



Community Action of Southeast Iowa 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 Des Moines, Henry, Lee and Louisa counties through a partnership with Community Action of Southeast Iowa.

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 Community Action of Southeast Iowa (CASEI), 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:

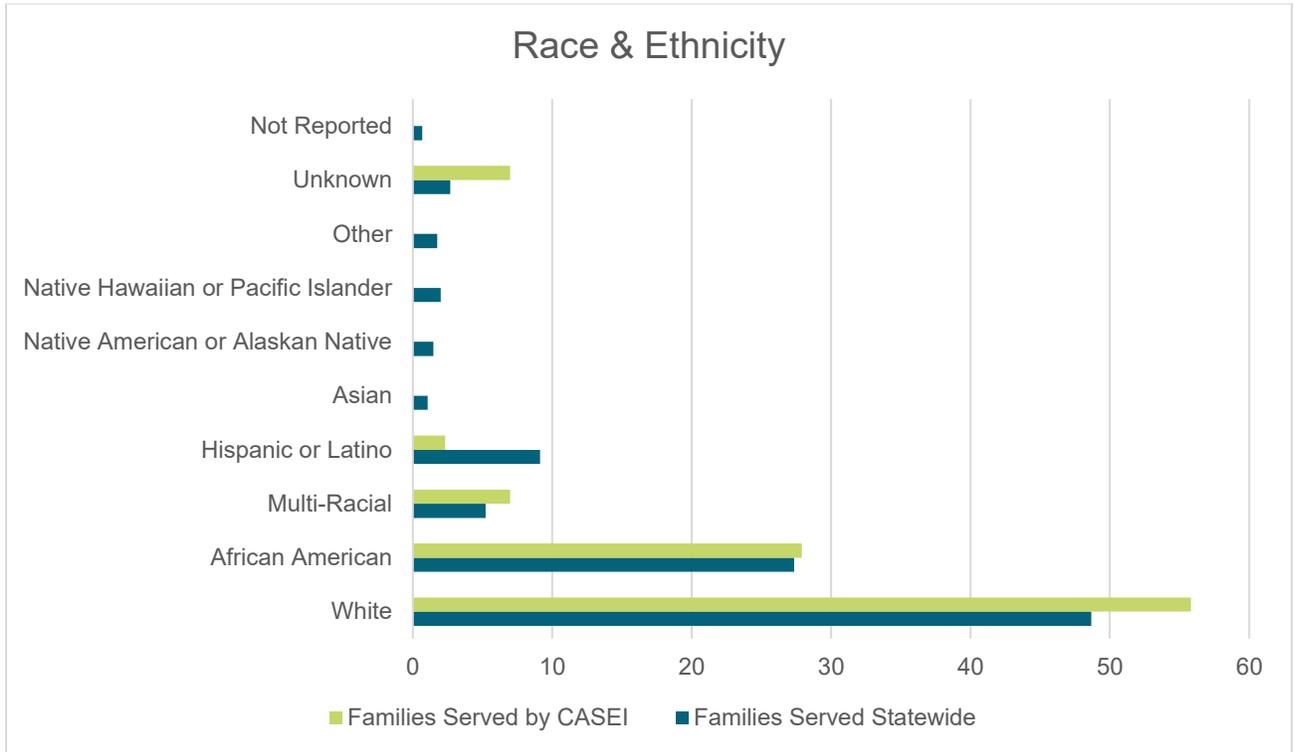
- Understand family characteristics, including assets and barriers to self-sufficiency;
- Assess changes in family self-sufficiency and stability domains over the course of enrollment;
- Build upon program success and consider areas for further focus.

Families Served

At any point in time, the CASEI FaDSS program may serve 76 families. In Fiscal Year 2025, a total of 118 families received services. 43 families completed or were exited from the program during the reporting period, including 78 children (under the age of 18). The program averaged a monthly capacity of 102 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, eighty-six percent of families are headed by a female; forty 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 CASEI. 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	CASEI FY 25	FY 25 Target	State FY 25 Average
Families involved in at least one work preparedness activity.	53%	70%	72%
Families exiting FaDSS with increased income.	44%	50%	42%
Adult family member(s) with a substantiated mental health barrier that accessed treatment.	85%	90%	89%
Adult family member(s) with a substantiated substance abuse barrier that accessed treatment.	80%	90%	81%
Families experiencing domestic violence that received help.	67%	90%	79%
Employed families with child care issues that have addressed those issues.	35%	60%	46%
Families with age eligible children (0-5) co-enrolled in an early childhood program.	40%	60%	48%
Visits conducted in the family's home environment	81%	75%	73%
Home and quality visits where other family members besides the head of household engaged in the visit	63%	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, 41 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

Domain	Overall Domain Changes – Head of Household					Targeted Domain Changes¹ - Head of Household		
	Average Entry Score	Average Exit Score	Average Change	Percent Improved	Percent Improved - State	Average Change	Percent Improved	Percent Improved - State
Housing	2.71	3.32	+0.61	32%	35%	+2.75	100%	45%
Transportation	3.44	4.05	+0.61	46%	36%	+0.75	75%	49%
Mental Health	3.28	3.46	+0.18	23%	27%	+1.23	62%	38%
Substance Abuse	3.71	4.32	+0.61	32%	13%	+3.00	100%	32%
Health	3.81	4.06	+0.25	17%	27%	+1.25	50%	32%
Income	1.78	1.54	-0.24	12%	25%	-0.14	10%	27%
Employment	1.26	2.03	+0.77	32%	36%	+0.81	26%	40%
Nurturing and Attachment	3.66	3.71	+0.05	24%	20%	-	-	28%
Childcare	2.22	3.11	+0.89	44%	29%	+0.60	33%	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	3.10	3.37	+0.27	29%	29%	-	-	35%
Adult Education	1.60	1.70	+0.10	15%	19%	+0.07	13%	25%
Language	-	-	-	0%	24%	-	-	31%
Support Network	2.44	2.68	+0.24	39%	43%	-	-	55%
Relationship with Partner	3.25	2.75	-0.50	13%	21%	+1.00	50%	29%
Legal	4.46	4.65	+0.19	19%	7%	-	-	4%

Housing

Taking a deeper look at the housing domain, we can see that as a whole, families entered with an average score of 2.71, between “vulnerable” and “safe.” Families setting goals improved in the housing domain at a significantly higher rate than all families. Twenty percent of families set goals related to their housing situation, meaning that this domain was targeted by both the family and the home visitor for improvement. Families with goal averaged significantly lower at entry at 1.38. By program exit, one hundred percent saw improvement, increasing the average score to 4.13.

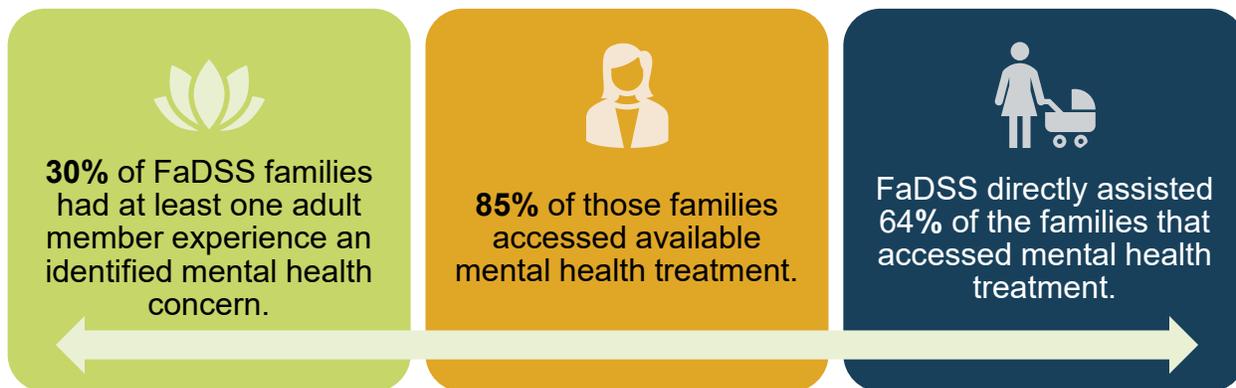
Transportation

Families entered the FaDSS program with an average transportation score of 3.44, “safe.” By program completion, the average exit score for all families was 4.05, “building capacity.” Twenty-nine percent of families set a goal related to transportation; of those that did, seventy-five percent showed improvement compared to forty-six percent of all families.

Mental Health

The mental health domain presents a more complex picture of family stability. Mental health screening may be both formal and informal, and may occur as appropriate at any point during enrollment. Families entered the program with an average score of 3.28, “safe.” Thirty-two percent of families set a goal related to addressing mental health needs. For those that did, the average entry score was significantly lower at 1.77, in the “in crisis” range. At exit, the average score increased to 3.00, “safe.” Sixty-two percent of families who set goals saw improvement compared to twenty-three percent of families overall.

Figure 3. Access to Treatment for Mental Health

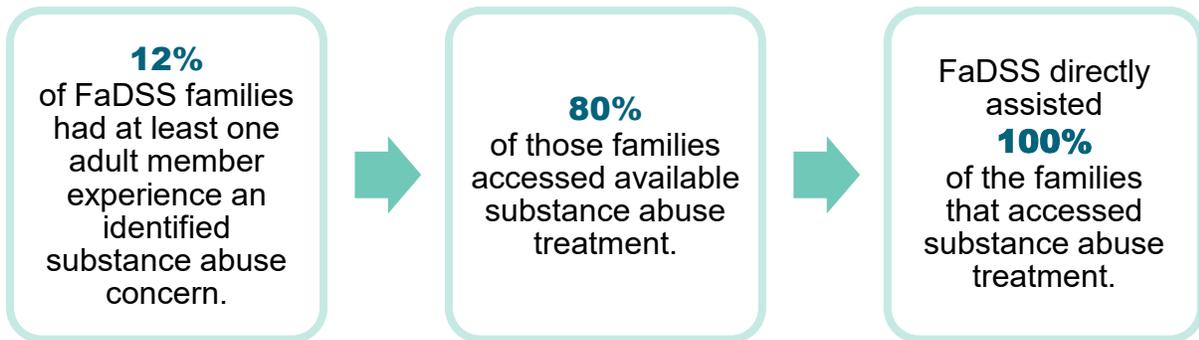


Substance Abuse

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 3.71, between “safe” and “building capacity” categories. A relatively small percentage of families (seven percent) chose to set goals

for improvement in this domain. Of those that did, the average entry score was significantly lower, at 1.00. Scores overall significantly improved from enrollment to exit and families with a targeted goal averaged 4.00 at exit. 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.

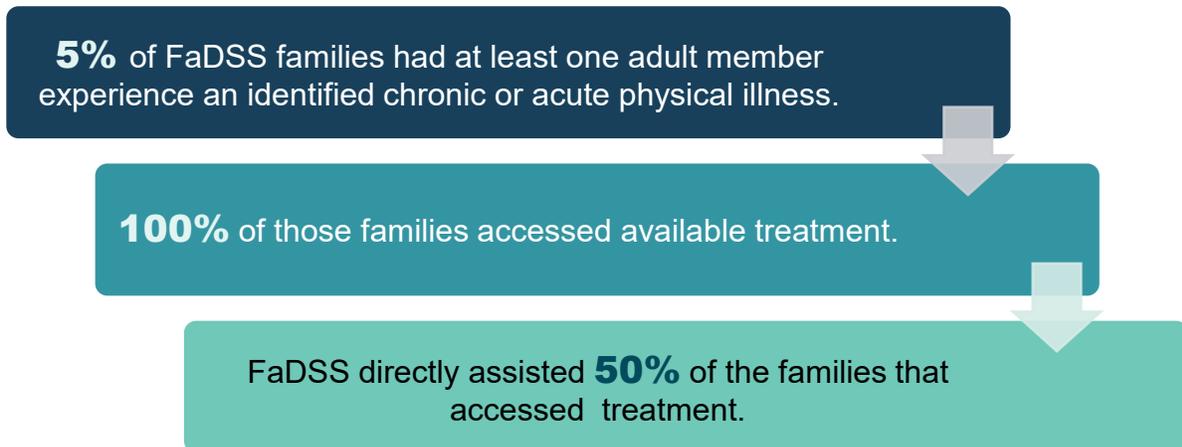
Figure 4. Access to Treatment for Substance Abuse



Health

Families entered the FaDSS program with an average score of 3.81, between “safe” and “building capacity.” Overall, families exited with higher scores, at 4.06. Ten percent of families chose to set a goal for this domain, and those that did tended to achieve improvement at higher rates when compared to all families. 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 1.78 or “in crisis.” The average score at exit was 1.54; within the “in crisis” range, though slightly decreasing from scores at entry. Fifty-one percent of families set income-related goal; of those that did, they achieved similar outcomes than those of all families in this domain. 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 sixteen percent of families were employed at entry while forty percent were employed upon exit. The average monthly wage increased by \$1,304.93 for these families.

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

40% of the Head of Household and Other Adults were employed at exit

FIP payments decreased by **\$38.72**

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 1.26 within the “in crisis” range for the employment domain. At exit, the average score for all families was 2.03, “vulnerable.” At sixty-six percent, this domain had the highest rates of goal setting. Thirty-two percent of all families improved compared to twenty-six percent of families with a goal. 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, sixteen percent of families were employed; by exit, forty 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 3.66, parents were generally considered to be “safe” in terms of their parenting ability and relationship with their children. Twenty-four percent of all families improved, increasing the average to 3.71. No families set a goal related to this domain. 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, twelve percent had an active child abuse case at some point during their enrollment.

Child Care

This domain applied to twenty-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 2.22, “vulnerable.” By program completion, the average score increased to 3.11. Sixty-seven percent of families for whom this domain applied set a goal related to child care; thirty-three percent of these families experienced improvement at program

completion. FaDSS was able to provide direct assistance in obtaining child care to thirty-five percent of employed families for whom this was a barrier.

Support of Child Development

The average score at entry was 3.10, “safe.” No families set a goal related to child development. Overall, twenty-nine percent of families improved in this domain, increasing the average exit score to 3.37. 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. Twenty-two percent of children screened were identified as positive for a developmental delay. Overall, forty 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 1.60, between “in crisis” and “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. Thirty-seven percent of families set a formal goal for this domain. Thirteen percent of adult heads of households with a goal 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 is available for this domain during this report period.

Support Network

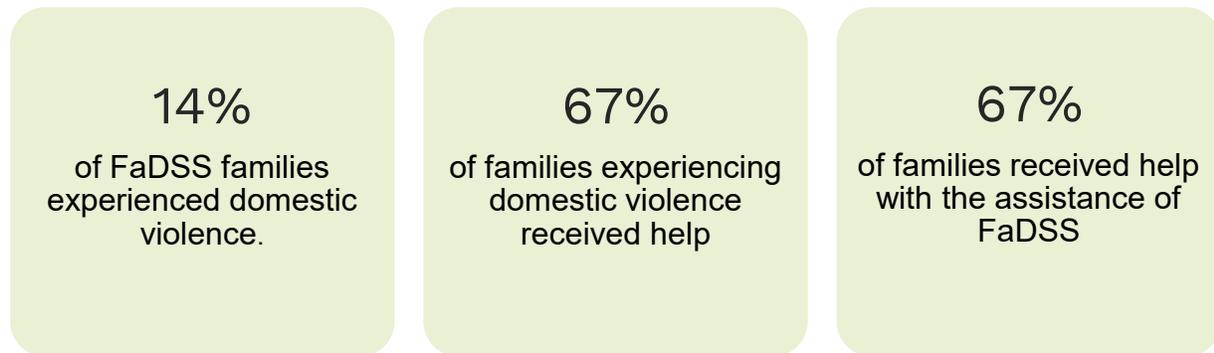
This domain measures family access to both formal (i.e. social service programs) and informal (i.e. family and friends) supports. The average score at entry for this domain was 2.44, “vulnerable.” No families set a goal related to their support network. Overall, thirty-nine percent of families saw an improvement in this domain, making Support Network the second highest percent improved domain, following Transportation.

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 is available for twenty percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 3.25, “safe.” Exit scores averaged significantly lower for all families (2.75). Twenty-five percent of families chose to set a goal related to this domain. Fifty percent of families with a targeted goal improved,

increasing averages from 3.00 at entry to 4.00 at exit. 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. Sixty-three percent of families were scored at both entry and exit. Average score at entry was 4.46, “building capacity” compared to exit score of 4.65. It is important to note that the high scores upon entry can make it challenging to increase further. 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.

Conclusion

The Community Action of Southeast Iowa 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.