

**California Superior Court, County of Fresno
Family Court Services
DRUG AND ALCOHOL ASSESSMENT ADDITIONAL INFORMATION**

Name of Site:

1. Do you have more than one location? Yes No If yes, attach list of locations.

2. Bus Routes to your location (list) **Bus Stop Distance:**

3. Do you have bilingual Staff? Yes No

Languages Spoken on Staff:

Access to Language Line or for the Hearing Impaired? Yes No

4. Cost/Fee Schedule:

CATEGORY SPECIFIC INFORMATION – DRUG and ALCOHOL ASSESSMENT

1. What is the average time to complete an assessment?

2. What assessment tool do your staff members utilize?

3. Do you provide treatment recommendations with your assessment? Yes No Not part of our usual practice, but we could to accommodate the court's needs

4. Do you have an Authorization to Release Information that could include the other parent and the Court? Yes No (Please attach a sample ROI utilized at your site.)

5. Do you have treatment providers on site or do you refer for treatment? Onsite treatment
Refer to treatment

6. Does your staff witness participants supplying the specimen? Yes No

7. What is the acceptable range of urine temperature your site accepts for specimens?

8. Please describe your communication method(s) on results for court clients:

Client Pick-up in Sealed Envelope and Signature required? Yes No

Mailed to Client or Court in Sealed Envelope with Case Number marked confidential? Yes No

Email Password Protected Scanned Document with confidentiality disclaimer in email? Yes No

Utilize e-screen system or encryption system? Yes No

Fax to Court? Yes No

Other (please describe):

9. Are the labs utilized at your site SAMHSA Certified? All None Partial/Some

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10. Please list all SAMHSA certified labs utilized and the location to which you send the specimen (city/state only):

11. Do you have other services you provide onsite? Please describe.