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# Sobering and Detox Task Force

## Executive Summary

This report on sobering and detox within the Cowichan Valley highlights the findings and actions undertaken by the Sobering and Detox Task Force. In addition the report sets out the Task Force recommendations which are based on the review of data, community consultations and best practices in providing sobering and detox services.

The report begins with a brief summary of what the evidence tells us about alcohol and substance use and its impact on community services such as health and policing as well as its effect on the health and wellbeing of our communities and families.

- ☒ There are high number of Police involved occurrences that are related to alcohol or substance use
- ☒ North Cowichan/Duncan RCMP case load is the highest on Vancouver Island
- ☒ Cowichan has one of the highest rates of alcohol related deaths in the province
- ☒ The crime activity was higher in Cowichan (8.4 crimes per police) than BC (7.0) or Island Health (5.7)<sup>1</sup>.
- ☒ In the first three months of 2016 an average of 256 males, 83 females and 20 youth were incarcerated in the North Cowichan/Duncan Detachment each month where drugs and alcohol are involved.
  - Of those incarcerated:
    - 139 are too intoxicated to care for themselves
    - 128 would be considered for release to a sobering centre
- ☒ Each month, Warmland House Homeless Shelter diverts an average of 18 different intoxicated individuals to hospital, police or back to the streets due to either medical, judicial or capacity issues.
- ☒ In 2014 individuals presenting in the Cowichan District Hospital (CDH) Emergency Department with the following complaints, (Cowichan Mental Health and Substance Use Profile)<sup>2</sup> included:
  - 234 presented with alcohol or substance use of which 35 were admitted to hospital
  - 131 presented with overdose ingestion of which 62 were admitted to hospital
  - 45 presented with substance withdrawal of which 10 were admitted to hospital
- ☒ Emergency Room Rates for those over 65 years of age presenting at CDH in 2014 are reported as 12 where substance use was most responsible and 42 where substance use is secondary
- ☒ Of the 46,964 days for residents cared for in CDH in 2013/14:
  - 14.2% were for an alternate level of care (ALC);
- ☒ Mental diseases and disorders were responsible for the most patient days (8941 or 19.0%)<sup>2</sup>.

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<sup>1</sup> Local Health Area Profile Cowichan (65). Island Health.2014. Cowichan Mental Health and Substance Use Profile. Island Health <sup>2</sup> Hospital and emergency utilization by patients aged 65 and over with a substance use issue. Island Health<sup>3</sup>. Cowichan Communities Health Profile 2014.

- ❑ Poverty appears in all areas of the region and cannot be ignored when addressing such issues as homelessness, domestic violence, and children in care, mental health, and substance misuse.

Cowichan community members requiring detox services experience barriers related to access to options available within the two regional medical facilities located in Nanaimo and Victoria.

Gaps that were identified in relation to community members and detox services that include the following:

- ❑ Limited community outreach resources to stay connected with the client and to assist the individual to continue with services, such as managing the typically long wait times
- ❑ Lack of available support upon returning to community following detox in order to help keep community members sober over time, including stabilization beds and supported sober living to facilitate participation in aftercare programming
- ❑ Long wait times for First Nation and culturally appropriate services including community based detox services (outreach)
- ❑ Travel to detox programs located outside of the Cowichan Region poses transportation challenges for many individuals.

## The task force recommendations to the BC Coroner, CVRD and Mayors:

While medical detox services are provided regionally in Nanaimo and Victoria, the Task Force identified several gaps relating to detox services in the Cowichan Region such as:

- ❑ A need to improve care during transitions between services, including community outreach, social detox, and “wet” housing.
- ❑ A need for follow up support for those returning to the community from detox to ensure their success in their road to sobriety such as stabilization beds and supported sober housing for example
- ❑ A need for transportation to detox as both facilities are some distance away; this is one of the key barriers to participation.
- ❑ A need for culturally appropriate continuum of services for First Nations community members that provides the community based supports throughout the recovery journey. The community teams need to be embedded in the larger First Nations health services.

Sobering services are required to reduce the demands on RCMP, British Columbia Ambulance Services and emergency room resources and to care for citizens who as a result of intoxication or influences of drugs are unable to care for themselves. The demand for sobering service exceeds the 4+ beds scheduled to be in operation by late 2016. These beds are funded by Island Health and are among the 500 new substance use beds announced by the Province of BC. The task force recommended the future expansions to sobering services should include:

- ❑ Mobile community outreach to serve isolated and outlying communities.
- ❑ An integrated model where a number of services are co-located within the same building or within close proximity and could include; stabilization beds, detox support services and long term housing.

- ☐ Integrated services that include “in reach” where specific services come to the centre to support community members with specific needs such as wound care for example.

It is recommended that integrated and collaborative community partnerships and ongoing communication between service providers, RCMP and health services continue via an active task force to address gaps in services, integration of services and harm reduction.

A Shared Measurement Reporting Structure has been created for groups to utilize and submit data in a defined action period and prepare reports on the learnings, progress and measures to inform the community partners on these initiatives.

#### Improve Community Health

- ☐ Access to MHSU information, resources and service navigation

#### Improve Patient Provider Experience

- ☐ Access to substance use and mental health promotion and prevention resources via community supports
- ☐ Access to core MHSU services for severe MHSU disorders exist in all communities

#### Reduce System Costs

- ☐ Diverting clients from RCMP cells and Cowichan District Hospital when appropriate services within the sobering and assessment program are available
- ☐ Work with community providers and partners towards seamless service provision

We have in the Cowichan region a unique opportunity to become the best place for community members to thrive and be healthy. The members of the task force share common goals for our community members. The fundamentals of what community members need to live healthy sober lives are known and as a result there is broad agreement on the strategies needed to meet the needs of our vulnerable citizens. The Cowichan region has some assets but requires more in which to build wrap around services and support.

As we move forward we will build a foundation of supports across the region and getting there will be a joint effort among many players. No one organization can achieve this goal on its own and we will need to capitalize on existing assets and build new assets to make it happen. Together we envision a future where all citizens in the Cowichan communities enjoy good health.

## Sobering and Detox Task Force Partners

BC Ambulance Services  
 Canadian Mental Health Association  
 Cowichan Tribes  
 Cowichan Valley Regional District  
 First Nations Health Authority  
 Hiiye'yu Lalum House of Friendship  
 H'ulh-etun Health Society  
 Island Health  
 MLA Representative  
 Municipality of North Cowichan  
 RCMP -North Cowichan- Duncan  
 Our Cowichan Communities Health Network  
 School District 79  
 Town of Ladysmith



First Nations Health Authority  
 Health through wellness



H'ULH-ETUN HEALTH SOCIETY  
 pulling together, creating possibilities



Canadian Mental  
 Health Association  
 Mental health for all



Hiiye'yu Lelum  
 House of Friendship Society

## Introduction

On April 22, 2013 Jeremy David Richardson died as a result of acute combined methadone and ethanol intoxication. Mr. Richardson was not the first to die as a result of substance use and intoxication and sadly will likely not be the last. At the request of BC Coroner Lisa Lapointe, the Municipal Councils in the Cowichan Valley and Island Health were asked to set up a joint review committee to determine the viability of a sobering centre and detox services for the Cowichan Valley and the sharing of information between the agencies. At the request of the Board of the Cowichan Valley Regional District (CVRD), Our Cowichan- Communities Health Network agreed to steward the project and establish a Task Force comprised of representatives from health, police, addictions services, mental health clinicians, First Nations and local government to determine the extent of substance use and mental health issues and the need for such a facility in the Cowichan Valley.



## Background

The sobering and assessment program comes in reaction to two responses: the Provincial 500 Substance Use Bed Initiative and the Coroner's Report which indicated the CVRD must develop a review committee to investigate the development of sobering and detox services in the Valley. The Task Force was developed following community consultations in June of 2015, which included representatives from Island Health, CVRD, First Nations communities, First Nations Health Authority (FNHA), RCMP, Our Cowichan, community services and agencies and other levels of municipal government. As a result of further consultation, including an in-depth Vancouver Island Substance Use services analysis, the task force identified a focus on implementing a sobering and assessment program for those 17 years of age and older.

It was originally intended that the group of community leaders collectively assess the current state and resources in order to make recommendations regarding the provision of sobering and detox services in the Cowichan Region. The establishment of the Task Force resulted in some unintended consequences. When the members began meeting, it was soon realized that by working together they could improve service delivery in general, interagency relationships and enhance service delivery for this vulnerable population. It was through the Task Force that the design of new sobering beds and program design for the Cowichan Valley were accomplished.

The Task Force was able to make the case that the initial allocation of funding announced by the Province of BC's 500 Substance Use Bed Initiative, that would create 2 beds for Cowichan, was not adequate to meet the community's needs and it advocated for additional resources. The Task Force was successful in advocating for increased funding which will now provide 4+ sobering beds for Cowichan and will begin operation in late 2016. In addition to advocating for resources the Task Force has been responsible for designing the service delivery model specifically created to meet the needs of Cowichan community members. A Task Force member will also be a part of the RFP evaluation process and will contribute to the final decision of the successful proponent who will provide the

service. This is an exemplary example of what a collaborative process and partnership regarding the implementation of health services can accomplish together.

## Mission/Vision

The Sobering and Assessment Program provides a safe, respectful short-term supported shelter for people aged 17 and up who are under the influence of substances and because of their intoxication are unable to access appropriate services in the community. The expectation is to have this program become one of the best services of its kind as indicated by respectfulness, efficiency and quality of services.

### Goals and Objectives of the Cowichan Sobering Program

- f* Strengthened community supports such as Island Health substance use team and community outreach
- f* Alleviate pressures on RCMP, Justice, ambulance and acute care services
- f* Enhanced navigation/transition for clients across the continuum from hospital to community
- f* Increased in-reach and access to health and social services, including educational opportunities
- f* Practice client-centered and strength-based care
- f* Reduce the harms of substance use for those using sobering and assessment by providing a safe place
- f* Promote risk mitigation and ensure the safety of the site and environment
- f* Reduce avoidable hospitalizations and interactions with the RCMP

## The Current State

The Cowichan region serves a population of just over 81,000 people. Our geography extends from the Gulf Island of Valdes in the east to the mouth of the Nitnat River in the west and from the Malahat in the south to North Oyster in the North. This area includes four municipalities, nine electoral areas, nine First Nations as well as Métis groups and many local and regional government organizations.

There are no sobering services located within the Cowichan region. There are currently only four options for citizens who are intoxicated beyond being able to care for themselves which include:

- ☐ Presenting in the emergency room
- ☐ Being detained in a jail cell
- ☐ Forging it on their own on the streets
- ☐ Release to responsible care provider

The costs of these three options to our system, our resources and the lives of those struggling with addictions are significant.

There are high number of police occurrences that are related to alcohol or substance use. For example over 300 mental health and substance use calls were reported between April and June of 2015. North Cowichan/Duncan RCMP case load is reported to be the highest on Vancouver Island.



Cowichan community members requiring detox services have limited access to options available within the two regional medical facilities located in Nanaimo and Victoria.

There were however gaps that were identified in relation to community members and detox services that include the following:

- ❑ Lack of community outreach team to stay connected with the client and to assist the individual to continue with services, such as managing the typically long wait times.
- ❑ Support upon returning to community following detox in order to help keep community members sober over time, including stabilization beds and supported sober living to facilitate participation in aftercare programming.
- ❑ Long wait times for First Nation and culturally appropriate services including community based detox services (outreach).
- ❑ Transportation to detox programs located outside of the Cowichan Region.

## Community Assets and Strengths

A number of community strengths and assets were identified as a part of this process and will be leveraging points for scaling up or building upon over time. Assets worth mentioning include the following:

- ❑ Sobering and Detox Task Force
- ❑ Warmland House and the services provided on and off site
- ❑ Nurse practitioner
- ❑ Network of connected service providers
- ❑ Canadian Mental Health Association
- ❑ Island Health Mental Health and Substance
- ❑ CDH Emergency Department mental health and substance use crisis response nurses
- ❑ Child and Youth Mental Health and Substance Use Local Action Team supporting at risk youth
- ❑ Cowichan District Hospital Aboriginal Liaison
- ❑ Hiiye'yu Lelum House of Friendship substance use program including Breakfast Club and outreach
- ❑ RCMP and Cowichan Tribes Community Safety events
- ❑ Applied Suicide Intervention Skills Training
- ❑ Ts'ewulhtun Health Kwun'atsustul – Crisis Response Team
- ❑ RCMP and community agencies I-Cat domestic violence program
- ❑ Circle of Wellness
- ❑ Cowichan District Hospital Emergency Familiar Faces initiative
- ❑ First Nations Court
- ❑ Vancouver Island Crisis Society
- ❑ Kuu-Us Aboriginal Crisis Line



## Future Development

Current funding allocations will enable Phase One of the sobering project to begin providing service in 2016. Based on the identification of gaps within the communities and pending funding, potential future development may include the following components:

- ☐ Longer stay or stabilization bed options for those awaiting detox services.
- ☐ Mobile outreach to outlying communities.
- ☐ Services appropriate for youth.
- ☐ Services specifically designed to support expecting mothers.
- ☐ Culturally-specific services for First Nations.
- ☐ Integrated program where a number of services exist in the same centre such as, addictions services, detox services and long term housing.
- ☐ In-reach programming such as wound care would be provided.



## Conclusion

Our role in communities is to care for our most vulnerable in a safe, respectful manner when they are unable to care for themselves and to reduce the number of tragedies as presented by Mr. Richardson. By working together we can save lives, increase opportunities for treatment, reduce the strain on RCMP and health services and reduce the costs to our system. We have made significant ground to improve outcomes and will continue to do so over time. With collaboration and a common goal our community can work to provide quality services.

## Appendix 1

### Cowichan Sobering and Assessment Program

The program is a safe place for short term, 24 hour or less stay for community members who are under the influence of substances. Community members will use the services on a voluntary basis.

This site will be in an easily accessible part of the community, within reasonable walking distance and close to medical help if community members need it but not so close it feels like a hospital. The site is designed, constructed and outfitted to both facilitate staff monitoring of clients for safety purposes and to withstand heavy use and cleaning.

The site will be warm and welcoming. A staff member will greet each community member. Staff are caring, compassionate, firm and non judgemental, easy to talk to and knowledgeable about community resources. There will be a sleeping area for men and a sleeping area for women. Each community member will have a sleeping mattress on the floor and several warm blankets. Community members will be able to change into pyjamas. Community members will be able to do laundry should they wish so their clothes are clean when departing the facility. Nutritious snacks will also be made available.

The program ensures that community members are treated at all times with dignity and compassion and will practice a harm reduction philosophy with the belief that people can change and may do so by having the opportunity available when they are ready.

Staff will have a high level of cultural competency and deep understanding of holistic forms of wellness and healing.

#### Program Practices

The Sobering and Assessment Program is provided by a contracted community agency with shared accountability with Island Health's Mental Health and Substance Use Services. Community members will be received, heard and affirmed with human kindness first and foremost. Their uniqueness as individuals with a particular personal, family and cultural background will be recognized and accepted. They will be respected as individuals living with disabling substance use challenges.

The program will provide community members with the care and understanding they require and will work collaboratively with other community services to ensure their needs are met.

The program will work closely with health and social service agencies and will maintain good relations with the surrounding community and will work with these other agencies to bring about better care for community members and the community as a whole.

It is recognized that community members requiring the Program will have a great variety of personal needs and challenges beyond their current condition. The triage into the Program will be done in such a way that these differing needs will be met to the best of the Program's ability and if triaged into the Program, within its described services. The site and Program will be staffed with qualified professionals designed and equipped to meet client's needs.