

2-4-22 Vision Council Notes

[VC Meeting PPT 2 4 22.pptx](#)

Welcome & Check-In

- [Jamboard: What would you like to walk away from today's meeting?](#)

Meeting Purpose: Vision Council members finalize the Results Action Plan ("Plan") and set the stage for the work in 2022 and beyond.

Meeting Results:

1. Vision Council (VC) members know what is in the current draft of the Results Action Plan ("Plan").
2. Input is generated on the current draft of the Plan to capture any proposed modifications.
3. There is final agreement on the contents of the Plan.
4. Priorities for action in 2022 are agreed upon.
5. A framework is established to define the levels of engagement of the Vision Council in advancing the Plan. (If time allows)
6. Feedback is documented on a draft approach to rolling out the Plan to a broader group of stakeholders and potential partners. (If time allows)
7. Action commitments are made by each Vision Council member.

Slide 9: Leadership Team has been making sure there is consistent use of terminology and consistency throughout. What Vision Council members should see reflects the pdf and reflect the work has gone on for a while. We use the Results Based Accountability model for the work which means we identify a whole population. From there a Vision is established: Iowa families and children are safe, secure, healthy, and well in their communities.

Much work has been done in the last couple of years if we think about a system population of families and children involved in the child welfare and juvenile justice systems or at risk of becoming involved - there has been a lot of work done to figure out what two populations can we focus on who have a higher risk of becoming involved in or may already be involved in the child welfare or juvenile justice system that we can focus the work of the Vision Council to think about how to improve their outcomes. The two populations:

1. *Families living with SUDs who have young children ages birth to 10.*
2. *Iowa youth of color (ages 10 and older) and their families who experience risk factors and systemic inequities that put them at greater risk of involvement in the Child Welfare or Juvenile Justice Systems.*

This is foundational. **The Vision and the two focused groups are already agreed upon.**

- Everything that is discussed today is building on those two agreements.

Slide 10: The pdf is a lot of content and there are a lot of levels to the plan, but just as we have in previous meetings of the Vision Council, with each meeting there is a set of results, we achieve the results, we take action commitments between the meetings, we come back after doing the action commitments and it has brought us this far. The next steps moving

forward is the same cycle - let's keep coming up with the results that we need that are going to get us to where we need to go. This is the collaborative work cycle. [Accountability to action commitments are going to be key moving forward.](#)

[Results Action Plan Vision Council DRAFT 2 3 22.pdf](#)

Slide 11: Clarifying questions about the Plan (Pages 3-6)

- What information do you need to make sure you are clear about what is in the plan?
 - Question: Do we have anybody from the supportive housing community on this group?
 - Yes and No.
 - We have reached out to Ashley Schwalm (COO of Family Resources), Cody Crawford (IDPH), Tim Wilson (Home Forward Iowa - Now at Prevent Child Abuse), Four Oaks (Iowa TotalChild)
 - The data showed that housing is a major issue for the two focused populations. In addition, the work that has been done with housing in Iowa, the work has been done around veterans and the elderly and that there is very little advocacy and system focus on families and children. We have identified a place that the Vision Council is standing in a wide gap that we have an opportunity to close.
 - This is a big lift under a lot of the activities under strategy 2.1. These are big audacious goals so it would be good to engage in housing.
 - Four Oaks has a number of initiative and properties that are affordable housing units. The development has been done most recently in Dubuque. Looking at intergenerational model where they are serving seniors, adults, and children. Developing a community around so everyone benefits from the engagement from other generations.
 - Who do we engage and how do we engage is a great question?
 - One of the tricky parts about housing is that it's more local rather than a statewide "approach" or plan so we will need quite a few partners around the state
 - **Inviting Amal Barre to participate as she's done a lot of research in this area**
 - Question: What is the current data related to permanent housing? I see the target is 94% in result 2.
 - We know the target is ambitious. Part of the group that worked on it wanted to put a target out there that ends up being the conversation starter with the housing people to figure out how ambitious is it and how would it take to get there. It would be a big stretch to reach that target.
 - Question: Are previous Vision Council meeting materials available?
 - **Yes, the past Vision Council meeting materials are available, and we have different ways of helping people get caught up in the work.**

Slide 12: Gathering input into the plan. (Pages 3-6)

- Table Page 8-32: If there is something that members are looking for and not seeing in the first few pages so it may be in the table.

Jamboard: What excites you about the Plan?

Do you have modifications to propose to the: Results, Targets, Progress Indicators, or Strategies listed on page 3? NONE

Do you have modifications to propose to the Activities listed on pages 4-6?

- 4.1.5: Achieve an adequate number of family-based residential centers for SUD that treat mothers, fathers, and children together.
 - Should we expand to include behavioral health residential centers? This would be a great way to serve families that have mental health issues.

Questions....

- Did you mean expanding behavioral health/mental health in residential or more of a continuum of behavioral health services?
 - 4.1.6 discussed community-based services for mental and behavioral health so it seemed consistent that we could be thinking about residential based also. So we do need to think about the continuum.
 - It is a need, but the struggle, the result is SUD, which behavioral health is a part of. When we are looking at residential treatment and Family First and how it views SUD and residential treatment. Do we make it too broad by adding mental health?
 - Thinking about the child welfare system it would be great if we could treat families together instead of separately, but it might not fit. It is a need, but the SUD Workgroup spend a lot of time narrowing the focus on populations. Does this fit in here or in a different place?

Proposed Modification...

- Result 1: 1.1.4: Non-traditional practices
 - Establishing family-based residential and out-patient treatment options for behavioral health and mental health.
 - Residential or not - let's think more creatively about other options.
 - Continuum of care. We are looking at all the levels.
 - Wrap services and supports - home and community-based system around families. How do we utilize wrap around services and supports with whole families instead of individual clients? It would be nice if we could look at a family unit instead of individual. Use home and community-based around families instead of outpatient.
 - SUD mental health or utilize the term behavioral health which includes SUD and mental health.
 - "Wrap behavioral health/mental health/SUD service and supports (around) (to support) families in home and community-based and residential settings."
 - Like wrap around because when we say to support families that we still lose the idea that we are treating/working with the whole family at once.
 - Like the term family centered. We need language that encompasses mental health and SUD.

- Mental health: Wrap around services
 - SUD: Recover support services
- Do we to also include residential? We do not want to focus on it, but there is still a need.
 - We could utilize the continuum of care.
 - Like the idea of calling out community-based and residential.
 - Call it continuum of care and then called out what we want included. For example...specifically including
 - This also can get at other placements like shelter
- “Wrap family-center behavioral health/mental health/SUD service and supports around the whole family through a continuum of care, including home and community-based and residential settings.”

NOTE: If it is what needed and not happening now even if it takes hundreds of little steps to get there, if it is what the Vision Council thinks is needed than it is worth putting in. The point of gathering the group who is agreeing to stick with something over several years if not longer that is going to make it happen.

- This is as much about to be able to identify the client as the whole family as it is about what the continuum looks like (where you are doing it).
- Matching the right and support and service to that family. What is it going to take to keep the family together and support them in their wellness?

Modification in Chat (Approved): Wrap family centered BH/MH/SUD services and supports around the whole family thru a continuum of care (including home, community based, and residential settings; define client as whole family)

- Result 3: Have a family economic profile that equates to a moderate, adequate standard of living.
 - It is missing additional details about the workforce policies. (examples: Paid time.)
 - Appendix B: Public Policies Relevant to Achieving the Vision Council Results: It is probably not completely clear in the plan, but there is an action step in the plan that one of the companion documents to the plan is the policy platform/agenda. This has not been flushed out, but it is one of the items that needs to be done. There is a section in the plan that policy items that have emerged in the workgroup conversations. Check in: Is the modification needed in light of this information?
 - As long as we remember that it is there, and someone is working on it and it is part of the larger plan than the modification may not be needed.
 - **Make sure it is captured in action steps.**
- Did not see the alignment with CAMHI4 kids and funding that system. [CAMHI4Kids final advocacy language.docx](#). Supporting the funding for a comprehensive children’s mental health system.
 - Should this be under 1.2: Support and strengthen relationships among children, youth, parents, and families?

- There are a lot of partnerships to be developed and CAMHI4Kids is listed as a potential partner in the document. Do we need to go further?
 - The funding needs to be said as a piece that we are talking about. If we are saying someone else is doing it and we are supporting, is it necessary to be in the plan itself?
 - Is this the spirit behind 1.2.7? "Ensure interventions are available and accessible to families throughout the state that are age and culturally aligned (crisis intervention, mediation, therapy, Evidence Based Practices such as Functional Family Therapy)" Possible Partners CAMHI4kids
 - **This is enough.**
- With regard to strategy 4.1, when we talk about expanding delivery of service for substance abuse or mental health service delivery – do we have the workforce capacity to implement the expansion? Do we need to have strategies to fight that capacity? Human services are struggling with the inadequate workforce with the demand for services. Is there lack of alignment with workforce alignment with any of the other goals or strategies that have been lifted up in the plan?
 - Workforce is a challenge everywhere, impacting services. Workforce does affect capacity. If we want to focus result 4 just on behavioral health than doing some alignment work to achieve the right amount of family based residential treatment centers and adequate services. We don't have adequate even if we expand it. Father-based programs is a huge gap.
 - We're all talking about workforce, but what are the strategies that encourage and support workforce in this field?

Modification: Focusing on strategies to expand the capacity. We need to develop more of the professionals.

1.1.3 Build a culturally competent human services workforce that reflects the diversity of Iowa communities (In 2022, take first Action Step: formal agreement between the Vision Council and the Cultural Equity Alliance)

- Does this move us in the right direction? Do we need a modification or a new goal?
 - **Add appropriate action step under the grid.**
 - **We also need to include retention.**
 - The intent is the continuum of human services – everyone that works with people.

Modification in Chat (Approved): 1.1.3 – add appropriate action step here (keep the content and details in Proposal A)

All the modifications will be incorporated going forward.

Chat (Approved): Supportive of Results, Targets, Progress Indicators, Strategies, and Activities (“as modified”)

- Clarifying question: At some point if we identify a gap, we can still add it?

- Results-based model: there is acknowledgment that the work is iterative. As we dig into these things, we learn more, and we might learn that we are doing something that is not changing what we want. We may need to get more granular. It is in the model that things change, and you learn.
- Vision Council: Evolution from the make-up of the group. This is consistent with the question. We do not want to set anything in stone things change too much.
 - Wanted to make sure we were all in the same place that it is iterative.
 - **We will live with the plan and iterate and improve over time.**

Slide 23: Prioritizing Activities/Action Steps for 2022 (Page 7)

Reflection: Identify the top 6 priorities. Are there any activities/action steps that you want to remove from consideration or if there is one to add that is not listed on page 7.

Slide 25: Zoom Room Instructions:

1. Identify a recorder who will capture the Group's prioritized list using the link to the Google slide
2. Do a quick Round Robin to quickly learn each person's prioritized list, including things they would delete or add?
3. Build from each person's individual input to come up with a prioritized list from your group.
4. Use the Google Slide link to indicate your prioritized list

Group # 1: Greg, Dawn, Kayla, Mary Beth

- Had a recommendation to add 1.2.6.a to align with work that is already being done.
- Did not get through the list because one of the things to take into consideration if we are going to maintain the current structure of the Vision Council or if there is going to be a restructure and if that was going to impact how we were going to restructure things. The top 5 was documented but they focused on how to keep momentum and get some fast wins and moving forward.

Google Tracking Doc: Add to the list for 2022:

1. 1.2.6.a Family Identification Model: Assess the current status of "family finding" efforts (how they are funded, who is doing them in state and/or modeling them in other states, who supports this Activity in Iowa)

[Note: Use this column for charting, changing order, etc.]

1.2.8 Adopt a Crossover Youth Practice Model (In 2022, take first Action Step: Meet with Chief Justice Christensen to identify how the Vision Council can support the effort she is leading.)

1.2.9 Replicate Iowa's pre-charge-pre-arrest diversion programs statewide for all youth with first-time, simple offenses. (In 2022, take first Action Step: Meet with the entity that is leading current efforts to identify how the Vision Council can support the replication)

1.2.1 Develop a centralized, single point of contact for case coordination & service navigation providing warm handoffs where appropriate (In 2022, continue Action Step to monitor and advise the HHS Alignment Plan)

VC.2 Build Roster of Aligned Partners

1.1.1 Create an Office of Youth Development

Group 2: Andrea, Kathy, Tachelle, Mahek, John Twardos

- What are things we can build on that are happening now. They did not have any new priorities but came up with seven that they focused on.
- Kathy provided additional education about what is happening with the Family Treatment Courts. Will need to work on that specifically with Kathy's guidance.

Google Tracking Doc: Add to list:

1.2.8 (Crossover Model) JJ task force deadline in at the end of the year--Kathy is on this group. *

1.2.9: (pre-arrest diversion) will come up with JJ task force as well *

1.1.1 Office of Youth Development Confirm: 4.1.1 (SAMHSA framework)

1.1.5 (cultural competence in workforce and capacity) *

1.2.2 (training for CM's and navigators) *

2.1.1 (collaborate with MCO's for housing)

4.1.4 (increase family treatment courts) Does it make sense to modify this activity to "support implementation/integration of the practices learned from treatment courts within CINA cases"?

Group 3: Chris, Ana, Lori, Michele, Linda

- We did a quick and dirty tally up of top 6 and no one added or deleted. There was quite a bit of alignment.

Google Tracking Doc:

Chris - 1.1.1; 1.2.1; 1.2.9; 4.1.1; 4.1.2; VC.2

Michele - 1.1.1; 1.1.5; 1.2.1; 1.2.2; 4.1.4; VC.1

Lori - 1.1.1; 1.1.5; 4.1.4; 1.2.1; 1.2.2; 4.1.1; VC.1

Ana - 1.1.1; 1.1.5; 1.2.8; 4.1.1; 1.2.9; VC.1

1.1.1 = 4 4.1.1. = 4

1.1.5 = 3 4.1.2 = 1

1.2.1 = 3 4.1.4 = 2

1.2.2 = 1 VC.1 = 3

1.2.8 = 1 VC.2 = 1

1.2.9 = 2

Chat one action commitment:

- John Twardos: I will bring snacks to our next in person meeting!
- Andrea Dencklau: Office of Youth Development--talk with Kayla and others about what we need to do to get it moving! I'm also going to follow up with colleagues who were not able to make it today

- Dawn Kekstadt: Bring Linda up to speed to ensure a smooth transition in DHS representation on the group.
- Chris Koepplin: I commit to continue to prioritize the Vision Council in my work and to stay engaged as effectively as I can.
- Ana Clymer: Building out 1.1.5 out with CEA and VC; carrying forward shared priorities
- Kristie: Continue to partner with Andrea and Greg for the future of the Vision Council
- Kathy Thompson: I will provide clarification of Family Treatment Courts and our new work related to FTCs
- Michele Tilotta: Continue to support and prioritize
- Lori Shultice: continue to talk to Andrea
- Kayla Powell: Office of Youth Development (1.1.1) and making sure Vision Council is looped into/connected with the current pre-charge diversion work (1.2.9)
- Linda: I commit to learning more about the work that's already been done by talking with Dawn and reading more about the work going forward
- Tachelle Dowell: I want to commit to be more focused and get more comfortable sharing 😊

We know there are a lot of ways the Vision Council has already made a difference and we have a lot of that captured. We know this year there is going to be effort to recruit partners, find additional funding and make alignment so we want to collect more input on how the Vision Council is already having an impact.

- The following link is to a google form: <https://forms.gle/PLhAS5BDBEXYg7fJ9> to share how it has impacted you individually, your organization, your sphere of influence or your collective work on symptoms.

Share one work on how you are feeling about the work:

Lori Shultice: focused

Chris Koepplin: energized

Michele Tilotta: Hopeful

Ana Clymer: motivated

Andrea Dencklau: happy!!

Linda: intrigued

Dawn Kekstadt: hopeful

Kathy Thompson: motivated

Greg Bellville: Appreciative

Kristie: motivated

Kayla Powell: motivated

John Twardos: energized

Marlo Nash: Excited!

Russell Woods: Thanks for allowing Casey to observe! This is great!

Isabel Blanco: thank you