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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

b. **Chapter 252**

Florida Statutes, Title XVII, Chapter 252 (Emergency Management)

<http://www.leg.state.fl.us/statutes/>

c. **Memorandum of Understanding—Volunteer Florida and the Florida Division of Emergency Management**

d. **Post-Katrina Emergency Management Reform Act of 2006**

Title VI of P.L. 109-295 (H.R. 5441)

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_public_laws&docid=f:publ295.109.pdf

e. **American Red Cross Congressional Charter (Phase I Casework)**

f. **United Methodist Committee on Relief (Training responsibilities)**

II. Purpose

The purpose of this plan is to describe the Florida 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 applies to all Disaster Case Management stakeholders at the local, state and federal levels, while operating within the State of Florida after a disaster. The base plan provides general operating guidance and is supported by more specific Annexes.

IV. Definitions

- 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.¹
- Disaster Casework—provides early intervention to disaster survivors to address immediate and transitional needs.²

¹ *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

² Ibid.

- Urgent Need—any basic need which, if unmet, may pose a threat to an individual’s or family’s immediate health and safety.³
- Basic Need—refers to those things that are necessary to sustain life including food, shelter, clothing, safe drinking water, health care, sanitation and education.
- 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.⁴
- 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.⁵
- Client—refers to individuals, families or households who are being served.⁶
- Survivor—refers to individuals, families or households who have been affected by a disaster and may or may not receive services.
- 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.⁷
- 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.
- Coordinating Case Management Organization—an organization from the voluntary sector that functions to coordinate Disaster Case Management services wherein more

³ Ibid.

⁴ FEMA Glossary/Acronyms. Federal Emergency Management Administration.
<http://www.fema.gov/emergency/disasterhousing/glossary.shtm>

⁵ *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

⁶ *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

⁷ *Council on Accreditation Standards: 8th Edition/ Private*. Council on Accreditation. August 2008
http://www.coastandards.org/standards.php?navView=private&core_id=1242 (accessed 08/05/2011).

Disaster Case Management Guidance. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

than one organization is providing Disaster Case Management in a disaster-affected community or region.⁸

- 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.
- 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.
- 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.⁹ The intake process will only be required once for each survivor or household.
- Federal Disaster Case Management Program Grant—A Federal grant for long-term Disaster Case Management may 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.¹⁰
- Duplication of Benefits—assistance provided from different sources for the same specific need.¹¹
- 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

⁸ *Preparing the State VOAD for Disaster Case Management*. National Voluntary Organizations Active in Disasters. DRAFT 2011.

⁹ *Texas Case Management Optimization: Best Practices and Emerging Trends in Case Management*. Texas Health and Human Services Commission (Accessed August 8, 2011).
http://www.hhsc.state.tx.us/about_hhsc/reports/CaseManagement_BestPractices.pdf

¹⁰ *Toolkit for Applying for Disaster Case Management Services*. Federal Emergency Management Agency. DRAFT May 2011.

¹¹ FEMA Glossary/Acronyms. Federal Emergency Management Agency.
<http://www.fema.gov/emergency/disasterhousing/glossary.shtm>

information to its disaster assistance partners for the purposes of preventing duplication of efforts and benefits in providing disaster assistance.¹²

- Non-compliance—Failure of a Client to establish and actively comply with the recovery plan based on documentation from an authorized Disaster Case Manager.¹³

V. Assumptions

The following assumptions have guided the planning for Disaster Case Management operations in the State of Florida:

- The Florida 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 the shelters.
- Florida Voluntary Organizations Active in Disaster (VOAD) and Volunteer Florida/ Emergency Support Function (ESF) – 15 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 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; persons with disabilities, with physical health limitations or needs, or with 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.
- Florida 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.
- Florida has a robust network of disaster relief organizations to provide casework services; eliminating the need for Phase I of the federal Disaster Case Management Program with the exception of catastrophic disasters (see Casework Integration Annex for further information).

¹² “FEMA Individual Assistance and the Privacy Act.” FEMA Media Library.
http://www.fema.gov/medialibrary/media_records/3574

¹³ “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).

- All Disaster Case Management Provider Organizations will adopt a statewide standard form set including: a release of confidential information, screening and intake forms, and template recovery plans.
- 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 Florida 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 effort 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 Florida, the recommended system is the Coordinated Assistance Network (CAN); 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 once. 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 Clients' needs. While Case Managers serve as a single conduit of information about their Clients' cases and 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 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 Florida, when services have been required and resources are available, non-governmental organizations have provided Disaster Case Management, despite limited means. The VOAD community is capable of taking on such a task

because Florida's vulnerability to natural hazards has facilitated the development of a robust long-term recovery network. This vulnerability has also increased **Florida's capacity to conduct its own casework** without additional governmental support in all but catastrophic events.

The Florida VOAD and ESF-15 (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, Florida may require government support through the federal Disaster Case Management Program (DCMP). In such cases, the Florida VOAD will work with Volunteer Florida, 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 Annex).

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 NVOAD 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

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

VII. Roles and Responsibilities

a. Florida VOAD¹⁴

- Coordinate guidance to regional or local Community Organizations Active in Disaster (COADs)/Voluntary Organizations Active in Disaster (VOADs) and state and local government on program improvement planning and implementation of Disaster Case Management.
- Assess and communicate the skills and capacity of Florida's voluntary organizations to meet Disaster Case Management needs.
- Coordinate Disaster Case Management training opportunities for social service agencies, review training and consult on curriculum improvement.
- Set or revise standards for Disaster Case Management Provider Organizations.
- Provides and updates standardized forms for use by Disaster Case Management Provider Organizations throughout the entire case management process from intake to case closure.
- Promotes a mechanism for assuring that there is no duplication of case management services or resources.
- Promotes a minimum dataset for reporting on Disaster Case Management services provided.
- Facilitate update of the Disaster Case Management Plan.

b. Volunteer Florida¹⁵

- 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 communities' need for Disaster Case Management, Disaster Case Management services provided statewide and additional support required by Provider Organizations to complete their mission.
- In circumstances wherein government funding may become available for case management, Volunteer Florida will serve as fiscal administrator (see Federal DCMP Grant Annex).
 - Functions as a liaison between the funding entity and Provider Organizations related to compliance reporting and invoice requirements.
 - Provides technical assistance to Provider Organizations in fulfilling reporting and invoicing requirements.

¹⁴ *Preparing the State VOAD for Disaster Case Management*. National Voluntary Organizations Active in Disasters. DRAFT 2011.

¹⁵ *Ibid.*

Appendix XV-ESF-15: Volunteers and Donations. Florida Comprehensive Emergency Management Plan. 2010.

- 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 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. Florida Division of Emergency Management¹⁶

- 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. State Unmet Needs Coordinator will assist in responding to unmet needs requests or inquiries while respecting Clients' confidentiality.
- Facilitate development of unified outreach message for Disaster Case Management through ESF-14: External Affairs.
- Works 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 Disaster Case Management Plan.

d. Coordinating Case Management Organization (federal DCMP grant only)¹⁷

- Promotes Disaster Case Management services in accordance with the National VOAD's relevant guidance, in coordination with the Florida VOAD.
- Develops and promotes a single point of entry to identify and screen applicants.
- Arranges opportunities for Disaster Case Management training.
- Provides opportunities for Disaster Case Managers to communicate with one another in order to exchange information about resources, deadlines and recommendations for systemic change.

¹⁶ *Toolkit for Applying for Disaster Case Management Services*. Federal Emergency Management Agency. May 2011.

¹⁷ *Preparing the State VOAD for Disaster Case Management*. National Voluntary Organizations Active in Disasters. DRAFT 2011.

- Provides 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, develops a plan for assigning and prioritizing cases, especially in circumstances where there are more applicants for case management than caseloads allow.
- Monitors organizational service capacity and distributes cases accordingly.
- Assist in identifying and resolving ethical and process dilemmas.
- Works with the Florida Division of Emergency Management to develop and submit routine use requests to FEMA when necessary and appropriate.
- Develops and maintains a list of Disaster Case Management Provider Organizations that are active during an event.
- Promotes manageable workloads for Case Managers to effectively address the planning and recovery needs of Clients.
- Promotes closure of community's Disaster Case Management services when appropriate.
- Monitors effectiveness of Disaster Case Management Provider Organizations.
- Provides 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 unmet needs requests while respecting Clients' right to privacy.
- Compiles aggregate reports on behalf of all case management organizations.
- Drafts and disseminates relevant program guidance.
- In circumstances wherein government funding may become available for case management, agrees to grantor program requirements.
- Conducts Client satisfaction surveys and evaluates the results for program effectiveness.

e. Disaster Case Management Provider Organization(s)¹⁸

- Identifies and presents at public meetings to further outreach efforts.
- Works closely with community partners to achieve recovery goals for individuals and families in a timely manner.
- Provides Disaster Case Managers to be fully engaged with each Long-Term Recovery Group.
- Provides opportunities for peer supervision and caregiver support.
- Develops staffing plans.
- Ensures Clients' confidential information is protected and maintains appropriate confidentiality when Clients' information is released to others.
- Develops and maintains written policies regarding Clients' Rights and Responsibilities, inclusive of grievance procedures, which are clearly communicated to Clients and adhered to by personnel.¹⁹

¹⁸ Ibid.

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

f. Long-Term Recovery Groups²⁰

- Collaborate with national, state and local government and disaster relief organizations to provide resources to disaster survivors.
- Identify and evaluate survivors' unmet needs through the Casework and Case Management processes.
- Identify and develop resources to meet survivors' unmet needs.
- Manages community needs assessment process to identify capacity and gaps for community recovery with support from FEMA, Christian Reformed World Relief Committee²¹ and other organizations.
- Ensure broad-based engagement of community partners in the Disaster Case Management process.
 - Identify and engage community-based organizations that regularly serve vulnerable populations.
 - Ensure that the existing efforts of faith-based organizations are integrated into the community's Disaster Case Management and long-term recovery efforts.
 - Develop a policy of inclusion for organizations that are newly formed or existing organizations with new programs to meet the needs of survivors.

¹⁹ *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

²⁰ *Long-Term Recovery Models, Best Practices and Lessons Learned*. Florida VOAD [long-term recovery PowerPoint presentation](#).

²¹ http://www.crwrc.org/pages/crwrc_drs.cfm

VIII. Case Management Process

a. Confidentiality²²

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 if 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 following objectives:

- Verify information;
- Assist the Client to avoid a duplication of benefits;
- Advocate for direct assistance;
- Make appropriate referrals for services;
- Obtain peer supervision;
- As required for adherence to laws and ethical practice.

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

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 ensure that **those who are most in need of services are specifically reached**. To do this, we must:

- Use multiple, 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 our target audience; and

²² *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

- Evaluate the effectiveness of the outreach campaign and special situations that may require more targeted outreach.

See the Outreach section of this plan for further information.

c. Screening & Intake²³

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. Steps at intake include:

- Gathering data regarding contact information, demographics and immediate needs (see Attachment #--CAN minimum data points).
- Administering a brief risk inventory to prioritize cases as they are opened.

i. Eligibility

Client eligibility will be based on the criteria set 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 Program grant when FEMA funded.

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:

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

ii. Prioritization²⁴

In circumstances where there are more applicants for Disaster Case Management than caseloads allow, the prioritization process should be

²³ Ibid.

Disaster Case Management Implementation Guide. Administration for Children and Families. 12/2009.

²⁴ *Disaster Case Management Implementation Guide*. Administration for Children and Families. 12/2009.

Toolkit for Applying for Disaster Case Management Services. Federal Emergency Management Agency. May 2011.

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. 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.

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.

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:

- Comprehensive²⁵—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 many areas of need or service as possible, **will be more likely to result in a successful recovery for the Client.**
- Individualized—Each recovery plan should be tailored to meet the unique needs of each individual or family.
- Strengths-based²⁶—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.
- Culturally-responsive²⁷—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—Stable, housed, emergency needs met, resources not available; case will be closed.

Tier 2—Guidance, referrals and/or few critical resources need to achieve recovery goals; monthly 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 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 contact.

iii. Plan development

²⁵ *Disaster Case Management Implementation Guide*. Administration for Children and Families. 12/2009.

²⁶ Cohen, Ben-Zion. “Intervention and Supervision in Strengths-Based Social Work Practice,” *Families in Society, The Journal of Contemporary Social Services*. 1999.

²⁷ *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

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 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.

The plan indicates tasks to be accomplished: by the Client; by the Case Manager; or 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 needed to be more resilient in the future;
- Direct provision of, or referral for recovery needs; and
- Coordinated service delivery.

e. Action, Advocacy, Referral²⁸

Once the disaster recovery plan is written and agreed upon by the Client and the Disaster Case Manager, the necessary advocacy and referrals to accomplish the goals contained within the plan begin. The **Disaster Case Manager advocates for resources** necessary to meet the needs and accomplishment of 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.

²⁸ *Disaster Case Management Implementation Guide*. Administration for Children and Families. 12/2009. *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

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. Monitoring²⁹

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 working days) that the services have been initiated;
- Verification (usually within 15 working 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 nature of the disaster;
- Issues and needs of persons receiving services;
- The frequency, duration and intensity of services provided; and
- Resources available.

g. Case Transfer³⁰

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: transfer to an organization with specialized services and resources a Client needs that can be assessed only by transfer to that organization (e.g. the services and skills of bilingual staff, services for seniors, and services for persons with disabilities).

²⁹ Ibid.

Ibid.

³⁰Ibid.

Disaster Case Management Guidance. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

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 Closure³¹

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 progress and stabilizing gains have been made to return the Client 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.

Case may be closed for the following reasons:

- Completion of disaster recovery plans;
- Due to timeframe and eligibility for services;
- Transition to social service providers;
- 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 (e.g. 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 Recovery Plan. This

³¹ *Disaster Case Management Implementation Guide*. Administration for Children and Families. 12/2009.

should be established based on pattern of behavior 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 renegotiate the Recovery Plan with the Client to bring them into active compliance if they feel it is warranted given household circumstances.³²

When cases are closed before completion of the disaster recovery plan, this should be documented in a standardized way.³³

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.

³² “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).

³³ *Disaster Assistance: Greater Coordination and an Evaluation of Programs’ Outcomes Could Improve Disaster Case Management.* Government Accountability Office, Report to Congressional Requests, GAO-09-561, page 13. July 2009.

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 has provided guidance for organizations considering conducting 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.³⁴

b. Personnel Qualifications³⁵

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 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.

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:

³⁴ *Preparing the State VOAD for Disaster Case Management*. National Voluntary Organizations Active in Disasters. DRAFT 2011.

³⁵ *Points of Consensus: Disaster Case Management*. National Voluntary Organizations Active in Disasters. May 2010.

- Demonstrate helpful inter-personal skills;
- Know and follow the code of ethics of their respective profession as well as the code of ethics of the organization; and
- Respect the Client's right to privacy, protect Client's confidential information and maintain appropriate confidentiality in all interactions with the Client's information and when 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 a description of Florida's processes to meet this grant's requirements, see the Federal **DCMP Grant Annex** to this plan.

For presidentially declared events that are not approved for the federal Disaster Case Management Program, Florida's Disaster Fund may be activated to meet the long-term recovery needs of Floridians. Additionally, the National Emergency Grant, through the Department of Labor, managed by Florida's Agency for Workforce Innovation may be able to provide funding for Case Managers by hiring and referring for approved training disaster-impacted survivors for up to one year. This program may also be extended to long-term unemployed persons.

Resource development is particularly vital during non-declared disasters, when relief organizations may have to provide case management services without governmental support. In seeking resource support, **Disaster Case Management Provider Organizations should coordinate with one another so as not to 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. Additionally, staff should undergo an intensive training curriculum during the mobilization process. This section addresses considerations for the mobilization of these primary resources.

i. 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. **Florida's standard for estimating the potential number of Clients is based on the size of the disaster:**

- *SMALL*—not federal 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

1. Timeframe

Staffing needs will change from the time the event occurs to program closure.³⁶ Florida's Long-Term Recovery Groups are particularly proactive. This may expedite the availability 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.

a. Intake/Outreach (up to two weeks-two 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 intaking survivors to provide direct services, may also flag potential Clients for Disaster Case Management services. Outreach efforts to notify survivors of available assistance can also be utilized to advertise case management.

³⁶ *Disaster Case Management Implementation Guide*. Administration for Children and Families. 12/2009.

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.

- b. Initial Services—Recovery Planning, Action, Advocacy & 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 or volunteer, all staff should meet the same personnel standards and continuity of service with Clients should be maintained.

- c. 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.

2. Leadership/Support staff

Provider Organizations must have the capacity to quickly identify leadership roles for the Disaster Case Management program, such as: whether the program manager and/or finance manager will be staffed from within the organization or filled by short-term hires; whether or not additional administrative assistants, receptionists or data entry personnel may be required.³⁷

³⁷ *Preparing the State VOAD for Disaster Case Management*. National Voluntary Organizations Active in Disasters. DRAFT 2011.

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 1.³⁸

3. Determining Case Manager to Client ratio

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.³⁹ Some variables that may justify adjustments to this ratio include:

a. Complexity of caseload

Case Managers who are assigned cases that are more complex will need 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 4; or Provider Organizations should give Case Managers who have been assigned more tier 3 or 4 cases a lighter caseload.

b. 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, group Clients in rural areas with the same Case Manager. Provider Organizations should also coordinate meeting schedules to minimize time lost to travel for Case Managers in rural areas.

c. Length of Program

³⁸ *Disaster Case Management Implementation Guide*. Administration for Children and Families. 12/2009.

³⁹ *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

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.

4. 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** whenever possible. **Targeted recruitment** is the best approach to attract staff with the skill set necessary to succeed as Disaster Case Managers. Volunteer Florida can 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: members of vulnerable populations, retired social workers, recent graduates and interns from colleges and universities and health and mental health associations.

ii. Logistics

1. Facilities

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 see if space can 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 workspace is **returned to as good or better condition**.

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

2. Supplies

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

- Desk
- Phone
- Computer
- Printer/ Scanner
- General office supplies
- Copy machine

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.

i. 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.

ii. Client Satisfaction Survey

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

i. 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 the Florida VOAD (see Attachment #).⁴⁰ The Disaster Case Management conference calls will be facilitated by a representative of the Florida VOAD 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 and 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 ESF-15, Florida VOAD leadership and the Coordinating Case Management Organization.

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.

ii. Electronic communications

Electronic means of communication are highly effective for coordinating, scheduling and training amongst 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**

⁴⁰Conference Call Protocol. Florida Voluntary Organizations Active in Disasters. 2008
<http://www.flvoad.org/images/content/downloads/FLVOADConferenceCallProtocol.pdf>

of communication are not secure enough to protect Client confidential information and are therefore discouraged for this purpose.⁴¹

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 that may be provided. 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 still 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.⁴²

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.⁴³

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

⁴¹ *Disaster Case Management Guidance*. National Voluntary Organizations Active in Disaster. DRAFT February 2010.

⁴² *Long-Term Recovery Manual*. National Voluntary Organizations Active in Disasters. January 29, 2004.

⁴³ *Ibid.*

Research has shown that some vulnerable populations have difficulty trusting government organizations.⁴⁴ This must be a consideration in case management operations. Many non-governmental organizations have policies in place to protect members of vulnerable populations' confidentiality 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 avoid duplication of benefits, advocate for direct assistance, make appropriate referrals for service, obtain peer supervision and/or 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 versus social services case management and may require training and clarification.⁴⁵ 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 tools to register resources, intake Clients, monitor their progress and track community recovery

⁴⁴ *When Disaster Strikes: Promising Practices—Immigrants, Ethnic Minorities and Non-English Speakers.* MDC, Inc as part of the FEMA Emergency Preparedness Demonstration. <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.

⁴⁵ *Preparing the State VOAD for Disaster Case Management.* National Voluntary Organizations Active in Disasters. DRAFT 2011.

efforts over time. If kept up to date and used properly, 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;
- 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 **Florida recommended case management tool is the Coordinated Assistance Network (CAN)**.⁴⁶ CAN is available at no charge from the American Red Cross to assist participating organizations engaged in recovery efforts for disasters. Disaster Case Management Provider Organizations and resource providers are encouraged to become participants in CAN before disasters strike. To join the Network, organizations apply directly to the American Red Cross in coordination with their local chapter.

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 points⁴⁷;
- Support concurrent disasters;
- Function offline and backup data regularly;
- Prevent breaches of confidentiality (advanced security)

⁴⁶ Additional information about the Coordinated Assistance Network is available at www.CAN.org.

⁴⁷ See the Disaster Client Data Standard. www.thedisasterclientdatastandard.org

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 our 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 our target audience.
- Evaluate the effectiveness of the outreach campaign and special situations that may require more targeted outreach.

a. Support Staff

During the outreach phase, it may be necessary to assign a Disaster Case Management Community Coordinator⁴⁸ 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 everyday 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 the 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.

⁴⁸ 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 then additional Coordinators may be assigned.

- i. 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.
- ii. 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 association on non-profit/ human services executives are good starting points for identifying the appropriate organizations to contact.
- iii. Web, Social, and Traditional Media—while internet messaging should not be the sole source of outreach, it is inexpensive, readily available and searchable and therefore 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. Additionally, social media accounts and micro-blogs (e.g. facebook, twitter) can quickly advertise the availability of services. If easily available, video can be utilized from traditional media or created by the Florida Division of Emergency Management External Affairs section to be posted on relevant websites and/or YouTube, advertising the availability of case management services.

Public Information Officers may also be useful in working with print, 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).
- iv. 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 refer survivors to Disaster Recovery Centers. These teams go door to door, visit community organizations and attend public meetings. State team members also pass on information regarding survivors who have needs that have not been met through the federal assistance process to the State Unmet Needs Coordinator, who will be in contact with the Coordinating Case Management

Organization for Client referral.⁴⁹ If requested, CR Teams can also be utilized to make follow-up contact with Clients before Case Managers have been deployed to the field. If requested, CR Teams can 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.

- v. Essential Services Centers/Disaster Recovery Centers (ESCs/DRCs)—if a disaster is likely to receive a Presidential Declaration, Essential Services Centers may be set up to assist impacted survivors with limited essential services and information within 24 to 96 hours following a disaster. ESCs are then transitioned into Disaster Recovery Centers once a Presidential Declaration has been made to provide survivors a central location to apply for available assistance and return for updates and additional information. State ESC/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. Additionally, Clients may be referred through non-profits providing case work and disaster assistance conduct within the ESCs and DRCs.
- vi. 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; enabling 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 Long-Term Recovery Group 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.
- vii. Flyer distribution, 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 may be utilized in later phases of the disaster as outreach teams are demobilized and only when deemed necessary.
- viii. Other methods—other targeted outreach methods include but are not limited to: Mass Call-Out System(s) (local, state) and/or mass mailings utilizing routine use information from FEMA tele-registrations database.

⁴⁹ If the Coordinating Case Management Organization is not activated, the State Unmet Needs Coordinator will work directly with Disaster Case Management Provider Organizations for Client referral.

c. Considerations for Message Development

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, be clear and presented in plain language, and able to accommodate those who are hearing and visually impaired**. Additionally, the message developed should address fears and barriers that may prevent survivors from taking advantage of services, such as confidentiality.

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. First, they 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 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.

To ensure that case management outreach has been conducted for those most in need of services, the Coordinating Case Management Organization should additionally compare the numbers of vulnerable populations in the affected area to the numbers of vulnerable populations in the Case Management system. This ensures that we were successful in *targeting* outreach to the appropriate audience and should also identify any gaps that may require different methods of outreach.

This assessment should be conducted throughout the outreach phase so adjustments in outreach methods can be made as appropriate.

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. Additionally, 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.

The **Florida VOAD recommends all Disaster Case Managers and Supervisors complete the United Methodist's Committee on Relief's (UMCOR) Basic Disaster Case Management training.** The UMCOR training teaches Case Managers to use a holistic approach during Disaster Case Management. The course teaches participants how to identify and address the unmet recovery needs of all survivors, particularly people who were vulnerable before a disaster.⁵⁰

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

a. Position Specific Training

i. Disaster Case Manager

Disaster Case Management training should be comprehensive and prepare Disaster Case Managers to:⁵¹

⁵⁰ United Methodist Committee on Relief: Disaster Relief Training Programs. United Methodist Committee on Relief <http://new.gbgm-umc.org/umcor/work/emergencies/us/trainingprograms/>

⁵¹ *Council on Accreditation Standards: 8th Edition/ Private*. Council on Accreditation. August 2008 http://www.coastandards.org/standards.php?navView=private&core_id=1242 (accessed 08/05/2011).

- 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, recovery 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 (see Attachment #).⁵²

ii. Disaster Case Management Supervisor

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

- 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 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.

iii. 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.

⁵² National Association of Social Workers Code of Ethics. National Association of Social Workers. 2008 <http://www.socialworkers.org/pubs/code/code.asp> (accessed 08/05/2011).

b. Coordinated Assistance Network⁵³

Training sessions for the Coordinated Assistance Network 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 the Coordinated Assistance Network (CAN) through in-person trainings or live 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. After completing the Export Wizard training session participants should know how to query the system to complete reports and provide statistical data about services provided.

⁵³ Coordinated Assistance Network. <http://www.can.org/training>

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 additional 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 reports on: 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

i. Training Goals

1. All staff will receive standardized training within two weeks of employee or volunteer start date.

ii. Outreach⁵⁴

1. Within one month of program activation or outreach activities beginning, 20% of estimated caseload (5% of total FEMA registrants) will be in the intake or screening process.
2. Within two months of program activation or outreach activities beginning, 40% of estimated caseload will be in the intake or screening process.
3. Within three months of program activation or outreach activities beginning, 80% of estimated caseload will be in the intake or screening process.
4. Within four months of program activation or outreach activities beginning, 90-100% of estimated caseload will be in the intake or screening process.
5. 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

i. Appropriate Caseload

1. The average caseload of all Disaster Case management should not exceed 5% of the recommended caseload ratio.
2. On average, Case Managers will spend 4 hours per month working cases which are ranked as a Tier 1 in case complexity.

⁵⁴ 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.

3. On average, Case Managers will spend 5 hours per month working cases which are ranked as a Tier 2 in case complexity.
4. On average, Case Managers will spend 6 hours per month working cases which are ranked as a Tier 3 in case complexity.
5. On average, Case Managers will spend 8 hours per month working cases which are ranked as a Tier 4 in case complexity.⁵⁵

ii. Recovery Progress

1. 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.
2. Average Recovery Plan completion rates will be similar across all demographic groups within a 5% margin of error.

iii. Level of Client Involvement

1. Clients should accomplish approximately 95% of the actions they have assigned themselves in the Recovery Plan.
2. Clients should attend and actively participate in meetings with the Disaster Case Manager. No more than three meetings should be missed over the course of the Case Management process and both the Client and Disaster Case Manager should plan to meet at least:
 - One or more times per month for Tier 1 & 2 cases;
 - Two or more times per month for Tier 3 cases; and
 - Four or more times per month for Tier 4 cases.

iv. Length to Case Closure⁵⁶

1. On average, cases which are ranked as a Tier 1 in case complexity will be closed within two months of opening.
2. On average, cases which are ranked as a Tier 2 in case complexity will be closed within three months of opening.
3. On average, cases which are ranked as a Tier 3 in case complexity will be closed within four months of opening.
4. On average, cases which are ranked as a Tier 4 in case complexity will be closed within six months of opening.

v. Continuity of Service

1. For Clients transferred to a new Case Manager, the level of Client involvement (as measured above) should remain constant or increase.

⁵⁵ Ibid. Section 3, Project Work Plan—Service levels, page 16.

⁵⁶ Ibid.

2. 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.

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XIV. Annexes

- a. Federal DCMP Grant Annex
 - i. Activating program
 - 1. Letter of request
 - 2. Estimating need
 - ii. Roles and Responsibilities
 - iii. Procurement
 - 1. Request for Proposal
 - a. Coordinating Case Management Organization first
 - b. Provider Organizations
 - iv. Application (Internal Assessment)
 - v. Fiscal Management
 - vi. Grant Monitoring
 - 1. Provider allowable cost training
 - vii. Logistics (office space, supplies, equipment)
 - viii. Staff recruitment
 - 1. DCM Providers
 - 2. Management Organization
 - 3. State Organization
 - ix. Program Administration
 - 1. Operation
 - x.
- b. Casework Integration Annex (Phase I)
- c. Local Implementation Guide

XV. Attachments

- a. Routine Use letter template
- b. Florida Standard Form Set
 - i. Screening Form
 - ii. Intake Form
 - iii. Intake Contact Revision
 - iv. Intake Household Tool
 - v. Intake Determination Form
 - vi. Organization Release of Information Consent Form
 - vii. FEMA Release of Information Consent Form
 - viii. CAN Release of Information Consent Form (English)
 - ix. CAN Release of Information Consent Form (Spanish)
 - x. Client Rights and Responsibilities
 - xi. Case Notes Template
 - xii. Recovery Plan Template
 - xiii. Client Satisfaction Survey
- c. CAN Minimum Data Points
- d. Preparing the State VOAD for Disaster Case Management (NVOAD Guidance when finalized)
- e. Conference Call Protocol—Florida VOAD
- f. CAN Request Letter template
- g. Code of Ethics—National Association of Social Workers
- h. Job Description Templates

XVI. References

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