

POSITION IN STATE GOVERNMENT

The Iowa Department of Human Services (DHS), the designated lead agency for the Community-Based Child Abuse Prevention (CBCAP) program in Iowa, is a comprehensive human services agency responsible for Medicaid, child welfare, economic assistance, child support recovery, childcare, mental health, and developmental disability programs. DHS also has legislated responsibility for operating Iowa's child protection system.

KEY ACTIVITIES AND ACHIEVEMENTS

- **Core Services:** DHS leads child maltreatment prevention through a comprehensive statewide child protection reform called Community Partnerships for Protecting Children (CPPC). Iowa's CPPC initiative features multifaceted collaborations of parents, community members, child welfare partners, and service providers who come together with the common goal of preventing child abuse and neglect through the provision of parent education and support services. The goal of Iowa's CBCAP program, as part of CPPC, is to strengthen families and reduce child abuse by: (1) providing comprehensive social support for families, (2) promoting the development of positive parenting skills, (3) offering crisis child care to families facing emergencies and other situations creating substantial stress, and (4) supporting the respite needs of parents of children with disabilities.
- **Policy achievements:** PCA Iowa (the CBCAP contractual agent) worked with health, human services, and early childhood community partners to advocate successfully for the development of a Shaken Baby Syndrome (SBS) program to be implemented throughout the state. Resulting legislation mandated that Iowa Department of Public Health create a program to educate parents and caregivers on the dangers of shaking or slamming an infant.
- **Outreach to Special Populations/Cultural Competence:** PCA Iowa ensured provision of crisis nursery services and respite care for children with disabilities through set-aside funds and a subcontract with the Iowa Respite and Crisis Care Coalition (IRCCC). In addition, all CPPC sites were asked to identify how they planned to reach underserved or underrepresented populations.
- **Parent involvement/leadership:** Each CPPC site organizes a network of neighborhood and community groups to support the overall mission of community child protection. Parents and consumers are engaged as community partners. Community Partnership sites are, by design, inclusive of parents and consumers as partners in practice. According to the 2010 Community Partnership Evaluation, at least 92% of CPPC sites reported participation of parents and other neighborhood residents in a range of roles. Parents regularly participate in all levels of CPPC planning, facilitation, and program evaluation, and hold leadership roles as board and task team members.
- **Evaluation:** In addition to setting the direction of their partnerships and informing the broader public about the purposes and benefits of community child protection, CPPC sites engaged in self-evaluation based upon the values of a common vision, shared leadership, relations/trust, communication, and conflict management. CBCAP funded programs used the following measures as part of their evaluations: PCA Iowa evaluations (including parent education, family support, respite/crisis care, and sexual abuse prevention); Protective Factors Survey; and Life Skills Progression tool (LSP). *Cross program data demonstrating positive outcomes among participating families are presented in Attachment C of Iowa's 2010 Final Report.
- **Support Training, Technical Assistance, and Evaluation Assistance:** FRIENDS Training and Technical Assistance presented a one-day workshop focusing on Evidence-Based/Evidence-Informed Programs, and use



of the Protective Factors Survey (PFS). A total of 164 professionals from across the state attended. PCA Iowa also sponsored its 28th Annual Child Abuse Prevention Conference, available to all community partners.

Participants receiving direct services	# children	3,989	# parents	3,226
	# children with disabilities	167	# parents with disabilities	224
Reach	# service categories	14	# local programs	37
Spread	# training sessions on evidence-based and best practices	1	# professionals participating in training	164

ESSENTIAL PARTNERSHIPS

Through a contract with PCA Iowa, DHS established a program to provide grants to local sites to develop and offer parent education and support services based upon a process of shared decision making with local CPPC teams. These teams include health and human service professionals, representatives from faith, business, and civic groups, parents, volunteers, and educators. The teams provide oversight of CPPC activities and guide efforts to increase community support for families.

Key partners:

Public Sector

- Child welfare, CASA, foster care review
- Differential or alternative response
- Public health/ maternal and child health
- Education and special education
- Early childhood
- Home visiting
- Substance abuse
- Mental health
- Tribal programs

- Fatherhood programs
- Juvenile court and county attorneys
- Universities, including schools of social work

Private Sector

- Parent and foster parent organizations
- Faith communities
- Adolescent pregnancy organizations
- Domestic violence organizations



SYSTEM CHANGE EFFORTS

The lead agency for CBCAP advocates systemic change through its ongoing support for statewide implementation of the Community Partnership for Protecting Children. The CPPC itself encourages local, as well as state-level, advocacy for system change. One of its four strategies calls for developing new policies, practices, roles, and responsibilities to improve family engagement and support. To achieve this goal, CPPC sites work closely with local DHS offices, human services agencies, schools, law enforcement, and others to ensure that policies and practices support the needs of families.

- **Early Childhood:** DHS and PCA Iowa collaborated with the Early Childhood Iowa (ECI) Council on systemic change issues. PCA Iowa's CBCAP Program Manager is a member of the Council, and serves on the Quality Services and Program Component and Public Engagement groups. Services to young children in Iowa have grown significantly since this initiative began and include the following recent additions to the early childhood service array: the First Five Healthy Mental Development program, Early Learning Standards, Quality Preschool Program Standards, and the Iowa Child Care Quality Rating System. Access to health care has also improved dramatically as a result of this initiative.
- **Child and Family Service Reviews/Program Improvement Plan (CFSR/PIP):** Iowa's Program Improvement Plan identified the CPPC as a noteworthy participant in the past. It is anticipated that as the PIP is reviewed, DHS and PCCP will continue as key partners in the final plan, which will serve as a guide for much of DHS's efforts toward systemic reform in 2011 and the years ahead. As Iowa's child protection services agency, DHS has been responsible for all of the preparatory data and analytical work for Iowa's Child and Family Service Review (CFSR) including completion of a draft Statewide Assessment of how Iowa measures up to federal CFSR standards. DHS has shared this draft assessment with key stakeholders and is producing a final report. In order to proceed to meet CFSR standards following the review, DHS will be working with federal officials to devise a Program Improvement Plan (PIP). Development of the PIP will involve input from the many stakeholders who assist DHS's work.
- **Home Visiting:** CBCAP funded programs provided 5,278 home visiting or home-based parent education sessions during the funding cycle.
- **Interagency Child Abuse Prevention Task Force:** To guide its overall maltreatment prevention efforts, DHS collaborates with several groups providing advice and support on issues involving the child welfare system. These groups include the Child Protection Council and Citizen Review Board, the Child Welfare Advisory Council, the Child Welfare Partners Committee, the Iowa Child and Family Services Stakeholder panel, and the Executive Committee of the CPPC. All of the groups meet regularly through the year and include representatives from a wide array of interest groups and organizations.

Collaboration at the state level included partners such as the Iowa Department of Public Health, the Family Support Leadership Group, the Early Childhood Iowa Council, DHS Stakeholders Committee, Iowa Coalition against Domestic Violence, Blank Children's Hospital, the University of Iowa, the Youth Policy Institute, Every Child Counts, the Child and Family Policy Center, and Iowa State University Extension.

The CPPC Executive Committee also helped to foster collaborative efforts through the work of ten task teams



including: Community Education, Communication, Family Team Decision-Making, Legislative; Outcomes, Domestic Violence, Parent Partners, Transitioning Youth, AmeriCorps, and CBCAP.

- **Other:** During 2009, DHS wrote Iowa's five-year plan for Title IV-B. In its comprehensive report, DHS assessed Iowa's successes and challenges in protecting children and noted current and future changes needed to reduce child maltreatment. Key activity areas identified in the report and undertaken in FFY 2009 were: parent substance abuse pilot programs; improved educational outcomes for children in foster care; improved tribal relationships; training for an array of constituents; county attorney collaboration; expanded family-child interactions for children in foster care; and the development of a model to address disproportional populations in Iowa's CPS.

FUNDING AND FISCAL LEVERAGING

Fiscal Leveraging

Innovative funding mechanisms:

Iowa's CBCAP program leveraged resources from several sources. First, through the infrastructure CPPC provides, totaling approximately \$600,000 in state funding, and through Promoting Safe and Stable Families dollars. Second, PCA Iowa contributes

resources through the service of AmeriCorps members and a staff person who assists in coordination of the CPPC and training of local sites. Financial support for this program included \$155,000 in federal AmeriCorps dollars, and an equal amount of state and private funding. And third, CPPC sites receiving CBCAP funding raised local in-kind and cash match totaling \$563,000 to supplement grant awards.

State Allowable Claims	9,682,712
Population-based Allocations	240,187
Leveraged-Funds-Based Allocations	316,762
Final FY 08 Federal Grant Amount	561,674

EVIDENCE-BASED AND EVIDENCE-INFORMED PRACTICES

Level per Program Assessment Rating Tool	CBCAP Funding
Programs Lacking Support or Positive Evidence/Undetermined/Harmful	\$196,841
Emerging and Evidence-informed Programs and Practices	\$246,493
Promising Programs and Practices	\$67,919
Supported Programs and Practices	0
Well Supported Programs and Practices	0



TRAINING TOPICS

Administrative and Management Topics

- Strengths-based leadership
- Designing programs to assure parent leadership and involvement

Programmatic and Service Topics

- Prevention programs
- Evaluating caregiver empathy
- Dealing with diversity
- Parents, teens and communication
- Evidence-based and evidence-informed programs and practices
- Stress management
- Maternal depression
- Engaging fathers in family and community
- Using positive behavior supports
- Understanding the challenges of poverty
- Reframing the message of prevention

RESOURCES

- <http://www.cachildwelfareclearinghouse.org/program/7>
- <http://www.cachildwelfareclearinghouse.org/program-pact>
- <http://www.archrespice.org/docs/FRIENDSfactsheet14-Respite.pdf> and sources cited within
- Annual State Profiles: [www.friendsnrc.org/...](http://www.friendsnrc.org/)

