COMPREHENSIVE MATRIX:

CREATING A DATA-DRIVEN FRAMEWORK FOR HOLISTIC SERVICE DELIVERY

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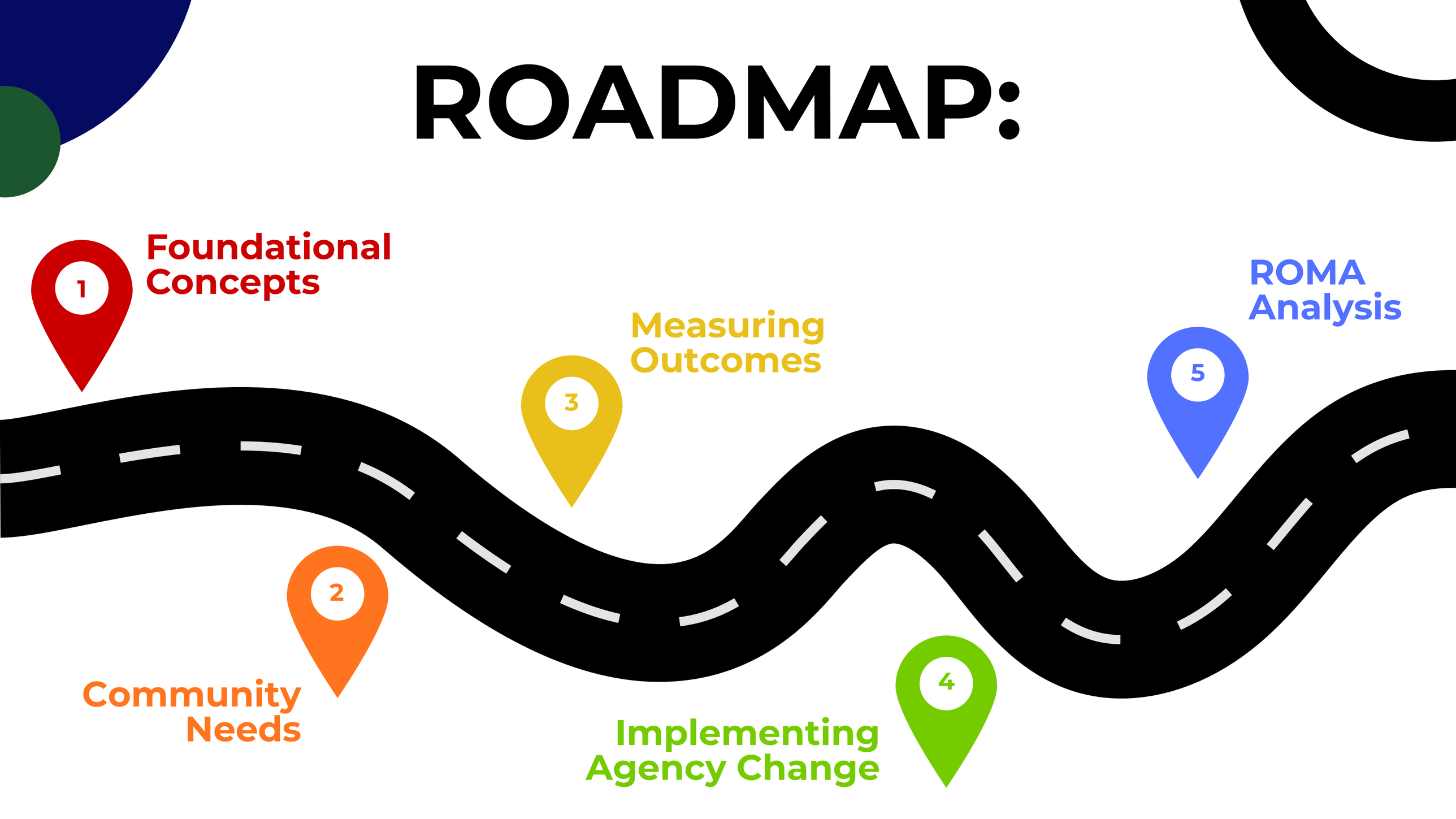
Elizabeth Emmett | Director of Operations

ROADMAP:


1
Foundational Concepts
2
Community Needs
3
Measuring Outcomes
4
Implementing Agency Change
5
ROMA Analysis

ROADMAP:

1. **Foundational Concepts**
   What are the shared agreements/assumptions about a comprehensive approach to service delivery?

2. **Community Needs**
   What do participants need? Where do your services end and how will you fill the gaps? What services are offered by community partners?

3. **Measuring Outcomes**
   How can change be measured? How can increments of difference and stability over time be defined?

4. **Implementing Agency Change**
   How does theory translate into practice? How will you incorporate The Matrix into your agency workflow?

5. **ROMA Analysis**
   What Next? How can you use the Matrix for data-driven decision making?

1 Foundational Concepts

- **Breaking the cycle of poverty is the goal.** This means our services are intended to produce holistic, long-term economic security for participants, while also meeting the necessary basic needs in the moment.

- **Change over time can be measured.** Both qualitative and quantitative data is needed to capture the complex reality of economic mobility.

- **Poverty is complex.** Participants typically have more than one need, overlapping stressors, and individual/intersectional challenges that take time to overcome.

- **Service is better when there is no wrong door and wrap around support.** No matter where a participant enters for support, they will have more success with one point of contact helping them navigate the multiple resources that are right for their multiple needs.

2 Community Needs

- **What is your community saying?** Utilizing data from your Community Needs Assessment, participant surveys, and any other feedback you gather from participants, identify the key areas of expressed needs (whether or not your agency can address those needs)
- **What does your agency offer in these categories?** What are you already doing in these domains and how can you improve service delivery in these domains to integrate or wrap participants in service delivery between categories?
- **What gaps are left?** Does a community partner offer resources you can refer to or do you want to strategically expand your services to fill a need?

THE SIX KEY COMPONENTS OF TWO-GENERATION APPROACHES

Two-generation approaches (2Gen) build family well-being by intentionally and simultaneously working with children and the adults in their lives together.

EARLY CHILDHOOD EDUCATION

- Head Start
- Early Head Start
- child care partnerships
- preK
- home visiting
- Family, Friend, and Neighbor Care (FFN)

K-12

- kindergarten ready
- 3rd grade reading skills
- parent engagement
- graduation and postsecondary prep

POSTSECONDARY & EMPLOYMENT PATHWAYS

- community college
- training and credentials
- workforce partnerships
- employer partnerships

SOCIAL CAPITAL

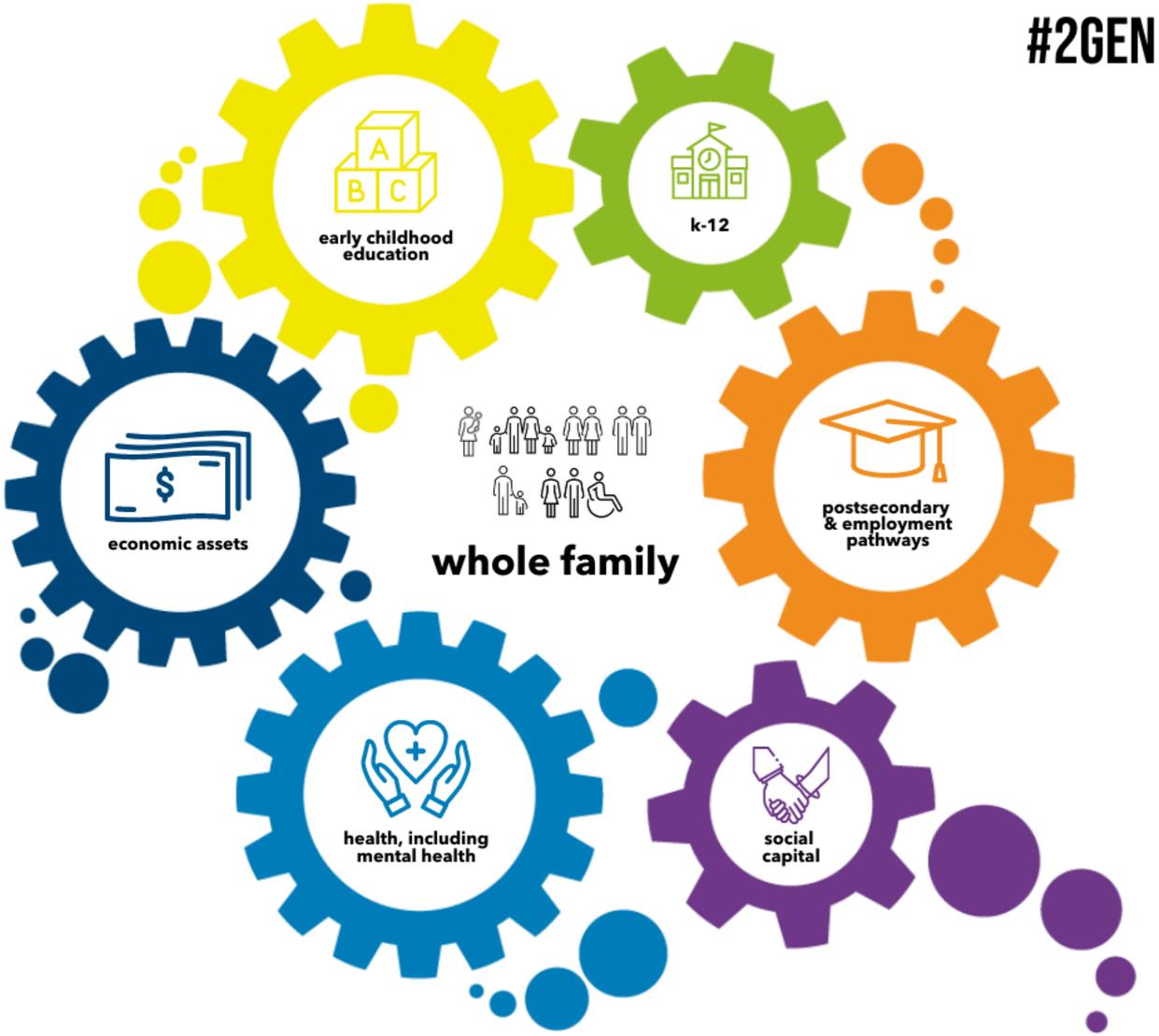
- peer and family networks
- coaching
- cohort strategies

HEALTH, INCLUDING MENTAL HEALTH

- mental, physical, and behavioral health
- coverage and access to care
- adverse childhood experiences and toxic stress

ECONOMIC ASSETS

- asset building
- housing and public supports
- financial capacity
- transportation



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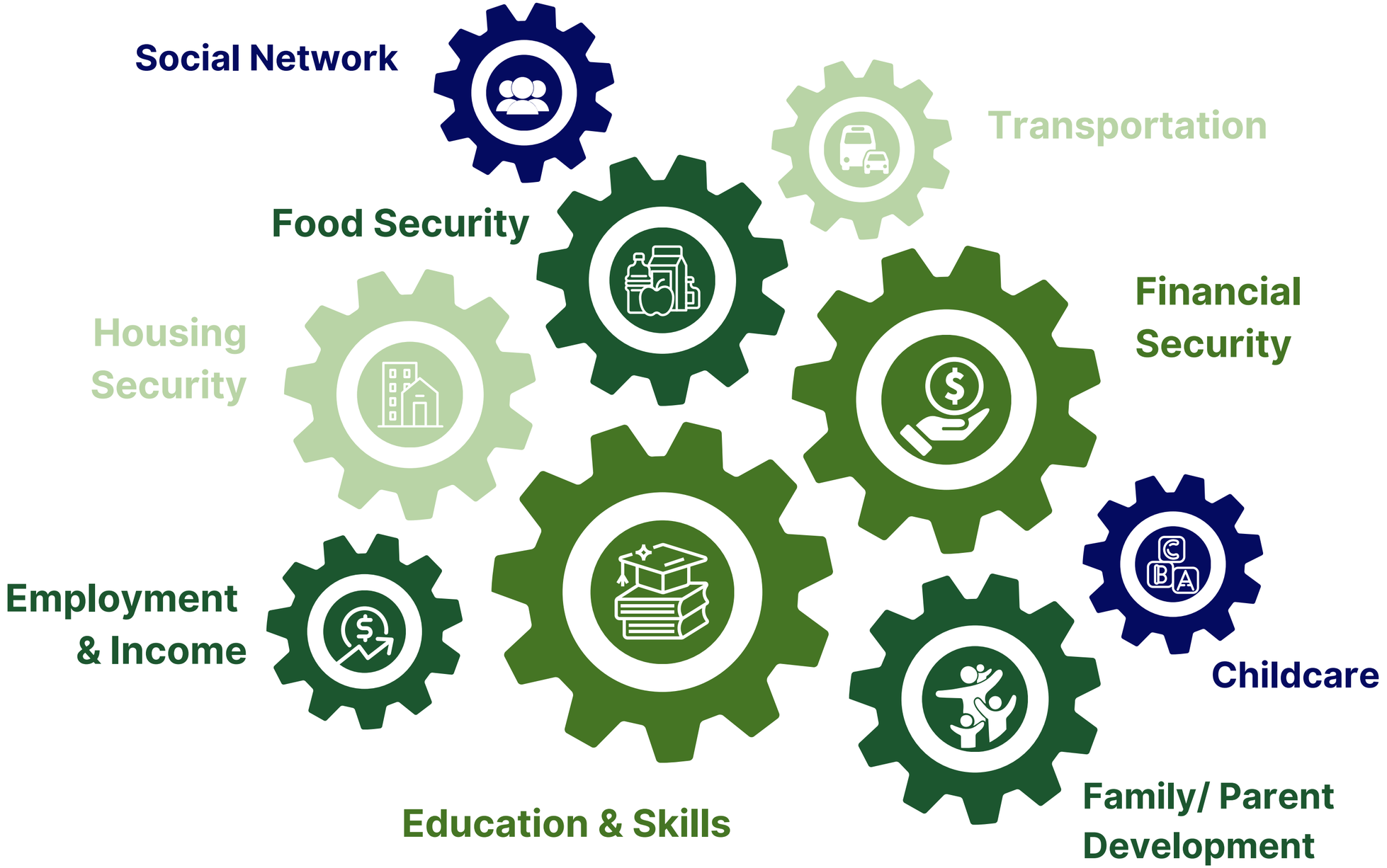

Social Network
Transportation
Food Security
Housing Security
Financial Security
Employment & Income
Childcare
Education & Skills
Family/ Parent Development

2

Community Needs Activity

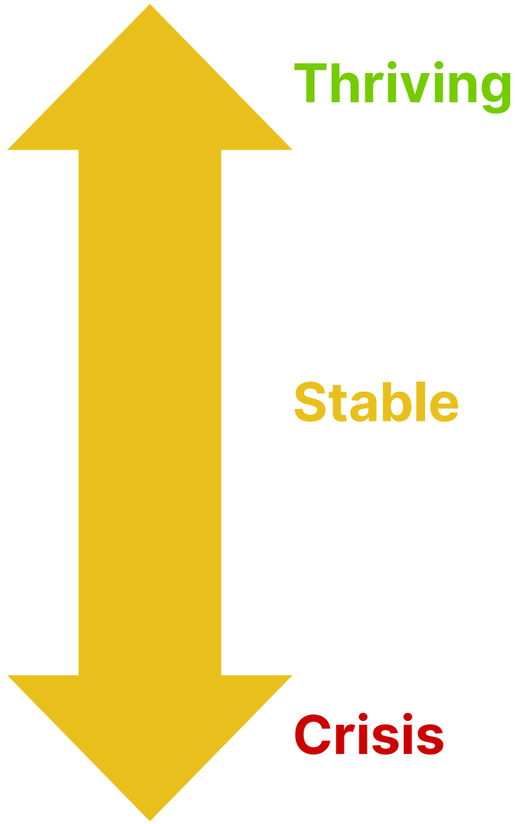
Components of Need & Impact	My Agency's Role	Community Resources

- **What is your community saying?** Utilizing data from your Community Needs Assessment, participant surveys, and any other feedback you gather from participants, identify the key areas of expressed needs (whether or not your agency can address those needs)
- **What does your agency offer in these categories?** What are you already doing in these domains and how can you improve service delivery in these domains to integrate or wrap participants in service delivery between categories?
- **What gaps are left?** Does a community partner offer resources you can refer to or do you want to strategically expand your services to fill a need?

3

Measuring Outcomes

- **How do we measure change over time in these component?** There needs to be a starting point, an end goal, and increments of change in each category.
- **What does crisis to thriving look like in each component?** Careful definitions, language use, and clarity to define your rating scale is essential.
- **Two tools in one - Keep the dual purpose of the matrix in mind.** Participants need to honestly self-identify where they are at in each component at intake with the purpose of connecting them to the best resources to meet their goals *AND* to see an increase in stability and security over time when the matrix is used as an assessment tool for those who engage in long-term coaching.



	Food Security	Housing	
5	Ability toaccess store of choice and purchaseany food items desired.	Safe & affordable unsubsidized housing. All utilities paid and planning for monthly bills.	
4	Meets food needs without assistance.		
3	Can meet basic food needs but may require occasional assistance.	In safe housing that is mostly adequate but may not be in the desired location/ size and/or is in need of repair. Utility payments are difficult.	
2	Have multiple days of meals but rely solely on other sources to provide food (SNAP, pantries, etc.).		
1	Less than 1 meal a day and unsure of when/where next meal will come from.	Homeless	

Should the matrix be in written in 1st or 3rd person perspective?

Accessible Language Choices: What should the reading level be?

If “Homeless” is a 1, what is a 2?

How would we describe thriving financial stability?

How do we incorporate child-related questions for a two-gen approach?

Should we include measures for needs that we don’t have services to directly respond to or ways we can track?

Will people be filling this out themselves or will staff help?

Comprehensive Intake Matrix

Participant Name: _____Date: _____

	Food Security	Housing	Employment & Income	Transportation	Financial Security	Education & Skills	Social Network	Health & Wellness
5	Ability toaccess store of choice and purchaseany food items desired.	Safe & affordable unsubsidized housing. All utilities paid and planning for monthly bills.	Exceeds adequate income and benefits.	Transportation is readily available & affordable; the car is adequately insured.	Adheres to a spending plan while saving regularly.	Achieved degree of choice.	Many sources of support for a variety of needs and integration within the community.	Not limited by health and/or mental health struggles.
4	Meets food needs without assistance.	In stable housing that is adequate and potentially subsidized in location of choice. All utilities paid.	Full-time employment with adequate pay and benefits.	Transportation is generally accessible & meets basic travel needs.	Follows a monthly plan for savings/spending with some &/or sporadic savings.	Some post-secondary education. Obtained job training or certificate program.	Available and reliable support from more than one family or friend, connected to community.	Rarely limited by health and/or mental health struggles.
3	Can meet basic food needs but may require occasional assistance.	In safe housing that is mostly adequate but may not be in the desired location/ size and/or is in need of repair. Utility payments are difficult.	Stable job with wage to meet needs; limited benefits or disabled with benefits, retired with needs met.	Available & reliable but limited &/or inconvenient. Licensed & minimally insured.	Usually able to meet bills, basic knowledge of saving / spending plan.	Attending or working towards job training program &/or post-secondary education.	Available and reliable support from at least one family or friend, some connection to community.	Occasionally limited by health and/or mental health struggles.
2	Have multiple days of meals but rely solely on other sources to provide food (SNAP, pantries, etc.).	Threat of homelessness, inhabitability of dwelling, in unaffordable or transitional housing, couch surfing or living with relatives. Falling behind on utility payments or disconnected	Part time employment with inadequate pay, possibly temporary &/or seasonal.	Unreliable, unaffordable, unpredictable. May have a vehicle but no insurance &/or license. Unsafe car seat.	Difficulty meeting basic needs--possible inconsistent income; minimal to no knowledge of savings/spending plan	High school degree, GED received.	Unreliable or inconsistent support from family and friends, little connections to community.	Often limited because of health and/or mental health struggles.
1	Less than 1 meal a day and unsure of when/where next meal will come from.	Homeless	No Income &/or unemployed.	No access to safe, legal transportation. Inoperable vehicle &/or revoked or suspended license.	No income, unable to pay current or past due bills.	Does not have high school diploma/GED, limited reading, writing and/or math skills.	No support from family or friends, no community connections.	Daily limitations because of health and/or mental health struggles.

** If you have children 6 years old or younger in your home, please also fill out the two rows below:

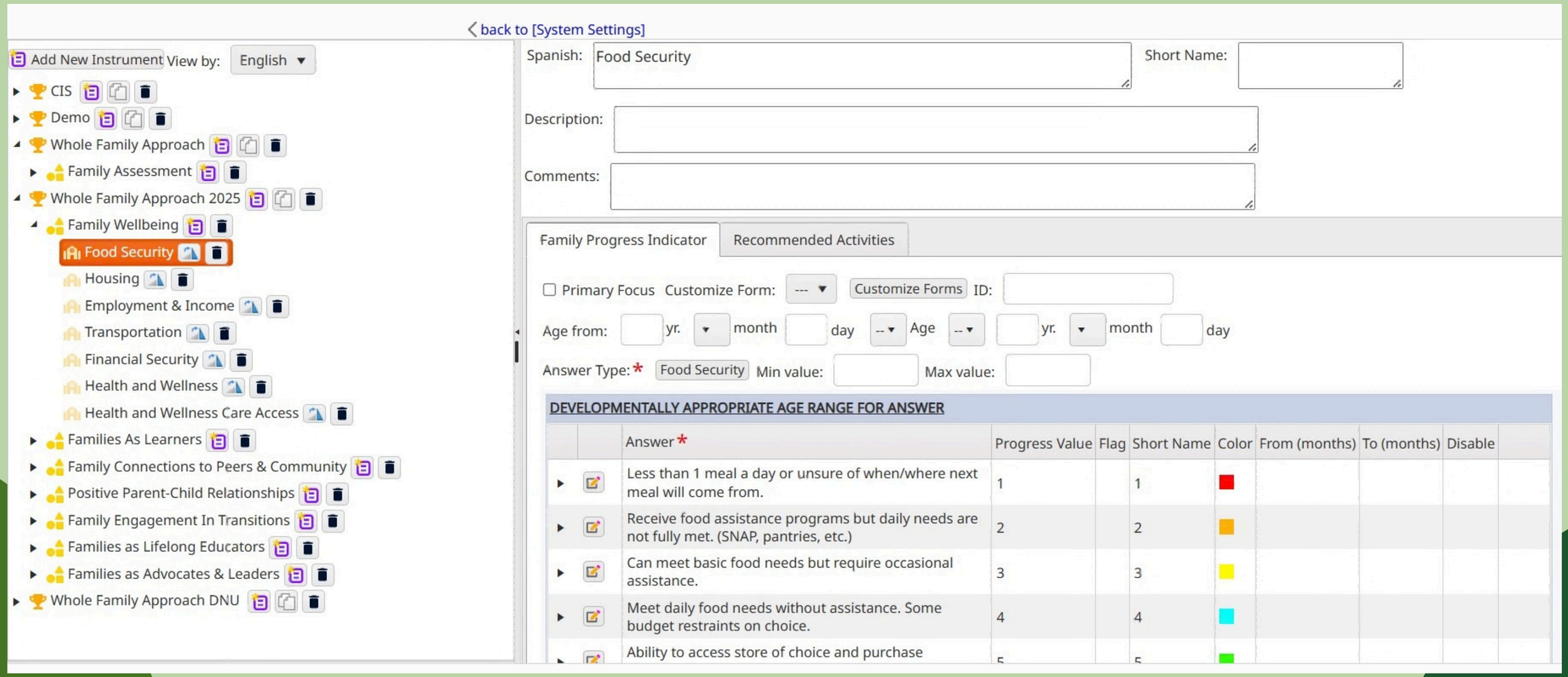
Family Development & Parent Engagement	Parenting skills are well developed. Parent-child relationship(s) are stable, and communication is consistent	Family members support each other's efforts, spend time together doing activities they enjoy focused on the child.	Family spends time together, open to learning and support is available when needed.	Minimal access to spending time with child and/or family/friend support.	Limited parenting skills, not familiar with child development.
Childcare	High quality childcare with ability to select childcare of choice with no barriers.	High quality childcare, affordable with limited barriers.	Available, meets childcare needs with some barriers.	Unreliable, unaffordable, lack of transportation &/or inadequate supervision.	No childcare &/or with severe barriers to childcare.
	5	4	3	2	1

3

Measuring Outcomes

- **Data Tracking Considerations - Resource Referral and Navigation**
  - Where will the matrix information be stored?
  - Will it be digital?
  - How will you track that every participant completed a Matrix as part of their intake and their answers in each category?
  - How will you track the results of the Navigation?
    - Were they contacted? Did it produce an internal referral? Did it produce an external referral? Did the referral turn into service?
  - Is this data visible to the whole agency?
- **Data Tracking Considerations - Measuring Changes Over Time**
  - When will another matrix be completed as an assessment to compare to participant answers at intake? Will it be completed by everyone?
  - Can the existing database hold the information, and report changes in matrix answers - or does it need to be stored/processed elsewhere?

OUR INSTRUMENT BUILDER



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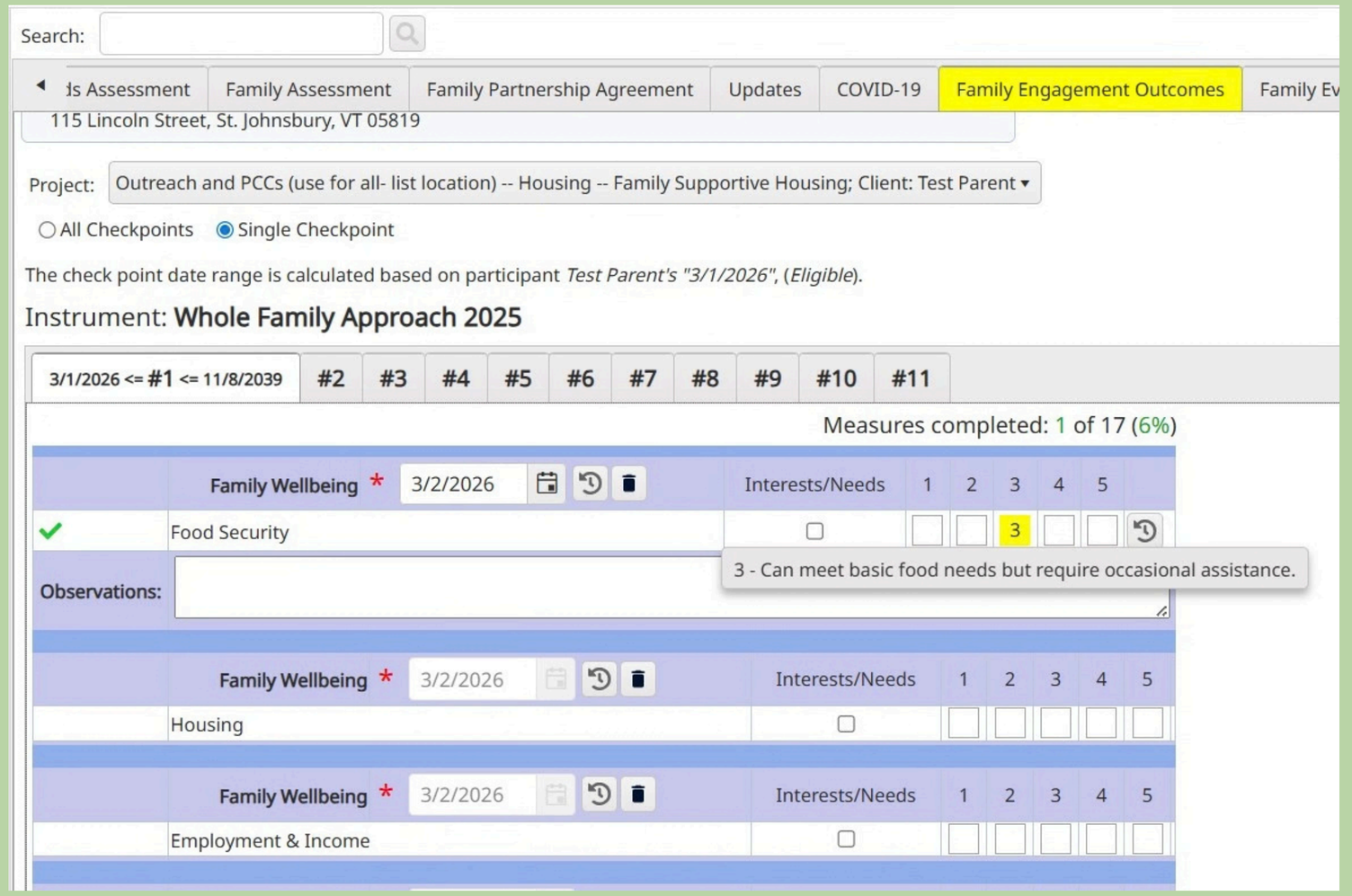

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	5	4	3	2	1

Participant Name: _____Date: _____

Health & Wellness Care Access	Resilience to Changes	Parents as Teachers
All family members are covered by affordable, adequate healthcare insurance and can easily access care (including mental health services and medications). All family members have medical dental homes.	Proactive in planning for life transitions. Utilizes resources effectively. Has strong self-advocacy and coping skills understands the impacts on all family members.	Understands child assessment data and provides consistent support to their child to meet school readiness goals. Family engages in home learning activities and shares observations with staff, participates in school conferences and home visits, and spends time supporting the child in the classroom.
All family members have health insurance, but medical care or premiums are unaffordable. All family members have medical dental homes.	Understands the impacts of life transitions, has access to resources and utilizes most of the time. Has solid coping skills.	Understands child assessment data, participates in school conferences, home visits, and program activities and supports the child's learning at home
Some family members have health insurance. Family may have medical/dental home or access through clinics.	Understands the impacts of life transitions, has access to resources and utilizes some of the time. Has some coping skills.	Some understanding of child assessment data, participates in school conferences and home visits, and appropriately supports child's learning at home
No health insurance and accessing medical care when needed is difficult. No medical/dental homes.	Has knowledge of the impacts of life transitions and resources for coping but is unable to effectively utilize resources. May need assistance.	Working to gain understanding of child assessment data and provides some support at home for child to attain school readiness goals. Occasionally participates in school conferences, home visits, and program activities
No health insurance and no access to immediate medical care if needed. No medical/dental home.	Needs resources, knowledge, and assistance to support them through life transitions.	Difficult time understanding child assessment data. Does not participate in school conferences, home visits or other program offerings.

Family Assessment

Participant Name: _____ Date: _____

	Leadership & Advocacy	Child Educational Transitions	Establishing & Maintaining Routines	Managing My Child's Behavior
5	Actively and effectively serving in leadership/advocacy partnerships (Parent committee, PC, Volunteer) with the program and/or community	Actively engages in transition planning and can advocate for their child's success	Incorporates consistent daily routines that meet the child's needs, age-appropriate development and/or family needs. No impact to daily schedule such as timeliness to work and school.	Practice positive discipline strategies . Age appropriate limits are set and enforced regularly.
4	Opportunities to practice leadership/advocacy partnerships (Parent committee, PC, Volunteer) with the program and/or community	Understands child development and their role in supporting transition and advocacy. Needs little to no help from staff.	Incorporates many daily routines that meet the child's needs, age-appropriate development and/or family needs. Limited impact to daily schedule such as timeliness to work and school.	Generally demonstrates the ability to discipline children in their care in a consistent manner. They usually are able to set age-appropriate limits and to enforce them. Occasional inconsistencies.
3	Beginning to develop leadership/advocacy skills with peers and/or community.	Basic understanding of child development and is able to advocate for their child in the transition process. May need some support from staff.	Incorporates some daily routines that meet the child's needs, age-appropriate development and/or family needs. Some impact to daily schedule such as timeliness to work and school.	Practice positive discipline strategies. The caregiver is often able to set age-appropriate limits and to enforce them. On occasion their interventions may be either too harsh or too lenient but at other times their expectations of children in their care may be too high or too low
2	Engaged with program and/or community groups. Does not play a leadership role	Willing to work with staff in the transition process and is starting to understand child development and the role they play in the transition.	Incorporates minimal daily routines that meet the child's needs, age-appropriate development and/or family needs. Occasional impact to daily schedule such as timeliness to work and school.	Practice inconsistent positive discipline strategies. Demonstrates limited ability to discipline children in their care in a consistent manner. They are rarely able to set age-appropriate limits and to enforce them. Their interventions may be erratic and overly harsh but not physically harmful. Their expectations of children in their care are frequently unrealistic.
1	Unable to participate in program and/or community groups as a member or leader.	Struggles to support the transition process in any capacity and has little to no understanding of child development.	No daily routines that meet the child's needs, age-appropriate development and/or family needs. Significant impact to daily schedule such as timeliness to work and school.	No support from family or friends, no community connections.

Notes:

Positive Parent-Child Relationships	Date: * 8/14/2025	Date: * 3/13/2026
Family Dev. / Parent Engagement	4 - Family members supp	3 - Family spends time to	-1
Establishing and Maintaining Routines For My Child	3 - Incorporates some dai	4 - Incorporates many dai	1
Managing My Child's Behavior	2 - Practice inconsistent p	3 - Practice positive discip	1
Observations:		
	4/3/2025 <= #1 <= 12/11/2038	**#2**
Family Engagement In Transitions	Date: * 8/14/2025	Date: * 3/13/2026
Resilience to Changes	2 - Has knowledge of the	3 - Understands the impa	1
Child Educational Transitions	3 - Basic understanding o	4 - Understands child dev	1

4

Implementing Agency Change

- **Core Components of a Successful Change Management Approach:**
  - **Preparation:** Assessing risks, identifying stakeholders, and building a strategy.
  - **Communication:** Consistent, two-way communication to explain the "why" and "how".
  - **Engagement:** Involving employees early to reduce resistance and create ownership.
  - **Training & Support:** Providing the necessary skills for employees to adopt new processes.
  - **Reinforcement:** Measuring progress and making adjustments to sustain the change.

4 Implementing Agency Change

Putting theory into practice: Think about the workflow to anticipate questions, address barriers, and support your staff in establishing the new norm:

Who

What

Where

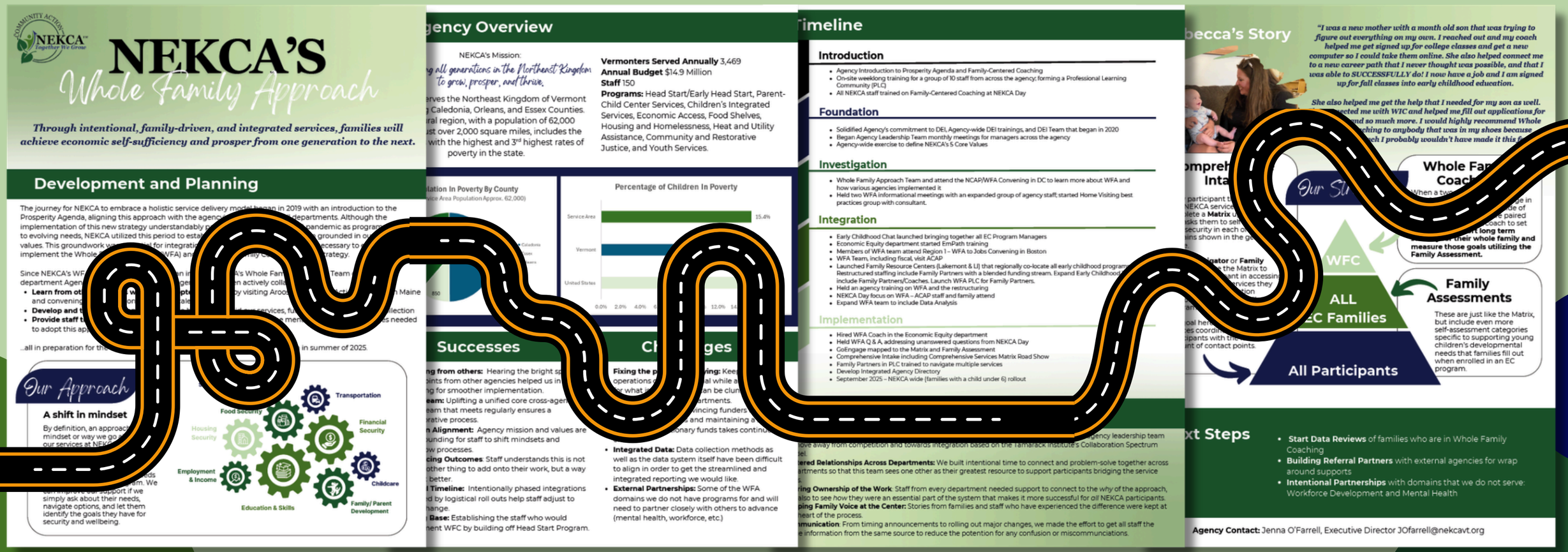
When

How

Why

& Why Not

WHAT NEKCA DID



NEKCA'S
Whole Family Approach

Through intentional, family-driven, and integrated services, families will achieve economic self-sufficiency and prosper from one generation to the next.

Development and Planning

The journey for NEKCA to embrace a holistic service delivery model began in 2019 with an introduction to the Prosperity Agenda, aligning this approach with the agenc departments. Although the implementation of this new strategy understandably p pandemic as program to evolving needs, NEKCA utilized this period to estab grounded in ou values. This groundwork w for integrati ecessary to implement the Whole (WFA) an rategy.

Since NEKCA's WF Team department Agen

- **Learn from ot** Maine and convening
- **Develop and t**
- **Provide staff t** ollection to adopt this ap es needed

all in preparation for th in summer of 2025.

Our Approach

A shift in mindset

By definition, an approac mindset or way we go our services at NEK

Transportation
Food Security
Financial Security
Housing Security
Employment & Income
Childcare
Education & Skills
Family/ Parent Development

gency Overview

NEKCA's Mission:

g all generations in the Northeast Kingdom to grow, prosper, and thrive.

erves the Northeast Kingdom of Vermont Caledonia, Orleans, and Essex Counties. ral region, with a population of 62,000 st over 2,000 square miles, includes the with the highest and 3rd highest rates of poverty in the state.

Vermonters Served Annually 3,469
Annual Budget $14.9 Million
Staff 150
Programs: Head Start/Early Head Start, Parent-Child Center Services, Children's Integrated Services, Economic Access, Food Shelves, Housing and Homelessness, Heat and Utility Assistance, Community and Restorative Justice, and Youth Services.

lation In Poverty By County
vice Area Population Approx. 62,000)

Percentage of Children In Poverty
Service Area 15.4%
Vermont
United States
0.0% 2.0% 4.0% 12.0%

Successes

g from others: Hearing the bright sp oints from other agencies helped us in g for smoother implementation.
eam: Uplifting a unified core cross-ager eam that meets regularly ensures a rative process.
n Alignment: Agency mission and values are unding for staff to shift mindsets and w processes.
cing Outcomes: Staff understands this is not other thing to add onto their work, but a way better.
l Timeline: Intentionally phased integrations d by logistical roll outs help staff adjust to hange.
Base: Establishing the staff who would ent WFC by building off Head Start Program.

ges

Fixing the p operations r what **ying:** Kee al while a an be clun rtments.
ncing funders and maintaining a onary funds takes continu

- **Integrated Data:** Data collection methods as well as the data system itself have been difficult to align in order to get the streamlined and integrated reporting we would like.
- **External Partnerships:** Some of the WFA domains we do not have programs for and will need to partner closely with others to advance (mental health, workforce, etc.)

imeline

Introduction

- Agency Introduction to Prosperity Agenda and Family-Centered Coaching
- On-site weeklong training for a group of 10 staff from across the agency; forming a Professional Learning Community (PLC)
- All NEKCA staff trained on Family-Centered Coaching at NEKCA Day

Foundation

- Solidified Agency's commitment to DEI, Agency-wide DEI trainings, and DEI Team that began in 2020
- Began Agency Leadership Team monthly meetings for managers across the agency
- Agency-wide exercise to define NEKCA's 5 Core Values

Investigation

- Whole Family Approach Team and attend the NCAP/WFA Convening in DC to learn more about WFA and how various agencies implemented it
- Held two WFA informational meetings with an expanded group of agency staff; started Home Visiting best practices group with consultant.

Integration

- Early Childhood Chat launched bringing together all EC Program Managers
- Economic Equity department started EmPath training
- Members of WFA team attend Region 1 - WFA to Jobs Convening in Boston
- WFA Team, including fiscal, visit ACAP
- Launched Family Resource Centers (Lakemont & LI) that regionally co-locate all early childhood programs Restructured staffing include Family Partners with a blended funding stream. Expand Early Childhood include Family Partners/Coaches. Launch WFA PLC for Family Partners.
- Held an agency training on WFA and the restructuring
- NEKCA Day focus on WFA – ACAP staff and family attend
- Expand WFA team to include Data Analysis

Implementation

- Hired WFA Coach in the Economic Equity department
- Held WFA Q & A, addressing unanswered questions from NEKCA Day
- GoEngage mapped to the Matrix and Family Assessment
- Comprehensive Intake including Comprehensive Services Matrix Road Show
- Family Partners in PLC trained to navigate multiple services
- Develop Integrated Agency Directory
- September 2025 – NEKCA wide (families with a child under 6) rollout

gency leadership team ove away from competition and towards integration based on the Tamarack Institute's Collaboration Spectrum el.

ered Relationships Across Departments: We built intentional time to connect and problem-solve together across artments so that this team sees one other as their greatest resource to support participants bridging the service s.

ring Ownership of the Work: Staff from every department needed support to connect to the *why* of the approach, also to see *how* they were an essential part of the system that makes it more successful for *all* NEKCA participants.

ping Family Voice at the Center: Stories from families and staff who have experienced the difference were kept at heart of the process.

munication: From timing announcements to rolling out major changes, we made the effort to get all staff the e information from the same source to reduce the potention for any confusion or miscommunciations.

becca's Story

"I was a new mother with a month old son that was trying to figure out everything on my own. I reached out and my coach helped me get signed up for college classes and get a new computer so I could take them online. She also helped connect me to a new career path that I never thought was possible, and that I was able to SUCCESSFULLY do! I now have a job and I am signed up for fall classes into early childhood education.

She also helped me get the help that I needed for my son as well. nected me with WIC and helped me fill out applications for nd so much more. I would highly recommend Whole ching to anybody that was in my shoes because ch I probably wouldn't have made it this f

ompreh Inta

participant t NEKCA service lete a **Matrix** u sks them to sel security in each o ins shown in the ge

gator or **Family** e the Matrix to ant in accessin rvices they ion

oal here es coordi ipants with th nt of contact points.

Our St

Whole Fa Coach
When a two

t long term their whole family and measure those goals utilizing the Family Assessment.

WFC
ALL EC Families
All Participants

Family Assessments
These are just like the Matrix, but include even more self-assessment categories specific to supporting young children's developmental needs that families fill out when enrolled in an EC program.

xt Steps

- **Start Data Reviews** of families who are in Whole Family Coaching
- **Building Referral Partners** with external agencies for wrap around supports
- **Intentional Partnerships** with domains that we do not serve: Workforce Development and Mental Health

Agency Contact: Jenna O'Farrell, Executive Director JOfarrell@nekcavt.org

GROUP ACTIVITY

What potential barriers do you foresee with implementing a comprehensive intake at your agency?

- setting a cultural/mindset/values foundation
- logistics/workflow process
- site-based challenges
- staff or leadership pushback vs buy-in
- data system and analysis
- funding

Please take a few moments to reflect, then discuss with a partner to brainstorm strategies and solutions.

5

ROMA Analysis

- **After implementation, what next?**
  - What did you learn?
  - How will you measure success on the process?
  - How and when will you compare change?
  - How will you evaluate and adjust the process as needed?
  - How will you solicit feedback from participants and staff to improve your workflow and systems?

THANK YOU

Robin Kristoff | Data and Strategy Manager rkristoff@nekcavt.org
Elizabeth Emmett | Director of Operations eemmett@nekcavt.org