

BUSINESS CASE

For a Sobering and Assessment Centre
in Kamloops, BC

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Executive Summary

This Business Case outlines the imperative for establishing a sobering and assessment centre in Kamloops, BC. Building upon a previous 2016 case, this updated document responds to significant changes in the landscape, including the toxic drug crisis, increased societal pressures, and heightened awareness of Truth and Reconciliation principles.

Strategic Context:

Substance use, with its multifaceted causes, takes an enormous toll on Canadian society. The rising toxic drug poisoning rates and the complex interplay of homelessness, drug toxicity, and alcohol use underscore the urgent need for innovative solutions. The proposed sobering and assessment centre aims to address acute intoxication, offering a medically supported environment for individuals to sober, preserve safety, and connect with essential services.

Challenges and Needs:

The escalating toxic drug crisis, particularly in British Columbia, demands a re-evaluation of current practices. The existing challenges include health risks to intoxicated individuals sobering up in inappropriate environments, strain on emergency services, and discrimination faced by Indigenous populations. These challenges necessitate an alternative and innovative approach to sobering.

Drivers for Change:

Several incidents and factors drive the community's shift towards a sobering and assessment centre. These include calls for alternatives to RCMP/municipal cells, increasing pressures on health care services, community demand for change, and a growing emphasis on culturally safe interventions.

Strategic Fit:

The proposed sobering and assessment centre aligns with provincial priorities for safer communities and improved health care. It supports the government's vision of a seamless care model, as outlined in the Minister of Mental Health and Addictions' mandate letter and the provincial roadmap "A Pathway to Hope." The focus on cultural safety directly addresses the barriers faced by Indigenous populations in accessing care.

Desired Outcomes:

The anticipated outcomes of the sobering and assessment centre encompass improved short-term health and safety for acutely intoxicated individuals, enhanced access to services and housing, a reduction in emergency department visits, decreased use of RCMP/municipal cells, and overall cost savings for public systems.

Requirements:

Successful implementation relies on a capable operator, initial and ongoing funding, community support, adequate staffing, and a commitment to cultural safety. Any potential operator will need to work collaboratively with other social agencies and healthcare providers in order to ensure successful impact.

In conclusion, the establishment of a sobering and assessment centre in Kamloops represents a critical step in addressing the escalating challenges of substance use.

1 Introduction

This Business Case is intended to provide information and rationale relevant to decisions about the establishment, funding, and ongoing operation of a sobering and assessment centre in Kamloops, BC.

This work builds on a previous Business Case developed in 2016.

Since the development of the 2016 business case, much has changed, including, but not limited to the following:

- The toxic drug crisis has by most accounts:
 - Increased pressure on the healthcare system
 - Polarized public discourse
 - Increased pressure on municipalities to deal with complex social issues
- The cost of living has increased
- The workforce has become critically unstable
- There is broader acknowledgement of the importance of Truth and Reconciliation and cultural safety in public service delivery, healthcare, and policing.

With these changes, and a shifting non-profit landscape, the original Business Case has been re-examined and rebuilt. The process to develop this updated sobering and assessment center business case included consultation with community partners, interviews with Indigenous community members, and research into sobering and assessment centres around North America, including the seven that now exist in British Columbia. This process included work with experienced local operators to build a budget that reflects current realities and aspirations as well as an examination of best practices and consideration of the current strategic context to understand how a sobering and assessment centre might provide an important link in the continuum of care. This link is critical for people dealing with mental health and substance use, in particular individuals experiencing acute intoxication with no safe place to sober.

2 Strategic Context

2.0 Background

Substance use - a problem with myriad causes - exacts a heavy toll on Canadian society. Its impacts are felt at the individual, family, community, and system level. Substance use can result in acute intoxication, which is a clinically harmful condition that usually follows the ingestion of a large amount of alcohol or drugs. By all accounts, the issue is becoming more dire, and not only because of the well-known toxic drug supply and rising use of opioids and methamphetamines. Alcohol use remains a problem throughout Canadian society. Recent estimates tell us that 21% of the Canadian population will experience substance use disorder at some point in their lives.¹ Considering both the costs to the lives and well-being of individuals and families, as well as the costs to our systems of health, policing, and emergency services, our communities must find innovative ways of addressing the issue.

2.0.1 The Challenges of Substance Use

In 2016, after a 75% total increase in annual toxic drug poisonings, BC declared a public health emergency. Rates have continued to increase since then, with record numbers of deaths in 2021 (2,224) and 2022 (2,272). Former BC chief coroner Lisa Lapointe has declared that “over the past seven years, the rate of death due to illicit drug toxicity in BC has risen by more than 400 per cent”.² BC Emergency Health Services report over 33,000 calls per year for toxic drug poisoning patients and an average of 92 calls a day.³

The number of deaths by individuals experiencing homelessness in BC has also multiplied tenfold in the last decade, with 247 deaths in 2021 alone, representing a 75% increase from the year prior. Of these deaths, 74% were considered accidental and 93% of accidental deaths were due to illicit drug toxicity. Geographically, 44 of these 247 deaths were in the Interior region and five were in Kamloops alone.⁴ It is no surprise that homelessness and the illicit drug supply continue to place undue strain on both our medical and law enforcement systems on a daily basis.

No city is immune to the growing challenges of homelessness and toxic drug supply, and Kamloops’ data reflect the provincial trends described above. 2022 has been deemed “the deadliest year on record,” with a total of 90 toxic drug deaths, compared to 77 and 60 in the two preceding years. With a rate of 73.8 deaths per 100,000 people, Kamloops and surrounding area had the fourth highest death rate among BC municipalities last year.⁵ 2021 was no different as Kamloops ranked the sixth-most fatal city in BC, despite having the smallest population of the top eight.⁶

Kamloops’ Community Health Profiles and the Centre for Addictions Research of BC rank the city’s consumption of alcoholic drinks per capita also above average at 1.8/day. Interior Health reports 21% of it’s population qualifying as “heavy drinking,” which is 3% above the provincial average of 18%.⁷

Another important factor to consider is the overrepresentation of Indigenous people in the continuum of care for mental health and substance use. First Nations people are reported to bear a disproportionate burden of harm from alcohol and substance use. First Nations people in BC are also three times more likely than non-First Nations to die from an overdose.⁸

To address this critical issue, innovative interventions are required. One such intervention which holds great promise for improving short-term health and safety outcomes for acutely intoxicated individuals and freeing up space and resources within policing, shelter services, and hospitals is “sobering and assessment centres.” These centres provide a medically supported environment where acutely intoxicated individuals can spend up to 24 hours sobering up and, if they are ready and willing, connect with other relevant community services, such as detox, treatment, housing, and mental health practitioners. While the term “sobering up” has often been associated exclusively with alcohol, in this Business Case it includes becoming free from drug intoxication.

2.0.2 Introduction to Sobering Centres

Sobering and assessment centres are co-ed facilities that provide a place to sleep and sober, with stays of 24 hours or fewer. They provide beds or mattresses, bathrooms (often with showers), snacks, and hygiene products. Centres do intake and screening for substance use disorders, acute medical and mental health issues, and injuries. Staff monitor clients regularly as they sober. Staff provide brief interventions such as motivational interviewing as well as provide referrals and resources related to

detox, treatment, housing, mental health services, shelter, hospitals, cultural supports, and other services in the health continuum.

Clients at sobering and assessment centres are acutely intoxicated individuals requiring a safe place to sober. Centres accept those deemed medically and psychiatrically stable, with no current criminal element, and no violent or threatening behaviours. Minimum ages for sobering and assessment centres vary from 16 to 19.

Sobering and assessment centres are often co-located with a detox facility or emergency shelter. They are commonly operated by a non-profit organization focused on mental health and/or substance use, shelter services, or family services. They collaborate closely with key partners, including law enforcement, hospital, ambulance and paramedic services, shelters, and other non-profit organizations.

2.1 Concern and Need

In some cases, acutely intoxicated individuals either seek help or safety or are deemed a risk to themselves or others and are apprehended by RCMP. If apprehended by RCMP, they may be placed in RCMP/municipal cells while they sober up. Acutely intoxicated individuals may also present at a shelter, or the emergency room of Royal Inland Hospital, either through self-referral (on foot, by taxi, by vehicle of friend or family) or transported by ambulance.

The problems with the current situation include:

- The health and safety risks to intoxicated individuals sobering up in environments such as jail and shelters that are not equipped to provide adequate medical support
- The health and safety risks to others in public, in shelters, and in hospital because of acutely intoxicated individuals who are behaving violently
- The costs to RCMP, in terms of time and resources, dealing with a non-criminal issue
- The costs to ambulance services, in terms of time and resources, and the risk that such personnel cannot attend to other medical emergencies as a result
- The costs to hospitals, in terms of time and resources, and the risk that others with emergent or acute needs will not be able to access beds
- The health and safety risks to Indigenous people experiencing acute intoxication, who may experience discrimination or mistreatment in settings where staff have not been trained in cultural safety

These problems create a need for an alternative approach to sobering.

2.2 Drivers for Change

Several incidents, factors, and developments are driving our community to consider a sobering and assessment centre as an alternative to the status quo. These drivers are explained below.

2.2.1 Calls for an Alternative to RCMP/ Municipal Cells

The impetus for a sobering and assessment centre in Kamloops stems from a Coroner's Inquest into the death of John-Paul Gibbons in November of 2009. Gibbons was found to be intoxicated in a public

place, arrested by RCMP, placed in RCMP/municipal cells (force was used to obtain compliance), and released less than 24 hours later. He was found deceased the following morning. The Coroner's Inquest determined that Gibbons died as a result of internal bleeding from blunt force trauma. It was not certain exactly when this trauma had occurred.

The jury of the coroner's inquest provided three recommendations. The first two are as follows:

1. That a Sobering Facility be established in Kamloops and any like areas where individuals are taken to sober up rather than a drunk tank. Where the clientele seems to consist of a regular group such as in the Kamloops region it should be staffed by someone capable of maintaining individual records on substance abuse, medical/mental illness, and prescription information. As well there should be a nurse capable of administering prescription drugs.
2. That RCMP or local police be educated as to the general needs of each client of the local sobering site and that updates be scheduled every 3 months.

It is important to note that acute intoxication is not a criminal offense. Acknowledgment of the unsuitability of using RCMP/municipal cells for sobering up is supported by other investigations. For example, in October of 2023, the Independent Investigations Office of BC released a "Decision of the Chief Civilian Director of the Independent Investigations Office" in the matter of a medical emergency suffered by a male while in the custody of the RCMP in Williams Lake, BC, on November 15, 2022.

This investigation found no evidence of negligence or mistreatment by the RCMP. According to expert medical opinion, the individual was referred to the medical system at an optimal time. Nevertheless, this report underlines the idea that:

"Holding intoxicated persons in police cells, ostensibly for their own protection, guarded by people who are not trained health professionals, is an outdated practice, and proven not to provide adequate guarantees of their safety and health. There are other options, including sobering centres and having health professionals on site to assist with the care of intoxicated persons... Too many people die in police custody, often through no fault of the police. The care of intoxicated persons should not be a police responsibility. It is a health care issue. It is time for government to take steps to facilitate the changes necessary to ensure intoxicated persons who need care receive it from trained health care professionals."

In Prince George, a Coroner's Inquest was launched into the 2016 death of 51-year-old acutely intoxicated Jamie Shanoss. Mr. Shanoss died in a city jail cell. The inquest jury found that he had died as a result of acute alcohol poisoning aggravated by cocaine use. The jury recommended the creation of a sobering centre. This recommendation was strongly endorsed by the Prince George RCMP Superintendent, based on the fact that acute intoxication is a medical issue, not a criminal issue, which requires a medical intervention rather than law enforcement.⁹

In July 2024, a Coroner's Inquest into another death of an intoxicated individual in RCMP cells in Kamloops issued a verdict recommending that the Province immediately allocate funding and resources towards the opening of a sobering centre in the city of Kamloops.

2.2.2 Increasing Pressure on Health Care Services

Pressures on the health care system in British Columbia are well-documented. These pressures are expected to continue increasing. According to former BC Minister of Health Adrian Dix, demand for healthcare services in BC will go up by 14% by 2032.¹⁰ Combined with a shortage of health care professionals and issues with the provincial billing system for medical doctors, this creates significant challenges for health systems.

Additionally, the province is working to address systemic anti-Indigenous racism in healthcare by recruiting Indigenous workers to senior positions and supporting Indigenous students in health programs.¹¹

2.2.3 Appetite for Change within Community

Calls for change locally have come from diverse sources. The City of Kamloops Council and administrative leadership have voiced support in principle for a sobering and assessment centre. Council is hopeful that a groundswell of support for a centre will bear fruit in the near future.

As in Prince George, support for a sobering and assessment centre has been expressed by current and past RCMP Superintendents. This support is bolstered by support among the community-based non-profits and Royal Inland Hospital. As part of the development of this case, key community partners from the City of Kamloops, the non-profit sector, RCMP, for-profit treatment centres, Indigenous-serving organizations, and health authority were brought together to discuss salient issues and articulate keys to implementation.

2.2.4 Calls for Culturally Safe Interventions

In 2015, the CEOs of all BC Health Authorities signed a Declaration of Commitment on advancing cultural safety within their organizations. This signals a growing acknowledgment of the inequitable treatment of Indigenous people within institutional healthcare settings.

Consultation with community partners was supplemented by outreach to Indigenous individuals and organizations for input on a proposed sobering and assessment centre in Kamloops. Respondents emphasized the challenges of institutional racism and bias within healthcare and law enforcement settings and expressed support for a lower-barrier, culturally safe sobering and assessment centre.

2.3 Provincial Policy Alignment

Sobering and assessment centres may be supported by the BC government. Of the four priorities laid out by the current BC government strategic plan, “Stronger BC for Everyone”, two in particular relate directly to a sobering and assessment centre:

❖ Safer communities

To address concerns about public safety, both for the people struggling with mental health and addiction on our streets, as well as the feeling that downtown centres are not as safe as they were before the pandemic, we will work with our partners at all levels of government, the justice and health care systems, the non-profit sector, and community leaders to find solutions for this complex challenge facing our province, and work overtime to seize the assets of high-level

criminals.

❖ **Improved health care**

Amid unprecedented pressures we will continue to work to strengthen our public health care system, from family doctors to new hospitals, so care is there for each of us when we need

“A Pathway to Hope,” the provincial government’s roadmap for making mental health and addictions care better for people in British Columbia, emphasizes several approaches directly relevant to the proposed sobering and assessment centre. For one, the roadmap identifies persistent fragmentation of services as a major obstacle to progress. Further, it argues that “By delivering more person-centred services, the continuum of mental health promotion, prevention, treatment, and recovery services becomes more effective, and efficient and, more importantly, is built around the needs of the individual.”

Secondly, the roadmap highlights the importance of cultural safety in the delivery of services, since Indigenous people experience the greatest barriers to care, and experience the greatest inequities across every indicator of health.

2.4 Desired Outcomes

There are several desired outcomes of a sobering and assessment centre in Kamloops, BC. The table below outlines these desired outcomes, which have come through consultation with key community partners and research on the community impacts of sobering and assessment centres:

1. Improved short-term health and safety outcomes for acutely intoxicated individuals.
2. Improved access to services (including detox) and housing for people frequently experiencing acute intoxication.
3. Reduction of clients utilizing the Royal Inland Hospital Emergency Department exclusively for sobering.
4. Reduction in clients sobering in RCMP/municipal cells, and associated safety risks.
5. Reduction in costs to public systems, including healthcare and law enforcement.
6. Improved Indigenous experience receiving support with substance use by providing cultural safe programs and services.

2.5 Requirements

Successful establishment and operation of a sobering and assessment centre would depend on several key requirements, as follows:

Requirement	Description
Suitable Operator	A sobering and assessment centre will require a capable operator. Potential operators include health authorities and, more commonly, non-profit organizations. A request for proposal process will likely need to be followed in order to determine a suitable operator from within the local context. Ideally this operator already works within the health and detox space, and potentially has physical space and some staffing already available. This case does include consideration for renovations costs if required by a chosen operator, however it does not offer a budget for fully new construction.
Initial and Ongoing Funding	This case was prepared with no guarantee or promise that funding is available for a sobering and assessment centre, either from Interior Health or other relevant funding bodies. Presumably all parties are aware that without committed and secure funding a centre will not exist or succeed.
Community Support	Equally important to the success of a sobering centre is effective communication with and buy-in from the community in which it operates. While engagement efforts during the development of this business case have helped to cultivate support from key stakeholders and service providers, broader and ongoing community support will require continued engagement and relationship building by the identified operator and partner agencies.
Staffing	Nearly all of the other centres in BC discussed staffing as a critical challenge. This case presumes that the proposed operator has or is able to find adequate staff to open and operate a centre in a safe and orderly manner.
Cultural Safety in Programs and Services	<p>Cultural safety means providing services in a way that shows respect for culture and identity, incorporates a person's needs and rights, and is free of discrimination.¹²</p> <p>Indigenous cultural safety is often seen on a continuum that includes cultural awareness, cultural sensitivity, and cultural competence.¹³</p> <p>Cultural safety focuses on responsive services that improve health and social outcomes for Indigenous people. Indigenous cultural safety incorporates all parts of the continuum, so services are fair at individual and organizational levels.</p> <p>A key component of cultural safety is examining historical and political factors that create power imbalances between Indigenous people and non-Indigenous Canadians. It is important to note that the Indigenous person or communities receiving services determine whether services are culturally safe.¹⁴</p>

2.6 Stakeholder Analysis and Support

The 2016 business case for a Sobering and Assessment Centre in Kamloops was submitted to Council in March of 2016 and was supported by a number of crucial partners such as Interior Health, the Phoenix Centre, Canadian Mental Health Association, RCMP, and the City of Kamloops representatives. This renewed proposal process in 2023 has sought to include all the original stakeholders, to recruit additional supporters, and to engage all in a more extensive and thorough conversation. 20+ relevant partners were invited to a three-part exploration of the purpose, potential, and challenges of establishing a sobering and assessment centre in Kamloops. These in-person brainstorming sessions served to create a common understanding of the benefits and limitations of a centre, helped to refine the scope, and contributed greatly to the creation of this case.

Detailed minutes of each session were logged. Summaries of activities in consultative sessions can be found in Appendix 1. All attendees reported appreciation for the opportunity to connect and brainstorm with other interconnected social service providers. The need for increased cooperation and a joint approach to operating a potential sobering assessment centre was clear throughout.

Date	Topic
Thursday, August 31	The problem, the context, and the opportunity
Wednesday, September 27	Building the solution, risks, and challenges
Thursday, October 26	Keys to success and sharpening the approach

The following table identifies organizations represented at one or more of the consultation sessions, in supplementary interviews, and in outreach to Indigenous individuals and organizations.

City of Kamloops – Community Services	City of Kamloops – Social and Community Development	ASK Wellness
Day One Society	A Way Home Kamloops	Interior Community Services
The Mustard Seed	A New Tomorrow Treatment Solutions	Canadian Mental Health Association
Interior Health Authority	Royal Inland Hospital	Kamloops Aboriginal Friendship Society
United Way BC	First Nations Health Authority (FNHA)	RCMP
Kamloops Fire Rescue	Tahltan First Nation	BC Emergency Health Services
Provincial Health Services Authority (PHSA)	Tk'emlúps te Secwépemc	Simpco First Nation

Skeetchstn First Nation	Healing Between Worlds	Bonaparte First Nation
Lii Michif Otipemisiwak Family & Community Services (LMO)	Secwépemc Child and Family Services	Kamloops Aboriginal Friendship Society
Indigenous individuals engaged include those with lived experience, those with family or friends affected by substance use, Elders and Knowledge Keepers, First Nation elected officials, and those working in First Nation communities delivering programs and services.		

3 Analysis and Recommendation

3.1 Evidence Supporting Sobering and Assessment Centres

The benefits of a sobering centre not just to the direct client, but to the community as a whole are manifold. Studies have shown that less than 1% of individuals with uncomplicated alcohol intoxication actually require emergency services and that the existence of sobering centres can result in savings of billions of dollars to the healthcare system each year.¹⁵ Many ER departments report sobering centre's ability to prevent ER overcrowding and ambulance services also note faster handoff times than when admitting to ER.

Similarly, RCMP spend an average of one to two hours responding to a call for public intoxication and checking someone into ER or a jail cell, whereas the average admittance time for a sobering centre is as little as seven to ten minutes. Forgoing incarceration not only saves municipalities money, but also reduces the risk of injury or death while unsupervised in a cell. Furthermore, the ability of a sobering centre to act as a referral hub to other social services is not to be underestimated, with 60 - 70% of those utilizing these centres demonstrating co-occurring mental health diagnoses.¹⁶

In addition to the direct cost-savings, one must also consider prevention: injuries and deaths that do NOT happen as a result of having this resource. As leading sobering assessment centre researcher Shannon Smith-Bernardin and chair of the National Sobering Collaborative states:

“It’s not just cost avoidance. It’s also about negative incident avoidance, about all the things that didn’t happen — clients who didn’t get assaulted on the street, didn’t crash their car, didn’t fall and injure their brain, didn’t end up in jail or the emergency department, who didn’t die”.¹⁷

3.1.2 Sobering and Assessment Centres in Canada and BC

Online research indicates approximately 13 sobering and assessment centres currently in operation across Canada. Seven of those are located in British Columbia and five of those are on Vancouver Island. The first to open in 2007 was Victoria, with four others following in the mid-2010s. The largest centre currently in operation, with 25 beds, is the Quibble Creek Assessment Centre in Surrey, BC, and the most recently developed centre opened in Prince George in July of 2023.

To expand the research and enlighten our local conversations, the project team also interviewed managers of the seven sobering centres in BC and consulted with the National Sobering Collaborative, a membership-based organization in the US for best practices and current data. This included

collecting data such as: years in operation, size and facility, funding and management, location, and more. The centres contacted are listed below:

Sobering and Assessment Centres in BC	
Location	Managed by
Victoria	Vancouver Island Health Authority
Cowichan Valley	Canadian Mental Health Association
Campbell River	Vancouver Island Mental Health Society
Nanaimo	Vancouver Island Mental Health Society
Port Alberni	Port Alberni Shelter Society
Surrey (Quibble Creek)	Surrey Substance Use Counseling Services
Prince George	Carrier Sekani Family Services

3.2 Option 1: **Status Quo**

3.2.1 Risks and Challenges to Status Quo

Consultation with community partners included a robust discussion of the risks and challenges inherent to perpetuating the status quo. The challenges identified are as follows:

Risks and Challenges to Status Quo	
INDIVIDUAL	SYSTEM and SOCIETAL
Toxic drug poisoning deaths	Systems continue to struggle; burden on current systems of care
Continued loss of dignity	Continued fragmentation of services and lack of coordination
Nowhere to go when causing public disorder	No available resource or opportunity; denying ourselves a good tool
Nowhere to go when inebriated and vulnerable	No diversion from being in custody; in-custody deaths
Unrelated death and illness due to ER shortages and availability	Unsafe street conditions for vulnerable or at-risk populations

3.2.2 Costs Associated with Status Quo

One of the desired outcomes of a sobering and assessment centre is “reduction in costs to public systems, including healthcare and law enforcement.” Calculating accurate or even approximate cost offsets for a hospital with the establishment of a sobering and assessment centre is extremely difficult, given that:

- Some acutely intoxicated individuals presenting at the Emergency Department are dealing with multiple medical complaints, making it difficult to identify an exact number that would be sent to a sobering and assessment centre instead of hospital.
- Some acutely intoxicated individuals presenting at a sobering and assessment centre are dealing with multiple medical complaints and, after screening, would be sent to the Emergency Department.
- Acute intoxication may not be captured as a secondary diagnosis for individuals requiring minor medical procedures followed by time spent sobering up.
- The overall lengths of stay in hospital of acutely intoxicated individuals presenting at the Emergency Department is highly variable.

Despite the challenges of making accurate estimates of cost offsets, representatives of Royal Inland Hospital report with confidence that a sobering and assessment centre would free up valuable hospital space for other people requiring medical attention.

RCMP Resources

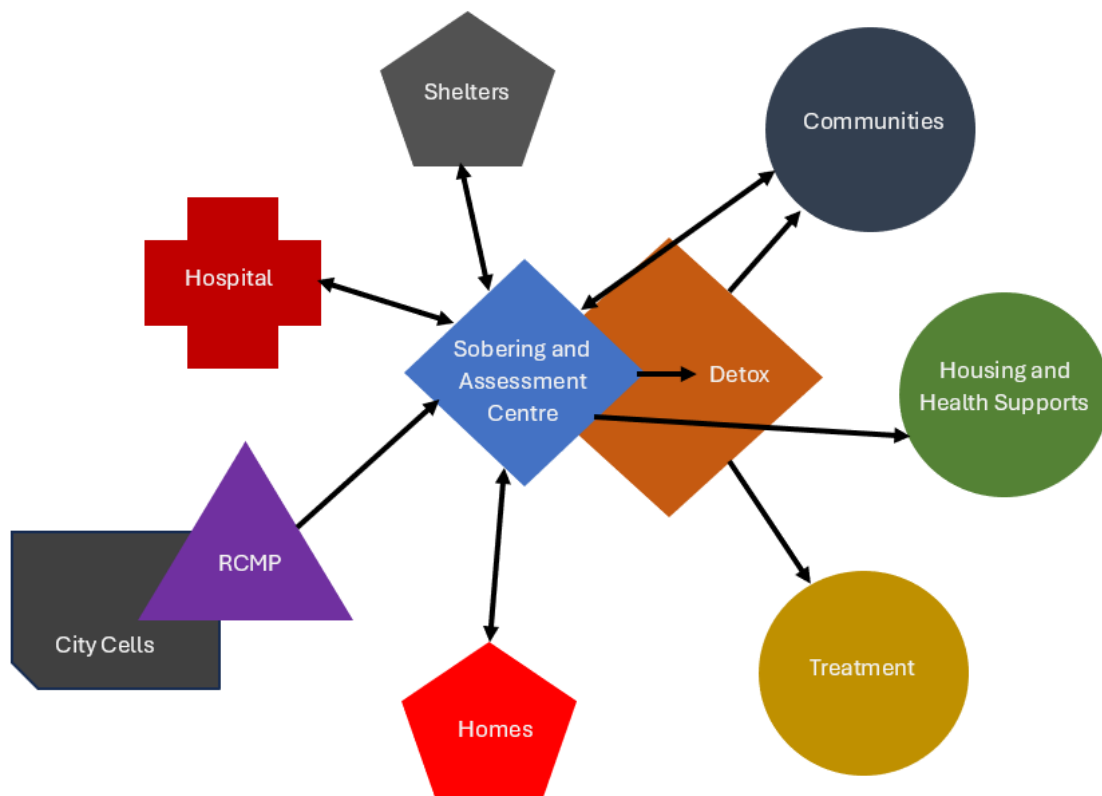
Calculating cost offsets for the RCMP is also challenging, given that:

- Some acutely intoxicated individuals requiring emergency medical attention must be processed for other offences, in which case RCMP officers must accompany the individual to hospital emergency department.
 - It is difficult to isolate the resources spent specifically on attending to acutely intoxicated individuals given that RCMP are responding to multiple events in one call-out and may process or transport several individuals for various reasons to either the RCMP detachment, hospital or other location such as a shelter or their residence.
 - The data below provides frequency and time spent on responding to acutely intoxicated individuals which can give us a sense of how RCMP resources are being activated despite being unable to calculate the actual cost of that activation.
 - Average monthly # of Drunk in Public Place (DIPP) files, 2023 to Oct 31 = 48*
 - Average time spent on Drunk in Public Place file by RCMP officer = 67.7 minutes**
- * 2022 monthly average = 35; 2021 monthly average = 30
- ** Time spent on a Drunk in Public Place file varies from 35 minutes to two hours, depending on a) whether transport to hospital is required, and b) whether the offender must be processed for other offences and officer must wait for the offender at the Emergency Department of Royal Inland Hospital.

3.3 Option 2: A Sobering and Assessment Centre in the Local Context

A local sobering and assessment centre allows us to reimagine how acutely intoxicated individuals find safety and connection with other services. In comparison to the status quo where individuals are interacting with several services, organizations, or institutions that have varying levels of appropriateness and ability to support, a sobering and assessment centre could serve as a hub. This hub could reduce pressure on and increase collaboration and communication with the myriad organizations responding to acutely intoxicated individuals despite not have the capacity, expertise or infrastructure required.

Figure 3.3.i – Client journeys with a sobering assessment centre as the hub.



3.3.1 Criteria for Evaluating Operator Options

These criteria are as follows:

1	Appropriate Medical Oversight
2	Appropriate Medical Team
3	Strategic Fit
4	Location Accessible to Target Population and Other Services
5	Access to Further Treatment Onsite
6	Suitable Operator Physical Capacity
7	Suitable Operator Organizational Capacity
8	Operator Commitment to Cultural Safety

4. Implementation

4.1 Financial Requirements

Establishment of a sobering and assessment centre in Kamloops will require financial investment, both for initial start-up costs and annual operating expenses. With the support of Interior Health, this business case presents the estimated annual operating budget provided below. Subject to change over time or by selected operator.

The following table of operating costs is based on several key operating assumptions:

- the Centre would run 24 hours a day, 7 days a week
- the Centre would house 10 beds
- the Centre would employ security to ensure safety for clients, staff, and others

KAMLOOPS SOBERING AND ASSESSMENT CENTRE	
PROPOSED OPERATING BUDGET	
EXPENSES	AMOUNT
Direct Service Costs	
SALARIES – Management (program manager)	\$191,374.00
SALARIES – Front Line Leadership (program coordinator)	\$110,973.00
SALARIES – Nursing (RN/RPN)	\$820,348.00
SALARIES – Support Workers	\$749,473.00
SALARIES – Other Staff (cleaner)	\$110,456.00
SECURITY – 24hr x 365 days	\$420,900.00
WAGES subtotal	\$2,403,524.00
Administration Costs	
ADMINISTRATION – 15% of wage costs, includes admin costs	\$360,528.60
NON WAGE subtotal	\$360,528.60
Capital Cost	unknown
TOTAL ANNUAL OPERATING EXPENSES	\$2,764,052.60

4.2 Cultural Safety

As noted throughout this case, cultural safety, particularly concerning Indigenous clients, is a critical component of an effective sobering and assessment centre. A first step in ensuring cultural safety is training, which is built into the operating budget appearing in *4.1 Financial Requirements*.

Consultation with Indigenous community members and organizations generated recommendations for other potential practices and services within a sobering and assessment centre. These are:

Practice or Service	Description
Elder or Knowledge Keeper	<p>Elders or knowledge keepers could provide culturally appropriate supports, including but not limited to smudging, brushing off, prayer, conversation, singing, and storytelling.</p> <p>Requirements include financial remuneration (outlined in Appendix 4), formalized working arrangements, private space to provide support, training in facility policies and procedures, facility staff training in First Nations ceremonial protocol acknowledgement awareness, and accommodation for cultural supports including smudging, which requires emitting smoke.</p>
Indigenous Peer Support	<p>Indigenous individuals with lived experience may provide informal conversation, emotional support, singing, prayer, family connections, and connection with other services, supports, and communities.</p> <p>Requirements include formalized work / volunteer arrangement, financial remuneration (if paid work), private space, and training in facility policies and procedures.</p>
Culturally Informed Discharge Planning	<p>May include detailed listing of addiction support programs, information and contact for appropriate follow-up services, mental health and cultural supports through First Nations Health Authority, and connection with community, community services, family members, and friends, as requested by the client.</p> <p>Requirements include maintaining connections with surrounding Indigenous communities and health or cultural services and practices, and close connection with Indigenous treatment facilities and organizations.</p>
Culturally Appropriate and Inclusive Space	<p>Appropriate space considerations may include incorporation of Indigenous symbols, art, and practices and limiting of colonial cultural symbols and practices.</p> <p>Requirements include non-appropriative methods of space design and decoration and close collaboration with Indigenous staff, cultural liaisons, or Elders.</p>

4.3 Risk Management

Any potential operator will need to develop a robust risk management policy that is woven into staff training and daily operations.

Consultation with community partners, supplemented by research, helped to identify numerous internal and external risks and mitigation strategies, as follows:

Risks	Risk Mitigation Strategies
INTERNAL	
Substance use on site	<ul style="list-style-type: none"> ▪ Clients required to store personal belongings in separate, secure storage on site. ▪ Clients required to change into centre provided clothing. ▪ Clients supervised as best as possible while accessing personal belongings. ▪ Short-term suspension as consequence for on-site use.
On-site toxic drug poisonings	<ul style="list-style-type: none"> ▪ Same as above. ▪ Focus on sleep. No on-site use supervision.
Aggression and or violence on site	<ul style="list-style-type: none"> ▪ Structural safety measures built into facility i.e.) half doors, lockdown buttons, emergency call buttons. ▪ Multiple staff on site 24/7. ▪ De-escalation training for staff. ▪ Establishing an environment of trust and safety.
Gender-based violence or sexual misconduct	<ul style="list-style-type: none"> ▪ Separate dorms available for female, youth, and LGBTQ+ persons. ▪ Single dorms available. ▪ Security cameras and regular monitoring. ▪ Gender and cultural safety training for staff.
Lack of staffing capacity	<ul style="list-style-type: none"> ▪ Improved recruitment strategies. ▪ Adjusted shift schedules. ▪ Increased safety measures for staff.
Not enough beds / space constraints	<ul style="list-style-type: none"> ▪ Additional sleeping mats for temporary use (if permitting allows). ▪ Long-term growth plans and strategies. ▪ Relocation if necessary and possible.
EXTERNAL	
Neighbourhood Impact/Perceptions of the general public	<ul style="list-style-type: none"> ▪ Strategic location choice. ▪ Public outreach and communication strategies. ▪ Collaborative partnerships. ▪ Physical site maintenance and safety protocols.
Pressure to use vacant beds as shelter	<ul style="list-style-type: none"> ▪ Strong referral system ▪ Sufficient shelter space in community
Potential for people to congregate	<ul style="list-style-type: none"> ▪ Indoor and outdoor security cameras and monitoring. ▪ Focus on sleep.

4.4 Best Practices

The concept of sobering centers originated in the United States in the early 1970s as part of the federal Uniform Alcoholism and Intoxication Treatment Act. Today more than 60 sobering centres operate across the US and 13+ in Canada.¹⁸ The National Sobering Collaborative, an American national forum for sobering care, estimates an annual average per sobering centre of 5,000 visits per year, or 12-15 visits per day. The National Sobering Collaborative Standards of Care documents offer detailed prescriptions and standards within five key domains.¹⁹

Domain	Goal of Domain	Standards within Domain
Domain 1: Administrative Operations	Sobering center provides client-centered, low-barrier, targeted, flexible services to the populations served.	<ul style="list-style-type: none"> > Client Rights > Client Identification > Intake & Assessment > Funding & Sustainability
Domain 2: Community Engagement	Sobering center is connected to the surrounding community and offers referrals and transitions to appropriate resources.	<ul style="list-style-type: none"> > Messaging > Stakeholder Engagement > Common Partnerships > Referring Parties
Domain 3: Facilities and Safety	Sobering center is a secure, trauma-informed, and suitable environment for the care of acute intoxication.	<ul style="list-style-type: none"> > Layout and Accommodation > Client Belongings > Monitoring and Response > Emergency Capabilities
Domain 4: Staffing and Services	Sobering center staff provides safe, quality care addressing the needs of people with substance use conditions.	<ul style="list-style-type: none"> > Staffing & Personnel > Staff Training > Staff Engagement and Oversight > Care Coordination and Client Transition
Domain 5: Quality and Evaluations	Sobering center operates with a focus on evidence-based practice and quality improvement.	<ul style="list-style-type: none"> > Developing an Evaluation Program > Logic Model and Metrics > Reports and Dissemination

While we have looked to American sources for sobering and assessment centre best practices, it must be acknowledged that the Canadian healthcare context is fundamentally different. For this reason, best practices of the National Sobering Collaborative would have to be interpreted for the Canadian context.

4.5 Determinants of Success

With the goal of a sobering and assessment centre being to provide a safe and stable place for those suffering from the debilitating effects of intoxication, primary success is measured by the number of clients effectively served. This is easily quantified by levels of use such as beds filled as a percentage of capacity, or number of clients kept safe on a daily/weekly/monthly or annual basis.

Primary determinant of success:

- ❖ Level of use / beds filled as percentage of capacity (ideally 75 -100% full)

The effectiveness of the experience and its ability to reduce demand on alternative services are also important determinants of success. As a result, we propose the below as a more complete list of both primary and secondary success factors to be considered and evaluated over time.

Primary and Secondary determinants of success:

- ❖ # of clients kept safe and stabilized on a daily/weekly/monthly or annual basis.
- ❖ low-barrier compassionate environment
- ❖ clear scope and streamlined service model
- ❖ inter-organizational communication and strong partnerships
- ❖ strong continuum of care for clients/ effective referral systems
- ❖ reduction of demand on RCMP and hospital emergency room
- ❖ favourable community perceptions and public support
- ❖ percentage of self-referrals or returning clients

It is important to note that not all of these determinants of success may be feasibly tracked. Some would require intra-organizational collaboration and data-sharing, if possible; others would require tracking clients over time, which is inherently challenging and/or resource-intensive.

Measuring success would need to be governed by best practices in performance management as well as by CART principles, requiring the collection of data that is *Credible, Actionable, Responsible, and Transportable*.

APPENDIX 1 – Stakeholder Consultation Summary

Community and Stakeholder Consultation Sessions

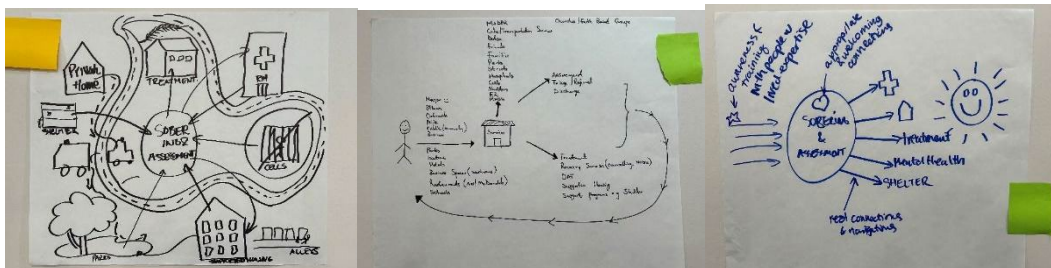
As part of the research to support the creation of this case a number of community stakeholders were consulted and engaged. 20+ relevant partners were invited to a three-part exploration of the purpose, potential, and challenges of establishing a sobering assessment centre in Kamloops. These in-person brainstorming sessions served to create a common understanding of the benefits and limitations of a centre, helped to refine the scope, and contributed greatly to the creation of this case.

All three stakeholder meetings were hosted at The Xchange, United Way offices on Tranquille road and were facilitated by VantagePoint consultant JP Baker. Each had between 13 and 16 community experts in attendance. Detailed minutes of each session were logged. All attendees reported appreciation for the opportunity to connect and brainstorm with other interconnected social service providers. The need for increased cooperation and a joint approach to operating a potential sobering assessment centre was clear throughout.

Meeting #1 – Problem Exploration - August 31st, 2023

Attendees were asked to create a visual representation of how people experiencing public intoxication move through the community. This represented a focus on high level community perspective that centers the people experiencing these challenges.

Groups then assessed how those experiences would change if a sobering centre were inserted into the system. Small breakout groups provided a valuable conversation about current challenges within our community's network of social services and how clients can often be 'lost in transition'.



Meeting #2 – Solution Exploration - September 27th, 2023

The second meeting was meant to further refine what a sobering centre is and what it can provide. Client population, services, staffing, and location were all considered. Breakout groups provided an opportunity to discuss what specific problems a sobering centre can and cannot solve, as well as risks and challenges involved in running a centre and ideas on how to manage that risk.

Meeting #3 – Refining the Approach – October 26th, 2023

A third and final meeting reviewed comparative models from other centres in BC and outlined lessons learned. The group explored what is needed for the successful establishment of a centre in Kamloops and how effectiveness would be defined and measured. Necessary requirements included funding, a clear mandate, community support, and collaborative partnerships.

APPENDIX 2 – Provincial Sobering and Assessment Centres

To aid in the consultation process and inform this Business Case, the authors conducted a provincial survey of other sobering centres currently in operation in BC. This included collecting data such as: years in operation, size and facility, funding and management, location, and more. The results of this survey are compiled in the table below with further reflection on themes and lessons learned.

Facility and Location	Staffing and Services
Campbell River Sobering and Assessment Centre	
Opened: 2017 Capacity: 12 beds Funded by: Island Health Managed by: Vancouver Island Mental Health Society Location: A VIMHS owned property with Overdose Prevention Services (OPS) on site, in close proximity to non-profits, & food security.	# of staff: 6 full-time, 4 part-time Open 24/7 On average 100% full Returning clients: daily Effectiveness at referring clients to other services: Remarkably effective
Cowichan Valley/Duncan Sobering and Assessment Centre	
Opened: 2016 Capacity: 6 beds Funded by: Island Health Managed by: Canadian Mental Health Association Location: within an emergency shelter	# of staff: 6 full-time, 4 part-time Open 24/7 On average: 100% full Returning clients: daily Effectiveness at referring clients to other services: Moderately effective
Nanaimo Sobering and Assessment Centre	
Opened: 2022 Capacity: 10 beds Funded by: Island Health Managed by: Vancouver Island Mental Health Society Location: Balmoral House – CMHA building	# of staff: 6 full-time, 4 part-time Open 24/7 On average 100% full Returning clients: daily Effectiveness at referring clients to other services: Very effective
Port Alberni Sobering and Assessment Centre	
Opened: 2015 Capacity: 8 beds Funded by: Island Health Managed by: Port Alberni Shelter Society Location: Physically located at the Phoenix House detox centre	# of Staff: 3 full-time, 4 part-time Open 24/7 On average 100% full Returning clients: daily Effectiveness at referring clients to other services: Very effective
Prince George Sobering and Assessment Centre	
Opened: 2023 Capacity: 10 beds Funded by: Northern Health Managed by: Carrier Sekani Family Services	Open Thursday – Sunday currently but is working towards 24/7 capacity.

Facility and Location	Staffing and Services
Surrey – Quibble Creek Sobering and Assessment Centre	
Opened: 2012 Capacity: 25 beds Funded by: Fraser Health Managed by: Surrey Substance Use Counselling Services Location: in the Surrey care complex, next to hospital, detox and substance services centres	# of staff: 11 full-time, 7 part-time Open 24/7 On average: 75% full Returning clients: daily Effectiveness at referring clients to other services: Very effective
Victoria Sobering and Assessment Centre	
Opened: 2007 Capacity: 20 beds Funded by: Island Health Managed by: Vancouver Island Health Authority Location: next to detox centre and other social services	# of Staff: 8 full-time, 2 part-time Open 24/7 On average: 75% full Returning Clients: daily Effectiveness at referring clients to other services: Not effective, not desired.

Common Themes

1. **Location** - Nearly all of the survey respondents noted that being located in close proximity to other social services providers, i.e.) shelters, detox centres, or hospitals was a large contributor to their success.
2. **Safety** - An important topic in all surveys was building a climate of safety and trust for both clients and staff. While no centres reported having designated safety staff on site, they all outlined physical and/or protocol-based safety measures as important (i.e., cameras, emergency call buttons, lockdown capacities, and multiple staff on shift).
3. **Partnerships** – Notable was the breadth and variety of community and industry partnerships each of the centres reported as key to their success. These included examples such as shared staff, land and facility provision, Indigenous services support, or even food donations programs.
4. **Cultural Safety** - One of the survey questions asked was “How does your centre encourage or embrace cultural safety? Particularly for Indigenous clients, do you have any additional supports?” Responses to this question were mixed. Answers ranged from “all are treated equally,” or “this is an area for improvement” to “all staff are trained in cultural competency and trauma informed care.”
5. **Returning Clients and Self-Referrals** - A number of centres reported a predominant number of self-referrals, rather than hospital or RCMP admission to their site. This also correlates with large numbers of returning clients who make use of the centres on a regular or semi-regular basis.
6. **Growth** - A final trend in respondents seemed to be the experience of or need for rapid growth. All centres with ten or less beds reported the desire or plan for growth, i.e.) Campbell River is growing from twelve to sixteen beds in December; Port Alberni grew from six to eight, and soon will grow to twelve beds; and Duncan/Cowichan Valley is still at six beds but wants to expand. Based on population size in comparison to the other provincial centres, a capacity of 10-12 beds would provide a solid foundation for a sobering and assessment centre in Kamloops.



First Nations Health Authority
Health through wellness

Mental Health and Cultural Supports

TELEPHONE AND ONLINE SUPPORT

Virtual Substance Use and Psychiatry Service. A free, referral-based service for First Nations people in BC and their family members. Health care providers, including the [Virtual Doctor of the Day](#) program, can refer you to this service. Available Monday to Friday. [FNHA.ca/VirtualHealth](https://fnha.ca/VirtualHealth)

First Nations and Inuit Hope for Wellness Help Line and On-line Counselling Service offers mental health counselling and crisis intervention to Indigenous people across Canada. Toll-Free: 1-855-242-3310 www.hopeforwellness.ca

Kids Help Phone is a 24/7 national support service offering professional counselling, information and referrals and volunteer-led, text-based support to youth. 1-800-668-6868 or text the word “connect” to 686868 to access text support.

KUU-US Crisis Services is available 24/7 to support Indigenous people in BC. <https://www.kuu-uscrisisline.com/24-hour-crisis-line>
Toll-Free: 1-800-KUU-US17 (1-800-588-8717)
Adult/Elder: 1-250-723-4050
Child/Youth: 1-250-723-2040

National Indian Residential School Crisis Line supports former Residential School students. The crisis line provides emotional and crisis services 24/7. Toll-Free: 1-866-925-4419

Provincial Alcohol and Drug Information Referral Service provides free referral services to support with any kind of substance use issue (alcohol or other drugs). Toll-free: 1-800-663-1441
Lower Mainland: 604-660-9382

Foundry: health and wellness supports, services and resources for young people ages 12 – 24 and their caregivers. No referral or assessment required. In-person: <https://foundrybc.ca/find-a-centre/>
Virtual: <https://foundrybc.ca/virtual/>

FNHA MENTAL WELLNESS AND COUNSELLING SUPPORT THROUGH HEALTH BENEFITS

Health Benefits provides access to mental wellness and counselling services. All services require prior approval. A list of providers registered with Health Benefits can be found on the [Provider List](#) or by contacting: **1-855-550-5454**.

INDIAN RESIDENTIAL SCHOOL RESOLUTION HEALTH SUPPORT PROGRAM PROVIDERS (IRS RHSP)

Adah Dene Cultural Healing Camp Society
Margo Sagalon: 250-996-3813
Admin.elders@telus.net
Tracey Charlebois: 250-996-1475
Nakazdlieiders@telus.net

Carrier Sekani Family Services
For Vanderhoof: Catherine Lessard: 250-567-2900 or Toll-free: 1-800-889-6855
For Prince George: Rhonda Hourie or Cheryl Thomas: 778-675-0419

Gitanyow Human Services
Wanda Good: 250-849-5651
Wanda.e.good@gmail.com

Gitsxan Health Society
Martha Wilson: 250-842-6876

Nuu Chah Nulth Tribal Council
Vina Robinson: 1-250-724-3939
vina.robinson@nuuchahnulth.org
Daily Elliott: 250-720-1736

Indian Residential School Survivors Society
Carol Stegman: 604-985-4464 or Toll-free: 1-800-721-0066

Okanagan Nation Alliance
Toll-free: 1-866-662-9609

Tsow-Tun-Le-Lum Society
Toll-free: 1-888-590-3123

FNHA TREATMENT AND HEALING CENTRES

During the pandemic, Round Lake Treatment Centre and Gya'waa'Tlaab House of Purification are maintaining a live-in treatment program with additional precautions taken to abide by physical distancing and associated safety requirements. Most treatment centres have moved to providing virtual support to individuals and families.

Carrier Sekani Family Services
Call: 250-567-2900 or
Toll-free: 1-800-889-6855
and ask for an ARP Team member
Email: rjohn@csfs.org

Kackaamin Family Development Centre
Call: 250-723-7789 or
Toll-free: 1-833-205-6946

Namgis Treatment Centre
Call: 250-974-8015 or
Toll-free: 1-888-962-6447 Ext. 2141

Nenqayni Wellness Centre
Call: 250-989-0301 or
Toll-free: 1-888-668-4245

North Wind Wellness Centre
Call: 250-843-6977 or
Toll-free: 1-888-698-4333

Telmexw Awtextw (Sts'ailes First Nations)
Call: 604-796-9829

Tsow Tun Le Lum
Call: 250-268-2463 or
Toll-free: 1-888-590-3123

Wilp Si'Satxw Healing Centre
Call: 778-202-0162, 778-202-1349 or
Toll-free: 1-877-849-5211

All information in this document is accurate as of September, 2022.

APPENDIX 4 – Rate Sheet and Request Form for Cultural Services

Tk'emlúps te Secwépemc
200-330 Chief Alex Thomas Way
Kamloops, BC V2H 1H1



APPLICATION & AGREEMENT:
Engagement between TteS and External
Organizations

The purpose of this Application & Agreement is to guide TteS Language & Culture Department and external organizations or companies operating on TteS' ancestral lands on ways of providing tobacco, honouraria or gifts to Elders, Traditional Knowledge Keepers, Apprentices, and L&C Department staff when participating in ceremonies, interviews, meetings, and events in a manner that respects and honours TteS cultural, traditions and protocols.

Payment of honourarium, mileage, accommodation and meals for services provided at workshops, events, meetings, ceremonies will begin with a Letter of Invitation instead of contract.

Please read, supply requested information, sign, and return this form to: xxxxxxx, TteS Language Coordinator, Tk'emlúps te Secwépemc. Email: xxxxxx@ttes.ca

Applicant Information:

Name: _____ E-mail: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Telephone Number: _____

☐ Member of a Secwépemc nation band Name of band: _____
☐ Non-profit
☐ Commercial enterprise Organization or company: _____
☐ Other _____

Request:

Note: When providing translations, phonetic spellings WILL NOT be provided.

Is there a budget for this Engagement: ☐ Yes ☐ No

Tk'emlúps te Secwépemc
200-330 Chief Alex Thomas Way
Kamloops, BC V2H 1H1



APPLICATION & AGREEMENT:
Engagement between TteS and External
Organizations

Honourarium Rate (Daily, at minimum):

Opening Prayer/Welcoming: \$250 (within Kamloops, BC) Total: \$250

Payable to: Elder/Speaker (to be determined)

Secwépemc Welcome Song: \$250 (within Kamloops, BC) + Administration Fee: \$250 Total: \$500

Payable to: Tk'emlúps te Secwépemc

Mailing Address: 200—330 Chief Alex Thomas Way, Kamloops, BC, V2H 1H1

Cheque Description: L&C Dept. honourarium for [insert date of event] at [insert location]

Events outside of Kamloops, BC, will be negotiated by the TteS Language Coordinator and external organization and will take into consideration the following: time to prepare for event (including L&C Dept. Administration time, honourarium rate, number of L&C Dept. staff required for event, mileage, accommodation, and meals.

Please provide additional information about the event, time requirement (e.g. one-time or ongoing), point of contact and contact information, topics, intended use, including (where applicable) the promotional materials (draft), website URL, release date, and any other relevant information: *(Provide attachment if necessary)*

Terms and conditions

- The applicant shall use item(s) described in this document only in accordance with the terms and conditions set out in this agreement and only for the purpose and in the manner described by the applicant in the application sections of this agreement.
- The applicant shall not use the item(s) listed on this document in any manner which could adversely affect the reputation of the Tk'emlúps te Secwépemc (TteS).
- The applicant agrees to present the honourarium cheque to TteS Language & Culture Department staff at the planned event.

I have read, accept, and agree to abide by the terms and conditions described herein.

Requested by (signature): _____

Date: _____

Name (please print): _____

Title (if applicable): _____



First Nations Health Authority
Health through wellness

First Nations Treatment Centres in BC

Services for all genders, youth and families. FNHA funds over 200 residential treatment beds in a number of treatment centres within BC.

Services for concurrent disorders; clients on Opioid Agonist Therapy; family treatment; couples counselling; pregnant women; and clients on psychoactive medications.

Services offer a variety of cultural and clinical interventions and support for First Nations in BC.



In British Columbia there are currently 9 residential treatment centres, funded through the National Native Alcohol and Drug Abuse Program (NNADAP).

Services are offered to males, females, youth (Nenqayni Wellness Centre) and families. Services offered at treatment facilities vary, but overall include services to clients with: physical disabilities; concurrent disorders; clients on Opioid Agonist Therapy; family treatment; couples counselling; pregnant women; and clients on psychoactive medications.

TREATMENT CENTRES	DESCRIPTION
Carrier Sekani Family Services Addictions Recovery Program P.O. Box 1219 Vanderhoof, B.C. V0G 3A0 Phone: (250) 567-2900 Toll-free: 1-866-567-2333 Fax: (250) 567-2975	<p>We believe the Carrier Sekani culture and spiritual way of living, which honours and respects all of creation, will empower our communities and strengthen our First Nations. The integrated Health and Wellness Addiction Recovery Program, "Lhet'sut'en" is delivered by our multidisciplinary team consisting of clinical counsellors and cultural knowledge holders. We believe culture is healing and incorporate a blend of traditional healing practices along with evidence based best practices in addictions treatment reflective of our program's vision statement: "Culture is Healing."</p> <p>Residential from April to October only.</p>
Gya' Wa' Tlaab Healing Centre P.O. Box 1018 Haisla, B.C. V0T 2B0 Phone: (250) 639-9817 Fax: (250) 639-9815	<p>The Gya' Wa' Tlaab Healing Centre offers this Early Recovery/Stabilization Program to all First Nations, Inuit and other people of Canada. This program can be defined as an assessment, orientation, and readiness phase to treatment.</p> <p>The Program utilizes the following program resources to assist clients: Acu-Detox, Physical Fitness, Psycho-educational group facilitation, Mental Health Counselling, Methadone Maintenance Support, Attending Physician, Attending Pharmacist, and Culturally Appropriate Ceremonies.</p>
Kackaamin 7830 Beaver Creek Road Port Alberni, B.C. V9Y 8N3 Phone: (250) 723-7789 Fax : (250) 723-5067	<p>Kackaamin employs Certified Addiction Counsellors that facilitate educational workshops that broaden the knowledge of our adult clientele on a variety of topics and issues. Weekly individual, couple, and family counselling along with community capacity building support sessions.</p>
Namgis Treatment Centre P.O. Box 290 Alert Bay, B.C. V0N 1A0 Phone: (250) 974-5522 Fax: (250) 974-2257	<p>To meet the goals of the program, a variety of themes are introduced during the six-week program. The program is designed to ensure maximum flexibility to meet client needs within theme areas:</p> <ul style="list-style-type: none"> • Physiological and psychological effects of mood altering substances • Family dynamics • Historical influences on substance abuse • Abstinence from alcohol and addiction as a way of life • Spirituality • Self-help programs for after treatment (e.g., Alcoholics Anonymous, Narcotics Anonymous, Adult Children of Alcoholics) • Self-awareness in the cycle of change • Trauma and its long-term and short-term effects

Nenqayni Wellness Centre

P.O. Box 2529
Williams Lake, B.C. V2G 4P2
Phone: (250) 989-0301
Fax: (250) 989-0307

To achieve a safe team environment where employees respect one another, communicate effectively, and are able to efficiently carry out their duties and responsibilities" (Staff Purpose - Developed in 2011).

Staff are certified by the Canadian Council of Professional Certification and receive ongoing training relating to their positions and as required by accreditation and licensing.

North Wind Wellness Centre**Mailing Address:**

PO Box 2480 Station A
Dawson Creek, B.C. V1G 4T9

Physical Address:

5524 235 Road
Farmington, B.C. V0C 1N0
Phone: (250) 843-6977
Fax: (250) 843-6978

The effects of alcohol and drug addiction are often devastating to individuals, families and communities.

The North Wind Wellness Centre offers a 45-day, culturally based, residential treatment program for ages 19 and up. Youth and Land-based programming take place locally within our Treaty 8 Member First Nations Communities that offer them.

Each day begins and ends with smudging and prayer. Sweat lodge, Blanket, and Pipe Ceremonies introduce and reinforce the concept of sacredness by means of traditional culture.

Round Lake Treatment Centre

200 Emery Louis Road
Armstrong, B.C. V0E 1B5
Phone: (250) 546-3077
Fax: (250) 546-3227

1. 35-bed Treatment Centre

6-week Treatment Program addresses the impact of historic and intergenerational trauma by guiding participants through activities and ceremonies that help to resolve trauma, grief, and shame. Emphasis in the healing circle is on safety, trust, and self-care and facilitates wellness for indigenous trauma survivors.

2. 10-bed Recovery Home

Post treatment home for clients who require more assistance to further strengthen their wellness and recovery.

Telmexw Awtextw Treatment Centre

4690 Salish Way
Agassiz, B.C. V0M 1A1
Phone: (604) 796-9829
Fax: (604) 796-9839

Outpatient / Community based

Accessible to clients with physical disabilities, Pregnant women, Court referral or Corrections clients, Clients taking other psychoactive medications

Transportation provided to outlying community members to enable attendance at the Day program.

Tsow-Tun Le Lum Society

699 Capilano Rd
Lantzville B.C. V0R 2H0
Phone: (250) 390-3123
Fax: (250)390-3119

Tsow-Tun Le Lum means "helping house." We provide programs that address the issues of addictions, and healing survivors of trauma and residential schools. Our mission is to strengthen the ability of First Nations people to live healthy, happy lives and to have pride in their native identity. Tsow-Tun Le Lum is a registered non-profit society operating a fully accredited treatment centre in Lantzville, on Vancouver Island, British Columbia.

Wilp Si'Satxw House of Purification

Box 429, Cedarvale-Kitwanga Rd
Kitwanga, B.C. V0J 2A0
Phone: (250) 849-5211
Fax: (250) 849-5374

Program length: 42 days

In-patient / Adult co-ed

- Residential schools
- On-the-land
- Gender-based
- Family treatment
- Child counselling
- Couples counselling
- Clients with physical disabilities
- Pregnant women



First Nations Health Authority
Health through wellness

501 - 100 Park Royal South
Coast Salish Territory
West Vancouver, BC
Canada V7T 1A2

Telephone
604.693.6500

Toll-Free
1.866.913.0033

Fax
604.913.2081

Website
www.fnha.ca

In British Columbia, the First Nations Health Authority funds 9 residential treatment centres through the National Native Alcohol and Drug Abuse Program (NNADAP). These treatment centres offer a variety of cultural and clinical interventions and support for First Nations in BC.

Services are offered to males, females, youth (Nenqayni Wellness Centre) and families.

Services offered at treatment facilities vary but overall include services to clients with: physical disabilities; concurrent disorders; clients on Opioid Agonist Therapy; family treatment; couples counselling; pregnant women; and clients on psychoactive medications.

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