

Current as of: Apr. 1 2024

Facility Name: <u>EHN Edgewood Rockies, formerly Recovery Ranch 8350 Holmes Rd, Fort Steele BC</u>						
Address: _____						
1. Staffing	Training	<input checked="" type="checkbox"/> Cultural Safety	<input checked="" type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Salaried Indigenous Staff	<input checked="" type="checkbox"/> Lay Counselling	<input type="checkbox"/> Salaried Peers
		<input checked="" type="checkbox"/> Psychosocial intervention for substance use disorders	<input checked="" type="checkbox"/> Trauma Informed Practice	<input type="checkbox"/> Other: _____		
Clinical Staff	<input checked="" type="checkbox"/> Addictions Specialists	<input checked="" 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 checked="" type="checkbox"/> Physicians	<input checked="" type="checkbox"/> Registered Clinical Counsellors	<input type="checkbox"/> Registered Social Workers	<input checked="" type="checkbox"/> Other: <u>psychiatrist</u>	
2. Service Model	<input type="checkbox"/> Accept clients on medication assisted treatment, such as Opioid Agonist Treatment (OAT)					
	<input checked="" 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 checked="" type="checkbox"/> Accepted				
	Referrals accepted	<input checked="" type="checkbox"/> Health care provider	<input checked="" type="checkbox"/> Health authority	<input checked="" type="checkbox"/> Social Service provider	<input checked="" type="checkbox"/> Private insurance	
		<input checked="" type="checkbox"/> From other licensed operators			<input type="checkbox"/> Other: <u>work place</u>	
	Provide specific services for	<input checked="" type="checkbox"/> Indigenous Peoples (First Nations, Metis, and Inuit)		<input checked="" type="checkbox"/> Parents with children	<input checked="" type="checkbox"/> Co-ed (Men and Women)	
<input type="checkbox"/> Women only		<input type="checkbox"/> Men only	<input checked="" type="checkbox"/> Transgender individuals	<input checked="" type="checkbox"/> 2SLGBTQ+	<input type="checkbox"/> Other: _____	
4. Access	<input checked="" 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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	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)	
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IMPORTANT NOTE: The information contained on this form has been provided by the Facility Operator as per the date noted. By displaying this information, Interior Health is not endorsing the operators' chosen clinical substance use treatment framework, it is posted for information purposes **ONLY**. This information will be updated by Interior Health and posted on this website every **two years**. For current and up to date information, contact the facility directly.

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Interior Health Licensed Substance Use Facility Information

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3. Client Population	<input checked="" type="checkbox"/> Accepted	<input checked="" type="checkbox"/> Health care provider	<input checked="" type="checkbox"/> Health authority	<input checked="" type="checkbox"/> Social Service provider
Self referred clients	<input checked="" type="checkbox"/> From other licensed operators			
Referrals accepted	<input checked="" type="checkbox"/> Parents with children			
Provide specific services for	<input type="checkbox"/> Indigenous Peoples (First Nations, Metis, and Inuit)	<input type="checkbox"/> Men only	<input checked="" type="checkbox"/> Transgender Individuals	<input checked="" type="checkbox"/> Co-ed (Men and Women)
4. Access	<input checked="" type="checkbox"/> Women only	<input type="checkbox"/> Men only	<input checked="" 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	<input type="checkbox"/> Other: _____

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