

Iowa Change Leadership Vision Council Leadership Development Program Orientation

funded by the Mid-Iowa Health Foundation



**VISION COUNCIL
RESULTS PLAYBOOK
(DRAFT)**



Vision Council's North Star and Approach

NORTH STAR OUTCOME

Children & families in Iowa are safe & secure, healthy & well in their communities.



Reach the North Star through a focus on children and families in the child welfare system or at-risk; through lenses of race equity and trauma.



Use Data To:

- Identify Needs
- Define Desired Results
- Track Progress






Working Collaboratively within the Vision Council and beyond



Change the systems' culture to be more constructive.

Change Leadership Vision Council

System Culture Shift

 FROM <i>Defensive Style</i> 	TO <i>Constructive Style</i> 
Current Assessed State: Compliance Mindset	Overall Goal for the System: Move to a Value-Based Mindset
<i>Current Assessed Behaviors:</i> <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	<i>Ideal Behaviors:</i> <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

What will it take to ensure all Iowa children and families are safe, secure, healthy and well in their communities?

What will it take to stabilize families in their communities so that children do not need to enter out-of-home care?

If we shift our thinking from how to protect children from families that are in crisis to creating societal conditions that equitably protect and strengthen families, then we will be closer to being a source of prevention.

*“Stop saving us from our families. Save our families FOR us!”
– A youth in foster care*

The Iowa Change Leadership Vision Council

DRAFT

Iowans are supportive of strong families and communities. It shows in data about our state. Iowa's rank as #3 in a national Opportunity Index suggests that most Iowans can rely on the foundational building blocks of employment, education and learning opportunities, physical, mental and behavioral health care, homes in thriving neighborhoods, enough food for an active, healthy life, and vibrant communities.

The Iowa Change Leadership Vision Council, sponsored by the Mid-Iowa Health Foundation as a project of the Coalition of Family and Children's Services in Iowa, seeks to align the collective efforts of organizations, government, and communities to help Iowa do even better for families and children. A public-private partnership of leaders working every day with the families who collide with structural inequities in their lives and where they live, the Vision Council studied how to build up the right kinds of supports so that more of our children and families thrive. Our vision is that "all Iowa children and families are safe, secure, healthy and well in their communities."

We know that when a foundational building block is missing or crumbling out from under a family, stress levels rise. Most families live with supports that equip them to recover from mild pressures, like temporary job loss or a recoverable illness. But overwhelming stress from limited access to an adequate array and availability of jobs, insufficient or incomplete education, unsafe living conditions, disconnection from health care coverage and access, and weakened neighborhoods, can keep children and families from achieving their full potential.

Because we are a community of leaders interacting daily with Iowa's children and families who are living with shaky foundations, we can see that there are pressures that cause stressful situations, which can lead to child maltreatment. In most cases, we observe that children who have experienced maltreatment are in situations where multiple pressures are co-occurring. After a deep review of data and research, the Vision Council believes that too many Iowa families are living and working within structural inequities that actively build up pressure in their homes. When it builds too high, children can become the victims of harm that will impact their development and opportunities for the rest of their lives. These high-pressure situations, and the harm that can result, are often preventable.

Structural inequities occur when situations and systems, and the decisions and policies that impact them, are not designed to ensure success. The Vision Council is focusing our strategies and advocacy on addressing structural inequities, ensuring instrumental supports are there when families need them to rebuild their strength, and cultivating protective factors in individuals, families, communities and systems. We know our work builds on Iowa's strong commitment to child, family and community well-being.

Indicators relevant to the Vision Council’s North Star Outcome (Structural Inequities)

DRAFT

“Iowa families and children are safe, secure, healthy and well in their communities.”

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

Leading Indicators Cross-Referenced to North Star Outcome

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Key:

Red = correlates w/ child maltreatment

Blue = Family First Prevention Services Act helps with

Purple = financial strategies proven to reduce entries into CWS

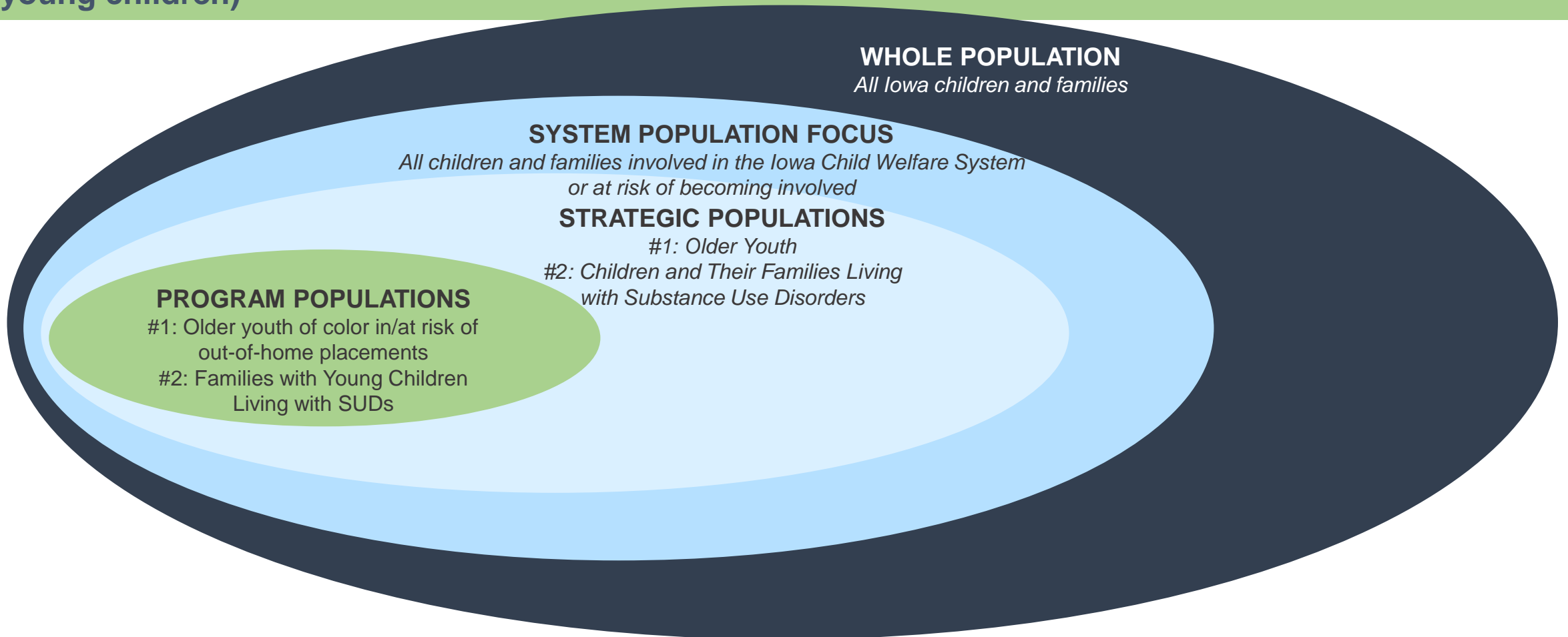
	Type of Support	Strategies (DRAFT)	Notes
Safe - Feeling nurtured and protected.	Housing	<ul style="list-style-type: none"> Prioritize housing Identify and meet with housing leaders/stakeholders Advocate for housing to be a part of IDPH/DHS alignment Partner with DHS to conduct in-depth Family Wellness Assessment (use WI instrument) 	<p>Correlation with child maltreatment</p> <p>*Differential response with instrumental supports</p> <p>*Housing</p>
Secure - Having enough resources for a quality of life.	Financial assistance Employment Transportation		<p>Correlation with child maltreatment</p> <p>*EITC</p> <p>*Minimum wage increase</p>
Healthy - Enjoying good health and expecting to live a full life.	Health care access Food security SUD and MH treatment		<p>Some correlation with child maltreatment</p> <p>*Medicaid Expansion</p> <p>Some correlation with child maltreatment</p>
Well - Thriving and resilient with a strong economy and opportunities to learn.	Parental education opportunity Child care Services to address special needs		<p>Correlation with child maltreatment</p> <p>Correlation to child maltreatment</p>
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		<p>FFPSA helps address</p> <p>*Home visiting with instrumental supports</p>

Whole Population to System Population to Strategic Populations to Program Populations ^[1]

STRATEGIC POPULATIONS

#1: Older Youth (Program Population: Older youth of color in/at risk of out-of-home placements)

#2: Children and Their Families Living with Substance Use Disorders (Program Population: Families with young children)



^{1]} **Trying Hard is Not Good Enough**, Friedman, Trafford Publishing, 2005

**Overview:
Results-Based
Accountability/Facilitation
Models (RBA and RBF)**



5-2-2 of RESULTS COUNT™

5 Core Competencies

1. **Be results-based and data-driven** with clear targets, data to assess progress and change course.
2. **Acts on disparities to advance equitable opportunities.** Recognize that race, class and culture impact outcomes and opportunities for vulnerable children.
3. **Use oneself as an instrument of change** to move a result; individual leaders can lead from whatever position they hold.
4. **Master the skills of “adaptive leadership,”** awareness of how values, habits, beliefs, attitudes and behaviors impact action for results.
5. **Collaborate with others,** understanding that the capacity to build consensus and make group decisions enables leaders to align their actions and move work forward to achieve results.

2 Foundational Frameworks

Theory of Aligned Contributions: The right group of leaders using specific skills to align actions and make contributions from role will result in measurable population level change.

Person-Role-System: Leadership is influenced by individual preferences, professional experiences, and the role one plays in formal and informal systems.

2 Foundational Skills

Results-Based Accountability: Differentiates population and program level results, uses data to develop impactful strategies and tracks whether work is contributing to results.

Results-Based Facilitation: Leaders design, lead and contribute to meetings that move groups from talk to action and hold participants accountable for advancing the work.



The Theory of Aligned Contributions*

The Call to Action: Leaders place population results at the center of their work with a sense of urgency.

The Container: The place, time and tools to accelerate results.

The Capacity to Collaborate: Leaders use Results-Based skills and competencies to hold individual and collective accountability for equitable results at the population level and their contribution to those equitable results.

The Four Quadrants of Aligned Action for Results

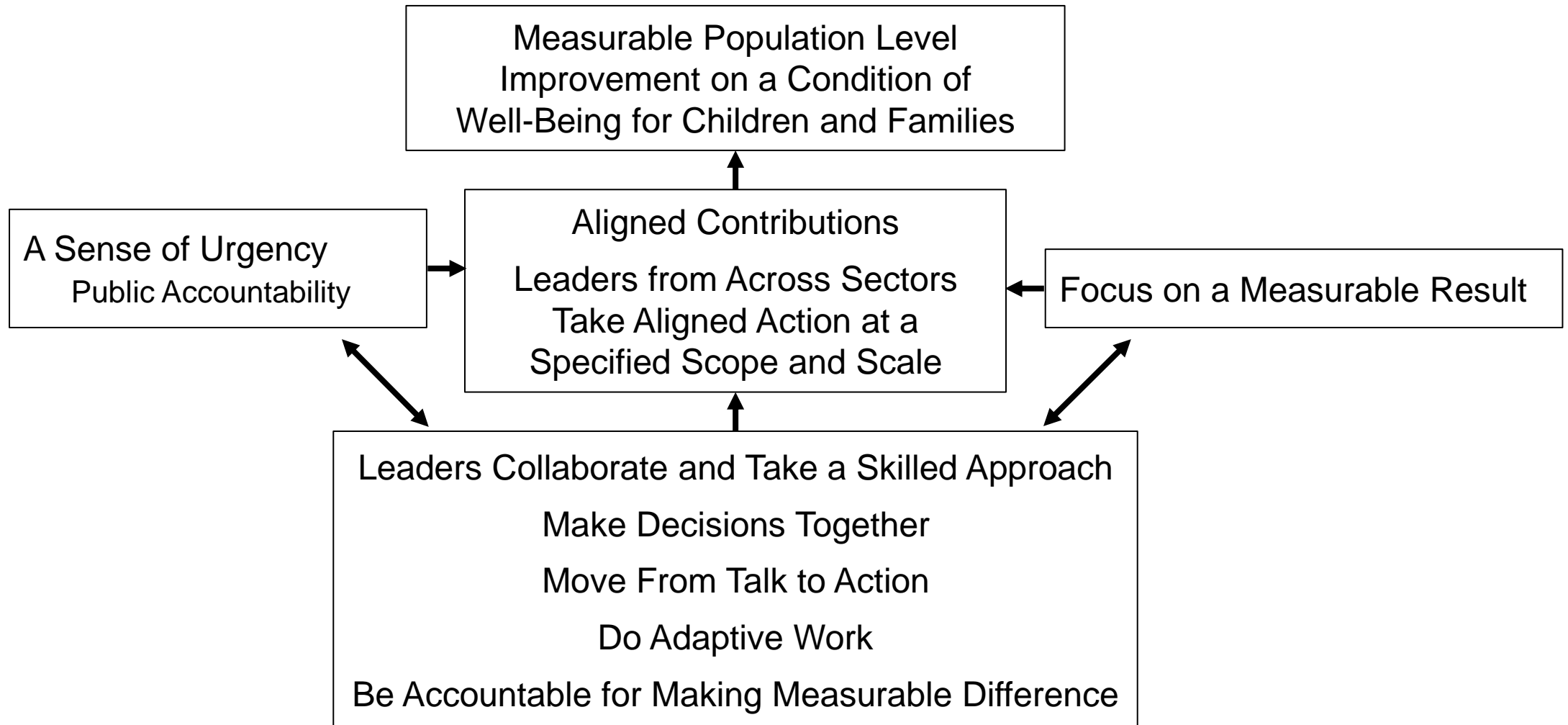
Takes actions that contribute to results	High	<ul style="list-style-type: none">• High level of action that contributes to improved results• Does not work to be in alignment with others <p>(High action, low alignment)</p>	<ul style="list-style-type: none">• High level of action that contributes to improved results• Works to be in alignment with others <p>(High action, high alignment)</p>
	Low	<ul style="list-style-type: none">• Low level of action that does not contribute to improved results• Does not work to be in alignment with others <p>(Low action, low alignment)</p>	<ul style="list-style-type: none">• Low level of action that does not contribute to improved results• Works to be in alignment with others <p>(Low action, high alignment)</p>
		Low	High
		Works to be in alignment with others	

**Theory of Aligned Contributions*, Jolie Bain Pillsbury
<http://www.sherbrookeconsulting.com/products/TOAC.pdf>

Adapted from slides contributed by Sheila Weber, The OCL Group



Theory of Aligned Contributions



1

The work of meetings occurs through conversations.

- Conversation is defined as people listening and talking about the same things at the same time.

2

Group conversations can be designed, prepared for & flexibly supported by someone with a specific set of listening and speaking skills.

3

A person holding a neutral role, using a set of listening and speaking skills to support the work of a group, can accelerate the work of the group.

3 Hypotheses of RBF

p. 13, RBF Book 1

Results Based Facilitation (RBF) Competencies & Skills

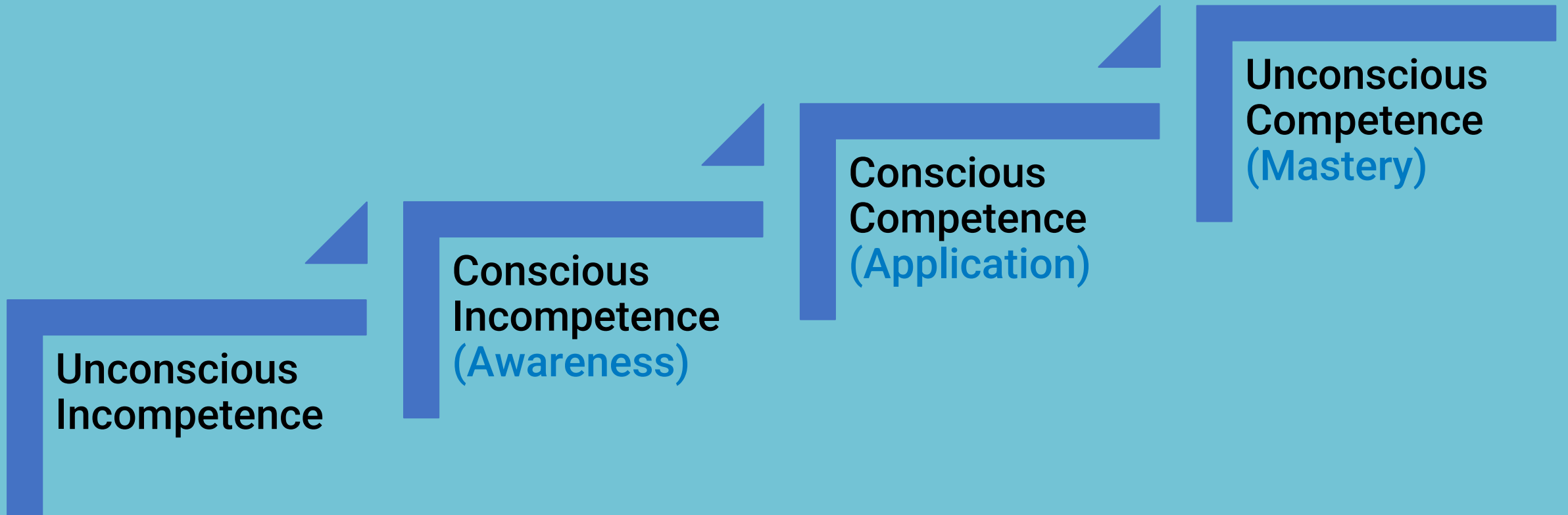
<p>Hold Roles</p> <ul style="list-style-type: none"> • Use B/ART to differentiate roles • Use B/ART to understand group dynamics • Hold neutral facilitator role • Give the work back to the group 	<p>Hold Conversations</p> <ul style="list-style-type: none"> • Appreciative Openness • Context Statements, Effective Questions, Listen For 	<p>Hold Groups</p> <ul style="list-style-type: none"> • Flip chart • Sequence • Summarize • Synthesize • Check-in & Check-out 	<p>Hold 3R Meetings</p> <ul style="list-style-type: none"> • Use 3Rs to design • Use 3Rs to achieve results 	<p>Hold Mental Models</p> <ul style="list-style-type: none"> • PBDM • Conversations → convergence • Barriers to convergence • Make action commitments • Accountable • Obs. & resp. to group dynamics • Assess & address conflict 	<p>Hold Action and Results</p> <ul style="list-style-type: none"> • Accountable in role for contribution • Use RBF skills to work collaboratively to accelerate progress toward results
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← Foundation Skills & Competencies →

← Advanced →

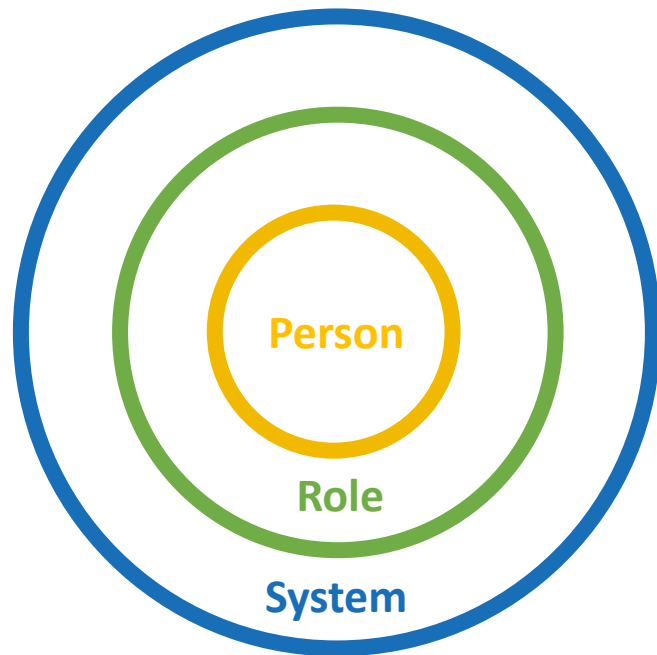
Note: These competencies and skills are covered in each of the RBF Books: Book 1, pg. 29, Book 2, pg. 4

Stages of Competence (p. 30, RBF Book 1)



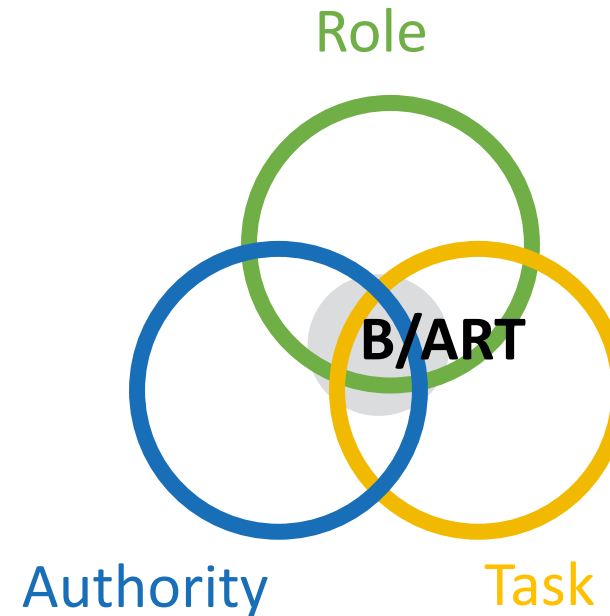
TWO KEY CONCEPTS

Person-Role-System

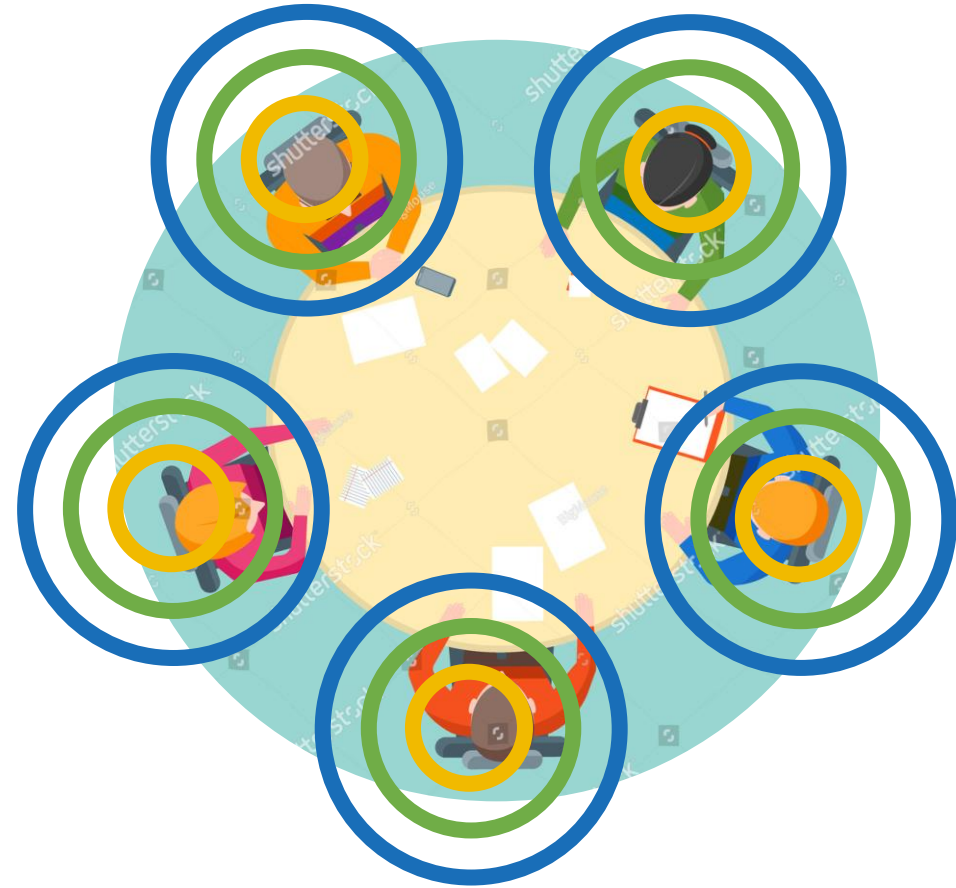
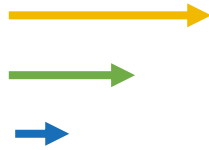
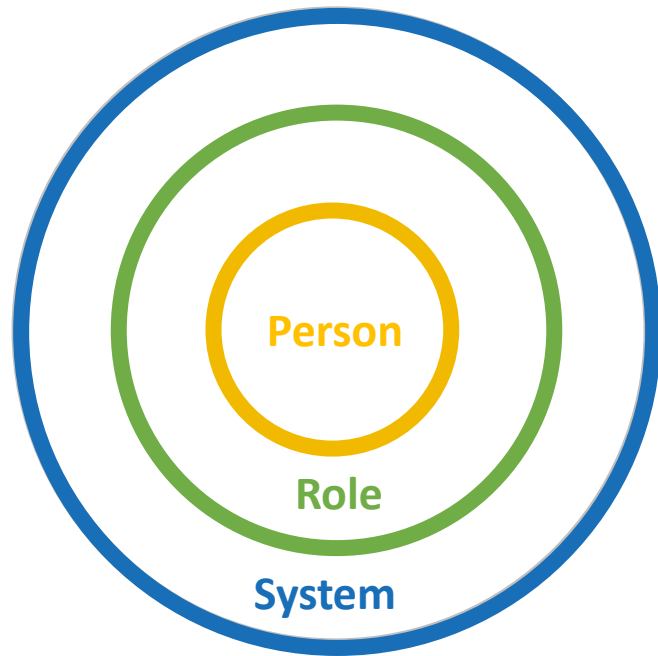


B/ART

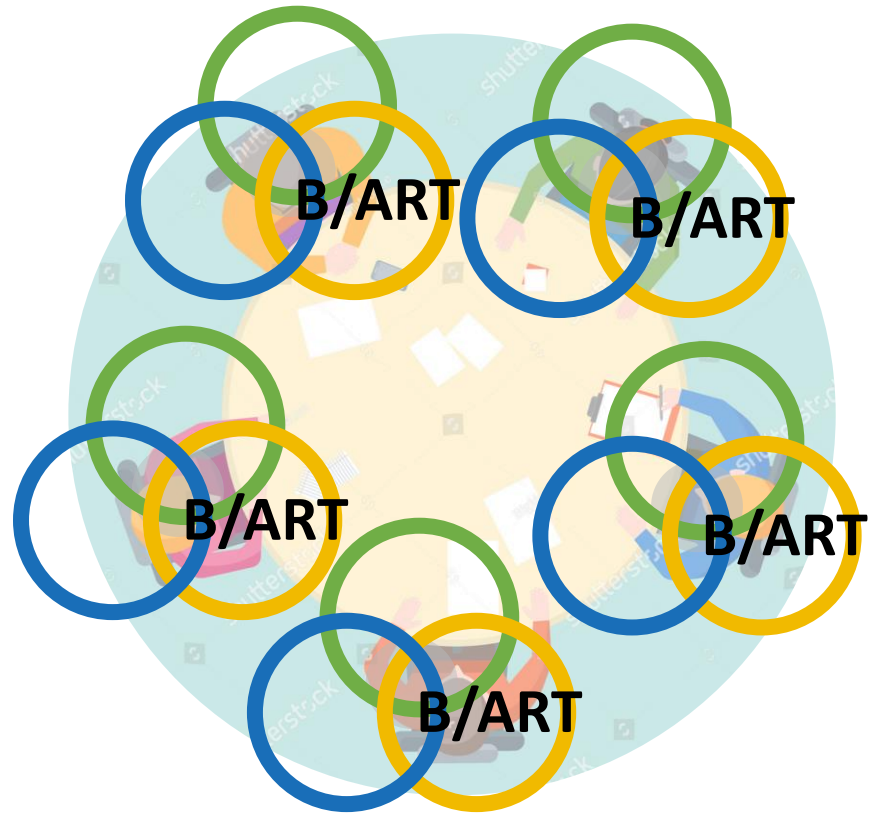
Boundary of Authority, Role, and Task



PERSON-ROLE-SYSTEM



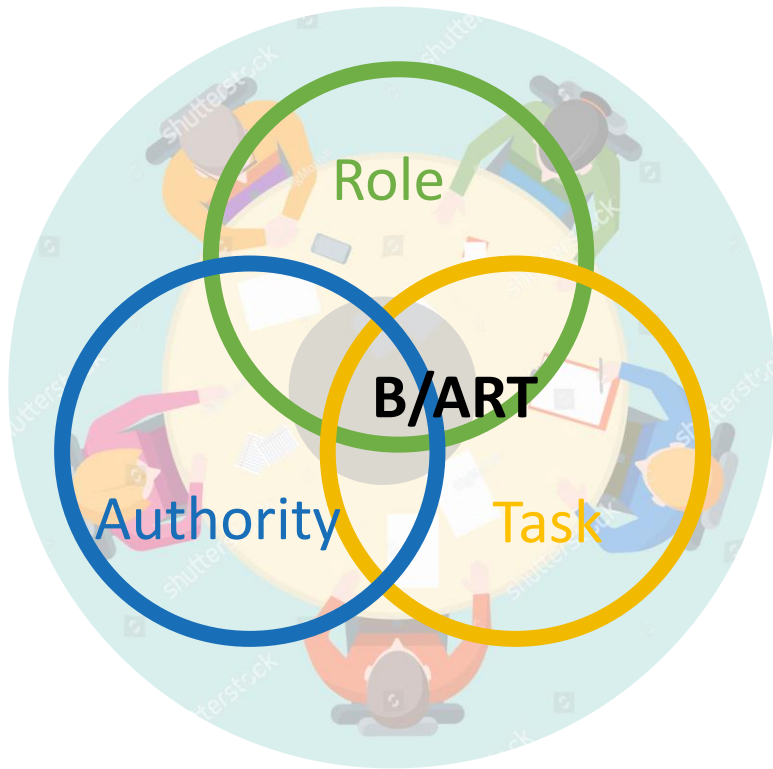
BOUNDARY OF AUTHORITY, ROLE, TASK



In a group, the B/ART of each participant illuminates the possibilities of the work the group could do together



BOUNDARY OF AUTHORITY, ROLE, TASK



The B/ART of the group clarifies the role and tasks the group is authorized to do.

The Convener of the group provides this authorization.

OVERVIEW: LEADERSHIP DEVELOPMENT PROGRAM



Leadership Development Program

Expected Results

- 1** Awareness of adaptive leadership and Results-Based Facilitation (RBF) skills.
- 2** Application of these skills in support of the work of leaders to align actions in ways that make a measurable contribution to better results.
- 3** Preparedness to model the skills and promote their use to encourage aligned actions among Iowa leaders.
- 4** Able to participate more fully in leading the Vision Council to accomplish the strategies and North Star Outcome in the Vision Council's "Results Playbook."



Leadership Development Program Expectations

Facilitator(s) will:

- Make clear assignments during the Program Sessions and for the prep work between sessions.
- Be accessible for questions and coaching between sessions.
- Lead highly interactive Sessions.
- Provide feedback in support of learning and exploring the concepts.

Participants will:

- Complete the assigned tasks during and between the Program Sessions.
- Practice applying what they are learning in the Program, during and outside of Sessions.
- Arrive prepared to participate in the Sessions and actively participate.
- Complete evaluations after each Session.



Preparation: First Session of the Program (May 27)

Tasks to complete before the First Session

Review:

- Self-guided PPT
- Leadership Development Program Outline: Orientation & First Session, pgs. 1-3

Read:

- Choose Results! Part 1: Chapters 1 and 2 (pgs. 3-51)
- Results-Based Facilitation (RBF): Book 2, pgs 4-10; pgs. 14-15 “The Theory of Aligned Contributions”; pg 19 “System II: Emergent Results-Centered Systems”; page 18 “System I: Organizational Systems” (optional)

Complete:

- Line of Sight worksheet
- Journal entry
- Evaluation - **please complete by 5/25** even if you have more reading and journaling yet to do before the First Session on 5/27

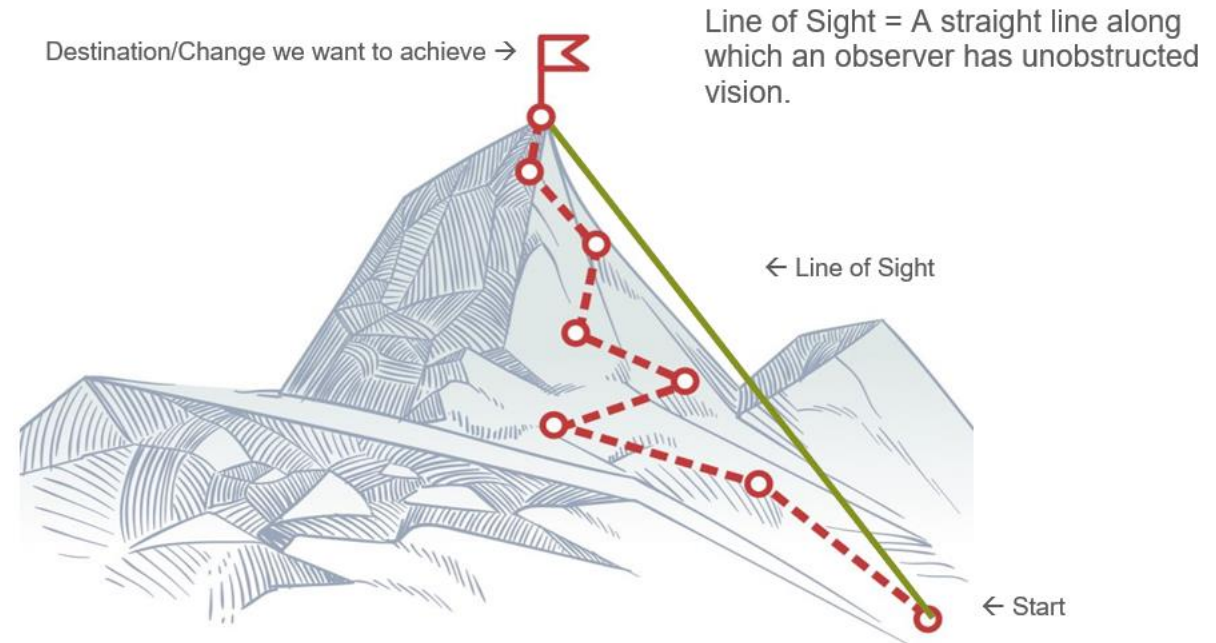


Line of Sight – a concrete, near-term change to advance

As you think about your program population and your performance measure (outcome), where do you aspire to be in the next six months? In the next year?

- What is the name of the program population/group you will focus on during the Leadership Development Program?*
- What qualitative targets do you want to reach? (What will be different about what you are doing, how your work will look, etc.?)
- What is a **measurable** impact target that you want to reach to know that you are making a difference/having an impact on your program population?

**Please choose one group/program population you are comfortable talking and sharing about during the Leadership Development Program discussions. If you would like to, you may complete an additional Line of Sight worksheet for a group/Program Population that you want to work on privately.*



Tips for Developing a Line of Sight

When things are quickly and continuously changing, we need to remain flexible and agile, but we must hold a strong line of sight toward equitable impacts that, ultimately, benefit people of color and communities living with adversities. A line of sight is a concrete, near-term change that you want to advance, one that is powerful enough to focus your efforts even when circumstances are shifting and evolving.

Use your journal to document:

1. Within the next six (6) months, what is a change that you want to advance? (Line of Sight)
2. What is the name of the group of leaders you work with to advance the change?
3. How will your line of sight ultimately contribute to equitable impacts for a vulnerable population? (qualitative target(s))
4. Six (6) months to a year from now, what will tell you that the change you are seeking has materialized? What will be different? (measurable target; be concrete)

Adapted from a concept developed by Jessica Dalesandro Mindnich and Marian Urquilla based on the work of Marilyn Darling and Fourth Quadrant Partners.

THANK YOU

Questions?

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With gratitude to:

- **Sheila Weber, The OCL Group**
- **Annie E. Casey Foundation's Results Count™**
- **Jolie Bain Pillsbury, PhD**
- **Mid-Iowa Health Foundation**
- **The Coalition for Family and Children's Services in Iowa**
- **The Change Leadership Vision Council**