Better Data, Better Outcomes

Use of Standardized Tools in Ontario's Community Mental Health and Addiction Sector

Series 3: Level of Care Utilization System (LOCUS)

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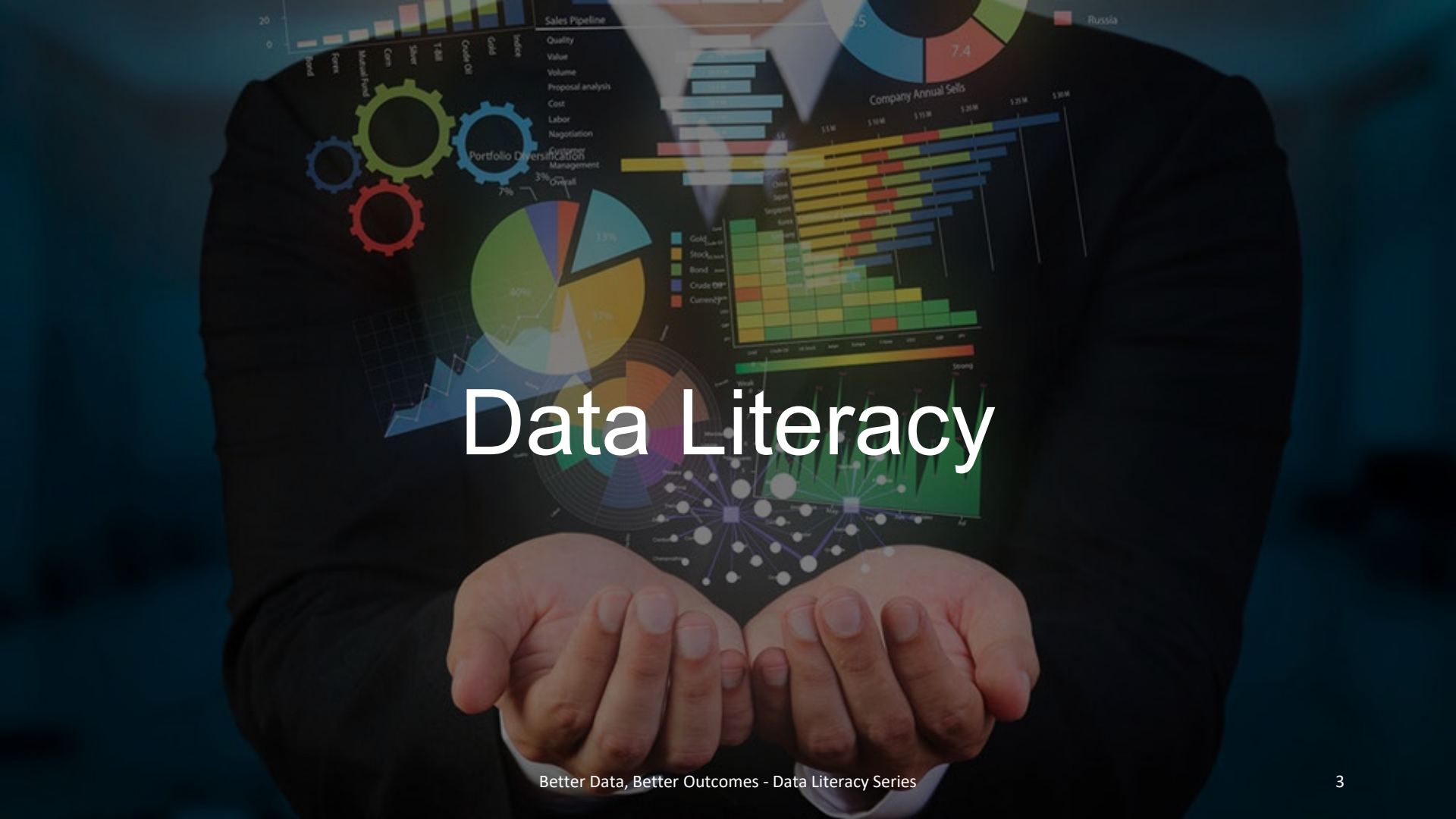
Land Acknowledgement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Better Data, Better Outcomes

Use of Standardized Tools in Ontario's Community Mental Health and Addiction(MHA) Sector

2022
Data Literacy Webinar Series!
LOCUS

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Learning Objectives:

- Focus on *what* the LOCUS is & *why* use it
- An overview, and examples of *how* to analyze the data to inform service delivery and decision making at the following levels:
  - With and for clients
  - With and for staff
  - Agency level, including functional centre level
  - Regional level including OHTs
  - Provincial level

Toward a National Standard for Service Intensity Assessment and Planning for Mental Healthcare

Level of Care Utilization System (LOCUS) Family of Tools Overview and Quality Improvement Opportunities

Kenneth Minkoff, MD – Vice President, ZiaPartners, Inc.
kminkov@aol.com *www.ziapartners.com*

Defining Service Intensity Assessment and Planning

- Service intensity assessment and planning is the clinically-informed process of determining the correct amount and combination of the various types of services and supports that best address an individual's needs at a given point in time.
- Components
  - A structured method of assessing an individual's current needs, risks, strengths, and environmental stressors and supports at a given point in time.

(continued)

Defining Service Intensity Assessment and Planning (cont.)

- Components (continued)
  - Standard continuum of service intensities defined as specific “levels” of care:
    - Setting
    - Intensity and type of staffing
    - Frequency of contact
    - Amount of care coordination and case management
    - Intensity of programming
  - Standard scoring crosswalk to match an individual’s assessed need to a specific level and combination of service intensities.

Service Intensity Assessment – State of the Art

- Best practice for service intensity assessment has been developed over many decades. State-of-the-art ”systems” include the **American Society of Addiction Medicine (ASAM) Patient Placement Criteria** for SUD programs, and the **LOCUS Family of Tools** for MH services.
- Key elements include:
  - **Clinically Driven and Person Centered:** Service intensity assessment is an essential element of a comprehensive “clinical” assessment based on the needs of the individual and should not be viewed as primarily driven by the needs of the program or the needs of the payer. (continued)

Service Intensity Assessment – State of the Art (cont.)

- **Multidimensional:** Service intensity assessment requires organized analysis of several "independent" but interactive variables that contribute to service intensity needs.
- **Transdiagnostic:** For any specific diagnosis, service intensity assessment is NOT about matching intervention to diagnosis, but about the "intensity" and "frequency" of the service package required within which those interventions can be provided safely and effectively.
- **Flexible:** Service intensity needs can change rapidly, particularly during a crisis, or may be enduring over time. The assessment process needs to accommodate both acute and long-term needs and be able to adjust rapidly as circumstances change.

Federal Case Law – Wit Decision

- Lawsuit challenging current proprietary UM criteria and application of Medical Necessity.
- Court found that Service Intensity Assessment (LOCUS and ASAM Criteria are part of the Generally Accepted Standards of Care).
- Currently being appealed on argument that insurance coverage is not required to be consistent with the Generally Accepted Standards of Care.

Need for a Standardized Process for Service Intensity Assessment and Planning

- Allows for ongoing continuous quality improvement
- Provides for capacity to benchmark service utilization both within and across systems to:
  - Identify such gaps
  - Reallocate resources within systems when feasible
  - Plan or advocate for additional resources otherwise
- Provides a common transparent language to enhance and facilitate meaningful, efficient communication and collaboration among stakeholders including:
  - Persons served
  - Providers
  - Payers
  - Population Health Managers

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Current and Emerging Use Cases for LOCUS FT

- **CURRENT**
  - **Acute Crisis**: Level of care determination for individuals experiencing a BH crisis episode
  - **Ongoing population management**: Service intensity determination over time for individuals/families requiring ongoing community and/or residential services and supports
- **EMERGING**
  - Individualized treatment planning and outcome tracking
  - Collaborative utilization management between payers and providers
  - System planning and gaps analysis (identifying and addressing missing levels of care)
  - Resource management for defined populations

LOCUS Data: QI Opportunities

- **For clients:** Are individual clients or cohorts of clients in the right LOC – acute or ongoing?
- **For staff:** How consistent or effective are staff in making accurate LOC decisions – acute or ongoing?
- **For programs:** Are clients in the right LOC? How can we monitor and improve transitions?
- **For agencies:** How well do we map available services to client needs? To what extent are cohorts of current clients in the right LOC? How can our utilization managers be more effective in planning transitions up and down? Acute and ongoing services can both be applied to these questions.
- **For regional or provincial behavioral health planners:** How well do available services map to the continuum of needs? To what extent are cohorts of current clients in the right LOC? How can our utilization managers be more effective in planning transitions up or down? Acute and ongoing services can both be applied to these questions.

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LOCUS Family of Tools Overview

- Provides a methodology to create uniformity in the service intensity decision-making process as a guide to treatment, or care, planning.
- Six Dimensions – Each Dimension characterizes an area of need.
- Six Service Intensity Levels – Each Level is characterized by a service array based on local availability of resources addressing four service sectors: clinical, support, crisis stabilization, and prevention services; and care environment.
- Specific, but flexible – Independence of diagnosis facilitates use in multiple settings.
- Efficient scoring, supported by scoring algorithm.

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LOCUS Family of Tools
Assessment Dimensions

- Risk of Harm
- Functional Status
- Co-occurring Conditions: Med, Psych, Addiction, Developmental
- Recovery Environment – Stress, Support
- Treatment and Recovery History
- Engagement and Recovery Status (parent and child subscales in CALOCUS-CASII)

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LOCUS FT Rating System

- Six Service Intensity Levels (SIL) scores, 1-5, possible for each of the Six Dimensions, ranging from lowest to highest levels of service intensity
- 4-6 anchor points for each of the 5 Service Intensity Levels are provided for each Dimension
- Select the highest SIL rating in each Dimension in which at least one of the anchor points for that SIL is met
- If no anchor point is exact, select closest fit
- When uncertain, choose higher rating – err toward caution
- Dimensional SIL scores are summed to obtain an overall Composite Score

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Final Level of Care (LOC) /Service Intensity Determination

- Derived from the composite sum of Dimensional rating scores AND application of a scoring algorithm
- Sum alone does not product reliable results
- Independent criteria for some Dimensions (Risk of Harm, Functional Status, Co-occurring Conditions) may drive final Service Intensity Score irrespective of composite score
- Range of scores = 7-35, plus scoring algorithm maps to determining each of the 6 Service Intensity Levels
- Computer-assisted algorithm facilitates reliability in scoring

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LOCUS Final Levels of Care (LOC)/ Service Intensity Levels

1. Recovery Maintenance/Health Mgmt
2. Low-Intensity Community-Based Services
3. High-Intensity Community-Based Services
4. Medically Monitored Non-Residential Svcs
5. Medically Monitored 24-Hour Residential
6. Medically Managed Secure Residential Svcs

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Levels of Care = Service Intensity Packages

- Service Intensity Package vs. Linear Paradigm
- Defined by Care Environment; Clinical, Support, and Crisis/Prevention Services
- Service package is selected from the locally available array of services and supports
- Many services/supports may occur at each level
- Permits flexibility in resource intensity and cost
- Template for ideal seamless continuum

Continuum of Service Intensities in Each LOC

- Setting: Secure residential, open residential, ambulatory, school, home and community-based services.
- Medical Involvement: Daily management, weekly monitoring, no medical supervision on site
- Nursing Involvement: 24-hour skilled nursing, 8-hour nursing, nursing on call
- Staffing: e.g., Formal clinical services, informal peer/family supports, primary care, care coordinators, etc.
- Service Array: Locally available professional services and supports, including care coordination
- Frequency and Length of Contact: Daily for multiple hours to quarterly single sessions

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What LOCUS FT Will Not Do

- Prescribe program design for various levels of care – Specific staffing patterns, group content, etc., are variably determined.
- Specify treatment interventions – Medication changes, ECT, TBS; ACT vs. PHP are both Level 4 – client need determines which is best.
- Replace clinical judgment – Once the service intensity level is identified, clinical decision-making is required to determine the right package of treatment, services, and supports for each person.
- Limit creativity: Service intensity needs may be met by current program offerings or may require individualized service packages.

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Training

- Training is essential to optimize reliability and validity.
- Training for LOCUS is provided through AACP
  - All virtual – currently a mix of live, interactive and asynchronous
  - Moving towards all asynchronous
  - *http://locusonline.com/training.asp*
- Training for CALOCUS/CASII and ECSII is provided through AACAP
  - All virtual, asynchronous or live
  - Contact: *clinical@aacap.org*

Adjunct Materials

- Guides for Service Users
- Training Manuals
  - Semi-structured interview
  - Pre-, post-tests
  - Practice cases
  - Inter-Rater reliability cases
  - Worksheets
- LOCUS Residential Sub-Levels: 5A, 5B, 5C

LOCUS Data

- Using computer software with embedded algorithm provides best opportunity for aggregated data.
- Data can look at actual placement vs. LOCUS score/recommended placement.
- Data can look at dimensional scores that contribute to higher or lower placement and how they can be modified.
- It is helpful to also track mismatch: LOCUS score recommended a service intensity that was unavailable.
- Aggregate data can look at mapping LOCUS scores for a population vs. available total resources.
- Aggregate data on mismatches can lead to improve efforts for individual clinicians, teams, agencies, regions, or province-wide.

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The 3 Tools in the LOCUS Family of Tools

“Cradle to Grave” coverage and common language in 3 instruments

- Level of Care Utilization System (LOCUS): Age > 18 y.o.
- Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII): Ages 6-18 y.o.
- Early Childhood Service Intensity Instrument (ESCII): Ages 0-5 y.o.

CALOCUS (2002) and ECSII (2009)

- CALOCUS derived from LOCUS
  - Develop in partnership of AACP and AACAP
  - Children and adolescents 6-18 years old
  - Same structure and placement algorithm as LOCUS
  - Systems of Care Perspective
  - Multiple versions since initial release, most recently CALOCUS-CASII (2020)
- Early Childhood Service Intensity Instrument (ECSII)
  - Developed by the AACAP for infants and children < 6
  - Follows same principles as parent tools
  - Slightly different structure and placement process
  - More emphasis in the ECSII manual to determine a plan of care

CALOCUS and ECSII Common Language

- Support for developmental transitions
  - Early Childhood to children and adolescents (ESCII to CALOCUS-CASII)
  - Adolescents to Adults (CALOCUS-CASII to LOCUS)
- Support for transitions of youth between child-serving agencies and for care coordination when multiple agencies are involved
  - Mental Health
  - Child Welfare (e.g., recommended for use to satisfy Families First Preservation Act requirement for a tool to evaluate appropriateness for care in a Qualified Residential Treatment Program)
  - Juvenile Justice
  - Primary Care and Education, while not primary scorers, benefit from a common language guiding service delivery

Difference Between LOCUS FT and CANS/ANSA

- LOCUS FT, CANS, and ANSA tools are developmentally sensitive, strength-based, and based on System of Care Values and Principles.
- The CANS and ANSA are each an organized inventory or list of relevant data points that identify and prioritize problem domains that require intervention.
- The LOCUS FT apply algorithms that integrate transdiagnostic and problem-domain independent dimensional severity ratings to provide a recommendation for overall service intensity need.
- The tools are complementary.

CANS: Child and Adolescent Needs and Strengths

ANSA: Adult Needs and Strengths Assessment

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Dissemination and Utilization of LOCUS

- Implementation over the past 25 years has been with a mixture of public sector and commercial users by both providers for treatment, or care planning, and by payers for utilization management.
  - Utilized in provider systems across the majority of US states and several Canadian provinces
- Utilization has increased markedly over the past 2-3 years.
  - Increase in utilization by payers, both nationally and statewide years since Wit Decision and legislative initiatives (e.g., in California, Oregon)
  - Increased utilization in crisis settings, likely expanding further w/988, CCBHCs
  - Utilization in population management for adults with SMI (Michigan)

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Dissemination of CALOCUS-CASII & ECSII

- State BH Medicaid plans, several for > 5 years
  - AK, AZ, GA, HI, MN, NV, OR, WY (Used by service providers and for UM)
- State CW, JJ, SUD, DD
  - KY, TN, WY, SD
- Commercial Insurance Companies
  - Aetna, Aspenpoint (CO), Anthem, CA commercial insurance companies as part of CA SB855, Cigna, Kaiser Permanente, Oscar Healthcare
- CALOCUS and CASII have been used in child welfare and juvenile justice settings as well as mental health settings, and they have been used to monitor treatment outcome as well as treatment planning.
- Use likely to expand within CW related to requirement to use a validated instrument to help support need for a Qualified Residential Treatment Program within the Families First Preservation Act.

Contact

- For more information or questions regarding current and future adoption of or training in the LOCUS, CALOCUS-CASII, or the ECSII, contact:
  - Level of Care Utilization System (LOCUS®) and/or Deerfield Solutions products/services: *projectcoordinator@communitypsychiatry.org OR Stephanie.Smit-Dillard@communitypsychiatry.org*
  - Child and Adolescent Level of Care/Service Intensity Utilization System (CALOCUS-CASII®): *clinical@aacap.org*
  - Early Childhood Service Intensity Instrument (ECSII®): *clinical@aacap.org*

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PLEASE PROVIDE YOUR FEEDBACK!

What's Next?

Part 2: *Virtual Workshop*

YOU ARE ALL INVITED!!!

Thursday February 23rd, 2023 from 1:15pm to 3:15pm

Participants will have an opportunity to ask specific questions and discuss/share their own, de-identified LOCUS data to receive subject matter expert support on how to interpret reports and use the data from the tool for QI (Quality Improvement) purposes, building off learning from webinar portion of the series.

If possible, bring your reports to the workshop:

- Your organization's software generated reports **** Do not share specifics if report has PI or PHI***

Level of Care Utilization System (LOCUS)
Workshop: February 23rd, 2023

Register Here!

quality@e-qip.ca

How to connect:

Do you have questions about

- How to start with the tool?
- Individual or group licenses?
- Any other LOCUS questions?

Please contact:

Dr. Ken Minkoff at : kminkov@aol.com

Stephanie Smit-Dillard: stephanie.smit-dillard@communitypsychiatry.org

Let us know if you have interest in pulling together a user group or community of practice! Please send an expression of interest to:

imasse@ontario.cmha.ca

ldaly-trottier@ontario.cmha.ca


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thank you
danke
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QI INNOVATIONS

BETTER DATA
BETTER DECISIONS
BETTER OUTCOMES

2023 VIRTUAL CONFERENCE

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e-QIP Excellence through Quality Improvement Project

Knowledge Institute on Child and Youth Mental Health and Addictions
Institut du savoir sur la santé mentale et les dépendances chez les enfants et les jeunes

Ontario Health Santé Ontario

REGISTRATION NOW OPEN!

APR.18, 2023

CLICK HERE TO REGISTER

Governance and Leadership Training

Our governance and leadership training on quality improvement (QI) and measurement is delivered to senior leaders and/or the board of directors of an organization. We provide a general overview of QI, data-driven decision making and how these areas can support organizational and strategic priorities. We focus on the role of senior leaders in championing, guiding and building a quality culture. The training is customized to your organization's needs based on your objectives and where you are in QI culture and in performance management

To schedule a training session or If you would like more information about Governance and Leadership training options, please contact

The E-QIP team quality@e-qip.ca

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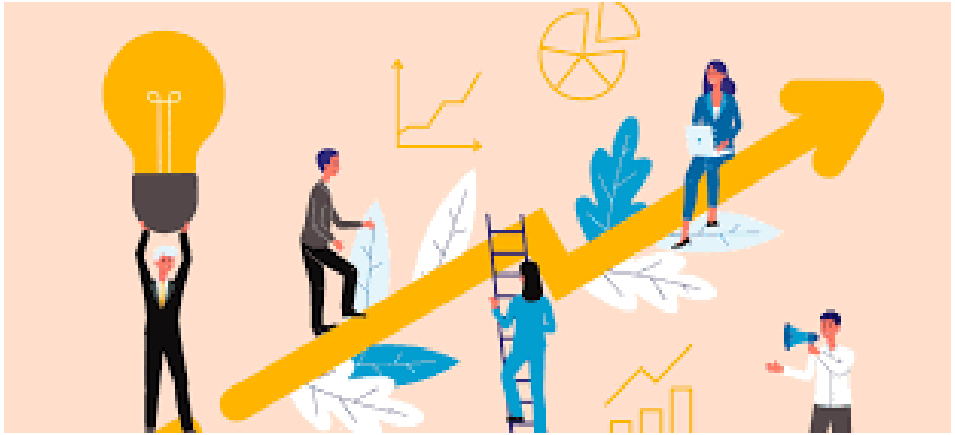
Quality Improvement and Data Consultations

Free customized coaching and support



Meet with an EQIP QI and Data Coach for support on

- ✓ Quality Improvement Planning
- ✓ Uptake and Use of standardized tools
- ✓ Leveraging your data for QI activities
- ✓ Target Setting/Performance Measurement

Want to learn more?

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Foundations to QI (IDEAS) e-Course

- ✓ Self-Directed
- ✓ 6-10 hours to complete
- ✓ Based on Model for Improvement
- ✓ 7 Modules
- ✓ FREE to register!

Want to learn more?

CLICK HERE TO REGISTER!

E-QIP is delivered in partnership by:

- Addictions and Mental Health Ontario
- Canadian Mental Health Association, Ontario Division
- Provincial System Support Program at CAMH
- E-QIP's work is funded by the MHA Centre of Excellence and will support the priorities as laid out in the Roadmap to Wellness