

Questionnaire: Locus Service Intensity Assessment Outcome Report

Locus Service Intensity Assessment Outcome

1. *Youth Name:*

2. *DOB:*

3. *MaineCare ID*

4. *Guardian Name:*

5. *Guardian Mailing Address:*

6. *Guardian 1 Phone (digits only):*

7. *Guardian 2 Phone (digits only):*

8. *Team Members Involved in Assessment:*

Kenro ASSESSMENT ACTIVITIES

-
1. *Date Referral Received:*
 2. *If applicable: Date of request for more information:*
 3. *SCHEDULED Date of Service Intensity Assessment Meeting:*
 4. *Date of ACTUAL Meeting:*
 5. *Date LOCUS instrument completed*
 6. *Date Determination and Summary Provided to the Family:*
 7. *Date assessment moved to scheduling queue*
-

SERVICE INTENSITY ASSESSMENT SUMMARY

1. *Strengths and Needs of Youth and Family:*
-

Child Specific Mental and Behavioral Health Goals

1. *Short-term Goals:*

 2. *Long-term Goals:*
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Overall LOCUS Score

1. *Overall LOCUS Score*

Risk of Harm

1. *Risk of Harm Score*

2. *Justification*

Functional Status

1. *Functional Status Score*

2. *Justification*

Medical, Addictive, and Psychiatric Co-morbidity

1. *Medical, Addictive, and Psychiatric Co-morbidity Score:*

2. *Justification*

Recovery Environment: Level of Stress

RECOVERY ENVIRONMENT: LEVEL OF STRESS

1. *Recovery Environment: Level of Stress Score*

2. *Justification*

Recovery Environment: Level of Support

1. *Recovery Environment: Level of Support Score*

2. *Justification*

Treatment and Recovery History

1. *Treatment and Recovery History Score*

2. *Justification*

Engagement and Recovery Status

1. *Engagement and Recovery Status Score*

2. *Justification*

Composite LOCUS Score

1. *Composite LOCUS Score*

LOCUS derived recommendation for level of service intensity

1. *LOCUS derived recommendation for level of service intensity*

Clinical recommendation for level of service intensity to include justification if different from LOCUS recommendations

1. *Clinical recommendation for level of service intensity to include justification if different from LOCUS recommendations; as applicable*

Service Options in Maine

Instructions: SERVICE OPTIONS IN MAINE: Mobile Crisis, Therapeutic Foster Care (for youth in CW custody), Targeted Case Management (TCM)/Behavioral Health Home (BHH), Child Development Services (children 0-5 y/o), Outpatient Therapy, Intensive Outpatient Therapy (IOP),

Medication Management, Home & Community Treatment (HCT), Rehabilitative & Community Services (RCS), Children's Residential Care Facility (CRCF), Crisis Stabilization Unit (CSU), Inpatient Hospital

Clinician Signature

1. *Clinician Signature (Please type your name to sign):*

2. *Date*
