Treatment Research Institute

THE ADDICTION TREATMENT INVENTORY
A Service Delivery Unit Questionnaire

A Service Delivery Unit (SDU) is a single treatment modality
(either inpatient, outpatient, or methadone maintenance) at a single site delivered by a designated staff.

Date:_____
Please complete a separate descriptor for each participating Service Delivery Unit

This SDU provides services in the following modality (*check only one*):
Residential / Inpatient ☐
Outpatient, Non-Methadone ☐
Methadone Maintenance ☐

Facility Name: _____

SDU Name: _____

SDU Address: _____

_____
(City) (County)

_____
(State) (Zip Code)

_____
(Phone) (Fax)

_____
(E-Mail)

Name/Title of Individual(s) Completing this Form:_____

SDU Status (check all that apply): _____ Gov't _____ Non-Profit
_____ For-Profit _____ Public _____ Private

Organizational Structure (check all that apply)	Yes	No
Independent/Free Standing (not part of a larger, parent organization)	☐	☐
Part of a Hospital or larger healthcare facility	☐	☐
Part of a University or School	☐	☐
Part of a prison or criminal justice facility	☐	☐
One of several SDUs directed by a parent organization	☐	☐
Is the SDU accredited by -- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?	☐	☐
-- Commission on Accreditation of Rehabilitation Facilities (CARF)?	☐	☐

If other, specify: _____

Comments

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Complete **either** Inpatient **or** Outpatient or OMT section, according to the modality indicated on the front page.

INPATIENT (IP)	Yes	No	N/A
Inpatient Hospital Detox	☐	☐	☐
Residential/Non-Hospital Detox	☐	☐	
Inpatient Hospital Rehab			
Inpatient Non-Hospital Rehab (Not TC)	☐	☐	
Residential/Therapeutic Community Rehab (TC)			
Incarceration Based Rehab (CJ Facility)	☐	☐	
Half-Way House/Supervised Living Program	☐	☐	

OUTPATIENT (OP)	Yes	No	N/A
Outpatient Detox Only	☐	☐	☐
Partial (Day) Hospital Rehab Program	☐	☐	
Intensive OP (>7 hrs./week)			
Traditional OP (<8 hrs./week)	☐	☐	
Drug Court	☐	☐	
Other Correctional Facility OP			

OPIATE MAINTENANCE TREATMENT (OMT)	Yes	No	N/A
Methadone Maintenance	☐	☐	☐
LAAM	☐	☐	

FOR SDU'S – ANY MODALITY **CIRCLE ONE**

Total client capacity in this SDU ☐☐☐ slots/beds

What is the **planned/standard** duration of treatment for the majority of clients in this SDU? ☐☐ days/weeks/months

What is the **actual** average length of time in treatment? ☐☐ days/weeks/months (do not include aftercare; not # of visits)

Average number of hours each patient spends in in tx per week **or** month ☐☐☐ per week/month

Average number of patients on waiting list ☐☐

Average wait for patients on waiting list ☐☐ days/weeks/months

Average number of interviews/planned intakes/evaluations ☐☐☐ per week/month

Average number of admissions ☐☐☐ per week/month

Age range of patients accepted: ☐☐ yrs to ☐☐ yrs old.

Gender of patients accepted:

Male ☐ Yes ☐ No

Female ☐ Yes ☐ No

Patient Profile

Do you accept patients with:

Poly-Drug Problems (may include etoh)	☐	☐
Alcohol Problems Only	☐	☐
Heroin Problems Only	☐	☐
Cocaine Problems Only	☐	☐

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Do you Accept Patients:	Yes	No
Living in shelters?	☐	☐
Living on the street?	☐	☐
Without insurance?	☐	☐
Who do not speak English?	☐	☐
In treatment and taking psychotropic medication?	☐	☐
Under a physician's care and on medication?	☐	☐
On probation/parole?	☐	☐
With legal charges pending?	☐	☐
With psychotic diagnosis (can be managed)?	☐	☐
Who are HIV Positive?	☐	☐
Who have AIDS?	☐	☐
Any Other Exclusion Criteria _____	☐	☐

Comments

_____

_____

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_____

_____

_____

_____

_____

_____

Staffing Mix

Please describe the staff that are the primary providers of treatment in the previous year at the SDU described on the front page.

STAFF PROVIDING CLINICAL SERVICES AT THIS SDU	CURRENT NUMBER OF FULL-TIME STAFF OR FTE (>30 HRS/WEEK)	CURRENT NUMBER OF PART-TIME STAFF (<30 HRS/WEEK)	TOTAL HIRED THIS PAST YEAR/ # TERMINATED OR LEFT HIRED/TURNOVER
Psychiatrists			/
Other Physicians			/
Physicians Assistants			
Pharmacists			
RN Nurses (MA and above)			
RN Nurses (Other degree)			
Other Licensed Nurses			
Doctoral Level Psychologists			/
Master's Level Psychologists			/
Social workers (MSW and above)			/
Social workers (Other degree)			/
Certified Addictions Counselors			/
Non-certified Counselors			/
Other clinical staff -- specify			/
			/
Total Staff this Category:			
# from above total who are:			
Recovering Staff			
Bilingual Staff			
Hispanic Staff			
Native American Staff			
Asian/Pacific Islander Staff			
African American Staff			

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Staffing Services Profile

Estimate the average number of **individual** and **group** sessions **a patient has in a typical week** (excluding intake/evaluation):

	At Intake	# of Individual Sessions/Week	# of Group Sessions/Week
Psychiatrist Psychologist	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
MD (non-psychiatric) Nurse	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Social Worker Case Manager	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Addictions Counselor Family Therapist	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Vocational Therapist Art/Dance/Music Therapist	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐
Other (specify)_____ _____	☐☐ ☐☐	☐☐ ☐☐	☐☐ ☐☐

Other **General/Intake** Services Offered at or by the SDU:

	Yes	No
Crisis Intervention/24-Hr Hot Line	☐	☐
Central Intake/Intake Department	☐	☐
Regular Transportation to/from program	☐	☐
Transportation vouchers or tokens	☐	☐
Transportation to/from outside services	☐	☐

Other **Drug and Alcohol** Services Offered <u>at or by</u> the SDU:

Number of drug/alcohol education groups scheduled	☐☐	per week/month
Number of (outside)12-Step group meetings	☐☐	per week/month
Number of (in-house)12-Step group meetings	☐☐	per week/month
Number of relapse prevention groups per week	☐☐	per week/month
Number of group therapy sessions	☐☐	per week/month
Number of individual counseling sessions	☐☐	per week/month

	Yes	No	Via Referral
Acupuncture	☐	☐	☐
Medications for drug craving (e.g. Desipramine)	☐	☐	☐
Medications for cigarette craving (e.g. Nicotrol)	☐	☐	☐
Medications to reinforce alcohol abstinence (e.g. Antabuse, Naltrexone)	☐	☐	☐
Breathalyzer testing	☐	☐	☐
Urine testing (collected on site)	☐	☐	☐

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Other **Medical** Services Offered at the SDU:

	YES	NO	via Referral
Physical exam by Physician/Nurse	☐	☐	☐
HIV testing	☐	☐	☐
TB testing	☐	☐	☐
Medication prescriptions, not methadone	☐	☐	☐
Blood work	☐	☐	☐
Medical monitoring (by nurse or MD)	☐	☐	☐
Oversee medication compliance	☐	☐	☐

Other **Employment** Services Offered at or by the SDU:

	YES	NO	via Referral
Literacy instruction	☐	☐	☐
GED preparation or testing	☐	☐	☐
Employment readiness/counseling	☐	☐	☐
Job training/referral	☐	☐	☐
Back to Work conferences	☐	☐	☐

Other **Social Services** Offered at or by the SDU:

	YES	NO	via Referral
Extended Housing/housing assistance	☐	☐	☐
Benefits assistance (SSI/SSDI/VA)	☐	☐	☐
Food stamps	☐	☐	☐
Food (Non-inpatient)	☐	☐	☐
Clothing	☐	☐	☐
Legal counseling	☐	☐	☐
Nutritional counseling	☐	☐	☐

Other **Family Services** Offered at or by the SDU:

	YES	NO	via Referral
Child care	☐	☐	☐
Couples counseling	☐	☐	☐
Parenting instruction/classes	☐	☐	☐
Domestic violence education/group	☐	☐	☐
Multiple family groups	☐	☐	☐

Other **Psychological/Psychiatric** Services Offered at or by the SDU:

	YES	NO	via Referral
Psychiatric evaluations	☐	☐	☐
Prescriptions for psychiatric medications	☐	☐	☐
Psychological testing	☐	☐	☐
Relaxation/Stress management group	☐	☐	☐
Biofeedback	☐	☐	☐
Other specialty services (specify)_____ _____	☐	☐	☐

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Financing

Please estimate the proportion of your revenues from each category listed below:

	TOTAL % OF REVENUES
Private Insurance (non-HMO-PPO)	
Private Insurance (HMO-PPO)	
Medicaid	
Medicare	
VA Benefits	
Federal Programs/Grants	
State / Municipal /Grant Funding	
Public Managed Care	
Criminal Justice	
Self Pay	
Bad Debt/Write-off	
CHAMPUS	
Charitable Contributions	
Other _____	
	100 %

Comments

Additional Comments:

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