

**SACRAMENTO COUNTY MENTAL HEALTH
ADULT MENTAL HEALTH SERVICES
LOCUS PROGRESS NOTE**

Client Name:	Client ID Number:
Location:	Service Type: 1=Mental Health Service
EBP/SS: 99=Unknown EBP/SS	Special Population: N=No special population
Date of LOCUS Completion:	Data Sources:
Participants:	
Service Time:	
Documentation Time:	
Total Time:	
Service Code: Assessment=93010	
LOCUS Decision Tool Level:	

Additional information obtained during the LOCUS:

Describe the individual's behavioral indicators related to the score assigned within each dimension.

- I. Risk of Harm/Lethality:**
- II. Functional:**
- III. Co Morbid: Medical** **Substance**
- IV. A) Recovery Environment Level of Stress:**
- B) Recovery Environment Level of Support:**
- V. Treatment & Recovery History:**
- VI. Engagement:**

Level of Service Recommendation / Rationale:

Signature: _____ **Print Name:** _____