



# Upper Des Moines Opportunities Inc.

FAMILY DEVELOPMENT & SELF-SUFFICIENCY  
PROGRAM

State Fiscal Year 2023

PREPARED BY  
Iowa Department of  
Health and Human  
Services

Lucas State Office  
Building  
321 E. 12<sup>th</sup> Street  
Des Moines, IA 50319

## 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 was administered by the Iowa Department of Human Rights until July 1, 2023 when the Department of Human Rights was combined with the Iowa Department of Health and Human Services.

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.

The statewide program is provided to families in Buena Vista, Clay, Dickinson, Emmet, Hamilton, Humboldt, O'Brien, Osceola, Palo Alto, Pocahontas, Webster and Wright counties through a partnership with Upper Des Moines Opportunities Inc.

Utilizing a strengths-based approach, the program is delivered to families through home visits with certified Family Development Specialists. Core services include assessment and screening, family-driven goal setting, referrals to community resources and supports, and advocacy and self-empowerment.

## CONTINUOUS QUALITY IMPROVEMENT

The FaDSS program is committed to providing high quality, effective services for families. To that end, 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 in light of unique program considerations as well as community factors that may affect performance and outcome measures.

## EVALUATION METHODOLOGY

The Iowa Department of Health and Human Services (formerly the Iowa Department of Human Rights), in partnership with Upper Des Moines Opportunities Inc., 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.

## A NOTE ON THE DATA PRESENTED

In March of 2020, the State of Iowa declared an emergency public health disaster due to COVID-19. As a result, the FaDSS program implemented a series of rapid-response adjustments to ensure the safety of all staff and families served, including a requirement that programs provide virtual home visits only and the extension of transition services for up to 60 days after the end of the emergency declaration. FaDSS services were delivered virtually from March 17, 2020 through April 15, 2022. Extended transition services were offered through April 15, 2022. All data are based on families that have completed the program. The data included in this report is representative of many families enrolled during the affected time period.

## PROGRAM EQUITY & COVID-19 RECOVERY

- At the direction of the FaDSS Council, the program began concerted efforts to apply an equity lens to service provision with the formation of a FaDSS Equity Committee. All policies and practices are reviewed with an equity lens and focused efforts to engage FaDSS workers in ongoing discussions and learning are being implemented statewide.
- As we continue to realize the impacts of COVID-19 on all Iowans, specific attention is being drawn to the disproportionate impact for low-income, marginalized and other under-served communities. This creates the opportunity to center the voices of families in addressing equitable economic recovery strategies.

## NUMBER OF FAMILIES SERVED

At any point in time, the Upper Des Moines Opportunities Inc. FaDSS program may serve 81 families. In Fiscal Year 2023, a total of 122 families received services. 51 families completed or were exited from the program during the reporting period, including 104 children (under the age of 18).

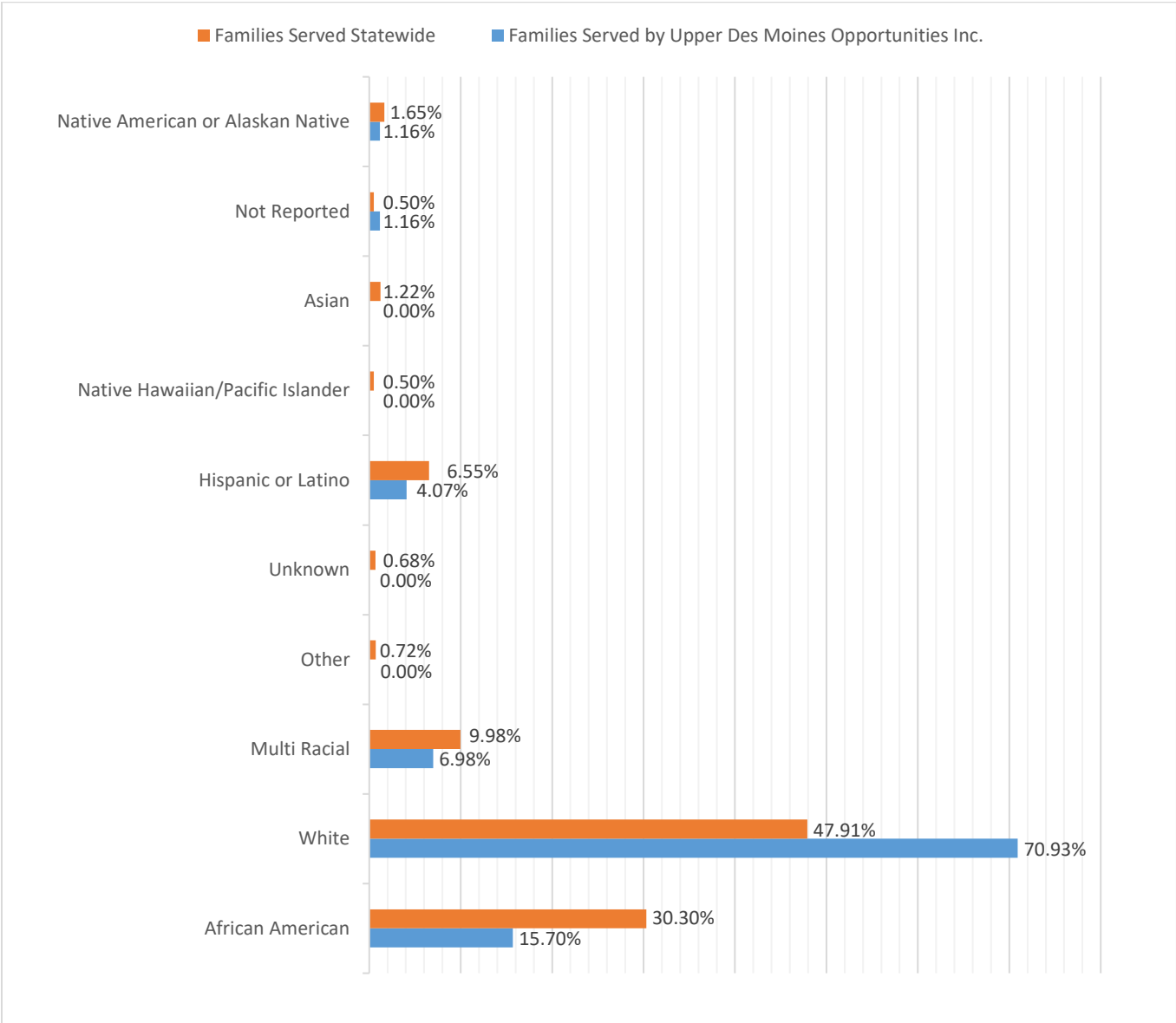
## CHARACTERISTICS OF FAMILIES SERVED

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-three percent of families are headed by a female; forty-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 Upper Des Moines Opportunities Inc. 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).<sup>1</sup>

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<sup>1</sup> Source: Iowa Department of Human Services.

Figure 1. Race and Ethnicity of Family Members



**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 23 performance for each contract measure, and includes the contract target and state average for comparison.

**Table 1. Contract Measures**

<b>Contract Measure</b>	<b>Upper Des Moines Opportunities Inc. FY 23</b>	<b>FY 23 Target</b>	<b>State FY 23 Average</b>
Families involved in at least one work preparedness activity.	35%	70%	35%
Families exiting FaDSS with increased income.	49%	50%	39%
Adult family member(s) with a substantiated mental health barrier that accessed treatment.	83%	90%	86%
Adult family member(s) with a substantiated substance abuse barrier that accessed treatment.	92%	90%	87%
Families experiencing domestic violence that received help.	100%	90%	79%
Employed families with child care issues that have addressed those issues.	76%	60%	46%
Families with age eligible children (0-5) co-enrolled in an early childhood program.	52%	60%	47%
Visits conducted in the family's home environment	34%	75%	43%
Home and quality visits where other family members besides the head of household engaged in the visit	52%	33%	46%

**PROGRAM PERFORMANCE – LOCAL PROGRAM GOALS**

In addition to conducting regular reviews of performance on state contract measures, Upper Des Moines Opportunities Inc. leadership set and review performance and outcomes goals unique to the local program. Table 2 provides an overview of these goals and corresponding performance data. State performance data have been included for comparison.

**Table 2. Program Goals**

Indicator	Through Quarter 1	Through Quarter 2	Through Quarter 3	Quarter 4 (Year End)	Target	State Average
<i>Goal: Families will improve the health of their entire family.</i>						
Adult family members with substantiated issues that accessed treatment for mental health	50%	57%	74%	<b>83%</b>	<b>90%</b>	87%
Children with substantiated issues that access treatment for mental health	-	100%	100%	<b>100%</b>	<b>75%</b>	96%
Adults with substantiated issues that accessed treatment for substance abuse	100%	100%	86%	<b>92%</b>	<b>90%</b>	87%
Children with substantiated issues that accessed treatment for substance abuse	No Data	No Data	No Data	<b>No Data</b>	<b>90%</b>	No Data
Adults with substantiated issues that accessed treatment for chronic and acute physical health	100%	75%	91%	<b>94%</b>	<b>80%</b>	94%
Children with substantiated issues that accessed treatment for chronic and acute physical health	No Data	No Data	No Data	<b>100%</b>	<b>85%</b>	100%
<i>Goal: Families will increase relationships with their children.</i>						
% of families with children 0-5 in the home enrolled in early childhood programs	33%	62%	45%	<b>52%</b>	<b>60%</b>	47%
% of families involved with their children's formal education	50%	75%	88%	<b>88%</b>	<b>75%</b>	80%
% of families with an increase of nurturing and attachment (SSM)	17%	19%	31%	<b>31%</b>	<b>65%</b>	21%
<i>Goal: Families will receive employment coaching</i>						
% of families who receive work preparedness	50%	38%	40%	<b>35%</b>	<b>85%</b>	35%
% of families employed at exit	50%	50%	49%	<b>45%</b>	<b>60%</b>	44%
% of families with increase income from wages at exit	33%	50%	49%	<b>49%</b>	<b>60%</b>	39%

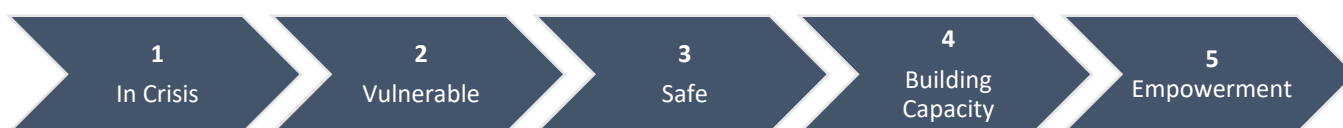
## THE SELF-SUFFICIENCY MATRIX

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 his/her observation and assessment.

**Table 3. Self-Sufficiency Matrix – Domains**

1. Housing	9. Child Care
2. Transportation	10. Support of Child Development
3. Mental Health	11. Adult Education
4. Substance Abuse	12. Language
5. Health	13. Support Network
6. Income	14. Relationship with Partner
7. Employment	15. Legal
8. Parenting, Nurturing and Attachment	

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



## SELF-SUFFICIENCY MATRIX RESULTS

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, 51 families had both entry and exit scores<sup>2</sup>. 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.

<sup>2</sup> The FaDSS program launched a new data collection system, Iowa FaDSS, on July 1, 2016. Self-Sufficiency Matrix data for families that enrolled prior to July 1, 2016 were not migrated from the legacy data collection system. Therefore, for the current reporting period, only families that enrolled after July 1, 2016 and exited by June 30, 2023 could be included in this analysis.

Table 4 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 4. Pre-/Post- Changes in Family Stability and Self-Sufficiency Measures**

Domain	Overall Domain Changes – Head of Household					Targeted Domain Changes <sup>3</sup> - Head of Household		
	Average Entry Score	Average Exit Score	Average Change	Percent Improved	Percent Improved - State	Average Change	Percent Improved	Percent Improved - State
Housing	2.86	2.94	+0.08	<b>22%</b>	27%	+0.07	<b>25%</b>	35%
Transportation	3.24	3.59	+0.35	<b>35%</b>	28%	+0.47	<b>46%</b>	41%
Mental Health	3.29	3.53	+0.24	<b>29%</b>	25%	+0.28	<b>33%</b>	36%
Substance Abuse	4.16	4.08	-0.11	<b>10%</b>	11%	-0.57	<b>0%</b>	20%
Health	3.65	3.86	+0.21	<b>33%</b>	26%	+0.41	<b>45%</b>	35%
Income	1.12	1.53	+0.41	<b>27%</b>	26%	+0.41	<b>27%</b>	28%
Employment	1.20	1.96	+0.76	<b>41%</b>	35%	+0.78	<b>42%</b>	39%
Nurturing and Attachment	3.53	3.73	+0.20	<b>31%</b>	21%	+0.29	<b>34%</b>	34%
Childcare	2.31	2.57	+0.26	<b>23%</b>	25%	+0.27	<b>27%</b>	33%

<sup>3</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>	3.14	3.45	+0.31	<b>41%</b>	28%	+0.30	<b>42%</b>	42%
<b>Adult Education</b>	1.96	2.08	+0.12	<b>10%</b>	11%	+0.21	<b>17%</b>	18%
<b>Language</b>	3.50	3.50	0	<b>0%</b>	17%	0	<b>0%</b>	20%
<b>Support Network</b>	2.35	2.88	+0.53	<b>51%</b>	38%	+0.63	<b>59%</b>	55%
<b>Relationship with Partner</b>	3.52	3.43	-0.09	<b>13%</b>	16%	-0.25	<b>11%</b>	26%
<b>Legal</b>	4.33	4.66	-0.33	<b>2%</b>	2%	+0.70	<b>3%</b>	3%

*HOUSING*

Taking a deeper look at the housing domain, we can see that as a whole, families entered with an average score of 2.86, or between “vulnerable” and “safe” categories. Sixty-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. Though scores generally stable between entry and exit, families setting goals improved in the housing domain at a slightly higher rate than all families.

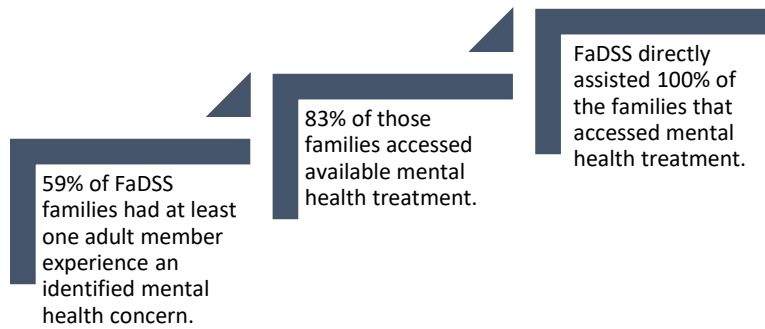
*TRANSPORTATION*

Families entered the FaDSS program with an average transportation score of 3.24, or between “safe” and “building capacity.” Sixty-three percent of families also set a goal related to transportation; of those that did, forty-seven percent showed improvement compared to thirty-five 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 3.29, “safe.” Seventy-one percent of families set a goal related to addressing mental health needs; for those that did, the average entry score was slightly lower at 3.03. Thirty-three percent of families who set goals saw improvement compared to twenty-nine percent of families overall.

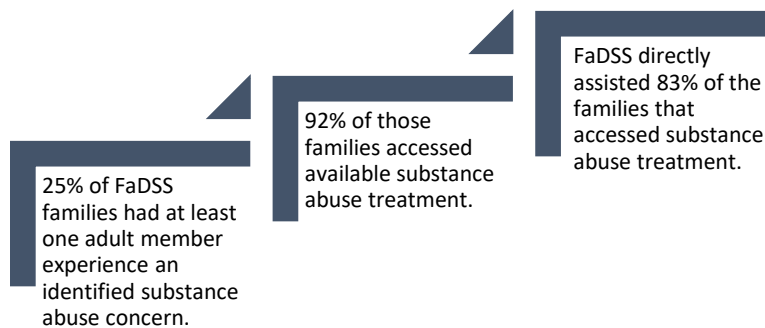
**Figure 3: Access to Treatment for Mental Health**



**SUBSTANCE ABUSE**

Similar to 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 4.16, in the “building capacity” category. Twenty-seven percent of families chose to set goals for improvement in this domain. Of those that did, the average entry score was significantly lower, at 3.14 or “safe.” Scores overall dropped slightly from entry to exit. As with mental health, substance abuse screening may be both formal and informal, and may occur as appropriate at any point during enrollment. It is possible that Family Development Specialists identified the presence of substance abuse concerns after the initial Self-Sufficiency Matrix was administered. 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.

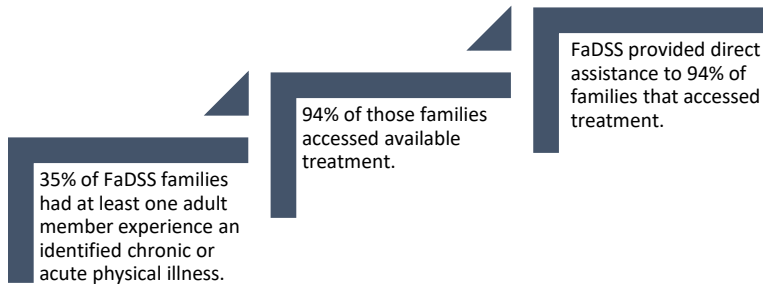
**Figure 4: Access to Treatment for Substance Abuse**



**HEALTH**

Families entered the FaDSS program with an average score of 3.65, between the “safe” and “building capacity” categories. Overall, families exited with higher scores, at 3.86 though remaining in the “safe” category. Forty-three 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.

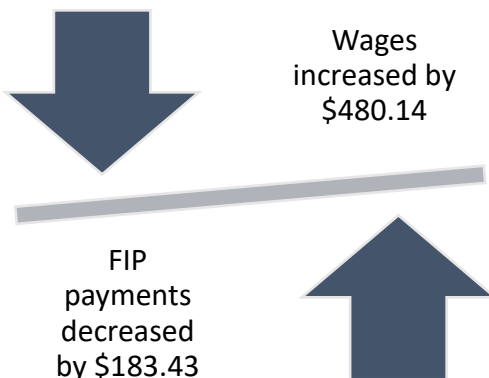
**Figure 5: Access to Treatment for Chronic and Acute Physical Illness**



*INCOME*

As might be expected, families tended to enter the FaDSS program with much lower scores in this domain. The average score was 1.12, or “in crisis.” The average score at exit was 1.53; still within the “in crisis” range, though improved over scores at entry. At One-hundred percent of families making income-related goals, making this domain had the highest rates of goal setting. Twenty-seven percent of families improved in this area. To put this into further context, the “in crisis” category applies to families between 0% and 100% of poverty by family size.

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



Narrowing in on families employed at exit (fifty-one percent), we see that the average monthly wage was \$1,252.48 (an increase of \$1,064.65).

*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 1.20, within the “in crisis” range for the employment domain. At ninety-eight percent, this domain had the second highest rates of goal setting. Families saw similar levels of improvement regardless of goal setting or not for this domain. Forty-two percent of families setting employment goals showed improvement. The FaDSS program provides a number of formal and informal supports related to employment. Figure 7 below provides a detailed look at these activities.

Figure 7: Job Preparedness Activities



At entry, fourteen percent of families were employed; by exit, forty-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.

#### *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 3.53, parents were generally considered to be “building capacity” in terms of their parenting ability and relationship with their children. Overall, seventy-seven percent of families set a goal related to this domain. When this domain was targeted, families tended to have higher rates of improvement at exit. Thirty-four percent of families improved with goal setting. 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 2023, twenty-three percent had an active child abuse case at some point during their enrollment.

#### *CHILD CARE*

This domain applied to sixty-nine percent of families, meaning that they had a child that would require child care. However, 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 2.31, or “vulnerable.” Seventy-four percent of families for whom this domain applied set a goal related to child care; of those that did, entry scores averaged 2.19. Families achieved improvement at higher rates for this domain when a goal was set (twenty-seven percent of families with targeted goals saw improvement while twenty-three percent of families overall saw improvement). FaDSS was able to provide direct assistance in obtaining child care to seventy-six percent of employed families for whom this was a barrier.

#### *SUPPORT OF CHILD DEVELOPMENT*

The average score at entry was 3.14, “safe.” Eighty-four percent of families set a goal related to child development; of those that did, entry scores averaged 3.07. Families that targeted this domain achieved improvement at higher rates than that 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 thirty-three percent of families with an age-eligible child (zero percent of children screened were identified as positive for a developmental delay). Overall, fifty-one 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 1.96, 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. Forty-seven percent of families set a formal goal for this domain. Seventeen percent of families setting targeted goals 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; less than five percent of families were scored for changes in language. Overall, the data available for this domain are insufficient for analysis.

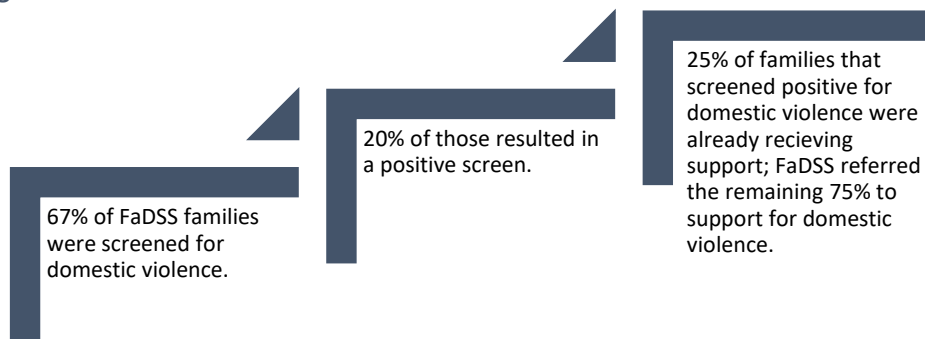
**SUPPORT NETWORK**

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 2.35, “vulnerable.” Sixty-three percent of families set a goal related to their support network. Though average exit scores stayed within the “vulnerable” range, families that targeted this domain achieved saw greater improvement than families that did not set a formal goal. Fifty-nine percent of families setting goals improved compared to fifty-one percent overall.

**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 forty-five percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 3.52, in the “safe” category. Exit scores averaged slightly less for all families (3.43). Thirty-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 (3.75). 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 23.

**Figure 8: Screening for Domestic Violence**



*LEGAL*

This domain was added to the Self-Sufficiency Matrix this program year. This means, families enrolled prior to July 1<sup>st</sup>, 2022 were not scored in this area at entry, therefore, not included in the data. Eighteen percent of families were scored at both entry and exit in this domain. Average score at entry was 4.33, between “building capacity and “empowerment” compared to exit score of 4.66. This may be attributed to the Specialists having a better understanding of the family’s legal situation throughout their work together. 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 efforts.

**CONCLUSION**

The Upper Des Moines Opportunities Inc. FaDSS program works diligently to provide high-quality, supportive services to families participating in the Family Investment Program. The data presented above reflect the program’s commitment to achieving improved outcomes for parents, children, and families as a whole.