

I am more than my diagnosis

Using the DLA to see the big picture
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Educational Objectives

- Understand the connection between effective assessments/treatment planning and the outcome of services.
- Identify the benefits of utilizing evidence based practices targeted at increasing specific individual DLA scores.
- Describe the treat to target model and its impact on successful client graduation and transition from case management services.

Abstract

- Treat to target is becoming a commonly used practice in mental health services. We will explain ways to utilize the DLA-20 to enable client engagement, drive motivation, and track treatment outcomes. Incorporating the treat to target model into everyday practice continues to increase successful client transition from services.

Overview of GCB



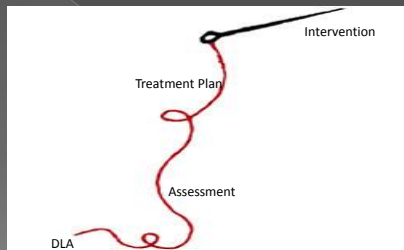
Agency Awards

- 2010-2016 Seven consecutive Cincinnati 100Top Workplace Awards presented to GCB by Enquirer Media
- 2015 Community Partner Award by ReSource
- 2015 Organization of the Year by the National Rehabilitation Association
- 2015 Highest Customer Satisfaction scores of all participating organizations in the area of Drug & Alcohol services and Drug & Alcohol Outpatient Care as part of behavioral health services by Mental Health Corporation of America (MHCA)
- 2014 Outstanding Rehabilitation Organization by the Ohio Rehabilitation Association (state level)
- 2013 Mary E. Pettus Excellence in Public Policy Award by The Ohio Council of Behavioral Health & Family Service Providers' Board of Trustees
- 2013 Service Provider of the Year to PATH Homeless team by Homeless Coalition of Greater Cincinnati
- 2012 EBP Champions Award by The Center for Evidence-Based Practices at Case Western Reserve University

Why did we start using it?

- High GAF's
- Authorization of CPST
- National Council for Behavioral Health
- Easily see the data
- Training was available

The Golden Thread



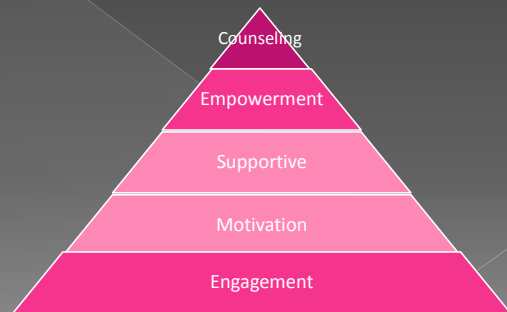
Assessments

- ◉ Objectively look at the client's whole self
- ◉ The DLA
 - > Why the DLA?
 - Objective picture
 - Facilitates recovery
 - Look at areas we may miss
 - Helps us with difficult conversations
 - Evaluates effectiveness of treatment

Assessments, Continued

- ◉ Tips for completing the DLA
 - > Start with "Within normal limits" and move backwards
 - > If you cannot choose between two-choose the lower score
 - > If N/A-choose 4
 - > Verbal and nonverbal communication
 - > How to rate safety
 - > Ultimately, the answers are up to us.

Levels of Care

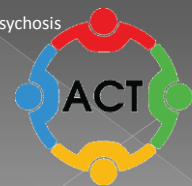


Levels of Care

- ◉ Engagement:
 - > DLA score of 30 or below
 - > Imminent danger to self/others
 - > Recent discharges from jail/hospital
 - > Multiple crises per month
 - > Poor adherence/Lacks daily structure
 - > Multisystem provider involvement
 - > Typical for most DLA scores to be 1-2

Level of Care

- ◉ ACT Level Engagement
 - > Must meet previously stated criteria
 - > Primary Diagnosis of :
 - Schizophrenia
 - Major Depression Disorders w/psychosis
 - Bipolar Disorders
 - Schizoaffective Disorder
 - Other psychotic disorders



Level of Care

- ◉ Motivation
 - > DLA score of 31-40
 - > Potential harm to self or others
 - > Co-occurring medical or substance abuse
 - > Criminal justice involvement
 - > Poor adherence/inconsistent
 - > Lacking daily structure
 - > Limited or no supports
 - > Frequent crisis management
 - > High use of psychiatric emergency services
 - > DLA scores in the 2-3 range

Level of Care

- ◉ Supportive
 - > DLA score 41-50
 - > Unstable/some risks
 - > Everyday functioning is impaired
 - > History of hospitalizations in past 2 years
 - > History of criminal justice involvement
 - > No imminent danger to self/others
 - > Some crisis management
 - > Fair adherence
 - > Co-occurring medical or substance abuse concerns
 - > Limited structure, supports
 - > Typical for DLA scores to be 3-4



Level of Care

- ◉ Empowerment
 - > DLA score 51-60
 - > Presents somewhat unstable due to situational loss or adverse occurrence
 - > Everyday functioning is impaired
 - > Minimal crisis management
 - > No hospitalizations within 5 years
 - > No imminent danger to self/others
 - > Moderate structure/supports
 - > Potential for adherence is good
 - > DLA scores typically in 4-5 range

Level of Care

- ◉ Counseling only
 - > DLA score 61 or higher
 - > Presents as stable
 - > No recent hospitalizations
 - > No imminent danger to self/others
 - > Good structure/supports
 - > Strong adherence
 - > No crisis management needed
 - > Typical DLA scores 5+ range



Services and Amounts

- ◉ Engagement/ACT
 - > CPST-Approximately 2 separate face-to-face contact a week, up to 4 hours per week
 - > Counseling-up to 1 hr a week (group & individual)
 - > Diagnostic assessment
 - > Psychiatric/Medication monitoring
 - > As needed: Housing services and day program.

Services and Amounts

- ◉ Motivation
 - > CPST-Approximately 1 face-to-face contact per week, up to 4 hrs/week
 - > Counseling-up to 1 hr/week (includes group/individual)
 - > Diagnostic assessment
 - > Vocational services
 - > Psychiatry/Medication monitoring
 - > As needed: Housing services and day program

Services and Amounts

- Supportive
 - > Approximately 1 face-to-face contact per week, up to 2 hours of CPST per week
 - > Counseling-1 hour per week (group/individual)
 - > Diagnostic assessment
 - > Vocational services
 - > Psychiatry/medication monitoring
 - > As needed: housing services and day program.

Services and Amounts

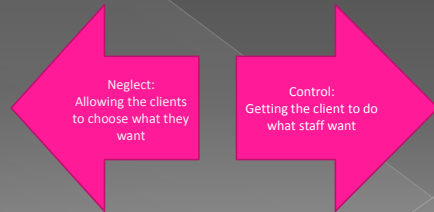
- Empowerment
 - > Approximately 1 contact per week (of any service)
 - > CPST-Approximately 1 face-to-face contact every two weeks, up to 1 hour per week
 - > Counseling-1 hour/week (includes group/individual), up to 10 sessions
 - > Diagnostic assessment
 - > Psychiatric/medication monitoring
 - > As needed: housing services and day program

Services and Amount

- Counseling Only
 - > Counseling-1 hour per week, up to 10 sessions (includes group/individual)
 - > Diagnostic assessment
 - > Psychiatry/medication monitoring
 - > As needed: Housing services
- > Individual CPST not offered at this level of care.

The Right Balance

We want to stay in the recovery zone



Skittles Activity

| Category | A (1 Candy) | B (2 Candies) | C (3 Candies) |
|-----------------------|--|--|---|
| Transportation | Walk everywhere, no public transportation <input type="radio"/> | Walk and Public Transportation Available <input type="radio"/> | Own your own car <input type="radio"/> |
| Food | 1 meal per day <input type="radio"/> | 2 meals per day <input type="radio"/> | 3 meals per day <input type="radio"/> |
| Technology Access | No internet access No cell phone <input type="radio"/> | Cell phone only No internet access <input type="radio"/> | Cell phone and internet access <input type="radio"/> |
| Shopping | No food/clothing within walking distance from home, must take public transit or drive <input type="radio"/> | Food within walking distance from home but nowhere to purchase clothing/household items <input type="radio"/> | Both food/clothing within walking distance from home <input type="radio"/> |
| Spending Money | After bills/food are paid no extra money left <input type="radio"/> | \$20 left per week after bills are paid <input type="radio"/> | \$50 left per week after bills are paid <input type="radio"/> |

Treatment Planning

- What should we be doing with the client?
 - > Joint venture
 - > Long term goals and short term objectives
 - > Staff help modify goals as needed
 - Realistic goals
 - Prioritize goals
 - Including evidence based practices in goals
 - Improve low scores on DLA
 - Are they measurable

Treatment Planning

- ◉ Utilize treat to target model to promote graduation
 - > Framework for the relationship
 - When should we review the plan?
 - > Proactive rather than reactive



Evidence Based Practices

- ◉ Motivational Interviewing
- ◉ CABHI, Housing first
- ◉ Dear Man, DBT skills, emotional vs. wise mind
- ◉ IDDT-use of payoff matrixes
- ◉ Mindfulness
- ◉ Supported employment, job coaching
- ◉ Holistic healthcare project
- ◉ ACT Services
- ◉ CBT
- ◉ Strengths based
- ◉ Social skills training

Promoting Engagement

- ◉ Importance of frequently reviewing the DLA
 - > Drives care management appointments
 - > Prioritizing goals and client needs
- ◉ Importance of re-assessing
 - > Directing client goals and objectives

Using DLA to motivate clients

- ◉ Celebrate client successes
- ◉ Initiates future oriented conversations
- ◉ Miracle question
- ◉ Client centered treatment



Holistic Approach

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Ultimate goal:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20



Assessing Risk of Suicide

- Major Risk Factors
 - › Current Plans
 - › Mean and accessibility to means/Lethality of means
 - › Past attempts/Lethality of past attempts
 - › Family history
 - › Recent loss
 - › Substance use
 - › Mental health symptoms (impulsivity)

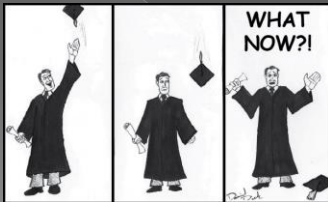


Assessing risk for suicide

- Using the DLA as an assessment tool
 - › Identify a decrease in daily activities/functioning
 - › Reviewing previous high(er) areas of functioning
 - › Shift in coping skills and health practices

Evaluating Effectiveness

- › What is successful graduation
- › Barriers to treat to target model



Areas that staff struggle

- Sexuality
- Health Practices
- Housing Maintenance
- Substance abuse
- Communication
- Nutrition
- Comparing to community
- New clients

Keeping it relevant

- Track scores overtime
- DLA's reviewed by multiple staff
- Helps us identify with data things we wouldn't be able to see



Questions?

