

<b>HEALTH PLAN OF SAN JOAQUIN</b>			
<b>Subject: Alcohol and Substance Abuse Treatment Services</b>			
<b>Department:</b> Medical Management			<b>Policy #:</b> UM46
<b>Applies to:</b> Medi-Cal			<b>Scope:</b> UM
<b>Effective Date:</b> 2/1/96	<b>Revised Date:</b> 10/08	<b>Approved by:</b>  <i>Signature on File</i> Medical Director	

**POLICY**

- A. The Health Plan of San Joaquin (HPSJ) is not responsible under its contract with the Department of Health Services for detoxification and treatment of alcohol and drug dependency in members. HPSJ, however, will identify and assist those members requiring alcohol and or substance abuse treatment services to the San Joaquin Counties Alcohol and Drug Programs.
- B. HPSJ will assist members in locating available treatment service site placement and coordinate services in and outside the area.
- C. HPSJ will continue to cover and ensure the provision of primary care and other services unrelated to the alcohol and substance abuse treatment and coordinate services between the PCP and the treatment program.

**PROCEDURE**

- A. Identification of Treatment Need
  - 1. PCPs, or in the case of pregnant women obstetricians, have the responsibility for identifying the need for an alcohol or drug detoxification treatment program.
  - 2. Identification of need is especially critical in cases of pregnancy, and identification will take place as part of the required Comprehensive Perinatal Service Program (CPSP) assessment conducted by an obstetrician.
  - 3. For other members, PCPs are to be alert to the possibility of chemical dependency during treatment for other medical conditions and in the course of the required preventive examinations. PCPs are to watch for criteria that would indicate the possibility of a need for placement in a treatment program.
  - 4. Referral for Treatment

- a) The PCP identifies member potential referral need for alcohol/drug treatment and will call a Health Plan Case Manager for referral to the appropriate county Short-Doyle Medi-Cal alcohol or drug treatment program. (*SJCMH*).
  - In the event there are NO treatment slots available in the county alcohol or drug treatment program, the Case Manager will arrange to establish an LOA with a non-contracted facility and make the referral.
- b) A referral is made at the member request (or a parent/guardian), or if the member is pregnant, or if the need is for detoxification, a referral shall be made within 24 hours.
- c) Cases other than those stipulated above, a referral for evaluation will be made within seven calendar days.
- d) PCPs (or obstetricians) are to make every effort to convince members of the need for help. They shall work with the Health Plan Case Manager to facilitate early start of treatment – immediately if possible.
- e) The members’ right to confidentiality and respect will be honored at all times.
- f) PCPs, however, shall request members to sign a Release of Medical Records form to facilitate exchange of needed information between the Short-Doyle provider and HPSJ.
- g) If a member clearly in need of treatment refuses referral, the PCP may inform the member of both the physician’s and the Health Plan’s right to request that the member be disenrolled from the Health Plan for serious non-compliance with physician instructions.
  - In such a case, the member would be given a written thirty-day notice to comply with the referral or disenrollment proceedings would begin.
  - If after the thirty-day period the member continues in non-compliance, HPSJ would request the Department of Health Services to disenroll the member from HPSJ.
  - With the Department of Health Services’ approval, disenrollment would proceed according to HPSJ policies and procedures.
  - The PCP would continue to be responsible for member care until disenrollment went into effect.

1. When a member is referred and accepted for treatment by the county Short-Doyle alcohol/drug treatment or detoxification provider, HPSJ and the member PCP will continue to be responsible for unrelated medical care.
2. The HPSJ Case Manager will be responsible for providing coordination of care between the two systems and will, while ensuring patient confidentiality as required by state law, track the member progress through detoxification, treatment, and follow-up. The Case Manager will also ensure that upon discharge from acute or inpatient treatment, the member is seen by his/her PCP for assessment of medical condition.
3. If a member is pregnant, the obstetrician will closely collaborate with the Short-Doyle provider working to enhance the health status of the member through referral to such programs as Women, Infants, and Children (WIC), health education, and psycho-social counseling available from CPSP. The obstetrician will also coordinate efforts to keep the member drug/alcohol free through the term of the pregnancy.
4. The HPSJ Case Manager will maintain a listing of community services available to aid in the treatment of persons with alcohol and drug addictions.

**REFERENCE**

A. DHS Contract Exhibit A, Attachment 11, section 6

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
2/96	3/29/04 Mjordan RN	3/14/06 per DHS response MJordan RN	J. Scott 10/08		

## COMPONENTS OF SCREENING

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Screening is a hierarchical, although flexible, procedure. If it errs, it should err toward the false positive. The idea is to rule out people without problems, and raise the index of suspicion regarding others. A positive screening, at any point in the process, is a trigger for a more formal and thorough AOD use assessment.

If a client acknowledges having an AOD problem and recognizes the extent of the problem, much has been accomplished, for this represents the end of the screening, a signal to initiate further AOD assessment. If he or she denies AOD involvement, the screener should look for evidence in major life areas, include:

- Relationship of the current charge to AOD use.
- Recent or current AOD use.
- Past treatment history,
- Health problems (including the presence of HIV infection, TB, hepatitis B).
- Criminal justice system history.
- History or evidence of mental illness.
- Results of urine, breath, or blood testing.
- Problems with family, integration, employment, housing or financial instability, or homelessness.

## SCREENING INSTRUMENTS

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### **The CAGE Questionnaire**

The CAGE questionnaire is a simple but effective test designed to screen for alcohol abuse. It consists of four questions.

- Have you ever felt the need to **C**ut down on your drinking?
- Do you feel **A**nnoyed by people complaining about your drinking?
- Do you ever feel **G**uilty about your drinking?
- Do you ever drink an **E**ye-opener in the morning to relieve the shakes?

Studies reveal that two “yes” answers to the CAGE questionnaire will correctly identify 75 percent of the alcoholics who respond to it and accurately eliminate 96 percent of nonalcoholics. Modifying the CAGE questionnaire for other drugs involves simply substituting “drug use” for “drinking” in the first three questions, and asking for the fourth question, “Do you use one drug to change the effects of another drug?” or “Do you ever use drugs the first thing in the morning to “take the edge off”?”

## **POSSIBLE SUBSTANCE ABUSE QUESTIONS**

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1. Are you taking any prescribed medication on a regular basis for a physical or mental health problem?
2. In your view, is any substance a major problem?
3. How long was your last period of voluntary abstinence from this substance?
4. Have you ever experienced DTs?
5. Have you ever overdosed on drugs or had a blackout due to alcohol?
6. How troubled or bothered have you been in the past 30 days by these:
  - a. Alcohol problems?
  - b. Drug problems?
7. How many days in the last 30 have you experienced:
  - a. Alcohol problems?
  - b. Drug problems?
8. Do you live with anyone who:
  - a. Has a current alcohol problem?
  - n. Uses non-prescribed drugs?
9. With whom do you spend most of your free time?
10. Are you satisfied with the way you spend your free time?
11. How many days in the past 30 have you had a serious conflict with your family?
12. How troubled or bothered have you been in the past 30 days by family problems?

## **CERTIFIED ALCOHOL OR DRUG TREATMENT MEDICAL PROVIDERS**

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### **Residential Programs:**

Inner Voice  
604 N. Commerce Street  
Stockton, CA 95201

Description: Long-term perinatal residential program designed for pregnant and parenting women and their children who are recovering from drugs/alcohol abuse. This is a sixteen bed facility that accommodates women, infants/children. The clients attend daily participation in the day treatment program located on site. Clients receive education, parenting, home management skills, life planning and re-entry back into the community. (Perinatal residential). (Certification pending).

### **Outpatient Programs:**

Methadone Maintenance  
500 West Hospital Road  
French Camp, CA 95231

Description: Outpatient counseling, individual and group, complemented by methadone for individuals who are dependent on narcotics. Two year program. For clients over 18 years who have been addicted for at least two years.  
(Outpatient drug-free).

Methadone Detoxification  
500 West Hospital Road  
French Camp, CA 95231

Description: Detoxification program for opiate addicted men and women.  
(Outpatient drug-free).

Chemical Dependency Counseling Center  
640 North Union Street  
Stockton, CA 95205

Description: Provides outpatient counseling and treatment in a drug-free setting. Individuals must be 18 years old with history of drug abuse/use.  
(Outpatient drug-free).

Family Ties (formerly FOCUS)  
322 N. California Street  
Stockton, CA 95202

Description: Provides day-treatment services including a spectrum of health/social services, individual and group counseling, child care and other services in a drug-free setting. Individuals must be postpartum with children. Program is 9 months in duration with an aftercare component.  
(Outpatient drug-free).

ADM (Alliance for Infants and Mothers)  
548 East Park Street  
Stockton, CA 95202

Description: Provides day-treatment services, including a spectrum of health/social services, individual and group counseling, child care and other services in a drug-free setting. Individuals must be pregnant substance abusers to enroll in the program. Program is 9 months in duration with a 60-day aftercare component.  
(Habilitative day care).

Women's Methadone Program (Aurora Street Clinic)  
620 North Aurora Street  
Stockton, CA 95202

Description: Outpatient counseling, individual and group, complemented by methadone for women who are dependent on narcotics. Two-year program. For clients over 18 years who have been addicted for at least two years.  
(Outpatient drug-free).

Prevention Services  
640 North San Joaquin Street  
Stockton, CA 95202

Description: Provides day treatment services including individual and group counseling in a drug-free setting as well as outpatient counseling and treatment. Individuals must be 14 years and older and having a problem with alcohol and/or other drugs.  
(Habilitative day care and outpatient drug-free). (Certification pending).