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Practice Summary & Implementation Guidance

1st Five Healthy Mental Development Initiative

Iowa's 1st Five Healthy Mental Development Initiative is a free, voluntary program that partners with primary care providers to support the healthy development of children from birth to age five. The initiative promotes the early use of developmental screenings to identify concerns as soon as possible and connects families to local resources and services when interventions can have the greatest impact.

Cutting-Edge → Emerging → Promising → **Best**

Location	Topic Area	Setting
Iowa	Care Coordination	Clinical

Population Focus	Date Added
Children, Families & Caregivers, Medical & Public Health Professionals	June 2025

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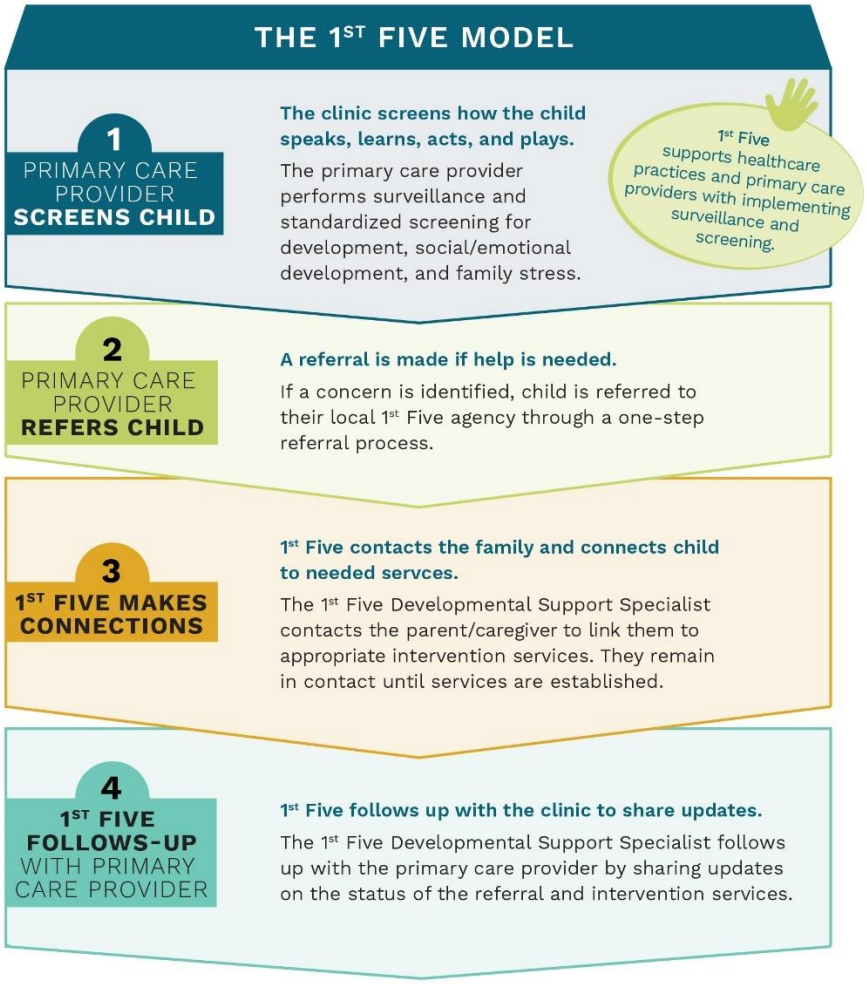
Section 1: Practice Summary

PRACTICE DESCRIPTION

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. Unfortunately, only one-third of Iowa parents with young children report filling out a developmental screening tool in the last year. Even when children are screened, only 59% of pediatricians report providing a referral for children who screen positive. The 1st Five Healthy Mental Development Initiative (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.

1st Five is a free and voluntary program for families. To be eligible, the child needs to be referred by their primary care provider, birth up to 5 years old, and an Iowa resident. 1st Five builds partnerships between physician practices and public service providers to support and enhance models of service delivery that promote high quality well-child care in primary care clinics. 1st Five promotes the use of developmental surveillance and standardized developmental screening tools that support healthy mental development for young children during the first five years. The 1st Five four-part model used for this initiative supports health providers in the earlier detection of social-emotional and developmental delays and family risk-related factors in children birth to age 5 and coordinates referrals, interventions and follow-up.



Iowa's 1st Five Initiative builds upon lessons learned from Iowa's Assuring Better Child Health and Development Initiative (ABCD II). ABCD II was a 3-year project funded by the Commonwealth Fund and the National Academy for State Health Policy (NASHP) to improve developmental outcomes and children's readiness to learn. ABCD II focused on Medicaid-enrolled children with the goal of preventing the need for more intensive and expensive care at a later age. The ABCD II project demonstrated that it is possible to improve patient care through providers' use of the Iowa Child Health and Development Record (CHDR), a standardized developmental surveillance tool. The value of private-public partnerships at the community level provides the opportunity to link children and families to services. Iowa's 1st Five uses these best practices to create a system of care between private and public providers that enhances well-child care

The 1st Five Healthy Mental Development Initiative is an evidence-informed initiative, following recommendations of the American Academy of Pediatrics, operating with fidelity to the four-part model that demonstrated success during the ABCD II project and in cooperation with Iowa's Medicaid EPSDT program.

CORE COMPONENTS & PRACTICE ACTIVITES

Core Components & Practice Activities		
Core Component	**Activities**	**Operational Details**
Screening	Promote use of standardized developmental screening	Engage primary health care providers across Iowa to actively promote the universal use of surveillance and standardized developmental screening during well child visits, according to the Iowa Medicaid EPSDT Periodicity Schedule. 1st Five staff initiate and maintain relationships with primary care practices, including primary care providers and other staff, to provide education about the 1st Five program, consultation toward the incorporation of standardized developmental surveillance and screening tools into the primary care practice as part of a well child exam, and information and resources about early childhood development to ensure proper screening and program implementation.
Developmental Support Services (Care Coordination)	Refer children/families to local resources and programs	Local Developmental Support Specialists (DSS) facilitate connections between families and intervention services. DSS are the experts in knowing what services are available in their communities. Their expertise and knowledge help to ensure families are connected to the best fit resources to address their needs. In addition to supporting families, developmental support

		services reduce the burden on healthcare providers by acting as a dedicated point of contact for care coordination, eliminating the need for providers to manage referrals and follow-ups themselves. DSS ensure families are connected to appropriate services and help to address barriers parents face when trying to access services such as transportation, language needs, applications, paperwork, as well as primary needs such as food security and housing.
Provider Updates	Follow up with the referring providers to keep them informed on child outcomes.	Local DSS regularly follow-up with the referring primary care provider to relay children's progress and demonstrate provider/program partnership impact. Providers receive monthly updates informing them on the referred child's progress and a final update summarizing our work with the family once their case is closed. Providers appreciate knowing what services the child was referred to and knowing if services are in place.
Parent Education	Provide educational resources and guidance to families on developmental screening and milestones	DSS share CDC's Learn the Signs Act Early materials with parents so that they're able to track their child's development, learn more about developmental milestones and act early if they have a concern with their child's development. Parents are encouraged to talk to their child's doctor if their child is not meeting milestones or if they have concerns about his or her development.
Peer Consultant/ Educator	Utilize physician champion who will function as the Peer Consultant/ Educators to support/engage 1st Five providers	Peer Consultation is a resource in place to offer peer coaching and educational presentations to Iowa's 1st Five providers/practices. Providers work together to build new skills, share ideas, teach one another, and solve problems. The 1st Five Peer Consultants specialize in implementing evidence-based screening tools into well-child visits. Peer coaching provides access to colleagues who routinely perform developmental surveillance and screening in their own clinics and are well-versed in the challenges that implementation can pose to different practices. They offer support and help address questions and challenges as they arise.

COMMUNITY WELLBEING

1st Five has contributed to reducing health limitations by focusing on health care access for populations across the state of Iowa, with demonstrated impact among rural families, refugee families, and multilingual households. The program has made strides in addressing key impediments to healthcare such as transportation, language, and financial constraints which can disproportionately affect these populations. 1st Five staff creatively address limited access by providing resources like travel assistance, and where resources are limited, they work with families to identify interim solutions to reduce stress. As part of the referral form, PCPs identify needs for the referred family. In addition, DSS identify additional needs when working with the family. Need identification helps DSS to address higher priority family needs that can prevent a family from connecting to and receiving services for their child.

- 27% of all needs identified (3,567) for referred families in FY24 included basic needs such as food, clothing, diapers, car seats, and financial assistance and additional service barrier needs such as transportation, language services, and insurance.
    - 1st Five DSS identified 67% of these needs
    - 70% of these needs were able to be resolved
    - For referrals that had these kinds of needs (558/2247), 77% received services and/or information for their reason for referral. This is higher than the overall percentage for FY24 of 73%.
        - For these referrals that received services and/or information for their main reason for referral, 86% had at least one resolved need.
        - For these referrals that did not have this outcome, only 42% had at least one resolved need.

- When no needs are identified (456/2247), only 52% of referred children receive information and/or services for their reason for referral.
- This data is evidence that the 1st Five processes of need identification and addressing those needs supports children being connected to services and information for their main reason for referral.

For non-English speaking families, 1st Five is particularly impactful in enhancing communication between healthcare providers and patients. The program equips providers with tools to effectively communicate with families in their preferred language, ensuring that these families are not excluded from receiving the care they need. By supporting language access and fostering respectful, person-centered communication, we are addressing one of the key factors that can limit healthcare access, particularly in non-English speaking or multi-lingual communities:

- *"Somebody speaking English doesn't mean they understand it to the same degree. Making assumptions about what people do and do not understand can lead to missed opportunities."* – Caregiver

- *"1st Five provides the ASQ for free in the languages available."* – 1st Five Staff

In addition, the program itself is free for the family to participate in. No families are turned away by 1st Five based on their household income or insurance status.

EVIDENCE OF EFFECTIVENESS

In 2013, the Child and Family Policy Center (CFPC) and Child Health Specialty Clinics (CHSC) were contracted to enhance the scope of the 1st Five Healthy Mental Development initiative through practice transformation, quality improvement, measures, and telehealth. Measurement development was focused on identifying the effect of 1st Five in assuring that at-risk children ages 0-5 years old are appropriately screened, evaluated, and linked to care coordination, assuring that families receive the services they need.

In early 2014, the 1st Five team, including IDPH, CFPC, and CHSC collaborated to identify a set of measures to assess the impact of 1st Five at the practice, site, and family level. During the first workgroup meeting, the definition and purpose of measures were reviewed with example applications to the four different steps of the 1st Five model. Metrics were designed to provide measurement for each step of the 1st Five model, and included structural, process, performance, and related outcomes.

The 1st Five evaluation plan with CHSC also included both qualitative and quantitative components to assess outcomes, process/implementation and the lessons learned. Focusing on structure and process, the evaluation team conducted quarterly outreach opportunities with the 1st Five staff. Focus groups and qualitative interviews were conducted with a variety of provider types across varying geographic areas and with families who participated in the program.

Program metrics include:

- Percent of referrals using either a developmental screening tool or surveillance tool.
- Percent of primary care provider referrals that were unable to be resolved due to services being unavailable.
- Percent of primary care practices who are satisfied with 1st Five support for surveillance and screening implementation, follow-up to referrals, and communication.
- Percent of families who are satisfied with 1st Five services.
- Percent of families who would recommend 1st Five to a family or friend.
- Percent of families for whom care coordination made a difference.

Program data collection includes:

- Percent of children referred for each of the following referral reasons: developmental concerns; speech or hearing concerns; parent/family stress; missed appointments; social/behavioral concerns; caregiver depression; resource needs; other health-related concerns.
- Percent of children referred who received services; received information; services unavailable; refusal of service; lost contact; unable to contact
- Percent of children referred where ideal services were available and child was connected to the resources; waitlist for ideal services; ideal services were not available and child was referred to best fit service; services available, but child was not eligible; after receiving referral 1st Five was not able to reach family; declined services
- Needs identified by provider and by DSS and need outcome

Child name, child sex, race, ethnicity, DOB, primary language, referring provider, referral date, clinic name, clinic city, clinic phone number, reason for referral, needs identified by provider, screening tool(s) used, surveillance tool(s) used is all collected via the referral form sent to 1st Five by primary care providers. Developmental Support Specialists log all their activities into a data system and enter referral form data, additional needs they identify, need outcomes, program referrals, and outcomes for the main reason for referral. A satisfaction survey is conducted by phone with closed cases by another person at the 1st Five site.

In 2022, Iowa HHS decided it was time to re-evaluate our program impact, data collection and program metrics and began contracting with the Center for Public Partnerships and Research (KU-CPPR) to administer annual program evaluations and research activities.

KU-CPPR uses a participatory action approach and has weaved together qualitative and quantitative methods to assess the 1st Five program and craft recommendations. Over the course of this partnership, data collection methods have included Ripple Effects Mapping (REM) sessions, focus groups, contextual observations, open and closed ended survey questions, and descriptive analysis of program data. To better understand the impact of the program, evaluators and program staff have collected data from and engaged primary care providers, families, and program staff.

Parent Satisfaction Survey

- 98% of participating caregivers said that they were mostly or completely satisfied with 1st Five.
- 98% of participating caregivers said they would recommend 1st Five to a family member or friend.
- 90% of participating caregivers said 1st Five made "a great deal" or "some" difference in their family's life.

Primary Care Provider Outcomes

1st Five's role in "closing the loop" on interventions within the medical home enhances child health. When the 1st Five Developmental Support Specialist follows up with the primary health care provider on the outcome of their referrals, it creates a continuous feedback loop so that providers can use this information to provide better informed care to the child at future visits. Most providers—90 percent—indicated that they were satisfied with the support 1st Five provided, and many noted feedback on referral outcomes as helpful. Here are a few of their comments:

- "Thank you for your help with our families! This initiative has helped connect some families in need with excellent resources and has been invaluable in keeping families connected to care."
- "You are a great community partner and resource. Thank you for what you do for us, our patients and our community."
- "Great resources and care to our patients beyond what we can help with as health care providers."
- "1st 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 [1st 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

REM data (FY22)

1st Five promotes the use of developmental screening tools and access to interventions. Health care providers described children "falling through the cracks" prior to partnering with 1st Five, resulting in disrupted child development that could have been prevented through early detection and intervention.

- 1st Five provides support and helps coordinate care for families so they do not have to bear the burden alone, the responsibility is shared between caregivers and 1st Five staff, allowing families to concentrate on their child's developmental needs.
    - "When your child has special needs, you have so many resources and services being given to you, and 1st Five can help you make sense of and organize it all."- 1st Five Parent
- 1st Five staff and services bridge this gap, offering social support and a listening ear. Empowering struggling parents fosters resilience, transforming stress into endurance, enabling parents to support child development better. This enhances parents' self-efficacy and aids in navigating care more effectively, exemplifying the transformative impact of 1st Five's staff expertise in turning adversity into empowerment.

- “They just seem better when they come back to the health office (after engaging with 1st Five). Parents seem more in charge.”- Referring Health Care Provider

Caregiver Survey (FY23)

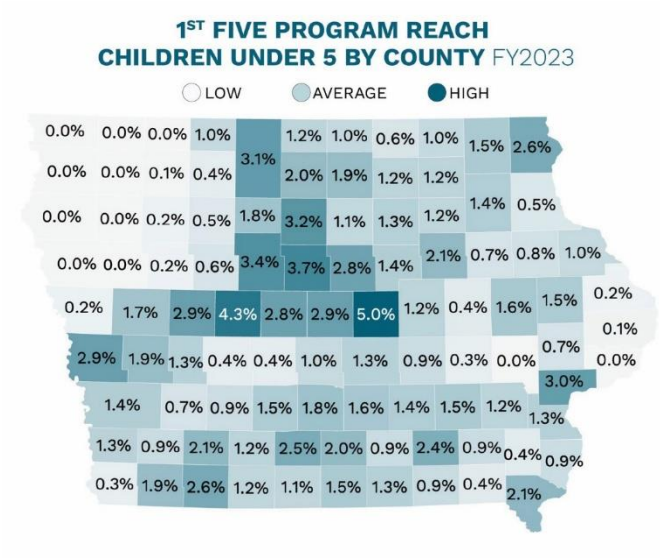
- 84% of the 200 caregiver respondents indicated that 1st Five staff were responsive to their needs.
- 76% reported being connected to ideal services by 1st Five staff.

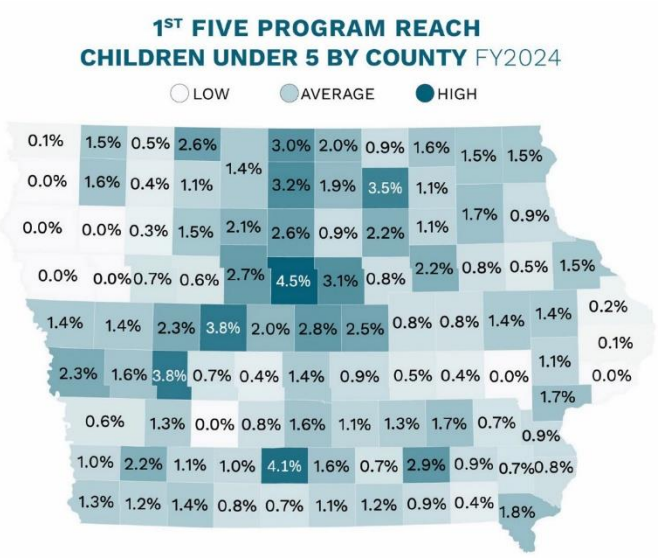
Provider Survey (FY24)

- 45% of providers surveyed (78) reported 1st Five helped reduce barriers in implementing developmental screening. The primary barrier reduced reported by providers was lack of awareness of community resources (42%), other barriers reduced included lack of time (14%), lack of training on screening (12%), lack of staffing (7%), cost to practice (6%), and lack of adequate reimbursement (3%).
    - “They make the referral process easy whenever we identify a child or family at-risk. I am confident in their ability to get children to necessary resources.”
- Most providers noted that they were overall satisfied or very satisfied with the communication (82%), referral support (83%), and coordination support (82%) that they received from the 1st Five program.
- Nearly all providers (93%) reported that they thought the 1st Five program was effective.
- 87% of providers currently use a standardized surveillance tool such as the CHDR or Bright Futures.
- 100% use a standardized developmental screening tool; 84% use two or more.
- 60% reported 1st Five staff recommended the use of a standardized developmental screening tool.
    - Some providers were already implementing developmental screening when they first partnered with 1st Five.

FY23/FY24 Data Analysis (FY25)

- The number of referring providers increased by 6% from 633 in FY23 to 673 in FY24.
- 75% of referrals used either a screening or surveillance tool—60% used a surveillance tool; 48% used a screening tool
- 73% of referred children received information or referral services in FY24; 73% in FY23
- 71% of referred children had ideal services available and were connected to the resources in FY24; 71% in FY23.
- 1st Five’s reach of children 0-5 has increased in several rural counties, including Northwest Iowa, that have been challenging to engage in the past.





Family Experience Survey (FY25)

- Based on responses from 335 caregivers the quality of services received in the 1st Five program averaged 6.47 on a 1 to 7 scale from very poor to very good.
- When asked the open-ended question, “what effect did the 1st Five program have on your child and your family?”, caregiver responses indicated most identified a positive (46.8%) or moderate effect (26.8%). Some responses reflected no effect (10.1%) or negative effect (1.3%). Some respondents also indicated they did not use services (2.2%) or did not know how to answer the question (2.8%).

Section 2: Implementation Guidance

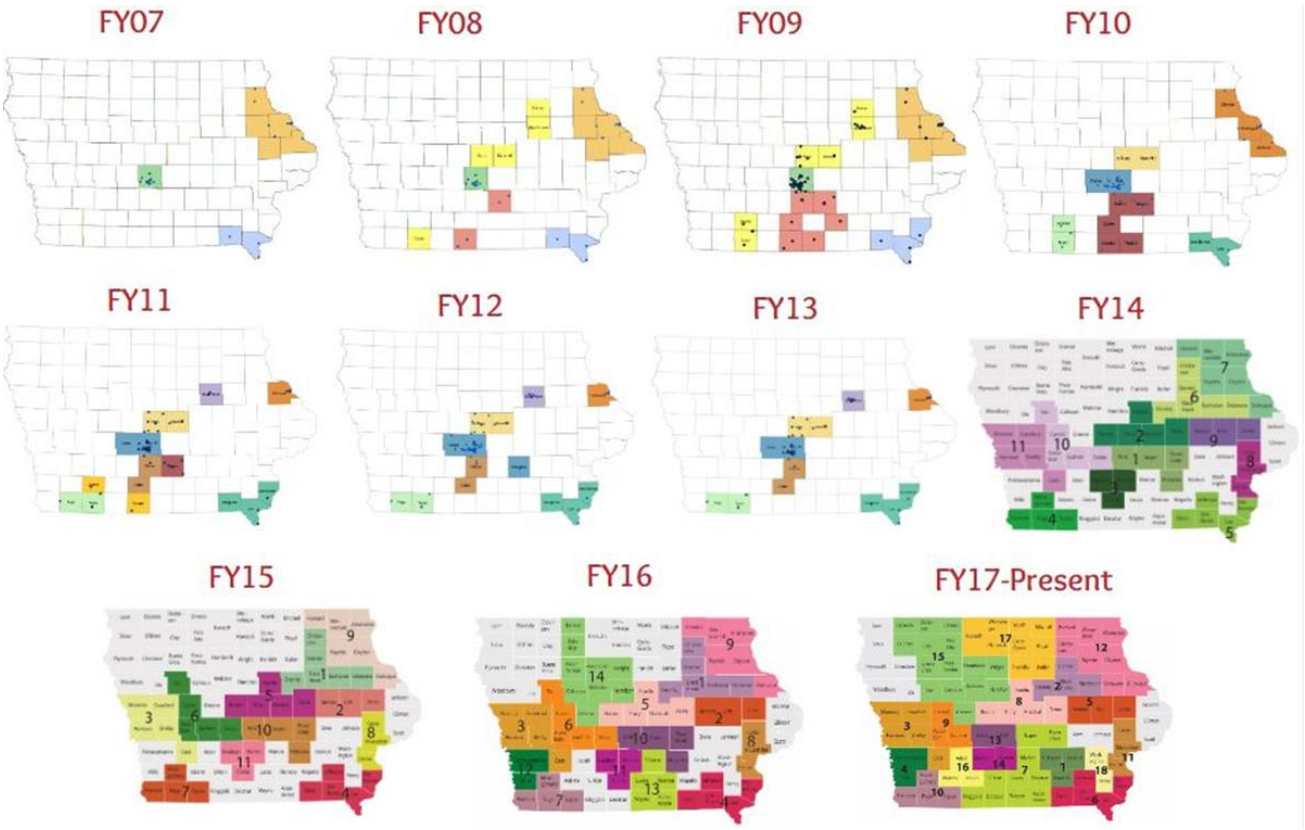
COLLABORATORS AND PARTNERS

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this stakeholder have lived experience/come from a community impacted by the practice?**
Primary Care Providers (PCP)	PCPs have participated in REM sessions and surveys to identify gaps and inform best practice for program reach and engagement	PCPs are engaged through regular feedback loops, REM sessions, and surveys. They are trained for screening and referrals and provide input on program improvements. PCPs support program implementation when functioning as peer consultant/educators, who work with practice to encourage use of standardized developmental screening.	Yes, PCPs are integral to the success of the program, directly impacting the children and families through developmental screenings and referrals.
Caregivers of children who have been referred to 1st Five	Caregivers participated in REM sessions to share their experiences with the program and provided feedback through surveys to help improve services.	Caregivers have been involved in feedback sessions and surveys to inform the development of tailored approaches to meet child and family needs.	Yes, caregivers are the point of contact for the children receiving 1st Five services.
Local 1st Five Sites	Local 1st Five sites and staff contributed insights through REM sessions, surveys,	Local sites are engaged in collaborative	Yes, these sites serve communities that benefit from the program, impacting

	interviews, and observational sessions, helping to shape the implementation of services.	partnerships to ensure successful implementation and continuous quality improvement.	families and children in those local areas who receive developmental screenings and care coordination.
The University of Iowa – Child Health Specialty Clinics (CHSC)	CHSC provides healthcare expertise and contributes to program development, implementation, and continuous improvement by sharing best practices and feedback.	The University of Iowa Child Health Specialty Clinics (CHSC) has been instrumental in the development of program metrics. Iowa HHS contracts with CHSC for primary care practitioner consultation. CHSC sees our work/program through a health care provider lens and provides feedback and input in areas where a provider perspective is needed. CHSC medical consultants offer peer coaching and educational presentations to Iowa's 1st Five providers.	Yes, these partners work in healthcare settings and directly support families by providing surveillance screening to children 0-5, impacting child development outcomes.
University of Kansas Center for Public Partnerships and Research (KU-CPPR)	KU-CPPR Uses multiple methods to conduct evaluations to assess program functions, processes, and impacts.	KU-CPPR conducts both qualitative and quantitative evaluations of the program, providing actionable insights to improve practices and inform decision-making.	No, this partner does not come from the impacted population but plays an essential role in evaluating program effectiveness through research and data analysis.

REPLICATION

Iowa 1st Five has 14 sites located across 88 counties, demonstrating the programs replicability. This expansion took place across 11 years. Level funding since FY17 has prevented 1st Five from expanding statewide.



As Iowa HHS expanded 1st Five over the years, contractors started with a one-year planning grant to recruit and train primary care providers about the program. Feedback from PCPs and local implementing sites showed that the one-year timeframe was too long to maintain relationships with providers without the ability to serve clients. In FY16 and beyond, planning time was built into the implementation contract so 1st Five contractors could serve PCPs when they were ready. FHHS staff developed guidance documents for 1st Five staff—Site Coordinators and DSS. These documents have helped to provide guidance related to program and documentation expectations. We've also developed an onboarding plan for new staff as they've joined the 1st Five team. Previously, there was a gap at the local sites with project directors not having the tools/resources needed to onboard new staff. The training plan provides new team members with the foundational knowledge needed to understand the goals of 1st Five and their role within the program. The onboarding plan was incredibly helpful when we trained the most recent and newest 1st Five site—Upper Des Moines Opportunity. This site had not provided 1st Five services and had to start with learning the basics—establishing relationships with providers, community partners and implementing the program and screening as they engaged new practices.

INTERNAL CAPACITY

1st Five is funded and managed by the Iowa Department of Health and Human Services (IHHS). The state office provides program leadership, promotes innovative research, and offers programmatic expertise to assist local agencies in successfully implementing the 1st Five model in communities across Iowa. The IHHS team includes the Child and Adolescent Health Section Manager and two Community Health Consultants.

Iowa HHS 1st Five Roles	
Title	**Responsibilities**
Community Health Consultant	The individual in this position is responsible for program implementation, site support, materials development, training, contract management, data oversight, and continuous program improvement.

The required staffing structure for local 1st Five implementation includes:

Local 1st Five Site Roles	
Title	**Responsibilities**
Project Director	This role provides leadership and oversight for 1st Five program implementation and contractual obligations. It supervises program staff, ensuring there are enough trained team members to carry out the work, including coverage for vacant positions. The role also ensures staff receive ongoing training, professional development, and organizational support to meet 1st Five contract requirements.
Site Coordinator	This role serves as the primary point of contact for all 1st Five activities, including outreach and training with primary care providers and community partners. The individual ensures that the site follows program expectations and that the 1st Five Model is implemented with fidelity. Key duties include overseeing DSS activities, tracking documentation and data, and supporting overall infrastructure.
Developmental Support Specialist (DSS)	This role connects children referred through 1st Five to local community resources based on needs identified by the referring primary care provider. DSS complete the coordination, communication, and follow-up needed to track referrals and provide the referring provider with updates on referral status and outcomes.

PRACTICE TIMELINE

Successful implementation of the 1st Five Healthy Mental Development Initiative requires ongoing coordination and consultation with local sites. The Iowa HHS (IHHS) team plays a key role in this process by providing policy

guidance, sharing innovative research, and offering program expertise to support local agencies in adopting the 1st Five model within their communities.

This collaborative approach helps strengthen the connection between health care providers and community-based services—ultimately improving early childhood outcomes across Iowa.

The level of involvement and support needed from the local site can vary depending on the phase of the implementation timeline. These phases include initial planning, capacity building, provider engagement, service delivery, and continuous evaluation.

Because every community is unique, we encourage interested agencies to contact us directly for more detailed information. We're here to help you navigate each stage of the process and offer tools, resources, and guidance tailored to your local needs. For more information on this practice's timeline and specific practice activities, please contact Amy Robak at amy.robak@hhs.iowa.gov.

PRACTICE COST

Funding for each site is determined using a range of demographic, socioeconomic, and geographic data for each Collaborative Service Area (CSA). These data points include: the total number of children from birth to age five, which reflects the potential reach of services; the number of children in this age group enrolled in Medicaid, which helps identify areas with greater economic need; the number of non-English-speaking children, to account for the additional resources required to effectively communicate with all focal populations; the number of primary care practices, which indicates the capacity for partnerships and referrals; and the total square mileage of the CSA, which reflects the geographic size and potential challenges in service delivery across rural or dispersed communities. Together, these measures help ensure funding is allocated in a way that supports optimal access to services across the state.

1st Five budgets will vary, dependent on staffing needs and associated costs. For more information on this practice startup costs and budgets, please contact Amy Robak at amy.robak@hhs.iowa.gov.

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Personnel & Employee Related Expenses	Program specific personnel to support implementation and direct service delivery, and the cost of their benefits.	State Personnel • Section Manager • Consultants x2 Local Site Staff • Project Director • Site Coordinator • Development Support Specialist (varies)	Varies

Other Operating Costs	Costs associated with purchase of equipment, program supplies and promotional items for providers and clients.		Varies
Data Management	Data system and support for collection of 1st Five data and reports.		varies
		Total Amount:	**Varies**

LESSONS LEARNED

Something we have learned and are making an effort to do better is leaning on partners that have expertise in areas we are working in. Building strong partnerships and recognizing where our partners can support our work with their unique perspective and lived experience has made a huge difference in how we work together. It has improved our relationships and dismantled down invisible silos.

A challenge we encountered during implementation was related to the referral process, specifically the referral form. We faced issues with incomplete or missing client information, absent parent/guardian signatures, and missing pages of the form. All of which delayed the intake process and created confusion for both families and service providers.

To address this, we collaborated with program evaluation partners (CPPR-KU), local staff, and healthcare providers (CHSC) to redesign the referral form. The updated form, set to launch on July 1st, was designed to address the challenges and needs identified by our lived experts. By involving program staff and healthcare providers in the design process, we ensured the form met both the operational needs of 1st Five staff and the efficiency needs of the providers who complete the referral forms.

We anticipate changes to the form will have an impact on data quality across sites. By standardizing the referral form and aligning data collected with our data collection system, we will streamline the intake process, increase data reliability, reduce missingness, and improve overall efficiency of the referral process.

When 1st Five began, the primary goal was to raise provider awareness and generate referrals. At the time, less emphasis was placed on increasing the use of screenings and education. This approach later created challenges when the program shifted its focus back to developmental screenings, specifically conducting them and using developmental concerns as a basis for referrals.

NEXT STEPS

Based on feedback from local sites, and review of program data we have identified a couple areas for program expansion. Specifically, we would like to examine the program's potential to receive referrals from other types

of healthcare providers. As mentioned previously, our program currently requires referrals be made by primary healthcare providers, but we see value and in expanding the criteria to reach more children and families with needs. For example, currently we are limited by capacity, but we recognize this expansion would increase the program's reach as nearly a quarter of families with children under 5 in Iowa do not have a primary care provider. Thus, we would like to incorporate urgent care providers in rural communities into our referral network. Additionally, we would like to expand services through age five, since many children do not receive their well child visit until after their birthday. This expansion would also cover 5-year-old children who have not started Kindergarten—filling a gap by supporting connection to services prior to school entry.

RESOURCES PROVIDED

- About the 1st Five program:
    - https://hhs.iowa.gov/programs/programs-and-services/family-health/1st-five
- 1st Five Local Sites
    - https://hhs.iowa.gov/media/15269/download?inline
- 1st Five FY24 Annual Evaluation Summary
    - https://hhs.iowa.gov/media/16004/download?inline