

Iowa Change Leadership Vision Council

funded by the Mid-Iowa Health Foundation



**WELCOME &
CHECK-IN**

MEETING PURPOSE

Vision Council members finalize the Results Action Plan (“Plan”) and set the stage for the work in 2022 and beyond.

MEETING RESULTS

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

*If time allows.

VISION COUNCIL: Finalizing the Results Action Plan and Making Commitments

AGENDA

February 4, 2022

VISION COUNCIL MEETING

1:00 PM

**Welcome & Meeting
Overview; Introductions
and Check-in**
(Main Room)

1:20 PM

**Conversation #1:
Clarifying Questions
about the Plan**
(Main Room)

1:50 PM

**Conversation #2:
Gathering input on the
Plan**
(Main Room; Zoom Rooms)

2:20 PM

**Conversation #3:
Prioritizing Activities for
2022**
(Zoom Rooms)

2:50 PM

Conversations #4 & #5:

- Defining VC Levels of Engagement
- Rolling Out the VC Plan to Stakeholders/Partners

(Main Room/Zoom Rooms)

3:20 PM

**Check Out & Action
Commitments**

Adjourn at 3:30

Meeting Mechanisms & Norms

Reading & Reflecting

- Library Time
- Journal Time
- Check In/Check Out

Engaging & Weighing In

- Zoom Icons
- Jam Board
- Using actual thumbs & voices
- Zoom Rooms

Tracking & Documenting

- Google Forms
- Charting Slides
- Zoom Chat

Being Flexible

- Agenda is a guide
- Shifting Meeting Results

Work to be inclusive of your new and newer Vision Council members.

Guests, Isabel and Michelle from Alia, and Russell from Casey Family Programs, are observing in the Main Room and won't be participating in chats, Zoom Rooms, or conversations.

Meeting Mechanisms & 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.

Audio

- Mute yourself to limit background noise from disrupting the group.
- Call-in for your audio, if needed. (312.626.6799; Meeting ID: 874 0988 0757)

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, and to this shared working space.
- Let the group know via chat if you need to step out of the conversation and when you will return.

1

Briefly Share

(All – “Raise Your Hand” using the icon.)

(Each – Unmute, share your information, choose someone to go next whose “hand” is raised, mute, lower your “hand.”)

Name

Organization

One word that describes how you are entering today’s conversation

2

Use Jam Board:

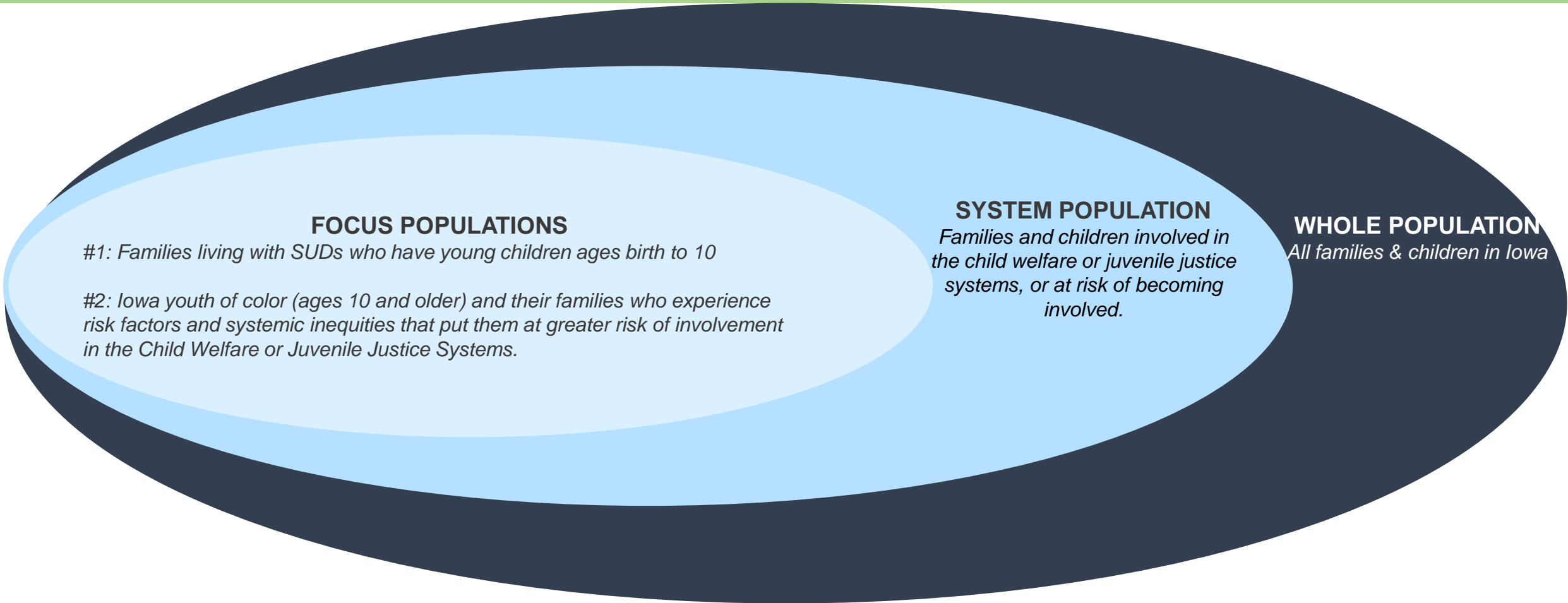
1. **First Name**
2. **In 2-3 words, what would you like to walk away with from today’s meeting?**

Whole Population to System Population to Focus Populations

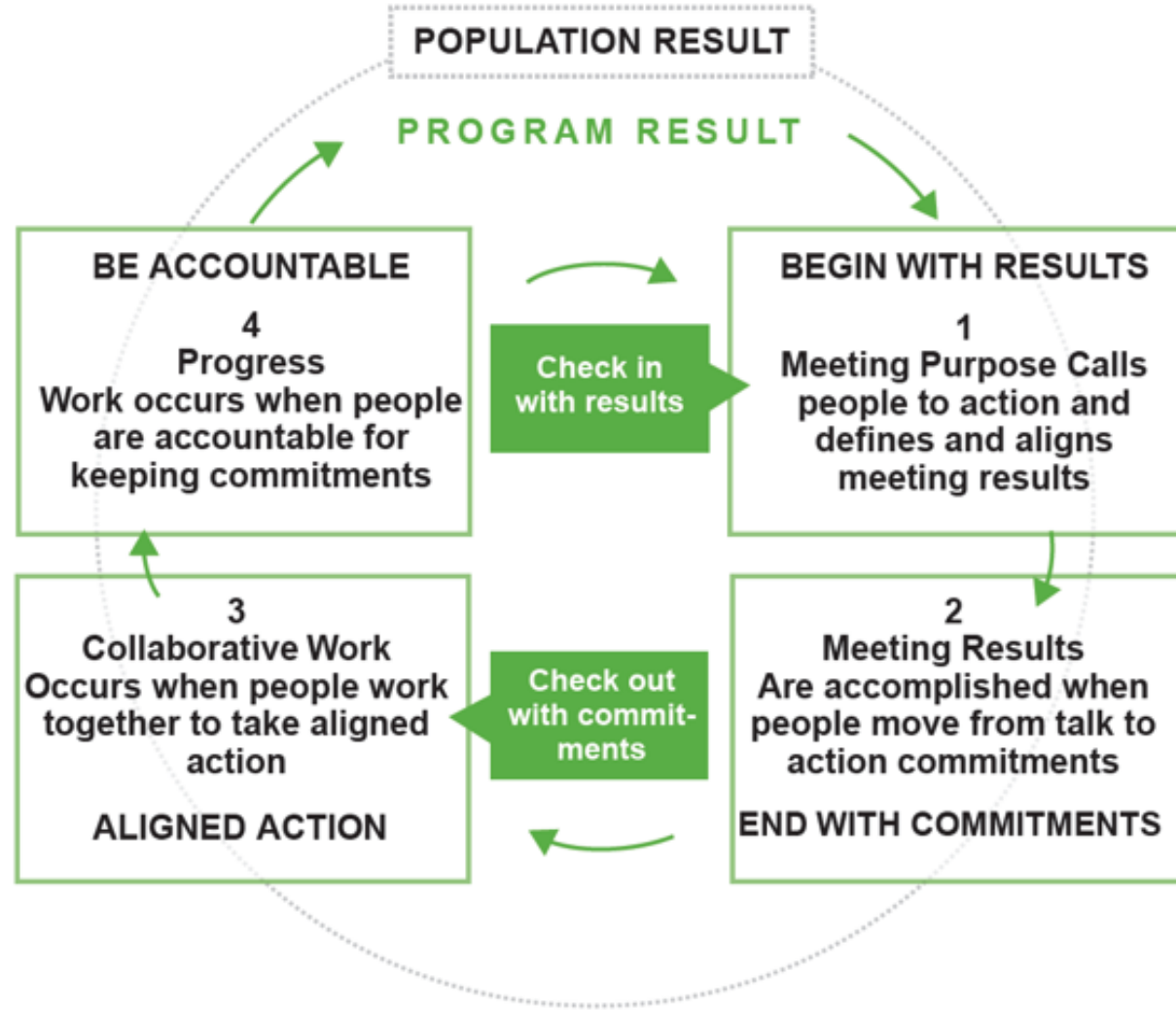
Vision: Iowa families and children are safe, secure, healthy and well in their communities.

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.



COLLABORATIVE WORK CYCLE



Conversation #1: Clarifying questions about the Plan

What information do you need to make sure you are clear about what is in the Plan?

Conversation #2: Gathering input on the Plan

- 1. What excites you about the Plan?**
- 2. Do you have modifications to propose to the: Results, Targets, Progress Indicators, or Strategies listed on page 3?**
- 1. Do you have modifications to propose to the Activities listed on pages 4-6?**

Conversation #2: Gathering input on the Plan

- 1. What excites you about the Plan? (Jamboard)**
- 2. Do you have modifications to propose to the: Results, Targets, Progress Indicators, or Strategies listed on page 3? (“Raise your hand”)**
- 3. Do you have modifications to propose to the Activities listed on pages 4-6? (“Raise your hand”)**

Conversation #2, Part 2: Checking for Agreement on the Plan

Decision Making Process for Today

- Make proposal
- Add to or propose new proposal
- List the proposals as options for group to consider
- See where people are with show of thumbs
 - Thumb up – support proposal
 - Thumb sideways – not sure/questions/changes
 - Thumb down – do not support
- Build new proposals
- All thumbs up = Decision Made!

Proposal A

Proposal B

Proposal C

Checking for Agreement
on Proposed
Modifications:

INSERT MODIFICATION
HERE

Proposal A

Proposal B

Proposal C

Checking for Agreement
on Proposed
Modifications:

INSERT MODIFICATION
HERE

Proposal A

Proposal B

Proposal C

Checking for Agreement
on Proposed
Modifications:

INSERT MODIFICATION
HERE

Proposal A

Proposal B

Proposal C

Checking for Agreement on:

Results,

Targets,

Progress Indicators,

Strategies,

and

Activities

(potentially, “as
modified”)

Conversation #3: Prioritizing Activities/Action Steps for 2022

- 1. What are your top 6 priorities for the Vision Council in 2022?**
- 2. Are there any Activities/Action Steps you want to remove for 2022 consideration or one that you want to add that is not listed on page 7?**

| Zoom Room Discussion of | Priorities

Conversation #3: Prioritizing Activities/Action Steps for 2022

Zoom Room Instructions:

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

Group 1

Group 2

Group 3

Group 4

Prioritized Lists

Where agreement
may be emerging:

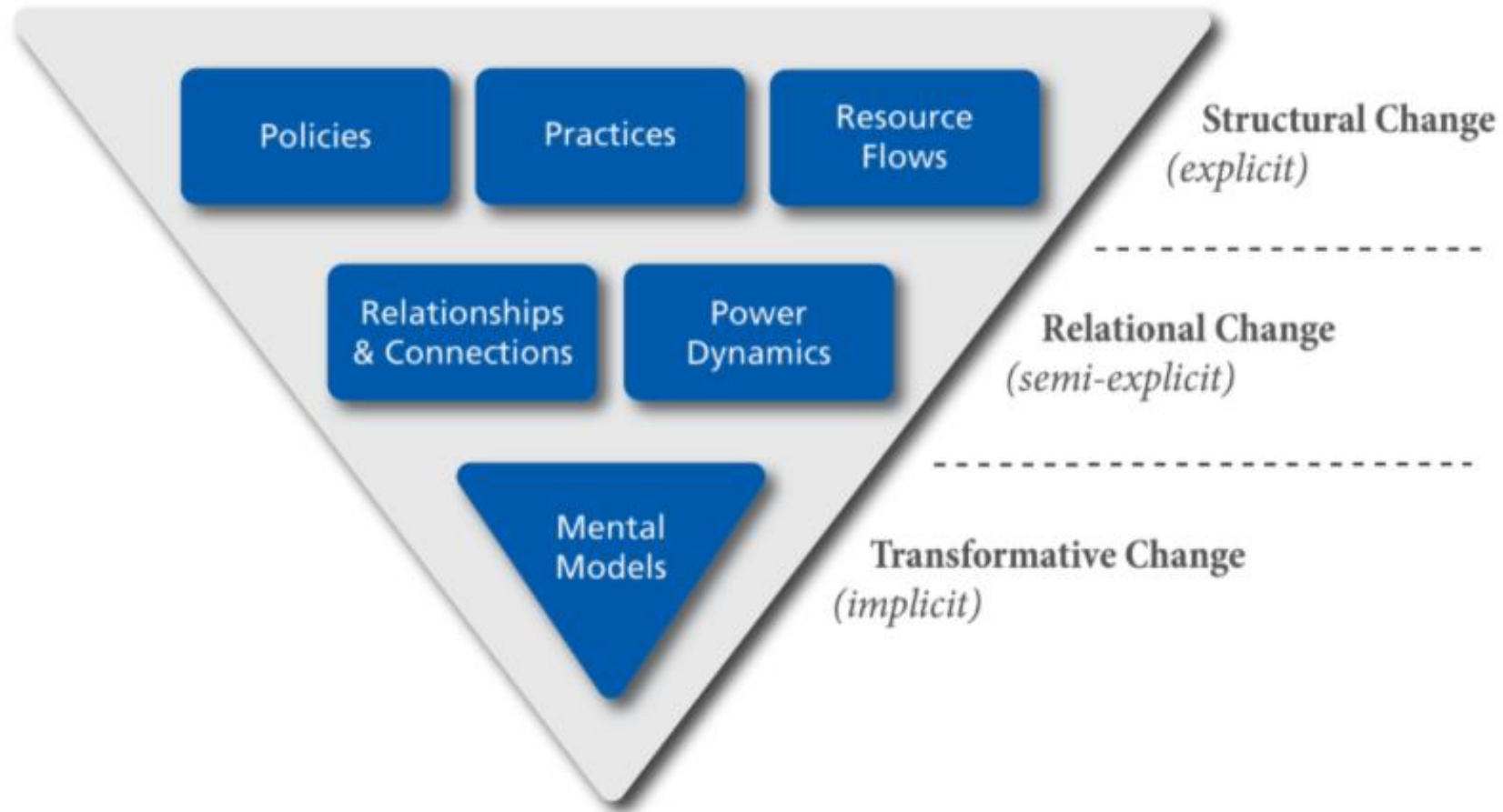
CHECK OUT QUESTION

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

<p>↓ FROM <i>Defensive Style</i> ↓</p>	<p>TO <i>Constructive Style</i> ↑</p>
<p>Current Assessed State: Compliance Mindset</p>	<p>Overall Goal for the System: Move to a Value-Based Mindset</p>
<p><i>Current Assessed Behaviors:</i></p> <ol style="list-style-type: none">1. Communicating only “What”2. Fix-it Mindset3. Fear of risk and change4. Geographic Alignment5. Outcomes measured by negative indicators	<p><i>Ideal Behaviors:</i></p> <ol style="list-style-type: none">1. Communicating “What and Why”2. Progress Mindset3. Be an agent of change, be proactive and increase advocacy4. Goal Alignment5. Outcomes measured by positive indicators

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.

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

DRAFT

Defining the Problem (Structural Inequities) through Indicators

DRAFT

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

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

²[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

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