



**Network for the Improvement of Addiction Treatment (NIATx)  
Application for NIATx 200 Project**

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Name of Respondent:** \_\_\_\_\_

**Phone/email:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Application Number** (*NIATx staff use only*) \_\_\_\_\_

1. What type of organization is the owner or legal entity responsible for the operation of your substance abuse treatment organization? (Please Check One)

- Private not-for-profit organization
- Unit of state government
- Unit of local county or community government
- Unit of tribal government
- Federal Department of Veterans Affairs

2. Which one category best describes the primary setting of your organization? (Please Check One)

- Health Maintenance Organization or Integrated Health Plan
- Hospital or Health Center (including primary care setting)
- Medical School or University
- Mental Health System or Community Mental Health Clinic
- Free-Standing (Independent) Alcohol and Drug Abuse Treatment Program
- Family and/or Children's Service Agency
- Social Services Agency
- Corrections
- Other (Please Describe) \_\_\_\_\_

3. Number of service sites (separate locations) included in your organization? \_\_\_\_\_

4. How large is the alcohol and drug abuse treatment services part of your organization? (*Answer each item.*)

- a. Approximate Full-Time Equivalent Employees providing direct care substance abuse treatment services \_\_\_\_\_
- b. Approximate Full-Time Equivalent Employees providing administrative and support services \_\_\_\_\_
- c. Approximate annual substance abuse revenues \_\_\_\_\_

5. Does your organization offer co-occurring treatment? Yes                  No

6. Does your agency use a centralized assessment system (i.e., are assessments conducted at a location apart from your treatment location)? Yes                  No

7. Does your agency employ information systems that capture encounter-level data (i.e., do you have an electronic record that includes the dates of all client appointments)? Yes                  No

8. Does your agency have internet access? Yes                  No



Connection (check one)

High speed (e.g., T1/T3, DSL, etc.)

Low speed (e.g., dialup)

Of staff members working in substance abuse (from Questions 4a & 4b), what percentage has internet access at work? \_\_\_\_\_%

9. Besides your own agency, who do you consider to be the five most influential providers in your state?

- (1). \_\_\_\_\_
- (2). \_\_\_\_\_
- (3). \_\_\_\_\_
- (4). \_\_\_\_\_
- (5). \_\_\_\_\_

---



---



---

10. How many directors or CEOs has your organization had in the past five years? \_\_\_\_\_

**Key Personnel**

Your agency must designate an executive sponsor and a change leader, who will be responsible for completing periodic surveys (*see provider expectations*) related to the study. Please provide the names of the executive sponsor and change leader for the project:

Name	Job Title
Executive Sponsor: _____	_____
Email: _____	Phone number(s) _____
Change Leader: _____	_____
Email: _____	Phone number(s) _____

In addition, surveys must also be completed by seven administrative, managerial and clinical staff members (*see provider expectations*). A Data Coordinator must also be designated who will be responsible for submission of primary outcome measures.

**Return To:**

Renee Hill  
 NIATx  
 610 Walnut St, Rm. 1140  
 Madison, WI 53726  
 (608) 890-1442  
 Fax (608) 890-1438  
 rshill@chsra.wisc.edu