

County of San Bernardino Department of Behavioral Health

Alcohol and Drug Services Agency Evaluation



AGENCY: _____ DATE: _____

MODALITY: _____

REVIEWER(S): _____

ENTRANCE INTERVIEW ATTENDED BY:

Rating Codes:	Y= Yes NI = Needs Improvement*	NA = Not Applicable *Requires Plan of Correction
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I. ORGANIZATION AND ADMINISTRATION

Y NA NI IA A. Governing Body: Board of Directors or Advisory Board

- | | | |
|-----|---|---|
| (1) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | At least 5 members age 18 or older. (NTP Exempt) |
| (2) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Meets at least quarterly. |
| (3) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Current list of members' names/addresses, with Chairperson/officers identified. |
| (4) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Assignments/committees/subcommittees. |
| (5) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Meeting minutes for last four quarters. |
| (6) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Written policy regarding recruitment/orientation. |
| (7) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sets/approves hours of operation. |

B. Organizational and Administrative Documents

County of San Bernardino Department of Behavioral Health

- | | | |
|------|---|---|
| (8) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Articles of Incorporation. |
| (9) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Current Bylaws. |
| (10) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Major duties/authority of CEO/Executive Director. |
| (11) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Executive Director's performance evaluated annually. |
| (12) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Current organization chart, including program's placement in agency/lines of authority/reporting relationships. |
| (13) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Staffing pattern shows Full Time Employees – contract/volunteer staff by gender/ ethnicity. |
| (14) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Program Operations Manual. |
| (15) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Personnel Policies/Procedures Manual. |
| (16) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | CaLOMS State Manual/ADS Resource Manual/Standards |

C. Documentation

- | | | |
|------|---|--|
| (17) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Current Policy/Procedural manual on file. |
| (18) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Program philosophy and/or mission statement. |
| (19) | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Written agency goals/measurable objectives. |

OBSERVATIONS: _____

Alcohol and Drug Services

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	Y	NA	NI	IA	
					C. Documentation (continued)
(20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Process/outcome objectives.
(21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Realistic objectives.
(22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measurable objectives.
(23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies/procedures reviewed/updated by Board last year.
(24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals/objectives support program's philosophy.
(25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documented client participation
(26)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Director revised program schedule in last year.
(27)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows scheduled program activities/description.
(28)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluates activities/participation.
(29)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Non-discriminatory/county contract complaint admission policy.
(30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Participants informed of client complaint policy.
(31)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted client complaint policy.
					1. Current Licenses, Permits and Clearances
(32)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Clearance.
(33)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zoning: conditional use permit (outpatient).
(34)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	State Certification (residential).
(35)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Medi-Cal Certification (outpatient).
(36)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff Certification (outpatient).
(37)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CARF Certification (NTP) Required
					2. Insurance
(38)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worker's Compensation.
(39)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	General Liability (\$1 Million).
(40)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Auto Liability.
					3. Hours of Operation
(41)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted hours of operation.
(42)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets Client needs.
(43)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When closed, program provides information in a crisis response.
(44)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Maintains/adheres to specific emergency medical care procedures.</i>
(45)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff Red Cross training. (See personnel file) # _____
(46)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff CPR training. (See personnel file) # _____
(47)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPR/Red Cross trained staff are on duty all hours of operation/shifts.
(48)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted emergency medical care policies/procedures.
(49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Department-approved emergency/evacuation procedures.
(50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policies/procedures for reporting suspected child/elder abuse (i.e., Tarasoff Act).

OBSERVATIONS: _____

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	Y	NA	NI	IA	D.	
(51)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Community Involvement
(52)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Program supported by community.
(53)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Collaborates with other agencies.
(54)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Content outline for each outreach/event.
(55)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Includes topic/purpose/date/materials.
						Topics appropriate to drug/alcohol related issues.

E. Personnel

	Y	NA	NI	IA		
					1.	Personnel Standards
(56)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Notices of provisions of Equal Opportunity Act conspicuously posted/available to employees/employment applicants.
(57)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Job descriptions for all staff positions clearly define minimum qualifications, including level of education/work experience required.
(58)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Annual written performance evaluations for all staff.
(59)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Current staffing pattern(s) reflect cultural/language needs of population served.
(60)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Provider notified ADS when reduction/elimination in full time staff in writing.
					2.	Personnel Policies & Procedures
(61)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Personnel policies/procedures in accord with Fair Labor Standards Act.
(62)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Personnel Policies/Procedures Manual and/or Employees Handbook developed/current/readily accessible to all paid/volunteer staff.
(63)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		The Manual and/or Handbook addresses at least the following:
(64)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Work hours (overtime/compensatory time).
(65)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Scheduled time off/leave (vacation/sick/holiday).
(66)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Benefits (health/worker's compensation/unemployment).
(67)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Hiring practices.
(68)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Discipline procedures.
(69)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Discharge procedures.
(70)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Promotion procedures.
(71)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Training requirements.
(72)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Affirmative action plan/recruitment policies.
(73)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Employee grievance procedure.
(74)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Drug free workplace policy.
(75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Wage garnishment requirements.
(76)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Code of conduct, including confidentiality; drug free workplace policy; professional ethics, conflict of interest policy; sexual Harassment policy; prohibition against personal/financial/sexual relationships with program participants.

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E. Personnel (continued)

	Y	NA	NI	IA	
					3. Personnel Records
(77)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Files maintained for all paid/volunteer staff.
(78)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personnel records for paid staff shall include at least the following:
(79)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application.
(80)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confirmation letter.
(81)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Resume.
(82)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date hired.
(83)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay rate.
(84)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Position/title.
(85)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last TB test date/result (required annually).
(86)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health Questionnaire Record or Medical Clearance.
(87)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOJ Clearance
(88)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counselor Certification or Registration
(89)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training record for current fiscal year.
(90)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last performance evaluation (annual).
(91)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CPR/First Aid Training where applicable.
(92)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed code of conduct statements.
(93)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer staff files contain signed code of conduct statements indicating they understand/agree to comply with said statements
(94)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provider made available during review, list of employees hired for contracted program services during current fiscal year, as well as documented efforts to recruit diverse staff.
(95)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training appropriate to job assignment (based on resume review/job application/description).
(96)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training appropriate to program goals/philosophy.
(97)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedures consistently adhered to.

F. Affirmative Action (For Programs with more than 7 employees)

	Y	NA	NI	IA	
(98)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reasonable goals/timetables for employment plan.
(99)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Affirmative action policy/procedure.

G. ADA Documentation

	Y	NA	NI	IA	
(100)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. ADA & Disabilities Policy to admit/serve physically/mentally disabled, conforming to Americans with Disabilities Act.
(101)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Text Telephone (TTY) in place. Location: _____
(102)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff trained to appropriately answer TTY.
(103)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff familiar with California Relay.
(104)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assessment of client access to services.
(105)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written policy for actions program takes if program is not equipped.
(106)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate resources to access if program not equipped.
(107)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Materials/devices available to serve persons with disabilities (i.e., materials in Braille/signing interpreter/wide doors/ramps, etc.

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H. Clinical Performance Measures

	Y	NA	NI	IA	
(108)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Cultural Competency Selected culturally competent services to clients provided.
(109)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural competent staff trainings.
(110)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program recruits diverse bilingual/specialty staff to reflect population served.
(111)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Client Satisfaction Client satisfaction survey given at transition/exit planning process.
(112)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client satisfaction survey result in Quality Improvement/Treatment planning process.

II. SERVICES

A. Prevention Program Plan

	Y	NA	NI	IA	
(113)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Details agency's work.
(114)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Includes all significant pieces:
(115)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summarizes agencies overall services.
(116)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Introduces and overviews agencies concepts of prevention.
(117)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mission Statement Is developed and relates to agencies overall goals.
(118)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem/Needs Statement is based on verifiable data.
(119)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target Populations are identified.
(120)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Target Areas are identified.
(121)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Goals are well defined and realistic.
(122)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Objectives are well defined and realistic.
(123)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Methods/strategies used to meet goals/objectives.
(124)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evaluation includes what data will be measured and how.
(125)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addresses Future Funding Goals and Program sustainability.
(126)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meets contract requirements.
(127)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outlines agency services clearly/thoroughly.

B. Prevention Strategic Plan

(128)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Science –based Strategic plans details strategies and outcomes.(logic model)
(129)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Includes all significant pieces:
(130)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problem or Need
(131)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measure (documentation) of problem or need.
(132)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Strategies directly addressing problem or need.
(133)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measure (documentation) of strategies.
(134)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outcomes.
(135)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measure (documentation) of outcomes

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OBSERVATIONS: _____

Y NA NI IA B. Prevention Strategic Plan (Continued)

(136)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Copy of Science/research-base, including current research findings/data/needs assessment/supporting work made available to auditor.
(137)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clear summary of research findings/data/needs assessment provided.
(138)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Includes model program summary meeting specific community needs/problems.
(139)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Model Program names: _____
(140)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shows all strategies meeting agency outcomes/goals/objectives.
(141)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Includes ongoing evaluation to refine/improve program practices.
(142)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Reveals collaboration with other providers/community entities.
(143)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shows agency design reflecting countywide strategic plan.
(144)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Actual work corresponds to approved work plan contained in contract
(145)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Strategies/topics drug/alcohol oriented to meet contract requirements.

Y NA NI IA C. Treatment

		1. General Service Standards
(146)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Services provided at appropriate/clean/safe/well maintained sites offering Adequate space to accommodate types of services provided.
(147)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DBH-ADS Director/Designee & Coordinator notified by letter of changes in location of services.
(148)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Meets contract requirements.
(149)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Services provided according to contract program description.
(150)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Services designed/delivered in accessible manner in accord with cost/location/culture/language/disabilities.
(151)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Maintains value/respect for inherent dignity of each individual presenting for services.
	Y NA NI IA	2. Service/Program Policies
(152)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Written policies and/or procedures include at least the following:
(153)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Nondiscrimination in providing services.
(154)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Confidentiality.
(155)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Client rights.
(156)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Client record organization/maintenance/disposal.
(157)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Client's access to records.
(158)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Client grievance/appeal procedures.
(159)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Program rules.
(160)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Admission/Re-admission/Non-admission criteria.
(161)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Referral.
(162)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Urinalysis.

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(163)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Treatment.
(164)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Follow-up.
(165)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Aftercare.
(166)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Handling of prescription drugs.

OBSERVATIONS: _____

C. Treatment (Continued)

	Y	NA	NI	IA	
(167)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Priority Treatment
(168)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preference to substance abusers in following order:
(169)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant injecting drug abusers.
(170)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant substance abusers
(171)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injecting drug abusers.
(172)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Self-disclosing HIV/AIDS.
					All others.

D. Service Requirements

	Y	NA	NI	IA	
(173)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Client Records Client treatment records in accord with State/Federal/County/Contract Department Policies.
(174)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Assessment Each referral provided an initial Assessment/Treatment session.
(175)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Addiction Severity Index (ASI): Clients assessed at Intake using a Successful Completion of ASI.
(176)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each dimension reviewed for problem areas.
(177)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Problems addressed in recommended service level/initial treatment plan.
(178)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommended Services: Counselor/treatment team determines Level of Care Placement by using criteria format.
(179)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clients have clear understanding of recommended initial services offered/signed initial treatment plan.
(180)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Individualized Treatment for Clients Each client offered individualized services addressing recovery.
(181)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services closely match client's issues based on readiness to change/stage of recovery.
(182)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counselors providing direct service participate in ongoing case management meetings focused on individualized treatment planning.

Alcohol and Drug Services

Rating Codes:	Y=Yes NI = Needs Improvement*	NA = Not Applicable * Requires Plan of Correction
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- | | | | | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | | | | | |
| (183) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Psycho-Education |
| (184) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Topics presented in contexts appropriate to population(s) served. |
| (185) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Presentations support treatment services offered/address level of care provided. |
| | | | | | At least half of group time reserved for interactive process involving group members/staff. |

OBSERVATIONS: _____

D. Service Requirements (Continued)

- | | Y | NA | NI | IA | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| (186) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Individual Counseling |
| (187) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual counseling sessions offered. |
| | | | | | Treatment planning/support client group participation/case management/short-term problem solving strategies. |
| (188) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Group Counseling |
| (189) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provides supportive environment. |
| (190) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Focus based on connecting individual issues to common themes. |
| | | | | | Counselors providing direct service participate in ongoing case management |
| | | | | | Meeting focused on individualized treatment planning. |
| (191) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Clinical (Outpatient) |
| (192) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clinical decisions based on Outpatient dimensions/stages of change in recovery. |
| (193) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Program provides sufficient services to meet clients' present issues. |
| | | | | | Service intensities reduced as client progresses in treatment. |
| (194) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Urine Testing |
| (195) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written policies/procedures for administration/programmatic design of this ancillary service. |
| | | | | | Procedures protecting against falsifying and/or urine sample contamination adhered to. |
| (196) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Medication storage and access |
| (197) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written/attached medication storage policies. |
| (198) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Securely stored medications. |
| (199) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Documented storage/access. |
| (200) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Staff familiar with policies . |
| | | | | | Policy appropriate medication. |

Y NA NI IA E. Confidentiality

- | | | | | | |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| (201) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Written policies maintaining confidentiality cover all areas. |
|-------|--------------------------|--------------------------|--------------------------|--------------------------|---|

Alcohol and Drug Services

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(202)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Participant records stored according to policy.
(203)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Access to records controlled/recorded.
(204)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff/volunteers familiar with confidentiality laws.
(205)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff sign statement acknowledging receiving/understanding policy.
(206)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Written policy regarding maintenance/disposal of client records complies with County/Department policies.

OBSERVATIONS: _____

	Y	NA	NI	IA	F.	Program Documentation
(207)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Waiting list/referral procedure required by Federal Substance Abuse Prevention & Treatment Block Grant (SAPTBG).
(208)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Waiting list form reviewed/maintained monthly.
(209)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Staff know waiting list procedures.
(210)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Staff know removing person from waiting list procedures.
(211)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Interim services offered to those on waiting list.
(212)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Interim services include TB/HIV counseling/testing services.
(213)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Waiting list/interim services procedures meet County standards.
(214)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Current resource lists used.
(215)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Written quality assurance policies/procedures.
(216)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Staff knows quality assurance policy/participates monthly.
(217)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Assigned QA lead staff member.

OBSERVATIONS: _____

Number of Needs Improvements: _____

Number of Immediate Actions: _____

Program meets contractual requirements/goals? (If yes, enumerate; if no, enumerate) _____

Alcohol and Drug Services

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AGENCY EVALUATION SUMMARY: _____

Program Name: _____

Entrance Interview Date: _____

Staff Attending Interview:

Name _____ Title _____

Comments: _____

Exit Interview Date: _____

Staff Attending Interview:

Name _____ Title _____

Alcohol and Drug Services

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Comments: _____

Complaint _____
Non Complaint _____
Letter of Correction Needed _____