

LOCUS QUESTIONNAIRE Booklet

Please do not write on. Enter ratings on LOCUS Recording Form

Level of Care Utilization System for Psychiatric and Addiction Services 2010

Instructions for Use

Each dimension has a scale of one to five. Each score in the scale is defined by one or more criteria. Only one of these criteria need be met for a score to be assigned to the subject. The evaluator should select the highest score or rating in which at least one of the criteria is met.

Sometimes it's not clear which score is the best fit. This may be due to lack of information, conflicting information, or how well a particular case fits the exact criteria for that score. Then we must use clinical judgment and pick the closest fit. The highest score in which it is *more likely than not* that at least one criterion has been met should generally be assigned. The result will be that any errors will be made on the side of caution.

Since LOCUS is designed as a dynamic instrument, scores should be expected to change over time. Scores are generally assigned on a here and now basis, representing the clinical picture at the time of evaluation. **In some of the parameters, historical information is taken into account, but it should not be considered unless it is a clear part of the defined criteria.** In certain crisis situation, the score may change rapidly as interventions are implemented. In other situation, where a subject may be living under very stable circumstances, scores may not change for extended periods of time. Clinical judgment should prevail in the determination of how frequently scores should be reassessed. As a general rule, they will be reassessed more frequently at high levels of acuity and at the higher levels of care or resource intensity.

Once scores have been assigned in all six-evaluation parameters (7 counting the subsections of "Recovery Environment"), they should be recorded on a worksheet and added to obtain the total score. Referring to the LOCUS placement grid, a rough estimate of the placement recommendation can be obtained. For the greatest accuracy, the LOCUS Level of Care decision tree should be employed and it is recommended that it be used in most cases.

When services at all levels of care are not available, placing a person at the closest available higher level is the safest choice.

LOCUS Instrument Version 2010
Evaluation Parameters for Assessment of Service Needs
Definitions

I. Risk of Harm

This dimension of the assessment considers a person's potential to cause significant harm to self or others. While this may most frequently be due to suicidal or homicidal thoughts or intentions, in many cases unintentional harm may result from misinterpretations of reality, from inability to adequately care for oneself, or from altered states of consciousness due to use of intoxicating substances in an uncontrolled manner. For the purposes of evaluation in this parameter, deficits in ability to care for oneself are **considered only in the context of their potential to cause harm.** Likewise, **only behaviors associated with substance use are used to rate risk of harm, not the substance use itself.** In addition to direct evidence of potentially dangerous behavior from interview and observation, **other factors may be considered** in determining the likelihood of **such behavior such as: past history of dangerous behaviors, inability to contract for safety (while contracting for safety does not guarantee it, the inability to do so increases concern), and availability of means.** **When considering historical information, recent patterns of behavior should take precedence over patterns reported from the remote past.** Risk of harm may be rated according to the following criteria:

1- Minimal Risk of Harm
a. No indication of suicidal or homicidal thoughts or impulses, and no history of suicidal or homicidal ideation, and no indication of significant distress.
b. Clear ability to care for self now and in the past.
2- Low Risk of Harm
a. No current suicidal or homicidal ideations, plan, intentions or severe distress, but may have had transient or passive thoughts recently or in the past.
b. Substance use without significant episodes of potentially harmful behaviors.
c. Periods in the past of self-neglect without current evidence of such behavior.
3- Moderate Risk of Harm
a. Significant current suicidal or homicidal ideation without intent or conscious plan and without past history.
b. No active suicidal/homicidal ideation, but extreme distress and /or a history of suicidal/homicidal behavior exists.
c. History of chronic impulsive suicidal/homicidal behavior or threats and current expressions <i>does not represent significant change from baseline.</i>
d. Binge or excessive use of substances resulting in potentially harmful behaviors without current involvement in such behavior.
e. Some evidence of self-neglect and/or compromise in ability to care for oneself in current environment.
4- Serious Risk of Harm
a. Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.
b. History of chronic impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from baseline.
c. Recent pattern of excessive substance use resulting in disinhibition and clearly harmful behaviors with no demonstrated ability to abstain from use.
d. Clear compromise of ability to care adequately for oneself or to be adequately aware of environment.
5- Extreme Risk of Harm
a. Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior... a1. without expressed ambivalence or significant barriers to doing so, OR a2. with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, OR a3. in presence of command hallucinations or delusion which threaten to override usual impulse control.
b. Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
c. Extreme compromise of ability to care for oneself or to adequately monitor environment with evidence of deterioration in physical condition or injury related to these deficits.

II. Functional Status

This dimension of the assessment measures the degree to which a person is able to fulfill social responsibilities, to interact with others, maintain their physical functioning (such as sleep, appetite, energy, etc.), as well as a person's capacity for self care. This ability should be compared against an ideal level of functioning given an individual's limitations, or may be compared to a baseline functional level as determined for an adequate period of time prior to onset of this episode of illness. **Persons with ongoing, longstanding deficits who do not experience any acute changes in their status are the only exception to this rule and are given a rating of three.** IF such deficits are severe enough that they place a client at risk of harm, they will be considered when rating Dimension I in accord with the criteria elaborated there. For the purpose of this document, **sources of impairment should be limited to those directly related to the psychiatric and/or addiction problems that the individual may be experiencing.** While other types of disabilities may play a role in determining what types of support services may be required, they should generally not be considered in determining the placement of a given individual in the behavioral treatment continuum.

1-Minimal Impairment
a. No more than transient impairment in functioning following exposure to an identifiable stressor.
2-Mild Impairment
a. Experiencing some deterioration in interpersonal interactions, with increased irritability, hostility or conflict, but is able to maintain some meaningful and satisfying relationships.
b. Recent experience of some minor disruptions in aspects of self care or usual activities.
c. Developing minor but consistent difficulties in social role functioning and meeting obligations such as difficulty fulfilling parental responsibilities or performing at expected level in work or school, but maintaining ability to continue in those roles.
d. Demonstrating significant improvement in function following a period of deterioration.
3-Moderate Impairment
a. Recently conflicted, withdrawn, alienated or otherwise troubled in most significant relationships, but maintains control of any impulsive or abusive behaviors.
b. Appearance and hygiene falls below usual standards on a frequent basis.
c. Significant disturbances in physical functioning such as sleep, eating habits, activity level, or sexual appetite, which do not pose a serious threat to health.
d. Significant deterioration in ability to fulfill responsibilities and obligations to job, school, self, or significant others and these may be avoided or neglected on some occasions.
e. Ongoing and/or variably severe deficits in interpersonal relationships, ability to engage socially constructive activities, and ability to maintain responsibilities.
f. Recent gains and/or stabilization in function have been achieved while participating in treatment in a structured and/or protected setting.
4-Serious Impairment
a. Serious deterioration in the quality of interpersonal interactions with consistently conflictual or otherwise disrupted relations with others, which may include impulsive, aggressive or abusive behaviors.
b. Significant withdrawal and avoidance of almost all social interactions.
c. Consistent failure to maintain personal hygiene, appearance, and self care near usual standards.
d. Serious disturbances in physical functioning such as weight change, disrupted sleep, or fatigue that threaten physical well being.
e. Inability to perform close to usual standards in school, work, parenting, or other obligations and these responsibilities may be completely neglected on a frequent basis or for an extended period of time.
5-Severe Impairment
a. Extreme deterioration in social interactions that may include chaotic communication, threatening behaviors with little or no provocation, or minimal control of impulsive or otherwise abusive behavior.
b. Development of complete withdrawal from all social interactions.
c. Complete neglect of personal hygiene and appearance and inability to attend to most basic needs such as food intake and personal safety with associated impairments in physical status.
d. Extreme disruptions in physical functioning causing serious harm to health and well being
e. Complete inability to maintain any aspect of personal responsibility as a citizen, or in occupational, educational, or parental roles.

III. Medical, Addictive and Psychiatric Co-Morbidity

This dimension measures potential complications in the course of illness related to co-existing medical illness, substance use disorder, or psychiatric disorder in addition to the condition first identified or most readily apparent (here referred to as the presenting disorder). Co-existing disorders may prolong the course of illness in some cases, or may necessitate availability of more intensive or more closely monitored services in other cases. Unless otherwise indicated, **historical existence of potentially interacting disorders should not be considered in this parameter unless current circumstances would make reactivation of those disorders likely. For patients who present with substance use disorders, physiologic withdrawal states should be considered to be medical co-morbidity for scoring purposes.**

1 – No Co-morbidity
a. No evidence of medical illness, substance use disorders, or psychiatric disturbances apart from the presenting disorder.
b. Any illnesses that may have occurred in the past are now stable and pose no threat to the stability of the current condition.
2-Minor Co-morbidity
a. Existence of medical problems which are not themselves immediately threatening or debilitating and which have no impact on the course of the presenting disorder.
b. Occasional episodes of substance misuse, but any recent episodes are self-limited, show no pattern of escalation, and there is no indication that they adversely affect the course of any co-existing psychiatric disorder.
c. May occasionally experience psychiatric symptoms which are related to stress, medical illness, or substance use, but which are transient and have no discernable impact on the co-existing substance use disorder.
3-Significant Co-morbidity
a. Medical conditions exist, or have potential to develop (such as diabetes or a mild physiologic withdrawal syndrome), which may require significant medical monitoring.
b. Medical conditions exist which may be adversely affected by the existence of the presenting disorder.
c. Medical conditions exist which may adversely affect the course of the presenting disorder.
d. Ongoing or episodic substance use occurring despite negative consequences with significant or potentially significant negative impact on the course of any co-existing psychiatric disorder.
e. Recent substance use which has had clearly detrimental effects on the presenting disorder but which has been temporarily arrested through use of a highly structured or protected setting or through other external means.
f. Significant psychiatric symptoms and signs are present, which are themselves somewhat debilitating, and which interact with and have an adverse affect on the course and severity of any co-existing substance use disorder.
4-Major Co-morbidity
a. Medical conditions exist, or have a very high likelihood of developing (such as a moderate, but uncomplicated, alcohol, sedative, or opiate withdrawal syndrome, mild pneumonia, or uncontrolled hypertension), which may require intensive, although not constant, medical monitoring.
b. Medical conditions exist which are clearly made worse by the existence of the presenting disorder.
c. Medical conditions exist which clearly worsen the course and outcome of the presenting disorder.
d. Uncontrolled substance use occurs at a level, which poses a serious threat to health if unchanged, and/or which poses a serious barrier to recovery from any co-existing psychiatric disorder.
e. Psychiatric symptoms exist which are clearly disabling and which interact with and seriously impair ability to recover from any co-existing substance use disorder.
5-Severe Co-morbidity
a. Significant medical conditions exist which may be poorly controlled and/or potentially life threatening in the absence of close medical management (e.g., severe or complicated alcohol withdrawal, uncontrolled diabetes mellitus, complicated pregnancy, severe liver disease, debilitating cardiovascular disease).
b. Presence and lack of control of presenting disorder places client in imminent danger from complications of existing medical problems.
c. Uncontrolled medical condition severely worsens the presenting disorder, dramatically prolonging the course of illness and seriously impeding the ability to recover from it.
d. Severe substance dependence with inability to control use under any circumstance and which may include intense withdrawal symptoms or continuing use despite clear worsening of any co-existing psychiatric disorder and other aspects of well being.
e. Acute or severe psychiatric symptoms are present which seriously impair client's ability to function and prevent recovery from any co-existing substance use disorder, or seriously worsen it.

IV. Recovery Environment

This dimension (IVa and IVb) considers factors in the environment that may contribute to the onset or maintenance of addiction or mental illness, and factors that may support a person's efforts to achieve or maintain mental health and/or abstinence.

Stressful circumstances may originate from multiple sources and include interpersonal conflict or torment, life transitions, losses, worries relating to health and safety, and ability to maintain role responsibilities.

For persons being treated in residential settings, ratings should be based on the conditions which would be encountered upon transitioning to a new or returning to the usual environment, whichever is most appropriate to the circumstances.

IV A-Level of Stress

1-Low Stress Environment
a. Essentially no significant or enduring difficulties in interpersonal interactions and significant life circumstances are stable.
b. No recent transitions of consequence.
c. No major losses of interpersonal relationships or material status have been experienced recently.
d. Material needs are met without significant cause for concern that they may diminish in the near future, and no significant threats to health or safety are apparent.
e. Living environment poses no significant threats or risk
f. No pressure to perform beyond capacity in social role.
2-Mildly Stressful Environment
a. Presence of some ongoing or intermittent interpersonal conflict, alienation, or other difficulties.
b. A transition that requires adjustment such as change in household members or a new job or school.
c. Circumstances causing some distress such as a close friend leaving town, conflict in or near current residence, or concern about maintaining material well being
d. A recent onset of a transient but temporarily disabling illness or injury.
e. Potential for exposure to alcohol and/or drug use exists. *
f. Performance pressure (perceived or actual) in school or employment situations creating discomfort.
3-Moderately Stressful Environment
a. Significant discord or difficulties in family or other important relationships or alienation from social interaction
b. Significant transition causing disruption in life circumstances such as job loss, legal difficulties or change of residence
c. Recent important loss or deterioration of interpersonal or material circumstances.
d. Concern related to sustained decline in health status
e. Danger in or near habitat
f. Easy exposure and access to alcohol and drug use. *
g. Perception that pressure to perform surpasses ability to meet obligations in a timely or adequate manner.
4-High Stressful Environment
a. Serious disruption of family or social milieu, which may be due to illness, death, divorce, or separation of parent and child, severe conflict, torment and/or physical or sexual mistreatment.
b. Severe disruption in life circumstances such as going to jail, losing housing, or living in an unfamiliar, unfriendly culture.
c. Inability to meet needs for physical and/or material well being.
d. Recent onset of severely disabling or life threatening illness.
e. Difficulty avoiding exposure to active users and other pressures to partake in alcohol or drug use. *
f. Episodes of victimization or direct threats of violence near current home
g. Overwhelming demands to meet immediate obligations are perceived.
5- Extremely Stressful Environment
a. An acutely traumatic level of stress or enduring and highly disturbing circumstances disrupting ability to cope with even minimal demands in social spheres such as: a1. ongoing injurious and abusive behaviors from family member(s) or significant other. a2. witnessing or being victim of extremely violent incidents perpetrated by human malice or natural disaster. a3. persecution by a dominant social group. a4. sudden unexpected death of loved one.
b. Unavoidable exposure to drug use and active encouragement to participate in use *
c. Incarceration or lack of adequate shelter
d. Severe pain and/or imminent threat of loss of life due to illness or injury
e. Sustained inability to meet basic needs for physical and material well being
f. Chaotic and constantly threatening environment.

*** These criteria apply to persons with past or present difficulties with substance abuse.**

IV. Recovery Environment Continued

Supportive elements in the environment are resources which enable persons to maintain health and role functioning in the face of stressful circumstances, such as availability of adequate material resources and relationships with family members. The availability of friends, employers or teachers, clergy and professionals, and other community members, which provide caring attention and emotional comfort, are also sources of support.

For persons being treated in residential settings, ratings should be based on the conditions which would be encountered upon transitioning to a new or returning to the usual environment, whichever is most appropriate to the circumstances.

IV B- Level of Support

1-Highly Supportive Environment
a. Plentiful sources of support with ample time and interest to provide for both material and emotional needs in all circumstances.
b. Effective involvement of Assertive Community Treatment Team (ACT) or other similarly highly supportive resources. (<i>Selection of this criterion pre-empts higher ratings</i>)
2-Supportive Environment
a. Supportive resources are not abundant, but are capable of and willing to provide significant aid in times of need.
b. Some elements of the support system are willing and able to participate in treatment if requested to do so and have capacity to effect needed changes.
c. Professional supports are available and effectively engaged (i.e., ICM). (<i>Selection of this criterion pre-empts higher ratings</i>)
3- Limited Support in Environment
a. A few supportive resources exist in current environment and may be capable of providing some help if needed
b. Usual sources of support may be somewhat ambivalent, alienated, difficult to access, or have limited amount of resources they are willing or able to offer when needed.
c. Persons who have potential to provide support have incomplete ability to participate in treatment and make necessary changes.
d. Resources may be only partially utilized even when available
e. Limited constructive engagement with any professional sources of support that are available.
4-Minimal Support in Environment
a. Very few actual or potential sources of support are available
b. Usual supportive resources display little motivation or willingness to offer assistance or they themselves troubled or hostile toward client
c. Existing supports are unable to provide sufficient resources to meet material or emotional needs
d. Client may be alienated and unwilling to use supports available in a constructive manner
5- No support in Environment
a. No sources of assistance are available in environment either emotionally or materially.

V. Treatment and Recovery History

This dimension of the assessment recognizes that a person's past experience provides some indication of how that person is likely to respond to similar circumstances in the future. While it is not possible to codify or predict how an individual person may respond to any given situation, this scale uses past trends in responsiveness to treatment exposure and past experience in managing recovery as its primary indicators. Although the recovery process is a complex concept, for the purposes of rating in this parameter, **recovery is defined as a period of stability and good control of symptoms.** While it is important to recognize that some clients will respond well to some treatment situations and poorly to others, and that this may in some cases be unrelated to level of intensity, but rather to the characteristics and attractiveness of the treatment provided, the usefulness of past experience as one predictor of future response to treatment must be taken into account in determining the service needs. **Most recent experiences in treatment and recovery should take precedence over more remote experiences in determining the proper rating.**

1 – Fully Responsive to Treatment and Recovery Management
a. There has been no prior experience with treatment or recovery.
b. Prior experience indicates that efforts in all treatments that have been attempted have been helpful in controlling the presenting problem.
c. There has been successful management of extended recovery with few and limited periods of relapse even in unstructured environments or without frequent treatment.
2- Significant Response to Treatment and Recovery Management
a. Previous or current experience in treatment has been successful in controlling most symptoms but intensive or repeated exposures may have been required.
b. Recovery has been managed for moderate periods of time with limited support or structure.
3- Moderate or Equivocal Response to Treatment and Recovery Management
a. Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms.
b. Previous treatment exposures have been marked by minimal effort or motivation and no significant success or recovery period was achieved.
c. Unclear response to treatment and ability to maintain a significant recovery
d. At least partial recovery has been maintained for moderate periods of time, but only with strong professional or peer support or in structured settings
4 – Poor response to Treatment and Recovery Management
a. Previous or current treatment has not achieved complete remission of symptoms or optimal control of symptoms even with intensive and/or repeated exposure.
b. Attempts to maintain whatever gains can be attained in intensive treatment have limited success, even for limited time periods or in structured settings.
5 – Negligible Response to Treatment
a. Past or current response to treatment has been quite minimal; even with intensive medically managed exposure in highly structured settings for extended periods of time.
b. Symptoms are persistent and functional ability shows no significant improvement despite this treatment exposure.

VI. Engagement and Recovery Status

This dimension of the assessment considers the person's understanding of illness and treatment and ability or willingness to engage in the treatment and recovery process. Factors such as **acceptance of illness, stage in the change process, ability to trust others and accept assistance, interaction with treatment opportunities, and ability to take responsibility for recovery should be considered** in defining the measures for this dimension. These factors will likewise impact a person's ability to be successful at a given level of care.

1 – Optimal Engagement and Recovery
a. Has complete understanding and acceptance of illness and its affect on function.
b. Actively maintains changes made in the past (Maintenance Stage)
c. Is enthusiastic about recovery, is trusting, and shows strong ability to utilize available resources and treatment.
d. Understands recovery process and takes on a personal role in a successful recovery plan.
2 – Positive Engagement and Recovery
a. Has significant understanding and acceptance of illness and its affect on function
b. Willing to change and is actively working toward it. (Action Stage)
c. Positive attitude toward recovery and treatment, capable of developing trusting relationships, and uses available resources independently when necessary.
d. Shows some recognition of personal role in recovery and accepts significant responsibility for it.
3 – Limited Engagement and Recovery
a. Has some variability, hesitation or uncertainty in acceptance or understanding of illness and disability.
b. Has limited desire or lacks confidence to change despite intentions to do so. (Preparation Stage)
c. Relates to treatment with some difficulty and establishes few, if any, trusting relationships.
d. Does not use available resources independently or only in cases of extreme need.
e. Has limited ability to accept responsibility for recovery.
4 – Minimal Engagement and Recovery
a. Rarely, if ever, able to accept reality of illness or any disability which accompanies it, but may acknowledge some difficulties in living.
b. Has no desire or is afraid to adjust behavior, but may recognize the need to do so. (Contemplation Stage)
c. Relates poorly to treatment and treatment providers and ability to trust is extremely narrow.
d. Avoids contact with and use of treatment resources if left to own devices.
e. Does not accept any responsibility for recovery or feels powerless to do so.
5 – Unengaged and Stuck
a. Has no awareness or understanding of illness and disability. (Pre-contemplation Stage)
b. Inability to understand recovery concept or contributions of personal behavior to disease process.
c. Unable to actively engage in recovery or treatment and has no current capacity to relate to another or develop trust.
d. Extremely avoidant, frightened, or guarded.