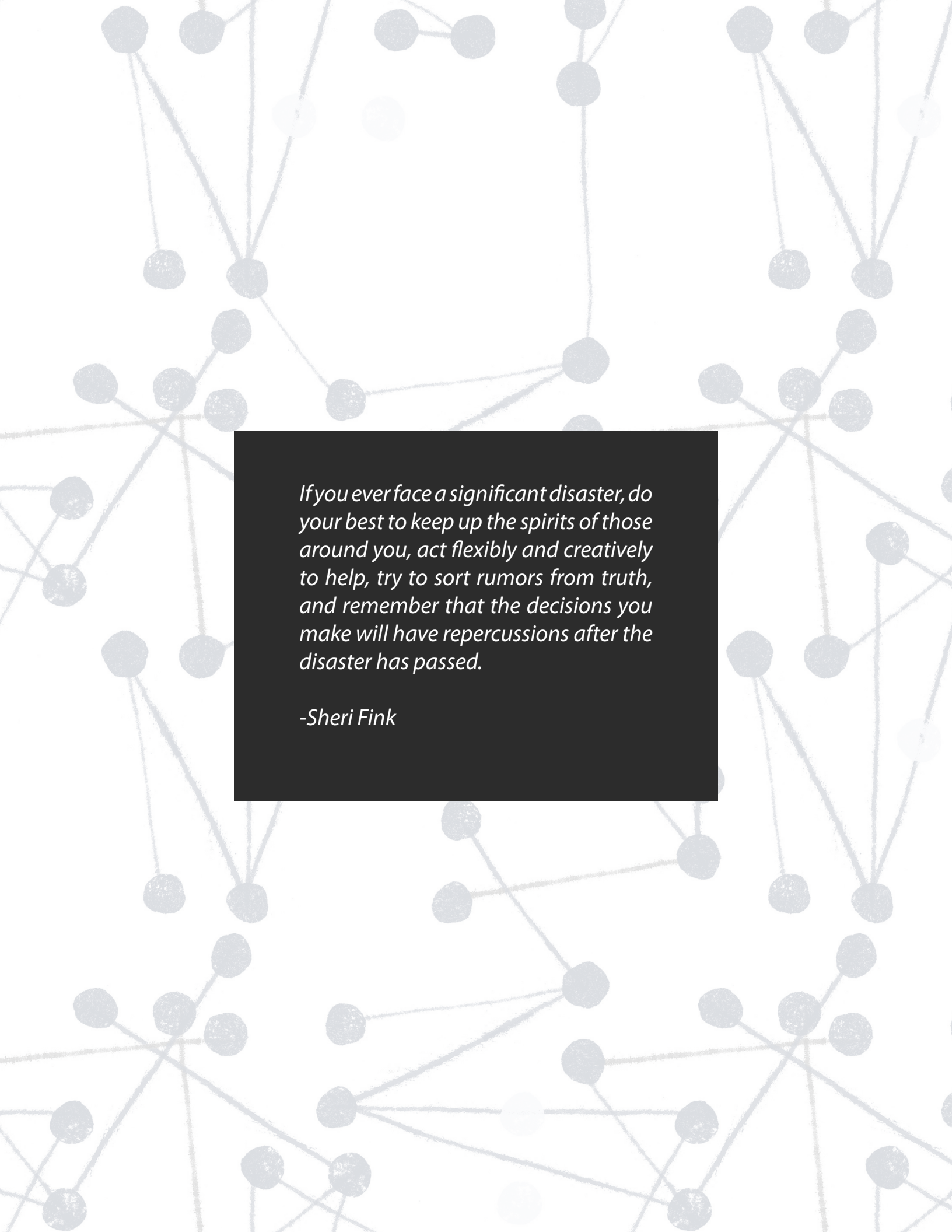


NEW YORK CITY HUMAN SERVICES SECTOR

FRAMEWORK FOR SERVING NEW YORKERS AFTER MAJOR DISASTER





If you ever face a significant disaster, do your best to keep up the spirits of those around you, act flexibly and creatively to help, try to sort rumors from truth, and remember that the decisions you make will have repercussions after the disaster has passed.

-Sheri Fink

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EXECUTIVE SUMMARY

Human services organizations play a critical role in helping New Yorkers prepare for, cope with, and recover from disaster. While New York City has experienced such catastrophic disasters as the September 11, 2001 attacks and Superstorm Sandy in October 2012, it has also regularly encountered building collapses, gas explosions, and blackouts, as well as the occasional tornado or earthquake.

Although a number of organizations respond to disasters as part of their mission, the vast majority of the human services sector becomes engaged in disaster-related services because they respond to the needs of their communities. Not only can they be instrumental in magnifying the scale of resources available for disaster relief, the sector has the expertise and experience to provide the services needed for people to recover from disaster over the long term.

Both public and nonprofit sectors have learned a great deal about how disaster-related services can be delivered effectively, efficiently, and compassionately. This document, “New York City Human Services Sector Framework for Serving New Yorkers after Major Disaster,” presents broadly applicable guidance on how the sector can ensure the best possible results. It incorporates lessons learned in past disasters, commonly recognized best practices as applied to the unique situation of New York City, and input from an Advisory Group of experienced disaster professionals.

This document straddles a complex topography because it brings together obvious conclusions that need to be documented for consistency, sophisticated weaving of policy issues that need to be responsive to the circumstances of the moment, and recommendations for concrete action that are in varying stages of implementation. What all of these vectors have in common is a recognition that New Yorkers are best served when the human services sector and government are both committed to three fundamental strategies: conscious navigation of the unique characteristics of New York City; a holistic approach to service delivery; and coordination (within themselves and with each other, including communication, cooperation, and collaboration).

NEW YORK CITY IS A UNIQUE ENVIRONMENT

A “whole community approach” is crucial to effective preparedness, relief, and recovery, and that is no less true for a major urban area. Service providers must ensure that planning and implementation reflect four characteristics that set New York City apart from other areas of the country:

The Nature of “Local Community”

As a result of the complex interplay of jurisdictions, no New York City neighborhood can be considered in isolation, and “local community” in New York City has a profoundly different meaning than it does in many parts of the country. Disaster recovery services cannot be effective without careful attention to each area’s multiple contexts.

Diversity

Many areas of the country have a diverse population, but what sets New York apart is the depth and range of diversity. While other areas may have people who don’t speak English, for example, they don’t often have people speaking literally hundreds of languages. Diversity informs every aspect of preparedness, response, and recovery. Disaster services must never, for example, direct a client’s choices to be consonant with a helper’s background rather than the client’s.

Communication Webs

Channels of communication in New York City can be complicated by the interplay of government and nonprofit players. Both sectors need to coordinate messaging to media. Avoiding conflicting or inaccurate information is critical, and it is particularly important that messaging to the public make use of the avenues that are compatible for each community. While mass media (including social media) is always important, many communities rely on more informal networks.

Integrated Delivery of Services

New York City is not unique in recognizing that the best interests of people impacted by disaster are served when

recovery services are synergistic, and they are hindered whenever policies or procedures are either conflicting or redundant. However, anyone providing such services in New York needs to be aware that New York's service providers have a strong and successful history of creating a holistic system in which individual services fit seamlessly into the client's overall situation as an integral part of the entire range of services provided. Indeed, such a system is, in and of itself, a key factor in helping New Yorkers.

COORDINATION AND ENGAGEMENT

Although coordination of nonprofit service providers is crucial in providing disaster services, any plan for coordination must accommodate the reality that each provider is an independent organization with its own mission, values, and constraints.

Coordination plays a major role in understanding and sharing information on the impact of the disaster, in planning and implementing direct services, in communicating organizational policies and setting shared policies, and in appropriately sharing client information. A number of mechanisms are in place to facilitate coordination in all these areas, others are in process of being developed, while some additional ones are recommended here.

The degrees of coordination can be ranked as

- **Communication.** The least demanding level of coordination is simply to communicate with each other in a regular and reliable manner. Sharing information, particularly about one's own decisions, is invaluable input for the decision making of others.
- **Cooperation.** Involving more direct coordination, cooperation calls for conscious consultation between entities to improve outcomes for their individual actions.
- **Collaboration.** At the highest level of interaction, sharing resources in order to achieve a common goal is the most efficient kind of coordination, and — if it meets the requirements of practicality, effectiveness, equity, and organizational integrity — can often provide the greatest positive impact.

In planning for effective coordination, it is also essential to integrate those groups that have not previously served people impacted by disaster, including informal groups, organizations that are not normally providers of direct services, houses of worship, and

small grass-roots organizations. These “emergent disaster service providers” (EDSPs) add tremendous value to the response and recovery efforts and it is important that these groups are empowered to have a positive impact for people impacted by the disaster and for the community as a whole.

Long-term Recovery Groups (LTRGs) and local Community Organizations Active in Disaster (COADs) are mechanisms for facilitating local coordination and for integrating local and citywide networks.

In addition to coordination within the human services sector, the sector needs robust coordination with government. Agencies of the Federal, City, and State governments maintain ongoing relationships with the human services sector to promote disaster preparedness, response, and recovery.

The Human Services Council (HSC) is engaged in several efforts to enhance coordination, including:

- expansion of disaster preparedness information provided to the sector,
- working with New York City Voluntary Organizations Active in Disaster on increasing the information available to the sector after disaster, as well as information about the sector’s work, and
- exploring the feasibility of a human services sector communications hub as either a physical or virtual location to facilitate coordination.

In particular, HSC supports the designation of senior-level staff to act as the City’s primary point of contact for faith-based and nonprofit disaster readiness, response, and recovery efforts.

INTEGRATED SERVICE DELIVERY

Integrated service delivery does not mean that programs are administered or managed as a unit. Each service delivery organization continues to operate independently, fulfilling its own mission in the context of its own priorities. It does mean that those independent service providers act with an awareness of the larger service delivery system and with a commitment that clients receive services in the context that best meets their needs.

A distinct service matrix – which providers offer which services to which people – must be based upon a needs assessment following each disaster. Nonetheless, there are a number of types of services that should be considered in all planning efforts as potential components of the service matrix. In particular, planning should specifically address

how those components would be implemented as part of integrated service delivery. Further, while services may be relevant to the response phase or to the recovery phase of the disaster life cycle, services address the needs identified in assessments consistent with good planning, not according to any predetermined timeline.

- **Disaster Case Management (DCM)** is generally considered the “hub” of recovery services for individuals and households who engage with a skilled Disaster Case Manager to identify and achieve realistic goals for recovery.
- **Disaster Information and Referral (DI&R)** provides accurate and up-to-date information on disaster-related human services. This may include a toll-free telephone helpline, a resource directory, and other tools.
- **The Unmet Needs Roundtable (UNR)** is the primary resource for people impacted by disaster who continue to have disaster-related unmet needs, despite having exhausted all other sources of support. A recovery resource of last resort, UNR brings together disaster case managers and donors to provide customized assistance.
- **Client database**, a tool for appropriately sharing client information, allowing multiple agencies to coordinate assistance in disaster response and recovery.
- Other components of service delivery can include mental health services, spiritual care, rehousing, rebuilding, employment-related assistance, and others.

In summary, this document – “NYC Human Services Sector Framework for Serving New Yorkers after Major Disaster” – is an integral part, but only one part, of HSC’s work to address the sector’s needs in disaster preparedness, response, and recovery. It reflects HSC’s mission to strengthen the sector and leverages HSC’s experience and expertise in bringing the sector together to address important issues.

INTRODUCTION

In past years, the human services sector has played a critical role in helping New Yorkers cope with, and overcome, the challenges that result from disasters. Whether delivering basic necessities such as food and shelter, offering emotional and spiritual support, or providing practical assistance in navigating the complex path of recovery, the human services sector is an indispensable part of meeting the disaster-related needs of New York City.

For over 20 years, the Human Services Council (HSC) has brought together a diverse network of human services providers to take collective action on issues and concerns that impact the entire sector, and disaster preparedness is an HSC priority. As part of its mission to strengthen the human services sector, the Human Services Council works to enhance the resiliency of the sector in the face of disaster and to increase its capacity to help New Yorkers respond to, and recover from, disaster. Included in these efforts are convening leaders from the sector and from government to coordinate planning; educating nonprofits on policies, protocols, and best practices related to disaster preparedness, response, and recovery; and facilitating effective interaction between organizations with a disaster-related mission and the sector at large.

This document- “NYC Human Services Sector Framework for Serving New Yorkers after Major Disaster”- is but one part of HSC’s coordination work. Its focus is specific: to provide principles and general guidance on how the sector will ensure a coordinated strategy following a major disaster. Thus, the document is relevant to the entire sector, as well as government and other partners. It is particularly important, though, that the information contained in it be available to two distinct audiences: disaster professionals who do not regularly provide services in New York City and human services providers in New York City that do not regularly provide disaster-related services.

It is important to emphasize that by intent this document does not address many issues that are important to human services organizations. For example, there is no guidance here on how organizations should plan for their own continuity of operations in the event of a disaster. It also does not offer information related to how HSC will disseminate useful information on resiliency and preparedness. Such topics are addressed as part of HSC’s work in other ways.

This Framework offers principles and general parameters that will guide how human services providers – both those who regularly provide disaster-related services and those

that are doing so for the first time – can coordinate their efforts in the best interests of people impacted. It does not attempt to lay out detailed plans for how the sector will implement disaster response and recovery. With this approach, we can both maximize the effectiveness and efficiency of the sector’s efforts and also be relevant in the wake of disasters no matter how divergent their natures and impacts.

To ensure that HSC could access the best available information and insights related to disaster, HSC brought together an Advisory Group that included the organizations most actively involved in disaster preparedness, response, and recovery over the past several years:

- American Red Cross in Greater New York (ARCGNY)
- Catholic Charities of the Archdiocese of New York (CCNY)
- Catholic Charities Brooklyn and Queens (CCBQ)
- New York Cares
- New York Disaster Interfaith Services (NYDIS)
- NYC Voluntary Organizations Active in Disaster (NYC VOAD)
- The Salvation Army (TSA), Greater New York Division
- UJA-Federation of New York

The input of that expert Advisory Group was invaluable to HSC in developing this document, which is now being shared with other human services providers and with government partners. Now, seeking input from a broader range of stakeholders, HSC has transitioned the group to the Disaster Readiness and Resiliency Work Group, a regular part of HSC’s recently implemented “work group model” of member engagement.

Because this Framework is intended to be a living document, feedback is welcome and will inform future versions. The Human Services Council will continue to revise this document as necessary but, at a minimum will review and update it once annually.

NEW YORK CITY AS AN ENVIRONMENT FOR DELIVERING DISASTER-RELATED SERVICES

If human services that help people recover from major disaster are to be delivered effectively, service providers must be sensitive to the population affected and to their environment. A “whole community approach” is crucial to achieving positive results. This is no less true when the environment is a major urban area. To deliver response or recovery services appropriately in New York City, service providers must ensure that planning and implementation reflect the characteristics that set it apart from other areas of the country.

To help service providers understand these characteristics, a distinct document was created to lay out in greater detail factors that make New York City a unique environment in the delivery of disaster-related services. The document is attached as Appendix I.

The four most important factors to take into consideration when delivering disaster-related services in New York City are:

- The Nature of “Local Community”
- Diversity
- Communication Webs
- Integrated Delivery of Services

In New York City, everyone lives not only in a neighborhood, but also in a borough, a community district, and a variety of electoral districts, as well as in the City itself. Much that involves the City involves multiple City agencies, often creating complications. Codes, laws, and regulations in New York City are often highly complex. As a result of the interplay of jurisdictions, no local neighborhood can be considered in isolation.

“Local community” in New York City thus has a profoundly different meaning than it does in many parts of the country. Disaster-related services cannot be effective without paying careful attention to each area’s multiple contexts.

Many areas of the country have a diverse population, but what sets New York apart is the depth and range of **diversity**. While other areas may have people who don’t speak English, for example, they don’t often have people speaking literally hundreds of languages. Diversity is one of the defining characteristics of New York City and it informs every aspect of disaster response and recovery. The goal of disaster recovery is to help the client return to a stable and more normal life, with “normal” meaning normal

for that client. It is never an appropriate goal, for example, to direct a client's choices to be consonant with the helper's background rather than the client's. Cultural competence and humility are requisites for effective services.

Channels of **communication** are complicated by the interplay of government and nonprofit players. Avoiding conflicting or inaccurate information is critical after disaster, and thus all parties are responsible for communicating and sharing information with those who need it. Messaging to the public is particularly important because of New York's diversity. A coherent message about the services that are available to help people is essential, so that people will come forward when they otherwise might not realize that they are eligible.

Getting information to people requires that messaging make use of the avenues that are compatible for each community. While mass media (including social media) is always important, many communities rely on more informal networks. When conducting community outreach, effective communication may require the use of informal networks, and so it is essential that service providers work with neighborhood-based organizations that have established relationships of trust in local communities. Disaster Information and Referral provides individuals with information and, when appropriate, facilitates their access to services, but to be effective its availability must be publicized.

Because of their respective complexities, communication within and between the public and nonprofit sectors in New York City cannot be taken for granted. Integrated service delivery, the nature of "local community," and diversity all impact the development of networks, the channels of communication, and the approach to messaging. Because the nonprofit human services sector is so large, a casual approach cannot ensure communication, cooperation, or collaboration between service providers.

The public and nonprofit sectors in New York City are most likely to achieve the goal of effective, efficient, and compassionate services when there is an integrated delivery of response and recovery services. The best interests of people impacted by disaster are served when such services are synergistic, and they are hindered whenever policies or procedures are either conflicting or redundant. Eligibility criteria for a program offering legal services to immigrants, for example, should not require clients to be clients of the Federal Emergency Management Agency (FEMA) when undocumented immigrants may not be eligible for certain FEMA services. People should not be required to submit basic information over and over again.

Integrated Service Delivery recognizes that both response and recovery services can be most effective when they constitute a holistic system. In such a system, individual

services recognize the client's overall situation and are supportive of the entire range of services being provided. Because Integrated Service Delivery requires comprehensive coordination, it is addressed in detail in Section IV and in Appendix II.

In conclusion, New York City is many things to many people, but certainly, as Pearl S. Buck said, "it is a place apart." Its "apartness" has an impact on everything that happens here. While the City has much in common with other large urban areas, those who succeed here recognize the distinctive character, respect it, and make use of it. So too, those who want to help New Yorkers after major disaster need to not only understand the impact on their work, but also align their work with the reality of the city, particularly with regard to the nature of "local community," diversity, webs of communication, and integrated service delivery.

COORDINATION AND ENGAGEMENT

A. THE NATURE OF COORDINATION

The fundamental truth of coordinating disaster service providers is that the providers are independent organizations, each with its own mission, values, and constraints. As the United Nations Office for the Coordination of Humanitarian Affairs puts it,

The person or organization charged with promoting and ensuring cooperation is, therefore, working in an environment where the coordination authority has few if any resources to “require” coordination. Agencies and individuals must see some added value from participating in the coordination process and the benefits must outweigh the costs – and there are costs to coordination, as it requires time and dedicated resources.¹

This Framework is intended to create “added value” in coordinating human services after disaster by articulating a vision of effective, efficient, and compassionate service delivery facilitated by cooperative and considerate relations between and among nonprofit organizations and government agencies.

There are, of course, many existing coordinating bodies within the sector. 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 services. NYC Voluntary Organizations Active in Disaster (NYC VOAD), for example, is for providers who serve people impacted by disaster. 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.

It may be helpful at this point to define more specifically what we mean by “coordination.” At its simplest, to coordinate is to adjust behavior in light of the behavior of one or more others. For our purposes though, by coordination we mean something more, i.e., for two or more entities to tacitly or explicitly agree to consider the decisions of the other(s) in making their own decisions.

¹ The United Nations Disaster Assessment and Coordination (UNDAC) Handbook, 6th edition, United Nations Office for the Coordination of Humanitarian Affairs, 2013.

The level of coordination, by which we mean the degree of interdependence of the entities involved, can be defined and ranked as follows²:

- 1. Communication.** Conceptually, the least demanding level of coordination is simply to communicate with each other in a regular and reliable manner. Sharing information, particularly about one's own decisions, is invaluable input for the decision making of others. For example, telling other service providers about the organization's client eligibility criteria will, at a minimum, allow them to convey that information accurately to their clients, and in many cases may have an impact on their determination of client eligibility criteria for their own programs.
- 2. Cooperation.** Involving more direct coordination, cooperation calls for conscious consultation between entities to improve outcomes for their individual actions. For example, two organizations providing similar services may agree to provide their services in two different geographic areas. This can reduce redundancies and increase overall efficiency, thereby benefiting both organizations and their clients.
- 3. Collaboration.** At the highest level of interaction, entities share resources in order to achieve a common goal. In an integrated disaster case management program, for example, service providers agree to abide by a set of common standards to ensure equitable services for all their clients. This is the most efficient kind of coordination, and — if it meets the requirements of practicality, effectiveness, equity, and organizational integrity — can often provide the greatest positive impact.

Cooperation and collaboration are critical to successful Integrated Delivery of Services, discussed in Section IV.

Communication is, of course, the foundation for all levels of coordination. Service providers (whether governmental or nonprofit) must communicate with each other regularly, not just to inform each other but also to consult and reach shared understandings of what needs to be done, by whom, and how.

² National Voluntary Organizations Active in Disaster (NVOAD, www.nvoad.org) is “guided by the core principles of the 4Cs — cooperation, communication, coordination, and collaboration”, but to the best of our knowledge has not defined those terms nor presented a taxonomy like the one offered here.

For the purpose of this discussion, we focus first on what kinds of information need to be shared with whom and, secondly, on mechanisms that facilitate such communication.

B. INFORMATION SHARING

In considering what information to share, organizations should consider the value of sharing any information that will:

1. increase the number of clients and potential clients receiving information they need;
2. inform and improve service delivery;
3. allow other organizations to make better decisions; or
4. allow organizations to take coordinated action as appropriate.

Service providers, philanthropy, and government should be prepared to facilitate the sharing of information in the following areas:

Impact. Information about the physical and socio-economic impact of the emergency is critical to decision making. Government is often the primary hub for such information, compiling data from multiple governmental and nonprofit sources, and sharing it as appropriate. Preparedness includes agreement on what specific data will be shared with whom, as well as a mechanism for sharing it.

Service Delivery. Information about the who, what, when, and where of service needs, as well as consistently updated information about the provision of services, is essential for post-disaster planning and implementation by service providers, philanthropy, and government. Preparedness includes agreement on how such information should be consolidated and transmitted.

Policies. Organizational policies are crucial points of information in a field where organizations are independent entities. An organization will determine for each policy whether it should be shared broadly (e.g., with the public and service partners) or more narrowly (e.g., with a subset of partners), but awareness of each other's policies is a key factor in ensuring that all people who need services receive them. If an organization, for example, determines that it will not provide support to people who lost their jobs as a result of the disaster but were otherwise unaffected, it is important that organizations who can provide such support are aware of that policy before they allocate their own resources. Preparedness includes individual organizations regularly reviewing their policies to ensure they are up to date.

It should be emphasized that all these kinds of information are shared continuously over an extended period of time. The disaster “life cycle” is dynamic. Day 4 is not the same as Day 3; Month 17 is not the same as Month 16. Mechanisms for sharing information must be capable of managing changing – sometimes rapidly changing – information, as well as changes in who has relevant information and who needs it. At the same time, some mechanisms may reach a point where they are no longer needed or, conversely, may not be needed until a later point in time. Throughout, considerations of confidentiality need to be respected.

C. MECHANISMS TO FACILITATE COMMUNICATION

With the foregoing as context, we can address the issue of what mechanisms are in place, or should be put into place, to facilitate communication in New York City.

Impact

- New York City Emergency Management (NYCEM) produces a Situational Report after disaster as a matter of course. It is shared with NYC VOAD and its members. NYC VOAD and HSC are beginning discussions on how relevant information can be shared to the broader human services sector and also how information from the broader sector can be meaningfully shared with VOAD and with NYCEM.
- The Service Center Plan, currently under development at NYCEM with input from service providers, will include guidance on how information from clients related to unmet needs, etc., can be shared with appropriate parties.
- HSC generates regular informational emails to its membership after disaster, including information that is disseminated by service providers and by government. Through its 170 member organizations, a number of which are themselves umbrella groups, HSC can reach 3,000 human services organizations.

Service Delivery

- Immediately after disaster, NYC VOAD compiles information on services that its members and affiliated organizations are implementing. The information is shared with government. HSC will work with NYC VOAD to encourage a broader range of organizations to participate.

- Preparing for disaster within local communities should include an assessment of available resources that can be mobilized to help the community provide services. Such “asset mapping” is also an opportunity for community-based and faith-based organizations to develop positive working relationships. It should also include “vulnerability mapping,” identifying neighborhood areas that have a higher risk of disaster or are likely to have distinct needs to be considered.
- NYCEM manages an Emergency Operations Center in which NYC VOAD has a presence. HSC is exploring the feasibility of a human services sector communications hub that could be created after disaster to serve as either as a real-time or a virtual platform for more expeditious communication, cooperation, and collaboration among service providers and between them and the City.
- Integrated Service Delivery (see Section IV and Appendix II) necessitates that there be a mechanism for the coordination of each individual service component. In some cases, there is an acknowledged lead to implement such a mechanism. NYC VOAD’s Disaster Case Management Working Group, for example, is the natural venue to initiate means for disaster case-management coordination such as meetings for organizational staff, email lists, etc.

Policies

- Reaching consensus on the appropriate service mix (i.e., which populations will be provided with which services by which providers) is just one key function that requires service providers to communicate at an executive level. In some cases, such as after 9/11, communication with each other and with government can be formally structured, but it is not necessarily so. HSC has committed to convening executives of human services organizations to facilitate their discussion of such issues.
- Without a clear mechanism for organizations to communicate on the most important issues related to disaster planning, response, and recovery, the opportunities to have significant impact on policy is severely limited. When government or other programs are mismanaged or are blatantly inadequate to meet the needs of people impacted, it is not only important that grass-roots advocacy be supported, but also

that the weight of influential human services providers be brought to bear. HSC regularly mobilizes sector leaders to engage government on policy issues.

- The natural impulse of New Yorkers to be helpful to their neighbors inevitably produces meaningful innovative responses on the part of community-based organizations and of spontaneous groups. (See Section III.D.) To achieve the best possible environment for people impacted by disaster, such Emergent Disaster Service Providers (EDSPs) must be recognized for the value they add. Coordination at executive levels of mainstream service providers can ensure that their engagement with these individuals and groups creates a positive impact for people impacted by the disaster and for the community as a whole.
- Those involved in emergency planning and preparedness are often advised, “Don’t plan for the last disaster.” Indeed, it is all too true that the most recent disaster has sometimes impacted those involved so strongly that the difficulty to imagine a different kind of disaster leaves them inadequately prepared. However, another challenge in planning is that it is indeed impossible to predict the myriad ways in which an emergency will impact the community. Clients are best served when the sector as a whole is “on the same page” as much as possible. For that reason, identifying the questions to be asked after disaster can be more important than identifying answers. HSC will facilitate discussions among senior human services leadership after disaster so that they can promote the best possible collective decision making by answering questions such as those in Appendix III.

Clients

When a large number of providers offer a variety of services, it is especially important that individual client information can be shared expeditiously and appropriately. While this makes the work of service providers easier, it serves far more important purposes:

- reduce the need for clients to reiterate their story frequently (which could contribute to retraumatization)
- improve the accuracy of data, because there is less need for data entry
- reduce the possibility that clients will lose critical documents as they convey them from provider to provider

- improve the collection of aggregate data to inform decision making
- increase the likelihood that clients will receive all the services for which they are eligible.

Safeguards to protect client privacy and confidentiality must be strict as a protection to clients, lest they and/or staff become reluctant to share information. For this reason, it may be necessary to deny access to government entities. After 9/11 a consortium of national organizations created the Client Assistance Network, known as CAN to address this need. Administered by the American National Red Cross, the system has been activated in disaster situations around the country. A new system is now being developed to replace CAN. Further information will be forthcoming.

D. ENGAGING AND INTEGRATING EMERGENT DISASTER SERVICE PROVIDERS

The nature of disaster brings out the best urges of people to help one another. Both public and nonprofit service providers need to pursue an inclusive approach to integrate into the network those groups that have not previously been involved in recovery. Informal groups, organizations that are not normally providers of direct services, houses of worship, as well as small grass-roots organizations, are often on the front lines, called upon after disaster to respond to direct pleas from people impacted. Because they become providers of disaster-related services, they need to receive information on how their clients can access appropriate response and recovery services, and they need access to the organizational networks that can help them achieve the most positive impact possible.

It is the responsibility of professional organizations that work regularly in disaster response and recovery to recognize the value added to their work by these emergent disaster service providers (EDSPs) and to ensure that their engagement with these individuals and groups creates a positive experience for people impacted by the disaster and for the community as a whole.

The work of EDSPs is often concentrated in a particular local neighborhood. However, depending on the nature of the disaster, EDSPs may also develop on behalf of a particular population or a particular disaster-related need. The needs, expectations, and motivations among EDSPs differ. They may also differ to a greater or lesser degree with regard to linkage to organizational networks, standards for accountability, local knowledge, standards of professional conduct, knowledge of best practices in disaster response and recovery, and familiarity with how human services are delivered by nonprofits in New York City.

Where appropriate, other service providers should help EDSPs connect to Long-Term Recovery Groups (LTRGs) and Community Organizations Active in Disaster (COADs) (see Section III.E below), as well as to larger networks. By sharing relevant information and offering technical assistance when feasible, established organizations can help to maximize the positive impact of EDSPs, including (as appropriate) orientation to the New York City human services sector, to disaster response and recovery, and/or to relevant governmental agencies and jurisdictions.

E. LOCAL AND CITYWIDE COORDINATION

As discussed in Section II, New York City has multiple ways of defining a “local” community, and the interaction of local neighborhoods and the City as a whole is complex. Disaster-related services should be targeted to community needs, but they will be inadequate if they are not linked to various citywide efforts. Two community-based structures that are relevant to disaster issues are Long-Term Recovery Groups (LTRGs) and Community Organizations Active in Disaster (COADs). Generally speaking, an LTRG consists of service providers and is focused on meeting disaster-related needs within a particular community, while a COAD consists of nonprofit, corporate, and public sector entities that focus on disaster preparedness, including the forging of relationships that will be useful after a disaster.

Long-term Recovery Groups

Long-term Recovery Groups (LTRGs) can play an important role in disaster response and recovery as a focus point for neighborhood advocacy, information sharing, and coordination. Generally most relevant when a disaster differentially impacts specific neighborhoods, the LTRG is a model commonly understood by disaster-response workers throughout the country, and, with appropriate adjustments, can serve as an effective organizing structure in New York City.

Due to the size and nature of New York City, as well as the nature of the disaster, however, the functions typically performed by an LTRG may or may not be relevant. Some of those functions will instead be coordinated on a citywide or borough-wide basis, coordinated by government or by existing nonprofit organizations. Disaster Case Management, for example, may primarily be managed as a citywide program administered by an experienced nonprofit agency, possibly under contract with FEMA.

Community Organizations Active in Disaster

While COADs usually focus on disaster preparedness, after a disaster they often become

an organizing structure to facilitate disaster-related service delivery. As in the case of LTRGs, many specific functions common to COADs in other parts of the country may not be relevant in New York City. Nonetheless, the essential nature of a COAD remains consistent. It provides a forum for coordination: communication, cooperation, and collaboration at the local level. It brings together community entities that offer resources for enhancing the community's resiliency. It serves as a resource for local residents, public officials, and emergency managers.

In New York, another critical function of a COAD is to ensure coordination between local efforts and the citywide work of both the public and the nonprofit sectors. They can be a critical link to ensure that citywide initiatives reach their community and that important community-based information reaches larger networks.

Promoting Productive Information-Sharing

Professional organizations engaged in disaster response and recovery should collaborate on outreach and engagement to avoid compartmentalization and competitiveness, and to compile and share meaningful information with community-based groups, whether EDSPs, LTRGs, or COADs.

Working together, established disaster response organizations and local groups can solicit meaningful “on-the-ground” information and develop conduits for communicating with the public, especially with those impacted by the disaster. Community-based preparedness efforts can include identifying the local informal communications networks that are critical in sharing information before and after disaster.

F. COORDINATION BETWEEN NONPROFIT AND PUBLIC SECTORS

Federal, State, and City governments play a massive role in dealing with major disasters. City government serves as a hub for widespread communication and coordination while extending support to affected New Yorkers, repairing damages to infrastructure and facilitating business continuity. The relationship between government and the human services sector is highly synergistic and in many ways intertwined, and there is an enormous amount to be gained from joint disaster preparedness efforts. By putting in place protocols and relationships prior to disasters – and maintaining ongoing inter-sector disaster preparedness efforts to ensure the continuing strength and relevance of plans – the public and nonprofit sectors can help those impacted with the most effective services, while achieving the greatest cost savings.

For these reasons, HSC has urged the City of New York to designate senior-level staff to act as the City's primary point of contact for faith-based and nonprofit disaster readiness, response, and recovery efforts. The staff should be specifically authorized to create a sustained focus on resiliency and recovery and to coordinate with both government agencies and the human services sector as a whole. Many of the issues addressed in this document would come under its purview. It will also enhance and support efforts to intervene when necessary to prevent loss of capacities essential to the resiliency of communities. Only a dedicated staff can insure a sustained point of contact and subject matter expertise.

By working with the human services sector, these staff can help the sector implement effective mechanisms for coordination, such as the ones listed in the previous section. By working with other City agencies, they can help ensure that contractual issues do not interfere with, and in fact support, the provision of disaster services, and that planning for disaster response incorporates the insights and needs of recovery plans. They can also create a sustainable training program for faith-based, nonprofit, disaster human services, and disaster philanthropy 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. Incorporating human services organizations in drills with public sector agencies is another way to improve coordination.

An Office of Faith-based & Non Profit Resiliency (OFNR) will be well positioned to improve coordination with State and Federal agencies that serve critical functions before and after disaster. Such cooperation should also ensure that the necessary financial resources are available to the sector. This function can also coordinate with national organizations deployed after disaster to ensure that they collaborate with local faith-based and nonprofit networks, enhancing their effectiveness by planning consistent with the unique character of urban communities. The office can also engage philanthropic institutions in the government and human services coordination efforts.

INTEGRATED SERVICE DELIVERY

A. RATIONALE

Only integrated delivery of response and recovery services can ensure a holistic system that offers effective, efficient, and compassionate services in the best interests of people impacted by disaster. A person's recovery from disaster is enhanced when recovery services are synergistic and is hindered whenever policies or procedures are either conflicting or redundant. Integrated Service Delivery recognizes that recovery services can be most effective when they constitute a system in which individual services recognize the client's overall situation and are supportive of the entire range of services being provided.

B. THE MEANING OF INTEGRATION IN DELIVERING SERVICES

Integrated service delivery *does not* mean that programs are administered or managed as a unit. Each service delivery organization continues to operate independently, fulfilling its own mission in the context of its own priorities. It *does* mean that those independent service providers act with an awareness of the larger service delivery system and with a commitment that clients receive services in the context that best meets their needs.

C. COMPONENTS OF THE SERVICE DELIVERY MATRIX

(See Appendix II for details.)

A distinct service matrix must be based upon the unique needs assessment following each disaster. The impact of the disaster on people must be expressed as specific needs on the part of specific populations. The assessment should consider various infrastructure systems (transportation, water, sewer, power, etc.) and community resources (banking, hospitals, health care providers, pharmacies, etc.) It should give careful consideration to vulnerable populations (seniors, people with disabilities, children, those who are homebound, undocumented immigrants, and non-residents).

For example, after a hurricane has severely damaged homes and flooded the business district, an assessment might identify housing and employment as needs. The service matrix might include home rebuilding for people whose homes are now uninhabitable, financial assistance for those who lost income because their place of employment was inaccessible, and employment assistance for people whose place of employment permanently closed. The matrix thus presents the best possible plan to address the needs of a particular disaster that has impacted people differently from any other.

Nonetheless, although the details of the matrix, which includes specific organizational responsibilities in specific locations, are unique to the situation, there are a number of types of services that are frequently needed after a disaster. These services should be considered in all planning efforts as potential components of the service matrix. In particular, planning should specifically address how those components would be implemented as part of integrated service delivery.

While services are often demarcated as relevant to the response phase or to the recovery phase of the disaster life cycle, it is important to recognize that services are implemented to address the needs identified in needs assessments, not according to any predetermined timeline.

Further, the service matrix is developed out of the needs assessment, so the assessment should articulate the needs of people impacted, not the purported services needed. For example, the assessment might express the need for people to have help navigating the system that has been put into place to provide services on an individual basis. It should not, for example, express “Case Management” as a need. Not only are such assumptions misleading, they can lead to errors in service design.

Integration of the service components can be ensured through regular consultations of a decision-making Executive Group convened by HSC and ongoing discussions of a Staff Management Group.

Appendix II lists the common disaster-related services, and provides details on several of them.

During the recovery phase, **Disaster Case Management (DCM)** is generally considered the “hub” of service delivery to individuals and households. DCM is a time-limited process in which a skilled Disaster Case Manager (DCMgr) partners with a disaster-affected individual, family, or household in order to achieve realistic goals for recovery following a disaster. It is important for service providers to understand that DCM is distinct from general case management. A well-organized DCM program (DCMP) provides specialized training to equip case management providers to meet the need.

DCM applies a comprehensive and holistic approach to recovery that extends beyond providing relief, providing a service, or meeting urgent needs. In order to do so, it relies on service providers to cooperate by ensuring their programs are tailored to facilitate integrated service delivery.

Making **Disaster Information and Referral (DI&R)** available is a basic need before, during, and after disaster. An integrated approach requires that DI&R in the response phase transition smoothly into a DI&R system that supports recovery efforts. DI&R should allow for a smooth transition of appropriate clients into case management.

The **Unmet Needs Roundtable (UNR)**, for example, is a critical resource for DCMgrs and their clients. In turn, the management of DCM can substantially impact the effectiveness of UNR in achieving its goals because UNR relies on case managers to present the needs of clients in a way that meets UNR requirements and standards.

The public, clients, and direct service staff all need access to reliable information on services available. This information is in a constant state of flux, and thus maintaining it is labor intensive. While it is commendable that various groups share service information on their own websites, it is critical that there be a source that is reliable and up to date, with information that has been “vetted” appropriately.

In the past, this need has been met by a Disaster Information and Referral call center and by a written “resource guide” (see Section IV.C and Appendix II) distributed (often by FEMA) as hard copies or as PDF. This approach makes it impossible to ensure that only up-to-date information is disseminated. It would be preferable to maintain an online database that would be updated in real time but no technological solution has been offered to date. HSC is willing to manage the development and implementation if funding becomes available.

To appropriately sustain integrated service delivery there must be an effective way to manage and share **client data**. After major disaster, an online database is needed to allow case managers to share client data properly. This is one tool to help case managers ensure that services are not unnecessarily duplicated and that appropriate services are provided to all who need them. After 9/11, organizations worked with legal and technical experts to develop such a system, and such care will be needed in future developments.

Major disaster generally requires some level of **mental health care**. In the response phase, this may include general emotional support and crisis intervention but, as time goes on, some proportion of people impacted will need more comprehensive therapy. Close coordination between providers of case management and providers of mental health services allows each to produce better results for clients. It is also important for providers of mental health services to have a broad awareness of the service matrix so that they can help their clients receive all appropriate services.

Disaster can impact not only people's emotional stability, but their personal spirituality as well. **Disaster Spiritual Care** helps people draw upon their own spiritual perspective as a source of strength, hope, and healing. Spiritual care providers are often in a unique position to connect clients to other services. One study found that 59% of disaster victims would approach a clergy member or religious counselor for support compared to 45% seeking a physician and 40% seeking a mental health professional³. This emphasizes the importance of spiritual care in the overall context of disaster-related services so that a holistic system is available to support people impacted.

Depending on the nature of the disaster, a variety of other services may be required. Whether any or all of services such as Housing Relocation, Housing Rebuilding, Temporary Housing, or Employment Assistance are needed, they must be implemented as part of the overall strategy because only through integrated service delivery will people be helped most effectively and efficiently.

³ Caravan ORC International, American Red Cross national poll, October 5-8, 2001.

CONCLUSION

The sections above – describing the unique characteristics of New York City, the integrated approach to service delivery, and coordination within the sector and with government – interact to produce a synergy for the human services sector in ensuring effective, efficient, and compassionate services to New Yorkers impacted by disaster.

This document, “NYC Human Services Sector Framework for Serving New Yorkers after Major Disaster,” is an integral part of HSC’s work to address the sector’s needs in disaster preparedness, response, and recovery. As such, it will be an evolving document, incorporating changes in the service environment, in policies, or in priorities. It will be reviewed by HSC staff no less than annually to ensure that it remains up to date.

Over the coming months, HSC will be reaching out to the sector to share more widely the document and other aspects of HSC’s disaster preparedness program. This will be an opportunity to engage organizations that are the backbone of human services in New York City, encouraging them to become involved in local disaster planning as well as taking part in citywide programs that will enhance their capacity to help New Yorkers after major disaster. HSC will also be soliciting feedback on this Framework from the sector to ensure that the document remains relevant and meaningful now and in the future.

Human services are vital to the wellbeing of communities, and after disaster those services are critical to the successful recovery of those communities. The Human Services Council will continue to support the sector in meeting the disaster-related needs of New Yorkers.

There are no greater treasures than the highest human qualities such as compassion, courage and hope. Not even tragic accident or disaster can destroy such treasures of the heart.

-Daisaku Ikeda



APPENDICES

DELIVERING DISASTER-RELATED SERVICES IN NEW YORK CITY

If human services that help people recover from major disaster are to be delivered effectively, service providers must be sensitive to the population affected and to their environment. A “whole community approach” is crucial to achieving positive results. This is no less true when the environment is a major urban area. To deliver response or recovery services appropriately in New York City, service providers must ensure that planning and implementation reflect the characteristics that set it apart from other areas of the country.

As just one example, New York City is a high-profile target for terrorism. While the example of the 9/11 attacks is well known, we also need to consider how central the city is to the country’s financial, tourism, and other industries. The city has a large number of symbolic targets, including the Statue of Liberty, the Federal Reserve, famous buildings (Empire State, Chrysler, Woolworth, City Hall,...), religious sites (St. Patrick’s Cathedral, the Cathedral of St. John the Divine, Shearith Israel [first Jewish congregation in America],...), Fifth Avenue shops (Tiffany’s, Saks, Bergdorf Goodman,...), etc. Further, the extent of its transportation, electrical, and water infrastructures make them particularly vulnerable.

A. THE NATURE OF “LOCAL COMMUNITY” IN NEW YORK CITY

New York is a different country. Maybe it ought to have a separate government. Everybody thinks differently, they just don’t know what the hell the rest of the United States is.

-Henry Ford

In New York City, everyone lives not only in a neighborhood, but also in a borough, a community district, an electoral district, as well as in the City itself. Much that involves the City involves multiple City agencies (which sometimes conflict). Codes, laws, and regulations in New York City are often far more complex than in other places. As a result of the complex interplay of jurisdictions, no local neighborhood can be considered in isolation. “Local community” in New York City has a profoundly different meaning than it does in many parts of the country. Disaster recovery services cannot be effective without paying careful attention to the interplay of jurisdictions.

New Yorkers often emphasize that we live in neighborhoods. Whether Soho, Bed-Stuy, or Pelham Bay, the local neighborhood has an enormous impact on what our home looks like, where we socialize, and what we eat. We tend to feel strongly about what happens down the block. At the same time, because of New York's population density, the other end of the block may lie in a different neighborhood.

Despite the importance of our local neighborhood, however, it would be a mistake to think that our neighborhoods function as small towns. In reality, what happens down the block results from a complex of overlapping jurisdictions operating in a variety of spheres.

Construction of a building, for example, would only involve the immediate neighborhood to the extent that local residents take an activist role. Normally, it would require the involvement of the Community Board (which includes several neighborhoods), the Office of the Borough President and the Borough Board (each Borough is a county), a variety of City agencies (Department of Buildings, Department of Planning, City Planning Commission, the Office of the Mayor, and often others), and the City Council, who collectively ensure that it complies with the Building Code, the Plumbing Code, the Mechanical Code, the Fuel and Gas Code, the Electrical Code, the Energy Conservation Code, the Zoning Resolution, and the dreaded Uniform Land Use Review Procedure.

That is just related to development. There are additional requirements related to the use of labor in construction, and of course further regulations (such as prevailing wage rate) apply if the project involves any use of funds from government (including tax breaks). Wherever both State and City regulations are relevant, whichever is more stringent applies. Particular additional Federal laws may apply depending on the sources of funding.

In addition to these jurisdictional differences, each neighborhood is located in overlapping legislative districts (Congress, State Assembly, State Senate, City Council), each with an elected official who will involve themselves in disaster response and recovery.

Furthermore, the nonprofit sector itself is a complex web. Some nonprofits are small grass-roots groups serving a small population niche in a local neighborhood, while others are huge agencies, employing hundreds and serving thousands. The human services nonprofits have various organizational structures and may or may not be affiliated with a national organization. Within a given neighborhood, an organization may be the “go-to” place for social services, whereas in another neighborhood the same organization serves only a small portion of the client population. Some organizations operate throughout

the five boroughs and beyond, others within one or two boroughs, others in one or more neighborhoods. Nonprofit human services providers employ 128,000 people (Fiscal Policy Institute, based on data from the NYS Department of Labor). The City of New York outsources social services to these nonprofits at a much higher rate than elsewhere, spending \$4-5 billion through over 3,000 contracts.

The human services sector in New York has ample experience in disaster response and recovery. Many of the organizations have cooperated in serving people impacted by disaster and have developed substantive relationships that are critical to working together. To be effective, both government and nonprofit organizations need to ensure that disaster recovery services are coordinated within this complex web.

B. THE DIVERSITY OF NEW YORK CITY

*The city is like poetry; it compresses all life, all races
and breeds, into a small island and adds music and
the accompaniment of internal engines.*

-E.B. White

Many areas of the country have a diverse population, but what sets New York apart is the depth and range of diversity. While other areas may have people who don't speak English, for example, they don't often have people speaking literally hundreds of languages. Diversity is one of the defining characteristics of New York City and it informs every aspect of disaster response and recovery. The goal of disaster recovery is to help the client return to a stable and more normal life, and "normal" means normal for that client. It is never an appropriate goal to direct a client's choices to be consonant with the helper's background rather than the client's.

Language is not the only challenge to communication. Some communities are reluctant to trust "official" sources. Some rely on peer communication and are not reached by mainstream sources. Getting information to people requires that messaging make use of the avenues that are compatible for each community. For this reason, it is especially important to include houses of worship and other faith-based organizations in any communication plan. New Yorkers get information through a variety of means, and for some, mainstream media may be an infrequent or insignificant source. Some communities disproportionately lack access to the internet. Because of their respective complexities, communication within and between the public and nonprofit sectors in New York City cannot be taken for granted. A casual approach to communication will

be inadequate, so a well thought out plan for communicating and a serious commitment to working together are essential.

New York City is the home of more than 8.4 million people (more than Switzerland and double the size of Croatia), within a metropolitan area of 23.4 million. The five boroughs of New York City have a population larger than 40 of the 50 U.S. states. New York has the highest population density of any major city in the United States, with over 27,000 people per square mile. In fact, typical Manhattan neighborhoods (and also a number in Brooklyn, Queens, and the Bronx) have densities of more than 100,000 persons per square mile.

According to the US Census Bureau, 38% of New Yorkers are foreign-born (although this is probably understated due to under-reporting of immigrants). Among people at least five years old, 49% spoke a language other than English at home. Of those, half spoke Spanish and half spoke some other language, with 47% reporting that they did not speak English “very well.” About 800 languages are spoken in New York. New York State has the most diversified mix of immigrants in the country. The number of undocumented individuals in New York is estimated at half a million people.

In 2012, 24.7% of New Yorkers identified their race as Black or African-American, 13.1% as Asian, 15.0% as “other,” and 3% as multiracial. Ethnically, 28.9% identified as Hispanic. Each of these groups include a large number of culturally distinct communities. The “Asian” population, for example, includes large Chinese (further differentiated as Cantonese, Mandarin, Fujianese, and others), Filipino, Korean, and South Asian (Indian, Pakistani, Sri Lankan, and others) communities.

In 2010, the Borough of Queens (which has the highest proportion of Asian-Americans outside of Hawaii, California, and Alaska) was the third most ethnically diverse county in the United States (after two counties in Alaska). Brooklyn, Manhattan, and the Bronx ranked in the top 100, while Staten Island is becoming increasingly diverse as well.

New York City has the largest Chinese population of any city outside of Asia. More persons of West Indian ancestry live in New York City than any city outside of the West Indies. New York has the largest Puerto Rican population of any city in the world. The Hispanic population is over 2.4 million, more than any other city in the United States. The Black non-Hispanic population numbered 1.89 million, more than double the count in any other U.S. city. The metropolitan area is home to the largest Jewish community outside Israel.

Data on religion in New York City is notoriously difficult to ascertain. As of 2010, the Association of Religion Data Archives records only 3.9 million New Yorkers who identify themselves as affiliated with a particular religion, a figure that is certainly understated, and unfortunately undercounts some groups more than others. Of those 3.9 million, 59% are Roman Catholic or Eastern Orthodox, 19% Protestant or other Christian denomination, 13% Jewish, 7% Muslim, and 2% Buddhist or other Eastern tradition. While the specific percentages may be debated, the diversity of New Yorkers' religious backgrounds is incontestably significant.

According to the U.S. Census American Community Survey (ACS),

"In 2009-2013 there were 3.1 million households in New York, New York. The average household size was 2.6 people. Families made up 60 percent of the households in New York, New York. This figure includes both married-couple families (36 percent) and other families (24 percent). Of other families, 9 percent are female householder families with no husband present and own children under 18 years. Nonfamily households made up 40 percent of all households in New York, New York. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder..."

In 2005, the New York Metropolitan Area (including Long Island and northern New Jersey) had an estimated Lesbian, Gay, Bisexual, Transgender community of 568,903 (the largest of any metropolitan area), with 272,493 living within the five boroughs. A 2013 report by The New York Civil Liberties Union found that "there are hundreds of thousands of transgender and gender non-conforming people in New York State." According to the 2010 census, there were 27,212 same-sex households (including married and unmarried partners) in New York City.

In 2012, 17.9% of New Yorkers were 60 years of age or older. Of those 65 and older, 37% reported having a disability.

There is broad economic diversity as well. Of all New York City families, 18.2% live below the federal poverty line, but that was the case for 32% of families with a female householder and no husband present. Mean household income for the lowest 20% of households was \$8,933, while for the top 20% it was \$222,871. In the Borough of Manhattan in 2010, the median household income in one Neighborhood Tabulation Area was \$149,275, while in another it was \$2,688.

In 2012, 68.3% of housing units in New York City were occupied by renters and 31.7% were occupied by homeowners. Of all housing units, 83.7% were in multi-unit structures. In July 2014, there were 56,454 homeless people in New York City shelters, including 13,552 families, 2,979 single women, and 8,616 single men.

New York City has, by far, the highest rate of public transportation use of any American city, with 54.2% of workers commuting to work by this means in 2006. New York is the only city in the United States where over half of all households do not own a car (Manhattan's non-ownership is around 75%; nationally, the rate is 8%). New Yorkers own fewer than a third as many cars per capita as the average U.S. urban resident (about 23 compared to about 77 per 100 in most urban areas).

Of New York City business firms in 2007, 32.3% were women-owned, 16.4% were Black-owned, 16.3% were Asian-owned, and 15.1% were Hispanic-owned.

DELIVERING DISASTER-RELATED SERVICES IN THE DIVERSE ENVIRONMENT OF NEW YORK CITY

The data above show why New York City's diversity is not simply a curiosity, but rather a major factor in the work of delivering disaster-related services. To work effectively in the city, an organization must understand its impact and ensure that its implications are fully accommodated in supporting relief, response, or recovery.

Disaster recovery service providers make every effort, for example, to ensure that they reach diverse populations through grassroots organizations that already have established relationships of trust in those communities.

Further, the diversity of the City renders irrelevant (at best) and damaging (at worst) many of the assumptions made by professionals accustomed to disaster recovery in other areas of the country. It necessitates a strict avoidance of stereotypes that interfere with a truly client-focused approach and a firm commitment not to impose the service provider's own norms. Effective service delivery requires respect for, and sensitivity to, each client's cultural and social background.

Professionals and volunteers from outside New York often make the mistake of thinking that because their personal attitudes and beliefs are positive and well-intended, this will enable them to avoid misunderstandings and miscommunication. However, it is often the assumptions that people make without realizing it that are most likely to create problems. What seems "common sense" or "natural" or "goes without saying" in fact results from a complex interplay of an individual's social, cultural, and economic backgrounds. When

we are within an environment in which most people share our backgrounds, our shared understandings inform much of what we do and say. We almost never need to articulate, much less question, those understandings because the people around us also take them for granted.

In a diverse environment, however, those understandings may not be shared by others. Our assumptions lead us to think that what someone says or does means a particular thing because that's what it means to us and to others in our community. When that behavior or speech does not mean the same thing to the other person – and one is not aware of the difference – there can be serious problems.

C. WEBS OF COMMUNICATION IN NEW YORK CITY

New York is the biggest collection of villages in the world.

–Alistair Cooke

COMMUNICATION WITH THE PUBLIC

Messaging to the public is complicated by the interplay of government and nonprofit players. Avoiding conflicting or inaccurate information is critical after disaster, and thus all parties are responsible for communicating and sharing information. Channels of communication are particularly important because of New York's diversity. Getting information to people requires that messaging make use of the avenues that are compatible for each community. While mass media (including social media) is always important, many communities rely on more informal networks. It is essential that service providers work with neighborhood-based organizations that have established relationships of trust to communicate effectively through these informal networks.

Although New York is the home of internationally influential newspapers, publishing houses, record companies, and television studios, mass media is not uniformly accessible. New Yorkers get information through a variety of means, and, for some, mainstream media may be an infrequent or insignificant source.

Despite the “information age,” some communities disproportionately lack access to the internet, whether or not with a high-speed connection. Of New Yorkers, 41% of Black homes and 29% of Latino homes don't have a computer. While statistics for New York City specifically are difficult to determine, we can expect that as in the U.S. generally,

older adults, low-income families, people with disabilities, and those preferring to use a language other than English are all less likely to have access to the internet.

Mayoral Executive Order #120 of July 2008 required City agencies providing public services to create “language assistance plans” to serve the 25% of residents who have “limited-English proficiency.” Many City agencies, as well as some regulated businesses (such as pharmacies) and others serving a broad public, try to make information available in seven languages that are the “primary languages” in New York City. The specific languages, determined regularly by the City, were as of this writing: Spanish, Chinese, Russian, Korean, Italian, Haitian Creole, and Bengali. It is, of course, not always possible to access appropriate translation or interpretation services when needed.

Some communities have complex attitudes towards governmental authorities, and thus any government message. Immigrants without documents may avoid anyone and anything associated with the government, as may immigrants from places where governments are oppressive and/or corrupt. Native-born Americans in some communities may distrust the motivations of government, and will rely on sources within their community that have “street cred” (i.e., have been vetted through informal hierarchies and structures). Credibility is an essential element of messaging and some communities do not ascribe the same level of credibility to official sources as others do.

COMMUNICATION AMONG SERVICE PROVIDERS

Because of their respective complexities, communication within and between the public and nonprofit sectors in New York City cannot be taken for granted. Integrated service delivery, the nature of “local community,” and diversity all impact the development of networks, the channels of communication, and the approach to messaging.

Because the nonprofit human services sector is so large, a casual approach cannot ensure communication, cooperation, or collaboration between service providers.

New York’s nonprofit human services provider organizations are well organized into umbrella groups, i.e., associations of human service 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, such as homelessness, children’s services, mental health, etc. There are also groups that bring together providers serving particular ethnic or religious populations. Such umbrella groups are a valuable resource for facilitating coordination and communication in the sector with regard to emergency preparedness, response, and recovery. Working together, there is great potential for

decision-making, policy development, and interfacing with government to enhance funding and improve coordination for disaster preparedness.

NYC Voluntary Organizations Active in Disaster (NYC VOAD) brings together providers who serve people impacted by disaster. It is an indirect service organization whose goal is to facilitate coordination and communication among members. Many of its members have missions geared to helping people impacted by disaster, and it is a key resource for disaster professionals.

While the Human Services Council's mission does not target disaster-related work, its agenda on behalf of its members requires that it apply its experience and expertise to coordination of disaster readiness, response, and recovery, not only because any organization may be struck by disaster but also because major disasters will inevitably require the involvement of HSC members.

We have discussed the complex interplay of government jurisdictions. Even within City government, the size of the administration often makes it difficult for the many agencies to work effectively together when joint action is required. While we associate disaster with New York City Emergency Management (NYCEM, formerly, the NYC Office of Emergency Management), various aspects of response and recovery may be managed by agencies such as the Human Resources Administration, Department for Homeless Services, Department for the Aging, Administration for Children's Services, and others. A study by HSC and Baruch College Survey Research, in collaboration with the New York City Department of Health and Mental Hygiene (DOHMH), found that while human services organizations in general expected NYCEM to function as their central point of contact with the City, they "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," and noted that a transition from response to recovery does not have a clear protocol.

Multiple City agencies and departments become involved in disaster response and recovery, but some do not have regular experience in such work. Some of them work regularly with nonprofit service providers and others do not. Nonprofit organizations that are regularly involved in disaster response may be accustomed to working together but not familiar with the nonprofits that become important players in recovery. Nonprofit organizations that never considered themselves as providers of response or recovery services find that they must be integrally involved as they address the needs of their clientele and/or local community. New informal groups may spontaneously self-identify when there is a perceived gap in service.

It becomes critical, therefore, to articulate a vision of effective, efficient, and compassionate service delivery facilitated by cooperative and considerate relations between and among nonprofit organizations and government agencies. Among other kinds of data, organizations need to share best practices, both those that facilitate such positive relations and those that enhance the praxis of service delivery.

Service providers (whether governmental or nonprofit) must communicate with each other regularly, not just to inform each other but also to consult and reach shared understandings of what needs to be done, by whom, and how. Consistency of approach across City agencies in working with their nonprofit partners is also important.

Further, both public and nonprofit service providers need to pursue an inclusive approach to integrate into the network those groups that have not previously been involved in recovery. Informal groups, organizations that are not normally providers of direct services, houses of worship, as well as small grass-roots organizations, are often on the front lines, called upon after disaster to respond to direct pleas from people impacted. They need to receive information on how their clients can access appropriate response and recovery services, and they need access to the organizational networks that can help them achieve the most positive impact possible. See Section III D for more information.

This may feel burdensome to professionals accustomed to working in an environment where disaster response and recovery roles are pre-defined and well understood. It is essential, however, to understand that those roles must be different in New York City, and only good communication throughout the system can clarify those roles.

D. INTEGRATED DELIVERY OF SERVICES

*It's a city where everybody mutinies but
no one deserts.*

—Harry Hershfield

While New York City has long had capable organizations engaged in disaster response and a strong network of human services providers, it was only after the attacks of September 11, 2001 when it became clear how essential it was for groups providing recovery services to cooperate in ensuring that no impacted person was left out and no needed service unprovided, while also assuring the public and private sectors that resources were being used appropriately and efficiently. It is the expectation that disaster service providers will participate wholeheartedly in Integrated Service Delivery.

Integrated Service Delivery recognizes that recovery services can be most effective when they constitute a holistic system. Individual services recognize the client's overall situation and are supportive of the entire range of services being provided. A person's recovery from disaster is enhanced when recovery services are synergistic and is hindered whenever policies or procedures are either conflicting or redundant. While disaster case management is generally the hub of a client's recovery support system, every service provider should ensure that services are consistent with a holistic recovery rather than advancing one recovery goal at the expense of others.

Integrated service delivery does not mean that programs are administered or managed as a unit. Each service delivery organization continues to operate independently, fulfilling its own mission in the context of its own priorities. It does mean that those independent service providers act with an awareness of the larger service delivery system and with a commitment that clients receive services in the context that best meets their needs.

Integrated service delivery requires that government agencies understand the work of nonprofit service providers and the value of that work in achieving disaster recovery. Government acknowledges policies and procedures that can impede the application of nonprofit resources to disaster recovery and works with nonprofits to mitigate impediments. Nonprofit service providers ensure that services are provided within legal and regulatory constraints. They share information with government consistent with appropriate protections for client confidentiality and privacy, and they consult with government on planning and implementation of services.

Nonprofit service providers articulate clearly to each other their mission and goals, as well as the parameters (such as target population, geographic area, etc.) that guide their work. Where flexibility exists, they consult with other service providers on defining such parameters as client population, service mix, catchment areas, etc. The goal is to ensure that all impacted people are able to access a full continuum of services to address recovery needs.

CONCLUSION

New York City is many things to many people, but certainly, as Pearl S. Buck said, "it is a place apart." Its "apartness" has an impact on everything that happens here. Those who succeed in the City recognize that distinctive character, respect it, and make use of it. So too, those who want to help New Yorkers after major disaster need not only to understand the impact on their work, but also align their work with the reality of the City, particularly with regard to integrated service delivery, the nature of "local community," diversity, and webs of communication.

Mass hysteria is a terrible force, yet New Yorkers always seem to escape it by some tiny margin: they sit in stalled subways without claustrophobia, they extricate themselves from panic situations by some lucky wisecrack, they meet confusion and congestion with patience and grit – va sort of perpetual muddling through. Every facility is inadequate – the hospitals and schools and playgrounds are overcrowded, the express highways are feverish, the unimproved highways and bridges are bottlenecks; there is not enough air and not enough light, and there is usually either too much heat or too little. But the city makes up for its hazards and deficiencies by supplying its citizens with massive doses of a supplementary vitamin – the sense of belonging to something unique, cosmopolitan, mighty and unparalleled.

– E.B. White

COMPONENTS OF THE DISASTER-RELATED SERVICE MATRIX

A. CASE MANAGEMENT

Disaster Case Management (DCM) is a time-limited process by which a skilled Disaster Case Manager (DCMgr) partners with a disaster-affected individual, family, or household in order to achieve realistic goals for recovery following a disaster⁴. This is a comprehensive and holistic approach to recovery that extends beyond providing relief, providing a service, or meeting urgent needs. It is essential that DCM be available to all who need it.

A best practice is to have continuity of care from the same trained worker so the client works with one person over time who builds a trusting relationship with that client. Another best practice is to ensure that DCM is accessible to those with access and functional needs and that we make reasonable accommodations when necessary (e.g., conducting home visits).

Most people will actually recover from a disaster on their own (using their own resources and insurance) or can do so with minimal guidance and referrals. Others need more support, more guidance, more resources, and some need more “hand-holding.” DCMgrs relieve clients of some of the burden by helping them navigate through the complex web of systems and working together with them to achieve recovery goals.

DCMgrs first conduct an assessment to understand how the household was living prior to the disaster, how they were affected by the disaster, what they have done so far to recover, what benefits they have or have not received, and what outstanding disaster-related needs they still have. DCMgrs then help the client figure out what types of benefits and/or services they may still be eligible for and help the client set realistic goals for their recovery. They formalize this partnership through the creation of an individualized disaster recovery plan which details the goals, objectives, and tasks that the client and DCMgr will take in their work together.

Along the way, DCMgrs provide accurate and timely information, help their clients understand available options and their consequences, make appropriate referrals, provide crisis intervention if necessary, offer strategies to manage challenges, provide advice on negotiating bureaucracies, and directly help their clients access services by assisting with

⁴ See “DCM Guidelines 2012” National Voluntary Organizations Active in Disaster (NVOAD), page 3.

applications, advocating where necessary, assisting with appeals, and presenting cases to potential funders (such as Long Term Recovery Groups and Unmet Needs Roundtables).

This model of service provision offers a human touch that provides not only essential help to people managing complex systems, but also important emotional support.

PLACE WITHIN INTEGRATED SERVICE DELIVERY

Integrated service delivery requires coordination among DCM providers as well as between DCM agencies and those entities that offer resources to those impacted by the disaster.

Among DCM Providers. DCM best practice requires that each disaster-affected household have only one Disaster Case Manager (DCMgr) at a given time. Interagency communication and coordination is essential to reduce confusion and minimize duplication of services and effort. In addition, clients are best served when DCM agencies communicate best practices with one another, share resource information, and offer mutual professional support (such as discussing difficult client situations while maintaining confidentiality and brainstorming on potential solutions). Some major functions that assist in this process are:

- A coordinated referral system connects disaster-affected individuals and families with disaster-specific information and a referral HelpLine that can also assign the caller to a DCM agency for additional help in accessing benefits and services. DCM agencies provide information to the HelpLine regarding their capacity to take new clients and the HelpLine matches callers to those DCM agencies based on capacity as well as other factors like location, language, expertise, and client preference, etc. (See separate Information and Referral section for details.) The coordinated referral system provides clients with an appropriate Disaster Case Manager at the DCM organization best suited to serve that client.
- A shared client and resource database for DCM agencies allows DCM agencies to see what contact a client might already have had at another DCM agency, what resources they may have already received, and other relevant case details.
- DCM providers agree to professional standards for DCM agencies and staff, including the applicable National VOAD Points of Consensus.

- All DCM staff receive common orientation and other trainings.
- Outreach to affected populations is characterized by a coordinated approach to assessment and intake. In federally-declared disasters, FEMA Voluntary Agency Liaisons (VALs) and crisis counseling (e.g., “Project Hope”) staff may be able to assist DCM in canvassing affected neighborhoods and referring prospective clients to the HelpLine or directly to DCM agencies.
- DCM agencies create opportunities for DCM Supervisors to convene and discuss client trends, barriers to services, success stories, best practices, resources, trainings, etc.
- DCM organizations coordinate together on advocating for solutions when systemic problems are identified.

If federal funding for DCM is made available, then an agency will be selected by the New York State Office of Emergency Management (likely through a Request for Bid which may or may not occur prior to a disaster) to manage all of the DCM providers that are subcontracted to conduct DCM for that disaster. That lead agency may also manage a HelpLine, be required to use a designated client database, develop standards for subcontracting agencies, provide orientation and other trainings, and convene DCM Supervisors.

With or without that funding from the federal government, the process of Disaster Case Management remains the same and DCM agencies should coordinate services according to the above guidelines using a mutually agreed structure (such as the NYC VOAD Disaster Case Management Subcommittee).

Between DCM Providers and Other Entities That Have Resources. The DCMgr is often the central figure in the complex web of services that help a client recover from major disaster. The DCMgr makes it possible for the client to access and make the best possible use of other direct services such as repair and rebuild assistance, mental health services, legal advice, health care, employment services, and financial assistance. Thus, it is in the best interests of all direct service providers and of their clients to ensure effective coordination with DCM. Regular meetings of service providers allow providers to share information on services and policies, agree on best practices, resolve outstanding issues, and facilitate effective communication between frontline staff. All agencies providing disaster case management should have access to the same disaster-related resources, thus eliminating the temptation for clients to “shop” for the best package of relief resources from amongst DCM agencies.

To facilitate coordination, any agency offering resources or services should:

- make written information on the resource(s) provided, eligibility criteria, and means of access available as appropriate, including to the DCM lead agency and the NYC VOAD Disaster Case Management Subcommittee.
- issue award or denial letters to document what applicants have or have not received.
- implement and document an appeals process for applicants.
- designate staff to serve as liaison to DCM for information sharing and case troubleshooting.
- coordinate with lead DCM agency to ensure relevant training for DCMgrs.
- coordinate with other agencies that provide the same or similar services to avoid duplication and serve the maximum number of people impacted by disaster, including consistent messaging on differences between providers, means of access, training of DCMgrs, etc.

PLACE IN THE DISASTER LIFE CYCLE

Disaster Case Management is a time-limited process and relationship best initiated during the recovery phase in a disaster, often as Disaster Case Work (DCW) is winding down. According to NVOAD⁵, DCW provides early intervention to disaster-affected households to address immediate and transitional needs and is distinct from DCM in several ways.

- DCW is generally short-term, whereas DCM is longer term although still time-limited.
- DCW does not require continuity of care, whereas a best practice for DCM is to have continuity of care from the same trained DCMgr over time.
- DCW often starts during the relief phase, whereas DCM often starts in the recovery phase.
- DCW focuses more on immediate, urgent, and transitional needs, whereas DCM also addresses longer-term recovery goals and sustainability.

⁵ See "DCM Guidelines 2012" National Voluntary Organizations Active in Disaster (NVOAD), page 3.

In New York City, client service centers, such as Disaster Recovery Centers (DRCs) or Disaster Assistance Service Centers (DASCs), may be established as physical hubs where those affected by the disaster can go to interface with a variety of government and non-governmental agencies to address immediate needs. DCW may be offered at a DRC to provide information and referral and help households address immediate needs. Feedback from exit interviews and trends in repeat visits provide valuable information regarding anticipated recovery needs for DCM to address. DCW may also be less formally offered by general case management and social service agencies as they assist their existing clients as well as new clients in the community who may have been affected.

Based on needs assessments made during DCW, along with organizational capacity, funding streams, and government engagement, the determination of need for long term disaster case management will be made. Government and the nonprofit sector should make that determination in consultation with one another, and the determination should be made as soon as feasible to assure a smooth, consistent, and effective transition from DCW to DCM.

The timing for terminating the DCMP depends on the scope of the disaster, the unmet needs that still exist, and the funding available. If a case is still open at the time a DCM agency is ending their program, a referral/transfer should be made, either to a non-disaster program of the agency or to another service provider that is appropriate for the household.

CAPACITY ISSUES

Regardless of whether or not an agency will manage a stand-alone DCM program or be a contracted provider of a federally-funded Disaster Case Management Program (DCMP), an agency wishing to provide DCM will be expected to:

- Have adequate infrastructure to hire, train, and supervise case-management staff; and to meet all fiscal and regulatory requirements.
- Have expertise and experience in delivering DCM or general case management services.
- Have ties to the affected community. (Particular cultural, linguistic, or other expertise relevant to the affected population may also be needed.)

DCM agencies must also designate representatives authorized to make decisions on behalf of their organizations to coordinate with other programs. The lead coordinating agency will establish minimum requirements for participation in integrated case management.

An RFP process by the NYS Office of Emergency Management will select a Managing Agent for a DCMP in advance of the next disaster. An agency considering applying for a managing agency role must have sufficient oversight, hiring, training, and fiscal processes in place, including

- experience with or the ability to enter into subcontracts, oversee/ manage a large multi-agency program, and oversee/provide training to multiple agencies; and
- the ability to hire staff expeditiously, since there is a balance between waiting for key staff to be in place and ensuring that services are not delayed.

In addition, a managing agency needs to understand the disaster recovery process, especially the expected sequence of delivery of disaster resources, the key public and private agencies that provide disaster funding, and the eligibility for and uses of specific types of funding. The managing agency will need to be able to train on all these issues and provide oversight to subcontractors providing services in often complex situations. The managing agency will need to have or quickly develop a working relationship with government partners at all levels, understand government and nonprofit contracting processes, and have knowledge of and relationships with key nonprofit and community-based organizations who could be potential subcontractors in a disaster case management program.

GOVERNMENT ENGAGEMENT

The Federal Emergency Management Agency and New York State Office of Emergency Management are the two government entities that have oversight of a federally-funded DCMP in New York State. Municipal governments, however, also have an impact on disaster services and programs, including case management.

Disaster Case Management must also coordinate with other government agencies that may have a role in disaster recovery. For example, services may be funded by Community Development Block Grant – Disaster Recovery funds (administered by the United States Department of Housing and Urban Development), and Social Services Block Grant funds (administered by the United States Department of Health and Human Services, Administration for Children & Families), as well as other government funding sources.

FUNDING ENVIRONMENT

DCM has been provided throughout the U.S. for many years, mainly by nonprofit,

faith-based, and community-based organizations using private donations, grants, and volunteers. Under the Post Katrina Emergency Reform Act (PKEMRA) of 2006, federal FEMA dollars to support DCM infrastructure and staffing is now available at the request of States (via a request from the Governor) following a federally declared disaster that was approved for Individual Assistance.

The ability of nonprofit organizations to provide DCM will be impacted by available funding. If federal funding is approved for DCM, funding start and end dates would be dictated by that contract. If federal funding is not forthcoming, NYS Office of Emergency Management may consider funding DCM depending on size and scope of need.

Funding for Disaster Case Management is most often a combination of private and public donor dollars and will thus be spent according to the intent of the donor. While budgeting for all aspects of recovery and response takes into consideration the size and impact of the disaster, provision of disaster case management services is particularly affected by whether the disaster has primarily caused loss of life, loss of homes, loss of employment/business, or all three. Organizations involved in coordination of services must address the budgetary implications of unmet needs (including direct financial assistance) and the emergence of new needs over time.

If federal funding is available for DCM, there are strict guidelines on what the funds can be spent on. A few points of note include:

- Receiving the funds in a timely manner can be a major barrier to nonprofits not able to “front” the costs.
- Federal disaster case management program funds do not cover direct financial assistance for clients. This rule actually enables the DCMP to provide DCM services to anyone affected by the disaster, including undocumented individuals. However, access to funding to support direct financial assistance for client needs that are either unique or are not supported by other sources (e.g., metro cards; application fees; etc.) is generally considered very helpful to the DCM process.
- There are limited funds for outreach, technological equipment, and training, all of which are essential for a successful DCM program.

Whether federal funding is provided or not, it is important for DCM networks to identify unmet needs and disseminate information on the scope of needs and the gaps in current resources to partners, government entities, and the philanthropic community. As organizations prepare to allocate funds, this information can help shape decisions to fully maximize resources to impacted communities.

B. INFORMATION & REFERRAL

Making information and referral available is a basic need before, during, and after disaster. Disaster Information and Referral (DI&R) provides accurate and up-to-date information on disaster-related human services. Anyone helping people impacted by a disaster provides DI&R on some level. The accuracy and timeliness of information is a critical concern in all areas of disaster response and recovery, and sharing information with clients is no exception. There should be a number of DI&R resources for the public, clients, and helping professionals.

An integrated approach requires that DI&R in the response phase transition smoothly into a DI&R system that supports recovery efforts. It is important, for example, that the information taken from a person at a response service center be available afterwards, so that recovery DI&R can follow up as appropriate. A fundamental goal is that a client never need repeat their basic information, regardless of how many services they access. DI&R also needs to allow for a smooth transition of clients into case management. That is, providers offering information should ensure that they can also provide efficient referral.

A central toll-free disaster helpline can both provide information and manage consolidated referrals for disaster case management (DCM). Such a helpline functions in coordination with New York City's 311/211 system. It directs clients to specific disaster-related services appropriate to the caller's circumstances. By offering callers reliable and up-to-date information, the helpline meets one of the most important needs people have, and can help mitigate the emotional burden of frustration, fear, and anxiety.

When integrated with DCM as a hub for a coordinated referral system, the helpline connects clients with a service provider that assigns a disaster case manager (DCMgr) to help them develop and implement a recovery plan. By offering a central system for DCM referral, including initial screening, the helpline supports higher quality client service, manages overall system capacity, and reduces duplication of services.

Another important element of information and referral is a reliable resource guide. The guide provides information on services and other resources available to people impacted by the disaster. In the past, such resource guides have been hard-copy or PDF-format documents. Ideally, however, the information should be available online so that it is readily accessible, quickly updatable, easily searchable, and able to provide differential information for the public on the one hand and for case managers and other helping professionals on the other hand. Producing paper documents can be misleading, especially in the early timeframe after disaster when information changes

rapidly. Developing an online resource guide, however, would require considerable resources, not only for the programming and other technical work but also for the ongoing compilation, updating, and fact-checking of information to ensure reliability. The Human Services Council is willing to manage the pre-disaster development and post-disaster implementation of an online resource guide if funding becomes available.

C. UNMET NEEDS ROUNDTABLE

The Unmet Needs Roundtable (UNR) is the primary resource for people impacted by disaster who continue to have disaster-related unmet needs, despite having exhausted all other sources of support. A recovery resource of last resort, UNR brings together disaster case managers and donors to provide customized assistance.

UNR is supported by disaster case management (both DCMP and non-DCMP). The UNR process is a collaboration of multiple donors, DCM, legal aid, and the broader recovery community. DCMs apply to the UNR on behalf of their client to receive disaster related debt relief, emergency assistance, funeral/burial assistance, housing (mortgage or rental assistance), medical/mental health aid, repair/rebuild resources (including appliances, furnishing, building supplies, contractors) or other needs unique to the disaster. The process is blind to immigration status or FEMA status. The UNR in New York City has been administered by the New York Disaster Interfaith Services (NYDIS), since 2002 – including, 9/11, Katrina Evacuees, Haiti Earthquake Evacuees, and Superstorm Sandy. There is a Long Island UNR, administered by the Health & Welfare Council of Long Island.

The sole goal of the UNR process is to insure that all clients are self-sufficient once they have received UNR assistance.

PLACE WITHIN INTEGRATED SERVICE DELIVERY

The UNR is multi-agency recovery collaboration. It combines the resources of a common New York City Unmet Needs Fund with those of individual donors who distribute funds directly. Its client applicants are directed through the DCMP and other independent DCM providers. It also vets all cases through integrated legal aid. Applications from voluntary rebuild nonprofits for building supplies are accepted, and UNR refers clients in need of rebuild to the voluntary rebuild community.

PLACE IN THE DISASTER LIFE CYCLE

During the early months following a disaster, the UNR is formed in collaboration with the DCM. Fundraising is conducted to collect direct donations to the New York City UNR Fund, and independent funders are recruited to participate. In-kind professional services (such as pro bono legal services) are also solicited.

UNR offers Emergency Assistance (food, clothing, and other basic human needs) during the first 3-6 months following a disaster. It then transitions to Sustainability Assistance, which allows recipients to achieve self-sufficiency.

Typically, UNR remains active only as long as there is disaster case management.

CAPACITY ISSUES

To take the lead in administering the UNR, an organization must be able to mobilize a web-based UNR application process, recruit and train staff (including a program manager and at least one Disaster Case Manager), participate in a DCM-designated client database, recruit a voluntary advisory board, conduct effective fundraising, and work with private funders.

Service providers that want to access UNR for their clients must be part of or work through the Disaster Case Management Program.

GOVERNMENT ENGAGEMENT

To facilitate coordination, staff of FEMA, NYS OEM, and NYC OEM generally serve on the advisory board. Elected officials often advocate with UNR on behalf of constituents.

FUNDING ENVIRONMENT

After a major disaster, funding for unmet needs is often available from nonprofit organizations generally active in disaster (some of which is usually raised from the public) and from corporations and corporate foundations.

Government, however, does not generally fund unmet needs, even though such assistance is often necessary in order for people to access publicly-funded programs.

The amount of funding and the timing of its availability, however, is unpredictable. An established plan that ensures the resources to initiate implementation of UNR would significantly improve and speed the process to help people impacted by disaster.

D. CLIENT DATABASE

Efficient and effective service provision requires an information-sharing tool, allowing multiple agencies to coordinate assistance in disaster response and recovery. The platform needs to include a web-accessed client case-management tool and the capacity to generate reports on service activity. It supports case creation and data entry by a network of participating service providers, reducing the need for duplicative client documentation. They provide information on the various services provided for each participating client⁶ and allow network-wide reporting to facilitate analysis and identification of gaps and duplication. This reduces the burden on disaster survivors seeking assistance, maximizes the efficiency of service provision, and allows multiple organizations to collaborate effectively in the provision of disaster assistance.

Eight charitable organizations assumed leadership to develop, fund, and implement the Coordinated Assistance Network (CAN) following the General Accounting Office's report, "More Effective Collaboration Could Enhance Charitable Organizations' Contribution in Disasters" (GAO-03-259, 12/2002), which recommended "development and adoption of a common application form and confidential agreement and the establishment of databases for those receiving aid in particular disasters."

CAN was activated following Hurricanes Katrina, Rita, and Wilma, and since that time the system has been used by 900 participating organizations with more than 11,000 users in 52 states and territories. Since 2010, it has been made available following every federally declared disaster event and used by the FEMA Disaster Case Management Program providers following those events. As part of its stewardship of the CAN Tools, and with funding from various foundations, the American Red Cross has funded CAN and provided access, technical training, and help-desk support to organizations using the CAN Tools.

After Superstorm Sandy's landfall, the Red Cross, Catholic Charities, the Salvation Army, and other service providers used CAN in service-delivery settings across all the affected states on the Atlantic coast. Seventy-one new organizations have registered to use CAN since Sandy, representing 36% of CAN's user base and the majority of CAN activity. The Red Cross provided training, user support, and implementation assistance to these new users and also worked with FEMA and its DCMP providers.

A new program to replace CAN is in development. Further information will be forthcoming.

⁶ Clients could choose to "opt out" of having their information in CAN, but only a very small number did so.

PLACE WITHIN INTEGRATED SERVICE DELIVERY

A client database is a critical tool for disaster case management after larger-scale disasters where interagency coordination is a necessity. Activation protocols for CAN identified three automatic triggers for making it available to recovery partner organizations:

- A disaster relief operation is categorized by the Red Cross as Level V, even if it is not federally declared,
- One of the seven Red Cross Chapter Network Divisions requests activation, or
- FEMA announces a Disaster Case Management (DCMP) grant award.

For DCMP, the Red Cross provides:

- A DCMP portal and related system capacity for use by the organization awarded the contract;
- Orientation and other trainings for all DCM staff;
- Screens for CAN agencies to use to enter data on household composition, disaster impact, needs assessment, and assistance provided, in accordance with client consent;
- Coordination with FEMA and/or state grantee as requested; and
- Budgetary support for CAN to ensure its operation for the duration of recovery as well as user training, programming support, and system capacity to record recovery services and resource information.

PLACE IN THE DISASTER LIFE CYCLE

CAN Tools were made available whenever the size and scope of the disaster necessitated a coordinated, multi-agency casework and case-management response. In the aftermath of a large-scale event, Red Cross leadership met with key partner agencies to coordinate service delivery, and provide outreach through VOAD meetings, the Human Services Council, and other forums to community agencies likely to use CAN Tools. The use of CAN Tools continued seamlessly from activation through the active period of case management provision – typically a 2-year period for any given event.

Organizations using CAN Tools did not rely on the software as a system of record, as it was not intended to be maintained indefinitely. The CAN Tools support coordinated service provision from a single case record, but each participating organization maintained internal records on client service provision.

CAPACITY ISSUES

Technical requirements. CAN Tools could be accessed by most desktops, laptops, tablets, or smartphones with a current web browser and a secure internet connection. For staff using CAN in an office environment, their organization was responsible for ensuring the security of the operating system and web browser.

Organization and Staff Member Permissions to Access. The process for participating agencies to gain access to CAN was documented and made available to service providers when CAN was activated. This process included the signing of a Participation Agreement for each disaster event and the identification of an organization's Point of Contact. Access to CAN terminated upon the official closure of each event in CAN. By definition, the CAN Tools provided access to highly confidential client information and individual staff members signed Confidentiality Agreements confirming their understanding of how client confidentiality must be protected and the repercussions of violating client confidentiality.

Criteria for an organization's eligibility to access CAN Tools were determined by the CAN Consortium and include:

- Provides or facilitates direct services to disaster affected clients
- Credible history or relationship serving the affected community
- Workforce capacity to facilitate coordination of services
- Provision of direct services under DCMF

GOVERNMENT ENGAGEMENT

Government agencies did not have direct access to CAN. This is necessary to reassure clients who may be concerned that their personal information (including immigration status) be kept confidential.

Nonetheless, Red Cross coordinated with Federal agencies to ensure case management support for most federal individual assistance programs such as:

- Immediate Disaster Case Management (IDCM): Administration of Children and Families, U.S. Department of Health and Human Services
- Disaster Case Management Programs (DCMP): Federal Emergency Management Agency

- Community Development Block Grant program: Federal Emergency Management Agency
- Disaster Loans, U. S. Small Business Administration

FUNDING ENVIRONMENT

As part of its stewardship of the CAN Tools and in conjunction with funding from various foundations, the American Red Cross provided CAN-participating agencies with system access, technical training, and help-desk support at no cost.

E. OTHER COMPONENTS OF SERVICE DELIVERY

- Disaster mental health
- Spiritual care
- Housing/Relocation
- Housing/Rebuilding
- Job and income loss assistance
- Legal services

LOCAL INTERAGENCY COORDINATION IN DISASTER RELIEF-RESPONSE-RECOVERY

QUESTIONS TO BE ADDRESSED BY COORDINATING ORGANIZATIONS

The goal of interagency coordination is to use resources most efficiently to provide appropriate and effective services to the people affected by disaster. When agencies work together in disaster relief, response, and recovery, they must establish systems which allow them to communicate information and cooperate in addressing client needs. In a large-scale disaster, those systems usually need to be more structured and comprehensive, and communities are generally best served if agencies set up those systems in advance. Nonetheless, although systems for coordination can be outlined as part of a preparedness plan, because each disaster is unique many specific decisions can only be made after the disaster occurs. The questions below are intended to help organizations make such decisions. The questions, of course, are not exhaustive, but a starting point to help communicate effectively and coordinate efforts. Each community must determine for itself what decisions need to be made, and then assure that mechanisms are put into place to make those decisions.

A. IMPACT

How are people affected by the disaster? What categories segment the clients in meaningful ways?

Disasters can affect people in many ways, and this creates different needs which agencies must address. Segmenting the client population by how the disaster affected them can enhance the efficiency of planning and service delivery. Having clear definitions of how clients are segmented helps an agency define its services and communicate to clients and the public about those services. When possible, common understandings between agencies of what the segments are and how they are defined will reduce confusion on the part of clients, staff, and the public. Where differences are appropriate, they can be better understood in a context of general agreement on definitions.

- Do agencies agree on how people were affected by the disaster? How do they categorize those affected? To what extent do the categories reflect factors other than disaster impact (e.g. catchment areas, client demographics, etc.)? What are the shared assumptions about client categories?

- To what level of specificity should the client population be segmented? If people are injured, for example, is it appropriate to segment those clients further (e.g. catastrophically injured, seriously injured, etc.)? If so, can agreement be reached on common definitions?
- Are there independent sources which can be designated authoritative? For example, if death certificates are not always available, can agencies agree to accept a list of those presumed dead compiled by a particular government agency?
- How is expert opinion brought to bear on defining the impact? Are medical professionals consulted, for example, on defining extent of injury? For disaster recovery, is the most appropriate disability definition that of Workers Compensation or the Americans with Disabilities Act?
- Will the categories and definitions developed be relevant over time? Will the definition of “economic impact,” for example, still apply if the disaster’s effect on the local economy isn’t apparent for a month or more?
- What factors unrelated to the disaster affect how the disaster affected people? For example, were low-income families impacted more severely due to lack of resources? Did cultural norms of a given ethnic group make it more likely that they were less prepared for the disaster?

B. GEOGRAPHY

Where did the disaster affect people? What boundaries can delineate the different areas?

Disasters happen in places. The place(s) in which a disaster happens is a factor in how the disaster affects people. Agencies need to consider the geographic location, for example, in assessing needs, in planning services, and in determining eligibility for services. It is important to remember also that the influence of geography on the disaster impact can change over time.

- How contained is the disaster impact geographically? Are multiple geographic areas affected?
- How large is the affected area, and how does that affect service delivery?

- Is there a correlation between the severity of disaster impact and geography? Are there discrete boundaries which could delimit areas differentially impacted (e.g. east of Capital Street was more severely affected than the area to the west)? Is there any official governmental or other objective entity identifying such boundaries?
- If the disaster impact affected geographical areas differentially, how is that incorporated into coordination efforts, such as decisions related to service delivery?
- What jurisdictions are affected? To what extent does the area affected by the disaster correspond to existing boundaries (such as city limits, county borders, agency catchment areas, etc.), and to what extent are those irrelevant?
- If multiple jurisdictions are involved, how do agencies include all jurisdictions in coordination? And that policies on service delivery are equitable across jurisdictions?

C. TIME

How long does the disaster affect people? What milestones can delineate the changing effects of the disaster?

The impact of a disaster changes over time. The urgent needs of people in the hours immediately after a disaster (such as first aid or crisis intervention) are very different from their needs soon after, when they begin to focus on essential living needs such as food and clothing. These are different from what they will need for their recovery, to return to a more normal life. Some agencies provide services at only one stage in this dynamic progression, while others provide different services during different stages. Agencies should be aware of the development over time and be prepared to modify their coordination efforts to meet changing circumstances.

- What official, governmental, or other designations are in place related to the disaster (such as end of “rescue” phase and start of “recovery” phase)?
- How do agencies determine whether and how changed circumstances require changes in their mutual agreements?
- How do services provided need to change over time (see Service Matrix, below)?

- How will agencies decide when they can and cannot act jointly, such as in setting deadlines for registering for a service?
- How will agencies assure common understanding about timeframes between themselves and on the part of others? For example, when a deadline is set for a specific date, is it clear whether the deadline is for a specific time? (and is it clear whether “midnight Wednesday” is Tuesday night or Wednesday night?)

D. SERVICE MATRIX

Which needs of which people are served in which ways?

Since a goal of interagency coordination is to enhance overall efficiency in applying resources, organizations will want to reduce the likelihood of duplicating services. At the same time, we want to maximize the impact of those resources, including helping as many people affected by the disaster as possible. Although agencies need to make decisions on what services to offer based on their respective mission, mandates, and resources, it is generally helpful to explore with each other how to offer as broad a range of services as possible to serve as many categories of client need as possible.

- What kinds of services are needed to meet the variety of needs created by the disaster and who will provide them?
 - Basic living needs (food, clothing, shelter)
 - Information and referral
 - Advocacy and service coordination
 - Emotional care (crisis intervention, extended mental health services, spiritual and pastoral care, emotional wellness, ...)
 - Health (first aid, emergency care, medical services, long-term care, ...)
 - Financial assistance (bill payment, essential living needs such as rent and food, replacement of lost wages, ...)
 - Networking and social supports (e.g. peer groups)
- If a needed service is not currently available, how will it be provided?
- Do plans for meeting disaster-related needs incorporate the best information available on impact, geography, and time (see above)?

- To what extent should agencies only provide services which they already offer, and to what extent should agencies extend themselves to provide other services that are needed? How does an agency make changes in its strategy of service delivery in order to support coordinated services does not undermine its mission focus?
- Are there opportunities for agencies to collaborate in providing services directly and/or indirectly (e.g. a mental health agency provides counseling sessions and an agency offering financial assistance pays for the sessions)?
- Are services designed to mitigate linguistic, cultural, and other barriers to access? Where necessary, do specially designed outreach efforts target historically underserved populations?
- How do agencies facilitate partnerships between mainstream organizations with substantial resources and small agencies with established relationships of trust in underserved communities?

E. SERVICE DELIVERY

How do people access services? How do organizations deliver services effectively and efficiently?

While it is crucial to understand factors of disaster impact, geography, and time; to coordinate planning around the mix of appropriate services to address needs; and to establish systems for good coordination between agencies; the element which will be most visible to clients and the public at large is the actual delivery of services.

- If services are co-located, such as in a “one-stop” service center, how do the agencies assure that the site operates smoothly and that clients receive good customer service? How are guidelines developed to clarify roles and responsibilities? Which functions can be consolidated?
- How do agencies design service delivery that focuses on the client, making the process as “user-friendly” as possible?
- To what extent do agencies share common expectations around quality of service?

- What systems exist or can be put into place to facilitate successful referrals between agencies?
- How do agencies minimize confusion about client eligibility, especially when there are differences between agencies in eligibility criteria?
- How is duplication of benefits avoided?
- Are there specific populations which are best served by agencies familiar with that population? If so how do other organizations make referrals or access the technical expertise of those agencies?
- How do agencies assure that joint activities or services are welcoming and inclusive for all eligible clients?
- What systems allow agencies to access linguistic or cultural competencies in the community?

F. COORDINATION

How do agencies communicate effectively with each other and with others as a group? How do they coordinate planning and service delivery?

While we must keep in mind the reality that coordination is only a mean to an end (the end being efficient use of resources to provide effective services), we need to apply the resources necessary so that coordination happens. Many decisions which a community must make regarding interagency coordination can be addressed in its preparedness plan prior to an actual disaster. Even so, it is important that after a disaster the agencies revisit their plan and make sure to address these issues. They also need to make sure that they make any revisions necessary based on their actual experience mobilizing after the disaster.

- What formal and informal systems already exist in the community to facilitate communication and coordination between social service agencies? Between nonprofits and government agencies? Can these systems be used for coordination related to disaster?

- How can communication include multiple hierarchical levels so that communication is not limited to CEOs or to line staff, etc.?
- How do agencies include relevant decision makers in coordination efforts, and that those who are involved in coordination have appropriate authority to make commitments to other agencies?
- How do agencies make decisions regarding coordination in a timely manner given that they have different hierarchical structures and policies?
- How can agencies collaboratively address common needs related to recruiting, training, and recognizing volunteers and paid staff?
- How do agencies know what their mutual commitments are?
- Are there mechanisms in place for resolving conflicts and misunderstandings?
- How will agencies determine the appropriate number of coordinated working groups and define their roles?
- How do agencies communicate definitions to achieve common understanding, so that comparisons, for example, are truly between “apples and apples?”
- Where agencies agree to act in concert, how is consistency of messaging achieved?
- When agencies respectfully disagree, how are differences of opinion expressed in positive ways that do not reflect negatively on the community of service organizations?
- How do agencies ensure that systems are flexible enough to respond to changing needs and to address unanticipated outcomes?
- How do agencies balance the flexibility needed to address changing needs with the consistency and reliability needed to assure quality of service? What are the mechanisms for reconsidering prior decisions?

- How do agencies effectively communicate the goals and values they share with other organizations servicing people affected by the disaster while clarifying their unique mission and role?
- How do national organizations assure that local units and headquarters are appropriately involved in coordination related to the specific disaster?

G. COORDINATION – SHARING CLIENT INFORMATION

How do agencies share client information appropriately? Who determines what information can/will be shared?

In order to provide quality services and meet public expectations of standards of client service, agencies must give people affected by disaster not only concrete services but also respect and support. This entails, among other things, minimizing the distress involved in seeking services. Agencies should streamline the processes as much as possible, consistent with their legal and fiduciary responsibilities, including those to donors. A key element in this approach can be setting up systems to share information so that clients are not put through multiple intake processes unnecessarily or, at the least, do not need to repeat identical information or provide identical documentation.

- Is the system for sharing information accessible to all agencies that need it?
- Can data be shared differentially (e.g. can some staff view demographic information but not financial data)?
- What safeguards are in place to protect confidential data? Do clients understand their rights? Is there a communication strategy to fully inform clients about how their data can be used and what both benefits and risks might be?
- What kind of information is needed? Which data should be collected upon intake? What factors (such as client category) determine what data needs to

be requested from a given client?

- What data should be shared in the general areas of
 - client demographic data
 - disaster impact
 - disaster-related services provided by agencies
 - other information on client's circumstances (e.g. financial resources)
 - other information on agency's work with client
- How do agencies determine common understanding of specific "services provided" (taxonomy)?
- What safeguards are in place to protect agencies and their staff? What systems protect agency data from misuse?
- What aggregate information do agencies want to generate? For what purposes?
- Can agencies agree on a common intake process which provides the client with access to services available from multiple agencies?
- Is there a system to minimize the need for clients to produce documentation (such as driver license, death certificate, etc.) repeatedly? Can such documents be digitized and made available to agencies electronically? Can agencies agree to accept certification (manual or electronic) from each other that a document has already been verified?

