

# **NORTH CAROLINA DISASTER CASE MANAGEMENT PLAN**

**DRAFT – August 2013**

## Collaborative Partners

**NC Voluntary Organizations Active in Disaster**

**NC Division of Emergency Management**

**NC Commission on Volunteerism, Office of the Governor**



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## I. **Authorities**

### a. *Stafford Act*

The Robert T. Stafford Act, P.L. 93-288, as amended June 2007 (FEMA 592)  
[http://www.fema.gov/pdf/about/stafford\\_act.pdf](http://www.fema.gov/pdf/about/stafford_act.pdf)

### b. *Chapter 166.A, North Carolina Emergency Management Act*

[www.ncga.state.nc.us/Enactedlegislation/Statutes/HTMLByChapter/Chapter\\_166A.html](http://www.ncga.state.nc.us/Enactedlegislation/Statutes/HTMLByChapter/Chapter_166A.html)

### c. *Post-Katrina Emergency Management Reform Act of 2006*, Title VI of P.L. 109-295 (H.R. 5441)

## II. **Purpose**

The purpose of this plan is to describe the model for Disaster Case Management operations, including the process for Disaster Case Management, programmatic standards, roles and responsibilities, effective collaboration and outreach strategies, and expected service measures of success.

## III. **Scope**

This plan applied to all Disaster Case Management stakeholders at the local, state and federal levels, while operating within the State of North Carolina after a disaster. The base plan provides general operating guidance and is supported by more specific Annexes.

## IV. **Definitions**

- **Basic Need**: those things which are necessary to sustain life including food, shelter, clothing, safe drinking water, health care, sanitation and education.
- **Case Manager**: serves as a primary point of contact, assisting the client in coordinating necessary services and resources to address the Client's complex disaster recovery needs in order to re-establish normalcy.
- **Client**: individuals, families or households who are being served.<sup>1</sup>
- **Coordinating Case Management Organization**: an organization from the voluntary sector that functions to coordinate Disaster Case Management services wherein more than one organization is providing Disaster Case Management in a disaster-affected community or region.
- **Deferred Maintenance**: pre-existing disrepair that could have been avoided with normal maintenance, such as rotted timber, and repairing deteriorating flooring and leaking roofs. Deferred maintenance on a home may be deemed ineligible for direct federal assistance because such damage does not meet the criteria of being disaster-related.
- **Disaster Casework**: provides early intervention to disaster survivors to address immediate and transitional needs.

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<sup>1</sup> *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. September 2012.

- Disaster Case Management: a time-limited process by which a skilled helper partners with a disaster-affected individual or family in order to plan for and achieve realistic goals for recovery following a disaster.<sup>3</sup>
- Disaster Case Management Community Coordinator: a person appointed to meet with local non-profit and community organizations to discuss services, answer questions and provide contact information for the Disaster Case Management Provider Organization.
- Disaster Case Management Provider Organization: an organization from the voluntary or faith-based sector that has a primary mission to provide Disaster Case Management services to disaster survivors.
- Disaster Recovery Unmet Need/Disaster-Caused Unmet Need: the deficit between verified disaster-caused damages and obtainable disaster aid, including insurance assistance, Federal and State assistance and personal resources.<sup>4</sup>
- Duplication of Benefits: assistance provided from different sources for the same specific need.<sup>5</sup>
- Federal Disaster Case Management Program Grant: a federal grant for long-term Disaster Case Management that can be provided for up to 24 months from the date of the Declaration, or if Direct Federal Disaster Case Management was implemented, an additional 18 months after the end of the Direct Federal Disaster Case Management services, not to exceed a total of 24 months. The Disaster Case Management grant makes funds available to the State for Disaster Case Managers to work directly with Clients. Disaster Case Managers will assist in the development of a disaster recovery plan for the Client that may include referrals, monitoring of services, and advocacy, when needed.<sup>6</sup>
- Functional Needs: physical, sensory, mental health and cognitive and/or intellectual disabilities affecting a survivors' ability to function independently without assistance. Also includes women in late stages of pregnancy, elders, people needing bariatric (obesity) treatment, people with limited English proficiency and other vulnerable populations.<sup>7</sup>
- Long-Term Recovery Group (LTRG): Local or regional organizations that are formed following a disaster, sometimes referred to as Long-Term Recovery Committees or Unmet Needs Committees. LTRGs vary widely in their membership composition and function. LTRG members usually include local and/or regional social support agencies and faith-based organizations that, through collaboration

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<sup>2</sup> Ibid.

<sup>3</sup> *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. September 2012.

<sup>4</sup> FEMA Glossary/Acronyms. Federal Emergency Management Administration.

<sup>5</sup> <http://www.fema.gov/emergency/disasterhousing/glossary.shtm>

<sup>6</sup> Ibid.

<sup>6</sup> *Disaster Case Management Program Guidance*. FEMA. March 2013.

<sup>7</sup> *Guidance on Planning for Integration of Functional Needs Support Services in General Population Shelters*.

Federal Emergency Management Agency. November 2010. [http://www.fema.gov/pdf/about/odc/fnss\\_guidance.pdf](http://www.fema.gov/pdf/about/odc/fnss_guidance.pdf)

and cooperation, are able to maximize the utilization of limited community resources to assist individuals and families impacted by a disaster.<sup>8</sup>

- **Non-Compliance**: failure of a client to establish and actively comply with the recovery plan based on documentation from an authorized Disaster Case Manager.<sup>9</sup>
- **Recovery Plan**: an individualized long-term recovery plan which addresses disaster service, support and advocacy needs, as documented in the Disaster Case Management Needs Assessment. The Recovery Plan specifically identifies tasks to be completed by the Client and the Case Manager and disaster-related needs that must be met through assistance, advocacy or referral to other organizations in order for the survivor to recover.<sup>10</sup>
- **Routine Use Agreement**: Routine Uses are exceptions to the "No Disclosure Without Written Consent" rule stated in the Privacy Act. There are specific instances where FEMA is allowed limited disclosure of information from the Disaster Assistance files without the written consent of the applicant. Routine Uses enable FEMA to disclose information to its disaster assistance partners for the purposes of preventing duplication of efforts and benefits in providing disaster assistance.<sup>11</sup>
- **Single Point of Entry**: a single system which allows survivors to access services through any organization that conducts screening, assessment and Disaster Case Management activities. When multiple organizations act as the single entry point, they coordinate with each other to integrate access to services through a single, standardized entry process.<sup>12</sup> The intake process will only be required once for each survivor or household.
- **Social Service Providers**: an agency or organization that provides benefits, facilities and services such as food, clothing, various forms of counseling (e.g. financial, health, parenting) and subsidized housing in the community on a regular basis.
- **Survivor**: individuals, families or households who have been affected by a disaster and may, or may not, receive services.
- **Urgent Need**: any basic need which, if unmet, may post a threat to an individual's or family's immediate health and safety.<sup>13</sup>

## V. Assumptions

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<sup>8</sup> Disaster Case Management Program Guidance. FEMA. March 2013.

<sup>9</sup> "Disaster Housing Assistance Program (DHAP) Case Management Guidelines". Notice: Public and Indian Housing 2008-01. U.S. Department of Housing and Urban Development, Office of Public and Indian Housing. Issued January 7, 2008 (expired January 6, 2009).

<sup>10</sup> Council on Accreditation Standards: *Brh Edition/Private*. Council on Accreditation. August 2008.

<sup>11</sup> Disaster Case Management Program Guidance. FEMA. March 2013.

<sup>12</sup> Texas Case Management Optimization: *Best Practices and Emerging Trends in Case Management*. Texas Health and Human Services Commission (Accessed August 8, 2011).

<sup>13</sup> *ibid.*

The following assumptions have guided the planning for Disaster Case Management Operations in the State of North Carolina:

- The North Carolina Disaster Case Management Plan has been written to meet the highest standards and to be scalable for all communities and disasters.
- Survivors will have disaster-caused unmet needs and will be unaware of how to satisfy these needs, what case management entails, and how to begin the process.
- Casework will be required soon after a disaster occurs and will be provided as needed by the organizations and agencies offering this service. Casework may begin as early as providing services within shelters that have been opened for the disaster.
- North Carolina Voluntary Organizations Active in Disaster (NCVOAD)<sup>14</sup> and the N.C. Commission on Volunteerism and Community Services/Donations and Volunteer Management<sup>15</sup> (North Carolina Emergency Support Function-78 [NCESF-78]) will take an active role in the coordination of the Disaster Case Management process to include casework and long-term Disaster Case Management.
- Survivors will be screened to identify disaster-caused needs and referred to the appropriate Provider Organization for Disaster Case Management.
- Not every survivor will need, or will receive, Disaster Case Management services.
- Outreach should be targeted specifically to those most likely to require Case Management services including, but not limited to, vulnerable populations; survivors who are geographically, socially, or culturally isolated; and persons with disabilities, physical health limitations/needs or emotional health needs.
- Multiple methods should be utilized to connect with the target population. These methods should leverage existing relationships and account for limited access to the internet and potential language barriers.
- North Carolina will request a Routine Use exemption to the Privacy Act in order to conduct outreach to survivors who are most likely to require Disaster Case Management services.
- North Carolina has a robust network of disaster relief organizations to provide casework services; eliminated the need for Phase 1 of the federal Disaster Case Management Program, except when casework needs exceed the capacity of organizations within the State of North Carolina (see the Casework Integration Annex for further information).
- All Disaster Case Management Provider Organizations will adopt a statewide standard form set including: release of confidential information, screening and intake forms, and template recovery plans.

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<sup>14</sup> North Carolina Voluntary Organizations Active in Disaster. <https://www.ncvoad.org/cms>

<sup>15</sup> North Carolina Commission on Volunteerism and Community Service. <http://www.volunteernc.org>



- Not all Disaster Case Management Provider Organizations will accept federal Disaster Case Management Program grant funds.
- The federal Disaster Case Management Program grant may not be available, in which case, case management services will be provided only as alternate resources are identified.
- Some Disaster Case Management Provider Organizations will have eligibility criteria that differ from that of the federal Disaster Case Management Program grant.
- Due to the time and resource limitations of the community and the federal Disaster Case Management Program, not all cases will be closed upon program completion.
- Fewer resources will be available for services in non-federally declared disasters.

## VI. Concept of Operations

Disaster Case Management is a process that assists disaster survivors in identifying their unmet needs, locates and advocates for services to Clients, and coordinates among multiple service providers.

Several basic principles guide North Carolina Disaster Case Management operations. To be most effective, case management should be:

- coordinated and collaborative,
- scalable,
- standardized,
- sensitive to functional and access needs; and
- outcome-focused.

### a. Coordinated and Collaborative

Often the most vulnerable disaster survivors have found it difficult to navigate the recovery process, particularly when intake, planning and services are not coordinated. A coordinated casework phase that follows Clients through to Disaster Case Management will enable case management stakeholders to prevent duplications of efforts and duplications of benefits. As survivors receive direct services, disaster relief organizations document the Client's case and services provided in a shared, confidential system. In North Carolina, the recommended system is the Coordinated Assistance Network (CAN).<sup>16</sup> Alternative tools may be utilized if they are able to feed into CAN with a minimum level of shared data points. This coordinated approach reduces applicant fatigue since survivors must only submit their information one time. It also provides a deeper history of the Client's recovery as they enter into Disaster Case Management, allowing stakeholders to collaborate more effectively.

Collaboration is the key element in meeting the needs of Clients. While Case Managers serve as a single conduit of information about their Clients' cases and are an advocate for them, a team of people actually meet their needs. Due to the concentrated collaboration that takes place at the local, state and national level across

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<sup>16</sup> Coordinated Assistance Network. <http://can.org>

multiple sectors, Clients are able to recover more efficiently (see Collaboration Strategy).

b. Scalable

Regardless of a federal disaster declaration, Disaster Case Management services are often needed. In North Carolina when services have been required and resources are available, non-governmental organizations have provided Disaster Case Management, despite limited means. The NCVOAD community is capable of taking on such a task because North Carolina's vulnerability to natural hazards has facilitated the development of a robust long-term recovery network. This vulnerability has also increased North Carolina's capacity to conduct its own casework without additional governmental support in most events.

NCVOAD and NCESF-7B (Volunteers and Donations) will work to identify and obtain funding for Disaster Case Management services. In circumstances where Disaster Case Management operations will be significant, North Carolina may require government support through the federal Disaster Case Management Program (DCMP). In such cases, NCVOAD will collaborate and coordinate with the NC Commission on Volunteerism and Community Service, the State's fiscal agent for the federal DCMP grant, to identify a Coordinating Case Management Organization and provide grants for Case Management Provider Organizations to begin service (see Federal DCMP Grant attachment).

c. Standardized

This plan will assist in establishing standards for operations including a shared understanding of the Disaster Case Management process, qualifications for personnel following the National Voluntary Organizations Active in Disaster<sup>17</sup> criteria, an accepted training curriculum, and set forms for use statewide (see sections on Roles and Responsibilities, Case Management Process, Program Management and Training). Beyond improved coordination, these standards also become important as Clients relocate and require a smooth transition from one Disaster Case Manager to another.

d. Sensitive to Functional and Access Needs

Disaster Case Management operations must work to support the autonomy of Clients with functional and access needs at every level of the program. In outreach, stakeholders must relay a plain language message through diverse modes and in multiple languages. Outreach will be conducted through existing service networks, audio, visual and print media, door-to-door, and at common congregation sites (see Outreach Strategy). Case Managers themselves should reflect the populations they serve (see Program Management section) and be trained to assist with a broad array of functional and access needs (see Training section). Recovery plans should be culturally sensitive and strengths-based (see Case Management Process section). Functional and access needs should be embedded in every aspect and at every level of Disaster Case Management planning and operations.

e. Outcome-Focused

<sup>17</sup> National Voluntary Organizations Active in Disaster. <http://www.nvoad.org>

The ultimate goal of Disaster Case Management operations is to better support Clients as they pursue a comprehensive and coordinated recovery. Each Disaster Case Management program must determine its own goals; however, there are several broad categories that should be evaluated. No Disaster Case Management program will perfectly meet each of these standards, but should achieve accepted targets, which are as follows:

- Efficient and effective Client recovery
  - o 80% of recovery plans completed
  - o 90% of needs met within the recovery plan
- Client-driven, strength-based approach of Disaster Case Management (level of Client involvement)
  - o # of meetings with Client (see Case Complexity section for description of tiers)
    - Tier 1 -one or more meetings per month
    - Tier 2 – one or more meetings per month
    - Tier 3 – two or more meetings per month
    - Tier 4 – 4 or more meetings per month
  - o 95% of recovery plan activities assigned to and completed by Client
- Equity of results among diverse populations
  - o Equal % of recovery plans completed cross-referenced by demographic considerations should not display significant disparities
- Continuity of service
  - o 85%-95% satisfactory ratings on Client Satisfaction Surveys
  - o Very little decrease in the level of Client involvement after transition to new Case Manager

## VII. Roles and Responsibilities

### a. N. C. Voluntary Organizations Active in Disaster (NCVOAD) <sup>18</sup>

- Coordinate guidance to local or regional Voluntary Organizations Active in Disaster groups (sometimes referred to as Community Organizations Active in Disaster) and state/local government on program improvement planning and implementation of Disaster Case Management.
- Assess and communicate the skills and capacity of North Carolina's voluntary organizations to meet Disaster Case Management needs.
- Coordinate Disaster Case Management training opportunities for social services agencies, review training and consult on curriculum improvement.
- Set or revise standards for Disaster Case Management Provider Organizations.

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<sup>18</sup> *Tools for State VOADs to Prepare for Disaster Case Management*. National Voluntary Organizations Active in Disasters. 2011.

- Provide and update standardized forms for use by Disaster Case Management Provider Organizations throughout the entire case management process from intake to case closure.
- Promote a mechanism for assuring that there is no duplication of case management services or resources.
- Promote a minimum dataset for reporting on Disaster Case Management services provided.
- Facilitate update of the Disaster Case Management Plan.

b. N.C. Commission on Volunteerism and Community Service, Office of the Governor<sup>19</sup>

- Serve as conduit of information between voluntary organizations and government.
- Ensure a continual flow of information to the State Emergency Response Team and/or Joint Field Office for briefings, reports, and other planning needs. Information should include the need for Disaster Case Management, Disaster Case Management services provided statewide, and additional support required by Provider Organizations to complete their mission.
- In circumstances where government funding may become available for case management, the NC Commission on Volunteerism and Community Service will serve as the fiscal administrator (see Federal DCMP Grant Annex).
  - o Function as a liaison between the funding entity and Provider Organizations related to compliance reporting and invoice requirements.
  - o Provide technical assistance to Provider Organizations in fulfilling reporting and invoicing requirements.
- Provide and coordinate technical assistance regarding the use of volunteers and donations in Disaster Case Management and assist in procuring volunteers as needed.
- Promote awareness and implementation of the recovery resource database (the Coordinated Assistance Network).
- Participate in the update of the North Carolina Disaster Case Management Plan.
- Promote awareness of the availability of recovery resources.
- Support resource development activities at the local, state and national levels through outreach and public information efforts.

c. N.C. Division of Emergency Management

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<sup>19</sup> Appendix 5, Tab D, NCECF-78: *Volunteers and Donations Management*. NC Emergency Operations Plan. 2012.

- In circumstances wherein government funding may become available for case management, include intent to request federal Disaster Case Management Program grant in the Governor's request for a Major Disaster Declaration.
  - Provide technical guidance regarding state and federal disaster assistance programs.
  - Assign State Unmet Needs Coordinator to liaise with the Coordinating Case Management Organization or Disaster Case Management Provider Organizations. The State Unmet Needs Coordinator will assist in responding to unmet needs or inquiries while respecting Clients' confidentiality.
  - Facilitate development of unified outreach message for Disaster Case Management through NCEMF-15: Public Information.
  - Work with the Coordinating Case Management Organization, when activated, to develop and submit routine use requests to FEMA when necessary and appropriate (see Attachment \_\_\_\_, Routine Use Request Templates).
  - Participate in the update of the North Carolina Disaster Case Management Plan.
- d. Coordinating Case Management Organization (federal DCMP grant only)<sup>20</sup>
- Promote Disaster Case Management services in accordance with relevant guidance from National VOAD, in coordination with NCVOAD.
  - Develop and promote a single point of entry to identify and screen applicants.
  - Arrange opportunities for Disaster Case Management training.
  - Provide opportunities for Disaster Case Managers to communicate with one another in order to exchange information about resources, deadlines and recommendations for systemic change.
  - Provide opportunities for supervisors to communicate with one another in order to exchange information about resources, deadlines and recommendations for systemic change.
  - In cooperation with community partners, develop a plan for assigning and prioritizing cases, especially in circumstances where there are more applicants for case management than caseloads allow.
  - Monitor organizational service capacity and distribute cases accordingly.
  - Assist in the identification and resolution of ethical and process dilemmas.
  - Work with the NC Division of Emergency Management to develop and submit routine use requests to FEMA when necessary and appropriate.

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<sup>20</sup> *Tools for State VOADs to Prepare for Disaster Case Management*. National Voluntary Organizations Active in Disaster. 2011.

- Develop and maintain a list of Disaster Case Management Provider Organizations that are active during an event.
  - Promote manageable workloads for Case Managers to effectively address the planning and recovery needs of Clients.
  - Promote closure of Disaster Case Management services in communities, when appropriate.
  - Monitor effectiveness of Disaster Case Management Provider Organizations.
  - Provide a Disaster Case Management Community Coordinator to be fully engaged with each Long-Term Recovery Group and the Joint Field Office.
  - Liaise with the State Unmet Needs Coordinator to respond to requests for unmet needs, while respecting the Clients' right to privacy.
  - Compile aggregate reports on behalf of all case management organizations.
  - Draft and disseminate relevant program guidance.
  - In circumstances where government funding may become available for case management, agree to grantor program requirements.
  - Conduct Client satisfaction surveys and evaluate results for program effectiveness.
- e. Disaster Case Management Provider Organization(s)<sup>21</sup>
- Schedule and/or identify public meetings and makes presentation to further outreach efforts.
  - Work closely with community partners to achieve recovery goals for individuals and families in a timely manner.
  - Ensure Disaster Case Managers are fully engaged with each Long-Term Recovery Group.
  - Provide opportunities for peer supervision and caregiver support.
  - Develop staffing plans.
  - Ensure Clients' confidential information is protected and maintain appropriate confidentiality when Clients' information is released to others.
  - Develop and maintain written policies regarding Clients' Rights and Responsibilities, inclusive of grievance procedures, which are clearly communicated to Clients and adhered to by all personnel.<sup>22</sup>

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<sup>21</sup> Ibid.

<sup>22</sup> *Disaster Case Management Guidelines*. National Voluntary Organizations Active in Disaster. 2011

- Monitor effectiveness of Disaster Case Management services.
- In circumstances wherein government funding may become available for case management, agree to grantor program requirements.

f. Long-Term Recovery Groups<sup>23</sup>

- Collaborate with national, state and local government and disaster relief organizations to provide resources to disaster survivors.
- Identify and evaluate unmet needs of survivors through the Casework and Case Management processes.
- Identify and develop resources to meet unmet needs of survivors.
- Manage community needs assessment process to identify capacity and gaps for community recovery with support from FEMA, World Renew (formerly CRWRC)<sup>24</sup> and other organizations.
- Ensure broad-based engagement of community partners in the Disaster Case Management process.
  - o Identify and engage community-based organizations that regularly serve vulnerable populations.
  - o Ensure the existing efforts of faith-based organizations are integrated into the community's Disaster Case Management and long-term recovery efforts.
  - o Develop a policy of inclusion for organizations that are newly formed or existing organizations with new programs to meet the needs of survivors.

## VIII. Case Management Process

a. Confidentiality<sup>25</sup>

Confidentiality is a fundamental component of a successful Disaster Case Management process and is a core value of participating agencies. It enables survivors and Case Managers to establish a relationship of collaboration and trust. Relevant policies should be in place to protect the Client, the Disaster Case Manager and the Provider Organization regarding the maintenance, upkeep and security of the case records and all identifying information. This should include a plan of action is confidentiality is breached.

However, Client recovery is a community effort involving many different partners. As permissible by the Client, the Disaster Case Manager may share information with relevant agencies or organizations in order to achieve the objectives listed below. A

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<sup>23</sup>Long-Term Recovery Models, Best Practices and Lessons Learned  
<http://www.slideshare.net/NationalVOAD/introduction-to-organizing-and-effective-long-term-recovery-process-in-disaster-affected-communities>

<sup>24</sup>World Renew; <http://www.worldrenew.net>

<sup>25</sup> *Disaster Case Management Guidelines*. National Voluntary Organizations Active in Disaster. 2011.

Client may give permission through a written Release of Information (see Attachment #\_\_\_).

- verify information;
- assist the Client to avoid a duplication of benefits;
- advocate for direct assistance;
- make appropriate referrals for services;
- obtain peer supervision; and
- adhere to laws and ethical practice.

#### b. Outreach

An effective outreach strategy is a first step to the success of a Disaster Case Management operation. In order to be effective, the strategy must not only ensure that there is widespread awareness of case management services among survivors, it must also ensure those who are most in need of service are specifically reached. To do this, the Case Management process must include:

- using multiple, existing outreach functions as force-multipliers;
- coordinating messages so case management information is consistent;
- presenting information in a manner that is clear and understandable to the target audience(s); and
- evaluating the effectiveness of the outreach campaign and special situations that may require more targeted outreach.

#### c. Screening and Intake<sup>26</sup>

As potential Clients are identified through outreach, self-identification, referrals or other means, the Disaster Case Management Provider Organizations will conduct eligibility screening and Client intake. During this process:

- data will be gathered regarding contact information, demographics and immediate needs (see Attachment# \_\_\_CAN minimum data points); and
- a brief risk inventory will be administered to prioritize cases as they are opened.

##### i. Eligibility

Client eligibility will be based on the criteria determined by Disaster Case Management Provider Organizations and Long-Term Recovery Groups during non-declared disasters or the requirements set by the federal Disaster Case Management grant, if FEMA grant funds are received.

If Clients are found to be ineligible for Disaster Case Management services, advocacy and referral services may still be provided.

Individuals and families are referred to appropriate resources when:

- o The applicant does not meet service criteria; or

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<sup>26</sup> Ibid.



- o The applicant cannot be served within a time period acceptable to them; or
- o The applicant's needs for services fall outside an agency's capacity to serve the Client.

ii. Prioritization<sup>27</sup>

In circumstances where there are more applicants for Disaster Case Management than caseloads allow, the prioritization process should be used by the Provider Organizations to determine the urgency of a case to be assigned to a Case Manager. Priority is established at the time of intake and is based on urgent basic needs for shelter, food, safety and compromised health and well-being. While priority levels are used to determine which cases to assign to a Case Manager first, each case should also be evaluated for complexity. This assists Case Managers in determining the best approach to manage their caseload. (See the standard Tier system in the Recovery Planning section for information regarding evaluating case complexity.) The standard prioritization criteria are as follows:

**Priority 1:** Urgent basic needs for shelter, food, safety and compromised health **and** well-being (1 or more pre-identified priority triggers as defined in the Intake Form Risk Assessment; see Attachment# ).

Priority 2: Urgent basic needs for shelter, food, safety or compromised health and well-being (1 or more pre-identified priority triggers as defined in the risk assessment).

Priority 3: No urgent basic needs; no health and well-being triggers; meets criteria for program's specialized services for Disaster Case Management.

Priority 4: No urgent basic needs; no health and well-being triggers.

d. Recovery Planning

The recovery plan is the basis for delivery of recovery services, support and advocacy. The Client and Case Manager work together to assess the Client's disaster-caused needs and, based on this assessment, develop a goal-oriented, individualized plan to meet recovery goals.

i. Needs Assessment

In order to adequately define the Client's recovery goals, the Needs Assessment should be:

- a) Comprehensive<sup>28</sup>: Each area of the Client's life is likely to have been affected in some way by the disaster, therefore the Disaster Case Manager should take a holistic approach to the needs assessment. A thorough assessment that evaluates as

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<sup>27</sup> 1bid.

<sup>28</sup> *Disaster Case Management Implementation Guide*. US Administration for Children and Families. December 2009.

many areas of need or service as possible will be more likely to result in a successful recovery for the Client.

- b) Individualized: Each recovery plan should be tailored to meet the unique needs of each individual or family.
- c) Strengths-based<sup>29</sup>: A Client should not be defined solely by their disaster-related needs. Strengths-based assessments should be focused less on the Client's problems and more on what he or she is doing about them. The Client and Case Manager pool their knowledge and resources to achieve recovery goals.
- d) Culturally-responsive<sup>30</sup>: Assessments should include consideration for geographic location, language of choice, age, gender, religious/spiritual preferences, race/ethnicity and cultural traditions and values.

## ii. Case Complexity

Cases with the highest priority level receive the greatest amount of the Case Manager's energy. The standard tier system is as follows:

Tier 1: Client is stable, housed, emergency needs are met, resources are not available; case will be closed.

Tier 2: Guidance, referrals and/or few critical resources are needed for client to achieve recovery goals; monthly Client contact.

Tier 3: Limited ability to address disaster-caused needs due to a vulnerability such as the elderly, individuals with disabilities, children, those with literacy challenges, those with limited English proficiency; bi-weekly Client contact.

Tier 4: Severe mental trauma, physical limitation, or a member of the functional needs community who require intensive support to achieve their recovery plan; weekly Client contact.

## iii. Plan Development

Each individual or family participates in the development, implementation, and ongoing review of an individualized disaster recovery plan. The disaster recovery plan outlines time-limited tasks for both the Client and Disaster Case Manager to:

- Identify and link the Client with disaster recovery resources and services for recovery;
- Guide decision-making priorities for advocacy; and
- Establish a means to monitor progress and subsequent goal achievement and case closure.

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<sup>29</sup> Cohen, Ben-Zion. "Intervention and Supervision in Strengths-Based Social Work Practice." *Families in Society, The Journal of Contemporary Social Services*. 1999.

<sup>30</sup> *Disaster Case Management Guidelines*. National Voluntary Organizations Active in Disaster. 2011.

The plan indicates tasks to be accomplished by the Client and by the Case Manager- either through facilitation of referral, assistance, or advocacy. The process of recovery planning will result in:

- An individualized recovery plan that guides the Client in achieving realistic goals and equips them with the tools they need to be more resilient in the future;
- Direct provision of, or referral for, recovery needs; and
- Coordinated service delivery.

e. Action, Advocacy, Referral<sup>31</sup>

Once the disaster recovery plan is written and agreed upon by the Client and the Disaster Case Manager, the necessary advocacy and referrals begin to occur to accomplish the goals of the plan. The Disaster Case Manager advocates for resources necessary to meet the needs and accomplishment of the Client's goals, including but not limited to:

- Verifying unmet needs by obtaining records and/or contacting vendors;
- Networking with other organizations to guide the Client through the sequence of delivery without duplication of benefits or services; and
- Advocating with, and for, Clients by making case presentations on behalf of the Client, actively participating in Long-Term Recovery Groups where such exists, and providing support and advocacy with governmental and non-governmental agencies and organizations when necessary.

Advocacy is critical to the success of the Client's and Disaster Case Manager's efforts outlined in the disaster recovery plan. All Clients should be encouraged to take ownership for their own recovery and to participate fully in taking steps on their own behalf to the degree possible.

f. Monitoring<sup>32</sup>

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 includes:

- Confirmation (usually within one or two work days) that the services have been initiated;
- Verification (usually within 15 work days) that the service is appropriate and satisfactory; and
- Follow-up every month at a minimum, and as needed.

Case reviews should be conducted within a meaningful timeframe and should take into account the following:

- The nature of the disaster;
- Issues and needs of persons receiving services;
- The frequency, duration and intensity of services provided; and
- Resources available.

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<sup>31</sup> *Disaster Case Management Guidelines*. National Voluntary Organizations Active in Disaster. 2011.

<sup>32</sup> *ibid.*

g. Case Transfer<sup>33</sup>

There may be situations when a case must be transferred from one Case Manager or Provider Organization to another. To ensure a smooth transition and continuity of case management services, procedures must be in place to thoroughly document case status for the incoming Case Manager and to ensure the Client concurs with the change. Reasons for case transfer may include, but not be limited to, transfer to an organization with specialized services and resources a Client needs that can be assessed only by transfer to that organization (i.e. the services and skills of bilingual staff, services for seniors, and services for persons with disabilities).

The Provider Organization transfers a case when a transfer is requested by the Client or when it is determined that transferring a case to another Disaster Case Management Provider Organization is in the Client's best interest and the family or individual is informed of the purpose of the change. A Provider Organization transferring and closing a case consults with the Client and the receiving Provider Organization prior to transfer to ensure acceptance of the case and continuity of service.

h. Case Closure<sup>34</sup>

Disaster recovery case management services are time-limited. Open cases will all be closed within the scope of disaster-related services and programs. The disaster recovery goal determines the timing of the closure of the case.

A successful case closure recognizes and affirms that the Client has made progress and stabilized gains have been made to return them to a more normal way of life. A well thought out closure with the Client will provide accurate information to the Provider Organization to assess program outcomes.

Cases may be closed for the following reasons:

- completion of disaster recovery plans; or
- due to timeframe and eligibility for services; or
- transition to social service providers; or
- at the Client's request; or
- non-compliance.

Case Managers should explain the consequences of non-compliance to each Client and make every effort to bring the Client into compliance. Non-compliance is identified by the Disaster Case Manager and a final determination is made by the Case Management Supervisor. Case Managers should adopt the following minimum standard for non-compliance.

*A Client has missed three (3) consecutive contact attempts (i.e. scheduled meetings, home visits, phone calls and letters) by the Disaster Case Manager regarding case management services. Attempts to contact the individual or family must include at least one (1) home visit and at least one (1) certified mailing. However, meetings missed because of a legitimate family emergency should not be counted. Additionally, Clients may be determined non-compliant based on a failure to make an effort to make progress across goals in the*

<sup>33</sup> Ibid.

<sup>34</sup> *Disaster Case Management Implementation Guide*. US Administration for Children and Families. December 2009.

*Recovery Plan. This should be established based on behavior pattern rather than on the basis of missing one interim goal in their Recovery Plan.*

This minimum standard does not mean that a Client must be terminated if non-compliant. Case Managers should be given the authority to re-negotiate the Recovery Plan with the Client to bring them into active compliance if they feel it is warranted given household circumstances.<sup>35</sup>

When cases are closed before completion of the Client's disaster recovery plan, this should be documented in a standardized manner.<sup>36</sup>

When a case is closed, written notice containing a clear statement of the reasons for termination should be provided to the Client. When an appeal or review of the decision is an option (such as in non-compliance), instructions for how the Client may present written or oral objections should be included.

## IX. Program Management

### a. Internal Assessment

Organizations should thoroughly assess their internal capacity to implement a Disaster Case Management program and consider the external opportunities and implications of such a program prior to involvement. The National VOAD<sup>37</sup> has provided guidance for organizations considering case management operations (see Attachment# \_\_\_\_). Organizations differ by capacity and expertise and an internal assessment cannot prescribe a "one size fits all" approach. Each organization's internal assessment will need to be tailored to the specifics of that organization and the scope of the disaster.<sup>38</sup>

### b. Personnel Qualifications<sup>39</sup>

Personnel will subscribe to the ideals, values and standards expressed in the National VOAD Points of Consensus and Disaster Case Management Guidance. Disaster Case Management Provider Organizations should evaluate potential staff for qualifications based on life experience, skills, education and training to access and coordinate services on behalf of Clients. Disaster Case Managers may be employees or volunteers. Basic personnel qualifications are as follows:

- Completion of a disaster recovery case management specific training curriculum;
- Experience, personal qualities, case management skills, and current competencies to work effectively with the populations served;
- Safety screening as evidenced by a background check. Case management agencies will require background checks on all personnel who directly deal with Clients and Client records, according to organizational policy.

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<sup>35</sup> "Disaster Housing Assistance Program (DHAP) Case Management Guidelines". Notice: Public and Indian Housing 2008-01. U.S. Department of Housing and Urban Development. Office of Public and Indian Housing. Issued Jan. 2008 (exp. Jan 2009).

<sup>36</sup> *Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management.* Government Accountability Office. Report to Congressional Requests, GA0-09-561, page 13. July 2009.

<sup>37</sup> <http://www.nationalvoad.org>

<sup>38</sup> *Tools for State VOADs to Prepare for Disaster Case Management.* National Voluntary Organizations Active in Disaster. 2011.

<sup>39</sup> *Points of Consensus: Disaster Case Management.* National Voluntary Organizations Active in Disaster. May 2011.

Before provision of service, Disaster Case Managers must be able to demonstrate specialized knowledge and skills regarding disaster recovery resources; advocacy and case presentation; assessment of the survivors and disaster recovery planning; the potential impact of the disaster on survivors' over-all well being and ability to cope; and the recovery needs of vulnerable populations after a disaster.

Disaster Case Managers must also:

- Demonstrate helpful inter-personal skills;
- Know and follow the code of ethics of their respective profession, as well as the code of ethics of their organization; and
- Respect the Client's right to privacy; and
- Protect the Client's confidential information; and
- Maintain appropriate confidentiality in all interactions with the Client's information, as well as when the information about the Client is released to others.

#### c. Resource Development

Case Management Provider Organizations must identify resources in order to provide for staffing, equipment, supplies, training and monitoring. During large events, the federal Disaster Case Management Program grant may be available.

For presidentially-declared events that are not approved for the federal Disaster Case Management Program, the North Carolina Disaster Relief Fund may be activated to meet the long-term recovery needs of North Carolinians. Additionally, the National Emergency Grant (US Department Labor), managed by North Carolina's Agency for Workforce Development, may be able to provide funding for Case Managers by hiring and referring approved training disaster-impacted services for up to one year. This program may also be extended to long-term employed persons.

Resource development is particularly vital during non-declared disasters, when relief organizations may need to provide case management services without governmental support. In seeking resource support, Disaster Case Management Provider Organizations should coordinate with one another so as to not duplicate requests. Organizations may fund services from internal resources, through grants and via fundraising efforts. Additional resources may also be available from national disaster relief organizations to support operations, including community needs assessments, case management training, volunteer/paid staff, supplies, facilities and other logistical support.

#### d. Mobilization

As the disaster recovery process transitions from casework to case management, additional resources will be mobilized to support Disaster Case Management services. The primary resources that must be mobilized include: staff, supplies and facilities. In addition, staff should receive an intensive and structured training curriculum during the mobilization process. This section addresses considerations for the mobilization of these primary resources.

##### Staffing

Case Management Provider Organizations must be prepared to expand their capacity to provide case management services after an event. In order to do this, Provider

Organizations should be able to estimate their staffing needs and timeframe for mobilization. North Carolina's standard for estimating the potential number of Clients is based on the size of the disaster.

- SMALL: not federally-declared for Individual Assistance (5% of total homes at the major or destroyed level)
- MEDIUM: federally-declared for Individual Assistance, but not approved for the federal Disaster Case Management Program (7% of total homes at the major or destroyed level)
- LARGE: approved for the federal Disaster Case Management Program (10% of total homes at the major or destroyed level)

#### Timeframe

Staffing needs will change from the time the event occurs to program closure.<sup>40</sup> Long-Term Recovery Groups already in existence in North Carolina may expedite the available of long-term recovery services after an event; therefore case management programs must be available to provide support early on.

Timeframes of phases are approximate and may overlap or change due to the size and nature of a disaster.

- Intake/Outreach (*up to 2 weeks-2 months from disaster*): During the intake and outreach phase, staff that is already activated for other functions may serve as force multipliers for Disaster Case Management. For instance, disaster relief organizations that are in-taking survivors to provide direct services may also identify potential Clients for Disaster Case Management services. Outreach efforts to notify survivors of available assistance can also be utilized to advertise case management.

During this timeframe, Disaster Case Management Provider Organizations should be developing resources, recruiting and training paid or volunteer staff for a surge effort to enroll Clients (see Training section for more information), develop Recovery Plans and sponsor early action, advocacy and referral.

- Initial Services-Recovery Planning, Action, Advocacy and Referral (*up to 6 months from disaster*): More staff may be needed early on to conduct Recovery Planning and Action, Advocacy and Referrals. Provider Organizations should consider leveraging volunteers in order to provide small caseloads and more personalized service. As community interest may be highest during these initial stages of long-term recovery, volunteers may be easier to recruit. Regardless whether a Case Manager is paid staff or a volunteer, all staff should meet the same personnel standards and continuity of service with Clients should be maintained.
- Case Management Services (*up to 12-24 months from disaster*): Best practices have shown that it will be difficult to retain volunteers through the duration of the case management process. Provider organizations may be able to reduce turnover by hiring paid Case Managers. Provider Organizations should ensure effective caseloads are assigned to efficiently meet Clients' needs and prevent burnout.

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<sup>40</sup> *Disaster Case Management Implementation Guide*. Administration for Children and Families. December 2009.

### Leadership/Support Staff

Provider Organizations must have the capacity to quickly identify leadership roles for the Disaster Case Management program, such as (1) whether the program manager and/or finance manager will be staffed from within the organization or filled by short-term hires; and (2) whether or not additional administrative assistants, receptionists or data entry personnel may be required.<sup>41</sup>

In larger events, Case Managers will need supervisors to provide technical assistance on difficult issues and ensure consistent quality of service across all Clients. The recommended ratio of Disaster Case Managers to Supervisors is 5 to 1. Given limited resources and depending on the scale of the event, more Case Managers may be assigned to a given Supervisor, however, the ratio should never exceed 15 to 1.<sup>42</sup>

#### 1. Determining Ratio for Case Managers to Clients

A caseload of 20-35 Clients per Disaster Case Manager is a generally accepted guide. However, Provider Organizations are encouraged to engage Disaster Case Managers in making determinations as to what constitutes a manageable caseload, given the many variables in the context of each local disaster.<sup>43</sup>

Some variables that may justify adjustments to this ratio include:

- Complexity of Caseload: Case Managers who are assigned cases that are more complex require them to spend additional time with the Client and/or advocating on their behalf. Provider Organizations should ensure equity in the distribution of cases that have been assessed at a Tier 3 or Tier 4 level; or Provider Organizations should give Case Managers who have been assigned more Tier 3 or Tier 4 cases a lighter caseload.
- Geographic Isolation: Case Managers working in rural areas where travel time may be longer to reach Clients or attend important meetings should receive consideration in their caseloads. Whenever possible, Clients in the same rural areas should be assigned to the same Case Manager. Provider Organizations should also coordinate meeting schedules to minimize time lost to travel for Case Managers serving in rural areas.
- Length of Program: The length of a case management program is often dependent on resources and program objectives. If program objectives need to be met in a shorter amount of time, then more Case Managers may be necessary to meet assigned goals.
- Recruiting: All staff should be given a clear understanding of the expected length of their service during the recruitment or hiring phase. Volunteer and paid staff should be recruited locally, when possible. Targeted recruitment is the best approach to attract staff with the skill set necessary to succeed as Disaster Case Managers. The North Carolina Commission of Volunteerism and Community Service can

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<sup>41</sup> *Tools for State VOADs to Prepare for Disaster Case Management*. National Voluntary Organizations Active in Disaster. 2011.

<sup>42</sup> *Disaster Case Management Implementation Guide*. Administration for Children and Families. December 2009.

<sup>43</sup> *Disaster Case Management Guidelines*. National Voluntary Organizations Active in Disaster. 2011.



provide additional support for identification of organizations that specialize in volunteer recruitment and management.

As part of the targeted recruitment, ideal populations to recruit from include:

- o members of vulnerable populations;
- o retired social workers;
- o recent graduates and/or interns from colleges and universities; and
- o health and mental health associations.

## 2. Logistics

Once the Provider Organizations have determined the staffing needs required for the case management operation, the next step is to determine how much physical space will be needed to accommodate case management staff and Clients. The Provider Organization's current space may be adequate, but if additional space is required, first check with partner organizations (government, non-profit, faith-based, etc.) to determine if space may be made available for the duration of the program.

When additional space is identified, it is important to carefully document the condition of facilities and the inventory of furnishings, to ensure that the work space is returned to as good or better condition when it is no longer needed.

While Case Managers may have shared work areas, it is important that the facility have a room appropriate for confidential Client interviews or conversations.

Supplies might be available through donations or loans. A sample list of supplies that might be needed include:

- desk and chair
- phone
- computer
- printer/scanner
- copy machine (or access to one)
- general office supplies

### e. Service Monitoring

Provider Organizations should have established procedures for auditing cases to ensure Case Managers and Clients are making expected progress. It is also important to conduct interim program evaluations to determine overall effectiveness and status. Based on monitoring results, Provider Organizations should be prepared to make adjustments to staffing levels and caseloads, provide additional training, mentoring and supervision.

Provider Organizations should conduct recurrent and random audits of cases to determine if program goals are being met. These audits may range from review of CAN caseload reports to random Client surveys and interviews. Program goals that may be evaluated include, but are not limited to:

- Provision of equitable service to Clients

- Continuity of service, particularly as Clients move from one area to another
- Clients are on track to meet recovery planning goals

f. Demobilization

Planning for demobilization begins at the very start of Disaster Case Management operations. Just as recovery plans have milestones and goals for case closure, so too must the Disaster Case Management program. As phases of the operation scale down, staffing requirements should be reduced to reflect the successful completion of program goals. Reasons for right-sizing generally include a reduction in caseloads or diminishing availability of resources.

Staff Out-Processing

All staff should receive an exit interview upon completion of their service and offered the opportunity to provide recommendations for future program improvements. During particularly difficult operations, Disaster Case Managers should have access to ongoing emotional and behavioral support, resiliency training or a counselor throughout their service. Upon completion of service, Disaster Case Managers should be encouraged to speak with a counselor to debrief about their experience.

Client Satisfaction Survey

Every Client should be surveyed following completion of their disaster recovery plan. The survey included in the North Carolina Disaster Case Management Standard Form Set (see Attachment #\_\_\_) should be utilized by all Provider Organizations to generate standardized program evaluations. When available, North Carolina will utilize the National VOAD Standard Form Set, as amended by the NC VOAD, if necessary.

**X. Collaboration Strategy**

A shared communications strategy is necessary to achieve a common operating picture and more effective operations. This section will discuss methods of communication, protocol for collaborating with Long-Term Recovery Groups and government partners, and use of technology in Disaster Case Management.

a. Communication Methods

Conference Calls

Conference Calls serve as the primary method of facilitating communication among State Disaster Case Management stakeholders. Disaster Case Management conference calls are conducted regularly throughout a disaster and follow the protocol developed by NCVOAD (see Attachment# )<sup>44</sup>. The Disaster Case Management conference calls will be facilitated by a representative of the NCVOAD or the Coordinating Case Management Organization, when activated.

During response and short-term recovery, these calls occur daily and as the tempo transitions into long-term recovery, the frequency of calls may be reduced to twice a week, weekly, every other week or monthly. While Disaster Case Management operations continue, Disaster Case Management calls will be conducted at least monthly. The frequency of calls will be determined jointly by NCESF-78 (Volunteers and Donations), NCVOAD leadership, and the Coordinating Case Management Organization.

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<sup>44</sup> Protocol for NCVOAD Conference Calls.

In order to respect the time of all participants and maintain efficiency in meetings, complex issues will be worked offline and reported on during a future call. In order to maintain Client confidentiality, no specific case issues or personal identifiable information should be discussed on conference calls.

### Electronic Communications

Electronic means of communication are highly effective for coordinating, scheduling and training among stakeholders and will be used regularly in disasters. As electronic collaboration tools emerge, stakeholders will evaluate their effectiveness and use them as necessary. However, emailing, texting, social networking, and other technology-based forms of communication are not secure enough to protect Client confidential information and are, therefore, discouraged for this purpose.<sup>45</sup>

When electronic communications are used to identify resources for a Client, the resource needed may be shared, but specific Client information should be discussed over a secure connection or in person -and only with a Client's Release of Information (see Attachment# \_\_\_\_).

#### b. Long-Term Recovery Groups

Long-Term Recovery Groups bring local resources to the table, review cases and prioritize the distribution of those resources. Case Managers must be engaged with the Long-Term Recovery Group in order to effectively access resources for their Clients. Case Managers present Clients' needs to the Group and communicate back to the Client the assistance the Group may be able to provide. In order to prevent a conflict of interest, best practices suggest that Case Managers should not be employed by the Long-Term Recovery Group.

Confidentiality should be maintained in these meetings, but use of the family name is suggested rather than "codes" including letters or numbers. During presentations to the Group, no more information than that which is required to present the needs should be given. Cases should be summarized so the Group can understand the entire picture of Client's needs, including an itemized list of all resources needed to complete the Client's long-term recovery.<sup>46</sup>

Individuals authorized to commit resources on behalf of their organization should provide letters of commitment to the Case Manager in order to track commitments, clarify the date and other details about the funds or services to be provided and inform the Client of limitations or requirements of the assistance. The Case Manager is responsible for reporting this information to the Client and providing follow-up information to the Group on the status of the Client's recovery.<sup>47</sup>

#### c. Government Partners

Government partners are key stakeholders in long-term recovery and Disaster Case Management. They bring a variety of resources, experience and knowledge to the table. To ensure that Clients have access to all available resources, efforts should be

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<sup>45</sup> *Disaster Case Management Guidelines*. National Voluntary Organizations Active in Disaster. 2011.

<sup>46</sup> *Long Term Recovery Guide*. National Voluntary Organizations Active in Disaster. 2012.

<sup>47</sup> *Ibid*.

made to overcome the challenges of sharing appropriate information with these partners.

Research has shown that some vulnerable populations have difficulty trusting government organizations.<sup>48</sup> This must be a consideration in case management operations. Many non-governmental organizations have policies in place to protect the confidentiality of members of vulnerable populations from outside entities, including government. Government Disaster Case Managers will likely have difficulty navigating through such policies; therefore, best practices suggest that government-provided Disaster Case Management is not preferred.

Additionally, in order to maintain Client trust, Case Managers must ensure confidentiality when working with government partners. However, there will be situations when government partners may be able to assist Clients in meeting their recovery goals. Specifically, a Client may contact a government representative to inquire about assistance programs or to request that they look into their case further. In these situations, it is the government representative's responsibility to get the appropriate release of information from the Client. At this point, the Case Manager may share relevant information in order to achieve any of the following objectives: verify information, assist the client to void duplication of benefits, advocate for direct assistance, make appropriate referrals for service, and obtain peer supervision as required by law or ethical practice.

Finally, it is important for Disaster Case Management stakeholders to communicate effectively with government partners to:

- address their questions and concerns;
- maximize resources for survivors; and
- avoid duplication of efforts during client intake.

For example, government partners often are unsure of the differences between Disaster Case Management and social services case management, so they may require training and clarification.<sup>49</sup> Also, voluntary agencies or government partners may attempt to create their own systems of information collection for program intake when they are unaware of existing systems.

#### d. Technology

While no technology solution can replace person-to-person contact, in most disasters collaboration can be more effectively maximized by using online, web-based tools to register resources, intake Clients, monitor their progress, and track community recovery efforts over time. If used properly and kept up to date, a disaster case management platform seeks to:

- allow communities to compile and track availability of resources from local, state, regional and national organizations in a single resource directory;
- reduce duplication of efforts by providing a single point of entry for Client intake;
- facilitate equitable distribution of resources;

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<sup>48</sup> When Disaster Strikes: Promising Practices-Immigrants, Ethnic Minorities and Non-English Speakers. MDC, In. as part of the FEMA Emergency Preparedness Demonstration Grant. <http://www.mdcinc.org/docs/Immigrants.pdf>. Lasker R. *Redefining Readiness: Terrorism Planning Through the Eyes of the Public*. New York, NY: New York Academy of Medicine. 2004.

<sup>49</sup> *Tools for State VOADs to Prepare for Disaster Case Management*. National Voluntary Organizations Active in Disaster. 2011.

- prevent a duplication of benefits across relief organizations by creating a comprehensive client record from which any recovery partner may document assistance;
- allow signatory and approved case management organizations to share client records;
- promote standardization of Disaster Case Management; and
- confidentially offer statistical data to inform program evaluation and Client outcomes.

The North Carolina recommended case management tool is the Coordinated Assistance Network (CAN).<sup>50</sup> CAN is a multi-organizational partnership among some of the nation's leading nonprofit disaster relief organizations: AIRS (information and referral), American Red Cross, Catholic Charities USA, Lutheran Disaster Response, National Voluntary Organizations Active in Disaster, The Salvation Army, Southern Baptist Convention, United Way and United Methodist Conference in Relief. The CAN tool is available at no charge to assist participating organizations engaged in disaster recovery efforts. Disaster Case Management Provider Organizations and resource providers are encouraged to become participants in CAN before disasters strike. Organizations may join the Network by applying online at [www.can.org](http://www.can.org).

The case management database and resources database support all case management functions, including intake, screening, assessment, plan development, referrals, services provided, recovery plan goal tracking, and closeout. It also supports program administration, monitoring and reporting, particularly by providing Client data export tools that are used to create compliance and performance monitoring reports to the fiscal agent, funders and case management supervisors.

Alternate systems may be used; however, they must have the ability to:

- feed into CAN with a minimum level of shared data points<sup>51</sup>;
- support concurrent disasters;
- function offline and backup data regularly; and
- prevent breaches of confidentiality (advanced security)

## XI. Outreach Strategy

An effective Disaster Case Management outreach will identify persons with verified, disaster-caused unmet needs and link them to available Disaster Case Management services. In order to be useful, outreach must not only ensure that quantities of survivors are aware of case management services, it must ensure that those who are most in need of the services are specifically reached. To do this, all elements of external affairs should:

- Use numerous and varied forms of outreach to ensure all persons in the target audience are aware of services.
- Use existing outreach functions as force-multipliers.
- Coordinate messages so case management information is consistent.
- Present information in a manner that is clear and understandable to the target audience.
- Evaluate the effectiveness of the outreach campaign and special situations that may require more targeted outreach.

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<sup>50</sup> <http://www.can.org>

<sup>51</sup> See the Disaster Client Data Standard . [www.thedisasterclientdatastandard.org](http://www.thedisasterclientdatastandard.org)

a. Support Staff

During the outreach phase, it may be necessary to assign a Disaster Case Management Community Coordinator<sup>52</sup> to provide technical assistance to outreach teams. The Community Coordinator may be assigned from the Disaster Case Management Provider Organizations, voluntary organizations, the Coordinating Case Management Organization or others with expertise in the Case Management process. The Community Coordinator will be responsible for ensuring consistent messaging across outreach groups and attending or presenting at public meetings to increase program visibility in the community.

b. Outreach Methods

No single method will be effective in reaching every survivor, particularly survivors that may have been displaced from their daily means of communication. Therefore, a multi-disciplinary approach is necessary for a successful outreach campaign. The following methods of identifying and providing case management information to survivors are presented in order of relevance for Disaster Case Management outreach. Not all of these methods will be utilized, but a combination of those most feasible and likely to be effective should be implemented.

Casework/Intake: Caseworkers from disaster relief organizations may visit streets or neighborhoods with significant damage based on information received from disaster assessment teams, mobile feeding crews or government and non-government partners. Caseworkers may visit specific residence locations based on information received from telephone calls, email reports or other means from a survivor, friend or other source. A disaster survivor's first contact with a caseworker may be through home visits, service delivery sites, Essential Services Centers, Disaster Recovery Centers, through a call center or through other channels.

Local Non-Profit and Community Organizations: The most effective means to reach out to vulnerable persons is through existing community organizations that have already established trust and relationships with those populations. A Disaster Case Management Community Coordinator may be appointed to meet with these organizations, discuss services, answer questions and provide contact information. The local emergency support function for volunteers and donations, United Way, or local associations for non-profit/human services executives are good starting points for identifying the appropriate organizations to contact.

Web. Social and Traditional Media: While internet messaging should not be the sole source of outreach, it is inexpensive, readily available and searchable, therefore, it is an easy form of outreach to implement. Public Information Officers for government and non-profit organizations can provide information to be posted on their websites at the local, state and national levels. In addition, socially media accounts and micro-blogs (e.g. Facebook and Twitter) can quickly advertise the availability of services. If easily available, video advertising the availability of case management services can be utilized from traditional media or possibly created by the North Carolina Division of Emergency Management's Public Information Officer for posting on relevant websites and/or YouTube. Public Information Officers may also be useful in working with print,

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<sup>52</sup> For most events, it is likely that only one Case Management Community Coordinator would be necessary to support outreach teams. However, if public meeting requests become too numerous or geographically distant, additional Coordinators may be assigned.

radio and television media to advertise the availability of services. It is important that these messages be crafted with careful consideration toward persons with functional needs (see consideration for message development below).

Community Response (CR): If a disaster has received a Presidential Declaration, CR teams are deployed with federal, state and local representatives to distribute information about available assistance and to refer survivors to Disaster Recovery Centers. These teams go door-to-door, visit community organizations and attend public meetings. Team members also distribute information regarding survivors who have needs that have not been met through the federal assistance process to the State Unmet Needs Coordinator, who will contact the Coordinating Case Management Organization for Client referral.<sup>53</sup> If requested, CR teams can be utilized to make follow-up contact with Clients before Case Managers have been deployed to the field. CR teams may also distribute flyers regarding case management and refer Clients to the appropriate contact. This request should be made through the Federal or State CR Coordinator and a list can be provided with points of contact by geographical boundary.

Disaster Recovery Centers (ORCs): If a disaster is likely to receive a Presidential Declaration, ORCs may be set up within 24-96 hours following a disaster to assist impacted survivors with limited essential services and information. ORCs provide survivors with a central location to apply for available assistance and return for updates and additional information. State DRC Managers will identify and refer potential Clients to the State Unmet Needs Coordinator, whereas Federal DRC Managers will identify and refer potential Clients to federal applicant services personnel. In addition, Clients may be referred to non-profits that are providing case work and disaster assistance within the ORCs.

Public Meetings/LTRG Meetings: Public meetings are an excellent way to connect with survivors who may have additional recovery needs. Presenting or attending local public meetings also increases the visibility of case management services in the community and allows survivors to hear about the availability of services through word-of-mouth. Case Managers or liaisons should actively seek information about upcoming public meetings, contact meeting organizers and ensure appropriate staff is available to attend, when appropriate. Case Managers should also be engaged in LTRG meetings, as these groups are already providing longer-term services to impacted survivors and are excellent resources to identify new Clients and provide better service to existing Clients.

Flyers and Signs: Placing flyers and signs in strategic areas where survivors congregate or are likely to pass by is not an ideal means of outreach for a targeted program like case management, but this may be utilized in later phases of the disaster as outreach teams are demobilized and only when deemed necessary.

Other Methods: Other targeted outreach methods include, but are not limited to: mass call-out systems (local, state) and/or mass mailings utilizing routine use information from the FEMA tele-registrations database.

#### c. Considerations for Message Development

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<sup>53</sup> If the Coordinating Case Management Organization is not activated, the State Unmet Needs Coordinator will work directly with the Disaster Case Management Provider Organizations for Client referral.

Clear and consistent messaging is important for any outreach effort. To ensure consistency, talking points should be provided to outreach groups and public information officers. This message should be crafted in coordination with case management experts, recovery staff and external affairs personnel from government and non-governmental organizations, particularly those that have previously worked with the target audiences.

In developing talking points, flyers, press releases and other outreach products, it is important that they be advertised:

- in all appropriate languages;
- in a clear and easily understood language; and
- to accommodate those who are hearing and/or visually impaired.

The message developed should address fears and barriers, such as confidentiality, that may prevent survivors from taking advantage of services.

#### d. Outreach Measures of Success

In order to determine whether or not outreach was successful, the Coordinating Case Management Organization should utilize two measures of success. This assessment should be conducted throughout the outreach phase so adjustments in outreach methods can be made as appropriate.

The first measurement should compare the actual *quantity of survivors identified to receive services* with the *estimate of survivors likely to need services* based on the disaster. FEMA suggests that approximately 5% of registrants for declared events will require Disaster Case Management services; however, this number may need to be adjusted for non-declared events and differences in the demographics of affected residents.

The second measurement should ensure that case management outreach is being conducted for those most in need of services. The Coordinating Case Management Organization should compare the *numbers of vulnerable populations in the affected area* to the *numbers of vulnerable populations in the Case Management system*. This ensures that targeted outreach to the appropriate audience was successful and it should also identify any gaps that may require different methods of outreach.

## XII. **Training Strategy**

Training for employees and volunteers supporting the Disaster Case Management Program should prepare Case Managers to guide survivors through the Disaster Case Management process, provide standardized services and uphold ethical standards. All employees or volunteers that support the Disaster Case Management Program should receive an orientation about the Disaster Case Management Program, the Provider Organization and the organizations' emergency plan and/or Continuity of Operations Plan.

NCVOAD recommends all Disaster Case Managers and Supervisors complete the United Methodist Committee on Relief's (UMCOR) Basic Disaster Case Management training. In this training, Case Managers are taught to use a holistic approach during Disaster Case



Management. They learn how to identify and address the unmet recovery needs of all survivors, particularly people who were vulnerable before a disaster.<sup>54</sup>

Prior to taking the UMCOR Disaster Relief Training program, Case Managers are encouraged to take the Community Arise Disaster Case Management and Basic Disaster training curriculums as an introduction to disaster operations and the case management process. The UNCOR training would then train Case Managers to conduct actual case management operations. The Community Arise training curriculum was developed collaboratively by American Baptist churches, Catholic Charities (U.S.A.), World Renew (formerly Christian Reform World Relief Committee), Church of the Brethren, Lutheran Disaster Response, Mennonite Disaster Services, Presbyterian Disaster Assistance, United Church of Christ and United Methodist Committee on Relief.

In addition to the initial training program, Disaster Case Managers and Supervisors should be provided ongoing training opportunities based on the developing needs of the community. These trainings may be focused on refining assessment and recovery planning skills, working with vulnerable populations (including those with functional and access needs), identifying and resolving ethical dilemmas, resource development, the Coordinated Assistance Network, interfacing with Long-Term Recovery Groups and program closure procedures.

a. Position Specific Training

Disaster Case Manager: Disaster Case Management training should be comprehensive and prepare Disaster Case Managers to:

- work in partnership with survivors to empower them to move methodically towards long-term recovery;
- conduct thorough needs assessments, connect survivors to resources in order to meet needs, develop recovery plans, advocate for survivor needs and resources, and build on survivors' strengths;
- collaborate with Case Managers from other Provider Organizations to ensure standardized services across the disaster-affected area;
- facilitate continuity of case management services to allow survivors; cases to move/transfer with them as they relocate or as their needs change;
- identify and remove barriers that may prevent survivors from accessing services and completing their recovery plan;
- effectively utilize the case management platform for case management activities, including intake, screening, assessment, plan development, referrals, recover plan goal tracking, and closeout;
- assist clients with navigation of public assistance programs and be familiar with the eligibility requirements and benefits; and
- uphold the Code of Ethics of the National Association of Social Workers, as revised by the 2008 NASW Delegate Assembly (see Attachment\_).<sup>55</sup>

Disaster Case Management Supervisor: Disaster Case Management Supervisors should receive advanced training to prepare them to:

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<sup>54</sup> United Methodist Committee on Relief: Disaster Relief Training Programs. United Methodist Committee on Relief. <http://new.gbgm-unc.org/umcor/work/emergencies/us/trainingprograms/>

<sup>55</sup> National Association of Social Workers Code of Ethics. National Association of Social Workers. 2008. <http://www.socialworkers.org/pubs/code/code.asp>

- supervise and mentor Disaster Case Management staff;
- monitor caseloads and complexity and adjust assignment of Client cases in accordance with case complexity (see Case Complexity in the Case Management section) and caseload (see Determining Case Manager to Client Ratio in Program Management section) procedures; and
- generate reports and interpret statistical data related to the progress of the Disaster Case Management program.

Coordinating Case Management Organization Administrator: In circumstances where government or grant funding is available for case management, the fiscal administrator will provide training to the Coordinating Case Management Organization Administrators regarding the reporting requirements, qualifying expenses and other grant requirements.

b. Coordinated Assistance Network (CAN)<sup>56</sup>

Training sessions for CAN are designed to equip disaster Case Managers and organizations with the knowledge needed to effectively utilize the Network in their community.

Disaster Case Managers can be trained to use CAN through in-person training sessions or through online webinars. Disaster Case Managers should complete the CAN Orientation, Client Registry and Resource Database sessions to learn how to effectively use the system to track Client progress and community resources throughout the recovery process.

Disaster Case Management Supervisors and management from the Coordinating Case Management and Provider Organizations should complete the Export Wizard training session which will provide participants with the knowledge to query the system, to complete reports, and to provide statistical data about services provided.

### XIII. **Measures of Success**

While each Disaster Case Management program must determine its own goals, it is useful to set some overarching goals and measures of success to ensure the program is on the right track. These measures are relevant to large and small scale events, but addition and more specific measures are likely to be required for specific funding sources. The Coordinated Assistance Network can be utilized to provide data supporting the measurement of these goals including the following reports:

- percentage of target caseload achieved
- Client need trends
- data on whether recovery plans have been met, partially met, or not met;
- demographic Client data; and
- average caseload size per case manager.

a. Program Management

Training Goal: All Staff will receive standardized training within two (2) weeks of employee or volunteer start date.

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<sup>56</sup> Coordinated Assistance Network. <http://www.can.org/training>

## Outreach:<sup>57</sup>

- After beginning program activation or outreach activities, the following will be accomplished:
  - within one month, 20% of estimated caseload (5% of total FEMA registrants) will be in the intake or screening process;
  - within two months, 40% of estimated caseload will be in the intake or screening process;
  - within three months, 80% of estimated caseload will be in the intake or screening process; and
  - within four months, 90%-100% of estimated caseload will be in the intake or screening process.
- Demographic data for Clients in the Case Management system should approximate the data for vulnerable populations in the disaster area, within a 5% margin of error.

## b. Client Service

### Appropriate Caseload

- The average caseload of all Disaster Case management should not exceed 5% of the recommended caseload ratio.
- On average, Case Managers will spend 4 hours per month working cases which are ranked as a Tier 1 in case complexity (see Case Management Process-Recovery Planning section).
- On average, Case Managers will spend 5 hours per month working cases ranked as Tier 2.
- On average, Case Managers will spend 6 hours per month working cases ranked as Tier 3.
- On average, Case Managers will spend 8 hours per month working cases ranked as Tier 4.

### Recovery Process

- Upon program closure, approximately 80% of all Recovery Plans opened should be completed prior to case closure. To be "completed", 90% of the goals within the Recovery Plan should be met.
- Average Recovery Plan completion rates will be similar across all demographic groups, within a 5% margin of error.

### Level of Client Involvement

- Clients should accomplish approximately 95% of the actions they have assigned themselves in their Recovery Plan.
- Clients should attend and actively participate in meetings with the Disaster Case Manager. No more than three meetings should be missed over the

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<sup>57</sup> *Recovery for Ike Survivors Enterprise (RISE) Request for Proposal No. 529-09-0042.* Lutheran Social Services Disaster Response, Inc. Section 3, Project Work Plan -Initiating Contact, page 5. January 1, 2009.

course of the Case Management process and both the Client and Disaster Case Manager should plan to meet as follows:

- o Tier 1 and Tier cases should meet one or more times per month
- o Tier 3 cases should meet two or more times per month
- o Tier 4 cases should meet four or more times per month

#### Length to Case Closure<sup>58</sup>

- On average, Tier 1 cases will be closed within two months of opening.
- On average, Tier 2 cases will be closed within three months of opening.
- On average, Tier 3 cases will be closed within four months of opening.
- On average, Tier 4 cases will be closed within six months of opening.

#### Continuity of Service

- For Clients transferred to a new Case Manager, the level of Client involvement (as measured above) should remain constant or increase.
- For Clients transferred to a new Case Manager, Client Satisfaction Surveys should indicate 85% of Clients rating the smoothness of transition to be "good" or higher.

#### XIV. Attachments

- a. Disaster Case Management Program Guidance; FEMA; March 2013.
- b. Disaster Case Management Guidelines, National Voluntary Organizations Active in Disaster; 2011.
- c. Tools for State VOADs to Prepare for Disaster Case Management; National Voluntary Organizations Active in Disaster; 2011.
- d. Disaster Case Management-Points of Consensus; National Voluntary Organizations Active in Disaster; 2011.
- e. Code of Ethics; National Association of Social Workers; 2008.
- f. Case Transfers and Transitions; National Voluntary Organizations Active in Disaster; 2011.

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<sup>58</sup> Ibid.