



1st Five components Health providers, coordinators and families

1st Five is a public-private partnership operating in 49 Iowa counties. Participating health providers can refer children birth to age 5 with identified social, emotional or developmental concerns to 1st Five.

Coordinators work with families to identify risk factors and connect them to appropriate services. 1st Five continues to work with the family on a regular basis and updates the provider on the outcome of the referral.

1st Five Healthy Mental Development Initiative Summary of Evaluation Findings

More than one in five Iowa children ages four months to 5 years are at moderate or high risk of developmental, behavioral or social delays.¹ Among children at risk for developmental delays, only 50 percent are detected prior to school entry, when early intervention has the greatest impact.² Health providers play a key role in identifying the factors that hinder healthy development. In fact, more than nine of 10 young Iowa children visit a health provider for preventive health care⁴—far more than use any other formal support system. This makes 1st Five is a critical strategy for reaching children in need.

In 2014, Iowa lawmakers, understanding the value of the initiative, expanded the appropriation for 1st Five. This boost increased the capacity of the seven implementation sites and allowed the four community planning sites to transition to full implementation. Now, all 11 sites support providers in implementing developmental surveillance and screening and offering care coordination and community coalition building.

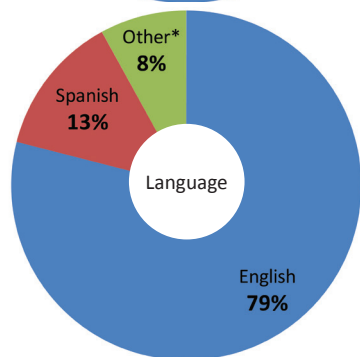
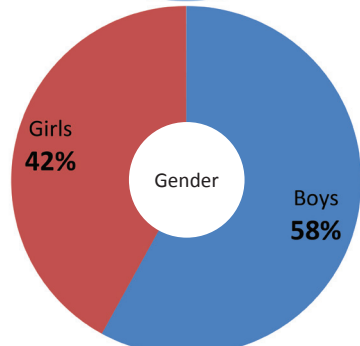
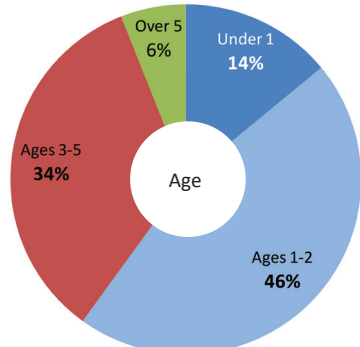
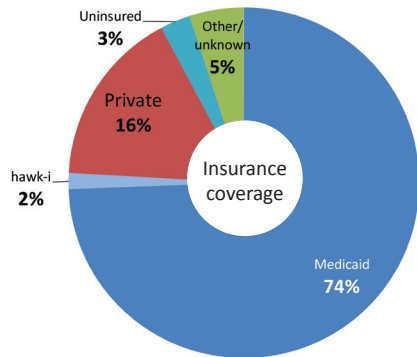
KEY FINDINGS AND RECOMMENDATIONS

- **1st Five is helping more children.** In 2014, 1st Five supported the healthy mental development of over 1,000 young children. Nearly 8,000 children and families have been referred to 1st Five since 2007. The top reasons for referral are hearing/speech concerns (2,165), followed closely by parent/family stress (2,164).

“I used to worry I was not meeting the needs of the families I worked with due to time constraints. Since our clinic began working with 1st Five a few months ago, **I feel the collaboration provides individualized, family-centered care that makes an immediate and tangible difference.** As a result, homeless children now have housing. Patients with developmental delays are attending therapy sessions, even if transportation is a barrier. I am so grateful we have this wonderful program to help us care for our youngest patients and their families.”

Sarah Kersevich, ARNP
Unity Point Pediatric Clinic, Muscatine
- **Increased staffing is allowing sites to focus on provider outreach and engagement and is expanding the number of practices engaged in 1st Five** (the state funding increase has allowed each site to be staffed by a full-time site coordinator). For example, Lee County Health Department was able to increase the number of engaged practices from 1 in 2013 (prior to the hiring of a full-time coordinator) to 11 in 2014 (after the hire). The site experienced a corresponding increase in referrals of 250 percent in the same period. Statewide, the number of 1st Five practices increased by over 150 percent from 2013 to 2014.

About children served by 1st Five

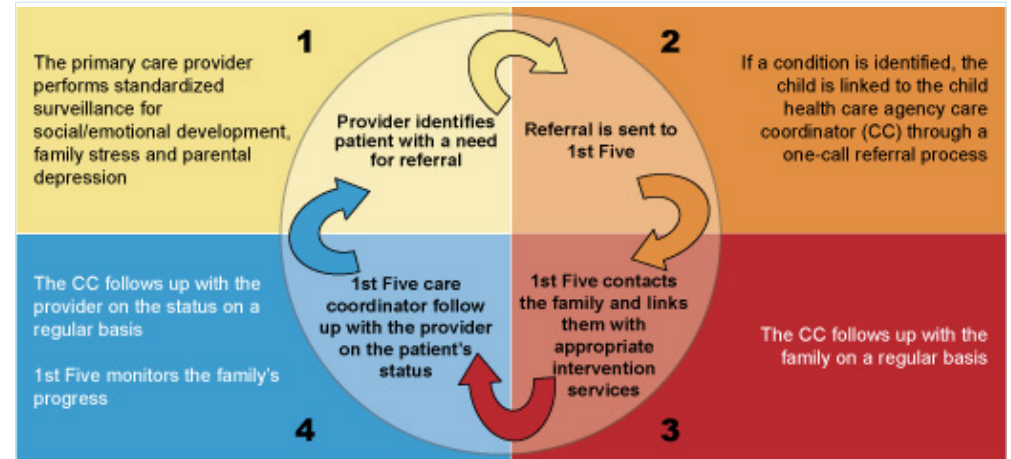


- **1st Five is connecting more families** to community resources to address family stress, caregiver depression and other environmental factors that can create toxic stress. Since 2007, over 19,000 connections to local resources have been made for families across 1st Five sites, up from 16,654 in 2013.

- **1st Five meets families where they are, regardless of their level of need, income or insurance status.** Providers say they value 1st Five's capacity to help all families. 1st Five works both with families that have very complex cases and require numerous referrals and on-going support *and* with families who only need minimal support. These families may not meet requirements to be eligible for other care coordination services but are able to access 1st Five because the initiative does not require children to have a specific diagnosis to participate. Similarly, 1st Five works with families at all income levels. While a majority of children served by 1st Five are covered by Medicaid, almost 20 percent of referred children have private insurance or hawk-i.

- **Services gaps and community resource shortages continue to limit 1st Five's ability to help families.** Coordinators are often challenged by a lack of timely access to resources like mental health services and affordable housing. Even when resources are available in a community (in both rural and urban Iowa), many families struggle to access services due to transportation and language barriers. In fact, nearly 20 percent of children referred to 1st Five speak a language other than English, including Spanish, Chinese, Burmese, Chin, Karenni, Vietnamese, Bosnian, Arabic, and Marshallese.

1st Five care coordinators are the link between health providers and a broad range of community services



Source: 1st Five Healthy Mental Development Initiative

Among participating families who took a 1st Five satisfaction survey:

- Nearly **80 percent** were "completely" or "mostly" satisfied
- **16 percent** were "somewhat" satisfied
- Only **3 percent** were "slightly" or "not at all" satisfied

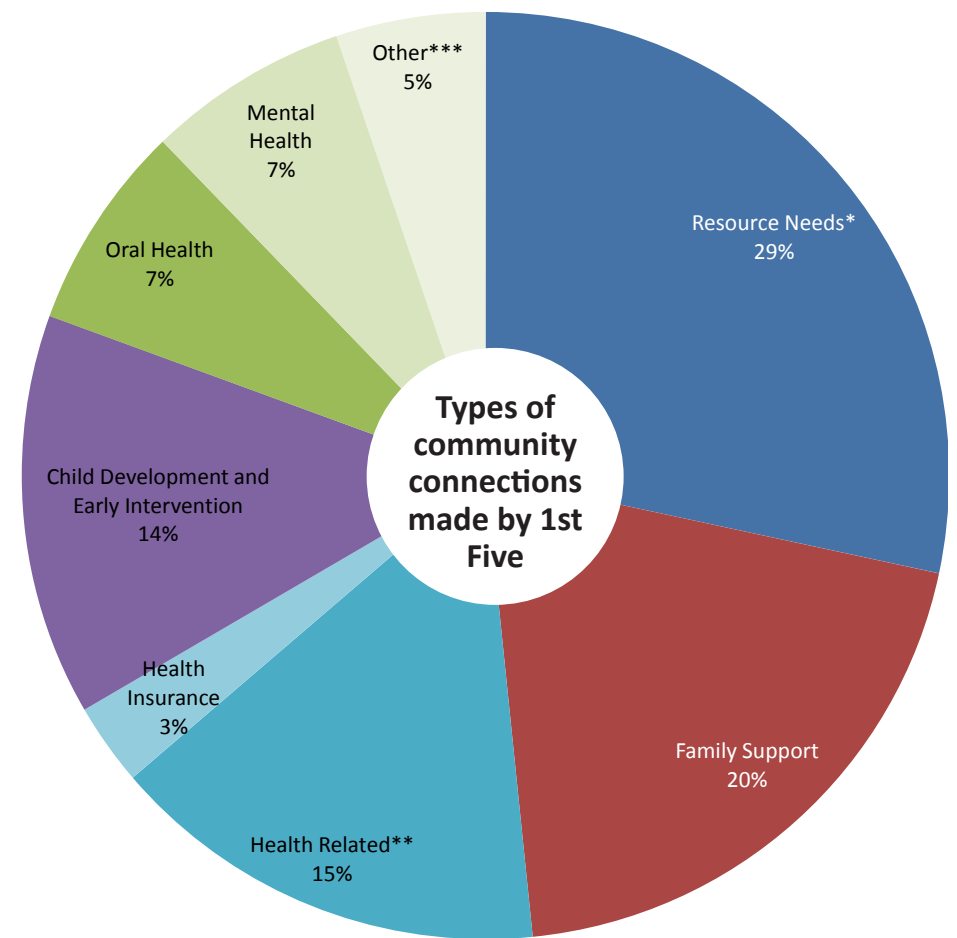
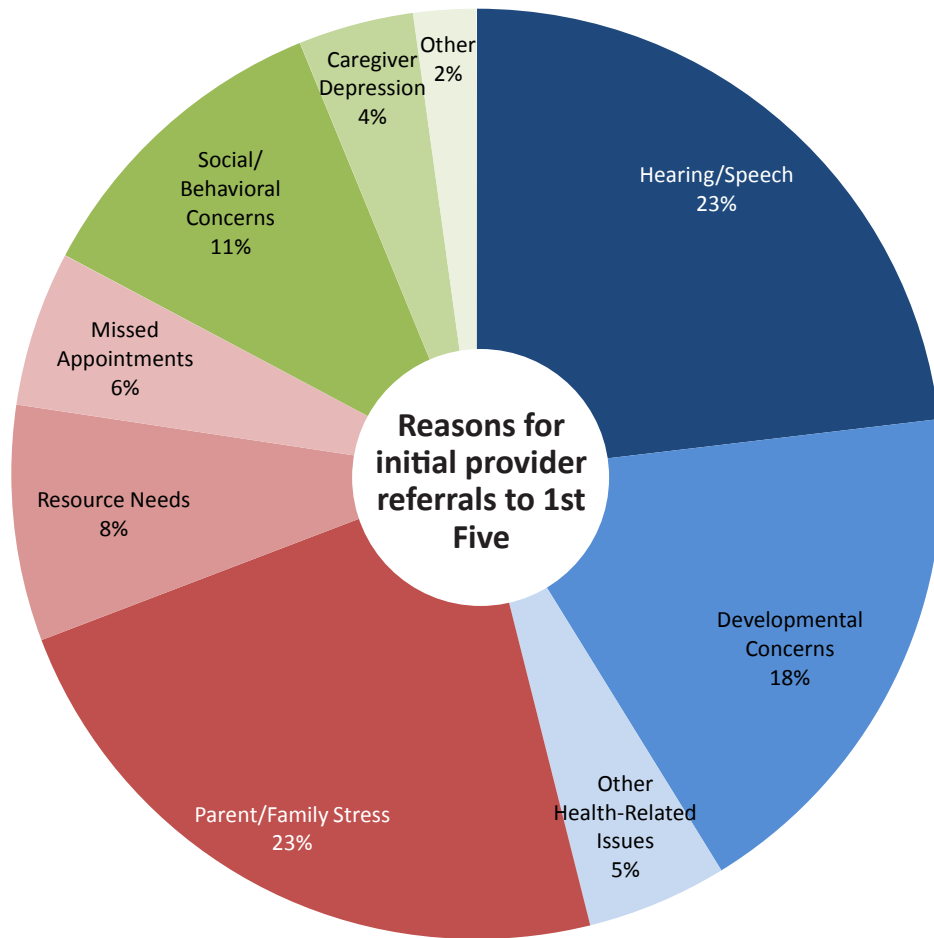
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For general information on 1st Five, contact Michelle Holst at Michelle.Holst@idph.iowa.gov or Rebecca Goldsmith at Rebecca.Goldsmith@idph.iowa.gov.

Sources:

- 1 Child and Adolescent Health Measurement Initiative (CAHMI), National Survey of Children's Health, 2007.
- 2 Centers for Disease Control and Prevention.
- 3 Harvard Center for the Developing Child.
- 4 CAHMI, 2007.

1st Five bridges health-provider referrals and community resources



When a health provider identifies a family need through surveillance or screening, she makes a referral to 1st Five.

Of 9,359 needs identified among 7,588 families, 46 percent were for health or developmental concerns, including speech and hearing (blue). Another 37 percent of referrals were connected to family stress and day-to-day resource needs (red). The final 17 percent ranged from caregiver depression and social and behavioral worries to language barriers and parent education needs (green).

After a referral, 1st Five coordinators work with the family to identify resources addressing the family's needs.

Of 19,223 connections, 29 percent were for resource needs (blue), 20 percent for family-support services (red), 18 percent for health-related needs (aqua) and 14 percent for early-intervention services (purple). The remaining 20 percent were for oral- and mental-health care and other family needs (green).

* **Resource-need referrals** are for supports such as food, transportation, housing, child care/preschool, energy and baby supplies.

** **Health-related referrals** are for services such as lead screening, vision, immunizations, hearing assessments, nutrition and care at the Child Health Specialty Clinics.

*** **Other referrals** are for services like domestic violence support, legal and translation services and resource guides.

1st Five coordinators help families with wide variety of needs

Here's a real-life example of how the 1st Five referral and care coordination process works:

A 3-year-old boy was referred to the 1st Five Initiative for speech concerns. Through enhanced care coordination, his speech needs were assessed, and he began speech therapy via the local AEA.

In the care coordination process, broader issues—high levels of family stress based on financial concerns—also emerged. In response, the family was referred to local programs providing winter clothing and food assistance. They were referred to LIHEAP

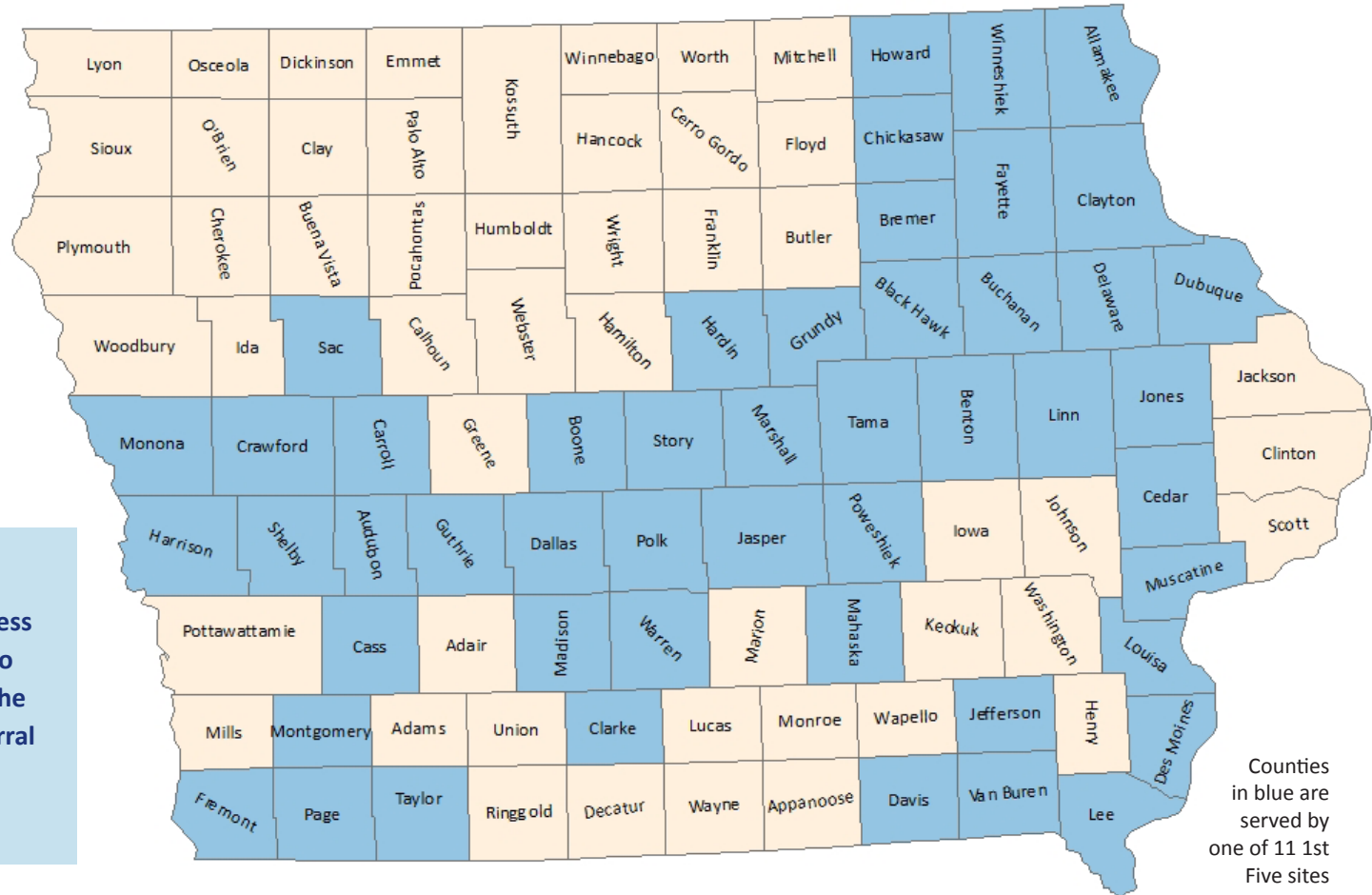
for heat assistance, and the father accessed employment support. The family continues to work with a Family Development Specialist.

1st Five was able to address needs that go far beyond the original referral for a speech delay.

Mom and Dad report less anxiety, improving their interactions and relationship with their children.

1st Five was able to address needs that go far beyond the original referral for a speech delay.

Iowa counties with a 1st Five presence



Early intervention pays off

Experts agree that early detection of developmental delays increases the effectiveness of interventions. There is also growing understanding of how chronic stress in the form of family stress, caregiver depression and other environmental factors is detrimental to developing brains and can lead to poor health outcomes and risky behaviors in adulthood.³ Missed opportunities to intervene early affect not only the lives of individual children and families, but Iowa's health, education, child welfare and juvenile justice systems.

By identifying at-risk children early and connecting them to effective supports, 1st Five can help establish a healthy trajectory for children, setting them on the path to be healthy, productive adults.



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