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| **Domain** | **1 - In Crisis** | **2 - Vulnerable** | **3 - Safe** | **4 - Building Capacity** | **5 - Empowered** | **Score** | **Goal?** |
| **Health Insurance**  \*(Four or below triggers care plan item) | No insurance and has immediate medical needs (treatment, medications, etc.) | Has no health insurance and  has difficulty accessing care with chronic medical needs. | Has no health insurance or but  can access a Clinic or other healthcare easily when needed. | Client (or family) has health insurance, but sometimes  medical costs are too high. | Client (or family) has health insurance. |  |  |
| NOTES: Do you have insurance? Why not? Is that something you want to look into? | | | | | | | |
| **Medical Needs**  \*(Four or below triggers care plan item) | No medical home and has immediate medical needs (treatment, medications, etc.) | Has no medical home and  has difficulty accessing care  with chronic medical needs. | No medical provider/medical  home, but no identified  health needs. | Has medical home but misses appointments. | Has medical provider/medical home and has no difficulty accessing care when needed |  |  |
| NOTES: Do you have a doctor or clinic that you go to? Have you been diagnosed with diabetes, high blood pressure, asthma, or anything else? When was the last time you went to your doctor? | | | | | | | |
| **Dental**  **\*(3 or below triggers care plan item).** | Cannot afford dental care and needs immediate dental care | Cannot afford dental care and has dental issues that need resolved in the near future | Not established with a dentist, hasn’t been in many years, cost is the prohibiting reason for going | Established with a dentist, no dental issues but does not go every year | Established with dentist, no dental issues and goes at least once a year |  |  |
| NOTES: When was the last time you saw a dentist? What did they say? Do you need a cleaning or dental work? | | | | | | | |
| **Medication**  **Adherence**  **\*(3 or below triggers care plan).** | Patient is not taking prescribed medications | Patient regularly misses doses of their medication | Patient occasionally misses doses of their medication | Patient rarely misses doses of their medication | Patient takes medication as prescribed and does not miss doses of medication or is not prescribed medication |  |  |
| NOTES: Are you currently taking any medications? If not, why not? | | | | | | | |
| **Domain** | **1 -In Crisis** | **2 - Vulnerable** | **3 - Safe** | **4 - Building Capacity** | **5 - Empowered** | **Score** | **Goal?** |
| **Medication Cost**  **\*(4 or below triggers care plan).** | Cannot afford medications and no access to resources to purchases medications | Do not have money to purchase medications and are reliant on resources to help (friends, family, agencies, etc.) | Do not regularly have money for your medications and/or you are using resources to purchase them (friends, family, agencies, etc.), | Can afford the majority of medications | Can afford all prescribed medications and does not miss doses of medications or is not currently prescribed any medications |  |  |
| NOTES: Are you able pay for your medicine? If you were given prescription today, can you afford it? | | | | | | | |
| **Mental Health**  **\*(Items 1 or 2 = out of scope; could be referral to Rediscover. Items 3 or 4 would trigger a care plan).** | Severe mental health symptoms. Danger to self or others; regular thoughts of suicide; a lot of problems taking care of self because of mental health problems. | Chronic mental health symptoms, patient is not in care and has troubles functioning, some problems with self-care are present. | Mild symptoms are present, some challenges with functioning due to symptoms and or/ inconsistently receives services | Very few mental health symptoms and/or in behavioral health services regularly with controlled symptoms | Able to function with little to no mental health symptoms. |  |  |
| NOTES: Have you been feeling sad, depressed, worried, anxious, or had trouble sleeping? Have you seen a counselor or therapist for this? Have you ever been diagnosed with a mental illness? Are you taking any medication for it? Do you need to see a new therapist/counselor? | | | | | | | |
| **Substance Abuse**  **\*(Items 1 or 2 = out of scope; could be referral to Rediscover. Items 3 or 4 would trigger a care plan).** | Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary. | Client is unable to stop using drugs, dependent on drugs to function and unwilling to stop using drugs. | Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (like disruptive behavior or housing problems); problems have persisted 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. |  |  |
| NOTES: When was the last time you had alcohol or used street drugs such as marihuana, cocaine, meth? If yes, how much/ how often? | | | | | | | |
| **Income**  **\*(3 or below would trigger a care plan).** | No Income and/or creditors trying to collect debt | Inconsistent income and/or bills that client worries about | Income is stable enough to meet basic needs with help | Income is stable enough to meet basic needs without help | Income is stable with savings |  |  |
| NOTES: Are you currently working? If yes, is that enough to pay your bills and have savings? If not, do you have any other source of income? Do you need help with rent or utilities? | | | | | | | |
| **Domain** | **1 -In Crisis** | **2 - Vulnerable** | **3 - Safe** | **4 - Building Capacity** | **5 - Empowered** | **Score** | **Goal?** |
| **Adult**  **Education**  **\*(4 or below would trigger a care plan)** | Lack of high school diploma/GED and/or inability to read are serious barriers to employment. | Working on improving reading and understanding language and/or GED program, still some barriers to employment | Has high school diploma/GED | Needs additional education/training to improve employment situation | Has completed education/training needed to become employable to reach their employment goals. |  |  |
| NOTES: What’s your highest level of education? Are you looking into going back to school? | | | | | | | |
| **Housing**  **\*(3 or below would trigger a care plan)** | Homeless or threatened with eviction. | In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income). | In stable housing that is safe but only marginally adequate. | Household is in safe, adequate subsidized housing. | Household is safe, adequate, unsubsidized housing. |  |  |
| NOTES: Do you have a place to stay? Do you own or rent? Are you okay living there? Is it safe? Can you afford it? | | | | | | | |
| **Transportation**  **\*(3 or below would trigger a care plan).** | No access to transportation, public or private; may have car that is inoperable. | Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc. | Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured. | Transportation is generally accessible to meet basic travel needs. | Transportation is readily available and affordable; car is adequately insured. |  |  |
| NOTES: If you have doctor’s appointments, do you a have a way of getting there? Do you have a car? Do you ride the bus? Can someone take you there? | | | | | | | |
| **Food & Household Items**  **\*(3 or below would trigger a care plan).** | No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food AND/OR  No hygiene/household products. Relies on other resources for these needs. | Household is on food stamps.  AND/OR relies on other resources  for hygiene/household needs. | Can meet basic food/hygiene/household needs, but requires occasional assistance. | Can meet basic food, hygiene, household needs without assistance. | Can choose to purchase any food/hygiene/household desire. |  |  |
| NOTES: Do you have enough food at home? Are you able to eat okay? Do you have household items like shampoo, soap, deodorant, etc.? | | | | | | | |
| **Domain** | **1 -In Crisis** | **2 - Vulnerable** | **3 - Safe** | **4 - Building Capacity** | **5 - Empowered** | **Score** | **Goal?** |
| **Language**  **\*(3 or less trigger**  **a care**  **plan item).** | Does not speak any English and has no support system to enable interpretation. | Speaks very limited English. Family may interpret for them. | Speaks basic English and/or another language but may not read English. May use professional interpretation successfully. | Speaks enough English to navigate basic forms and health care decisions. | Fluent in English. |  |  |
| NOTES: If you are giving instructions in your discharge paperwork, are you able to read and understand what its saying? Are you able to read and fill out paperwork on your own? | | | | | | | |

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| **ED Utilization**  ALL scores triggerscare plan item) | No PCP, utilizes ED exclusively | Has PCP but uses ED | Has PCP, sometimes goes but uses ED | Has PCP, attends appointments, only uses ED for emergencies | Has PCP, attends all appointments, doesn’t use the ED |  |  |

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