



REQUEST FOR PROPOSAL (RFP)

Iowa Child Abuse Prevention Program (ICAPP) Request for Grantee Project Proposals ACFS 21-001

Michelle Muir
1305 East Walnut St., 1st Floor
Des Moines, IA 50319
Phone: 515-281-8369
mmuir@dhs.state.ia.us

Contents

RFP Purpose. 3
Duration of Contract...... 5
Bidder Eligibility Requirements. 5
Procurement Timetable..... 7
Section 1 Background and Scope of Work 8
Section 2 Basic Information About the RFP Process 23
Section 3 How to Submit A Bid Proposal: Format and Content Specifications 30
Section 4 Evaluation Of Bid Proposals 34
Attachment A: Release of Information 39
Attachment B: Primary Bidder Detail & Certification Form 40
Attachment C: Subcontractor Disclosure Form 43
Attachment D: Additional Certifications..... 45
Attachment E: Certification and Disclosure Regarding Lobbying..... 48
Attachment F: Intent to Apply 51
Attachment G: ICAPP Project Proposal Cover Sheet, Contractor Designation, and Checklist.... 52
Attachment H: Council Membership Form 56
Attachment I: Minority Impact Statement..... 58
Attachment J: Maximum Allowable Funds by County (for each SFY) 60
Attachment K: Bidder Eligibility 62
Attachment L: Sample Contract 64

Additional Attachments Posted Separately

- Attachment M (1)** Project Proposal Form (Home Visitation and Parent Development)
- Attachment M (2)** Project Proposal Form (Sexual Abuse Prevention)
- Attachment M (3)** Project Proposal Form (Resilient Communities Demonstration Project)
- Attachment N** Project Proposal Budget Form (All Projects)
- Attachment O (1)** Project Evidence Scoring Tool-Parent Development and Home Visitation
- Attachment O (2)** Adult Engagement Scoring Tool-Sexual Abuse Prevention
- Attachment P (1)** Iowa Child Maltreatment Prevention Needs Assessment
- Attachment P (2)** Iowa Child Maltreatment Prevention Needs Assessment Data Update
- Attachment Q** Iowa Child Abuse Prevention Strategic Plan
- Attachment R** Acknowledgement of Partnership Form
- Attachment S** Child Sexual Abuse Primary Prevention Strategies: A Literature Review

RFP Purpose.

The Purpose of this Request for Proposals (RFP) is to solicit applications for State Fiscal Year (SFY) 2021 from eligible Community-Based Volunteer Coalitions or Councils for the provision of services to prevent Child Maltreatment in Iowa. Funds for services are available under the Iowa Child Abuse Prevention Program (ICAPP).

This procurement is intended to purchase services in alignment with the goals identified in the Iowa Child Abuse Prevention Strategic Plan (Attachment Q) as follows:

- Reduce Maltreatment by targeting services to families exhibiting Risk Factors that are most closely correlated with Child Abuse and Neglect.
- Coordinate Maltreatment prevention funding sources across multiple service sectors (e.g. public health, early Childhood, human services) to use each source strategically in combatting Child Abuse and Neglect.
- Balance funding between Primary and Secondary Prevention with a greater emphasis on reaching more vulnerable families.
- Embed practices that support cultural equity in prevention services.
- Increase the use of informal and non-stigmatizing supports for families and youth.
- Increase the use of Evidence-Based Practices (EBPs) in Child Maltreatment while introducing and evaluating innovative approaches.
- Engage in a statewide evaluation of prevention services' effectiveness, monitoring Protective and Risk Factors at the organization and community level.

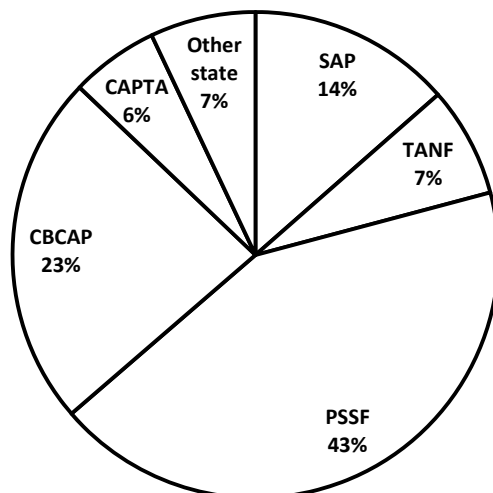
Available Funding.

The Agency anticipates approximately \$1.7 million dollars to be awarded annually through an initial two-year Contract, with the possibility of up to three one-year extensions. Awards for Core Services are anticipated to total approximately \$1.25 million dollars of the total \$1.7 million. Eligible Bidders may apply for up to two Projects in the Core Service categories of Sexual Abuse Prevention, Home Visitation and Parent Development for SFY 2021 through SFY 2025.

In addition to the awards for Core Services, the Agency anticipates awarding up to four Resilient Communities Demonstration Projects. Resilient Communities Projects are limited to Bidders from the highest Risk communities, as identified on Attachment J: Maximum Allowable Funds by County. The maximum total annual award per county (including all funded Proposals) ranges between \$0 and \$150,000 and varies depending upon Risk level with higher Risk counties eligible to apply for higher amounts of funding.

Additional information on budgetary restrictions is in Section 3.3, Cost Proposal. Allocations will be made in consideration of allowable activities under each ICAPP funding stream. The following chart illustrates ICAPP funding streams available for SFY 2021.

Figure 1. SFY 2021 ICAPP Funding Sources



Awards will be made in consideration of the state and federal programs contributing to the ICAPP fund for local prevention service Projects. These programs and their funding restrictions are described below.

Promoting Safe and Stable Families (PSSF) \$731,000 – Funding is available to prevent Child Maltreatment among families at Risk through the provision of supportive family services.

Temporary Assistance for Needy Families (TANF) \$125,000 – Funding is available to promote self-sufficiency and marriage for low income families. Goals include the following:

- To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- To encourage the formation and maintenance of two-parent families.

Community-Based Child Abuse Prevention (CBCAP) \$400,000 – Funding is available for community-based efforts to promote Protective Factors for families in order to reduce incidence of Child Abuse and Neglect. An emphasis is placed on parent leadership, use of Evidence-Based and/or Evidence-Informed practices, and strong collaborations and shared learning to strengthen resources at the community, state and national levels. CBCAP goals include:

- To decrease the rate of first-time victims of Child Maltreatment;
- To decrease first-time perpetrators of Child Abuse; and
- Increase the percentage of CBCAP total funding that supports Evidence-Based and Evidence-Informed Child Abuse prevention programs and practices.

CBCAP programs shall target services referenced in the CBCAP Federal Program Instruction. These target populations include:

- New parents or teen parents;
- Parents and/or Children with Disabilities;
- Racial and ethnic minorities;
- Members of underserved or underrepresented groups;
- Fathers;
- Homeless families or those at Risk of homelessness;
- Unaccompanied homeless youth; and
- Adult former victims of Child Abuse and Neglect or domestic violence.

Sexual Abuse Prevention \$231,459 – Funding is available through a state appropriation specifically for the prevention of Child sexual Abuse.

Child Abuse Prevention and Treatment Act (CAPTA) Basic State Grant \$100,000

- Within Iowa’s state CAPTA plan, funds are designated for the purposes of “developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat Child Abuse and Neglect at the neighborhood level.”

Other State Funding (Discretionary) Approximately \$125,000* – Funding includes tax check-off, additional state funding from birth certificate fees

- Birth Certificate Fees are designated for Primary and Secondary Child Abuse or Neglect prevention. The majority of these funds are used to support ICAPP Administration, with up to \$30,000 supporting local ICAPP grantee Projects.
- Check-off funds are donations collected through a state tax check-off program. The funds provide general support to the Program, (approx. \$75,000/SFY).

**Note: Tax check-off funding is allowed to carry-over each SFY. For this reason, additional carry-over funding is often available in excess of the annual amount collected.*

Award Process.

The Agency anticipates issuing multiple Contracts as a result of this RFP. Individual Projects may experience any of the following outcomes:

- 1) The Project may not be funded at all,
- 2) The Project may be offered partial funding, or
- 3) The Project may be funded completely.

If a Bidder is offered partial funding, they will be given the opportunity during Contract negotiations to resubmit Project output measures and update their budget based on the partial award amount. **The Agency anticipates receiving funding requests in excess of the total amount of available funds. Bidders are not guaranteed any amount of funding, including the maximum amount allowed.**

Duration of Contract.

The Agency anticipates executing multiple Contracts that will have initial two-year Contract terms with the ability to extend the Contracts for three additional one-year terms for a possible total duration of five years. The Agency will have the sole discretion to extend the Contracts.

Bidder Eligibility Requirements.

Funds for the Projects shall be applied for and received by a Community-Based Volunteer Coalition or Council as stated in Iowa Code § 235A.1 and as defined by Iowa Admin. Code Ch. 441-155. Entities that are eligible to submit a Bid Proposal in response to this RFP for each Iowa county or group of counties are identified in Attachment K: Bidder Eligibility.

Bidder Designated Contractor.

Iowa Administrative Code allows for a Community-based Volunteer Coalition or Council to designate a separate Legal Entity to hold Contracts, if designated to do so by the Coalition or Council. Please see Attachment G for additional information on Contractor designation.

Eligible Services

See Section 1.3 Scope of Work for details on allowable services. Generally speaking, Projects that are eligible for funding include the following service types:

1. Family Support Services
 - a. Evidence-Based Home Visitation

- b. Parent Development
2. Sexual Abuse Prevention
3. Resilient Communities Demonstration Projects (limited to identified counties)

Restrictions on Deliverables (ALL Project categories).

Bidders are given wide latitude in defining a unique Project and identifying a specific program model to use in their approach to meet the Deliverables. However, all Project activities must fall within the Primary and Secondary aspects of the prevention continuum. ICAPP funds shall not be expended for treatment or other Child welfare service delivery programs regularly maintained by the Agency. The following types of programming are not eligible for funding:

- Projects whose primary intervention is the provision of Child care (this includes respite or crisis care, regardless of the duration) or shelter care;
- Tertiary Child Abuse Prevention activities, such as:
 - The Parent Partner approach; or
 - Treatment services for families involved with the Child welfare system because of confirmed or founded reports of Abuse;
- Programs whose primary purpose is:
 - Bullying prevention;
 - Pregnancy prevention;
 - Sexual harassment or intimate partner violence prevention; or
 - Youth substance abuse and/or juvenile delinquency prevention.

In addition to delivering services, Bidders shall comply with ICAPP requirements that further the goals of Program accountability and effectiveness. This will require participation with ICAPP service reporting and evaluation efforts, as well as monitoring activities conducted by the Agency and the Program Administrator. Additionally, awardees shall comply with training requirements as outlined in Section 1.4 Performance Measures.

Procurement Timetable

There are no exceptions to any deadlines for the Bidder; however, the Agency reserves the right to change the dates. Times provided are in Central Time.

Event	Date
Agency Issues RFP Notice to Targeted Small Business Website (48 hours):	November 18, 2019
Agency Issues RFP to Bid Opportunities Website	November 20, 2019
Bidders' Conference Will Be Held on the Following Date and Time	December 4, 2019 2:00 p.m.
Bidder Letter of Intent to Bid Due By	December 11, 2019 02:00 p.m.
Bidder Written Questions Due By	December 11, 2019 2:00 p.m.
Agency Responses to Questions Issued By	December 18, 2019
Bidder Proposals and any Amendments to Proposals Due By	January 13, 2020 02:00 p.m.
Agency Announces Apparent Successful Bidder/Notice of Intent to Award	April 7, 2020
Contract Negotiations and Execution of the Contract Completed	June 15, 2020
Anticipated Start Date for the Provision of Services	July 1, 2020

Section 1 Background and Scope of Work

1.1 Background.

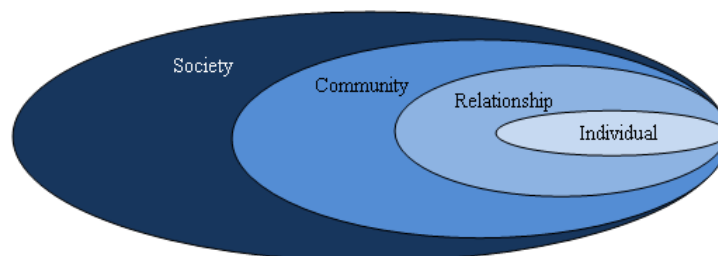
The Iowa State Legislature established the Iowa Child Abuse Prevention Program (ICAPP) in 1982. The Program, as set forth in Iowa Code § 235A.1, is supported through a fund created in the state treasury under the control of the Agency. The fund is composed of moneys appropriated or available to and obtained or accepted by the treasurer of state for deposit in the fund (Iowa Code § 235A.2).

In 2018, the Agency streamlined efforts by aligning the ICAPP Program with the other Agency Child Maltreatment prevention program, the Community-Based Child Abuse Prevention (CBCAP) program. The CBCAP program, as outlined in the reauthorized Child Abuse Prevention and Treatment Act (CAPTA), P.L. 111-320, seeks to prevent Child Abuse and Neglect through community interagency partnerships to better strengthen and support families to reduce the likelihood of Child Abuse and Neglect. By merging ICAPP and CBCAP funds into one Program, the Agency was able to reduce duplication of efforts and lower administration costs. Because these funds were treated as two separate programs previously and had been distributed to two different entities, it was necessary to foster collaboration among community groups to identify one Bidder per county or group of counties to represent the interests of Child abuse prevention and be eligible to apply for funds. Consensus was documented through a Memorandum of Understanding (MOU). In calendar year 2019, previously identified Councils were asked to repeat the MOU process to verify community support of the identified Council. A list of eligible Bidders identified by this process is reflected in Attachment K: Bidder Eligibility.

1.1.1 Program Priorities and Model of Prevention Practice.

Various priorities are identified by state and federal funding streams providing general direction for use of Program funds. Additionally, a Needs Assessment and Strategic Plan were created in fall of 2017 to further specify priority areas and articulate goals of the Program. In adhering to this guidance, Program priorities shall focus on providing family support services to Children and families at Risk and supporting Sexual Abuse Prevention Projects. Additional Program activities shall support Community Development efforts. Community Development activities shall be incorporated as a component of all Sexual Abuse Prevention, Home Visitation or Parent Development Projects.

The Social-Ecological Model¹ was considered in planning for the procurement as a model to better understand the effect of potential prevention strategies. The model considers the complex interplay between individual, relationship, community, and societal factors. It allows understanding of the range of factors that put people at Risk for violence or protect them from experiencing or perpetrating violence. The overlapping rings in the model below illustrate how factors at one level influence factors at another level. Besides helping to clarify these features, the model also suggests that in order to prevent violence, it is necessary to act across multiple levels of the model at the same time. This approach is more likely to sustain prevention efforts over time than any single intervention.



¹ Centers for Disease Control and Prevention <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

Efforts to impact the levels may include the following:²

1. Individual

This level includes personal history, biological and social characteristics of the individual (Child or parent) that increases the likelihood that Child Maltreatment could occur. An individual Risk Factor could be the young age of the Child or the fact that the parent is in their teen years. **Prevention strategies at this level are often designed to promote changes in attitudes, beliefs, and behaviors that prevent Abuse and Neglect.**

2. Relationship

The second level comprises close relationships and social circles which may either increase or reduce the Risk of Child Maltreatment. Examples might include a parent who is experiencing social isolation, or a Child who has a supportive relationship with an adult other than a parent. **Prevention efforts at this level focus on issues like fostering social connections, increasing communication skills, and promoting healthy parenting.**

3. Community

The third level consists of the settings where families live and work, such as schools, workplaces, neighborhoods, Childcare centers, or faith communities. Influences that impact Child Maltreatment within community settings include such factors as poverty, safety, quality of schools, and availability and accessibility of basic resources like food, housing and medical care. **Prevention work at this level includes targeting the social and physical climate with efforts such as increasing access to concrete resources.**

4. Society

The fourth level encompasses the influence of various institutions on Child Maltreatment prevention as well as societal understandings and conceptualizations that create an environment where conditions that support Child Maltreatment are accepted or inhibited. **One aspect at this level consists of how laws, resource allocation, and social norms affect Child Maltreatment prevention.**

Essentials for Childhood Framework

One important resource considered in planning prevention efforts is the Center for Disease Control and Prevention (CDC) Essentials for Childhood Framework.³ The framework lists the following goal areas as critical to creating safe, stable, nurturing relationships and environments for Children and families:

1. Raise awareness and commitment;
2. Use data to inform actions;
3. Create the context for healthy Children through norms change and programs; and
4. Create the context for healthy Children and families through policies.

These goals align with the Social-Ecological Framework approach by identifying strategies to impact different levels of the Social-Ecological Model. The context of the Essentials framework lends itself to supporting both Evidence-Based practices with individuals and families, in addition to Community Development initiatives designed to raise awareness, address norms change, and impact policies. Thus, the Agency has designed funding to align with these priorities by incorporating requirements for Projects to work at multiple levels of the Social-Ecological Framework.

² Adapted from <https://preventionboard.wi.gov/Pages/AboutPrevention/Social-EcologicalFramework.aspx>

³ <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

1.2 RFP General Definitions.

Definitions in this section correspond with capitalized terms in the RFP.

“Agency” means the Iowa Department of Human Services.

“Bid Proposal” or **“Proposal”** means the Bidder’s Proposal submitted in response to the RFP.

“Contractor” means the Bidder who enters into a Contract as a result of this Solicitation.

“Deliverables” means all of the services, goods, products, work, work product, data (including data collected on behalf of the Agency), items, materials and property to be created, developed, produced, delivered, performed, or provided by or on behalf of, or made available through, the Contractor (or any agent, contractor or Subcontractor of the Contractor) in connection with any Contract resulting from this RFP.

“Invoice” means a Contractor’s claim for payment. ICAPP Contractors shall utilize the General Accounting Expenditure (GAX) form provided by the Administrator to submit payment claims.

Definitions Specific to this RFP.

“Bidder” means a Council that submits a Proposal in response to this Request for Proposals.

“Business Day” means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code § 1C.2.

“Child” or **“Children”** means a person(s) who meets the definition of a Child in Iowa Code § 234.1(2).

“Child Abuse and/or Neglect” or **“Child Maltreatment”** means abuse or neglect that has occurred as a result of the acts or omissions of a caretaker as defined in Iowa Code § 232.68.

“Child Abuse Prevention Program Advisory Committee (CAPPAC)”, or **“Committee”** means the Child Abuse Prevention Program Advisory Committee as specified in Iowa Code § 217.3A. This is the advisory body charged with making recommendations to the Agency in regard to the Iowa Child Abuse Prevention Program.

“Child Abuse Prevention and Treatment Act (CAPTA)” means the Child Abuse Prevention and Treatment Act, first enacted in 1974 and most recently amended and reauthorized on December 20, 2010 (Public Law 111-320). CAPTA sets forth a minimum definition of Child Abuse and Neglect and identifies the Federal role in supporting research, evaluation, technical assistance, and data collection activities.

“Community-Based Child Abuse Prevention (CBCAP)” means Community-Based Child Abuse Prevention, as defined in the Child Abuse Prevention and Treatment Act. CBCAP provides funding to states for the purposes of supporting community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent Child Abuse and Neglect.

“Community-Based Volunteer Coalition or Council” or **“Council”** means that group of persons who, by consensus of a community’s human service providers, represent that community’s interests in the area of prevention of Child Abuse and Neglect and who serve in the representational capacity without compensation. The consensus of the community’s human service providers may be demonstrated through letters of support, memorandum of understanding or similar documentation (Iowa Admin. Code r. 441-155.1). Councils may be structured through a CPPC site, non-profit, or other volunteer-based entity.

“Community Development” means efforts of a collective group intended to cause change at a community or societal level. For the purposes of this RFP, this includes activities to build knowledge, awareness, and capacity,

influencing community norms, and working on policies within businesses, neighborhoods or organizations. This may also include impacting policies and attitudes within large scale social structures.

“Community Partnerships for Protecting Children” or “CPPC” means a community-based initiative in which efforts are made to enhance community resources for Child Abuse prevention; work towards safely decreasing out of home placements for Children; and promoting timely reunification for Children in foster care with a focus on the improvement of Child welfare processes, practices, and policies. The Community Partnership Approach includes four strategies:

1. Shared decision making
2. Neighborhood/Community Networks
3. Policy and Practice Change
4. Individualized Course of Action (Family Team Meetings.)

CPPC Sites are overseen by a Community Partnership Shared Decision-Making Steering Committee.

“Community Partnership Shared Decision-Making Steering Committee” means a multi-disciplinary committee, whose membership includes a range of various disciplines across the Child protection spectrum. The decision-making groups are engaged in assessing and responding to the needs of Children and families in the local community. This includes planning, implementing, and evaluating the strategies and activities of the local CPPC. The group is also responsible for educating their local community about the importance and community benefits of Children’s safety and well-being.

“Contract” means the collective documentation memorializing the terms of the agreement between the Agency and the Contractor(s) as a result of this RFP.

“Contractor Designee” or “Designated Contractor” means a Legal Entity that has been designated by the Community-Based Volunteer Coalition or Council, through Attachment H of this RFP, to enter into a Contract directly as a result of an award. Iowa Administrative Code, r. 441-155.4 states, specifically that, “in order to receive funding from the department, community councils must be legal entities or must designate a Legal Entity to receive the Project funds directly (e.g., a local service provider).”

“Contract Owner” means the Agency administrative official who has the authority to make decisions related to Contracts on behalf of the Agency.

“Direct Costs” means those costs that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either Direct or Indirect (F&A) costs. Typical costs charged directly to a Federal award are the compensation of employees who work on that award, their related fringe benefit costs, the costs of materials and other items of expense incurred for the Federal award. If directly related to a specific award, certain costs that otherwise would be treated as Indirect Costs may also include extraordinary utility consumption, the cost of materials supplied from stock or services rendered by specialized facilities or other institutional service operations (45 C.F.R. § 75.413).

“Evidence-Based Practice” means practices or service approaches whose effectiveness at achieving desired outcomes for specific target populations of Children and families has been substantiated or validated by some sort of independent empirical research. Information on Evidence-Based services can be obtained in a variety of ways, including through contacts with various public and private organizations that collect and disseminate service information. Examples of such organizations include: FRIENDS National Center for Community-Based Child Abuse Prevention, the Child Welfare League of America, the California Evidence-Based Clearinghouse for Child Welfare, the Center for the Study of Social Policy, and university schools of social work. Additional resources for information on Evidence-Based Practice and programs in the prevention of Child Maltreatment can be located in Section 2.4 Online Resources.

“Evidence-Informed Practice” means practices that are very similar to Evidence-Based Practices, but the level of evidence supporting the programs or practices is not as strong. These programs are emerging or promising in their design. Evidence-Informed Practice allows for innovation, while still incorporating lessons learned from the existing research literature.

“Family Support Statewide Database (FSSD)” is defined as the online data collection system required to be utilized by Iowa Child Abuse Prevention Program grantees in the categories of home visitation and parent development. The database system in use under this RFP is the DAISEY system.

“Fidelity” means the extent to which delivery of an intervention adheres to the protocol or program model originally developed.

“Fiscal Agent” means an entity (private or public) that receives, manages, accounts for, and disburses monies on behalf of the Bidder. Fiscal Agent services shall include only the core functions of receiving, accounting for, and disbursing financial resources on behalf of the Bidder. All other services provided by a Fiscal Agent shall be considered coincidental to the Fiscal Agent's core fiduciary duties.

“Incentives” means expenses associated with the purchase of goods to encourage Project participation. Incentives include, but are not limited to, meals, baby items, diapers, gift cards, toys, books, trinkets, etc.

“Indirect (Facilities and Administration or F&A) Costs” means costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. To facilitate equitable distribution of Indirect expenses to the cost objectives served, it may be necessary to establish several pools of Indirect (F & A) Costs. Indirect (F&A) Cost pools must be distributed to benefitted cost objectives on bases that will produce an equitable result in consideration of relative benefits derived (45 C.F.R. 75.2). TANF rules place a cap of 15% on Indirect Costs to states. This limit will be passed on to any awarded Contractor.

“Iowa Child Abuse Prevention Program (ICAPP)” or “Program” means that Program established by Iowa Code § 235A.1. Use of either term in the context of this RFP refers to the Program as a whole rather than individual Projects funded under the Program.

“Issuing Officer” means the sole point of contact regarding this RFP from the date of issuance until selection of the successful Bidders.

“Legal Entity” means an agency or organization recognized to do business in the state of Iowa. Private organizations are recognized by registering with the Secretary of State’s office and can be located here: [https://sos.iowa.gov/search/business/\(S\(mz4tw2vhv1qote45ggl5dni5\)\)/search.aspx](https://sos.iowa.gov/search/business/(S(mz4tw2vhv1qote45ggl5dni5))/search.aspx) “Public Agencies” as defined in Iowa Code § 28E.2 are also considered legal entities for the purposes of entering into a Contract resulting from this procurement (e.g., a county public health department).

“Parent Partners” refers to an Agency strategy that pairs families involved in the Child welfare system whose Children have been removed from their care with mentors to provide support and guidance. Parent Partner mentors are parents who have previous involvement with the Child welfare system and have experienced successful family reunification. The term “Parent Partners” is used interchangeably to refer to both the strategy and to the individual mentors.

“Participant” means any adult, Child, or family who participates in any Project funded under the Iowa Child Abuse Prevention Program.

“Primary Child Abuse Prevention” means activities that are directed at the general population and that attempt to stop Maltreatment before it occurs.

“Projects” means the individual Projects funded under the Iowa Child Abuse Prevention Program as a result of this RFP.

“Project Partner” means an entity or organization whose voluntary cooperation is necessary to carry out the activities laid out in the Bid Proposal. A Project Partner differs from a Subcontractor in that they are not being paid to perform work under the Contract but rather provide in-kind support or Participant access. An example of a Project Partner would be a school or homeless shelter where services are provided to Project Participants.

“Program Administrator” or “ICAPP Administrator” means the entity, contracted by the Agency, to provide administrative support services for ICAPP. Currently, the Program Administrator is Prevent Child Abuse Iowa (PCA Iowa).

“Promoting Safe and Stable Families (PSSF)” means Title IV-B, Subpart 2 of the Social Security Act, which provides for funds to state Child welfare agencies for services that address family support, family preservation, time-limited family reunification and adoption promotion and support.

“Protective Factors” are conditions in families and communities that, when present, increase the health and well-being of Children and families. They are attributes that serve as buffers helping parents who might otherwise be at Risk of abusing their Children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress. A list of Protective Factors is available from FRIENDS National Center for Community-Based Child Abuse Prevention at: <http://friendsnrc.org/cbcap-priority-areas/protective-factors>.

“Request for Proposal” or “RFP” means this publicly issued RFP by the Agency to potential Bidders for local Child Abuse prevention services.

“Risk” or “Risk Factors” means conditions in families and communities that, when present, increase the probability or likelihood that a Child in the future will experience Maltreatment.

“Secondary Child Abuse Prevention” or “Secondary Prevention” means activities that target populations with one or more Risk Factors associated with Child Maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or Child disabilities.

“Special Populations” may include but are not limited to:

- Racial and ethnic minorities, including Native Americans
- Parents of Children with special needs
- Parents with disabilities
- Fathers and relative caregivers
- Unaccompanied homeless youth
- Homeless families or those at risk of homelessness
- Adult former victims of Child Abuse, Neglect or domestic violence
- Other underserved or underrepresented groups

“State Fiscal Year (SFY)” or “Fiscal Year” means the 12-month period for which Child Abuse Prevention Program funds are appropriated, beginning July 1st and ending June 30th of the following calendar year.

“Subcontractor” means any individual or entity (public or private) with whom the Bidder intends to enter into an agreement with to perform some or all of the work for payment as outlined in the Bid Proposal submitted in response to this RFP.

“Temporary Assistance to Needy Families (TANF)” means the federal assistance program that was created by the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996.

“Tertiary Child Abuse Prevention” means activities that focus on populations where Maltreatment has already occurred (i.e. allegations have been confirmed or founded by Child protective services) and seek to reduce the negative consequences of the Maltreatment and to prevent its recurrence.

1.3 Scope of Work

1.3.1 Deliverables

The Contractor shall provide the following:

1.3.1.1 Deliverables

1.3.1.1.1 Community Collaboration Deliverables (ALL funded Projects)

All Contractors shall provide the following:

- A. Community-Based Coalition or Council** – As required for eligibility to receive Program funds, each county or group of counties must maintain their Community-Based Coalition or Council. The Coalition or Council is intended to enhance community collaboration and act as an interdisciplinary advisory committee in planning efforts around the prevention of Child Maltreatment. Members of the Coalition or Council serve in a representational capacity without direct compensation under the Contract. Ongoing Council development and management activities may include attending Council meetings, documenting Council meeting minutes, or Council recruitment activities.
- B. Community Development** – All Projects shall include a component related to Community Development. This includes efforts to engage or mobilize communities in support of Child Abuse prevention, reduce stigma for families to reach out for help, or build awareness of Child Maltreatment, the need for prevention efforts, and the importance of building natural supports for families. Examples of eligible Community Development activities include, but are not limited to, Parent Café Projects, Connections Matter[®] initiatives, Community Readiness Projects using the Tri-ethnic Center Model, Projects to enact family friendly policies, Child abuse prevention awareness, or marketing activities including messaging campaigns for the purpose of attitude and/or behavior change.

Note: With the exception of the Resilient Communities Demonstration Projects (described in Section 1.3.1.1.3) **Community Development activities cannot be applied for as a separate standalone project in FY 2021**. Bidders shall include these activities in ALL applications for Home Visitation, Parent Development and Sexual Abuse Prevention Projects.

1.3.1.1.2 Core Service Deliverables (Depending on Project Type)

Each Core Services Project Bid Proposal shall include one specific Project service type. Core services include the categories of Family Support Services (Home Visitation or Parent Development) and Sexual Abuse Prevention.

- A. Family Support Services** – Includes Projects for Home Visitation and Parent Development services. Activities for families provided under these categories shall rely on Evidence-Based or Evidence-Informed programs or models of practice. Further information on specific curricula or programming, and resources to meet these criteria, can be found in Attachment P(1): Iowa Child Maltreatment Prevention Needs Assessment. Family Support Services shall be applied for using Attachment M (1) Project Proposal Form (Home Visitation and Parent Development)/ If Bidder is proposing to use an Evidence-Based Program model that requires

model developer affiliation or accreditation (e.g., *Parents As Teachers* or *Healthy Families America*), the Bidder shall include verification of current affiliation/accreditation with their Bid Proposal.

Core family support service providers shall achieve outcomes related to one or more of the Protective Factors:

- Family functioning and resiliency
- Social support
- Connection to concrete support
- Knowledge of parenting and Child development
- Nurturing and attachment
- Children's social and emotional competence

1. **Home Visiting Services** – These services include parenting instruction and family support services primarily delivered in a Participant's home. To be eligible for inclusion in this category, a Project must utilize one of the models listed on the United States Department of Health and Human Services, Administration for Children and Families' Home Visiting Evidence of Effectiveness website at: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting-overview>
2. **Parent Development** – These services include, but are not be limited to parenting instruction, parent-Child interaction programs, social support programs, and parent leadership services. These services may be delivered in group settings, public locations, or Participant homes. This service may also be targeted toward specific populations at greater Risk, for example young parents, parents of Children with disabilities, or other Special Populations.
 - Community-based family team meetings may be considered as a component of either Home Visiting or Parent Development services but shall be part of a broader program model including ongoing in-home and/or group-based services. For example, see information in Needs Assessment, Attachment P, on the C.A.R.E.S. (Coordination, Advocacy, Resources, Education and Support) model.

- B. Sexual Abuse Prevention** – These include services provided to prevent the likelihood of Child victimization through sexual Abuse. Projects funded under this area shall align with best practices in the prevention of Child sexual Abuse as described in Attachment S, Child Sexual Abuse Primary Prevention: A Literature Review. This includes a required adult-focused component, with preference given to Projects that prioritize the education of adults and community-level approaches. Instruction may include information on Child sexual Abuse, its precursors, healthy sexual development, and prevention strategies. Adult-focused services shall include training using a curriculum or an identified set of concepts and be provided to verifiable Participants.

Sexual Abuse Prevention Projects may be stand-alone or be in conjunction with one of the other direct services outlined above. Projects shall include an adult component, either as a sole focus or in conjunction with Child-focused instruction. Projects shall align with best practices described in Attachment S, Child Sexual Abuse Primary Prevention: A Literature Review. Funding for Child-focused services is limited to the following curricula:

1. Second Step Child Protection Unit
2. Talking About Touching

3. Child Safety Matters (Monique Burr Foundation)
4. Think First, Stay Safe
5. Child Lures
6. Healthy Relationships Project (PCA Vermont)
7. Safe Touches

Instructional programming that is provided to an audience of Children is considered a Child-focused intervention. Training or technical assistance provided to an adult audience falls under adult-focused programming. Depending on the strategy, activities involving adults may be categorized as direct Sexual Abuse Prevention services or a component of Community Development. For example, a program that informs adults how to increase protective measures to reduce the likelihood of Child sexual abuse would meet the criteria for adult-focused Sexual Abuse Prevention services while a program creating more general awareness, advocacy, or policy change would meet the criteria for Community Development. Bidders shall refer to the descriptions for Sexual Abuse Prevention and Community Development (as required in all funded Projects) to determine how to classify activities.

1.3.1.1.3 **Resilient Communities Demonstration Projects (Select High Risk Counties)**

The 17 counties identified by Attachment P(2): Iowa Child Maltreatment Prevention Needs Assessment Data Update as the highest Risk (+5.00 or higher on the sum of standard deviations of all 10 Risk Factors) may also apply for a Resilient Community Demonstration Project. The counties, along with the DHS Service Area and standard deviation (SD) sum include:

DHS Service Area	County	Sum SD
5-Des Moines	Adams	6.92
4-Cedar Rapids	Appanoose	10.21
2-Northern	Black Hawk	5.30
5-Des Moines	Clarke	7.89
3-Eastern	Clinton	12.49
5-Des Moines	Decatur	10.61
3-Eastern	Des Moines	9.91
1-Western	Emmet	12.80
3-Eastern	Lee	9.49
2-Northern	Marshall	6.73
1-Western	Montgomery	7.95
1-Western	Pottawattamie	6.59
3-Eastern	Scott	9.65
5-Des Moines	Union	6.63
4-Cedar Rapids	Wapello	12.95
5-Des Moines	Wayne	8.08
1-Western	Woodbury	9.60

A. **Project Focus and Intent**

Demonstration Projects shall include the following Community Development priority activities:

- Solidifying a broad-based stakeholder workgroup to engage in assessing needs and prioritizing strategies to collaboratively address the most pressing community needs as it relates to strengthening families;
- Engaging in data-driven community planning;
- Mobilizing communities to take action;
- Increasing community capacity to strengthen economic supports for families;
- Increasing awareness of Child Maltreatment and prevention;
- Engaging sector-specific populations with influence in the community, including the business and faith communities;
- Engaging parents, caregivers, and at-Risk populations;
- Addressing community/organizational policies and practices that impact families;
- Understanding Parenting Norms in the community; and
- Promoting positive norms about parenting and the community's responsibility for Children.

Demonstration Projects may also include the following activities:

- Enhancing efforts to expand access to quality Childcare and early learning environments in communities; and
- Addressing community-specific barriers that impact families' abilities to meet concrete needs.

B. Community Needs Assessment/Strategic Plan and Stakeholder Input

In the first nine months of the Contract, the Project shall work to build a stakeholder workgroup, which will provide input on a needs assessment. The Stakeholder group may be an existing workgroup or a newly created one, and the Contractor shall ensure community leaders and other interested stakeholders are represented on the workgroup.

The Contractor shall utilize publicly available data to examine resources and community Risk as well as solicit stakeholder feedback in preparing the needs assessment. This process will require engaging input from families in the community. The purpose of the needs assessment is to identify focus areas for the Project to address. The needs assessment will require input from at least 6 of the following 8 sectors:

- Business community;
- Substance abuse treatment;
- Law enforcement;
- Child welfare;
- Schools ;
- Medical and mental health care;
- Human service and/or family support providers; and
- Local government.

Additional groups that may be engaged include faith communities, civic groups, Childcare providers, and other stakeholders identified by the workgroup. The Contractor shall complete and submit an annual work plan detailing a timeline of activities by the date identified in Section 1.4 Performance Measures.

Projects will be required to complete a strategic plan in the first 18 months of the Contract. The strategic plan shall identify strategies to address the priority need areas identified in the needs assessment. The plan will outline goals related to one or more of the following:

- Access to resources,
- Community/public awareness,

- Social connectedness,
- Capacity building,
- Positive parenting norms,
- Strengthening family friendly policies, and/or
- Increased knowledge in the community related to resources and needs for families.

C. Public Awareness and Messaging Campaign

All Contractors shall develop a plan for media and marketing campaigns. This includes, but is not limited to: social media, radio and television messaging, print media, and other visual.

- Projects may utilize existing messaging collateral available or work to adapt/develop their own messaging and media toolkits.
- Content shall relate to Community Development priority activities.
- Contractors shall assess the community norms related to perceptions about parenting, promoting positive parenting norms, community responsibility for Children, and reducing stigma for families to reach out for help, and take action to promote positive norms.

Contractors shall focus priority activities on the specific high-Risk county for which this funding is eligible. Contractors will be required to define the community in which they will focus their efforts. For the purposes of this Project, the community could be defined in a number of ways, including but not limited to: the entire county, a city or region within the county, or another identifiable subgroup within the county.

D. Implementation of Strategic Plan

In years 3-5 Contractors may elect to shift funding under the Resilient Communities Demonstration Project towards any of the other allowable ICAPP services (i.e., Parent Development, Home Visitation and/or Sexual Abuse Prevention), in accordance with the activities outlined in their strategic plan and based on the following schedule:

Contract Year	Maximum % of total Contract award
Year 3-SFY 2023	30%
Year 4-SFY 2024	40%
Year 5-SFY 2025	50%

Service funds are intended to build provider capacity, support training and technical assistance, and position communities to have Evidence-Based Practices and program models available going forward. Contractors that divert funding to direct services in years 3-5 will require an Agency approved plan for ongoing service sustainability.

1.3.1.2 Reporting Requirements.

Reporting Requirements (All Projects)

Contractors shall maintain records of Participant names in a confidential location for at least seven years following services. The names of any ICAPP funded Project Participants are subject to verification by the ICAPP Administrator or the Agency at any time during or after the Contract ends.

Reporting Requirements (Home Visitation and Parent Development)

Specific reporting requirements, and the specific format of reports, shall be set forth in the Contract between successful Bidders and the Agency. At a minimum, Contractors shall keep and report statistical information to the ICAPP Administrator, including but not limited to, the following:

- Services provided (number of classes/groups, number of visits, hours of care, etc.);
- Progress towards meeting Community Development service outputs;
- Number of Participants served (adults, families and Children);
- Recruitment rate—number of new Participants (i.e. not having participated in same Project in the prior reporting period);
- Completion rate—number of Participants discharging due to Program completion compared with all Participants leaving the Program for other reasons;
- Demographic data on Participants served, to include, but not be limited to:
 - Family structure;
 - Age (of all adult and Child Participants);
 - County of residence (home zip code);
 - Race/Ethnicity;
 - Risk Factors present including, but not limited to, families having a Child with special needs, caregivers with disabilities, incarcerated caregiver, and status as a single parent;
 - Education level; and
 - Income level.
- Participant satisfaction surveys;
- Project financial data (including expenditures of ICAPP funds and other federal/state/private dollars); and
- Project Fidelity measures.

Reporting Requirements (Sexual Abuse Prevention)

- Services provided (number of classes/groups, presentations, etc.);
- Progress towards meeting Community Development service outputs;
- Number of Participants served (adults and Children);
- Project financial data (including expenditures of ICAPP funds and other federal/state/private dollars); and
- Project Fidelity measures.

Reporting Requirements (Resilient Communities)

- Summary of progress towards meeting deliverables
- Number of meetings/sectors engaged
- Project financial data

1.4 Performance Measures

Specific Performance Measures will differ slightly, depending on the type of Project awarded. However, a successful Bidder shall meet certain performance measures around reporting service outputs, service goals, training, and evaluation. Examples of general Performance Measures to be expected in an awarded Contract are outlined below:

Performance Measure Area 1 – Reporting

PM 1: Reporting (All Projects)

100% of required service and financial reports shall be submitted by the Contractor to the ICAPP Administrator with monthly Invoices, as required for payment, by the deadlines provided:

- Quarterly service reports are due by the 15th of the month, or the next Business Day, following the reporting period to the ICAPP Administrator, via the Family Support Statewide Database (FSSD) and/or as instructed by the ICAPP Administrator.
- Quarterly service reports shall be submitted by the Contractor regardless of whether or not services are provided in the reporting period.

- For Projects using the FSSD to report service data, Contractors shall submit additional reporting elements to the ICAPP Administrator, including but not limited to:
 - Financial data on all other sources of funding;
 - Participant and service activity data not reflected on FSSD reporting dashboard;
 - A qualitative Project narrative;
 - Data related to continuous quality improvement (CQI); and
 - Summary of Contractor's Fidelity to the model identified in their Proposal.

Performance Measure Area 2– Community Collaboration and Stakeholder Engagement

PM 2: Council or Coalition Membership and Meeting Frequency (Home Visitation, Parent Development and Sexual Abuse Prevention Projects)

Contractor shall assure that a minimum of 85% of required Council or Coalition Memberships are filled at all times (6 of 7 required representatives).

- Required membership information, including definitions, is provided in the instructions to Council Membership Form, Attachment H.
- Councils shall meet regularly, but no less than once per SFY quarter.

PM 2: Stakeholder Representation and Meeting Frequency (Resilient Communities Projects)

Contractor shall assure that a minimum of 75% of required stakeholder groups are represented by 6/30/2021. (6 of 8 required representatives).

- Project leadership team shall meet regularly, but no less than 10 times per year.
- Contractor shall include a parent leadership advisory component.

Performance Measure Area 3 – Service Provision

PM 3: Service Measures (Home Visitation and Parent Development Projects)

By the end of SFY 2021 (June 30, 2021) and subsequent Fiscal Years, the Contractor shall meet a minimum of 85% of all service measures. These measures are based on those outlined in the Contractor's Bid Proposal and/or any Amended Project Overview based on the actual awarded amount (to become part of a Contract).

- By the third quarter (March 31st) of each SFY a minimum of 60% of at least one service measure related to projected family support units of service (i.e., number of home visits or number of sessions), and at least 60% of one service measure related to Participants projected for family support component (i.e., number of families or adults) shall be met. Additionally, by the third quarter (March 31st) of each SFY a minimum of 60% of at least one service measure related to Community Development activities shall be met.

PM 3: Service Measures (Sexual Abuse Prevention Projects)

By the end of SFY 2021 (June 30, 2021) and subsequent Fiscal Years, the Contractor shall meet a minimum of 85% of all service measures. These measures are based on those outlined in the Contractor's Bid Proposal and/or any Amended Project Overview based on the actual awarded amount (to become part of a Contract).

- By the third quarter (March 31st) of each SFY a minimum of 60% of service measures related to number of adults served in Sexual Abuse Prevention services and 60% of service measures related to number of adult-focused sessions for Sexual Abuse Prevention services shall be met. Additionally, by the third quarter (March 31st) of each SFY a minimum of 60% of at least one service measure related to Community Development activities shall be met.

PM 3: Service Measures (Resilient Communities Projects)

PM 3.1: By September 30, 2020 the Contractor shall submit a work plan detailing proposed activities to be completed through December 31, 2021. The Contractor shall include planned actions related to coalition development, media campaign and milestone activities related to completion of needs assessment and strategic planning process.

- The work plan shall be revised annually and submitted along with the first quarter service report.

PM 3.2: By the end of SFY 2021 (June 30, 2021) and subsequent Fiscal Years, the Contractor shall meet 100% of the following service measures.

- Completion of a needs assessment of the defined Community informed by statistical data and stakeholder feedback.
- Develop and promote a media campaign to increase awareness and address promote positive community norms.

Performance Measure Area 4 – Evaluation

PM 4: Evaluation (Home Visitation and Parent Development):

PM 4.1: Contractor shall collect and report enrollment data (i.e., demographics) for 100% of new Participants.

- This will occur through the FSSD.

PM 4.2: Contractor shall collect and enter enrollment surveys (Protective Factors Survey) on a minimum of 90% of new Participants enrolled in group parent education and short-term in-home services.*

- This will occur through the FSSD.

PM 4.3: Contractor shall complete and enter baseline evaluation data (using the Life Skills Progression (LSP) tool) on a minimum of 90% of new Participants enrolled in Home Visitation or in-home Parent Development services.*

- This will occur through the FSSD.

PM 4.4: Contractor shall collect and enter follow-up surveys (Protective Factors Survey) on a minimum of 70% of Participants upon planned discharge, or annually for Participants engaged in group parent education on an ongoing basis.*

- This will occur through the FSSD. If discharge surveys are not completed, there must be a corresponding discharge reason indicating the discharge was not planned.

PM 4.5: Contractor shall complete and enter follow-up evaluation data (using the Life Skills Progression (LSP) tool) on a minimum of 70% of Participants upon planned discharge, or annually for Participants engaged in programming on an ongoing basis.*

- This will occur through the FSSD. If discharge surveys are not completed, there must be a corresponding discharge reason indicating the discharge was not planned.

PM 4.6: Contractor shall collect and analyze Participant satisfaction surveys for a minimum of 50% of families upon planned discharge from the Program, at the end of short-term services, or at least annually for those receiving long term or ongoing services.

- This will not be done via the FSSD. Contractor shall develop and use a tool (either pen/paper or online.)
 - Contractor shall review annually and include summary of findings and Project changes or enhancements that result from review of satisfaction surveys.

**Note: Performance measures using the FSSD for the Protective Factors Survey (PFS) and Life Skills Progression (LSP) will be based on the proportional amount of funding ICAPP is to the full Project. Projects shall adhere to requirements in the Iowa FSSD Data Dictionary for LSP (ECI funded programs requirements) and PFS (ECI and DHS funded group-based parent education and short-term home visitation programs) located at: <https://daiseyiowa.daiseysolutions.org/articles/iowa-data-dictionary/>*

PM 4: Evaluation (Sexual Abuse Prevention):

PM 4.1: 90% of Sexual Abuse Prevention Adult Participants (e.g. parents or other adults) attending adult-focused programming shall complete the appropriate “adult-focused instruction” evaluation by the end of the SFY and the Contractor shall submit the evaluations to the ICAPP Administrator.

- This measure will be required for adults served through specific programming with verifiable numbers of Participants.
- Contractors shall utilize the evaluation form associated with the identified curriculum.

PM 4.2: 90% of verifiable Child-focused Sexual Abuse Prevention Participants shall complete the appropriate evaluation as required by the curriculum developers and submit the evaluations to the ICAPP Administrator.

PM 4: Evaluation (Resilient Communities Projects)

Contractor shall work with the Administrator to identify goal objectives as part of their strategic plan. The strategic plan will identify means by which progress towards meeting goal objectives will be measured and evaluated.

Performance Measure Area 5 – Training and Technical Assistance

PM 5: Training Requirements (Home Visitation, Parent Development and Sexual Abuse Prevention Projects):

PM 5.1: Contractor shall attend 100% of mandatory trainings. Attendance must be in-person to one annual regional meeting. An additional three trainings will be conducted via webinar. New Contractor training conducted via webinar shall be completed live.

- Contractor representation shall include a member of the Council or Coalition, or a representative of the service provider with knowledge of the Project.

PM 5.2: Attendance to required webinars (with the exception of new Contractor training) may be either live or recorded and viewed within 15 Business Days once the recording is available online.

- The Program Administrator will notify the Contractor when the training is available online.
 - Completion will be documented by a survey completed and submitted by the Contractor available at the end of the online training.

PM 5: Training Requirements (Resilient Communities Projects):

PM 5.1: Contractors shall attend 100% of mandatory trainings. Attendance must be in-person to orientation meeting and to one annual regional meeting. Contractor shall attend three additional trainings annually conducted via webinar.

- Contractor representation to mandatory trainings shall include staff coordinator or supervisor for the Project.
- Kick-off orientation meeting will be held in August 2020 in Des Moines.

PM 5.2: Attendance to required webinars (with the exception of new Contractor training) may be either live or recorded and viewed within 15 Business Days once the recording is available online.

- The Program Administrator will notify the Contractor when the training is available online.
 - Completion will be documented by a survey completed and submitted by the Contractor available at the end of the online training.

PM 5.3: Contractors shall participate in a minimum of one on-site technical assistance meeting annually.

1.3.2 Contract Payment Methodology.

Contractor shall invoice the Agency monthly for reimbursement of the costs associated with meeting the Deliverables of the Contract. This reimbursement shall be in accordance with the negotiated Contract budget, which the Contractor shall submit based on the final awarded amount, prior to Contract Execution. The Contractor shall inform the Program Administrator within 30 days of any line item shifts in the budget, up to 10%, assuming the shifts do not violate any cost restrictions. The Contractor shall seek Agency approval prior to incurring the expenses in the event the Contractor wishes to shift more than 10% of the Contract value among line items in any SFY (including one single shift or multiple line item shifts that add up to 10%).

Distribution of Funding.

Funds will be distributed through the reimbursement of monthly expenses incurred by the Contractor for services rendered. Monthly claims, with supporting documentation, must be sent directly to the Program Administrator, currently Prevent Child Abuse Iowa (PCA Iowa), for review, who shall then forward approvable claims to the Agency within ten Business Days of receipt.

Section 2 Basic Information About the RFP Process

2.1 Issuing Officer.

The Issuing Officer is the sole point of contact regarding the RFP from the date of issuance until selection of the successful Bidder. The Issuing Officer for this RFP is:

Michelle Muir
1305 E. Walnut St., 1st Floor
Des Moines, IA 50319
Phone: 515-281-8369
mmuir@dhs.state.ia.us

2.2 Restriction on Bidder Communication.

From the issue date of this RFP until announcement of the successful Bidder, the Issuing Officer is the point of contact regarding the RFP. There may be no communication regarding this RFP with any State employee other than the Issuing Officer, except at the direction of the Issuing Officer or as otherwise noted in the RFP. The Issuing Officer will respond only to questions regarding the procurement process.

2.3 Downloading the RFP from the Internet.

The RFP and any related documents such as amendments or attachments (collectively the “RFP”), and responses to questions will be posted at the State of Iowa’s website for bid opportunities: <http://bidopportunities.iowa.gov/>. Check this website periodically for any amendments to this RFP. The posted version of the RFP is the official version. The Agency will only be bound by the official version of the RFP document(s). Bidders should ensure that any downloaded documents are in fact the most up to date and are unchanged from the official version.

2.4 Online Resources

Additional information regarding program effectiveness, program populations, and best practices may be utilized to assist in providing rationale for Project selection to address needs of the community. Examples of such include, but are not limited to the following:

FRIENDS National Center for Community Based Child Abuse Prevention Matrix of Evidence-Based programs found at: <https://friendsnrc.org/evidence-based-practice-in-cbcap/evidence-based-practice-directory>

California Evidence-Based Clearinghouse for Child Welfare program registry found at: <http://www.cebc4cw.org/home/>

Promising practices network list of programs can be found at: http://www.promisingpractices.net/resources_childabuse.asp#programs

Blueprints for Healthy Youth Development effective programs can be found at: <http://www.blueprintsprograms.com/>

Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence Based Programs and Practices (NREPP) can be found at: <https://nrepp.samhsa.gov/landing.aspx>

US Department of Health & Human Services resource of Home Visiting Evidence of Effectiveness can be found at: <https://homvee.acf.hhs.gov/Default.aspx>

Title IV-E Prevention Services Clearinghouse found at: <https://preventionservices.abtsites.com/>

Examples of resources related to Community Development and Resilient Communities Projects include, but are not limited to:

Center for Disease Control and Prevention research and program information can be found as follows: Child related to Child Maltreatment prevention can be found at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>

Essentials for Childhood framework: <https://www.cdc.gov/violenceprevention/pdf/essentials-for-childhood-framework508.pdf>

Essentials for Childhood framework resources: <https://www.cdc.gov/violenceprevention/childabuseandneglect/essentials.html#Framework%20Resources>

2.5 Intent to Bid.

The Agency requests that Bidders provide their intent to bid to the Issuing Officer by the date and time in the Procurement Timetable. Electronic mail is the preferred delivery method. The intent to bid should include the Bidder's name, contact person, mailing address, electronic mail address, fax number, telephone number, and a statement of intent to submit a Bid in response to this RFP. Though it is not mandatory that the Agency receive an intent to bid, the Agency will only respond to questions about the RFP that have been submitted by Bidders who have expressed their intent to bid. The Agency may cancel an RFP for lack of interest based on the number of letters of intent to bid received.

2.6 Bidders' Conference.

The Bidders' conference will be conducted as a conference call on the date and time listed in the Procurement Timetable. The purpose of the Bidders' conference is to inform prospective Bidders about the work to be performed and to provide prospective Bidders an opportunity to ask questions regarding the RFP. Verbal discussions at the conference shall not be considered part of the RFP unless incorporated into the RFP by amendment. Questions asked at the conference that cannot be adequately answered during the conference may be

deferred and responded to in writing. Participation in this conference call is optional but recommended as this will be the only opportunity to ask verbal questions regarding this RFP.

To join the call on the specified date and time, dial the following number (866) 685-1580 number and use the following conference code when prompted by the system: 6340846241 conference code.

2.7 Questions, Requests for Clarification, and Suggested Changes.

Bidders who have provided their intent to bid on the RFP are invited to submit written questions, requests for clarifications, and/or suggestions for changes to the specifications of this RFP (hereafter “Questions”) by the due date and time provided in the Procurement Timetable. Bidders are not permitted to include assumptions in their Bid Proposals. Instead, Bidders shall address any perceived ambiguity regarding this RFP through the question and answer process. If the Questions pertain to a specific section of the RFP, the page and section number(s) must be referenced. The Agency prefers to receive Questions by electronic mail. The Bidder may wish to request confirmation of receipt from the Issuing Officer to ensure delivery.

Written responses to questions will be posted at <http://bidopportunities.iowa.gov/> by the date provided in the Procurement Timetable.

The Agency assumes no responsibility for verbal representations made by its officers or employees unless such representations are confirmed in writing and incorporated into the RFP. In addition, the Agency’s written responses to Questions will not be considered part of the RFP. If the Agency decides to change the RFP, the Agency will issue an amendment.

2.8 Submission of Bid Proposal.

The Bid Proposal shall be received by the Issuing Officer by the time and date specified in the Procurement Timetable. The Agency will not waive this mandatory requirement. Any Bid Proposal received after this deadline will be rejected and will not be evaluated.

Bid Proposals are to be submitted in accordance with the Bid Proposal Formatting section of this RFP. Bidders mailing Bid Proposals shall allow ample mail delivery time to ensure timely receipt of their Bid Proposals. It is the Bidder’s responsibility to ensure that the Bid Proposal is received prior to the deadline. Postmarking or submission to a courier by the due date shall not substitute for actual receipt of the Bid Proposal by the Agency.

2.9 Amendment to the RFP and Bid Proposal.

The Agency reserves the right to amend or provide clarifications to the RFP at any time. Amendments will be posted to the State’s website at <http://bidopportunities.iowa.gov/>. If the amendment occurs after the closing date for receipt of Bid Proposals, the Agency may, in its sole discretion, allow Bidders to amend their Bid Proposals.

If the Bidder amends their Bid Proposal, the amendment shall be in writing and signed by the Bidder. The Bidder shall provide the same number of copies of the amendment as is required for the original Bid Proposal, for both hardcopy and CD-ROM(s) or USB flash drives, in accordance with the Bid Proposal Formatting Section. The amendment must be also be submitted on a CD-ROM or USB flash drives. It is a mandatory requirement that the Issuing Officer shall receive any amendments by the deadline for submitting Bid Proposals. However, if the RFP is amended after receipt of proposals, any bid amendment must be received by the deadline set by the Agency.

2.10 Withdrawal of Bid Proposal.

The Bidder may withdraw its Bid Proposal prior to the closing date for receipt of Bid Proposals by submitting a written request to withdraw to the Issuing Officer. Electronic mail and faxed requests to withdraw will not be accepted.

2.11 Costs of Preparing the Bid Proposal.

The costs of preparation and delivery of the Bid Proposal are solely the responsibility of the Bidder.

2.12 Rejection of Bid Proposals.

The Agency reserves the right to reject any or all Bid Proposals, in whole and in part, and to cancel this RFP at any time prior to the execution of a written Contract. Issuance of this RFP in no way constitutes a commitment by the Agency to enter into a Contract.

2.13 Review of Bid Proposals.

Only Bidders that have met the mandatory requirements and are not subject to disqualification will be considered for award of a Contract.

2.13.1 Mandatory Requirements.

Bidders must meet these mandatory requirements or will be disqualified and not considered for award of a Contract:

- The Issuing Officer must receive the Bid Proposal, and any amendments thereof, prior to or on the due date and time (See RFP Sections 2.8 and 2.9).
- Bidder fails to acknowledge prior corrective action including program improvement plans, corrective action plans, Contract non-renewal due to performance deficiencies, and/or Contract terminations for cause. (See Attachments M(1), M(2) and M(3), question 8.)
- The Bidder is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving federal funding by any federal department or agency (See RFP Additional Certifications Attachment).

2.13.2 Reasons Proposals May be Disqualified.

Bidders are expected to follow the specifications set forth in this RFP. However, it is not the Agency's intent to disqualify Bid Proposals that suffer from correctible flaws. At the same time, it is important to maintain fairness to all Bidders in the procurement process. Therefore, the Agency reserves the discretion to permit cure of variances, waive variances, or disqualify Bid Proposals for reasons that include, but may not be limited to, the following:

- Bidder initiates unauthorized contact regarding this RFP with employees other than the Issuing Officer (See RFP Section 2.2);
- Bidder fails to comply with the RFP's formatting specifications so that the Bid Proposal cannot be fairly compared to other bids (See RFP Section 3.1);
- Bidder fails, in the Agency's opinion, to include the content required for the RFP;
- Bidder fails to be fully responsive in the Bidder's Approach to Meeting Deliverables Section, states an element of the Scope of Work cannot or will not be met, or does not include information necessary to substantiate that it will be able to meet the Scope of Work specifications (See RFP Section 3.2.4);
- Bidder's response materially changes Scope of Work specifications;
- Bidder fails to submit the RFP attachments containing all signatures (See RFP Section 3.2.3);
- Bidder marks entire Bid Proposal confidential, makes excessive claims for confidential treatment, or identifies pricing information in the Cost Proposal as confidential (See RFP Section 3.1);
- Bidder includes assumptions in its Bid Proposal (See RFP Section 2.7); or
- Bidder fails to respond to the Agency's request for clarifications, information, documents, or references that the Agency may make at any point in the RFP process.
- The Bidder is ineligible to submit a bid in accordance with the Bidder Eligibility Requirements of this RFP (See RFP Bidder Eligibility Requirements Section).
- The Bidder's Cost Proposal fails to adhere to any pricing restrictions regarding the Project budget or administrative costs (See RFP Section 3.3).

The determination of whether or not to disqualify a Proposal and not consider it for award of a Contract for any of these reasons, or to waive or permit cure of variances in Bid Proposals, is at the sole discretion of the Agency. No Bidder shall obtain any right by virtue of the Agency's election to not exercise that discretion. In the event the Agency waives or permits cure of variances, such waiver or cure will not modify the RFP specifications or excuse the Bidder from full compliance with RFP specifications or other Contract requirements if the Bidder enters into a Contract.

Bidders must be listed on Attachment K: Bidder Eligibility for all counties for which they submit a Proposal or shall be required to follow the instructions provided on Attachment K: Bidder Eligibility, to document a change in the identified Council, if applicable.

2.14 Bid Proposal Clarification Process.

The Agency may request clarifications from Bidders for the purpose of resolving ambiguities or questioning information presented in the Bid Proposals. Clarifications may occur throughout the Bid Proposal evaluation process. Clarification responses shall be in writing and shall address only the information requested. Responses shall be submitted to the Agency within the time stipulated at the occasion of the request.

2.15 Verification of Bid Proposal Contents.

The contents of a Bid Proposal submitted by a Bidder are subject to verification.

2.16 Reference Checks.

The Agency reserves the right to contact any reference to assist in the evaluation of the Bid Proposal, to verify information contained in the Bid Proposal, to discuss the Bidder's qualifications, and/or to discuss the qualifications of any Subcontractor identified in the Bid Proposal.

2.17 Information from Other Sources.

The Agency reserves the right to obtain and consider information from other sources concerning a Bidder, such as the Bidder's capability and performance under other contracts, and the Bidder's authority and ability to conduct business in the State of Iowa. Such other sources may include subject matter experts.

2.18 Criminal History and Background Investigation.

The Agency reserves the right to conduct criminal history and other background investigations of the Bidder, its officers, directors, shareholders, or partners and managerial and supervisory personnel retained by the Bidder for the performance of the resulting Contract. The Agency reserves the right to conduct criminal history and other background investigations of the Bidder's staff and Subcontractors providing services under the resulting Contract.

2.19 Disposition of Bid Proposals.

Opened Bid Proposals become the property of the Agency and will not be returned to the Bidder. Upon issuance of the Notice of Intent to Award, the contents of all Bid Proposals will be in the public domain and be open to inspection by interested parties subject to exceptions provided in Iowa Code chapter 22 or other applicable law.

2.20 Public Records and Request for Confidential Treatment.

Original information submitted by a Bidder may be treated as public information by the Agency following the conclusion of the selection process unless the Bidder properly requests that information be treated as confidential at the time of submitting the Bid Proposal. See the Bid Proposal Formatting Section for the proper method for making such requests. The Agency's release of information is governed by Iowa Code chapter 22. Bidders are encouraged to familiarize themselves with Chapter 22 before submitting a Bid Proposal. The Agency will copy public records as required to comply with public records laws.

The Agency will treat the information marked confidential as confidential information to the extent such information is determined confidential under Iowa Code chapter 22 or other applicable law by a court of competent jurisdiction.

In the event the Agency receives a request for information marked confidential, written notice shall be given to the Bidder seventy-two (72) hours prior to the release of the information to allow the Bidder to seek injunctive relief pursuant to Iowa Code § 22.8.

The Bidder's failure to request confidential treatment of material pursuant to this section and the relevant law will be deemed, by the Agency, as a waiver of any right to confidentiality that the Bidder may have had.

2.21 Copyrights.

By submitting a Bid Proposal, the Bidder agrees that the Agency may copy the Bid Proposal for purposes of facilitating the evaluation of the Bid Proposal or to respond to requests for public records. By submitting a Bid Proposal, the Bidder acknowledges that additional copies may be produced and distributed, and represents and warrants that such copying does not violate the rights of any third party. The Agency shall have the right to use ideas or adaptations of ideas that are presented in the Bid Proposals.

2.22 Release of Claims.

By submitting a Bid Proposal, the Bidder agrees that it shall not bring any claim or cause of action against the Agency based on any misunderstanding concerning the information provided herein or concerning the Agency's failure, negligent or otherwise, to provide the Bidder with pertinent information as intended by this RFP.

2.23 Reserved. (Presentations)

2.24 Notice of Intent to Award.

Notice of Intent to Award will be sent to all Bidders that submitted a Bid Proposal by the due date and time. The Notice of Intent to Award does not constitute the formation of a Contract between the Agency and the apparent successful Bidder.

2.25 Acceptance Period.

The Agency shall make a good faith effort to negotiate and execute the Contract. If the apparent successful Bidder fails to negotiate and execute a Contract, the Agency may, in its sole discretion, revoke the Notice of Intent to Award and negotiate a Contract with another Bidder or withdraw the RFP. The Agency further reserves the right to cancel the Notice of Intent to Award at any time prior to the execution of a written Contract.

2.26 Review of Notice of Disqualification or Notice of Intent to Award Decision.

Bidders may request reconsideration of either a notice of disqualification or notice of intent to award decision by submitting a written request to the Agency:

Bureau Chief
c/o Bureau of Service Contract Support
Department of Human Services
Hoover State Office Building, 1st Floor
1305 E. Walnut Street
Des Moines, Iowa 50319-0114
email: reconsiderationrequest@dhs.state.ia.us

The Agency must receive the written request for reconsideration within five days from the date of the notice of disqualification or notice of intent to award decision, whichever is earlier. The written request may be mailed, emailed, or delivered. It is the Bidder's responsibility to assure timely delivery of the request for reconsideration. The request for reconsideration shall clearly and fully identify all issues being contested by reference to the page and section number of the RFP. If a Bidder submitted multiple Bid Proposals and requests that the Agency

reconsider a notice of disqualification or notice of intent to award decision for more than one Bid Proposal, a separate written request shall be submitted for each. At the Agency's discretion, requests for reconsideration from the same Bidder may be reviewed separately or combined into one response. The Agency will expeditiously address the request for reconsideration and issue a decision. The Bidder may choose to file an appeal with the Agency within five days of the date of the decision on reconsideration in accordance with 441 IAC 7.41 et seq.

2.27 Definition of Contract.

The full execution of a written Contract shall constitute the making of a Contract for services and no Bidder shall acquire any legal or equitable rights relative to the Contract services until the Contract has been fully executed by the apparent successful Bidder and the Agency.

2.28 Choice of Law and Forum.

This RFP and the resulting Contract are to be governed by the laws of the State of Iowa without giving effect to the conflicts of law provisions thereof. Changes in applicable laws and rules may affect the negotiation and contracting process and the resulting Contract. Bidders are responsible for ascertaining pertinent legal requirements and restrictions. Any and all litigation or actions commenced in connection with this RFP shall be brought and maintained in the appropriate Iowa forum.

2.29 Restrictions on Gifts and Activities.

Iowa Code chapter 68B restricts gifts that may be given or received by state employees and requires certain individuals to disclose information concerning their activities with state government. Bidders must determine the applicability of this Chapter to their activities and comply with the requirements. In addition, pursuant to Iowa Code § 722.1, it is a felony offense to bribe or attempt to bribe a public official.

2.30 Exclusivity.

Any Contract resulting from this RFP shall not be an exclusive contract.

2.31 No Minimum Guaranteed.

The Agency anticipates that the selected Bidder will provide services as requested by the Agency. The Agency does not guarantee that any minimum compensation will be paid to the Bidder or any minimum usage of the Bidder's services.

2.32 Use of Subcontractors.

The Agency acknowledges that the selected Bidder may contract with third parties for the performance of any of the Contractor's obligations. The Agency reserves the right to provide prior approval for any Subcontractor used to perform services under any Contract that may result from this RFP.

2.33 Bidder Continuing Disclosure Requirement.

To the extent that Bidders are required to report incidents when responding to this RFP related to damages, penalties, disincentives, administrative or regulatory proceedings, founded Child or dependent adult abuse, or felony convictions, these matters are subject to continuing disclosure to the Agency. Incidents occurring after submission of a Bid Proposal, and with respect to the successful Bidder after the execution of a Contract, shall be disclosed in a timely manner in a written statement to the Agency. For purposes of this subsection, timely means within thirty (30) days from the date of conviction, regardless of appeal rights.

Section 3 How to Submit A Bid Proposal: Format and Content Specifications

These instructions provide the format and technical specifications of the Bid Proposal and are designed to facilitate the submission of a Bid Proposal that is easy to understand and evaluate.

3.1 Bid Proposal Formatting.

Subject	Specifications
Paper Size	8.5" x 11" paper, may be printed double-sided.
Font	Bid Proposals must be typewritten. The font must be 11 point or larger (excluding charts, graphs, or diagrams). Acceptable fonts include Times New Roman, Calibri and Arial.
Page Limit	The Project Proposal Form [Attachments M(1), M(2,) or M(3)] is limited to 15 pages. Financial information, Acknowledgment(s) of Partnership, Cover Sheets, and RFP Forms will not count toward the page limit.
Pagination	All Project Proposal forms [Attachments M(1), M(2,) or M(3)] are to be sequentially numbered from beginning to end. Additional RFP forms and attachments do not require pagination.
Bid Proposal General Composition	<ul style="list-style-type: none"> • Bid Proposals must be bound (may include stapled or binder clipped). • Bid Proposals may be single-sided or double-sided
Envelope Contents and Labeling	<ul style="list-style-type: none"> • Envelopes shall be addressed to the Issuing Officer. • The envelope containing the original Bid Proposal shall be labeled "original" and each envelope containing a copy of the Bid Proposal shall be labeled "copy." Each copy must be numbered to correspond with the number of copies of Proposals.
Number of Hard Copies	Submit one (1) original hard copy of the Proposal and 5 identical copies of the original. The original hard copy must contain original signatures.
USB Flash Drive	Submit one (1) digital copy of the Project Proposal and all attachments. Digital documents are not required to contain signatures.
Request for Confidential Treatment	<p>Requests for confidential treatment of any information in a Bid Proposal must meet these specifications:</p> <ul style="list-style-type: none"> • The Bidder will complete the appropriate section of the Primary Bidder Detail Form & Certification which requires the specific statutory basis supporting the request for confidential treatment and an explanation of why disclosure of the information is not in the best interest of the public. • The Bidder shall submit one (1) complete paper copy of the Bid Proposal from which confidential information has been redacted. This copy shall be clearly labeled on the cover as a "public copy", and each page upon which confidential information appears shall be conspicuously marked as containing confidential information. The confidential material shall be redacted in such a way as to allow the public to determine the general nature of the material removed. To the extent possible, pages should be redacted sentence by sentence unless all material on a page is clearly confidential under the law. The Bidder shall not identify the entire Bid Proposal as confidential. • The Cost Proposal will be part of the ultimate Contract entered into with the successful Bidder. Pricing information may not be designated as confidential material. However, Cost Proposal supporting materials may be marked confidential if consistent with applicable law.
Exceptions to RFP/Contract Language	<p>If the Bidder objects to any term or condition of the RFP or attached Sample Contract, specific reference to the RFP page and section number shall be made in the Primary Bidder Detail & Certification Form. In addition, the Bidder shall set forth in its Bid Proposal the specific language it proposes to include in place of the RFP or Contract provision and cost savings to the Agency should the Agency accept the proposed language.</p> <p>The Agency reserves the right to either execute a Contract without further negotiation with the successful Bidder or to negotiate Contract terms with the selected Bidder if the best interests of the Agency would be served.</p>

3.2 Contents and Organization of Technical Proposal.

This section describes the information that must be in the Proposal and provides additional Guidance on Project Structure and order in which Proposal components are assembled.

Additional Guidance on Number of Bid Proposals and Project Structure

As noted, Bidders may submit a maximum of two Project Proposals, with the exception of those 17 counties identified as high-Risk in Section 1.3.1.1.3, which may apply for up to two Core Services Projects and an additional Resilient Communities Demonstration Project. Bid Proposals from a single Community-Based Coalition or Council may be any combination of two Projects within Core Services, with the exception of Sexual Abuse Prevention Projects, which are limited to no more than one Proposal per Bidder.

It is possible for a single Project to have multiple components included in one Proposal. For example, a Coalition may recognize a need for fatherhood services, as well as a teen parenting support group. These Projects could be considered to fall under the general umbrella of Parent Development Services and could include activities performed by multiple Subcontractors falling under one Project Proposal. Another example would be a Sexual Abuse program that includes multiple components (e.g. adult education, and Child-focused programming). Again, as long as these components are part of one unique Project, they may be applied for together in a single Proposal. In this situation, Bidders acknowledge that Contracts with multiple Subcontractors or components will be considered one Project for the purposes of Contract monitoring and reviews.

Bid Proposal Submission Organization

Each Bid Proposal must be organized into sections **in the same order provided here**. For additional information, see Attachment G: ICAPP Project Proposal Cover Sheet, Contractor Designation and Checklist. Unless otherwise noted, original signatures are required on Proposal forms.

- 1. Attachment G: ICAPP Project Proposal Cover Sheet, Contractor Designation and Checklist**
- 2. Attachment B: Primary Bidder Detail Form & Certification**
- 3. Attachment E: Certification and Disclosure Regarding Lobbying**
- 4. Either Attachment M(1) or Attachment M(2) or Attachment M(3)**
 - Attachment M(1) and Attachment M(2) and M(3) are limited to 15 pages each.
 - Home Visitation and Parent Development Projects are submitted on the form found in Attachment M(1).
 - Sexual Abuse Prevention Projects are submitted on the form found in Attachment M(2).
 - Resilient Communities Demonstration Projects are submitted on the form found in Attachment M(3).
 - Multiple attachments **must not** be submitted in the same application Proposal; separate applications are required for each proposed Project.
 - **If Bidder is proposing to use an Evidence-Based Program model that requires model developer affiliation or accreditation, the Bidder shall include verification of current affiliation/accreditation with their Bid Proposal, directly after Attachment M.**
- 5. Attachment N: Project Proposal Budget Form**
 - The Project Proposal Budget is three pages printed and does not count towards the 15-page maximum.
- 6. Attachment O (1) or Attachment O (2)- if applicable**
 - Attachment O (1) : Project Evidence Scoring Tool shall be submitted for Parent Development and Home Visitation Projects

- Attachment O (2): Adult Engagement Scoring Tool shall be submitted for Sexual Abuse Prevention Projects

7. Attachment C: Subcontractor Disclosure Form(s) - if applicable

8. Attachment H: Council Membership Form

9. Attachment R: Acknowledgement of Partnership – if applicable

- Attachment R is a template to be completed by the Bidder for each Project Partner included in the Proposal Scope of Work description and Project outputs.
 - Examples of Project Partners include a school or organization (e.g. a homeless shelter) where curricula will be presented.
- Signatures may be original or photocopied.

10. Attachment I: Minority Impact Statement

11. Attachment A: Release of Information

3.2.5.3 Reserved. (Financial Statements)

3.3 Cost Proposal.

3.3.1 Pricing Restrictions.

Incentives

The Agency recognizes that offering Incentives to Participants, such as meals or gift cards may encourage participation. Nevertheless, funds designated for ICAPP are allocated specifically for the provision of services, and Incentives decrease the funding available to provide direct services to Participants. Therefore, the Agency is placing a limit on Incentive expenditures under any Contract(s) resulting from this RFP. Incentive costs, for both the Contractor and all their Subcontractors combined, shall not exceed 5% of the total Contract value for all Projects.

Indirect Costs

Contractor shall not exceed 15% of the SFY Total for all Indirect Costs combined (please see definitions section for what constitutes “Indirect Costs”). Because any Contract(s) awarded as a result of this RFP may include Federal funding, the Contractor is required by law to comply with the Code of Federal Regulations as a Subrecipient of these funds passed through the Agency from the United States Department of Health and Human Services (HHS). Information on Allowable Costs, Cost Principles, Cost Allocation, and other relevant items related to HHS awards can be located here: <https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75>

Bid Floor/Ceiling Amounts

In addition to the limitations on the total value of Bid Proposals per county (as identified in Attachment J: Maximum Allowable Funds by County), each Project type has a Proposal floor (minimum amount):

Minimum Bid Amounts

Parent Development or Home Visitation Services	\$15,000
Sexual Abuse Prevention Projects	\$10,000
Resilient Communities Demonstration Projects	\$75,000

Maximum Awards

Funds for the Program are limited and Proposals compete with other Projects throughout the state for a share of the funding. Funding decisions will be made through a combination of evaluation scores from independent review teams and in consideration of a Contractor's history of Contract compliance. Additional information on evaluation can be found in Section 4 of this RFP.

Because of the limits of available funds and the use of existing data in decision making, additional funding limits include the following:

- Total awards for all Sexual Abuse Prevention Projects **combined** will be capped at \$231,459.
- All Projects will have a maximum award available per county, regardless if counties apply individually, or as a multi-county Project.
- Maximum annual awards are determined by the overall Risk Factor Scores by county and are as follows:

Maximum Annual Award Amounts by County

Low Risk	\$0
Low-Medium Risk	\$30,000
Medium-High Risk	\$50,000
High Risk (Core Services maximum)	\$70,000
High Risk (Cores Services and Resilient Communities Project)	\$150,000

Risk

Updated Risk scores were compiled in an addendum to Attachment P (1): Iowa Child Maltreatment Needs Assessment. Standard deviation scores were calculated using Confirmed/Founded Abuse and Neglect data in Iowa as well as Risk Factors that have been identified to correlate with rates of Maltreatment. These Risk Factors include: Children Living with Parents with 4 or more Adverse Childhood Experiences (ACEs), Low Birthweight Births, Children Living with Domestic Violence, Children Living in Poverty, Children Living in Households Where Rent is > 35% of Family Income, Children between Ages 0-5, Children living with Mental Illness in Family, and rate of Teen Births. The standard deviation from the mean for each county's score was calculated and added together to create one composite Risk score. Composite Risk scores ranged from -8.95 (low indicated Risk) to 12.95 (high indicated Risk.) The updated Risk scores and methodology is presented as Attachment P (2): Iowa Child Maltreatment Prevention Needs Assessment Data Update. A breakdown of maximum funding calculations for each count is included in Attachment J: Maximum Allowable Funds by County. Levels were determined based on the following:

Risk Level	# of Counties	Risk SD Range
Low Risk	19	< -5.00
Low-Medium Risk	35	-5.00 to 0
Medium-High Risk	28	0 to +5.00
High Risk	17	> +5.00

3.3.2 Contract Budget.

Content and Format.

All Proposals must provide a budget detailing an estimated cost breakdown across spending categories for the Project for State Fiscal Years 2021 and 2022. All Proposals must also include the total amount requested for each subsequent Fiscal Year (2023-2025). Amounts requested for years three through five (2023-2025) shall not exceed the maximum annual request amounts provided in Attachment J. Bidders shall complete Attachment N: Project Proposal Budget Form and include all costs associated with the Project, including a breakdown of Indirect Costs, and direct salary/benefits, travel, materials, Incentives, and contracted services costs. Program-related expenditures for ICAPP funds and other funding sources should be reflected.

Section 4 Evaluation Of Bid Proposals

4.1 Introduction.

This section describes the evaluation process that will be used to determine which Bid Proposal provides the greatest benefit to the Agency. When making this determination, the Agency will not necessarily award a Contract to the Bidder or Bidders offering the lowest cost to the Agency or to the Bidder(s) with the highest point total(s). Rather, Contracts will be awarded to the Bidder(s) that offer(s) the greatest benefit to the Agency.

4.2 Evaluation Committee.

The Agency intends to conduct a comprehensive, fair and impartial evaluation of Bid Proposals received in response to this RFP. The evaluation process will be completed in four phases: technical review, evaluation committee, advisory Committee recommendations, and Agency Awards.

Technical Review

Phase I of Proposal evaluation will involve a preliminary review by the Issuing Officer, and/or designee, of a Bidder's compliance with the mandatory requirements, including Bidder Eligibility Submission Guidelines. Proposals that fail to satisfy these requirements may be eliminated from the Proposal review. The Issuing Officer will notify the Bidder if a rejection occurs during Phase I of the review process. The Agency reserves the right to waive minor variances.

Phase II scores will be assessed according to Attachment O (1): Project Evidence Scoring Tool for Parent Development and Home Visitation Projects or Attachment O (2): Adult Engagement Scoring tool for Sexual Abuse Prevention Projects. Resilient Communities Demonstration Projects will not be assessed a Phase II Score.

Evaluation Committee(s)

Phase III of the evaluation process includes review by evaluation committees. The membership of the evaluation committees shall be determined by the Agency, with input from the Program Administrator. The evaluation committees shall evaluate Proposals in accordance with the evaluation criteria outlined in this RFP.

Teams of independent reviewers will read and evaluate Proposals in category-specific groups. The teams will discuss each Proposal component and score based on the consensus of the group. The evaluators may also be asked to consider the Contract compliance and service history of Projects receiving funds under the most recent ICAPP funding cycle. The Agency and/or the Issuing Officer may solicit additional input and recommendations from the evaluation committee(s).

Advisory Committee Recommendations

The fourth phase will involve compiling final scores and recommendations from the review committee(s). The ICAPP Administrator and the Agency will then present these recommendations to the Child Abuse Prevention Program Advisory Committee (CAPPAC), which oversees ICAPP. The Committee will consider the scores, ranking and any other information received pursuant to the procurement process. For example, geographical distribution, budget information, verification of any information requested from the Bidder, and/or priorities laid out in Attachment Q: Iowa Child Maltreatment Prevention Strategic Plan may also be considered when making a final recommendation to the Agency.

A percentage of Projects rated lowest overall may not be funded. Full or partial funding of requests may be possible based on the scores given to each Proposal by the review teams and in consideration of any combination of the following:

- Total of all requested funding for SFY 2021-2025
- Total FY 2021-2025 funds available
- Other considerations of the CAPPAC

4.3 Proposal Scoring and Evaluation Criteria.

The evaluation committee will use the method described in this section to assist with initially determining the relative merits of each Bid Proposal.

Scoring Guide.

Points will be assigned to each evaluation component as follows, unless otherwise designated:

4	Bidder has agreed to comply with the requirements and provided a clear and compelling description of how each requirement would be met, with relevant supporting materials. Bidder's proposed approach frequently goes above and beyond the minimum requirements and indicates superior ability to serve the needs of the Agency.
3	Bidder has agreed to comply with the requirements and provided a good and complete description of how the requirements would be met. Response clearly demonstrates a high degree of ability to serve the needs of the Agency.
2	Bidder has agreed to comply with the requirements and provided an adequate description of how the requirements would be met. Response indicates adequate ability to serve the needs of the Agency.
1	Bidder has agreed to comply with the requirements and provided some details on how the requirements would be met. Response does not clearly indicate if all the needs of the Agency will be met.
0	Bidder has not addressed any of the requirements or has provided a response that is limited in scope, vague, or incomplete. Response did not provide a description of how the Agency's needs would be met.

Technical Proposal Components.

When Bid Proposals are evaluated, the total points for each component are comprised of the component's assigned weight multiplied by the score the Bid Proposal earns. Points for all components will be added together. The evaluation components, including maximum points that may be awarded, are as follows:

Phase II Evaluation Home Visitation and Parent Development Projects				
	<u>Curricula Score</u>	<u>Weight</u>	<u>Score (0-4)</u>	<u>Potential Maximum Points</u>
	Attachment O: Project Evidence Scoring Tool-Parent Development and Home Visitation	10	-----	40
Phase II Total Points Available				40
Phase III Evaluation Home Visitation and Parent Development Projects				
<u>Form Question</u>	<u>Technical Proposal Components</u>	<u>Weight</u>	<u>Score (0-4)</u>	<u>Potential Maximum Points</u>
1	Council Composition and Collaboration	6	-----	24
2	Parent Leadership	4	-----	16
3	Community Development	6	-----	24
4	Project Overview	10	-----	40
5	Program Model Fidelity	5	-----	20
6	Protective Factors	3	-----	12
7	Staffing of Service Delivery	3	-----	12
8	Project Experience/Performance <i>*Includes Acknowledgement(s) of Partnership (if applicable)</i>	4	-----	16
9	Project Budget	4	-----	16
Phase II Total Available Points			40	
Phase III Total Available Points			180	
Total Possible Points			220	

Phase II Evaluation Sexual Abuse Prevention Projects				
	<u>Adult Focus Score</u>	<u>Weight</u>	<u>Score (0-4)</u>	<u>Potential Maximum Points</u>
	Attachment O (2): Adult Engagement Scoring Tool-Sexual Abuse Prevention	10	-----	40
Phase II Total Possible Points				40
Phase III Evaluation Sexual Abuse Prevention Projects				
<u>Form Question</u>	<u>Technical Proposal Components</u>	<u>Weight</u>	<u>Score (0-4)</u>	<u>Potential Maximum Points</u>
1	Council Composition and Collaboration	6	-----	24
2	Parent Leadership	4	-----	16
3	Community Development	6	-----	24
4	Project Overview	10	-----	40
5	Program Model Fidelity and Best Practices	5	-----	20
6	Project Evaluation	3	-----	12
7	Staffing of Service Delivery	3	-----	12
8	Project Experience/Performance <i>*Includes Acknowledgement(s) of Partnership (if applicable)</i>	4	-----	16
9	Project Budget	4	-----	16
Phase II Total Available Points			40	
Phase III Total Available Points			180	
Total Possible Points			220	

Phase III Resilient Communities Demonstration Projects				
<u>Form Question</u>	<u>Technical Proposal Components</u>	<u>Weight</u>	<u>Score (0-4)</u>	<u>Potential Maximum Points</u>
1	Council Composition and Collaboration	6	-----	24
2	Community Support	4	-----	16
3	Community Needs	3	-----	12
4	Project Overview	10	-----	40
5	Parent Leadership	5	-----	20
6	Backbone Organization	4	-----	16
7	Project Staffing	5	-----	20
8	Bidder Experience/Performance <i>*Includes Acknowledgement(s) of Partnership (if applicable)</i>	4	-----	16
9	Project Budget	4	-----	16
Phase III Total Available Points			180	

4.4 Recommendation of the Evaluation Committee.

The Advisory Committee shall present a final ranking and recommendation(s) to the Division Administrator for consideration. In making this recommendation, the Committee is not bound by any scores or scoring system used to assist with initially determining the relative merits of each Bid Proposal. This recommendation may include, but is not limited to, the name of one or more Bidders recommended for selection or a recommendation that no Bidder be selected. The Division Administrator shall consider the Committee’s recommendation when making the final decision but is not bound by the recommendation.

Attachment A: Release of Information

(Return this completed form behind Attachment I: Minority Impact Statement.)

_____ (name of Bidder/Contractor)* hereby authorizes any person or entity, public or private, having any information concerning the Bidder's background, including but not limited to its performance history regarding its prior rendering of services similar to those detailed in this RFP, to release such information to the Agency.

The Bidder/Contractor acknowledges that it may not agree with the information and opinions given by such person or entity in response to a reference request. The Bidder/Contractor acknowledges that the information and opinions given by such person or entity may hurt its chances to receive Contract awards from the Agency or may otherwise hurt its reputation or operations. The Bidder/Contractor is willing to take that risk. The Bidder/Contractor agrees to release all persons, entities, the Agency, and the State of Iowa from any liability whatsoever that may be incurred in releasing this information or using this information.

Printed Name of Bidder/Contractor Organization

Signature of Authorized Representative

Date

Printed Name

**In the event the Bidder (i.e., the Community-Based Coalition or Council) has designated a different entity to be the proposed Contractor, that organization shall sign the Release of Information.*

Attachment B: Primary Bidder Detail & Certification Form

(Return this completed form behind Attachment G: ICAPP Project Proposal Cover Sheet, Contractor Designation, and Checklist. If a section does not apply, label it “not applicable”. For the purposes of this RFP, Bidder means the legal entity identified as the Contractor on the ICAPP Project Proposal Cover Sheet.)

Primary Contact Information (individual who can address issues re: this Bid Proposal)	
Name:	
Address:	
Telephone:	
Fax:	
E-mail:	
Primary Bidder/Contractor Detail	
Business Legal Name (“Bidder”):	
“Doing Business As” names, assumed names, or other operating names:	
Parent Corporation Name and Address of Headquarters, if any:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.):	
State of Incorporation/organization:	
Primary Address:	
Telephone:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	
Number of Years in Business:	
Primary Focus of Business:	
Federal Tax ID:	
Bidder’s Accounting Firm:	
If Bidder is currently registered to do business in Iowa, provide the Date of Registration:	
Do you plan on using Subcontractors if awarded this Contract? {If “YES,” submit a Subcontractor Disclosure Form for each proposed Subcontractor.}	
	(YES/NO)
Project Partner Disclosure	
<p>List all involved parties whose participation and/or facilitation is necessary to carry out the activities as laid out in this Proposal. Project Partners include organizations who are not a party to the Contract and are not paid, but whose agreement to support the Project is required for its success. Examples include Projects in which the cooperation of a school, homeless shelter, substance abuse treatment center, etc. is necessary in order to reach intended Participants. Do not include organizations paid to provide services (e.g., a Subcontractor) or general volunteers. <u>Projects that identify Project Partners must include an Acknowledgement of Partnership for each Project Partner demonstrating the Partner(s)’s intent to cooperate with the Project.</u></p>	
<input type="checkbox"/> N/A – This Project does not require the cooperation of any Partner organization (individuals or organizations).	

Request for Confidential Treatment (See Section 3.1)		
Location in Bid (Tab/Page)	Statutory Basis for Confidentiality	Description/Explanation

Exceptions to RFP/Contract Language (See Section 3.1)			
RFP Section and Page	Language to Which Bidder Takes Exception	Explanation and Proposed Replacement Language:	Cost Savings to the Agency if the Proposed Replacement Language is Accepted

PRIMARY BIDDER CERTIFICATIONS

1. BID PROPOSAL CERTIFICATIONS. By signing below, Bidder certifies that:

- 1.1 Bidder specifically stipulates that the Bid Proposal is predicated upon the acceptance of all terms and conditions stated in the RFP and the Sample Contract without change except as otherwise expressly stated in the Primary Bidder Detail & Certification Form. Objections or responses shall not materially alter the RFP. All changes to proposed Contract language, including deletions, additions, and substitutions of language, must be addressed in the Bid Proposal. The Bidder accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
- 1.2 Bidder has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Bidder agrees to be bound by the obligations included therein;
- 1.3 Bidder has received any amendments to this RFP issued by the Agency;
- 1.4 No cost or pricing information has been included in the Bidder’s Technical Proposal; and,
- 1.5 The person signing this Bid Proposal certifies that he/she is the person in the Bidder’s organization responsible for, or authorized to make decisions regarding the prices quoted and, Bidder guarantees the availability of the services offered and that all Bid Proposal terms, including price, will remain firm until a Contract has been executed for the services contemplated by this RFP or one year from the issuance of this RFP, whichever is earlier.

2. SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Bidder certifies that:

- 2.1 Bidder certifies that the Bidder organization has sufficient personnel resources available to provide all services proposed by the Bid Proposal, and such resources will be available on the date the RFP states services are to begin. Bidder guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
- 2.2 Bidder certifies that if the Bidder is awarded the Contract and plans to utilize Subcontractors at any point to perform any obligations under the Contract, the Bidder will (1) notify the Agency in writing prior to use of the Subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting Contract between the Agency and Contractor to the Subcontractors through a subcontract. The Contractor will remain responsible for all Deliverables provided under this Contract;
- 2.3 Bidder either is currently registered to do business in Iowa or agrees to register if Bidder is awarded a Contract pursuant to this RFP; and,
- 2.4 Bidder certifies it is either a) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or b) not a “retailer” of a “retailer maintaining a place of business in this state” as those terms are defined in Iowa Code subsections 423.1(42) & (43). The Bidder also acknowledges that the Agency may declare the Bid void if the above certification is false. Bidders may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>.

3. EXECUTION.

By signing below, I certify that I have the authority to bind the Bidder to the specific terms, conditions and technical specifications required in the Agency’s Request for Proposals (RFP) and offered in the Bidder’s Proposal. I understand that

Iowa Child Abuse Prevention Program (ICAPP) Grantee Project RFP

by submitting this Bid Proposal, the Bidder agrees to provide services described herein which meet or exceed the specifications of the Agency's RFP unless noted in the Bid Proposal and at the prices quoted by the Bidder. The Bidder has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Bid Proposal are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal.

Signature:	
Printed Name/Title:	
Date:	

Attachment C: Subcontractor Disclosure Form

(Return this completed form behind the ICAPP Project Proposal Budget(s) of the Bid Proposal. Fully complete a form for each proposed Subcontractor. If a section does not apply, label it “not applicable.” If the Bidder does not intend to use Subcontractor(s), this form does not need to be returned.)

Primary Bidder (“Primary Bidder”):	
Subcontractor Contact Information (individual who can address issues re: this RFP)	
Name:	
Address:	
Telephone:	
Fax:	
E-mail:	

Subcontractor Detail	
Subcontractor Legal Name (“Subcontractor”):	
“Doing Business As” names, assumed names, or other operating names:	
Form of Business Entity (i.e., corp., partnership, LLC, etc.)	
State of Incorporation/organization:	
Primary Address:	
Telephone:	
Fax:	
Local Address (if any):	
Addresses of Major Offices and other facilities that may contribute to performance under this RFP/Contract:	
Number of Employees:	
Number of Years in Business:	
Primary Focus of Business:	
Federal Tax ID:	
Subcontractor’s Accounting Firm:	
If Subcontractor is currently registered to do business in Iowa, provide the Date of Registration:	
Percentage of Total Work to be performed by this Subcontractor pursuant to this RFP/Contract.	
General Scope of Work to be performed by this Subcontractor	
Detail the Subcontractor’s qualifications for performing this scope of work	

By signing below, Subcontractor agrees to the following:

1. Subcontractor has reviewed the RFP, and Subcontractor agrees to perform the work indicated in this Bid Proposal if the Primary Bidder is selected as the winning Bidder in this procurement;
2. Subcontractor has reviewed the Additional Certifications and by signing below confirms that the Certifications are true and accurate and Subcontractor will comply with all such Certifications;
3. Subcontractor recognizes and agrees that if the Primary Bidder enters into a Contract with the Agency as a result of this RFP, all restrictions, obligations, and responsibilities of the Contractor under the Contract shall also apply to the Subcontractor; and,
4. Subcontractor agrees that it will register to do business in Iowa before performing any services pursuant to this Contract, if required to do so by Iowa law.

The person signing this Subcontractor Disclosure Form certifies that he/she is the person in the Subcontractor’s organization responsible for or authorized to make decisions regarding the prices quoted and the Subcontractor has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications.

I hereby certify that the contents of the Subcontractor Disclosure Form are true and accurate and that the Subcontractor has not made any knowingly false statements in the Form.

Signature for Subcontractor:	
Printed Name/Title:	
Date:	

Attachment D: Additional Certifications
(Do not return this page with the Bid Proposal.)

CERTIFICATION OF INDEPENDENCE AND NO CONFLICT OF INTEREST

By submission of a Bid Proposal, the Bidder certifies (and in the case of a joint proposal, each party thereto certifies) that:

1. The Bid Proposal has been developed independently, without consultation, communication or agreement with any employee or consultant of the Agency who has worked on the development of this RFP, or with any person serving as a member of the evaluation committee;
2. The Bid Proposal has been developed independently, without consultation, communication or agreement with any other Bidder or parties for the purpose of restricting competition;
3. Unless otherwise required by law, the information in the Bid Proposal has not been knowingly disclosed by the Bidder and will not knowingly be disclosed prior to the award of the Contract, directly or indirectly, to any other Bidder;
4. No attempt has been made or will be made by the Bidder to induce any other Bidder to submit or not to submit a Bid Proposal for the purpose of restricting competition;
5. No relationship exists or will exist during the Contract period between the Bidder and the Agency that interferes with fair competition or is a conflict of interest.
6. The Bidder and any of the Bidder's proposed subcontractors have no other contractual relationships which would create an actual or perceived conflict of interest.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION -- LOWER TIER COVERED TRANSACTIONS

By signing and submitting this Bid Proposal, the Bidder is providing the certification set out below:

1. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the Bidder knowingly rendered an erroneous certification, in addition to other remedies available to the federal government the Agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
2. The Bidder shall provide immediate written notice to the person to whom this Bid Proposal is submitted if at any time the Bidder learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this Proposal is submitted for assistance in obtaining a copy of those regulations.
4. The Bidder agrees by submitting this Proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Agency or agency with which this transaction originated.
5. The Bidder further agrees by submitting this Proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

6. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
7. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for transactions authorized under paragraph 4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND/OR VOLUNTARY EXCLUSION--LOWER TIER COVERED TRANSACTIONS

1. The Bidder certifies, by submission of this Proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the Bidder is unable to certify to any of the statements in this certification, such Bidder shall attach an explanation to this Proposal.

CERTIFICATION OF COMPLIANCE WITH PRO-CHILDREN ACT OF 1994

The Bidder must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where WIC coupons are redeemed.

The Bidder further agrees that the above language will be included in any subawards that contain provisions for children's services and that all subgrantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1000 per day.

CERTIFICATION REGARDING DRUG FREE WORKPLACE

1. **Requirements for Contractors Who are Not Individuals.** If the Bidder is not an individual, by signing and submitting this Bid Proposal, Bidder agrees to provide a drug-free workplace by:

- a. publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's workplace and specifying the actions that will be taken against employees for violations of such prohibition;
 - b. establishing a drug-free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;
 - (2) the person's policy of maintaining a drug-free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) the penalties that may be imposed upon employees for drug abuse violations;
 - c. making it a requirement that each employee to be engaged in the performance of such Contract be given a copy of the statement required by subparagraph (a);
 - d. notifying the employee in the statement required by subparagraph (a), that as a condition of employment on such Contract, the employee will:
 - (1) abide by the terms of the statement; and
 - (2) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than 5 days after such conviction;
 - e. notifying the contracting agency within 10 days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;
 - f. imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by 41 U.S.C. § 703; and
 - g. making a good faith effort to continue to maintain a drug-free workplace through implementation of subparagraphs (a), (b), (c), (d), (e), and (f).
2. **Requirement for Individuals.** If the Bidder is an individual, by signing and submitting this Bid Proposal the Bidder agrees to not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of the Contract.
 3. **Notification Requirement.** The Bidder shall, within 30 days after receiving notice from an employee of a conviction pursuant to 41 U.S.C. § 701(a)(1)(D)(ii) or 41 U.S.C. § 702(a)(1)(D)(ii):
 - a. take appropriate personnel action against such employee up to and including termination; or
 - b. require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

NON-DISCRIMINATION

The Bidder does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin, or handicap.

Attachment E: Certification and Disclosure Regarding Lobbying

(Return this executed form behind the Primary Bidder Detail and Certification Form of the Bid Proposal.)

Instructions:

Title 45 of the Code of Federal Regulations, Part 93 requires the Bidder to include a certification form, and a disclosure form, if required, as part of the Bidder's Proposal. Award of the federally funded Contract from this RFP is a Covered Federal action.

- 1) The Bidder shall file with the Agency this certification form, as set forth in Appendix A of 45 CFR Part 93, certifying the Bidder, including any Subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.
- 2) The Bidder shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the Bidder or Subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action, which would be prohibited under 45 CFR § 93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the Bidder and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

Submission of this statement is a pre-requisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 for each such failure.

I certify that the contents of this certification are true and accurate and that the Bidder has not made any knowingly false statements in the Bid Proposal. I am checking the appropriate box below regarding disclosures required in Title 45 of the Code of Federal Regulations, Part 93.

- The Bidder is NOT including a disclosure form as referenced in this form's instructions because the Bidder is NOT required by law to do so.
- The Bidder IS filing a disclosure form with the Agency as referenced in this form's instructions because the Bidder IS required by law to do so. If the Bidder is filing a disclosure form, place the form immediately behind this Attachment E in the Proposal.

Signature:	
Printed Name/Title:	
Date:	

Attachments Specific to This RFP

Attachment F: Intent to Apply

{Instructions: This form can be used to submit electronically to the Issuing Officer as a Bidder's intent to apply. While it is not mandatory that the Issuing Officer receive an intent to apply, the Agency and/or Issuing Officer will only respond to questions about the RFP that have been submitted by Bidders who have expressed their intent to apply.}*

Bidder Contact Information	
Bidder/Council Name:	
Contract Designee(s): <i>(if different than Council)</i>	
Primary Contact Name:	
Address:	
County:	
Telephone:	
Fax:	
E-mail:	

Bidder's Intent to Apply	
<i>This form serves as our intent to submit a Proposal(s) in response to this RFP under the following categories. Bidders may submit up to one Project in the category of Sexual Abuse Prevention and up to two Projects in the categories of Parent Development and Home Visitation but no more than two total Projects within the categories of Parent Development, Home Visitation, and Sexual Abuse Prevention. Eligible Counties may also submit up to one Proposal under the Resilient Communities Demonstration Project category.</i>	
Number of ICAPP Project Proposals Intended for Submission by this Bidder:	<input type="checkbox"/> 1. <input type="checkbox"/> 2. <input type="checkbox"/> 3.* <i>*Three Project Proposals allowed only for Bidders eligible to submit a Proposal for Resilient Communities Demonstration Projects</i>
Project Proposal Area(s) Intended for Submission by this Bidder:	
<input type="checkbox"/> Parent Development <input type="checkbox"/> Home Visitation	<input type="checkbox"/> Sexual Abuse Prevention <input type="checkbox"/> Resilient Communities Demonstration Project (ONLY eligible High Risk counties identified)

**Issuing officer e-mail address is: mmuir@dhs.state.ia.us*

Attachment G: ICAPP Project Proposal Cover Sheet, Contractor Designation, and Checklist

{Please complete this form and attach to the front of each Project Proposal}

Michelle Muir, Issuing Officer
 Department of Human Services
 Hoover Building, First Floor
 1305 E. Walnut Street
 Des Moines, IA 50319
 Phone: 515-281-8369
 Email: mmuir@dhs.state.ia.us

<p>Date Received by the Agency:</p>

I. Bidder/Council Contact Information	
Bidder(Council) Name:	
Primary Contact Name:	
Address:	
County(ies):	
Telephone:	
E-mail:	
II. Identify Legal Entity that will assume role of Contractor if Project is awarded funding.	
<input type="checkbox"/> Council/Bidder <input type="checkbox"/> Designated Contractor	
Contractor Name:	
Contract Manager	
Contract Manager Address:	
Telephone:	
E-mail:	
III. Council Fiscal Agent Information (ONLY if different than Contractor)	
<i>{To contract with the Agency, <u>Bidders must be legal entities</u> registered to do business in the state of Iowa. If the Bidder is a Legal Entity but intends to use another organization as a Fiscal Agent (for receiving/distributing funds), indicate that business entity here. If awarded, this arrangement will require a Contract for services with the Bidder, as well a separate Contract with the Fiscal Agent.}</i>	
Fiscal Agent Name:	
Primary Contact Name:	
Address:	
Telephone	
E-mail:	
Additional Information on Council	
<i>{Briefly summarize any additional information you feel is needed to describe the structure of your Council, service area, or the relationship between the Council and Fiscal Agent, if applicable}</i>	

Instructions: List all Projects being submitted by this Bidder/Council in response to this RFP. Place an X in the column indicating which Bid Proposal is attached behind this Cover Sheet.

Project	Indicate Attached (X)	Project Type	County(ies) Served	Project Funding Amount Requested
1				
2				
3		Resilient Communities		
TOTAL # OF COUNTIES COVERED BY COUNCIL=				
TOTAL FUNDING REQUEST BY COUNCIL =				

Instructions: If any Projects span more than one county, indicate the totals by county for each Project. Replace the labels “County A, B, etc.” with the actual County name and include totals by both Project and by County. Project totals must match Project totals in the first chart. County totals shall not exceed the limit for each County for all Projects combined (see Attachment K for the Maximum Allowable Funds by County).

Project	County A	County B	County C	County D	TOTAL
1					
2					
3					
TOTAL					

By signing and submitting this Bid Proposal, the Council is agreeing to maintain a Community-Based Volunteer Coalition or Council (as defined in Iowa Administrative Code, r. 441—155.1) during the full term of any Contract awarded. Whether the Council is the direct Contractor or not, a representative of the Council will sign as an interested party to the Contract, agreeing to meet the requirements of a Community-Based Volunteer Coalition or Council including, but not necessarily limited to:

- Representing the community’s interests in the area of prevention of Child Abuse and Neglect and serve in a representational capacity without compensation;
- Fulfilling membership requirements as stipulated in the Contract;
- Meeting at least once quarterly for the duration of the Contract; and
- Documenting and maintaining records of all Coalition/Council meetings and activities.

Council Signature:	
Printed Name/Title:	
Date:	

Contractor Signature: (if applicable)	
Printed Name/Title:	
Date:	

Instructions: Complete the checklist and ensure all documents for each Proposal are in the following order.

Complete the following checklist ensuring proposal documents are in the order listed below.	State Use
<p>1. Project Proposal - includes documents #2 through #12 below.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit 1 original hard copy of the Proposal and 5 identical copies of the original <input type="checkbox"/> The original hard copy must contain original signatures where indicated below 	
<p>2. Attachment G: ICAPP Project Proposal Cover Sheet, Contractor Designation, and Checklist</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment G is completed and attached <input type="checkbox"/> One with original signature(s) 	
<p>3. Attachment B: Primary Bidder Detail Form and Certification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment B is completed and attached <input type="checkbox"/> One with original signature(s) 	
<p>4. Attachment E: Certification and Disclosure Regarding Lobbying</p> <ul style="list-style-type: none"> <input type="checkbox"/> Read and select appropriate box regarding disclosures. <input type="checkbox"/> Attachment E is completed and attached <input type="checkbox"/> One with original signature(s) 	
<p>5. Attachment M(1) or M(2) or M(3): ICAPP Project Proposal Form</p> <ul style="list-style-type: none"> <input type="checkbox"/> One Attachment M per Bid (check the one attached) <ul style="list-style-type: none"> <input type="checkbox"/> M(1) completed and attached <u>OR</u> <input type="checkbox"/> M(2) completed and attached <u>OR</u> <input type="checkbox"/> M(3) completed and attached <input type="checkbox"/> Limited to 15 pages (each) <input type="checkbox"/> Evidence-Based Home Visitation or Parent Development Model Affiliation/Accreditation (if relevant) 	
<p>6. Attachment N: Project Proposal Budget Form</p> <ul style="list-style-type: none"> <input type="checkbox"/> Tabs 1-4 are completed, printed and attached (budget pages do not count towards 15-page maximum) <input type="checkbox"/> There are no "Warning" messages 	
<p>7. Attachment: O (1) or Attachment: O (2)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Scoring Calculator is completed and attached <input type="checkbox"/> There are no "Warning" or "Error" messages <input type="checkbox"/> Not required for Resilient Communities Projects 	

<p>8. Attachment C: Subcontractor Disclosure Form(s)</p> <ul style="list-style-type: none"> <input type="checkbox"/> One Attachment C form is completed and attached for <i>each</i> proposed Subcontractor with original signature of Subcontractor <u>OR</u> <input type="checkbox"/> This form is not completed or returned because no Subcontractor(s) are used 	
<p>9. Attachment H: Council Membership Form</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment H is completed and attached. 	
<p>10. Attachment R: Acknowledgement(s) of Partnership</p> <ul style="list-style-type: none"> <input type="checkbox"/> One Acknowledgement of Partnership form is completed and attached for <i>each</i> Partner identified in the Proposal Scope of Work description and projected outputs <input type="checkbox"/> Signatures may be original or photocopy 	
<p>11. Attachment I: Minority Impact Statement</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment I is completed and attached <input type="checkbox"/> One with original signature(s) 	
<p>12. Attachment A: Release of Information</p> <ul style="list-style-type: none"> <input type="checkbox"/> Attachment A is completed and attached <input type="checkbox"/> One with original signatures(s) 	
<p>13. Mandatory Requirements as stated in 2.13.1 are met</p> <ul style="list-style-type: none"> <input type="checkbox"/> Proposal has been received by Issuing Officer prior to the due date and time <input type="checkbox"/> Bidder is not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving federal funding by any federal department or agency <input type="checkbox"/> Bidder has complied with the requirement to address prior corrective action 	

Attachment H: Council Membership Form

Counties covered:

--

Name	Title/Agency	Field Represented	E-Mail address
		Business	
		Child Welfare*	
		Domestic Violence*	
		Education/Early Childhood*	
		Faith-based	
		Family Support	
		Law Enforcement*	
		Local Government	
		Medical and/or Mental Health*	
		Parent*	
		Substance Abuse Treatment*	
		Other (please specify):	
		Other (please specify):	
		Other (please specify):	
		Other (please specify):	
		Other (please specify):	
		Other (please specify):	

*Indicates a required membership. If representation from one of these disciplines is absent, recruitment efforts should be ongoing until filled.

Council Membership Form: Additional Instructions

Coalitions or Councils should include required representatives of each of the following groups or disciplines:

1. **Education and/or Early Childhood**, including but not limited to Child care providers, educators, or school administrators.
2. **Public Safety or Law Enforcement**, including but not limited to police officers, community corrections, probation officers, juvenile court officers.
3. **Medical and/or Mental Health**, including but not limited to medical physicians, visiting nurses, clinical therapists, public health providers/administrators.
4. **Parent Participant**, including but not limited to current or former Participants of ICAPP/CBCAP programming or other similar prevention programming, Parent Partners, parents with a history of involvement with Child Protective Services.
5. **Domestic Violence/Sexual Assault Advocacy Services**, including but not limited to victim advocates, shelter program administrators, service providers.
6. **Substance Abuse Services**, including but not limited to substance abuse treatment workers, Certified Alcohol and Drug Counselors (CADC), program administrators.
7. **Child Welfare**, including but not limited to DHS Child Protective Workers (i.e., Social Worker IIIs), DHS Child Welfare Workers (Social Worker IIs), DHS Supervisors or Administrators, contracted Child welfare service providers, e.g., Community Care or Family Safety, Risk and Permanency (FSRS) providers.

Members may fulfill a maximum of one required role.

Attachment I: Minority Impact Statement

{Return this completed form behind all Subcontractor Disclosure Forms of the Proposal.}

Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state’s mechanism to require grant applicants to consider the potential impact of the grant Project’s proposed programs or policies on minority groups.

Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).

- The proposed grant Project programs or policies could have a disproportionate or unique **positive** impact on minority persons.

Describe the positive impact expected from this Project.

Indicate which group is impacted:

- Women
- Persons with a Disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

- The proposed grant Project programs or policies could have a disproportionate or unique **negative** impact on minority persons.

Describe the negative impact expected from this Project.

Present the rationale for the existence of the proposed program or policy.

Provide evidence of consultation of representatives of the minority groups impacted.

Indicate which group is impacted:

- Women
- Persons with a Disability
- Blacks
- Latinos
- Asians
- Pacific Islanders
- American Indians
- Alaskan Native Americans
- Other

- The proposed grant Project programs or policies are **not expected to have** a disproportionate or unique impact on minority persons.

Present the rationale for determining no impact.

I hereby certify that the information on this form is complete and accurate, to the best of my knowledge:

Name: _____ Title: _____

Definitions

“Minority Persons,” as defined in Iowa Code Section 8.11, mean individuals who are women, persons with a disability, Blacks, Latinos, Asians or Pacific Islanders, American Indians, and Alaskan Native Americans.

“Disability,” as defined in Iowa Code Section 15.102, subsection 5, paragraph “b,” subparagraph (1):

b. As used in this subsection:

(1) *“Disability”* means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of the individual, a record of physical or mental impairment that substantially limits one or more of the major life activities of the individual, or being regarded as an individual with a physical or mental impairment that substantially limits one or more of the major life activities of the individual.

“Disability” does not include any of the following:

- (a) Homosexuality or bisexuality.
- (b) Transvestism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments or other sexual behavior disorders.
- (c) Compulsive gambling, kleptomania, or pyromania.
- (d) Psychoactive substance abuse disorders resulting from current illegal use of drugs.

“State Agency,” as defined in Iowa Code Section 8.11, means a department, board, bureau, commission, or other Agency or authority of the State of Iowa.

Attachment J: Maximum Allowable Funds by County (for each SFY)

	Risk Assessment Score	Risk Assessment Ranking	Maximum Application Amount (HV, PD, SAP)	Resilient Communities Application Amount	Total Max Application Amount
Adair	-0.15	49	\$30,000	\$0	\$30,000
Adams	6.92	87	\$70,000	\$125,000	\$150,000
Allamakee	-0.50	44	\$30,000	\$0	\$30,000
Appanoose	10.21	95	\$70,000	\$125,000	\$150,000
Audubon	-5.60	17	\$0	\$0	\$0
Benton	-3.94	28	\$30,000	\$0	\$30,000
Black Hawk	5.30	83	\$70,000	\$125,000	\$150,000
Boone	-1.74	42	\$30,000	\$0	\$30,000
Bremer	-6.78	7	\$0	\$0	\$0
Buchanan	-4.57	23	\$30,000	\$0	\$30,000
Buena Vista	2.80	75	\$50,000	\$0	\$50,000
Butler	-4.75	21	\$30,000	\$0	\$30,000
Calhoun	1.86	70	\$50,000	\$0	\$50,000
Carroll	-4.59	22	\$30,000	\$0	\$30,000
Cass	1.36	65	\$50,000	\$0	\$50,000
Cedar	-8.95	1	\$0	\$0	\$0
Cerro Gordo	3.32	77	\$50,000	\$0	\$50,000
Cherokee	-3.74	30	\$30,000	\$0	\$30,000
Chickasaw	-6.03	14	\$0	\$0	\$0
Clarke	7.89	88	\$70,000	\$125,000	\$150,000
Clay	-0.26	47	\$30,000	\$0	\$30,000
Clayton	-7.70	5	\$0	\$0	\$0
Clinton	12.49	97	\$70,000	\$125,000	\$150,000
Crawford	0.11	55	\$50,000	\$0	\$50,000
Dallas	-3.55	31	\$30,000	\$0	\$30,000
Davis	2.01	73	\$50,000	\$0	\$50,000
Decatur	10.61	96	\$70,000	\$125,000	\$150,000
Delaware	-4.07	27	\$30,000	\$0	\$30,000
Des Moines	9.91	94	\$70,000	\$125,000	\$150,000
Dickinson	-2.62	35	\$30,000	\$0	\$30,000
Dubuque	3.02	76	\$50,000	\$0	\$50,000
Emmet	12.80	98	\$70,000	\$125,000	\$150,000
Fayette	-0.04	53	\$30,000	\$0	\$30,000
Floyd	1.11	63	\$50,000	\$0	\$50,000
Franklin	-4.28	25	\$30,000	\$0	\$30,000
Fremont	0.80	60	\$50,000	\$0	\$50,000
Greene	1.62	68	\$50,000	\$0	\$50,000
Grundy	-8.75	2	\$0	\$0	\$0
Guthrie	-5.69	16	\$0	\$0	\$0
Hamilton	-0.12	50	\$30,000	\$0	\$30,000
Hancock	-6.18	12	\$0	\$0	\$0
Hardin	-2.19	38	\$30,000	\$0	\$30,000
Harrison	-1.92	40	\$30,000	\$0	\$30,000
Henry	3.84	80	\$50,000	\$0	\$50,000
Howard	-0.28	46	\$30,000	\$0	\$30,000
Humboldt	-6.21	11	\$0	\$0	\$0
Ida	1.45	66	\$50,000	\$0	\$50,000
Iowa	-6.42	8	\$0	\$0	\$0
Jackson	0.31	58	\$50,000	\$0	\$50,000

Iowa Child Abuse Prevention Program (ICAPP) Request for Grantee Project Proposals

	Risk Assessment Score	Risk Assessment Ranking	Maximum Application Amount (HV, PD, SAP)	Resilient Communities Application Amount	Total Max Application Amount
Jasper	1.11	62	\$50,000	\$0	\$50,000
Jefferson	1.53	67	\$50,000	\$0	\$50,000
Johnson	0.12	56	\$50,000	\$0	\$50,000
Jones	-5.59	18	\$0	\$0	\$0
Keokuk	-0.01	54	\$30,000	\$0	\$30,000
Kossuth	-4.20	26	\$30,000	\$0	\$30,000
Lee	9.49	91	\$70,000	\$125,000	\$150,000
Linn	0.86	61	\$50,000	\$0	\$50,000
Louisa	0.42	59	\$50,000	\$0	\$50,000
Lucas	1.27	64	\$50,000	\$0	\$50,000
Lyon	-5.73	15	\$0	\$0	\$0
Madison	-6.39	9	\$0	\$0	\$0
Mahaska	1.96	72	\$50,000	\$0	\$50,000
Marion	-4.33	24	\$30,000	\$0	\$30,000
Marshall	6.73	86	\$70,000	\$125,000	\$150,000
Mills	-0.06	52	\$30,000	\$0	\$30,000
Mitchell	-8.15	4	\$0	\$0	\$0
Monona	-0.10	51	\$30,000	\$0	\$30,000
Monroe	-7.14	6	\$0	\$0	\$0
Montgomery	7.95	89	\$70,000	\$125,000	\$150,000
Muscatine	3.81	79	\$50,000	\$0	\$50,000
O'Brien	-2.04	39	\$30,000	\$0	\$30,000
Osceola	-6.05	13	\$0	\$0	\$0
Page	3.66	78	\$50,000	\$0	\$50,000
Palo Alto	1.73	69	\$50,000	\$0	\$50,000
Plymouth	-6.29	10	\$0	\$0	\$0
Pocahontas	-0.53	43	\$30,000	\$0	\$30,000
Polk	4.05	81	\$50,000	\$0	\$50,000
Pottawattamie	6.59	84	\$70,000	\$125,000	\$150,000
Poweshiek	-1.80	41	\$30,000	\$0	\$30,000
Ringgold	-2.47	36	\$30,000	\$0	\$30,000
Sac	-5.25	19	\$0	\$0	\$0
Scott	9.65	93	\$70,000	\$125,000	\$150,000
Shelby	-4.92	20	\$30,000	\$0	\$30,000
Sioux	-2.93	33	\$30,000	\$0	\$30,000
Story	-2.95	32	\$30,000	\$0	\$30,000
Tama	1.94	71	\$50,000	\$0	\$50,000
Taylor	-2.31	37	\$30,000	\$0	\$30,000
Union	6.63	85	\$70,000	\$125,000	\$150,000
Van Buren	-2.90	34	\$30,000	\$0	\$30,000
Wapello	12.95	99	\$70,000	\$125,000	\$150,000
Warren	0.23	57	\$50,000	\$0	\$50,000
Washington	-0.32	45	\$30,000	\$0	\$30,000
Wayne	8.08	90	\$70,000	\$125,000	\$150,000
Webster	4.63	82	\$50,000	\$0	\$50,000
Winnebago	-0.25	48	\$30,000	\$0	\$30,000
Winneshiek	-8.46	3	\$0	\$0	\$0
Woodbury	9.60	92	\$70,000	\$125,000	\$150,000
Worth	-3.92	29	\$30,000	\$0	\$30,000
Wright	2.02	74	\$50,000	\$0	\$50,000

Attachment K: Bidder Eligibility

Additional Information: As outlined in Section 1.1 prospective Bidders were directed to identify one entity per county or group of counties to be the designated Community-Based Coalition or Council and document through a Memorandum of Understanding (MOU). This process was repeated in calendar year 2019 to verify continued community support for the identified Council. Counties highlighted in grey indicate the lowest community Risk and are not eligible for funding under this RFP.

County/Counties	Eligible Bidder
Adair	Success 4 Kids Council
Adams	Kid Care Council
Allamakee, Howard, Winneshiek, Clayton	Helping Services for Youth & Families, Inc.
Appanoose	Appanoose, Davis, Monroe CPPC
Audubon, Carroll, Greene, Guthrie	Carroll County Council for the Prevention of Child Abuse
Benton	Flourishing Families of Benton and Iowa Counties
Iowa	Flourishing Families of Benton and Iowa Counties/Iowa Benton Family Nurturing Council
Black Hawk	Family & Children's Council of Black Hawk County, Inc.
Boone, Story	Boone and Story County CARES
Bremer	Together 4 Families dba. Communities Empowering People
Buchanan	Buchanan County Volunteer Services, Inc.
Buena Vista	Buena Vista County Public Health and Home Care; DBA: Buena Vista Child Abuse Prevention Council
Butler	Together 4 Families dba. Communities Empowering People
Calhoun, Pocahontas, Webster	Calhoun, Pocahontas, Webster CPPC
Cass	Cass County Child Abuse Prevention Council
Cedar	Cedar County CPPC
Cerro Gordo, Hancock, Winnebago, Worth	Partners 4 Children
Cherokee	Cherokee County Planning Council
Chickasaw	
Clarke	Clarke County Prevent Child Abuse Council
Clay	Clay County Citizen's Awareness Council, Incorporated
Clinton	Clinton County Council Against Child Abuse and Neglect dba Prevent Child Abuse Clinton County
Crawford	Crawford County Child Abuse Prevention Council
Dallas	Dallas County Children's Advocacy Coalition
Davis	Davis County Council for Prevention of Child Abuse, Inc.
Decatur	Decatur County Child Abuse Prevention Council
Delaware	Delaware County Prevent Child Abuse Council
Des Moines	
Dickinson	Lakes Area DECAT/CPPC
Dubuque	Dubuque Area Council for Prevention of Child Abuse
Emmet	Siouxland Human Investment Partnership (SHIP)
Fayette	Fayette County Prevent Child Abuse Council
Floyd, Mitchell	
Franklin	Together 4 Families dba. Communities Empowering People
Fremont, Page	Fremont-Page Prevent Child Abuse Council
Grundy	Together 4 Families dba. Communities Empowering People
Hamilton, Humboldt, Wright	Hamilton, Humboldt and Wright County Child Abuse Prevention Council
Hardin	Hardin County Child Abuse Prevention
Harrison	
Henry	
Ida	
Jackson	Prevent Child Abuse Jackson County
Jasper	SYNC
Jefferson, Keokuk, Washington	Nurturing Families CPPC
Johnson	Prevent Child Abuse-Johnson County

Iowa Child Abuse Prevention Program (ICAPP) Request for Grantee Project Proposals

Jones	Jones County Family Council
Kossuth	Kossuth DECAT cluster
Lee	Child Abuse Prevention Council of Lee County
Linn	Linn County Community Partnership for Protecting Children
Louisa	
Lucas	Parents & Children First of Lucas County
Lyon	Lyon County Planning Council
Madison	Madison County Child Abuse Prevention Council
Mahaska, Wapello	Wapello County Children's Alliance (legal-Wapello County Council for the Prevention of Child Abuse and Neglect)
Marion	Crossroads of Pella, Iowa
Marshall	Child Abuse Prevention Services Inc.
Mills	Mills County Child Abuse Prevention Council
Monona	Monona County Public Health-Child Abuse Prevention Coalition
Monroe	Monroe County Child Abuse Prevention Council
Montgomery	Montgomery County Family Success Network, Inc.
Muscatine	
O'Brien	Family Life Awareness Council
Osceola	Family Life Awareness Council
Palo Alto	Kossuth DECAT Cluster
Plymouth	
Polk	Polk County CPPC
Poweshiek	Poweshiek County Healthy Choices Coalition
Pottawattamie	Promise Partners
Ringgold	Leon Cluster CPPC
Sac	Child Abuse Prevention Council of Sac County, Inc. (dba PCA Sac County)
Scott	Child Abuse Council
Shelby	Shelby County Prevent Child Abuse Council via CPPC/DCAT Board for Harrison, Monona and Shelby Counties
Sioux	Sioux County Planning Council
Tama	Supporting Kids in Prevention
Taylor	
Union	Creston Cluster CPPC
Van Buren	Van Buren County Child Abuse Prevention Council
Warren	Child Abuse Prevention Council of Warren County, Inc.
Wayne	Wayne County Child & Family Abuse Council (Wayne County Coalition Against Domestic Violence, Inc. dba)
Woodbury	Siouxland Human Investment Partnership (SHIP)

Any above identified Bidder that wishes to amend the existing MOU, to identify a different Community-Based Volunteer Coalition or Council, must resubmit a copy of the original signed MOU amending the named Coalition or County and including updated signatures/dates from all interested parties with their Bid Proposal. Counties with no listed Eligible Bidder must submit a copy of a signed MOU naming the identified Bidder. If a county with no listed Eligible Bidder does not have a stand-alone Council or Coalition, documentation of eligibility by CPPC shall include a MOU signed by two representatives of the CPPC, and include a notation that a separate Council does not exist in the county. Multiple bids from multiple coalitions, for the same county/counties, may be disqualified.

Attachment L: Sample Contract

(These Contract terms contained in the Special Terms and General Terms for Services Contracts are not intended to be a complete listing of all Contract terms but are provided only to enable Bidders to better evaluate the costs associated with the RFP and the potential resulting Contract. Bidders should plan on such terms being included in any Contract entered into as a result of this RFP. All costs associated with complying with these terms should be included in the Cost Proposal or any pricing quoted by the Bidder. See RFP Section 3.1 regarding Bidder exceptions to Contract language.)

This is a sample form. DO NOT complete and return this attachment.

CONTRACT DECLARATIONS AND EXECUTION

RFP #	Contract #
ACFS 21-001	{To be completed when Contract is drafted.}
Title of Contract	
{To be completed when Contract is drafted.}	

This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

Agency of the State (hereafter “Agency”)	
Iowa Department of Human Services	
Contractor: (hereafter “Contractor”)	
Contract Information	
Start Date: 07/01/2020	End Date of Base Term of Contract: 06/30/2022 End Date of Contract: 06/30/2025
Possible Extension(s): 3	
Contractor a Business Associate? No	Contractor subject to Iowa Code Chapter 8F? Unknown
Contract Include Sharing SSA Data? No	Contractor a Qualified Service Organization? No
Contract Warranty Period (hereafter “Warranty Period”): The term of this Contract, including any extensions.	Contract Contingent on Approval of Another Agency: No
Security & Privacy Office Data Confirmation Number: N/A	

Contract Payments include Federal Funds? Yes, for all Project types except Sexual Abuse Prevention.

This Contract consists of the above information, the attached General Terms for Services Contracts, Special Terms, and all Special Contract Attachments.

SECTION 1: SPECIAL TERMS

1.1 Special Terms Definitions.

{To be completed when Contract is drafted.}

1.2 Contract Purpose.

{To be completed when Contract is drafted.}

1.3 Scope of Work.

1.3.1 Deliverables, Performance Measures, and Monitoring Activities.

The Contractor shall provide the following:

{To be completed when Contract is drafted.}

1.3.2 Monitoring, Review, and Problem Reporting.

1.3.2.1 Agency Monitoring Clause. The Contract Manager or designee will:

- Verify Invoices and supporting documentation itemizing work performed prior to payment;
- Determine compliance with general Contract terms, conditions, and requirements; and
- Assess compliance with Deliverables, performance measures, or other associated requirements in accordance with the monitoring activities set forth in the Deliverables, Performance Measures, and Monitoring Activities Section.

1.3.2.2 Agency Review Clause. The Contract Manager or designee will use the results of monitoring activities and other relevant data to assess the Contractor's overall performance and compliance with the Contract. At a minimum, the Agency will conduct a review *****Review Duration*****; however, reviews may occur more frequently at the Agency's discretion. As part of the review(s), the Agency may require the Contractor to provide additional data, may perform on-site reviews, and may consider information from other sources.

The Agency may require one or more meetings to discuss the outcome of a review. Meetings may be held in person. During the review meetings, the parties will discuss the Deliverables that have been provided or are in process under this Contract, achievement of the performance measures, and any concerns identified through the Agency's Contract monitoring activities.

1.3.2.3 Problem Reporting. As stipulated by the Agency, the Contractor and/or Agency shall provide a report listing any problem or concern encountered. Records of such reports and other related communications issued in writing during the course of Contract performance shall be maintained by the parties. At the next scheduled meeting after a problem has been identified in writing, the party responsible for resolving the problem shall provide a report setting forth activities taken or to be taken to resolve the problem together with the anticipated completion dates of such activities. Any party may recommend alternative courses of action or changes that will facilitate problem resolution. The Contract Owner has final authority to approve problem-resolution activities.

The Agency's acceptance of a problem report shall not relieve the Contractor of any obligation under this Contract or waive any other remedy. The Agency's inability to identify the extent of a problem or the extent of damages incurred because of a problem shall not act as a waiver of performance or damages under this Contract.

1.3.2.4 Addressing Deficiencies. To the extent that Deficiencies are identified in the Contractor's performance and notwithstanding other remedies available under this Contract, the Agency may require the Contractor to develop and comply with a plan acceptable to the Agency to resolve the Deficiencies.

1.3.3 Contract Payment Clause.

1.3.3.1 Pricing. In accordance with the payment terms outlined in this section and the Contractor's completion of the Scope of Work as set forth in this Contract, the Contractor will be compensated as follows:

{To be determined.}

1.3.3.2 Payment Methodology.

{To be completed when Contract is drafted.}

1.3.3.3 Timeframes for Regular Submission of Initial and Adjusted Invoices. The Contractor shall submit an Invoice for services rendered in accordance with this Contract. Invoice(s) shall be submitted monthly. Unless a longer timeframe is provided by federal law, and in the absence of the express written consent of the Agency, all Invoices shall be submitted within six months from the last day of the month in which the services were rendered. All adjustments made to Invoices shall be submitted to the Agency within ninety (90) days from the date of the Invoice being adjusted. Invoices shall comply with all applicable rules concerning payment of such claims.

1.3.3.4 Submission of Invoices at the End of State Fiscal Year. Notwithstanding the timeframes above, and absent (1) longer timeframes established in federal law or (2) the express written consent of the Agency, the Contractor shall submit all Invoices to the Agency for payment by August 1st for all services performed in the preceding State Fiscal Year (the State Fiscal Year ends June 30).

1.3.3.5 Payment of Invoices. The Agency shall verify the Contractor's performance of the Deliverables and timeliness of Invoices before making payment. The Agency will not pay Invoices that are not considered timely as defined in this Contract. If the Contractor wishes for untimely Invoice(s) to be considered for payment, the Contractor may submit the Invoice(s) in accordance with instructions for the Long Appeal Board Process to the State Appeal Board for consideration. Instructions for this process may be found at:

http://www.dom.state.ia.us/appeals/general_claims.html.

The Agency shall pay all approved Invoices in arrears. The Agency may pay in less than sixty (60) days, but an election to pay in less than sixty (60) days shall not act as an implied waiver of Iowa law.

1.3.3.6 Reimbursable Expenses. Unless otherwise agreed to by the parties in an amendment to the Contract that is executed by the parties, the Contractor shall not be entitled to receive any other payment or compensation from the State for any Deliverables provided by or on behalf of the Contractor pursuant to this Contract. The Contractor shall be solely responsible for paying all costs, expenses, and charges it incurs in connection with its performance under this Contract.

1.3.3.7 Travel Expenses. If the Contract requires the Agency to reimburse the Contractor for costs associated with transportation, meals, and lodging incurred by the Contractor for travel, such reimbursement shall be limited to travel directly related to the services performed pursuant to this Contract that has been approved in advance by the Agency in writing. Travel-related expenses shall not exceed the maximum reimbursement rates applicable to employees of the State of Iowa as set forth in the Department of Administrative Services' State Accounting Policy and Procedures Manual, Section 210 <https://das.iowa.gov/state-accounting/sae-policies-procedures-manual>, and must be consistent with all Iowa Executive Orders currently in effect. The Contractor agrees to use the most economical means of transportation available and shall comply with all travel policies of the State. The Contractor shall submit original, itemized receipts and any other supporting documentation required by Section 210 and Iowa Executive Orders to substantiate expenses submitted for reimbursement.

1.4 Insurance Coverage.

The Contractor and any Subcontractor shall obtain the following types of insurance for at least the minimum amounts listed below:

Iowa Child Abuse Prevention Program (ICAPP) Request for Grantee Project Proposals

Type of Insurance	Limit	Amount
General Liability (including contractual liability) written on occurrence basis	General Aggregate	\$1 Million
	Product/Completed Operations Aggregate	\$1 Million
	Personal Injury	\$1 Million
	Each Occurrence	\$1 Million
Automobile Liability (including any auto, hired autos, and non-owned autos)	Combined Single Limit	\$1 Million
Excess Liability, Umbrella Form	Each Occurrence	\$1 Million
	Aggregate	\$1 Million
Workers' Compensation and Employer Liability	As required by Iowa law	As Required by Iowa law
Property Damage	Each Occurrence	\$1 Million
	Aggregate	\$1 Million
Professional Liability	Each Occurrence	\$1 Million
	Aggregate	\$1 Million

SECTION 2. GENERAL TERMS FOR SERVICES CONTRACTS

2.1 Definitions. Definitions in this section correspond with capitalized terms in the Contract.

“Acceptance” means that the Agency has determined that one or more Deliverables satisfy the Agency’s Acceptance Tests. Final Acceptance means that the Agency has determined that all Deliverables satisfy the Agency’s Acceptance Tests. Non-acceptance means that the Agency has determined that one or more Deliverables have not satisfied the Agency’s Acceptance Tests.

“Acceptance Criteria” means the Specifications, goals, performance measures, testing results and/or other criteria designated by the Agency and against which the Deliverables may be evaluated for purposes of Acceptance or Non-acceptance thereof. **“Acceptance Tests” or “Acceptance Testing”** mean the tests, reviews, and other activities that are performed by or on behalf of the Agency to determine whether the Deliverables meet the Acceptance Criteria or otherwise satisfy the Agency, as determined by the Agency in its sole discretion.

“Applicable Law” means all applicable federal, state, and local laws, rules, ordinances, regulations, orders, guidance, and policies in place at Contract execution as well as any and all future amendments, changes, and additions to such laws as of the effective date of such change. Applicable Law includes, without limitation, all laws that pertain to the prevention of discrimination in employment and in the provision of services (e.g., Iowa Code ch. 216 and Iowa Code § 19B.7). For employment, this would include equal employment opportunity and affirmative action, and the use of targeted small businesses as subcontractors of suppliers. The term Applicable Law also encompasses the applicable provisions of Section 508 of the Rehabilitation Act of 1973, as amended, and all standards and requirements established by the Architectural and Transportation Barriers Access Board and the Iowa Office of the Chief Information Officer.

“Bid Proposal” or “Proposal” means the Contractor’s Proposal submitted in response to the

Solicitation, if this Contract arises out of a competitive process.

“Business Days” means any day other than a Saturday, Sunday, or State holiday as specified by Iowa Code §1C.2.

“Confidential Information” means, subject to any applicable State and federal laws and regulations, including but not limited to Iowa Code Chapter 22, any confidential or proprietary information or trade secrets disclosed by either party (a “Disclosing Party”) to the other party (a “Receiving Party”) that, at the time of disclosure, is designated as confidential (or like designation), is disclosed in circumstances of confidence, or would be understood by the parties, exercising reasonable business judgment, to be confidential. Regardless of whether or not the following information is designated as confidential, the term Confidential Information includes information that could be used to identify recipients or applicants of Agency services and recipients of Contract services including Protected Health Information (45 C.F.R. § 160.103) and Personal Information (Iowa Code § 715C.1(11)), Agency security protocols and procedures, Agency system architecture, information that could compromise the security of the Agency network or systems, and information about the Agency’s current or future competitive procurements, including the evaluation process prior to the formal announcement of results.

Confidential Information does not include any information that: (1) was rightfully in the possession of the Receiving Party from a source other than the Disclosing Party prior to the time of disclosure of the information by the Disclosing Party to the Receiving Party; (2) was known to the Receiving Party prior to the disclosure of the information by the Disclosing Party; (3) was disclosed to the Receiving Party without restriction by an independent third party having a legal right to disclose the information; (4) is in the public domain or shall have become publicly available other than as a result of disclosure by the Receiving Party in violation of this Agreement or in breach of any other agreement with the Disclosing Party; (5) is

independently developed by the Receiving Party without any reliance on Confidential Information disclosed by the Disclosing Party; or (6) is disclosed by the Receiving Party with the written consent of the Disclosing Party.

“Contract” means the collective documentation memorializing the terms of the agreement between the Agency and the Contractor identified in the Contract Declarations and Execution Section and includes the signed Contract Declarations and Execution Section, the General Terms for Services Contracts, the Special Terms, and any Special Contract Attachments, as these documents may be amended from time to time.

“Deficiency” means a defect, flaw, anomaly, failure, omission, interruption of service, or other problem of any nature whatsoever with respect to a Deliverable, including, without limitation, any failure of a Deliverable to conform to or meet an applicable specification. Deficiency also includes the lack of something essential or necessary for completeness or proper functioning of a Deliverable.

“Deliverables” means all of the services, goods, products, work, work product, data, items, materials and property to be created, developed, produced, delivered, performed, or provided by or on behalf of, or made available through, the Contractor (or any agent, contractor or subcontractor of the Contractor) in connection with this Contract. This includes data that is collected on behalf of the Agency.

“Documentation” means any and all technical information, commentary, explanations, design documents, system architecture documents, database layouts, test materials, training materials, guides, manuals, worksheets, notes, work papers, and all other information, documentation and materials related to or used in conjunction with the Deliverables, in any medium, including hard copy, electronic, digital, and magnetically or optically encoded media.

“Force Majeure” means an event that no human foresight could anticipate or which if anticipated, is incapable of being avoided. Circumstances must be abnormal and unforeseeable, so that the consequences could not have been avoided through the exercise of all due care. The delay or impossibility of performance must be beyond the control and without the fault or negligence of the parties. Force Majeure does not include: financial difficulties of the Contractor or any parent, subsidiary, affiliated or associated company of the

Contractor; claims or court orders that restrict the Contractor’s ability to deliver the Deliverables contemplated by this Contract; strikes; labor unrest; or supply chain disruptions.

“Invoice” means a Contractor’s claim for payment. At the Agency’s discretion, claims may be submitted on an original invoice from the Contractor or may be submitted on a claim form acceptable to the Agency, such as a General Accounting Expenditure (GAX) form.

“Solicitation” means the formal or informal procurement (and any Addenda thereto) identified in the Contracts Declarations and Execution Section that was issued to solicit the Bid Proposal leading to this Contract.

“Special Contract Attachments” means any attachment to this Contract.

“Special Terms” means the Section of the Contract entitled “Special Terms” that contains terms specific to this Contract, including but not limited to the Scope of Work and contract payment terms. If there is a conflict between the General Terms for Services Contracts and the Special Terms, the Special Terms shall prevail.

“Specifications” means all specifications, requirements, technical standards, performance standards, representations, and other criteria related to the Deliverables stated or expressed in this Contract, the Documentation, the Solicitation, and the Bid Proposal. Specifications shall include the Acceptance Criteria and any specifications, standards, or criteria stated or set forth in any applicable state, federal, foreign, and local laws, rules and regulations. The Specifications are incorporated into this Contract by reference as if fully set forth in this Contract.

“State” means the State of Iowa, the Agency, and all State of Iowa agencies, boards, and commissions, and when this Contract is available to political subdivisions, any political subdivisions of the State of Iowa.

2.2 Duration of Contract. The term of the Contract shall begin and end on the dates specified in the Contract Declarations and Execution Section, unless extended or terminated earlier in accordance with the termination provisions of this Contract. The Agency may, in its sole discretion, amend the end date of this Contract by exercising any applicable extension by giving the Contractor a written extension at least

sixty (60) days prior to the expiration of the initial term or renewal term.

2.3 Scope of Work. The Contractor shall provide Deliverables that comply with and conform to the Specifications. Deliverables shall be performed within the boundaries of the United States.

2.4 Compensation.

2.4.1 Withholding Payments. In addition to pursuing any other remedy provided herein or by law, the Agency may withhold compensation or payments to the Contractor, in whole or in part, without penalty to the Agency or work stoppage by the Contractor, in the event the Agency determines that: (1) the Contractor has failed to perform any of its duties or obligations as set forth in this Contract; (2) any Deliverable has failed to meet or conform to any applicable Specifications or contains or is experiencing a Deficiency; or (3) the Contractor has failed to perform Close-Out Event(s). No interest shall accrue or be paid to the Contractor on any compensation or other amounts withheld or retained by the Agency under this Contract.

2.4.2 Erroneous Payments and Credits. The Contractor shall promptly repay or refund the full amount of any overpayment or erroneous payment within thirty (30) Business Days after either discovery by the Contractor or notification by the Agency of the overpayment or erroneous payment.

2.4.3 Offset Against Sums Owed by the Contractor. In the event that the Contractor owes the State any sum under the terms of this Contract, any other contract or agreement, pursuant to a judgment, or pursuant to any law, the State may, in its sole discretion, offset any such sum against: (1) any sum Invoiced by, or owed to, the Contractor under this Contract, or (2) any sum or amount owed by the State to the Contractor, unless otherwise required by law. The Contractor agrees that this provision constitutes proper and timely notice under any applicable laws governing offset.

2.5 Termination.

2.5.1 Termination for Cause by the Agency. The Agency may terminate this Contract upon written notice for the breach by the Contractor or any subcontractor of any material term, condition or provision of this Contract, if such breach is not cured within the time period specified in the Agency's notice of breach or any subsequent notice or

correspondence delivered by the Agency to the Contractor, provided that cure is feasible. In addition, the Agency may terminate this Contract effective immediately without penalty and without advance notice or opportunity to cure for any of the following reasons:

2.5.1.1 The Contractor furnished any statement, representation, warranty, or certification in connection with this Contract, the Solicitation, or the Bid Proposal that is false, deceptive, or materially incorrect or incomplete;

2.5.1.2 The Contractor or any of the Contractor's officers, directors, employees, agents, subsidiaries, affiliates, contractors or subcontractors has committed or engaged in fraud, misappropriation, embezzlement, malfeasance, misfeasance, or bad faith;

2.5.1.3 The Contractor or any parent or affiliate of the Contractor owning a controlling interest in the Contractor dissolves;

2.5.1.4 The Contractor terminates or suspends its business;

2.5.1.5 The Contractor's corporate existence or good standing in Iowa is suspended, terminated, revoked or forfeited, or any license or certification held by the Contractor related to the Contractor's performance under this Contract is suspended, terminated, revoked, or forfeited;

2.5.1.6 The Contractor has failed to comply with any applicable international, federal, state (including, but not limited to Iowa Code Chapter 8F), or local laws, rules, ordinances, regulations, or orders when performing within the scope of this Contract;

2.5.1.7 The Agency determines or believes the Contractor has engaged in conduct that: (1) has or may expose the Agency or the State to material liability; or (2) has caused or may cause a person's life, health, or safety to be jeopardized;

2.5.1.8 The Contractor infringes or allegedly infringes or violates any patent, trademark, copyright, trade dress, or any other intellectual property right or proprietary right, or the Contractor misappropriates or allegedly misappropriates a trade secret;

2.5.1.9 The Contractor fails to comply with any applicable confidentiality laws, privacy laws, or any provisions of this Contract pertaining to confidentiality or privacy; or

2.5.1.10 Any of the following has been engaged in by or occurred with respect to the Contractor or any corporation, shareholder or entity having or owning a controlling interest in the Contractor:

- Commencing or permitting a filing against it which is not discharged within ninety (90) days, of a case or other proceeding seeking liquidation, reorganization, or other relief with respect to itself or its debts under any bankruptcy, insolvency, or other similar law now or hereafter in effect; or filing an answer admitting the material allegations of a petition filed against it in any involuntary case or other proceeding commenced against it seeking liquidation, reorganization, or other relief under any bankruptcy, insolvency, or other similar law now or hereafter in effect with respect to it or its debts; or consenting to any such relief or to the appointment of or taking possession by any such official in any voluntary case or other proceeding commenced against it seeking liquidation, reorganization, or other relief under any bankruptcy, insolvency, or other similar law now or hereafter in effect with respect to it or its debts;
- Seeking or suffering the appointment of a trustee, receiver, liquidator, custodian or other similar official of it or any substantial part of its assets;
- Making an assignment for the benefit of creditors;
- Failing, being unable, or admitting in writing the inability generally to pay its debts or obligations as they become due or failing to maintain a positive net worth and such additional capital and liquidity as is reasonably adequate or necessary in connection with the Contractor's performance of its obligations under this Contract; or
- Taking any action to authorize any of the foregoing.

2.5.2 Termination Upon Notice. Following a thirty (30) day written notice, the Agency may terminate this Contract in whole or in part without penalty and without incurring any further obligation to the Contractor. Termination can be for any reason or no reason at all.

2.5.3 Termination Due to Lack of Funds or Change in Law. Notwithstanding anything in this Contract to the contrary, and subject to the limitations set forth below, the Agency shall have the right to terminate this Contract without penalty and without any advance notice as a result of any of the following:

2.5.3.1 The legislature or governor fail in the sole opinion of the Agency to appropriate funds sufficient to allow the Agency to either meet its obligations under this Contract or to operate as required and to fulfill its obligations under this Contract; or

2.5.3.2 If funds are de-appropriated, reduced, not allocated, or receipt of funds is delayed, or if any funds or revenues needed by the Agency to make any payment hereunder are insufficient or unavailable for any other reason as determined by the Agency in its sole discretion; or

2.5.3.3 If the Agency's authorization to conduct its business or engage in activities or operations related to the subject matter of this Contract is withdrawn or materially altered or modified; or

2.5.3.4 If the Agency's duties, programs or responsibilities are modified or materially altered; or

2.5.3.5 If there is a decision of any court, administrative law judge or an arbitration panel or any law, rule, regulation, or order is enacted, promulgated, or issued that materially or adversely affects the Agency's ability to fulfill any of its obligations under this Contract.

The Agency shall provide the Contractor with written notice of termination pursuant to this section.

2.5.4 Other remedies. The Agency's right to terminate this Contract shall be in addition to and not exclusive of other remedies available to the Agency, and the Agency shall be entitled to exercise any other rights and pursue any remedies, in law, at equity, or otherwise.

2.5.5 Limitation of the State's Payment

Obligations. In the event of termination of this Contract for any reason by either party (except for termination by the Agency pursuant to Section 2.5.1, *Termination for Cause by the Agency*) the Agency shall pay only those amounts, if any, due and owing to the Contractor hereunder for Deliverables actually and satisfactorily provided in accordance with the provisions of this Contract up to and including the date of termination of this Contract and for which the Agency is obligated to pay pursuant to this Contract; provided however, that in the event the Agency terminates this Contract pursuant to Section 2.5.3, *Termination Due to Lack of Funds or Change in Law*, the Agency's obligation to pay the Contractor such amounts and other compensation shall be limited by, and subject to, legally available funds. Payment will be made only upon submission of Invoices and proper proof of the Contractor's claim. Notwithstanding the foregoing, this section in no way limits the rights or remedies available to the Agency and shall not be construed to require the Agency to pay any compensation or other amounts hereunder in the event of the Contractor's breach of this Contract or any amounts withheld by the Agency in

accordance with the terms of this Contract. The Agency shall not be liable, under any circumstances, for any of the following:

2.5.5.1 The payment of unemployment compensation to the Contractor's employees;

2.5.5.2 The payment of workers' compensation claims, which occur during the Contract or extend beyond the date on which the Contract terminates;

2.5.5.3 Any costs incurred by the Contractor in its performance of the Contract, including, but not limited to, startup costs, overhead, or other costs associated with the performance of the Contract;

2.5.5.4 Any damages or other amounts associated with the loss of prospective profits, anticipated sales, goodwill, or for expenditures, investments, or commitments made in connection with this Contract; or

2.5.5.5 Any taxes the Contractor may owe in connection with the performance of this Contract, including, but not limited to, sales taxes, excise taxes, use taxes, income taxes, or property taxes.

2.5.6 Contractor's Contract Close-Out Duties.

Upon receipt of notice of termination, at expiration of the Contract, or upon request of the Agency (hereafter, "Close-Out Event"), the Contractor shall:

2.5.6.1 Cease work under this Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the Close-Out Event, describing the status of all work performed under the Contract and such other matters as the Agency may require.

2.5.6.2 Immediately cease using and return to the Agency any property or materials, whether tangible or intangible, provided by the Agency to the Contractor.

2.5.6.3 Cooperate in good faith with the Agency and its employees, agents, and independent contractors during the transition period between the Close-Out Event and the substitution of any replacement service provider.

2.5.6.4 Immediately return to the Agency any payments made by the Agency for Deliverables that were not rendered or provided by the Contractor.

2.5.6.5 Immediately deliver to the Agency any and all Deliverables for which the Agency has made payment (in whole or in part) that are in the possession or under the control of the Contractor or its agents or subcontractors in whatever stage of development and form of recordation such property is expressed or embodied at that time.

2.5.7 Termination for Cause by the Contractor.

The Contractor may only terminate this Contract for the breach by the Agency of any material term of this Contract, if such breach is not cured within sixty (60) days of the Agency's receipt of the Contractor's written notice of breach.

2.6 Reserved. (Change Order Procedure)

2.7 Indemnification.

2.7.1 By the Contractor. The Contractor agrees to indemnify and hold harmless the State and its officers, appointed and elected officials, board and commission members, employees, volunteers, and agents (collectively the "Indemnified Parties"), from any and all costs, expenses, losses, claims, damages, liabilities, settlements, and judgments (including, without limitation, the reasonable value of the time spent by the Attorney General's Office,) and the costs, expenses, and attorneys' fees of other counsel retained by the Indemnified Parties directly or indirectly related to, resulting from, or arising out of this Contract, including but not limited to any claims related to, resulting from, or arising out of:

2.7.1.1 Any breach of this Contract;

2.7.1.2 Any negligent, intentional, or wrongful act or omission of the Contractor or any agent or subcontractor utilized or employed by the Contractor;

2.7.1.3 The Contractor's performance or attempted performance of this Contract, including any agent or subcontractor utilized or employed by the Contractor;

2.7.1.4 Any failure by the Contractor to make all reports, payments, and withholdings required by federal and state law with respect to social security, employee income and other taxes, fees, or costs required by the Contractor to conduct business in the State of Iowa;

2.7.1.5 Any claim of misappropriation of a trade secret or infringement or violation of any intellectual property rights, proprietary rights, or personal rights of any third party, including any claim that any Deliverable or any use thereof (or the exercise of any rights with respect thereto) infringes, violates, or misappropriates any patent, copyright, trade secret, trademark, trade dress, mask work, utility design, or other intellectual property right or proprietary right of any third party.

2.8 Insurance.

2.8.1 Insurance Requirements. The Contractor, and any subcontractor, shall maintain in full force and

effect, with insurance companies licensed by the State of Iowa, at the Contractor's expense, insurance covering its work during the entire term of this Contract, which includes any extensions or renewals thereof. The Contractor's insurance shall, among other things:

2.8.1.1 Be occurrence based and shall insure against any loss or damage resulting from or related to the Contractor's performance of this Contract regardless of the date the claim is filed or expiration of the policy.

2.8.1.2 Name the State of Iowa and the Agency as additional insureds or loss payees on the policies for all coverages required by this Contract, with the exception of Workers' Compensation, or the Contractor shall obtain an endorsement to the same effect; and

2.8.1.3 Provide a waiver of any subrogation rights that any of its insurance carriers might have against the State on the policies for all coverages required by this Contract, with the exception of Workers' Compensation.

The requirements set forth in this section shall be indicated on the certificates of insurance coverage supplied to the Agency.

2.8.2 Types and Amounts of Insurance Required.

Unless otherwise requested by the Agency in writing, the Contractor shall cause to be issued insurance coverages insuring the Contractor and/or subcontractors against all general liabilities, product liability, personal injury, property damage, and (where applicable) professional liability in the amount specified in the Special Terms for each occurrence. In addition, the Contractor shall ensure it has any necessary workers' compensation and employer liability insurance as required by Iowa law.

2.8.3 Certificates of Coverage. The Contractor shall submit certificates of the insurance, which indicate coverage and notice provisions as required by this Contract, to the Agency upon execution of this Contract. The Contractor shall maintain all insurance policies required by this Contract in full force and effect during the entire term of this Contract, which includes any extensions or renewals thereof, and shall not permit such policies to be canceled or amended except with the advance written approval of the Agency. The insurer shall state in the certificate that no cancellation of the insurance will be made without at least a thirty (30) day prior written notice to the Agency. The certificates shall be subject to approval by the Agency. Approval of the insurance

certificates by the Agency shall not relieve the Contractor of any obligation under this Contract.

2.8.4 Notice of Claim. Contractor shall provide prompt notice to the Agency of any claim related to the contracted services made by a third party. If the claim matures to litigation, the Contractor shall keep the Agency regularly informed of the status of the lawsuit, including any substantive rulings. The Contractor shall confer directly with the Agency about and before any substantive settlement negotiations.

2.9 Ownership and Security of Agency Information.

2.9.1 Ownership and Disposition of Agency Information. Any information either supplied by the Agency to the Contractor, or collected by the Contractor on the Agency's behalf in the course of the performance of this Contract, shall be considered the property of the Agency ("Agency Information"). The Contractor will not use the Agency Information for any purpose other than providing services under the Contract, nor will any part of the information and records be disclosed, sold, assigned, leased, or otherwise provided to third parties or commercially exploited by or on behalf of the Contractor. The Agency shall own all Agency Information that may reside within the Contractor's hosting environment and/or equipment/media.

2.9.2 Foreign Hosting and Storage Prohibited. Agency Information shall be hosted and/or stored within the continental United States only.

2.9.3 Access to Agency Information that is Confidential Information. The Contractor's employees, agents, and subcontractors may have access to Agency Information that is Confidential Information to the extent necessary to carry out responsibilities under the Contract. Access to such Confidential Information shall comply with both the State's and the Agency's policies and procedures. In all instances, access to Agency Information from outside of the United States and its protectorates, either by the Contractor, including a foreign office or division of the Contractor or its affiliates or associates, or any subcontractor, is prohibited.

2.9.4 No Use or Disclosure of Confidential Information. Confidential Information collected, maintained, or used in the course of performance of the Contract shall only be used or disclosed by the Contractor as expressly authorized by law and only with the prior written consent of the Agency, either

during the period of the Contract or thereafter. The Contractor shall immediately report to the Agency any unauthorized use or disclosure of Confidential Information. The Contractor may be held civilly or criminally liable for improper use or disclosure of Confidential Information.

2.9.5 Contractor Breach Notification Obligations.

The Contractor agrees to comply with all applicable laws that require the notification of individuals in the event of unauthorized use or disclosure of Confidential Information or other event(s) requiring notification in accordance with applicable law. In the event of a breach of the Contractor's security obligations or other event requiring notification under applicable law, the Contractor agrees to follow Agency directives, which may include assuming responsibility for informing all such individuals in accordance with applicable laws, and to indemnify, hold harmless, and defend the State of Iowa against any claims, damages, or other harm related to such breach.

2.9.6 Compliance of Contractor Personnel. The Contractor and the Contractor's personnel shall comply with the Agency's and the State's security and personnel policies, procedures, and rules, including any procedure which the Agency's personnel, contractors, and consultants are normally asked to follow. The Contractor agrees to cooperate fully and to provide any assistance necessary to the Agency in the investigation of any security breaches that may involve the Contractor or the Contractor's personnel. All services shall be performed in accordance with State Information Technology security standards and policies as well as Agency security protocols and procedures. By way of example only, see Iowa Code 8B.23, <http://secureonline.iowa.gov/links/index.html>, and <https://ocio.iowa.gov/home/standards>.

2.9.7 Subpoena. In the event that a subpoena or other legal process is served upon the Contractor for records containing Confidential Information, the Contractor shall promptly notify the Agency and cooperate with the Agency in any lawful effort to protect the Confidential Information.

2.9.8 Return and/or Destruction of Information. Upon expiration or termination of the Contract for any reason, the Contractor agrees to comply with all Agency directives regarding the return or destruction of all Agency Information and any derivative work. Delivery of returned Agency Information must be through a secured electronic transmission or by

parcel service that utilizes tracking numbers. Such information must be provided in a format useable by the Agency. Following the Agency's verified receipt of the Agency Information and any derivative work, the Contractor agrees to physically and/or electronically destroy or erase all residual Agency Information regardless of format from the entire Contractor's technology resources and any other storage media. This includes, but is not limited to, all production copies, test copies, backup copies and /or printed copies of information created on any other servers or media and at all other Contractor sites. Any permitted destruction of Agency Information must occur in such a manner as to render the information incapable of being reconstructed or recovered. The Contractor will provide a record of information destruction to the Agency for inspection and records retention no later than thirty (30) days after destruction.

2.9.9 Contractor's Inability to Return and/or Destroy Information. If for any reason the Agency Information cannot be returned and/or destroyed upon expiration or termination of the Contract, the Contractor agrees to notify the Agency with an explanation as to the conditions which make return and/or destruction not possible or feasible. Upon mutual agreement by both parties that the return and/or destruction of the information is not possible or feasible, the Contractor shall make the Agency Information inaccessible. The Contractor shall not use or disclose such retained Agency Information for any purposes other than those expressly permitted by the Agency. The Contractor shall provide to the Agency a detailed description as to the procedures and methods used to make the Agency Information inaccessible no later than thirty (30) days after making the information inaccessible. If the Agency provides written permission for the Contractor to retain the Agency Information in the Contractor's information systems, the Contractor will extend the protections of this Contract to such information and limit any further uses or disclosures of such information.

2.9.10 Contractors that are Business Associates. If the Contractor is the Agency's Business Associate, and there is a conflict between the Business Associate Agreement and this Section 2.9, the provisions in the Business Associate Agreement shall control.

2.10 Intellectual Property.

2.10.1 Ownership and Assignment of Other Deliverables. The Contractor agrees that the State and the Agency shall become the sole and exclusive owners of all Deliverables. The Contractor hereby irrevocably assigns, transfers and conveys to the State and the Agency all right, title and interest in and to all Deliverables and all intellectual property rights and proprietary rights arising out of, embodied in, or related to such Deliverables, including copyrights, patents, trademarks, trade secrets, trade dress, mask work, utility design, derivative works, and all other rights and interests therein or related thereto. The Contractor represents and warrants that the State and the Agency shall acquire good and clear title to all Deliverables, free from any claims, liens, security interests, encumbrances, intellectual property rights, proprietary rights, or other rights or interests of the Contractor or of any third party, including any employee, agent, contractor, subcontractor, subsidiary, or affiliate of the Contractor. The Contractor (and Contractor's employees, agents, contractors, subcontractors, subsidiaries and affiliates) shall not retain any property interests or other rights in and to the Deliverables and shall not use any Deliverables, in whole or in part, for any purpose, without the prior written consent of the Agency and the payment of such royalties or other compensation as the Agency deems appropriate. Unless otherwise requested by the Agency, upon completion or termination of this Contract, the Contractor will immediately turn over to the Agency all Deliverables not previously delivered to the Agency, and no copies thereof shall be retained by the Contractor or its employees, agents, subcontractors, or affiliates, without the prior written consent of the Agency.

2.10.2 Waiver. To the extent any of the Contractor's rights in any Deliverables are not subject to assignment or transfer hereunder, including any moral rights and any rights of attribution and of integrity, the Contractor hereby irrevocably and unconditionally waives all such rights and enforcement thereof and agrees not to challenge the State's rights in and to the Deliverables.

2.10.3 Further Assurances. At the Agency's request, the Contractor will execute and deliver such instruments and take such other action as may be requested by the Agency to establish, perfect, or protect the State's rights in and to the Deliverables and to carry out the assignments, transfers and

conveyances set forth in Section 2.10, *Intellectual Property*.

2.10.4 Publications. Prior to completion of all services required by this Contract, the Contractor shall not publish in any format any final or interim report, document, form, or other material developed as a result of this Contract without the express written consent of the Agency. Upon completion of all services required by this Contract, the Contractor may publish or use materials developed as a result of this Contract, subject to confidentiality restrictions, and only after the Agency has had an opportunity to review and comment upon the publication. Any such publication shall contain a statement that the work was done pursuant to a contract with the Agency and that it does not necessarily reflect the opinions, findings, and conclusions of the Agency.

*****IF Federal Funds AND Software*****

2.11 Warranties.

2.11.1 Construction of Warranties Expressed in this Contract with Warranties Implied by Law.

Warranties made by the Contractor in this Contract, whether: (1) this Contract specifically denominates the Contractor's promise as a warranty; or (2) the warranty is created by the Contractor's affirmation or promise, by a description of the Deliverables to be provided, or by provision of samples to the Agency, shall not be construed as limiting or negating any warranty provided by law, including without limitation, warranties that arise through the course of dealing or usage of trade. The warranties expressed in this Contract are intended to modify the warranties implied by law only to the extent that they expand the warranties applicable to the Deliverables provided by the Contractor. With the exception of Subsection 2.11.3, the provisions of this section apply during the Warranty Period as defined in the Contract Declarations and Execution Section.

2.11.2 Contractor represents and warrants that:

2.11.2.1 All Deliverables shall be wholly original with and prepared solely by the Contractor; or it owns, possesses, holds, and has received or secured all rights, permits, permissions, licenses, and authority necessary to provide the Deliverables to the Agency hereunder and to assign, grant and convey the rights, benefits, licenses, and other rights assigned, granted, or conveyed to the Agency hereunder or under any license agreement related hereto without violating any rights of any third party;

2.11.2.2 The Contractor has not previously and will not grant any rights in any Deliverables to any third

party that are inconsistent with the rights granted to the Agency herein; and

2.11.2.3 The Agency shall peacefully and quietly have, hold, possess, use, and enjoy the Deliverables without suit, disruption, or interruption.

2.11.3 The Contractor represents and warrants that:

2.11.3.1 The Deliverables (and all intellectual property rights and proprietary rights arising out of, embodied in, or related to such Deliverables); and **2.11.3.2** The Agency's use of, and exercise of any rights with respect to, the Deliverables (and all intellectual property rights and proprietary rights arising out of, embodied in, or related to such Deliverables), do not and will not, under any circumstances, misappropriate a trade secret or infringe upon or violate any copyright, patent, trademark, trade dress or other intellectual property right, proprietary right or personal right of any third party. The Contractor further represents and warrants there is no pending or threatened claim, litigation, or action that is based on a claim of infringement or violation of an intellectual property right, proprietary right or personal right or misappropriation of a trade secret related to the Deliverables. The Contractor shall inform the Agency in writing immediately upon becoming aware of any actual, potential, or threatened claim of or cause of action for infringement or violation of an intellectual property right, proprietary right, or personal right or misappropriation of a trade secret. If such a claim or cause of action arises or is likely to arise, then the Contractor shall, at the Agency's request and at the Contractor's sole expense:

- Procure for the Agency the right or license to continue to use the Deliverable at issue;
- Replace such Deliverable with a functionally equivalent or superior Deliverable free of any such infringement, violation, or misappropriation;
- Modify or replace the affected portion of the Deliverable with a functionally equivalent or superior Deliverable free of any such infringement, violation, or misappropriation; or
- Accept the return of the Deliverable at issue and refund to the Agency all fees, charges, and any other amounts paid by the Agency with respect to such Deliverable. In addition, the Contractor agrees to indemnify, defend, protect, and hold harmless the State and its officers, directors, employees, officials, and agents as provided in the Indemnification Section

of this Contract, including for any breach of the representations and warranties made by the Contractor in this section.

The warranty provided in this Section 2.11.3 shall be perpetual, shall not be subject to the contractual Warranty Period, and shall survive termination of this Contract. The foregoing remedies provided in this subsection shall be in addition to and not exclusive of other remedies available to the Agency and shall survive termination of this Contract.

2.11.4 The Contractor represents and warrants that the Deliverables shall:

2.11.4.1 Be free from material Deficiencies; and

2.11.4.2 Meet, conform to, and operate in accordance with all Specifications and in accordance with this Contract during the Warranty Period, as defined in the Contract Declarations and Execution Section.

During the Warranty Period the Contractor shall, at its expense, repair, correct or replace any Deliverable that contains or experiences material Deficiencies or fails to meet, conform to or operate in accordance with Specifications within five (5) Business Days of receiving notice of such Deficiencies or failures from the Agency or within such other period as the Agency specifies in the notice. In the event the Contractor is unable to repair, correct, or replace such Deliverable to the Agency's satisfaction, the Contractor shall refund the fees or other amounts paid for the Deliverables and for any services related thereto. The foregoing shall not constitute an exclusive remedy under this Contract, and the Agency shall be entitled to pursue any other available contractual, legal, or equitable remedies. The Contractor shall be available at all reasonable times to assist the Agency with questions, problems, and concerns about the Deliverables, to inform the Agency promptly of any known Deficiencies in any Deliverables, repair and correct any Deliverables not performing in accordance with the warranties contained in this Contract, notwithstanding that such Deliverables may have been accepted by the Agency, and provide the Agency with all necessary materials with respect to such repaired or corrected Deliverable.

2.11.5 The Contractor represents, warrants and covenants that all services to be performed under this Contract shall be performed in a professional, competent, diligent, and workmanlike manner by knowledgeable, trained, and qualified personnel, all in accordance with the terms and Specifications of this Contract and the standards of performance considered generally acceptable in the industry for

similar tasks and projects. In the absence of a Specification for the performance of any portion of this Contract, the parties agree that the applicable Specification shall be the generally accepted industry standard. So long as the Agency notifies the Contractor of any services performed in violation of this standard, the Contractor shall re-perform the services at no cost to the Agency, such that the services are rendered in the above-specified manner, or if the Contractor is unable to perform the services as warranted, the Contractor shall reimburse the Agency any fees or compensation paid to the Contractor for the unsatisfactory services.

2.11.6 The Contractor represents and warrants that the Deliverables will comply with all Applicable Law.

2.11.7 Obligations Owed to Third Parties. The Contractor represents and warrants that all obligations owed to third parties with respect to the activities contemplated to be undertaken by the Contractor pursuant to this Contract are or will be fully satisfied by the Contractor so that the Agency will not have any obligations with respect thereto.

2.12 Acceptance of Deliverables.

2.12.1 Acceptance of Written Deliverables. For the purposes of this section, written Deliverables means documents including, but not limited to project plans, planning documents, reports, or instructional materials (“Written Deliverables”). Although the Agency determines what Written Deliverables are subject to formal Acceptance, this section generally does not apply to routine progress or financial reports. Absent more specific Acceptance Criteria in the Special Terms, following delivery of any Written Deliverable pursuant to the Contract, the Agency will notify the Contractor whether or not the Deliverable meets contractual specifications and requirements. Written Deliverables shall not be considered accepted by the Agency, nor does the Agency have an obligation to pay for such Deliverables, unless and until the Agency has notified the Contractor of the Agency’s Final Acceptance of the Written Deliverables. In all cases, any statements included in such Written Deliverables that alter or conflict with any contractual requirements shall in no way be considered as changing the contractual requirements unless and until the parties formally amend the Contract.

2.12.2. Reserved. (*Acceptance of Software Deliverables*)

2.12.3 Notice of Acceptance and Future

Deficiencies. The Contractor’s receipt of any notice of Acceptance, including Final Acceptance, with respect to any Deliverable shall not be construed as a waiver of any of the Agency’s rights to enforce the terms of this Contract or require performance in the event the Contractor breaches this Contract or any Deficiency is later discovered with respect to such Deliverable.

2.13 Contract Administration.

2.13.1 Independent Contractor. The status of the Contractor shall be that of an independent contractor. The Contractor, its employees, agents, and any subcontractors performing under this Contract are not employees or agents of the State or any agency, division, or department of the State simply by virtue of work performed pursuant to this Contract. Neither the Contractor nor its employees shall be considered employees of the Agency or the State for federal or state tax purposes simply by virtue of work performed pursuant to this Contract. The Agency will not withhold taxes on behalf of the Contractor (unless required by law).

2.13.2 Incorporation of Documents. To the extent this Contract arises out of a Solicitation, the parties acknowledge that the Contract consists of these contract terms and conditions as well as the Solicitation and the Bid Proposal. The Solicitation and the Bid Proposal are incorporated into the Contract by reference. If the Contractor proposed exceptions or modifications to the Sample Contract attached to the Solicitation or to the Solicitation itself, these proposed exceptions or modifications shall not be incorporated into this Contract unless expressly set forth herein. If there is a conflict between the Contract, the Solicitation, and the Bid Proposal, the conflict shall be resolved according to the following priority, ranked in descending order: (1) the Contract; (2) the Solicitation; (3) the Bid Proposal.

2.13.3 Intent of References to Bid Documents. To the extent this Contract arises out of a Solicitation, the references to the parties’ obligations, which are contained in this Contract, are intended to supplement or clarify the obligations as stated in the Solicitation and the Bid Proposal. The failure of the parties to make reference to the terms of the Solicitation or the Bid Proposal in this Contract shall not be construed as creating a conflict and will not relieve the Contractor of the contractual obligations

imposed by the terms of the Solicitation and the Contractor's Bid Proposal. Terms offered in the Bid Proposal, which exceed the requirements of the Solicitation, shall not be construed as creating an inconsistency or conflict with the Solicitation or the Contract. The contractual obligations of the Agency are expressly stated in this document. The Bid Proposal does not create any express or implied obligations of the Agency.

2.13.4 Compliance with the Law. The Contractor, its employees, agents, and subcontractors shall comply at all times with all Applicable Law. All such Applicable Law is incorporated into this Contract as of the effective date of the Applicable Law. The Contractor and Agency expressly reject any proposition that future changes to Applicable Law are inapplicable to this Contract and the Contractor's provision of Deliverables and/or performance in accordance with this Contract. When providing Deliverables pursuant to this Contract the Contractor, its employees, agents, and subcontractors shall comply with all Applicable Law.

2.13.4.1 The Contractor, its employees, agents, and subcontractors shall not engage in discriminatory employment practices which are forbidden by Applicable Law. Upon the State's written request, the Contractor shall submit to the State a copy of its affirmative action plan, containing goals and time specifications, and non-discrimination and accessibility plans and policies regarding services to clients as required under 11 Iowa Admin. Code chapter 121.

2.13.4.2 In the event the Contractor contracts with third parties for the performance of any of the Contractor obligations under this Contract as set forth in Section 2.13.9, the Contractor shall take such steps as necessary to ensure such third parties are bound by the terms and conditions contained in this Section 2.13.4.

2.13.4.3 Notwithstanding anything in this Contract to the contrary, the Contractor's failure to fulfill any requirement set forth in this Section 2.13.4 shall be regarded as a material breach of this Contract and the State may cancel, terminate, or suspend in whole or in part this Contract. The State may further declare the Contractor ineligible for future state contracts in accordance with authorized procedures or the Contractor may be subject to other sanctions as provided by law or rule.

2.13.4.4 The Contractor, its employees, agents, and subcontractors shall also comply with all Applicable

Law regarding business permits and licenses that may be required to carry out the work performed under this Contract.

2.13.4.5 If all or a portion of the funding used to pay for the Deliverables is being provided through a grant from the Federal Government, the Contractor acknowledges and agrees that pursuant to applicable federal laws, regulations, circulars, and bulletins, the awarding agency of the Federal Government reserves certain rights including, without limitation, a royalty-free, non-exclusive and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for Federal Government purposes, the Deliverables developed under this Contract and the copyright in and to such Deliverables.

2.13.5 Procurement. The Contractor shall use procurement procedures that comply with all applicable federal, state, and local laws and regulations.

2.13.6 Non-Exclusive Rights. This Contract is not exclusive. The Agency reserves the right to select other contractors to provide Deliverables similar or identical to those described in the Scope of Work during the entire term of this Contract, which includes any extensions or renewals thereof.

2.13.7 Amendments. With the exception of the Contract end date, which may be extended in the Agency's sole discretion, this Contract may only be amended by mutual written consent of the parties. Amendments shall be executed on a form approved by the Agency that expressly states the intent of the parties to amend this Contract. This Contract shall not be amended in any way by use of terms and conditions in an Invoice or other ancillary transactional document. To the extent that language in a transactional document conflicts with the terms of this Contract, the terms of this Contract shall control.

2.13.8 No Third Party Beneficiaries. There are no third party beneficiaries to this Contract. This Contract is intended only to benefit the State and the Contractor.

2.13.9 Use of Third Parties. The Agency acknowledges that the Contractor may contract with third parties for the performance of any of the Contractor's obligations under this Contract. The Contractor shall notify the Agency in writing of all subcontracts relating to Deliverables to be provided under this Contract prior to the time the subcontract(s) become effective. The Agency reserves the right to review and approve all

subcontracts. The Contractor may enter into these contracts to complete the project provided that the Contractor remains responsible for all Deliverables provided under this Contract. All restrictions, obligations, and responsibilities of the Contractor under this Contract shall also apply to the subcontractors and the Contractor shall include in all of its subcontracts a clause that so states. The Agency shall have the right to request the removal of a subcontractor from the Contract for good cause.

2.13.10 Choice of Law and Forum. The laws of the State of Iowa shall govern and determine all matters arising out of or in connection with this Contract without regard to the conflict of law provisions of Iowa law. Any and all litigation commenced in connection with this Contract shall be brought and maintained solely in Polk County District Court for the State of Iowa, Des Moines, Iowa, or in the United States District Court for the Southern District of Iowa, Central Division, Des Moines, Iowa, wherever jurisdiction is appropriate. This provision shall not be construed as waiving any immunity to suit or liability including without limitation sovereign immunity in State or Federal court, which may be available to the Agency or the State of Iowa.

2.13.11 Assignment and Delegation. The Contractor may not assign, transfer, or convey in whole or in part this Contract without the prior written consent of the Agency. For the purpose of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment. The Contractor may not delegate any of its obligations or duties under this Contract without the prior written consent of the Agency. The Contractor may not assign, pledge as collateral, grant a security interest in, create a lien against, or otherwise encumber any payments that may or will be made to the Contractor under this Contract.

2.13.12 Integration. This Contract represents the entire Contract between the parties. The parties shall not rely on any representation that may have been made which is not included in this Contract.

2.13.13 No Drafter. No party to this Contract shall be considered the drafter of this Contract for the purpose of any statute, case law, or rule of construction that would or might cause any provision to be construed against the drafter.

2.13.14 Headings or Captions. The paragraph headings or captions used in this Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.

2.13.15 Not a Joint Venture. Nothing in this Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties hereto. No party, unless otherwise specifically provided for herein, has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to this Contract.

2.13.16 Joint and Several Liability. If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation, or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of this Contract, for any default of activities and obligations, and for any fiscal liabilities.

2.13.17 Supersedes Former Contracts or Agreements. This Contract supersedes all prior contracts or agreements between the Agency and the Contractor for the Deliverables to be provided in connection with this Contract.

2.13.18 Waiver. Except as specifically provided for in a waiver signed by duly authorized representatives of the Agency and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.

2.13.19 Notice. Any notices required by the Contract shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by Federal Express, courier or other similar and reliable carrier which shall be addressed to each party's Contract Manager as set forth in the Contract Declarations and Execution Section. From time to time, the parties may change the name and address of a party designated to receive notice. Such change of the designated person shall be in writing to the other party. Each such notice shall be deemed to have been provided:

- At the time it is actually received in the case of hand delivery;
- Within one (1) day in the case of overnight delivery, courier or services such as Federal Express with guaranteed next-day delivery; or
- Within five (5) days after it is deposited in the U.S. Mail.

2.13.20 Cumulative Rights. The various rights, powers, options, elections, and remedies of any party provided in this Contract, shall be construed as cumulative and not one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, and shall in no way affect or impair the right of any party to pursue any other equitable or legal remedy to which any party may be entitled.

2.13.21 Severability. If any provision of this Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of this Contract.

2.13.22 Time is of the Essence. Time is of the essence with respect to the Contractor's performance of the terms of this Contract. The Contractor shall ensure that all personnel providing Deliverables to the Agency are responsive to the Agency's requirements and requests in all respects.

2.13.23 Authorization. The Contractor represents and warrants that:

2.13.23.1 It has the right, power, and authority to enter into and perform its obligations under this Contract.

2.13.23.2 It has taken all requisite action (corporate, statutory, or otherwise) to approve execution, delivery, and performance of this Contract and this Contract constitutes a legal, valid, and binding obligation upon itself in accordance with its terms.

2.13.24 Successors in Interest. All the terms, provisions, and conditions of the Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns, and legal representatives.

2.13.25 Records Retention and Access.

2.13.25.1 Financial Records. The Contractor shall maintain accurate, current, and complete records of the financial activity of this Contract which sufficiently and properly document and calculate all charges billed to the Agency during the entire term of this Contract, which includes any extensions or renewals thereof, and for a period of at least seven (7) years following the date of final payment or completion of any required audit (whichever is later). If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the seven (7) year period, the records must be retained until completion of the action and resolution of all issues which arise from it,

or until the end of the regular seven (7) year period, whichever is later. The Contractor shall permit the Agency, the Auditor of the State of Iowa or any other authorized representative of the State and where federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States government, to access and examine, audit, excerpt and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records, or other records of the Contractor relating to orders, Invoices or payments, or any other Documentation or materials pertaining to this Contract, wherever such records may be located. The Contractor shall not impose a charge for audit or examination of the Contractor's books and records. Based on the audit findings, the Agency reserves the right to address the Contractor's board or other managing entity regarding performance and expenditures. When state or federal law or the terms of this Contract require compliance with the OMNI Circular, or other similar provision addressing proper use of government funds, the Contractor shall comply with these additional records retention and access requirements:

2.13.25.1.1 Records of financial activity shall include records that adequately identify the source and application of funds. When the terms of this Contract require matching funds, cash contributions made by the Contractor and third-party in-kind (property or service) contributions, these funds must be verifiable from the Contractor's records. These records must contain information pertaining to contract amount, obligations, unobligated balances, assets, liabilities, expenditures, income, and third-party reimbursements.

2.13.25.1.2 The Contractor shall maintain accounting records supported by source documentation that may include but are not limited to cancelled checks, paid bills, payroll, time and attendance records, and contract award documents.

2.13.25.1.3 The Contractor, in maintaining project expenditure accounts, records and reports, shall make any necessary adjustments to reflect refunds, credits, underpayments or overpayments, as well as any adjustments resulting from administrative or compliance reviews and audits. Such adjustments shall be set forth in the financial reports filed with the Agency.

2.13.25.1.4 The Contractor shall maintain a sufficient record keeping system to provide the necessary data

for the purposes of planning, monitoring, and evaluating its program.

2.13.25.2 The Contractor shall retain all non-medical and medical client records for a period of seven (7) years from the last date of service for each patient; or in the case of a minor patient or client, for a period consistent with that established by Iowa Code § 614.1(9), whichever is greater.

2.13.26 Audits. Local governments and non-profit subrecipient entities that expend \$750,000 or more in a year in federal awards (from all sources) shall have a single audit conducted for that year in accordance with the provisions of the OMNI Circular, OMB Uniform Guidance: Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards at 2 C.F.R. 200. A copy of the final audit report shall be submitted to the Agency if either the schedule of findings and questioned costs or the summary schedule of prior audit findings includes any audit findings related to federal awards provided by the Agency. If an audit report is not required to be submitted per the criteria above, the subrecipient must provide written notification to the Agency that the audit was conducted in accordance with Government Auditing Standards and that neither the schedule of findings and questioned costs nor the summary schedule of prior audit findings includes any audit findings related to federal awards provided by the Agency. See the OMNI Circular, Section 200.330, Subrecipient and Contractor Determinations for a discussion of subrecipient versus contractor (vendor) relationships. The Contractor shall provide the Agency with a copy of any written audit findings or reports, whether in draft or final form, within two (2) Business Days following receipt by the Contractor. The requirements of this paragraph shall apply to the Contractor as well as any subcontractors.

2.13.27 Reimbursement of Audit Costs. If the Auditor of the State of Iowa notifies the Agency of an issue or finding involving the Contractor's noncompliance with laws, rules, regulations, and/or contractual agreements governing the funds distributed under this Contract, the Contractor shall bear the cost of the Auditor's review and any subsequent assistance provided by the Auditor to determine compliance. The Contractor shall reimburse the Agency for any costs the Agency pays to the Auditor for such review or audit.

2.13.28 Staff Qualifications and Background Checks. The Contractor shall be responsible for assuring that all persons, whether they are employees,

agents, subcontractors, or anyone acting for or on behalf of the Contractor, are properly licensed, certified, or accredited as required under applicable state law and the Iowa Administrative Code. The Contractor shall provide standards for service providers who are not otherwise licensed, certified, or accredited under state law or the Iowa Administrative Code.

The Agency reserves the right to conduct and/or request the disclosure of criminal history and other background investigation of the Contractor, its officers, directors, shareholders, and the Contractor's staff, agents, or subcontractors retained by the Contractor for the performance of Contract services.

2.13.29 Solicitation. The Contractor represents and warrants that no person or selling agency has been employed or retained to solicit and secure this Contract upon an agreement or understanding for commission, percentage, brokerage, or contingency excepting bona fide employees or selling agents maintained for the purpose of securing business.

2.13.30 Obligations Beyond Contract Term. All obligations of the Agency and the Contractor incurred or existing under this Contract as of the date of expiration or termination will survive the expiration or termination of this Contract. Contract sections that survive include, but are not necessarily limited to, the following: (1) Section 2.4.2, *Erroneous Payments and Credits*; (2) Section 2.5.5, *Limitation of the State's Payment Obligations*; (3) Section 2.5.6, *Contractor's Contract Close-Out Duties*; (4) Section 2.7, *Indemnification*, and all subparts thereof; (5) Section 2.9, *Ownership and Security of Agency Information*, and all subparts thereof; (6) Section 2.10, *Intellectual Property*, and all subparts thereof; (7) Section 2.13.10, *Choice of Law and Forum*; (8) Section 2.13.16, *Joint and Several Liability*; (9) Section 2.13.20, *Cumulative Rights*; (10) Section 2.13.24 *Successors In Interest*; (11) Section 2.13.25, *Records Retention and Access*, and all subparts thereof; (12) Section 2.13.26, *Audits*; (13) Section 2.13.27, *Reimbursement of Audit Costs*; (14) Section 2.13.35, *Repayment Obligation*; and (15) Section 2.13.39, *Use of Name or Intellectual Property*.

2.13.31 Counterparts. The parties agree that this Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same instrument.

2.13.32 Delays or Potential Delays of Performance.

Whenever the Contractor encounters any difficulty which is delaying or threatens to delay the timely performance of this Contract, including but not limited to potential labor disputes, the Contractor shall immediately give notice thereof in writing to the Agency with all relevant information with respect thereto. Such notice shall not in any way constitute a basis for an extension of the delivery schedule or be construed as a waiver by the Agency or the State of any rights or remedies to which either is entitled by law or pursuant to provisions of this Contract.

Failure to give such notice, however, may be grounds for denial of any request for an extension of the delivery schedule because of such delay.

Furthermore, the Contractor will not be excused from failure to perform that is due to a Force Majeure unless and until the Contractor provides notice pursuant to this provision.

2.13.33 Delays or Impossibility of Performance Based on a Force Majeure. Neither party shall be in default under the Contract if performance is prevented, delayed, or made impossible to the extent that such prevention, delay, or impossibility is caused by a Force Majeure. If a delay results from a subcontractor's conduct, negligence or failure to perform, the Contractor shall not be excused from compliance with the terms and obligations of the Contract unless the subcontractor or supplier is prevented from timely performance by a Force Majeure as defined in this Contract.

If a Force Majeure delays or prevents the Contractor's performance, the Contractor shall immediately use its best efforts to directly provide alternate, and to the extent possible, comparable performance. Comparability of performance and the possibility of comparable performance shall be determined solely by the Agency.

The party seeking to exercise this provision and not perform or delay performance pursuant to a Force Majeure shall immediately notify the other party of the occurrence and reason for the delay. The parties shall make every effort to minimize the time of nonperformance and the scope of work not being performed due to the unforeseen events. Dates by which performance obligations are scheduled to be met will be extended only for a period of time equal to the time lost due to any delay so caused.

2.13.34 Right to Address the Board of Directors or Other Managing Entity. The Agency reserves the right to address the Contractor's board of directors or

other managing entity of the Contractor regarding performance, expenditures, and any other issue the Agency deems appropriate.

2.13.35 Repayment Obligation. In the event that any State and/or federal funds are deferred and/or disallowed as a result of any audits or expended in violation of the laws applicable to the expenditure of such funds, the Contractor shall be liable to the Agency for the full amount of any claim disallowed and for all related penalties incurred. The requirements of this paragraph shall apply to the Contractor as well as any subcontractors.

2.13.36 Reporting Requirements. If this Contract permits other State agencies and political subdivisions to make purchases off of the Contract, the Contractor shall keep a record of the purchases made pursuant to the Contract and shall submit a report to the Agency on a quarterly basis. The report shall identify all of the State agencies and political subdivisions making purchases off of this Contract and the quantities purchased pursuant to the Contract during the reporting period.

2.13.37 Immunity from Liability. Every person who is a party to the Contract is hereby notified and agrees that the State, the Agency, and all of their employees, agents, successors, and assigns are immune from liability and suit for or from the Contractor's and/or subcontractors' activities involving third parties and arising from the Contract.

2.13.38 Public Records. The laws of the State require procurement and contract records to be made public unless otherwise provided by law.

2.13.39 Use of Name or Intellectual Property. The Contractor agrees it will not use the Agency and/or State's name or any of their intellectual property, including but not limited to, any State, state agency, board or commission trademarks or logos in any manner, including commercial advertising or as a business reference, without the expressed prior written consent of the Agency and/or the State.

2.13.40 Taxes. The State is exempt from Federal excise taxes, and no payment will be made for any taxes levied on the Contractor's employees' wages. The State is exempt from State and local sales and use taxes on the Deliverables.

2.13.41 No Minimums Guaranteed. The Contract does not guarantee any minimum level of purchases or any minimum amount of compensation.

2.14 Contract Certifications. The Contractor will fully comply with obligations herein. If any

conditions within these certifications change, the Contractor will provide written notice to the Agency within twenty-four (24) hours from the date of discovery.

2.14.1 Certification of Compliance with Pro-Children Act of 1994. The Contractor must comply with Public Law 103-227, Part C Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act). This Act requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the Deliverables are funded by federal programs either directly or through State or local governments. Federal programs include grants, cooperative agreements, loans or loan guarantees, and contracts. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities (other than clinics) where Women, Infants, and Children (WIC) coupons are redeemed.

The Contractor further agrees that the above language will be included in any subawards that contain provisions for children's services and that all subgrantees shall certify compliance accordingly. Failure to comply with the provisions of this law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day.

2.14.2 Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transactions

By signing this Contract, the Contractor is providing the certification set out below:

2.14.2.1 The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the Contractor knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2.14.2.2 The Contractor shall provide immediate written notice to the Agency if at any time the Contractor learns that its certification was erroneous

when submitted or had become erroneous by reason of changed circumstances.

2.14.2.3 The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principle, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. Contact the Agency for assistance in obtaining a copy of those regulations.

2.14.2.4 The Contractor agrees by signing this Contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Agency or agency with which this transaction originated.

2.14.2.5 The Contractor further agrees by signing this Contract that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

2.14.2.6 A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. A participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.

2.14.2.7 Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

2.14.2.8 Except for transactions authorized under Section 2.14.2.4 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is

proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the Agency or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

2.14.2.9 The Contractor certifies, by signing this Contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. Where the Contractor is unable to certify to any of the statements in this certification, such Contractor shall attach an explanation to this Contract.

2.14.3 Restriction on Lobbying.

This section is applicable to all federally-funded contracts. Title 45 of the Code of Federal Regulations, Part 93 sets conditions on the use of Federal funds supporting this Contract. The Contractor shall comply with all requirements of CFR Part 93 which is incorporated herein as if fully set forth. No appropriated funds supporting this Contract may be expended by the Contractor for payment of any person for influencing or attempting to influence an employee of the agency (as defined in 5 U.S.C.552(f)), a member of Congress in connection with the award of this Contract, the making of any federal funding grant award connected to this Contract, the making of any Federal loan connected to this Contract, the entering into any cooperative agreement connected to this Contract, and the extension, continuation, or modification of this Contract.

2.14.3.1 The Contractor shall file with the Agency a certification form, set forth in Appendix A of 45 CFR Part 93, certifying the Contractor, including any subcontractor(s) at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) have not made, and will not make, any payment prohibited under 45 CFR § 93.100.

2.14.3.2 The Contractor shall file with the Agency a disclosure form, set forth in Appendix B of 45 CFR Part 93, in the event the Contractor or subcontractor(s) at any tier (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) has made or has agreed to make any payment using non-appropriated funds, including profits from any covered Federal action,

which would be prohibited under 45 CFR §93.100 if paid for with appropriated funds. All disclosure forms shall be forwarded from tier to tier until received by the Contractor and shall be treated as a material representation of fact upon which all receiving tiers shall rely.

2.14.3.3 The Contractor shall file with the Agency subsequent disclosure forms at the end of each calendar quarter in which there occurs any event that requires disclosure or materially affects the accuracy of the information contained in any disclosure form previously filed. Such events include:

2.14.3.3.1 A cumulative increase of \$25,000 or more in the amount paid or expected to be paid to influence a covered Federal action;

2.14.3.3.2 A change in the person(s) or individual(s) influencing or attempting to influence a covered Federal action; and

2.14.3.3.3 A change in the officer(s), employee(s), or Member(s) contacted to influence or attempt to influence a covered Federal action.

2.14.3.4 The Contractor may be subject to civil penalties if the Contractor fails to comply with the requirements of 45 CFR Part 93. An imposition of a civil penalty does not prevent the Agency from taking appropriate enforcement actions which may include, but not necessarily be limited to, termination of the Contract.

2.14.4 Certification Regarding Drug Free Workplace

2.14.4.1 Requirements for Contractors Who are Not Individuals. If the Contractor is not an individual, the Contractor agrees to provide a drug-free workplace by:

2.14.4.1.1 Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violations of such prohibition;

2.14.4.1.2 Establishing a drug-free awareness program to inform employees about:

- The dangers of drug abuse in the workplace;
- The Contractor's policy of maintaining a drug-free workplace;
- Any available drug counseling, rehabilitation, and employee assistance programs; and
- The penalties that may be imposed upon employees for drug abuse violations;

2.14.4.1.3 Making it a requirement that each employee to be engaged in the performance of such contract be given a copy of the statement required by Subsection 2.14.4.1.1;

2.14.4.1.4 Notifying the employee in the statement required by Subsection 2.14.4.1.1 that as a condition of employment on such contract, the employee will:

- Abide by the terms of the statement; and
- Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;

2.14.4.1.5 Notifying the contracting agency within ten (10) days after receiving notice under the second unnumbered bullet of Subsection 2.14.4.1.4 from an employee or otherwise receiving actual notice of such conviction;

2.14.4.1.6 Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by 41 U.S.C. § 703; and

2.14.4.1.7 Making a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

2.14.4.2 Requirement for Individuals. If the Contractor is an individual, by signing the Contract, the Contractor agrees not to engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the performance of the Contract.

2.14.4.3 Notification Requirement. The Contractor shall, within thirty (30) days after receiving notice from an employee of a conviction pursuant to 41 U.S.C. § 701(a)(1)(D)(ii) or 41 U.S.C. § 702(a)(1)(D)(ii):

2.14.4.3.1 Take appropriate personnel action against such employee up to and including termination; or

2.14.4.3.2 Require such employee to satisfactorily participate in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.

2.14.5 Conflict of Interest. The Contractor represents, warrants, and covenants that no relationship exists or will exist during the Contract period between the Contractor and the Agency that is a conflict of interest. No employee, officer, or agent of the Contractor or subcontractor shall participate in the selection or in the award or administration of a subcontract if a conflict of interest, real or apparent, exists. The provisions of Iowa Code chapter 68B shall apply to this Contract. The Contractor shall

establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties.

In the event the Contractor becomes aware of any circumstances that may create a conflict of interest the Contractor shall immediately take such actions to mitigate or eliminate the risk of harm caused by the conflict or appearance of conflict. The Contractor shall promptly, fully disclose and notify the Agency of any circumstances that may arise that may create a conflict of interest or an appearance of conflict of interest. Such notification shall be submitted to the Agency in writing within seven (7) Business Days after the conflict or appearance of conflict is discovered.

In the event the Agency determines that a conflict or appearance of a conflict exists, the Agency may take any action that the Agency determines is necessary to mitigate or eliminate the conflict or appearance of a conflict. Such actions may include, but are not limited to:

2.14.5.1 Exercising any and all rights and remedies under the Contract, up to and including terminating the Contract with or without cause; or

2.14.5.2 Directing the Contractor to implement a corrective action plan within a specified time frame to mitigate, remedy and/or eliminate the circumstances which constitute the conflict of interest or appearance of conflict of interest; or

2.14.5.3 Taking any other action the Agency determines is necessary and appropriate to ensure the integrity of the contractual relationship and the public interest.

The Contractor shall be liable for any excess costs to the Agency as a result of the conflict of interest.

2.14.6 Certification Regarding Sales and Use Tax. By executing this Contract, the Contractor certifies it is either (1) registered with the Iowa Department of Revenue, collects, and remits Iowa sales and use taxes as required by Iowa Code chapter 423; or (2) not a “retailer” or a “retailer maintaining a place of business in this state” as those terms are defined in Iowa Code § 423.1(42) and (43). The Contractor also acknowledges that the Agency may declare the Contract void if the above certification is false. The Contractor also understands that fraudulent certification may result in the Agency or its

representative filing for damages for breach of contract.

2.14.7 Certification Regarding Iowa Code

Chapter 8F. If the Contractor is or becomes subject to Iowa Code chapter 8F during the entire term of this Contract, which includes any extensions or renewals thereof, the Contractor shall comply with the following:

2.14.7.1 As a condition of entering into this Contract, the Contractor shall certify that it has the information required by Iowa Code § 8F.3 available for inspection by the Agency and the Legislative Services Agency.

2.14.7.2 The Contractor agrees that it will provide the information described in this section to the Agency or the Legislative Services Agency upon request. The Contractor shall not impose a charge for making information available for inspection or providing information to the Agency or the Legislative Services Agency.

2.14.7.3 Pursuant to Iowa Code § 8F.4, the Contractor shall file an annual report with the Agency and the Legislative Services Agency within ten (10) months following the end of the Contractor's fiscal year (unless the exceptions provided in Iowa Code § 8F.4(1)(b) apply). The annual report shall contain:

2.14.7.3.1 Financial information relative to the expenditure of state and federal moneys for the prior year pursuant to this Contract. The financial information shall include but is not limited to budget and actual revenue and expenditure information for the year covered.

2.14.7.3.2 Financial information relating to all service contracts with the Agency during the preceding year, including the costs by category to provide the contracted services.

2.14.7.3.3 Reportable conditions in internal control or material noncompliance with provisions of laws, rules, regulations, or contractual agreements included in external audit reports of the Contractor covering the preceding year.

2.14.7.3.4 Corrective action taken or planned by the Contractor in response to reportable conditions in internal control or material noncompliance with laws, rules, regulations, or contractual agreements included in external audit reports covering the preceding year.

2.14.7.3.5 Any changes in the information submitted in accordance with Iowa Code §8F.3

2.14.7.3.6 A certification signed by an officer and director, two directors, or the sole proprietor of the Contractor, whichever is applicable, stating the annual report is accurate and the recipient entity is in full compliance with all laws, rules, regulations, and contractual agreements applicable to the recipient entity and the requirements of Iowa Code chapter 8F.

2.14.7.3.7 In addition, the Contractor shall comply with Iowa Code chapter 8F with respect to any subcontracts it enters into pursuant to this Contract. Any compliance documentation, including but not limited to certifications, received from subcontractors by the Contractor shall be forwarded to the Agency.

2.14.8 Reserved. (*Food and Nutrition Services Funded Contract*).

Attachment M (1): ICAPP Project Proposal Form (Home Visiting and Parent Development)

{Instructions: Fill out one form for each Project for which you seek funding and attach behind the Bidder Detail Form and Certification in your Proposal}

Bidder/Council Name:			
Designated Contractor (if different):			
Proposed Service Area (county or counties):			
Project Area (Select ONE):			
<input type="checkbox"/> Home Visiting Services (HV)		<input type="checkbox"/> Parent Development (PD)	
Was this Project awarded ICAPP funding for SFY 2019?			<input type="checkbox"/> YES <input type="checkbox"/> NO (New Project)
If "yes", how much funding was this Project awarded for SFY 2019?			\$
If "yes", please identify the contract number(s) associated with this Project in SFY 2019:			
ACFS 19-			
Section 1: The Council and the Community			
1) Council Composition and Collaboration:			
Points = 4 Weighted = x6 Total Possible = 24			
<i>State the purpose or mission of the Council and describe the composition of the Council and the extent to which it is broadly representative of community interests in child abuse prevention. Discuss collaborative efforts of the Council as it relates to assessing Community need and the decision-making process used in the selection of the Project Scope of Work.</i>			
[Enter text here]			
2) Parent Leadership:			
Points = 4 Weighted = x4 Total Possible = 16			
<i>Describe efforts to engage Program Participants (past or present) or families with past involvement with the Child welfare system in planning or decision making. Discuss efforts to assess and enhance the cultural responsiveness of the Council and proposed programming. What efforts are made to gain family perspective on community needs? Describe how parents are involved in the process of continuous quality improvement.</i>			
[Enter text here]			
3) Community Development:			
Points = 4 Weighted = 6 Total Possible = 24			
<i>Describe community-level efforts including:</i>			
<ul style="list-style-type: none"> • <i>Efforts to build awareness of Child Maltreatment and Prevention</i> • <i>Efforts to reduce stigma for families reaching out for help</i> • <i>Efforts to mobilize communities around issues of child abuse prevention and supporting families</i> • <i>Efforts to impact policy changes within businesses or other community systems</i> 			
[Enter text here]			
Provide your projected service numbers for this Project. (you may add/delete boxes for in the table as needed.)			

Community Development	FY 2021	FY 2022
Measure 1		
Measure 2		
Measure 3		
Other		

Section 2: Project Description

4) Project Overview:

Points = 4 Weighted = x10 Total Possible = 40

Provide an overall description of the proposed Project and activities, by county, including: (a) the target population identified; (b) the general type of services being offered, including the curriculum/model and structure of service delivery; (c) how the Project meets the identified community need; (d) how often and in what form the services and/or information will be made available; and (e) the projected service numbers for SFY 2019 and 2020 (see table below).

- a) Describe the target population for this service. Discuss how the Project will engage families with Risk Factors for abuse. Include what, if any, criteria must be met for service eligibility.

[Enter text here]

- b) Describe the kind of services being offered. Include curriculum/model and structure of service delivery.

[Enter text here]

- c) Describe how the Project will meet the identified community need.

[Enter text here]

- d) How often and in what form will the services be provided?

[Enter text here]

- e) Provide your projected service numbers for this Project by SFY (you may delete the boxes for services not included in this Proposal).

Home Visiting or Parent Development	FY 2021	FY 2022
Parents served:		
Children served:		
Group sessions:		
One-on-one sessions (not in home):		
In-home sessions:		
Other output measure (please specify):		

5) Program Model Fidelity:

<p>Points = 4 Weighted = x5 Total Possible = 20 <i>Describe how this Project will adhere to model/program fidelity. Include information regarding how the Project will meet the model developer's standards for dosage, frequency, content, etc. Discuss the extent to which model standards for training, education and supervision will be met. Include any anticipated modifications to model fidelity and the rationale for the modification.</i></p> <p>REMINDER: If Bidder is proposing the use of an Evidence-Based Program/Model that requires affiliation or accreditation (including the Iowa Family Support Credential), verification must be included behind this form. Verification may include, but is not necessarily limited to, a dated certificate or letter indicating the Project's status with the affiliated model or credentialing body.</p> <p>[Enter text here]</p>	
<p>6) Protective Factors: Points = 4 Weighted = x3 Total Possible = 12 <i>Describe which Protective Factor(s), as identified in the RFP Scope of Work, your Project seeks to improve and how your Project is designed to achieve this improvement. If the Project seeks to improve more than one Protective Factor provide a ranking of the factors in order of importance, beginning with the highest priority to the least.</i></p> <p>[Enter text here] –</p>	
<p>7) Staffing of Service Delivery: Points = 4 Weighted = x3 Total Possible = 12 <i>Please provide information about individuals that will carry out activities described in this Proposal.</i></p> <p>a.) Describe (1) the qualifications of the staff implementing this Project (2) the process used to screen, train and supervise staff.</p> <p>[Enter text here]</p>	
<p>Will the Project utilize volunteers to carry out activities described in this Proposal? If "Yes", complete part b. If "No" proceed to question 8.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>b.) Describe (1) the qualifications of the volunteers implementing this Project (2) the process used to screen, train and supervise volunteers.</p> <p>[Enter text here]</p>	
<p>Section 3: Project Performance</p>	
<p>8) Project Experience/Performance: Points = 4 Weighted = x4 Total Possible Points = 16 <i>{Indicate how long this Project has existed – even if funded by a source other than ICAPP and/or CBCAP and describe the provider's experience with this type of Project. If this is a new Project, describe the planning that has occurred. If the Project was funded by another source indicate whether the provider has had a contract terminated, not renewed, or placed on a Program Improvement Plan (PIP) or similar corrective action plan within the past 24 months, for failure to complete terms of the contract. If so, describe measures taken to ensure contract deliverables will be met if awarded.}</i></p> <p>Note: Attachment R: Acknowledgment(s) of Partnership must be submitted (where applicable, when the Project proposes activities to be completed in partnership with of a third party) to demonstrate Bidder capacity to carry out activities as described. Forms shall be submitted as indicated in the RFP but are included with the scoring of this section.</p> <p>[Enter text here]</p>	
<p>For Projects awarded ICAPP funds for FY 2019:</p>	

Identify previous compliance with contract deliverables and indicate if, at any time, the Project was placed on a Program Improvement Plan (PIP) or was not renewed due to unmet performance measures. Include efforts to address challenges and improve any areas in which deficiencies were noted.	
[Enter text here]	
Section 4: Project Budget	
9) Project Budget: Points = 4 Weighted = x4 Total Possible Points = 16 <i>Complete the provided Project Proposal Budget. Use this section to describe, in greater detail, items included in each budget.</i>	
a. Provide any additional explanation not included in the Budget line items.	
[Enter Text here]	
b. Provide information about viability of your project. In other words, are you able to achieve outcomes with partial funding? At what level of funding is your Project no longer feasible (for example, the project is no longer feasible if funded below 50%).	
[Enter text here]	
c. What is the proposed unit cost of this project (i.e., estimated cost per family, class, session, etc.)?	
[Enter text here]	
d. Please discuss other sources of funding that will support this Project. Include funds that have been awarded as well as funds applied for but not yet secured.	
[Enter text here]	
Phase III Total Points Possible:	180

Attachment M (2): ICAPP Project Proposal Form (Sexual Abuse Prevention)

{Instructions: Fill out one form for each Project for which you seek funding and attach behind the Bidder Detail Form and Certification in your Proposal}

Bidder/Council Name:			
Designated Contractor (if different):			
Proposed Service Area (county or counties):			
Was this Project awarded ICAPP funding for SFY 2019?	<input type="checkbox"/> YES <input type="checkbox"/> NO (New Project)		
If “yes”, how much funding was this Project awarded for SFY 2019?	\$		
If “yes”, please identify the contract number(s) associated with this Project in SFY 2019:			
ACFS 19-			
Section 1: Council Goals, Membership and Activities			
1) Council Composition and Collaboration:			
Points = 4 Weighted = x6 Total Possible = 24			
<i>State the purpose or mission of the Council and describe the composition of the Council and the extent to which it is broadly representative of community interests in child abuse prevention. Discuss collaborative efforts of the Council as it relates to assessing Community need and the decision-making process used in the selection of the Project Scope of Work.</i>			
[Enter text here]			
2) Parent Leadership:			
Points = 4 Weighted = x4 Total Possible = 16			
<i>Describe efforts to engage Program Participants (past or present) or families with past involvement with the Child welfare system in planning or decision making. Discuss efforts to assess and enhance the cultural responsiveness of the Council and proposed programming. What efforts are made to gain family perspective on community needs? Describe how parents are involved in the process of continuous quality improvement.</i>			
[Enter text here]			
3) Community Development:			
Points = 4 Weighted = x6 Total Possible = 24			
<i>Discuss Community Development activities.</i>			
a) Describe community-level efforts including:			
<ul style="list-style-type: none"> • Efforts to build awareness of Child Maltreatment and Prevention • Efforts to reduce stigma for families reaching out for help • Efforts to mobilize communities around issues of child abuse prevention and supporting families • Efforts to impact policy changes within businesses or other community systems 			
[Enter text here]			
b. Provide your projected service numbers for this Project. (You may add/delete boxes for in the table as needed.)			
Community Development		FY 2021	FY 2022
<i>Measure 1</i>			

Measure 2		
Measure 3		
Other		

Section 2: Project Description

4) Project Overview:

Points = 4 Weighted = x10 Total Possible = 40

Provide an overall description of the proposed Project and activities, by county, including: (a) the target population identified; (b) the general type of services being offered, including the curriculum/model and structure of service delivery; (c) how the Project meets the identified community need; (d) how often and in what form the services and/or information will be made available; and (e) the projected service numbers for SFY 2019 and 2020 (see table below).

a) Describe the target population for this service. Discuss how the Project will engage parents, caregivers and other adults responsible for the safety of children.

[Enter text here]

b) Describe the kind of services being offered. Include curriculum/model and structure of service delivery.

[Enter text here]

c) Describe how the Project will meet the identified community need.

[Enter text here]

d) How often and in what form will the services be provided?

[Enter text here]

e) Provide your projected service numbers for this Project for SFY 2021. Do not include public awareness events, meetings to market or provide a summary of services, or events in which participants are not verifiable (e.g., resource fairs).

Sexual Abuse Prevention	FY 2021	FY 2022
<i>Adult presentations:</i>		
<i>Adults served (through adult-focused interventions):</i>		
<i>Child presentations:</i>		
<i>Children served:</i>		
<i>Other output measure (please specify):</i>		

5) Program Model Fidelity and Best Practices:

Points = 4 Weighted = x5 Total Possible = 20

Describe how this Project will adhere to model/program fidelity. Include information regarding how the Project will meet the model developer's standards for dosage, frequency, content, etc. Discuss the extent to which model standards for training, education and supervision will be met. Include any anticipated modifications to model fidelity and the rationale for the modifications. How will the Project align with best practices as identified in Attachment S: Child Sexual Abuse Primary Prevention: A Literature Review.

[Enter text here]	
6) Project Evaluation: Points = 4 Weighted = x3 Total Possible = 12 <i>Discuss the evaluation process to be implemented with this Project. Specifically, indicate any evaluation tools that will be used to measure outcomes (i.e., Program Administrator survey, model specific evaluation, etc.). Describe how the results of evaluation will contribute to the Project's efforts in continuous quality improvement.</i>	
[Enter text here]	
7) Staffing of Service Delivery: Points = 4 Weighted = x3 Total Possible = 12 <i>Please provide information about individuals that will carry out activities described in this Proposal.</i>	
a. Describe (1) the qualifications of the staff implementing this Project (2) the process used to screen, train and supervise staff.	
[Enter text here]	
Will the program utilize volunteers to carry out activities described in this Proposal? If "Yes", complete part b. If "No" proceed to question 8.	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Describe (1) the qualifications of the volunteers implementing this Project (2) the process used to screen, train and supervise volunteers.	
[Enter text here]	
Section 3: Project Performance	
8) Project Experience/Performance: Points = 4 Weighted = x4 Total Possible Points = 16 <i>Indicate how long this Project has existed – even if funded by a source other than ICAPP and/or CBCAP and describe the provider's experience with this type of Project. If this is a new Project, describe the planning that has occurred. If the Project was funded by another source indicate whether the provider has had a contract terminated, not renewed, or placed on a Program Improvement Plan (PIP) or similar corrective action plan within the past 24 months, for failure to complete terms of the contract. If so, describe measures taken to ensure contract deliverables will be met if awarded.</i> Note: Acknowledgement(s) of Partnership must be submitted (where applicable, when the Project proposes activities to be completed in partnership with a third party) to demonstrate Bidder capacity to carry out activities as described. Acknowledgement(s) shall be submitted as indicated in the RFP but are included with the scoring of this section.	
[Enter text here]	
For Projects awarded ICAPP funds for FY 2019: Identify previous compliance with contract deliverables and indicate if, at any time, the Project was placed on a Program Improvement Plan (PIP) or was not renewed due to unmet performance measures. Include efforts to address challenges and improve any areas in which deficiencies were noted.	
[Enter text here]	
Section 4: Project Budget	
9) Project Budget: Points = 4 Weighted = x4 Total Possible Points = 16 <i>Complete the provided Project Proposal Budget. Use this section to describe, in greater detail, items included in each budget.</i>	
a. Provide any additional explanation not included in the Budget line items.	

[Enter Text here]	
<i>b.</i> Provide information about viability of your project. In other words, are you able to achieve outcomes with partial funding? At what level of funding is your Project no longer feasible (for example, the project is no longer feasible if funded below 50%).	
[Enter text here]	
<i>c.</i> What is the proposed unit cost of this project (i.e., estimated cost per family, class, session, etc.)	
[Enter text here]	
<i>d.</i> Please discuss other sources of funding that will support this Project. Include funds that have been awarded as well as funds applied for but not yet secured.	
[Enter text here]	
Phase III Total Points Possible:	180

**Attachment M (3): ICAPP Project Proposal Form
(Resilient Communities Demonstration Project)**

{Instructions: Fill out one form for each Project for which you seek funding and attach behind the Bidder Detail Form and Certification in your Proposal}

Bidder/Council Name:	
Designated Contractor (if different):	
County to be Served: <i>(Please refer to Attachment J: Maximum Allowable Funds by County for a list of counties eligible for this Project type)</i>	
Section 1: Council Goals, Membership and Activities	
1) Council Composition and Collaboration: Points = 4 Weighted = x6 Total Possible = 24 <i>State the purpose or mission of the Council and describe the composition of the Council and the extent to which it is broadly representative of community interests in child abuse prevention. Discuss collaborative efforts of the Council and how this Project will build upon current collaborative work. How will this Project build on existing efforts and avoid duplication of the same/similar work?</i>	
[Enter text here]	
2) Community Support: Points = 4 Weighted = x4 Total Possible = 16 <i>List partners that have indicated (through Acknowledgement of Partnership) support of this project and discuss commitment and capacity to support efforts. How will additional partners be recruited?</i>	
[Enter text here]	
3) Community Needs: Points = 4 Weighted = x3 Total Possible = 12 <i>Describe community need for this Project. Include context about community culture, climate or other factors that present barriers to healthy and successful family and community systems.</i>	
[Enter text here]	
Section 2: Project Description	
4) Project Overview: Points = 4 Weighted = x10 Total Possible = 40 <i>Discuss planned activities to implement the Project.</i>	
a. Discuss plan for carrying out activities, including who will be responsible for coordination of efforts, completion of needs assessment, workplan and strategic plan.	
[Enter text here]	
b. How will decisions be made? How will data be used to inform decisions?	
[Enter text here]	
c. What will be the approach to addressing social norms and building awareness?	
[Enter text here]	
5) Parent Leadership: Points = 4 Weighted = x5 Total Possible = 20 <i>How will parents/caregivers be involved in providing meaningful input and decision-making? How will the Project incentivize participation and engage a diverse group of parents/caregivers?</i>	
[Enter text here]	

<p>6) Backbone Organization: Points = 4 Weighted = 4 Total Possible =16 <i>Identify the organization that will have primary responsibility for coordination of efforts.</i></p>	
<p>[Enter text here]</p>	
<p>7) Project Staffing: Points = 4 Weighted = x5 Total Possible = 20 Please provide information about individuals that will carry out activities described in this Proposal.</p>	
<p>a.) Describe plan for staffing, including who will be responsible for coordination, completion of needs assessment, workplan and strategic plan. If the Contractor plans to hire a new position or utilize subcontractor(s) how will employees/subcontractors be vetted, selected, trained and supported?</p>	
<p>[Enter text here]</p>	
<p>Will the Project utilize volunteers to carry out activities described in this Proposal? If "Yes", complete part b. If "No" proceed to question 8.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>b.) Describe (1) the qualifications of the volunteers implementing this Project (2) the process used to screen, train and supervise volunteers.</p>	
<p>[Enter text here]</p>	
<p>8) Bidder Experience and Performance: Points=4 Weighted=x4 Total Possible = 16 <i>Describe Bidder experience including leadership and/or involvement with similar initiatives. Provide information about Bidder performance history, including whether the provider has had a contract terminated, not renewed, or placed on a Program Improvement Plan (PIP) or similar corrective action plan within the past 24 months, for failure to complete terms of the contract. If so, describe actions taken by Bidder to resolve performance issues.</i></p>	
<p>Note: Acknowledgement(s) of Partnership must be submitted (where applicable, when the Project proposes activities to be completed in partnership with a third party) to demonstrate Bidder capacity to carry out activities as described. Acknowledgement(s) shall be submitted as indicated in the RFP but are included with the scoring of this section.</p>	
<p>[Enter text here]</p>	
<p>Section 4: Project Budget</p>	
<p>9) Project Budget: Points = 4 Weighted = x4 Total Possible Points = 16 <i>Complete the provided Project Proposal Budget. Use this section to provide detail regarding how the Bidder plans to utilize funds to carry out the duties described above.</i></p>	
<p>a. Describe in detail the items included in each budget line item and how the Bidder plans to utilize funds to carry out the duties described above. Provide information about viability of Project and what outcomes are achievable if partial funding is awarded. At what level of funding is the Project no longer feasible (for example, the Project is no longer feasible if funded below 50%.)</p>	
<p>[Enter Text here]</p>	
<p>b. What, if any other funds have been applied for or awarded that will support this Project.</p>	
<p>[Enter Text here]</p>	
<p>Phase III Total Points Possible:</p>	<p>180</p>

Attachment N: ICAPP Project Proposal Budget Form FY 2021

Step 1: Enter Bidder Name:

Step 2: Complete the Budget Worksheet below.

DIRECT PROGRAM COSTS			
Salary & Wages (do not include Indirect Personnel Costs here)			
List Staff Positions, Total Salary/Wages & % to ICAPP	Total Salary	% to ICAPP	Costs
			-
			-
			-
			-
			-
			-
			-
			-
Total Salary & Wages	-		-
Benefits (do not include Indirect Personnel Costs here)			
List Staff Positions, total Cost of Benefits & % to ICAPP	Total Benefits	% to ICAPP	Costs
			-
			-
			-
			-
			-
			-
			-
			-
Total Benefits	-		-
Total Salaries & Benefits			-
Travel & Training			
Registration Fees for Conferences & Training - describe below			Costs
Mileage - describe below (review state policy for allowable reimbursement rate)			Costs
Air Fare & Related - describe below			Costs
Lodging - describe below (review state policy for allowable hotel costs)			Costs
Other Travel Costs - describe below			Costs
Total Travel & Registration Costs			-

Program Supplies & Materials - describe below		Costs
Total Program Supplies & Materials Costs		-
Contract Services - describe below		Costs
Total Contract Services		-
Incentives (Restricted to 5% of total budget)		Costs
Total Incentives		-
INDIRECT COSTS		
Indirect Costs - may not exceed 15% of the Budget		Costs
<i>Describe below</i>		
Personnel Costs		
Facilities		
Recurring Expenses		
Other		
Total Indirect Costs		-
#DIV/0!		<i>Indirect Costs are #DIV/0! of Funding Request</i>
#DIV/0!		<i>Incentive Costs are #DIV/0! of Funding Request</i>
Total Funding Request FY 2021		-

*Check for Warning messages; correct errors.
After Budget Worksheet is completed, select Tab 2 - 2021 Budget Summary*

Attachment N: ICAPP Project Proposal Budget Form FY 2021

Step 3: Complete Other Funding Sources, Estimated Value of Donations and Volunteer Hours below.

Description	Total Project Funding Request	Other Funding Sources	Estimated Value of Donations	Volunteer Hours (# Hrs. x \$25.43)	Total
Salaries & Benefits	\$ -				\$ -
Travel & Training	\$ -				\$ -
Materials & Supplies	\$ -				\$ -
Contracted Services	\$ -				\$ -
Incentives	\$ -				\$ -
Indirect Expenses	\$ -				\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -

County Budgets

Step 4: Column A - Enter the name of each county in the Service Area.

Step 5: Column B - Distribute Total Project Funding Request into each county to support projected service delivery and programming needs.

Step 6: Column D - Referring to Attachment J, enter the total MAXIMUM allowed for the county.

Step 7: Column E - Check to ensure County budget total (Column B) does not exceed maximum allowed for that county (Column D).

	A. County	B. County Budget	C. Percent of Total	D. Maximum per County	E. Crosscheck	
1		\$ -	#DIV/0!		The Amount entered for each county in Column D must not exceed the amount	
2		\$ -	#DIV/0!			-
3		\$ -	#DIV/0!			-
4		\$ -	#DIV/0!			-
	Total Distribution	\$ -	#DIV/0!	\$ - -		
	crosscheck:	\$ -				
		-				

Attachment N: ICAPP Project Proposal Budget Form FY 2022

Step 1: Enter Bidder Name:

Step 2: Complete the Budget Worksheet below.

DIRECT PROGRAM COSTS			
Salary & Wages (do not include Indirect Personnel Costs here)			
List Staff Positions, Total Salary/Wages & % to ICAPP	Total Salary	% to ICAPP	Costs
			-
			-
			-
			-
			-
			-
			-
			-
Total Salary & Wages	-		-
Benefits (do not include Indirect Personnel Costs here)			
List Staff Positions, total Cost of Benefits & % to ICAPP	Total Benefits	% to ICAPP	Costs
			-
			-
			-
			-
			-
			-
			-
			-
Total Benefits	-		-
Total Salaries & Benefits			-
Travel & Training			
Registration Fees for Conferences & Training - describe below			Costs
Mileage - describe below (review state policy for allowable reimbursement rate)			Costs
Air Fare & Related - describe below			Costs
Lodging - describe below (review state policy for allowable hotel costs)			Costs
Other Travel Costs - describe below			Costs
Total Travel & Registration Costs			-

Program Supplies & Materials - describe below		Costs
Total Program Supplies & Materials Costs		-
Contract Services - describe below		Costs
Total Contract Services		-
Incentives (Restricted to 5% of total budget)		Costs
Total Incentives		-
INDIRECT COSTS		
Indirect Costs - may not exceed 15% of the Budget		Costs
<i>Describe below</i>		
Personnel Costs		
Facilities		
Recurring Expenses		
Other		
Total Indirect Costs		-
#DIV/0!		<i>Indirect Costs are #DIV/0! of Funding Request</i>
#DIV/0!		<i>Incentive Costs are #DIV/0! of Funding Request</i>
Total Funding Request FY 2022		-

*Check for Warning messages; correct errors.
After Budget Worksheet is completed, select Tab 4 - 2022 Budget Summary*

Attachment N: ICAPP Project Proposal Budget Form FY 2022

Step 3: Complete Other Funding Sources, Estimated Value of Donations and Volunteer Hours below.

Description	Total Project Funding Request	Other Funding Sources	Estimated Value of Donations	Volunteer Hours (# Hrs. x \$25.43)	Total
Salaries & Benefits	\$ -				\$ -
Travel & Training	\$ -				\$ -
Materials & Supplies	\$ -				\$ -
Contracted Services	\$ -				\$ -
Incentives	\$ -				\$ -
Indirect Expenses	\$ -				\$ -
Totals	\$ -	\$ -	\$ -	\$ -	\$ -

County Budgets

Step 4: Column A - Enter the name of each county in the Service Area.

Step 5: Column B - Distribute Total Project Funding Request into each county to support projected service delivery and programming needs.

Step 6: Column D - Referring to Attachment J, enter the total MAXIMUM allowed for the county.

Step 7: Column E - Check to ensure County budget total (Column B) does not exceed maximum allowed for that county (Column D).

	A. County	B. County Budget	C. Percent of Total	D. Maximum per County	E. Crosscheck	
1		\$ -	#DIV/0!		The Amount entered for each county in Column D must not exceed the amount	
2		\$ -	#DIV/0!			-
3		\$ -	#DIV/0!			-
4		\$ -	#DIV/0!			-
	Total Distribution	\$ -	#DIV/0!	\$ - -		
	crosscheck:	\$ -				
		-				

Attachment O(1): Project Evidence Scoring Tool-Parent Development and Home Visitation

Name of Applicant Organization:						
Well-Supported Programs	In Project	Score	Percent of Project	Score x %	Weight	Calculated Score
Nurse Family Partnership		4		0	10	0
Safe Environment for Every Kid (Seek)		4		0	10	0
The Incredible Years		4		0	10	0
Attachment and Biobehavioral Catch-up (ABC)		4		0	10	0
Healthy Families America		4		0	10	0
Functional Family Therapy		4		0	10	0
Multisystemic Therapy		4		0	10	0
Parent-Child Interaction Therapy		4		0	10	0
Parents as Teachers		4		0	10	0
Supported Programs	In Project	Score	Percent of Project	Score x %	Weight	Calculated Score
Program Model		3		0	10	0
Family Foundations		3		0	10	0
SafeCare		3		0	10	0
Triple P-PPP System (system Triple P)		3		0	10	0
AVANCE		3		0	10	0
Home Instruction for Parent		3		0	10	0
Promising Programs	In Project	Score	Percent of Project	Score x %	Weight	Calculated Score
Circle of Security Home Visiting-4 (COS-4)		2		0	10	0
Combined Parent-Child Cognitive Behavioral Therapy		2		0	10	0
Nurturing Parenting Program (Parents & children 5 to 12 years)		2		0	10	0
ACT Raising Safe Kids		2		0	10	0
Period of Purple Crying		2		0	10	0
Strong Communities for Children		2		0	10	0
CARES		2		0	10	0
CICC Effective Black Parenting		2		0	10	0
Exchange Parent Aide		2		0	10	0
Family Connections		2		0	10	0
Step by Step Parenting Program		2		0	10	0
Healthy & Safe		2		0	10	0
Early Head Start		2		0	10	0
Families First		2		0	10	0
Minding the Baby		2		0	10	0
The Parent Child Home Program (PCHP)		2		0	10	0
Play and Learning Strategies-Infant Program (PALS I)		2		0	10	0
Play and Learning Strategies-Toddler/Preschool Program (PALS II)		2		0	10	0
Trauma-Focused Cognitive Behavioral Therapy		2		0	10	0
Programs following Iowa Family Support Credential		2		0	10	0
Emerging	In Project	Score	Percent of Project	Score x %	Weight	Calculated Score
Any other program found on HOMVEE not included above under Well-Supported, Supported, or Promising		1		0	10	0
Other	In Project	Score	Percent of Project	Score x %	Weight	Calculated Score
Model/program curricula not otherwise listed shall be rated as other		0		0	10	0
Totals			0%	0	10	0

ERROR: Percent of Project does not equal 100%

Well-Supported-4	
Program Model	Rating Rationale
Nurse Family Partnership	California Evidence-Based Clearing House-Prevention of Child Abuse and Neglect-Primary, Home Visiting Programs for Child Well-Being and Home visiting Programs for Prevention of Child Abuse and Neglect; Title IV-E-Prevention Services Clearinghouse-Subdomains Child Safety, Child well-being: Cognitive functions and abilities, Child well-being: Physical development and health, Adult well-being: Economic and housing stability
Safe environment for Every Kid (Seek)	California Evidence-Based Clearinghouse-Prevention of Child Abuse and Neglect-Primary
The Incredible Years	California Evidence-Based Clearinghouse-Prevention of Child Abuse and Neglect
Attachment and Biobehavioral Catch-up (ABC)	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Healthy Families America	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Functional Family Therapy	Title IV-E-Prevention Services Clearinghouse-Subdomains-Child well-being: Behavioral and emotional functioning; Adult well-being: Family functioning
Multisystemic Therapy	Title IV-E-Prevention Services Clearinghouse-Subdomains-Child well-being: Behavioral and emotional functioning; Adult well-being: Positive parenting practices, family functioning and Parent/caregiver mental or emotional health
Parent-Child Interaction Therapy	Title IV-E-Prevention Services Clearinghouse-Subdomains-Child well-being: Behavioral and emotional functioning; Adult well-being: Positive parenting practices and Parent/caregiver mental or emotional health
Parents as Teachers	Title IV-E-Prevention Services Clearinghouse-Subdomains-Child Safety; Child well-being: Social functioning and Cognitive functions and abilities
Supported-3	
Family Foundations	California Evidence-Based Clearinghouse-Parent Training Programs that Address Child Abuse and Neglect
SafeCare	California Evidence-Based Clearinghouse-Parent Training Programs that Address Child Abuse and Neglect
Triple P-PPP System (system Triple P)	California Evidence-Based Clearinghouse-Prevention of Child Abuse and Neglect, and Prevention of Child Abuse and Neglect-Primary
AVANCE	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Home Instruction for Parent	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Promising-2	
Circle of Security Home Visiting-4 (COS-4)	California Evidence-Based Clearinghouse-Parent Training Programs that Address Child Abuse and Neglect and Home Visiting Programs for Prevention of Child Abuse and Neglect
Combined Parent-Child Cognitive Behavioral Therapy	California Evidence-Based Clearinghouse-Parent Training Programs that Address Child Abuse and Neglect and Prevention of Child Abuse and Neglect-Secondary
Nurturing Parenting Program for Parents and their School-Age children 5 to 12 years	California Evidence-Based Clearinghouse-Parent Training Programs that Address Child Abuse and Neglect
ACT Raising Safe Kids	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Primary
Period of Purple Crying	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Primary
Strong communities for Children	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Primary
CARES	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Secondary
CICC Effective Black Parenting	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Secondary
Exchange Parent Aide	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Secondary
Family Connections	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Secondary
Step by Step Parenting Program	California Evidence-Based Clearinghouse- Prevention of Child Abuse and Neglect-Secondary; and Working with Parents with Cognitive Disabilities
Healthy & Safe	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being and Working with Parents with Cognitive Disabilities
Early Head Start	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Families First	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Minding the Baby	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
The Parent Child Home Program (PCHP)	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Play and Learning Strategies-Infant Program (PALS I)	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Play and Learning Strategies-Toddler/Preschool Program (PALS II)	California Evidence-Based Clearinghouse-Home Visiting Programs for Child Well-Being
Trauma-Focused Cognitive Behavioral Therapy	Title IV-E-Prevention Services Clearinghouse-Subdomains-Child Well-being: Behavioral and emotional functioning and social functioning; Adult well-being: Positive parenting practices and Parent/caregiver mental or emotional health
Programs following Iowa Family Support Credential	In accordance with Iowa Code, Section 256I.13(2)(c)(4)
Emerging-1	
Any other program found on HOMVEE not included above under Well-Supported, Supported, or Promising	U.S. Department of Health & Human Services, Home Visiting Evidence of Effectiveness (HomVee)
Other-0	
Model/program curricula not otherwise listed shall be rated as other	Programs rated as "other" are programs not shown to have sufficient evidence of effectiveness as indicated by the resources selected for use in this matrix.

Attachment O(2): ICAPP Adult Engagement Scoring Tool Sexual Abuse Prevention Projects

Name of Applicant Organization:					
Adult and/or Community Focus	Score	Percent of Project	Score x %	Weight	Calculated Score
[Enter Description Here]	4		0	10	0
Child Focus	Score	Percent of Project	Score x %	Weight	Calculated Score
[Enter Description Here]	0		0	10	0
Totals		0%	0	10	0

ERROR: Percent of Project does not equal 100%



Iowa Child Maltreatment Prevention NEEDS ASSESSMENT

Prevent Child Abuse Iowa
2704 Fleur Drive, Suite 200
Des Moines, IA 50321
515.244.2200
800.237.1815
www.pcaiowa.org

December 2017

Iowa Child Maltreatment Prevention NEEDS ASSESSMENT

THIS REPORT IS 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
www.pcaiowa.org

IN COLLABORATION WITH

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

December 2017





ACKNOWLEDGEMENTS

We would like to thank the following groups and individuals for their help in the needs assessment process

Boys and Girls Clubs of Central Iowa
Child Abuse Prevention Councils
Community Partnerships for Protecting Children sites
Early Childhood Iowa
Iowa Department of Human Services
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.
Henry Stoddard

Table of Contents

Executive Summary.....	i
Introduction	i
Strengths	ii
Challenges	ii
Families	ii
Prevention Providers.....	iii
Recommendations	iv
Introduction.....	1
About This Report	2
Background	2
Protective Factors.....	2
Public Health Approach to Prevention.....	3
Iowa’s Prevention Programs and Funding Sources	5
Maltreatment Prevention as a Primary Goal	5
Prevention Funding.....	10
ICAPP and CBCAP Grantee Funding Sources	11
Prevention Evidence-Based Practices (EBPs).....	13
Evidence-Based Programs Funded by ICAPP and CBCAP.....	16
Risk Factors of Maltreatment and Needs of Iowa Families	19
Incidence of Abuse and Neglect in Iowa	19
County-Level Abuse and Neglect Rates	21
Risk Factors of Abuse and Neglect	21
Poverty.....	22
Other Risk Factors.....	23
Barriers to Services	25
A Closer Look at Who is Reached by ICAPP and CBCAP Programs.....	28
Conclusions and Recommendations	31
Strengths	31
Challenges	32
Families	32
Prevention Providers.....	32
Recommendations	33

References	35
Appendix A: Methodology	39
Analysis of Prevention Programs and Funding Sources.....	39
Funding Analysis	39
Review of Prevention Evidence-Based Practices	40
Maltreatment Risk Factor Analysis	40
Stakeholder Focus Groups and Surveys	42
Other Data Sources	43
Appendix B: Inventory of Evidence-Based Practices.....	44
Appendix C: Maps of Child Maltreatment and Risk Factors	93



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.

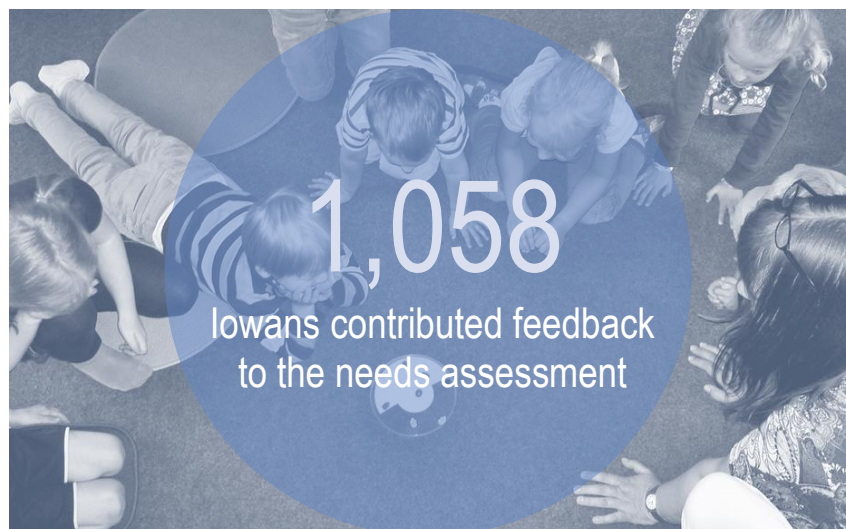
Introduction

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

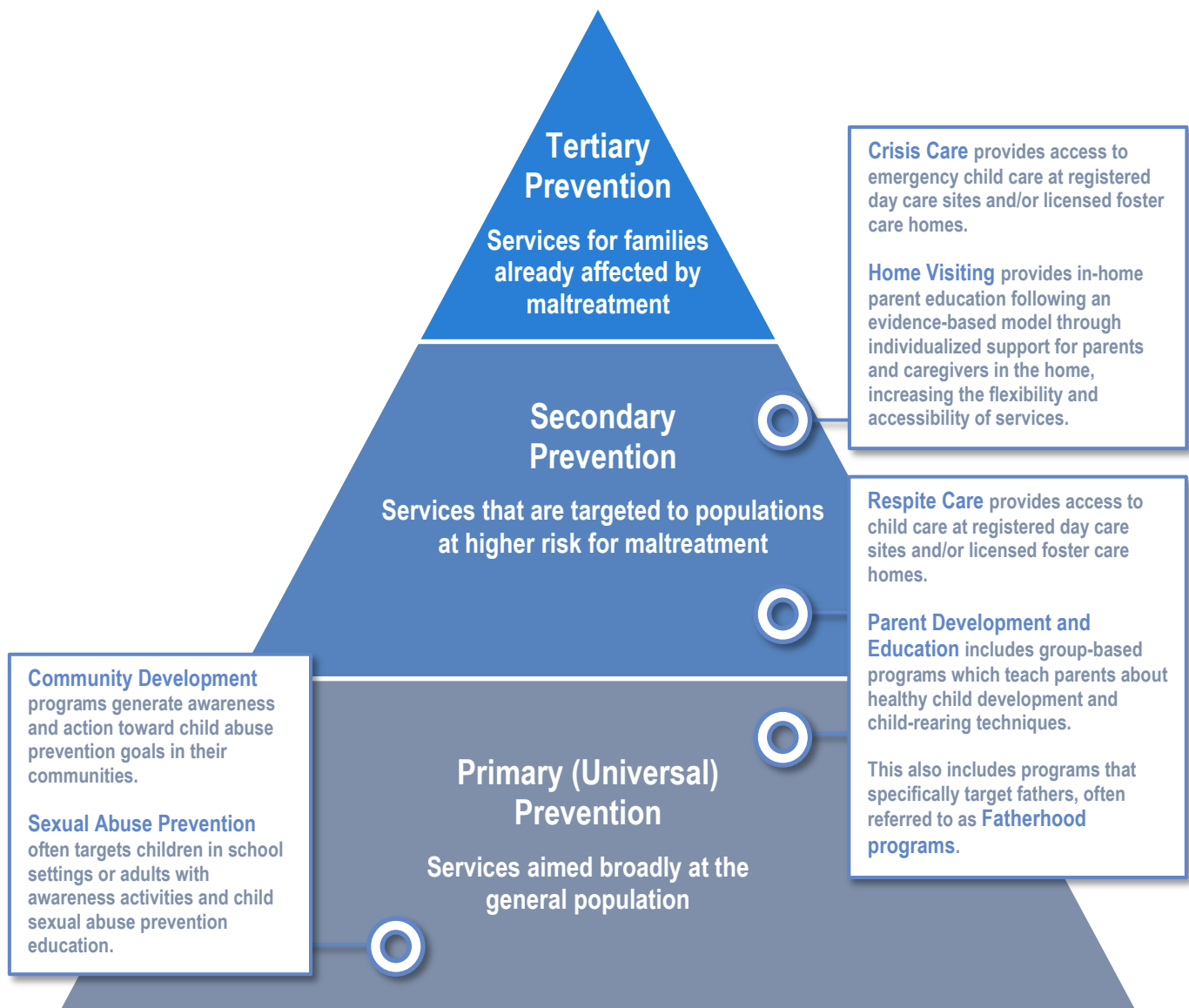
Protective Factors Domains	Definition
Child Development and Knowledge of Parenting	Understanding and utilizing effective child management techniques and having age-appropriate expectations for children’s abilities.
Concrete Support	Perceived access to tangible goods and services to help families cope 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 prevention¹ 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.

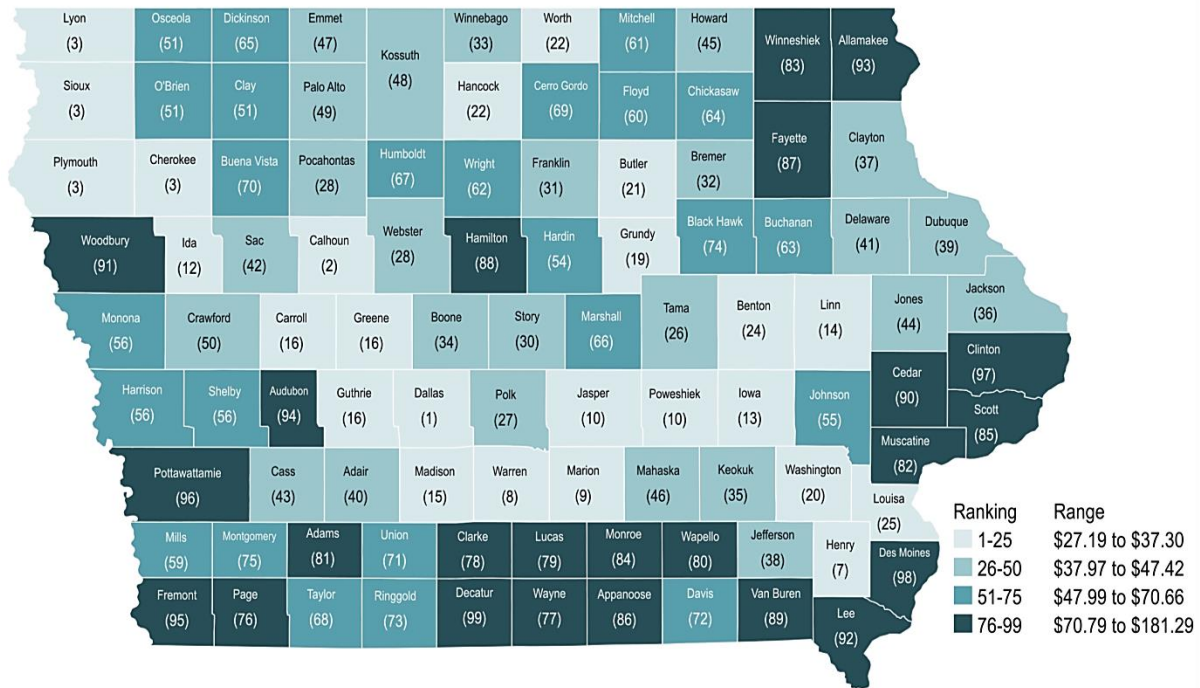
Among the eight programs which focus on maltreatment prevention, the largest amounts of funding were provided through IDPH's MIECHV (\$4.98 million) and IDHS' Community Care (\$3,433,850). Taken together, the budgets of the eight programs that focus on maltreatment totaled \$13.9 million or about 34 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 Decatur funding was available in the Children's Program Factbook, funding information for each of the Decatur 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)

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.

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)

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.

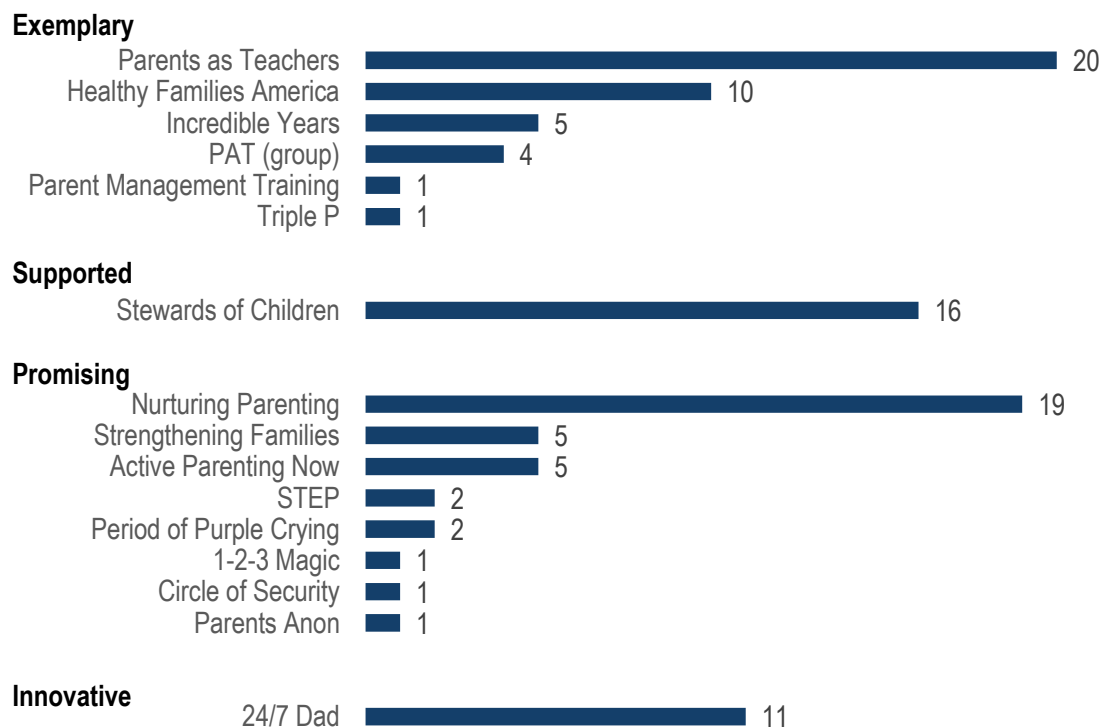
Reasons organizations choose not to administer EBPs can be complex, with focus group participants noting that high training costs can be prohibitive. Organizations may also develop their own approaches in keeping with their mission and vision, while others may utilize innovative programs that are awaiting 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.

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

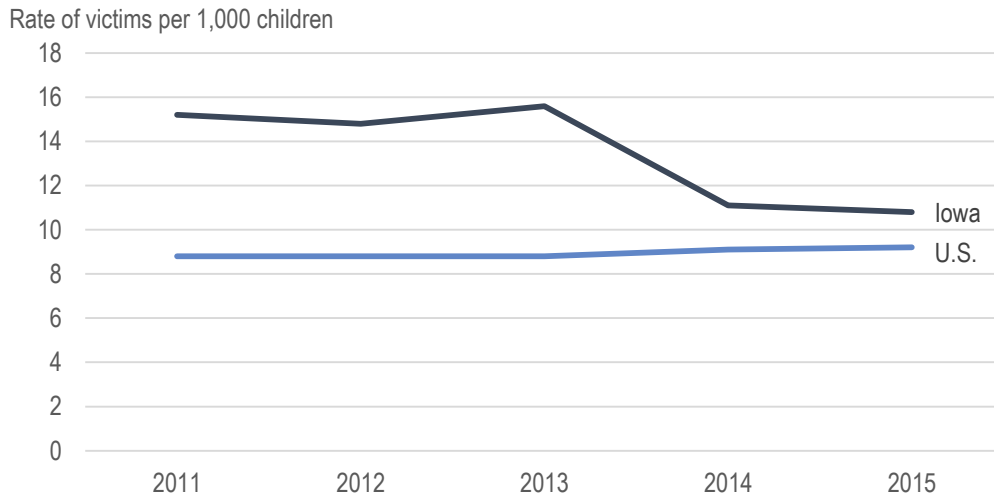
Child maltreatment is a serious issue in Iowa, impacting a broad cross-section of the population. In comparison to the United States overall, the rate of child maltreatment in Iowa is slightly higher, although it has decreased in recent years, while the U.S. rate has held steady (Figure 5). In 2015, 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

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

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.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
<i>Children Ages 0–5</i>	<i>16.3</i>	<i>13.1</i>
<i>Children Ages 6–17</i>	<i>8.1</i>	<i>7.2</i>
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 factors⁵ 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.”

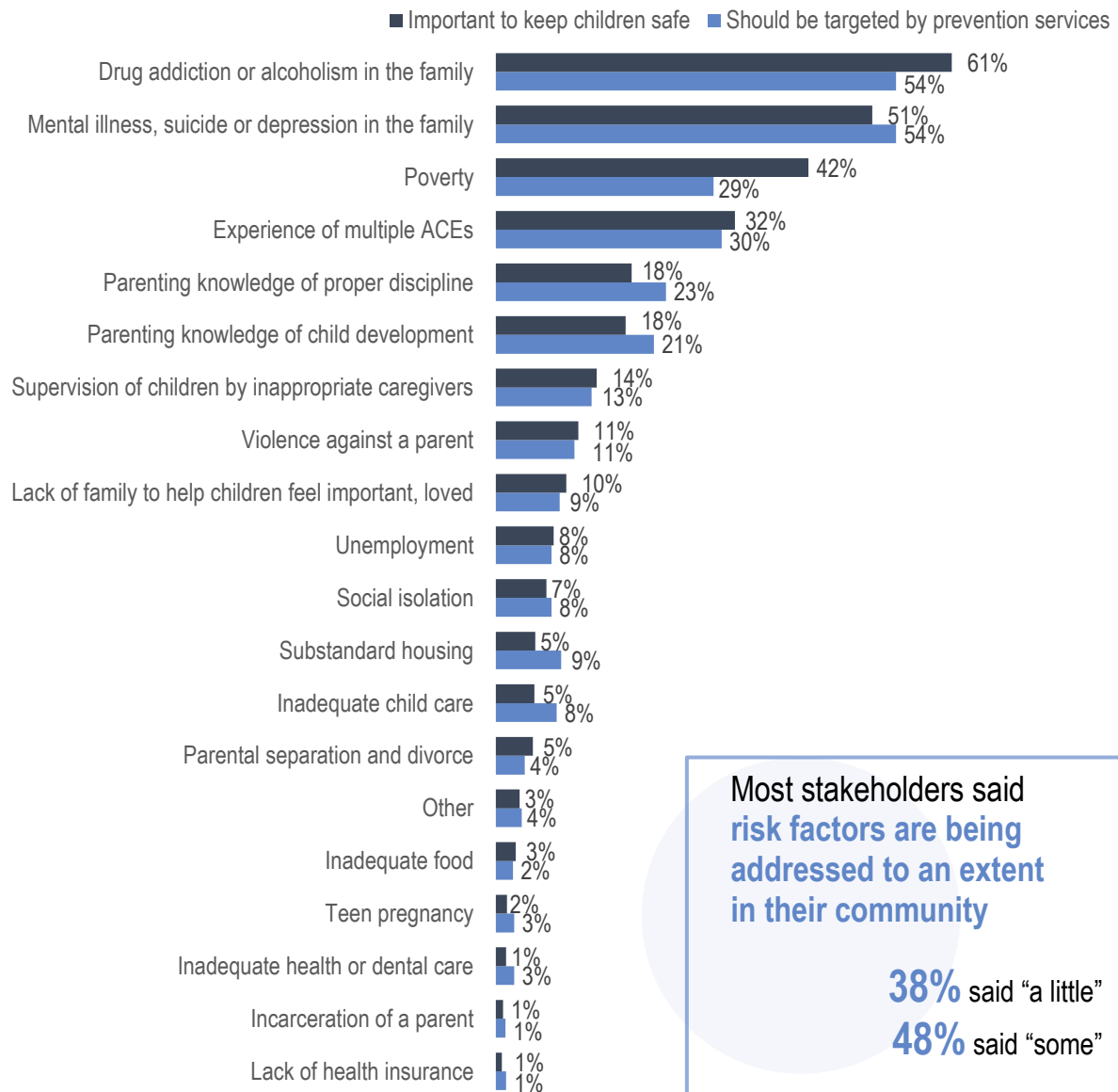
Other Risk Factors

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

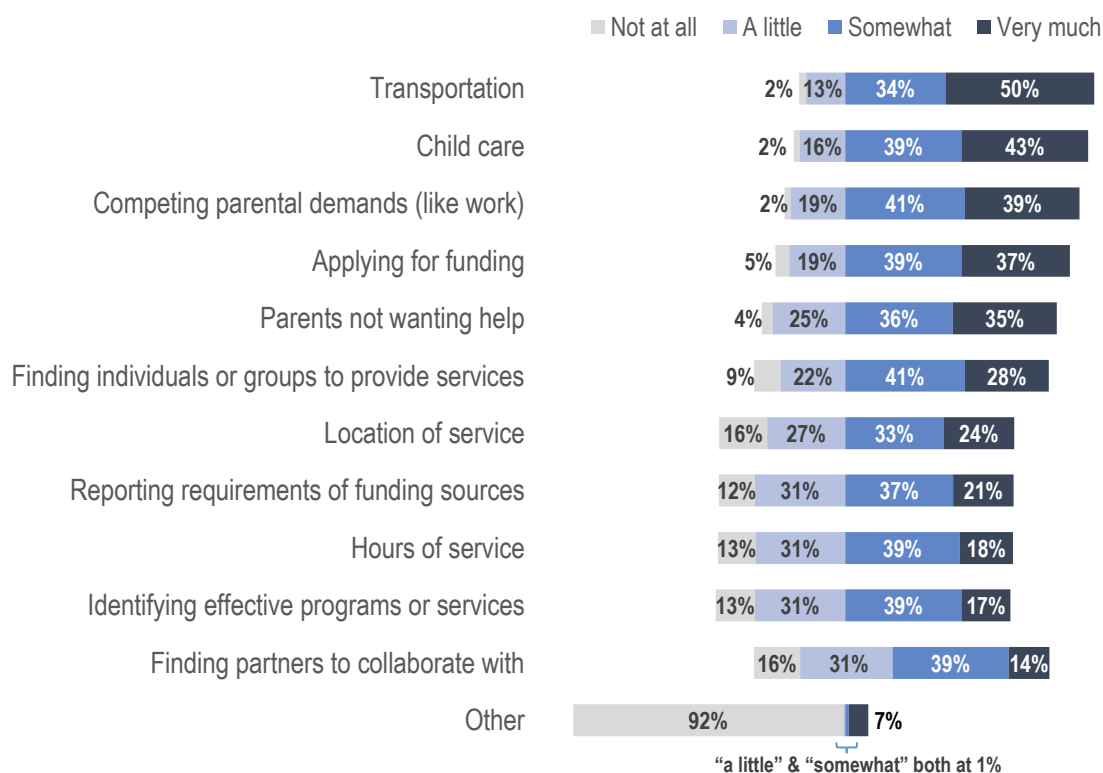


The risk factor analysis identified poverty, incidence of teen birth, low birthweight, domestic violence, four or more ACEs, high rent and mental illness as correlates with abuse and neglect. Alcoholism and drug addiction and mental illness were also underscored by professionals as important risk factors 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 addition, 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.

References

- Benedetti, G. (2012). *Innovations in the Field of Child Abuse and Neglect Prevention: A Review of the Literature*. Chicago, Illinois: Chapin Hall at the University of Chicago. Retrieved from http://www.chapinhall.org/sites/default/files/Child%20Abuse%20&%20Neglect%20Prevention_09_11_12.pdf
- Blueprints Programs. (2017). Blueprints for Healthy Youth Development. Retrieved September 19, 2017, from <http://www.blueprintsprograms.com/>
- Bureau of Family Health, Iowa Department of Health. (2017). What We Do. Retrieved September 18, 2017, from <http://idph.iowa.gov/family-health>
- Buysse, V., & Wesley, P. W. (Eds.). (2006). *Evidence-Based Practice in the Early Childhood Field*. Zero to Three.
- California Evidence-Based Clearinghouse for Child Welfare. (2017). The California Evidence-Based Clearinghouse for Child Welfare. Retrieved September 19, 2017, from <http://www.cebc4cw.org/>
- CDC - BRFSS. (2017, August 24). Retrieved September 13, 2017, from <https://www.cdc.gov/brfss/index.html>
- Centers for Disease Control and Prevention. (2017a). Rape Prevention and Education: Transforming Communities to Prevent Sexual Violence. Retrieved September 18, 2017, from <https://www.cdc.gov/violenceprevention/rpe/index.html>
- Centers for Disease Control and Prevention. (2017b). Risk and Protective Factors: Child Abuse and Neglect. Retrieved September 13, 2017, from <https://www.cdc.gov/violenceprevention/childmaltreatment/riskprotectivefactors.html>
- Central Iowa ACEs Coalition. (2016). *Beyond ACEs: Building Hope & Resiliency in Iowa*. Retrieved from http://www.iowaaces360.org/uploads/1/0/9/2/10925571/acesreport2016_snglpgs-final.pdf
- Child Welfare Information Gateway. (2004). *Risk and Protective Factors for Child Abuse and Neglect*. Retrieved from <https://www.childwelfare.gov/pubPDFs/riskprotectivefactors.pdf>

- Child Welfare Information Gateway. (2017). *Child Maltreatment Prevention: Past, Present, and Future*. Washington, D.C.: U.S. Department of Health and Human Services, Children’s Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf
- Community Partnerships for Protecting Children. (2012). Child Welfare Decategorization “Decat” Project. Retrieved September 18, 2017, from http://iowacommunitypartners.org/index.php?option=com_content&view=article&id=53&Itemid=3
- Early Childhood Iowa. (2015). Early Childhood Iowa School Ready Funds: Family Support & Parent Education. Retrieved September 18, 2017, from http://www.earlychildhoodiowa.org/files/toolkit_tools/Tool_FF.pdf
- Early Childhood Iowa. (2017). *2016 Annual Report*. Retrieved from http://www.earlychildhoodiowa.org/files/annual_reports/2016/FinalECIAnnualReport.pdf
- Flaherty, E. G., Thompson, R., Dubowitz, H., Harvey, E. M., English, D. J., Proctor, L. J., & Runyan, D. K. (2013). Adverse Childhood Experiences and Child Health in Early Adolescence. *JAMA Pediatrics*, *167*(7), 622–629. <https://doi.org/10.1001/jamapediatrics.2013.22>
- Home Visiting Evidence of Effectiveness. (n.d.). Effectiveness Research: Program Model Profiles. Retrieved September 19, 2017, from <https://homvee.acf.hhs.gov/models.aspx>
- Iowa Coalition Against Sexual Assault. (2017). What does the coalition do? Retrieved September 17, 2017, from <https://www.iowacasa.org/what-we-do>
- Iowa Department of Education. (n.d.). Title IV - Part B - 21st Century Community Learning Centers (21st CCLC). Retrieved September 18, 2017, from https://www.educateiowa.gov/pk-12/title-programs/title-iv-part-b-21st-century-community-learning-centers#About_21st_CCLC
- Iowa Department of Human Rights. (n.d.). About FaDSS. Retrieved September 18, 2017, from <https://humanrights.iowa.gov/dcaa/fadss/about-fadss>
- Iowa Department of Human Services. (2017a). Child Abuse Statistics. Retrieved September 13, 2017, from <http://dhs.iowa.gov/reports/child-abuse-statistics>
- Iowa Department of Human Services. (2017b). Child Welfare Emergency Services. Retrieved from http://dhs.iowa.gov/Consumers/Child_Welfare/BR4K/CWES/Child_Welfare_Emergency_Services

- Iowa Department of Human Services. (2017c). Community Care Overview. Retrieved September 18, 2017, from <http://dhs.iowa.gov/community-care>
- Iowa Department of Human Services. (2017d). Community Care: Who are my customers. Retrieved September 18, 2017, from <http://dhs.iowa.gov/community-care/who-are-my-customers>
- Iowa Department of Human Services, Division of Results Based Accountability. (2017). Number of Children in Foster Care. Retrieved September 28, 2017, from <http://www.iowadatacenter.org/data/dhs/foster-care>
- Iowa Department of Human Services, (2013). Child Welfare Policy Update: Differential Response System. Retrieved from https://dhs.iowa.gov/sites/default/files/DR_one_pager.pdf
- Iowa Department of Public Health. (2016). *Maternal, Infant and Early Childhood Home Visiting Program*. Retrieved from <https://www.idph.iowa.gov/Portals/1/userfiles/80/IDPH%20MIECHV%202016%20overview%20with%20map.pdf>
- Iowa Department of Public Health. (2017a). Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa HOPES-HFI. Retrieved September 18, 2017, from <https://idph.iowa.gov/hopes>
- Iowa Department of Public Health. (2017b). Iowa BRFSS Rates per County 2012-2015 [Dataset].
- Iowa Department of Public Health. (2017c). PCA Data Request CHNA Analysis Table FINAL 8-10-17 [Dataset].
- Iowa Department of Public Health, Bureau of Health Statistics. (2017d). 2015 Vital Statistics of Iowa. Retrieved from http://idph.iowa.gov/Portals/1/userfiles/68/HealthStats/vital_stats_2015-20170307.pdf
- Iowa Department of Public Safety. (2017). Uniform Crime Reporting 2016. Retrieved September 13, 2017, from http://www.dps.state.ia.us/commis/ucr/2016/iacrime_2016.shtml
- Molnar, B. E., Beatriz, E. D., & Beardslee, W. R. (2016). Community-Level Approaches to Child Maltreatment Prevention. *Trauma, Violence, & Abuse, 17*(4), 387–397. <https://doi.org/10.1177/1524838016658879>

National Alliance of Children's Trust and Prevention Funds. (2009). *Evidence-Based Practice in Strengthening Families and preventing Child Maltreatment*. Retrieved from <http://www.ctfalliance.org/images/about/EBPPositionPaper.pdf>

Office of Juvenile Justice, Detention and Prevention. (n.d.). OJJDP Model Programs Guide. Retrieved September 19, 2017, from <https://www.ojjdp.gov/mpg/Program>

Prevent Child Abuse Iowa. (2017). Connections Matter. Retrieved September 18, 2017, from <http://www.pcaiowa.org/programs/connections-matter/>

Prinz, R. J. (2016). Parenting and family support within a broad child abuse prevention strategy. *Child Abuse & Neglect*, 51, 400–406. <https://doi.org/10.1016/j.chiabu.2015.10.015>

Protective Factors. (n.d.). Retrieved September 14, 2017, from <https://friendsnrc.org/protective-factors>

Sedlak, A. J., Mettenburg, J., Basena, M., Peta, I., McPherson, K., Greene, A., & others. (2010). Fourth national incidence study of child abuse and neglect (NIS-4). *Washington, DC: US Department of Health and Human Services*. Retrieved on July, 9, 2010.

Spach, D. M., Battis, J., & Nelson, V. (2014). *Evidence-Based Practices for the Prevention of Child Abuse and Neglect*. Retrieved from <http://www.pcaiowa.org/downloads/library/2014-ebp-in-prevention-programs.pdf>

Substance Abuse and Mental Health Services Administration. (n.d.). SAMHSA's National Registry of Evidence-based Programs and Practices. Retrieved from <http://nrepp.samhsa.gov>

University of Wisconsin Population Health Institute. (n.d.). Learn About Data & Methods: Using the Rankings Data. Retrieved September 13, 2017, from <http://www.countyhealthrankings.org/using-the-rankings-data>

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, & Children's Bureau. (2017). *Child Maltreatment 2015*. Retrieved from <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>

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 on 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 will 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 to 17 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, 2017). 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:

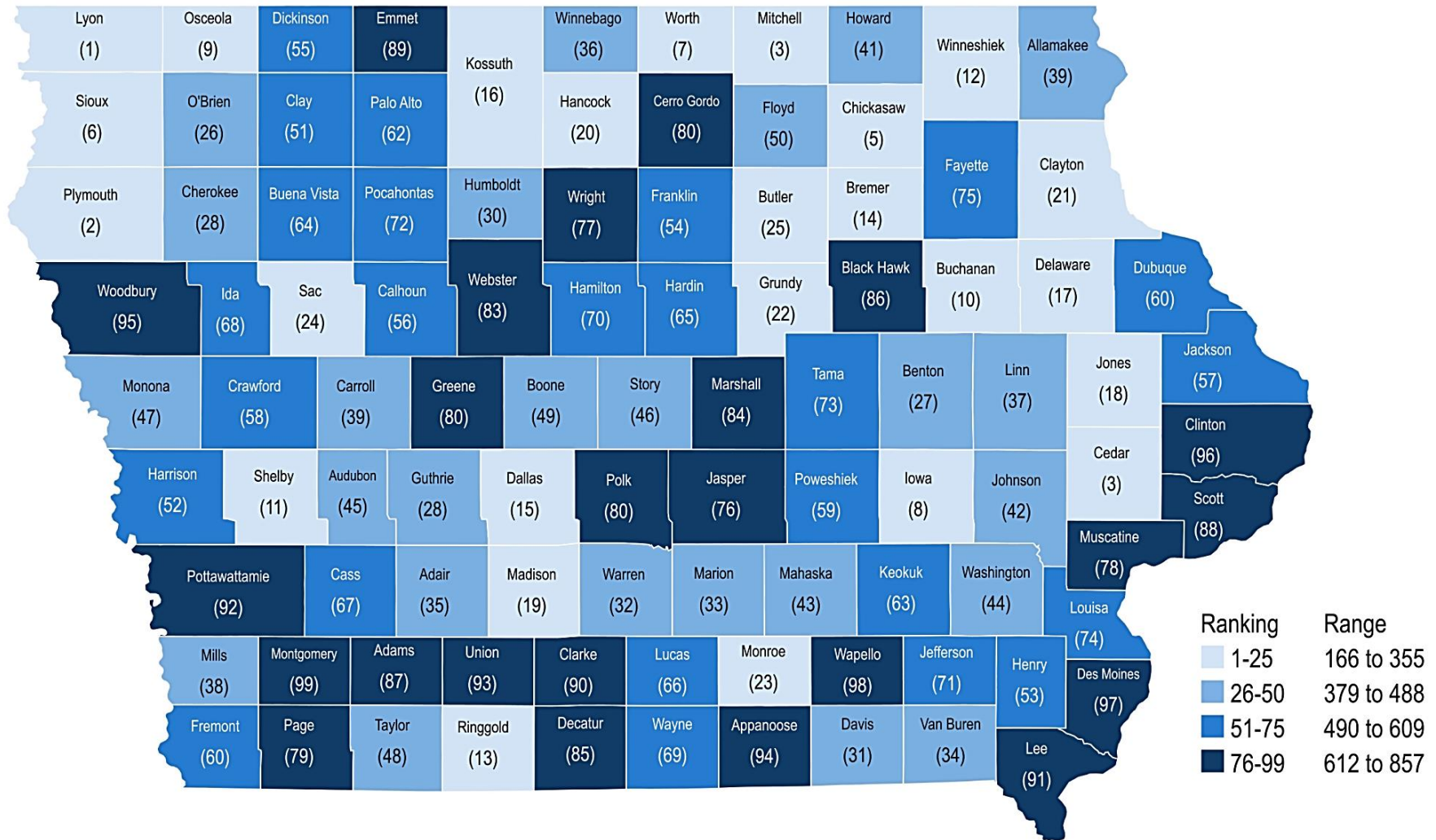
Clearinghouse	Level of evidence
Blueprints for Healthy Youth Development	Not listed
California Evidence-Based Clearinghouse	3 –Promising research evidence
Home Visiting Evidence of Effectiveness	Not listed
National Registry of Evidence-based Programs and Practices	Not listed
Office of Juvenile Justice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

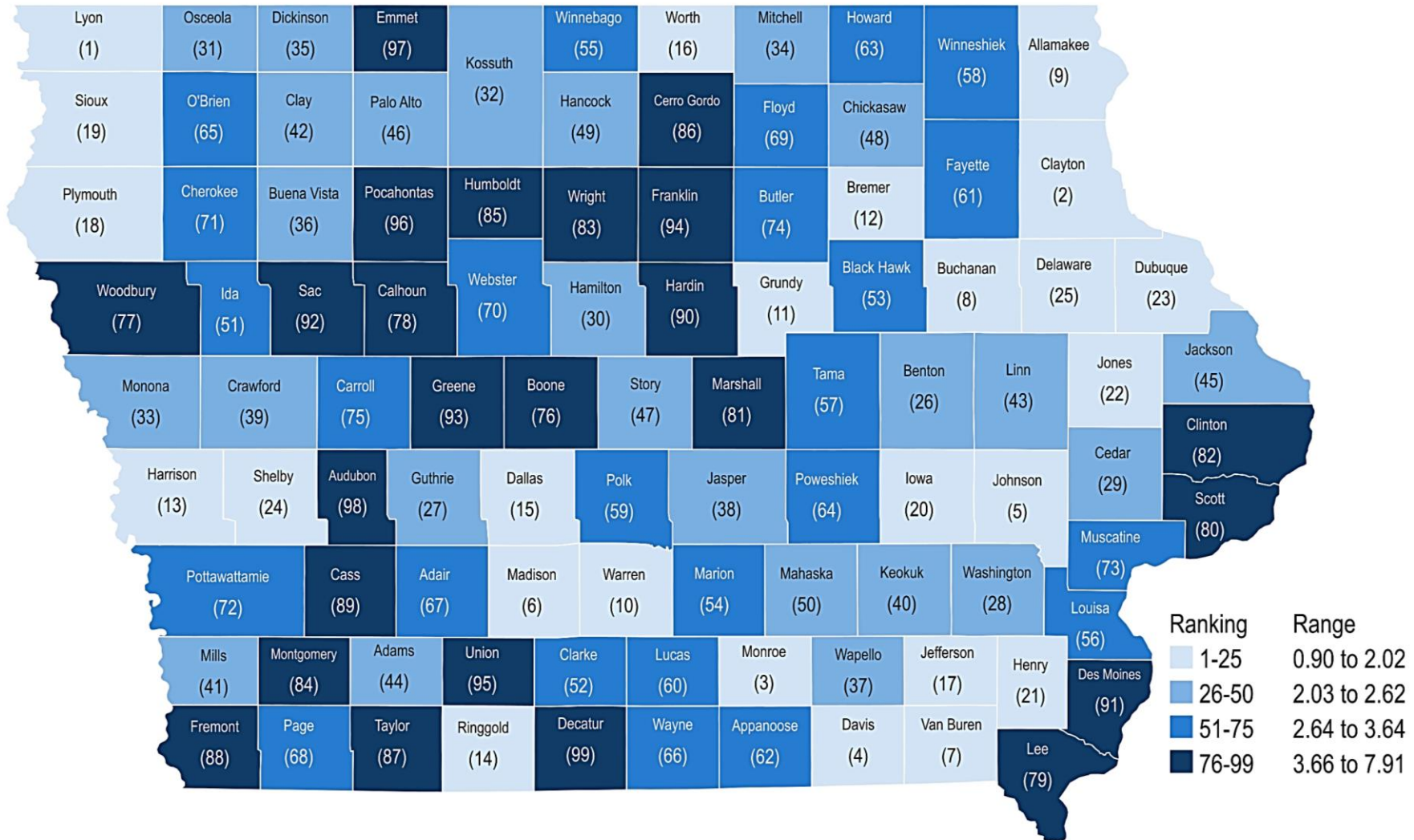
Overall County Child Abuse and Neglect Risk Ranking



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

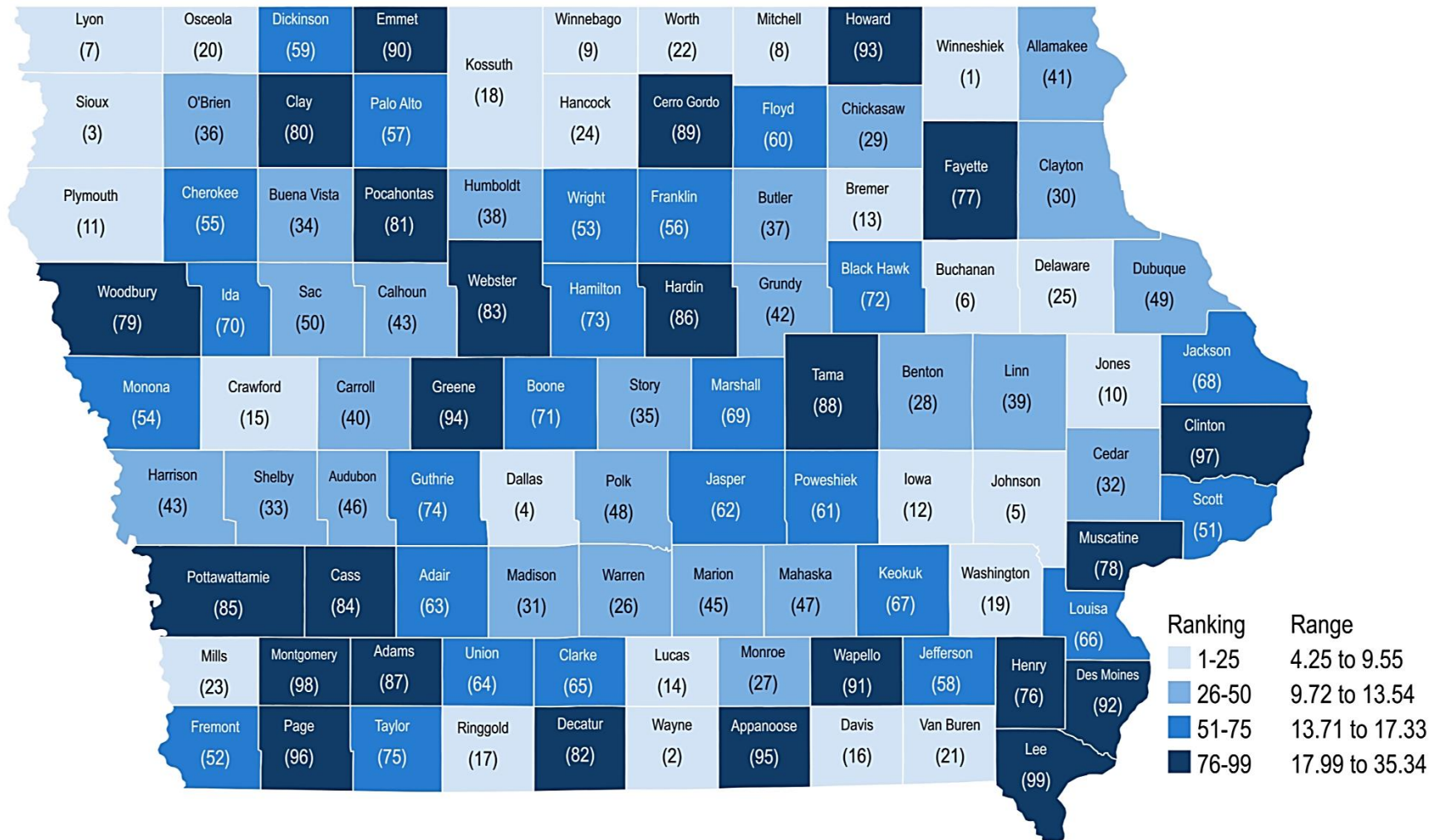


Counties with higher rankings (the darkest colors) have higher rates of abuse.

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

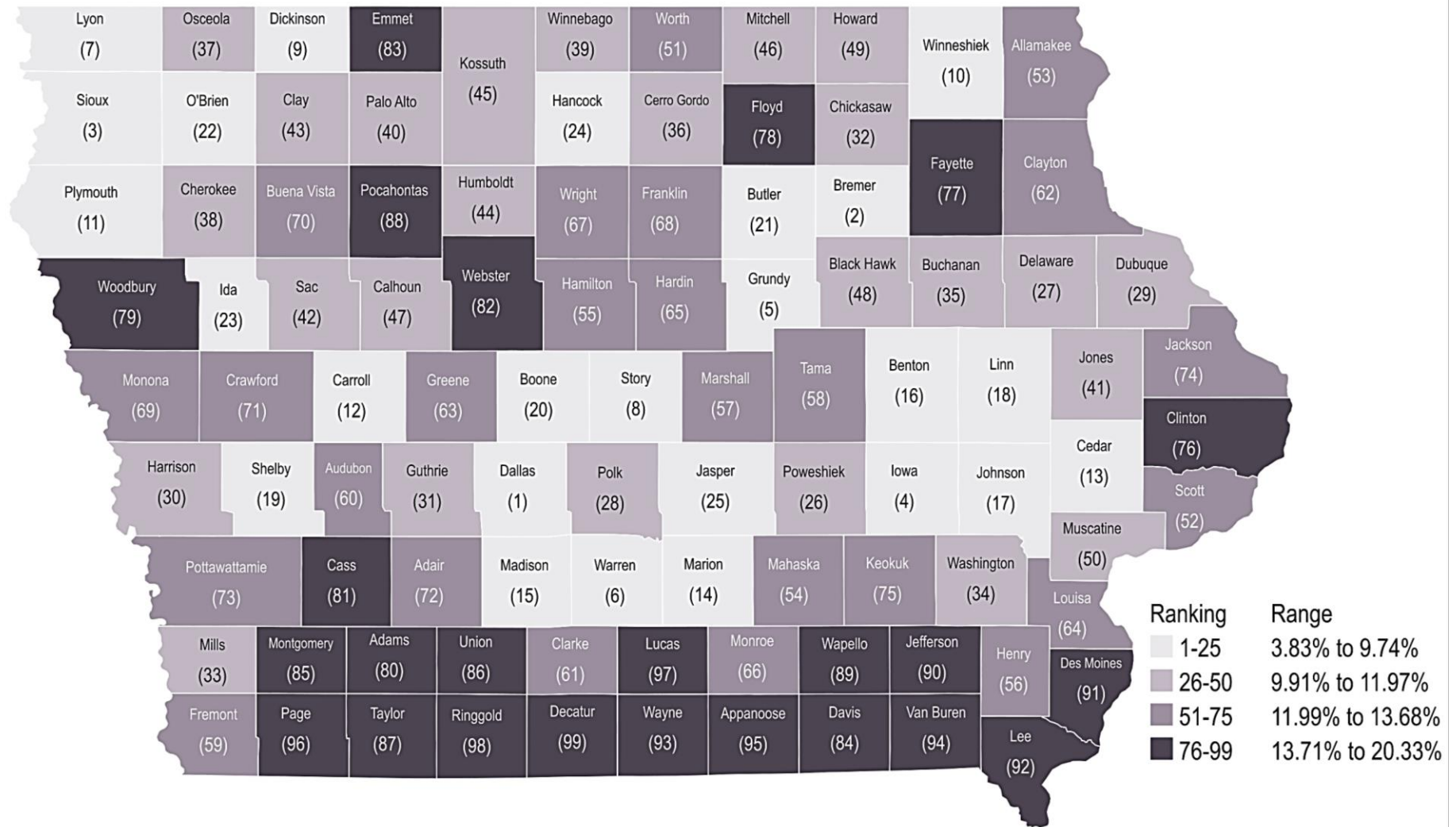


Counties with higher rankings (the darkest colors) have higher rates of neglect.

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).

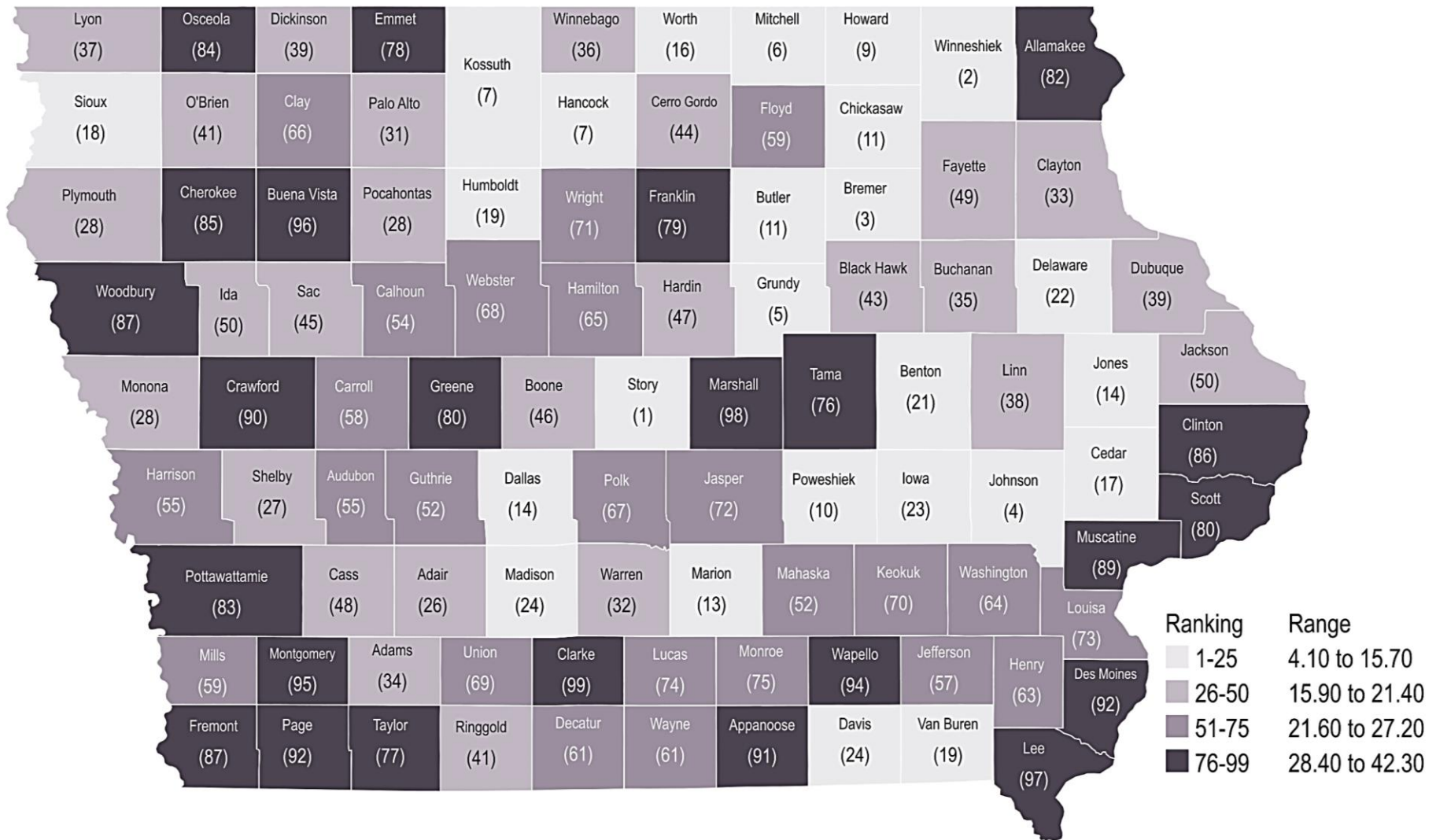
County Risk Rank: Children Living in Poverty



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.

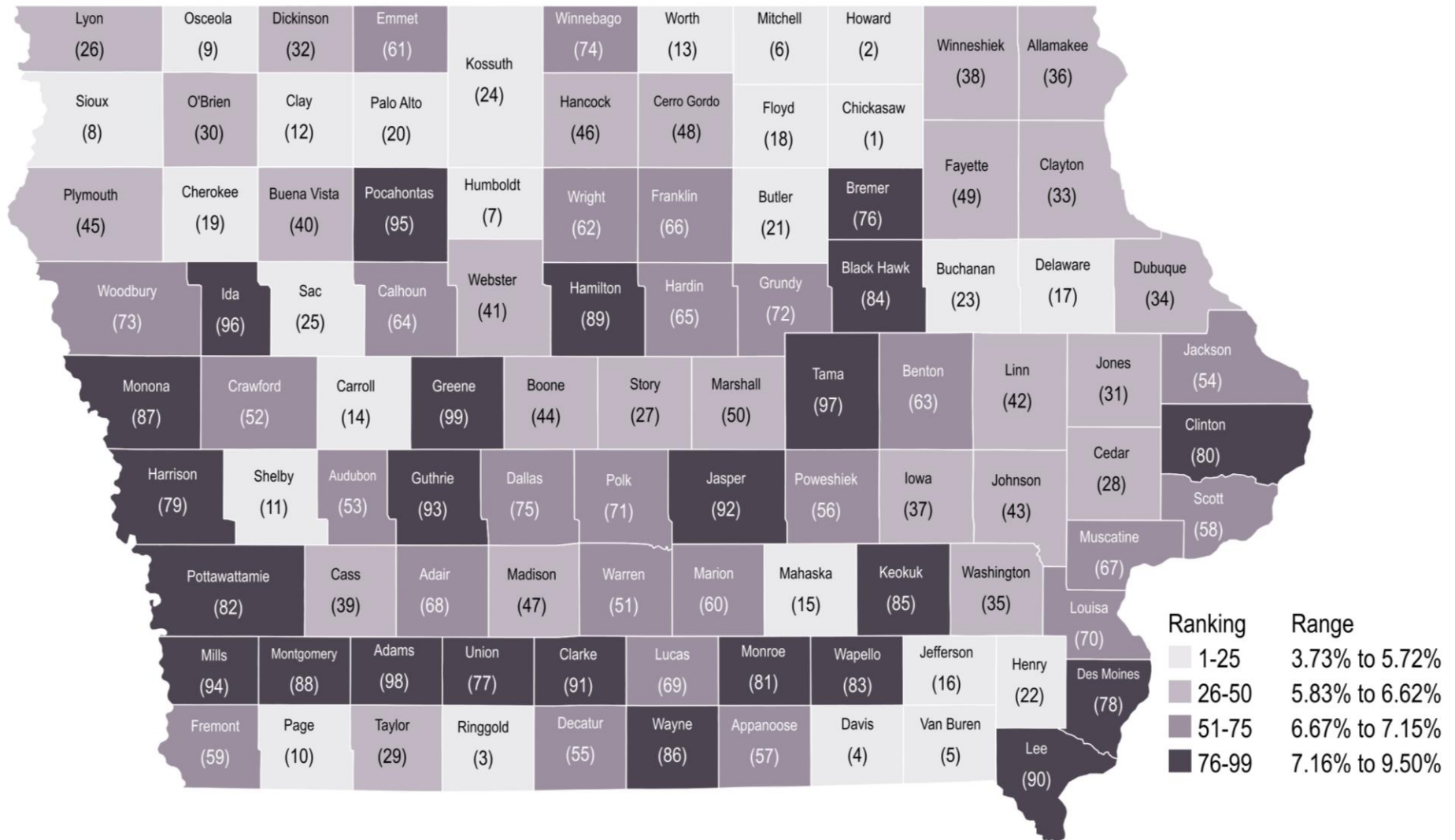
County Risk Rank: Teenage Births



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).

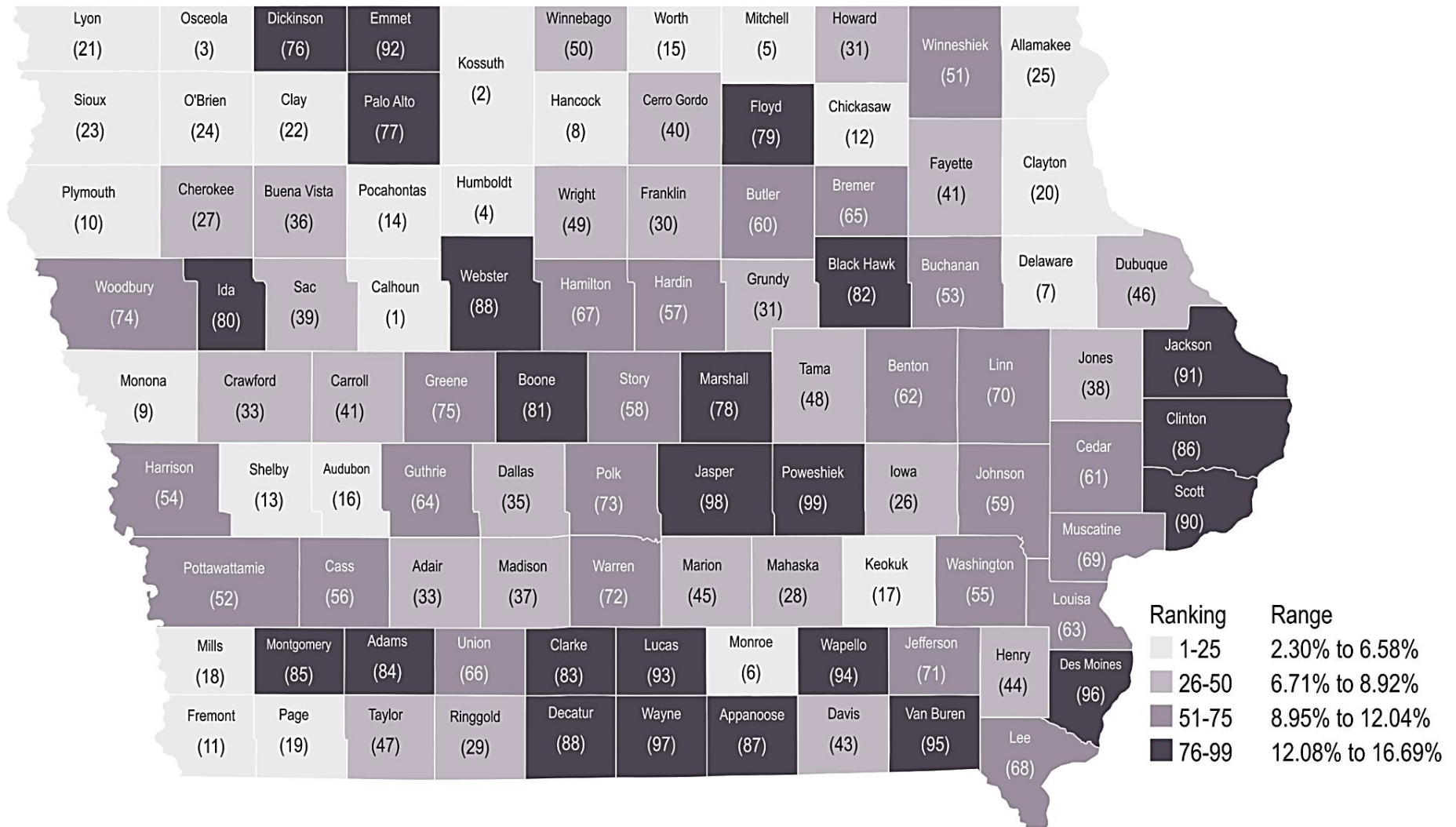
County Risk Rank: Low-Birthweight Births



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.

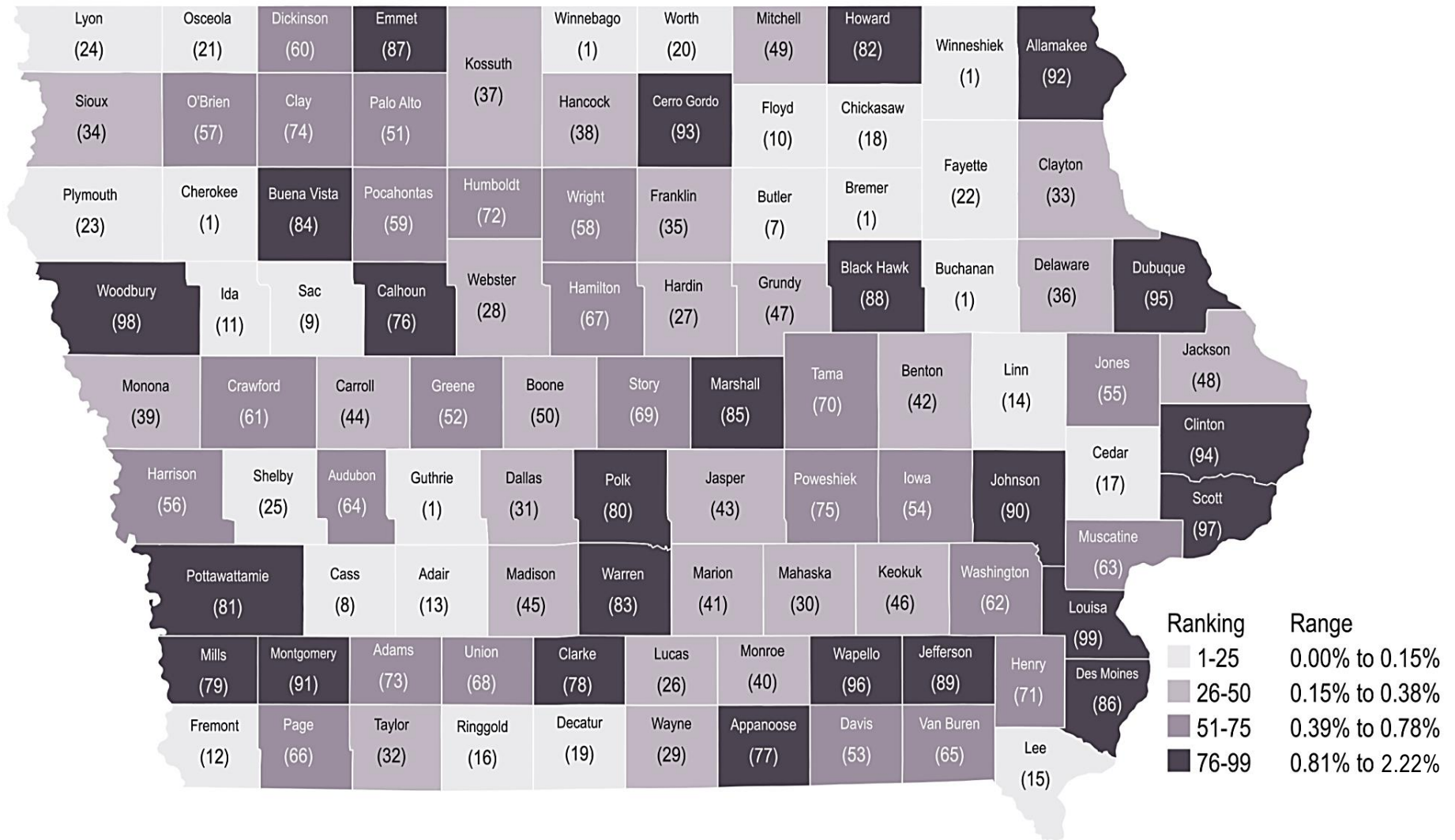
County Risk Rank: Adults with Four or More Adverse Childhood Experiences (ACEs)



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.

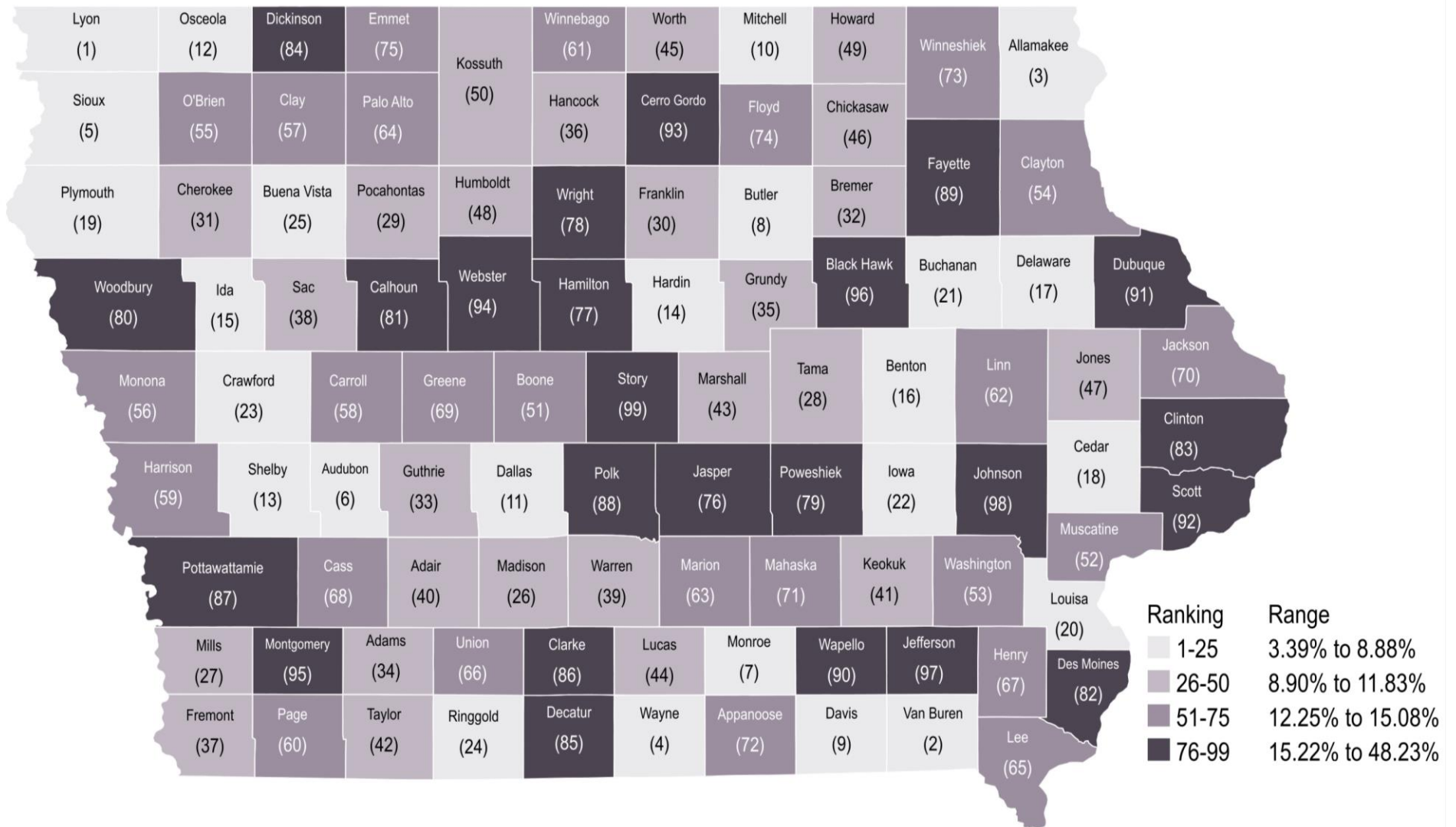
County Risk Rank: Children Who Experienced Domestic Violence



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.

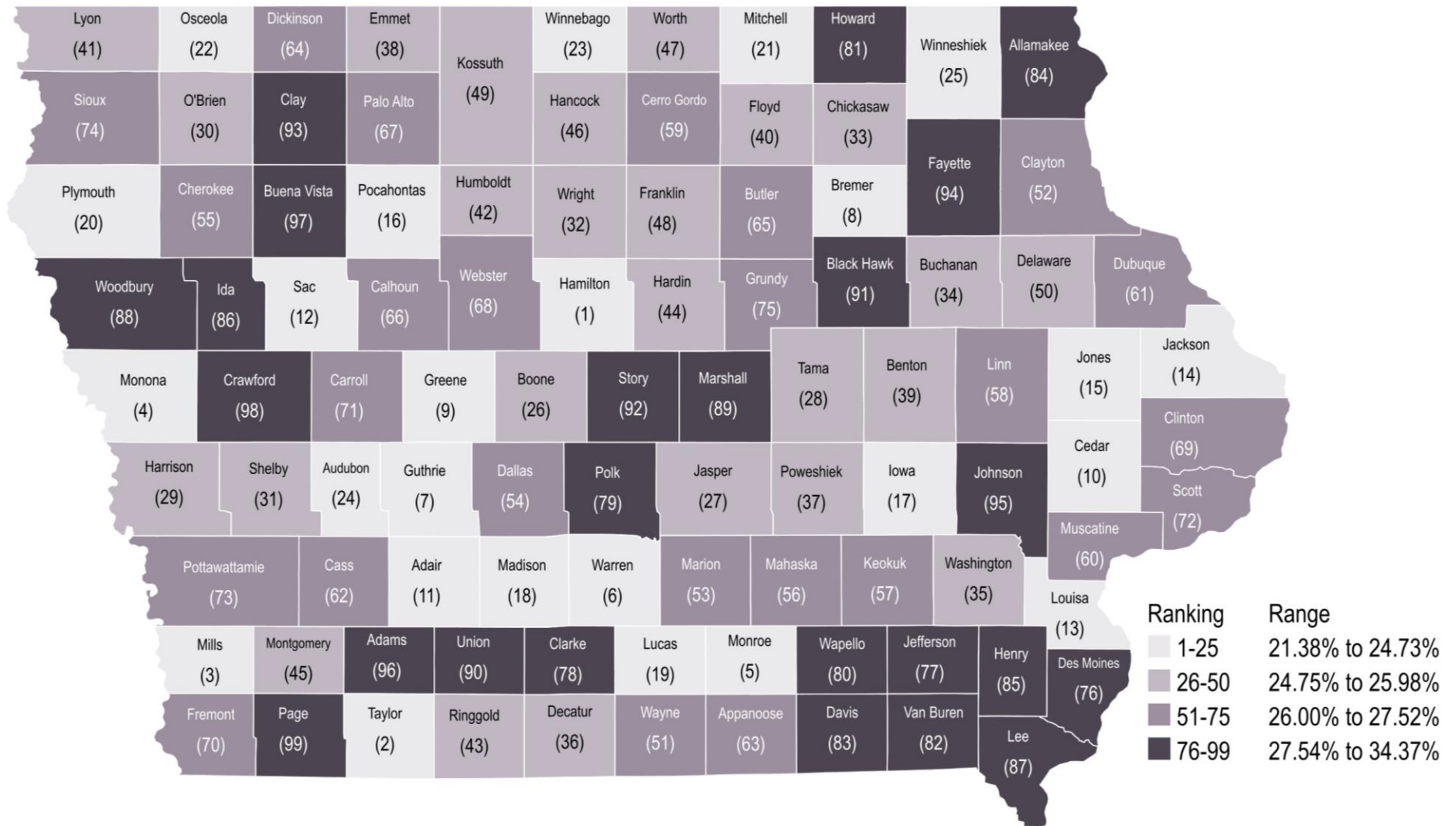
County Risk Rank: Children Whose Family Pay More Than 35 Percent of Income on Rent



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.

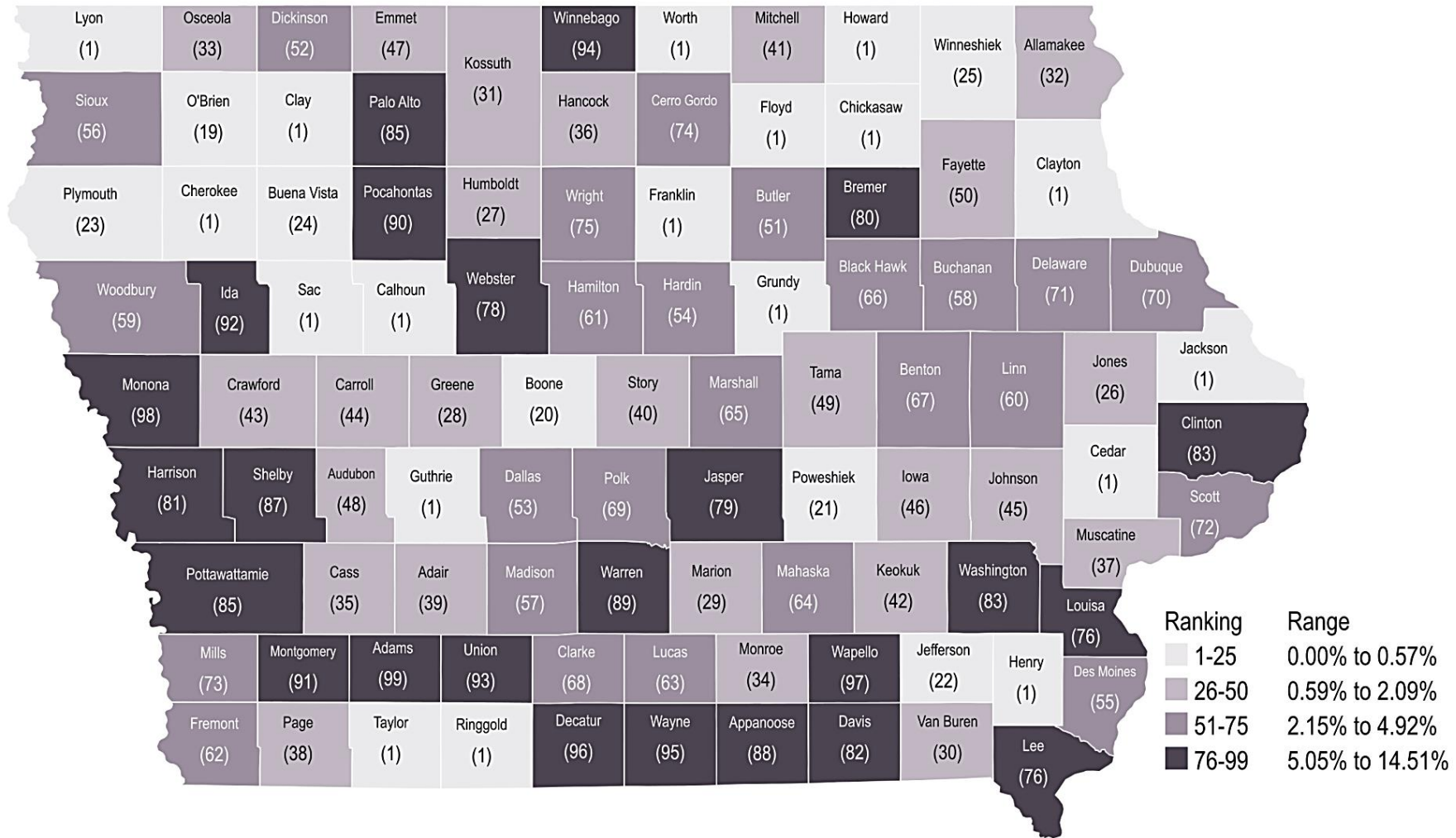
County Risk Rank: Child Ages Zero to Five



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.



Iowa Child Maltreatment Prevention Needs Assessment Data Update

Prevent Child Abuse Iowa
501 SW 7th Street, Suite G1
Des Moines, IA 50309
515.244.2200
800.237.1815
www.pcaiowa.org

September 2019

This page is intentionally left blank

Iowa Child Maltreatment Prevention NEEDS ASSESSMENT DATA UPDATE

THIS REPORT IS PREPARED FOR
THE IOWA DEPARTMENT OF HUMAN SERVICES



Prevent Child Abuse Iowa
501 SW 7th Street, suite G1
Des Moines, IA 50309
Phone: (515) 244-2200
Toll-free: (800) 237-1815
www.pcaiowa.org

IN COLLABORATION WITH

Public Consulting Group
148 State Street 10th Floor
Boston, MA 02109
www.PublicConsultingGroup.com



September 2019

This page is intentionally left blank

Introduction

In 2019, Prevent Child Abuse Iowa (PCA Iowa) contracted with Public Consulting Group, Inc. (PCG, formerly Hornby Zeller Associates, Inc.) to provide an update to the 2017 child maltreatment prevention needs assessment. The aim of the 2019 assessment was to use updated data to identify the counties at greatest risk for maltreatment. To achieve this aim, a county-by-county index of need was created, which incorporates actual incidence of abuse and neglect, along with the incidence of known risk factors. This document presents the findings from the 2019 assessment and is intended to be added as an addendum to the 2017 assessment.

Counties at Greatest Risk for Maltreatment

Like the 2017 needs assessment, the current assessment examined current child abuse and neglect incidence in Iowa, in conjunction with data on multiple known risk factors. Child abuse rates, comprised of confirmed and founded reports of physical abuse and sexual abuse, were examined for 2018. The initial needs assessment also included reports of cohabitation with a sex offender in the definition of child abuse, but data for this risk factor were not available for the 2019 assessment. Child neglect data included confirmed reports of a registered sex offender being allowed access to a child, neglect, mental injury, and presence of illegal drugs in a child's system. Additionally, results of the 2019 assessment did not include data on the exposure of children to methamphetamine manufacturing because data were not available as these cases are now classified under category of dangerous substances.

The eight risk factors found to be statistically significantly correlated to child abuse and neglect in the 2017 needs assessment were included in the 2019 assessment. Table 1 lists the 10 indicators (eight risk factors, child abuse, and child neglect) and their data sources.

Table 1. Indicators and associated data sources

Indicator	Data Source	Year
Teen Births	Iowa Department of Public Health	2016 – 2018
Children Living in Poverty	U.S. Census, American Community Survey	2013 – 2017
Low Birthweight Births	Iowa Department of Public Health	2016 – 2018
Children Living with Domestic Violence*	Iowa Department of Public Safety	2016
Children Living with Parents with 4+ ACEs*	Iowa Behavioral Risk Factor Surveillance Study	2012 – 2015
Children Living in Households Where Rent is >35% of Family Income	U.S. Census, American Community Survey	2013 – 2017
Children Between Ages Zero and Five	U.S. Census, American Community Survey	2013 – 2017
Children Living with Mental Illness in Family*	Iowa Behavioral Risk Factor Surveillance Study	2012 – 2015
Child abuse	Iowa Department of Human Services	2016 – 2018
Child neglect	Iowa Department of Human Services	2016 – 2018

*Data from the 2017 needs assessment were used because updated data were not available

County rankings

The following steps were completed to identify counties at highest risk for maltreatment:

1. Determined county rankings for each of the 10 indicators (eight risk factors, child abuse, and child neglect),
2. Calculated the county-level composite score by summing the standard deviation from the mean for each score and
3. Created a risk ranking by summing the standard deviations for all county scores.

There was a high degree of consistency between the 2017 and 2019 assessments. More specifically, the high-risk counties, which were those counties ranked in the bottom 10, were very similar in the two assessments. Table 2 lists the 10 counties at greatest risk for child maltreatment from the 2017 and 2019 assessments. Six of the high-risk counties from 2019 (Lee, Appanoose, Woodbury, Des Moines, Clinton, Wapello) were also high-risk in the 2017 assessment. Decatur, Scott, Emmet, and Wayne Counties were high-risk counties in 2019, but not in 2017. However, they were in the bottom third in 2017 with rankings of 85, 88, 89 and 69, respectively.

Table 2. High-risk counties* identified in the 2017 and 2019 needs assessments

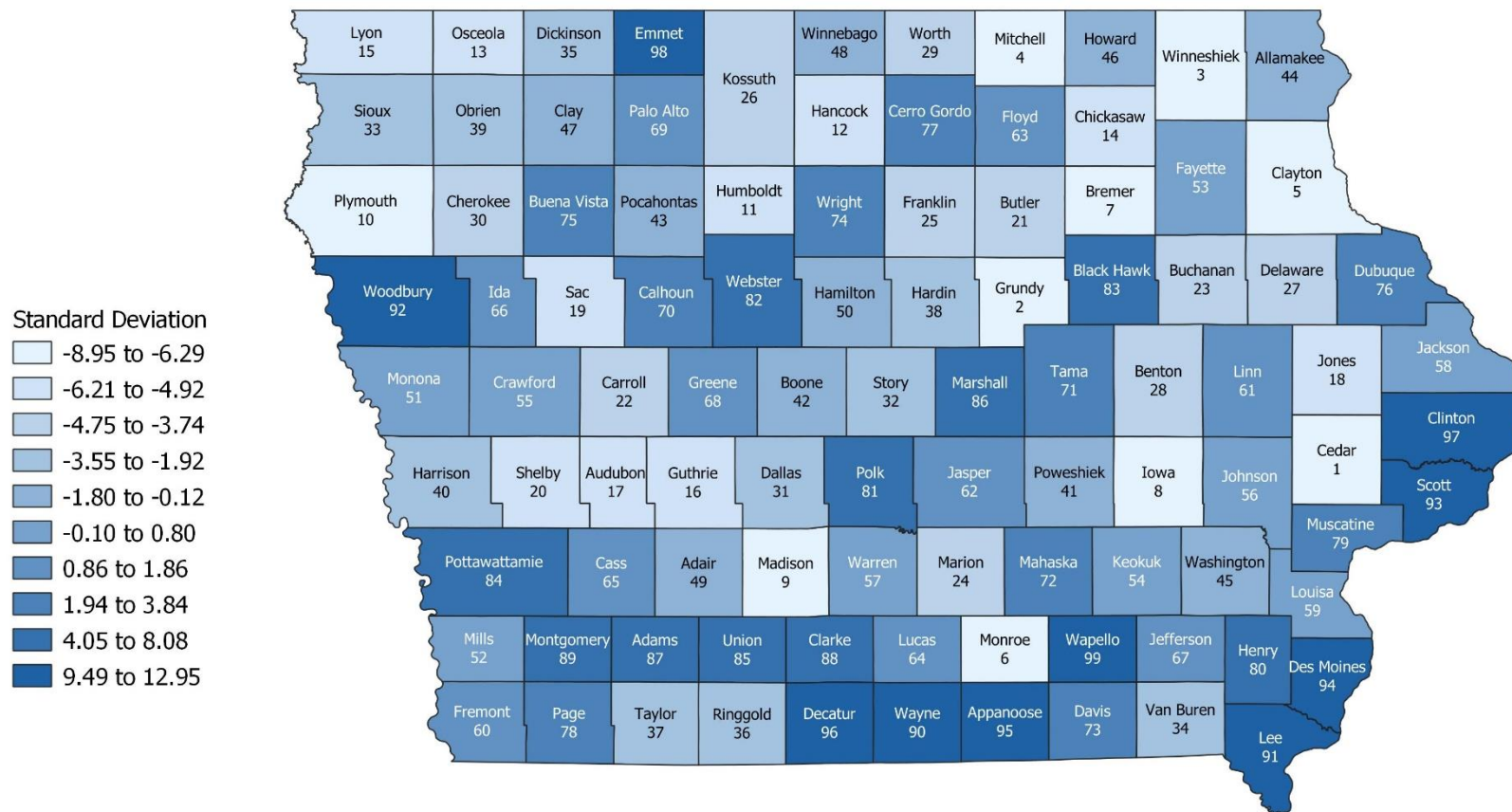
Rank	2017 County	2019 County
90	Clarke	Wayne
91	Lee	Lee
92	Pottawattamie	Woodbury
93	Union	Scott
94	Appanoose	Des Moines
95	Woodbury	Appanoose
96	Clinton	Decatur
97	Des Moines	Clinton
98	Wapello	Emmet
99	Montgomery	Wapello

* High-risk counties were those ranked in the bottom 10

The 2017 ranking used a slightly different methodology. Instead of summing the standard deviation from the mean for each risk factor as was done in 2019, the ranking (1-99) for each risk factor was summed for each county to determine overall risk ranking.

The following map depicts the county rankings from the 2019 assessment broken down by rank into ten risk groups by county.

This page is intentionally left blank



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

To develop this map, the standard deviations for all risk indicators correlated with maltreatment were summed and then the counties were ranked by the sum. 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.

This page is intentionally left blank

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

November 2017



ACKNOWLEDGEMENTS

We would like to thank the following groups for their help in the needs assessment and strategic planning process.

Boys and Girls Clubs of Central Iowa
Child Abuse Prevention Councils
Child Abuse Prevention Program Advisory Committee
Community Partnerships for Protecting Children sites
Early Childhood Iowa
Iowa Department of Human Services
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.

Contents

Executive Summary.....	i
The Strategic Plan.....	i
Background.....	1
Child Maltreatment in Iowa.....	1
Overview of the Needs Assessment and Strategic Planning Process.....	1
Child Maltreatment Prevention Strategic Plan	3
Vision & Guiding Principles	3
Goals & Activities	4
Strategic Plan Implementation	13
Review and Revisions of the Plan	13
Funding Notes.....	13
Implementation Plan	14

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.

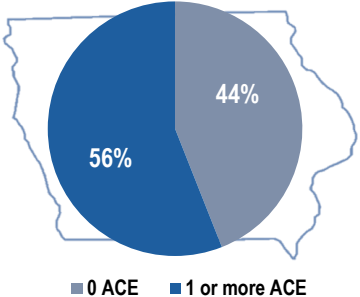
Background

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.

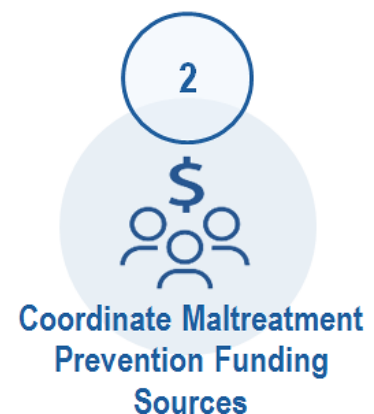
Measures of success

- 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.

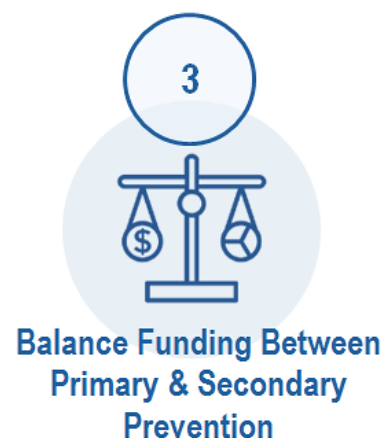
Measures of success

- 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.

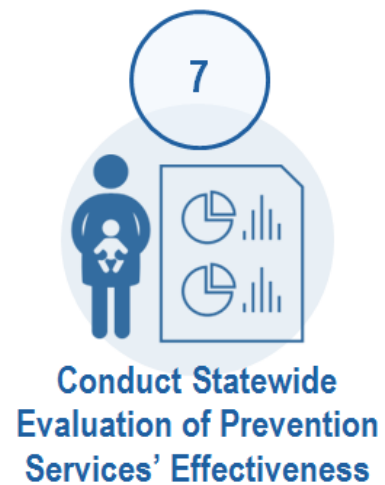
Measures of Success:

- 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

Attachment R: Acknowledgement of Partnership

*{Instructions: Complete one form for each Partner by replacing highlighted text to customize as needed.
Delete these instructions}*

This Acknowledgement of Partnership is between

[Insert name of potential ICAPP Contractor] (ICAPP CONTRACTOR)

and

[Insert name of local Partner such as School District or Agency] (LOCAL PARTNER)

Background

The Iowa Child Abuse Prevention Program (ICAPP) is an initiative of the State of Iowa aimed at reducing child maltreatment by targeting services to address risk factors most closely correlated with abuse and neglect.

Purpose

As a *potential* recipient of ICAPP grant funding, award anticipated by July 1, 2020 through the Iowa Department of Human Services, the potential **ICAPP CONTRACTOR** *may* be positioned to provide services towards this goal through a partnership with local organizations to provide donated facility space and/or connecting with target audiences. If funded, prospective ICAPP services may include:

- **Insert proposed brief description or type of activity**
- **Insert proposed brief description or type of activity (or delete this line)**
- **Insert proposed brief description or type of activity (or delete this line)**

Partnership

At the time of signing, the **LOCAL PARTNER** is interested in the following partnership arrangement: (please select and initial one)

<u> </u> <i>Initials</i>	Committed to partnering with our local ICAPP Agency Provider to support the provision of child abuse prevention services in our community with details to be agreed upon at a later date; or
<u> </u> <i>Initials</i>	Willing to consider a partnership arrangement once more information is available; or
<u> </u> <i>Initials</i>	Not willing to consider a partnership arrangement at this time.
<u> </u> <i>Initials</i>	Other: Describe proposed partnership arrangement here.

Attachment R: Acknowledgement of Partnership

This Acknowledgement of Partnership is non-binding and is in effect to express general support of ICAPP services and a potential partnership in the delivery of no-cost services to the community. If ICAPP funds are not awarded to the potential ICAPP CONTRACTOR, this Acknowledgement is no longer valid. **By signing below, parties acknowledge authorization to represent their respective agencies. Parties also accept the Acknowledgement of Partnership is limited to a declaration of willingness to partner and in no way is a guarantee of entitlement to future services or action on behalf of either entity.**

Partner Information:

LOCAL PARTNER

Agency Name:	
Signature:	Date:
Name:	
Title:	
Address:	
Telephone:	
E-mail:	

Potential ICAPP CONTRACTOR

Agency Name:	
Name:	
Signature:	Date:
Title:	
Address:	
Telephone:	
E-mail:	

CHILD SEXUAL ABUSE PRIMARY PREVENTION STRATEGIES: A LITERATURE REVIEW



PREPARED FOR
Prevent Child Abuse Iowa

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

August 2017

CHILD SEXUAL ABUSE PRIMARY PREVENTION STRATEGIES: A LITERATURE REVIEW

PREPARED FOR



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

AUTHORS:

Erin Whitham, M.S.W.
Vivian James, M.A., R.P.A.
Jen Battis, M. Res.

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

August 2017



CONTENTS

- Executive Summary 1
 - Introduction..... 1
 - Definition and prevalence of child sexual abuse 1
 - Child-focused education programs..... 1
 - Parent-focused prevention strategies..... 2
 - Community-level prevention approaches..... 3
 - Conclusions 4
- Introduction 5
 - Literature review use and process 5
 - Definition and prevalence of child sexual abuse 5
 - Types of prevention strategies 6
- Child-focused Education Programs 7
 - Children’s exposure to prevention..... 7
 - Outcomes 8
 - Components of effective interventions..... 11
 - Criticism of child-focused programs 13
- Parent-focused Prevention Strategies 15
 - CSA-specific interventions 15
 - Outcomes of CSA-specific programs 15
 - Parenting programs and a protective factors approach 18
 - Outcomes 18
- Community-level Prevention Approaches 21
 - Evaluations of community-level CSA prevention approaches 22
 - Other community-level strategies 23
- Conclusion..... 27
- References..... 29
- Appendix A: Glossary of Terms..... 37
- Appendix B: Evidence-Based Practices: Levels of Evidence 39

Executive Summary

Introduction

The purpose of this report is to review the research support for child sexual abuse (CSA) prevention strategies. It focuses on primary prevention strategies which, based on the Public Health Model of prevention, aim to prevent sexual abuse before it happens (Dworkin & Martyniuk, 2011). For the purposes of this report, these strategies are grouped into categories based on their primary target audience: children, parents/adults and communities.

Hornby Zeller Associates (HZA) reviewed the English-language literature on CSA prevention programs, giving priority to primary prevention strategies in peer-reviewed journals. When possible, the review included meta-analyses.

Definition and prevalence of child sexual abuse

Child sexual abuse is “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to or for which the child is not developmentally prepared and cannot give consent” (WHO, 1999, p. 15). A 2015 study in the United States found that one in ten girls and one in thirteen boys ages under the age of eighteen experienced some form of sexual victimization during their lifetime including both sexual abuse and non-contact offenses (Finkelhor, Turner, Shattuck, & Hamby, 2015). CSA is a global issue; the international prevalence of sexual violence is estimated to be twelve percent (18% of girls and 8% of boys) (Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Experience of CSA is associated with poor physical health and mental health outcomes (Leeb, Lewis, & Zolotor, 2011; Molnar, Beatriz, & Beardslee, 2016) and its impact has been shown to last into adulthood for many (Flaherty et al., 2013; Molnar et al., 2016).

Child-focused education programs

Child-focused education programs make up the bulk of CSA prevention work and are primarily administered in schools (Finkelhor, 2009). Most have three main goals: educating children about sexual abuse, teaching them skills to stop it and reporting abuse when it occurs (Martyniuk & Dworkin, 2011). School-based CSA prevention programs vary widely based on content, program delivery methods and duration (Fryda & Hulme, 2015; Walsh et al., 2015). Research on child-focused programs has evaluated the degree to which programs achieve their stated program goals and identifying components of effective programs.

1 in 10 girls
and
1 in 13 boys
in the United States
have been sexually victimized
prior to the age of 18
(Finkelhor et al., 2015)

Outcomes

Research shows that CSA prevention programs targeting children increase knowledge of sexual abuse, children's use of protective behaviors and disclosure of abusive or confusing interactions with adults and other children (Martyniuk & Dworkin, 2011). It is rare for programs to evaluate the extent to which participation in CSA itself is associated with reduced rates of sexual victimization and in those studies that have examined that outcome, the findings have been mixed (Rudolph & Zimmer-Gembeck, 2016; Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Most recently, results from the 2014 wave of the National Survey of Children's Exposure to Violence found some evidence that young children (ages five to nine) who attended higher-quality violence prevention programs had lower rates of peer victimizations after attendance (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014). However, there was no difference in the rates of sexual victimization or other types of violence by adults following participation in a prevention program (Finkelhor et al., 2014).

Parent-focused prevention strategies

Parents, the primary caretakers and potential protectors of children, constitute an important target audience of primary prevention of CSA (Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010). Parent-specific interventions fall into two broad categories: CSA-specific education programs and parenting programs such as home visiting and parenting classes, which have a broader focus to reduce child maltreatment, improve parenting skills and increase protective factors (Mikton & Butchart, 2009).

Outcomes

Looking at CSA-specific programs, parent participation in child-focused CSA programs leads to better outcomes for children, increased parental knowledge of CSA, and improved parental communication (Wurtele, 2008; Wurtele & Kenny, 2010).

Studies have found that parents who participate in prevention programs are more likely to discuss CSA with their children and those discussions are more positive (Wurtele, 2008; Wurtele & Kenny, 2010). Parents who participate are also more likely to discuss safety rules with other adults (Wurtele, Moreno, & Kenny, 2008). In another study, parents who attended a CSA prevention program responded more appropriately to a hypothetical disclosure (Wurtele & Kenny, 2010).

Child-focused programs increase

- Knowledge of CSA
- Use of protective behaviors
- Disclosure of abuse

Parent prevention programs improve

- Parents' knowledge of CSA
- Communication between children and adults about CSA
- Reduce risk of child maltreatment and increase family protective factors

Families who participate in parenting programs such as home visiting and parent education groups have been shown to have lower rates of child maltreatment, as well as reductions in risk factors associated with abuse and neglect and increases in protective factors (Chen & Chan, 2016; Mikton & Butchart, 2009; Sweet & Appelbaum, 2004). However, the research has not examined reductions in child sexual abuse specifically.

Community-level prevention approaches

Community-level CSA interventions involve collaborative, comprehensive efforts to address child sexual abuse within communities. These approaches are grounded in an ecological model or perspective of prevention, which describes the interrelationship between individuals and the different levels of their environment (Dworkin & Martyniuk, 2011; Wurtele & Kenny, 2012).

Outcomes

Research on the effectiveness of community strategies is limited (Borden et al., 2013; Molnar et al., 2016), although recent studies on two community-level CSA prevention initiatives in Georgia and Massachusetts have found some evidence of success.

In Massachusetts, where efforts to build statewide and local prevention infrastructure were paired with coordinated training and a social marketing campaign, an evaluation found that the proportion of people who believed adults had a responsibility to prevent CSA increased from 69 percent to 93 percent (Borden et al., 2013; Schober, Fawcett, & Bernier, 2012).

An empirical case study of Georgia's *Stop It Now!* compared the incidence of CSA in Georgia prior to and during the implementation of the four-year initiative. Researchers found that after the first three years of implementation, the incidence of abuse in Georgia began to drop from a high of 102 substantiated cases in 2004 to 57 cases in 2007 (Schober, Fawcett, Thigpen, Curtis, & Wright, 2012).

Community programs
incorporate prevention strategies
that target children and adults in a
coordinated, collaborative way

Conclusions

There have been positive research findings about approaches targeting all three audiences described in this review. Child-focused interventions increase children's knowledge and skills in prevention, while negative effects are uncommon. Parent involvement in programs increase positive outcomes for children and parenting programs that aim to reduce child maltreatment may be a useful CSA prevention strategy. Adoption and research of community-level interventions is limited; however, approaches are being adopted to raising awareness and commitment to ending maltreatment, educating the public about signs of CSA and how to report it, and developing policies that protect and support families. Just as child-focused programs grew in popularity before they could be evaluated (Wurtele & Kenny, 2012), research does not appear to be keeping pace with the adoption of parent-focused and community-level approaches

This review serves as a guide to the strengths of CSA prevention programs and the knowledge gaps that exist from a research perspective. While there remain many opportunities to build on the current practices in child sexual abuse prevention, a great deal has been learned about how to ensure that children and adults have the knowledge and skills they need to prevent abuse. The use of prevention evidence-based practices, continuous quality improvement strategies and program evaluation help further to build on what works in prevention so that communities can reduce the perpetration of abuse and improve families' overall health and well-being.

Introduction

The purpose of this report is to review the research support for child sexual abuse (CSA) prevention strategies. CSA is a public health concern which impacts the health and wellbeing of individuals, families and communities around the world. In the United States prevention professionals, policy makers and communities have worked to develop strategies to stop abuse before it happens, prevent repeated victimization of children and address the harm caused by CSA.

Literature review use and process

This review describes the strengths of CSA prevention programs and the knowledge gaps that exist from a research perspective. To aid in that understanding, research terms that are used throughout the document are described in a glossary in Appendix A. For this review, Hornby Zeller Associates (HZA) conducted internet searches with Google Scholar to find English-language literature on CSA prevention programs. PubMed and the Cochrane Database of Systematic Reviews were searched for systematic reviews. The titles of all flagged publications were reviewed to determine whether they fit within the scope of the topic. Of those selected, the abstract was then read to confirm that the publication was appropriate for inclusion, and if so, the full-text was reviewed when available. Works selected included information on one or more CSA primary prevention strategies (defined in more detail below), with priority given to peer-reviewed meta-analyses and systematic literature reviews. General internet searches were also performed to identify other resources and reports available from child abuse prevention experts (*e.g.*, FRIENDS National Resource Center).

Definition and prevalence of child sexual abuse

According to the World Health Organization (WHO), **child sexual abuse is “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to or for which the child is not developmentally prepared and cannot give consent” (WHO, 1999, p. 15).**

A 2015 study in the United States found that one in ten girls and one in thirteen boys ages zero to seventeen had experienced some form of sexual victimization during their lifetime (including non-contact offenses, such as being shown pornography) (Finkelhor, Turner, Shattuck, & Hamby, 2015). Girls ages fourteen to seventeen had the highest rates of sexual abuse, with over 16 percent reporting a sexual victimization in the last year (Finkelhor et al., 2015). CSA is a global issue; the international prevalence of sexual violence is estimated to be twelve percent (18% of girls and

Review search terms included

- Child sexual abuse prevention
- Protective factors
- Community-level prevention
- Parent education

Websites searched

[Google Scholar](#)

[PubMed](#)

[Cochrane Database of Systematic Reviews](#)

[National Sexual Violence Resource Center](#)

[FRIENDS National Resource Center](#)

[Prevent Child Abuse Iowa](#)

8% of boys) (Stoltenborgh et al., 2011). In Iowa ten percent of adults reported experiencing sexual abuse as children (Central Iowa ACEs Coalition, 2016) and in 2016, 773 incidents of CSA were confirmed or founded by the Iowa Department of Human Services (IDHS), accounting for 12 percent of substantiated child maltreatment cases (IDHS, 2017). However, these numbers likely underrepresent the scope of CSA. Research has found that the majority of youth delay disclosure, particularly to authorities, often until adulthood (McElvaney, 2015).

Experience of CSA is associated with poor physical health and mental health outcomes (Leeb et al., 2011; Molnar et al., 2016). Children who have experienced maltreatment, including sexual abuse, are more likely to have physical health problems (Flaherty et al., 2013; Leeb et al., 2011) and can experience post-traumatic stress, suicidal thoughts and self-harm, and depression and anxiety (Leeb et al., 2011; Molnar et al., 2016). The impact of CSA has also been shown to last into adulthood for many (Flaherty et al., 2013; Molnar et al., 2016).

Types of prevention strategies

The Public Health Model, a commonly used model in prevention, classifies prevention strategies as primary, secondary and tertiary (Dworkin & Martyniuk, 2011). This literature review describes the research support for primary prevention strategies, which aim to prevent sexual abuse before it happens. For the purposes of this report, these strategies are grouped into categories based on their primary target audience: children, parents and adults, and communities.

Although secondary and tertiary approaches are beyond the scope of this review, they are important components of a comprehensive prevention strategy (Fortson, Klevens, Merrick, Gilbert, & Alexander, 2016). Secondary prevention focuses on reducing immediate harm experienced by children once abuse is disclosed and tertiary strategies are geared toward preventing long term harm, including re-victimization (Dworkin & Martyniuk, 2011). Secondary strategies include reducing stigma around disclosing incidences of abuse and improving screening for abuse (Dworkin & Martyniuk, 2011). Treatment programs for people who perpetrate abuse and for children who have experienced abuse are examples of tertiary interventions (Finkelhor, 2009).

In some instances, prevention interventions can address multiple levels of prevention. For example, many child-focused CSA prevention programs teach children to disclose inappropriate interactions with adults. Research on these kinds of secondary prevention goals is included in this review when they are components of strategies that have a primary prevention focus.



Use this review to understand research on primary prevention strategies for

- Children
- Parents
- Adults/Youth-Serving Organizations
- Community

Child-focused Education Programs

The main focus of CSA primary prevention efforts until recently has been child education (Wurtele & Kenny, 2012), and while programs may be administered in a variety of community settings, schools are the most common location (Finkelhor, 2009). Schools provide opportunities to educate all children without stigmatizing students, especially those at high risk of abuse, and can be delivered in a way that is tailored to children's age and developmental level (Walsh et al., 2015).

While there are many different child-focused programs, most have three main goals: educating children about sexual abuse, teaching them skills to stop it, and reporting abuse when it occurs (Martyniuk & Dworkin, 2011). Another important component included in programs is the concept that abuse is never the child's fault (Wurtele & Kenny, 2012). School-based CSA prevention programs vary widely based on teaching and program delivery methods and duration (Fryda & Hulme, 2015; Walsh et al., 2015). Research on child-focused programs has focused on evaluating the degree to which programs achieve their stated program goals and identifying components of effective programs.

Children's exposure to prevention

Studies of children's participation in prevention programs have found different rates of exposure, making it difficult to determine just how common child-focused prevention is. The 2014 administration of the National Survey of Children's Exposure to Violence asked children if they had been exposed to any violence prevention programs, including sexual assault prevention (Finkelhor et al., 2014). The study found that among children over the age of five, about two out of three had been exposed to any prevention program and 21 percent said they had participated in a program specifically focusing on sexual assault prevention (Finkelhor et al., 2014).

In contrast, earlier research has found that seventy percent of children participated in some form of CSA prevention program, although only about half of those were deemed to have participated in a comprehensive program (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995a). Both surveys relied on children and/or parents' recollection of their participation and program components, which limits the strength of these findings, but provides a practical response since participating without recalling is not overly useful.

1 in 5
children reported ever
participating in a sexual assault
prevention program in 2014
(Finkelhor et al., 2014)

Outcomes

Research shows that CSA prevention programs targeting children increase knowledge about sexual abuse, children's use of protective behaviors, and disclosure of abusive or confusing interactions with adults and other children (Martyniuk & Dworkin, 2011). Criteria used to determine the effectiveness of child-focused education programs vary widely. In a recent meta-analysis of school-based prevention programs, Walsh et al. (2015) identified six outcome measures on which programs evaluated themselves, although not all programs in the review measured every outcome:

- Knowledge of sexual abuse or CSA prevention concepts
- Protective behaviors
- Retention of protective behaviors over time
- Retention of knowledge over time
- Harm (e.g., children's experience of anxiety or fear as a result of the program)
- Disclosure of abuse to an adult after the program

Two other outcomes evaluated in some studies are children's feeling of self-esteem and/or self-blame among those who experience abuse after program participation, and the actual prevention of CSA among participants following programs (Finkelhor et al., 2014).

The outcome research that follows should be interpreted with some caution. Previous reviews of the literature found that comprehensive evaluations have not been conducted of most programs (Fryda & Hulme, 2015; Walsh, et al., 2015; Finkelhor, 2009). Demonstrating this point, a review of child abuse prevention evidence-based practices conducted by Hornby Zeller Associates found only two interventions targeting children were supported practices with scientific evidence of their effectiveness (Spach, Battis, & Nelson, 2014).

In addition, most of the research studies that have been published have methodological weaknesses such as lack of a control group (Walsh et al., 2015), use of unstandardized or untested tools and surveys to measure outcomes such as knowledge (Fryda & Hulme, 2015), and a lack of fidelity monitoring (tracking to ensure instructors follow the program model) (Rudolph & Zimmer-Gembeck, 2016). Nonetheless, those that have been evaluated have been shown to have some benefit to children.

Looking for CSA Evidence-Based Practices (EBPs)?

Evidence-Based Practices for the Prevention of Child Abuse and Neglect includes information on both child and parent-focused EBPs. Available at <http://www.pcaiowa.org/downloads/library/2014-ebp-in-prevention-programs.pdf>

Not enough research is available

on whether children who participate in CSA prevention programs are less likely to be abused

Prevention of sexual abuse

Little research exists on the degree to which child-focused CSA prevention programs actually prevent sexual abuse. In part this is due to methodological and ethical challenges in doing such research (Rudolph & Zimmer-Gembeck, 2016). The research studies rely on retrospective designs. Researchers asked children or young adults to recall whether or not they had participated in CSA prevention programs, if they experienced abuse since participation, and in some cases what protective strategies the children used if they were victimized (Walsh et al., 2015). Overall the findings of these studies varied.

One study of children age ten to sixteen found no evidence of a decrease in victimization (including sexual) as a result of participation in a comprehensive prevention program (Finkelhor, Asdigian, & Dziuba-Leatherman, 1995b). Children were also no less likely to be injured as a result of victimization (Finkelhor et al., 1995b). In contrast, a more recent study of college-age women found that among the two thirds of those who said they had participated in a CSA prevention program, eight percent said they were abused after it took place, compared to fourteen percent among those who did not participate in any program (Gibson & Leitenberg, 2000). Ko & Cosden (2001) found similar results after surveying high school students, with children who had participated in a prevention program reporting fewer incidents of abuse. Results from the 2014 wave of the National Survey of Children's Exposure to Violence found some evidence that young children (aged five to nine) who attended higher quality violence prevention programs had lower rates of peer victimizations after attendance (Finkelhor et al., 2014). However, there was no difference in the rates of sexual victimization or other types of violence by adults following their participation in prevention programs (Finkelhor et al., 2014).

Knowledge of sexual abuse

Perhaps the most common outcome evaluated is children's knowledge about sexual abuse. Walsh et al. (2015) found that studies measuring this outcome utilized either questionnaires or verbal, pictorial or video vignettes. Regardless of the method used, participation in prevention programs does increase children's knowledge (Abramson & Mastroleo, 2002; Campbell-Bishop & Pina, 2003; Fryda & Hulme, 2015; Madak & Berg, 1992; Sylvester, 1997; Walsh et al., 2015), although knowledge gains were smaller among younger children (Walsh et al, 2015; Blakey & Thigpen, 2015).

Evidence-based Practice Highlight: *Child Lures*

Level of evidence: Supported*

About: *Child Lures* is a child-focused prevention program for pre-K to high school children.

Objectives: Participants learn about behavioral skills to prevent sexual exploitation, abduction, internet crime, substance abuse, and school violence.

Outcomes measured: Knowledge of inappropriate touch and communication with parents.

Findings: In a study comparing children who participated in *Child Lures* for up to five years to those who did not participate in the program, researchers found the knowledge of students who attended increased in terms of how many knew what constitutes inappropriate touching and that their parents should always know where they are. The control group's knowledge did not increase to the same extent.

Limitations: Used a non-standardized survey to measure knowledge. Evidence is based on one study evaluating the program.

Reference: (Campbell-Bishop & Pina, 2003)

*See Appendix B for more information about criteria used to determine the level of evidence.



Protective behaviors

Protective behaviors are skills children can use to protect themselves from abuse (Finkelhor et al., 1995a). A stranger simulation test, in which an adult unknown to a child approaches him or her and requests the child accompany the adult somewhere or stages a grooming¹ situation, is one method of evaluating if children retain protective behaviors taught in a CSA prevention program (Walsh et al., 2015). This method is uncommon in research studies given ethical concerns about the impact of such an interaction on children and its usefulness considering that most children are victimized by people they know (Walsh et al., 2015; Fryda & Hulme, 2015). Nonetheless, in three studies that measured protective behaviors in this way, children who participated in a prevention program performed better than the control group at refusing to accompany the stranger (Walsh et al., 2015).

Other studies have used surveys to measure children's protective skills. Fryda and Hulme (2015) found that out of nine studies that measured skills with a survey after program participation, all found that children's knowledge of protective skills increased. Older studies surveyed children after they experienced an abusive situation and asked what protective behaviors they utilized. One study found that children who had participated in a comprehensive school-based violence prevention program (not necessarily CSA focused) threatened with sexual victimization were significantly more likely to fight back and cry (Finkelhor et al., 1995a). A follow-up study of the same sample found that children who participated in a comprehensive program since their last interview (on average, conducted 15 months before) were more likely to use a self-protection strategy when threatened with a sexual victimization (Finkelhor et al., 1995b).

Retention of knowledge and skills

Studies that followed up with participants after time passed show that children do retain at least some knowledge and skills after a program ends (Walsh et al., 2015; Fryda & Hulme, 2015). Walsh et al. (2015) found that knowledge gains persisted up to six months following the program. However, the length of time before follow-up with children varied by study, so it is difficult to say how important it is that children continue to receive prevention instruction or how long gains in skills and knowledge continue after programs end (Walsh et al., 2015; Fryda & Hulme, 2015).

The definition of a **comprehensive CSA prevention program** has evolved over time. In two 1995 studies Finkelhor et al. defined comprehensive programs as those which had nine out of twelve components recommended by prevention professionals including:

- “Content about sexual abuse, bullies, good and bad touch, confusing touch and incest;
- Guidance as to screaming and yelling to attract attention when threatened by an adult and to tell an adult about the abuse;
- Reassurance that abuse is never the child's fault;
- A chance to practice avoidance techniques in class;
- Information to take home about the prevention training;
- A meeting for parents;
- Repetition of the material over more than a single day”

(Finkelhor et al., 1995a, pg. 1685)

For more information on current research, see “Program components of effective interventions” on the following page.

¹ Grooming is a process used by perpetrators of abuse to gain a child's trust (and potentially the trust of adult caregivers) or manipulate the child to gain power over him or her, break down the child's defenses, and establish a relationship based on secrecy so that the perpetrator has access to the child and can initiate sexual contact (National Center for Victims of Crime, n.d.)

Harm

A common critique of child-focused CSA programs is that there is a potential risk of harm to children by introducing them to negative concepts (*e.g.*, that adults that they know may try to harm them) or cause feelings of fear and anxiety (Finkelhor, 2009; Rudolph & Zimmer-Gembeck, 2016). Recent reviews of school-based programs have found that most children do not experience negative feelings (Walsh et al., 2015; Fryda & Hulme, 2015); however, many studies do not capture this information. Beyond that, no research was found on the topic of the potential psychological harm and loss of innocence that some researchers posit is a risk of these programs.

Disclosure and reporting

Disclosure, or reporting abuse or confusing interactions is an important component of most CSA prevention programs for children. A recent national survey of school age children found that while children that participated in higher quality violence prevention programs were more likely to report new victimizations, that effect did not apply to sexual violence (Finkelhor et al., 2014). In their meta-analysis Walsh, et al. (2015) found that there were higher rates of disclosure among children who participated in prevention programs, but they were unable to draw conclusions from that finding due to limitations in the data collected.

Self-esteem

Findings about whether children experience psychological gains such as improved self-esteem after prevention program participation varies by study and therefore may differ by intervention. Not all studies evaluate these outcomes, but Fryda & Hulme (2015) found that among those that did, one study found that children's self-esteem improved after participation, while two others did not.

Components of effective interventions

In a review of child-focused programs targeting eleven areas of prevention (including sexual abuse, bullying, substance abuse, and mental health), Jones, Mitchell, & Walsh (2014) found that certain program components were more effective than others. Programs that actively engaged students in activities (such as role play) were more effective than other interventions, as were programs that took place over more than one session (Jones et al., 2014). Other qualities of high quality programs include sending information home to parents and asking parents to participate (Jones et al., 2014; Finkelhor et al., 2014).

Common CSA prevention teaching methods

- Rehearsal, practice, and/or role play
- Discussion
- Modeling
- Review of material
- Instruction
- Feedback

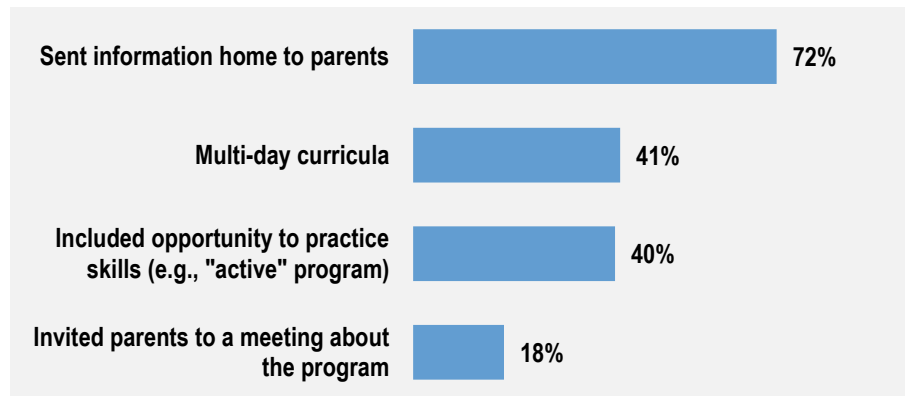
Program delivery methods

- Film, video, DVD
- Plays/theater
- Multi-media presentation
- Electronic/web-based instruction

(Walsh et al., 2015)

A recent study found that most children participated in violence prevention programs which sent information home to parents, although fewer than half reported that the program included the other three components of effective programs: sent information home to parents; instruction conducted over more than one session; included an opportunity to practice skills (e.g., an “active” program); and invited parents to a meeting about the program (Finkelhor et al., 2014) (see Figure 1). Children who did not participate in an effective program (defined as one that had three out of four of these qualities) had similar outcomes in their rates of victimization as children who did not participate in any violence prevention program at all (Finkelhor et al., 2014).

Figure 1: Components of the violence prevention programs in which children participated



Evidence-based practice highlight: *Kid&TeenSAFE*

Level of Evidence: Promising

About: *Kid&TeenSAFE* is a child-focused prevention program for youth with disabilities in kindergarten through high school. The program also incorporates components targeting teachers and caregivers

Objectives: Reduce risk of sexual, physical, and/or emotional abuse/exploitation of children with disabilities; increase children and adult’s ability to identify, prevent, and report abuse; promote ongoing prevention education for children with disabilities. The teen program includes information on dating relationships.

Outcomes measured: Knowledge of inappropriate touch, anatomically correct words for male and female, genitalia; knowledge and demonstration of what to do if someone tries to hurt them (refuse, leave, and tell an adult).

Findings: In a study of 849 school children, prevention educators asked students questions about what to do if someone tried to hurt them before and after the session. Twenty-one percent of children had an increase in knowledge and skills, with two thirds or more answering questions correctly on the post-test. A smaller study of 93 teens found that three in four reported that they learned new information from the program.

Limitations: Used non-standardized surveys to measure knowledge. Teen study only measured knowledge through a post-test survey. Evidence is based on single studies evaluating the youth and teen programs respectively.

Reference: (Abramson & Mastroleo, 2002)



Criticism of child-focused programs

As has been discussed, there are limitations of the research supporting the effectiveness of child-focused CSA prevention programs. Most programs have not been formally evaluated and much of the research that has been done has methodological weaknesses such as lack of a control group (Walsh et al., 2015), use of unstandardized or untested tools to measure outcomes such as knowledge acquisition (Fryda & Hulme, 2015), and a lack of fidelity monitoring (tracking to ensure instructors follow the program model) (Rudolph & Zimmer-Gembeck, 2016). Additional criticism of these interventions focuses on three main issues: the concepts taught are too complex for children to understand, programs decrease children's trust of adults, and the responsibility to prevent abuse falls to adults, not children.

There is little evidence that the topics covered in CSA prevention programs are too complex or decrease children's trust in adults. As previously discussed, programs have been shown to increase children's knowledge of CSA concepts, which is unlikely to occur if children do not understand them (Finkelhor, 2009). While most children do not experience negative consequences from participating in prevention programs, these unintended consequences of programs are not studied in a standardized way (Walsh et al., 2015). Nonetheless, questions about whether or not children can differentiate between the subtle cues that are often the precursors to abuse have been raised in numerous studies over the past thirty years (Rudolph & Zimmer-Gembeck, 2016).

There does appear to be a consensus in the research literature that child-focused programs should not be the only strategy for preventing CSA. It is unrealistic and inappropriate to expect children to prevent abuse, and CSA is the only form of child maltreatment that puts some onus on children to be their own protectors (Finkelhor, 2009; Fryda & Hulme, 2015; Rudolph & Zimmer-Gembeck, 2016). For this reason, there is an increasing focus in CSA prevention on interventions targeting parents, adults and communities in addition to children.

Primary criticisms of child-focused interventions

- Methodological weaknesses
- Complexity of content for child comprehension
- Programs engender mistrust of adults in children
- Onus of responsibility should be on adults

There appears to be a consensus in the research literature that **child-focused programs should not be the only strategy for preventing CSA**. It is unrealistic and inappropriate to expect children to prevent abuse, and CSA is the only form of child maltreatment that puts some onus on children to be their own protectors. **For this reason, there is an increasing focus in CSA prevention on interventions targeting parents, adults and communities in addition to children.**



Parent-focused Prevention Strategies

Parents, the primary caretakers and potential protectors of children, is an important target of CSA primary prevention programs (Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010). Parent specific interventions fall into two broad categories: CSA-specific education programs and parenting programs such as home visiting and parenting classes, which have a broader focus to reduce child maltreatment, improve parenting skills and increase protective factors (Mikton & Butchart, 2009).

CSA-specific interventions

Parent-focused CSA prevention approaches either enlist parents as “partners in prevention” where they work in conjunction with school-based programs or train parents to be prevention educators directly with their children (Wurtele, 2008). Several advantages to interventions that include a parental component are identified in the literature. Parents are able to begin discussing prevention with children at an early age, before they would be reached by school-based programs (Wurtele, 2008). They also create opportunities for children to receive repeated exposure to prevention information in the home, enable parents to identify warning signs of victimization and help them respond appropriately to disclosures of abuse (Hunt, Walsh, & others, 2011; Wurtele, 2008). Finally, programs encourage parents to monitor who has access to their children, an important prevention strategy (Ayers, 2007; Leclerc, Smallbone, & Wortley, 2015; Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010).

Outcomes of CSA-specific programs

Research on CSA prevention programs targeting parents has evaluated programs based on numerous outcomes falling into three broad categories: the degree to which adults impact children’s prevention knowledge and skills, parents’ own knowledge of CSA, and the degree to which programs improve parents’ communication and other skills. Even more so than research on child-focused programs, strong, evaluative studies of these approaches are limited (although evidence-supported programs have been developed (Spach, Battis, & Nelson, 2014)). Therefore, caution should be taken in interpreting these findings.

Prevention of abuse

Perhaps the most important outcome of CSA prevention programs is the extent to which children do not experience abuse as a result of participation. However, there is no evidence that parent-focused programs have been evaluated on this outcome.

Common prevention goals and topics of adult CSA prevention programs

- Definition of CSA
- How to prevent CSA
- Healthy sexual development and appropriate terms for the human body
- Warning signs of abuse
- Appropriate responses to disclosures of abuse

(National Sexual Violence Resource Center, 2011)

Impact on children's outcomes

As discussed in the section on child-focused prevention, parent participation is considered an important component of programs for children. Children are more knowledgeable about CSA when their parents have talked to them about it (Wurtele & Kenny, 2010). One study also found that children whose parents discussed CSA at home in conjunction with their school-based program experienced fewer negative effects as a result of the program (Hébert, Lavoie, Piché, & Poitras, 2001). A study comparing parents versus teachers as prevention educators determined that children learned more from their parents compared to other children (Wurtele & Kenny, 2010). Programs including a self-efficacy message that parents can protect their children increase parents' ability to teach their children about sexual abuse and enhance parents' confidence in their ability to protect children (Balkaran, 2015; Rudolph & Zimmer-Gembeck, 2016; Wurtele & Kenny, 2010; Wurtele et al., 2008).

Knowledge

Parents' knowledge of CSA increases after participation in prevention programs (Wurtele & Kenny, 2010). One evaluation of a CSA prevention workshop that used surveys to measure knowledge before and after the workshop showed that parents had significantly greater knowledge about CSA after the workshop and parents said they were more likely to agree with the safety recommendations of the presenter (such as allowing children to refuse forced affection) as well (Wurtele et al., 2008). This knowledge persisted at one month (Wurtele et al., 2008) and other studies which followed up with parents found that increases in knowledge remained at six months (Wurtele & Kenny, 2010).

Communication

Studies on parents' attitudes about prevention have shown that parents want to discuss CSA with their children, but are often unsure of how to do so (Wurtele & Kenny, 2010). For this reason, parental communication is a common outcome evaluated as part of prevention programs.

Evidence-based practice highlight: *Talking About Touching*

Level of evidence: Supported

About: *Talking About Touching* is a child-focused personal safety program for children in preschool through third grade which also provides supports to families and teachers to discuss difficult topics with their children.

Objectives: Educate children about traffic, water, and fire safety, relationships and appropriate touching, and how to stand up for themselves. Includes an educational video for parents.

Outcomes measured: Knowledge and protective skills; amount of communication between parents and children

Findings: Evaluation of the video for parents found that those who viewed the video were more likely to have intentions of talking about CSA with their children and at follow up engaged in significantly more discussions on topics relating to CSA.

Limitations: Evidence of outcomes following the parents' participation in the video is based on one pilot study.

References: (Madak & Berg, 1992; Sylvester, 1997; Burgess & Wurtele, 1998)



Research results on the content of parents' discussions with their children are mixed. It has been found that parents are more likely to discuss abuse by a stranger with children than abuse by people they know, even though the latter is more prevalent (Hunt et al., 2011). In discussions with children, it is also more common for parents to focus on abuse involving being touched inappropriately than on exposing the child to pornography, indecent exposure or other non-contact forms of abuse (Hunt et al., 2011).

Fortunately, studies have found that those who participate in prevention programs are more likely to discuss CSA with their children and those discussions are more positive (Burgess & Wurtele, 1998; Wurtele, 2008; Wurtele & Kenny, 2010). Parents who participate in programs are also more likely to discuss safety rules such as assuring young children are supervised with other adults (Wurtele et al., 2008). Regarding disclosure, one study found that parents who attended a CSA prevention program responded more appropriately to a hypothetical disclosure as well (Wurtele & Kenny, 2010).

Other skills

Other skills that improve among parents who participate in CSA prevention programs are modelling privacy in the home and teaching children the correct terms of genitalia (Wurtele, 2008; Wurtele et al., 2008). In one study of a single workshop, 79 percent of parents reported teaching their children the correct name for genitals prior to the workshop, compared to 98 percent after the workshop (Wurtele et al., 2008). The use of correct terminology improves a child's ability successfully to disclose abuse and may decrease a child's risk of victimization (Wurtele & Kenny, 2010). Finally, a recent study of educators who participated in a prevention program increased their reports of CSA during the year following the training, demonstrating that programs may also have an impact on reporting abuse (Townsend & Haviland, 2016).

Evidence-based practice highlight: *Darkness to Light: Stewards of Children*

Level of evidence: Exemplary

About: *Darkness to Light* teaches adults how to prevent, recognize and respond to child sexual abuse.

Objectives: Educate adults about CSA and when it is likely to occur, how to talk to children and other adults about abuse, and how to intervene when it occurs.

Outcomes measured: Knowledge of CSA; attitudes about CSA; use of protective behaviors.

Findings: Studies of participants in *Darkness to Light* have found that adults' knowledge of CSA and use of protective behaviors increase after participation, including discussing CSA with children and other adults and recognizing signs of abuse. Follow-up studies have also been conducted demonstrating that knowledge gains persisted two months and six months after the training.

References: (Darkness to Light, 2010)



Parenting programs and a protective factors approach

Rudolph and Zimmer-Gembeck (2016) suggest that parent-focused CSA prevention interventions can be improved by addressing daily risk and protective factors that increase or decrease a child’s risk of victimization. Protective factors such as good communication between parent and child are strengths of families, communities and society that help reduce risk and support healthy behavior (Child Welfare Information Gateway, 2014). In contrast, risk factors such as poor parent-child communication create circumstances that increase the chance that families will experience negative outcomes, including sexual abuse (Child Welfare Information Gateway, 2014). Protective factors mitigate risk factors and reduce the likelihood of such adverse experiences. Within families, changes in knowledge and behaviors of parents can help promote protective factors in families, and reduce the impact of risk factors.

Examples of family-related CSA risk and protective factors

Risk Factors	Protective Factors
Lack of parental supervision	Supervision and monitoring
Poor parent-child relationships	Secure attachment history
Low levels of maternal attachment	Parental involvement in child’s life
Poor parent-child communication	Good communication between parent and child

Outcomes

Promotion of protective factors and reduction of risk factors are common outcomes of parenting programs that have a broader focus than only prevention of CSA (Mikton & Butchart, 2009; Sweet & Appelbaum, 2004). For this reason, as part of this literature review, a brief examination of the research on parenting programs was conducted. There are many types of such parenting programs, including parent education classes and home visiting programs (Mikton & Butchart, 2009; Sweet & Appelbaum, 2004). While home visiting programs deliver interventions in a family’s home, parent education is usually delivered in groups and seeks to improve parenting skills and parents’ knowledge of child development (Mikton & Butchart, 2009).

Prevention of maltreatment

Findings on the degree to which parenting programs prevent maltreatment is somewhat mixed, although there are evidence-based programs (Mikton & Butchart, 2009). Most recently Chen and Chan’s meta-analysis (2016), which combined the results of studies of all types of parenting programs, found a statistically significant overall decrease in child maltreatment as a result of participation. More specifically, studies that looked at the number of official reports of maltreatment and self-reported reductions in harsh parenting and neglect showed significantly lower rates of those behaviors in parents who participated compared to parents in control groups (Chen & Chan, 2016).

Earlier systematic reviews of home visiting or parent education groups was more mixed. Sweet and Appelbaum (2004) found that home visiting participation did not show evidence of a decrease in child abuse and neglect, while Mikton and Butchart (2009) note that while some reviews of parent education programs found reductions in maltreatment, others did not. In addition, no studies appear to report on the effect of parenting programs on different types of child maltreatment. For this reason, it is unknown to what extent they prevent CSA specifically.

Risk and protective factors

In addition to their impact on maltreatment, both forms of parenting programs have been found to reduce risk factors of maltreatment (Mikton & Butchart, 2009), including ineffective parenting and parenting stress (Chen & Chan, 2016). Home visiting program participation has been associated with improvements in parenting behaviors and attitudes, parent-child interactions and parental confidence and satisfaction, all potential protective factors that can increase parents' and children's ability to cope with difficult situations (Chen & Chan, 2016; Sweet & Appelbaum, 2004).

More information on Evidence-Based parenting programs

is available in *Evidence-Based Practices for the Prevention of Child Abuse and Neglect*, developed by Hornby Zeller Associates.

The full report is available at <http://www.pcaiowa.org/downloads/library/2014-ebp-in-prevention-programs.pdf>

In addition to their impact on maltreatment, **home visiting and parenting classes have been found to reduce risk factors of maltreatment**, including ineffective parenting and parenting stress. The degree to which these programs prevent child sexual abuse has not yet been studied.



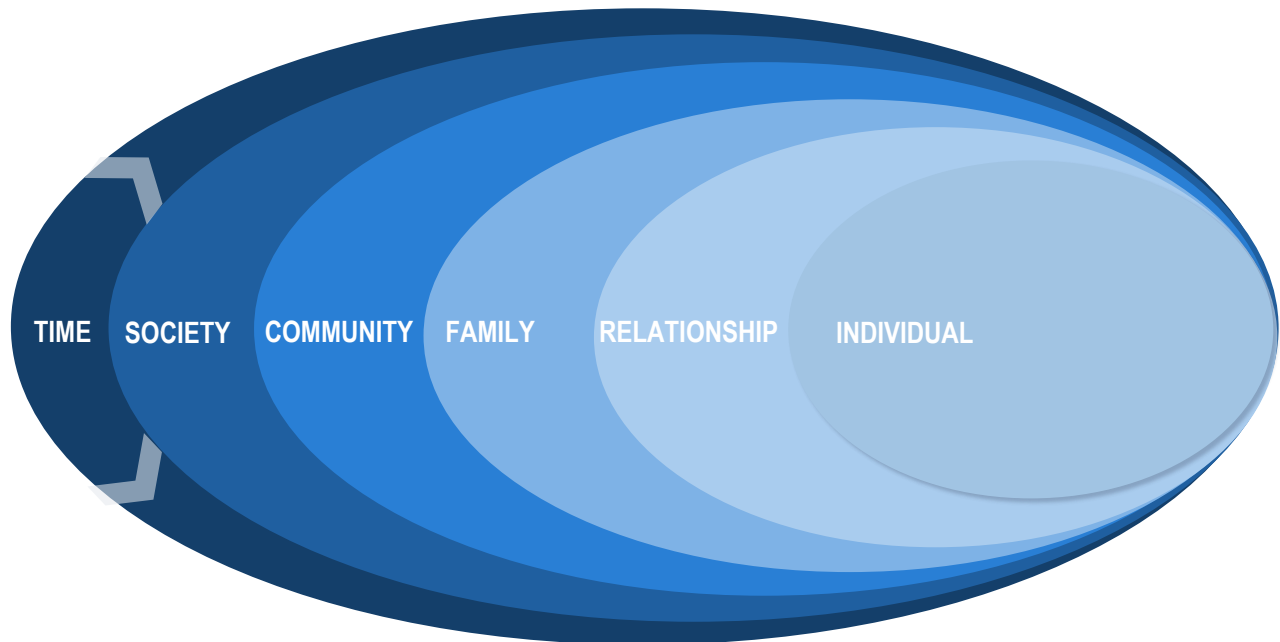
Community-level Prevention Approaches

A community is a group of people “who share a common culture, values, and norms and who are arranged in a social structure according to relationships the community has developed over a period of time (National Center for Environmental Health, 2013).” Community-level CSA interventions involve collaborative, comprehensive efforts to address CSA within communities. Molnar et al. (2016) describe four common components of community-level programs to prevent child maltreatment. Community-level programs are those that are:

- (1) Working across sectors of a community, thereby increasing the social fabric;
- (2) Locating programs community-wide and with collaborative input;
- (3) Changing community conditions in ways that increase safety and decrease stress on families; and
- (4) Working toward bringing down community-level rates of maltreatment (p. 390).

Community-level prevention strategies are grounded in an **ecological model** or perspective of prevention. The ecological model describes the interrelationship between individuals and the difference levels of their environment, including their family; community and social context; society, which encompasses social norms and values; and time (Dworkin & Martyniuk, 2011; Wurtele & Kenny, 2012).

Figure 2. Ecological Model of Prevention



Sources: (Centers for Disease Control and Prevention, 2014b; Dworkin & Martyniuk, 2011)

This understanding that people’s decisions, behaviors and risk and protective factors are influenced by this interplay between individuals and various levels of their environment has led to the development of prevention approaches that target multiple audiences (Centers for Disease Control and Prevention, 2014b). There are several models of child maltreatment prevention and child welfare with guidelines and recommendations for community-level responses (U.S. Department of Health and Human Services, 2016). However, research on the effectiveness of these types of strategies is limited (Borden et al., 2013; Molnar et al., 2016).

Highlight: *Essentials of Childhood* framework

The CDC's *Essentials of Childhood* promotes **safe, stable, nurturing relationships and environments** and outlines steps and strategies for communities to address maltreatment by creating the conditions where children and families are supported and thrive.



Goals:

1. Increase awareness and commitment to safe, stable, nurturing relationships and environments
2. Use data to inform solutions
3. Create context for healthy children and families through norms change and programs
4. Create context for healthy children and families through policies

Resource: <https://www.cdc.gov/violenceprevention/childmaltreatment/essentials.html>

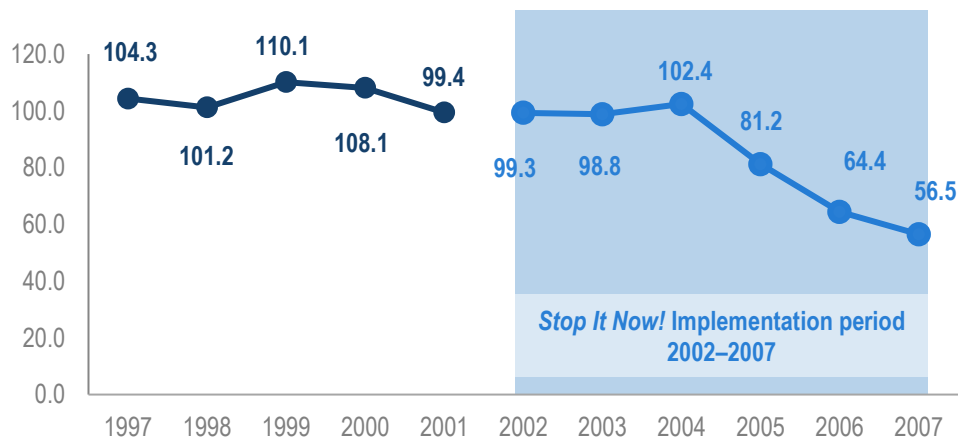
One challenge in determining the degree to which interventions help prevent CSA is that most of the community-level approaches focus on preventing all types of child maltreatment and do not differentiate between outcomes related to CSA prevention and physical or emotional abuse or neglect (Fortson et al., 2016; Molnar et al., 2016). What is known about the research support for community-level strategies to prevent CSA is described below.

Evaluations of community-level CSA prevention approaches

Two community-level CSA prevention initiatives involving collaborative efforts that have been evaluated are *Enough Abuse* Massachusetts and *Stop It Now!* Georgia. The *Enough Abuse* campaign implemented a state-level infrastructure for CSA prevention, assessed public opinion and perceptions of CSA, developed local infrastructures which provided training for community leaders and professionals in youth-servicing organizations, and made changes to local systems involved in CSA services (Borden et al., 2013; Schober, Fawcett, & Bernier, 2012). An evaluation of the program found that the proportion of people who believed adults had a responsibility to prevent CSA increased from 69 percent to 93 percent (Borden et al., 2013).

Like *Enough Abuse*, *Stop It Now!* Georgia provided statewide training in CSA prevention. In addition, the initiative disseminated CSA prevention messages and materials, and operated a statewide helpline for the public to ask questions and report warning signs and actual incidents of abuse (Molnar et al., 2016; Schober et al., 2012). An empirical case study of the project compared the incidence of CSA in Georgia prior to and during the implementation of *Stop It Now!* and found that after the first three years of implementation, the incidence of abuse dropped from a high of 102 substantiated cases per 100,000 children in 2004 to 57 cases per 100,000 in 2007 (Figure 3).

Figure 3. Substantiated cases of CSA in Georgia per 100,000 children before and during *Stop It Now!*



The authors of the study were cautious in attributing this change in the rate of substantiated cases solely with *Stop It Now!*, citing changes in Georgia’s child protective services agency’s policies and interventions that also may have affected the results as well as national decreases in CSA cases (Schober, Fawcett, & Bernier, 2012). One of the challenges with evaluating community-level projects is the difficulty in determining what changes are a result of the strategy versus other factors (Schober et al., 2012).

Other community-level strategies

Other strategies that are commonly used in community-level interventions are social marketing, policy change, and integration and collaboration. What is known about the impact of these strategies is described below.

Social marketing

Social marketing draws on marketing and communication strategies to promote behavioral change (Horsfall, Bromfield, & McDonald, 2010). While there have been few social marketing campaigns about reducing CSA in the United States, they have been widely used for other health promotion efforts (Wurtele & Kenny, 2012). Components of social marketing campaigns include identifying and tailoring messages to the target audience; pre-testing messages; developing strategies for other behaviors that impact the target audience’s adoption of desired behaviors; and, using standard marketing techniques (National Sexual Violence Resource Center, 2011). Examples of target audiences for CSA-related social marketing campaigns include potential perpetrators of abuse, parents, and bystanders, or people in a position to report abuse and/or warning signs.

One strategy of CSA prevention social marketing campaigns is to target potential offenders with messages about the harm caused by CSA and information about available help (Finkelhor, 2009; Tabachnick, McCartan, & Panaro, 2016). Studies that show that potential offenders do reach out for help following such interventions (Finkelhor, 2009; Tabachnick & Klein, 2011). However, some have raised concerns about other barriers that impact people’s willingness to access treatment and therefore impact the efficacy of such perpetrator-focused prevention efforts (Tabachnick & Klein, 2011).

Social marketing also can be used to promote awareness and education of CSA among the broader community. For example, the CDC's Essentials of Childhood describes the media as a potential partner for changing social norms to increase communities' commitment to safe, stable and nurturing relationships and in changing social norms (Centers for Disease Control and Prevention, 2014b).

As mentioned previously, the *Stop It Now!* Georgia campaign disseminated CSA prevention messages and materials as one of its three strategies (Schober et al., 2012). In four years, over 230,000 materials were given out, which led to additional media exposure on preventing CSA. Calls to the statewide helpline also were regarded as evidence of the success of the information dissemination efforts. Over 1,200 calls were placed to the helpline developed as part of the initiative (Schober et al., 2012). The highest proportion of calls were classified as confirmed abuse (44%), followed by those that reported possible warning signs (29%), and healthy behavior (27%) (e.g., requests for information) (Schober et al., 2012).

Integration and collaboration

Two important characteristics of community-level programs are the degree to which they involve collaboration across community partners and stakeholders and integration of both prevention strategies and programs. Community-level prevention uses strategies that work across the levels of the ecological model, targeting individuals, families, communities and society norms *and* uses best practices in the three types of prevention strategies: primary, secondary and tertiary (Centers for Disease Control and Prevention, 2014b; Dworkin & Martyniuk, 2011; Tabachnick et al., 2016). Additional evaluation and research is needed to understand the impact of these integrated approaches. Although some research has been done on initiatives that target child maltreatment broadly, it is unclear to what extent they address and reduce CSA specifically (Molnar et al., 2016).

Potential audiences for social marketing efforts

- Parents and families
- Youth
- Youth-serving organizations and community leaders
- Potential perpetrators

Policy change

While policy change is often used to refer to formal legislative or organizational changes CSA can be promoted through both formal and informal policy changes (Centers for Disease Control and Prevention, 2014a; Plummer & Klein, 2013). An example of an informal policy that helps promote healthy families and could prevent abuse include flexible work hours that allow parents to be with their children when needed and monitor children's activities (Fortson et al., 2016).

Discussion in the literature focuses on formal CSA prevention policies. One example is the Violence Against Women Act (VAWA), which funds violence prevention activities in the United States (Plummer & Klein, 2013). VAWA finances both population-based and state-wide primary prevention campaigns and programs which include CSA programming (Plummer & Klein, 2013).

Unfortunately, few policy strategies have been formally evaluated. Although VAWA is subject to ongoing evaluation, it focuses on outputs of the funding provided, such as number of services funded rather than outcomes such as reduction in violence against women (U.S. Department of Justice, 2016).

Formal policy

Action outlined in writing guiding institutional efforts and management of resources

Informal policy

Actions individuals and organizations do or do not take

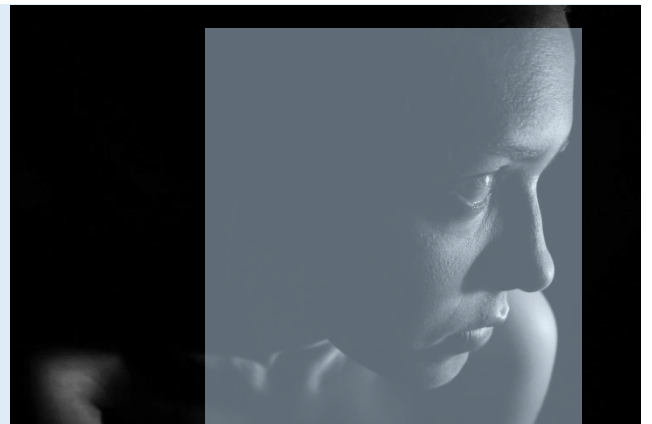
(Plummer & Klein, 2013)

Conclusion

There have been positive research findings about approaches targeting all three audiences described in this review. Child-focused interventions have been found to increase their knowledge and skills in CSA prevention, while negative effects are uncommon. Parent involvement in programs for children increases positive outcomes for children and parenting programs that aim to reduce child maltreatment may be a useful CSA prevention strategy.

Adoption and research of community-level interventions is limited; however, approaches are being adopted in raising awareness and commitment to ending maltreatment, educating the public about signs of CSA and how to report it, and developing policies that protect and support families. Just as child-focused programs grew before they could be evaluated (Wurtele & Kenny, 2012), research does not appear to be keeping pace with the adoption of parent-focused and community-level approaches.

This review serves as a guide to the strengths of CSA prevention programs and the knowledge gaps that exist from a research perspective. While there remain many opportunities to build on the current practices in child sexual abuse prevention, a great deal has been learned about how to ensure that children and adults have the knowledge and skills they need to prevent abuse. The use of prevention evidence-based practices, continuous quality improvement strategies and program evaluation help further to build on what works in prevention so that communities can reduce the perpetration of abuse and improve families' overall health and well-being.



References

- Abramson, W. H., & Mastroleo, I. C. (2002). *Kid&TeenSAFE: An Abuse Prevention Program for Youth with Disabilities* (pp. 1–62). National Resource Center on Domestic Violence. Retrieved from http://arcgreatertwincities.com/pdf/AbusePrevention/AbramsonAndMastroleo_2002.pdf
- Ayers, L. (2007). *How to Protect Kids from Child Molesters: A New Approach for Parents, Teachers, Clergy, Recreational Directors and Anyone Who Cares About Children* (First). Guilderland, NY: Appledorn Publishers.
- Balkaran, S. (2015). *Impact of Child Abuse Education on Parent's Self-Efficacy: An Experimental Study* (Psychology Dissertation). Walden University, Minneapolis, MN. Retrieved from <http://scholarworks.waldenu.edu/dissertations/1432/>
- Blakey, J. M., & Thigpen, J. W. (2015). Play it Safe!®: A School-Based Childhood Physical and Sexual Abuse Prevention Program. *Journal of Adolescent and Family Health*, 7(1), 5.
- Borden, L. M., Hawkey, K. R., Hawkins, S., Jordon, A. C., Kearney, J., Kuhl, M. W., ... Langbert, L. (2013). *Safeguarding Children and Youth from Sexual Abuse: The Role of Organizations* (Research Brief). The Military REACH Team, The Research and Outreach (REACH) Laboratory, The University of Minnesota.
- Burgess, E. S., & Wurtele, S. K. (1998). Enhancing parent-child communication about sexual abuse: a pilot study. *Child Abuse & Neglect*, 11(22), 1167–1175. [https://doi.org/10.1016/S0145-2134\(98\)00094-5](https://doi.org/10.1016/S0145-2134(98)00094-5)
- Campbell-Bishop, C., & Pina, R. R. (2003). Child Lures Prevention Program: Development of a Program Specific Assessment Instrument and Evaluation of Program Effectiveness. *Research in Educational Leadership Electronic Journal of the Center for Research and Doctoral Studies in Educational Leadership*. Retrieved from <https://www.childluresprevention.com/evaluations/sam-houston-state-univ-childlures-evaluation.pdf>
- Centers for Disease Control and Prevention. (2014a). *Essentials for Childhood: Steps to Create Safe, Stable, Nurturing Relationships and Environments* (Program Guide). U.S. DHHS / CDC.

- Centers for Disease Control and Prevention. (2014b). *Promoting Positive Community Norms* (Program Guide Supplement).
- Central Iowa ACEs Coalition. (2016). *Beyond ACEs: Building Hope and Resiliency in Iowa*. Retrieved from http://www.iowaaces360.org/uploads/1/0/9/2/10925571/acesreport2016_snglpgs-final.pdf
- Chen, M., & Chan, K. L. (2016). Effects of Parenting Programs on Child Maltreatment Prevention: A Meta-Analysis. *Trauma, Violence, & Abuse, 17*(1), 88–104. <https://doi.org/10.1177/1524838014566718>
- Child Welfare Information Gateway. (2014). *Protective Factors Approaches in Child Welfare*. Washington, D.C.: U.S. Department of Health and Human Services, Children’s Bureau. Retrieved from https://www.childwelfare.gov/pubPDFs/protective_factors.pdf
- Cochrane Consumer Network. (n.d.). What is a systematic review? Retrieved February 15, 2017, from <http://consumers.cochrane.org/what-systematic-review>
- Dworkin, E., & Martyniuk, H. (2011). *Child Sexual Abuse Prevention Bulletin* (Bulletin) (p. 4). Enola, PA: National Sexual Violence Resource Center. Retrieved from <http://www.nsvrc.org/publications/child-sexual-abuse-prevention-bulletin>
- Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children, 19*(2), 169–194.
- Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995a). The Effectiveness of victimization Prevention Instruction: An Evaluation of Children’s Responses to Actual Threats and Assaults. *Child Abuse & Neglect, 19*(2), 141–153.
- Finkelhor, D., Asdigian, N., & Dziuba-Leatherman, J. (1995b). Victimization prevention programs for children: a follow-up. *American Journal of Public Health, 85*(12), 1684–1689.
- Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. L. (2015). Prevalence of Childhood Exposure to Violence, Crime, and Abuse: Results From the National Survey of Children’s Exposure to Violence. *JAMA Pediatrics, 169*(8), 746. <https://doi.org/10.1001/jamapediatrics.2015.0676>

- Finkelhor, D., Vanderminden, J., Turner, H., Shattuck, A., & Hamby, S. (2014). Youth exposure to violence prevention programs in a national sample. *Child Abuse & Neglect*, 38(4), 677–686.
<https://doi.org/10.1016/j.chiabu.2014.01.010>
- Flaherty, E. G., Thompson, R., Dubowitz, H., Harvey, E. M., English, D. J., Proctor, L. J., & Runyan, D. K. (2013). Adverse Childhood Experiences and Child Health in Early Adolescence. *JAMA Pediatrics*, 167(7), 622–629. <https://doi.org/10.1001/jamapediatrics.2013.22>
- Fortson, B. L., Klevens, J., Merrick, M. T., Gilbert, L. K., & Alexander, S. P. (2016). *Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities*. Retrieved from <https://calio.dspacedirect.org/handle/11212/2769>
- Fryda, C. M., & Hulme, P. A. (2015). School-Based Childhood Sexual Abuse Prevention Programs: An Integrative Review. *The Journal of School Nursing*, 31(3), 167–182.
<https://doi.org/10.1177/1059840514544125>
- Gibson, L. E., & Leitenberg, H. (2000). Child sexual abuse prevention programs: do they decrease the occurrence of child sexual abuse? *Child Abuse & Neglect*, 9(24), 1115–1125.
- Hébert, M., Lavoie, F., Piché, C., & Poitras, M. (2001). Proximate effects of a child sexual abuse prevention program in elementary school children ☆, ☆ ☆ 1. *Child Abuse & Neglect*, 25(4), 505–522.
[https://doi.org/10.1016/S0145-2134\(01\)00223-X](https://doi.org/10.1016/S0145-2134(01)00223-X)
- Horsfall, B., Bromfield, L., & McDonald, M. (2010). *Are Social Marketing Campaigns Effective in Preventing Child Abuse and Neglect?* (Literature Review). Australian Institute of Family Studies / National Child Protection Clearinghouse.
- Hunt, R., Walsh, K., & others. (2011). Parents' views about child sexual abuse prevention education: a systematic review. *Australasian Journal of Early Childhood*, 36(2), 63.
- Iowa Department of Human Services. (2017). 2016 Child Welfare Data Report. Retrieved August 3, 2017, from <http://dhs.iowa.gov/reports/child-abuse-statistics>

- Jones, L. M., Mitchell, K. J., & Walsh, W. A. (2014). A Systematic Review of Effective Youth Prevention Education: Implications for Internet Safety Education. Retrieved from <http://scholars.unh.edu/ccrc/42/>
- Labaree, R. V. (n.d.). Research Guides: Organizing Your Social Sciences Research Paper: Glossary of Research Terms. Retrieved February 15, 2017, from <http://libguides.usc.edu/writingguide/researchglossary>
- Leclerc, B., Smallbone, S., & Wortley, R. (2015). Prevention Nearby: The Influence of the Presence of a Potential Guardian on the Severity of Child Sexual Abuse. *Sexual Abuse: A Journal of Research and Treatment*, 27(2), 189–204. <https://doi.org/10.1177/1079063213504594>
- Leeb, R. T., Lewis, T., & Zolotor, A. J. (2011). A Review of Physical and Mental Health Consequences of Child Abuse and Neglect and Implications for Practice. *American Journal of Lifestyle Medicine*, 5(5), 454–468. <https://doi.org/10.1177/1559827611410266>
- Madak, P. R., & Berg, D. H. (1992). The Prevention of Sexual Abuse: An Evaluation of “ Talking About Touching.” *Canadian Journal of Counselling and Psychotherapy/Revue Canadienne de Counseling et de Psychothérapie*, 26(1). Retrieved from <http://cjcp.journalhosting.ucalgary.ca/cjc/index.php/rcc/article/view/427>
- Martyniuk, H., & Dworkin, E. (2011). *Child Sexual Abuse Prevention: Programs for Children* (p. 14). National Sexual Violence Resource Center. Retrieved from <http://www.nsvrc.org/publications/child-sexual-abuse-prevention-programs-children>
- McElvaney, R. (2015). Disclosure of Child Sexual Abuse: Delays, Non-disclosure and Partial Disclosure. What the Research Tells Us and Implications for Practice. *Child Abuse Review*, 24(3), 159–169. <https://doi.org/10.1002/car.2280>
- Mikton, C., & Butchart, A. (2009). Child maltreatment prevention: a systematic review of reviews. *Bulletin of the World Health Organization*, 87(5), 353–361. <https://doi.org/10.2471/BLT.08.057075>

- Molnar, B. E., Beatriz, E. D., & Beardslee, W. R. (2016). Community-Level Approaches to Child Maltreatment Prevention. *Trauma, Violence, & Abuse, 17*(4), 387–397.
<https://doi.org/10.1177/1524838016658879>
- National Center for Environmental Health. (2013). Healthy Places - Healthy Places Terminology. Retrieved February 16, 2017, from <https://www.cdc.gov/healthyplaces/terminology.htm>
- National Center for Victims of Crime. (n.d.). Grooming Dynamic of CSA. Retrieved February 23, 2017, from <https://victimsofcrime.org/media/reporting-on-child-sexual-abuse/grooming-dynamic-of-csa>
- National Sexual Violence Resource Center. (2011). *Child Abuse Prevention: Programs for Adults* (pp. 1–20). Retrieved from http://www.nsvrc.org/sites/default/files/Publications_NSVRC_Guide_Child-Sexual-Abuse-Prevention-programs-for-adults.pdf
- Plummer, C., & Klein, A. (2013). Using policies to promote child sexual abuse prevention: What is working? *VAWnet*. Retrieved from http://www.ncdsv.org/images/VAWnet_UsingPoliciesToPromoteCSApreventionWhatIsWorking_3-2013.pdf
- Rudolph, J., & Zimmer-Gembeck, M. J. (2016). Reviewing the Focus: A Summary and Critique of Child-Focused Sexual Abuse Prevention. *Trauma, Violence, & Abuse, 1*–12.
<https://doi.org/10.1177/1524838016675478>
- Schober, D. J., Fawcett, S. B., & Bernier, J. (2012). The Enough Abuse Campaign: Building the Movement to Prevent Child Sexual Abuse in Massachusetts. *Journal of Child Sexual Abuse, 21*(4), 456–469.
<https://doi.org/10.1080/10538712.2012.675423>
- Schober, D. J., Fawcett, S. B., Thigpen, S., Curtis, A., & Wright, R. (2012). An empirical case study of a child sexual abuse prevention initiative in Georgia. *Health Education Journal, 71*(3), 291–298.
<https://doi.org/10.1177/0017896911430546>
- Spach, D., Battis, J., & Nelson, V. (2014). *Evidence-based practices for the prevention of child abuse and neglect* (pp. 1–52). Hornby Zeller Associates, Inc. Retrieved from <http://www.pcaiowa.org/downloads/library/2014-ebp-in-prevention-programs.pdf>

- Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence Around the World. *Child Maltreatment, 16*(2), 79–101. <https://doi.org/10.1177/1077559511403920>
- Sweet, M. A., & Appelbaum, M. I. (2004). Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children. *Child Development, 75*(5), 1435–1456.
- Sylvester, L. (1997). Talking about Touching: Personal Safety Curricula (1996 Editions) Preschool to Grade 3. Curriculum Evaluation Summary. Retrieved from <http://eric.ed.gov/?id=ED426142>
- Tabachnick, J., & Klein, A. (2011). *A Reasoned Approach*. Association for the Treatment of Sexual Abusers. Retrieved from <http://atsa.com/pdfs/ppReasonedApproach.pdf>
- Tabachnick, J., McCartan, K., & Panaro, R. (2016). Changing Course: From a Victim/Offender Duality to a Public Health Perspective. In D. R. Laws & W. O’Donohue (Eds.), *Treatment of Sex Offenders: Strengths and Weaknesses in Assessment and Intervention*. (pp. 323–342). Springer International Publishing. https://doi.org/10.1007/978-3-319-25868-3_14
- Townsend, C., & Haviland, M. L. (2016). The impact of child sexual abuse training for educators on reporting and victim outcomes: the Texas Educator Initiative. *Darkness to Light, 1*–17.
- Uman, L. S. (2011). Systematic Reviews and Meta-Analyses. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 20*(1), 57–59.
- U.S. Department of Health and Human Services. (2016). *Building Community Building Hope: 2016 Prevention Resource Guide* (pp. 1–110). Retrieved from <https://www.childwelfare.gov/pubPDFs/guide.pdf>
- U.S. Department of Justice. (2016). 2016 Biennial Report: The 2016 Biennial Report to Congress on the Effectiveness of Grant Programs Under the Violence Against Women Act, 1–338.
- Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). School-Based Education Programs for the Prevention of Child Sexual Abuse: A Cochrane Systematic Review and Meta-Analysis. *Research on Social Work Practice, 25*(1), 1–12. <https://doi.org/10.1177/1049731515619705>

- World Health Organization. (1999). Report of the Consultation on Child Abuse Prevention, 29-31 March 1999, WHO, Geneva. Retrieved from <http://www.who.int/iris/handle/10665/65900>
- Wurtele, S. K. (2008). Behavioral Approaches to Educating Young Children and their Parents about Child Sexual Abuse Prevention. *Journal of Behavior Analysis of Offender and Victim: Treatment and Prevention, 1*(1), 52–64.
- Wurtele, S. K., & Kenny, M. C. (2010). Partnering with Parents to Prevent Childhood Sexual Abuse. *Child Abuse Review, 19*, 130–152. <https://doi.org/10.1002/car.1112>
- Wurtele, S. K., & Kenny, M. C. (2012). Preventing Childhood Sexual Abuse. In P. Goodyear-Brown (Ed.), *Handbook of Child Sexual Abuse: Identification, Assessment, and Treatment* (pp. 531–565). Hoboken, NJ: Wiley Press. Retrieved from https://www.researchgate.net/profile/Sandy_Wurtele/publication/289798779_Preventing_Childhood_Sexual_Abuse/links/5695373b08ae3ad8e33d577f.pdf
- Wurtele, S. K., Moreno, T., & Kenny, M. C. (2008). Evaluation of a Sexual Abuse Prevention Workshop for Parents of Young Children. *Journal of Child and Adolescent Trauma, 1*, 331–340. <https://doi.org/10.1080/19361520802505768>

Appendix A: Glossary of Terms

Unless otherwise noted, these definitions are adapted from University of Southern California Libraries' Glossary of Research Terms (Labaree, n.d.).

Control group The group in a study that receives either no treatment or a different treatment from the treatment group. This group can be compared to the experimental group.

Evidence Results of research, usually used to support a hypothesis or claim.

Meta-analysis An analysis combining the results of several studies about similar or related topics.

Outcomes Characteristics measured in a study to determine if a change took place as a result of an intervention. Outcomes can be intended or unintended. For example, in child sexual abuse prevention programs for children, one common intended outcome is that children will have increased knowledge about sexual abuse. One unintended outcome may be that children are less trusting of adults after participation.

Peer review The process in which the author of a publication submits his or her work to experts' critical review, usually before publication.

Randomized control trial (RCT) A study design with two or more groups randomly assigned to a treatment or control group and the researcher measures the difference in the variable or outcome of interest.

Statistical significance The probability that the difference in the outcomes of the control and treatment group is great enough that it is not due to chance. If differences between two groups are not statistically significant, they are likely due to chance.

Systematic review A summary of the results of available studies that provides a high level of evidence on the effectiveness of intervention or topic. A comprehensive process is used to identify studies. The review may also include a meta-analysis of the results of those studies. (Cochrane Consumer Network, n.d.; Uman, 2011)

Treatment group The group in a study that receives the target treatment or intervention. In some studies, the outcomes of the treatment group are compared to a control group.

Sample The population researched in a particular study. Often researchers try to select a "sample population" that is representative of groups of people to whom the treatment or intervention plans to target.

Appendix B: Evidence-Based Practices: Levels of Evidence

The levels of evidence identified in the Evidence-Based Practice Highlights throughout this report are based on those determined in Hornby Zeller Associates' 2014 review of evidence-based practices in child maltreatment prevention (Spach et al., 2014). The levels were developed using the National Alliance of Children's Trust and Prevention Funds criteria (based on the work of Buysse and Wesley, 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)). The four levels from lowest to highest evidence base 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. (Spach et al., 2014, p.1)

