

# Detox/Treatment Business Case Plan

Southeast Alberta  
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Medicine Hat  
The Gas City



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## **Opening**

The following real life “story” from SE Alberta illustrates the long-term issues, family and social implications and impact on other systems of one individual’s struggle with addiction.

*I am a guy from Medicine Hat, now 40, that left at the age of 18. I went to BC and got into a lot of trouble with the law. Even when I moved back to Medicine Hat I still got in trouble here. I was in jail and did Federal time. My crimes were vehicle related, theft, B&E, fraud. With all this I have an addiction. I am not much of a drinker now although I was one. I use drugs – all kinds but really used crack and pot. I had to go to treatment because my life was out of control. I had to pay and that was about 4 years ago and I am still paying for the treatment but I needed it. It cost me almost \$20,000.00 because I had to leave the province to get help.*

*My family tried to help me but I didn’t want it. Now I know I need their help but I treated them like crap so have had to make amends for that. I stole from my family, I lied to them and they still love me and support me. My family got “treatment” too so they understand better but things are still stressful sometimes.*

*I was totally clean for about 1.5 years. In the last few years I have relapsed about 5 times and actually right now I am going through hard times. We need a treatment center, detox and follow-up programs here. If you don’t go to NA you are screwed. A treatment detox place here would mean that you don’t have to leave everything to get help and if you get help here you will also build your supports here. If you don’t have a treatment place here when you come back it is easy to slip back into your old ways and that is not the path that recovering addicts want to take but it can be hard. I am not a bad person I just did dumb things and having an addiction is really hard. It is not an excuse but you don’t understand how it feels to get a craving and then you NEED to use – it is f\_\_-ing so hard. I don’t want to be like this and I don’t want an addiction. As well I have ADHD and I am supposed to take medication but I can’t afford it. Anyway that is my story and so life goes on...*

*- Anonymous*

## ***Executive Summary***

Increasingly, drug and alcohol abuse and its related social consequences are impacting the health and well being of all Albertans. In Southeast Alberta, alcohol, marijuana, and crack cocaine are the three most prevalent drugs. Wholesalers are selling more than \$1 million in cocaine - with a street value nearing \$2.5 million - each month in Medicine Hat alone ([www.cisalberta.com](http://www.cisalberta.com)).

No single modality of detox or treatment can address the needs created by significant alcohol and drug abuse. Rather, an extensive and effective continuum of services to assess, treat and provide ongoing support to individuals and their families is required. Although there are many pieces of that continuum being provided throughout SE Alberta, there is currently no residential detox and treatment program.

Medicine Hat is the only one of the seven major cities in Alberta that does not have residential detox and treatment services. As a result of this revealed shortage, and based on leading outcomes and evidence-based practice, it is recommended that a co-located detox/treatment centre be established in Medicine Hat. This program would operate in the broader context of providing a comprehensive, integrated, and client-centered approach to detoxification and treatment services with intensive wrap-around after care and community supports. The capacity to treat both concurrent disorders of addiction and mental health is crucial.

This facility, based on the Hazelden model and integrating the 12-Step Programs, would house 6 detox beds and 12 treatment beds. Assuming the provision of a furnished, physical facility, the annual operating budget would be approximately \$800,000. It is proposed that an application be submitted to the Safe Communities Innovation Fund for up to \$ 500,000/year for three years. The remaining \$ 300,000 would need to be acquired through federal, provincial and municipal funding; community and corporate sponsorship; user fees and in-kind contributions. This

amount is possible to raise for the three years given the level of interest expressed to date. However, the on-going sustainability will require core funding from Alberta Health Services.

It is further recommended that McMan Community Services be designated as the Project Sponsor for the initial three years of operation with an Advisory Council comprised of professionals and interested regional community members to oversee the program.

The Detox/Treatment Business Case Plan:

- defines the difference between detoxification and treatment;
- determines what detox and treatment services are currently available throughout the region;
- reveals where the gaps in detox and treatment services exist;
- provides statistics and quick facts on related numbers and costs in the region;
- provides statistics on criminal activity and the social costs related to either drugs or alcohol;
- Based on Best Practices, explains successes of other communities.

In addition, the Business Case Plan will recommend:

- A leading evidence-based treatment model;
- Potential role partners and other service providers will play
- Physical components for a detox/treatment facility;
- Preferred model of governance
- Available and potential sources of funding for immediate and sustainable operations
- Facility options
- Next steps and project timeline

### 3.0 Introduction

The two main urban centres in the Southeast Alberta region are Medicine Hat and Brooks. The populations of Medicine Hat (61,097) and Brooks (13,581) totaling 74,678 are comparable to cities such as Grande Prairie (50,227), Red Deer (89,891), Fort McMurray (72,363) and Lethbridge (85,492). Medicine Hat is the only one of the seven major cities – which generally serves the entire Southeast region of Alberta (107,961) - that does not have either residential detox or treatment. The other four centres listed, as well as Calgary and Edmonton, all have either a detox or treatment facility or both ([www.aadac.com](http://www.aadac.com)).

A number of events led to the development of a Detox/Treatment Business Case Plan for Southeastern Alberta. The construction of a proposed new hospital wing – that was designated to hold 10 detox beds – was stopped indefinitely.

The Winter's Inn – a winter emergency shelter Mat program operated by McMan - admitted 99 individuals last year. The vast majority of these individuals were dealing with substance abuse and mental health issues but had no options for residential treatment within their community.

The Sunrise Rotary Club held a community meeting with agencies that deal with substance abuse issues and clients – and indicated their willingness to establish a legacy project that could provide a facility for a detox program. The general consensus was that detox was needed in our region, but the discussion raised further questions regarding the number of beds; services for youth versus adults; and the integral relationship to treatment.

As a result, McMan applied for a City of Medicine Hat Community Development Grant for funding to develop a Detox Business Case Plan. This report would not only determine the *specific need* for services in the region, but would further recommend a *plan* for detox and treatment services. The grant funds were provided,

a consultant was hired, and a steering committee was formed to provide direction and feedback throughout the process.

The steering committee was comprised of 12 members representing the City of Medicine Hat, Sunrise Rotary Club, Canadian Mental Health Association, Medicine Hat Community Housing Society, McMan Community Services, Medicine Hat Police Service, Victorian Order of Nurses (VON), Alcoholics Anonymous (AA), and Salvation Army. Alberta Health Services – Addiction was invited to participate from the onset of the project, however, only joined the group Oct. 8, 2009, and are now looking at more active participation.

### **3.1 Definitions:**

#### **Detox (Detoxification)**

The body's reaction to the removal of a substance it has become dependent on is called withdrawal. Withdrawal causes craving for more of the substance being removed. The period of time when the body is trying to overcome its addiction is called detoxification (detox). Detox is the first step in overcoming a substance addiction such as drugs or alcohol. Detox is a pertinent step for successful rehabilitation (*<http://www.addict-help.com/detox.htm> Drug and Alcohol Resource Center: Nationwide Alcohol and Drug Addiction Rehab Information*).

#### **Addiction Treatment**

The attempt to discontinue the on-going use of drugs, alcohol or harmful behavior. Although Detoxification is part of the treatment process, addiction treatment is generally believed to be the rebuilding or rehabilitating process that occurs immediately following detox (*[www.treatmentsolutionsnetwork.com](http://www.treatmentsolutionsnetwork.com)*). The length of time in treatment and the variety of treatment methods available differ from community to community.

## **Alcohol treatment**

Specializes in the evaluation and treatment of alcoholism and associated addictions. Many people are dually addicted - using drugs in conjunction with alcohol ([www.treatmentsolutionsnetwork.com](http://www.treatmentsolutionsnetwork.com)).

Adult detox and treatment programs are voluntary. However, there may be consequences or conditions put in place by an employer, spouse, or the legal system as additional external pressures to fully commit to completing the treatment program.

## **4.0 Methods**

Determining community need for detox and treatment services, based on input from professionals, caregivers, community members, addicts and their families required various methods of consultation. Telephone interviews, open public forums, closed forums (for addicts and their families), private face-to-face interviews, public addresses, and electronic interviews were all methods used to gather information. Participants were asked to provide feedback on the detox and treatment services that were currently available in the region, what they believed was effective, what gaps existed, and what they recommended for future detox and treatment services.

### **Participant Statistics:**

- 58 - Total number of individuals attending 4 public forums (professionals and general public).
- 25 - Total number of individuals attending 2 closed forums (addicts and family members/caregivers). Note: Addicts is the preferred term of self-help participants. Clinically, once in recovery, the term is not normally used by practitioners and instead, the term client is used.
- 60 - Total number of individuals at public presentations (e.g. Service Clubs; committee meetings).
- 59 - Interviews and consultations with professionals, community agencies, Self-Help members, etc.

10 - Individual interviews with members of the public (call-ins, etc.)

**212 - Total number of individuals/groups from the region that were interviewed or spoken with to gather information for the Business Plan.**

## **5.0 Key Findings:**

### **5.1 Services Currently available in Southeast Alberta**

#### **Detox Services**

- **Alberta Health Services**

All hospitals in the region provide emergency detoxification using general or acute care beds. In Medicine Hat, patients are often placed on 5<sup>th</sup> North (psychiatric unit). There are currently no beds designated strictly for detox or a specific detox program. It is assumed that this number is lower than what actually occurred due to the challenges with accurately tracking the diagnosis. In other words, an individual admitted with an alcohol related health issue such as seizures, liver failure, etc. would be admitted for the health related issue rather than alcohol being stated as the issue. The Medicine Hat Regional hospital was unable to provide admission numbers.

In Brooks a total of 20 patients/year are admitted with their admitting diagnosis documented as alcohol or drug related. Their 37 bed facility does not designate specific beds for detox. It is believed that this number is also lower than what actually occurred given the challenges in accurately determining the diagnosis.

#### **Victorian Order of Nurses: VON**

Alberta Health Services funds the Victorian Order of Nurses to provide an in-home detox program for generally a 7-10 day duration. A VON staff visits the

individual daily to monitor the detox process. A client will initially be sent for a doctor's visit and then must remain sober for 24 hours prior to intake and accessing VON detox services. If detox symptoms are more serious than can be dealt with at home during the detox duration, clients are sent to their doctor or to the hospital.

The VON Community Detoxification Program has been operational since 1999 and covers the entire SE region. The VON received 628 calls last year. Their total number of admissions numbered 132 with 114 detoxing at home and 17 detoxing elsewhere in the community. Of the 132 admitted, 74 individuals completed the program (56%). Fifty-eight (58) withdrew from the program or were non-compliant and there were 74 readmissions. These statistics illustrate the difficulties clients experience in trying to remain sober. It often takes more than one try for a client to achieve sobriety. Four hundred and six (406) referrals were made to post detox services.

- **Alberta Health Services: Addiction (formerly AADAC) and Mental Health**  
AHS in Southeast Alberta – AHS Addictions provides counseling, advice and referrals to individuals that are seeking help for detox or treatment, however, they do not deliver any detox services directly. AHS Mental Health also provides counseling, advice and referrals as many clients have co-occurring mental health and addiction issues. Mental Health does not deliver any detox services directly. The recent implementation of their Integrated Service Delivery Framework (“No Wrong Door”) proposes to create a more effective and seamless system of addiction and mental health services.
- **Chinook Alberta Methadone Clinic** (Founded in Medicine Hat, Jan. 2006).  
Methadone is a narcotic pain reliever, similar to morphine. It also reduces withdrawal symptoms in people addicted to opiates (a drug derived from the opium plant) such as heroin, morphine, codeine, or other narcotic drugs, without causing the "high" associated with the drug addiction. Methadone is

used as a pain reliever and as part of drug addiction detoxification and maintenance programs ([www.drugs.com/methadone.html](http://www.drugs.com/methadone.html)).

The Chinook Alberta Methadone Clinic partners with the HIV Society in Medicine Hat and is housed in the downtown area. The clinic is operated daily by a manager and visited by a Calgary doctor every second Saturday of the month. Following an assessment and intake, methadone is prescribed to clients. Clients generally visit their pharmacist daily for methadone which is taken orally in a liquid form. A treatment is approximately \$ 8.00/day and costs each client similar to any other legalized prescription drug (insurance plan, out of pocket, etc.).

According to the clinic staff, clients on methadone believe it eliminates the need for others drugs and feel as though it stabilizes their lives and provides for them a quality of life that they would not otherwise enjoy. The Medicine Hat clinic currently has 135 clients from the SE region on their caseload. This includes approximately ten (10) from Brooks, two (2) from Oyen, and twenty (20) from Redcliff. At least 49 of the 150 clients on the caseload in the Lethbridge clinic were recent clients at the Medicine Hat clinic. Lethbridge has recently opened their own clinic.

### **Treatment Services** (outpatient services only available)

- **Alberta Health Services - Addictions**

AHS Addictions' regional offices in Medicine Hat and Brooks offer a variety of treatment services on an outpatient basis. These include intake, assessment, counseling, Day Treatment Programs, Groups, educational workshops, and other services that include Self-Help and Tobacco Cessation. Residential Treatment is not available in Southeast Alberta but referrals are made to programs outside the region. AHS Addictions "recommends the adoption of a 'tiered model' framework for understanding, organizing and better linking

services and supports along the continuum of care. The model is a tool for making decisions about the continuum of services and supports within a given jurisdiction (e.g., province, region or community). Each tier represents a set of services and supports that are similar in terms of their availability and the level of intensity of the treatment services provided” (*Review of addiction services in Alberta, 2008 [www.albertahealthservices](http://www.albertahealthservices)*).

- **Self-Help Programs**

12-Step Programs, Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Al-Anon. Based on the 12-Step Facilitation Framework, individuals from these organizations facilitate numerous support meetings every day throughout the region and act as sponsors to addicts.

- **Private Counseling**

Psychiatrists, psychologists, faith-based counseling, Celebrate Recovery, etc.

## **5.2 Identified Gaps in Southeast Alberta**

### **Gaps in Detox Services**

- Detox that takes place within a hospital setting or Remand Centre is often done in isolation of other services and not part of a community based, comprehensive case management approach. Effective substance abuse treatment requires a coordinated effort on the client’s behalf of all service providers along the continuum of care. Length of stay at these institutions is often not long enough for the patient to meet the prerequisite for residential treatment.
- The lack of a residential detox program available in any community throughout the SE region. This results in individuals having to leave their families, children, jobs, support groups, etc. to access detox out of region – or not accessing services at all.

- Although there is the VON in-home detox program in Medicine Hat that has proven successful for a segment of the population, it is not appropriate for everyone. The homeless population has no safe and stable place to detox under this program. Success rates are also much lower for women detoxing in their own homes than for men (due to the increased social stressors). If women requiring treatment do not have the necessary supports to care for their children, they may not access treatment as their children could be removed from the home and placed in foster care. The inability to detox at home is a further issue for women that have fled their homes due to domestic violence.
- The waiting time between completing detox and accessing residential treatment can be as high as six weeks. If one does not go immediately into treatment from detox, it is generally believed that relapse is more likely to occur and the likelihood of accessing residential treatment decreases.
- There is a lack of housing for the homeless population requiring detox residential treatment as current shelters are abstinence based. As a result, individuals with substance issues are not readily admitted. The homeless need a stable location to successfully detox and temporary housing while waiting for a treatment bed. "Medicine Hat requires additional medical detox and addiction treatment beds to support its work with the chronic homeless population as well as lower acuity clients whose addiction is not accompanied by mental health issues" (*Synergy Evaluative Report; Medicine Hat Housing Outreach Projects; 2009*).

### **Gaps in Treatment Services**

- There is no residential treatment program in Southeast Alberta. The majority of outpatient treatment services are provided Monday-Friday between the hours of 8:30-4:30. Clients and family members reported that their struggle with recovery occurs 24 hrs/day or that they are employed and unable to access treatment during these hours or operation.

- Treatment services are separate and often delivered in isolation – there needs to be an intensive, community based comprehensive case management approach. Again, effective substance abuse treatment requires a coordinated effort on the clients' behalf of all service providers along the continuum of care.
- It is often difficult for individuals to reintegrate themselves into the local community and find the resources and supports that they need to remain sober after they have received treatment elsewhere.
- Currently, the closest residential treatment services for both youth and adults are in Lethbridge.
- The homeless population requires interim housing upon discharge from treatment.

### 5.3 Quick Facts

- **National and Alberta Averages**

An estimated 640,632 (2.6%) Canadians age 15 and older are suggested to be alcohol dependent (*Canadian Addiction Survey 2004*). In Alberta, 85,524 (3.5%) of the population is suggested to be alcohol dependant (*AADAC 2005, Quick Facts about Alcohol, tobacco, other Drugs and Problem Gambling*). In the last 12 months, 3.4 % of students had consumed alcohol and 31.3 % of all students reported incidents of binge drinking. Using the 2.6 % statistic, 2807 individuals in Southeast Alberta over 15 years of age are abusing alcohol.

In 2004, 79.5% of Albertans over the age of 15 were current drinkers compared to 79.3% of Canadians. Current drinkers are respondents that reported the use of alcohol during the year prior to the survey.

The proportion of heavy drinkers in Alberta is slightly higher than in the rest of Canada (21.0% versus 20.2%). Heavy drinking is defined as consuming five or more drinks on a single occasion for men and four or more drinks on a

single occasion for women, at least once a month (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

Alberta males are more likely to drink than Alberta females (82.4% versus 76.7%) and they are much more likely to be heavy drinkers (32.6% versus 20.1%) (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

Alcohol is also the drug most commonly used by Alberta youth. Among students in grades 7 to 12 surveyed in 2005, 63.4% reported alcohol use in the previous 12 months. The prevalence of past-year alcohol use increases with age: 19.1% of students in Grade 7 reported using alcohol compared to 86.0% in Grade 12. (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

Alcohol consumption during pregnancy was reported by 3.7% (preliminary data) of women who gave birth in Alberta during 2004 (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

- **Individuals leaving Southeast Alberta to access Detox services**

Over **140** individuals left Southeast Alberta last year to access detox services.

Some facilities were unable/unwilling to release that information or have no method of tracking so the assumption can be made that the actual numbers are likely higher than reported. This does not include individuals that accessed detox services outside of the centres that were contacted for data.

The majority of reported clients went to Renfrew Recovery Centre (**84**) in Calgary which is funded by AHS - Addictions. Of the ones that were reported,

some went to Safe Harbour Society in Red Deer, Regina Detox Centre, in Regina, and Northern Addictions Centre in Grande Prairie.

Fifty-eight (58) intakes were reported in the PChAD (Protection of Children Abusing Drugs Act) Home in Picture Butte, Alberta, last year for detox. Sixteen (**16**) of these were from Southeast Alberta. The PChAD Home was a Youth - Court-Ordered Detox/Assessment facility. AHS closed this program on September 30, 2009. Youth will now have to access a similar program in Calgary.

- **Individuals leaving Southeast Alberta to access Residential Treatment services**

Over **90** adults left Southeast Alberta last year for treatment services.

Some facilities were unable/unwilling to release that information or have no method of tracking so the assumption can be made that the actual numbers are likely higher than reported. This does not include individuals that accessed treatment services outside of the centres that were contacted for data.

The majority of clients went to the AHS funded centres of South Country Treatment Program in Lethbridge, Lander Treatment Centre in Claresholm and Henwood Treatment Centre in Edmonton; privately funded Serenity Ranch in Lacombe, and Pine Lodge at Indian Head, Saskatchewan (this centre has a block funded contract through Saskatchewan Health who, in turn, bills back to the Alberta government \$3800/month for services).

Four of the 40 youth that were admitted last year to the Lethbridge Youth Residential Treatment Centre for treatment were from SE Alberta. This centre

is funded by AHS-Addictions.

- **Social Cost of Addiction**

The abuse of drugs and alcohol exacts a cost to all families, neighborhoods and communities – as well as other systems. Addicts and their issues consume an inordinate amount of resources in our health, justice, and child protection, welfare and correctional services.

The social costs of substance abuse in Canada in 2002 were almost \$40 billion (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

The cost of **alcohol** use in Alberta was estimated at \$1.6 billion in 2002; an amount equal to \$527 per Albertan. Productivity losses (\$855 million), health care (\$407 million) and law enforcement (\$275 million) accounted for the majority of total cost (*Alberta Profile: Social and Health Indicators of Addiction- AADAC 2006*).

The economic and social costs of **illicit drug** use in Alberta were estimated at \$1 billion in 2002. This was equal to \$314 per person. Productivity losses (\$608 million), law enforcement (\$213 million) and health care (\$149 million) accounted for the majority of total cost (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

Although they vary depending on the situation and available resources, the following are standard costs that are incurred by society when individuals affected by drugs or alcohol continue to misuse:

- ◆ **Hospital stay In Southeast Alberta**

General Bed: **\$1086.00** per night for a child or adult.

Intensive Care Unit (ICU) bed: **\$3498.00** per night for a child or adult.

There are currently no designated detox beds available in any hospital in SE Alberta. However, patients requiring detox may be admitted to

the 5<sup>th</sup> North (psychiatric) unit of the Medicine Hat Regional Hospital for a short period of time.

◆ **Ambulance ride**

Alberta Health Care does not cover any of this cost at this time.

The Base Rate is **\$280.00 each way** – to and from the hospital.

For seniors, SFI (Supports for Independence) AISH (Assured Income for the Severely Handicapped), or Alberta Blue Cross patients, the base rate is \$ 191.00 plus a per kilometer charge between \$ 2.29 and \$ 3.12 per km. These costs are billed directly to the patient.

◆ **Remand Centre**

Cost of a bed/night in the Remand is approximately \$ 119.70. This includes operating costs only and is based on an annual operating budget of \$ 4.5 million for a 103 available bed facility. In the past year, a total of 160 individuals were admitted to the Remand Centre due to drugs or alcohol, until they were deemed safe to leave. This is an approximate cost of \$ 19,152.

◆ **Homelessness**

The cost to manage homelessness in Medicine Hat is approximately \$23,292 per client/year (*Streets to Homes, MHCHS, 2009*). This includes emergency shelters, government systems service use, hot meals and outreach programs. Although 52% of the Medicine Hat Housing First clients initially *self* report issues with substance use, consultations with services providers reveal that approximately 85% of their clients actually struggle with substance use issues. It is anticipated that improved access to substance abuse treatment programs would reduce the number of homeless individuals requiring expensive government support.

## ◆ Domestic Violence

The Statistics Canada 2008 report on Canada's shelters (Sauvé & Burns, May 2009) included that between April 1, 2007 and March 31, 2008, approximately 101,000 women and children were admitted to 569 shelters across Canada. Alberta shelters housed 12,387 women and children during this period, or about 12% of the total of Canadian women using shelters. Alberta's incidence of domestic violence is among the highest of Canadian provinces. There were a total of 170 deaths from domestic violence in our province between 2000 and 2006, for an average of more than 20 such deaths per year over that period.

Alberta leads the provinces in domestic assault, homicide-suicide, stalking and is third in domestic homicide. From 2000 – 2006 in Alberta, over 170 homicides were identified as domestic violence related. This represents about one third of all the homicides in the province. Shelters handled nearly 70,000 crisis calls (*Alberta Council of Women's Shelter, 2009*).

From April 1, 2008 to March 31, 2009, two hundred ninety one women (291) and one hundred seventy-nine (179) children accessed Phoenix Safe House- Residential Medicine Hat 24-bed facility. This also includes 27 families and 59 children that accessed the Musasa House facility. This total of four hundred and seventy (470) people represents an increase of 15% over the previous year. Although women that access the shelter are not recorded for alcohol or drug related issues, almost all of the turn away statistics are due to flagged status (most often addictions related behaviours). Women are also turned away if they are already in a safe place if the shelter is full. Many women with addictions do access the shelter and manage well;

others access and do not do as well and either discharge themselves or are asked to leave ([www.mhwss.ca/contact.html](http://www.mhwss.ca/contact.html)).

◆ **Child and Youth Services**

Based on information provided for September 2009 by the Southeast Alberta Child and Family Services Authority, **52%** (179/346) of reported open files state drugs and/or alcohol as a significant contributing issue.

Of those reported files, **80%** (143/179) have resulted in the children being brought into care of the Ministry. Of those children/youth in care, **69%** (98/143) became Permanent Guardianship Orders (PGO). In other words, the government is the permanent “parent” of these children and, as such, is financially and legally responsible for their care until adulthood.

The average direct cost of maintaining one child in foster care for one month is \$2,580 in Southeast Alberta. To maintain one youth in residential care (both in and out of region) is \$ 7,530/month (*Regional Program Review Report Q3, 2009*).

This does **not** include casework and management staffing, facility, infrastructure or administrative costs.

◆ **Police Services**

Drugs and Alcohol play a significant role in severity and frequency of domestic violence, break and enter, auto theft, impaired driving offenses. Alcohol and drugs are a factor in the majority of all police calls for services.

Total number of incidents tracked by the Medicine Hat Police Service

for cannabis increased from 90 to 130 between 2008-2009 (*Vital Signs, 2009*). The most popular illicit drug in Alberta is cannabis (marijuana, hashish). In 2004, 15% of Albertans (15 and older) were current users of cannabis; 23% used weekly and 18.7% used daily or almost daily (*Alberta Profile: Social and Health Indicators of Addiction - AADAC, 2006*).

An increase in the number of offenses for the possession and trafficking of cocaine decreased from 76 to 65 in 2008-2009 in Medicine Hat and cocaine possession charges decreased from 56 to 33 (*Vital Signs, 2009*). There were 188 charges for impaired operation of a motor vehicle in 2006 and 287 charges in 2007, an increase of 52.7%.

Among adult Albertans (15 years and older) surveyed in 2004, 19.1% were assessed as having harmful drinking patterns or potential alcohol dependence (*Alberta Profile: Social and Health Indicators of Addiction - AADAC, 2006*).

In Alberta, 21% of drivers involved in fatal collisions had consumed alcohol before the crash (*AADAC – ABC's of Substance Abuse*).

Among 727 people who died in fires, the average blood alcohol level was 0.19% (*AADAC – ABC's of Substance Abuse*).

People injured in falls were 60 times more likely to have a blood alcohol content over 0.1% (*AADAC – ABC's of Substance Abuse*).

Almost one in 10 current drinkers in Alberta (9.5%) experienced one or more types of harm related to their own use of alcohol in the past year, this is slightly higher than the national proportion (8.5%). Most commonly reported were impacts on physical health and on friendships

or social life (*Alberta Profile: Social and Health Indicators of Addiction – AADAC 2006*).

Thirty-eight per cent (38%) of Albertans report that they have experienced harm because of someone else's drinking, including verbal abuse, physical abuse, and marriage and family problems (*Alberta Profile: Social and Health Indicators of Addiction – AADAC 2006*).

It is estimated that in 2002, Alberta workers missed 27 million working hours because of the effects of alcohol use and an estimated 800,000 working hours were missed as a result of using illicit drugs (*Alberta Profile: Social and Health Indicators of Addiction – AADAC 2006*).

The provincial Office of the Chief Medical Officer investigated 3,391 deaths in 2005. Toxicology screens indicated 850 (25%) of the investigations involved alcohol, other drugs or both. Of the deaths involving alcohol and other drugs, 9% listed alcohol and 6% alcohol and other drugs as part of the primary medical cause of death.

Data from the Canadian Centre for Justice Statistics indicate that between 1995 and 2004, the majority of persons accused of committing spousal homicide (62%) or nonspousal homicide (65%) had consumed alcohol and/or other drugs at the time of the incident. For this same time period, the spousal homicide rate for Alberta was 6.1 as compared to 4.8 for Canada. Data from the Canadian Centre for Justice Statistics indicate that between 1995 and 2004, of those spousal homicides that resulted from an argument, 78% of the accused persons and 72% of victims had used drugs and/or alcohol prior to the incident. For this same 10 year time period, the spousal homicide rate for Alberta was 6.1 as compared to 4.8 for Canada (*Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006*).

## **Drug and Alcohol related criminal offenses in the Southeast Alberta Region**

(Aged 15 years and older)

*(Alberta Profile: Social and Health Indicators of Addiction - AADAC 2006).*

### **Alcohol**

- Impaired driving and failure/refusal to provide a breath sample: 5.88 individuals out of every 1000 persons offended. The SE region ranked 6<sup>th</sup> out of 9 regions, with 1 being the highest offending and 9 being the lowest.
- Alcohol Reported offences: disturbing the peace, non-sexual and sexual assault: 19.6 individuals out of every 1000 persons offended. The SE region ranked 6<sup>th</sup> out of 9 regions.
- Injury and fatality collisions involving drivers who have consumed alcohol or were impaired: 0.88 individuals out of 1000 persons offended. The SE region ranked 1<sup>st</sup> out of 9 regions - top spot!
- Alcohol-related hospital separations which are categorized by Alcoholic Psychosis, Alcoholic Dependence, Alcohol Harmful Use and Toxic Effects: 2.32 individuals out of 1000 persons were affected. The SE region ranked 4<sup>th</sup> out of 9 regions.
- Hospital separations for alcohol-related liver diseases and other diagnoses including Alcoholic Hepatitis, Alcoholic Cirrhosis, Liver Damage and other Related Diagnosis: 2.43 individuals out of 1000 persons were affected. The SE region ranked 4<sup>th</sup> out of 9 regions.
- Alcohol-related deaths in the SE region: 0.31 individuals in every 1000 persons. The SE region ranked 2<sup>nd</sup> out of 9 regions!

### **Drugs**

- Drug-related hospital separations: 2.55 individuals out of every 1000 persons. The SE region ranked 4<sup>th</sup> out of 9 regions.
- Drug-related deaths: 0.08 individuals out of every 1000 persons. The SE region ranked 9<sup>th</sup> out of 9 regions.

- **Overall Cost to Albertans**

The overall cost to Albertans for alcohol and drug abuse was \$ 2.1 billion (\$578.12 per capita) (population 3,632,483) (*Costs of Substance Abuse in Canada 2002*, updated in 2006 ([www.ccsa.ca](http://www.ccsa.ca))). Based on the above statistic, for the SE region population of 107,961, alcohol and drug abuse is costing our citizens approximately \$62,414,413 in one year.

Government of Alberta revenue from alcohol sales totalled \$603 million in 2005/06.

## **5.4 Best Practices**

### **– Success of Other Communities including Promising Practice**

Of the programs and facilities researched and/or visited, the following four appear to have the most promising and effective outcomes and presented models that could be adapted to meet the needs of this region.

- **Regina Detox Centre, Regina, Saskatchewan** (Operated by Recovery Homes, Regina)

The Regina Detox Centre provides a supportive and protective setting in which persons may stay while withdrawing from the effects of acute intoxication, or to interrupt a pattern of steady or repeated drinking and/or using. Patients generally stay from 3-10 days. Addiction Attendants/Counselors, experienced in chemical dependency are available 24 hours per day. A Registered Nurse is generally on site Monday-Friday from 9am-5pm. There is 24 hour on-call medical coverage. A doctor meets with clients twice per week at the Detox Centre and clients are transported to the doctor's clinic as necessary.

There are two phases of detox: Crisis/Medical (1 – 5 days) and Social Detox (10 – 14 days). During the Crisis/Medical detox, the use of medications incorporating a Harm Reduction model is implemented. Emphasis is on

stabilizing health and connecting clients to support services and the appropriate 12 Step program. Multiple admissions are common with this phase of detox.

Completion of the Social Detox phase is a prerequisite for accessing a treatment program. More complete medical testing, screening and assessments for treatment as well as helping the client and their family prepare for the treatment ahead are included in this phase. Again, clients are encouraged to access the 12 step programs (groups often offered on site).

*(Note: while The Regina Detox Centre is operated by Recovery Homes, Regina which also operates Pine Lodge Treatment Centre, they are two separate facilities located 45 minutes from each other).*

- **Pine Lodge, Indian Head, Saskatchewan** (Operated by Recovery Homes, Regina)

Pine Lodge is a 24 bed, 28-day inpatient Drug and Alcohol Treatment Centre based on the **Hazelden** of Minnesota model. Hazelden's success in alcohol and drug addiction treatment is based on years of research and evidence based practice. Their treatment philosophy is based on the recognition that addiction is a disease and that abstinence is the best way to manage the condition. They approach treatment in a holistic way, working with mind, body and spirit as components of a healthy life. Alcohol and drug addiction treatment is delivered by a team of professionals representing many disciplines including nurses, physicians, psychologist and psychiatrist, substance abuse/addiction counselors, fitness and recreation specialists and spiritual care professionals. The 12 Step Facilitation Framework is a crucial component to Pine Lodge's program – both during and after treatment ([www.hazelden.org](http://www.hazelden.org)).

Outcomes for Pine Lodge: 74% of clients have maintained sobriety at 1 year post treatment and 57% for 3 years post treatment.

- **Safe Harbour – Red Deer, Alberta**

**Overnight shelter program** (Mat or Mattress program) to those in the community who are high or intoxicated and in need of a safe place to sleep. It operates all year round and can accommodate 20 “guests.” Guests begin the detox process but are more likely to leave the next morning.

**Detox/transition program** that serves 20 people at a time. Detox is typically a 3-10 day stay. Individuals can transition from detox to their treatment program wherever that may be. Safe Harbour does not do treatment but will allow individuals to stay longer than 10 days to keep individuals drug/alcohol free while waiting to get into treatment. Patients are referred to many treatment facilities throughout the province based on needs that include cost, cultural placement requirements and availability. Following treatment, Safe Harbour may again provide transitional housing while the individual is waiting for a housing placement ([www.safeharbour.society.org](http://www.safeharbour.society.org)).

- **Simon House – Calgary, Alberta**

Simon House is a multi-phased facility dependent on the level of treatment of the patient. Phase One consists of a seven week program where intensive individual and group sessions are delivered together with a personally designed recovery program. The plan is to empower each individual and teach a lifestyle of abstinence. Phase one is a 40 bed facility. The cost to the client for the Simon House program is \$40.00 per day. Forty dollars is a fraction of the cost required to operate the program and the difference is made up through fundraisers, donations, and volunteers. Simon House does not receive any government funding for its program.

After completing Phase One, patients have the option to access Phase Two and Phase Three which provides ongoing support into transitional housing and independent living. Cost per client increases as the client gains independence and employment and can manage paying more for accommodations. Simon

House reports a success rate of 49% at 1-year post treatment ([www.simonhouse.com](http://www.simonhouse.com)).

### **Promising Practice**

- **Addictions Treatment Centre, Regina, Sask.**

The current Detox Centre in Regina will soon be replaced by the new Addictions Treatment Centre. Detox and treatment services are being co-located to increase the likelihood that clients will move directly from detox into treatment. Outpatient Counselors will be in the same building and the facility will have a hostel-style 20-bed shelter which will offer a safe haven and services around the clock where intoxicated people can detox for up to 4 days under the supervision of Emergency Medical Technicians. It will also have 25 single rooms for addicts accessing more comprehensive 14-day detox program – known as social detox. Social detoxification clients will undergo an addictions assessment and be provided with a case management plan which includes treatment options. This may include outpatient counseling and a three-week day patient program. A primary health care site will also be on location for other visiting services such as an advanced clinical nurse, chronic disease service and a visiting physician, (*Leader –Post, Sept. 8, 2009*).

## **6. Recommendations:**

### **6.1 Recommended Detox and Treatment Model for this Region**

There is no one detox and treatment modality that will meet the substance abuse needs of individuals, families – and the broader community. The need for a residential detox and treatment program in Southeast Alberta has been clearly identified. Based on the research of this report, a co-located detox and treatment residential program is recommended. This program will incorporate both crisis and social detox, provide treatment based on the holistic Hazelden Model, incorporate the 12-Step Facilitation framework, and provide a comprehensive aftercare program.

## 6.2 Program Description

### Phase 1

**Detox** would have two different phases, **A: Crisis/Medical Detox** (1 – 4 days) for patients that are dealing with acute symptoms and require professional supervision and care in order to detox. The next phase, **B: Social Detox** - would be for up to 10 days. An assessment to determine if social detox is completed would be required prior to accessing treatment at the residential treatment facility.

### Phase 2

**Treatment** would consist of a 28-day inpatient program, based on the Hazelden model in Minnesota and would incorporate the 12-Step Facilitation Framework. Many community agencies have expressed their willingness to provide services. *(A list of **potential** community partners and the service they could provide are included further in this report.)* There would also be a significant family program to help them deal with the challenges of having an addict in the family and how to support and care for themselves.

### Phase 3

**After Care** is a critical component of successful recovery. Generally, the longer the supports, the more likely clients will remain sober. Intensive, wrap-around services, integrated along the continuum of care would support the success of clients in the major areas of their lives (employment, housing, education, recreation and leisure, healthy relationships etc) would be welcomed partners. *(A list of **potential** community partners and the service they could provide are included further in this report.)*

**Client Demographics** would primarily serve adults, however, one or two youth (16 years and over) could be accommodated in either the detox or treatment program at any given time. Both males and females would be admitted. Careful consideration will be given to group dynamics and impact in the program design (i.e.: having co-ed groups and only men or women's groups).

### **6.3 Recommended Detox/Treatment Facility for this Region**

The facility that would serve the needs of this region best would be a residential Detox and Treatment facility. The facility would accommodate six (6) detox beds and 12 bed treatment beds all housed under the same roof with one section/floor for detox and one section/floor for treatment. A common kitchen and dining area would be available for all clients. Each room would house 2 clients with an individual room available for special circumstances. Ideally, the facility would be developed in a *pod* style with central offices and supervising area, with 3 bedrooms designated for detox, 6 bedrooms designated for treatment and 1 room equipped with a crisis bed and completely wheel chair accessible. The facility would house laundry facilities, storage area, smaller meeting rooms and a larger meeting room for group sessions. Offices would be included and a medical room for Doctor visits, nursing needs and locked medical supplies. Men and women/youth would have separate sleeping quarters and washroom facilities.

Possible options for a physical facility are:

1. Construct a new building.
2. Purchase and renovate an existing building.
3. Investigate acquiring an existing infrastructure facility.

(Refer to Appendix A: Facility Option Costs.)

The total operating budget for the facility is projected at approximately

**\$ 800,000/year.**

(Refer to Appendix B: Three-year Projected Operating Budgets.)

### **6.4 Role of Partners and other Service Providers**

The following is a list of **potential** partners and contributors to the establishment and operation of a detox/treatment centre in Southeast Alberta. It is by no means exhaustive and is subject to further suggestions, community meetings and deliberations.

- **VON – Victorian Order of Nurses**

Provide and coordinate the medical supervision and services for both the detox and treatment components within the treatment facility. Nursing staff would perform the intake and assessment in order to stabilize the detox patient.

- **Alberta Health Services**

Provide referrals, medical services, community health consultations, immunizations, blood work tests, doctor visits, Primary Care Networks, etc.

- **AHS Addictions and Mental Health**

Provide consultation and support.

- **Sunrise Rotary Club**

Provide funding for a facility or renovations as part of their legacy project

- **City of Medicine Hat**

Exploring funding to be used to secure capital costs for the project; Other possible municipal funding sources may include approval of grants, such as Community Capital Reserve, Municipal Sustainability Initiative Operating grant, Family and Community Support Services grant, and/or Community Development grant.

- **Other Municipalities/Counties in Southeast Alberta:**

Provide capital funding or other types of funding support (FCSS, MSI, and Community Development grants).

- **Alcoholics Anonymous, Al-Anon, Narcotics Anonymous**

The 6<sup>th</sup> Tradition of AA reads “An AA group ought never endorse, finance or lend the AA name to any related facility or outside enterprise, lest problems of money, property and prestige divert us from our primary purpose.” As such, 12 step

programs are not to be listed as formal partners. However, it is very common in detox and treatment facilities for members of the different 12 Step programs to facilitate on and off site meetings, provide peer support, 12-Step Program and act as individual sponsors to clients onsite and throughout their aftercare.

- **McMan Community Services**

Provide administrative support and supervision; sourcing out grants and funding bodies; Family Preservation services to clients and their families both during and after treatment.

- **Pine Lodge Treatment Centre**

Provide staff training and mentoring; program development and evaluation; ongoing consultation based on the Hazelden model.

- **Medicine Hat Community Housing Society**

As the designated CBO (Community Based Organization) that manages the funding for the provincial Housing First initiative, designated outreach staff and resources could be allocated to the treatment centre.

- **Salvation Army**

Provide transitional/temporary housing while a patient is waiting for a treatment bed after detox or if waiting for a Housing First placement after treatment in their emergency shelter.

- **Medicine Hat College**

Addictions Counseling, Nursing and Social Work Programs to provide practicum students/staff enhancements; onsite lectures from college staff.

- **Canadian Mental Health**

Provide staff training as they have the ASIST suicide prevention training and the Mental Health First Aid courses, presentations for consumers.

- **Medicine Hat Women's Shelter Society (Phoenix Safe House)**

Provide counseling, group sessions, develop the care plan.

### **Aftercare Supports**

A wide variety of aftercare supports are currently available that could be extended to the detox/treatment centre clients. These organizations may include Bridges Family Programs (PCAP- Parent and Child Assistance Program), REDI Enterprises (FASD – Fetal Alcohol Spectrum Disorder Program), Canadian Mental Health – support groups and the POST (basic needs), Volunteer Centre, John Howard Society, Community Employment Services, Medicine Hat Women's Shelter Society, AHS – Addiction and Mental Health, VON, Housing First, Medicine Hat Food Bank, faith-based community, Saamis Immigration Services Association, Miywasin Centre, HIV/AIDS Society and other government departments (Child and Youth Services and Probation).

### **Community Individuals and Organizations throughout Southeast Alberta:**

Provide donations of financial support and in-kind contributions including goods and services, volunteer hours, fundraising initiatives.

## **6.5 Possible Funding Strategies and Sustainability Plan**

The challenge for implementing any program is securing ongoing operational funding. Given the Alberta government's significant deficit, this barrier was considered to be especially daunting. The Safe Communities Innovation Fund (SCIF) was brought forward to the steering committee as a potential funding source for three years. While the focus of the grant is on reducing crime, substance abuse treatment programs were cited as a promising model for this grant. Participating agencies were given the opportunity to volunteer to spearhead the submission of this proposal and to take on the lead role of project sponsor and fiscal agent. As McMan is an already accredited, charitable organization with successes in establishing community and regionally-based programs, the Detox Steering

Committee endorsed the recommendation that McMan take the lead in submitting the grant proposal to SCIF.

Assuming the provision of a facility led by the Sunrise Rotary Club, the following are potential sources to sustain the operational funding for a detox/treatment centre:

- **Safe Communities Innovation Fund – Government of Alberta.**

McMan will be applying for grant funds in the amount of up to \$ 500,000/year for the first three years through the Safe Communities Innovation Fund. A pre-application interview with SCIF was held in September and the granting body gave approval to submit the full proposal. This application will be made in 2010, with a possible program start of September 1, 2011.

Providing safe and secure communities is one of the government's priorities. Strategic partners can apply for funding to implement pilot projects designed to reach at-risk populations and their families, and address the causes of crime and social disorder.

The 2007 Safe Communities Task force report identified a number of recommendations to reduce crime throughout Alberta. The number one recommendation was to:

**Significantly increase treatment beds for alcoholism, drug addiction and a dual diagnosis of both mental illness and addiction.**

The number 4 recommendation was to:

**Ensure that at-risk children, youth and young adults have access to full-time, longer-term, intense treatment for addictions and mental illness problems** (*Safe Communities Task Force Report, Government of Alberta, 2007*).

- **Government, Corporate and Community Support:**

A marketing and funds development plan will be developed in order to obtain the necessary funding. Potential sources of revenue are municipal, provincial, federal; and foundation grants; corporate and service club sponsorship; charitable giving campaigns; community events; in-kind contributions of goods and services.

- **User Fee**

A client user fee could be established based on a sliding income scale. Possible sources include employer assistance programs, client and/or family personal income, government subsidized social programs (AISH, EI, SFI).

- **Alberta Health Services**

Alberta Health is already paying for individuals from Southeast Alberta to access treatment out of region. For example, when a client attends Pine Lodge in Indian Head, Saskatchewan, the Saskatchewan Government bills back \$ 3800 each month to the Alberta Government. It is recommended that this proposed facility meets the necessary criteria as an accredited, recognized treatment facility to access AHS funds as do other facilities or lobby for full block funding.

- **Civil Forfeiture Office**

Acquiring funds through the Civil Forfeiture Office appears to be a valid, long-term sustainability plan that can assist in funding the operations of the facility.

The Victims Restitution and Compensation Payment Act (the "Act") was proclaimed in the fall of 2008. It enables the provincial government to ask the court for a civil order forfeiting property that has been acquired by illegal means to the Crown (Civil Forfeiture).

Property includes all types of assets, such as real estate, cars, and cash. Illegal acts are not limited to, nor require Criminal Code convictions. The

government only has to prove, based on a balance of probabilities, that the property was acquired by illegal means.

The Mission of the Civil Forfeiture Office (CFO) is:

To promote safer communities in Alberta by seizing money and property gained through the proceeds of crime and using those resources to fund victim compensation, crime prevention and crime remediation programs ([www.justice.gov.ab.ca](http://www.justice.gov.ab.ca))

## **6.5 Model of Governance**

The Detox Steering Committee recommended that McMan spearhead this initiative. McMan has had previous experience operating significant community based programs including two residential facilities, is accredited by CARF (Commission of Accreditation of Rehabilitation Facilities) and is in a stable financial position. McMan is governed by a Board of Directors and operates as a charitable not-for-profit agency.

McMan will initially act as the fiscal agent and project sponsor responsible for the day to day operation and reporting of the initiative to the appropriate funding bodies. An Advisory Committee comprised of professionals and community members will guide and monitor the overall project.

### ***Advisory Committee Structure***

The AC will be made up of interested stakeholders from all across the region. The AC will be made up of at least eight (8) members and no more than twelve (12). This committee will work collaboratively with McMan to ensure the success of the program.

### ***Terms of Reference***

The AC will operate within a Terms of Reference. Formal partnership agreements and a dispute resolution process will also be developed.

### ***Program Evaluation Process***

A thorough, evidence-based evaluation process will be developed including formative (the strategies and timelines) and formative (what information is being measured) as well as the social return on investment. It is anticipated that an experienced external evaluator will be contracted for this work and will also include client, family, staff and stakeholder surveys; treatment completion rates; short (3 – 6 – 9 months) and long term (12 months +) follow-up post-treatment to track sobriety retention, etc. All client data will be managed through CORI (Canadian Outcomes Research Institute). Reports will be provided quarterly and/or in compliance with funding criteria.

### **6.6 Next Steps**

Given the magnitude of establishing a residential detox/treatment facility, the provision of a detailed work plan for a regional detox/treatment centre is beyond the scope of this report. However, the Board of Directors of McMan Youth, Family and Community Services Association has committed up to \$10,000 to develop a **detailed** Work Plan and Funds Development strategies to be completed by December 31, 2009. This document will very specifically outline funding bodies and criteria; application deadlines; requests to municipal, county, regional and government funders for both capital and operational support; all facility regulation requirements and approval processes; a political strategy and media tools for obtaining sustainable funding.

To implement this detailed plan, a Project Manager will be hired from February – June 2010. Funds for this position will again be requested from the McMan Regional Board of Directors.

<b>Activity</b>	<b>Projected Completion Date</b>
Request Work Plan and Funds Development dollars from McMan Board of Directors: \$10,000 (approved!)	October 26, 2009
Establish a Project Advisory Committee Complete Workplan and Funds Development Plan  Provide support and information to Sunrise Rotary Club for decision regarding new construction or renovation of existing building.	December 2009 December 2009  February 2010
Request funds from McMan Board of Directors for Project Manager to implement Work Plan (\$25,000)  Hire Project Manager to implement work plan (Feb – June)	January 2010  June 2010
Finalize all municipal, county and community contributions Submit Safe Communities Innovation Fund Application	June 2010 June 2010

## 7.0 Conclusion

In conclusion, it is clear that there is an urgent need for a residential detox and treatment facility in the Southeast Alberta region. Based on leading outcomes and evidence-based practice, this program would operate in the broader context of providing a comprehensive, integrated, and client-centered approach to detoxification and treatment services with intensive wrap-around after care and

community supports. The capacity to treat both concurrent disorders of addiction and mental health is crucial.

This facility, based on the Hazelden model and integrating the 12 step programs, would co-locate 6 detox beds and 12 treatment beds. Assuming the provision of a furnished, physical facility, the annual operating budget would be approximately \$800,000. It is proposed that an application be submitted to the Safe Communities Innovation Fund for up to \$ 500,000/year for three years. The remaining \$ 300,000 would need to be acquired through federal, provincial and municipal funding; community and corporate sponsorship; user fees and in-kind contributions. This amount is possible to raise for the three years given the level of interest expressed to date. However, the on-going sustainability will require core funding from Alberta Health Services.

It is further recommended that an Advisory Council comprised of professionals and interested regional community members are formed to oversee the program with McMan Community Services designated as the Project Sponsor. Given that the recommended models are stand-alone charitable organizations whose sole purpose is to provide treatment services, it is further recommended that during the 3 year pilot project, the Advisory Committee weigh the options of McMan continuing as the project sponsor or establishing a separate not-for-profit organization to take on the continued operation.

*“Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever does.”*

*- Margaret Mead*

## **Appendix A: Facility Option Costs**

*(Note: the options listed below reflect establishing the building in Medicine Hat, although alternate sites within near distance could be considered if deemed feasible by the Sunrise Rotary Club. The ability to recruit and retain staff is also a primary consideration for proposing the location in the city as opposed to other rural sites in the southeast region).*

### **1. Construct a new building.**

A facility that could accommodate the necessary components as outlined in the report would require approximately 8,000 square feet (based on 400 SF per client and 200 SF per staff on shift).

Currently, new construction costs range from \$185 to \$235 per square foot. This would be a total of \$1,480,000 to \$1,880,000 to build a new structure, assuming no financial or in-kind contributions. This does not include the cost of furniture and equipment.

The cost of city land runs approximately \$85,000 for a 5000 SF lot. It is anticipated that 20,000 SF land would be needed for the building, grounds and parking for a total of \$340,000. A request could be made to the City of Medicine Hat to acquire the lots at no cost.

Landscaping would also be a cost of approximately \$30,000 that could be supported through volunteers and “in-kind” contributions.

### **2. Renovate an existing building that would be donated, leased or purchased.**

It never hurts to ask! A “call to action” could be put to the community requesting a building be donated or at minimum, leased at no cost.

The purchase price of an existing building that would be suitable (e.g.: meet space and zoning requirements) is varied. A 6-plex was recently listed in Medicine Hat for

\$600,000; an 11 suite apartment building for \$725,000. Renovation costs run at approximately \$100 per square foot – which could range from \$500,000 to \$850,000.

Leases for buildings run between \$12 and \$18 per SF + triple net (\$15 per square foot), depending on the location.

### **3. Investigate acquiring/leasing an existing infrastructure or municipal facility.**

There are several facilities in Medicine Hat that could be suitable for a residential treatment centre. The most preferable would be the Saamis Centre located on Cuyler Road SE. An infrastructure building, this facility was previously a residential centre for youth but now houses offices for Southeast Alberta Child and Family Services staff and programs. Upgrades and some renovations would need to be completed (based on \$100 per SF: approximately \$250,000 - \$500,000).

Other sites that could be explored are:

- City of Medicine Hat: Strathcona Centre or the old Health Unit Building (currently YMCA School)
- Medicine Hat School District No. 76: future school closures/sales
- The Royal Canadian Legion

### **FUNDING:**

#### **Community Facility Enhancement Project Grant:**

Renovations for this project may be eligible for up to \$125,000 matching funds per year from the Alberta government's CFEP grant.

Sources: - *Information provided by the City of Medicine Hat Business*

*Development Officer*

- *[www.mhreb.ca/mls](http://www.mhreb.ca/mls)*

## Appendix B: Three-Year Operating Budgets

Southeast Alberta Detox/Treatment Centre  
 Three-Year Projected Operating Budgets  
 2011-2014  
 (in actual dollars)

	Year 1 (2011-2012)	Year 2 (2012-2013)	Year 3 (2013-2014)
<b>REVENUE:</b>			
SCIF Grant	500,000	450,000	400,000
User Fees	7,000	15,000	20,000
Civil Forfeiture	5,000	7,500	10,000
Alberta Health Services	-	-	-
Other Grants	35,000	25,000	25,000
Fundraising	15,000	25,000	50,000
<b>TOTAL REVENUE</b>	<b>562,000</b>	<b>522,500</b>	<b>505,500</b>
<b>EXPENSES:</b>			
Staff Wages/Benefits (10.4 FTE + relief)	677,500	694,437	711,798
Direct Client Costs (food/travel/supplies)	45,000	45,000	47,000
Facility Operations (utilities/insurance/repairs)	15,000	15,000	16,500
Facility Administrative (phone/IT support/photocopier)	15,000	10,000	10,000
Program Administrative (bookkeeping/audit/staff training program evaluation/liability insurance)	35,000	25,000	25,000
<b>TOTAL EXPENSES</b>	<b>787,500</b>	<b>789,437</b>	<b>810,298</b>
<b>NET</b>	<b>(225,500)</b>	<b>(266,937)</b>	<b>(305,298)</b>

**Note:** The revenue from this budget is **anticipated** only and reflects no contribution from Alberta Health Services or any municipality.  
 This budget assumes that a furnished, physical facility will be provided.

## Appendix C: Projected Equipment and Furniture Costs

### BEDROOMS:

20 twin beds/frames x \$600 =	12000	
Pillows/bedding:	2500	
20 small dressers@ \$250 =	5000	
	<hr/>	<b>19,500</b>

### OFFICE/ADMINISTRATION:

6 desks and chairs x \$400 =	2400	
6 computer/printers x \$1200 =	7200	
8 filing cabinets x \$400 =	3200	
Telephone System:	3600	
Shelving units and bulletin boards:	1000	
	<hr/>	<b>17,400</b>

### KITCHEN/DINING:

8 tables x \$150 =	1200	
35 chairs x \$30 =	1050	
Large Appliances: Fridge, Frzr, Stove, DW	7500	
Small Appliances/pots/dishes	3000	
	<hr/>	<b>12,750</b>

### OTHER:

Sofa/end tables	1500	
TVs/DVD	2300	
Vacuum	600	
Washer/Dryer	2400	
Lawnmower	750	
Miscellaneous	2500	
	<hr/>	<b>10,050</b>

**TOTAL PROJECTED COSTS: 59,700**

**Note:** This budget assumes purchasing at retail prices. It is recommended that a region-wide campaign be developed to acquire these items as in-kind contributions.

## Appendix D: Proposed Staffing Table

<i>Position</i>	<i>FTE</i>	<i>Salary/Benefits</i>	<i>Total \$</i>	<i>Qualifications</i>
Director	1.0	75,000	75,000	BA or MA; min. 10 years exp managing a treatment centre.
Nurse	1.0	60,000	60,000	BN; licensed with ANA; min. 5 years exp in Addictions Treatment.
Admin Assistant	1.0	40,600	40,600	Office Tech Diploma; min 3 years exp in NGO agency.
Addiction Counselors	5.6	50,000	280,000	Diploma or BA in Addictions or related field; min. 5 years exp.
Agency Outreach/Aftercare*	2.0			Diploma or BA; min 5 years exp in delivering wrap around supports.
Night Staff Attendants	2.8	36,000	100,800	Personal Care Aide or equivalent; min. 5 years related exp.
Cook/Cleaner	1.0	36,000	36,000	Food Safe Certification; min. 3 years exp in residential setting.
Relief: 4263 hours		\$ 19/hr	81,000	Same as position they are replacing.
Maintenance Worker	0.1	36,000	3,600	Combination experience /trades certification; WHMIS
<b>TOTALS:</b>	<b>14.5</b>		<b>\$ 677,000</b>	

Relief: staff replacement costs calculated at 4 weeks vacation for all direct service staff, excluding Outreach programs from other agencies – 12.4 FTE. Average Time includes: 4 weeks vacation (1664 hrs) 13 Stats@ 1.5 pay (1622 hrs) 12 Personal/Sick Days (998 hrs) = 4282 hrs total.

**Note:** Agency outreach/aftercare positions would be funded through their respective agencies and are extensions of their existing services and programs. For example: McMan Family Support; MHCHS: Housing First; Bridges Family Programs: First Steps; REDI; FASD Support and Community Employment Services; John Howard Society; Miwaysin Aboriginal Service. This does not include those government agencies that will be involved in aftercare: AHS Addiction and Mental Health; Child and Youth Services; Probation, etc.