

The background of the slide features a large graphic on the right side. It consists of a dark blue triangle pointing left, which overlaps a lighter blue triangle pointing right. The word "HALIFAX" is written in white, bold, uppercase letters across the dark blue triangle.

HALIFAX

Business Case and Cost Model for a Sobering Centre

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Origin

At the June 29, 2021 meeting of Regional Council, the following motion was put and passed:

MOVED by Councillor Smith, seconded by Councillor Mancini

THAT Halifax Regional Council direct the Chief Administrative Officer (or designate) to work with:

- **Provincial government staff and other key stakeholders to examine potential changes to existing alcohol policies and regulations at the municipal and provincial levels to reduce harmful patterns of alcohol consumption; and**
- **Partners to develop options for Regional Council's consideration for establishment of a sobering centre in HRM.**

Direction from Regional Council

- This report responds to part 2 of the June 2021 motion, developing options for Regional Council's consideration for establishment of a sobering centre in HRM.
- The establishment of a Sobering Centre aligns with the municipality's strategic goal of supporting holistic, coordinated approaches to community safety and wellbeing (Public Safety Strategy) and recent direction from Council to examine how to support more appropriate responses to social and health issues

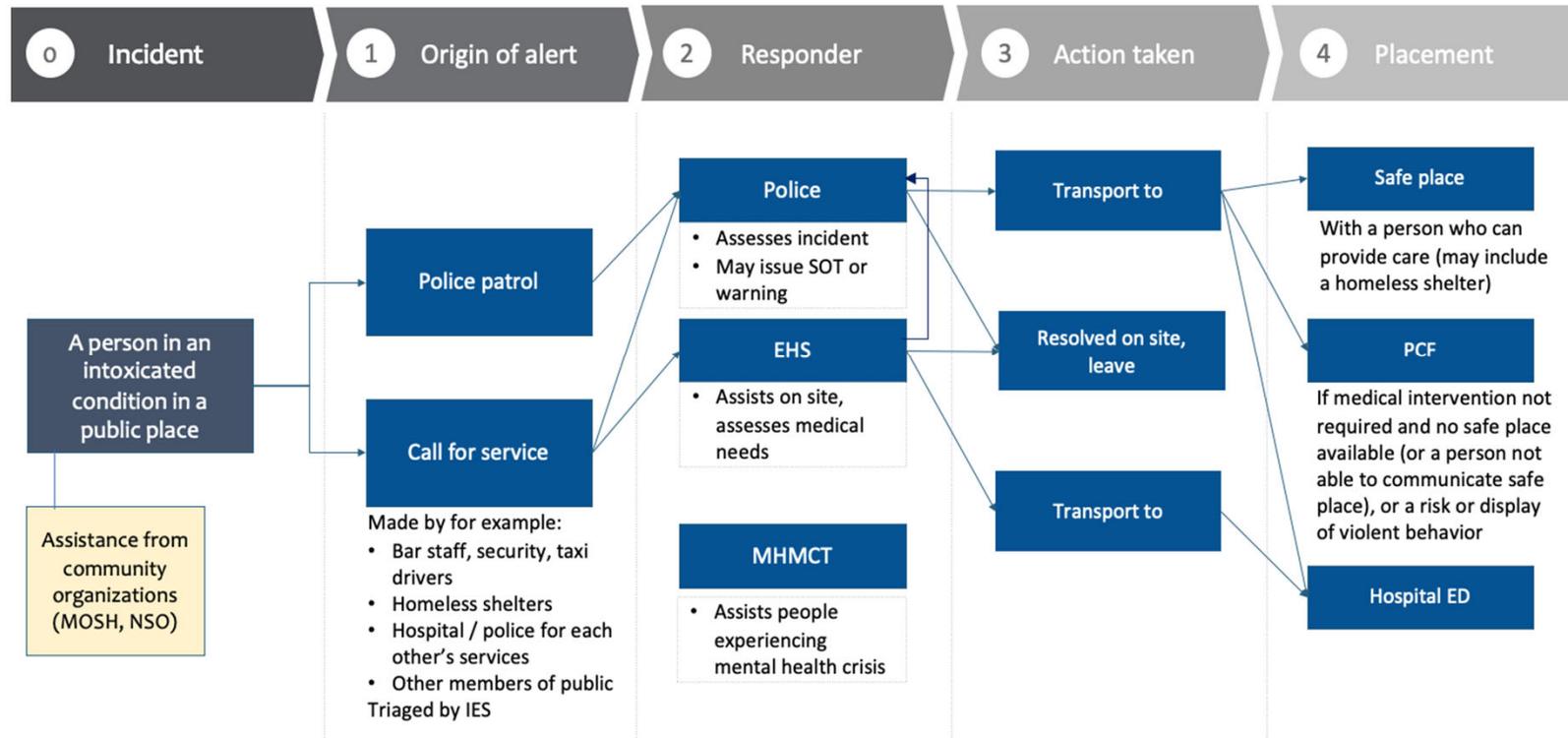
What is Public Intoxication?

- Summary offence under Provincial Liquor Control Act (LCA). Section 87 prohibits intoxication in public, granting authority to charge an individual under the act if peace officer believes individual is intoxicated
- Can result in an individual taken into custody and issued a summary offence ticket (SOT), and a fine of \$134
- LCA empowers an officer to take an individual into 'custody or to any available treatment service, hostel, or facility'.

Who is affected?

- In 2019, 1,162 people were taken to Prisoner Care Facility (jail) for public intoxication in Halifax, corresponding to **4.36 intakes per day on average**
- The number of intakes to PCF shows a **declining long-term trend** and a significant drop in 2020 due to the COVID-19 pandemic; however, visits to emergency departments did not follow the same trend
- **Four main groups experience public intoxication:** 1) people with a substance use disorder (SUD) who are also experiencing homelessness or housing instability; 2) people with a substance use disorder who are housed; 3) casual adult users; 4) university students
- **Repeated users**, who are more likely to be in the first two groups of people, **represent ~35-40% intakes to jail** and an even higher share of **visits to EDs (60-70%)**
- **Indigenous people** and **people of African descent** are **overrepresented** in the number people experiencing homelessness

What is the current response to Public Intoxication?



Rationale for a sobering centre

- Based on several interrelated goals:
 - Connecting intoxicated individuals to appropriate services
 - Reducing pressures on emergency response services
 - Avoiding criminalization for behaviours related to substance use, mental health and addictions
- The service model has been developed through research and consultation with community stakeholders, service providers, and other sobering centre operators

Sobering centre service model

A **30-bed leased or rented facility** at approximately 150 square feet per bed with 500 additional feet for ancillary spaces

A **primarily non-medical staffing model** where floor staff do not have medical training (but have appropriate first-aid training etc), supplemented with **daily nursing support** for clients

A **congregate room setting**, with one or more additional small rooms that can be used where necessary, for example for clients that require additional privacy while sleeping (such as women and transgender clients)

A minimum **staffing ratio of 1 staff to 10 clients**, with a **minimum of two staff** on at all times

A **full-time service manager**

Ancillary facilities including kitchen and meals for clients; washroom with shower; a medical examination room; laundry facilities; and office and intake space

Key considerations and service components

Use of **peer support workers** as part of the overall staffing model

Ensuring **culturally-appropriate services**, especially for Indigenous, African Nova Scotian and newcomer populations

Ensuring **gender-inclusive supports**

Establishing a **community advisory group** and **governance model** to ensure stakeholders remain bought into the service and delivery model, and that services are delivered as expected

Providing sufficient and **nutritious food** to clients

Ensuring the **location of the sobering centre** does not further marginalize the community where it is located

Next phase



Engage in further discussions with the Province to discuss its interest in a feasible model and business case and return to Council with a recommendation before the end of 2022.