

TREATMENT CENTRE ANNUAL REPORT

DCI number / Fiscal year: HC-P008 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P008. 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:

Name of Treatment Centre:						
Type of Treatment Centre:	<input type="checkbox"/> Adult		<input type="checkbox"/> Youth		<input type="checkbox"/> Family	
Accreditation Body that accredits the Treatment Centre <i>(must include accreditation invoice if accredited)</i>	<input type="checkbox"/> Accreditation Canada (AC) <input type="checkbox"/> Canadian Accreditation Council (CAC) <input type="checkbox"/> Canadian Centre for Accreditation (CCA) <input type="checkbox"/> Other: _____ <input type="checkbox"/> Not Accredited <i>(NYSAP centres and NNADAP centres in block funding MUST be accredited)</i>					
Client Intake Method:	<input type="checkbox"/> Continuous			<input type="checkbox"/> Block		
Average Treatment Cycle length in days:						
Treatment Program Models Offered (please check all that apply):	<input type="checkbox"/> Day Program (5 hours or more) <input type="checkbox"/> Outpatient (2 hours or less) <input type="checkbox"/> Harm Reduction Services <input type="checkbox"/> Outreach <input type="checkbox"/> Pre-Treatment Services					
Number of Beds Funded:	NNADAP:		NYSAP:		Other:	
Number of Operational Days:						
Number of Non-Operational Days:						
Bed Utilization Rate*:						
Service Utilization Rate:						
Number of Addictions Counsellors <i>(must include proof of certification for certified workers)</i>	Certified Workers:			Non-Certified Workers:		
Accepts Clients on Methadone:	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Accepts Clients on Suboxone:	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
Teaching staff and/or school on site for youth / children:	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

***Bed Utilization Rate Formula:**

of beds occupied x operational days for selected time period = **Actual Occupancy**

of beds x operational days for selected time period = **Maximum Capacity**

$$\frac{\text{Actual Occupancy}}{\text{Maximum Capacity}} \times 100 = \text{Bed Occupancy \%}$$

Client Information by Gender Identity

		Male	Female	Other	Unknown	Total
Applicants, Admissions and Completions	Number of Applicants					
	Number of Admissions					
	Number of clients who completed treatment					
Client Age	<12					
	12-18					
	19-30					
	31-64					
	65+					
Client Status	First Nations Status					
	First Nations Non-Status					
	Recognized Inuit					
Client Province/ Territory of Origin	New Brunswick					
	Prince Edward Island					
	Nova Scotia					
	Newfoundland/Labrador					
	Quebec					
	Ontario					
	Manitoba					
	Saskatchewan					
	Alberta					
	Northern					
British Columbia						

This section provides an opportunity for NNADAP and NYSAP treatment centres to highlight successes achieved throughout the year as well as identify any challenges faced. This information may be used to highlight achievements, and identify promising practices as well as gaps in services for potential program enhancement.