



Quality Assurance Bulletin

Quality Assurance Unit

County of Los Angeles – Department of Mental Health

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LOCUS IMPLEMENTATION

This Bulletin provides information related to the implementation of a level of care tool for adults receiving outpatient services within the Los Angeles County Department of Mental Health (DMH) system of care. A standardized level of care tool allows the system to calibrate service availability to service needs which assists in providing timely access to care, manageable and equitable workloads, and quality care. DMH has selected the Level of Care Utilization Scale (LOCUS) as the level of care tool for adults to improve flow between the levels of outpatient care into and through the mental health system. In addition, the LOCUS will establish consistent language regarding the needs of clients, service expectations, and approaches to transitioning care across the entire outpatient system. Below are the level descriptions/programs for each LOCUS level of care along with the clinical presentation and service frequency to assist practitioners when treatment planning with clients:

Level 6	Clinical Presentation	Unable to manage activities of daily living without regular support
	Description/Programs	Institutional Care - Inpatient, Residential (Enriched Residential Services, Institutions for Mental Disease (IMD) Step-downs
	Service Type/Frequency	24 hours
Level 5 **	Clinical Presentation	Unhoused, unable to manage activities of daily living
	Description/Programs	Homeless Outreach and Mobile Engagement (HOME) team
	Service Type/Frequency	Daily/multiple times per week
Level 4	Clinical Presentation	High utilizer that meets criteria for Assertive Community Treatment (ACT)-like services, potentially at risk of danger to self or danger to others
	Description/Programs	Intensive Programs such as Full-Service Partnership (FSP), higher intensity Housing Supportive Services Program (HSSP) (formerly Housing FSP), Assisted Outpatient Treatment (AOT)
	Service Type/Frequency	2+ times per week, may also receive Enhanced Care Management (ECM) services
Level 3	Clinical Presentation	Moderate clinical intervention
	Description/Programs	Clinic-based services; step-down from FSP, lower intensity HSSP
	Service Type/Frequency	2-4 times/month, depending on the type of service. Peer services may be more frequent. Focus on therapy, more intensive rehabilitation work and Targeted Case Management, and/or brief Evidence Based Treatment (EBP) tracks
Level 2	Clinical Presentation	Risk of harm is low, managing recovery with limited clinical intervention
	Description/Programs	Clinic-based services; recovery and reintegration focused services
	Service Type/Frequency	1-2 times/month or less, depending on type of service, less focus on therapy, focus on skill groups and peer services and supports
Level 1	Clinical Presentation	Higher functioning with minimal impairments (i.e., does not meet criteria for specialty mental health services (SMHS)
	Description/Programs	Managed Care Plan (MCP)/Primary Care or graduation from SMHS
	Service Type/Frequency	N/A

While the LOCUS provides recommendations for level of care, it is not meant to replace the determination of medically necessary services by the treating provider, clinical judgment of the treatment team, or the wishes or preferences of the client. The administration of the LOCUS provides an opportunity to discuss the results with clients in relation to clinical progress the client has made and can empower clients to meaningfully participate in decisions around transitioning to higher or lower levels of care. The LOCUS promotes the concept that clients can and do recover and that there is a beginning, middle, and end to public mental health treatment.

Note: DMH is in the process of evaluating the Child and Adolescent Needs and Strengths (CANS) as a standardized level of care tool for children (ages 0-20). Additional information regarding level of care for children will be provided at a later time. DMH CalWORKs administration is in the process of evaluating the use of the LOCUS for the CalWORKs population and will be providing additional guidance at a later time. CalWORKs providers should continue to use the existing CalWORKs level of care tools as directed by CalWORKs administration until then.

REQUIREMENTS

The LOCUS will be used by both directly-operated (DO) and Legal Entity (LE) providers that deliver outpatient care to adults 21 years of age and older, regardless of whether the site is considered an adult or child/adolescent site. The initial LOCUS should be completed along with the initial assessment or immediately following the completion of the assessment. After the initial administration, the LOCUS should be administered at regular six-month intervals, at a minimum. For existing clients, the LOCUS should be completed within 6 months of implementation, then administered at regular six-month intervals.

The LOCUS may be completed by any trained practitioner with sufficient knowledge of a client. It is best practice for the LOCUS to be completed with the client during a previously scheduled/planned service contact (i.e., assessment, rehabilitation, treatment planning). After the initial administration of the LOCUS, providers may want to consider aligning the administration of the LOCUS with the administration of the Needs Evaluation Tool (NET) and/or along with other planned treatment planning sessions. In circumstances where a client is only receiving on-going medication services from a Psychiatrist, a Registered Nurse may administer the LOCUS to the client while evaluating the client, taking vitals and/or providing medication education prior to meeting with the psychiatrist.

Note: If a client only receives crisis intervention or limited assessment services (i.e., does not receive on-going clinical care), the provider is not required to administer the LOCUS. Linkage only teams may utilize the LOCUS to assist in determining the appropriate level of care/treatment program if they have sufficient knowledge of the client to complete the tool.

IMPLEMENTATION

The below guidelines outline the initial administration expectations for new and existing clients upon implementation of the LOCUS. DMH encourages all providers to empower their practitioners to assist in developing an approach to implement and administer the LOCUS with all clients.

- **New clients:** The LOCUS should be administered at or after the completion of an initial assessment.
- **Existing clients:** The initial LOCUS should be completed within six months of provider site implementing the LOCUS.

The implementation of the LOCUS will vary for both DO and LE providers. DMH aims to be fully implemented by all adult outpatient providers by the fall of 2025.

- **Directly-Operated:** There will be a phased implementation process beginning with a cohort of eight sites in different Service Areas to include large, medium, and smaller operations to provide initial feedback to help refine the roll-out to all outpatient providers. The phasing in of providers will continue until full implementation at all outpatient providers is achieved. The target date for full implementation at DO providers is Fall of 2025.
 - **Phase 1:** The first cohort of eight providers will complete training and begin **LOCUS administration to new clients beginning December 1, 2024**. The eight DO providers are:
 - Palmdale Mental Health Center
 - Olive View Mental Health Clinic
 - East San Gabriel Valley Mental Health Center

- Northeast Mental Health Center
- Edelman Mental Health Center
- Augustus F. Hawkins Mental Health Center
- Rio Hondo Community Mental Health Center
- Long Beach Asian Pacific Islander Family Mental Health Center
- Phase 2: Two months following the start of Phase 1, the next cohort of providers will begin implementing the LOCUS.
- Phase 3: Two months following the start of Phase 2, the next cohort of providers will begin implementing the LOCUS.

The phasing in of cohorts will continue until full implementation is achieved with all DO providers.

- Legal Entity Providers: It is expected that all LE outpatient providers be trained and ready to implement the LOCUS by end of **2025**. Providers may implement the LOCUS once they are trained, and practitioners have access to the LOCUS. DMH encourages providers to implement as soon as possible.

TRAINING & CERTIFICATION

In order to utilize the LOCUS, practitioners must complete and pass a one-time, five-hour online LOCUS Certification Training through the American Association for Community Psychiatrists (AACP). DMH recommends all practitioners who deliver or supervise adult clinical services be trained in the administration of the LOCUS. It is encouraged that Psychiatrists and Supervising Psychiatrists also obtain knowledge of the LOCUS for team consultation and treatment planning purposes.

The LOCUS Certification Training is managed by the AACP and can be accessed at this website: <https://lacountytraining.communitypsychiatry.org>. Information and instructions on how to access training was sent to Quality Assurance (QA) leads for each adult outpatient provider by AACP in October 2024. Providers are responsible for ensuring practitioners are trained prior to their implementation of the LOCUS. For more information or questions regarding LOCUS training, please contact LevelofCare@dmh.lacounty.gov.

FORMS & SUBMITTING DATA

For DO providers, the LOCUS will be entered directly into the Integrated Behavioral Health Information System (IBHIS). DO providers will have access to the LOCUS in IBHIS upon their phased implementation. Additional information will be shared on the IBHIS Super User calls related to the LOCUS within IBHIS.

For LE providers, DMH is in development of a LOCUS Application Programming Interface (API) to submit and retrieve LOCUS scores from their own electronic health record (EHR) to DMH within 30 calendar days of completion. The API and associated Companion Guide are expected to be completed in February 2025. DMH plans to provide the LOCUS questions to LE providers beginning in December 2024 for providers to begin planning and development within their EHR.

Note regarding licensing: Because DMH will be providing the LOCUS score through the API, providers are not required to obtain their own LOCUS license. DMH is able to provide the LOCUS score to providers through its contract with Deerfield Solutions. However, if an LE provider wishes to generate their own LOCUS score (not through the DMH API), they must obtain their own license for the LOCUS.

CLAIMING

If the LOCUS is administered as part of a claimable service (e.g., assessment, treatment planning, therapy), the time spent administering the LOCUS with the client may be included in direct care. The LOCUS is not claimable as a stand-alone activity in the absence of a client interaction.

If DMH directly-operated or legal entity providers have questions related to this Bulletin, please contact the QA Policy & Technical Development team at QAPolicy@dmh.lacounty.gov.

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