

Formation of the Disaster Case Management Committee

As the Miami Valley Long Term Recovery Group (MVLTRG) formalized, social service organizations involved in immediate response to individuals and households began to meet for weekly meetings to start the transition from emergency response to planning for long-term recovery. Representatives from each organization were asked to consider their agency's capacity and expertise and commitment to long-term recovery efforts. Local organizations with national affiliates with existing disaster case management programs shared best-practices, tools, and resources from national partners such as the American Red Cross, Catholic Charities USA, Lutheran Disaster Response, and United Methodist Committee on Relief (UMCOR). Identified as a local leader in case management services, Catholic Social Services of the Miami Valley (CSSMV) was selected to chair and lead the Disaster Case Management (DCM) Committee and services for the MVLTRG.

With multiple organizations agreeing to serve as disaster case management providers, common language and processes were key to ensuring quality and equitable service provision to disaster impacted households. The following National Voluntary Organizations Active in Disaster (VOAD) definition was utilized as the standard for disaster case management provision:

Disaster case management is a time-limited process by which a skilled helper (disaster case manager) partners with a disaster affected individual or family (client) in order to achieve realistic goals for recovery following a disaster. This comprehensive and holistic approach to recovery extends beyond providing relief, providing a service, or meeting urgent needs. The DCM process includes outreach and screening, intake for case management services, assessment, recovery planning, advocacy, monitoring progress, and closure ("Tools for State VOADs to Prepare for Disaster Case Management," National Voluntary Organizations Active in Disaster, 2011).

Assembling the Disaster Case Management Team

As the lead disaster case management agency, Catholic Social Services hired a full time Long-Term Recovery Navigator (Recovery Navigator and Disaster Case Manager are used interchangeably) in July 2019. The Salvation Army Dayton Kroc Center brought on a short-term Case Navigator and St. Vincent DePaul Conference volunteers provided supplemental support addressing intermediate and concrete support needs such as home goods and furnishings during the period between emergency response and the setup of long-term recovery services. For coordination of services across case management partners, the Greater Dayton Disaster Relief fund provided initial funding for the hiring of a fulltime Program Manager for Disaster Case Management, who on-boarded as a member of Catholic Social Services' staff at the end of September 2019.

In July of 2019, the Montgomery County Office of Emergency Management and the Ohio Emergency Management Agency requested the completion of a Disaster Case Management Capacity Survey. While a team was being developed, it was clear from the scope of the disaster, particularly with the large number of under or uninsured homeowners impacted, that additional assistance would be necessary to respond to the unmet recovery needs of survivors. As a federally declared disaster, FEMA appointed a Voluntary Agency Liaison (VAL) to serve as the point of contact between FEMA and the MVLTRG and other community-based groups. To grow case management capacity, FEMA suggested an Interagency

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Reimbursable Work Agreement (IRWA) with the American Red Cross to provide time limited increased staffing for disaster case management.

In October 2019, two fulltime Long-Term Recovery Navigators hired by the United Methodist Church Western Ohio Conference joined the team funded through a grant from the United Methodist Committee on Relief (UMCOR). As nationally recognized experts in disaster response and recovery, including disaster case management, UMCOR provided training consultant Christy Smith to conduct a three-day on-site training covering disaster case management service philosophy and standards, standards of confidentiality, recovery planning, and use of the common disaster case management form set for all members of the MVLTRG disaster case management team.

By February 2020, the FEMA's IRWA agreement with the American Red Cross was fully executed and a team of disaster case managers was brought on board by the American Red Cross. This team fully folded into the processes established for recovery case management while greatly expanding the opportunity for program outreach. With access to initial Red Cross assessment data and the FEMA Information Data and Analysis (FIDA) for the local disaster, the Red Cross team was able to complete multiple attempts at contact to all identified disaster impacted household to assess for unmet needs and engage in services. In total, over 2,100 impacted households were touched by disaster case management services.

DCM Case Records

With disaster case management provided through several agencies, a secure but centralized database was necessary for the continuity of disaster case management activities. The Disaster Case Management Committee reviewed database options and selected Red Cross's Coordinated Assistance Network, or CAN. CAN is defined by the American Red Cross as, "a shared disaster case management (DCM) platform and program of user support that focuses on community recovery using shared data. Established in 2001, the CAN platform and program have evolved to meet local, state and national data needs. Initial data gathered by the American Red Cross during disaster response is provided to CAN agencies through the platform" (source: <https://redcrossrecovery.communityos.org/>). The demonstrated history of database administration, user support, and advantage of access to American Red Cross disaster response data were deciding factors in the selection of the CAN database for case management records.

DCM and Repair and Rebuild agencies active in the MVLTRG recovery efforts that signed a CAN-Recovery Participation Agreement with the American Red Cross were eligible to utilize CAN for case access and documentation. Individual users, approved by an affiliated MVLTRG agency, received access after signing a User and Confidentiality Agreement and were assigned a secure username and password by the American Red Cross. To ensure confidentiality and only authorized use of client records, each individual user received a unique username and access to CAN was promptly terminated for any staff leaving the project.

In addition to electronic records, CSSMV and UMCOR Disaster Case Management staff-maintained paper charts with pertinent case records including signed consents, documentations verifying disaster impact, and supporting documents for duplication of benefit checks. These records are maintained by Catholic Social Services under agency policy for record retention and maintenance.

Disaster Case Management Intake

A central intake point for services was also crucial for reaching survivors and assessing the unmet needs of impacted households and ensuring streamlined access to long-term recovery services and resources. As an existing community resource, United Way of Greater Dayton's Helpline 2-1-1 was a natural entry point for survivors. Already established as a resource hotline offering callers confidential assessment and linkage to community resources, 2-1-1 was poised to quickly increase capacity to provide a phone-based screening assessment for those seeking disaster recovery resources anywhere in the disaster impacted region. A screening tool (See the *Overall LTRG Operations\Forms Templates* directory) was developed for the 211 intake specialists to allow them to easily capture the callers pre- and post-disaster address, reported disaster impact, needs, and vulnerabilities. Responses were recorded by the intake specialist through a cloud-based form, automatically sending each assessment to the designated contact at Catholic Social Services for review, verification of disaster impact, and case assignment among participating case management agencies. With the recognition that phone access may prevent some eligible households from requesting disaster case management services, several community and volunteer groups were also provided paper versions of the same screening tool for face-to-face assessment of households in the community. All paper screenings conducted were submitted directly to Catholic Social Services for eligibility review and case assignment. The centralized intake process began in September 2019 and continued through August of 2020, with outreach conducted through flyers, billboards, social media, local news outlets to spread awareness of services and the process for requesting assistance. With the call volume decreasing a year after the disaster impact, in August 2020 the intake process shifted to the lead disaster case management agency, Catholic Social Services, directly receiving and screening calls for any new requests for assistance.

Case Processes

Upon receiving a referral assessment through the designated 2-1-1 entry point, the DCM staff reviewed the case to assess for eligibility. Based on the information gathered from the intake screening, initial eligibility for disaster case management services was determined through verified disaster impact either through the relevant county damage assessments, the American Red Cross emergency assistance list, and/or FEMA ISSA with a FEMA verified loss (FVL) of greater than \$0. Households reporting tornado caused damage not on one of these defined lists but determined to be within one mile of a verified tornado impacted property were also assigned for case management follow up for damage assessment and further eligibility determination through the MVLTRG. Additionally, urgent needs and vulnerability risk factors were used to prioritize the case from 1 to 4, with cases screened at the highest priority levels, 3 and 4, receiving follow up as soon as possible. Prior to case assignment, CAN was referenced to confirm the household was not already working with a DCM partner to minimize duplication of benefits and efforts. If a CAN record did not exist for the household, the client was also contacted by DCM staff to obtain consent for case entry in the CAN database.

After case assignment, the assigned DCM contacted the client to introduce the client to the services available, obtain the client's signature (or verbal consent) on the client rights and responsibility service agreement, and begin the process of collecting documentation necessary for assessing unmet recovery needs and applying for additional assistance. The assigned case manager served as a central point of contact for the client as they navigated the recovery process including referral to resources and services, coordination with repair and rebuild agencies, access to disaster recovery resources, and as an advocate

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for the client with third parties and partnering agencies as needed. Through the case management process, limited emergency financial assistance was made available for needs not covered by other resources such as moving and storage fees, deposit or short-term housing expenses, and replacement of appliances or household items damaged or destroyed as a result of the storm. Clients were engaged in the completion of recovery plan to identify realistic recovery goals and set a plan for addressing unmet needs and achieving the stated goals. With a frequency determined by the client needs and case complexities, the DCM conducted regular checks in with the primary client and monitored recovery processes.

For homeowners seeking repair and rebuild assistance, DCM processes were in place to collect documentation to verify homeownership, including property records and a utility bill from the address from the billing period covering the date of the tornados to confirm owner occupancy of the residence at the time of the storms. A duplication of benefits check was completed by the DCM by verifying available home repair assets including FEMA awards, SBA loans, insurance settlements, and income verification to assess if available resources were sufficient for recovery. The DCM also acted as the liaison for the repair and rebuild process with the MVLTRG. The DCM initiated the estimate process through the Repair Estimate Request Form, a web-based tool, submitted directly to the MVLTR Construction Coordinator.

Once the damage assessment was completed, the DCM received from the Construction Coordinator a completed assessment of the scope of work for disaster caused damages. If the resources of the family were not sufficient for returning their home to the status of being safe, sanitary, secure, and functional, the client's case could be presented to the MVLTRG Resource Table to request funding assistance. The DCM would then complete and submit to the Executive Director of the Miami Valley Long-Term Recovery Group the Resource Table Request form including a case summary, confirmation of collected supporting documents, estimated cost of recovery, expected client contributions to recovery, and the estimated gap in achieving recovery.

Households potentially eligible for a Disaster Reconstruction Program (DRP) Grant through the Federal Home Loan Bank of Cincinnati (FHLB Cincinnati) were also assisted in completion an application for FHLB assistance. To be eligible for the DHP, the client must have: had a primary residence with disaster caused damage located within a census tract, Metropolitan Statistical Area (MSA) or county that was declared a federal disaster; have a total household income at or below 100 percent of MRB income limits; and the household must have applied for the DRP funds within 24 months of the disaster declaration.

A case presentation was then scheduled with the Executive Committee of the MVLTRG group where the facts relevant to the assistance requested was presented by the DCM, committee members had an opportunity to ask questions regarding the scope of requested assistance, and a vote occurred to approve or deny the request for funding. Details on the Resource Table process and related forms are provided in the *Overall LTRG Operations/Resource Table* directory.

Case Closure

The purpose of the disaster case management process is to walk with a disaster survivor throughout their journey of recovery to restoration of a household that is safe, sanitary, secure, and functional. The primary reasons for case closure were as follows:

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- Recovery goals were met and the recovery plan achieved
- Lost contact with the primary client
- Client requesting closure (declined rebuild, moving out of area, etc.)

Prior to case closure due to lost contact, a minimum of three attempts were made at follow up using a variety of contact methods including phone calls, text messages, and emails. Clients closed for lost contact received a mailed case closure letter indicating that services were still available and providing the contact number for requesting future services.

For clients closed with disaster caused needs met, a case closure letter and a survey to track client satisfaction with services were mailed. The DCM also provided the client with any necessary social service referrals for needs outside the scope of Disaster Case Management services.

In rare occasions, a household deemed initially eligible for services was closed due to needs being outside the scope of the MVLTRG. This may have occurred if the damage assessment found requested repairs were not disaster caused, the scope of work exceeded available homeowner and MVLTRG resources, or the property was determined to be not owner occupied. In cases of ineligibility, the client received a letter indicating the reason for service denial, and when appropriate referral information for social services or community resources available to alternatively address needs.