IOWA Health and Human Services

South Central Iowa Community Action Program, Inc. Family Development & Self-Sufficiency (FaDSS) Program

State Fiscal Year 2026 Annual Report

IOWA Department of Health and Human Services

South Central Iowa Community Action Program

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.

FaDSS engages families in dynamic partnerships to address their basic needs, improve child well-being, and develop career opportunities that, in turn, improve 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 Adair, Adams, Clarke, Decatur, Lucas, Madison, Monroe, Ringgold, Taylor, Union and Wayne counties through a partnership with South Central Community Action Program, Inc.

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
- 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 meets 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 South Central Community Action Program, Inc. (SCICAP), 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 SCICAP FaDSS program may serve 42 families. In Fiscal Year 2026, a total of 73 families received services. 31 families completed or were exited from the program during the reporting period, including 55 children (under the age of 18). The program averaged a monthly capacity of 98 percent throughout the fiscal year. The target range is 95-100 percent, and the statewide average was 91 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-one percent of families are headed by a female; thirty-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 SCICAP. Statewide, racially diverse families are disproportionately represented in the FaDSS program when compared to Iowa’s general population, though the disparity is reflective of the broader representation of racially diverse families in the Family Investment Program (FIP).

Figure 1. Race and Ethnicity of Family Head of Households

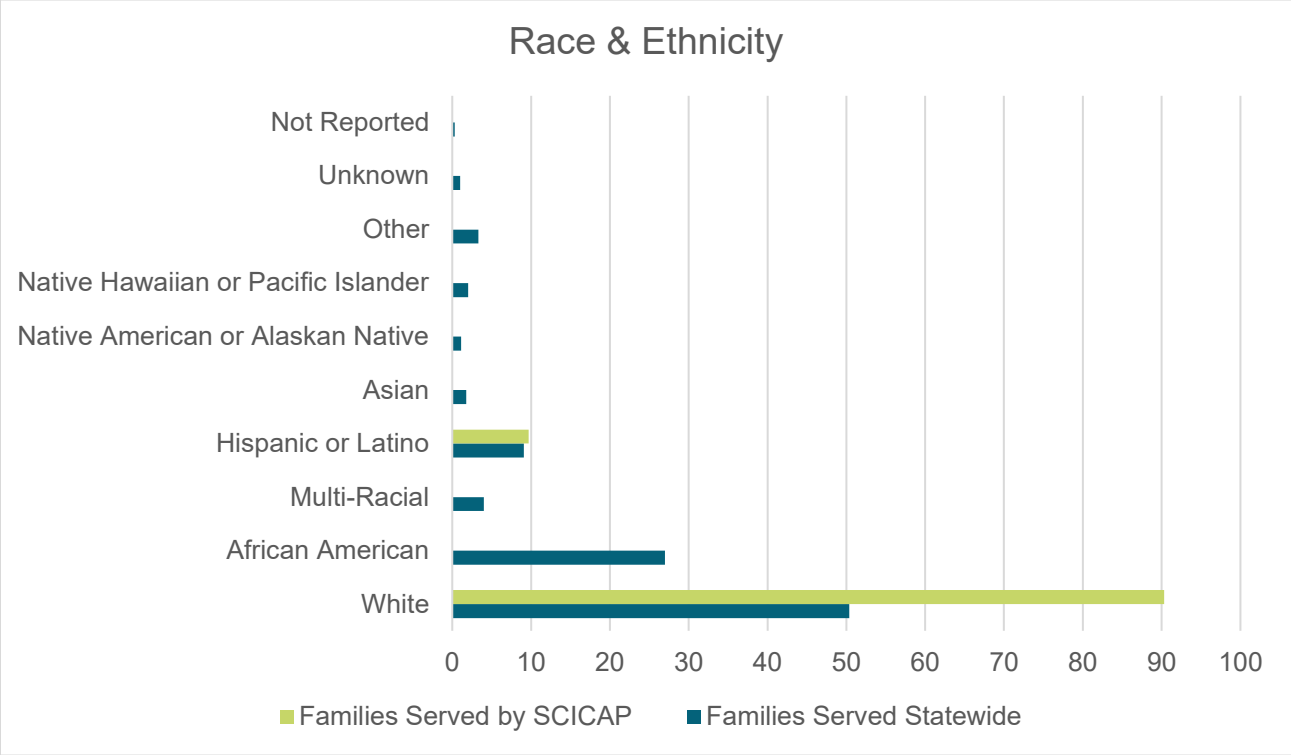

Table 1. Number of families served in each county in the service area

County	FY26 Number
Adair	6
Adams	2
Clarke	10
Decatur	7
Lucas	8
Madison	7
Monroe	7
Ringgold	2
Taylor	1
Union	8
Wayne	12
Other	3

*Other indicates families who transferred to or from another service area

Program Performance

State Contract Measures

Each quarter, program leadership meets to review performance on contract measures and identify opportunities to improve outcomes for families. The table below presents FY 26 performance for each contract measure and includes the contract target and state average for comparison.

Table 2. Contract Measures

Contract Measure	SCICAP FY 26	FY26 Target	State FY26 Average
Families involved in at least one work preparedness activity.	97%	70%	75%
Families exiting FaDSS with increased income.	55%	50%	55%
Adult family member(s) with a substantiated mental health barrier that accessed treatment.	100%	90%	90%
Adult family member(s) with a substantiated substance abuse barrier that accessed treatment.	100%	90%	80%
Families experiencing domestic violence that received help.	100%	90%	86%
Employed families with child care issues that have addressed those issues.	78%	60%	69%
Families with age eligible children (0-5) co-enrolled in an early childhood program.	100%	60%	60%
Visits conducted in the family's home environment	74%	75%	75%
Home and quality visits where other family members besides the head of household engaged in the visit	54%	25%	50%

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 3. Self-Sufficiency Matrix Domains

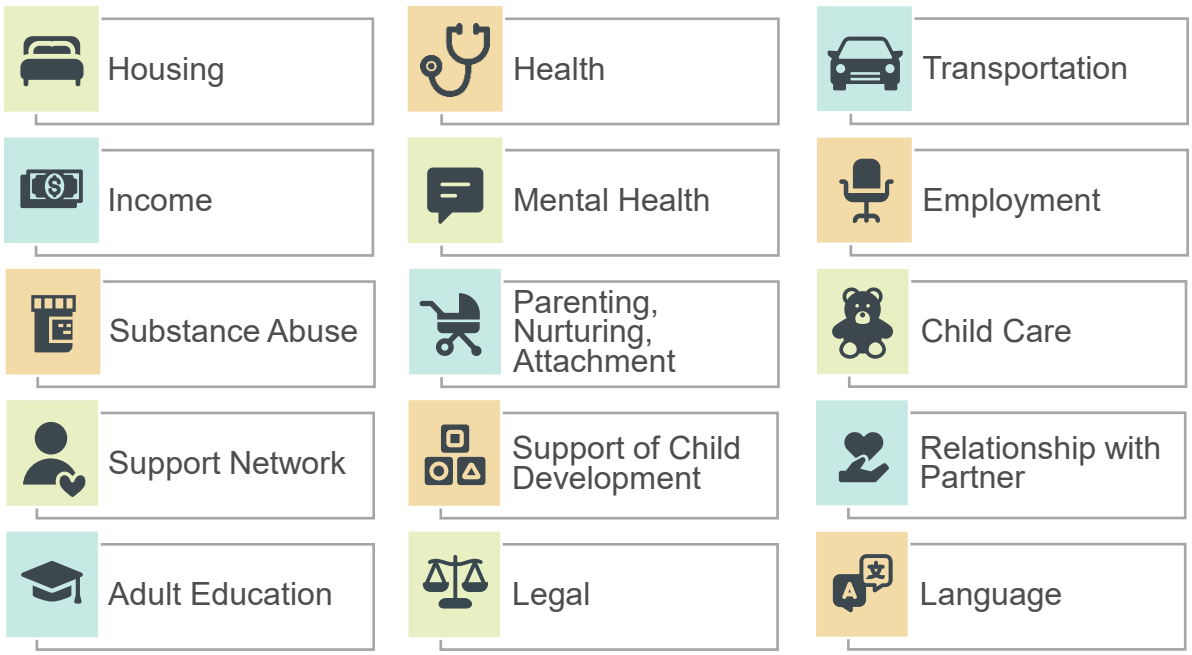

Figure 2. Self-Sufficiency Matrix Stability Scale

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, 30 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 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 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.

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

	Overall Domain Changes – Head of Household					Targeted Domain Changes - 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	2.73	3.67	+0.94	50%	40%	+1.25	63%	52%
Transportation	3.13	3.90	+0.77	50%	37%	+1.00	59%	48%
Mental Health	2.87	3.47	+0.60	50%	29%	+0.74	63%	43%
Substance Abuse	4.30	4.63	+0.33	23%	13%	+0.66	50%	41%
Health	3.40	3.97	+0.57	53%	31%	+0.64	59%	35%
Income	1.37	2.03	+0.66	33%	31%	+0.77	38%	37%
Employment	1.57	2.00	+0.43	25%	41%	+0.73	30%	47%
Nurturing and Attachment	3.83	4.23	+0.40	33%	22%	+0.58	47%	34%
Childcare	2.44	3.78	+1.34	67%	33%	+1.57	63%	36%
Support of Child Development	3.43	4.07	+0.64	53%	35%	+0.90	75%	47%

Adult Education	2.10	2.30	+0.20	10%	18%	+0.86	43%	31%
Language	1.67	1.67	0.00	0%	32%	0.00	0%	43%
Support Network	2.60	4.07	+1.47	77%	45%	+1.62	81%	60%
Relationship with Partner	4.13	4.50	+0.37	25%	17%	+0.75	33%	29%
Legal	4.76	4.88	+0.12	8%	9%	+0.05	8%	6%

Housing

A detailed examination of the housing domain indicates that families entered the program with an overall average score of 2.73, placing them between “vulnerable” and “safe.” By program completion, the average score increased to 3.67. Thirty-three percent of families set goals related to their housing situation. 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 2.31, by exit the average score increased to 3.56 which is generally considered “safe.” Sixty-three percent of families with a targeted goal improved compared to fifty percent overall.

Transportation

Families entered the FaDSS program with an average transportation score of 3.13, “safe.” The average exit score increased to 3.90. Seventy-three percent of families set a goal related to transportation, indicating that this area was intentionally prioritized by both families and their home visitors. Families who set transportation goals improved at a significantly higher rate than families overall. Although their average entry score was nearly identical at 3.00, their average exit score increased to 4.00, which is considered “building capacity.” Fifty-nine percent of families with a goal showed improvement compared to fifty 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 2.87, “vulnerable,” and this increased to 3.47. Sixty-three percent of families set a goal related to addressing mental health needs; for those that did, the average entry score was lower at 2.63 though remaining in the “vulnerable” range. Sixty-three percent of families who set goals saw improvement compared to fifty 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 4.30, "building capacity." Twenty percent of families chose to set goals for improvement in this domain. Scores overall significantly improved from enrollment to exit for both groups. The average entry score for families with a target goal was 3.17; fifty percent improved which increased the average exit score to 3.83. 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.

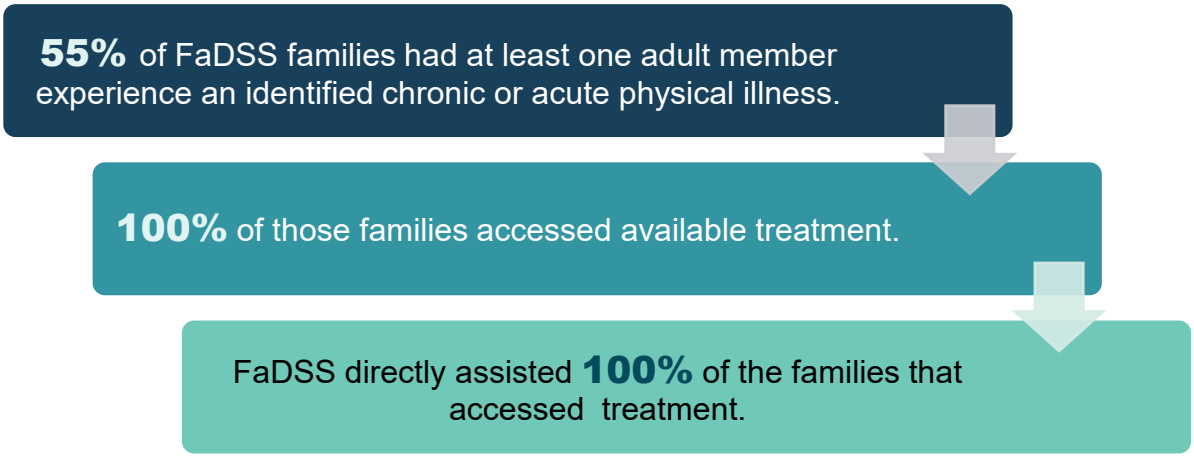
Figure 4. Access to Treatment for Substance Abuse

Health

Families entered the FaDSS program with an average score of 3.40, within "safe." Overall, families exited with higher scores, at 3.97 with fifty-three percent improvement. Seventy-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. The

average exit score increased to 4.00 for families with a health goal. Sixteen percent of families submitted an SSI application while enrolled in the program. Although the FaDSS program assesses family progress within this domain, the primary focus is centered around supporting families in obtaining access to appropriate and qualified health professionals.

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



Income

Families generally entered the FaDSS program with much lower scores in this domain, as expected. The average entry score was 1.37, categorized as “in crisis.” By exit, the average score increased to 2.03, placing families in the “vulnerable” range, though still improved from their starting point. Eighty-seven percent of families set income-related goals, and those who did achieved slightly higher outcomes than families overall. By program completion, families with a targeted income goal had an average score of 2.04.

It is important to note that the income domain reflects earned wages. For additional context, the “in crisis” category applies to families earning between 0% and 100% of the federal poverty level for their family size. Focusing specifically on wages, the average monthly wage increased by $1,429.69 for families who were employed at exit.

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

55% of the Head of Household and Other Adults were employed at exit

FIP payments decreased by **$134.42**

Employment

Supporting families as they seek and obtain employment is a cornerstone of the FaDSS model. Families entered the program with an average employment score of 1.57, placing them in the “in crisis” range. By exit, the average score increased to 2.00, with twenty-five percent of families showing improvement. Sixty-seven percent of families set a goal within this domain. Although families with a targeted employment goal started with slightly lower scores (1.47 average), they achieved higher average scores by exit at 2.20. At program entry, thirty-two percent of families were employed; by exit, employment increased to fifty-five percent.

When reviewing progress in both the employment and income domains together, it becomes clear that FaDSS is effective in helping families secure employment, though income data suggest that overall wages remain relatively low. FaDSS provides a variety of formal and informal employment-related supports. Figure 7 below offers a detailed look at these activities.

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 3.83, parents were generally between “safe” and “building capacity” in terms of their parenting ability and relationship with their children. Sixty-three percent of families set a goal related to this domain. Families with a targeted goal entered on average with a score of 3.68. This significantly increased to 4.26 by program 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 2026, twenty-three percent had an active child abuse case at some point during their enrollment.

Child Care

This domain applied to thirty 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 2.44, “vulnerable.” Overall, sixty-seven percent of families improved by

program completion. Eighty-nine percent of families to whom this domain applied set a goal related to child care. This group experienced significant improvement, increasing average scores from 2.57 to 4.14 at exit. FaDSS was able to provide direct assistance in obtaining child care to seventy-eight percent of employed families for whom this was a barrier.

Support of Child Development

The average score at entry was 3.43, “safe.” Fifty percent of families set a goal related to child development; of those that did, entry scores averaged 3.15. Families that targeted this domain had higher rates than those of all families. Seventy-five percent of families with a goal improved, increasing the average exit score to 4.05. 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-seven percent of children screened were identified as positive for a developmental delay. Overall, one hundred 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 2.10, “vulnerable.” For this domain, 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. Twenty-three percent of families set a formal goal for this domain. Of those that did, the average entry score was significantly lower (1.71) and by program exit, the average score was 2.57. Forty-three percent of families improved with a goal compared to ten percent overall.

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 data is available for ten percent of families. Overall, scores remained stable at 1.67.

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 2.60, between “vulnerable” and “safe.” Seventy 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 seventy-seven percent improvement compared to eighty-one percent of families with a goal. By exit, families with a goal related to their support network increased to 4.12, “building capacity,” compared to 4.07 for all families.

Relationship with Partner

As with the child care and language domains, the relationship domain considers a smaller subset 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-seven percent of families with Self-Sufficiency Matrix scores. At entry, families averaged a score of 4.13, “building capacity.” Exit scores averaged higher for all families (4.50) though remained within building capacity. Seventy-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 (3.50). Scores increased at exit to 4.25, entering on average within the building capacity range. Overall, seventy-seven 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 26.

Figure 8. Domestic Violence Supports

39%	100%	100%
of FaDSS families experienced domestic violence.	of families experiencing domestic violence received help	of families received help with the assistance of FaDSS

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. Eighty-three percent of families were scored at both entry and exit. Average score at entry was 4.76, between “building capacity” and “empowerment,” compared to exit score of 4.88. One hundred percent of families set a targeted legal goal and on average, scores remained relatively stable with eight percent of families improving. 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

SCICAP would like to highlight the success of a family who entered the FaDSS program after the removal of her daughter for substance use. Through collaboration with HHS and FaDSS, she successfully brought her daughter back home and maintained her recovery, staying substance-free for five years.

During her time in the program, she was able to build strong relationships with multiple SCICAP FaDSS Specialists. This family also demonstrated perseverance and drive—earning both her Associate's and Bachelor's degrees in Mental Health Counseling while maintaining full-time employment. She has continued to stay focused on her long-term goals, including beginning a career in the mental health field. Although the past child-abuse claim created temporary barriers to employment, she remained hopeful and forward-looking.

After more than three years of steady progress, she graduated from the FaDSS program. This family overcame significant challenges with resilience, determination, and consistent effort. She expressed deep gratitude for the support she received through FaDSS and the positive impact the program had on her journey.

Conclusion

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