



**PARTNERS**  
Behavioral Health Management

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# **LOCUS TRAINING**



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# **LOCUS**

**LEVEL OF CARE UTILIZATION SYSTEM**

**ADULT VERSION (2010)**

# Training Objectives

- 1) To learn how to utilize the LOCUS in clinical decision making.
- 2) To identify the basic components of the instrument.
- 3) To identify the various levels of care.
- 4) To understand how current needs of the individual translates to a level of care placement.

# LOCUS



Level  
Of  
Care  
Utilization  
System

Ages 19  
and older

# Purpose

- ❖ To define the most appropriate level of care services
- ❖ LOCUS applies to Mental Health (MH) and Substance Abuse (SA)
- ❖ LOCUS can be utilized based on the individual's developmental level

# Principles

## Instrument intended to link the clinical assessment to psychiatric and addiction service needs

- Differentiate between baseline, chronic and acute status
- Recent and/or current status changes
- Does not replace clinical judgment
- Used for Tx Planning & supports LOC/service outcomes



# What is the LOCUS

- ❖ A method of quantifying the assessment to determine the most appropriate service
- ❖ Decision tool designed to support level of care (LOC) recommendations
- ❖ Support for admission, continuing stay and discharge
- ❖ Helps determine outcomes

# What is the LOCUS?

❖ It evaluates the individual's current status and needs based on **Six Dimensions** (also known as: Placement Criteria)

- 1) Risk of Harm
- 2) Functional Status
- 3) Medical, Addictive and Psychiatric Co-Morbidity
- 4) Recovery Environment: Stressors & Supports
- 5) Treatment and Recovery History
- 6) Engagement and Recovery Status



# LOCUS: Levels of Care

- ❖ These are recommended levels of resource intensity that best suits the individual's current needs
- ❖ Flexible
- ❖ Determines the placement recommendation
- ❖ Individual still has option to choose a lower level of care than what is recommended unless on Involuntary Commitment petition (IVC)



# LOCUS: Six Levels of Care

## based on Dimension scores

### ❖ Six Levels of Care (Service Levels)

I: Recovery Maintenance & Health Management

II: Low Intensity Community-Based

III: High Intensity Community-Based

IV: Medically Monitored Non-Residential

V: Medically Monitored Residential

VI: Medically Managed Residential

### ***Basic Services:***

*Available to everyone – not considered a level of care*



# The Six Dimensions of the LOCUS

# Dimension 1: Risk of Harm

- Severity rating
- Consider degree of suicidal/homicidal ideation, behavior and/or intentions
- Consider current impairment affecting client's perceptions/ judgment/ impulse
- Consider current level of distress
- Consider the risk associated with substance use behaviors versus the type of substance used

# Dimension 2: Functional Status

- Functional impairments must be related to **psychiatric or addiction** issues.
  
- Four factors to consider:
  1. Ability to fulfill obligations at work, school, home, etc.
  2. Ability to interact with others & any recent changes
  3. Ability to perform ADL Status (eating, sleeping, etc.)
  4. Ability to care for self
    - Decision making
    - Appearance, hygiene
    - Environment

**HINT:**

Longstanding, chronic deficits w/o acute change =3

If deficits are severe enough to place @ risk, consider dimension #1

# Dimension 3: Medical, Addictive & Psychiatric Co-morbidity

- Assess the interactions of psychiatric with co-existing illnesses
- Focus on the presenting problem; consider impact of comorbidity on presenting problem
- No multiple diagnoses as co-morbidity

Examples:

- Psych with Medical

- Psych with Substance Abuse

- ▶ Physical withdrawal is medical co-morbidity

# Dimension 4: Recovery Environment

Environmental factors contributing to the onset, maintenance or recovery of mental health or substance use issues.

- **Two Levels Scored:**

- A. Level of Stress:**

- Assess current stressors and stress level

- B. Level of Support:**

- What factors support treatment or recovery?
    - Are supports available to participate?
    - Is individual able to use supports?

Ex: ACTT Team involvement (1b); CST (2c)

# Dimension 5 (LOCUS): Treatment and Recovery History

- Consider history and recovery
  - History of treatment use
  - History of managing recovery
  - Periods of stability

**Recovery: a period of stability with good control of symptoms**

- More weight should be placed on more recent experiences

**Hint: zero history = 1A**



# Dimension 6: (LOCUS) Engagement and Recovery Status

- Two Factors to consider:
  - Understanding of illness and treatment
  - Ability or willingness to engage in treatment and recovery
- Assess the following:
  - Illness acceptance
  - Desire for change
  - Ability to trust others
  - Ability to interact with support system
  - Ability to accept responsibility for recovery

**Scoring Tip:** Consider reason for seeking help (i.e.: willingness vs investment)

# Levels of Care (LOC)

# Level of Care Descriptors

- ❖ LOC uses the following descriptors:
  - 1) **CE**: Care Environment
  - 2) **CS**: Clinical Service
  - 3) **SS**: Support Services
  - 4) **CS/PS**: Crisis Stabilization & Prevention Services

# LOC; Levels of Resource Intensity (based on Dimension Scores)

❖ Basic Services (not a “service” level of care)

## Service Levels:

I: Recovery Maintenance & Health Management

II: Low Intensity Community Based Services

III: High Intensity Community Based Services

IV: Medically Monitored Non-Residential Services

V: Medically Monitored Residential Services

VI: Medically Managed Residential Services

# Basic Services (not a service level)

- Prevents onset of illness
- Applies to individual or community
- Available in variety of community settings
- Available to all members of community

Example: Domestic violence outreach, community health screening, hotlines, trauma debriefing,

support groups



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# Level I: Recovery Maintenance and Health Management

- Individuals can live independently or need minimal support
- Individuals have achieved recovery in the past at a different level of care
- **Recommended LOC Placement** : Periodic Outpatient therapy and/or psychiatric visits, Peer Support and Long Term Supports

# Level II: Low Intensity Community Based Services

- Individuals who can live independently and need ongoing treatment with minimal supervision
- Clinic based programs
- Can be entry point for treatment
- **Recommended LOC Placement** : SA Halfway House, Supportive Employment, PSR, Outpatient therapy, ADVP, CST, Day Activity, Personal Assistance, Developmental Therapy (Para/professional)

# Level III: High Intensity Community Based Services

- Individuals need intensive support and treatment
- Capable of living independently or with support in the community
- Individuals who require several contacts per week
- These are clinic based programs
- **Recommended LOC Placement : SAIOP, SACOT**



# Level IV: Medically Monitored Non-Residential Services – LOCUS

- Individuals are able to live in the community, supportive or independent setting
- LOCUS: Needs structure but does not require on-site living
- Needs intensive management by multidisciplinary treatment team
- **Recommended LOC Placement:** PHP, ACTT, Ambulatory Detox and Opiate Detox, ICF-MR

# Level V: Medically Monitored Residential Services

- Can be non-hospital, free standing residential facilities based in the community
- For individuals unable to live independently
- Can be long-term care facilities for people with chronic disabilities
- Structured environment
- **Recommended LOC Placement** : ICF-MR Residential depending on medical issues, Nursing Homes, Facility Based Crisis, Non-hospital medical detox, SA medically monitored (ADATC-ARS & ACU)



# Level VI: Medically Managed Residential Services

- Most intensive level on the continuum
- Hospital or free-standing non-hospital settings
- Individuals need supervision and/or may be on involuntarily commitment
- May be locked and secured
- **Recommended LOC Placement** : PRTF, Inpatient Hospital

# LOCUS Pointers

- Individual's baseline: Where is the individual now compared to the baseline?
- Rate based on individual's needs, not services you provide
- Rate based on individual's need, not diagnosis
- If dual diagnosed, rate based on current presenting problem being assessed/treated
  - Example: MH/SA, currently SI, treat SI not SA under Dimension II- Functional Status. SA will fall under Dimension III: Co-Morbidity
- Residential: Rate Recovery Environment (stress/supports) based on conditions he/she will experience if protective environment changes
- Risk of Harm: Is it chronic or acute?
  - If chronic, score in the 2 or 3
  - If acute, score in the 3, 4 or 5



# Scoring LOCUS

- ⦿ Each Dimension has 5 categories with descriptors to determine level of severity.
- ⦿ Dimension categories are rated 1 to 5, with 1 being the least severe rating and 5 being the most severe rating.
- ⦿ Pick the descriptor with the highest point value that “best matches” the individual.
- ⦿ Disregard the lower scores and do not add lower scores together to get higher scores (see example)
- ⦿ **Pay attention to operative words such as: and, or, with, without, but**

# Scoring Example

Dimension 1: Risk of Harm

Point Scale 2:

a.

b.

c.

Point Scale 3:

a.

b.

The Point Scale will be **3**.

**LOCUS Score = Total added point scales per dimension**

# Tips for Scoring

- Transient suicidal thoughts – denies SI and no plan (2.a)
- Past suicidal attempts - denies suicidal thoughts, currently in distress (3.b)
- Admits to suicidal thoughts – no plan, no past attempts (3.a)
- Admits to suicidal thoughts – with plan, with past attempts , no means to carry out behavior (4.a)

# Tips for Scoring

- ❑ If an individual matches descriptors on more than one point value, and it is difficult to identify which is the “best match” for the individual, select the descriptor with the highest point value.
- ❑ Be aware of the Independent Criteria when scoring and refer to the Independent Criteria Table for LOCUS.



# What is Independent Criteria?

- ❑ Independent Criteria refers to a specific score on the first three Dimensions of LOCUS
- ❑ The specific score may result in specific level of care recommendations regardless of composite score total.

# WHO CAN IMPLEMENT THE LOCUS?

- © Licensed and provisionally licensed clinicians are not required to attend training prior to implementing the LOCUS tool in their practices. However, Qualified Professionals are required to attend training prior to implementing the tools into their practice.

# WHO CAN IMPLEMENT THE LOCUS?

- ⦿ Associate Professionals CANNOT administer the LOCUS
- ⦿ Paraprofessionals CANNOT administer the LOCUS

Any Questions???

