

Supplement # 3 Substance Abuse/Addiction Programs

APPLICANT NAME: _____

Services Provided:

- Alcohol Dependency
- Drug Addiction
- Methadone Maintenance
- Needle Exchange Program
- Detoxification
- Court Appointed Drug Program
- Eating Disorder
- Sexual Addiction
- Other
- Employee Assistance Program

Residential Beds

#Annual Outpatient Visits

_____ (#Annual Calls)

1. Please describe the average age of clients utilizing these services: _____

2. Please describe all methods of detox, including the medications utilized: _____

Residential Programs

1. Total Number of residents in the following age range

Under 18 years _____

18 to 65 years _____

Over 65 years _____

2. Residents are: Male Female Both

3. How are residents separated:

Gender Age Treatment Program

4. Average length of stay by residents: _____

5. How many residential locations are run by the applicant? _____

6. Any location with 25 beds or more beds? Yes No

If yes, please identify each location (provide additional sheet if necessary):

Name/Address of Location	#Beds
_____	_____
_____	_____
_____	_____
_____	_____

7. Indicate Client/Staff Ratio for each service: _____

8. Are physical or mechanical restraints EVER used at any facility? Yes No

If Yes, describe in detail (1) the frequency, (2) type of restraint used, (3) the circumstances when used, and (4) Staff training, supervision and monitoring of restraint use

9. Describe the security measures for each residential facility: _____

10. How are residents referred to the applicant's services? _____

11. Do you provide acute psychiatric care? Yes No If Yes, describe _____

Medically Monitored/Supervised Detoxification Residential Programs

1. Is the admission assessment conducted by a qualified independent practitioner or R.N? Yes No
2. Are there written protocols for admission/triage that are reviewed and updated at least annually?
Yes No
3. Do you have a formal agreement with a hospital/emergency center for the transfer of clients in need of acute medical or psychiatric care? Yes No
4. Do you require that a physical exam be conducted by a physician for each client within 24 hours of admission? Yes No
5. Is there a physician on call 24 hours, 7 days a week? Yes No
6. Do you provide staff training in medical emergency response? Yes No
7. Is the equipment/medications:
 - a. Stored with easy access by the staff? Yes No
 - b. Checked on a regular basis with documentation for good working order & expiration dates?
Yes No
8. Are staff competencies reviewed at least annually in medical emergency response and in the use of the emergency equipment/medications? Yes No
9. Do you require that staff, qualified in emergency response, be on duty at all times? Yes No