Canadian Mental Health Association
Manitoba and Winnipeg
Mental health for all

CITY OF BRANDON SOBERING CENTRE PROJECT REPORT

February 2023

Land Acknowledgment

CMHA Manitoba and Winnipeg acknowledges that Brandon is on Treaty 2 territory, the original land of the Dakota, Anishanabek, Oji-Cree, Cree, Dene and Red River Metis peoples. We acknowledge the harms and mistakes of the past and dedicate ourselves to moving forward in partnership with Indigenous communities in a spirit of truth, reconciliation, and collaboration.

Introduction

The City of Brandon commissioned the Canadian Mental Health Association Manitoba and Winnipeg to complete the development of a program model and implementation plan on the sobering services that was announced by the Province of Manitoba Department of Justice. This project is phase two of an initiative looking at the needs of the Brandon and surrounding area completed in February 2021 which recommended the establishment of a "Low Barrier Sobering Service to address the acute intoxication gap within Brandon." That report recommended a tailored program to meet the unique needs of individuals under the influence of substances be established that combines harm reduction, withdrawal management, and relationship-focused supports. This model would provide immediate safe shelter for safe sobering with onsite supervision, triage and assessment for referral to other programs/providers, connection to case management, detox, treatment, addiction/ mental health, peer support, cultural supports, and housing.

Who we are

The Canadian Mental Health Association Manitoba and Winnipeg (CMHA) is part of a national federated mental health charity that seeks to advance the mental health of citizens and communities. CMHA was established in 1918 and has had a presence in Manitoba since the 1960s. Our mission is to advance mental health, well-being and recovery across Manitoba. To achieve that mission we have identified four primary goals: (1) Provide accessible and high-quality programs and services, (2) Increase mental health promotion and prevention efforts to improve overall well-being, (3) Change the conversation through advocacy to shape policy and opinion, (4) Build and Nurture organizational capacity across Manitoba. CMHA across Manitoba seeks to assist decision makers and planners at all levels of government to support mental health through equitable investments and resource allocations. It was with this goal in mind that CMHA Manitoba and Winnipeg entered a consulting contract with the City of Brandon to support the development of a low-barrier sobering service model.

CMHA Team Involved in This Project

Marion Cooper- Chief Executive Officer of CMHA for Manitoba and Winnipeg

Lynda Stiles – Program consultant and registered psychiatric nurse who has worked in various leadership roles at the Prairie Mountain Health Region within the mental health sector.

Corinne Elliott- Program consultant and registered social worker who has worked in leadership and front-lines roles in the mental health field in Brandon since 1998.

James Wigley – Executive Director of CMHA serving the Swan Valley Branch (Parkland and the Pas) and Central Region in Manitoba.

Project Scope and Process

The scope of the project is to develop a comprehensive functional program based on evidence-based practices, community engagement and co-design, and the development of a capital and program plan for implementation. This report outlines the functional program that has been developed. Following the review and approval of this functional program plan and confirmation of resource and funding requirements the final two deliverables of convening the request for proposals for a lead agency and capital development will be initiated and supported by the contracted project team in collaboration with the City of Brandon.

Stakeholder Co-design Process

The co-design process engaged in dialogue with key stakeholders and community members with different kinds of expertise in the Brandon community. The purpose of co-design is to inform and contribute to the development or implementation of new models—and the creation of new approaches—that support the goals and objectives related to health system-transformation and improved health outcomes for the community.

Co-design is a way of re-imagining how different perspectives can be engaged to inform system change, and to develop the kind of programs and services that will support greater well-being in the context of mental health, addictions, and substance use health services. It also seeks to address the problem of professional and epistemic hierarchies by creating a space in which many types of expertise and evidence are acknowledged, and in which every participant's voice and experience is validated and can contribute to the solution.

The Brandon co-design process purpose was threefold:

1. To bring diverse local Brandon perspectives into the decision making-process.
2. To amplify critical local Brandon insights that can identify potential problems or blind spots in the planning and implementation of the new sobering centre. (e.g., language and cultural considerations, usability factors, barriers to access, local Brandon needs and barriers, etc.).
3. To give the local Brandon community and local organizations a sense of ownership over the sobering centre project.

Engaging stakeholders is considered a key action in the design of a service model for the purpose of including various perspectives to build the right type of quality service that fits the identified need (Croot et al., 2019). The co-design development process that was completed over the past six months has achieved extremely high-quality evidence-based engagement with the Brandon community which will yield outcomes that deliver on community needs and successful implementation. The project team is very thankful to all community groups, stakeholders, and Brandon residents that shared perspectives, expertise and commitment to support this initiative.

Discovery Process

The Project Team participated in three main activities – a review of current literature regarding sobering centres, a survey of existing sobering centres in Canada and the United States, and meetings with informants and stakeholders locally and provincially.

The meetings with stakeholders and informants were extensive and diverse. Informants included program representatives from the Brandon Police Service, City of Brandon Planning and Buildings department, Prairie Mountain Health (Mental Health and Addictions, Primary Health, Acute Care and Public Health); and provincial departments including Shared Health Emergency Services, Department of Justice, and Family Services. We also met with allied services in Winnipeg included the Crisis Response Centre and RAAM Clinic, Main Street Project, Klinic Mobile Withdrawal Management Services, Bruce Oake Recovery Centre and Youth Addictions Stabilization Unit (YASU). In Brandon, we met with numerous key service organizations including Community Health and Housing Association (CHHA), Community Mobilization (HUB), Housing First, Harm Reduction Network, John Howard Society and Samaritan House's Safe and Warm Shelter.

The Project Team held a co-design session with Community Wellness Collaborative (CWC). The Indigenous organizations we met with included Ask Auntie, the Bear Clan, the Brandon Friendship Centre (2 meetings), and Ohitika /Ogichidaa Good-Hearted Warriors. We met with the Peer Advisory Council of Brandon Harm Reduction Network, which included seven individuals with lived/living experience with substance use and some who have had experiences being detained for public intoxication and had utilized other provincial sobering centres. A comprehensive list of stakeholders and the co-design sessions is available.

During the consultation and co-design sessions stakeholders were asked to share information from both professional and personal experiences and expertise related to responding to those in need of substance use health and sobering services for Brandon. The following questions were explored during the co-design and consultation sessions:

- Is there a need for a sobering service in Brandon?
- What should this service include?
- Who should run this service and who are the key agencies that should be involved?
- Where should it be located?
- What should it be called?
- How should this service be funded?

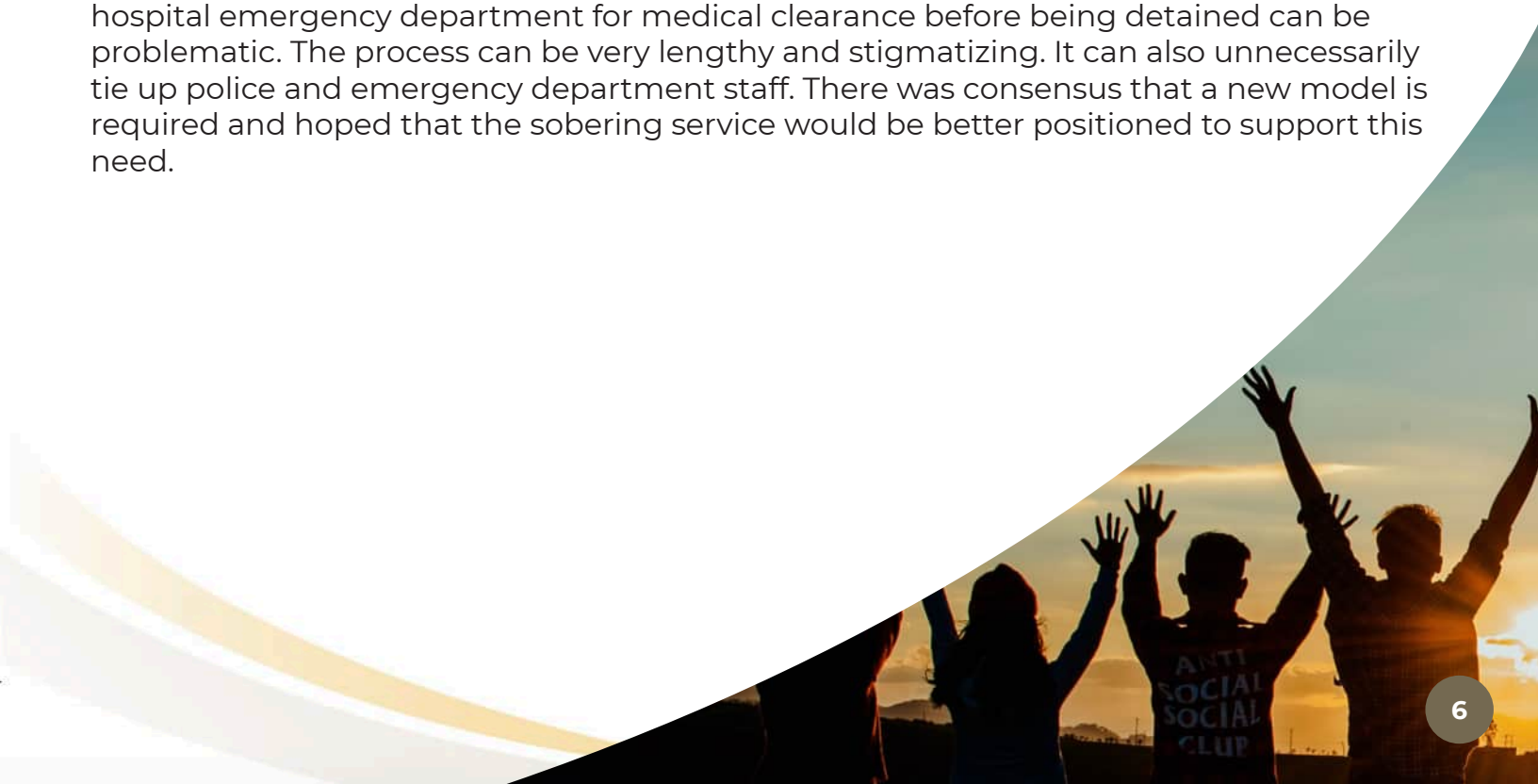
Unanimous support for the establishment of a sobering centre in Brandon was conveyed by all participants of the co-design process. There was agreement that a significant gap in services exists. Jails or jail cells are not a suitable response for most people in need of a safe space to sober and that the development of a tailored setting and response to assist intoxicated people other than jail cells was needed/required. All people, including the police, felt that addictions need to be de-criminalized and there seemed to be a positive energy and a collective will to make this happen.

The following themes were identified through the co-design consultations:

Spectrum of addiction services required in Brandon could be enhanced and that a low-barrier sobering service is one component of a system of response. Concerns were identified that if a sobering centre was established and other additional services were not created, the system would continue to fall short of what is required.

Policing in Brandon plays an important role in supporting public safety and assisting vulnerable community members to access the right supports and resource. Many stakeholders recognized the importance of a proactive police response and identified that policing resources being used to wait for further needed enforcement was not a good use of this resource. It was noted that community stakeholders along with policing resources could work more closely to combat and reduce public intoxication and alleviate extraneous demands on the police officers.

Hospital emergency department was identified as an unsuitable setting to bring individuals needing medical clearance. The current practice of bringing people to hospital emergency department for medical clearance before being detained can be problematic. The process can be very lengthy and stigmatizing. It can also unnecessarily tie up police and emergency department staff. There was consensus that a new model is required and hoped that the sobering service would be better positioned to support this need.



Defining the Sobering Centre

The Brandon Sobering Centre will be a safe supportive and supervised environment caring for publicly intoxicated individuals until they are sober. The sobering service milieu needs to be non-institutional and be safe and trauma informed for both service recipients and staff. A Sobering Centre can be the front door to recovery and a more stable life for an individual, addressing practical and immediate needs while working with community partners or additional services.

A Sobering Centre is not:

- A drunk tank
- Social or medical detoxification
- A sober living program
- A treatment program

Benefits of a Sobering Centre

For Individuals

- No cost temporary stay until able to return safe to the community
- Referrals for behavioral and physical health and social services
- Prevention of criminal record

For Communities

- Community safety
- Prevention of unnecessary health and public safety expenses
- Reduced jail and emergency room crowding and usage
- Increased medical professional and law enforcement time to handle more appropriate issues

Characteristics of a Sobering Centre

Accessible: available 24/7 to those in need

Collaborative: operates in partnership with local law enforcement, emergency services, and/or health and community organizations

Community-based: responsive to local needs

Non-punitive: client-centred and avoids criminalizing substance use disorders

Safe: regular monitoring by specialized staff

Trauma-informed: acknowledges the widespread impact of societal injustices

Cost-effective: avoids unnecessary interaction with more costly systems

National Sobering Collective, 2022

Name of the Program

Determining the name of the new service is a critically important task. According to expert Shannon Smith-Bernardin, the definition of sobering centre is a "short-term care facility designed to allow an individual who is intoxicated and nonviolent to safely recover from the debilitating effects of alcohol and drugs" (CHCF, 2021). They have also been known as stabilization programs, recovery programs, diversion centres and sobering stations.

Across Canada, there is variation in what this type of service is called. The most common name is 'sobering centre' (Prince George, Yellowknife) or 'sobering service', while others call themselves a 'sobering assessment centre' (i.e. Duncan and Campbell River, BC). Ottawa is one place that included 'diversion' in their name – Targeted Engagement and Diversion (TED).

In Brandon, there was similar variation on what our informants thought this new service should be called. Some felt it was important to include "assessment" in the name, because they believed that assessing needs and triaging to the most appropriate level of service should be a critical role of the service. Other informants did not like the term "assessment" or "sobering" in the program title. However, sobering in the name would prevent confusion with another type of service such as detox or treatment. In media and in the public, there does appear to be a growing understanding of 'sobering centre' and what this type of program is meant to be.

Some possible name considers are:

- *Rebound – A Sobering Support Place*
- *First Step Sobering Care Service*
- *The Landing Sobering Service*
- *Full Circle Sobering Support*

Other themes for names identified in the co-design session by stakeholders were (1) Refresh, (2) Restore, (3) Community Healing, (4) Pause and Support and (5) De-colonizing the Spirit.

We recommend that a suitable name should be chosen by the lead agency/agencies, but we would strongly suggest that the program name include the word 'sobering' and also the word "support" to emphasize the person-centered program desired by the stakeholders.

Male/Female Ratio

The statistics below from Brandon Police Service, would indicate that more male individuals are detained under IPDA than females. One informant suggested that this high percentage of males is because intoxicated males "are louder", tend to act out physically and bring more attention to themselves, compared to women. Regardless, the number of women who are detained is still significant (around 30-33%) and this percentage might not reflect the actual need for safe sheltering of intoxicated women, as we suspect that some women, especially young women, find housing for themselves through high-risk activities. Women, particularly Indigenous women, are no doubt at more risk for violence and exploitation.

Apart from IDPA numbers, it has been identified that the need for safe sheltering of women who regularly use substances is high in Brandon. We heard that some women attempt to leave an abusive domestic situation but are turned down from the women's shelter because they are intoxicated or cannot stop using substance. Similarly, if experiencing a mental health crisis, they can be turned down by the Crisis Stabilization Unit because they are intoxicated. Some informants shared that women do not always feel safe at the Safe and Warm Shelter. And for young women under 16, there are no emergency shelters for minors in Brandon, unlike Winnipeg. We therefore expect that if women of all ages feel safe and welcomed at the Sobering Centre, utilization could be high.

INDIVIDUALS SUPPORTED	2020	2021	2022
# OF YOUTH	113	128	75
# OF FEMALES	511	667	372
# OF MALES	1039	1470	865
# OF M/F	3	3	NIL
GENDER MISSING	12	25	-
INTOXICATION FACTOR (Drug/Alcohol/Both/Unknown)	868	1185	521
LODGED BREACH OF PEACE	317	409	228
LODGED IPDA	187	294	95
# OF ARRESTEES	1565	2165	1237

Note: Date for 2022 is up to July 25, 2022

Above data provided by the Brandon Police Service and reflects data gathered in 2022 up to, and including, July 25, 2022. If numbers are doubled, we can expect a yearly total of about 2474 detained in any given year.

Capacity of the Sobering Centre:

The proposed service model for Brandon suggests **a maximum of 15 service recipients onsite at any given time.** Because we expect that length of stay for service recipients to be anywhere from 4 hours to 24 hours, or longer, we recommend "site capacity" rather than "beds" or overnight stays. This would include either detained or voluntary individuals, having continuous intake throughout the day and night.

It is recommended that the Sobering Centre include a dormitory for six (6) males, a females dormitory for three (3) persons, as well as two (2) private rooms adaptable for various demands including gender identification, special needs, youth and varying needs of safety and security and three (3) secured IPDA units could be used for any gender, and one (1) stimulant dorm room.

In a 24 hour period, there could be a high turnover of individuals. Staff will therefore need to conduct regular flow-mapping to plan and accommodate for both emerging needs and planned service needs. Priority will need to be given to highest levels of intoxication and need for monitoring. To ensure responsiveness, full capacity would be considered 14 people at a time, since there should always be a secured unit kept open, for an individual brought in under the Intoxicated Persons Detention Act.

The recommended capacity level is based on Brandon's population and our current service resources and unique characteristics of our city. This chart below illustrates the range of sites by population and bed capacity.

PROGRAM	POPULATION	CAPACITY
Main Street Project, Winnipeg	825,000	20 beds
Duncan BC Sobering and Assessment Centre (SAC)	5,000	8 beds
Campbell River BC SAC	35,000	12 beds total; 3 designated female
Victoria BC SAC	353,625	20 beds
Lighthouse Stabilization Unit (Saskatoon)	282,900	38 beds (includes shelter space)
Port Alberni Sobering Home	17,680	4 beds
Prince George Sobering Centre	84,800	8 – 10 beds
Yellowknife Sobering Centre	45,500	18 beds during COVID
Calgary Alpha House	1,200,000	120 beds (inclusive of shelter beds)

In the recent inquest in Thunder Bay, the expert witness Shannon Smith-Bernardin estimated that Thunder Bay (a community of 109,000) would require a safe sobering centre with 10-15 beds, and as a hub community, it may need more. (CBC article "Witnesses at Inquest into deaths of 2 Oji-Cree men all agree Thunder Bay needs a sobering centre", Nov.2, 2022)

Like Thunder Bay, Brandon can be considered a hub community. Many people come to Brandon because it is considered safer than Winnipeg. Also, because of its crossroad location on Highway #1 and Hwy #10 to the United States, it is suspected to be a major drug and human trafficking route. Brandon is also the site of many events and has two post-secondary institutions. Many people can find themselves ending up in Brandon through default.

Furthermore, in the last three years, the number of homeless people in Brandon has increased significantly. According to the BNRC, the total number of distinct clients using the Safe and Warm shelter has grown substantially, according to homeless trends in Brandon (HIFIS Database).

2019 – 168

2020 – 354

2021 – 376

2022 – 475

The local VI-SPDAT survey results indicate that a very high percentage of Brandon's unsheltered population have substance use disorders. In 2022, the 44 beds at the Safe and Warm were insufficient to meet the volume and client presentation. On at least one occasion, extra space needed to be opened at the Blue Door.

Provincially, according to the Medical Examiner's office, there has been a dramatic and unfortunate increase in substance-related deaths. In 2020 there were 372 overdose deaths; in 2021 there were 407 overdose deaths; and in 2022, from January to November, there were already 355 overdose deaths in Manitoba. This reduction may be the result of availability to Naloxone kits.

Some informants believed that capacity for 15 will not be enough. With the above numbers growing, some felt that 15 spots at the SC will "barely scratch the surface" in terms of need. However, others thought it was a reasonable place to start and may indeed be enough.

It has been determined that the general capacity of 15 will be sufficient, especially if the model allows for further expansion. We know that the service continuum will be enhanced with a sobering centre but there is still a need for additional services such as a managed alcohol program, a mobile community withdrawal program, and dedicated hospital-based withdrawal management at the Brandon Regional Health Centre. There is also a need for the expansion of withdrawal services. There is great potential for the sobering centre to form strategic partnerships and new clinical pathways.

> "Sobering Centres have...become key parts of system responses to addictions and homelessness acting as effective entry points to continuums of care."
>
> *Dr. Alina Turner, Alternatives to Criminalizing Public Intoxication: Case Study of a Sobering Centre in Calgary Alberta, University of Calgary, June, 2015.*

Indigenous Consultation

The inclusion of and consultation with Indigenous agencies has been critical in the early stages of this project and will continue to be essential in the planning and on-going operation of Brandon's sobering centre. Due to harmful effects of colonialism, residential schools and the Sixties Scoop, we know there will be an over-representation of Indigenous people requiring the services of the sobering centre. All informants expected that at least half of the people brought to a sobering place in Brandon will be Indigenous. Addiction Service sector leaders corroborated this high representation saying that 60-70% of people in treatment are Indigenous. Likewise, CHHA Withdrawal Services told us that almost 50% of their participants are Indigenous.

A consistent recommendation from Indigenous groups and stakeholders is that the space and environment will need to be welcoming and familiar to Indigenous service recipients. This can be created through artwork and trauma-informed messaging throughout. We also heard also that capacity for indoor smudging will absolutely be required. The opportunity to offer ceremony and other traditional cultural practices should be seen as a core, valid and important intervention at the Centre.

Even more important than an affirming environment is the need for Indigenous service recipients to feel connected to the staff. All staff at the Sobering Centre will need to provide care and service in a trauma-informed approach, incorporating recognition of the historical and ongoing traumas faced by Indigenous peoples and have adequate cultural competency to provide care in a manner that recognizes these traumas. This approach will serve all well, knowing the high prevalence of trauma histories of many people with addictions.

Many informants felt that Indigenous people should be represented in the staff make-up. This would significantly help to de-escalate the tensions and aggression that occur when an intoxicated person is being detained. This will also influence the voluntary utilization of the sobering centre and strengthen its effectiveness.

Important staffing model considerations will be to ensure representation with Elder and Knowledge Keeper visits. As well, targeted recruitment strategies should be used to attract and hire Indigenous people with the skills and capacity to provide therapeutic care. And finally, there should be Indigenous voices at the governance level to inform and guide the sobering centre.

"The Centre would need the right staff, who can help to lower men's defenses and help them feel safe and welcomed."

Focus Session Participant

"If there is high representation of us as clients, then there should be high representation as staff."

Community Member

Cultural Safety

There is recognition that Brandon is becoming increasingly culturally diverse, with newcomers and students from Latin America, Africa, India, and the Philippines.

Furthermore, we know there will be many non-racialized, Caucasian persons, from all socio-economic backgrounds who will need this service, by creating a setting that provides a culturally safe place for a diverse group of people with respect to age, ethnicity, gender, gender identify, language, physical ability, race, sexual orientation and socioeconomic status. Prioritizing the development of an environment free of racism and discrimination is essential where all people feel safe when receiving safe sobering support.

Poly Substance Orientation

A client survey conducted in Brandon in 2021 by Harm Reduction Network revealed that three main substances regularly used are alcohol, crystal methamphetamine (CM) and cannabis/hash. Cocaine and crack cocaine were the fourth and fifth most used substances. In 2021-2022, Community Health and Housing Association (CHHA) Withdrawal Support Services, indicated three top substances that individuals are trying to withdraw from are CM, alcohol and cannabis. 2022/23 is trending in the same way.

Interestingly, CHHA Withdrawal services consistently has a waitlist of approximately 50 people. In 2021-2022, there were 364 individuals referred to their program, and they were able to serve 26% of those who were fully referred. These numbers suggest a need for increased withdrawal management beds in Brandon.

Unlike other sobering centres which traditionally focus on alcohol, we heard from several informants that the Brandon's sobering centre must have the capacity to provide service to users of various substances, including crystal meth. Almost all of Brandon's service providers told us that they have had to change or adapt their services since crystal meth became prevalent. Community stakeholders have stated that "crystal meth has been a game changer" and the Brandon sobering service will need to develop a model that supports individuals with this type of substance use disorder.

Many of the individuals using CM with lived/living experiences along with service providers spoke to the longer period of recovery from CM acute intoxication and the value of being "able to sleep it off". The consequences of not having this adequate and appropriate form of "meth rest" leads to additional physical, emotional and social problems. These consequences can be seen in both community settings like Safe and Warm, in jail cells, or in hospital settings.

Research has identified several sobering centres that operate with significant effectiveness supporting poly substance use, including stimulants such as methamphetamine. An example is a sobering centre in Austin, Texas that successfully developed a dormitory designed specifically for people intoxicated on stimulants. This dormitory supports the particular needs of people using stimulants such as a safe open space where clients in an agitated state can move around and self-regulate more effectively. These sobering centres are more responsive to the addiction needs and deliver services and supports in a person-centered approach achieving better health outcomes. Examples of supports for individuals using methamphetamine include outside space where simple culturally responsive land-based interventions can be delivered for Indigenous people. These indoor and outdoor spaces have safe diversionary activities that support withdrawal of stimulant use such as drawing, art, doing puzzles and being able to move around until sleep is possible. This approach has shown to be a more effective alternative than continued stimulant prescriptions in a confined space. It is also more trauma-responsive and supports Indigenous participants' needs of finding connection to the land. Consultation with Indigenous community consistently revealed that restriction to small spaces is experienced as imprisonment in many cultures and often traumatizing.

The use of crystal methamphetamine is increasing and will not be eliminated for years to come. This sobering centre model addresses this acute community issue in Brandon by building an evidence-based care pathway as a system (i.e. more timely and planned responses than ED and police). This allows Brandon to more effectively engage with people who use crystal meth and assist them in forming helpful connections and to access long-term supports.

The model recommended for Brandon should include these elements:

- Capacity to allow people to remain at the SC beyond 24 hours on an individualized basis, to provide support for ‘meth rest’ for those recovering from CM intoxication and concurrent sleep deprivation
- Commitment to proper building design and safety technology
- Private, low stimulation rest and sleep areas, including a “stimulant dorm” room
- Fluids for re-hydration and sugary foods that people may be craving
- Diversionary activities like drawing, puzzles, TV and art supplies
- Headphones or earplugs to block out noise and/or distractions
- Ample space within the SC for people to move and walk about
- Designated outdoor space and possible green-space for low-barrier cultural and land-based activities

Finally, as part of our commitment to ensuring Brandon’s SC has poly-substance capabilities, we are recommending an on-site Advanced Care Paramedic. As will be explained further, these paramedics have a broad scope of practice. This SC will require adaptability to the changing street drugs and substances – we need a broad orientation programmatic flexibility, in order to pivot to changing needs.

Community Paramedic Model

Research and best-practice evidence has demonstrated the on-site Community Paramedic model to be ideal for a Brandon sobering centre. Advanced Care Paramedics have a broad scope of practice, including administering benzodiazepines and anti-psychotics, first line treatment options for the management of severe agitation, aggressiveness, or psychosis stemming from methamphetamine intoxication (CADTH "Management of Acute Withdrawal and Detoxification" February, 2021).

The community paramedic approach allows for adaptability to the changing street drugs and substances in Brandon and necessary programmatic flexibility. To be responsive to the unique needs of Brandon this model will allow for Brandon to pivot to the changing needs on the street and in community.

Defining Community Paramedicine:

Community paramedicine is a locally designed, community-based, collaborative model of care that leverages the skills of paramedics and emergency medical services (EMS) systems to address specific local problems and to take advantage of locally developed linkages and collaborations between and among EMS and other health care and social service providers.

Community paramedics receive specialized training in addition to general paramedicine training and work within a designated CP program under local medical control as part of a community-based team of health and social services providers. (Source: Kenneth W. Kizer, Karen Shore, and Aimee Moulin, Community Paramedicine: A Promising Model for Integrating Emergency and Primary Care, July 2013, California Health Care Foundation, www.chcf.org.)

In the Brandon community, medical clearance is sought from the emergency department anytime a person is detained. We are proposing that for many intoxicated individuals, an assessment by an Advanced Care Paramedic and on-going monitoring would reduce (but not eliminate) the need to send individuals to the Emergency Department for care and medical clearance. While only a physician or nurse practitioner can provide formal medical clearance, Advanced Care Paramedics operate with medical oversight and have a broad scope of practice, particularly for stabilization and close monitoring. The Advanced Care Paramedic model has been successful in the City of Winnipeg for a number of years and demonstrated an ability to appropriately and safely manage the care of clients in a sobering centre type environment.

Paramedicine is being utilized in other sobering settings across North America and has proven to be an effective way to provide a more safe, low barrier service to substance users, as well as decrease ED and hospital utilization, and provide higher quality person-centered care.

Having a paramedic onsite and trained to be responsive to problematic substance use will provide the needed level of medical monitoring for operations and intake. This investment will significantly reduce the number of Emergency Department visits in Brandon and provide more timely and accessible person-centered care to this challenging patient population. While there are additional costs of paramedic staffing, this type of care in the community is less costly than ED care and the police overtime and resources necessary for the current model. The literature speaks to this form of care in the community as "cost avoidance from higher priced services"' (Sobering Centres Explained, CHCF, 2021). In Brandon, this investment will lead to reduced costs, improved health outcomes, improved staff effectiveness, and higher patient satisfaction.

The model of having Advanced Care Paramedics in this type of setting in Brandon is supported by medical leadership within Shared Health Emergency Response Services. (A letter of support provided by Shared Health is available)

Given the addiction issues that have been present in Brandon, a model that is person-centered and poly-substance use capable is needed. The community paramedic model being recommended is the most cost-effective for this community through significant reduction in emergency department visits, police and EMS hours, as well as reduction in overall health care costs. There may also be an opportunity to expand the role to support other sites (i.e. police stations or withdrawal management programs).

Service and System Collaboration

Many of those utilizing the SC will be connected to or would benefit from connection to a multitude of community and government services. To assist with maintaining or establishing these connections, there will be great value in working together to increase timely connection. The foundation for this will be created by the centre's staff and the larger community arriving at an understanding and connection with each other. Ideally, they can further challenge each other to make services even more responsive. Collegial relationships built on respect and trust are key to excellent service.

It's important to acknowledge the risk and complexity of serving this population, but also recognizing that many Brandon agencies have found effective ways to work together to respond to these challenges (i.e. Samaritan House, CHHA, and 7th Street Health Access Centre).

In addition to standard programming, to date the following services and programs have stated that they would bring their service to the sobering centre on a regular basis and as resources permit:

- Prairie Mountain Health (PMH) - Westman Mobile Crisis Services (morning and evening drop-in, in addition to normal service availability)
- PMH addiction services (formerly AFM) intake onsite
- Friendship Centre Elders (contract to be established for purchased services)
- 7th Street Health Access Centre Primary Care (providing a medical clearance for Withdrawal Management Services or treatment services)
- Access to Family Services Duty Worker on-call system
- The Bear Clan (visits and transportation)
- Public Health (STBI and other follow up, harm reduction supply drop-off)
- Harm Reduction Network (community education and outreach)

The above list is only a beginning, and it is anticipated there would be more opportunities to create further collaboration (ex. 12 step or other peer programming). Formal memos of understanding to formally establish onsite presence and partnership would be useful to create stable and sustainable partners to be established through this project.

In addition to these partnerships there is a significant opportunity for the development of care pathways and process with the Emergency Department, Medical Detox, RAAM clinic, Primary Care at 7th Street Health Access Centre, Mobile Withdrawal Services, AFM, Withdrawal Support Services, shelters and Housing First.

Recommended Service Model of Care

The model proposed is based both on evidence-based practices and stakeholder validation.

Our review of the literature identified a recognized expert in the field, Shannon Bernardin-Smith, PhD, RN who is considered the most reputable and published North American expert on sobering centres. Along with publishing numerous articles on the subject, she is also the President and Co-founder of the National Sobering Collaborative. She was the expert witness at the 2022 Thunder Bay Inquest of two Indigenous men who died in jail cells. Formal consultation with Shannon Bernard-Smith provided both direction and affirmation on the model developed for Brandon. The best practices embedded in the proposal Brandon model are:

Low Barrier, compassionate, streamlined service model. Low-barrier services promote an easily accessible and user-friendly environment in which barriers such as paperwork, eligibility requirements and complex intake processes are minimized. Clear eligibility and field screen tools, admission and assessment guidelines, and a streamlined admission process are vital to success.

Central role in care coordination. The Brandon Sobering service will be able to play a central role as a hub in the continuum of care for some people with substance use disorders, navigating between multiple agencies including health care, mental health and addiction services, criminal justice and probations services and homeless services. Factors that facilitate effective coordination include round the clock staffing, the ability to hold and engage clients for enough time to support direct transitions into stabilizing services including treatment. Operating 24 hours a day, 7 days a week allows for immediate response to those in crisis, timely communication with other service providers, and the ability to keep people on-site until other services are open for direct linkages. Effective care coordination approaches can position sobering programs to be a key player in promoting system integration. The Brandon sobering service program manager could be an important addition to the case conferencing that occurs at the Brandon Community Mobilization table.

Programmatic Flexibility. The ability to pivot to meet the specific needs of individuals as well as the community at large have been cited as important for sobering centres. This flexibility can take the form of offering longer stays on a case-by-case basis.

Clear Protocol and Streamlined Service Provision. The key goal of the safe sobering service is to admit and retain people for successful sobering from intoxication. An intake process that is streamlined and easy is critical. Clear eligibility criteria and field screening tools, admission and assessment guidelines as well as a streamlined admission process is critical to the individual's success and the overall service functioning. Limiting or eliminating any intake paperwork required of the intoxicated client, citing a priority to reduce unnecessary agitation of the client while intoxicated. A rapid intake process would also allow first responders to seamlessly complete the transfer and quick return to the field. The goal is that for law enforcement, the intake process target would be typically under 20 minutes.

The goals of Sobering Care for the Brandon resource are as follow:

- **To reduce harm:** Reducing harms from acute drug and alcohol intoxication
- **To support alternate destinations:** Offer alternative to jail/criminal justice system and relieve the Emergency Department in the care of acute intoxication where appropriate.
- **To facilitate community connection:** Operate as a 'service hub' to connect clients to community resources
- **To deliver targeted care:** Offer targeted intervention for substance use disorders, informed by evidence-based practice with harm reduction focus; also engagement of individuals experiencing homelessness

"A safe sobering centre would see and treat public intoxication and substance use as a medical issue and not a crime. One of the main goals of the sobering centre is to provide an environment that is welcoming, trauma-informed, meaning its comfortable to the client to be there, and ideally with compassionate staff trained in substance use disorders, effects of poverty, trauma and homelessness."

"An individual will come in and be in an environment where they are suppose to be, versus locked up in a jail cell or in an emergency department where they often don't need to be because they aren't medically ill."

Shannon S-B at Thunder-Bay Inquest, 2022:

Proposed Model

3 LEVELS OF ACCESS: Recommendation that there be three primary ways an intoxicated person can come to the Brandon safe sobering service. Criteria for these three levels include:

1. Mandated Access:

Referral/Access: Brought in by peace officer or delegated community safety officers and detained as per Intoxicated Persons Detention Act (IPDA)

Admission criteria:

- Priority admissions/detainments; initiated by phone call to sobering centre
- As per IPDA 2.1, 2.2: Intoxicated in a place in which the public has access
- At risk of serious harm to themselves or others and/or be a public nuisance
- Health IM screen conducted by police
- Unplanned, 24/7, 365 days/year
- 18 years or over, exploring 16 years and over
- Conscious and able to ambulate with minimal assistance, with no signs of acute medical needs.
- Does not meet the threshold for police detention (not violent nor facing criminal charges)

Discharge/Transfer Criteria:

- As per IPDA3.1 (a): No longer intoxicated and recovered sufficient capacity to leave without a danger to themselves or others, and without causing a nuisance
- As per IPDA 3.1(b): Release to a person who appears to be suitable and capable of taking charge of the person.
- Staff determined
- Significant change in health status to acute/complicated

Length of Stay: Less than 24 hours

2. Non-mandated/Voluntary Access:

Referral /Access: Referred by EMS/Police, Emergency Department, Homeless Shelters, Crisis Services, Community Mobilization, Huddle, family, community patrols such as Bear Clan, Self following a detainment. Walk-ins not permitted.

Admission Criteria:

- Admission initiated by phone call to the sobering centre, rather than walk-in
- Be intoxicated and at risk of harm to themselves or others
- Uncomplicated intoxication; not medically compromised/complex
- Consent to being admitted and willing to adhere to centre's rules
- Considering longer period of sobriety, or recently experienced "a slip" and wanting support
- Unplanned, 24/7, 365 days/year

Discharge/Transfer Criteria:

- Held up to 24- 48 hours; longer if consenting (as per IPDA 3.2)
- No longer intoxicated nor a risk to themselves or others
- Offered education and information about additional supportive services
- Ideally decision to leave mutually determined by both individual and staff
- Significant change in health status to acute/complicated

Length of Stay: Up to 48 hours

3. Supportive Access:

Referral/Access: Client with their current supports and services providers (CMHWs, Community Detox, AFM, Withdrawal services, Family)

Admission Criteria:

- History of problematic substance use and needing safe, dry place to stay for short period of time, for sobriety maintenance or relapse prevention
- Non-complicated health status and level of intoxication
- May have previously used Sobering Centre and met criteria under access 1 or 2
- Requesting assistance for relapse prevention and/or bridging to further treatment

- Consents to being admitted and adhering to centre's rule
- Planned, non-emergent, not necessarily 24/7

Discharge/Transfer Criteria:

- As per individual's recovery plan and their support network
- Risk of use or relapse has been lowered
- Development of an acute medical complication or Justice involvement

Length of Stay: Up to 3 days, depending on individual's plan and Centre's capacity. Extensions could be considered if capacity allows, there is a concrete need and an exit strategy (ie. 5 days sobriety before entering residential treatment)

Description of Proposed Physical Space

To envision an ideal and functional space and to determine an estimate of size required, we developed a Zone Plan, with Block Diagram and a Room Data Plan on space and usage details. These will be further developed by an architect once a location has been identified.

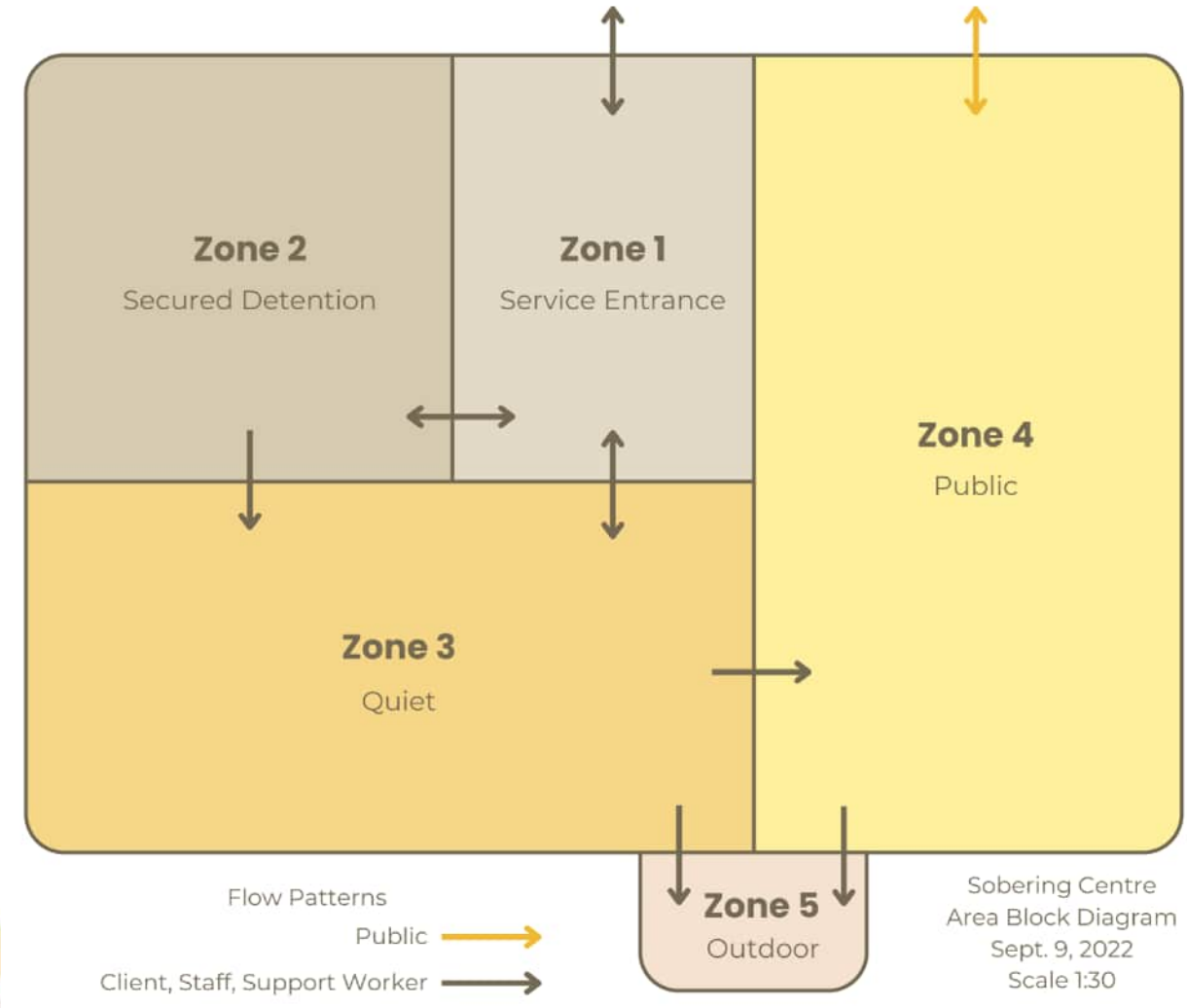
Five zones have been outlined and would require approximately 4700- 5000 sq ft. to meet the operational needs of the building. These zones include:

Zone 1 – Service Area
Zone 2 – Secured Area (suitable for IPDA)
Zone 3 – Quiet/Sleep Area
Zone 4 – Public Area
Zone 5 – Outside Space/Parking

Zone 1 - Service area – Intoxicated individuals would be brought in through a private service entrance into an intake screening area where they would be met by SC support staff and a paramedic. This area will be unobstructed and large enough for at least four people. This intake area would be adjacent to an EMS examining area, a storage room for clients' personal belongings, a washroom with a shower, and laundry facilities.

It would be through mutual determination by the site paramedic and the program support workers, as to whether or not the SC can safely provide service to this intoxicated individual. We would aim to keep this intake process to around 20 minutes. If accepted, it would be determined whether the person is suitable for Zone 3 (the least obtrusive sleeping dorms) or Zone 2 (secured, locked units).

Throughout the building but right from Zone 1, safety and cleanliness will be evident with such aspects as wide, unobstructed areas free of fall hazards, the provision of clean clothing, wood-free furniture, separate storage containers or lockers for personal belongings, etc.



Zone 2 – Secured Area - If it is determined that the individual requires a secured setting, this zone has three (3) individual safe rooms. We envision 9x7 rooms with 10ft ceilings, mag locks, observation windows, pass-through doors, solid ceilings, floor drains, rubberized slip proof flooring and sound barriered. Each room has, at minimum, a sleeping mat and a disposal urinal and bed pans. These rooms will need to be temperature controlled to be adequately warm or cool. Doors can be kept locked or unlocked. This zone would have a high level of observation and safety.

Next to the three secured rooms is a room approximately 10x12 feet, designed as a stimulant dorm. This area would be for the person who is too agitated or restless to lie down and sleep. It would decrease interaction with others who might be sleeping. This room would separate the agitated person from others but be large enough for them to move around in and have some activities to help them settle. Other aspects of the space could include a large chalk wall for a person to sketch on. It could also have a bed or a recliner for when the person is able to sleep or rest.

These three rooms and the stimulant dorm are adjacent to a toilet room and a high-walled observation hub. The observation hub has sight lines to both Zone 2 and 3, camera monitors, charting desks, and filing cabinets. The space would be large enough to accommodate up to three staff and be adjacent to the staff safe room, equipped with locked medical storage and a land phone line.

Zone 3 Sleeping/Quiet Area – This is a more general use sleeping area, most suitable for people intoxicated with alcohol or other depressants, and who are inclined to fall asleep from their intoxication.

Two dormitory areas are being proposed, one for six (6) males and three (3) females, and two (2) private rooms, suitable for any gender, special needs and possibly youth. This zone will have 2 toilet rooms with a sink and shower in each. Consideration could be given for a separate shower room. The sleeping areas have single beds, but are kept wood-free, to prevent bed bugs.

The Common Area in this zone is adjacent to the sleeping dorms and will include small multi-purpose tables for eating and activities, a TV and computer table. It will have a food and beverage area with a microwave, small fridge, coffeemaker, toaster, and sink. This zone is ideally kept quiet and not disturbed by noise from Zone 1 or 2, or from visitors in Zone 4.

Zone 4 – Public Area – We envision this area to be towards the front of the building and open to visitors to the centre. It would have 5 small offices for staff, visiting services and private meetings; and a multi-purpose room suitable for smudging ceremonies and family meetings. It would also have a staff break room with 2-tables, 8-chairs, microwave, stove oven, sink, fridge/freezer, food trolley, and dishwasher. Staff lockers could be kept here.

Zone 5 – Outside Area - Accessible from Zone 2 and 3, secured and private, a place to smoke, CCTV coverage, and green space. Outside area should also have at least one parking spot outside the service area entrance.

Once the prosed zone design is approved and a site for development has been identified a formal architectural drawing would be developed and the functional analysis would guide the development of the capital resource plan.

Other key environmental and intentional design suggestions from stakeholders:

- Private and discreet entrance and a location in which loitering is not allowed
- Low stimulation and calming colours, with low risk of falls or injury
- Prioritize easy to keep clean and bed-bug free
- Respectful and trauma-informed and non-judgemental signage
- Culturally affirming to Indigenous people (reflective in the artwork and in the Smudging Room, TRC and Seven Sacred Teachings)
- Ventilation for indoor smudging
- Outdoor space for cigarette smoking
- Plants and greenspace on premises for tranquility and windows for natural light

Potential Location

Three general locations were suggested: downtown, adjacent to downtown, or close to the hospital. There were many different opinions and justifications for the desired location. The following captures some of the comments made about location.

Many informants suggested that the sobering centre should be located either in the downtown area, or within walking distance from downtown Brandon. Others suggested that there may be a benefit to having the location away from the downtown, allowing some separation from high-use areas. Many also suggested that the downtown area is becoming over-saturated with social service agencies.

A significant concern about need for transportation for people leaving the sobering centre, especially during the winter has been identified. Being close to city bus stops was recommended, as was having a budget to cover taxi fare rides. Since we are not recommending a walk-in service, most people would be transported to the centre, but how they leave the service will need to be considered.

Some informants recommended being close to the hospital, to have close access to the Emergency Department, AFM Parkwood and main bus routes. Access to AFM Parkwood treatment did not seem as important since any transfer to this treatment facility would be planned, rather than an urgent occurrence.

All three of these general areas have merit, but in the end, the final determining factors may come down to cost and the availability of land and/or an appropriate building, as well as city zoning and building code matters.

Some specific sites suggested by informants included:

- The Old Sobey's next to Staples and Liquor Mart
- Behind Memories Chapel, close to Westbran
- Former Westoba Credit Union on Princess and 10th
- Former People's Market on 13th Street, between Rosser and Pacific, across from CHHA Withdrawal Services
- The Town Centre
- Old CN building
- Mackenzie Seeds Building (Heritage building on 9th Street)
- Westman Immigration Services on Pacific Avenue
- Old Brandon Sun building (Rosser Ave)
- Former federal building – 11th and Princess
- Former Greyhound Bus station on 6th Street
- Former Sunlife building, west side 11th between Princess and Rosser Avenues

In addition to the sites identified above four empty lots were noted for possible location and site development as well as a fourth option with the John Howard Society:

- 3rd and 4th Street, between Rosser and Pacific Avenues
- Pacific Avenue and 12th Street
- 545 Pacific Avenue
- Behind the Redwood Hotel, McGregor Ave and 16th Street North

John Howard Society Housing Development Project: The John Howard Society is embarking on a housing project with hopes to access Reaching Home and Rapid Rehousing grants. Initial discussions have occurred with the executive director to scope out the feasibility of a main level/street front development space for the sobering centre and presents a promising option for a new build that would align with the square foot requirements of the proposed space design. The timeline for this project is within the next 18 months and a partnership with the John Howard Society for the development and leasing of this space should be further explored.

Staffing Model

The core staff model we are recommending is as follows:

Program Manager: one full-time with flex hours as required.

Advanced Care Paramedic, one on-site at all time, for medical and psychosocial stabilization and close monitoring.

Sobering Support Specialist: two on-site at all times, 24 hours a day, 365 days a year.

Cultural Program Staff Support: Visiting Elder and/or Knowledge Keeper (contracted through Indigenous Organization and partner) for 20 hours a week.

Having appropriate levels of staffing and maintaining of high levels of observation will be key to preventing untoward events and ensuring appropriate timely interventions (i.e. when a person needs to be transferred to ED). Close collaboration between team members (ie. between the support staff, paramedic and peer support staff) will be essential. Although maintaining clarity in role will be important, the ability to work as a team will ensure optimal support and assistance.

Job descriptions have been developed for each of the positions and would be further developed within the context of the lead agency that would support the operationalization of the program model.

Visiting Health Services – Nurse Practitioners, AFM Counsellors, Crisis Services, Public Health Nurses

The SC has the potential of bringing services to individuals who may face barriers in accessing medical care and who often have complex or chronic diseases. For example, it could help people with the most severe addictions carry out treatment plans, by offering them a safe place during the day as they await contact with Primary Care, Public Health or Homecare. Helping these most vulnerable and complex individuals will also serve to decrease people seeking non-urgent primary care from the Emergency Department.

Other Visiting Services/Resources: Elders, Brandon Friendship Centre, Ask Auntie, Harm Reduction Network, Bear Clan Volunteers,

Operational Budget

Staffing and program costs are estimated to be annually at $1.43 million. The following is a breakdown of the start up costs and the annual operating for the delivery of a 24/7 service.

Staffing: $ 1,131,024. (Inclusive of all benefits, specialized training, and certification maintenance)

- 1.0 EFT Program Manager: Cost $82,582.00
- 4 EFT Advanced Care Paramedic- $569 872.48
- 8.4 EFT Sobering Support Specialist - $423,571.18

Occupancy: (mortgage, rent, utilities, equipment leasing etc.)- $85,000-100,000

General Operating: $64,000.

Food and Hydration: $45,000.

Administration fee (lead agency): $90,000

Total Annual Operating cost: $1,430,024.

Start Up Costs

Site/Facility Development- 1.8 million (previous announced investment allocation with City of Brandon)

- Construction/renovation/project oversite $1,490,000
- Furniture, technology, security and safety alarms, lockers, and kitchen set-up - $250,000
- Paramedic Equipment and medical support supplies- $60,000

Additional Recommendations and Considerations

Data Collection and Evaluation

It will be very important that there is a commitment and rigorous processes, during the start-up and first five years of operation, for monitoring, evaluation and continuous improvement. Evaluation should be about building knowledge and trust with stakeholders and the community at large towards continuous program improvement.

A minimal data set should include: number of encounters, age, gender, admission time, category of admission, length of stay, primary substance used (up to three), referral by or accompanied by, internal status transfer from detained to voluntary; repeat visitors; dispositions/discharges: transferred to police cells, 911, hospital, or community agency, or discharge to unknown.

Minimally once a year, a process will be required to receive feedback from referring agencies and service users.

Performance Indicators such as time required for intake/admission (under 20 minutes, around 20 minutes, over 20 minutes) should also be measured.

The program will also need to establish and maintain a **Homeless Individuals and Families Information System (HIFIS)** 'service level agreement' through Brandon Neighborhood Renewal Corporation (at no cost). Maintenance of this database will guide client care, share knowledge, and build collaboration with agencies like Housing First and Safe & Warm Shelter.

Brandon's Sobering centre should be an active member of a broader community, exchanging and contributing to the body of knowledge of sobering centres. Networking with other detention sites like Main Street Project will be extremely, valuable. As well, affiliations with such bodies as the National Sobering Collaborative and Managed Alcohol Programs in Canada (CMAP) should be established and continued. Research and evaluation partnerships with the Brandon University should also be pursued.

Stigma and Community Education and Acceptance

Informing the community about this new service will be important. Most citizens do not have a clear understanding of what a sobering service is. Substantial time and effort may be required to identify, and achieve community approval for a sobering centre site. When there are difficulties with community acceptance, behind these difficulties there may be stigma and misunderstanding about substance use and discrimination toward intoxicated people, including and especially towards those with co-occurring homelessness, mental illness or histories of incarceration. Opportunities for public education on what the program is and what is not will be important to the success of community acceptance for this service. This could serve an opportunity to further educate the public about addictions, mental illness, recovery and address racism and attitudes that perpetuate discrimination at the community level.

Multi-agency Community Model

Across Canada and the United States, although there are examples of this type of centre being lead by health departments or a municipal government, the majority are led by non-profit organizations. Brandon has a number of agencies that could do this work well. Yet, in our consultations, no one agency voiced a clear expression of interest. And there was hesitancy voiced by some key players. These hesitancies included: the time and resources to invest in a new program, a general hesitancy about the nature of this work, and whether or not there would be adequate funding and support from the whole community to successfully operate a sobering centre.

To address the concerns, we would like to suggest a multi-agency service provision model and a whole-of- government approach to funding.

In Brandon, we have experienced the success of such integrated multi-agency approaches as Community Mobilization and the developing Youth Huddle. We believe that this type of model could be used for the development and operations of Brandon's sobering centre.

In both these models there is a Steering Committee and an Advisory Committee. A Steering Committee could have high level representation from the lead agency, BPS, EMS, PMH, Indigenous agency such as BFC or BUPAC, City of Brandon, and government funders. It could meet quarterly to ensure that program is being delivered appropriately and to review operations, share data, strengthen pathways and support staff.

A Community Advisory Committee, whose purpose would be to inform from the grassroots, could be made up of such representatives as the CWC, BFC or BUPAC, Samaritan House, the Bear Clan, John Howard Society, BNRC, CHHA, Harm Reduction Network, Housing First, Probations, and Community Mobilization.

Also, interfacility networks with other provincial detention or sobering centres like Main Street Project could be established, with consideration given to joining national or international collaboration of sobering programs.

Adequate and Stable Funding

Reducing public intoxication and providing safe sobering resources is an important part of Community Safety, Public Health and Community Wellness. It therefore is within the jurisdictions and responsibility of a number of government departments particularly Justice, Health and Family Services. It is about equitable access for all Manitoban's requiring a whole-of-government cross-sector approach.

In developing the above model, we hoped to create a vision for a tailored program that meets both individual clients' needs and also capitalizes on the strengths of Brandon as a community and the second largest city of the province. We believe that an investment in this innovative and evidenced-based service model will bring a great asset to Brandon and put us ahead in excellent service delivery.

In addition to secure funding from government departments, some of our Indigenous informants believed there could be opportunities for supplemental funding from Indigenous funding bodies, such as Congress of Aboriginal People, nearby First Nations and/or the Southern Chiefs Organization. It could also be considered as 'priority programming' by Manitoba Liquor & Lotteries.

Summary and Next Steps

In conclusion the vision presented in the functional program for the Brandon Sobering Service is to create a culturally safe and trauma-informed sobering care service with integrated harm reduction services for individuals who are under the influence of alcohol, methamphetamine, and other substances. To achieve this vision, the following next steps will require action:

- Approval of the annual operating budget required for the delivery of the Brandon Sobering Care Service
- Select site and location and finalize building and design drawings and initiate site development and construction/renovation project
- Complete an expression of interest process to the community service provider sector with details on program requirements, staffing model, and budget and select suitable lead agency
- Establish partnership agreements with other service providers and referral/support pathways
- Ensure leadership support to facilitate a comprehensive integrated community approach is considered as the service enhancements move forward
- Develop staff recruitment plan including partnership with the Provincial Shared Health Emergency Services Program

CMHA will be available to continue to complete all related deliverables to have this project ready for implementation. The following is a summary of the status of these key deliverables.

- Functional Program Proposal- completed
- Job descriptions- completed
- Annual operating budget- completed
- Start up budget – completed
- Site development plan – to be further developed
- Partnership Agreement template – to be finalized
- Criteria for Lead Agency and Call for Expressions of Interest – to be finalized
- Template for contract for City of Brandon and Lead Agency – to be finalized
- Support lead agency and partners to develop policies and procedures for sobering centre with alignment to best practices from other jurisdictions – to be developed

CMHA Manitoba and Winnipeg thanks the City of Brandon and Government of Manitoba - Department of Justice for the opportunity to support this important project and engage the community in the development of a vision and service model that will meet the needs of community members in need of this critical support service. We look forward to continuing to support this project towards implementation.