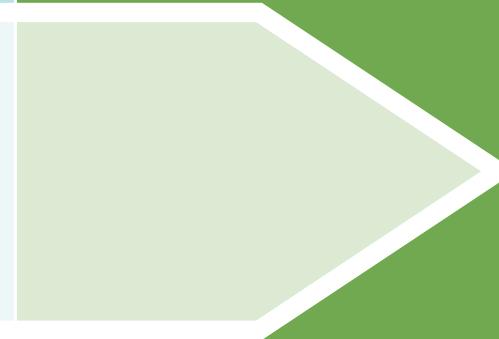


# Iowa Change Leadership Vision Council

funded by the Mid-Iowa Health Foundation



# | WELCOME & | CHECK-IN

# **MEETING PURPOSE**

Reconvene the Vision Council for a progress update and to gather input to shape the March – June phase of the work.

# MEETING RESULTS

- 1** The VC is updated on each of the Work Groups and knows what is needed to support the work.
- 2** The North Star Work Group's framework draft is informed by broader Vision Council input.
- 3** A leadership development opportunity is offered and discussed.
- 4** The VC generates an initial sense of scope of work for Year Three.

# CHANGE LEADERSHIP: Engaging Thought Leaders and Leadership Teams

## Sponsored by Mid-Iowa Health Foundation

### VISION COUNCIL MEETING

## AGENDA

March 11, 2021

**8:30 AM**

Welcome & Meeting Overview; Introductions and Check-in (Zoom Rooms)

**8:45 AM**

Work Group Updates:  
Older Youth, Families Living with SUDs, FFPSA

**9:00 AM**

Work Group Update and Presentation: North Star

**9:15 AM**

Vision Council Reflection & Feedback on North Star Framework (Zoom Rooms)

**9:40 AM**

Overview of Leadership Development Opportunity

**9:50 AM**

Check Out:  
Input to VC's Year 3  
Adjourn

**1**

# In your Zoom Room:

**NAME | WORKPLACE | TITLE | VC WORK GROUP**

**2**

## Briefly Share

*(Please identify someone to chat your answers to the second question in the chat.)*

How are you?

What is something you need or want from today's meeting?

# **UPDATES**

## **Vision Council Work Groups**

OLDER YOUTH

SUBSTANCE  
USE  
DISORDERS

FFPSA

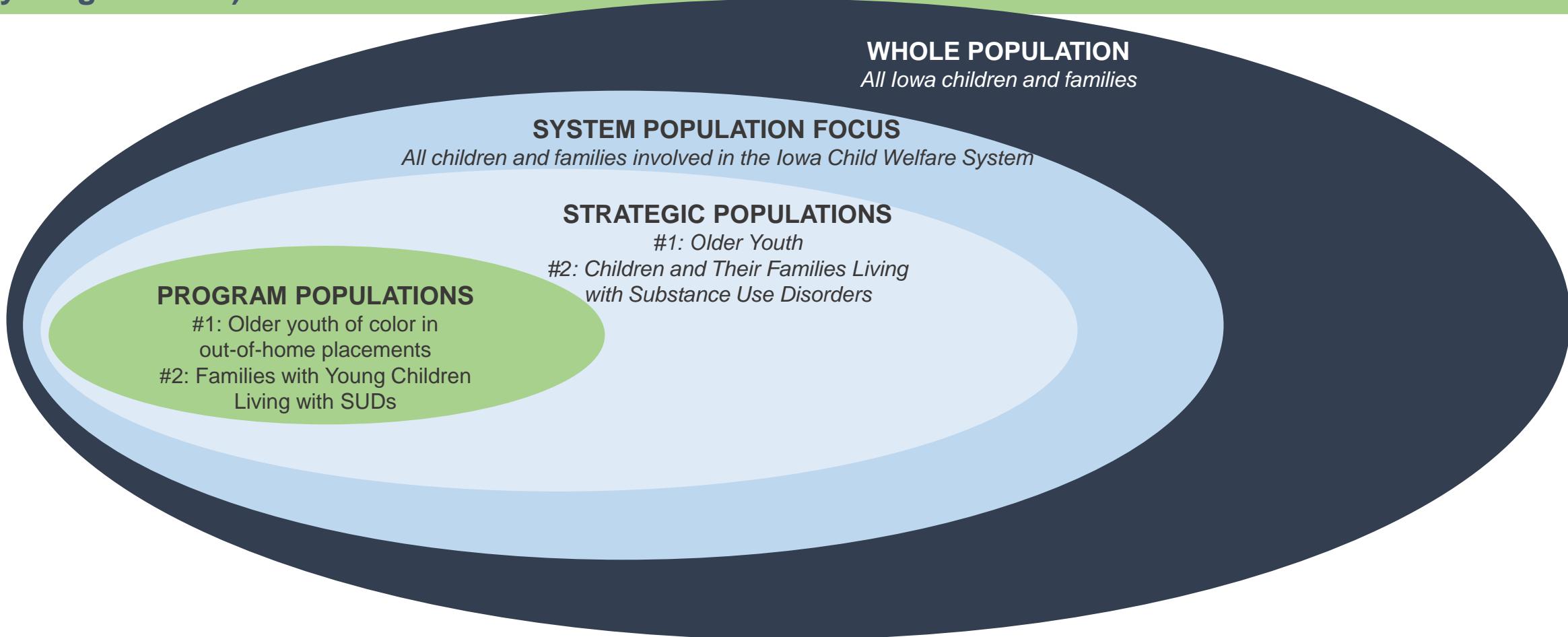
NORTH STAR

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

## STRATEGIC POPULATIONS

#1: Older Youth (Program Population: Older youth of color in 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

# Older Youth Work Group

## Update

- **Identified a Program Population:** Older youth of color who are in out-of-home placements. (*Shifted from “dually-involved youth” because of insufficient availability of data on this population, specifically.*)
  - How do we better serve/support youth who are in care right now?
  - How do we prevent entries into out of home placement for this population?
  - How do we get them connected to families?

## Next Steps

### March/April/May

- **Complete demographic data profile** – define the of Program Population in greater detail
- **Target and Strategy** - Finalize a target measure for the Program Population and a high-level strategic plan/pathway, driven by data and factor analyses, to begin to achieve the target
- **Connect with Coalition’s EBP Review** – NY Foundling is conducting a review of EBPs
- **Create a list of stakeholders/partners** – Identify the group of organizations and leaders who need to be aware of the Vision Council’s focus on the Older Youth Program Population awareness, compare/align work, identify gaps the Vision Council could fill, and engage stakeholders

### June

- **Share the body of work** – Reach out to the identified stakeholders and partners to raise awareness, compare/align work, identify gaps that the Vision Council could fill for this Program Population, and more deeply engage others.

# Substance Abuse Disorders (SUD) Work Group

## Update

- **Identified a Program Population:** Iowa families living with Substance Use Disorders who have young children

## Next Steps

### March/April

- **Target and Strategy** - Finalize a target measure for the Program Population and a high-level strategic plan/pathway, driven by data and factor analyses, to begin to achieve the target
- **Finance mapping** – assemble basic financing information related to family-centered, recovery-oriented approach to treating SUDs while keeping children connected to family; one goal for the mapping is to prepare this Work Group, and the Vision Council members, to be informed partners in the IDPH/DHS alignment process
- **Provider Survey** - Prepare and field a provider survey to identify the evidence-based practices (EBPs) being used in Iowa for SUDs (mainly targeting behavioral health providers)

### April/May

- **Create a list of stakeholders/partners** – Identify the group of organizations and leaders who need to be aware of the Vision Council's focus on a family-centered, recovery-oriented approach to treating Substance Use Disorders (SUDs) and invite them to align/participate in achieving the target for the Program Population

### June

- **Host a webinar** – Plan and offer a webinar with behavioral health providers and other stakeholders to inform on FFPSA and its implementation, update them on Vision Council's North Star, goals, beliefs, targets, and strategies for the SUD Program Population, share survey results, preview next steps, and provide pathways to engage

# FFPSA Work Group

## Update

- Considered options for the focus of the group, e.g. advocacy, aligning with Governor's Economic Recovery Task Force
- Determined that it was a time period to direct resources and attention to supporting the in-depth planning work of the other Work Groups
- Temporarily paused the FFPSA Work Group

## Next Steps

- Will re-visit the helpful purpose for the Work Group in the future.

# North Star Work Group

## Update

- **Drafted a framework for the Vision Council's Results Action Plan** – Selected data indicators that define the elements of the Vision Council's North Star Outcome: "Iowa child and families are safe, secure, healthy and well in their communities."

Considered the Vision Council's commitments:

- to doing its work through the lenses of equity and trauma;
- Using positive indicators of progress;
- Ensuring a logic flow from the Program Populations (Families Living with SUDs; Older Youth in Out-of-Home(OOH) Placements) to the Whole Population

## Next Steps

### Today

- **Present the framework to the Vision Council** - discuss, and receive/give feedback

### March/April/May/June

- **Incorporate the feedback** – Continue to iterate the framework with feedback from Vision Council and Work Group members.
- **Finalize the framework** – lock in the indicators for the current situation and the measures, complete the narrative, complete demographic data profile to define the System Population in greater detail, including identifying the data that backs up the selection of the Program Populations (Families Living with SUDs; Older Youth OOH Placements)
- **Target and Strategy** - Finalize a target for the System Population and a high-level strategic plan/pathway for next steps
- **Share the body of work with the Vision Council** – Present the final framework to equip Vision Council members to share the framework and actively work to bring alignment across systems, regions, stakeholders, etc across the state.

## The Iowa Change Leadership Vision Council

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.

DRAFT

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 by ensuring families have the building blocks needed to achieve their full potential.

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 Iowan's strong commitment to child, family and community well-being.

## Defining the Problem (Structural Inequities) through Indicators

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Indicators	Measure/Source	Note
Principal Issue: Concentrated Community Disadvantage (CCD) <sup>1, 2</sup>		
Poverty	Child poverty Unemployment	Concentrated Community Disadvantage (CCD); correlated with child maltreatment <sup>3</sup>
Parental education attainment	Adults with a high school diploma (county level)	Correlated with child maltreatment <sup>3</sup>
Housing instability	Severe housing problems (county level)	CCD; Correlated with child maltreatment <sup>3</sup>
Food insecurity	Free/Reduced Lunch	Somewhat correlated with child maltreatment <sup>3</sup>
Uninsurance	Uninsured under age 65 (CHR) Uninsured under age 19 (CHR)	Somewhat correlated with child maltreatment <sup>3</sup>
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

<sup>1</sup>5 Ways Neighborhoods of Concentrated Disadvantage Harm Children, ChildTrends, 2018

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

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

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

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

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

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# Vision Council Leadership Development Program

## Adaptive Leadership Development Program Overview

- Three-part series, to be scheduled between April and June, 2021
- Up to 10 participants
- Extended learning activities and optional coaching between each session
- A set of Results-Based Accountability and Facilitation materials
- Training will cover two major subject areas:
  1. Strategies for Adaptive Leadership for Results
  2. Facilitation Tools for Results-Based Leadership

The program design will be created in partnership with the [OCL Group](#), a recognized leader in the Results-Based Accountability model. The purpose is to further cultivate adaptive leadership and results-based facilitation skills that have been previously introduced to all members of the Vision Council.

Contact Kelli Soyer at [kelli@iachild.org](mailto:kelli@iachild.org) by Friday, March 19 to express interest, ask questions or request additional information.

# **CHECK OUT QUESTION**

**What is one priority you have for the Vision Council in  
Year 3 of our work together (July 2021 – June 2022)?**

# Thank You



# | RESOURCES

# Change Leadership Vision Council

## System Culture Shift

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

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

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



**The Coalition**  
Coalition for Family and Children's Services in Iowa

# Vision Council Data Observations

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

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

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

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

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

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

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