Disaster Recovery Case Management

DEFINITION

Disaster Recovery Case Management services are designed to stabilize the living conditions of service recipients who are victims of disaster, the goal being to re-establish their pre-disaster status to the greatest extent possible. It involves fundamental case management practices such as planning, securing, coordinating, monitoring, and advocating for unified service goals with organizations and personnel working in close partnership with individuals and families served. Disaster Recovery Case Management services also include practices that are unique to service delivery in the aftermath of natural disasters, incidents of mass violence, and other major public emergencies. These services are delivered under difficult environmental conditions that typically result in loss of physical and technological infrastructure, disruption of operations, and other substantial communication, record keeping, coordination, and efficiency challenges. Distinct service delivery challenges are associated with the influx and simultaneous deployment of local, regional, state and federal assistance. Services may be delivered within, or separate from, a multi-service organization.

Interpretation: *Although primary or short-term disaster case management is focused on emergency relief such as food, clothing, shelter, and information and referral, organizations and programs should provide or coordinate service to address long-term recovery needs as well.*

Research Note: *Recent studies show that incidents of mass violence and terrorism in the United States have been steadily increasing since 2007. Victims of these manmade disasters have been found to exhibit prolonged rates of recovery and distinct behavioral health needs. To address these issues, federal funding initiatives are incentivizing organizations to enhance their disaster case management services to better address the critical needs that arise as a result of mass violence victimization. Programs are addressing these needs through stronger relationships with primary healthcare providers, and by incorporating suicide prevention efforts, crisis response, and other behavioral health services into their standard case management plans.*

Research Note: *Research on case management is, for the most part, focused on specific populations. Additionally, numerous models, approaches, and definitions of case management are present throughout the literature. Generally, case management programs provide assessment, recovery planning, referrals for services, monitoring, and advocacy. Research suggests that case management services may contribute to positive outcomes for older adults, persons with psychiatric disabilities,*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

individuals with substance abuse conditions, and other populations.

Note: *Please see DRCM Reference List for a list of resources that informed the development of these standards.*

Table of Evidence

Self-Study Evidence

- Provide an overview of the different programs being accredited under this section. The overview should describe:
  a. the program's approach to delivering services;
  b. eligibility criteria;
  c. any unique or special services provided to specific populations; and
  d. major funding streams.
- If elements of the service (e.g., assessments) are provided by contract with outside programs or through participation in a formal, coordinated service delivery system, provide a list that identifies the providers and the service components for which they are responsible. Do not include services provided by referral.
- Provide any other information you would like the peer review team to know about these programs.
- A demographic profile of persons and families served by the programs being reviewed under this service section with percentages representing the following:
  a. racial and ethnic characteristics;
  b. gender/gender identity;
  c. age;
  d. major religious groups; and
  e. major language groups
- As applicable, a list of groups or classes including, for each group or class:
  a. the type of activity/group;
  b. whether the activity/group is short-term or ongoing;
  c. how often the activity/group is offered;
  d. the average number of participants per session of the activity/group, in the last month; and
  e. the total number of participants in the activity/group, in the last month
- A list of any programs that were opened, merged with other programs or services, or closed
- A list or description of program outcomes and outputs being measured

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Disaster Recovery Case Management

On-Site Evidence

No On-Site Evidence

On-Site Activities

No On-Site Activities

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Disaster Recovery Case Management

DRCM 1: Service Philosophy

The program is guided by a service philosophy that:

a. facilitates the development, implementation, and evaluation of the program based on program goals and the best available evidence of service effectiveness; and
b. establishes how the program will support service recipients in accessing resources to meet disaster-related needs and in achieving their recovery goals; and
c. ensures that services are strengths-based, person- or family-centered, culturally and linguistically responsive, and trauma-informed.

Interpretation: *A program model or logic model can be a useful tool to help staff think systematically about how the program can make a measureable difference by drawing a clear connection between the service population's needs, available resources, program activities and interventions, program outputs, and desired outcomes.*

Interpretation: *Circumstances under which disaster recovery case management service are delivered create challenges for research and evaluation, for example, control or comparison group studies would be difficult to conceptualize and implement. There is however, a need for disaster recovery case management studies to determine key components and methods that contribute to quality service delivery and effectiveness, possibly beginning with systematic reviews and publication of client needs, services received, and client outcomes. DRCM 1 promotes program evaluation to the greatest extent possible given these challenges.*

Interpretation: *Organizational self-assessments can evaluate the extent to which organizations' policies and practices are trauma-informed, as well as identify strengths and barriers in regards to trauma-informed service delivery and provision. For example, organizations can evaluate staff training and professional development opportunities and review supervision ratios to assess whether personnel are trained and supported on trauma-informed care practices. Organizations can also conduct an internal review of their assessment and service planning processes to ensure that services are being delivered in a trauma-informed manner.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the

Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Written service philosophy needs improvement or clarification; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few rare instances required consent was not obtained; or
- Monitoring procedures need minor clarification; or
- With few exceptions the policy on prohibited interventions is understood by staff, or the written policy needs minor clarification.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- The written service philosophy needs significant improvement; or
- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Documentation is inconsistent or in in some instances is missing and no corrective action has not been initiated; or
- Required consent is often not obtained; or
- A few personnel who are employing non-traditional or unconventional interventions have not completed training, as required; or
- There are gaps in monitoring of interventions, as required; or
- Policy on prohibited interventions does not include at least one of the required elements; or
- Service philosophy is not clearly related to expressed mission or programs of the organization; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There is no written service philosophy; or
- There are no written policy or procedures, or procedures are clearly inadequate or not being used; or

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service philosophy

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Program Director
  b. Relevant personnel
  c. Service recipients

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Disaster Recovery Case Management

DRCM 2: Access to Service

The organization works with community partners and resources to minimize barriers that prevent individuals and families from accessing services.

Interpretation: *The organization should establish partnerships and cultivate relevant resources that are LGBTQ-friendly to ensure that service recipients who identify as lesbian, gay, bisexual and/or are gender non-conforming are not hindered from receiving much needed recovery services.*

Research Note: *Research demonstrates that language barriers are a primary impediment to receiving effective disaster recovery services and restoring or achieving pre-disaster life status.*

Note: *Please refer to guidance on responding to service recipient communication needs at CR 1.06.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- A number of client records are missing important information Â or

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Eligibility requirements

On-Site Evidence

- Outreach strategies and informational materials
- Evidence of collaboration with community providers; including MOUs or other formal agreements, documentation from local, state, or national disaster related community collaborators, as applicable

On-Site Activities

- Interview:
  a. Clinical or program director
  b. Relevant personnel

DRCM 2.01

Case managers are knowledgeable about current eligibility requirements and application processes, including:

a. how to determine eligibility; and
b. specific registration or procedural application sequences required to avoid duplication or loss of benefits.

Research Note: *The type of the disaster experienced by the service recipient is a factor ins determining eligibility for certain types of aid and assistance. Individuals who have experienced mass violence victimization*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

may be eligible for services and funding from the Office for Victims of Crime (OVC).

NA *Eligibility requirements are not in force or do not apply.*

DRCM 2.02

Organizations affiliated with national networks that share responsibility for disaster recovery case management service delivery:

a. follow national guidelines for seeking and securing resources and collaborating with partners;
b. are clear on their local and, if applicable, national scope of responsibility;
c. adhere to decision-making guidance from the national organization first, then locally, as needed.

NA *The organization is not affiliated with a national network.*

DRCM 2.03

Local organizations with responsibility for disaster recovery case management services have formal, written agreements with other service providers which address potential barriers to access.

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

DRCM 2.04

Effective, culturally- and linguistically-competent outreach strategies connect potential service recipients with accurate and appropriate information about community resources, service availability, and eligibility.

Related: DRCM 8.02

Interpretation: *Case managers may receive cases through referral from another service provider or service unit within the organization that is*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

responsible for outreach. Case managers that play no direct role in determining eligibility should, however, have sufficient and current information about eligibility to provide the best answers to service recipients' questions.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 3: Screening and Intake

The organization utilizes trauma-informed screening to promptly, responsively, and efficiently determine urgency of need and ensure access to needed services.

Research Note: *Some case management models encourage use of written "triage" guidelines to promote consistency in decision making, and as an educational and support tool for personnel with a range of experience. Training and supervision can provide alternative or additional support for staff conducting screenings.*

Research Note: *When serving victims of mass violence, evaluating individual exposure levels to the traumatic or stressful event is a critical stage in the triage process and can help service providers determine any urgent unmet needs. SAMHSA identifies 5 levels of exposure that should be considered when serving victims of mass violence or acts of terrorism:*

a. *the seriously injured, and family members and loved ones of casualties;*
b. *individuals in close proximity to the incident who remained uninjured, but exposed;*
c. *first responders and service providers involved in casualty identification, notification, and retrieval;*
d. *human service and crime victim assistance providers, religious/spiritual leaders, health care providers, elected/appointed officials, and the media; and*
e. *groups that identify with the target victim population, businesses impacted by violent acts, and the community at large.*

Research Note: *Acts of mass violence and terrorism elicit distinct responses in victims that would otherwise not be expected from victims of natural disasters. Research shows that this is due to the perception that these events are preventable, senseless, cruel, and unexpected, whereas natural disasters and their impact oftentimes are much more predictable and controllable, especially in terms of response activities. The response environments designed to address the needs of mass crime victims are much more demanding, complex, and chaotic, however, maintaining commitment to a trauma-informed approach is critical to service delivery success.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Referrals procedures need strengthening; or
- For the most part, established timeframes are met;
- Active client participation occurs to a considerable extent.
- In a few rare instances urgent needs were not prioritized.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized, or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- A number of client records are missing important information Â or
- Client participation is inconsistent; or
- Screening and intake done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Screening, intake, and triage procedures and tools

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Disaster Recovery Case Management

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals or families served
- Review case records

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 3.01

Individuals and families are screened and informed about:

a. how well the request matches the organization's services;
b. applicable eligibility requirements; and
c. availability and timeframes for services.

Interpretation: *Information about service availability can include an explanation of the phases of disaster recovery case management.*

NA *Another organization is responsible for screening, as defined in a contract.*

(FP) DRCM 3.02

Prompt, responsive intake practices:

a. are culturally responsive, trauma-informed, and non-stigmatizing; include screening for appropriateness, scope, and intensity of service;
b. ensure equitable distribution of resources;
c. give priority to urgent needs and individual emergency situations, including early recognition of vulnerable populations;
d. support timely initiation of services or an appropriate referral; and
e. provide for placement on a waiting list, if applicable.

Interpretation: *Screening and intake activities involving individuals with disabilities should be performed by staff with relevant, specialized expertise to overcome barriers to service initiation specific to this population. Common barriers include transportation, attitudinal biases on the part of collaborating/referral service providers, and facility accessibility among others.*

Interpretation: *Culturally responsive intake practices can include attention to geographic location, language of choice, the person's religious, racial, ethnic, and cultural background, age, sexual orientation, gender identity, gender expression, and developmental level.*

To ensure that transgender and gender non-conforming candidates for service are treated with respect and feel safe, intake forms and procedures should allow individuals to self-identify their gender and assert their first name/pronoun preference.

Interpretation: *Trauma-informed intake practices explore whether a candidate for service has been exposed to traumatic events and exhibits trauma-related symptoms and/or mental health disorders. A positive screen indicates that an assessment or further evaluation by a trained professional is warranted should the individual be found eligible for services. During the screening process, individuals seeking services should feel emotionally and physically safe.*

Research Note: *Studies performed on disaster recovery case management outcomes after Hurricane Katrina, demonstrated that individuals with disabilities required more intense case management support (e.g. negotiation with other service providers), more frequent contact, and longer recovery times.*

(FP) DRCM 3.03

Individuals and families who cannot be served, or cannot be served promptly, are referred and connected to appropriate resources.

Interpretation: *In some instances, the need for services may exceed an agency's capacity to serve the client or fall outside the agency's mission. Policies and procedures should be in place to support personnel in making equitable determinations regarding service provision and referral.*

Research Note: *Focus group results suggest that established relationships with partner organizations ease the work of making successful connections for clients. A review of program descriptions and training material that address barriers to timely, efficient delivery of services under emergency conditions, suggest that greater clarity about community providers' span of services, strengths, and limitations can reduce overcrowded or unsafe conditions in facilities, or long wait lists. While some organizations establish formal relationships, for example, with a memorandum of understanding,*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

other organizations do so with informal relationships.

NA *The organization accepts all clients.*

DRCM 3.04

During intake, the organization gathers information to identify critical service needs and/or determine when a more intensive service is necessary, including:

a. personal and identifying information;
b. emergency health needs; and
c. safety concerns, including imminent danger or risk of future harm.

Interpretation: *All staff should receive basic training on the organization's health and safety procedures and understand how to respond to emergency situations, as appropriate to their position and the services provided. For example, staff could receive "gatekeeper training" on how to recognize, interpret, and respond to signs of suicide risk, and/or Mental Health First Aid training for recognizing and responding to signs of a mental health crisis.*

Research Note: *According to the National Council for Behavioral Health, Mental Health First Aid and Youth Mental Health First Aid are recognized evidence-based practices and training programs designed to empower direct service providers with the skills needed to identify and respond appropriately to mental health distress and crises at the point of initial screening. These practices promote early detection and intervention, especially in cases where the service recipient may pose a threat of physical harm to self or others.*

Note: *Please refer to training requirements and evidence at TS 2.04.*

(FP) DRCM 3.05

The organization contributes to effective coordination, delivery, and use of disaster recovery resources through exercising flexibility and cooperation in:

a. promoting and complying with the standardization of forms used for information gathering; and
b. sharing client information with necessary safeguards, including client consent for release of information to ensure confidentiality.

Related: CR 1

Interpretation: *Standardized forms for information gathering, including*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

intake forms, assessment forms, and up-to-date multi-lingual resource guides, are tools considered to be especially useful. Ongoing information sharing between colleagues and organizations is considered critical for effective helping in disaster recovery and minimizing duplicative efforts by organizations and clients, provided written client consent for release of information is obtained. Disaster case management experience warrants special diligence in protecting confidential information and maintaining secure records. Disaster recovery presents special challenges related to identity theft and protection of client information when information is shared with one or more organizations that have various or limited confidentiality policies.

Note: *Organizations should refer to the Clients Rights (CR) standards for more information regarding protection of confidentiality.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 4: Assessment

Individuals and families participate in a comprehensive, individualized, strengths-based, culturally-responsive, and trauma-informed assessment of disaster recovery-related needs.

Interpretation: *A trauma-informed approach to assessment is one that incorporates and applies knowledge about trauma and trauma survivors to minimize the risk of re-victimization, to address the effects of trauma on the individual, and to facilitate healing. Trauma-informed service delivery considers and emphasizes:*

a. *safety;*
b. *trustworthiness and transparency;*
c. *peer support;*
d. *collaboration and mutuality;*
e. *empowerment, voice and choice; and*
f. *cultural, historical, and gender issues.*

Note: *Refer to the Assessment Matrix - Private, Public, Canadian, Network for additional Screening/Intake Assessment criteria. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.05); or
- Active client participation occurs to a considerable extent; or
- Diagnostic tests are consistently and appropriately used, but interviews with staff indicate a need for more training (TS 2.08).

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Assessment and reassessment timeframes are often missed; or
- Assessment are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm and this is not being addressed in supervision or training; or
- Staff are not competent to administer diagnostic tests , or tests are not being used when clinically indicated; or
- Client participation is inconsistent; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Table of Evidence

Self-Study Evidence

- Assessment procedures
- Assessment tools and/or criteria included in assessment

On-Site Evidence

No On-Site Evidence

On-Site Activities

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals or families served
- Review case records

Disaster Recovery Case Management

DRCM 4.01

The information gathered for assessments is comprehensive, directed at concerns identified in the initial screening, and limited to material that is pertinent for meeting service requests and objectives.

Interpretation: *There may be delays in client identification of needs and the ability to discern disaster specific impacts on life circumstances.*

(FP) DRCM 4.02

Assessments are conducted in person at a mutually agreed upon location and include assessment of natural supports and helping networks.

Interpretation: *Conditions may require beginning an assessment by telephone and continuing in person at a location that takes into account client and worker safety, client confidentiality, and client accessibility. In-home visits are optimal for completing a comprehensive assessment.*

(FP) DRCM 4.03

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

DRCM 4.04

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

Interpretation: *All programs should maintain an evidence-based suicide risk assessment protocol that evaluates suicidal desire, capability, intent, and buffers/protective factors. Staff should ask questions to learn if the individual is currently thinking of suicide, has thought about suicide recently, and/or has ever attempted suicide. An affirmative answer to any of these questions would require a comprehensive, evidence-based suicide risk assessment or a referral for one with a partnering agency.*

Research Note: *Victims of mass violence and terrorism often require specialized mental health assessment and treatment to cope with the impacts of trauma.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Research Note: *Though limited, determination of outcomes for victims of disasters relative to types of services received is now receiving attention in professional literature. Such resources sometimes provide a comprehensive list of the many services that can be offered and useful program performance measurement indicators.*

DRCM 4.05

Assessments are conducted in a culturally responsive manner to identify resources that can increase service participation and support the achievement of agreed upon goals.

DRCM 4.06

Assessments are completed within timeframes established by the organization.

Interpretation: *Organizations that establish their own timeframes should be sensitive to the needs of individuals and families, ongoing recovery efforts and deadlines, and support the timely development of a recovery plan.*

DRCM 4.07

Engagement and assessment are characterized by:

a. sensitivity to the willingness of the person or family to be engaged;
b. sensitivity to differences in presentation of needs over the phases of recovery and changes in availability of resources;
c. a non-threatening manner;
d. respect for the person, his/her autonomy, culture, and confidentiality; and
e. flexibility.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 5: Service Planning, Coordination, and Implementation

Each individual or family participates in the development, implementation, and ongoing review of a recovery plan that is the basis for delivery of appropriate services and support.

Related: DRCM 8.04

Interpretation: *The disaster recovery plan outlines time-limited tasks for both client and worker to complete as the client is connected with the government and community resources and services needed. The plan guides decision-making and advocacy priorities, and establishs a means by which the organization can monitor progress, subsequent goal achievement, and case closure.*

Interpretation: *The disaster recovery plan may include:*

- *For all individuals and families: crime victims services for victims of mass violence, applications for public benefits and insurance, crisis intervention services, and other services needed to recover optimum social, psychological, and physical functioning.*
- *For individuals, families, and children: mental health treatment or other counseling services, group activity and/or recreation programs, volunteer or employment programs, personal care services, foster care, respite care, intergenerational support services, vocational training, child care, and tutorial programs.*
- *For individuals with special needs: counseling, services for substance use conditions, transitional living arrangements, residential treatment or other out-of-home placement, education, day treatment or activity programs, respite care, nutrition services, vocational training or rehabilitation, and transportation services.*
- *For older adults: mental health or other counseling services, medical and rehabilitative services, escort/transportation services, social programs, volunteer or employment programs, in-home care services, skilled nursing services, senior companion or intergenerational support services, home delivered meals, telephone reassurance services, repair services, day care and respite services, and legal and financial services.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as

noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Disaster Recovery Case Management

Table of Evidence

Self-Study Evidence

- Service planning procedures

On-Site Evidence

- List of community programs and services and information on how to access them

On-Site Activities

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals or families served
- Review case records

DRCM 5.01

Case management services:

a. directly provide, refer, contract, or otherwise arrange for individuals and families to receive needed services and resources identified in the recovery plan; and
b. advocate for the client.

DRCM 5.02

The organization maintains a comprehensive, up-to-date list of reliable community resources that includes:

a. name, location, and telephone number;
b. contact person;
c. services offered and special populations served;
d. languages offered;
e. fee structure; and
f. eligibility requirements.

Interpretation: *The organization should evaluate referral resources on an ongoing basis to assess the safety, quality, and effectiveness of services provided. These evaluations of referral sources may be conducted through site visits or inquiries of the referral organization's reputation in the community.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 5.03

All individuals and families participate fully in ongoing planning that results in:

a. an individualized recovery plan, or series of plans, that assists the client in achieving mutually agreed upon goals;
b. direct provision of, or referral for services, as necessary; and
c. service coordination.

Interpretation: *Recovery planning is conducted such that individuals and families retain as much personal responsibility and self-determination as possible. Individuals with limited ability in making independent choices can receive help with making decisions for themselves and assuming more responsibility for making decisions. When the service recipient is a minor, or an adult under the care of a guardian, the organization should follow applicable state laws or regulations requiring involvement or consent of service recipients' legal guardians.*

When the population served is mobile, for example, in the aftermath of a disaster, an integrated service and exit plan may be initiated.

(FP) DRCM 5.04

A recovery plan is developed in a timely manner and an expedited recovery planning process is available to address crisis or urgent need.

DRCM 5.05

The recovery plan is based on the assessment, and includes:

a. goals, desired outcomes, and successful case closure, and reasonable timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. the individual's or guardian's signature, as appropriate; and
d. documentation and verification needed for the provision and advocacy of services.

DRCM 5.06

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

a. available options;

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

b. how the organization can support the achievement of desired outcomes;
c. the benefits, alternatives, and risk or consequences of planned services; and
d. reasons for closing a case.

DRCM 5.07

The recovery plan addresses, as appropriate, disaster service, support, and advocacy needs as documented in the assessment, to include:

a. unmet service and support needs;
b. possibilities for maintaining and strengthening family relationships; and
c. the need for support of the individual's or family's informal social network.

DRCM 5.08

Recovery plan tasks are identified and completed by the client whenever possible and the plan indicates tasks to be accomplished:

a. by the client;
b. by the worker; and
c. through worker facilitation of referral, assistance, or advocacy.

DRCM 5.09

During disaster recovery planning and implementation, the organization:

a. engages in active and collaborative participation with community recovery resource meetings, as appropriate;
b. shares information at resource meetings regarding inventories of resources, such as available staff, money, or materials; and
c. assures that organizational representatives have authority to allocate resources at the community recovery resource meetings.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 6: Service Monitoring and Reassessment

Service monitoring ensures continuity of service and care, and timely adjustments to service provision when the individual's or family's needs and circumstances change.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances client or staff signatures are missing and/or not dated; or
- Active client participation occurs to a considerable extent.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- In a number of instances client or staff signatures are missing and/or not dated (RPM 7.04); or
- Quarterly reviews are not being done consistently; or
- Level of care for some clients is inappropriate; or
- Service planning is often done without full client participation; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Assessments are done by referral source and no documentation and/or summary of required information present in case record; or

- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Table of Evidence

Self-Study Evidence

- Service monitoring and re-assessment procedures

On-Site Evidence

- Documentation of case review

On-Site Activities

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals or families served
- Review case records

DRCM 6.01

Every individual participates in service monitoring, to include:

a. confirmation, usually within one or two working days, that a service has been initiated according to the plan;
b. verification, usually within 15 working days, that the service is appropriate and satisfactory;
c. follow-up every month at a minimum, or as needed; and
d. immediate response to any complaints or problems that develop in the delivery of service or with the person receiving services.

Interpretation: *The organization tailors the type and frequency of service monitoring according to the needs of persons receiving services, frequency and intensity of service provided, barriers and resources that emerge, and*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

frequency of contact with informal caregivers and cooperating providers.

DRCM 6.02

A re-assessment is conducted within five working days when there is a change in the individual or family's status or circumstances, or a new issue or resource arises.

Interpretation: *An organization that, due to contractual requirements, is unable to conduct re-assessments according to these timeframes can modify them to meet the needs and goals of the population served.*

DRCM 6.03

The worker and a supervisor, or a clinical, service, or peer team, review cases routinely, consistent with established timeframes, to assess:

a. recovery plan implementation;
b. the service recipient's progress toward achieving goals and desired outcomes; and
c. the continuing appropriateness of service goals.

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

Disaster Recovery case management is time limited. Case reviews should be conducted within meaningful timeframes that take into account the nature of the disaster, issues and needs of persons receiving services, the frequency, duration, and intensity of services provided, and resources available.

DRCM 6.04

The worker and family regularly review progress toward achievement of agreed upon goals and sign revisions to service goals and plans.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 7: Case Closing

Case closing is a planned, orderly process.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- Minor inconsistencies and not yet fully developed practices are noted, however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations (HR 6.02) and training (TS 2.03); or
- In a few instances the organization terminated services inappropriately; or
- Active client participation occurs to a considerable extent; or
- A formal case closing summary and assessment is not consistently provided to the public authority per the requirements of the standard.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are routinely terminated inappropriately; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard.; or
- A number of client records are missing important information; or
- Client participation is inconsistent; or
- One of the Fundamental Practice Standards received a rating of 3 or 4.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being

used; or
- Documentation is routinely incomplete and/or missing; or Â
- Two or more Fundamental Practice Standards received a rating of 3 or 4.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Table of Evidence

Self-Study Evidence

- Case closing procedures that address continuation of services for persons whose third-party benefits have ended or persons requiring transfer to another DRCM organization

On-Site Evidence

- Documentation of recovery plan goal status at closure or transfer

On-Site Activities

- Interview:
  a. Clinical or program director
  b. Relevant personnel
  c. Individuals or families served
- Review case records

DRCM 7.01

Planning for case closing:

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

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

DRCM 7.02

Upon case closing, the organization notifies any collaborating service

providers, including the courts, as appropriate.

DRCM 7.03

When a person's third-party benefits or payments end, the organization determines its responsibility to provide services until appropriate arrangements are made and, if termination or withdrawal of service is probable due to non-payment, the organization works with the person or family to identify other service options.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits have ended and who are in critical situations.*

NA *The organization does not receive third-party benefits or payments for service.*

DRCM 7.04

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

DRCM 7.05

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

DRCM 7.06

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

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

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 7.07

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

DRCM 7.08

When the organization has a contract with a public authority that does not include aftercare planning or follow-up, the organization:

a. conducts a formal termination-of-service evaluation and assessment of unmet needs; and
b. informs the public body of the findings, in writing, as appropriate to the contract and with the permission of the person or his/her legal guardian.

NA *The organization does not have a relevant contract with a public authority.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Disaster Recovery Case Management

DRCM 8: Personnel

Disaster Recovery Case Management employees and volunteers are qualified by life experience, education, and training to access and coordinate services for the populations served.

Interpretation: *Volunteers are a critical, dynamic, and spontaneous resource in disaster recovery efforts. Organizations that deploy volunteer personnel seek to maximize volunteer contributions and experience by selecting, training, and supporting volunteers consistent with their personnel policies and procedures.*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Rating Indicators

1) All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice standards.

2) Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice standards; e.g.,Â

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, including: education, experience, training, skills, temperament, etc., but the integrity of the service is not compromised.
  - Supervisors provide additional support and oversight, as needed, to staff without the listed qualifications.
  - Most staff who do not meet educational requirements are seeking to obtain them.
- With some exceptions staff have received required training, including applicable specialized training.
  - Training curricula are not fully developed or lack depth.
  - A few personnel have not yet received required training.
  - Training documentation is consistently maintained and kept up-to-date with some exceptions.
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies.
  - Supervisors provide structure and support in relation to service outcomes, organizational culture and staff retention.
- With a few exceptions caseload sizes are consistently maintained as required by the standards.
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services, and are adjusted as necessary in accord with established workload procedures.

- Procedures need strengthening.
- With few exceptions procedures are understood by staff and are being used.

- With a few exceptions specialized staff are retained as required and possess the required qualifications.
- Specialized services are obtained as required by the standards.

3) Practice requires significant improvement, as noted in the ratings for the Practice standards. Â Service quality or program functioning may be compromised; e.g.,

- One of the Fundamental Practice Standards received a rating of 3 or 4.
- A significant number of staff, e.g., direct service providers, supervisors, and program managers, do not possess the required qualifications, including: education, experience, training, skills, temperament, etc.; and as a result the integrity of the service may be compromised.
  - Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur.
  - Supervisors do not typically provide additional support and oversight to staff without the listed qualifications.
- A significant number of staff have not received required training, including applicable specialized training.
  - Training documentation is poorly maintained.
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies.
- There are numerous instances where caseload sizes exceed the standards' requirements.
- Workloads are excessive and the integrity of the service may be compromised.Â
  - Procedures need significant strengthening; or
  - Procedures are not well-understood or used appropriately; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4) Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice standards; e.g.,

?For example:

- Two or more Fundamental Practice Standards received a rating of 3 or

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

4.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

Table of Evidence

Self-Study Evidence

- Program staffing chart that includes lines of supervision
- List of program personnel that includes:
  a. name;
  b. title;
  c. degree held and/or other credentials;
  d. FTE or volunteer;
  e. length of service at the organization;
  f. time in current position
- Table of contents of training curricula
- Caseload size, per worker, for the past six months, and procedures or criteria used to assign and evaluate caseloads

On-Site Evidence

- Training curricula
- Documentation of training
- Job descriptions

On-Site Activities

- Interview:
  a. Supervisors
  b. Personnel
- Review personnel files

DRCM 8.01

Case managers are qualified by completion of a disaster recovery case management specific curriculum and have the experience, personal qualities, case management skills, and current competencies to work effectively with the populations served.

Interpretation: *Individuals with a broad range of experience, education, and training are deployed as disaster recovery case managers, as determined by the organization's mission, programs, and requirements. Organizations can determine satisfactory preparation and level of qualification through a combination of training and education, for example, case management certification or a bachelor's degree with sufficient,*

appropriate experience.

Interpretation: *Direct service providers should be selected for their ability to handle stressful situations and for qualities such as empathy, maturity, judgment, and alertness to warning signs of potential crisis.*

DRCM 8.02

Case managers are respectful of the individuals, families, and communities served, and their autonomy, and are:

a. supportive;
b. able to recognize strengths;
c. sensitive to the needs of individuals and families in crisis;
d. aware of the impact of the disaster on the community; and
e. culturally and linguistically competent relative to the population served.

Related: DRCM 2.04, ETH 5.01

Interpretation: *Several proprietary disaster case management training curricula have been developed and are being utilized in the field. These curricula provide in depth material on qualities and skills of effective case managers, and the traits organizations value in disaster recovery case managers. Currently, these materials typically are available and provided through a skilled trainer, only.*

Interpretation: *A culturally-sensitive response to the disaster impacted area is critical for effective, efficient, and equitable use of recovery resources. DRCM organizations identify and directly address or seek collaborations to address the needs of those populations. Examples of culturally-sensitive responses include engagement of the community's formal or informal leaders, translation of forms into the population's first language, learning about and working with the community's structure, providing interpretation services, and seeking volunteers from the community to assist in case management and supplemental activities.*

Note: *Organizations should refer to the Ethical Practice (ETH) standards for more information regarding professional conduct and personnel knowing and following their codes of ethics.*

DRCM 8.03

Case managers receive training on the following topics:

a. establishing rapport and a professional relationship with clients;

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

b. cultural competency;
c. methods of engaging individuals and families;
d. special issues related to working with the identified service population;
e. coordinating services as part of a team;
f. linking clients and making referrals to community services;
g. knowledge of community programs and how to access services;
h. case advocacy and case presentation;
i. confidentiality, conflict of interest, and professional ethics;
j. knowledge of public assistance programs, eligibility requirements, and benefits; and
k. the organization's emergency plan, and disaster relief resources, planning, and procedures.

DRCM 8.04

Case managers receive training on the following disaster recovery related topics:

a. role of case management in a disaster;
b. disaster terminology;
c. stages of disaster response and recovery;
d. the disaster declaration process;
e. local, state and federal responses to disaster to include the "sequence of delivery" for governmental assistance;
f. long-term recovery groups;
g. methods to promote empowering client recovery efforts;
h. conducting disaster-related screening and needs assessments;
i. developing disaster recovery plans;
j. record keeping and data management for emergency situations; and
k. self care.

Related: DRCM 5, RPM 6, RPM 8

Interpretation: *Regarding element (j), shared data base technologies have been, and are being, developed among collaborating recovery organizations as a partial solution for improved monitoring of client goal attainment and increasingly efficient and effective use of disaster-related resources.*

DRCM 8.05

Supervisors of case managers are qualified by completion of a disaster recovery case management curriculum for supervisors, and human services

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

experience, including at least four years of supervised experience providing case management or disaster recovery case management services.

Interpretation: *Individuals with a broad range of experience, education, and training are deployed as supervisors of disaster recovery case managers as determined by the organization's mission, programs and requirements; however, supervisors should be able to support, monitor, and advocate for case managers and clients, and meet program administration and training responsibilities. Satisfactory preparation and level of qualification can be determined through a combination of training and education, for example, case management certification, a bachelor's degree, or an advanced degree, with appropriate experience.*

DRCM 8.06

Supervisors prevent, identify, and address stress, anxiety, secondary traumatic stress, and vicarious trauma among direct service staff by:

a. processing and debriefing with staff following a crisis or traumatic event;
b. creating an atmosphere of problem-solving and learning;
c. providing constructive ways to approach difficult situations with service recipients; and
d. facilitating regular feedback, growth opportunities, and a structure for ongoing communication and collaboration.

Related: RPM 2.03

Interpretation: *Supervision is an important determinant of service recipient outcomes, organizational culture, and staff retention.*

Interpretation: *In order to promote workforce well-being, organizations should implement policies that address and help prevent stress-related problems. Strategies to reduce the adverse effects of secondary traumatic stress and vicarious trauma include: helping staff identify and manage the difficulties associated with their respective positions; promoting self-care and well-being through policies and communications with personnel; offering positive coping skills and stress management training; and providing adequate supervision and staff coverage.*

Interpretation: *Before a crisis or traumatic event occurs, the organization's leadership should establish a coordinated plan detailing its organization-wide response strategy (see also ASE 7), in accordance with all applicable confidentiality laws and regulations. For example, response*

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

plans in the event of a suicide can include: procedures for managing information about the death, coordination of internal or external resources, supports for those affected by the death, commemoration of the deceased, and follow-up with anyone at elevated risk for suicide.

Interpretation: *The suicide attempt or death by a service recipient can be a traumatic experience for staff and appropriate supports and avenues for grief are often not provided. Staff may feel responsible for the individual's death, professionally inadequate, blamed by colleagues, and ashamed. To help staff process the loss of a service recipient to suicide, voluntary non-judgmental support services should be made available to help the affected staff and other personnel grieve and prepare for future contact with individuals at risk for suicide.*

Research Note: *Secondary traumatic stress (STS) - distress that results from being exposed to the traumatic stories of others - and vicarious trauma (VT) - internal changes in the perception of self that are due to chronic exposure to traumatic material - have a significant impact on direct care workers and supervisors. STS has been linked to increased absenteeism among employees, high staff turnover, and decreased compliance with organizational requirements. The impact of VT can impede organizational function and negatively influence an individual's sense of trust, safety, control, and esteem.*

DRCM 8.07

Case management supervisors monitor, communicate, and take action regarding:

a. the support and training needs and effectiveness of case management staff;
b. the prioritization of client needs, and status and support of recovery plan goals;
c. the development and processes of disaster specific resources; and
d. the need for networking and collaboration with agencies and community providers.

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

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.

DRCM 8.08

A supervisor or case manager is available to provide case consultation whenever services are provided.

DRCM 8.09

Caseload size is sufficiently small to permit case managers to respond to differing service needs of individuals and families, including frequency of contact.

DRCM 8.10

Employee workloads support the achievement of client outcomes, are regularly reviewed, and are based on an assessment of the following:

a. the qualifications, competencies, and experience of the worker, including the level of supervision needed;
b. the work and time required to accomplish assigned tasks and job responsibilities; and
c. service volume, accounting for assessed level of needs of new and current clients and referrals.

Purpose

Individuals and families who receive Disaster Recovery Case Management Services access and use resources and support that build on their strengths and meet their service needs.