CENTRAL OKANAGAN COMMUNITY DISASTER REVIEW FOR VULNERABLE POPULATIONS

June 2025

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EXECUTIVE SUMMARY

Over the past few years, significant planning and corresponding resource allocation have been happening throughout British Columbia in an effort to enhance emergency preparedness and response capabilities in the event of climate-related disasters.

The urgency and complexity of disasters, along with the growing number of players involved, have heightened the need to take a closer look at jurisdictions, current assets in the community and how we can improve our planning and communication in the Central Okanagan so that vulnerable populations do not fall through the cracks.

This document outlines the journey of discovery we have been on to address this and is a demonstration of local governments and non-profit organizations working together to improve efficiency and effectiveness by realigning resources and improving communication.

Some of the key changes that have evolved through this process include:

- Upon activation of the Emergency Operations Centre (EOC) when a disaster occurs, the City of Kelowna Social Development Department has committed that they will be represented in the EOC to act as a liaison to the social service sector.

- United Way BC has committed to investing key resources and currently convenes the Central Okanagan Social Response Task Force to develop and maintain an updated list(s) of available community assets to support vulnerable populations prior to and during disasters.

- In order to support the social sector, the City of Kelowna Social Development department has committed to dedicating resources to coordinating workshops, including scenario-based drills & training for disaster events. This role is limited to Kelowna but will collaborate with nearby municipalities as capacity and need permits. This work will consider recent BC Housing Operational Review requirements.

- The Central Okanagan Emergency Operations Center team has committed to actively engage and involve the social serving sector in the planning processes to provide valuable insights on considerations needed to support vulnerable populations during emergency response.

The next steps identified at the end of this document will require specific attention over the long term and will be managed and supported by the municipal Social Development teams.

BACKGROUND

Introduction

Over the past few years, significant planning and corresponding resource allocation have been happening throughout British Columbia to enhance emergency preparedness and response capabilities in the event of climate-related disasters. The urgency and complexity of disasters, along with the growing number of players involved, have heightened the need for comprehensive emergency preparedness within communities.

Communities rarely take this a step further to clarify what explicitly happens during a disaster to diverse and vulnerable populations and/or those without a fixed address. For the purposes of this document, we are using the emergency management definition of vulnerability as a factor of susceptibility plus resiliency. Meaning, how susceptible is the individual to the impacts of the hazard, and what "tools" do they have to overcome this. Tools may be understood as "income to afford a home, insurance, upkeep".

Assumptions are often made about who and how individuals are cared for, or how they will experience the resources available in communities during a disaster. Too often, these populations and the organizations that support them are an afterthought in planning, and it becomes increasingly evident that meeting needs during a crisis actually only adds to the chaos.

In the Central Okanagan, our collective experiences from the 2021 flooding, the McDougall Creek fire in 2023, and recent evacuation events at low-income apartments and supportive housing buildings have provided a unique opportunity to learn, understand and prepare better as a community.

THE DISASTER PLANNING INITIATIVE

Overview

This Disaster Planning initiative has been a collaborative leadership effort among Thrive Okanagan (KGHF), United Way BC, and the Social Development Managers for the City of Kelowna and the City of West Kelowna.   Over time, this has expanded to include representatives from Interior Health and Emergency Social Services.

In 2024, with funds provided through Thrive Okanagan, we hired a consultant from Urban Matters to help us to understand current emergency preparation efforts through conducting a series of interviews and share the findings through a facilitated workshop (held in November 2024) with over 30 key organizational leaders involved with emergency management, as well as the health and human services sectors. The workshop was intended to build on prior experiences and clarify processes, roles, responsibilities, and ultimately to identify system gaps. Of particular interest was to understand how these processes are experienced by vulnerable individuals and families with diverse needs, including unhoused folks.

Key Objectives

Through this process, we aimed to clarify the roles and expectations of various community entities and develop a scenario plan as a collective on how to support vulnerable individuals with diverse needs and unhoused individuals during disasters. Including:

1. **Moving from disconnected and unclear intake processes to seamless and integrated service access** (e.g., moving away from siloed programs that need separate registrations and intake forms, and moving towards a centralized intake process that multiple organizations can access. This ensures that clients do not need to repeat themselves to multiple service providers.

2. **Moving from reactive to proactive disaster planning** (e.g., moving towards disaster preparedness instead of uncoordinated reactive efforts after a disaster).

3. **Moving from working in silos to collaborating** (e.g., shifting to a collaboration-based model where everyone knows exactly who to reach out to for support).

4. **Moving from blanket/standard disaster responses to specialized responses/a tailored approach** that allows for different responses for different groups (e.g., specialized supports for unhoused communities and individuals during a disaster).

Overall Key Outcomes and Next Steps

Learning and Innovation:
- The disaster planning initiative provided a valuable opportunity for collective learning and innovative thinking, fostering new ideas for addressing community needs.

Identified Gaps:
- Vulnerable populations are not adequately accommodated in mainstream reception centres.
- Some individuals, while living independently, remain vulnerable and are not connected to NPOs, leaving them at risk during emergencies.
- NPO's have their own business continuity plans but rarely have the opportunity for doing drills and training to embed knowledge in their organization and external organizations that may be impacted.

The following full report expands on these key points and presents actionable recommendations for addressing the issues identified.

DISASTER PLANNING RESPONSE FOR DIVERSE AND VULNERABLE POPULATIONS: *MISCONCEPTIONS AND CHALLENGES*

When considering disasters affecting vulnerable and unhoused individuals, two main categories require coordinated organizational and community responses:

- **Climate-related disasters**: Events such as fires or floods that impact large areas of the community.
- **Operational disasters**: Incidents like fires or floods in buildings that house or shelter people, particularly those with complex health conditions and limited incomes.

The Emergency Operations Centre (EOC) is activated during major emergencies at the request of the incident commander. Its role is to support efforts at the site of the emergency, such as wildfires, floods, airplane crashes, or other catastrophes. The EOC can be activated for three reasons:

1. To support responders when an event exceeds, or has the potential to exceed, the capacity of first responders.

2. At the request of first responders to provide logistical or situational awareness support.

3. To handle roles like public information or requests for assistance, allowing responders to focus on the event.

The EOC operates **cordemergency.ca**, which serves as the primary source for official information for the public and the media. When activated, updates are posted as they become available.

However, there is often a lack of clarity in communities about the jurisdictions of government-funded emergency services coupled with unclear expectations about how community agencies will be able to respond. A common belief is that one single entity represents the health and social sector, which is not the case, and can lead to individuals falling through the service cracks.

There are many organizations that support people with specific health and social care needs, including those who are unhoused. They have rarely been included in emergency response planning exercises. As a result, when disasters occur - whether climate-related or operational - there are unclear pathways to services that may provide critical support to individuals.

Every citizen has a personal responsibility to prepare for emergencies, regardless of their situation. However, when barriers prevent individuals from fulfilling this responsibility, efforts should be made to remove those barriers or build pathways around them. Emergency programs are not responsible for managing an individual's personal preparedness, however they can play an important role in assisting, creating, or advocating for accessible systems that ensure everyone has an equal opportunity to prepare.

The provincial government provides excellent resources, such as the PreparedBC Emergency Guides and Resources, to help community members create their own evacuation plans. However, vulnerable individuals living independently may lack the financial or other resources to effectively plan and prepare for emergencies. There are many proactive solutions to reducing barriers such as supporting landlords in the community may help bridge this knowledge gap, particularly for those renters with complex needs and/or limited incomes, who require practical community planning and preparation. Implementation of these solutions requires a coordinated community effort.

Many health and human services non-profit organizations have effective internal plans for business continuity, particularly those that provide 24/7 housing or care. However, these plans are often developed as internal documents without plans and consideration of other community agencies or emergency response entities that likely have a role or be impacted by a closure or interruption in a service.

Most non-profit organizations do not have the opportunity to engage in community-wide disaster planning, which leaves fundamental gaps in understanding the operational and jurisdictional realities that can leave vulnerable individuals without support. This was made evident by recent incidents such as the closure of the Hadgraft Wilson building, a fire in a low-rent market building in downtown Kelowna in 2024, and several evacuations from non-market supportive housing buildings.

The complexity, severity and number of incidents is increasing and it is challenging conventional wisdom and planning. There are many factors which contribute to this but the net result is that we need to look at how we can adapt our planning, equipping, coordination and response to this as a comprehensive community effort.

To address these issues, the **Social Response Task Force** was established in early 2024 specifically for the community of West Kelowna and hosted by United Way BC. Its goals include enhancing local social sector coordination during emergency responses, increasing service availability to evacuees, and establishing equitable emergency response practices within host communities. UWBC invited organizations in the community to provide information on who can respond, who can provide services, and what services they can offer. This information is monitored by the UW convenors.

The Social Response Task Force is currently developing a Community Response Strategy that will align with the RDCO Emergency Management Response Plan (ESS/EOC) and identify social sector convenors and communication flow.

COMMUNITY DISASTER PLANNING INTERVIEWS AND WORKSHOP DESIGN

There were two components of the 2024 Disaster Planning Initiative as follows:

1. Conducting interviews with key informants and gathering documents to understand the context.
2. Facilitating a workshop (November 2024) of organizations that support vulnerable populations and organizations that manage disasters at the regional and municipal level to work through two separate disaster scenarios.

Interviews

A cross-section of leaders from within the health and social-serving sector were interviewed to capture learnings from recent disaster events in the community, both climate-related flood and fire disasters, as well as operational disruptions such as building evacuations. The following individuals were interviewed:

- o Colleen Cornock, City of Kelowna
- o Melissa Hunt-Anderson, City of West Kelowna
- o Jennifer Henson & Ian Pollard, Salvation Army
- o Mike Gawliuk, CMHA Kelowna
- o Trevor Moss, Central Okanagan Food Bank
- o Giles Ringer, Crisis Intervention Specialist, Provincial Mobile Response Team (MRT) PHSA
- o Tamara George and Kevin Sampson, Nlaka'pamux Health Services Society

An additional round of interviews was conducted with four shelter and supportive housing providers in the community as follows:

- o Liz Talbott, NOW Canada
- o Tara Tschritter, Turning Points
- o Carmen Rempel, Kelowna Gospel Mission
- o Patricia Bacon, John Howard Society of South & Central Okanagan

Workshop Design

A facilitated workshop was held in November 2024 with more than 30 key organizational leaders from emergency management, health, and human services sectors. The workshop was designed to cover the following elements:

- **Scenario Analysis:** Two fictional but realistic cases (community-level flood; building-level fire) framed discussions.

- **Current-State Mapping:** Small groups built models of how resources and information flow today, then pinpointed blockages.

- **Solution Brainstorming:** Participants generated ideas on sticky notes, clustered them, and distilled 2–4 high-level "system shifts."

- **Roles & Responsibilities:** Individuals reflected on which shifts matched their organization's strengths; groups then mapped who must lead which change.

- **Future Headline Exercise:** A one-year-ahead headline capturing the vision of success.

WHAT WE HEARD - KEY INSIGHTS

- **Coordination Happens Too Late:** Many agencies only "go into planning mode" when an event is imminent, leading to rushed and fragmented responses. This results in confusion, especially when roles and responsibilities are not clearly established from the beginning. There is a need for a clearer understanding of who owns and leads various aspects of emergency responses, including the roles of housing operators, BC Housing and local governments and First Nations (Central Okanagan area includes two municipalities (Kelowna & West Kelowna), two Districts (Peachland & Lake Country), a Regional District, and two First Nations governments),.

- **Eligibility Barriers Exclude the Most Vulnerable:** Evacuees may be eligible for Emergency Support Services (ESS) if they are a BC resident, have a physical address within the evacuation zone and do not have insurance. These Provincial program requirements create barriers to unhoused or precariously housed individuals as well as people on work/study visas. A community-based response is critical to support these populations in the future.

- **Data Silos Impair Action:** Privacy laws create a significant barrier to sharing information at the service delivery level. Frontline teams are often prevented from knowing who still needs support due to unshared intake forms and the absence of a real-time "by-name" roster. A centralized system for coordinated access to services is necessary, especially for those with complex needs.

- **Emotional and Cultural Needs are Sidelined:** During emergencies, ESS prioritizes physical safety but lacks the capacity to support structured approaches to mental health check-ins or culturally safe spaces. The absence of these considerations, particularly for Indigenous populations, is a critical gap during evacuations. This is an area that needs to be addressed.

- **Local Knowledge is Undervalued:** Outreach workers, Indigenous Elders, and those with lived experience are rarely at the ESS decision-making table, yet their insights are critical to building trust and ensuring compliance. ESS is delivered locally but constrained by provincial policy. There is a significant need for inclusion and representation of these groups in planning and response efforts provincially and locally.

WHAT WE HEARD - OVERALL LEARNINGS

Barriers in Emergency Support Services (ESS)

- **Barriers for Vulnerable Populations:** ESS policies that require a fixed address or proof of insurance often exclude unhoused individuals, rural migrant workers, and other vulnerable groups. Many of these individuals are not eligible for ESS support during emergencies, which creates a significant gap in services.

- **Short Duration of ESS Support:** ESS assistance typically is offered for a 24-72 hour term. The purpose is short term support but may be extended given the nature of the emergency. However, the time limit can be challenging for those with complex needs, particularly unhoused individuals or those with mental health and/or substance use issues, requiring more long-term support during emergencies.

- **Accessibility Challenges for Registration:** The registration process for ESS, either in person at a reception centre, over the phone or online depending upon the emergency situation. This creates barriers for individuals without access to technology or transportation. This is particularly problematic for those without fixed addresses who struggle to meet ESS eligibility criteria.

- **Reception Centres Issues:** A Reception Centre (RC) is the location designated by the ESS team as a safe gathering place for people displaced from their homes as a result of an emergency or disaster. At a Reception Centre, you can register and receive Emergency Social Services (food, clothing, and/or lodging), as well as information about the emergency situation. Inevitably, these Centres are a nexus for several different populations—families with children, seniors, and unhoused individuals. Each group has different needs, such as managing substance use concerns or requirements for specialized health support. More thoughtful consideration of how different populations are supported in reception centres is essential.

Communication and Coordination Gaps

- **Communication Challenges Between Agencies:** There is a recurring issue with communication between agencies such as ESS, BC Housing, and non-profit organizations, which creates confusion and delays in providing support. This was particularly evident during the 2023 Fires when organizations did not have clear, coordinated roles.

- **Reaching Vulnerable Populations:** Vulnerable individuals, such as seniors, those with disabilities, and people without access to technology, newcomers with English as a second language, migrant workers or people without housing often do not receive critical updates. Individuals without cell phones or technology to access emails or check the CORDEmergency website will miss important notifications and updates. Communication efforts should ensure that those without phones or online access are included in emergency notifications and updates.

- **Lack of Volunteer Coordination:** Coordination of volunteers throughout the community (non ESS volunteers) often lacks structure, leading to delays and missed opportunities for support. There is a need for better volunteer management systems, including specific training and clearer role assignments to ensure more efficient mobilization of resources during emergencies.

- **Improved Communication with Indigenous Communities:** There is a need for better communication with organizations who serve urban indigenous people such as Ki-Low-Na Friendship Society and Metis Community Services Society as well as Westbank First Nations when the EOC is activated to ensure that Indigenous communities are coordinated and included in the emergency response process.

- **Earlier Communication to Social Response Task Force:** Improved and earlier communication with Social Response Task Force members is needed to ensure better coordination and understanding of the regional plan.

- **One Point of Contact for All Evacuees:** With the number of different service locations and types of services available, there is a need for one point of contact to triage all evacuees and direct them to the appropriate resources. This will streamline the process and reduce confusion for evacuees.

- **Approval Delays for NPOs:** NPOs often need to seek approval for actions and expenditures from their funders such as BC Housing or Ministry of Social Development and Poverty Reduction (MSDPR), which can create delays in implementing necessary emergency response measures.

Non-Profit Sector-Specific Challenges

- **Sector Involvement in Emergency Planning:** The non-profit sector expressed a strong desire to be more involved in emergency planning. Their participation is critical for building trust, improving coordination, and ensuring that vulnerable populations are well supported during crises.

- **Uncertainty About Funding and Support:** Non-profit organizations struggle to secure funding for emergency responses. While organizations have resources to share, there is no guaranteed funding for this additional work. This lack of funding creates an urgent need for better resource planning and coordination within the non-profit sector.

- **Already full case-loads:** Redeploying staff during disasters who are managing full case-loads can be challenging. Most organizations do not have "extra" staff who can be flexibly deployed to other settings without significant management challenges.

- **Space Challenges:** Non-profit organizations face significant challenges in responding to emergencies. While some organizations may be able to set aside temporary beds, the abstinence-based requirements for entry may create barriers for those with substance use issues and vice versa.

- **Need for Specialized Reception Centres:** There is a critical need for a pre-determined and potentially separate Muster/Reception Centre for specific populations, such as those already experiencing homelessness, problematic substance use, mental health concerns, and victims of intimate partner violence (IPV). These centres must be equipped with the additional space and human resources necessary for social support and health providers to operate effectively.

- **Staffing Challenges During Emergencies:** The strain on staff during emergencies can be significant, as key team members may be personally impacted by the disaster. In some cases, staff have worked long hours without sufficient breaks, leading to fatigue and burnout. The need for staff incentives and adequate support is crucial to maintain well-being and effectiveness during evacuations.

- **Need for Incentives and Support:** Staff members who assist with evacuations or disaster response should be provided with incentives or additional support, particularly

those who are required to work beyond normal hours during high-stress situations.

Infrastructure Needs

- **Fragmented Infrastructure System:** The current infrastructure system is fragmented between Regional, local governments and services, and individuals building operators, leading to inefficiencies. A more integrated approach to managing resources and coordinating services is needed to address the needs of vulnerable individuals during emergencies.

- **Locations for Temporary Accessible Lodging:** There is an urgent need for suitable temporary lodging locations, particularly for individuals with specific accessibility features (e.g., wheelchair-accessible showers). There should be a focus on ensuring access to physical equipment to support clients in temporary accommodations.

- **Temporary Lodging for Complex Needs:** Suitable temporary overnight lodging must be identified for individuals experiencing homelessness, complex health needs (such as mental illness or substance use), and those at risk of abuse or high vulnerability. This also includes specialized attention for those fleeing domestic violence or IPV.

- **Awareness of Community Assets:** Low-income market housing buildings may not have an onsite operator, complicating communication and coordination. Many tenants may be clients of various services, creating confusion about who is responsible for what. This needs clarification to ensure a more effective response during emergencies.

- **Limited Transportation Options:** There are limited transportation options for clients, including those with disabilities, which can impede their ability to access emergency services and shelters.

- **Secure Storage for Belongings:** There is a need for secure storage for belongings, as individuals already experiencing homelessness face additional stress when they are unable to keep their belongings safe during evacuations.

Specialized Resource Needs

- **Additional Staff for One-on-One Supports:** Additional staff are required for one-on-one support for vulnerable clients, particularly those with complex needs. This will help ensure that individuals receive the personalized care they require during emergencies.

- **Quick Access to Medication and Specialized Services:** Consideration should be given to quick access to medications, child care, and pet care, which are critical needs for vulnerable populations during evacuations. Clear protocols are needed for how individuals can access their medications during emergencies, especially those with chronic conditions.

- **Addressing Needs of People with Active Substance Use:** There is a need for sensitivity and clear protocols for dealing with people who use substances, particularly during emergencies when they may not be welcome at certain shelters or reception centres.

- **Occupational Therapy Support:** Occupational therapists should be involved to assess the needs of clients in temporary housing situations and provide appropriate support.

- **Legal and Stigma Barriers:** The Residential Tenancy Act may impact the willingness of partners to assume new tenants during an emergency. In addition, stigma related to substance use can reduce public support for housing individuals with complex needs. Addressing these barriers will be critical to ensuring the success of emergency housing initiatives.

Opportunities for the Singular Operational Disruption Scenario

- **Contingency and Resiliency Plans for Residents:** Facilities and market rental housing should have contingency plans with clear emergency plans for residents as well as resiliency plans to handle long-term disruptions. These plans should include mandatory conditions for occupancy and insurance to cover shelter needs after 72 hours of evacuation.

- **Scenario Planning and Drills:** Regular scenario planning and drills are essential to prepare for operational disruptions and ensure that all service providers are equipped to handle emergencies effectively.

SYSTEM SHIFTS AND POTENTIAL SOLUTIONS

System Shifts

From the findings outlined above, four core system-shift priorities emerged to guide our future disaster-response efforts:

- **Sector Communication & Coordination:** Move from fragmented, last-minute planning to formally aligned partnerships and clear, multi-channel protocols across municipalities, regional districts, government agencies and non-profits—complete with mutual-support agreements, a single triage desk for evacuees and a rotating liaison embedded in the EOC.

- **Centralized Intake & Data-Sharing:** Replace multiple, unconnected intake forms and data silos with one unified "by-name" registration system (digital and paper) and a live resource-mapping dashboard, so all responders see the same up-to-date picture of who needs help and what's available.

- **Proactive, Cross-Sector Drills:** Shift from scrambling when disasters strike to routinely scheduled, multi-agency tabletop and functional exercises—flood, fire and operational outage scenarios—that include mental-health and peer-support teams, with post-drill debriefs to capture lessons learned.

- **Support Continuum Beyond 72 Hours:** Extend emergency support past the 72-hour limit by advocating to reform current ESS policies (removing fixed-address exclusions, extending coverage to at least seven days) and standing up a dedicated Recovery Planning Cell to coordinate housing, health and income services in the weeks following a disaster.

- **Tailored, Accessible Reception Centres:** Transform standard reception sites into trauma-informed, barrier-free community hubs—pre-audited for accessibility, stocked with modular response "kits" and staffed by trained peer navigators—to address the physical, emotional and cultural needs of diverse vulnerable groups.

- **New Infrastructure & Resources:** Ensure that the physical and operational assets needed to support vulnerable populations in a disaster are pre-identified, audited and sustainably funded: barrier-free lodging sites, modular response kits (harm-reduction, medication management, pet/child-care, trauma-informed), secure storage for belongings, accessible transport networks and emergency funding pools for insurance, licensing and professional supports.

Potential Solutions

The following table outlines potential solutions, including the proposed leads, key actions and resources required.

System Shift	Solution	Proposed Leads	Key Actions	Resources Required
Sector Communication & Coordination	**Formalize mutual-support MOUs across municipalities, RDCO & NPOs**	City of Kelowna SD; RDCO Emergency Management; United Way BC; NPO Consortium	Draft MOU templates; convene signing sessions; ratify agreements	Legal support; meeting facilitation; admin coordination
	Standardize multi-channel communications (pre-approved messaging via SMS, social, radio, outreach vans)	United Way BC; Local Government Comms; IH, NPO's	Develop & translate message library; set up SMS system; train outreach teams	SMS platform; translation services; training materials

Establish dedicated transport coordination (accessible shuttles & volunteer driver registry)	City of Kelowna SD; transit provider; volunteer orgs	Sign transit framework; recruit & vet drivers; launch dispatch desk	Transit contract budget; volunteer recruitment; dispatch infrastructure
Create a single-point-of-contact evacuee triage desk	United Way BC; Social Response Task Force	Define desk protocols; set up phone/in-person/digital channels; staff & train operators	Staffing; telecom lines; workspace; SOPs
EOC to establish a liaison role dedicated to working with NPOs/Community supports	Local Government; NPO Consortium; peer-support orgs	Develop selection criteria; schedule rotations; integrate into EOC SOPs; orient liaisons	Liaison stipends; orientation materials; coordination time
Coordinate incident processes & table for social-serving agencies	RDCO Emergency Management; City of Kelowna SD; NPO Consortium	Map all steps & leads; document process table; circulate to partners; review quarterly	Facilitation; documentation; partner time

	Integrate Social Response Task Force work into EOC planning	Local Government; United Way BC; Social Response Task Force	Align SRTF terms of reference with EOC SOPs; schedule joint planning sessions	Coordination staff; joint meeting space; updated SOPs
	Determine "who's holding the clipboard" for ongoing social-sector coordination	Local government City of Kelowna/WK SD; Social Response Task Force; United Way BC	Define coordination role, mandate & funding; assign to an agency; publicize role	Role description; budget allocation; communication plan
	Develop a kit of standardized templates/checklists & scoped disaster-response SOW	United Way BC; City of Kelowna SD; RDCO EM; NPO Consortium	Compile best-practice templates; draft communications plans; publish SOW; mandate adoption	Content development; printing/distribution; training sessions
Centralized Intake & Data-Sharing	**Implement a unified "by-name" intake form (digital + paper)**	Municipal IT & EM; NPO Consortium	Co-design form fields; build digital form & API; pilot test; train staff	IT development; API integration; devices/printing; training

	Deploy a real-time resource-mapping dashboard	RDCO GIS; Municipal IT; NPO partners	Partner with GIS experts; integrate data feeds; embed dashboard; train users	GIS specialist; hosting costs; data-share agreements; user guides
Proactive, Cross-Sector Drills	**Quarterly multi-agency disaster simulations (flood, fire, operational outage)**	City of Kelowna SD; Interior Health; United Way BC	Design scenario modules; schedule & facilitate; debrief & publish lessons-learned	Facilitators; venues; scenario kits; report production
	Mobile Well-Being Response Teams pairing responders with counsellors & peers	Interior Health; Provincial EMS; mental-health NGOs	Recruit & train teams; integrate with 9-1-1 dispatch; secure grant funding; equip teams	Training curricula; equipment kits; grants; team stipends
	Provide ongoing support for NPOs to run practice drills for operational disruptions	City of Kelowna SD; United Way BC; NPO Consortium	Offer drill-planning toolkits; host quarterly coaching sessions; evaluate outcomes	Toolkit development; coaching staff; evaluation framework

Support Continuum Beyond 72 Hours	**Update ESS policies to extend support to ≥7 days & remove fixed-address exclusions**	NPO Coalition (United Way BC); BC Housing; MSDPR	Draft policy brief; collect testimonials; engage ministries; mobilise support letters	Policy-analyst time; advocacy budget; stakeholder outreach
	Establish a weekly Recovery Planning Call post-disaster	United Way BC; BC Housing; Interior Health; income support officers	Identify core members; set meeting cadence; define protocols; develop handover checklist	Coordination staff; meeting facilities or platform; documentation tools
Tailored, Accessible Reception Centres	**Audit & designate barrier-free community hub reception sites**	Local Government; City of Kelowna/WK SD; Indigenous partners; facility owners	Conduct accessibility audits; sign use MOUs; implement modifications	Accessibility consultants; MOU legal fees; site prep funds
	Stock modular "response kits" (family spaces, pet/child-care, cultural & harm-reduction supplies)	Health Authority; NPO Consortium; Indigenous partners	Define kit contents; procure supplies; distribute; set restocking protocols	Procurement budget; storage; logistics staff

	Launch a Peer-Navigator Program to guide vulnerable evacuees	Health Authority; Indigenous partners; NPO & peer-support orgs	Recruit navigators; develop training; embed at hubs; supervise & evaluate	Navigator stipends; training resources; supervision time
	Pre-determine muster/reception centres for complex-needs (model WFN's centre)	Local Government; WFN; United Way BC; facility managers	Identify sites; apply WFN best practices; stock & staff centres; test readiness	Site agreements; model replication funds; staffing
	Clarify & integrate supports for urban Indigenous individuals & families	Indigenous partners; Health Authority; City of Kelowna SD	Define cultural-safety protocols; procure cultural supplies; train staff	Cultural consultant fees; protocol docs; training materials
New Infrastructure & Resources	**Conduct accessibility audits & formalise barrier-free temporary lodging sites**	City of Kelowna SD; accessibility consultants; housing providers; BCH	Audit candidate sites; execute MOUs; implement modifications	Consultancy fees; MOU legal support; site improvement funds

Provide cots and mats at all reception & lodging sites	NPO Consortium; City of Kelowna SD; facility managers	Procure cots/mats; assign to sites; maintain inventory	Procurement budget; storage space; maintenance staff
Deploy temporary overdose-prevention sites	Interior Health; harm-reduction NPOs; NPO Consortium	Map optimal locations; set up sites; staff with trained personnel	Site set-up budget; staffing; harm-reduction supplies
Stock emergency harm-reduction supplies at key sites	Provincial harm-reduction programs; NPO Consortium	Define supply list; procure products; distribute; monitor usage	Procurement funds; logistics; storage facilities
Provide on-site medication-management tools & protocols	Interior Health; local pharmacies; NPO Consortium	Develop protocols; install locked med-stations; train staff	Med-station units; pharmacy partnerships; training sessions
Maintain a centralized inventory of community assets (cots, mats, supplies)	RDCO GIS; local government; NPO Consortium	Build asset database; update daily; grant access to partners	Database hosting; data-entry staff; IT support

	Install secure storage lockers for evacuees' belongings	Local Government; facility managers; security vendors	Select locker models; install at sites; define access permissions	Locker purchase & installation; maintenance budget
	Establish accessible transport networks via transit agreements & volunteer registry	Transit providers; volunteer orgs; EOC transport unit	Negotiate service agreements; recruit drivers; integrate dispatch; train liaisons	Transit budgets; registry software; coordination staff
	Secure emergency funding for insurance, licensing & crisis supports	MSDPR; Local Government Finance; philanthropic partners	Map funding sources; draft grant applications; set up funding pool	Grant-writing support; seed funding; financial management
Continuous Improvement & Learning	**Post event review process about what happened, how we did, what we could do better**	all relevant partners	post event/disaster review process	How did we work as a system?
	Equipping & Training opportunities for staff of all impacted organizations	community based organizations	increase capacity	funding for time; training leaders

NEXT STEPS

In closing, adopting these six interconnected system shifts—Sector Communication & Coordination; Centralized Intake & Data-Sharing; Proactive, Cross-Sector Drills; Support Continuum Beyond 72 Hours; Tailored, Accessible Reception Centres; and New Infrastructure & Resources—will transform our disaster response from fragmented, reactive measures into a unified, equity-driven framework that ensures vulnerable populations are never an afterthought.

Over the next several months, a regional disaster resilience coalition—including municipal and regional emergency management teams, United Way BC, non-profit networks, Indigenous partners and health authorities—will coordinate efforts to identify which shifts and solutions should be prioritised first, and to comprehensively map out implementation timelines, responsibilities and resource needs for the remaining actions.

We are grateful to all those who have assisted in this process and identification of challenges and opportunities when preparing and responding to disasters in our community, and the preparation of this report.

The complexity, severity and the pace of disasters is increasing, requiring all of us to adapt to the ever-changing environment. It is through leadership, communication and ultimately collaboration that we will be able to anticipate and respond to crisis situations most effectively.

APPENDIX

PROJECT PARTNERS
- Shelagh Turner, Thrive Okanagan KGHF
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- Central Okanagan Fire Services
- Central Okanagan Food Bank
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- City of West Kelowna - Bylaws, Social Development
- Emergency Management Crisis Response - Regional Office
- Emergency Social Services BC
- Interior Health Authority - IHOT, Emergency Planning, Healthy Communities, MHSU
- John Howard Society Okanagan
- Kelowna General Hospital Foundation
- Kelowna Gospel Mission
- Kelowna Women's Shelter
- Ki-Low-Na Friendship Society
- Metis Community Services Society
- Provincial Health Services Authority -
- RDCO - Emergency Operations Centre
- Salvation Army
- Westbank First Nations (WFN)

Unable to attend
- Turning Points Collaborative Society
- WK RCMP
- NOW Canada
- Ministry of Housing Emergency Services

What is Thrive Okanagan?

Thrive Okanagan, funded by the KGH Foundation donors, is dedicated to improving mental health and well-being in our community by addressing key issues and fostering strong, supportive relationships. Thrive Okanagan aims to bridge the gap between health and social care in Central Okanagan by focusing on well-being and prevention.

Our approach is grounded in collective impact. We bring together community groups, health care providers, and other partners to streamline access to necessary services. By promoting collaboration, we build a robust support network that enhances our community's health, happiness, and resilience. We prioritize health equity and cultural safety, ensuring our initiatives are inclusive and accessible to all, and we continuously learn and adapt based on new insights and feedback.

Find out more here: https://www.kghfoundation.com/thrive-okanagan/