



Healthy mental development
in the first five years



Iowa's 1st Five Healthy Mental Development Initiative: Outcomes & Implications

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Executive Summary August 2008

Making a Difference - One Family at a Time



“The earlier a child's developmental concerns and family challenges are detected, the more likely childhood delays can be addressed and possibly reversed, which prevents the need for more intensive and expensive care at a later stage.”

Carrie Fitzgerald, Child & Family Policy Center

Virginia's Story

“Virginia” gained custody of her six grandchildren after they were removed from the care of a drug-addicted parent. The children, ranging in age from 19 days to 8 years, were moved to Virginia's home where she also cared for her mother and uncle. The children suffered from a variety of behavioral and mental health issues that required extra attention. During one of the children's well-child exams, **the pediatrician assessed her grandchildren's social-emotional development and asked if Virginia had been experiencing any potential depression and family stress** in her new caregiver role. This opened the door for Virginia to share her feelings of stress and anxiety, and of often feeling down.

The pediatrician referred Virginia to the local 1st Five care coordinator about her depression and stress. The care coordinator arranged to meet with her and together they identified a variety of concerns underlying her stress and depression. The care coordinator linked Virginia to **sixteen** community-based resources to begin addressing these concerns, ranging from Early ACCESS and WIC, to Section 8 housing, a local food pantry, an Empowerment-funded home visiting program, and an outpatient counseling program for both her and her grandchildren. Thanks to the pediatrician who asked the questions about stress and depression, and to the **1st Five** care coordinator who linked her to community-based resources, **Virginia and her grandchildren now have numerous supports in place and a better chance for success.**

Background

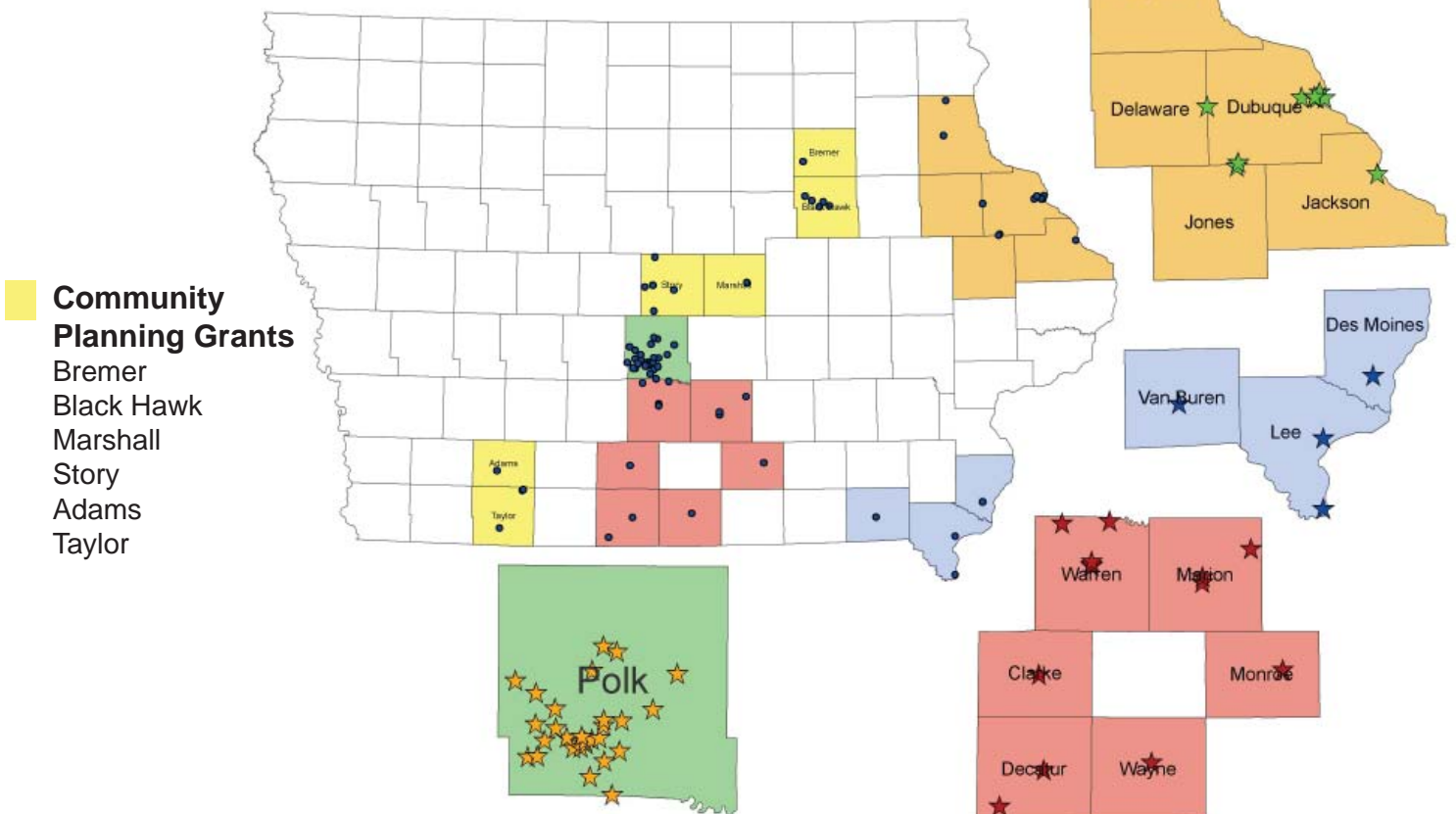
In Iowa, over 90 percent of children ages birth to 5 are seen by a primary care provider. This high frequency of family contact gives providers the unique opportunity to play an important role in early identification and treatment for children’s development. Providers need training, technical assistance and referral support to effectively help families in this way. Iowa’s **1st Five** Healthy Mental Development Initiative focuses on building supportive partnerships between primary care providers and public health agencies to deliver a seamless system of care for at-risk children and families. Iowa’s **1st Five** activities began in October

2006 with three implementation sites in the Lee and Dubuque County areas and centrally located in Polk County, spanning eight counties and now covering twenty-one counties. (See **1st Five** primary care practice site map below.) **1st Five** sites recruit primary care practices to enhance well-child exams that include assessing for:

- social and emotional development;
- autism;
- family risk factors such as caregiver depression and family stress.

This enhanced surveillance takes place concurrently with assessing for the development of a child’s motor, language, cognitive and adaptive skills.

1st Five primary care practice sites



1st Five: A Partnership Model

The **1st Five** model begins at the community level for program effectiveness and sustainability, and involves medical practitioners, public health care coordinators, and community-based service providers that receive referrals.

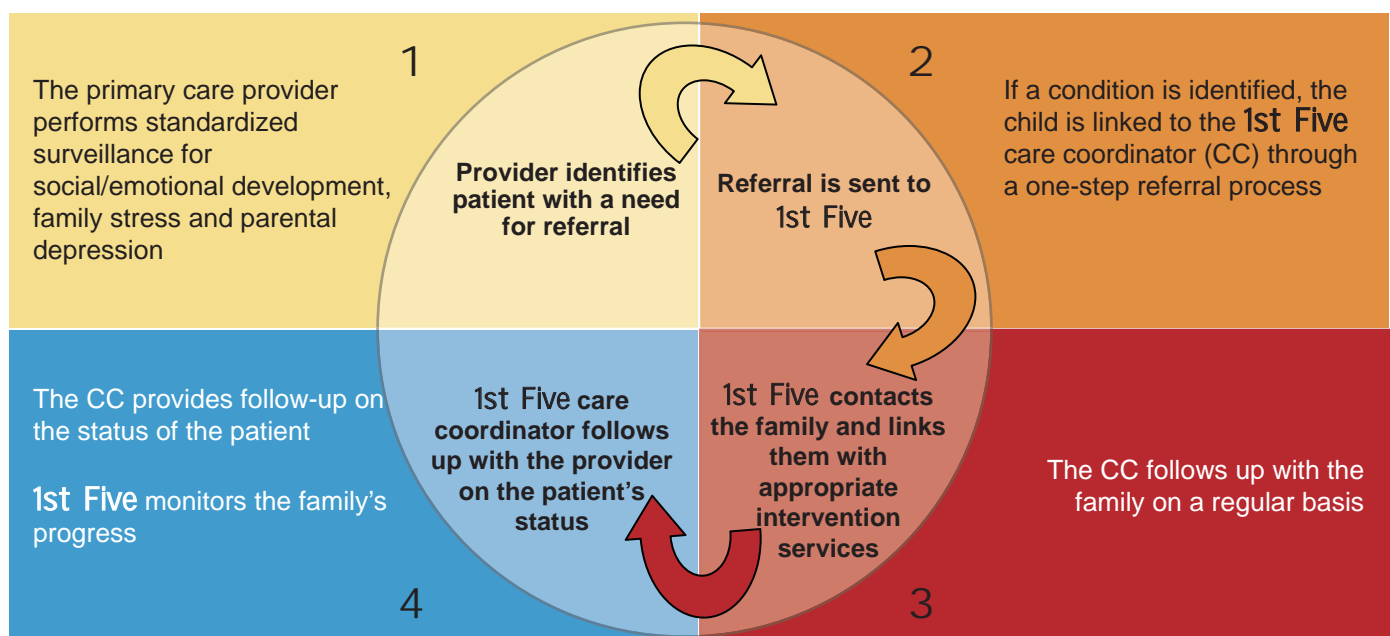
Primary care practices often are not familiar with the continuum of local community services available to families, and the efforts required to successfully complete a referral to these services is extensive - one study found that, on average, 7-8 separate telephone calls were required. Especially as child health care practices are being encouraged to serve as high quality medical homes, it is becoming increasingly apparent that providing appropriate referral and care coordination requires resources beyond those available in a typical practice.

1st Five care coordinators tailor the referral process to each medical office and assure follow-up to each referral. A one-on-one referral support for families not only increases awareness of local resources in the area, but allows the **1st Five** care coordinator to assure community linkages are successfully attained. Referral progress is reported back to the provider office on the status of the referral.


1st Five care coordinators also identify and maintain an on-going directory of community referral sources. These resources range from mental health services, to child care, nutrition, food assistance, transportation, housing and financial assistance, and parent education. **1st Five** care coordinators work closely with families to locate and access appropriate services.

The **1st Five** referral and follow-up model are illustrated in the following graphic:

Referral and Follow-up Model



This concrete approach bridges the public and private systems of care to improve child health service delivery



Building Community Capacity and Collaboration Activities with Empowerment and Early ACCESS

In addition to linking families to local services, **1st Five** site coordinators also collaborate with local Empowerment and Early ACCESS by working together on community advisory teams. These teams identify area resources and service barriers and continue to raise awareness of early childhood healthy mental development among parents and providers.

1st Five Outcomes

Increasing Partnerships with Primary Care Providers

In FY07, the first three implementation sites successfully recruited 15 provider practices, impacting an estimated 10,300* children birth to 5 in eight counties. In FY08, four implementation sites and three community planning sites involved 39 practices, impacting approximately 41,000 children birth to 5 years.* By FY09, it is anticipated that 80 practices will be involved, spanning 21 counties.

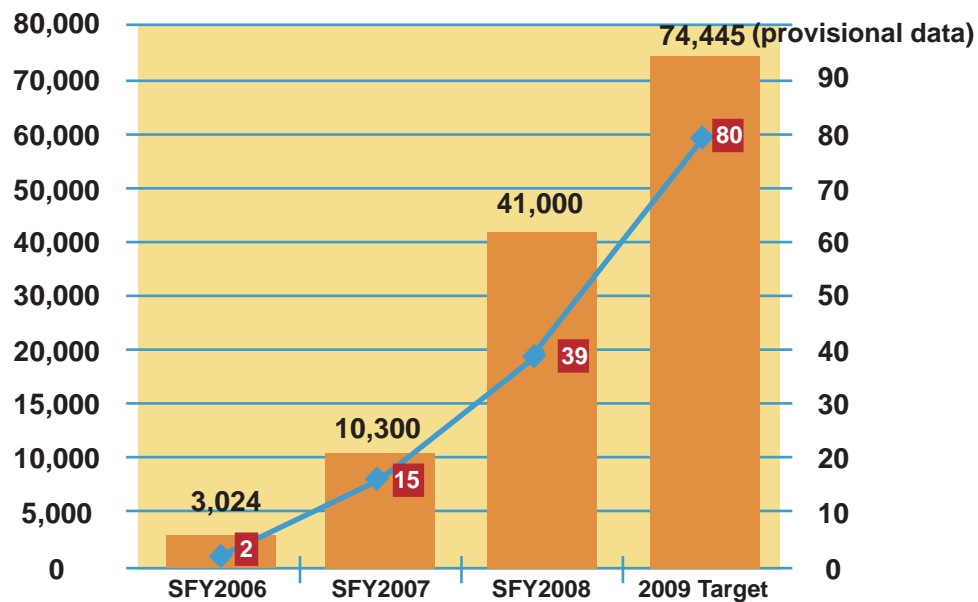
**Estimates based on the number of patients birth to 5 years seen at these medical practices.*

Linking Families to Community Services

As of June 2008, primary care practices referred 486 young children across **1st Five** sites. Over 1,575 subsequent referrals were then made by **1st Five** care coordinators to community-based services for those children and their families.

Per one medical practice referral to a **1st Five** coordinator, *an average of 3-4 additional referrals are identified by the 1st Five care coordinator upon meeting with the family.*

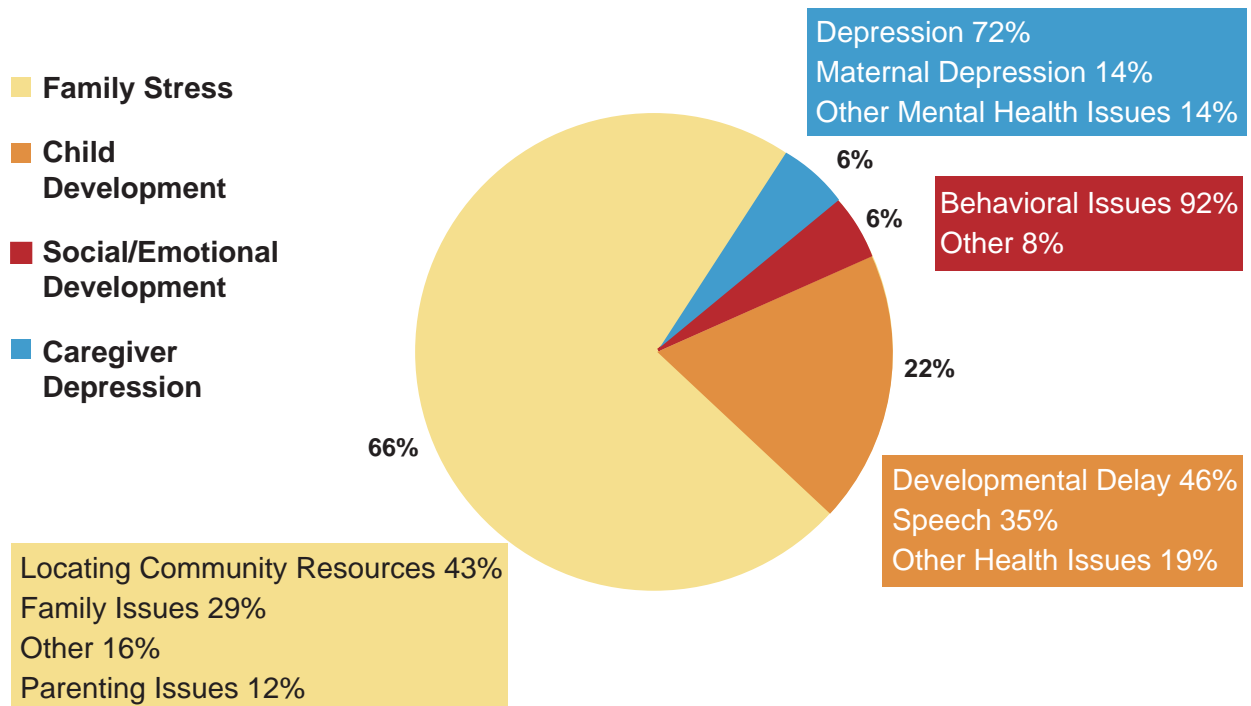
Number of Medical Practices Engaged in 1st Five Identification, Referral and Follow-up



# of practices	2	15	39	80
# of children served	3,024	10,300	41,000	74,445 (provisional data)

**Estimates based on the number of patients birth to 5 years seen at these medical practices.*

Reasons for Initial Referrals to 1st Five Care Coordinators (A Snapshot of Parenting Issues for Iowa Families Raising Young Children)



Over 70% of initial referrals result in ongoing care coordination

What Providers are Saying about 1st Five

“Many times it takes that extra person to ensure a referral gets completed.”

- Nurse, Primary Health Care, Marshalltown

“I love you (**1st Five**). Don't ever go away!”

- Dr. David Williams, Methodist Plaza Pediatric Clinic, Des Moines

“This is like a dream come true, we have needed something like this for a long time.”

- Becky, Midwife, Knoxville Area Community Health Clinic, Knoxville

“I'm learning a lot more about patients than I have ever known before. I'm so glad we're doing this, and it actually saves us time.”

- Dr. Rhonda Enserro, Walnut Creek Pediatrics, Des Moines

“It seems too good to be true.”

- Dr. Erica Smith, DO, Northeast Iowa Family Practice, Waterloo

“**1st Five** staff are ‘angels’ who were sent here to do the things that medical providers want to do, but aren't able to.”

- Dr. White, Ankeny Pediatrics, Ankeny

Implications

Over the next year, **1st Five** implementation sites will expand to impact additional practices and increase referrals among providers already conducting surveillance and screening activities.

Lessons learned are used to guide these efforts and provide further expansion in the state.

Accomplishments

1st Five provider recruitment activities brought about an exciting development related to **statewide system change**. Dr. Rhonda Enserro, a pediatrician working for Iowa Health System in Polk County and a **1st Five** medical practice site, observed the noticeable impact these questions were having on improving her

patient care. She successfully championed embedding these questions into Iowa Health System's electronic medical record across the state that includes 120 pediatric and family practice offices. Next steps involve partnering with and training Iowa Health System practices.

Recommendations

- Continue support for the initial **1st Five** Healthy Mental Development implementation sites;
- Support the spread of current successful planning grants to become implementation sites, pending availability of funds;
- Support “planning grants” for communities that are interested but lack the structure needed for implementation, pending availability of funds.

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