

THE HUMAN SERVICES SECTOR OF NYC: HOW READY ARE WE FOR EMERGENCIES?

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Introduction

Human services organizations are critical to the effective response, recovery, and resilience efforts of New York City when faced by any disaster. Community based and citywide human services organizations provide critical services on a daily basis. These services became even more important during and after the September 11, 2001 terrorist attacks and Superstorm Sandy in 2012. New York City remains vulnerable to multiple hazards, and though we may not know what is coming next, government agencies and human services organizations must maintain a high state of readiness for whatever emergencies come our way.

The primary purpose of this report is twofold: to document the current degree of community preparedness by New York City human services organizations, including umbrella organizations, when faced by disasters; and to put forward recommendations to improve the human services sector's community emergency readiness.¹ The report is a joint effort of the Human Services Council of New York (HSC) and Baruch College in collaboration with the New York City Department of Health and Mental Hygiene (DOHMH). Baruch Survey Research and the Center for Nonprofit Strategy and Management in the School of Public Affairs conducted a survey of nonprofit human services organizations in April 2016 that was followed by focus groups and interviews. The findings and recommendations of this report also draw on a 2013 Baruch/HSC report that described and analyzed the response of nonprofit human services organizations after Superstorm Sandy.²

When compared to the 2013 Baruch/HSC report, 2016 survey results indicated human services organizations had increased levels of preparation to maintain operations during an event and to provide community assistance. Supplied with adequate funding, the surveyed organizations would be prepared to scale up their recovery and response efforts. As indicated below, many human services organizations have developed plans and trained their staff. However, other key operational steps to ensure that such plans

¹ For purposes of this report, the term “umbrella” organization refers to an association of human services organizations that formally work together to coordinate activities and pool resources. A few groups, like the Human Services Council, have a constituency of the full human services sector. There are also entities that support providers of a particular kind of human service. NYC Voluntary Organizations Active in Disaster (NYC VOAD), for example, is for providers who serve people impacted by disaster. Others focus on homelessness, children's services, mental health, etc. There are also groups that bring together providers serving particular ethnic or religious populations. All such umbrella groups are a valuable resource for facilitating coordination and communication in the sector with regard to emergency preparedness, response, and recovery.

² *Far from Home: Nonprofits assess Sandy Recovery and Disaster Preparedness*, Baruch College and Human Services Council, October 2013, <http://bit.ly/2amN02y>

would be implemented and coordinated effectively have not been taken by these organizations, and funding to support such operations has not been provided or identified. A limited number of human services organizations had effective emergency plans in place, however, their efforts would benefit from additional support, such as greater interaction with other local organizations.

Another essential finding showed the importance of establishing durable linkages between these human services organizations and the government agencies leading response and recovery efforts.

Detailed recommendations follow a discussion of the report methodology and findings.

Methodology

Data was collected and analyzed based on the findings derived from the survey. The survey was sent to 582 human services organizations in, or associated with, the Human Services Council³ and 210 responded; a response rate of 36 percent. Those who responded were primarily agency heads and other senior administrators. The survey, which is included as Appendix A, consists of 64 questions about organizational size, areas served, groups of people to be assisted, types of services provided, emergency and business operations plans, communications with other nonprofits and with government, and identification of lead agencies. The survey was conducted from March 17 to April 12, 2016 online with email reminders and by telephone to maximize survey responses.

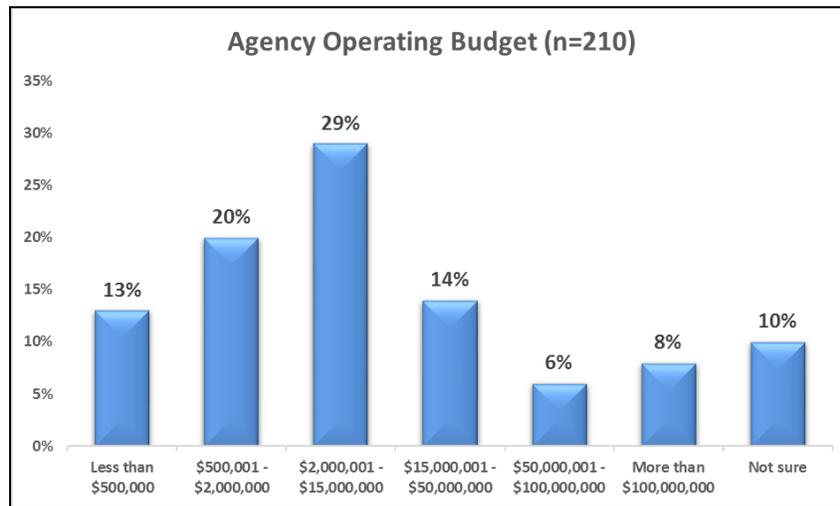
Survey data is supplemented and enriched by what we heard and learned from two focus groups convened on April 19 and 20 with a total of eleven participants and from four interviews to provide further depth on particular topics—such as the role of philanthropy, agencies that were impacted directly by Sandy, and particular government programs and policies. The experiences of HSC staff and consultants, as well as Baruch faculty who were involved in the response to past disasters in the City, add further perspective.

³ In addition to sending the survey to HSC members, approximately 25 membership associations were invited to include their memberships. About 1/3 of these groups agreed to participate by providing their membership lists. Duplications were removed and the remaining organizations collectively established the survey group. Selected professionals with experience who expressed particularly meaningful comments in the survey or were recommended by leaders from the HSC network were then invited to participate in focus groups or to be interviewed.

Findings

1. There is growing interest in community preparedness among human services agencies of all sizes.

The response rate for this 2016 survey is higher than the rate for the 2013 Baruch/HSC survey of agencies assisting their communities one year after Superstorm Sandy. Agencies participating in the survey are spread widely by budget size. The largest category of organizations are the 29 percent that have budgets between \$2 million and \$15 million. As many small agencies with budgets under \$500,000 as large ones with budgets greater than \$50 million are included.



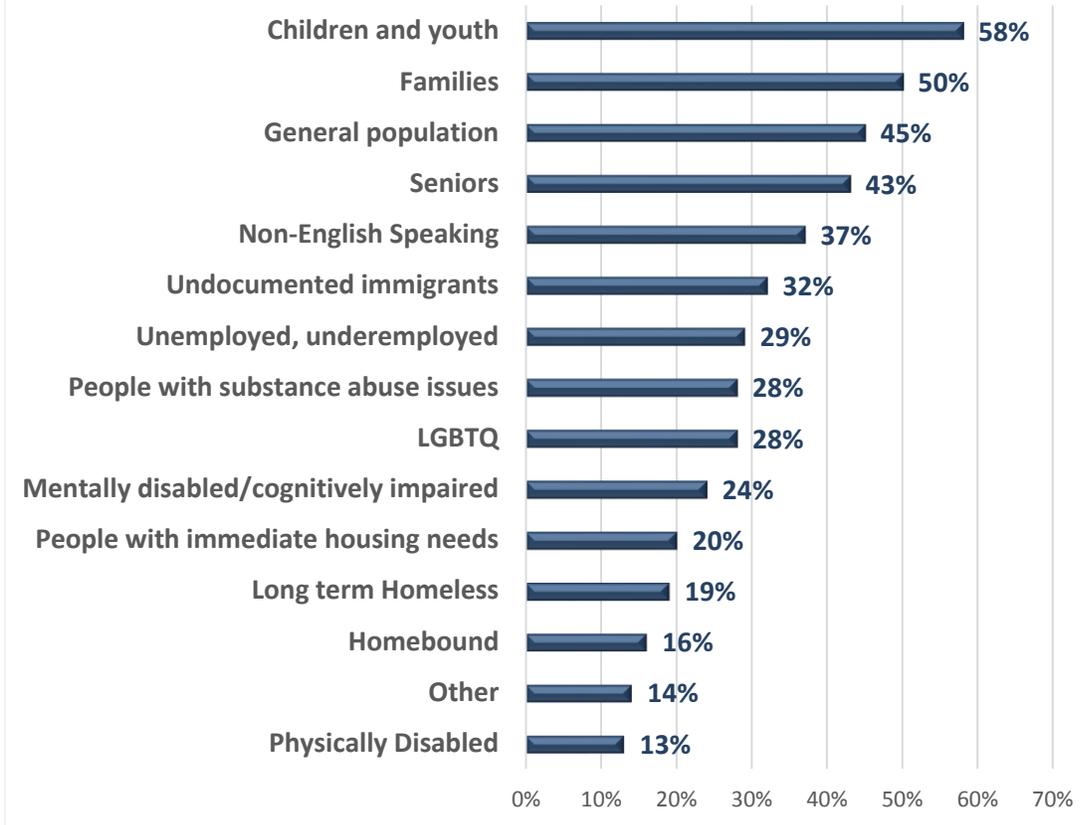
Organizations Responding to the Survey

2. Human Services organizations serve a diverse population.

Clients currently served by these human services organizations include children and youth (58 percent), families (50 percent), seniors (45 percent), and other special population groups—including immigrants, unemployed, homeless, people with disabilities, and others with particular needs. The capacity to serve these same populations will be critical after disaster as well.

Of particular note, human services staff expressed concerns in interviews and in focus groups about the capacity to serve vulnerable populations, including those who do not speak English. There are many New Yorkers who not only do not speak English but also do not speak one of the seven major languages that are often accommodated in City outreach efforts. Nonetheless, progress was noted in expanding the availability of accessible and multi-lingual alerts, announcements, and disaster service eligibility information.

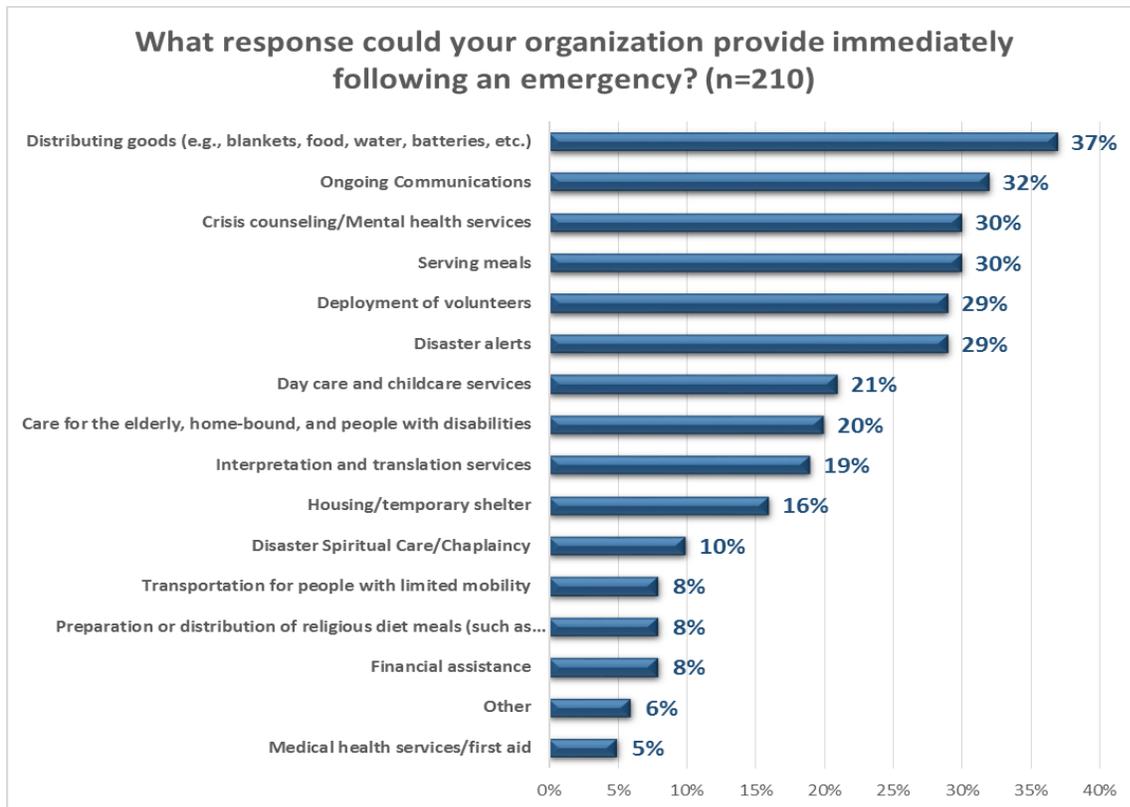
Which of these groups does your organization currently serve? (n=210)



“Other” includes developmentally disabled, multi-disabled, people with health conditions, such as strokes, heart, Parkinson’s, mobility and functional impairments, and more.

3. These organizations could provide important assistance in response to emergencies and disasters.

The following three charts highlight the scope of services that would be provided in immediate response after an emergency, for longer term recovery, and for population groups who need specialized assistance.



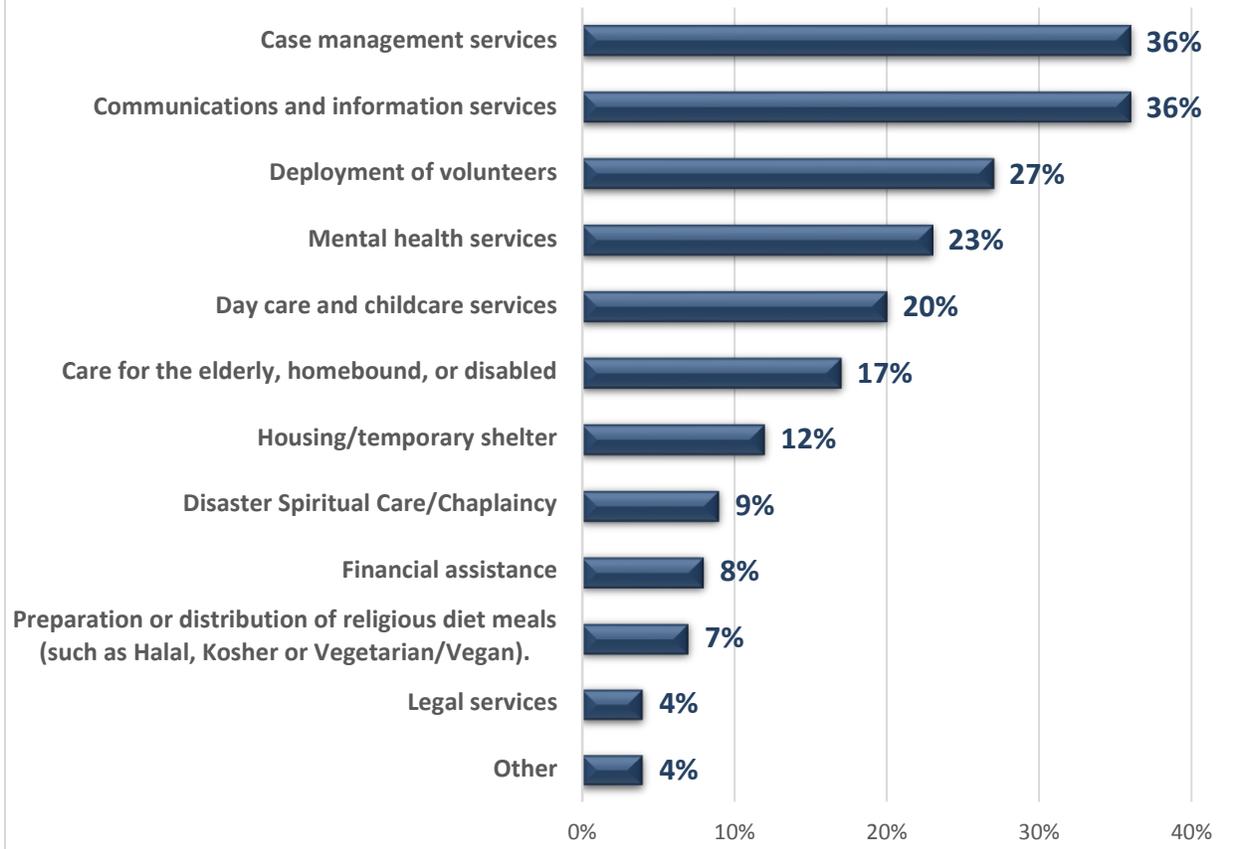
More than one-third of survey respondents indicate that their organizations could distribute goods, such as blankets and food. Approximately 30 percent could prepare meals, provide communications, offer crisis counseling/mental health assistance, and deploy volunteers immediately following an emergency. About 20 percent would aid the elderly, run childcare services, and translate languages.

“Coordination of services in case of emergency. Home visits, reaching out to other community providers that have services in place that can be of help in case of an emergency. Hotline that can assist with information on what is being done on a geographical basis and what services are available and/or are being implemented to address the need.”

For longer term recovery, 36 percent would offer case management to inform and assist people in accessing the services that meet their particular needs. A similar percentage of organizations would provide communications and information. These are essential forms of guidance for many individuals who need help to recover from disaster.

“We provided job placement assistance, housing, entitlement assistance, case management services after both 9/11 and Super Storm Sandy. We were able to start the programs within a day or two of notice - identified staff and found program space.”

What longer term recovery services could your organization provide? (n=210)

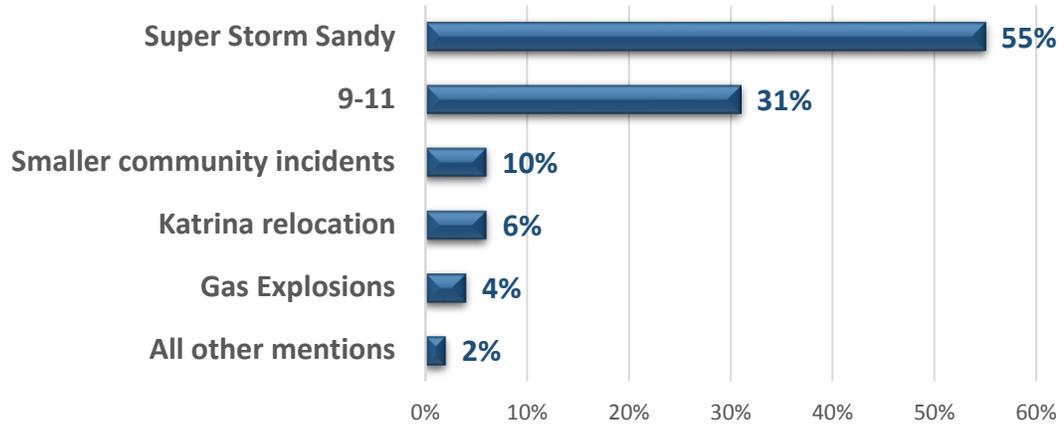


4. Participating organizations have experience assisting people after previous disasters.

Well over half of these organizations have provided assistance to people after Superstorm Sandy. About one-third responded to needs after September 11, and others had experience with smaller community events, such as the gas explosions in East Harlem and the Lower East Side.

“Involved in many NYC emergencies including 9/11, blackouts, flooding, and Superstorm Sandy. Have well trained staff. Train clients on ‘go bags’ and disaster planning. Have back-up communications.”

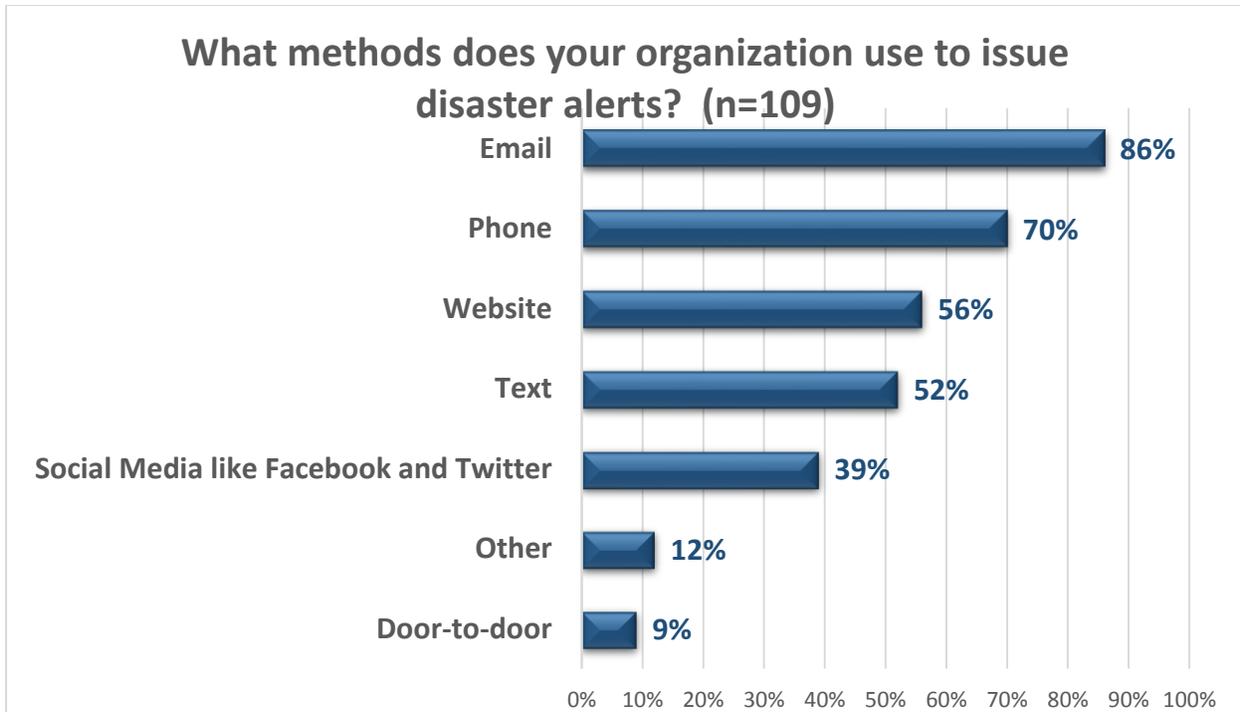
During which of the following disasters has your organization had experience providing relief or recovery services in New York City? (n=210)



Disaster Experience by Organization Size						
	Total	Operating Budget				
		Less than \$500K	\$500K-\$2MM	\$3MM-\$15MM	\$15MM - \$50MM	More than \$50MM
Sample Size	210	27	42	61	30	29
Super Storm Sandy	55%	37%	48%	57%	70%	66%
9-11	31%	26%	31%	30%	53%	28%
Smaller community incidents, such as the East Village explosion	10%	7%	7%	11%	10%	10%
Katrina relocation	6%	7%	5%	3%	7%	14%
Explosions (e.g., Gas)	4%	0%	0%	5%	9%	6%
All other mentions	8%	7%	11%	16%	3%	6%
None/Nothing/NA	4%	7%	5%	3%	0%	0%
Not sure	32%	37%	33%	30%	23%	34%

5. Many organizations have developed capacity for issuing disaster alerts to their clients and staff.

Of the organizations we surveyed, 52 percent issue disaster alerts. However, only 19 percent of organizations with operating budgets less than \$500,000 have capacity to issue alerts, compared to 76 percent of organizations with budgets of \$50 million. They use a variety of methods to communicate with staff and clients regarding disasters—including traditional and social media. Email, phones, websites, and text are utilized extensively. In addition, Facebook, Twitter, and other social media are employed by many organizations.

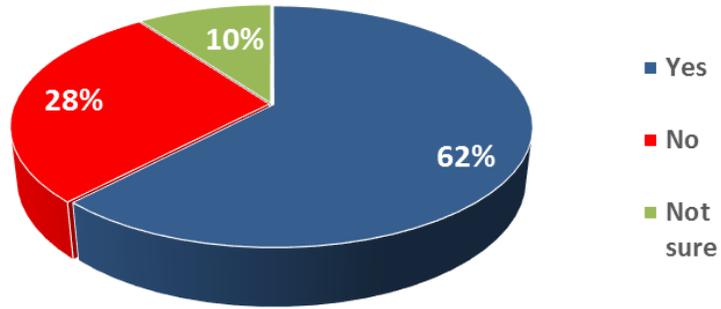


6. The majority of organizations have developed emergency plans for responding in their communities, and they also have continuity of operations plans either in place or in progress to guide their own business activities after disasters.

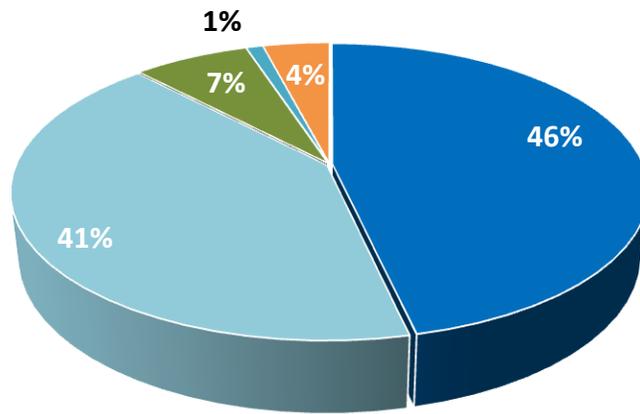
More than 60 percent of organizations have written emergency plans that have been approved by senior management and/or the board of directors. There are protocols for activation of the plans, key staff have access to facilities in emergencies, and staff have been trained on plan implementation in two-thirds of the organizations.

More than 50 percent of organizations either have completed plans for continuing their own operations after a disaster, including identifying “mission critical” services, or are in the process of developing such business continuity plans. Almost 90 percent of organizations that have these plans are updating them at least every two years and some more frequently. They also have computerized client management and/or staff records systems with back-up locations.

Does your organization have a written Emergency Management Plan? (n=210)



When was the Continuity of Operations Plan last updated? (n=68)*

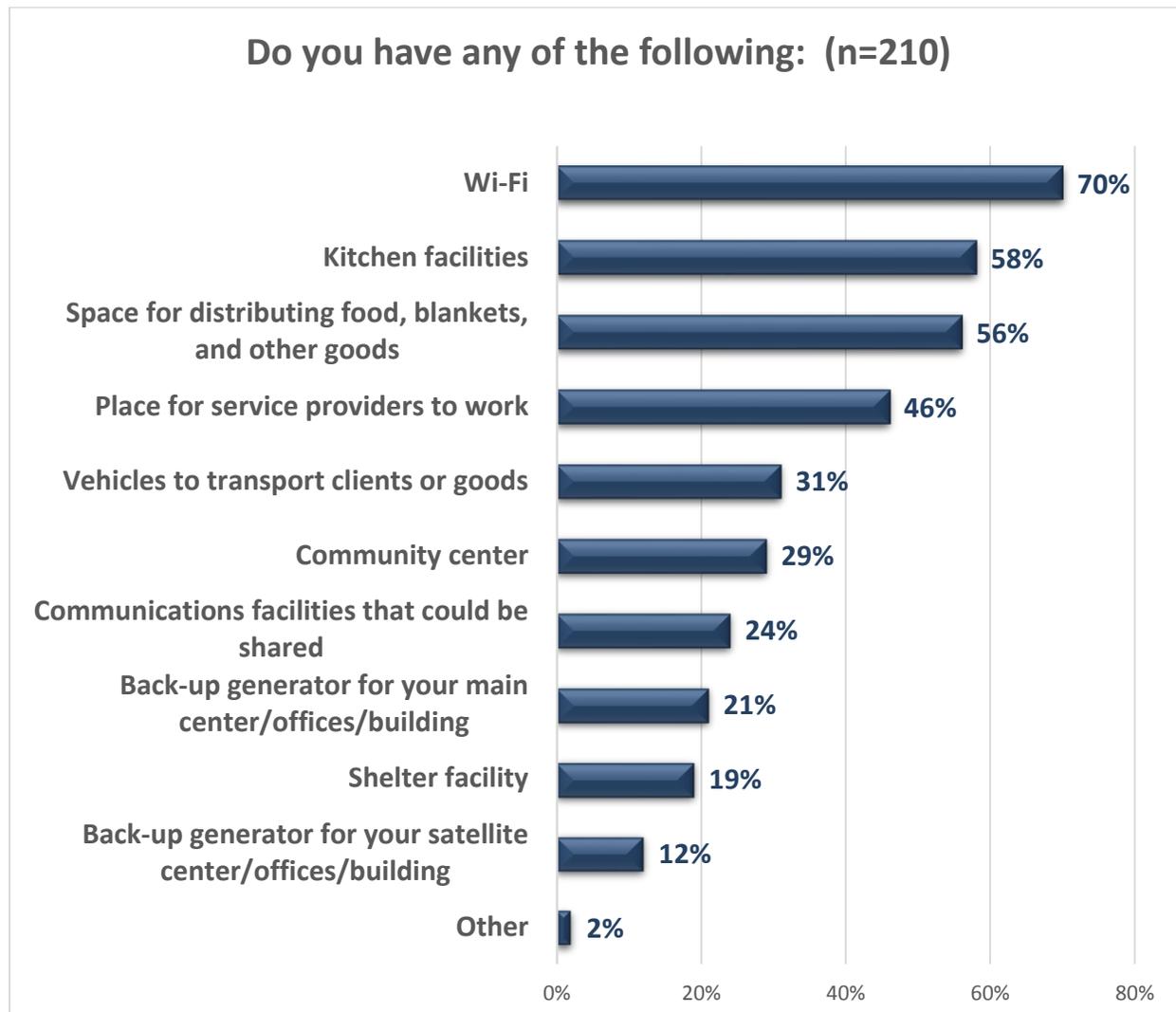


■ Within the last year ■ 1-2 years ago ■ 3-5 years ago ■ 6-10 years ago ■ More than 10 years ago ■ Not sure

*n= The number of Agencies that currently have a Continuity of Operations Plan.

7. Most organizations identified resources likely to be needed after a disaster and some maintain inventories of these resources.

These vital resources can facilitate a response and recovery in impacted communities. Resources such as meeting places, distribution points for food and supplies, power charging and wireless availability, and vehicles are critical for immediate local aid.

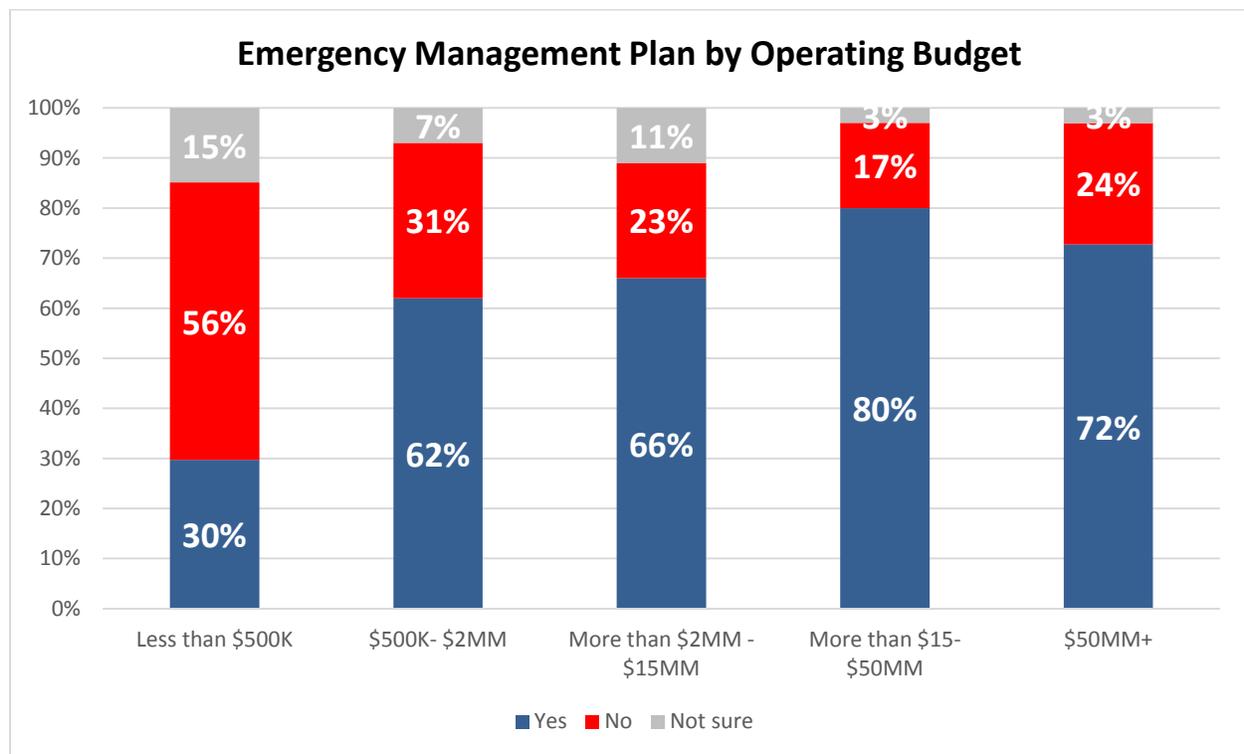


8. Many organizations that have emergency and business continuity plans, have not engaged in other preparedness activities.

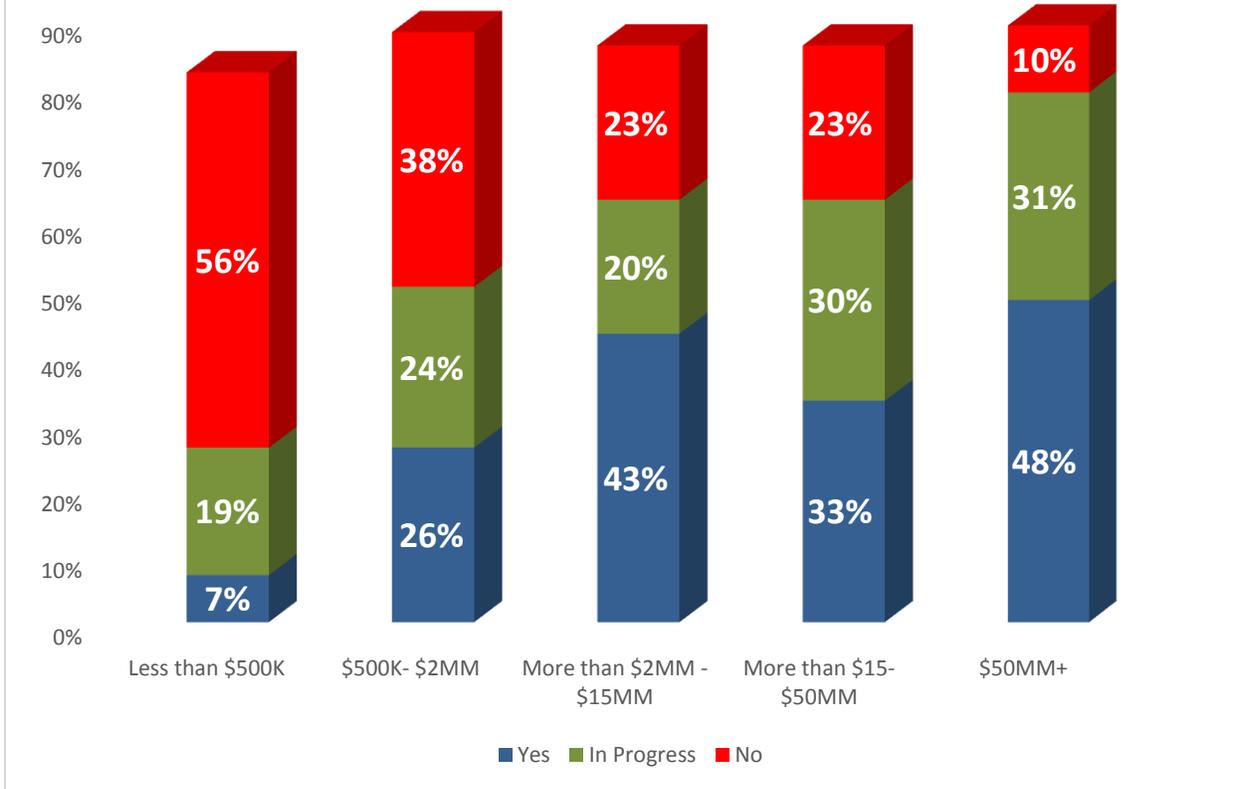
Only 32 percent participate in emergency planning activities with other organizations in the community, and 39 percent indicate that they have mutual assistance agreements. Some organizations are not sure how many staff are trained, available for deployment, or able to work on recovery after a disaster.

9. Small organizations are less prepared than larger ones.

Only 30 percent of small organizations with budgets less than \$500,000 have an Emergency Plan, compared to 60 percent and higher of larger organizations. Only seven percent have Continuity of Operations Plans, far below the proportion for larger organizations. The small groups also lag as compared to larger organizations in updating their plans and in identifying assets and resources needed after disasters. Fewer of these small organizations have contracts with New York City government agencies (44 percent) and New York State (26 percent), compared to the larger organizations, of which nearly 80 percent have City contracts and more than 70 percent have contracts with the State.



Continuity of Operations Plan by Operating Budget



10.A more general concern for all organizations is understanding which government agency plays the leading role after disasters. A consistent lead agency has not been clearly established in a way that many organizations perceive and understand.

More than a majority (60 percent) of the organizations indicated that they look to New York City Emergency Management, and 30 percent to the Mayor’s Office for this role. In our discussions, however, it became clear that this reflected the organizations’ expectation about the coordinating role immediately after a disaster, but the organizations expressed lack of clarity about what City agency would coordinate after that point. They also expressed concern that there was no mechanism to identify when and if NYCEM transfers the coordination function to another City agency. Although these human services organizations have government contracts and the relationships that they imply, they have not identified the single City or State agency they would look to for guidance, information, and services direction beyond the short-term response phase after a disaster.

“To try to narrow down who is in charge. In a time of crisis, I would imagine that each group: Mayor’s office, Governor’s office, Department of Police want to be calling the shots. There needs to be a well-known hierarchy.”

11. Although most human services organizations collaborate with healthcare institutions, they do not mention City or State health departments as lead organizations in disaster response and recovery.

More than 60 percent indicate that they have relationships with hospitals and other health care providers in their areas. Substantial numbers have collaborated and anticipate future collaboration with City (40 and 47 percent respectively) or State (28 and 37 percent respectively) health agencies. They do not identify either the NYC Department of Health and Mental Hygiene or the NYS Department of Health as the government agencies that would lead post-disaster coordination in neighborhoods or citywide, perhaps because recent disasters have not been primarily public health events.

“We received very little help during Superstorm Sandy from anyone. We couldn't believe how alone we felt. We needed help with an evacuation of a very sick woman and we waited 12 hours before the Fire Department could come. We needed flashlights, drinking water, and power to keep cell phones running badly and none came.”

Apart from the lead agency question, these organizations collaborate and anticipate future collaboration with a wide range of government agencies and other human services organizations. As noted in the introduction, expanded planning to other healthcare sectors is needed to strengthen other parts of NYC’s complex healthcare system.

Which of the following organizations	have you collaborated with in the PAST?	will you collaborate with in the FUTURE?
1. Mayor's Office	49%	55%
2. Community Board	44%	38%
3. DOHMH (Department of Health and Mental Hygiene)	40%	47%
4. NYC Police Department	39%	51%
5. Nonprofit Organization(s)	37%	33%
6. NYC Office of Emergency Management	36%	62%
7. Other City or State Agency	30%	28%
8. New York State Department of Health	28%	37%
9. NYC Fire Department	25%	45%
10. FEMA(Federal Emergency Management Agency)	25%	40%
11. Service Providers	25%	23%

Which of the following organizations	have you collaborated with in the PAST?	will you collaborate with in the FUTURE?
12. Place(s) of Worship	25%	23%
13. Human Services Council	24%	33%
14. Elected Official(s)	24%	27%
15. Foundation(s)	23%	20%
16. Governor's Office	14%	26%
17. Community/Grassroots/Activist/Faith-based Organization(s)	12%	16%
18. Not sure	9%	12%
19. Disaster or emergency programs of your faith community (local or national)	8%	14%
20. New York Disaster Interfaith Services	8%	12%
21. VOAD NYC(Voluntary Organizations Active In Disaster)	7%	13%
22. Corporation(s) or Other Company(ies)	6%	10%
23. Other	4%	2%
24. None	3%	1%

12. Human services organizations that provide a wide range of services to New York residents are not generally engaged in or aware of government disaster planning.

The survey and follow-up focus groups and interviews revealed a perception by human services organizations that the public agencies are not organized for effective interaction with them. Although they have contracted and collaborated with various City and State departments in providing services, the organizations we surveyed are not sure which government entities would coordinate and provide direction for response and recovery efforts after a disaster.

It is understood that the Emergency Operations Center led by New York City Emergency Management (NYCEM) includes key human services disaster response organizations, such as the Red Cross, and as noted, NYCEM is mentioned most often by survey participants as the citywide coordinating agency. However, the organizations that we surveyed are primarily human services providers and their missions do not generally include disaster response and recovery. Many do, however, respond to events affecting their neighborhoods and, as demonstrated by Sandy and September 11, play significant roles in all phases of response and recovery after large events. The absence of clear coordinating mechanisms in both government and the human services sector is a serious deficiency in disaster preparedness.

13. In addition to these organizational questions, the organizations we surveyed do not, with few exceptions, have dedicated funding for disaster response and

recovery. They identify insufficient funding as a major obstacle to providing services during emergencies.

The surveyed organizations lack specific funding for disaster planning, response, and recovery activities. Fewer than 10 percent of the organizations have dedicated funding for these activities, and nearly 46 percent of them indicate that “insufficient funding” is a primary obstacle to providing emergency services adequately. Organizations indicate that in an emergency, they draw on their operating funds, government assistance, grants, and donations if these sources are available. Yet, we know from other analyses by the Human Services Council that organizations operate with severe constraints and no flexibility in such funds. The recent report of a special HSC Commission noted that “Government contracts and philanthropic grants rarely cover operating costs and payment is often late and unpredictable, resulting in cash flow obstacles and chronic underfunding.”⁴ These financial limitations are particularly problematic for the response phase after a disaster, the period prior to recovery when federal and other public funds are more available.

A further financial problem was articulated in focus groups. Many incidents (some but not all reported in the media) illustrated the failure of insurance to provide the protection and reimbursement expected by the public. In addition to the problems related to business continuity, liability, and homeowners, human services organizations also found themselves inadequately reimbursed.

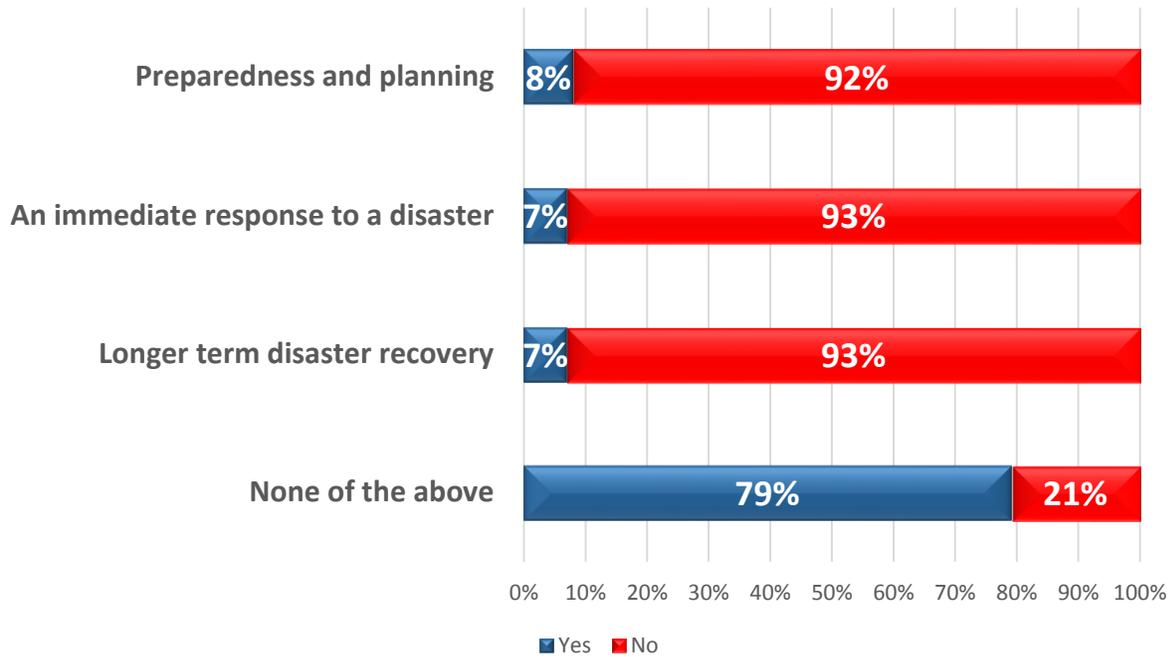
“Funds should be placed in reserve for immediate disaster services involving staff and volunteers i.e., equipment, salaries, and comfort stations. Agencies should be clearly identified within the sector that they have been selected to take the lead with City agencies to handle disasters.”

As indicated in the following charts, only eight percent of organizations have dedicated funding for preparedness, only eight percent for response, and only seven percent for recovery. A significant majority (79 percent) have no dedicated funding for any of those functions.⁵ Indeed, insufficient funding is seen as the largest obstacle to providing response and recovery services.

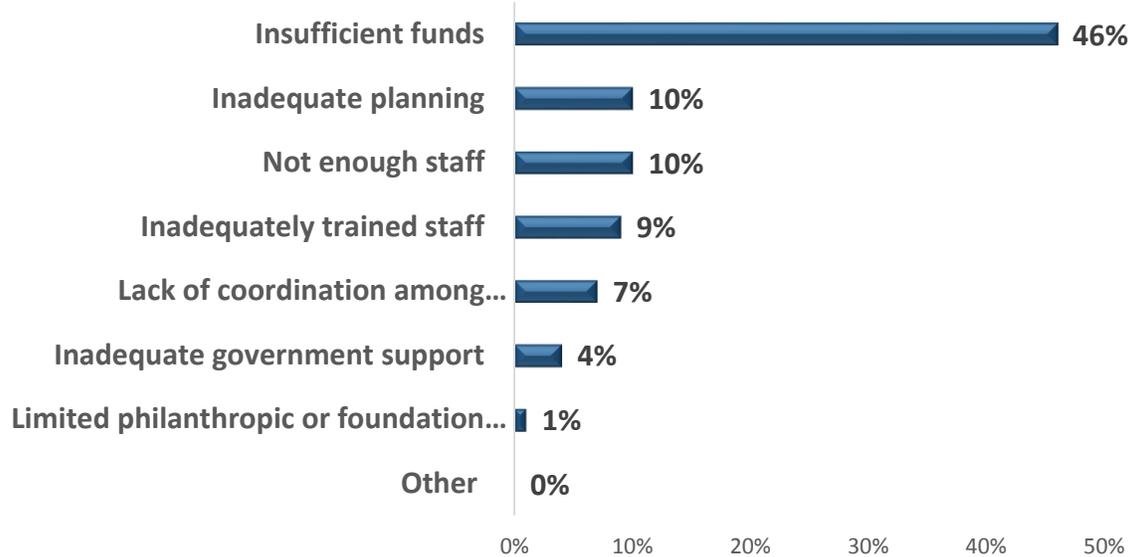
⁴ [New York Nonprofits in the Aftermath of FEGS: A Call to Action](http://bit.ly/1Lu0FIE), Human Services Council, 2016, <http://bit.ly/1Lu0FIE>

⁵ Respondents could indicate that they have dedicated funding for one, two, or all three of the choices preparedness, response, recovery; but obviously could not select any of those if they selected “None of the above”.

**Do you have any dedicated funding to support the following:
(n=210)***



Primary obstacle preventing adequate emergency and recovery services (n=189)



Conclusion

Our findings present a mixed but challenging picture of the readiness of nonprofit human services agencies in New York City to respond to future disasters. The following are gaps and recommendations. Because there is a heightened state of awareness, we believe that sound recommendations can improve preparedness within this sector. To do so will require combined and collaborative actions by both the relevant government agencies and the organizations themselves, led by the membership organizations that represent them.

Gaps

The following gaps in community preparedness and the state of readiness of the City's human services sector were identified by the survey and related focus groups and interviews.

- **Funding is not available for organizations to plan, prepare, respond, and recover from, or to, disasters.**

Very few organizations have dedicated funding that would ensure their capacity to respond to disaster. Many organizations have acted and would act again after major citywide or community emergency events, but they express concerns about the great uncertainty of doing so without assurance that they can expect reimbursement for their activities.

“...recommendations based on a year-long initiative. We would like to see our members offered funding to create emergency plans; to train staff; and to prepare tenants. We would like to see all City and State agencies publish guidelines for their plans in the event of emergency as well as coordinate these plans.”

- **Smaller organizations, especially those able to conduct outreach to isolated groups and individuals, need attention.**

Efforts must be made to increase the readiness of small human services organizations, especially those that are not part of umbrella membership organizations. They might be assisted through neighborhood coordinating mechanisms, as well as by outreach from appropriate umbrella organizations.

- **The potential of networks for collaboration within neighborhoods is significant and has not yet been fulfilled.**

Models, such as the Staten Island Community Organizations Active in Disaster (COAD) and LES Ready! on the Lower East Side, have not yet been emulated in most other neighborhoods. Participants in these particular community based coordinating

mechanisms are enthusiastic about the benefits of working jointly on neighborhood issues stemming from Superstorm Sandy and on preparedness more broadly. Government can encourage and support such collaborative efforts by designating appropriate liaisons to them and, perhaps, by providing financing for expansion of promising models.

- **Many communities have not mapped the potential assets of local organizations.**

Facilities for service delivery and meetings, supplies, communications support, vehicles, etc. could be made available after a disaster. As noted in the survey, such vital inventories of post-disaster assets have been developed by some organizations and should be made available more broadly. The capacity survey developed by New York City Voluntary Organizations Active in Disaster (NYC VOAD) could be extremely helpful in this regard.

- **Government departments and human services organizations need to expand language access and capacity.**

Although both the government and human services sectors are working to expand the availability of accessible and multi-lingual alerts, announcements, and disaster service eligibility information, challenges remain. Greater use of ethnic press and media should be explored, and umbrella organizations should work with government on planning for additional initiatives in a City with constantly growing and evolving populations to reach.

- **Greater and more transparent responsiveness by insurance companies to organizational and individual needs after disasters is critical.**

Regulatory or legislative action is necessary to ensure appropriate protection for individuals and organizations impacted by disaster. As noted above, insurance reimbursement was frequently problematic for businesses, nonprofit organizations, homeowners, and others. Exploration of the role of government regulation of the insurance industry with examples provided by human services organizations should be undertaken.

Recommendations

Growing from our findings, we make the following recommendations for human services organizations and for government, including more general concerns for action by both sectors. The recommendations are grouped into five broad categories: information sharing, training and development, collaboration within the sector, structured collaboration and cooperation between sectors, and funding mechanisms

Nonprofit human services organizations can improve their individual and collective effectiveness in disaster preparedness, response, and recovery by taking the following actions:

Information Sharing

1. Utilize membership umbrella organizations for information, communications, and possibly funding channels.

New York's nonprofit human services provider organizations are well organized into umbrella membership coalitions that represent programmatic and ethnic/religious sub-sectors in conducting advocacy, training, and planning on their behalf. Working together, there is great potential for decision-making, policy development, and interfacing with government to enhance funding and improve coordination for disaster preparedness. They should transmit information received from government about emergency response systems and about existing emergency alert systems to their membership.

2. The human services sector should develop and regularly test a system of communication that functions during all phases of a disaster.

This communication system should be connected to government efforts. Such a system would include the umbrella membership coalitions, as well as the neighborhood networks as they are developed and ready to operate.

Training and Development

3. Membership associations should connect members to trainings and encourage the development of Continuity of Operations Plans (COOPs).

COOPs help organizations ensure that they are able to perform mission-critical tasks after an emergency or disaster. Membership organizations should create training programs to enable human services organizations to build and sustain institutional resilience as well as educate, exercise, and evaluate the key operational functions and the primary roles they can play throughout the disaster life cycle. The human services

sector must develop a broad process to self-assess their collective readiness and sustain the approach in perpetuity.

Collaboration within the Sector

4. Community-based human services organizations should make greater efforts to collaborate with other organizations and entities in their local community.

Building relationships can have significant positive impact on the neighborhood's resiliency, especially if emergency preparedness is a recognized goal. After disaster, Long-term Recovery Groups (LRG's) can evolve into groups like Community Organizations Active in Disaster (COADs). A valuable neighborhood-based activity is asset mapping to identify the resources that different organizations can offer to the community in an emergency. Government should encourage and support such collaborative efforts.

5. In the event of a disaster, the human services sector should implement a "human services operations center."

Such a venue could function as the sector's counterpart to the Emergency Operations Center managed by NYCEM. It would facilitate coordination among human services organizations and between the sector, and the Mayor's Office and other key agencies operating there.

Government should increase its financial support for the human services sector and take other key steps specifically to enable it to prepare and respond to future disasters:

Structured Collaboration and Cooperation between Sectors

6. The City should establish a permanent function within the Mayor's Office to coordinate and connect the many disaster planning efforts taking place across different City agencies.

In addition to engaging with NYCEM, which has a critical role in disaster response, it is important that such a function also include City agencies such as DOHMH, HRA, DFTA, and others, to coordinate with the human services sector individually and collectively. A designated office would connect to planning efforts taking place, both locally and across the City, whether that planning relates to resiliency, response, or recovery. It will ensure a sustained focus on resiliency and ensure coordination between government and nonprofit human services organizations (as well as philanthropy), and address the challenges and gaps identified in all phases of the disaster cycle. Clarity that the office is the central coordinating entity for interfacing with the human services sector will be a major advance in the sector's capacity for planning and preparedness.

7. Include citywide and community based nonprofit human services organizations in joint exercises with government responders.

The use of exercises, common to first responders, should be extended to involve human services agencies that are likely to provide not only mass care services immediately after a disaster, but also other human services that are essential for disaster response and recovery.

8. Establish roles and responsibilities for needs identification, tracking, and updating of contacts for vulnerable populations.

New York City has agreed to create a Post-Emergency Canvassing Operational (PECO) Plan and needs to work with human services organizations to determine how service providers, and the City, will collaborate in the interests of people with special needs, including seniors, people with disabilities (adults and children), and others.

9. Philanthropic institutions should also be engaged in the government and human services coordination efforts described above.

As independent organizations, foundations have their own approaches to collaboration. A report by Philanthropy New York and its New Jersey and national partners indicates that \$380 million was committed by institutional donors in this region for “relief, recovery, and rebuilding” after Superstorm Sandy.⁶ Philanthropy New York created a “hub” for communications among foundations in the days and weeks after Sandy and, according to its President, would be likely do so again after a future event.⁷ Consideration should be given to how this kind of informal, but timely, funder mechanism could connect to the more formal government and human services arrangements discussed in our report. Many private foundations see the importance of supporting longer term recovery and future sustainability, for example the Rockefeller Foundation’s 100 Resilient Cities initiative. The Center for Disaster Philanthropy in Washington D.C. also does analysis to guide future philanthropic activity.

Funding Mechanisms

10. Develop funding mechanisms for planning, preparedness, and disaster response and recovery situations.

Some organizations have “zero-dollar” contracts with government agencies, enabling them to act quickly and subsequently negotiate the amounts to be reimbursed for the post-disaster activities that they have undertaken. Another financing mechanism should

⁶ Philanthropy & Hurricane Sandy: A Report on the Foundation & Corporate Response, Foundation Center, Philanthropy New York, Council of New Jersey Grantmakers, Center for Disaster Philanthropy, 2014, <http://bit.ly/2amWrzi>

⁷ Ronna Brown, President Philanthropy New York, May 19, 2016

be the establishment of a government disaster reserve fund to be allocated as needed after the scope of an event and the needs it has generated have been identified.

Nonprofit umbrella organizations should have prior consultations with the Mayor's Office of Contract Services in order to advise members that are likely to be utilized by government to deliver post-disaster services. Pre-qualification of organizations through Health and Human Services Accelerator should be considered. Emergency contracts can greatly reduce the time required by normal contracting procedures.

City agencies should include flexible contract provisions to take effect under emergency conditions, enabling organizations to utilize staff effectively for post-disaster tasks and be reimbursed for their work.

The City and human services sector should work with FEMA and NYS Homeland Security and Emergency Management to understand the reimbursement provisions of the FEMA Public Assistance Program and disseminate information to the sector, including trainings offered by the State.

Conclusion and Next Steps

Our analysis demonstrates that the nonprofit human services sector must continue and intensify efforts to assess their preparedness for different kinds of disasters which can impact the City and its neighborhoods. Encouraging data shows that growing numbers of organizations have emergency plans to assist their neighborhoods and continuity of operations plans to get themselves back into operation after disasters. More organizations need such plans, and they need frequent updating and revision to remain relevant and operational. Government support for preparedness and response activities by human services organizations will be essential.

We also saw a need at both citywide and neighborhood levels for identification of lead coordinating agencies. City government should take responsibility for designating the agencies to play these roles and to work with human services umbrella membership organizations to establish mechanisms to interact on an ongoing basis in order to sustain community preparedness and familiarity with the people and organizations which would play key roles in a disaster.

APPENDICES

Appendix A. Top Line results

<http://bit.ly/2amZxmG>

Appendix B. Survey Cross Tabs

<http://bit.ly/2aqPNsQ>