

1st Five Healthy Mental Development Initiative Evaluation Findings

February 2016



What is 1st Five?

1st Five is a public-private partnership operating in 65 Iowa counties

Of these, 49 are served by 11 implementation sites, where the initiative is fully operational. Participating health providers 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 needed services. 1st Five continues to work with the family and updates the referring provider on a regular basis.

Another 16 Iowa counties are served by three community planning sites, which are building the relationships and infrastructure needed to move to full implementation.



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Among children at risk for developmental delays, only 50 percent are detected prior to school entry, when early intervention has the greatest impact.¹ Health providers play a key role in identifying the array of social and emotional factors (among children and their parents) that hinder healthy development. In fact, more than nine of 10 young Iowa children visit a health provider for preventive health care²—far more than use any other formal support system. This makes 1st Five a critical strategy for reaching children in need.

In 2015, understanding this connection, Iowa lawmakers expanded the annual appropriation for 1st Five. This increased the capacity of implementation sites to offer a full range of services—supporting providers in conducting developmental surveillance and screening, care coordination and coalition building. It also allowed community planning sites to engage in the preparatory activities needed to move to full implementation.

KEY FINDINGS

The 1st Five initiative continues to show value as a strategy to enhance care for young children and their families. Here is how Iowa communities benefited from 1st Five's demonstrated impact during 2015:

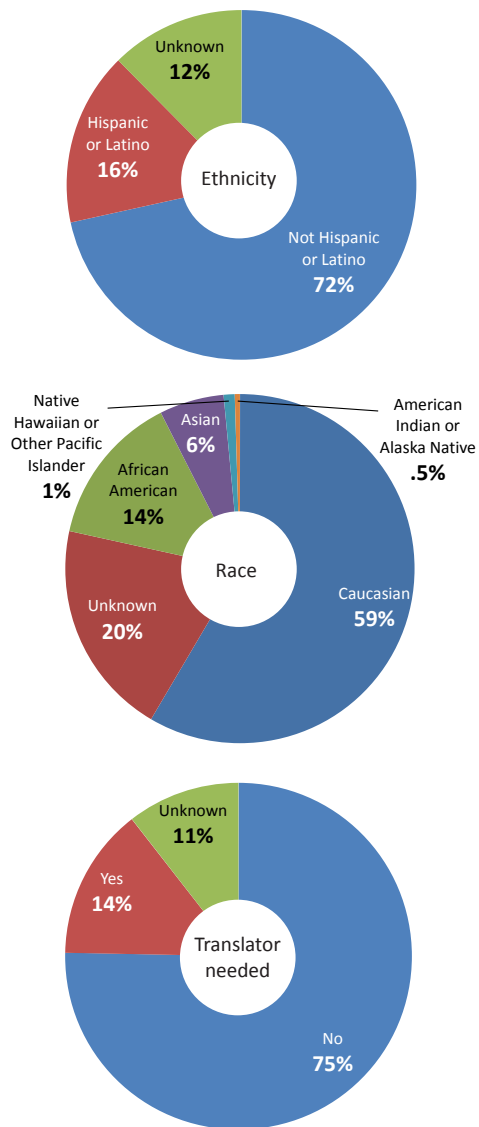
- **Children** / 1st Five supported the healthy mental development of more than 1,200 children through the early identification of social, emotional and developmental concerns and early intervention to address those concerns
- **Families** / 1st Five made 3,700 connections to community resources to address family stress, caregiver depression and other environmental factors that can create toxic stress
- **Health care providers** / 1st Five provided support to 570 providers in 189 pediatric and family practice clinics. This support reduced barriers (lack of time, staff, training) to using standardized screening tools to identify social, emotional and developmental concerns early, when interventions are most effective. In fact, providers participating in 1st Five are more likely to use these screening tools than their non-participating peers.

“Our clinic would not be able to conduct referral activities without 1st Five. Our nurses do not have the time it takes to make the contacts with the families and the follow-up that 1st Five does. This is invaluable to the developmental care of our patients. We do a much better job of this due to 1st Five.”

Dr. Colette Lothe

McFarland Pediatrics, Marshalltown

1st Five serves a diverse population of children



Data from 2015

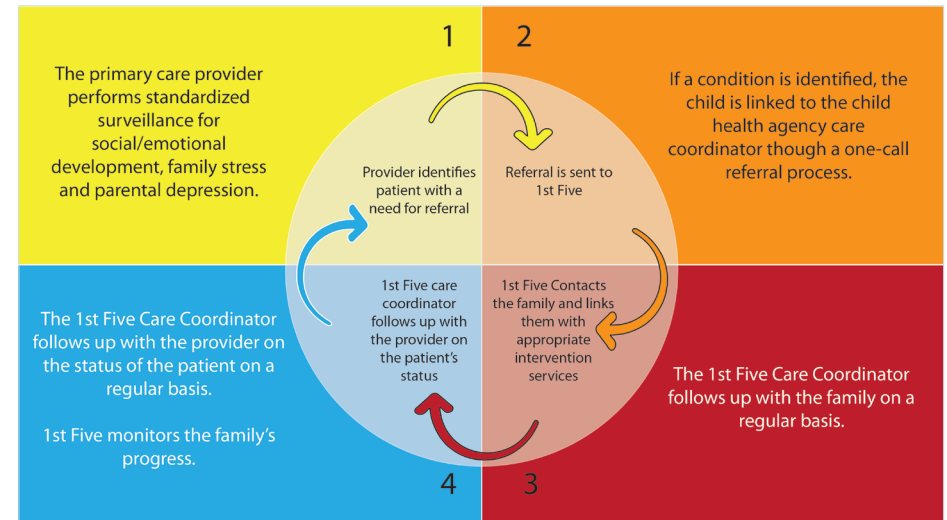
Here are several additional observations:

1st Five plays a key role in connecting the children they serve to needed resources, with 84 percent of participating providers classifying 1st Five as either “very important” or “essential” to identifying child and family needs and connecting them to appropriate services.

1st Five’s success rate in connecting children and families to needed services varies by the reason for referral. Care coordinators are most successful connecting families who were referred for hearing, speech or developmental concerns. Seventy-six percent of children referred to 1st Five for hearing or speech concerns and 70 percent of children referred for developmental concerns received necessary services and/or information. 1st Five experienced the greatest challenges in connecting families who were referred for caregiver depression, parent/family stress or missed appointments. In the case of 49 percent of children referred for caregiver depression, and 46 percent of children referred for parent/family stress, 1st Five was unable to connect them to services because the services themselves were unavailable, the family refused services after contact was made or contact was lost or never made.

1st Five serves a population that is racially, ethnically, linguistically and culturally diverse. For example, children speaking 22 different languages—including Arabic, Bosnian, Chin, Marshallese, Somali and Spanish—were referred to 1st Five in 2015 (see sidebar for more details). The ability of 1st Five to serve children and families from diverse backgrounds is dependent on its capacity—and the capacity of community service providers—to offer services that are culturally and linguistically responsive. Responsive services are accessible (families can get there, there are speakers or translation services available); acceptable, useful and needed; and families are aware they exist.

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



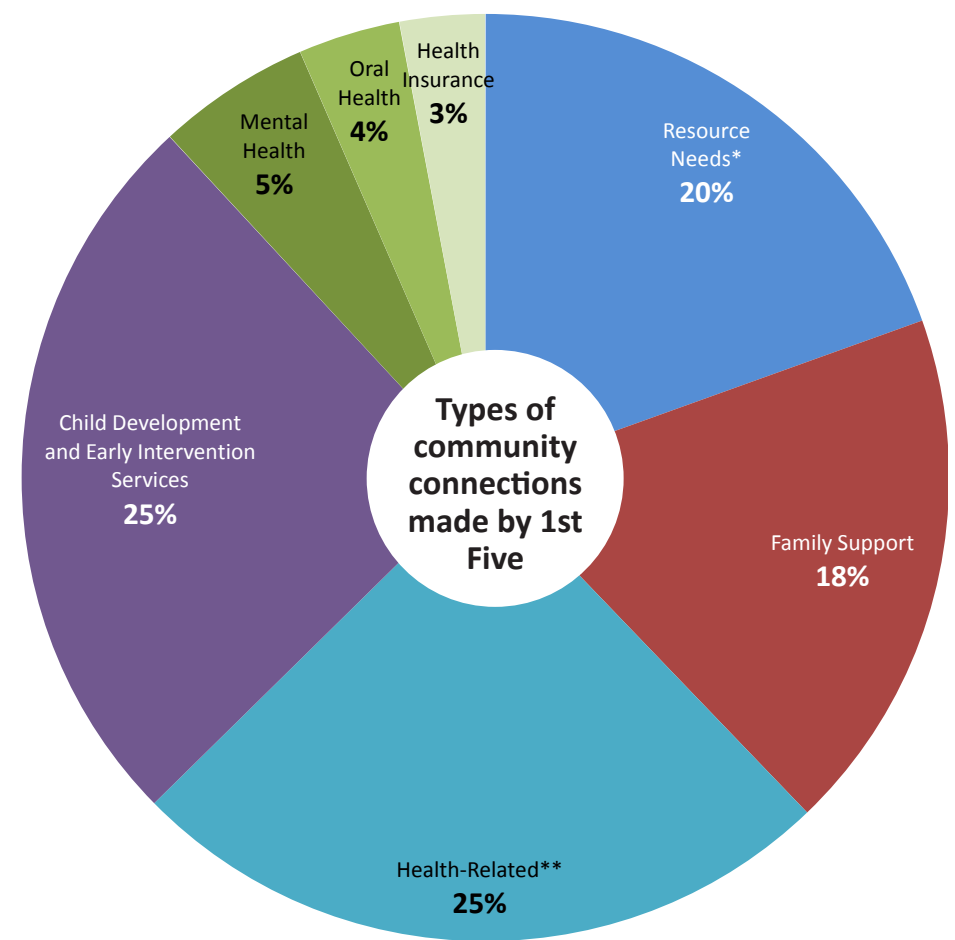
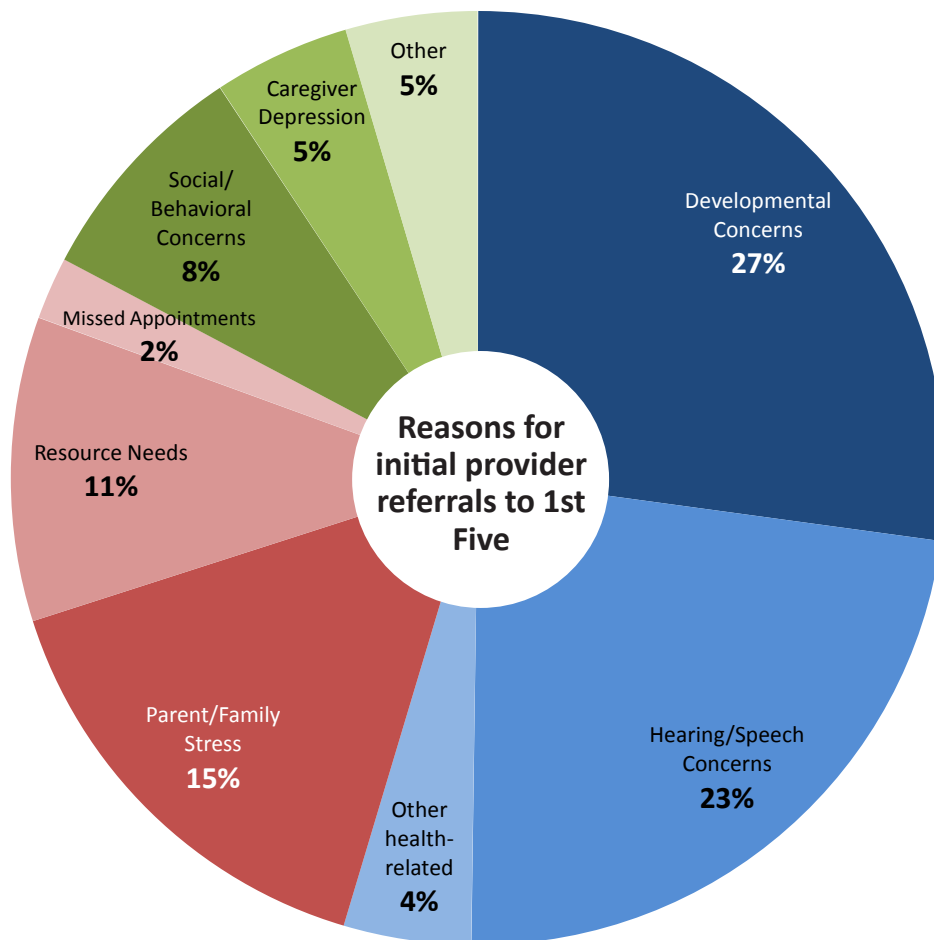
Source: 1st Five Healthy Mental Development Initiative

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Sources:

- 1 Child and Adolescent Health Measurement Initiative, National Survey of Children’s Health, 2011
- 2 Centers for Disease Control and Prevention
- 3 Harvard Center for the Developing Child

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 1,292 children referred to 1st Five in 2015, 50 percent were for developmental, speech or hearing concerns and 4 percent for other health issues (blue). Another 28 percent were connected to family stress, resource needs or missed appointments (red). The final 18 percent ranged from social or behavioral worries and caregiver depression to issues like language barriers and parent ed needs (green).

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

Of 3,700 connections made in 2015, 20 percent were for resource needs (blue), 18 percent for family-support services (red), 25 percent for health-related needs (aqua) and 25 percent for early-intervention services (purple). The remaining 12 percent were for oral- and mental-health care and health coverage (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.

1st Five is responsive

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

A Spanish-speaking family of four was referred to 1st Five for behavioral concerns for two boys, ages 3 and 4. The 1st Five coordinator worked closely with the boys' aunt (who spoke English) to communicate with the family and set up appointments. 1st Five was also able to use a text messaging app to transmit short messages to the mom that could be easily translated.

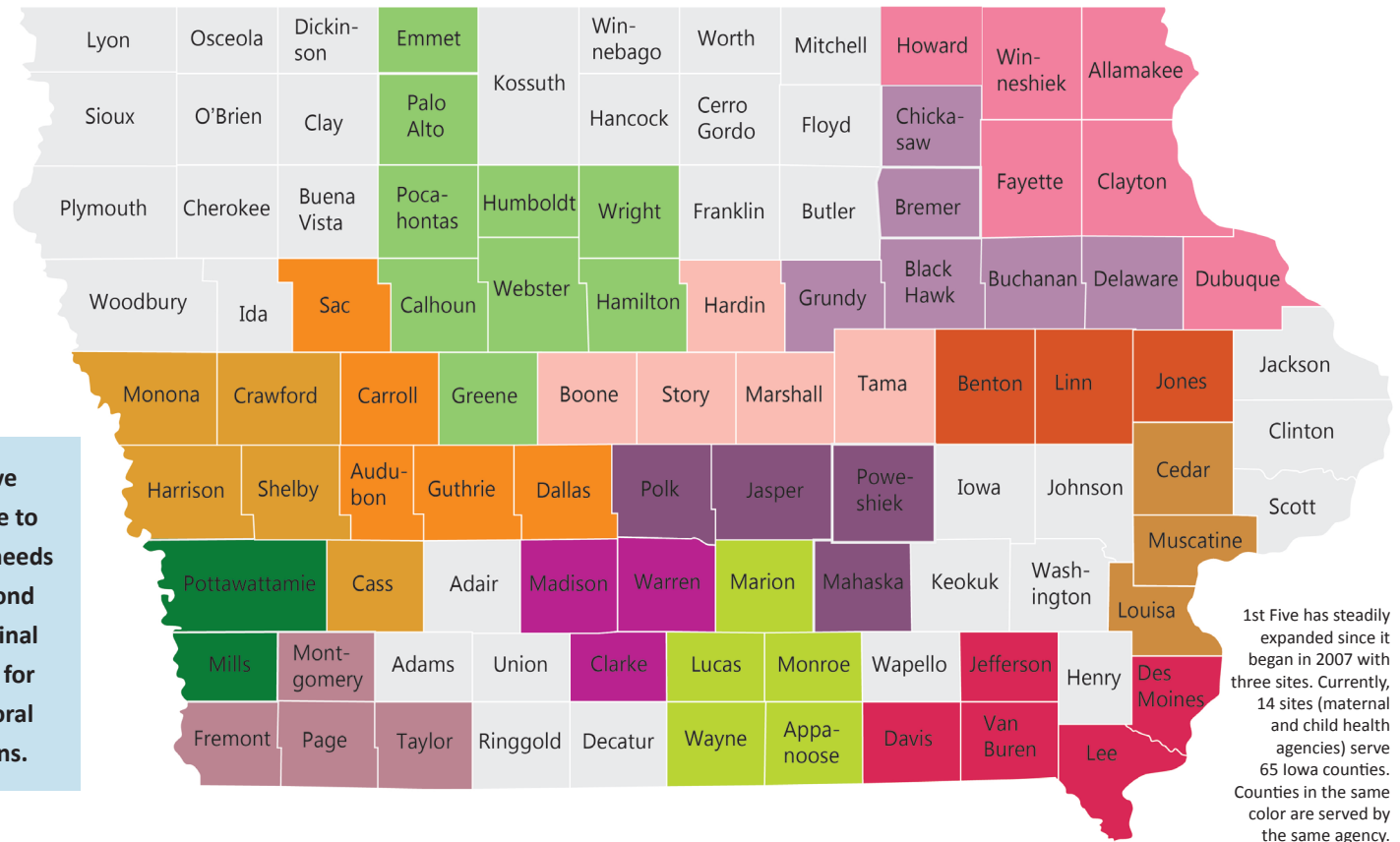
The boys were connected to a Spanish-speaking therapist, and the 3-year-old to Head Start. Prior to services found through 1st Five, the boys' mother said she disliked going out in public with them because of their behavior, but now reports they are "happy little boys."

1st Five was also able to help the family secure better living space, basic home furnishings and food assistance.

The family was appreciative for the assistance through 1st Five, said the care coordinator: "but for us who were able to witness this family's success, the reward was truly ours."

1st Five was able to address needs far beyond the original referral for behavioral concerns.

Iowa counties with a 1st Five presence



Intervening early pays off in the future

Experts agree that early detection of developmental delays increases the effectiveness of interventions. There is also growing evidence that chronic stress in childhood harms developing brains and can lead to poor health outcomes and risky behaviors in adulthood.³

Since 2007 1st Five has worked to encourage good outcomes by:

- **Supporting the healthy mental development of more than 10,000 children** through early identification and intervention in social-emotional and developmental concerns.
- **Making over 21,000 connections** to community resources to help families address stress, caregiver depression and other environmental factors that contribute to toxic stress.

Evaluation by the Child and Family Policy Center for

