For Office Use Only (7)

Form PRRTP04

Psychosocial Residential Rehabilitation Treatment Program (PRRTP) Annual Survey for Fiscal Year 2004

Name, VA address, telephone number and FAX of individual completing this form:

Name:_____

Address:_____

Phone:_____FAX:_____

Are you the program coordinator for your PRRTP: ☐ 0 = No ☐ 1 = Yes

If not, please provide the name, address, telephone number and FAX of the Coordinator.

Name:_____

Address:_____

Phone:_____FAX:_____

1. VA Facility Code (use 5-digit code if applicable) …… ☐☐☐☐☐ **(12)**

2. Type of PRRTP **(check only one)**

☐ 1. Substance Abuse (SARRTP) **(13)**
☐ 2. PTSD (PRRP)
☐ 3. Psychiatric (PRRTP)
☐ 4. HCMI CWT/TR
☐ 5. SA CWT/TR
☐ 6. PTSD CWT/TR
☐ 7. General CWT/TR

3. Please provide the following information for your PRRTP:

3a. Start up date ……(mm/yy) ☐☐ / ☐☐ **(14-17)**

3b. End date (if applicable)……..(mm/yy) ☐☐ / ☐☐ **(18-21)**

4. Did your PRRTP program either start up **or** end during FY 2004? …… ☐ 0=No ☐ 1=Yes **(22)**

5. Number of operating beds in your PRRTP on October 1, 2003? …… ☐☐☐ **(23-25)**

6. Number of operating beds in your PRRTP on September 30, 2004?…… ☐☐☐ **(26-28)**

7. Indicate the three most frequently seen diagnostic groups in your PRRTP **(rank order no more than three main target groups with "1" designating the group receiving the most emphasis and "3" the least).**

☐ a. Substance abuse disorder …… **(29)**
☐ b. Severe mental illness …… **(30)**
☐ c. Dual diagnosis …… **(31)**
☐ d. All psychiatric conditions …… **(32)**
☐ e. PTSD …… **(33)**
☐ f. Medical co-morbidities …… **(34)**
☐ g. Other (specify) _____ …… **(35)**

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8. Indicate the three most frequently seen special patient populations in your PRRTP **(rank order no more than three target groups with "1" designating the group receiving the most emphasis and "3" the least)** .

- ☐ a. Homeless …… **(36)**
- ☐ b. Women …… **(37)**
- ☐ c. Elderly …… **(38)**
- ☐ d. AIDS/HIV …… **(39)**
- ☐ e. Other (specify)_____…… **(40)**

9. On average, how many hours **each day** does an average veteran in your PRRTP spend in rehabilitative activities (I.e. life-skills training, vocational rehabilitation therapy, Compensated Work Therapy, etc)?……. ☐☐ **(41-42)**

10. Please use the following 5 categories to describe the services provided to the veterans in your PRRTP. **(Check one box for each item)**

	Not Provided	Somewhat Important	Moderately Important	Quite Important	Primary Improtance	
a. Assessment and diagnosis……	☐	☐	☐	☐	☐	**(43)**
b. Relapse prevention……	☐	☐	☐	☐	☐	**(44)**
c. Crisis intervention……	☐	☐	☐	☐	☐	**(45)**
d. Detoxification……	☐	☐	☐	☐	☐	**(46)**
e. Substance abuse counseling……	☐	☐	☐	☐	☐	**(47)**
f. Individual counseling or psychotherapy……	☐	☐	☐	☐	☐	**(48)**
g. Group counseling or psychotherapy……	☐	☐	☐	☐	☐	**(49)**
h. Medication management……	☐	☐	☐	☐	☐	**(50)**
i. Couples or family counseling……	☐	☐	☐	☐	☐	**(51)**
j. Work therapy or work training……	☐	☐	☐	☐	☐	**(52)**
k. Social skills training……	☐	☐	☐	☐	☐	**(53)**
l. Daily living skills training……	☐	☐	☐	☐	☐	**(54)**
m. Money management……	☐	☐	☐	☐	☐	**(55)**
n. Occupational or recreational therapy……	☐	☐	☐	☐	☐	**(56)**
o. Self-help groups (e.g. AA/NA)……	☐	☐	☐	☐	☐	**(57)**
p. Discharge planning……	☐	☐	☐	☐	☐	**(58)**

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11. Your PRRTP Program is located **(check only one)**

- ☐ 1. On a VA hospital ward **(59)**
- ☐ 2. In VA owned housing located in the community
- ☐ 3. In a building on VA grounds
- ☐ 4. In a leased property located in the community

12. Please indicated the Full-Time Employment Equivalent (FTEE) staff members of your PRRTP program. If a staff member splits his/her time between the PRRTP and another mental health program(s), only include the FTEE time actually spent in the PRRTP program. If any of the types of staff in your program are not listed, please include them under "All other staff" at the end of the list.

Note: 1.0 equals a full-time employment (40 hrs. per week), 0.5 a half-time employee (20 hrs per week), 0.25 a quarter-time employee (10 hrs. per week) etc.

	#FTEE in your Program	
a. Physician/Psychiatrist……..	☐☐.☐☐	**(60-63)**
b. Psychologist……..	☐☐.☐☐	**(64-67)**
c. Physician's Assistant…….	☐☐.☐☐	**(68-71)**
d. RN, Clinical Nurse Specialist, Nurse Practitioner…….	☐☐.☐☐	**(72-75)**
e. LPN, LVN, Nurse's Aide…….	☐☐.☐☐	**(76-79)**
f. Addication Therapist/Counselor (non-SW)……..	☐☐.☐☐	**(80-83)**
g. Social Worker…….	☐☐.☐☐	**(84-87)**
h. Psychology Aides, Social Work/Rehab/Health Techs or Aides…….	☐☐.☐☐	**(88-91)**
i. Program Coordinaor/Administrator/Director…….	☐☐.☐☐	**(92-95)**
j. Health/Social Science Specialist…….	☐☐.☐☐	**(96-99)**
k. Recreational Therapist……..	☐☐.☐☐	**(100-103)**
l. Vocational Rehabilitation Specialist…….	☐☐.☐☐	**(104-107)**
m. Secretary, Administrative Assistant, Clerk……..	☐☐.☐☐	**(108-111)**
n. All other staff……..	☐☐.☐☐	**(112-115)**

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13. Please indicate the procedures in place for handling evening, night and weekend coverage in your PRRTP. **(check only one)**

☐ 1. Paid VA staff present 24hrs/7days. **(116)**

☐ 2. House managers or staff designee with VA clinical staff available by phone or pager for emergencies; VA clinical staff present some of the time.

☐ 3. House managers or staff designee with VA clinical staff available by phone or pager for emergencies.

☐ 4. Other **(please specify)** _____

_____

_____

14. Is there ever a time during evening, night and weekend coverage where no VA clinical staff person, house manager or trained designee is at the residence for more than 1 hour (day, evening or night) when residents are present?

☐ 0 = No ☐ 1 = Yes