



GOVERNMENT OF MANITOBA

REQUEST FOR EXPRESSIONS OF INTEREST

Permanent Service Provider for Winnipeg Protective Care Centre

Issued By: Housing, Addictions, and Homelessness (HAH)

Issue Date: January 13, 2026

Submission Deadline:
by no later than February 17, 2026, at
12:00 pm Central Standard Time

Submission Address:

mhatr@gov.mb.ca

Department of Housing, Addictions, and Homelessness
Request for Expressions of Interest

Manitoba, like other provinces and territories is facing a substance use and addictions crisis. The department has heard concerns from partners in the justice and health systems about the pressures being faced in trying to support people intoxicated by substances. Two police officers are often required to wait for up to 15 hours in Emergency Departments (ED) with an individual under the influence of methamphetamine to be assessed and admitted, and these circumstances occur multiple times per day, increasing pressure on law enforcement and emergency departments.

The Protective Detention and Care of Intoxicated Persons Act was passed on November 5, 2025. The Act provides a definition for “intoxication” that enables people who are intoxicated by alcohol and/or other substances, including methamphetamine, to be taken to a protective care facility where they can safely remain for up to 72 hours to sober, stabilize and potentially access supports and services to help them address any substance use, mental health, housing or other issues.

While in a protective care facility, individuals will be assessed and monitored by health care staff, including paramedics, physicians, and psychiatrists, and contracted community service providers.

Through this Expression of Interest (EOI), Manitoba will receive and review proposals from community service providers who are interested in becoming the permanent service provider for the Winnipeg Protective Care Centre.

Proposals submitted through this EOI and services provided are expected to be culturally sensitive and trauma-informed. Preference will be given to Indigenous-Led organizations.

If you would like to provide a submission:

- 1) Read the **eligibility requirements** and process instructions below.
- 2) Review **Sections A, B, and C** for the required information needed for a submission.*
- 3) Submit your proposal via email to mhatr@gov.mb.ca.

*A Proposal Template, which includes a budget template, is available (but optional) for organizations to use when drafting submissions.

Part 1 - Description of Services Requested

1.1 Background

In December 2025, the Government of Manitoba implemented the first phase of a Protective Care Centre (PCC) in Winnipeg to ensure that individuals who are intoxicated and a safety risk to themselves or others have a safe place to sober for up to 72 hours under The Protective Detention and Care of Intoxicated Persons Act. Until January 2026, the Winnipeg Protective Care Centre will provide sobering services to people under the influence of alcohol only. In early 2026, the services will be expanded to include individuals under the influence of other substances, including methamphetamines.

The Winnipeg Protective Care Centre is located at 200 Disraeli Freeway. The building is owned by the Government of Manitoba, and will be provided in-kind, rent-free to the successful proponent.

The Winnipeg PCC is staffed by health care and social services professionals and is guided by a public health approach. Individuals taken to the PCC will be assessed and monitored, and provided with food, water, medical care, and referrals to appropriate supports and services. Individuals will be discharged when they are no longer intoxicated and a safety risk to themselves or others.

The first phase of the Winnipeg PCC includes 20 safe rooms where individuals can safely remain while they recover from intoxication. Individuals are assessed and monitored by health care staff including paramedics, physicians, and psychiatrists, and the contracted community service provider.

The expansion of the PCC is expected to be completed in fall 2026. It will have capacity to provide services for up to 60 individuals in need of sobering in a mixture of secure and open space.

1.2 Scope and Parameters for the Provision of Services

The contracted service provider will:

- Work collaboratively with law enforcement, paramedics, physicians, and community and health services to operate the PCC 24 hours per day, seven days per week, and 365 days per year.
- Alongside on-site paramedics, screen and determine who is eligible for sobering services at the PCC. This may include turning away or providing “warm hand offs” to alternate or more appropriate services or sending them to an Emergency Department for medical intervention.
- Provide trauma informed and culturally safe support, care, and monitoring of up to 60 intoxicated individuals at one time who are detained at the PCC under *The Protective Detention and Care of Intoxicated Persons Act*. These individuals will be intoxicated by substances including, but not limited to alcohol, stimulants

(including methamphetamine), and opioids, with the expectation of co-occurring mental health disorders.

- Ensure provision of food, hydration, hot showers, laundry, and safety for individuals who are brought to the PCC.
- Provide access to cultural support and programming as appropriate.
- Work in strong partnership with other agencies to navigate systems and provide referrals and warm handoffs to individuals requiring meaningful support and services. Depending on individuals' wishes and stage of change, this may include:
 - Information and connection to community resources to assist with basic needs, such as income assistance and housing
 - Collaboration with family, as well as with health, addictions and mental health providers including primary care and addictions physicians to develop plans and goals
 - Education regarding the effects of their substance of choice following the acute intoxication phase, including what they may expect during withdrawal and stabilization phases, and medical findings and needs resulting from medical assessments administered during their stay
 - Information and connection to withdrawal, treatment, and recovery services
 - Harm reduction strategies and supplies.
- Work with other PCC partners to maintain and update processes and procedures for the PCC as needed.

Services are expected to be operational by March 31, 2026, for the first phase, with the second phase to follow in fall 2026. Proposals with an anticipated operating date beyond this timeframe will be considered, but preference will be given to those who can implement services as quickly as possible, meeting the March 31, 2026, deadline.

All inquiries related to this EOI are to be directed by email to: mhatr@gov.mb.ca. Please include the EOI title in the subject line of the email.

Manitoba, in its sole discretion, will select one organization from those that provide a submission. To be eligible, the Submitter will:

- Provide a description of the organization and previous annual report (if applicable)
- Indicate the service and staffing model to support the provision of services
- Provide a detailed budget outlining the associated costs in **Section C: Budget**

- List other organization(s) you intend to collaborate with (if any)
- Provide other pertinent information, including any additional services or approaches that compliment or guide your service model.

1.3 **Available Funding**

Funding will be available to support annual staff salaries, including benefits, and operational expenses including cultural programming, administration, food, laundry and cleaning.

Additional funding may be leveraged to support clinical/physician supports, and security if deemed necessary within the proposed model of care.

1.4 **Key Deliverables and Timelines**

Manitoba is seeking a service provider to start providing services on March 31, 2026, with an expectation that staff training would occur prior to implementation of services.

Proponents are asked to provide what they see as key deliverables, and timeframes to meet them in their proposal.

Reporting requirements will be detailed through a contract.

Part 2 –EOI Process Instructions

Expression of Interest Timetable

The table below lists the significant events associated with the Expression of Interest process.

Activity	Date
EOI Issued by HAH through Email Communication	January 13, 2026
Submission Deadline	February 17, 2026, at 12:00pm CST
Proposal Evaluation	February 17-20, 2026

Submissions to be Provided in Prescribed Format

Submitters should send an electronic version of their submissions to mhatr@gov.mb.ca. The deadline for submissions is February 17, 2026, at 4:30 PM (CST). Submissions received after the deadline may not be considered. Submissions should be prominently marked with the EOI title (see EOI cover), with the full legal name and contact information of the Submitter.

The submission must consist of three (3) separate sections clearly labeled as:

- i. **Section A – ORGANIZATIONAL INFORMATION**
- ii. **Section B – SERVICE DELIVERY OUTLINE**
- iii. **Section C – BUDGET BREAKDOWN**

Amendment of Submissions

Submitters may amend their submissions before the Submission Deadline. To amend a submission, the Submitter must withdraw the previous submission and submit the amended submission in accordance with the instructions set out above. The amended submission must be received in its entirety on or before the Submission Deadline.

Withdrawal of Submissions

At any time throughout the EOI process until the execution of a written agreement for the provision of the Deliverables, a Submitter may withdraw a submission. To withdraw a submission, a notice of withdrawal must be sent by email to the EOI Contact and must be signed by an authorized representative of the Submitter.

Section A – ORGANIZATIONAL INFORMATION

Please provide the following information (submission of this form will not create a contract between the Manitoba Government and the submitting organization).

A1. Organization's Name and Contact Information:

- Organization's name and website
- Mailing Address
- Name of Project Lead
- Email Address of Project Lead

A2. About the Organization and Current Services:

- Goals, visions, and mission statements
- Organization's objectives

- Current services provided (if applicable), service model and the number of years of experience providing the service(s) proposed.
- Annual Report (if applicable)

Section B – SERVICE DELIVERY OUTLINE

Please provide the following information about the proposed delivery of the service.

B1. Organization Experience

Please describe your organization's experience planning and implementing services including your experience providing services to people impacted by substance use.

Please describe your organization's approach to working with people who use substances. Does your organization have experience working in this type of environment? Does your organization have experience working alongside health staff? Please describe your organization's approach to harm reduction.

B2. Partnerships

Outline existing partnerships with other community organizations and describe any planned and/or established referral and service pathways that may benefit individuals attending the Protective Care Centre including but not limited to withdrawal management, addictions treatment and supports, mental health services, primary care, housing, income assistance etc.

B3. Service Model

Please describe in detail your organization's proposed service model, including levels of staffing, staff to client ratios, supervision, and qualifications of staff. All staff must have provided satisfactory Criminal Record Checks including Vulnerable Sector Search, a Child Abuse Registry Check, and an Adult Abuse Registry Check.

Please also outline the scope of training that will be provided for staff.

B4. Implementation Planning

Please outline your timeline to hire and train staff and implement services by March 31, 2026.

B5. Performance Measurement

Please describe how you will measure success. Explain the types of data that will be collected, a plan to evaluate the performance of the service, and how this may impact the outcome of the service delivery.

Section C – Budget

C1. Financial Breakdown

Initially, the successful proponent will be providing services in the interim Protective Care Centre. The interim Protective Care Centre can service up to 20 people in secure safe rooms. In fall 2026, services will be expanded to service up to 60 individuals at a time in a mixture of safe rooms, dormitory spaces, and common areas.

Please provide a detailed budget for both the interim and full-scale Protective Care Centres. The budget should include annual staff salaries, including benefits (up to 18%), training supplies, resources, food and food preparation, laundry, and cleaning the facility.

Please provide your submission in PDF format to the email address below no later than **12:00 pm, February 17, 2026**. A committee will review the EOI submissions and determine next steps in selecting organizations to deliver services.

Submission Email Address: mhatr@gov.mb.ca

Rubric for Evaluating Proposal Submissions

Submissions must meet the following mandatory thresholds to be considered.

- Organization Experience - threshold 5/15
- Service Model - threshold 10/20
- Implementation - threshold 5/15
- Financial Breakdown - threshold 10/20

The submission that meets all mandatory thresholds and has the highest total points will be awarded the contract.

Metric	Detail	Score
Organization Experience ()	Previous experience planning for and implementing similar projects in scope and size. This should include any evaluation outcomes (include examples). Demonstrated steps are taken to continuously evaluate and improve services to ensure the highest quality of care is being provided.	/15

	Description of how the organization currently or previously provided services to people impacted by substance use.	
Service Model	<p>Service delivery model being proposed, including staffing levels/position titles. The description should also include how the proposed staffing will meet the identified service needs.</p> <p>This should also include information on how cultural programming would be imbedded into the service model.</p>	/20
Implementation	<p>Ability to implement service within the time frame identified. Priority will be given to organizations that are able to implement services quickly:</p> <p>Implementation: A. By March 31, 2026.</p>	<p>/15</p> <p>15/15</p>
Financial Breakdown	<p>Detailed budget for services that aligns with necessary resources to implement service model proposed</p> <p>Bids that meet threshold will be assigned points from lowest cost to highest cost, with lowest costs receiving the most points.</p>	/20
Performance Measurement	Understanding of service outcomes, data collection, and evaluation plan.	/10
Partnerships	Established relationships with other community organizations and demonstration of planned and/or established referral and service pathways	/10
Indigenous Preference	Indigenous-led organizations will receive an additional ten points.	/10

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