

Rapid Rehousing Self Sufficiency Matrix User Guide

How does one measure or assess self-sufficiency?

A self-sufficiency matrix is an assessment and outcome measurement tool based on the federal outcomes standard ROMA (Results-Oriented Management and Accountability). It is designed to be flexible: any combination of scales can be used, based on the goals and strategies of individual programs.

The matrix can be used in a variety of situations:

- As a case management tool to document client progress toward self-sufficiency
- As a self-assessment tool for individuals who wish to determine their own strengths and areas for improvement
- As a program management tool for organizations to assess the effectiveness of services being offered and how to direct resources
- As a measurement tool for grant makers to clearly articulate their funding priorities, and as a communication tool for demonstrating the success of local programs, as well as sharing information about community conditions with the general public, stakeholders and policymakers

Here are some important factors to keep in mind while working with this tool:

1. Guiding Questions and Definitions

Each category in this document is accompanied by suggestions for questions to guide the assessment and definitions to assist in determining where the household lands on the self-sufficiency continuum. The goal is to ensure consistent and accurate assessments across households.

2. Focus on One Category at a Time

When assessing a household, it is imperative that the case manager focuses on **ONE CATEGORY** at a time. Although some categories may overlap and/or influence each other, CMs should look at the household through the lens of just the category they are currently evaluating. *For example, if scoring the household's food category, the staff member should not allow the household's housing situation to influence the food category.*

3. Household vs. Individual

Case Managers using the assessment must look at each category from a household perspective. When working with a category where the individual adults in the household have different situations, please score the category with respect to the individual with the highest need.

4. Frequency of Assessments

- At intake (*program entry*)
- Every 90 days thereafter (*for ongoing case management services*)
- At program exit

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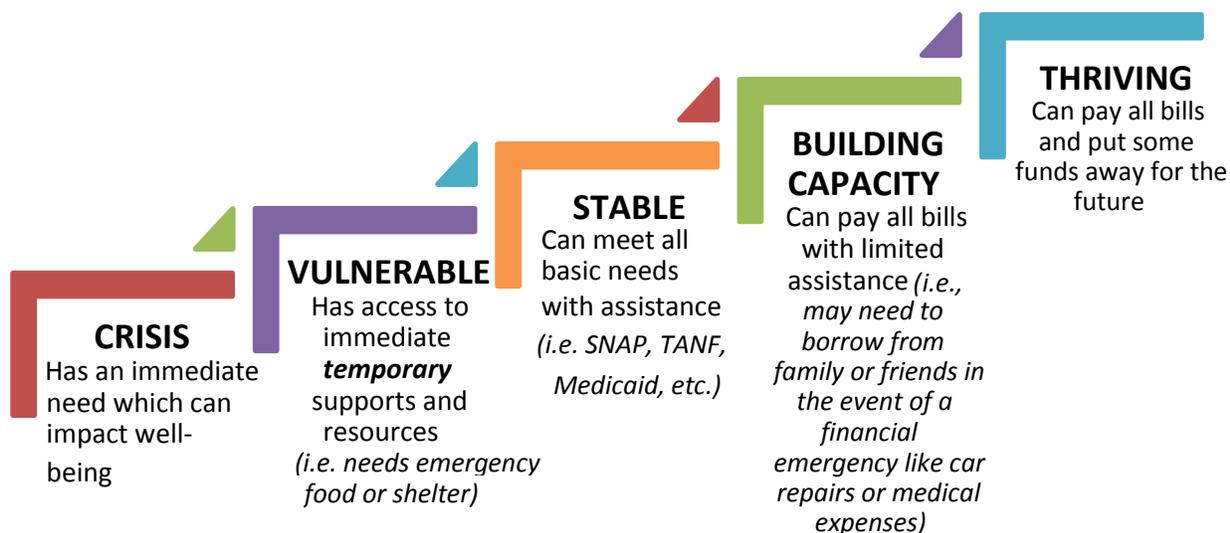
ALICE (Asset Limited, Income Constrained, Employed)

With the cost of living higher than what most wages pay, ALICE families work hard and earn above the Federal Poverty Level (FPL), but do not earn enough to afford a basic household budget consisting of housing, child care, food, transportation and health care.

Here are just a few examples of how being ALICE impacts households:

Challenges	Impact on Household
Has to live in substandard housing and/or housing far away from job because of high housing costs	<ul style="list-style-type: none">• Increased stress on entire household• Health/safety risks• Increased maintenance costs• Longer commute or transportation challenges• Less time for other activities (like school/homework involvement, etc.)
Has substandard or no child care	<ul style="list-style-type: none">• Increased stress on entire household• Health/safety risks• Limited employment opportunities (i.e., one parent cannot work because needs to be home with child)• Learning risks for children limiting their success in life
Has no car or unreliable transportation	<ul style="list-style-type: none">• Increased stress on entire household• Limited employment opportunities (dependent on where public transportation goes or close to home if no public transportation)• Long commute leaving less time for other activities (like job training, children, etc.)
Does not have enough healthy food	<ul style="list-style-type: none">• Increased stress on entire household• Poor health, can result in illness which could result in time off from work or job loss• Children suffer from poor health; difficulty concentrating in school limiting their potential for success in school/life

Self Sufficiency Matrix Scale



Individual Category Descriptions & Questions

FOOD AND NUTRITION - Assesses the household's ability to obtain appropriate food, both in terms of knowledge about how to access food and financial resources to purchase food.

Suggested questions for guiding assessment:

- Are you currently able to access food for you and/or your family?
- Where do you get most of the food that you and/or your family eat on a daily basis?
- Do you receive food assistance/benefits (SNAP, Basic Food, EBT; formerly known as "food stamps") or other food resources (food pantries)?
- Are you able to meet your basic food needs without food benefits?
- Are you able to meet your basic food needs without a food pantry, meal site or family assistance?
- Are you able to afford to buy the foods that you would like?
- Do you have access to healthy, fresh food (lives close to grocery store or farmers market, has access to community or own garden, food pantry provides fresh produce and dairy)?
- Do you know how to prepare the food that you have (possess basic cooking skills, understands how to use recipes, etc.)?
- Do you have the tools needed to prepare the food you have (i.e., working stove/oven, microwave, slow cooker, pots/pans, utensils, etc.)?

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Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No food or means to prepare it; relies to a significant degree on other sources of free or low-cost food; no access to healthy, fresh food (lives in food desert; no transportation options)	Majority of household food is purchased with food assistance (SNAP); household relies significantly on other sources of free or low cost food; limited access to healthy, fresh food (lives in food desert; limited transportation options)	Can usually meet basic food needs, but requires occasional assistance from a supplemental food program (food stamps/food pantries); some access to healthy, fresh food	Can meet basic food needs without assistance; able to access healthy, fresh food	Always able to purchase and prepare healthy, fresh food of choice

HOUSING - Assesses the household's current housing situation.

Suggested questions for guiding assessment:

- What is your current living situation?
- Are you facing eviction or foreclosure?
- Is your home structurally safe and free of mold and any other infestations?
- Are you receiving any rental or mortgage assistance? If yes, how long will your assistance last?
- If you are not receiving assistance, how much is your monthly rent amount/mortgage payment, and how much is your net (*after taxes*) monthly income?
- Do you feel you can afford to live in a neighborhood of your choice?

Definitions:

- **Temporary Housing or Shelter:** 90 days or less of staying in shelters
- **Transitional Housing:** subsidized housing lasting up to 2 years
- **Substandard:** condemnable, structurally unsafe, mold or vermin infested
- **Involuntarily Doubled Up:** living with family, friends or other non-relatives due to economic hardship

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Currently homeless; in temporary housing or shelter; involuntarily doubling up with others OR has an eviction notice	In substandard housing OR receiving short-term rental assistance OR facing threatened eviction or foreclosure OR monthly rent is 41% or more of monthly net income	Living in steady subsidized OR transitional housing OR monthly rent is 36-40% of monthly net income	Secure homeownership OR renting private housing with limitations of choice due to moderate income AND/OR monthly rent is 31-35% of monthly net income	Homeownership or renting private housing in a neighborhood of choice AND/OR rent is 30% or below of monthly net income

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INCOME - Assesses the income adequacy of the client to meet basic needs, as well as to save and potentially make some non-essential purchases.

Suggested questions for guiding assessment:

- Do you have income?
- Is your current income covering costs for your basic needs (*food, clothing, housing, utilities, transportation, etc.*)?
- Does your income allow you to meet your basic needs and pay all of your bills (*including utilities, phone, credit cards, restitution, loans, childcare, etc.*)?
- Do you have a savings account? If yes, how many months of expenses are covered?
- Does your income allow you to make non-essential purchases (*beyond basic needs and monthly bills*)?

Definitions:

- ***Inadequate:*** current income is less than budgeted basic needs expenses
- ***Adequate:*** current income meets current budgeted basic needs expenses
- ***Some savings:*** 1-2 months of expenses in savings
- ***Substantive savings:*** 3-6 months or more of living expenses

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No income; basic needs not met	Income is <i>inadequate</i> for meeting basic needs	Income is <i>adequate</i> for meeting basic needs, but no savings or ability to handle financial emergencies	Income is sufficient and stable, adequate for paying monthly bills, provides for <i>some savings</i> and ability to purchase occasional non-essential items (saves 1-4% monthly)	Income is sufficient and stable, adequate for paying monthly bills and provides for <i>substantive savings</i> and ability to purchase non-essential purchases (saves 5% monthly)

MOBILITY/TRANSPORTATION - Assesses whether or not the individual has appropriate, safe and reliable access to transportation (*whether by car, bus or reliance on friends/family*).

Suggested questions for guiding assessment:

- Do you have access to transportation when you need it (personal car, public transportation, regular ride from friends/family)?
- If yes, how often is transportation available for you?
- Have you had difficulty getting transportation to work or other important appointments recently?
- How often do you or your family members have difficulty getting transportation when you need it?

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Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No access to transportation, public or private; may have car that is inoperable	<i>Rarely</i> has transportation needs met; transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.	Has transportation needs met <i>some</i> of the time; transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured	Has transportation needs met <i>most</i> of the time; transportation is generally accessible to meet basic travel needs	Transportation is readily available and affordable; car is adequately insured

EMPLOYMENT - Assesses the nature of the job or career in which the client is employed and considers the permanency and stability of the employment, as well as the benefits that accompany employment.

Suggested questions for guiding assessment:

- Are you currently employed?
- If employed, how long have you been working for your current employer?
- Is your employment situation temporary, seasonal or permanent?
- How many hours per week do you work on average?
- Are you working the number of hours you desire or need to work?
- Does your employment situation provide adequate pay?
- Does your employer provide benefits for you? For your family?

Examples of benefits:

- Medical/mental/dental insurance ○
Vision benefit
- Paid vacation/holiday/sick time or PTO
(paid time off)
- Life insurance
- Pension/retirement/401K
- Tuition reimbursement

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No job; unemployment compensation exhausted	Temporary; part-time or seasonal; <i>inadequate</i> pay, no benefits; unemployed but receiving unemployment compensation benefits	Employed full time; inadequate pay; few or no benefits	Employed full time with adequate pay and benefits	Maintains <i>permanent employment</i> with adequate income and benefits

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HEALTH CARE COVERAGE/ACCESS - Assesses need for health care, as well as access to both health care and medical insurance coverage for all family members.

Suggested questions for guiding assessment:

- Do you or anyone in your family have immediate health problems or concerns?
- Do you and everyone in your family have health insurance coverage?
- Are you able to access medical care when needed?

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No medical coverage and immediate need exists for any member of the household	No medical coverage and great difficulty accessing medical care when needed; some household members may be in poor health	Some family members (i.e., children) have medical coverage but adults lack coverage	All family members have medical coverage and can access care when needed, but costs may strain budget	All members are covered by affordable, adequate medical, vision and dental health care coverage and can access care when needed

ADULT EDUCATION - Assesses adult academic, institution-based achievements. The Workplace Skills category reflects some of the less structured skills that are important to career development.

Suggested questions for guiding assessment:

- What is the highest level of education that you have completed?
- What degrees, professional certificates or professional trainings have you obtained?
- If you did not graduate from high school, do you have a GED?
- Are you able to read, write and perform basic math skills?
- If English is not your first language, are you able to use English in a functional capacity, or are you enrolled in ESL classes?
- Are you currently enrolled in educational classes or programs? If so, for what?

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No GED or high school diploma; does not have reading, writing, math skills; not enrolled in literacy, high school or GED program	No HS diploma or GED, but has basic reading, writing, math skills; is enrolled in literacy and/or GED/High school program	Has HS diploma or GED; functional reading, writing and/or math skills; has basic use of English and/or is enrolled in ESL program if applicable	Enrolled in post high school vocational education, technical or professional training, or some college credits	Post-secondary education or specialized training (certificate program, associates, bachelors, masters, doctorate)

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CHILDREN'S EDUCATION - Assesses both access to and engagement in educational institutions by any and all children in the family.

Suggested questions for guiding assessment:

- Is/are (all of) your school-aged child(ren) currently enrolled in school?
- How often do any of your children miss school?
- How are your children currently performing in school?
- Do you know how to get information about the schools in your community?
- Do you know how to get information about how to help your child be successful in school?

Definitions:

- **Often:** 3 or more times per month
- **Occasional:** 1-2 times per month
- **Excelling:** all school-age children excelling in school performance (proficient or better)

If family does not have school-aged children, use N/A for this category

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
One or more school-aged children not enrolled in school	One or more school-age children enrolled in school but often has truancy or behavioral issues OR not meeting academic expectations	Enrolled in school, but one or more children has occasional truancy or behavioral issues but is meeting academic expectations	Enrolled in school and attending classes most of the time AND reports no challenges with truancy or behavior AND is meeting academic expectations	All school-aged children enrolled and attending school on a regular basis; children are excelling in school performance (proficient or better)

FAMILY RELATIONS/COMMUNITY INVOLVMENT - Assesses the nature of the household's immediate interpersonal relationships, especially the extent to which they form a foundation for the individual in times of crisis and need.

Suggested questions for guiding assessment:

- Do you have friends or family you can always rely on when in need of support? If yes, how many personal supports can you currently ask for help if needed?
- Are you aware of community resources that can help support you in a time of need? If yes, are you able to access them?
- Are you connected to or actively involved with groups in your community (*i.e., church, senior centers, schools and service groups*)?
- Do you feel that you are able to offer help and support to your own family and/or friends?

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Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Has no personal support system and no knowledge of available community supports	Has no personal support system, but knows where to go in the community for help when experiencing a need or crisis	1-3 personal supports and basic community networks are available in times of need	3-5 personal supports available and is connected with at least one community support network (i.e., nonprofit, church, support group, etc.)	Has 5 or more personal supports readily available and is able to give support in return; is active and/or highly knowledgeable about community support networks

RELATIONSHIP SAFETY (*"Safety" domain in HMIS*) - Assesses the nature of the individual's personal relationships with regard to overall safety and well-being. This category assesses for abuse by an intimate partner and abuse perpetrated by family members or individuals with access to household members.

Suggested questions for guiding assessment:

- Does someone feel unsafe in your home?
- How often do you or someone in your home feel unsafe (*all, most or some of the time*)?
- Are you or someone in your home currently experiencing physical, emotional or psychological abuse in your home?

Definitions:

- **Unsafe:** current verbal, physical, psychological or emotional abuse in the home
- **Most of the time:** approximately 75% of the time
- **Some of the time:** approximately 50% of the time

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Household is unsafe ; someone in household feels unsafe in home at all times	Household safety is in jeopardy; someone in household feels unsafe in home most of the time	Feels safe in household some of the time	Feels safe in household most of the time	Involved in intimate or personal relationships that are emotionally nurturing/supportive and free of violence; household always feels safe

CHILDCARE - Assesses the client's ability to obtain appropriate childcare, both in terms of access to childcare and financial resources to pay for childcare.

Suggested questions for guiding assessment:

- Do you have children for whom you need childcare (*ages 0-11*)?
- Do you have childcare for your child(ren)?

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- If yes, is your childcare reliable?
 - Is it affordable?
 - Is it adequate (*see definitions below*)?
 - Are you able to select your childcare of choice?
- Do you have a backup childcare plan if you have problems with your current provider?

Definitions:

- **Unreliable:** child care provider is not always available for pre-arranged care
- **Unaffordable:** family cannot afford childcare without sacrificing other basic needs even with subsidy (*if available*)
- **Inadequate:** childcare is not available in a location or at times that allow parent to fulfill other obligations
- **Problem:** provider to child ratio is too high, providers do not have adequate training, providers are not capable of meeting physical, emotional and/or mental needs of child

If household does not include children (*0-11 years*), use N/A for this category

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Needs childcare, but none is available, affordable, accessible and/or child is not eligible	Childcare is unreliable , unaffordable and/or inadequate ; barriers exist (i.e., eligibility, transportation, immunizations, paperwork, location, etc.) that prohibit access; supervision is a problem for childcare that is available	Affordable or subsidized childcare is available, but limited resources available to support narrow choices	Reliable, affordable childcare is available; no need for subsidies	Able to select quality childcare of choice; no need for subsidies; changes to childcare can be made when desired; backup childcare plan is developed

PARENTING - Assesses the adult(s)' skills as a parent. Parenting skills can be assessed through self-report or direct observation.

Suggested questions for guiding assessment:

- As the staff member working with this family, are you aware of any safety concerns regarding parenting skills?
- Are you recently a first-time parent (*within the last year*)?
- Are you familiar with child development concepts (*parent is a positive role model, maintains structure/routine for child(ren), is involved in child(ren)'s education*)?
- Have parenting skills classes ever been recommended to you? Do you believe you would benefit from attending such a class?

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Definitions:

- **Limited:** can manage child’s behavior some of the time (*approx. 25%*); child may be in unsafe situations; reports or is observed to have frequent challenges which go unresolved or result in escalated behavior; requires additional education, resources and information to keep child(ren) safe and/or manage their behavior
- **Adequate:** can manage child’s behavior most of the time; reports occasional challenges which go unresolved or result in escalated behavior; can benefit from additional education, resources and information to keep child(ren) safe and/or manage their behavior
- **Solid:** can manage child’s behavior almost always; child has access to some supplemental enrichment opportunities
- **Optimal:** can manage child’s behavior all of the time; child has ample supplemental enrichment opportunities

If household does not include children, use N/A for this category

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Current known or suspected safety concerns regarding parenting skills	New to parenting and/or has limited parenting skills. Is not familiar with child development concepts, may have unrealistic expectations; still developing parenting skills; could benefit from parenting classes	Parenting skills are adequate ; open to identified areas for growth; willing to take parenting classes	Parenting skills are solid	Parenting skills are optimal ; feels confident in knowledge about healthy/nurturing parenting

MENTAL HEALTH - Assesses the emotional well-being of the individual.

Suggested questions for guiding assessment:

- Are you currently experiencing mental health challenges? If so, do you think these challenges impact your ability to live day-to-day?
- Are you currently receiving the mental health care you need?
- Do you know how to access mental health care services in your community?

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Experiencing severe difficulty in day-to-day life due to mental health challenges; mental health needs not being met; doesn’t know where to go to get help	Feels that mental health symptoms may get in the way of daily living; not sure what to do or where to go for help; could benefit from mental health services	Identified mental health need and working towards having needs met; is accessing mental health services	Mental health needs are being managed; only minimal symptoms that are expected responses to life stressors	Feels good about mental health – does not need any assistance in this area; knows where to go for affordable assistance if help is needed

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SUBSTANCE USE - Assesses whether or not the individual is using alcohol and/or prescription drugs in an appropriate manner. Any use of illicit drugs are considered in-crisis and unsafe.

Suggested questions for guiding assessment:

- Do you drink alcohol on a regular basis? If so, how often?
- Are you currently using any drugs? If so, how often?
- Have you missed any family events or work commitments because you were drinking or using?
- Would you like to reduce your consumption of alcohol and/or drugs?
- Do you know what resources are available in your community to help you deal with alcohol and/or drug abuse?

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Severe alcohol abuse and/or chemical dependence; institutional living or hospitalization may be necessary; help not sought	Significant abuse of substances resulting in chronic family/work difficulties	Occasional abuse of substances; usage of chemicals has a tendency to lead to an abuse pattern, resulting in negative consequences; currently participating in substance abuse services	Occasional misuse of alcohol and/or prescription drugs, generally uses in an appropriate manner	No drug use; uses alcohol and prescription drugs in an appropriate manner (minimal to no usage)

FUNCTIONAL ABILITY (*Life Skills domain in HMIS*) - Assesses whether or not an individual is able to perform Activities of Daily Living (ADLs) – see definition below.

Suggested questions for guiding assessment:

- Are you able to perform all Activities of Daily Living yourself or with assistance (*see definition below*)?
- If yes, do you have the assistance you need in your home?
- Is there back-up support available to you if your primary support person is unavailable?

Definitions: *Activities of Daily Living (ADLs)*: daily self-care activities, basic ADLs include:

- Getting dressed/ Personal hygiene
- Basic housekeeping
- Food prep and eating
- Proper use of medicine
- Use of telephone or internet

If no one in the household has functional limitations, use N/A for this category

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LEGAL - Assesses both past and present involvement with law enforcement and other elements of the criminal justice system.

Suggested questions for guiding assessment:

- Have you ever been arrested or charged with a crime? If so, how recently?
- Do you have any current outstanding warrants or tickets?

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Because of functional disabilities, current living situation is unsafe; individual is unable to live alone without assistance; assistance is not available or accessible	Because of functional disabilities, individual is at risk of living alone; required limited assistance or supervision; assistance is not available or accessible	Not able to perform ADLs but is in a safe and supportive environment OR requires extensive or total assistance and assistance is available with back-up support	Fully able to perform most ADLs, or with limited assistance/support; support and assistance is available with back-up support	Fully able to perform all ADLs without assistance or support

- Are you currently scheduled to go to trial?
- Are you currently on probation or parole?
- Have you ever been arrested or convicted of a felony? If yes, when?
- Are you required to register as a sex offender?

Definitions:

- **Extensive Criminal History:** 3 or more felony arrests and/or convictions OR is a registered sex offender
- **Moderate Criminal History:** less than 3 felony arrests and/or convictions
- **Minor Criminal History:** no felony arrests or convictions, minor offenses only

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
Current outstanding warrants or tickets OR has had a felony conviction or arrest in past year	Current charges/trial pending; noncompliance with probation/parole OR has extensive criminal history	Currently on probation/parole and is fully compliant OR has moderate criminal history	Has successfully completed probation/parole within past 12 months with no new charges filed OR has minor criminal history	No criminal history

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MONEY MANAGEMENT - Assesses the household's ability to manage their finances.

Suggested questions for guiding assessment:

- **Budget**
 - Do you know how to use a budget and use it on a regular basis?
 - Do you know whether or not you have a monthly deficit or surplus?
 - Are you able to track your expenses?
 - Can you prioritize your expenses?

- **Organization and Record Keeping**
 - Do you organize your bills and other financial paperwork?
 - Are you able to pay bills on time?

- **Debt Management**
 - Do you feel they understand your debts and have control over them?
 - Are you currently experiencing any garnishments?

- **Savings**
 - Do you have a savings or a checking account?
 - Are you able to save money?
 - If yes, is it sporadically or on a consistent basis?

Definitions:

- **Limited Knowledge:** may know about the different concepts listed above and/or is currently performing well in one of these areas
- **Some Knowledge:** knows about each of the concepts listed above and is currently performing well in two of these areas
- **Solid Knowledge:** knows about each of the concepts listed above and is currently performing well in three of these areas
- **Comprehensive Knowledge:** knows about each of the concepts listed above and is currently performing well in all of these areas

Crisis (1)	Vulnerable (2)	Stable (3)	Building Capacity (4)	Thriving (5)
No knowledge or implementation of money management skills	Knows it is important to understand basic money management; has limited knowledge and implementation of money management skills	Some knowledge and implementation of money management skills	Able to save sporadically; solid knowledge and implementation of money management skills	Able to save consistently; comprehensive knowledge and full implementation of money management skills