

LOGIC MODEL: CHILD FIRST IMPLEMENTATION

--- CHALLENGES ---

- Family:**
- Poverty
 - Domestic violence
 - Substance abuse
 - Maternal depression; mental health problems
 - Homelessness or unstable housing
 - Poor health
 - Unemployment
 - Lack of education
 - Illiteracy
 - Lack of parenting and child development information
 - Child Welfare risk, past, or active involvement
 - Food insecurity
 - Parents with cognitive limitations
 - Teen parents
 - Single parents
 - Uninvolved fathers
 - Isolation
 - Incarceration
 - Undocumented status
 - Multiple challenges
- Child:**
- Developmental delay or learning problems
 - Social-emotional or behavioral problems
 - Health problems
 - Exposed to “toxic stress” without buffering of strong attachment relationship
 - Abused or neglected
 - Inadequate health care or lack of Medical Home
 - Low quality child care
- Community:**
- Fragmentation in service system
 - Gaps in services
 - Community violence

----- INPUTS -----

- Child First:**
- Evidence-based model
 - Home-based services
 - Children prenatal to 6 years
 - Multiple children per family
 - 6-18 month intervention
 - ECE Mental Health Consultation
 - Master’s level licensed Mental Health/Developmental Clinicians
 - Bachelor’s Care Coordinators
 - Team approach
 - Multicultural/multilingual staff
 - Learning Collaborative (LC) - 12 months w/ intensive training
 - Child-Parent Psychotherapy LC
 - Weekly reflective supervision
 - Ongoing biweekly reflective clinical consultation by NPO
- Funding:**
- Child Welfare – (CT DCF)
 - MIECHV
 - Medicaid reimbursement
 - Philanthropy
 - Federal (SAMHSA) support
 - Children’s Services Council (CSC) of Palm Beach County
- Strong Collaborative Early Childhood System of Care:**
- Early care and education
 - Local Education Associations
 - Pediatrics in hospitals & FQHCs
 - Child welfare providers
 - Family Resource Centers
 - Shelters
 - Domestic violence agencies
 - Courts
 - Home visiting: PAT, NFP, EHS
 - Care Coordination (SOC)
 - Infoline/Help Me Grow
 - Health Department/WIC
 - IDEA Early Intervention
 - Adult mental health and substance abuse providers
 - Child mental health providers
- Policy and Advocacy:**
- CT Office of Early Childhood
 - CT Commission on Children
 - CT Home Visiting Consortium
 - CSC of Palm Beach County

----- ACTIVITIES & SERVICES -----

- Identification, Assessment, & Planning**
- Screening and Referrals:**
- Training of community providers
 - Screening for developmental, social-emotional, parent risk
 - Broad referrals from early childhood and adult providers
- Community-Based Assessment & Consultation:**
- Early care and education
 - Pediatrics
- Comprehensive Home-Based Assessment:**
- Child mental health
 - Child development
 - Child and parent trauma
 - Child & parent health
 - Parent-child relationships and attachment
 - Parental challenges esp. mental health
 - Family service needs
- Development of Individualized Child & Family Plan of Care:**
- Family-driven, reflecting culture, priorities, needs
 - Comprehensive plan of psychotherapeutic treatment and services
 - All family members receive services
 - Child/family specific meetings as needed

Service Delivery

Home-Based Intervention:

- Engagement of very hard to reach families
- Parent guidance
- Trauma-informed Child-Parent Psychotherapy
- Executive functioning
- Use of video
- Mental health consultation in ECE
- Two generation approach
- Team approach
- Weekly individual, Team, & group reflective supervision

Care Coordination / Case Management:

- Family stabilization
- Family driven
- Hands-on connection to community services and supports
- Adult capacity building
- Average of 12 referrals per family
- Access to over 80% of services desired

Fidelity and Certification:

- Web-based Electronic Health Record
- Process and outcome data analysis – feedback to affiliates
- Monitoring of clinical and program fidelity
- CQI process
- Annual accreditation

----- OUTPUTS -----

- Increased identification of multi-risk families
 - Child First programs now throughout CT, beginning in PB Florida, in development in NC
 - 1,000+ children and families served in the home
- INTERMEDIATE OUTCOMES**
- Service System:**
- Increased identification of children and families
- Child Outcomes:**
- Improvement in nurturing relationship and secure attachment
 - Decrease in child emotional and behavioral problems
 - Improved child language
 - Improved executive functioning
 - Decrease abuse/neglect
 - Decrease in ER and hospitalization
- Caregiver Outcomes:**
- Decreased maternal stress, depression & mental health problems
 - Increased executive fx
 - Increased involvement of fathers
 - Increased family supports and community resources
- Family Outcomes:**
- Decreased Child Welfare referral, substantiation, & foster care
 - Increased connection to Medical Home
 - Increase connection to early care and education
 - Increase dental services
 - Increased family supports and community resources

L-T OUTCOMES

- Long Term Outcomes are a Continuation of all Intermediate Outcomes, and in addition:**
- Child Outcomes:**
- Decrease in child mental health residential or hospital treatment
 - Decrease in special education and drop-out
 - Improved physical health and development
 - Decrease in incarceration
- Caregiver Outcomes:**
- Decreased incidence of domestic violence
 - Increased education and literacy
 - Improved health
 - Increased employment
- Family Outcomes:**
- Family safety
 - Income security
 - Housing security
- Service System Outcomes:**
- Caregiver and provider satisfaction
 - Utilization of data for service improvement
 - Medicaid funds accessed for home-based services
 - Increased community collaboration with seamless system of services and supports for families
 - Decrease in state expenditures