

NATIONAL YOUTH SOLVENT ABUSE PROGRAM (NYSAP) TREATMENT CENTRE ANNUAL REPORT

DCI Number/Fiscal Year: HC-P009 (2020-2021)

NOTE: This document is a representation of the reporting requirements for DCI HC-P009. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office and are identified in bold lettering or italics throughout this document. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

The Recipient shall on an ongoing basis, collect and input the necessary information and data into the Addictions Management Information System (AMIS) or another data collection system which includes the information identified in clause 1B and [where applicable] clauses 3 (A, B, and C), of the reporting requirements.

The NYSAP Treatment Centre Annual Report must include:

1. A completed ***NYSAP Treatment Centre Annual Report*** with the following information from the Addictions Management Information System or another data collection system:
 - A. A description of NYSAP treatment health programs and services delivered that includes the following information:
 - i. Contact information; type of centre (transferred/set); intake frequency (continuous/block);
 - ii. Average treatment cycle length in days;
 - iii. Type of funding received (NNADAP; NYSAP; or NNADAP-NYSAP); number of beds funded by NNADAP; number of beds funded by NYSAP (if applicable); number of beds funded by other;
 - iv. Programming offered in English / French / Indigenous languages (specify);
 - v. Accessible for clients with physical disabilities;
 - vi. Accepts pregnant women;
 - vii. Accepts court referral or correctional clients;
 - viii. Accepts clients on methadone;
 - ix. Accepts clients on Suboxone;
 - x. Accepts clients taking other psychoactive medications;
 - xi. Type of programming offered including but not limited to: gender specific cycle; concurrent disorder capable; residential schools; on-the-land; gender-based; family

treatment; child counselling; couples counselling; prescription drug abuse- specific; other (specify);

- xii. Teaching staff and/or school on site for children;
- xiii. Access to child care;
- xiv. Access to specialized staff within the centre including but not limited to: Psychologist/Psychiatrist direct service; Psychologist/Psychiatrist clinical supervision; Case Manager; Elder; Cultural Practitioner; Clergy; Other (specify); and
- xv. Access to specialized staff outside of the centre including but not limited to: Psychologist/Psychiatrist direct service; Psychologist/Psychiatrist clinical supervision; case manager, Elder; Cultural Practitioner; Clergy; Other (specify);

B. Annual aggregate information for:

- i. Total number of applicants and total number of admissions, by gender;
- ii. Total number of clients accessing in-patient program;
- iii. Total number of clients who completed treatment, by gender;
- iv. Total number of operational and non-operational days;
- v. Occupancy rates, including bed utilization rates, service utilization rate,
- vi. Total number of full-time certified and total number of full-time non- certified Treatment Centre Addiction Counsellors. Appropriate documentation (such as valid certificate or letter) must be provided for certified counsellors;
- vii. Total number of part-time certified and total number of part-time non-certified Treatment Centre Addiction Counsellors. Appropriate documentation (such as valid certificate or letter) must be provided for certified counsellors;
- viii. Total number and type of post-treatment referrals by the centre to mental health / addictions counselling and community supports; and
- ix. Aggregate client information in percentage (%) and count (#), by gender:
 - a) age; (under 12, 12, 13,14,15,16,17,18, over 18)
 - b) status (i.e., First Nations status, First Nations non-status, recognized Inuit);
 - c) entering treatment with a Diagnostic and Statistical Manual of Mental Disorders (DSMMD) diagnosis;
 - d) region of origin;
 - e) suicide ideation; and
 - f) education level (attending school upon entry; not attending school upon entry);

2. A description of NYSAP operational successes and challenges at the treatment centre.
3. In the event the Recipient becomes engaged or is currently engaged in the accreditation process with an approved accrediting body please provide a copy of Part A: Accrediting Body Invoice.

On an annual basis, NYSAP centres must also provide evidence of their provincial licensing (if applicable).