## Peer Check List for Treatment Placement and Support

**PRE-TREATMENT**

_____ Motivate FA to accept help.

_____ Obtain FA's insurance information

_____ Identify 3 treatment options based on insurance, special needs, location (Contact Chair, or Deb or Heather to discuss treatment options)

_____ Provide options to FA for FA selection

_____ Call our point of contact at FA's selected treatment with referral and client history

_____ Treatment Program will contact FA to coordinate intake and movement to treatment

_____ Contact Deb or Heather to share that a FA is on way to treatment, name of treatment program and any known work-related issues that are involved

_____ Provide on-going support to the FA as needed until they move to the Treatment facility

_____ Make sure our point of contact has **CURRENT** FMLA/Medical/STD forms and **CURRENT** submission instructions.

_____ Provide FA with any important instructions around following company leave procedure (ie. Requesting FMLA paperwork from leave management department/vendor; continuing to call in absent until leave is approved etc. (YOU MUST know your leave policy)

**Following Residential Treatment Entry**

_____ Confirm that treatment facility completed all leave paperwork and faxed it to the appropriate location within the first day or two of FA's arrival

_____ Confirm that the FA is properly adhering to any leave requirements until leave is approved.

_____ Continue to follow up to confirm that FA's leave was approved.

_____ Once a primary therapist is assigned to the FA, provide the primary therapist with important case history including work related concerns.

_____ Receive weekly updates from the primary therapist

_____ Two weeks before discharge, discuss discharge plans with primary therapist. Make sure names of FADAP mentors are included in discharge plan.

_____ Join conference call coordinated by primary therapist with FA to discuss the discharge plans.

**Post Residential Treatment**

_____ Within 24 hours of discharge, contact FA for peer support

_____ Contact FA weekly to encourage FA to remain committed to continuing care plan and assess wellness (first 12 weeks post discharge)

_____ Contact FA every 2 week for months 3-6

_____ Contact FA monthly from months 6-12