LOCUS/ CALOCUS

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LOCUS & CALOCUS

- LOCUS = Level Of Care Utilization System
- CALOCUS = Child/Adolescent Level Of Care Utilization System
- Created by the American Association of Community Psychiatrists
- Created in order to provide a tool to:
  - Use relevant data to determine level of care placement recommendations for
    - Admission, continued stay, (envisioned as continuing need for service), and discharge
  - To improve clinical outcomes

WHAT IS THE LOCUS?

- A system for evaluating the current status of clients and their needs based on six evaluation dimensions.
  - 1) Risk of harm
  - 2) Functional status
  - 3) Medical, addictive and psychiatric co-morbidity
  - 4) Recovery environment: stress and support
  - 5) Treatment and recovery history
  - 6) Engagement

WHAT IS CALOCUS

- A system for evaluating the current status of clients and their needs based on six evaluation dimensions.
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  - 5) Treatment and recovery history
  - 6) Engagement: child/adolescent and parent/caregiver

Continuum of Care

- Levels of Care
  - Recovery maintenance and health management
  - Low intensity community-based
  - High intensity community-based
  - Medically monitored non-residential
  - Medically monitored residential
  - Medically managed residential

History of LOCUS

- Developed to combat problems in the distribution of treatment resources and treatment decisions.
- Wanted consistency in the management of behavioral health care resources and wanted to utilize all levels of care efficiently.

HISTORY OF LOCUS

- Simple to use
- Levels of care are flexible – describes resources and intensity, not programs – adaptable to any continuum of care
- Measures both psychiatric and addiction problems and their impact on the client - can be used for dually diagnosed
- CALOCUS also measures developmental disabilities.
- Dynamic model – measures clients' needs over time – eliminates need for separate admission, discharge and continuing stay criteria when using this instrument

USE OF LOCUS/CALOCUS, CONT.

- Part of the pre-authorization and re-authorization process
- Decision support tool to help measure and document clinical necessity for client placement

LIMITATION OF TOOLS:

- They do not:
  - Tell you how to design your programs.
  - Specify treatment interventions- but can act as a guide for treatment planning.
  - Negate clinical judgment – if you and the score don't agree, then rely on your own judgment.
  - Limit creativity: You determine interventions, the focus of services, and the design of a program.

Determination Process:

- A methodology for quantifying the assessment of service needs in order to reliably place a client into the service continuum.
  - Utilizes independent criteria
  - Uses a 1 – 5 point rating system within each dimension that leads to a composite score
  - Uses an algorithm, "AACP Level of Care Determination Tree" that considers the composite score and the interaction of dimensional scores and independent criteria to obtain the level of care recommendation

Dimensional Rating System

- Assesses the level of severity of a client's need
- Each point has one or more criteria
- Only 1 criterion needs to be met for the rating to be assigned
- If there are criteria in two different rating points, pick the highest
- Do not add criteria to get a higher score
- In dimension VI in the CALOCUS, you only use the highest of the two scores

Dimensional Rating System

- Dimensional ratings range from minimal to extreme
- Pick the closest fit – error on side of caution when necessary
- Use interview, intuition, MSE information, family, school, and collaborative data

Dimensional Rating System

- Presenting problem is the primary problem
- Other problems may be co-morbid conditions
  - Does the condition exacerbate or have the potential to prolong the course of treatment?
- Evaluate client as he/she appears in the present
- Exception: If a client is in a residential placement, rate "recovery environment" (level of stress & level of support) according to their home environment

CONCEPTS

- Assessment needs to be completed first
- A diagnosis is not necessary
  - Prioritizes needs: current needs
  - Recognizes needs can change resulting in the completion of a new LOCUS evaluation

CONCEPTS CONT.:

- Think about the following:
  - What is the client's baseline? Where are they now in relationship to their baseline?
  - Differentiate between chronic and acute risk of harm
    - Chronic issues usually fall in the 2 or 3 scores
    - Acute issues usually fall in the 3,4,5 scores
  - Look at operative words: "and," "or," "with," "but," "without"
    - **Highlight words in LOCUS criteria and use them to fine-tune your scoring**

Dimension 1: Risk of Harm

- Measures two different things:
  - Degree of suicidal/homicidal ideation, behavior and/or intentions
  - Degree to which the client's perceptions/ judgment/or impulse control is impaired creating danger for them or others

Dimension 1: Risk of Harm

- What is the client's current level of distress? Are they wringing hands, unable to answer, incoherent, tearing, fidgeting, saying things that indicate a level of distress?
- Is intoxication a factor? It may be a transient risk of harm.

Dimension 1: Risk of Harm

- Many statements build on one another as they move up in the scoring.
- No suicidal thoughts – no plan, but may have had transient thought(2.a)
- No suicidal thoughts – but distress or some minor past attempts (3.b)
- Suicidal thoughts – without plan, no past attempts (3.a)
- Suicidal thoughts – with plan, with past attempts but without means to carry out behavior (4.a)

Dimension 1: Risk of Harm

- Remember - some clients may have a chronic history of engagement in dangerous behavior
  - Usually scored lower unless:
    - There is a departure from baseline

- **See Independent Placement criteria: if client has a 4 or 5**

Dimension 2: Functional Status

- Four factors:
  - Ability to fulfill obligations at work, school, home, etc.
  - Ability to interact with others
  - Family, friends, socially , co-workers
  - Look at relationships they have and that have acutely changed.

Dimension 2: Functional Status

- Factors:
  - ADL (activities of daily life) status:
    - Eating, sleeping, activity level, sexual appetite, etc.
  - Ability to care for self:
    - Decision making
    - Appearance, hygiene
    - Environment

Dimension 2: Functional Status

- Remember, differentiate between acute and chronic issues – as with risk of harm
  - **Persons with chronic deficits with no acute changes in status are given a 3. Do not compare them to a baseline or ideal. 3 (e)**
  - Don't confuse this with risk of harm.

Focus is on psychiatric or addictive causes for functional deficits – not physical disabilities

See Independent placement criteria for a score of 4 or 5

Dimension 3: Medical, Addictive, Psychiatric Co-morbidity

- Co-morbidity is recognized as another condition that is or has the potential to exacerbate the primary or presenting problem
  - Does not imply the importance of one over the other

Dimension 3: Medical, Addictive, Psychiatric Co-morbidity

- Looking at the interactions of co-existing illnesses – not psychiatric on psychological

  - **Primary issue and comorbidity:**
    - Psychiatric with medical
    - Psychiatric with substance abuse
    - Substance abuse with psychiatric
    - Substance abuse with medical

Dimension 3: Medical, Addictive, Psychiatric Co-morbidity

- Triple diagnoses, use same model; pick primary, and both secondary problems become co-morbidities
- For substance abusers – physical withdrawal is considered to be a medical co-morbidity
- **See independent placement criteria for a score of 4 or 5.**

Dimension 4: Recovery Environment

- Environmental factors that contribute to onset or the continuation of addiction or mental illness

- **Clients in a residential setting (protected environment) should be evaluated the following way:**

  - **"Rate them based on the conditions (stress & support) the client will experience if they leave the protected environment."**

Dimension 4: Recovery Environment

Two scores:

- **1. Level of stress:**

- What in the client's life is impeding progress towards recovery or treatment? Looking at specific stressors and their level:
  - Transitional adjustments
  - Exposure to drugs and alcohol

Dimension 4: Recovery Environment

- **Stress continued:**
  - Performance pressures in life roles/new roles
  - Disruptions in family and/or other relationships

- How does client perceive these pressures? Low/high/overwhelming levels of demand or perceived pressure to perform?

Dimension 4: Recovery Environment

2. Level of support:

- What in the client's life is assisting/supporting treatment or recovery?

- What helps the client maintain their mental health/recovery in the face of stressful circumstances?

Dimension 4: Recovery Environment

- **Support continued:**
  - Will supports be available and able to participate?
  - Low to high levels of support may be available, but also look at ability of client to engage or use supports.

- **<u>If client is in an ACT – score must be 1 if effectively engaged</u>**

Dimension 5: Treatment and Recovery History

- Assumes history may give some indication of how client will react to treatment.
  - Past exposure to and use of treatment
  - Past history of managing a recovery once out of treatment or at basic levels of care
  - Durability of recovery

Dimension 5: Treatment and Recovery History

- Assumes:
  - If someone has had a difficult time being able to manage recovery in the past with treatment –consider the value of more intensive services.
  - Clinical judgment: What types of more intensive services? You do not need to repeat past mistakes. Use flexibility of LOCUS.
- What is recovery?
  - A period of stability with good control of symptoms.

Dimension 5: Treatment and Recovery History

- More weight should be placed on more recent experiences
- History must be relevant to be scored
- No prior treatment = 1a

Dimension 6: Engagement

- 2 factors:
  - Client's understanding of illness and treatment
  - Client's willingness to engage in treatment and recovery

- Consider
  - Acceptance of illness
  - Desire for change
  - Ability to trust others
  - Ability to interact with sources of help
  - Ability to accept responsibility for recovery

Dimension 6: Engagement

- Basic insight: Should lead to lower scores
- Help-seeking behaviors: can they use treatment resources independently? Is the individual interested in treatment? Willing to participate?
  - Not cooperation and compliance, but ability and interest.
- Ability to seek and use help should lower scores

CALOCUS

- Fundamental principles:
  - Creates common framework for decision-making on level of care placement, continued stay, & outcomes
  - Based on adult LOCUS
  - Reflects developmental perspective and family focus
  - Applied to C&A ages 6 through 18
  - No cutoff age for using adult vs. C&A version (use most appropriate depending on developmental level)
  - Applies to mental illness, substance use, and developmental disorders

FOUNDATIONS

- Combine assessment (client's needs) with levels of care (treatment resources)
- Measure psychiatric, addiction and developmental disorders individually or as overlapping clinical disorders
- Ease of use, time-effective, adaptable

Evaluation Dimensions

- Risk of harm
- Functional status
- Co-morbidity
- Recovery environment (stress + support)
- Resiliency and treatment history
- Acceptance and engagement

  (Scale A - C&A, Scale B - parent/caretaker)

Risk of Harm

- Potential to be harmed by others or to cause significant harm to self or others
- Frequently manifested by suicidal/homicidal behaviors/thoughts
- May embody unintentional harm from distorted reality, inability to care for self, impaired judgement, or intoxication
- Assess level of distress **(significant/extreme?)**
- Differentiate between chronic and acute

Risk of Harm, (cont.)

- Suicidal or homicidal thought or impulses
- Physical or sexually aggressive impulses
- Developmentally appropriate to maintain health and safety
- Victimization, abuse or neglect
- Substance use/abuse

FUNCTIONAL STATUS

- 4 Factors considered:
  - **Ability to fulfill responsibilities**
  - **Ability to interact with others**
  - **Maintain levels of functioning (ADL's, activity level, etc.)**
  - **Ability to care for themselves**

- Compare to baseline or "expected" level

- Base rating on recent changes

  (chronic vs. acute)

Co-Morbidity

- Measures coexistence of disorders across 4 domains (developmental, medical, substance abuse, psychiatric)
- Identify presenting condition (most readily apparent issue)
- Conditions identified later are “co-morbid”
- Physiological withdrawal is “medical” co-morbidity
- Co-morbid issues may prolong illness and necessitate more intensive/additional services

CO-MORBIDITY, (CONT.)

- Psychiatric with developmental, substance abuse, medical.
- Substance abuse with psychiatric, developmental, medical.

Recovery Environment (R.E) (cont.)

- Acknowledges that children and adolescents are dependent on, and have less control, over their environment than adults
- Recovery environment includes: home, school, medical, social services, juvenile justice, etc., where involvement is ongoing
- R.E. is divided into 2 sub-scales:
  - Environmental stress
  - Environmental support

Recovery Environment

- Considers factors in the environment that contribute to the primary disorder and factors that support efforts for recovery

- Base rating on what the client would experience in home or "un-protected" environment

Recovery Environment (cont.)

Stressful elements:

- Interpersonal conflicts
- Trauma
- Life transitions
- Losses
- Worries related to health / safety
- Difficulty maintaining role responsibilities

Recovery Environment (cont.)

Supportive elements:

- Stable, supportive relationships w/ family
- Adequate housing
- Adequate material resources
- Stable, supportive relationships w/ friends, employers, teachers, clergy, professionals, and other community members

Resiliency & Treatment History

- "Resiliency" refers to innate or constitutional emotional strength and capacity for successful adaptation
- Recognizes that natural history of responses to treatment provides some indication of how he/she is likely to respond in the future
- Places more weight on recent experiences than those occurring in the past
- "Recovery" is defined as period of stability but also as a resumption of progress to the expected developmental level.

Acceptance and Engagement

- Measures both the child and adolescent's (C&A) and the primary caretaker's acceptance and engagement in treatment
- Divided into 2 sub-scales to reflect the importance of primary care taker's willingness and ability to participate in treatment
- If C&A is emancipated, the caretaker's sub-scale is not scored
- Only the highest of the 2 subscale scores is added into the composite score

Acceptance & Engagement (cont.)

<u>C&A acceptance and engagement</u>

Measures C&A's ability to:

- Form a positive therapeutic relationship
- Define the presenting problem
- Accept responsibility for presenting problem
- Accept a role in the treatment process
- Actively cooperate in treatment

ACCEPTANCE & ENGAGEMENT (CONT.)

Caretaker acceptance and engagement

Measures caretaker's ability to:

- Form a positive therapeutic relationship
- Engage with the clinician in defining presenting problem
- Explore their role as it impact the problem
- Take an active role in the treatment planning and process

REFERENCES

- LOCUS 2010 Training Manual, written by Wesley S. Sowers, MD and Robert D. Benacci, LPC

- CALOCUS 2010 Training Manual, written by Wesley S. Sowers, MD and Robert D. Benacci, LPC.

- Consultations with Wesley S. Sowers, MD