Administration for Children and Families
Office of Human Services Emergency
Preparedness and Response

Federal Immediate Disaster Case Management
Concept of Operations

October 2012
FOREWORD

This document serves as the official Operations Guide for the Federal Immediate Disaster Case Management Services (IDCM) and supersedes any previous versions, including the Disaster Case Management Implementation Guide.

The purpose of this Administration for Children and Families (ACF) IDCM Operations Guide is to outline the program and role of the ACF IDCM Services. IDCM Services may be implemented following a Presidentially declared disaster for Individual Assistance (IA) and when requested by an impacted State and in support of the Federal Emergency Management Agency (FEMA).

This Operations Guide is designed to serve as a resource for States, departments, agencies and organizations participating in the federally funded DCM Program (DCMP). This includes Federal, State, Tribal and local government partners, as well as Non-Governmental Organizations (NGOs).

This Guide provides a description of the Immediate Disaster Case Management Program (IDCMP), the implementation thereof, roles and responsibilities of those entities directly participating in the program including (but not limited to) ACF, FEMA, Contractor(s) and States. The Guide may also be a resource for States and Voluntary Organizations Active in Disasters (VOADs) and Long-Term Recovery Groups (LTRGs).

Questions, recommendations, and inquiries related to this Guide are welcomed and should be addressed to the ACF Office of Human Services Emergency Preparedness and Response (OHSEPR), 370 L’Enfant Promenade SW, Washington, DC, 20447 or by e-mail at ohsepr@acf.hhs.gov.
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IDCM Mission and Goals
The mission of the U.S. Department of Health and Human Services is to protect the health of all Americans and provide essential human services, especially for those who are least able to help themselves.

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

- Families and individuals empowered to increase their own economic independence and productivity;
- Strong, healthy, supportive communities that have a positive impact on the quality of life and the development of children;
- Partnerships with front-line service providers, States, localities, and Tribal communities to identify and implement solutions that transcend traditional program boundaries;
- Services planned, reformed, and integrated to improve needed access; and
- A strong commitment to working with vulnerable populations including people with developmental disabilities, refugees, and migrants, to address their needs, strengths and abilities.

The Office of Human Services Emergency Preparedness and Response (OHSEPR) provides leadership in human services preparedness, response, and recovery promoting resilience of individuals, families, and communities prior to, during, and after nationally declared disasters and public health emergencies.

As a federal collaboration partner in delivering IDCM Services, the mission of FEMA is to support our citizens and first responders to ensure that as a Nation we work together to build, sustain, and improve our capability to prepare for, protect against, respond to, recover from, and mitigate all hazards.

In line with the missions of HHS, ACF, OHSEPR, and FEMA, the goal of the ACF IDCM is to achieve tangible, positive outcomes for vulnerable populations in the aftermath of a disaster. The program is based on principles of human dignity and is intended to be sensitive to culture, language, and socio-economic status, and accessible without creating barriers. The Federal Disaster Case Management Program is not intended to replace an existing State or local program, but rather to provide support when requested by a State and approved by FEMA.

Federal Definition of 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 unmet needs and the monitoring of progress toward reaching the recovery plan goals, and, when necessary, client advocacy.
**Definition of a Disaster-Caused Unmet Need**

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

**The Disaster Case Management Program**

The Disaster Case Management Program (DCMP) is a federally funded program administered by the Department of Homeland Security’s Federal Emergency Management Agency (FEMA) in partnership with the U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF). Section 426 of the Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act) authorizes FEMA to “provide case management services, including financial assistance, to State or local government agencies or qualified private organizations to provide such services to victims of major disasters to identify and address unmet needs.” In the event of a presidentially declared disaster that includes Individual Assistance (IA), the Governor of the impacted State may request Disaster Case Management through direct Federal services and/or a Federal grant.

The Disaster Case Management Program (DCMP), in partnership with the affected State, enables a whole community approach through funding support to voluntary, faith-based and nonprofit organizations. The DCMP is a Stafford Act-funded program promoting: (a) effective delivery of post-disaster case management services, (b) partner integration, (c) provider capacity building, and (d) State level program development. The program provides funding and technical assistance, when requested, to ensure holistic services to disaster survivors.

The DCMP allows for a potential two-stage implementation process following an IA declaration. Alternatives include:

- *Immediate Federal Disaster Case Management*: a rapid 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.
- *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.

**Individual Assistance Declaration**

Individual Assistance (IA) for individuals and households may include grants to help pay for temporary housing, home repairs and other serious disaster-related expenses not met by insurance or other assistance programs. Also, low interest loans from the U.S. Small Business Administration (SBA) may be available to cover residential and business losses.

The DCMP and IDCM Services are only available following an IA Declaration. An IA Declaration, as set forth in the Stafford Act, comes from the request of the Governor of an impacted State to the President. A State must include the DCMP request in the original request for an IA Declaration.
**Disaster Case Management Assessment Team (A-Team)**

The DCM Assessment Team is a rapid deployment assessment team comprised primarily of FEMA and ACF staff. The purpose of the team is to conduct a quick and comprehensive assessment of the State’s capacity and resources available to implement DCM while also identifying the gaps in service that exist due to the disaster. The Team will work under the IA Branch Director (IABD) and coordinate daily with FEMA HQ and ACF Central Office. The FEMA Joint Field Office (JFO), in cooperation with the State, will determine when the Assessment Team deployment will be implemented; however, the Team should be requested within 15 days of the IA declaration.

The assessment includes a review of reports (i.e., Preliminary Damage Assessment (PDA), U.S. Census data, FEMA registrations, etc.) and interviews with organizations involved in disaster recovery. All communications with outside entities will be coordinated through the State. The assessment will provide the basis for determining disaster case management needs. Once the assessment is complete, the team will prepare a written report outlining the State’s resources and capacities that will be reviewed by FEMA Headquarters, ACF Central Office, the IABD, Federal Coordinating Officer (FCO), State Coordinating Officer (SCO), and other State and Federal partners to provide them with the data needed to determine if any level of Federal assistance is needed. The assessment process should be completed within five to seven days after the arrival of the DCM Assessment Team.

**Request and Authorization**

The FCO in consultation with the impacted State will make the determination to implement one or more alternatives of the DCMP based on the findings of the DCM Assessment Team. The ACF IDCM Operations Coordinator / Liaison Officer (LNO) will remain on the ground until a determination is made. Upon approval from FEMA, ACF will deploy IDCM Services team within five days of receipt of official written notification of activation. This team will include an ACF DCM Field Coordinator, FEMA staff and contracted personnel.

**Activation and Deployment**

The ACF DCM Contractor, in conjunction with deployment task orders, statement of works and/or other directives issued by ACF, will initiate deployment procedures. The IDCM team will deploy within a 5-day timeframe following receipt of funding. Within this 5-day timeframe, upon notification by ACF, the ACF DCM Contractor will deploy personnel to the impacted state within 72 hours.

All members of the IDCM team will be fully prepared to deploy to the impacted state upon notification. Deployment procedures will be initiated by the ACF DCM Contractor in conjunction with any task order or other directive issued by ACF. All directives will include contact information for key personnel charged with coordinating Federal disaster response activities. Team members will be provided an orientation within 24 hours of arrival onsite. IDCM operations will commence upon completion of the orientation.
The ACF DCM Contractor will arrange for transportation for contract team members to the impacted state and arrange lodging prior to arrival. The ACF DCM Contractor will work with the ACF IDCM Operations Coordinator / LNO to identify workspace onsite. In addition, the ACF DCM Contractor is responsible for delivering necessary equipment and supplies to the disaster site, including laptops, cell phones, printers/scanners/fax machines, air-cards as well as additional equipment as needed. Additionally, the ACF DCM Contractor will provide for the ability to secure case files in accordance with Privacy Act standards.

The State, ACF, and FEMA will provide an orientation and mission briefing which all case managers will be required to attend to increase understanding and awareness of the overall mission, policies, and resources. The IDCM Training Specialist will coordinate and provide training once the team is fully assembled. Staff in-processing will comply with FEMA JFO standards and requirements. All IDCM staff, including ACF Contractor, will need the necessary credentials, including access badges into the FEMA JFO and other emergency management agency facilities for the purposes of community assessment and liaising/networking, as well as photo identification cards identifying them as members of the ACF IDCM team.

**Staffing**

The IDCM team is comprised of individuals who are identified, screened and trained by the ACF Contractor. The IDCM team is funded through the Stafford Act and includes funding for travel, per diem and salary. The ACF Contractor recruits individuals for the IDCM team to provide temporary disaster case management services to the area impacted by the disaster. Team composition and timeframe for IDCM services will be determined by the A-Team report outlining the impacted State’s capacity and needs for DCM services. IDCM services may be authorized for up to 90 days from the IA Declaration, and dependent on need, may be extended for an additional 45 days.

The IDCM team members are recruited from local, regional and national community and social services organizations. The IDCM team members are trained professionals who volunteer for rotational service. Therefore, periodic staffing rotations of the IDCM team may be made throughout the IDCM deployment.

**Team Composition**

The ACF DCM Contractor is responsible for staffing the IDCM team. The IDCM team model utilizes staff who are identified, screened and trained by the ACF DCM Contractor. When the program is activated, the number of staff required is based on the size and nature of the disaster. The target client to case manager ratio is **35 to 1**.

The target ratio of Disaster Case Managers to Disaster Case Management Supervisors during the initial response phase of the deployment is **7 to 1**. The 7 to 1 ratio will be re-evaluated and adjusted based on factors such as the size and scope of the disaster, formal processes implemented that affect the supervisor’s workload (supervisors are responsible for presenting cases to a Long-Term Recovery Committee), and the complexity of the cases assigned to the case managers. For any
disaster, the number of Disaster Case Managers necessary to provide services to clients will vary as the number of clients enrolled in the program varies.

The IDCM team may include professional staff with varying areas of expertise. The availability of disaster case management team members with healthcare and social services backgrounds and expertise addressing short-term and long-term human service needs is particularly important. However, it is equally important to coordinate activities and referrals of persons presenting with disaster-related behavioral health needs to the Substance Abuse and Mental Health Services Administration’s Crisis Counseling Program (SAMHSA, CCP) or local mental health providers.

The ACF DCM Contractor may sub-contract with local DCM providers or agencies to provide services throughout the remainder of the deployment, which ends when IDCM is transitioned to the State DCM Grant should the state choose that option, or at the end of Immediate Direct Federal DCM Services.

**IDCM Team Functions**

Team composition is fully scalable and will be determined solely on State capacity and need as determined by the assessment. Teams may be scaled up or down at any time during the deployment after consultation with the FEMA FCO and the State.

**ACF IDCM Operations Coordinator / Liaison Officer (LNO)**
Oversees the IDCM Contractor and all ACF IDCM deployment activities on the ground. Coordinates and liaises with ACF OHSEPR, ACF Regional Administrators (RA), Regional Emergency Management Specialists (REMS) and ACF staff; FEMA; State agencies; and local agencies to further the disaster case management mission. Also coordinates with ACF OHSEPR to facilitate contract monitoring.

**Contract IDCM Team Leader**
Responsible for overseeing IDCM Contractor deployment activities, including the personnel management of IDCM Team members; communications with ACF representatives and IT Platform contractor; and coordination with local disaster case management agencies. The Team Lead is also responsible for providing ACF with required and requested reports.

**Contract Deputy IDCM Team Leader**
Only exists when more than 7 Disaster Case Management supervisors are deployed to maintain span of control, acting in the capacity of an “Area Manager.” The Deputy IDCM Contract Team Leader will assume the same responsibilities as the IDCM Contract Team Leader, but report to the IDCM Contract Team Lead.

**Disaster Case Management Supervisor**
The Disaster Case Management Supervisor reports to the IDCM Contract 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
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Contract Team Lead to identify disaster survivor trends, gaps in service, and necessary outreach. They also monitor deliverables, including activity logs, reporting, and performance and analyze client data.

**Disaster Case Manager**
Disaster Case Managers work directly in the implementation and monitoring of recovery plans for disaster survivors and their families in the DCM program to ensure clients are meeting the required goals of disaster case management services.

**Community Coordination Specialist**
The Community Coordination Specialist reports to the IDCM Contract Team Lead providing support in identifying and coordinating local resources. The Community Coordination Specialist works with FEMA VAL, State liaison, local VOAD partners and LTRG to coordinate resources. The Community Coordination Specialist may work to identify local agencies capable of providing DCM services for transition to the local level.

**Logistics / Administration Specialist**
The Logistics / Administration Specialist reports to the IDCM Contract Team Lead and supports the members of the IDCM Team by providing administrative and logistical support during deployment. The Logistics / Administration Specialist is responsible for coordinating logistics for team(s) during deployment including: staff in-processing of equipment and badging, provision of housing and office space, transportation, and personnel support to include the processing of daily activity log paperwork and staff out-processing related to these tasks.

**Database / CAN Specialist**
The Database / CAN Specialist reports to the IDCM Contract Team Lead and serves as the liaison to CAN (Coordinated Assistance Network). The Database / CAN Specialist serves as the primary CAN point of contact for case managers and case management supervisor participating in CAN, provides CAN training to DCM team staff, advocates for improvement based on feedback from the field, and provides ongoing monitoring of functionality.

**Training Specialist**
The Training Specialist reports to the IDCM Contract Team Lead and provides ongoing professional development for the DCM Team, ensuring that team members are oriented to the existing program deliverables within the affected area and that they understand eligibility requirements for disaster case management programs. The Training Specialist ensures that all members of the DCM Team are trained using the Department of Health and Human Services, Administration for Children and Families (ACF) DCM Training Curriculum prior to working on the ground. Training should include representatives of federal and state levels when possible.

**Finance Specialist**
The Finance Specialist is responsible for applying Federal Acquisition Regulation (FAR) to support subcontractor deployment invoices and billing. The Finance Specialist analyzes financial
information, prepares accurate and timely financial reports and statements and ensures appropriate accounting control procedures. The Finance Specialist develops and maintains financial databases of all invoices and payments between subcontractors, the IDCM Contractor, and ACF.

**Staffing Surge**

The IDCM team is scalable and staffing will be based on local capacity and need for DCM services. Based on the size and nature of the disaster, the IDCM team will surge to meet the needs of clients. Staffing plans will be made in full coordination with the State and FEMA partners. The number of Disaster Case Managers deployed will vary as the number of clients enrolled in the program varies. If the disaster affects multiple or large geographic areas within the impacted State, additional staff will be deployed to meet the need. The ACF DCM Contactor will carefully monitor the factors that determine when and how many additional IDCM teams or team members will be deployed. These factors include progress in identifying local affiliate agencies providing disaster case management services (if any), current and expected client caseloads, and the extent to which outreach has been conducted in the disaster area.

**Organization Chart and Chain of Communications**
Orientation and Mission Briefing

Upon arrival each team member will be given an orientation to include:

- State overview
- Security
- Safety
- Accountability
- Privacy Act requirements
- Overview of FEMA Sequence of Delivery
- Disaster background information
- State, local and cultural situational awareness
- Overview of Joint Field Office (JFO) operations and policies
- Procedures for reporting suspected abuse, exploitation, or neglect under State law
- Other items as necessary

A complete Orientation checklist is located in Appendix 1 of this document.

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, Long Term Recovery Groups (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.

**Disaster Case Management Services Provided**

The IDCM team will have primary responsibility for providing initial services, including intake, assessment and the development of a preliminary recovery plan if necessary. The preliminary recovery plan shall include goals that can be revised and augmented as additional needs are identified, other information becomes available, and progress is made. If local disaster case management resources have already been identified, efforts will be made to partner and coordinate service delivery with those agencies. The following describes steps and procedures associated with IDCM service delivery.

**Eligibility**

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.

**Community Resource Assessment**

The IDCM Contract Team Leader obtains key information once the IDCM team has been activated and deployed. This information may include the number of affected households, the number of
people with disabilities, location of Disaster Recovery Centers (DRCs) and location of congregate care facilities (i.e. nursing homes, adult day care programs, schools, child care centers, group homes, etc.). This information will help the IDCM team estimate the types of resources available to meet client needs. Upon arrival at the disaster-affected area, the IDCM Community Coordination Specialist will continue this assessment in partnership with the ACF IDCM Operations Coordinator/LNO, FEMA VALs and State and community organizations. Resource Assessment will also include 2-1-1 state systems (if applicable), State and local NGOs and human services agencies among others. The assessment process will be continual throughout the deployment of IDCM services.

**Outreach**

ACF and the ACF IDCM contractor will coordinate outreach in collaboration with federal partners, FCO, State, local and community leaders. Other groups may include but are not limited to: department(s) of mental health, houses of worship, faith-based and non-profit groups providing disaster relief services, FEMA JFO, FEMA VALs, local LTRGs, and local/State voluntary organizations.

A well-coordinated outreach effort is critical to the success of the DCM goal of ensuring as many affected persons as possible receive, and are positively impacted by, DCM services. Outreach should include target-specific populations (e.g., hard to reach populations, access and functional needs populations, people with limited English-proficiency, populations affected by domestic violence, etc.). To be most effective, outreach should be culturally and regionally appropriate. Outreach must include coordination with State and local community leaders. The Contractor will work with ACF to ensure 508 Compliance on any print or technological media associated with an Outreach Strategy. FEMA Community Relations may need to provide additional approval of outreach materials.

**Triage**

The primary purpose for triage is to assign a priority level to a case. The triage process involves ongoing communication between the client and case manager and involves regular reassessment, particularly as the client transitions into long-term disaster case management. The three priority levels are:

- **Emergent** – requires disaster case management action within 24 hours from time of case opening
- **Urgent** – requires disaster case management action within 3 days from time of case opening
- **Non-Urgent** – requires action within 7 days from time of opening

The triage process is used by the Disaster Case Manager to determine his/her approach to managing his/her caseload. Cases with the highest priority level will receive the greatest amount of the case manager’s working time. This process helps define the case manager’s workload management.

**Triage indicators:** Triage indicators are based on a risk inventory conducted at intake. Indicators include those that identify potentially vulnerable populations, such as infants, children and youth, the elderly, survivors of domestic violence, single parent households, persons with access
and functional needs, the homeless or pending homeless, people with limited English proficiency, households whose income is below the federal poverty line and other at-risk individuals.

**Process for triaging case loads:** The IDCM contractor will have written policies regarding supervision activities, including the regular triage of Disaster Case Managers’ case loads. This triage process will be included in the supervisor and Disaster Case Manager training modules. The IDCM contractor will implement the triage process into its service delivery operations. Cases assigned the highest priority will occupy the greatest amount of Disaster Case Managers’ time. Cases will be assigned priority based on factors ranging from whether the case is new, how many of the risk factors described above are applicable to the case, and how far along in the recovery process the case is at time of review.

**Assignment of staff based on triaging:** Those cases given the highest priority could potentially require the attention of others assisting the assigned Disaster Case Manager. For these cases, additional support may be sought from the IDCM national contractor’s social services and nursing consultants, as well as others from the health care, behavioral health care, or social service professions. Disaster case management assistants may be assigned specific tasks to bring the case to a lower priority status. Different options will be considered for identifying volunteers, as appropriate, including contracting volunteer management to a statewide volunteer management group, and having local affiliates contract with local volunteer groups.

**Procedures for addressing the most critical needs:** As mentioned above, for cases rated the highest priority, additional professional support may be needed. For some of these cases, a multi-agency, multi-disciplinary approach will be used to address client needs in a comprehensive, holistic approach. Pre-existing needs will be identified and addressed as part of DCM. The intent is to provide specialized service and acknowledge that the needs are unique and specific. Long-term disaster case management services for pre-existing needs will be provided only if not addressing these needs adversely impacts an individual’s disaster recovery.

**Intake**
As clients are identified through outreach, self-identification, referrals, or other means, the disaster case manager will conduct an intake process. 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. This data includes pre- and post-disaster contact information (address and telephone number), the number of impacted individuals in the household, whether the applicant rented or owned their pre-disaster residence, and copies of documents needed to establish program eligibility (e.g., a picture identification card, copies of utility bills, etc.).

Additional steps at intake include gathering information regarding immediate needs (i.e., medical attention) and administering a brief risk inventory (single parent, elderly, etc.) to prioritize/triage cases that are opened. Efforts will be made to coordinate intake information with local partners and, where appropriate, other human services organizations in order to reduce reporting exhaustion and multiple reporting from clients.
The Disaster Case Manager will ensure the applicant signs and receives copies of the releases of confidentiality and that she or he is willing to partner with the Disaster Case Manager in the development of a disaster recovery plan. This agreement will be reflected in a client’s rights and responsibilities document (prepared by the IDCM contractor) 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. Information such as pre-disaster residency, collection of demographic data and the release of confidentiality form may be waived for these or other individuals with specific confidentiality needs; supervisors should be consulted in these instances.

Needs Assessment

The needs assessment process for a newly established disaster survivor 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 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 functioning in each of the above-listed service areas.

Information and Referral

After intake, and based on clients’ identified immediate needs, Disaster Case Managers will be able to provide information and referral (I&R) services to applicants. Occasionally, an applicant may not need long term DCM services but may have short-term or immediate needs. These immediate needs may include temporary shelter, food, health care, or money for gasoline. IDCM staff will have the capacity to provide direct/immediate referrals for such cases. While most Information and referral case files do not require a Release of Information to be signed, confidentiality concerns must be taken into account for standard disaster case management case transfers. DCM staff will also have a listing of local community resources that could meet the applicant’s need(s). These resources might include the local community action agencies (CAAs), Area Agencies on Aging (AAA), faith-based organizations, or similar organizations that focus on providing relief versus long-term DCM services. The resource listing will be accessible via the program’s IT platform and verified regularly to ensure accuracy. While most information and referral cases do not require Release of Information to be signed, confidentiality concerns must be taken into account for standard disaster
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case management case transfers. The DCM team will work closely with available resources to ensure urgent health care, including behavioral health care, needs are properly referred, while adhering to privacy and health information confidentiality requirements.

Recovery Plan
The development of the disaster recovery plan is based on information gathered in the assessment. The development of goals and objectives in the plan are based on areas of need/services that the client and disaster case manager agree upon.

The overall disaster recovery goal will express what the client will achieve as a result of his/her work on the entire plan. For example, a disaster recovery goal of “Establish stable residency in (post-disaster city) by (date),” is a goal that is reflective of the entire body of work, the disaster recovery plan. In order to establish stable residency the client might need to: gain employment (which might require education or job training), establish reliable transportation and secure a driver’s license, receive substance abuse and mental health counseling, identify appropriate housing, enroll children in school / child care / Head Start, seek aging services, ensure family safety, and maintain household expenses through self sufficiency. Each one of these “sub-goals” will have 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 process. Ultimately, the disaster recovery plan belongs to the client and must not be viewed or constructed by the disaster case manager in any manner that might suggest it is merely a checklist of “to-do” items for the disaster case manager.

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

Long-Term Recovery Group (LTRG)
The LTRG is a critical source of recovery resources following a disaster. While LTRGs vary widely in structure, membership, and protocol for accessing resources; all typically invite case managers to present disaster survivor cases to an unmet needs committee or roundtable. All efforts must be made to identify and collaborate with local LTRGs during the disaster case management process.

Advocacy and Referrals
Once the disaster recovery plan is written and agreed upon by the client and Disaster Case Manager, the necessary advocacy and referrals to accomplish the goal(s) contained within the plan begin. It is the role of both the disaster case manager and the client to advocate for the services necessary to
Immediate Disaster Case Management (IDCM) Concept of Operations (ConOps)

move toward self-sufficiency and self-reliance. Disaster Case Managers will make necessary referrals to community organizations based on the area of service and level of need within the plan. For example, if the client has a particular disability that the Disaster Case Manager’s agency is unable to accommodate, then a referral to a state disability agency or a protection and advocacy center might be appropriate to ensure the best possible outcome for the client.

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

**Data Collection**
IDCM teams are responsible for data entry into the program’s client tracking / IT platform. The IDCM contactor will provide daily reports during the IDCM deployment based on the data entered into the system; reporting will transition to weekly as the program moves toward demobilization or transitions to a State DCM Grant. Reports are based upon pre-established indicators within an IT platform.

All client data will be compiled through a set of forms that will guide disaster case managers in collecting data from clients. The IDCM contractor is responsible for developing forms to record client information and progress.

**Confidentiality**
ACF, the IDCM contractor, federal staff, 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. As part of the training program, all IDCM staff will receive training on confidentiality policies and procedures, including methods of protecting client confidentiality.

Client records will be filed according to established protocols and access to records will be controlled through log-in / out processes for both digital and paper files. Disaster Case Managers, should they need to carry client records into the field, will take only those records needed to complete field activities while maintaining chain of custody. Further, the releases of confidentiality that disaster survivors sign during the intake process will clearly indicate to what extent and with whom information from the client’s record will be shared.

**Case Closure**
Disaster Case Management cases may be closed for a variety of reasons at any stage of service delivery. Some clients with uncomplicated disaster related needs who have sufficient emotional and intellectual resources and / or support may only need information and referral. When referrals have been made the case may be closed immediately, or the Case Manager may follow-up with the client to seek assurance that the need has been supplied before closing the case.

For more complicated cases or in situations where the client needs ongoing support a full-scale recovery plan should be developed by the consumer with the help of the Case Manager. 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 the client and CM have together come to the conclusion that there are insufficient resources available in the community to meet all of the disaster related needs.

- The client has withdrawn the request for case management.

- Contact information for the client given at the time of intake has become outdated and client has been lost to contact.

- The client has notified the CM that s/he is moving out of the service area. Whenever possible a referral to a service provider in the new locale is made.

- The client has refused to accept responsibility for follow-through on activities included in the recovery plan. This condition is sometimes manifested by missed appointment and unanswered phone calls. A letter warning that the case will be closed in thirty days should be sent before closure is completed.

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 CAN.

**Support to Federal, State, Local and Non-profit Agencies**

The goal of IDCM is to support State, local and non-profit capacity for disaster case management and to augment and build capacity where none exists. Coordination with federal, State, local, voluntary and other disaster response agencies is vital to minimize duplication of effort. These agencies include, but are not limited to, disability organizations, aging services networks, language interpretation services and other local community agencies. Effective communication with local public and non-profit agencies providing disaster-caused services to the community builds trust and rapport with the local community, and ensures a productive environment that will provide the best possible service to clients. Upon deployment, the ACF Operations Coordinator / LNO and the Contract IDCM Team Lead will initiate efforts to liaise and coordinate with FEMA staff (VALs & Community Relations) and disaster-related entities on the ground at the affected area. This coordination is sought to build on the partnerships established prior to notification. In addition, locating the DCM team offices within close proximity to the local emergency management agency operations (for example, collocated with the JFO) enables the DCM team to establish a visible presence.
Transition
As mentioned previously, the goal of the ACF IDCM is to achieve tangible, positive outcomes for vulnerable populations in the aftermath of a disaster. The program is based on principles of human dignity and is intended to be sensitive to culture, language, and socio-economic status, and to be accessible without creating barriers. The Federal Disaster Case Management Program is not intended to replace an existing State or local program, but rather to provide support when requested by a State and approved by FEMA. And, as also previously stated, the IDCM program is a time-limited process. The ACF IDCM program is based on the principle of support to states. To the maximum extent possible, local resources will be utilized to address local needs.

**IDCM Staffing Transitions**
It is commonplace in social service case management to set goals, progress indicators, and time limitations when working toward self-sufficiency or other social service programming goals. Disaster case management time constraints are even more pronounced and condensed due to its relatively short duration. Therefore, preparing the client for case transition is an important component of IDCM services and something the disaster case manager should begin shortly after opening a case. An IDCM client needs to be informed that whenever possible, consistency in case staffing is the ideal, but because this is “disaster” case management the client will likely experience several staffing transitions throughout the duration of the program. The ideal would be to have the same IDCM case manager work with individual clients throughout the IDCM process. However, staffing realities associated with short term DCM staffing, especially if case managers are brought in from outside the disaster impact zone may necessitate case manager transition. Case manager overlap is intended to take place so that new case manager / client introductions and case transfers can take place. Again, every effort will be made to provide for consistency of case management and for actual case work. The final case manager transition will be from the IDCM program to the State or its designated agency and the caseworker so designated.

**IDCM Program: Transition / Transfer / Closeout**
IDCM program transition planning will begin at the onset of activation and will be a continual process until IDCM services are demobilized.

IDCM program transition planning will occur between the State, FEMA and ACF and a transition plan will be completed two weeks prior to IDCM deployment closure and deactivation. It is understood that this plan may be built due to the State Grant application and award process; therefore contingencies should be built into the plan. ACF and the IDCM team will work to ensure a seamless transition of client files. This transition will include the “official transfer” of hard copy and / or electronic case files to the State managed program or other service providers as directed by the State. This “transfer” of case files will be conducted in accordance with generally accepted practices of client confidentiality and privacy rights chain of custody procedures. An acceptance of transfer documents will be executed between the State or its designated agency (agencies) and ACF.

If the State elects not to apply for the State DCM Grant or if no state structure exists, ACF and FEMA may assist the State with identifying and transitioning caseloads to voluntary and human services organizations for the provision of continued services.

**Out-Processing**
Out-Processing for IDCM members is essential for accountability of personnel and equipment. This process occurs when either IDCM team members rotate out or upon program closure. Out-
processing procedures may be unique per deployment and an agreed upon process should be established by FEMA, the State, ACF IDCM Operations Coordinator / LNO, and IDCM Contract Team Leader.

**After Action and Lessons Learned**

Following program deactivation, ACF will coordinate with FEMA, the IDCM contractor, the State 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.
### ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AAA</td>
<td>Area Agencies on Aging</td>
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<tr>
<td>AAR</td>
<td>After Action Report</td>
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<td>ACF</td>
<td>Administration for Children and Families</td>
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<td>CAA</td>
<td>Community Action Agency</td>
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<td>CAN</td>
<td>Coordinated Assistance Network</td>
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<td>CCP</td>
<td>Crisis Counseling and Education Program</td>
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<td>CM</td>
<td>Case Manager</td>
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<td>DCM</td>
<td>Disaster Case Management</td>
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<td>DCMP</td>
<td>Disaster Case Management Program</td>
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<td>DRC</td>
<td>Disaster Recovery Center</td>
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<td>EMA</td>
<td>Emergency Management Agency</td>
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<td>Federal Acquisition Regulation</td>
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<td>Federal Emergency Management Agency</td>
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<td>Department of Health and Human Services</td>
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<td>Immediate Disaster Case Management</td>
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<td>IABD</td>
<td>Individual Assistance Branch Director</td>
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<td>IDCMP</td>
<td>Immediate Disaster Case Management Program</td>
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<td>JFO</td>
<td>Joint Field Office</td>
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<td>LNO</td>
<td>Liaison Officer</td>
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<td>LTRG</td>
<td>Long Term Recovery Group</td>
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<td>NGO</td>
<td>Non Governmental Organization</td>
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<td>NVOAD</td>
<td>National Voluntary Organizations Active in Disaster</td>
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<tr>
<td>OHSEPR</td>
<td>Office of Human Services Emergency Preparedness and Response</td>
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<tr>
<td>PDA</td>
<td>Preliminary Damage Assessment</td>
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<td>RA</td>
<td>Regional Administrator</td>
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<td>REMS</td>
<td>Regional Emergency Management Specialists</td>
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<tr>
<td>SAMHSA</td>
<td>Substance Abuse and Mental Health Services Administraion</td>
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<tr>
<td>SBA</td>
<td>Small Business Administration</td>
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<tr>
<td>SCO</td>
<td>State Coordinating Officer</td>
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<td>VAL</td>
<td>Voluntary Agency Liaison</td>
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<td>VOAD</td>
<td>Voluntary Organizations Active in Disaster</td>
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TERMS AND DEFINITIONS

**ACF Operations Coordinator / LNO:** Oversees the IDCM Contractor and all ACF IDCM deployment activities on the ground. Coordinates and liaises with ACF OHSEPR, ACF Regional Administrators (RA), Regional Emergency Management Specialists (REMS) and ACF staff; FEMA; State agencies; and local agencies to further the disaster case management mission. Also coordinates with ACF OHSEPR to facilitate contract monitoring.

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

The process by which the Disaster Case Manager advocates for a disaster survivor to obtain available and necessary services to assist in his / her recovery. This may include contacting support agencies on behalf of the client, presenting required documents to a LTRG to secure resources or helping a qualified client file an appeal to FEMA for repairs. The type of advocacy depends on the individual client’s needs, resources and ability to apply for and receive services for them. Advocacy involves a plan which is written and agreed upon by the client and Disaster Case Manager. The Disaster Case Manager, through networking, advocates for resources necessary to meet the client’s recovery needs and goals.

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

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

**Case Management—Short-term:** Short-term Case Management involves time-limited case management with well-defined client eligibility criteria, length of service parameters, narrow goals and objectives and concrete measures regarding outcomes.
**Case Management—Traditional:** A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

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

**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.

**Crisis Counseling Program (CCP):** The federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) Crisis Counseling and Education Program (CCP) is a federally funded, state administered behavioral health program designed to provide temporary support to and augmentation of state and local services post-disaster. The CCP is a para-professional program that provides outreach, information & referral and education on behavioral health issues to those impacted by disaster. See: [http://mentalhealth.samhsa.gov/cmhs/emergencyservices/ccp_pg01.asp](http://mentalhealth.samhsa.gov/cmhs/emergencyservices/ccp_pg01.asp).

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

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

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

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

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

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

**IDCM Team**: The IDCM Team is deployed to provide disaster case management services. Teams are comprised of disaster case managers and case management supervisors who are screened, trained, credentialed by the ACF IDCM Contractor. Teams may also include federal assets. Teams are scalable to meet State needs and capacity. A team is defined by geographic area, disaster declaration and scope of services.

**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 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.

**Long-Term Recovery Organization (LTRG)**: Local or regional organizations that are formed immediately following a disaster. Sometimes referred to as Long-Term Recovery Committees or Unmet Needs Committees/Roundtables, may vary widely in their membership, composition, and function. LTRG members usually include local or regional social support agencies, community, faith-based organizations, and others. A particular LTRG may be incorporated or a have non-profit or 501(c) 3 status; include paid staff; manage direct service resources; include a mechanism for accepting applications from case managers and/or individuals for financial support.
**NVOAD:** A coalition of the major national voluntary organizations that have made disaster related work a priority. With 33 years of experience, the NVOAD member agencies provide direct services along the continuum from disaster prevention and preparation to response, recovery and mitigation. NVOAD serves its member agencies by coordinating planning efforts, enhancing response capabilities, and, when an incident occurs, facilitating comprehensive, coordinated volunteer response in partnership with emergency managers. This cooperative effort has proven to be the most effective way for a wide variety of volunteers and organizations to work together to help those in need.

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

**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 things are ranked in terms of importance or priority.

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

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

**VOAD:** National, State, or Local Voluntary Organizations Active in Disaster. See NVOAD at: [http://www.nvoad.org/Membership/StateandLocalVOADs/tabid/82/Default.aspx](http://www.nvoad.org/Membership/StateandLocalVOADs/tabid/82/Default.aspx).
APPENDIX 1 – ORIENTATION CHECKLIST

Background: Event Overview - State perspective

- Introduction to Immediate Disaster Case Management (IDCM)
- What is IDCM?: Fundamentals of Immediate Disaster Case Management
- Overview of Federal IDCM Program
- Chain of Command and Communication
- IDCM Team composition
- JFO roles and responsibilities (ACF JFO IDCM Operations Coordinator/Liaison, Contractor Leader)
- Team roles and responsibilities (Case Managers, Case Management Supervisors)
- Providing IDCM Services to Clients in the State Mission
- Empowerment model in IDCM service delivery
- Outreach efforts
- Intake and referral processes
- Referral vs. Advocacy
- Identifying resources
- Case files and recordkeeping
- Telephone contacts
- Media/public affairs briefing
- Cultural competence briefing
- HHS Safety briefing
- Layout of the State Structure/DSS System
- Contents/Highlights of the Disaster
- Review of Assessments and impacted areas
- Overview of Disaster Survivors
- Resources normally available to vulnerable populations (prior to storm)
- Chain of Command
- County and local structures

FEMA Briefing

- FEMA Sequence of Delivery
- Voluntary Agency Liaison (VAL)
- Community Relations
- Long Term Recovery Groups
- Privacy and confidentiality requirements
- FEMA Safety Briefing for JFO and community