

CA-LOCUS v. 1.5
LEVELS OF CARE
FOR
CHILDRENS TREATMENT TEAMS

	Recovery Maintenance and Health Management Level 1	Low Intensity Community Based Services Level 2	High Intensity Community Based Services Level 3	Psychiatrically Monitored Non-Residential Services Level 4	Psychiatrically Monitored Residential Services Level 5	Psychiatrically Managed Residential Services Level 6
Definition	Services provide follow-up care to mobilize family strengths and reinforce linkages to natural supports. Those appropriate for this level may be either substantially recovered from an emotional disorder or service needs require minimal system involvement and are manageable within the consumer's family.	Services provide follow-up care to consumers and their families who need ongoing tx within the community. Those appropriate for this level need minimal assistance and do not require frequent contact & supervision.	Services are provided to consumers who need intensive support & tx, but who are living with their families with natural supports or living in an alternative family home or group home. Service coordination is essential to supplement natural supports with daily supervision of clt provided by family or staff. Wraparound plans include informal community supports, i.e., church or self-help groups.	Services are provided to consumers who need intensive support & tx but are capable of living in the community either in their family or community placements. Intensive CM by a multidisciplinary tx team is required to coordinate interventions, provide a wraparound plan, and provide formal supports & crisis intervention services.	Services are provided to consumers who need intensive support & tx and may be living in an unlocked residential facility or a group home; or living in a tx home or family home if a high level of wraparound services are available in the community. Intensive CM by a multidisciplinary tx team is required to coordinate interventions, provide a wraparound plan, and provide formal supports & crisis intervention services.	Services are provided to consumers who need the most intensive support & tx. in a secure/locked in-patient psychiatric setting or highly programmed residential facility. Services may be provided in a community setting if security needs can be met through intensive CM and extensive wraparound support.
Care Environment	Clinic/Office	Clinic/Office	Community	Community	Community therapeutic setting/Level III and below tx facility	Level IV Tx facility/ Inpatient Hospitalization
Clinical Services Psychiatrist	Community Provider	Community Provider	Psychiatric Evaluation/ Medication Mgmt. Access to emergency tx 24/7	Psychiatric Evaluation/ Medication Mgmt. Psychiatric Consultation. Access to emergency tx 24/7	Psychiatric Evaluation/ Medication Mgmt. Psychiatric Consultation. Access to emergency tx 24/7. Urgent care as needed.	Psychiatric Evaluation/ Medication Mgmt. Psychiatric Consultation. Access to emergency tx 24/7. Urgent care as needed.
Nurse						

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Clinical Services Case Manager/ Community Support Worker	<p>Minimum cm/csw contact every 6 months with 1 face-to-face contact per year. Additional contact as clinically appropriate based on individual need.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Collaboration with other tx providers.</p> <p>Minimal supportive psychotherapy.</p> <p>Psychoeducation with a focus on maintaining stability and recovery by early identification of signs of decompensation and utilization of effective interventions, stress management, and development of relapse plan. Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation. Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education</p>	<p>Minimum cm/csw contact every 8 weeks with 2 face-to-face contacts per year. Additional contact as clinically appropriate based on individual need.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Collaboration with other tx providers.</p> <p>Supportive psychotherapy.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problem-solving skills. Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p> <p>Monitor for substance abuse and relapse. Assistance with arranging stage-appropriate substance abuse services (including residential and outpatient). Assistance with providing or arranging relapse prevention and recovery education</p>	<p>Minimum cm/csw contact 4-12 hours per month with face-to-face contact every 2 weeks. Additional contact as clinically appropriate based on individual need.</p> <p>Minimum weekly contact is expected until a crisis (inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation) is resolved or client's condition is stabilized.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Regular communication with others providing services and tx.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problem solving skills.</p> <p>Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p> <p>Monitor for substance abuse.</p>	<p>Minimum cm/csw contact 12+ hours per month or more with 2 face-to-face contacts per month with child or legal guardian. Additional contact as clinically appropriate based on individual need.</p> <p>Minimum weekly contact is expected until a crisis (inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation) is resolved or client's condition is stabilized.</p> <p>Authorize and monitor services, including consumer satisfaction.</p> <p>Regular communication with others providing services and tx.</p> <p>Psychoeducation to help them accept their illness, manage their symptoms, understand effects and side effects of prescribed medication, and develop coping and problem solving skills.</p> <p>Provide ongoing assessment in collaboration with consumer to identify early signs of relapse and decompensation.</p>	<p>Minimum cm/csw contact every 2 weeks with face-to-face contact every 4 weeks. Additional contact as clinically appropriate based on individual need.</p> <p>Regular communication with others providing services and tx.</p> <p>Psychoeducation.</p> <p>Provide ongoing assessment.</p> <p>Monitoring for substance abuse and relapse.</p> <p>Assistance with arranging stage-appropriate services including residential or alternative placement (including Treatment Family Homes, Crisis Shelters, and other appropriate placements). If in residential services, continue discharge planning on a monthly basis.</p>	<p>Minimum cm/csw contact once while hospitalized to coordinate discharge planning with face to face visit within 5 days of hospital discharge. Additional contact as clinically appropriate based on individual need.</p> <p>If hospitalized, active participation in discharge planning, which may include but is not limited to: attendance at hospital treatment and discharge meetings, review and/or revision of the ITRP and WRAP contacts with significant others, coordination of community resources, and escorts at discharge, if needed.</p> <p>To ensure that the consumer is linked with scheduled aftercare appointments, the primary team member or designee meets with the consumer within five (5) days of notification of discharge and helps arrange needed appointments.</p> <p>The primary team member works with the consumer and others involved in his/her life to ensure follow</p>

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Treatment Programming	skills (including but not limited to 12-Step programs). Capabilities to offer individual or group supportive therapies should be available at this level.	skills (including but not limited to 12-Step programs). Capabilities to offer individual, group, and family therapies should be available.	Assistance with arranging stage-appropriate substance abuse services. Tx programming (including Intensive CPR, self-help programs, and group, individual and family therapy and parent education) should be offered depending on consumer needs.	Monitor for substance abuse. Assistance with arranging stage-appropriate substance abuse services. Intensive tx programming (including Intensive CPR, self-help programs, and individual, group, family therapy and parent education) should be offered depending on consumer needs.	Assistance with arranging stage-appropriate substance abuse services. If in an out of home placement, tx should be available 7 days/wk.	through with the discharge plan and treatment plan. If hospitalized or out of home placement, tx will be provided on a daily basis and would include individual, group, and family therapy as well as pharmacologic tx, depending on consumer's needs.
Medication	Medication use can be monitored and self-managed in this setting.	Medication use can be monitored and self-managed in this setting.	Medication use can be monitored in this setting by parent.	Medication use can be monitored in this setting by parent.	If in an out of home placement, medication will be administered and monitored by placement staff. If client is at home, parent or caregiver will monitor medication.	Medication will be administered and monitored by hospital staff.
Supportive Services	Minimal assistance with arranging: <ul style="list-style-type: none"> financial support, supportive housing, coordination of care, general health care, and transportation may be necessary. 	Moderate assistance with arranging: <ul style="list-style-type: none"> financial support (budgeting, entitlements, payeeship) , supportive housing, coordination of care, transportation, general health care may be necessary. 	Moderate assistance with providing or arranging <ul style="list-style-type: none"> daily living skills (personal hygiene, food preparation, housekeeping, shopping, use of public transportation, money management and community safety skills) financial support (entitlements, payeeship), 	Increased assistance with providing or arranging: <ul style="list-style-type: none"> daily living skills (personal hygiene, food preparation, housekeeping, shopping, use of public transportation, money management and community safety skills) financial support (entitlements, payeeship), 	If in out of home placement, clients will be provided with supervision of ADLs and custodial care may be provided to designated populations at this level. Staff will facilitate recreational and social activities and coordinate interface with educational and rehabilitative programming off site. For customers in transitional living, significant assistance	All necessities of living and well being must be provided for consumers. When capable, consumers will be encouraged to participate in and be supported in efforts to carry out ADLs such as hygiene, grooming and maintenance of their immediate environment.

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Supportive Services	<p>Facilitation in linkage with:</p> <ul style="list-style-type: none"> • mutual support networks and individual advocacy groups, • legal systems (P.O., MH Court, jails, legal aid, Gateway, forensic case monitors), • educational or vocational programming will also be available according to consumer needs, and Patient Assistance Programs and outside mental health services. 	<p>Liaison with:</p> <ul style="list-style-type: none"> • mutual support networks and individual advocacy groups, • legal systems, etc. <p>Coordination with:</p> <ul style="list-style-type: none"> • educational or vocational programming will also be available according to consumer needs. 	<ul style="list-style-type: none"> • supportive housing, • social activities and growth of natural support networks, • coordination of care, • and general health care. <p>Liaison with:</p> <ul style="list-style-type: none"> • mutual support networks and individual advocacy groups • legal systems, etc. <p>Linkage with:</p> <ul style="list-style-type: none"> • recreational and social activities, <p>Coordination with:</p> <ul style="list-style-type: none"> • educational or vocational programming will also be available according to consumer needs. 	<ul style="list-style-type: none"> • supportive housing, • social activities and growth of natural support networks, • coordination of care, • and general health care. <p>Liaison with:</p> <ul style="list-style-type: none"> • mutual support networks and individual groups • legal systems, etc. <p>Linkage with:</p> <ul style="list-style-type: none"> • recreational and social activities, <p>Coordination with:</p> <ul style="list-style-type: none"> • educational or vocational programming will also be available according to consumer needs. 	<p>with providing or arranging:</p> <ul style="list-style-type: none"> • skills training • financial support (budgeting, entitlements, payeeship), • supportive housing, • coordination of care, • transportation, • ADL maintenance, • general health care. <p>Residents will be provided with supervision of ADLs, and custodial care may be provided to designated populations at this level. Staff will facilitate recreational and social activities and coordinate with educational and rehabilitative programming off site.</p> <p>Liaison with:</p> <ul style="list-style-type: none"> • mutual support networks and individual groups • legal systems, etc. <p>Linkage with:</p> <ul style="list-style-type: none"> • recreational and social activities, <p>Coordination with:</p> <ul style="list-style-type: none"> • educational or vocational programming will also be available according to consumer needs. 	

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Crisis Resolution & Prevention Services	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in order to resolve a crisis or ensure appropriate treatment is secured.	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in order to resolve a crisis or ensure appropriate treatment is secured.	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in order to resolve a crisis or ensure appropriate treatment is secured.	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in order to resolve a crisis or ensure appropriate treatment is secured.	During Normal Business Hours: The primary team member provides crisis intervention services. At times cm/csw services will extend beyond normal business hours in order to resolve a crisis or ensure appropriate treatment is secured.	In home or out of home placement settings must provide services designed to reduce the stress related to resuming normal activities in the community. Such services might include coordination with community case managers, family and community resource mobilization, environmental evaluation and coordination with residential services, and transfer to less intensive levels of care.
Crisis Resolution & Prevention Services	After normal working hours, the BHR Crisis Intervention	After normal working hours, the BHR Crisis Intervention	After normal working hours, the BHR Crisis Intervention Counselors respond to all calls and evaluate for ICPR services, if appropriate.	After normal working hours, the BHR Crisis Intervention Counselors respond to all calls and evaluate for ICPR services, if appropriate.	After normal working hours, the BHR Crisis Intervention Counselors respond to all calls and evaluate for ICPR services, if appropriate.	

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<p>Required Documents Initially all child consumers determined to need long-term services should have:</p> <ul style="list-style-type: none"> • Initial Assessment • ITRP • WRAP if CPRP Rehab, CA-LOCUS 3, 4, 5, 6 or CA-LOCUS 2 and meets criteria on WRAP form • Clinical Ratings • General Health Profile for Children and Youth • Med/Psych Eval • DMH Children Outcomes if admitted in March or September • CA-LOCUS Assessment <p>When changing level of care based on CA-LOCUS Assessment:</p> <ul style="list-style-type: none"> • Revise ITRP to reflect services and supports appropriate to new level of care • Document updates to living situation, functioning, supports, and critical factors contributing to change in level on CA-LOCUS 	<ul style="list-style-type: none"> • Annual Assessment Addendum/Treatment Plan (Annual Psychosocial Assessment completed every 5 years) • CBCL and Child & Youth Status form if admitted in March or September • If SCLP RCF, quarterly review of treatment plan • Annual review of medication • Semi-Annual CA-LOCUS Assessment, additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation 	<ul style="list-style-type: none"> • Annual Assessment Addendum/Treatment Plan (Annual Psychosocial Assessment completed every 3 years) • CBCL and Child & Youth Status form if admitted in March or September • Annual review of ITRP with tx team (quarterly if in SCLP RCF) • Review & update of WRAP following any incident (if meets criteria for form) • Annual review of medication • Annual General Health Profile for Children and Youth if in CPR Rehab • Semi-Annual CA-LOCUS Assessment, additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation 	<ul style="list-style-type: none"> • Annual CPR Psychosocial Assessment or updated evaluation if non-CPR client • Addendum completed before annual due date if life circumstances dictate • Annually rewritten ITRP • CBCL and Child & Youth Status form if admitted in March or September • Quarterly review of ITRP with tx team • Review & update of WRAP following any incident • Quarterly review of medication • Annual General Health Profile for Children and Youth if in CPR Rehab • Quarterly CA-LOCUS Assessment, additionally following inpatient hospitalization, suicide attempt, loss of housing, relapse, or "other" crisis situation • If ICPR – monthly CA-Locus & weekly tx review 	<ul style="list-style-type: none"> • If client in out-of-home placement, facility master tx plan • Annual Psychosocial Assessment or updated evaluation if non-CPR client • Addendum completed before annual due date if life circumstances dictate • Annually rewritten ITRP • CBCL and Child & Youth Status form if admitted in March or September • Quarterly review of ITRP with tx team • Review & update of WRAP following any incident • Monthly review of medication • Annual General Health Profile for Children and Youth if in CPR Rehab • Quarterly CA-LOCUS Assessment (till November '04), additionally following inpatient hospitalization, suicide attempt, loss of housing, 	<ul style="list-style-type: none"> • If client in out-of-home placement, facility master tx plan • Annual Psychosocial Assessment or updated evaluation if non-CPR client. • Addendum completed before annual due date if life circumstances dictate • Annually rewritten ITRP • CBCL and Child & Youth Status form if admitted in March or September • Quarterly review of ITRP with tx team • Review & update of WRAP following any incident • Monthly review of medication • Annual General Health Profile for Children and Youth if in CPR Rehab • Quarterly CA-LOCUS Assessment (till November '04), additionally following inpatient hospitalization, suicide attempt, loss of housing, 	<p>Clinical staff document all activities related to the hospital or out of home placement discharge plan and follow-up services in the progress note section of the consumer's medical record, including the dates of admission and discharge. Request hospital records.</p>

<p>Evaluation</p> <ul style="list-style-type: none"> Complete CICF 		<ul style="list-style-type: none"> If ICPR – monthly CA-Locus & weekly tx review by child provider; bi-weekly review by tx team 	<p>by contractual provider; bi-weekly review by tx team.</p>	<p>relapse, or “other” crisis situation</p> <ul style="list-style-type: none"> If ICPR – monthly CA-Locus & weekly tx review by contractual provider; bi-weekly review by tx team 	<p>relapse, or “other” crisis situation</p> <ul style="list-style-type: none"> If ICPR – monthly CA-Locus & weekly tx review by contractual provider; bi-weekly review by tx team 	
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