

# Disaster Case Management: Implementation Guide

PREPARED FOR:  
THE ADMINISTRATION FOR CHILDREN AND FAMILIES  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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## Table of Contents

<b>INTRODUCTION</b>	<b>4</b>
ACF Mission	5
The Office of Human Services Emergency Preparedness and Response (OHSEPR)	5
Purpose of Guide	5
Intended Audience	5
Overview of ACF Disaster Case Management	6
Definition of Disaster Case Management and Guiding Principles	6
Disaster Case Management Teams	9
<b>PROGRAM ACTIVATION, ENROLLMENT, SERVICE DELIVERY AND DEACTIVATION</b>	<b>11</b>
The Disaster Case Management Team and Staff Responsibilities	13
Staffing	13
Surge	14
Identification and Screening of Staff	19
Training	21
Deploy to Disaster Site	24
Staff In-Processing	24
Coordination with Federal, State, Local and Voluntary Disaster Response Agencies	24
Assessment of Community's Unmet Disaster-Related Needs	25
<b>INITIATE DISASTER CASE MANAGEMENT SERVICES</b>	<b>26</b>
DCM Steps	26
Collect and Enter Data	33
Forms	33
IT Platform	33
<b>DURING REMAINDER OF DEPLOYMENT</b>	<b>35</b>
Identify, Screen, and Train Local Agency Staff for Disaster case management Service Delivery	35
Transfer Disaster Case Management Responsibilities to Local Agencies	35
Continue Providing Disaster case management Services	35
Performance Monitoring of Local Agencies	36
<b>DEACTIVATION</b>	<b>37</b>
Transition to State DCM	37
Close-Out Of Client Cases	37
Staff Out-Processing	38
Lessons Learned Activities	38
Reporting to ACF, FEMA, National and Local Partners	38
<b>TERMS AND DEFINITIONS</b>	<b>40</b>
<b>ANNEX I AIRS/211 LA COUNTY TAXONOMY</b>	<b>45</b>
<b>ANNEX II JOB DESCRIPTIONS</b>	<b>55</b>
National Partner Coordinator	55
Training Coordinator	56
IT Coordinator	58
Community Coordinator	59
Compliance/Finance Team Leader	60
Administrative and Logistics Coordinator	61
Healthcare and Human Services Consultant(s)	62
RDCMRT Team Leader	62
Disaster Case Management Supervisor	63

Disaster Case Managers .....	65
Regional Team Administrative and Logistics Coordinator .....	65
Local DCM Agency Coordinator .....	66
Local Agency Administrative Assistant .....	67
Disaster Case Manager Assistants/Technicians .....	68
Client Assistants/Navigators .....	68
Volunteer Coordinator .....	68
<b>PLAYBOOK FOR DISASTER CASE MANAGEMENT .....</b>	<b>70</b>
National / Regional / Local Framework Staffing .....	73

## Abbreviations

ACF:	Administration for Children and Families
COA:	Council on Accreditation
DCM:	Disaster Case Management
EMA:	Emergency Management Agency
FEMA:	Federal Emergency Management Agency
HHS:	U.S. Department of Health and Human Services
I&R:	Information and Referral
IT:	Information Technology
JFO:	Joint Field Office
LTRG:	Long-Term Recovery Group
NDCMCT:	National Disaster Case Management Coordination Team
NEMIS:	National Emergency Management Information System
NGO:	Non-Governmental Organization
NVOAD:	National Voluntary Organizations Active in Disaster
OHSEPR:	Office of Human Services Emergency Preparedness and Response
RDCMRT:	Regional Disaster Case Management Response Team
SS:	Social Security
SSI:	Supplemental Security Income
TANF:	Temporary Assistance for Needy Families
VAL:	Voluntary Agency Liaison
VOAD:	Voluntary Organizations Active in Disaster

## INTRODUCTION

After Hurricanes Katrina and Rita, it became apparent that individuals and families impacted by disasters often require case management services to regain self-sufficiency. However, at the time, there was no Federal authority to fund disaster case management as part of a Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) declaration. As a result, Congress passed the Post Katrina Emergency Management Reform Act of 2006 (PKEMRA) which "grants the President authority to provide case-management services, including financial assistance to state or local government agencies or private organizations to provide such services, to victims of major disasters" ("Post-Katrina Emergency Management Reform Act of 2006," 2006). Much has been accomplished since 2006 to improve human service preparedness for a disaster, including the provision of disaster case management for individuals and families. Many States, human service organizations, and Voluntary Agencies Active in Disaster (VOAD) have developed plans that include provisions of, or support for, disaster case management. However, there are still many States that do not have the capacity or plans for disaster case management.

Most plans assume that human services will be delivered to those adversely impacted by disaster by existing agencies and that case management will be either delivered by those same agencies or supported by voluntary agencies and faith-based groups within the impacted area. However, in a major disaster that impacts thousands of individuals or families, the ability of those agencies within the impacted area to provide disaster case management services could be compromised. Therefore, it is necessary to have a plan to support States and local communities in a manner that will fill existing gaps identified by the State, until the State is able to implement their own case management program.

In 2007, to address the issue of providing disaster case management, meetings were held with some of the Nation's foremost experts in disaster case management. These meetings were hosted by the Administration for Children and Families (ACF) through support from the Federal Emergency Management Agency (FEMA) and the Office of the Assistant Secretary for Preparedness and Response (ASPR). The primary purposes of the meetings were to:

- Identify and examine current disaster case management modes and their ability to return individuals to self-sufficiency,
- Identify related issues that needed to be addressed and any existing planning and guidance, and
- Recommend a beginning approach to Abt. Associates in their research.

Based on the extensive research that was completed, a proof-of-concept was developed, followed by an initial implementation guide for a pilot disaster case management program. Following Hurricane Gustav in 2008, the program was implemented in Louisiana and included an extensive evaluation program with an After Action Report after the first two weeks. In addition, the Implementation Guide reviewed every 6 months, quality assurance assessments were completed throughout, a mid response outside evaluation was performed, and a final outcomes evaluation is to be completed after 18 months of operation. This version of the Disaster Case Management Implementation Guide (Guide) follows a public comment period of the Guide which was posted in the Federal Register. The comments that resulted from the Federal Register notice were evaluated by 3 panels of subject matter experts selected from: Federal, State and local, and VOAD and academia. Subject matter experts were asked to assess the importance and validity of the comments and address the following questions:

- Was evidence provided to support the comment?
- If evidence was not supported do you know of existing evidence that would support the recommended change?
- Do you recommend a change be made?
- Are there policy issues that were not noted in the comments that either needs to be addressed in the implementation guide or as a larger policy discussion?

This Guide is the culmination of the prior research, evaluations, and public comments. The guide begins with an overview of the process for program activation, staffing, enrollment of disaster survivors, delivery of services and deactivation. The subsequent sections provide greater detail on how the program operates in support of states, including providing technical assistance to states in applications for continuation of disaster case management services through FEMA grants.

## ACF MISSION

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The Administration for Children and Families (ACF), within the Department of Health and Human Services (HHS) is responsible for federal programs that promote the economic and social well-being of families, children, individuals, and communities. ACF programs aim to achieve the following:

- families and individuals empowered to increase their own economic independence and productivity;
- strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- partnerships with individuals, front-line service providers, communities, American Indian tribes, Native communities, states, and Congress that enable solutions which transcend traditional agency boundaries;
- services planned, reformed, and integrated to improve needed access; and
- a strong commitment to working with people with developmental disabilities, refugees, and migrants to address their needs, strengths, and abilities.

## THE OFFICE OF HUMAN SERVICES EMERGENCY PREPAREDNESS AND RESPONSE (OHSEPR)

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The OHSEPR focuses attention on human services preparedness and response. One of the primary goals of OHSEPR is to promote self-sufficiency of individuals, families, and special needs populations prior to, during and after disasters.

## PURPOSE OF GUIDE

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The purpose of the Guide is to provide guidance on how the Administration for Children and Families (ACF) may provide disaster case management support through coordination with Federal, State, Local and Non-Governmental Organizations, including voluntary agencies, following an event that has been declared a Major Disaster by the President, where Individual Assistance (IA) has been authorized, and the State's request for Disaster Case Management has been approved by FEMA, to provide disaster case management assistance to disaster survivors..

## INTENDED AUDIENCE

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The Guide is designed to serve as a resource for agencies and organizations participating in the federally funded Disaster Case Management (DCM) Program. This includes Federal, State and local government partners, as well as,



Non-Governmental Organizations. In particular the Guide provides a description of the roles and responsibilities of those entities participating directly, in the implementation of disaster case management. The Guide may also be a valuable resource for States and Voluntary Organizations Active in Disaster (VOAD). The Guide is not intended to be a Standard Operating Procedure.

## OVERVIEW OF ACF DISASTER CASE MANAGEMENT

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The Federally funded DCM Program may be deployed following an event that has been declared a Major Disaster by the President, where Individual Assistance (IA) has been authorized, and the State's request for Disaster Case Management has been approved by FEMA, to provide disaster case management assistance to disaster survivors. FEMA will activate and fund ACF to implement the Federally-managed DCM program. When feasible, not later than five (5) days after a Major Disaster declaration, where Individual Assistance has been authorized, FEMA will facilitate a coordination call between the State, ACF, the FEMA Regional Office and FEMA Headquarters DCM program staff to discuss the State's intent to initiate a request for DCM. Should the State determine the need to request DCM, the State shall submit a Letter of Intent for approval to the Disaster Assistance Directorate (DAD) Assistant Administrator requesting activation of the DCM Program. Approval by the DAD Assistant Administrator will initiate notification to ACF for implementation of the ACF DCM Program.

ACF will initiate the rapid deployment of a DCM program in accordance with the Guide. In coordination with FEMA and the State, ACF will initiate DCM within seventy-two (72) hours of notification and for the duration of thirty (30) to one-hundred-eighty (180) days. The National Team begins coordination with Federal, State, and local officials to assess human services needs and to determine how the ACF DCM Program can best support the State. The National Team works with Federal, State, and local officials to ensure that there is appropriate community outreach that ensures all individuals have equal access.

Regional Team(s), which arrives on-site within 72 hours of activation, are drawn from surrounding States to provide temporary support for DCM in the area impacted by the disaster. Regional Teams begin providing information, referral, and disaster case management as needed. As local capacity to provide DCM increases, the National and Regional Teams transition DCM responsibilities to Local Agency Teams. Once local capacity is adequate to meet the needs, the Regional Teams are deactivated as the National Team continues to provide technical assistance.

At the end of the deployment period, ACF will assist with the transition of DCM to existing State resources or a FEMA-funded, State-administered DCM program. In a catastrophic event, when the State's capacity needs prolonged support for DCM, FEMA may authorize ACF to continue services until such time as the State is able to assume DCM. All ACF DCM Program implementations will include a transition to State resources and closeout or support to the State in its application and implementation of a State-administered DCM Program, to include the transmission of case management program information.

Under FEMA's DCM Authority, the ACF DCM Program and the State-administered DCM Programs cannot provide direct financial services to disaster survivors.

## DEFINITION OF DISASTER CASE MANAGEMENT AND GUIDING PRINCIPLES

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Disaster Case Management is the process of organizing and providing a timely, coordinated approach to assess disaster-related-needs including healthcare, mental health and human services needs that were caused or

exacerbated by the event and may adversely impact an individual's recovery if not addressed. Disaster case management facilitates the delivery of appropriate resources and services, works with a client to implement a recovery plan and advocates for the client's needs to assist him/her in returning to a pre-disaster status while respecting human dignity. If necessary, disaster case management helps transition the client with pre-existing needs to existing case management providers after disaster-related-needs are addressed. This is facilitated through the provision of a single point of contact for disaster assistance applicants who need a wide variety of services that may be provided by many different organizations.

The purpose of disaster case management is to rapidly return individuals and families who have survived a disaster to a state of self-sufficiency. This is accomplished by ensuring that each individual with disaster-related-needs has access to a case manager who will capture information about the individual's situation. The case manager will then serve as his/her advocate and help him/her organize and access disaster-related resources, human services, healthcare and mental healthcare that will help him/her achieve pre-disaster levels of functioning and equilibrium. The service is particularly critical in situations where large-scale mortality, injuries or personal property damage have occurred.

The goal of disaster case management is to assist vulnerable populations, with disaster-related-needs, in the aftermath of disaster. The program is intended to be culturally sensitive and assessable without creating barriers. It is not intended to replace an existing State or local program, but rather to provide support when requested by a State and approved by FEMA.

Disaster case management is based on the principles of self-determination, self-sufficiency, federalism, flexibility and speed, and support to states.

1. **Self-Determination:** Individuals and families impacted by a disaster have the same rights and responsibilities as everybody else. Government aid to persons adversely impacted by a disaster should therefore seek to support the self-determination of persons adversely impacted by a disaster as they seek access to public benefits and consider relocation opportunities. Individuals and families focusing on their own needs, resources, and interests are more likely to achieve favorable results for themselves and for the broader society than when government restricts or directs their choices.
2. **Self-Sufficiency:** The object of disaster case management assistance, including efforts targeted toward persons adversely impacted by a disaster and persons with pre-disaster vulnerabilities, should be individual and family self-sufficiency. As we seek to provide every necessary benefit to help persons adversely impacted by a disaster recover from the disaster and restart their lives, the measure of our success should not be the number of new entrants into disaster assistance systems or dollars expended. Success should be measured by how quickly and successfully persons adversely impacted by a disaster and persons with pre-disaster vulnerabilities are able to become economically self-sufficient and socially integrated. These new lives may be either in the homes and communities held before the disaster or in new locations selected based on the individual's or family's best judgment of where their goals and aspirations may best be fulfilled.
3. **Federalism:** Our Federal system is designed so that states and local governments are often the primary means for administering and delivering public benefits and services to those eligible for them. For efficiency, speed, and to take maximum advantage of existing expertise in matching persons adversely impacted by a disaster with benefits and services, aid should be delivered—to the maximum extent possible—through existing state, local governments, and community social services programs rather than

through the creation of new Federal institutions or programs. The role of the Federal government is to enhance and support existing mechanisms and ensure ongoing quality assurance, taking action to reduce unnecessary impediments to the delivery of assistance to persons adversely impacted by a disaster.

4. ***Flexibility and Speed.*** Persons adversely impacted by a disaster need immediate access to resources, even if they have lost their documentation. Previous eligibility should continue without interruption and new eligibility should be established quickly. Hence, the Federal government should endeavor to provide states and local governments with as much latitude as possible in delivering benefits.
5. ***Support for States.*** States and localities endeavoring to deliver needed benefits and services to persons adversely impacted by a disaster should not be financially disadvantaged by their compassion and generosity. The Federal government, to the extent possible, should endeavor to reduce disaster impact on existing service delivery to citizens by filling gaps within existing systems, coordinating with local entities and helping connect persons adversely impacted by a disaster to human and medical services. Quickly linking persons adversely impacted by a disaster to appropriate assistance will reduce the likelihood that they will require more intensive healthcare and social service benefits, thus reducing the impact on states and existing systems.

The disaster case management process includes the following key elements necessary to respond to disasters of all sizes:

1. Following a disaster declaration, work with state/local stakeholders to identify existing public and private services and **resources**, and **identify gaps** in resources needed for disaster-related response.
2. Conduct **outreach** to identify vulnerable and other special needs populations impacted by the disaster including but not limited to, individuals with disabilities, children, elderly, individuals with limited English proficiency, and people who have unmet disaster-caused needs. Outreach to these populations should be conducted through local VOADs, faith-based organization, state, and other local organizations.
3. **Screen** individuals to identify unmet disaster-caused needs that could benefit from disaster case management services, as opposed to identifying only immediate short-term needs that can be addressed by other service providers in the affected area.
4. **Ongoing Triage** of clients' unmet disaster-caused needs to identify any immediate crisis needs (e.g., emergency healthcare, mental health issues, medication management). Provide information and immediate referral for individuals with urgent needs.
5. For individuals seeking disaster case management services (clients), complete **comprehensive assessments** of clients' unmet disaster-caused needs to ensure that healthcare, mental health, and human services needs that may impede recovery are addressed.
6. Develop **individual disaster recovery plans** with clients. Include specific goals and timeframes that link with the client's disaster-related-needs and any healthcare, mental health and human services needs that may impede recovery.

7. Use a **tracking system** to monitor and track progress on clients entering and exiting the disaster case management system, including when they transition to other case management providers. Identify how information will be shared with other stakeholders
8. **Advocate** and continue to advocate until the goals of the individual disaster recovery plan are met and the disaster survivor either returns to his or her pre-disaster status, is transitioned to another case management provider or the State's social service system or elects to discontinue services.
9. ACF and FEMA will work to ensure that that disaster survivor cases from the DCM program are **transitioned** to the State. When the State-administered DCM is ready for implementation or when the State has determined there is no need for an additional program, ACF, in coordination with FEMA, will work with the State to transition disaster survivor cases to the State. The timeframe requirement for retaining closed case files is three (3) year. Record retention must always be consistent with relevant federal and state law and regulations.

## DISASTER CASE MANAGEMENT TEAMS

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A three-tiered system of national, regional and local teams comprises the disaster case management model. The teams are designed to be scalable at all three levels to the size and complexity of the disaster (see National/Regional/Local Team Framework). The National and Regional Teams are comprised of pre-identified, credentialed and trained personnel in a manner similar to Medical Reserve Corps.

The National Disaster Case Management Response Team (NDCMRT) is comprised of personnel from Federal agencies, Voluntary Organizations Active in Disaster and representatives of the National Partner. The National Partner is an organization selected by ACF through a formal full and open competition. The National Partner's role is to provide leadership in both the planning process and the delivery of disaster case management as part of a contract with ACF. The NDCMRT is the first of the disaster case management teams to be deployed following a disaster and is responsible for coordination with FEMA and the State and existing organizations. The NDCMRT is also responsible for the initial analysis to determine the extent of need for disaster case management and to work with the State to ensure that the federally funded DCM is in support of the States existing plan and resources. The National Partner provides general oversight throughout the disaster case management cycle for federally funded DCM, but does not have oversight responsibility for State or non-federally funded DCM programs.

RDCMRTs are comprised of volunteers (paid or unpaid) identified, trained, equipped, and coordinated by the National Partner. These teams are comprised of disaster case management supervisors, case managers and support personnel. Multiple Regional Teams may be necessary to meet needs in the immediate aftermath of a disaster. Regional teams may include or be supplemented with Service Access Teams (SAT) made up of U.S. Public Health Service officers that are health care professionals with case management experience and specialized disaster case management training. These officers are generally available for 30 days following a disaster to help fill gaps until the RDCMRT or local affiliates can assume responsibility and provide expertise in medical and mental health care. The primary responsibility of the RDCMRT is to provide initial triage and disaster case management services for the first 30 to 180 days following a disaster, allowing time for the local teams or State DCM program to be fully implemented.

ACF will initiate the rapid deployment of the RDCMRTs within seventy-two (72) hours of notification and remain deployed for the duration of thirty (30) to one-hundred-eighty (180) days. At the end of the deployment period, ACF

will assist with the transition of DCM to existing State resources or a FEMA-funded State DCM program. In a catastrophic event, when the State's capacity for DCM needs prolonged support, FEMA may authorize ACF to continue services until such time as the State is able to assume DCM. If this occurs Local Teams will be recruited.

The Local Teams are comprised of individuals or affiliates from local communities with experience in disaster case management. Ideally, a pre-identified state or local system for providing disaster case management exists to which all cases can be referred when the RDCMRT is no longer needed. Depending on the structure of the state, there are two possible options for transition to local teams: 1) if no state structure exists, the National Partner will identify voluntary and human services organizations that can be subcontracted to provide disaster case management services; or 2) if a state has an established disaster case management structure, the Federal Emergency Management Agency (FEMA) may provide a grant directly to the State.

## PROGRAM ACTIVATION, ENROLLMENT, SERVICE DELIVERY AND DEACTIVATION

Any Federal Disaster Case Management assistance requires Stafford Act funds. To receive Stafford Act funds for disaster case management (DCM) services, an Individual Assistance declaration, a request from the State Governor or designee for DCM services, and FEMA's approval of that request are required. FEMA will activate and fund ACF to implement the Federally-managed DCM program. In coordination with FEMA and the State, ACF then contacts the National Partner to begin service activation and implementation within 72 hours.

Following notification by ACF, the following steps begin the DCM service delivery activation process.

1. **Deployment of the National and Regional Teams (within 24 hours).** Upon Presidential disaster declaration, the receipt of the State's DCM request, and FEMA's authorization of that request, ACF initiates deployment activities with the National Team. This includes, but is not limited to:
  - a. Setting up communications, phones and computers
  - b. Identifying space within the Joint Field Office (JFO) or other location if the JFO is not established
  - c. If additional office space is needed, making arrangements for this space and notifying ACF, FEMA, and other stakeholders about its location
  - d. Rostering the Regional Teams
  - e. Handling personnel and equipment logistics
  - f. Participating in conference calls with ACF, FEMA and the State
  
2. **Basic service identification from the Alliance of Information and Referral Systems (AIRS)/211 LA Country Taxonomy of Human Services<sup>1</sup>.** Identification of sources for basic services.
  - a. Basic needs: emergency food
  - b. Basic needs: emergency shelter
  - c. Basic needs: housing/shelter
  - d. Basic needs: material goods
  - e. Basic needs: temporary financial assistance
  - f. Basic needs: transportation
  - g. Consumer assistance and protection
  - h. Legal assistance modalities
  - i. Domestic animal services
  - j. Healthcare
  - k. Mental healthcare and counseling

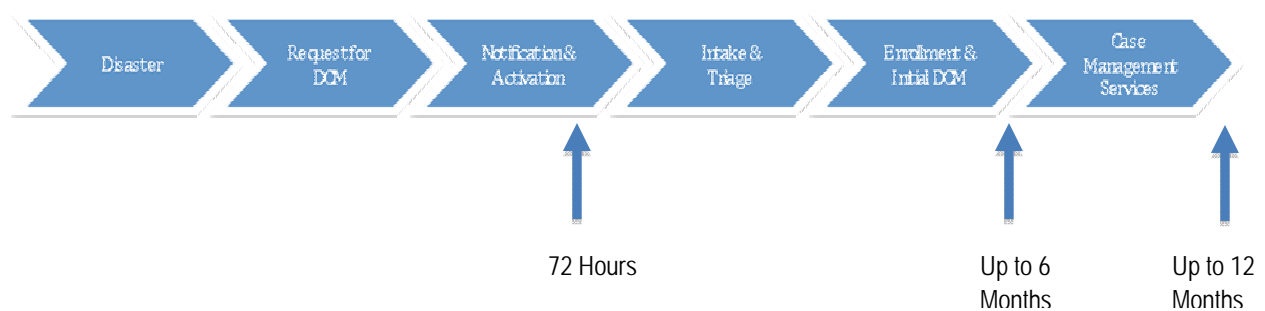
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<sup>1</sup> The structure of the services index and definitions of the terms contained within the AIRS Taxonomy were originally published in A Taxonomy of Human Services: A Conceptual Framework with Standardized Terminology and Definitions for the Field by the Information and Referral Federation of Los Angeles County, Inc., 526 W. Las Tunas Dr., San Gabriel, CA 91776; Copyright (c) 1983, 1987, 1991, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008. No part of this listing of human services terms and definitions may be reproduced, stored in a retrieval system, or transmitted in any form or by any means, electrical, mechanical, photocopying, recording or otherwise without the prior written permission of the Information and Referral Federation of Los Angeles County, Inc.

- I. Employment
  - m. Public assistance programs
  - n. Social insurance programs
  - o. Individual and family support services
  - p. Post-disaster child care
3. **Creation of a disaster-specific service delivery plan.** The size and scope of the DCM program is scalable to meet the requirements the disaster. Some elements will always be included in the DCM service delivery plan following a disaster: a) a training plan: all deployments will provide training for staff on the FEMA sequence of delivery and special needs populations, including non-English speaking minority populations; children, elderly, and persons with disabilities; b) information on available local human services and specialized case management programs; and c) applicable components of the state's disaster recovery plan and other information regarding the local Long-Term Recovery Groups (LTRGs).
4. **Staff in-processing.** Staff in-processing includes orientation to the local community, including the introduction of key emergency management personnel, key Federal, State, and local officials, local human service agency leaders, community based leaders, and leaders of the state and local VOADs and LTRGs. All staff will be issued proper credentials which will include a badging process for access to FEMA facilities
5. **Public information functions.** All information requests from the media or other entities related to DCM operations will be referred to ACF and vetted through the U.S. Department of Health and Human Services (HHS) and FEMA.
6. **Liaison function (Federal, State, local and voluntary agencies coordination).** At the time of activation, the National Team will identify the contacts and functions for the appropriate Federal, State, local and voluntary agencies and networks to be involved in the disaster response. Liaison with these entities will be accomplished through networking within the Emergency Management Agency (EMA) and attending VOAD and LTRG meetings once they are established. The National Team will provide information necessary to carry out outreach functions, including obtaining FEMA Individual Assistance applicant lists for direct mailing and active outreach to places where large numbers of people congregate (i.e. places of worship, shelters, community centers, schools).
7. **Coordination with local public and non-profit service provider systems and networks.** Beginning with initial deployment and continuing throughout the disaster case management process, DCM teams will communicate and collaborate with agencies providing disaster-related services to the community. Coordination, in collaboration with the FEMA VALs, should include establishing relationships with social services, including, but not limited to, local aging networks, disability services, interpretation services, Community Action Agencies and other existing human service providers. The program should support local networks and establish connections with systems already in place.
8. **Coordination with other local disaster recovery providers.** Recognizing that duplicative disaster case management efforts may exist within a community, DCM teams will work with the State lead agency to identify overlapping service organizations and discuss coordination of services, including use of the DCM program's client tracking/ IT platform to avoid duplication of services and ensure that all individuals receive services. To the extent possible, FEMA and ACF will coordinate the transfer of client data with the State

and community organizations to ensure client information is transferred to case managers with a sufficient level of detail.

9. **Assessment of community's unmet disaster-related needs.** Beginning in the first few hours following the Presidential disaster declaration, receipt of the State's request, and FEMA authorization of that request, the National Team will communicate and coordinate with local emergency management personnel to ascertain correct information regarding overall damage estimates. The National Team, in coordination with FEMA, will determine the number of affected households, geographic area of damage, and the initial number of anticipated Individual Assistance applicants. Additionally, the National Team will work with State human services and FEMA Voluntary Agency Liaisons (VALs) to identify the capacity of local human service providers following the disaster.



## THE DISASTER CASE MANAGEMENT TEAM AND STAFF RESPONSIBILITIES

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### STAFFING

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The DCM model utilizes staff at the national, regional, and local levels that are a combination of Federal, voluntary agency and local staff. When the program is activated, the number of staff required is based on the size and nature of the disaster. The target client to case manager ratio is **35 to 1** (this means a total of 35 clients – a case manager cannot have 35 DCM cases and other cases not covered in this program in excess of 35).

The target ratio of Disaster Case Managers to disaster case management supervisors during the initial response phase of the deployment is **5 to 1**. The 5 to 1 ratio should be reevaluated and adjusted during the recovery phase, based on factors such as the size and scope of the disaster, formal processes implemented during recovery that affect the supervisor's workload (e.g., if disaster case management supervisors are responsible for presenting cases to a Long-Term Recovery Group), and the complexity of the cases assigned to the case managers. The ratio should never exceed **15 to 1**.

For any disaster, the number of Disaster Case Managers necessary to provide services to clients will vary as the number of clients enrolled in the program varies. Clients should ideally enroll in the program within a 6-month period following the disaster declaration, and then are provided disaster case management services for a variable time period of up to 12 months, depending on the client's needs and the availability of services and resources to which the Disaster Case Manager can refer the client. Since disaster survivors may be discovered at any point in the response process, especially hard to reach populations, disaster case management services will allow exceptions to the enrollment timeframes on a case by case basis. Once the enrollment period ends, the total number of clients will



decrease continuously through the end of the program, as clients' needs are met or are transitioned to other service providers. During this period, the National Partner will ensure that the target client to case manager ratio remains approximately 35 to 1 by monitoring the total number of active clients at each local affiliate

The National Partner, with support and input from ACF and FEMA, will assemble the NDCMCT and coordinate the assembly of the Regional Response Teams. This program is meant to be inclusive of as many organizations with capacity to provide personnel for participation in the initial deployment efforts as possible, as well as of those with the capacity to deliver disaster case management services for the duration of the program service period. In particular, National and Regional Teams will be a mix of Federal and voluntary agency personnel to ensure the program can provide the necessary onsite staff to both meet client demand and conduct active outreach. Additionally, response teams should include staff with a mix of backgrounds, skills, and areas of expertise. The availability of disaster case management team members with healthcare and social services backgrounds and expertise addressing long-term human service problems is particularly important; therefore Regional Teams should include U.S. Public Health Service nurses and social workers when possible. Ideally, each Regional Team should have case managers with mental health experience. However, it is equally important to coordinate activities and referrals of person with mental health problems with the Crisis Counseling Program or local mental health providers. Regional Teams should also include disaster case management staff from states and the local area whenever possible so at least one member of the team can assist other Team members in navigating and accessing State and local agencies and services.

The National Partner may contract with local DCM agencies to provide disaster case management services throughout the remainder of the deployment which ends when DCM is transitioned to the State.

## SURGE

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Based on the size and nature of the disaster, National, Regional, and local teams will surge to meet the needs of clients. The number of Disaster Case Managers will vary by month as the number of clients enrolled in the program varies. If the disaster affects multiple Regions, teams will be deployed within each affected Region. RDCMRTs will deploy for a minimum of two weeks and require backfill for three to six months. The National Partner will carefully monitor the factors that determine when and how many additional RDCMRTs must be deployed. These factors include progress in identifying local affiliate teams, current and expected client case loads, and the extent to which outreach has been conducted in the disaster area. Moreover, additional teams may be necessary to fill gaps identified by the State.

At the local level, surge requires having Local DCM Team Coordinators and DCM Supervisors sufficient to meet the needs of the disaster. To maintain the desired supervisor to Disaster Case Manager ratio, additional DCM teams will be established (i.e., including a DCM Supervisor overseeing Disaster Case Managers and, if available, Disaster Case Manager Assistants/Technicians and Client Assistants/Navigators).

Pre-identified disaster case managers ensure that client needs can be met more quickly. These include members of the U.S. Public Health Service who supplement existing staff and fill staffing gaps. These individuals are highly trained in health care, human services and disaster response. They may be deployed for two weeks periods with the approval of their supervisor through the Office of Force Readiness and Deployment (OFRD). The National Partner must make a request to ACF who will forward it to OFRD.

Staffing is significantly dependent on client enrolment. Clients enroll in the program within a 6-month period following the disaster declaration (Chart 1), and receive disaster case management services for a period of up to 12 months

following DCM activation (see Length of Service) depending on the client’s needs, the level of impact of the disaster, and the availability of services and resources to which the Disaster Case Manager can refer the client. Options for enrollment and timeframes may vary in the event of a catastrophic event or extenuating circumstances which will be determined on a case by case basis. FEMA, ACF and the National Partner will work together to make these determinations. Data obtained from *Katrina Aid Today* demonstrates that the length of time clients received disaster case management services varied from less than 1 month to 19 months.

Chart 1: Katrina Aid Today Disaster case management Service Time Distribution

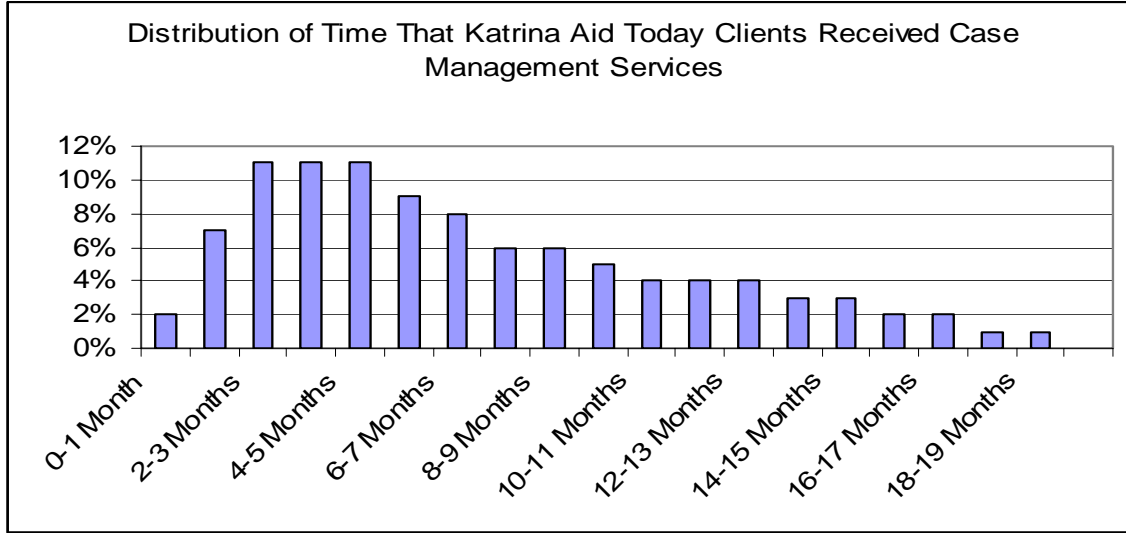
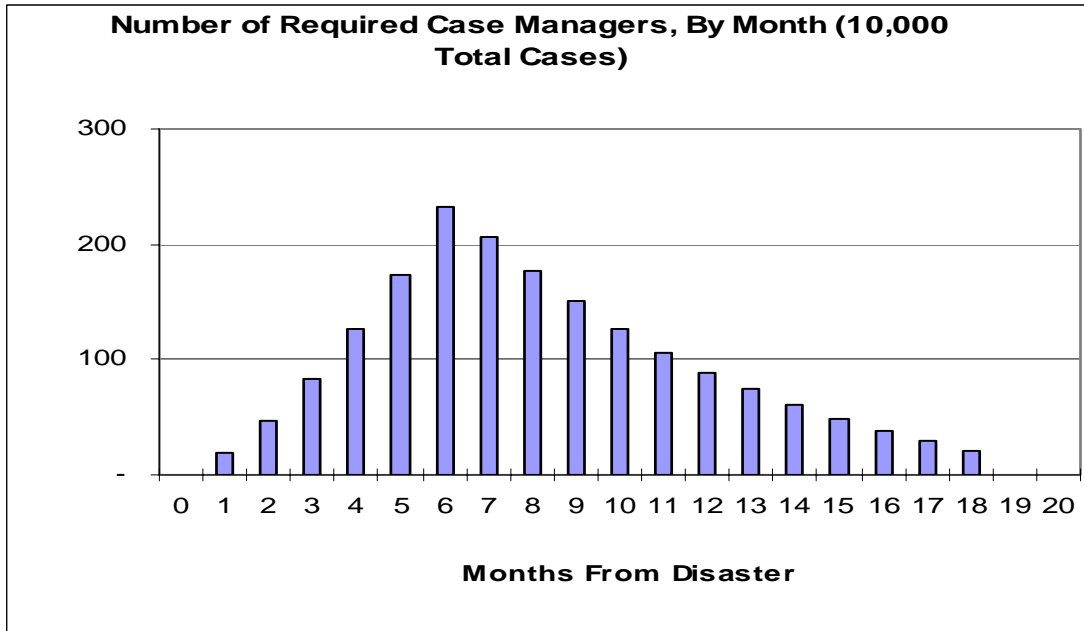


Chart 2 shows the monthly demand for Disaster Case Managers for a disaster in which 10,000 households seek DCM. Of particular note is the “peak demand” for case managers, occurring at the end of the enrollment period. The table assumes that 10,000 households will seek DCM services, and the peak demand for Disaster Case Managers will be roughly 230.

Chart 2. Number of Required Disaster Case Managers, By Month, For a Disaster with 10,000 Households Seeking Case Management Services



The model was applied to each of the 15 National Planning Scenarios to estimate the demand for Disaster Case Managers for each scenario. Each estimate is in turn based on an estimate of the number of households likely to seek DCM services for each scenario. This is necessarily a subjective exercise, inasmuch as there have been only two large-scale disasters for which data exist on the demand for disaster case management services—Hurricane Katrina and the New York City attacks of September 11, 2001. For these two disasters, an estimated 100,000 and 10,000 households, respectively, sought DCM services.<sup>2</sup> Qualitative comparisons of these two disasters to the 15 National Planning Scenarios were then made. The estimated peak demand for disaster case managers shows the estimated number of households likely to seek DCM services and the resulting peak demand for Disaster Case Managers, which varies from 0 (i.e., no disaster case management required) to thousands for each scenario.

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<sup>2</sup> For 9/11/2001, the 10,000 figure is based on Krauskopf, J., “Organizational Collaboration in Disaster Response and Recovery,” presentation at the 28th Annual APPAM Research Conference, November 4, 2006, Madison, WI. The paper indicates that “approximately 20,000 people [in New York City] received ongoing case management assistance for varying periods of time after September 11.” Assuming a family size of 2.5 and including cases from New Jersey, Connecticut, and other surrounding areas leads us to a rough estimate of 10,000 households. For Katrina, the 100,000 estimate is based on the original project goal for Katrina Aid Today.

Table 1. Estimated Peak Demand for Disaster Case Managers  
for the National Planning Scenarios

Scenario	Planning Assumptions	Estimated # Households Seeking DCM <sup>3</sup>	Estimated Peak Demand for Disaster Case Managers <sup>4</sup>
<i>10 KT nuclear device</i> detonated in a major U.S. city	# deaths + # hospitalized: 100s of thousands # seeking shelter: 100,000 # evacuating area: > 1 million # homes destroyed: unspecified economic impact: \$100s of billions	Significantly more than 100,000	Thousands
<i>Anthrax</i> attack, via sprayers on trucks in a major U.S. city	# deaths + # hospitalized: 13,000 # seeking shelter: 25,000 # evacuating area: > 100,000 # homes destroyed: none economic impact: \$billions	10,000	230
<i>Pandemic influenza</i> , nationwide	# deaths: 209K – 1.9M # hospitalized: 865K – 9.9M # seeking shelter: unspecified # evacuating area: none # homes destroyed: none economic impact: \$100s of billions	Significantly more than 100,000	thousands
<i>Plague</i> attack, via sprayers on trucks in a major U.S. city	# deaths: 9,553 # hospitalized: 28,383 # seeking shelter: unspecified # evacuating area: unspecified # homes destroyed: none economic impact: \$millions	10,000	230
<i>Blister agent</i> attack, via an airplane flying over a college football stadium	# deaths: 150 # hospitalized: 70,000 # seeking shelter: 15,000 # evacuating area: > 100,000 # homes destroyed: minimal economic impact: \$500 million	1,000	23

<sup>3</sup> Based on a qualitative assessment of the relative severity of the scenario to either Katrina (with an estimated 100,000 households seeking case management services) or 9/11/2001 in New York City (with an estimated 10,000 households seeking case management services).

<sup>4</sup> Based on a 35 to 1 client to case manager ratio, a 6-month enrollment period, a 12-month service delivery period, and a time-dependent distribution of case management service time for clients that match the Katrina Aid Today distribution.

Scenario	Planning Assumptions	Estimated # Households Seeking DCM <sup>3</sup>	Estimated Peak Demand for Disaster Case Managers <sup>4</sup>
<i>Toxic industrial chemicals</i> released, via an attack on refining facilities at a major U.S. port	# deaths: 350 # hospitalized: 1,000 # seeking shelter: 1,000 # evacuating area: 110,000 # homes destroyed: unspecified economic impact: \$billions	1,000	23
<i>Nerve agent</i> released into the ventilation system of a commercial building in a major U.S. city	# deaths: 5,700 # hospitalized: 300 # seeking shelter: 50,000 # evacuating area: unspecified # homes destroyed: minimal economic impact: \$300 million	1,000	23
<i>Chlorine</i> tank explosion near a residential area	# deaths: 17,500 # hospitalized: 100,000 # seeking shelter: 50,000 # evacuating area: 500,000 # homes destroyed: minimal economic impact: \$millions	10,000	230
<i>Earthquake</i> , in a major U.S. city	# deaths: 1,400 # hospitalized: 18,000 # seeking shelter: 250,000 # evacuating area: 250,000 # homes destroyed: 300,000 economic impact: \$100s of billions	100,000	2,300
<i>Hurricane</i> , in a major U.S. city	# deaths: 1,000 # hospitalized: 5,000 # seeking shelter: 150,000 # evacuating area: 1 million # homes destroyed: 200,000 economic impact: \$billions	100,000	2,300
<i>Radiological dispersion devices</i> ("dirty bombs"), detonated in three nearby mid-sized cities	# deaths: 180 # hospitalized: 270 # seeking shelter: 10,000 # evacuating area: 100s of thousands # homes destroyed: unspecified economic impact: \$billions	100,000	2,300

Scenario	Planning Assumptions	Estimated # Households Seeking DCM <sup>3</sup>	Estimated Peak Demand for Disaster Case Managers <sup>4</sup>
<i>Improvised explosive device bombings</i> in and around an indoor sports arena	# deaths: 100 # hospitalized: 450 # seeking shelter: 5,000 # shelter in place: none # evacuating area: unspecified # homes destroyed: unspecified economic impact: \$millions	1,000	23
<i>Food contamination</i> attack at a meat processing plant	# deaths: 500 # hospitalized: 650 # seeking shelter: none # evacuating area: none # homes destroyed: none economic impact: \$millions	100	Program activation unlikely : due to the nature of the attack, clients will be located throughout the country and could be served by existing local providers of disaster case management
Cattle contaminated with <i>foot-and-mouth disease</i>	# deaths: none # hospitalized: none # seeking shelter: none # evacuating area: none # homes destroyed: none economic impact: 100s of millions	Minimal (if any) disaster case management required	
<i>Cyber attacks</i> against critical Internet infrastructure	# deaths: none # hospitalized: none # seeking shelter: none # evacuating area: none # homes destroyed: none economic impact: 100s of millions	No disaster case management required	

## IDENTIFICATION AND SCREENING OF STAFF

Prior to any client interactions or deployment, staff must be screened based on their interaction with and financial responsibility for clients. A basic pre-employment screening and reference check is required for all program staff. This basic screening includes: a) completion and review of an application form (name, contact information, date of birth, Social Security Number (SSN), education, experience, and professional references); b) criminal record and sex offender registry checks; c) verification of professional and educational credentials; d) driving records for volunteers transporting clients; e) drug testing and credit checks based on position and responsibilities. Rescreening must be completed every three years.

As noted in Table 2, **disaster case management supervisors** and **disaster case managers** must undergo the same type of screening. Criminal background and sex offender registry checks must be performed at the Federal

and state levels, using a multi-jurisdictional approach depending on where the DCM service center is located, the applicant's current state of residence, and the states in which she or he lived and worked in the past. The National Sex Offender Public Website (nsopr.gov) will be checked, in addition to state-based sex offender registries. Pre-employment screening vendors maintain a variety of multi-state, state, and regional databases that allow for name and SSN-based background checks and searches. Credit checks should be performed using at least one of the three national credit bureaus (Experian, Equifax, and TransUnion). Driving and auto insurance records should be checked through state motor vehicle departments and verification of auto insurance.

**Case manager assistants/technicians** must undergo basic screening and verification of references, previous work experience, as well as state-based criminal record, national sex offender registry and credit checks. Since case manager assistants register clients (involving the collection of personal identification information such as name, date of birth, SSN, etc.), and may potentially view case files and documents at the discretion of their supervisor, it is important to adopt these precautionary measures. Depending on office and program needs, case manager assistants may be given additional responsibilities. Thus, the extent and frequency that staff members have unsupervised contact with clients must be taken into consideration when determining additional screening requirements.

For **Client Assistants/Navigators/others with client contact**, basic screening, verification of previous work experience, reference checks, state-based criminal record checks and national sex offender registry checks are mandatory prior to program assignments due to the potential for extensive client contact. While Client Assistants may not have access to case files or clients' personal identifying information, there are times when volunteers perform a variety of tasks ranging from unsupervised home visits, to attending children during meetings with Disaster Case Managers, to distribution of donated goods. As with case manager assistants, additional screening mechanisms for Client Navigators may be used at the discretion of the program manager as well as driving record and auto insurance checks should these volunteers be asked to drive clients to and from appointments. The Navigators are all unpaid volunteers that can assist in getting clients to appointments. For example, some community volunteers may be able to take elderly or disabled clients that do not drive to appointments.

**Table 2: Screening Requirements**  
M= Mandatory; D= Discretionary

Screening Requirements	Staff Positions			
	Disaster case management Supervisor	Disaster Case Manager	Case Manager Assistants	Client Assistants Navigators
Pre-employment basic screening – DOB, contact information, SSN	M	M	M	M
Previous work experience	M	M	M	M
Educational levels	M	M	D	D
Licensing/certification verification	M	M	n/a	n/a
FBI criminal record or multi-jurisdictional state check	M	M	D	D
State criminal record check	M	M	M	M
Sex offender registry	M	M	M	M
Fingerprinting	M	M	M	M

Driving record*	M	M	M	M
Auto insurance record*	M	M	M	M
Reference checks	M	M	M	M

\* Driving records and auto insurance records is mandatory for anyone driving agency vehicles, transporting clients in either agency or personal vehicles, or operating personal vehicles on official business. If a staff member will not be operating agency or personal vehicle on official business, then screening of driving records and auto insurance records would be discretionary.

\*\* Credit checks will only be mandatory for case manager assistants or Client Assistants if they have access to funds for clients or access to client personal identifying or financial information (e.g., Social Security Numbers, banking and credit information).

## TRAINING

The National Partner's Training Coordinator will ensure that all members of the disaster case management team are trained using the ACF DCM Training Curriculum. The Curriculum focuses on the DCM model and principles of disaster case management, with an emphasis on providing services to persons with disabilities and other special needs populations. The Training Coordinator will ensure that Regional Teams are trained prior to deployment and will coordinate with Regional Team Coordinators to schedule trainings (either in-person or online) once teams are formed. Regional Team trainings will be tailored to the experience level of the trainees (e.g., extensive vs. no disaster case management experience) and should be tailored to suit the phase of disaster response. It is critical to train the Regional Team prior to deployment. The onsite training on the third day following activation focuses on disaster-specific issues, including local conditions, resources, key state and local agencies, and likely client population characteristics. When possible, the Training Coordinator will include representatives of Federal, State and local agencies (e.g., representatives from state/local human service agencies, FEMA State and Regional VALs, local voluntary organizations, and HHS officials) at the Day 3 training.

Once disaster case management services are initiated, the Training Coordinator, working with the Regional Team Coordinator and Disaster Case Management Supervisors, will monitor the work of the disaster case management team and assess whether additional training is needed and will schedule training accordingly.

The Training Coordinator must ensure that local affiliates are trained using the ACF DCM Curriculum prior to client interactions and essential training and knowledge (see Table 3) of team members at all levels. The Training Coordinator must work closely with the National Team's Community Coordinator and local affiliate leaders to schedule training. Supplemental training must be provided to local affiliates throughout the service delivery period.

**Table 3. Essential Training and Knowledge for the Disaster Case Management Team**

Training Curriculum 1: DCM Program Administration	Disaster Case Management Team Positions				Timing of Training	
	Super- visor	Disaster Case Manager	Case Manager Asst.	Client Asst. Navigators	Pre- Disaster Phase	After Deploy- ment
Understand the five principles of disaster case management	✓	✓			✓	
Understand Federal contracting policies, procedures, and coordination	✓				✓	



Training Curriculum 1: DCM Program Administration	Disaster Case Management Team Positions				Timing of Training	
	Super- visor	Disaster Case Manager	Case Manager Asst.	Client Asst. Navigators	Pre- Disaster Phase	After Deploy- ment
Understand disaster case management team roles and responsibilities	✓	✓	✓	✓	✓	
Selection, hiring, and supervision of staff	✓				✓	
IT Platform*	✓	✓	✓	✓	✓	✓
Volunteer coordination and management*	✓	✓			✓	✓
Project budgeting and reporting	✓				✓	
Invoice submission/Billing	✓				✓	✓
Program monitoring and evaluation	✓	✓			✓	
Privacy rules	✓	✓	✓	✓	✓	
Disaster case management team/agency communication policy	✓	✓	✓	✓	✓	✓
Safety	✓	✓	✓	✓	✓	✓

\* Optional training that is based on the needs of the event and after consultation with the State as some tasks may not be the responsibility of the case manager in all States.

Training Curriculum 2: DCM Program Coordination	Disaster Case Management Team Positions				Timing of Training	
	Super- visor	Disaster Case Manager	Case Manager Asst.	Client Asst. Navigators	Pre- Disast er Phase	After Deploy- ment
Coordination with ACF	✓	✓			✓	
FEMA Sequence of Delivery	✓	✓	✓		✓	
Coordination with other response agencies (e.g., FEMA, Red Cross)	✓	✓			✓	
Coordination with local Long-term Recovery Committee (or other local coordinating entity)	✓	✓			✓	✓
Coordination with Federal, state and local government and community human services agencies	✓	✓			✓	✓

Coordination with information and referral agencies, human service providers, and voluntary agencies	✓	✓	✓	✓	✓	✓
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Training Curriculum 3: DCM Program Process	Disaster Case Management Team Positions				Timing of Training	
	Super- visor	Disaster Case Manager	Case Manager Asst.	Client Asst.	Pre- Disaster Phase	After Deploy- ment
Principles and procedures of disaster case management	✓	✓	✓	✓	✓	
Outreach	✓	✓	✓	✓	✓	✓
Assessment	✓	✓	✓		✓	
Human service taxonomy/211 system	✓	✓	✓		✓	
Call Center *	✓	✓	✓		✓	
Long-term needs vs. disaster-related-needs	✓	✓			✓	✓
Forms Utilization*	✓	✓	✓	✓	✓	✓
Disaster recovery plans	✓	✓			✓	
Technology reporting and tracking systems	✓	✓	✓		✓	✓
Federal reporting requirements	✓	✓	✓		✓	✓
Emotional support for clients (empathy vs. sympathy)	✓	✓	✓	✓	✓	✓
Local resources*	✓	✓	✓	✓	✓	✓
Cultural awareness and sensitivity	✓	✓	✓	✓	✓	✓
Compassion Fatigue	✓	✓			✓	✓
Special needs populations	✓	✓	✓	✓	✓	✓
Emotional boundaries	✓	✓	✓	✓	✓	✓
Avoiding "burn-out"	✓	✓	✓	✓	✓	✓
Client advocacy	✓	✓	✓		✓	✓
Case close-out	✓	✓			✓	✓
Lessons learned and after action reports	✓	✓	✓		✓	✓
Services for Victims of Domestic Violence (safety, confidentiality, data collection, client records, DV shelters)	✓	✓	✓		✓	✓

\* Optional training that is based on the needs of the event and after consultation with the State as some tasks may not be the responsibility of the case manager in all States.

## DEPLOY TO DISASTER SITE

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Within 24 hours of notification by ACF, all members of the NDCMCT will be present at the disaster site; all members of the RDCMRT will be at the disaster site within 48 hours of notification. Deployment procedures will be initiated by the NDCMCT Team Leader in conjunction with any task order or other directive issued by ACF. All directives will include contact information for key personnel charged with coordinating Federal disaster response activities. The NDCMCT Team Leader will coordinate the deployment of the NDCMCT and RDCMRT with the HHS Incident Response Coordination Team (ACF Human Services Branch Chief) Federal and State Emergency Management procedures so as not to impede the efforts of rescue and other first response personnel. Individuals to be included in immediate communication(s) include but are not limited to: the ACF Human Services lead, FEMA VALs (HQ, Regional), and state emergency management officials or other state-designated point(s) of contact, and representatives of the local (impacted) community if available.

The NDCMCT Administrative and Logistics Coordinator plays a key role during this period (e.g., arranging for air transportation for NDCMRT and RDCMRT members to the disaster site, identifying work space onsite for the RDCMRT, and securing housing for NDCMRT and RDCMRT members). In addition, the NDCMCT Administrative and Logistics Coordinator is responsible for delivering program equipment and supplies to the disaster site (e.g., laptops, air cards, computer hardware, lockboxes, track phones with pre-purchased minutes, credentials for team members, program signs, case folders and disaster case management forms, and basic office supplies).

On Day 3 following notification (i.e., the 48 to 72 hour period), training will be provided to the RDCMRT (see Training).

## STAFF IN-PROCESSING

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Staff in-processing will include orientation to the local community, including the introduction of key emergency management personnel, key Federal, state, and local officials, local social service agency leaders, and leaders of state and local VOADs and LTRGs. All staff, including ACF, NDCMCT, RDCMRT and local DCM agency personnel, will need to be issued necessary identification, including access badges (as necessary) into the FEMA JFO and other emergency management agency facilities for the purposes of community assessment and liaising/networking, as well as photo credentials identifying them as members of the ACF DCM team.

Staff in-processing must comply with FEMA JFO in-processing requirement which will be provided in a Standard Operating Procedure.

## COORDINATION WITH FEDERAL, STATE, LOCAL AND VOLUNTARY DISASTER RESPONSE AGENCIES

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Coordination with Federal, State, local, voluntary and other disaster response agencies is vital for the successful implementation of the DCM model and to minimize duplication of effort. These agencies include, but are not limited to, disability organizations, aging networks, language interpretation services and other local community agencies. Effective communication with local public and non-profit agencies providing disaster-related services to the community builds trust and rapport with the local community, and ensures a productive environment that will provide the best possible service to clients. Upon deployment, NDCMCT and RDCMRT staff will initiate efforts to liaise and coordinate with FEMA staff (esp. VALs & Community Relations) and disaster-related entities on the ground at the

affected area. This coordination will build on the partnerships established prior to notification. In addition, locating the DCM team offices within close proximity to the local emergency management agency operations (for example, collocated with the JFO) enables the DCM team to establish a visible presence. At a minimum the National Partner will ensure that there are agreements with the aging network and the disability network in the local area to ensure the needs of these populations are addressed.

An important element of coordination is familiarizing local partners with, including the use of the DCM client tracking / IT platform to avoid service duplication and ensure individuals do not “fall through the cracks” among various providers.

### **ASSESSMENT OF COMMUNITY’S UNMET DISASTER-RELATED-NEEDS**

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Beginning in the first few hours of notification, the NDCMCT will communicate and coordinate its efforts with local EMA (or personnel so designated by the State) personnel, FEMA, community organizations, human services organizations, as well as other human services partners to the dissemination of accurate information regarding to overall damage estimates and the needs of the impacted populations. Key information to gather within these first few hours of notification includes the number of affected households, the number of people with disabilities, the number of adult day care facilities, the location of Disaster Recovery Centers (DRCs), the location of congregate care facilities (nursing homes, adult day care programs, group homes, etc.), geographic area of damage, and initial number of anticipated Individual Assistance applicants and potential resources needs. This information will help the NDCMCT begin estimating the types of resources and number of additional Regional Team members and local DCM teams needed to meet client needs. Upon arrival at the disaster-affected area, the NDCMCT will continue this assessment in partnership with State and community organizations, and will revise initial estimates as more accurate information is obtained.

## INITIATE DISASTER CASE MANAGEMENT SERVICES

### DCM STEPS

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Within 72 hours of notification and FEMA approval, RDCMRT staff, supported by the NDCMCT, will initiate the provision of DCM services to disaster survivors in disaster-affected areas. RDCMRT staff will have primary responsibility for providing initial services, including intake, assessment and the development of a preliminary recovery plan. The preliminary recovery plan should include goals that can be revised and augmented as additional needs are identified, other information becomes available, and progress is made. If local disaster case management teams have already been identified, screened and trained, they will work with RDCMRT staff to initiate DCM services. When local teams have not been identified the Regional Teams will initiate disaster case management service delivery. The following describes steps and procedures associated with DCM service delivery:

1. **Eligibility**—To receive services, clients must be determined to be eligible.
  - a. Eligibility requirements: All persons adversely impacted by a disaster in a federally declared disaster area can apply for disaster case management services by requesting an intake interview. In addition, any person adversely impacted by a disaster in the disaster area can receive information and referral services from program staff. To receive additional disaster case management services beyond the intake interview, clients must sign a confidentiality waiver and demonstrate disaster-related-needs within a specified timeframe (e.g., 120 days).
  - b. Policies and procedures for confirming eligibility: The National Partner will have written policies, reviewed by ACF and FEMA that outline procedures for National, Regional, and local-level DCM staff to follow to verify eligibility. For instance, it may be necessary, based on the disaster variables, for clients to show proof of residency within the declared disaster area for a certain time period prior to the disaster event. In this instance, the Disaster Case Manager will secure copies of documents necessary to prove residency, like a utility bill for the claimed address, etc.
  - c. Referral process for ineligible clients: The National Partner will have written policies for Disaster Case Managers, reviewed by ACF and FEMA, to follow for applicants determined to be ineligible for DCM services.
  
2. **Call Center**—The National Partner is responsible for establishing a call center within 72 hours of activation that persons adversely impacted by a disaster can call to inquire about and request DCM services. If a State already has a call center it is essential not to duplicate the effort. The National Partner will coordinate with the existing 2-1-1 system or State run system, if available. Where possible, there must be efforts to develop relationships with existing state 2-1-1 systems in advance of a disaster to clearly define roles, expectations, and staffing requirements. Throughout the enrollment period, the call center must be able to conduct intake, identify urgent versus routine cases through triage and provide the appropriate information and referral in a timely manner. The National Partner, in coordination with ACF and 2-1-1 leadership, will develop policies and procedures for the following in accordance with National standards to address call center operations:
  - a. A call center implementation plan

- b. Specific intake questions required
- c. Confidentiality concerns for special populations, such as victims of domestic violence and elder abuse
- d. Marketing plans
- e. Referral requirements
- f. Interface with IT platform
- g. Training of call center specialists
- h. Reporting

Prior to any public announcement of the call center number, the call center provider must be given timely notice of public announcement to insure appropriate staffing.

3. **Outreach**—A well coordinated outreach effort is critical to the success of the DCM goal of ensuring as many affected persons as possible receive, and are positively impacted by, DCM services. In particular, program staff and volunteers will conduct a variety of outreach activities focusing on reaching persons with disabilities and other special needs populations. Outreach should include coordination with FEMA, State and local community leaders. Additionally, the National Team will lead outreach efforts and ensure that RDCMRT case managers and other staff participate in outreach activities until their client case loads require them to work full time on existing cases.

Outreach activities include the Client Assistant and/or Navigator initiating door-to-door canvassing, distribution of program flyers at disaster assistance centers and other locations, and seeking out locations where potential clients gather (e.g., community centers, houses of worship, American Red Cross shelters, FEMA Disaster Recovery Centers, and other emergency assistance centers) and presenting program information at the locations throughout the duration of the program. Specifically, to ensure that the outreach effort is successful, the following steps will be included in implementation:

- a. *Coordinated outreach*: The National and Regional Teams will coordinate outreach efforts in collaboration with State, local and community leaders, including but not limited to: department(s) of mental health, houses of worship, faith-based and non-profit groups providing disaster relief services, FEMA JFOs, local LTRGs, and local/State voluntary organizations. Information shared with these groups will include the name and contact information of the National Partner and/or local affiliates as well as a description of services available. NDCMCT and RDCMRT staff must recognize that individuals impacted by disasters often search for services from many organizations in the community, therefore it is imperative that information provided by the NDCMCT is consistent, current, advertised in appropriate languages, and shared with as many relief organizations as possible to ensure the broadest area of coverage.
- b. *Visibility in the community*: Visibility of DCM staff visible in the community is important to increase awareness of the program. Gaining access to LTRGs and VOAD meetings is a top priority as these are generally highly effective for networking with other groups who may also be providing services to impacted individuals, including reconstruction assistance and direct financial help. Satellite offices that are disability-accessible and adjacent or in close proximity to FEMA offices increase the likelihood of reaching the largest number of potential clients in the shortest period of time. However, in disasters that cover large geographic areas it may be necessary to have offices in impacted communities. Further, coordination with FEMA VALs, State systems and agencies is

crucial to prevent service duplication and the unnecessary expenditure of limited resources. For example, if a State agency exists that provides mental health counseling for persons adversely impacted by a disaster, local DCM agencies should utilize this agency as a referral source rather than hiring its own staff specialized in mental health. This staffing resource could then be used to hire case managers, data entry specialists or consultants with particular expertise in areas with critical client need. Finally, all offices will have a process for receiving walk-in applicants as well as scheduled appointments.

- c. *Supporting special circumstances:* The National Partner, in collaboration with State and local agencies community programs, will conduct a need assessment to identify any special circumstances that may require additional resources to support outreach efforts in the population impacted by the disaster. Examples of special circumstances may include: confidentiality considerations for special populations, such as victims of domestic violence and elder abuse; communities with limited English proficiency; large numbers of elderly or citizens with special needs; persons with disabilities such as the hearing or vision impaired; large numbers of people with emergency healthcare needs; and individuals living in relative isolation with no television, newspapers, or direct mail service (e.g., mail delivered to a post office rather than home delivery).
          - d. *Public announcements:* The National Partner must consider public service announcements through local television and radio stations and the Internet and ensure that they are assessable. The information broadcast must be approved by both ACF and FEMA, consistent and current.
4. **Triaging**—The primary purpose for triage is to assign a priority level to a case. The triage process involves ongoing communication between the client and case manager and involves regular reassessment particularly as the client transitions into long-term disaster case management. The three priority levels will be emergent (requires disaster case management action within 24 hours from time of case opening), urgent (requires disaster case management action within 3 days from time of case opening), and routine (requires action within 7 days from time of opening). The triage process is used by the case manager to determine his/her approach to the managing their case load. Cases with the highest priority level receive the greatest amount of the case manager's energy. This process helps define the case manager's workload management.
  - a. *Triage indicators:* Triage indicators are based on a risk inventory conducted at intake. Indicators include those that identify potentially vulnerable populations, such as infants, children, the elderly, victims of domestic violence, single parent households, persons with disabilities (including those with mental or medical illnesses), the homeless or pending homeless, people with limited English proficiency, households whose income is below the Federal poverty line and other special needs populations.
  - b. *Process for triaging case loads:* The National Partner will have written policies regarding supervision activities, including the regular triage of Disaster Case Managers' case load within the 35 to 1 target ratio, to establish/re-establish workload priority. This triage process will be included in the supervisor and Disaster Case Manager training modules. The National Partner will implement the triage process into its service delivery operations. Cases assigned the highest priority will occupy the greatest amount of Disaster Case Managers' time. Cases will be assigned priority based on factors ranging from whether the case is new, how many of the risk factors

described above are applicable to the case, and how far along in the recovery process the case is at time of review.

- c. *Assignment of staff/volunteers based on triaging.* Those cases given the highest priority could potentially require the assistance of others assisting the assigned Disaster Case Manager. For these cases, additional support may be sought from the National Partner's social services and nursing consultants, as well as others from the healthcare, social service, or mental health counseling professions. Volunteers and other disaster case management assistants may also be assigned specific tasks related to steps necessary to bring the case to a lower priority status. These steps might include volunteers providing transportation for the client to a social service center to complete necessary benefit applications, etc. Different options will be considered for identifying volunteers, as appropriate, including contracting volunteer management to a state-wide volunteer management group, using AmeriCorps\*VISTA members, and having local affiliates contract with local volunteer groups.
  - d. *Procedures for addressing the most critical needs.* As mentioned above, for cases rated the highest priority, additional professional support may be needed. For some of these cases, a multi-agency, multi-disciplinary approach will be used to address client needs in a comprehensive, holistic approach. Pre-existing needs will be identified and addressed as part of DCM. The intent is to provide specialized service and acknowledge that the needs are unique and specific. Long term disaster case management services for pre-existing needs will be provided only if not addressing these needs adversely impacts an individual's disaster recovery.
5. **Intake**— As potential clients are identified through outreach, self-identification, referrals, or other means, the National Partner, Regional Teams and local affiliates will conduct an intake process. (If necessary, the intake process will be conducted during scheduled visits to the client's home or another location convenient to the client.) The purpose of the intake process is to establish program eligibility and gather necessary demographic information. Demographic data will be collected from clients determined to be eligible to receive services. This data includes pre- and post-disaster contact information (address and telephone number), the number of impacted individuals in the household, whether the applicant rented or owned their pre-disaster residence, and copies of documents needed to establish program eligibility (e.g., a picture identification card, copies of utility bills, etc.). Additional steps at intake include gathering information regarding immediate needs and administering a brief risk inventory (single parent, elderly, etc.) to prioritize/triage cases that are opened. Efforts will be made to coordinate intake information with local partners and, where acceptable, other human services organizations in order to reduce reporting exhaustion and multiple reporting from clients. The National Partner will ensure the applicant signs and receives copies of the releases of confidentiality and that she or he is willing to partner with the Disaster Case Manager in the development of a disaster recovery plan. This agreement will be reflected in a client's *rights and responsibilities* document (prepared by the National Partner) and shared with the applicant at intake. Consideration must be given to confidentiality concerns of special populations, such as victims of domestic violence and elder abuse. Information such as pre-disaster residency, collection of demographic data and the release of confidentiality form may be waived for these populations; supervisors should be consulted in these instances. The Disaster Case Manager will work in coordination with other service providers and organizations to identify and refer clients to services when the service needed is beyond the scope of the disaster case management program.



6. **Information and referral**— After intake, and based on clients' identified immediate needs, case managers will be able to provide information and referral (I&R) services to applicants. Occasionally, an applicant may not qualify for or need DCM services but may have short-term or immediate needs. These immediate needs may include temporary shelter, food, healthcare, or money for gasoline. National, Regional, and local-level DCM staff will have the capacity to provide direct/immediate referrals for such cases. Confidentiality concerns must be taken into account when making referrals that include the transfer of client information. DCM staff will also have a listing of local community resources that could meet the applicant's need(s). These resources might include the local American Red Cross chapter, faith-based organizations, or similar organizations that focus on providing relief versus long-term DCM services. The resource listing will be accessible via the program's IT platform and verified regularly to ensure accuracy. The DCM team will work closely with U.S. Public Health Service nurses or others to ensure urgent healthcare and mental health issues are properly referred.
  
7. **Needs assessment**— The needs assessment process for a newly established client begins after intake and once the applicant has met the requisite qualifications for DCM services. A thorough assessment leads to an effective recovery plan; conversely, an incomplete assessment can undermine the development of the recovery plan and lead to incomplete or unsuccessful recovery for the client. A thorough assessment assumes the client is more than the sum of his/her disaster-related-needs, thus a holistic approach to assessment and disaster case management will be the approach the National Partner adopts as its service delivery model. Based upon this assessment, a preliminary recovery plan will be developed immediately and revised at the first meeting between the client and the case manager and thereafter, as necessary.

Each area of the client's life is likely affected in some way by the disaster. The Disaster Case Manager recognizes this and begins the assessment process by asking the client to describe:

- a. His/Her life prior to the disaster;
- b. His/Her current situation; and
- c. What the client hopes to achieve by the end of the recovery process (the disaster recovery goal).

The Disaster Case Manager will pay particular attention during the assessment process to the following areas of need or service, as well as others:

- a. Entitlement benefits (e.g., TANF, SSI, SS, state General Assistance)
- b. Housing (e.g., housing history, utilities, disaster damage, rent vs. own)
- c. Special needs determination (e.g., physical disabilities) / elderly issues
- d. Employment
- e. Financial (including the completion of a budget worksheet)
- f. Transportation
- g. Childcare and/or other youth/child-related issues
- h. Healthcare needs (including medications, nutrition, glasses, hearing aids, dentures)
- i. Mental and physical health and wellbeing
- j. Language skills (translation or literacy assistance)
- k. Education (children)/Job training (adults) needs
- l. Legal services (establish or re-establish legal issues)
- m. Other human services needs

In the assessment process, the Disaster Case Manager seeks to establish a baseline by examining the areas listed above from the perspective of pre-disaster functioning. The overall impact of the disaster on a client is determined by examining the difference between pre-disaster functioning and current functioning in each of the above-listed service areas. For instance, if a client was a pre-disaster homeowner and reveals that she is now paying rent to a relative, the impact of the disaster on the housing area of service is clear. The Disaster Case Manager would then work with the client to begin developing goals and objectives that address housing needs in the disaster recovery plan. Disaster case managers must understand that no single area of service exists in isolation. For example, for the client to rebuild/repair her home, areas of finance (costs associated with rebuilding, income), legal service (obtaining permits, right of entry for clearing the lot, etc), and potentially other areas of service based on geography and damage to the local community including schools, place of employment, etc., must be addressed.

The assessment phase is of utmost importance and Disaster Case Managers must be thorough and patient. The assessment process should not be rushed for any reason because a thorough assessment leads to an effective disaster recovery plan.

8. **Individual disaster recovery plan development**— The development of the individual disaster recovery plan is based on information gathered in the assessment. The development of goals and objectives in the plan are based on areas of need/services that the client and Disaster Case Manager agree upon.

The overall disaster recovery goal will express what the client will achieve as a result of his/her work on the entire plan. For example, a disaster recovery goal of “*Establish stable residency in (post-disaster city) by (date)*,” is a goal that is reflective of the entire body of work, the disaster recovery plan. In order to establish stable residency the client might need to: gain employment (which might require education or job training), establish reliable transportation and secure a driver’s license (legal), establish stable/affordable, accessible housing, enroll children in school/daycare, and maintain household expenses (finance). Each one of these “sub-goals” will have action steps the client must accomplish to achieve success in that particular area of service. Only when each of sub-goal is accomplished, or when the client is clearly exercising the self-determination necessary to accomplish each goal, can the overall goal of establishing stable residency be achieved. Each goal, both overall and sub-goals, must be achievable, realistic, and measurable.

The Disaster Case Manager is a facilitator in the plan development process. Ultimately, the disaster recovery plan belongs to the client and must not be viewed or constructed by the Disaster Case Manager in any manner that might suggest it is merely a checklist of “to-do” items for the Disaster Case Manager.

9. **Plan monitoring**—Part of a Disaster Case Manager’s role is to monitor progress toward the achievement of goals outlined in a client’s disaster recovery plan. Monitoring activities include regular client contact, case file review and staffing with the disaster case management supervisor, and updating the client’s file to reflect changes of information. Routine contact with the client may reveal the need for re-assessment to establish new goals and/or discuss the client’s roles and responsibilities as they relate to the execution of the action steps within the plan.

Disaster case managers must have good time management skills and supervision to effectively monitor case load progression while simultaneously opening new cases, closing cases, and continuing outreach and advocacy efforts.

10. **AIRS/211 LA County Taxonomy**—All DCM teams will have an understanding of the human service taxonomy so they can successfully identify, refer, and track client needs in a consistent manner based on this instrument. Training will be provided by the National Partner and an AIRS/211 LA County Taxonomy representative, if available. To identify the key basic categories of human services in the AIRS/211 LA County Taxonomy to which Disaster Case Managers will help link their clients, please refer to the Program Activation, Enrollment, Service Delivery and Deactivation section found earlier in this guide<sup>5</sup>. Additional information about the AIRS/211 LA County Taxonomy is also contained in the Appendix.
11. **Long-Term Recovery Group**—The LTRG is often an important source of recovery resources following a disaster. While LTRGs vary widely in structure, membership, and protocol for accessing resources, all typically invites case managers to present client cases to an unmet needs committee or roundtable. Disaster Case Managers or Supervisors will research protocols, resource eligibility, application requirements, and seek access to and participate in meetings and roundtables when an LTRG is operating concurrent with the DCM. All efforts should be made to identify and collaborate with local LTRGs during the initiation phase of DCM (Regional Teams) and continue throughout the life of the program.
12. **Advocating and referrals**—Once the disaster recovery plan is written and agreed upon by the client and Disaster Case Manager, the necessary advocacy and referrals to accomplish the goal(s) contained within the plan begin. The Disaster Case Manager, through networking, advocates for resources necessary to meet the needs and accomplishment of clients' goal(s). Advocacy is critical to the success of the client's and Disaster Case Manager's efforts outlined in the disaster recovery plan. For instance, if one of the goals within the plan is to rebuild/repair the client's home, then it may be necessary for the Disaster Case Manager to prepare and present the case to a LTRG or local recovery committee. The Disaster Case Manager would request funding for the client's rebuilding needs, for example, at a resource committee hearing comprised of members who provide funding for recovery efforts through the LTRG. Other types of advocacy might include negotiating with utility companies to establish a budget payment plan for the client's household. The client should also be encouraged to advocate on his/her own behalf, as the recovery plan constitutes a partnership between the Disaster Case Manager and the client. Disaster case managers will also make necessary referrals to community organizations based on the area of service and level of need within the plan. For example, if the client has a particular disability that the Disaster Case Manager's agency is unable to accommodate, then a referral to a state disability agency or a protection and advocacy center might be appropriate to ensure the best possible outcome for the client.

Once advocacy and referral are conducted, and when the client begins to work on his/her plan, the Disaster Case Manager will monitor the progression of the case at least monthly.

13. **Confidentiality**—The National Partner, Federal staff, and local affiliates will maintain confidentiality throughout the disaster case management process by assuring that client records are kept in a safe, secure environment within National Partner's and/or local affiliates' facilities. All DCM staff must sign a confidentiality agreement, a violation of which could lead to immediate dismissal. As part of the training program, all DCM staff will receive training on confidentiality policies and procedures, including methods of protecting client confidentiality.

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<sup>5</sup> Under the National Response Framework, mental health, healthcare, and medical care are not considered human services. They are included in this section to highlight their linkages to human services and their importance during and after a disaster

Client records will be filed according to established protocols and access to records will be controlled through log-in/out processes for both digital and paper files. Disaster case managers, should they need to carry client records into the field, will take only those records needed to complete field activities. Records will be kept in a locking file box while in transport. Further, the releases of confidentiality that clients sign during the intake process will clearly indicate to what extent and with whom information from the client's record will be shared.

## COLLECT AND ENTER DATA

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RDMCRT staff and local DCM agency staff are responsible for data entry into the program's client tracking / IT platform. Specific forms to be used are outlined in the next section ("Forms"). The National Partner must provide daily reports during the response phase of the deployment based on the data entered in to the system; reporting will transition to monthly as the program moves toward the provision of long-term disaster case management. Reports are based upon pre-established indicators within the IT platform. Part of the training in the use of the IT platform will be on disaster case management forms (see below) and the purpose for such data collection.

## FORMS

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All client data will be compiled through a set of forms that will guide disaster case managers in collecting data from clients. Data from these forms will be entered into the IT platform. Forms include:

1. Disaster Case Management Intake
2. Client Consent to the Release of Confidential Information
3. Case Disposition Form (Triage)
4. Services Referral and Tracking
5. Checklist For People Planning Their Return Home
6. Disaster Assessment
7. Social Services Screening
8. Household Monthly Income and Expenses
9. Individual Client Assessment
10. PsySTART Disaster Mental Health/Human Services Triage System
11. Program Disaster Recovery Partnership Plan
12. Case Notes
13. Case Closure/Summary Form
14. Client Satisfaction Survey

## IT PLATFORM

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If practical and if power and physical infrastructure in the disaster area are fully restored and no outages are expected, the National Partner will consider operating in paperless mode. The IT platform will operate in paperless mode, where no information is hand-written onto the disaster case management forms, but rather entered directly into the database.

The IT platform must be approved by ACF and FEMA, and:

1. Provide extremely high reliability (99+ percent availability);

2. Protect client confidentiality consistent with the Privacy Act of 1974 and other privacy and security standards, and include appropriate role-based security, particularly regarding user access to client-level data (e.g., users who can only view, but not edit client data; users who can only produce reports that include aggregate data);
3. Provide system-level security to prohibit access by unauthorized users and guard against external cyber attacks;
4. Include daily automated backup and system recovery functions;
5. Be usable with minimal training;
6. Be scalable to any size disaster, including the ability to support multiple disasters simultaneously;
7. Provide software tools that enable non-programmers to make changes to disaster case management forms and create new reports;
8. Be deployable within 24 hours following a disaster;
9. Comply with the AIRS/211 LA County Taxonomy;
10. Interface with other client-level data systems, including the FEMA Individual Assistance registry (NEMIS), and disaster case management systems used by other providers of disaster case management services;
11. Interface with data systems that maintain service provider and community resource databases (e.g., 2-1-1 systems);
12. Not require proprietary hardware or software on users' PCs or laptops to run the system, and,
13. The platform must be available to all persons providing disaster case management and those responsible for quality assurance, due to the fiduciary responsibility of the Federal government. This system must allow U.S. Public Health Service officers and other Federal employees serving as case managers to access files of cases they are assigned.
14. Easily transition data and case information to the State

## DURING REMAINDER OF DEPLOYMENT

### IDENTIFY, SCREEN, AND TRAIN LOCAL AGENCY STAFF FOR DISASTER CASE MANAGEMENT SERVICE DELIVERY

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The NDCMCT will work with the state(s) to begin transition to the existing state or local disaster case management system and ensure there is a mechanism to provide funding to the designated organization prior to departure of the RDCMRT. If there is no existing state or local disaster case management system, the NDCMCT and RDCMRT will work with local agencies to identify, screen, and train local DCM Supervisors, Disaster Case Managers, Disaster case management Assistants/Technicians, and Client Assistants/Navigators, and arrange for contracts for them to provide disaster case management services. The NDCMRT's Community Coordinator will strive to establish contracts with organizations in the affected community that have a proven track record of providing disaster case management services. In disaster-prone areas, the Community Coordinator will pre-identify local agencies expressing an interest in participating, should a disaster occur in their area. Procedures for identifying, screening, and training these staff will be the same as those used prior to notification (see the corresponding sections earlier in this document). The NDCMRT should assume that individual RDCMRT members will deploy for up to two weeks. Multiple rosters of RDCMRT members will be needed to replace the initial RDCMRT. The Community Coordinator must carefully monitor the local agency recruitment process to ensure that sufficient RDCMRT members are onsite to serve existing clients and continue active outreach. The RDCMRT must provide disaster case management services until local DCM agencies are fully identified and trained. As local affiliates are operational, existing cases will be transitioned from the RDCMRT to the local affiliate case managers.

### TRANSFER DISASTER CASE MANAGEMENT RESPONSIBILITIES TO THE STATE/LOCAL AGENCIES

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The DCM Program is based on the principle of support to states. To the maximum extent possible, local resources should be utilized to address local needs. While the National and Regional Teams will provide immediate services, it will be done with the intent of transferring clients to State DCM programs as soon as possible. As cases are transferred, the NDCMCT and RDCMRT will withdraw from the disaster area unless technical assistance is needed and requested by the State.

### CONTINUE PROVIDING DISASTER CASE MANAGEMENT SERVICES

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During the remainder of deployment, local DCM agencies and any remaining Regional Team members will continue to provide disaster case management services according to DCM policies and procedures. It is critical that services be provided continually from intake through case closure. In particular, following the intake process and any related work that focuses on meeting immediate client needs, the case manager should schedule a follow up appointment as soon as possible to begin the comprehensive assessment and initial development of the disaster recovery plan. Because the recovery plan is a living document that should be revised periodically, the case manager should have ongoing meetings with the client. Between client appointments, case managers should identify existing resources, advocate on behalf of clients based on identified needs, and link clients to resources identified as a result of networking and collaboration with other agencies operating in the area. The disaster recovery plan should address clients' disaster-related unmet needs that are identified during the assessment phase, including pre-existing and long-term human service needs that would impede recovery. The recovery plan should also include information on available Federal, state, local, voluntary agency, and private organization resources to provide clients with as many

options as possible to pursue their recovery goals. Case managers are expected to have an ongoing relationship with clients throughout the recovery process and make necessary revisions to planning documents until the needs are met or the case is closed. ACF will oversee and monitor programs funded with Federal contractors to ensure adherence with program guidelines.

## PERFORMANCE MONITORING OF LOCAL AGENCIES

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The NDCMRT is responsible for monitoring the performance of local agencies with which they have contracted and reporting findings to ACF, including:

1. ensuring each agency follows established policies and procedures;
2. monitoring case load development (open/closed/transferred/transfer-received cases);
3. reviewing files to ensure accurate use of forms and comparing accuracy of data entered into the IT platform;
4. reviewing required reports from affiliates, including programmatic and financial status updates;
5. periodically participating in conference calls with the project officer to monitor activities;
6. distributing and collecting client satisfaction surveys to evaluate disaster case management effectiveness;
7. conducting periodic site visits to observe programmatic and fiscal operations and assess compliance with policies and procedures;
8. assessing case manager training needs and providing refresher training as necessary; and
9. providing general oversight and facilitating collaboration efforts among affiliate agencies.

## DEACTIVATION

The final phase of the DCM process is the program closure and deactivation. Program closure includes transition to the State, closing out client cases, staff out-processing, and lesson learned or evaluation.

### TRANSITION TO STATE DCM

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Within 30 days of arrival at the disaster location the National Partner will begin to develop a transition strategy to the State. At a minimum the National Partner must coordinate the plan with ACF, FEMA and the State's designated agency. Thirty (30) days prior to program closure and deactivation, ACF will finalize the transition plan to ensure a seamless transition of disaster survivor cases to the State managed program or other service providers.

### CLOSE-OUT OF DISASTER SURVIVOR CASES

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Disaster survivors, community service providers, any LTRG's, and other state and local agencies will be notified upon initial deployment of the timeframe established by ACF for closing cases and program shutdown. As the program nears completion, clients will receive notification of their case status, options for continuing disaster case management services if needed, and a list of available community, State, and Federal resources.

The following information describes the policies for closing client cases:

1. ***Closing cases based on completion of disaster recovery plans.*** A best practice of DCM organizations is the ability to communicate case closure with clients. This discussion happens at the inception of the relationship between the Disaster Case Manager and the client. Clients need to know the time limits of services and indicators to be used to gauge progress toward recovery. Discussion concerning the client's responsibilities as a partner in the DCM process will take place upon intake. This discussion should inform the client of the nature of the relationship and what she or he will be required to do to ensure the relationship is successful. Specifically, the client will be informed of his/her responsibility to communicate with the Disaster Case Manager especially any updated contact information, success or obstacles experienced while carrying out steps outlined in the disaster recovery plan.

The Disaster Case Manager will identify cases for closure. Cases will be closed for various reasons, including the achievement of the recovery goal(s) as outlined in the disaster recovery plan, referral to another case manager, loss of contact (client leaves area without notifying the Disaster Case Manager), or client request. Cases will be documented to reflect the reason(s) for case closure. Documentation will include a case closure summary form accompanied by a narrative to be written by the Disaster Case Manager and reviewed and signed by the disaster case management supervisor. The client will be notified of case closure and provide consent and/or feedback, which will be entered in the client's file and noted in the program's client tracking system / IT platform. Information entered into the system will be minimal and only for the purpose of notification should the client seek services at a later date.

2. ***Closing cases due to timeframe and eligibility for services.*** As noted under Length of Service above, the timeframe calls for a 12-month service period following the completion of the intake interview. If a case has not reached a point at which it can be closed satisfactorily by the 11<sup>th</sup> month, the Disaster Case



Manager will begin transitioning the case to long-term human service providers within the community. Throughout the disaster case management process, the Disaster Case Manager will continually review the case to ascertain progress toward achieving the disaster recovery goal(s). If it is clear at any point earlier than the 11<sup>th</sup> month that the client is not progressing toward his/her recovery goal(s), the case manager will work with his/her supervisor to begin the process of case transfer or reassessment.

Case transfers may occur within the DCM team as a result of such factors as Disaster Case Manager background and experience or other identified issues that may result in the client having the greatest chance for success in his/her recovery (e.g., expertise with a particular type of disability). The National Partner and/or local affiliates will not transfer cases where the only reason for transfer is to access resources or cash assistance. This work will be done largely through collaboration with other disaster response organizations so as to prevent unnecessary hardship for the client. When a case is transferred for any reason, the client must be consulted in advance and the case file updated reflecting client feedback and/or consent for transfer.

3. ***Transition cases to other providers.*** Transition to other local service providers will include clear communication with the client and the receiving organization to ensure client approval and a smooth transition. The case file and the program's client tracking system / IT platform must be updated to reflect the transition. The client must approve the transfer of any confidential information to the new provider. Special consideration must be given to the confidentiality needs of special populations, including but not limited to, victims of domestic violence and elder abuse.

## STAFF OUT-PROCESSING

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The National Partner is responsible for out-processing DCM staff when their involvement in the program ends. All identification badges, equipment and other relevant materials must be collected on the final day of employment. All client files must be transitioned to other providers.

## LESSONS LEARNED ACTIVITIES

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Following program deactivation, lessons learned and evaluation documents will be prepared according to the format and standards of FEMA's current evaluation system. It is important to allow National, Regional, and local staff to participate in program evaluation activities at the time of closure. They may provide valuable input into the lessons learned, best practices, and areas needing improvement.

## REPORTING TO ACF, FEMA, NATIONAL AND LOCAL PARTNERS

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A key component of program evaluation and learning for future disaster events is reporting from all agencies involved in the disaster. Following guidance from ACF, the National Partner will take the lead in developing reports, including requesting needed information from local partners. These reports will be provided daily during the initial deployment, then weekly and transition to monthly reporting during the provision of long-term disaster case management. Reporting timeframes may be adjusted by ACF and as required by FEMA information needs or in accordance with timelines required by the contract or grant funding. Reports should consist of findings from both internal and external sources, outcome measures, narrative progress updates detailing program challenges and accomplishments, findings of client satisfaction surveys and other data as detailed in the ACF contract with the National Partner. These sources, to include 2-11 (when subcontracted) shall maintain records related to gaps and unmet needs and shall

make these records available to ACF for review upon request. It is important that information to be made public to contribute to the body of knowledge concerning disaster case management, unmet needs, and recovery efforts. The reports will be submitted to ACF for clearance. Once cleared, and in consultation with the affected State and FEMA, the report will be made publicly available.

The National Partner will provide a detailed final report, to include expenditures to ACF no later than ninety (90) days after the end date of the DCM Program and participate in a program-closeout meeting. The report shall include lessons learned.

## TERMS AND DEFINITIONS

**Advocacy:** the pursuit of influencing outcomes — including public-policy and resource allocation decisions within political, economic, and social systems and institutions — that directly affect people's current lives. The process by which the Disaster Case Manager advocates for a client to obtain available and necessary services to assist in his/her recovery. This may include contacting support agencies on behalf of the client, presenting required documents to a LTRG to secure resources or helping a qualified client file an appeal to FEMA for repairs. The type of advocacy depends on the individual client's needs, resources and ability to apply for and receive services for them. Advocacy involves a plan which is written and agreed upon by the client and Disaster Case Manager. The Disaster Case Manager, through networking, advocates for resources necessary to meet the client's recovery needs and goals.

**AIRS/211 LA County Taxonomy:** The Alliance of Information and Referral Systems (AIRS)/211 LA County Taxonomy of Human Services (<http://www.211taxonomy.org>) is the system or instrument by which DCM human services terms, definitions and concepts are classified, indexed and ordered for access in a systematic, unambiguous way. In a human service context, taxonomy is a classification system that allows one to index and access community resources based on the services provided and the target populations served. It provides a structure for information and it identifies what is in an information system and how to find it. The Taxonomy sets a standard for defining services and for indexing the wide variety of human services available in communities across North America.

**Case Management—Long-term:** Long-term Case Management involves an open time frame for service provision and delivery for a client, especially in situations or events where it is anticipated that the target population may require ongoing support. Long-term clients often include persons with severe mental illness, developmental disabilities, or chronic medical conditions who benefit from support and advocacy services provided by a case manager.

**Case Management—Short-term:** Short-term Case Management involves time-limited case management with well-defined client eligibility criteria, length of service parameters, narrow goals and objectives and concrete measures regarding outcomes.

**Case Management--Traditional:** A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

**Casework:** Casework is the direct contact with an individual or family by a case worker to carry out of tasks and activities according to a recovery/case plan. Casework is generally short-term, less comprehensive than case management, and involves less complex interventions.

**Client (Disaster Survivor):** See "Disaster Survivor":\_common term used to describe a Disaster Survivor who is enrolled in Disaster Case Management.

**Crisis Counseling Program (CCP):** The federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Crisis Counseling and Education Program (CCP) is a federally funded, state administered behavioral health program designed to provide temporary support to and augmentation of state and local services post-disaster.

The CCP is a para-professional program that provides outreach, information & referral and education on behavioral health issues to those impacted by disaster. See:

[http://mentalhealth.samhsa.gov/cmhs/emergencyservices/ccp\\_pg01.asp](http://mentalhealth.samhsa.gov/cmhs/emergencyservices/ccp_pg01.asp).

**Disaster Case Management:** Disaster case management is the process of organizing and providing a timely, coordinated approach to assess disaster-related-needs including healthcare, mental health and human services needs that were caused or exacerbated by the event and may adversely impact an individual's recovery if not addressed. Disaster case management facilitates the delivery of appropriate resources and services, works with a client to implement a recovery plan and advocates for the client's needs to assist him/her in returning to a pre-disaster status while respecting human dignity. If necessary, disaster case management helps transition the client with pre-existing needs to existing case management providers after disaster-related-needs are addressed. This is facilitated through the provision of a single point of contact for disaster assistance applicants who need a wide variety of services that may be provided by many different organizations.

Disaster Case Management differs from Traditional and Long-term Case Management in that it is disaster-recovery focused, is often time-limited, and is to some degree dependent on temporary, direct service resources for client referrals and supports.

**Disaster Case Management Assistant:** A paid paraprofessional, qualified by experience, who supports individuals and families in implementing a disaster recovery plan developed by a Disaster Case Manager.

**Disaster Case Management Volunteer:** An unpaid volunteer who assists Disaster Case Managers and Disaster Case Management Assistants in provision of disaster case management services to individuals and families impacted by disaster.

**Disaster Case Manager:** A professional case manager, qualified by education and experience, working in a disaster-impacted area with individuals and families who would benefit from support to assist them in developing and implementing a disaster recovery plan.

**Disaster Recovery Center (DRC):** A fixed or mobile center established shortly following disaster impact to provide information, referral, and resources to survivors. DRCs often include federal, state, local, and non-government organization disaster-specific information, resources, and representatives.

**Disaster Recovery Plan:** A formal, written plan developed to accomplish the recovery goals identified by the client. The plan is developed following a comprehensive disaster-impact assessment conducted by the Disaster Case Manager, in close collaboration with the client. The Disaster Recovery Plan includes specific goals and timeframes that link with the client's disaster-caused needs and any healthcare, mental health, and human services needs that may impede recovery.

**Disaster-Related-Needs:** A need of the disaster survivor that can be directly linked to the impacts of an event that has been declared a Major Disaster by the President, specifically where Individual Assistance has been authorized.

**Disaster Survivor (Client):** refers to individuals, families, or households who have disaster-related-needs and are being served by a Disaster Case Manager.

**Emergency Management Agency (EMA):** The designated agency in state or local government responsible for emergency preparedness, response, and coordination within that state or locality. EMAs may also coordinate with other local, state and federal agencies.

**Human Dignity:** The state or quality of being worthy of esteem or respect. Human dignity is protected by basic human rights. Among these are the right to life and the basic necessities of life such as food, shelter, clothing, health care, education, and employment at a livable wage. These rights include the right to participate in decisions that affect one's life and one's future.

**Information and Referral (I & R):** Information and Referral is the provision of disaster-related resource information provided to survivors, often in the immediate aftermath of a disaster to meet immediate, short-term needs. These immediate needs may include temporary shelter, food, healthcare, or money for transportation. I & R also refer to the ongoing process of case managers' facilitating client access to needed services throughout the DCM life-cycle.

**Local Agency:** Any entity providing disaster case management services at the local level. These agencies include, but are not limited to, state, local government, non-profit or community organizations, and faith-based organizations which provide disaster case management or other types of practical, social, or human services support to disaster survivors.

**Local Team/Local Agency/Local Affiliate:** Local agencies under contract with ACF, through the ACF DCM National Partner, to provide DCM to local disaster survivors. Local Teams are drawn from local agencies, contracted, trained and begin providing services as soon as feasible following deployment of the ACF DCM program.

**Long-Term Recovery Organization (LTRG):** Local or regional organizations that are formed immediately following a disaster. Sometimes referred to as *Long-Term Recovery Committees or Unmet Needs Committees/Roundtables*, may vary widely in their membership, composition, and function. LTRG members usually include local or regional social support agencies, community, faith-based organizations, and others. A particular LTRG may be incorporated or have non-profit or 501 (c) 3 statuses; include paid staff; manage direct service resources; include a mechanism for accepting applications from case managers and/or individuals for financial support.

**National Partner:** The ACF DCM National Partner is an organization which assists in planning and implementing the Disaster Case Management program under contract with ACF/OHSEPR. The National Partner deploys staff to the impact site, provides logistics and administrative support, and coordination of the Regional Team from deployment through deactivation, manages contracting with Local Teams, and coordination with the affected State through the life of the program.

**National Disaster Case Management Response Team (NDCMRT--National Team):** The National Disaster Case Management Response Team (NDCMRT) is comprised of personnel from Federal agencies and representatives of the National Partner. The National Partner's role is to provide leadership in both the planning process and the delivery of disaster case management as part of a contract with ACF. The NDCMRT is the first of the disaster case management teams to be deployed following a disaster and is responsible for coordination with existing organizations and for the initial analysis to determine the need for disaster case management. The National Partner also serves as the advance team for disaster case management and provides general oversight throughout the disaster case management cycle.

**NVOAD: The National Voluntary Organizations Active in Disaster** is a coalition of the major national voluntary organizations that have made disaster related work a priority. With 33 years of experience, the NVOAD member agencies provide direct services along the continuum from disaster prevention and preparation to response, recovery and mitigation. NVOAD serves its member agencies by coordinating planning efforts, enhancing response capabilities, and, when an incident occurs, facilitating comprehensive, coordinated volunteer response in partnership with emergency managers. This cooperative effort has proven to be the most effective way for a wide variety of volunteers and organizations to work together to help those in need.

**Outreach:** Following disaster impact, the activity of identifying vulnerable and other special needs populations including individuals with disabilities, children, elderly, individuals with limited English proficiency, and people who have unmet disaster-caused needs. Outreach is conducted through Disaster Recovery Centers (DRC), local VOADs, faith-based organizations, state, and other local organizations. The outreach process includes development of an outreach plan (National Team), implementation of the plan (Regional and Local Teams), and monitoring and adjustment of the plan as needed (Regional and Local Teams).

**Regional Disaster Case Management Response Team (RDCMRT--Regional Team):** Regional Team(s) are drawn from surrounding states, as needed, to provide temporary support for DCM in the area impacted by the disaster. RDCMRTs are comprised of volunteers (paid or unpaid) identified, trained, equipped, and coordinated by the National Partner. This team is comprised of disaster case management supervisors, case managers and support personnel. Regional teams are supplemented with Service Access Team officers that are health care professionals, social workers or nurses with case management experience. These officers are generally available for 30 days following a disaster to help fill gaps until the Regional Team or Local Teams can assume responsibility.

**Service Access Teams (SAT):** Service Access Teams are comprised of U.S. Public Health Service officers who are trained in the provision of disaster case management and who provide subject matter expertise and consultation to the National and Regional Teams.

**Surge:** A temporary increase in staffing to address gaps in the service delivery system following a disaster. Based on the size and nature of the disaster, National, Regional, and local teams will surge to meet the needs of clients. The number of Disaster Case Managers will vary by month as the number of clients enrolled in the program varies. If the disaster affects multiple regions, teams will be deployed within each affected region.

**Triage:** A process for sorting people into groups based on their need for or likely benefit from immediate disaster case management. Triage is used in disaster case management at disaster sites when limited resources must be allocated. A system used to allocate a scarce commodity, such as food, only to those capable of deriving the greatest benefit from it. A process in which things are ranked in terms of importance or priority.

**Unmet Needs Committee/Roundtable:** See Long-Term Recovery Organization.

**VAL:** The Voluntary Agency Liaison is a FEMA position that provides technical assistance and guidance to governmental agencies from local, state, tribal, territorial and federal levels, voluntary agency entities (VOLAGS), and private sector. VALs help build and expand the voluntary agency capabilities to support all phases of the emergency management system: *Includes community-based and faith-based organizations.* See: [http://citizencorps.gov/doc/2007\\_nccp/KatheeHenning-VoluntaryAgencyLiaison.pdf](http://citizencorps.gov/doc/2007_nccp/KatheeHenning-VoluntaryAgencyLiaison.pdf).

VOAD: National, State, or Local Voluntary Organizations Active in Disaster. See NVOAD at: <http://www.nvoad.org/Membership/StateandLocalVOADs/tabid/82/Default.aspx>.

ANNEX I  
AIRS/211 LA COUNTY TAXONOMY

AIRS / 211 LA Country Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Basic Needs, Emergency Food	Programs that provide a limited amount of food for individuals or families during times of personal crisis, or for people who have no food or cannot afford to purchase food at retail costs. (BD-1800)	Post-disaster Food Services	Programs that meet the basic nutritional needs of relief workers and/or individuals and families whose homes have been made uninhabitable by a disaster or large scale emergency and who have no other means of purchasing food and/or preparing a meal. Food assistance may also available to individuals who have experienced a localized incident such as a house fire. (TH-2600.6450)
Basic Needs, Emergency Shelter	Programs that provide a temporary or transitional place to stay for newcomers, people who are in crisis, or homeless individuals in the community. (BH-1800)	Post-disaster Shelter Services	Programs that provide emergency shelter for people who have no place to stay as a result of a large-scale fire, flood, earthquake, tornado, hurricane or a localized incident such as a house fire or toxic spill emergency that disrupts the normal functioning of a community. (TH-2600.6600)



AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Basic Needs, Housing / Shelter (other than Emergency Shelter)	Programs that seek to meet the basic shelter needs of the community by providing home improvement programs, housing location assistance and a variety of housing alternatives. (BH)	Post-disaster Housing Assistance	Programs that provide for the short- and long-term housing needs of individuals and families who have lost their place of residence in a major disaster or large-scale emergency by providing them with a mechanism for reporting damage, by arranging for temporary housing while their homes are being repaired or rebuilt, by helping them identify alternative short- and/or long-term housing replacement arrangements, by supporting their ability to make structural repairs that will enable them to return to their homes, or by supporting their ability to rebuild. Some forms of post-disaster housing assistance are generally also available to individuals who have experienced a localized incident such as a house fire that has made them temporarily homeless. (TH-2900.6500)

AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Basic Needs, Material Goods	Programs that furnish and/or repair basic household, work-related, and personal necessities for people who cannot afford to purchase and/or repair these items at retail prices and who qualify for this service on the basis of income, age or disability. (BM)	Disaster-related Clothing/Emergency Supplies	Programs that provide clothing, blankets and other essentials immediately following a major disaster or large-scale emergency for people who have experienced substantial losses as a result of the incident. (TH-2600.1550)
		Disaster-related Commodity Replacement/Rental	Programs that repair, replace, or provide money to rent vital household or personal property that has been destroyed in a localized incident such as a house fire or a more wide-spread disaster such as a major fire, flood, hurricane, earthquake or tornado. (TH-2900.1790)
Basic Needs, Temporary Financial Assistance	Programs that provide assistance for people who are experiencing an unexpected financial crisis and have insufficient resources to obtain essential services or to meet expenses in situations where financial assistance related to their specific circumstance is unavailable. Monetary assistance may be in the form of immediate cash, loans,	Personal Disaster Loans	Programs that provide low-interest personal loans for people whose homes and/or personal property have been destroyed or have suffered disaster-related damage. Some programs require that the community be declared a disaster area by the President or the Governor before making the loans available. (TH-2900.1750-650)

AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
	checks or vouchers. (BR)	Post-disaster Cash Grants	Programs that provide cash grants to individuals and families who have been affected by a major disaster or large-scale emergency that disrupts the normal functioning of a community. Monies can generally be used to pay for temporary housing, housing repair or replacement, permanent housing construction, moving and storage, personal property replacement, medical and dental services, funeral and burial services, transportation assistance and other expenses not covered by insurance or other programs. Included are the FEMA Individuals and Households Program (a program jointly funded by the Federal government and the state and administered by the state), state supplemental programs, and disaster-related cash grant programs offered by local government and private sector organizations. (TH-2900.6350)

AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Basic Needs, Transportation	Programs that provide for the basic transportation needs of the community including the local and long-distance conveyance of people and goods, and special arrangements for older adults, people with disabilities and other community residents who have no personal transportation and are unable to utilize public transportation. (BT)	Temporary Post-disaster Transportation	Programs that provide special transportation services which temporarily augment or replace the normal public transportation system following a major disaster or large-scale emergency that disrupts the normal functioning of a community. Transportation is frequently provided utilizing minibuses which may operate on a fixed-route or demand-response basis depending on the needs of the community. Also included are programs that provide time-limited bus passes, loaner vehicles or other resources for people who have been evacuated from the disaster area and have no means of transportation in their new, temporary place of residence. (TH-2600.9000)
Consumer Assistance and Protection	Programs that provide information and guidance for consumers who need assistance in managing their financial resources, evaluating competitive products and services and choosing the most favorable option, understanding their rights as consumers and seeking redress when they believe their rights have been violated. (DD)	Disaster-related Consumer Fraud Reporting	Programs that provide a hotline or other mechanisms that consumers can use during the aftermath of a disaster to report the activities of people who are involved in price gouging on necessary services, equipment and supplies and the appearance of unlicensed contractors, insurance adjusters who falsely promise to expedite proceedings and other shady opportunists. (FN-1700.1470-180)

AIRS / 211 LA Country Taxonomy

Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Legal Assistance Modalities	Programs that protect the rights of individuals or groups who are involved in civil, criminal or administrative actions or who have been denied services or other benefits or privileges to which they are entitled by law by furnishing legal advice, advising the party of his or her rights and possible solutions, negotiating a settlement, preparing legal documents, appearing in court on behalf of the party, preparing the party to represent him- or herself in court and/or attending trials to monitor court proceedings. (FP)	Post-disaster Legal Counseling Services	Programs staffed by volunteer lawyers who provide counseling and advice at no cost for low-income individuals and families who need assistance with insurance claims, landlord/tenant issues, mortgage/foreclosure issues, home repair contracts and contractors, replacement of wills and other legal documents destroyed in the disaster, drafting powers of attorney, consumer protection matters and other disaster-related legal issues. People who require further assistance are generally referred to a private lawyer who may be able to represent them at no fee or for a reduced fee. Included are programs that operate under the agreement between FEMA and the Young Lawyers Division of the American Bar Association and programs offered by local bar associations or local legal services programs. Legal assistance in the FEMA/Bar Association program is limited to cases that will not produce a fee for the attorney, such as lawsuits in which the lawyer receives a percentage of money obtained through the suit. (TH-2900.6800)

AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Domestic Animal Services	Programs that provide for the humane care, protection and control of the domestic animals. (JB)	Disaster Services for Animals	Programs that provide emergency services for animals that have been threatened or affected by a major disaster or large-scale emergency that disrupts the normal functioning of a community. (TH-2600.1600)
Healthcare <sup>6</sup>	Programs whose primary purpose is to help individuals and families achieve and maintain physical well-being through the study, prevention, screening, evaluation and treatment of people who have illnesses, injuries, disabilities or substance abuse problems; and the provision of family planning, maternity and other services that relate to human reproduction and sexual health. (L)	Post-disaster Emergency Medical Care	Programs that provide immediate, short-term assistance for individuals who have been injured during a major disaster or large-scale emergency that disrupts the normal functioning of a community. Services may be provided at temporary facilities that have been established in or near the affected area or at sites where injured individuals have assembled and include onsite triage, rapid emergency care of life threatening conditions, sequential triage and timely evacuation of patients, when necessary. (TH-2300.6350)
Employment	Programs that provide employment opportunities for people who are searching for jobs; assist people who are able and willing to work by helping them prepare for, find, secure and retain suitable employment; provide work site evaluation and/or modification support; and/or seek to develop employment opportunities in various fields for people who need a position. (ND)		

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<sup>6</sup> Although health and medical care are not human services under the National Response Framework, they are included in this table to highlight the importance of linkages between human services and healthcare.

AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Public Assistance Programs	Programs that provide financial assistance in the form of cash grants or purchase of services for eligible low-income and indigent individuals and families to ensure that they have a basic income and access to essential medical, nutritional and supportive services. Examples include TANF, SSI, and Medicaid. (NL)	See Basic Needs, Temporary Financial Assistance (above)	
Social Insurance Programs	Programs that have been established by law and are generally compulsory in nature which provide cash income on a regular basis or payments to meet a designated need for people who are entitled to benefits based on their own or their employer's contributions to the program and their service to the country. Although there may be assessment procedures to confirm eligibility, there are no financial means or assets tests associated with these benefits. Examples include disability insurance, Medicare, veterans insurance. (NS)		

AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Individual and Family Support Services	Programs that provide alternative living arrangements for children who have no birth family or whose family environment is abusive; or offer services that augment and expand the protection, supervision, care and support that are provided through the primary family unit, or which enhance the recipient's mobility or ability to communicate and live more comfortably. Example programs include: attendant services for people with disabilities, adult day programs, child care providers, family-based services, interpretation / translation, support groups. (PH)	Post-disaster Child Care	Programs that go into areas that have been devastated by a major disaster or large-scale emergency and set up temporary child care facilities to meet the needs of young children whose families have been affected by the disaster and need time to reorganize their personal affairs. (TH-2600.6400)
Mental Health Care and Counseling <sup>7</sup>	Programs that provide preventive, diagnostic and treatment services in a variety of community and hospital-based settings to help people achieve, maintain and enhance a state of emotional wellbeing, personal empowerment and the skills to cope with everyday demands without excessive stress. Treatment may include emotional support, introspection and problem-solving assistance using a variety of modalities and approaches, and medication, as needed, for individuals who range from the severely chronically mentally ill through those who are experiencing difficult life transitions or who are having problems in coping with daily living. (R)	Post-disaster Mental Health Services	Programs that provide a variety of services following a major disaster or large-scale emergency which help individuals cope with their own psychological reactions to the incident and/or prepare them to provide emotional support for family members, friends and neighbors who are feeling frightened, confused and no longer in control of their lives because of the event. (TH-2600.6500)

<sup>7</sup> Under the National Response Framework, crisis counseling is considered a human service, while mental health is part of public health and medical services. However, because mental health is such a significant issue during and after a disaster, it is included in this table.



AIRS / 211 LA County Taxonomy			
Human Service		Related Services Activated Specifically for Disasters	
Service Type	AIRS/211 LA County Taxonomy Definition	Service Type	AIRS/211 LA County Taxonomy Definition
Disaster Relief Services	<p>Programs that facilitate the exchange of information and/or provide short-term assistance, usually in the form of food, clothing, blankets, temporary shelter, furnishings, small appliances or temporary financial aid, for people who have suffered injuries or incurred losses due to a major disaster or large-scale emergency that disrupts the normal functioning of a community. The objective of disaster relief is to help individuals sustain their lives during the immediate aftermath of the event.</p> <p>NOTE: "Disaster Relief" is a category of services utilized by community human services agencies involved in disaster work. Government organizations do not recognize disaster relief as a formal part of the disaster cycle. Most of the services classified as disaster relief are considered by government to be part of disaster recovery and a few (e.g., disaster welfare inquiries) are categorized as disaster response. (TH 2600)</p>	Post-disaster Child Care	<p>Programs that go into areas that have been devastated by a major disaster or large-scale emergency and set up temporary child care facilities to meet the needs of young children whose families have been affected by the disaster and need time to reorganize their personal affairs. (TH 2600.6400)</p>

**ANNEX II  
JOB DESCRIPTIONS**

**NATIONAL PARTNER COORDINATOR**

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Qualifications: Experience and skills necessary to oversee a diverse team of professionals operating at a highly intense level of activity, often on short notice, in disaster-impacted areas. Ideal candidate has project management experience, client services experience (disaster case management in particular), and excellent written and verbal communication skills. Candidate must have working knowledge of traditional disaster relief and recovery activities including familiarity with organizations that generally respond to disaster events. This individual must work well under pressure and be able to present information to a wide range of audiences including senior government staff as well as local disaster case management affiliate staff members.

Responsibilities: Serves as the primary contact for ACF. Oversees overall deployment activities, including the personnel management of NDCMCT members; communications with ACF representatives, IT Platform contractor, and outside evaluation team; and coordination with RDCMRT and local disaster case management agencies. Work through ACF and HHS established Emergency Management Group for reporting.

Time commitment: Full time position. Upon program activation, onsite for first 30 days, with additional onsite time as needed.

Task 1	Serves as the primary contact for ACF, FEMA and other Federal agencies.
	<ul style="list-style-type: none"> <li>• Prior to notification, communicate with Federal/state/local and other emergency management officials to begin arranging logistics with regard to initial deployment activities.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, prepare narrative status report to be submitted to ACF and on roll-out process and identify need(s) for further support from Federal/state/local emergency management personnel (FEMA, state EMA, etc.).</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, prepare narrative status report of initial deployment and activities of the first 72 hours.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior- 90 days post-program closure), maintain and strengthen relationships with Federal/state/local EMA officials and VOAD members for future planning.</li> </ul>

Task 2	Oversees overall deployment activities, including personnel management of NDCMCT members; communication with ACF representatives, IT contractor, and external evaluation team; and coordination with RDCMRT and local disaster case management agencies.
	<ul style="list-style-type: none"> <li>• Prior to notification, identify NDCMCT members and begin their orientation to the DCM design.</li> </ul>
	<ul style="list-style-type: none"> <li>• Immediately upon notification of program activation by ACF, notify NDCMCT team members of activation and initiate deployment activities.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 24 hours of notification, be at the disaster site.</li> </ul>

	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, oversee coordination efforts of NDCMCT members with Regional Team (RDCMRT) and local disaster case management affiliate(s) and set-up of operations center.</li> <li>• During remainder of deployment, monitor programmatic progress and provide support/supervision of NDCMCT members.</li> <li>• During remainder of deployment, continue to oversee collaborations with local, state and national entities.</li> <li>• During remainder of deployment, assess level of staff needed by the National Partner, the Regional Team, and local agencies to support local delivery of disaster case management services for the remainder of program operations.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior- 90 days post-program closure), write narrative summary indicating programmatic accomplishments and areas of needed improvement.</li> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in lessons learned sessions and continue to provide support/supervision of NDCMCT members.</li> <li>• During deactivation (45 days prior - 90 days post-program closure), maintain and strengthen relationships with Federal/State/local EMA officials and VOAD members for future planning.</li> </ul>

**TRAINING COORDINATOR**

Qualifications: Possess working knowledge of disaster case management concepts and processes to be able to deliver necessary training to disaster case management affiliates. Should have the ability to design/develop additional training material based on the needs of the implementing agencies. Background should include training experience in social services with a particular focus on disaster case management. Candidate must be able to work well under pressure, possess excellent written and verbal communications skills, and the ability to work well as part of a professionally diverse team.

Responsibilities: Provide DCM processes consultation. Working in coordination with NDCMCT Team Leader, provides direct supervision/support to RDCMRT Team Leader. Provide ongoing professional development for DCM Supervisors of regional and identified local affiliates, including ensuring they are oriented to the existing social services within the affected area and understand eligibility requirements for programs.

Time commitment: Full time position. Upon program activation, onsite for first 15 days, with additional onsite time as needed.

Task 1	Provides consultation to the NDCMCT on DCM processes, as outlined in the DCM model.
	<ul style="list-style-type: none"> <li>• Prior to notification, identify likely local affiliates in disaster-prone areas to participate in the event of a disaster event in coordination with the RDCMRT Team Leader.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, initialize deployment procedures as a member of the NDCMCT.</li> <li>• Within 24 hours of notification, be at the disaster site and assess level of support needed and assist in the process of determining the number of Disaster Case Managers needed for program.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, respond, through coordination with the NDCMCT Team Leader, to questions from ACF or other Federal representatives.</li> </ul>

	<ul style="list-style-type: none"> <li>• During remainder of deployment, assist in the process of evaluating program effectiveness and recommendations on needed changes to model (forms, etc.).</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), write narrative summary indicating DCM processes success and areas of needed improvement.</li> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in lessons learned exercises.</li> </ul>

Task 2	Working in coordination with the NDCMCT Team Leader, provides direct supervision and support to the RDCMRT Team Leader.
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, monitor the implementation of DCM processes to ensure integrity of DCM model guidance/design.</li> </ul>

Task 3	Provides ongoing professional development for DCM Supervisors at regional and identified local affiliates.
	<ul style="list-style-type: none"> <li>• Prior to notification, communicate with all parties involved to assess the level of staff development need(s) for regional and any identified local personnel.</li> <li>• Prior to notification, adjust, as necessary, the program training curriculum in coordination with RDCMRT Team Leader and according to the RDCMRT experience and background, to be used during initial deployment and the delivery of services throughout the remainder of the program including any forms and/or guidance not already in the model design.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 24 hours of notification, as part of the NDCMCT, coordinate efforts with National RDCMRT Team Leader to identify local DCM Supervisors and begin orientation to DCM model.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, provide professional development and necessary training to RDCMRT members and begin training identified local affiliate disaster case management supervisors.</li> </ul>
	<ul style="list-style-type: none"> <li>• For the remainder of deployment, provide ongoing support and training as needed to local affiliate DCM Supervisors.</li> </ul>

## IT COORDINATOR

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**Qualifications:** Possess working knowledge of the IT platform, including the ability to set up and put the system into operation on very short notice in disaster-impacted areas where technical support may not be ideal. Candidate must work well under pressure and be able to transfer his/her knowledge to other team members and/or disaster case management affiliates as needed. Training experience should include some element of social services concentration, ideally having trained Disaster Case Managers on the IT platform in the past.

**Responsibilities:** Serves as the main point of contact, along with the NDCMCT Team Leader, with the IT contractor. Provides overall support to staff at all levels on the chosen IT platform. Support will be provided in the form of training, advocacy for improvement based on feedback from the field, and ongoing monitoring of functionality. Works with RDCMRT and local disaster case management agencies to ensure communications and IT technologies are functional at disaster site(s).

**Time commitment:** Half-time (50%) position. Upon program activation, onsite for first 15 days, with additional onsite time as needed.

Task	Provide overall support to implementing personnel on chosen IT platform.
	<ul style="list-style-type: none"> <li>• Prior to notification, work with all parties involved to ensure each is familiar with IT platform and/or trained on its use.</li> <li>• Prior to notification, ensure NDCMCT and RDCMRT are trained and equipped adequately to carry out their deployment activities.</li> <li>• Prior to notification, develop basic training module to quickly orient identified local personnel on the IT platform and data entry procedures.</li> <li>• Prior to notification, communicate with vendor of chosen IT platform to alert them of deployment and begin process of building any necessary fields needed to identify disaster-specific information.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, as part of the NDCMCT, begin deployment procedures.</li> <li>• Within 24 hours of notification, be at the disaster site and ensure communications equipment (telephones, computers, etc.) of NDCMCT are functional and deployable.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, begin identifying local affiliates' capacity for data entry and begin necessary orientation/training on chosen IT platform.</li> <li>• Within 48 hours of notification, provide support to RDCMRT members with communications issues to ensure functional capabilities of team as they prepare for the initial delivery of disaster case management services.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, provide needed training and oversee the initial data entry operations of RDCMRT members and identified local affiliates, in coordination with DCM/Training Coordinator.</li> <li>• Within 72 hours of notification, write narrative summary reporting on issues arising from the field and begin advocacy for any necessary changes or adjustments to platform.</li> </ul>
	<ul style="list-style-type: none"> <li>• During the remainder of deployment, provide ongoing support to partners by providing refresher training and updating the data entry personnel on changes occurring in the platform driven from field activity.</li> <li>• During remainder of deployment, continue to support partners with any communications issues including computers and phones, etc.</li> </ul>

	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior – 90 days post-program closure), write narrative summary indicating IT platform’s usefulness, how it assisted the DCM program, and areas of needed improvement.</li> <li>• During deactivation (45 days prior – 90 days post-program closure), participate in lessons learned exercises.</li> </ul>
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**COMMUNITY COORDINATOR**

Qualifications: Previous experience working in disaster-impacted areas/communities. Possess the ability to establish good relationships and rapport with a broad range of professionals and community representatives to establish a network of contacts for information-gathering and -sharing purposes. Candidate should have a working knowledge of traditional disaster relief and response activities, including agencies that are most likely to respond to a disaster event. Candidate should be well versed in the disaster community vocabulary, including an understanding of long-term recovery organizations, FEMA protocols and the sequence of delivery, and be able to effectively communicate verbally and in writing to a diverse audience. Candidate must work well under pressure and as part of a professionally diverse team. Bachelor’s degree required.

Responsibilities: In coordination with the NDCMCT Team Leader, represents the National Partner to the local community. Liaises with local leadership of other disaster relief and response organizations to facilitate a productive relationship between the DCM program and the larger disaster response community.

Time commitment: Full time position. Upon program activation, onsite for first 30 days, with additional onsite time as needed.

Task	In coordination with the NDCMCT Team Leader, represent the National Partner and the DCM model design to the local community by liaising with local leadership of other disaster relief/response organizations to facilitate a productive relationship between the program and the larger disaster response community.
	<ul style="list-style-type: none"> <li>• Prior to notification, communicate with all involved parties to begin the development of relationships (NVOAD, FEMA, etc.) in concert with the NDCMCT Team Leader.</li> <li>• Prior to notification, working with the RDCMRT Team Leader, identify potential local affiliates likely to have the capacity to deliver disaster case management services following initial deployment activities and for the long-term program.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, as part of the NDCMCT, begin deployment procedures to impacted area.</li> <li>• Within 24 hours of notification, be at the disaster site.</li> <li>• Within 24 hours of notification, coordinate NDCMCT efforts in the local community.</li> <li>• Within 24 hours of notification, contact Regional FEMA VAL(s), state EMA officials, and PR representative(s) of National Partner to notify them of activation and deployment.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, rendezvous with FEMA VAL(s) (local and Regional), state EMA officials and in conjunction with NDCMCT members, begin the process of community damage/impact assessment based on available information and material for review.</li> <li>• Within 48 hours of notification, begin to identify other disaster relief/response organizations operating within the community and attend organizational meetings.</li> <li>• Within 48 hours of notification, begin outreach activities in conjunction with EMA and local affiliate personnel.</li> </ul>

	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, write narrative summary of disaster-impacted environment using a SWOT analysis based on preliminary information and feedback from NDCMCT members in the areas of DCM processes, IT capacity, and National Partner, ACF expectations and guidance.</li> <li>• Within 72 hours of notification, begin to work with NDCMCT Team Leader to construct PR activities for the purposes of outreach and raising community awareness of disaster case management.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, remain informed of availability of local partners and resources.</li> <li>• During remainder of deployment, coordinate with regional and local personnel to determine resource gaps and advocate for the expedited delivery of long-term recovery resources that benefit the client.</li> <li>• During remainder of deployment, continue to facilitate relationship-building between the larger disaster community and DCM program-implementing entities.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior – 90 days post-program closure), write narrative summary indicating programmatic successes in the areas of community awareness, PR, and revisit the original SWOT analysis to revise based on length of program operations and experience gained.</li> <li>• During deactivation (45 days prior – 90 days post-program closure), participate in lessons learned exercises.</li> </ul>

**COMPLIANCE/FINANCE TEAM LEADER**

Qualifications: Must have background and experience in Federal grants and contracts management, including knowledge of OMB circulars governing disaster-related activities. Must be aware of Federal acquisition regulations and contract management required for financial management.

Responsibilities: Ensures overall compliance with Federal contract and is the point of contact for National Partner on finance-related issues.

Time commitment: Half time (50%) position. Upon program activation, onsite for first 15 days, with additional onsite time as needed.

Task 1	Ensures overall compliance with Federal contract and is the point of contact for National Partner on finance-related issues.
	<ul style="list-style-type: none"> <li>• Prior to notification, works with all parties involved to set up contingency agreements with other agencies for hiring additional staff to support program implementation, buying equipment, and meeting other resource needs.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, as part of the NDCMCT, begin deployment procedures to impacted area.</li> <li>• Within 24 hours of notification, be at the disaster site.</li> <li>• Within 24 hours of notification, works with the National Partner to determine resource needs based on information on type and magnitude of disaster and on availability of existing resources.</li> </ul>

	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, coordinates and manages procurement of additional resources and begins to work with identified local affiliates on sub-grant and contract agreements.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, coordinates and manages procurement of additional resources and continues to work agreements with local affiliates.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, coordinates and manages procurement of additional resources needed by National Partner to support program implementation.</li> <li>• During remainder of deployment, provides periodic status reports on burn down rate(s) and overall financial fitness of DCM program.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), prepares final financial report for submission to ACF.</li> <li>• During deactivation (45 days prior - 90 days post-program closure), participates in lessons learned exercises.</li> </ul>

### ADMINISTRATIVE AND LOGISTICS COORDINATOR

Qualifications: Must have background and experience in program administration and logistics planning. Must be able to work well under pressure as a member of a professionally diverse team.

Responsibilities: Supports the members of the National and Regional Teams by providing administrative support during pre-deployment activities as well as during actual deployment. Tasks include coordinating logistics for team(s) during deployment, including the arrangement of housing, transportation, and personnel support to include the processing of payroll paperwork. Other duties include the recording of minutes during coordination meetings, arranging meeting space for key coordination meetings and other duties as assigned.

Time commitment: Half time (50%) position. Upon program activation, onsite for first 30 days, with additional onsite time as needed.

Task 1	Supports the members of the National and Regional Teams by providing administrative support during pre-deployment activities as well as during actual deployment.
	<ul style="list-style-type: none"> <li>• Prior to notification, serves as an administrative assistant to the National or Regional Team director during the coordination phase of the DCM program. Assists with event planning, recording of minutes during meetings, and assists other team members as requested with logistical coordination including the ordering of equipment, etc.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, as part of the NDCMCT, begin deployment procedures to impacted area.</li> <li>• Within 24 hours of notification, be at the disaster site.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 24 hours, provides ongoing administrative support to National and/or Regional Teams to include the coordination of housing for team members.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provides administrative support to team members and prepares for re-deployment of team and transition of program operations to local agencies.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation, provides administrative support to team members by assisting in the drafting of closure documents and report to be submitted to ACF.</li> </ul>



**HEALTHCARE AND HUMAN SERVICES CONSULTANT(S)**

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Qualifications: Candidate(s) should have expertise in the fields of healthcare and human services, respectively. Candidates should have working knowledge of disaster case management services and processes, disaster case management in particular, to provide support to the National, Regional, and disaster case management response teams in the handling of cases with healthcare and long-term social service needs.

Responsibilities: Supports the Regional Team of case managers in their triage and referral efforts on behalf of clients referred to them during the early phase of DCM program deployment. Provides expert review of cases with case managers and supervisors to develop appropriate plans for difficult healthcare and/or long-term social service cases. Liaises with local healthcare and social service providers to identify and collaborate with local referral sources for special needs healthcare and/or long-term social service needs cases. Assists the National Partner in the evaluation of local agencies to identify agencies with the capacity and expertise to carry out the work of the long-term DCM program.

Time commitment: Half time (50%) position. Upon program activation, onsite for first 30 days, with additional onsite time as needed.

Task 1	Supports the members of the National and Regional Team by providing subject matter expertise in healthcare and social service issues during pre-deployment activities as well as during actual deployment.
	<ul style="list-style-type: none"> <li>• Prior to notification, serves as subject matter expert to the National or Regional Team leader during the coordination phase of the DCM program.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, as part of the NDCMCT, begin deployment procedures to impacted area.</li> <li>• Within 24 hours of notification, be at the disaster site.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours, provide assistance and consultation to Regional disaster case management team as necessary, in particular regarding cases involving healthcare and long-term social service issues.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provide assistance to Regional and local disaster case management teams as necessary.</li> </ul>

**RDCMRT TEAM LEADER**

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Qualifications: Candidate must have broad case management experience, supervisory background, and experience in project management activities including logistics, communications, and working in disaster-impacted areas. Must work well under pressure and participate as a member of a professionally diverse team. Candidate should possess a Masters degree in social services, counseling, or health field, with 5-7 years of experience, including having served as a Disaster Case Manager or supervisor.

Responsibilities: In coordination with the NDCMCT Team Leader, provides support and supervision of Regional Response Team personnel.

Time commitment: Full time position. Upon program activation, onsite for first 30 days, with additional onsite time as needed.

Task 1	In coordination with the NDCMCT Team Leader and DCM Supervisor/Training Coordinator, provides support and supervision of Regional Response Team personnel.
	<ul style="list-style-type: none"> <li>• Prior to notification, coordinate efforts with National Partner to ensure readiness of Regional response personnel including training, maintaining updated contact information, and logistical preparedness for deployment.</li> </ul>
	<ul style="list-style-type: none"> <li>• Upon notification of program activation, coordinate with NDCMCT Team Leader to begin deployment to impacted area. Upon arrival, rendezvous with NDCMCT members and begin set-up of operations center.</li> <li>• Within 24 hours of notification, be at the disaster site.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, continue set-up of operations center to begin client services.</li> <li>• Within 48 hours of notification, work with NDCMCT members to identify local affiliates for the delivery of DCM services.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, oversee onset of client services including active outreach, intake, and initial assessment activities.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, coordinate with local affiliates to ensure proper training and preparation for their assumption of client service delivery.</li> <li>• During remainder of deployment, oversee the transition of cases to local affiliates as Regional Team begins re-deployment activities.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in lessons learned and focus group activities.</li> </ul>

### DISASTER CASE MANAGEMENT SUPERVISOR

Qualifications: >1 year of case management experience, including DCM experience. Candidates should have a Masters degree in social work or nursing. Supervisory experience in case management or counseling environment desired.

Responsibilities: Provides support and supervision to Regional Response Team Disaster Case Managers in the delivery of client services, including staffing and file review. In a small-scale disaster, the RDCMRT Team Leader and DCM Supervisor responsibilities may be handled by one person.

Time commitment: Full time position while deployed to the disaster site.

Task 1	Provide support and supervision to Regional Team case managers in the delivery of client services, including staffing and file review.
	<ul style="list-style-type: none"> <li>• Prior to notification, participate in necessary training and coordination with Regional Team Leader and National Partner personnel in preparation for deployment.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 12 hours of notification, inform National Partner whether can commit to be at the disaster site within 48 hours.</li> <li>• Within 48 hours of notification, be at the disaster site and deploy as a member of the Regional Response Team to the impacted area. Participate in the set-up of operations center and begin orientation of case managers to work space.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, begin set-up of operations center and preparation for client service delivery, including the preparation of files.</li> </ul>

	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, begin client services including the scheduling of client intakes and enrolling clients into the data tracking mechanism. Oversee the triage process and assign cases to case managers. Seek supervision and consultation with Healthcare and Human Services Consultants as necessary.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provide client services until local affiliates are identified and transitioned into the service delivery process. Redeploy as part of the Regional Response Team.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in lessons learned and focus group activities.</li> </ul>

**DISASTER CASE MANAGERS**

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Qualifications: Candidates should have a Bachelors degree in a related health care or human services field. .

Responsibilities: Delivers client DCM services during immediate response and works with local DCM agency Disaster Case Managers to transition into the process, once the latter are identified.

Time commitment: Full time position while deployed to the disaster site.

Task 1	Deliver client DCM services during immediate response and work with local affiliate case managers to transition into the process once they are identified.
	<ul style="list-style-type: none"> <li>• Prior to notification, participate in all necessary training and preparation activities as identified by the Regional Team and National Partner leaders.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 12 hours of notification, inform National Partner whether can commit to be at the disaster site within 48 hours.</li> <li>• Within 48 hours of notification, be at the disaster site and deploy as a member of the Regional Response Team.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours, assist in the set-up of operations center and preparation for client services delivery, including file prep.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, begin client services including active outreach activities, scheduling client intakes and enrolling clients into the data tracking mechanism.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provide client services until local affiliates are identified and transitioned into the service delivery process. Redeploy as part of the Regional Response Team.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in lessons learned and focus group activities.</li> </ul>

**REGIONAL TEAM ADMINISTRATIVE AND LOGISTICS COORDINATOR**

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Qualifications: Must have background and experience in program administration and logistics planning. Candidates must be able to work well under pressure as a member of a professionally diverse team.

Responsibilities: Supports the Regional Team by providing administrative support during pre-deployment activities as well as during actual deployment. Tasks include coordinating logistics for team(s) during deployment, including the arrangement of housing, transportation, and personnel support to include the processing of payroll paperwork. Other duties include the recording of minutes during coordination meetings, arranging meeting space for key coordination meetings and other duties as assigned.

Time commitment: Full time position while deployed to the disaster site.

Task 1	Supports the members of the Regional Team by providing administrative support during pre-deployment activities as well as during actual deployment.
	<ul style="list-style-type: none"> <li>• Prior to notification, serves as an administrative assistant to the Regional Team coordinator during the coordination phase of the DCM program. Assists with event planning, recording of minutes during meetings, and assists other team members as requested with logistical</li> </ul>

	coordination, including the ordering of equipment, etc. Coordinates with National Team Administrative and Logistics Coordinator to ensure no duplication of effort or expenditure.
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, be at the disaster site and deploy as a member of the Regional Response Team.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours, provides ongoing administrative support to Regional Team, including the coordination housing for team members.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provides administrative support to team members and begins preparations for re-deployment of team and transition of program operations to local agencies</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation, provides administrative support to team members by assisting in the drafting of closure documents and report to be submitted to ACF.</li> </ul>

**LOCAL DCM AGENCY COORDINATOR**

Qualifications: Possess working knowledge of local impacted community, including available resources and personnel for implementation of the DCM model. Should be familiar in and with the community and have solid network of professional contacts for the purposes of information gathering and sharing. Candidates should possess a Masters degree in social services, counseling, or health field with 5-7 years of case management experience, including DCM experience.

Responsibilities: Serves as the main point of contact for communication and coordination with the RDCMRT, the NDCMCT, and other Federal, state, and local agencies and NGOs, including local Long-Term Recovery Committees. Oversees implementation of the DCM model at the local level. Responsible for the direct supervision and support of DCM Supervisors. Handles all personnel management issues, including hiring and firing of DCM Supervisors and disaster case managers. Develops outreach and communication plans and identifies local information and referral (I&R) resources.

Time commitment: Full time position while local affiliate is providing DCM services.

Task 1	Direct supervision/support of local affiliate DCM Supervisors
	<ul style="list-style-type: none"> <li>• Prior to notification, works with NDCMCT Team Leader and DCM/Training Coordinator to ensure understanding and familiarity with DCM model.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, oversee the implementation of the DCM program at the local level.</li> <li>• Within 72 hours of notification, provide direct supervision/support of DCM Supervisors as implementation begins, including outreach activities.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provide supervision of DCM Supervisors.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), prepare narrative summary of local affiliate response and implementation of DCM program including overall case load summary.</li> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in lessons learned exercises.</li> </ul>

Task 2	Handles personnel management issues including hiring/firing of Disaster Case Managers and DCM Supervisors
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	<ul style="list-style-type: none"> <li>• Within 24 hours of notification, hire and put into place DCM Supervisor(s) and begin recruiting case managers.</li> </ul>
	<ul style="list-style-type: none"> <li>• Within 48 hours of notification, work in coordination with NDCMCT DCM/Training Coordinator and Team Leader to train DCM Supervisors and Disaster Case Managers.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provide overall personnel management of local affiliate staff.</li> </ul>

**LOCAL AGENCY ADMINISTRATIVE ASSISTANT**

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Qualifications: Possess working knowledge of program administration.

Responsibilities: Serves as the local agency administrator to provide support to DCM staff including front office monitoring, answering telephones, monitoring paperwork, handling walk-in appointments and scheduling, and other duties as assigned. This position should be included as a part of the local agency staff who assumes responsibility, under contract, for the long-term DCM program.

Time commitment: Full time position while local affiliate is providing DCM services.

Task 1	Supports the members of the local agency team by providing administrative support while the local agency is under contract to provide disaster case management services.
	<ul style="list-style-type: none"> <li>• During remainder of deployment, provides administrative support to team members.</li> <li>• During deactivation, provides administrative support to team members by assisting in the drafting of closure documents and report to be submitted to ACF.</li> </ul>

**DISASTER CASE MANAGER ASSISTANTS/TECHNICIANS**

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Qualifications: 2-3 years of experience in the human services or healthcare field.

Responsibilities: Provides assistance to Disaster Case Managers in the delivery of services to eligible applicants by performing such duties as information and referral, client registration and other clerical functions.

Time commitment: Part time position, as determined by DCM Supervisors.

Task 1	Provide assistance to Disaster Case Managers in the delivery of services to eligible applicants
	<ul style="list-style-type: none"> <li>• Within 72 hours of notification, assist Disaster Case Managers in the delivery of DCM services including paperwork, data entry and other duties as assigned.</li> </ul>
	<ul style="list-style-type: none"> <li>• During remainder of deployment, assist Disaster Case Managers in the delivery of DCM services including paperwork, data entry and other duties as assigned.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in focus groups and lessons learned exercises.</li> </ul>

**CLIENT ASSISTANTS/NAVIGATORS**

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Qualifications: A volunteer with limited experience.

Responsibilities: Provides assistance, in coordination with Disaster Case Managers and Disaster Case Management Assistants, to eligible clients as they progress toward the achievement of recovery goal(s). Activities may include accompanying clients on service referral visits, providing transportation services, and other assistive functions.

Time commitment: Part time position, as determined by DCM Supervisors.

Task 1	Provide assistance, in coordination with Disaster Case Management Assistants and Disaster Case Managers, to eligible clients as s/he progresses toward the achievement of their recovery goals(s).
	<ul style="list-style-type: none"> <li>• During deployment, provide assistance, in coordination with Disaster Case Management Assistants and Disaster Case Managers, to eligible clients as s/he progresses toward the achievement of their recovery goals(s).</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior - 90 days post-program closure), participate in focus groups and lessons learned exercises.</li> </ul>

**VOLUNTEER COORDINATOR**

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Qualifications: Possess working knowledge of disaster relief and recovery activities, including the roles and responsibilities of volunteers. Previous experience recruiting, training, and managing large numbers of volunteers required.

Responsibilities: Provides support to the local and Regional DCM Agency Team Leader and the DCM Supervisor in coordinating and supervising volunteers.

Time commitment: Full time position while volunteers are assisting disaster case management teams.

Task 1	Provides support to the local and Regional DCM Agency Team Leader and the DCM Supervisor in coordinating and supervising volunteers.
	<ul style="list-style-type: none"> <li>• During deployment, coordinates volunteer recruitment and supervision of volunteers on behalf of the Regional and local DCM leaders.</li> <li>• Coordinates efforts with state and Federal officials to recruit volunteers (e.g., from AmeriCorps*VISTA, faith-based organizations, and volunteer organizations) based on workload needs.</li> </ul>
	<ul style="list-style-type: none"> <li>• During deactivation (45 days prior- 90 days post-program closure), participate in focus groups and lessons learned exercises.</li> </ul>



PLAYBOOK FOR DISASTER CASE MANAGEMENT

Operational Periods	Timing	Operational Characteristics
ACF Notification and Activation	Following a Presidentially declared disaster FEMA, after request from a state, approves DCM and notifies ACF.	<ul style="list-style-type: none"> <li>• <b>72-hour period following FEMA notification to ACF.</b></li> <li>▪ National team activated and deployed within 24 hours.</li> <li>▪ Regional Team activated and rostered.</li> <li>▪ Regional Team deploys to disaster site and onsite training completed by 72 hours.</li> <li>▪ Case managers ready to begin intake and case management within 72 hours.</li> </ul>
Program Operations Initiated and Client Enrollment Begins	Following the 72-hour activation period, clients will have <b>up to six months</b> to enroll in DCM. This time period enables clients to apply for FEMA Individual Assistance (which has a 60 day enrollment period), be notified by FEMA of assistance decision (which typically happens one to three weeks following application), and have time to consider options following FEMA's decision.	<ul style="list-style-type: none"> <li>• Persons seeking DCM services can receive the services.</li> <li>• Establish a <b>call center</b> or collaborate with the existing 2-1-1 or State system that persons affected by the disaster can call to inquire about and register for DCM services.</li> <li>• <b>Screen</b> people to identify unmet disaster-caused needs and those who are eligible for DCM services.</li> <li>• <b>Triage</b> clients' unmet disaster-caused needs to determine if there are immediate crisis needs (e.g., emergency healthcare, mental health, medication management, and housing). Provide information and immediate referral for individuals with urgent needs, especially those with infants or children.</li> <li>• ACF works with state/local stakeholders to identify existing public and private services and <b>resources</b>, and identifies <b>gaps</b> in resources needed to respond to disaster-related-needs.</li> <li>• Conduct <b>outreach</b> to identify vulnerable and other special needs populations and people who have unmet disaster-caused needs.</li> <li>• Provide <b>daily updates to ACF</b> on program status, client status, and issues of concern (e.g., staffing, coordination, training issues).</li> </ul>
Case Management Services	Once a client is enrolled in the program, s/he can receive disaster case management services from the program for <b>12 months</b> .	<ul style="list-style-type: none"> <li>• For people seeking disaster case management services (clients), complete strength-based <b>comprehensive assessments</b> of client's unmet disaster-caused needs and healthcare, mental health, and human services needs that may</li> </ul>

Operational Periods	Timing	Operational Characteristics
		<p>impede recovery.</p> <ul style="list-style-type: none"> <li>• Develop <b>individual disaster recovery plans</b> with clients that include specific goals and timeframes that are linked with the client's disaster-caused needs and healthcare, mental health, and human services needs that will impede recovery if not addressed.</li> <li>• <b>Advocate</b> for clients, particularly by helping them meet the goals in their plans, through referrals to other agencies and direct service organizations.</li> <li>• Use a <b>tracking system</b> to monitor and track progress of clients entering and exiting the disaster case management system, including when they transition to other case management providers. Identify how information is shared with other stakeholders.</li> <li>• Provide <b>daily updates to ACF</b> on program status, summary client status, and issues of concern (e.g., staffing, coordination, training issues).</li> <li>• <b>Monitor disaster case management staff workload levels</b> (e.g., number of cases per case manager), particularly once the program enrollment period ends. Make adjustments to disaster case management staff levels, as appropriate.</li> </ul>

Operational Periods	Timing	Operational Characteristics
Case Transition		<ul style="list-style-type: none"> <li>• <b>Continue to advocate</b> for clients until the goals of the recovery plan are met or the client returns to his/her pre-disaster state of self-sufficiency, is transitioned to another disaster case management provider or a State disaster case management system, elects to discontinue services, or the designated maximum service delivery period is reached.</li> <li>• The DCM Program, in coordination with FEMA and the State, will develop a plan which details the process for a seamless transition of client case files to the State.</li> <li>• When the State-administered program is ready for implementation, or when the State has determined there is no need for additional services, ACF in coordination with FEMA, will work with the state to transition case files to the State.</li> <li>• ACF, in coordination with FEMA, will offer DCM training and technical assistance to local and state-based organizations</li> </ul>
Program Deactivation		<ul style="list-style-type: none"> <li>• DCM will be operational for 18 months, not including the activation and deactivation periods.</li> <li>• Out-processing of staff (collect identification badges and relevant materials).</li> <li>• Close-out of staff access to the IT platform and client files.</li> <li>• Prepare final reports for ACF, FEMA, National and local partners.</li> </ul>

**NATIONAL / REGIONAL / LOCAL FRAMEWORK STAFFING**

To ensure that disaster case management services can be delivered within 72 hours of notification, as well as to provide for flexibility, scalability, and accountability, an organizational structure has been developed that combines national, regional, and local partners in the delivery of disaster case management services to persons adversely impacted by a disaster.

Team	Timing	Role	Team Members
<p><b><i>National Disaster Case Management Coordination Team (NDCMCT)</i></b></p>	<p>Deploys to the affected area within 24 hours of notification by ACF.</p>	<p>Begins coordinating program implementation.</p> <p>Serve as subject matter experts for disaster case management.</p> <p>Works with the state system to identify key points of contact.</p>	<p>Disaster Case Management Team Leader (ACF role)</p> <p>FEMA Case Management Liaison (FEMA)</p> <p>Healthcare Consultant (ACF)</p> <p>Social Services Consultant (ACF)</p> <p>State Coordinator</p> <p>National Partner Coordinator</p> <p>Information Technology (IT) Coordinator</p> <p>Training Coordinator</p> <p>Community/Outreach Coordinator</p> <p>Compliance/Finance Coordinator</p> <p>Regional Team Coordinator</p> <p>Administrative and Logistics Coordinator</p>
<p><b><i>Regional Disaster Case Management Response Teams</i></b></p>	<p>Deploys and provides disaster case</p>	<p>Connects with the NDCMCT once in the impacted area to prepare for program implementation.</p>	<p>Disaster case management Supervisors (Ratio of 1</p>

Team	Timing	Role	Team Members
<b>(RDCMRT)</b>	management services within 72 hours of notification.	<p>Serve as initial case managers and develops initial plans.</p> <p>Once all services have been transferred to local DCM agencies, the RDCMRT deactivates.</p>	<p>to 5)</p> <p>Nurses/Social Workers for consultation of Federal resources</p> <p>Case Managers</p> <p>Client Assistants</p> <p>Volunteer Coordinator (depending upon the scale of or type of disaster)</p> <p>Administrative and Logistics Coordinator</p>
<b><i>Local Disaster Case Management Agencies</i></b>	Dependent on availability of local agencies – generally 30 to 60 days after program activation.	Delivery of disaster case management services transitions as soon as possible from RDCMRT case managers to case managers affiliated with local disaster case management agencies.	<p>Local Agency Coordinator</p> <p>Local Agency Administrative Assistant</p> <p>Volunteer Coordinator</p> <p>Disaster case management Supervisor/Case Manager Teams (multi-agency/scalable)</p> <ul style="list-style-type: none"> <li>• Client Assistants</li> <li>• Disaster case management Assistants</li> </ul>