COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

Quality, Outcomes and Training Division

Level of Care Utilization Scale (LOCUS)-Informed Treatment Planning Guide

This document is intended to provide clinical treatment teams, a guide to treatment planning utilizing the dimensions of the LOCUS as well as the LOCUS score.

The LOCUS Dimensions:

1. Review each LOCUS Dimension to identify key areas to focus treatment:
    a. **Dimension 1- Risk of Harm:** What level of risk does the client pose to themselves or others?
        i. Gear wellness recovery action plans with Cope Ahead[1] strategies to proactively identify coping strategies that can be used when needed. Consider whether safety planning is needed or adjunctive services.
    b. **Dimension 2- Functional Status**: To what degree is the client able to fulfill social responsibilities and engage in interpersonal relationships, maintain self-care (including activities of daily living) and maintain physical functioning?
        i. Does client need skill building/psychosocial education, targeted case management or require assistance with Activities of Daily Living?
    c. **Dimension 3- Medical, addictive and psychiatric co-morbidities**: To what degree do medical, mental health and substance-related co-morbidities impact the presenting mental health condition?
        i. Is the client being treated for present co-morbidities or are referrals needed?
        ii. ~~Do~~ Are treatment plans for each condition consistent and support each other?
        iii. Have medications been reconciled?
    d. **Dimension 4- Recovery environment:** To what degree do environmental, interpersonal, and social factors impact the client's response to treatment?
        i. Does the client have and use skills to address identified factors?
            1. Are stress management and/or conflict resolution skills needed?
        ii. Does the client have adequate support and personal resources in place to protect against more stressful environments?
        iii. Would targeted therapy help the client to successfully address these factors?
        iv. Would the client benefit from self-help resources or community integration opportunities to enhance social connectedness?
        v. Build on and validate identified strengths in the recovery environment.

vi. Assess and address housing stability, transportation, financial stressors, legal involvement, and caregiver burden.

e. **Dimension 5- Treatment and recovery history:** What has been the client's past response to treatment? Did that treatment yield an ability to manage symptoms? Were there triggers that resulted in symptoms returning?
    i. Early identification of symptoms changes through regular use of the PHQ-9 or GAD-7 with review of results with client.
    ii. Where there was a poor response to treatment, what did the client attribute it to? Are there alternative interventions to consider?
    iii. Consider relapse prevention sorts of approaches.

f. **Dimension 6**- **Engagement and recovery status**: The degree to which the client has insight into their illness and actively engages in treatment.
    i. For limited to poor engagement and recovery status, consider utilizing a Stage of Change approach with the client along with Motivational Interviewing.
    ii. With consent, consider involving significant others in treatment as appropriate.
    iii. Consider utilizing a Peer Support Specialist as part of the treatment team to further support engagement.
    iv. Identify and address barriers to treatment participation that may include transportation, stigma, cognition, language, competing priorities or commitment.

LOCUS Scores:

2. For clients scoring in **level 4**: Service frequency 2 or more times per week.
    a. Is the client more appropriate for ACT/FACT or Day Treatment Intensive (DTI)?
        i. To what degree would the client benefit from daytime structure and psychosocial rehabilitation (DTI) vs. intensive case management and 24/7 crisis availability (ACT/FACT)?
        ii. To what degree does the client need field-based services or interventions geared toward reducing institutional/justice-involved care?

3. For clients scoring in **level 3**: Weekly service frequency. Consider the following services:
    a. Weekly individual therapy, focused on treatment targets
        i. Therapeutic modalities available for depression treatment
            1. CBT
            2. Behavioral activation

ii. Therapeutic modalities available for trauma/PTSD treatment
    1. Prolonged Exposure
    2. Cognitive Processing Therapy
    3. Seeking Safety
    4. Interpersonal Psychotherapy
iii. Therapeutic modalities available for anxiety treatment, including Obsessive Compulsive Disorder
    1. Exposure with Response Prevention
    2. CBT
    3. Imaginal exposure
    4. Therapeutic modalities available for co-occurring mental health and substance use conditions
    5. Therapeutic modalities available for clients with disordered eating.
iv. Weekly skill-focused group therapy services
v. Regularly review and/or complete outcome measures (PHQ-9, GAD-7, PCL-5, etc.) to monitor progress and guide treatment adjustments, going over results with the client.
vi. Would client benefit from peer support services?
vii. FSP ICM services for clients who are minimally engaged or who have complex case management needs, including unstable housing.

4. For clients scoring in **level 2**: Service frequency 1-2 times per month or less frequent. Consider the following services:
    a. Monthly psychosocial rehabilitation group and/or individual services focused on skill development, peer support, illness management and recovery, and accessing community supports.
    b. Prepare clients for an eventual transition to a lower level of care.
    c. Encourage increasing client independence and self-management.
    d. Assist client in developing a relapse prevention or wellness maintenance plan.
    e. Increase client awareness of and utilization of community supports and resources.
    f. Consider Supported Employment (if client wishes to seek employment) and/or housing services (for clients who wish to live independently).

1 From *DBT Skills Training Handouts and Worksheets, Second Edition*, by Marsha M. Linehan. Copyright 2015 by Marsha M. Linehan.