Evaluation of and Technical Support for the Implementation of the Brief Questionnaire for Initial Placement (BQuIP)

Final Report

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Executive Summary

On August 13, 2015, the Centers for Medicare & Medicaid Services (CMS) approved the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver. On June 17, 2016, CMS approved the DMC-ODS amendment to California's Medi-Cal 2020 section 1115(a) Medicaid demonstration waiver, No. 11-W-00193/9. As part of the DMC-ODS waiver, participating counties are required to establish and maintain a 24/7 toll free beneficiary access line (BAL) for prospective patients and beneficiaries to call to access DMC-ODS services. During this initial contact, personnel answering the phone must be able to both quickly and accurately determine the most appropriate, albeit preliminary, substance use disorder (SUD) treatment placement for the beneficiary. Utilizing the information from this initial contact, counties refer beneficiaries to a treatment provider where they receive a full American Society of Addiction Medicine (ASAM) Criteria-based assessment to confirm the preliminary placement or refer the beneficiary to a more appropriate level of care.

This report summarizes a body of work spanning four years and three contracts between DHCS and the University of California, Los Angeles, Integrated Substance Abuse Programs (UCLA-ISAP) to develop and validate a brief, no-cost, web-based screening tool for initial placement to be used with prospective patients calling the BAL. The purpose of the tool is to direct prospective patients to the initial "right door" for treatment at least 80% of the time. The "right door" was defined as the treatment modality which most closely matched the ASAM Level of Care determined by a full ASAM Criteria-based assessment.

Phase 1 (2016-2017) – Development and preliminary testing of two versions of the screening tool for initial placement

Collaborative process to solicit stakeholder input

Data were collected from 1) a webinar discussion with stakeholders (e.g., county administrators), 2) a short survey of county administrators, and 3) a review of counties' draft screening tools. Analysis of these data informed UCLA-ISAP's development of a brief questionnaire for preliminary SUD placement. The main findings were:

- Although some counties were developing their own tools, there was considerable interest among counties in the tool that UCLA-ISAP was planning to develop and test.
- Stakeholders preferred a screening tool that includes the six ASAM Criteria dimensions and risk severity ratings, but were open to considering a validated tool without these features.
- Stakeholders preferred a screening tool that was web-based with the ability to automatically generate recommendations for level of care using an electronic algorithm.

- Stakeholders were interested in having a screening tool specifically for placing adolescents in to level of care.

Development and preliminary testing of two versions of the screening tool

Two versions of the web-based screening tool were initially developed.
Version 1 was based on Santa Clara County's screening questions. The tool was adapted in consultation with Santa Clara county administrators/staff and clinical experts.

Version 2 was developed in consultation with UCLA-ISAP's clinical experts and included six psychosocial domains and six risk ratings. UCLA-ISAP reviewed the ASAM Criteria book to help identify essential information needed to determine a preliminary risk rating for each of the six domains. Screening tool developers consulted with experts who are well versed with the ASAM Criteria risk rating, and level of care determination (e.g., Director of the Pacific Southwest Addiction Technology Transfer Center [PSATTC], addiction psychiatrist, treatment providers, and the California Behavioral Health Directors Association of California, Substance Abuse Prevention and Treatment Plus [CBHDA SAPT+] committee). Examples of draft screening forms developed and in use by various counties were also collected and reviewed during the Version 2 development process. UCLA-ISAP worked with the UCLA Data Management Center to design the web-based tool programmed with decision rules to automatically provide the interviewer with preliminary recommendations for provisional treatment placement with additional indicated services.

As part of the internal preliminary validation process, recommendations for initial placement (e.g., outpatient/intensive outpatient, residential, opioid/narcotic treatment program, withdrawal management) indicated by the two tools were compared to those indicated by the ASAM Criteria Decision Engine™ software (CONTINUUM™). The goal of the comparisons was to determine whether the "match rate" was at least 80%. Mock cases were developed to reflect a diverse patient population and used to complete 10 sets of screenings matched with full assessments. Unbeknownst to UCLA-ISAP at the time of this comparison testing, the CONTINUUM™ developers were in the process of making changes to the software programming to improve the tool overall, including changes to the algorithm, its recommendations and non-resolving cases. These changes to CONTINUUM™ limited the ability to interpret the main findings of comparison testing which included:

- In 44% of the cases, the ASAM Criteria assessment using CONTINUUM™ did not resolve (DNR) to any level of care. When outpatient/intensive outpatient treatment setting (essentially the default level of care) was used to replace "DNR", the rate of matching for screening tool Versions 1 and 2 with CONTINUUM™ was 67% and 78%, respectively.
- Among the cases that did resolve, the recommendations from screening tool Version 1 and CONTINUUM™ matched 80% of the time, whereas Version 2 and CONTINUUM™ matched 60% of the time. .

For complete descriptions of the development of the two tools and early preliminary validation results, please see "*Evaluating and Improving Preliminary SUD Treatment Placement Practices in California Stakeholder Collaborative Summary Report*", dated June 2017, and "*Initial Patient Placement Tools (General Population/Adult) Report*", dated September 2017, both prepared by UCLA-ISAP for DHCS.

Phase 2 (2017-2018) – Refinement and further testing of the Version 2 screening tool known as the Brief Questionnaire for Initial Placement (BQuIP)

Although the preliminary testing of both versions of the screening tool showed promising results, stakeholder feedback showed consistent and overwhelming preference for a tool that corresponded with the six ASAM Criteria dimensions and risk ratings. As a result, UCLA-ISAP decided to focus its efforts on fine tuning and validating Version 2, which became known as the Brief Questionnaire for Initial Placement (BQuIP), for Phase 2 (and subsequently Phase 3).

UCLA-ISAP further refined questions and algorithms reflecting lessons learned from Phase 1 and updated the programming of the BQuIP. Further development of a BQuIP summary, including the questions and prospective patients' responses, risk ratings, critical issues, and recommended treatment placement and indicated services, was designed to be printed or saved as an e-file (.pdf). This summary sheet can be sent to the treatment providers to which the patients are referred.

Multiple methods were used to refine and validate the tool, including: convening an internal clinical expert advisory group to help establish the face validity of the tool; comparing recommendations for initial treatment placement between the BQuIP and CONTINUUM™ using mock cases; and pilot testing the BQuIP in one county. As in Phase 1, the following methods were used:

- Method One: Convening an internal clinical expert advisory group to help establish the face validity of the tool.
- Method Two: Comparing recommendations for initial treatment placement between the BQuIP and CONTINUUM™ using mock cases.

Phase 2 included two additional methods:

- Method Three: Pilot testing the BQuIP in Marin County with clinicians and patients presenting for intake assessments, and comparing those recommendation with a paper ASAM Criteria-based assessment or BQuIP users' clinical judgement.
- Method Four: Soliciting stakeholder feedback on how to improve the tool and the feasibility of implementing the BQuIP.

Summary of results were as follows:

- The match rate between the BQuIP and ASAM Criteria-based assessments was encouraging.
    - Using multiple methods to compare the BQuIP recommendations to those of two different ASAM Criteria-based assessment tools resulted in match rates above the targeted goal of at least 80% (95% [n=20] match rate in comparisons with CONTINUUM™ using mock cases; and
    - 86% [n=11] match rate in comparisons with a paper ASAM Criteria-based assessment and a 100% [n=11] match rate in comparisons with BQuIP user's clinical judgement for initial treatment placement in the Marin County pilot testing of the tool).
- Overall, responses to an online survey on the usability and feasibility of implementing the tool among administrators/providers from counties indicating an interest in using the BQuIP were positive, and included feedback on how to improve the tool. (A draft version of the web-based BQuIP tool was also available for survey respondents to try out.)
    - In general, respondents reported that the BQuIP was very easy to use (average of 9.6 on a scale of 1 to 10, where 1=not easy at all and 10= very easy).
    - When asked on a scale of 1 to 10 (1=not feasible at all, 10=very feasible), how feasible it would be to implement the tool in your county/organization, the majority of respondents (60%) indicated a rating of 10.

For complete descriptions of Phase 2 activities and results, please see "*Evaluating and Improving Preliminary SUD Treatment Placement Practices in California: Initial Patient Placement Tools (General Population/Adult) Report*", dated June 2018, prepared by UCLA-ISAP for DHCS.

Phase 3 (2018-2020) – Testing of the BQuIP (beta version)

The final phase of the development of the BQuIP involved a range of activities as part of the beta test, including: preparing a BQuIP Beta Test County agreement; refining the BQuIP tool; developing implementation resources that were posted on the BQuIP website (User's Manual, training webinar materials, demonstration interviews, FAQs); selecting, training, and providing implementation support to beta test counties; administering a BQuIP User's online survey; conducting exit interviews with county administrators; analyzing the BQuIP and ASAM Criteria-based assessment indicated treatment placement and level of care placement, respectively, to determine the match rate; analyzing the survey and qualitative interview data; and creating technical preparations to transfer the hosting of the BQuIP to DHCS servers.

The purpose of Phase 3 was to further test the BQuIP (beta version) in the field with staff and prospective patients calling the BAL or presenting to a treatment program seeking services. While many counties continued to express interest in using the BQuIP, the requirements for participating in the beta test (e.g., having an executed DMC-ODS contract with DHCS) eliminated some counties who were interested in the tool or proved challenging for others (e.g., submission of the BQuIP Record Number to DHCS along with counties' ASAM level of care data). Two counties, Marin and San Joaquin Counties, met the requirements and signed agreements with DHCS to participate in the BQuIP beta test.

- Clinicians answering calls to Marin County's BAL used the BQuIP (beta version) to help determine whether the caller was a candidate for SUD services, and if so, the indicated initial treatment placement (outpatient/intensive outpatient, residential, opioid/narcotic treatment program, withdrawal management).
    - Analysis of the data showed one "match" in terms of the indicated level of care between the BQuIP and the ASAM Criteria-based assessment that was subsequently completed at intake to treatment.
    - Five other cases resulted in "matches" in that the BQuIP level of care indicated was "None" as the individual was not a candidate for SUD services at the time (e.g., caller was seeking services other than SUD services), or specified that the BQuIP interviewer stopped the interview, and no recommendation was made at the time.
    - While the analytic sample was small (n=6), the Marin county beta test yielded a 100% match rate, which suggested that the validation results continued to be promising.

- Treatment program counselors in San Joaquin County used the BQuIP with prospective clients who were referred to SUD treatment programs (outpatient or residential) from the BAL.
    - The indicated recommendation for initial treatment placement between the BQuIP and a subsequent ASAM Criteria-based assessment (subsequently

scheduled and completed at the program to which the prospective client was referred), were compared.
    - Although the analytic sample (n=8) was small, similar to Marin County, there was an 88% match rate between the BQuIP recommendation for initial treatment placement and the ASAM Criteria-based assessment indicated level of care.

- While the BQuIP was used by clinicians/provider staff as intended (e.g., at the BAL, at treatment programs), because a beta version of the BQuIP was being tested, there were requirements imposed on county personnel (e.g., recording and submission of the BQuIP Record Number to DHCS) for validation purposes. Exit interview data revealed that these requirements and the inability to integrate the BQuIP into counties' existing electronic health records systems, for example, made the implementation of the BQuIP difficult.

However, both counties expressed that overall, the tool was useful and accurate for brief screening purposes. As the intent of the beta testing was not only to collect data for validation purposes, useful data on implementation challenges were also collected and will be helpful in developing further guidance for counties (e.g., make clear in advance staff roles and responsibilities, carefully consider how the screening tool will fit into the workflow) that will be implementing the BQuIP when it is made publicly available.

Over the course of beta testing the BQuIP, questions were edited for clarity, face validity and sensitivity to trauma history. By the end of beta testing, the BQuIP had a stem of 16 questions with branching follow up questions that could lead to a maximum of 22 questions and options to include clinical notes. The core set of questions for a BQuIP determination of placement recommendations can be found in Appendix A.

In the current version of the BQuIP, prospective patients' responses to the questions are put through an algorithm used to calculate a risk rating (none, mild, moderate, or severe) for each domain. The BQuIP may recommend one or more treatment settings for consideration in determining with the patient the most appropriate initial treatment setting. The BQuIP collects information on each prospective patient's needs and preferences, such as transportation issues, pregnancy status, employment status, and other pertinent information, to be considered in the preliminary treatment placement referral decision.

In addition to a specific treatment placement, recommendations for other indicated services (withdrawal management, recovery residence) may also be recommended for consideration. The BQuIP ends with an option to summarize findings in a printable or downloadable "BQuIP Report," including the questions and prospective patients' responses, risk ratings, critical issues, and recommended treatment placement and indicated services, was designed to be printed or saved as an e-file (.pdf). This Report can be sent to the treatment providers to which the patients are referred.

Overall, the BQuIP has continued to show promising results using multiple methods including mock cases and field testing with clinicians and patients/prospective patients, and in terms of the match rate comparing indicated level of care between the BQuIP and different ASAM Criteria-based assessments. It remains to be a short questionnaire that can be completed in under 15 minutes. In addition, counties continue to express a need for and interest in the brief, no-cost, screening tool, particularly one that uses electronic algorithms that indicate recommendations for initial placement in a treatment setting.

Recommendations for future work

While the testing of the BQuIP (beta version) has been successfully completed, there is more work that could be done to advance DHCS's goals to have valid, standardized screens and assessments developed and disseminated throughout California. In light of this, UCLA-ISAP recommends the following:

- Continue to collect data to further validate the BQuIP tool.
- Provide guidance on implementation considerations (e.g., how to incorporate the tool into the workflow, roles/responsibilities) to mitigate challenges that emerged in this area.
- Continue discussions on the development of a Global Behavioral Health Screen, as counties showed great interest in the utility of a screener tool for integrated behavioral health county departments.
- Consider developing a BQuIP tool for youth services as well as a tool for transitions to lower or higher levels of care.
- Explore strategies for prospective users of the BQuIP tool to access the BQuIP data so they may integrate it into their county level electronic health records and databases. UCLA-ISAP anticipates that this is a potential issue for the state-wide roll out of the BQuIP.

As warranted by DHCS:

- UCLA-ISAP will provide training and technical assistance as needed to counties that wish to utilize the BQuIP, including guidance on what to consider in preparation for implementing the tool.
- UCLA-ISAP will continue to maintain the BQuIP website, and all supplementary materials will be hosted on the website.
- UCLA-ISAP will translate the finalized BQuIP tool to be available in Spanish.
- UCLA-ISAP will continue discussions with DHCS on the development of a Global Behavioral Health Screen, and participate in future BH workgroups and stakeholder groups.

To access the BQuIP Tool weblink, please contact Anne Lee (abellows@mednet.ucla.edu), Cheryl Teruya (CTeruya@mednet.ucla.edu), or Valerie Antonini (VPearce@mednet.ucla.edu).

Further information can also be found at UCLA's BQuIP website: http://www.uclaisap.org/dmc-ods-eval/html/bquiptool.html

Background and Introduction

On August 13, 2015, the Centers for Medicare & Medicaid Services (CMS) approved the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver. On June 17, 2016, CMS approved the DMC-ODS amendment to California's Medi-Cal 2020 section 1115(a) Medicaid demonstration waiver, No. 11-W-00193/9. As part of the DMC-ODS waiver, participating counties are required to establish and maintain a 24/7 toll free beneficiary access line (BAL) for prospective patients and beneficiaries to call to access DMC-ODS services. During this initial contact, personnel answering the phone must be able to both quickly and accurately determine the most appropriate, albeit preliminary, substance use disorder (SUD) treatment placement for the beneficiary. Utilizing the information from this initial contact, counties refer beneficiaries to a preliminary treatment provider where they receive an American Society of Addiction Medicine[1] (ASAM) Criteria-based assessment to confirm the preliminary treatment placement or refer the beneficiary to a more appropriate level of care.

This report summarizes a body of work spanning four years and three contracts (defined in three phases) between DHCS and the University of California, Los Angeles, Integrated Substance Abuse Programs (UCLA-ISAP) to develop and validate a brief, no-cost, web-based screening tool for initial treatment placement to be used with prospective patients calling the BAL. The purpose of the tool is to direct prospective patients to the initial "right door" for treatment at least 80% of the time. The "right door" was defined as the treatment modality which most closely matched the ASAM Level of Care determined by an ASAM Criteria-based assessment.

In the following sections, we summarize the evaluation methods used to develop a brief web-based screening tool, document its evolution over time, and highlight the early results from the first two contracts (Phases 1 and 2), which laid the foundation for the third contract. The third and current contract (Phase 3) is the BQuIP beta test phase, which is the primary focus of this report. The last section of the report provides a brief overall summary of the Phase 3 main findings, and provides recommendations for future work.

Phases 1 and 2 (2016-2018) – Development and Preliminary Testing

Phase 1 (Contract #16-93484; 2016-2017) – Development and preliminary testing of two versions of the screening tool for initial placement

[1] Mee-Lee D, Shulman GD, Fishman MJ, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Change Companies ®; 2013.

Collaborative process to solicit stakeholder input

Data collected from 1) a webinar discussion with stakeholders (e.g., county administrators), 2) a short survey of county administrators, and 3) review of counties' draft screening tools was analyzed and used to inform the development of a screening tool for initial SUD treatment placement. The main findings were:

- Although some counties were developing their own tools, there was considerable interest among counties in the tool that UCLA-ISAP was planning to develop and test.
- Stakeholders preferred a screening tool that includes the six ASAM Criteria dimensions and severity ratings, but were open to considering a validated tool without these features.
- Stakeholders preferred a screening tool that was web-based with the ability to automatically generate recommendations for level of care using an electronic algorithm.
- Stakeholders were interested in having a screening tool specifically for placing adolescents in to level of care.

Development and preliminary testing of two versions of the screening tool

Two versions of the web-based screening tool were initially developed.
Version 1 was based on Santa Clara County's screening questions. The tool was adapted in consultation with Santa Clara county administrators/staff and clinical experts.

Version 2 was developed in consultation with UCLA-ISAP's clinical experts and included six psychosocial domains and six risk ratings. UCLA-ISAP reviewed the ASAM Criteria book to help identify essential information needed to determine a preliminary risk rating for each of the six domains. Screening tool developers consulted with experts who are well versed with the ASAM Criteria risk rating, and level of care determination (e.g., Director of the Pacific Southwest Addiction Technology Transfer Center [PSATTC], addiction psychiatrist, treatment providers, and the California Behavioral Health Directors Association of California, Substance Abuse Prevention and Treatment Plus [CBHDA SAPT+] committee). Examples of draft screening forms developed and in use by various counties were also collected and reviewed during the Version 2 development process. UCLA-ISAP worked with the UCLA Data Management Center to design the web-based tool programmed with decision rules to automatically provide the interviewer with preliminary recommendations for provisional treatment placement with additional indicated services.

As part of the internal preliminary validation process, recommendations for initial treatment placement (e.g., outpatient/intensive outpatient [OP/IOP], residential, narcotic/opioid treatment program [NTP/OTP], withdrawal management [WM]) indicated by the two tools were compared to those indicated by the ASAM Criteria Decision Engine™ software (CONTINUUM™). The goal of the comparisons was to determine

whether the “match rate” was at least 80%. Mock cases were developed to reflect a diverse patient population and used to complete 10 sets of screenings matched with full assessments. Unbeknownst to UCLA-ISAP at the time of this comparison testing, the CONTINUUM™ developers were in the process of making changes to the software programming to improve the tool overall, including changes to the algorithm, its recommendations and non-resolving cases. These changes to CONTINUUM™ limited the ability to interpret the main findings of comparison testing which included:

- In 44% of the cases, the ASAM Criteria assessment using CONTINUUM™ did not resolve (DNR) to any level of care. When outpatient/intensive outpatient treatment setting (essentially the default level of care) was used to replace “DNR”, the rate of matching for screening tool Versions 1 and 2 with CONTINUUM™ was 67% and 78%, respectively.
- Among the cases that did resolve, the recommendations from screening tool Version 1 and CONTINUUM™ matched 80% of the time, whereas Version 2 and CONTINUUM™ matched 60% of the time.

For complete descriptions of the development of the two tools and early preliminary validation results, please see “*Evaluating and Improving Preliminary SUD Treatment Placement Practices in California Stakeholder Collaborative Summary Report*”, dated June 2017, and “*Initial Patient Placement Tools (General Population/Adult) Report*”, dated September 2017, both prepared by UCLA-ISAP for DHCS.

<u>Phase 2 (Contract #17-94417; 2017-2018) - Refinement and further testing of the Version 2 screening tool known as the Brief Questionnaire for Initial Placement (BQuIP)</u>

Although preliminary testing of both versions of the screening tool showed promising results, stakeholder feedback showed consistent and overwhelming preference for a tool that corresponded with the six ASAM Criteria dimensions and risk ratings. As a result, UCLA-ISAP decided to focus its efforts on fine tuning and validating Version 2, which became known as the Brief Questionnaire for Initial Placement (BQuIP), for Phase 2 (and subsequently Phase 3).

UCLA-ISAP further refined questions and algorithms reflecting lessons learned from Phase 1 and updated the programming of the BQuIP. Further development of a BQuIP summary, including the questions and prospective patients’ responses, risk ratings, critical issues, and recommended treatment placement and indicated services, was designed to be printed or saved as an e-file (.pdf). This summary sheet can be sent to the treatment providers to which the patients are referred.

Multiple methods were used to refine and validate the tool. As in Phase 1, the following methods were used:

- Method One: Convening an internal clinical expert advisory group to help establish the face validity of the tool.
- Method Two: Comparing recommendations for initial treatment placement between the BQuIP and CONTINUUM™ using mock cases.

Phase 2 included two additional methods:

- Method Three: Pilot testing the BQuIP in Marin County with clinicians and patients presenting for intake assessments, and comparing those recommendation with a paper ASAM Criteria-based assessment or BQuIP users' clinical judgement.
- Method Four: Soliciting stakeholder feedback on how to improve the tool and the feasibility of implementing the BQuIP.

Summary of Phase 2 results

The match rate between the BQuIP and ASAM Criteria-based assessments was encouraging. Using multiple methods to compare the BQuIP recommendations to those of two different ASAM Criteria-based assessment tools resulted in match rates above the targeted goal of at least 80% (95% [n=20] match rate in comparisons with CONTINUUM™ using mock cases; and 86% [n=11] match rate in comparisons with a paper ASAM Criteria-based assessment and a 100% [n=11] match rate in comparisons with BQuIP user's clinical judgement for initial treatment placement in the Marin County pilot testing of the tool).

Overall, responses to an online survey on the usability and feasibility of implementing the tool among administrators/providers from counties indicating an interest in using the BQuIP were positive, and included feedback on how to improve the tool. (A draft version of the web-based BQuIP tool was also available for survey respondents to try out.) In general, respondents reported that the BQuIP was very easy to use (average of 9.6 on a scale of 1 to 10, where 1=not easy at all and 10= very easy). When asked on a scale of 1 to 10 (1=not feasible at all, 10=very feasible), how feasible it would be to implement the tool in your county/organization, the majority of respondents (60%) indicated a rating of 10.

For complete descriptions of Phase 2 activities and results, please see "*Evaluating and Improving Preliminary SUD Treatment Placement Practices in California: Initial Patient Placement Tools (General Population/Adult) Report*", dated June 2018, prepared by UCLA-ISAP for DHCS.

Phase 3 (2018-2020) – Testing of the BQuIP (beta version)

Work in Phases 1 and 2 led to the development of the final set of BQuIP questions. Initial pilot testing showed that the accuracy of the tool was promising. Phase 3 activities focused on the beta testing of the BQuIP screening tool with selected counties in which to further refine and validate the tool as well as prepare the tool for public availability.

Under this two-year contract, UCLA-ISAP provided the following services for DHCS[2]:

- Selected, with DHCS' approval, the counties that would utilize and beta test the BQuIP tool;
- Trained the counties utilizing the BQuIP tool;
- Provided technical assistance to counties utilizing the BQuIP tool;
- Developed a BQuIP website;
- Evaluated the validity, feasibility, and acceptability of the BQuIP tool within counties that utilized it;
- Refined the tool and implementation resources based on the data collected; and
- Explored the integration/linkage of the BQuIP with existing relevant electronic data systems and the transfer of hosting of the BQuIP tool to DHCS servers.

This section of the Final Report provides a summary of the work in Phase 3 listed above, and is organized to provide final reporting on the following activities:

1. Preparations and Implementation Support for Beta Testing
2. County Selection and Beta Testing Timeline
3. BQuIP Beta Data Collection and Analysis
4. Transfer of BQuIP Tool Hosting to DHCS Servers
5. Global Behavioral Health Screener
6. Summary and Recommendations

Preparations and Implementation Support for Phase 3 Beta Testing

Beta Version Test County Agreement

[2] Interim (mid-year) and year-end reports for Year 1 of the project were submitted to DHCS in December 2018 and July 2019, and the interim report for Year 2 was submitted in January 2020. These reports provide details on the progress and status of the BQuIP beta testing.

The plan for Beta testing the BQuIP tool included use of the tool with prospective patients in BAL and clinic settings. As part of validating the Beta version, these BQuIP results were then paired with the results of each patient's ASAM Criteria-based assessment to see whether the results of the BQuIP matched the results of the ASAM Criteria-based assessment.

Due to privacy regulations, the BQuIP tool and the corresponding database stored on UCLA-ISAP's secured servers did not capture personal identifying information of the patients who were screened. Therefore, for validation purposes, in order to examine the match rate of the BQuIP recommendation for initial treatment placement modality (e.g., residential, outpatient) with the indicated level of care (LOC) determined by conducting an ASAM Criteria-based assessment for each person screened, beta test counties were asked to submit the unique BQuIP record numbers along with the required ASAM LOC data to DHCS as required under the DMC-ODS waiver.

Due to this data requirement, only DMC-ODS waiver counties could participate in the BQuIP beta test. The requirement also led to the development of the formal agreement describing the purpose, terms, warrantees, data sharing requirements, and obligations involved in being a beta test county. This document was developed and reviewed by the UCLA Technology Development Group and was submitted to DHCS for review on October 1, 2018. DHCS approved the finalized BQuIP agreement on February 11, 2019. See the Brief Questionnaire for Initial Placement - Beta Version Test County Agreement (Appendix B). Counties that wished to participate in the BQuIP beta test were required to sign the Beta Version Test County Agreement, which was countersigned by DHCS.

To facilitate the co-signature process for the BQuIP beta test agreement, UCLA-ISAP explored ways in which to obtain electronic signatures, including the use of electronic signature technology such as DocuSign. DocuSign allows documents to be signed on any device and encrypted while an audit trail is maintained. However, after two months of exploration, DHCS confirmed that a "wet" signature on the original document was required. At that point, UCLA-ISAP discontinued searching for a method of electronic signature, and began inviting interested and eligible counties to participate in the BQuIP beta test.

Refinement of the BQuIP Tool

Over the course of beta testing the BQuIP, questions were edited for clarity, face validity and sensitivity to trauma history. By the end of beta testing, the BQuIP had a stem of 16 questions with branching follow up questions that could lead to a maximum of 22

questions and options to include clinical notes[3]. The core set of questions for a BQuIP determination of placement recommendations can be found in Appendix A.

Prospective patients' responses to the questions are put through an algorithm used to calculate a risk rating (none, mild, moderate, or severe) for each dimension. The BQuIP may recommend one or more treatment settings for consideration in determining with the prospective patient the most appropriate initial treatment setting. The BQuIP collects each patient's needs and preferences, such as transportation issues, pregnancy status, employment status, and other pertinent information, to be considered in the preliminary placement referral decision. In addition to a specific treatment setting, recommendations for other indicated services (withdrawal management, recovery residence) may also be recommended for consideration. Finally, The BQuIP ends with an option to summarize findings in a printable or downloadable "BQuIP Report," including the questions and prospective patients' responses, risk ratings, critical issues, and recommended treatment placement and indicated services. The Report was designed to be printed or saved as an e-file (.pdf). This Report can be sent to the treatment providers to which the patients are referred.

To access the BQuIP Tool weblink, please contact Anne Lee (abellows@mednet.ucla.edu), Cheryl Teruya (CTeruya@mednet.ucla.edu), or Valerie Antonini (VPearce@mednet.ucla.edu).

Development of Implementation Resources

Additional materials were subsequently developed and fine-tuned to train participating county staff on the BQuIP, including specific instructions on how to record and submit the BQuIP and ASAM LOC data as required, per the County Agreement.

The resources developed for the BQuIP beta testing included:

BQuIP (Beta Version) User's Manual

[3] The BQuIP tool was submitted to DHCS on December 10, 2018 for initial review and feedback. Since that time, the tool has been updated with revisions made based on feedback from UCLA-ISAP's Clinical Expert Advisory Group, and Marin County and San Joaquin County, the two beta test counties.

The link to an updated version of the BQuIP was resubmitted to DHCS for review and feedback on February 28, 2019. Minor refinements (e.g. text clarifications) of the tool continued up until December 2019. Upon completion of this contract, UCLA-ISAP changed the language included in the BQuIP online tool to reflect the completion of the beta testing period.

UCLA-ISAP developed a BQuIP User's Manual[4], which provides information on the purpose and background of the BQuIP, step-by-step instructions and tips for preparing and using the tool, as well as resources (e.g., ASAM Criteria training, National Institute on Drug Abuse [NIDA] Drugs of Abuse).

The BQuIP User's Manual can be found on the BQuIP website, http://uclaisap.org/dmc-ods-eval/html/bquiptool.html

BQuIP (Beta Version) Training Webinar

The BQuIP Training webinar, typically conducted using a web-based video-conferencing platform with the prospective BQuIP users and county and/or program administrative staff, included a review of the User Manual through presentation slides. It allowed for interactive exchanges between the participants and for tailoring of the presentation to address the implementation and clinical procedures unique to each county.

While the first version of the webinar was completed in February 2019, subsequent changes to the BQuIP necessitated revisions (e.g., changes to the wording of questions). The training webinar was initially revised using feedback from Marin County and UCLA-ISAP clinical experts in August 2019 for San Joaquin County's initiation to the BQuIP beta test. The training webinar was revised again in December 2019, to include clarification of how to present the BQuIP to prospective patients, and how to collect information when they are referred to an initial treatment placement other than the one(s) recommended by the BQuIP.

The updated BQuIP Training Webinar and slides can be found on the BQuIP website, http://uclaisap.org/dmc-ods-eval/html/bquiptool.html

BQuIP Demonstration Interviews

BQuIP demonstration video-audio recordings were created in October, November and December 2019. These two recordings of different case vignettes illustrate how to proceed through a BQuIP interview with a mock patient and interviewer.

[4] A draft of the manual was submitted to DHCS for review and feedback on December 7, 2018, and again on February 28, 2019. Since then, the draft was revised based on UCLA-ISAP's Clinical Expert Advisory Group feedback and Marin County's User Survey and Exit Interview feedback. The final version of the manual was created in June 2020 to reflect all the refinements made to the BQuIP tool and procedures.

BQuIP FAQs

A list of Frequently Asked Questions (FAQs) evolved during the beta testing, and was included as a resource for BQuIP users in January 2020 and finalized in June 2020 (Appendix D).

Development of a BQuIP website

UCLA-ISAP created a BQuIP website for the beta test counties, which is accessible to the public. It is housed on the UCLA California Substance Use Disorder Policy Resources website. The link can be found at: http://uclaisap.org/dmc-ods-eval/html/bquiptool.html.

Please note that the website is live and the following materials have been posted:

- Description of the BQuIP tool
- Information about the purpose of the BQuIP
- Description of the development of the BQuIP
- BQuIP (Beta Version) User's Manual
- Demonstration Interviews for training purposes
- BQuIP FAQs
- Access to the BQuIP beta reports (*once approved by DHCS*)

See Training and TA Activities (Appendix E) for further details of the specific services provided.

County Selection and Beta Testing Timeline

Selection of counties for the BQuIP beta test

UCLA-ISAP compiled an early list of counties that had expressed interest in the BQuIP, which included 22 counties. Nineteen (19) of those counties had contracts with DHCS to deliver DMC-ODS services. This list of 19 counties was submitted to DHCS for review on October 1, 2018 and was subsequently approved. However, of the 19, only 16 counties had gone "live" indicating eligibility to participate as a BQuIP beta test county. Following several attempts to gauge counties' interest in the beta test, only six "live" counties indicated that they were interested in the opportunity at the time, although some expressed interest in being contacted for a beta test in the future. The six interested counties included: Marin, Monterey, Napa, Orange, San Joaquin, and Yolo.

Following multiple discussions with Orange County (on 5/1/2019) and Monterey County (6/4/2019, 7/8/2019 and 7/15/19), UCLA-ISAP learned that the county access lines were routed through a separate contractor. Since county staff did not answer the calls

directly, they were not able to collect and submit to DHCS the ASAM LOC data and BQuIP record number for the brief initial screen. Since these two items enable matching of the BQuIP tool results against the results of the patients' ASAM Criteria-based assessment for validation purposes, these counties concluded that the BQuIP beta testing would not fit with their current workflow. However, both counties did ask to be included in future waves of BQuIP testing and ultimately the final BQuIP rollout.

In addition, although UCLA-ISAP invited Napa County to be a beta test site, a review of their screening and intake procedures against what the BQuIP beta testing required revealed that use of the BQuIP would be contrary to their current workflow (9/13/2019). All of the intake ASAM Criteria-based assessments in Napa are contracted to be done at one agency then sent to the indicated level of care as opposed to being screened first, then sent to the indicated level of care for the ASAM Criteria-based assessment. However, Napa County expressed interest in the future versions of the BQuIP.

Yolo County reviewed the BQuIP agreement and tool, however, they did not demonstrate their commitment to participating as a BQuIP beta test county.

Of the six potential counties, two ultimately agreed to be BQuIP beta test counties.

Marin

- Signed agreement: 4/4/2019
- Trainings were delivered on 4/11/2019 and 6/17/2019
- County submitted 16 BQuIPs with prospective patients between June and July 2019
- In August 2019, the county withdrew as a beta test county due to implementation challenges with competing DMC-ODS waiver priorities.

San Joaquin

- Signed agreement: 6/24/2019
- Trainings were delivered on 8/29/2019, 9/12/2019, 9/26/2019 and 10/01/2019
- County Submitted 30 BQuIPs with prospective patients between September 2019 and February 2020
- In February 2020, the county and UCLA-ISAP agreed to end the beta testing of the tool, and to move forward with Exit Interview data collection activities.

BQuIP (Beta Version) Data Collection Methods and Findings

Multiple methods were used to evaluate the validity, feasibility, and acceptability of the BQuIP tool within the two beta test counties. These methods included: convening of the internal Expert Advisory Group to receive feedback on the tool; comparison of BQuIP recommendations for initial treatment placement with the results from an ASAM Criteria-

based assessment for each prospective client screened to determine the “match” rate; administration of an online BQuIP User Survey; and conducting Exit Interviews.

UCLA-ISAP Clinical Expert Advisory Group

The UCLA-ISAP Clinical Expert Advisory Group met formally on two occasions during the two-year contract period to review the tool and ensure that it met multidisciplinary standards for screening. Any changes to the language in the BQuIP tool or the algorithms were reviewed by all or some members of this expert group to ensure the face validity of the tool and adherence to current clinical standards.

BQuIP Validation: Comparison of BQuIP and ASAM Criteria-based assessment results

One of the aims of the BQuIP beta test was to further validate the tool. This involved determining if the rate of “match” remained at least 80% between the BQuIP/brief initial screen and the ASAM Criteria-based assessment indicated levels of care (LOCs or treatment setting in the case of the BQuIP). In order to determine the percent match, the results of the prospective patients’ BQuIP screens and the results of their initial assessments were collected and paired. The LOC indicated by the ASAM Criteria-based assessment was then compared to the BQuIP output for each prospective patient. If the LOC and the BQuIP results indicated the same treatment modality, it was considered a “match”.

A previous pilot study and mock cases using earlier versions of the BQuIP showed promising match rate results.

The definition of a “match” used for validation purposes is as follows:

1) The initial treatment setting recommendation from the BQuIP is the same as the indicated level of care (LOC) (outpatient, intensive outpatient, residential, narcotic/opioid treatment program) from as ASAM Criteria-based initial assessment; or

2) The BQuIP does not result in an initial LOC/treatment setting recommendation for the person (e.g., “no recommendation at this time”, “individual is not a candidate for SUD services at this time”), nor is there a corresponding initial assessment for that person reported in the ASAM LOC data file.

These cases (described in #2) were considered “matches” given that the BQuIP did not recommend a treatment setting, and the person did not receive an initial assessment, which is appropriate and suggests that the screener is working as it should. The tool was able to distinguish between individuals who might or might not need/benefit from substance use services at the time of the call. For example, the caller might be

requesting/need mental health services, especially if the BAL is intended for callers seeking either or both mental health and substance use services.

BQuIP Reports and ASAM LOC data

UCLA-ISAP received 46 completed BQuIP questionnaires, 16 from Marin and 30 from San Joaquin counties as of the end of beta testing in February 2020. Of these, 14 (8 from San Joaquin, 6 from Marin) were paired with their corresponding ASAM LOC results. Analysis of their BQuIP/ASAM LOC match rate is described below.

Match Rates for Marin County's BQuIP beta test

Between March and July 2019, UCLA-ISAP collected data from 16 BQuIPs administered by Marin County's BAL clinicians to prospective patients. UCLA-ISAP then collected Marin County's ASAM LOC data from DHCS on January 6, 2020 for BQuIP validation purposes.

The data collected for 10 (63%) of the 16 BQuIPs administered had to be excluded from the validation analysis because the corresponding initial assessments for these prospective patients were not reported in the LOC data file, thus determination of whether there was a "match" could not be made. Possible explanations could be that these individuals were referred but may not have presented to the treatment program to receive an ASAM Criteria-based assessment and placement. Or it is possible that they received an ASAM Criteria-based assessment, but the indicated LOC was not recorded and submitted as part of the LOC data received by UCLA-ISAP for this report.

Alternatively, six out of the 16 BQuIPs administered did meet the requirements for inclusion in the validation analysis. Only one beneficiary had both a brief initial screen (BQuIP Record Number) and an initial assessment documented in the ASAM LOC data file. The data showed a "match" in terms of the indicated LOC between the BQuIP and ASAM Criteria-based initial assessment. Specifically, the BQUIP indicated "Residential" and/or "NTP/OTP", and the initial assessment indicated LOC was "NTP/OTP". The other five cases had "None" documented for the brief initial screen indicated LOC, which corresponds to the BQuIP recommendation that the individual is not a candidate for SUD services at this time, or specifies that the BQuIP interviewer stopped the interview, and no recommendation was made at the time.

In summary, there was evidence of a 100% match rate (1) between the BQuIP indicated level of care and the initial assessment indicated level of care for one case, and (2) between the BQuIP's lack of an indicated level of care recommendation ("None") for SUD treatment and the corresponding lack of an initial assessment for five cases. While the sample size was small (N=6), the results were promising.

Match Rates for San Joaquin County's BQuIP beta test

Between September 2019 and February 2020, UCLA-ISAP collected data from 30 BQuIPs administered by San Joaquin clinicians to prospective patients. The same requirements that were applied to Marin County for including a prospective patient's data in the validation analysis were applied to San Joaquin County's data.

The ASAM LOC data at DHCS was not ready for release to UCLA-ISAP, so in order to do an in-depth study of each paired case, UCLA-ISAP requested from the County the corresponding de-identified ASAM Criteria-based assessments for these individuals. A sample of the San Joaquin County ASAM Criteria-based assessment form can be found in Appendix F.

The data collected for 18 (60%) out of the 30 BQuIPs administered had to be excluded from the validation analysis. San Joaquin County reported that 18 callers who received a brief initial screen and were referred for intake did not present to the treatment program to receive an initial ASAM Criteria-based assessment and placement and therefore were excluded.

Twelve out of the 30 BQuIPs administered met the requirements for inclusion in the validation analysis. Of these 12, four BQuIPs appeared to be mismatched with the corresponding ASAM Criteria-based assessments, as there were significant disagreements in drugs of abuse, aspects of health history, and in one case, the BQuIP was marked "test" which indicates it was used as practice for a mock case and did not reflect actual patient data. These four mismatched cases were excluded from analysis.

Therefore, eight out of the original 30 BQuIPs were included in validation analysis. For one of the eight BQuIPs, the interviewer indicated "patient is not a candidate for SUD services at this time," so no ASAM Criteria-based assessment would have been performed. As it would be appropriate for this patient to not get a full intake assessment for SUD services, this is considered a match. Seven beneficiaries out of 30 (23%) had both a brief initial screen (BQuIP Record Number) and an initial assessment documented in their electronic health record (EHR). (The total number of cases for validation was eight, including the one patient who was not a candidate for services.) The data showed a "match" in recommended levels of care for 7 out of 8 cases (88%). In the one case that did not match, the BQuIP suggested a residential placement while the corresponding ASAM Criteria-based assessment recommended 2.1 Intensive Outpatient. One possible reason for the disagreement is that the BQuIP record reflected higher risk levels in Relapse and Readiness to Change domain than the ASAM Criteria-based assessment received from San Joaquin County.

In summary, there was evidence of an 88% match rate between the BQuIP recommendation for initial treatment placement and the initial assessment indicated level of care for the 8 cases.

BQuIP User's Survey

UCLA-ISAP developed questions for an online BQuIP survey for those who received training on the BQUIP tool. The draft questions were submitted to DHCS for review, feedback, and/or approval on December 7, 2018. A copy of the BQuIP User's survey is in Appendix G.

The survey was developed with questions to examine the feasibility and acceptability of implementing the BQuIP tool in the field. Questions about suggestions for improving the tool were also included. Surveys were sent in the third month after BQuIP beta testing began, to allow users time to experience the BQuIP before giving their feedback.

The survey was sent to all participants in the trainings, and specifically program staff who implemented the BQuIP with patients.

Marin County withdrew from the beta testing after completing 16 BQuIPs, and clinicians were not surveyed. However, they did participate in an exit interview with UCLA-ISAP. (Please see the section on the Exit Interviews below.)

BQuIP User's Survey results for San Joaquin County's BQuIP beta test

The online BQuIP User's Survey was sent to San Joaquin County staff who participated in a BQuIP training via email on December 12th, 2019. Fifty surveys were emailed; 21 surveys were partially completed and 15 surveys were fully completed.

Results of a sub-sample of respondents who performed BQuIP interviews

As only three of the 15 respondents indicated they had used the BQuIP with prospective patients (rather than just testing out the BQuIP), the results of survey items addressing how the tool actually worked and accuracy of the tool for this sub-group are presented. Each respondent reported using the BQuIP with fewer than 5 prospective patients.

The three respondents who used the BQuIP with prospective patients were substance abuse counselors: 1 indicated working at a treatment center, while the other 2 indicated working at a central intake/assessment center. In addition, 1 respondent reported having extensive training in the ASAM Criteria, while the other 2 reported having taken some training courses in the ASAM Criteria.

Duration to complete the tool with patient. Two respondents reported the BQuIP taking about 15 minutes to administer, while 1 reported that the BQuIP took more than 15 minutes.

Difficulty of use. All 3 rated the difficulty of using the BQuIP tool to be "somewhat difficult", and only 1 found that the BQuIP tool improved decision-making about initial treatment placements.

Accuracy of the tool. The average rating of accuracy on a scale from 1-5 was 4, indicating that respondents found the BQuIP's recommendations to be accurate.

Recommend the tool. Two respondents out of the 3 indicated that they would recommend the BQuIP tool to others, "but only for a central intake or call center first contact starting point".

Results of all BQuIP User's Survey respondents

The fifteen respondents with completed survey questionnaires included 2 program managers, 2 supervisors, 7 substance abuse counselors, 2 mental health clinicians, 1 coordinator, and 1 that did not indicate a position/title. Respondents reported working at Behavioral Health Services (n=9), Recovery House (n=3), and other (n=3) locations. Most (n=12) indicated working at a treatment program.

Analysis of the 15 completed surveys revealed the following with respect to overall usability of and satisfaction with the BQuIP:

Ease of Use. On a scale of 1-5 (from 1="Extremely easy" to 5="Extremely difficult"), respondents indicated they found the ease of incorporating the BQuIP tool into the workflow of their agency to be somewhat difficult (mean=3.83).

Worked well with county's EHR. On a scale of 1-5 (from 1="Not at all important" to 5="Extremely important"), respondents indicated they found it moderately to very important (mean=3.86) that the BQuIP or other brief screening tool work well with the county's EHR.

Recommend the tool. Almost half of respondents (40%) indicated they would recommend the use of the BQuIP tool to others, 40% indicated they would not, and 20% did not indicate a response.

Exit interviews and qualitative comments in the BQuIP User's Survey allowed UCLA-ISAP to further understand the reported challenges and difficulty of use. These data revealed that implementation decisions to integrate the BQuIP into existing workflows and competing priorities in the county led to the negative responses.

While the BQuIP was designed to be used at a dedicated BAL or call center, as in Marin, San Joaquin had prospective patients' calls routed to existing substance use counselors to complete the BQuIP, which led to some frustration due to what seemed to be duplicative work. One respondent commented that the tool "can be time consuming when we already have a full case load so should be assigned to a central intake center." While another commented that the tool itself is "very useful," the respondent noted that implementation difficulties have greatly increased workload for staff. Respondents indicated of the BQuIP tool that it "makes [their] job more repetitive" and repeats questions that are used on the existing San Joaquin County intake assessment tool.

Exit Interviews with Beta Test Counties

Exit Interviews were conducted with both San Joaquin County and Marin County BQuIP beta test teams (e.g., County SUD administrators, quality managers, supervising clinicians, data analysts and program managers). The purpose of the exit interviews was to learn about the qualitative experience of each county with the BQuIP tool. In these exploratory discussions, members of the BQuIP Beta Team in each county were invited to comment on positive and negative aspects of the tool, recommendations for changes, implementation of the tool, training, and any overall feedback. Each exit Interview lasted approximately 60 minutes.

The Marin County BQuIP Beta Team participated in an exit interview on August 1, 2019 where UCLA-ISAP learned that the demands of the BQuIP beta testing procedures felt overly burdensome to their clinical staff as the BQuIP could not be integrated with their EHR and patient identifying information could not be entered into the BQuIP. Also, a single clinician was tasked with performing the BQUIPs for Marin. However, Marin County expressed that overall, they felt the tool was useful and accurate for brief screening purposes, which supports the face validity of the tool as established in the previous contract.

In an exit interview on April 2, 2020 with the BQuIP Beta Team in San Joaquin County, the team agreed the BQuIP was useful and accurate as a screening tool, but not suited to San Joaquin County's needs and abilities at that moment in their waiver implementation. At the outset of the beta testing period, San Joaquin County planned to conduct the BQuIP with patients by phone, and subsequently schedule intake assessments. However, timeliness-to-treatment was of paramount importance to San Joaquin County. The San Joaquin County team reported that rather than prioritizing performance of a BQuIP phone screening first, they would immediately direct patients to intake appointments and/or walk-in hours in order to minimize the time between a patient reaching out and the date of the ASAM Criteria-based assessment. Additionally, at the time of the exit interview, San Joaquin did not have immediate availability of services in all modalities (e.g., residential). Therefore, establishing the most accurate initial treatment placement for a patient was considered secondary to securing the timeliest placement for each patient with the services immediately available.

Additional BQuIP Beta Testing Challenges

In addition to workflow issues listed above, UCLA-ISAP and counties encountered other BQuIP implementation challenges. There was difficulty meeting the beta test data reporting requirements, BQuIP beta testers could not download patient level and county level data directly, and BQuIP user's preferred to have more ability to customize the BQuIP tool to their county as well as go back and change BQuIP records post-interview.

Some of these issues were resolved, they are discussed below with recommendations for future implementation.

The BQuIP beta test data requirements presented challenges to counties participating in and completing BQuIP beta testing. County administrators indicated that the beta test requirement to collect and submit the BQuIP record numbers to DHCS as part of their ASAM level of care data became too burdensome as they were still early in the process of going live with the DMC-ODS waiver. Counties found it difficult to perform the multiple steps (outlined in Appendix C "Data Reporting Requirements, Brief Questionnaire for Initial Placement 3.0 Beta testing") to collect and submit these record numbers. County staff reported that at times this led to confusion regarding documentation discrepancies of completion dates for the BQuIP, as the date the BQuIP was manually entered into San Joaquin's medical record system.

If the BQuIP tool was integrated into counties' existing data systems, or if the BQuIP had the capacity to securely store private patient data, this process would have been omitted. However, this was a necessary element to perform beta testing in the beta test stage of the tool.

Throughout beta testing, BQuIP beta test counties and prospective counties requested direct access to their BQuIP data so they could integrate it into their (EHRs) and databases. Some counties expressed a desire to download all their county's BQuIP records together in a database that is compatible with their existing EHRs. BQuIP User Survey data and Exit Interviews echoed this preference. In the BQuIP beta version single BQuIP records can be downloaded as a Word document or as a portable document format (PDF) file and scanned or entered into EHRs and databases. In September 2019, UCLA-ISAP developed a data download function that enabled the UCLA-ISAP team to download individual, or county-wide BQuIP records. This allowed UCLA-ISAP to send these records to beta test counties upon request.

Additionally, both Marin and San Joaquin expressed interest in having the ability to go back and change answers after the completion of the interview as well as opportunities to customize the tool for their needs (e.g., have the tool refer to specific providers within the county, or give provider-specific "next steps" depending on where the BQuIP is performed or where the patient is referred). Again, this customization of the tool for each county could be addressed following this phase of beta testing.

Recommendations for County-level BQuIP Implementation Based on the Beta Test

Based on counties' experiences described above, it is clear that while the tool was considered accurate and useful, implementing the BQuIP tool as part of a beta test, was challenging. Primary challenges appeared to stem from implementation that resulted in a duplicative and unclear process when conducting screenings and assessments with new patients.

In order to successfully implement the BQuIP at the county level, UCLA-ISAP recommends the following:

- Identify who will be administering the tool and who will be doing the full intake interview. There should be dedicated staff, time, and resources to perform the BQuIP screen.
- Identify where will the BQuIP be administered (e.g., by phone, in person, at access center, at treatment provider).
- Provide ongoing training/supervision of BQuIP staff. Create a feedback loop and provide booster trainings so supervisors are aware of any problems with administering the BQuIP tool with fidelity.
- Plan for and train staff on any required procedures that must be completed in addition to administering BQuIP (e.g. additional county specific questions, progress notes, additional EHR procedures, scheduling the intake appointment)
- Make a plan for how the how the BQuIP results will be passed along to the next clinician.

Transfer of BQuIP Tool Hosting to DHCS Servers

UCLA-ISAP pursued several survey platforms to enable the BQuIP tool to be transferred to DHCS servers, and completed the transfer.

In February and March 2019, UCLA-ISAP began developing the BQuIP tool in Qualtrics. Qualtrics is a powerful online survey tool for building and distributing surveys and analyzing responses online. Having the BQuIP tool programmed in Qualtrics was intended to serve 2 purposes, 1) as a backup for the BQuIP (now housed only on UCLA-ISAP servers), and 2) as a method to transfer the tool from UCLA-ISAP servers to DHCS servers. However, Qualtrics was originally developed to collect research data, not create reports. As the BQuIP's "skip logic", algorithms and reports are complex, it was determined that Qualtrics may not be able to produce BQuIP reports that are useful for clinicians, and therefore is not appropriate for BQuIP purposes.

In April 2019, UCLA-ISAP began developing the BQuIP tool using REDCap. REDCap is a secure web application for building and managing online surveys and databases. REDCap is supported in part by the National Institutes of Health. Having the BQuIP tool programmed into REDCap could have also served as a backup for the BQuIP, as well as a method to transfer the tool from UCLA-ISAP servers to DHCS servers. Activities were put on hold after DHCS indicated (in May 2019) that REDCap is not an available data platform at DHCS.

Since neither Qualtrics nor REDCap were feasible for BQuIP purposes, on June 7, 2019, UCLA-ISAP sent DHCS the technical hardware and programming requirements of the BQuIP system at UCLA-ISAP to see if these could be replicated or transferred to DHCS. Briefly, this system includes a web server with "Classic ASP" enabled, and a MS SQL Server (but there are other databases that should work, e.g., Oracle, MySQL).

On December 6, 2019 UCLA-ISAP held a joint call with the DHCS IT team to start preparations for transferring the hosting of the BQuIP tool to DHCS servers. Documents and technical specifications for hosting the BQuIP were transferred from UCLA-ISAP to DHCS. Ongoing emails and conference calls were held to ensure the efficient transfer of the tool.

Integrating the BQuIP application into EHRs would be an important step towards increasing adoption and extending the usefulness of the BQuIP for counties and providers. To this end, UCLA-ISAP researched how other tools connect online with EHRs. However, since EHRs vary by county, there was not a common language to smoothly integrate the tool. Additionally, some EHRs have the option to customize some of their forms, however the complexity of the BQuIP tool algorithms was prohibitive.

The BQuIP Application Technical Specifications sheet is included as an appendix to this report (Appendix H).

Global Behavioral Health Screener

At the request of DHCS, UCLA-ISAP began development of a Global Behavioral Health (BH) screening tool. The goal for this new screening tool (based on the BQuIP) is to include more mental health symptoms and biopsychosocial risk factors (e.g., criminal justice status). Similar to the BQuIP, it will be designed to be valid, user-friendly, and brief. It is intended to be used by non-clinical staff at BH BALs or elsewhere.

UCLA-ISAP and DHCS began biweekly calls in December 2019 to discuss the development of this new Global Behavioral Health Screening tool for possible use in BH BALs. Multiple drafts of a tool were created and refined to capture necessary information to enable a referral for behavioral health treatment. These calls culminated on February 26, 2020, with UCLA-ISAP's presentation of a draft of this global tool to the DHCS Behavioral Health Workgroup. Materials presented to the Behavioral Health Work Group Meeting can be found in Appendix I. UCLA-ISAP looks forward to continuing work on a revised tool with DHCS in the future. At this time, the development of this screening tool is currently on hold per DHCS.

The most recent draft of the global BH screening tool can be found in Appendix J.

Youth and Transitions Screening Tools

In UCLA-ISAP's discussions with 19 counties that expressed interest in BQuIP, many of the administrators asked if this tool could be used for youth or transitions between levels of care. If requested, UCLA-ISAP looks forward to continuing work on these tools with DHCS in the future. At this time, the development of these tools is on hold.

Summary and Recommendations - Phase 3

Summary of Activities Conducted

In the two-year contract period, UCLA-ISAP refined and beta tested the Brief Questionnaire for Initial Placement in SUD treatment (BQuIP).

UCLA-ISAP conducted the following activities:

- Scouted and recruited counties for beta testing.
- Delivered orientations, training, and technical assistance to all counties that expressed interest in the BQuIP.
- Developed and obtained signatures on the Beta Test Agreement with San Joaquin and Marin Counties, the two selected beta test counties.
- Created the BQuIP website to house implementation support resources including: FAQs, demonstration videos, training webinar, manual and supplemental materials (e.g. commonly used drug list, informational buttons).
- Developed and disseminated BQUIP User's surveys with beta testing staff
- Conducted exit interviews with beta test counties staff.
- Worked with beta test counties to pair as many BQuIP recommendations with ASAM Criteria-based assessment results/LOC.
- Completed tool validation analysis and feasibility/acceptability data analysis.
- Refined the BQuIP tool and implementation resources based on feedback from beta testers as well as to reflect the closure of this phase of beta testing.
- Worked with IT staff at DHCS to transfer the BQuIP tool for hosting on DHCS servers. Programming, hardware and software specifications have been established and the transfer is complete.

Summary of BQuIP Tool Beta Test

Marin County yielded 16 completed BQuIPs, and provided matching ASAM LOC data for 6 patients. Of the 6 beta cases, there was 100% match rate.

There was evidence of a 100% match rate (1) between the BQuIP indicated level of care and the initial assessment indicated level of care for one case, and (2) between the BQuIP's lack of an indicated level of care recommendation ("None") for SUD treatment and the corresponding lack of an initial assessment for five cases. While the sample size was small (N=6), the results were promising.

San Joaquin County yielded 30 completed BQuIPs, and provided matching ASAM LOC data for 8 patients. Of the 8 beta cases, there was an 88% match rate.

Even though the sample sizes were small, the tool was used in the field by clinicians and counselors with actual patients, showing evidence of a match rate surpassing the 80% match rate.

Similarly, there is continued evidence that the BQuIP tool has face validity based on BQuIP User's Survey results and feedback from stakeholders and the internal clinical experts. Results suggest that the BQuIP has potential to be a helpful tool for central intake or call centers to give recommendations about initial SUD treatment placement.

Recommendations for Future Work

While the testing of the BQuIP (beta version) tool has been successful completed, there is more work that could be done to advance DHCS's goals to have valid, standardized screens and assessments developed and disseminated throughout California. In light of this, UCLA-ISAP recommends the following:

- Continue to collect data to further validate the BQuIP tool.
- Provide guidance on implementation considerations (e.g., how to incorporate the tool into the workflow, roles/responsibilities) to mitigate challenges that emerged in this area.
- Continue discussions on the development of a Global Behavioral Health Screen, as counties showed great interest in the utility of a screener tool for integrated behavioral health county departments.
- Consider developing a BQuIP tool for youth services as well as a tool for transitions of care to lower or higher levels of care.
- Explore strategies for prospective users of the BQuIP tool to facilitate access to the BQuIP data so they can integrate it into their county level EHRs and databases. UCLA-ISAP anticipates that this is a potential issue for the state-wide roll out of the BQuIP.

As warranted by DHCS:

- UCLA-ISAP will provide training and technical assistance as needed to counties that wish to utilize the BQuIP, including guidance on what to consider in preparation for implementing the tool.
- UCLA-ISAP will continue to maintain the BQuIP website and all supplementary materials will be hosted on the website.
- UCLA-ISAP will translate the finalized BQuIP tool to be available in Spanish.
- UCLA-ISAP will continue discussions with DHCS on the development of a Global Behavioral Health Screen, and participate in future BH workgroups and stakeholder groups as warranted.

Appendices

Appendix A. BQuIP Core Questions

Appendix B: BQuIP Beta Version Test County Agreement (Final)

Appendix C: BQuIP Beta PowerPoint Presentations:

Relaunch Brief Questionnaire for Initial Placement 3.0

Data Reporting Requirements, Brief Questionnaire for Initial Placement 3.0 Beta testing

Appendix D: BQuIP Frequently Asked Questions V2 June 2020

Appendix E: Training and TA Activities

Appendix F: San Joaquin County ASAM Criteria-Based Assessment tool

Appendix G: BQuIP User's Survey

Appendix H: BQuIP Application Technical Specifications

Appendix I: Presentation Materials for the Global Behavioral Health Screening

Appendix J: Draft of Global Behavioral Health Screening Questions

Appendix A: BQuIP Core Questions for Determination of Placement Recommendations

Brief Questionnaire for Initial Placement (BQUIP) 3.0
CORE QUESTIONS FOR DETERMINATION OF PLACEMENT RECOMMENDATIONS

1. **(Optional) Which of the following drugs or alcohol have you used in the last 12 months? (read list and check ALL that apply)**
   ☐ Alcohol ☐ Opiates/opioids (e.g.: heroin/Rx narcotics) ☐ Stimulants (e.g.: cocaine, amphetamines)
   ☐ Cannabis (e.g.: marijuana, THC) ☐ Benzodiazepines (e.g.: sedatives/tranquilizers) ☐ Other_____

2. **What is your drug(s) of choice that you are currently seeking treatment for? (check ALL that apply)**

   ☐ Alcohol ☐ Opiates/opioids (e.g.: heroin/Rx narcotics) ☐ Stimulants (e.g.: cocaine, amphetamines)
   ☐ Cannabis (e.g.: marijuana, THC) ☐ Benzodiazepines (e.g.: sedatives/tranquilizers) ☐ Other_____

3. **Are you currently experiencing SEVERE WITHDRAWAL symptoms? (*e.g., severe tremors/shaking, recent seizures, hallucinations, vomiting, diarrhea, racing heartbeat or other significant physical symptoms*)?**
   ☐ Yes ☐ No

IF YES to Q3, CONSIDER NEED FOR IMMEDIATE INTERVENTION FOR CLINICALLY RISKY WITHDRAWAL

4. **If you stopped using now, would you expect to get sick and experience MILDER WITHDRAWAL symptoms like *mild tremors, excessive sweating, anxiety, nausea and/or vomiting, stomach cramps or muscle aches*? Or are you currently experiencing these milder symptoms?** ☐ Yes ☐ No

5. **In your life, have you ever OVERDOSED (*e.g., loss of consciousness*) or experienced SERIOUS WITHDRAWAL OR LIFE THREATENING SYMPTOMS DURING WITHDRAWAL (*e.g., irregular heart rate/arrhythmia, seizures, hallucinations with DTs/delirium tremens, need for IV therapy or inpatient medication management*)?**
   ☐ Yes ☐ No

6. **Have you used any drugs or alcohol within the last 3 days?** ☐ Yes ☐ No
   - IF YES,
     6a. Have you used any drugs or alcohol within the last 4 hours? ☐ Yes ☐ No

7. **Do you currently have any serious MEDICAL issues that you are aware of?** ☐ Yes ☐ No
   - IF YES,
     7a. Do these MEDICAL problems make it difficult to do your normal daily activities?
     ☐ Not at all ☐ Sometimes ☐ Quite a bit ☐ All the time
     7b. Do you think these MEDICAL issues can improve if treated differently than what you are doing?
     ☐ Yes ☐ Don't know ☐ No

8. **In the past 30 days, have you experienced any *periods of sadness, hopelessness, or loss of interest in activities, hallucinations or significant anxiety* that are NOT resulting from withdrawal or drug use?**
   ☐ Yes ☐ Don't know ☐ No
   - IF YES,
     8a. Do these emotional problems make it difficult to do your normal daily activities?
     ☐ Yes ☐ No
     8b. In the past 30 days, have you thought about wanting to hurt yourself or wanting to die?
     ☐ Yes ☐ No

- If YES (to 8b)

  8c. Are you <u>currently</u> having thoughts about wanting to hurt yourself or wanting to die?

  ☐ Yes ☐ No

IF YES to Q8c, CONSIDER NEED FOR IMMEDIATE INTERVENTION

9. Has a doctor every given you medicine for emotional or MENTAL HEALTH issues?

☐ Yes ☐ Don't know ☐ No

10. Which statement <u>best describes</u> your current thinking about your drug and alcohol use? (select one)

- ☐ 1. My use is not a problem, I do not want treatment.
- ☐ 2. I might I have a problem, I'm not sure I'm ready to change
- ☐ 3. I have a problem, and I'd like to make a change
- ☐ 4. I have started to reduce my use, I would like more help.
- ☐ 5. I am in recovery and I want supportive services.

11. <u>Without help</u>, do you think you would continue using?

☐ Definitely yes	☐ Probably yes	☐ Might or might not	☐ Probably not	☐ Definitely not

12. Are you homeless (e.g., couch surfing, living outdoors or in a car, no permanent housing? ☐ Yes ☐ No

13. Do you have a place to stay that is free of alcohol and other drugs? ☐ Yes ☐ No

14. Do you currently have someone who you would consider as a <u>social support</u>, or someone you can rely on for support when needed? ☐ Yes ☐ No

15. Are you or do you think you could be pregnant? ☐ Yes ☐ Don't know ☐ No (or N/A-Client is male)

16. Of the drugs we have talked about, have you injected any in the last year? ☐ Yes ☐ No

Appendix B: BQuIP Beta Version Test County Agreement (Final)

Brief Questionnaire for Initial Placement

Beta Version Test County Agreement

This Brief Questionnaire for Initial Placement (BQuIP) County agreement (Agreement) is made and entered into on the _____day of (*enter month*), (*enter year*) (the Effective Date), by and between the County of _____ (the County) and the State of California, Department of Health Care Services (DHCS) (collectively, the "Parties"). The County and DHCS may be referred to herein individually as a "Party".

1. BACKGROUND

The BQuIP tool is a fast and free web-based tool designed to generate recommendations for initial placement for individuals seeking treatment for substance use disorders. These are preliminary recommendations based on limited information, and are meant to provide initial placement options for the user's consideration. Ultimately, the initial placement decision must be made according to the clinical judgement of the individual using this tool and the county policy.

The Integrated Substance Abuse Programs at the University of California, Los Angeles (UCLA-ISAP), under contract with DHCS (*#18-95405)* has developed the BQuIP tool and is making the beta version (BQuIP-beta tool) available to select counties on behalf of DHCS, which is the sole owner of the BQuIP tool. The BQuIP-beta tool is still undergoing final development and testing before its official release.

The BQuIP tool is not a replacement for a full assessment, and the appropriateness of the provisional placement decision made as a result of using this tool must be confirmed via a comprehensive American Society of Addiction Medicine (ASAM) assessment as soon as possible. The BQuIP tool has not been created or endorsed by ASAM.

2. TERM

This Agreement shall commence on the Effective Date and continue until terminated by either Party by giving 30 days advance written notice of termination to the other party (the Term). Upon termination of this Agreement, the County shall cease using the BQuIP tool.

3. MODIFICATION

This Agreement may only be modified by a written agreement signed by the Parties.

4. COUNTY OBLIGATIONS

During the Term of this Agreement, the County shall:

(1) Comply with Exhibit ___, the Business Associate Addendum, of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement Number _____, entered into by and between DHCS and the County on _____.
(2) Only share the BQuIP-beta tool and web link with County and County-contracted providers;
(3) Require that all County and County-contracted personnel using the BQuIP-beta tool watch the BQuIP training webinar recording and review the User Manual on the BQuIP website prior to using the BQuIP tool with actual clients;
(4) Collect and submit screening information as part of the ASAM Level of Care (LOC) data file pursuant to the Mental Health and Substance Use Disorder Services Information Notice No. 18-046. Exhibit ___, the Business Associate Addendum, of the DMC-ODS Intergovernmental Agreement Number _____ shall apply to this Agreement. The County shall submit the following data:
    a. Type of Screening;
    b. Indicated Level(s) of Care/Withdrawal Management (WM);
    c. Actual Level(s) of Care/WM placement decision(s);
    d. Reason(s) for the Difference if the actual LOC/WM was not among those indicated; and
    e. A BQuIP Record Number. A BQuIP Record Number is included in each BQuIP Report. The County shall document the BQuIP Record Number in the Additional Comments column of the ASAM LOC spreadsheet.
(5) Provide BQuIP users with access to a back-up screening tool and procedures should users temporarily experience technical difficulties accessing the web-based BQuIP tool; and
(6) Require that BQuIP users participate in a brief online survey administered by UCLA-ISAP once or twice during the beta testing period to provide feedback on use of the BQuIP-beta tool (e.g., feasibility of implementation, acceptability of the tool, recommendations for improvement).

5. NO WARRANTIES

The BQuIP-beta tool and all content are provided on an "AS IS" and "AS AVAILABLE" basis and without any warranties, whether expressed or implied, as to the suitability or usability of the software or any of its content.

Neither DHCS nor the Regents of the University of California/UCLA-ISAP will be liable for any loss, whether such loss is direct, indirect, special or consequential, suffered by any party as a result of the County's use of the BQuIP-beta tool. Any downloading or uploading of material from or to the BQuIP website is at the user's and/or County's own risk and the user and/or County will be solely responsible for any damage to any computer system or loss of data that results from such activities.

IN WITNESS WHEREOF, each of the undersigned have executed this Agreement as of the Effective Date.

COUNTY OF _____

Name _____ Title _____

Signature _____ Date _____

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH CARE SERVICES

Name _____ Title _____

Signature _____ Date _____

Appendix C: BQuIP Beta PowerPoint Presentations:

Relaunch Brief Questionnaire for Initial Placement 3.0

Data Reporting Requirements, Brief Questionnaire for Initial Placement 3.0 Beta testing

Data Reporting Requirements

Brief Questionnaire for Initial Placement 3.0
(BQuIP 3.0)
Beta testing

July 2019-San Joaquin County
Anne Lee LCSW

UCLA

BQuIP 3.0 Beta Data Requirements

Purposes of the BQuIP 3.0 Beta data collection (1 of 2):

1. Get user feedback on the feasibility of using the tool

- *UCLA needs contact info for all BQuIP user's in each county and*
- *the date BQuIP goes "live"*

UCLA

BQuIP 3.0 Beta Data Requirements

Purposes of the BQuIP 3.0 Beta data collection (2 of 2):

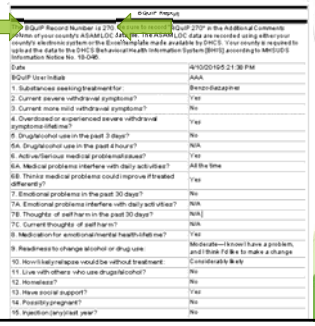
2. Validate the tool

- *UCLA needs each individual's BQuIP record number to be collected with the ASAM Level of Care data. This ASAM LOC data is information that counties are already submitting to the state. (The state transmits this data to UCLA)*
- *UCLA needs a copy of county's full ASAM assessment tool*

UCLA

Overview of BQuIP Report

NOTE the BQuIP Record Number

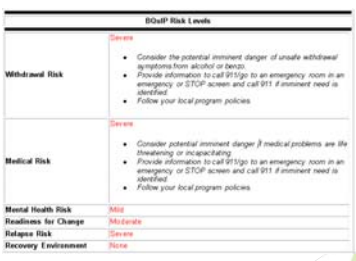


BQuIP Report

BQuIP Record Number is 270 (Save to record) BQuIP 270 in the Additional Comments

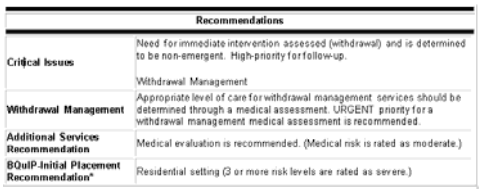
Date	4/10/2019 5:21:36 PM
BQuIP User Initials	AAA
1. Substances seeking treatment for	Benzo-Benzephine
2. Current severe withdrawal symptoms?	Yes
3. Current more mild withdrawal symptoms?	No
4. Overdosed or experienced severe withdrawal symptoms in lifetime?	Yes
5. Drug/alcohol use in the past 3 days?	No
5A. Drug/alcohol use in the past 4 hours?	N/A
6. Active/Serious medical problems/issues?	Yes
6A. Medical problems interfere with daily activities?	All the time
6B. Thinks medical problems could improve if treated differently?	Yes
7. Emotional problems in the past 30 days?	No
7A. Emotional problems interfere with daily activities?	N/A
7B. Thoughts of self harm in the past 30 days?	N/A
7C. Current thoughts of self harm?	N/A
8. Medication for emotional/mental health-lifetime?	Yes
9. Readiness to change alcohol or drug use:	Moderate—I know I have a problem, and I think I'd like to make a change.
10. How likely relapse would be without treatment:	Considerably likely
11. Live with others who use drugs/alcohol?	No
12. Homeless?	No
13. Have social support?	Yes
14. Possibly pregnant?	No
15. Injection (any) last year?	No

BQuIP Report, continued



BQuIP Risk Levels	
Withdrawal Risk	Severe • Consider the potential imminent danger of unsafe withdrawal symptoms from alcohol or benzo. • Provide information to call 911/go to an emergency room in an emergency, or STOP screen and call 911 if imminent need is identified. • Follow your local program policies.
Medical Risk	Severe • Consider potential imminent danger if medical problems are life threatening or incapacitating. • Provide information to call 911/go to an emergency room in an emergency, or STOP screen and call 911 if imminent need is identified. • Follow your local program policies.
Mental Health Risk	Mild
Readiness for Change	Moderate
Relapse Risk	Severe
Recovery Environment	None

BQuIP Report, continued



Recommendations	
Critical Issues	Need for immediate intervention assessed (withdrawal) and is determined to be non-emergent. High-priority for follow-up. Withdrawal Management
Withdrawal Management	Appropriate level of care for withdrawal management services should be determined through a medical assessment. URGENT priority for a withdrawal management medical assessment is recommended.
Additional Services Recommendation	Medical evaluation is recommended. (Medical risk is rated as moderate.)
BQuIP-Initial Placement Recommendation*	Residential setting (3 or more risk levels are rated as severe.)

BQuIP Report, continued

BQuIP User Notes	
BQuIP Conducted with	Prospective client
Additional Notes	caller wants to go to ACME AAA outpatient treatment
Is adjusted placement indicated?	Yes
Adjusted Placement	Client preference

DISCLAIMER: These are **preliminary** recommendations based on limited information, and are meant to provide initial placement options for the user's consideration. Ultimately, the initial placement decision must be made according to the clinical judgement of the individual using this tool and the county policy. The BQuIP tool is not a replacement for a full assessment, and the appropriateness of the provisional placement decision made as a result of using this tool must be confirmed via a comprehensive American Society of Addiction Medicine (ASAM) assessment as soon as possible. The BQuIP tool has not been created or endorsed by ASAM.

*** Referred treatment setting should have the capability to address all critical issues and additional recommended services.**

BQuIP record number and ASAM level of care

Two primary elements-

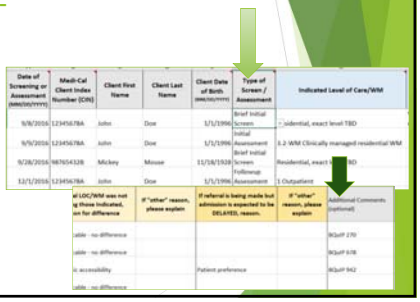
1. Indicate which type of screen
   - Brief screen
   - Initial Assessment
   - *Follow up assessment*
2. Add BQuIP record number to ASAM Level of Care reporting

What is your county's current reporting mechanism?

BQuIP record number and ASAM level of care-

Option: use UCLA spreadsheet,

1. Indicate which type of screen
   - Brief screen
   - Initial Assessment
   - *Follow up assessment*
2. Add BQuIP record number to "Additional Comments"



UCLA BQuIP 3.0 Beta Team

- Anne Lee, LCSW
- Cheryl Teruya, PhD
- Valerie Antonini, MPH
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- Isabel Iturrios-Fourzan, MA

For questions about using the BQuIP 3.0 Beta, contact us. We would love to hear from you!

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- Valerie Antonini (vpearce@mednet.ucla.edu),
- Cheryl Teruya (cteruya@mednet.ucla.edu)

UCLA

THANK YOU

UCLA

Reporting Brief Initial Screening (BQuIP 3.0) Data to DHCS

- All counties participating in the waiver are required to submit ASAM level of care (ALOC) data, including brief initial screening data using the BQuIP (e.g., Residential, exact level TBD), to DHCS.
- For more instruction see DHCS Information Notice 18-046 at the link below. https://www.dhcs.ca.gov/individuals/Documents/MHSUDS_Information_Notice_18-046.pdf
- Please include the BQuIP record number, which is unique to each caller's screen, in the "Additional Comments" section of your county's Level of Care data collection form.
- For Information about the Level of Care Reporting Spreadsheet (in use by some waiver counties) see the BQuIP User's Manual.

UCLA

**Central Nervous System Depressants

- Central Nervous System (CNS) depressants are medicines that include sedatives, tranquilizers, barbiturates, opiates and hypnotics. Also, alcohol is a CNS depressant.
- When people overdose on a CNS depressant, or use multiple (at least 2) CNS depressants, their breathing can slow or stop. This can decrease the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can have short- and long-term effects on the brain and nervous system, including coma and permanent brain damage or death.
- It is important to take CNS depressant use into account when assessing and treating SUD.
- For more information, see NIDA's "DrugFacts" webpage or:
  - https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/it-safe-to-use-opioid-drugs-other-medications
  - https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants

Naloxone kits & Overdose prevention

Relaunch
Brief Questionnaire for Initial Placement 3.0 (BQuIP 3.0)
Beta testing

2019 Relaunch Webinar-Marin County
Anne Lee, LCSW

UCLA

BQuIP 3.0 Beta Rollout- Review

- Recent changes have been made to improve the function and usability of the BQuIP
- We are relaunching BQuIP 3.0 to complete the beta test

- Purposes of the BQuIP 3.0 beta:
  - Get user feedback on the feasibility of using the tool
  - Collect information that will enable UCLA to refine the tool
  - Further validate the tool

UCLA

Review-The BQuIP 3.0 is NOT:

- **Meant to replace a full ASAM assessment**
- **Intended to generate a DSM diagnosis**

UCLA

New Features:

Use collaterals, ask questions if the answer is not known

BQuIP USER INSTRUCTIONS: *To minimize burden, you may enter responses in the BQuIP based on information you already have gathered. Ask questions if the answer is not known. You may also rephrase questions for clarity and to meet the needs of your potential clients.*

Floating box for recording notes throughout

Record clinical notes here: *(Optional)*

Stop and save BQuIP data at any point

Click here to stop the BQuIP (no recommendation will be generated)

New Question 1.Record the drug(s) the caller has used in past year *Optional, for clinician reference*

An info button has been added for clarity regarding prescription medications. Also, a list of commonly used drugs (right), can be found in the BQuIP 3.0 User's Manual.

1. **(OPTIONAL)** Which of the following drugs or alcohol have you used in the last 12 months? *(Read list and select all that apply)*

Alcohol
Opiates/opioids (e.g., heroin/prescription narcotics)
Stimulants (e.g., cocaine, amphetamines)
Cannabis (e.g., marijuana, THC)
Benzodiazepines (e.g., downers/tranquilizers)
Other substance(s)
None
Skip this question

Do not include prescription drugs (e.g. pain medication) that are taken as prescribed to the individual by their doctor.

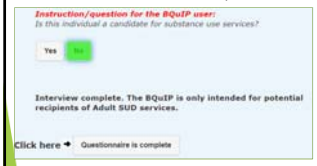
New Question 2. Record drug(s) caller **may want or need help with**

2. Which of the following are your drug(s) of choice that you may want help with? *(Read list and select all that apply)*

Alcohol
Opiates/opioids (e.g., heroin/prescription narcotics)
Stimulants (e.g., cocaine, amphetamines)
Cannabis (e.g., marijuana, Tetrahydrocannabinol [THC])
Benzodiazepines (e.g., sedatives/tranquilizers)
Other drugs(s)
None

If caller does not want help with any substances in Question 2, there will be a prompt to clarify whether the caller is a candidate for SUD services:

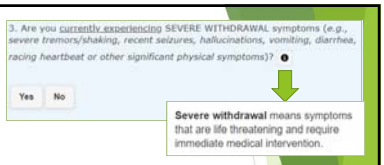
Option 1: If the person is not a candidate, the interview is complete.



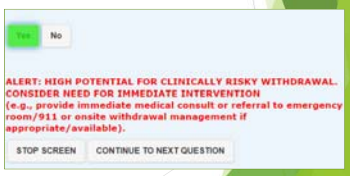
Option 2: If the caller is a candidate, the BQuIP user will be asked to indicate which drug(s) will be the focus of future treatment.

BQuIP 3.0-Withdrawal Risk

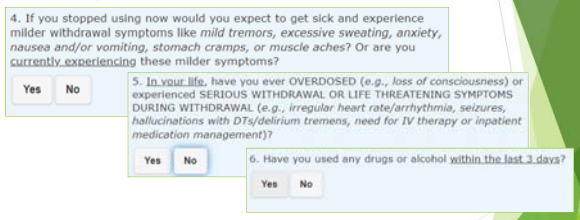
An info button has been added for clarity regarding prescription medications



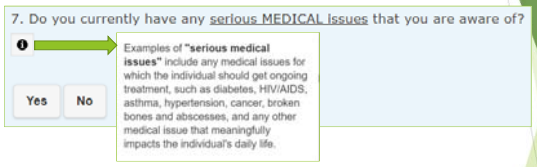
Review: as before, please assess need for withdrawal management (WM) and attend to emergency situations, if needed.



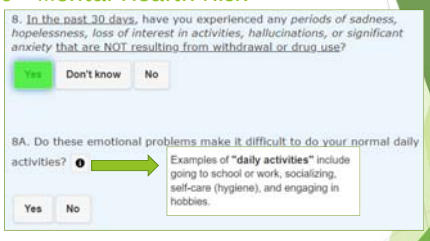
BQuIP 3.0 Withdrawal Risk, *continued (no changes)*



BQuIP 3.0 -Medical Risk

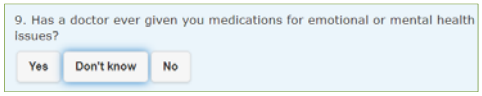


BQuIP 3.0 – Mental Health Risk



BQuIP 3.0 – Mental Health Risk, continued

Changed "prescribed" to "given"



BQuIP 3.0-Readiness to Change

Changed wording, shortened and simplified

10. Which statement best describes your current thinking about your drug and alcohol use?

- 1 – My use is not a problem, I do not want treatment.
- 2 – I might have a problem, I'm not sure I'm ready to change.
- 3 – I have a problem, and I'd like to make a change.
- 4 – I have started to reduce my use, I would like more help.
- 5 – I am in recovery and I want supportive services.

BQuIP 3.0 – Relapse Risk

Changed wording, shortened and simplified

11. Without help, do you think you would continue using?

Definitely yes	Probably yes	Might or might not	Probably not	Definitely not

BQuIP 3.0 – Recovery Environment

Changed wording, shortened and simplified *(no change to Q14)*

12. Are you homeless (e.g., couch surfing, living outdoors or in a car, no permanent housing)?

Yes | No

13. Do you have a place to stay that is free of alcohol and other drugs?

Yes | No

14. Do you currently have someone who you would consider as a social support, or someone you can rely on for support when needed?

Yes | No

BQuIP 3.0 – Critical Issues

Changed response options to be more inclusive

15. Are you or do you think you could be pregnant?

Yes | Don't know | No (or Not Applicable)

Changed wording for clarity

16. Of the drugs we have talked about, have you injected any in the last year?

Yes | No

Concluding a BQuIP 3.0

For BQuIP Outputs → Click here → Questionnaire is complete

No changes to the BQuIP 3.0 Outputs

- 1. **BQuIP Risk Levels Summary**- a summary of risk levels in each area.
- **2. BQuIP Recommendations**- Recommendations for further evaluation and provisional treatment placement.
- **3. BQuIP Report**- a complete listing of all questions, answers and recommendations.

BQuIP 3.0 Assessment is Complete

BQuIP 3.0 SUD Brief Questionnaire for Initial Placement (BQuIP) – Beta Version 3.0

Assessment is complete

- Print BQuIP Report (opens in a new tab)
- Download BQuIP Report (select save file, if prompted)
- Conduct another BQuIP

No changes to these functions

BQuIP Report of Risk Levels, Stopping BQuIP before completion

If the BQuIP is stopped at any point, risk ratings and information will be collected up to the point the interview was stopped as in the example to the right.

"N/A" indicates these risk areas were not assessed.

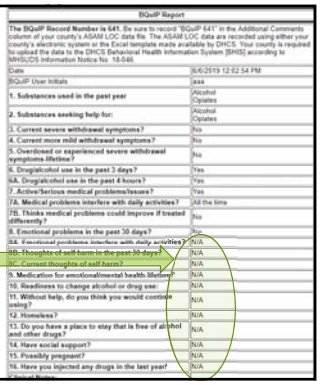
BQuIP Report, Stopping BQuIP before completion

If the BQuIP is stopped at any point, information about Critical Issues, Withdrawal Management and Additional Services will be collected up to the point the interview was stopped, as in the example to the right.

No placement recommendation will be made as seen below.

BQuIP Report, Stopping BQuIP before completion

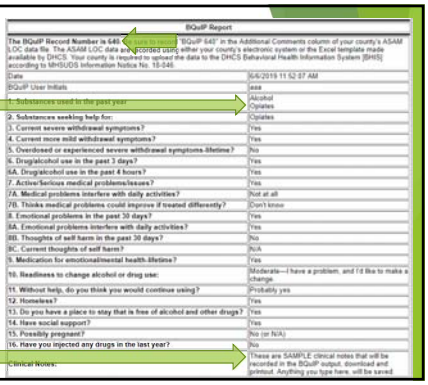
Questions for which no response is recorded will be indicated with "N/A"



BQuIP Report, New features

Past year substance use history will appear here

Clinical notes will appear here



Demonstration

Questions? Next steps? How can we help?

- Hiring update?
- Back up Tool
- Data collection/record numbers?
- Needs? Copy of slides?
- Support?
- Schedule next full training webinar?
- Revised materials coming soon

Reporting Brief Initial Screening (BQuIP 3.0) Data to DHCS

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UCLA

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UCLA

THANK YOU

UCLA

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- It is important to take CNS depressant use into account when assessing and treating SUD.
- For more information, see NIDA's "DrugFacts" webpage or:
  - https://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/it-safe-to-use-opioid-drugs-other-medications
  - https://www.drugabuse.gov/publications/drugfacts/prescription-cns-depressants

Appendix D: BQuIP Frequently Asked Questions V2 June 2020

UCLA-ISAP has compiled a list of frequently asked questions and answers. Please contact UCLA-ISAP (abellows@mednet.ucla.edu) or refer to the manual for further information. http://www.uclaisap.org/dmc-ods-eval/html/bquiptool.html

Q. I want to add more notes and change some responses, but there's no 'BACK' button. What do I do?

A. Before the BQuIP interview questions are completed, it is possible to scroll up and down and change answers and add notes. After you click on the "Questionnaire is Complete" button you will not be able to change responses, but you will have two more opportunities to add notes. The first opportunity is a "notes" box in the "Questions for the BQuIP User" section. The second is when you download the BQuIP Report as a Word document. You may add your notes to that document.

Please refer to the BQuIP User's Manual for more detailed instruction. The link to the online BQuIP User's Manual is: http://uclaisap.org/dmc-ods-eval/assets/documents/bquip/BQuIP_30manualJune2019_beta.pdf

Q. **What are the requirements needed for staff to conduct a BQuIP screening? Does this need to be a clinical staff such as a registered counselor or LPHA? Or can support staff that are unlicensed workers conduct screenings**?

A. Initial screenings such as the BQuIP can be conducted by anyone the county deems appropriately trained. There are no specific program requirements. Anyone who has been through the full BQuIP training and is deemed to be appropriately trained to conduct initial screenings by the county/agency, can conduct the BQuIP.

Q. **Can we add the BQuIP tool application into our existing Electronic Health Records?**

A. For the beta version of the BQuIP, it may not be possible for a county to fully integrate the tool into its existing EHRs. However, it is possible to download the BQuIP reports as PDF or Word documents and upload or scan the BQuIP Report into an electronic record.

Q. The length of the BQuIP seems to be unrealistic to use in our county...We are understaffed, how do we make time for the BQuIP on top of our other responsibilities?

A. The intention of the BQuIP is to be a brief questionnaire. (A full ASAM Criteria-based assessment might take 90 minutes.) If the BQuIP regularly takes longer than about 10 minutes, please contact a UCLA-ISAP BQuIP trainer to discuss ways to make the initial screening more efficient. Keep in mind, a patient with a *less complicated* presentation will only take *a few minutes* to complete the BQuIP, while someone with *multiple presenting problems* in multiple risk areas *will take longer*. Additionally, The BQuIP is intended for use over the phone at a Beneficiary Access Line, or in person for example at a walk-in clinic by dedicated screening staff who are performing brief screenings as part of their regular duties.

Q. Why doesn't the BQuIP provide an ASAM-Level of Care?

A. The BQuIP is intended to help guide the patient to the "right door", which means the right *modality* (e.g., outpatient or residential) for a full assessment, not a specific ASAM Criteria-based level of care (e.g., 2.1, 3.2). The BQuIP is also intended to alert providers to issues that may need further evaluation, but it does not give a diagnosis. The BQuIP is not an ASAM tool and does not establish "medical necessity." The four possible treatment modalities that the BQuIP may recommend are: Residential, Intensive Outpatient, Outpatient and Narcotic/Opioid Treatment Program (NTP/OTP) setting, office-based opioid treatment (OBOT), or Outpatient Suboxone Clinic.

Q. Do I have to read every question EXACTLY as it is written in the BQuIP?

A. No, please convey to the caller the meaning of the question to get the most accurate information possible. Please also feel free to fill in the answers that you already know based on collateral sources of information (e.g., parole officer, social worker, spouse, etc.). The intent of the BQuIP is to be *brief* and to quickly guide the referral of the caller to the most appropriate treatment setting for a full assessment and placement.

Q. My county only has one residential treatment provider. Can we customize the BQuIP to recommend that treatment provider by name rather than "residential" in the BQuIP Report?

A. No, for the beta version of the BQuIP tool, it is not possible to customize the output for your county's treatment provider network. The BQuIP is a standardized tool intended for state-wide use. It is possible that future versions of the BQuIP could be customized by each county as long as the validity of the BQuIP tool is not compromised.

Q. Our county has several documentation requirements for our screenings that are not included in the BQuIP tool (e.g. criminal justice status). Can we add questions or customize the BQuIP tool for our county's specific documentation requirements?

A. No. It is not possible to add questions to the beta version based on your county's specific documentation requirements. However, it is possible that future versions of the BQuIP could be adapted by a county as long as the validity of the BQuIP tool is not compromised.

Q. What if the patient is not using drugs or alcohol?

A. The BQuIP is meant for potential recipients of adult substance use disorder services. If they are not a candidate for SUD treatment, do not use the BQuIP tool.

Q. Can this be used with our youth population?

A. No, this tool was developed for potential recipients of adult substance use disorder services. UCLA-ISAP has been made aware of the need for a youth tool.

Appendix E: County Training and TA Activities

Delivery of Trainings

UCLA-ISAP provided training to Marin County on 4/11/2019 and 6/17/2019.

UCLA-ISAP delivered four trainings to San Joaquin County on 8/29/2019, 9/12/2019, 9/26/2019 and 10/01/2019. Training attendees included managers, supervisors and substance abuse counselors.

Attended were trained on how to administer the BQuIP, how to "read" the BQuIP results, and the importance in which to record the BQuIP Record Number for the purposes of the Beta testing processes.

County/Provider Technical Assistance

The following technical assistance was provided during the course of the BQuIP beta testing:

1. **Review of BQuIP beta tool language**
   Date(s): 4/11/2019, 4/22/19, 6/17/19
   Requested by: Marin
   Issue description: Marin noted that some of the wording and response options could be simplified.
   Response: UCLA-ISAP reviewed all items, and simplified and shortened wording and response options.
   Method of delivery: Calls, emails and BQuIP language revision
   Follow-up: UCLA-ISAP continued to keep a log of feedback from all beta test counties.

2. **Addition of functions to BQuIP tool**
   Date(s): 4/11/2019, 4/22/2019, 6/17/2019
   Requested by: Marin
   Issue description: Marin requested larger capacity to enter clinical notes, and a "stop and save button" to stop before completing BQuIP, while saving all data up to that point.
   Response: UCLA-ISAP created these functions, and trained Marin on how to use them.
   Method of delivery: Changes made directly to the BQuIP Beta tool used by Marin. Trained Marin on these functions in Zoom web conference.

Follow-up: Relaunched BQuIP 3.0. Beta testing presentation slides can be found in Appendix B.

3. **Technical assistance and review of BQuIP beta test data requirements**
   Date(s): Marin on 6/17/2019, San Joaquin on 7/22/2019 (also non-beta test counties Orange on 5/1/2019, Monterey on 6/4/2019 and Napa 9/13/2019)
   Requested by: Marin, San Joaquin (also non-beta test counties Monterey, Napa and Orange)
   Issue description: Counties had questions about data requirements and how to comply with beta test data requirements.
   Response: PowerPoint, discussion
   Method of delivery: Zoom web conference
   Follow-up: Data Reporting Requirements, Brief Questionnaire for Initial Placement 3.0 Beta testing Presentation slides can be found in Appendix B.

4. **Orientation and review of the BQuIP beta testing requirements and integration into San Joaquin workflow**
   Date(s): 7/1/2019
   Requested by: San Joaquin and UCLA-ISAP
   Issue description: Creating a system to integrate the Beta testing activities into current San Joaquin County workflow.
   Response: Discussion
   Method of delivery: Zoom web conference
   Follow-up: UCLA-ISAP had ongoing discussions (email and phone) with San Joaquin County to reduce burden of BQuIP testing while efficiently completing the BQuIP beta testing activities.

5. **Technical assistance and review of integration of BQuIP tool to existing and developing EHR systems in San Joaquin County**
   Date(s): 10/15/2019
   Requested by: San Joaquin and UCLA-ISAP
   Issue description: San Joaquin oriented UCLA-ISAP to special features and functions of the county EHR “Timeliness Application”
   Response: Discussion
   Method of delivery: Zoom web conference
   Follow-up: Clarification of how BQuIP outputs may integrate with existing EHR systems and platforms

Appendix F: San Joaquin County ASAM Criteria-Based Assessment tool

Assessment

ASAM

Required fields are marked with *

○ Initial ○ Brief Initial ○ Follow-up

DIMENSION 1. Acute Intoxication and/or Withdrawal Potential

(a) Currently is having severe, life-threatening and/or similar withdrawal symptoms? ○ No ○ Yes

(b) Past history of serious withdrawal, life-threatening symptoms or seizures during withdrawal? e.g., need for IV therapy; hospital for seizure control; psychosis with DT's; medication management with close nurse monitoring and medical management? ○ No ○ Yes

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 2. Biomedical Conditions/Complications

(a) Does the client have any current severe physical health problems? e.g., bleeding from mouth/rectum in past 24 hours; recent, unstable hypertension; severe pain in chest, abdomen, head; significant problems in balance, gait, sensory/motor abilities not related to intoxication. ○ No ○ Yes

(b) Does or has the client had a history or recent episode of seizures/convulsions; diagnosed with TB, emphysema, hepatitis C, heart condition? ○ No ○ Yes

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 3. Emotional/Behavioral/Cognitive Conditions/Complications

(a) Imminent danger of harming self or someone else? e.g., SI+ with intent, plan, means to succeed; HI+ or violent ideation, impulses, uncertainty about ability to control impulses, with means to act. ○ No ○ Yes

(b) Unable to function in Activities of Daily Living, care for self with imminent, dangerous consequences? e.g., unable to bathe, feed, care for self-due to psychosis, organicity or uncontrolled intoxication with threat of imminent danger to self or other as regards death or severe injury. ○ No ○ Yes

(c) Client will benefit from a co-occurring capable program? ○ No ○ Yes

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 4. Readiness to Change

(a) Does the client appear to need SUD treatment/recovery and/or mental health treatment, but is ambivalent or feels it's unnecessary? e.g., severe addiction, but client feels controlled use is still OK; psychotic, but blames a conspiracy. ○ No ○ Yes

(b) Client has been coerced or mandated to have assessment and/or treatment by Mental Health Court or CJ system, health or social services, work/school, or family/significant other? ○ No ○ Yes

(c) Client desires and is ready to change their current SUD behavior? ○ No ○ Yes

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 5. Relapse/Continued Use/Continued Problem Potential

(a) Is client currently under the influence? ○ No ○ Yes

(b) Does the client understand relapse but needs structure to maintain therapeutic gains? ○ No ○ Yes

(c) Client is unwilling and/or ambivalent to create a continued use prevention plan? ○ No ○ Yes

(d) Is the client likely to continue to use or have active, acute symptoms in an imminently dangerous manner, without immediate containment? ○ No ○ Yes

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

DIMENSION 6. Recovery Environment

(a) Are there any dangerous family, significant others, living/work/school situations threatening the client's safety, immediate well-being, and/or sobriety? e.g., living with a drug dealer; someone with a Substance Use Disorder or using drugs or alcohol; client is experiencing abuse by a partner or significant other; homeless in freezing temperatures. ○ No ○ Yes

(b) Does the client have the life skills and/or support necessary to participate in day to day functions? ○ No ○ Yes

Select one: ○ No Risk/Stable (0) ○ Mild (1) ○ Moderate (2) ○ Significant (3) ○ Severe (4)

ASAM Clinical Placement Scoring Summary

ASAM Dimensions: *1 - Acute Intoxication and/or Withdrawal Potential; 2 – Biomedical Conditions and Complications; 3 –Emotional/Behavioral/Cognitive Conditions and Complications; 4 – Readiness to Change (including Desire to Change); 5 – Relapse/Continued Use/Continued Problem Potential; 6 – Recovery Environment*

Risk Ratings	Intensity of Service Need	Dimensions					
		1	2	3	4	5	6
(0) No Risk or Stable – Current risk absent. Any acute or chronic problem mostly stabilized.	No immediate services needed.	○	○	○	○	○	○
(1) Mild – Minimal, current difficulty or impairment. Minimal or mild signs and symptoms. Any acute or chronic problems soon able to be stabilized and functioning restored with minimal difficulty.	Low intensity of services needed for this dimension. Treatment strategies usually able to be delivered tin outpatient settings.	○	○	○	○	○	○
(2) Moderate Moderate difficulty or impairment. Moderate signs and symptoms. Some difficulty coping or understanding, but able to function with clinical and other support services and assistance.	Moderate intensity of services, skills training or supports needed for this level of risk. Treatment strategies may require intensive levels of outpatient care.	○	○	○	○	○	○
(3) Significant – Serious difficulties or impairment. Substantial difficulty coping or understanding and being able to function even with clinical support.	Moderately high intensity of services, skills training, or supports needed. May be in danger or near imminent danger.	○	○	○	○	○	○
(4) Severe – Severe difficulty or impairment. Serious, gross or persistent signs and symptoms. Very poor ability to tolerate and cope with problems. Is in imminent danger.	High intensity of services, skills training, or supports needed. More immediate, urgent services may require inpatient or residential settings; or closely monitored case management services and a frequency greater than daily.	○	○	○	○	○	○

PLACEMENT DECISION

Level of Care: ○ Withdrawal Management ○ N/A

Select One

Rationale for Placement:

Level of Care Indicated: ○ Treatment ○ N/A

Select One

Rationale for Placement:

Level of Care Received: ○ Treatment ○ N/A

Select One

Rationale for Placement:

Reason for difference: Select One

Additional Comments:

Referral Made, Admission is expected to be delay: Select One

Additional Comments:

Appendix G: BQuIP User's Survey

BQuIP User's Survey

BQuIP Beta 3.0 User's Survey.

Thank you for your help in testing the BQuIP (Brief Questionnaire for Initial Placement) beta version 3.0

UCLA on behalf of DHCS is collecting your feedback on the BQuIP beta 3.0 tool in order to:-fine tune the tool;-determine its accuracy for treatment recommendations/initial placement;-improve the technical assistance and support for future users of the tool.
Please complete this survey by 12/20/2019We value your input!Please contact Anne Lee (abellows@mednet.ucla.edu) or Elise Tran (EliseTran@mednet.ucla.edu) with any questions or concerns.
Thank you, The UCLA Evaluation Team

1. County _____

2. Your contact information

   - ○ Name _____
   - ○ Title _____
   - ○ Certification or license (if applicable) _____
   - ○ Organization _____
   - ○ Email _____
   - ○ Phone _____

3. Please select the setting(s) that best describes where you are using the BQuIP from the list below. *(Please select all that apply)*

- ○ Call center/Beneficiary Access Line
- ○ Central Intake/Assessment Centers
- ○ Treatment program
- ○ Emergency Department
- ○ Primary Care (e.g., FQHCs, urgent care, hospitals)
- ○ Outreach community agency
- ○ Social services, Human services agencies, Homeless services agencies
- ○ Criminal Justice settings (e.g., probation, jail, drug court)
- ○ Other: _____

4. About how much training have you had on the ASAM Criteria?

- ○ No formal training
- ○ I have taken some ASAM training courses
- ○ I have EXTENSIVE training in the ASAM Criteria

5. With approximately **HOW MANY** individuals seeking treatment have you used the BQuIP?

- ○ I have not used the BQuIP
- ○ Less than 5
- ○ 5-25
- ○ 26-50
- ○ over 50

6. **How long** does it typically take to administer the BQuIP *(from question 1 to question 16, not including discussions before or after these questions*)?

   - ○ About 10 minutes or less
   - ○ About 15 minutes
   - ○ More than 15 minutes
   - ○ Not Sure

7. How helpful are the following BQuIP 3.0 resources?

	Very helpful	Somewhat helpful	Not helpful	N/A
BQuIP Training Webinar	○	○	○	○
BQuIP User Manual	○	○	○	○
Help & technical assistance via email/phone	○	○	○	○

8. What **other resources or technical assistance** would be helpful in implementing the BQuIP 3.0? (*e.g., more staff, more training, help syncing BQuIP with EHR)*

9. How important is it that the BQuIP (or other brief screening tools) work well with your county's **electronic health record**?

   - ○ Extremely important
   - ○ Very important
   - ○ Moderately important
   - ○ Slightly important
   - ○ Not at all important

10. Overall, **how easy** is it to use the BQuIP beta 3.0 tool?

    - ○ Extremely easy
    - ○ Somewhat easy
    - ○ Neither easy nor difficult
    - ○ Somewhat difficult
    - ○ Extremely difficult

11. Did you find that the BQuIP 3.0 tool improved decision making about initial placements? In other words, does the BQuIP help get patients to the "right door" compared to how you had been referring patients before?

    - ○ Yes
    - ○ No
    - ○ Not sure, or about the same as before

12. Please explain:_____

13. Overall, how easy is it to incorporate the BQuIP beta 3.0 tool into the workflow of your agency?

    - ○ Extremely easy
    - ○ Somewhat easy
    - ○ Neither easy nor difficult
    - ○ Somewhat difficult
    - ○ Extremely difficult

14. Please explain:_____

15. Overall, **what has been the response to** the BQuIP beta 3.0 tool by individuals seeking treatment?

    - ○ Extremely positive
    - ○ Somewhat positive
    - ○ Neither positive nor negative
    - ○ Somewhat negative
    - ○ Extremely negative

16. On a scale of 1-5, how **accurate are** the BQuIP's recommendations based on the limited information collected and your professional judgment?

    - ○ 1 - not at all accurate
    - ○ 2
    - ○ 3
    - ○ 4
    - ○ 5 - very accurate

17. Would you recommend the use of the BQuIP 3.0 tool to others?

    - ○ Yes, because: _____
    - ○ No, because: _____

18. What would you consider the **worst aspects** of the BQuIP 3.0 tool? How would you improve the tool?

19. What would you consider the **best aspects** of the BQuIP 3.0 tool?

20. What are other **barriers** to using the BQuIP in your County/agency?

Appendix H: BQuIP Application Technical Specifications

version 2
updated 3/10/2020

BQuIP Technical FAQs

Questions Index

Q1. What code makes up the BQuIP?

The BQuIP uses ASP, CSS and SQL:

- ASP: These are the classic ASP web pages including 4 primary pages which constitute the BQuIP itself, plus two more ASPs to accomplish the print report and save report options and one image.
- CSS: Contains all the style sheets used for the BQuIP form. Most are JQueryMobile sheets without modification.
- SQL: Three scripts to create the tables, views, and stored procedures needed for the BQuIP. DHCS likely will need to grant execute rights on the stored procs for DHCS's web server.
- Much of the needed updates to the code will depend on how you set up the form within your web server, and how your users of the website connect to your SQL server. UCLA no longer uses 'trusted user' as UCLA no longer has a domain. So in the connection strings, credentials need to be specified for access.

Much within the code should be updated per DHCS's server setup, but actually should be pretty quick.

Q2. How do I install the BQuIP code?

Run all of the SQL code within the database that DHCS will be using (UCLA uses `WebFormSys` and also `WebUsers` [but it is doubtful whether DHCS will need this, as it is used for more regular use of UCLA's website by various projects]).

Put the ASPs and the hand image into the project folder on the web site (UCLA uses `D:\inetpub\wwwroot\isapdmc\dynamic\Forms\Screeners`).

Put the style sheets where it would be appropriate (UCLA uses `D:\inetpub\wwwroot\isapdmc\dynamic\UTIL`).

Now update the ASPs with your connection parameters (see below), and the location of the style sheets.

```
application.value("con_dmcsql") = "driver={SQL SERVER NATIVE CLIENT
11.0};server=10.249.53.250;database=WebFormSys;uid=WEBUSERNAME;pwd=WEBU
SERPASSWORD;"
set Conn = Server.CreateObject("ADODB.Connection")
Conn.Open application.value("con_dmcsql")
```

Sections that will need to be updated per DHCS's server structure are indicated above in red and underlined.

Q3. What should I know about setting up the BQuIP in a local environment?

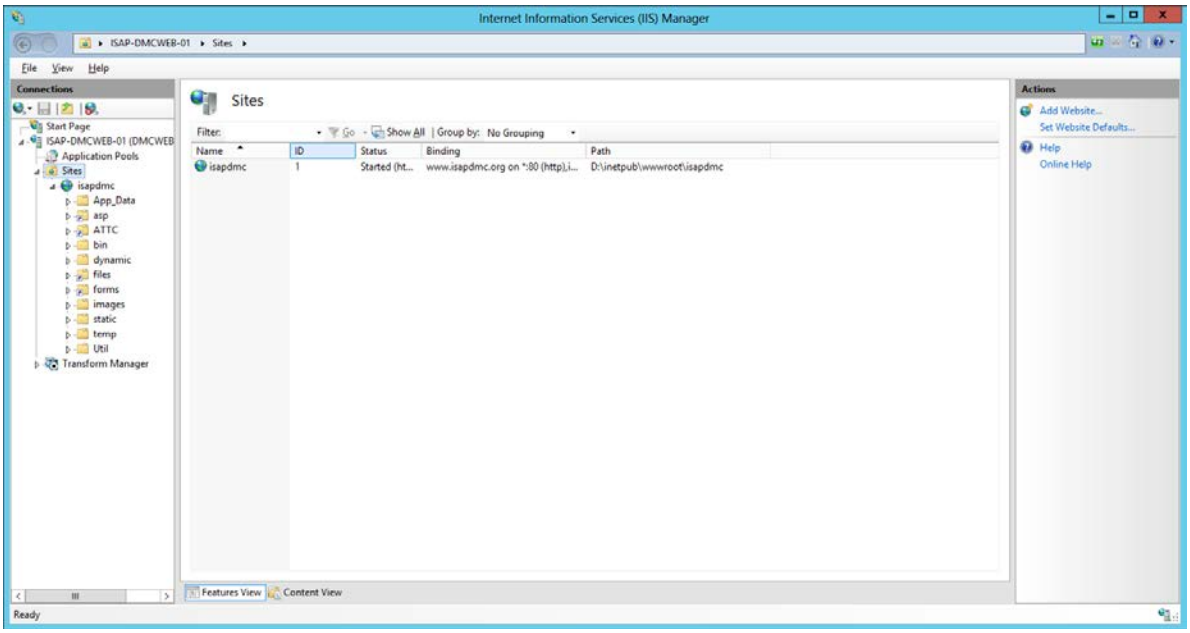
The layout of the forms were created using a SQL Server database, extracted through a view and later cleaned up to complete the coding. It's basically an in-house version of many of the form generator programs that are available (e.g., Survey Monkey, Qualtrics, and REDCap). The generated code is typically touched up using Notepad only.

The current hosted server version is Windows Server 2012 IIS 8.0.

UCLA is still using 2012 as the primary DB, but have begun testing and configuring a newer version (but has not yet been tested). Really, any version should work but you might need to update the connection string based on the version.

There are a few pages referred to in the code. You should not need the "`rs_login.asp`" and "`sorry.html`" files. If an invalid user (i.e., a user that does not have the request security token), ever attempts to use the form, just bump them out to whatever is your standard 'access denied/please log in' page. UCLA's page and method of validating users likely won't be appropriate in DHCS's web environment. If the databases are ever 'down,' users should be alerted too, so bump them to wherever is appropriate and UCLA fires off an alert email message as well.

IIS Screenshot:



Forms path:

`D:\inetpub\wwwroot\isapdmc\dynamic\Forms`

Q4. What should I know about user access?

To validate users, a complex string/token is assigned and the value is preserved in the `WebFormSys` database. UCLA creates links to access the form with the token as a parameter, like the example link in the attached text file.

As DHCS brings on new users, different links can be generated for each type of user (UCLA assigned a different token to each county that was using the BQuIP, but one might decide to use a static token for everyone). As the links are static, you might consider rotating them out on a periodic basis. As it's understood, it's just to avoid brute force attacks into the code, so periodic changing of the tokens may not be needed.

Only county users are accessing the BQuIP in production. Other types of users should not have access to the system.

The access token and link are generated as new counties become interested in using the tool. The tool is not hosted as a link for county users from an existing app. It is a standalone app that county users can browse to.

Access token is a random strong string, and one that doesn't use 'conflicting characters.'

The BQuIP tracks users completing the questionnaire only by keeping the county token. Users are supposed to enter their initials at the start of assessment, so separating 'Bob' from 'Sally' at Riverside County should be feasible.

The number of users per county could be HIGHLY variable. It was intended for use with the Beneficiary Access Lines (BALs) so presumably the same number of staff currently on the BALs would be using the BQuIP tool.

Q5. What should I know about the BQuIP field names?

The BQuIP was initially programmed with field names listed as TPS01, TPS02, but questions were later added, removed, changed, and moved, making that early field name sequence hard to follow. UCLA has considered updating the field names to make more intuitive sense (and UCLA is attempting to program the BQuIP in RedCAP thusly) but has not done so yet with the original code.

As the old field names are no longer intuitive, there is a simple download function that would recode all of the 'tps' variables into more friendly terms.

Two ASPs and one create view function are available as text files.

For the ASPs, the Download Data.asp is the primary form and the Download.asp creates the CSV file based on the contents of the view, vw_BQuIP_Export.

Q6. What is the database "WebUsers" for?

This relates to how UCLA validates standard non-BQuIP users here and you should not need this database; those sections of the code should simply be removed, as your users should have the access token. For UCLA's system, the developer wanted dual usage of both the access token and also those who logged into the web site and then browsed over to the BQuIP tool.

It's for UCLA's environment only. It's where everyone's user name and encrypted passwords are kept. DHCS should not need WebUsers, but will need the equivalent of WebFormSys.

Q7. What are potential security issues with the BQuIP?

The ISS settings have been tweaked a great deal, but mostly for security reasons not directly related to the BQuIP. Classic ASP must be enabled, and likely some virtual paths are used, but nothing else comes to mind.

IIS of course should be hardened against known hacking techniques and tested for vulnerabilities.

Q8. When testing the BQuIP, what values should I enter in the first screen?

Please use your initials, and enter test in both the county and agency fields.

Appendix I: Presentation Materials for the Global Behavioral Health Screening

Draft UCLA Universal Behavioral Health Screening Tool

- DHCS and UCLA are exploring creation of a new universal Behavioral Health Screening tool (see handouts) which would be:
  - Adapted from the current Brief Questionnaire for Initial Placement (BQuIP) for SUD treatment (below)
  - Focused on Mental Health and Substance Use service needs and service delivery systems
  - Administered by trained non-licensed staff
  - Web-based, and give immediate results through a scoring algorithm
  - 10-15 minutes to complete *(depending on severity and complexity of symptoms)*
  - Free $
  - Validated

Background - BQuIP

- Previously, DHCS contracted with UCLA to develop and validate a brief, web-based screening tool (BQuIP) for use in DMC-ODS waiver counties' BALs to quickly refer callers to the "right door" for a full ASAM Criteria assessment and placement. Pilot and beta test (currently ongoing) results have been promising.
- Substance use is the primary focus of the BQuIP screen. Several algorithms are used in the BQuIP to:
  - Flag critical issues across the bio-psycho-social spectrum and considerations for withdrawal management and/or medication assisted treatment (MAT), and
  - Indicate a preliminary SUD treatment modality ("right door"): OP, IOP, Residential, OTP/NTP **(Not ASAM level of care)**

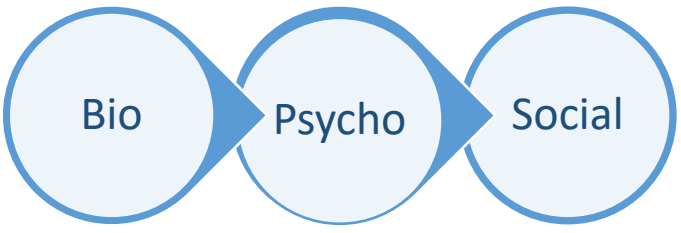


Table 1. Comparison of some of the features of the Draft UCLA Behavioral Health Screen and the Brief Questionnaire for initial Placement

	DRAFT UCLA Behavioral Health Screening tool	BQuIP
Reports summary degree of risk in 6 domains	**X**	**X**
Screens for history of psychiatric medications	**X,** current and past	**X,** lifetime
Screens for withdrawal management and MAT	**X**	**X**
Screens for Homelessness	**X**	**X**
Screens for injection drug use	**X**	**X**
Screens for risk of harm to self	**X**	**X**
Screens for medical issues (illness, injury, chronic disease, pregnancy)	**X**	**X**
Screens for MH generally (anxiety, depression, hallucinations in one Q)		**X**
Screens for MH symptoms specifically (depression, obsessions or compulsive behaviors, anxiety, hallucinations each in separate Qs)	**X**	
Screens for risk of harm to others	**X**	
Has option to skip out of SUD screening questions	**X**	
Has option to report "patient seeking help" for services in 3 domains: PH, SUD, MH	**X**	
Screens for Criminal Justice involvement	**X**	
Results in service system placement	**X**	
Has option to recommend Naloxone kit	**X**	
Available for youth		
Establishes medical necessity		
ASAM endorsed, results in ASAM LOC		

Appendix J: Draft of Global Behavioral Health Screening Questions

DRAFT - UCLA Behavioral Health Screening

***For the Interviewer**: Before you begin the questionnaire, let the patient know,*

- *"I am going to ask you about 20 questions to help us figure out the best place to refer you for a thorough evaluation (and then treatment or other services as needed).*
- *These questions should take about 15 minutes.*
- *I will be asking some personal questions about your history and how you are feeling, but most of these are just '**yes or no'** questions.*
- *Is that OK?"*

1. *I am going to read you a list of mental health or emotional issues and I would like you to tell me if you have experienced any of them in the past 30 days, (NOT resulting from drug withdrawal or drug use):

any problems with your mood like periods of sadness, hopelessness, or loss of interest in activities,
☐ **Yes (or don't know)** ☐ **No**

any unwanted or intrusive/upsetting thoughts or behaviors that are hard to stop,
☐ **Yes (or don't know)** ☐ **No**

any severe anxiety or nervousness, ☐ **Yes (or don't know)** ☐ **No**

hearing or seeing things that other people don't see or hear ☐ **Yes (or don't know)** ☐ **No**

- IF YES to any,

1a. *Do these emotional issues make it hard to conduct your daily activities?
☐ Not at all ☐ Sometimes ☐ Quite a bit ☐ All the time

1b. In the past 30 days, have you thought about wanting to hurt yourself or wanting to die?
☐ Yes ☐ No

- If YES (to 1b)

1c. Are you currently having thoughts about wanting to hurt yourself or wanting to die?
☐ Yes ☐ No

1d. In the past 30 days, have you thought about wanting to hurt someone else?
☐ Yes ☐ No

- If YES (to 1d)

1e**. Are you currently having thoughts about wanting to hurt someone else?**
☐ Yes ☐ No

IF YES to Q1c or 1e, CONSIDER NEED FOR IMMEDIATE INTERVENTION

2. *Has a doctor ever given you medications for emotional or MENTAL HEALTH issues?
☐ Yes, ***within*** the last 12 months
☐ Yes, ***prior*** to the last 12 months
☐ No
☐ Not sure/ don't know

*=Responses to these items impact the algorithms and skip patterns

3. **Are you seeking help for a mental health or emotional issue at this time?** ☐ Yes (or don't know) ☐ No
   END, Mental health section

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4. **Are you seeking help for drug or alcohol use at this time?** ***(****Read list and select all that apply)*

   ☐ No/None ☐ Alcohol ☐ Opiates/opioids (e.g., heroin/Rx narcotics) ☐ Stimulants (e.g., cocaine, amphetamines) ☐ Cannabis (e.g., marijuana, THC) ☐ Benzodiazepines (e.g., downers/tranquilizers) ☐ Other_____

   - IF NONE,

     4a. Is this patient a candidate for Substance Use Disorder Services?

     ☐ Yes ☐ No

     - IF NO,

       Advance to Q13 & Skip SUD-related questions

     - IF YES,

       4b. ***Please indicate substance for which patient may need treatment:***

   ☐ Alcohol ☐ Opiates/opioids (e.g., heroin/Rx narcotics) ☐ Stimulants (e.g., cocaine, amphetamines) ☐ Cannabis (e.g., marijuana, THC) ☐ Benzodiazepines (e.g., downers/tranquilizers) ☐ Other_____

5. ***Are you <u>currently experiencing</u> SEVERE WITHDRAWAL symptoms? (*e.g., uncontrollable tremors/shaking, high fever and/or recent seizures, hallucinations, difficulty breathing or other significant physical symptoms*)?**
   ☐ Yes ☐ No

IF YES to Q5, CONSIDER NEED FOR IMMEDIATE INTERVENTION FOR CLINICALLY RISKY WITHDRAWAL

6. ***If you stopped using now, would you <u>expect to experience soon</u> any MILDER WITHDRAWAL symptoms like *tremors/shaking, excessive sweating, anxiety, nausea, diarrhea, and/or vomiting*? Or are you <u>currently experiencing</u> these milder symptoms?** ☐ Yes ☐ No

7. ***Have you used any drugs or alcohol <u>within the last 3 days</u>?** ☐ Yes ☐ No
   - IF YES,

     8a. **Have you used any drugs or alcohol <u>within the last 4 hours</u>?** ☐ Yes ☐ No

8. ***Of the drugs we have talked about, have you injected any in the last 12 months?** ☐ Yes ☐ No

9. **<u>*In your life</u>, have you ever OVERDOSED (*e.g., loss of consciousness*) or experienced SERIOUS WITHDRAWAL OR LIFE THREATENING SYMPTOMS DURING WITHDRAWAL (*e.g., irregular heart rate/arrhythmia, seizures, hallucinations with DTs/delirium tremens, need for IV therapy or inpatient medication management*)?**
   ☐ Yes ☐ No

10. ***<u>Without help</u>, do you think you would continue using?**

☐ Definitely not	☐ Probably would not	☐ 50-50 chance I would use	☐ Probably would	☐ Definitely would

*=Responses to these items impact the algorithms and skip patterns

11. ***Which statement best describes your current thinking about your drug and alcohol use? (select one)**
    - ☐ 1. My use not a problem; I don't want treatment
    - ☐ 2. I might have a problem, I'm not sure I'm ready to change
    - ☐ 3. I have a problem, and I'd like to make a change
    - ☐ 4. I've started to reduce my use, I would like more help
    - ☐ 5. I am in recovery and I want supportive services

12. *Do you have a place to stay that is free of alcohol and other drugs? ☐ Yes ☐ No

END, SUD section

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13. ***Do you currently have any serious MEDICAL issues that you are aware of?** ☐ Yes ☐ No
    - ➢ IF YES,

      14a. ***Do these MEDICAL issues hinder you from conducting daily activities with ease?**
      ☐ Not at all ☐ Sometimes ☐ Quite a bit ☐ All the time

      14b. **Do you think these MEDICAL issues can improve if treated differently than what you have been doing?** ☐ Yes (or don't know) ☐ No

14. **Are you or do you think you could be pregnant?** ☐ Yes (or don't know) ☐ No (or N/A-Client is male)

15. **Are you seeking help for a medical problem at this time?** ☐ Yes (or don't know) ☐ No

END, Physical health section

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16. Are you homeless (e.g., couch surfing, living outdoors or in a car, no permanent housing)? ☐ Yes ☐ No

17. ***Do you currently have someone who you would consider as a social support, or someone you can rely on for support when needed?** ☐ Yes ☐ No

18. **Have you been involved with the criminal justice system in the last 12 months? (e.g., probation, parole, pending charges, recently released, etc.)** ☐ Yes ☐ No

19. ***Have you been incarcerated in the last 2 weeks?** ☐ Yes, date of release:_____ ☐ No

20. **Would you like a referral to a place where you can get a naloxone kit? (to treat opiate overdose, for you or someone else)** ☐ Yes ☐ No

END, Additional services section

Screening Results

Patient is seeking help for: ☐ **Mental Health** ☐ **Physical Health** ☐ **Substance use disorder**

Area	Rating	Critical issues and other referral considerations
Mental Health Needs	*(none, low, moderate, high, N/A)*	**CRITICAL ISSUES** ➢ **Daily activities impaired by MH symptoms** ➢ **Thoughts of harm to self:** *current & last 30 days* ➢ **Thoughts of harm to others:** *current & last 30 days* ➢ **Co-occurring disorders/mental health evaluation is recommended**. (*Severe)* Referral Considerations: • Co-occurring disorders/mental health evaluation is recommended • Psychiatric meds: *last 12 months/lifetime* use of psychiatric medications • Thoughts of harm to others: *in last 30 days* • Thoughts of harm to self: *in last 30 days*
Substance Use		**CRITICAL ISSUES** ➢ **WM: URGENT priority for a withdrawal management medical assessment** ➢ **CNS Depressants:** Use of at least two (2) Central Nervous System (CNS) ➢ **Overdose risk:** Recommend naloxone to reverse opiate overdose Referral Considerations: • WM: Recommend medication assisted treatment (MAT) for alcohol use • WM: Recommend medication assisted treatment (MAT) for opioid use • Recovery environment support service needs should be evaluated • Readiness to change: *low, moderate, high, N/A* **Consider Initial Placement for SUD:** ▪ *SUD services **NOT** indicated at time of screening* ▪ *Narcotic/Opioid Treatment Program, Office-based opioid treatment (OBOT), or Outpatient Suboxone Clinic,* ▪ *Outpatient SUD setting,* ▪ *Intensive Outpatient SUD setting,* ▪ *Residential SUD setting*
Withdrawal Risk:	(*none, mild, moderate, severe, N/A)*	
Relapse Risk:	(*none, mild, moderate, severe, N/A)*	
Recovery Environment Risk:	(*none, mild, moderate, severe, N/A)*	
Physical Health Needs	*(none, low, moderate, high, N/A)*	**CRITICAL ISSUES** ➢ **Daily activities impaired by physical condition** ➢ **Injection drug use:** in last 12 months. High priority for medical follow up regarding injury/illness associated with injection drug use ➢ **Pregnancy:** Possible pregnancy _____ Referral Considerations: • Medical evaluation is recommended
Additional Services		• **Social supports reported:** *Yes, No* • **Homeless:** High priority for follow-up • **Criminal Justice involvement:** *in last 12 months*, *released in last 2 weeks, Date of release:*_____