LOCUS Overview

Yolo County Local Mental Health Board
December 2018

LOCUS – What is it?

- Level of Care Utilization System (LOCUS)

- Developed by the American Association of Community Psychiatrists

- Latest revision—LOCUS Adult 2010
    - Incorporates the “Stages of Change”

Why the LOCUS?

- Best Practice
- Utilized throughout the United States
- Provides a common language
- Addresses Co-Occurring issues
- Assists in distinguishing needs and appropriate services
- Monitors/Measures change

Understanding the LOCUS

There are **three** main objectives of the LOCUS:

A system for evaluating the current status of clients and their needs based on six dimension parameters

To describe a continuum of service arrays which vary according to the amount and scope of resources available at each “level” of care

To create a methodology for quantifying the assessment of service needs in order to reliably place a client into the appropriate level of services within the available continuum

LOCUS: Using the Tool

- The LOCUS is a dynamic instrument and scores are expected to change over time
- Scores are generally assigned on a *here and now* basis
- Some parameters do take into account *historical* info
- Clinical judgment should prevail in the determination of frequency to reassess
  - Generally reassessments occur more frequently at higher levels of care

LOCUS: Using the Tool

LOCUS does **not**:

- Direct how to design programs
- Specify treatment interventions- does not treatment plan– but **acts as a service level guide**
- Negate clinical judgment – if Clinician and the score don’t agree, then the Clinician is to rely on their **own judgment**
- Limit creativity: although it describes levels of care, there is nothing that requires a Clinician to limit interventions, the focus of services, or the design of a program for unique client needs

LOCUS: Additional Information

- Most thoroughly completed with all available data considered: history, family, friends, client, prior evaluations, etc.
- The tool does not need to be used in a linear fashion
- Each dimension is rated independently of the others
- If there is not a clear score in any area, the higher score is assigned
- Objectivity is primary
- Clinical judgment is always considered in determining the final level of care recommendation

LOCUS: When is it utilized?

- Yolo County HHSA Mental Health staff currently utilize the LOCUS when there are indicators that a higher or lower level of service dosage may be appropriate for an existing client

- Some HHSA Contractors utilize the LOCUS at time of Intake and at 6-month or annual intervals to determine appropriate service dosage at that time, in addition to when there are indicators that a higher or lower level of service dosage may be appropriate for a particular client

  - Upcoming: HHSA will incorporate the LOCUS in this way, at time of Intake and at annual intervals

YCHHSA Adult LOCUS

The Levels of Care are meant to serve as guidelines and are not meant to be static. Although initial placement may begin at a particular level of care, clients may (based upon an updated LOCUS, treatment plan and choice) move to/from different levels of service. Service intensity among the different modalities (psychiatric, therapy, case management, funding assistance) is presented as a guideline. Services at all levels of care must be medically necessary and expected to benefit clients. Recommended hours are not intended to be cumulative across all types of modalities. In some circumstances a consumer may have part of their hours from across all modalities, while others have all their hours from only one modality.

Level	Name	Description	LOCUS Score	Level of Care	Average Service Dosage	Re-Authorization	Clinical Review Criteria for Approval
1	Recovery Maintenance	Person lives independently with mild-to-moderate mental health symptoms	7 to 13	Triage/Screening. May receive 3 - 6 service contacts supporting linkage to outside provider	Up to 6 service contacts per year	None. If additional services requested, Triage/Screening will be repeated.	Repeat engagement -- will consider Level 2
2	Low Intensity Community Based Services	Brief/Intensive services or episodes of care. Mild clinical symptoms, behaviors and/or functional impairments. Demonstrated capacity to engage in routine outpatient treatment.	14 to 16	Medication Monitoring. Annual Medication Plan for services. Tri-ennial Assessment with a Clinician. Primarily office-based visits.	4 to 12 service contacts per year	Annual	Demonstrates insight and responsiveness to medication treatment with a psychiatrist
3	Medium Intensity Community Based Services	Multiple/significant symptoms and functional impairments. Deterioration in at least one life domain due to psychiatric illness.	17 to 19	Medication Monitoring. Annual Client Plan for services. Tri-ennial Assessment with a Clinician. Intermittent Case Management Services to maintain linkage to psychiatry care. Funding support available if needed to remain in the community. Field-based visits available as needed.	4-24 service contacts per year	Annual, or semi-annual if over 24 service contacts per year are necessary to maintain stability and independence in the community	Remains symptomatic with mild-to-moderate impairments in social relationships and other life domains
4	High Intensity Community Based Services	Capable of living independently, but requires intensive management by a multidisciplinary treatment team. Includes Mental Health Court, and chronically homeless individuals with persistent psychiatric symptoms.	20 to 22	Medication Monitoring and regular, frequent case management contact, intermittent Clinician contact and consistent funding needs to maintain community-based placement. May engage after hours and crisis services.	24 - 60 service contacts per year	Semi-annual	Remains symptomatic with moderate to severe impairments in multiple life domains. Uses crisis services and may be hsopitalized to maintain community-based independence. May demonstrate problems with engagement in care.
5	High Intensity Wrap-Around Services	Resides in room and board or higher residential setting. Requires intensive, frequent contact, services and funding assistance to remain in the community	23 to 27	Intensive, regular scheduled case management and Clinician contacts, as well as frequent after hours and crisis contacts. Housing is room and board/board and care or higher level, with funding support needed to avoid higher level of care.	60+ service contacts per year	Semi-annual	Remains symptomatic with severe, chronic impairmens in multiple life domains. Moving to lower level of care will increase risk. May demonstrate problems with engagement in care. Lack of progress warrants new treatment strategies and decision trees for crisis on a regular basis.
6	Inpatient Care	IMD/SNF. Typical legal status is LPS Conservatee.	28+	N/A	Quarterly to annual Clinician visits at IMD, focused on reviewing treatment progress and ongoing appropriateness for level of care, as well as potential opportunity for step-down	Quarterly to Semi-annual	Repeat hospitalizations due to severe and persistent psychiatric symptoms awith related functional impairments.

- Questions?