

# Executive Summary

Fiscal Year 2023

## What is 1<sup>st</sup> Five?

The 1<sup>st</sup> Five Healthy Mental Development Initiative increases the number of connections for children with developmental concerns to needed resources and intervention services by:

- ◆ Supporting primary care provider use of developmental screening and surveillance tools to identify developmental concerns.
- ◆ Connecting children with needs identified by their primary care provider to community resources and services through a locally employed Developmental Support Specialist (DSS).

1<sup>st</sup> Five is an expert in helping families get resource connected. This helps free up [primary care] providers to support families with their healthcare needs.

*1<sup>st</sup> Five Staff*

Five is a free and voluntary program. Participation requires that the child is an Iowa resident, child age is from birth up to 5<sup>th</sup> birthday, and child is referred by primary care provider.

## Why 1<sup>st</sup> Five?

The first five years of a child's life are foundational for every child's health, learning, and behavior—90% of brain growth happens during this time<sup>1</sup>. This is a key period for the development of skills and abilities needed for school readiness and success—trust, language, problem-solving skills, self-regulation, communication skills, self-confidence, empathy, and social skills<sup>2</sup>. Since this is a period of rapid development, the brain is most adaptable during this time—which makes it the ideal time for impactful intervention<sup>3</sup>. Unfortunately, an estimated 1 in 6 children are affected by developmental, behavioral, or learning issues and only 20-30% of these children are identified before starting school<sup>4</sup>.

In Iowa, over 76% of children under five have a primary care provider<sup>5</sup>. Because they have access to most young children, primary care providers can play an important role in the early identification of developmental concerns. While the American Academy of Pediatrics (AAP) recommends universal developmental screening, less than a third of Iowa families with young children receive a developmental screening to fill out<sup>6</sup>. Without routine screening, a primary care provider can only identify an estimated 30% of developmental issues<sup>7</sup>. In contrast, primary care providers using standardized screening with a validated tool will identify approximately 70% to 80% of children with developmental delays<sup>8</sup>. Additionally, the AAP recommends that children who screen positive are referred to Early Intervention, but only 59% of pediatricians report doing so<sup>9</sup>.



A child's first five years is the **ideal time for impactful intervention.**

National studies have demonstrated a return on investment of between \$4 and \$17 for every \$1 invested in early childhood<sup>10</sup>. Investment in developmental screening and connections to intervention services supports a statewide approach to child health and success that:

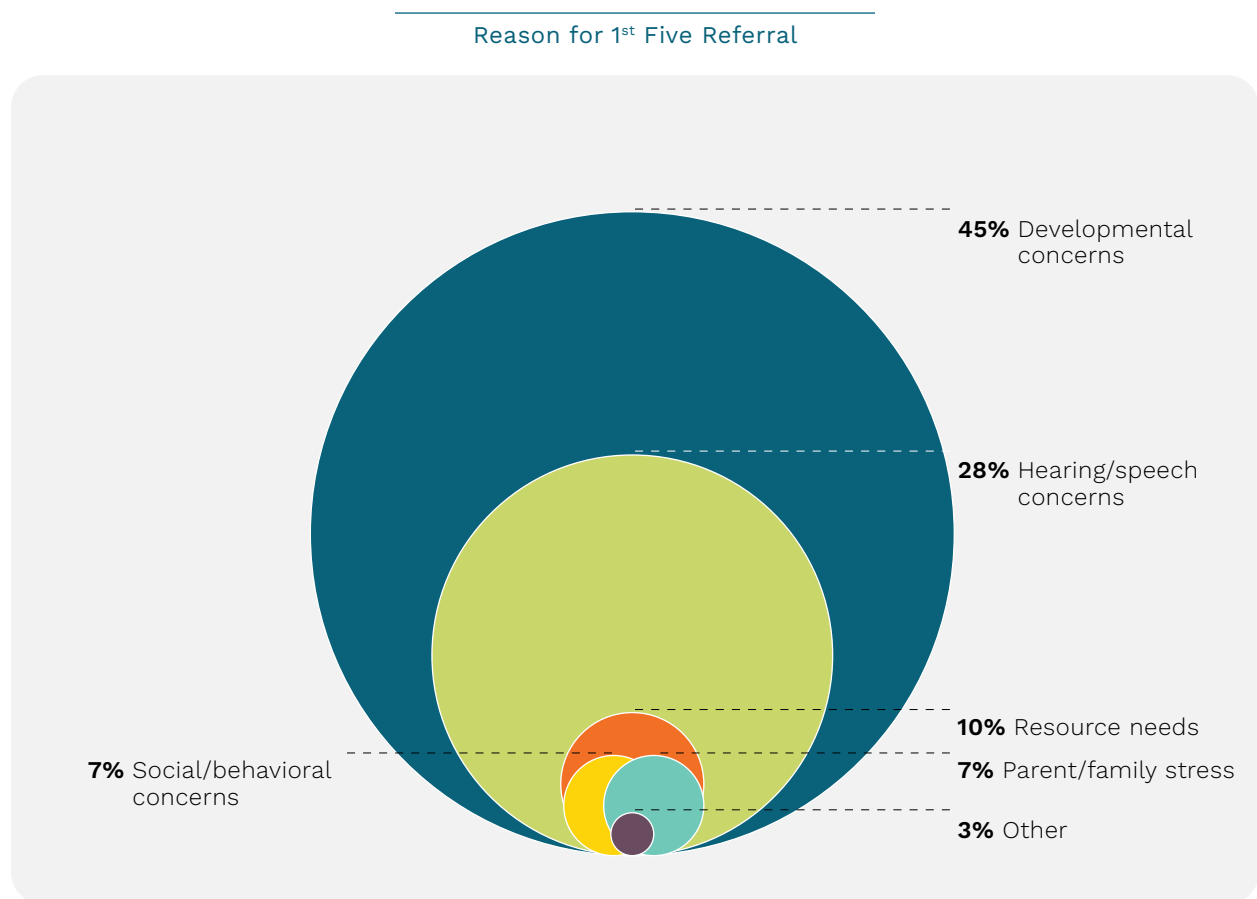
- ◆ Connects children to intervention services when they will have the most impact<sup>3</sup>
- ◆ Promotes children's school readiness and success<sup>11</sup>
- ◆ Saves money by decreasing deferred costs associated with school intervention services<sup>12</sup>.

Every 2-3 weeks [1<sup>st</sup> Five] followed up, seeing if I needed new resources. I knew I wouldn't fall through the cracks.

*Parent of a child referred to 1<sup>st</sup> Five*

## Why are children referred to 1<sup>st</sup> Five?

2,196 out of 2,205 primary care provider referrals had an identified referral reason.



# How Does 1<sup>st</sup> Five Work?


## The 1<sup>st</sup> Five Model

**1**

Primary Care  
Provider  
**Screens Child**

**The clinic screens how the child speaks, learns, acts, and plays.**

The primary care provider performs surveillance and standardized screening for development, social/emotional development, and family stress.

  
1<sup>st</sup> Five supports healthcare practices and primary care providers with implementing surveillance and screening.

**2**

Primary Care  
Provider  
**Refers Child**

**A referral is made if help is needed.**

If a concern is identified, child is referred to their local 1<sup>st</sup> Five agency through a one-step referral process.

**3**

**1<sup>st</sup> Five Makes Connections**

**1<sup>st</sup> Five contacts the family and connects child to needed services.**

The 1<sup>st</sup> Five Developmental Support Specialist contacts the parent/caregiver to link them to appropriate intervention services. They remain in contact until services are established.

**4**

**1<sup>st</sup> Five Follows-up with Primary Care Provider**

**1<sup>st</sup> Five follows up with the clinic to share updates.**

The 1<sup>st</sup> Five Developmental Support Specialist follows up with the primary care provider by sharing updates on the status of the referral and intervention services.

1<sup>st</sup> Five has made getting kids the help they need when identified SO EASY. The ease removes the issue of “time” being the barrier. I KNOW [1<sup>st</sup> Five] will follow up... I KNOW I will get timely response on identified needs and they will work to overcome any barriers identified WITHOUT needing more clearance/involvement from me. It is revolutionary and wonderful.

*Referring Primary Care Provider*

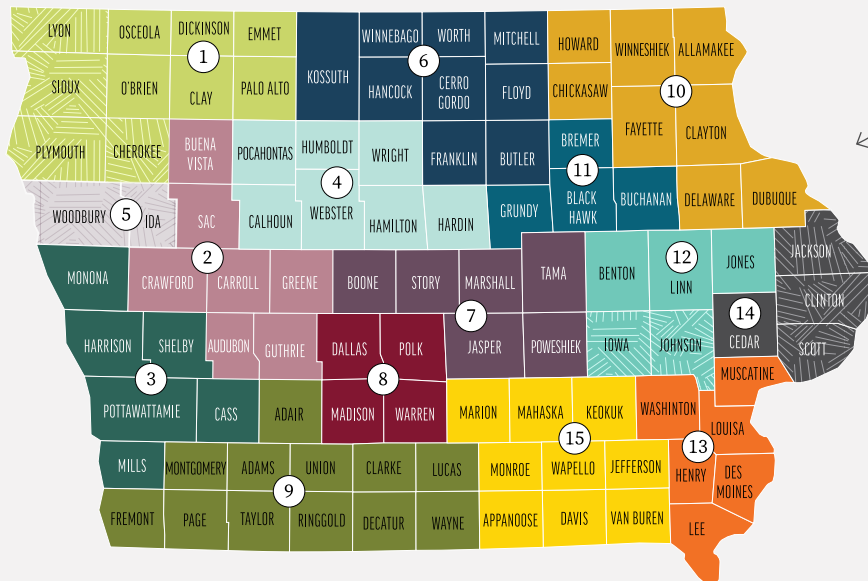
# Where is 1<sup>st</sup> Five available?

1<sup>st</sup> Five supports screening and connections to community services and resources in **88 of Iowa's 99 counties** through public-private partnerships between:

- ◆ The Iowa Department of Health and Human Services (HHS)
- ◆ Child Health Specialty Clinics (CHSC)
- ◆ [300+ primary health care practices](#)<sup>13</sup>
- ◆ 600+ primary care providers
- ◆ 12 community-based organizations employing local Site Coordinators and Developmental Support Specialists (DSS)

Supporting  
**88**  
Iowa  
counties

1<sup>st</sup> Five Supported Counties



- 1 Upper Des Moines Opportunity
- 8 EveryStep
- 2 New Opportunities, Inc.
- 9 MATURA Action Corporation
- 3 Firefly
- 10 Dubuque Visiting Nurse Association
- 4 Upper Des Moines Opportunity
- 11 Black Hawk County Public Health
- 5 Service area does not have a 1<sup>st</sup> Five site
- 12 Hawkeye Area Community Action Program, Inc.
- 6 North Iowa Community Action Organization
- 13 Lee County Health Department
- 7 Mid-Iowa Community Action, Inc.
- 14 Lee County Health Department (covering Cedar)
- 15 American Home Finding Association

Counties not served by 1<sup>st</sup> Five site

# WHO DOES 1<sup>ST</sup> FIVE SERVE?

## REFERRALS RECEIVED

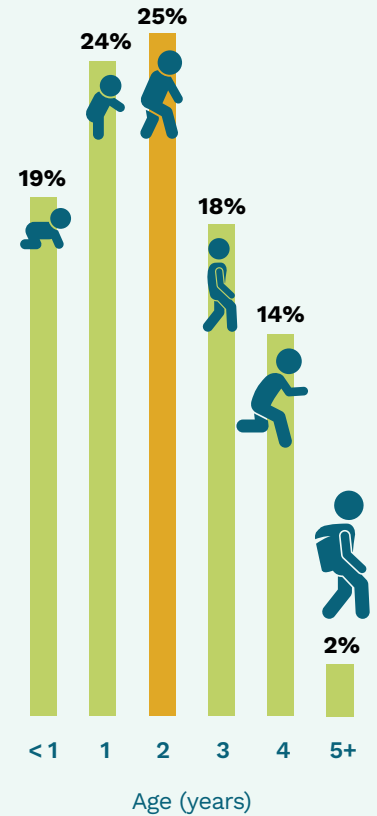
In Fiscal Year (FY) 2023...



1<sup>st</sup> Five received  
**2,205** referrals  
 from primary care providers for  
**2,136** children\*

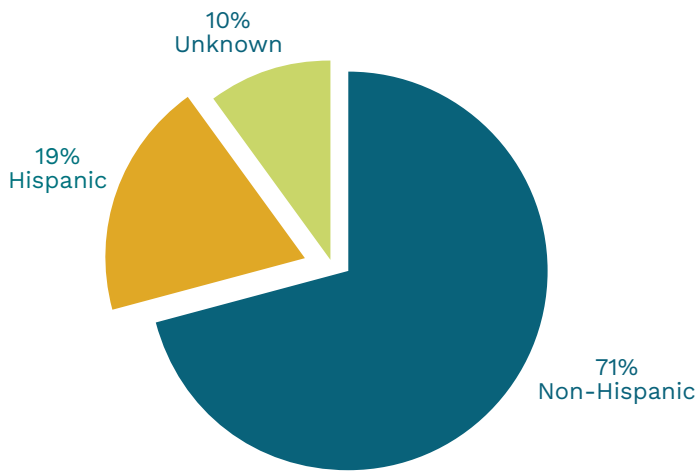
\*Some received multiple referrals.

## PERCENTAGE OF REFERRED CHILDREN BY AGE\*



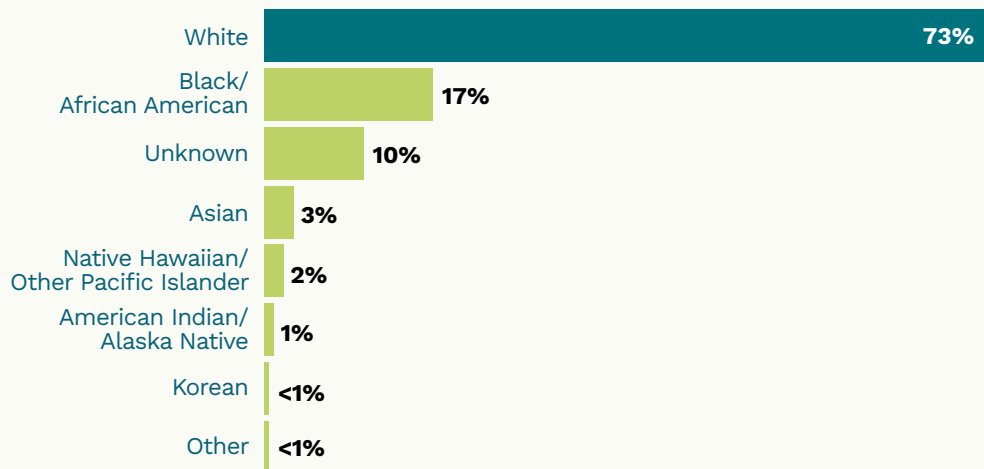
\*Due to rounding, values do not add up to 100%.

## ETHNICITY OF REFERRED CHILDREN

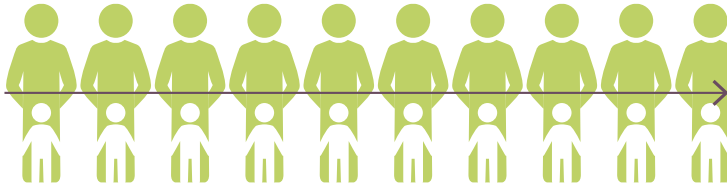


## RACE OF REFERRED CHILDREN

Participants were allowed to identify as multiple races and thus percentages may total over 100%.



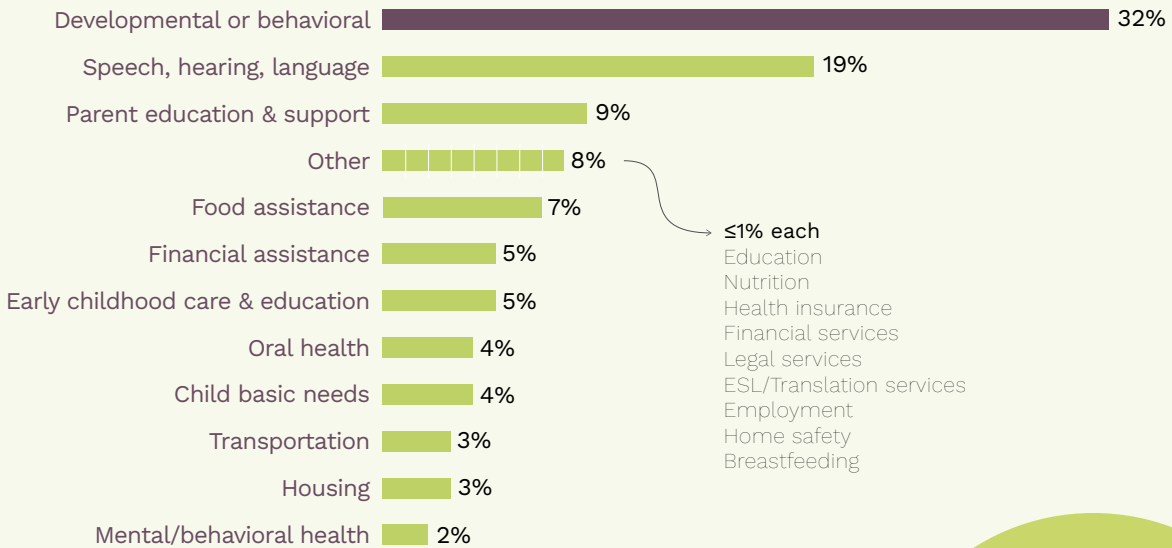
## IMPACT OF 1<sup>ST</sup> FIVE



**97%**

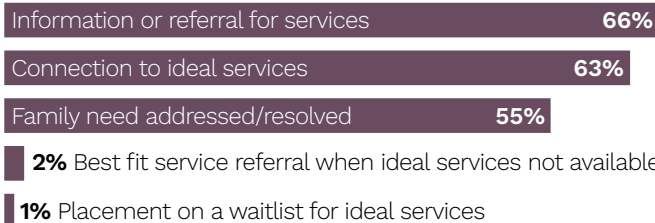
Almost all surveyed caregivers indicated that 1<sup>st</sup> Five mostly or completely met their family's needs.

Over one-third of the **FAMILY NEEDS IDENTIFIED** by primary care providers and 1<sup>st</sup> Five were for assistance with developmental or behavioral needs (multiple needs could be identified).



### MOST FAMILIES ENGAGE WITH 1<sup>ST</sup> FIVE AND RECEIVE CONNECTIONS TO RESOURCES

At least one of these 1<sup>st</sup> Five services were provided to 77% of referred children:



1<sup>st</sup> Five made  
**2,508**  
 connections  
 to community  
 resources to address  
 family needs.



Only 9% of referred children were unable to be contacted.  
 1<sup>st</sup> Five lost contact with only 7% of referred children.  
 Only 7% of referred children refused 1<sup>st</sup> Five services.

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## Endnotes

- 1 First Things First. (n.d.). The first five years. First Things First. [files.firstthingsfirst.org/why-early-childhood-matters/the-first-five-years](https://files.firstthingsfirst.org/why-early-childhood-matters/the-first-five-years)
- 2 First Things First. (2023, September 1). Kindergarten readiness. First Things First. [firstthingsfirst.org/resources/kindergarten-readiness](https://firstthingsfirst.org/resources/kindergarten-readiness)
- 3 Centers for Disease Control and Prevention. (2024, April 3). Why act early if you're concerned about development? Centers for Disease Control and Prevention. [cdc.gov/ncbddd/actearly/whyActEarly.html](https://cdc.gov/ncbddd/actearly/whyActEarly.html)
- 4 Paul H. Brookes Publishing Company. (2021, April 5). Why screening matters. Ages and Stages Questionnaires. [agesandstages.com/about-asq/why-screening-matters](https://agesandstages.com/about-asq/why-screening-matters)
- 5 Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). [childhealthdata.org/browse/survey/results?q=10766&r=1&r2=17&g=1071](https://childhealthdata.org/browse/survey/results?q=10766&r=1&r2=17&g=1071)
- 6 Hirai, A. H., Kogan, M. D., Kandasamy, V., Reuland, C., & Bethell, C. (2018). From prevalence and variation of developmental screening and surveillance in early childhood [Supplemental content]. *JAMA Pediatrics*, 172(9), 857. [doi.org/10.1001/jamapediatrics.2018.1524](https://doi.org/10.1001/jamapediatrics.2018.1524)
- 7 Rice, C., Van Naarden Braun, K., Kogan, M., Smith, C., Kavanagh, L., Strickland, B., & Blumberg, S. (2014, September 12). Screening for developmental delays among young children - national survey of children's health, United States, 2007. Centers for Disease Control and Prevention. [cdc.gov/mmwr/preview/mmwrhtml/su6302a5.htm](https://cdc.gov/mmwr/preview/mmwrhtml/su6302a5.htm)
- 8 Vitrikas, K., Savard, D., & Bucaj, M. (2017, July 1). Developmental delay: When and how to Screen. *American Academy of Family Physicians*. [aafp.org/pubs/afp/issues/2017/0701/p36.html](https://aafp.org/pubs/afp/issues/2017/0701/p36.html)
- 9 Lipkin, P. H., Macias, M. M., Baer Chen, B., Coury, D., Gottschlich, E. A., Hyman, S. L., Sisk, B., Wolfe, A., & Levy, S. E. (2020a). Trends in pediatricians' developmental screening: 2002-2016. *Pediatrics*, 145(4). [doi.org/10.1542/peds.2019-0851](https://doi.org/10.1542/peds.2019-0851)
- 10 First Things First. (2024, April 8). Investing in early childhood. First Things First. [www.firstthingsfirst.org/early-childhood-matters/investing-in-early-childhood/](https://www.firstthingsfirst.org/early-childhood-matters/investing-in-early-childhood/)
- 11 Institute for Disability Research, Policy & Practice. (2024, January). What is early intervention and why is it important [Policy Brief]. Utah State University. [idrpp.usu.edu/files/policy/what-is-EI-why-important-for-web.pdf](https://idrpp.usu.edu/files/policy/what-is-EI-why-important-for-web.pdf)
- 12 Cooper, M. (2021). Reducing special education costs by providing early intervention for autistic children. *Behavioral Interventions*, 37(2), 397-414. [doi.org/10.1002/bin.1839](https://doi.org/10.1002/bin.1839)
- 13 [hhs.iowa.gov/media/12172/download?inline](https://hhs.iowa.gov/media/12172/download?inline)