Iowa Child Maltreatment Prevention
NEEDS ASSESSMENT

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December 2017

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THIS REPORT IS PREPARED FOR
THE IOWA DEPARTMENT OF HUMAN SERVICES

Prevent Child Abuse Iowa™

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The Coalition for Family and Children's Services in Iowa
Youth & Shelter Services, Inc.
Henry Stoddard

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Executive Summary

Introduction

Prevention of child maltreatment is a central component of the mission of the Iowa Department of Human Services (IDHS): to help Iowans achieve healthy, safe, stable, and self-sufficient lives (IDHS, n.d.). IDHS has announced that it will be combining its two grant programs supporting prevention, the Iowa Child Abuse Prevention Program (ICAPP) and the Community-Based Child Abuse Prevention (CBCAP), to coincide with the end of the current contracts, which expire June 30, 2018. In preparation, IDHS tasked Prevent Child Abuse Iowa (PCA Iowa) to conduct a needs assessment and develop a strategic plan to guide future prevention efforts in Iowa. IDHS holds service contracts with community groups doing prevention work and PCA Iowa is contracted to administer the program.

To conduct the needs assessment, PCA Iowa contracted with Hornby Zeller Associates, Inc. (HZA), a longtime collaborator and evaluator of maltreatment prevention programs, to develop data collection tools, provide analysis and synthesize the results. PCA Iowa managed community outreach activities such as focus groups and survey administration. This report describes the results and findings of the needs assessment process.

The following steps were taken to develop a comprehensive picture of Iowa's prevention landscape through the needs assessment:

- Inventory of existing child abuse prevention programs sponsored by IDHS and other federal, state, local, and private sources of funding;
- Analysis of how programs intersect and of gaps in services, including an examination of evidence-based prevention practices used in Iowa by ICAPP and CBCAP grantees;
- Analysis of the need for maltreatment prevention services using a social indicator approach to identify the prevalence and impact of abuse and neglect risk factors;
- Collection of stakeholder feedback on data and initial findings through focus groups and surveys of prevention professionals, parents and youth.

Synthesis of data from these sources has resulted in the identification of the following strengths and challenges of child maltreatment prevention efforts in Iowa:

Strengths

- **There is a strong commitment to families and children in Iowa.** Multiple funding sources at the federal, state, and local level are funding maltreatment prevention strategies, particularly secondary prevention targeting families at risk. Efforts such as ECI (which aims to establish family-focused early childhood infrastructure) and Decat (an initiative designed to ensure access to family-focused, needs-based services), and commitment to child and family well-being through local control of maltreatment prevention and treatment funds.
- **ICAPP and CBCAP are funding projects that other funding sources are not and reaching families experiencing the risk factors identified in this assessment.** Sexual Abuse Prevention, Fatherhood, Respite Care and Crisis Care grantees all rely heavily on the grant programs for a large portion of their budgets. These types of programs address unique needs or populations that may not align with other funders' criteria.
- **There is a good match between the types of programs professionals say parents need (*e.g.*, parenting classes)** and what is already funded by ICAPP, CBCAP and other prevention programs.
- **Most ICAPP and CBCAP grantees have adopted evidence-based practices (EBPs)**, including five which have the highest overall rating of exemplary for strong research evidence demonstrating positive outcomes among diverse groups of consumers.
- **Prevention providers note that collaboration with other programs and community members is helping them expand their reach.** There is a need to expand those efforts.
- **Both youth and parents identified family and friends as their primary sources of support.** Youth also mentioned other positive supports from activities like music and playing sports as being important to being successful.

Challenges

The challenges identified in the needs assessment are grouped into two categories: those faced by families and those that impact prevention providers and programs.

Families

- **Poverty and other risk factors of child abuse and neglect are issues throughout the state.** There were statistical correlations between poverty, teen births, low birthweight and high Adverse Childhood Experience (ACE) scores and both abuse and neglect; and children ages 0-5, households with high rent, domestic violence, and mental illness with child neglect. The correlations of abuse and neglect with teen births and low birth weight suggest the need to ensure strong collaboration between community groups, public health professionals, other service providers and stakeholders.

- **In focus groups and surveys, providers across the board identified mental illness, substance abuse, and other ACEs as major risk factors affecting families.** They also said that access to mental health and substance abuse services was lacking in many areas of the state.
- **Parents and youth said they needed financial stability, good jobs and close, positive relationships with family and people they could trust.** Employment in particular was an area that both groups said could be a challenge.
- **Both professionals and parents addressed families' lack of access to concrete supports (*e.g.*, transportation, clothing and child care).** Professionals said that these issues made it difficult for families to access services and provide appropriate care for their children.
- **Funding restrictions and time may be impacting some parents' ability to participate in resources they need.** In particular, some families earn too much to qualify for programs targeting at-risk families. Others find their work and family life impede time to participate.

Prevention Providers

- **Providers say lack of funding and a lack of flexibility in how funds can be used impact their ability to reach as many people as they could.**
- **Stigma and a lack of awareness of the issue of maltreatment** impact whether members of the community access services and support for prevention. Providers note sharing information about ACEs and communication strategies like Connections Matter are helping address these issues in some areas.
- **Although many providers use EBPs, ICAPP and CBCAP fund a high number of interventions which lack research support.** Although there is a wide variety of maltreatment prevention EBPs, providers said identifying appropriate interventions and paying for training can be challenging. Some types of programs funded through ICAPP and CBCAP, particularly Fatherhood, Community Development, Respite Care and Crisis Care programs have little, if any research support. In addition, among those using EBPs there is not currently data to measure adherence to model fidelity, an important component to evaluating program quality.

Measurable goals and strategies to build on existing strengths and address the challenges identified in the needs assessment will be developed during the strategic planning process, which concludes in December 2017. Additional feedback on the plan's goals will be gathered from a statewide committee of diverse stakeholders. The strategic plan will be used to guide future requests for proposals for prevention services and evaluation of prevention efforts.

Recommendations

The incidence of child maltreatment in Iowa remains above the national rate, despite decreases in recent years. Iowa's ACE data indicates that 56 percent of adult Iowans report experiencing one of the eight ACEs measured in the study. The rate of neglect in the state is four times that of physical abuse and ranges widely from county to county. The needs assessment found relationships between neglect and numerous risk factors, including teen births, poverty, low birthweight births, domestic violence, high ACE scores and mental illness.

A coordinated public health approach is recommended to reduce the risk of children's exposure to toxic stress caused by abuse, whether physical or sexual, or neglect and improving protective factors through early access to concrete supports, evidence-based parenting education, and social supports for parents and children. Qualitative and quantitative data collected in this needs assessment indicate an urgency for change in prevention practices in Iowa. The following recommendations are respectfully suggested:

Coordinate maltreatment prevention funding sources across multiple service sectors (*e.g.*, public health, early childhood, human services) to use each source strategically in combatting abuse and neglect. Work collaboratively across funding sources to identify common goals, services and quality standards using the needs assessment and strategic plan as a starting point.

Reduce child maltreatment by targeting risk factors presented by families which are most closely correlated with abuse and neglect. Make information available and accessible about services that address the conditions of poverty, teen births, low birthweight, domestic violence, adverse childhood experience, mental illness and substance abuse.

Increase workforce development in cultural competence, EBPs and trauma-informed prevention and care. Embed culturally responsive, evidence-supported and trauma-informed practices into all systems that help families.

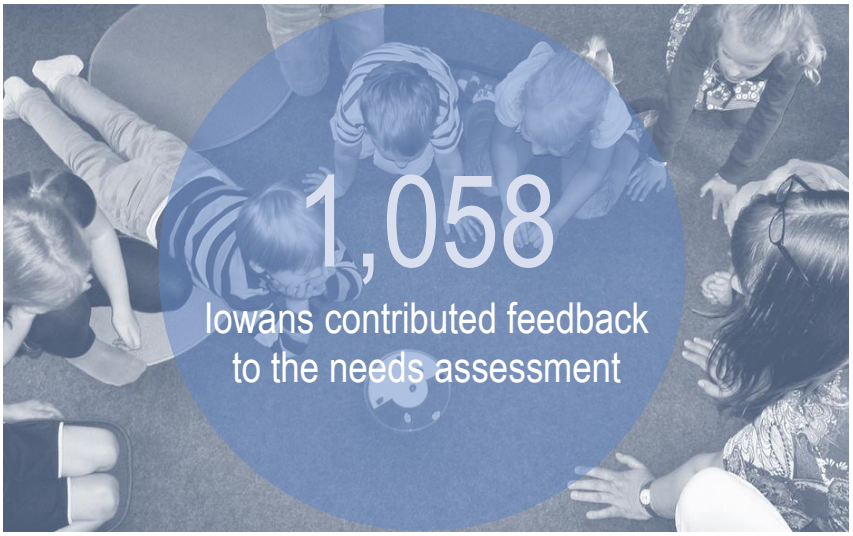
Introduction

Prevention of child maltreatment is a central component of Iowa Department of Human Services' (IDHS) mission to help Iowans achieve healthy, safe, stable, and self-sufficient lives (IDHS, n.d.). Two significant funding sources support prevention activities: the Iowa Child Abuse Prevention Program (ICAPP), established in Iowa Code in 1982 and funded through annual state legislative appropriation, federal sources, as well as birth certificate fees and donations made through a line item on state tax returns; and the Community-Based Child Abuse Prevention (CBCAP), funded through a provision of the federal Child Abuse Prevention and Treatment Act (CAPTA).

IDHS announced that it will be combining these grant programs to coincide with the end of the current service contracts, which expire June 30, 2018. In preparation, IDHS tasked Prevent Child Abuse Iowa (PCA Iowa) to conduct a needs assessment and develop a strategic plan to guide prevention efforts in Iowa. IDHS contracts with community groups for prevention services and PCA Iowa is contracted to provide administrative services for the program.

In 2016, IDHS reported that 8,892 children in the state were victimized (*e.g.*, had a confirmed or founded abuse or neglect report) (2017a). Research has shown that the effects of maltreatment are numerous and can last into adulthood (Flaherty et al., 2013; Molnar, Beatriz, & Beardslee, 2016). In Iowa, a 2016 study found that adults' risk of poor physical and mental health outcomes increases as the number of adverse childhood experiences (ACEs), including abuse and neglect, increase (Central Iowa ACEs Coalition, 2016).

The needs assessment and strategic planning process will guide future requests for proposals for ICAPP and CBCAP and provide a framework for IDHS' prevention strategies. To conduct the needs assessment, PCA Iowa contracted with Hornby Zeller Associates, Inc. (HZA), a longtime collaborator and evaluator of abuse prevention programs. HZA developed needs assessment data collection tools, provided analysis and synthesized the results. PCA Iowa managed community outreach activities such as focus groups and survey administration. This report describes the results and findings of the needs assessment process.



About This Report

The goal of the needs assessment is to describe the needs and resources available to Iowa families and identify strengths and gaps in prevention services. The following steps were taken to develop a comprehensive picture of Iowa's prevention landscape:

- Inventory of existing child abuse prevention programs sponsored by IDHS and other federal, state, local, and private sources of funding;
- Analysis of how programs intersect, gaps in services, including an examination of evidence-based prevention practices used in Iowa by ICAPP and CBCAP grantees;
- Analysis of the need for maltreatment prevention services using a social indicator approach to identify the prevalence and impact of abuse and neglect risk factors;
- Collection of stakeholder feedback on data and initial findings through six focus groups with a total of 84 participants (including four youth) and surveys administered to prevention professionals, parents, and youth. A total of 978 surveys were collected: 912 from prevention professionals, 14 from youth, and 52 from parents.

A mixed method approach using both qualitative and quantitative data sources was used to provide a thorough understanding of Iowa's prevention services and barriers to meeting families' needs. Data sources used to compile the information can be found at the start of each section and a detailed description of the methodology appears in Appendix A.

Background

Two constructs are used in Iowa to govern thinking about child maltreatment prevention, what approaches can be used, and how they should be targeted: protective factors and the public health approach. Protective factors were identified through research at the turn of the century, while applying the public health approach to child abuse prevention is more recent.

Protective Factors

Protective factors mitigate risk factors of child maltreatment and reduce the impact of adverse experiences during childhood (Child Welfare Information Gateway, 2014). This emphasis on promoting protective factors grew up in the early 2000s when child abuse prevention efforts changed from a problem-focused approach to one that is more strengths- and resiliency-based (Child Welfare Information Gateway, 2017).

Table 1 describes the five protective factors identified in the FRIENDS National Center for Community-Based Child Abuse Prevention's framework utilized in Iowa ("Protective Factors," n.d.). Different prevention programs target specific protective factors based on the target audience and overall goal of the program. ICAPP and CBCAP fund six types of services which promote protective factors of children, parents, and families: Community Development, Crisis Care, Home Visiting, Parent Development and Fatherhood, Respite Care, and Sexual Abuse Prevention programs.

Table 1. Definitions of Protective Factors by FRIENDS, NRC

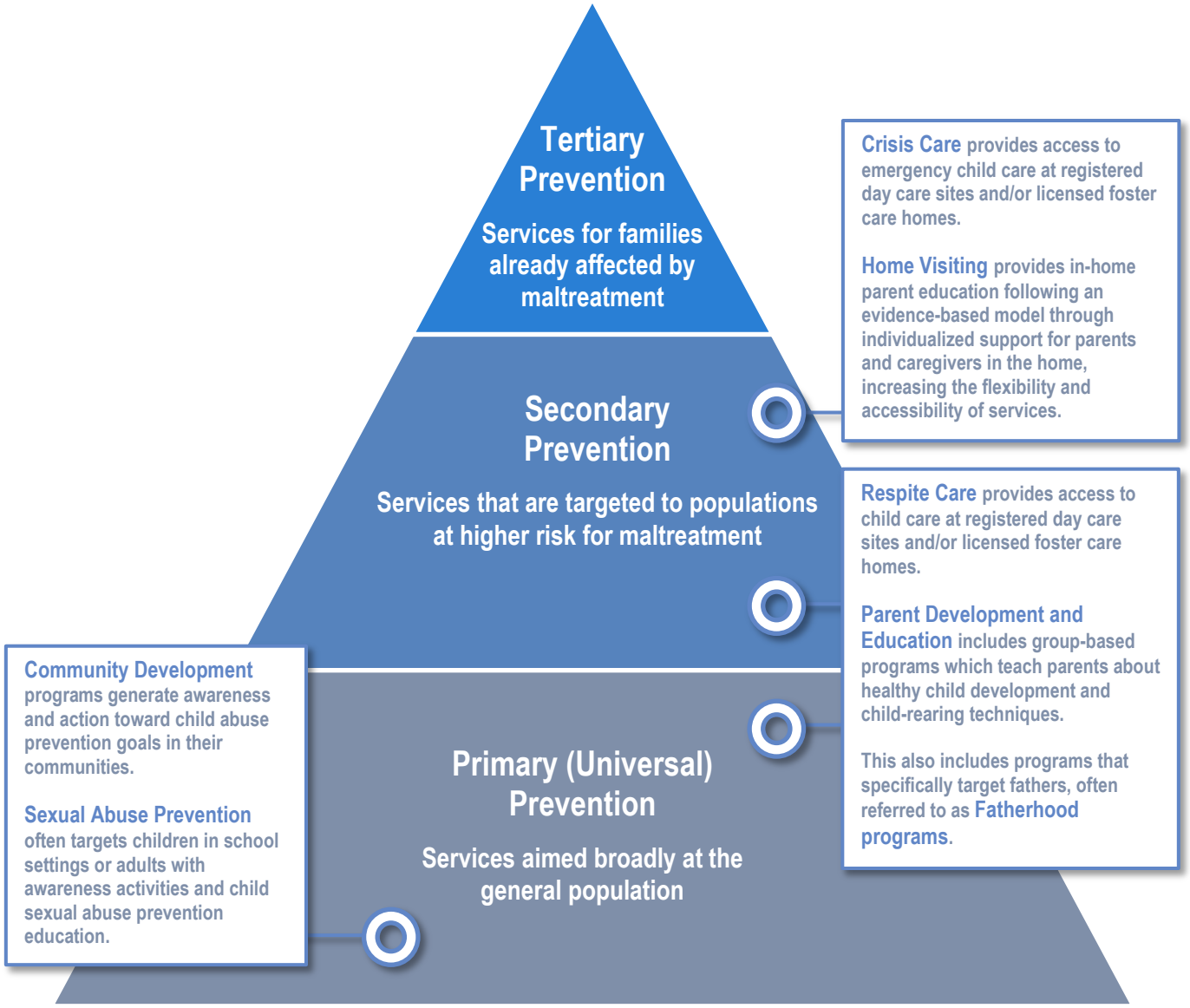
Protective Factors Domains	Definition
Child Development and Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children's abilities.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Family Functioning and Resilience	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and mobilize to accept, solve and manage problems.
Nurturing and Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.
Social Emotional Support	Perceived informal support (from family, friends and neighbors) that helps provide for emotional needs.

Public Health Approach to Prevention

Increasing calls have been made to adopt a public health approach to maltreatment prevention (Prinz, 2016). Public health classifies prevention into primary, secondary and tertiary levels. Primary prevention targets the general population, secondary efforts work with families identified as at a higher risk of maltreatment and tertiary services work with families and children where abuse or neglect has occurred (Child Welfare Information Gateway, 2017). The types of programs offered and the strategies used vary based on the level of prevention. For example, secondary prevention programs targeting families at greater risk may include more intensive interventions.

The scope of this needs assessment is primary and secondary prevention strategies. Figure 1 describes the types of prevention interventions funded through ICAPP and CBCAP and how they fit into the different levels of prevention. Throughout this report, these different types of programs and levels of prevention will be discussed.

Figure 1. Public Health Model Levels of Prevention and Iowa Maltreatment Prevention Services



Adapted from Child Welfare Information Gateway (n.d.) *Framework for prevention of child maltreatment.* Retrieved from https://www.childwelfare.gov/topics/overview/framework/

Results of this needs assessment will be used to guide the goals and objectives of the prevention strategic plan from 2017 through 2023. Activities to obtain feedback from stakeholders will continue throughout the strategic planning process. As goals and objectives are developed, a statewide committee will be convened to elicit feedback. In November 2017 PCA Iowa will deliver a full strategic plan to IDHS for comment and revisions.

Iowa's Prevention Programs and Funding Sources

PCA Iowa looked beyond ICAPP and CBCAP to determine the current status of prevention programming in Iowa. Thirteen programs and funding sources providing some form of child maltreatment prevention[1] services and family support were identified. Descriptions of each program can be found on pages 10-11. Like ICAPP and CBCAP, most programs fund local organizations to carry out direct service work. For this reason, the terms "program" and "funding sources" are used interchangeably throughout this section.

Data Sources

- Program websites & annual reports
- Children's Program Factbook
- Stakeholder focus groups and surveys
- ICAPP & CBCAP grantee reports

Maltreatment Prevention as a Primary Goal

All thirteen programs identified seek to improve child and/or family wellbeing, but eight specifically identify child abuse and neglect prevention as central to program goals. Figure 2 displays the two groups of programs.

Figure 2. Sources of Maltreatment Prevention Funding

Programs with Maltreatment Prevention Focus

- Community-Based Child Abuse Prevention (CBCAP)
- Community Care
- Connections Matter
- Decategorization (Decat)
- Healthy Opportunities for Parents – Healthy Families Iowa (HOPES–HFI)
- Iowa Child Abuse Prevention Program (ICAPP)
- Iowa Coalition Against Sexual Assault (ICASA)/Rape and Prevention Education (RPE)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

Other Programs

- 21st Century Community Learning Centers (CCLCs)
- Early Childhood Iowa – (ECI) Family Support
- Early Childhood Iowa – (ECI) Home Visiting
- Family Development Self Sufficiency (FaDSS)
- Title V – Maternal and Child Health Programs

[1] A public health approach to prevention considers child protective services (CPS) tertiary prevention. Some programs providing tertiary as well as primary or secondary services are in the needs assessment; however, they do not represent all Iowa CPS interventions.

Descriptions of Iowa Prevention Programs

21st Century Community Learning Centers (CCLCs) – A federal title program funding after-school programs with learning opportunities to children and families (Iowa Department of Education, n.d.).

Community-Based Child Abuse Prevention (CBCAP) – Federally funded through the Child Abuse Prevention and Treatment Act (CAPTA), CBCAP funds Parent Development, Crisis Care and Home Visiting programs.

Community Care – A voluntary IDHS program which provides services and supports to families through a contracted agency that focus on reducing families' stress, and preventing maltreatment and additional contact with IDHS (IDHS, 2017c). Families are referred to the program by IDHS through the child abuse assessment or family assessment process and determined to need additional support (IDHS, 2017d).

Connections Matter – Connections Matter is a communication strategy focused on "building caring connections to improve well-being (PCA Iowa, 2017)." The initiative trains presenters to share the message of positive social supports to reduce the risk of child abuse or neglect and facilitating the development of resiliency within schools, businesses, faith communities, medical providers, and the community (PCA Iowa, 2017).

Decategorization (Decat) – Decat is an effort to change Iowa's child welfare system to a needs-based, family-focused, more intensive, less restrictive, and cost-effective system by "decategorizing" services from a state level to a local level (Community Partnerships for Protecting Children, 2012). State funding is provided to Local areas, which have the authority and funding flexibility to implement community-based services. Nineteen ICAPP and CBCAP grantees received Decat funds in FY 2017.

Early Childhood Iowa (ECI) – Home Visiting & Parent Education – ECI coordinates services across early care, health, and education systems of care to establish infrastructure to advance the early childhood system, ensure access to high quality services, and increase public will for supporting children and families (ECI, 2017). ECI funds family support programs that provide parenting and home visiting through its ECI and School Ready Grant Programs. Forty-six ICAPP and CBCAP grantees received ECI funding during the previous fiscal year.

Family Development Self Sufficiency (FaDSS) – Administered by the Department of Human Rights (DHR), FaDSS provides support services, including goal-setting, assessment and case management to families receiving cash benefits through Iowa's Family Investment Program (FIP) (Iowa Department of Human Rights, n.d.). Funded through a combination of state and federal dollars, FaDSS uses an evidence-informed, strengths-based approach to help families achieve self-sufficiency (Iowa Department of Human Rights, n.d.).

Healthy Opportunities for Parents – Healthy Families Iowa (HOPES–HFI) – An IDPH program providing services to families using the Healthy Families America (HFA) home visiting model (IDPH, 2017a). HOPES–HFI seeks to improve child health and development, family coping skills, positive parenting skills, and prevent maltreatment (IDPH, 2017a). HOPES–HFI grantees are supported by a state and private grant funds. About one-third of funds which support grantees are provided by the state. Thirteen programs operate in nine counties.

Iowa Child Abuse Prevention Program – ICAPP is funded through state and federal sources, birth certificate fees and line item tax return donations. ICAPP supports Community Development, Respite Care, Home Visiting, Parent Development, and Sexual Abuse Prevention programs.

Iowa Coalition Against Sexual Assault (ICASA)/Rape and Prevention Education (RPE) – ICASA provides support and leadership to a statewide network of services for survivors of sexual assault, and administers sexual violence program grants funded through IDPH. RPE is a federally funded Centers for Disease Control and Prevention (CDC) program supporting primary prevention of sexual violence (CDC, 2017a). ICASA provides training and support to advocates for survivors and funds primary prevention efforts targeting professionals and caregivers about how to talk about sexual violence with youth (ICASA, 2017). One ICAPP/CBCAP grantee receives funds through RPE.

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program – Administered by IDPH, MIECHV funds four evidence-based home visiting models to improve maternal and child health, prevent childhood injury, improve school readiness and achievement, decrease crime and domestic violence and increase self-sufficiency and service coordination. Programs are funded in fourteen counties (IDPH, 2016). In Iowa, MIECHV is supported by a combination of state and federal dollars, with the state providing about 12 percent of the program's funding. Five ICAPP and CBCAP grantees also receive MIECHV funding.

Title V – Maternal and Child Health – An IDPH Bureau of Family health program, Maternal and Child Health administers federal Title V funds to provide healthcare services to mothers and children from low income households (Bureau of Family Health, IDPH, 2017).

In addition to ICAPP and CBCAP, the programs that focus on maltreatment prevention are Community Care, Connections Matter, Decat, HOPES–HFI, ICASA/RPE, and MIECHV. Of those eight, three are administrated by IDHS, three by Iowa Department of Public Health (IDPH), and two by local or private organizations.

Among the eight programs with a goal of maltreatment prevention, five support or provide primary prevention strategies to universal audiences. Examples include community development strategies such as public awareness campaigns and training for broad audiences which are provided through Connections Matter, ICAPP and ICASA. ICAPP and CBCAP also fund other primary prevention strategies such as parenting programs open to all families. Yet one of the concerns raised by prevention providers in focus groups was the emphasis of funding sources on families at high risk of child abuse and neglect, which they said left out other families in need. Although the majority of programs targeting child abuse and neglect fund primary prevention strategies, they do not account for the bulk of the prevention funding, which may be driving prevention professional's perceptions. This is discussed in more detail in the next section.

Other programs that did not identify prevention as their main intent seek to help children and families improve self-sufficiency (Family Development Self Sufficiency (FaDSS)); health (Title V – Maternal and Child Health); education (21st Century Community Learning Center (CCLC)); and overall well-being (ECI). Table 2 shows the number of people served, level of prevention, and types of interventions offered by all 13 programs. Although maltreatment prevention may not be a primary goal of the remaining five programs, these programs do provide critical support to families in Iowa (such as ECI's support for home visiting and parent development programs), or provide families with prevention resources (for example, the Maternal and Child Health website includes resources for health providers on Period of Purple Crying, a maltreatment intervention).

Table 2. Overview of Iowa Prevention Programs

Program Name	Number Served (2017)	Prevention Level	Intervention Type	Total Funding	Funding Source
21st CCLC	14,670 school districts	Primary Secondary	ED	$7,832,416	Federal
CBCAP	1,469 families	Primary Secondary	CC HV PD	$410,535	Federal
Community Care	3,832 families	Secondary Tertiary	CM	$3,433,850	Federal Local
Connections Matter	600+ trained professionals	Primary	CD	Not available	Private
Decategorization	Not available	Primary Secondary Tertiary	Unknown	$1,717,753	State
ECI – Home Visiting	Not available	Secondary	HV	$13,017,872	State Federal
ECI – Parent Education	Not available	Secondary	PD	$1,108,331	State
FaDSS	1528 families	Secondary	CM	$5,883,191	State Federal
HOPES–HFI	619 families	Secondary	HV	$2,036,438	State Private
ICAPP	2,773 families	Primary Secondary	CD HV PD RC SAP	$1,277,921	State Federal
ICASA/RPE	Not available	Primary Tertiary	CD SAP	Not available	Federal State
MIECHV	1,055 families	Secondary	HV	$4,980,000	State Federal
Title V – Maternal and Child Health Programs	7,000 individuals	Secondary	HE	$1,419,258	State Federal

KEY: CC=Crisis Care; CD=Community Development; HV=Home Visiting; PD=Parent Development; RC=Respite Care; SAP=Sexual Abuse Prevention; ED=Education, CM=Case Management; MI=Miscellaneous

See pages 6–7 for program descriptions.

Prevention Funding

The goals of the funding analysis were to determine the following:

- The total amount of funding allocated in Iowa for child maltreatment prevention
- The amount of prevention funding per child in each county
- The percent of prevention funding provided by ICAPP and CBCAP statewide
- The percent of grantees' budgets funded by ICAPP and CBCAP

DATA SOURCES:

- Program websites & annual reports
- Children's Program Factbook
- Stakeholder focus groups & surveys
- ICAPP & CBCAP grantee reports

Ultimately, funding information was available for 11 of the 13 programs. County-level funding amounts were available for five programs and were developed for the remaining programs that had total funding amounts available based on the child population per county.

Approximately $41.3 million for prevention services annually is provided around the state of Iowa. **Prevention funds account for less than 0.003% of expenditures for children's programs in Iowa.**[2] Per-county estimates of prevention dollars spent per child ranged from $27 in Dallas County to $181 in Decatur County.[3] The state average was $58 per child. Figure 3 displays a map of prevention dollars spent per child per county. The 99 counties were divided into groups of 25 to represent the dollars spent per child by quartile. Counties with the darkest shade were in the top quartile of dollars per child, while the lightest shade indicates the counties in the lowest quartile.

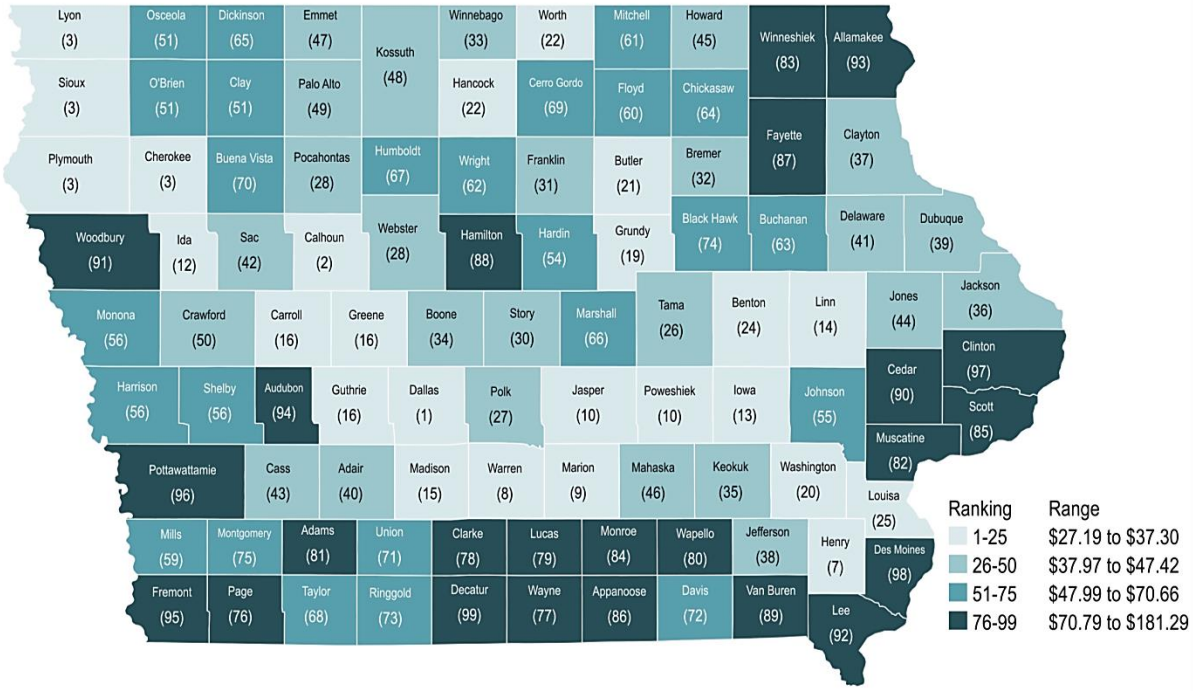
Among the 13 programs examined, the funding source contributing the most support was ECI funding for Home Visiting at $13,017,872. CBCAP provided the lowest amount, with $410,535 awarded to organizations during the last fiscal year. ICAPP and CBCAP together ($1,688,456) accounted for just over four percent of the all maltreatment prevention funding in the state.

Among the eight programs which focus on maltreatment prevention, the largest amounts of funding were provided through IDPH's MIECHV ($4.98 million) and IDHS' Community Care ($3,433,850). Taken together, the budgets of the eight programs that focus on maltreatment totaled $13.9 million or about 34 percent of all funding. In addition, programs funding primary prevention strategies made up only about a quarter of that $13.9 million.

ICAPP and CBCAP provided 4% of prevention funding in Iowa

[2] Funding for children's programs includes state, federal and local funding (Source: Children's Program Factbook).
[3] While a statewide total for Decat funding was available in the Children's Program Factbook, funding information for each of the Decat areas was not, so the source is excluded from county-level dollars per child estimates.

Figure 3. Prevention Dollars Spent per Child, County Ranking



ICAPP and CBCAP Grantee Funding Sources

The needs assessment and strategic planning process will be used to guide the request for proposals and funding process for both ICAPP and CBCAP. For this reason, a detailed look at ICAPP and CBCAP grantees' program budgets was undertaken. (NOTE: Many programs receive both ICAPP and CBCAP funds; the grant programs are being combined in fiscal year 2019, so for the purposes of this analysis, ICAPP and CBCAP funding amounts were combined.)

Table 3. Proportion of Program Budget Funded by ICAPP and CBCAP

Proportion of funding from ICAPP & CBCAP	Number of programs
0–33%	51
34–66%	23
67–100%	48

(n=125)

To provide prevention services, grantees seek funding from multiple sources. **About three out of four grantees (76%) reported funding from at least one source other than ICAPP or CBCAP**, indicating that most grantees have diversified their funding streams.

The largest amounts of other funding came from ECI and MIECHV. ECI funding was awarded primarily to Home Visiting and Parent Development programs, with one Respite Care and one Sexual Abuse Prevention grantee identifying the program as a funding source. MIECHV exclusively funds Home Visiting, and only five programs identified MIECHV as a source of support.

Examining the individual programs and how they are funded, approximately 40 percent of programs receive one-third or less of their budget from ICAPP and CBCAP (Table 3). Almost the same number of programs (40%) receive between 67 percent and 100 percent of their program budgets from the grant programs.

The proportion of a program's budget funded by ICAPP and CBCAP seems to be driven in part by the type of intervention. Home Visiting programs have lower proportions of ICAPP/CBCAP funding; 88 percent of Home Visiting Programs receive a third or less of their budget from ICAPP and CBCAP (Table 4). Sexual Abuse Prevention, Crisis Care, and Respite Care are all funded in large part through ICAPP and CBCAP. While about half of Parent Development programs (53%) receive a third or less of their funding through ICAPP and CBCAP, Fatherhood programs are much more reliant on these sources, with 75 percent receiving 67 to 100 percent of funding from them.

Table 4. Proportion of Program Budgets Funded by ICAPP and CBCAP by Program Type

Proportion of funding from ICAPP & CBCAP	Crisis Care	Fatherhood	Home Visiting	Parent Development	Respite Care	Sexual Abuse Prevention
0%–33%	10%	13%	88%	53%	13%	14%
34%–66%	40%	13%	8%	22%	13%	21%
67%–100%	50%	75%	4%	25%	75%	66%

Funding for maltreatment prevention appears to be focused on supporting secondary prevention strategies that target families with risk factors of abuse and neglect. Stakeholders saw funding—including the time and resources needed to identify and apply for new sources of support—as a barrier to providing services and support to families. The amount of funding ICAPP and CBCAP provide to organizations varies widely, with home visiting programs receiving the most support from other sources. In addition, ICAPP and CBCAP appear to fund programs that other funding sources do not, based on the high numbers of Crisis Care, Respite Care, Fatherhood and Sexual Abuse Prevention programs which rely heavily on ICAPP and CBCAP.

Prevention Evidence-Based Practices (EBPs)

DATA SOURCES:

- Stakeholder focus groups and surveys
- EBP Clearinghouses:
  - Blueprints for Healthy Youth Development
  - California Evidence-Based Clearinghouse (CEBC)
  - Home Visiting Evidence of Effectiveness (HomVEE)
  - National Registry of Evidence-based Programs and Practices (NREPP)
  - Office of Juvenile Justice, Detention and Prevention Model Programs Guide (OJJDP)

Looking more specifically at the quality of maltreatment prevention interventions funded, the degree to which evidence-based practices (EBPs) have been implemented by prevention programs was assessed. EBPs are interventions that have been found through research to produce their intended outcomes, minimize negative effects on participants, and whose results are reproducible among diverse populations (National Alliance of Children's Trust and Prevention Funds, 2009). A review of all EBPs currently available in child maltreatment prevention was conducted as part of the needs assessment. Based on the results of that review, the levels of evidence of the specific EBPs funded by ICAPP and CBCAP were determined.

To determine whether curricula funded through ICAPP and CBCAP were evidence-based, the team reviewed five reputable evidence-based practices clearinghouses (see sidebar), as well as previous literature reviews performed for PCA Iowa. The product is an inventory of maltreatment prevention EBPs. Profiles for each intervention with program descriptions are found in Appendix B.

About half of Iowa's prevention programs and funding sources were identified as supporting evidence-based interventions. Of the 16 programs supporting maltreatment prevention, eight provide or support evidence-based or evidence-informed interventions, according to program websites and annual reports. Some, such as CBCAP, MIECHV and HOPES–HFI fund EBPs exclusively, while others (*e.g.*, ECI) reserve a portion of their funding for innovative strategies.

Table 5 describes the interventions reviewed, each one's overall level of evidence and the intervention type. Each clearinghouse utilizes different rating scales and criteria. For purposes of the needs assessment, the **National Alliance of Children's Trust and Prevention Funds** levels of effectiveness were used to determine the overall level of evidence for each program. These criteria are based on the work of Buysse and Wesley (2006), the federal Centers for Disease Control and Prevention (CDC), and the Advisory Group to the Children's Bureau Office of Child Abuse and Neglect (OCAN) (National Alliance of Children's Trust and Prevention Funds, 2009).

The four levels of evidence, from low to high, are:

1. **Innovative Programs:** Professional experience and best available knowledge support the intervention that is undergoing evaluation to elicit family responses and to identify effectiveness under certain conditions with a selected group.
2. **Promising Programs:** Professional experience and family endorsement affirm the effectiveness of evidence-informed programs that have not yet accumulated evidence of effectiveness under rigorous evaluation.
3. **Supported Programs:** Scientific evidence of effectiveness is positive, professional experience is favorable, and family endorsement concurs but the programs have not been widely implemented. Evidence is favorable to implement a "supported program" under new conditions or a different population to generate more findings.
4. **Exemplary Programs:** Rigorous scientific evidence, accumulated professional experience, and family endorsement concur on the effectiveness of programs through positive outcomes that are evident with diverse groups in different settings.

In total, 37 EBPs with a goal of child maltreatment prevention were identified in at least one of the five clearinghouses (Table 5). All four of the categories above were reflected in one or more of the programs. The majority were group-based parenting classes and classified as Parenting Development (20 programs). Fourteen Home Visiting programs were reviewed, as were two Sexual Abuse Prevention Programs and one Community Development programs with public awareness components or community-level target audiences. Among the EBPs, just over two out of five (41%) received a rating of exemplary (7 programs) or supported (8 programs).

Table 5. Maltreatment Prevention EBPs

Type	Name	Evidence Level (4 is high)	Target Audience	ICAPP/ CBCAP funded
CD	SEEK Safe Environment Every Kid	3	Primary care providers and families w/ children 0–5	
HV	Avance Parent-Child Education Program	3	Caregivers w/ children 0–3	
HV	Child FIRST	2	At-risk families w/ children 6–36 months	
HV	Circle of Security	2	At-risk families w/ children 0–6	Y
HV	Early Head Start	3	Families with low incomes and children 0–3	
HV	Exchange Parent Aide	2	Families w/ children 0–12	
HV	Families First	2	At-risk families w/ children 0–17	
HV	Healthy and Safe	2	Caregivers with cognitive difficulties w/ children 0–5	
HV	Healthy Families America	4	At-risk families w/ children 0–5	Y
HV	Home Builders	3	At-risk families w/ children 0–18	
HV	Home Instructions for Parents of Pre-School Youngsters (HIPPY)	3	Caregivers w/ children 3–5	
HV	Nurse Family Partnerships	4	High-risk, first-time mothers	

Type	Name	Evidence Level (4 is high)	Target Audience	ICAPP/ CBCAP funded
	(NFP)			
HV	Parents as Teachers	4	Families w/ children 0–5	Y
HV	SafeCare Augmented	2	Caregivers at risk	
HV	Step by Step Parenting Program	2	Caregivers with learning differences	
PD	1-2-3 Magic!	2	Caregivers w/ children 2–12	Y
PD	24/7 Dad	1	Fathers	Y
PD	Active Parenting Now	2	Caregivers w/ children 5–12	Y
PD	All Babies Cry	2	Caregivers with infants	
PD	Alternatives for Families – Cognitive Behavioral Therapy	2	Children 5–17 and caregivers	
PD	CARES	2	Caregivers w/ children 0–17 at risk of maltreatment	
PD	Effective Black Parenting Program	2	African-American caregivers w/ children 0–17	
PD	Families and Schools Together (FAST)	3	Families & children pre-K to grade 5	
PD	Family Connections	2	At-risk families; children 0–17	
PD	Incredible Years	4	Parents, teachers and children	Y
PD	Nurturing Parenting Program	2	Families reported to child welfare	Y
PD	Parent Management Training – Oregon Model	4	Caregivers w/ children 2–18	Y
PD	Parent-Child Interaction Therapy	4	Children ages 2–7 with behavior/relationship problems	
PD	Parents Anonymous	2	Caregivers of children with mental health, substance abuse, wellness issues	Y
PD	Period of Purple Crying	2	Caregivers of infants up to 5 months old; society	Y
PD	Safe Babies NY Program	2	Caregivers of infants	
PD	Strengthening Families	2	Parents and children age 0–17	Y
PD	Systematic Training for Effective Parenting (STEP)	2	Parents w/ children age 0–17	Y
PD	Triple P Level 4	4	Caregivers w/ children 0–12	Y
PD	Triple P System	3	Caregivers w/ children 0–16	
SAP	Stewards of Children	3	Adults	Y
SAP	Who Do You Tell?	2	Children Kindergarten–grade 6	

KEY: CC=Crisis Care; CD=Community Development; HV=Home Visiting; PD=Parent Development; RC=Respite Care; SAP=Sexual Abuse Prevention; Ch=child/children

Evidence-Based Programs Funded by ICAPP and CBCAP

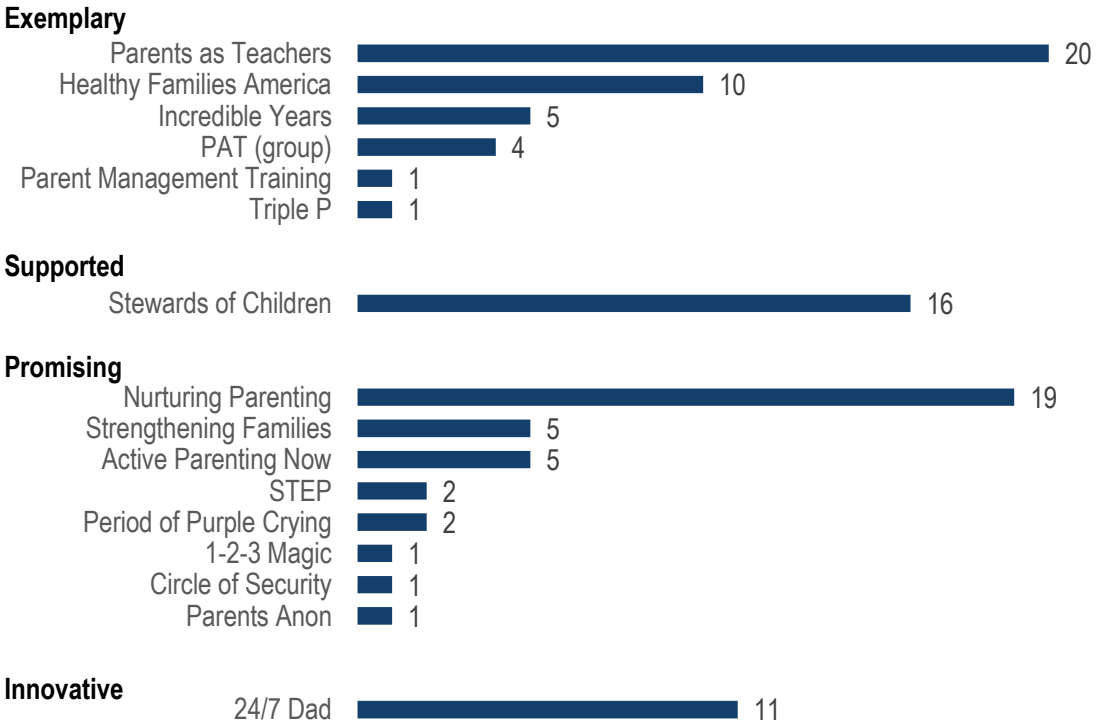
ICAPP and CBCAP currently fund 125 grantees through over 140 contracts. Nearly two-thirds of ICAPP and CBCAP grantees (63%) use at least one EBP, and a total of 15 evidence-based curricula are funded. The majority of grantees administer two or more curricula and 20 percent use a combination of both EBPs and other, unrated interventions. This approach is particularly common among ongoing parent support groups that meet on a weekly basis throughout the year. These groups also invite guest speakers to talk to parents on a variety of topics including car seat checks, nutrition and maternal health.

Reasons organizations choose not to administer EBPs can be complex, with focus group participants noting that high training costs can be prohibitive. Organizations may also develop their own approaches in keeping with their mission and vision, while others may utilize innovative programs that are awaiting further research and review. Programs also receive funding from multiple sources with a variety of objectives, including safety, health and school readiness, which also may lead them to adopt different curricula.

63%
of ICAPP and CBCAP grantees use at least one evidence-based practice

The most common EBPs funded by ICAPP and CBCAP are Parents as Teachers (Home Visiting, 20 programs), Nurturing Parenting (Parent Development, 19 programs), Stewards of Children (Sexual Abuse Prevention, 16 programs), 24/7 Dads (Parent Development, 11 programs) and Healthy Families America (Home Visiting, 10 programs). Parents as Teachers and Healthy Families America are exemplary programs with the highest possible evidence rating, while Stewards of Children is rated as a supported program and Nurturing Parenting is rated as promising. In contrast, 24/7 Dad lacks strong evidence and was not reviewed by any of the clearinghouses. Figure 4 displays the 15 EBPs funded through the grant programs, grouped by evidence level.

Figure 4. Number of ICAPP and CBCAP Programs Using EBP Curricula by Level of Evidence



More than half of ICAPP and CBCAP programs use EBPs; however, an equal proportion also utilize curricula which lack formal support from research and evaluation (see Table 6 for a full list). Grantees offering unrated programs were almost exclusively Parent Development programs conducting recurring parent education groups. Some Sexual Abuse Prevention programs were unrated, and Respite Care and Crisis Care lack formal EBPs as well (Spach, Battis, & Nelson, 2014). A small number of programs funded by ICAPP and CBCAP identified as evidence-based practices by the grantees or other sources (*e.g.*, Positive Parenting, Positive Behavior Support, Positive Solutions for Families, Partners for a Healthy Baby and Talking About Touching) were not found in the clearinghouses.

IDHS has identified the need to monitor projects' fidelity to the EBPs they have adopted. Fidelity monitoring measures the degree to which programs are following guidelines and protocols of specific EBPs. This information is not collected from ICAPP and CBCAP grantees currently, and little is known about the degree to which organizations are following the models they have adopted. Fidelity monitoring is an important component to determining the quality of prevention services offered to families.

Table 6. Unrated Programs Receiving ICAPP and/or CBCAP Funding

Type	Name	Type	Name
PD	After Baby Comes	**PD**	Parent Café
PD	Boot camp for Dads	**PD**	Parenting Now!
PD	Born to Learn	**PD**	Partners for a Healthy Baby
PD	Beautiful Beginnings	**PD**	Positive Behavior Support
PD	Bright Beginnings	**PD**	Positive Parenting
PD	Circle of Parents	**PD**	Positive Solutions for Families
PD	Creative Curriculum	**PD**	Promoting First Relationships
CC	Crisis Care	**SAP**	Ready, Set, Know
PD	Infant massage	**RC**	Respite Care
PD	Kid Smart	**PD**	SOLVE program
PD	Let's Read Together	**SAP**	Take Charge of Your Body
PD	Love and Logic	**SAP**	Talking About Touching
PD	Loving Discipline for Children	**PD**	Teaching Strategies GOLD
SAP	Netsmartz	**SAP**	Think First Stay Safe
PD	New Babies	**PD**	Together We Can
PD	Nurtured Heart Approach	**PD**	Your Young Child: Managing Challenging Early Stages
SAP	Nurturing Health Sexual Development		

KEY: CC=Crisis Care; CD=Community Development; HV=Home Visiting; PD=Parent Development; RC=Respite Care; SAP=Sexual Abuse Prevention

In two of the focus groups conducted across the state with over 80 prevention professionals, participants emphasized the importance of funding EBPs and "what works" to prevent child maltreatment; however, more than half of respondents to the stakeholder survey said that identifying effective programs was somewhat or very much a barrier (56%). This is not surprising given the wide variety of evaluated programs and rating systems. The high cost of initial and continued training in evidence-based practices was another barrier mentioned. As one prevention professional put it, "Counties that don't have evidence-based programming need more money to be able to get them there—capacity-building funds are needed."

Through the stakeholder survey, prevention professionals shared their ideas about the types of maltreatment interventions they would like to see in their community. Most common were mental health and substance abuse treatment (16%), but responses were diverse, with 16 percent falling into the "other" category. Parenting classes, including gender-specific interventions for moms and dads were mentioned by one in ten respondents (11%), while specific curricula, including both EBPs and non-EBPs, was the next most common response (10%).

A wide number of evidence-based practices in prevention is available. Over half of ICAPP and CBCAP grantees utilize at least one EBP curricula, although many unrated curricula are also used. The cost and identification of EBPs were two barriers to wider adoption identified in focus groups and surveys.

Risk Factors of Maltreatment and Needs of Iowa Families

To understand the current state of Iowa's child abuse and neglect prevention services, the needs assessment started by looking at current funding and programs implemented throughout the state. Next, the needs of communities were analyzed, including the incidence of abuse and neglect, risk factors that make children and families vulnerable to maltreatment and parents. In contrast to protective factors, risk factors impact families' ability to respond to children's needs and protect them from trauma and other negative influences in their lives.

DATA SOURCES:

- Stakeholder focus groups and surveys
- County Health Needs Assessments
- Secondary datasets:
  - Behavior Risk Surveillance System (BRFSS) Survey
  - Community Health Needs Assessments (CHNAs)
  - Iowa Department of Public Safety Uniform Crime Reporting
  - Iowa Vital Statistics
  - IDHS Child Abuse Statistics
  - National Child Abuse and Neglect Data System (NCANDS)
  - Robert Wood Johnson Foundation County Health Rankings
  - U.S. Census, American Community Survey

To determine the needs and risk factors associated with child abuse and neglect in Iowa, an analysis of Iowa's population was undertaken. The analysis examined current child abuse and neglect incidence in Iowa, in conjunction with data on multiple known risk factors, such as child's age, mother's age, family poverty, and more. In addition, surveys and focus groups of local prevention professionals were conducted. The goals of the analysis were to determine the extent to which common risk factors of abuse and neglect were of concern in Iowa, and identify specific communities in the state (through a county-level analysis) that had an increased risk of abuse and neglect. More detail on the methodology used by HZA can be found in Appendix A.

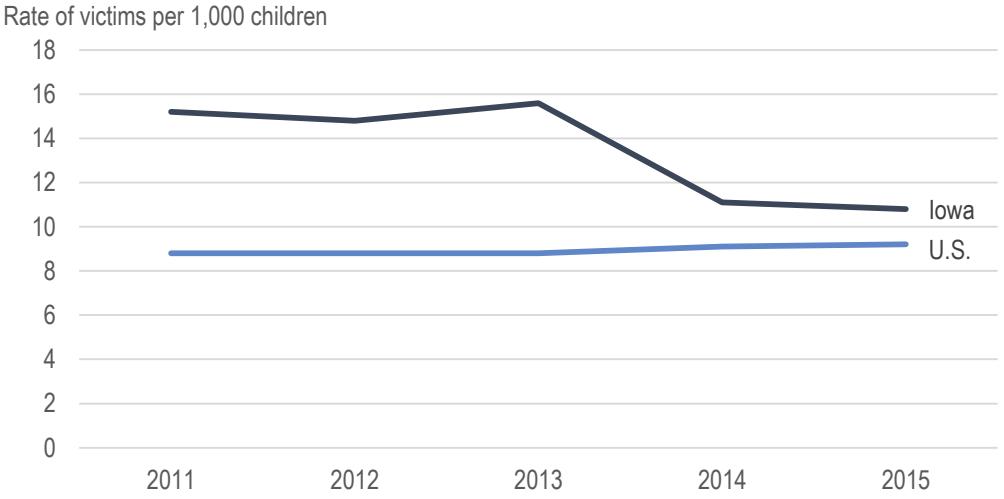
To provide the most nuanced view of Iowa's needs in child abuse and neglect prevention, PCA Iowa and HZA created a county-by-county index of need. This index incorporates actual incidence of abuse and neglect, along with the incidence of known risk factors, as described above. Indexing Iowa's needs at the county level required using data that is robust at the county level. Some risk factors, such as parental substance abuse, have many challenges to collecting, confirming, and aggregating county-level data – all data used in the index are the most robust data available at the county level.

Incidence of Abuse and Neglect in Iowa

Child maltreatment is a serious issue in Iowa, impacting a broad cross-section of the population. In comparison to the United States overall, the rate of child maltreatment in Iowa is slightly higher, although it has decreased in recent years, while the U.S. rate has held steady (Figure 5). In 2015, the rate of abuse and neglect was 10.8 victims per 1,000 children in Iowa compared to 9.2 per 1,000 in the country. Iowa's rate of maltreatment may have declined in part because of the introduction of differential response in 2014. Under Iowa's differential response system, in circumstances in which a child is not in imminent danger and there has been a denial of critical

care, families can undergo a family assessment followed by voluntary services and supports. Family assessments do not result in an abuse finding or placement on Iowa's Central Abuse Registry (IDHS, 2013).

Figure 5. Rate of Maltreatment in Iowa and the United States



Source: (U.U.S. Department of Health & Human Services et al., 2017)

Neglect is a far more common phenomenon than abuse in the state. Overall, the statewide incidence of neglect is 8.0 victims per 1,000 children, compared to a rate of 1.8 victims of physical abuse per 1,000. Higher proportions of victims ages zero to five were reported (16.3 victims per 1,000 children) than of older children (8.1 victims per 1,000 children). Table 7 compares the rates of different types of maltreatment in Iowa to rates in the United States overall. Iowa's rates of physical abuse and neglect are slightly higher than the national rates, although sexual abuse and emotional maltreatment are lower.

Table 7. Comparison of Different Types of Abuse and Neglect

Rate of Victims per 1,000 Children	Iowa Rate	U.S. Rate
Overall	**10.8**	**9.2**
Children Ages 0–5	***16.3***	***13.1***
Children Ages 6–17	***8.1***	***7.2***
Rate of Victims per 1,000 Children by Type of Maltreatment		
Physical Abuse	**1.8**	**1.6**
Neglect (includes Medical Neglect)	**8.0**	**7.1**
Sexual Abuse	**0.7**	**0.8**
Psychological or Emotional Maltreatment	**0.1**	**0.6**
Other/Unknown	**1.3**	**0.6**

Source: (U.S. Department of Health & Human Services et al., 2017)

Out of home placement is a significant consequence of abuse and neglect. In 2016, 9,787 children were living in foster care in Iowa (Division of Results Based Accountability, 2017). The most extreme cases of abuse and neglect can lead to death. While Iowa went for several years without a child death attributable to abuse, there were twelve reported in 2015 (U.S. Department of Health & Human Services, 2017).

County-Level Abuse and Neglect Rates

To determine the degree to which abuse and neglect varies by county, the average rates of confirmed and founded reports of abuse and neglect over three years (2014-2016) were examined by county.[4] Average county rates of reports of abuse in Iowa vary from 0.9 reports per 1,000 children in Lyon County to 7.9 reports per 1,000 children in Decatur. Neglect rates range from 4.3 reports in Winneshiek to 35.3 per 1,000 children in Lee. Counties with high rates of abuse can be found throughout the state; however, there is a concentration of counties in the north-central part of Iowa. In contrast, the southwest corner (Pottawattamie, Cass, Montgomery, Adams, Page, and Decatur Counties) and the eastern border of Iowa (including Clinton, Muscatine, Des Moines, Henry and Lee) have concentrations of counties with high rates of neglect. (Detailed maps ranking counties on their rates of abuse and neglect can be found in Appendix C.)

Community Health Needs Assessments (CHNAs) show that communities across Iowa already have some awareness of the need to address maltreatment and ACEs in their counties. Twenty-four counties identified abuse and neglect as a public health issue that needed to be addressed (IDPH, 2017c). There was no discernable trend in the location of those counties, with counties identifying maltreatment as a need throughout the state and regardless of the rate of abuse or neglect in the community. Eight counties included reducing child maltreatment on their Health Improvement Plan (HIP), with the other counties most often stating that other priorities were rated higher or programs already existed to address the needs.

Risk Factors of Abuse and Neglect

Twelve risk factors[5] of abuse and neglect were analyzed to determine the degree to which they impacted rates of abuse and neglect in Iowa, with eight ultimately showing a statistically significant relationship with abuse and/or neglect. The twelve factors, while perhaps not totally inclusive, had sufficient county-level data available to be analyzed and have been identified as potential risk factors within child maltreatment research (CDC, 2017b; Child Welfare Information Gateway, 2004; Sedlak et al., 2010). The purpose of this analysis, paired with the feedback from stakeholders, is to identify correlates of abuse and neglect in the data which can help inform programming decisions. It is important to note that the analysis may be impacted by underreporting, particularly with regard to sensitive topics that result in trauma and stigma, such as domestic violence and child abuse and neglect.

[4] Types of confirmed or founded reports categorized as child abuse were Physical abuse, Sexual abuse, and Cohabitation with a registered sex offender. Types of confirmed or founded reports categorized as neglect were Neglect, Mental injury, Presence of illegal drugs in child's system, Exposure to methamphetamine manufacturing, and Access to child allowed by a registered sex offender.

[5] Risk factors analyzed were number of children ages zero to five, number of African-American children, number of Hispanic children, number of children living in poverty, teen births, low birthweight births, domestic violence, experience of four or more ACEs, children living in households with rent greater than 35% of income, mental illness, heavy drinking, and lack of insurance.

Poverty

Table 8 shows the incidence of risk factors that had a statistically significant relationship between the incidence of abuse or neglect in Iowa counties and the incidence of each risk factor. Factors are ordered based on the strength of the relationship with abuse or neglect. The variable strongly correlated with both abuse and neglect was child poverty, although the relationship was more strongly associated with neglect than abuse. The rates of children living in poverty vary from four percent of the child population in Dallas County to twenty percent in Decatur.

Table 8. Index of Child Abuse and Neglect Risk Factors

	Iowa Percent	US Percent	Range Among All Counties	Average, Lowest 25 Counties	Average, Highest 25 Counties
Factors Increasing Risk of Abuse					
Children Living in Poverty	16%	21%	4%–20%	4%	20%
Teen Births (rate per 1,000 teens)	15.4	24.2	4.1–42.3	12.2	33.6
Low Birthweight Births	7%	8%	4%–10%	4%	10%
Children Living with Parents with 4+ ACEs	9%		2%–17%	2%	17%
Factors Increasing Risk of Neglect					
Teen Births (rate per 1,000 teens)	15.4	24.2	4.1–42.3	12.2	33.6
Children Living in Poverty	16%	21%	4%–20%	4%	20%
Low Birthweight Births	7%	8%	4%–10%	4%	10%
Children Living with Domestic Violence	1%	2%	0.0%–2%	0.0%	2%
Children Living with Parents with 4+ ACEs	9%		2%–17%	2%	17%
Children Living in Households Where Rent is >35% of Family Income	16%	27%	3%–48%	3%	48%
Children Between Ages Zero and Five	27%	33%	21%-34%	24%	29%
Children Living with Mental Illness in Family	3%		0.0%–15%	0.1%	15%

Sources: (IDHS, 2017a; IDPH, 2017b; IDHP, 2017d; Iowa Department of Public Safety, 2017; University of Wisconsin Population Health Institute, n.d.; U.S. Department of Health & Human Services et al., 2017).

Poverty is a common presence in many problematic social trends such as poor health, obesity, substance abuse, and homelessness. It is beyond the scope of our analysis to claim causation of maltreatment, however. While poverty is correlated at a statistically significant level with both child abuse and neglect, this does not mean that poverty causes abuse and neglect, or that it only occurs when there is poverty. Rather, the correlation means that poverty is a risk factor; its prevalence in the community *can* be indicative of more abuse and neglect, but abuse and neglect can and does occur in the absence of poverty.

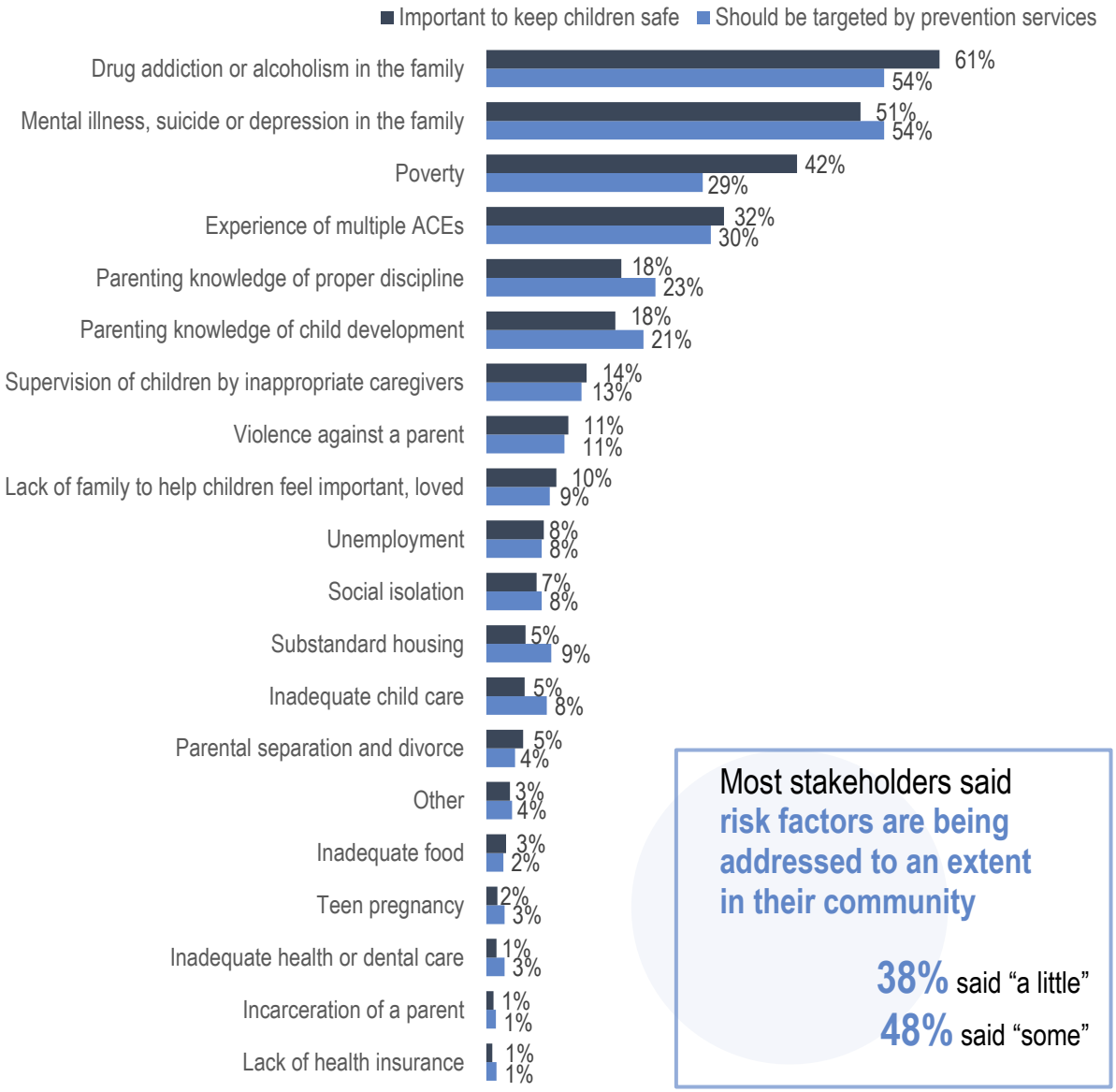
When these data were presented to prevention professionals through five focus groups conducted throughout the state, poverty and lack of employment opportunities offering a living wage were identified as important risk factors to address. In the separate survey of prevention professionals, 42 percent agreed that poverty is an important risk factor after substance abuse and mental illness. However, only one in three of those surveys said poverty should be targeted by prevention services and discussions regarding the relationship between poverty rates and abuse and neglect rates, which show some counties with high rates of maltreatment and low poverty rates and *vice versa*, highlighted the complicated relationship between these factors. One participant put it succinctly: "Just because you're poor, doesn't mean you're abusing your kid."

Other Risk Factors

In addition to poverty, three other risk factors were correlated with both abuse and neglect: incidence of teen births, low birthweight births and high adverse childhood experience (ACE) scores. Others were correlated with neglect: domestic violence, high rent to income ratio, and mental illness. Looking broadly at county-level data, children who experience these risk factors are at increased risk of abuse or neglect.

Many other risk factors were identified by prevention professionals and other stakeholders in the focus groups and survey, demonstrating recognition of the complexity of child maltreatment. Figure 6 compares the factors prevention professionals identified as important to address to improve child safety and those that they said should be targeted by prevention interventions. Both addiction and mental illness were identified as important for child safety and critical to be targeted by half of those surveyed. In contrast, although 42 percent said poverty was important to keeping children safe, only about one third said it should be targeted by prevention services. More of those surveyed thought that adverse childhood experiences should be addressed through prevention.

Figure 6. Comparison of Risk Factors Identified by Prevention Professionals

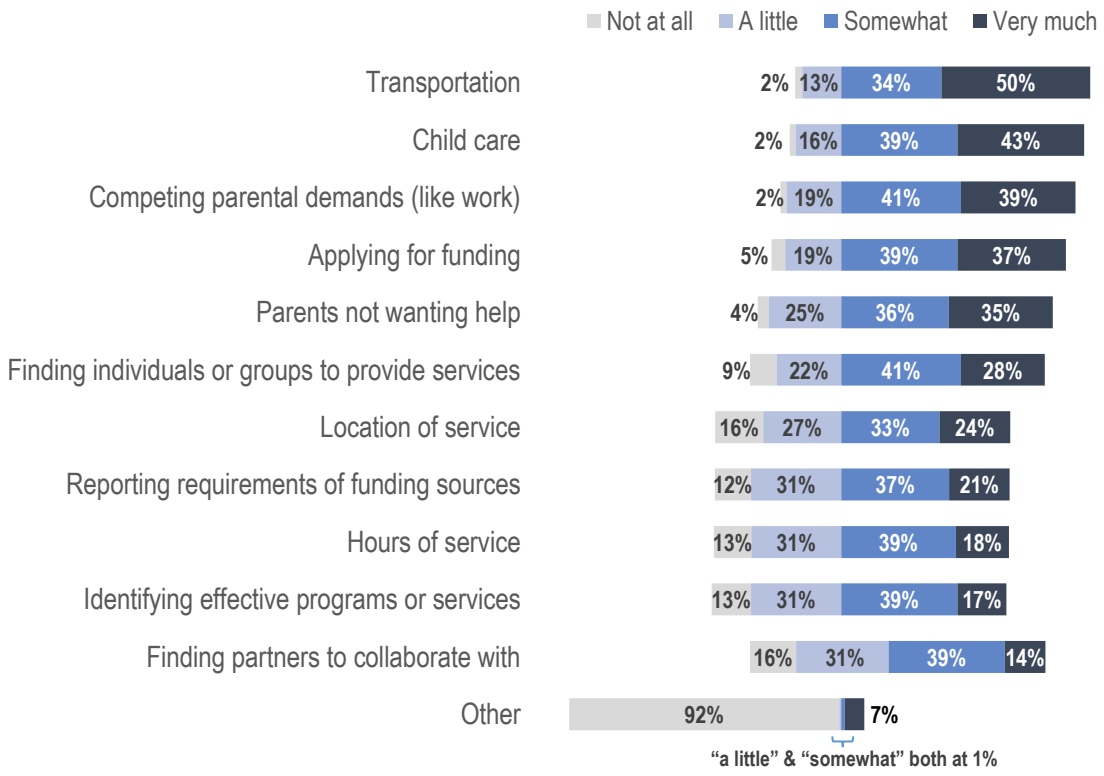


The risk factor analysis identified poverty, incidence of teen birth, low birthweight, domestic violence, four or more ACEs, high rent and mental illness as correlates with abuse and neglect. Alcoholism and drug addiction and mental illness were also underscored by professionals as important risk factors to address. This information will be used to inform the statewide strategic plan for prevention services.

Barriers to Services

Numerous factors impacting families' participation in services were identified by prevention professionals (Figure 7). For example, they identified some of the risk factors themselves as barriers, such as addiction and mental illness, and access to services was a common issue mentioned in the focus groups and surveys. In addition, lack of child care and transportation were identified as major concerns, with 50 percent of stakeholders surveyed saying transportation was very much a barrier and 43 percent saying the same regarding child care.

Figure 7. Barriers to Services



Four out of five survey respondents (80%) said that competing parental demands such as work impacted families' ability to participate in services; this was a common theme in focus groups as well. Stigma, lack of service awareness and workforce development were among other concerns raised in focus groups. Although training costs of evidence-based practices have already been discussed, **providers also said challenges with staff turnover impacted their ability to build relationships and trust with families**. Finally, professionals emphasized the need for support for coordination of services and collaboration among providers. Ideas included creating "one-stop shops" for services and helping stakeholders build relationships with one another. One respondent saw the memorandum of understanding process under the upcoming combined ICAPP/CBCAP request for proposals as a step in that direction. Language barriers and the need for culturally competent services were issues discussed in some focus groups and surveys, although the prevention professional and youth surveys used in this needs assessment were not translated into other languages due to time constraints, and outreach to culturally specific groups was limited.

Teens and Parents Said…

It was critically important to involve consumers of prevention services and messaging in the needs assessment process. Through collaboration with the Boys and Girls Clubs of Central Iowa, Parent Partners, and Youth & Shelter Services, Inc. surveys were collected from parents and teenagers; in addition, a focus group with youth in shelter was conducted. Overall, these efforts confirmed some of the same conclusions and risk factors mentioned by prevention professionals: the importance of good jobs and a living wage and the need for concrete supports like child care and transportation. However, an additional important finding was families' reliance on informal networks of families and friends and the importance that youth and parents put on strong positive relationships, emotional support, and stability.

Informal Social Supports

Family and Friends Many more people said they relied on significant others, family and friends rather than professionals or people of authority. Nearly all parents said they trusted at least one family or friend, while only about one in three said they would seek help from formal sources of support, such as his or her child's teacher, a social worker or clergy. In the focus group youth said they felt more comfortable going to their peers or dealing with problems on their own. **Teens said that adults often minimize their needs or cannot understand what they need.**

Positive Activities

Activities like sports and music were important to some of the youth surveyed and helped them get through difficult experiences. In contrast, not everyone had trusted resources they could go to for help. **About four out of 10 parents surveyed and six out of the 14 teens surveyed said they had an adult that they trusted to go to for help when they needed it.**

What Families Need

Economic Opportunity

The need for strong, steady incomes was a common theme for both parents and teens. **One in three of parents said their household has a living wage and two out of three had stable housing and reliable transportation.**

Stability When asked what they needed to succeed, teens said stability and support. Adults were not identified as common sources of support by youth, and one challenge mentioned in the focus group was the negative impact that being removed from family had on youth. **Among adults, emotional support and someone to talk to were also identified as needs.**

A Closer Look at Who is Reached by ICAPP and CBCAP Programs

The results of the risk factor analysis indicate that families with certain characteristics are at greater risk of child abuse and neglect and stakeholders identified significant barriers to families' ability to access services. For this reason, the needs assessment looked at the recent ICAPP and CBCAP evaluation report to examine who existing programs are reaching and the extent ICAPP- and CBCAP-funded efforts are helping them.

During fiscal year 2017 ICAPP and CBCAP grantees provided services to over 4,000 families and nearly 40,000 children. Families primarily identified as white, although a higher proportion of Hispanic families participated than is represented in the overall population in the state (13% Hispanic or Latino served compared to 6% in the population). Based on reported income and household size, at least 40 percent of families were living below the federal poverty level, as well, compared to eight percent in the state.

Many caregivers also reported child maltreatment risk factors. The most common was mental illness, reported by 41 percent of caregivers, while 30 percent said they had been abused or neglected as a child, 21 percent said there had been violence in their home, and 19 percent said they abused drugs or alcohol. This information indicates that ICAPP and CBCAP grantees are successfully engaging many families impacted by the risk factors highlighted in the needs assessment.

Evaluation results also showed that ICAPP and CBCAP participants experienced an increase in protective factors during the course of program participation, based on the results of the Protective Factors Survey which participants complete at intake and regular follow-up periods. Overall, scores showed a significant increase, though small, in concrete support and family functioning and resiliency.

"**It's more than providing parent education**, you have to have a way to get people there, maybe a translator if [services are] not the appropriate language, child care, a meal, *et cetera*."

Prevention professional

Caregivers who reported certain risk factors of abuse and neglect had greater improvements in protective factors than other caregivers. Caregivers who were between the ages of 18 and 24 when their first child was born and those with a history of child abuse and neglect, drug and alcohol abuse, or a mental illness showed improvements in concrete support, while their counterparts without those risk factors did not. Caregivers with a history of child abuse also improved in social and emotional support. The conclusion of the evaluation was that programs may be successfully targeting those at a higher risk of child maltreatment and helping them improve their protective factors to a greater extent than other families.

Poverty, mental health, addiction and childhood trauma stood out as the major risk factors of child abuse and neglect impacting families in Iowa. The index of social indicators also identified teen births, low birth weight, and domestic violence as statistically significant risk factors. ICAPP and CBCAP programs do reach a diverse group of families across the state and evaluation results have shown that in the past families have experienced increases in concrete supports and family functioning protective factors as participants. Nonetheless, prevention professionals report families continue to face barriers to accessing services, particularly when they are working; other barriers are child care and transportation, the stigma associated with seeking help, and community attitudes which foster independence as opposed to interdependence.

Conclusions and Recommendations

PCA Iowa, in collaboration with HZA, conducted a comprehensive needs assessment of maltreatment prevention resources and risk factors. Programs and funding services were catalogued, including the EBPs utilized by ICAPP and CBCAP grantees. Programs provided through other state, federal and private entities were examined to determine if maltreatment prevention was their goal and to what extent they provided support to ICAPP and CBCAP grantees. In additional, a county-level analysis of risk factors of maltreatment was conducted. Finally, valuable input was gathered from teens, parents and prevention professionals through a series of regional focus groups and online surveys. Synthesis of these data sources have identified the following strengths and challenges of child maltreatment efforts in Iowa.

Strengths

- **There is a strong commitment to families and children in Iowa.** Multiple sources at the federal, state, and local levels are funding maltreatment prevention strategies, particularly secondary prevention targeting families at risk.
- **ICAPP and CBCAP are funding projects that other sources are not and reaching families experiencing the risk factors identified in this assessment.** Sexual Abuse Prevention, Fatherhood, Respite Care and Crisis Care grantees all rely heavily on the grant programs for a large portion of their budgets. These types of programs address unique needs or populations that may not align with other funders' criteria.
- **There is a good match between the types of programs professionals say parents need (*e.g.*, parenting classes)** and what is already funded by ICAPP, CBCAP and other prevention programs.
- **Most ICAPP and CBCAP grantees have adopted at least some EBPs**, including five which have the highest overall rating of exemplary for strong research evidence demonstrating positive outcomes among diverse groups of consumers.
- **Prevention providers note that collaboration with other programs and community members is helping them expand their reach.** There is a need to expand those efforts.
- **Both youth and parents identified family and friends as their primary sources of support.** Youth also mentioned other positive supports from activities like music and playing sports as being important to being successful.

Challenges

The challenges identified in the needs assessment are grouped into two categories: those faced by families and those that impact prevention providers and programs.

Families

- **Poverty and other risk factors of child abuse and neglect are issues throughout the state.** There were statistical correlations between poverty, teen births, low birthweight and high ACE scores and both abuse and neglect; and children ages 0–5, households with high rent, domestic violence, and mental illness with child neglect. The correlations of abuse and neglect with teen births and low birth weight suggest the need to ensure strong collaboration between community groups, public health professionals, other service providers and stakeholders.
- **In focus groups and surveys, providers across the board identified mental illness, substance abuse, and other ACEs as major risk factors affecting families.** They also said that access to mental health and substance abuse services was lacking in many areas of the state.
- **Parents and youth said they needed financial stability, good jobs and close, positive relationships with family and people they could trust.** Employment in particular was an area that both groups cited as a challenge.
- **Both professionals and parents talked about families' lack of access to concrete supports (*e.g.*, transportation, clothing and child care).** Professionals said that these issues made it difficult for families to access services and provide appropriate care for their children.
- **Funding restrictions and time may be impacting some parents' ability to participate in resources they need.** In particular, some families earn too much to qualify for programs targeting at-risk families.

Prevention Providers

- **Providers say lack of funding and a lack of flexibility in how funds can be used impact their ability to reach as many people as they could.**
- **Stigma and a lack of awareness of the issue of maltreatment** impacts whether people access services and support for prevention efforts among community members. Providers note sharing information about ACEs and communication strategies like Connections Matter are helping address these issues in some areas.
- **Although many providers use EBPs, ICAPP and CBCAP fund a high number of interventions which lack research support.** Although there is a wide variety of maltreatment prevention EBPs, providers said identifying appropriate interventions and paying for associated proprietary training can be challenging. Some types of programs funded through ICAPP and CBCAP, particularly Fatherhood, Community Development, Respite Care and Crisis Care programs have little, if any research support. In addition, among those using EBPs there is not currently data to measure adherence to model fidelity, an important component to evaluating program quality.

Recommendations

Measurable goals and strategies that build on existing strengths and address the challenges identified in the needs assessment will be developed as part of the strategic planning process, which concludes in December 2017. Additional feedback on the plan's goals will be gathered from a statewide committee of diverse stakeholders. The strategic plan will be used to guide future requests for proposals for prevention services and evaluation of prevention efforts.

The incidence of child maltreatment in Iowa remains above the national rate, despite decreases in recent years. Iowa's Adverse Childhood Experiences (ACEs) data indicates that 56 percent of adult Iowans report experiencing one of the eight ACEs measured in the study. The rate of neglect in the state is four times that of physical abuse and ranges widely from county to county. While an average of 4.3 per 1,000 children experienced neglect in Winneshiek County between 2014 and 2016, 35.3 per 1,000 children in Lee County were neglected. The needs assessment found relationships between neglect and numerous risk factors, including teen births, poverty, low-birthweight births, domestic violence, high ACE scores and mental illness.

Research shows an increased risk for long-term physical, mental, and financial health outcomes for people exposed to household dysfunctions such as domestic violence, substance abuse, or mental illness or who have suffered child abuse or neglect without meaningful social supports. Risk factors for these social determinants of health are reduced when systems work together to implement trauma-informed practices that support the wellbeing of children and families. A coordinated public health approach is recommended to reduce the risk of children's exposure to toxic stress caused by abuse, whether physical or sexual, or neglect and improving protective factors through early access to concrete supports, evidence-based parenting education, and social supports for parents and children.

Qualitative and quantitative data collected in this needs assessment indicate an urgency for change in prevention practices in Iowa. The following recommendations are respectfully suggested:

Coordinate maltreatment prevention funding sources across multiple service sectors (*e.g.*, public health, early childhood, human services) to use each source strategically in combatting abuse and neglect. This means working collaboratively across funding sources to identify common goals, services and quality standards using the needs assessment and strategic plan as a starting point. In the short term, ICAPP and CBCAP funding can be used to complement the programming already well-funded by other sources (*e.g.*, early childhood and home visiting).

Long-term recommendations for coordinating funding include promoting CPPC and council membership so that families and stakeholders from all service sectors are represented and active throughout the state, and the unification of prevention programming and funding within a single state department (current funding for prevention programs in Iowa are divided among many departments). A single department managing prevention programming would minimize duplication of costly administrative oversight, improve collaboration, and direct more prevention dollars to the community.

Reduce child maltreatment by targeting risk factors presented by families which are most closely correlated with abuse and neglect. This means making information about services that address the conditions of poverty, teen births, low birthweight, domestic violence, adverse childhood experience, mental illness and substance abuse accessible and available. In the short term, all ICAPP and CBCAP grantees, no matter their function, should be able to identify community resources in each of these areas to consumers they currently serve.

In the long term, prevention providers can develop innovative strategies and partnerships to reach families and integrate prevention services into existing community supports such as schools and health care providers. Barriers to services such as lack of child care and transportation also need to be removed for all families. Existing prevention resources in the state can be improved. Information about prevention and early intervention programs and connection to local community resources is scattered across departments and non-governmental organizations and current online resources can be streamlined. Efforts could be made to provide universal access in multiple languages for families and community members seeking services through existing services such as United Way 2-1-1 and the Family Support Network.

Increase workforce development in cultural competence, EBPs and trauma-informed prevention and care. This means embedding culturally responsive, evidence-supported and trauma-informed practices into all systems that help families. In the short term, an assessment of prevention professionals' cultural competence and trauma-informed practices can be conducted. In addition, a single standard or rubric to identify evidence-based practices and innovative interventions can be adopted by ICAPP and CBCAP in order to minimize the confusion that professionals reported about EBPs. Developing a menu of EBPs for selection by ICAPP and CBCAP grantees, as well as standards for identifying and selecting innovative approaches, are other strategies that would improve the quality of services being provided.

Long-term strategies for improving the quality of prevention services include expanding the prevention workforce to be more culturally representative of the people served and funding EBP trainings to increase the adoption of supported practices. Professionals throughout the state said that organizations need help with the cost and infrastructure to adopt EBPs.

In addition, a prevention response to the ACEs study indicates a need for professionals working in all sectors (including Education, Human Services, Public Health, Corrections, Workforce Development, Human Rights, Judicial, and the Legislative branch, as well as all child-serving organizations) to share a common understanding of ACEs research, and to adopt trauma-informed practices that mitigate the costly impact of child abuse and neglect through earlier intervention and prevention. Other states such as Washington have seen significant declines in teen pregnancies, juvenile detention, school drop-out rates, and teen suicides within ten years of adopting trauma-informed practices and policies across sectors. Adopting these and other evidence-based and culturally competent practices improves outcomes for children and families.

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Appendix A: Methodology

A mixed method approach using both qualitative and quantitative data sources was used to gain a thorough understanding of prevention programming, funding, community needs and risks factors of child maltreatment among families in Iowa. The approach and descriptions of each data source for the assessment are provided below.

Analysis of Prevention Programs and Funding Sources

To identify the prevention programs currently found in Iowa and their funding sources, HZA began by reviewing a list of 121 programs funded through state, federal and local expenditures provided by IDHS. Each program's website was visited to read an overview of the program. A challenge of the review was drawing a distinction between programs that benefit children and families and thus may have some impact on child abuse and neglect, and those programs that specifically work to prevent maltreatment. To be included in the analysis, programs had to identify child maltreatment prevention as a component of the program. From the original 121 programs, the list was narrowed to 16 which stated in their descriptions that they sought to prevent abuse and neglect. One additional program was identified, funded by private sources (PCA Iowa's Connection Matters).

For each of the 16 programs, a more thorough review of the programs' websites, annual and fiscal reports, and promotional materials was conducted to determine the following characteristics:

- Number of families or clients served
- Service area(s)
- Extent to which maltreatment prevention is a primary goal of the program
- Extent to which the program funds evidence-based practices (and which ones, if available)
- Types of prevention programs funded (*e.g.*, Crisis/Respite, Parent Development or Home Visiting)
- Total and county-level funding (for fiscal year 2017, unless unavailable)
- Type of funding (*e.g.*, state, federal, and/or local sources)

Funding Analysis

The goals of the funding analysis were to determine the following:

- Total amount of funding in Iowa for child maltreatment prevention
- Amount of funding per child going to each county
- Percent of ICAPP and CBCAP grantees' budgets funded by ICAPP and CBCAP
- Percent of prevention funding provided by ICAPP and CBCAP statewide and by county

Ultimately, funding information was available for 13 of the 16 programs and county-level funding was available for five programs. In instances in which county-level information was not available, county-level estimates were developed based counties' child population. For example, for statewide programs, a proportion of the overall budget was attributed to each county based on the proportion of the child population in each county. A similar approach was employed for programs in which funding information was available for smaller, multi-county service areas (*e.g.*, ICAPP, CBCAP and ECI).

Review of Prevention Evidence-Based Practices

Another component of the needs assessment was a thorough review of prevention evidence-based practices (EBPs) utilized in Iowa. A list of EBPs currently funded by ICAPP and CBCAP was developed and additional prevention programs were identified. Five clearinghouses of EBPs were consulted to create an inventory of these EBPs and an overall rating was provided for each program based on the ratings of evidence given by each clearinghouse.

Maltreatment Risk Factor Analysis

To determine the needs and risk factors associated with child abuse and neglect in Iowa, HZA analyzed data on multiple social indicators. The goals of the analysis were to determine the extent to which common risk factors of abuse and neglect were of concern in Iowa and identify specific communities in the state (through a county-level analysis) that had an increased risk of abuse and neglect.

To identify risk factors for the analysis, HZA conducted a review and analysis of secondary data sources. Based on the child maltreatment literature, risk factors of abuse and neglect were identified and researched to locate reliable, county-level data. To determine if there was a correlation between the risk factors identified and the incidence of child abuse and neglect, a correlation analysis was run using the Pearson correlation coefficient. Although it is not possible to determine causality based on this analysis, it does provide insight into what risk factors children who have been abused or neglected experience.

Only data sources with sufficient sample size and reputable sampling techniques (for survey data) were used in the analysis and are presented in this report. Data sources used include IDHS's child abuse and neglect data, the U.S. Census Bureau's American Community Survey, Behavioral Risk Factors Surveillance System (BRFSS) data, Iowa Department of Public Safety information on domestic violence, and Robert Wood Johnson County Health Rankings. For all sources, the most recent data available was used. Each data source is described in more detail below:

IDHS Child Abuse Statistics: IDHS compiles data on child abuse and neglect for all Iowa counties (IDHS, 2017). For the purposes of this report, 2016 counts of reports of types of maltreatment were used to determine the incidence of abuse and neglect per 1,000 children in each county. The following types of abuse were included in each category:

Types of Confirmed or Founded Reports Categorized as Child Abuse:

- Physical abuse
- Sexual abuse
- Cohabitation with a registered sex offender

Types of Confirmed or Founded Reports Categorized as Neglect:

- Neglect
- Mental injury
- Presence of illegal drugs in child's system
- Exposure to methamphetamine manufacturing
- Access to child allowed by a registered sex offender

American Community Survey (ACS) (U.S. Census): The ACS is an ongoing survey of the United States population which captures population and housing information (U.S. Census Bureau, 2013). Surveys are sent to a randomly selected sample of addresses in the United States each month. For the purposes of this report ACS estimates from 2011–2015 on race, ethnicity, poverty and housing costs were used.

Behavioral Risk Factors Surveillance System (BRFSS): BRFSS is a telephone survey of health-related behaviors and overall health (CDC, 2017). In Iowa, since 2008 the survey also contains questions regarding adverse childhood experiences (ACEs). County level estimates using data from 2011-2015 were used in the risk factor analysis. Data analyzed included prevalence of heavy drinking, adverse childhood experiences and mental illness.

Iowa Department of Public Health Vital Statistics: IDPH vital statistics data was used to determine the teen birth rate per county (IDPH, 2017d).

Iowa Department of Public Safety (IDOPS): IDOPS data was used to identify the number of victims of domestic violence per county, using Uniform Crime Reporting statistics from 2016 (Iowa Department of Public Safety, 2017).

Robert Wood Johnson County Health Rankings: The County Health Rankings provide a look at communities' health (University of Wisconsin Population Health Institute, n.d.). 2016 data on children born with low birth weights were used in the analysis of risk factors.

Stakeholder Focus Groups and Surveys

To inform the discussion of the needs of Iowa families, a series of focus groups was conducted during PCA Iowa's annual regional meetings. Participants were primarily representatives of grantee organizations funded through IDHS' prevention programs. During the focus groups, participants reviewed and provided reactions to the preliminary risk factor and funding analyses. They shared their own experience as prevention providers, including the challenges and strengths of programs in their area. Focus groups were completed at the five regional meetings and one was held at the ECI leadership meeting.

In addition to the focus groups, online surveys were developed to gather feedback from a broader audience. A total of 52 parents responded to surveys in both English and Spanish through outreach to Parent Partners and the Girls and Boys Clubs of Central Iowa. To get feedback from teenagers, a focus group was held at a youth homeless shelter and fourteen teens completed an online survey. Table A-1 shows the demographic characteristics of both parents and children surveyed.

Table A-1. Demographic Characteristics of Parents and Youth Surveyed

Youth	Youth (n=14)	Parents (n=52)
Gender		
Male	42%	21%
Female	50%	77%
Other	8%	0%
Race/Ethnicity*		
White	64%	58%
Black/African American	36%	15%
American Indian/Alaska Native	8%	0%
Asian/Pacific Islander	0%	0%
Hispanic/Latino	14%	29%
Mixed or Multiple races	14%	2%
Other	8%	0%
In school	64%	10%
Employed	46%	81%
Stable place to live	36%	65%

*** Respondents could select more than one race or ethnicity.**

Finally, a survey targeting prevention professionals circulated to Early Childhood Iowa and PCA Iowa's listservs, with a total of 912 surveys collected. Table A-2 identifies the primary fields and affiliations of respondents. The most common field was Child Welfare, identified by about one in five respondents (19%). One-third of respondents were affiliated with a Community Partnership for Protecting Children Site (17%) or a Child Abuse Prevention Council (17%).

Table A-2. Survey Respondents' Primary Fields and Affiliations

Primary Fields	Percent	Affiliation	Percent*
Child Welfare	19%	Community Partnership for Protecting Children Site	17%
Social Work	13%	Child Abuse Prevention Council	17%
Education	12%	Early Childhood Iowa	15%
Early Childhood	11%	Iowa State University Extension	5%
Family Support	7%	Other	15%
Public Health	6%	Unknown/Not Specified	52%
Advocacy/Community Development	6%		
Home Visiting	5%		
Psychology/Counseling	5%		
Youth Services	4%		
Domestic Violence/Victim Assistance	2%		
Developmental Disabilities	1%		
Public Assistance	1%		
Housing	0.3%		
Other (*e.g.*, foster parent, health care, legal/law enforcement, substance abuse)	10%		

***Respondents could identify more than one affiliation.**

Other Data Sources

Other data sources also were reviewed during the course of the needs assessment. Independent research on child maltreatment prevention strategies, Iowa's county-level Community Health Needs Assessments and Health Improvement Plans, developed by local public health agencies every five years, and evaluation results from ICAPP and CBCAP programs are presented in this report to provide additional insight into successful prevention strategies, the needs of Iowa communities and the impact of current prevention efforts.

IDHS wishes to understand the goals of prevention programs currently funded in Iowa, the goals of other funding streams, the availability of evidence-based practices and the primary risk factors of child maltreatment in Iowa. A diverse set of qualitative and quantitative data sources were used to accomplish these goals of the needs assessment.

Appendix B: Inventory of Evidence-Based Practices

HZA reviewed five evidence-based practice EBP clearinghouses and previous literature reviews conducted on behalf of PCA Iowa to develop an inventory of maltreatment prevention EBPs. Clearinghouses utilize different criteria and rating scales. EBPs are also evaluated based on their effectiveness on multiple outcomes, which may result in more than one ranking. The clearinghouses consulted to develop the inventory and evidence levels were:

1. **California Evidence-Based Clearinghouse for Child Welfare (CEBC)** (CEBC, 2017)
2. **Blueprints for Healthy Youth Development** (Blueprints Programs, 2017)
3. **Home Visiting Evidence of Effectiveness (HomVEE)** (Home Visiting Evidence of Effectiveness, n.d.)
4. **National Registry of Evidence-based Programs and Practices (NREPP)** (Substance Abuse and Mental Health Services Administration, n.d.)
5. **Office of Juvenile Justice, Detention and Prevention (OJJDP) Model Programs Guide** (Office of Juvenile Justice, Detention and Prevention, n.d.)

A profile was developed for each EBP that includes a description of the program and its goals, the type of intervention, category of prevention, target audience and overall level of evidence. The National Alliance of Children's Trust and Prevention Funds' levels of effectiveness was used to determine the level of evidence for each program. Criteria are based on the work of Buysse and Wesley (2006), the federal Centers for Disease Control and Prevention (CDC), and the Advisory Group to the Children's Bureau Office of Child Abuse and Neglect (OCAN) (National Alliance of Children's Trust and Prevention Funds, 2009). The four levels of evidence are as follows:

1. **Innovative Programs:** Professional experience and best available knowledge support the intervention that is undergoing evaluation to elicit family responses and to identify effectiveness under certain conditions with a selected group.
2. **Promising Programs:** Professional experience and family endorsement affirm the effectiveness of evidence-informed programs that have not yet accumulated evidence of effectiveness under rigorous evaluation.
3. **Supported Programs:** Scientific evidence of effectiveness is positive, professional experience is favorable, and family endorsement concurs but the programs have not been widely implemented. Evidence is favorable to implement a "supported program" under new conditions or a different population to generate more findings.
4. **Exemplary Programs:** Rigorous scientific evidence, accumulated professional experience, and family endorsement concur on the effectiveness of programs through positive outcomes that are evident with diverse groups in different settings.

In addition, the ratings the intervention received from each clearinghouse are provided. Each source uses different criteria and ratings systems. SAMHSA's NREPP recently changed its criteria and began reviewing previous ratings in 2015 (a process that with continue through 2019) (SAMHSA, 2016a). Those programs which were reviewed under the old criteria are marked as Legacy programs in the clearinghouse ranking tables. Because NREPP provides evidence ratings for each program outcome, those individual rankings are provided when available (see the "A closer look at NREPP" sections).

1-2-3 Magic

Rated: Promising

Type of Program: Parent Development

Category: Parenting Skills

Target Audience(s): Parents with children between the ages of two and 12

Program Summary: 1-2-3 Magic: Effective Discipline for Children 2–12 is a group-based discipline program for parents which breaks down parenting into three categories of tasks: controlling negative behavior, encouraging good behavior, and strengthening the parent-child relationship (California Evidence-Based Clearinghouse, 2017a). Groups are typically held once or twice a week for four to eight weeks. The overall goals of the program are to teach parents the following skills and knowledge: one tactic for managing negative behavior, six ways to encourage positive behavior and four strategies for building their relationships with their children.

Clearinghouse Rankings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/1-2-3-magic-effective-discipline-for-children-2-12/

24/7 Dad®

Rated: Innovative

Type of Program: Parent Education and Development

Category: Parenting Skills

Target Audience(s): Fathers with children aged 18 or younger

Program Summary: 24/7 Dad is composed of a two-part curriculum designed to teach fathers how to care for themselves, their children, and manage important relationships in their lives. The main goals are to increase awareness and knowledge among fathers about the elements to being good fathers and increase capacity or skills to carry out what fathers learn (California Evidence-Based Clearinghouse, 2017b). The programs cover pre-defined topics such as: defining manhood, communicating with children, providing guidance and discipline, handling anger, articulating the father's role, learning about how children grow and develop, and working with a co-parent (Spach, Battis, & Nelson, 2014). There are currently no peer reviewed studies on this program, though there are several technical reports available (Spach et al., 2014). There have been several studies, however, that have found that after completing the 24/7 Dad basic program, participants showed improvement in pre- and post-test scores in self-awareness, caring for self, parenting skills, relationship skills, and fathering skills (da Rosa & Melby, 2012; Olshansky, 2006).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	NR – Not able to be rated
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/24-7-dad/

Active Parenting Now

Rated: Promising

Type of Program: Parent Development

Category: Parenting Skills

Target Audience(s): Parents and caregivers of children ages five to 12

Program Summary: Active Parenting Now, also called Active Parenting 4th Edition is a parent development program targeting the parents of five to twelve-year-olds who want to improve their parenting skills. The program is based on the Adlerian parenting theory, which is to assure that all family members are heard and respected (Spach et al., 2014). A program for teens has also been developed, although it has not been reviewed by evidence-based clearinghouses. Through a video-based education program, parents are taught how to build their child's self-esteem with strategies such as encouragement, active listening, honest communication, and problem solving. Active Parenting also teaches parents how to use natural consequences to reduce unacceptable behaviors. Active Parenting is made up of one two-hour class per week over the course of six weeks (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	NR – Not able to be rated
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	3.0 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP:

Outcome	Rating
Parental perceptions of child behavior	3.1 (0.0–4.0 scale)
Parental attitudes and beliefs	3.1
Parent-child relationship problems	3.3
Positive and negative child behaviors	2.2

Resources:

CEBC profile: http://www.cebc4cw.org/program/active-parenting-now/detailed

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=110

All Babies Cry

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Caregivers with infants

Program Summary: All Babies Cry (ABC) is a prevention program for parents of infants, which aims to reduce incidences of child abuse during the first year of life. ABC aims to improve parents' ability to understand and cope with infant crying because it is the most common antecedent to child maltreatment in the first year of life. The program promotes protective factors that have been shown to increase positive outcomes for young children and their families and to reduce the likelihood of child abuse and neglect: 1) resilience, 2) social connections, 3) knowledge of parenting and child development, 4) concrete support, and 5) social and emotional competence of children (SAMHSA, 2016b).

ABC is intended for use at the time of hospital discharge through the infant's first months of life. The core program components are a short video program for hospital closed-circuit TV systems or classroom introduction; media, including videos, for families to access at home or on mobile platforms; and a booklet with checklists and activities. The components employ positive visual messaging and focus subtly on males (the perpetrators of a majority of pediatric abusive head trauma cases) (SAMHSA, 2016b).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	Not listed
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Promising (three outcomes)
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP:

Outcome	Rating
Knowledge, Attitudes, and Beliefs	Promising
Resilience	Promising
Self-Concept	Promising

Resources:

NREPP profile: http://nrepp.samhsa.gov/ProgramProfile.aspx?id=118#hide1

Alternatives for Family – Cognitive Behavioral Therapy

Rated: Promising

Type of Program: Parent Development

Category: Mental health and behavioral treatment

Target Audience(s): Caregivers who are emotionally or physically aggressive or abusive with their children; Children ages five to 17 with aggression and/or trauma related symptoms

Program Summary: Alternatives for Families is an intervention for families who have experienced or are at risk for problems with anger, aggression or child maltreatment. Goals of the program include decreasing conflict, anger and hostility, threats of force and risk of maltreatment (SAMHSA, 2015). The program is administered via joint or individual sessions with caregivers and children, usually over a six- to nine-month period. Practitioners are master's level clinicians in mental health or other fields (SAMHSA, 2015).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	3.1 out of 4.0
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP:

Outcome	Rating
Internalizing behaviors	3.1 (0.0–4.0 scale)
Externalizing behaviors	3.1
Family functioning	3.1
Disruptive behavior disorders	3.1

Resources:

CEBC profile: http://www.cebc4cw.org/program/alternatives-for-families-a-cognitive-behavioral-therapy/

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=396

Avance Parent-Child Education Program

Rated: Supported

Type of Program: Home Visiting

Category: Parenting skills

Target Audience(s): Caregivers of children age zero to three; pregnant women and their partners

Program Summary: The Parent-Child Education Program is a nine-month parent education curriculum geared toward improving children's physical, emotional, social and cognitive development. Home visits are conducted on a monthly basis, in addition to regular parenting classes. While parents participate enrichment activities are also available for children (CEBC, 2017a).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	2 – Supported by research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/avance-parent-child-education-program/

C.A.R.E.S.

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention; Healthy child development; Juvenile justice prevention

Target Audience(s): Families at high risk for abuse or neglect with children ages zero to 17

Program Summary: C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) is a community-based prevention and diversion program for families at high risk for abuse, neglect, or abandonment. C.A.R.E.S. uses Wraparound Family Team Conferencing to support both children and their parents. The program builds upon families' strengths using the Wraparound Principles of practice, convenes Family Team Meetings and designs an individualized plan of care to enhance family functioning and minimize the likelihood of child maltreatment and further family involvement with child protective services (California Evidence-Based Clearinghouse, 2017c).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/c-a-r-e-s-coordination-advocacy-resources-education-and-support/

Child FIRST

Rated: Promising

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): High-risk families with children ages six to 36 months

Program Summary: Child FIRST coordinates services and therapeutic support to decrease problematic outcomes for youth, including behavioral and emotional problems, developmental and learning difficulties, and abuse and neglect among high-risk families. The home visiting service is shaped by recent developments in neuroscience, which suggest that toxic environments (including poverty-ridden environments) can lead to negative outcomes. By combining mental health, early care and education, health care and social support programming, Child FIRST seeks to "improve parent-child relationships while creating an environment for healthy emotional and cognitive development" (Benedetti, 2012).

Child FIRST begins with a detailed family assessment including a family observation conducted by a clinician and care coordinator. With this information, the team (which is comprised of the family members, clinician, and care coordinator) develop a Child and Family Plan of Care. This plan includes determining goals, parent priorities, strengths, culture, and needs of the family. Weekly home visits teach parents about child development, behavior and age-appropriate expectations; help parents understand the long-term effects of trauma; review and practice problem solving strategies; and provide time for parent reflection on difficulties. An important component of this program is that it provides social support and connections to appropriate services (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Promising
California Evidence-Based Clearinghouse	Not listed
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Effective (four outcomes) Promising (four outcomes) Ineffective (one outcome)
Office of Juvenile Justice and Delinquency Prevention	No effects, one study

A closer look at NREPP:

Outcome	Rating
Receipt of social services	Effective
Disruptive behavior disorders and externalizing/ antisocial behaviors	Effective
Depression/ depressive symptoms	Effective
Non-specific mental health disorders and symptoms	Effective
General functioning and well-being	Promising
Family cohesion	Promising
Self-regulation	Promising
Internalizing problems	Promising
Receipt of social services	Ineffective

Resources:

Blueprints profile: http://blueprintsprograms.com/evaluation-abstract/child-first

NREPP profile: http://nrepp.samhsa.gov/ProgramProfile.aspx?id=138#hide1

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=447

Circle of Security-Home Visiting

Rated: Promising

Type of Program: Home Visiting

Category: Parenting skills

Target Audience(s): At-risk families with children ages zero to six years old

Program Summary: The Circle of Security-Home Visiting program combines the protocols of Circle of Security with mandatory home visits. The fundamental components of Circle of Security are teaching caregivers about attachment theory, exploring internal working models, and providing a simple structure for understanding how their own working models impact their reactions to their children's behaviors (CEBC, 2017c).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/circle-of-security-home-visiting-4/

Early Head Start

Rated: Supported

Type of Program: Home Visiting

Category: Child maltreatment prevention; Child and maternal health

Target Audience(s): Women and families from low income households with children ages zero to three

Program Summary: Early Head Start provides a combination of home- and center-based services to families at or below the federal poverty level. Weekly home visits are conducted as well as two socialization activities per month involving caregivers and their children (U.S. Department of Health & Human Services, 2016). Targeted outcomes include improvements in child development, school readiness, child and maternal health, economic self-sufficiency, parenting practices and reductions in maltreatment.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Meets criteria for evidence-based home visiting model
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: https://cebc4cw.org/program/early-head-start/

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/Early-Head-Start-Home-Visiting--EHS-HV-/8/1

Effective Black Parenting Program

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): African-American caregivers of children ages zero to17 at risk for maltreatment

Program Summary: Effective Black Parenting Program (EBPP) is a parenting program for parents of African-American children. The program has multiple goals including child abuse and child behavior disorder prevention and treatment, promotion of cultural pride, reduction of parents' stress and prevention of substance abuse (CEBC, 2017b). Originally designed as 15 small group sessions, a one-day seminar version for large numbers of parents has been created (CEBC, 2017b).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/effective-black-parenting-program/detailed

Exchange Parent Aide

Rated: Promising

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): Families with at least one child age birth through 12 years in the home and at-risk for maltreatment

Program Summary: Exchange Parent Aide is a home visiting program that is designed to help prevent child abuse and neglect through assuring child safety, improving parenting and problem-solving skills and improving social supports. Families that are at risk of child abuse or neglect, who voluntarily agree to engage in services, are matched with trained and qualified Parent Aides, who provide education and support to at-risk families.

The program focuses on strength-based, family-centered services. (Spach et al., 2014) Families are assigned a Parent Aide, who is either a volunteer or paid staff member of the program. Families are given an Initial Needs Assessment (INA), which identifies abuse histories, needs of the family, internal relationships, coping skills, and other basic information about the family. From this information, a treatment plan is created, which focuses on child safety, problem solving skills, parenting skills, and social support. The Parent Aide then begins visiting the home once or twice weekly for several months, providing the family with support and education, and helping them achieve goals on the treatment plan. Weekly phone calls, and parents have access to their Parent Aide 24 hours a day, seven days a week (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/exchange-parent-aide/detailed

Families and Schools Together

Rated: Supported

Type of Program: Parent Development

Category: Juvenile justice prevention

Target Audience(s): Children in pre-Kindergarten through fifth grade and their families

Program Summary: The purpose of FAST is to build relationships between and within families, schools and communities through group-based or social support activities. By utilizing social ecology, family systems and family stress theories, FAST works to enhance parent-child bonding and family functioning while reducing conflict, isolation and child neglect; enhance school success through more family engagement; prevent substance use by both adults and children by building protective factors and referring appropriately for treatment; and reduce the stress by empowering parents, building social capital, and increasing social inclusion (CEBC, 2017f; Spach et al., 2014). FAST is delivered through several phases, including eight weeks of multifamily meetings and parent group meetings for the following two years, which are parent-led sessions with support from the program (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	3.7 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Effective – More than one study

A closer look at NREPP Ratings:

Outcome	Rating
School Mobility	3.7 (0.0–4.0 scale)

Resources:

CEBC profile: http://www.cebc4cw.org/program/kids-families-and-schools-together-kids-fast/

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=375

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=185

Families First

Rated: Promising

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): At-risk families and children ages zero to 17

Program Summary: Families First is a high-intensity home visiting model for families with at-risk youth. Home visitors meet at the home three to four times per week for ten to twelve weeks (CEBC, 2017d). The goals of the program include helping parents effectively intervene with their children, teaching parents and children prosocial skills, and improving family relationships. The model is not appropriate in homes in which a client is actively abusing drugs or alcohol, domestic violence is present in the home or there is a need for hospitalization due to suicide or other serious mental illness.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/families-first/

Family Connections

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Families at risk of child maltreatment; children age zero to 17

Program Summary: Family Connections is a community-based service program that works with families to help them meet the basic needs of their children and prevent child maltreatment. The principles that guide the interventions include ecological developmental framework, community outreach, individualized family assessment, helping alliance, empowerment, strengths-based practice, cultural competence and outcome-driven service plans (CEBC, 2017e). Practitioners meet with families at least once a week for one hour for at least three months, connect families to concrete supports, and use standardize assessment tools to help determine families' needs (CEBC, 2017e).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/family-connections/detailed

Healthy and Safe

Rated: Promising

Type of Program: Home Visiting

Category: Parenting skills; Healthy child development

Target Audience(s): Parents with learning difficulties who are caregivers to children ages zero to four

Program Summary: Through Healthy and Safe parent educators teach parents how to respond appropriate to their children's health needs. Designed as a supportive program for parents with learning difficulties or unique learning needs, the curriculum using a combination of parent workbooks and in-home experiential education (CEBC, 2017h). The goals of the program are to improve parents' understanding of child health and symptoms of illness, visiting the doctor, managing home dangers and prevention of injury.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/healthy-safe/

Healthy Families America

Rated: Exemplary

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): High-risk families expecting a baby or who have children under five. Services must be initiated either prenatally or within three months after the birth of the baby.

Program Summary: Healthy Families America (HFA) is a home visiting program that targets high-risk families who are expecting a baby or who have children under five. HFA is affiliated with Prevent Child Abuse America (PCA) and as such is the primary home visitation model used by PCA in working to reduce child abuse and neglect and other adverse childhood experiences. The programs follow a series of best practice standards that provide a solid structure and flexibility to meet the unique needs of families and communities. The program asserts that different communities have different needs that can be addressed through their structured prevention service, when provided as part of a system of care (Spach et al., 2014). Identified families are served by paraprofessionals through regular home visits and to other services related to basic needs, mental health or substance abuse, school readiness, employment, and childcare.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	1 – Well supported by research evidence[6]
Home Visiting Evidence of Effectiveness	Meets criteria for evidenced-based home visiting model
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Promising – One study

Resources:

CEBC profile: http://www.cebc4cw.org/program/healthy-families-america-home-visiting-for-child-well-being/

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/Healthy-Families-America--HFA--sup---sup-/10/1

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=200

[6] CEBC's rating of HFA for child well-being is 1 – Well Supported. CEBC's rating of HFA for prevention of child abuse and neglect is 4-Evidence fails to Demonstrate Effect (California Evidence-Based Clearinghouse for Child Welfare, 2017g).

Homebuilders

Rated: Promising

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): Families with children between the ages of zero and 18 at imminent risk of or with children returning from out of home placement

Program Summary: The goals of Homebuilders are to prevent out of home placement of children, and improve parenting skills, family relationships, children's behavior and safety (National Institute of Justice, 2012). The program is intensive and time-limited, with one clinician serving two families for four to six weeks and available around the clock for crisis intervention. Therapists use evidence-based interventions such as motivational interviewing while working with families to help families build both informal and formal supports.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	2 – Supported by research evidence
Home Visiting Evidence of Effectiveness	Does not meet criteria for evidence-based model
National Registry of Evidence-based Programs and Practices	Promising (four outcomes) Ineffective (three outcomes)
Office of Juvenile Justice and Delinquency Prevention	Effective - More than one study

A closer look at NREPP Ratings:

Outcome	Rating
Permanency	Promising
Self-concept	Promising
Family cohesion	Promising
Social connectedness	Promising
Internalizing problems	Ineffective
Disruptive behavior disorders and symptoms	Ineffective
Social competence	Ineffective

Resources:

CEBC profile: http://www.cebc4cw.org/program/homebuilders/

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/HOMEBUILDERS--Birth-to-Age-5--sup---sup-/34/1

NREPP profile: http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1250

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=210

HIPPY

Rated: Supported

Type of Program: Home Visiting

Category: School readiness

Target Audience(s): Parents with children ages three to five with limited formal education

Program Summary: Home Instruction for Parents of Preschool Youngsters (HIPPY) is a home visiting program which supports parents' role as their child's first teacher through weekly home visits and group meetings (U.S. Department of Health & Human Services, 2013). Home visitors help parents address their own reservations about school and negative experiences in education they have had. Program participation can last up to two years. Studies have found positive outcomes including improvements in child development, school readiness, and use of positive parenting practices.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	2 – Supported by research evidence
Home Visiting Evidence of Effectiveness	Meets criteria for evidence-based home visiting model
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/home-instruction-for-parents-of-preschool-youngsters/

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/Home-Instruction-for-Parents-of-Preschool-Youngsters--HIPPY--sup---sup-/13/1

Incredible Years

Rated: Exemplary

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Parents, teachers, and children

Program Summary: The Incredible Years (IY) program for parents seeks to reduce challenging behaviors, increase social skills, and encourage self-control abilities in children. Concurrent to these goals for children, goals for parents are intended to promote social support, positive discipline and encourage parent involvement in the child's education experiences. This program is geared toward families with children who have been identified as having challenging behavior, either due to the child's development or experiences or the parenting strategies or skills.

The IY programs are delivered to groups of parents, organized by the child's age offered at various frequencies and intensities depending on the program series selected. Parents use the group times to collectively and individually develop new guidance strategies for their children (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Promising
California Evidence-Based Clearinghouse	1 – Well-supported by research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	3.5 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Effective – more than one study

A closer look at NREPP Ratings:

Outcome	Rating
Parenting skills	3.7 (0.0–4.0 scale)
Child externalizing problems	3.8
Child emotional literacy, self-regulation, and social competence	3.5
Teacher classroom management skills	3.3
Parents' involvement with school and teachers	3.2

Resources:

Blueprints profile: http://blueprintsprograms.com/factsheet/incredible-years-teacher-classroom-management

CEBC profile: http://www.cebc4cw.org/program/the-incredible-years/detailed

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=311

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=194

Nurse-Family Partnership (NFP)

Rated: Exemplary

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): At-risk, first-time mothers

Program Summary: Nurse Family Partnerships (NFP) is an early childhood home visiting program that employs nurses as home visitors and targets high-risk, first-time mothers. The program has many interrelated objectives geared toward improving health outcomes for parents and children:

- Increasing positive connections between parents and children:
- Assuring women have access to good prenatal and postnatal care;
- Reducing the use of tobacco, alcohol and illegal substances;
- Encouraging positive, appropriate parenting practices;
- Reducing unintended pregnancy;
- Promoting family economic self-sufficiency;
- Promoting school readiness, improving child health and development; and
- Reducing child maltreatment.

Weekly or biweekly home visits are delivered typically for 90-minute sessions, beginning prenatally and continuing through the child's second birthday (frequency and intensity depends on the child's age) (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Model program
California Evidence-Based Clearinghouse	1 – Well-supported by research evidence
Home Visiting Evidence of Effectiveness	Meets criteria for evidenced-based home visiting model
National Registry of Evidence-based Programs and Practices	3.4 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Effective – More than one study

A closer look at NREPP Ratings:

Outcome	Rating
Maternal prenatal health	3.5 (0.0–4.0 scale)
Childhood injuries and maltreatment	3.5
Number of subsequent pregnancies and birth intervals	3.3
Maternal self-sufficiency	3.2
School readiness	3.4

Resources:

Blueprints profile: http://blueprintsprograms.com/factsheet/nurse-family-partnership

CEBC profile: http://www.cebc4cw.org/program/nurse-family-partnership/detailed

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/Nurse-Family-Partnership--NFP--sup---sup-/14/1

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=88

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=187

Nurturing Parenting Programs (NPP) Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Families reported to the child welfare system for child maltreatment

Program Summary: The Nurturing Parenting Programs (NPP), developed by Stephen Bavolek, have been widely used and incorporated into other programs implemented through child welfare agencies, substance abuse treatment programs, teen parent programs and home visitation (Spach et al., 2014). The programs aim to prevent child abuse and neglect while promoting positive, trauma-sensitive parenting practices. They allow for implementation in groups or one on one in family homes. Group sessions can include opportunities for parents to be with their children (called Family Nurturing Time) and interact with the facilitators separately. For home-based sessions, families meet with facilitators for 90 minutes, weekly for 15 weeks (Spach et al., 2014).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	3.1 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP Ratings:

Outcome	Rating
Parenting attitudes, knowledge, beliefs, and behaviors	3.1 (0.0–4.0 scale)
Recidivism of child abuse and neglect	2.9
Children's behavior and attitudes toward parenting	3.0
Family interaction	3.2

Resources:

CEBC profile: http://www.cebc4cw.org/program/nurturing-parenting-program-for-parents-and-their-school-age-children-5-to-12-years/

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=171

Parent-Child Interaction Therapy (PCIT)

Rated: Exemplary

Type of Program: Parent Development

Category: Child maltreatment prevention; Mental health

Target Audience(s): Children ages two to seven with behavior and parent-child relationship problems and their caregivers

Program Summary: Parent- Child Interaction Therapy (PCIT) is categorized as a relationship-based therapy based primarily on attachment theory (Beckmann, Cooper, & Dicker, 2010). PCIT merges social work, adult education, early childhood intervention, and child abuse prevention. The program was originally designed for children with very difficult behaviors and families who have young children with diagnosed conduct disorders. PCIT has since been adapted to suit families with young children under twelve with history of physical abuse, child behavior issues, or for parents who wish to improve their parenting skills, targeting specific skills for improvement (Spach et al., 2014).

PCIT follows a very specific protocol and requires specialized training and supervision (Spach et al., 2014). Treatment is generally provided by a mental health professional, through one or two one-hour weekly sessions lasting twelve to twenty weeks. This program is described by the developers as "mastery-based," meaning the dosage depends on the acquired skill and success over time. The interesting training methods used include an audio feedback system, where the parent is observed interacting with the child and given cues through a headset discreetly placed in the ear. The child is not aware that the parent has an audio feed, nor do they know that they are being observed.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Promising
California Evidence-Based Clearinghouse	1 – Well supported by research
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	3.4 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Effective – more than one study

A closer look at NREPP Ratings:

Outcome	Rating
Parent-child interaction	3.2 (0.0–4.0 scale)
Child conduct disorders	3.3
Parent distress and locus of control	3.1
Recurrence of physical abuse	3.9

Resources:

Blueprints profile: http://blueprintsprograms.com/factsheet/parent-child-interaction-therapy

CEBC profile: http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=23

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=171

Parent Management Training

Rated: Exemplary

Type of Program: Parent Development

Category: Parenting Skills

Target Audience(s): Parents with children between the ages of two and 12

Program Summary: Parent Management Training–Oregon Model (PMTO) is a training program which seeks to improve parenting skills and reduce the use of negative parenting strategies (*e.g.*, coercion) (CEBC, 2017l). The program can be delivered in individual family sessions or group settings over 14 to 40 weeks (SAMHSA, 2017).

The goals of the program are:

- Improving parenting practices
- Reducing family coercion
- Reducing and preventing internalizing and externalizing behaviors in youth
- Reducing and preventing substance use and abuse in youth
- Reducing and preventing delinquency and police arrests in youth
- Reducing and preventing out-of-home placements in youth
- Reducing and preventing deviant peer association in youth
- Increasing academic performance in youth
- Increasing social competency in youth
- Increasing peer relations in youth
- Promoting reunification of families with youth in care

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Model program
California Evidence-Based Clearinghouse	1 – Well-supported by research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Promising (4 outcomes) Ineffective (6 outcomes)
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP Ratings:

Outcome	Rating
Social competence	Promising
Disruptive disorders and behaviors	Promising
Internalizing problems	Promising
Parenting practices	Promising
General functioning and well-being	Ineffective
Employment and work readiness	Ineffective
Financial competence	Ineffective
Depression and depressive symptoms	Ineffective
Educational achievement	Ineffective
Family Cohesion	Ineffective

Resources:

Blueprints profile: http://www.blueprintsprograms.com/factsheet/parent-management-training

CEBC profile: http://www.cebc4cw.org/program/the-oregon-model-parent-management-training-pmto/

NREPP profile: http://nrepp.samhsa.gov/ProgramProfile.aspx?id=218

Parents Anonymous, Inc.

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Caregivers and children of all ages with behavioral health, substance abuse, and wellness concerns

Program Summary: Parents Anonymous, Inc. is the nation's oldest and largest child abuse prevention, education and treatment program delivered as a peer support group model (Rafael & Pion-Berlin, 2000). The structured training follows the curriculum through weekly meetings with a certified instructor. Parent meetings are held separately but concurrently with optional children's groups. Parents learn to use appropriate methods of communication and work on building a network of positive peer relationships for themselves and their families (Spach et al., 2014).

The unique and effective aspects of the program include groups being co-facilitated by a parent leader and the professionally-trained facilitator; parents determining the agenda at the beginning of each meeting; basic parenting skills such as communication and discipline always reviewed at every meeting; and 24-hour support to parents when they experience stress or crises. The children's program activities help them develop skills in conflict resolution, appropriate peer interactions, identifying and communicating thoughts and emotions, and increasing self-esteem (Rafael & Pion-Berlin, 2000).

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/parents-anonymous/detailed

Parents as Teachers (PAT)

Rated: Exemplary

Type of Program: Home Visiting

Category: Child maltreatment prevention; Healthy child development

Target audience(s): Families who are pregnant and/or parenting a child under five years old

Program Summary: Parents as Teachers (PAT) is a voluntary program designed to partner with new parents to address the health and developmental priorities of families with young children. While PAT does not dictate specific criteria for eligibility, PAT providers typically focus their efforts on families who are pregnant and/or parenting a newborn through children under five years old. The program goals focus on effective parenting strategies, knowledge of child development, and strong parent-child relationships through one-on-one home visits, child screenings, group activities, community events, and by providing resources and referrals to other agencies (Spach et al., 2014).

Home visitors who are trained and accredited by PAT provide parents support and information in a range of child development and health topics to improve outcomes for the family through regularly-scheduled home visits (frequency depends upon the family's needs). Visits include parent-friendly developmental screening for the enrolled children such as the Ages and Stages Questionnaire (ASQ), along with family-centered assessments of basic needs, parenting practices, and various health and safety topics. These tools help the parent educator and caregivers uncover the strengths, resources and needs for each family. PAT also offers opportunities for families to connect with each other through socialization events or groups.

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Meets criteria for an evidence-based model
National Registry of Evidence-based Programs and Practices	3.2 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	No effects – more than one study

A closer look at NREPP Ratings:

Outcome	Rating
Cognitive development	3.4 (0.0–4.0 scale)
Mastery motivation	3.0
School readiness	3.1
Third-grade achievement	3.2

Resources:

CEBC profile: http://www.cebc4cw.org/program/parents-as-teachers/detailed

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/Parents-as-Teachers--PAT--sup---sup-/16/1

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=221

OJJP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=282

Period of PURPLE Crying

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Caregivers of infants up to five months of age; society

Program Summary: The Period of PURPLE Crying program is dedicated to the prevention of shaken baby syndrome and educates parents and caregivers on normal infant crying, the most common trigger for shaking an infant. The program was designed to be used primarily in universal, primary prevention settings, but can be used in secondary prevention (CEBC, 2017i).

The goals of the Period of PURPLE Crying program are:

- Increase awareness of the infant crying phase and shaken baby syndrome/abusive head trauma
- Increase caregivers' understanding of early increased infant crying
- Reduce the shaken baby syndrome/abusive head trauma (CEBC, 2017i)

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/period-of-purple-crying/

Safe Babies New York

Rated: Promising

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Caregivers of infants

Program Summary: Safe Babies New York is a hospital-based, post-natal intervention dedicated to educating parents of all newborn infants about shaken baby syndrome (SBS). Before leaving the hospital with their newborn baby, the mother and father (or father figure) receive written materials with information on SBS and are asked to view a video on the subject before taking their new baby home for the first time. The parents are then asked to voluntarily sign a commitment statement affirming their receipt of these materials; signed statements are returned monthly from nurse managers at each hospital and are tracked by the investigators. Since 2014 program materials have also included information on Safe Sleep which aims to prevent sleep-related infant fatalities by educating parents of newborn babies about safe sleep environments (CEBC, 2017j).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/the-upstate-new-york-shaken-baby-syndrome-education-program/

SafeCare Augmented

Rated: Promising

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): Parents at risk for child maltreatment

Program Summary: SafeCare Augmented is based on Project 12-Ways and SafeCare, developed by Georgia State University. The program uses trained professionals to work with families who are at-risk of abuse or neglect in their homes to improve parents' skills in several domains. The areas of focus include teaching how to respond appropriately to child behaviors, how to improve home safety, and child health and safety issues. SafeCare is generally provided in weekly home visits lasting between one and two hours. The program typically lasts 18–20 weeks for each family (Spach et al., 2014).

Following the guidelines of the curriculum using four preset modules: Health, Home Safety, Parent-Child/Parent-Infant Interactions, Problem Solving and Counseling, parents are taught so that skills gained are generalizable for various environments and experiences with their child. Each module is implemented through approximately one assessment session and five training sessions and is followed by a "social validation questionnaire" to assess parent satisfaction with training. Home visitors work with parents until they meet a set of skill-based criteria that are established for each module. All modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change. SafeCare Augmented also includes motivational interviewing and additional training of home visitors in identification and response to family risk factors and child maltreatment, such as substance use and mental illness (Spach et al., 2014).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Meets criteria for evidenced-based home visiting model
National Registry of Evidence-based Programs and Practices	Promising (one outcome)
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP Ratings:

Outcome	Rating
Victimization and Maltreatment	Promising

Resources:

CEBC profile: http://www.cebc4cw.org/program/safecare-home-visiting-for-child-well-being/detailed

HomVEE profile: https://homvee.acf.hhs.gov/Model/1/SafeCare-sup---sup-/18/1

NREPP profile: http://nrepp.samhsa.gov/ProgramProfile.aspx?id=58#hide1

SEEK Safe Environment Every Kid

Rated: Supported

Type of Program: Community Development

Category: Child Maltreatment Prevention

Target Audience: Primary care providers and families with children aged 0–5 years old

Program Summary: SEEK works with pediatric primary care professionals to identify and assess and assist families with major risk factors for child maltreatment. The intervention provides training to professionals through online videos and supplemental materials on the SEEK website and Continuing Medical Education is offered to healthcare professionals. The model also includes a parent questionnaire which is used to screen for issues of parental depression, substance abuse, stress, domestic violence and other risk factors of child abuse and neglect (CEBC, 2017k).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	1- Well Supported by Research Evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/the-safe-environment-for-every-kid-seek-model/

Step by Step Parenting Program

Rated: Promising

Type of Program: Home Visiting

Category: Child maltreatment prevention

Target Audience(s): Parents with learning differences whose children are at risk; may be helpful for all caregivers

Program Summary: The Step by Step Parenting Program is designed to help parents with learning and intellectual disabilities learn to parent properly to reduce and prevent child abuse and neglect. The program divides guidance to parenting newborns through three-year-olds into small, manageable steps (Spach et al., 2014).

Step by Step Parenting is delivered through weekly home visits lasting 1.5 to two hours, though more frequent visits may be arranged, especially for families with newborns. The program includes pre-defined essential components intended to be used with families for up to two years. First, there is an assessment to determine risks, impediments and issues that exist for the family. The results of the assessment also provide information required to create a treatment plan, which may be in collaboration with child welfare agencies, other service providers, and family supports as needed. Next, the home visitor encourages using the Step by Step checklists for parenting help. The home visitor also directly helps with parenting and teaching parenting skills. As the parent becomes more comfortable with their skills, and as they use them repeatedly with their child, services are phased out (Spach et al., 2014).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/step-by-step-parenting-program/

Stewards of Children

Rated: Supported

Type of Program: Sexual Abuse Prevention

Category: Child maltreatment prevention

Target Audience(s): Adults (regardless of whether they are parents or caregivers)

Program Summary: Stewards of Children is a targeted program that teaches adults how to prevent, recognize, and react responsibly to child sexual abuse, developed by Darkness to Light (Spach et al., 2014). Both an online and a facilitator-led version are available. The Darkness to Light: Stewards of Children program has been proven to increase knowledge, improve attitudes and change child-protective behaviors through numerous studies.

Topics covered during the two to three-hour Stewards of Children training include the types of situations where child sexual abuse may occur, an overall discussion of the problem of child sexual abuse, the importance of talking about the prevention of sexual abuse with children and adults, signs of sexual abuse, and how to interact and intervene. Qualitative and quantitative studies completed on Stewards of Children have found the training leads to increases in knowledge regarding child sexual abuse, likelihood of discussing issues of sexual abuse with children and adults, and recognition of signs of abuse (Spach et al., 2014).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Promising – One study

Resources:

CEBC profile: http://www.cebc4cw.org/program/stewards-of-children/detailed

OJJDP profile: www.crimesolutions.gov/ProgramDetails.aspx?ID=327

Strengthening Families

Rated: Promising

Type of Program: Parent Education

Category: Maltreatment Prevention

Target audience(s): Parents and their children ages zero to 17 who need skills to reduce family conflict and the risk of abuse or neglect

Program Summary: The Strengthening Families Program is an intervention for families with parents with a substance abuse issues, with components for both parents and children (Ashery, Robertson, & Kumpfer, 1998). The curriculum is delivered through 14 sessions, organized in three courses: Parent Skills Training, Children Skills Training, and Family Life Skills Training. Two group leaders typically work with parents and children separately at first, and then each group has the opportunity to practice their new skills. Participants are provided meals, incentives, child care, and ideas for follow-through (including homework assignments) after the sessions. Positive participation is rewarded, and "booster" sessions are arranged after the initial series is complete (Spach et al., 2014).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Promising
California Evidence-Based Clearinghouse	NR – Not able to be rated
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Model program (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Promising – more than one study

A closer look at NREPP:

Clearinghouse	Level of evidence
Children's internalizing and externalizing behaviors	3.1 (scale of 0.0–4.0)
Parenting practices/parenting efficacy	3.1
Family relationships	3.1

Resources:

Blueprints profile: http://blueprintsprograms.com/factsheet/strengthening-families-10-14

CEBC profile: http://www.cebc4cw.org/program/strengthening-families-program-sfp/detailed

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=44

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=199

STEP

Rated: Promising

Type of Program: Parent Development

Category: Parenting skills

Target Population: Caregivers with children ages zero to 17

Program Summary: Systematic Training for Effective Parenting (STEP) is a parent development program and outreach service. The goals of this program are to identify circumstances that put children at risk for child abuse and neglect, reduce parenting stress, and improve the child's learning environment, including the emotional environment or connections with their caregivers (Huebner, 2002). STEP is targeted to work with families who have children under three who are at risk of maltreatment. This program is part of a system of care framework and consists of eight two- hour class sessions once a week for a total of sixteen hours of intensive interaction with an interdisciplinary team. The interdisciplinary team can be made up of professionals such as public health nurses, early childhood educators, social workers, and nutritionists, to name a few examples (Spach et al., 2014).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 – Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Promising (two outcomes)
Office of Juvenile Justice and Delinquency Prevention	Not listed

A closer look at NREPP:

Clearinghouse	Level of evidence
Family Cohesion	Promising
General Functioning and Well-Being	Promising

Resources:

CEBC profile: http://www.cebc4cw.org/program/systematic-training-for-effective-parenting/

NREPP profile: http://nrepp.samhsa.gov/ProgramProfile.aspx?id=1263

Triple P Level 4

Rated: Exemplary

Type of Program: Parent Development

Category: Child maltreatment prevention

Target Audience(s): Parents and caregivers of children from birth to age 12

Program Summary: Triple P-Level 4 program is designed to reduce challenging behaviors; improve parenting knowledge, confidence and skills; and encourage healthy home environments. The program involves development of a parenting plan, practice of specific positive parenting strategies, and tracking of children's and parents' behavior (CEBC, 2017m). The program can be offered in group or individual formats, online or via a self-directed workbook.

Clearinghouse Ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	1 – Well-supported by research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/triple-p-positive-parenting-program-level-4-level-4-triple-p/

Triple P System

Rated: Supported

Type of Program: Parent Development

Category: Child maltreatment prevention

Target audience(s): Parents and caregivers of children from birth to age 16

Program Summary: Triple P is designed to reduce challenging behaviors; improve parenting knowledge, confidence and skills; and encourage healthy home environments. This parent education and outreach program is family-focused and has multiple layers of intensity, each building on the previous step. Target populations for each level are defined, though with the multiple levels all families with children can participate. The goals of the program include improving parents' competence, preventing or changing negative parenting practices, and reducing family risk factors for maltreatment and emotional and behavioral problems (Spach et al., 2014).

Clearinghouse ratings:

Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Promising
California Evidence-Based Clearinghouse	2 – Supported by research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	2.9 out of 4.0 (Legacy)
Office of Juvenile Justice and Delinquency Prevention	Effective – One study

A closer look at NREPP:

Clearinghouse	Level of evidence
Negative and disruptive child behaviors	2.9
Negative parenting practices as a risk factor for later child behavior problems	2.9
Positive parenting practices as a protective factor for later child behavior problems	3.0

Resources:

Blueprints profile: http://blueprintsprograms.com/factsheet/triple-p-system

CEBC profile: http://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/detailed

NREPP profile: http://legacy.nreppadmin.net/ViewIntervention.aspx?id=1

OJJDP profile: https://www.crimesolutions.gov/ProgramDetails.aspx?ID=80

Who Do You Tell?™

Rated: Promising

Type of Program: Sexual Abuse Prevention

Category: Child maltreatment prevention

Target Audience: Children in Kindergarten through grade six

Program Summary: "Who Do You Tell?" is a child sexual abuse education program designed for children from kindergarten to grade six. The program is taught in a classroom setting, but can easily be adapted to other child-oriented settings (Spach et al., 2014). The program includes a one-hour session with teachers regarding the curriculum, how to recognize sexual abuse symptoms and respond to disclosures appropriately; there is also a parent-focused component to prepare caregivers for children's participation in the program (CEBC, 2017n).

Clearinghouse Ratings:

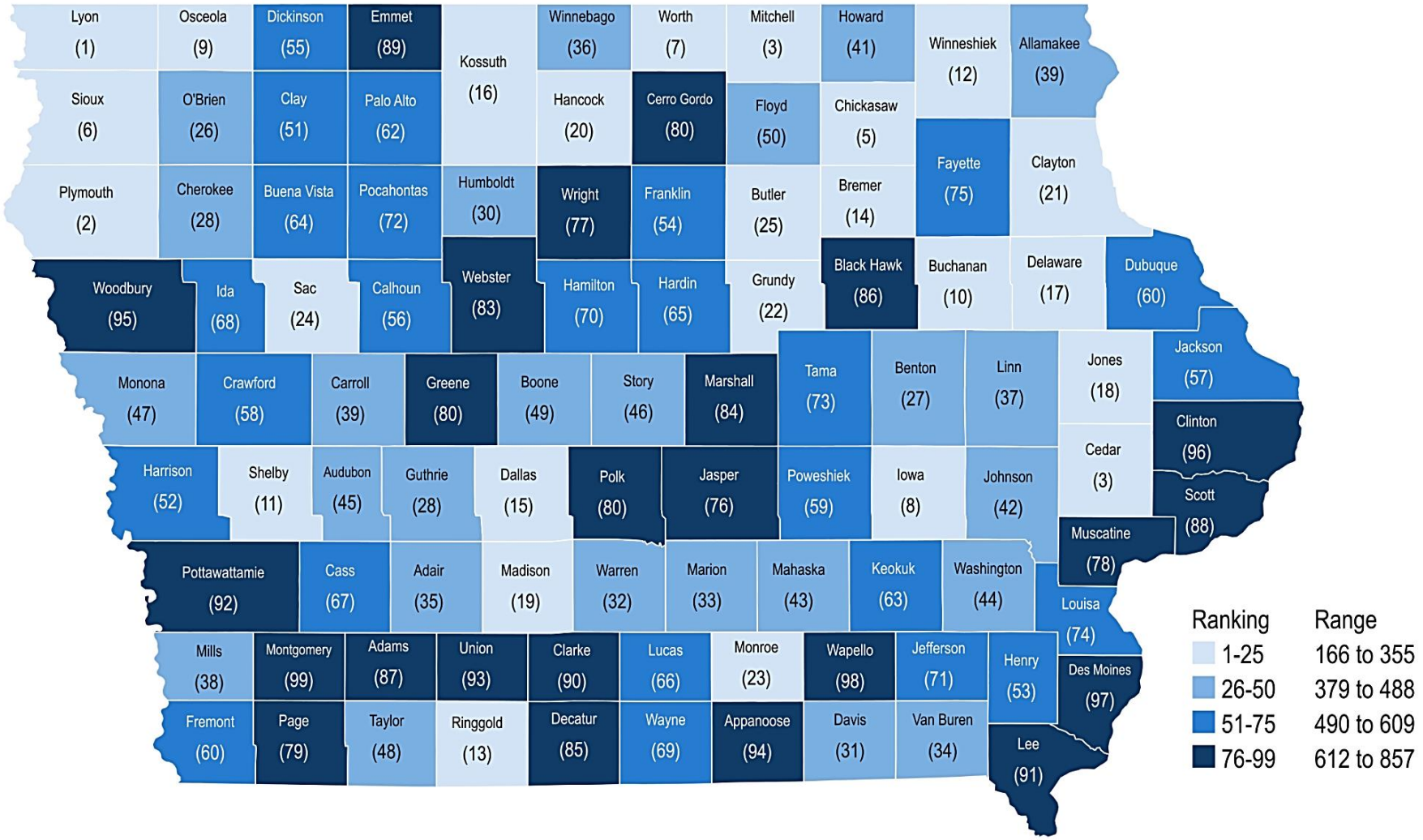
Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 –Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice and Delinquency Prevention	Not listed

Resources:

CEBC profile: http://www.cebc4cw.org/program/who-do-you-tell/

Appendix C: Maps of Child Maltreatment and Risk Factors

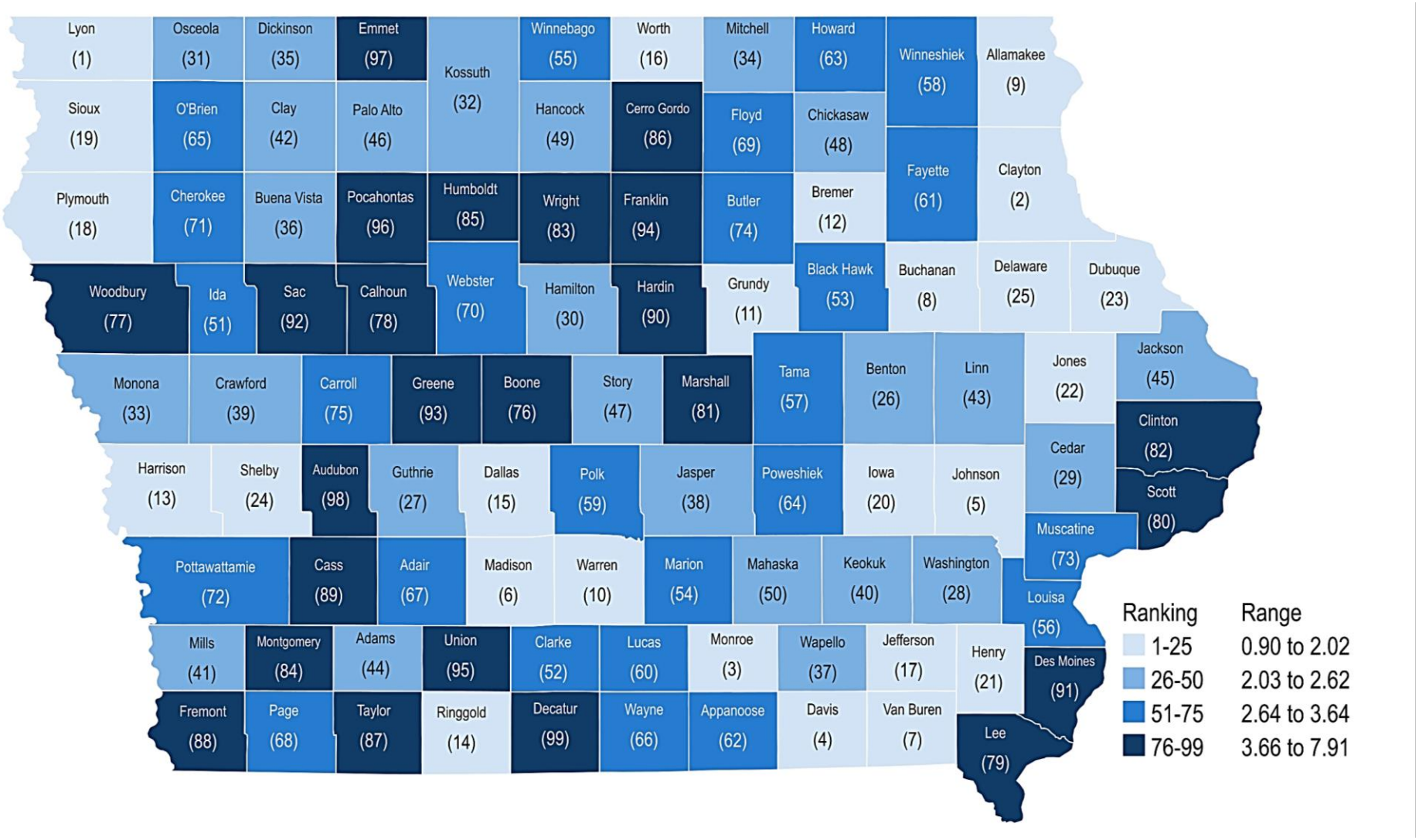
Overall County Child Abuse and Neglect Risk Ranking



Counties with higher rankings (the darkest colors) have higher percentages of abuse, neglect, and all risk factors.

To develop this map, county ranking scores on all risk indicators correlated with abuse and neglect were summed. The factors included are child abuse and neglect, child poverty, teen births, low-birthweight births, children living with parents with 4+ ACEs, children living with domestic violence, children living in households where rent is more than 35 percent of income, child population between the ages of zero and five, and children living with mental illness in the family.

County Rank: Child Abuse

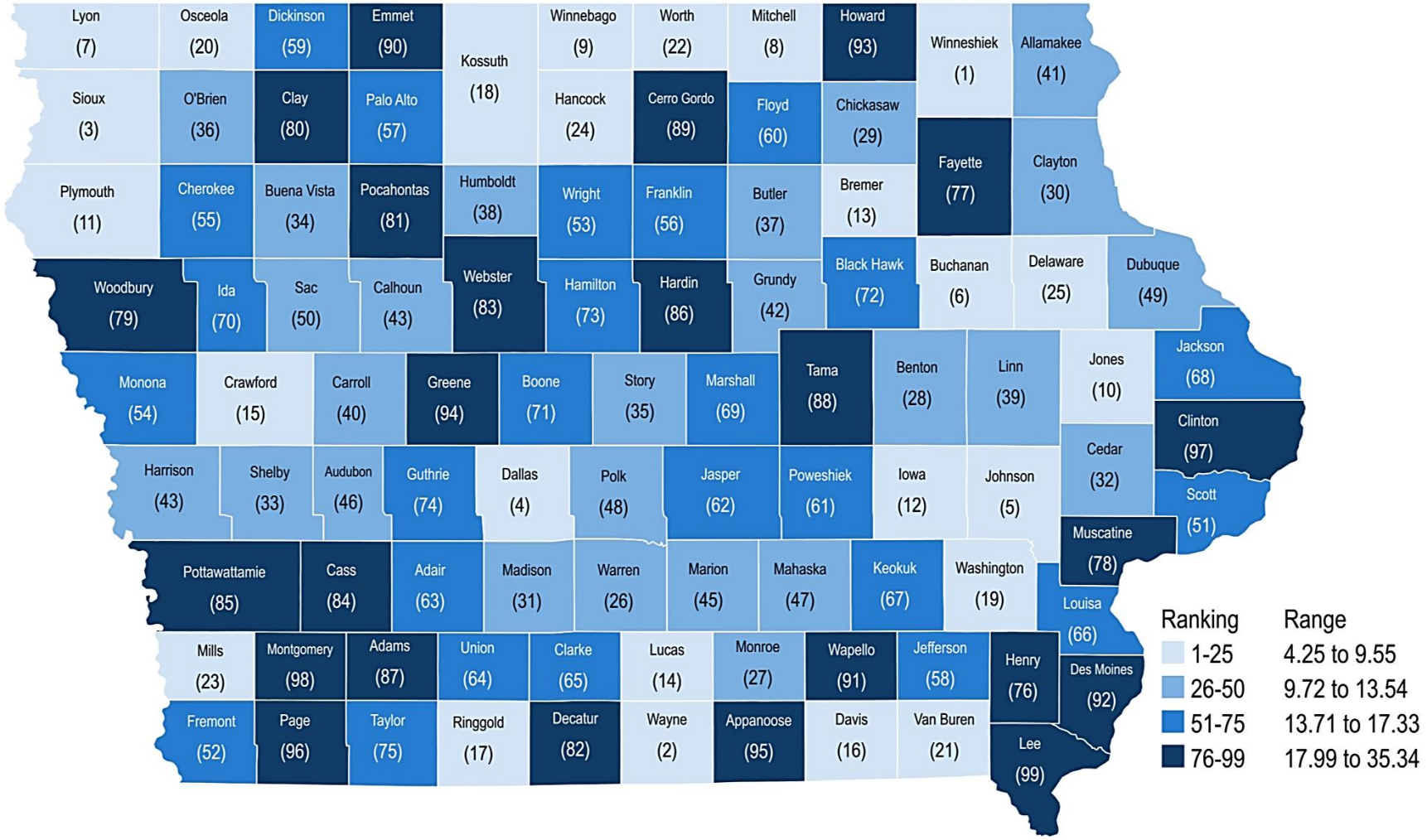


Counties with higher rankings (the darkest colors) have higher rates of abuse.

Child abuse rates per 1,000 by county range from a low of 0.90 to the highest rate of 7.91

The child abuse map ranks counties according to the average number of confirmed or founded reports of abuse over three years (2014–2016) per 1,000 children ages zero to 17. Confirmed or founded reports of physical abuse, sexual abuse and cohabitation with a registered sex offender were included (IDHS, 2016).

County Rank: Child Neglect

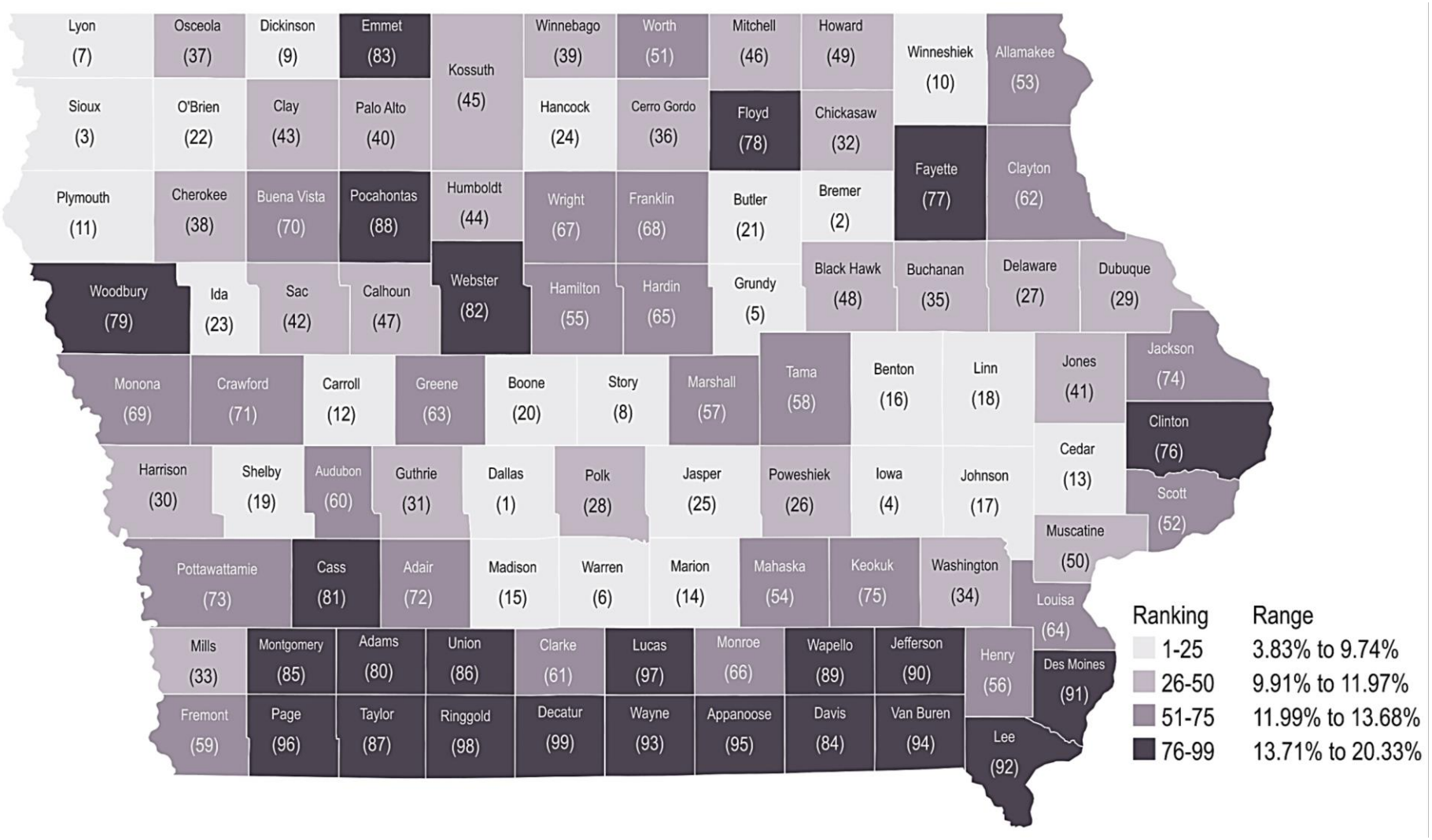


Counties with higher rankings (the darkest colors) have higher rates of neglect.

Child neglect rates per 1,000 by county range from a low of 4.3 to the highest rate of 35.3.

The child neglect map ranks counties according to the average number of confirmed or founded reports of neglect over three years (2014–2016) per 1,000 children ages zero to 17. Confirmed or founded reports of neglect, mental injury, presence of illegal drugs in a child's system, exposure to methamphetamine manufacturing, and allowing access to child by a registered sex offender were included (IDHS, 2016).

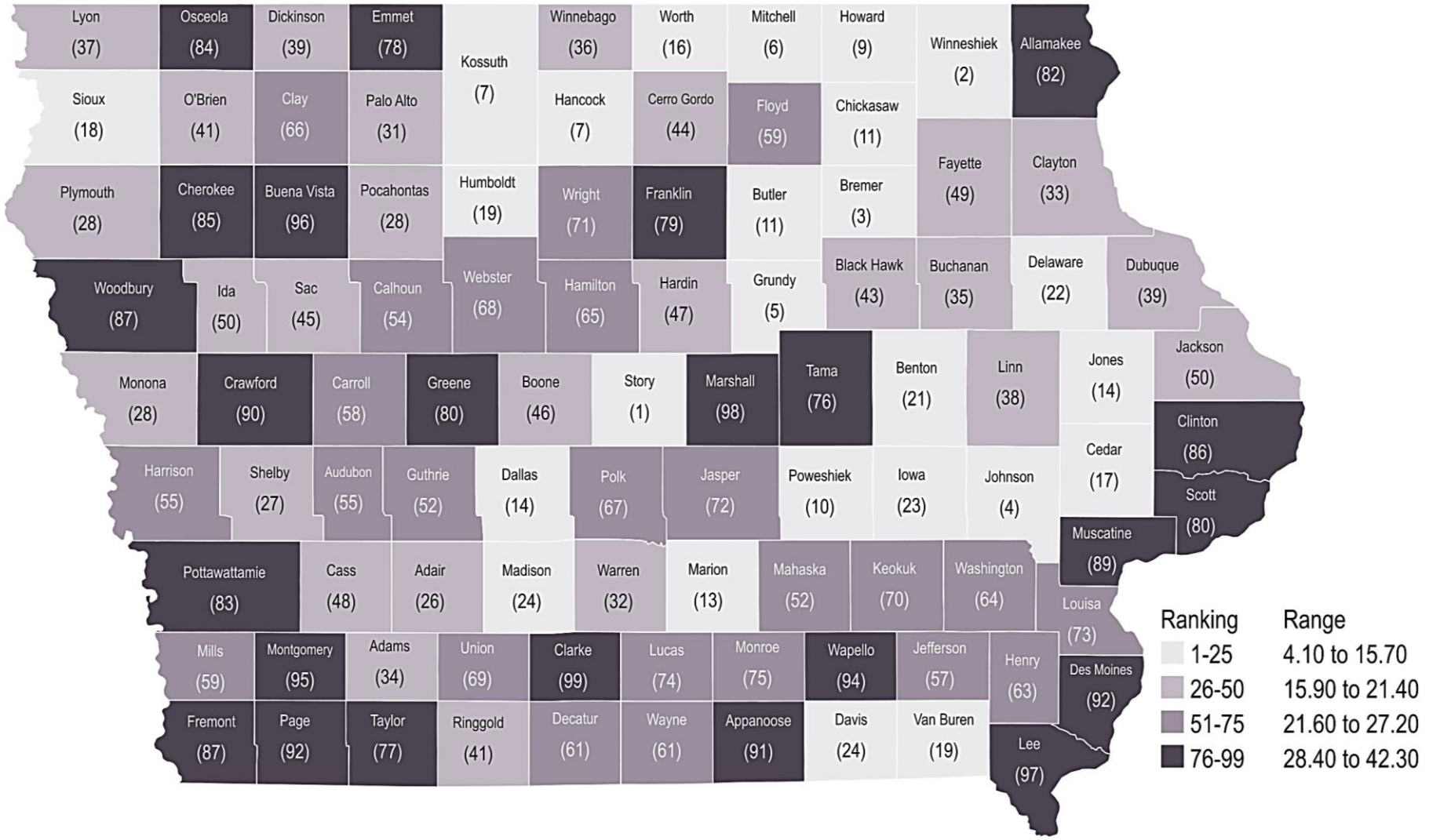
County Risk Rank: Children Living in Poverty



Counties with higher rankings (the darkest colors) have higher percentages of children living below the Federal Poverty Level (FPL) of $24,600 for a family of four (U.S. Census, 2015).

The percentage of all children ages zero to 17 years old in Iowa who live in poverty ranges from a low of 3.8 percent of children in a county to 20.3 percent, with a state average of 10.8 percent.

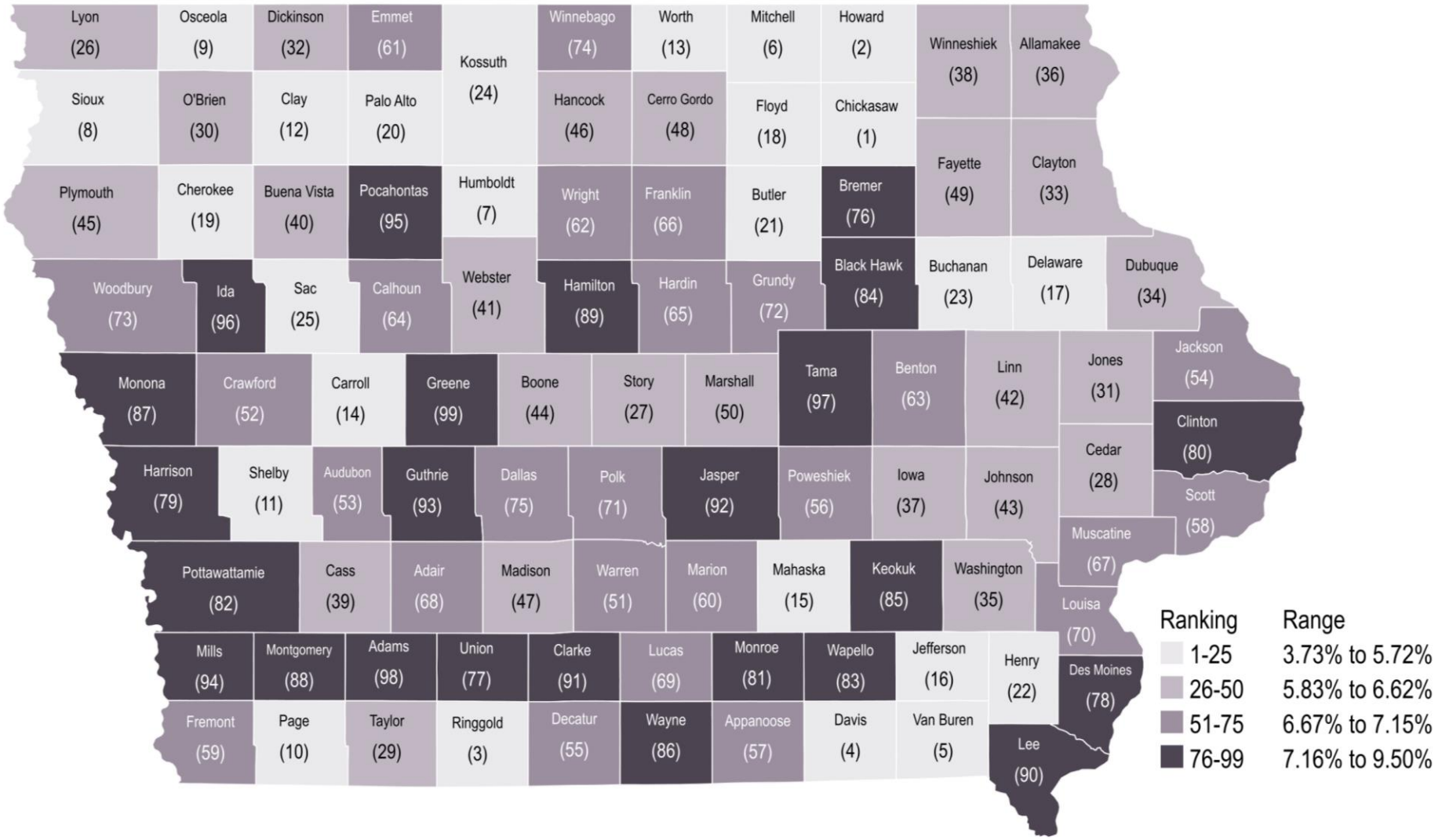
County Risk Rank: Teenage Births



Counties with higher rankings (the darkest colors) have higher rates of teen births.

The rate of teen births is based on births to teenagers between the ages of 15 and 19, and ranges from a low of 4.1 per 1,000 teens to 42.3 per 1,000 teens (IDPH, 2017d).

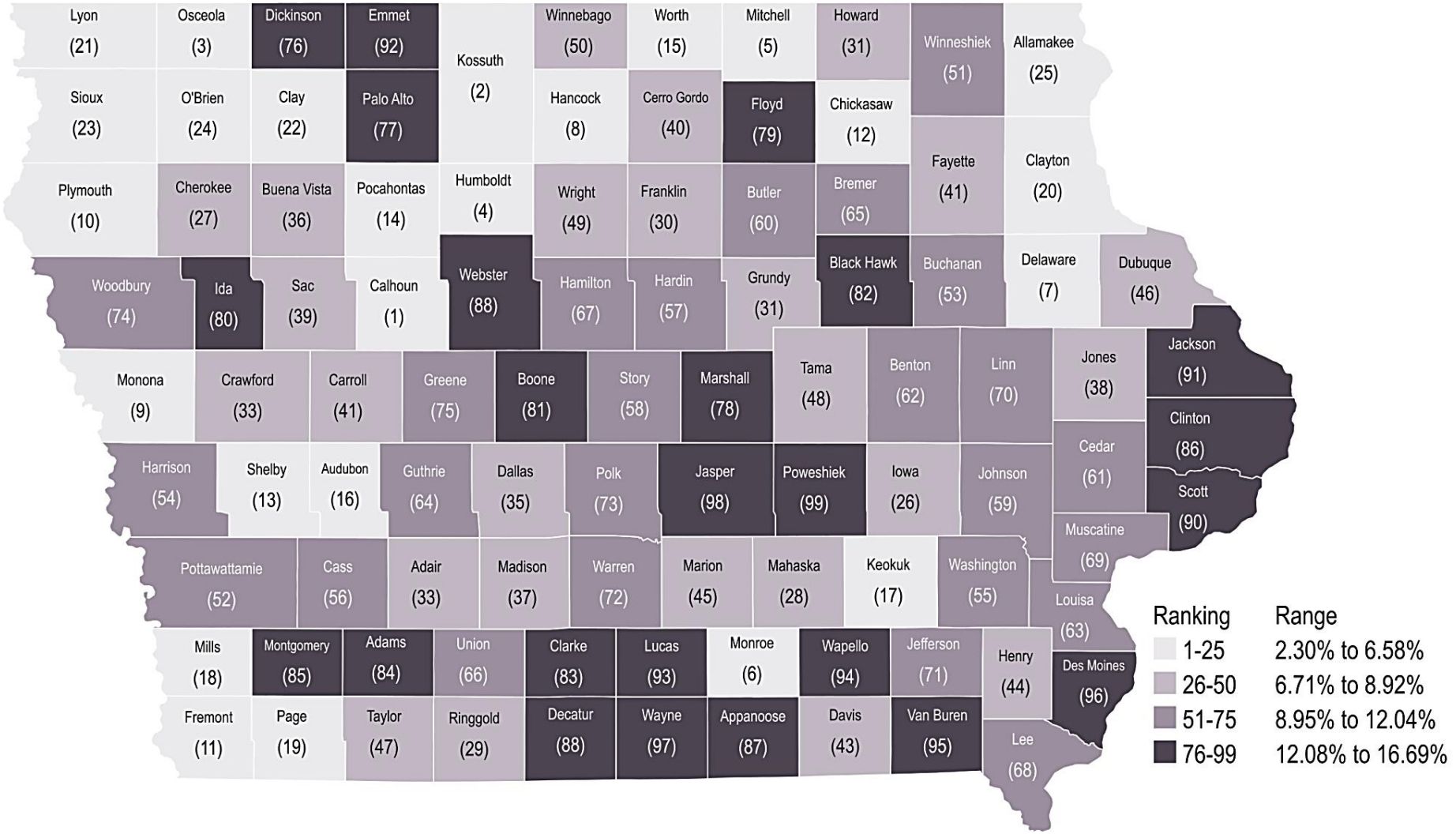
County Risk Rank: Low-Birthweight Births



Counties with higher rankings (the darkest colors have higher percentages of live births with infants below 5.51 pounds, based on Robert Wood Johnson County Health Rankings data (University of Wisconsin Population Health Institute, 2016).

The percentage of low birthweight births, calculated as a percent of all live births, ranges from a low of 3.7 percent to a high of 9.5 percent, with an Iowa state average of 6.7 percent.

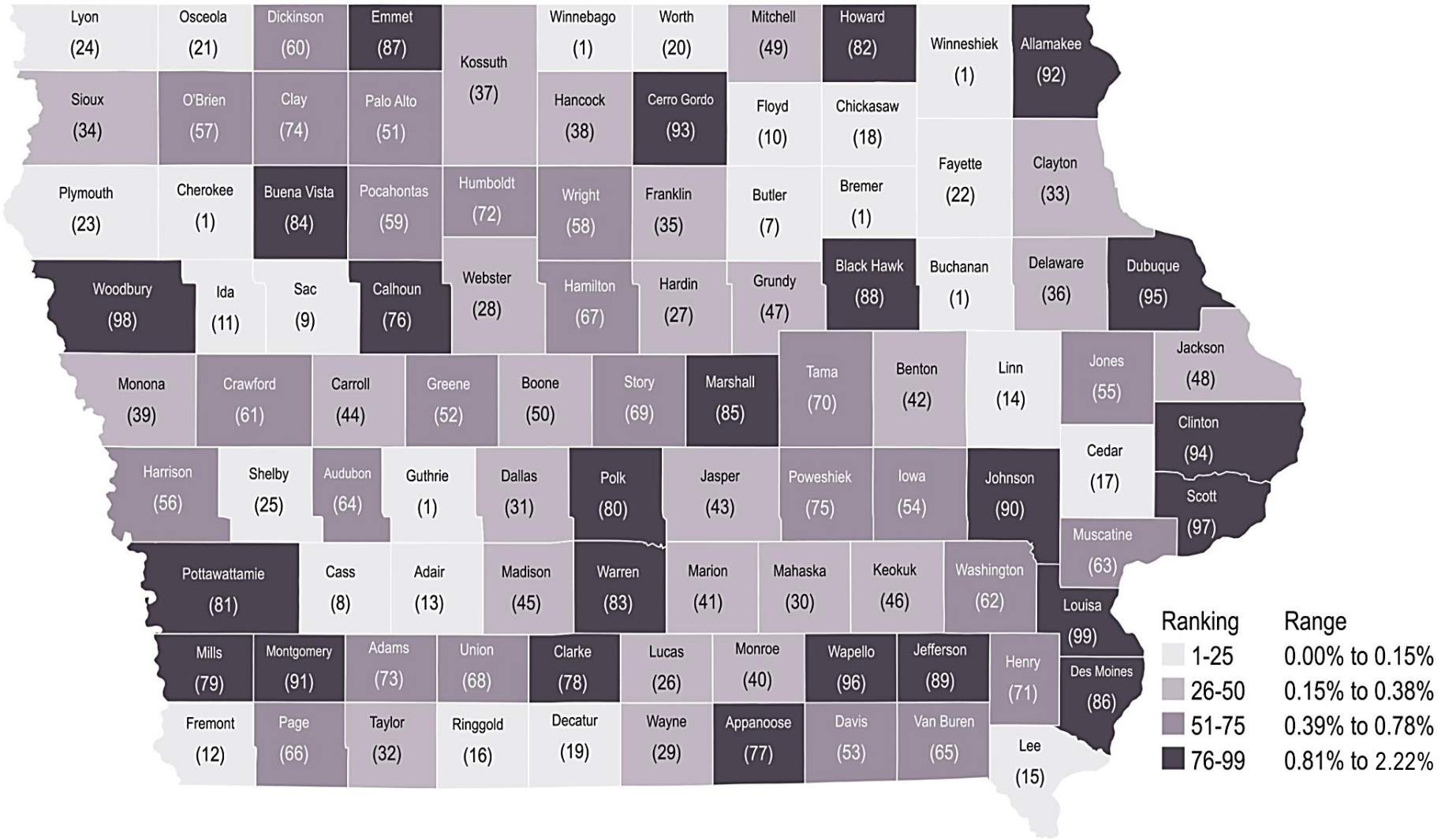
County Risk Rank: Adults with Four or More Adverse Childhood Experiences (ACEs)



Counties with higher rankings (the darkest colors have higher percentages of adults reporting four or more adverse childhood experiences (ACEs). Results are based on the Iowa Behavioral Risk Factor Surveillance Study data collected from 2012 to 2015 (Iowa Department of Public Health, 2017).

The percentage of adults reporting four or more adverse childhood experiences ranges from a low of 2.3 percent to a high of 16.7 percent, with an Iowa state average of 9.2 percent.

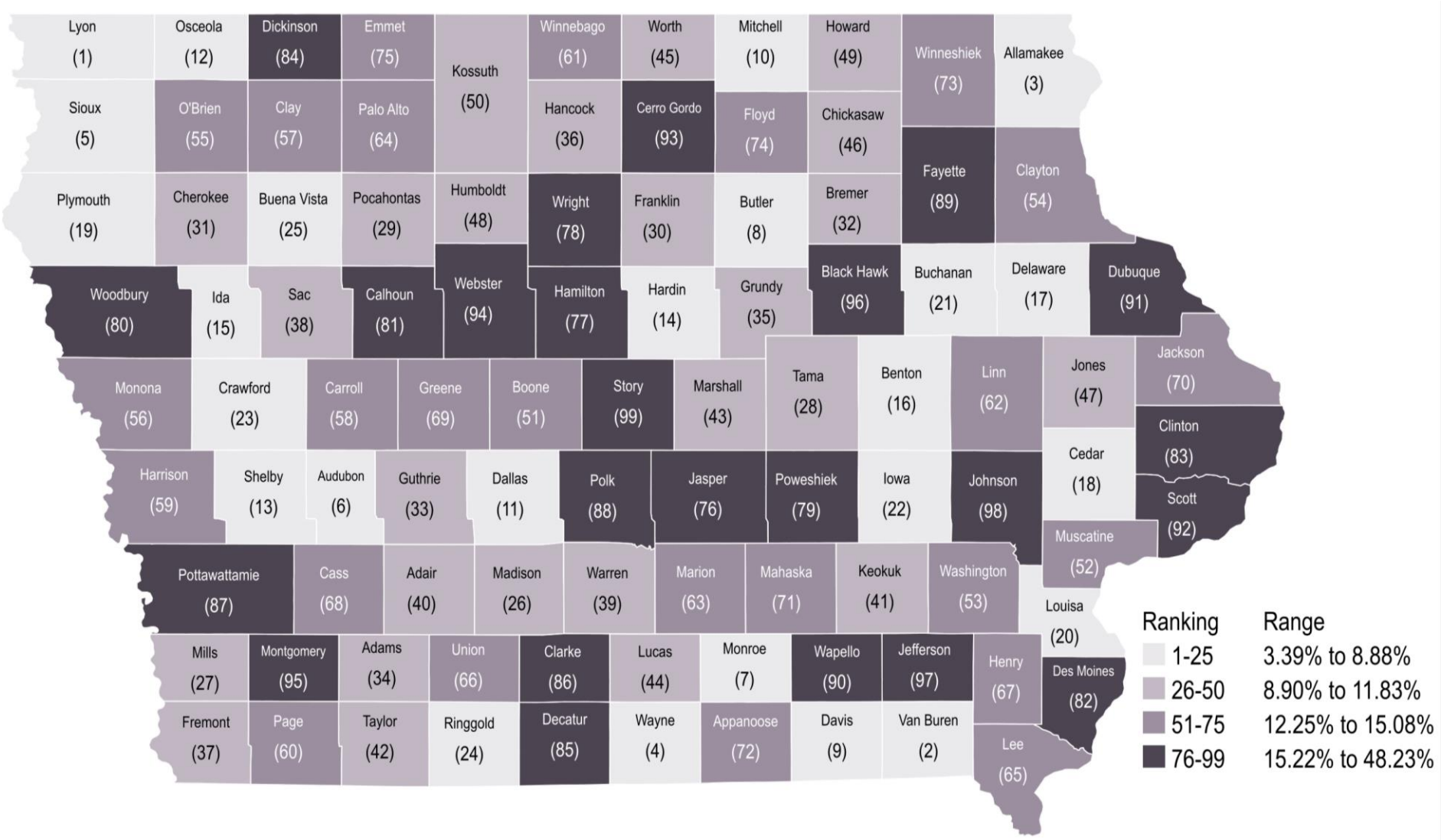
County Risk Rank: Children Who Experienced Domestic Violence



Counties with higher rankings (the darkest colors) have higher percentages of children who have experienced domestic violence in their household (Iowa Department of Public Safety, 2016). The percentage of all children (0 to 17 years old) in an Iowa county who have experienced domestic violence in their household ranges from a low of 0.0 percent to a high of 2.2 percent, with an average across counties of 1.0 percent.

Please note: Multiple counties are ranked "1" – these counties had no reports of domestic violence.

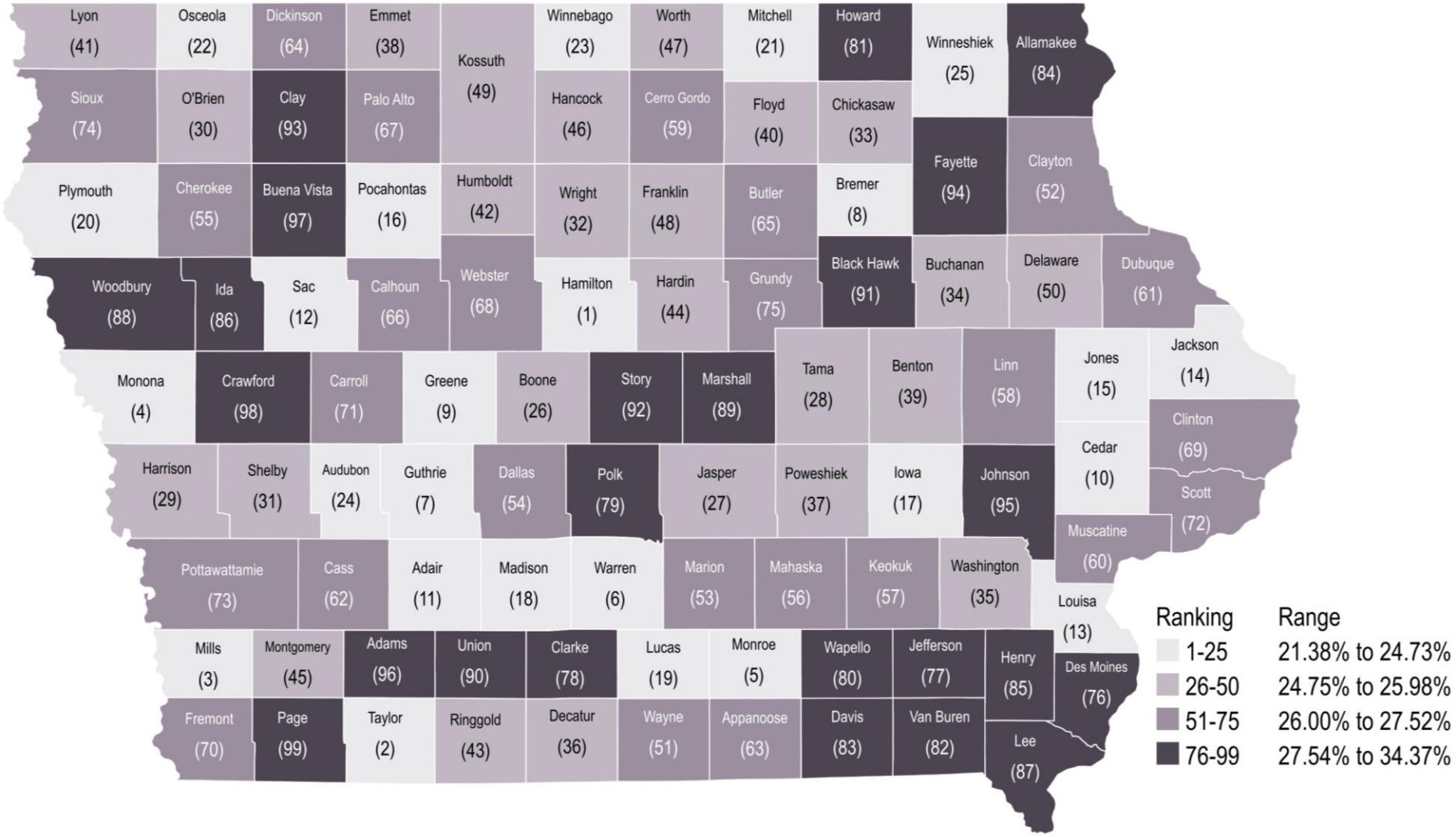
County Risk Rank: Children Whose Family Pay More Than 35 Percent of Income on Rent



Counties with higher rankings (the darkest colors) have higher percentages of children living in households paying more than 35 percent of their income on rent (U.S. Census, 2015).

The percentage of all children (0 to 17 years old) in Iowa who live in households paying more than 35 percent of their income on rent ranges from 3.4 percent to 48.2 percent, with an Iowa state average of 15.9 percent.

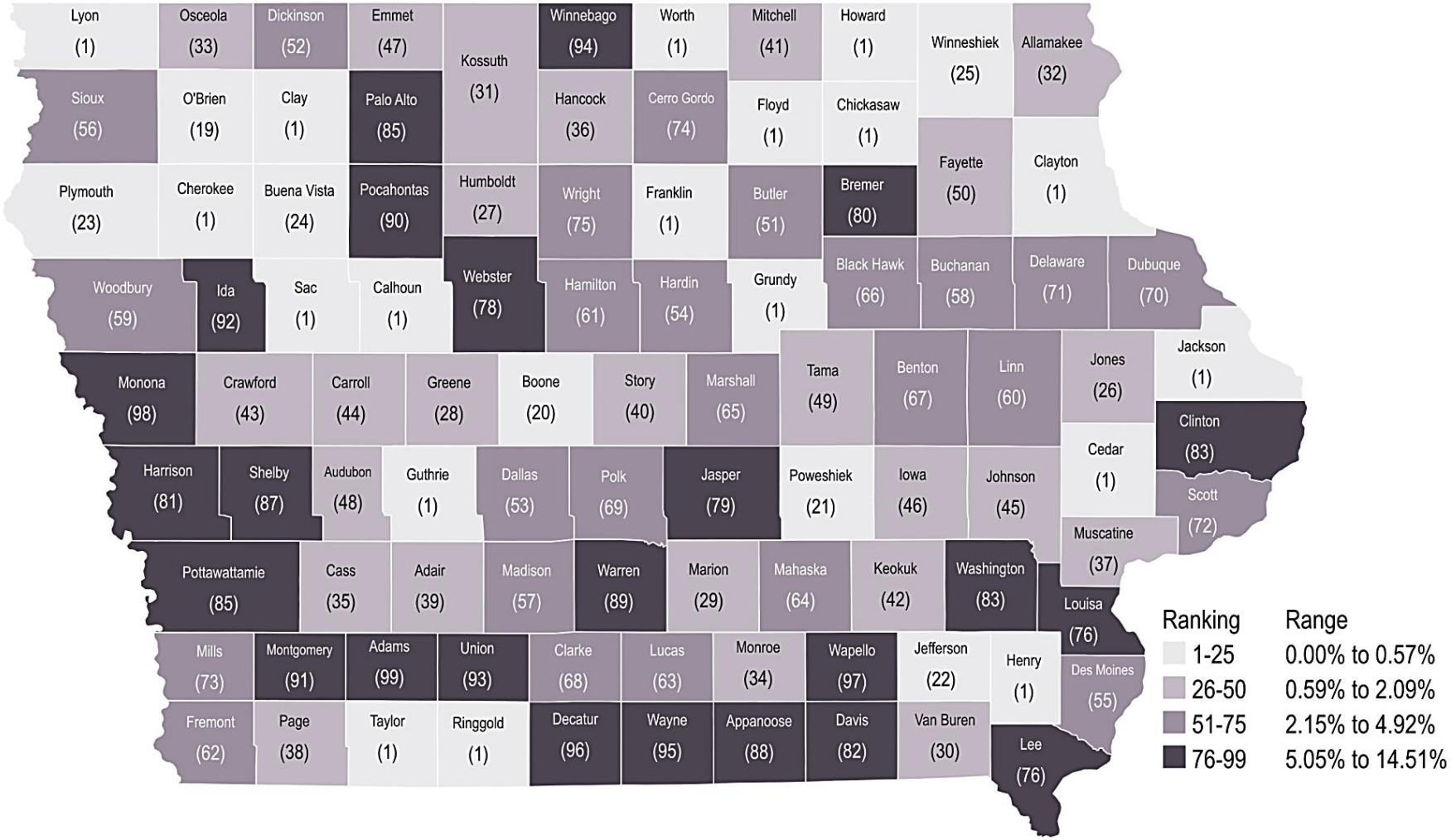
County Risk Rank: Child Ages Zero to Five



Counties with higher rankings (the darkest colors) have higher percentages of children ages zero to five (U.S. Census, 2015).

The percentage of all children (0 to 17 years old) in an Iowa county who are between the ages of zero and five ranges from a low of 21.4 percent to a high of 34.4 percent, with a state average of 26.9 percent.

County Risk Rank: Serious Mental Illness



Counties with higher rankings (the darkest colors) have higher percentages of serious mental illness among adults based on estimates from the Iowa Behavioral Risk Factors Surveillance data collected from 2012 through 2015 (IDPH, 2017).

The percentage of adults reporting serious mental illness symptoms ranges from a low of 0.0 percent to a high of 14.5 percent, with an average among counties of 3.1 percent.

Please note: Multiple counties are ranked "1" – these counties had no reports of serious mental illness.