

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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