

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)	<input type="checkbox"/>	<input type="checkbox"/>
Part of a Hospital or larger healthcare facility	<input type="checkbox"/>	<input type="checkbox"/>
Part of a University or School	<input type="checkbox"/>	<input type="checkbox"/>
Part of a prison or criminal justice facility	<input type="checkbox"/>	<input type="checkbox"/>
One of several SDUs directed by a parent organization	<input type="checkbox"/>	<input type="checkbox"/>
Is the SDU accredited by -- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)?	<input type="checkbox"/>	<input type="checkbox"/>
-- Commission on Accreditation of Rehabilitation Facilities (CARF)?	<input type="checkbox"/>	<input type="checkbox"/>

If other, specify: _____

Comments

Do you Accept Patients:

Yes No

Living in shelters?	<input type="checkbox"/>	<input type="checkbox"/>
Living on the street?	<input type="checkbox"/>	<input type="checkbox"/>
Without insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Who do not speak English?	<input type="checkbox"/>	<input type="checkbox"/>
In treatment and taking psychotropic medication?	<input type="checkbox"/>	<input type="checkbox"/>
Under a physician's care and on medication?	<input type="checkbox"/>	<input type="checkbox"/>
On probation/parole?	<input type="checkbox"/>	<input type="checkbox"/>
With legal charges pending?	<input type="checkbox"/>	<input type="checkbox"/>
With psychotic diagnosis (can be managed)?	<input type="checkbox"/>	<input type="checkbox"/>
Who are HIV Positive?	<input type="checkbox"/>	<input type="checkbox"/>
Who have AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
Any Other Exclusion Criteria _____	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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	CURRENT NUMBER OF PART-TIME STAFF	TOTAL HIRED THIS PAST YEAR/ # TERMINATED OR LEFT
	(>30 HRS/WEEK)	(<30 HRS/WEEK)	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			

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

	YES	NO	via Referral
Physical exam by Physician/Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TB testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication prescriptions, not methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical monitoring (by nurse or MD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oversee medication compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO	via Referral
Literacy instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED preparation or testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment readiness/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training/referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back to Work conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO	via Referral
Extended Housing/housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benefits assistance (SSI/SSDI/VA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food (Non-inpatient)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutritional counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO	via Referral
Child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couples counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting instruction/classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence education/group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple family groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	YES	NO	via Referral
Psychiatric evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescriptions for psychiatric medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxation/Stress management group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Biofeedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other specialty services (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

Comments section with 18 horizontal lines for recording feedback or observations.

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:
