

Site Visit Questionnaire

Commissioner name(s) _____

Program Name _____

Address _____

Date of Visit _____

Program Administrator _____

Phone _____

Email _____

Program Serves:

Child__ Adolescent__ Youth__ Adult__ Older Adult__

Outpatient__ Inpatient__ Day Treatment__ Residential__

Program Capacity (# of individuals)

Maximum__ Monthly Average__ Daily Average

Reports to be reviewed before the Site Visit:

1. **Contract with Program (provided by BW staff)**
2. **Program quarterly report to SB CoBW**
3. **Client Satisfaction Survey**

Our goal in conducting this interview is to understand and support services for individuals with mental health, alcohol and other drugs and/or co-occurring disorders. At the end of our time together we will ask this essential question: How Can We Help You?

Program Services:

1. Describe the project (portion funded by BW)
2. Characteristics of clients served
3. In the past year has the demand for your services changed? If so, how do you respond to this change?
4. Is your program unique for this area? How so?
5. What recovery/treatment programs do you use:

6. “evidence based”,
 7. innovative and creative,
 8. best practices;
 9. What are your most impactful interventions?
 10. Do you use 12-Step, Smart Recovery, Refuge Recovery?
-
11. Do you use clients’ ideas?*
-
12. How do you care for clients with multiple conditions i.e. physical, mental health, substance abuse?
-
13. How do you address differences in gender programming and issue of cultural competency?
-
14. How are treatment plans developed? Are clients included in the process?
-
10. How are clients referred to your program?
-
11. Do you ask your clients to sign a release so family and significant others may inquire about them?
- Do you work with families and significant others in the process of engagement?
- Do you reach out to them?
- Are they included in exit planning?
- Do you refer them to support groups?
- How do you handle family and friends who may have a negative effect on your clients’ future?
12. How do you track and follow up on referrals when clients leave your program?
- Follow up data?
- Alumni activities?
13. What are the basic reasons for discharge from your program?

14. Do you use mental health advanced directives (psychiatric directives)?*

Program Evaluation

1. What is your program/ agency mission? (Brochure or Website?)

2. What are your program goals?

3. How are goals measured?

4. What is your progress in meeting these goals?

Achievements

Impediments/Obstacles

5. What is your evaluation process?

6. Do you obtain feedback from

Client___

Family___

Community__

Staff___

Personnel

1. Staff retention can be a challenge and high staff turnover impacts program outcomes. What percent of your staff have been with the program for:

Administration <1 year___ 1-3 years___ 3-5 years___ 5+ ___

Program <1 year___ 1-3 years___ 3-5 years___ 5+ ___

2. Counselor/or prevention credentialing is a virtual certainty for AOD programs what percent of your staff is certified? _____ ** is the impact of this requirement exclusionary or discriminatory in any way?

How do you support staff development toward eventual credentialing.**

For prevention staff, what knowledge thresholds have you established?***

3. What training do you provide for staff?

4. Do you use volunteers? Peers? Interns?

Administration

1. How do you market your services?
2. What percentage of your agency budget is comprised of BW funds_____ or fees collected for BW related services?
3. What are the costs of services provided per person per day (depends on census)?
4. Do you raise funds from the local community for your program? How successfully?
5. Does the agency Board of Directors include Mental Health Consumers?

How Can We Help You?

1. **In order to maintain or improve services, what support do you need from Behavioral Wellness?**
2. **What processes can Behavioral Wellness improve that would make a difference to your agency?**
3. **Are there any other suggestions or information you would like us to take back to the Advisory Board or Behavior Wellness?**

Thank you very much for your time.

Observations of the Site visited

On the following scale, rate the following:

Strongly agree, agree, neutral, disagree, and strongly disagree

Clean

Welcoming

Clean and Private Bathrooms

Well Located Signage

Access

Spanish materials

Spanish Groups

Staff appears compassionate

Staff appears Rushed

Staff appears Indifferent

Grievance Polices Prominently Posted

Grievance Forms readily available

Patients' Rights advocate contact information current

Accurate

Posted

[AS COMMISSIONER, WHAT IS YOUR OVERALL IMPRESSION OF THE FACILITY/PROGRAM, INCLUDING STRENGTHS AND LIMITATIONS?]

DO YOU HAVE ANY RECOMMENDATIONS FOR THIS FACILITY/PROGRAM FOR THE BWC TO CONSIDER?