SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: BC144

NAME: LOCUS IMPLEMENTATION AND TRAINING

INITIAL APPROVAL DATE: 05/13/2020 BY: Administrative Committee

(LAST) REVISION DATE: 07/20/2023 BY: COO

(LAST) REVIEW DATE: 08/15/2024 BY: Policy Committee

DISCONTINUED DATE: N/A REPLACED BY: N/A

I. PURPOSE

To ensure that Sanilac County Community Mental Health Authority (Sanilac CMH) administers the LOCUS tool with fidelity, to adults receiving mental health or substance use services. This policy will clarify the training requirements, plan and implementation, the use of the LOCUS tool and the outcome monitoring process improvement plan.

II. APPLICATION

Populations: Adults with a Mental Illness, SUD, or Dual Diagnosis

Programs: **Direct – All**

Contracted - All

III. PROCEDURE

- A. Sanilac CMH maintains a training approach for the LOCUS assessment tool that promotes reliability, fidelity, and sustainability.
 - a. On going refresher training is taught by a certified LOCUS Trainer who has completed the LOCUS Train-The-Trainer course.
 - b. Clinicians/Care Managers will successfully complete online state approved LOCUS training within 90 days of hire and every 2 years thereafter.
 - c. Clinicians/Care Managers have the opportunity to refine their LOCUS use skills at ongoing trainings, during monthly supervision, during department staff meetings, via one-on-one outreach and coaching; additional specific areas of training are available at CMHAM.org.
- B. LOCUS is completed for all adults with a mental health diagnosis who are eligible for behavioral health/substance use services upon intake assessment, quarterly thereafter and at discharge.
- C. The LOCUS is used in conjunction with other relevant tools to provide a full picture of client needs. Scoring of the LOCUS is based upon feedback obtained from review of clinical history, current level of functioning, related documentation from ancillary sources, and direct input from individuals receiving services.

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- a. Comprehensive assessments include, but not limited to:
 - i. Biopsychosocial
 - ii. Psychiatric Evaluation/Medication Review
 - iii. Medical Information
 - iv. Substance Use Assessment (if applicable)
 - v. LOCUS
- b. The following Level of Care Guidelines are available to Clinicians/Care Managers to ensure that individuals seeking and receiving services receive consistently appropriate services for their care needs:
 - i. LOCUS 10-13 (Maintenance Recovery)
 - ii. LOCUS 14-16 (Low Intensity)
 - iii. LOCUS 17-19 (Moderate Intensity)
 - iv. LOCUS 20-27 (High Intensity)
 - v. LOCUS 28+ (Acute)
- c. Anytime a Clinician/Care Manager completes an override on the LOCUS assessment, they are to document the following information within the LOCUS:
 - i. Specific factors that are resulting in the override for either an increase or decrease in the recommended services.
 - ii. Treatment recommendation and level of care.
 - iii. Describe services and scope to ensure individual safety and progress.
- D. Outcome Monitoring and Process Improvement
 - a. Agency leadership utilize a standardized approach to monitor the process of the implementation and use of the LOCUS tool to ensure consistency with organizational policy or procedure.
 - b. Outcomes are monitored at least twice per year and discussed at the Quality Improvement Committee to identify areas for improvement.
 - c. The following outcomes are monitored by the Quality Improvement Committee:
 - i. LOCUS assessments are completed initially and quarterly thereafter and at discharge.
 - ii. Clinical rationale for overrides is documented and appropriate.

IV. DEFINITIONS

LOCUS: Level of Care Utilization System (LOCUS) assessment is a level of care tool to help determine the resource intensity needs of individuals who receive adult mental health services.

V. ATTACHMENTS

None.

VI. REFERENCES

None.