



Northeast Iowa Community Action Corporation Family Development & Self-Sufficiency Program

STATE FISCAL YEAR 2025 ANNUAL REPORT

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:

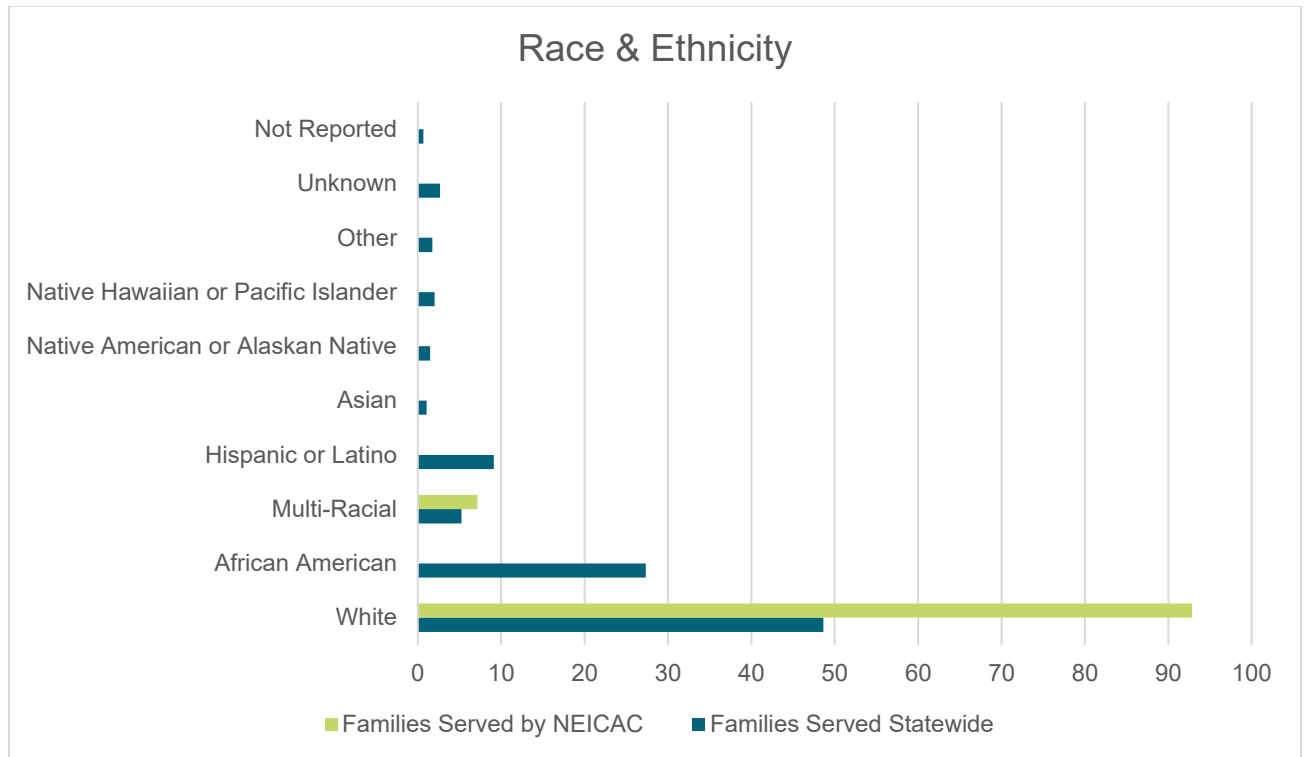
- Understand family characteristics, including assets and barriers to self-sufficiency;
- Assess changes in family self-sufficiency and stability domains over the course of enrollment;
- Build upon program success and consider areas for further focus.

Families Served

At any point in time, the NEICAC FaDSS program may serve 42 families. In Fiscal Year 2025, a total of 57 families received services. 14 families completed or were exited from the program during the reporting period, including 33 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 97 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, seventy-nine percent of families are headed by a female; twenty-nine 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 Head of Households



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 25 performance for each contract measure and includes the contract target and state average for comparison.

Table 1. Contract Measures

Contract Measure	NEICAC FY 25	FY 25 Target	State FY 25 Average
Families involved in at least one work preparedness activity.	57%	70%	72%
Families exiting FaDSS with increased income.	64%	50%	42%
Adult family member(s) with a substantiated mental health barrier that accessed treatment.	100%	90%	89%
Adult family member(s) with a substantiated substance abuse barrier that accessed treatment.	100%	90%	81%
Families experiencing domestic violence that received help.	100%	90%	79%
Employed families with child care issues that have addressed those issues.	67%	60%	46%
Families with age eligible children (0-5) co-enrolled in an early childhood program.	50%	60%	48%
Visits conducted in the family's home environment	76%	75%	73%
Home and quality visits where other family members besides the head of household engaged in the visit	55%	25%	51%

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, 13 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 percentage 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

Overall Domain Changes – Head of Household						Targeted Domain Changes¹ - Head of Household		
Domain	Average Entry Score	Average Exit Score	Average Change	Percent Improved	Percent Improved - State	Average Change	Percent Improved	Percent Improved - State
Housing	3.31	3.77	+0.46	31%	35%	+1.75	75%	45%
Transportation	4.23	4.31	+0.08	23%	36%	0	50%	49%
Mental Health	4.08	4.38	+0.30	31%	27%	+0.67	67%	38%
Substance Abuse	3.77	4.38	+0.61	31%	13%	-	-	32%
Health	4.31	4.23	-0.08	15%	27%	-3.00	0%	32%
Income	1.00	1.62	+0.62	38%	25%	+0.80	40%	27%
Employment	2.15	2.54	+0.39	31%	36%	0	0%	40%
Nurturing and Attachment	4.46	4.77	+0.31	31%	20%	0	0%	28%
Childcare	2.63	3.00	+0.37	25%	29%	-	-	29%

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

Support of Child Development	3.77	4.38	+0.61	54%	29%	+1.34	100%	35%
Adult Education	2.46	2.77	+0.31	23%	19%	+1.00	100%	25%
Language	-	-	-	0%	24%	-	-	31%
Support Network	3.00	3.54	+0.54	54%	43%	+1.00	100%	55%
Relationship with Partner	3.25	4.00	+0.75	75%	21%	+1.00	100%	29%
Legal	4.80	4.90	+0.10	10%	7%	0	0%	4%

Housing

Taking a deeper look at the housing domain, we can see that as a whole, families entered with an average score of 3.31, “safe.” By program completion, the average score increased to 3.77. Thirty-one 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 significantly higher rate than all families. Despite the average entry score being significantly lower at 2.50, by exit the average score increased to 4.25 which is generally considered “building capacity.” Seventy-five percent of families with a targeted goal improved compared to thirty-one percent overall.

Transportation

Families entered the FaDSS program with an average transportation score of 4.23, “building capacity.” It is important to note that the high scores upon entry can make it challenging to increase further. Thirty-one percent of families set a goal related to transportation; of those that did, fifty percent showed improvement compared to twenty-three percent of all families.

Mental Health

The mental health domain presents a more complex picture of family stability. Families entered the program with an average score of 4.08, “building capacity.” At exit, the average score increased to 4.38. Twenty-three percent of families set a goal related to addressing mental health needs; for those that did, the average entry score was slightly lower at 4.00 though remaining in the “building capacity” range. Sixty-seven percent of families who set goals saw improvement compared to thirty-one percent of families overall. Mental health screening and assessment may be both formal and informal, and may occur as appropriate at any point during enrollment. The role of the Family Development Specialist is to connect families to qualified resources and supports.

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 3.77, between “safe” and “building capacity.” No families chose to set goals for improvement in this domain. Scores overall significantly improved from enrollment to exit. The average exit score was 4.38 and thirty-one percent improved. As with mental health, 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.

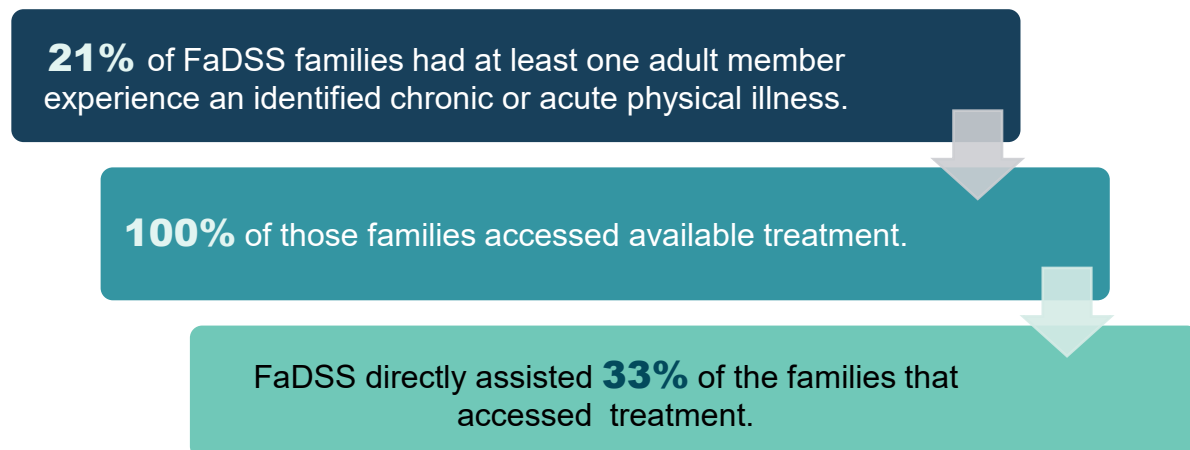
Figure 4. Access to Treatment for Substance Abuse



Health

Families entered the FaDSS program with an average score of 4.31 within “building capacity.” Overall, families exited with lower scores, at 4.23 with fifteen percent improvement. Only eight percent of families chose to set a goal for this domain, and those that did tended to achieve improvement at lower rates when compared to all families. Seven percent of families submitted an SSI application while enrolled in the program. 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 1.00 or “in crisis.” The average score at exit was 1.62; within the “in-crisis” range, though improved over scores at entry. Thirty-eight percent of families set income-related goals; of those that did, they achieved slightly higher outcomes than those of all families in this domain. By program completion, families with a targeted goal had an average score of 1.80. 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 wages, we see that the average monthly wage increased by \$1,263.30 for families employed at exit.

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

79% of the Head of Household and Other Adults were employed at exit

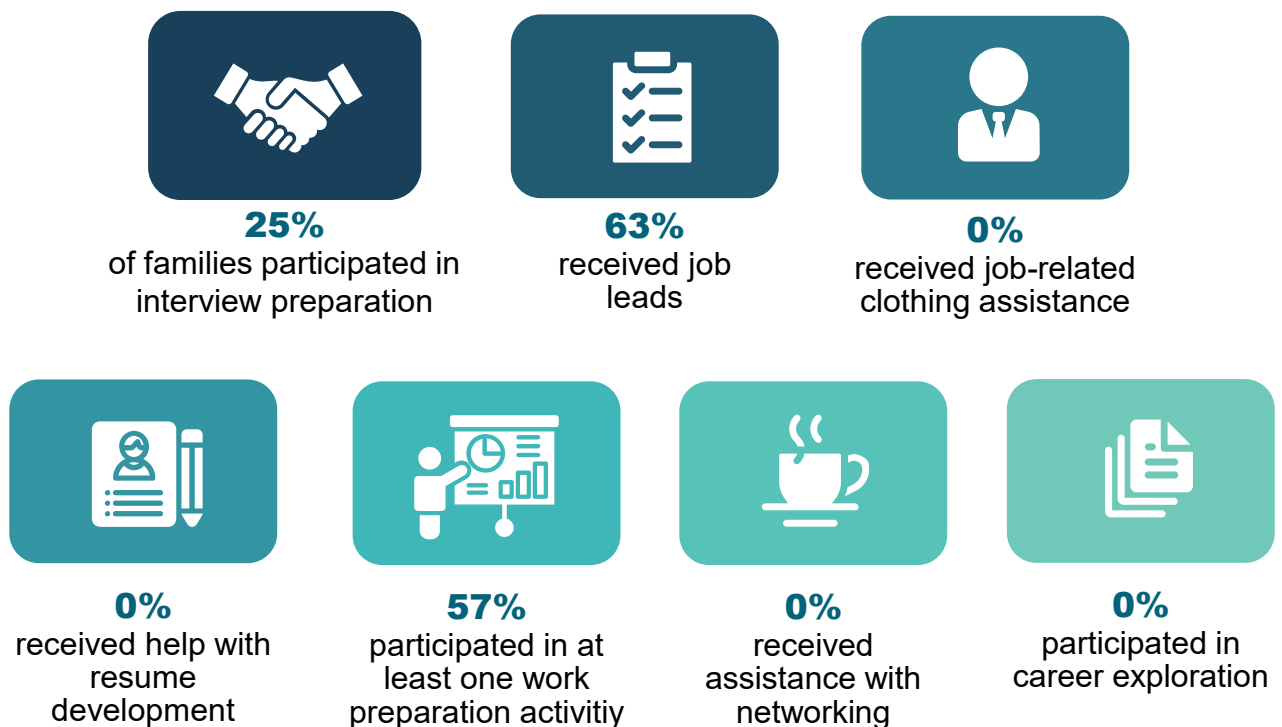
FIP payments decreased by **\$12.36**

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 2.15, within the “vulnerable” range for the employment domain. The average exit score for all families increased to 2.54 with thirty-one percent improvement. Twenty-three percent of families set a goal within this domain. Of those that did, scores on average remained stable. The FaDSS program provides a number of formal and informal supports related to employment. Figure 7 below provides a detailed look at these activities.

At entry, fifty-seven percent of families were employed; by exit, seventy-nine percent had achieved employment. 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 4.46, parents were generally considered to be “building capacity” in terms of their parenting ability and relationship with their children. Fifteen percent of families set a goal related to this domain. Families with a targeted goal entered on average with a score of 5.00. This remained stable at exit. 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 2025, seven percent had an active child abuse case at some point during their enrollment.

Child Care

This domain applied to sixty-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 2.63, between “vulnerable” and “safe.” No families whom this domain applied set a goal related to child care; overall, twenty-five percent of families improved by program completion. FaDSS was able to provide direct assistance in obtaining child care to sixty-seven percent of employed families for whom this was a barrier.

Support of Child Development

The average score at entry was 3.77, between “safe” and “building capacity.” Twenty-three percent of families set a goal related to child development; of those that did, entry scores averaged 3.33. Families that targeted this domain had higher rates than that of all families. One hundred percent of families with a goal improved, increasing the average exit score to 4.67 compared to 4.38 overall. 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 seventy-five percent of families with an age-eligible child. Seventeen percent of children screened were identified as positive for a developmental delay. Overall, fifty 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 2.46, “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. Eight percent of families set a formal goal for this domain. Of those that did, the average entry score was significantly higher (4.00) and by program exit, the average score was 5.00.

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 and no data is available for this 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 3.00, “safe.” Fifteen percent of families set a goal related to their support network; families that targeted this domain achieved higher rates of improvement than families that did not set a formal goal. Overall, families saw a fifty-four percent improvement compared to one hundred percent of families with a goal.

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 thirty-one percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 3.25, “safe.” Exit scores averaged significantly higher for all families (4.00). Twenty-five percent of families set a formal

goal related to this domain; those that did entered the program with a lower score than all families (2.00). Scores increased at exit to 3.00, entering on average within the safe range. Overall, seventy-five percent of families saw an improvement in this domain, making Relationship with Partner the highest percent improved domain for all families. 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 25.

Figure 8. Domestic Violence Supports



Legal

This domain was added to the Self-Sufficiency Matrix in FY23. This means, families enrolled prior to July 1st, 2022 were not scored in this area. Seventy-seven percent of families were scored at both entry and exit. Average score at entry was 4.80, between “building capacity” and “empowerment,” compared to exit score of 4.90. Twenty-percent of families set a targeted legal goal and on average, scores remained stable throughout the program at 5.00. 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.

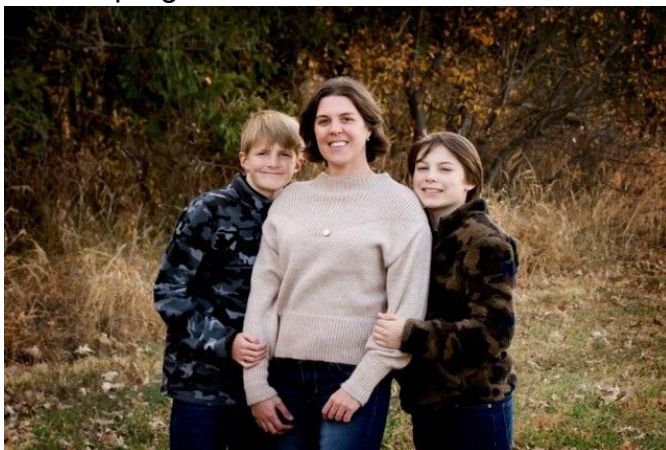
Family Spotlight

ChyAnne referred herself to the FaDSS program, enrolling in August 2020. At enrollment, she was a single mom raising two boys, 8-year-old Axel and 5-year-old Izik. ChyAnne had been through a lot, as she had recently left an unhealthy relationship, which ended in a divorce and filing bankruptcy. On top of this, ChyAnne was working on staying sober, as she suffered from a substance use disorder. Her children's father also struggled with the use of illegal substances, which resulted in him being in and out of prison over the years and involvement with the Department of Health and Human Services, which ChyAnne had to participate in.

ChyAnne turned to her faith when starting over. This led her to a dream of becoming a Pastor, and she enrolled in classes at Wartburg College. ChyAnne's source of income at this time was FIP benefits and part-time wages. When ChyAnne sought out FaDSS, she was looking for additional resources she could lean on during this challenging time.

ChyAnne and the boys also experienced the loss of the children's father's home due to an unexpected fire. After this, ChyAnne sought additional support through therapy and counseling for herself and her children. Through everything, ChyAnne has been able to stay strong and keep herself on track. They began the process of rebuilding their family, acknowledging past fractures while working toward a more stable and supportive future.

ChyAnne has been in recovery and free from using substances for several years. She is doing remarkable things! Although things have been going well there have been obstacles to overcome along the way, such as juggling being a single parent while balancing going to school and work. ChyAnne has had an amazing support team that she is grateful to have. ChyAnne expressed that this journey wouldn't be possible without programs like FaDSS and other assistance programs.



ChyAnne graduated with her bachelor's degree in religion in May of 2023 from Wartburg College. In 2025 she graduated with a Master of Divinity at Wartburg Seminary in Dubuque. ChyAnne completed her internship with Zion Lutheran Church in Oelwein and after a long process through the Northeastern Iowa Synod, she was called to serve as the Pastor at Saint Peter Lutheran Church in Greene, IA.

ChyAnne puts a lot of work into her career and education. She often had discussions with her FaDSS Specialist about working funeral services, completing sermons, and volunteering any chance she gets.

While working with FaDSS, ChyAnne set goals around support networks, adult education, housing, child development, health, mental health, and more. ChyAnne enjoys setting goals for herself and challenges herself when it comes to meeting those goals. ChyAnne has accessed programs such as the Pandemic Emergency Assistance Fund, LiHEAP, the Family Self- Sufficiency Grant, and Embrace Iowa. She has also had referrals to clothing closets and Christmas gift programs.

ChyAnne has reached self-sufficiency and is no longer a participant in the FaDSS program.

Conclusion

The Northeast 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.