

Structural Inequities or the Child Welfare System: Where Should Change Efforts Focus First?

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SESSION RESULTS

- 1** Know a case example of leveraging momentum from FFPSA to build a system of child and family well-being.
- 2** Understand the steps Iowa leaders are taking to bridge behavioral health, child welfare and prevention systems.
- 3** Understand how the culture of a system can be “made visible” and a new culture can be ushered in.
- 4** Aware of the Results-Based Accountability model as a tool for accelerating systems change.

1

Check In

NAME | WORKPLACE | STATE

2

Very Briefly Share

How are you?

One word or short phrase that comes to mind when you hear the phrase “a system of child and family well-being.”



Where the story begins...

Family First Prevention Services Act

System-Shifting Concepts in FFPSA

Family-centered

Family-connected

Substance Use Disorders, Mental Health, Parent Skill Building

Evidence-based practices

Trauma-informed



Iowa Change Leadership Vision Council

managed by the Coalition for Family and Children's Services in Iowa
funded by the Mid-Iowa Health Foundation



Vision Council MEMBER LIST

WORK GROUPS

- North Star
- Older Youth
- Substance Use Disorders

<https://www.iachild.org/assets/VisionCouncil/2020-2021Membership.pdf>

John Bellini	Hillcrest Family Services
Greg Bellville	Prevent Child Abuse Iowa
Ana Clymer	Iowa DHS
Andrea Dencklau	Consultant
Anne Gruenewald	Four Oaks
Kathy Hanafan	Green Hills AEA
Stephanie Hernandez	Family Resources
Chad Jensen	Juvenile Court Services
Dawn Kekstadt	Iowa DHS
Chris Koeplin	Youth Homes of Mid-America
Kristie Oliver	Coalition of Family and Children's Services
Josh Pedretti	Families First
Kelli Soyer	Coalition of Family and Children's Services
Anne Starr	Orchard Place
Kathy Thompson	Iowa Children's Justice
Michele Tilotta	IDPH
John Twardos	Lutheran Services of Iowa
Chaney Yeast	Blank Children's Hospital
Marlo Nash	Consultant/Facilitator

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

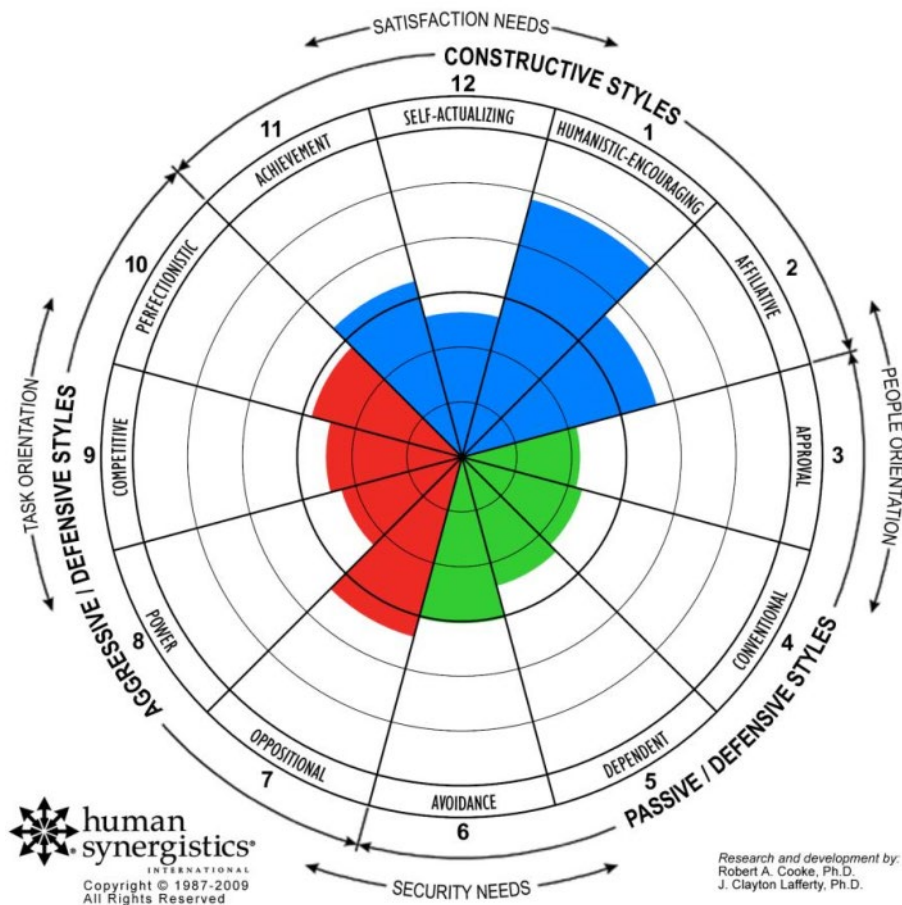


Change the systems' culture to be more constructive.

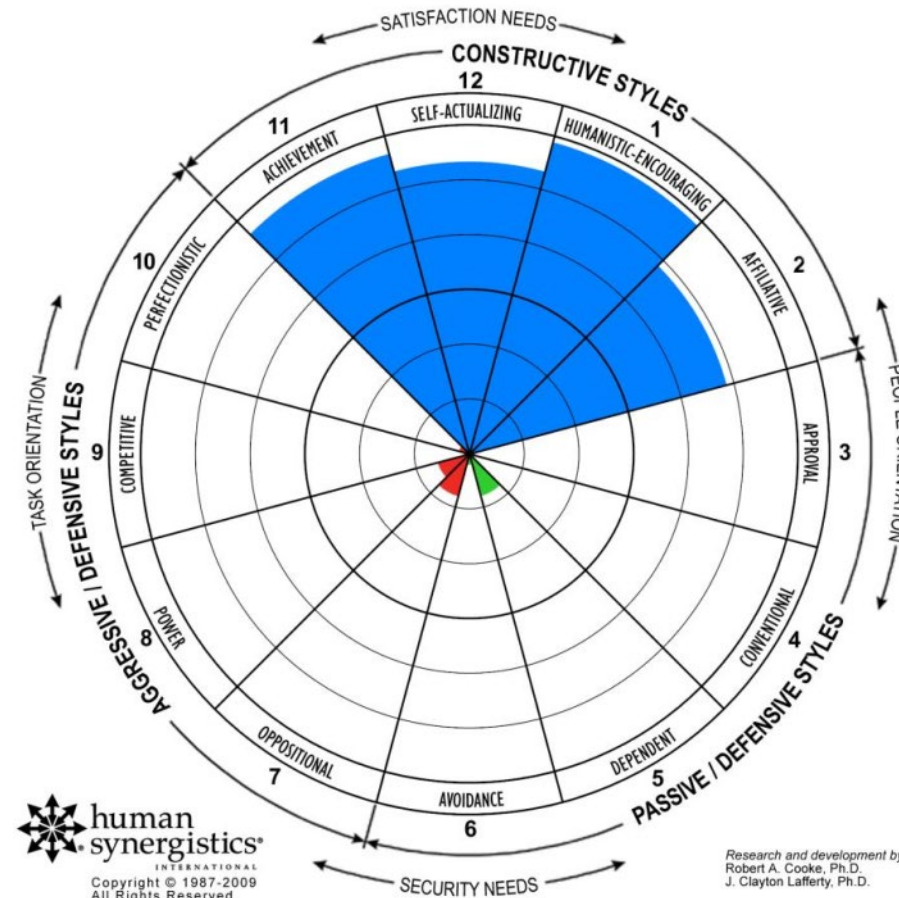
Current Culture versus Ideal Culture



Current Culture
N=23



Ideal Culture
N=14



Change Leadership Vision Council

System Culture Shift

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

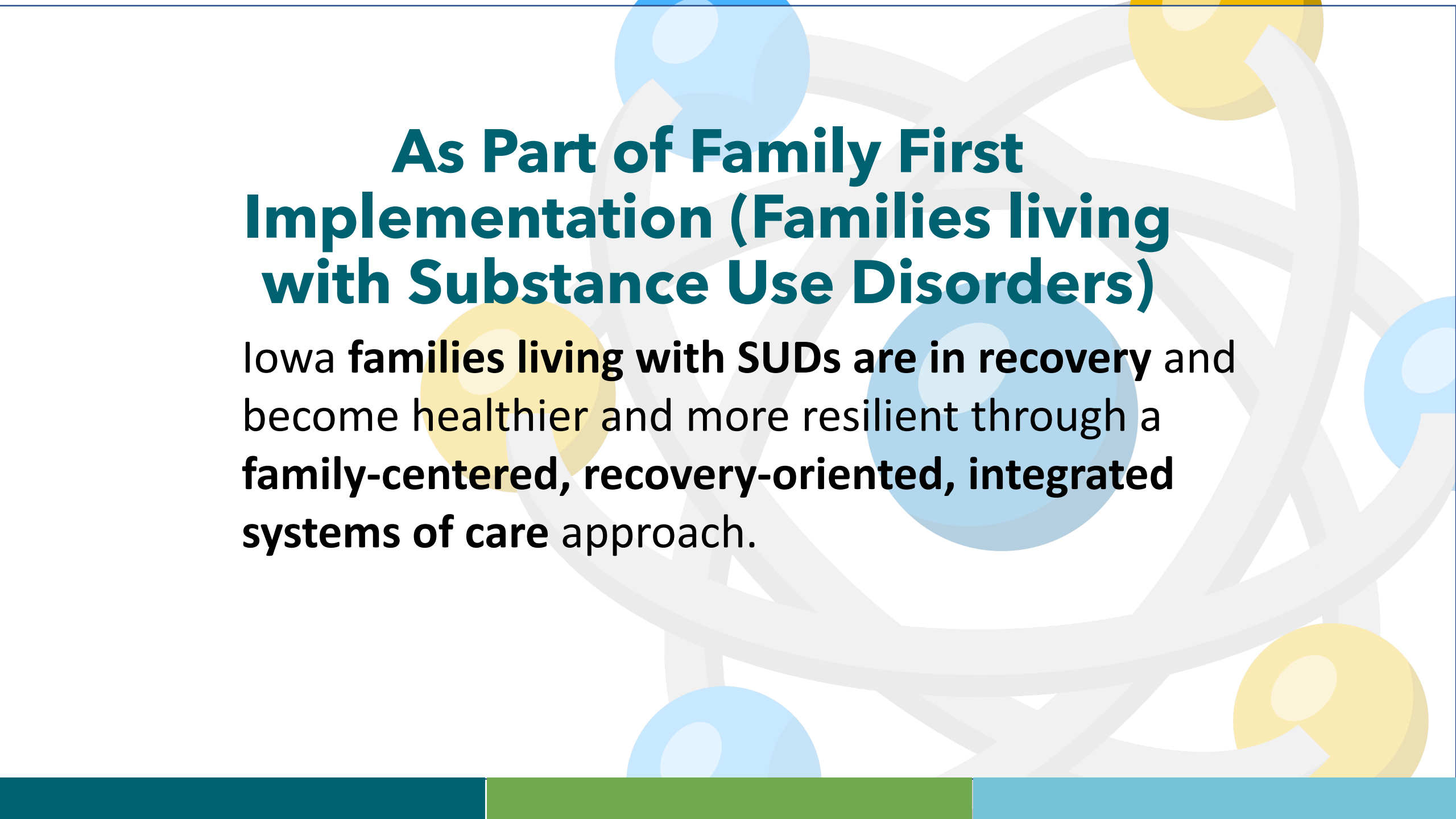




As Part of Family First Implementation (Older Youth)

*Ensure that all **youth ages 12 and older** who enter the child welfare and juvenile justice systems **stay connected to family to heal and thrive.***





As Part of Family First Implementation (Families living with Substance Use Disorders)

Iowa families living with SUDs are in recovery and become healthier and more resilient through a family-centered, recovery-oriented, integrated systems of care approach.

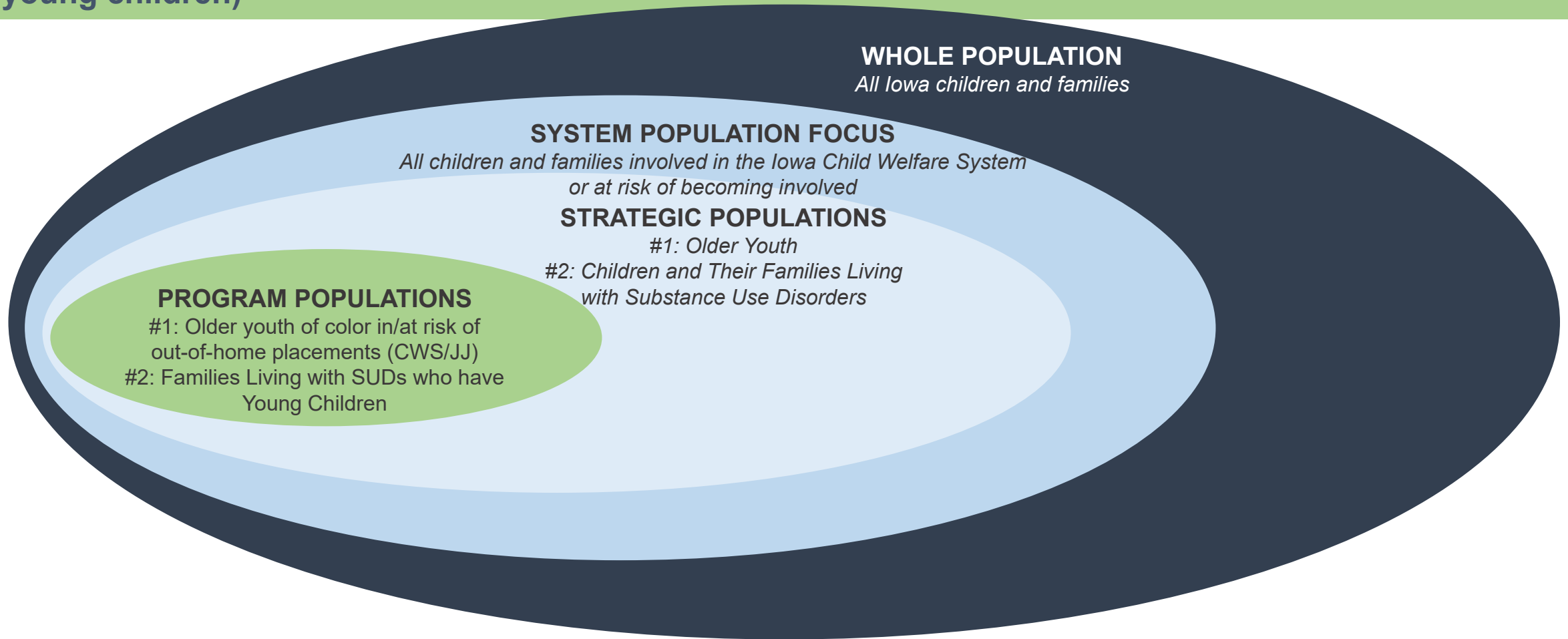
Basic Foundation of the Vision Council's Results-Based Action Plan

Results-Based Action Plan: Populations

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)



Adapted from: Trying Hard is Not Good Enough, Friedman, Trafford Publishing, 2005

Indicators relevant to the Vision Council's Results-Based Action Plan

North Star Outcome: "Iowa families and children are safe, secure, healthy and well in their communities."

Indicators	Measure/Source	Note
Financial Security	Child poverty or Children in Poverty Unemployment	Correlated with child maltreatment
Housing instability	Severe housing problems (county level)	Correlated with child maltreatment
Parental education attainment	Adults with a high school diploma (county level)	Correlated with child maltreatment
Food insecurity	Free/Reduced Lunch	Somewhat correlated with child maltreatment
Uninsurance	Uninsured under age 65 (CHR) Uninsured under age 19 (CHR)	Somewhat correlated with child maltreatment
Social Disorder	Excessive drinking (County Health Rankings) Substance Use in child maltreatment cases (Iowa DHS)	Social disorder is linked to child maltreatment

Results-Based Action Plan Framework for Strategies and Progress Measures

STILL UNDER DEVELOPMENT

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	Progress Measures	Strategies	Notes
Safe - Feeling nurtured and protected.	Housing	Severe Housing Problems	<ul style="list-style-type: none"> Identify and meet with housing leaders/stakeholders Advocate for housing to be a part of IDPH/DHS alignment 	*Differential response with instrumental supports *Housing
Secure - Having enough resources for a quality of life.	Financial assistance Employment Transportation			*EITC *Minimum wage increase
Healthy - Enjoying good health and expecting to live a full life.	Health care access Food security SUD and MH treatment	Uninsured (CHR – under age 65) Uninsured children (CHR - % under age 19) Food Environment Index (CHR) Access to MH Care (CHR)		*Medicaid Expansion
Well - Thriving and resilient with a strong economy and opportunities to learn.	Child care Services to address special needs		<ul style="list-style-type: none"> Link to Governor’s plan for economic recovery 	
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			FFPSA helps address *Home visiting with instrumental supports

Current Activities

6 of 8 judicial districts focused on learning and changing practices in the judicial system regarding Substance Use Disorder treatment (shifting frame to “SUD is a disease that can be treated”).

DHS is partnering with the Vision Council’s Substance Use Disorder Workgroup to design a family-centered, recovery-oriented, integrated systems of care to treat SUDs.

Adult Behavioral Health Survey to assess for evidence-based practices (EBPs), population-level challenges, awareness of FFPSA and its integration with SUD treatment, etc.

Preparing to participate in the state’s efforts to align services between Department of Public Health and DHS Child Welfare (PCG Consulting Group).

Spreading the culture shift and Results-Based Action Plan to public-private child welfare provider group, DHS’ Culture Equity Alliance, child maltreatment prevention, Governor’s office, and other partners.

Leadership skills development program based on Results-Based Accountability and Results-Based Facilitation.

Influencing the use of the American Rescue Plan funds toward North Star Outcome and data-informed targets.

| Backdrop of the Results-Based Action Plan

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

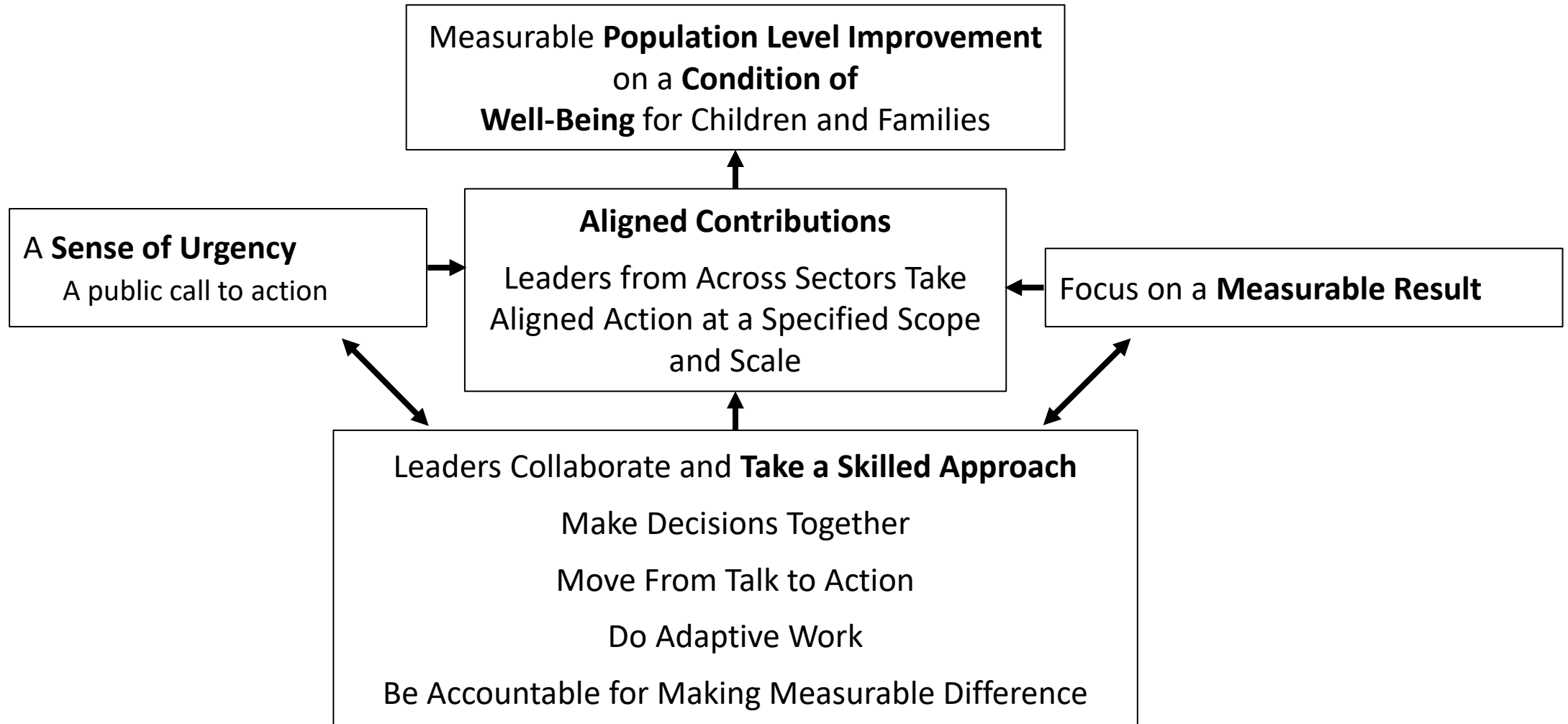
Results-Based Accountability: Differentiates population and program level results, uses data to develop impactful strategies and tracks whether work is contributing to results.

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.

Results Count™ is The Annie E. Casey Foundation's (AECF) program for teaching and spreading the Results-Based Model. AECF developed the 5-2-2 Framework.



Theory of Aligned Contributions



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/Gathering Space: The place, time and tools to accelerate results.

The Capacity to Align Contributions (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

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The work of meetings occurs through conversations.

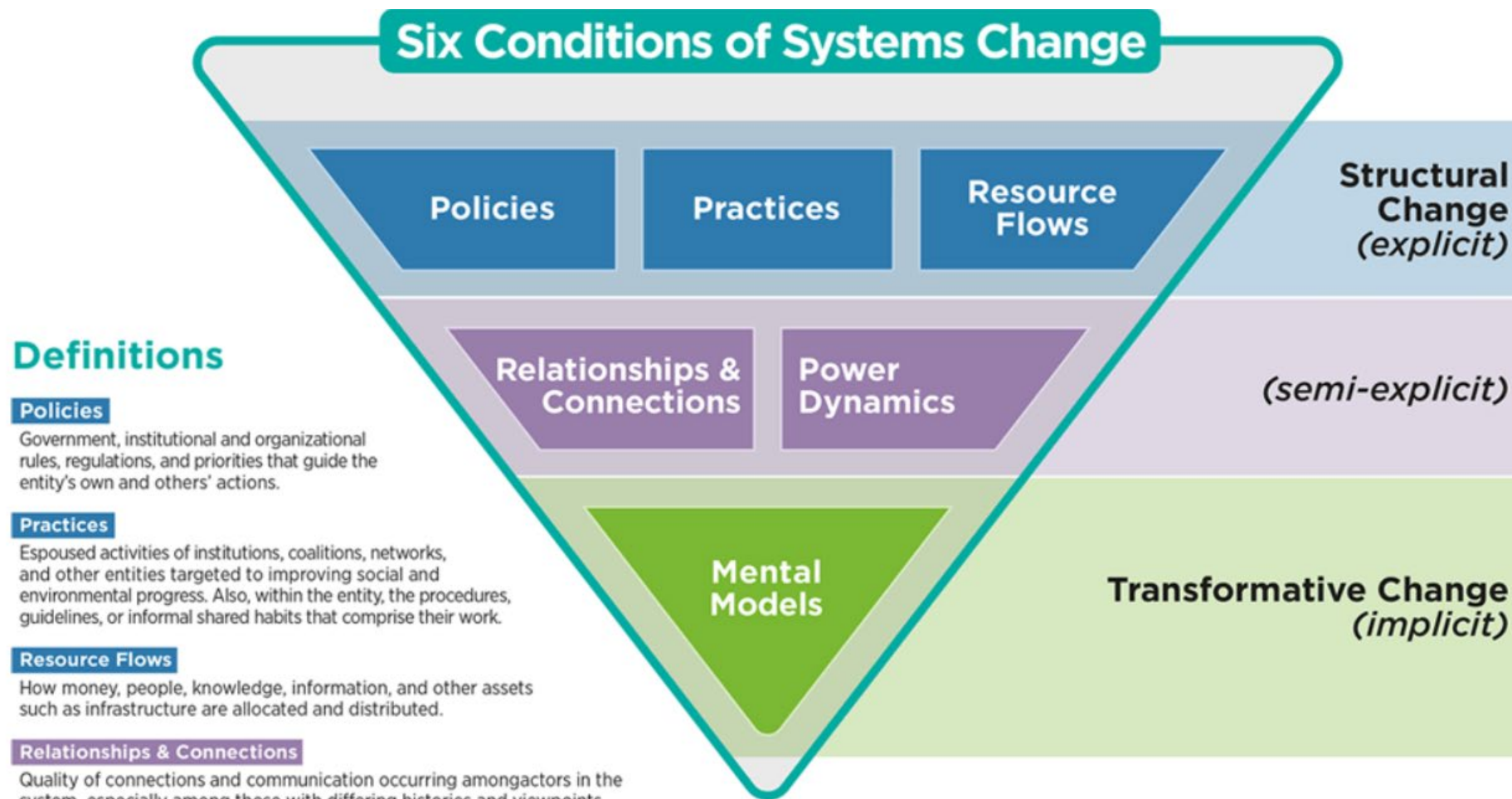
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Group conversations can be designed, prepared for & supported by a specific set of listening and speaking skills.

3

Using a set of listening and speaking skills to support the work of a group can accelerate the work, i.e. “move from talk to action.”

3 Hypotheses of Results-Based Facilitation



Definitions

Policies

Government, institutional and organizational rules, regulations, and priorities that guide the entity's own and others' actions.

Practices

Espoused activities of institutions, coalitions, networks, and other entities targeted to improving social and environmental progress. Also, within the entity, the procedures, guidelines, or informal shared habits that comprise their work.

Resource Flows

How money, people, knowledge, information, and other assets such as infrastructure are allocated and distributed.

Relationships & Connections

Quality of connections and communication occurring among actors in the system, especially among those with differing histories and viewpoints.

Power Dynamics

The distribution of decision-making power, authority, and both formal and informal influence among individuals and organizations.

Source: [Rethink Health](#)

Mental Models

We don't see things as they are; we see them as we are.

~Anaís Nin (pg 120, Choose Results!)

The problem is not that we have mental models.
It is that we don't recognize that we have mental models.

~Srikumar Rao (pg 29, RBF Bk 2)

Mental Models

- Differing world views and assumptions that shape people's behavior. They can be productive (e.g. Results-Based Model) or disruptive (e.g. cognitive bias and implicit bias).
- An interpretive lens that provides understanding, guides thinking, and directs decision-making.
- Deeply ingrained assumptions, generalizations, or even images that influence how we understand the world and how we take action.
- A lack of awareness of mental models makes collaborative work more challenging.
- In Results-Based Accountability, Appreciative Listening/Appreciative Openness is linked to identifying complexities, like Mental Models.

Success Stories, Progress and What's Ahead

(Kelli Soyer, Associate Director, Coalition of Family
and Children's Services of Iowa, and project
director of the Vision Council)

| Alignment with National Trends & Opportunities

National Trends and Opportunities

Thriving Families, Safe Children Initiative: A National Commitment to Well-being

Ensuring equity and eliminating racism in the child welfare system

Disentangling poverty from neglect

Preventing and addressing trauma and ACEs (public health continuum)

American Rescue Plan Act



Questions?

THANK YOU

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