



Health and  
Human Services



# Northeast Iowa Community Action Corporation Family Development & Self-Sufficiency Program STATE FISCAL YEAR 2024 ANNUAL REPORT



Department of Health  
and Human Services



# Introduction

Iowa's Family Development and Self-Sufficiency Program (FaDSS) was created by the 1988 General Assembly to assist Family Investment Program (FIP) families with significant or multiple barriers reach self-sufficiency. FaDSS provides services that promote, empower, and nurture families toward economic self-sufficiency and family stability. The program is funded with a combination of TANF State Block Grant funds and State Appropriations. The program is administered by the Iowa Department of Health and Human Services (Iowa HHS) in partnership with 15 local community-based organizations who contract with Iowa HHS to provide services to families across Iowa.

Participation in FaDSS is a voluntary option for families with dependent child(ren) who are at or below 175% of the federal poverty level and meet the other required eligibility criteria. Families receiving FIP and/or participating in the PROMISE JOBS program are categorically eligible and receive priority of service for the FaDSS program.

FaDSS engages families in dynamic partnerships to address their basic needs, improve child well-being, and develop career opportunities that, in turn, improves lives, families, and communities.

We do this by:

1. **Reducing sources of stress that destabilize families.** We address the basic needs and emotional wellbeing of families through support and connection to resources such as housing, food, safety, and physical and mental conditions, among others.
2. **Strengthening core skills that are essential for work, school, and life.** We build the capabilities of families by teaching them goal-directed behaviors that strengthen life skills and improve family functioning and by connecting them to education and training opportunities that build career-related skills and healthy work and school-based habits.
3. **Creating responsive relationships that are safe and supportive.** We cultivate partnerships with families by building trust; holding parents accountable; and practicing unconditional, nonjudgmental positive regard. We collaborate with community partners to address the needs and interests of families. We support healthy parent-child relationships that promote child wellness and development.

## Core Program Components

- ▶ Structured home visits conducted by skilled family development specialists
- ▶ Assessments and screenings that support healthy self-exploration
- ▶ Science-informed goal pursuit
- ▶ A framework and process for skill building
- ▶ Connecting families to stabilizing supports and opportunities in their communities

The statewide program is provided to families in Allamakee, Bremer, Chickasaw, Clayton, Fayette, Howard and Winneshiek counties through a partnership with Northeast Iowa Community Action Corporation (NEICAC).

## Continuous Quality Improvement

The FaDSS program utilizes a framework designed to facilitate a cycle of continuous quality improvement with the overarching goal of achieving improved outcomes for families served in the program. The framework is outlined in detail in the FaDSS Continuous Quality Improvement plan and includes the following elements:

- Organizational self-assessment
- FaDSS coaching model
- Model fidelity reviews
- Intercultural Development Inventory
- Technical assistance and program monitoring
- Fiscal monitoring

The FaDSS program adopted a coaching model based on a science-informed approach to coaching that is used at all levels in the program; State program staff coach FaDSS Coordinators, Coordinators coach Specialists, and Specialists coach families. The supervision practice is grounded in the performance standards and is designed to identify areas of strength as well as areas in need of improvement.

Program leadership meet each quarter to review performance on select contract measures and family outcomes with the goal of identifying 1) areas where the program is achieving desired results and 2) opportunities to implement responsive changes to practice to ensure the program is on track to meet year-end targets. This report provides an overview of the performance and outcomes data reviewed for each quarter. Statewide performance data is provided where appropriate for comparison purposes. All data provided in this report should be interpreted considering unique program considerations as well as community factors that may affect performance and outcome measures.

## Evaluation Methodology

Iowa HHS, in partnership with NEICAC, gathers a wealth of data related to program performance and self-sufficiency outcomes for families. Information about participants is collected by Family Development Specialists using the Self-Sufficiency Matrix, a tool that measures changes in 15 life domains. Demographic characteristics and information about the specific activities and services completed with families are also gathered. Together, this information allows the FaDSS program to:

- Understand family characteristics, including assets and barriers to self-sufficiency;
- Assess changes in family self-sufficiency and stability domains over the course of enrollment;
- Build upon program success and consider areas for further focus.

## Program Equity

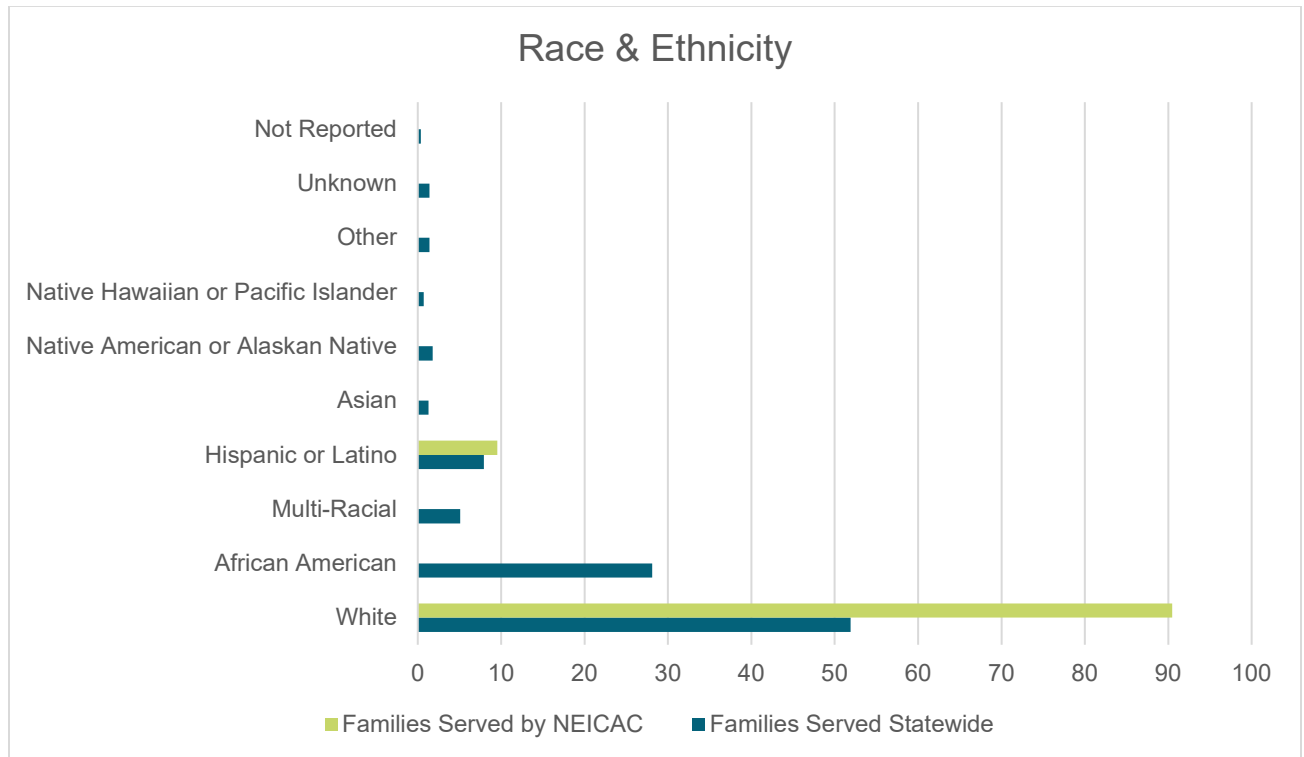
In 2019, the FaDSS program began concerted efforts to apply an equity lens to service provision. All policies and practices are reviewed with an equity lens and focused efforts to engage FaDSS workers in ongoing discussions and learning are in practice statewide. The FaDSS program also values the voices of families in addressing economic mobility strategies.

## Families Served

At any point in time, the NEICAC FaDSS program may serve 42 families. In Fiscal Year 2024, a total of 66 families received services. 21 families completed or were exited from the program during the reporting period, including 47 children (under the age of 18). The program averaged a monthly capacity of 101 percent throughout the fiscal year. The target range is 95-100 percent and the statewide average was 98 percent for the year.

Demographic information about FaDSS participants is collected at the family (rather than individual) level, though the program often narrows in on characteristics of the designated “Head of Household” to identify and understand trends related to family structure and progress toward self-sufficiency. Overall, ninety-five percent of families are headed by a female; fifty-two percent are headed by an individual aged 24-34. Figure 1 below provides insight into the racial and ethnic composition of FaDSS families served by NEICAC. Statewide, families of color are disproportionately represented in the FaDSS program when compared to Iowa’s general population, though the disparity is reflective of the broader representation of families of color in the Family Investment Program (FIP).

**Figure 1. Race and Ethnicity of Family Heads of Household**



# Program Performance

## State Contract Measures

Each quarter, program leadership meet to review performance on contract measures and identify opportunities to improve outcomes for families. The table below presents FY 24 performance for each contract measure and includes the contract target and state average for comparison.

**Table 1. Contract Measures**

Contract Measure	NEICAC FY 24	FY 24 Target	State FY 24 Average
Families involved in at least one work preparedness activity.	62%	70%	60%
Families exiting FaDSS with increased income.	62%	50%	41%
Adult family member(s) with a substantiated mental health barrier that accessed treatment.	94%	90%	86%
Adult family member(s) with a substantiated substance abuse barrier that accessed treatment.	100%	90%	83%
Families experiencing domestic violence that received help.	100%	90%	83%
Employed families with child care issues that have addressed those issues.	60%	60%	46%
Families with age eligible children (0-5) co-enrolled in an early childhood program.	85%	60%	45%
Visits conducted in the family's home environment	50%	75%	63%
Home and quality visits where other family members besides the head of household engaged in the visit	51%	25%	48%














## Grantee Program Goals

In addition to conducting regular reviews of performance on state contract measures, program leadership set and review performance and outcomes goals unique to the local program. These goals are informed by the organizational self-assessment that all program staff complete to help identify and prioritize areas in need of improvement. The goal-setting framework is the same as the one used with families to help identify their motivation for change and the action steps and support needed for goal attainment. This process helps reinforce the coaching model at all levels throughout the FaDSS program.

## FaDSS Self-Sufficiency Matrix

Families participating in the FaDSS program often face multiple barriers to self-sufficiency. Through an in-depth assessment process (including both formal and informal assessment), Family Development Specialists work with families to identify areas of strength that are then used to address barriers. The Self-Sufficiency Matrix provides a mechanism for program staff to measure changes in a family's situation from entry (within 60 days of enrollment) to program exit. The Self-Sufficiency Matrix measures family stability across 15 life domains. Answering a series of questions for each family domain, Family Development Specialists rate stability on a scale of 1 through 5 based on their observation and assessment.

**Table 2. Self-Sufficiency Matrix Domains**

 Housing	 Health	 Transportation
 Income	 Mental Health	 Employment
 Substance Abuse	 Parenting, Nurturing, Attachment	 Child Care
 Support Network	 Support of Child Development	 Relationship with Partner
 Adult Education	 Legal	 Language

**Figure 2. Self-Sufficiency Matrix Stability Scale**



By comparing scores for each life domain at entry and at exit, we gain insight into the cumulative impact of FaDSS services on self-sufficiency and stability measures. For the current reporting period, 21 families had both entry and exit scores. Additional performance data are included in a discussion of select domains to lend both context and supporting information about changes in family stability and self-sufficiency measures.

Table 3 presents changes in pre-/post- Self-Sufficiency Matrix life domains. When interpreting the data below, it is useful to consider several key factors: 1) the average entry score may impact both the average change and the percent of families that saw improvement in a domain. For example, when the average entry score is high, families may not have much room for further improvement. Conversely, when the average entry score is considerably low (i.e. at “Vulnerable”), significant scaffolding of supports may be necessary even to achieve stability, or no change, from entry to exit; 2) While our goal is to leverage FaDSS services to achieve positive outcomes across all life domains, community factors may play a significant role in whether a family achieves improvement. This may be particularly salient for domains such as housing, transportation, and child care. Overall, any review of pre-/post- Self-Sufficiency Matrix changes should include these and other local considerations.



**Table 3. Pre-/Post-Changes in Family Stability and Self-Sufficiency Measures**

<b>Overall Domain Changes – Head of Household</b>						<b>Targeted Domain Changes<sup>1</sup> - Head of Household</b>		
<b>Domain</b>	<b>Average Entry Score</b>	<b>Average Exit Score</b>	<b>Average Change</b>	<b>Percent Improved</b>	<b>Percent Improved - State</b>	<b>Average Change</b>	<b>Percent Improved</b>	<b>Percent Improved - State</b>
Housing	3.14	3.52	+0.38	29%	31%	+0.23	33%	39%
Transportation	3.76	4.48	+0.72	57%	30%	+0.86	57%	38%
Mental Health	2.86	3.71	+0.85	71%	25%	+1.11	89%	33%
Substance Abuse	3.86	4.29	+0.43	33%	10%	-	-	26%
Health	4.05	4.50	+0.66	43%	27%	+0.40	29%	39%
Income	1.29	1.90	+0.61	38%	24%	+0.50	38%	27%
Employment	1.24	2.10	+0.86	29%	36%	+0.87	25%	42%
Nurturing and Attachment	4.19	4.43	+0.24	33%	19%	-	-	25%
Childcare	2.27	2.91	+0.64	45%	27%	+1.50	100%	30%

<sup>1</sup> Targeted domains are domains for which the specialist and family set one or more goals to address identified barriers.

<b>Support of Child Development</b>	3.52	3.90	+0.38	38%	28%	+0.60	60%	36%
<b>Adult Education</b>	2.24	2.29	+0.05	5%	11%	+0.50	25%	18%
<b>Language</b>	-	-	-	-	16%	-	-	26%
<b>Support Network</b>	2.86	3.14	+0.28	29%	36%	0.00	0%	52%
<b>Relationship with Partner</b>	3.73	4.18	+0.45	36%	17%	-1.00	0%	23%
<b>Legal</b>	4.57	4.57	0.00	0%	4%	-	-	4%

## Housing

Taking a deeper look at the housing domain, we can see that as a whole, families entered with an average score of 3.14, “safe.” Forty-three percent of families set goals related to their housing situation, meaning that this domain was particularly targeted by both the family and the home visitor for improvement. Families setting goals improved in the housing domain at a higher rate than all families. Thirty-three percent of families setting a housing goal improved compared to twenty-nine percent of all families. The average exit score for these families increased to 3.56.

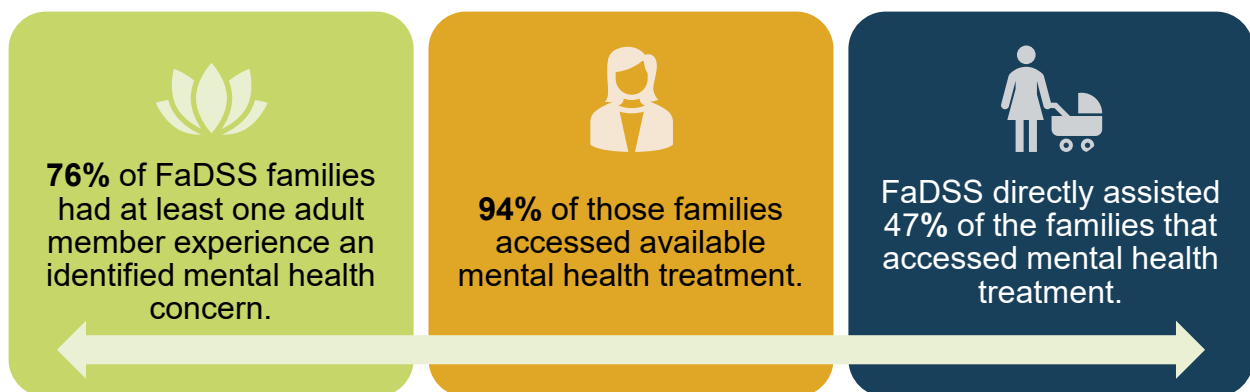
## Transportation

Families entered the FaDSS program with an average transportation score of 3.76, between “safe” and “building capacity.” Thirty-three percent of families set a goal related to transportation. These families had a lower average entry score of 3.57. Overall, we see similar percentages of improvement with fifty-seven percent of families improving by program completion. It is important to note that families setting goals had a higher rate of change with the average exit score increasing to 4.43.

## Mental Health

The mental health domain presents a more complex picture of family stability. Families entered the program with an average score of 2.86, between “vulnerable” and “safe.” Forty-three percent of families set a goal related to addressing mental health needs; for those that did, the average entry score was lower at 2.67 though remaining in the “vulnerable” range. Eighty-nine percent of families who set goals saw improvement compared to seventy-one percent of families overall. By program exit, families with targeted goals had an average exit score of 3.78, between “safe” and “building capacity.”

**Figure 3. Access to Treatment for Mental Health**



## Substance Abuse

Like mental health, the substance abuse domain can provide useful, though complex insight into family stability. A review of data for this domain demonstrates that families enter the program with an average score of 3.86, between “safe” and “building

capacity.” No families chose to set goals for improvement in this domain. Scores overall significantly increased from enrollment to exit with the average exit score increasing to 4.29. As with mental health, substance abuse screening may be both formal and informal, and may occur as appropriate at any point during enrollment. The role of the Family Development Specialist is strictly to screen for the presence of substance abuse and connect families to qualified resources and supports.

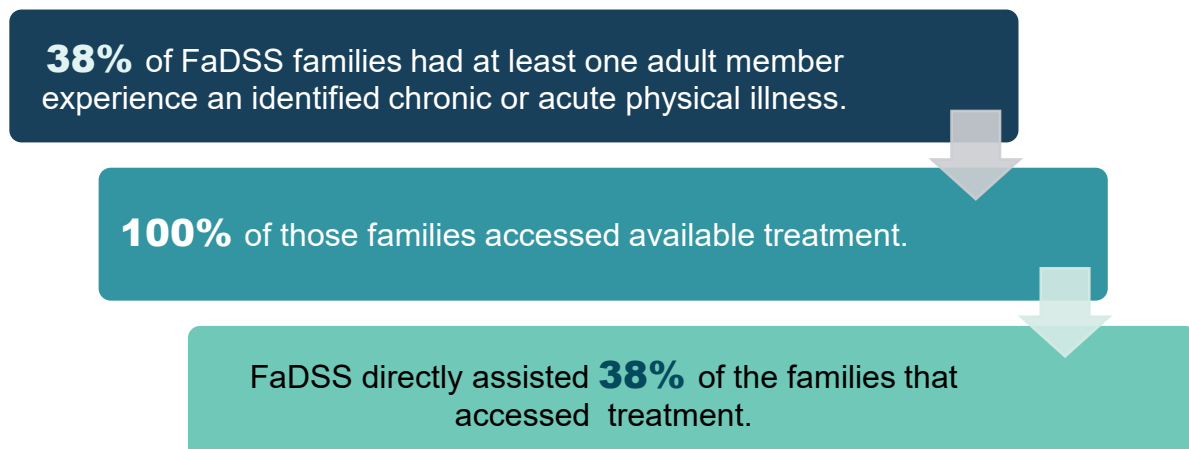
**Figure 4. Access to Treatment for Substance Abuse**



## Health

Families entered the FaDSS program with an average score of 4.05, “building capacity.” Overall, families exited with higher scores, at 4.50. Thirty-three percent of families chose to set a goal for this domain, and those that did averaged 4.17 at entry. These families had a higher average exit score compared to all families at 4.57. While the FaDSS program measures family progress in this domain, it is generally approached in terms of facilitating family access to appropriate, qualified health professionals.

**Figure 5. Access to Treatment for Chronic and Acute Physical Illness**



## Income

As might be expected, families tended to enter the FaDSS program with much lower scores in this domain. The average score was 1.29 or “in crisis.” The average score at exit was 1.90; within the “in crisis” range, though improved over scores at entry. Thirty-eight percent of families set income-related goals; they achieved similar outcomes than those of all families in this domain. Thirty-eight percent of all families improved within the income domain at program completion. It is worth noting that the income domain is directly related to earned wages. To put this into further context, the “in crisis” category applies to families between 0% and 100% of poverty by family size.

Narrowing in on employment, we see that only twenty-four percent of families were employed at entry while forty-three percent were employed upon exit. We see that the average monthly wage of \$2,375.63.

**Figure 6. Changes in Monthly FIP and Wages from Entry to Exit**

**43%** of the Head of Household and Other Adults were employed at exit

FIP payments decreased by **\$92.05**

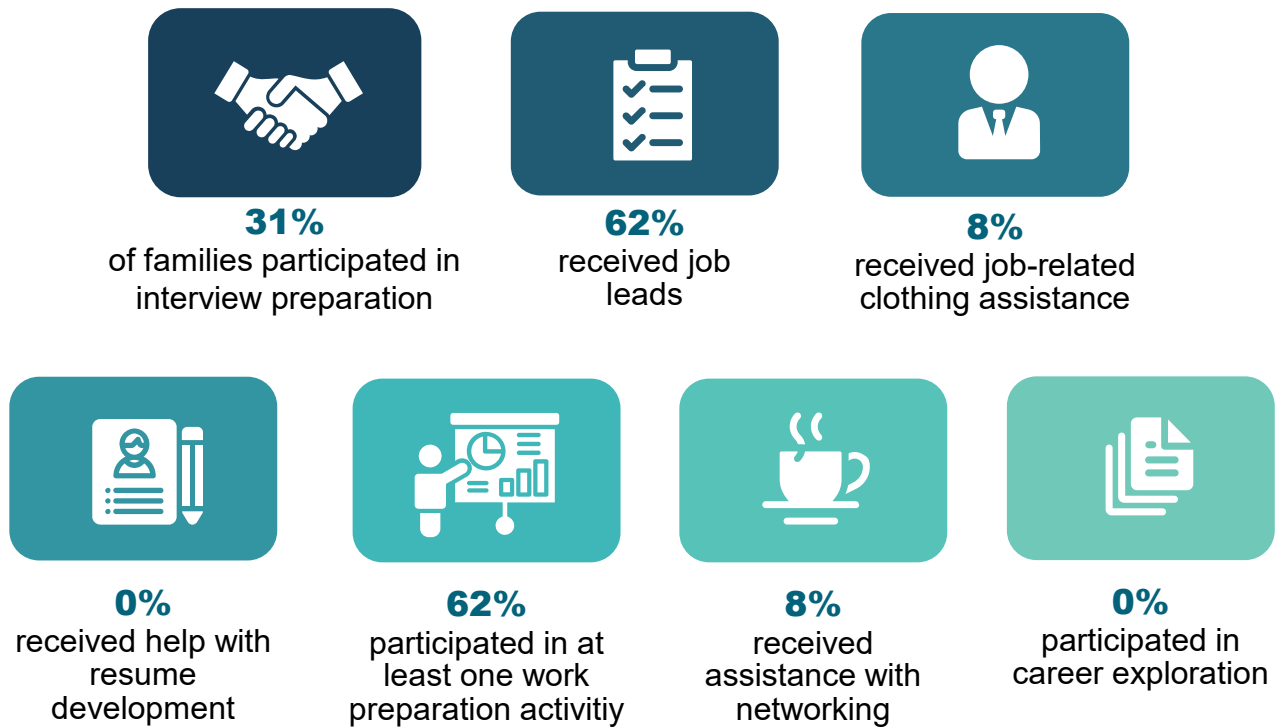
## Employment

Supporting families as they seek and obtain employment is a cornerstone of the FaDSS model. Families entered the FaDSS program with an average score of 1.24 within the “in crisis” range for the employment domain. Thirty-eight percent of families set a goal within this domain. Families saw slightly lower levels of improvement with goal setting in this domain, twenty-five percent compared to twenty-nine; however, families who set goals had higher rates of score change. Families with targeted goals averaged 1.13 at entry and by program completion, the average increased to 2.00. This is just under the average for all families at 2.10. The FaDSS program provides a number of formal and informal supports related to employment. Figure 7 below provides a detailed look at these activities.

Reviewing family progress for both the employment and income domains together, it is

clear that FaDSS is effective in supporting families to obtain employment, though improvements in income suggest that overall wages earned remain lower.

**Figure 7. Job Preparedness Activities**



### Parenting, Nurturing and Attachment

Families enrolling in FaDSS tended to score relatively high in the parenting, nurturing and attachment domain. With an average incoming score of 4.19, parents were generally considered to be “building capacity” in terms of their parenting ability and relationship with their children. It is important to note that the high scores upon entry can make it challenging to increase further. Overall, thirty-three percent of all families improved in scores at program completion, bringing the average exit score to 4.43. No families chose to have a formal goal within this area. The FaDSS program, unlike many family support programs, may provide support to families even when child safety comes to the attention of child protective services. Of families completing the FaDSS program in Fiscal Year 2024, twenty-nine percent had an active child abuse case at some point during their enrollment.

## **Child Care**

This domain applied to fifty-two percent of families, meaning that they had a child that would require child care. Access to child care is often a significant barrier to employment and self-sufficiency for families with young children. The average score at entry was 2.27, “vulnerable.” Eighteen percent of families for whom this domain applied set a goal related to child care; one hundred percent of these families experienced improvement at program exit. The average exit score for families with a goal was 3.50, between “safe” and “building capacity.” FaDSS was able to provide direct assistance in obtaining child care to sixty percent of employed families for whom this was a barrier.

## **Support of Child Development**

The average score at entry was 3.52, between “safe” and “building capacity,” for the Support of Child Development domain. Twenty-four percent of families set a goal related to child development; of those that did, entry scores averaged 3.20. Families that targeted this domain had higher rates of improvement than that of all families. Sixty percent of families with a goal improved at exit compared to thirty-eight percent of all families. It should be noted, the FaDSS program engages families in formal screening for developmental delays for all children ages 0-5. Using the Ages and Stages Questionnaire (ASQ-3 and/or ASQ SE: 2), the FaDSS program conducted screening with one-hundred percent of families with an age-eligible child. Eighteen percent of children screened were identified as positive for a developmental delay. Overall, eighty-five percent of families with age-eligible children also participated in an early childhood program.

## **Adult Education**

For families enrolling in FaDSS, the average score for adult education was 2.24, “vulnerable.” For this domain, it is worth noting that a score of 2 indicates that the head of household has achieved either a high school equivalency diploma or has graduated from high school; a score of 3 indicates that the head of household attends college, community college, or a job/technical training program. Nineteen percent of families set a formal goal for this domain. Families who engaged in formal goal setting had higher rates of improvement when compared to all families. The average entry score for these families was 2.00. By program exit, the average score increased to 2.50 with twenty-five percent of adult heads of household having improved their level of educational attainment.

## **Language**

The language domain measures changes in literacy for a family’s native language and progress toward bilingual fluency. This domain is not completed for English-speaking adult family members. No data was collected within the language domain.

## **Support Network**



This domain measures family access to both formal (i.e. social service programs) and informal (i.e. family and friends) supports. The average score at entry for this domain was 2.86, between “vulnerable” and “safe.” Five percent of families set a goal related to their support network. Families that targeted this domain remained stable with average entry and exit scores of 3.00. This could be attributed to formal support programs ending while enrolled. Overall, families saw a twenty-nine percent improvement in this domain.

### Relationship with Partner

As with the child care and language domains, the relationship domain considers a smaller number of families for changes from entry to exit. This domain is completed for heads of household based on current and past relationships (within six months prior to completion of the entry Self-Sufficiency Matrix). For the current reporting period, data for this domain are available for fifty-two percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 3.73, between “safe” and “building capacity.” Exit scores averaged higher for all families, 4.18. Nine percent of families set a formal goal related to this domain; those that did entered the program with a higher score than all families (5.00) and scores decreased at program completion (4.00). This could be attributed to the Family Development Specialist learning more about the relationship throughout their work together. The FaDSS program engages families in formal screening for domestic violence within the first ninety days of enrollment. Figure 8 below provides an overview of screening activities completed in Fiscal Year 24.

**Figure 8. Domestic Violence Supports**



### Legal

This domain was added to the Self-Sufficiency Matrix in FY23. This means, families enrolled prior to July 1<sup>st</sup>, 2022 were not scored in this area. While the FaDSS program measures family progress in this domain, it is generally approached in terms of

facilitating family access to appropriate legal resources and/or advocacy. Thirty-three percent of families were scored at both entry and exit. Average score at entry was 4.57 which is between “building capacity” and “empowerment.” This remained stable at program completion. Five percent of families set a goal related to the legal domain however we are unable to analyze this data as these families did not have both an entry and exit score due to entering the program before this domain was available.

## Family Spotlight

Brian and Kyna were referred to the FaDSS program by PROMISE JOBS and enrolled in October 2020.

A family of 5, Brian and Kyna are the parents of three children, 7-year-old Robbie, 13-year-old Evelyn, and 17-year-old Scotty, who has special needs.

At enrollment, Kyna and Brian were facing adversity. Kyna was hospitalized due to complete liver failure. In order for Kyna to be allowed on the transplant list for a new liver, she would need to be alcohol-free for 6-months. At this time, both Kyna and Brian were unemployed due to Kyna’s physical health barriers. Brian was also struggling with his health while caring for their children and ensuring their son, who has autism, was being taken care of as well.



Throughout their time in FaDSS, Brian and Kyna set goals in many different life domains, including, Income, Support of Child Development, Housing, Mental Health, Employment, Transportation, and Legal. Throughout their time in the program, they accessed several resources such as the Pandemic Emergency Assistance Fund, Low-income Home Energy Assistance Program, Head Start, Low-income Water Assistance Program and Embrace Iowa. They also accessed food pantries and clothing closets, and received assistance during holiday seasons, including having their family adopted for Christmas.

With each barrier Brian and Kyna faced, they kept their heads up, never allowing it to keep them down. They were motivated to do what they could to improve their lives. Kyna stopped drinking, which allowed her to be placed on the transplant list. She applied for Social Security Disability, at first being denied. With the help of an attorney, she won her case and started to receive steady monthly income.

Kyna fought to stay healthy, which required many trips to the University of Iowa Hospitals and Clinics in Iowa City. She suffered a heart attack at home around Christmas time in 2021. Her heart had stopped due to a seizure caused by the medication she was taking for her liver. Kyna has now been in recovery for 3 years. Her health has improved to the point she no longer needs a liver transplant! Her appointments in Iowa City are now an annual check-up.

Brian has also made great strides. He improved his health and achieved employment at East Penn in Oelwein as an operator. Brian enjoys his job and has maintained his employment. September 2024 marked a full year with the company for Brian!

Brian and Kyna are current participants in the FaDSS Program. They continue working to achieve the goals they have for themselves and their family.

## Conclusion

The Northeast Iowa Community Action Corporation FaDSS program works diligently to provide high-quality, supportive services to families in their service area. The data presented above reflect the program's commitment to achieving improved outcomes for parents, children, and families as a whole.