

## **OVERVIEW**

During fiscal year 1999, the Bureau of Neighborhoods (BoN) began a process for systematic implementation of Scales and Ladders at the community action agency (CAA) level. The BoN formed an ad-hoc committee consisting of bureau staff and CAA representatives to develop and implement a Scales and Ladders client assessment tool for use throughout the Massachusetts CAA network. Since its inception in October 1999, the CSBG Scales and Ladders committee has met on a monthly basis and has developed a Scales and Ladders matrix that is now ready for implementation at the CAA level.

The Massachusetts Self-Sufficiency Scales and Ladders is a matrix-based case management system that allows case managers at local CAAs to develop an intervention strategy for low-income clients using a tool that initially assesses and plots clients on a five-step assessment system:

- (1) Thriving
- (2) *Safe*
- (3) Stable
- (4) At-Risk
- (5) In-Crisis

A matrix is defined as a measurement tool that can measure movement or progress along this continuum or range from a beginning point, for example, In Crisis, to an end point, Thriving. The matrix measures incremental progress, stabilization or decline of a client's condition. The Massachusetts matrix involves 11 scales ranging from Employment to Community Participation. Within each Scale there are several indicators that are used for determining a client's assessment step. For example, according to the Employment scale, an unemployed client with no or a bad work history that is not looking for a job will be assessed as being "In Crisis". On the other hand, the same client may be assessed as being "Safe" according to Health Scale if the person has access to subsidized or free medical care and has the ability to deal with health related needs. On the Housing Scale, a homeless person with no mailing address will automatically fall under "In Crisis" category. Even though each scale to some extent provides an accurate picture of client situations, it is important to understand the inter-relationship among these scales. Therefore, no one scale is sufficient to move a client from poverty to self-sufficiency – the best approach is to apply a number of scales on each family or individual client during the initial intake and then develop a comprehensive service delivery strategy involving several scales. Several scales, such as Housing, Education, Employment, Health, and Transportation should be applied concurrently. CAAs are currently utilizing scales at several major CAA programs, i.e., Head Start, Child Care, Adult Education, Employment and Training, Family Homeless Shelter and Family Self-Sufficiency. It is anticipated that by the end of the pilot phase of the program, close to 900 individuals in family setting will have benefited from this initiative – many of whom are refugees and immigrants, have children in the Head Start and subsidized child care programs. Some families are living in homeless shelters and some are in individual shelters. A small number of clients are from family self-sufficiency type programs.

The following table summarizes the Massachusetts Family Self-Sufficiency Scales and respective indicators for each Scale:

Table 1: The Massachusetts Family Self-Sufficiency Scale and Indicators

SCALES	INDICATORS
Employment	Employment Type, Wages, Benefits, Skills/Work
	History
Education and Literacy	Attendance, Parent Involvement, Academic
Child Education	Performance, and Development
Adult Education	Learning/Credential, Planning, Literacy, Skills, and Values
Health	Health Coverage, Affordability, Family Health,
	Substance/Alcohol Abuse, and Mental/Behavioral
	Health
Youth and Family	Choice, Availability, and Overall Quality
Development	
Childcare	
Family Development	Safety, Family/Social Network, Goal Setting,
	Support and Household Composition.
Housing	Affordability, Options, Threat, In-Transition, and
	Quality of Housing
Income Management	Basic Needs, Debt, Budgeting, Savings, and Credit
Transportation	Access, Affordability, and Vehicle Safety
Resident Participation	Participation/Involvement, Community Support,
	Perception of Safety, and Voting
Nutrition	Emergency/Supplemental Food, Access, and
	Nutritional Practice

## **DEFINITIONS**

- ➤ For the purposes of the CSBG Scales and Ladders Pilot Program, a Matrix is defined as a measurement tool that can measure movement or progress along a continuum or range from a beginning point to an end point. The matrix measures incremental change and also intermediate steps taken toward a goal.
- ➤ A Ladder is defined as the portion of the Scale that measures the actual progress of an individual client. Progress can be measured in terms of the following ladders:
  - *Thriving:* The situation is stable and the client meets all criteria of self-sufficiency including all indicators measures within scale.
  - *Stable:* The situation is stable and may not deteriorate any further. Intervention is not a priority.
  - *Safe:* There is no anticipation of the situation deteriorating into an at-risk situation, at the very least, in the short-term.
  - *At-Risk:* If the situation is not addressed promptly, it will likely deteriorate and become a crisis.

• *In-Crisis:* The situation needs immediate attention (e.g., for every scale there is an actual crisis that must be addressed without delay).

## **GENERAL INSTRUCTIONS**

- ➤ When reading the individual assessment forms, they should be read TOP to BOTTOM by each category.
- Not all sheets need to be used on all clients. It may only be necessary to use a few of the scales for particular clients, thereby only tracking progress in some areas.
- The Assessment Summary Form is to be utilized after reviewing the scales with a particular client. This form is to be used to summarize what ladder (e.g., thriving, stable, safe, at-risk, in-crisis) a client is on in a particular scale at a given point in time.
- Assessments of clients should occur in conjunction with the progress report time period as established by the scales and ladders contract.
- After completing a scale with a client, the number of boxes checked per ladder should be counted and recorded in the last column on each page. If there is a 'tie' between two or more of the various ladders, the decision on where a particular client is, at that particular assessment date, will be left up to the interpretation of the case manager.
- For analysis of children within the Head Start program, case managers should utilize the Youth and Family Development Scale (pursuant to revised CSBG service categories published by the U.S. Department of Health and Human Service's Office for Children).
- For contract reporting purposes, CAAs should utilize the <u>CSBG National Goals and Outcome</u> <u>Measures scales measures</u> <sup>1</sup>(e.g., Goals 1 q., r., s. and/or 6 k., l., m.).

<sup>1</sup> See: http://www.state.ma.us/dhcd/components/dns/CSBG/03/14goals.pdf Massachusetts Department of Housing and Community Development