

Facility Name:							
Address:		Withdrawal Management Services, 760 Hwy 33 West, Kelowna, BC, V1X1Y4					
1. Staffing	Training	<input checked="" type="checkbox"/> Cultural Safety	<input checked="" type="checkbox"/> Crisis Intervention	<input checked="" type="checkbox"/> Salaried Indigenous Staff	<input checked="" type="checkbox"/> Lay Counselling	<input type="checkbox"/> Salaried Peers	
		<input type="checkbox"/> Psychosocial intervention for substance use disorders		<input checked="" type="checkbox"/> Trauma Informed Practice		<input checked="" type="checkbox"/> Other:	
	Clinical Staff	<input type="checkbox"/> Addictions Specialists	<input checked="" type="checkbox"/> Licensed Nurse	<input checked="" 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 type="checkbox"/> Registered Clinical Counsellors	<input checked="" type="checkbox"/> Registered Social Workers	<input type="checkbox"/> Other: _____	
2. Service Model	<input checked="" 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 checked="" type="checkbox"/> Medications our service does not support: <u>Medical Marijuana</u>						
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 type="checkbox"/> Private insurance		
		<input checked="" type="checkbox"/> From other licensed operators			<input type="checkbox"/> Other:		
	Provide specific services for	<input checked="" type="checkbox"/> Indigenous Peoples (First Nations, Metis, and Inuit)			<input 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: _____	
		<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					

Facility Name:							
Address:							
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: _____	
		<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					

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.