

Iowa Maltreatment Prevention **STRATEGIC PLAN**



November 2017

**Iowa Department of Human Services • Prevent Child Abuse Iowa
Hornby Zeller Associates, Inc.**

Iowa Maltreatment Prevention STRATEGIC PLAN



**All of Iowa's
children will be
healthy and
safe from child
maltreatment**

PREPARED FOR
THE IOWA DEPARTMENT OF HUMAN SERVICES

Prevent Child Abuse Iowa
2704 Fleur Drive
Des Moines, IA 50321
Phone: (515) 244-2200
Toll-free: (800) 237-1815



IN COLLABORATION WITH
Hornby Zeller Associates, Inc.
48 Fourth St, Suite 300
Troy, NY 12180
www.hornbyzeller.com

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Iowa Department of Public Health
Parents and children of Iowa
Prevention professionals
The Coalition for Family and Children's Services in Iowa
Youth & Shelter Services, Inc.

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Executive Summary

In July 2017 the Iowa Department of Human Services (IDHS) tasked Prevent Child Abuse Iowa (PCA Iowa) with conducting a comprehensive needs assessment and developing a strategic plan to guide future maltreatment prevention efforts in Iowa. This strategic plan aims to offer specific guidance for the administration of IDHS' prevention program, Iowa Child Abuse Prevention Program (ICAPP) and serve as a communication tool and action plan for local communities to direct prevention programming in Iowa. The incidence of child maltreatment in Iowa remains above the national rate, despite decreases in recent years. 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 well-being of children and families.

The Strategic Plan

Vision All of Iowa's children will be healthy and safe from child maltreatment.



STRATEGIC PLAN GOALS



To achieve these goals, IDHS, PCA Iowa and the Child Abuse Prevention Program Advisory Committee (CAPPAC) will work with Child Abuse Councils and Community Partnerships for Protecting Children, prevention providers, and other prevention funders to carry out the activities specified in the plan. PCA Iowa will annually review progress on the plan with IDHS and CAPPAC.

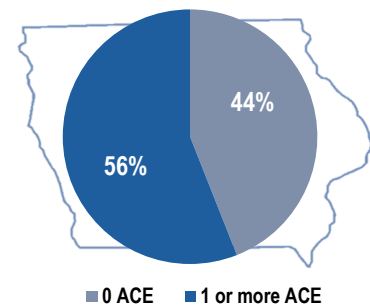
Background

In July 2017 the Iowa Department of Human Services (IDHS) tasked Prevent Child Abuse Iowa (PCA Iowa) with conducting a needs assessment and developing a strategic plan to guide future prevention efforts in Iowa. Prevention of child maltreatment is a central component of the mission of the Department. IDHS has historically funded prevention services through two programs: the Iowa Child Abuse Prevention Program (ICAPP), established in Iowa Code in 1982 and funded through a mix of state and federal funding; and the Community-Based Child Abuse Prevention (CBCAP), funded through a provision of the federal Child Abuse Prevention and Treatment Act (CAPTA). The two programs were combined in fiscal year 2018 which is referred to in the strategic plan as ICAPP.

In addition to IDHS prevention funding, numerous other federal, state, and local entities support prevention services, including Iowa Department of Public Health (IDPH), Early Childhood Iowa (ECI), and Iowa Coalition Against Sexual Assault (ICASA). This strategic plan aims to offer specific guidance for the administration of IDHS' prevention program and serve as a communication tool and action plan for local communities on the direction of prevention programming in Iowa.

Child Maltreatment in Iowa

The incidence of child maltreatment in Iowa remains above the national rate, despite decreases in recent years coinciding with the implementation of a differential response structure in the Iowa child protective services system. 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. In addition, Iowa's Adverse Childhood Experiences (ACE) data indicates that 56 percent of adult Iowans report experiencing one of the eight ACEs measured in the study, which includes physical, sexual, and emotional abuse, and neglect. The needs assessment of Iowa's maltreatment prevention efforts conducted in 2017 found relationships between abuse, 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 well-being of children and families.

Overview of the Needs Assessment and Strategic Planning Process

Before undergoing the strategic planning process, PCA Iowa contracted with Hornby Zeller Associates, Inc. (HZA), a longtime collaborator and evaluator of maltreatment prevention programs, to collaborate on a needs assessment of prevention services. The needs assessment included conducting an inventory of existing prevention programs sponsored by IDHS and other federal, state, local, and private sources of funding, identifying the evidence-based prevention

practices used by ICAPP grantees, analyzing the need for prevention services using a social indicator approach, and collecting stakeholder feedback on initial findings and challenges faced by parents, youth and prevention providers. **In total over 900 prevention professionals, parents, and youth provided feedback.**

The needs assessment found **a need for a coordinated public health approach** to reduce the risk of children’s exposure to toxic stress and improving protective factors through early access to concrete supports, evidence-based parenting education, and social supports for parents and children. Three recommendations for child maltreatment prevention efforts in Iowa were identified:

- **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, evidence-based practices, and trauma-informed prevention and care.** Embed culturally responsive, evidence-supported and trauma-informed practices into all systems that help families.

Based on these recommendations the strategic plan lays out the overall vision, guiding principles, goals, activities, and an implementation plan to guide the next five years of prevention work in the state.



The strategic planning process involved numerous stakeholders to inform the development of each component of the plan. PCA Iowa worked with HZA to develop the content and representatives from around the state were asked for feedback. Stakeholders included the Child Abuse Prevention Program Advisory Committee (CAPPAC), representatives at IDHS, Iowa Department of Public Health and Early Childhood Iowa, and the CBCAP technical assistance provider at Family Resource Information, Education, and Network Development Service (FRIENDS) National Center for Community-Based Child Abuse Prevention.

Child Maltreatment Prevention Strategic Plan

Vision & Guiding Principles

The vision and guiding principles were developed in collaboration with PCA Iowa, IDHS and CAPPAC members. They inform all aspects of the plan including the goals, activities and the process through which they are to be carried out.

Vision All of Iowa's children will be healthy and safe from child maltreatment.

Guiding Principles

Impact

We prioritize prevention work that has the greatest impact on families and communities, including approaches that reach those most vulnerable to maltreatment and services that provide the strongest evidence of effectiveness.

Cultural Competence

We engage diverse stakeholders to plan, implement, and evaluate prevention activities and provide services that meet the social, cultural, and linguistic needs of families.

Collaboration

We stretch our universe to encompass various disciplines and providers working together and target interventions based on the needs and risk factors identified by each community to prevent child maltreatment.

Data-informed decision-making

We use data to evaluate prevention services for their effectiveness and modify programs to achieve continuous quality improvement.

Innovation

We support innovative practices and new, emerging interventions.

Goals & Activities

Goals outline how the strategic plan will be accomplished. Seven overall goals were developed based on the recommendations of the needs assessment and the guiding principles. Along with each goal, the plan includes specific activities to be carried out and the measures that will be used to track progress on the plan.

STRATEGIC PLAN GOALS



Goal 1: Reduce child maltreatment by targeting risk factors presented by families which are most closely correlated with abuse and neglect.

- Identify resources for addressing poverty, teen births, low birthweight, domestic violence, adverse childhood experiences, living with a disability, homelessness, mental illness, and substance abuse throughout the whole state and provide them to all prevention organizations to share with families.
- Coordinate with the 2-1-1 United Way and Family Support Network services available throughout Iowa to connect parents and caregivers to support services.
- Develop innovative strategies and partnerships to reach families, such as integrating prevention services into existing programming and removing barriers to services such as child care and transportation.
- Conduct outreach to fathers, families with a parent or child with a disability, families that are homeless, and unaccompanied homeless youth.

Measures of success

- Prevention organizations have been provided an index of resources that address poverty, teen births, low birthweight, domestic violence, adverse childhood experience, mental illness, disabilities, homelessness, and substance abuse.
- Prevention providers have a process for identifying client needs and making referrals to appropriate services with consistency.
- Prevention organizations have identified new strategies for reaching families and integrating prevention into other services.
- Families and prevention professionals report that barriers to services have been mitigated.
- Recipients of child abuse prevention funding report on their outreach to target populations of: fathers, families with a parent or child with a disability, families that are homeless, and unaccompanied homeless youth.

About Goal 1

Poverty, teen births, low birthweight, domestic violence, adverse childhood experiences, living with a disability, mental illness, and substance abuse are related to and increase the risk of child maltreatment in Iowa. Prevention providers can act as brokers by connecting families to available community resources.

Infrastructure and existing referral pathways already exist (such as United Way 2-1-1 and the Family Support Network website www.iafamilysupportnetwork.org); however, providers may not be fully equipped to refer families to those services or even perceive that as their role.



Goal 2: 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.

- Streamline the funding application process for provider organizations by developing a common application process serving multiple funding streams.
- Use ICAPP funding to complement the programming funded by other sources (e.g., parent education and home visiting).
- Promote Community Partnerships for Protecting Children (CPPC) and council membership so that families and stakeholders from all service sectors are represented and active throughout the state.
- Build the capacity of parents and other family members to contribute to the planning, implementation and evaluation of prevention services in their communities.

Measures of success

- PCA Iowa and IDHS work with other prevention funders to identify similarities and differences in their funding applications and strategies for streamlining the process.
- A common funding application process is developed
- CPPC members and councils demonstrate regular attendance at meetings by stakeholders from wide variety of service sectors.
- CPPC members and councils demonstrate engaging consumers in the planning and implementation of prevention services in their communities.

About Goal 2

The needs assessment identified 13 programs which provide funding for prevention in Iowa across six state agencies, and a number of local entities and private organizations. **These 13 prevention programs make up less than one percent of the Iowa's investment in programming for children.** Collaboration across programs is critical to achieving Iowa's vision that all of Iowa's children be healthy and safe from child maltreatment.

Parental leadership should be promoted in all areas of planning, implementation and evaluation of prevention. This means organizations, funders, and families need to work collaboratively across funding sources to identify common goals, services, and quality standards. One example of this will be the development of a common application process serving multiple funders to reduce administrative costs, improve collaboration, and reduce prevention providers' duplication of effort in securing funding.



Goal 3: Balance funding between primary and secondary prevention with a greater emphasis on reaching more vulnerable families.

- Employ a 70–30 split for ICAPP funding between programs that target high risk groups and those with universal audiences.
- Target some primary prevention activities to the reduction of stigma associated with seeking help.
- Use Child Abuse Prevention Month to disseminate strategies for targeting vulnerable families and engaging communities in prevention through webinars and technical assistance to prevention providers.
- Expand the adoption of Child Abuse Prevention Month activities beyond ICAPP grantees to other prevention organizations.

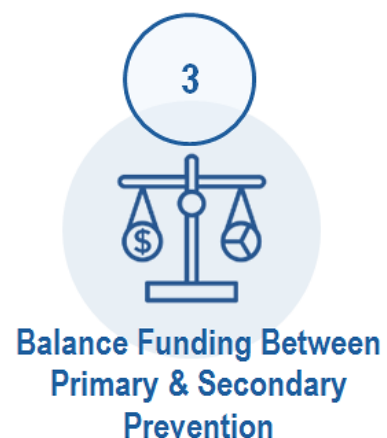
Measures of success

- ICAPP Requests For Proposals (RFPs) clearly communicate the proportion of funding available for primary and secondary prevention strategies.
- ICAPP RFPs clearly identify reduction of stigma as a focus for primary prevention strategies.
- ICAPP grantees document their Child Abuse Prevention Month activities.
- Child Abuse Prevention Month materials are disseminated by IDPH, ECI, ICASA and IDHS-funded prevention programs.

About Goal 3

Drawing on the guiding principle Impact (“*We prioritize prevention work that has the greatest impact on families and communities...*”) CAPPAC, IDHS and PCA Iowa have identified the need to focus most prevention funding towards families most at risk of abuse and neglect.

In addition, focus groups and surveys with families and prevention providers indicated that stigma associated with participating in a child abuse prevention program and asking for help were barriers preventing parents from participating in services, so it is important that funds targeted to universal audiences focus on addressing overall attitudes towards abuse and neglect and ways of getting help.



Goal 4: Embed culturally competent practices in prevention services.

- Expand the prevention service work-force so that it is more culturally representative of the people being served.
- Provide services in settings that are culturally representative of the people being served.
- All ICAPP grantees should:
 1. Do a cultural competence self-assessment.
 2. Adopt and demonstrate culturally competent standards of practice.
 3. Conduct a trauma-informed agency assessment to assure that they are not compounding the harm of ACES.

Measures of success

- ICAPP grantees complete cultural competence self-assessments and trauma-informed agency assessments.
- Grantees identify areas for improvements in cultural competence goals based on their self-assessment and report on their work to meet those goals.
- ICAPP grantees demonstrate culturally competent standards of practice through improvements in subsequent administrations of the cultural competence and trauma-informed assessments.

About Goal 4

Families served by current prevention programming are diverse and can best be served by those from the same culture or who are culturally proficient in their practice. Due to the high number of prevention providers with adverse childhood experiences, staff and services must also be trauma-informed.

Self-assessment is an important tool that organizations can use to evaluate the extent to which their services and environment meet the needs of their clients. ICAPP grantees can serve as examples for other prevention organizations seeking to improve upon and adopt inclusive, effective practices in line with the guiding principles of the strategic plan.



Goal 5: Increase the use of informal and non-stigmatizing supports for families and youth.

- Develop or adopt evidence-based or innovative peer mentor or family support programs that improve informal supports.
- Promote community events which involve all family members that are fun and non-stigmatizing.
- Help communities engage and support families in a manner that addresses their identified needs.
- Regularly get feedback from parents and families on the types of support that they need to meet their needs and get help.

Measures of Success:

- ICAPP RFPs clearly communicate the proportion of funding available for peer mentor or family support programs to improve informal supports and community events.
- ICAPP grantees identify their methods to assess families' needs and how those needs are addressed.
- The proportion of families reporting that their needs were met by prevention services increased.

About Goal 5

Findings from the needs assessment suggest that when families need help they trust family members and friends rather than formal support services. Prevention services can be strengthened by supporting those informal networks, identifying and/or developing best practices and hosting community events where positive healthy relationships can be fostered.

Part of this also involves hearing regularly from parents and family members about their perceptions of programs and needed improvements.



Goal 6: Increase the use of evidence-based practices (EBPs) in child maltreatment while introducing and evaluating innovative approaches.

- Increase the proportion of ICAPP funding allocated to EBPs to 75 percent.
- Identify a single standard or rubric to identify evidence-based practices and innovative interventions and adopt it across funding sources.
- Develop a menu of EBPs for selection by ICAPP grantees.
- Develop standards for identifying and selecting innovative approaches.
- Provide funding to support evidence-based curricula at a group rate for all groups that want to implement common programs, thus reducing the cost for individual programs.
- Assure prevention programs and practices are delivered with fidelity.
- Build the capacity of prevention providers to monitor and report on fidelity.

Measures of Success:

- Increased proportion of ICAPP grantees using an evidence-based curriculum as part of their programming
- ICAPP RFPs identify a single rubric to define evidence-based practices and a menu of programs that qualify.
- ICAPP RFPs identify criteria for defining “innovative programs” which qualify for funding without being EBPs.
- ICAPP grantees identify the critical components of their programs and include in their reporting evidence that the components are being delivered to fidelity.
- Annual technical assistance on fidelity monitoring is provided to grantees.

About Goal 6

Increasing the use of EBPs and monitoring fidelity to those models is important to continuing to improve the overall quality of the interventions offered to families. However, in focus groups and a survey of prevention providers and other stakeholders, practitioners said determining which EBPs to use, and paying for training were challenges. In addition, no process is currently in place for monitoring model fidelity.

The strategic plan seeks to address these gaps by increasing the proportion of programs using EBPs, establishing a common benchmarks or definitions, and establishing processes for fidelity monitoring.



**Increase Use of EBPs in
Child Maltreatment &
Encourage Innovation**

Goal 7: Engage in a robust statewide evaluation of prevention services' effectiveness, monitoring protective and risk factors at the organization and community-level.

- Use fidelity and evaluation data for continuous quality improvements.
- Use one or more common measurement tools (*e.g.*, the Protective Factors Survey, Life Skills Progression) across all child maltreatment prevention services and share data for statewide evaluation.
- Establish data sharing agreements between programs and a common set of standards for administration of the surveys.
- Collect information on risk factors of child abuse and neglect from families participating in prevention programming.

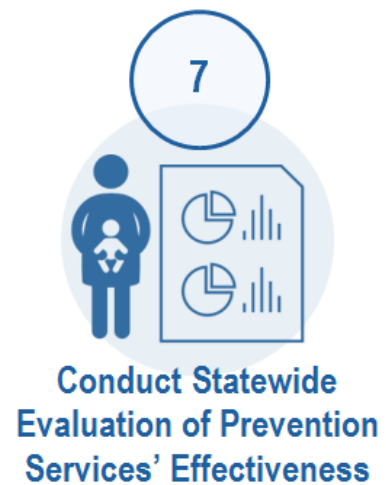
Measures of Success:

- A data sharing agreement is in place between prevention programs to measure the impact of services on a state-wide level.
- A common measurement tool is identified and used across prevention organizations.
- Add questions collecting information about families' risk factors of child maltreatment to supplement what is tracked in DAISY or to the data management tool.

About Goal 7

A statewide evaluation is currently conducted of ICAPP-funded programs and other prevention programs engage in a wide variety of data collection, performance measurement, and evaluation activities. These programs have a commitment to evaluation and continuous quality improvement; however, the number and wide variety of methods makes it difficult to determine the cumulative impact of prevention.

Establishing common measurement tools and sharing data across programs will help bolster the other collaborative efforts identified in this plan.



Strategic Plan Implementation

This strategic plan will serve as a communication tool and action plan on the direction of prevention programming in the state for both state-wide activities and local community-based efforts. The implementation plan starting on page twelve describes the timelines, activity leads and other responsible parties for each component of the plan's goals.

Review and Revisions of the Plan

PCA Iowa will review the strategic plan with IDHS and the CAPPAC annually along with evaluation results to advise IDHS and CAPPAC on the state's progress towards the goals and gather feedback.

If updates to the strategic plan are identified during these reviews, PCA Iowa will first outline the change needed and the reason. In the outline PCA Iowa will identify qualitative and/or quantitative data to support the proposed revision and submit the change to CAPPAC for consideration. If approved, the changes will be confirmed in writing and submitted to CAPPAC prior to submission to IDHS.

Funding Notes

Many goals and activities outlined in this plan call for changes in prevention practices or the administration of funding. For example, there are goals outlining changes in the types of services funded and the relationships between funders to promote collaboration, coordination, and shared decision-making. These recommendations are grounded in the vision and guiding principles of the plan; partners will need to work together to identify the next steps to accomplishing these goals in the way that best fits the needs of the children and families of Iowa.

4% of prevention funding was awarded by ICAPP and CBCAP in 2017

ICAPP and CBCAP were among 13 sources of maltreatment prevention funding in Iowa in fiscal year 2017 and accounted for four percent of the funds awarded for prevention services. Within this context, the strategic plan incorporates many goals to help ensure the highest and best use of ICAPP funds, including specifying the 70/30 split in secondary and primary prevention services, targeting funds to evidence-based practices, and calling for the continued use of funds to support the types of prevention programs that currently are not as well supported by other funders (*e.g.*, Fatherhood, Crisis and Respite Care and Sexual Abuse Prevention).

The maltreatment prevention needs assessment that preceded the strategic planning process included a long-term recommendation to unify prevention programming and funding within a single state department. As stated in the needs assessment,¹ “A single department managing prevention programming would minimize duplication of costly administrative oversight, improve collaboration, and direct more prevention dollars to the community.” The call to streamline the funding process for organizations by developing a common funding application serving multiple sources, developing common standards of practice, and sharing evaluation data are all intermediary steps in that direction.

¹ Review the findings and a complete set of the recommendations from the needs assessment here: <http://www.pcaiowa.org/downloads/library/2017-iowa-child-maltreatment-prevention-needs-assessment.pdf>

Implementation Plan

Responsible Parties: X indicates a responsible party involved in the activity and L indicates the lead agency.

| Goal 1: Reduce child maltreatment by targeting risk factors presented by families which are most closely correlated with abuse and neglect. | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------|--------|--------------------|-------------------------|--------------------------------|
| Action | Timeframe | Responsible Parties | | | | | |
| | | IDHS | PCA Iowa | CAPPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Identify resources for addressing poverty, teen births, low birthweight, domestic violence, adverse childhood experiences, living with a disability, homelessness, mental illness, and substance abuse throughout the whole state and provide them to all prevention organizations to share with families. | Short-term | | L | | | | |
| Coordinate with the 2-1-1 United Way and Family Support Network services available throughout Iowa to connect parents and caregivers to support services. | Short-term | L | X | | | X | |
| Develop innovative strategies and partnerships to reach families, such as integrating prevention services into existing programming and removing barriers to services such as child care and transportation. | Long-term | | L | X | X | X | |
| Conduct outreach to fathers, families with a parent or child with a disability, families that are homeless, and unaccompanied homeless youth. | Short-term | | L | X | | | |

Goal 2: 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.



| Action | Timeframe | Responsible Parties | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|----------|-------|--------------------|-------------------------|--------------------------------|
| | | IDHS | PCA Iowa | CAPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Streamline the funding application process for provider organizations by developing a common application process serving multiple funding streams. | Long-term | L | X | X | | | X |
| Use ICAPP funding to complement the programming funded by other sources (e.g., parent education and home visiting). | Short-term | X | L | X | | | |
| Promote CPPC and council membership so that families and stakeholders from all service sectors are represented and active throughout the state. | Short-term | | L | X | X | | |
| Build the capacity of parents and other family members to contribute to the planning, implementation and evaluation of prevention services in their communities. | Long-term | | L | | X | | |

Goal 3: Balance funding between primary and secondary prevention with a greater emphasis on reaching more vulnerable families.



| Action | Timeframe | Responsible Parties | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------|-------|--------------------|-------------------------|--------------------------------|
| | | IDHS | PCA Iowa | CAPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Employ a 70–30 split for ICAPP funding between programs that target high risk groups and those with universal audiences. | Short-term | X | L | X | | | |
| Target some primary prevention activities to the reduction of stigma associated with seeking help. | Short-term | | L | X | X | X | |
| Use Child Abuse Prevention Month to disseminate strategies for targeting vulnerable families and engaging communities in prevention through webinars and technical assistance to prevention providers. | Short-term | X | L | X | X | X | X |
| Expand the adoption of Child Abuse Prevention Month activities beyond ICAPP grantees to other prevention organizations. | Short-term | X | L | X | X | X | X |

Goal 4: Embed culturally competent practices in prevention services.



| Action | Timeframe | Responsible Parties | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------|-------|--------------------|-------------------------|--------------------------------|
| | | IDHS | PCA Iowa | CAPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Expand the prevention service work-force so that it is more culturally representative of the people being served. | Long-term | X | L | X | X | X | X |
| Provide services in settings that are culturally representative of the people being served. | Long-term | X | L | X | X | X | X |
| <p>All ICAPP grantees should:</p> <ol style="list-style-type: none"> 1. Do a cultural competence self-assessment. 2. Adopt and demonstrate culturally competent standards of practice. 3. Conduct a trauma-informed agency assessment to assure that they are not compounding the harm of ACES. | Short-term | | L | X | X | X | |

Goal 5: Increase the use of informal and non-stigmatizing supports for families and youth.



| Action | Timeframe | Responsible Parties | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|----------|-------|--------------------|-------------------------|--------------------------------|
| | | IDHS | PCA Iowa | CAPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Develop or adopt evidence-based or innovative peer mentor or family support programs that improve informal supports. | Long-term | | L | X | X | X | X |
| Encourage community events which involve all family members that are fun and non-stigmatizing. | Long-term | | L | X | X | X | X |
| Help communities engage and support families in a manner that addresses their particular identified needs. | Short-term | | L | | X | X | |
| Regularly get feedback from parents and families on the types of support that they need to meet their needs and get help. | Short-term | | L | X | X | X | X |

Goal 6: Increase the use of evidence-based practices (EBPs) in child maltreatment while introducing and evaluating innovative approaches.



| Action | Timeframe | Responsible Parties | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------|-------|--------------------|-------------------------|--------------------------------|
| | | IDHS | PCA Iowa | CAPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Increase the proportion of ICAPP funding allocated to EBPs to 75 percent. | Long-term | X | L | X | | | |
| Identify a single standard or rubric to identify evidence-based practices and innovative interventions and adopt it across funding sources. | Short-term | X | L | X | | | |
| Develop a menu of EBPs for selection by ICAPP grantees. | Short-term | X | L | X | | | |
| Develop standards for identifying and selecting innovative approaches. | Short-term | X | L | X | | | |
| Provide funding to support evidence-based curricula at a group rate for all groups that want to implement common programs, thus reducing the cost for individual programs. | Long-term | L | X | X | | | |
| Assure prevention programs and practices are delivered with fidelity. | Short-term | | L | | | | |
| Build the capacity of prevention providers to monitor and report on fidelity. | Long-term | | L | | | | |

Goal 7: Engage in a robust statewide evaluation of prevention services' effectiveness, monitoring protective and risk factors at the organization and community-level.



| Action | Timeframe | Responsible Parties | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------|----------|-------|--------------------|-------------------------|--------------------------------|
| | | IDHS | PCA Iowa | CAPAC | CPPCs/ Councils | Prevention providers | Other prevention funders |
| Use fidelity and evaluation data for continuous quality improvements. | Short-term | | L | | X | X | |
| Use one or more common measurement tools (e.g., the Protective Factors Survey, Life Skills Progression) across all child maltreatment prevention services and share data for statewide evaluation. | Long-term | L | X | X | | | X |
| Establish data sharing agreements between programs and a common set of standards for administration of the surveys. | Long-term | L | | | | | X |
| Collect information on risk factors of child abuse and neglect from families participating in prevention programming. | Long-term | L | X | | | | X |

