USING THE DLA-20 FOR PROGRAM PLANNING AND OUTCOME MEASUREMENT

- Review of DLA-20 assessment
- Findings
  - *Authorization level*
  - *Change over time*
  - *Between domains/ADLs*
- Benefits
- Challenges and limitations
  - *Domain-specific considerations*
- Evidence-based outcomes
  - *What does meaningful change look like?*
- Actions taken
- Recommendations/next steps

DLA-20 Assessment

- 20 domains/activities of daily living
- Score based on comparison to general population, NOT our clients or only people with SPMI
- 1-7 scale:
  - *5, 6, and 7 are WNL/strengths*
  - *1-4 indicate areas of need or deficits*
- General and domain-specific anchors to assist in scoring

- Required for authorization and re-authorization for PRP, RRP, ACT services
- Assess last 30 days of actual functioning, no adjustment for potential ability or environmental barriers
- Focus is on actual functioning in daily life, not symptoms
- Training by certified trainer required before credentialing to complete assessments

Domains

- Health Practices
- Housing Stability
- Communication
- Safety
- Managing Time
- Managing Money
- Nutrition
- Problem Solving
- Family Relationships
- Alcohol/Drug Use
- Leisure
- Community Resources
- Social Network
- Sexuality
- Productivity
- Coping Skills
- Behavior Norms
- Personal Hygiene
- Grooming
- Dress

DATA ANALYSIS

- 434 assessments
- 140 unique individuals
- Authorization level
  - *Intensive: 134*
  - *General: 77*
  - *PRP only: 165*

    (on-site, off-site, blended services)

- Time Period:
  - *Jan – July 2017: 164*
  - *Aug 2017 – Jan 2018: 132*
  - *Feb – Aug 2018: 138*

- Mean DLA : 4.37
- 95% confidence interval for all statistics
- Staff survey on actual use in practice

"This red line indicates the change in this red line over a period of time."

Statistically Significant Differences: Authorization Level

Intensive RRP vs. General RRP

- General RRP scores higher
- No significant differences in:
  - *Housing stability*
  - *Money management*
  - *Family Relations*
  - *Social Network*
  - *Sexual Health*
  - *Grooming*

Intensive RRP vs. PRP only

- PRP-only (U3s) scores higher in most DLAs
- No significant differences in :
  - *Time management*
  - *Family Relations*
  - *Leisure*
  - *Social Network*
  - *Sexual Health*

Statistically Significant Differences: Authorization level

- General-level RRP scores very similar to people receiving PRP only services
- Differences seen ONLY in:
  - *Housing Stability (PRP higher)*
  - *Social Network (General higher)*
  - *Sexual Health (General higher)*
- No differentiation between off-site (case management) only vs. people who attend the day program

Statistically Significant Differences: Change over time

- Scores in family relationships and sexual health increased over time, all others had no significant change
  - *Hypothesis is that staff become more comfortable assessing these areas as they score the DLA more often.*
  - *We have provided reminders/re-training in questions to ask to score sexual health*
- Lack of change does not mean services are not effective: people are remaining healthy in the community.
- Some domains cannot change without significant change in life circumstances
- "Metrics indicate significant functional improvement when average DLA-20… scores improve .3 on the 7-point scale."

Staff Survey

- "Gut check"
  - *Persons served listed as "highest functioning" have scores in top 10%*
  - *Persons served listed as "lowest functioning" have scores in bottom 25%*
- Usually scores on 1-2 domains change after discussion
  - *Clients tend to request changes to scores, generally want to revise scores upwards*
  - *Health practices, housing stability, communication, safety, sexual health, grooming, dress*
- Hardest domains to score
  - *Sexual health, alcohol/drug use, leisure, social network*

BENEFITS AND LIMITATIONS

DOMAIN-SPECIFIC CONSIDERATIONS

Benefits of DLA-20

- Correlation with ICD-10 severity modifier
- Correlation with mGAF
- Validated
- Inter-rater reliability
- Standardized tool
- Requires standardized training prior to use
- Practical for day-to-day life
- Understandable to non-clinical direct care employees
- Quick: requires 10 minutes to one hour to complete

Limitations of DLA-20

- Comparison to general population
- Captures only last 30 days
- Domains may be too broad to capture progress; may improve in an area without change in score
- Does not show prevention or maintenance
- Conflict with recovery model
- Inter-rater reliability may decrease over time
- Not necessarily shared with clinicians, clinicians are not trained
- Domains are all weighted the same
- Some domains are difficult to score
- Some domains have a “ceiling” based on services, situations inherent in accessing our services

Health Practices

- Someone seeking any behavioral health services must score 4 or below, otherwise there is no medical necessity. Our services likely would indicate score 3 or below.
- Trouble differentiating somatic vs. psychiatric health or weigh one higher than the other
- Domain is very broad, so someone can make progress in one area but overall score will not change
- Links to many other domains: look to other scores to determine areas to focus on in treatment planning
- Limitations on our ability to influence change

Housing Stability

Living in group home/RRP/adult foster care means score cannot be higher than 4.

Continuum of Care/Supportive Housing/other vouchers cannot score above 5.

Cultural considerations around living with family: may be a strength if culturally appropriate and relationships are healthy.

Maximum scores indicate optimal functioning in that setting—no conflicts, no safety concerns, impact on behavioral health.

Money Management

IF PERSON SERVED HAS A GUARDIAN OF PROPERTY OR REPRESENTATIVE PAYEE, SCORE 3 OR BELOW.

IF PAYEE IS RESPONSIBLE ONLY FOR RENT BUT PERSON PAYS OTHER BILLS MAY SCORE 4-5.

IF INCOME IS SOLELY FROM SOCIAL SECURITY/DISABILITY, SCORE IS 5 OR BELOW.

Nutrition

IF EATING WHATEVER IS READILY AVAILABLE OR CHEAPEST, SCORE 3.

IF LITTLE OR NO PARTICIPATION IN PLANNING AND PREPARING MEALS, GROCERY SHOPPING, SCORE 2 OR 3.

CONSIDER EFFECTS OF ALCOHOL, DRUGS, CAFFEINE, MEDICATIONS ON NUTRITION AND FEEDING.

Alcohol and Drug Use

- Client has achieved sobriety from alcohol and drugs but still smokes: score 3 or 4
- 1.5 packs of cigarettes/day: 3
- Any previous substance abuse: 6 if long-term sobriety, lower if sobriety is more tenuous.

Sexual Health

Tip: start with medications and their impact on physical functioning.

Victims or witnesses of sexual abuse likely will score 4 or below, 3 or below if current risks.

Currently satisfied with sexual health or abstinent by choice: 6 or 7.

Recent history of criminal sexual offense but compliant with probation, registration, etc: 4. Behavioral norms score will be lower.

PRODUCTIVITY:

work, school, household maintenance, childcare, volunteering

- Day program and other treatment services do not “count” as strengths.
  - *Score 2-3 if participating in treatment/rehab only*
  - *Score 4 if actively involved in recovery institute, i.e. peer support*
- Score 4 or below if productivity limited by external factors i.e. lack of available jobs but actively seeking work
- If little or no ability to work due to physical or mental health concerns, score 2-3.

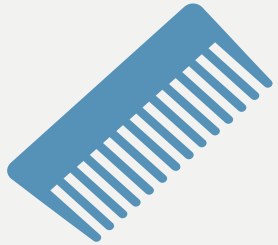
Personal Hygiene, Grooming, Dress

Personal Hygiene: oral and physical hygiene, dental health, bathing

Remember to include dental care/needs

Any urgent physical or dental issues: 1-2 and seek care

How long to get ready? OCD behaviors may lower score



Grooming: “look nice,” clean hair and hands, consider repetitive behaviors

Often a strength

Score lower if OCD or body focused repetitive behaviors such as hair pulling, nail biting, etc.

Dress: clothing clean, appropriate for situation and weather

Consider age and culture when assessing appropriateness

PUBLISHED EVIDENCE BASE

What does meaningful change look like?

Inter-rater Reliability

- Only studied in pre- and post-training testing.
- 95% of clinicians administering the DLA-20 will come within 0.3 of one another on scores assessed at end of training.
- No long-term assessments of drift.
- DLA-20 score will correlate to mGAF. (0.3 on DLA-20 average score = 3 points on mGAF)

Correlation to ICD-10 and mGAF

- Yes, but not really relevant for our programs
  - *Priority population diagnoses*
  - *DLA-20 completed by rehab staff, not clinician providing diagnosis*
  - *Clinicians are not trained in DLA-20, unclear if they are considering it when diagnosing*
- Research shows that DLA-20 scores will improve and mGAF will go up with effective interventions

Meaningful change to an individual

0.3 INCREASE IN AVERAGE DLA-20 SCORE

IMPROVEMENT IN KEY AREAS WHICH ARE IMPORTANT TO THEM

REMEMBER WHAT WE CAN AND CAN'T INFLUENCE, "CEILINGS" ON SPECIFIC DOMAINS

MEANINGFUL OUTCOMES: people with schizophrenia or schizoaffective disorders

- DLA-20 average will increase by 0.5 in at least 35% of people
- 35% of people with DLA-20 average scores below 4 will improve to 4.0 or higher
- 20% of people who score 3 or below on specific domains will score 4 or above in all
  - *Health practices*, communication, safety, nutrition, alcohol/drug use, sexual health, personal hygiene*
- 50% of individuals will improve on at least one of the above domains
- National Council pilot project: average DLA-20 score rose from 3.78 to 4.11 in 6 months
  - *Statistically significant improvements in communication, social network, coping skills*

MEANINGFUL OUTCOMES: people with bipolar disorder

- DLA-20 average will increase 0.4 in 55% of people
- 25% of people with average scores below 4.0 will improve to above 4.0
- 20% of people with scores of 3 or below in specific domains will score 4 or above in those areas
  - *Health practices*, communication, safety, nutrition, alcohol/drug use, sexual health, personal hygiene*
- 50% of people will improve on at least one of the above domains
- Young adults (16-26) often don't see change on sexual health or alcohol/drug use
- National Council pilot study: average DLA-20 score rose from 3.99 to 4.51 in 6 months
  - *Significant improvement in productivity, social network, coping skills, health practices, communication, money management, problem-solving, leisure*
  - *Statistically significant increase in frequency of discussions related to health issues*

WHAT DO WE DO NOW?

Staff Refresher Trainings

DOMAIN-SPECIFIC CONSIDERATIONS

QUESTIONS TO ASK TO SOLICIT ACCURATE INFORMATION

LANGUAGE TO DE-EMPHASIZE NUMERIC SCORE WHEN DISCUSSING WITH CLIENTS

GOALS AND SERVICES ARE PLANNED BASED ON DEFICITS IDENTIFIED ON DLA-20

LOOK AT AVERAGE SCORE—THIS SHOULD GIVE AN IDEA OF IF ASSESSMENT IS ACCURATE

REMEMBER DOMAINS THAT ARE CLOSELY LINKED

ASSESS ONLY LAST 30 DAYS

REMIND SUPERVISORS TO LOOK AT AVERAGE SCORES

CONSULT WITH FULL REHAB TEAM WHEN ASSESSING—WE ALL SEE DIFFERENT THINGS

CELEBRATE ALL SUCCESSES

Program Planning

- Incorporate wellness self-management and/or illness management and recovery curriculum and principals
- WRAP groups
- Health home: integrate medical management and somatic health into services
- Peer-run groups, refer to peer support services
- Incorporate pre-employment planning and preparation
- Think about areas of opportunity—where are scores lowest? How are they linked?

Internal Utilization Review

- People often ask what it would take to move from intensive to general, move into supportive housing, etc.
  - *Look at the difference between average scores in each domain. Can provide a "roadmap" or guide for where most people receiving lower level of services are functioning—use to set goals.*
  - *BUT: this is not definitive. We routinely over-serve people, have people who have levels of need above authorization level.*
- Combine with cost data and service frequency to set staffing patterns, group people with similar levels of functioning into same residence, balance staff caseloads.
- Remember to look at domains individually as well. Some are higher priority than others.
- What about using scores to set levels of care?
  - *Tool is not validated for that.*
  - *Areas used to make a determination of LOC (med management, other medical necessity criteria) are not necessarily going to be reflected in different DLA-20 scores.*
  - *Practical considerations: we can't move people every 6 months, scores capture only a one month snapshot, true rehab can take longer.*

OUTCOMES

Show what you do well, where you have room to improve.

QUESTIONS?

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