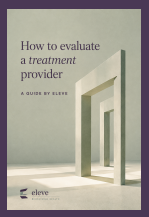
How to evaluate a treatment provider



Clear questions. Useful next steps. Space to make a plan.

Start with the person, not the brochure

You may be making calls while worried, exhausted, or unsure what to believe. A good starting point is not 'Which program sounds best?' It is 'What does this person need now, and can this setting meet those needs safely?' You can ask direct questions without having every answer yourself.

Turn a broad promise into a concrete question

Your concern	Ask the program
More than one problem	If gambling, substance use, anxiety, depression, or trauma overlap, who evaluates each need? Which can you treat directly, and how do outside clinicians communicate with your team?
The actual treatment week	Who provides individual therapy, how often is it scheduled, and how are groups used? Can you show a typical week without promising that every person receives the same plan?
Medication and medical care	Who can assess medication needs, when can an appointment occur, and what happens between appointments? Which medical services are onsite, contracted, or referred elsewhere?
Living with the schedule	Can the person realistically attend around work, caregiving, transportation, language, accessibility, and housing needs? What is the plan if one of those arrangements breaks down?

Ask how the recommendation was reached

Ask who will assess overlapping mental-health, substance-use, gambling, and medical needs; why this setting fits; and when another service would be needed. A recommendation should connect the person's needs to the actual treatment available. Ask how that recommendation will be reviewed if the first plan does not help. [P01, P02, P03]

Listen for a reason, not a list of therapies

Ask which approach addresses the person's main difficulty, who is trained to deliver it, and how progress will be reviewed. Evidence-based treatment is selected for the condition and individual; more therapy names on a website do not automatically mean a better match. [P03]

Invite the person receiving care into the comparison whenever possible: 'What would help you feel safe enough to take this first step?' Their priorities belong beside the family's concerns, not underneath them.

Start with an essential need

Write one need the program must address and one practical barrier that could prevent attendance. Ask who will assess each. The most reassuring presentation is not useful if an essential need remains outside the plan.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[P01] SAMHSA: Quality Treatment for Mental Health, Drugs and Alcohol (2023-04-24).

[P02] NIAAA: Step 1 - Search Trusted Sources To Find Providers (n.d.).

[P03] NIMH: Psychotherapies (2024-02).

Know who is responsible for the care

A familiar logo and a reassuring conversation are not substitutes for verification. Separate the program's authority to operate from the qualifications of its clinicians and any voluntary accreditation. You are checking the exact service and location your loved one would use, not simply the parent organization's name.

Make three separate checks

Check	What to request and verify
Facility license	Ask for the legal program name, street address, license number, and authorized services. In New Jersey, NJDOH is the licensing and regulating authority for mental-health and substance-use facilities. Confirm the applicable listing or contact the agency if the entry is unclear. [P04]
Individual clinician	Ask for the full name, professional role, license type, and license number of the relevant clinician. Check current information through the state's professional board; New Jersey Consumer Affairs provides the professional-license verification gateway. [P05]
Accreditation	If accreditation is advertised, verify the named organization, included program, and site through the accreditor. Joint Commission publishes organization and site information. Accreditation reviews standards; it does not replace individual clinical-fit questions. [P06]

Understand the staffing arrangement

Ask who supervises care, who leads clinical groups, and who provides medication appointments. Distinguish a person employed onsite from someone available by telehealth, contract, or outside referral. All can be useful arrangements, but the family needs to understand appointment access and responsibility rather than infer availability from a staff photograph.

Keep a short verification record

- Record the exact name searched, the agency or accreditor, the date checked, and what the listing actually confirms.
- Ask the provider to explain a different name, old address, or unclear status; do not treat an absent search result as proof of misconduct.
- Request the process for raising a care concern, obtaining records, or contacting a supervisor if an answer is not clear.

A license, an accreditation, and a good personal fit answer different questions. Look for all the relevant evidence; do not turn one badge into an overall safety or outcome guarantee.

Check the actual service location

Save the date and exact location attached to a licensing or accreditation result. If a listing is unclear, ask the relevant agency or provider to clarify it. Do not turn an ambiguous search result into an accusation.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[P04] NJ DHS / DMHAS: Providers - Licensing (n.d.).
[P05] NJ Consumer Affairs: License Verification (2020-12-23).
[P06] Joint Commission: Media Information Policy - Publicly Available Information (n.d.).

Ask what happens when things get difficult

The most revealing answers are often about the day that does not go to plan. Before admission, ask how the team responds to worsening symptoms, a missed appointment, a medication concern, or a return to use. You want a clear response pathway, not an assurance that problems never happen.

Four situations to talk through

Situation	Ask for the actual process
A need beyond this setting	Who assesses the concern? Where is urgent medical or psychiatric evaluation available? Who arranges a transfer, communicates with the receiving team, and follows up afterward?
A medication problem	How does the person contact a prescriber about side effects, missed doses, or a refill? What are the response hours and backup arrangements? Do not change medication based on a brochure or admissions conversation.
A missed day or return to use	How is immediate safety assessed and the care plan reconsidered? Ask about outreach and the criteria for another level of care. Returning to use can signal a need to adjust treatment; it can also carry serious overdose risk. [P07]
Leaving or stepping down	Who confirms the next appointment, medication continuity, transportation, and any housing arrangements? Ask what is handed to the next clinician and what happens if the person does not connect.

Make family communication explicit

Ask what permission is needed for updates, which information may be shared, and whom a family member can contact with a concern. HIPAA permits certain care-related communication with family and friends, but it does not give every relative automatic access to every record. Ask the team to explain the rules for this person, including any additional protections. [P08]

Keep support and treatment distinct

Ask whether peer meetings, practical support, and living arrangements are separate from licensed clinical services. For substance-use care, withdrawal management alone is not a complete course of treatment; ask what continuing care follows it. [P14]

For a medical emergency or immediate physical danger, call 911. For suicidal thoughts or an emotional crisis, call or text 988. These are crisis resources, not routine program callbacks. [P02, P09]

Ask for the backup route

If the main contact is unavailable, who responds? Record hours and the backup number. A voicemail greeting or a contact form does not establish that someone is monitoring an urgent clinical concern.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[P07] NIDA: Drugs, Brains, and Behavior: Treatment and Recovery (n.d.).

[P08] HHS OCR: HIPAA Helps Family and Friends Stay Connected with Loved Ones (n.d.).

[P14] SAMHSA, FindTreatment.gov: What To Expect - Types of Treatment (n.d.).

[P02] NIAAA: Step 1 - Search Trusted Sources To Find Providers (n.d.).

[P09] 988 Lifeline: What to Expect (n.d.).

Compare answers you can act on

It is reasonable to want a clear financial picture before beginning non-emergency care. Ask for the same explanation in writing that you heard on the phone. A meaningful estimate identifies the service, expected schedule, and assumptions, not only a single number or the phrase 'we take insurance.'

A two-provider decision record

Essential question	Provider A / Provider B
Clinical fit	Assessment and reason for this setting: _____ / _____
Who delivers care	Named clinician and expected access: _____ / _____
Safety and transitions	Urgent pathway / follow-up owner: _____ / _____
Practical access	Transport, schedule, language, housing: _____ / _____
Cost evidence	Written estimate and unresolved assumptions: _____ / _____

If you are paying without insurance

If you are uninsured or choosing not to use insurance, ask for a written good faith estimate. Providers generally must give one when you request it or schedule care at least three business days ahead; emergency care is different. Ask each separately billing provider for its estimate. Keep these documents, rather than relying on a verbal total. [P11]

Ask how claims about quality are measured

If a program quotes a success rate, ask how success was defined, how many people were counted, how long follow-up lasted, and whether people who left early were included. A percentage without a definition and denominator is not a fair comparison. Recovery cannot be guaranteed. [P07]

Pause for an unanswered concern

- The proposed biller, service, or location changes without an explanation of how that affects the estimate.
- You are asked to sign an agreement you have not had time to read or cannot obtain a copy of.
- The conversation avoids clinical-fit questions and returns only to amenities, urgency, or a promised outcome.

Use evidence labels, not an invented score

For each answer, mark C for confirmed in writing, D for discussed, or U for unanswered. Those labels describe your information, not a provider's quality. Select one unresolved clinical question and one unresolved cost or access question to clarify next. Do not add the labels into a safety score. Keep the comparison with your notes so it can be reviewed if the person's needs change.

Compare the same service, not two sales pitches

Before comparing prices or schedules, make sure both providers are discussing the same level of care and the same major needs. Ask the person receiving care which concerns must be addressed first. A program can be honest and well run yet still be the wrong setting. Write down what each provider cannot provide as carefully as what it offers.

SOURCES FOR THIS PAGE / LINKED TITLES / ACCESSED 08 SEPTEMBER 2026

[P11] CMS: Know your medical bill rights when not using insurance (2026-08-25).

[P07] NIDA: Drugs, Brains, and Behavior: Treatment and Recovery (n.d.).