Improved Functioning for Persons with Schizophrenia: DLA-20 and Wellness Tools

National Council for Community Behavioral Healthcare
Open and close your control panel

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- Choose “Telephone” and dial using the information provided

Submit questions and comments via the Questions panel

Note: Today’s presentation is being recorded and will be provided within 48 hours.
Healthcare Models of the Future

• Delivery system reform
  – Collaborative Care
  – Patient Centered Healthcare Homes
  – Accountable Care Organizations

• **Accountability** and quality improvement are hallmarks of the new healthcare ecosystem
What we’ll cover today

1. Summary of Advancing Standards of Care for People with Schizophrenia Project
2. Review of DLA-20 and Wellness Self-Management Curriculum
3. Seminole Behavioral Healthcare: Use of DLA-20 from a Clinical Perspective
4. Frontier Behavioral Health: Expanding the Use of DLA-20 Across an Agency
5. Questions and Answers
Advancing Standards of Care for People with Schizophrenia

Willa Presmanes M.Ed., M. A.
M.T.M. Services, LLC and National Council Consultant
Taking the leap: a new framework of care

- Using **hard data** to examine progress or lack of progress
- Focus on **better functioning** (ultimately leading to recovery)
- **Partnerships** between practitioner and consumer
Advancing Standards of Care

- Three core components:
  - Tracking outcomes
  - Engaging consumers in their own wellness self-management care
  - Publicizing the program to the community
- 10 participating sites
<table>
<thead>
<tr>
<th>Organization</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>AltaPointe Health Systems Inc.</td>
<td>Mobile, Alabama</td>
</tr>
<tr>
<td>AtlantiCare Behavioral Health</td>
<td>Egg Harbor Township, New Jersey</td>
</tr>
<tr>
<td>Cobb/Douglas Counties Community Services Board</td>
<td>Smyrna, Georgia</td>
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<tr>
<td>Family Guidance Center for Behavioral Healthcare</td>
<td>Saint Joseph Missouri</td>
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<tr>
<td>Gallahue Mental Health Services</td>
<td>Indianapolis, Indiana</td>
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<td>Hill Country Mental Health Services</td>
<td>Kerrville, Texas</td>
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<td>Mental Health Centers of Central Illinois</td>
<td>Springfield, Illinois</td>
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<td>Recovery Resources</td>
<td>Cleveland, Ohio</td>
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<tr>
<td>Seminole Behavioral Healthcare</td>
<td>Fern Park, Florida</td>
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<tr>
<td>Spokane Mental Health</td>
<td>Spokane, Washington</td>
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</tbody>
</table>
DLA-20 Estimated GAF Score Changes

- This was a “Real World” implementation of the Wellness Self Management Program for people with Schizophrenia and Schizoaffective disorders (N=300).
- Groups were run in a variety of programs and settings and on a number of schedules based on existing programmatic demands.
- The project cohort included the most difficult population to engage in therapeutic groups.
Program components

• Daily Living Activities functional assessment
  – Tracks 20 everyday tasks, identifying strengths, weaknesses
  – Completed by consumer and provider together
  – Measures concrete improvements in functioning

• Wellness Self-Management curriculum
  – Series of group sessions
  – Helps adults better understand and manage their health condition

• Expert communications support in publicizing the program to the community (to build awareness of successes, reduce stigma)
“It surprised me that it took this long to do something that made so much sense.”

–Mental health provider, 19-years experience
Consumers succeeded in...

- Understanding more about my illness
- Opening up to group members
- Volunteering in the community
- Getting a better relationship with my son
- Completing my GED
- Taking things one day at a time
- Talking to my doctor about my medication
- Taking better care of myself… smoking fewer cigarettes
“I was hallucinating and I was scared, but I faced my illness. [Now,] I feel brighter, and I feel better.”

–Aurora (Kerrville, TX)
In 6 short months, by the numbers:

- Participating sites created >50 Wellness Self Management groups
- Participants in 6 of the 10 centers showed modest but steady improvements in day-to-day functioning
- Greatest improvements were shown in 3 areas: communications, interaction with one’s social network, and coping skills
- One center reported a drop in admissions to acute care hospitals
“I learned valuable life skills, how to stay healthy, anger management, and how to prevent a relapse.”

—Christopher (Mobile, AL)
DLA-20 Functional Assessment Tool

• Helpful in determining appropriate “Levels of Care” based on specific functional deficits and strengths
• Also highly useful as an outcome indicator to measure the effectiveness of rehabilitative interventions
• Easily administered on review in 10 minutes by trained staff
• Can be effectively administered by primary therapists or case managers who are most familiar with the client’s status in functional domains
## Daily Living Activities (©DLA-20): Adult Mental Health

© W.S. Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

**Instructions:** Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADLs) in the community during the last 30 days.

If the consumer’s level of functioning varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., “no jobs available”). Strengths are scored =5 in an activity and indicate functioning “within normal limits” (WNL) for that activity. Enter N/A only if the activity was not assessed & do not exceed 5 N/A DLAs.

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th><strong>Examples of scoring strengths as WNL behaviors (Scores 5-7)</strong></th>
<th>Dates:</th>
<th>Eval</th>
<th>R2</th>
<th>R3</th>
<th>R4</th>
<th>R5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Practices</td>
<td>Takes care of health issues, manages moods, infections, takes medication as prescribed; follows up on medical appointments.</td>
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<td>2. Housing Stability, Maintenance</td>
<td>Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others.</td>
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<td>3. Communication</td>
<td>Listens to people, expresses opinions/feelings; makes wishes known effectively.</td>
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<tr>
<td>4. Safety</td>
<td>Safely moves about community – adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.</td>
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<td>5. Managing Time</td>
<td>Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.</td>
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<tr>
<td>DAILY LIVING ACTIVITIES (© DLA-20) ANCHORS</td>
<td>1- Extremely severe functional impairment, needs pervasive level of continuous paid supports</td>
<td>2- Severe functional impairment, needs extensive level of continuous paid supports</td>
<td>3- Serious functional impairment in response to serious symptoms; moderate supports</td>
<td>4- Moderate functional impairments, needs low level of routine paid supports</td>
<td>5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports</td>
<td>6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports</td>
<td>7- WNL-Strength Independent, Optimal functioning, no need for paid supports</td>
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<tr>
<td><strong>Health Practices:</strong> Rate independent self-care for physical and mental health, including treatment plan compliance, medication compliance</td>
<td>Critical needs, No self-care, considered health-endangering, requires pervasive interventions (example: multiple and lengthy stays in crisis, jail, etc)</td>
<td>Marked limitations in self-care and compliance, reliant extensive support needed for very severe mental impairments, concern for danger to self/other</td>
<td>Limited self-care, poor health, serious impairments; requires assistance in basic life &amp; healthcare, e.g., must be prompted to take medication, uses continuous support</td>
<td>Marginal self-care and compliance with service plans or prescriptions, managing moods is moderate problem; requires low level but routine mental health assistance</td>
<td>Moderately self-sufficient, manages moods but relies on intermittent, some routine assistance or home visits by helping persons, in private or self-help residences</td>
<td>Independent self-care, compliant with treatment, meds - minimal support, some assistance from family, friends, other helping persons</td>
<td>Optimally independent in taking care of physical &amp; mental status; makes good health care decisions, no assistance needed</td>
</tr>
<tr>
<td><strong>Housing Maintenance:</strong> Rate self-sufficiency for maintaining independent and adequate housing, management of household</td>
<td>Not self-sufficient, approaching health-endangering threat, relies on pervasive supervision in protective environment, dependent - does not manage independent household</td>
<td>Marked limitations in maintaining independent housing, is homeless or sometimes on the street or requires constant assistance, likely in 24/7 supported or residences</td>
<td>Dysfunctional in maintaining independent housing, unstable, Limited self-sufficiency, e.g., at risk of becoming homeless, relies on frequent assistance, private or self-help home</td>
<td>Stable community housing but housing may be inadequate or he may be marginally self-sufficient, e.g., some dependence on minimal but routine assistance to maintain stable household</td>
<td>Moderate self-sufficiency in own place with routine, low level assistance, e.g., home visits by helping persons, maintains household good bit of the time by self</td>
<td>Adequate independence: self-sufficient with minimal assistance in community based, independent living with no significant assistance</td>
<td>Optimal independence: Self-sufficient in community based, independent living with no significant assistance</td>
</tr>
<tr>
<td><strong>Communication:</strong> Rate ongoing and effective communication</td>
<td>Not effective in communicating with others, extremely dependent on assistance</td>
<td>Communication is dysfunctional, blunt or antagonistic with others, dependent on assistance</td>
<td>Limited effectiveness in communicating with others</td>
<td>Not clear about problems, marginal effectiveness in communicating with others, uses regular assistance</td>
<td>Moderately effective in communicating with others, using routine assistance</td>
<td>Adequately effective in communicating with others, minimal need for assistance</td>
<td>Optimal effectiveness in communicating with others, no significant assistance needed</td>
</tr>
<tr>
<td><strong>Safety:</strong> Rate maintenance of personal safety</td>
<td>No self-protection approaching health-endangering threat, relies on pervasive level of continuous supervision</td>
<td>Marked limitations in self-protection, relies on extensive level of continuous supervision</td>
<td>Limited self-protection, relies on moderate level of continuous supervision</td>
<td>Marginal self-protection, relies on regular assistance and monitoring</td>
<td>Moderate self-protection, relies on routine assistance or monitoring (e.g., home visits by helping persons)</td>
<td>Adequate self-protection with minimal assistance, family, neighbors, friends, other support</td>
<td>Optimal self-protection with no significant assistance from others</td>
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</tbody>
</table>
Statistically Significant Pre-Post (6 Mos) DLA Scale Scores For Overall Cohort (10 prg, 10 states)

<table>
<thead>
<tr>
<th></th>
<th>Pretest</th>
<th>Posttest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>3.51</td>
<td>3.95</td>
</tr>
<tr>
<td>Peers/Social Network</td>
<td>3.8</td>
<td>4.23</td>
</tr>
<tr>
<td>Coping Skills</td>
<td>3.3</td>
<td>3.78</td>
</tr>
</tbody>
</table>

Functional ratings (2=severe impairments; 3= serious; 4= marginal; 5= WNL)
Wellness Self Management Program

- The WSM program is based on Illness Management and Recovery (IMR), a nationally recognized evidence-based practice for adults with serious mental health problems. In addition to IMR-related topics such as recovery, mental health wellness, and relapse prevention, the WSM approach includes lessons emphasizing the connection between physical and mental health.
Wellness Self Management Program

- Sample Lessons:

<table>
<thead>
<tr>
<th>Topic 2: Coping with Stress and Symptoms</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesson 27</td>
<td>What Is Stress? Why Is It Important to You?</td>
</tr>
<tr>
<td>Lesson 28</td>
<td>Identifying Your Personal Signs of Stress</td>
</tr>
<tr>
<td>Lesson 29</td>
<td>How to Prevent Stress in the First Place</td>
</tr>
<tr>
<td>Lesson 31</td>
<td>Using a Step-by-Step Formula to Improve a Problem</td>
</tr>
<tr>
<td>Lesson 32</td>
<td>Thoughtfully Choosing a Mental Health Problem to Work On</td>
</tr>
<tr>
<td>Lesson 33</td>
<td>Choosing Strategies for Coping with Specific Problems and Symptoms</td>
</tr>
<tr>
<td>Lesson 34</td>
<td>Checking on Your Progress in the WSM Program</td>
</tr>
</tbody>
</table>
Common Reported Themes -Positive

• **DLA-20 was an extremely helpful tool for:**
  – Reliably and objectively measuring functional status
  – Targeted treatment planning
  – Level of care determination
  – Assessing outcomes
  – A “Suggested Outcome Indicator” by CARF since 2005
  – A “Valid Outcome Indicator” by The Scientific Committee for Joint Commission in 1998 (then JCAHO)

• **Wellness Self Management Program**
  – Well organized curricula with helpful tools – easy to learn
  – Engaged challenging cohort better than other modalities
  – Clients appreciated having personal workbook
  – Clients “marketed” program to other clients
For more information from
MTM Services Staff Training for
Project Evidence Based Practices

The DLA-20
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The Wellness Self Management Curricula
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Wellness Self Management Program

For more information and access to WSM workbooks and other materials go to the Center for Practice Innovations Website at:

Valerie Westhead, MD
Chief Medical Officer
Seminole Behavioral Healthcare
Using the DLA 20 to Inform Treatment Decisions

• Focus on Function
• Monitor Progress
• Transition Planning
• Program Planning
Identify Functional Needs

- Identify areas of Strength
- Identify areas of Concern
- Common Language between Providers
- Motivational Tool with clients
Achieving Goals

• Slow, meaningful progress
• Barriers to improvement
• Staff Supervision
• Fiscal Monitoring
Transitions - Facilitating Client Growth

- Progressing within program
- Graduating!
- Community Engagement
- Becoming a mentor
Program Development

- Clinical Outcomes
- Needs Assessment
- Advocacy
- Staff Empowerment
Seminole Avg. DLA-20 Estimate GAF
(n=30)

**DLA 23. Average Client GAF Score**

<table>
<thead>
<tr>
<th>Review</th>
<th>GAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review 1</td>
<td>33.17</td>
</tr>
<tr>
<td>Review 2</td>
<td>34.50</td>
</tr>
<tr>
<td>Review 3</td>
<td>36.77</td>
</tr>
<tr>
<td>Review 4</td>
<td>38.87</td>
</tr>
<tr>
<td>Overall Average GAF</td>
<td>35.83</td>
</tr>
</tbody>
</table>

Groups ran 1 X per week (Clinic)
Seminole Functioning Outcomes

Functional ratings (5=WNL; 2=Severe Impairments)

Daily Living Activity

Pretest Posttest

Healthcare 3.23 3.97
Housing 3.43 4.03
Communication 3.10 4.07
Safe 3.30 3.97
Time Mngt 3.30 3.80
Money Mngt 2.37 2.70
Nutrition 3.60 4.00
Problem Solves 2.73 3.50
Family 3.20 3.77
Cigs-A/D 4.30 4.47
Leisure 3.13 3.77
Resource Use 3.13 3.93
Friends 3.33 3.93
Sexual Health 3.53 3.73
Copes 2.87 3.73
Productive 3.50 3.90
Norms 3.90 4.50
Hygiene 3.73 4.27
Grooms 3.90 4.47
Dress 3.90 4.47
The DLA 20 promotes:

- Accurate client evaluation
- Better Communication
- Individualized treatment planning
- Valid documentation
Marilyn Wilson, Director of Clinical Services
Joseph Judd, Director of Community Support Services
Frontier Behavioral Health
Frontier Behavioral Health

- Spokane Mental Health and Family Service Spokane merged in June 2011.
- 500 Staff
- 13 different clinic sites
- Outpatient services for Children and Families, Adults and Elders
- Inpatient services
DLA-20 Implementation Impact

- Implemented in all Child/Adolescent, Adult and Elder Care treatment programs center wide.
  - 200+ clinical staff serving approximately 12,000 clients annually.
- Incorporated into treatment planning
- Used to support and justify treatment services (support medical necessity)
- Reviewed with and supported by clients and Consumer Advisory Panel
DLA-20 Training

• Trained all clinical staff in a 2-day session
  – Separate Adult and Child trainings
• Trained trainers for ongoing utilization 2nd day
  – New staff trained as part of orientation
  – Refresher training available as needed
• Culture shift from previous methods of treatment planning/documentation.
DLA-20 Staff Reactions

- Staff acceptance of DLA-20 instrument was high
  - Supports medical necessity/ongoing treatment
  - Provides direction for treatment planning
  - Opens communication with client regarding treatment

- Culture shift from previous methods of treatment planning and documentation.

- Initial concerns about needing additional time to complete DLA-20 were resolved.
DLA-20 Client Reactions

• Client acceptance of DLA-20 instrument was high
  – Clients were excited about the ASC study – some calling in to request involvement
  – Feedback to treatment providers has been overwhelmingly positive since implementation
  – Clients reported feeling more involved in their treatment with outcomes easier to track
  – More clear and understandable communication with their treatment provider reported
Spokane Avg. DLA-20 GAF Estimate

(n=41)

DLA 23. Average Client GAF Score

<table>
<thead>
<tr>
<th>Review</th>
<th>GAF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review 1</td>
<td>39.88</td>
</tr>
<tr>
<td>Review 2</td>
<td>40.90</td>
</tr>
<tr>
<td>Review 3</td>
<td>40.76</td>
</tr>
<tr>
<td>Review 4</td>
<td>43.12</td>
</tr>
</tbody>
</table>

Overall Average GAF

Groups ran 1 X per week (Clinic, OP Case Management, PACT, Group Home)
Spokane Functional Outcomes

Functional ratings (2=Severe Impairments; 5=WNL Strengths)

Daily Living Activities

- Healthcare
- Housing
- Communication
- Safe
- Time Mngt
- Money Mngt
- Nutrition
- Problem Solves
- Family
- Cigs-A/D
- Resource Use
- Friends
- Sexual Health
- Norms
- Grooming
- Hygiene
- Hygiene
- Grooming
- Dress

Pretest
Posttest

1.00 1.50 2.00 2.50 3.00 3.50 4.00 4.50 5.00 5.50

Spokane Functional Outcomes Chart

- Pretest
- Posttest

Daily Living Activities

- Healthcare
- Housing
- Communication
- Safe
- Time Mngt
- Money Mngt
- Nutrition
- Problem Solves
- Family
- Cigs-A/D
- Resource Use
- Friends
- Sexual Health
- Norms
- Grooming
- Hygiene
- Grooming
- Dress

Pretest 3.68 3.73 3.54 4.63 3.90 2.63 3.73 3.61 4.12 4.54 3.88 4.34 4.24 5.00 2.63
Posttest 4.00 4.54 4.20 4.93 3.95 2.88 3.95 4.00 4.17 4.73 4.12 4.68 4.24 5.20 2.88
DLA-20 Integration into Standard of Care

- DLA-20 instrument was integrated into treatment plan to become a single document (with permission)
  - Document completed at first session to create a baseline and again at a minimum of every 180 days per WA state regulation (more often as appropriate)

- DLA-20 Treatment Plan integrated into new Electronic Health Record
DLA-20 Challenges

- Training all clinical staff required 2 days set aside to train – although this was an excellent experience
- Some staff took longer than others to incorporate effectively
  - Creating a new form and process (both positive and challenging)
  - Some reminding and retraining was needed
DLA-20 and Integrated Healthcare

- Integrated healthcare program adopted the DLA-20 as a continuity of care instrument to coordinate efforts between Behavioral Health and Primary Health care providers.
  - Primary Health care providers felt the DLA-20 was an instrument that bridged the two disciplines fairly well
  - Behavioral Health providers were already familiar and using the DLA-20
  - Additional medical information and patient activation measures also gathered
DLA-20 and Integrated Healthcare (con’t.)

• Each client enrolled in the integrated healthcare program has DLA-20 completed by the care coordinator and reviewed by team (which includes the client) at their first primary care appointment
• After reviewing the DLA-20 the team then sets goals for treatment that the client agrees they are willing to work towards.
  – DLA-20 treatment plan is reviewed quarterly with the team
For more information from MTM Services Staff Training for Project Evidence Based Practices

The DLA-20
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The Wellness Self Management Curricula
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Senior Clinical Consultant MTM Services LLC
National Council Consultant
Bill.Schmelter@mtmservices.org
For access to WSM workbooks, go to the Center for Practice Innovations
2013 National Council Mental Health & Addictions Conference
April 8 – 10, 2013
Las Vegas, NV

Join a community of healthcare executives, mental health and addictions professionals, clinicians, advocates, policy makers, researchers, and technology leaders.

Celebrating Our Legacy
50th Anniversary of the 1963 Community Mental Health Act
Any Questions?
Learn more on our website:

Advancing Standards of Care for People with Schizophrenia
http://www.thenationalcouncil.org/cs/schizophrenia_advancing_care

DLA-20
http://www.thenationalcouncil.org/cs/dla20_functional_assessment_tool

WSM Curriculum

2013 Conference
http://www.thenationalcouncil.org/cs/conference2013