

Behavioral Health Advisory Board Site Visit Report

Date: _____

Facility / Program: _____ Location: _____

Contact Person: _____ Phone #: _____ E-mail: _____

BHAB Review Team: _____

FACILITY / PROGRAM DEMOGRAPHICS

1. **Age Group Served:** (Check all that apply)

Children (0 - 12) Adolescents (13 - 17) TAY (18 - 25) Adults (18 - 61) Older Adults (60 +)

2. **Number of Clients Served:**

Maximum possible: _____ Monthly Avg. _____ and / or Daily Avg. _____

3. **Services Provided:** (i.e.: Counseling, Therapy, Medication management, Nursing, etc.)?

4. **Miscellaneous Additional Services:** (i.e.: transportation, follow-up care, community activities or support, etc.)?

5. **Number of on-site staff having direct client contact:**

6. **What kind of training does your organization provide the staff, and how often?**

7. **Which professionals are involved directly with clients** (i.e. Psychiatrist, Psychologist, MFT, ADT, LCSW, Nurse) **and how often?**

8. **Are peer support specialists/individuals in recovery utilized to support your clients? How many and how often? Are family members involved? How?**

9. **Describe Groups - education/support?**

10. **Facility/Program Physical Layout** (i.e. indoor rooms, outdoor areas, recreational areas)? (Attach floor plan if available)

BHAB Reviewer Response

What do clients typically do during the day (i.e. work, attend programs)?

[Empty response area for client activities]

Staff identified program needs ?

[Empty response area for staff identified program needs]

Overall Impression or Brief Summary (key points, including appearance of clients and facility)?

Board Member Recommendations for Program Needs?