

1. Agency

2. Contact Person

3. Title

4. Agency Address

5. Substances Treated

- All
- Alcohol
- Cocaine
- Opioid
- Marijuana
- Methamphetamine
- Benzodiazepines
- Other (please specify)

6. Services Provided

- Long-term Residential (> 28 days) (Please indicate range of stay in months in comment section below)
- Short-term Residential (<28 days) (Please indicate range of stay in days in comment section below)
- Withdrawal Management: Medical (Please indicate what meds used in comment section below)
- Withdrawal Management: Psycho-social/Outpatient
- Dual-Diagnosis (substance use & mental health)
- Methadone
- Buprenorphine
- Naltrexone
- Housing (non-residential): Sober/Half-way
- Housing (non-residential): Formal/In-house Counselor
- Adolescent Treatment
- Case Management
- Recovery Support
- Alternative Treatments (Please describe in comment box below)
- Other (Please describe in comment box below)

Comments: length of residential programs, withdrawal management meds, alternative treatments, other

7. Total number of current clients:

8. For each service provided, please indicate your maximum capacity for patients

Long-term Residential (> 28 days)	<input type="text"/>
Short-term Residential (<28 days)	<input type="text"/>
Withdrawal Management: Medical	<input type="text"/>
Withdrawal Management: Psycho-social/Outpatient	<input type="text"/>
Dual-Diagnosis (substance use & mental health)	<input type="text"/>
Methadone	<input type="text"/>
Buprenorphine	<input type="text"/>
Naltrexone	<input type="text"/>
Housing (non-residential): Sober/Half-way	<input type="text"/>
Housing (non-residential): Formal/In-house Counselor	<input type="text"/>
Adolescent Treatment	<input type="text"/>
Case Management	<input type="text"/>
Recovery Support	<input type="text"/>
Alternative Treatments	<input type="text"/>
Other	<input type="text"/>

9. Capacity Met?

- Yes
- No

10. Are you currently trying to increase capacity? Please indicate any barriers to increasing capacity.

- Yes
- No

Barriers & other comments regarding increasing capacity

11. Percent of total clients who are heroin/opioid dependent:

12. Average wait time for new clients from general population:

13. How is the average wait time for patients in the general population impacted by identified priority populations such as pregnant women and people who inject drugs?

14. Percent of slots currently reserved for specific programs/populations

15. Percent of reserved slots unused (on average)

16. Please indicate whether your agency requires the following of patients: (YES or NO)

Do they need to have an ID prior to entering treatment?

Do they need to have insurance?

Do they need to be sober/detox prior to entering treatment?

Are they allowed to have any "dirty" urinary analysis (UA)s?

Do they have to reside in a specific county/city/region?

Do they need to be housed prior to starting treatment?

Are they required to attend meetings or groups outside of their treatment?

Can they be diabetic or on oxygen?

Can they be on psychiatric meds?

Can they be on MAT (for those seeking non-MAT programs)?

Do they have to have a primary care physician (PCP) prior to entering treatment?

Do you have any other restrictions/requirements?

17. Do you accept the following types of insurance/payment?

Medicaid	<input type="text"/>
Tricare / VA	<input type="text"/>
Blue Cross/Blue Shield	<input type="text"/>
Bright Health	<input type="text"/>
Cigna	<input type="text"/>
Elevate: DHMP	<input type="text"/>
Kaiser Permanente	<input type="text"/>
Rocky Mountain Health Plans	<input type="text"/>
Self-pay	<input type="text"/>
Other:	<input type="text"/>

18. If you accept Medicaid, do you have a cap on the amount of Medicaid patients you can accept? Please explain.

19. What barriers do you experience in providing treatment to people who use opioids?

20. Another important part of addressing substance use disorders includes what occurs following treatment. SAMHSA identifies 4 categories important to supporting recovery. These include health (managing diseases/symptoms, making healthy choices), home (safe and stable living), purpose (meaningful daily activities, ability to participate in society), and community (relationships and social networks to provide support, love, etc). These may be referred to as "Recovery Support Services" or "Aftercare."

Do you provide "recovery support services" or "aftercare" in-house? If so, what are they?
If not, do you have established relationships with agencies to provide those services? If so, who?

21. Do you provide services to transgender and/or gender non-conforming individuals?

- Yes
- No

Please describe any differences in treatment options for trans/GNC individuals