**Substance Addiction (Compulsory Assessment and Treatment) Act 2017**

**Note**: All section references are to the Substance Addiction (Compulsory and Treatment) Act 2017

**Designation of Approved Providers**(Section 92)

(1) The Director may designate a person as an approved provider.

(2) Before the Director designates a person under this section, the Director must be satisfied that the person—

(a) is certified, under the Health and Disability Services (Safety) Act 2001, to provide residential disability care; and

(b) has the capacity and resources to detain and treat patients in accordance with this Act in places that are suitable for that detention and

treatment; and

(c) has systems in place for ensuring compliance with the requirements of this Act.

(3) A designation under this section may be subject to any conditions that the Director considers necessary or desirable for the purposes of this

Act.

(4) A designation of a person under this section may be suspended or revoked for any of the following grounds proved to the satisfaction of the

Director:

(a) 1 or more requirements of this Act have been seriously breached in a treatment centre operated by the person:

(b) 1 or more conditions of the designation have been seriously breached.

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| To: The Director of Addiction Services, Ministry of Health | | | | | | | |
| **Approved Provider details** | | | | | | | |
| Provider |  | Treatment Centre/Facility/Ward/Unit (as applicable) | | | | | |
|  |  |  | | | | | |
| Address | | |  | Postcode | | | |
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Please provide evidence of

certification under the Health and Disability Services (Safety) Act 2001, to provide residential disability care; and

the capacity and resources to detain and treat patients in accordance with this Act in places that are suitable for that detention and treatment

systems that are in place for ensuring compliance with the requirements of this Act.

The following information (provided as appendices) will assist in evidence of the above:

a copy of the Health and Disability Services (Safety) Act 2001 certificate

a copy of the model of care within which treatment is provided

staffing diagram and information about the experience of staff in providing appropriate care for people with severe substance addiction (as defined in the Act)

information about relationships with a range of care providers in the community

workforce development plan

Please note below any conditions necessary or desirable that this designation is subject to, as discussed with the Director

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| **Contact details and signature of the Area Director** | | | | | | | | | | | | | | | |
| Last name |  | First name | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| Email address | | |  | Contact phone number | | | | | | | | | | | |
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| Signature of Area Director |  | | Date | | | | | | | |