

Iowa HHS 1st Five Executive Summary

Fiscal Year 2024

What is 1st Five?

The 1st Five Healthy Mental Development Initiative is a free and voluntary program that 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.
- ♦ Connecting children with needs identified by their primary care provider to community resources and services through a locally employed Developmental Support Specialist (DSS).

Participation requires that a child is:

- ♦ An Iowa resident
- ♦ Age from birth to 5th birthday
- ♦ Referred by primary care provider

The 1st Five Model: How Does It Work?

1

Primary Care Provider Screens Child

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

2

Primary Care Provider Refers Child

A referral is made if help is needed.

3

1st Five Makes Connections

1st Five contacts the family and connects the child to needed services.

4

1st Five Follows-Up

1st Five follows-up with the clinic to share updates.

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

-1st Five Staff



Why 1st Five?

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

In their first five years: children experience 90% of brain development¹ and develop foundational skills for school readiness and success², making this the ideal time to intervene³. Although an estimated 1 in 6 children experience developmental, behavioral, or learning issues, only 20% to 30% of these children are identified before starting school⁴.

Foundational Skills for School Readiness and Success



Language



Communication



Empathy



Trust



Problem-Solving



Self-Regulation



Self-Confidence



Conducting developmental screenings and providing referrals for early intervention services requires cross-sector coordination and technical assistance to address gaps.

Primary care providers can identify 70-80% of children with developmental delays when they use validated screening tools⁵ compared to 30% when they do not⁶. Unfortunately, only one-third of Iowa parents with young children report filling out a developmental screening tool in the last year⁷. Even when children are screened, only 59% of pediatricians report providing a referral for children who screen positive⁸.

Primary care providers can identify 70-80% of children with developmental delays when they use validated screening tools compared to 30% when they do not.



1st Five fills these gaps by supporting the logistics of developmental screening and referrals, helping to identify more children with needs and connect children with needs to services.

Every dollar invested in early childhood yields an estimated \$4 and \$17 return on investment⁹. Iowa's 1st Five program provides the support needed for primary care providers and families to kickstart the act of intervening early, saving taxpayer dollars by decreasing deferred costs associated with school-age interventions¹⁰.

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

-Parent of a child referred to 1st Five



Where is 1st Five available?

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

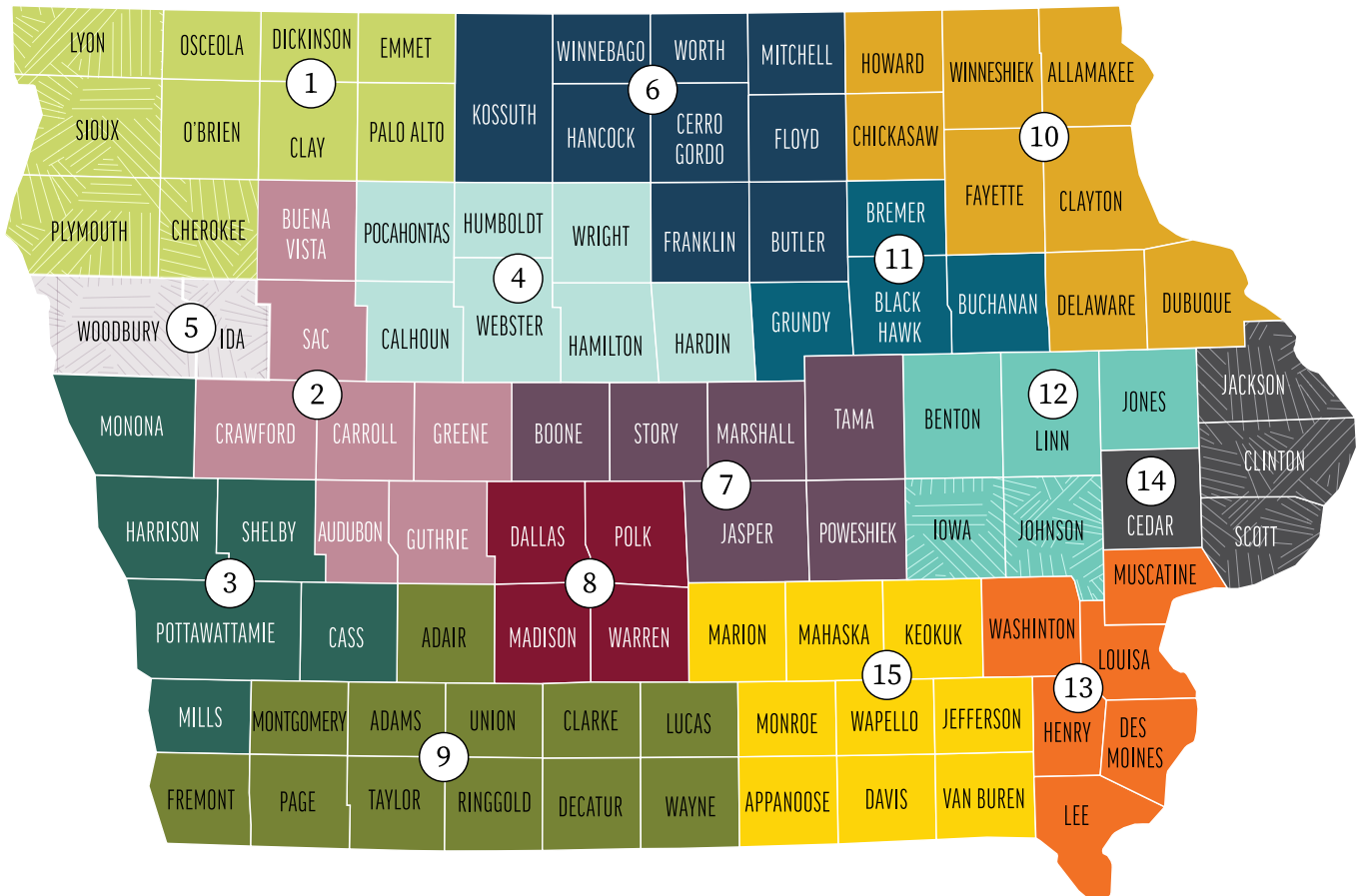
- ◆ The Iowa Department of Health and Human Services (HHS)
- ◆ University of Iowa Child Health Specialty Clinics (CHSC)
- ◆ Over 300 primary health care practices¹¹
- ◆ Over 600 primary health care providers
- ◆ 12 community-based organizations employing local Site Coordinators and Developmental Support Specialists

Supporting
88
Iowa
counties

The map on the following page depicts the 15 Iowa Health and Human Services Collaborative Service Areas (CSAs)—each identified by a unique color. Patterned lines identify the counties not currently served by 1st Five within the CSAs. These include Cherokee, Clinton, Ida, Iowa, Jackson, Johnson, Lyon, Plymouth, Scott, Sioux, and Woodbury Counties.

This is such an important program. It's instrumental in elevating the care that I'm able to provide patients in our community. It's well organized and consistent. It really breaks down barriers for children and families to be able to receive services that are instrumental in their long-term development.
-1st Five Referring Primary Care Provider

1st Five Healthy Mental Development Initiative Service Area within each Iowa HHS Collaborative Service Area (CSA)



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

Counties not served by 1st Five site

Who Does 1st Five Serve?

Referrals Received

In Fiscal Year (FY) 2024...

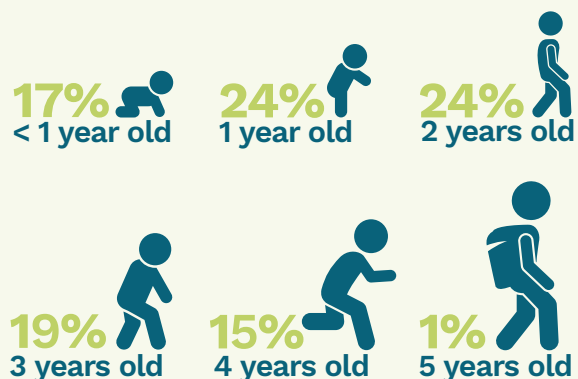
1st Five received

2,247 referrals from primary care providers for **2,192** children.*

These referrals came from **673** primary care providers and **273** primary care practices.

**Some received multiple referrals.*

Percentage of Referred Children by Age

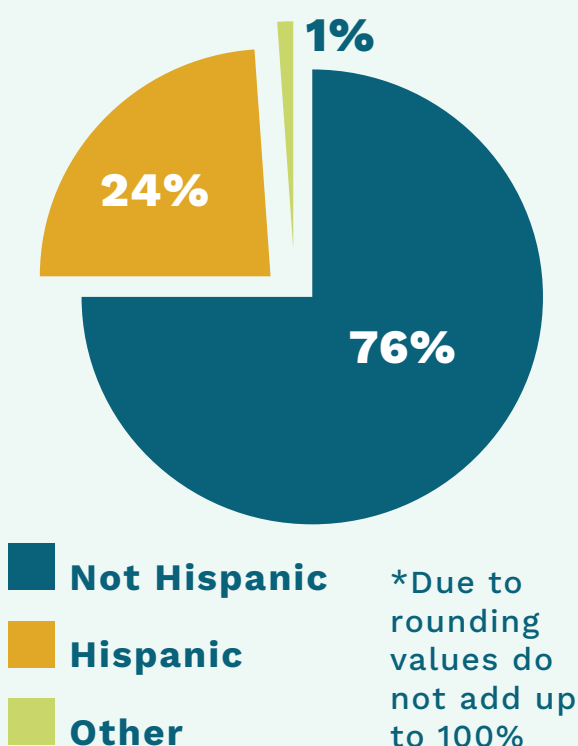


Race of Referred Children

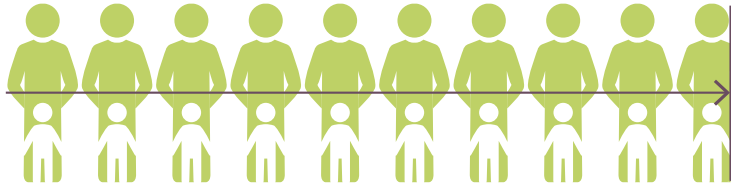
| | |
|---|-----|
| American Indian or Alaska Native | 1% |
| Asian | 3% |
| Black or African American | 17% |
| Native Hawaiian or Other Pacific Islander | 4% |
| White | 82% |
| Other | <1% |

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

Ethnicity of Referred Children*



Impact of 1st Five



98%

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

Over one-third of the **family needs identified** by primary care providers and 1st Five were for assistance with developmental or behavioral needs (multiple needs could be identified).

| | | | |
|---------------------------------------|------------|------------------------------------|-----------|
| Child Developmental and/or Behavioral | 38% | General Healthcare | 6% |
| Stabilizing and Securing Needs | 22% | Early Childhood Care and Education | 5% |
| Other | 7% | Oral Healthcare | 4% |
| Supplies or Goods | 6% | Counseling and Support Groups | 4% |
| Specialty Healthcare | 6% | Education | 3% |

2,240 out of 2,247 primary care provider referrals had an identified referral reason*.

*Some referrals had multiple reasons selected

| | | | |
|-------------------------|------------|-----------------------------|-----------|
| Developmental Concerns | 40% | Social/Behavioral Concerns | 7% |
| Hearing/Speech Concerns | 30% | Other Health Related Issues | 2% |
| Resource Needs | 10% | Other | 6% |
| Parent/Family Stress | 9% | | |

1st Five made 3,461 connections to community resources to address family needs.



FY24 Referral Outcomes



72% of referred children received information or referral services



71% of referred children had ideal services available and child was connected to the resources



2% of referred children had ideal services unavailable, but were referred to best fit service



1% of referred children were put on a waitlist for ideal services



<1% of referred children had services unavailable

Only 12% of referred children were unable to be contacted.

1st Five lost contact with only 7% of referred children.

Only 3% of referred children declined 1st Five services.

Endnotes

- 1 First Things First. (n.d.). *The first five years*. First Things First.
<https://files.firstthingsfirst.org/why-early-childhood-matters/the-first-five-years>
- 2 First Things First. (2023, September 1). *Kindergarten readiness*. First Things First. <https://www.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. <https://www.cdc.gov/ncbddd/actearly/whyActEarly.html>
- 4 Paul H. Brookes Publishing Company. (2021, April 5). *Why screening matters*. Ages and Stages Questionnaires. <https://agesandstages.com/about-asq/why-screening-matters/>
- 5 Vitrikas, K., Savard, D., & Bucaj, M. (2017, July 1). *Developmental delay: When and how to screen*. American Academy of Family Physicians.
<https://www.aafp.org/pubs/afp/issues/2017/0701/p36.html>
- 6 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.
<https://www.cdc.gov/mmwr/preview/mmwrhtml/su6302a5.htm>
- 7 Child and Adolescent Health Measurement Initiative. *2022-2023 National Survey of Children's Health (NSCH) data query*. NPM: Developmental screening, age 9-35 months. 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). <https://www.childhealthdata.org/browse/survey/results?q=11307&r=17>

- 8 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). <https://doi.org/10.1542/peds.2019-0851>
- 9 First Things First. (2024, April 8). Investing in early childhood. *First Things First*. <https://www.firstthingsfirst.org/early-childhood-matters/investing-in-early-childhood/>
- 10 Cooper, M. (2021). *Reducing special education costs by providing early intervention for autistic children*. *Behavioral Interventions*, 37(2), 397–414. <https://doi.org/10.1002/bin.1839>
- 11 Iowa Department of Health and Human Services. (2024, February). *List of 1st Five participating primary care practices*. hhs.iowa.gov/media/12172/download?inline