

# **Community-Based Addiction Recovery Facility Proposal**

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This proposal outlines the development of a community-based recovery facility focused on supporting individuals impacted by addiction and involvement in the criminal justice system.

## **Mission Statement**

To provide compassionate, structured, and evidence-based support for individuals impacted by addiction and the criminal justice system, empowering them to build stable, healthy, and purposeful lives.

## **Vision**

A community where individuals are supported in their recovery, reduce reoffending, and successfully reintegrate as contributing members of society.

## **Community Need**

There is a growing need for accessible, structured recovery supports for individuals transitioning from addiction and involvement in the justice system. Without appropriate services, individuals face increased risk of relapse, reoffending, and ongoing instability.

## **Implementation Overview**

- Approval & Funding: 3–6 months
- Site Acquisition: 3 months
- Renovation/Remodel: 6 months
- Staffing & Training: 2–3 months

## **Budget Overview**

**Capital Costs:** Estimated \$1–2 million for building and renovation, plus equipment and setup costs.  
**Annual Operating Costs:** Approximately \$2–2.7 million including staffing, supplies, and program delivery.

## **Staffing Model**

A balanced clinical and peer-supported model including medical professionals, addiction counselors, peer support workers, and administrative staff to ensure holistic care.

## **Expected Outcomes**

- Reduced recidivism
- Increased recovery success rates
- Improved community safety
- Long-term cost savings for justice and healthcare systems

## **Conclusion**

This initiative represents an opportunity to address addiction and justice involvement through proactive, community-based solutions that create lasting change.

# Community-Based Addiction & Recovery Facility Proposal

## Implementation Timeline

Phase	Estimated Duration
Approval & Funding	3–6 months
Site Acquisition	3 months
Renovation/Remodel	6 months
Staffing & Training	2–3 months

## Potential Funding Sources

- Provincial Government
- Federal Grants
- Municipal Contributions
- Partnerships with Non-Profits/Charities
- Indigenous Organizations & Communities

## Budget Breakdown

### Capital Costs

One-Time Capital Costs	Estimated Cost
Building Purchase/Renovation	\$1–2 million
Medical Equipment	\$150,000
Furniture/Setup	\$120,000
Security Systems	\$50,000–\$75,000
Licensing/Permits	\$50,000

### Operating Costs

Annual Operating Costs	Estimated Cost
Salaries & Benefits	\$1.5–2 million
Medical Supplies	\$150,000
Food/Daily Living	\$120,000
Utilities/Maintenance	\$200,000
Administration Costs	\$150,000
Program Development	\$100,000

## **Staffing Model**

- Balanced clinical and peer lived-experience approach
- Medical Director (Part-time Physician)
- Registered Nurses (24/7 coverage)
- Addiction Counselors
- Peer Support Workers
- Administrative Staff

## **Supporting Data & Local Context**

- Over 300 overdose deaths in Saskatchewan in 2023 (304 reported)
- 278 confirmed overdose deaths in 2024, with many affecting individuals aged 30–39
- Synthetic opioids (including fentanyl) are the leading cause of overdose deaths in the Battlefords region
- Local RCMP responded to over 20,000 calls for service in 2023 in North Battleford alone
- Significant quantities of fentanyl, methamphetamine, and cocaine continue to be seized locally
- Crime and addiction are directly linked, with over 3,500 criminal incidents reported in North Battleford
- Provincial homicide rates increased by 27% in 2024, many tied to repeat offending and substance use

## **Service Gaps**

- While some addiction services (e.g., RAAM clinics) exist, there is no local detox facility
- Wait times for treatment exceed recommended standards, increasing risk of relapse and overdose
- Lack of early intervention leads to greater long-term strain on healthcare, justice, and social systems

## **Community Need & Problem Statement (Supported by Data)**

North Battleford is currently facing a critical gap in addiction services, specifically the absence of a local detoxification facility. This gap creates significant barriers for individuals seeking immediate help during a highly time-sensitive stage of recovery.

Detox is often the first and most urgent step in the recovery process. When individuals are ready to seek help, access must be immediate. Without a local option, individuals are frequently required to travel long distances or are turned away entirely, resulting in missed opportunities for intervention and, in some cases, loss of life.

### **Key Challenges**

- No local detox facility available for immediate stabilization and care
- Individuals in crisis must travel hours to access services, creating delays or complete disengagement
- High relapse rates due to lack of timely intervention
- Increased pressure on emergency services, law enforcement, and correctional systems
- Ongoing cycles of addiction, homelessness, and criminal involvement

Frontline experience consistently shows that when help is not available at the moment it is needed, individuals often do not get a second opportunity to seek support.

## **Summary**

The absence of a local detox facility leaves a critical gap at the most vulnerable point in an individual's recovery journey. This not only impacts individual outcomes but contributes to broader community challenges, including increased emergency service demand, crime, and preventable loss of life.

# Program Proposal

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## **A. Intake & Medical Stabilization**

- Individual, fact-based intake procedure screening for withdrawal symptoms and treatment options (withdrawal management)
- 24/7 medically supported observation
- Access to physician or nurse practitioner
- Mental health screening

## **B. Peer-Led Recovery Support**

- On-site peer support workers in recovery
- One-on-one mentorship
- Group sharing circles
- Crisis de-escalation through lived experience
- People trust those with lived experience

## **C. Daily Program Structure**

- Morning check-in (clinical + peer)
- Wellness support (nutrition, hydration, rest)
- Education on addiction, triggers, withdrawal management
- Recovery capital planning

## **D. Discharge & Transition Planning**

- No one leaves without a plan
- Referrals to residential treatment, outpatient programs, mental health services, housing supports
- Connection to recovery meetings
- Assignment of peer contact post-discharge

## **Guiding Principles**

- Dignity and respect: no judgment
- Immediate access
- Trauma-informed care
- Harm reduction approach
- Peer inclusion: lived experience is essential
- Continuum of care: detox is the beginning, not the end

## **Safety & Risk Management**

- Medical screening before admission
- Clear protocols for severe withdrawal
- Emergency response procedures
- Overdose prevention measures (naloxone available)
- Secure monitored environment

## **Community Integration**

- Partnerships with hospitals/ER
- RCMP and justice system
- Outreach teams
- Housing services
- Recovery communities

## **Expected Outcomes**

- Reduced overdose deaths
- Fewer ER visits
- Reduced recidivism and relapse
- Increased recovery stability and engagement