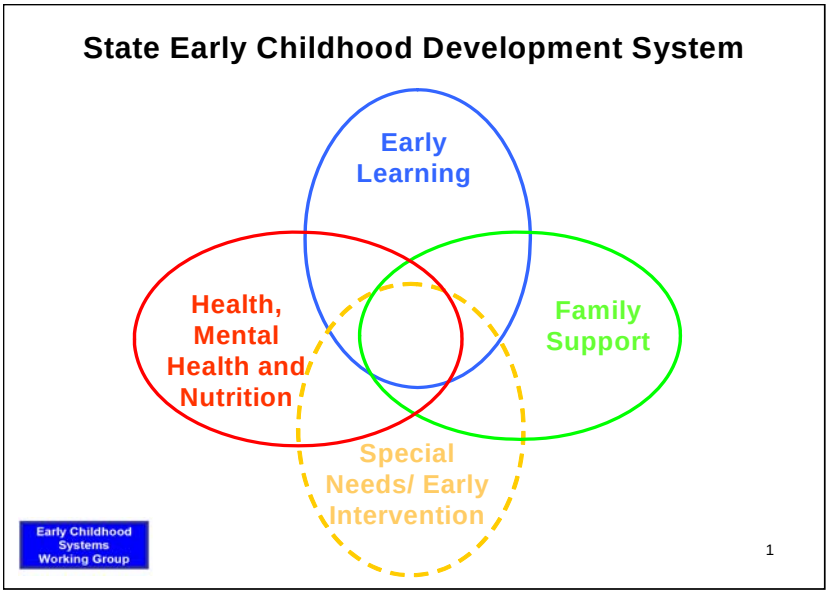
Iowa's
Maternal, Infant and Early Childhood Home Visiting Program

Introduction

The Iowa Department of Public Health (IDPH) is designated by Governor, Chester J. Culver, as the lead agency for implementation of the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program on behalf of the State of Iowa. IDPH has a strong history of providing leadership, collaborating across systems of care and working in partnership with diverse stakeholders to plan, implement, and sustain programs for children and families.

Thomas Newton, IDPH Director, and Jane Borst, Iowa MCH Title V Director, will provide leadership for Iowa's initiative. Additional partners include Charlie Krogmeier, director of Iowa's agency for Title II of CAPTA [Iowa Department of Human Services (DHS)]; Kevin Fangman, acting director of the Iowa Department of Education (DE); Tom Rendon, coordinator of Iowa's Head Start State Collaboration Office (DE), and Janet Horras, Family Support Coordinator for Early Childhood Iowa. Please see **Appendix A** for letters of support from DHS - CAPTA, Iowa's Head Start State Collaboration Office and IDPH. These partnerships will ensure home visiting is part of a continuum of services within the Early Childhood Iowa system.

Iowa's Home Visitation Program has been integrated into the structure of the Early Childhood Comprehensive Systems (ECCS) initiative, the cornerstone of Early Childhood Iowa. Early Childhood Iowa (ECI) is a collaborative and comprehensive partnership focused on the integration of an early childhood system for Iowa's children ages 0-5. The conceptual framework of the four ovals (Early Learning; Family Support; Health, Mental Health and Nutrition; and Special Needs/Early Intervention) and the structural framework of the ECI Alliance (six component workgroups and an overarching advisory body) will be utilized in program implementation. The ECI Alliance, the Quality Services and Programs Component Workgroup and the Family Support Leadership Group (FSLG) provided input through the needs assessment process. The Early Childhood Iowa FSLG is comprised of a balanced mix of private and public entities and includes representation from all required agencies (Iowa Departments of Public Health, Management, Human Rights, Education, Human Services, and the Iowa Head Start Association), as well as broad community-based stakeholder representation and significant parent and



consumer involvement, allowing for broad-based representation. The needs assessment aligns and coordinates, to the extent possible, existing needs assessments and strategic planning activities of these partners and agencies.

The Maternal, Infant, and Early Childhood Home Visiting Needs Assessment process and methodology included the following steps: 1) Engage Stakeholders, 2) Assess Needs, 3) Determine Desired Outcomes,4) Examine Strengths & Capacity, and 5) Select Priorities.

1) Engaging Stakeholders:

The Iowa Department of Public Health – Bureau of Family Health and Early Childhood Iowa worked with public and private partners to ensure home visiting is a continuum of early childhood services. The needs assessment provides an accurate view of the current state of home visiting in Iowa. Involvement of diverse partners assures program planning and needs assessment development with relevancy to each agencies' strategic plans and activities.

Through the **ECI – Family Support Leadership Group, a Home Visiting workgroup** was formed to provide leadership on conducting the needs assessment. The membership of the workgroup was comprised equally of public partners and state agency representatives. The representatives included the required partners of the State Advisory Council Representative- Early Childhood Alliance, Head Start Association, State's Child Care and Welfare agency- Department of Human Services, Education agency including IDEA- Part B and C- Department of Education, and the Domestic Violence and Substance Abuse agency- Department of Public Health. The Home Visiting workgroup provided direction for the completion of a comprehensive home visiting survey, the *2010 Iowa Family Support Survey* to determine capacity, quality and access to home visiting services in Iowa. The Home Visiting workgroup also provided guidance on the collection of state and community indicators and the determination of methodology for identifying communities at-risk.

2) Assessments of Needs

To best determine Iowa's State and Local needs and priorities for the Iowa Home Visiting program, the State evaluated the **Maternal and Child Health Title V Needs Assessment, CAPTA Needs Assessments, Head Start and Early Head Start Communitywide Planning and Needs Assessments,** to identify and align priorities relevant to the Home Visiting Program.

Maternal and Child Health Title V Needs Assessment

The 2010 **Maternal and Child Health Title V Needs Assessment** was completed by the Iowa Department of Public Health- Bureau of Family Health and Child Health Specialty Clinics. The bureau is administratively responsible for coordinating Title V services for children and youth with special health care needs through a contract with the University of Iowa, Department of Pediatrics, Child Health Specialty Clinics. Iowa received input from individual families and organizations of family advocates. Parents of children and youth with special health care needs, including the Parent Consultant Network,

played a vital role in the Five Year Needs Assessment. The Needs Assessment was developed using the framework of the life course development and socio-ecologic framework. As Iowa develops its framework for life course health development, its key public health leaders recognize the importance of influencing the life trajectory as early as possible. The life course health development perspective provides a framework to address social determinants, their effect on individual health, and more importantly, on the health equity of the population. Iowa MCH partners monitor such indicators and look for opportunities to expand research and develop a policy agenda based on the life course model.

An extensive range of data resources contributed to a thorough assessment of Iowa's Title V program. Iowa MCH stakeholders carefully considered why new performance measures should be added to the state's Title V plan for the upcoming five year period. Data detail sheets were prepared for each identified need. The end result was the consensus of eight State Performance Measures (SPMs) which will be addressed beginning in 2011. The prioritization method chosen replicated that used in the previous two cycles. The method was adapted from materials included in the Family Health Outcomes Project at the University of California San Francisco. Based on the extensive investigation of existing and emerging needs and the results of the broad based stakeholder prioritization process, eight priority needs were selected for the 2011-2015 project period. Priority needs and corresponding performance measures are as follows, please note that problem statements especially related to Home Visiting are italicized:

- **Problem Statement--***Lack of adoption of quality improvement methods within maternal and child health*
    - **SPM #1:** The degree to which the state MCH Title V program improves the system of care for mothers and children in Iowa
- **Problem Statement--**The degree to which components of a coordinated statewide system of care for CYSHCN are implemented
    - **SPM #2:** The degree to which components of a coordinated statewide system of care for CYSHCN are implemented
- **Problem Statement**--*Racial disparities in maternal and child health outcomes.*
    - **SPM #3:** The degree to which Iowa's state MCH Title V program addresses health equity in MCH programs
- **Problem Statement--** *Lack of coordinated systems of care for preconception and interconception care for high-risk and low income families*
    - **SPM #4:** Percent of family planning clients (women and men) who are counseled about developing a reproductive life plan
- **Problem Statement--** *Barriers to access to health care, mental health care and dental care for low income children and families*
    - **SPM #5:** The degree to which the health care system implements evidence-based prenatal and perinatal care

- **Problem Statement--** Lack of access to preventive and restorative dental care for low income pregnant women
    - **SPM #6:** Percent of Medicaid enrolled women receiving preventive dental health services during pregnancy
- **Problem Statement--** Lack of providers to do restorative dental treatment for children age 5 years and younger
    - **SPM #7:** Percent of Medicaid enrolled children 0-5 who receive a dental service
- **Problem Statement--** *High proportion of children age 14 years and under experiencing unintentional injuries.*
    - **SPM #8:** Rate of hospitalizations due to unintentional injuries among children ages 0-14

The eight new state performance measures will be evaluated each year by either process indicators or outcome indicators. Progress on priority needs from the previous 5 year period was considered as part of the prioritization process. Those priorities formed the core of the problem list considered in the current Needs Assessment. Priority needs that were not incorporated into the current list of priorities were determined to be addressed with sustainable programming developed over the last five years. The Home Visiting Program has the opportunity to align its activities with these selected problem statements and state performance measures. Strategic planning and alignment of goals and activities of the Home Visiting Program and current and proposed Title V activities will act synergistically, providing momentum to achieve success of state performance measures.

Capacity to Address Priority Needs The Title V Needs Assessment process included extensive review of Iowa's MCH program capacity to address the newly selected priorities. In the past five years Iowa has made substantial progress in establishing an early childhood system responsive to the needs of growing families. In addition, program development in the areas of medical home, developmental screening, preventive oral health services, and mental health screening and treatment services added significantly to addressing previously noted unmet needs.

Resource data in conjunction with informed opinion from subject matter experts resulted in ambitious but realistic goal setting designed to advance development of Iowa's MCH system. Iowa is well equipped to address the state priority needs. Through local Title V and Title X contractors, other state agencies as well as statewide partnerships, Iowa's MCH program is able to provide direct care services, enabling services, population based services, and infrastructure building to it's MCH population. Local Title V and Title X contractors are well positioned to partner in the development of Iowa's Home Visiting program. Many of these contractors have established partnerships with local Early Childhood Iowa (ECI) Area Directors who coordinate local early childhood activities.

Head Start and Early Head Start

Each Head Start and Early Head Start program was contacted the compile most recent communitywide strategic planning and needs assessment data by members of the Home Visiting Workgroup, including

the Iowa Head Start Association Director and the Iowa Department of Education Head Start Collaboration Office Coordinator. Eleven of eighteen **Head Start and Early Head Start** grantees submitted **Community wide Strategic Planning and Needs Assessments** for evaluation**.** Of the eighteen Head Start grantees, eleven provide home-based models, beyond the home visiting component required in the center-based Head Start Model. The communitywide strategic planning and needs assessments were evaluated and synthesized to describe needs as identified by individual Head Start and Early Head Start Programs.

Head Start and Early Head Start's communitywide strategic planning and needs assessments are updated annually, most recently in early FY10. Each Head Start grantee prepared the needs assessment in an unique manner, utilizing various data sources and reporting on indicators for a specific service area. Through various mechanisms, including parent surveys, local head start agencies identified goals, activities, and priorities based on the needs indicated in data collections. Each Head Start and Early Head Start conducted a parent survey to investigate the needs of the population served by their program. However, the survey was not implemented using a standard method, nor were the responses reported in a standard format. Each communitywide strategic planning and needs assessment captured and reported a wealth of data related to each agency's service area. For the purposes of the Maternal, Infant, and Early Childhood Home Visiting Needs Assessment, these needs assessments have been collected, reviewed, and synthesized in a qualitative manner. The following summarizes significant findings, relevant to the Home Visiting Program, that were described in the communitywide strategic planning and needs assessments. Highlights include goals, activities, data, priorities as stated in the communitywide strategic planning and needs assessments.

The 2009 communitywide strategic planning and needs assessments for the Iowa Head Start and Early Head Start programs did not report on **domestic violence rates**, **substance abuse rates**, and to varying degrees did report **poverty**, **unemployment**, and **child maltreatment rates,** though often out-dated. Other indicators that agencies reported included: demographic data, labor and economics, access to health care, and birth rates of the given service area. Though data was in the assessments, agencies identified local resources for each of these categories. After reviewing the needs assessments, there were clear trends reported by the Head Start agencies. **Notable trends** include: Iowa's young children are diversifying at a rate unmatched by any other age group (especially Hispanic populations), unemployment rates from 2006-2009 slowly increased – especially in rural areas, in tandem – poverty rates slowly increased, and transportation needs in rural areas are often unaddressed for Head Start and Early Head Start families. Identified **program needs** include necessity for a unified/standard database, increased program capacity to reduce waitlists, necessity to increase Head Start teacher pay to retain qualified instructors, and behavior supports and mental health needs were prevalent in the classroom. Specific priorities, goals and activities reported by local Head Start grantees include:

Notable Priorities:

- Obesity rates in children, including young children

- Adult education
- Single parent families and strengthening marriages
- Governance and leadership structure
- Multicultural perspective integrated into program elements
- Formalize partnerships to enhance resources
- Ability for local grantees to capture and share similar data and resources
- Seamless transitioning

Notable Goals and Activities

1. Increase outreach to identify and enroll homeless children
2. Increase teacher pay to close the gap in pay compared to public school teachers
3. Increase availability of Positive Behavior Supports
    a. Create Behavior Support Specialist Position
4. Develop additional dental resources to meet the needs of children and families
    a. Parent education regarding the importance of dental care
5. Develop and implement entry level job training programs
    a. Placement of least 20 individuals in jobs

Many of the Head Start and Early Head Start grantees reported program priorities, goals, activities, and needs aligning with the needs identified through the Title V and CAPTA Needs Assessments. Head Start and Early Head Start programs identified infrastructure components, such as enhanced transitioning, data systems, competitive compensation and parallel infrastructure component. These finding are consistent with priorities in the Title V Needs Assessment and CAPTA's priorities. Common needs were identified in multiple strategic planning and needs assessment processes. These needs have been carefully considered in the State's plan to address unmet needs.

CAPTA Needs Assessment

The needs and priorities identified in the 2009-2010 Iowa **CAPTA Needs Assessment** closely relate to those of the Title V program, Head Start and Early Head Start, and the Home Visiting Program. The Iowa Department of Human Services (DHS) has responsibility for Iowa's child welfare system. Iowa's child welfare system focuses on children that have been or are at risk of being abused or neglected, as well as children that are determined by the Juvenile Court to be a child in need of assistance (CINA).

Notable Priorities from the 2009-2010 Needs Assessment

- "Iowa saw an increase of 10 percent in the number of abuse reports received and investigated during Federal Fiscal Year 2009 when compared to Federal Fiscal Year 2008. The rate at which reports were substantiated remained constant, however. The increase was likely tied to the recession and its impact on children and families in Iowa."
- Overall, the percentage of cases confirmed/founded increased slightly from 31.2 percent in 2006 to 34.3 percent in 2008 and 2009. However, there was a significant increase from 2006

(31.2 percent) to 2007 (38.3 percent) with a decline to 34.3 percent in 2008, which remained the same in 2009.

One major factor that will affect the DHS and the child welfare system is a decrease in annual state and federal budgets. In July 2010, DHS began a reorganization of the Division of Field Operations. The new structure went from eight service areas to six service areas, 42 full-time county offices, 57 less than full-time county offices, and three centralized units (abuse intake unit, nursing facility assistance unit, and childcare unit) within the Centralized Service Area. The intake center, located in Des Moines, will take all child and dependent adult abuse reports for the entire state. Once abuse reports are accepted, they are assigned to the applicable county child protective worker for investigation. The reorganization will impact many areas within DHS including the child welfare system.

In June 2009, Iowa identified its child welfare system priorities for the next five years for the **seven outcomes** and **seven systemic factors** rated in the Child and Family Service Review (CFSR). Based on the information at that time, IDHS identified the following priorities to enhance the safety, permanency, and well-being of the children and families served and the child welfare system. The outcomes and selected priorities and activities that related to the needs assessment for home visiting are listed below with activities.

1. **Safety:**

Outcome 1: Children are, first and foremost, protected from abuse and neglect.
Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Priorities:

- *Implement revised protocol for drug testing, protocol serving families involved in both child welfare and substance abuse systems, and improve data collection in this area.*
- Engage stakeholders in conversations related to safety and risk, especially as it pertains to intake, assessment, court intervention, removal, and reunification decisions.

Activities:

- *Continue to focus on timeliness of initiating investigation reports of child maltreatment.*
- *Implementation of centralized intake at all the six service areas.*
- Collaborate with IDHS, the Judicial Branch and the Iowa Department of Public Health to pilot drug courts and community based treatment approaches in five communities across the state.

2. **Permanency:**

Outcome 1: Children have permanency and stability in their living situations.
Outcome 2: The continuity of family relationships and connections is preserved.

Activities:

- Implement the Family Team Meetings (FTM), to address domestic violence, family engagement, and planning for transition to the parental home and services upon reunification, increase permanency for children in care.
- Complete the family functional assessments to identify the needs of parents and to identify appropriate services/resources available to mitigate those needs.

3. Child and Family Well-Being

Outcome 1: Families have enhanced capacity to provide for their children's needs.
Outcome 2: Children receive services to meet their educational needs.
Outcome 3: Children receive services to meet their physical and mental health needs.

Priorities:

- Achieve significant improvement in educational outcomes for children in foster care
- Improve engagement with both parents, including the non-custodial parent
- Increase Early ACCESS take-up rate for child abuse victims and children in foster care

Activities:

- Complete formal foster care behavioral assessment to determine the mental health needs of the foster child.
- Partner with the Iowa Department of Public Health and Visiting Nurse Services of Iowa Polk Project LAUNCH (SAMSHA grant) that focuses on improving systems of care to address mental health needs of children ages 0-8.

4. Information System

Priorities:

- Implement new **State Automated Child Welfare Information System (SACWIS)** and enhance other technology supports for staff and improve data for frontline staff and managers

Activities:

- Partner with Child Protection Centers (CPC) to provide forensic interviews and medical exams for children suspected of being abused.

5. Safety, Permanency and Child and Family Well-Being

Priorities:

- Improve assessment of child and family needs and matching services to needs
- Significantly improve access to physical, dental, and mental health care for children
- Increase the percentage of children and parents that have monthly visits with their DHS caseworker

6. Safety, Permanency, Child and Family Well-Being and Agency Responsiveness to Community

- Implement family interaction protocol to improve frequency and quality of parent-child visits as a pathway to permanency and inform case work practice.

7. Permanency, Child and Family Well-Being, and Agency Responsiveness to the Community

- Continue expansion of Parent Partners program, Elevate, and Transitioning Youth Initiative statewide.

8. Permanency, Service Array and Agency Responsiveness to the Community

- Identify and implement more evidence-based services/programs.

9. Child and Family Well-Being and Agency Responsiveness to the Community

- Reduce child welfare disproportionality for minority children and families by at least 50 percent.

The priorities for Iowa's Home Visiting program were derived from the needs assessments of the partnering agencies, the Statewide and Community Level Data Report, and the 2010 Iowa Family Support Survey. Each of these agencies have priorities, goals, outcomes, and activities that are relevant to Iowa's Home Visiting program.

Home Visiting Survey

In preparation for the **Home Visiting Needs Assessment**, the **ECI Family Support Leadership Group: Home Visiting workgroup** conducted a statewide survey of family support programs. The survey, 2010 Iowa Family Support Survey, was developed in anticipation of the Affordable Care Act – Maternal, Infant, and Early Childhood Home Visiting Program Needs Assessment and to inform goals and activities the Family Support Leadership Group. Survey methodology could be considered to be a combination of the snowball and convenience sampling, both non-probability sampling methods. The methodology relied on the local program knowledge of the 57 ECI Directors (formerly Empowerment Coordinators) to distribute the survey to the appropriate local agencies. Each of Iowa's 57 Early Childhood Iowa areas employs an ECI Director with oversight from a local board to develop early childhood partnerships and collaboration at the local level. The 57 ECI Directors could be considered the initial subjects who referred local agencies to respond to the survey. Upon receipt of the survey, the 57 ECI Directors distributed it to the local agencies providing family support programs that they were aware of in the community, excluding faith-based parenting programs.

Survey respondents were instructed to complete the survey if the primary means of family support were either a group-based parenting education or home visiting program providing more than a universal, one-time screen in the home. Home visiting programs that provide only one-time or supplemental home visiting returned surveys, though were not required to complete the survey. Programs completed surveys and returned them to the Iowa Department of Public Health for review, entering, analysis and reporting. There was no incentive provided to the survey participants or direct contact to the agencies by the State before the survey was distributed. The State received 285 surveys from local agencies providing family support programs, including more than 200 home visiting programs. The survey results have been collected, entered, and begun initial data cleaning. With the results, the State has begun initial analysis of the family support programs in Iowa. After removing universal, one-time and supplemental home visiting program, 189 programs reported providing home visiting services

throughout Iowa. Many models of home visiting are reportedly being implemented in Iowa, though the majority of these programs are implementing twelve distinct models.

The 2010 Family Support Survey had both strengths and limitations, most related to the inherent strengths and limitations of the convenience and snowball sampling methods. Before survey dissemination, the FSLG - Home Visiting workgroup tested the survey to assess for applicability for local family support programs. Although there was a pilot, programs occasionally had difficulty completing the survey accurately. Many agencies likely responded to the questions related to evidence-based models, model modification, and capacity inaccurately. Both the convenience and snowball sampling methods are limited in the ability to determine an accurate response rate. With follow-up calls and e-mails to ECI Directors and receipt of nearly three hundred surveys were received, it is estimated there was a greater than 95 percent response rate. The advantages of this survey methodology include its low cost, rapid dissemination and response, and utilization of existing infrastructure. With the 2010 Family Support Survey, the State now has compiled the most comprehensive data set related to family support programs to date. Beyond its utility for the Home Visiting Needs Assessment, survey data will continue to analyzed and used for planning and prioritizing in the future.

Utilizing the needs assessments for the Title V Programs, CAPTA and Early Head Start and Head Start, and results of the 2010 Family Support Survey reveals several priorities for the Home Visiting Program in Iowa. The priorities listed here are described at greater length in "Planning and Prioritizing: Addressing Unmet Needs."

- Priority: Increase the number of families served by evidence-based home visiting programs in Iowa
- Priority: Development a statewide maternal, infant, and early childhood home visiting data systems capabilities
- Priority: Reduce barriers to access to health care, mental health care, substance abuse treatment and counseling, and dental care for low income families
- Priority: Develop home visiting infrastructure with focus on quality and systems coordination
- Priority: Support healthy home environments and stable family relationships to protect families from domestic violence and child abuse and neglect

3) Statewide Data Report: *Needs and Desired Outcomes*

In addition to the evaluation of various needs assessments, the State gathered data from a variety of sources that provided data relevant to identifying "At-Risk Communities." Each of the following data sources has implications on the State's Planning activities, including the Home Visitation Program's

target population, model selection, and program evaluation. Data was gathered and compiled from national and state data sources, including the U.S. Census Bureau, Departments of Public Health, Education, Public Safety, Workforce Development, and Human Services. Eleven required indicators are reported in the following table, with four additional indicators as selected by the Family Support Leadership Group's Home Visitation workgroup. Eleven of eighteen Head Start and Early Head Start programs provided the most recent communitywide strategic planning and needs assessment documents for use in the needs assessment process. The Head Start and Early Head Start needs assessments do provide data at the county level for respective service areas, however do not provide statewide data. The Iowa Head Start Collaboration Office provided aggregate data reported in Head Start and Early Head Start Program Information Reports. This data only captures information for participants and families of the Head Start and Early Head Start Programs, notes in the "Comments" column in the table below describes Head Start data. Data related to child maltreatment was provided by the Department of Human Services, through the NCANDS Data systems and the CAPTA Needs Assessment.

Domestic Violence

The State's Crime Victims Assistance Division (CVAD) in the Iowa State's Attorney General's Office served 33,020 victims in FY09, the most served in the past five years. There were 4,393 sexual abuse victims and 24,273 domestic abuse victims in FY09, also greater numbers served than any other year since FY05. There were 77,555 Victim Service Crisis Calls in 2009. Domestic abuse homicides in Iowa are largely crimes of gender violence, meaning the predominant victims are female. In 2009, of the 24,273 victims, 19,294 were female and 3,920 were children. In one-third of the cases, there was evidence the domestic violence victims had been trying to end the relationship with their perpetrators. The most common precipitating factor immediate to the homicide was threat of loss of the relationship. The second most common factor immediate to the homicide was alcohol or drug use. Data shows alcohol and drug use was present more in the last several years than in the past. Another factor to consider is evidence of prior domestic violence in less than half of the cases. Data from 2008 showed 10 children were present at the scene of a domestic violence homicide. Five of them were killed and the other five survived the loss of a parent(s). In addition there were other minor children of one or both parents who were not present but lost a parent(s). Studies on the effects of witnessing domestic violence reveal that children who live in homes where domestic violence is present face future emotional, developmental and social disruptions. These challenges are multiplied if the child witnesses a parent being murdered.

Substance abuse

The Iowa Department of Public Health **Substance Abuse** Division does not routinely gather past month substance use data at the county level. Except where noted, the following information is averaged statewide prevalence data from the 2004, 2005, and 2006 National Surveys on Drug Use and Health as reported by the SAMHSA Center for Behavioral Health Statistics and Quality (formerly the Office of Applied Studies) and is included in Table 1, in the Statewide Data Report.

Iowa Department of Corrections reports indicate that **incarceration rates** since 1985 have more than doubled. The total corrections population in 1985 was 17,625 and just twenty years later, in 2005 was 38,859. Much of the increase in inmates is related to increased arrests related to drugs in both men and women (Iowa Department of Corrections, 2006). In 1985, approximately two percent of inmates were incarcerated on drug related charges and in 2005, 26 percent of inmates were incarcerated on drug related charges. Though Iowa does not collect the required substance abuse indicated at the community level, this data could be considered a proxy indicator depicting substance abuse and drug related issues in the State. Additionally, there are significant disparities in the incarcerated populations. The jail and prison population is disproportionate to the overall state composition of African American males. The African-American to White incarceration rate in Iowa is 4,200/100,000 to 309/100,000 in Iowa, nearly 14 times higher for African-Americans than Whites.

The **Iowa Child and Family Household Health Survey** (IHHS) is a comprehensive, statewide effort to evaluate the health status, access to health care, and social environment of children and families in Iowa. The first IHHS was conducted in 2000 and the second in 2005. The 2005 IHHS is a collaboration of the Iowa Department of Public Health (IDPH), the Public Policy Center (PPC), and the Child Health Specialty Clinics (CHSC). The most recent goal of the Household Health Survey are to: 1) assess the health and well-being of children and families in Iowa, 2) assess a set of early childhood issues, 3) evaluate the health insurance coverage of children in Iowa and features of the uninsured, and 4) assess the health and well-being of racial and ethnic minority children in Iowa. The IHHS survey provides a valuable statewide data set to identify population based family indicators.

The following data focuses on the early childhood (children ages 0-5 and their families) section of the survey. One in five young children had parents who had been referred to **parenting education** classes such as classes in breastfeeding, child development, and support groups in the past year. Infants were most likely to have had a parent referred to parenting classes (32 percent), and of those, most (81 percent) were referred for breastfeeding/lactation support.

Parents were asked a series of questions relating to their **mental health**. This series included five items derived from the Medical Outcomes Study Mental Health Inventory short form (MHI-5). Questions asked included how frequently parents have: 1) been a very nervous person, 2) felt calm or peaceful, 3) felt downhearted and blue, 4) been a happy person, and 5) felt so down in the dumps that nothing could cheer you up. These items were scaled and the results were calculated using a standardized cut-off for symptoms suggesting poor mental health status. About 16 percent of young children in Iowa had parents with a lower mental health status, indicating possible depression or issues with anxiety. There were no statistically significant differences by age of the child, however there were significant differences by income level. As shown in Figure 1, children in lower income households were more likely to have a primary caregiver with symptoms indicating lower mental health status.

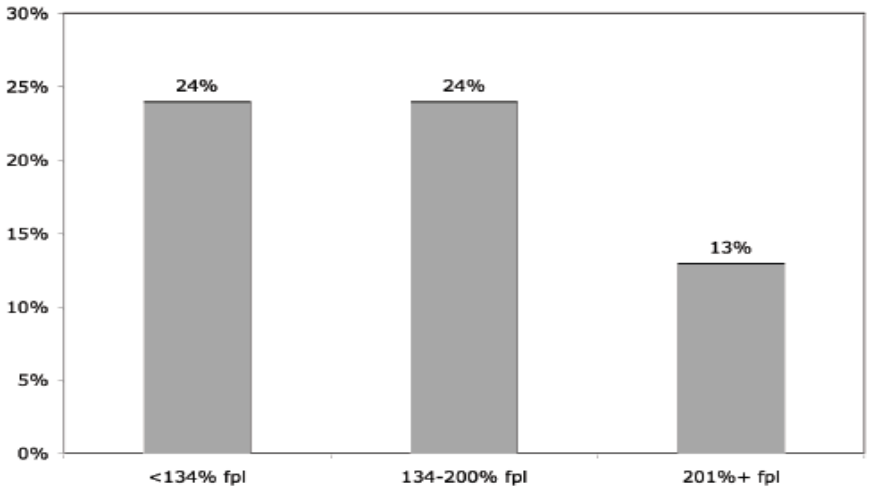


Figure 1. Children in households with a primary caregiver who may be depressed or anxious, by FPL status

Another series of questions were designed to measure parenting stress or aggravation. About four percent of Iowa's young children were living in households with a primary caregiver who reported a *high level of parenting stress.* There were no statistically significant differences by income level. This measure did demonstrate a difference by the age of the child. Infants were less likely to have parents reporting a high level of parenting stress using this measure than were toddlers or preschoolers. The IHHS also collected data related to substance use of caregivers. Alcohol use by someone in the household was reported to be a problem for about four percent of young children in Iowa, which did not differ significantly by income level or child age. Household drug use problems were rarely reported (0.2%) for young children in Iowa.

Iowa has done significant work to collect data related to prenatal care and access to prenatal care for pregnant women. The purpose of the **Barriers to Prenatal Care** project is to obtain brief, accurate information about women delivering babies in Iowa hospitals. Specifically, the project seeks to learn if women had problems obtaining prenatal or delivery care during their pregnancy. Other information is included which may be pertinent to health planners or those concerned with the systematic development of health care services. The project is a cooperative venture of all of Iowa's maternity hospitals, the Statewide Perinatal Care Program, the University of Northern Iowa Center for Social and Behavioral Research, and the Iowa Department of Public Health.

Data includes responses to a questionnaire that is distributed to all maternity hospitals in the state of Iowa. All birth mothers are approached prior to discharge and requested to complete the questionnaire. Completed questionnaires are returned to the University of Northern Iowa Center for Social and Behavioral Research for data entry and analysis. Behavioral indicator data from 2008 indicated 12 percent of pregnant women smoked 1-10 cigarettes per day, four percent smoked 11-20 cigarettes and one percent smoked over 20 cigarettes per day. There were three percent of women who consumed alcoholic drinks during pregnancy. There were also *12 percent of women who had feeling of sadness or misery* at the end of their pregnancy.

Upon evaluation of all the data provided by the Barriers to Prenatal Care Project, Iowa Household Health Survey, IDPH Division of Substance Abuse, Crime Victims Assistance Division (CVAD), Department of

Corrections and assessment of the required and selected fifteen indicators reveals higher than desired levels of poverty and child poverty, disproportionate incarceration rates, parental stress and depression, rates of smoking during pregnancy, premature births, child maltreatment, unemployment and substance abuse. These and others are indicators impact directly and indirectly the outcomes of children. The Home Visiting Program will continue to monitor these indicators to measure the performance of the program, recognizing these and other indicators impact children's physical, socio-emotional, and mental health and family functioning. Data reported in the following Statewide Data Report, **Table 1** was compared with community level data to determine communities at risk, as described in the Community Level Data Report section.

Table 1: Iowa's Statewide Data Report

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
Premature birth (Percent: # live births before 37 weeks/total # live births)	**9.36%**	--	--	--	--	**Data Source**: Iowa Department of Public Health Vital Statistics Summary 2009
Low-birth-weight infants (Percent: # resident live births less than 2500 grams/# resident live births)	**6.74%**	--	--	--	--	**Data Source**: Iowa Department of Public Health Vital Statistics Summary 2009
Infant mortality (includes death due to neglect) (# infant deaths ages 0-1/1,000 live births)	**4.54**	--	--	--	--	**Data Source**: Iowa Department of Public Health Vital Statistics Summary 2009
Poverty (# residents below 100% FPL/total # residents)	**11.4%**	--	**Statewide Data Not Available**	--	**11.4%**	*Statewide Domestic Violence Data not reported in HS/EHS Community Assessments* **Data Source**: 2008 U.S. Census Bureau
Crime Rate (# reported crimes/1000 residents)	--	--	--	--	**53.9**	**Data Source:** Iowa Department of Public Safety UCR Crime Statistics 2009
Juvenile Crime (# crime arrests ages 0-19/100,000 juveniles age 0-19)	--	--	--	--	**27.4**	*Note: State of Iowa DPS collects this data for youth 0-18 and not 0-19).*

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
						Data Source: Iowa Department of Public Safety UCR Crime Statistics 2009
Domestic violence (UCR Crime Statistics 2009: Reported Domestic Violence Rate per 100,000)	--	--	**PIR: 2.58%** **Statewide Data Not Available** *Statewide Domestic Violence Data not reported in HS/EHS Community Assessments*	--	**217.7**	**HS/EHS PIR (Program Information Report):** Captures data only on head start and early head start participants and families receiving Domestic Violence Services **(216/8383)** **Data Source:** Iowa Department of Public Safety UCR Crime Statistics 2009
School Drop-out Rates (Percent high school drop-outs grade 9-12)		--	--	--	**3.15%**	**Data Source**: Iowa Department of Education, 2008-2009 State of Education in Iowa Report
Substance abuse (Prevalence rate: Binge alcohol use in past month) (Prevalence rate: Marijuana use in past month)	--	--	**PIR: 2.5%** **Statewide Data Not Available**	Binge Alcohol Use in Past Month: 28.04 (25.97 – 30.21) Marijuana Use in Past Month: 4.38	--	**HS/EHS PIR (Program Information Report):** Captures data only on head start and early head start participants and families

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
(Prevalence rate: Nonmedical use of prescription drugs in past month) (Prevalence rate: Use of illicit drugs, excluding Marijuana, in past month)			*Statewide Substance Abuse Data not reported in HS/EHS Community Assessments*	(3.65 – 5.25) Illicit Drug Use Other Than Marijuana in Past Month: 2.91 (2.36 – 3.58)		receiving Substance Abuse Prevention or Treatment Services **(210/8383)** **Data Source**: 2004-2006 National Surveys on Drug Use and Health, SAMSHA Office of Applied Studies
Unemployment (Percent: # unemployed and seeking work/total workforce)	--	--	**Statewide Data Not Available**	--	**6.8%**	*Statewide Unemployment Data not reported in HS/EHS Community Assessments* **Data Source**: Iowa Work Force Development, June 2010
Child maltreatment (Rate of reported of substantiated) maltreatment (substantiated/indicated/alt response victim) (Rate of reported substantiated	--	**Substantiated and Indicated 2009** Reports: 8,378, 33.6% Duplicate: 13,007, 33.7% Unique: 11,636, 37.7% **Maltreatment by**	**PIR: 7.44%** **Statewide Data Not Available** *Statewide Child Maltreatment Data not reported in HS/EHS*	--	--	**HS/EHS PIR (Program Information Report):** Captures data only on head start and early head start participants and families receiving Child Abuse and Neglect Services **(624/8383)** **Data Source**: 2010 DHS Statewide CAPTA Needs Assessment and the NCANDS

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
maltreatment by type reported per 1,000 children 0-18 in Iowa in 2009)		**type 2009:** Neglect: 214.4 Exposure to Manufacturing of Meth: 1.2 Mental Injury: 0.3 Physical Abuse: 24.6 Presences of Illegal Drugs in Child's System: 9.7 Sexual Abuse: 10.1 Cohabitation with a Registered Sex Offender: 1.6 Allows Access to Registered Sex Offender: 1.9 Total: 263.7 (18,793)	*Community Assessments*			Data System DHS Child Maltreatment Statistical Report 2009
Other indicators of at risk prenatal, maternal, newborn, or child health						
Smoking 3rd Trimester of Pregnancy (# of Mothers who reported smoking through the third trimester of pregnancy of all live	**14.3%**	--	--	--	--	**Data Source**: Iowa Department of Public Health Vital Statistics Summary 2009

Indicator	Title V	CAPTA	Head Start	SAMHSA Sub-State Treatment Planning Data Reports	Other	Comments
births)						
Maternal Education 2009 (# of Mothers who gave birth who have high school education of number of all live births)	--	--	--	--	**85.6%**	**Data Source**: Iowa Department of Public Health Vital Statistics Summary 2009
4th Grade Reading (4^{th} grade students proficient in reading 2007-09)	--	--	--	--	**79.1%**	**Data Source**: Iowa Department of Education, The Annual Condition of Education Report: 2009
Child Poverty (Percent of Children Under 18 Years Below Poverty Level in the Past 12 Months (for Whom Poverty Status is Determined))	--	--	--	--	**14.2%**	**Data Source**: The Annual Condition of Education Report, Iowa Department of Education, 2009; U.S. Census Bureau, 2007 American Community Survey.

Definition of "Communities" in Iowa

Iowa's communities are predominately located in rural areas, with most recent U.S. Census Bureau population estimates as 3,007,856 persons (U.S. Census Bureau, 2008). The Census classifies nine of Iowa's cities as Metropolitan Statistical Areas – an urban core of greater than 50,000 persons, encompassing twenty counties (U.S. Census Bureau, 2008). Iowa is comprised of ninety-nine counties; with the average population of 30,382 people. Aligning with infrastructures of CAPTA, Head Start and Early Head Start, Title V, Early Childhood Iowa and many other programs, the Home Visiting program will consider "communities" as counties. As reported in the Title V Needs Assessment, the Governor's Designated Shortage Area, which designate eligibility of rural health clinics includes 70 rural out of Iowa's 99 counties. Additionally, the majority of operational State data systems do not currently have the capacity to report data at a smaller unit. Therefore, all of the counties will be defined as "communities" for the Home Visiting Program. The following "Community Level Data Report" provides data by which communities were identified as at risk.

Community Level Data Report: *Needs and Desired Outcomes*

The community level data report considered fifteen indicators in which research findings indicate correlation in children's outcomes. With input from the Family Support Leadership Group – Home Visitation workgroup and Title V leadership, communities were identified as at-risk through two different methodologies. The entire data report, displaying data for each community for all indicators is found in **Appendix B**. Indicators that were included in the calculation and selection of communities at-risk include the following:

- 2009 Percent of Births Premature
- 2009 Percent Low-birth Weight Infants
- 2009 Infant Mortality Rate (2009)
- 2008 All People Poverty Census
- 2000 Child Poverty
- 2010 (June) Percent Unemployment
- 2009 Confirmed Child Abuse and Neglect / 1,000 ch'n.
- 2009 High School Dropout Rate
- 2006-2008 Binge Alcohol Prevalence (BRFSS)
- 2009 Crime Rate per 1000 (2009)
- 2009 Juvenile Crime (0-18) per 1,000
- 2009 Domestic Violence Rate 2009 per 100,000
- 2009 Smoking 3rd Trimester of Pregnancy Rates
- 2009 Percent of Mothers with greater than High School Degree (Maternal Education)
- 2009 4th Grade Reading Percent Proficient

Four required indicators related to substance abuse were not available at the community level in Iowa. Substance abuse data for Iowa is available from the 2004-2006 National Survey on Drug Use and Health (NSDUH) at the Sub-state regional level, and presented in **Table 2**, below. Please see **Appendix C** for the list of communities that are in each Sub-state region. Central Iowa and Northeast Iowa have prevalence rates higher than the statewide prevalence rates on all four indicators. Four of the communities considered to be urban are in these Sub-state regions.

Table 2: Regional Level Substance Abuse Indicators: Data provides prevalence rates in Iowa among Persons Aged 12 or Older, by Sub-state Region: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs **(**Substance Abuse and Mental Health Services Administration (SAMHSA) Sub-State Treatment Planning Data Reports retrieved from http://www.oas.samhsa.gov/substate2k8/toc.cfm)

Indicator Prevalence Rate Estimate (95% Prediction Interval)	**Central**	**North Central**	**Northeast**	**Northwest**	**Southeast**	**Southwest**	**State**
Binge alcohol use in past month[1]	28.83 (24.85 - 33.17)	28.94 (24.87 - 33.37)	31.05 (27.50 - 34.83)	25.28 (21.56 - 29.41)	26.67 (23.25 - 30.38)	25.73 (21.76 - 30.13)	28.04 (25.97 - 30.21)
Marijuana use in past month	5.11 (3.72 - 6.98)	3.91 (2.79 -5.46)	4.77 (3.64 - 6.23)	3.33 (2.38 - 4.63)	4.58 (3.42 - 6.11)	4.00 (2.89 - 5.51)	4.38 (3.65 - 5.25)
Nonmedical use of prescription drugs in past month	4.57 (3.34 - 6.23)	3.75 (2.75 - 5.10)	4.24 (3.27 - 5.47)	3.35 (2.41 - 4.65)	3.77 (2.83 - 5.01)	3.96 (2.92 - 5.35)	3.97 (3.32 - 4.73)
Use of illicit drugs, excluding Marijuana, in past month	3.77 (2.60 - 5.44)	2.66 (1.83 - 3.84)	2.92 (2.13 - 4.00)	2.42 (1.66 - 3.52)	2.70 (1.92 - 3.79)	2.98 (2.06 - 4.30)	2.91 (2.36 - 3.58)

Identification of "At-risk Communities"

Communities were identified as at-risk through two different methodologies. Both methodologies were supported by theories suggesting that the number of risk factors is linearly correlated with the outcome. This theory posits that the rate of adverse outcomes for individuals and communities increases relative to the number of risk factors associated with that same individual or community (Early Experiences Matter Conference Presentation 2010, Melmed, M. E.). All of Iowa's 99 "Communities" were included in both analyses; results are presented for both methodologies in **Table 3**.

[1] *Binge drinking*: five or more drinks on the same occasion- or within a couple of hours of each other- on at least 1 day in the past 30 days

Description of Method 1:

The Needs Assessment guidance directs states to identify communities that demonstrate greater risk in comparison to the statewide indicators, which was the framework for Methodology 1. Data was compiled for all required and desired indicators; 15 indicators as determined by the Family Support Leadership Group, Home Visiting workgroup. Utilizing the statewide indicator as a dividing point, all communities with "greater" levels of risk were assigned a "1" and all communities with "lesser" risk were assigned a "0" for each indicator. Next, the composite rank was calculated as the sum of the indicator ranks (0 or 1). The maximum score a community could receive is a 15 and minimum of 0. Again, the underlying principle of this method is that the greater the score, the greater the risk of later adverse outcomes. Communities were identified as "at-risk" if the composite score was greater than six, meaning that the community had higher levels of risk than the statewide average on six of the fifteen indicators. A limitation of this method is that each indicator is equal weight, regardless of the predictive risk. Another limitation is that the statewide average generally fell around the seventy-fifth percentile of all of the communities. This method seemed to favor urban areas as ranking higher relative to the statewide indicator. Utilizing this method resulted in 39 communities being identified as at-risk. Table 3 outlines all communities identified as at-risk and respective rankings and urban/rural designation.

Description of Method 2:

Data was compiled for all required and desired indicators; 15 indicators as determined by the Family Support Leadership Group, Home Visiting (HV) workgroup. The framework for Method 2 entailed comparing communities to each other. Instead of assigning ranks compared to the statewide indicators, each indicator was ordered and divided into quartiles. Each community was assigned a quartile ranking according to where it fell in the quartiles (1 –"low risk" through 4 – "high risk"). A rank was assigned for each indicator and a composite ranking for each community was created. The composite score was calculated by averaging each indicators rank resulting in scores between 1 and 4. Communities were identified as at-risk if the composite ranking was a score of 2.5 or higher, which could be considered the mid-point of the risk ranking or moderate-high risk. This method, again assumes, all indicators of risk are equivalent contributors to outcomes, a limitation of this methodology. However, this method does rank communities relative to each other and not the state as a whole. The statewide indicator generally fell around the third quartile and was rarely a true median of the communities. This methodology was more sensitive to the rural areas, as the communities were ranked relative to each other and not the statewide indicator.

Comparing these two methods reveals little difference in the communities that were identified as "at-risk." The "top/bottom" 29 communities are the same, though listed in different orders for both methods. Both resulted in a mix of urban and rural communities, Method 1: 5 Urban, 4 Urban/Rural, 30 Rural and Method 2: 8 Urban, 4 Urban/Rural, 33 Rural communities. In total, 49 communities were identified as at risk, representing 72% of Iowa's population (2,170,909).

Table 3: Communities identified as "At-Risk Communities"

	Method 1: Communities at Risk			Method 2: Communities at Risk		
#	**Urban/Rural Designation**	**County**	**Rank**	**County**	**Rank**	**Urban/Rural Designation**
1	Urban	Pottawattamie	**14**	Lee	**3.62**	Rural
2	Urban	Black Hawk	**13**	Appanoose	**3.57**	Rural
3	Urban/Rural	Clinton	**13**	Black Hawk	**3.50**	Urban
4	Urban	Woodbury	**13**	Clinton	**3.50**	Urban/Rural
5	Rural	Appanoose	**12**	Wapello	**3.46**	Rural
6	Urban	Scott	**12**	Woodbury	**3.43**	Urban
7	Rural	Wapello	**12**	Des Moines	**3.38**	Urban/Rural
8	Rural	Buena Vista	**11**	Montgomery	**3.38**	Rural
9	Rural	Lee	**11**	Cerro Gordo	**3.31**	Urban/Rural
10	Urban/Rural	Cerro Gordo	**10**	Webster	**3.31**	Rural
11	Urban/Rural	Des Moines	**10**	Pottawattamie	**3.29**	Urban
12	Rural	Hamilton	**10**	Buena Vista	**3.23**	Rural
13	Rural	Marshall	**10**	Scott	**3.21**	Urban
14	Rural	Webster	**10**	Clarke	**3.15**	Rural
15	Rural	Decatur	**9**	Hamilton	**3.14**	Rural
16	Rural	Jefferson	**9**	Page	**3.14**	Rural
17	Urban/Rural	Muscatine	**9**	Marshall	**3.08**	Rural
18	Rural	Page	**9**	Union	**3.08**	Rural
19	Rural	Emmet	**8**	Muscatine	**3.07**	Urban/rural
20	Rural	Montgomery	**8**	Jefferson	**2.93**	Rural
21	Rural	Clarke	**7**	Hardin	**2.86**	Rural
22	Rural	Fayette	**7**	Decatur	**2.85**	Rural
23	Rural	Floyd	**7**	Floyd	**2.85**	Rural
24	Rural	Greene	**7**	Emmet	**2.83**	Rural
25	Rural	Hardin	**7**	Fayette	**2.79**	Rural
26	Rural	Henry	**7**	Greene	**2.79**	Rural
27	Rural	Jackson	**7**	Jackson	**2.79**	Rural
28	Rural	Mahaska	**7**	Mahaska	**2.79**	Rural
29	Rural	Monona	**7**	Polk	**2.79**	Urban
30	Rural	Tama	**7**	Cass	**2.79**	Rural
31	Rural	Union	**7**	Lucas	**2.77**	Rural
32	Rural	Calhoun	6	Wright	**2.77**	Rural
33	Rural	Clayton	6	Jasper	**2.71**	Rural

	Method 1: Communities at Risk			Method 2: Communities at Risk		
#	**Urban/Rural Designation**	**County**	**Rank**	**County**	**Rank**	**Urban/Rural Designation**
34	Rural	Humboldt	6	Monroe	**2.71**	Rural
35	Rural	Jasper	6	Linn	**2.71**	Urban
36	Rural	Lucas	6	Monona	**2.69**	Rural
37	Rural	Monroe	6	Calhoun	**2.69**	Rural
38	Rural	O'Brien	6	Clay	**2.69**	Rural
39	Urban	Polk	6	Dubuque	**2.69**	Urban
40				Henry	**2.62**	Rural
41				Boone	**2.62**	Rural
42				Johnson	**2.57**	Urban
43				Fremont	**2.54**	Rural
44				Wayne	**2.54**	Rural
45				Jones	**2.50**	Rural
	5 Urban, 4 Urban/Rural, 30 Rural			8 Urban, 4 Urban/Rural, 33 Rural		

Note: Communities with populations greater than 50,000 are considered Urban, communities with populations of 40,000-50,000 are considered Urban/Rural (for the purposes of the needs assessment and planning), and communities with a population less than 40,000 are considered Rural.

Chart 1: Methodology 1 "At-Risk Communities"

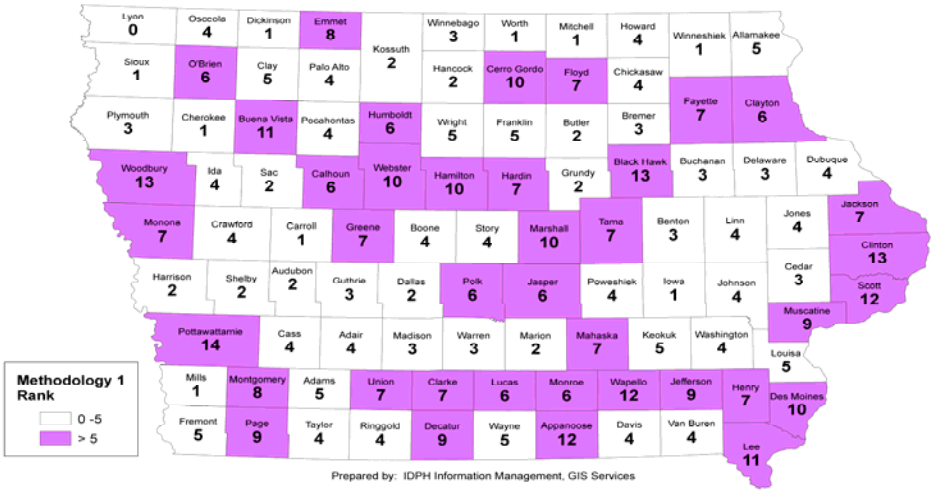
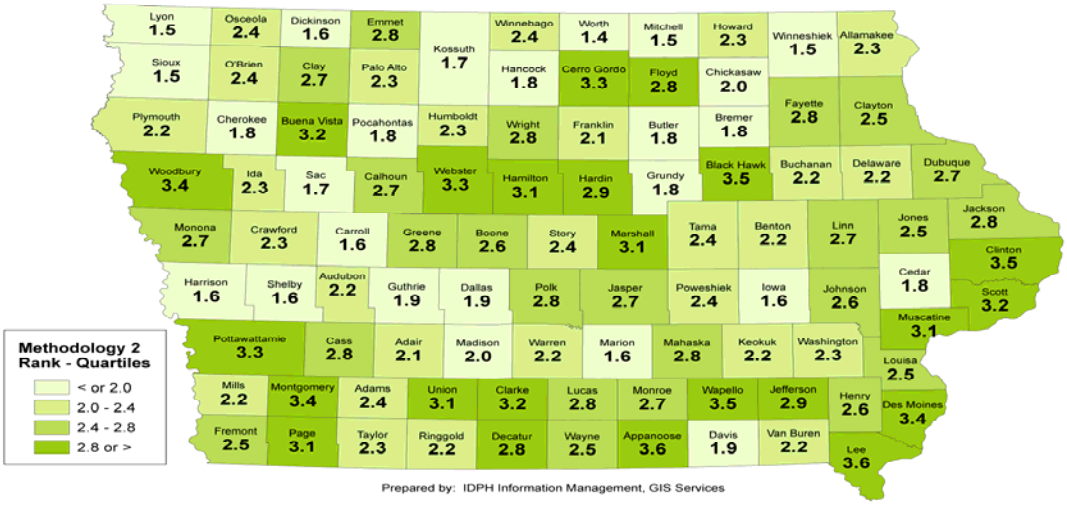


Chart 2: Methodology 2 "At-Risk Communities"



In **Appendix D**, four additional indicators have been mapped using ArcGIS, including Maternal Education, All Resident Poverty, Low Birth Weight and Child Abuse and Neglect. High Poverty and low Maternal Education are prevalent across many of the southern communities, while higher rates of Child Abuse and Neglect and Low Birth Weight are concentrated in the North Central Communities.

Strengths and Limitations of Data Sources:

The indicators and data sources that were utilized in the calculation and identification of communities at-risk are not without limitations. Two different methodologies were utilized in the calculation and identification of communities at-risk, resulting in similar outcome of communities as risk. Utilizing more than one method to calculate risk, which achieved similar results, indicates that communities that are in-fact at- risk were indentified. Data displayed in **Appendix B** was utilized to determine communities at risk, which are listed in **Table 3**. Five of the indicators were obtained from Iowa Department of Public Health's Vital Statistics. This data sources is one of the most comprehensive data systems in the state and has strong reliability. However, the infant mortality, premature births, and low birth weight data were too small to include or calculate in some of the more rural communities in Iowa. The Iowa Department of Public Safety 2009 UCR Crime Statistics provided data for three indicators, including domestic violence, crime rate, and juvenile crime rate. For the crime rate and juvenile crime rate, this is the most accurate and relevant data source. However, this is just one possible way to measure domestic violence and only includes those cases that were reported to a public safety department. Because this represents only reported cases, it is likely an underestimate of actual domestic violence rates. Additionally, there were a few local public safety departments that did not provide data for the 2009 UCR Report, which is a limitation of this data source.

The Iowa Departments of Education and Human Services provided data related to 4th grade reading proficiency, high school drop-out rate, and substantiated child abuse and neglect. These indicators are products of the reporting systems and data collection methods. Like any data sources, there are potential systematic limitations that impact data quality. The U.S. Census Bureau estimates were also utilized for poverty and population estimates, which can be inaccurate for rural areas and immigrant populations. The lack of available substance abuse data required is also a limitation of the needs assessments. Finally, the Communitywide Strategic Planning and Needs Assessments and the Program Information Report (PIR) for the Head Start and Early Head Starts do not collect information in a standard format and the PIRs are limited to the participants of the HS/EHS programs. However, the indicators are recent data and from reputable sources that can be compared across time. This strong set of indicators was thoughtfully selected to include factors that have been correlated with positive child outcomes.

4) Quality and Capacity of Home Visiting Programs in Iowa

The results of the 2010 Iowa Family Support Program and previous work of the ECI Quality Services and Programs Component Group provided a detailed portrait of the quality and capacity of home visiting programs in Iowa. Upon examination of the results, each community in Iowa has, at a minimum, three home visiting programs. However, many of these programs have less than minimal capacity to serve residents in these communities, resulting in gaps in service. Having such an array of programs in the State of Iowa could be considered a strength and a challenge to developing home visiting in Iowa.

GAPS: The 2010 Family Support Survey received responses from 205 programs identifying home visiting as the primary method of providing family support services. Sixteen programs indicated providing one time, in-home visits to conduct health assessments for infants and newborns. Therefore, 189 survey responses indicated providing home visiting services through a series of home visits to support families and children. One of the gaps identified in Iowa is the number of programs following evidence-based practices. The results of the 2010 Iowa Family Support Survey confirm that there is a lack of evidence-based home visiting programs and in the State and the quality of the existing programs varies from community to community. This is evidenced by:

- 20 survey respondents indicated primary home visiting model as locally developed, but is likely greater, indicating lack of evidence-based programs
- 55 programs indicated model modification during implementation (~30 percent of home visiting programs), indicating a lack of fidelity to the model
- 120 programs (64 percent) indicated implementing evidence-based models – though would likely not meet a more rigorous definition of evidence-based programs
- 44 programs identified implementation of Healthy Families America/HOPES as primary model but only 16 programs in Iowa are accredited by Healthy Families America Accredited and six additional programs are affiliated with Healthy Families

As evidenced by the survey, work needs to be done to improve the number children served by evidence-based programs in Iowa. When identifying a primary target audience, 133 of the survey respondents indicated "at-risk families" as the primary target audience. It was identified by experts from the Home Visiting workgroups that it is likely that many of these program models have alternative primary target audiences.

It was also identified that system and programmatic level related to domestic violence are limited. Some factors may be due to the limited amount of funding at the state and local level that focuses on data collection and evaluation. Title V and Early Childhood Iowa local programs are not required to report on domestic violence. However, it is a recognized area for data reporting.

One question on the survey was to identify primary purpose of the program. Based on the data, there were a very limited number of programs that focused on the following issues:

- Behavioral, social, emotional health for children and parents
- Family support services for parents with substance abuse problems
- Nutrition services for children and parents

A gap identified through Head Start needs assessment was the need for outreach to identify and enroll homeless children. With leadership from Iowa's EARLY ACCESS the Departments of Education, Human Services and Public Health and Child Health Specialty Clinics have explored issues of providing services for homeless children. The CAPTA needs assessment identified several gaps related to children in the welfare system that would benefit all children if system changes were made. The first gap was the need

for a centralized intake process to be implemented. The centralized intake helps to match children and parent's identified needs with the most appropriate service. Early Childhood Iowa – Quality Services and Programs workgroup developed a best practice manual for Early Childhood Iowa areas implementing a central intake process. ECI leadership intends to provide technical assistance to communities implementing a central intake.

Possible Duplications: Another gap identified in the CAPTA needs assessment was for all direct service providers and service areas to complete the family functional assessments to identify the needs of parents and to identify appropriate services/resources available to mitigate those needs. Of the home visiting programs in Iowa, few address caregiver domestic violence and substance abuse. Some of the models, including NFP and HFA, mitigate long term risk of child's interaction with substance abuse and domestic violence. However, the same impact is not achieved for the caregiver.

One of the duplications identified through the 2010 Iowa Family Support Survey was nearly all programs identified one of the primary outcomes as parent education. The primary purpose of parent education is very generic and may mean programs are truly not meeting the needs of families. This may be an indication of duplication of services, realization of few outcomes, or misunderstanding of the survey question. Members of the Home Visiting workgroup emphasized the importance of the achieving eight outcomes as described in the Maternal, Infant, and Early Childhood Home Visiting Program Federal Register, section 3.2.1 (Volume 75, Number 141. Friday, July 23rd, 2010).

There were also many programs (104) that identified the age of the child was the main eligibility requirement for the program. Having very generic eligibility requirements (age of the child) does not allow programs to identify the true needs of the families and place them in a program that addresses those needs. Identifying the age of the child as primary eligibility may sometimes be linked to the funding but not linked to the needs in the community or the needs of the family.

There also seems to be a need for increased communication and coordination at the local level. An example of increased local program coordination is the central intake process to assure families are being matched with the best possible available services to meet their needs and to maximize existing resources. Very few local family support programs implement a central intake process. There are two communities programs that convene for coordination or centralized intake processes, leading to a lack of knowledge and awareness of other programs at the community level. This may contribute to unintended duplicated services at the local areas.

Early Childhood Iowa Capacity- Early Childhood Iowa serves as the state and local comprehensive early childhood system in Iowa. Early Childhood Iowa (formerly Community Empowerment) was created in 1998 through legislation to advance partnership between communities and state government to coordinate early childhood systems at the state and local level. In state fiscal year 2009, over $29 million of state funding and $6.75 million federal funds (TANF) were directed to local areas for early childhood services and programs. Of the $29 million, local boards invested over $17 million to provide

family support services to families with young children in their communities. These funds supported a total of 180 programs. The structure of Early Childhood Iowa is a governing board, early childhood alliance advisory structure, technical assistance team and Early Childhood Iowa local areas. There are currently 57 local Early Childhood Iowa areas.

The 2010 Iowa Family Support Survey indicated that there are a variety of home visiting models that are being implemented in the State of Iowa. Of the 285 responders, 205 were primarily providing family support via home visiting, 80 of the programs were primarily delivering family support through group-based parent education. Sixteen of these 205 home visiting programs provide a one-time, in-home universal screen for new mothers and newborns; no further information was gathered for these programs. Data from one-time home visits programs was not included in this report. Results demonstrated that Iowa has an array of home visiting programs in Iowa revealing a broad spectrum of capacity and quality. Parents as Teachers and Healthy Families America models are the most prevalent home visiting models in Iowa; however there are also significant numbers of locally developed programs. The survey collected information related to the following required elements: the name of the program, the home visiting model or approach in use, intended recipient of the service, targeted goals/outcomes of the intervention, and number of individuals or families served (though not necessarily at the county level, if multiple counties are served by the program). For the communities that were identified as at-risk, the preceding information is provided in **Table 3**. Because the information on the specific services provided by each program was **not** collected, **Table 4**, section provides the specific services provided according to the model. Demographic characteristics were also **not** collected for each individual program; please find the statewide demographic data for all Early Childhood Iowa funded programs (approximately 56% of the home visiting programs) in **Table 5**.

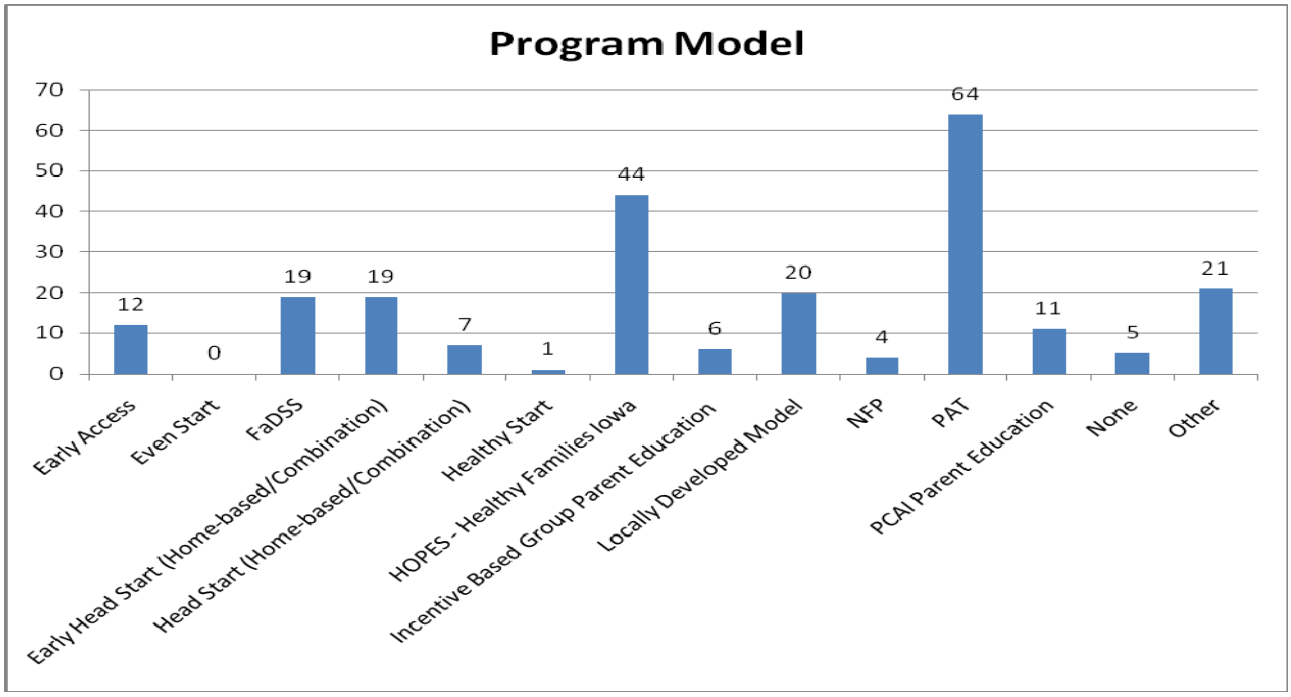


Chart 3: *2010 Iowa Family Support Survey Question 6* – Results total 233 models, indicating some programs selected multiple model options when asked about the program model, likely braiding models.

Chart 3 depicted there are a variety of home visiting program models being implemented in Iowa. Home Visiting models range from locally developed, state developed, to nationally recognized and implemented evidence-based. The vast majority of these programs likely do not meet the federal definition of evidence-based, as described in the Maternal, Infant, and Early Childhood Home Visiting Program Federal Register, section 3.0 (Volume 75, Number 141. Friday, July 23rd, 2010). It is likely that one Nurse Family Partnership program, twenty-two Healthy Families America, and eleven Early Head Start and Head Start home-based programs will be the only program models are considered evidence-based according to the definition in the Federal Register, section 3.0 (Volume 75, Number 141. Friday, July 23rd, 2010).

As shown in **Chart 3**, there are eleven most common models with a number of "other and locally developed models". Each of the models provide a different set of **specific services** to families and children. The 2010 Family Support Survey **did not** collect information regarding **specific services** provided by home visiting programs. For the eleven most commonly implemented models in Iowa, details of the **specific services** required by the model are detailed in **Table 4**.

Because the 2010 Family Support Survey did not require a description of the specific services provided, no specific service information was gathered for those programs that indicated "locally developed model." However, several programs in addition to the "locally developed model" programs indicated

utilization of components of multiple state or national models. It is likely that services provided by both the "locally developed model" and the braided models are likely a blend of the services listed in **Table 4**.

Table 4: Specific Services for the twelve most common home visiting models implemented in Iowa

Program Model	Specific Services Provided
Parents as Teachers	The Parents as Teachers Born to Learn™ model offers families personal visits by certified parent educators; group meetings; developmental, health, hearing and vision screening; and linkage with community resources. A majority of Iowa's programs serve families prenatal through age five, fewer serve only prenatal through age 3 *or* 3-5 years.
Nurse Family Partnership	NFP is an evidence-based, community health program that helps transform the lives of vulnerable mothers pregnant with their first child. Each mother served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday. Key elements of the Nurse-Family Partnership model include: • Enrolling first-time, low-income moms early in their pregnancies • Specially trained public health nurses delivering home visits over two-and-a-half years • Establishing support for the program within an implementing organization
Healthy Families America	Healthy Opportunities for Parents to Experience Success - Healthy Families Iowa (HOPES-HFI) is an evidence-based home visiting program for families that begins during pregnancy or at the birth of a child and can continue until the child reaches preschool age. The program follows the national Healthy Families America model of home visiting. A standard tool is used to identify level of risk and screens for the family conditions and characteristics that impact child growth, development, and health. Examples include family coping skills, parenting skills, and family functioning. Following the screen, families identified as "high-risk" are offered HOPES-HFI services and voluntarily agree to participate. What services does the program offer? • Advocate for and link families to appropriate community services. • Teach, demonstrate and coach parents on how to care for their child. • Promote nurturing parent - child interaction. • Teach and model appropriate parent behavior and methods of discipline. • Provide prenatal information and support.

Program Model	Specific Services Provided
Early ACCESS	The family and providers work together to identify and address specific family concerns and priorities as they relate to the child's overall growth and development. In addition, broader family needs and concerns can be addressed by locating other supportive/resources services in the local community for the family and/or child. All services to the child are provided in the child's natural environment including the home and other community settings where children of the same age without disabilities participate. Services required to be provided to children and families include: • Service Coordination • Screenings, evaluation and assessments • "Individualized Family Service Plan" (IFSP) • Assistive Technology • Audiology • Family Training/Counseling • Health Services • Medical evaluations to determine eligibility • Nursing • Nutrition • Occupational Therapy • Physical Therapy • Psychology • Social Work • Special Instruction • Speech Language Therapy • Vision • Transportation <u>Age Requirements and Eligibility</u>: An infant or toddler under the age of three (birth to age three) who, has a condition or disability that is known to have a high probability of later delays if early intervention services were not provided, OR is already experiencing a 25% delay in one or more areas of growth or development.
Head Start Home Based	Head Start agencies providing home based program provide a core set of services for families involved in the program. The services provided include: (1) Provide one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 and a half hours each. (2) Provide, at a minimum, two group socialization activities per month for each child (a minimum of 16 group socialization activities each year). (3) Make up planned home visits or scheduled group socialization activities that were canceled by the grantee or by program staff when this is necessary to meet the minimums stated above. Medical or social service appointments may not replace home visits or scheduled group socialization activities. (4) Allow staff sufficient employed time to participate in pre-service training, to plan and set up the program at the start of the year, to close the program at the end of the year, to maintain records, and to keep component and activities plans current and relevant. These activities should take place when no home visits or group socialization activities are planned. (5) Maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.

Program Model	Specific Services Provided
Early Head Start Home Based	Early Head Start agencies providing home based program are required to provide a core set of services for families involved in the program. The services provided include: (1) Provide one home visit per week per family (a minimum of 32 home visits per year) lasting for a minimum of 1 and a half hours each. (2) Provide, at a minimum, two group socialization activities per month for each child (a minimum of 16 group socialization activities each year). (3) Make up planned home visits or scheduled group socialization activities that were canceled by the grantee or by program staff when this is necessary to meet the minimums stated above. Medical or social service appointments may not replace home visits or scheduled group socialization activities. (4) Allow staff sufficient employed time to participate in preservice training, to plan and set up the program at the start of the year, to close the program at the end of the year, to maintain records, and to keep component and activities plans current and relevant. These activities should take place when no home visits or group socialization activities are planned. (5) Maintain an average caseload of 10 to 12 families per home visitor with a maximum of 12 families for any individual home visitor.
Healthy Start	The VNS of Iowa Healthy Start and Empowerment Family Support Projects provide case management services to families in need in Polk County who are pregnant or have a child up to the age of six. Case management services include: • Home visits • Prenatal, post partum and parenting education • Child development screening and education • Perinatal depression screening and referral • Support groups • Referrals to community resources and support in accessing services • English as a Second Language (ESL) classes including transportation and child care • Parent involvement opportunities Bilingual case managers and interpreters are available for primarily Arabic, Spanish and Vietnamese speakers. Referrals can be made by a physician, social worker, family member or friend. Another component of the program is the adoption of the British model of "Listing visits." The Listening Visits focus on the social and emotional well-being of both the mother and child.
FaDSS (Family Development and Self Sufficiency)	The foundation of FaDSS is regular home visits with families, using a strength-based approach. Core services include support, goal setting, and assessment. Support includes referrals, group activities, linking families to communities and advocacy. Assessment aids the family to identify strengths that they

Program Model	Specific Services Provided
	possess that may be used to eliminate barriers to self-sufficiency. Goal setting helps families break down goals that seem out of reach into small steps that will lead to success. Participation in FaDSS is a voluntary option for people receiving Family Investment Program (FIP) benefits.
Prevent Child Abuse Iowa	The Federal CBCAP program is intended to improve family functioning, problem solving and communication; increase social supports for families; link families to community resources; increase knowledge about child development and parenting; and improve nurturing and attachment between parent and child. Two-thirds of CBCAP program funds are used to support child abuse prevention efforts through the Community Partnerships for Protecting Children initiative. Through a competitive RFP process, CPPC sites apply for CBCAP funds to strengthen local child abuse prevention activities, which include: • Parent education programs such as Parents as Teachers, The Nurturing Program, Incredible Years, and Love and Logic • Home visitation programs • Home and group-based family support programs • Child sexual abuse prevention • Respite and crisis child care • Community awareness activities
Shared Visions	The Shared Visions Parent Support programs provide family support for high-risk children in approximately 15 counties. Programs provide individual and/or group opportunities for families to obtain information focusing on parenting skills, child growth and development, building of self-concept, nutrition, positive guidance techniques, family resource management, parent literacy, and accessing the array of supportive services from a network of agencies that are available to families. Shared Visions models the Head Start program and is supported through state funds.
Parent Partners	The Parent Partner Program is designed for parents to help parents who have had their children removed from their homes because of safety concerns. Parent Partners are birth parents who have been through the 'system' and have been successfully reunified with their own children. They provide support and offer motivation for parents as they work through case plans. The goal is to help parents get their children returned to them. Parent Partners work together with families to help them become self-sufficient by:

Program Model	Specific Services Provided
	• Mentoring and supporting families who have had their children removed and are seeking to be reunified. • Encouraging parents to participate and complete case plan requirements. • Working alongside community partners to assist parents in accessing resources. • Offering outreach and support to empower a parent to become independent and to self advocate.

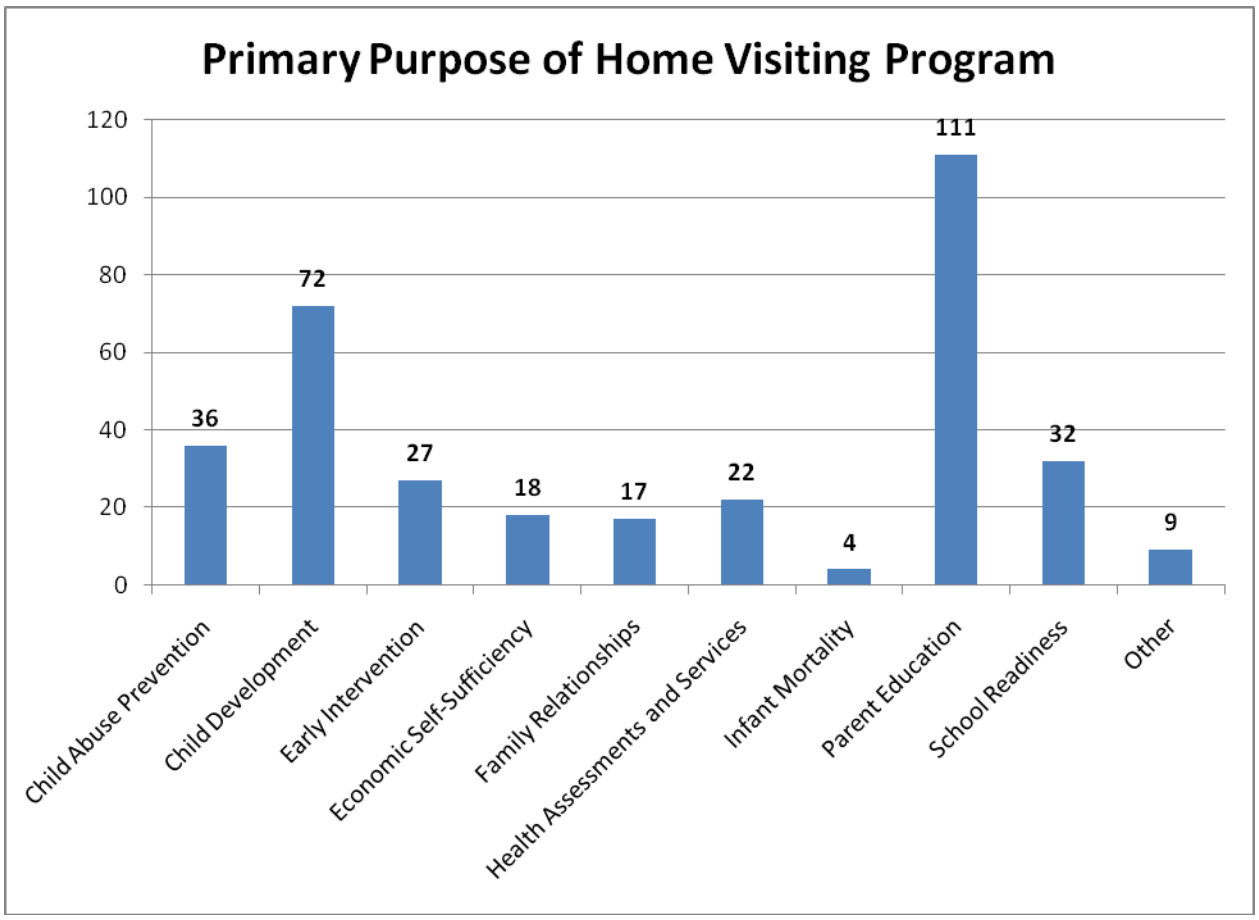
A limitation of the 2010 Iowa Family Support Survey was that it did **not** collect information regarding demographic information of the clients served. However, the 122 home visiting family support programs that were funded by Early Childhood Iowa in FY 09 submitted demographic data for families and children served in FY09. The 122 programs represent approximately 64 percent of all survey responses (188 survey response for home visiting programs that provide more than one in-home family support session). **Table 5** describes the families and children served by 122 home visiting programs that were Empowerment funded in FY09.

Table 5: Demographics Information for Iowa Empowerment Funded Home Visiting Programs on Families/Head of Household at the time of enrollment or July 1, 2009* (*Does not include data from four programs)*

122 Home Visiting Programs		Home Visits	**120,792**	Families served	**16,833**	Children 0 - 5 served	**22,707**	
Ethnicity of Head of Household	**%**	**#**	**Marital Status**	**%**	**#**	**Household Size**	**%**	**#**
NA/AN.	1%	176	*Married*	44%	6415	*Two*	18%	2609
NH/PI	<1%	59	*Partnered*	18%	2671	*Three*	29%	4371
Af. American	8%	1154	*Single*	30%	4410	*Four*	26%	3895
Multi-Racial	3%	461	*Divorced*	4%	547	*Five*	15%	2292
Hispanic/Lat.	17%	2558	*Widowed*	1%	76	*Six*	7%	1041
Asian	2%	243	*Separated*	3%	432	*> Six*	5%	670
White	68%	10,468						
Other	1%	185						
Total	Data represent 91% families served	15,304	**Total**	Data represents 86% families served	14,551	**Total**	Data represents 88% families served	14,878
Family	**%**	**#**	**Highest**	**%**	**#**			

Income			**Level of Education of Head of Household**					
$0 - $10,000	34%	4850	*Elem/Middle School*	7%	947			
$10,001 - $20,000	22%	3156	*Some High School*	18%	2567			
$20,001 - $30,000	16%	2323	*High School Dip./GED*	34%	4759			
$30,001 - $40,000	10%	1412	*Trade/Voca. Training*	4%	579			
$40,001 - $50,000	6%	920	*Some College*	16%	2286			
$50,001 - $60,000	5%	661	*Two Year College*	7%	941			
> $60,000	7%	1024	*Four Year College*	11%	1614			
			Master's Degree +	3%	433			
Total	Data represents 85% families served	14,346	**Total**	Data represents 84% o families served	14,126			

The demographic data shown in **Table 5** is slightly disparate from the State's overall ethnicity composition estimates. Seventeen percent of heads of households served last year were Hispanic/Latino, which reflects both the needs identified in the Head Start Community wide Strategic Planning and Needs Assessment, Title V and CAPTA and the overall shift in the population of Iowa. The diversity in children age 0-5 is changing at a rate unmatched by any other age group in Iowa. The demographics of both rural and urban areas are shifting in Iowa. Home visiting programs have limited experience in assuring culturally relevant services to families being served. Program evaluation associated with home visiting programs will provide guidance for further development of culturally competent services.



Home Visiting Programs in At-Risk Counties:

Table 6 provides a list of the home visiting programs that are currently implemented in each of the "At-risk Communities," based on the results of the 2010 Iowa Family Support Survey. Based on the survey responses, each home visiting program identified the primary program model(s), primary audience (up to 2 choices), primary purpose (up to two choices), capacity, and number of families and children served in the last year. The capacity and the number served cannot be combined because of structure of the questions and inaccuracy in responses.

Table 6: Home Visitation Capacity in Communities Identified as "At-Risk Communities:

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
U/R	Clinton	107	3,042	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	17	
				New Parent Program	HOPES – HFI	At-risk families	Child Development Infant Morality	86	104
				Parents as Teachers	PAT	Other	Parent Education School Readiness	37	43
				Early ACCESS – Region 9	Early ACCESS	Infants and Toddlers with Special Needs	Early Intervention		
U	Pottawattamie	628	6,141	Early ACCESS – Region 13	Early ACCESS	Infants and Toddlers with Special Needs	Early Intervention	97	
				Joint Infants and Toddler Program	PAT	At-risk families	Family Relationships Parent Education	238	355
				WIN (Welcoming Infants in the Neighborhood)	Locally Developed	At-risk families Prenatal	Child Abuse Prevention Health Assessment	240	234
				Early Head Start	EHS	At-risk families	Child Development Family Relationship	New	New
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	57	
U	Woodbury	445	8,016	Parent Partners	Other	At-risk families	Child Abuse Prevention		
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency	130	246

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
							Parent Education		
				Crittenton Center's Westside Resource Center	None	At-risk families Unemployed Parents	Parent Education	272	428
				HOPES	HOPES – HFI Other	At-risk families Prenatal	Child Abuse Prevention Family Relationships	95	133
				HOPES - HFA	HOPES - HFI	At-risk families	Child Abuse Prevention Early Intervention	38	44
				HOPES	HOPES - HFI	At-risk families	Child Abuse Prevention Early Intervention	64	76
				Early ACCESS – Region 12	Early ACCESS	Infants and toddlers with special needs	Early Intervention	173	
				Community Action Agency: Early Head Start & Head Start	HS, EHS, PAT	At-risk families	Age of child Income	109	125
U	Black Hawk	463	8,428	HOPES	HOPES – HFI	At-risk families First time mothers	Child Abuse Prevention Child Development	97	160
				Early ACCESS – Region 7	Early ACCESS	Infants and toddlers with special needs	Early Intervention	136	
				Parent Partners	Other	At-risk families	Child Abuse Prevention		

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Early Head Start & Head Start	EHS/HS	At-risk families	Child Development Parent Education	142	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	60	
				Healthy Babies	Locally Developed	At-risk families Prenatal	Child Abuse Prevention Parent Education	54	57
U	Scott	284	11,750	Early ACCESS	Early ACCESS	Infants and toddlers with special needs	Early Intervention	194	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	60	
				HOPES	HOPES – HFI	At-risk families Prenatal	Child Abuse Prevention Parent Education	56	56
				Bright Beginnings	Locally Developed	At-risk families	Economic Self-sufficiency Parent Education	305	424
				Remedial Services – Skills Building Intervention	None	At-risk families Unemployed parents	Early Intervention Family Relationships		
R	Appanoose	62	816	4 Counties for Kids Parents as Teachers Program	PAT	Universal Access	Child Development Parent Education	30	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with	Early Intervention	22	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
						special needs			
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
R	Wapello	189	2,380	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	40	
				Helping Hands Nurturing	Parenting Nurturing	At-risk families Parents of children<5	Child Abuse Prevention Family Relationships	~20	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	79	
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
				Mahaska-Wapello PAT	PAT	At-risk families	Parent Education School Readiness	70	
R	Buena Vista	326	1,476	UDMO Early Childhood Programs	HS/EHS	At-risk families	Child Development Parent Education	163	
				Family STEPS (Modified HOPES)	Locally Developed	At-risk families First time mothers	Child Development Parent Education	100	134
				Family Nutrition Program	Other	Unemployed parents	Nutrition Education	40	
				Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	30	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Parent Partners	Other	At-risk families	Child Abuse Prevention	8	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	5	
R	Webster	155	2,377	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	40	
				Family Foundations	HOPES – HFI	At-risk families Prenatal	Child Development Parent Education	66	109
				Head Start Zero to Five	EHS	At-risk families Prenatal	Child Development Parent Education	44	
				Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	40	
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
U/R	Des Moines	517	2,512	PAT	PAT	Children 0-5	Family Relationships Parent Education	25	
				Birth through Three	PAT	At-risk families	Family Relationships Parent Education	53	70
				Des Moines County Home Visitor	Locally Developed	All Parents of Newborns	Child Abuse Prevention Early Intervention	214	218
				Young House Family Services Resource Program	Locally Developed	At-risk families Unemployed parents	Parent Education	175	
				Early ACCESS – Region	Early	Infants and	Early Intervention	25	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				15	ACCESS	toddlers with special needs			
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	38	
R	Lee	134	1,981	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	36	
				HOPES	HOPES – HFI	At-risk families First time mothers	Child Abuse Prevention Parent Education	71	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	27	
U/R	Cerro Cordo	184	2,354	Family Connections (HFA-Like)	Locally Developed	Prenatal Children 0-5	Child Abuse Prevention Parent Education	83	
				Early ACCESS – Region7	Early ACCESS	Infants and toddlers with special needs	Early Intervention	76	
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	25	
R	Marshall	354	2,988	Early ACCESS – Region7	Early ACCESS	Infants and toddlers with special needs	Early Intervention	55	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Building Healthy Families	PAT	Newborn Prenatal	Child Development Parent Education	331	318
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	36	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	13	
R	Page	101	848	Positive Family	HOPES – HFI	At-risk families	Child Abuse Prevention Parent Education	30	
				Growing Strong Families	PAT, Other	Other	Parent Education School Readiness	29	49
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	7	
				Early Head Start	EHS	At-risk families	Child Development Family Relationships	New	New
				Early ACCESS – Region13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	11	
R	Hamilton	70	906	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	5	
				Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	15	
				HOPES	HOPES	At-risk families	Child Abuse	62	77

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
						First time mothers	Prevention Parent Education		
				Early Head Start	EHS	At-risk families First time mothers	Child Development Parent Education	14	20
R	Decatur	87	555	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
				Early Head Start	EHS	At-risk families Prenatal	Child Development Parent Education	21	20
				Little Cards Preschool	HS	Children 4-5	Child Development School Readiness	50	
				Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	7	
				New Mom/New Babe	Universal Screen	Newborn	Health Assessment		
R	Montgomery	131	672	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	7	
				Early Head Start	EHS	At-risk families	Child Development Family Relationships	New	New
				Boost4Families PAT	PAT	Parents children <5	Child Development Parent Education	103	134
				Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	13	
R	Jefferson	77	804	Helping Hands	Other	At-risk families	Child Abuse	31	39

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Nurturing Program		First time mothers	Prevention Family Relationships		
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	12	
				AIM PAT	PAT	At-risk families	Parent Education School Readiness	30	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	15	
U/R	Muscatine	182	3,017	Remedial Services – Skills Building	None	At-risk families Unemployed parents	Early Intervention Family Relationships		
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	51	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	17	
				Nurturing Program	Other	At-risk families	Child Development Parent Education	72	101
				HOPES	HOPES – HFI	At-risk families First time mothers	Child Abuse Prevention Parent Education	74	72
				PAT	PAT	Other	Parent Education	12	15
R	Monona	60	498	Early ACCESS – Region 12	Early ACCESS	Infants and toddlers with special needs	Early Intervention	6	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	4	
				Learning for Life – PAT	PAT	At-risk families First time mothers	Parent Education School Readiness	42	71
R	Jackson	90	1,002	Home Visiting	Universal Screen	Newborn	Health Assessment		
				New Parent Program	HOPES-HFI	At-risk families	Child Development Infant Mortality	35	
				PAT	PAT	Other	Parent Education School Readiness	30	
				Early ACCESS – Region 9	Early ACCESS	Infants and toddlers with special needs	Early Intervention	23	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	2	
				Remedial Services – Skills Building	None	At-risk families Unemployed parents	Early Intervention Family Relationships		
R	Mahaska	403	1,397	Perfect Beginnings	Other	First time mothers Newborn	Health Assessment Parent Education	124	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	17	
				Parent Partners	Other	At-risk families	Child Abuse		

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
							Prevention		
				Wapello-Mahaska PAT	PAT	At-risk families	Parent Education School Readiness	70	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	30	
				Helping Hands Nurturing Program	Parenting Nurturing	At-risk families Parents children <5	Child Abuse Prevention Family Relationships		
R	Henry	128	1,215	Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	20	
				Home Visiting	Universal Screen	Newborn	Health Assessment		
				Family Connection	Locally Developed	At-risk families First time mothers	Child Abuse Prevention Parent Education	100	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	8	
R	Union	84	826	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	5	
				TriUMPH Parents as Teachers	PAT	At-risk families	Child Development Parent Education	79	108
				Home Visiting	Universal Screen	Newborn	Health Assessment		

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	14	
R	Fayette	53	1,028	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	25	
				Early ACCESS – Region 1	Early ACCESS	Infants and toddlers with special needs	Early Intervention	28	
				PAT	PAT	Families children <5	Parent Education		167
				VNA Maternal Health Program	Locally Developed	First time mothers	Parent Education		
R	Hardin	80	1072	Family Support	HOPES-FHI	At-risk families Newborn	Child Development Family Relationships	78	90
				Early ACCESS – Region 1	Early ACCESS	Infants and toddlers with special needs	Early Intervention	28	
				Early Head Start	EHS	At-risk families	Child Development Parent Education	27	28
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
				Building Healthy Families	Locally Developed	Newborn Infants and toddlers with special needs	Child Development Health Assessment		
R	Emmet	132	701	Prairie Lakes AEA	Locally	At-risk families	Child Abuse	33	73

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				K.I.D.S Program	Developed		Prevention Parent Education		
				Emmet County Public Health	Locally Developed	At-risk families First time mothers	Health Assessment Parent Education	40	66
				Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	11	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	7	
				UDMO Early Childhood Programs	HS/EHS	At-risk families	Child Development Parent Education	69	
R	Clarke	148	666	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	11	
				Early Head Start	EHS	At-risk families Prenatal	Child Development Parent Education	21	27
				Well Baby Visits	Locally Develop	Other	Health Assessments	30	30
				Parents as Teachers	PAT	At-risk families Parent Education	Child Development Parent Education	62	92
				Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	11	
R	Floyd	112	1,043	Early Head Start	EHS/PAT	At-risk families	Child Development	4	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
						Prenatal	Parent Education		
				Early ACCESS – Region 7	Early ACCESS	Infants and toddlers with special needs	Early Intervention	12	
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
				Families Together	HOPES	At-risk Families	Child Abuse Prevention Parent Education	75	
				Healthy Families Iowa	HOPES	At-risk families Newborn	Health Assessment Parent Education	6	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	15	
R	Greene	87	518	Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	9	
				HOPES	HOPES	At-risk families Other	Child Development Parent Education	89	114
				Early Head Start	EHS	At-risk families	Child Development Health Assessments	6	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	2	
R	Tama	74	1152	Early Head Start	EHS	At-risk families	Child Development Parent Education	10	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Tama Healthy Families	PAT	At-risk families	Child Development Parent Education	55	81
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	7	
				Building Healthy Families	Locally Developed	Newborn Infants and toddlers with special needs	Child Development Health Assessment		
				Early ACCESS – Region 7	Early ACCESS	Infants and toddlers with special needs	Early Intervention	7	
R	Calhoun	38	515	Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	21	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	2	
				Family Foundations	HOPES	At-risk families	Early Intervention Parent Education	48	69
R	Clayton	46	1066	Early Head Start	EHS	Prenatal Other	Child Development Parent Education		
				HAWC Family Education	PAT	At-risk families First time mothers	Child Development Parent Education	30	
				VNA Maternal Health	Locally	First time	Parent Education		

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Program	Developed	mothers			
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	7	
				Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	9	
R	Humboldt	62	589	FaDSS	FaDSS	Other	Economic Self-sufficiency Parent Education	5	
				Head Start Zero – Five	EHS	At-risk families Prenatal	Child Development Parent Education	6	
				Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	16	
				HOPES	Locally Developed	At-risk families Newborn	Early Intervention Parent Education	41	59
R	Jasper	659	2,156	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	19	
				Baby Building Blocks	Locally Developed	At-risk families Other	Child Development Health Assessment	197	220
				Parent As Teachers	PAT	Other	Parent Education School Readiness	328	352
				Early ACCESS – Region 11	Early ACCESS	Infants and toddlers with special needs	Early Intervention	40	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
R	Lucas	56	557	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	12	
				4 Counties for Kids PAT	PAT	Other	Child Development Parent education	30	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	14	
				Hugs/Newborn Visits	Locally Developed	Newborn	Early Intervention Health Assessments		
R	Monroe	87	479	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
				4 Counties for Kids PAT	PAT	Other	Child Development Parent education	35	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	17	
				HOPES Affiliate	Locally Developed	At-risk families First time mothers	Family Relationships Parent Education	30	50
U	Polk	1861	33,679	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	189	
				Healthy Start	Healthy Start	At-risk families	Infant Mortality School Readiness	703	852
				Nurse Family	NFP	First time	Parent Education	48	6

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				Partnership		mothers	Other		
				HOPES	HFA	At-risk families Prenatal	Child Abuse Prevention Child Development	59	72
				Healthy Families	HFA	At-risk families First time mothers	Child Abuse Prevention Child Development	43	43
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
				Parents As Teachers	PAT	At-risk families	Parent Education School Readiness	21	21
				Parents As Teachers	PAT	At-risk families	Child Development Parent Education	5	7
				Early ACCESS – Region 11	Early ACCESS	Infants and toddlers with special needs	Early Intervention	662	
				Head Start	HS/PAT	Other	Child Development School Readiness	15	16
				Early Head Start	EHS/PAT	Other	Child Development Parent Education	71	85
R	O'Brien	119	938	UDMO Early Childhood Programs	HS/EHS	At-risk families	Child Development Parent Education	36	
				Parent Partners	Other	At-risk families	Child Abuse Prevention	8	
				Early ACCESS – Region 12	Early ACCESS	Infants and toddlers with special needs	Early Intervention	27	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
				K.I.D.S. Program	Locally Developed (PAT/PCAI)	At-risk families	Child abuse Prevention Parent Education	38	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
U	Linn	484	14,381	Early ACCESS – Region 10	Early ACCESS	Infants and toddlers with special needs	Early Intervention	231	
				Shared Visions – St. Paul's Focus	HOPES	At-risk families Other	Parent Education School Readiness	23	18
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
				Early Head Start	EHS	At-risk families Infants and toddlers with special needs	Child Development Parent Education	18	20
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	88	
				In-home Parent Education	PCAI/None	At-risk families Other	Child Abuse Prevention Parent Education	91	125
				Horizons Family Support	Locally Developed	At-risk families Other	Parent Education School Readiness	73	115
R	Clay	230	1067	Early ACCESS – Region 8	Early ACCESS	Infants and toddlers with	Early Intervention	23	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
						special needs			
				Parent Partners	Other	At-risk families	Child Abuse Prevention	8	
				K.I.D.S. Program	Locally Developed (PAT/PCAI)	At-risk families	Child abuse Prevention Parent Education	23	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
				UDMO Early Childhood Programs	HS/EHS	At-risk families	Child Development Parent Education	164	
U	Dubuque	616	6,187	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	53	
				VNA Family Support – Abuse Prevention and Parent Education	Other	At-risk families	Child Abuse Prevention Parent Education	67	
				Parents As Teachers	PAT	At-risk families Children born to single parents	Early Intervention Parent education	390	594
				Early ACCESS – Region 1	Early ACCESS	Infants and toddlers with special needs	Early Intervention	80	
R	Boone	114	1,551	Parents as Teachers	PAT	At-risk families Other	Early Intervention Parent Education	74	171
				Early ACCESS – Region 1	Early ACCESS	Infants and toddlers with	Early Intervention	34	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
						special needs			
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	15	
U	Johnson	379	7,927	ICCDS PAT	PAT	At-risk families	Child Development Parent Education	56	92
				ICCSD PAT	PAT	At-risk families	Child Development Parent Education	63	100
				Early ACCESS – Region 10	Early ACCESS	Infants and toddlers with special needs	Early Intervention	114	
				Parent Partners	Other	At-risk families	Child Abuse Prevention		
				Teen Parent Program	Locally Developed	Other	Child Development Parent Education	95	84
				Parents as Teachers	PAT	At-risk families Unemployed Parents	Child Development School Readiness	180	265
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	34	
R	Fremont	93	448	Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	10	
				Growing Strong Families	PAT	At-risk families Other	Child Development Parent Education	49	74
				Positive Family	HOPES	At-risk families	Child Abuse	25	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
							Prevention Parent Education		
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	3	
				Early Head Start	EHS	At-risk families	Child development Family Relationships	12	
R	Wayne	60	418	Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	2	
				Early ACCESS – Region 15	Early ACCESS	Infants and toddlers with special needs	Early Intervention	5	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	10	
				Parents As Teachers	PAT	Other	Child Development Parent Education	53	81
R	Jones	73	1,087	FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	9	
				Healthy Families America	HFA	At-risk families	Child Development Parent Education	33	53
				Parents As Teachers	PAT	At-risk families	Child Development Parent Education	28	38
				Early ACCESS – Region 10	Early ACCESS	Infants and toddlers with	Early Intervention	19	

Urban /Rural	Community (County)	Reported Capacity	0-5 Pop.	Program Name	Program Model	Primary Audience	Primary Purpose	No. Served	
								Fam.	Child
						special needs			
R	Cass	143	876	Early ACCESS – Region 13	Early ACCESS	Infants and toddlers with special needs	Early Intervention	38	
				Parents As Teachers	PAT/PCAI	Other	Early Intervention School Readiness	98	153
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	5	
	Wright	81	842	Early ACCESS – Region 7 & 8	Early ACCESS	Infants and toddlers with special needs	Early Intervention	25	
				Head Start Zero – Five	EHS	At-risk families Prenatal	Child Development Parent Education	12	
				HOPES	HFA	At-risk families Prenatal	Child Abuse Prevention Health Assessment	29	
				FaDSS	FaDSS	At-risk families (families on FIP)	Economic Self-sufficiency Parent Education	5	

Substance Abuse Treatment and Counseling Services: *Assessing Iowa's Capacity*

Iowa is well-positioned to provide substance abuse treatment and counseling services to individuals indentified as in need of such services. Iowa currently has 115 substance abuse programs that are licensed by IDPH's Behavioral Health Division, Bureau of Substance Abuse Prevention and Treatment (BSAPT). Licensed programs provide a full range of services, including screening, assessment, detoxification, treatment, specialized women and children treatment and jail-based treatment, medication-assisted treatment, continuing care, and follow-up. Treatment services and associated State licensure standards are based on the American Society of Addiction Medicine Patient Placement Criteria (ASAM PPC-2R) and include individual, group and family therapy and rehabilitative services in a variety of settings and levels of care -- outpatient and intensive outpatient, short- and longer-term residential treatment, and inpatient hospitalization. Services are available statewide for residents of all 99 Iowa counties. However, there are only 12 residential treatment facilities in the State. Even with services available in every county, there is a statewide average of a six day waitlist for assessment. This wait time has remained consistent through SFY 08-10. Generally, after clients have been assessed, there is an additional seven day wait time to be admitted to treatment. Substance abuse treatment services are supported by a variety of funders including the SAMHSA Substance Abuse Prevention and Treatment Block Grant and Medicaid, as well as insurance and other third party payers.

Substance abuse treatment services are a key component of Iowa's larger recovery-oriented system of care for addictive disorders that also encompasses:

- general substance abuse prevention efforts and Iowa's implementation of the SAMHSA Strategic Prevention Framework State Incentive Grant
- care management and recovery support services available through Iowa's Access to Recovery program, another SAMHSA initiative
- services for co-occurring mental health and substance use disorders
- screening, brief intervention, and referral to treatment, funded by Medicaid
- specialized services for families involved in the Iowa child welfare system because of parent or caregiver substance use
- tele-health and web-based treatment projects
- behavioral health disaster response
- family drug courts
- ex-offender re-entry initiative through the Iowa Department of Corrections
- Iowa's Project LAUNCH (SAMHSA)
- homelessness
- Drug-Endangered Children
- education, prevention, and treatment services related to problem gambling disorders
- tobacco use prevention
- sexual health promotion and STD/HIV/AIDS education, prevention, and treatment

- injury and violence prevention, including youth suicide prevention
- multiple NIATx (originally, the Network for the Improvement of Addiction Treatment) quality and process improvement initiatives

The BSAPT gathers data on Iowa substance abuse services through its WITS (Web Infrastructure for Treatment Services) -based I-SMART data system. In 2009, Iowa's licensed substance abuse programs provided assessment and treatment services to 44,849 clients. The primary substances used by those clients were 1) alcohol, reported as primary by 61.4 percent of clients, 2) marijuana, reported at 23.2 percent, and 3) methamphetamine, 7.8 percent . While the specific percentages have varied, the first through third ranking for those three substances has been true since 1995. Generally, 68 percent of clients receiving substance abuse services are male and 32 percent are females. Iowans aged 12-17 years comprise 10 percent of the clients served; the remaining 90 percent of clients are aged 18 or older. In terms of race, 87.7 percent of Iowa clients in 2009 categorized themselves as white, 8.9 percent as black or African-American, 1.3 percent American Indian or Alaska native, 0.8 percent Asian or Native Hawaiian or other Pacific Islander, and 1.5 percent unknown. Five percent reported ethnicity as Hispanic or Latino with 95 percent reporting as not Hispanic/Latino.

Through the recent Strategic Prevention Framework State Incentive Grant (SPF SIG), the BSAPT identified communities at risk for adverse outcomes related to substance abuse. The goal of the SPF SIG is to reduce binge drinking, childhood and underage drinking, and associated problems. Counties were ranked using a composite score of several indicators of substance abuse (11th grade binge drinking, 11th grade past 30 day alcohol use (IYS, 2008), adult binge drinking (BRFSS 2006 – 2008), number of juvenile adjudications due to alcohol, alcohol offense convictions, and operating while intoxicated arrests in 2008 divided by the 2008 county population). Twenty-eight counties were identified as at-risk, 16 of which were also identified as at-risk in the Home Visiting Needs Assessment. Communities identified through both the SPF SIG and Home Visiting needs assessment processes are listed in **Table 7**.

Table 7: Communities Identified as at-risk in the Strategic Prevention Framework State Incentive Grant and the Home Visiting Needs Assessment.

Counties (> 50,000)	Counties (>20- 50,000)	Counties (>10-20,000)	Counties (<=10,000)
Dubuque	Jones	Appanoose	Monona
Woodbury	Lee	Jefferson	
	Clinton	Jackson	
	Fayette	Clayton	
	Webster	Hamilton	
		Dickinson	
		Montgomery	
		Tama	

Substance Abuse Treatment and Counseling Services are provided in each of the "At-risk Communities" by, at a minimum, one out-patient facility. **Appendix E** is a list of the programs in each of the "At-Risk Communities." There are eleven programs in the 49 "At-risk Communities" that provide services to women and children.

5) Unmet Needs: *Planning and Prioritizing*

The preceding efforts, strategies and activities of the ECI, Title V, CAPTA, IHSCO, IDPH and other partners and extensive local home visiting programs positions Iowa to advance home visiting systems and programs in a collaborative, effective and unique manner. Results of the 2010 Iowa Family Support Survey provide a detailed depiction of the current home visiting efforts in Iowa. Surveys were received from 189 operational home visiting programs in the State, with no less than three home visiting programs in any given "community". Though there are a significant number of home visiting programs in Iowa, there is a gap in evidence-based programs in Iowa. However, the results of the 2010 Iowa Family Support Survey confirm that there is a lack of evidence-based home visiting programs in the State and the quality of the existing programs varies from community to community. As cited in previous narrative of the needs assessment, there is a gap between the needs of each community and the capacity of the current home visiting program to meet these needs. This gap in quality and capacity underscores a need for additional evidence-based home visiting programs in Iowa. Partnering agencies and stakeholder continue to express significant support to advance home visiting in Iowa. The following five priorities have been developing to align with the Title V, Early Head Start/Head Start, and CAPTA needs assessments, support existing ECI Family Support quality and capacity initiatives, and address the findings of the 2010 Iowa Family Support Survey.

Iowa's Home Visiting Program Priorities

- Priority: Increase the number of families served by evidence-based home visiting programs in Iowa
- Priority: Enhance the State's maternal, infant, and early childhood data systems with statewide home visiting capabilities
- Priority: Reduce barriers to access to health care, mental health care, substance abuse treatment and counseling, and dental care for low income families
- Priority: Develop home visiting infrastructure with focus on quality and systems coordination
- Priority: Support healthy home environments and stable family relationships to protect families from domestic violence and child abuse and neglect

- Priority: Increase existence of evidence-based home visiting programs in Iowa

The State of Iowa proposes a series of three categorical funding opportunities to local agencies to provide high quality, evidence-based home visitation in Iowa. During the coming fiscal year, the State will develop plans to roll-out the home visiting program through continued work of the ECI – Family Support Leadership Group: Home Visiting Workgroup (ECI FSLG: HVW) and Title V leadership. The State intends to target the communities identified as at-risk through this needs assessment process for the three categorical funding opportunities.

Based on needs assessment results three funding opportunities will be developed for local agencies: **planning, implementation, and expansion**. In order to transition current home visiting programs to implementing evidence-based models, as described in the Affordable Care Act's Maternal, Infant, and Early Childhood Home Visitation Federal Register, planning grant opportunities will be available for agencies to prepare to implement selected evidence-based home visitation models. Implementation grants will be available for programs that have the capacity to implement selected evidence-based home visitation models. These programs should be operational and providing home visiting service by the end of FY11. Expansion grants will be made available for programs that are currently implementing selected, recognized evidence-based home visitation models. The State recognizes the importance of providing significant technical assistance and training to local agencies awarded with these funding opportunities. Although the State will further effective mechanisms for training and technical assistance, current channels exist in the Title V Programs (Community Health Consultants) and Iowa Family Support Credentialing process. These programs provide technical support to local maternal and child health agencies and family support programs to improve quality and remain in compliance with the Iowa State Code and Iowa Family Support Standards (Iowa Family Support Standards). respectively. State level capacity development will also build on core public health services and ECI structure. The model for evidence-based home visiting further supports the state's effort for further advancement of public health modernization.

- Priority: Enhance the State's maternal, infant, and early childhood data systems capabilities

The 2010 Iowa Family Support Survey did not assess the data systems home visiting programs are utilizing to collect program data and participant outcomes, which is a limitation of the survey. However, an unintended learning of the 2010 Iowa Family Support Survey was that many of the survey respondents did not have technology to complete a survey with macros. Many phone calls were fielded to provide technical assistance which led to many surveys received by fax. It became apparent that many of the home visiting programs do not necessarily have technological capacity to electronically collect and analyze program data. At this time, there is no statewide home visiting data system. Several programs have been contacted to assess the currently utilized data systems. The larger programs have program specific data systems developed for single agencies as follows:

- Early ACCESS: Web-based IFSP,
- Lutheran Services of Iowa's Healthy Families America: program developed as a module of the Electronic Records,
- Visiting Nurse Services: ACCESS Database for Healthy Start and NFP in addition to the NFP Web-based data system
- Parents as Teachers: Opt-in with annual fee for Visit Tracker
- HOPES: Optional utilization
- Child Health: CAReS
- Maternal Health: WHIS

It is a priority of the State to develop and implement a statewide Web-based electronic record system, with ability to abstract data, support imports, exports and fee for service billing. ECI and Title V Leadership have begun planning meetings to develop the statewide data systems. The State has experience in developing, and is poised to update and strategically align its current Maternal and Child Health data systems. Though there is no statewide database for home visiting programs, all home visiting programs that receive funding from the Early Childhood Iowa are required to collect standard demographic data and outcome data using specified scales of the Life Skills Progression Tool. The need for enhanced, better linked data systems is a priority of ECI, DHS, DE, DPH, DHR and local agencies. The Home Visiting program will participate in the work of the ECI- Early Childhood Advisory Council data workgroup on integration and/or linkage of early childhood data systems. The group will focus on several areas:

- Unique statewide child identifier
- Child level demographic and program participation information
- Child level data on development
- Ability to link child level data with K-12 and other key data systems
- Program site data on structure, quality and work environment
- State governance body to manage data collection and use

- Priority: Reduce barriers to access to health care, mental health care, substance abuse treatment and counseling, and dental care for low income families

The state proposes to pilot the centralized intake process with a rural family support program as part of the home visiting project. There are currently at least two communities in Iowa implementing a centralized intake process, utilizing a standard form to collect data and connect families with the most appropriate services. This provides a base of knowledge and lessons learned to replicate centralized intake throughout the state. The home visiting funded programs will provide leadership at the community level for bringing together all home visiting programs in the area to implement a central intake process. The central intake process provides one single point of entry for access, assessment and referral in a local area to family support services and other health related services.

The state would also require local home visiting programs to come to consensus on a standardized screen and assessment. Central intake gathers a brief screen from the family regarding their needs and strengths as well as the information necessary for referral. This enables the centralized intake to process the intake and refer the family to the most appropriate service based on the needs of the family and the availability and requirements of the service. Early Childhood Iowa – Quality Services and Programs workgroup developed a best practice manual for Early Childhood Iowa areas beginning to implement a central intake process. ECI leadership will be providing technical assistance to communities implementing a central intake.

- Priority: Develop home visiting infrastructure with focus on quality and systems coordination

The Quality Services and Programs workgroup, Iowa Family Support Leadership Group, and Iowa Family Support Program Standards and Core Competencies Workgroup developed Iowa Family Support Standards in 2008 (Iowa Family Support Standards). The Iowa Family Support Programs encompass thirty-two standards that describe competencies required to provide high quality services to families in need.

The key elements recognize that families participating in programs delivered through strong community partnerships gain new competencies, improve child health and well-being, improve family functioning, and make family-community connections. High quality home visitation programs address the needs of the family as a whole and are based in the homes, neighborhoods, and communities of families who need help promoting positive development, meeting challenges, and preventing adverse outcomes. The Iowa Family Support Standards are designed to accommodate a variety of family support programs for families and their children, including, but not limited to: (1) home visiting programs that deliver support services in families' homes; (2) early intervention programs for children who have or are at risk for developmental delays; and (3) parent education groups.

The Iowa Family Support Credentialed Program recognizes programs that are adhering to the Iowa Family Support Standards. An Iowa Family Support Credential is awarded after a program has successfully participated in the Iowa Family Support Peer Review Process. The purpose of the Iowa Family Support Peer Review Process is to improve program quality, provide an outside evaluation perspective and to ensure that family support programs in Iowa represent a deep and abiding commitment to delivering the highest quality services possible to families and children. Iowa began piloting the Iowa Family Support Credentialed Program in 2007 and proceeded with roll-out in 2008. Seventy-three (73) programs completed the Family Support Credentialing application and are receiving technical assistance. Four programs have been credentialed and three scheduled for peer review in fall 2010. There is currently a waiting list with 10 programs; the waitlist is attributed to funding shortages. The Iowa Family Support credential is public recognition by the Iowa Department of Management, Early Childhood Iowa Office that a family support program is following best practice standards. The Credential will be awarded to programs that complete the peer review and are in adherence with all of the Iowa

Family Support Standards. The Iowa Family Support credential has been recognized by the Iowa Legislature as an indication of quality practice. The Iowa Legislature encourages all family support programs to have either a national or state credential indicating that the program is meeting quality standards. The Iowa Family Support Credentialing program is intended for programs that do not have access to an external evaluation.

These innovative and effective activities evidence the State's commitment to quality and system improvement. As Iowa's Home Visitation Program develops, it will continue to enhance, coordinate and support preceding efforts around quality and systems development. The focus on coordinated systems development and improving quality of home visiting programs will underscore State planning and program implementation.

- Priority: Support healthy home environments and stable family relationships to protect families from domestic violence and child abuse and neglect

The home visiting project will be built upon the foundation of the Early Childhood Comprehensive System Project (ECCS) - also known as Early Childhood Iowa partnerships that have been in existence for 10 years. State agencies and public - private partners are committed to implementing a coordinated, comprehensive system. The home visiting project also gives Iowa the opportunity to enhance partnerships that will focus on substance abuse, domestic violence and child welfare.
At both the state and local level, increased coordination of Title V, CAPTA, ECI and substance abuse services will be critical to determine the families' needs and match them with the appropriate evidence-based services.

Through the upcoming State Planning process, a strategic plan, outcomes and activities will be developed in order to effectively integrate the a Home Visiting program into Iowa's current early childhood infrastructure. Focusing carefully on the needs highlighted in this needs assessment will ensure positive outcomes through the Home Visiting program for children and families in Iowa.

Appendix B: Community Level Data Report

County	Urban Rural	4th Grade Read	% Births Premat.	% LBW Infants	IM Rate	Poverty	Child Poverty	% Unem-ployment	Child A'N	Dropout Rate	Binge Alc.	Crime Rate	Juv. Crime	DV Rate	Smoke Preg	Mat Ed
Adair	Rural	79.0%	14.5	7.9	0.0	10.0%	13.6%	6.0	14.30	0.84%	14.88	12.0	2.3	0.0	25.0%	94.59%
Adams	Rural	86.2%	9.1	9.1	0.0	11.2%	17.3%	5.7	12.63	0.00%	14.77	41.6	12.6	376.1	24.3%	84.91%
Allamakee	Rural	85.2%	5.6	5.6	*	12.6%	19.1%	8.6	12.85	0.59%	28.2	---	---	0.0	9.3%	81.46%
Appanoose	Rural	77.7%	12.3	8.2	0.0	18.1%	23.9%	7.8	41.01	1.69%	38.51	62.7	20.2	423.9	22.3%	80.99%
Audubon	Rural	80.0%	6.3	6.3	*	11.1%	14.8%	6.0	14.86	0.94%	16.64	29.3	4.2	134.6	22.9%	93.65%
Benton	Rural	84.1%	10.7	5.9	0.0	8.0%	9.8%	6.7	15.82	2.42%	28.07	17.2	9.7	108.9	17.2%	92.33%
Black Hawk	Urban	74.3%	11.5	8.9	4.0	14.7%	17.3%	6.5	25.93	3.92%	21.65	83.2	39.8	261.3	17.9%	83.51%
Boone	Rural	85.8%	12.1	8.8	*	9.9%	11.7%	6.2	21.56	2.57%	16.93	30.0	18.5	22.8	18.8%	94.10%
Bremer	Rural	87.9%	10.0	6.0	*	7.1%	7.2%	5.5	11.75	0.94%	25.86	25.4	31.4	0.0	9.8%	94.35%
Buchanan	Rural	81.4%	8.2	6.5	0.0	10.0%	16.2%	6.4	10.58	1.32%	19.26	32.4	17.2	0.0	14.3%	76.72%
Buena Vista	Rural	75.8%	10.8	7.7	*	12.3%	17.1%	6.0	20.23	3.95%	16.66	62.7	66.1	413.2	7.9%	61.48%
Butler	Rural	85.2%	9.0	6.0	0.0	9.3%	12.2%	6.2	20.67	1.24%	9.05	5.2	0.3	0.0	24.3%	95.21%
Calhoun	Rural	86.4%	7.8	10.2	*	13.2%	16.7%	6.1	21.72	0.94%	26.13	10.8	1.3	174.4	21.1%	90.40%
Carroll	Rural	89.4%	8.8	5.8	*	9.1%	10.4%	5.0	12.55	0.95%	17.13	20.8	11.4	105.5	14.4%	91.48%
Cass	Rural	83.2%	9.3	6.2	0.0	13.9%	20.7%	6.6	20.26	3.02%	14.36	41.0	17.8	80.1	21.9%	87.97%
Cedar	Rural	81.0%	9.4	4.9	*	7.4%	9.2%	5.7	12.33	1.88%	21.92	23.6	0.8	27.7	14.5%	96.43%
Cerro Gordo	Rural	83.1%	9.9	5.9	*	13.1%	16.5%	7.7	25.60	3.55%	18.26	57.7	54.1	237.1	16.9%	88.26%
Cherokee	Rural	88.7%	8.7	4.8	*	8.6%	13.9%	5.4	11.58	2.68%	17.44	24.7	17.5	0.0	24.5%	88.62%
Chickasaw	Rural	84.4%	8.8	2.9	0.0	10.4%	13.7%	7.5	13.44	3.28%	24.84	6.7	6.4	50.0	10.5%	82.22%
Clarke	Rural	79.6%	10.9	8.8	*	11.2%	17.0%	8.0	20.36	6.50%	11.54	42.8	17.8	177.7	13.8%	73.53%
Clay	Rural	82.2%	8.9	4.7	*	10.8%	15.4%	6.5	18.88	3.89%	14.73	49.5	42.5	204.9	18.4%	90.43%
Clayton	Rural	75.8%	9.3	8.8	*	10.8%	15.9%	8.2	6.29	1.30%	30.58	10.6	0.2	57.4	7.6%	83.77%

County	Urban Rural	4th Grade Read	% Births Premat.	% LBW Infants	IM Rate	Poverty	Child Poverty	% Unem-ployment	Child A'N	Dropout Rate	Binge Alc.	Crime Rate	Juv. Crime	DV Rate	Smoke Preg	Mat Ed
Clinton	Rural	82.3%	9.7	7.6	6.8	12.0%	17.2%	7.3	25.65	4.11%	22.32	75.5	37.4	318.0	21.9%	88.29%
Crawford	Rural	84.1%	8.1	6.4	*	12.3%	16.0%	5.1	15.94	1.02%	18.71	18.2	28.4	177.5	8.5%	56.84%
Dallas	Urban	89.9%	12.4	9.6	*	6.6%	7.3%	5.8	12.94	1.14%	16.51	28.1	13.6	121.2	8.0%	92.21%
Davis	Rural	87.5%	4.2	4.2	*	14.1%	23.4%	8.5	10.05	1.50%	9.66	8.5	6.0	140.2	11.2%	55.07%
Decatur	Rural	77.6%	11.7	8.7	0.0	21.7%	24.2%	8.5	26.76	0.30%	12.8	0.2	---	0.0	21.0%	76.53%
Delaware	Rural	85.8%	13.0	8.2	*	9.5%	11.9%	6.2	10.33	1.20%	25.41	13.7	7.1	70.8	10.6%	92.16%
Des Moines	Rural	80.6%	7.3	6.9	*	14.7%	22.0%	8.2	25.50	3.87%	14.04	77.6	56.2	331.8	21.3%	85.69%
Dickinson	Rural	91.7%	7.5	4.3	0.0	7.9%	9.8%	6.2	19.24	1.00%	17.44	20.6	8.7	166.8	10.8%	96.25%
Dubuque	Urban	79.9%	6.5	5.1	*	10.6%	12.5%	6.5	17.36	4.10%	27	48.1	27.5	198.5	14.5%	89.64%
Emmet	Rural	88.7%	11.1	7.9	*	12.1%	15.8%	7.5	22.16	1.20%	15.57	42.0	---	183.0	14.4%	80.99%
Fayette	Rural	86.0%	7.6	7.2	0.0	14.2%	17.0%	7.5	18.19	2.69%	26.92	34.7	24.2	119.6	21.1%	86.54%
Floyd	Rural	84.3%	7.1	6.5	*	12.0%	16.9%	7.6	25.08	2.76%	24.38	22.3	19.8	192.7	17.7%	79.64%
Franklin	Rural	83.3%	8.2	7.5	0.0	10.3%	15.0%	7.0	20.24	0.53%	18.67	6.8	14.6	38.3	13.4%	68.94%
Fremont	Rural	81.2%	9.5	12.6	*	10.9%	14.7%	7.2	13.37	2.11%	8.47	31.3	0.5	108.5	20.9%	88.04%
Greene	Rural	79.6%	13.7	10.5	0.0	10.7%	15.6%	7.2	17.93	2.05%	5.56	8.6	27.8	130.9	19.1%	82.22%
Grundy	Rural	86.5%	10.9	8.3	0.0	6.4%	7.9%	6.3	6.76	1.29%	18.1	16.7	9.1	32.9	8.5%	94.87%
Guthrie	Rural	88.8%	13.7	7.3	*	9.4%	12.9%	6.5	15.95	0.96%	6.47	9.5	---	0.0	17.4%	90.32%
Hamilton	Rural	84.8%	13.5	8.1	21.6	8.8%	11.6%	7.9	18.03	4.68%	20.28	47.6	19.6	236.5	19.6%	77.60%
Hancock	Rural	80.2%	7.6	3.8	*	8.6%	11.7%	8.0	11.24	1.33%	20.08	6.5	2.1	55.1	17.6%	93.20%
Hardin	Rural	86.3%	10.4	10.4	0.0	11.9%	15.3%	7.4	24.11	1.98%	17.28	36.6	22.2	93.1	22.6%	88.89%
Harrison	Rural	78.7%	6.4	4.6	0.0	10.8%	14.0%	5.2	12.02	1.68%	13.73	14.6	0.6	39.6	16.0%	90.70%
Henry	Rural	84.0%	5.1	4.1	*	12.1%	15.5%	9.4	19.18	3.46%	15.19	42.7	31.0	114.0	16.0%	87.91%
Howard	Rural	79.6%	8.2	3.0	0.0	11.1%	16.1%	7.3	3.82	1.66%	20.81	47.1	10.8	201.6	11.4%	83.21%

County	Urban Rural	4th Grade Read	% Births Premat.	% LBW Infants	IM Rate	Poverty	Child Poverty	% Unem-ployment	Child A'N	Dropout Rate	Binge Alc.	Crime Rate	Juv. Crime	DV Rate	Smoke Preg	Mat Ed
Humboldt	Rural	90.2%	9.9	7.2	0.0	10.5%	14.5%	5.8	20.81	2.08%	24.44	19.7	11.7	53.1	14.6%	90.65%
Ida	Rural	90.0%	12.3	8.5	*	10.2%	13.0%	5.2	8.13	0.75%	25.76	25.5	7.0	103.6	22.9%	87.13%
Iowa	Rural	84.8%	6.9	3.4	0.0	7.9%	8.0%	6.6	10.33	0.01%	19.15	14.6	8.1	63.0	15.8%	92.61%
Jackson	Rural	76.4%	5.5	5.9	0.0	12.5%	17.5%	7.3	12.28	1.98%	33.93	26.7	52.2	115.6	22.5%	88.43%
Jasper	Rural	82.1%	10.0	6.7	10.3	10.4%	11.5%	9.1	19.80	1.53%	22.77	36.6	13.5	52.1	20.2%	88.69%
Jefferson	Rural	81.5%	6.0	4.0	0.0	14.3%	19.5%	8.2	12.49	5.04%	27.17	58.7	20.3	344.9	15.3%	77.55%
Johnson	Urban	81.6%	8.3	6.8	5.3	15.7%	11.2%	4.9	14.76	1.43%	22.09	51.3	26.1	205.5	6.1%	90.77%
Jones	Rural	78.9%	9.5	6.0	0.0	11.6%	13.8%	6.2	10.78	2.38%	36.78	28.7	23.3	93.5	12.6%	92.96%
Keokuk	Rural	81.4%	5.9	5.9	0.0	12.7%	17.7%	7.0	16.72	1.48%	21.16	3.2	0.7	0.0	20.0%	90.60%
Kossuth	Rural	89.2%	8.3	4.5	0.0	11.1%	13.3%	5.8	10.79	0.34%	21.55	16.4	14.5	117.9	14.3%	94.77%
Lee	Rural	81.0%	8.9	7.3	*	14.6%	21.5%	10.1	27.36	6.03%	19.84	65.4	46.0	228.0	24.2%	84.63%
Linn	Urban	79.5%	9.0	6.6	3.8	9.3%	11.3%	6.5	19.12	3.92%	20.25	66.3	27.0	349.3	12.4%	89.76%
Louisa	Rural	73.4%	8.8	5.3	*	11.2%	16.3%	7.5	13.63	2.28%	23.77	10.7	1.9	60.0	12.1%	80.70%
Lucas	Rural	89.7%	13.7	7.4	*	15.0%	23.6%	6.5	12.28	3.10%	12.23	52.5	15.7	183.5	15.1%	85.11%
Lyon	Rural	95.0%	3.8	4.5	0.0	7.9%	9.7%	4.1	13.11	1.22%	15.87	22.6	18.4	80.6	7.1%	97.35%
Madison	Rural	82.9%	12.0	5.5	0.0	8.1%	9.3%	7.3	16.52	1.41%	11.86	19.7	10.3	44.7	15.1%	96.95%
Mahaska	Rural	82.1%	11.6	4.7	0.0	12.9%	15.8%	7.5	17.39	4.01%	8.76	42.0	31.4	192.9	17.1%	89.37%
Marion	Rural	87.6%	9.8	5.7	*	8.4%	10.3%	6.8	10.64	1.28%	11.34	20.3	5.2	73.7	11.7%	94.96%
Marshall	Rural	71.7%	6.5	3.7	*	12.9%	17.9%	7.3	27.30	4.27%	15.42	69.8	61.6	319.1	13.7%	66.67%
Mills	Rural	85.1%	8.3	5.3	*	9.6%	12.1%	4.5	6.01	1.83%	23.18	46.0	18.2	184.8	13.7%	91.07%
Mitchell	Rural	91.1%	8.0	5.4	*	9.4%	14.1%	6.0	7.73	0.35%	14.57	13.4	24.9	46.8	9.3%	73.21%
Monona	Rural	73.7%	17.1	13.4	0.0	13.8%	18.0%	8.8	11.33	2.06%	12.56	0.8	---	0.0	17.7%	93.51%
Monroe	Rural	83.6%	10.3	5.1	0.0	13.4%	18.8%	7.0	23.86	2.98%	18.28	25.1	4.7	119.7	24.8%	89.74%
Montgomer	Rural	81.3%	8.5	6.0	*	14.2%	22.1%	8.2	17.10	3.25%	22.37	47.7	60.8	418.4	20.7%	88.50%

County	Urban Rural	4th Grade Read	% Births Premat.	% LBW Infants	IM Rate	Poverty	Child Poverty	% Unem-ployment	Child A'N	Dropout Rate	Binge Alc.	Crime Rate	Juv. Crime	DV Rate	Smoke Preg	Mat Ed
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Muscatine	Rural	82.1%	10.9	8.2	0.0	11.9%	16.4%	7.5	21.25	5.16%	17.04	45.6	39.7	192.8	13.8%	76.85%
O'Brien	Rural	89.7%	12.4	8.9	*	9.0%	10.8%	5.4	18.51	2.65%	16.61	33.3	10.4	229.8	15.6%	84.34%
Osceola	Rural	88.5%	10.6	7.6	0.0	8.8%	12.2%	6.6	17.91	1.68%	29.95	13.6	15.6	203.8	23.7%	92.31%
Page	Rural	82.6%	10.0	4.5	0.0	14.7%	20.2%	7.3	19.82	3.31%	21.04	42.8	29.9	212.8	21.8%	86.29%
Palo Alto	Rural	80.4%	4.3	---	0.0	11.4%	12.4%	6.2	26.70	0.34%	21.08	21.1	11.2	129.8	19.8%	95.65%
Plymouth	Rural	84.1%	10.3	6.8	0.0	7.3%	9.2%	5.2	12.84	1.47%	31.92	31.7	17.1	173.3	12.9%	93.14%
Pocahontas	Rural	87.2%	10.1	5.8	*	10.8%	15.6%	5.9	15.74	0.81%	16.1	6.7	3.7	26.9	19.3%	80.60%
Polk	Urban	79.3%	10.0	6.8	6.0	9.9%	12.9%	6.5	15.69	4.42%	18.64	73.7	20.5	208.4	11.6%	84.55%
Pottawattamie	Urban	76.1%	10.7	7.5	5.4	11.6%	15.9%	5.5	22.24	4.26%	21.81	114.4	42.6	264.2	19.5%	80.74%
Poweshiek	Rural	84.0%	9.4	5.2	0.0	10.8%	13.1%	6.6	24.13	2.01%	21.9	40.6	6.4	199.6	15.8%	89.36%
Ringgold	Rural	97.6%	6.3	---	0.0	16.5%	27.2%	5.7	12.55	2.20%	18.85	0.0	---	0.0	20.6%	83.05%
Sac	Rural	85.3%	7.5	6.6	0.0	11.1%	14.4%	5.4	12.03	0.93%	25.15	13.5	5.3	78.6	11.4%	89.52%
Scott	Urban	78.6%	8.3	6.8	3.8	11.8%	17.1%	7.2	20.03	5.92%	26.06	97.8	50.3	522.0	14.7%	85.71%
Shelby	Rural	92.2%	5.0	6.7	0.0	9.4%	11.5%	4.5	14.05	1.01%	27.01	6.0	---	0.0	20.5%	93.28%
Sioux	Rural	85.9%	8.6	4.2	7.7	7.5%	8.3%	4.7	5.73	1.28%	17.93	13.1	3.6	15.6	5.7%	86.21%
Story	Urban	85.3%	10.0	7.3	6.1	17.8%	9.4%	5.8	15.89	1.61%	16.89	52.4	24.5	146.5	9.6%	94.24%
Tama	Rural	75.1%	7.3	5.9	0.0	10.7%	14.2%	6.9	25.97	2.65%	28.15	17.2	5.5	85.1	16.2%	79.60%
Taylor	Rural	84.1%	10.4	8.3	0.0	14.4%	18.5%	6.3	17.79	3.11%	14.21	8.4	---	32.2	10.7%	88.37%
Union	Rural	85.2%	10.9	6.5	*	13.8%	18.7%	6.4	22.34	4.87%	17.95	44.4	2.3	220.6	30.9%	86.76%
Van Buren	Rural	88.3%	---	---	0.0	14.3%	21.7%	8.0	10.58	1.85%	14.06	22.6	5.3	183.0	9.9%	64.52%
Wapello	Rural	78.3%	8.9	6.7	*	15.2%	20.3%	8.7	39.26	7.55%	12.01	64.5	56.6	271.1	17.3%	74.65%
Warren	Rural	86.4%	11.7	7.1	*	6.8%	7.7%	6.5	13.20	1.14%	20.41	37.4	15.8	139.0	9.9%	95.34%

County	Urban Rural	4th Grade Read	% Births Premat.	% LBW Infants	IM Rate	Poverty	Child Poverty	% Unem-ployment	Child A'N	Dropout Rate	Binge Alc.	Crime Rate	Juv. Crime	DV Rate	Smoke Preg	Mat Ed
Washington	Rural	77.7%	10.3	5.8	*	9.2%	12.8%	5.6	9.79	1.79%	15.65	29.7	---	121.6	17.3%	83.95%
Wayne	Rural	80.6%	17.3	9.9	*	16.3%	26.9%	6.4	8.78	1.44%	17	14.7	0.7	113.0	12.5%	76.62%
Webster	Rural	79.0%	6.0	4.2	*	13.7%	18.0%	8.4	26.62	4.69%	13.15	74.6	36.6	219.4	22.8%	86.77%
Winnebago	Rural	86.4%	10.8	8.8	0.0	10.2%	13.2%	8.5	13.96	2.87%	16.6	14.5	10.8	62.7	12.4%	88.78%
Winneshiek	Rural	89.4%	7.2	6.7	*	10.6%	10.4%	5.8	8.25	0.85%	22.51	12.9	8.1	52.8	8.8%	96.89%
Woodbury	Urban	73.0%	8.9	7.6	5.0	14.2%	19.7%	7.7	17.60	3.32%	21.98	87.8	56.1	597.4	16.4%	74.06%
Worth	Rural	94.9%	7.2	0.0	0.0	9.1%	11.7%	7.8	10.98	1.07%	15.16	28.2	4.3	104.9	12.1%	91.03%
Wright	Rural	82.6%	8.1	5.6	*	10.2%	13.7%	7.7	24.29	1.70%	19.69	30.7	10.2	267.0	19.1%	71.07%
State Total	Rural	**79.1%**	**9.4**	**6.7**	**4.5**	**11.4%**	**14.2%**	**6.8**	**17.94**	**3.15%**	20.26	**53.9**	**27.4**	**217.7**	**14.3%**	**85.61%**

Appendix C: Iowa Substance Abuse Data

Sub-state Regions (defined in terms of counties): sub-state regions defined here were provided by the State's Division of Health Promotion, Prevention and Addictive Behaviors, Iowa Department of Public Health, and are defined in terms of the State's 99 counties. The sub-state regions defined for Iowa in this table are the same as the substate regions defined in the *Sub-state Estimates from the 2002-2004 National Surveys on Drug Use and Health.*

Central	North Central	Northeast	Northwest	Southeast	Southwest
Note:					
Jasper	Boone	Allamakee	Audubon	Appanoose	Adair
Marion	Cerro Gordo	Benton	Buena Vista	Cedar	Adams
Polk	Floyd	**Black Hawk**	Calhoun	Davis	Cass
Warren	Franklin	Bremer	Carroll	Des Moines	Clarke
	Hancock	Buchanan	Cherokee	Henry	Dallas
	Hardin	Butler	Clay	Iowa	Decatur
	Kossuth	Chickasaw	Crawford	Jefferson	Fremont
	Marshall	Clayton	Dickinson	**Johnson**	Harrison
	Mitchell	Clinton	Emmet	Keokuk	Madison
	Poweshiek	Delaware	Greene	Lee	Mills
	Story	**Dubuque**	Guthrie	Louisa	Montgomery
	Tama	Fayette	Hamilton	Lucas	Page
	Winnebago	Grundy	Humboldt	Mahaska	**Pottawattamie**
	Worth	Howard	Ida	Monroe	Ringgold
		Jackson	Lyon	Muscatine	Taylor
		Jones	Monona	**Scott**	Union
		Linn	O'Brien	Van Buren	
		Winneshiek	Osceola	Wapello	
			Palo Alto	Washington	
			Plymouth	Wayne	
			Pocahontas		
			Sac		
			Shelby		
			Sioux		
			Webster		
			Woodbury		
			Wright		

Appendix D: Child Health Indicator Maps

Chart 1: All Resident Poverty (U.S. Census Bureau 2008)

Chart 2: Maternal Education, Women with greater than High School Diploma (Iowa Department of Public Health 2009)

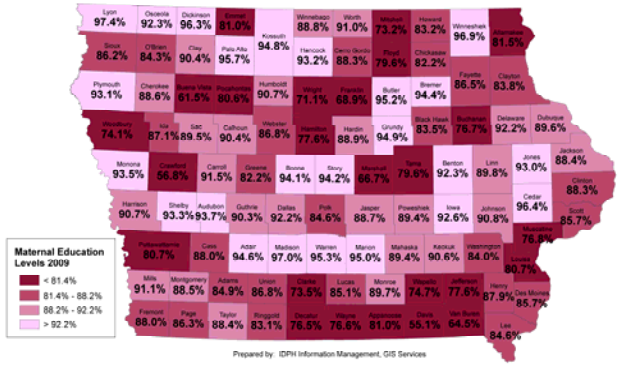


Chart 3: Confirmed Child Abuse and Neglect (Iowa Department of Human Services 2009)

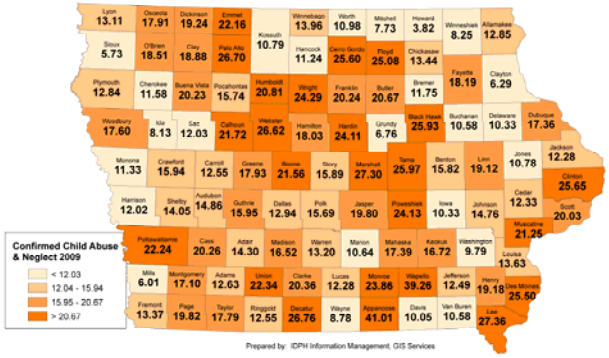
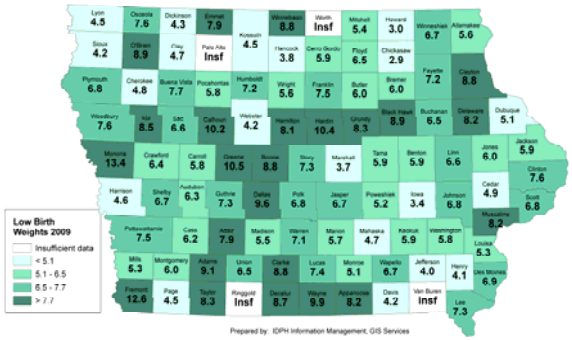


Chart 4: Low Birth Weight Infants (Iowa Department of Public Health 2009)



Appendix E: Capacity of Substance Abuse Treatment and Counseling Services in "At-risk communities" in Iowa.

List of programs provided by the Iowa Department of Public Health/Division of Behavioral Health. In general, all programs provide assessment/evaluation and outpatient counseling.

Community	Out-patient	Residential Treatment & Special Women and Children Services
Pottawattamie	**The Mercy Center- Alegent Health Behavioral Services** 411 East Broadway, ***Council Bluffs*** 51503 **Alegent Health – Alegent Health Behavioral Services** 800 Mercy Drive, ***Council Bluffs*** 51503 **Alegent Health – PMIC** 359 Indian Hills Drive, ***Glenwood*** 51534 **Fourth Judicial District** 801 S. 10th Street, ***Council Bluffs*** 51501 **Iowa Western Community College/Driving Unimpaired Program** 2700 College Road, ***Council Bluffs*** 51503 **Jennie Edmundson Memorial Hospital** 933 E. Pierce Street, ***Council Bluffs*** 51503	**Both: Heartland Family Service** 515 E. Broadway, ***Council Bluffs*** 51503
Black Hawk	**Allen Recovery Program, Allen Memorial Hospital** 120 West Dale Street, ***Waterloo*** 50703 **Behavioral Services, LLC** 315 Main Street, Suite F, ***Cedar Falls*** 50613 **Holly Helm** 1727 University Avenue, ***Waterloo*** 50701 **Horizons Family Centered Recovery, Covenant Medical Center**	**Residential**: **Pathways Behavioral Services, Inc.** 3362 University Avenue, ***Waterloo*** 50701

Community	Out-patient	Residential Treatment & Special Women and Children Services
	2101 Kimball Avenue, Suite 200, ***Waterloo*** 50702 **Cedar Valley Recovery Services** 2603 Rainbow Drive, ***Cedar Falls*** 50613 **Pathways Behavioral Services, Inc.** 500 East 4th Street, Room 417, ***Waterloo*** 50703 **Robyn Rodenburgh, Inc.** 978 Home Plz, Suite 200, ***Waterloo*** 50701	
Clinton	**Area Substance Abuse Council, King House** 219 Garfield Street, ***Clinton*** 52732 **Area Substance Abuse Council - Midland Middle School** 100 Winter Street, ***Lost Nation*** 52254 **Area Substance Abuse Council, New Directions** 217 6th Avenue S, ***Clinton*** 52732 **Area Substance Abuse Council – New Directions/Clinton Co. Outreach** 615 8th Street, ***Dewitt*** 52742 **ND Housing** 2733 South 19th Street, Unit AZ, ***Clinton*** 52732	**Women and Children services: Area Substance Abuse Council-Hightower Place** 2727 South 19th Street, ***Clinton*** 52732
Woodbury	**Ditmeyer Counseling Services** 620 South Rustin, ***Sioux City*** 51106 **Integrated Counseling Practice** 915 Pierce, ***Sioux City*** 51101	**Residential: Jackson Recovery Centers, Inc.** 800 5th Street, Suite 200, ***Sioux City*** 51101

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Jackson Recovery Centers, Inc./Adolescent Center 2101 Court Street, ***Sioux City*** 51104 **Jackson Recovery Centers, Inc./Women & Children's Center** 3200 W. 4th Street, ***Sioux City*** 51103 **Jackson Recovery Centers, Inc./Grandview House** 1800 Grandview Blvd., ***Sioux City*** 51105 **Jackson Recovery Centers, Inc./Marienne Manor** 2309 Jackson Street, ***Sioux City*** 51104 **Mercy Behavioral Care** 801 5th Street, ***Sioux City*** 51101 **Morningside Counseling Services** 2004 South St Aubin Street, Suite #101, ***Sioux City*** 51106 **Ponca Tribe of Nebraska Behavioral Health Program** 119 Sixth Street, ***Sioux City*** *51103*	
Appanoose	**Behavioral Health Centers of Southern Iowa** 221 East State Street, ***Centerville*** 52544 **Cornerstone Counseling Center** 717 N. 18th St, ***Centerville*** 52544 **First Resources Corporation** 708 ½ East Maple Street, ***Centerville*** 52544	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Southern Iowa Economic Development Association 113 North Main, Suite 2, ***Centerville*** 52544	
Scott	**The Abbey, LLC** 1401 Central Avenue, ***Bettendorf*** 52722 **Alcohol/Drug/DUI/OWI/Services** 1503 Brady Street, ***Davenport*** 52803 **Center for Alcohol & Drug Services, Inc./Forest Grove** 1519 E. Locust Street, ***Davenport*** 52803 **Center for Alcohol & Drug Services, Inc./Country Oaks** 12160 Utah Ave., ***Davenport*** 52804 **Center for Alcohol & Drug Services, Inc./Genesis Hospital** 1401 W. Central Park, ***Davenport*** 52803 **Center for Alcohol & Drug Services, Inc./Jail** Scott County Jail, 400 W. 4th Street, ***Davenport* 52801** **Family Resources** 2800 Eastern Avenue, ***Davenport*** 52803 **New Life Outpatient Center, Inc.** 2322 E. Kimberly Road, Suite 200 North, ***Davenport*** 52807	**Both: Center for Alcohol & Drug Services, Inc.** 1523 S. Fairmount, PO Box 3278, ***Davenport*** 52802-3278
Wapello	**Children and Families of Iowa, Cornerstone Recovery** 312 E. Alta Vista Avenue, ***Ottumwa*** 52501	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Ottumwa Regional Health Center 1001 East Pennsylvania Avenue, ***Ottumwa*** 52501 **First Resources Corporation** 333 N. Court Street, ***Ottumwa*** 52501 **Family Recovery Center/Boys and Girls Home** 15240 9th Street, Ottumwa Industrial Airport, ***Ottumwa*** 52501 **SIEDA Alcohol & Drug Services** 226 West Main Street, PO Box 658, ***Ottumwa*** 52501	
Buena Vista	**Compass Pointe Behavioral Health Services** 824 Flint Drive, Suite 104, ***Storm Lake*** 50588	
Lee	**Alcohol & Drug Dependency Services of Southeast Iowa** 928 Main Street, ***Keokuk*** 52632 **Fort Madison Physician & Surgeons-Psychiatry** 5409 Avenue O, Suite 1, ***Ft. Madison*** 52627 **Iowa State Penitentiary – Substance Abuse Treatment Program** P.O. Box 316, ***Ft. Madison*** 52627	
Cerro Gordo		**Both: Prairie Ridge Addiction Treatment Services** 320 N. Eisenhower Avenue, PO Box 1338, ***Mason City*** 50402
Des Moines	**D/J Assessment and Consultation Services** 313 East Agency, Suite #6, **West Burlington** 52655 **Riverview Center for Addictions – Great River Medical Center** 1221 S. Gear Ave., ***West Burlington*** 52655	**Residential: Alcohol & Drug Dependency Services of Southeast Iowa** 1340 Mount Pleasant Street, ***Burlington*** 52601

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Young House Family Services – Woodlands Treatment Center 4715 Sullivan Slough Road, Burlington 52601	
Hamilton	**Community & Family Resources** 509 Division Street, ***Webster City*** 50595	
Marshall	**Horizons, A Family Services Alliance** 307 West Main Street, ***Marshalltown*** 50158 **Substance Abuse Treatment Unit of Central Iowa (SATUCI)** 9 N. 4th Avenue, PO Box 1453, ***Marshalltown*** 50158 **SATUCI – Marshalltown School** 1602 South 2nd Avenue, ***Marshalltown*** 50158	
Webster	**Community & Family Resources** 311 First Avenue South, ***Fort Dodge*** 50501 **Community & Family Resources** 1506 31st Avenue North, ***Fort Dodge*** 50501 **Community & Family Resources** 728 South 17th Street, ***Fort Dodge*** 50501 **Community & Family Resources** 430 North 8th Street, ***Fort Dodge*** 50504 **Fort Dodge Correctional Facility/New Frontiers** 1550 "L" Street, ***Fort Dodge*** 50501 **New Life Associates, Inc./New Opportunities, Inc.** 809 Central Avenue, Suite 315, ***Fort Dodge*** 50501	**Both: Community & Family Resources** 726 S. 17th Street, ***Fort Dodge*** 50501

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Recovery Center/Berryhill Center for Mental Health 720 Kenyon Road, ***Fort Dodge*** 50501 **Youth Shelter Care of North Central Iowa** 430 N. 8th Street, ***Fort Dodge*** 50501 **Youth Shelter Care of North Central Iowa/Stars Program** 430 North 8th Street, ***Fort Dodge*** 50501 **Women's Halfway House/YWCA of Fort Dodge** 826 1st Avenue North, ***Fort Dodge*** 50501	
Decatur	**Crossroads Mental Health Center/Action Now** 1005 S. Chestnut, ***Lamoni*** 50140 **Community Health Center of Southern Iowa - Behavioral Health Services** 911 East Main, ***Lamoni*** 50140 **Community Health Center of Southern Iowa - Behavioral Health Services** 302 NE 14th Street, ***Leon***, Iowa 50144	
Jefferson	**Southern Iowa Economic Development Association** 201 South 23rd, ***Fairfield*** 52556 **First Resources Corporation** 605 S. 23rd Street, ***Fairfield*** 52556	
Muscatine	**New Horizons/Chemical Dependency Program Unity Health Care** 1605 Cedar Street, ***Muscatine*** 52761-3426	
Page	**Clarinda Correctional Facility – "The Other Way" SA Treatment Program** 2000 N. 16th Street, PO Box 1338, ***Clarinda*** 51632	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Clarinda Academy 1800 N. 16th Street, Unit NE 3, ***Clarinda*** 51632 **ZION Recovery Services, Inc.** 615 NW Road, ***Shenandoah*** 51601 **ZION Recovery Services, Inc.** 121 S. 15th Street, Suite B, ***Clarinda*** 51632	
Emmet	**Compass Pointe Behavioral Health Services** 115 North 6th Street, ***Estherville*** 51334 **Forest Ridge Substance Abuse Treatment Program** PO Box 515, ***Estherville*** 51334	
Montgomery	**ZION Recovery Services** 403 Coolbaugh, ***Red Oak*** 51566	
Clarke	**Crossroads Mental Health Center/Action Now** 820 N. Main, ***Osceola*** 50213	
Fayette	**Northeast Iowa Mental Health Center** 36 S. Fredrick Street, ***Oelwein*** 50662 **Northeast Iowa Mental Health Center** 500 S. Pine Street, ***West Union*** 52175 **Phoenix Treatment Center** 100 1st Ave., SW., Box 223, ***Waucoma*** 52171	
Floyd	**Prairie Ridge Addiction Treatment Services** 703 North Main, Suite #1, ***Charles City*** 50616	
Greene	**New Opportunities, Inc.** 1000 W. Lincolnway, PO Box 386, ***Jefferson*** 50129	

Community	Out-patient	Residential Treatment & Special Women and Children Services
Hardin	**Addiction Management Systems, Inc.** 601 West Edgington Avenue, PO Box 43, ***Eldora*** 50627 **STEP – Eldora State Training for Boys** 3211 W. Edgington Ave., ***Eldora*** 50627 **Substance Abuse Treatment Unit of Central Iowa** 220 Oak Street, PO Box 114, ***Iowa Falls*** 50126	
Henry	**Alcohol & Drug Dependency Services of Southeast Iowa** 122 N. Main Street, ***Mt. Pleasant*** 52641 **Mt. Pleasant Correctional Facility** 1200 E. Washington, ***Mt. Pleasant*** 52641	**Iowa Residential Treatment Center – Mental Health Institute** 1200 E. Washington, ***Mt. Pleasant*** 52641
Jackson		
Mahaska	**First Resources Corporation** 1907 17th Ave. E., ***Oskaloosa*** 52577 **Kelderman Counseling** 114 1st Ave. East, ***Oskaloosa*** 52577 **New Directions Recovery – Division of Mahaska Health Partnership** 1229 C. Avenue East, ***Oskaloosa*** 52577 **SIEDA Drug and Alcohol Services** 114 N. Market Street, ***Oskaloosa*** 52577	
Monona	**Jackson Recovery Centers, Inc.** 111 S. 5th Street, PO Box 68, ***Mapleton*** 51034	
Tama	**Addiction Management Systems, Inc.** 701 South Church Street, ***Toledo*** 52342	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Substance Abuse Treatment Unit of Central Iowa 114 East High Street, PO Box 172, ***Toledo*** 52342	
Union		**Both: Crossroads Mental Health Center/Action Now** 1003 Cottonwood, ***Creston*** 50801
Calhoun	**Community & Family Resources** 515 Court Street, Office #12, ***Rockwell City*** 50579 **The Journey Program** 313 Lanedale, ***Rockwell City*** 50579	
Clayton	**Northeast Iowa Behavioral Health** 911 Carter Rd., NW, ***Elkader*** 52043 **Substance Abuse Services for Clayton Co., Inc.** 431 High Street NE, P.O. Box 970, ***Elkader*** 52043	
Humboldt	**Community & Family Resources** 19 6th Street South, ***Humboldt*** 50548	
Jasper	**House of Mercy** 1409 Clark Street, ***Des Moines*** 50314 **Integrated Treatment Services, LLC** 501 W. Third Street N, ***Newton*** 50208 **Newton Correctional Center** 307 S. 60th Ave. W., P.O. Box 218, ***Newton*** 50208 **United Community Services, Inc.** 401 SW 8th, ***Des Moines*** 50309	**Both: Clearview Recovery, Inc.** 501 North Sherman, ***Prairie City*** 50228

Community	Out-patient	Residential Treatment & Special Women and Children Services
Lucas	**Behavioral Health Centers of Southern Iowa** 125 S. Grand, ***Chariton*** 50049 **Lucas County Health Center** 1200 N. 7th Street, ***Chariton*** 50049 **SIEDA Drug and Alcohol Services** 115 S. Main, ***Chariton*** 50049	
Monroe	**Behavioral Health Centers of Southern Iowa** 12 Washington Avenue West, ***Albia*** 52531 **Behavioral Health Centers for Southern Iowa – Monroe County Hospital** 6580 165th Street, ***Albia*** 52531 **SIEDA Substance Abuse Services** 1801 South B Street, ***Albia*** 52531	
O'Brien	**Compass Pointe Behavioral Health Services** 1201 South 2nd Ave., Suite 2, ***Sheldon*** 51201	
Polk	**Alternative Interventions, LLC** 3116 Ingersoll, Suite #4, ***Des Moines*** 50312 **ALPP Institute** 5875 Fleur Drive, ***Des Moines*** 50321 **Assessment Services, Inc.** 809 Court Avenue, Suite 242, ***Des Moines*** 50309 **Avery Comprehensive Services** 309 Court Avenue, Suite 218, ***Des Moines*** 50309	**Both: House of Mercy – Project Together I & II** 1409 Clark Street, ***Des Moines*** 50314

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Bridges of Iowa 66 Gruber Street, ***Des Moines*** 50315 **Broadlawns Medical Center – Chemical Dependency Services** 1801 Hickman, ***Des Moines*** 50314 **Center for Behavioral Health Iowa, Inc.** 1200 University, Suite 106, ***Des Moines*** 50314 **Central Iowa Health Care System - VA** 3600 – 30th Street, ***Des Moines*** 50310 **Center for Interpersonal Effectiveness, PC** 2525 N. Ankeny Blvd., Suite 113, ***Ankeny*** 50021 **Children & Families of Iowa – Cornerstone Recovery** 1111 University Avenue, ***Des Moines*** 50314 **Children & Families of Iowa – Cornerstone Recovery** 501 SW Ankeny Road, ***Ankeny*** 50025 **Counseling and Assessment Services PC** Cummins Mansion, 2404 Forest, ***Des Moines*** 50312 **Employee & Family Resources, Inc.** 505 5th Ave., Suite 600, ***Des Moines*** 50309 **Employee & Family Resources, Inc.** 1446 MLK Jr. Parkway, ***Des Moines*** 50314	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Everest Institute, LLC 2500 82nd Place, ***Urbandale*** 50322 **First Step Mercy Recovery Center – Mercy Franklin Center** 1818 48th Street, ***Des Moines*** 50310 **Fort Des Moines OWI Treatment Program – 5th Judicial District** 66 Gruber Street, ***Des Moines*** 50315 **Integrated Treatment Services, LLC** 1700 Keosauqua Way, ***Des Moines*** 50314 **Iowa Correctional Institution for Women/Recovery Program** 300 Elm Street, SW, PO Box 700, ***Mitchellville*** 50169 **Iowa Health System, Lutheran Hospital – Powell Chemical Dependency Center** 700 E. University, 4th Floor, ***Des Moines*** 50316 **Lifeline Recovery at Lifeline Resources, LLC** 4044 SE 14th Street, ***Des Moines*** 50320 **Lifeline Recovery at Lifeline Resources, LLC** 100 E. Euclid, Suite 143, ***Des Moines*** 50313 **LifeWorks, Inc.** 600 42nd Street, ***Des Moines*** 50312 **Lloyd's Counseling, Inc.** 3832 ½ Douglas Avenue, ***Des Moines*** 50310	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Mid-Eastern Council on Chemical Abuse – MECCA 3451 Easton Blvd., ***Des Moines*** 50317 **Mid-Eastern Council on Chemical Abuse** 3806 Easton Blvd., ***Des Moines*** 50317 **Mid-Eastern Council on Chemical Abuse** 5525 Meredith Drive, ***Des Moines*** 50310-2334 **Orchard Place/PACE** 620 8th Street, ***Des Moines*** 50309 **St. Gregory Retreat Center** 5875 Fleur Drive, ***Des Moines*** 50321 **United Community Services, Inc.** 401 SW 8th, ***Des Moines*** 50309 **United Community Services, Inc.** Polk County Jail, 1985 NE 51st Place, ***Des Moines*** 50313 **Urban Dreams** 1410 6th Avenue, ***Des Moines*** 50314 **Women's Residential Correctional Facility** 1917 Hickman Road, ***Des Moines*** 50314 **Woodward Youth Corp./Woodward Academy** 3625 Douglas Ave., ***Des Moines*** 50310	

Community	Out-patient	Residential Treatment & Special Women and Children Services
Boone	**Area Substance Abuse Program, Inc.** 209 Stanton, ***Boone*** 50014 **Boone County Recovery Center, Boone County Hospital** 1015 Union Street, Room 382, ***Boone*** 50036 **Boone Schools Student Assistant Counselor** 500 7th Street, ***Boone*** 50036 **Community and Family Resources** 806 7th Street, Suites S1, ***Boone*** 50036 **Ogden Schools Student Assistant Counselor** PO Box 250, ***Ogden*** 50212 **Youth & Shelter Services** 105 S. Marshall, ***Boone*** 50036	
Johnson	**Horizons, A Family Services Alliance** 2000 James Street, Suite #107, ***Coralville*** 52241 **MECCA – Adolescent Health & Resource Center** 509 Kirkwood, ***Iowa City*** 52240 **Area Substance Abuse Program, Inc.** 626 E. Bloomington, ***Iowa City*** 52245 **Frank S. Gersh, Ph.D.** 373 Scott Court, Suite A, ***Iowa City*** 52245 **Horizons, A Family Services Alliance**	**Both: MECCA - Mid-Eastern Council on Chemical Abuse** 430 Southgate Avenue, ***Iowa City*** 52240

Community	Out-patient	Residential Treatment & Special Women and Children Services
	1040 Williams, Suite A, ***Iowa City*** 52240 **MECCA – Hope House** 2501 Holiday Road, ***Coralville*** 52241 **I Care Services, Inc.** 301 6th Street, ***Coralville*** 52241 **MECCA – Student Health Services** University of Iowa, ***Iowa City*** 52242 **Resolutions Substance Abuse Services** 220 Lafayette Street, ***Iowa City*** 52240 **St. Luke's Methodist Hospital – Chemical Dependency Services** 1125 Shirken Drive, ***Iowa City*** 52246 **MECCA - Synchrony** 438 Southgate Ave., ***Iowa City*** 52240 **University of Iowa Hospitals and Clinics – Chemical Dependency Services** 200 Hawkins Drive, ***Iowa City*** 52242-1009	
Fremont	**ZION Recovery, Inc. 712/243-5091** 601 Walnut St, Suite 1, PO Box 34, ***Atlantic*** 50022	
Wayne	**Center for Behavioral Services/Wayne County Hospital** 417 South East Street, ***Corydon*** 50060 **SIEDA Drug and Alcohol Services** 230 N. Franklin, ***Corydon*** 50060	

Community	Out-patient	Residential Treatment & Special Women and Children Services
Jones	**Anamosa State Penitentiary – Anamosa Licensed Treatment Alternative** 406 N. High Street, P.O. Box 10, ***Anamosa*** 52205 **Area Substance Abuse Council – Anamosa Middle School** 200 S. Garnavillo Street, ***Anamosa*** 52205 **Area Substance Abuse Council – Anamosa Senior High School** 209 Sadie Street, ***Anamosa*** 52205 **Area Substance Abuse Council** 405 E. Main, ***Anamosa*** 52205 **Horizons, A Family Service Alliance** 110 South Williams Street, ***Anamosa*** 52205 **Horizons, A Family Service Alliance** 321 West South Street, ***Monticello*** 52310 **Area Substance Abuse Council - Four Oaks Youth Outreach** 818 West 1st Street, ***Monticello*** 52310 **Area Substance Abuse Council - Monticello Central Middle School** 217 Maple Street, ***Monticello*** 52310 **Area Substance Abuse Council - Monticello High School** 850 Oak Street, ***Monticello*** 52310 **Area Substance Abuse Council - Olin Consolidated High School & Middle School** 212 Triby Street, PO Box 320, ***Olin*** 52320	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Area Substance Abuse Council - Midland High School 109 W. Green Street, ***Wyoming*** 52362	
Clay	**Mayhew Psychology Associates** 1812 24th Ave., W., Suite 205, ***Spencer*** 51301 **Compass Point Behavioral Health Services** 1900 Grand Avenue N., Suite E8, ***Spencer*** 51301	
Dubuque	**Horizons, A Family Services Alliance** 1824 Central Avenue, ***Dubuque*** 52001 **Mercy Medical Center, Turning Point Treatment Center** 250 Mercy Drive, ***Dubuque*** 52001 **Substance Abuse Services Center – Stepping Stone Halfway House** 135 West 17th Street, ***Dubuque*** 52001	**Women and Children services**: **Substance Abuse Services Center** Nesler Centre, 799 Main Street, ***Dubuque*** 52001-6825
Linn	**Area Substance Abuse Council East Office** 4837 1st Ave. SE, Suite 206, ***Cedar Rapids*** 52402 **Area Substance Abuse Council – Multi-Cultural Office – Harambee House** 404 17th Street, SE, ***Cedar Rapids*** 52403 **Area Substance Abuse Council OWI Outreach** 1051 29th Avenue SW, ***Cedar Rapids*** 52404 **Area Substance Abuse Council - Four Oaks CR Phase** 1904 D Street SW, ***Cedar Rapids*** 52404 **Area Substance Abuse Council – Jefferson High School** 1243 20th Street SW, ***Cedar Rapids*** 52404	**Residential: Area Substance Abuse Council** 3601 16th Avenue SW, ***Cedar Rapids*** 52404 **Women and Children**: **Area Substance Abuse Council - Heart of Iowa** 4050 Bowling Street SW, ***Cedar Rapids*** 52404

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Area Substance Abuse Council – Kennedy High School 4545 Wenig Road NE, ***Cedar Rapids*** 52402 **Area Substance Abuse Council – Metro High School** 1212 7th Street SE, ***Cedar Rapids*** 52401 **Area Substance Abuse Council - Novus Center** 210 2nd Street SE, Suite 500, ***Cedar Rapids*** 52402 **Area Substance Abuse Council - Prairie High School** 401 76th Avenue SW, ***Cedar Rapids*** 52404 **Area Substance Abuse Council - Treatment Court** 951 29th Avenue SW, ***Cedar Rapids*** 52404 **Area Substance Abuse Council – Washington High School** 2205 Forest Drive SW, *Cedar Rapids* 52404 **The Way Home** 5480 Kirkwood Blvd, SW, Suite 100, ***Cedar Rapids*** 52404 **Youth Intensive Outpatient Program** 1000 2nd Avenue, SE, ***Cedar Rapids*** 52401 **Cedar Valley Recovery Services** 151 Marion Blvd., ***Marion*** 52302 **J.W. Baker, III, P.C.** 1705 Meiers Court, NW, ***Cedar Rapids*** 52401-2128	

Community	Out-patient	Residential Treatment & Special Women and Children Services
	Christian Alliance Center 1000 C Avenue S.W., ***Cedar Rapids*** 52404 **Horizons, A Family Services Alliance** 819 5th Street, SE, PO Box 667, ***Cedar Rapids*** 52406-0667 **St. Luke's Methodist Hospital, Chemical Dependency Services** 1030 5th Avenue SE, ***Cedar Rapids*** 52403 **Sedlacek Treatment Center, Mercy Hospital** 701 10th Street SE, ***Cedar Rapids*** 52403 **Sixth Judicial District, ANCHOR Center Outpatient Services** 3115 12th Street, SW, ***Cedar Rapids*** 52404	
Wright	**Community & Family Resources** 120 Central East, ***Clarion*** 50525	
Cass	**ZION Recovery, Inc.** 601 Walnut Street, Suite 1, PO Box 34, ***Atlantic*** 50022	