

## Iowa Vision Council

### Results Action Planning Worksheet for 2022 Priorities Only

This worksheet is a subset of the overall Work Plan. [View the entire Results Action Plan, including the Work Plan.](#)

#### 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> (Result 1: Thrive Together as Families)					
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC WG &amp; Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy Item(s)</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.	Older Youth Work Group	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.	
<b>Strategy 1.1: Establish trauma-informed, healing-centered systems, continued</b> (Result 1: Thrive Together as Families)					

Activity:	Start (Complete By)	Performance Measure(s)	VC WG & Level of Action (Leader, Partner, Supporter, Networker)	Partners/Participants and Notes	Advocacy Items
<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.	Older Youth Work Group		
<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)	Older Youth Work Group		
<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 WG & Level of Action (Leader, Partner, Supporter, Networker)	Partners/Participants and Notes	Advocacy Items
1.1.3 Build a culturally and content-competent human services workforce that reflects the diversity of Iowa communities			VC Cross-Cutting	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.			
<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>					
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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>					
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC WG &amp; Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy Item(s)</b>
1.2.1 Develop a centralized, single point of contact for case coordination & service navigation, providing warm handoffs where appropriate	<b>February 2022</b>		Populations Cross-Cutting		
<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.	Populations Cross-Cutting  Leader	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).	
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC WG &amp; Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy Item(s)</b>
1.2.2 Train all case manager and navigator roles in	Q3 2022	By 202X, all entities that employ case	Populations Cross-Cutting	Notes:	

<p>core competencies that center and support family connectedness</p>		<p>managers or navigators who interact with families are formally committed to using a common orientation/training curriculum that develops core competencies</p>		<p><b>Case manager/navigators from:</b> housing, child welfare, substance use, SNAP/WIC, etc.</p> <p><b>Core competencies examples:</b> building Protective Factors; healing-centered/trauma-informed; cultural competency; know how to connect families w/ instrumental supports, etc.</p>	
<p><b>Action Step:</b> 1.2.2.a Identify a funding source for this Activity</p>		<p>By <b>QX 202X</b>, a funding source is identified for this Activity.</p>	<p>Populations Cross-Cutting</p>	<p>First step – check in with Marisa Eyanson for possibility of Medicaid funding (in Q3 2022)</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>					
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC WG &amp; Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy Item(s)</b>
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.			Populations Cross-Cutting		
<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	Populations Cross-Cutting	Possible Partners: DHS CWS CJJP (currently does some family finding for DHS)	

		throughout the Child Welfare and Juvenile Court systems (public and private).			
<b>Strategy 1.2: Support and strengthen relationships among children, youth, parents, and families, continued</b> <i>(Result 1: Thrive Together as Families)</i>					
Activity:	Start (Complete By)	Performance Measure(s)	VC WG & Level of Action (Leader, Partner, Supporter, Networker)	Partners/Participants and Notes	Advocacy Item(s)
1.2.8 Adopt Crossover Youth Practice Model		By [month, year], Iowa is fully implementing the Crossover Youth Practice Model (OR – align with JJ Task Force Workgroup’s performance measure)	Older Youth Work Group	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>	



<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> 1.2.8.a Meet with Chief Justice Christensen to identify how the Vision Council can support the effort she is leading.		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.	Older Youth Work Group		
<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC WG &amp; Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy item(s)</b>
1.2.9 Replicate Iowa's pre-charge/pre-arrest diversion programs statewide for all youth with first-time, simple offenses.		By December 2026, diversion programs are in place in every community in Iowa.	Older Youth Work Group	<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.	
<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.			Older Youth Work Group		

**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.)

<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>					
Activity:	Start (Complete By)	Performance Measure(s)	VC WG & Level of Action <small>(Leader, Partner, Supporter, Networker)</small>	Partners/Participants and Notes	Advocacy Item(s)
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.	(Q4 2022)	<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>**</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>	North Star Work Group	<p>Possible Partners:                      Parent Partners                      YSS (Andrew Allen)                      Family Resources (Ashley Schwalm)                      Four Oaks                      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</p>	

				<p>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>	
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<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>North Star Work Group</p>	<p>Notes: California has a two-year old, state-funded initiative to prevent homelessness for families in the CWS: <a href="#"><u>Bringing Families Home</u></a></p> <p>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="#"><u>Housing Opportunities Made to Enhance Stability (HOMES) Initiative</u></a></p>	
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**Strategy 2.1: Ensure there is a concerted, results-focused effort to provide permanent housing options for families in the VC Focus Populations, continued**  
*(Result 2: Connected to Permanent Housing)*

<p><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</p>	<p>(Q4 2022)</p>		<p>North Star Work Group</p>	<p>Notes:           Is there a technology solution for this assessment?</p>	
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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)

**Strategy 3.1: Connect families to supports that equate to a moderate, adequate, standard of living.**  
*(Result 3: Family Economic Profile)*

No priorities selected in 2022 for this Result.

**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 WG &amp; Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy item(s)</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		Substance Use Disorder Work Group		
<b>Action Step:</b> 4.1.1.a VC and its members advocate for a family-centered approach to treating Substance Use Disorders	Underway		Substance Use Disorder Work Group	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"?)	
<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>					
4.1.4 Increase Family Treatment Courts to statewide coverage.	(Q4 2022)		Substance Use Disorder Work Group	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.			Substance Use Disorder Work Group	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.	



<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 WG & Level of Action (Leader, Partner, Supporter, Networker)	Partners/Participants and Notes	Advocacy Item(s)
<p><u>(Revised, approved by VC on 2.4.2022 – see Notes)</u></p> <p><u>4.1.5</u>  <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></p>			Substance Use Disorder Work Group	<p><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></p>	
<p><u>Action Step:</u>  <u>4.1.5.a</u>  <u>Gain greater clarity around what the VC wants from this strategy.</u></p>			Substance Use Disorder Work Group		
<p><u>Action Step:</u>  <u>4.1.5.b</u>  <u>Establish a baseline data (see notes)</u></p>			Substance Use Disorder Work Group	<p><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</u></p>	

				<p><u>concept of 'continuum of care.' If the baseline data set does not exist, the VC probably needs to create it as a fundamental component of achieving Strategy 4.1.</u></p>	
<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>Substance Use Disorder Work Group</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</p>	

				Treating the person, not the family, is what gets paid for	
4.1.5 Achieve an adequate number of family-based residential treatment centers for SUD that treat mothers, fathers and children together.				<u>Note: Still in the plan, just re-ordered (3.28.22)</u>	
<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>	

## The Vision Council's Work Ahead

Further develop and implement detailed action steps to achieve the Strategies in the Results Action Plan.					
Activity:	Start (Complete By)	Performance Measure(s)	VC WG & Level of Action (Leader, Partner, Supporter, Networker)	Partners/Participants and Notes	Advocacy Item(s)
VC.1 Development of Performance Measures Action Steps			VC Cross-Cutting		
<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.	VC Cross-Cutting  Leader		

<b>Activity:</b>	<b>Start (Complete By)</b>	<b>Performance Measure(s)</b>	<b>VC Level of Action</b> (Leader, Partner, Supporter, Networker)	<b>Partners/Participants and Notes</b>	<b>Advocacy Item(s)</b>
VC.2 Build Roster of Aligned Partners			VC Cross-Cutting		
<b>Action Step:</b> VC.2.a Identify, build relationships with, and invite partners (entities) & participants (people) with the position, knowledge, expertise and commitment to implement the Strategies (Relationships & Connections, Power Dynamics)	[Underway] (Q4 2022)	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)	VC Cross-Cutting  Leader		

## 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 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.