



Re-establishing Normalcy: Helping Families Address the Long-Range Effects of Disaster through Case Management

In the wake of Hurricanes Katrina, Rita, and Wilma and the levee failures in New Orleans, the nation is addressing issues of rebuilding on a magnitude it has not faced before. While much of the attention is on rebuilding the physical and economic environments of the massive geographic areas affected, rebuilding lives is a matter of the first order.

Confronted by the enormity of these disasters, forces have been marshaled to help those affected with the necessities of life, at least in the short-run. In every disaster, even a single house fire, lives are turned upside down. In this instance, hundreds of thousands of lives have been disrupted and in very profound ways. With total communities destroyed and soaked in an environmentally-dangerous stew for weeks, some may not be able to or want to return to their home communities. With the economic disparity that many of the people most directly affected experience, new opportunities in new communities become inviting. The effect, in terms of helping and families and individuals re-establish normalcy in their lives, is that intensive services are required not only in the communities directly touched by the hurricanes but also those that have become temporary homes for their citizens.

The U.S. may have an enviable human services delivery system in comparison to some but it is a virtual system at best. While the government plays a significant role, perhaps more often as a funder than as a provider of services, like most other aspects of American life, the free-market reigns. However, in this instance, the free market is significantly comprised of nonprofit organizations. That that is the case affords consumers choices and it allows providers to deliver services in configurations and contexts that fulfill their voluntary missions.

Delivered by social workers and allied professionals, paraprofessionals and volunteers, coordination among providers is an aspirational and often real practice, but each provider has its individual accountabilities. As such, cooperation and coordination on behalf of "clients" is not always routine or formalized. An effective caseworker is more an entrepreneur on behalf of his or her clients than a cog in a well-oiled rational delivery system.

In the 1970s and before, politicians and people in the human service world often referred to "multi-problem families." In reality, these were not multi-problem families; they were multi-agency families. That is, it was the services that were fragmented over multiple agencies not the problems of the families that were the crux of the matter. In the pluralistic, public-private system we have in the U.S., that will probably always be the case. As such, then and now, agencies and government leaders seek ways of aggregating or weaving together the diverse resources and services that families require. Case management is often seen as the solution.

And an appropriate response it is. Indeed, as attention turns from helping victims through the immediate crises to the longer-term, there is a rush, particularly in the wake of the Gulf Coast disasters, to establish case management for them. The danger lies in establishing case management that does not live up to its billing---that creates greater complexity for those served, that is duplicative, and that does not have the wherewithal to accomplish its objectives.

This brief is intended to bring attention to that caution and to suggest principles for case management that increase the likelihood that families and individuals affected by disaster will be well served.

The Encyclopedia of Social Work defines case management as “a method of providing services whereby a professional social worker assesses the needs of a client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for *a package of multiple services to meet the specific client’s complex needs (emphasis added).*” (It may be noted that case management is not always delivered by a credentialed social worker.) In short, case management is like the service representative for a car you purchase from a dealer and have serviced by that dealership over the years, with a few very significant differences. The service rep knows you, knows your car, and has relevant expertise. His database allows him to know what problems your car has experienced, what services have been provided, and when and what service it may need next. That is where the analogy ends. Case management goes beyond in at least these fundamental ways:

- It develops, pursues and continuously monitors and adjusts a comprehensive plan for the individual or family.
- It engages the service recipient as a partner in the design and implementation of the plan.
- It actively engages other service providers for the benefit of the individual or family, assuming lead responsibility for ensuring that services are delivered and coordinated.
- It advocates on behalf of the client and his/her needs.

In a review of federally-sponsored case management programs in the early 90s, Austin found that the while the intent “was to break down barriers among providers and to create a delivery system that was more responsive to clients’ total needs,” this goal was not achieved because case managers lacked sufficient authority to produce inter-system coordination. This speaks to a very specific and crucial requirement for case management on behalf of victims of disaster: *authority to coordinate across agencies and bureaucracies.*

Given the pluralistic system that exists in the U.S., including federal bureaucracies with overlapping responsibilities, where can such authority come from? The National Human Services Assembly would observe that it evolves from:

- Trusting relationships with the individuals and families affected;
- The confidence of other service providers and local decision-makers;
- A record of and experience with formal inter-agency agreements that are focused on meeting client needs more effectively collaboratively than any party could individually;

- Vetting by appropriate governmental and community entities.

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

In the rush to establish a case management system for the victims or recent disasters, which has been proposed variously to HHS and FEMA by diverse parties, we posit these principles:

- Coordination happens best closest to the people affected. Many local communities have patterns of coordination and relationships among agencies. Build upon local collaborative relationships.
- National entities with relevant expertise and relationships can expedite the mobilization of local collaborations. A very specific recommendation is that case management efforts look to the agencies that have over 20 years' experience cooperating with one another at both the national and local levels via the FEMA Emergency Food & Shelter Program. These agencies have coordinated planning, service delivery and shared data since the early 1980s and, via required advertising, are open to new participants every year.
- Expertise and experience matter. Case management requires in-depth knowledge of how to work with individuals and families, of public resources available, of the often-complex service delivery system and how to navigate it. While many congregations, civic groups and others have stepped up to the plate to help with immediate needs resulting from the recent disasters, mainstream agencies report that such groups often turn to them relative to "what to do next." Case management can augment and maximize spontaneous local support not replace it.
- Relationships matter—formal working relationships. As noted above, there is typically no one entity that can grant authority for inter-agency case management. Agencies considered for this work should have significant experience cooperating and coordinating with other agencies.
- Case management should help not complicate things for the families and individuals affected. Adding a new layer of caseworker complicates: the ideal caseworker is one that the family or individual trusts, who reflects the other principles cited here, and who the client is already working with.
- One case manager per family or individual. Many agencies employ case managers and many individuals and families require the services of multiple agencies and therefore have multiple case managers. The intent of inter-agency case management is that there be one person with the ability to coordinate on behalf of and advocate for each family or individual in need. Agencies seeking the best for their clients will be willing to sign inter-agency agreements that allow for a single coordinating agent across agencies.

- The individual or family must play an active if not lead role. Whether or not inter-agency case management is to occur on his/her/their behalf and involving which agencies is his/her/their call. And along the way, case managers must allow for self-determination and responsibility by the client at every turn.
- There must be technical systems developed or in place to reduce duplicative data collection and document and facilitate coordination. In this instance, there is just such a system---CAN, the Coordinated Assistance Network. CAN is an interagency portal for case data on those affected by disasters. This is a critical piece of infrastructure for case management. The system was developed in cooperation with agencies which are themselves critical elements of the infrastructure of disaster response and relief; among them, FEMA, American Red Cross, The Salvation Army, United Way of America, and others. This vehicle should be an essential part of a case management system for helping individuals and families move beyond short-term necessities to long-term normalcy.

Given the physical precariousness of various parts of New Orleans and other Gulf Coast communities, many are calling for rebuilding in smart ways. The same can be said for our efforts to rebuild lives. Case management can be a very valuable method, particularly in this instance, where so many lives are affected in such profound ways. It will be a smart and valuable tool if it is implemented in smart ways.

The National Human Services Assembly is an alliance of leading national nonprofit human service, human development and community development organizations. For information about NHSA, go to www.nassembly.org.