

# UPPER DES MOINES OPPORTUNITY

PERFORMANCE AND OUTCOMES REPORT FOR THE  
FAMILY DEVELOPMENT AND SELF-SUFFICIENCY  
PROGRAM

STATE FISCAL YEAR 2022

## PREPARED BY

Iowa Department of Human Rights  
Lucas State Office Building  
321 E. 12th Street  
Des Moines, IA 50319

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515.242.5655  
<https://humanrights.iowa.gov>

## 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.

Participation in FaDSS is a voluntary option for families participating in the Family Investment Program (FIP). Eligible families are identified and referred to the program primarily by Iowa Workforce Development's PROMISE JOBS program. However, referrals to FaDSS may also originate with the Department of Human Services, other social service providers, or as self-referrals. Beginning in July 2019, FaDSS began serving families who are not mandated to participate in the PROMISE JOBS program.

The program is provided to families in Buena Vista, Emmet, Hamilton, Humboldt, Palo Alto, Pocahontas, Webster and Wright counties through a partnership with Upper Des Moines Opportunity.

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 Human Rights, in partnership with Upper Des Moines Opportunity, 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 14 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.

## 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 Opportunity FaDSS program may serve 61 families. In Fiscal Year 2022, a total of 131 families received services. 61 families completed or were exited from the program during the reporting period, including 119 children (under the age of 18).

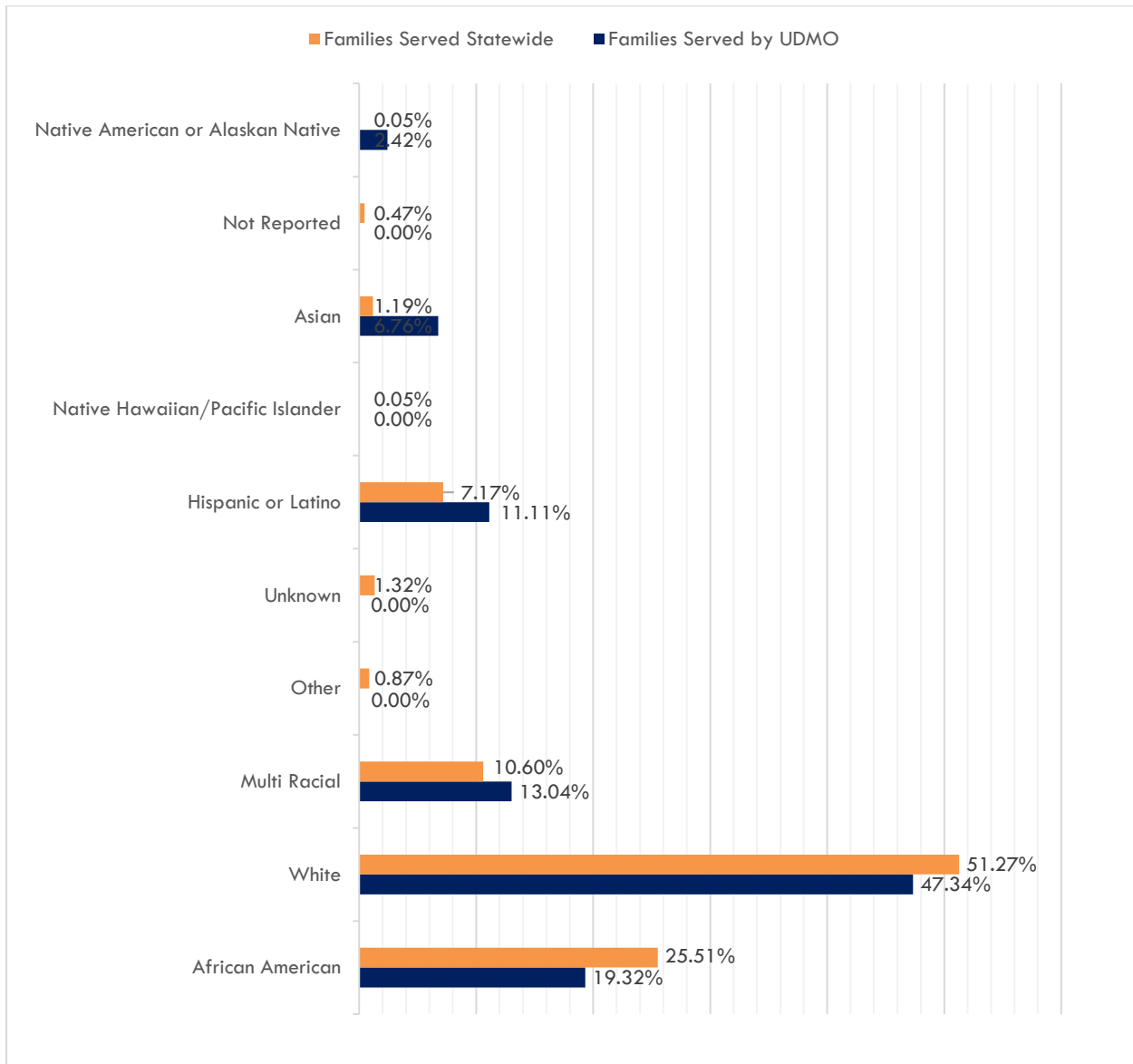
## CHARACTERISTICS OF FAMILIES SERVED

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, ninety percent of families are headed by a female; fifty-seven 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 Opportunity. 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 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 22 performance for each contract measure, and includes the contract target and state average for comparison.

**Table 1. Contract Measures**

| Contract Measure   | UDMO FY 22 | FY 22 Target | State FY 22 Average |
|--|------------|--------------|---------------------|
| Families involved in at least one work preparedness activity.                                | 74%        | 70%          | 59%                 |
| Families exiting FaDSS with increased income.  | 57%        | 50%          | 47%                 |
| 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. | 79%        | 90%          | 83%                 |
| Employed families with child care issues that have addressed those issues.                   | 76%        | 60%          | 48%                 |
| Families with age eligible children (0-5) co-enrolled in an early childhood program.         | 61%        | 60%          | 43%                 |
| Families receiving transition services after the last month of FIP.                          | 75%        | 65%          | 68%                 |

**PROGRAM PERFORMANCE – LOCAL PROGRAM GOALS**

In addition to conducting regular reviews of performance on state contract measures, Upper Des Moines Opportunity 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 increase the health and wellbeing of the household.</i>                                     |      |      |      |             |            |               |
| Percentage of adult family members with identified physical health concerns who receive help.                      | 100% | 100% | 100% | <b>100%</b> | <b>45%</b> | 36%           |
| Percentage of adult family members with identified mental health issues who receive help.                          | 100% | 100% | 100% | <b>100%</b> | <b>65%</b> | 89%           |
| <i>Goal: Access the benefits of education for path to self-sufficiency.</i>  |      |      |      |             |            |               |
| Percent of families that experience positive change in education.  | 25%  | 33%  | 31%  | <b>25%</b>  | <b>50%</b> | 17%           |
| Percent of families involved in their children's education.  | 0%   | 18%  | 95%  | <b>92%</b>  | <b>85%</b> | 81%           |
| <i>Goal: Maximize the number of families exited with increased income.</i>   |      |      |      |             |            |               |
| Percent of families involved in activities to increase work preparedness.  | 40%  | 59%  | 70%  | <b>74%</b>  | <b>95%</b> | 59%           |
| Percent of families exited due to increase income.   | 40%  | 50%  | 61%  | <b>59%</b>  | <b>60%</b> | 35%           |
| Percent of families that have submitted application for SSI/SSDI.  | 0%   | 9%   | 21%  | <b>16%</b>  | <b>15%</b> | 19%           |
| Percent of families exited with completing 7 months of transition.   | 20%  | 23%  | 51%  | <b>46%</b>  | <b>65%</b> | 45%           |
| <i>Goal: To access the benefits of FaDSS on children's development over the length of the FaDSS participation.</i> |      |      |      |             |            |               |
| Percent of child development screenings conducted in a timely manner.  | 0%   | 0%   | 29%  | <b>31%</b>  | <b>60%</b> | 59%           |
| Percent of positive child development screenings resulting in referrals for additional help.                       | *0%  | *0%  | *0%  | <b>*0%</b>  | <b>50%</b> | 38%           |
| Number of collaborative contacts with other child development specialists.   | 9    | 15   | 38   | <b>0</b>    | <b>50</b>  | Not Available |

\*There were three positive screenings and all three children were already receiving support so no referral was necessary or made.

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

**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, 55 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.

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.

<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, 2022 could be included in this analysis.

**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 |
| <b>Housing</b>                      | 2.56                                       | 3.04               | +0.47          | <b>33%</b>       | 32%                      | +0.61  | <b>39%</b>       | 41%                      |
| <b>Transportation</b>               | 3.27                                       | 3.76               | +0.49          | <b>38%</b>       | 32%                      | +0.67  | <b>50%</b>       | 46%                      |
| <b>Mental Health</b>                | 3.53                                       | 3.67               | +0.15          | <b>20%</b>       | 23%                      | +0.23  | <b>22%</b>       | 31%                      |
| <b>Substance Abuse</b>              | 4.09                                       | 4.09               | 0.00           | <b>22%</b>       | 11%                      | -0.23  | <b>31%</b>       | 29%                      |
| <b>Health</b>                       | 3.62                                       | 4.05               | +0.44          | <b>44%</b>       | 28%                      | +0.46  | <b>46%</b>       | 36%                      |
| <b>Income</b>                       | 1.07                                       | 1.65               | +0.58          | <b>36%</b>       | 27%                      | +0.64  | <b>38%</b>       | 29%                      |
| <b>Employment</b>                   | 1.24                                       | 2.20               | +0.98          | <b>45%</b>       | 41%                      | +1.10  | <b>50%</b>       | 46%                      |
| <b>Nurturing and Attachment</b>     | 3.51                                       | 3.82               | +0.31          | <b>34%</b>       | 20%                      | +0.34  | <b>36%</b>       | 28%                      |
| <b>Childcare</b>                    | 2.05                                       | 2.55               | +0.50          | <b>30%</b>       | 30%                      | +0.56  | <b>32%</b>       | 35%                      |
| <b>Support of Child Development</b> | 3.05                                       | 3.53               | +0.47          | <b>53%</b>       | 31%                      | +0.51  | <b>53%</b>       | 39%                      |
| <b>Adult Education</b>              | 2.11                                       | 2.22               | +0.11          | <b>11%</b>       | 11%                      | +0.20  | <b>25%</b>       | 17%                      |
| <b>Language</b>                     | 3.29                                       | 3.43               | +0.14          | <b>14%</b>       | 24%                      | +0.25  | <b>25%</b>       | 37%                      |
| <b>Support Network</b>              | 2.11                                       | 3.04               | +0.93          | <b>76%</b>       | 39%                      | +0.96  | <b>79%</b>       | 56%                      |
| <b>Relationship with Partner</b>    | 3.08                                       | 3.19               | +0.12          | <b>19%</b>       | 18%                      | 0.00   | <b>13%</b>       | 21%                      |

*HOUSING*

<sup>3</sup> Targeted domains are domains for which the specialist and family set one or more goals to address identified barriers.



Taking a deeper look at the housing domain, we can see that as a whole, families entered with an average score of 2.56 “vulnerable.” Thirty-six percent of families set goals related to their housing situation. Families setting goals improved in the housing domain at a higher rate than all families.

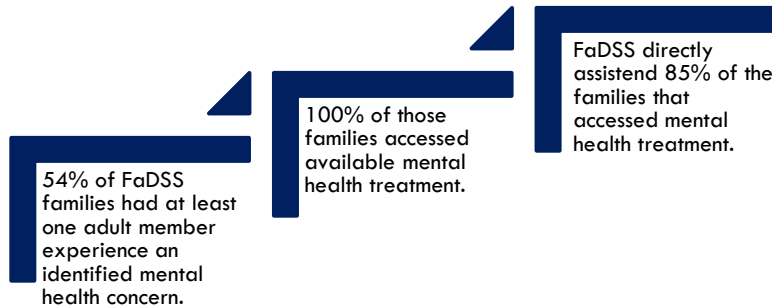
**TRANSPORTATION**

Families entered the FaDSS program with an average transportation score of 3.27, or between “safe” and “building capacity.” Thirty-six percent of families set a goal related to transportation; of those that did, Fifty percent showed improvement compared to thirty-eight 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 3.53, between “safe” and “building capacity.” Forty-nine percent of families set a goal related to addressing mental health needs; for those that did, the average entry score was slightly lower at 3.07. Twenty-two percent of families who set goals saw improvement compared to twenty percent of families overall.

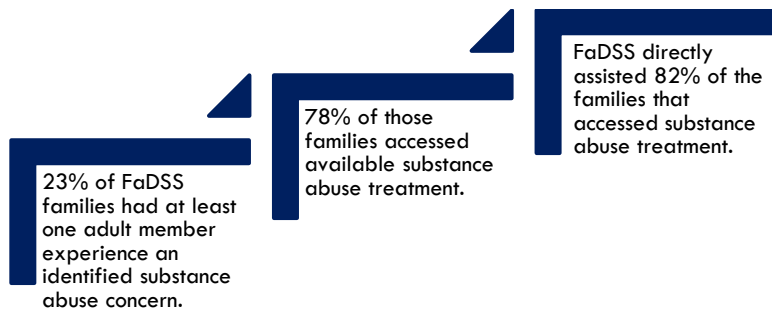
**Figure 3: Access to Treatment for Mental Health**



**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 4.09, in the “building capacity” category. Twenty-four percent of families chose to set goals for improvement in this domain. Of those that did, the average entry score was significantly lower, at 3.00, or “safe.” Thirty-one percent of families who set a goal saw improvement compared to twenty-two percent overall. 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.

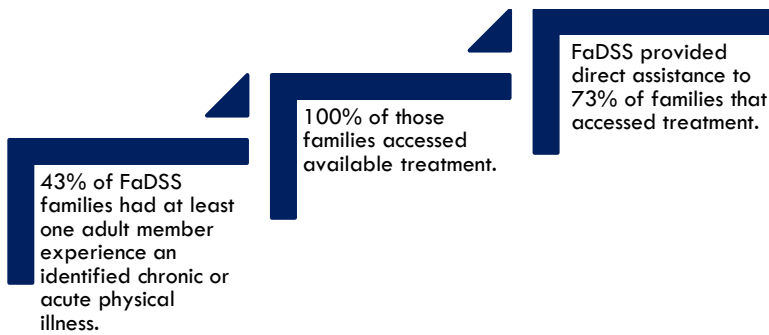
**Figure 4: Access to Treatment for Substance Abuse**



**HEALTH**

Families entered the FaDSS program with an average score of 3.62 between the “safe” and “building capacity” categories. Overall, families exited with higher scores, at 4.05. Sixty-four percent of families chose to set a goal for this domain, and those that did tended to achieve improvement at slightly 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.

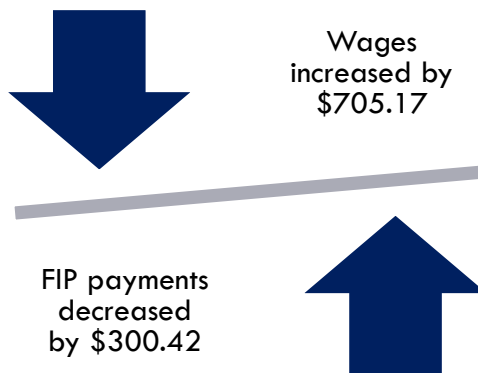
**Figure 5: Access to Treatment for Chronic and Acute Physical Illness**



**INCOME**

As might be expected, families tended to enter the FaDSS program with much lower scores in this domain (the average score was 1.07, or “in crisis”). The average score at exit was 1.65; still within the “in crisis” range, though improved over scores at entry. Ninety-six percent of families set income-related goals making this the most targeted domain by families and family development specialists. Families who set a goal achieved similar results 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.

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



Narrowing in on families employed at exit (forty-nine percent), we see that the average monthly wage was \$1,913.39 (an increase of \$1,555.54).

### 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. Ninety-one percent of families set a goal in this domain; those that did achieved improvement at higher rates (fifty percent) compared to families overall (forty-five percent). 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, thirteen 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 3.51, parents were generally considered to be “safe” in terms of their parenting ability and relationship with their children. Overall, seventy-five percent of families set a goal related to this domain. When this domain was targeted, families tended to see slight improvement in scores at exit (similarly, scores were relatively stable for families overall). 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 2022, fifteen percent had an active child abuse case at some point during their enrollment.

### CHILD CARE

This domain applied to seventy-three 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 2.05 (vulnerable). Ninety-three percent of families for whom this domain applied set a goal related to child care; of those that did, entry scores averaged 2.00. Families achieved improvement at slightly higher rates for this domain when a goal was set. 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 3.05 (“safe”). Eighty-five percent of families set a goal related to child development. Overall, fifty-three percent of families saw improvement in this domain. 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 forty-two percent of families with an age-eligible child (twenty-seven percent of children screened were identified as positive for a developmental delay). Overall, sixty 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 2.11, between “vulnerable” and “safe.” 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-six percent of families set a formal goal for this domain; those that did achieved higher rates of improvement (twenty-percent) compared to families overall (eleven percent).

### *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; twelve percent of families were scored for changes in language. Overall, fourteen percent of those families saw improvement in this domain.

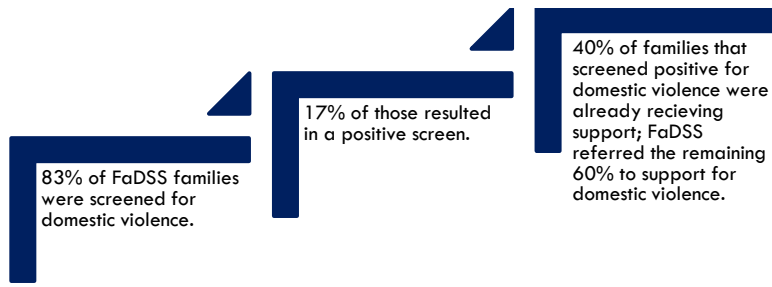
### *SUPPORT NETWORK*

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 2.11, between “vulnerable” and “safe.” Eighty percent of families set a goal related to their support network; eighty percent of families that targeted this domain achieved saw improvement.

### *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-seven percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 3.08, in the “safe” category. Exit scores averaged slightly higher for all families (3.19). Fifty-eight percent of families for whom this domain applied set a formal goal. 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 22.

## **Figure 8: Screening for Domestic Violence**



## CONCLUSION

The Upper Des Moines Opportunity 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.