

6-17-22 Vision Council Notes

Attendees:

Greg Bellville
Kristie Oliver
Andrea Dencklau
Ana Clymer
Anne Starr
Mary Beth O'Neill

Chris Koeplin
Josh Pedretti
Lor Shultice
Linda Dettman
Michelle Tilotta
Kathy Thompson

Tachelle Dowell
Chaney Yeast
Jennifer Monroe-
Koopman
Tonya Blasen
Marlo Nash

Meeting Purpose: To reflect on the year's progress and ensure the VC members are clear about what is possible for Year 4 and what is needed from you to sustain the work.

Meeting Results:

1. Welcome new participants and understand who is in key roles going forward.
2. Be aware of the current work of each Work Group.
3. Contribute to two key Vision Council components.
4. Learn about and consider two new opportunities.
5. Make action commitments that sustain the work in Year 4.

Check-In:

Name/Organization

Your Vision Council Work Group/Contribution

What is one 2022 Vision Council priority that you want to either share or ask about?

- [Slide Deck](#) used for Check-in
- [Draft Vision Council two-pager](#) used for Check-in

Theme/Synthesis:

- Older Youth Workgroup: Development of Office of Youth Development.
 - There is a meeting on June 20th with a person from Indiana Children's Commission to learn from their challenges/struggles, how they overcame them and takeaways for the state of Iowa.
- HHS Alignment: When Family First originally rolled out, Iowa chose not to draw down IV-E funding for the opportunity for children to be with parents when they are receiving inpatient treatment or intensive treatment for substance use disorder. Was the SUD workgroup revisiting or is Iowa giving any thought to how we might potentially amend the state plan for an opportunity to draw down IV-E funding.
 - The SUD workgroup has talked about the need for those type of services, but not the funding. The state wants to be careful on utilizing IV-E dollars for those services because the kid would have to be a candidate for care. We do not want to bring more kids into the child welfare system. Can Medicaid or state block grant dollars be utilized instead of IV-E?

Draft Vision Council two-pager

- Revision: Adding how the Vision Council is different from other groups or workgroups because that is a question that people get asked.
- Revision: Adding the different workgroups at a quick glance.
- Good snapshot. There was a question on how some of the terms are defined, such as families thrive, and family centered.
- There was a question on is there a process in joining the Vision Council.
- The culture work should be acknowledged somehow in the overview.

Targets and Progress Indicators: [Results Action Plan Summary - Google Docs](#)

- Page 3 of the [Vision Council Results Action Plan \(3-28-22\)](#) there are placeholders highlighted in yellow where there needed to be more work done to fine tune the targets and the progress indicators for the different results the Vision Council has.
- Greg and Andrea took on as a task starting to dig into what it would take to fill in those places, finish out the target, and process indicators.
- Please provide feedback: Does this feel reflective of the work? Does it raise questions or help answer questions?
- Greg and Andrea are stepping into this place just to get the conversation started.
- Caveat: Somethings were combined to make it simpler for measurement. This does not change the work. Do not become alarmed when you see something, and it does not have to remain this way.
- Issue: The availability of data at this point. Trying to work with data and what we know about.
 - Feedback: There is potentially more data that others know about. If Vision Council members have easy and/or easier access to data, we are interested in this.

Result 1: Thrive together as families.

- Originally discussed reducing entries into child welfare and juvenile justice. What the Vision Council is trying to seek is permanency, but at the same time it is larger than that. Cannot set a target for increasing permanency because there is not a permanency measure. But there might be some indicators of what permanency looks like.
 - Removal Rates are child welfare specific. We are also looking at juvenile justice as well, so need to understand out of home placements, etc.
 - The first five progress indicators can be found on the Family First dashboard.
 - When looking at the overall goal it was still to keep families together. The work stays the same, but the Substance Use is also measure as a progress indicator for permanency.
 - Looking at the confirmed/found cases of abuse with substance abuse is not as far upstream as we would like to be, but it is hard to get data further upstream than this.
 - Looking at total number of family centered treatment beds and the number that families have access to would be a benchmark to increasing family centered treatment options
 - Question: Is this bed availability when people need access?
 - Total number of beds
 - Static number or whether people have access when they need them.

- Both, but right not just the static number. Right not the assumption is there are not enough family centered beds (static number).
 - There is not enough in the state, but there are also more to the continuum of supports that are required in the state.
 - Readmissions or lack thereof might be a positive way to measure whether services are working.
 - Can the number of family centered treatment beds should be more drilled down and defined?
 - Is the number of beds a performance measure because it is part of a strategy?
- Upstream: What is the counter to the negative outcome data that we are tracking?
- Are there any existing surveys or data is calculating protective factors? What is the counterbalance?
 - Examples: Social connections that family have, attachment, and parent skill-building.
 - Like the idea - how do we utilize all the IDPH and DHS data that exists in the prevention streams on both sides? There are a lot of services that happen in multiple areas (prevention in child welfare, prevention in substance use disorder, maternal health - they do a lot of work with contractors on prevention).
- Is there anything that we want to look at with crisis services? 988 begins in July. Is there data that be obtained from Youlifelowa?
- A recommendation was made to track complaints on the juvenile justice side
- Is there is a way to track or if they track CJJ service referrals for sub use offenses (not sure if this is something that is even a referral option). This could be a way to add more CJJ tracking measures so it is not so DHS data heavy.
 - the state keeps Iowa-specific juvenile justice data here: <https://juvenilecourtstats.iowa.gov/>

Result 2: Are connected to permanent housing.

There is information available about severe housing problems. Tried to flip it so it is more positive: *By 2026 increase the percentage of households without severe housing problems to 92% statewide.*

- Right now, the baseline is 88%
 - housing problems includes overcrowding, high housing costs, lack of kitchen facilities, lack of plumbing facilities (County Health Rankings: <https://www.countyhealthrankings.org/reports/state-reports/2022-iowa-state-report>)
- Where are other states? Would this help guide our target?
 - Overall, in Iowa the severe housing problems are 12%. Top US performers are 9%
- Why are we not talking about safe, affordable permanent housing?
 - Health problems (example due to mold or lead in the home). If we want to set up success in families caring for a child, we want it to be safe housing as well as being able to afford it.

- Is there housing data that is statewide?
 - Should we look at urban housing versus rural housing because the issues may be different. (Cody Crawford may be helpful.)
- In regard to safe housing - on well checks do they test for safe housing at the hospitals that we could draw data from? There is lead testing and others around the issues of respiratory concerns in kids. It is individualized.
- In the central Iowa area, Every Step has a clean and healthy homes grant that they will collect data on.
- Cedar Rapids data:
 - [Housing Needs Assessment for the City of Cedar Rapids](#)
- IFA has a report with housing information on a statewide basis: <https://www.iowafinance.com/news/iowa-finance-authority-releases-2020-iowa-profile-on-demographics-economics-and-housing/>
- Does Iowa legal aid have data since they do a lot of landlord/tenant cases?
- HUD is a great resource. Here is a recent document may be of assistance: https://www.huduser.gov/portal/PublicHealth_RR.html

Result 3: Have a family economic profile that equates to a moderate, adequate standard of living.

- No changes were made.

Next Steps: The workgroups will continue the conversation.

- Get the data as right as you can get it, but do not lose sight of the strategy.

Considering New Opportunities:

Healing Centered Engagement:

[Healing Centered Engagement Email 6-14-22.pdf](#)

- Three Vision Council Members (Kayla, Chad, and Kathy) lead an effort together called the Family & Youth Engagement Summit. 2021 was the first year. It was championed by Chad as a platform for those with lived experience to be further amplified and mobilized across the state. In 2021 it was done virtually. In 2022 it will be in person. Leading with the Vision Council mindset in the planning they have an opportunity to bring in Dr. Shawn Ginwright. He is known for his work around healing centered engagement. Looking for the support of the Vision Council in order to bring him to Iowa. He has requested that he do a keynote and then follow-up with a workshop. This will cost \$30,000. Some funding has been confirmed.
- Request: Funding and attendance (energy and time).
 - Put our effort and energy behind the keynote and then have the Vision Council participate in the workshop, along with Coalition members, HHS, and juvenile justice to move more towards a more healing centered environment for young people and ourselves.
 - Delta Dental is interested in the systems work that is happening so may be interested.
- How much room is available?
 - The in-person option accommodates 350. There is also a virtual option that is going to be unlimited. Dr. Ginwright will be live-streamed.
 - The [organization](#) from Dr. Ginwright is that the people who attend the workshop are in leadership positions.

What would it look like if a lot of Vision Council gets the training?

- Dr. G is big into transformational instead of transactional relationships so he would invite people to look at their current processes and organizations through that lens and really identify the areas that are transactional, which we know does not help families. How they can disrupt that and turn it into more a transformation process.
- There are five principles to healing centered engagement. One of them is around agency which aligns with the Vision Council's work around family centered and empowering families to be agents of change in their own lives and in their own cases.
- When we talk about trauma and healing, we talk about it as individuals. Healing centered engagement focuses on our collective healing.

Please register for the summit: bit.ly/2022EngagementSummit

Any dollar amount will be accepted to bring Dr. G to Iowa.

National Upstream Consortium initiative. (Slides 16-20)

- Kathy had an opportunity to put together a summit for Iowa from the court's perspective. It is a multi-disciplinary convening on decriminalizing those with serious mental illness and improving the response of people with serious mental illness that may come into contact with the criminal justice system. Kathy worked with the National Center for State Courts to put on the summit. There were three virtual sessions and there is going to be an in-person session the week of June 20th to do action planning in the districts. The sequential intercept model is something that they are basing a lot of this work on. There is a national judicial leadership taskforce - the effort to decriminalize serious mental illness and improve the courts response. This has been happening for a few years, but they asked the question what are we going to do in the child welfare arena, if we are looking at doing things early on. How do we change the trajectory for some of the kids and parents who have had a lot of traumas? They have been talking and developing for almost two years. They are now launching it. They provided a pilot opportunity for the state of Massachusetts and Indiana. They have extended a special invitation to certain states that they know their work and feel it is a good fit.
- They are looking at looking at leveraging the court resources, judicial leadership, child welfare agency partnership, and stakeholders and partners in the provider community and trying to look at many ways that we can work upstream to divert families from getting engaged in the system, to provide the early prevention services, and to prevent out of home placement. It is in alignment with Family First.
- Thinking about where the Vision Council is going next. There has been a lot of work done at the state level, but how do we connect communities. This work might be something to consider. Kathy has not had a conversation with Janee yet to see if they are in support and would like Children's Justice to move forward with the initiative.
- Kathy has received a thumbs up from the Chief Justice and the Advisory Committee for Children's Justice.
- Would like to take the challenging work of the Vision Council and make that connect with the opportunity with Upstream.
- [Upstream Flyer](#) and the [Benefits of Upstream Flyer](#)

- Slide 20: This is looking at the various levels where you can engage the families. The community level – looking at early access and connection to services. For some families that may be all they need. The next level we are looking at families that may have some risk factors. On the right-hand side, it shows some examples of services. They you have families who have had an allegation made and then you look at the differential response, voluntary services, safety plans, child safety conferences or solution-focused meetings that are available. The bottom is where they need more formal engagement and the courts become involved. This is the diagram of what they hoping to look at. We want to review some of those top layers to see what we can do to intervene earlier and then you use the sequential intercept model to do mapping to take a look at what strengths and services are available in the community and what gaps exists. It is a multi-disciplinary strategic planning effort. What are the needs of the community and where can we intervene? We want to intervene at 0 or 1. There are the services that are available upfront/early one. The sequential intercept is from SAMHSA that has been applied to adults. The diagram represents adults. The levels will have different works than slide 20. Slide 20 is an example that would be retooled for child welfare.
 - Intercept 1 in Slide 20 is law enforcement. What can happen at that level when law enforcement is called in for crisis and we can meet that person and get them connected to services.
 - Intercept 2-5 is more deeply involved in the system.
- It would create an opportunity for structure and a process. Leadership team planning, coordination, capacity building, etc. It aligns with the Vision Council's ["From-To" Culture Shift](#)
- Free of charge to the state. They will provide consultation but also train facilitators in the sequential intercept to facilitate the discussions in communities and help Iowa get self-sufficient in that area. They would stay with Iowa for two years to provide the consultation.

It is in alignment with what we are doing with the Vision Council, there is a unique opportunity to be able to blend the two together and tailor it to us and what is happening in Iowa. There is a lot of expertise in the Vision Council.

- There is a meeting on July 6th. An opportunity to have a conversation with those who have been involved from Massachusetts and Indiana.
 - If Kathy gets a green light from DHS to move forward, would this be an effective use of our time?
 - We get to build it based on our needs; the consultants help us. We get to start where we are at, and we get to decide the pace that we work. We want to take some time up front to make sure the work that is done aligns with the work of the Vision Council. We can identify certain sites that we want to.

Is this of interest to the Vision Council? The Vision Council is on board and wants to consider pursuing.

- This is closely aligned with what the Vision Council is doing.
- It would help to solidify the partnerships and a good opportunity to bring stakeholders together around a positive and not the residential crisis.

- Whatever the Vision Council members can do to help they are in.

Check Out: What Action Commitment can you make to the Vision Council's Work in Year 4?

- Kayla: Continue the work around the office of youth and the older youth children's cabinet. Andrea: Family Finding with the Coalition members
- Chaney: Follow-up with Kristie regarding advocacy
- Greg: Continue to work to achieve the goals of the Substance Use Workgroup and helping to lead that work
- Mary Beth: Continue to identify housing data resources that we can utilize to inform our decisions moving forward
- Michelle: Continue to support Greg in his work on the Substance Use Disorder Workgroup and whatever she needs to do within her role, abilities, and capacities as the HHS alignment moves forward
- Linda: Continue to be a part of the Substance Use Disorder Workgroup and contribute as much as she can.
- Chris: Going to work closely with Kayla and Andrea on the Older Youth Workgroup goals.
- Josh: Support Kathy in the Upstream Initiative
- Kathy: Follow up with the Upstream Initiative, get more information, and support the work in the Substance Use Disorder Workgroup.
- Jen: Support the Vision Council to help identify funding to support the work
- Ana: Continue connect the North Star outcomes with some of the statewide cultural equity efforts
- Tachelle: Continue to show up and be engaged
- Tonya: Get caught up on all the knowledge of all the work that has been done so she can help facilitate.
- Marlo: Stay connected and continue helping in any way that she can.
- Kristie: Continue to keep the Vision Council moving forward and work on any alignment with other initiatives.

Next Workgroup Meetings: A doodle poll will be sent for August.