



Superior Court of California
COUNTY OF ALAMEDA

Office of Collaborative Court Services
Wiley W. Manuel Courthouse
661 Washington Street, Oakland, CA 94607

Supplemental Questionnaire

Services

1. What services do you provide? Please check all that apply.

- Outpatient Treatment
- Intensive Outpatient Treatment (at least nine hours weekly, co-ed)
- Intensive Outpatient Treatment (male only)
- Intensive Outpatient Treatment (female only)
- Intensive Outpatient Treatment (with childcare)
- Intensive Outpatient Treatment (for co-occurring, individual therapy)
- Intensive Outpatient Treatment (mono-lingual Spanish speaking)
- Residential Treatment (co-ed)
- Residential Treatment (male only)
- Residential Treatment (female only)
- Residential Treatment (women with their children)
- Residential Treatment (for co-occurring, individual therapy)
- Residential Treatment (mono-lingual Spanish speaking)
- Psychiatric Services
- Recovery Residence/Sober Living Environment
- Medication Assisted Treatment (Methadone)
- Medication Assisted Treatment (Suboxone/ Buprenorphine)
- Transportation

Services

2. Where is your program located?

- North County** (Alameda, Ashland, Berkeley, Castro Valley, Cherryland, Emeryville, Oakland, Piedmont, San Leandro, San Lorenzo)
- East County*** (Dublin, Livermore, Pleasanton, Sunol)
- South County** (Fairview, Fremont, Hayward, Newark, Union City)

*Highly desirable.

Urinalysis Testing (for treatment providers only)

3. Does your program provide UA testing? YES NO
 If yes, how frequently? _____
4. Are the tests random? YES NO 5. Are the tests observed? YES NO
6. Are tests sent to a lab for confirmation? YES NO

Policies

7. Please describe your discharge policy:

8. Please describe your medication policy:

9. Please describe your evidence-based practices (e.g. Criminal thinking curriculum, parenting classes, etc.):

Fees

10. Please list ALL client-related fees (or attach fee agreement, if applicable), including UA testing, progress reports, and Medi-Cal and non Medi-Cal treatment rates:

Other

- | | | | |
|---|---------------------------------|--------------------------------|--|
| 11. Are members of your staff available to appear in court? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | |
| 12. Does your program have a clinical schedule? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If yes, please attach a copy to this document. |
| 13. Do you have a business license? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If yes, please attach a copy to this document. |
| 14. Do you have insurance? | YES
<input type="checkbox"/> | NO
<input type="checkbox"/> | If yes, please attach a copy to this document. |
| 15. What is your capacity? _____ | | | |

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to a contract with the Superior Court, I understand that false or misleading information in my application may result in the dissolution of the contract.

Print: _____

Title: _____

Signature: _____

Date: _____