Gemeente Rotterdam

Measuring Self Sufficiency

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29-06-2016

Overview

Context

Development of the Self Sufficiency Matrix (SSM)

The Dutch SSM (SSM-D)

Applications

Questions & discussion

Introduction

Aims of local policy:

Self sufficiency
Participation
Inclusion

(Fulfilment)
(Happiness)

Policies for the elderly in Rotterdam

Basic principle: maintain self management for as long as possible (housing, health care, personal care)

There are 3 segments in the system:

1. Primary health care (GP's) & cure (hospitals) are a regulated market: insurance system
2. Long term care (home care, institutions for the elderly) is financed by national government, taxes
3. Welfare, participation, well being of the elderly (and housekeeping support) are local government policies

Context

Pressure from funding bodies to:

- Improving services
- Focus on results
- Deliver less costly
- and more accountability demands

USA: Perfomance and Result Act (1993)

Development SSM

Pearce et al. (1996): Economic self sufficiency standard

The Snohomish county self sufficiency taskforce (2004): First SSM based on ROMA outcomes standards

Arizona and Utah (a.o.) (2006): State-specific adaptations of SSM

- Adaptations of the SSM vary in number of domains.
- Number of levels of self sufficiency and formulation of domain-specific criteria remains consistent

Public Health Service Amsterdam (2010): First Dutch adaptation of SSM (SSM-D)

- The SSM-D was developed with feedback and input from professionals, policymakers, and researchers from the field of PMHC

Measuring Self Sufficiency

- *Self Sufficiency* is the realization of an acceptable level of functioning either by oneself or by adequately organizing care

- Comprehensive and reliable screening
- Deal with interlinked problems
- Multiple domains

The SSM (Dutch version)

The Dutch version of the Self Sufficiency Matrix (SSM-D) distinguishes 5 levels of self sufficiency (rows)

Acute problem, Not, Barely, Adequately, Completely

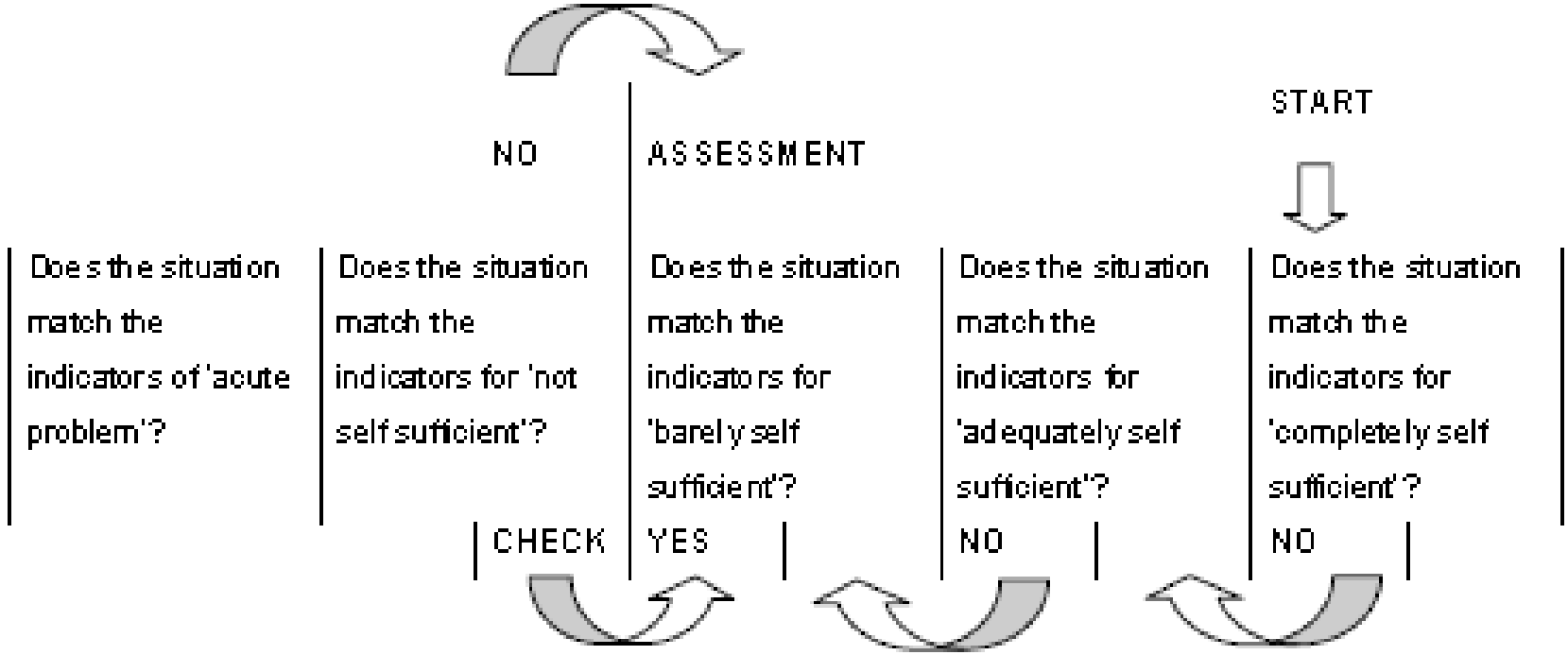
The SSM-D assesses a persons' level of self sufficiency on 11 domains (columns)

Income, Day-time activities, Housing, Domestic relations, Mental health, Physical health,

Addiction, Daily life skills, Social network, Community participation, Judiciary

For each level of self sufficiency, domain-specific criteria are specified (cells)

DOMAIN	1 – acute problems	2 – not self-sufficient	3 – barely self-sufficient	4 – adequately self-sufficient	5 – completely self-sufficient
Finances	No income. High and increasing debts.	Inadequate income and/or spontaneous or inappropriate spending. Increasing debts.	Can meet basic needs with income and/or appropriate spending. If there are debts, they are at least stable and/or controlled by a third party.	Meets basic needs without recieving social secutiry benefits. Manages possible debts without assistance and they are decreasing.	Income is ample, well managed. Has the ability to save with income.



Finances

- The level of income in relation to the expenditure
- The source of income
- The management and dynamics of (possible) debts

Day-time activities

- Having a job
- Attending a trajectory that leads to work
- Education
- Causing nuisance

Housing

- Quality: safe and sufficient
- Stability
- Autonomy

Domestic relations

- Support
- Negative influences (violence, abuse, neglect)

Mental health

- Mental problems
- Treatment
- Dealing with treatment

Physical Health

- Physical problems
- Treatment
- Dealing with treatment

Addiction

- Interferance in daily functioning
- Treatment
- Dealing with treamtment

Activities of daily life

- Self care
- Basic tasks
- Complex activities

Social network

- Support
- Quality of support
- Negative influences

Community participation

- Participation in structured community activities
- Promoting or impeding factors

Judiciary

- Contact with police
- Pending police cases
- Criminal records

APPLICATIONS

- CASE MANAGEMENT TOOL document progress towards self-sufficiency over time at specific intervention points
- MANAGEMENT TOOL what type of services offered to clients is working
- MEASUREMENT TOOL articulate funding priorities and report results to funders
- COMMUNICATION TOOL sharing information, illustrating the strengths and weaknesses of the community and what is required to improve opportunities

Application: Decision support for access to public mental health

Research group characteristics (N=612)		Professional decision	
		PMHC (N=251)	Referral (N=361)
Mean age (years, sd)		39,5 (10,2)	38,7 (10,7)
Sex (% male)		87%	84%
SSM-D <3 (%)	Income	86%	85%
	Day-time activities *	88%	79%
	Housing *	93%	68%
	Domestic relations *	24%	9%
	Mental health *	24%	3%
	Physical health *	10%	3%
	Addiction *	36%	2%
	Daily life skills *	10%	1%
	Social network *	52%	14%
	Comm. part. *	42%	14%
	Judiciary *	26%	7%

Purpose

Transparency in the professional decision to grant/deny access to PMHC at the Central Access Point in Amsterdam

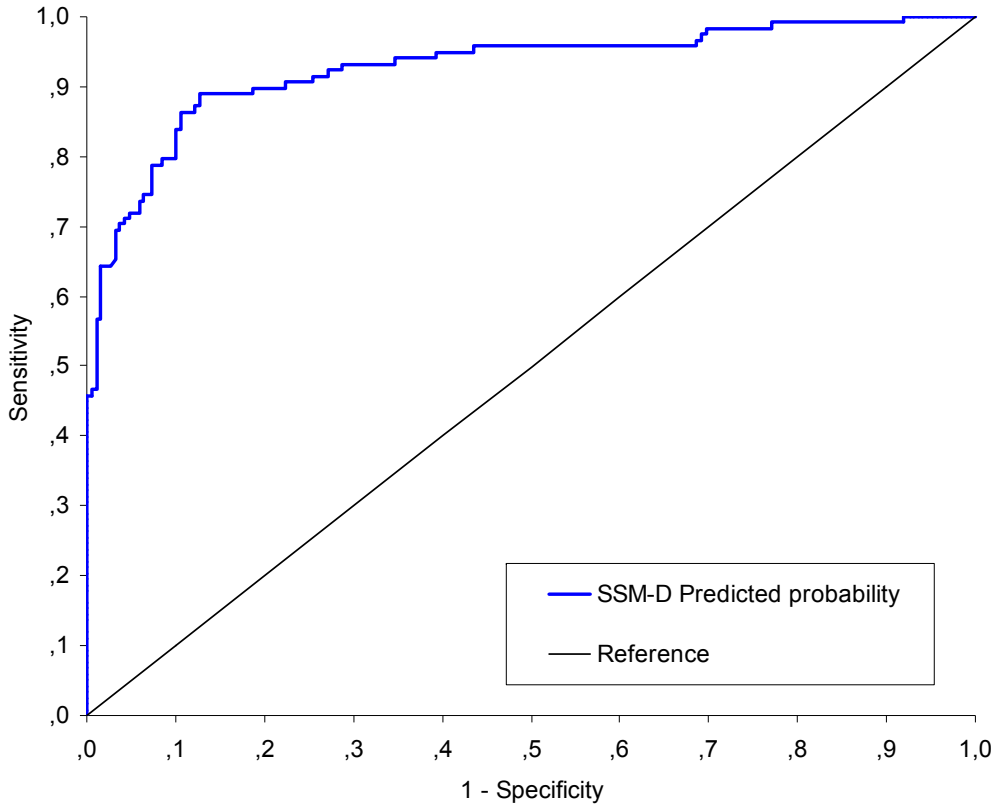
Method

Screeners at the CAP perform an interview, decide on the access to PMHC, and score the SSM-D

SSM-D predictors of the professional decision are analyzed with logistic regression modeling in one half of the research group (N1)

Cut-off points with optimal sensitivity and specificity are analyzed with ROC-curves of decisions in the other half of the research group (N2)

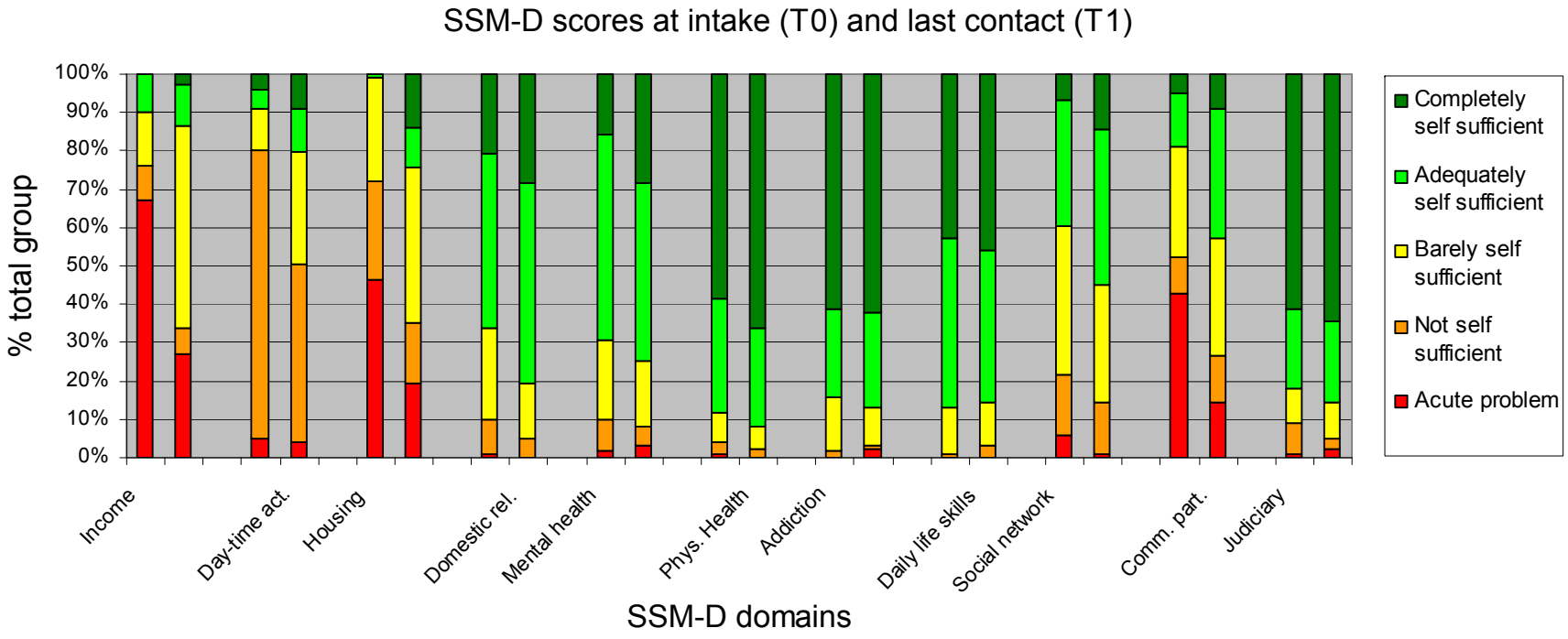
Included	B (SE) *Weights*
Constant	14.45
Income	-.13 (.20)
Day-time act.	-.50 (.27)
Housing	-.65 (.30)
Domestic relations	-.06 (.18)
Mental health	-1.02 (.21)
Physical health	-.06 (.19)
Addiction	-.99 (.18)
Daily life skills	-.14 (.25)
Social network	-.37 (.21)
Community part.	-.31 (.26)
Judiciary	-.43 (.17)



Agreement between professional and SSM-D (N2=306)		Professional decision	
		PMHC	Referral
SSM-D	Certainly PMHC	66	2
	Probably PMHC	28	15
	Probably Referral	13	30
	Certainly Referral	11	141

The DST based on weighted SSM-D domains is accurate and useful to promote transparency of the decision to allocate clients to PMHC

Application: Tracking client progress



Policy

Definition of vunerable elderly:

Score 1 or 2 on at least two primary domains:

Primary domains:
Finances, Housing, Addiction, Activities daily life, Social Network

Other domains are secundary

We speak of stability when they score at least 3 on all primary domains

Combine different parameters:

Stability on SSM
Length of residential stay
Amount of clients
Percentage of outpatient care

Index by multiplying

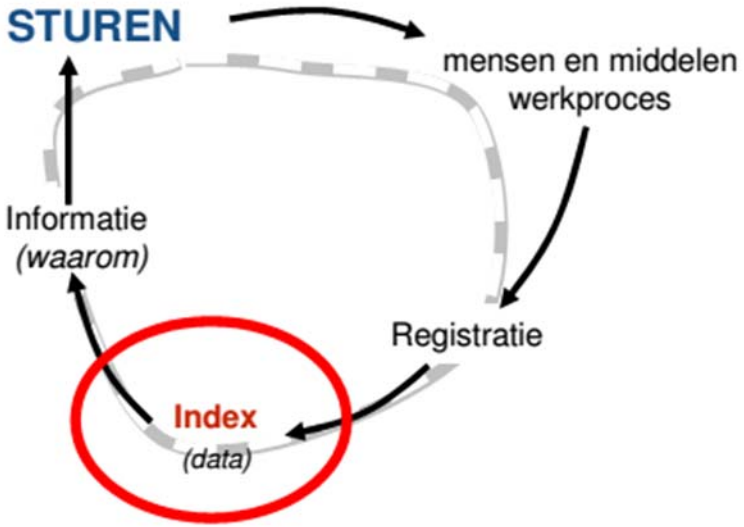
Application: Monitoring and index

(1) Duur verblijf: % cliënten langer dan een jaar in verblijf

(2) aantal cliënten

(3) ZRM (stabiliteit) % cliënten met niet-stabiele ZRM

(4) Extramuraal? % cliënten in een intramuraal verblijf

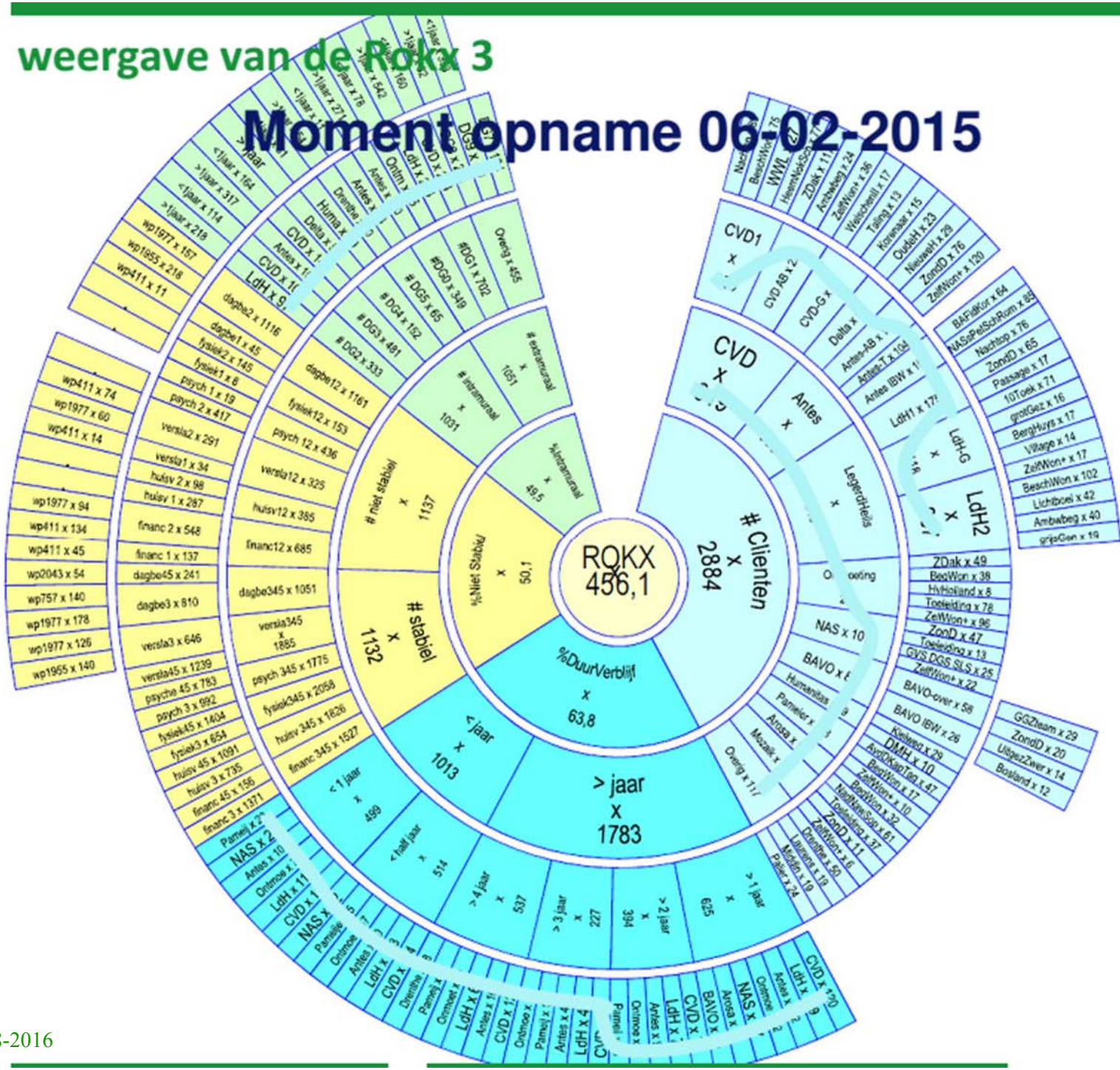


Berekening van de index:

Vermenigvuldiging van deze vier

weergave van de Rokx 3

Moment Opname 06-02-2015



Effect of the use of the SSM-D

Integrated approach

Broadly accepted in the Netherlands

Feedback is important

Research is needed

Training and a thorough implementation is important

Psychometric properties

Internal consistency

N=2686 (Young adults office Rotterdam & Central Access PMHC Amsterdam)

One construct: self sufficiency

No unnecessary domains

Inter-rater reliability

N=20 screened by 2 SW's / 2 series of N=16 and N=20 profs rated 3 fictitious cases

High correlations between ratings by different profs, exact agreement and kappa coefficient are satisfactoryAccess to information is of primary importance for reliability

Construct validity

N=81 SSM-D & HoNOS (ACT-Youth) / N=86 SSM-D & CANSAS (SMI study)

Strong correlations of overall scores SSM-D/HoNOS and SSM-D/CANSAS

Strong correlations of various domains with HoNOS and CANSAS subscales

Fassaert et al., submitted TSG and Community Mental Health Journal

maintenance and development

MijnZRM (MYSSM-D) is a clientversion (in dutch). This version is structured by questions and calibrated on the SSM-D

Revision during 2016

Extra domains for people that are not expected to work

Small improvements

Questions?

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