

# VISION COUNCIL RESULTS ACTION PLAN

Version 3.28.2022

## Vision Council Background and Description

As leaders in the public and private sectors, the Vision Council is focused on the importance of building and restoring family and child well-being.

We collaborate and study data to identify and address the root causes of child maltreatment and build protective factors for families. Together we share a collective voice as leaders and work to foster a constructive culture across systems, prevent and address trauma and Adverse Childhood Experiences, and apply an equity lens.

This Results Action Plan emerged from a study of data and information that illustrates two populations of Iowans who experience preventable adversities. This Results Action Plan is responsive to their distinct experiences as a means for ensuring more "Iowa families and children are safe, secure, healthy, and well in their communities."

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

**Whole Population:** All families and children in Iowa.

**System Population:** Families and children involved in the child welfare or juvenile justice systems, or at risk of becoming involved.

### Focus Populations:

- 1) Iowa families living with Substance Use Disorders (SUDs) who have young children (ages 0-10)
- 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.

### Core Beliefs:

To achieve the Vision, Iowa leaders and systems need to:

#### **Be Family-Centered.**

Iowa systems need to take a family-centered approach where each individual and family receives support when needed. Children and parents experience better outcomes when their needs are addressed together. Families are the experts of their own family unit.

#### **Cultivate Collaborative and Interconnected Systems.**

Children and parents experience better outcomes when their needs are addressed holistically. A multi-systems approach focused on ensuring equity and addressing root causes is necessary to meet the full range of families' needs.

#### **Respond to Trauma.**

All public and private systems need to be healing-centered, trauma-informed and equipped to model and support relational health.

**Support Recovery.**

Substance use disorder is a disease that can be treated; recovery is possible.

**Address Root Causes.**

Housing instability, financial security, and child care challenges are highly correlated with child maltreatment and must be eliminated. The circumstances and effects of poverty are frequently the cause of child neglect and can be addressed.

**Embed Knowledge of Development.**

The developmental needs of young children and adolescents are distinct and deserve attention, intention and investment. Whatever the reason children and youth come to the attention of the child welfare and juvenile justice systems and whatever the behavior displayed, our systems must respond in ways that nurture healthy development, offer healing, and ensure connections to family and social networks.

**Secure Access & Opportunity.**

Programs and initiatives that offer equitable opportunities for all populations are important to health communities and a strong economy.

**Story Behind the Baseline**

[Still under development.]

## Results Action Plan Summary

Families and children in the Focus Populations:

### Result 1: Thrive together as families.

**Target:** By 2026, reduce entries into the child welfare and juvenile justice systems among families in the Focus Populations by (# or %).

**Progress Indicator:** TBD (Baseline: TBD, will be based on Progress Indicator)<sup>1</sup>

**Strategies:**

- 1.1 Establish trauma-informed, healing-centered systems
- 1.2 Support and strengthen relationships among children, youth, parents and families

### Result 2: Are connected to permanent housing.

**Target:** By 2026, 94% of Iowa families with children are living in safe, affordable housing.

**Progress Indicator:** TBD (Baseline: TBD, will be based on Progress Indicator)<sup>2</sup>

**Strategy:**

- 2.1 Ensure there is a concerted, results-focused effort to provide permanent housing options for families in the Focus Populations.

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

**Target:** By 2026, cut child poverty from 44% to 22%.

**Progress indicator:** Percent of children below 250 percent poverty in Iowa (Baseline: 44% (National KIDS COUNT Database, 2019))

**Strategy:**

- 3.1 Ensure families have economic opportunities, and are connected to material and concrete supports, when needed.

### Result 4: Receive family-centered, recovery-oriented Substance Use Disorder treatment, when needed.

**Target:** Safely increase the number of families who remain intact while in recovery by 10% each year beginning in 2023.

**Progress Indicator:** TBD (Baseline: TBD, will be based on Progress Indicator)<sup>3</sup>

**Strategy:**

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

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<sup>1</sup> [Working to select a data point to track that will not have any unintended consequences.]

<sup>2</sup> [Working with housing experts to help decide between “Severe Housing Problems in Iowa” or “Children Living in Crowded Housing” or another/different recommended progress indicator.]

<sup>3</sup> [Working to prepare a Request for Information to DHS that will inform the selection of a Progress Indicator.]

## Results Action Plan Listing of Strategies & Activities

This is an overview of the Results, Strategies and Activities designed by the Vision Council. Pages 8-32 offer more detail (for as far as the work planning process has gotten to date).

Note: These are the same Results and Strategies listed on page 3 of this document. They are repeated here with the addition of the Activities related to each Strategy.)

### Result 1: Thrive together as families.

#### **Strategies:**

#### **1.1 Establish trauma-informed, healing-centered systems**

##### **Activities:**

- 1.1.1 A multi-system collaborative effort is put in place and charged with implementing this Strategy
- 1.1.2 Create an Office of Youth Development
- 1.1.3 Build a culturally competent human services workforce that reflects the diversity of Iowa communities
- 1.1.4 Establish trauma-informed, culturally responsive, and non-traditional practices that meet the needs of Black, Indigenous, People of Color

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

##### **Activities:**

- 1.2.1 Develop a centralized, single point of contact for case coordination & service navigation providing warm handoffs where appropriate
- 1.2.2 Train all case manager and navigator roles in core competencies that center and support family connectedness
- 1.2.3 Increase availability of culturally responsive home visiting and other community-based programs
- 1.2.4 Invest in Family Resource Centers as a place families can access supports in lieu of formal system involvement
- 1.2.5 Family-centered services and after care/re-entry services and support are available statewide for children, youth and families of all types who are connected to the CWS (birth, resource, kin, foster, adoptive) so families can successfully reunite after out of home placement/residential-based care
- 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
- 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)
- 1.2.8 Adopt a Crossover Youth Practice Model
- 1.2.9 Replicate Iowa's pre-charge-pre-arrest diversion programs statewide for all youth with first-time, simple offenses.

**Result 2: Are connected to permanent housing.**

**Strategy:**

**2.1 Ensure there is a concerted, results-focused effort to provide permanent housing options for families in the Focus Populations.**

**Activities:**

- 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.
- 2.1.2 Enact a statewide Supportive Housing model/network as one strategy to address the housing needs of the Focus Population.
- 2.1.3 Construct or renovate an adequate supply of homes that offers families with children safety, security, and a sustained community connection.
- 2.1.4 Increase pathways to home ownership for Black and Brown families

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

**Strategy:**

**3.1 Ensure families have economic opportunities, and are connected to material and concrete supports, when needed.**

**Activities:**

- 3.1.1 Ensure statewide access to a menu of instrumental supports, including supportive housing.

**Result 4: 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).**

**Activities:**

- 4.1.1 Advocate for “SAMHSA framework,” and Vision Council Strategies and Activities as part of the HHS Alignment process
- 4.1.2 Conduct statewide education of adult behavioral health providers on new opportunities to serve families, e.g. FFPSA
- 4.1.3 Shift the mental model among judicial district team members to “SUD is a disease that can be treated”
- 4.1.4 Increase the number of Family Treatment Courts to statewide coverage
- 4.1.5 Achieve an adequate number of family-based residential treatment centers for SUD that treat mothers, fathers, and children together.

- 4.1.6 Ensure there are community-based mental and behavioral health options, including a focus on the distinct needs of the Vision Council's Focus Populations, especially Black, Indigenous, and Children, Youth and Families of Color

### **Vision Council's Work Ahead**

**Further develop and implement detailed action steps to achieve the Strategies in the Results Action Plan.**

**Activities:**

- VC.1 Development of Performance Measures and Action Steps
- VC.2 Build Roster of Aligned Partners
- VC.3 Devise Results Action Plan Companion Documents

## Vision Council Action Priorities for 2022

Note: The same list of priorities is presented in two different formats: 1) Numerical, and 2) By Category (Work Group, Vision Council, Both/All).

### Numerical Order

- 1.1.1 Create an Office of Youth Development
- 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)
- 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/advise the HHS Alignment Plan)
- 1.2.2 Train all case manager and navigator roles in core competencies that center and support family connectedness (In 2022, identify a funding source for this Activity; first step, meet with Marisa Eyanson)
- 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. (In 2022, take first Action Step: Assess the current status of “family finding” efforts (how they are funded, who is doing them in the state and/or modeling them in other states, who supports this Activity in Iowa).
- 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.
- 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.
- 4.1.1 Advocate for “SAMHSA framework,” and Vision Council Strategies and Activities as part of the HHS Alignment process
- 4.1.4 Increase the number of Family Treatment Courts to statewide coverage (In 2022, take first Action Step: Work with Iowa Children’s Justice to define a role for the Vision Council in support of ICJ’s ongoing work with its FTC partners.)
- VC.1 Development of Performance Measures and Action Steps  
  
Complete a detailed set of Action Steps according to implement the Strategies, and Activities in the Results Action Plan.
- VC.2 Build Roster of Aligned Partners  
  
VC.2.a Identify, build relationships with, and invite partners (entities) & participants (people) with the position, knowledge, expertise and commitment to implement the Strategies. Note: This will be an

ongoing process. In 2022, focus on securing formal partnerships with organizations that have already demonstrated interest or are already leading work related to the Vision Council's Strategies.

## By Category (Work Group, Vision Council, Both/All)

### Older Youth Work Group

- 1.1.2 Create an Office of Youth Development
- 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.

### Substance Use Disorder Work Group

- 4.1.1 Advocate for "SAMHSA framework," and Vision Council Strategies and Activities as part of the HHS Alignment process
- 4.1.4 Increase the number of Family Treatment Courts to statewide coverage (In 2022, take first Action Step: Work with Iowa Children's Justice to define a role for the Vision Council in support of ICJ's ongoing work with its FTC partners.)

### North Star Work Group

- 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.

### Cross-Cutting for Both Focus Populations

- 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)
- 1.2.2 Train all case manager and navigator roles in core competencies that center and support family connectedness (In 2022, identify a funding source for this Activity; first step, meet with Marisa Eyanson)
- 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. (In 2022, take first Action Step: Assess the current status of "family finding" efforts (how they are funded, who is doing them in the state and/or modeling them in other states, who supports this Activity in Iowa)

(continued on next page)

## **Vision Council Overarching (Each/Both Focus Populations; Vision Council Overall)**

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)

VC.1 Development of Performance Measures and Action Steps

Complete a detailed set of Action Steps according to implement the Strategies, and Activities in the Results Action Plan.

VC.2 Build Roster of Aligned Partners

VC.2.a Identify, build relationships with, and invite partners (entities) & participants (people) with the position, knowledge, expertise and commitment to implement the Strategies. Note: This will be an ongoing process. In 2022, focus on securing formal partnerships with organizations that have already demonstrated interest or are already leading work related to the Vision Council's Strategies.

**Work Plan** *(Still under development – Please note: This section represents the progress each Work Group has made so far. In some cases, there are Action Steps and Performance Measures for each Activity. In other cases, that work is not yet completed. This section is included so that the details are available to help support the selection of priorities and to share all of the work that has been done so far.)*

**Result 1: Thrive Together as Families.**

**Target:** By 2026, reduce entries into the child welfare and juvenile justice systems among families in the Focus Populations by (# or %).

**Progress Indicator(s):** TBD

<b>Strategy 1.1: Establish trauma-informed, healing-centered systems</b> <i>(Result 1: Thrive Together as Families)</i>				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
1.1.1 A multi-system collaborative effort is put in place and charged with implementing this Strategy (Practices, Relationships & Connections, Mental Models)	June 2022	By December 2022, a collaborative effort is established and given the responsibility of ensuring the Strategy Target is achieved.		Possible Partner: Iowa ACES 360 The aim is: Iowa’s family support, child welfare, juvenile justice, early childhood, education, health, law enforcement, judicial, and labor/workforce systems are trauma-informed and healing-centered.
<b>Strategy 1.1: Establish trauma-informed, healing-centered systems, continued</b>				

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Tracking support for pages 8-32 of the Results Action Plan:

Result 1: Thrive in Families, pgs 8-18

Result 2: Connected to Permanent Housing, pgs 19-22

Result 3: Family Economic Profile that equates to a moderate, adequate standard of living, pgs 23-24

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<b>(Result 1: Thrive Together as Families)</b>				
<b>Action Step:</b> 1.1.1.a Secure the commitment from each system to appoint a representative to this Activity.	June 2022 (Q3 2022)	By September 2022, a representative of each system listed in the Strategy Target is appointed to a Strategy Work Group.		Possible Partners: Iowa ACES 360 Prevent Child Abuse IA HHS JJ Early Childhood IA DOE Law enforcement entity Judicial entity State labor/workforce rep State Chamber of Commerce?
<b>Action Step:</b> 1.1.1.b Multi-system collaborative develops a Work Plan	September 2022 (Q2 2023)	By June 2023, there is a Work Plan in place that will achieve the Strategy Target.		
<b>Action Step:</b> 1.1.1.c Define “trauma-informed & healing centered.”				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
1.1.2 Create an Office of Youth Development	Underway (Q3 2023)	By September 2023, an Office of Youth Development is created to consistently apply neuroscience & adolescent development knowledge to systems, policies, services & practices in the CWS and JCS and others.		Criminal & Juvenile Justice Planning (CJJP), Iowa Department of Human Rights  Note: The OYWG wants to ensure there is increased knowledge of adolescent development, and family/community engagement.

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<b>Strategy 1.1: Establish trauma-informed, healing-centered systems, continued</b> <i>(Result 1: Thrive Together as Families)</i>				
<b>Action Step:</b> 1.1.2.a Vision Council makes a formal agreement with CJJP		By March 2022, the Vision Council and CJJP have a formal agreement for this Activity that defines the roles and tasks of each partner.	Partner or Supporter	
<b>Action Step:</b> 1.1.2.b Develop a broad definition of “family” to increase the reach and impact of this body of work.		By [month, year], there is a definition of “family” that is inclusive of all family types and informed by the cultures present in Iowa.  By [month, year], the new definition of “family” is adopted and consistently applied in systems, policies, services and practices across public and private human services agencies in Iowa (needs further refinement)		

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<b>Strategy 1.1: Establish trauma-informed, healing-centered systems, continued</b> <i>(Result 1: Thrive Together as Families)</i>				
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
1.1.3 Build a culturally and content-competent human services workforce that reflects the diversity of Iowa communities				Possible Partners: Cultural Equity Alliance Juvenile Justice Advisory Council Iowa ACES 360  Note: This applies to public and private sectors, e.g. “establish consistent trauma-informed, healing-centered culture (policies, practices, mental model) at residential/group care/detention facilities.
<b>Action Step:</b> 1.1.3.a Vision Council makes a formal agreement with the Cultural Equity Alliance		By 202X, the Vision Council and Cultural Equity Alliance have a formal agreement for this Activity that defines the roles and tasks of each partner.	Partner or Supporter	

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<p><b>Action Step:</b>  <u>1.1.3.b</u>  <u>TBD based on 2.4.2022 VC meeting: “Add appropriate action step here.” (“We also need to include retention. The intent is the continuum of human services – everyone that works with people.”)</u></p>				
<p><b>Strategy 1.1: Establish trauma-informed, healing-centered systems, continued</b>  <i>(Result 1: Thrive Together as Families)</i></p>				
<p><b>Activity:</b></p>	<p><b>Start (Complete By)</b></p>	<p><b>Performance Measure(s)</b></p>	<p><b>VC Level of Action</b></p>	<p><b>Partners/Participants and Notes</b></p>
<p>1.1.4            Establish trauma-informed, culturally responsive, and non-traditional practices that meet the needs of Black, Indigenous, People of Color over age 10</p>				
<p><b>Action Step:</b>            1.1.4.a            TBD</p>				

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<b>Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families</b> <i>(Result 1: Thrive Together as Families)</i>				
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
1.2.1 Develop a centralized, single point of contact for case coordination & service navigation, providing warm handoffs where appropriate	February 2022			
<b>Action Step:</b> 1.2.1.a Monitor DHS/IDPH plans, provide advocacy/feedback as needed, to ensure this is in the Alignment Plan	Underway	By June 2022, new HHS includes “community concierge” concept in the Alignment Plan, dedicates resources, and establishes a project plan and timeline.	Lead	Note: The SUDWG acknowledged that if the stated Performance Measure is not achieved, then the VC should pursue establishing a pilot for this approach (by Q3 2022). If that does not happen, the VC needs to work on coming up with a new plan (Q2 2023).
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
1.2.2 Train all case manager and navigator roles in core competencies that center and support family connectedness	Q3 2022	By 202X, all entities that employ case managers or navigators who interact with families are formally committed to using a common orientation/training curriculum that develops core competencies		Notes: <b>Case manager/navigators from:</b> housing, child welfare, substance use, SNAP/WIC, etc.  <b>Core competencies examples:</b> building Protective Factors; healing-centered/trauma-informed; cultural competency; know how to connect families w/ instrumental supports, etc.

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<b>Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families, continued</b> <i>(Result 1: Thrive Together as Families)</i>				
<b>Action Step:</b> 1.2.2.a Identify a funding source for this Activity		By <b>QX 202X</b> , a funding source is identified for this Activity.		First step – check in with Marisa Eyanson for possibility of Medicaid funding (in Q3 2022)
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
1.2.3 Increase availability of culturally responsive home visiting and other community-based programs				
<b>Action Step:</b> 1.2.3.a TBD				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
1.2.4 Invest in Family Resource Centers as a place families		By 2026, every family in Iowa has access to a Family Resource Center within [X] miles from where they live.		Note: Washington DC has a Families First DC initiative that is a model for this. <a href="#">Families First DC overview</a>

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can access support in lieu of formal system involvement.				
<b>Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families, continued</b> <i>(Result 1: Thrive Together as Families)</i>				
<b>Action Step:</b> 1.2.4.a Identify entities that support this Activity and pursue a collaborative effort to develop an initiative/campaign.		By [month, year], a collaboration of key stakeholders is assembled and charged to make Family Resource Centers a reality across Iowa.		
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
1.2.5 Family centered services and after care/re-entry services and support are available statewide for children, youth and families of all types who are connected to the CWS (birth, resource, kin, foster, adoptive) so families can successfully reunite after out of home placement/residential-based care, mentorship for family)				<b>Note:</b> These services must be designed to prevent OOH placement, but also support shorter lengths of stay and successful return home for children/families involved in the OOH system.  There is a Re-Entry Navigator pilot in 3 communities right now that is funded by IVRS through legislation for youth leaving group care
<b>Action Step:</b> 1.2.5.a TBD				

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Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families, continued (Result 1: Thrive Together as Families)				
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
1.2.6 Adopt and implement a comprehensive <b>family identification and engagement model</b> to prevent unnecessary family separation and support youth and children who are placed into care systems.				
<b>Action Step:</b> 1.2.6.a 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)		By [month, year], a comprehensive landscape review is conducted. By [month, year], a collaborative partnership is assembled to devise an Action Plan.  By [month, year], a family identification and engagement model is fully implemented throughout the Child Welfare and Juvenile Court systems (public and private).		Possible Partners: DHS CWS CJJP (currently does some family finding for DHS)

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<b>Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families, continued</b> <i>(Result 1: Thrive Together as Families)</i>				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
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: CAMHI for Kids Mental Health Regions
<b>Action Step:</b> 1.2.7.a Apply the lens of race and cultural equity to the selection of Evidence-Based Practices included in Iowa’s IV-E Prevention Plan.				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>

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<p>1.2.8 Adopt Crossover Youth Practice Model</p>		<p>By [month, year], Iowa is fully implementing the Crossover Youth Practice Model (OR – align with JJ Task Force Workgroup’s performance measure)</p>		<p>This is one of Chief Justice Christensen’s Juvenile Justice Task Force Workgroups <a href="#">Crossover Youth Practice Model   Center for Juvenile Justice Reform   Georgetown University</a></p>
<p><b>Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families, continued</b> <i>(Result 1: Thrive Together as Families)</i></p>				
<p><b>Action Step:</b> 1.2.8.a Meet with Chief Justice Christensen to identify how the Vision Council can support the effort she is leading.</p>		<p>By [month, year], the Vision Council has a clear understanding of what role it can play to bring the Crossover Youth Practice Model to Iowa.</p>	<p>Partner or Supporter</p>	
<p><b>Activity:</b></p>	<p><b>Start (Complete By)</b></p>	<p><b>Performance Measure(s)</b></p>	<p><b>VC Level of Action</b></p>	<p><b>Partners/Participants and Notes</b></p>
<p>1.2.9 Replicate Iowa’s pre-charge/pre-arrest diversion programs statewide for all youth with first-time, simple offenses.</p>		<p>By December 2026, diversion programs are in place in every community in Iowa.</p>		<p><b>Note:</b> Iowa was just awarded \$5 million to give to 5 communities to advance pre-charge diversion. Few communities doing it already, though there is evidence that it achieves desirable results. There is no legislation that requires this.</p>

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<p><b>Action Step:</b> 1.2.9.a Meet with the entity that is leading current efforts to identify how the Vision Council can support the replication.</p>				
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**Result 2: Families and Children in the Focus Populations are Connected to Permanent Housing.**

**Target:** By 2026, 94% of Iowa families with children are living in safe, affordable housing.

**Progress Indicator:** **TBD** (Note: The NSWG is seeking advice from housing experts to decide between “Severe Housing Problems in Iowa” or “Children Living in Crowded Housing” as possible Progress Indicators.)

<p><b>Strategy 2.1: Ensure there is a concerted, results-focused effort to provide permanent housing options for families in the VC Focus Populations.</b> <i>(Result 2: Connected to Permanent Housing)</i></p>				
<p><b>Activity:</b></p>	<p><b>Start (Complete By)</b></p>	<p><b>Performance Measure(s)</b></p>	<p><b>VC Level of Action</b></p>	<p><b>Partners/Participants and Notes</b></p>
<p>2.1.1 Forge a collaborative planning and advocacy effort with the MCOs and other entities known to work on ensuring</p>	<p>(Q4 2022)</p>	<p>By Q4 2022, an active collaborative effort is established to develop a detailed plan that will achieve the VC Result on housing.</p>	<p><b>Partner</b></p>	<p>Possible Partners: Parent Partners YSS (Andrew Allen) Family Resources (Ashley Schwalm) Four Oaks</p>

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<p>sufficient permanent housing for families, including determining what is needed to bridge families in the VC Focus Populations to stable housing.</p>		<p>**</p> <p>By [month, year], the collaborative has a detailed plan that includes: how to assess for and track housing status, and how to prevent homelessness, particularly among the VC Focus Populations, and any other strategies/actions/policies/practices that are necessary to achieve the VC Result on housing.</p>		<p>MCOs  <a href="#">Iowa Council on Homelessness</a> (Iowa Finance Authority; <a href="#">Five Year Strategic Plan 2021-2026</a>)                  Home Forward Iowa                  New HHS, esp <b>Cody's project</b>                  Common Good Iowa                  Governor's Advisory Group on Homelessness                  Homebuilders                  Landlords</p> <p>Note: The NSWG determined that it is necessary to ensure the bridge to the new HHS, since housing is not within their jurisdiction, but critical to their success with families.</p> <p>In doing a brief landscape review, NSWG learned that housing efforts are largely focused on veterans and elderly, with insufficient focus on families with children.</p>
<p><b>Action Step:</b>                  2.1.1.a                  Conduct a national landscape review of housing initiatives and projects that are geared toward the VC's Focus Populations.</p>	<p>(Q1 2023)</p>	<p>By [month, year], the Vision Council is aware of two or more models at work in other states that could inform a detailed plan on ensuring stable housing for Iowa families with children.</p>		<p>Notes:                  California has a two-year old, state-funded initiative to prevent homelessness for families in the CWS: <a href="#">Bringing Families Home</a></p>

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				Children’s Hospital of WI’s Institute for Child and Family Well-Being has a robust initiative focused on addressing the housing needs of families in the CWS or at risk of entry into CWS, <a href="#">Housing Opportunities Made to Enhance Stability (HOMES) Initiative</a>
<b>Strategy 2.1: Ensure there is a concerted, results-focused effort to provide permanent housing options for families in the VC Focus Populations, continued</b> <i>(Result 2: Connected to Permanent Housing)</i>				
<b>Action Step:</b> 2.1.1.b Explore the concept of assessing for housing needs as a universal question in any client needs assessment by any agency, but definitely CWS, BH, MH and family resource agencies	(Q4 2022)			Notes:  Is there a technology solution for this assessment?
<b>Activity:</b> 2.1.2 Enact a statewide Supportive Housing model/network as one strategy to address the	(Q4 2025)			Note: A Supportive Housing model paired with concrete supports is shown to prevent entries into the CWS. <b>(Source: Chapin Hall)</b>

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housing needs of the Focus Populations.				
<b>Action Step:</b> 2.1.2.b TBD				
<b>Activity:</b> 2.1.3 Construct or renovate an adequate supply of homes that offers families with children safety, security, and a sustained community connection.	Q4 2026	By [month, year], an assessment of the need and opportunity for housing stock for families with children, e.g. how many houses are needed? Where are they needed?		
<b>Strategy 2.1: Ensure there is a concerted, results-focused effort to provide permanent housing options for families in the VC Focus Populations, continued</b> <i>(Result 2: Connected to Permanent Housing)</i>				
<b>Action Step:</b> 2.1.3.b TBC				
<b>Activity:</b> 2.1.4 Increase pathways to home ownership for Black and Brown families	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>  Note: It will be important to assure that home ownership practices and policies – for any and all populations – do not carry any unintended consequences for the population.
<b>Action Step:</b> 2.1.4.a				

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Include a focus on home ownership and permanent housing options for Black and Brown families in the plan that the collaborative effort on housing for families is tasked to prepare.				
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**Result 3: Families and Children in the Focus Populations have a Family Economic Profile that Equates to a Moderate, Adequate Standard of Living.**

**Target:** By 2026, reduce the percentage of children living below 250 percent of poverty from 44% (2019) to 22%.

**Progress Indicator:** Percent of children living below 250 percent of poverty in Iowa (National KIDS COUNT Database)

<b>Strategy 3.1: Connect families to supports that equate to a moderate, adequate, standard of living.</b> <i>(Result 3: Family Economic Profile)</i>				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
3.1.1 Ensure statewide access to a menu of instrumental supports, including supportive housing.	<b>Ongoing</b> (per SUDWG, start with housing by Q1 2023)		Partner	YSS (Andrew Allen, esp on housing)  <b>Notes:</b> Draw from the various provisions in the American Rescue Plan, Medicaid, Family First Prevention Services Act and Family First Transition Act; TANF; other state & federal financing.  Acknowledge that this is a local system right now, but that may shift as part of HHS alignment  In draft of plan, include a list that defines what is meant by “a menu of instrumental supports”  What are the gaps in “instrumental supports” that need to be filled.

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<b>Strategy 3.1: Connect families to supports that equate to a moderate, adequate, standard of living, continued</b> <i>(Result 3: Family Economic Profile)</i>				
<b>Action Step:</b> 3.1.1.a Identify financing streams that are at work/could work together to achieve a full scope of instrumental supports for families to prevent entry into CWS/JJ and to provide families who are involved CWS or JJ				Possible Partners: MCOs Cross-Systems Collaboration (Coalition of Family and Children's Agencies in IA is convener)
<b>Action Step:</b> 3.1.1.b Identify best practices from other states/localities				

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

**Target:** Safely increase the number of families who remain intact while in recovery by 10% each year.

**Progress Indicator:** TBD

<b>Strategy 4.1: Establish a family-centered, recovery-oriented, integrated system of care for treating Substance Use Disorders (SUDs).</b> <i>(Result 4: Family-Centered SUD Treatment)</i>				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
4.1.1 Advocate for “SAMHSA framework,” and SUDWG/Vision Council Strategies during HHS Alignment process	Q1 2022 and ongoing until Alignment Plan is completed			
<b>Action Step:</b> 4.1.1.a VC and its members advocate for a family-centered approach to treating Substance Use Disorders	Underway			Note: The VC shared a set of priorities with the executive leadership of DHS/IDPH in September. Several of the VC priorities appeared in the communications/materials from the Alignment process  (Question: Is more needed to institutionalize SAMHSA’s framework: “family-centered, recovery-oriented, integrated system for treating SUDs”?)

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<b>Strategy 4.1: Establish a family-centered, recovery-oriented, integrated system of care for treating Substance Use Disorders (SUDs), continued</b> <i>(Result 4: Family-Centered SUD Treatment)</i>				
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
4.1.2 Conduct statewide education of adult behavioral health providers on new opportunities to serve families, e.g. FFPSA				
<b>Action Step:</b> 4.1.2.a Offer a Call to Action webinar for adult behavioral health providers, in partnership with MCOs (Mental Models, Relationships & Connections)	(Q2 2022)			<b>Possible Partners:</b> YSS MCOs Iowa Behavioral Health Association CAMHI for Kids(?)  <b>Note:</b> Share Vision Council Results Action Plan Inform Adult BH providers about FFPSA opportunities
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
4.1.3 Shift the mental model among judicial district team members to “SUD is a disease that can be treated”				

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(Mental Models, Power Dynamics)				
<b>Strategy 4.1: Establish a family-centered, recovery-oriented, integrated system of care for treating Substance Use Disorders (SUDs), continued</b> <i>(Result 4: Family-Centered SUD Treatment)</i>				
<b>Action Step:</b> 4.1.3.a Do a training for all districts, starting with the Chief Justice Workgroup	(Q4 2022)			
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
4.1.4 Increase Family Treatment Courts to statewide coverage.	(Q4 2022)		Partner or Supporter	Possible Partners: Iowa Center for Children’s Justice Dr. Chasnoff
<b>Action Step:</b> 4.1.4.a Work with Iowa Children’s Justice to define a role for the Vision Council in support of ICJ’s ongoing work with its FTC partners.				Lead - Iowa Children’s Justice  Note: Kathy Thompson has information on where current FTCs, where there is interest, and where new sites are slated. She acknowledges that setting up FTCs is labor-intensive and site-specific work.

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<b>Strategy 4.1: Establish a family-centered, recovery-oriented, integrated system of care for treating Substance Use Disorders (SUDs), continued</b> <i>(Result 4: Family-Centered SUD Treatment)</i>				
Activity:	Start (Complete By)	Performance Measure(s)	VC Level of Action	Partners/Participants and Notes
<u>(Revised, approved by VC on 2.4.2022 – see Notes)</u> <b>4.1.5</b> <u>Wrap family-centered behavioral health, mental health, and substance use disorder (SUD) services and supports around the whole family through a continuum of care (including home, community-based, and residential settings, define client as the whole family).</u>				<u>Notes: During its February meeting, the Vision Council discussed and approved a modification to this section, re-framing 4.1.5 and 4.1.6. For this reason, This “revised” 4.1.5 is highlighted in track changes to help VC members follow along. Because it was approved, this revised 4.1.5 and subsequent revisions, also highlighted here in track changes, are now a part of the final version of the Results Action Plan. (3.28.22)</u>
<u>Action Step:</u> <b>4.1.5.a</b> <u>Gain greater clarity around what the VC wants from this strategy.</u>				
<u>Action Step:</u> <b>4.1.5.b</b> <u>Establish a baseline data (see notes)</u>				<u>Notes:</u> <u>This could be “acquire” a baseline data set, in the event that the new HHS has a data set for the concept of ‘continuum of care.’ If the baseline</u>

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				<u>data set does not exist, the VC probably needs to create it as a fundamental component of achieving Strategy 4.1.</u>
<p><u>Action Step:</u>  <u>4.1.5.c</u>  <u>Achieve an adequate number of high quality family-based residential treatment centers for SUD that treat mothers, fathers, children and the family unit, as part of a continuum of care</u></p>				<p><u>Note:</u>  <u>This is a “holdover” from the 2.4.22 version of the Results Action Plan and may or may not need to be included now that there is a revised 4.1.5. (3.28.22)</u></p> <p>Notes:            Currently 7 in the state; maybe one serves fathers; most serve children up through high school age (need to verify these facts)            Tied to financial one – reason people don’t do it is because of Medicaid payment, i.e. no payment for the kids Expense of start up and implementation of residential facilities is a huge barrier            Lots of providers probably would do it, if Medicaid rate was different            Tied to payment, utilization, lengths of stay            Treating the person, not the family, is what gets paid for</p>
<p>4.1.5            Achieve an adequate number of family-based residential treatment centers for SUD that</p>				<p><u>Note: Still in the plan, just re-ordered (3.28.22)</u></p>

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treat mothers, fathers and children together.				
<b>Action Step:</b> 4.1.5.a Establish baseline, i.e. # of beds & waiting lists; avg length of stay per facility; resource flows (Practices, Policies, Resource Flows)				<u>Note: Still in the plan, just re-ordered (3.28.22)</u>
<b>Action Step:</b> 4.1.5.b Gain greater clarity around what the VC wants from this strategy.				<u>Note: Still in the plan, just re-ordered (3.28.22)</u>
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
4.1.6 Ensure there are community-based mental and behavioral health options, including a focus on the distinct needs of the VC's Focus Populations, esp Black, Indigenous, children and youth of Color (policies, practices, resource flows, mental models)				<b>Possible Partners:</b> CAMHI for Kids
<b>Action Step:</b> 4.1.6.a TBD				

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## The Vision Council’s Work Ahead

<b>Further develop and implement detailed action steps to achieve the Strategies in the Results Action Plan.</b>				
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
VC.1 Development of Performance Measures Action Steps				
<b>Action Step:</b> VC.1.a Complete Performance Measures and a detailed set of Action Steps according to implement the Strategies, and Activities in the Results Action Plan.	February 2022 (Q4 2022)	By December 2022, VC has a four-year Work Plan for each Strategy that is designed to achieve the stated Targets.	Lead	
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
VC.2 Build Roster of Aligned Partners				

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Further develop and implement detailed action steps to achieve the Strategies in the Results Action Plan, continued				
<p><b>Action Step:</b> VC.2.a Identify, build relationships with, and invite partners (entities) &amp; participants (people) with the position, knowledge, expertise and commitment to implement the Strategies (Relationships &amp; Connections, Power Dynamics)</p>	<p>[Underway] (Q4 2022)</p>	<p>By December 2022, VC has formal agreements with a roster of Strategy Partners that demonstrates a collective committed to delivering on the Results Action Plan to achieve the identified Targets (agreements should articulate the roles identified for the VC and each Partnering entity)</p>	<p>Lead</p>	<p>Note: Priorities:</p> <ol style="list-style-type: none"> <li>1) <i>Work with the new HHS to deepen alignment around the VC Results (Q? 2022)</i> <ol style="list-style-type: none"> <li>a. <i>Specifically, meet with Marisa Eyanson to understand how Medicaid supports or could support the Strategies/Activities in this Plan</i></li> </ol> </li> <li>2) <i>Work with MCOs to deepen alignment around the VC Results</i></li> <li>3) <i>Reiterate, amplify and align around the same Results between the VC and the Cultural Equity Alliance (Q2 2022 – May CEA mtg)</i></li> <li>4) <i>Meet with Chief Justice Christensen to draw alignment between her goals and the VC Plan</i></li> </ol>
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b>	<b>Partners/Participants and Notes</b>
VC.3				

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Devise Companion Documents to the Results Action Plan				
<b>Further develop and implement detailed action steps to achieve the Strategies in the Results Action Plan, continued</b>				
<b>Action Step:</b> VC.3.a Develop a Policy Platform (Policies)		Vision Council documents the public policies necessary to achieving the Targets.		Note: Appendix B offers a beginning list of potential policy changes that the VC may wish to support as they are relevant to achieving the Results.
<b>Action Step:</b> VC.3.b Develop a Funding Plan to support the work of implementing the Results Action Plan (Resource Flows)		Vision Council has a budget and plan for securing/aligning financial, in-kind & aligned resources to achieve the identified Targets.		
<b>Action Step:</b> VC.3.c Develop a Measurement Plan	February 2022 (Complete By Q2 2022)	Vision Council has a plan for regularly measuring what it is accomplishing relative to the Performance Measures (Strategies) & Progress Indicators (Population).	Lead	
As part of the Measurement Plan, complete the development of Targets, Progress Indicators, and Performance Measures				
Develop a method for continuous, regular assessment of Vision Council's application of the				

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Result 1: Thrive in Families, pgs 8-18

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Result 3: Family Economic Profile that equates to a moderate, adequate standard of living, pgs 23-24

Result 4: Receive family-centered, recovery-oriented Substance Use Disorder Treatment, when needed, pgs 25-29

The Vision Council's Work Ahead, pgs 30-32

lenses of trauma science and race equity				
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THIS FOOTER WILL BE UPDATED ONCE TRACK CHANGES ARE ACCEPTED (3.28.22)

Tracking support for pages 8-32 of the Results Action Plan:

Result 1: Thrive in Families, pgs 8-18

Result 2: Connected to Permanent Housing, pgs 19-22

Result 3: Family Economic Profile that equates to a moderate, adequate standard of living, pgs 23-24

Result 4: Receive family-centered, recovery-oriented Substance Use Disorder Treatment, when needed, pgs 25-29

The Vision Council's Work Ahead, pgs 30-32

**Appendix A****COMING SOON**

Logic Model

Continuum Model

Frameworks Vision Council used for this Results Action Plan, e.g. Protective Factors. FSG Systems Pyramid, etc.)

Vision Council's "From-To" Culture Shift

## Appendix B

### Public Policies Relevant to Achieving the Vision Council Results

This is a beginning list of potential public policies the Vision Council may choose to support as of 2/4/2022. No action has been taken to approve this list of policies. It is recommended that the Vision Council develops and issues a formal Public Policy Platform at the point at which it is ready to express support of specific changes to public policies.

#### *Thrive in Families*

- Prevent youth from being charged as adults
- Establish age of culpability
- Finance Family Resource Centers
  - Require pre-charge/pre-arrest diversion programs statewide

#### *Connect to Permanent Housing*

- Commit state funding to a model and plan that prevents homelessness for families with children, esp those involved with CWS, BH or JJ systems or at-risk of entry

#### *Family Economic Profile that Equates to a Moderate, Adequate Standard of Living*

- Increase access to paid family leave
- Increase EITC

**(Common Good Iowa platform - Expand the Earned Income Tax Credit** to provide even stronger support to low-wage workers, encourage more work effort, and keep children out of poverty.)

- Increase TANF eligibility (higher income threshold)
- Increase living wage
- Eliminate wage disparities for Black and Brown workers and women
- Stipends for expectant parents
- Increase accessible, affordable & quality child care and early learning environments
- Set higher income thresholds for subsidized care, esp for non-standard hours

**(Common Good Iowa platform - Reform Iowa's Child Care Assistance (CCA)** program to eliminate a huge disincentive called the cliff and to make CCA more effective as a help to parents trying to improve their skills and raise their wage level.)

**(Common Good Iowa platform - Expand the Child and Dependent Care Tax Credit** to cushion the loss of Child Care Assistance.)

- Adequately fund public education (create funding formulas to account for school and district differences)
- Expand access to public pre-K programs

**Appendix C****COMING SOON**

Key Data Tables [and References]

## Appendix D

### Glossary of Terms

**[NOTE (2.1.22): Many of the definitions in the Glossary are adapted from or directly quoted from the book Choose Results! By Raj Chawla of The OCL Group. Proper source citations will appear in the final version of the plan.]**

**Action Step** – One component of an Activity that specifies a task that must be completed to implement the Activity. A series of action steps complete the Activity, which drives the Strategy forward. (Action Steps -> Activities -> Strategy -> Results)

**Activity** – One component of an over-arching Strategy that specifies an incremental intervention that enacts the Strategy. (Action Steps -> Activities -> Strategy -> Results)

**Baseline** – An evaluation used to obtain general information about the present state of a data point. It is the first point that will be compared to future data points to track change over time.

**Best Available Data (B.A.D.)** – This term recognizes that, frequently, the data point(s) that would exactly measure the progress toward a Target and Result are not available. The use of Best Available Data can help leaders keep its Results Action Plan on course even when it cannot offer the ideal level of specificity, relativity and connectedness to the stated Result.

**Factor Analysis** – An examination of data and information to define what is contributing to the current state of an identified population. A Factor Analysis reveals the contributors and complexities of the public problem, thereby increasing the changes of choosing Strategies, Activities and Action Steps to cause positive change for the population.

**Focus Population** – The children, youth and families who are placed at the center of the development of Strategies, Activities, and Action Steps in the Results Action Plan and who will be most directly impacted by the Results Action Plan. The Vision Council has two Focus Populations that were chosen based on a data review and analysis, and an orientation toward reducing system involvement in the child welfare and juvenile justice systems. (This term is unique to the Vision Council. It is used to distinguish between the focus of the Vision Council's Results Action Plan and the Focus Population subset an aligned partner may center in their work.)

**Instrumental supports** – Economic and material supports, and concrete services – or “instrumental supports” – that stabilize child and family well-being and reduce the likelihood that a family will become involved with the child welfare system. This Results Action Plan refers to assembling a “menu of instrumental supports” as a way to help navigators and case coordinators easily know what is available to families. While a complete menu of instrumental supports needs to be assembled and financed, here is a sample listing of what may be included:

- Financial supports, such as TANF, child care subsidies, and cash assistance
- Nutrition supports, such as SNAP and WIC
- Supportive housing
- Home visiting programs, paired with housing assistance
- Substance Use Disorder Treatment
- Mental Health Supports and Treatment

**Performance Measure** – A mechanism to create a sense of urgency and accountability for a particular Strategy, Activity, or Action Step, and to track progress. This metric identifies the quantity, quality, and impact of the work being done: How much did we do/are we doing (quantity)? How well did we do it/are we doing it (quality)? What difference did we make/are we making (impact)?

**Program Population** - The individuals, children, or families impacted by a program (which may include multiple strategies). For the Vision Council, the Program Population(s) will be identified within the Strategies, Activities and Action Steps. For example, a program may work to achieve progress toward the Results by: working within a particular geographic area; securing a grant that is directed toward achieving progress for a subset of one or both of the Focus Populations; centering an intervention, specifically, on one of the Focus Populations, etc.

**Progress Indicator** – The data point(s) that is used to measure change over time relative to each Result and Target identified in the Results Action Plan. There is a Measurement Plan that indicates how frequently the Progress Indicator is monitored to assess the effectiveness of the Strategies toward the Result and, ultimately, the Vision in the Results Action Plan.

**Results Action Plan** – A document that places population-level results in the center of the work, and uses data, analysis and measurement. It allows multiple stakeholders and partners to use common language and frames to explore and explain how their collective, aligned work may contribute to the stated results. The Vision Council's Results Action Plan includes these components: Vision, Core Beliefs of the Vision Council, Population Descriptions, Story Behind the Baseline, Results, Targets, Progress Indicators with Baseline Data, a Work Plan that includes: Strategies, Activities, Action Steps, Time Frames, Performance Measures and Partners, and Appendices.

**Strategy** – An intervention designed to address the factors that contribute to the current state and situation of the Focus Populations. The Strategy and its related Activities and Action Steps guide the work and should ultimately result in an increased number of “families and children in Iowa who are safe, secure, healthy and well in their communities.” (Action Steps -> Activities -> Strategy -> Results)

**System of Child and Family Well Being** – Comprised of multiple systems, public agencies, programs, and people, this System acknowledges that it benefits everyone in society for all families to have access to the Protective Factors that foster the healthy development and overall wellness of their children and each family member. Every aspect of this System is family-centered and designed to build well-being or restore it when weakening factors are present. As a System, its scope includes building in Protective Factors for all families, constructing instrumental supports that are in place and accessible when stressors need to be eliminated, and actively maintain family ties and delivering meaningful services and supports to restore health and well-being when interventions are necessary to stabilize an individual or family.

**System Population** – For the Vision Council, the System Population is “Families and children involved in the child welfare or juvenile justice systems, or at risk of becoming involved.” The importance of identifying this System Population is to ensure that Strategies, Activities and Action Steps are included in the work that will reduce entries into these systems (prevention), keep family connections intact if they become involved in these systems (preservation/intervention), and ensure families, children and youth in these systems are supported in restoring individual and family well-being (stabilization).

**Story Behind the Baseline** – The narrative description and synthesis of key data points that guided the Factor Analysis that informed the Results Action Plan.

**Target** – A statement of “where we want to be” that is based on an analysis of the current state or “Baseline.” Setting a Target creates urgency and clarity for the aligned work of partners.

**Trendline** – An analytical tool used to see if there is a relationship between two variables. It looks at a data set over time to identify a potential pattern – negative trend, positive trend, or no trend at all. It can be used to predict unknown or future data points.

**Vision** – a statement on a future reality used to help align partners on a common path. The Vision Council's wants to ensure that, “All families and children in Iowa are safe, secure, healthy and well.”

**Vision Council** – Established in August 2019, the Vision Council is a group of Iowa leaders from the public and private sectors who are aligned to focus on building and restoring family and child well-being. This Results Action Plan was created by the Vision Council using the Results-Based Accountability model. The Vision Council works with aligned partners to effect policies, practices, resource flows, relationships & connections, power dynamics, mental models and systems culture to make measurable improvements toward its vision of “All families and children in Iowa are safe, secure, healthy and well.”

**Whole Population** – The entire “headcount” of individuals, children, or families in a specified place. For the Vision Council, the Whole Population is “families and children in Iowa.”

**Work Plan** – The action-oriented section of the overall Results Action Plan. Ultimately, the Work Plan will encompass the Strategies, Activities, Action Steps, Time Frame, and Performance Measures. It also notates the role the Vision Council will take relative to each Activity and what partners could be/are engaged and their role(s) relative to each Activity and/or Action Step.