

	County of Sacramento Mental Health Division Adult Mental Health Services	Policy No.	04-02
		Issued Date	08-24-05
		Revision Date	05-13-09
AREA: Medical Services	TITLE: PCC Integrated Behavioral Health Team		
Approved by:	Approved By:		
Robert E. Hales, MD, MBA Medical Director	Sandy Damiano, PhD Chief, Adult Mental Health Services		

I. POLICY

Adult Mental Health, Alcohol & Drug Services (ADS), Primary Health, and University of California, Department of Psychiatry, has an Integrated Behavioral Health Team (IBHT) at the Sacramento County Primary Care Center (PCC) for authorized County Medically Indigent Services (CMISP) clients. The purpose of the services is to provide psychiatric evaluation, brief treatment and referral to the PCC primary care physician for ongoing treatment of the client's medical and psychiatric conditions. The IBHT is readily available to provide consultations and services for the clinic services physicians.

A high percentage of Sacramento County medically indigent clients who receive mental health and/or alcohol and drug services have co-morbid medical conditions requiring integrated primary care treatment.

II. PROCEDURES

A. Eligibility:

1. Adults 21– 64 years of age.
2. Meets CMISP eligibility requirements.
3. Meets level of service indications for integrated primary care services.
4. Expanded or target population criteria including co-occurring substance use disorders.

B. Referrals to the IBHT for ongoing service provision:

Adults must meet the eligibility criteria above and mental health level of service indications noted below:

1. Mental Health Providers are responsible for the provision of mental health specialty services per the Sacramento County Mental Health Plan. For outpatient mental health services, this is Level II – IV.
2. Appropriate referrals from Mental Health Plan Providers to the PCC IBHT for ongoing service provision should:

- a. Include adults who are living independently or with minimal support in the community, and who have achieved significant recovery from episodes of illness.
- b. Have stable housing and established personal supports. Clients continue to require psychiatric medication. Treatment or service needs do not require supervision or frequent contact.

The above criteria are defined as a Level I mental health service need.

C. Med-Psych Consultation:

Referrals to the Med-Psych Consultation service only:

1. Medical-Psychiatric consultation is available for CMISP eligible adults who are treated in mental health specialty services but require a medical consultation and treatment due to significant medical conditions.
2. Providers requesting this service will use the IBHT Referral form but will specifically document the rationale for referral.
3. This requires *ongoing coordination of care* versus transfer and referral of care.

D. Referral Process:

1. Referrals from Adult System of Care:
 - a. Staff from designated programs complete and fax an Integrated Behavioral Health Team Referral Form to the PCC staff when they have identified a medically indigent client meeting service eligibility requirements. (See Sections II A and B).
 - b. The referral form should include the referring clinic and client contact information, reason for referral, the client's current psychiatric diagnosis, medical diagnosis, medication list, treatment plan and other relevant information for coordination of care.
 - c. The second page of the referral form should be provided to the client along with directions to the clinic. It lists the PCC address/phone, appropriate lobby (Lobby A) and required documentation.
2. PCC clerical check client eligibility for CMISP on the Advanced System 400 (AS 400) and the Medi-Cal Eligibility Data System (MEDS).
 - a. If the referred client has Level 2 (full scope) CMISP eligibility, PCC staff schedule an appointment in one of the team's designated slots. They notify the client of the appointment by telephone or letter.
 - b. If the referred client does not have Level 2 CMISP eligibility, PCC clerical staff complete an MI-6 form, requesting Level 2 CMISP eligibility determination. The client is notified by telephone or by letter that they must pick up the eligibility referral form at the PCC and take it to the Department of Human Assistance for eligibility determination. The client may also walk into PCC Lobby A to obtain a referral form to apply for eligibility.
3. Once the client has established Level 2 CMISP eligibility, PCC staff schedule an appointment with an appropriate provider. Staff notifies the client of the appointment date by telephone or letter.

Clarification – “*CMISP Level II*” scope has a different meaning than “*mental health level of service needs.*”

E. Referrals from the Integrated Behavioral Health Team:

1. The team will refer to Mental Health Plan or ADS services when a client requires specialty services.
2. Close working relationships will be developed with the Adult Access Team, ADS, the Adult Psychiatric Support Services (APSS) Clinic and the Mental Health Treatment Center (MHTC) to ensure clients obtain necessary services.
3. Clients requiring emergency psychiatric evaluation and possible hospitalization will be referred to the MHTC or placed on a W&I 5150 application by designated team clinical staff. Staff should provide clinical documentation and call to alert the MHTC Crisis Unit for pending arrival.

F. Reporting Requirements:

1. Behavioral Health Team members providing services will complete and submit all Data Entry Forms by the fifth working day after the end of the month to the Research, Evaluation and Performance Outcomes (REPO) unit.
2. REPO will generate and distribute quarterly reports to the Adult Mental Health Chief, service monitor, and designated leadership for Adult MH, ADS and Primary Health.

Form References:

[Integrated Behavioral Health Referral Form \(Form AMH-002\)](#)

[Integrated Behavioral Health Team Data Entry Form \(Form AMH-008\)](#)

IV. REFERENCES	Related Policies & Procedures	State/Federal Codes/Other References
	<ul style="list-style-type: none"> ▪ Adult MH P&P 03-04 Level of Care Determination ▪ Adult MH P&P 04-03 PCP Collaboration ▪ Adult MH 04-04 GMC Providers Collaboration ▪ QM 01-07 Determination for Medical Necessity and Target Population 	N/A
V. CONTACTS	Name	E-mail
	Phuong Le, MFT, Program Coordinator	leP@saccounty.net
	John Onate, MD, IBHT Medical Director	onatej@saccounty.net
VI. SCOPE	<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