Addiction Treatment Program Name

_____

Date of Visit_____/_____/_____

Location_____

Airport Proximity _____What airports are used? 1. _____/ 2._____

Do you provide transportation to and from the airport? Y/N

Is this a for profit treatment program _____ or not for profit treatment program _____

Program Services

What continuum of services does this treatment program provide?

Is detox conducted on-site/ off-site?

Name of Facility_____

Location: _____

If offsite, what procedures are used to ensure that the client successfully continues onto treatment.

_____

Describe the onsite admission/intake process. Who conducts the evaluation done at the time of admissions/intake?

_____

Describe what procedure is in place to accept patients during after hours, weekends/holidays?

_____

When would a patient get psychiatric and psychological evaluations? Y___/N___

Who and where are the professionals that conduct the psychiatric and psychological evaluations?

_____

Do the clients have to be transported to them or are they done on-site?

_____

For what populations does this treatment program offer specialized treatment tracks? (young adult, LGBT, first responders, professionals track etc.)

_____

Describe the programming of those special treatment tracks.

_____

Is the Treatment Program **licensed** to treat mental health problems? Y/N

Total number of patients served at this location? _____

Do you have other locations in this area? Y/N

Name of Other Facilities

Facility Name_____ Total Beds_____

Female Beds_____/Male Beds_____

Facility Name_____ Total Beds_____

Female Beds_____/Male Beds_____

Facility Name_____ Total Beds_____

Female Beds_____/Male Beds_____

What is the average size of each therapeutic group? _____

Are services genders specific or are populations mixed? Y/N

Are patients separated by age group? Y/N _____

What and how many hours per day of treatment services are delivered to all patients? _____

What percentage of the day is left to the client to structure? _____

As clients are stepped down to partial hospitalization and outpatient, do they received the same level of therapeutic services and same housing as when the insurance was paying residential

benefits?

Y/N_____

_____

What clinical services and staff are available during the weekend?

_____

How does the Family/Partner program work?

_____

What facilities are used for the family program? (Just moved the question from bottom)

_____

Are sober living services after treatment available? Y/N

_____

How is the 12 step recovery program integrated into treatment?

_____

Do clients get taken out to meetings in the community?

Is this done merit based only? Y/N

How many times per week? _____

Are the same meetings weekly being use? N/Y

If yes, Why?_____

Does this facility offer adolescent services also? (Could be a placement for the child of a flight attendant)

Y/N

Are all patients evaluated for medication assisted therapy prior to discharge? Y/N

If No, why not? _____-

Staff Qualifications

Is there a medical director? Y/N Credentials_____

Total number of on-site hours per week by the medical director
_____

Is there a clinical director? Y/N What licenses does he/she hold? _____

What on-site medical services are available 24/7?
_____

What are the qualifications of those medical providers? _____

Is there a licensed staff member in every group therapy session? Y/N

What are the qualifications of the staff that serve as case managers? _____

What is the ratio of staff that holds licenses vs. certifications only? _____

How many patients are on each case manger's case load? _____

Staff Turnover-what is the average length of employment of licensed professionals? _____

Facility

Is there a cleaning staff for all common areas? Y/N

Cleaning staff for Client's Bathroom? Y/N

Cleaning staff Client's Bedroom? Y/N

How many times per week does the cleaning staff attending to these areas?

Daily_____/Bi-weekly_____ Weekly_____ Any exceptions?_____

If this were a hotel, how many stars would the hotel get for cleanliness?

1-poor 2- below average 3-fair 4-above average 5-excellent

Total number of clients per bedroom?_____/Per bathroom?_____

What is in place, after hours, holidays and weekends for every client should a medical emergency takes place?

_____

Are clients living on the same campus where therapy services are delivered? Y/N

If no, do you have staff on site 24/7 in the building where the clients reside ? Y/N

If no, how often are the clients living and sleeping quarters checked?
_____

If no, then where are the therapy services be delivered and how do the clients get to these locations

_____

Are all meals/snacks prepared from a full service kitchen on your property for clients throughout their entire client's stay at your facility Y/N

If no, then describe how the meals are prepared? _____

Is there a dietician on staff? Y/N

Can this facility meet all special dietary needs? Y/N

If no, what are your limitations? _____

Are there recreational facilities-activities on property? Y/N

Where are those activities placed throughout the week on the schedule? _____

Are these activities lead by a professional or are they self-directed by the client? _____

How is smoking managed? _____

Comments: