# **Minnesota HMIS**

1. Matrix Summary					
Assessment Date/	/	(circle one)	Initial/Entry	Interim	Exit
Program Name (for HMIS entry)					
2. Client Information					
First Name	MI	Last Name			_ Suffix
Client ID (ServicePoint Assigned)					
3 Self-Sufficiency Matrix					

Instructions:

- Complete this form for all adults and unaccompanied youth at: 1) entry, 2) every 6 months while in the program for permanent supportive housing and 3) exit
- Select one and only one level in each of the 18 areas below by marking the box next to the appropriate level
- Level categories: 1 = In Crisis, 2 = Vulnerable, 3 = Safe, 4 = Building Capacity, 5 = Empowered/Thriving

#### Assessment

#### 1. Housing

- $\square$  1. Homeless or threatened with eviction
- □ 2. In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable
- $\square$  3. In stable housing that is safe but only marginally adequate
- □ 4. Household is safe, adequate, subsidized housing
- □ 5. Household is safe, adequate, unsubsidized housing

#### 2. Employment

- $\Box$  1. No Job
- □ 2. Temporary, part-time or seasonal; inadequate pay; no benefits
- □ 3. Employed full-time; inadequate pay; few or no benefits
- □ 4. Employed full-time with adequate pay and benefits
- □ 5. Maintains permanent employment with adequate income and benefits

#### 3. Income

- □ 1. No Income
- $\hfill\square$  2. Inadequate income and/or spontaneous or inappropriate spending
- □ 3. Can meet basic needs with subsidy; appropriate spending
- □ 4. Can meet basic needs and manage debt without assistance
- $\hfill\square$  5. Income is sufficient, well managed; has discretionary income and is able to save

#### 4. Food and Nutrition

- □ 1. No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost
- $\square$  2. Household is on food stamps
- $\hfill\square$  3. Can meet basic food needs but requires occasional assistance
- $\hfill\square$  4. Can meet basic food needs without assistance
- □ 5. Can choose to purchase any food household desires

### 5. Childcare

- □ 0. N/A
- $\square$  1. Needs childcare, but none is available/accessible and/or child is not eligible
- □ 2. Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available
- $\hfill\square$  3. Affordable subsidized childcare is available but limited
- □ 4. Reliable, affordable childcare is available; no need for subsidies
- $\hfill\square$  5. Able to select quality childcare of choice

### 6. Children's Education

#### □ 0. N/A

- $\hfill\square$  1. One or more eligible children not enrolled in school
- $\square$  2. One or more eligible children enrolled in school but not attending classes
- □ 3. Enrolled in school, but one or more children only occasionally attending classes
- $\hfill 4.$  Enrolled in school and attending classes most of the time
- $\hfill\square$  5. All eligible children enrolled and attending on a regular basis

## 7. Adult Education

- $\square$  1. Literacy problems and/or no high school diploma/GED are serious barriers to employment
- □ 2. Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to
- employment
- $\hfill\square$  3. Has high school diploma/GED
- 4. Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society
- $\hfill\square$  5. Has completed education/training needed to become employable. No literacy problems

## 8. Health Care Coverage

- $\hfill\square$  1. No medical coverage with immediate need
- 2. No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health
- $\hfill\square$  3. Some members (e.g. children) on AHCCCS
- $\hfill\square$  4. All members can get medical care when needed but may strain budget
- □ 5. All members are covered by affordable, adequate health insurance

### 9. Life Skills

- $\hfill \hfill 1.$  Unable to meet basic needs such as hygiene, food, activities of daily living
- □ 2. Can meet a few but not all needs of daily living without assistance
- □ 3. Can meet most but not all daily living needs without assistance
- □ 4. Able to meet all basic needs of daily living without assistance
- $\hfill\square$  5. Able to provide beyond basic needs of daily living for self and family

## 10. Family/Social Relations

- □ 1. Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect
- 2. Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect
- 3. Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support
- □ 4. Strong support from family or friends; household members support each other's efforts
- □ 5. Has healthy/expanding support network; household is stable and communication is consistently open

## 11. Transportation/Mobility

- $\square$  1. No access to transportation, public or private; may have car that is inoperable
- □ 2. Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
- □ 3. Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured
- $\hfill\square$  4. Transportation is generally accessible to meet basic travel needs
- $\hfill\square$  5. Transportation is readily available and affordable; car is adequately insured

## **12. Community Involvement**

- $\hfill\square$  1. No community involvement; in "survival" mode
- $\hfill 2.$  Socially isolated and/or no social skills and/or lacks motivation to become involved
- □ 3. Lacks knowledge of ways to become involved
- □ 4. Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues
- □ 5. Actively involved in community

## 13. Parenting Skills

 $\Box$  0. N/A

- $\square$  1. There are safety concerns regarding parenting skills
- $\hfill\square$  2. Parenting skills are minimal
- $\hfill \square$  3. Parenting skills are apparent but not adequate
- □ 4. Parenting skills are adequate
- □ 5. Parenting skills are well developed

### <u> 14. Legal</u>

- $\square$  1. Current outstanding tickets or warrants
- $\square$  2. Current charges/trial pending; noncompliance with probation/parole
- $\square$  3. Fully compliant with probation/parole terms
- $\square$  4. Has successfully completed probation/parole within past 12 months; no new charges filed
- □ 5. No felony criminal history and/or no active criminal justice involvement in more than 12 months

### 15. Mental Health

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

## 16. Substance Abuse

- I. Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary
- 2. 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
- 3. 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 that have persisted for at least one month
- 4. 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
- □ 5. No drug use/alcohol abuse in last 6 months

## 17. Safety

- □ 1. Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement
- $\square$  2. Safety is threatened/temporary protection is available; level of lethality is high
- □ 3. Current level of safety is minimally adequate; ongoing safety planning is essential
- □ 4. Environment is safe, yet future of such is uncertain; safety planning is important
- □ 5. Environment is apparently safe and stable

#### 18. Disability/Disabling Condition (not currently available in HMIS)

- □ 1. In Crisis- acute or chronic symptoms affecting housing, employment, social interactions, etc.
- □ 2. Vulnerable-sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.
- □ 3. Safe- rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.
- □ 4. Building Capacity- asymptomatic, condition controlled by services or medication
- □ 5. Thriving/Empowered- no identified disability

#### Other/Optional : Describe:

- $\Box$  1. In Crisis
- $\square$  2. Vulnerable
- 🗆 3. Safe
- □ 4. Building Capacity
- □ 5. Thriving/Empowered