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|  <p style="text-align: center;"><b>County of Sacramento<br/>Department of Health Services<br/>Division of Behavioral Health<br/>Services<br/>Policy and Procedure</b></p> | Policy Issuer<br>(Unit/Program)     | Mental Health |
|  | Policy Number                       | 04-08         |
|  | Effective Date                      | 01-14-08      |
|  | Revision Date                       | 10-21-20      |
| Title:<br><b>Level of Care Utilization System<br/>(LOCUS)</b>  | Functional Area:<br><b>Programs</b> |               |
| <p>Approved By: <i>Signed version available upon request</i></p><br><p>Melissa Jacobs, LCSW<br/>Division Manager</p><br><p>Kelli Weaver, LCSW<br/>Division Manager</p>   |                                     |               |

**BACKGROUND/CONTEXT:**

The Division of Behavioral Health Services (BHS) offers a continuum of mental health services for clients and families appropriate to their unique needs. This policy provides information on how the Level of Care Utilization System (LOCUS) is used to support level of care and service need determination. The LOCUS was developed by the American Association of Community Psychiatrists to provide a standardized assessment approach in determining level of care and service needs.

**Definitions:**

Access – A Behavioral Health Services (BHS) team of licensed mental health professionals who provide Sacramento County residents with referrals and linkages to mental health services. Team members determine eligibility for services based on referral information contained in a service request and by conducting a phone assessment in the individual’s primary language. Bilingual staff, interpreters and Telephone Typewriter (TTY) or Telecommunication Device for the Deaf (TDD) are available at no cost.

Avatar – A web-based electronic health record used by BHS, contracted mental health providers and contracted alcohol and drug services providers. Users document services, manage billing, and produce data reports.

Intensive Placement Team (IPT) – A clinical team of designated adult mental health staff who evaluate referrals for high intensity outpatient services and subacute placement. The IPT provides service authorizations, monitors the care of individuals receiving treatment within an authorized secured setting, promotes recovery efforts, collaborates with treatment teams, offers input into client treatment plans, attends utilization reviews, provides consultation when needed, and assists in discharge planning for clients stepping down to the community.

**PURPOSE:**

To provide an overview of the process for determining level of care utilizing the LOCUS.

**DETAILS:**

**I. LOCUS DESCRIPTION**

**A. Evaluation Dimensions:**

1. LOCUS is a standardized tool that provides a consistent data set across six evaluation dimensions. The dimensions include the following:

|     |   |
|-----|---|
| I   | Risk of Harm  |
| II  | Functional Status   |
| III | Medical, Addictive and Psychiatric Co-Morbidity                   |
| IV  | Recovery Environment<br>A. Level of Stress<br>B. Level of Support |
| V   | Treatment and Recovery History                                    |
| VI  | Engagement  |

2. Recovery Environment has two subscales (level of stress and level of support). The other dimensions have only one scale.
3. Each dimension has a five-point scale with specific behavioral

criteria for staff use in scoring.

**B. Levels of Care:**

1. There are six levels of care defined within the service continuum:

| <b>Service Intensity Score</b> | <b>Level of Care Descriptions</b>   |                                    |
|--------------------------------|---|------------------------------------|
| Low<br>(1)                     | Recovery maintenance, health management, medication management, site-based support. No 24/7 crisis support.                         | See Attachment A:<br>Services Grid |
| Low-Moderate<br>(2)            | Primarily site-based with community-based services in order to engage clients to services when needed. No 24/7 crisis support.      |                                    |
| Moderate<br>(3)                | Community-based services that do not require daily supervision but treatment may be several times weekly, with 24/7 crisis on-call. |                                    |
| High<br>(4)                    | Community-based intensive services with 24/7 crisis support.  |                                    |
| Subacute<br>(5)                | 24/7 observation and medically managed residential services.  |                                    |
| Subacute<br>(6)                | 24/7 secured and medically managed residential services.  |                                    |

2. Each level is defined in terms of four variables:

- a. Care Environment
- b. Clinical Capabilities
- c. Supportive Services
- d. Crisis Resolution and Prevention Services

**C. Rationale for using the LOCUS process:**

1. Assists clinical staff to measure and document clinical necessity for appropriate levels of care. LOCUS functions as a "decision support tool" and part of a full culturally competent clinical assessment.
2. Assists staff across agencies in guiding a level of care decision based on multiple parameters versus a limited data set such as diagnosis or length of hospitalization.
3. Enables treatment teams to review progress over time and may provide a treatment focus in some areas, *e.g.*, working on client's level of support.
4. Promotes program and system accountability.

**D. Indications for Use:**

1. A LOCUS is completed when clinically indicated to help determine level of care needs for a new client referred to the Mental Health Plan (MHP), or for a change in level of care for an existing MHP client as follows:
  - a. To determine eligibility for a full service partnership (FSP) or subacute placement, a LOCUS assessment must be completed.
  - b. The current service provider or treatment team submits a LOCUS Request to the County Intensive Placement Team (IPT).
  - c. Providers with access to Avatar will submit a Service Request in Avatar with the Requested Action Type "IPT - LOCUS Assessment."
  - d. Referring parties with no access to Avatar will fax a LOCUS Request form located on the County Behavioral Health Services website to the fax number indicated on the form.
  - e. A County LOCUS trained person will complete the LOCUS assessment with the treatment team.
  - f. Exception: A LOCUS is not valid when a client's condition is medically and/or psychiatrically acute or the client has a significant head trauma, or developmental disabilities.

- g. The assigned County Program Coordinator will review the completed LOCUS assessment along with collateral information to determine FSP or subacute level of care in collaboration with the treatment team.
- h. If approved for an FSP level of care, the County Program Coordinator will admit the client to identified FSP in Avatar.
- i. If approved for a subacute level of care, the IPT County Program Coordinator will take next steps consistent with County policy – MH 04-03 Subacute Placement Referrals.

**E. Application of LOCUS:**

- 1. Staff must be Sacramento County LOCUS trained to complete a LOCUS assessment.
- 2. The LOCUS assessment should occur in a team environment that can include internal and external partners involved in client care.
- 3. Individuals participating in the LOCUS assessment should be objective.
- 4. Each LOCUS dimension has a five-point scale.
- 5. Each item in the scale is described behaviorally for scoring.
- 6. Focus should be on how current behaviors impact current functioning.
- 7. The LOCUS rating and recommendation should be discussed and considered in level of care multi-agency clinical staffing meetings for designated agencies. For clients on LPS Conservatorship, see [BHS P&P 04-02 Multi-Agency Collaboration Agreement](#).

**F. Documentation Requirements:**

- 1. The LOCUS scores are inputted into Avatar, which produces a composite score in the LOCUS Report.
- 2. Behavioral indicators gathered during the assessment are required to be inputted into each domain's Comments Section to justify the score.

3. The General Comments section shall contain the composite score from the LOCUS Report, the recommended level of care, and the justification for the recommended level of care.
4. A progress note shall document a summary of the assessment service that was provided and the disposition.

**Reference(s)/Attachments:**

[Service Continuum Grid](#)

**Related Policies:**

[QM P&P 01-07 Determination for Medical Necessity and Target Population](#)

[MH P&P 01-03 Levels of Care](#)

[MH P&P 04-03 Subacute Placement Referrals](#)

[Adult MH P&P 09-02 Multi-Agency Collaboration](#)

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