

Northern Health Licensed Substance Use Facility Information

<b>Facility Name:</b>							
<b>Address:</b>							
1. Staffing	Training	<input type="checkbox"/> Cultural Safety	<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Salaried Indigenous Staff	<input type="checkbox"/> Lay Counselling	<input type="checkbox"/> Salaried Peers	
		<input type="checkbox"/> Psychosocial intervention for substance use disorders		<input type="checkbox"/> Trauma Informed Practice		<input type="checkbox"/> Other:	
	Clinical Staff	<input type="checkbox"/> Addictions Specialists	<input type="checkbox"/> Licensed Nurse	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Psych RPN	<input type="checkbox"/> Nurse Practitioners	
		<input type="checkbox"/> Occupational/Physio Therapists	<input type="checkbox"/> Physicians	<input type="checkbox"/> Registered Clinical Counsellors	<input type="checkbox"/> Registered Social Workers	<input type="checkbox"/> Other: _____	
2. Service Model	<input type="checkbox"/> Accept clients on medication assisted treatment, such as Opioid Agonist Treatment (OAT)						
	<input type="checkbox"/> Facility directly administer OAT on-site						
	<input type="checkbox"/> Clients are required to taper off OAT as part of treatment program						
	<input type="checkbox"/> Medications our service does not support: _____						
3. Client Population	Self referred clients	<input type="checkbox"/> Accepted					
	Referrals accepted	<input type="checkbox"/> Health care provider	<input type="checkbox"/> Health authority	<input type="checkbox"/> Social Service provider	<input type="checkbox"/> Private insurance		
		<input type="checkbox"/> From other licensed operators			<input type="checkbox"/> Other:		
	Provide specific services for	<input type="checkbox"/> Indigenous Peoples (First Nations, Metis, and Inuit)			<input type="checkbox"/> Parents with children	<input type="checkbox"/> Co-ed (Men and Women)	
		<input type="checkbox"/> Women only	<input type="checkbox"/> Men only	<input type="checkbox"/> Transgender individuals	<input type="checkbox"/> 2SLGBTQ+	<input type="checkbox"/> Other: _____	
4. Access	<input type="checkbox"/> Accept 'per diem' payments from the Ministry of Social Development and Poverty Reduction in lieu of private user fees for clients on income or disability assistance						

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