

M E M O R A N D U M

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To: Supervisors and Managers of Behavioral Wellness and
Community Based Organizations

From: Ana Vicuna, Division Chief Clinical Operations

Subject: Level of Care and Recovery Inventory (LOCRI)

CC: Pam Fisher, PsyD. Deputy Director, Clinical Operations

It is expected that all Adult Outpatient programs will utilize the Level of Care and Recovery inventory Tool as the process for determining the level of care, continuity of care, and care coordination within the Department of Behavioral Wellness and our CBO partners.

The Level of Care and Recovery Inventory (LOCRI) is a screening tool for determining client centered care and the best type and frequency of mental health services for a client. In conjunction with a clinical assessment, the LOCRI is expected to be used in Community Treatments and Supports (CTS) meetings for discussion of appropriate level of care assignment. LOCRI items are distributed across four domains: Acuity, Functioning and Support, Engagement in Recovery, and Substance Abuse. Items within each domain represent the core clinical features needed to establish the appropriate level of care.

This tool should not replace the clinical assessment in the treatment planning process. The LOCRI is an initial step in identifying necessary services to enhance a client's natural strengths, resources, and supports. The LOCRI should be completed at intake, at discharge, **or as needed** to help determine the level of care.

Instructions

- To complete the LOCRI, use a client's history and clinical information. Complete the demographic and clinical information before the rest of the inventory. Each of the 19 items in the LOCRI has four levels of care ranging from 1-4, with 4 representing the greatest need for care. The clinician should click the button next to the level that is most descriptive of the client's current status. The clinician may select only one level on each item.
- The Overall Level of Care and Recovery will calculate a score based on your responses to all 19 items. There is also a separate Level of Care and Recovery for substance abuse, which includes responses on items 17-19 only.
- If you select Level 4 on items 1, 2, 7 or 18, these are indicators of high acuity, disability, and substance abuse. These should be monitored as a higher level of care may be needed. Consider reviewing at CTS. If you as a clinician determine that the calculated score is not

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reflective of the client's need, please indicate a different score and provide a justification for the change.

Levels of Care

- There are basically 5 levels of care (from lowest to highest): Community (includes PCPs, RLC, natural resources) which may provide minimal meds and peer-level support; Holman (the MHP's contracted mild-moderate provider) which is able to provide medications and therapy but very limited case management (CENCAL); adult outpatient clinics which treats SPMI with an array of services from case management to intensive psychiatric medications; Supported Services which provides more community engagement and field services with 2-3 days/week medication supports for those clients who have 3+ hospitalizations or crisis contacts in a year, or are at risk of decompensation without more case management; and finally ACT which provides the highest level of OUTPATIENT care with potentially daily medication monitoring as well as skill building and case management to help maintain community placement.

The LOCRI aligns with these levels in the following way:

1. = Community and/or Holman Group (mild-moderate)
2. = Outpatient Clinic based (moderate-severe)
3. =Outpatient community and outreach, or Supportive Services (moderate-severe, needing more frequent contact and med management)
4. = ACT Services (moderate-severe, need near daily med monitoring and at risk for long-term IMD placement)

Moving Between Levels – see the accompanying memo on CTS