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The purpose of the Administration for Children and Families’ (ACF) Immediate Disaster Case Management (IDCM) Concept of Operations Plan (CONOPs) is to provide operational guidance to federal and contractor personnel that staff and support the implementation of the ACF IDCM program.

This ACF IDCM CONOPs is applicable to all activations wherein the Federal Emergency Management Agency (FEMA) activates ACF via the existing Interagency Agreement (IAA). The IAA helps strengthen areas of mutual support and coordination in the development, administration, and implementation of the Disaster Case Management Program (DCMP) to maximize optimal and rapid recovery.

Section 426 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act), as amended, 42 U.S.C. §5189d.

Executive Order No. 13175 (2000), Consultation and Coordination with Indian Tribal Governments, 65 FR 67249, applies to agency policies and actions that have Tribal implications, that is, policies and actions that have substantial direct effects on one or more Tribes, on the relationship between the Federal Government and Tribes, or on the distribution of power and responsibilities between the Federal Government and Tribes. To the extent practicable and permitted by law, before issuing any policies or taking actions that have Tribal implications that impose substantial direct compliance costs on Tribal governments, and that are not required by statute, the Federal Government must provide the funds necessary to pay the direct costs incurred by the Tribal government or the Tribe in complying with the regulation, or the agency must consult with Tribal officials.

The Disaster Case Management Program (DCMP) is a federal, FEMA-funded program promoting: (a) effective delivery of post-disaster case management services, (b) partner integration and coordination, (c) provider capacity building, and (d) State level program development.

The FEMA DCMP provides funding and technical assistance, when requested, to ensure holistic services to disaster survivors. It provides supplemental funding to States, U.S. territories and federally recognized Tribes after a Presidential disaster declaration, where Individual Assistance (IA) has been authorized, enabling a whole community approach through funding support to voluntary, faith-based
and nonprofit organizations, in partnership with the affected State, Tribe, or Territory. DCMP also provides relief to disaster survivors by connecting them with resources and services of multiple agencies, including the development of individual recovery plans that incorporate sustainable assistance to those affected by a disaster.

The DCMP offers implementation alternatives following an IA declaration. The appropriate option for implementation of the DCMP will be determined by FEMA and based upon a comprehensive assessment, as well as consideration of the most efficient and cost-effective delivery mechanism. Alternatives include:

- **Immediate Federal Disaster Case Management (IDCM):** a rapid, focused, and time limited deployment and implementation of services to support State, local, and non-profit capacity for disaster case management and to augment and build capacity where none exists. One alternative for IDCM available to FEMA is activation of ACF to execute ACF’s IDCM Program.

- **DCMP State Grant:** a long-term program focused on matching resources with the disaster survivor’s Recovery Plan and continued capacity-building within the State.

The Federal DCMP is administered as described in the *Disaster Case Management Program Guidance* produced by FEMA.

### ACF IMMEDIATE DISASTER CASE MANAGEMENT

ACF IDCM services support State, Tribal, Territorial, local, and non-profit capability for disaster case management, augmenting and building capacity where none exists. ACF IDCM’s primary goal is to link individuals to resources and programs that will optimize rapid recovery through outreach, triage, and DCM case work services. ACF IDCM may support State, Tribal, Territorial, local, and non-profit capacity building for disaster case management for up to 180 days. Following a declared State’s, Tribe’s, or Territory’s request for DCM as part of an IA declaration, ACF initiates its IDCM operations as outlined in its IAA with FEMA.

FEMA, ACF, and ACF IDCM contractor responsibilities include the following:

#### FEMA

- Ensures disaster specific funding is made available from the Disaster Relief Funds to support the execution of the ACF IDCM program. A fully-funded Task Order to ACF under the FEMA-ACF IAA is required, covering the full planned period of activation.

- FEMA and ACF may establish an operational workgroup that will review any changes and recommendations for improvements that are evidence based. Should an operational change be required during an event, both agencies will work to resolve proposed changes.
ACF

- ACF IDCM missions, like other ACF response and recovery missions in disasters and public health emergencies, are coordinated by the ACF Incident Management Team (IMT), located within the Office of Human Services Emergency Response and Preparedness (OHSEPR).
- The IMT exercises command and control over IDCM assets in the field, including both ACF and ACF IDCM contractor personnel.
- The ACF Watch Desk produces weekly reports for FEMA, the State, Tribe, or Territorial and the Health and Social Services Recovery Support Function (H&SS RSF) (if activated)
- Develops plan and coordinates the transition of all cases handled by ACF IDCM to State, Tribe, or Territory.

ACF IDCM Contractor

- Provides disaster case management services upon activation of the IDCM program
- The Disaster Case Manager serves as the single point of contact to facilitate access to a broad range of resources following an assessment of the client’s verified disaster-caused unmet needs
- Maintains a staffing approach that supports scalable deployments
- Reports to ACF IDCM team for operational guidance and contract deliverables to include weekly and monthly reports.

Figure 1: FEMA-ACF-STATE/TRIBE/TERRITORY-ACF IDCM Contractor-Client Relationship
IDCM DIRECT SERVICES

Disaster Case Management is a time limited resource and process that involves a partnership between a case manager and individuals and households impacted by a disaster (also known as a “client”) to develop and carry out a Disaster Recovery Plan. This partnership provides the client with a single point of contact to facilitate access to a broad range of resources. Disaster Case Managers connect clients with resources and services of multiple agencies, promoting sustainable assistance for individual and household’s recovery. ACF IDCM service delivery is designed to help clients overcome barriers to recovery posed by the organizational, logistical, and behavioral consequences of disasters upon clients, communities, and service systems. ACF IDCM services are client-focused, evidence-based, and provided in a manner consistent with standards for trauma-informed practice in human services.

The process involves an assessment of the client’s verified disaster-caused unmet needs, development of an individualized goal-oriented plan that outlines the steps necessary to achieve recovery, organization and coordination of information on available resources, progress, and client advocacy.

A **disaster-caused unmet need** is an un-resourced item, support, or assistance that has been assessed and verified by representatives from State, Tribal, local, and Federal governments and/or voluntary and faith-based organizations for the client to recover from the disaster. Applicable resources may include insurance payments, federal disaster assistance (i.e. FEMA Individual and Households Program (IHP) grants, and Small Business Administration (SBA) Disaster Loans), State assistance, voluntary agency/faith based assistance and personal resources. Unmet needs may also include basic and immediate needs such as food, clothing, shelter or first aid and long-term needs such as financial, physical, emotional or spiritual well-being.

CLIENT CONFIDENTIALITY

The ACF/federal staff, ACF IDCM contractor, and local affiliates shall maintain confidentiality throughout the disaster case management process by assuring that disaster survivor records are kept in a manner consistent with chain of custody standards and norms. All IDCM staff must sign a confidentiality agreement, a violation of which could lead to immediate dismissal and/or legal action. All ACF IDCM staff will receive training on confidentiality policies and procedures, including legal requirements of the Privacy Act, and methods of protecting client confidentiality.

IDCM services to clients shall be pursuant to a signed consent that describes how case managers will use and share information provided by clients. This HHS-approved consent shall be in addition to any consent required by FEMA for release of information regarding IA to the case manager. IDCM clients shall be provided a copy of their signed consent and a written statement of their privacy and confidentiality rights in the program.
Confidentiality standards shall be subject to applicable law regarding mandatory reporting of suspected abuse of a child or vulnerable adult, or specific threats of harm to a person.

ACF IDCM PLANNING CONSIDERATIONS, FACTS, AND ASSUMPTIONS

- ACF IDCM field operations are compliant with the National Incident Management System (NIMS) and the Incident Command System (IMT), which is led by OHSEPR within ACF.
- ACF IDCM field operations are scalable based on the size and magnitude of the disaster.
- IDCM services are based on the fundamental belief that human dignity is protected by basic human rights. Among these are the right to life and the basic necessities of life such as food, shelter, clothing, health care, education, and employment at a livable wage. These rights include the right to participate in decisions that affect one’s life and one’s future.
- The needs of at-risk individuals and individuals with access and functional needs will be incorporated into all disaster recovery planning and recovery operations. Examples of these populations include children, older adults, pregnant women, individuals with disabilities, individuals who live in institutional settings, individuals from diverse cultures, individuals who have limited English proficiency or are non-English speaking, individuals who are transportation disadvantaged, individuals experiencing homelessness, individuals who have chronic medical disorders, individuals with serious mental illnesses, and individuals who have pharmacological dependency.
- ACF IDCM services are one dimension of the larger disaster human services effort in response and recovery operations. IDCM efforts will align with other aspects of ACF support to the State, Tribe, or Territory to address disaster-caused human services needs.
- Disaster behavioral health is a key issue in recovery and includes mental health, stress, suicide and substance abuse considerations for survivors and responders, and also addresses the behavioral health care infrastructure and persons with pre-existing serious behavioral health conditions. While IDCM is not a behavioral health intervention, the concrete stressors in survivors’ that contribute to psychological distress can be addressed through IDCM services.

ACF IDCM ROLES AND RESPONSIBILITIES

ACF OHSEPR INCIDENT MANAGEMENT TEAM (IMT)

This section describes specific roles of ACF federal personnel in ACF IDCM activation pursuant to a Task Order from FEMA under the IAA between the two agencies. In an ACF IDCM activation, ACF exercises command and control over ACF federal and contracted assets as described below, in response to the deployment request from FEMA. ACF also liaises with FEMA personnel in the Joint Field Office (JFO) and at headquarters, with the H&SS RSF Field Coordinator (FC), with State/Tribal/Territorial government officials, and other partners in the Disaster Case Management effort.
In response and recovery missions related to disasters or public health emergencies, ACF activities are coordinated by the ACF IMT, which stands up in ACF OHSEPR during Level 2 or Level 1 Activations, as detailed in ACF OHSEPR’s *Activation Standard Operating Procedures* document. IDCM deployments, like other ACF disaster missions, are managed by the ACF IMT, which is responsible for command and control of all ACF and ACF IDCM contractor deployed personnel.

**Incident Commander** is responsible for overall coordination of the event, briefing ACF senior leadership, and establishing principal mission direction and priorities. The Incident Commander liaises with the Regional Administrator of the affected region and senior staff of the FEMA DCM HQ team.

**Deputy Incident Commander** is responsible for execution of the Incident Commander’s directives as well as coordination with other Federal, State, Tribal, Territorial, and non-governmental organizations, and acts as the primary liaison to the HHS EMG.

**Logistics Chief** is responsible for procuring, maintaining, and distributing resources, supplies, equipment, and other operational requests to support ACF deployed personnel.

**Operations Chief** is responsible for the coordination and management of field operations, formulating solutions, developing tactics to the emergency response and recovery issues, tracking field personnel, and working with the Logistics Chief to fulfill resource requests. The Operations Chief convenes and facilitates the daily IDCM coordination call each Operational Period with the ACF IDCM LNO in the JFO and ACF IDCM contractor personnel, and liaises with FEMA DCM HQ personnel at the Team Lead level.

**Planning Chief** is responsible for the collection, evaluation, and dissemination of information related to the incident, and for the preparation and documentation of Incident Action Plans.

**Watch Officer** is responsible for monitoring incoming communications, documentation and assisting the Planning Chief with development of Situation Reports and Incident Action Plans, as well as producing weekly reports on IDCM operations for ACF, FEMA, the State/Tribe/Territory, and the Recovery Field Coordinator.

**Finance Chief** is responsible for all documentation of incident costs and financial considerations, and the development of the burn rate component of the weekly ACF IDCM Report to FEMA.

**Public Information Officer / Program Liaison** develops media messages and liaises with the ACF Office of Public Affairs, as well as the Office of the Assistant Secretary for Preparedness and Response (ASPR) Office of Public Affairs, or other partners as necessary, and coordinates with ACF Program Offices at the Central level to promote alignment of IDCM operations with ACF programmatic activities.

Collectively, responsibilities of the ACF IMT in OHSEPR during IDCM activations include:

- Liaising with the FEMA DCM Team at FEMA’s headquarters
- Overseeing ACF IDCM contractor performance and giving direction to contractor personnel
- Coordinating with the ACF Regional Administrator (RA) and Regional Emergency Management Specialist (REMS) in the Immediate Office of the Regional Administrator (IORA) for the affected Region
- Ensuring alignment between the IDCM mission and any concurrent non-IDCM ACF disaster human services response and recovery mission activities
- Financial tracking and accountability to FEMA for weekly burn rates and final accounting of Stafford Act funding provided to ACF under the IAA with FEMA
- Determining staffing for all ACF federal staff deployed roles
- Providing weekly ACF IDCM reporting products to key partners—the ACF IDCM Management Report (for ACF internal partners including the RA of the affected region), the FEMA IDCM Management Report, the IDCM Report for the State/Tribe/Territory, and customized reports for the HHS Secretary’s Operations Center (SOC), the Field Coordinator of the Health & Social Services Recovery Support Function (H&SS RSF), and the ASPR Regional Emergency Coordinator (REC) of the affected region
- Supporting ACF Office of Public Affairs (OPA) in OPA’s partnership with FEMA External Affairs (ESF-15) on media and other public information functions
- Maintaining continuous accountability for all ACF Federal assets deployed in support of the IDCM mission
- Implementing plans to ensure the safety and psychological resilience of ACF deployed assets
- Liaising with the Health & Social Services Recovery Support Function (H&SS RSF) Field Coordinator, if activated remotely, and with the Director of the Division of Recovery, ASPR Office of Emergency Management (OEM)
- Quality control and assurance for deliverables and requirements under the IDCM IAA with FEMA
- Briefing the HHS Human Services Coordination Group on ACF IDCM activities, as described in the HHS Disaster Human Services Concept of Operations Plan
- Conducting the After-Action Review/Lessons Learned process after the conclusion of the mission.

During deployments, each Operational Period, there is a coordination call convened by the ACF IMT Operations Section Chief, to which the ACF IMT, ACF IDCM LNO, and staff from the ACF IDCM contractor provide briefings to enhance synchronization of activities and efforts and close immediate gaps.
**ACF IDCM LIAISON OFFICER (LNO)**

The IDCM LNO is a trained, credentialed ACF responder who serves as ACF’s Liaison Officer for IDCM issues with FEMA, the State/Tribe/Territory, and other partners. The ACF IDCM LNO is the downrange authority of the ACF IMT. Key roles of the ACF IDCM LNO include:

- Liaising with the FEMA DCM Lead in the field
- Liaising with the FEMA Voluntary Agency Liaisons (VAL), the Individual Assistance Branch Director (IABD), and other FEMA personnel in the JFO supporting the IDCM mission
- Maintaining daily contact with the Operations Section Chief in the ACF IMT
- Participating in daily coordination calls with the ACF IMT and ACF IDCM contractor personnel
- Coordinating with key JFO interagency partners including the Substance Abuse and Mental Health Services Administration’s Crisis Counseling Program (if activated), the American Red Cross, and Voluntary Organizations Active in Disaster (VOAD) partners
- Liaising with the Field Coordinator (FC) of the Health & Social Services Recovery Support Function (H&SS RSF), if deployed to the JFO
- Liaising with the HHS ASPR Regional Administrator or other HHS ASPR Regional Emergency Coordinators (REC) regarding IDCM questions from ASPR in the region
- Providing daily situational awareness and activities reporting via ICS-214 (or other tool as determined by the ACF Planning Section Chief) to the ACF Watch Desk
- Coordinating with the IORA of the affected Region and Regional Program Offices, as required, to establish linkages to State, Tribal, Territorial, local, and grantee partners for IDCM resource identification
- Supporting in-briefings or orientations of incoming ACF IDCM contractor assets.

The ACF Incident Commander, in consultation with the RA of the affected region, determines who will serve as the IDCM LNO. The position may rotate between different ACF staff. In most cases the primary IDCM LNO will be the REMS of the affected region; however, due to rotational requirements and concurrent demands upon REMS to support other aspects of ACF’s disaster response and recovery missions in the affected region, other OHSEPR or REMS staff from outside the region will rotate into the role as well.

**ACF IMMEDIATE OFFICE OF THE REGIONAL ADMINISTRATOR (IORA)**

In each of the ten ACF regions, the ACF Office of Regional Operations (ORO) is represented by the ACF Regional Administrator (RA) and his or her Immediate Office. Within each IORA, there is a Regional Emergency Management Specialist (REMS) whose duties include serving as senior advisor on emergency preparedness, response, and recovery to the ACF RA.

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1 IDCM LNO training and credentialing standards include external courses (e.g., ICS 100, ICS 200, IS 800.b, IS 808) and internal requirements such as “Introduction to ACF Deployable Capabilities” and “IDCM LNO Role-Specific Training.”
The ACF IMT in OHSEPR and the ACF IDCM LNO in the JFO liaise with the RA and REMS of the affected region to ensure continuous visibility on IDCM activities by the ACF IORA.

Responsibilities of the RA of the affected region include:

- Facilitating relationships with ACF-supported human services programs and partners in the affected State, Tribe, or Territory
- Serving as the primary liaison for government-to-government engagement with Tribal leadership and State or Territorial human services leadership at the Commissioner or Governor’s office level
- Providing subject matter expertise related to the delivery of human services/social services in the affected State and cultural or political factors relevant for the effective delivery of IDCM services
- Briefing the HHS Regional Director (RD) as required and facilitating ACF engagement with executive-level Federal leadership in the region as necessary.

Responsibilities of the REMS of the affected region include:

- Serving as the primary IDCM LNO in the JFO, and supporting efforts to promote consistency and continuity when rotated out of the IDCM LNO role
- Participating in briefings and orientations of IDCM LNOs in the JFO
- Facilitating relationships with STTL emergency management, ESF#6, ESF#8, and disaster human services partners
- Liaising with the ASPR Regional Emergency Coordinators (REC).

To facilitate successful execution of these responsibilities, IORA personnel are in continuous contact with the ACF IMT in OHSEPR and receive appropriate support from the IMT. The ACF Watch Officer provides the RA and REMS of the affected region with a copy of the weekly ACF Management Report on the IDCM mission.

**ACF DCM ASSESSMENT TEAM**

ACF maintains a DCM Assessment Team capability to support FEMA upon request. This capability is independent of the ACF IDCM assets and does not require activation of ACF to provide IDCM. Upon request from FEMA, ACF will deploy one to two assets to the JFO, who are trained in the use of the evidence-based DCM Assessment Tool developed by ACF. Partnering with FEMA colleagues in a single DCM Assessment Team, ACF personnel will use the DCM Assessment Tool to determine factual conditions. The Assessment Team does not make decisions regarding whether the Federal DCMP is approved or what the mechanism to address DCM needs in the affected State, Tribe, or Territory will be. However, the findings of the joint FEMA-ACF Assessment Team are briefed to the Federal Coordinating Officer (FCO) to support and assist the FCO’s decision-making regarding Federal DCM Program alternatives.
ACF OFFICE OF PUBLIC AFFAIRS (OPA)
Pursuant to the IAA between ACF and FEMA, all public messaging related to IDCM activations is jointly developed by FEMA External Affairs (ESF-15) and ACF Office of Public Affairs (OPA). ACF OPA designates a POC for the IDCM mission. This POC liaises with the ACF IMT in OHSEPR for factual information and other support necessary for OPA to partner effectively with FEMA External Affairs. Upon deployment to the JFO, the ACF IDCM LNO establishes contact with the ESF-15 desk in the JFO to facilitate introduction to the ACF OPA POC designated by OPA. ACF OPA will coordinate with HHS Assistant Secretary for Public Affairs as necessary.

ACF IDCM CONTRACT DCM TEAM LEAD/SUPERVISOR
The Disaster Case Management Supervisor reports to the IDCM Contractor Team Lead. The supervisor provides support and supervision to IDCM Team Case Managers in the delivery of client services, including staffing and weekly file reviews. Supervisors work with the IDCM Contract Team Lead to identify disaster survivor trends, gaps in service, and necessary outreach. They also monitor deliverables, including activity logs, reporting (personnel and client data), and performance.

ACF IDCM CONTRACT DISASTER CASE MANAGER
Disaster Case Managers work directly in the implementation and monitoring of recovery plans for individuals and families impacted by a disaster. The case manager serves as the single point of contact, facilitating access to information and referrals.

ACF IDCM IMPLEMENTATION

IDCM may be requested by State, Tribal, or Territorial government in their request for a Presidential Declaration under the Stafford Act or in a written request submitted to FEMA within 15 days of the date of declaration. FEMA will evaluate the request to determine the most cost-effective and efficient alternative of IDCM to provide resources. If FEMA determines that implementation of IDCM by ACF via the IAA is the appropriate option, ACF will provide IDCM services in accordance with the FEMA DCM Guidance.

ACF’s implementation of IDCM does not include Direct Financial Assistance to disaster survivors. Each ACF IDCM implementation will include a transition to State/Tribal/Territorial resources and closeout or support to the State/Tribal/Territorial government in the development of their application for a DCM Grant Program.

The target population for DCM services is individuals and families whose primary residence or place of work was in the impacted area at the time of the disaster and have a verifiable disaster-caused unmet need that cannot be met through other federal, state, local disaster assistance or personal resources. Households that have relocated due to the disaster may be eligible for services.
Case files will be provided to the receiving agency no later than 15 days prior to the end of the ACF IDC M period of performance (POP). If the State/Tribe/Territory\(^2\) elects not to apply for the State/Tribe/Territory DCM Grant Program, the ACF IDC M staff may assist the State/Tribe/Territory with identifying and transitioning cases to social service organization or voluntary agency organizations for continued service. If there is no State/Tribe/Territory DCM Grant Program, the transition plan must include identification of the agencies that the cases are being transferred to including agency points of contact. At the end of the ACF IDC M POP, all cases must be transferred to the State/Tribe/Territory for the DCM Grant Program or to local providers, Long Term Recovery Groups (LTRGs), or other resources.

**ACF IDC M ACTIVATION**

Following an Individual Assistance Declaration under the Stafford Act and a request for DCM from the declared State/Tribe/Territory, an ACF IDC M team will deploy within five days following receipt of approval from FEMA.

The National Incident Management System (NIMS) planning process represents a template for strategic, operational, and tactical planning that includes all steps an Incident Commander (IC) and other members of the Command and General Staffs should take to develop and disseminate an Incident Action Plan (IAP).

The following five primary phases should be followed, in sequence, to ensure a comprehensive IAP:

1. Understand the situation
2. Establish incident objectives and strategy
3. Develop the plan
4. Prepare and disseminate the plan
5. Evaluate and revise the plan

Activation procedures and the planning process begin with the initial response to an actual or impending event with or without notice (e.g., hurricane, tornado or wildfire). The process continues with the implementation of the formalized steps and staffing required in developing an IAP if the incident is anticipated to occur over a span of 24 hours or longer. Generally, response operations will follow four general phases – Initial Actions (0 – 2 hours of notification), Immediate Actions (2 – 24 hours post-event), Extended Actions (24 hours and beyond) and Demobilization Actions (conclusion of response activities).

\(^2\) For the purpose of the Stafford Act, State means the 50 states, the District of Columbia, and U.S. Territories. The Sandy Recovery Act of 2013 extended the authority to federally recognized tribes to request a major disaster declaration.
In order to communicate clearly the level of response required, the following levels of response are utilized by ACF’s OHSEPR to determine the appropriate level of response:

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Staffing Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 (Steady State)</td>
<td>This level describes normal day-to-day operations.</td>
<td>Human Services Watch Officer (&gt;10%)</td>
</tr>
</tbody>
</table>
| 3 (Monitor) | This level describes situations where a credible threat exists or a small incident has occurred confined to a relatively small geographic area. Little to no Federal assistance is anticipated. Events may include:  
  - Low to moderate flooding  
  - Severe storms and limited impact tornados  
  - Winter weather  
  - Fires  
  - Tropical storm or hurricane (H-120)  
  - Technological events | Human Services Watch Officer (>25%)  
  - Program Liaison (>10%)  
  - Planning Section Chief (>10%)  
  - Deputy Incident Commander (>10%)  
  - Incident Commander (>10%) |
| 2 (Partial Activation) | This level describes expanding situations which require additional planning, logistical or liaison support. Events may include:  
  - Major flooding  
  - Minor earthquake or tsunami  
  - Severe storms and tornados with widespread impact  
  - Wildfires  
  - Tropical storm or hurricane (H-48)  
  - Technological events with widespread disruptions  
  - Any Presidentially declared emergency  
  - Recovery support following a major event | Human Services Watch Officer (>75%)  
  - Program Liaison (>50%)  
  - Planning Section Chief (>50%)  
  - Operations Section Chief (>25%)  
  - Finance/Administration Chief (>25%)  
  - Logistics Chief (>25%)  
  - Deputy Incident Commander (>50%)  
  - Incident Commander (>50%) |
| 1 (Full Activation) | Disaster Case Management Assessment  
  This level described major or catastrophic events requiring Federal support from ACF and deployment of ACF support staff. Events may include:  
  - Catastrophic flooding  
  - Major earthquake or tsunami  
  - Widespread wildfire with major metropolitan areas damaged or destroyed  
  - Major hurricane  
  - Any Presidentially declared major disaster  
  - Immediate Disaster Case Management activation | Human Services Watch Officer (100%)  
  - Program Liaison (100%)  
  - Planning Section Chief (100%)  
  - Operations Section Chief (100%)  
  - Logistics Chief (100%)  
  - Deputy Incident Commander (100%)  
  - Deputy Incident Commander (100%)  
  - Incident Commander (100%) |

Table 2: ACF OHSEPR Activation Levels

Activation and deployment of IDCm assets ordinarily trigger a Level 1 (Full Activation) posture for the ACF IMT.
### ACF IDCM Deployment Strategy Considerations

- Populations that may be significantly impacted and experience greater challenges with recovery, such as the elderly, families with children and youth, individuals with access and functional needs (including physical and mental disabilities, limited English proficiency, or literacy challenges), and households experiencing pre-disaster poverty or near-poverty.
- Total number of primary residences destroyed or with major damage.
- Higher concentrations of literacy challenges, elderly populations, poverty, tribal associations.
- Potential number of households affected by disruption of local services, such as mass transportation, social services networks and disability services.
- Number of insured versus uninsured properties.
- Number of individuals with disabilities within the affected area as well as those that are receiving benefits.
- Voluntary Agency activities and capacity including volunteer efforts, available donated materials, and potential funding.
- Current involvement by a LTRG from a previous disaster.
- Potential number of DCM clients.
- Screen and refer applicants who could benefit from long-term disaster case management services (e.g., permanent housing, major home repair or rebuilding) to appropriate agencies.
- Coordinate appropriate DCM personnel and utilize a client data collection system specific to the assigned disaster.

### Deployment

ACF IDCM staff to include contract personnel will:

- Establish a timeframe for the duration of IDCM services (up to 180 days) with weekly reporting and monthly evaluation required to continue providing existing level of service.
- Work with State, Tribe, Territorial and local agencies to identify existing resources, identify gaps in services for survivors’ disaster-related recovery needs and provide assistance to the State in matching client’s unmet needs with resources.
- Conduct outreach to identify individuals with access and functional needs including but not limited to, individuals with disabilities, children, elderly, individuals with limited English proficiency, and people who have unmet disaster-caused needs. Outreach to these populations should be conducted through local Disaster Recovery Centers (DRCs), Voluntary Agency contacts, faith-based contacts, LTRG, shelters, and other entities that represent individuals in need.
Assess survivor’s unmet disaster-caused needs to identify immediate needs (e.g., food, clothing, shelter, first aid), and provide information and referral for individuals with urgent needs (e.g., mental health issues, benefits restoration, post-disaster child care, housing, financial assistance, transportation, medication replacement).

**CLIENT INTAKE, ASSESSMENT, AND TRIAGE**

**INTAKE AND ASSESSMENT**

As clients are identified through outreach, self-identification, referrals, or other means, the Disaster Case Manager will conduct an intake. Intake may be completed through various methods including in person or over the phone. The purpose of the intake process is to establish program eligibility and gather other necessary information to develop and implement the individual recovery plan. During the intake, a brief risk assessment will be conducted to prioritize/triage cases. Based on the risk assessment, the case manager will elevate a case deemed to be high risk to the supervisor to address immediate concerns and needs.

The Disaster Case Manager will ensure the client signs and receives a copy of the releases of confidentiality and that she or he is willing to partner with the Disaster Case Manager in the development and implementation of a disaster recovery plan. This agreement will be reflected in a client’s *rights and responsibilities* document (prepared by the case manager) and shared with the applicant at intake. Consideration must be given to confidentiality requirements and concerns of survivors of domestic violence, human trafficking, or other abuse. Such cases are referred to the supervisor for further action including referral to services and/or notification of State/Tribe/Territory/local authorities with appropriate jurisdiction, as mandated by law.

The needs assessment process for a newly established client begins at intake. A thorough assessment is needed to create a disaster case management plan. Based upon this assessment, a preliminary recovery plan will be developed immediately and revised at the first meeting between the client and the case manager and thereafter, as necessary.

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

- Access and functional needs
- Language and literacy skills (interpretation/translation or literacy assistance)
- Family and personal safety, including child welfare, exploitation, trafficking, and domestic violence situations
- Legal services (establish or re-establish legal issues)
- Other human services needs
In the assessment process, the Disaster Case Manager seeks to establish a baseline by examining the areas listed above from the perspective of pre-disaster functioning. The overall impact of the disaster on a client is determined by examining the difference between pre-disaster functioning and current level of functioning in each of the above-listed service areas.

**TRIAGE**

The primary purpose for triage is to assign a priority level to a case based on the client’s severity of need and ability to recover. The Disaster Case Management Supervisor uses triage to determine the management of caseloads by case managers. Clients with the highest priority level cases will meet more frequently with the case manager.

Triage also allows for the identification of clients with immediate needs, such as those who as a result of the disaster are without food, shelter, or clothing, or who require urgent referral behavioral health services for acute psychological distress. Immediate intervention in such cases can significantly mitigate the risk of disaster-causes traumatic exposure or toxic stress to children, youth, and families.

The triage process involves ongoing communication between the client and Disaster Case Manager. It requires regular reassessment, particularly as the client transitions into long-term disaster case management.

<table>
<thead>
<tr>
<th>Tier 1 – Immediate Needs Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Client is stable, some remaining unmet needs</td>
</tr>
<tr>
<td>• Quarterly monitoring to update status; or</td>
</tr>
<tr>
<td>• Case may be closed due to lack of resource for identified need (may be reopened if resource(s) becomes available during period of performance)</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Tier 2 – Some Remaining Unmet Needs or in Current Rebuild/Repair Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Monthly contact to monitor progress</td>
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</table>

<table>
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<tr>
<th>Tier 3 – Significant Unmet Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Disaster Recovery Plan being developed and monitored;</td>
</tr>
<tr>
<td>• Bi-weekly or weekly contact</td>
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</table>

<table>
<thead>
<tr>
<th>Tier 4 – Immediate and Long-Term Unmet Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Client may lack capacity, or be highly dependent on social services due to low literacy, elderly, low income, or disabled;</td>
</tr>
<tr>
<td>• Weekly contact</td>
</tr>
</tbody>
</table>
ACF IDCM DEPLOYMENT STRATEGY CONSIDERATIONS

INFORMATION AND REFERRAL

After intake and assessment, and based on the client’s self-identified immediate needs, the Disaster Case Manager will provide Information and Referral (I&R) services to the client for short term, immediate existing resources. IDCM staff should use mission and state specific resources that will meet the client’s need(s).

Confidentiality concerns must be taken into account when making referrals that include the transfer of client information. The provider shall not further disclose FEMA applicant information received without seeking permission from FEMA.

DISASTER RECOVERY PLAN

The development of a client’s Disaster Recovery Plan is based on information gathered in the assessment. The development of goals and objectives in the plan are based on areas of need/services that the client and Disaster Case Manager agree upon.

The overall disaster recovery goal will express what the client will achieve as a result of his/her work on the entire plan. Successful implementation of the plan presents a holistic approach to the different aspects of a client’s life post disaster. For example, a disaster recovery goal of “establish stable residency in (post-disaster city) by (date),” is a goal that is reflective of the entire body of work, the disaster recovery plan. In order to establish stable residency the client might need to: gain employment (which might require education or job training), establish reliable transportation and secure a driver’s license, receive substance abuse and mental health counseling, identify appropriate housing, enroll children in school / child care / Head Start, secure senior services, ensure family safety, and maintain household expenses through self-sufficiency. Each one of these “sub-goals” will have associated action steps the client must accomplish to achieve success in that particular area of service. Each goal, both overall and sub-goals, must be achievable, realistic, and measurable.

The Disaster Case Manager is a facilitator in the plan development and implementation process. Central to the Disaster Case Manager’s role is to monitor and foster progress toward the achievement of goals outlined in a client’s disaster recovery plan. Monitoring activities include regular client contact, and case file review that may result in adjustments to the client’s plan. Routine contact with the client may reveal the need for new goals and prompt discussion of the client’s roles and responsibilities in the execution of the action steps within their plan.

ADVOCACY

It is the role of both the Disaster Case Manager and the client to advocate for the services needed to move toward recovery. Once the client begins to work on their recovery plan, the Disaster Case
Manager will monitor the progress of the case. Empowering clients throughout the IDCM process promotes engagement, accountability, and follow through on agreed upon actions/tasks.

**CASE CLOSURE**

Cases may be closed for a variety of reasons at any stage of service delivery. Some clients with uncomplicated disaster related needs may only need information and referral services. For more complex cases or in situations where the client needs ongoing support, a full-scale recovery plan should be developed in collaboration with the client. When a recovery plan has been developed, the case may be closed for the following reasons:

- All of the goals in the plan have been achieved.
- The client has received the maximum number of months of disaster case management available by program design. In these cases, if all disaster related needs have not been met, a referral to a local social service provider or a long-term recovery group may be made for ongoing case management.
- Some of the goals in the recovery plan remain, but available resources have been exhausted.
- The client has withdrawn the request for case management, has elected not to participate, or moved out of the service area.
- Whenever possible, a referral to a service provider in the new locale is made.

Case closure should be approved by the case management supervisor. The case closure / summary form must be completed in the file and the appropriate action taken in the client’s record.

**ACF IDCM TRANSITION TO STATE/TRIBE/TERRITORY DCM PROGRAM**

ACF IDCM transition to the State/ Tribe/Territory DCM Program is a collaborative effort between ACF, ACF’s IDCM contractor, FEMA, and the declared State/ Tribe/Territory that commences prior to the scheduled IDCM demobilization. FEMA will provide technical assistance, as requested, to the State/ Tribe/Territory for the development of the DCM Grant Program application in coordination with ACF.

ACF and FEMA will ensure that individuals impacted by a disaster who still require services at the end of the ACF IDCM program will be transitioned to the State/ Tribe/ Territory. This transition will include the transfer of hard copy and electronic case files, as applicable, to the DCM service providers as directed by the State/ Tribe/ Territory. ACF will notify clients, service providers, recovery groups and other State/ Tribal and local agencies of the timeframe for transferring cases and provide any pertinent information regarding the ACF IDCM Program closeout.

ACF will transition hard copies and data records of all open, closed, or transferred cases for all client cases to the State/ Tribe/ Territory. This transfer of case files will be done securely so that unintended
recipients cannot access them. ACF will comply with all applicable Privacy Act requirements and individual confidentiality provisions (5 U.S.C. §552a). If the State/Tribe/Territory elects not to apply for the State DCM Grant, the IDCM staff in coordination with FEMA may assist the State/Tribe/Territory with identifying and transitioning cases to social service organizations or voluntary agency organizations for continued services.

**ACF AND ACF IDCM CONTRACTOR CLOSE OUT**

ACF and ACF IDCM contractor will work collaboratively on developing and implementing a close out plan that maximizes State/Tribe/Territory’s ability to sustain long term recovery support of individuals and households impacted by the disaster. Necessary and applicable administrative actions will be taken to ensure overall transfer and termination of disaster/event related IDCM services.

**AFTER ACTION AND LESSONS LEARNED**

Following deactivation, ACF OHSEPR will coordinate with FEMA, ACF IDCM contractor, State/Tribe/Territory, and other IDCM stakeholders for the Lessons Learned and After Action Report (AAR) development. An AAR will be completed within 90 days of IDCM demobilization. It is important to allow national and local staff to participate in program evaluation activities at the time of closure as they may provide valuable input into the lessons learned, best practices, and areas needing improvement.
### APPENDIX I: ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACF</td>
<td>Administration for Children and Families</td>
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<tr>
<td>AI/AN</td>
<td>American Indian and Alaskan Native</td>
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<tr>
<td>AIRS</td>
<td>Alliance of Information and Referral Systems</td>
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<tr>
<td>AFO</td>
<td>Alternate Field Office</td>
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<tr>
<td>ARC</td>
<td>American Red Cross</td>
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<tr>
<td>ASPR</td>
<td>Assistant Secretary for Preparedness and Response</td>
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<tr>
<td>CCP</td>
<td>Crisis Counseling Assistance and Training Program</td>
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<tr>
<td>DCMP</td>
<td>Disaster Case Management Program</td>
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<tr>
<td>DCM</td>
<td>Disaster Case Management</td>
</tr>
<tr>
<td>DRC</td>
<td>Disaster Recovery Center</td>
</tr>
<tr>
<td>EEI</td>
<td>Essential Elements of Information</td>
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<tr>
<td>EMG</td>
<td>HHS Emergency Management Group</td>
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<tr>
<td>ERRF</td>
<td>Emergency Response Readiness Force</td>
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<tr>
<td>ESF</td>
<td>Emergency Support Function</td>
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<tr>
<td>FC</td>
<td>Field Coordinator</td>
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<tr>
<td>FCO</td>
<td>Federal Coordinating Officer</td>
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<tr>
<td>FDRC</td>
<td>Federal Disaster Recovery Coordinator</td>
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<tr>
<td>FEMA</td>
<td>Federal Emergency Management Agency</td>
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<tr>
<td>HHS</td>
<td>Health and Human Services</td>
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<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>H&amp;SS</td>
<td>Health and Social Services</td>
</tr>
<tr>
<td>I&amp;R</td>
<td>Information and Referral</td>
</tr>
<tr>
<td>IA</td>
<td>Individual Assistance</td>
</tr>
<tr>
<td>IAA</td>
<td>Interagency Agreement</td>
</tr>
<tr>
<td>IABD</td>
<td>Individual Assistance Branch Director</td>
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<tr>
<td>IC</td>
<td>Incident Commander</td>
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</tbody>
</table>
IDCM  Immediate Disaster Case Management  
IHP   Individual and Households Program  
IHS   Indian Health Service  
IMT   Incident Management Team  
IORA  Immediate Office of the Regional Administrator  
IRCT  Incident Response Coordination Team  
JFO   Joint Field Office  
LTRG  Long Term Recovery Group  
MA    Mission Assignment  
MSA   Mission Scoping Assessment  
MSAR  Mission Scoping Assessment Report  
NDRF  National Disaster Recovery Framework  
NIMS  National Incident Management System  
NRF   National Response Framework  
NVOAD National Voluntary Organizations Active in Disaster  
OHSEPR Office of Human Services Emergency Preparedness and Response  
OPA   Office of Public Affairs  
ORO   Office of Regional Operations  
PA    Public Assistance  
POC   Point of Contact  
RA    Regional Administrator  
REMS  Regional Emergency Management Specialist  
RSF   Recovery Support Function  
RSS   Recovery Support Strategy  
SBA   Small Business Administration  
SOC   HHS Secretary’s Operations Center  
UCG   Unified Coordination Group  
VAL   Voluntary Agency Liaison
APPENDIX II: DEFINITIONS

ADVOCACY: The pursuit of influencing outcomes — including public-policy and resource allocation decisions within political, economic, and social systems and institutions — that directly affect people’s current lives.

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

ASSETS: Includes all ACF and ACF IDCM contractor personnel supporting IDCM efforts.

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

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

CASE MANAGEMENT—TRADITIONAL: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual’s health and well-being needs through communication and available resources to promote quality cost-effective outcomes.

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

COMMUNITY ACTION AGENCY: A private corporation or public agency established pursuant to the Economic Opportunity Act of 1964, Pub. L. 88-452, which is authorized to administer funds received from Federal, State, local, or private funding entities to assess, design, operate, finance, and oversee antipoverty programs.

DISASTER CASE MANAGEMENT: Disaster Case Management (DCM) is a time-limited process that involves a partnership between a case manager and a disaster survivor (also known as a “client”) to develop and carry out a Disaster Recovery Plan. This partnership provides the client with a single point
of contact to facilitate access to a broad range of resources. The process involves an assessment of the client’s verified disaster-caused unmet needs, development of a goal-oriented plan that outlines the steps necessary to achieve recovery, organization and coordination of information on available resources that match the disaster-caused needs and the monitoring of progress toward reaching the recovery plan goals, and, when necessary, client advocacy.

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

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

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

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

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

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

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

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

The National Disaster Recovery Framework (NDRF) facilitates effective recovery support to disaster-impacted States, Tribes, Territories and local jurisdictions by establishing a flexible structure that focuses on how best to restore, redevelop and revitalize the health, social, economic, natural and environmental fabric of the community and build a more resilient Nation. The NDRF established Recovery Support Functions (RSF) in order to provide a structure to facilitate the identification, coordination and delivery of Federal assistance needed to supplement recovery resources and efforts by local, State and Tribal governments, as well as private and nonprofit sectors. In particular, the NDRF established the H&SS RSF, whose mission is for the Federal government to support locally-led recovery efforts to restore public health, health care and social services networks to promote the resilience, health and well-being of disaster-affected individuals and communities.

The Department of Health and Human Services (HHS) serves as the Coordinating Agency for the H&SS RSF. HHS fulfills this responsibility through its Office of the Assistant Secretary for Preparedness and Response’s (ASPR) Office of Emergency Management, Division of Recovery.

The HSS RSF has identified the following Core Recovery Mission Areas:

- Public Health
- Health Care Services Impacts
- Behavioral Health Impacts
- Environmental Health Impacts
- Food Safety and Regulated Medical Products
- Long-term Health Issues Specific to Responders
- Social Services Impacts
- Referral to Social Services/Disaster Case Management
- Schools and Children in Disasters
Appendix IV: Immediate Disaster Case Management Program Triggers

Immediate Disaster Case Management Program Triggers

- **Advisory to IDCN National Contractor**
  - **ACF Trigger:** IA Declaration
  - **Contractor Requirement:** (1) Provide ACF with 24/7 ROC; (2) Roster of personnel for potential deployment

- **Alert to IDCN National Contractor**
  - **ACF Trigger:** Activation by FEMA for DCM Assessment Team
  - **Contractor Requirement:** (1) Provide ACF with roster of Deployable assets available to deploy within 72 hours

- **Activation of IDCN National Contractor**
  - **ACF Trigger:** MA Subtask or IAA Task Order from FEMA
  - **Contractor Requirement:** (1) Deploy requested number of assets within 72 hours of activation; (2) Provide IT, Logistics material & support to assets in disaster area
Appendix V: Program Services and Immediate Disaster Case Management Key Elements

Program Services
It is important to note that IDCM services do not provide direct financial assistance to clients. The IDCM team provides information, referral, and disaster case management services as needed. As local capacity to provide DCM increases, the IDCM team transitions DCM responsibilities to the State DCM Grant or other State programs, if existing resources are sufficient to meet the needs of affected clients. Once local capacity is adequate to meet the needs, the IDCM team is deactivated. ACF staff may continue to provide technical assistance in conjunction with FEMA staff if requested by the State.

Federal Immediate Disaster Case Management Key Elements
The disaster case management process includes the following key elements necessary to respond to disasters of all sizes:

1. Following an IA disaster declaration, work with federal, State and local stakeholders to identify existing public and private services and resources, and identify gaps in resources needed for disaster-related response.

2. Conduct outreach to identify vulnerable and other special needs populations impacted by the disaster including but not limited to, individuals with disabilities, children, elderly, individuals with limited English proficiency, and people who have unmet disaster-caused needs. Outreach to these populations should be conducted through local Disaster Recovery Centers (DRCs), voluntary agencies, LTRGs, shelters and other congregate facilities.

3. Screen individuals to identify unmet disaster-caused needs that could benefit from disaster case management services, including identification of immediate short-term needs.

4. Provide information and referral for specific resource needs (e.g. appliances, clothing, diapers, pet needs, etc.) and keep a record of these information and referral contacts / services.

5. Ongoing Triage of clients’ unmet disaster-caused needs to identify any immediate crisis needs (e.g., emergency first aid, behavioral health needs, medication management). Provide information and immediate referral for individuals with urgent needs.

6. For individuals seeking disaster case management services (clients), complete comprehensive assessments of clients’ unmet disaster-caused needs to ensure that human services needs that may impede recovery are addressed.

7. Develop individual disaster recovery plans with clients. Include specific goals and timeframes that link with the clients’ disaster-caused needs that may impede recovery.

8. Use a tracking system to monitor and track progress of clients entering and exiting the disaster case management system, including when clients transition to other case management providers. Identify how information will be shared with other stakeholders.
9. **Advocate** until the goals of the individual disaster recovery plan are met and the client has returned as close as possible to his or her pre-disaster status is transitioned to another case management provider or the State’s social service system, or elects to discontinue services.

10. ACF and FEMA will work to ensure that client cases from the federal DCMP are **transitioned appropriately**. When the State is ready for implementation of the State DCM Grant, or if the State determines there is no need for an additional program, ACF, in coordination with FEMA, will work with the State to transition client cases to the State.