

## The Brief Questionnaire for Initial Placement

**Required form:** For any adult SUD Treatment program.

**When:** To be completed by a designated screening personnel/staff as each potential client call is received or any WM 3.2 providers at intake, as a complete assessment is not required.

- Screening to determine the appropriate delivery system for beneficiaries seeking service is billable as of 7/1/23. Please refer to the most recent crosswalk and DMC-ODS Billing Manual for more details
- If the screening is conducted by an AOD counselor, LPHA, or MD/DO/PA, it may be claimable. If done by a non-clinical staff, it cannot be claimed.
- If screening prior to admissions, providers should use the Before Admission/After Discharge Program Enrollment.

**Purpose:** 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).

### Required elements:

- **Client Name:** enter client name
- **Client ID#:** complete by entering clients ID number
- **Effective date:** enter date of completion of tool
- **Status;** complete by entering if this is a new/updated assessment
- **Author:** complete by entering staff person completing the tool

### Withdrawal Risk Section

Question 1 (Optional):

- Question 1 is intended to capture drug use history in the past 12 months.
- Information collected in Question 1 is for the BQuIP user’s information and it is not required to generate a BQuIP initial placement recommendation.
- Which of the following drugs or alcohol have you used in the last 12 months: select all that apply
  - Alcohol
  - Opiates
  - Stimulants
  - Cannabis
  - Benzodiazepines
  - Other drugs
  - None
  - Skip this question

Question 2:

- Which of the following are your drug(s) of choice that you may want hep with? (select all that apply)
  - Alcohol
  - Opiates
  - Stimulants
  - Cannabis
  - Benzodiazepines
  - Other drugs
  - None

- You may select any one or all of the drugs listed.
- Is this individual a candidate for substance use services?
  - o Yes or No
  - o If it is determined that the caller is not a candidate for SUD services, then the interview is complete.
- If it is determined that the caller is a candidate for SUD services, then indicate which substance(s) the caller may need treatment (below).
  - o Alcohol
  - o Opiates
  - o Stimulants
  - o Cannabis
  - o Benzodiazepines
  - o Other drugs

Question 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 or No
- If yes, make immediate referral for medical evaluation for acute, inpatient care. Follow agency guidelines.
- stop the interview, sign and date the form
- A No response to this question will advance you to Question 4.

Question 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 or No
- 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).

Question 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 or No

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

- Yes or 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.

Question 6a: Have you used any drugs or alcohol within the last 4 hours?

- Yes or No

### **Medical Risk Section**

Question 7: Do you currently have any serious medical issues that you are aware of?

- Yes or No
- 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

Question 7a: Do these medical problems make it difficult to do your normal daily activities?

- Not at all
- Sometimes
- Quite a bit
- All the time

Question 7b: Do you think these medical issues can improve if you do something more or different than what you are doing?

- Yes
- No
- unknown
- Responses to Question 7A & 7B determine the severity of medical symptoms and associated risks.
- Check the box to indicate that emergency services were engaged for Medical services

### **Mental Health Risk Section**

Question 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
- No
- unknown
- If the response is No, you will be directed to 8b, then 9
- If the response is Yes or Don't Know, you will proceed to questions 8a and 8b

Question 8a: Do these emotional problems make it difficult to do your normal daily activities?

- Yes
- No

Question 8b: In the past 30 days have you thought about wanting to hurt yourself or wanting to die?

- Yes
- No

Question 8c: Are you currently having thoughts about wanting to hurt yourself or wanting to die?

- Yes
- No

If the participant answers "Yes" to 8B, and 8C, then you will be directed to assess the need for immediate intervention.

- 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 or
- select the box if you are ending the assessment and sign/date the form

Question 9: Has the doctor ever given you medication for emotional or mental health issues?

- Yes
- No
- unknown

### **Readiness to Change Section**

Question 10: read the 5 response options and ask the client 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.”

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

### **Relapse Risk Section**

Question 11: 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.”

11: without help, do you think you would continue using?

- Definitely yes
- Probably yes
- Might or Might Not
- Probably not
- Definitely not

### **Recovery Environment Section**

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

- Yes
- No

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

- Yes
- No

Question 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

### **Additional Critical Issues**

Question 15: Are you or do you think you could be pregnant?

- Yes

- Don't know
- No (or not applicable)

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

- Yes
- No

**Completed by:** print name, signature, credentials, date