CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

Agenda

Quarterly Community Provider Network (CPN) Meeting

Contra Costa Health Plan – Community Plan

When: **Time: 7:30 AM – 9:00 AM**
Date: January 28, 2014

Where: **Central – East County**
1350 Arnold Drive, Conference Room #103, Martinez
Continental breakfast will be served

The agenda for the meeting is as follows:

I.	**CALL TO ORDER and INTRODUCTIONS**	J. Tysell, MD
II.	**REVIEW and APPROVAL of MINUTES from previous meeting**	J. Tysell, MD
III.	**REGULAR REPORTS**	
	• Medical Director's Report • HEDIS	J. Tysell, MD
IV.	**NEW BUSINESS**	
	• **SBIRT** [*Screening, Brief Intervention, and Referral to Treatment]* • TBA	P.Tanquary, MSSW, MPH, PhD, CEO
VI.	**OTHER**	
	• Provider Concerns	J. Tysell, MD
VII.	**ADJOURNMENT**	

Unless otherwise indicated below, Contra Costa Health Plan – Community Plan hereby adopts all issues, findings, or resolutions discussed in the Agenda for Contra Costa Health Plan, dated January 28, 2014 and attached herein.

Our next scheduled meeting is:

Tuesday, April 22, 2014
7:30 AM – 9:00 AM

CONTRA COSTA HEALTH PLAN

East/Central County

Quarterly Community Provider Network (CPN)

Meeting Minutes – January 28, 2014

Attending:

CCHP Staff: J. Tysell, MD, Chair; P. Tanquary, MPH, Ph.D., CEO; B. Jacobs, FNP; M. Berkery, RN; J. Galindo, RN, PHN; L.M. Perez

CPN Providers: S.M. Chang, MD; S. Huerta, CPNP; A. Mahdavi, MD; C. Mayor, NP; J. O'Meany, PA; H.E. Risgalla, MD; S. Sachdeva, MD; J. Sequeira, MD; S. Shtivelman, MD; R. Tracy, MD; L. Yang, MD; J.G. Zimmerman, MD

Discussion		Action	Accountable
	Meeting called to order @ 7:38 a.m.		J. Tysell, MD
I.	Agenda approved with no revisions.		J. Tysell, MD
II.	**Review and Approval of Minutes from October 29, 2013:** The minutes were approved as presented with brief discussion on provider's previous question regarding reimbursement.		J. Tysell, MD
III.	**Regular Reports:** Medical Director's Report • Immunization Update - Influenza update from Public Health • WalGreens and Rite Aid available for referral if PCP out of vaccine		J. Tysell, MD
IV.	**New Business:** • Affordable Care Act – Exchange in California discussed - CCC and CCHP enrollment statistics - Partnering with other groups to get word out - New Medi-Cal Expansion and CAL Fresh Applicants (Food Stamp) -- New members from Medi-Cal joining CCHP over the next 3 months • Medi-Cal Expansion of Substance Use Disorder and Mental Health Services - CCHP will send letter to enrolled members next week on expansion of Mental Health benefits - Will cover substance abuse disorder services through alcohol and drug programs and Mental Health services starting January 1, 2014 - Mental Health Access Line # is 1-888-678-7277 - Discussion of new system of referral for Mental Health evaluation • SBIRT [*Screening, Brief Intervention, and Referral to Treatment*] - Proposed screening tool for all patients to be introduced in 1-2 months - CCHP will explore possibility of printing document in Spanish and other languages - Will be used for patient assessment on ETOH and drug use • Codes on reverse side of this document [SBIRT] for scoring		P. Tanquary, MPH, PhD, CEO

	- Providers are requested to hold claims for H0049 and H0050 (SBIRT codes) until February 1, 2014 - Health plans are required to screen patients once a year using a Medi-Cal approved screening instrument and billed with HCPCS code H0049		
V.	***[Review of State document on Referral to Treatment for Alcohol Misuse*: New Benefit]** - Printed on January 2, 2014 - Important data on codes H0049 and H0050 for reimbursement on SBIRT for billing, scoring and frequency of use for recipient /physician - Reimbursement dependent on documented training of physician or professional mental health team member		
VI.	**Provider Concerns:** Emergency visits/same day visit discussed		Provider Relations staff – M. Berkery, RN
VII.	**Adjournment:** Meeting adjourned @ 9:00 a.m.		

Next meeting – April 22, 2014

CONTRA COSTA HEALTH PLAN

East/Central County

Quarterly Community Provider Network (CPN)

Meeting Minutes – October 29, 2013

Attending:

CCHP Staff: J. Tysell, MD, Chair; B. Jacobs, FNP; M. Berkery, RN; J. Galindo, RN, PHN; L.M. Perez

CPN Providers: S.M. Chang, MD; G. Graves, MD; A. Mahdavi, MD; C. Mayor, NP; T. Mostaghasi, MD; J. O'Meany, PA; H.E. Risgalla, MD; S. Sachdeva, MD; J. Sequeira, MD; R. Tracy, MD; V. Valverde-Salas, MD; L. Yang, MD; J.G. Zimmerman, MD

Discussion		Action	Accountable
	Meeting called to order @ 7:47 a.m.		J. Tysell, MD
I.	Agenda approved with no revisions.		J. Tysell, MD
II.	**Review and Approval of Minutes from July 23, 2013:** Minutes were approved as presented. - HEDIS completion available for January meeting		J. Tysell, MD
III.	**Regular Reports:** Medical Director's Report - State audit was completed approximately 3 months ago - Findings reported to CCHP: recommendations are being implemented Joint Commission Meeting - Focus on ***Covered California*** - Medical Directors of Health Plans met with State Department - Discussed integration of Mental Health into managed care visits – full implementation expected in January • Trial forms being developed • Scope of Mental Health coverage evaluation/questionnaire presently under development in CCHP		J. Tysell, MD
IV.	**Old Business:** - Medicare reimbursement to PCP retro to January 2013 is pending - PCP must complete own attestation on Medi-Cal website and submit to State to become eligible to benefit - Demonstration of lap top access to iSite for information on CCHP - Most important is access to CCHP approved meds, specialty lists and Search Engine - Update on CAAD Clinic vs. Regional Center of East Bay for review and treatment of ADHD and ASD patients • Medical coverage for referral of RCEB • Commercial coverage for referral to CAAD Clinic at RMC Immunization Update - New regulation effective 1/1/14 on parental requests for child to be excused from immunization for school entry. Form requires PCP signature - Office visit by patient, parent with PCP - CPT code being developed		M. Berkery, RN M. Berkery, RN/ J. Galindo, RN, PHN B. Jacobs, FNP

V.	**New Business:** - Review of Pain Management Policy • Summary of continuity of care currently being developed - Neurosurgical Referrals • Criteria developed for specific referral to neurosurgeon vs. referral to surgeon or specific medical provider discussed. Sending information on referral to MD needed to be included in referral for appropriate disposition - Alternate Mental Health Benefits • Draft documents reviewed • Includes PCP screening and possible need for brief intervention • Mental Health evaluation to be effective under ACA in January 2014		J. Tysell, MD
VI.	**Provider Concerns:** - Concerns expressed about ability to bill two separate visits on same patient on same day - No reimbursement to some providers since March. Dr. Tysell and Provider Relations to complete follow up		
VII.	• **Adjournment:** • Meeting adjourned @ 8:50 a.m.		

Next meeting – January 28, 2014

Happy New Year

2014 is starting with a bang with many more people in our County and in our State getting health care insurance thanks to the Affordable Care Act (Obamacare).

The Exchange in California has enrolled 1 million Californians. Contra Costa County has enrolled 15,000 into the Exchange and CCHP has enrolled 529 with 105 starting enrolled as of February 1 or 3% of the total Exchange membership of the County.

REGION 5	ALL	CCHP	CCHP %
Catastrophic	147	28	19.0%
Bronze	3472	69	2.0%
Silver	8273	259	3.1%
Gold	1230	30	2.4%
Platinum	1360	35	2.6%
TOTAL	14482	421	2.9%

Note that CCHP has enrolled members in all 5 metal products including 19% of all catastrophic for the County.

As members pay their first premium they are enrolled into EPIC which portrays their benefits, deductibles and copays and MOOP. MMU is calling those who have not yet paid, taking payments over the phone and in person daily to reach the January 15th deadline of payment for January coverage. Currently 65% have paid for January.

Secondly, there will be new members from Medi-Cal joining CCHP over the 3 months.

1) **New Medi-Cal Expansion** -- There are 400,000 new Medi-Cal Expansion approvals from Cal Heers across CA. Therefore, all of them are being placed on "presumptive eligibility as FFS" and given BIC cards to then allow the Social Services Departments to complete the processing as well as patients completing the Choice Form. CCHP should expect some of these new enrollments into managed care in March and April.

2) **CAL Fresh Applicants (Food Stamp)** -- There are 600,000 Cal Fresh applicants who will be able to receive automatic Medi-Cal coverage by checking a box on a form being sent to these individuals on February 1st, 2014. They will be allowed to immediately state a choice of managed care plan such that they can choose CCHP for a March 1 enrollment date. CCHP will expect some of these new enrollments into managed care in February or March.

Thanks to many departments such as Member Services, Marketing, MMU and Administration working over-time and through the holidays to assist new members with enrollment, payment and transition to care for the Exchange, Medi-Cal Expansion and our new County enrollment.

State of California – Health and Human Services Agency

Department of Health Care Services

P.O. Box 997413, Sacramento, CA 95899-7413

November 2013

Medi-Cal Expansion of Substance Use Disorder and Mental Health Services

Dear Beneficiary:

You are getting this notice because of a change in Medi-Cal coverage that expands substance use disorder and mental health benefits to all Medi-Cal beneficiaries who qualify.

What is the Change?

Starting on January 1, 2014, Medi-Cal will cover substance use disorder services, through county alcohol and drug programs, and mental health services.

What are the Substance Use Disorder Benefits?

- Voluntary Inpatient Detoxification
- Intensive Outpatient Treatment Services
- Residential Treatment Services
- Outpatient Drug Free Services
- Narcotic Treatment Services

What are the Mental Health Benefits?

All Medi-Cal beneficiaries who qualify will be able to receive the following mental health benefits through Medi-Cal Managed Care Plans and Medi-Cal Fee-For-Service:

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements
- Psychiatric consultation

Specialty mental health services currently provided by County Mental Health Plans will continue to be available.

Where can I find out more information on the expanded benefits?

You can contact your local Social Services Department, or you may call the Department of Health Care Services Hotline at 1-800-541-5555 for more information.

Medi-Cal MHSUD Delivery System

Integrating Substance Use Disorder Services into the Mix

Medi-Cal Managed Care Plans (MCP)

Target Population: Medi-Cal beneficiaries enrolled in Managed Care Plans

MCP services to be carved-in effective 1/1/14

- ✓ Individual/group mental health evaluation and treatment (psychotherapy)
- ✓ Psychological testing when clinically indicated to evaluate a mental health condition
- ✓ Psychiatric consultation for medication management
- ✓ Outpatient laboratory, supplies and supplements
- ✓ Screening and Brief Intervention (SBI)
- ✓ Drugs, excluding anti-psychotic drugs (which are covered by Medi-Cal FFS)

County Mental Health Plan (MHP)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services

Outpatient Services

- ✓ Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- ✓ Medication Support
- ✓ Day Treatment Services and Day Rehabilitation
- ✓ Crises Intervention and Crises Stabilization
- ✓ Targeted Case Management
- ✓ Therapeutic Behavior Services

Residential Services

- ✓ Adult Residential Treatment Services
- ✓ Crises Residential Treatment Services

Inpatient Services

- ✓ Acute Psychiatric Inpatient Hospital Services
- ✓ Psychiatric Inpatient Hospital Professional Services
- ✓ Psychiatric Health Facility services

County Alcohol and Other Drug Programs (AOD)

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

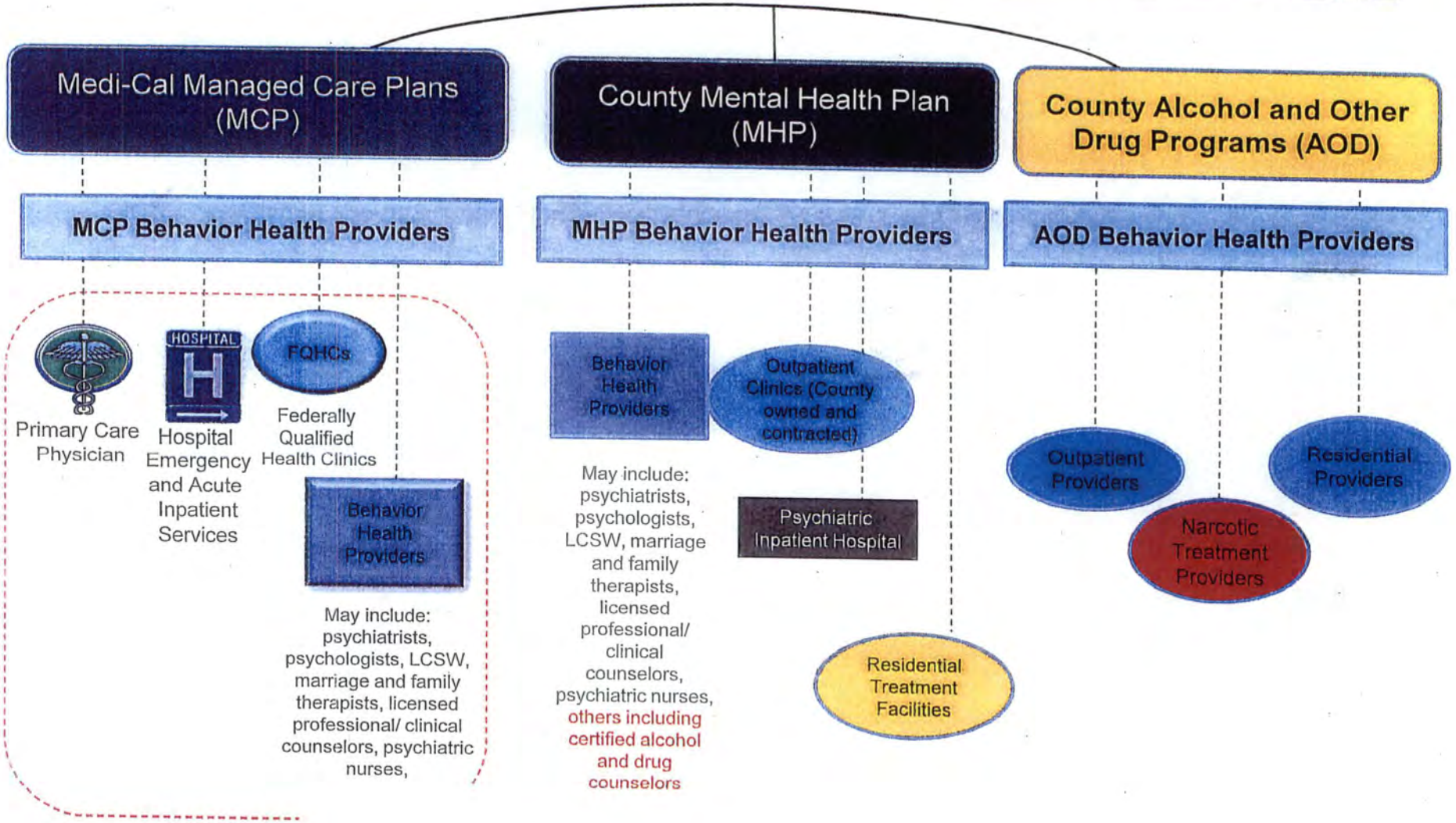
Outpatient Services

- ✓ Outpatient Drug Free
- ✓ Intensive Outpatient (newly expanded to additional populations)
- ✓ Residential Services (newly expanded to additional populations)
- ✓ Narcotic Treatment Program
- ✓ Naltrexone

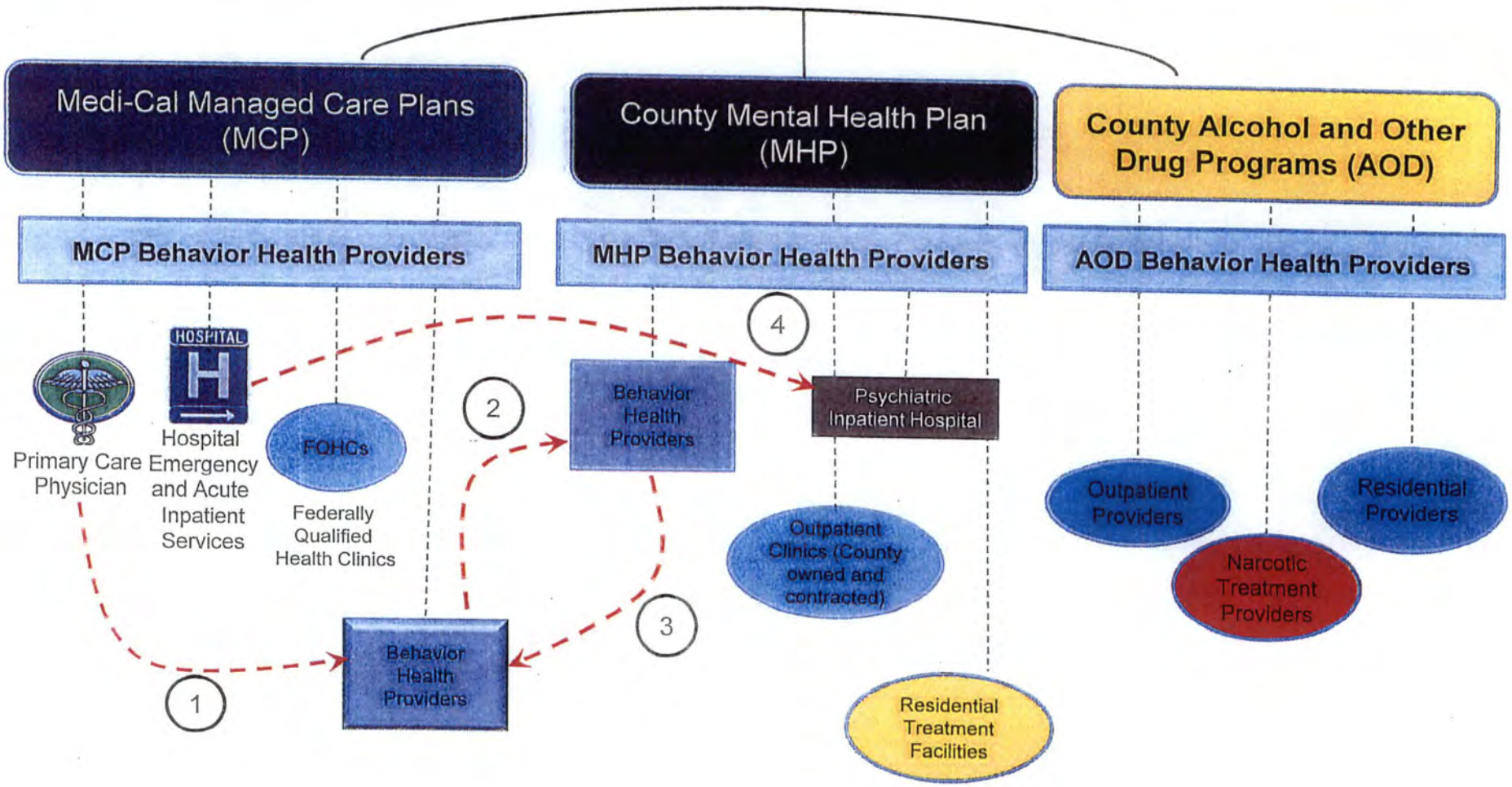
New Services

- ✓ Inpatient Detoxification Services
- ✓ (Administrative linkage to County AOD still being discussed)

Developing a Network that Meets Beneficiary Needs

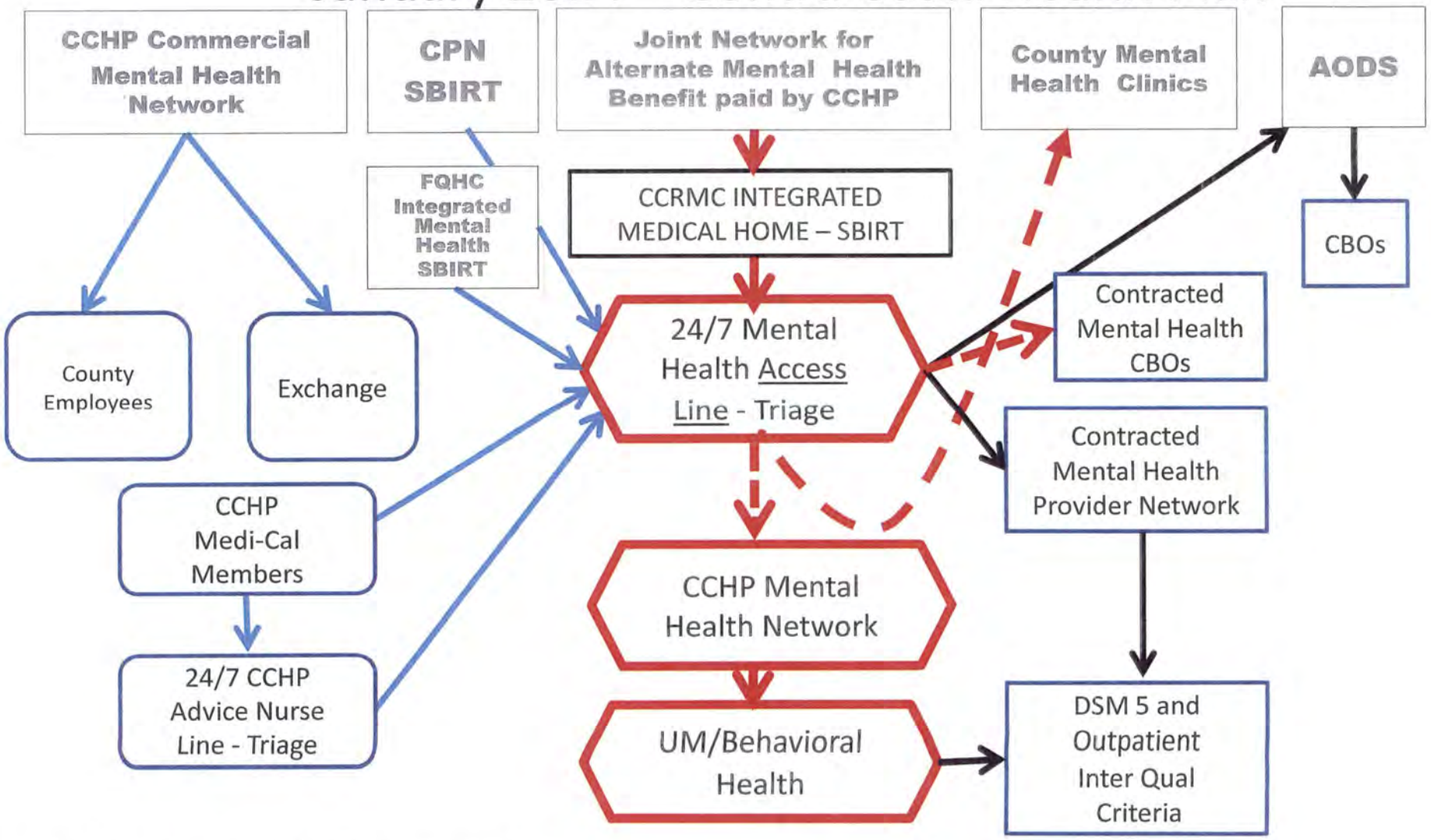


Processes for referring a beneficiary for MHSUD Services



Initial screening → Assessment → Referral → Care Coordination

Medi-Cal
Mental Health Infrastructure
January 2014 - Contra Costa Health Plan



12-3-2013 by Patricia Tanquary, CEO

Department of Health Care Services Medi-Cal

Home

Screening, Brief Intervention and Referral to Treatment for Alcohol Misuse: New Benefit

January 2, 2014

Note: This article has been updated with additional information since its previous posting on December 24, 2013.

In April 2013, the United States Preventive Services Task Force (USPSTF) updated its alcohol screening recommendation. This recommendation requires clinicians in primary care settings to screen adults 18 years of age or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse and/or provide referrals to mental health and/or alcohol use disorder services. Counseling interventions in the primary care setting can positively affect unhealthy drinking behaviors in adults engaging in risky or hazardous drinking. Based on this recommendation, Screening, Brief Intervention and Referral to Treatment (SBIRT) services for alcohol misuse will become a Medi-Cal benefit and is targeted at alcohol misuse only.

Effective retroactively for dates of service on or after January 1, 2014, providers who meet the requirements (described below) to screen and provide brief intervention for alcohol misuse/abuse, may be reimbursed using HCPCS codes H0049 for alcohol screening and H0050 for brief interventions. These codes are reimbursable in connection with alcohol abuse only and not for drug-related services.

However, providers are requested to hold claims for H0049 and H0050 until February 1, 2014, so the claim will process appropriately through the system. Timeliness will be waived for this 30-day time period. Claims submitted prior to that date may be denied, although automatically reprocessed.

The following are general SBIRT definitions, provider training details and Medi-Cal reimbursement requirements.

Definitions
SBIRT provides comprehensive, integrated delivery of early intervention and treatment services for persons with substance abuse disorders, as well as those who are at risk of developing these disorders. Primary care settings provide opportunities for early intervention with at-risk drinkers before more severe consequences occur.

Brief Intervention means a provider interaction with a recipient that is intended to encourage a positive change in a health-related behavior. Brief intervention may include an initial intervention, a follow-up intervention and/or a referral.

Follow-up intervention means services to reassess a recipient's status, assess progress and promote or sustain a reduction in substance use. Follow-up services may also be used to assess a recipient's need for additional services.

Alcohol use disorder means that a recipient meets the criteria in the Diagnostic and Statistical Manual (DSM) for a substance use disorder resulting from alcohol use.

Reimbursement
A full screen, using a Medi-Cal approved screening instrument, and billed with HCPCS code H0049, is limited to one unit per recipient per year, any provider. A pre-screen or brief screen is not reimbursable.

Brief intervention services may be provided on the same date of services as the full screen, or on subsequent days, using HCPCS code H0050. The brief intervention is limited to three sessions per recipient per year, any provider.

For Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) providers, the costs of providing SBIRT services are included in the all-inclusive prospective payment systems (PPS) rate. SBIRT services that meet the definition of an FQHC/RHC visit, as defined in the *Rural Health Clinics (RHCs)* and *Federally Qualified Health Centers (FQHCs)* section of the Part 2 – Medi-Cal Billing and Policy manual, are billable.

SBIRT services may be provided on the same day as other Evaluation & Management (E&M) services.

Any claims reimbursed for more than the maximum units per year are subject to recovery by the Department of Health Care Services (DHCS).

Provider Requirements
All licensed health care providers must be trained in order to provide or supervise individuals providing SBIRT services.

Primary care providers (PCPs) may offer SBIRT in the primary care setting, as long as they meet the following requirements:

1. SBIRT services may be provided by a licensed health care provider or staff working under the supervision of a licensed health care provider, including the following:

   Licensed Physician

   Physician Assistant

   Nurse Practitioner

   Psychologist

2. All licensed health care providers must be trained in order to provide SBIRT services or supervise individuals who provide them. A minimum of four hours of SBIRT training is required.

3. All non-licensed providers must be trained in SBIRT services in order to provide these services, and meet the following requirements:

   Be under the supervision of a licensed and trained SBIRT services provider.

   Complete a minimum of 60 documented hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of four hours of training that is directly related to SBIRT services.

   Complete a minimum of 30 documented hours of face-to-face recipient contact within their respective field. (This requirement is in addition to the 60 hours of professional experience described above.) This may include internships, on the job training or professional experience. This contact may include, but does not have to be directly related to, SBIRT services training.

4. Providers must develop policies and procedures that require PCPs and health care team members who provide SBIRT services to attest that they have obtained the required training on SBIRT. The PCP is not required to offer the training directly to its providers. DHCS may request verification of the required documentation as part of their audit and oversight responsibilities.

Refer to the DHCS website for a list of resources to help facilitate this required training.

More detailed information and provider guidance will be provided with published provider manual pages in the February *Medi-Cal Update*.

Server:files.medi-cal.ca.gov |File:/pubsdoco/newsroom/newsroom_22171Rev1.asp |Last Modified:1/2/2014 5:28:53 PM

Annual questionnaire

Once a year, all our patients are asked to complete this form because these factors can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Alcohol: One drink =  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	○	○
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	○	○

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	○	○

Mood:

	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	○	○
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	○	○

(For the medical professional)

Interpreting the Annual questionnaire:

Alcohol: Patients who answer "1 or more" should receive a full alcohol screen (AUDIT).*

Drugs: Patients who answer "1 or more" should receive a full drug screen (DAST).*

Mood: Patients who answer "Yes" to either question should receive a full screen for depression (PHQ-9).

More resources: www.sbirtoregon.org

* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. "Primary Care Validation of a Single-Question Alcohol Screening Test." J Gen Intern Med 24(7):783–8. 2009

* Smith P, Schmidt S, Allensworth-Davies D, Saitz R. "A Single-Question Screening Test for Drug Use in Primary Care." Arch Intern Med 170 (13): 1155-1160. 2010

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

One drink equals:

12 oz. beer

5 oz. wine

1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

	I	II	III	IV
M:	0-4	5-14	15-19	20+
W:	0-3	4-12	13-19	20+

(For the clinician or behavioralist)

Scoring and interpreting the AUDIT:

1. Each response has a score ranging from 0 to 4. All response scores are added for a total score.

2. The total score correlates with a zone of use, which can be circled on the bottom left corner.

Score*	Zone	Action
0-3: Women 0-4: Men	I – Low Risk	Brief education
4-12: Women 5-14: Men	II – Risky	Brief intervention
13-19: Women 15-19: Men	III – Harmful	Brief intervention/Brief treatment
20+: Men 20+: Women	IV – Dependent	Referral to specialized treatment

Brief education: An opportunity to educate patients about low-risk consumption levels and the risks of excessive alcohol use.

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention.

The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

Patients with numerous or serious negative consequences from their drinking, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up. The recommended behavior change in this case is to either cut back to low-risk drinking levels or abstain from use.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

* Johnson J, Lee A, Vinson D, Seale P. "Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study." Alcohol Clin Exp Res, Vol 37, No S1, 2013: pp E253–E259

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____

Date of birth: _____

Which of the following drugs have you used in the past year?

- ☐ methamphetamines (speed, crystal)
- ☐ cannabis (marijuana, pot)
- ☐ inhalants (paint thinner, aerosol, glue)
- ☐ tranquilizers (valium)
- ☐ cocaine
- ☐ narcotics (heroin, oxycodone, methadone, etc.)
- ☐ hallucinogens (LSD, mushrooms)
- ☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I	II	III	IV
0	1	3	6

(For the clinician or behavioralist)

Scoring and interpreting the DAST:

1. "Yes" responses are one point, "No" responses are zero points. All responses are added for a total score and correlated with a zone of use, which can be circled on the bottom right corner.

Score	Zone of use	Action
0	I – Healthy	None
1 - 2, plus: • No daily use of any substance • No weekly use of opioids, cocaine, or methamphetamine. • No injection drug use in the past three months. • Not currently in Drug Abuse Treatment.	II - Risky	• Offer advice on benefits and importance of remaining drug abstinent. • Monitor and reassess at next visit. • Consider providing educational materials.
1 - 2 (without meeting criteria above)		Brief intervention
3 - 5	III - Harmful	Brief intervention/Brief treatment
6+	IV - Dependent	Referral to specialized treatment

Brief intervention: Patient-centered discussion that employs Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhancing his/her motivation towards behavioral change. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as screening. The recommended behavior change is to abstain from illicit drug use.

Patients with numerous or serious negative consequences from their substance use, or patients with likely dependence who cannot or will not obtain conventional specialized treatment, should receive more numerous and intensive interventions with follow up.

Referral to specialized treatment: A proactive process that facilitates access to specialized care for individuals who have been assessed to have substance use dependence. These patients are referred to drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME:_____ DATE:_____

Over the last *2 weeks,* how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
	add columns	+	+	

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).

TOTAL:

10. If you checked off *any problems,* how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

A2663B 10-04-2005

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

A2662B 10-04-2005

WILLIAM B. WALKER, M.D.
HEALTH SERVICES DIRECTOR

WENDEL BRUNNER, M.D.
DIRECTOR OF PUBLIC HEALTH

CONTRA COSTA
HEALTH SERVICES

CONTRA COSTA
PUBLIC HEALTH
COMMUNICABLE
DISEASE PROGRAMS
597 CENTER AVENUE, SUITE 200-A
MARTINEZ, CALIFORNIA 94553
PH (925) 313-6740
FAX (925) 313-6465

HEALTH ADVISORY UPDATE
JANUARY 6, 2014

INCREASE IN SEVERE INFLUENZA CASES INFECTED WITH INFLUENZA A(H1N1)pdm09 VIRUS

SUMMARY:
A recent increase in reported cases of severe influenza among young and middle-aged adults infected with influenza A(H1N1)pdm09 (pH1N1) virus have been reported nationally and in Contra Costa County. More information can be found at: http://emergency.cdc.gov/HAN/han00359.asp or http://www.cdc.gov/flu/index.htm.

CURRENT RECOMMENDATIONS:
The best tool for prevention is vaccination. Annual influenza vaccination is recommended for everyone 6 months and older. Anyone not yet vaccinated this season should receive influenza vaccine now.

Antiviral treatment for those with suspected influenza should begin as soon as possible. It is not recommended to wait for laboratory confirmation of influenza.

BACKGROUND:
For the 2013 influenza season, pH1N1 has been the predominant circulating virus so far. During the 2009 influenza season, the pH1N1 strain affected more children and young adults than adults aged ≥65 years and illness in these groups was more severe compared to other groups. The pH1N1 virus strain is included in all of this season's influenza vaccine for the Northern Hemisphere. While influenza vaccination remains the best way to prevent infection, a history of influenza vaccination does not rule out influenza virus infection in an ill patient with signs and symptoms of influenza illness.

CLINICAL NOTES

- The symptoms of pH1N1 are similar to the symptoms of a seasonal influenza infection. Symptoms include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. Some people may have vomiting and diarrhea.
- pH1N1 infections can vary in severity from mild to severe illness. Severe infection can result in pneumonia, respiratory failure, and even death. Sometimes bacterial infections may occur at the same time or after a pH1N1 infection and lead to pneumonias, ear infections, or sinus infections.

- The incubation period for influenza is estimated to range from 1 to 4 days with an average of 2 days. Influenza virus shedding during the contagious period begins the day before illness onset and can persist for 5 to 7 days. Some persons can shed virus for longer periods including children and immunocompromised individuals.

INFECTION CONTROL

- Standard and droplet precautions should be implemented for influenza patients
- Influenza patients should be isolated in a single room or cohorted with other influenza patients if a single room is not available.
- For aerosol-generating procedures, healthcare personnel should use an N95 respirator or higher level of respiratory protection.
- Currently, CDC has not detected increased transmissibility of pH1N1.

TREATMENT

- Treat with neuraminidase inhibitor antiviral drugs (oral oseltamivir and inhaled zanamivir).
- Antiviral treatment is recommended as early as possible (ideally within 48 hours of symptom onset but still beneficial after 48 hours) for any patient with confirmed or suspect influenza who are: 1) hospitalized; 2) have severe, complicated or progressive illness; or 3) at higher risk for influenza complication.

REPORTING

Contact Contra Costa Public Health at 925-313-6740 to report:

- Laboratory-confirmed influenza deaths in people ages 0-64 years
- Acute respiratory outbreaks

TESTING

Starting antiviral treatment should not wait for laboratory confirmation of influenza.

- Testing with reverse transcriptase-polymerase chain reaction (RT-PCR) is the preferred testing method when there is a strong clinical suspicion, even if rapid test is negative.
- Negative results on rapid influenza diagnostic tests do not exclude influenza virus infection in patients with signs and symptoms.
- Collect respiratory specimens for confirmation and further subtyping by RT-PCR
- Testing is available through the Contra Costa Public Health Laboratory (http://cchealth.org/flu/pdf/severe_case_history_form.pdf)

ADDITIONAL QUESTIONS:

The Contra Costa Public Health, Communicable Disease Programs can be reached 8:00 AM - 5:00 PM Monday - Friday at: 925-313-6740 (phone) or 925-313-6465 (fax).

More information may be found at: http://cchealth.org/flu/providers.php or http://www.cdc.gov/flu/professionals/index.htm.

CONTRA COSTA HEALTH PLAN

COVERED CALIFORNIA

SILVER COPAY PLA

		100%-150% FPL	150%-200% FPL
	SINGLE / FAMILY	$17,235 / $35,325	$22,980 / $47,100
ACTUARIAL VALUE – FINAL AV CALCULATOR	APPROXIMATE COSTS INSURANCE COMPANY PAYS	95%	88%
	APPROXIMATE COSTS INDIVIDUAL PAYS	5%	12%
OVERALL **DEDUCTIBLE** FOR SINGLE INDIVIDUAL *		$0	N/A
OTHER DEDUCTIBLES FOR SPECIFIC SERVICES			
MEDICAL		$0	$500
BRAND DRUGS		$0	$50
DENTAL		$0	$0
(FOR SINGLE INDIVIDUAL*)	OUT-OF-POCKET LIMIT ON EXPENSES:	$2,250	$2,250

COMMON MEDICAL EVENT	SERVICE TYPE		MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBL APPLIES
VISIT TO A HEALTH CARE PROVIDER'S OFFICE OR CLINIC	PRIMARY CARE VISIT TO TREAT AN INJURY OR ILLNESS		$3		$15	
	SPECIALIST VISIT		$5		$20	
	OTHER PRACTITIONER OFFICE VISIT		$3		$15	
	PREVENTIVE CARE / SCREENING / IMMUNIZATION		NO COST SHARE		NO COST SHARE	
TESTS	LABORATORY TESTS		$3		$15	
	X-RAYS AND DIAGNOSTIC IMAGING		$5		$20	
	IMAGING (CT/PET SCANS, MRIS)		$50		$100	
DRUGS TO TREAT ILLNESS OR CONDITION	GENERIC DRUGS		$3		$5	
	PREFERRED BRAND DRUGS		$5		$15	X
	NON-PREFERRED BRAND DRUGS		$10		$25	X
	SPECIALTY DRUGS		10%		15%	X
OUTPATIENT SURGERY	FACILITY FEE (E.G., ASC)		10%		15%	
	PHYSICIAN/SURGEON FEES					
NEED IMMEDIATE ATTENTION	EMERGENCY ROOM SERVICES (WAIVED IF ADMITTED)		$25		$75	X
	EMERGENCY MEDICAL TRANSPORTATION		$25		$75	X
	URGENT CARE		$6		$30	
HOSPITAL STAY	FACILITY FEE (E.G., HOSPITAL ROOM)		10%		15%	X
	PHYSICIAN / SURGEON FEE					
MENTAL HEALTH, BEHAVIORAL HEALTH, OR SUBSTANCE ABUSE NEEDS	MENTAL/BEHAVIORAL HEALTH OUTPATIENT SERVICES		$3		$15	
	MENTAL/BEHAVIORAL HEALTH INPATIENT SERVICES		10%		15%	X
	SUBSTANCE USE DISORDER OUTPATIENT SERVICES		$3		$15	
	SUBSTANCE USE DISORDER INPATIENT SERVICES		10%		15%	X
PREGNANCY	PRENATAL AND POSTNATAL CARE		NO COST SHARE		NO COST SHARE	
	DELIVERY AND ALL INPATIENT SERVICES	HOSPITAL	10%		15%	X
		PROFESSIONAL				
HELP RECOVERING OR OTHER SPECIAL HEALTH NEEDS	HOME HEALTH CARE		$3		$15	
	REHABILITATION SERVICES		$3		$15	
	HABILITATION SERVICE		$3		$15	
	SKILLED NURSING CARE		10%		15%	X
	DURABLE MEDICAL EQUIPMENT		10%		15%	
	HOSPICE SERVICE		NO COST SHARE		NO COST SHARE	
CHILD NEEDS DENTAL OR EYE CARE	EYE EXAM (DEDUCTIBLE WAIVED)		0%		0%	
	GLASSES		1 PAIR PER YEAR		1 PAIR PER YEAR	
	DENTAL CHECK-UP–PREVENTIVE & DIAGNOSTIC		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PL DESIGN ATTACHED	
	DENTAL RESTORATIVE AND ORTHODONTIA SERVICES					

DID YOU KNOW:

WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE LOW.

OUT-OF-POCKET EXPENSES STOP AT $2,250 / YEAR

* FAMILY DEDUCTIBLE AND OUT-OF-POCKET LIMIT IS TWICE THE AMOUNT SHOWN.

– STANDARD BENEFIT PLAN

PATRICIA TANQUARY, CEO

NS	SILVER STANDARD PLAN	BRONZE	PLATINUM	GOLD	MINIMUM COVERAGE PLAN
200% - 250% FPL	250% - 400%	PLAN	COPAY PLAN	COPAY PLAN	PLAN 21-30 YEARS
$28,725 / $58,875	$45,960 / $94,200				
74%	69%	62%	88%	78%	60%
26%	31%	38%	12%	22%	40%
N/A	N/A	$5,000 INTEGRATED MED/RX DEDUCTIBLE	$0	$0	$6,350 INTEGRATED MED/RX DEDUCTIBLE
$1,500	$2,000	N/A	$0	$0	N/A
$250	$250	N/A	$0	$0	N/A
$0	$0	$0	$0	$0	$0
$5,200	$6,350	$6,350	$4,000	$6,350	$6,350

MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES	MEMBER COST SHARE	DEDUCTIBLE APPLIES
$40		$45		$60	AFTER 1ST 3 NON-PREVENTIVE VISITS	$20		$30		0%	AFTER 1ST 3 NON-PREVENTIVE VISITS
$50		$65		$70	X	$40		$50		0%	X
$40		$45		$60	X	$20		$30		0%	X
NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE	
$40		$45		30%	X	$20		$30		0%	X
$50		$65		30%	X	$40		$50		0%	X
$250		$250		30%	X	$150		$250		0%	X
$19		$19		$19	X	$5		$19		0%	X
$30	X	$50	X	$50	X	$15		$50		0%	X
$50	X	$70	X	$75	X	$25		$70		0%	X
20%	X	20%	X	30%	X	10%		20%		0%	X
20%		20%	X	30%	X	$250		$600		0%	X
				30%	X					0%	X
$250	X	$250	X	$300	X	$150		$250		0%	X
$250	X	$250	X	$300	X	$150		$250		0%	X
$80		$90		$120	AFTER 1ST 3 NON-PREVENTIVE VISITS	$40		$60		0%	AFTER 1ST 3 NON-PREVENTIVE VISITS
20%	X	20%	X	30%	X	$250 PER DAY UP TO 5 DAYS		$600 PER DAY UP TO 5 DAYS		0%	X
										0%	X
$40		$45		$60	AFTER 1ST 3 NON-PREVENTIVE VISITS	$20		$30		0%	AFTER 1ST 3 NON-PREVENTIVE VISITS
20%	X	20%	X	30%	X	$250 PER DAY UP TO 5 DAYS		$600 PER DAY UP TO 5 DAYS		0%	X
$40		$45		$60	AFTER 1ST 3 NON-PREVENTIVE VISITS	$20		$30		0%	AFTER 1ST 3 NON-PREVENTIVE VISITS
20%	X	20%	X	30%	X	$250 PER DAY UP TO 5 DAYS		$600 PER DAY UP TO 5 DAYS		0%	X
NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE	
20%	X	20%	X	30%	X	$250 PER DAY UP TO 5 DAYS		$600 PER DAY UP TO 5 DAYS		0%	X
				30%	X					0%	X
$40		$45		30%	X	$20		$30		0%	X
$40		$45		30%	X	$20		$30		0%	X
$40		$45		30%	X	$20		$30		0%	X
20%	X	20%	X	30%	X	$150 PER DAY UP TO 5 DAYS		$300 PER DAY UP TO 5 DAYS		0%	X
20%		20%		30%	X	10%		20%		0%	X
NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE		NO COST SHARE	
0%		0%		0%		0%		0%		0%	
1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR		1 PAIR PER YEAR	
PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED		PEDIATRIC DENTAL STANDARD PLAN DESIGN ATTACHED	

WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR COPAYS (DUE TO FEDERAL SUBSIDY AND COST-SHARE SUBSIDY) ARE LOWER. **OUT-OF-POCKET EXPENSES STOP AT $5,200 / YEAR**	WHILE YOU HAVE TO PAY A MONTHLY PREMIUM, YOUR PREMIUMS ARE REDUCED THRU PREMIUM ASSISTANCE (APTC). **OUT-OF-POCKET EXPENSES STOP AT $6,350 / YEAR**	WHILE YOU HAVE NO MONTHLY PREMIUM WITH SUBSIDIY, NEARLY ALL CARE IS SUBJECT TO DEDUCTIBLE OF $5,000/YEAR WITH EXCEPTION OF 3 NON-PREVENTIVE VISITS/YEAR TO M.D. OR URGENT CARE. **THEN CO-PAYS ARE HIGH UNTIL EXPENSES STOP AT $6,350 / YEAR**	WHILE YOU HAVE NO DEDUCTIBLE, YOUR PREMIUMS AND COPAYS ARE STILL HIGH. **EXPENSES STOP AT $4,000 / YEAR**	WHILE YOU HAVE NO DEDUCTIBLE, YOUR PREMIUMS AND COPAYS ARE STILL HIGHER. **EXPENSES STOP AT $6,350 /YEAR**	WHILE YOU HAVE NO COPAYS, NEARLY ALL CARE IS SUBJECT TO DEDUCTIBLE OF $6,350/YEAR WITH EXCEPTION OF 3 NON PREVENTIVE VISITS /YEAR TO MD OR URGENT CARE. **EXPENSES STOP AT $6,350 / YEAR**

PRINT DATE: SEPTEMBER 25, 2013