



The American Association for Community Psychiatry

Level of Care Utilization System

(LOCUS®)

Patient and Family Guide

Introduction

When you or someone you care about requires services to treat a behavioral health condition (mental illness and/or substance use disorder and/or cognitive disability), you deserve to know about the care that is best suited to help you or your loved one recover and to live a satisfying life. At times it can be challenging for all of those involved in making care decisions to agree about what services are necessary. The clinicians who provide the care, the insurers, family, and friends can disagree about what care should be provided and what care will be paid for. This can create stress for all involved, and especially for those in need of treatment and their loved ones. In response to this, in 1996 the American Association for Community Psychiatry (AACCP) released the Level of Care Utilization Services Tool, or LOCUS. The LOCUS is an assessment tool that helps clinicians, insurers, and those in need of behavioral health services, to make treatment decisions in a way that is consistent, fair, and effective. The tool provides a common language and way of understanding what care is needed, when and for how long. The tool is designed to guide treatment decisions for adults aged 18+. Other tools within the LOCUS family of tools, developed in collaboration with American Academy of Child and Adolescent Psychiatry, are used for children and adolescents: the CALOCUS/CASII for ages 6-18; the ECSII for ages 0-5.

Our company wants to be sure that decisions about the care our members receive is unbiased, effective, and consistent with professional standards. For this reason, we will be using LOCUS to guide those decisions.

Who is the AACCP?

The AACCP is an independent, professional organization of community psychiatrists and other community psychiatric professionals who are committed to promoting health, recovery, and resilience in people, families, and communities.

How does the LOCUS work?

The LOCUS considers a person's needs holistically and asks questions that help the care team to consider all the factors that influence a person's health and well-being. The LOCUS assessment tool is completed by answering questions divided into six categories, called 'dimensions,' that describe different aspects of a person and their illness. Questions in each of the 6 dimensions can have a score from 1 to 5.

The 6 dimensions included in the LOCUS are:

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1. **Risk of Harm:** This dimension considers a person's safety towards themselves, and others.
2. **Functional Status:** This dimension considers how a person is able to function in their daily life, and how their illness may stop them from doing the things they need and want to do.
3. **Medical, Addictive and Psychiatric Co-Morbidity:** this dimension considers the different types of conditions that may be impacting a person's life, and how the conditions interact with one another.
4. **Recovery Environment (Stress and Support in the Environment):** this dimension considers the degree of stress a person may be experiencing in their current (or planned) living setting, and the types of support they have available to aid their recovery.
5. **Treatment and Recovery History:** This dimension considers a person's previous experience with receiving behavioral health treatment and how they responded to that treatment.
6. **Engagement and Recovery Status:** This dimension considers a person's interest in and willingness to receive treatment, and their understanding of their need for treatment.

Based on how these questions are answered an individual score will be created for each person. The score is usually created through a computer program, but sometimes it can also be arrived at by adding up the individual scores for each of the 6 dimensions. In most instances, higher scores on the LOCUS indicate that a person needs more intense, or more frequent services, but this is not always the case. For example, in instances where a person is shown to have a supportive recovery environment (a low score in Dimension 4) or a history of responding very well to treatments (a low score in Dimension 5), they may be appropriate for a service of a lower intensity despite having significant impairment to their functioning (a high score on Dimension 2). Or, if a person's safety appears to be at immediate risk, the "risk of harm" dimension alone (a high score on Dimension 1) is weighed more heavily than the others in the calculation of the recommended level of care. A person's scores on each of the six dimensions typically change over time, so it is normal and expected that a person's score on the LOCUS will change at different points in time.

Levels of Care

Once generated, the LOCUS score is used to recommend a person for a **Level of Care**. There are 7 different Levels of Care described in the LOCUS that differ according to:

- The types of services and supports available.
- The type and amount of staff support available.
- How often treatment or services are provided.
- The setting in which the treatment or services are provided.
- The ability of the treatment or service setting to manage the safety of people who are at risk of harming themselves or others.

In general, the three lowest Levels of Care represent more routine outpatient or community-based services, the next two levels represent more intensive outpatient or community-based services, and the two highest levels represent services typically provided in residential and inpatient/hospital-based settings. Within each Level of Care, there can be an array of different services that can be selected and combined according to individual needs to help the person achieve recovery. In this way, the care team can create a treatment plan that is uniquely suited to the person. When the LOCUS is completed, and one of these Levels of Care is recommended individuals living with behavioral health conditions, their families, care teams and insurance providers have a common understanding not only of the types of services but also the intensity of services that will help them to work together to make the right treatment decisions.

The Levels of Care that are included in the LOCUS are listed here:

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LEVEL 0: BASIC COMMUNITY BASED CRISIS & PREVENTION SERVICES

Level 0 describes a basic level of services and supports that is available to anyone in the community at any time. These "basic" supports are there when you need them. They are intended to provide support, address crisis situations, and offer prevention services. When someone is recommended for a level at care at level 0, they are not anticipated as needing ongoing treatment or support. For example, a person, without an existing mental illness, who experiences a sudden death in their family, may feel overwhelmed and destabilized in the short term. After one session of crisis counselling, they may feel some relief, and feel they can return to normal daily functioning using their existing supports. In this case, no regular, ongoing professional care is indicated. This is an example of Level 0.

LEVEL 1: RECOVERY MAINTENANCE & HEALTH MANAGEMENT

This describes a low-intensity level of care. It is always intended for people living with a mental illness or substance use disorder that is stable and managed. People who participate in this level can live independently in the community and are usually stepping down from a more intensive treatment level. This level typically involves regular but not necessarily frequent contact with professionals. For example, a person who has major depression and alcohol use disorder, but who is managing well on medication and has been sober for a long time, may have check-ins with their prescribing physician annually, meet with a counsellor monthly, and attend AA meetings in their community. This is an example of a Level 1 array of services.

Services within this level can be delivered in a variety of settings and may include participation in additional services such as vocational training, or recovery support programs such as 12 Step meetings.

LEVEL 2: LOW INTENSITY COMMUNITY BASED SERVICES

This level describes clinical services that are provided on a periodic basis, usually ranging from weekly to monthly. This level of service is common for people presenting with less severe or less disabling behavioral health conditions, who have lower levels of risk, higher levels of baseline and current functioning, and more supports. For example, a person living with an anxiety disorder which is impairing their sleep and reducing their job performance receives outpatient counselling once per week, along with medication, and feels that they are making gains in this service. This is an example of a Level 2 array of services.

LEVEL 3: HIGH INTENSITY COMMUNITY BASED SERVICES

This level is for people whose conditions are more severe, with greater instability, more dysfunction, and more need for treatment support, than those in Level 2, but who are able to manage safely in a community setting. These individuals need more intensive attention, structure, and contact, usually several days per week, for up to several hours per day. These services involve contact with clinicians more frequently, and receipt of services more often.

For example, a mother with three children, who has a severe trauma history, and diagnoses of post-traumatic stress disorder, major depression, and alcohol use disorder, experiences an acute crisis after her abusive boy friend leaves her. She has suicidal thoughts, and increased drinking, but desperately wants to stay home to take care of her children. She benefits from three times per week crisis intervention, including individual and group treatment, while her children are in school, until the crisis resolves.

This level of care may involve greater use of case management, or services that work to organize care and services around a person. It may also include mobile service capability, structured day

programming, and rehabilitation services. Examples of this level include intensive case management, intensive outpatient, and intensive community-based crisis intervention.

LEVEL 4: MEDICALLY MONITORED NON-RESIDENTIAL SERVICES

This level of care is for those who need a great deal of structure, support and monitoring in order to live safely and successfully in the community. With appropriately matched supports and services individuals at this level of care do not require an onsite living situation for their treatment. This level generally includes a comprehensive array of different types of professional clinical services (e.g., psychiatric, counseling), supports (e.g., vocational, transportation) and rehabilitative services, as well as 24-hour availability of clinical support. Clients in this level are followed closely. Daily contact with treatment providers is generally available, and intensive case management or care coordination is provided. Examples of this level include Assertive Community Treatment and Partial Hospitalization.

For example, an individual with a psychotic illness, mild cognitive disability, and substance use disorder is able to live in the community in a supported apartment with daily contact with his Assertive Community Treatment team, which brings his medication to him on a regular basis, and provides intensive case management, skill building, substance use disorder counseling, and rehabilitation.

LEVEL 5: MEDICALLY MONITORED RESIDENTIAL SERVICES

This level of care is for those with higher levels of risk, more difficulties with daily functioning, and less access to or ability to use supports in the home. Level 5 commonly involves residential-based services, though it may also be provided through intensive in-home support. There is a great deal of structure and intervention provided, with intensive monitoring and some level of 24 hour access to nursing and medical monitoring. This level does not however provide capacity for secure care, nor is there the ability to place someone at extreme risk in seclusion or restraints. This level can include both short-term acute settings as well as longer term settings where ongoing care is provided to those with severe and persistent disabilities that require continual support and monitoring. All Level 5 settings include counseling and/or rehabilitation, medication, case management, and liaison with community care providers.

For example, a young man with an intellectual/developmental disability and psychosis experiences increased paranoia in his community living situation. He is willing to accept help and has a good relationship with his existing community supports team. He agrees to go to a crisis residential program where his medication can be adjusted and the stresses that led to his increased paranoia can be addressed, so that he can safely return home.

LEVEL 6: MEDICALLY MANAGED RESIDENTIAL SERVICES

This level of care involves the most medically intensive and usually secure care. This level has traditionally been provided in a psychiatric hospital setting, a psychiatric unit in a general hospital, or in an equivalent psychiatric health facility. This is a level of care generally used for those experiencing the greatest severity of behavioral health condition(s), whether acutely, or (for a small subset of individuals) for a longer period. It is provided in an environment that allows persons who are at high risk of harm and/or with severe dysfunction and lack of engagement to be managed safely until their condition improves. The clinical attention and level of intervention provided is generally intense. Medication can be managed, adjusted, and dispensed daily. Structured programming is available through the day. The main goal at this highest level of care is to achieve stabilization such that a person is able to move into a less restrictive setting as quickly as possible.

Who completes the LOCUS?

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The LOCUS assessment can be completed by a clinician or a mental health provider as part of routine clinical assessment. It may be done as part of an initial comprehensive assessment to help develop recommendations about the most appropriate intensity of services to best meet an individual's needs for both safety and support. The LOCUS is often useful at times of transitions, such as when considering admission or discharge from an inpatient psychiatric unit. It can also be used by insurance providers who wish to review whether someone is receiving the right intensity of care, and whether services are being used in the most cost-efficient way. The LOCUS is designed to be easy to understand and to use. This means that people who need behavioral health services and their family members can fully participate in completing the LOCUS along with the members of their care team. The AACCP designed the LOCUS so that those in need of care can participate in defining their needs and in planning for the care that will best support them to recover.

What happens if you or your care team disagree with what the LOCUS recommends?

The LOCUS is a tool that provides recommendations. It does not replace the clinical judgement of the members of a care team, or the wishes or preferences of a person in need of services. There may be times when the LOCUS generates a recommendation for a level of care for which services are not available or don't exist in that community. In these cases, members of a care team can work together to identify services available that are effective and safe, and which most closely match that level of care. The LOCUS can also serve to help focus conversations about why different stakeholders (patients, their families, providers or payers) may have different opinions about which level of care is indicated at the time. Using an objective tool like the LOCUS can help bring those different perspectives into alignment and thus provide a better ability to develop agreement about what level of service intensity will best meet the needs of the individual and family.