



# Maverick Supportive Recovery

Address of Residence  
1250 Hillside Court  
Kamloops, BC V2C6R3

Health Authority  
Interior Health

Information provided in this survey is self-reported by the Operator and has not been verified by the Assisted Living Registry.

## Staffing

Training	Clinical Staff
<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 checked="" type="checkbox"/> Salaried Peers Other: _____	<input checked="" 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 checked="" type="checkbox"/> Other Other: _____

## Service Model

Model of Services Provided
<input checked="" type="checkbox"/> Abstinence Based <input type="checkbox"/> Clients are required to taper off OAT as part of treatment program <input checked="" type="checkbox"/> Accept clients on medication assisted treatment, such as Opioid Agonist Treatment (OAT) <input type="checkbox"/> Facility directly administer OAT on-site Medications our service does not support: _____

## Client Population

Referrals Accepted	Provide specific services for:
<input checked="" type="checkbox"/> Self referrals <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 checked="" type="checkbox"/> Other <u>First Nations Health Autho</u>	<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 type="checkbox"/> Transgender individuals <input type="checkbox"/> 2SLGBTQ+ <input type="checkbox"/> Other _____

## Access

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<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