

OneCare Vermont: Self-Sufficiency Outcomes Matrix*

Level Categories: 1 = In Crisis, 2 = Vulnerable, 3 = Safe, 4 = Building Capacity, 5 = Empowered/Thriving

1. Housing

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Homeless or threatened with eviction	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable.	In stable housing that is safe but only marginally adequate.	Household is safe, adequate, subsidized housing.	Household is safe, adequate, unsubsidized housing.

2. Employment

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
No Job	Temporary, part-time or seasonal; inadequate pay; no benefits.	Employed full-time; inadequate pay; few or no benefits.	Employed full-time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.

3. Income

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
No Income	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.

4. Legal

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Current outstanding tickets or warrants.	Current charges/trial pending; noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months; no new charges filed.	No felony criminal history and/or no active criminal justice involvement in more than 12 months.

5. Mental Health

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Danger to self or others; Recurring suicidal ideation, experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in function due to mental health problems.	Minimal symptoms that are expected responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than everyday problems or concerns.

ABOUT THIS SOCIAL DETERMINANTS OF HEALTH ASSESSMENT TOOL

This resource is a companion to the Center for Health Care Strategies' brief, *Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations*. The brief examines how organizations participating in *Transforming Complex Care* (TCC), a multi-site national initiative funded by the Robert Wood Johnson Foundation, are assessing and addressing social determinants of health for populations with complex needs. To download the brief and view additional assessment tools, visit www.chcs.org/sdoh-screening/.

* This tool was adapted from the Arizona Self Sufficiency Matrix. Available at: www.mnhousing.gov/get/MHFA_010996.

6. Substance Abuse

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems persist for at least one month.	Client has used during last 6 months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/ alcohol abuse in last 6 months.

7. Health Care Coverage

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
No health care coverage and there is an immediate need	No health care coverage and great difficulty accessing medical care when needed. Some household member/individuals may be in poor health.	Some family members/individuals have health care coverage.	All family members/individuals can get health care coverage when needed by may strain their budget.	All members/ individuals have affordable, adequate health care coverage.

8. Disability/Disabling Condition

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Acute or chronic symptoms affecting housing, employment, social interactions, etc.	Sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.	Asymptomatic, condition controlled by services or medication.	No identified disability.

9. Community Involvement

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
No community involvement; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group) but has barriers such as transportation, child care issues.	Actively involved in community.

10. Parental Supports

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Not engaged in mandatory support programs.	Engaged in mandatory support programs with service provider prompts.	Engaged in mandatory support programs.	Engaged in mandatory and additional program with prompts.	Seeking and accessing support programs.

11. Transportation

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Lives outside public transportation area.	Transportation not accessible.	Has ability but no funds for public transportation.	Accesses appointments and needs through service providers and other sources with prompts.	Accesses appointments and needs through many sources independently.

12. Health Care

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Noncompliance in attending or scheduling medical appointments for self or family.	Sometimes compliant in attending or scheduling medical appointments for self or family.	Accessing some medical appointments and scheduling with assistance.	Accessing most medical appointments and scheduling with assistance.	Accessing most medical appointments and scheduling without assistance.