

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

DCI Number/Fiscal Year: HC-P009 (2023-2024)

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. 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:

Contact Information	
Treatment Centre Name	
Treatment Centre Address	
Contact	
Phone Number	
E-mail Address	
Additional Information	
Intake frequency (continuous/block)	
Average treatment cycle length in days	
Type of funding received (NNADAP, NYSAP, or both NNADAP & NYSAP)	
Number of beds funded by (NNADAP)	
Number of beds funded by (NYSAP)	
Number of beds funded by (other)	
Programming offered in English	
Programming offered in French	
Programming offered in Indigenous languages (specify)	
Accessible for clients with physical disabilities	Yes/No
Accepts pregnant women	Yes/No
Accepts court referral or correctional clients	Yes/No
Accepts clients on methadone	Yes/No
Accepts clients on Suboxone	Yes/No
Accepts clients taking other psychoactive medications	Yes/No
Type of programming offered	
Gender identity specific cycle	Yes/No
Concurrent disorder capable	Yes/No
Resident Schools	Yes/No
On-the-land	Yes/No
Gender identity-based	Yes/No

Family treatment	Yes/No
Child counselling	Yes/No
Couples counselling	Yes/No
Prescription drug abuse specific	Yes/No
Other (please specify)	
Access to Specialized Staff within the Centre	
Teaching staff and/or school on site for children	Yes/No
Access to child care	Yes/No
Psychologist/Psychiatrist direct service	Yes/No
Psychologist/Psychiatrist clinical supervision	Yes/No
Case Manager	Yes/No
Elder	Yes/No
Cultural Practitioner	Yes/No
Clergy	Yes/No
Other (specify)	
Access to Specialized Staff outside the Centre	
Psychologist/Psychiatrist direct service	Yes/No
Psychologist/Psychiatrist clinical supervision	Yes/No
Case Manager	Yes/No
Elder	Yes/No
Cultural Practitioner	Yes/No
Clergy	Yes/No
Other (specify)	

(B) (i) Total number of applicants, (ii) total number of admissions, and (iii) total number of clients who completed treatment by gender identity.

	Applicants	Admissions	Completed Treatment
Number of female			
Number of male			
Number of other gender identity			
Number of unknown gender			

(B) (iv) Total number of operational and non-operational days.

Total number of operational days	
Total number of non-operational days	

(B) (v) Occupancy rates

Bed Utilization Rate	
Service Utilization Rate	

(B) (vi) Total number of certified and total number of non-certified Treatment Centre Addictions Counsellors.

Number of certified Addictions Counsellors	
Number of non-certified Addictions Counsellors	

ATTACHEMENTS: *Appropriate documentation (such as valid certificate or letter) must be provided for certified counsellors.*

(B) (vii) Total number and type of post-treatment referrals by the centre to mental health / addictions counselling and community supports.

Type	Number
Cultural activities and supports	
Elder	
Doctor / Physician	
Psychiatrist / Psychologist	
Community Mental Health Supports	
Community-based substance use workers	
Employment supports	
Education and/or Job training	
Housing services	
Provincial services and programs	
Family supports and programs (i.e. Aboriginal Head Start on Reserve (AHSOR), Fetal Alcohol Spectrum Disorder (FASD), Maternal/Child Health (MCH))	
Case Management services	
Community-based peer support programs	
Other (specify)	

(B) (viii) Number of clients by gender identity for each of the following indicators:

a) Client Age Breakdown by Gender Identity

Age Group	Males	Females	Other	Unknown
<12				
13				
14				
15				
16				
17				
18				
Over 18				

Age Group	Males	Females	Other	Unknown
Total Number of Clients				

b) Client Status by Gender Identity

Status	Males	Females	Other	Unknown
First Nations Status				
First Nations Non-Status				
Recognized Inuit				
Total Number of Clients				

c) Client with DSM Diagnosis by Gender Identity

Males	Females	Other	Unknown

d) Region of Origin of Clients by Gender Identity

Region	Males	Females	Other	Unknown
Atlantic				
Quebec				
Ontario				
Manitoba				
Saskatchewan				
Alberta				
Northern				
British Columbia				
Total Number of Clients				

e) Client with Suicide Ideation by Gender Identity

Males	Females	Other	Unknown

f) Education Level of Clients by Gender Identity

Education Level	Males	Females	Other	Unknown
Not Attending School upon Entry				
Attending School upon Entry				

2. A description of NYSAP operational successes and challenges at the treatment centre:

Insert Text

3. In the event the Recipient becomes engaged or is currently engaged in the accreditation process with an approved accrediting body:

ATTACHMENTS: *Copy of Part A: Accrediting Body Invoice.*