

1st Five Healthy Mental Development Initiative

Annual Report

January 2018



What is 1st Five?

The 1st Five Healthy Mental Development Initiative is a public-private partnership between primary care and public health operating in 88 Iowa counties

1st Five provides training and support to help participating health providers identify concerns early. Those health providers refer children birth to age 5 with identified social, emotional or developmental concerns to 1st Five. Developmental support specialists work with families to identify risk factors and connect them to needed services in the community. 1st Five continues to work with the family on a regular basis and update the provider on the outcome of the referral.



505 5th Avenue, Suite 404
Des Moines, IA 50309
www.cfpciowa.org

Early detection increases the effectiveness of interventions while reducing future costs. Iowa leads the way in getting children needed interventions during the early years, and the innovative 1st Five Healthy Mental Development Initiative is a crucial reason why. 1st Five serves children during the first five years, a critical window of opportunity when brain development is most malleable and flexible—and most vulnerable. It is a critical time when stability and enrichment can build strong foundations for cognitive, social and emotional health into adulthood or when ongoing exposure to stressful events can set a child up for lifelong problems with learning, behavior and overall health.

More than one in five Iowa children ages 4 months to 5 years are at moderate risk of developmental, behavioral or social delays, only half of which are detected prior to school entry.¹ Children in families coping with stressors including parental loss, substance abuse, mental illness or exposure to trauma (adverse childhood experiences or ACEs) are at heightened risk for developing mental disorders.

Interventions like those facilitated by 1st Five can reduce the impact of such developmental and behavioral disorders, which impose high costs on Iowa tax payers via our health, education, child welfare and juvenile justice systems.

Providing comprehensive care for the physical, social and emotional health of children requires addressing the issues that affect their families.

1st Five supports Iowa families and communities in the following ways

1st Five facilitates early identification and intervention

In 2017, **health providers referred nearly 3,000 children** with social-emotional and developmental needs to the 1st Five initiative. Experts agree early detection of such concerns increases the effectiveness of interventions and improves long-term outcomes. It reduces costs to our state by reducing family stress, caregiver depression and other environmental factors that contribute to poor health and risky behaviors in adulthood.²

1st Five addresses toxic stress

1st Five identified over 7,000 additional needs among children referred in 2017. On average, nearly three needs were identified for each child referred to 1st Five, including family stress, caregiver depression, resource needs and other environmental factors that create toxic stress. 1st Five connected families to services like family therapy, parent education, housing resources and food banks to address these needs.

1st Five equips health providers with the tools to identify concerns early

In 2017, 1st Five helped providers in over 300 Iowa pediatric and family practice clinics implement standardized surveillance and screening tools to accurately identify concerns early. As a result, providers participating in 1st Five are more likely to use these standardized tools than their non-participating peers. Sixty percent of 1st Five practices currently do so; nationally, fewer than half do.³

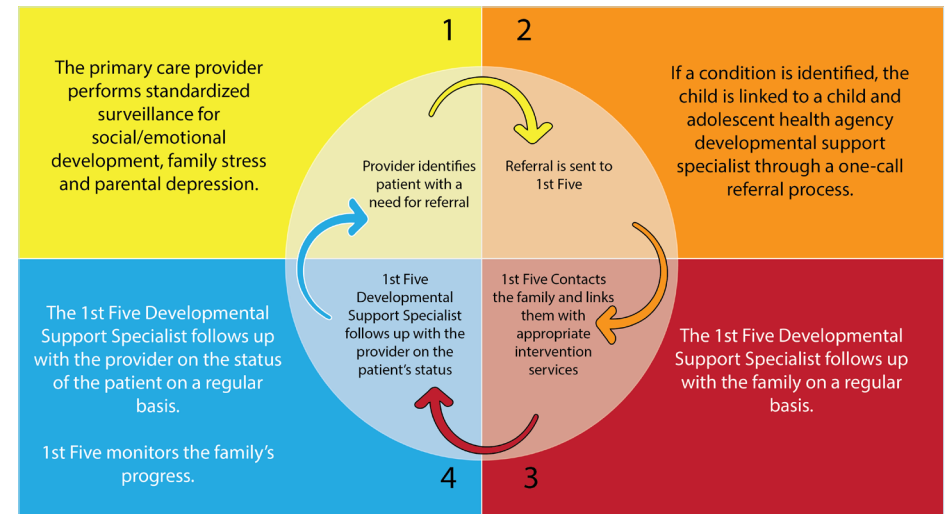
1st Five employs a “whole-child, whole-family” strategy

Research shows that parents and caregivers are the primary influence on a child’s emotional development.⁴ Providing comprehensive care for children’s physical, social and emotional health requires addressing issues that affect their families. Recognizing this, 1st Five addresses the needs of the whole family, extending its reach beyond the child referred to the program. **The average household size for the 2,715 children referred to 1st Five in 2017 was four**, significantly expanding the number of Iowans touched by the initiative.

1st Five bridges primary care and public health

1st Five’s role “closing the loop” on interventions within the medical home enhances child health. Nearly **80 percent of participating providers say 1st Five is “very important” or “essential”** to identifying child and family needs and connecting them to services. Said one provider: “1st Five is a great program and needs to continue, as resources in our rural community are worsening, as is income.”

1st Five development support specialists are the link between health providers and community services



Source: 1st Five Healthy Mental Development Initiative

Sources

- Child and Adolescent Health Measurement Initiative, National Survey of Children’s Health, 2016.
- Shonkoff, J. P., A. S. Garner, B. S. Siegel, M. I. Dobbins, M. F. Earls, L. Mcguinn, J. Pascoe, and D. L. Wood. “The Lifelong Effects of Early Childhood Adversity and Toxic Stress.” *Pediatrics* 129.1 (2011).
- Linda Radecki, Nina Sand-Loud, Karen G. O’Connor, Sanford Sharp, Lynn M. Olson. Trends in the Use of Standardized Tools for Developmental Screening in Early Childhood: 2002–2009. *Pediatrics*, July 2011, Vol. 128(1)
- Harvard Center for the Developing Child.

This report is based on evaluation findings conducted by the Child and Family Policy Center.

To learn more about the Center’s evaluation efforts, contact Mary Nelle Trefz (mnt@cfpciowa.org).

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

Evaluation by the Child and Family Policy Center for



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

97%

were “completely” or “mostly” satisfied

3%

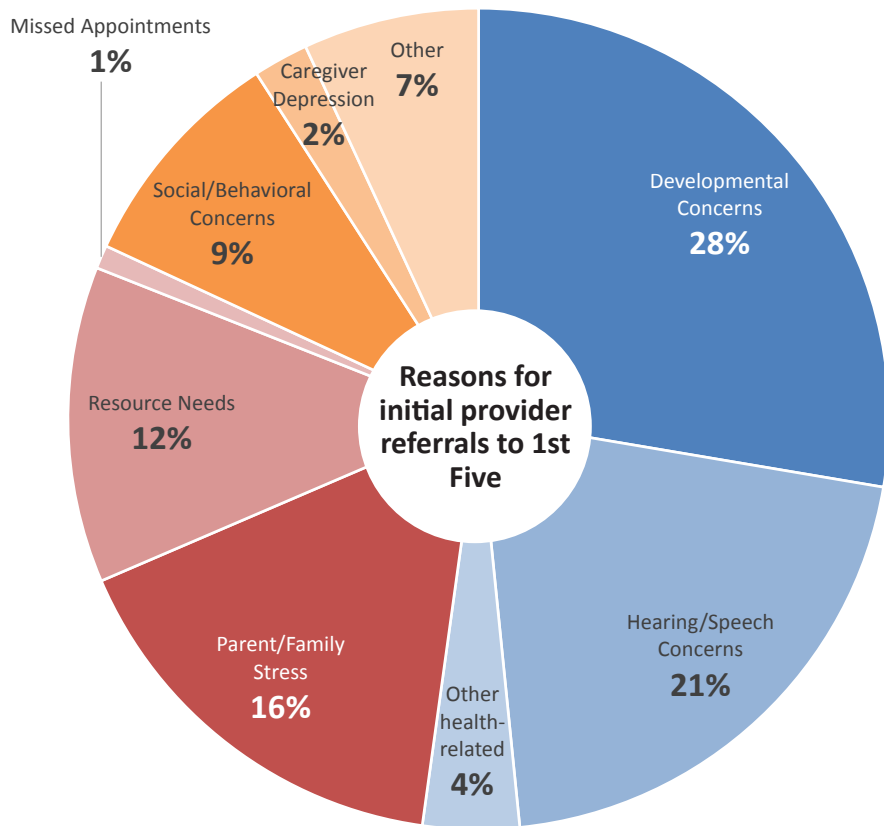
were “somewhat” or “slightly” satisfied

0%

were “not at all” satisfied

Data snapshot

1st Five helps health providers address a wide array of family needs

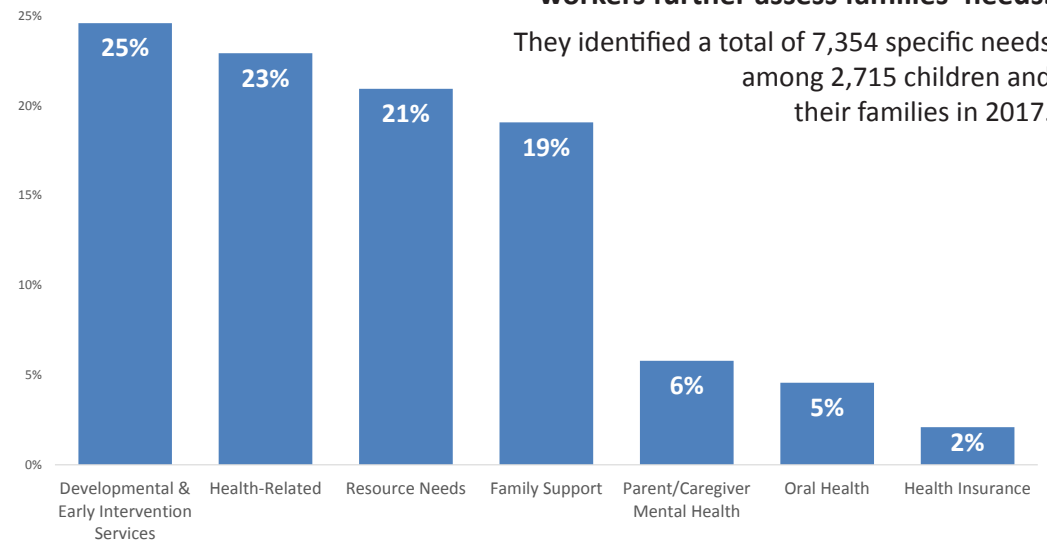


When a health provider identifies a family need through surveillance or screening, she makes a referral to 1st Five.

Among the 2,715 children referred to 1st Five in 2017, just over half of the needs identified by providers (some children were referred for multiple reasons) were developmental, speech/hearing or other health-related concerns. Another 30 percent were connected to family issues like parent stress, day-to-day resource needs (food, transportation, housing, childcare/preschool, etc.) and missed appointments. The final 18 percent covered a range of other issues, from caregiver depression and social and behavioral worries to language barriers and parent education.

After receiving referrals from health providers, 1st Five workers further assess families' needs.

They identified a total of 7,354 specific needs among 2,715 children and their families in 2017.



Putting Iowa children on a path to a productive adulthood

1st Five helps prevent or mitigate the impact of developmental, behavioral and environmental risk factors. Iowa lawmakers, understanding its value, have over time expanded state support for 1st Five. As a result, the initiative is supporting the healthy mental development of children in more counties, connecting more families with community resources, and supporting more health providers with resources and technical assistance.

Since 2007 1st Five has:

- **Supported the healthy mental development of nearly 15,000 children** through the early identification of and intervention for social-emotional and developmental concerns that might have otherwise gone unaddressed until school entry.
- **Made over 33,000 connections to community resources** to help families address stress, caregiver depression and environmental factors that create toxic stress.

Here are examples of how 1st Five works with families across the state

Casey and Kayla

Kayla was 6 months old when her family was referred to a 1st Five program in northeast Iowa. Her mother Casey needed financial help and parenting support. As a single mother who fled a violent partner, she was struggling to find a job and afford daycare—and obtain needed items like diapers, formula and clothing.

Right away 1st Five staff helped to connect Casey with a local church, food pantry and WIC to assist with food and formula and located an agency about an hour away that provided clothing, diapers and other baby items. Over the next five months, 1st Five staff worked with Casey to get her involved in Promise Jobs and apply for child care assistance to help cover care while she was at work. Casey was also connected with a domestic violence counselor and a parent support group that helped her cope with stress.

Kayla is growing quickly and Casey feels confident seeking out local resources as needed.

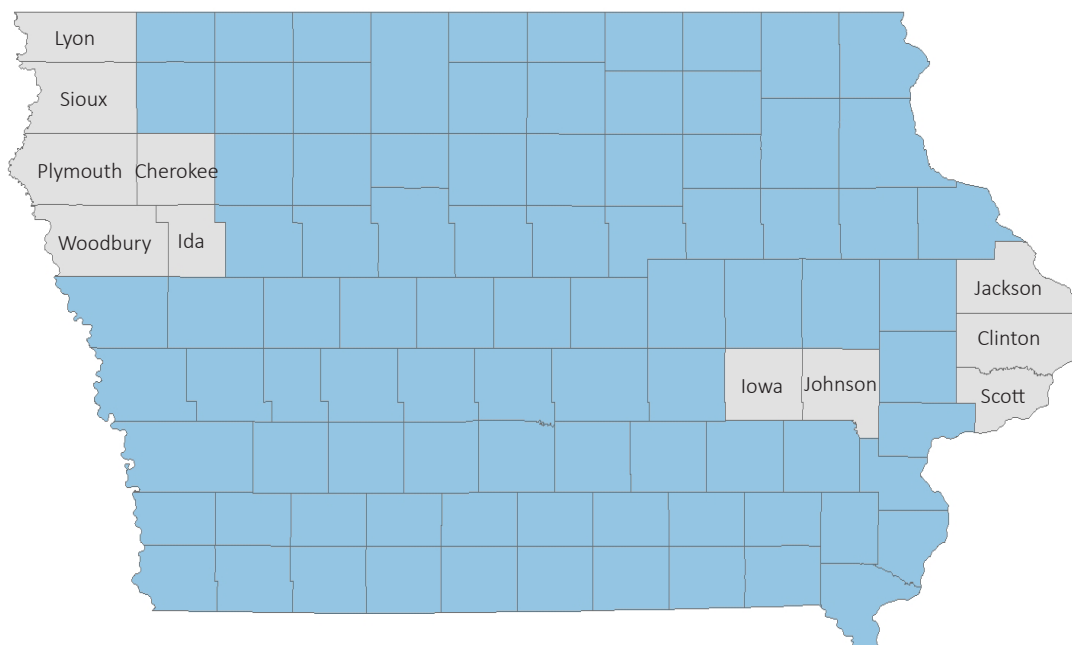
Jessica and Sarah

Three-year-old Sarah was not socializing at school and would “shut down” and stare blankly into space when around strangers outside of her home. At school, Sarah was attached to the teacher’s assistant and refused to interact with anyone else, including peers.

Her physician referred Sarah to a 1st Five program in western Iowa. 1st Five facilitated screening for Sarah, and because of the results school staff have implemented changes to encourage her interactions with others.

Sarah’s mom Jessica feels that 1st Five is valuable because her concerns were heard and the development support specialist has been in contact, in person or over the phone, at least weekly to assuage her concerns. Jessica is looking forward to the next steps of the plan that will form a team around her and Sarah to help Sarah succeed in her interpersonal relationships.

1st Five operates in all but 11 Iowa counties



The 88 counties in blue are served by 1st Five. The Iowa Department of Public Health contracts with 18 local Title V maternal and child health agencies operating in these counties to implement the initiative. The remaining 11 counties, shaded in gray and labeled, are not served by 1st Five.

Kathy and Nathan

Kathy and her husband adopted her son Nathan as a baby. Prior to adoption, Nathan was exposed to trauma. At age 4 he was referred to a 1st Five program in eastern Iowa by his primary care provider. Nathan was sleeping only four to six hours a night and frequently being sent home from preschool for disruptive behavior. Kathy was not sure where to turn.

1st Five facilitated developmental screenings to find out more about Nathan’s needs. The screenings showed social-emotional concerns warranting further testing. Nathan was referred to AEA for those tests and monitoring. Other referrals were made for therapy and behavioral support services.

Kathy reports she no longer feels alone in parenting a child with special needs. She is now homeschooling Nathan, and he continues to receive services to help with attention and anger issues. Kathy says Nathan’s behaviors are slowly improving and he is now sleeping six to seven hours a night.