



Council Report

penticton.ca

Date: March 3, 2026
To: Anthony Haddad, City Manager
From: Julie Czeck, GM Public Safety and Partnerships
Cheryl Hardisty, Intergovernmental Relations Manager
Interior Health Delegation
Subject: **Detox, Treatment and Recovery Continuum of Care in Penticton**

Notice of Motion

THAT Council direct staff to prepare a letter on behalf of the City of Penticton to all relevant provincial partners including the Premier, Minister of Municipal Affairs, Minister of Mental Health and Addictions, Interior Health, BC Housing and local MLA requesting the development of a detox and recovery centre in Penticton to address current gaps in the continuum of care.

Staff Recommendation

THAT Council direct staff to seek Provincial support and investment to strengthen the detox, treatment and recovery continuum in Penticton, with a focus on;

1. Establishing lower-barrier transitional housing;
2. Establishing local inpatient withdrawal management; and
3. Expanding treatment and recovery housing.

Executive Summary

At the January 20th Regular Council Meeting, Council gave staff direction to bring back a report with more information regarding the current state landscape of detox, treatment and recovery in Penticton.

10. Notice of Motion

10.1 [Notice of Motion introduced by Councillor Stewart and Councillor Reynen on December 16, 2025 for consideration:](#)

THAT Council direct staff to prepare a letter on behalf of the City of Penticton to all relevant provincial partners including the Premier, Minister of Municipal Affairs, Minister of Mental Health and Addictions, Interior Health, BC Housing and local MLA requesting the development of a detox and recovery centre in Penticton to address current gaps in the continuum of care.

16/2026

THAT Council postpone the motion and request staff report back with more information at an upcoming meeting.

CARRIED UNANIMOUSLY

Since that time, staff have worked with Interior Health staff and community leaders that provide treatment and recovery services including Discovery House, the Bridge and Snpaʔx̣təntn. A letter of support from a local subject matter expert physician in support of this work has also been received (Attachment A).

This report includes an overview of the detox, treatment, and recovery services available in Penticton, including current capacity, system flow and key gaps. It also describes how people move through the continuum, from detox to treatment, recovery, and housing, and highlights where stronger connections are needed to improve outcomes. Because substance use and homelessness are closely linked, progress in one area can be lost without coordinated supports in the others.

Although health care and housing services are provincial responsibilities, municipalities are uniquely positioned to identify community-level impacts and service gaps and to advocate for improvements that reflect local needs. This report provides the information requested by Council to support informed consideration of potential advocacy related to the detox, treatment, and recovery continuum.

The Notice of Motion identifies gaps in detox and recovery resources in Penticton. The analysis in this report confirms those gaps and further highlights low barrier, transitional housing as an important element raised by local service providers that affects system flow and outcomes. Together, these findings provide context to support Council's consideration of how to respond to the identified system pressures across the full continuum of care. Should Council wish to assume an advocacy position on this issue the staff recommendation is presented as a potential approach to addressing these gaps, informed by the analysis and provider input outlined in this report.

Background

Penticton's mental health and substance-use system supports approximately 3,100 community members at any given time and is delivered by roughly 180 frontline staff. Interior Health provides a broad range of outpatient mental-health, substance-use, overdose-prevention, and case-management treatment services; however, the community does not have local inpatient detox – also known as bed based detox. Individuals seeking inpatient detox must travel to Kelowna, Kamloops, or Castlegar, where regional wait times average eight days. The following sections provide information on the related health

and supportive housing services in Penticton. A glossary of key terms related to treatment, recovery, and housing types is included in Attachment D for reference throughout this report.

The Recovery Journey

The recovery journey begins with survival and safety, where individuals need stable housing, such as shelter, supportive, or transitional options, to move out of crisis and engage in care. When people experiencing homelessness, the daily focus on meeting basic needs and survival makes it significantly harder to access services, attend appointments, or maintain the consistency needed to begin the recovery journey.

Stabilization involves short-term withdrawal management/detox (typically four to ten days) that provides medical support for withdrawal symptoms. This stage is a critical bridge but is not considered formal treatment. Withdrawal management (detox) can be delivered through either outpatient or inpatient models, depending on an individual's medical risk, housing stability, and level of support.

- Outpatient detox (community-based withdrawal management) is suited for individuals with mild to moderate withdrawal symptoms who have stable housing, reliable supports, and no significant medical or mental-health risks. Care is delivered in the person's home with some medical oversight.
- Inpatient detox (bed-based withdrawal management) is intended for individuals with higher medical or safety risks and provides 24/7 supervised withdrawal support.

The treatment stage includes structured inpatient or outpatient programs lasting weeks to months, offering counselling, skills development, and clinical therapies. For some individuals treatment includes transition into recovery and community supports, often six months to two years of recovery-focused or supportive housing that builds life skills, employment readiness, and social connections. In Penticton, The Bridge, Discovery House, and Snpa?xtentn provide in total 89 beds of this type of housing.

The continuum highlights key system gaps: waitlists, limited treatment beds, and insufficient housing, that disrupt movement between stages. Recovery is not linear and people may experience setbacks and re-engage with services multiple times. Overall, stable housing paired with coordinated, integrated supports is essential to sustaining engagement and achieving long-term recovery outcomes.



Interior Health – Penticton Services

Interior Health’s 2024-2027 Strategic Priorities identifies Mental Health and Substance Use (MHSU) as a core priority (Attachment B). Table 1 outlines the range of mental-health and substance-use (MHSU) services available in Penticton, forming a comprehensive continuum of supports for both youth and adults. These services are delivered across multiple settings, including the Foundry, the local high-schools, community MHSU clinics and the hospital (e.g., Carmi and downtown), and reach out to supportive housing and shelter sites (i.e. Compass, POPS shelter, Burdock House, Fairhaven, encampment), to name a few. Together, these teams assess individual needs and connect people to the most appropriate mental-health or substance-use supports.

Table 1. MHSU Services in Penticton

Category	Services / Details
System Access Points	<ul style="list-style-type: none"> • Access Central & MHSU Intake • Substance Use Connections • Crisis Response Team/Integrated Crisis Response Team (Car 40)
Youth Services (12–24)	<ul style="list-style-type: none"> • Early intervention • Day treatment • Substance-use counselling • Intensive case management
Adult Substance-Use Services	<ul style="list-style-type: none"> • Adult day treatment • Integrated treatment teams • Substance-use counselling • Aftercare supports • Outreach & intensive case management
Detox Access	<ul style="list-style-type: none"> • Withdrawal management (outpatient only, 24–48 hr wait)

	<ul style="list-style-type: none"> No local inpatient detox; services available in Kelowna, Kamloops, Castlegar; median wait ~8 days
Overdose Prevention Services	<ul style="list-style-type: none"> Episodic overdose prevention (downtown site) Overdose prevention & response teams Nursing supports Rapid access to substance-use services
Mental-Health Services	<ul style="list-style-type: none"> Short-term therapy Case management Early Psychosis Intervention Psychiatry-supported rehabilitation Seniors' MH services Assertive Community Treatment (ACT) team
Inpatient Care	<ul style="list-style-type: none"> Hospital-based psychiatric stabilization with transition back to community supports (16 beds)

Withdrawal management helps to stabilize and safely manage the physiological effects of stopping or reducing the use of substance use, while treatment addresses underlying substance use and mental health needs. Sustained outcomes depend less on any single program and more on how effectively services are coordinated and connected across this continuum.

Outpatient withdrawal management is available locally, typically with a 24–48-hour wait. Some recovery programs also provide housing, including Discovery House (25 beds), The Bridge (10 beds), and Snpa?xtəntn (54 beds).

Penticton does not have dedicated inpatient withdrawal management services, relying on travel to other communities for care. In certain high-risk circumstances (i.e. life-threatening withdrawal or medical co-morbidities), bed-based detox may occur within Penticton Regional Hospital.

Current wait times for inpatient detox bed regionally are reflected below with a typical stay of 4-10 days:

- 2.5 days in Castlegar
- 6 days in Kamloops
- 14 days in Kelowna

Reliance on out-of-community detox and treatment beds can lead to delays, transportation challenges, and missed opportunities when individuals are ready to begin treatment. Typically, people must arrange their own travel for these services, although shelters and service providers will help with individuals with transportation barriers. Because Penticton residents access inpatient services out of town, coordinated intake & discharge planning is important to ensure individuals return to appropriate housing and community supports following detox and can be quite challenging.

Intersection with Housing

Recovery and housing movement are not linear. People often progress, stabilize, experience setbacks, or require different supports at different times. Someone may move from shelter to transitional housing and return to shelter after a relapse, while another may move from supportive housing to independence.

Because recovery varies, all housing types including shelter, transitional, supportive, affordable are essential. Each provides a critical “catch point” that ensures people have a safe place to move forward from, or return to, reducing the risk of falling into homelessness, emergency rooms, or crisis responses. A full range of housing options helps individuals regain stability quickly, stay connected to care, and move through recovery at their own pace.

Detox, treatment, and housing function as a single, interconnected system. Gaps in any one part of the system creates pressure elsewhere, leading to inefficiencies and weakened outcomes across the entire continuum. Penticton’s shelter and supportive housing continuum is reflected in Table 2 below.

Table 2. Penticton’s Shelter and Supportive Housing Inventory

Category	Name	Beds / Count	Notes
Unsheltered		78 people	2025 Point-In-Time Count
Emergency Shelter	POPs Shelter	40	
Emergency Shelter	Compass House	73	
Emergency Shelter Total		113	
Low-Barrier Supportive Housing	Burdock House	62	
Low-Barrier Supportive Housing	Fairhaven	41	
Low-Barrier Supportive Housing	Compass Court	30	
Low-Barrier Total		133	
Transition Housing for Women Fleeing Abuse	SOWINS – Women	24	
Transition Housing for Women Fleeing Abuse	SOWINS – Youth	2	
Transitional Total		26	
Recovery-Focused Supportive Housing	Snpa?xtentn	54	Typically 1–2 vacancies/month
Recovery-Focused Supportive Housing	Discovery House (Men only)	25	4–6 week waitlist
Recovery-Focused Supportive Housing	The Bridge	10	1–3 month waitlist
Recovery-Housing Total		89	
Specialized Supportive Housing	Reed’s Corner	20	For people with disabilities
Specialized Supportive Housing	Bruce Court	10	For people with disabilities
Specialized Supportive Housing	Braemore Lodge	16	Residential psycho-social rehabilitation
Specialized Total		36	

Penticton’s Recovery Focused Supportive Housing Sites

Across the three programs, Penticton has a combined total of 89 recovery- and support-oriented beds detailed in Table 3 below.

Eligibility criteria varies across these programs. Discovery House and The Bridge accept individuals directly transitioning from bed-based withdrawal management, while Snpa?xtntn require a sustained period of recovery prior to intake. As a result, not all recovery-designated beds function as immediate options following detox.

Across all programs, shared challenges include shortage of third-stage or affordable housing for people who have completed their treatment programs, limited access to complex-care mental-health and primary-care services, particularly for those without a family doctor. Additionally, local inpatient detox and transitional housing services are lacking, which creates gaps when people leave treatment or experience relapse. Without safe options during setbacks, individuals often cycle back into homelessness, emergency rooms, or crisis responses.

Table 3. Penticton’s Recovery Focused Supportive Housing

Program	Beds	Who It Serves	Core Services	Typical Wait Time	Program Length	Pressure Points
Discovery House	25	Adult men seeking recovery housing with supports	Supported, substance-free recovery homes; peer environment; 1:1 & group counselling; holistic groups; life skills; relapse prevention; employment/education supports; advocacy; social programs; aftercare	4–6 weeks (varies)	90-day minimum; up to 1 year continued care	More beds needed (30–50 waiting); limited MH/primary care access; shortage of independent housing; need for detox + stabilization; few safe options after relapse (transitional housing)
The Bridge	10	Adults needing transitional recovery housing	Transitional recovery housing; psycho-education groups; life skills & ADLs; person-centred planning; community connections; onsite MH/SU clinician; two meals/day	1–3 months (varies)	6 months, extendable to 1 year	Additional beds needed; need for third stage/sober living; few safe options after relapse (transitional housing)
Snpa?xtntn	54	Adults needing housing with supports	24/7 tenant-support staff; MH & addictions counselling; cultural & vocational supports; two meals/day; private bachelor units with utilities; Indigenous cultural supports	Full building; 1–2 vacancies/month	1-year agreement, renewable	Limited housing for graduates; detox/treatment often unavailable when needed; added supports required for complex needs; transportation barriers; few safe options after relapse (transitional housing)

Analysis

Penticton faces several gaps in its ability to support people through withdrawal, stabilization, and connection to treatment. These gaps, particularly identified by service providers and Interior Health, create pressure across the broader health and housing systems, addressing these would help ease downstream impacts elsewhere in the continuum:

- **Low low-barrier transitional housing** to help individuals move from homelessness into permanent housing or detox/treatment, or to provide a safe, temporary place for those who relapse and need to stabilize.
- **No dedicated local inpatient withdrawal management**, requiring residents to leave the community to access medically supported detox.
- **Recovery-focused supportive housing remains at full capacity**, with persistent waitlists that restrict timely access to treatment, stabilization, and long-term recovery pathways.

These gaps mean that individuals who are assessed and motivated for treatment often must travel out of town, navigate regional waitlists, or attempt withdrawal in unsafe conditions. Coordination across withdrawal management, stabilization, and treatment is inconsistent because services are delivered across multiple communities rather than within a single, integrated continuum. These gaps have system wide implications:

- **High risk after detox:** Detox does not require a treatment or housing placement to be available. Individuals can complete withdrawal and then have nowhere safe to go, creating a period of extreme vulnerability where overdose and relapse risk is highest.
- **Increased displacement:** When people relapse before accessing treatment or stable housing, they often lose their shelter bed, belongings, or temporary supports, pushing them back into unsafe environments, homelessness and deeper entrenchment.
- **Regional service:** Inpatient detox functions as a regional service, with individuals moving between communities for stabilization and treatment.
- **Downstream bottlenecks:** Discovery House and The Bridge currently operate with waitlists. Expanding local withdrawal management services is important, but growth should align with sufficient treatment and recovery capacity. Without coordinated growth, individuals may complete detox without timely access to next stage supports, increasing transition risks, including homelessness.
- **Interrupted recovery pathways:** When local treatment beds are unavailable, individuals face delays, diminished motivation, and a higher likelihood of relapsing or disengaging from care entirely.

These challenges reflect the importance of coordinated system growth. Expanding one component of the continuum is important, and outcomes are strongest when detox, treatment, recovery housing, and supportive housing are aligned to support smooth transitions between stages of care to prevent service gaps, preventable harms, and cycling into homelessness, emergency rooms, or crisis-driven responses.

Provincial Alignment and Opportunities

Housing and health care, including mental health and addictions services, are core provincial responsibilities delivered through multiple ministries and health authorities. Detox, treatment, and recovery housing sit at the intersection of these responsibilities and rely on coordinated provincial investment to function effectively as a continuum of care.

While municipalities are not responsible for delivering health care services, they play a critical, enabling role by convening partners, identifying community level service gaps and pressures; supporting land use, zoning, and servicing for housing solutions; and enabling place based implementation of provincial programs.

Provincial Budget 2026 confirms that health, mental health and addictions, and housing remain core provincial priorities, even within a constrained fiscal environment. Health care continues to represent the Province's largest area of investment, with sustained growth forecast over the fiscal plan, including \$131 million over three years directed toward mental health and addictions services focused on treatment capacity, intensive supports, and continuity of care for people with complex needs. At the same time, the Province continues to make investments in housing, maintaining annual funding levels exceeding \$2 billion, with a focus on supportive housing, non profit operators, and housing stability measures. Taken together, the budget demonstrates alignment between provincial priorities and the intersection of housing and health, providing a strong foundation for local advocacy focused on strengthening the detox, treatment, and recovery housing continuum in Penticton.

The City continues to engage the Province and regional partners on broader justice and mental health system issues as well. Staff are encouraged by Budget 2026 investments that expand involuntary treatment capacity in Prince George, Maple Ridge and Surrey as part of a provincial, system-wide approach intended to serve communities across British Columbia. Staff will continue to monitor how these investments impact regional access and outcomes and will remain engaged on opportunities like Red Fish and Okanagan Correctional Centre utilization.

Should Council wish to pursue an advocacy role on this issue in consideration of the Notice of Motion, the following elements reflect key areas where local data and service provider input identify the greatest pressures within the continuum and inform the staff recommendation:

1. Expansion of lower-barrier transitional housing

Expanding access to lower-barrier transitional housing would create a critical safety net for individuals who are not yet ready for formal treatment or who experience relapse. This type of housing provides a stable place to stay while individuals prepare for detox or treatment, and it prevents people from returning to homelessness or shelters when their recovery fluctuates, something that is common and expected, given that recovery is non-linear and often requires multiple attempts.

2. Establishment of local inpatient withdrawal management (detox)

The absence of local inpatient withdrawal management represents a significant gap in the continuum of care. Establishing local inpatient detox capacity would strengthen the overall system by improving timely access to care and supporting treatment entry points. Currently, individuals must travel outside the community to begin withdrawal in a safe, medically supported way, which can create delays and increases risk during a particularly vulnerable period.

3. Expanded treatment and recovery bed capacity

Expanding treatment and recovery bed capacity, including additional spaces at programs such as The Bridge and Discovery House, would help ensure continuity following detox. Increased capacity would strengthen the full continuum of care and reduce cycling back into homelessness, emergency departments, or crisis services.

Conclusion

This report responds to Council's direction to provide additional information on the current state of detox, treatment, and recovery services in Penticton. It outlines how individuals move through the continuum of care, identifies key service gaps and system pressures, and incorporates input from Interior Health and local service providers, alongside relevant provincial budget context. The analysis confirms that challenges within the system are interconnected and that outcomes are strongest when detox, treatment, recovery, and housing supports are aligned and expanded in a coordinated manner.

Based on this analysis, staff have identified areas where gaps in the continuum are most pronounced and where municipal advocacy may be appropriately focused, should Council wish to advance it. Subject to Council's support of the staff recommendation, the City would initiate provincial engagement through targeted correspondence and meetings with relevant Ministries and health system partners.

Should Council support the Notice of Motion and/or the staff recommendation, and recognizing that system-level change does not occur through a single interaction, staff would seek, assess and respond to provincial feedback and adjust approaches as needed, reporting back to Council as appropriate on progress, opportunities, and outcomes related to strengthening the detox, treatment, and recovery continuum in Penticton. Advocacy related to detox, treatment, recovery services, and supportive housing is most effective when aligned with provincial priorities. Ministerial mandate letters establish strategic direction, while provincial budgets enable delivery through funded programs and initiatives. Engagement with provincial ministries, health authorities, and partners supports alignment between local needs and opportunities.

Alternate recommendations

Council may proceed with the Notice of Motion, the staff recommendation, either independently or together, or may provide alternate direction to staff regarding next steps related to the detox, treatment, and recovery continuum of care in Penticton.

If Council does not decide proceed with the actions requested in the Notice of Motion or the staff recommendation, Council may wish to consider the following alternative options:

Option A: Proceed with limited advocacy

Under this option, staff would undertake a more constrained advocacy approach focused on written correspondence only. While this approach allows Council to formally communicate its position to the Province, it provides fewer opportunities for dialogue, clarification, and alignment with provincial priorities than direct engagement through meetings and ongoing discussions, and may therefore result in more limited impact.

THAT Council direct staff to communicate the desire for detox and recovery services in Penticton, limited to sending correspondence to the Province and not pursuing coordinated meetings or ongoing engagement.

Option B: Take no further action at this time

Under this option, staff would not advance advocacy related to the detox, treatment, and recovery continuum unless directed otherwise by Council at a future date.

THAT Council receive the report dated March 3, 2026 titled Detox, Treatment and Recovery of Care Continuum in Penticton for information and take no further action at this time.

Attachment A - Letter of Support from Dr. Stevens

Attachment B - Interior Health Strategic Priorities

Attachment C - Interior Health Mental Health and Substance Use Programs

Attachment D - Definitions

Respectfully submitted,

Concurrence

City Manager
AS