

**SANTA CRUZ COUNTY  
Behavioral Health Services**

POLICIES AND PROCEDURE MANUAL

**Subject: MHP Psychiatric Service Coordination  
With Primary Care Providers**

**Policy Number: 2533**

**Date Effective: 12/18/2020**

**Pages: 4**

**Replaces: 12/29/2017**

**Responsible for Updating:  
Chief of Psychiatry**

**Approval:**   
Behavioral Health Director

12-18-2020  
Date

**BACKGROUND:**

Santa Cruz County Behavioral Health Services Mental Health Plan (MHP) is committed to establishing collaborative care practices to support whole person health and treatment. The MHP shall adhere to federal regulations which require coordination of services furnished to beneficiaries between settings of care, including coordination with primary care providers.

**SCOPE:**

Medication support providers working in the MHP network, including Physicians, Psychiatric Nurse Practitioners, Nurses (RNs) and Medical Assistants, will adhere to this policy and coordinate care with beneficiaries' primary care providers, including providing consultation regarding medication and referral coordination.

**PURPOSE:**

To describe the coordination of physical and mental healthcare between primary care and psychiatric providers.

**POLICY:**

To deliver quality and comprehensive care to clients, psychiatric services shall be coordinated with primary care services.

**DEFINITIONS:**

Safety Net Clinic- Health Clinic that provides services to Medi-Cal Managed Care beneficiaries.

Mental Health Plan (MHP) – A network of Santa Cruz County Mental Health service entities, County and Contractor, and its authorized representatives. The MHP provides Medi-Cal Specialty Mental Health Services through their programs and those of contracted providers. In this document, MHP refers to Santa Cruz County Behavioral Health Services.

Specialty Mental Health Services (SMHS) - Refers to County Medi-Cal Specialty Mental Health Services that meet criteria in CCR, Title 9, Chapter 11, Sections 1830.205; 1830.210 and 1810.345. These criteria include a covered diagnosis and a functional impairment that is moderate to severe and not amenable to treatment by a physical healthcare provider.

Managed Care Plan (MCP) - Contractually responsible entity for the arrangement and payment of all medically necessary Medi-Cal covered physical health care services and outpatient services for members with mild to moderate mental, emotional, or behavioral impairment. There is only one managed care plan in Santa Cruz County.

Managed Behavioral Health Organization (MBHO) — Agency that the MCP has contracted with to develop a provider network, process and pay claims, conduct prior authorization for select mental health services, provide care coordination to support linking members with needed mental health resources, conduct member screening to determine appropriate referrals for mental health services, and provide consultation and support to PCPs in managing mental health needs within their scope of practice including medication management.

Integrated Behavioral Health (IBH) – County HSA Behavioral Health Service, contracted with MBHO to deliver mild-moderate mental, emotional and behavioral health services, that is embedded in a primary care clinic, and who serves individuals who do not meet medical necessity criteria for specialty mental health or who have excluded diagnoses.

Primary Care Provider- May be an MD, DO, NP, or PA who provides primary care to an individual. In Santa Cruz County all primary care providers who provide services to Medi-Cal Managed care beneficiaries are considered providers of the County's sole Managed Care Plan.

County Behavioral Health Directors Association (CBHDA): nonprofit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City).

Integrated Behavioral Health Action Coalition (IBHAC): A group representing primary care, mental health, and substance use providers, as well as local hospitals, county agencies, health plans, mental health advocacy organizations, and individual community members. Together, IBHAC members plan to improve system-level integration of primary care and behavioral health services for all persons and to create a collaborative, integrative, and inclusive system of whole-person care in Santa Cruz County.

Health Improvement Partnership of Santa Cruz County (HIP): A partnership of operational and medical clinic leaders in Santa Cruz County whose mission is to improve systems, quality, relationships and access to care for Santa Cruz County residents who receive care through publicly-funded programs, such as Medi-Cal, and the uninsured.

Safety Net Clinic Coalition and Safety Net Clinic Coalition of Medical Directors (SNCC / SNCC MD): The operational and medical clinic leaders who meet quarterly and work

collaboratively as part of HIP to improve health outcomes and access by developing solutions to address common challenges, share expertise and best practices and improve quality of care for Medi-Cal beneficiaries and uninsured residents.

## **PROCEDURES:**

### **1. Coordination of Care for non-Specialty Mental Health Clients**

#### **Consultation**

- a) For beneficiaries with psychiatric symptoms that do not meet medical necessity criteria for specialty mental health services, the primary care setting is appropriate for treatment of these symptoms.
- b) Psychiatric consultation is available to advise and assist primary care providers with mental health treatment via:
  - i) Primary care providers who work at County Clinics may consult with embedded psychiatric providers (Integrated Behavioral Health)
  - ii) Primary care providers at non-County clinics may consult with MBHO psychiatric consultation services.
  - iii) Independent primary care providers may consult with MBHO psychiatric consultation services.
  - iv) Primary care providers for beneficiaries who began treatment in specialty mental health and who have successfully transitioned to non-County clinics may consult with MBHO psychiatric consultation services or the beneficiary's previous specialty mental health provider.

#### **Training**

- a) The County Behavioral Health (BH) Chief of Psychiatry or designee routinely attends SNCC and IBHAC meetings.
  - 1) Both organizations work to integrate care coordination of physical health care and behavioral health care.
  - 2) The County BH Chief of Psychiatry or designee provides trainings at these meetings on topics related to medications and / or diagnoses specific to Integrated and Specialty Behavioral Health as appropriate / requested.

### **2. Coordination of Care for Specialty Mental Health Clients**

#### **Consultation with Primary Care**

- a) For beneficiaries with psychiatric symptoms that meet medical necessity criteria for specialty mental health services, the full range of those mental health services may be available. Primary Care providers who encounter individuals who appear to be significantly impaired by a mental illness, should refer these beneficiaries to the County Access Team for screening and assessment.
- b) If the primary care provider is not sure whether a beneficiary meets medical necessity criteria, they may refer the individual to either the MBHO or Access Team for screening. MBHO/Access can then either accept the beneficiary or refer them to the appropriate

level of care. If on-site Integrated Behavioral Health care is available, primary care providers are encouraged to consult with these services first.

- c) Beneficiaries who present to mental health providers with medical problems will be referred to primary care physicians who will evaluate medical treatment needs and/or provide consultation.
- d) For clients receiving specialty mental health psychiatry services, primary care providers can consult with treating specialty mental health psychiatrist as needed by contacting them directly via telephone and / or HIPAA secure electronic communication.

### **Additional Consultation**

To facilitate coordination of care and appropriate service linkage for specialty mental health clients, psychiatry providers:

- Provide consultive assessments when decision regarding medical necessity for specialty mental health services is equivocal;
- Are assigned to County Behavioral Health teams and attend weekly team meetings;
- Hold monthly office hours to be available for consultation;
- Communicate with internal providers if additional services for clients are needed, such as a care coordinator, therapist or referral to additional health care providers or housing support providers;
- Work with the County Behavioral Health team and community health partners to transition clients to a lower level of care as appropriate;
- Are available, in an on-call rotation, to provide emergency and / or crisis consultation after business hours and on weekends

### **Training**

- a) County BH Psychiatry staff provide trainings to MHP staff through specific case presentations at multi-disciplinary team meetings as well as at identified formal trainings during Office Hours, two to four times per year. Formal trainings are open to all MHP providers. Topics vary and include but are not limited to: psychiatric medications as they relate to providing care to pregnant clients, clients with various physical healthcare conditions, dually diagnosed clients (mental health and substance use disorders co-occurring) and appropriate use of controlled substances.

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**PRIOR VERSIONS:** 9/2/05

**REFERENCES:** CCR, title 9, section 1810.415(a), CCR, Title 9, Chapter 11, Sections 1830.205; 1830.210 and 1810.345.

**FORMS/ATTACHMENTS:**