

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Addiction Prevention and Recovery Administration



Transportation Advisory

Date: October 22, 2010

To: Assessment and Referral Center (ARC), Detoxification Treatment Providers, Residential Treatment Providers

From: Roula K. Sweis M.A., Psy.D. 
Deputy Director for Treatment and Recovery Services

RE: Transportation of Clients from ARC to Detoxification or Residential Providers

APRA has established a system to ensure that clients who present at the Assessment and Referral Center (ARC) can be directly transported to detoxification or residential treatment facilities. Given the acute needs of clients at these levels of care, it is critical that clients are transitioned and transported safely and appropriately from clinic to clinic. Both APRA and residential providers in the network share the responsibility of picking up and dropping off clients. This shared responsibility requires the coordination of efforts and appropriate documentation to ensure an efficient and accountable system that places the safety of clients as a primary focus.

The purpose of this correspondence is to communicate the implementation of the **Assessment and Referral Center Transportation Request Form**. This form will document transportation requests for each client and will capture signatures from several individuals who must coordinate their activities in order for each client to be safely transported to the treatment facility of their choice.

Effective Monday, **October 25, 2010**, all transportation requests from the ARC will be documented through the form attached to this memo. Each transportation request will originate in the ARC from a Counselor or Nurse who will hand the form off to the ARC receptionist to move the request forward. The driver, regardless of whether the driver is an APRA driver or residential provider driver will be expected to complete the driver section.

Residential providers who send drivers to the ARC to pick up referred clients are expected to confirm that the correct client is being picked up. Residential provider drivers should ask each client to show an appointment/referral card (it looks like a business card) which has the client's information and referred to agency written in by a nurse or counselor. Residential provider drivers are expected to sign the transportation request form and return it to the ARC receptionist before departure.

If an APRA driver drops a client(s) off at a facility, the APRA driver will take the form to the receiving provider and the receiving provider will be asked to sign the form and

return it to driver. The APRA driver will then return the form to the ARC for documentation.

Thank you in advance for your partnership and cooperation with this system. APRA believes it will significantly enhance all of our efforts to maintain a smooth and effective system.

For any questions, please contact Roula K. Sweis, Deputy Director for Treatment and Recovery Services at 202-727-8940; 202-236-7129; or Roula.sweis@dc.gov.

Assessment and Referral Center (ARC) Transportation Request Form

DATE: ___/___/___

Section I: To be Completed by ARC Counselor or Nurse

Client ID Number: _____

Client Initials: _____

Where Does Client Need to Go? (Name and Address of Provider):

Which Transportation is Being Requested: Provider or APRA (Circle One)

Signature of Counselor _____

Section II: To be Completed by ARC Receptionist

Time that Transportation Request was Made: _____

Which Transportation will be Used: Provider or APRA (Circle One)

Was Client Introduced to Driver? Y/N

Signature of Receptionist _____

Section III: To be Completed by Driver

Time of Client Pick-Up: _____

Did you confirm that appropriate client is being transported to appropriate provider? Y/N

Signature of Driver _____

Section IV: To be Completed by Detox or Residential Provider

Time that Client Arrived: _____

Provider Name: _____

Signature that Provider has Received Client _____