



**For a Brighter Future.**

# Family Development Matrix

- The Family Development Matrix is used to assess family strengths and challenges across 12 life areas to measure self-sufficiency.
- Every family can be assessed using the Matrix and every area of a family unit falls into one of the Life Areas.
- The Matrix measures family UNITS, not individual family members. Family Units include families of one.

In Family Development, the Family Development Matrix is one tool in the entire system that is used to deliver services. Other tools include:

- Family Development Action Plan
- Family Development Score Sheet
- Family Development Interview Guide
- Family Development Procedures Manual

These five documents work as a system to assess condition of the family unit, create detailed goals, effectively monitor and measure outcomes and improvement in family condition to prove increased economic self-sufficiency.

# The Matrix is a Logic Model

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
Money, staff, equipment, supplies, etc.	Program provides: training, counseling, education, etc.	Number of home visits, number of clients served	Changes in skills, knowledge, abilities. How people think.	Changes in Behavior. How people Act.	Changes in Conditions

# The Matrix is a set of Scales

- An Outcome Scale is a continuum that describes different states or conditions.
- The Matrix is a set of 60 long-term outcomes, organized within the 12 Life Areas.

# The Matrix

## Family Development Matrix

Family Name: \_\_\_\_\_

Matrix Date: \_\_\_\_\_

Score

Dominant Life Areas	Income	
	Adult Education	
	Employment	
Basic Needs	Housing	
	Food	
	Child Care	
	Health Care	
	Transportation	
	Utilities	
Factors (Pos or Neg)	Support Systems	
	Family Interaction	
	Addictions	
	TOTAL	

## ***Family Development Matrix***

### Life Areas

#### Income

Threshold	Criteria	Points	Notes
Thriving	+350% of OMB Poverty Level	10	
Self-Sufficient	220%-349% of OMB Poverty Level	8	
Stable	150%-219% of OMB Poverty Level	6	
Vulnerable	75%-149% of OMB Poverty Level	4	
Crisis	0%-74% of OMB Poverty Level	0	

#### Adult Education

Threshold	Criteria	Points	Notes
Thriving	Bachelor's Degree or equivalent	10	
Self-Sufficient	Associate's Degree or equivalent	8	
Stable	Diploma or GED plus some post-secondary certification	6	
Vulnerable	Diploma or GED	4	
Crisis	No Diploma or GED	0	

#### Employment

Threshold	Criteria	Points	Notes
Thriving	Degreed, professional field	10	
Self-Sufficient	Full-time	8	
Stable	Full-time, underemployed	6	
Vulnerable	Part-time	4	
Crisis	Unemployed	0	

### Housing

Threshold	Criteria	Points	Notes
Thriving	Owns	10	
Self-Sufficient	Renting-unsubsidized	8	
Stable	Renting-subsidized	6	
Vulnerable	Temporary Housing or in danger of eviction or foreclosure	4	
Crisis	Homeless	0	

### Food

Threshold	Criteria	Points	Notes
Thriving	Food of choice, nutrition needs are met, all utensils present	10	
Self-Sufficient	Food needs are met	8	
Stable	Food subsidies and budget meets the needs	6	
Vulnerable	Receives food subsidies, occasionally needs to use food pantries/soup kitchens	4	
Crisis	Needs food pantries/soup kitchens to meet monthly needs, lacks utensils	0	

### Child Care

Threshold	Criteria	Points	Notes
Thriving	Child care of choice, or no children in the household	10	
Self-Sufficient	Can pay for own, choices limited	8	
Stable	Subsidized care	6	
Vulnerable	Unsubsidized care, but irregular or inconsistent care	4	
Crisis	Unsupervised or unsafe	0	



### Health Care

Threshold	Criteria	Points	Notes
Thriving	Private insurance, doctor of choice	10	
Self-Sufficient	Private insurance, choice limited	8	
Stable	Public insurance, established medical home	6	
Vulnerable	Public Insurance, inconsistent care/medical home	4	
Crisis	No insurance	0	

### Transportation

Threshold	Criteria	Points	Notes
Thriving	Has reliable car, driver's license, adequate insurance, etc.	10	
Self-Sufficient	Access to Public Transportation or other means that meets needs	8	
Stable	Unreliable car or threat of loss, poor driving history, poor insurance coverage	6	
Vulnerable	No car, uses public transportation or other means but it limits choices	4	
Crisis	No access at all, no license, no driving skills	0	

### Utilities

Threshold	Criteria	Points	Notes
Thriving	Bills in household members' name and consistently paid on time. Home is efficient.	10	
Self-Sufficient	Bills in household members' name and consistently paid. Home is inefficient.	8	
Stable	No more than one month behind, bills paid to avoid disconnect	6	
Vulnerable	Due for disconnect or utilities in someone else's name	4	
Crisis	Utilities disconnected	0	

### Support Systems

Threshold	Criteria	Points	Notes
Thriving	Family has ability to give support and actively does so (outside to the community)	10	
Self-Sufficient	Access to family, friends, and community support	8	
Stable	Case management types of support	6	
Vulnerable	Involved with CPS, DFC, or court system, no other support	4	
Crisis	Total isolation, or negative support	0	

### Family Interaction

Threshold	Criteria	Points	Notes
Thriving	Full history of positive interaction, stability in both home and family	10	
Self-Sufficient	Positive interaction and stability	8	
Stable	Interaction and stability in the home or family	6	
Vulnerable	No interaction or negative interaction, no stability	4	
Crisis	Domestic abuse or neglect present in the home	0	

### Addictions

Threshold	Criteria	Points	Notes
Thriving	No history of abuse	10	
Self-Sufficient	2 or more years removed from behavior/abuse	8	
Stable	12 months to 2 years removed from behavior/abuse	6	
Vulnerable	Less than 12 months removed from behavior/abuse	4	
Crisis	Current abuse	0	

# Income Calculation

- Family Development considers all sources of income in the household.
- Family Development also counts any UNSECURED debt when calculating monthly income.
- Unsecured Debt is credit card debt, rent to own, payday loans, etc.
- Secured Debt would be auto loans and mortgages.

# Income Calculation Example

Family of Five receives:

- \$300 a month child support, \$1,800 a month wages, = \$2,100 per month.
- Also has a rent to own payment of \$150 per month.
- $\$2,100 - \$150 = \$1,950.00$  per month or \$23,400 per year.

This family falls below 75% of the income guidelines, so they are in crisis.

# Case Study

Susie Q and her boyfriend are unemployed. They have two children, ages 2 and 4. They are currently living in their vehicle. The children have Medicaid. Susie Q and boyfriend are uninsured. They have SNAP benefits. Susie Q and boyfriend met at recovery center. Susie Q has been sober 10 months; boyfriend has been sober 3 months. Susie Q has a high school diploma. Boyfriend dropped out. They landed in Fort Wayne after traveling from county to county looking for help after they were terminated from their jobs. They are originally from Michigan and that is where their families are.

**SCORE THIS FAMILY!**

## *Family Development Matrix*

### Life Areas

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# Family Development Matrix

Family Name: \_\_SUSIE Q\_\_

Matrix Date: \_\_8/18/2022\_\_

Score

Dominant Life Areas	Income	0
	Adult Education	4
	Employment	0
Basic Needs	Housing	0
	Food	0
	Child Care	10
	Health Care	0
	Transportation	10
	Utilities	8/0
Factors (Pos or Neg)	Support Systems	6
	Family Interaction	4
	Addictions	4
	TOTAL	46/38



The Matrix measures family self-sufficiency:

- Total score
- Individual Life Area
- Across time

The Matrix also assists the Family Development Worker and the Family to set initial, intermediate, and long-term goals.

# The Action Plan

We use the Matrix to measure family strengths and progress. We also use the Matrix to write the family's Action Plan.

Why do we plan?

- Focuses attention and energy in the right direction.
- Helps grasp opportunities and provides a map to get families where they want to be.
- Helps FDWs use their resources more effectively.
- Builds relationships between families and FDWs.

## Action Plans include:

- Long-Term Goal tied to a specific Life Area
- Intermediate Goal or goals and the target date(s) for completion
- Initial Goal or goals including target date(s)

Goal Setting and Tracking Progress must occur consistently on a regular basis. Brightpoint recommends at least quarterly.

Name of Family: \_\_\_\_\_ Date: \_\_\_\_\_  
Goal Number: \_\_\_\_\_ Revision Number: \_\_\_\_\_

### Long Term Goal

Life Area: \_\_\_\_\_ Goal Threshold: \_\_\_\_\_ Beginning Threshold: \_\_\_\_\_  
\_\_\_\_\_

### Intermediate Goals (behavior or practices)

Goal Letter	Goal Narrative	Target Date
_____	_____	_____

### Initial Goals (knowledge, skills, attitudes)

Inter. Letter	Goal Narrative	Target Date
_____	_____	_____

# Action Plan Goals are SMART

For Goals to be effective, they must be SMART:

- Specific
- Measurable
- Attainable
- Realistic
- Time-Specific

If a goal is not SMART, it is not appropriate for the Action Plan.

# Pam's SMART Goal

“Pam will complete this Power Point presentation by Wednesday, August 17, 2022.”

Tell me how this is a SMART Goal?

# Outcomes Review

- Initial goals increase skills, knowledge, and abilities. Where have you seen this before?

INPUTS	ACTIVITIES	OUTPUTS	INITIAL OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
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- Intermediate goals change behaviors.
- Long-term goals change conditions.

LONG-TERM GOALS ARE ALWAYS WHERE THE FAMILY WANTS TO BE ON THE MATRIX!



## Family Development Action Plan

Name of Family: Q, Susie Date: 8/18/2022

Goal Number: 1 Revision Number: \_\_\_\_\_

### Long Term Goal

Life Area:	Goal Threshold:	Beginning Threshold:
<i>Housing</i>	<i>Stable – Renting Subsidized</i>	<i>Crisis - Homeless</i>

### Intermediate Goals (behavior or practices)

Goal Letter	Goal Narrative	Target Date	Completion Date
<i>A</i>	<i>Complete CE Assessment for placement on prioritization list for appropriate housing.</i>	<i>8/18/2022</i>	<i>8/17/2022</i>
<i>B</i>	<i>Enroll in FD Program.</i>	<i>8/22/2022</i>	<i>8/22/2022</i>
<i>C</i>	<i>Locate and move into a shelter.</i>	<i>8/18/2022</i>	<i>8/19/2022</i>
<i>D</i>	<i>Apply for employment.</i>	<i>8/22/2022</i>	<i>8/26/2022</i>
<i>D</i>	<i>Apply for CCDF.</i>	<i>8/22/2022</i>	<i>8/26/2022</i>
<i>D</i>	<i>Attend sobriety meetings.</i>	<i>8/19/2022</i>	<i>On-going</i>
<i>D</i>	<i>Maintain sobriety regimen.</i>	<i>8/19/2022</i>	<i>On-going</i>
<i>B</i>	<i>Meet with FDW on a regular basis.</i>	<i>8/22/2022</i>	<i>On-going</i>

### Initial Goals (knowledge, skills, attitudes)

Inter. Letter	Goal Narrative	Target Date	Completion Date
<i>A</i>	<i>Call Brightpoint's Housing Assistance line to get a Coordinated Entry Assessment.</i>	<i>8/18/2022</i>	<i>8/17/2022</i>
<i>A</i>	<i>Meet with FDW about other resources.</i>	<i>8/18/2022</i>	<i>8/17/2022</i>
<i>B</i>	<i>Learn about FDW and all of its benefits</i>	<i>8/18/2022</i>	<i>8/17/2022</i>
<i>B</i>	<i>Create a meeting schedule with FDW.</i>	<i>8/22/2022</i>	<i>8/22/2022</i>
<i>C</i>	<i>Research Shelter options.</i>	<i>8/17/2022</i>	<i>8/19/2022</i>
<i>D</i>	<i>Research Employment options.</i>	<i>8/18/2022</i>	<i>8/26/2022</i>
<i>D</i>	<i>Research Child Care options..</i>	<i>8/18/2022</i>	<i>8/26/2022</i>
<i>D</i>	<i>Research NA meeting options.</i>	<i>8/18/2022</i>	<i>8/19/2022</i>
<i>D</i>	<i>Research suboxone options.</i>	<i>8/18/2022</i>	<i>8/19/2022</i>

## Notes on Progress

Date	Notes
8/17/2022	Susie Q called the CE line. States she, boyfriend, and 3 children are living in their car. Did a CE assessment. They scored a 10. Will give assessment to CE Coordinator for case conferencing and placement. Also talk to Susie about possible shelters. Gave her contact information.
8/19/2022	Susie called to say they found a shelter and are moving in today. She asked for more information about FD. Gave her the highlights. She stated she wanted to enroll which I proceeded to do. We set up a regular meeting schedule.
8/26/2022	Had regular meeting. Susie reported finding employment. Had a lead on child care but did know was approved for CCDF. Stated boyfriend was dragging his feet on attending NA meetings and she wasn't sure about getting suboxone.
9/2/2022	Susie missed regular meeting. Not answering my texts or calls. Will call shelter to see what they know.  To be continued.....

_____	_____	_____
Family	FDW	Supervisor
_____	_____	_____
Date	Date	Date

# More Good Things to Know

- Life Areas build upon themselves. Meeting goals in one Life Area could also meet goals in another Life Area.
- Use one Action Plan per Life Area. Pick one or two Life Areas to work on at a time.
- Ecomaps, timelines, and genograms are useful as well, especially if establishing rapport is difficult.

# My Contact Information

- All materials are available at:
- You may reach met at :  
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(260) 399-4101