**Family Development
and Self Sufficiency**

FaDSS Organizational
Self-Assessment Tool

AUTHORS AND DEVELOPERS

The FaDSS Organizational Self-Assessment Tool was developed by the The Adjacent Possible and Iowa Department of Human Rights. The development of this tool would not have been possible with the collaboration of leaders from four of our contractors Mid-Iowa Community Action, Northeast Iowa Community Action, Upper Des Moines Opportunity, and West Central Community Action. We are grateful for the input and guidance from leaders and staff from all the FaDSS contractors. We thank them for their contributions to this work.

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FaDSS Organizational Self-Assessment Tool

A key component of the FaDSS Continuous Quality Improvement plan, the Organizational Self-Assessment asks FaDSS grantee agency staff to rate their organization on a list of core indicators of the FaDSS model.

The Organizational Self-Assessment process should be completed annually between July 1 and August 30. The priorities, goals and contract measures will be reviewed on a quarterly basis during the grantee quarterly quality assurance calls, as outlined in the FaDSS Continuous Quality Improvement plan.

This tool is designed to:

- Identify and prioritize areas for program improvement. Information gleaned from this reflective exercise can shed light on opportunities for improvement, highlight factors that could support or impede improvement, and help determine what areas of improvement are worth addressing.

- Uncover potential implementation roadblocks. Administrators can use this tool to identify and address the factors that may interfere with successful implementation.

- Create a benchmark for measuring progress over time. The self-assessment tool creates a baseline measure of the organization. Regular use of the tool documents the progress made toward organizational goals over time.

Who should participate in the organizational self-assessment process?

- FaDSS Specialists should independently complete the survey and participate in the group meeting to prioritize and set goals.

- FaDSS Coordinators should independently complete the survey, review the survey feedback and facilitate the group meeting to prioritize and set goals.

- Agency leadership should review the team's priorities and goals, at least annually and provide support to the program, as needed.

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INSTRUCTIONS FOR ADMINISTERING THE TOOL

● This assessment has been adapted into an electronic survey. Each section includes "indicators" or statements describing select elements of a well-implemented program and strong organizational capacity for improvement.

● Each person should complete the survey independently. Read each indicator and rate the implementation status for your organization. There is no right or wrong answer. Try to be objective and honest—think about the data or information that supports your response.

● When each person has completed the survey, a group meeting will be scheduled to review the survey feedback and prioritize the areas by level of need thinking about both the investment required for change and the potential payoff. It often (though not always) makes sense to prioritize the areas with relatively low investment that will have a relatively high payoff.

Level of priority: For the indicators marked, "somewhat," or "not at all true," on the implementation status, then rate the level of priority for addressing this issue, "high," "medium," or "low."

TIPS FOR COMPLETING THE ORGANIZATIONAL SELF-ASSESSMENT

Rate your program/organization as it relates to FaDSS as a whole, not just your individual performance in an area. Reflect on where you see your program right now.

Remember this is a self-reflection tool to gather your perspective on the program strengths and areas for growth. There is no right or wrong answer. Don't be too harsh when rating implementation quality.

FISCAL YEAR 2024 CONTRACT MEASURES

Contract Measure	Target	Grantee Outcomes			
		Q1	Q2	Q3	Q4
% of families involved in at least one activity designed to increase work preparedness	70%				
% of families with increased income at program exit	50%				
% of adult family members with substantiated mental health that accessed treatment	90%				
% of adult family members with substantiated substance abuse that accessed treatment	90%				
% of families experiencing DV that receive help	90%				
% of employed families with child care issues that have addressed those issues	60%				
% of families with children 0-5 co-enrolled in early childhood programs	60%				
% of visits conducted in the family's home environment	75%				
% of visits where other family members besides the head of household are engaged in the visits	25%				
% of agency capacity (average monthly)	95%				

GOAL PLANNING TEMPLATE

Goal #1:

Why is this important?

Indicators: How will you know if you're successful?

1.

2.

3.

Action Steps

What strategies will you use?	When/Timeline	Person(s) Responsible	Resource Needed
1.			
2.			
3.			

Notes:

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GOAL PLANNING TEMPLATE

Goal #2:

Why is this important?

Indicators: How will you know if you're successful?

1.

2.

3.

Action Steps

What strategies will you use?	When/Timeline	Person(s) Responsible	Resource Needed
1.			
2.			
3.			

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GOAL PLANNING TEMPLATE

Goal #3:

Why is this important?

Indicators: How will you know if you're successful?

1.

2.

3.

Action Steps

What strategies will you use?	When/Timeline	Person(s) Responsible	Resource Needed
1.			
2.			
3.			

Notes:

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FaDSS ORGANIZATIONAL SELF-ASSESSMENT TOOL

	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently true	Somewhat true	Not at all true	I'm not sure	High	Moderate	Low
ORGANIZATIONAL ELEMENTS **1. Organizational infrastructure that advances the goals of FaDSS**							
• Organizational culture/values are clearly defined and aligned with FaDSS program goals.							
• Organizational policies and procedures are clear and consistent with the FaDSS program goals.							
• The organization has adequate fiscal and staff resources to carry out the FaDSS program goals.							
• The organization ensures that all staff have successfully passed state criminal background and child abuse records check prior to hire and repeated every two years.							
• Workloads are manageable and allow staff to effectively implement FaDSS services.							
• The organization has strong and active working relationships with community partners.							
• The organization has a strong, clear marketing plan for sharing information about FaDSS.							
• The organization has a clear, well-defined process for: referral, determining eligibility, changing eligibility status and exiting families from the program.							

	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently true	Somewhat true	Not at all true	I'm not sure	High	Moderate	Low
1. Organizational infrastructure that advances the goals of FaDSS (CONTINUED)							
• The organization has a well-defined process for identifying high growth jobs in the area that FaDSS families might qualify for that is utilized by Specialists.							
• The organization has career resources and supports available to help families improve their economic mobility.							

Notes:

ORGANIZATIONAL ELEMENTS
2. Leadership practice that fosters evidence-driven decision-making and continuous improvement

• Leaders articulate a vision for FaDSS within the organization and broader community that motivates and directs the services and the people.							
• Leaders consistently articulate goals that promote collective aspiration to improve.							
• Leaders motivate FaDSS staff to provide quality services.							
• Leaders promote and empower efforts to increase equity and inclusion.							
• Leaders create an environment where people feel safe to share ideas, ask questions, and admit mistakes.							
• Leaders effectively and efficiently administer and manage the FaDSS program.							

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	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently true	Somewhat true	Not at all true	I'm not sure	High	Moderate	Low
2. Leadership practice that fosters evidence-driven decision-making and continuous improvement (CONTINUED)							
• Leaders actively manage quality performance and continuous improvement.							
• Leaders regularly use the Coordinator Competencies and goal setting tools to strengthen their leadership practice.							

Notes:

	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	Sometimes	Rarely	I'm not sure	High	Moderate	Low
3. Competency-based skill development and reflective supervision							
• Supervisors ensure all new staff complete the required training and onboarding process.							
• Supervisors provide specialists access to trainings and other professional development opportunities.							
• Supervisors and specialists review the Specialists' goals and goal-setting framework at least monthly, individually or in a group to identify professional goals, define action steps, and review goal progress.							
• Supervisors hold at least one group professional development activity each month with specialists.							

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	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	**Sometimes**	**Rarely**	**I'm not sure**	**High**	**Moderate**	**Low**
4. Data collection, case reviews, and file management							
Basic family background							
• Family background/eligibility information is collected and entered into Iowa FaDSS in a timely manner.							
• Family information entered in Iowa FaDSS is complete.							
• Family information entered in Iowa FaDSS is accurate.							
Promise Jobs							
• Family record contains a current Family Investment Agreement (FIA) for families that are mandatory PROMISE JOBS participants.							
• Family records include timely monthly PROMISE JOBS summaries for mandatory PROMISE JOBS participants.							
Service intensity and engagement							
• Family records include the current level of service intensity.							
• Documentation of family contact are entered in the family record within 7 business days.							
Family goals and goal progress							
• Family records include the family's goals and action plans.							
• Family records include documentation of goal progress and completion (review/revise).							

	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	Sometimes	Rarely	I'm not sure	High	Moderate	Low
Formal Family Assessments							
• Family record includes accurate and current information in the following areas: general family functioning assessment, domestic violence screening, child development screening, and any other formal assessment that is outlined in grant application.							
• The Self Sufficiency Matrix is completed by the specialist within 60 days of enrollment and at exit.							
Quality assurance and case reviews							
• Program grantees complete the FaDSS organizational self-assessment process at least annually and submit goals and action plans to the FaDSS state team. Plans are reviewed quarterly.							
• Supervisors conduct a minimum of 2 home visit observations per specialist each program year.							
• Supervisors hold case reviews with specialists for all families who are in their third month of enrollment							
• Supervisors hold other case reviews with specialists as needed							
• Supervisors hold case reviews during months of eligibility reviews							
• Specialists hold monthly group case reviews with all specialists (to review select cases)							

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	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	Sometimes	Rarely	I'm not sure	High	Moderate	Low
SERVICE ELEMENTS **5. Structured home and quality visits conducted by skilled family development specialists** *Initial enrollment*							
• Families referred to the program are enrolled or placed on the waiting list, when applicable, and referral source is notified within one month of the referral.							
• Coordinators/specialists follow waiting list protocol in accordance with the waiting list policy to ensure that families are enrolled into FaDSS services in an equitable way.							
• Specialists engage families in two home visits and one significant contact each month for the first three months of enrollment at least 70% of the time.							
• Specialists communicate program expectations, rights, and responsibilities to families.							
• Specialists seek input from families during initial months of enrollment to determine the level of service intensity beginning the 4th month of enrollment.							

Notes:

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	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	Sometimes	Rarely	I'm not sure	High	Moderate	Low
Family Engagement							
• Specialists meet the assigned service intensity of families in accordance with the virtual visit policy at least 70% of the time.							
• Specialists actively outreach families who are not engaged (at least three contact attempts by phone, text, mail, in-person).							
• Specialists engage other family members (not just HoH) in at least 25% of visits.							
SERVICE ELEMENTS **6. Assessments that support healthy self-exploration**							
• Specialists complete an assessment of general family functioning within 60 days of enrollment.							
• Specialists complete a screening of domestic violence within 90 days of enrollment.							
• Specialists complete child development screenings within 120 days of enrollment							
• Specialists continually assess families' level of service intensity (at minimum during 3rd month of enrollment and each time an eligibility review is conducted)							
• Specialists continuously facilitate a process where families assess their needs using the Stepping Stones to Family Success tool. A completed Stepping Stones to Family Success assessment is uploaded into the family record every 6 months.							

	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	Sometimes	Rarely	I'm not sure	High	Moderate	Low
7. Science-informed goal pursuit designed to build self-regulation skills *Coaching families to meet their individual and family goals*							
• Specialists facilitate a process to help families identify their goals and develop detailed action steps to accomplish them.							
• Specialists are not directive—they do not specify the goals for the family, develop plans to achieve them, or tell them what to do next but instead work collaboratively with families.							
• Specialists model and help families learn the skills to set goals on their own and work toward meeting those goals.							
• Specialists attempt to activate a families' motivation to meet their goals by identifying their "why" and proactively addressing any potential deterrents.							
• Specialists hold families accountable by regularly discussing with the family their progress toward reaching goals.							
Family Support & Stability							
• Specialists help families learn to identify and strengthen their self-regulation skills. They include: planning/prioritization, emotional regulation, time management, task initiation, organization, sustained attention, and working memory.							
• Specialists help families learn how to manage their money and financially plan for the future (i.e., financial education).							

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	Implementation Status				Priority IF "SOMEWHAT" OR "NOT AT ALL" ARE TRUE		
	Consistently	Sometimes	Rarely	I'm not sure	High	Moderate	Low
Family Support & Stability (CONTINUED)							
• Specialists help parents learn healthy parent-child interactions.							
• Specialists help families learn to manage their stress and build healthy, supportive relationships.							
• Specialists model and create a learning environment where family members can make mistakes and learn from them.							
8. Connecting families to stabilizing supports and resources in the community							
• Specialists are knowledgeable about community resources and regularly connect program participants to needed resources.							
• Specialists help families learn how to advocate for themselves and access the services and supports that they need.							
• Specialists regularly collaborate and coordinate services with outside partners on behalf of the families.							
9. Career development							
• Specialists regularly use the career development resources with families to help them assess their career readiness.							
• Specialists help families identify and make progress toward their career goals.							
• Specialists connect families with education, training, and employment resources and supports provided in house or by community partners.							