CALOCUS Training of Trainers

Theory and Implementation

District of Columbia
Department of Mental Health

Training agenda

- Overview of trainer responsibilities
- CALOCUS background and overview
- Scoring the CALOCUS
- Uses of the CALOCUS
- Case vignettes
  - Completing CALOCUS on the Web

- Processes and procedures
  - Determination of need for training
  - Recommended training schedules
  - Web-based authorization
  - Resources and technical support
  - Training Materials
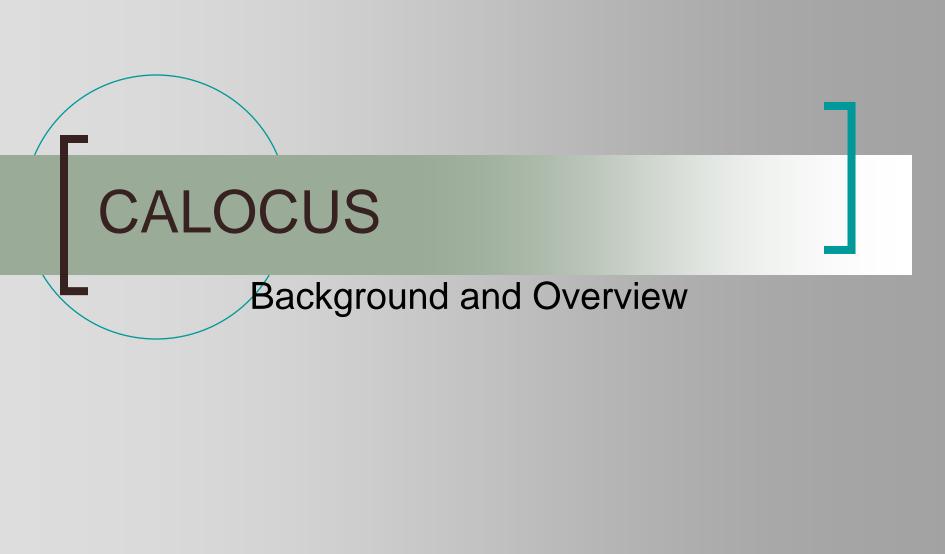
Trainer Roles and Responsibilities

- **Training**
  - Develop working knowledge of CALOCUS
  - Determine individual staff need for training
  - Provide training to staff as needed on the CALOCUS
  - Seek technical support from DMH when necessary
  - "AT" in upper left-hand corner = agency training slides

- **Authorization**
  - Authorize staff within your agency to access and use web-based CALOCUS application
  - Complete authorization procedures for staff within your agency
  - Serve as point of contact between DMH Provider Relations/IT and your agency

CALOCUS

Background and Overview

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What is the CALOCUS?

- **C** - Child &
- **A** - Adolescent
- **L** – Level
- **O** – of
- **C** – Care
- **U** – Utilization
- **S** – System

An assessment and placement Instrument developed by

- American Association of Community Psychiatrists (AACP)

- American Academy of Child & Adolescent Psychiatry (AACAP)

Also called the ***Child and Adolescent Service Intensity Instrument (CASII)***

Why develop the CALOCUS?

- Healthcare costs dramatically rising

- Resources poorly distributed
  - Significant service gaps
  - Placements were at higher level of care due to lack of alternate resources

- Treatment decisions were not based on client needs

Why develop the CALOCUS?

- Other significant events:
  - Advent of Managed Care principles in 1990's

    (Resulting in children and adolescents being treated in community settings w/ limited access to inpatient and residential services)

  - Profits realized by limiting care

As a result, the need arises to...

- Define appropriate characteristics and intensity of both services and resources to meet the needs of children, adolescents and their families

- Restore balance to the system

Why use the CALOCUS?

- Combines assessment (clinical needs) with levels of care (resource management)

- Measure psychiatric, addiction and developmental disorders individually or as overlapping clinical disorders

- Ease of use, time effective, adaptability

- Reliable and valid results and recommendations

Why use the CALOCUS?

- Quantifiable, facilitating communication, interactiveness, consistency and tracking change

- Designed to be used across systems and agencies by a variety of child-serving professionals
  - Not dependent on diagnoses
  - Intended for use in teams

Fundamental principles

- Creates common framework for decision making on level of care placement, continued stay, & outcomes

- Based on Adult LOCUS, but reflects developmental perspective and family focus

- Appropriate for use with ages 6 through18

- No cutoff age for using adult vs. C&A version (use the most appropriate depending on developmental level)

CALOCUS
Assessment Dimensions

- Determine the intensity of service needs

- Provide a spectrum along which a client may lie on each of the dimensions

- Quantifiable to convey information easily
  - **Composite Score based on 5-point scale**

- Shows interaction of individual dimensions

- Creates moving picture of client over time

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Six assessment dimensions

1. Risk of Harm
2. Functional Status
3. Co-Morbidity
4. Recovery Environment (stress + support)
5. Resiliency and Treatment History
6. Acceptance and Engagement
   - (Scale A - C&A, Scale B - Parent/Caretaker)

CALOCUS levels of care

- Define resources in flexible/adaptable terms

- Applicable to wide variety of service environments and systems

- Each level made up of 5 "main ingredients:"
  - care environment;
  - clinical services;
  - support services;
  - crisis stabilization; and
  - prevention services

Six service levels of care

■   Basic Services (not a service level of care)

LEVELS:

I.   Recovery Maintenance and Health Management
II.   Outpatient Services
III.   Intensive Outpatient Services
IV.   Intensive Integrated Service w/o 24 Hr. Psychiatric Monitoring
V.   Non-Secure, 24 Hr., Services w/ Psychiatric Monitoring
VI.   Secure, 24 Hr., Services w/ Psychiatric Monitoring

LOW

HIGH

Scoring the CALOCUS

Procedures and considerations for determining appropriate levels of care

Dimensional rating system

Resource: Dimensions of CALOCUS

- Assesses level of severity of client's needs

- Each dimension has a 5-point rating scale

- Each point has one or more criteria

- Only 1 criteria needs to be met for the rating to be assigned

- If there is criteria in two points pick the highest

- Do not add criteria to get a higher score

Dimensional rating system

- Ratings range from minimal (0) to extreme (5)

- If nothing fits exactly, pick the closest fit – err on the side of caution

- Use interview, clinical judgment, records, family, school, and collaborative data *Resource: CALOCUS interview protocol

Dimensional rating system

- Presenting problem is the primary problem (base this on how the child, youth and family define the primary problem)

- Other problems may be co-morbid conditions
  - Does the condition exacerbate or have the potential to prolong the course of treatment?

- Evaluate client as he/she appears in the present
  - *Exception: If a client is in a residential placement rate "Recovery Environment" (Level of Stress & Level of Support), according to their home environment.*

Scoring the CALOCUS

- Scoring:
  - The composite score:
    - 6 dimensions, 7 scores
    - Highest possible score for each dimension= 5

  Scoring Resources: 1) Decision Grid; 2) Decision Tree and 3) CALOCUS Web-based Application

Six assessment dimensions…revisited

1. Risk of Harm
2. Functional Status
3. Co-Morbidity
4. Recovery Environment
   - **Level of Stress**
   - **Level of Support**
5. Resiliency and Treatment History
6. Acceptance and Engagement

(Scale A - C&A, Scale B - Parents/Caretaker

Risk of harm

- Potential to be harmed by others or cause significant harm to self or others
- Frequently manifested by suicidal/homicidal behaviors/thoughts
- May embody unintentional harm from distorted reality, inability to care for self, impaired judgement, or intoxication
- Assess level of distress **(significant/extreme?)**
- Differentiate between chronic or acute

Risk of harm… includes?

- Suicidal or homicidal thought or impulses

- Physical or sexually aggressive impulses

- Victimization, abuse or neglect

- Substance use/abuse

- Other considerations: history, ability to contract for safety and use supports

Functional status

- 4 Factors considered:
  - **Ability to fulfill responsibilities**
  - **Ability to interact with others**
  - **Vegetative status (ADL's, activity level, etc.)**
  - **Ability to care for themselves**
- Compare to baseline or "expected" level
- Base rating on recent changes
  (chronic vs. acute)

Co-morbidity

- Measures coexistence of disorders across 4 domains (developmental, medical, substance abuse, psychiatric)

- Identify presenting condition (most readily apparent issue)

- Conditions identified later are "co-morbid"

- Physiological withdrawal is "medical" co-morbidity

- Co-morbid issues may prolong illness, and necessitate more intensive/additional services

Co-morbidity

For the purposes of the CALOCUS, if child has more than one disorder in the same domain, the secondary is not counted as a "comorbid" condition. Examples:

- Psych with Dev. SA, Med.
- SA with Psych, Dev. Med.

Recovery environment

- Acknowledges that children and adolescents are dependent on, and have less control, over their environment than adults

- Recovery environment includes: home, school, medical, social services, juvenile justice, etc., where involvement is on-going

- Divided into 2 sub-scales:
  - Environmental Stress
  - Environmental Support

Recovery environment

- Considers factors in the environment that contribute to the primary disorder and factors that support efforts for recovery.

- Base rating on what the client would experience in home or "un-protected" environment

Recovery environment: Stressful elements include…?

- Interpersonal conflicts

- Trauma

- Life transitions

- Losses

- Worries related to health / safety

- Difficulty maintaining role responsibilities

Recovery environment: Supportive elements include…?

- Stable, supportive relationships w/ family

- Adequate housing

- Adequate material resources

- Stable, supportive relationships w/ friends, employers, teachers, clergy, professionals, and other community members

Resiliency & treatment history

- "Resiliency" refers to capacity for successful adaptation, use of internal and external resources

- Assessed based on child's response to past treatment, life stressors and changes

- Recognizes that history of responses to TX provide some indication of how he/she is likely to respond in the future

Resiliency & treatment history

- Place more weight on recent experiences than those occurring in the past

- "Recovery" defined as maintenance of period of stability but, also as a resumption of progress to expected developmental level

Acceptance and engagement

- Measures both child/adolescent and primary care taker's acceptance and engagement in treatment
- Divided into 2 sub-scales to reflect the importance of primary care taker's willingness and ability to participate in treatment
- If child/adolescent is emancipated, care taker's sub-scale is not scored
- Only the highest of the 2 sub-scale scores is added into the composite score

Acceptance & engagement: child/adolescent subscale

Measures child/adolescent's ability to:

- Form a positive therapeutic relationship
- Define the presenting problem
- Accept responsibility for presenting problem
- Accept role in the treatment process
- Actively cooperate in treatment

Acceptance & engagement: caretaker subscale

Measures caretaker's ability to:

- Form a positive therapeutic relationship
- Engage w/ Clinician in defining presenting problem
- Explore their role as it impacts the problem
- Take an active role in the treatment planning and process

Determining level of care recommendation

1. Compute severity ratings on each of the 6 dimensions

2. Compute composite score *based on 7 scores from 6 dimensions*

3. LOCUS software automatically computes the composite score and level of care recommendation

The Level of Care Determination Decision Tree and Level of Care Determination Grid can also be used to determine level of care recommendation

Trump ratings

I. Risk of Harm

- If Dimension Score = 4, then Level of Care = 5
- If Dimension Score = 5, then Level of Care = 6

II. Functional Status

- If Dimension Score = 4, then Level of Care = 5
- If Dimension Score = 5, then Level of Care = 6 (only exception when IVA & IVB = 2, indicating minimally stressful and highly supportive recovery environment)

III. Comorbidity

- If Dimension Score = 4, then Level of Care = 5 (only exception when IVA & IVB = 2, indicating minimally stressful and highly supportive recovery environment)
- If Dimension Score = 5, then Level of Care = 6

Helpful Hints / Reminders

- Collect complete data

- Acute problems score: 3, 4, or 5

- Chronic problems score: 3, 2, or 1

- <u>DO NOT</u> load "stress" on all dimensions

- If you can't decide between 2 scores choose the higher one

AT

Questions?

Break Time

Please return in 10 minutes

Level of Care Services

- Defines services by levels of "resource intensity"
- 7 levels of care / 6 are service levels
- Services are defined by 4 variables:
  - Clinical Services (CS)
  - Support Services (SS)
  - Crisis Stabilization and Prevention Services (CS/PS)
  - Care Environment (CE)

Levels of Care

- Basic Services (not a "service" level of care)
- Recovery Maintenance & Health Management
- Outpatient Services
- Intensive Outpatient Services
- Intensive Integrated Service w/o 24 Hr. Psychiatric Monitoring
- Non- Secure 24 Hr. Services w/ Psychiatric Monitoring
- Secure 24 Hr. Services w/ Psychiatric Management

Resource: Level of Care Crosswalk

Level 0: Basic Services

- Prevents onset of illness
- Limits the magnitude of morbidity associated with problems in various stages of improvement or remission
- Developed for individual or community application
- Variety of community settings
- Available to all members of community

Level 0: Basic Services

- CE: easy access, convenient location, various community settings, home
- CS: mental health screenings; 24hr. availability for evaluations., brief interventions, & linkage to services
- SS: crisis stabilization and ability to mobilize resources; collaboration with community groups
- CS/PS: 24/7 crisis services available and publicized, includes outreach to vulnerable populations

Level I: Recovery Maintenance and Health Management

- Provides follow-up care to mobilize family strengths & reinforce links w/ natural supports

- Clients are "substantially" recovered & issues sufficiently manageable within the family

- Problems no longer threatening to expected growth and development

Level I: Recovery Maintenance and Health Management

- CE: traditional mental health setting, ease of access, adequate design, w/ specific service needs, safe and comfortable

- CS: readily accessible to avert need for higher level of care, limited interventions, case mgmt., follow up medications

- SS: natural supports, families w/ capacity to access resources w/o professional help

- CS/PS: 24hr. availability for evals., brief intervention, outreach services, and consults

Level II: Outpatient Services

- Clients need and use supports with minimal assistance

- Clients live in community

- Clients do not require supervision or frequent contact

- Clinic-based programs

Level II: Outpatient Services

- CE: same as Level I

- CS: up to 2hrs. per week, individual, group and family therapy, meds., evals., and management

- SS: predominately natural supports, families access care w/o professional help, may need min. case mgmt.

- CS/PS: 24hr. access, collaboration w/ other services, evals., brief intervention, & outreach, and consults

Level III: Intensive Outpatient Services

- Clients need more intensive support
- Clients are living with families or alternate groups in the community
- Require daily supervision
- Require contact several times per week
- Traditionally clinic-based programs

Level III: Intensive Outpatient Services

- CE: same as Level I with addition of capacity to manage aggressive/endangering behavior
- CS: indiv., group, & family therapy, team approach, Dr. consult regularly, med. mgmt., 24hr. backup, adjunct interventions, transition planning to lower service level; average service intensity of 3 days a week
- SS: case mgmt. by primary clinician is congruent w/ community supports, families have difficulty accessing care w/o help
- CS/PS: same as Level II w/ more direct contacts to Dr. and family's service providers

Level IV:Intensive Integrated Service w/o 24 Hr. Psychiatric Monitoring

- Clients capable of living in the community either in their family or in placements

- Requires involvement of multiple components within the system of care

- Treatment needs intensive management by multidisciplinary treatment team w/ intense case mgmt. to coordinate interventions

- Examples include partial hospitalization, intensive day, and home-based wraparound

Level IV:Intensive Integrated Service w/o 24 Hr. Psychiatric Monitoring

- CE: Same as Level III, w/ transportation available, "near" as possible

- CS: available most of day every day, physician available daily and by remote 24/7, medical care should be available, intense tx. as part of wraparound plan, emphasis on building strengths

- SS:case mgmt., with continuum of natural & clinical supports, family centered, goal to reintegrate to home and community

- CS/PS: Same as Level III w/ respite care as a possibility, and increased mobilization of crisis services

Level V: Non-Secure 24 Hr. Services w/ Psychiatric Monitoring

- Residential treatment provided in a community setting, key element is maintenance of a milieu that addresses therapeutic needs intensively

- In non-hospital free standing residential facilities (RTC, therapeutic foster home) based in the community

- May occur in the home if comprehensive wraparound program can be developed and maintain service intensity

Level V: Non-Secure 24 Hr. Services w/ Psychiatric Monitoring

- CE: same as level IV with adequate living space, protection of personal safety and property, barriers preventing egress or entry, yet no locked doors

- CS: access to clinical care 24/7, physician weekly to daily, medical services, meds. managed, wraparound, goal is timely return to home/community

- SS: case mgmt., adequate supervision, passes into community and/or escort to services/groups

- CS/PS: same as Level IV but may include seclusion/restraint, crisis meds., safely manage risk of harm or deterioration in functioning

Level VI: Secure 24 Hr. Services w/ Psychiatric Management

- Most restrictive, frequently the most intensive level of care
- Provided in secure/locked hospital or free-standing non-hospital residential settings
- May provide "involuntary" care
- Child presumed to be in crisis or near crisis state

Level VI: Secure 24 Hr. Services w/ Psychiatric Management

- CE: same as Level V, yet doors may be locked, seclusion/restraint areas available, as near as possible to child's home

- CS: access to clinical care 24/7, nursing available on site 24/7, physician contact daily, tx plan address mgmt of aggressive, suicidal and self-endangering behavior

- SS: case mgmt. team in place, all ADL's must be provided, clients encouraged to complete ADL's on their own

- CS/PS: Involves rapid response to acute fluctuations in psychiatric and/or medical status, seclusion and restraints may be required, EMS on-site or close by

Uses of the CALOCUS

When and how the CALOCUS should be utilized in treatment settings

DC DMH policy highlights

Who is required to complete the CALOCUS/LOCUS?

- Core Service Providers (CSA's)
- CSA's in conjunction with specialty providers
- CSA's in conjunction with St. Elizabeth's tx team
- CPEP

How often?

- Initially
- Changes in level of care
- Every 90 days in conjunction with IRP/IPC

Stay tuned…timeframe will be changing with issuance of new policy to *every 180 days*

CALOCUS Administration

- Re-administering the CALOCUS can help the clinician determine a child's readiness for another level of care

- Frequency of re-administration should be proportionate to level of care (the higher the LOC, the more you administer it!)

- Following the initial administration, a clinician who is experienced in the use of the instrument can complete it in 5 minutes or less

(Pumariega, date unknown; Sowers, Pumariega, Huffine & Fallon, 2003)

Uses of CALOCUS

- Initial assessment and placement

- Treatment planning

- Child/Youth/Family Participation

- Outcomes monitoring

- Utilization management

- Program development and planning

Initial Assessment and Placement

- Use LOCUS Semi-Structured Interview

- Traditionally structured clinical interview relationship to LOCUS/ CALOCUS rating domains:
  - History of Presenting Problem/HPI: Dim I & II
  - Psych Hx: Dim III & V
  - Substance Hx: Dim III & V
  - Medical Hx: Dim III & IV
  - Social Hx: Dim IVA & IVB
  - MSE and Plan: Dim II & VI

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Initial Assessment and Placement

Revise assessment to coincide with LOCUS Dimensions

Functional Assessment:

- Dim I: Hx of presenting illness emphasizing high risk behaviors
- Dim II: Hx of presenting illness emphasizing alterations in ADL
- Dim III: Hx of presenting illness -Psych, Addiction, and Med Sx
- Dim IV: Social History
- Dim V: Psych, Addiction, and Med Hx & Tx
- Dim IV: Mental Status Exam

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Treatment/Service Planning

CALOCUS differentiates problems in six domains.

- Develops problem profile unique to individual and moment in time

- Use to identify priorities for interventions (pinpoint areas of most significant impairment and potential foci of treatment) and development of treatment goals

- Use CALOCUS domains in establishing and monitoring progress of treatment goals

- Can be utilized at all stages of treatment (dynamic assessment eliminates separate continued stay and discharge criteria)

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD

American Association of Community Psychiatrists

Treatment Planning Elements

The CALOCUS/LOCUS supports the development of each of the following components of an IRP/IPC:

- Problem definition
- Short and long term goals
- Determination of immediate objectives
- Interventions to achieve progress
- Measurable indicators of progress

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Treatment Planning: Problem Definition

- Six dimensions define problem areas
- Highest dimensional scores focus for intervention
  - Score of 3 or greater
- Child/Youth/Families perception of the problem are critical
- Criteria selected determine problem qualifiers (specifics)
  - Example: Dimension V: Resiliency, 4e

    Johnny presents with extreme, aggressive tantrum behavior when he experiences small changes in his daily routine.

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Treatment Planning: Short and Long term goals

- **Level of care determines short term goal**
  - Transition to less restrictive/intensive level of service
  - Characteristics required to make transition

- **Long term goal related to course of illness and return to health**
  - Recovery/Resiliency Focused
  - Non-specific
  - Review CALOCUS/LOCUS results with child/family over time – are we moving in the right direction?

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Treatment Planning: Determining Immediate Objectives

- Should have a converse relationship to problem qualifiers

  - Example: *Reduce the frequency and duration of aggressive, tantrum behavior from 10 tx a week to 2 tx a week.*

- Have a direct relationship to short term goals

- Must be measurable

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Treatment Planning: Interventions to Achieve Progress

These are concrete elements of plan to achieve progress

- What will be provided?
- How often?
- Who will be responsible?
- May provide assistance with several objectives

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
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Treatment Planning: Measurable Indicators of Progress

- **Observable behaviors or expressions that can be quantified**

  - "Suffix" of Objective –that which will be measured, counted or observed ("*from 10x a week to 2x a week*")
  - Indicates progress toward stated objective

- **May be used for objectives related to more than one level of care -phase specific**

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
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Child/Youth/Family Participation

- Consumer participation in criteria selection

- Consumer participation in selection of interventions and indicators

- Helps to develop consumer investment in and understanding of what is being attempted

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Outcome Monitoring

Not yet validated for outcomes….but

- Well suited for outcome measurement
  - CALOCUS is strongly associated with CAFAS, CBCL and placement outcomes (within child welfare and mental health populations) (Pumariega, date unknown)
- Scores over time represent course of illness and recovery

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Outcome Monitoring (cont)

- Sustained reduction of need indicate good outcome

- Overall, gives good indication of function, engagement in change process, and social connection

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD

American Association of Community Psychiatrists

Utilization management

- Placement is the primary role of CALOCUS/LOCUS

- Data helps leaders examine whether intensity of need for treatment and service match is consistent, equitable, rational

  - Aggregates data on placement recommendations
  - Allows for analysis of utilization of system resources

- Provides opportunity for quality improvement activities

Level of Care Utilization System: Extended Applications, Wesley Sowers, MD
American Association of Community Psychiatrists

Program/System Planning

- What is system capacity to meet needs?

- What needed services are unavailable?

- Where are gaps greatest and most costly?

- What are the priorities for service development?

Billable moments in the use of CALOCUS/LOCUS

- LOCUS/CALOCUS can only be administered and be billable when done by a trained clinician.
- Face-to-face encounter between the appropriately trained clinician and consumer to complete the instrument.
- Face-to-face encounter with the appropriately trained clinician and the consumer to review the results of the instrument and share with the consumer/parent/guardian the impact of the results on treatment planning, course of treatment and/or in establishing and achieving rehabilitation and recovery goals.
- Providers can bill in increments of 15 minutes (1 unit).

Appropriate MHRS Codes and Modifiers by Service Provider

- MHRS Community Support Individual – face-to-face with consumer = **H0036**

- MHRS Counseling On-site with consumer = **H0004 or H004HA**

  (Depending on the age of the consumer)

- MHRS Assertive Community Treatment face-to-face with consumer = **H0039**

- MHRS Community Based Intervention face-to-face with consumer = **H2022**

- Team Meetings (Bulletin #26) = **DMH 20**

The CALOCUS does *not*

- Prescribe program design
  - Does suggest SOC orientation, but can be used in traditional service system
- Specify treatment interventions
  - Does suggest intensity and restrictiveness
- Replace or invalidate clinical judgment
  - In fact, it augments clinical judgment
- Limit creativity

Case Vignettes

Laura and James

Case Vignette Exercise

- Divide into small groups of 3
- Independently…
  - Read each vignette silently and carefully
  - Use the CALOCUS Worksheet to place your scores on the dimensions
  - Refer to the written descriptions of the dimensions as needed
- Discuss your ratings and rationale for each dimension within your group

Case Vignette Exercise (cont)

- Reach a consensus on dimension ratings within your group

- Calculate your group's composite score

- Use the LOC Composite Score Table and the LOC Determination Grid to determine actual Level of Care

- Designate one member of your group to present the groups results for the case scenario

Compliance and Quality Improvement Activities for the CALOCUS

What to expect

CALOCUS QI Activities

Once all providers have trained and authorized their staff:

- The Office of Accountability will monitor for compliance in implementation and audit for quality of assessment

- The Division of Organizational Development will train system leadership within DMH and the CSA's on how data can be used for decision-making

What will OA be looking for?

- Has the LOCUS assessment occurred and is it in the system?

- Has the score been used to determine appropriate level of service in the treatment planning process?

LOCUS/CALOCUS Reports

For Practitioners and/or Supervisors:

- **New Patient Report**. Reports specific consumer level of care data by month, year or period.

- **Dimension Scores Report.** Reports the number of tests and average scores on each of the Level of Care dimensions by clinician.

- **Level of Care by Diagnosis Report**. Reports level of care by diagnosis for the month, year or period.

- **Overdue Patient Report.** Lists overdue and pending Locus/Calocus evaluations by clinician and/or facility.

LOCUS/CALOCUS Reports

For Clinical Directors, Program Managers and/or CEO's:

- **Level of Care Utilization**. Reports the number of consumers who have utilized each level of care by year and facility.

- **New Patient Report**. Reports specific consumer level of care data by monthly, year or period.

- **Variance Report Parameters.** Reports type and number of variation in recommended and actual levels of care.

LOCUS/CALOCUS Reports

For Clinical Directors, Program Managers and/or CEO's:

- **Level of Care Change Report**. Reports the number and percentage of consumers who have changed to lower or higher levels of care, and those who have not changed.

- **Level of Care by Diagnosis**. Reports level of care by diagnosis for the month, year or period.

- **Overdue Patients Reports**. Lists overdue and pending Locus/Calocus evaluations by clinician and/or facility.

Using the CALOCUS Web-Based Interface

An Interactive Demonstration

Web-based interface demo

- Type in http://locus.dmh.dc.gov
- Username: Train01 – Train12
- Password: T01 – T12

- Use "Steps for completing LOCUS/ CALOCUS power point" for implementation of your trainings

Processes and Procedures

for Trainers

Two primary responsibilities

Training

- Develop working knowledge of CALOCUS
- Seek technical support from DMH when necessary
- Determine individual staff need for training
- Provide training to staff as needed on the CALOCUS

Authorization

- Authorize staff within your agency to access and use web-based CALOCUS application
- Send staff account request forms to DMH for processing

Develop a working knowledge of CALOCUS

- Read the manual

- Read the literature within the binder

- Seek technical support from DMH when necessary:
    - Send all content and IT questions to Ms. Joycelyn Alleyne, DMH Provider Relations at Joycelyn.Alleyne@dc.gov or (202) 673-4305

Paperwork and Determination of Training Needs

- Trainers must ensure that all existing and new direct service staff receive and complete the following two forms:
  - **CALOCUS/LOCUS Training Request Form**
  - **CALOCUS/LOCUS User Account Request Form**

- Staff completes forms, and obtains supervisor signature on both forms

- If training is requested:
  - Staff should be instructed to bring both forms on the day of training

- If staff opts out of training (see criteria on training request form)
  - Forms are brought to trainers directly
  - Trainers refer staff to software application power point

Paperwork and Determination of Training Needs

- Recommended that trainers integrate use of forms into agency HR paperwork for new staff
- Use training request forms to determine when training should be implemented

  Resource: 1) CALOCUS/LOCUS Training and User Request Form Instructions; 2) Training Request Form; 3) Account Request Form

- **Once approved, sends completed User Account Request Forms (only) to Joycelyn Alleyne in one of the following ways:**
  - ○ **E-mail pdf version to Joycelyn.Alleyne@dc.gov**
  - ○ **Fax to (202) 671-2971**
  - ○ **Hand deliver to Ms. Alleyne at 64 New York Avenue, NE 4th Floor**
- **Keep copies for your records!**

Implement Agency-Based Trainings

- No more than 25 participants recommended per session

- Initial trainings:
  - Number and frequency depends on size of agency
  - Can start after today

- On-going training:
  - Depends on flow of returned training request forms
  - Recommended implementation at least 1x per quarter

- *All direct service staff must be trained and __authorized__ by August 31, 2009*

Implement Agency-Based Trainings (cont.)

Agency-based Training Characteristics:

- Scheduled should be 2-2.5 hours
- Consists primarily of:
  - Didactic instruction
  - Completion of one case scenario (James or Laura…you choose)
  - Ensuring all trainees have complete user access request forms

- On-going training
  - Depends on flow of returned training request forms
  - Recommended implementation at least 1x per quarter

- Completion of LOCUS and CALOCUS will be tracked

Training Materials

- Updated training materials can be accessed at:
  - http://www.dmh.dc.gov
  - Click on link to *Training Institute* in lower left-hand column
  - Click on link to the *LOCUS/CALOCUS Training and Web-based Application Initiative*

- Use the Agency-based LOCUS/CALOCUS Power point Slides to facilitate the training

- Please add your name to next to "CALOCUS/ LOCUS Trainer" signature lines on training and access forms

Thank you for your participation…we are almost done!

- Please take a moment to:
  - Complete the evaluation
  - Complete or turn in your signed account request form at this time to the trainer if you have not already done so.