

INVENTORYING YOUR LOCAL MOUD PROVIDER



Not all MOUD providers are the same. Setting expectations about providers and making referrals based upon an individual's needs and choices, a "responsive referral," requires understanding the ins-and-outs of the community provider.

Provider Name: _____

Provider Phone Number: _____

Provider Address: _____

Point-of-Contact/Role: _____

Preferred Communication: _____

MEDICATIONS & ELIGIBILITY



1. What type of medication(s) do you offer? And, in what form?

Buprenorphine
Buprenex, Suboxone, Subutexo

Methadone

Naltrexone
Vivitrol

Tablet

Tablet

Film

Solution

Implant

Injection

Injection

Extended Release

2a. What, if any, eligibility/enrollment requirements do you have?

2b. Is there a waiting list? If so, on average, how long is the wait list?

Yes, average days: _____ No

3. What types of insurance, if any, do you take?

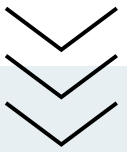
4. When/how do patients receive their medication? Check all that apply.

Take medication onsite Pick-up onsite Prescription

Morning/afternoon Night

Hours: ____:____ a.m. to ____:____.m. Hours: ____:____ p.m. to ____:____ p.m.

TREATMENT PROGRAMMATIC ELEMENTS



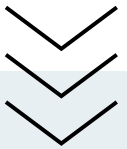
5. Do you have any multi-lingual staff on site? If so, what languages do your staff speak?

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Arabic | <input type="checkbox"/> German | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | _____ |

6. Do you offer any other programmatic components at your place of business? Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Group therapies | <input type="checkbox"/> Family Education & Family Therapy |
| <input type="checkbox"/> Cognitive Behavioral Therapy | <input type="checkbox"/> Harm Reduction Drug Use Plans/Naloxone |
| <input type="checkbox"/> Individual Counseling | <input type="checkbox"/> Trauma Treatment/Informed-care |
| <input type="checkbox"/> Other: | |

LOCATION



7. Are you located near/accessible to any form of public transportation?

- Yes No
- Bus Route(s): _____
- City Train/Metro, Line/Stop: _____
- Commuter Train, Line(s)/Stop: _____

8. Are you located near other treatment providers and resources?

- Yes: No
- _____

Funding for this initiative was made possible by grant no. U01DA0500442 from NIDA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

