

Child First

Child First helps to heal and protect children and families from the effects of trauma and chronic stress by providing a psychotherapeutic intervention that promotes nurturing caregiver-child relationships, enhances adult capacity, and provides care coordination to connect families with services and supports. See www.childfirst.org for details.

What is the model's approach to providing home visiting services?

Home visits take place twice per week during a month-long assessment period and a minimum of once per week thereafter. Services are provided for families and their children prenatally through 5 years old for approximately 6 to 12 months, but can extend beyond 12 months depending on a family's need.

Child First's target population includes the following:

- Children with emotional or behavioral problems
- Caregivers with depression, PTSD, and other mental health problems
- **V** Low-income families
- Caregivers experiencing domestic violence or trauma
- Children experiencing abuse, neglect, or other trauma
- Families with history of substance abuse or in need of treatment
- Families who are homeless
- Children with developmental delays or disabilities

Who is implementing the model?

Home Visitors

Child First was implemented by 167 full-time equivalent (FTE) home visitors in 2017. The model requires care coordinators to have a bachelor's degree and mental health clinicians to have a master's degree in a mental health specialty with a license. Home visitors typically maintain a caseload of 12 to 16 families.

Supervisors

Child First was implemented by 28 FTE supervisors in 2017. The model requires a master's degree in a mental health specialty with a license for supervisors.

Where is the model implemented?



Child First operated in 23 local agencies across three states in 2017.

The NHVRC is led by James Bell Associates in partnership with the Urban Institute. Support is provided by the Heising-Simons Foundation and the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the foundations. For details about the methodology, see the 2018 Home Visiting Yearbook.



3-6 years



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Families Served Through Evidence-Based Home Visiting in 2017



Notes • Data on ethnicity, race, caregiver education, insurance status, and language are based on a subset of families. Ethnicity is unknown for 3 percent of recipients. Education status is unknown for 5 percent of recipients. • Low income is defined as families meeting the eligibility requirements for Medicaid. Poverty status of 1 percent of recipients is unknown due to lack of insurance. • 1 percent of children are over 6 years old.

None