

# Iowa Change Leadership Vision Council

funded by the Mid-Iowa Health Foundation



# **WELCOME & MEETING OVERVIEW**

# 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.

# VISION COUNCIL: Reflecting on Progress & Setting the Stage for Year 4

## AGENDA

June 17, 2022

### VISION COUNCIL MEETING

**1:30 PM**

**Welcome & Meeting  
Overview; Introductions**  
(Main Room)

**1:35 PM**

**Check In &  
Conversation #1**  
(Small Groups/Main Room)

**2:10 PM**

**Conversation 21:  
Contribute to Vision  
Council Proposed Targets  
& Indicators**  
(Main Room)

**2:40 PM**

**Conversation #3:  
Consider New  
Opportunities**  
(Main Room)

**3:25 PM**

**Check Out & Action  
Commitments**  
(Main Room)

**3:30 PM**

**Adjourn**

# Meeting Norms

## Video

- Keep your camera on, when possible, to stay engaged with the group.
- If you will have your camera off for a period, let the group know via chat if you have stepped out of the conversation and if you will return.

## Audio

- Mute yourself to limit background noise from disrupting the group.
- Call-in for your audio, if needed. (312.626.6799; Meeting ID: 858 6502 1747)

## Communicating:

- Balance speaking and listening, try not to offer too much or too little of either.
- Raise your real hand, or use the raised hand non-verbal feedback tool, to signal if you are waiting to speak.

## Commitment to the Group:

- Your accountability is to the meeting results, your colleagues, to this shared working space, and to the work going forward.

## Inclusion:

- Provide additional information, when needed, to ensure all participants have what they need to join in the discussion.
- Remember that everyone's input is valuable regardless of how long they have been with the VC.

# **INTRODUCTIONS & CHECK IN**

# 1

## Each Person Briefly Share

Name

Organization

Your Vision Council Work Group/Contribution

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

# 2

## Presentation/Feedback

1. Kristie, Greg and Andrea – walk through the VC Overview
2. Small group members – What is one piece of input or an observation you have for the Overview

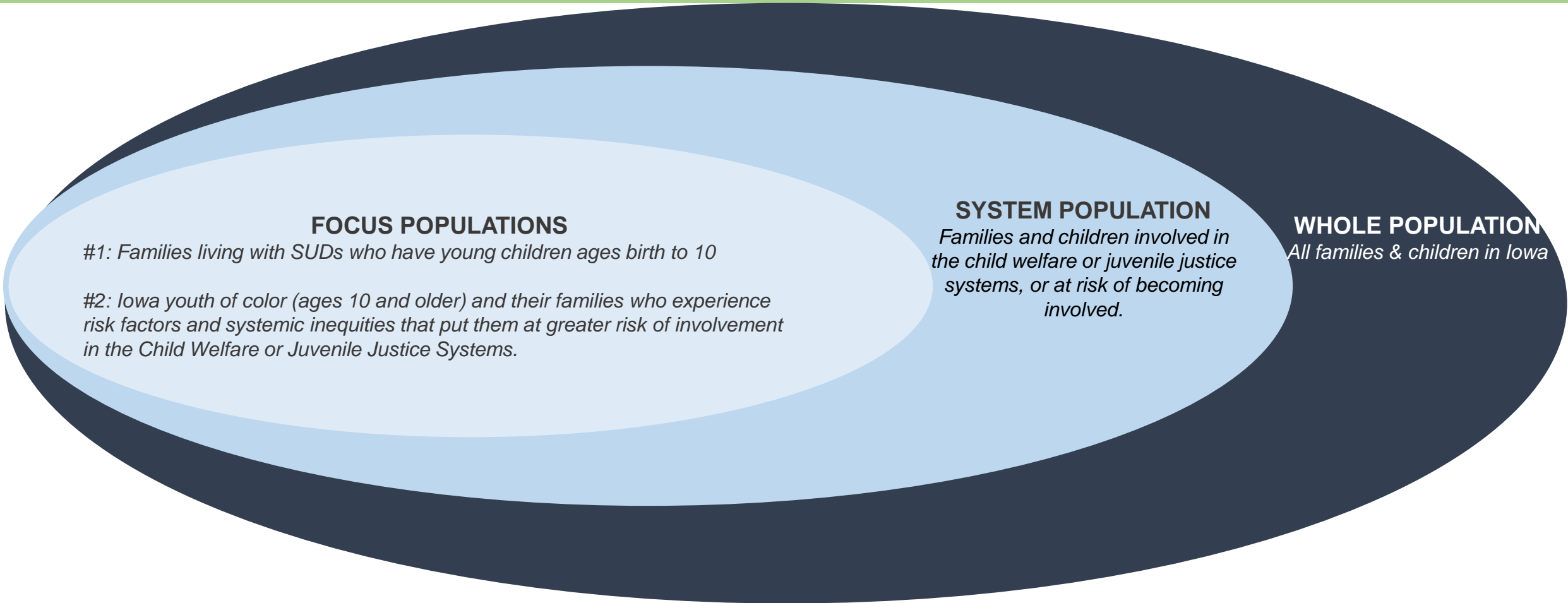


# Whole Population to System Population to Focus Populations

**Vision:** Iowa families and children are safe, secure, healthy and well in their communities.

**FOCUS #1:** Iowa families living with SUDS who have children ages birth to 10

**FOCUS #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.



# Vision Council (2022)

## Result 1: Thrive Together as Families

### Strategy 1.1: Establish trauma-informed, healing-centered systems

1.1.2 Create an Office of Youth Development (OYWG)

1.1.3 Build a culturally and content competent health, housing and human services workforce that reflects the diversity of Iowa communities. (NSWG)

1.1.3a Vision Council and Cultural Equity Alliance form a partnership

### Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families

1.2.1 Develop a centralized, single point of contact for case coordination & service navigation, providing warm handoffs where appropriate

1.2.1.a Monitor DHS/IDPH plans, provide advocacy/feedback as needed, to ensure this is in the Alignment Plan

1.2.6 Adopt and implement a comprehensive family identification and engagement model to prevent unnecessary family separation and support youth and children who are placed into care systems. (NSWG)

1.2.8 Adopt Crossover Youth Practice Model (NSWG)

1.2.9 Replicate Iowa's pre-charge/pre-arrest diversion programs statewide for all youth with first-time, simple offenses. (NSWG)

# Vision Council (2022)

## **Result 2: Families and Children (in the Focus Populations) are Connected to Permanent Housing.**

2.1.1 Forge a collaborative planning and advocacy effort with the MCOs and other entities known to work on ensuring sufficient permanent housing for families, including determining what is needed to bridge families in the VC Focus Populations to stable housing (NSWG)

2.1.1a Determine whether a family housing collaborative is needed or a voice for children/families within housing conversations, decision making, and advocacy.

2.1.1b Secure funding to sustain the VC's work on housing

# Vision Council (2022)

**Result 3: Families and Children in the Focus Populations have a Family Economic Profile that Equates to a Moderate, Adequate Standard of Living.**

No priorities for 2022 was selected for this result.

# Vision Council (2022)

## **Result 4: Families and Children in the Focus Populations Receive Family-Centered, Recovery-Oriented Substance Use Disorder Treatment, when needed.**

Strategy 4.1: Establish a family-centered, recovery-oriented, integrated system of care for treating Substance Use Disorders (SUDs).

4.1.1 Advocate for a Family-centered, recovery-oriented, integrated systems of care for treating Substance Use Disorders and Vision Council Strategies during HHS Alignment process (SUD)

4.1.4 Increase Family Treatment Courts to statewide coverage (SUD)

# Change Leadership Vision Council

## System Culture Shift

| ↓ FROM<br><i>Defensive Style</i> ↓  | TO<br><i>Constructive Style</i> ↑   |
|---|---|
| Current Assessed State:<br>Compliance Mindset   | Overall Goal for the System:<br>Move to a Value-Based Mindset   |
| <b><i>Current Assessed Behaviors:</i></b> <ol style="list-style-type: none"><li>1. Communicating only “What”</li><li>2. Fix-it Mindset</li><li>3. Fear of risk and change</li><li>4. Geographic Alignment</li><li>5. Outcomes measured by negative indicators</li></ol> | <b><i>Ideal Behaviors:</i></b> <ol style="list-style-type: none"><li>1. Communicating “What and Why”</li><li>2. Progress Mindset</li><li>3. Be an agent of change, be proactive and increase advocacy</li><li>4. Goal Alignment</li><li>5. Outcomes measured by positive indicators</li></ol> |

*This System Culture Shift proposal was drafted by the Change Leadership Vision Council, a public-private initiative convened by The Coalition for Family and Children Services in Iowa, funded by the Mid-Iowa Health Foundation.*

**CONTACT:** Kristie Oliver, Executive Director, at [Kristie@iachild.org](mailto:Kristie@iachild.org)

# Consider New Opportunities

- Healing-Centered Engagement
- Upstream

# UPSTREAM

The National Upstream Consortium Strengthening Children and Families through Prevention and Intervention Strategies

Coming to Iowa via Iowa Center for Children's Justice with support from the National Center for State Courts



**Upstream** is a **community-based approach** that leverages court resources, judicial leadership, and child welfare agency partnerships to **enhance community collaboration through state and local coordination**, community mapping, and action planning. This collaboration **aims to strengthen communities, prevent child maltreatment and out-of-home placement, reduce court involvement, and support safe and healthy families.**

**Upstream** has a **family-centered focus** which identifies **domains of prevention and intervention** where strategies can be used to support safe and healthy families.

These domains include:

- **Community – What Everyone Needs to Thrive**
- **Families with Risk Factors**
- **Families with Allegations of Abuse/Neglect**
- **Families with Court Involvement**

# The Benefits of Upstream

Upstream:

sets a foundation for aligning and coordinating state and local efforts.

fosters cross-system collaboration, partnership, and shared accountability.

focuses on the individual, community, and systemic factors that increase the risk of child maltreatment and involvement with the child welfare system.

**UPSTREAM  
POINTS OF INTERSECTION & PREVENTION**

**RESOURCE EXAMPLES**

**COMMUNITY**

- Safe and Affordable Housing
- Early Childhood Education
- Health Screening

**FAMILIES WITH RISK FACTORS**

- Headstart
- Early Intervention
- Family Support Centers
- Food Banks and Pantries
- Housing Supports
- Legal Aid

**FAMILIES WITH  
ALLEGATIONS**

- Alternative Responses
- Voluntary Services
- Safety Plans
- Family Team Meetings
- Safety Planning

**FAMILIES WITH COURT  
INVOLVEMENT**

- High Quality Legal Representation
- Dependency Mediation
- Therapeutic Family Time
- Pre-Post Reunification Services
- Specialty Courts
- Case Planning and Caseflow

COLLABORATION

SHARE



TEAM

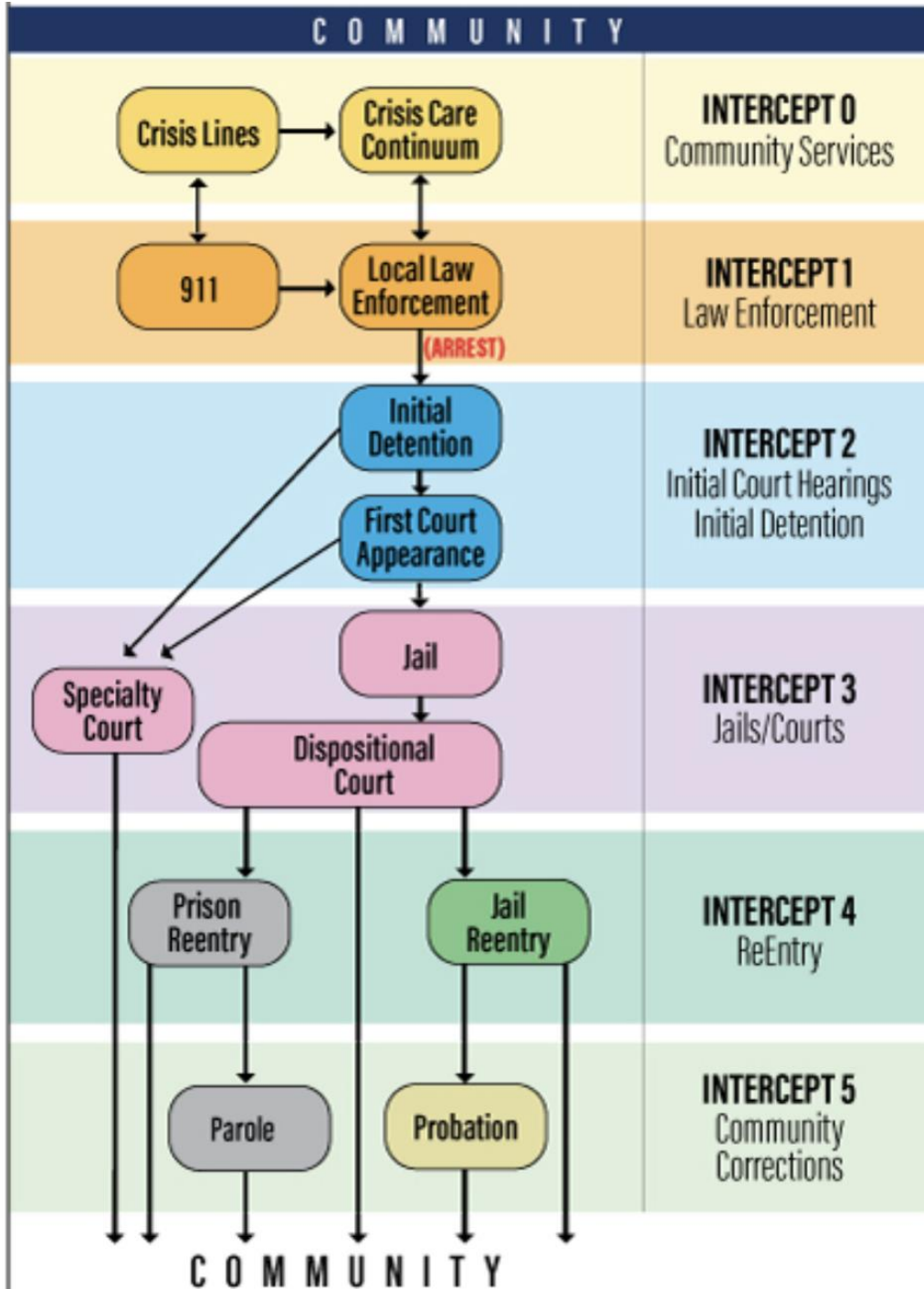
**COMMUNITY**

BELONGING  
SUPPORT

FRIEND  
SOCIETY

DIVERSITY  
PEOPLE





# Action Commitments

| Name | Action | Timeframe |
|------|--------|-----------|
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# **CHECK OUT QUESTION:**

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

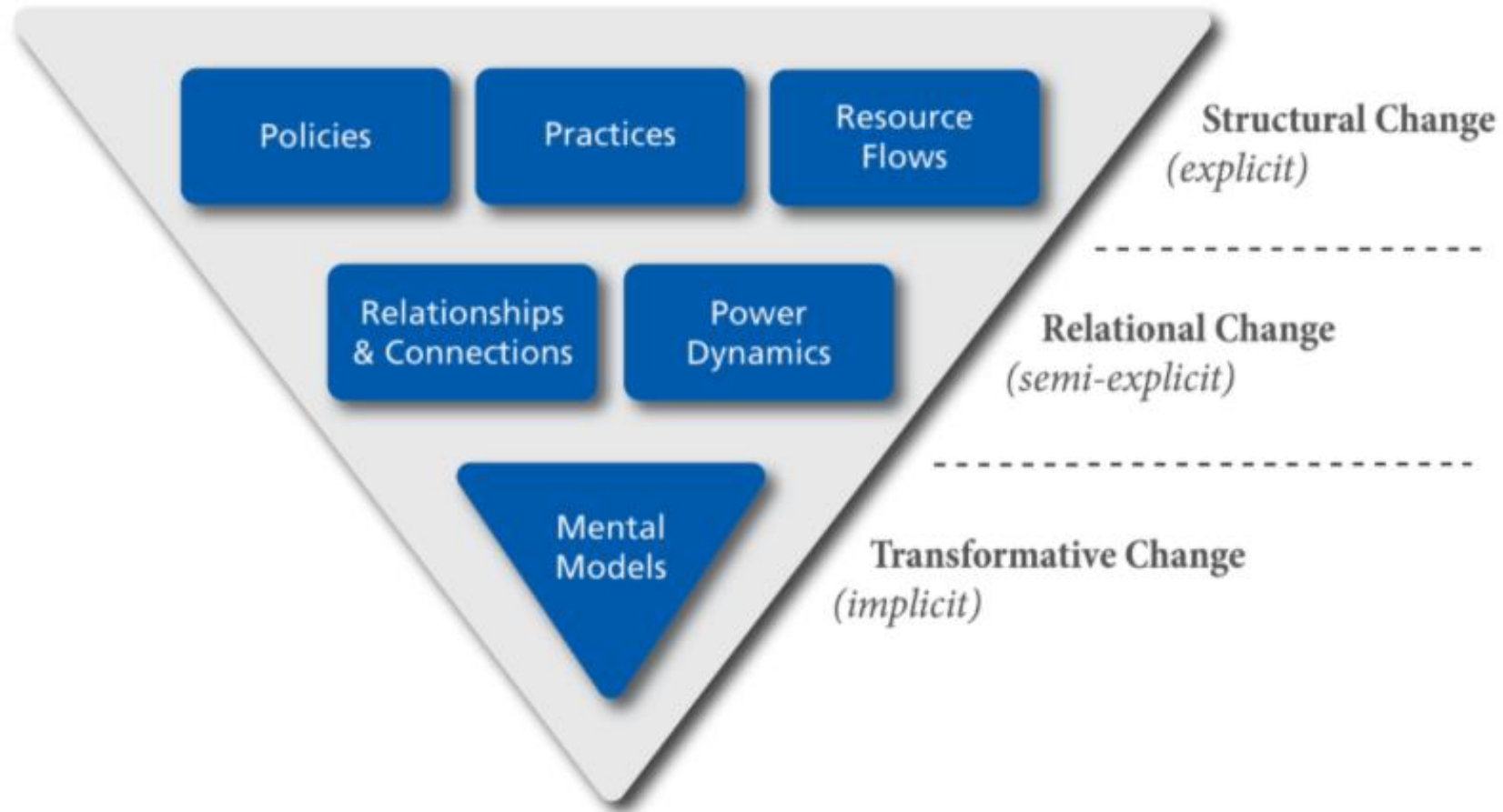


# Thank You



# | RESOURCES

## Six Conditions of Systems Change



“Systems change is about advancing equity by shifting the conditions that hold a problem in place.”

*FSG, The Water of System Change (source of this graphic)*

# Change Leadership Vision Council

## System Culture Shift

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**CONTACT: Kelli Soyer, MSW, LMSW,** Associate Director, at [kelli@iachild.org](mailto:kelli@iachild.org)



**The Coalition**

Coalition for Family and Children's Services in Iowa

# Vision Council Data Observations

*Note: Observations were made as part of a data walk and analysis conducted in August 2019. Since that time, the Vision Council has been working on addressing the issues identified through the data walk.*

Iowa child welfare system stakeholders need to use data to **drive decision making** and **change practices**.

Data illustrates **racial bias** in Iowa systems that needs to be addressed.

There are **root causes** to families becoming involved in the child welfare system.

**Systems need to be trauma-informed** because children and families are living with the trauma of root causes, ACEs and toxic stressors.

**Substance use disorders** show up at a high-level in the data but are not a major focus of FFPSA implementation. (Note: This has since been remedied by the Vision Council with the start up of the Substance Use Disorders Work Group.)

System stakeholders need to **work together to** address root causes, prevent child maltreatment and prevent trauma.

# Measuring Progress - Moving Toward the North Star Outcome: “Iowa children and families are safe, secure, healthy and well in their communities”

Key:  
 Red = correlates w/ child maltreatment  
 Blue = Family First Prevention Services Act helps with  
 Purple = financial strategies proven to reduce entries into CWS

|  | Building Blocks All Families Need                                     | Progress Measures/Want to Measure  | Notes                          |
|--|---|--|--------------------------------|
| <b>Safe</b> - Feeling nurtured and protected.  | Housing with concrete supports  | Safe, affordable, available housing  | Family Protective Factor (FPF) |
| <b>Secure</b> - Having enough resources for a quality of life.                                       | Employment<br>Financial assistance                                    | Access to robust EITC<br>Wage increases, e.g. minimum wage increase                              | FPF                            |
|  | Transportation  |  |                                |
| <b>Healthy</b> - Enjoying good health and expecting to live a full life.                             | Health care access  | Uninsured (CHR – under age 65)<br>Uninsured children (CHR - % under age 19)<br>Medicaid coverage | FPF                            |
|  | Food security<br>SUD and MH treatment                                 | Food Environment Index (CHR)<br>Access to MH Care (CHR)  |                                |
| <b>Well</b> - Thriving and resilient with a strong economy and opportunities to learn.               | Parental education<br>Child care<br>Services to address special needs |  |                                |
|  |   |  |                                |
| <b>In their communities</b> - Living among family and social networks who help each other live well. | Parent skill building   | Availability to home visiting that includes concrete supports                                    | FPF                            |
|  | Supportive communities and relationships                              |  | FPF                            |
|  | Caring adults outside of the home                                     |  | FPF                            |

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## Defining the Problem (Structural Inequities) through Indicators

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| Indicators   | Measure/Source  | Note   |
|--|---|--|
| Principal Issue: Concentrated Community Disadvantage (CCD) <sup>1, 2</sup> |   |  |
| Poverty  | Child poverty<br>Unemployment   | Concentrated Community Disadvantage (CCD); correlated with child maltreatment <sup>3</sup> |
| Parental education attainment  | Adults with a high school diploma (county level)  | Correlated with child maltreatment <sup>3</sup>  |
| Housing instability  | Severe housing problems (county level)  | CCD; Correlated with child maltreatment <sup>3</sup>                                       |
| Food insecurity  | Free/Reduced Lunch  | Somewhat correlated with child maltreatment <sup>3</sup>                                   |
| Uninsurance  | Uninsured under age 65 (CHR)<br>Uninsured under age 19 (CHR)  | Somewhat correlated with child maltreatment <sup>3</sup>                                   |
| Social Disorder  | Excessive drinking (County Health Rankings)<br>Substance Use in child maltreatment cases (Iowa DHS) | CCD; indicator of fewer resources overall; Social disorder is linked to child maltreatment |

<sup>1</sup>[15 Ways Neighborhoods of Concentrated Disadvantage Harm Children](#), ChildTrends, 2018

<sup>2</sup>[Understanding the Interplay between Neighborhood Structural Factors, Social Processes, and Alcohol Outlets on Child Physical Abuse](#), U.S. National Library of Medicine, National Institutes of Health

<sup>3</sup>[Social Determinants of Health and Child Maltreatment: A Systematic Review](#), Pediatric Research, 2020