BQuIP

3.0

CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES

Brief Questionnaire for Initial Placement (BQuIP)

User's Manual

Beta version

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CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES

BQuIP 3.0 User's Manual Beta Version

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About the Brief Questionnaire for Initial Placement (BQuIP)

The BQuIP is a fast and free web-based screening tool that relies on electronic algorithms to help inform the initial placement decision-making process based on limited information. It is designed to generate preliminary recommendations for initial placement for individuals calling counties' beneficiary access lines who are seeking treatment for substance use disorders (SUDs). The BQuIP will not provide a diagnosis and does not replace the necessity and requirement for a full ASAM Criteria[1] assessment.

Purpose of the BQuIP

The BQuIP is intended to direct callers to the most appropriate provisional "RIGHT" door (e.g., outpatient, intensive outpatient, residential, opioid/narcotic treatment program) for a full assessment and SUD treatment placement.

The BQuIP is a set of questions to help inform the initial placement decision-making process. It does not capture other information that may be important to consider. For example, it does not ask about insurance, age, address, criminal justice status, or other demographic information.

The BQuIP uses caller information and algorithms to provide preliminary risk ratings for six areas:

- Withdrawal Risk
- Medical Risk
- Mental Health Risk
- Readiness for Change
- Relapse Risk
- Recovery Environment

DISCLAIMER

The BQuIP recommendations are preliminary, based on limited information, and are meant to provide options for consideration. The decision on where to place a caller ultimately must be made according to the judgement of the individual using this tool and county policy.

This tool is not a replacement for a full ASAM Criteria assessment, and the appropriateness of provisional placement made while using this tool must be confirmed via a comprehensive assessment as soon as possible. This tool has not been created or endorsed by ASAM.

[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.

The BQuIP Outputs:

- provide recommendations for initial placement (e.g., outpatient, intensive outpatient, residential, opioid/narcotic treatment program) based on the risk levels;
- highlight critical issues (high risks associated with withdrawal, overdose, suicidal ideation, homelessness, pregnancy, injection drug use, and use of at least two central nervous system [CNS] depressants); and
- identify areas for further evaluation of need for additional services (e.g., potential medical and/or mental health/cognitive comorbidities, and recovery environment support).

Background and Development of the BQuIP

As part of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, counties are required to have a 24/7 beneficiary access call line (BAL) for individuals who are seeking substance use disorder (SUD) treatment. Counties and providers expressed the need for a brief, no-cost initial placement tool for the BALs to quickly and accurately direct callers to the "right door", where they would receive a full ASAM assessment to confirm the placement or to determine a more appropriate treatment setting. The University of California, Los Angeles' Integrated Substance Abuse Programs (UCLA ISAP) on behalf of the California Department of Health Care Services (DHCS) developed the BQuIP to meet this need.

The intent of the BQuIP is to recommend the most appropriate initial placement setting (the "right door") at least 80% of the time (based on placement recommendations using a full ASAM assessment). The tool has been developed and refined using a collaborative process involving stakeholders (e.g., DHCS, county behavioral health administrators, treatment providers, subject matter experts, experienced clinicians) and the results of Beta testing in two DMC ODS waivered counties.

BQuIP ALGORITHM

The BQuIP tool uses electronic algorithms to determine a provisional treatment placement recommendation. An algorithm is a set of rules and steps that the BQuIP tool performs when the caller's information is entered. As each question is answered, algorithms either elevate or reduce the risk ratings and thereby elevate or reduce the number and intensity of recommended services. The algorithm was developed in consult with a clinical advisory group.

Validity

Multiple methods were used to obtain data to examine the face and concurrent validity of the BQuIP tool, including: consultation on all aspects of tool development from a UCLA ISAP Clinical Expert Advisory Group, mock cases, pilot testing of the tool with actual clinicians and callers in a county providing DMC-ODS waiver services, Beta testing the 3.0 BQuIP with two counties and stakeholder feedback. Data show promising results in terms of concurrent validity of the tool. With respect to the face validity of the tool, stakeholder feedback (e.g., clinicians, county administrators) and expert advisory group consultation provide support for the BQuIP. The survey results suggest that counties are enthusiastic about the current (beta) version of the BQuIP.

Beta Version

The beta version of the BQuIP tool was tested with a limited number of counties prior to its general release. The goal of the beta release of the BQuIP tool was to collect suggestions for improvement from users and collect data for further tool validation.

NOTE: TERMINOLOGY IN THIS MANUAL

While the BQuIP is intended for interviewing an individual seeking treatment for themselves, often a family member or patient advocate will seek services on behalf of someone else. Additionally, the BQuIP was developed primarily for use over the phone for individuals using Beneficiary Access Lines. Therefore, throughout this manual, the term **"caller"** is used to refer to individuals looking to access services for either themselves or someone else, either by phone or in person.

The term **"BQuIP user"** is used to refer to the interviewer who will be using the BQuIP tool to guide a caller to an initial treatment placement recommendation.

The terms "their", "them", and "they" are used instead of "his/her", "him/her", and "he/she" to respect all genders.

Implementing the BQuIP in your county (for administrators and supervisors)

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

- ✓ Identify who will be administering the BQuIP tool to screen patients and who will be doing the full ASAM Criteria-based intake interview with patients. There should be dedicated staff, time, and resources to perform the BQuIP screen. ***NOTE: DHCS has approved the BQuIP for use by non-clinical staff who have completed BQuIP training and have the approval of their immediate supervisors.***

- ✓ 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 intake clinician.

Preparing to Use the BQuIP

Before you begin using the BQuIP with actual callers, please ensure that you have completed the following steps:

- ✓ Obtained the appropriate training and supervision from your agency on the protocols and procedures for initial screening, referral, and provisional placement.
- ✓ Viewed/attended the training webinar.
- ✓ Reviewed the terms and conditions of use for BQuIP users as described on the first page of the tool as shown in the box at right. (You will be required to acknowledge that you understand and agree with the terms and conditions of use, and would like to proceed with using the BQuIP by clicking a box prior to each interview.)
- ✓ Discussed with your supervisor how to integrate the BQuIP in the work flow, and how to submit level of care data from the BQuIP report to the county. These protocols may vary by county and agency.
- ✓ Familiarized yourself with policies/procedures for handling emergencies and local resources. See the text box, "Preparation for possible emergencies" on the next page.
- ✓ Practiced with the BQuIP tool until you feel comfortable using it.

Please contact UCLA ISAP representatives with questions about how to administer the BQuIP tool.

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Cheryl Teruya PhD at cteruya@mednet.ucla.edu,
Valerie Antonini, MPH at vpearce@mednet.ucla,edu

TERMS OF USE: This beta version of the BQuIP (BQuIP-beta tool) is being made available to select counties on behalf of the State of California, Department of Health Care Services (DHCS).

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PREPARATION FOR POSSIBLE EMERGENCIES: Prior to interviewing with the BQuIP it is important to be prepared for emergencies (e.g., acute withdrawal symptoms, suicidality, overdose, acute medical problems) should they be revealed during the course of the interview. The BQuIP user should be knowledgeable about emergency protocols for their agency and county. It is not uncommon that people seeking treatment for substance use may be at high risk for dangerous or life threatening situations, including but not limited to self-harm, medical issues, acute psychosis, acute withdrawal, domestic violence, child or elder abuse or neglect, or risk of violence.

ASSESSMENT OF POSSIBLE EMERGENCIES:

To help identify possible emergencies, consider the likelihood that behaviors presenting a **significant risk of serious adverse consequences to the individual and/or others** (as in reckless driving while intoxicated, suicide, or neglect of a child) **will occur in the very near future,** within hours and days, rather than weeks or months.

Instructions for Completing the BQuIP

This section of the manual is intended to walk BQuIP users through the steps of completing a BQuIP interview with individuals or their advocates, either on the phone or in person.

Overview of BQuIP Features

Entering Responses:

Asking questions and using collateral sources of information

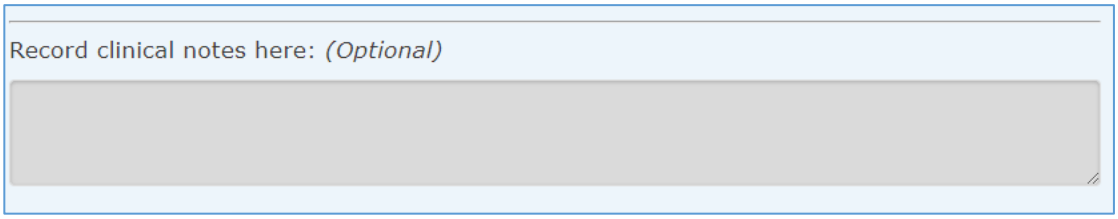
As a general rule, ask the BQuIP questions as they are written. Feel free to ask additional probes or re-word the questions as needed for clarity. Also, if the caller volunteers information, there is no need to ask the question again. For example, if the caller states they are pregnant at the beginning of your conversation, there is no need to ask this question again later.

BQuIP users can record information from collateral sources to complete the BQuIP. For example, if another provider has referred the caller and given relevant information that can be used to complete a BQuIP (such as drug use history), feel free to use that information if you believe it to be accurate. Ask the caller questions if the answer is not known, or if the information needs to be verified. Prior to starting the BQuIP, the following prompt will appear to instruct BQuIP users on these issues.

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.*

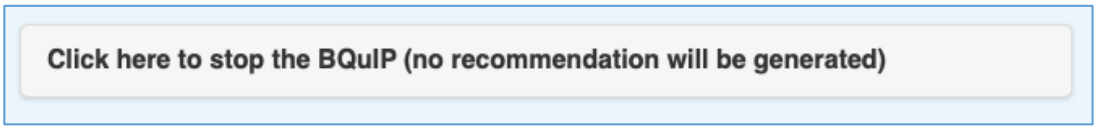
Floating Box for Clinical Notes

Some BQuIP users may find it helpful to take notes during the course of a BQuIP interview. There is a "floating" text box (shown below) at the bottom of the BQuIP web portal that will allow BQuIP users to write notes throughout the interview that will be recorded along with all the other BQuIP responses. These notes will also be a part of the BQuIP report that can be downloaded or printed.



Stop and Save at Any Point

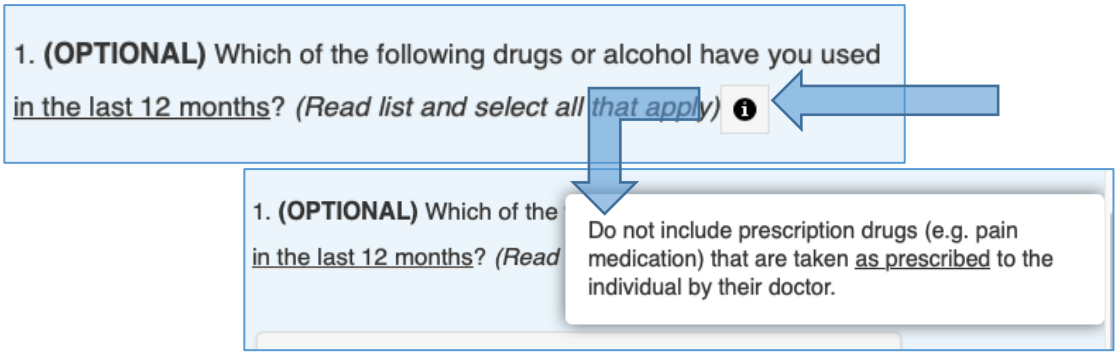
Once a BQuIP interview has started, the BQuIP user can stop at any point using the button shown below. The responses up to the point the BQuIP was stopped will be saved and can be printed and downloaded, but recommendations for treatment placement will not be generated.



Informational Buttons

Some questions and response options in the BQuIP will have informational buttons that look like this:

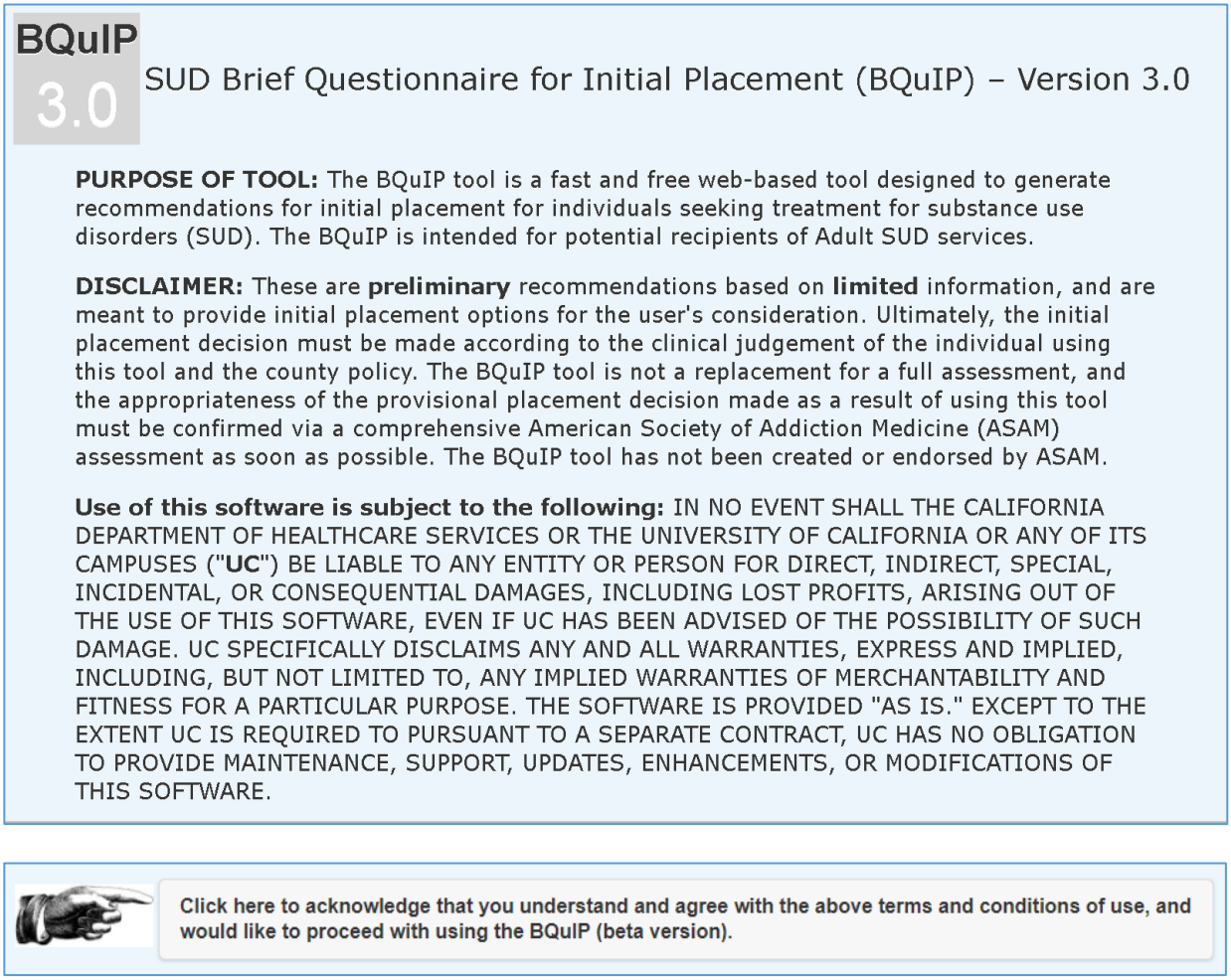
Clicking on these informational buttons will pop up relevant information such as, interviewer instructions, or clarifying examples related to the BQuIP questions. For example, below is Question 1, when the informational button is clicked, the text box below pops up with additional instructions.



Getting Started

Once your county is authorized to use the BQuIP tool and you have received training, you can get started with the BQuIP. Using your web browser, navigate to the link provided by DHCS to your county.

The first BQuIP screen will look like the image below. It includes the purpose, disclaimer, terms and conditions of use. In order to access the BQuIP, you must acknowledge and agree to the terms and conditions of use.

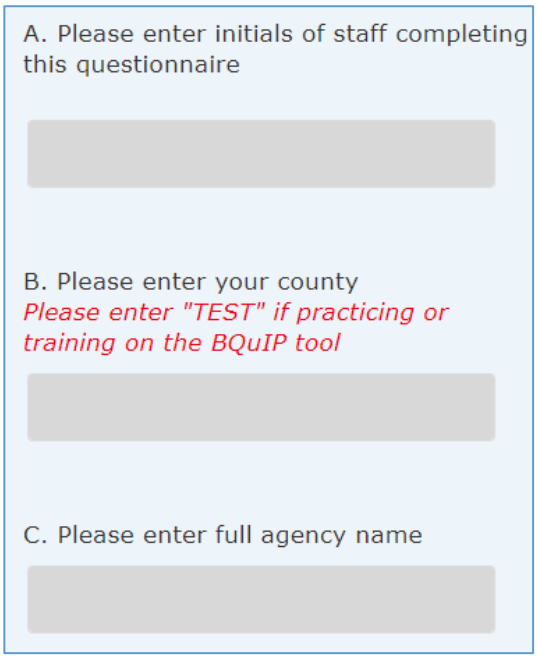


After confirming acknowledgement, you will advance to the first set of questions.

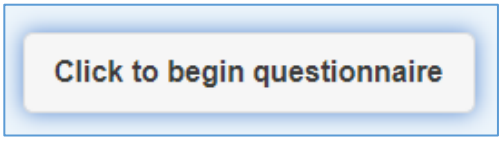
Introducing the BQuIP

Before asking the caller any questions, introduce the BQuIP. You might use a few simple sentences to explain that you will be asking them personal questions to help refer them to an appropriate agency. You could say something like:

"I will be asking you about 20 questions about how you are feeling and your personal history to figure out a good place to refer you to get a full assessment. Most of the questions I will ask you are just "yes/no" questions. Your answers are confidential and this should take around 10 minutes of your time. Is that ok?"



Next, CLICK: "**Click to begin questionnaire**" as shown below, to begin the BQuIP. You will advance to the first questions regarding substances used and withdrawal risks.



TIP

If at any point in the process of completing the BQuIP you have clicked a bar or selected an answer by mistake or the caller has changed their answer, you can scroll up and click on the selected answer again to de-select it, and then select the correct answer.

Withdrawal Risk Section

The answer to Question 1 captures drug use history. The answers to Questions 2, 3, 4, 5, 6 and 6A are used to determine the caller's withdrawal risk rating.

Question 1 (Optional):

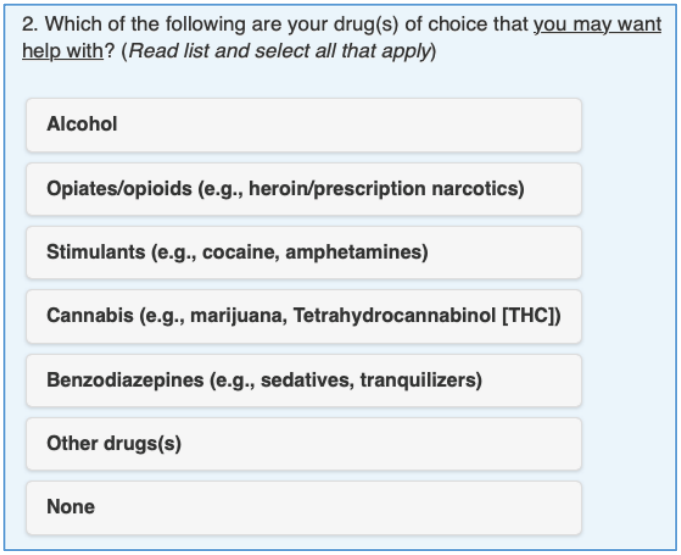
Question 1 is intended to capture drug use history in the past 12 months. Drug use history is helpful to meet documentation requirements for some agencies and counties. ***Information collected in Question 1 is for the BQuIP user's information and it is not required to generate a BQuIP initial placement recommendation.*** This question may be skipped by selecting the "**Skip this question**" button at the bottom.

Clicking on the informational buttons will give the BQuIP user examples of common names or slang terms for drugs in these categories. Please keep a list of commonly used drugs at hand as the most frequently used drugs and slang terms can vary from county to county. See the appendix for a general list of commonly used drugs.

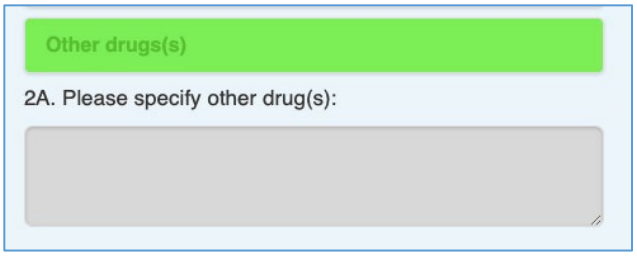
(OPTIONAL) **ASK:**

Question 2:

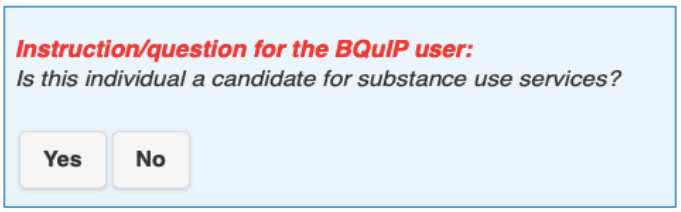
ASK:



You may select any one or all of the drugs listed. If the drug the caller would like treatment for is not listed, **CLICK**: "**Other drugs(s)**". Then specify the other drug(s) in the text box (2A) shown below. See the Appendix or the informational buttons in Question 1 for a list of commonly used drugs.



If the answer to Question 2 is "**None**" you will get the following prompt:



If it is determined that the caller is not a candidate for SUD services, then the interview is complete.

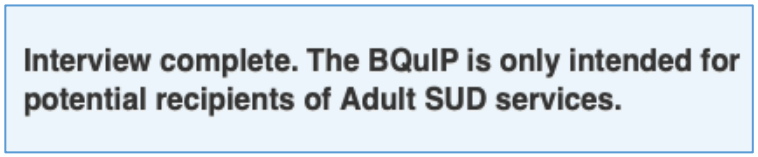
ALERT: CENTRAL NERVOUS SYSTEM DEPRESSANTS

Central Nervous System (CNS) depressants are medicines that include sedatives, tranquilizers, barbiturates, opiates and hypnotics. Also, alcohol is a CNS depressant.

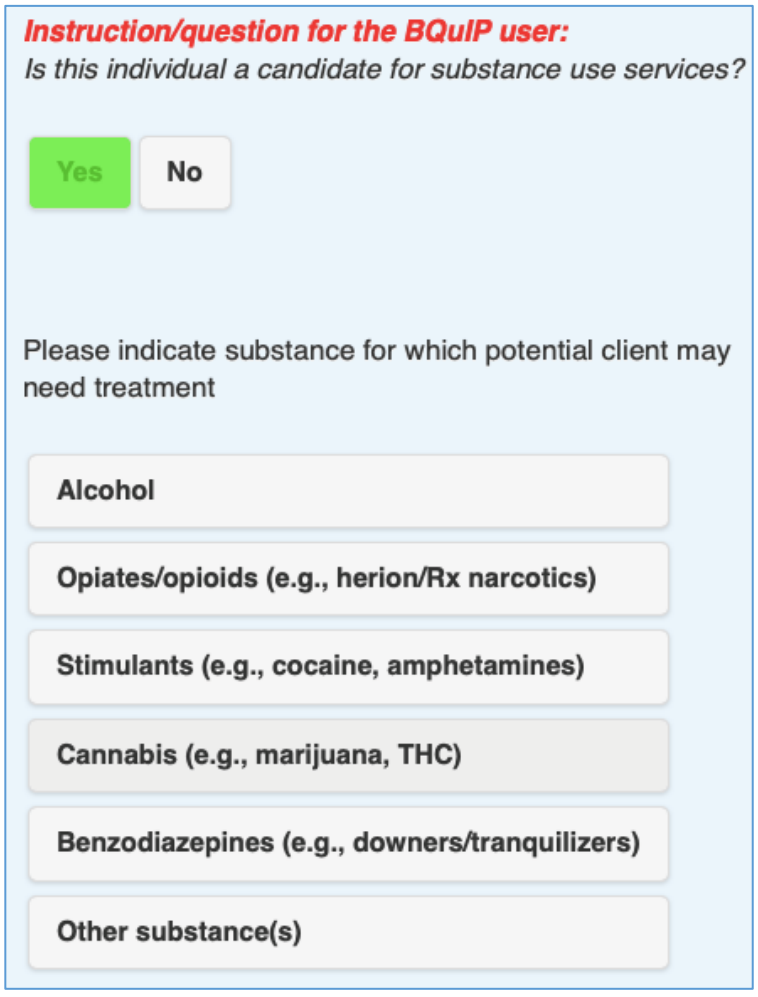
When people overdose on a CNS depressant, or use multiple (at least 2) CNS depressants, their breathing can slow or stop. This can decrease the amount of oxygen that reaches the brain, a condition called hypoxia. Hypoxia can have short- and long-term effects on the brain and nervous system, including 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 "Drug Facts" 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

This might happen if the caller's primary presenting problem is a medical or psychiatric need, and the caller has no substance use issue. In that case, the following message will be displayed:

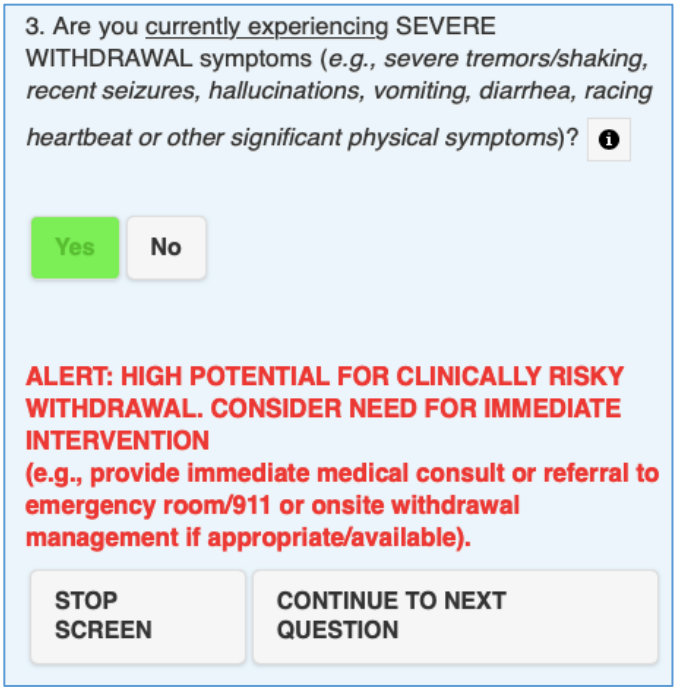


If it is determined that the caller is a candidate for SUD services, then the BQuIP user will be asked to indicate for which substance the caller may need treatment (below).



Question 3:

ASK:



Question 3 is intended to help determine whether the caller may need immediate medical help for severe withdrawal symptoms (listed in the question). The informational button will give clarity regarding what "severe withdrawal symptoms" are.

A "**No**" response to Question 3 will advance you to Question 4.

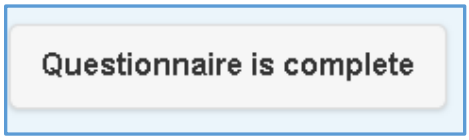
A "**Yes**" response to Question 3 will result in the prompt in red seen above. The interview may need to be postponed until medical safety issues have been addressed.

At this point, follow agency and county emergency protocols for addressing severe withdrawal symptoms. If it is determined that immediate intervention is not needed or managed sufficiently to continue with the BQuIP, CLICK: "**Continue to Next Question.**" If it is determined that emergency intervention is needed you may CLICK: "**Stop screen**", which will stop the interview.

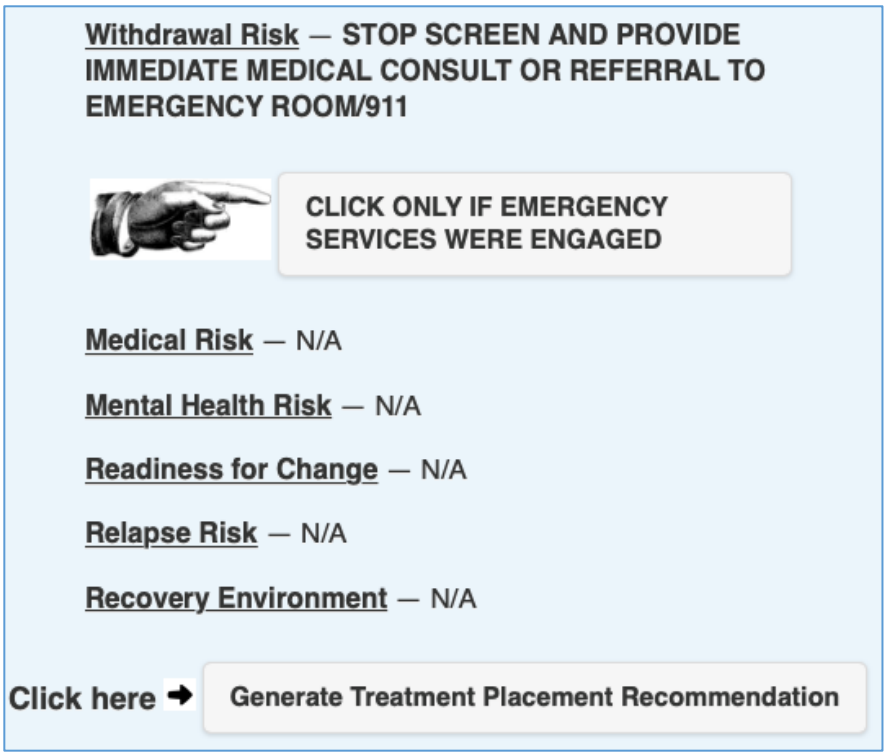
EMERGENCY ASSESSMENT THROUGHOUT THE BQUIP

At Question 3, as well as later in the BQuIP, the BQuIP user will have opportunities to indicate that emergency services are to be engaged, so if the caller is stable enough to continue, the remaining questions may be asked.

Then CLICK: "**Questionnaire is complete**" as seen below. When emergency services are engaged and the interview is stopped, no level of care will be recommended in the BQuIP Report. The rest of the BQuIP will be populated with "N/A," indicating it was not assessed.



You will then skip the remaining questions and proceed directly to the BQuIP Risk Levels Summary. At that point you will CLICK: **"CLICK ONLY IF EMERGENCYSERVICES WERE ENGAGED"** as pictured below:

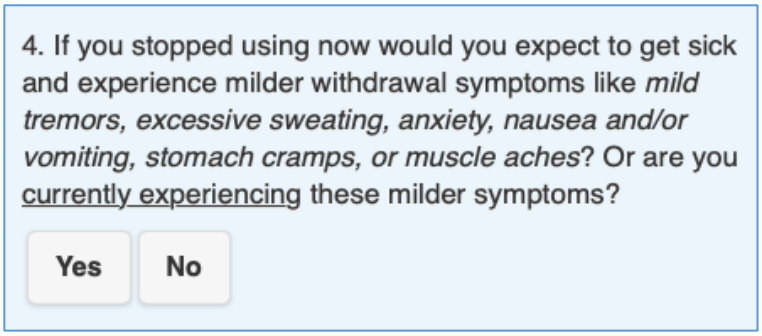


Then CLICK: "**Generate Treatment Recommendations**".

The BQuIP will only show recommendations up to the point that the interview was completed.

Question 4:

ASK:



Question 4 is intended to collect information about symptoms that may indicate a need for withdrawal management or medications to assist with withdrawal symptoms. (These medications could include methadone, buprenorphine, benzodiazepines, and lofexadine). The need for withdrawal management may influence the recommended placement. A BQuIP placement recommendation will include access to the appropriate medications offered by the appropriate agency.

WHAT IS "WITHDRAWAL MANAGEMENT"? The American Society of Addiction Medicine and other leading medical organizations, have replaced the familiar term detoxification (or detox) with the term withdrawal management. Withdrawal management (WM) refers to services previously referred to as "detoxification services." These services often include the use of prescription medications to prevent uncomfortable and sometimes lethal withdrawal effects.

WM is a critical part of substance use disorder treatment and can be delivered in a number of approved settings depending on severity. However, WM alone does not constitute adequate treatment for addiction and should be linked with ongoing treatment for substance use disorders.

Question 5:

ASK:

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

History of overdose or life threatening withdrawal symptoms can indicate a higher overall level of future risk of overdose or life threatening withdrawal.

Question 6:

ASK:

6. Have you used any drugs or alcohol within the last 3 days?

Yes No

If the answer to Question 6 is "**No**", then you will be directed to Question 7.

If the answer to question 6 is "**Yes**", then you will be directed to 6A.

ASK:

6A. Have you used any drugs or alcohol within the last 4 hours?

Yes No

Regardless of the answer to question 6A, you will continue to Question 7.

Medical Risk Section

Questions 7, 7A and 7B are used to determine the caller's medical risk rating.

REMINDER

You may fill in responses based on prior knowledge and reliable collateral sources. For example, if the caller has already talked about these items, feel free to use that information to help you complete the BQuIP.

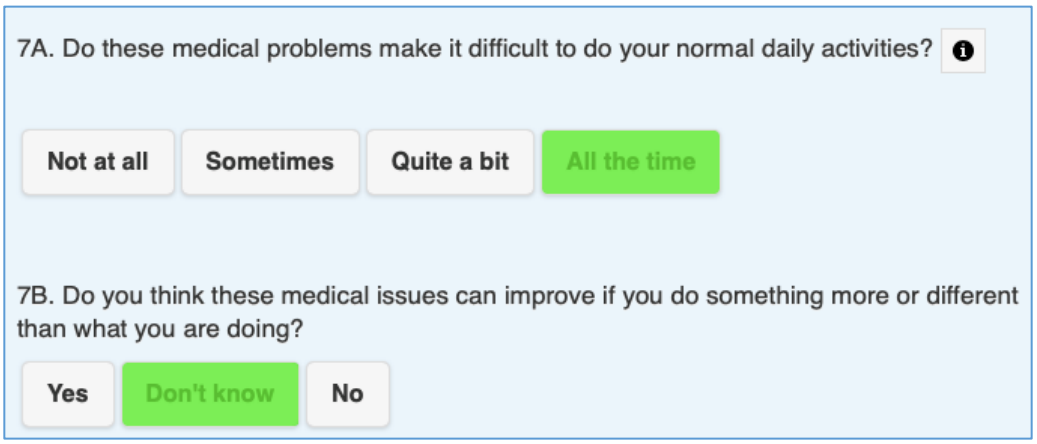
Question 7:

ASK:

This question helps determine whether there is a need for medical care in addition to SUD services. The informational button states that examples of "**serious medical issues"** include any medical issues for which the caller is currently being treated, and any medical issue for which the caller needs ongoing treatment such as diabetes, HIV/AIDS, asthma, hypertension, cancer, broken bones and abscesses.

If the response to Question 7 is "**No**" you will proceed to Question 8. If the response is "**Yes**", then you will be directed to Questions 7A and 7B.

ASK:



Responses to Question 7A & 7B determine the severity of medical symptoms and associated risks.

The informational button states that examples of **"daily activities"** include going to school or work, socializing, self-care (hygiene), and engaging in hobbies.

Mental Health Risk Section

Questions 8, 8A, 8B, 8C, and 9 are used to generate the mental health risk rating.

EMERGENCY ASSESSMENT THROUGHOUT THE BQUIP: Question 8 is another question geared toward ruling out imminent risk for self-harm and the need for emergency intervention. There are several follow up questions if the caller answers "**Yes",** or **"Don't know**" to question 8. This is to provide several opportunities to assess the caller's imminent risk level, so if the caller is stable enough to continue, the remaining questions may be asked.

Question 8:

ASK:

8. In the past 30 days, have you experienced any *periods of sadness, hopelessness, loss of interest in activities, hallucinations, or significant anxiety* that are NOT resulting from withdrawal or drug use?

Yes | Don't know | No

Question 8 helps determine whether there is a need for mental health treatment in addition to SUD services.

If the caller responds "**No**" to Question 8, you will be directed to 8B, then 9.

If the caller responds "**Yes**" or "**Don't know**" to Question 8, you will proceed to Question 8A and 8B, then 9.

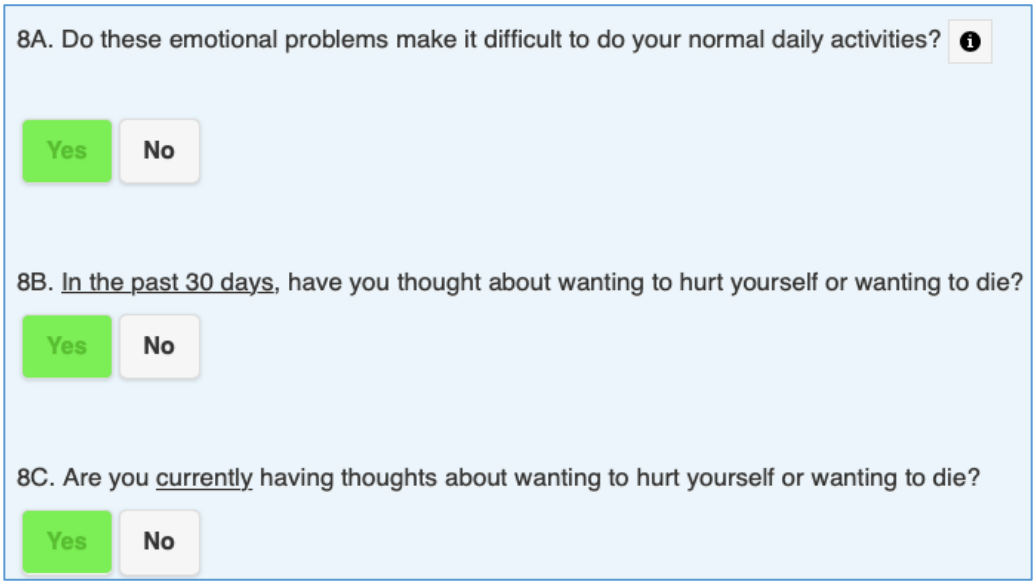
8. In the past 30 days, have you experienced any *periods of sadness, hopelessness, loss of interest in activities, hallucinations, or significant anxiety* that are NOT resulting from withdrawal or drug use?

Yes | Don't know | No

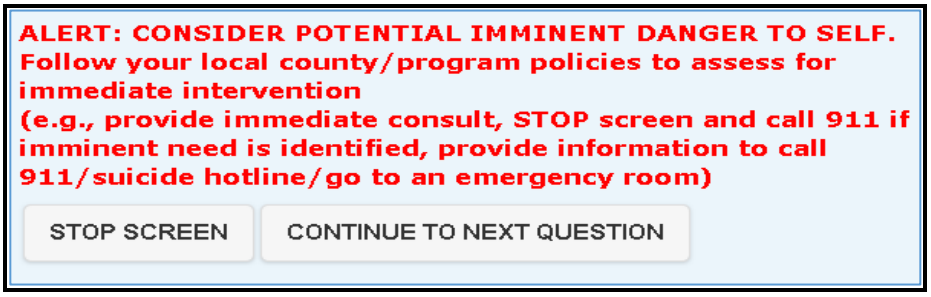
8A. Do these emotional problems make it difficult to do your normal daily activities?

Yes | No

If the response to 7A is either "**Yes**" or "**No**", you will then be directed to Question 8B.



If the participant answers "**Yes**" to 8B, and 8C as illustrated above, then you will also be directed as follows to assess the need for immediate intervention:

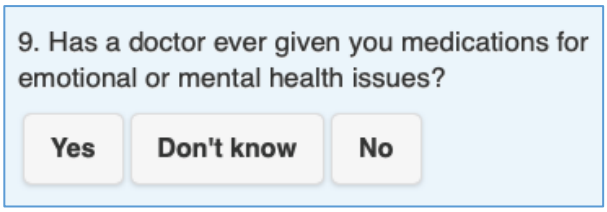


Once again, the BQuIP user will have the option to stop the BQuIP interview and provide immediate interventions as needed. If imminent danger has been ruled out and you have followed your agency and county protocols related to mental health concerns, you may continue the interview. If the BQuIP cannot be completed, you will complete the interview by clicking "**Stop Screen"** and all risk ratings will be calculated up to the point the interview was stopped.
CLICK: **"Questionnaire is Complete"** and skip to the BQuIP outputs. You will then CLICK: **"Emergency Services Engaged"** under Mental Health Risk and CLICK "**Generate Treatment Placement Recommendation**" (as illustrated earlier for Question 2).

Later in the interview, the BQuIP user will have additional opportunities to indicate that emergency services are to be engaged. If the caller is stable enough to continue, the remaining questions may be asked.

Question 9:

ASK:



If the caller responds "**Yes**" then the BQuIP Report will indicate that the appropriate placement will be a setting that can accommodate mental health concerns, or allow access to the caller's current mental health provider.

Readiness to Change Section

Question10 is used to rate the caller's readiness to change.

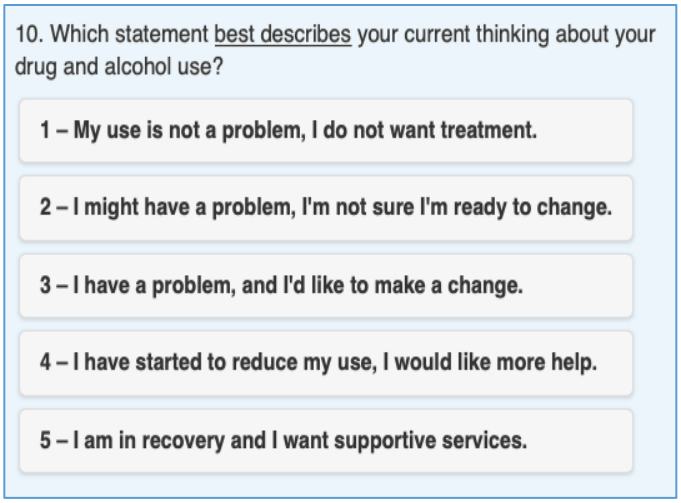
Question 10:

ASK: Question 10, read the 5 response options and ask the caller to choose the one that best fits how they feel at this time. A sample statement might be,

"I am going to read you a list of 5 statements regarding how you might feel about your drug and/or alcohol use. After I read all 5 statements, please tell me the one you agree with most."

EMERGENCY ASSESSMENT THROUGHOUT THE BQUIP

It can happen that individuals may have poor insight into their own mental health symptoms. If you feel that the caller may indeed have a need for mental health treatment, the interviewer should use their best judgement and refer for mental health treatment regardless of the BQuIP Report. Following your agency and county protocols and using clinical judgement, the call may be referred for a mental health evaluation even though it is not indicated in the BQuIP Report.



Relapse Risk Section

Question 11 is used to determine a rating of the caller's risk for relapse.

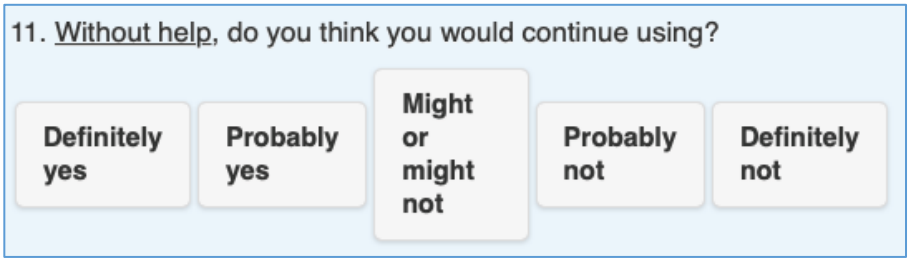
Question 11:

ASK: Question 11, then let the caller know that you will read 5 response options and the caller should choose the one that best fits how likely they think they are to relapse at this time. A sample statement might be,

"I am going to read you a list of 5 statements regarding how you might feel about your risk of relapse to drug and/or alcohol use. After I read all 5 statements, please tell me the one statement you agree with most."

Read each of the five statements from "**Definitely yes**" to "**Definitely not**".

Ask the caller to identify which response they agree with most.

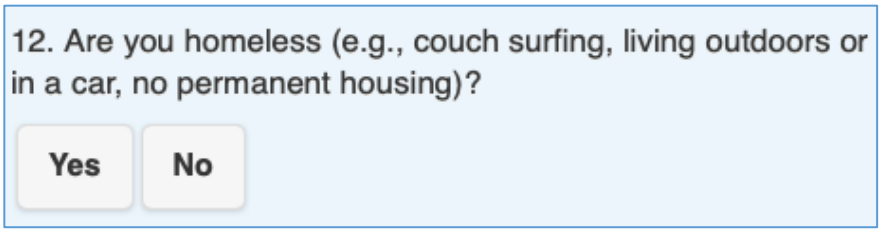


Recovery Environment Section

Questions 12, 13, and 14 are used to determine a rating of the riskiness of the caller's daily living environment for their recovery.

Question 12:

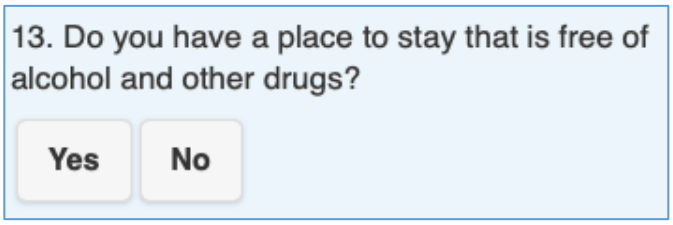
ASK:



A "**Yes"** response to Question 12 will elevate housing to a "**Critical Issue**" in the BQuIP Report.

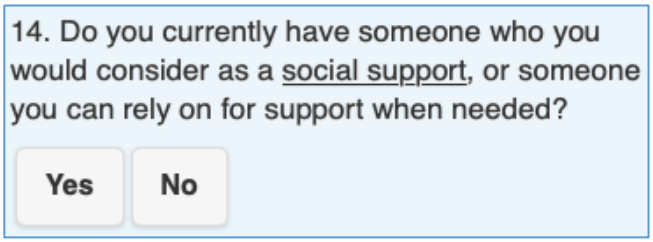
Question 13:

ASK:



Question 14:

ASK:

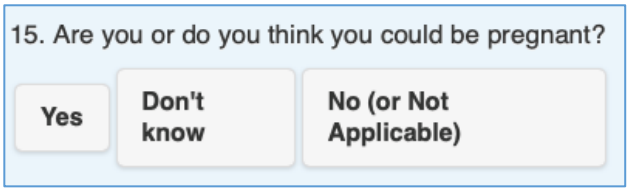


Additional Critical Issues

Questions 15 and 16 are used to determine whether the caller may need services related to pregnancy or injection drug use.

Question 15:

ASK:



If the response is "**Yes, or I don't know**", then the BQuIP Report will indicate "**Client reported possible pregnancy, high priority**" as a "**Critical Issue**". The

CRITICAL ISSUES

"**Critical Issues**" are any issues that may need immediate attention and should be prioritized for further evaluation upon intake to treatment. The "Critical Issue" label is intended to alert clinicians at the referral site to attend to the issues listed upon intake.

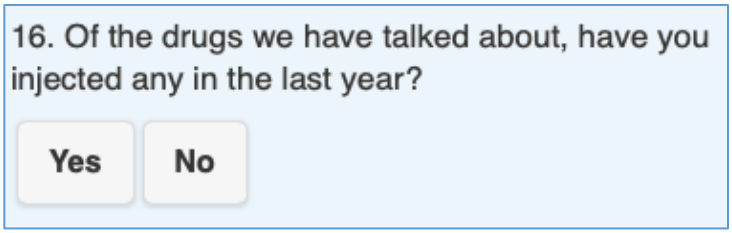
"Critical Issues" include threat of harm to self or others, medically risky withdrawal, pregnancy, homelessness, injection drug use, overdose risk and use of at least two CNS depressants.

"Critical Issues" are the red flag items that clinicians will want to attend to once the caller is referred and completes assessment at the referred agency.

appropriate referred treatment placement will address the needs of individuals who are or may be pregnant.

Question 16:

ASK:



This question also captures data that will elevate injection drug use to a "**Critical Issue**" in the BQuIP Report. Individuals who inject drugs may have special needs such as testing and treatment for common communicable diseases.

Question 16 is the last question on the BQuIP. Next,
CLICK:

This will end the interview portion of the BQuIP and apply the BQuIP algorithms to the information you have entered. You will then advance to the first of the three BQuIP outputs, which are explained in the next section.

HANDLING EMERGENCIES

Understanding the Outputs from the BQuIP

Once you have completed the BQuIP you will advance through three BQuIP 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.

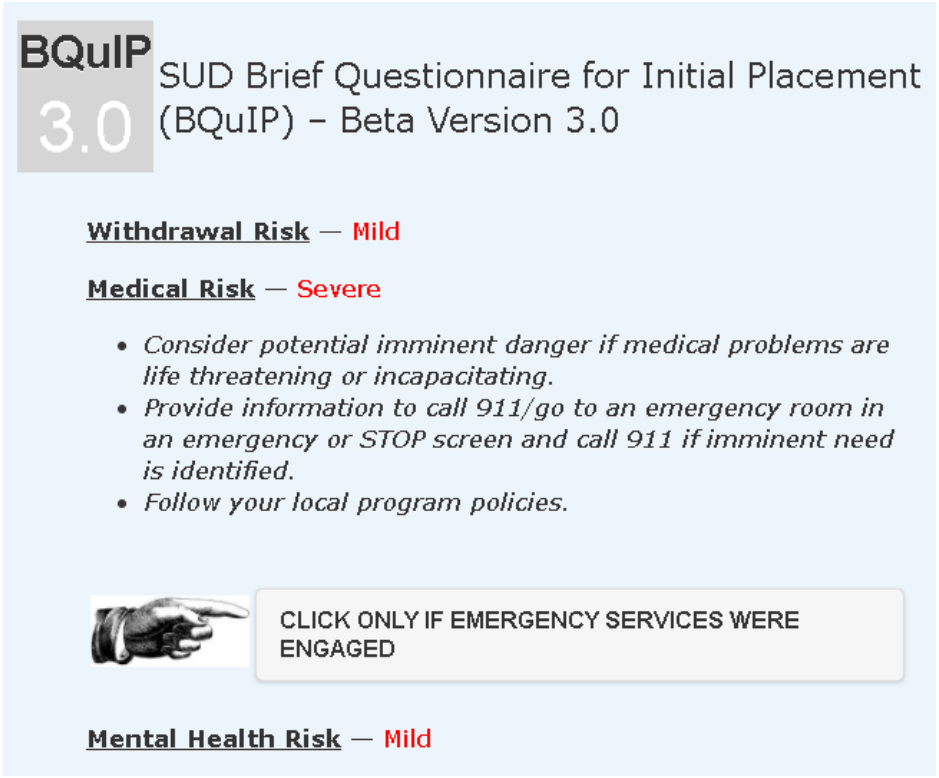
3. **BQuIP Report** - a complete listing of all questions, answers and recommendations.

1-BQuIP Risk Levels Summary

The BQuIP algorithms are used to rate the caller's risk level as either none, mild, moderate, or severe in 6 domains: withdrawal risk, medical risk, mental health risk, readiness for change, relapse risk, and recovery environment. These ratings are intended to alert the BQuIP user and the BQuIP user and referred agency to the caller's areas of potential strengths or needs. Since these ratings are based on limited information, the referred agency should also note the items listed in the "**Critical Issues**" section as areas in need of further evaluation.

The "**emergency services**" button will be triggered when the BQuIP has any risk rating of, "severe". After "**Questionnaire is complete**" has been clicked, the last prompt to engage emergency services will appear. **Please take a moment to pause and reflect if emergency services need to be engaged at this point. Using your best judgment, and adhering to agency protocols, carefully consider the need for consultation.** If you feel the caller's risks and needs rise to the level of an emergency, click "**emergency services**," and seek additional assistance per your agency's protocols. If not, you may scroll to the end and generate the BQuIP Report, including the initial treatment placement recommendation.

Before the full BQuIP Report is displayed, The BQuIP user will proceed through the BQuIP Risk Levels Summary. An example of the BQuIP's Risk Levels Summary is shown below. Each risk area listed has either the "Mild", "Moderate" or the "Severe" rating. If the rating is "severe" the output will include recommendations for follow up, as well as an option to engage emergency services. The "**Emergency services were engaged**" bar will only appear for the "severe" ratings.



If you do not feel that emergency services need to be engaged at this time, CLICK: "**Generate Treatment Placement Recommendation**", which will advance you to the BQuIP Recommendations Output described in the next section. If emergency services are engaged, CLICK: "**CLICK ONLY IF EMERGENCY SERVICES WERE ENGAGED.**" Then CLICK: "**Generate Treatment Placement Recommendation**".

2-BQuIP Recommendations

Following the BQuIP Risk Levels Summary you will advance to the 2nd BQuIP output, the "**BQuIP Recommendations**", which include recommendations in four areas: Critical Issues, Withdrawal Management, Additional Recommended Services, and the BQuIP Initial Placement recommendation.

Note that the BQuIP is not intended to be a full assessment, and therefore it is important for the interviewer to use their best judgement (or with consultation per agency and county protocols) if different services are necessary.

1. **Critical Issues** are any issues that may need immediate attention and any issues that required the interview to be stopped to assess the caller for imminent danger. Critical Issues also include harm to self or others, medically risky withdrawal, pregnancy, homelessness, injection drug use, or use of at least two CNS depressants.

2. **Withdrawal Management** is included in every BQuIP Report. In this section, you will be alerted to whether or not the need for withdrawal management should be fully evaluated by medical professionals.

3. **Additional Recommended Services** include a listing of potential medical, mental health and recovery support needs. In this section you will be alerted to potential co-occurring urgent or ongoing issues, which should be addressed upon full assessment.

4. **BQuIP Initial Placement Recommendation** is the initial treatment placement recommendation based on all the information collected by the BQuIP tool. The referred treatment setting should have the capacity to address all Critical Issues and Additional Recommended Services. The BQuIP Report may suggest more than one treatment placement type. If multiple treatment settings are recommended it is up to the interviewer to use their judgement and input from the caller to make the initial treatment referral.

NOTE: REGARDING THE LIMITS OF THIS TOOL

These recommendations are preliminary based on limited information, and are meant to provide options for consideration. The decision on where to place a caller ultimately must be made according to the judgement of the individual using this tool in accordance with agency and county policy. This tool is not a replacement for a full assessment, and the appropriateness of provisional placement made while using this tool must be confirmed via a comprehensive assessment as soon as possible. This tool is not created or endorsed by ASAM.

2-Sample output: BQuIP Recommendations

An example of the BQuIP Recommendations is below:

CRITICAL ISSUES

Need for immediate intervention assessed (withdrawal) and is determined to be non-emergent. High-priority for follow-up.

Need for immediate intervention assessed (suicidality) and determined to be non-emergent. High-priority for follow-up.

Withdrawal Management

Use of at least two (2) Central Nervous System (CNS) depressants was reported. High priority for follow up to assess risk

Possible pregnancy. High priority for follow-up.

Injection drug use reported in the last year. High priority for medical follow up regarding injury and illness associated with injection drug use.

Homeless. High priority for follow-up.

Recommend naloxone to reverse overdose. (Individual reports opioid use.)

The range of recommendations that could be listed under the "**Critical Issues**" heading include all of the items noted in the text box above. Callers will receive a "**Critical Issue**" recommendation based on their responses.

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.

Consider medication assisted treatment (MAT). (Individual reports alcohol use.)

Recommend medication assisted treatment (MAT). (Individual reports opioid use.)

The range of recommendations that could be listed under the "**Withdrawal Management**" heading include all of the items noted in the text box above. Callers

will receive a "**Withdrawal Management**" recommendation based on their responses.

ADDITIONAL RECOMMENDED SERVICES

Medical evaluation is recommended. (Medical risk is rated as severe.)

Co-occurring disorders/mental health evaluation is recommended. (Mental health risk is rated as severe.)

Recovery environment support service needs should be evaluated (i.e., recovery residences, transitional housing, sober living environment [SLE]). (Level of recovery environment risk is rated as severe.)

The range of recommendations that could be listed under the "**Additional Recommended Services**" heading include all of the items noted in the text box above.

BQuIP-INITIAL PLACEMENT RECOMMENDATION*

Narcotic/Opioid Treatment Program (NTP/OTP) setting, office-based opioid treatment (OBOT), or Outpatient Suboxone Clinic (Individual reports seeking treatment for opiate/opioid.)

Residential setting (3 or more risk levels are rated as severe.)

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

Once you have completed the BQuIP, summarize the BQuIP Recommendations for the caller. Discuss the initial placement recommendations with the caller taking into consideration additional relevant information that you have received during the interview.

If the caller has a preference other than the recommended treatment provider, explore the possible options and follow your agency's/county's policies and procedures (e.g., prior authorization for residential services).

BQuIP Record Number and Data Collection

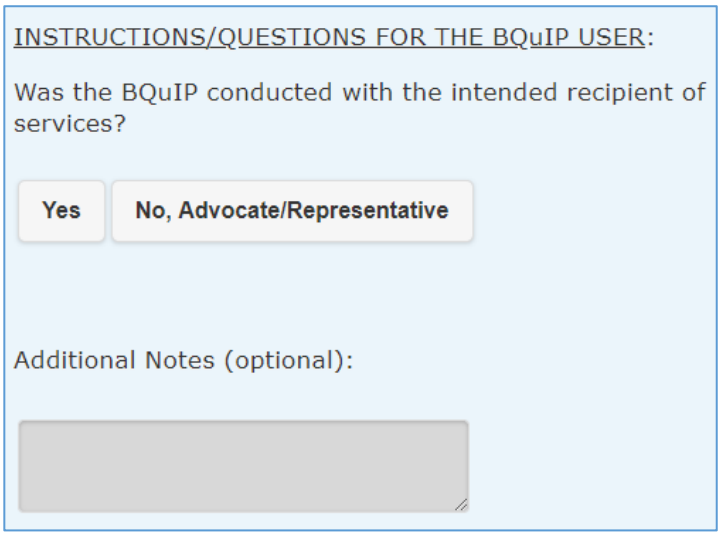
The BQuIP record number (as shown below) is unique to each caller's screen. The BQuIP record number will be printed on every BQuIP Report. It should be recorded along with your county's ASAM level of care data, which are submitted to DHCS. The information will be used for validating the BQuIP (beta version) tool. For more instructions, see MHSUDS DHCS Information Notice 18-046 at https://www.dhcs.ca.gov/individuals/Documents/MHSUDS_Information_Notice_18-046.pdf. For information about the Level of Care Reporting Spreadsheet (used by some of the waiver counties), see the Appendix.

The BQuIP Record Number is 911. This is a unique record number for this report. You may use this record number for your county, clinic, or agency purposes.

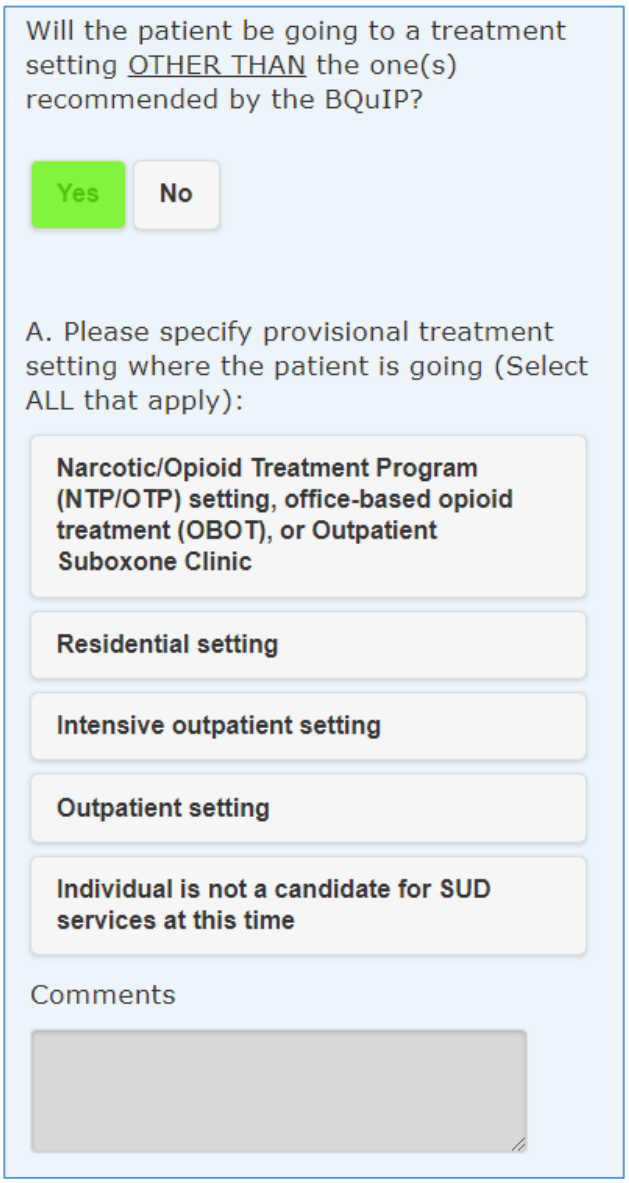
DISCLAIMER: These are **preliminary** recommendations based on limited information, and are meant to provide initial placement options for the user's consideration. Ultimately, the initial placement decision must be made according to the clinical judgement of the individual using this tool and the county 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.

Instructions/Questions for the BQuIP User

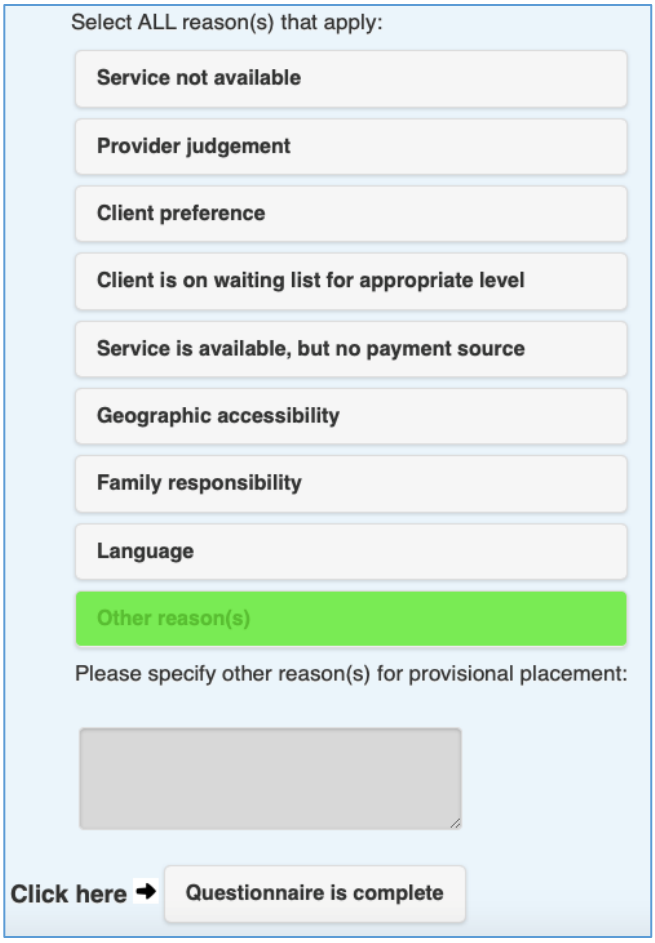
If the caller was an advocate (e.g., family member) for the intended recipient of services, it should be noted here. The BQuIP user is also prompted to add any additional notes about the BQuIP interview or important information not recorded elsewhere.



You will then scroll down and have an opportunity to enter a treatment setting that is different from the BQuIP output based on your judgement and other relevant information (e.g., caller preference, service not available) as seen below.

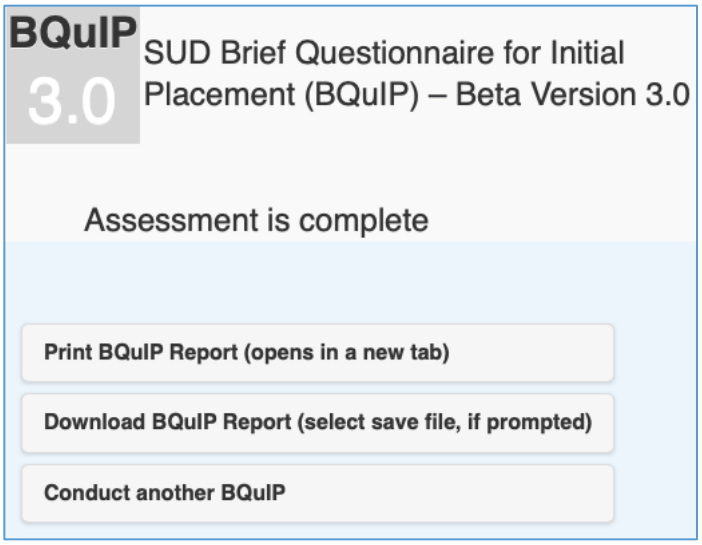


If it is decided that the caller should go to a different provisional treatment setting, indicate "**Yes**", specify the treatment setting placement(s) from the menu and select the reasons that apply from the list below. You may also indicate whether treatment will be delayed for any reason in the same "**Comments**" text box shown above.



Once you have selected all the reasons that apply, CLICK: "**Questionnaire is complete**".

After you proceed through both the BQuIP Risk Level Summary and the BQuIP Recommendation, and after you have confirmed the BQuIP initial placement, you will have the opportunity to print the BQuIP Report (see below). It may be useful to print these BQuIP report pages and send them to the agency where the caller will be referred for their full evaluation.



3-Sample Output: BQuIP Report

A sample of a complete BQuIP Report is provided in the following pages. It includes the responses to all the questions in the tool, risk levels summary, critical issues, and recommendations for potential withdrawal management, additional services, and initial placement.

BQuIP Report	
The BQuIP Record Number is 910. This is a unique record number for this report. You may use this record number for your county, clinic, or agency purposes.	
Date	7/6/2020 10:21:36 AM
BQuIP User Initials	test
1. Substances used in the past year	Skipped
2. Substances seeking help for:	Alcohol Opiates Stimulants
3. Current severe withdrawal symptoms?	No
4. Current more mild withdrawal symptoms?	Yes
5. Overdosed or experienced severe withdrawal symptoms-lifetime?	Yes
6. Drug/alcohol use in the past 3 days?	Yes
6A. Drug/alcohol use in the past 4 hours?	Yes
7. Active/Serious medical problems/issues?	Yes
7A. Medical problems interfere with daily activities?	All the time
7B. Thinks medical problems could improve if treated differently?	Yes
8. Emotional problems in the past 30 days?	Yes
8A. Emotional problems interfere with daily activities?	Yes
8B. Thoughts of self harm in the past 30 days?	Yes
8C. Current thoughts of self harm?	Yes
9. Medication for emotional/mental health-lifetime?	Yes
10. Readiness to change alcohol or drug use:	Severe—I might have a problem, I'm not sure I'm ready to change.
11. Without help, do you think you would continue using?	Definitely yes
12. Homeless?	Yes
13. Do you have a place to stay that is free of alcohol and other drugs?	No
14. Have social support?	No
15. Possibly pregnant?	Yes
16. Have you injected any drugs in the last year?	Yes
Clinical Notes:	

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	Severe • *Consider potential imminent danger to self.* • *Provide information to call 911/suicide hotline/go to an emergency room or STOP screen and call 911 if imminent need is identified.* • *Follow your local program policies.*
Readiness for Change	Severe
Relapse Risk	Moderate
Recovery Environment	Mild

Recommendations	
Critical Issues	Need for immediate intervention assessed (withdrawal) and is determined to be non-emergent. High-priority for follow-up. Withdrawal Management Use of at least two (2) Central Nervous System (CNS) depressants was reported. High priority for follow up to assess risk Possible pregnancy. High priority for follow-up. Injection drug use reported in the last year. High priority for medical follow up regarding injury and illness associated with injection drug use. Homeless. High priority for follow-up. Recommend naloxone to reverse overdose. (Individual reports opioid use.)
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. Consider medication assisted treatment (MAT). (Individual reports alcohol use.) Recommend medication assisted treatment (MAT). (Individual reports opioid use.)
Additional Services Recommendation	Medical evaluation is recommended. (Medical risk is rated as severe.) Co-occurring disorders/mental health evaluation is recommended. (Mental health risk is rated as severe.)
BQuIP-Initial Placement Recommendation*	Narcotic/Opioid Treatment Program (NTP/OTP) setting, office-based opioid treatment (OBOT), or Outpatient Suboxone Clinic (Individual reports seeking treatment for opiate/opioid.) Residential setting (3 or more risk levels are rated as severe.)

BQuIP User Notes	
BQuIP Conducted with	Not indicated
Will the patient be going to a treatment setting OTHER THAN the one(s) recommended by the BQuIP?	Yes
Adjusted Placement	NTP/OTP/OBOT/SUBOX IOP Client is waiting on list for appropriate level Geographic accessibility

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.**

"I finished the BQuIP! What next?"

Once the BQuIP interview is completed and the BQuIP Outputs have been generated, print out or download the BQuIP Report.

The caller should get information to support them in getting to the full assessment appointment. (Rely on your agency and county protocols to assist in this process.) Provide ach caller with the name, address, phone number, and name of a contact at the referred agency. Ask the caller if they have a way to get to the treatment program and if they have a person who can accompany them for support. Provide sufficient information and encouragement to enable the caller to engage in the first appointment.

You might say something like:

"*We have completed a brief interview to figure out an appropriate treatment provider where you will receive a full assessment. The next step is for you to come to the assessment appointment* at: _____ (agency, date, time address)

"It may be helpful for you to bring someone with you for support. Is there anyone you can bring who would be helpful? It may be helpful for you to bring your insurance card."

"Please feel free to contact* _____ (person, receptionist, counselor) *at (phone number, email address)* _____ *if you need further information between now and your appointment."

If indicated, offer additional resources.

"*We have additional resources available to you such as 12-step meetings, support groups, educational pamphlets, and online information. May I send you those resources?"* (Offer to mail or send email with information.)

See the Appendix for an example of a referral sheet you may want to give to the caller, either in person or by email.

Be sure to record the ASAM Level of Care information per your agency's/county's protocols.

Appendix A: Resources

Trainings:

American Society of Addiction Medicine e-learning center:
https://elearning.asam.org/

California Institute on Behavioral Health Solutions (CIBHS) DMC-ODS Waiver trainings: https://www.cibhs.org/dmc-ods-waiver-trainings

Drug and alcohol fact sheets:

NIDA Drugs of Abuse:
https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

https://www.drugabuse.gov/sites/default/files/cadchart.pdf

Slang Terms for Drugs of Abuse:
https://ndews.umd.edu/sites/ndews.umd.edu/files/dea-drug-slang-terms-and-code-words-july2018.pdf

DHCS fact sheets:

https://www.dhcs.ca.gov/provgovpart/Pages/FAQs_Fact_Sheets.aspx

The American Society of Addiction Medicine (ASAM) Criteria Fact Sheet October 2015
https://www.dhcs.ca.gov/provgovpart/Documents/11.10.15_Revised_ASAM_FACT_SHEET.pdf

FACT SHEET Drug Medi-Cal Organized Delivery System Waiver
https://www.dhcs.ca.gov/provgovpart/Documents/DMC%20ODS%20FACT%20SHEET.pdf

Withdrawal Management (Detox) Services Frequently Asked Questions
https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC_ODS_Withdrawal_Mgmt_FAQ_08.10.16.pdf

"DHCS Withdrawal Management (Detox) Services Frequently Asked Questions February 2016"
https://www.dhcs.ca.gov/provgovpart/Documents/DMC-ODS_Waiver/DMC_ODS_Withdrawal_Mgmt_FAQ_08.10.16.pdf

"Standards of Care: For the Addiction Specialist Physician"
https://www.asam.org/docs/default-source/publications/standards-of-care-final-design-document.pdf

Naloxone information:

The Naloxone Distribution Project (NDP) is administered by DHCS to combat opioid overdose-related deaths through the provision of free naloxone. Naloxone is available to people with Medi-Cal with a prescription from their doctor, or can be furnished by participating pharmacies without a prescription.
https://www.dhcs.ca.gov/individuals/Pages/Naloxone_Distribution_Project.aspx

Sample Referral Sheet for Callers--Optional

NEXT STEPS

You have been referred to:

_____ **for further evaluation.**

If you have any questions about your next steps or what we have discussed today, please call:

_____ (name) at_____ (#)

Your next appointment is on: ____/____/____at _____o'clock.

Please bring:

- insurance information
- a support person.

Commonly Used Drugs[2]

Alcohol	
	Beer, Wine, Liquor
Amphetamines/Stimulants	
	Monster, Crank, Benzedrine, Dexedrine, Khat, Adderall, Ritalin, amphetamine, Crystal Meth, Methamphetamine
Barbiturates	
	Nembutal, Amytal, Pentobarbital, Seconal, Phenobarbital
Cannabis	
	Marijuana, Hash, Weed, Pot
Cocaine	
	Crack, Coke, Freebase Cocaine, Rock, Bump, Toot
Hallucinogens	
	LSD, Acid, Mescaline, Peyote, Ecstasy, MDMA, PCP, Angel Dust, Psilocybin, Mushrooms, Shrooms, Ketamine, Ayuhuasca, Salvia
Inhalants	
	Nitrous Oxide, Whippets, Poppers, Glue, Solvents, Gasoline, Toluene, Amyl Nitrate
Opiates	
	Morphine, Dilaudid, Demerol, Percocet, Darvon, Talwin, Norco, Codeine, Tylenol 1,2,3 Fentanyl, Vicodin, Oxy
Synthetics	
	Spice, K2, Bath Salts
Sedatives/Hypnotics/Tranquilizers	
	Benzodiazepines, Xanax, Valium, Librium, Ativan, Halcion, Sleeping Pills, GHB, Rohypnol
Methadone	
	Dolopine, LAAM
Other	
	Kratom, Loperimide, Dextromethorphan

[2] https://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts

NIH National Institute on Drug Abuse

WWW.DRUGABUSE.GOV/RESEARCHERS

COMMONLY ABUSED DRUGS AND WITHDRAWAL SYMPTOMS

DRUG NAME	WITHDRAWAL SYMPTOMS
Marijuana	*Irritability* *Trouble sleeping* *Decreased appetite* *Anxiety*
Prescription Opioids	*Restlessness* *Muscle and bone pain* *Insomnia* *Diarrhea* *Vomiting* *Cold flashes with goose bumps* *Leg movements*
Prescription Sedatives & Tranquilizers	*Seizures* *Shakiness* *Anxiety* *Agitation* *Insomnia* *Overactive reflexes* *Increased heart rate, blood pressure, and temperature with sweating* *Hallucinations* *Severe cravings*
Prescription Stimulants	*Depression* *Tiredness* *Sleep Problems*
Steroids	*Mood swings* *Tiredness* *Restlessness* *Loss of appetite* *Insomnia* *Lowered sex drive* *Depression*
Tobacco	*Irritability* *Attention problems* *Sleep problems* *Increased appetite*

Withdrawal symptoms can be severe. Patients experiencing withdrawal from these substances, especially prescription and illicit opioids, should seek immediate medical attention.

BQuIP Beta Quick Start Guide

Listed below are some suggestions on how to conduct a BQuIP interview.

Before you start: Familiarize yourself with emergency procedures, have protocols ready, and know who you can consult if an emergency comes up.

Log in to the BQuIP web-based tool: The link to access the BQuIP beta tool is provided by DHCS.

Introduction: Introduce the BQuIP to the caller. You could say something like *"I will be asking you about 20 questions about how you are feeling and your personal history to figure out a good place to refer you to get a full assessment. Most of the questions I will ask you are just "yes/no" questions. Your answers are confidential and this should take around 10 minutes of your time. Is that ok?"*
(Address any concerns about completing a BQuIP.)

Administer BQuIP: Follow the prompts on the screen.

High Risk/Emergency issues: Address any emergency concerns according to your agency and county protocols. You might say something like, "*I am concerned that you need immediate assistance based on the symptoms you reported to us.* (Follow your agency and county protocols for dealing with emergencies.) *Are you able to get to an emergency room? Is someone there to assist you? Would you like me to call an ambulance?"* Please review and be current on your agency's emergency protocols before interviewing with the BQuIP so that you can quickly and safely respond to a client who reports emergent psychiatric or medical issues. Please keep important protocols and phone numbers on hand during BQuIP interviews.

Ask permission to share results: You might share the results of the BQuIP with the caller by saying something like, *"Based on the information that we have, the tool has narrowed down suggested options for you. May I share those with you?"*

Provide feedback:

- Use the BQuIP output. *"The initial treatment setting being recommended for you is _____. Do you have any concerns with this treatment? What setting are you interested in?"*

If indicated- Explore preferences for treatment and explore logistical barriers, for example,

- *"How about your preference for inpatient vs. outpatient treatment?"*
- *"Do you need help with transportation or childcare?"*
- *"Is it convenient for you to be treated at this clinic? What would be easier or more convenient?"*
- Discuss transportation plans and any needs for assistance. Are there concerns about child care or employment that create barriers?
- Provide referrals, and make a note in the record that will follow the client.

Summarize

- "*We have completed a brief interview to help you get to an appropriate treatment provider. You will receive a full assessment at* (agency) _____. *The next step is for you to come to the appointment* at:_____(date, time address)
- *"It might be helpful to bring someone with you for support. Is there anyone you can bring who would be helpful? It might be helpful to bring your insurance card other records."*
- *"Please feel free to contact* _____ (person, receptionist, counselor) *at (phone number, email address)* _____*if you need further information between now and your appointment."*

If indicated, offer additional resources

- "*We have additional resources available to you such as 12-step meetings, support groups, educational pamphlets, and online information. May I send you those resources*? (Offer to mail or send email with information*)."*

Recording data for your county:

The county will collect and submit screening information as part of the ASAM Level of Care (LOC) data file per the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No. 18-046. The data to be submitted include:

- Type of Screening ("Brief Initial Screen");
- Indicated Level(s) of Care/Withdrawal Management (WM);
- Actual Level(s) of Care/WM placement decision(s);
- Reason(s) for Difference if actual LOC/WM was not among those indicated.

Every provider is required to report the initial placement level of care (LOC) of each caller to their county. Please consult with your county administrator for specific instructions for your agency.

Appendix B: Level of Care Data Collection

The county will collect and submit screening information as part of the ASAM Level of Care (LOC) data file per the Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice No. 18-046. The data to be submitted include: Type of Screening ("Brief Initial Screen"); Indicated Level(s) of Care/Withdrawal Management (WM); Actual Level(s) of Care/WM placement decision(s); and Reason(s) for Difference if actual LOC/WM was not among those indicated.

Every provider is required to report the initial placement level of care (LOC) of each caller to their county. Please consult with your county administrator for specific instructions for your agency. Some counties have integrated this form into their electronic health record (EHR) system. Other counties will be using the "Level of Care Reporting" Excel spreadsheet to collect this data. The following describes use of BQuIP with the Excel spreadsheet. If you are in a county that collects this data using an EHR system, your interface may look different, but it should include the same elements.

Several cells in the spreadsheet have drop down menus to simplify reporting for example, the "Type of screen/assessment" has a drop down menu that includes, "Brief initial screen", "Initial assessment", or "Follow up assessment." Hover the cursor over the red triangle in the top row for instruction as indicated by the arrows below in Figure 3. When you put the cursor over the red triangle you will get instructions as illustrated below in Figure 1. Hover the cursor over the cell to reveal the drop down menu as seen in Figure 2.

Figure 1: Instructions Imbedded in Level of Care Reporting Spreadsheet

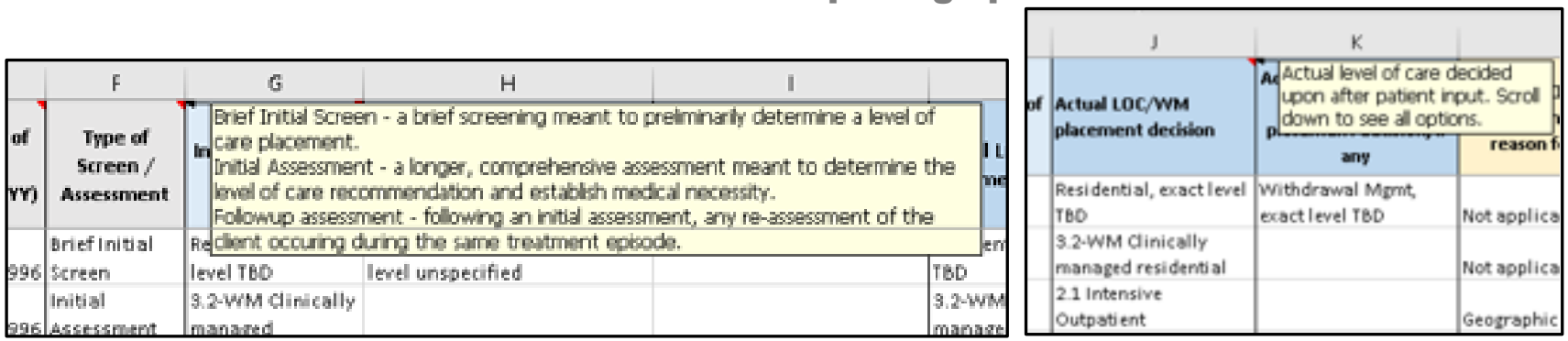
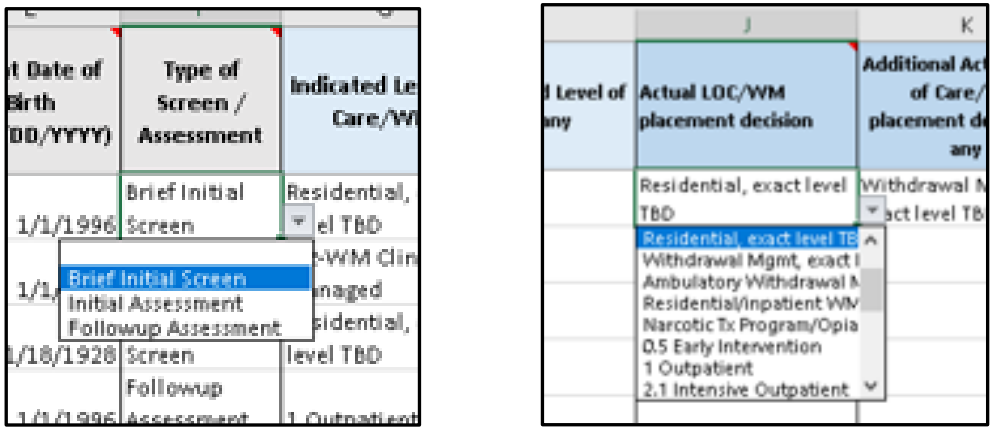


Figure 2: Level of Care Reporting Spreadsheet Drop-Down Menus



The complete table has been split apart to fit the page in Figures 3 and 4 below. In practice, you will tab or scroll right to enter data.

Figure 3: Level of Care Reporting spreadsheet, part 1

Date of Screening or Assessment (MM/DD/YYYY)	Medi-Cal Client Index Number (CIN)	Client First Name	Client Last Name	Client Date of Birth (MM/DD/YYYY)	Type of Screen / Assessment	Indicated Level of Care/WM	Additional Indicated Level of Care/WM, if any	Additional Indicated Level of Care/WM, if any	Actual LOC/WM placement decision	Add pla
9/8/2016	12345678A	John	Doe	1/1/1996	Brief Initial Screen	Residential, exact level TBD	Withdrawal Mgmt, exact ASAM level unspecified		Residential, exact level TBD	Wit exa
9/9/2016	12345678A	John	Doe	1/1/1996	Initial Assessment	3.2-WM Clinically managed			3.2-WM Clinically managed residential	

Figure 3: Level of Care Reporting Template, part 2

M ision	Additional Actual Level of Care/WM placement decision, if any	If Actual LOC/WM was not among those Indicated, reason for difference	If "other" reason, please explain	If referral is being made but admission is expected to be DELAYED, reason.	If "other" reason, please explain	Additional Comment (optional)
act level	Withdrawal Mgmt, exact level TBD	Not applicable - no difference				
ally dential		Not applicable - no difference				

Contacts for Data Questions

If you have specific questions about the LOC reporting spreadsheet you can contact:

Darren Urada, PhD, UCLA Integrated Substance Abuse Programs
durada@mednet.ucla.edu.

If you need further help regarding LOC data collection in general, you can reach either;

Minerva M. Reyes, Research Data Supervisor II
Office of Applied Research and Analysis
Mental Health Management and Performance Outcomes Branch
Mental Health and Substance Use Disorder Services
CA Department of Health Care Services
1500 Capitol Avenue, MS 2704
Sacramento, CA 95899-7413
Phone: 916.713.8764
Minerva.Reyes@dhcs.ca.gov