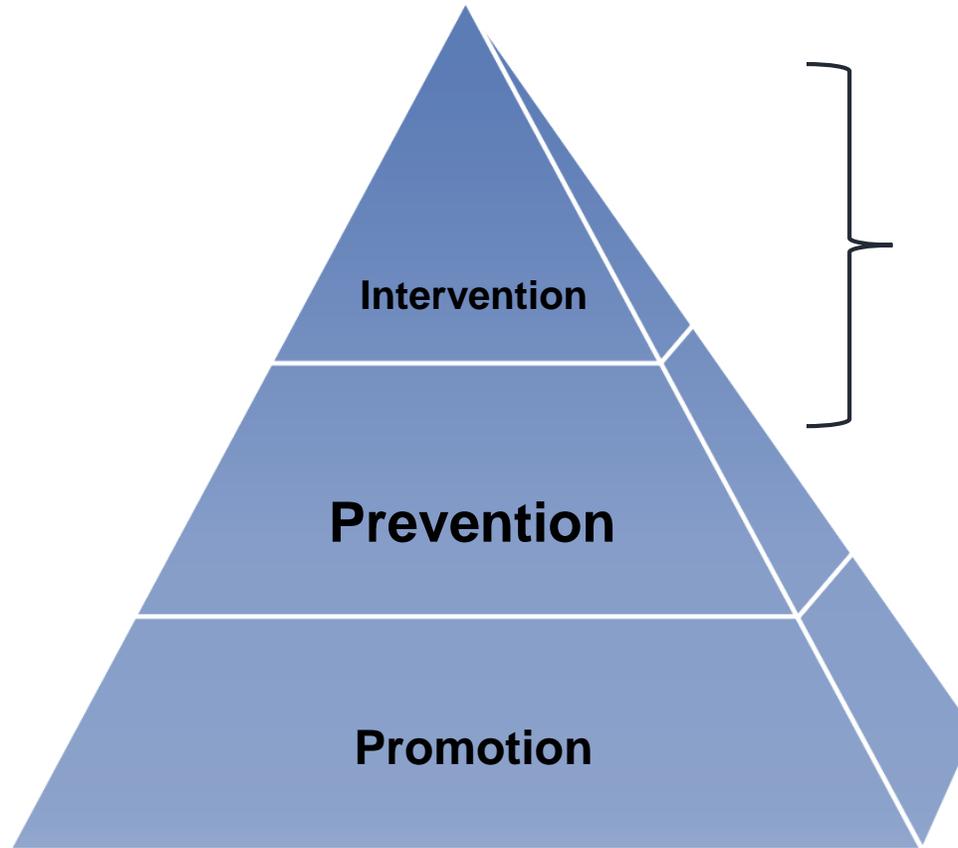


# Early Childhood System of Care



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# Filling a Critical Gap in the continuum of care



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# Child First – Target Population

Any child who is prenatal through five years of age. Caregiver and child whose secure attachment has been disrupted due to the following referral behaviors:

## Children:

- Emotional or behavioral problems,
- Developmental or learning problems, or
- Come from environments in which there is considerable risk to their health and development.

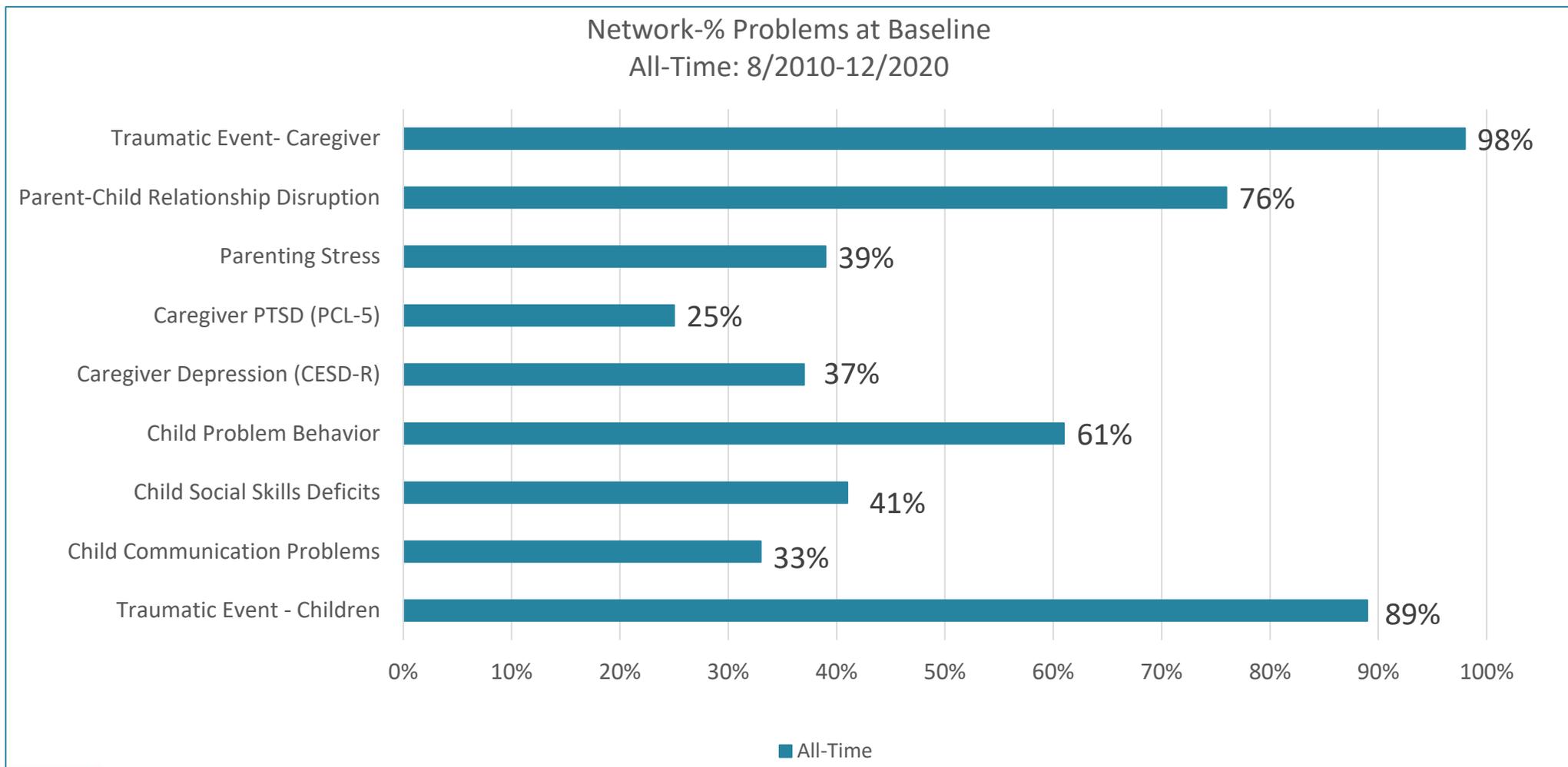
## Caregiver:

- Parental mental illness,
- Substance abuse,
- Incarceration,
- Intimate partner violence,
- Living in shelters, experiencing homelessness or having undocumented status.



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# Who Child First Serves



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# Child First's Clinical Team Approach

## Home Visiting Team:

### Family Support Partner

- Stabilize family, connect to services and supports, provide growth enhancing opportunities for child and family

### Mental Health Clinician

- Trained to work with the family and child to facilitate responsive, nurturing parent-child relationships. Promotes attachment, emotional regulation, and behavioral health (*Can be Masters level and/or working towards licensure*)



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# Child First Intervention Process

## Visit Frequency

- 2x per week during 1<sup>st</sup> month with Child First Team
- Minimum of 1x per week as needed, ongoing
- May increase based on unique needs of child and caregiver

## Length of Service

- On average 9 months
- May increase to 18 months (or longer) if clinically necessary

## Caseload

- Average of 10-16 cases, based on family complexity, travel time

## Number of Home Visits per week per Clinical Team

- Average of 12 per week



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# Current Child First Partners in Colorado

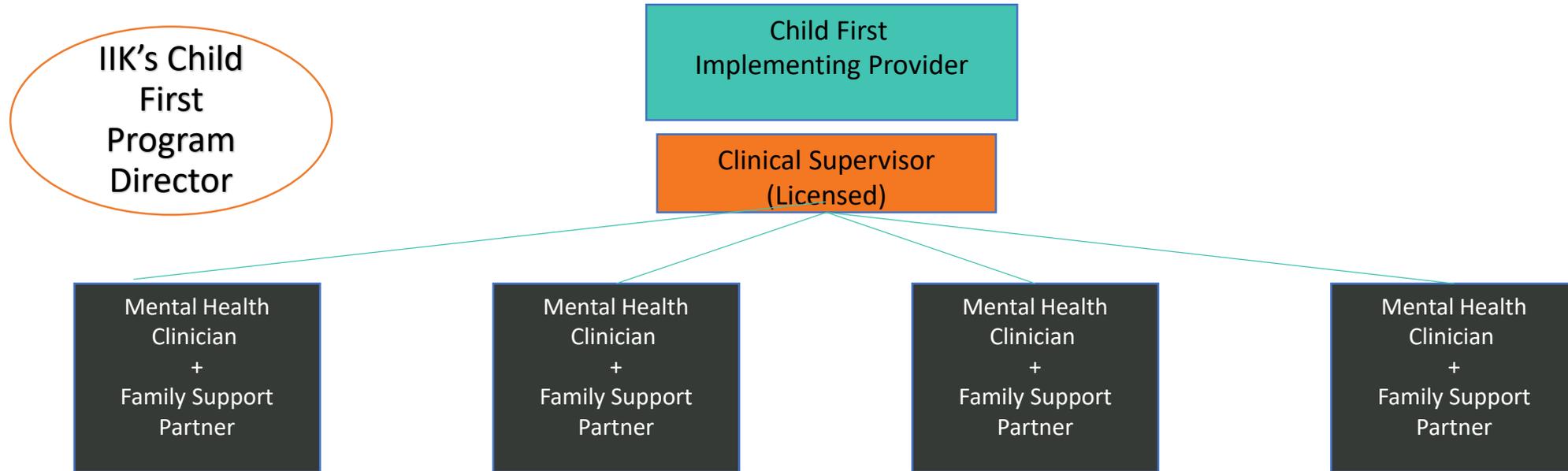
Invest in Kids partners with local behavioral health providers to offer Child First services. Our 'Cohort 1' partners are:

- **Aurora Mental Health Center:** serving the city of Aurora
- **Savio:** serving El Paso County and Adams County
- **San Luis Valley Behavioral Health Group:** serving the counties of the San Luis Valley
- **Tennyson Center for Children:** serving Boulder, Broomfield, and Jefferson Counties

Provider partners are currently able to bill the Health First Colorado behavioral health benefit for Child First services.



# Structure of the Child First Provider



Each Implementing Provider has 1 Supervisor that oversees 4 clinical teams of two people – 9 FTE Total

Each Implementing Provider will see ~80-100 families/year



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# Components of Child First

- Screening and referral
- Family engagement – trust and respect
- Family stabilization and care coordination
- Comprehensive assessment of child and family
- Child and Family Plan of Care (Treatment Plan)
- Child-Parent Psychotherapy – 2-generation intervention
- Executive functioning in child and caregivers
- Mental health classroom consultation



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# Rigorous Training

Training extends over many months:

- Child First Learning Collaborative: 4 training sessions, a 6-7-month process – this includes a focus on the Child First Clinical Record
- Child-Parent Psychotherapy (CPP) Learning Collaborative: 3 training sessions and 18 months of biweekly consultation groups
- Child First Online Distance Learning: combining guided web-based modules, teleconferencing, & readings
- Specialty trainings:
  - DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood)
  - Circle of Security (Practices to promote secure attachment between caregiver and child)



# Ongoing Reflective Supervision

Support to ensure high quality program delivery and prevent staff burnout:

- Reflective clinical consultation from the IIK Statewide Program Director for site Clinical Supervisors
  - Weekly to Biweekly
- Reflective clinical supervision from site Clinical Supervisor for all Child First staff
  - Each individual staff member receives 3.5 hours/week of reflective supervision (individually, as a clinical team, and as a whole group)
- Administrative Group Supervision monthly to review Benchmarks and Outcomes



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# Major Impacts Across All Outcomes

Children's mental health: 42% less likely to have externalizing symptoms at 12-month follow-up.

Maternal mental health: 64% less likely to have scores in the clinical range for mental health issues at 12-month follow-up.  
Significantly lower depressive symptoms at 12-month follow-up.

Language delays: At 12-month follow up, language delays were 68% less likely for children. Among those with baseline language problems, competent language was observed in 80% of children in Child First compared with 36.4% of Usual Care children.

Access to services: The Child First Intervention group had 91% of service needs met at 12-month follow-up, compared with only 33% in Usual Care group (with a large effect size).

Involvement in Child Protective Services: 39% less likely to be involved with protective services during the 12-month follow-up period (parental self-report), and 33% less likely to be involved with protective services (based on child protection records) 3 years later.



# Timeline for Exploration with New Interested Partners to Deliver Child First

- **Now through October 2022:** Community **Exploration** with interested parties
- **October 2022:** **Selection** of Cohort 2 local implementing agencies
- **December 2022:** Local implementing agencies **hire** their Child First staff
- **January 2023:** Local implementing agencies **on-board** their Child First Staff
- **March 2023:** Child First **training** begins for local staff
- **June 2023:** Child First staff begins **delivering** services to eligible families



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# Creating a Sustainable CF Program in Colorado

Child First is a **sustainable program** reimbursed by the Health First Colorado behavioral health benefit and county funding.

CF providers currently **bill Regional Accountable Entities using fee-for-service** codes for reimbursement. These codes only cover 60-70% of the costs of the program.

Invest in Kids provides the upfront implementation funding needed to stand up CF in each community using grants from private foundations and government.

To ensure the long-term sustainability of CF, other states (NC) have pursued a **value-based payment approach**, such as a case rate.

IJK is in talks with HCPF now to determine the best payment approach to allow CF to expand to every county across Colorado.



# Why are we here today?

We wish to benefit from your expertise—what can we do to make CF a success in Colorado?

We're looking for new provider partners to offer Child First in the communities they serve

We're building a coalition of stakeholder support for Child First—will you join us?

We need all the help we can get to get to a value-based payment to make CF sustainable in Colorado

We're looking for families to serve – please send us your referrals: <https://hippa.jotform.com/212556770436055>



**For more information about Child First or Invest in Kids, please contact:**

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