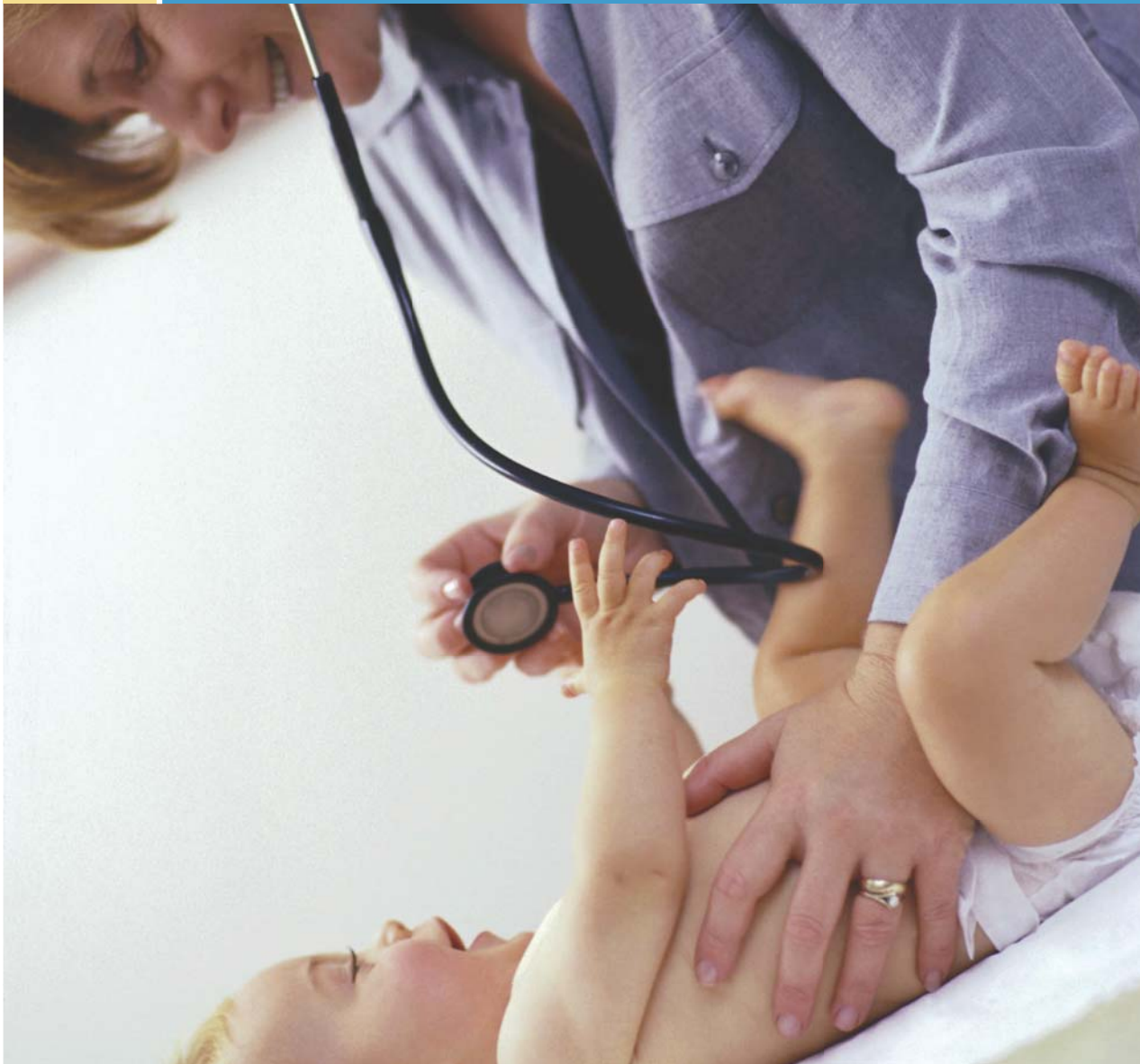




Healthy mental development
in the first five years

1st Five Healthy Mental Development Initiative: Iowa's Public-Private Partnership Model for Advancing Young Children's Healthy Development

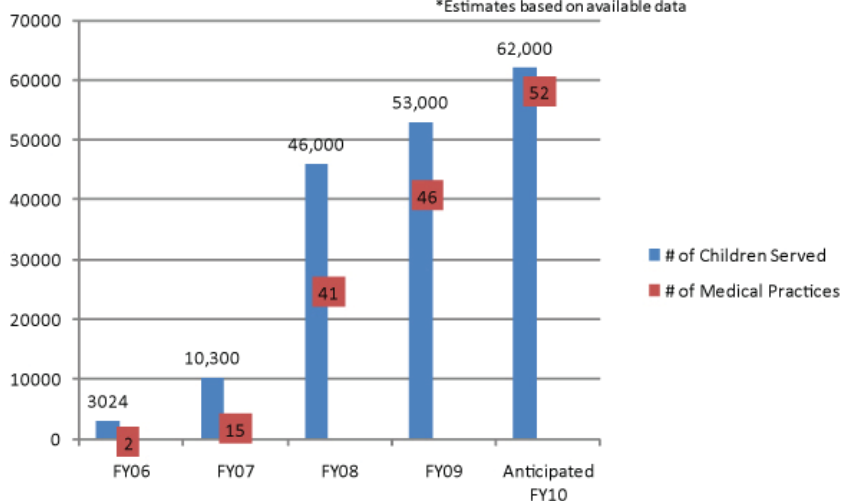
Prepared by: Michelle Stover-Wright
& Carrie Fitzgerald,
Child and Family Policy Center



What is 1st Five?

The **1st Five** Healthy Mental Development Initiative builds partnerships between physician practices and public service providers to enhance high-quality well-child care. **1st Five** promotes the use of validated developmental tools that support healthy mental development for all young children. Providers identify children earlier who are at risk for developmental and behavioral issues that would otherwise play out later. The tools include questions on social/emotional development and family risk factors, such as depression and stress. In fact, the number one reason for referral by medical providers to **1st Five** is for family stress. Brain research indicates that chronic stress is detrimental to children's developing brains. **1st Five** helps alleviate stress-related concerns by connecting children and families to a variety of community-based resources, resulting in children better prepared for school and for life.

Practices Engaged and Children Served*



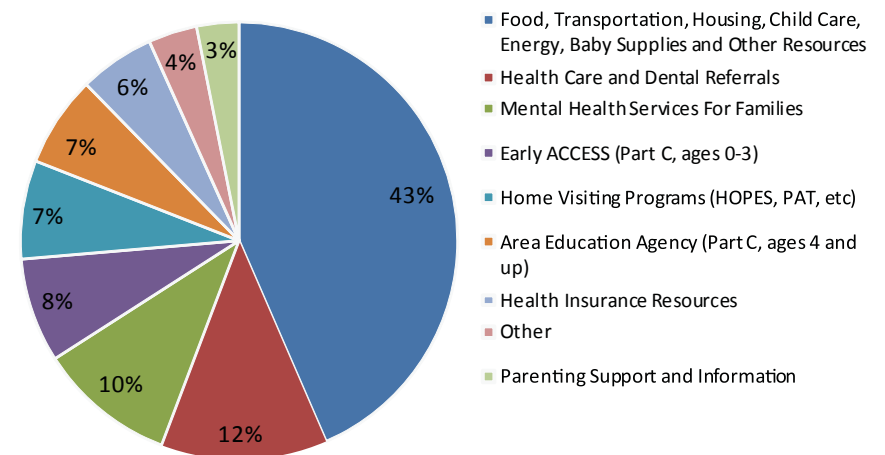
In FY10, 86 counties and an estimated 200,000 children aged 0-5 will not yet be served by 1st Five.

Care Coordination/Partnership Model

1st Five assists primary care providers to deliver coordinated, comprehensive and family-centered care based on the medical home model. The **1st Five** coordinator essentially leads and promotes the program in targeted communities to physician practices, families and community service providers.

Types of Referrals Made by 1st Five Coordinators

Upon Receiving a Medical Provider Referral



When a medical provider discovers a concern, the provider makes a referral to a **1st Five** coordinator. Shortly after receiving the referral, the coordinator contacts the family to discuss available resources that will meet the family's needs. Often other issues come to light during these discussions and additional referrals are made. For every one medical provider referral to **1st Five**, 2-3 additional referrals are identified when the care coordinator contacts the family. The coordinator works extensively with families to assure follow-up and access to services. The coordinator then provides feedback to the referring provider on the status of the referral. Overall improved patient care results from this comprehensive, family-centered model.

1st Five Care Coordination Stories: Improving Child Health Outcomes



After 10 years of marriage, Carla's husband unexpectedly walked out on her and their 3 children. One calming thought for Carla occurred when she remembered her two-year old's well-child exam was scheduled for the next day. Prior appointments with her child's doctor included questions about her child's social/emotional development and family stress and depression. This would allow her to get connected to services that she had no clue how to access. The 1st Five coordinator connected Carla to WIC, food assistance, housing information and financial assistance.



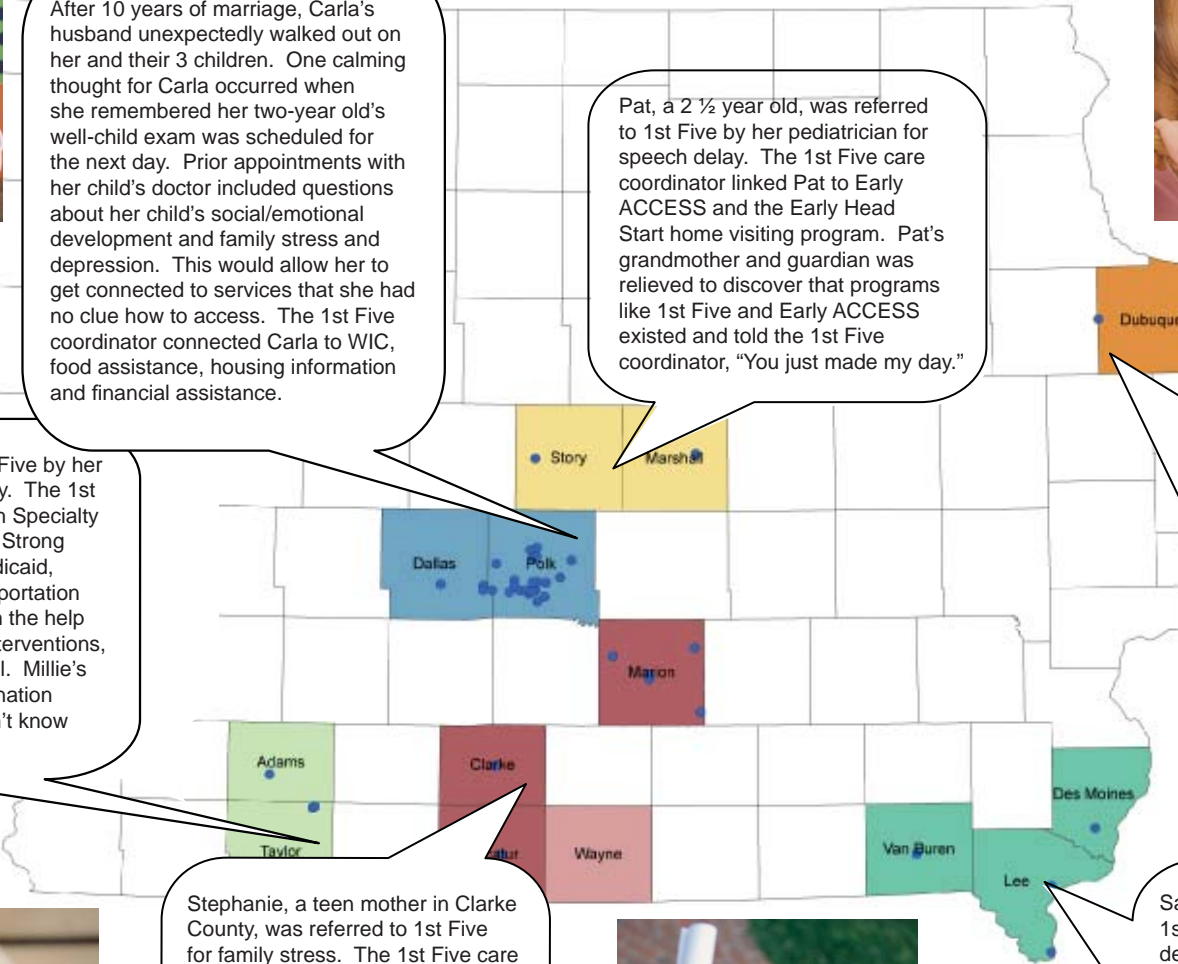
Pat, a 2 ½ year old, was referred to 1st Five by her pediatrician for speech delay. The 1st Five care coordinator linked Pat to Early ACCESS and the Early Head Start home visiting program. Pat's grandmother and guardian was relieved to discover that programs like 1st Five and Early ACCESS existed and told the 1st Five coordinator, "You just made my day."

Millie, a four-year old, was referred to 1st Five by her child's physician for a developmental delay. The 1st Five Coordinator linked her to Child Health Specialty Clinics for further evaluation and Growing Strong Families for home support, as well as Medicaid, food assistance, and Bridge to Care transportation assistance to medical appointments. With the help of AEA and these other comprehensive interventions, Millie was able to attend preschool that fall. Millie's mother still accesses 1st Five care coordination services when needs arise and she doesn't know where to go.

Ann, a foster mom of a five-year old boy with behavioral issues and special medical needs, was referred to 1st Five for stress. The 1st Five care coordinator linked the family to the appropriate medical services, locating those that would accept Medicaid. The care coordinator also located community-based services such as the local Community Circle of Care, which provides support groups and family activities. Ann later told the 1st Five care coordinator, "Thanks for caring so much, I now know who to call to get the help I need."

Stephanie, a teen mother in Clarke County, was referred to 1st Five for family stress. The 1st Five care coordinator connected Stephanie to the local Parents as Teachers group to improve her parenting skills and to mental health counseling to relieve her stress. Stephanie reported less stress now because of being connected to these support services and, as a result, she plans to stay in high school and graduate.

Sam, a three-year old, was referred to 1st Five by his pediatrician for a speech delay and lack of toilet training. 1st Five provided child development information to the family on toilet training and referred the child to the local AEA for speech evaluation. AEA intervened and the child's speech improved. Sam's parents shared how much their stress and worries about Sam had been reduced now that they're communicating with Sam like any normal three-year old.



Legislative Recommendations

1) **Recognize the critical development that takes place between the birth of a child and age three.**

- Continue support for 1st Five Healthy Mental Development sites.
- Support statewide spread of “planning grants” for communities that are interested but lack the structure needed for implementation.

2) **Advance development of medical homes for children by promoting a health care delivery system that assures care coordination through a public-private model.**

- Require reimbursement for care coordination services as a part of well-child services regardless of payer source.

For more information, contact:

Sonni Vierling, State Coordinator
1st Five Healthy Mental Development Initiative
Iowa Department of Public Health
(515) 281-8284
svierlin@idph.state.ia.us

Jane Borst, Bureau Chief
Bureau of Family Health
Iowa Department of Public Health
(515) 281-4911
jborst@idph.state.ia.us