



National Voluntary Organizations Active in Disaster

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION

DISASTER CASE MANAGEMENT GUIDELINES

- I. Background**
- II. Disaster Case Management Overview**
 - A. Purpose of Guidance
 - B. Disaster Casework
 - 1) Definition
 - 2) Role of Caseworker
 - 3) Distinct from Case Management
 - C. Disaster Case Management
 - 1) Definition
 - 2) Role of Case Manager
 - 3) Process
 - 4) Knowledge and Skills
- III. Process Guidance for Disaster Case Management**
 - A. Outreach, Screening and Intake
 - B. Assessment
 - C. Recovery Planning
 - D. Action and Advocacy
 - E. Monitoring Progress
 - F. Closure
- IV. Organizational Service Guidance for Disaster Case Management**
 - A. Service Philosophy
 - B. Access to Services
 - C. Personnel
 - 1) Qualifications
 - 2) Skills
 - 3) Ethical Conduct
 - 4) Training
 - 5) Supervision / Caregiver Support
 - 6) Workload
 - D. Confidentiality
 - E. Case Management and Long Term Recovery Groups
- V. Glossary** *(in development)*
- VI. Resources** *(in development)*

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BACKGROUND

Historically, voluntary agencies have partnered with survivors through their recovery, and have done so successfully without standardization of forms and processes. In recent years, however, catastrophic disasters, funding for case management, and emerging organizations providing long-term recovery services have necessitated us to look anew at how we define and implement disaster case management. Representatives from voluntary organizations collaborated with the Council on Accreditation¹ (COA) in late 2007 to draft Guidance for Disaster Recovery Case Management (DRCM). In May 2008 the Case Management Committee of the National Voluntary Organizations Active in Disaster (National VOAD) was tasked by the Board to draft Guidance for Disaster Case Management. Nearly all of the Committee Members had taken leadership or participatory roles in the development of the **COA Disaster Recovery Case Management Guidance**, which served as the foundation for our work.

Recognizing that Disaster Case Management is most effective when implemented by local partners as part of a coordinated effort for community recovery, the Disaster Case Management Committee offers this guidance to support Disaster Case Management delivery systems locally. This Guidance is not intended to replace organizational policies, but may be useful in policy development.

The National VOAD Disaster Case Management Committee is represented by subject matter experts from voluntary organizations, as well as selected advisors from governmental and non-governmental agencies. The Committee recommends this Guidance be adopted as the foundation for disaster case management services offered by National VOAD member organizations.

The National VOAD Case Management Committee would like to acknowledge the contributions of:

- Disaster Case Managers
- Local and State Voluntary Organizations Active in Disaster
- National VOAD Member Organizations
- Council on Accreditation (COA)
- National Association of Social Workers (NASW)²
- Advisors to the Disaster Case Management Committee
- Representatives of the Federal Emergency Management Agency (FEMA)

Respectfully submitted,

National VOAD Case Management Committee

Wendy Brightman, MSW, National VOAD Disaster Case Management Committee Chair
Heather Gatlin, MPA, National VOAD Disaster Case Management Committee Chair Elect
Catherine Earl, MSW, DCM Guidance Task Group Lead

¹ www.coastandards.org

² [NASW Standards for Social Work Case Management: www.socialworkers.org/practice/standards/sw_case_mgmt.asp](http://NASWStandardsforSocialWorkCaseManagement:www.socialworkers.org/practice/standards/sw_case_mgmt.asp)

DISASTER CASE MANAGEMENT OVERVIEW

A. Purpose

- 1) The purpose of this document is to provide voluntary organizations active in disaster with guidance that promotes standardized delivery of Disaster Casework and Case Management services.
- 2) Organizations that implement programs based on this standardized guidance:
 - a) Encourage best practices and mutual accountability;
 - b) Engage in a coordinated, inclusive approach allowing opportunity for disaster response agencies to flourish;
 - c) Foster trust, mutual respect, and equal partnerships of community service providers;
 - d) Provide a common language and a shared understanding of disaster case management;
 - e) Promote quality case management services to clients.

B. Disaster Casework (DCW)

- 1) Disaster Casework provides early intervention to disaster survivors to address immediate and transitional needs.
- 2) The Disaster Caseworker (DCWkr):
 - a) Performs outreach to identify survivors in need of services
 - b) provides accurate and timely Information and Referral (I&R)
 - c) screens for disaster program eligibility
 - d) links survivors with resources for urgent needs
 - e) empowers the disaster survivor to effectively access the resources available in accordance with the sequence of assistance for disaster recovery
 - f) assists in the restoration of pre-disaster social service benefits for qualified individuals
 - g) helps to minimize the risk of duplication of benefits which may pose barriers for recovery
 - h) offers short-term planning
 - i) provides clients with information on the importance of record keeping for future assistance
 - j) may assist survivors in their transition to long term disaster recovery case management when available and appropriate
 - k) may compliment case management in the recovery phase
- 3) Disaster Casework is distinct from Disaster Case Management.
 - a) Generally, disaster caseworkers have short term relationships with disaster survivors.
 - b) The casework process does not require continuity of care from the same caseworker.
 - c) Disaster Casework is often initiated in the relief phase of disaster response
 - d) Assessments and interventions typically focus on immediate, urgent and transitional needs.

C. Disaster Case Management (DCM)

1) DEFINITION:

Disaster Case Management is a time-limited process by which a skilled helper (Disaster Case Manager³) partners with a disaster affected individual or family (Client⁴) in order to plan for and achieve realistic goals for recovery following a disaster.

³ **DISASTER CASE MANAGER:** A representative of an organization which offers case management services for disaster recovery in accordance with National VOAD Disaster Case Management Guidance.

⁴ **CLIENT** is used inclusively throughout the National VOAD Standards to refer to individuals, families, or households who are being served by a Disaster Case Manager.

- This comprehensive and holistic Disaster Case Management approach to recovery extends beyond providing relief, providing a service⁵, or meeting urgent needs⁶.

2) ROLE OF THE CASE MANAGER:

The Disaster Case Manager serves as a primary point of contact, assisting the Client in coordinating necessary services and resources to address the client's complex disaster recovery needs⁷ in order to re-establish normalcy. Disaster Case Managers rely on the Client to play an active or lead role in their own recovery.

3) PROCESS of DISASTER CASE MANAGEMENT

The DCM process⁸ involves:

- Outreach and Screening
- Intake for Case Management Services
- Assessment
- Recovery Planning
- Advocacy
- Monitoring Progress
- Closure

- DCM is initiated when the client seeks or accepts Disaster Case Management Services.
- Providing Information and Referral (I & R) is an activity performed throughout this process.

4) KNOWLEDGE AND SKILLS

Disaster Case Managers have specialized knowledge and skills regarding:

- disaster recovery resources
- advocacy and case presentation
- assessment of survivors and disaster recovery planning
- potential impact of the disaster on the Client's over-all well-being and ability to cope
- recovery needs of vulnerable populations following disasters

COUNCIL ON ACCREDITATION (COA) Case Management services plan, secure, coordinate, monitor, and advocate for unified goals and services with organizations and personnel in partnership with individuals and families. Disaster Recovery Case Management services include practices that are unique to delivery of services in the aftermath of emergencies and major incidents. These services are delivered under difficult environmental conditions that typically result in loss of infrastructure, disruption of operations, and special challenges for communication, record keeping, coordination, and efficiency. Distinct service delivery challenges are associated with an influx and simultaneous deployment of local, regional, state and, in a declared disaster area, Federal assistance⁹.

⁵ **SERVICES PROVIDED:** Material or non-material resources or services delivered to a client. These resources and services may be directly provided by the Case Managing Organization (a.k.a. *Direct Services*), or by another agency or organization. Services may take the form of material support (e.g., *the provision of food*), or of on-going social services support (e.g., *the provision of Food Stamps*), or of non-material support (e.g., *nutritional counseling*). Services Provided are typically the result of Referrals made to Clients, but may also be Client-initiated.

⁶ **URGENT NEED:** Any basic need which, if unmet, may pose a threat to an individual's or family's immediate health and safety. Examples include but are not limited to: food and water, urgent medical care, crisis counseling, medication, necessary medical equipment, emergency housing (to provide temporary shelter, to prevent eviction, or to address damage or defect to the home when it causes a risk to a person's health or safety), utilities needed for health and safety, and emergency child care.

⁷ **DISASTER RECOVERY UNMET NEED:** Any un-resourced item, support or assistance that has been assessed and verified by representatives of voluntary organizations as being necessary in order for the survivor to recover from the disaster. Disaster Recovery Unmet Needs must be resolved in order for the survivor to recover as evidenced by the Disaster Case Manager's Assessment and the Client's Recovery Plan. *Examples include disaster-caused unmet needs (basic needs such as shelter, food, safety, which may be related to restoring material, financial, physical, emotional, or spiritual well-being), as well as pre-disaster needs that were uncovered, exposed or exacerbated by the disaster.*

⁸ **Disaster Case Management** is "long term", meaning the DCMgr works with the Client from engagement through case closure, or the Client's recovery.

⁹ Council On Accreditation, www.coastandards.org

PROCESS GUIDANCE FOR DISASTER CASE MANAGEMENT

A. Outreach, Screening and Intake

1) The organization screens applicants promptly and responsively to identify urgency of need and directs individuals to appropriate services.

Organizations may conduct outreach to identify disaster survivors in need of services. This activity is particularly critical to identify vulnerable survivors, including but not limited to:

- people who are geographically, socially or culturally isolated
- persons with disabilities, with physical health limitations or needs, or with emotional health needs

Prompt, responsive screening practices are usually conducted within one to two business days of the survivor's initial request for services.

2) The purpose of screening is to:

- determine appropriateness, scope, and intensity of disaster case management;
- ensure equitable distribution of resources;
- prioritize those persons with urgent needs, including early recognition of vulnerable populations;
- initiate timely services and address urgent needs;
- schedule intake or plan for other next steps;
- provide for placement on a waiting list, if desired.

3) At intake, individuals and families are screened and informed about:

- how well their recovery needs match the organization's services;
- applicable service criteria; and
- availability and timing of services.

4) Individuals and families are referred to appropriate resources when

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

BEST PRACTICE: SCREENING AND INTAKE

Policies and procedures should be in place to support personnel in making equitable determinations regarding service provision.

The organization contributes to effective coordination, delivery, and use of disaster recovery resources through exercising flexibility and cooperation by promoting standardization of forms used for information gathering, and by sharing client information with necessary safeguards to ensure confidentiality including Client consent for release of information.

B. Assessment

1) Disaster Case Managers conduct comprehensive, individualized, strengths-based, and culturally-responsive assessments of disaster recovery needs¹⁰.

Information gathered for the assessment process is comprehensive, and specifically targeted to information needed in order to verify and advocate on behalf of the Client in order to plan for recovery and to meet recovery goals. Assessments are conducted in person at a mutually agreed upon location and include assessment of natural supports and helping networks. Conditions may necessitate beginning an assessment by telephone and continuing in person at a location that takes into account client and worker safety, client confidentiality, and client accessibility.

BEST PRACTICES: ASSESSMENT

In-home visits are optimal for completing a comprehensive assessment, as long as the home is habitable and the case manager's safety is reasonably assured.

Case Managers making in-home visits go out in pairs or teams for safety.

Periodic reassessment is often necessary as there are changes to the client's status and the availability of resources.

Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals. Culturally responsive assessments include consideration for: geographic location; language of choice; age; gender; religious / spiritual preferences; race / ethnicity; and cultural traditions and values.

BEST PRACTICES: ASSESSMENT (Spiritual Care)¹

Spirituality is seen as a potentially valuable recovery resource for clients. "Assessing and providing for the spiritual needs of individuals, families and communities can kindle important capacities of hope and resilience." (Light Our Way¹ p. 27) - see footnote 1 in Light Our Way.

Therefore, Disaster Case Managers:

- *assess the client's spiritual needs, as well as faith-related resources that the client may draw upon.*
- *make appropriate referrals with respect for and appreciation of the client's individual faith traditions and beliefs.*
- *attend to emotional and spiritual needs, which kindle hope and promote*
- *mutual trust.*

The organization promptly provides or advocates for referrals and services determined necessary, and coordinates arrangements for specialized assessments, as needed.

When working with persons with disabilities or special needs, disaster case managers take additional steps to communicate effectively, to understand those special needs and the impact to the Client, and to identify resources and link persons with supportive services. Persons with special needs may include but are not limited to¹:

¹⁰ **Interpretation: Disaster Case Managers recognize the importance of identifying whether unmet needs are "disaster-related needs" or "disaster recovery needs".** The term **Disaster Recovery Unmet Need** is particularly useful to Case Managers and Voluntary Organizations in understanding gaps that will need to be filled for individuals and families in order to be "recovered" from the disaster. *For example, while **Deferred Maintenance** is not considered a "disaster-caused unmet need", Disaster Case Managers from Voluntary Organizations may advocate for **Deferred Maintenance** when it is necessary to pass inspection or for building codes compliance.* Disaster Case Managers are cautioned to differentiate between disaster-related needs and on-going social problems or routine needs. On-going social services needs are better addressed by community-based social services rather than by Disaster Case Managers. Referrals should be made appropriately. **Deferred Maintenance:** Normal maintenance items that existed prior to the disaster, such as replacing rotted timber, and repairing deteriorated asphalt and leaking roofs, are not eligible because they do not meet the criterion of being disaster-related.

- Visually impaired
- Hearing impaired
- Mobility impaired
- Single working parent
- Non-English speaking persons
- People without access to transportation
- People with special dietary needs
- People with medical conditions
- People with cognitive disabilities
- People with dementia
- People in emotional or spiritual crisis

BEST PRACTICES: ASSESSMENT (Special Needs)

Personnel who conduct assessments are qualified by training, skill, and experience, can recognize individuals and families with special needs¹ and vulnerabilities, and are knowledgeable about available supplemental resources.¹

Persons with special needs, including those persons with disabilities, are assessed by Disaster Case Managers with specialized knowledge, skills and experience.

Persons with special needs are referred to appropriate agencies and organizations for any specialized services, as available.

Disaster Case Managers advocate for reconstruction plans for disaster damaged homes which incorporate client-specific universal design modifications to promote accessibility, independence and safety.

Assessments are completed within timeframes established by the organization.

BEST PRACTICE: ASSESSMENT (Timing)

Organizations establish timeframes that are sensitive to the needs of individuals and families, to ongoing recovery efforts and deadlines, and which support the timely development of a recovery plan.

Engagement and assessment are characterized by:

- Sensitivity to the willingness of the person or family to be engaged;
- Sensitivity to differences in presentation of needs over the phases of recovery and changes in availability of resources;
- A non-threatening manner;
- Respect for the person, his/her autonomy, culture, and confidentiality; and
- Flexibility

C. Recovery Planning

- 1) **Each individual or family participates in the development, implementation, and ongoing review of an individualized disaster recovery plan that is the basis for delivery of recovery services and support, and which is consistent with the sequence of delivery for disaster assistance.**

The disaster recovery plan outlines time-limited tasks for both client and worker to:

- identify and link the client with disaster recovery resources and services for recovery;
- guide decision-making priorities for advocacy; and
- establish a means to monitor progress and subsequent goal achievement and case closure.

- 2) **Disaster Case Managers utilize a comprehensive, up-to-date list of community programs and services, and relevant access information to inform the Recovery Planning process.**

3) All Clients are encouraged to participate fully in ongoing planning.

Clients retain as much personal responsibility and self-determination as possible. Recovery plan tasks are identified and completed by the client whenever possible.

4) The recovery plan is based on a holistic assessment, documentation and verification needed for the provision and advocacy of services, and includes:

- goals, desired outcomes, and successful case closure, and reasonable timeframes for achieving them;
- services and supports to be provided, and by whom; and
- the individual's or guardian's signature, as appropriate.

A recovery goal is appropriate if it meets the following criteria:

- The goal is client-focused on establishing their "new normal" following the disaster;
- The goal is determined as being achievable within the scope of available resources client resources, insurance, FEMA, direct assistance, in-kind resources, human resources, etc.;
- The goal is realistic within the framework of time-limited services; and
- The goal is agreed upon by the client and worker.

During the recovery planning process the client receives an explanation of:

- available options;
- the benefits, alternatives, and/or consequences of planned services and client choices;
- how the organization can support the achievement of desired outcomes; and
- reasons for closing a case.

The process of Recovery Planning results in:

- an individualized recovery plan that guides the client in achieving realistic goals;
- direct provision of, or referral for recovery needs; and
- coordinated service delivery.

The plan indicates tasks to be accomplished:

- by the client;
- by the worker; or
- through worker facilitation of referral, assistance, or advocacy.

Urgent needs are addressed at the discretion of The Disaster Case Management organization when a recovery plan is pending completion.

A recovery plan is developed in a timely manner, as determined by the organization.

BEST PRACTICES: RECOVERY PLANNING

Individuals with limited ability in making independent choices can receive help with making decisions for themselves and assuming more responsibility for making decisions. When the service recipient is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring involvement or consent of service recipients' legal guardians.

Cooperative Service Planning may be initiated between organizations which provide disaster case management in cases wherein: Clients benefit from multiple organizations working together to coordinate assessment and complex services; Family members are dispersed geographically extending into the coverage areas of two or more organizations.

An expedited or transitional¹¹ recovery planning process is available in circumstances wherein there are extremely time-limited case management opportunities. Examples include relief phase case work, or wherein cases are opened under circumstances of extremely time-limited recovery program operations.

The recovery plan addresses, as appropriate, disaster service, support, and advocacy needs as documented in the assessment, to include: unmet service and support needs; possibilities for maintaining and strengthening family relationships; and the need for support of the individual's or family's informal social network.

The agency has a process or policy in place for regularly updating resources and referral contact information. Organizations work collaboratively within the community to develop resource and referral information so as not to duplicate efforts by recreating resource handbooks.

D. Action and Advocacy

1) Client and Disaster Case Manager take action according to the agreed-upon Disaster Recovery Plan.

All Clients should be encouraged to take ownership for their own recovery, and to participate fully in taking steps on their own behalf to the degree possible.

Disaster Case Managers (DCMgrs) directly provide, refer, or otherwise arrange for individuals and families to receive needed services and resources identified in the recovery plan through the following actions:

- verifying unmet needs¹² by obtaining records and/or contacting vendors;
- networking with other organizations to guide client through sequence of delivery without duplication of benefits or services;
- advocating with and for clients by activities including but not limited to:
 - preparing for and making case presentations on behalf of client;
 - actively participating in long term recovery groups where such exists; and
 - providing support and advocacy with governmental and non-governmental agencies and organizations when necessary.

E. Service Monitoring and Reassessment

1) Service monitoring and periodic reassessment ensure continuity of care. Timely adjustments to service provision are made when the Client's circumstances change.

- Disaster Case Manager and Client action steps are monitored and recorded.
- Disaster Case Manager makes periodic assessments and monitors progress toward recovery goals.
- Disaster Case Manager and Client maintain contact.
- Disaster Case Manager documents each client contact.
- Disaster Case Manager monitors personal perspectives and seeks supervision accordingly.
- Disaster Case Manager maintains the client file in a manner that allows another Disaster Case Manager to serve the client without interruption.

The organization tailors the type and frequency of service monitoring according to the:

- needs of persons receiving services;
- frequency and intensity of Disaster Case Management services;
- barriers and resources that emerge; and
- frequency of contact with informal caregivers and cooperating providers.

¹¹ **Transitional Recovery Need:** Any required support or assistance necessary to assist the survivor to progress to the next step in their recovery. Transitional Recovery Needs are also referred to as **short-term recovery needs**. Examples include 1) the need for transportation to move from a shelter to another temporary housing location.

¹² **Disaster-Related or Disaster-Caused Unmet Need:** Any required support or assistance to survivors that can be directly linked to disasters which overwhelm a community's capacity to respond. This need may be addressed by either financial or materialistic mechanisms. Examples include: temporary housing, repair and reconstruction, relocation, pharmaceutical needs, life-sustaining medical equipment, extended loss of utilities, etc. Disaster-caused need is differentiated from routine needs due to the direct relationship to the disaster event. (NOTE: FEMA's definition of disaster-caused need is based on verified damage from a federal inspection minus the federal and/or State assistance, minus personal resources.)

Service Monitoring includes:

- Confirmation (usually within one or two working days) that a service has been initiated according to the plan;
- Verification (usually within fifteen working days) that the service is appropriate and satisfactory; and
- Follow-up every month at a minimum, and as needed.

Disaster Case Managers and a supervisor, or a clinical, service, or peer team, review cases routinely, consistent with established timeframes, to assess:

- recovery plan implementation;
- service recipient's progress toward achieving goals and desired outcomes; and
- continuing appropriateness of service goals.

Experienced workers may conduct reviews of their own cases. In such cases, the worker's supervisor reviews a sample of the worker's evaluations as per the requirements of the standard. A peer or committee review can supplement supervisor reviews, as required.

Disaster Case Management is time-limited. Case reviews should be conducted within meaningful time-frame and should take into account:

- the nature of the disaster;
- issues and needs of persons receiving services;
- the frequency, duration, and intensity of services provided;
- resources available

Disaster Case Manager (DCMgr) and family regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

BEST PRACTICE: MONITORING AND RE-ASSESSMENT

A reassessment is conducted within five working days when there is a change in the individual or family's status or circumstances, or a new issue or resource arises. An organization that, due to contractual requirements, is unable to conduct reassessments according to these timeframes can modify them to meet the needs and goals of the population.

F. Closure

Closing a Client's case is a planned, orderly process.

1) Planning for case closing:

- is a clearly defined process that includes assignment of staff responsibility;
- begins at intake;
- involves the worker, the individual, a parent or legal guardian, and others, as appropriate;
- and addresses all disaster-related needs and possible reasons for case closing.

The disaster recovery goal(s) and scope of time-limited, disaster-related services and programs inform the timing of case closing.

When an individual or family is asked to leave the program the organization makes every effort to link the individual or family with appropriate services.

When a resource and time-limited program closes, resulting in termination of services, cases are closed and transferred to an appropriate provider.

The organization transfers and closes a case when a transfer is requested by the client or when it is determined that transferring a case to another disaster case management organization is in the client's best interest and the individual or family concur.

Reasons for case transfer may include transfer to an organization with specialized services and resources a client needs that can be accessed only by transfer to that organization, for example, the services and skills of bilingual staff, services for seniors, and services for persons with disabilities.

An organization transferring and closing a case consults with the receiving organization prior to transfer to insure acceptance of the case and continuity of service.

2) The purpose of case closure is to:

- acknowledge goal achievement and relinquishing help;
- recognize and affirm progress made;
- examine what is involved in stabilizing gains made;
- encourage the client to seek help in the future, if needed; and
- provide accurate information to assess program outcomes.

Disaster recovery case management services are time-limited. Thus, OPEN cases will all be CLOSED within the scope of disaster related services and programs. The disaster recovery goal informs the timing of the closure of the case.

3) The process for case closure involves the DCM taking the following actions:

- summarize the Client's progress and goal achievement;
- outreach to any Client who has been inactive or out of contact;
- assess for ongoing needs post-closure and make Client referrals accordingly;
- review Client's case with Supervisor and obtain Supervisor's approval for case closure where Supervision exists¹;
- DCMgr documents the summary of the services and the outcome in the Progress Notes;
- closed case file is then securely transferred and maintained for at least three (3) years from date of program closure according to organizational policy.

INTERPRETATION

A successful case closure is important to both the agency and clients for several reasons. For the client, it is an acknowledgement of achieving their goals, and relinquishing help. It recognizes and affirms that progress and stabilizing gains have been made to return the client to a more normal way of life. A positive case management experience, including a good closure with the client encourages them to seek help in the future if it is needed. Finally, a well thought out closure with the client will provide accurate information to the agency/organization to assess the program outcomes. It is a method of evaluating the effectiveness of the services the agency/organization is providing.

BEST PRACTICES: CASE CLOSURE

The Client is asked if s/he would voluntarily complete the Client Satisfaction Survey. If the client agrees, the DCM follows protocol for maintaining confidentiality and anonymity, and processing the form.

The DCM Supervisor or designee audits the case file and enters relevant data into client file / reporting system.

Case files are scanned into electronic format and destroyed. Electronic case files are kept secure according to technical Guidance and maintained for three years, after which they are purged.

Case files are transferred to the lead organization wherein the organization is part of a consortium of DCM service providers.

Clients are offered a written summary of services provided by the DCM Organization, and of all relevant resources accessed for the Client's recovery.

It is recommended that organizations have a written policy as to the transfer of case files (both hard files and electronic) and that these files be accessible upon request of the Client.

ORGANIZATION SERVICE GUIDANCE FOR DISASTER CASE MANAGEMENT

A. Organizational Service Philosophy

1) Disaster Case Management Organizations establish policies and practices which reflect the National VOAD Disaster Case Management Values and Guidance.

Disaster Case Managers adhere to the following underlying **values** for service:

- Our commitment to caring and compassion for all people is the foundation for all we do.
- Our work is accomplished in a respectful, non-judgmental, and non-discriminatory manner.
- Trust, mutual respect, and equal partnerships of survivors and community service providers are essential elements of our work.
- All people have inherent dignity, worth and autonomy.
- Human relationships are essential to hope and healing.
- Integrity is an essential component of our work and service in helping survivors navigate through the sequence of disaster assistance.

Disaster Case Management Organizations assure that personnel have a clear understanding of the:

- Organization's mission, values, and program goals;
- Organization's Disaster Case Management policies;
- Organization's commitment to working cooperatively with other organizations whose mission, values, processes and priorities for service may differ;
- Organization's process for identifying and resolving inter-agency issues or values conflicts.

National organizations with a shared responsibility for delivery of case management services on a community-wide basis provide local Disaster Case Managers with clear and consistent guidelines outlining:

- inter-system coordination which facilitates responsiveness to clients' recovery needs;
- expectations for seeking and securing cooperation from local partners and resources;
- scope of the Disaster Case Manager's responsibility; and
- inter-agency communications.

Organizations have written policies regarding **Clients Rights and Responsibilities**, inclusive of grievance procedures, which are clearly communicated to clients, and adhered to by personnel.

BEST PRACTICES for ORGANIZATIONAL SERVICE PRACTICE:

The organization provides a timely and contextual response to any complaints or problems that develop in the delivery of service or with the person receiving services.

Agencies seeking the best for their clients will consider entering into inter-agency agreements that allow for a single coordinating agent across agencies.¹³

2) In communities wherein multiple organizations provide disaster case management and supportive recovery services, technical systems should be used to reduce duplicative case management efforts, and to document and facilitate coordination. The Coordinated Assistance Network (CAN) is an interagency portal for case data on those affected by disasters. This vehicle is an essential part of any disaster case management system which seeks to¹⁴:

¹³ National Human Services Assembly, Re-establishing Normalcy: Helping Families Address the Long-Range Effects of Disaster through Case Management, p. 3. , <http://www.nydic.org/nassembly/documents/casemanagementbrief.pdf> (Undated)

¹⁴ <http://www.nydic.org/nassembly/documents/casemanagementbrief.pdf>

- Assure equitable distribution of valuable resources
- Minimize risk of duplication of services and resources
- Provide a resource for demonstrating accountability
- Offer valuable statistical data to inform program evaluation, track client progress, and client outcomes
- Promote standardization of DCM

B. Access to Services

1) Disaster Case Management Organizations work together with community partners to overcome barriers which may otherwise prevent clients from accessing services and resources.

Local organizations work in cooperation with other service providers to develop a process for identifying barriers to accessing case management services, and a plan for overcoming those barriers to access.

During disaster recovery planning and implementation, the organization:

- engages in active and collaborative participation with community recovery resource meetings, as appropriate;
- shares information at community recovery resource meetings regarding resources, including but not limited to available staff, money, or materials; and
- assures that organizational representatives have authority to allocate resources at the community recovery resource meetings.

Local organizations employ effective, culturally-competent outreach strategies to identify potential clients and to provide them with accurate information about community resources and service availability.

Disaster Case Managers are knowledgeable about current, applicable service criteria and application processes, including:

- how to determine eligibility; and
- specific registration or procedural sequence-of-service-delivery requirements in order avoid duplication or loss of benefits.

Voluntary Organizations Active in Disaster have sound working knowledge of the accessibility and nondiscrimination requirements applicable under Federal disability rights laws.

BEST PRACTICES for ACCESS TO SERVICES

Optimal control over and management of scarce resources may be more readily achieved in delivery systems structured with a single point of entry and integrated funding. Case Managers may be most effective in delivery systems that are designed to reduce fragmentation.

Organizations recognize that efficient recovery operations depend upon coordination at all levels of service delivery and strive to enhance cooperative efforts to address disaster-related needs¹⁵. Examples of cooperation that address barriers to access would be community arrangements for provision of care and services for school age children that make it possible for adults to participate in disaster recovery services; transportation services for persons with disabilities; and providing, or arranging for, bilingual personnel, translators or Interpreters to address the communication needs of individuals.

Disaster Case Managers may receive cases through referral from another service provider or service unit within the organization that is responsible for outreach. Case managers that play no direct role in determining eligibility should; however, have sufficient current information about eligibility to answer service recipient questions.

¹⁵ **Disaster-Related or Disaster-Caused Unmet Need:** Any required support or assistance to survivors that can be directly linked to disasters which overwhelm a community's capacity to respond. This need may be addressed by either financial or materialistic mechanisms. *Examples include: temporary housing, repair and reconstruction, relocation, pharmaceutical needs, life-sustaining medical equipment, extended loss of utilities, etc.* Disaster-caused need is differentiated from routine needs due to the direct relationship to the disaster event. (NOTE: FEMA's definition of disaster-caused need is based on verified damage from a federal inspection minus the federal and/or State assistance, minus personal resources.)

Disaster Case Managers are knowledgeable of the demographics of their local communities, and are therefore able to identify persons who are most vulnerable and most likely to be in need of Disaster Case Management. "Vulnerability" criteria are optimally determined by the local community.

C. Personnel

Disaster Case Management personnel are qualified as determined by the Organization by life experience, skills, education, and training to access and coordinate services for the populations served. Disaster Case Managers may be Employees or Volunteers¹⁶.

1) Qualifications

Disaster Case Managers are qualified by:

- completion of a disaster recovery case management specific curriculum;
- experience, personal qualities, case management skills, and current competencies to work effectively with the populations served; and
- safety screening as evidenced by a background check¹⁷.

BEST PRACTICES FOR PERSONNEL (Qualifications)

Individuals with a broad range of experience, education, and training may serve as disaster case managers and support personnel as determined by the organization's mission, policies, and funding requirements.

Organizations determine satisfactory preparation and level of qualification through a combination of training, education and experience. Volunteers should be screened just as carefully as employees who would be performing similar roles.

The ideal case manager is one that has a trusting relationship with the family or individual and whose organization has the capacity and relationships to secure and coordinate a wide array of services and resources the individual or family requires from a number of different sources¹⁸.

2) Inter-personal Skills

The partnership between the Disaster Case Manager and the Client is most productive when a mutually trusting relationship is established early in the process.

Disaster Case Managers invest sufficient time with the Client in order to:

- **establish trust;**
- **exchange information** with the Client so as to understand the meaning of the disaster from the client's perspective;
- **educate and reassure** the Client as to the role of the Disaster Case Manager, the scope of services that the disaster case manager can and cannot provide, and the protection of confidential information and when the sharing of that information may become necessary in order to access services and resources;
- **engage the Client as a partner** in the helping process; and
- **re-connect the Client with community support.**

¹⁶ Volunteers are a critical resource in disaster recovery efforts. Organizations that deploy volunteer personnel seek to maximize volunteer contributions and experience by selecting, training, and supporting volunteers consistent with National VOAD Standards for Volunteer Management.

¹⁷ Case Management agencies complete background checks on all personnel who directly deal with clients and client records according to organizational policy.

¹⁸ National Human Services Assembly, Re-establishing Normalcy: Helping Families Address the Long-Range Effects of Disaster through Case Management, p. 3. <http://www.nydic.org/nassembly/documents/casemanagementbrief.pdf>

Disaster Case Managers demonstrate helpful inter-personal skills, *such as*:

- genuine care and respect for individuals, families, and communities served;
- effective listening skills;
- cultural and linguistic competence relative to the population served;
- ability to document, or to access an alternate method for documenting, in the client record;
- ability to recognize and draw upon client strengths;
- sensitivity to the needs of individuals and families in crisis;
- awareness of the impact of the disaster on the community, the family and the individual;
- interest in exploring options with clients, with respect for their autonomy;
- ability to maintain appropriate service boundaries; and
- self-awareness.

3) Ethical Conduct¹⁹

Disaster Case Management Personnel know and follow the code of ethics of their respective profession as well as the code of ethics of the organization.

- Organizations provide written guidance and training related to ethical practice and managing ethical dilemmas.

BEST PRACTICE for PERSONNEL (Ethical Practice)

When ethical dilemmas arise in the course of service provision, Disaster Case Managers consult with colleagues and appropriate experts; make a decision and document the decision-making process; and monitor, evaluate and document outcomes.²⁰

- Organizations provide relevant training for Disaster Case Managers regarding ethical service provision, and service areas for potential risk for ethical breaches.

4) Training

All Disaster Case Management and supportive personnel receive adequate training for service provision. Ethical content is integrated with quality DCM training^{20[v]}. Topics minimally include:

- Role/Job Description of the Disaster Case Manager
- Disaster Case Management Processes
- Disaster Terminology and Stages of Disaster
- Sequence of disaster assistance
- Long Term Recovery Groups
- Organization's Ethical Guidance and State Regulations (e.g., maintaining appropriate boundaries, conflict of interest, duty to protect)
- Confidentiality and Release of Confidential Information
- Advocacy and Case Presentation
- Unique service needs of community groups and vulnerable persons (inclusive of cultural competencies, serving persons with "special needs", and outreach to "hidden" communities).
- Spiritual and Emotional Care
- Available Federal, State, Community-based programs, and organizational resources including relevant eligibility and access criteria
- Organization's emergency plan and procedures.
- Record-Keeping, Documentation, and Data Management
- Self-Care / Care for the Care-Giver

¹⁹ See also CONFIDENTIALITY section of DCM Standards.

²⁰ Frederick G. Reamer, *The Social Work Ethics Audit: A Risk-management Tool*. Washington, DC: NASW Press, 00.

BEST PRACTICE for PERSONNEL (Ethical Practice and Training)

Disaster Case Managers are particularly vulnerable to ethical breaches involving boundary issues, the sharing of confidential information without signed consent, and complaints of abandonment at case closure. Additionally, Disaster Case Managers are often in need of, or request, additional training involving documentation and Duty to Protect. In the absence of any other Code of Ethics, Disaster Case Managers may adhere to the NASW Code of Ethics²¹ where appropriate, and are referred to their State for applicable regulations.

BEST PRACTICE for PERSONNEL (Training)

Disaster Case Managers initially receive orientation and Disaster Case Management Training which is supplemented periodically with advanced training, topical training, and training related to emerging resources.

5) Disaster Case Management Supervisors have demonstrated their capacity to support, monitor, and advocate for personnel and clients, and are able to meet program administration and training responsibilities.

- DCM Supervisor qualifications are assessed through a combination of training, education and experience, as determined by the Organization.
- Disaster Case Management Supervisors monitor, communicate and take action regarding:
 - the support and training needs and effectiveness of case management staff;
 - the prioritization of client needs, and status and support of recovery plan goals;
 - assuring personnel have access to information regarding available services and resources;
 - the need for networking and collaboration with agencies and community providers;
 - self-care and the caregiver support needs of staff²²;
 - case consultation; and
 - Disaster Case Manager case loads and workloads.

6) Disaster Case Management workloads are manageable so as to allow the DCM to support clients sufficiently to achieve recovery goals.

BEST PRACTICES: Managing Workloads

Workloads are regularly reviewed by the DCM Supervisor, and are based on a uniform assessment, inclusive of: the qualifications, competencies, and experience of the worker, including the level of supervision needed; the work and time required to accomplish assigned tasks and job responsibilities; and service volume, accounting for assessed level of needs of new and current clients and referrals.

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

D. Confidentiality

Disaster Case Managers and Organizations respect the client's right to privacy, protect client's confidential information, and maintain appropriate confidentiality when information about the client is released to others. All voluntary agency workers who come into contact with clients or client information should be particularly diligent about protecting this information and maintaining secure records.

²¹ **NASW Code of Ethics**, www.socialworkers.org/pubs/code/default.asp

²² *The overall impact of a disaster on a community can have an effect on case managers regardless of direct involvement. Supervisors should be aware of any negative effects and intervene and provide support, as appropriate.*

As permissible by the Client, the Disaster Case Manager shares information with relevant agencies or organizations in order to achieve the following objectives:

- verify information;
- assist the client to avoid duplication of benefits;
- advocate for direct assistance;
- make appropriate referrals for services;
- obtain peer supervision; and
- as required by law or ethical practice.

Disaster Case Managers should share confidential information only as agreed upon by the Client and as evidenced by a signed release form.

Disaster Case Manager obtains the Client's written release for confidential information. The release is maintained in the case record, and contains at minimum:

- date of release
- name of Host Agency (disaster recovery case managing agency)
- agencies/Organizations/Systems with which information may be shared
- purpose of sharing the information
- length of time the release is to be in effect
- provision that the information is not to be forwarded to agencies outside of the collaborative group (i.e., Outside of the LTRG, Case Management Consortium, CAN, or other disaster partnership) except as authorized specifically by the Client.
- signature of the client
- signature of co-applicant, where appropriate
- signature of *witness*

Relevant policies and procedures should be in place to protect the Client, the Disaster Case Manager, and the Organization regarding the maintenance, upkeep, and security of the case records and all identifying information, inclusive of a plan of action if Client confidentiality is breached.

INTERPRETATION

As Case Management evolves to include and use technological tools, agencies and organizations must recognize this also brings added challenges to keeping client information confidential. Case Managers need to be aware of how sharing information through emails, databases, and web pages can breach client confidentiality. It is therefore critical that agencies and organizations have policies and procedures in place to mitigate the risk of client information leakage through technology systems.

Agencies should have internal policies in place for shared electronic databases. These policies should include what information agencies - both government and non-government - are willing to share. When agencies agree to share information in one database, they must have a policy about sharing that database among other agencies.

Technology systems which contain client information should include encryption, secure electronic sharing between data bases, and accessibility levels to specific data. In these ways client information can be shared more securely.

Organizations that implement initial and ongoing training in the handling of confidential data as a regular part of their policies will have increased success in controlling intentional and accidental breaches in client confidentiality. Regular training and monitoring will reduce:

- *Unintentional or unauthorized exchange of confidential client information through verbal communications.*
- *Unauthorized access to electronic records found in a database, email, or other technology systems.*
- *Provide accountability for maintaining access over time.*

Keeping documented records of training sessions will create an environment of trust for the organization. Those agencies that have a process for approving workers receiving access to those records through a controlled login process will also lower the risk of releasing client information inappropriately.

Regular supervision to assure that these Guidance are met is also a step in ensuring clients' information is kept confidential.

Each agency responsible for client records, both paper-based and electronic, should have a policy for record retention, and a process for destroying case files at the appropriate time. This retention policy needs to be in line with current HIPPA guidelines if the records contain physical or mental health records.

For more on HIPPA go to:

<http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/decisiontoolintro.html>

http://www.cms.hhs.gov/HIPAAGenInfo/06_AreYouaCoveredEntity.asp

Clients have the right to access their records. It is advisable that Disaster Case Managers document as if their Clients will be reading their case files.

Case managers should be aware that any notes or correspondence regarding the Client - whether written or electronically stored or messaged - should be made available for the client to review upon request. Additionally, any information given to the Client or that is in the case record can be subpoenaed and used in court.

If Case Managers are using a shared electronic database, caution should be used when entering personal medical or financial information in the system. At no time, shall a full social security number be entered into a shared computer database.

INTERPRETATION

Survivors of disasters are at increased risk for harm related to privacy breaches. Examples include identity theft, fraud and unintentional or unnecessary exposure of personal information when one or more organizations share contact with the survivor and have various or limited protections surrounding the survivor's private information. Additionally, helpers who respond to disasters collect many personal details when working with survivors which may or may not be relevant for their recovery¹. Furthermore, Disaster Case Managers are in environments where keeping information secure and confidential can be a challenge. Many agencies, businesses, organizations, and industries request information about disaster clients for research, product design, services, information, and advertising - all which may infringe on the clients' right to keep information confidential. However, ongoing information sharing between colleagues and organizations is considered critical for effective helping in disaster recovery and for minimizing duplicative efforts by organizations and clients. Disaster Case Managers must first cause no harm to survivors. Therefore, informed consent to release confidential information must always be obtained in writing from the Client.

BEST PRACTICES: CONFIDENTIALITY

Only the case manager, his or her supervisor, and other agency staff involved in the client's direct service delivery, or quality assurance staff, shall review a case record without the client's (or guardian's) prior written consent.

E-mail, texting, social networking and other technologically-based forms of client interaction are not secure enough to protect client confidential information, and are therefore discouraged. If used, E-mails to and from clients should be regarded as confidential and maintained in a manner that protects client confidentiality and unauthorized access to client information. Consent to use e-mail is advised, inclusive of limitations, potential risks and benefits of using e-mail.

All emails should be printed, with a copy in the client file, and deleted from the case manager's email regularly.

Case managers are discouraged from using email as a means of communication with their clients beyond making appointments or other non-case related information.

If a disaster case manager emails a client, they should never have personal client information in the email.

Without Client consent, the case management process cannot take place efficiently, because sharing of the disaster related information is not possible. Obtaining the client's consent to release information is therefore required in order to provide resources of significant value to the client.

Organizations should have a process in place to ensure that the clients have a clearly defined consent form for the release and collection of information regarding the client's disaster related needs.

Wherein Client declines to sign a release of information, the Organization may determine to close the Client's case.

E. Disaster Case Management and Long Term Recovery Groups

The interaction between disaster case managers and long-term recovery groups is a vital one in disaster recovery. LTRGs often coordinate recovery resources for voluntary agencies in a community during the long-term recovery process. It is therefore imperative that clear, collaborative processes and policies are in place for case managers to access such resources on behalf of clients.

There is no single "correct" way for the collaboration of disaster case management and LTRGs to be structured, as the most appropriate structure is dependent upon the nature of the disaster, the local community, the resources available, and the voluntary agencies working on the recovery. The following points should be considered:

- The Disaster Case Manager is the primary point of contact, assisting the client in coordinating necessary services and resources to address the complex disaster recovery needs. Therefore, the case manager serves as the central link between the individual and family and the LTRGs.
- LTRGs must ensure that resource allocation is only provided to clients that have been approved through the case management process.
- Identifying client information presented through the unmet needs process should be maintained as confidential. The LTRG shall not provide case specific information to any other entity external to the LTRG.
- Each LTRG should have an unmet needs review process with members experienced in reviewing cases and approving funds according to pre-determined criteria.
- There should be a fair and equitable process through which disaster case managers from various organizations may present cases to the unmet needs committee to access recovery funds on behalf of their clients.
- There should be a common LTRG unmet needs application that disaster case managers in the community complete with their clients in order to access funds.

- LTRGs have the responsibility of providing orientation related to case presentation, including the forms and resources specific to the LTRG unmet needs process.
- LTRGs are most effective when they are supported by a case management advisory group. Subject matter expertise of this group may serve one or more of the following functions:
 - Provide support, guidance, resource development, and opportunities for training.
 - Offer the opportunity for peer review of cases to be presented to the unmet needs table.
 - Liaise with the other functions and committees of the LTRG.
 - Appoint a representative to serve within the LTRG leadership structure.

The optimal LTRG structure is dependent upon the needs of the local community as well as the scale, nature, and resources of the disaster and recovery efforts. There are a number of ways that disaster case managers can be in relationship with LTRGs, including but not limited to those below.

- Disaster case managers from various voluntary agencies access the LTRG through an established unmet needs committee, but operate case management services separately from the LTRG administration and infrastructure.
- Voluntary agencies may pool their resources and hire one or more disaster case managers to work as employees of the LTRG.
- One or more voluntary agencies may offer to provide case management services to individuals and families on behalf of the LTRG.

LTRGs are encouraged to consider other factors, including but not limited to:

- conflict of interest and dual relationships
- capacity of the disaster case managing organization to provide services throughout the recovery phase
- capacity of the disaster case managing organization to support the disaster case management personnel
- capacity of the case managing organization to implement services in accordance with National VOAD Disaster Case Management Committee Guidance
- applicable State and Federal laws for hiring, retention and termination of staff relative to the time-limited nature of disaster recovery
- equitable access to recovery resources whether the case manager is a representative of the LTRG or of a voluntary organization

For more guidance regarding disaster case management please see the [National VOAD Disaster Case Management Committee Guidance](#) and the [National VOAD Disaster Case Management Committee Points of Consensus](#).