

Using the DLA-20 For Better Outcomes



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Value Based Care

- Successful Healthcare will NOT be measured or achieved by providing a high volume of services.
- The Patient Protection and Affordable Care Act has accelerated the realignment of healthcare payment systems so providers are reimbursed based on the **VALUE** of their care rather than on volume.
 - Can you demonstrate measurable outcomes to effectively define “value of care?”
 - Are you collecting data that becomes the end result of a process or are you collecting data to better inform clinical practices and identify the need for clinical changes to ensure better outcomes?



What is the DLA-20?

- The DLA-20 (Daily Living Activities) is a functional assessment, proven to be reliable and valid and designed to reliably assesses and individuals' functioning in 20 different areas of daily living.
- Examples of the 20 DLA's are: coping skills, mental and physical healthcare practices, time management, nutrition, money management, problem solving, family relationships, safety, and alcohol and drug use.
- Each of these areas are given a number ranking from a 1 (extremely severe functional impairment needing pervasive supports to a 7 (functioning optimally and independently and does not needs any support services).
- In order to accurately compare the individual's activities of daily living and achieve inter-rater reliability we use benchmarks that reflect independent, healthy behaviors in the age appropriate general populations.



DLA-20 Tools

DLA-20 Tool	Use with Clients
Adult MH DLA-20	18 years and older with mental health, co-occurring and/or Borderline –Mild Intellectual Disabilities
Adult Alcohol and Drug DLA-20	18 years and older with a primary addictions disorder. This tool is validated for ASAM accredited programs
Youth MH DLA-20	Ages 6 to 18 with mental health, co-occurring and/or Borderline- Mild Intellectual Disabilities
Intellectual Disability	Moderate to Severe Intellectual Disabilities
Self-Report DLA-20	18 years and older with mental health, co-occurring and/or Borderline –Mild Intellectual Disabilities

Uses for the DLA-20 for Admission

- Access and Admission: Determining eligibility, baseline functionality, and defining appropriate level of care

Level of Care # 3	Service	Amount	Add-Ons	Average Cost
Indicators of Level: <ul style="list-style-type: none"> DSM-V OR DSV V Axis I Diagnosis of "Chronic" Substance Abuse/Dependence ASAM PPC-2R Level I OR Co-Occurring DSM-IV Diagnoses (Mental illness & Substance abuse/dependence) – COD Quadrants 2 & 4 ASAM PPC-2R Level I ICD10 4th digit severity modifier =3 DLA20 >3.1 and <5.0 or mGAF 31 – 50 WHODAS 2.0 self-report avg. score =4 	Recommended Length of Services: 1 to 3 Years			
	1. Diagnosis/Assessment	<ul style="list-style-type: none"> Maximum of 2 contacts per episode of need 	<ul style="list-style-type: none"> Mental Health Education & Referral 	
	2. Crisis Interventions	<ul style="list-style-type: none"> As needed, no maximum 	<ul style="list-style-type: none"> Hotline Services 	
	3. Counseling/Psychotherapy:	<ul style="list-style-type: none"> Up to 12 Individual Sessions per episode of need Up to 12 group sessions per episode of need 	<ul style="list-style-type: none"> AA/NA Support Groups 	
Additional Service Eligibility: <ul style="list-style-type: none"> Moderate Levels in at least 7 of the 20 Daily Living Activities (DLA20©) OR 3 of the 10 Multnomah Community Assessment Scale categories Client willingness to participate in services as documented on Tx Plan 	4. Medication/Somatic Services	<ul style="list-style-type: none"> Psychiatric Evaluation completed at first contact within 2 weeks of admission. Minimum of 1 contact a month with Medical Staff, until stable on meds 	<ul style="list-style-type: none"> 	
	5. Comprehensive Community Support Services (CCSS):	<ul style="list-style-type: none"> Up to a maximum of 4 hr/wk. 	<ul style="list-style-type: none"> Peer support Supported Employment - at least 1 visit per month 	
	6. Psychosocial Rehabilitation Services (PSR)	<ul style="list-style-type: none"> Integrated Model Program Individual Classes 	<ul style="list-style-type: none"> Drop-in Program 	
Possible descriptors: <ul style="list-style-type: none"> Prior history of hospitalizations - past 2 years No imminent danger to self or others Moderate structure and supports in his/her life Everyday functioning is impaired Potential for compliance fair to good However, the person is tenuous and feels unstable because of situational loss or an occurrence No acute stabilization needed 	Discharge Criteria: <ul style="list-style-type: none"> Stable on meds Self administers meds Means of obtaining meds when discharged Community integration Community support No substance abuse Medical needs addressed Minimal symptoms Client is goal directed Employed or otherwise consistently engaged (volunteer, etc.) Client has a good insight Family or significant other(s) understand the illness 			

Uses for the DLA-20 for Service Delivery

- Collaborate with the individual and identify which functional needs are priorities for recovery and pull the “golden thread” to desirable outcomes, goals and objectives in the treatment plan.

STRENGTHS

Pull golden thread for all DLAs
≥5

NEEDS:

Individualized Needs List (Pull
golden thread for all DLAs ≤4

ABILITIES? Examples

Maintaining independent housing
Independent income
Working or Productive
No Alcohol/Drugs/Cigarettes

PREFERENCES:

What areas is the individual
willing to work on? Pull golden
thread for DLAs ≤2 or lowest
scores and add comments



Uses for the DLA-20 for Quality Improvement

- Obtain clinical outcomes to demonstrate that individuals in care are getting better by their change scores each time the tool is administered.
 - Provider Level, Program Level, and Agency Level
- Share outcomes with individuals in care
- Develop service delivery models and program capacity based on acuity of individuals served
- Know annual costs of services
 - By severity level
 - For each individual in care
 - By Program
- The DLA-20 measures improvement, quality, and value instead of the primary focus being on measuring symptomology.

The Use of the Daily Living Activities in Outpatient Community Mental Health Settings



Community Guidance Center
&
Chrysalis Health



Community Guidance Center

- The Community Guidance Center is an outpatient community mental health center in rural western/central Pennsylvania that serves over 3,000 consumers of all ages who struggle with a full range of mental health disorders.
- Services provided include psychiatric evaluation/medications, outpatient therapy, partial hospitalization for adults and children, psychiatric rehabilitation, blended case management, and family social services.



Community Guidance Center

- Since 2009, the Center has utilized the Daily Living Activities Schedule-20 (DLA-20) (Presmanes and Scott, 2001) as one of the primary outcome measures in clinical programs.
- The DLA-20 has been extremely useful as a functional outcomes measure.



DLA-20 / M3 Study

- In 2015-2016, a study was conducted using the DLA-20 and the My Mood Monitor (M3), developed by Gaynes, et.al. (2010), a screening tool which assesses depression, anxiety, post-traumatic stress disorder, and bipolar disorder symptoms, also an outcome measure used at the Center.
- The study was designed to assess the sensitivity of both instruments to consumer progress in Outpatient Services.



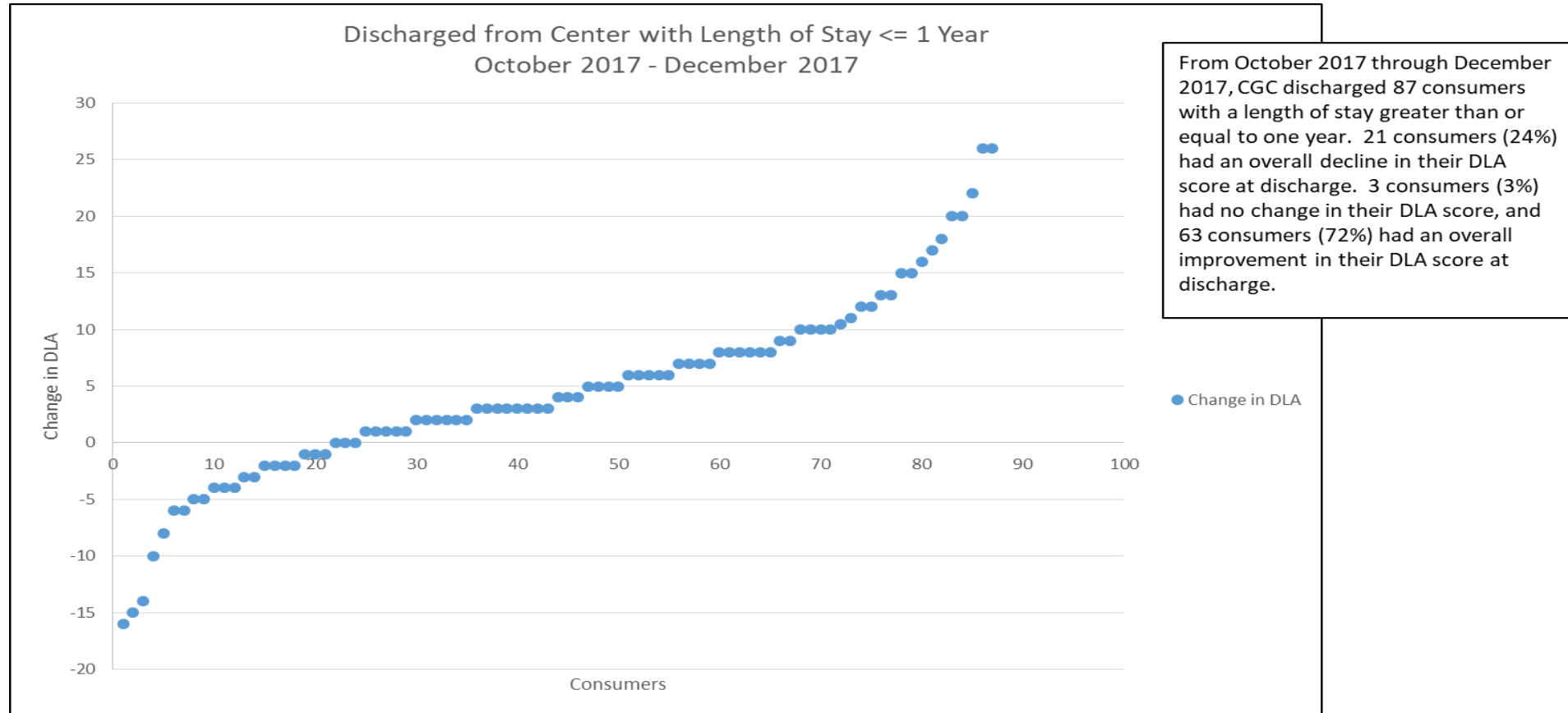
DLA-20 / M3 Study Results

- N = 84 (Adults only)
- No selection based upon diagnosis, sex, or ancillary services
- Compared initial DLA/M3 scores at intake to scores after 15 weeks of treatment
- Assessed satisfaction of consumers and therapists

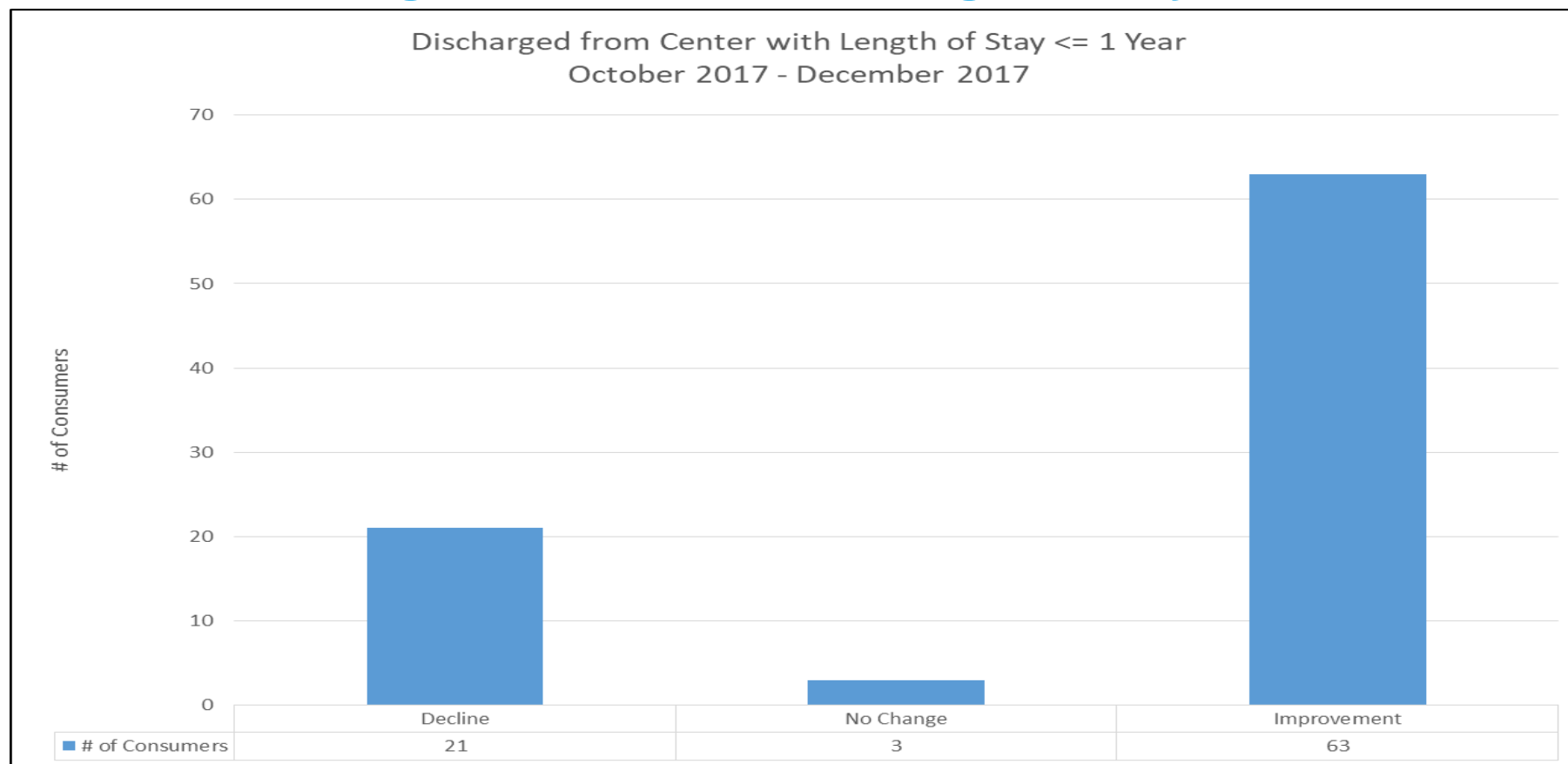
DLA-20 / M3 Study Results

- Mean DLA score increased by 3.34 points
- Mean decrease in M3 total score was 7.99
- Mean decrease in depression score was 3.80
- These scores were inversely correlated at $p < .001$
- The change scores were all statistically significant
- The satisfaction scores for both therapists and consumers all demonstrated a high level of agreement that the instruments were both easy to use and helpful to case.
- Therapists slightly preferred the M3; Consumers slightly preferred the DLA-20

The DLA-20 Outcome Report for Board of Directors Community Guidance Center Discharged from Center with Length of Stay ≥ 1 Year



The DLA-20 Outcome Report for Board of Directors Community Guidance Center Discharged from Center with Length of Stay ≥ 1 Year



DLA-20 Self Report: What We Have Learned So Far

- Consumers who have completed the DLA-20/DLA-20 Self Report (N=102)
- Consumers and therapists had a high level of agreement that the DLA-20 Self Report was easy to use and helpful to treatment planning.
- Consumers did provide meaningful feedback regarding scoring and clarification of specific questions.
- When item differences occurred, therapist scores were higher than consumer rating in nearly every case.
- Understanding the differences were seen by both consumers and therapist as very helpful to the treatment focus.



Chrysalis Health

- Who Are We?
- Community Mental Health Center
- Different Levels of Care: psychiatry, MAT, PSR, day treatment, residential, or outpatient
- Serve Approximately 10,000 Clients a Week, 450 Masters Level Therapists
- Serve all age ranges, but majority of clients are age 10-19
- Most diagnoses served, many with trauma
- Insurance and capitated rates



Before the DLA-20

- We had attempted to make our own Level of Care criteria based on Diagnosis
- We had mostly subjective ways to assess treatment progress
- We did not emphasize current functioning in our treatment plans, we were basically diagnosis/symptom driven
- We were more focused on deficits and weaknesses than strengths



How Did Change Happen?

- From the top down....Our corporate environment had to change in terms of how we viewed mental illness; how we measured outcomes; how we decided level of care; how we viewed strengths in our clients; and when we discharged clients



- Did Insurance Companies and Managed Care like our use of the DLA-20?

YES!

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After the DLA-20

- We have a clear level of care system based on DLA-20 scores
- We now see functioning ability as primary and diagnosis as secondary
- We have an evidenced based way to determine treatment progress
- We have more realistic goals for discharge
- We are more efficient, goal directed, and specific with our evidenced-based treatment



Questions?

