

	<b>County of Sacramento</b> <b>Mental Health Division</b> <b>Adult Mental Health Services</b>	Policy No.	01-03
		Issued Date	08-22-07
		Revision Date	09-04-09
AREA: <b>Organization</b>	TITLE: <b>Access to Services</b>		
Approved by:	Approved By:		
J. Rodney Kennedy, MFT Program Manager	Sandy Damiano, PhD Chief		

**I. POLICY**

Adult Mental Health Services offers a continuum of services for consumers appropriate to their unique needs. This policy provides guidance on accessing outpatient adult mental health specialty services.

**II. PROCEDURES**

County Operated and Contracted Mental Health Specialty Services for adults are described in the Adult Mental Health Service Levels Grid and the Service Directory.

**A. Adult Mental Health Service Levels Grid**

The Adult Mental Health Service Levels Grid describes services with a medication component that are grouped according to target population or expanded target population criteria.

1. Service recipients must be 18 years or older and reside in Sacramento County.
2. The service level is clearly identified for each program. Clients should be referred to the lowest service intensity appropriate to meet their individual needs.

**B. Adult Mental Health Services Directory**

The Adult Mental Health Services Directory describes all Adult Mental Health services, including those that provide medication and non-medication support services.

1. Service recipients must be 18 years or older and reside in Sacramento County.
2. Programs are grouped in general categories for easy reference.
3. Program description, accessing services, eligibility criteria are outlined.

**C. Service Requests – *Clients or Family Members***

1. Call the Sacramento County Adult Access Team at (916) 875-1055 or 1 (888) 881-4881.

2. Adults who are homeless are referred to the El Hogar Guest House. The Guest House functions as the initial point of access for mental health services for adults who are homeless with a specialty mental health service needs. They provide triage, assessment, mental health and medication supportive services, referral / linkage for a range of services, and benefits acquisition.

**D. Service Requests - *Adult Mental Health Contracted or County Operated Providers***

1. Low Intensity Services (Level II) – Staff completes and faxes the Transfer Form to the Adult Access Team at (916) 875-1190.
2. High Intensity Services (Levels IV) – Staff completes and faxes the Intensive Services Request Form to the Adult Access Team or Intensive Placement Team (IPT) as indicated.

**E. Service Requests - *Mental Health Treatment Center (MHTC)***

1. Aftercare services are crucial after an inpatient hospitalization. If the client has an existing outpatient provider, aftercare services should be coordinated with the designated provider. Contact and coordination is very important and should begin early in the hospitalization process.
2. Low Intensity Services (For clients without an outpatient service provider) – MHTC staff complete and fax the indicated FAX cover sheet along with a completed copy of the MHTC Demographic and Face Sheet.
3. High Intensity Services
  - a. Level IV Service Need - See Section D2.
  - b. Level V or VI Service Need – See Adult MH P&P 09-03 Subacute Placement Referrals.

**F. Service Requests - *Non-Mental Health Plan Providers***

1. Providers must complete and fax the Sacramento County Service Request Form to Adult Access at (916) 875.1190. Private acute psychiatric hospitals and Jail Psychiatric Services may reference and attach a copy of their admission and/or most recent psychiatric assessments.
2. Geographic Managed Care Primary Care Physicians should fax a referral form to the Adult Team and include a provisional psychiatric and medical diagnoses and a description of the psychiatric condition requiring mental health specialty treatment.

**G. Level of Service Determination**

1. Most high intensity services require completion of the Level of Care Utilization System (LOCUS) for service authorization. The LOCUS provides a standardized assessment approach in determining service needs and is used as part of a full clinical assessment.
2. Staff should submit the LOCUS Summary Sheet and level of care recommendation when indicated. See Adult MH P&P 03-04 Level of Care Determination for further information.

**Attachments:**

[Adult Mental Health Service Directory](#)

[Adult Mental Health Service Grid](#)

**Form References:**

[Intensive Services Request \(Form AMH-001\)](#)

[Transfer Form \(Form AMH-037\)](#)

<b>IV. REFERENCES</b>	Related Policies & Procedures	State/Federal Codes/Other References
	<ul style="list-style-type: none"><li>▪ Adult MH P&amp;P 03-04 Level of Care Determination</li><li>▪ QM P&amp;P 01-07 Determination for Medical Necessity and Target Population</li></ul>	W&I 5600, 5775
<b>V. CONTACTS</b>	Name	e-mail
	Adult Access Team	(916) 875-1055
<b>VI. SCOPE</b>	<input checked="" type="checkbox"/> Mental Health Staff <input checked="" type="checkbox"/> Mental Health Treatment Center <input type="checkbox"/> Specific grant/specialty resource	<input checked="" type="checkbox"/> Adult Contract Providers <input type="checkbox"/> Children's Contract Providers