Native Horizons Treatment Centre

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CLIENT INFORMATION

Native Horizons Treatment Centre offers a fifteen (15) bed, co-ed ten (10) day residential treatment program. This package will provide the information necessary to apply for one of our specialty programs. For facsimile purposes, please keep the application one-sided.

Enclosed are the following documents:

Adult Intake/Referral Form:

- All areas must be completed.

Medical Forms:

- An **updated** medication list is required.
- A medical professional is not required. Clients can complete this document.

Release of Information:

- Client must specify referral worker by name and/or any other person(s) authorized to receive information.
- Client initials and signature is required.

Native Wellness Assessment (NWA):

- This assessment requires one answer only for each question.

Please read the following information before completing and sending an application:

Native Horizons requires and accepts referrals from the following sources **only**:

- Community-based frontline workers (NNADAP, Mental Health Workers, Counsellors, etc.).
- Indigenous/Non-Indigenous Service Agencies.
- Self-referrals (for specialty programs only).

Criteria for Native Horizons to refer an applicant to another facility/agency includes:

- We are not a medically equipped facility; therefore, we currently do not accept clients on Methadone, Suboxone, Narcotics (including Tylenol-3), Ativan, or any antipsychotic medications.
- Applicants who have been diagnosed with Bi-Polar Disorders, Personality Disorders, Major Depressive Disorders, FAS/FASD, brain injury and/or severe physically dependent persons.
- Clients who are pregnant.
- Clients currently incarcerated and/or have not been out of custody for a minimum of thirty (30) days.

- ❖ Clients who have not maintained fourteen (14) days free of alcohol and/or drugs.
- ❖ Clients that have not maintained ongoing therapeutic interventions/modalities.

The following is the application process for Native Horizons specialty program cycle:

- ❖ Incomplete applications will be held for thirty (30) days before being discarded.
    1. Client applications are received and entered into our Addiction Management Information System (AMIS).
    2. The intake worker reviews and screens applications to determine eligibility for the potential client.
    3. A telephone interview with the client is scheduled.
    4. Application is forwarded to the treatment team for a decision of acceptance or alternative resources.
    5. After the treatment team's decision is made, a letter is sent stating approval or denial to the referral worker and/or client.

Additional Information:

- ❖ Please bring identification documents on intake day (Health card, Status card, Social Insurance card).
- ❖ All medication must be in blister packs for ten (10) days.
- ❖ Medication must be prescribed by a physician.
- ❖ Vitamins and/or any other supplements not prescribed by a physician, must be in unopened containers and may be approved.
- ❖ All medications (prescribed and non-prescribed) are secured and monitored by staff.
- ❖ Clients must bring sufficient supplies of personal items – toiletries, cigarettes, money, etc.
- ❖ Transportation to and from Native Horizons for any reason is the sole responsibility of the client and/or the client's First Nation.
- ❖ Laundry machines and supplies are provided. If you require special or preferred supplies, please bring your own as Native Horizons cannot provide additional supplies.
- ❖ All food (and other) allergies must be documented in the application package with supporting medical documents. Native Horizons tries to accommodate food allergies as much as we can, however, this is not always possible. We will not cater to food preferences and/or dislikes.
- ❖ Native Horizons Treatment Centre is equipped and monitored by security cameras at all times.

Native Horizons Treatment Centre is committed to the continued healing of our communities!

Native Horizons Treatment Centre

INCOMPLETE APPLICATIONS WILL DELAY THE INTAKE PROCESS

If information is not applicable, indicate as **NA**, unknown as **UNK** and unavailable as **UNA**. Attach a separate sheet of paper if more space is needed.
PLEASE NOTE: ALL SECTIONS MUST BE COMPLETED

ADULT INTAKE/REFERRAL APPLICATION

A. General Information			
Date Application Received by Community Worker:		Date Application Received by Treatment Centre:	
Surname:	First Name:		Preferred Pronouns:
Date of Birth: (DD/MM/YYYY)	Age:	Sex:	Provincial Health Card Number:
Full Mailing Address:			Telephone Number:
Personal E-mail Address:	Reside On or Off Reserve:		Social Insurance Number:
Status Native/Metis/Non-Status:	Status Number:		Band Name:
Education: (Incomplete/Completed High School, College, University)			Employment Status:
Emergency Contact Name:	Emergency Contact Telephone Number:		Relationship to Emergency Contact:

Family/Relationships		
Marital Status: ☐ Single ☐ Married ☐ Common-law ☐ Divorced ☐ Widowed		
Does the client have dependent children?	☐ Yes ☐ No	
If yes, do they have access to adequate childcare while client is in treatment?	☐ Yes ☐ No ☐ Not Applicable	
Are the children in care of Child Protection Services?	☐ Yes ☐ No ☐ Not Applicable	
Does the client have other dependents?	☐ Yes ☐ No	
Provide information on client's children or other dependents: (continued on next page)		
Name	**Age**	**Relationship**

Please list the client's family support system and their relationship to the client:

Please list the strengths of the client's familial support system:

Legal Status:	
Has the client been court-ordered to attend treatment?	☐ Yes ☐ No
If yes, provide details (include a copy of the legal order):	
Is the client under any of the following legal conditions?	☐ Bail ☐ Parole ☐ Temporary Absence Order ☐ Charges Pending ☐ Restorative Justice ☐ Probation ☐ Other

Treatment History:	
Has the client participated in a non-residential/community-based substance abuse program?	☐ Yes ☐ No
Has the client participated in a non-residential/community-based mental health program?	☐ Yes ☐ No
Has the client participated in a residential treatment program before?	☐ Yes ☐ No

If yes, please provide information on previous treatment/programming experience:

Year	Treatment Centre	Type of Addiction	Completed	Comments
			☐ Yes ☐ No	
			☐ Yes ☐ No	

			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
Reason(s) for currently requesting treatment:				

B. Mental Health		
Provide the following information about the client's mental health status:		
Mental Illness		**Describe**
Has the client been diagnosed with a mental illness?	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Is the client currently being medically treated for any mental health issues?	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
If yes, is the client taking medication consistently and as prescribed?	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Previous suicide attempts?	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
If yes, when?		
Hospitalized for suicide attempts?	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
If yes, when?		
Currently suicidal?	☐ Yes ☐ No ☐ Not Applicable	

Name of Psychiatrist and/or Psychologist, telephone number and address (if applicable):	Name: Title:	Telephone: Address:

C. Process/Behavioural Addictions		
Has the client experienced problems with any of the following?		
Process/Behavioural Addictions		**Describe**
Gambling (slots, cards, bingo, etc.)	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Eating (obesity, anorexia, bulimia, etc.):	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Sex (promiscuity, pornography, etc.):	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Internet/Texting:	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Video Games:	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Shopping:	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	
Other:	☐ Yes ☐ No ☐ Not Applicable ☐ Unknown	

D. Other Issues/Needs	
Does the client have cultural and/or spiritual beliefs and practices we should be aware of? If yes, please describe:	☐ Yes ☐ No
Does the client have any literacy or learning needs or issues we should be aware of? If yes, please describe:	☐ Yes ☐ No
Are there any other significant issues we should be aware of? If yes, please describe:	☐ Yes ☐ No
Does the client understand there is an expectation they have been alcohol and drug free for at least fourteen (14) days prior to admission to residential treatment? They have been out of incarceration for a minimum of thirty (30) days prior to admission? (Clients with less than the required days must notify the treatment centre prior to admission)	☐ Yes ☐ No
Please list your personal strengths:	

Please identify all concerns/issues you're currently experiencing:		
☐ Child Welfare Involvement	☐ Replacement of Identification	☐ Food Security
☐ Ontario Works Assistance	☐ Report-in to Authorities	☐ Job Security
☐ Disability Assistance	☐ Reliable/Safe Housing	☐ Re-entering the community
☐ Continuing Education	☐ Relocating	☐ Homelessness
☐ Dental Needs	☐ Sexual Health Concerns	☐ Adverse Effects of Medication
☐ Sleep-Wake Disorders	☐ Eating Disorders	☐ Other:
☐ Financial Crisis	☐ Family Court	
What areas might need to be addressed in treatment?		
☐ Low Self-Esteem	☐ Physical Abuse	☐ Inability to Express Emotions
☐ Grief and Loss	☐ Sexual Abuse	☐ Depression
☐ Hatred of Self	☐ Verbal Abuse	☐ Anxiety
☐ Hatred of Others	☐ Emotional Abuse	☐ Sexual Identity
☐ Mistrust of Others	☐ Spiritual Abuse	☐ Criminal Activity
☐ Boundaries	☐ Foster Care/Adoption	☐ Gang Affiliation
☐ Rejection	☐ Residential/Boarding Schools	☐ Anger
☐ Abandonment	☐ Parenting Skills	☐ Mental Health
☐ Suicide	☐ Cultural Oppression	☐ Other:

E. Application Checklist	
Has transportation **to** Native Horizons Treatment Centre been arranged and confirmed?	☐ Yes ☐ No
Has transportation back home **from** Native Horizons Treatment Centre been arranged and confirmed?	☐ Yes ☐ No

Client has been notified and understands of the Non-Insured Health Benefits (NIHB) policy change, that whereby medical transportation benefits have been provided and the client self-terminates or Native Horizons Treatment Centre terminates the client anytime during the treatment process, the client will have to assume the costs of the next trip to access medically required health services and provide a confirmation of attendance to either the Health Centre Transportation Coordinator or Health Canada.	☐ Yes ☐ No

Client Authorization

I authorize the documentation of my information for this application process. I understand and agree to accept the treatment program as described by Native Horizons Treatment Centre.

Client Signature	**Date**

F. Therapist Information

First Name:	Surname:
Agency:	Title/Position:
Agency Address:	Telephone Number:
Fax Number:	E-mail Address:

What other supports are available to the client in their community upon return from Native Horizons?

Name/Resource	Description of Support

G. Medical Information

Medical Condition		Describe
Head/Body Lice	☐ Yes ☐ No	
Scabies	☐ Yes ☐ No	
Impetigo	☐ Yes ☐ No	
Rheumatic Fever	☐ Yes ☐ No	

Communicable Diseases	☐ Yes ☐ No	
Asthma	☐ Yes ☐ No	
Sexually Transmitted Diseases	☐ Yes ☐ No	
HIV/AIDS	☐ Yes ☐ No	
Hepatitis A/B/C	☐ Yes ☐ No	
Cancer	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Food/Other Allergy	☐ Yes ☐ No	
Psychiatric and/or Mental Health Involvement	☐ Yes ☐ No	
COVID:	☐ Yes ☐ No	
Other:	☐ Yes ☐ No	

Please provide details of all current medication(s) prescribed. If more space is needed, please attach a separate sheet of paper to this form.

Medication Name:	**Dosage:**	**Used For Treatment Of:**	**Initial Date Prescribed:**	**Prescribed By:**

Note: Please refrain from discontinuing medications prior to treatment admission date. Ensure that the client has been stabilized on the correct dose before attending treatment. Also, please ensure the client brings enough prescribed medications **(blister packaged)** to last for ten (10) days of Native Horizons program.

Medical Practitioner First Name:	**Last Name:**
Telephone Number:	**Full Mailing Address:**

H. Release of Information

Having read and understood this form, I hereby authorize Native Horizons Treatment Centre to Release/Request the following information To/From the Person/Agencies listed. In order for this release to be valid, one column must be **check marked and initialed by the client** for each of the following persons/agencies and area of disclosure:

Persons/Agencies *Please specify Referral worker name(s) below*	**Yes**	**No**	**Initials**
1.			
2.			
3.			
4.			
5.			
Area of Disclosure	**Yes**	**No**	**Initials**

1. Discharge Summary			
2. Continuing Care Plan			
3. Progress Reports			
4. Treatment Plan			
5. Other – Specify:			
I understand that any other information will not be released to any other person without my written consent unless they have a court order or are concerned with my medical treatment in an emergency. I also understand that I can withdraw my consent to the release/request of information at any time and that in any event this form will be void ninety (90) days from the date of my signature.			
Client Signature		**Date**	

NATIVE WELLNESS ASSESSMENT (NWA)™

SELF-REPORT FORM

First Edition March 31, 2015

Acknowledgements:

This work was supported by the Canadian Institutes of Health Research [funding reference number AHI – 120535]. Our work was inspired by the devotion of Elder Jim Dumont and our Treatment Centre project partners to walk with First Nations' people on the path to wellness guided by cultural interventions.

Native Wellness Assessment (NWA-S)
(Self-Report Form)

Please complete this survey designed to assess your **Native wellness**. Once you have filled out the background section used for research, please complete the three sections concerning a rating of statements and cultural interventions/activities. You may provide any additional comments at the end of the survey if you like.

The survey answers must be entered on the web at the following address ***www.thunderbirdpf.org*** in order to receive the client report which provides the analysis and interpretation of results.

To be completed by Substance Use/Mental Health Service Staff prior to the client completing the survey:

Client ID: _____ *(number as used in Substance Use/Mental Health Service)*

Date of Assessment: _____ *(dd/mm/yyyy)*

Completion: ○ 1st time completed ○ 2nd time completed ○ 3rd time completed by client

Point in time:
○ Entry to program (administered within 7 days of intake)
○ In-Progress (administered halfway through program)
○ Exit from program (administered within the last 7 days of the program)

Substance Use/Mental Health Service : _____
Length of Program: _____ weeks

Background:

Your responses in this section will be grouped with that of others to make sure the survey is statistically valid. The information you provide here will not be used to identify you specifically under any circumstances.

Gender: ○ Female ○ Male ○ Other(Ie: Two-Spirited/LGBTQ/Gender fluid) _____

Age: _____ years

Ethnicity:
○ **First Nations**
If Yes, which Nation _____ **OR** ○ Don't Know

○ **Métis**
If Yes, which First Nation connection _____ **OR** ○ Don't Know

○ **Inuit**

○ **Other** _____

What is your FIRST Language? _____

If applicable, what is your SECOND Language? _____

If applicable, what is your THIRD Language? _____

How many times have you sought help for issues related to substance use/mental health prior to the service you are at now?

_____ time(s)

Please provide the name(s) of the prior Substance Use/Mental Health Service (s):

1. Program Name: _____ Number of times: _____
2. Program Name: _____ Number of times: _____
3. Program Name: _____ Number of times: _____
4. Program Name: _____ Number of times: _____
5. Program Name: _____ Number of times: _____
6. Program Name: _____ Number of times: _____

Instructions:

Please rate the following statements based on your own feelings and thinking. As this survey is not a test that you can pass or fail, there is no right or wrong way to answer any of the statements. Your first thought or impression is usually the best.

The following example will explain how to proceed. Please read the example statement. If you *mostly agree* with the example statement, draw a circle around the number 3 that corresponds with this.

Please use a dark black pen to complete the form. Please use the 'Don't Know' (DK) option sparingly and **ONLY** if you feel you are not able to respond to the statement within a range of 'Disagree' to 'Strongly Agree'.

	DK Don't Know	**0** Do Not Agree	**1** Agree a LIttle	**2** Kind of Agree	**3** Mostly Agree	**4** Strongly Agree
The eagle is an important symbol in our culture.	DK	0	1	2	(3)	4

How to change an answer:

If you do need to change your answer, please draw an 'X' through your original circle and then draw another circle over the new number you have selected as follows:

	DK Don't Know	**0** Do Not Agree	**1** Agree a LIttle	**2** Kind of Agree	**3** Mostly Agree	**4** Strongly Agree
The eagle is an important symbol in our culture.	DK	0	1	2	~~3~~	(4)

		DK Don't Know	0 Do Not Agree	1 Agree a LItle	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
1	I can see my loved ones who have gone on, or ancestors, in dreams or ceremony.	DK	0	1	2	3	4
2	My Native culture fuels my desire to live a good life.	DK	0	1	2	3	4
3	I believe that the Creator is the source of all life.	DK	0	1	2	3	4
4	My relationship to the land I come from is important.	DK	0	1	2	3	4
5	I feel comforted when I participate in cultural activities and ceremonies.	DK	0	1	2	3	4
6	I feel a need to connect with my spirit.	DK	0	1	2	3	4
7	My Native language is a sacred language.	DK	0	1	2	3	4
8	Knowing the names in the generations of my family is important for my identity.	DK	0	1	2	3	4
9	All living things have a spirit.	DK	0	1	2	3	4
10	Ceremonies and cultural activities open me up to share my thoughts and feelings with others.	DK	0	1	2	3	4
11	I learn about the Creator's teaching to live a good life.	DK	0	1	2	3	4
12	I am known in Creation through my traditional name or clan family.	DK	0	1	2	3	4
13	The Creator made a way for me to live a good life.	DK	0	1	2	3	4
14	The more I learn about my culture, the more confident I feel about my life.	DK	0	1	2	3	4
15	The more I learn about the importance of my spirit the more I want a good life.	DK	0	1	2	3	4

		DK Don't Know	0 Do Not Agree	1 Agree a LIttle	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
16	I see my role in caring for water and fire as important for a balanced life.	DK	0	1	2	3	4
17	I believe there is a reason the Creator gave me life.	DK	0	1	2	3	4
18	The Creator gives me my Native identity.	DK	0	1	2	3	4
19	I connect to life by being on the land and learning the names and stories of plants and animals.	DK	0	1	2	3	4
20	I want to be like my ancestors who worked to have a good life.	DK	0	1	2	3	4
21	I need to pay attention to my spirit because it is important to my physical well-being.	DK	0	1	2	3	4
22	My connection to Mother Earth makes the land I come from my home.	DK	0	1	2	3	4

Interventions 1: How would you describe your connection during each of the following interventions lately?

		DP Did Not Practice	1 Weak	2 Moderate	3 Strong
1	Smudging	DP	0	1	2
2	Prayer	DP	0	1	2
3	Sweat lodge ceremony	DP	0	1	2
4	Talking / sharing circle	DP	0	1	2
5	Nature walks	DP	0	1	2
6	Meaning of prayer	DP	0	1	2
7	Use of drum / pipe / shaker	DP	0	1	2
8	Sacred medicines	DP	0	1	2
9	Use of natural foods	DP	0	1	2
10	Ceremony preparation	DP	0	1	2
11	Cultural songs	DP	0	1	2

		DK Don't Know	0 Do Not Agree	1 Agree a LIttle	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
23	I seek understanding of my purpose in life through cultural knowledge.	DK	0	1	2	3	4
24	I give thanks for what I receive from Creation.	DK	0	1	2	3	4
25	My language and a connection to the land help me to know who I am.	DK	0	1	2	3	4
26	The respect I feel for my relatives in Creation, makes me want to give something back.	DK	0	1	2	3	4
27	The Creation story is important to me because it helps me to feel my life is meaningful.	DK	0	1	2	3	4
28	My dreams help guide and direct me through my life.	DK	0	1	2	3	4
29	The Creation story that I believe in is Native in origin.	DK	0	1	2	3	4
30	I make offerings such as food and other gifts to my ancestors because they help me.	DK	0	1	2	3	4
31	I listen to traditional teachings to learn how my ancestors understood and lived life.	DK	0	1	2	3	4
32	Laughter heals me.	DK	0	1	2	3	4
33	I need to learn more about my Native identity.	DK	0	1	2	3	4
34	I respect sacred bundle items.	DK	0	1	2	3	4
35	I understand how the Creator helps me.	DK	0	1	2	3	4
36	I treat my body as sacred.	DK	0	1	2	3	4
37	My identity as a Native person helps me to know who I am and what to do in life.	DK	0	1	2	3	4
38	I know who my extended or adopted family is.	DK	0	1	2	3	4

		DK Don't Know	0 Do Not Agree	1 Agree a LIttle	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
39	It is important to me that I learn, speak and understand my Native language.	DK	0	1	2	3	4
40	The Creator gives me choices in how to live my life.	DK	0	1	2	3	4
41	My Native language comes from the Creator.	DK	0	1	2	3	4
42	I have a necessary role in my family.	DK	0	1	2	3	4
43	Understanding my spirit connection to all life helps me to be well.	DK	0	1	2	3	4
44	I gather traditional foods because they are important for my health.	DK	0	1	2	3	4

Interventions 2: How would you describe your connection during each of the following interventions lately?

		DP Did Not Practice	1 Weak	2 Moderate	3 Strong
12	Fishing / Hunting	DP	0	1	2
13	Spiritual teachings	DP	0	1	2
14	Water as healing	DP	0	1	2
15	Use of sacred medicines	DP	0	1	2
16	Community cultural activities	DP	0	1	2
17	Fire as healing	DP	0	1	2
18	Storytelling	DP	0	1	2
19	Culture-based art	DP	0	1	2
20	Pipe ceremony	DP	0	1	2
21	Sacred places	DP	0	1	2
22	Use of native language	DP	0	1	2
23	Creation story	DP	0	1	2
24	Cultural dances / pow wow	DP	0	1	2
25	Receiving help from traditional Healer / Elder	DP	0	1	2
26	Gardening, harvesting	DP	0	1	2
27	Giveaway ceremony	DP	0	1	2

		DK Don't Know	0 Do Not Agree	1 Agree a LIttle	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
45	I strengthen my connection by talking to the Creator.	DK	0	1	2	3	4
46	My family gives me strong identity.	DK	0	1	2	3	4
47	I know all of Creation has spirit caring for me.	DK	0	1	2	3	4
48	I take initiative to be physically active through land based activities.	DK	0	1	2	3	4
49	I need to have a connection with my ancestors.	DK	0	1	2	3	4
50	I feel all of Creation is my family.	DK	0	1	2	3	4
51	I feel the spirit is with me when I am on the land, in ceremony, or through my dreams.	DK	0	1	2	3	4
52	I use cultural ways such as ceremonies, food and medicine for cleansing and healing.	DK	0	1	2	3	4
53	How I dress shows pride in my culture.	DK	0	1	2	3	4
54	I feel a connection between my community history and my own story.	DK	0	1	2	3	4
55	I think my spirit lives forever.	DK	0	1	2	3	4
56	I show who I am as a Native person through the things I wear.	DK	0	1	2	3	4
57	The Creator gave me a good mind.	DK	0	1	2	3	4
58	I see the strengths Native people have as a community.	DK	0	1	2	3	4
59	I think about the whole of Creation - the universe, all nature, plants, animals, and all people - as my family.	DK	0	1	2	3	4
60	I go to Elders to learn about our Native ways.	DK	0	1	2	3	4

		DK Don't Know	0 Do Not Agree	1 Agree a LIttle	2 Kind of Agree	3 Mostly Agree	4 Strongly Agree
61	I recognize that I can contribute to my community.	DK	0	1	2	3	4
62	I understand my inner knowing is my spirit guiding me through life.	DK	0	1	2	3	4
63	I give back to Creation as a way of showing my thankfulness.	DK	0	1	2	3	4
64	I feel confident getting support from my community.	DK	0	1	2	3	4
65	It is up to me to ensure balance in every part of my life.	DK	0	1	2	3	4
66	I participate in traditional ways of sharing.	DK	0	1	2	3	4

Interventions 3: How would you describe your connection during each of the following interventions lately?

		DP Did Not Practice	1 Weak	2 Moderate	3 Strong
28	Shaker / hand drum making	DP	0	1	2
29	Naming ceremony	DP	0	1	2
30	Water bath	DP	0	1	2
31	Blanketing / welcoming ceremony	DP	0	1	2
32	Cultural events / marches	DP	0	1	2
33	Dream interpretation	DP	0	1	2
34	Land-based / cultural camp	DP	0	1	2
35	Ghost / memorial feast	DP	0	1	2
36	Hide making / tanning	DP	0	1	2
37	Fasting	DP	0	1	2
38	Horse program	DP	0	1	2
39	Other taught / participated in / experienced	DP	0	1	2
	Other (name):				

67	Do you have any other comments you would like to share in relation to the above?

Thank you for your participation!

About the Native Wellness Assessment™:

The Native Wellness Assessment™(NWA™) was launched on June 25, 2015 and is the first of its kind in the world. Statistically and psychometrically, the NWA™ content and structure performed well, demonstrating that culture is an effective and fair intervention for Indigenous Peoples with addictions. The NWA™ can inform Indigenous health and community-based programs and policy. The NWA™ is a product of the Honouring Our Strengths: Indigenous Culture as Intervention in Addictions Treatment (CasI) research project whose team included Indigenous and non-Indigenous researchers from across Canada, Elders, Indigenous knowledge keepers, cultural practitioners, service providers, and decision makers. To learn more about the validation of the NWA™ visit: http://nnapf.com/nnapf-document-library/

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