

# The Survivors' Fund Process for Disaster Recovery

A RESOURCE FOR FOUNDATIONS AND OTHER PARTNERS

## Acknowledgements

We wish to express our appreciation to the members of the Survivors' Fund Governance Board, Distributions Committee, and others who provided input for the structure and content of this report:

Douglas M. Bibby, *President, National Multi Housing Council*

Susan M. Ley, *Executive Director, William Wendt Center for Loss and Healing*

Alan G. Merten, Ph.D., *President, George Mason University*

Leslie Seeman, Esq.

George Vradenburg, *Vradenburg Foundation*

Clarice Dibble Walker, *Howard University*

Ann Wexler, *Chairman, Executive Committee, Wexler & Walker Public Policy Associates*

Kathy Whelpley, *Senior Vice President for Governance, Strategic Planning and Special Projects, The Community Foundation for the National Capital Region*

Stephanie Berkowitz, *Northern Virginia Family Service*

Andrea Zych, *Northern Virginia Family Service*

Margaret A. Ferry, *International Communications Consultant*

# The Survivors' Fund Process for Disaster Recovery

A RESOURCE FOR FOUNDATIONS AND OTHER PARTNERS

## TABLE OF CONTENTS

I. Introduction and Purpose of Report . . . . .	2
II. Fund Creation: Historical Context, Initial Decisions, and Operating Organizational Structure . . . . .	3
III. Fund Management . . . . .	6
IV. Financial Assistance . . . . .	8
V. Case Management . . . . .	9
VI. Concluding Statement . . . . .	11
VII. Relevant Documents Referenced Within Text . . . . .	12
A. Disaster Response and Recovery: A Community Foundation Perspective on Key Issues to Consider for Organizations Establishing Funds . . . . .	13
B. Goals and Guiding Principles for Distribution of Funds . . . . .	15
C. Distributions Committee Operating Procedures . . . . .	18
D. Distributions Committee Job Description . . . . .	24
E. Governance Board and Distributions Committee Confidentiality Agreements . . . . .	25
F. Database Template: Client Information Forms . . . . .	26
G. Case Management Assessment Tools . . . . .	30
H. First Responder Outreach Model . . . . .	38
I. Hart Evaluation Report . . . . .	40
J. Additional Resources . . . . .	44

## I. INTRODUCTION AND PURPOSE OF REPORT

Immediately following the September 11, 2001 attack at the Pentagon, in response to an outpouring of support from donors and individuals wanting to help, The Community Foundation for the National Capital Region established the Survivors' Fund, dedicated exclusively to helping victims of the attack rebuild their lives over the long term.

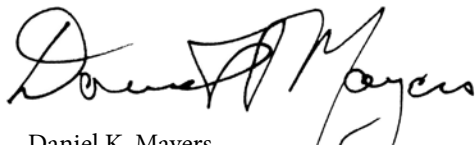
At that time, there was no mechanism in place to guide the creation of a fund for victims of mass trauma. We did not know how many people we would serve, or what their emotional or financial needs would be. This is what we did know: we believed in a locally housed fund, one that followed a case management model, purposefully flexible in its definition of survivor and services to be provided. Inspired by the model of the local response to the 1995 bombing of the Alfred P. Murrah Federal Building in Oklahoma City, we established the Survivors' Fund as a long-term recovery effort, distinguished from other funds created to provide immediate relief or financial compensation alone.

Over nearly seven years, Survivors' Fund helped more than 1,000 individuals, providing both financial support and case management services. In the pages that follow, we have documented some of the processes by which we attempted to carry out that work.

It is not possible to document every step that was taken over the life of the Fund, but it is our hope that leaders in the foundation and nonprofit fields who may face future tragedies can build on our experience as described here. Specifically, the processes and procedures summarized in this report should be of use to the following audiences:

- ◆ foundations looking to develop or coordinate a philanthropic response in the wake of a community disaster;
- ◆ nonprofit organizations looking to play a part in long-term recovery;
- ◆ case management organizations interested in partnering with a foundation in responding to a disaster in their communities;
- ◆ emergency managers and public officials active in disaster preparedness response and recovery efforts.

We hope that by highlighting specific elements of the Survivors' Fund program, we inform the growing body of information relating to emergency preparedness for the fields of philanthropy and social work. We dedicate this effort to the courageous survivors whose ongoing individual journeys have inspired and informed our work.



Daniel K. Mayers  
Chair, Survivors' Fund Governance Board



Terri Lee Freeman  
President, The Community Foundation for the National Capital Region

## II. FUND CREATION: HISTORICAL CONTEXT, INITIAL DECISIONS, AND OPERATING ORGANIZATIONAL STRUCTURE

### HISTORICAL CONTEXT

Within days of the September 11, 2001 attack at the Pentagon, in response to an outpouring of support from donors and individuals wanting to help, The Community Foundation for the National Capital Region established a mechanism to assure that assistance reached the individuals and families directly affected. Calling upon its existing expertise as one of the region's largest funders of local nonprofits, The Community Foundation established the Survivors' Fund, dedicated exclusively to helping victims of the attack rebuild their lives over the long term.

The fact that the disaster took place at a confined physical site on a military installation had a significant impact on the Fund's creation in that it defined to a great extent the survivor population to be served. The existence of other funds dedicated to assisting victims of the September 11 attacks also framed the Fund's initial decisions and operating structure.

### INITIAL DECISIONS

*Key Characteristics:*

- ◆ **The Community Foundation's role: speed at which the Fund was operational**
- ◆ **Oklahoma City model: case management and financial assistance**
- ◆ **Eligibility**
- ◆ **Focus on long-term needs**
- ◆ **Flexible definition of services provided**

The Community Foundation was well-positioned not only to receive the hundreds of contributions that began arriving in the days and weeks following the attack, but also to rapidly put in place the organizational structures needed to responsibly manage these funds. With more than 30 years of experience growing philanthropy and fostering investment of charitable dollars in the metropolitan Washington region, The Community Foundation immediately was able to engage experienced professionals and community leaders in the Survivors' Fund—for example, several Community

Foundation Trustees stepped forward and agreed to serve on the Survivors' Fund Governance Board—and to build on existing management and organizational structures so that operations could begin. As a result, only five days after the attack the formation of the Fund was officially announced to the community in a full page advertisement in the Sunday edition of *The Washington Post* (donated by the newspaper).

The Survivors' Fund's connections with The Community Foundation lent it credibility and gave the Fund's leadership confidence in moving forward. Absent The Community Foundation's organizational structure and excellent reputation, the Survivors' Fund could not have been operational with the same speed and efficacy. A Community Foundation perspective on key issues to consider for organizations establishing disaster response and recovery funds is included in Chapter VII, A.

For guidance, The Community Foundation for the National Capital Region turned to the Oklahoma City Community Foundation, whose experience after the 1995 bombing of the Alfred P. Murrah Federal Building provided a valuable model and strongly influenced the direction of the Fund. The Oklahoma City model included case management and financial assistance, helping to meet survivor needs through its own resources and leverage others on survivors' behalf.

The Community Foundation adopted a case management approach similar to the one used in Oklahoma City. This method, by which professionally trained case managers coordinate access to services, resources and information available to survivors and their families, requires a partner agency qualified to carry out the case management function. Northern Virginia Family Service (NVFS), a private, nonprofit organization that provided prevention, intervention and advocacy services to the region for more than 80 years, was selected as the Fund's lead agency for this work. (See Chapters III and V for additional details on the case management model.)

Those eligible to receive support from the Survivors' Fund included family members of anyone killed in the attack on the Pentagon, including passengers and crew on American Airlines Flight #77; individuals injured physically or emotionally during or as a direct result of the Pentagon attack or rescue operations; and families of those injured physically or emotionally. Of that population, 90% of survivors of those killed or injured at the Pentagon and 71% of survivors of crew and passengers on American Airlines flight 77 had some level of contact with the Survivors' Fund.

The Fund's stated mission was to "help victims and their families directly affected by the September 11 attacks at the Pentagon to access the services and support they need to achieve *long-term* financial and emotional stability." Stability was defined as functional self-sufficiency, meaning individuals able to care for themselves and their dependents by providing food, shelter and basic medical, education, and living expenses.

Recognizing that healing would take years rather than months, and taking into account the availability of other resources in the wake of the attacks, the Fund focused its efforts on long-term needs of eligible survivors as defined above. The Survivors' Fund distinguished itself from other funds established to provide immediate relief or financial compensation alone as well as from those serving broader or narrower populations.

The Fund remained true to its original mission throughout its life. Staying mission-focused was an important factor as the Governance Board and Survivors' Fund Distributions Committee made their decisions in carrying out the Fund's work. There was consensus that the path taken — namely to be available in a longer time frame and to be flexible and responsive in helping survivors meet recovery needs — were distinctions to be strongly affirmed throughout the life of the Fund.

The Survivors' Fund maintained a flexible definition of services to be provided. Recognizing that the path to healing

is not a straight line, and that no two survivors and no two recoveries are necessarily alike, there was no established list of services that would or would not be covered by the Fund. This flexible definition of services sometimes raised questions of equity, which the Governance Board and Distributions Committee struggled with over time, and sometimes made it more difficult for survivors to understand the Fund's role. That said, the client-centered approach, the capacity to factor in the unique circumstances of each survivor, and the flexibility to respond to individual needs, remained at the heart of the Fund's decision-making process over the life of the Fund. This approach was supported by three independent evaluations. (See Chapter III for more details.)

#### **OPERATING ORGANIZATIONAL STRUCTURE**

*Key Characteristics:*

- ◆ **Housed at The Community Foundation**
- ◆ **Governance Board**
- ◆ **Distributions Committee**
- ◆ **Goals and Guiding Principles**
- ◆ **Sunset Planned In Advance**

The fact that The Survivors' Fund was housed at The Community Foundation for the National Capital Region provided an institutional structure and allowed for quick responses not otherwise possible. The Fund itself was staffed by one Director and one Program Associate and relied on targeted support from the finance and donor relations staff of The Community Foundation. It is also worth noting that from the day the Fund was created, a decision was made that donated funds would be used *exclusively* to support survivors and their families. Administrative costs were supported by donations from the local philanthropic community whose contributions were specifically designated for that purpose, as well as interest earnings on the Fund.

An 11-member Governance Board set policy and oversaw the financial management of the Fund. The Governance Board membership included representatives from the local business, civic and philanthropic communities, including

the two largest donors to the Fund. The Governance Board held its first meeting on November 16, 2001, met monthly for the first four months, bi-monthly until the third year, and then convened on a quarterly basis throughout the balance of the Fund.

A 12-member Distributions Committee was created to consider specific cases and allocate distributions of funds according to the policies as established by the Governance Board. The Distributions Committee initially included practitioners with expertise in the fields of social work and community philanthropy. Over time, membership was expanded to include legal and financial planning expertise to help appropriately address the various types of survivors' needs being brought forward in specific cases. For the first year or so, the Distributions Committee met bi-weekly. In December 2002, the Committee began convening every three weeks, a process that continued until September of 2004, at which time the meetings were held monthly, until the final distributions were made in April 2007. (See sunset plan, below) All told, the Committee met nearly 100 times and considered more than 3,600 funding requests.

The Governance Board adopted a Statement of Goals and Guiding Principles for Distribution of Funds, which guided their work. That document (attached, Chapter VII, B), included the Fund's definition of family and a broad list of the types of services to be supported, and outlined the process for distributions from the Fund. It specified a limit of \$100,000 per victim/family (later amended to "per household"), with Governance Board authorization needed for financial commitments exceeding that amount.

Using that document as a starting point, the Distributions Committee adopted Operating Procedures (attached, Chapter VII, C) that further spelled out working assumptions and more detailed procedures that would guide their work in allocating funds. A Distributions Committee Job Description (Chapter VII, D) was created to provide members with a clearly defined outline of responsibilities, expectations and limitations of their role.

Governance Board and Distributions Committee members signed a confidentiality agreement (Chapter VII, E) stating they would not disclose any non-public information made available to them while carrying out their work on behalf of Survivors' Fund.

There was relatively little turnover on the Governance Board or Distributions Committee. This continuity allowed for informed policy decisions to be made with the benefit of experience over the Fund's existence. The extraordinary commitment made by those who accepted the roles and responsibilities in the fall of 2001 and continued to dedicate time and effort over a period of nearly seven years contributed greatly to the Fund's effectiveness.

The Survivors' Fund was established with a specific lifespan in mind. Recognizing that the Fund should not be in existence indefinitely, financial models were put in place to provide support over a five- to seven-year timeframe. An investment committee of the Governance Board developed an initial strategy to ensure that funds would be available over that period. The committee convened as necessary to consider potential changes to strategies to align with market realities and long-term projections. It is worth mentioning that, unlike Oklahoma City's experience, the markets did not perform well during the life of the Fund. Investment strategies were adjusted to reflect those realities and, once again, the Fund benefited from valuable support provided by The Community Foundation in this area.

The Fund's sunset plan was reviewed regularly and, in March 2006, the Governance Board approved a final strategy for the Fund's remaining uncommitted assets, stating that no new clients would be accepted after October 1, 2006, and no new distributions would be approved after April 1, 2007. (See Chapter V, Case Management, for more on the case management agency's role in the sunset plan and the case management approach designed to transition clients into independence from the Fund.)

### III. FUND MANAGEMENT

*Key Characteristics:*

- ◆ **Selection of Case Management Agency**
- ◆ **Engaging Survivors**
- ◆ **Distributions Process**
- ◆ **Guidelines and Policies**
- ◆ **Independent Evaluations**

The Survivors' Fund adopted a case management approach similar to the one used in Oklahoma City after the 1995 bombing there. This method, through which professionally trained case managers coordinate access to services, resources, and information available to survivors and their families, requires a partner agency qualified to carry out the case management function. Northern Virginia Family Service (NVFS), a private, nonprofit organization that has provided prevention, intervention and advocacy services to the region for more than 80 years, was selected as the Fund's lead agency for this work.

The relationship between the Survivors' Fund and NVFS can best be described as a hands-on partnership that continued to evolve over time, with both parties making a long-term commitment to the program's success. The Fund's leadership took its responsibility to survivors, donors, and the community quite seriously, and, in relying on NVFS to carry out the case management function, was highly engaged in assuring that policies and procedures were being implemented as directed. Over the life of the Fund, members of the Governance Board invested time and effort in educating themselves in order to better understand NVFS's operating structure and protocol so as to make informed policy decisions. The Distributions Committee also engaged

with NVFS, often requesting additional information or clarifications during their review of cases. The development of a working relationship of mutual respect was critical to the success of the partnership. (See Chapter V, Case Management, for more details on the partnership.)

Outreach to survivors was conducted primarily through the case management agency (NVFS). A series of newspaper advertisements in the fall of 2001 promoted the existence of the Fund, and initial response was so high that at one point the Governance Board feared not being able to effectively respond over the longer-term. Outreach efforts evolved over time, with some occurring naturally through the case management process. There was no comprehensive plan for engaging survivors but, as noted above, 90% of survivors of those killed or injured at the Pentagon had some level of contact with the Fund.

One of greatest sources of referrals was the Office of Family Policy at the Pentagon, which was initially responsible for providing support services to survivors. When it concluded operations in December 2002, that office referred clients to the Survivors' Fund for ongoing assistance.

First responders tended to approach the Fund for assistance much later than other survivors. Recognizing this trend (also evident in the Oklahoma City case), extended outreach was conducted within this community beginning in 2005, and case managers met with more first responders that year than in the first three years combined. The outreach model for first responders is attached in Chapter VII, H.

Survivors' Fund implemented a distributions process whereby payments were made directly to service providers, not to individual victims or families. Initially the payments were made by The Community Foundation but in May of 2002 that function was transferred to NVFS so that payment services could be more closely aligned with individual case management.

Along with the initial Statement of Goals and Guiding Principles for Distribution of Funds (see above), the Governance Board continued to re-evaluate processes and procedures over the life of the Fund. Lessons learned informed decisions as circumstances unfolded and programming progressed. In one notable example, policy was changed to place greater emphasis on financial need in terms of resources received, not just eligibility for support. Recognizing that contributions to the Fund peaked by December 2002, the Board compared the rate of spending to total contributions, saw that the Fund was 50% through its corpus, and activated a new policy of demonstrated versus stated need. Activating this policy helped maximize the use of resources over the life of Fund, ensuring that remaining funds were devoted to meeting the needs of survivors with the most pressing financial and coping challenges and the fewest resources. But the change in policy also had implications for the Distributions Committee, requiring a change in the Operating Statement articulating how the Committee would proceed with the new mandate. The new policy also had to be strategically communicated to survivors to avoid confusion about the Fund's operating context. (See Chapter V for more details on case managers' role in this process.)

In another effort to maximize resources and more definitively project the lifespan of the Fund, in September 2003, when it became evident that a gap existed between committed and spent resources (some survivors were not taking advantage of services that had been approved), the Board adopted an addendum to the Principles and Procedures for Distribution of Funds that set forth a one year time limit for a survivor to utilize services approved by the Fund. If services were not used within one year, the balance was to be credited back to the Survivors' Fund. Once again, effectively communicating this change to survivors was critical to successful policy implementation.

As part of its effort to assess progress and refine program operations, the Board commissioned three separate independent evaluations over the life of the Fund. All three confirmed the value placed by survivors on the case management aspect of the Survivors' Fund model. The first two, conducted in 2002 and 2004, were carried out by Children's Research Institute at Children's National Medical Center, and focused on survivor satisfaction. Both indicated high levels of satisfaction with the Fund among the eligible survivor population, while also providing feedback that helped to improve delivery of services going forward. A third, more comprehensive program evaluation was conducted by Peter D. Hart Research Associates in late 2006. Based on research with survivors, case managers, and Fund leadership, that evaluation concludes that the Fund had a measurable, positive impact on survivors' lives. Specific key learnings from the Hart report may be a useful tool to others undertaking similar work; thus they are included here in Chapter VII, I.

## IV. FINANCIAL ASSISTANCE

### *Key Characteristics:*

- ◆ **Client-centered Approach**
- ◆ **Definition of Services Covered**
- ◆ **Payment process**

The Survivors' Fund built on the Oklahoma City model of providing two basic types of assistance: financial assistance (payments to cover specific needs) and case management. In order to receive financial assistance, survivors were required to participate in the case management process. (See Chapter V.)

The Fund maintained a client-centered approach to financial assistance, avoiding formulas and reacting to (versus *prescribing*) client needs. As noted above, a flexible definition of services was maintained, with no list of entitlements or specific items that would or would not be covered by the Fund. Financial assistance was provided to support survivor needs in the following areas: educational, vocational, financial, emotional and medical.

This flexible definition of services sometimes raised questions of equity, which the Governance Board and Distributions Committee continually struggled with. Flexibility also sometimes made it more difficult for survivors to understand the Fund's role. That said, the client-centered approach, the capacity to factor in the unique circumstances of each survivor, and the flexibility to respond to individual needs, remained at the heart of the Fund's decision-making process.

The Survivors' Fund implemented a distributions process whereby payments were made directly to service providers, rather than to individual victims or families. Initially the payments were made by The Community Foundation, but in May of 2002 that function was transferred to NVFS so that payment services could be more closely aligned with case management.

A database was developed to track financial commitments made to individual survivor needs in each of the five areas noted above. That data helped to inform the strategic decisions made by the Governance Board moving forward throughout the life of the Fund. A template for the database is included in Chapter VII, H.

## V. CASE MANAGEMENT

### *Key Characteristics:*

- ◆ **Selecting a Partner**
- ◆ **Program Management Structure**
- ◆ **Additional Implications for Partner Agency**

The Survivors' Fund selected Northern Virginia Family Service (NVFS), a private, nonprofit organization that has provided prevention, intervention and advocacy services to the region for more than 80 years, to carry out the case management function. The development of a working relationship of mutual respect was critical to the success of the partnership between Survivors' Fund and NVFS. See Chapter III, Fund Management, for more details on that partnership.

The NVFS case management system provided each client with a professionally trained master's degree-level social worker as a case manager to help navigate the sometimes confusing social services system. Case managers provided a single point of contact for survivors to navigate the complicated array of services available from multiple sources.

To support that process, Survivors' Fund and NVFS worked together to identify and summarize the specific funds and resources available to survivors of the September 11 attacks. That data was incorporated into an information and referral database for case managers' use.

Recognizing that money alone is not sufficient to help individuals or families recover, the centerpiece of the case management approach was a personalized recovery plan focused on long-term goals. Since each client has unique needs, case managers worked on development and implementation of realistic and achievable plans to help individual survivors and families. This case management model means that work ends when it is appropriate, and not according to any pre-determined timeline. Each of the

three independent evaluations referred to above indicated that survivors placed a high value on the case management aspect of assistance provided through the Survivors' Fund.

An intensive case management process was put into place. In the early stages of the Fund, for perhaps as much as a year, caseloads were such that case managers focused primarily on responding to survivors' basic needs requests. Over time, case managers, working cooperatively with clients, used a set of six assessment tools that identified client coping levels according to the following categories: thriving, managing effectively, stable, vulnerable, and in crisis. The case managers' goal was to help clients develop plans and leverage resources to bring them to the level of managing effectively or thriving. These assessment tools helped to assure that every one was assessed in a consistent manner, provided valuable information on the direction of survivor recovery, and helped determine how caseloads were assigned and managed. The framework for the assessment tools is attached in Chapter VII, G. The same database that was used to track financial commitments to individual survivor needs also was used to track additional individual survivor information throughout the case management process. (Database Template attached, Chapter VII, F.)

As part of the pre-determined sunset plan (see Chapter III), no new clients were accepted after October 1, 2006, and no new distributions were approved after April 1, 2007. At that point, case management services shifted from the intensive model described above to aftercare services focusing on outreach and referrals for community resources. From the outset, case managers communicated to survivors that the Fund would not be in existence forever, and they worked to ensure that survivors were aware of other organizations that could assist when the time came. Linking survivors with additional community resources was a deliberate focus of case managers in the sunset year of Fund. As the Fund prepared to close its doors, staff developed relationships

with other organizations that could assist two especially vulnerable populations, namely youth and elderly. Partner organizations were selected and awarded resources for educational assistance funds and special needs trusts to support those two groups after the Survivors' Fund ceased operations.

Agreeing to serve as the lead partner agency for the Survivors' Fund required a significant commitment from NVFS, and had implications for the organization on several levels. In addition to the highly engaged working partnership described above, there was significant impact on the NVFS internal organizational structure. At the height of the program, there were 37 positions at NVFS supporting the work of the Survivors' Fund, including a program director, case managers, financial distributions staff, and information technology and administrative support. The majority of that hiring had to be done in a relatively short timeframe. In addition to the number of staff needed, the Survivors' Fund's eligible population dictated hiring staff with expanded expertise. Given that the majority of the population to be served had not previously received social services, most were unaccustomed to the systems and processes, and needed additional assistance navigating and participating in the system.

In July of 2002, the American Red Cross awarded a contract to NVFS for its Survivors' Fund efforts. NVFS was the first nonprofit to receive a grant from the American Red Cross to provide case management services to disaster-affected populations. The model proved so successful that the American Red Cross has since replicated it by awarding additional grants to case management agencies nationwide.

The most cases open at one time was 419, in June of 2003. On the first anniversary of the September 11 attacks, client intake increased from three to four weekly to three to four daily, with a large population seeking mental health services.

Halfway through the life of the Fund, caseloads of 20-30 per case manager were not uncommon. There was a relatively high level of turnover within the pool of caseworkers over the life of the Fund. While such turnover is not uncommon in the field, especially when dealing with victims of trauma, survivors did express that the change in case managers proved difficult for them. In response to those concerns and to help mitigate effects of staff turnover on survivors, a team-based case management approach was implemented.

Support services and self-care activities for case managers and staff were provided to varying degrees during the Fund's seven years to help counter the effects of vicarious traumatization that sometimes can occur when working with trauma victims. Group support services included debriefings, clinical trainings, mental health days, and team and individual activities to promote positive mental, emotional, physical and relational well-being. Individual self-care activities included yoga, massage, and traditional individual therapy. Self-care was an important benefit made available for NVFS' Survivors' Fund case managers as well as Survivors' Fund staff and Distributions Committee members.

By design, the Survivors' Fund case management model required that case managers play two roles—they were charged with therapeutic as well as financial/fiscal responsibilities. When the Governance Board activated a new policy of demonstrated versus stated need, or of returning unspent resources to the Fund after one year (see details, Chapter III), it fell to the case managers to effectively communicate those policies to survivors. The fact that case managers were both therapeutic stewards of clients' needs and financial stewards of the Fund posed unique challenges. At times, case managers may have been asked to do too much. At the least, combining case management and financial management tasks changed the dynamic of the relationship between case managers and clients.

## VI. CONCLUDING STATEMENT

The Survivors' Fund was one among many organizations serving those affected by the September 11 attacks and sought to support one specific population according to a model as presented in the preceding pages. Recognizing this, Survivors' Fund leadership and staff wanted to leave behind a record that might be adapted by other communities. While it is not possible to document every step that was taken, the key characteristics and process highlighted in this report hopefully will help to inform and assist the work of those undertaking future disaster recovery efforts.

The final chapter of this report includes selected materials created over the life of the Survivors' Fund. They have been provided as adaptable resources for those who must quickly take on the development and/or management of a long-term disaster recovery program.

## VII. RELEVANT DOCUMENTS REFERENCED WITHIN TEXT

Hundreds of documents were created to execute or review the work of the Survivors' Fund. Some of those documents have been incorporated into this last chapter as adaptable resources for those taking on the development or management of a long-term recovery program.

- A. Disaster Response and Recovery: A Community Foundation Perspective on Key Issues to Consider for Organizations Establishing Funds (p.13)
- B. Statement of Goals and Guiding Principles for Distribution of Funds (p. 15)
- C. Distributions Committee Operating Procedures (p. 18)
- D. Distributions Committee Job Description (p. 24)
- E. Governance Board and Distributions Committee Confidentiality Agreement (p. 25)
- F. Database Template: Client Information Forms (p. 26)
- G. Case Management Assessment Tools (p. 30)
- H. First Responder Outreach Model (p. 38)
- I. Hart Evaluation Report (p. 40)
- J. Additional Resources (p. 44)

## DOCUMENT A

### DISASTER RESPONSE AND RECOVERY: A COMMUNITY FOUNDATION PERSPECTIVE ON KEY ISSUES TO CONSIDER FOR ORGANIZATIONS ESTABLISHING FUNDS

The following are key questions that an organization should consider when developing a disaster recovery program.

#### PURPOSE AND APPROACH

- ◆ What are the needs now and how might they evolve over time?
- ◆ What resources are available, and for how long?
- ◆ What value can your organization bring that does not duplicate other efforts and resources?
- ◆ What is your organization's tolerance for risk?
- ◆ What experiences and lessons can you draw from to craft the most strategic response? Reach out to your peers and national organizations for guidance.

#### ELIGIBILITY

- ◆ Who has been affected directly? Indirectly? What is the size of the potential population to be served?
- ◆ How will you define "victim" or "survivor"? How are others defining it who are responding to the same disaster? You can add value by providing a more flexible definition.
- ◆ Are their unique characteristics about the affected population that you need to take into account with your planning (income, sector, ethnicity/race, age, gender, location, etc.)?
- ◆ Are their infrastructure needs that should be addressed in addition to the individuals who have been impacted?

#### TIME HORIZON/OPERATIONS

- ◆ How long do you anticipate operating the fund or program? Recovery can take many years.
- ◆ Are your resources needed now or in the future when immediate response efforts come to an end?
- ◆ How will your organization absorb this new effort? What is a reasonable balance between adding new resources and leveraging existing staff?
- ◆ These types of projects often impact staff significantly—"care of the caregivers" is important. What supports will you put in place to meet their needs?

#### PARTNERS AND COLLABORATION

- ◆ Which organizations responding to the disaster are potential partners? Which potential partners are not currently part of the response but could be engaged in the effort? Consider both local organizations as well as national groups, and don't overlook faith-based organizations.
- ◆ How do you want to define your partnerships—clarifying rights and responsibilities early can be valuable.
- ◆ What are the opportunities for collaborating with government: local, state and Federal?
- ◆ How can you contribute to the flow of information between organizations? Are there mechanisms you can put in place now to ensure ongoing collaboration over time?
- ◆ Are other organizations outside of your community interested in responding or contributing to your response? How can you provide them with the information they need while still meeting the demands of your organization?



## RAISING FUNDS

- ◆ What are the key messages you need to deliver to donors?
- ◆ How will you pay for the administrative costs associated with operating a fund effectively?
- ◆ Are there partners (media, government, nonprofit) that can help you spread your information?
- ◆ Are you prepared for media scrutiny?
- ◆ Recognize that transparency and frequency of communication is paramount.

## STEWARDSHIP

- ◆ Who will oversee the development of policies, the investment of fund assets, financial management and the distribution of funds?
- ◆ How will this governance/oversight body relate to your board of directors?
- ◆ Will you evaluate your efforts? How often? Will you communicate broadly the results of your evaluations?
- ◆ In addition to providing support to victims, are there opportunities for impacting policies and systems in your community? Can this effort lead to a stronger preparedness capacity for your organization and the sector?

## DOCUMENT B SURVIVORS' FUND GOALS AND GUIDING PRINCIPLES FOR DISTRIBUTION OF FUNDS

The purpose of this document is to describe the goals of the Survivors' Fund and to set forth the guidelines by which funds may be committed to address the needs of the victims of the September 11, 2001 attack at the Pentagon. This document must be considered in its entirety in determining the extent to which an individual and/or family is eligible to receive support from the Survivors' Fund and the scope of support and services that may be provided by the Survivors' Fund.

### GOALS FOR DISTRIBUTION OF FUNDS

The purpose of the Survivors' Fund is to help victims and families directly affected by the September 11 Pentagon attack access the services and support they need to achieve long-term financial and emotional stability. "Stability" will be defined as functional self-sufficiency: that victims/families are able to care for themselves and any dependents, and are able to provide for food, shelter, medical, education and basic living expenses for themselves and their dependents.

Using a case management process to assess the total needs of victims and their families who apply for aid, the Fund will support the development and implementation of realistic and achievable plans to help victims and families accomplish their goals for recovery. Applying to receive aid from the Fund is voluntary; participating in the Survivors' Fund case management system is required to receive aid.

The anticipated timeframe for expenditure of funds from the Survivors' Fund is 3-5 years, or as limited by the resources of the Fund.

### GUIDING PRINCIPLES FOR DISTRIBUTION OF FUNDS

#### I. ELIGIBILITY

##### Those eligible to apply for support from the Survivors' Fund are:

- ◆ Surviving family members of anyone killed in the attack on the Pentagon, including those on American Airlines Flight #77 (excluding the families of the hijackers);
- ◆ Individuals who were injured physically or emotionally during, or as a direct result of, the Pentagon attack or the rescue operation. This includes those who were present in the Pentagon at the time of the attack; those who normally work in the Pentagon but were not present at the time of the attack, employees of American Airlines who were directly affected by the attack, and rescue workers who assisted with the search, rescue and recovery efforts at the Pentagon.
- ◆ Families of those who were injured physically or emotionally during, or as a direct result of, the Pentagon attack or the rescue operation.

##### Definition of Family

Family shall be defined as: "Two or more people, whether living together or apart, related by blood, marriage, adoption or commitment to care for one another," including:

- ◆ Spouses/Partners and dependent children or grandchildren living in the same household;
- ◆ Dependent biological/adopted/stepchildren or grandchildren living in another household;
- ◆ Adult children living in another household;
- ◆ Parents—biological, adoptive, step, in-laws and foster;
- ◆ Siblings—biological, adopted, foster and step children;

- ◆ Former spouses or relatives who have become responsible for dependent children/grandchildren or elderly parents of the individual who was killed;
- ◆ Private and/or public agencies that have become legal custodians of dependent children/grandchildren or adults who were previously cared for by the individual who was killed.

## II. PRIME FACTORS FOR DETERMINING FUNDING AWARDS

The following factors will be given prime weight in assessing funding requests and determining awards:

- ◆ The financial need for the funding request. The Fund may take into account financial resources for which victims may be eligible from other sources such as social security, insurance, and/or pension benefits.
- ◆ The extent to which the family member looked or would have looked to the killed or injured as a source of financial support.
- ◆ The causal relation between the physical or emotional disability suffered during or as a result of the Pentagon attack and the need for the requested aid.

Priority will be given to those survivors who sustained serious physical and/or emotional injuries and to the claims of families of those killed in the Pentagon attack.

## III. USE OF FUNDS

### Types of services supported

For eligible victims/families, awards from the Fund will be used to provide for the following services and expenses related to death or to the physical or emotional injuries received during, or as a result of, the Pentagon attack:

- ◆ Uninsured and non-reimbursed medical needs, therapy and home-health services.
- ◆ Mental health services which are not paid for by workmen's compensation, private insurance or other sources.
- ◆ Educational assistance.
- ◆ Employment training for those unable to continue in their previous positions due to medical injury or mental health concerns.
- ◆ General support for normal living expenses for individuals and families whose primary and/or secondary monthly income was substantially reduced because of death or injury resulting from the attack.

### Direct Awards to Individuals or Families

The Survivors' Fund will support the needs of each victim/family by making payments directly to service providers. It will be the practice of the Fund not to distribute funds directly to victims/families unless the Governance Board approves such a distribution.

## IV. PROCESS FOR DECISION-MAKING AND FUND DISTRIBUTIONS

Pursuant to these guiding principles as set forth by the Governance Board, the Distributions Committee will be the primary body that considers requests and makes decisions about the commitment of funds from the Survivors' Fund.

### Development of Comprehensive Plans

Following application to the Fund for aid, professional caseworkers will meet with victims/families, assess their medical, vocational, educational and mental health needs, and recommend plans for funding awards to the Distributions Committee. Recommended plans will be as comprehensive as possible to minimize the likelihood of multiple requests for support. Plans must include expected outcomes and timeframes for achievement of recovery goals.

### Authorization Limits

The Distributions Committee may authorize the implementation of plans and expenditure of funds up to \$100,000 per victim/family.

The Governance Board must authorize implementation of plans and expenditure of funds exceeding \$100,000 per victim/family.

### Appeals Process

An appeals process shall be established to permit review of funding award decisions to the next level of authority.

### Review/Oversight of Fund Commitments

The Distribution Committee will develop the systems and processes by which funds are expended, tracked and accounted. Survivors' Fund staff will review monthly Fund expenditures to ensure accountability of funds and ensure oversight of the lead case management agency and other case management providers. Staff shall report regularly regarding such review to the Survivor's Fund Governance Board.

## V. COORDINATION AND PARTNERSHIPS

### Coordination of Resources

All efforts will be made to identify other sources of support for victims/families before distributing funds from the Survivors' Fund, including life insurance, survivor's benefits, savings and resources from other agencies such as the American Red Cross and other victim funds. Caseworkers will ask families to participate as partners in this effort to help ensure that victims/families needs are met and to avoid duplication of resources and funding awards.

### Coordination with Other Agencies

A critical piece of the case management system is a comprehensive and secure database. The Survivors' Fund is partnering with the United Way of the National Capital Region and United Way of America to develop a comprehensive and coordinated database of information and referral services for the community.

In its initial phase, this database will be used to facilitate the implementation of the case management system to support individuals/families who are eligible for support from the Survivors' Fund.

## VI. COMMITMENT TO CONFIDENTIALITY AND PRIVACY

The case management process requires maintenance of client confidentiality and privacy of information. All individuals involved in case management, the operations of the Survivors' Fund, as well as members of the Distributions Committee and Governance Board will maintain confidentiality and make every effort possible to help ensure the privacy of victims and their families.

## DOCUMENT C

### SURVIVORS' FUND DISTRIBUTIONS COMMITTEE OPERATING PROCEDURES

Pursuant to the Goals and Principles for Distribution as adopted by the Survivors' Fund Governance Board, the Distribution Committee adopts the following operating procedures for distributing aid from the Survivors' Fund.

#### WORKING ASSUMPTIONS:

- ◆ The Survivors' Fund will utilize a comprehensive case management system to distribute funds on behalf of individuals and/or families.
- ◆ All communication between the victim/family and the Distributions Committee will occur through case management staff (CMS).
- ◆ The Distributions Committee will maintain total confidentiality of all victim/family information, as described in the Committee's "Principles of Conduct" document.
- ◆ The Distributions Committee will review and discuss individual victim/family cases and plans only during scheduled meetings of the Distributions Committee.
- ◆ Family plan documents, recommendations and other relevant written materials will be distributed for review/discussion at the beginning of each Distributions Committee meeting, and all materials will be collected at the end of each meeting.

#### I. PROCEDURE TO DETERMINE ELIGIBILITY

As described in the Survivors' Fund Distribution Principles, those eligible to apply for support Fund are:

- ◆ Surviving family members of anyone killed in the attack on the Pentagon, including those on American Airlines Flight #77 (excluding the families of hijackers);
- ◆ Individuals who were injured physically or emotionally during, or as a direct result of, the Pentagon attack or the rescue operation. This includes those who were present in the Pentagon at the time of the attack; those who normally work in the Pentagon but were not present at the time of the attack, employees of American Airlines who were directly affected by the attack, and rescue workers who assisted with the search, rescue and recovery efforts at the Pentagon.
- ◆ Families of those who were injured physically or emotionally during, or as a direct result of, the Pentagon attack or the rescue operation.

As described in the Survivors' Fund Distribution Principles, family shall be defined as: "Two or more people, whether living together or apart, related by blood, marriage, adoption or commitment to care for one another," including:

- ◆ Spouses/Partners and dependent children or grandchildren living in the same household;
- ◆ Dependent biological/adopted/stepchildren or grandchildren living in another household;
- ◆ Adult children living in another household;
- ◆ Parents – biological, adoptive, step, in-laws and foster;
- ◆ Siblings – biological, adopted, foster and step children;
- ◆ Former spouses or relatives who have become responsible for dependent children/grandchildren or elderly parents of the individual who was killed;

- ◆ Private and/or public agencies that have become legal custodians of dependent children/grandchildren or adults who were previously cared for by the individual who was killed.

Using the above definitions, case management staff (CMS) will determine preliminary eligibility for aid from the Survivors' Fund. Victims/Families must participate in the Survivors' Fund case management system to receive aid from the Fund.

#### II. PRIME FACTORS FOR DETERMINING FUNDING AWARDS

The following factors will be given prime weight in assessing funding requests and determining awards:

- ◆ The financial need for the funding request. The Fund may take into account financial resources for which victims may be eligible from other sources such as social security, insurance, and/or pension benefits.
- ◆ The extent to which the family member looked or would have looked to the killed or injured as a source of financial support.
- ◆ The causal relation between the physical or emotional disability suffered during or as a result of the Pentagon attack and the need for the requested aid.

Priority will be given to those survivors who sustained serious physical and/or emotional injuries and to the claims of families of those killed in the Pentagon attack.

#### III. USE OF FUNDS

##### Types of services supported

For eligible victims/families, awards from the Fund will be used to provide for the following services and expenses related to death or to the physical or emotional injuries received during, or as a result of, the Pentagon attack:

- ◆ Uninsured and non-reimbursed medical needs, therapy and home-health services.
- ◆ Mental health services which are not paid for by workmen's compensation, private insurance or other sources.
- ◆ Educational assistance.
- ◆ Employment training for those unable to continue in their previous positions due to medical injury or mental health concerns.
- ◆ General support for normal living expenses for individuals and families whose primary and/or secondary monthly income was substantially reduced because of death or injury resulting from the attack.

##### Direct Awards to Individuals or Families

The Survivors' Fund will support the needs of each victim/family by making payments directly to service providers. It will be the practice of the Fund not to distribute funds directly to victims/families unless the Governance Board approves such a distribution.

#### IV. APPLICATION PROCEDURE

Northern Virginia Family Service (NVFS) shall be responsible for identifying and contacting each family eligible for Survivors' Fund assistance. Such contact shall be made through collaboration with the American Red Cross, FEMA, the United Way, other non-profit organizations, and public and governmental organizations. Contact will be made through the utilization of mass media, including public service announcements, press releases, websites and mailings.

Most families will initiate contact by telephone. All calls shall go directly to the NVFS Case Management staff (CMS).

**During the initial phone contact, CMS shall be responsible for:**

- ◆ Obtaining basic identifying information utilizing the Tapestry (database) Intake and Data Forms. Such information includes name, address, members of family, initial statement of need and time for a face-to-face contact.
- ◆ Providing the individual or family with a brief description of the Survivors' Fund and its purpose.
- ◆ Making preliminary determination of eligibility for assistance through the Survivors' Fund and other assistance services.
- ◆ Explaining the case management process to the individual and offering to schedule a face-to-face visit within seventy-two hours of the contact or as soon as the family is available.

**V. CASE MANAGEMENT PROCEDURE TO PREPARE FAMILY PLAN**

- ◆ NVFS shall employ Master's Level social work staff to provide case management services to all families seeking assistance. Staff shall be experienced and skilled in the following areas:
  - ◆ Assessing individual and family needs
  - ◆ Differentiating between immediate, short- and long-term needs (NVFS recognizes that long-term recovery can only occur when individuals and families, through an encouraging and supportive environment, address immediate, short- and long-term needs for each member of the family. Immediate support can provide stabilization that opens the path to recovery and addressing short and long-term needs.
  - ◆ Relating to a variety of family constellations
  - ◆ Cultural sensitivity
  - ◆ Working with grief, loss and other mental and emotional issues
  - ◆ Identification and utilization of resources (both public and private)
  - ◆ Development of recovery plans (medical, vocational, educational, emotional and financial) for stabilizing and strengthening an individual's ability to succeed in life
  - ◆ Advocacy for individuals and families
  - ◆ Collaboration with private, non-profit, public and government and employment organizations
  - ◆ Commitment to delivery of quality services adhering to national standards and best practices
- ◆ All individuals and families seeking assistance shall receive a face-to-face assessment provided by NVFS staff and its approved affiliates. (Affiliates will be utilized to provide services when distance, language or other barriers exist that prevent expeditious and caring services through NVFS staff.) Face-to-face visits will be the preferential manner of contact.
- ◆ CMS shall establish an electronic case record for all individuals and families using the Tapestry database.
- ◆ After the initial visit, CMS shall be responsible for developing a preliminary recovery plan within four working days. All plans shall be reviewed during the weekly CMS meeting and approved by the Director of Case Management.
- ◆ CMS shall present approved plans to the individual or family during a second visit for clarification, revision and approval. Such plans shall identify immediate, short-term and long-term assistance recommendations. \* (Long-term recommendations may require further analysis and consultation with specialist in areas such as job training or re-training, educational plans and financial planning.) Individuals and families will be required to indicate agreement with recovery assistance plans in writing. Such agreement does not preclude assistance in the future or changes in recommendations based on changes in circumstance.
- ◆ CMS staff shall be responsible for completing recovery plan revisions within four working days. The Director of Case Management shall review, approve and prepare all recovery plans for presentation to the Distribution Committee, utilizing the Request for Financial Assistance Form.

**VI. PROCEDURES FOR INITIAL ASSESSMENT INTERVIEW:**

**During the initial assessment interview CMS shall obtain the following information:**

- ◆ Completion of identifying information for the purpose of creating a genogram, which shall identify family members impacted by the event. Efforts also should be made to identify and locate other family members who serve as supports (financial and/or emotional).
- ◆ A detailed family history, which shall focus on the relationship of significant others and their relationship to the victim or primary family member affected by the event.
- ◆ A detailed picture of the family's financial, medical, educational, vocational, and emotional stability and their ability to address their concerns.
- ◆ Identification of emergency/immediate, intermediate and long-term needs. If immediate needs are identified during the initial visit, CMS shall follow protocol for providing emergency assistance. \* (This protocol shall include identification of other community resources to assist in recovery.)
- ◆ Identification of other resources/services utilized or received by the individual or family as a result of the September 11 attack. This shall involve obtaining a signed release of information form allowing NVFS to contact other organizations, resources or individuals to gather information that would assist in determining the needs of the individual or family or for the purpose of developing an assistance plan.
- ◆ Assessing the individual or family's recovery status.
- ◆ Identifying and communicating the role of the Survivors' Fund and NVFS to support the individual and family in their grief, loss and recovery and to advocate on their behalf.
- ◆ Developing a preliminary time table of response by the Survivors' Fund and NVFS which shall include:
  - ◆ Confirmation of data collected
  - ◆ Development of emergency, intermediate and long-term recommendations (Each family will be asked to review the plan prior to presentation to the Distribution Committee. CMS shall be responsible for obtaining individual and/or family agreement with the plan.)
  - ◆ Tentative schedule for presenting the plan to the Distribution Committee.
  - ◆ Tentative appointment for relaying to the individual or family the Distribution Committee's decision on the plan.

CMS may require more than one visit to obtain the information above. The emotional reality of individuals and families responding to such a traumatic event must be the guiding basis for obtaining such detailed information.

**VII. PROCEDURE FOR DISTRIBUTION COMMITTEE REVIEW AND DECISION-MAKING**

- ◆ The Distribution Committee will meet twice per month to review recommendations for assistance.
- ◆ Case Management staff shall present, on behalf of clients, comprehensive recovery plans to the Distributions Committee. Plans will include immediate, short-term and long-term recommendations for assistance.
- ◆ The Distribution Committee shall be responsible for considering the recommendations made on behalf of individuals and/or families, and for approving/denying or modifying the recommended funding levels for each victim/family plan presented to the Committee.
- ◆ NVFS will seek support from the Distribution Committee in leveraging community resources to support the recovery of the individuals and families. In some cases it may be recommended that immediate assistance be provided by funds from the Survivors' Fund when such assistance is directly correlated to the long-term recovery of those seeking assistance.
- ◆ For each case under consideration, NVFS will present the following information in a consistent format to the Distribution Committee:
  - ◆ A brief summary describing the individual or family situation.
  - ◆ A genogram describing the family.

- ◆ A summary of the financial assistance utilizing the Request For Financial Assistance Form.
- ◆ A description of each need will be delineated into immediate, short-term and long-term categories.
- ◆ A description of the individual's and/or family's financial situation.
- ◆ Identification of financial assistance received from other sources or anticipated from other sources.
- ◆ A recovery plan addressing their needs shall be provided, including measurable outcomes and a timeline.
- ◆ A recommendation from the case manager regarding immediate, short-term and long-term assistance in each area.
- ◆ NVFS shall be responsible for providing additional information to Committee upon request in an anonymous format.

### VIII. PROCEDURE FOR REVIEW OF DECISION

The Distribution Committee recognizes that individuals and families seeking assistance from the Survivors' Fund have rights. Such rights include the need for an established process to insure that the contact with the Survivors' Fund provides fair consideration of their needs and absence of discrimination.

NVFS provides a process of review if an individual or family believes their rights have been violated. The Distributions Committee adopts these procedures as follows:

#### Procedures and Responsibilities:

- ◆ During the initial contact with the Survivors' Fund staff, individuals and families shall be informed in writing of their rights and the complaint policy process by Case Management staff.
- ◆ When an individual or family believes their rights have been violated during the process of receiving services, they should communicate, either verbally or in writing, their concerns to CMS/Survivors' Fund staff working with them.
- ◆ Survivors' Fund case managers shall be responsible for making every effort to resolve the individual/family's concerns. Receipt of a complaint shall be documented utilizing a Complaint Form by Survivors' Fund staff. Successful resolution of the complaint shall be documented on the Complaint Form.
- ◆ If the individual/family is not comfortable communicating their concern to the staff person working with them, they should contact the Director of Case Management whose name and number shall be listed on the Complaint Form.
- ◆ Survivors' Fund staff receiving a complaint shall inform their supervisor in writing (utilizing the Complaint Form) prior to the end of the working day on which the complaint is received. All forms must be completed and signed by personnel receiving the complaint.
- ◆ Receipt of a complaint and submission of a Complaint Form shall be documented in the individual/family's case record. A copy of the complaint shall be placed in the individual/family's case record.
- ◆ The completed Complaint Form shall be reviewed, a written response seeking resolution shall be developed by the Director of Case Management and communicated to the individual/family submitting the complaint within seventy-two hours of its initial receipt.
- ◆ If the individual/family does not accept the solution, they can contact the Director of Intensive Family Services whose name and telephone number shall be provided on the Complaint Solution Form.
- ◆ Upon receipt of the individual/family's request for additional review, the Director of Intensive Family Services shall review the complaint, develop a written response, consult with the Chief Operating Officer (COO), NVFS for review of the response and communicate the response to the individual/family within seventy-two hours of receipt of the request for further review.
- ◆ If the individual/family does not believe their complaint has been resolved after this review, an appeal can be made to the Distributions Committee. The Director of Intensive Family Services and the COO will facilitate contact with the Director of the Survivors' Fund to coordinate contact with the Distributions Committee.

- ◆ If the individual/family does not believe their complaint has been resolved after this review, a Request for Review of Financial Support Decision can be made to the Survivors' Fund Distributions Committee. This final review can be made by contacting the CMS Director.

### IX. PROCEDURE FOR DISTRIBUTING FUNDS TO SERVICE PROVIDERS

The Community Foundation for the National Capital Region will release funds to the NVFS, who will be responsible for distributing funds directly to service providers on behalf of victims/families, as outlined in each approved plan. NVFS will provide confirming documentation to each victim/family and to The Community Foundation for the National Capital Region that details the amount of funds expended and the purposes for which they were expended.

### X. PROCEDURE FOR COLLECTING AND REPORTING OF AGGREGATE DATA

NVFS will track the following information and report on a monthly basis to the Governance Board, the Distributions Committee and Survivors' Fund staff:

- ◆ Number of victims/families served
- ◆ Resident location (by County) of victims/families served
- ◆ Demographic description of victims/families served (example: # of children, # of elderly)
- ◆ Types of Problems Addressed
- ◆ Types of services victims/families are receiving
- ◆ Report on allocation of Fund resources for each type of service provided (medical, emotional health, vocational, educational, other).
- ◆ Names of affiliated organizations outside of NVFS service area that are contracted to provide case management services.
- ◆ Results on case progress—length of time from case initiation to case closure.
- ◆ Other sources of financial support victim/family receives (Federal Victim Assistance; American Red Cross, FEMA, etc.)
- ◆ Organizations to which families are referred for services.
- ◆ Outcome of referral services (are victims/families using the services; is it successful; are they bounced back or returning to for CMS assistance.)
- ◆ Customer service/satisfaction data to assess case management experience.

**DOCUMENT D**  
**SURVIVORS' FUND DISTRIBUTIONS COMMITTEE**  
**JOB DESCRIPTION**

**BACKGROUND**

The Community Foundation for the National Capital Region established the Survivors' Fund in the wake of the September 11 tragedy to provide long-term support for victims and families affected by the terrorist attack at the Pentagon. As of October 31, 2001, more than \$11 million has been contributed to the Fund from individuals, corporations, foundations and groups/organizations throughout the United States.

The Executive Committee of the Community Foundation's Board of Directors has served as the initial oversight group for the Fund during its organizational period. The Committee has approved the creation and management of the Fund as part of the Community Foundation, the organization of the Fund's basic governance structure to include a Governance Board and a Distributions Committee, and has determined that the Fund will support individuals in the following categories:

- ◆ Surviving family members of anyone killed in the attack on the Pentagon, including those on American Airlines Flight #77;
- ◆ Individuals who were physically injured during the attack and their families;
- ◆ Individuals suffering mental anguish because they were present in the Pentagon at the time of the attack, individuals who normally work in the Pentagon but were not present at the time of the attack, or employees of American Airlines directly affected by the attack;
- ◆ Rescue workers who assisted with the search, rescue and recovery efforts at the Pentagon and their families.

The Survivors' Fund is intended to provide for long-term needs of victims and families. To that end, the Community Foundation has named Northern Virginia Family Service as the lead nonprofit social service agency that will provide and coordinate case management services to those who are eligible for assistance through the Survivors' Fund.

**ROLES AND RESPONSIBILITIES OF THE DISTRIBUTIONS COMMITTEE**

The Survivors' Fund Distributions Committee will be the primary body that considers requests and makes decisions about the distribution of funds from the Survivors' Fund. Reporting to the Governance Board, Distribution Committee members are responsible for the day-to-day oversight of the Fund disbursement process to help ensure that the purpose and goals of the Survivors' Fund are achieved. Pursuant to the "principles of distribution" as set forth by the Governance Committee, the primary activities of the Committee are to:

- ◆ Interpret Survivors' Fund guidelines and criteria to determine what services and expenses will be supported by the Survivors' Fund
- ◆ Establish procedures for accessing funds
- ◆ Make funding award decisions based on recommendations from caseworkers
- ◆ Ensure integrity, quality and utilization of client database
- ◆ Ensure that mechanisms are in place for tracking and reporting of Fund disbursements and services delivered
- ◆ Ensure that progress reporting/evaluation systems are created and utilized
- ◆ Promote ongoing collaboration and communication among community agencies that are helping Pentagon disaster victims
- ◆ Support coordination efforts to help prevent duplication of funding resources

Committee members must be available to participate in bi-weekly meetings beginning in December 2001 and continuing until March 2002. Thereafter, the group will meet monthly or as determined by the requirements of Fund activities.

**DOCUMENT E**  
**SURVIVOR'S FUND CONFIDENTIALITY AGREEMENTS**

**GOVERNANCE BOARD CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, hereby agree that I will hold confidential any non-public information disclosed to me as a member or participant in the Survivors' Fund Governance Board. I also agree I will not disclose to third parties any non-public information about processes, deliberations, or requests from any Board meeting(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISTRIBUTIONS COMMITTEE CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, hereby agree that I will hold confidential any non-public information disclosed to me as a member or participant in the Survivors' Fund Distributions Committee. I also agree I will not disclose to third parties any non-public information about processes, deliberations, or requests from any Committee meeting(s).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DOCUMENT F**  
**NORTHERN VIRGINIA FAMILY SERVICE**  
**SURVIVORS' FUND DATABASE TEMPLATE**

**CLIENT INFORMATION**

Presentation Date: \_\_\_\_\_ Client ID/First Name: \_\_\_\_\_

**CLIENT/FAMILY SUMMARY:**

1. Who is the client(s)?
2. How was the client affected by the events of 9/11?
3. What extended family members related to the victim (outside of client(s) household) are we working with?

**SURVIVORS' FUND ASSISTANCE TO**

1. Financial Assistance:
  - a. What financial assistance has this family received through the SF (purpose and total approved)?
  - b. How has the financial assistance through the SF helped the family so far?
2. Case Management Support:
  - a. What case management services have been provided to all household members?
  - b. How has the case management support through the SF helped the family so far?
  - c. If family is in financial crisis, how are children being cared for and what factors are in place to ensure their safety?

**CASE MANAGEMENT ASSESSMENT:**

1. Case manager's assessment of client's coping. Has the client's coping:
  - a. Improved steadily? If so, in what ways?
  - b. Gone up and down? If so, in what ways?
  - c. Has the client plateaued in their recovery? If so, in what ways?
2. What are the client's long-term goals:
3. How will this request help the client achieve their long-term goals:

**FINANCIAL REQUESTS TO DATE:**

1. What does the family's budget indicate about their financial situation (i.e., ability to meet ongoing financial
2. What total resources have been leveraged for this family (see Resources worksheet)?
3. What additional resources have been sought, or are being sought, to meet this particular request?
4. Why is this request coming before the SF?

**CLIENT FINANCIAL DATA SHEET**

Presentation Date: \_\_\_\_\_ Client ID/First Name: \_\_\_\_\_

**GENERAL FINANCIAL INFORMATION:**

Current Monthly Net Income: \_\_\_\_\_  
 - Monthly Expenses: \_\_\_\_\_  
 = Balance: \_\_\_\_\_

9/11 Related Financial Awards  
 (Client/Current Household): \_\_\_\_\_

Survivors' Fund Total Approved to Date: \_\_\_\_\_  
 + All Other Awards Total Rcvd to Date: \_\_\_\_\_  
 = Total Awards to Date: \_\_\_\_\_

**BREAKDOWN OF FINANCIAL**

Assets:

Checking/Savings:	_____
Investments (Stocks, Mutual Funds, etc.):	_____
Retirement Assets (IRA, 401K, etc.):	_____
Real Estate Owned	_____
Residence:	_____
Other:	_____
Other Assets :	_____
Total Assets:	_____

Liabilities:

Credit Cards:	_____
Installment Loans (Autos, etc.):	_____
Total Mortgage Loans:	_____
Back Taxes Owed:	_____
Total Liabilities:	_____

Asset Balance  
 (Assets minus Liabilities): \_\_\_\_\_

**ADDITIONAL INFORMATION:**

**SUMMARY OF OTHER FINANCIAL AWARDS**

Presentation Date: \_\_\_\_\_ Client ID/First Name: \_\_\_\_\_

**RESOURCE**

	STATUS	AMT RECEIVED	NOTES
Airline Compensation	_____	_____	_____
American Red Cross Additional Assistance	_____	_____	_____
American Red Cross Family Gift	_____	_____	_____
American Red Cross Mental Health	_____	_____	_____
American Red Cross Special Circumstances	_____	_____	_____
American Red Cross Supplemental Gift	_____	_____	_____
Disney	_____	_____	_____
Federal Victims Compensation Fund	_____	_____	_____
Life Insurance	_____	_____	_____
Military or Government Benefits	_____	_____	_____
State Crime Victims Board	_____	_____	_____
United Way Sept 11th Fund	_____	_____	_____
United Way Cash Assistance Grant	_____	_____	_____
Other (Described in Notes)	_____	_____	_____
Robin Hood	_____	_____	_____
Total Amount Received:	_____	_____	_____

**LONG-TERM SUPPORT VERIFICATION SUMMARY**

Presentation Date: \_\_\_\_\_ Client ID/First Name: \_\_\_\_\_

Injury Type(s):  
 Coping Level:  
 Client Age:  
 Description of Impact:

**FINANCIAL POSITION:**

The client's current monthly expenses are:  
 The client's monthly income is:  
 The client shows a monthly surplus of:  
 The client's household income after 9/11/2001 shows a:

**CLIENT HAS LITTLE OR NO ACCESS TO OTHER RESOURCES:**

Additional resources sought, or are being sought, to meet client needs:  
 Educational:  
 Emotional:  
 Financial:  
 Medical:  
 Vocational:

**CLIENT HAS MET ADDITIONAL REQUIREMENTS FOR LONG-TERM SUPPORT:**

Last Face-to-Face Contact with Case Management Staff:  
 Level of Engagement in Case Management:  
 Documentation of Financial Need:  
 If non-nuclear family member, W2 on file:

**SUMMARY OF CURRENT**

To reach stability, the client needs Survivors' Fund assistance in X out the X support categories. Other resources do not exist for, or are not sufficiently available to the client in these areas.

This Intensive Support Plan will help the client reach stability by:

REQUEST SUMMARY	REQUEST AMT	DURATION

**TOTAL CURRENT REQUEST:**

Summary of Assistance Previously Approved for Client Household:  
 Educational:  
 Emotional:  
 Financial:  
 Medical:  
 Vocational:  
 Total Prior Approvals:



**DOCUMENT G-1**  
**NORTHERN VIRGINIA FAMILY SERVICE**  
**CASE MANAGEMENT ASSESSMENT TOOLS**

**CLIENT QUARTERLY ASSESSMENT 1: EDUCATIONAL ASSESSMENT**

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Check here if this is a juvenile.

Primary Client's First Name: \_\_\_\_\_ ID #: \_\_\_\_\_

The entire assessment of all teen-age and adult clients is to be completed by the case manager every 3 months following the date of the Client's Initial Screening & Assessment or upon a change in the client's situation (e.g. marriage, new job situation, new trauma.) The assessments are used to identify needs, develop goals, and track changes in the client's needs.

**EDUCATIONAL & TRAINING NEEDS**

1. Very satisfied with current level of education with no current or anticipated needs
2. Client's education and/or training needs are provided by employer; no additional needs
3. Is currently enrolled in education or training and progressing toward completion
4. Career and life circumstances require additional, moderate (2 years or less) formal education/training
5. High needs; skills are inadequate for the job market and client's life circumstances

**EDUCATIONAL FUNCTIONING**

1. Not enrolled in an educational program or is functioning at a high level of effectiveness
2. Occasional problems with motivation, concentration and completing school work
3. Recurring, moderate difficulties evidenced by client's, teacher's or counselor's concerns
4. Persistent, serious difficulties in meeting program requirements and expectations
5. Unable to continue in program because of inability to cope

**EDUCATIONAL FINANCIAL RESOURCES**

1. Has sufficient financial resources to cover costs or has no educational costs
2. Needs modest amounts for 2 years or less to supplement financial resources
3. Needs modest amounts for more than 2 years to supplemental financial resources
4. Needs significant amounts for 2 years or less; costs prohibit further education
5. Needs significant amounts for more than 2 years; costs prohibit further education

**OTHER RESOURCES FOR CONTINUING EDUCATION/TRAINING**

1. Has strong support system that encourages and significantly reduces or removes barriers
2. Has adequate support from family, friends or community systems (e.g., child care, household maintenance, motivational support)
3. Has encouragement but limited help from family and/or friends to continue education
4. Has inadequate support system to steadily pursue further education
5. Has no support or there is opposition to desired education or training

**EDUCATIONAL PLANNING NEEDS**

1. Has clear, realistic educational goals and/or no educational planning needs
2. Engaged in establishing educational plans/goals; good resources are accessible as needed
3. Making or revising educational plans with some help from family and/or school resources
4. Struggling to make educational plans; needs supplemental referrals and resources
5. Unrealistic or no educational goals; needs professional referrals and resources

**EDUCATIONAL SUB-SCORE (5-25):** \_\_\_\_\_

**CLIENT QUARTERLY ASSESSMENT 2: EMOTIONAL ASSESSMENT**

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

**CURRENT MENTAL HEALTH TREATMENT**

1. Not in any form of treatment
2. Participating in informal support group or alternative therapy (e.g., exercise/yoga, meditation, Web-based support group)
3. Participating in outpatient treatment or support group with professional leader who is not a licensed mental health therapist
4. Participating in outpatient treatment or support group with licensed mental health therapist
5. Currently hospitalized for mental health issues

**SOCIAL & OCCUPATIONAL FUNCTIONING**

1. On-going, effective social and occupational functioning
2. Brief periods of impaired functioning, characterized by worry, concentration difficulties, sleep problems, fears, sadness, anger, guilt, anxiety, etc.
3. Recurring, moderate dysfunction evidenced by moderate use of alcohol/drugs, feeling unsociable, isolated, feeling inadequate/unmotivated, mildly depressed or anxious
4. Persistent, serious problems with relationships and/or emotions on the job, socially or at home
5. Unable to function without supervision or constant assistance

**FAMILY AND SOCIAL SUPPORT**

1. Has strong relationships and support from family and friends
2. Has adequate support from family and/or friends
3. Has very limited support from family and/or friends
4. Has no close relationships or support from family and/or friends
5. Has abusive or destructive relationship with family or partner.

**EMOTIONAL/MENTAL HEALTH RESOURCE NEEDS**

1. Good resources are accessible by the client as needed
2. Has adequate resources; wants only additional literature/information
3. Needs information to choose supplemental or alternative support or therapy
4. Needs referral for counseling or support group
5. Requires immediate referral or admission for serious condition or situation.

**FINANCIAL RESOURCES FOR EMOTIONAL/MENTAL HEALTH EXPENSES**

1. Good permanent insurance, financial resources for ongoing treatment and self-care
2. Basic insurance coverage and limited financial resources for professional treatment
3. Very limited insurance coverage and limited finances for minimal treatments and self-care;
4. Temporary or very limited insurance coverage and financial resources for minimal care
5. No insurance coverage; lacks financial resources for treatment and self-care

**EMOTIONAL SUB-SCORE (5-25):** \_\_\_\_\_

### CLIENT QUARTERLY ASSESSMENT 3: FINANCIAL ASSESSMENT

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

#### CURRENT HOUSEHOLD INCOME

1. Easily adequate to continue a life style acceptable to the client
2. Meets ordinary needs without additional assistance
3. Meets basic needs only or supports a significantly reduced life style
4. Temporarily inadequate to meet basic needs; only managing with outside support
5. Inadequate to meet basic needs; not managing (with or without support)

#### ANTICIPATED DURATION OF FINANCIAL ASSISTANCE NEEDED FROM SFP FOR ALL SERVICE AREAS

1. None
2. Less than 1 year
3. 1 to 2 years
4. 2 to 5 years
5. Over 5 years

#### FINANCIAL FUNCTIONING

1. Effective financial functioning (manages budget, obligations, investments)
2. Occasional lapses in managing finances with little consequences
3. Adequate day-to-day management; limitations in long-term management
4. Recurring dysfunction evidenced by failure to pay bills on time, manage accounts
5. Persistent, serious difficulties with financial management or lacks management ability

#### PROFESSIONAL FINANCIAL ASSISTANCE NEEDS

1. Not in need of professional financial management assistance
2. Short-term, limited financial management assistance need (less than 5 sessions)
3. On-going, periodic or limited financial management assistance needed, for example for tax prep, retirement planning, managing investments)
4. Temporary, intensive financial management assistance needed (1 year or less)
5. Unable to manage or cope with finances

#### PROFESSIONAL LEGAL ASSISTANCE NEEDS FOR ISSUES RELATED TO SEPTEMBER 11TH

1. Not in need of professional legal assistance; legal counsel available as needed
2. Has general legal counsel but needs temporary, specialized assistance
3. Does not have general legal counsel and needs professional help or advise for a specific circumstance only (e.g., application to FVCF)
4. Intensive, short-term (less than 1 year) legal assistance needed for several issues
5. Lacks any legal assistance and needs prolonged assistance for a major concern

**FINANCIAL SUB-SCORE (5-25):** \_\_\_\_\_

### CLIENT QUARTERLY ASSESSMENT 4: MEDICAL ASSESSMENT

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

#### MEDICAL/PHYSICAL HEALTH RELATIONSHIP TO SEPTEMBER 11TH

- Medical condition(s) or concerns are related only to September 11th events.
- Medical condition(s) or concerns are related to both September 11th events *and* other medical conditions.
- Medical condition(s) or concerns are NOT related to September 11th events.

#### CURRENT MEDICAL TREATMENT

1. Healthy and fully functioning, no current medical treatment or concerns
2. Being treated for temporary conditions or mild ongoing conditions
3. Under a doctor's care for moderate, on-going conditions
4. Participating in physical therapy or regular outpatient hospital treatment
5. Hospitalized or receiving nursing care for severe injuries, illness, or disability

#### UNMET DIAGNOSTIC OR TREATMENT CONCERNS AND NEEDS

1. Is healthy and fully functioning with no current medical concerns
2. Has mild, occasional health concerns that are not diagnosed or being treated
3. Has persistent, mild health concerns that are not diagnosed or being treated
4. Has occasional serious health concerns that are not diagnosed or treated
5. Has persistent serious health concerns that are not being treated

#### HEALTH MANAGEMENT

1. Client or family actively manages their health, including wellness or preventative care
2. Good ongoing management of illness and injuries by client and/or dependents
3. Adequate management of basic medical needs as they arise
4. Temporarily unable to manage health needs or needs limited assistance
5. Not able to manage health needs at this time; not coping with medical issues

#### FINANCIAL RESOURCES FOR MEDICAL EXPENSES

1. Excellent permanent, family health insurance & sufficient financial resources
2. Adequate, permanent health insurance for self and dependents
3. Has limited health insurance for self and dependents (high deductibles, limited coverage)
4. Only temporary or very limited coverage, such as Worker's Comp or COBRA
5. No medical insurance for self and/or dependents

#### HEALTH RESOURCES NEEDS

1. Good, reliable resources and help are easily available to the client as needed
2. Has adequate resources and help; wants references or additional help to manage
3. Needs occasional, limited help to manage medical treatment or appointments
4. Needs on-going help and/or referrals for medical treatment or nursing care
5. Lack of help to manage health needs seriously jeopardizes the client's physical recovery

**MEDICAL SUB-SCORE (5-25):** \_\_\_\_\_

### CLIENT QUARTERLY ASSESSMENT 5: VOCATIONAL ASSESSMENT

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

- Check here if Client is a dependent child (under age 14) or a retired adult or homemaker with no plans to enter the workforce. If so, skip this section and score the client "0" at the bottom of the page.

#### CLIENT'S CAREER PLANS AND NEEDS

1. Clearly on-track and satisfied with career choice
2. No interest in making a career change
3. Exploring possible changes
4. Desires to make significant career change
5. Must make a significant career change to maintain adequate standard of living

#### CLIENT'S CURRENT EMPLOYMENT SITUATION

1. Excellent or satisfactory benefits and opportunities for advancement
2. Adequate benefits and opportunities
3. Adequate benefits but limited or no long-term opportunities/potential;
4. Inadequate benefits and opportunities
5. Unemployed, seeking work

#### VOCATIONAL/EMPLOYMENT SUPPORT SYSTEM

1. Has functioning, strong support system and skills for career development or change
2. Has adequate support system and basic skills for career development or change
3. Has limited skills and support system to obtain desired career or employment
4. Lacks either (not both) adequate job seeking skills/career development knowledge or assistance and support
5. Needs extensive assistance; lacks experience, skills and/or support system

#### VOCATIONAL/EMPLOYMENT FUNCTIONING

1. Effectively engaged in ongoing pursuit of career goals
2. Generally comfortable managing career development opportunities as they arise
3. Occasional or mild difficulties with career or employment concerns
4. Worries or struggles with career or employment concerns
5. Cannot or will not address career or employment needs; not coping

#### VOCATIONAL/EMPLOYMENT FINANCIAL RESOURCES

1. Has sufficient financial resources to cover costs or has no vocational/employment costs
2. Managing with limited financial resources to support a career or job change
3. Needs limited, short-term (2 years or less), supplemental financial resources
4. Needs significant, short-term (2 years or less) financial resources
5. Needs significant, long-term (more than 2 years) financial resources; costs prohibit

**VOCATIONAL SUB-SCORE (5-25):** \_\_\_\_\_

### CLIENT QUARTERLY ASSESSMENT: TOTAL SCORE

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Add the Sub-Score from each category to calculate a Total Score.

#### QUARTERLY ASSESSMENT SUMMARY SCORES

CATEGORY	SUB-TOTAL SCORE
EDUCATIONAL	_____
EMOTIONAL	_____
FINANCIAL	_____
MEDICAL	_____
VOCATIONAL	_____
<b>TOTAL SCORE</b>	_____

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE, CREDENTIALS

Case Manager:

- Enters the date and number of this assessment and the sub-score for each service category in Confluence.  
 Files the original assessment report in the client's case file.

**DOCUMENT G-2**  
**CLIENT COPING ASSESSMENT**

Client's First Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

Client completes the left side of the form only.

**EDUCATIONAL** Clients assessment of his/her **educational** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not Coping

Case Manager's assessment of the client's **educational** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not coping

**EMOTIONAL** Clients assessment of his/her **emotional** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not Coping

Case Manager's assessment of the client's **emotional** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not coping

**FINANCIAL** Clients assessment of his/her **financial** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not Coping

Case Manager's assessment of the client's **financial** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not coping

**MEDICAL** Clients assessment of his/her **medical** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not Coping

Case Manager's assessment of the client's **medical** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not coping

**VOCATIONAL** Clients assessment of his/her **vocational** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not Coping

Case Manager's assessment of the client's **vocational** coping level:  
 Thriving  
 Managing Effectively  
 Stable  
 Vulnerable  
 Not coping

Client: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE, CREDENTIALS

**DOCUMENT G-3**  
**CLIENT GOAL-PLANNING SHEET**

Client's First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Use one sheet for each Long Term Goal Statement. List the steps to reach the goal in chronological order, beginning with the first short term step. Target dates are estimates of the month and year when each step will begin and end. Steps and dates can overlap.

This planning sheet is an:  Original / Initial Goal in this service category OR  
 Added Goal or Revised Goal as of \_\_\_\_\_

**GOAL:** \_\_\_\_\_ **SERVICE AREA:**  EDUCATIONAL  EMOTIONAL  FINANCIAL  MEDICAL  VOCATIONAL

Statement of concern or need:  
 \_\_\_\_\_

Your Long Term Goal Statement:  
 \_\_\_\_\_

Your strengths and social resources that will help you reach this goal include:  
 \_\_\_\_\_

The case manager's referrals and/or suggested activities to support your efforts to reach this goal:  
 \_\_\_\_\_

Long Term Goal:	PERSON(S) RESPONSIBLE	TARGET DATE TO BEGIN MM/YYYY	TARGET DATE TO COMPLETE MM/YYYY		
1. Short Term Steps					
2.					
3. Intermediate Steps					
4.					
5. Long-Term Steps					

Client: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE, CREDENTIALS

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 SIGNATURE, CREDENTIALS

Copy of Goals given/sent to client:  YES  NO

**DOCUMENT H**  
**PENTAGON RESPONDER PROGRAM**  
**DEVELOPED BY NORTHERN VIRGINIA FAMILY SERVICE FOR THE SURVIVORS' FUND**

Northern Virginia Family Service (NVFS) developed the Pentagon Responder Program (PRP) as a component of their Survivors' Fund services in order to meet the unique recovery needs of first responders and their families who were affected by the September 11th attack on the Pentagon. While First Responder Departments in the National Capitol Region either have developed or are developing internal resources to address behavioral health needs of responders, there is a gap in services to address the needs of the responders' families, both during incident deployment as well as on an ongoing basis. The existing departmental resources are set up to address current employees' needs related to job performance, rather than whole families' specific and ongoing coping needs.

The PRP was designed to work with community partners to raise awareness of the possible effects of trauma on first responders, to provide preventative interventions aimed at providing caregivers, and those closest to at-risk individuals (family, coworkers, friends, etc.) with the resources and tools necessary to identify and cope with potential trauma reactions, and to increase the supports available to this population. Responder specific services were developed and provided in conjunction with case management and group services in order to effectively engage a typically non-help seeking population. The multi-faceted approach ensured that responders and their families, who do not normally seek external mental health resources, would have several options in terms of how to get information and what types of services to access, and could therefore choose services that are most accessible and appropriate for their needs.

In order to best meet the comprehensive, diverse and evolving mental health needs of first responders and their families who were affected by the September 11th attack on the Pentagon, it is necessary to offer a variety of treatment modalities and to provide information about common mental health reactions in a variety of formats. Unique responder specific products and interventions have been developed to provide outreach and education to the first responders affected by the attack on the Pentagon. NVFS developed educational materials and workshops designed to provide responders and their family members information, ideas, and opportunities for learning and support.

#### EDUCATIONAL MATERIALS

The educational materials developed include:

- ◆ A **Peer Guide** entitled *"Our Challenges, Our Responses: Pentagon responders and their families share lessons learned from 9/11."* In the spring of 2005, interviews with Pentagon responders and their family members from the various responding departments were conducted. The guide contains excerpts from those interviews, capturing some of the thoughts, insights, and lessons learned from those who experienced 9/11 first-hand. The guide is intended to provide information to both responders and their family members about what is most helpful and effective before, during, and after critical incident responses.
- ◆ A **Family Brochure** entitled *"Responding to Crisis—A Resource For The Families of Those Who Serve Their Communities."* The brochure is designed to inform family members of responders about the "culture" of responders; how this culture can affect their coping style; and how to be supportive of effective coping both at work and at home. The need for this type of information for families was clearly expressed by those in NVFS' Network and those who were interviewed for the peer guide.
- ◆ A **Descriptive Brochure** A booklet that explains the Pentagon Responders Program and its various components. It is targeted primarily to service providers, peer facilitators and professionals as well as responders and their family members.
- ◆ Two **Pocket Guides** A small portable booklet for responders and family members that provides useful, accessible information about **stress reduction** and **wellness**, and **abusing alcohol and other drugs**.
- ◆ A **Bookmark Series** Bookmarks on topics identified as needed by responders: **increasing physical activity** for stress relief, **couples communication**, **establishing support systems** outside the departments, and **excessive spending**. The bookmarks offer a unique venue for responders and family members to obtain useful reminders in an innovative and discreet format.
- ◆ A **Placemat** Designed in a unique and accessible format to provide checklists and tips on relevant topics, such as **excessive spending**, to fire fighters who experience sharing meals at the fire house as a significant activity within their culture. This was a specific request from an internal Fire Department behavioral health provider.

#### OUTREACH:

In addition to general client outreach through newsletters and provider referral, the following First Responder specific outreach and education activities were conducted:

- ◆ Engaging existing behavioral health providers (EAP Professionals, Chaplains, Peer Support Team Facilitators, Police Psychologists, and Therapists specializing in work with first responders) to begin the trust-building and information exchange necessary to securing sustainable collaborative networks. As a result, we developed a network composed of providers who served the responders that were deployed directly to the Pentagon and had significant connections with the responders and departments. Connecting with existing departmental supports helped NVFS' staff to build credibility within the departments so that outreach to family members would be better received.
- ◆ NVFS presented information on the Pentagon Responders Program of the SFP to the Police Chiefs Committee and the Public Safety Chaplain's Subcommittee of the Metropolitan Washington Council of Governments, thereby increasing our connections with and recognition by officials from departments deployed to the Pentagon. Official recognition from the "top down" also increased participation and acceptance of the SFP and the PRP as a legitimate external resource for responders and family members.
- ◆ Project staff developed a two-hour training session on "Working with First Responders" for Survivors' Fund Project (SFP) case management staff, conducted by a team of two behavioral health providers from a local Fire Department's behavioral health provider. They provided insight into and knowledge about the realities of the responder culture and answered questions about specific cases that proved to be very valuable to the attendees.

#### GROUPS AND WORKSHOPS:

##### Responder and family of responder specific workshops developed include:

- ◆ Strong Bodies—Healthy Minds
- ◆ Family Finances
- ◆ Communication for Couples
- ◆ Communicating with Children and Teens
- ◆ Trauma Education Workshop for First Responders
- ◆ The Resilient Couple (a couples communication and stress management workshop for responders and their spouse or partner)
- ◆ An adaptation of the Personal Budget Management workshop designed to address Responder specific financial needs including trauma-related excessive spending (common among first responders).
- ◆ The Getting Real Series (For Teens and Young Adults in First Responder Families) -This unique series addresses the special concerns of adolescents and young adults growing up in responder families. Resource materials, workshops, groups, and innovative learning tools offer a healthy blend of education, insight and opportunities for information and idea exchange. Two categories of groups were available:
  - ◆ **First Responder-Specific Workshops**
    - What Does My Family Member Do On The Job?
    - Acting Up: Healthy Attention-Seeking Behaviors
    - Handling Change And Uncertainty
    - Is The Public Safety Life For Me?
  - ◆ **General Topical Workshops**
    - Healthy Relationships
    - Career Search
    - Independence
    - Managing Money

##### Responder Specific Support Group Provided:

Retired Responders Support Group was conducted for several sessions that provided participants an opportunity to process their transition out of the responder department to new careers and lifestyles. This group was well attended among retired responders participating in case management services.

## DOCUMENT I EXCERPTS FROM HART EVALUATION REPORT

*The following was taken from the “Key Learnings” section of The Survivors’ Fund Program Evaluation submitted in 2006 by Peter D. Hart Research Associates, Inc.*

This section of conclusions and suggestions for any organization responding to a future mass trauma event is presented under the following ground rules: The presence of an element in the list of Key Learnings is not a comment on whether the Survivors Fund did or did not follow the suggestion. There may be some cases where it clearly did or did not, but in a large number of cases this question would be in dispute, or partially so, or might depend on when in the five-year time window one was looking. We believe that it is best to avoid all this ultimately pointless nuance by making it clear that a “Key Learnings” may be something Survivors Fund did or learned to do along the way or would do differently based on the experience it has gained.

### FUND MANAGEMENT

- ◆ Build on existing structures. While there may be other models to consider, the decisions to use the Community Foundations of the National Capital Region as the infrastructure within which to create an independent LLC seems to have functioned well. At a minimum, this structure should be considered for any future mass trauma community response.
- ◆ Recognize that most of the funds will come in early (within the first few months of the tragedy), and that is likely what you will have to work with unless you are going to put a major effort behind fundraising.
- ◆ Coordinate with other relief agencies as early and thoroughly as possible to establish responsibilities, coordinate services, and create a standard and shared database for collecting survivor information across the community response infrastructure. This will increase efficiency among the response organizations, help avoid confusion among the survivor population, and reduce the frustrating duplication of paperwork.
- ◆ Adopt an intensive case management model. The assessment finds broad support among survivors for the decision to use social workers as case managers for each survivor, and to make the distribution of financial resources secondary to each survivor’s long-term recovery needs as determined through an interaction between the case manager and a financial distributions committee.
- ◆ Understand from the start the goal of a mass trauma response organization focused on recovery: to recognize the gaps between survivors’ particular circumstances and the community resource service requirements and to fill those gaps where necessary *to help clients find the appropriate adaptation to their changed circumstances*.
  - ◆ It is unreasonable to expect that an organization responding to a mass trauma will be able to return all survivors to the quality of life they were enjoying before the incident.
  - ◆ The response organization must define the “appropriate adaptation” to a client’s changed circumstances. Factors that will come in to play include the nature of the specific trauma incident, the number of survivors, the funds available to assist them, and the diversity of the client population and their individual needs.
  - ◆ The response organization will not be able to provide assistance (physical, mental health, or financial) in perpetuity; it will be necessary to transition those who need long-term assistance (longer than the life of the organization) to the community’s social safety net.
- ◆ Recognize that the affected population can be diverse and wide-ranging. To the extent possible, incorporate broad eligibility requirements to serve those whose needs, especially emotional needs, may be great even if they did not lose a family member or suffer physical injury themselves. The Survivors’ Fund was able to include people who suffered debilitating emotional injury from 9/11, including many first responders to the incident, and the assessment finds that it is very good that they were able to do so.
- ◆ Plan for a long time horizon. Recovery from a mass trauma is non-linear, and survivors’ needs will surface

over a long period of time. Many survivors discovered that they needed assistance, including financial assistance, job training, or psychiatric treatment for Post Traumatic Stress Disorder, only years after September 11, 2001.

- ◆ Expect there to be two phases for the organization: a) an initial emergency response period, followed by 2) a longer-term recovery period.
    - ◆ Emergency Response Period: this is the initial phase after the mass trauma during which the response organization must be prepared to meet immediate needs quickly. In the immediate wake of the disaster, funding from programmatic resources, or even other organizations set up in response to the incident, may take time to reach survivors, leaving the organization as an even more critical source of funds. Flexibility to quickly provide financial and other forms of assistance will be critical. In the case of the Survivors’ Fund, this was the period in which survivors were only required to state their needs without detailed supporting documentation.
    - ◆ Longer-Term Recovery Period: there will be a point when immediate needs have been met and programmatic resources are available, and the organization will need to budget its funds for the remainder of its existence. This is the time at which it will be appropriate and may be necessary to transition to a more structured system for granting financial requests. This is when the Survivors’ Fund switched to a financial assistance model that required survivors to document their financial needs.
- The Survivors’ Fund made this change out of necessity, and faced some opposition, but upon review, this transition should be seen as an expected mid-course correction that most similar organizations are likely to need.
- ◆ Build flexibility into the organization to allow for modifications as unanticipated issues arise. Flexibility is particularly important early in the life of the organization, when the needs of the affected population are not fully understood.
  - ◆ Undertake a strategic internal reevaluation of entire programmatic approach. With flexibility and openness comes a central need for evaluation along the way to provide definition and clarity as to the best ways to help survivors in their recovery. Assess the composition of the organization’s leadership and be sure that there is not a need to better represent specific populations or areas of expertise.
    - ◆ Assess the financial assistance guidelines used by the distributions committee to determine whether changes are needed.
    - ◆ In addition to client satisfaction surveys, undertake a complete assessment of clients’ progress and status to determine whether there are ways the organization could better serve their needs. This should be in the form of a periodic, independent clinical evaluation of the survivors and their needs, and this would be independent of the case manager relationship that they have.
    - ◆ Operationalize what data will be measured and how it will be measured to track the impact of the organization on clients’ recovery and to identify areas in need of improvement. The assessment finds that a full independent review of procedures as well as clients’ individual progress toward recovery would have been most appropriate at the conclusion of the second year, but this may or may not be the appropriate timeline in other circumstances.
  - ◆ Strike a balance between accountability and micromanagement in the relationship with the third party case management provider. Contracting out this function does not mean that the organization should be completely hands off, nor does it mean it should involve itself in all of the details of the service provider’s operations.
    - ◆ Structure the relationship with the social service provider so that the organization has leverage in its relationship and oversight to ensure the contractor is maintaining the highest quality services. One way to do this is to provide the chance for renegotiation of the case management contract after approximately two years, assuming there are alternative social service providers with the necessary capabilities.
    - ◆ It is also critical, however, that that the organization trust in and rely on the professionalism of the social service provider.
  - ◆ Define and document the rights and responsibilities of survivors, case managers, and the organization’s leadership early, and update these rights and responsibilities as needed along the way.

- ◆ Focus on communication at all levels.
  - ◆ Outreach to and communication with survivors must be robust and redundant.
    - Reach out to eligible individuals and tell them about the services and assistance that the organization provides. Continue to reach out to eligible individuals and to publicize the existence of the organization well after the incident. Some groups, such as first responders or military families may require specialized outreach. Survivors' changing needs and abilities mean that they may not be able to process information the first time it is given to them so it is important to repeat and repeat what benefits are available to them.
    - Clearly communicate policy decisions and changes to survivors as early as possible. Communications should involve both the organization leadership and case managers.
  - ◆ Communication between the organization and the case management service provider is critical.
    - Clearly define all expectations and requirements and confirm that the provider understands them all.
    - Create an avenue for regular discussion with and feedback from the case management provider.
    - Clearly communicate all policy decisions and changes to the case management provider as early as possible.
- ◆ Plan at least a couple of years in advance for the sunseting of the organization. Be prepared to develop and fund a transition or bridge for a small number of survivors who will still be in need of case management services even after the organization closes its doors.

#### CASE MANAGEMENT

- ◆ Be prepared to serve a diverse client base. Understand that depending on the kind of disaster or mass trauma event that occurs, those affected may be a diverse group with varying levels of experience with and willingness to engage in a case management-type relationship. Efforts should be undertaken to regularly assess the client population and leadership and case management staff should regularly and clearly communicate about the client population and any unique challenges or needs that emerge.
- ◆ Face-to-face contact with clients is critical to a successful case management process. As a general rule, case managers must be proactive. They will not always be able to rely on their clients' self-assessment that they are "doing OK." They must ask about other areas of life to assess whether they are truly coping.
- ◆ Because recovery is non-linear, and clients will avail themselves to different kinds of support services at different points in their recovery process, provide all elements of the program throughout the life of the program. Offer everything throughout the life of the program, from renewed efforts at outreach to unrestricted mental health services, and regular opportunities for survivors to come together socially.
- ◆ Refer clients living outside the local area to an agency that can provide case management, so they have access to the full range of services. Also provide social opportunities to clients outside the local area through alternative methods of communication, such as on-line groups, chat rooms, and telephone groups or social hours.
- ◆ Recruit and retain quality, experienced, case managers. The case manager-client relationship is the most important relationship in each survivor's recovery. Resources should be dedicated to and efforts should be undertaken to recruit high-quality, experienced, case managers. Case managers must have experience dealing with a mass trauma event and should be familiar with recognizing the signs of PTSD and other conditions common to victims of mass trauma. Case managers should be retrained continuously to work with what may be an uncommon and diverse client base that likely will have resistance to the case management-type relationship (e.g., first responders, individuals, and families not accustomed to accessing social services, etc.).
- ◆ Communities experiencing mass trauma incidents that choose to respond with a case management model must be aware from the outset and at all levels (from clients to staff to leadership) that staff turnover is high in the field of case management and may be even higher than average, due to the uniquely stressful nature of serving victims of a mass trauma event. Response organizations should be aware that even with systems in place to minimize turnover, they should undertake efforts to manage client expectations around staff turnover and create processes by which to minimize the negative effects on clients, such as creating a smooth process for transitioning a client from one case manager to another without added strain for the client.

- ◆ Implement policies to address case management turnover. Case management turnover can be extremely frustrating and disruptive to clients and creates serious client-management and operational issues for the contracted agency to provide the case management. Communities can address this in the program design phase by hiring staff experienced in dealing with trauma and PTSD, providing extensive training on trauma and PTSD throughout the life of the program, as well as dedicating resources to policies that help case managers cope with the stress of their jobs, including providing case managers with a self-care budget and providing additional mental health days off.
- ◆ Another suggestion that was offered regarding ways to provide case managers with more support and reduce staff turnover, is to use a team approach to case management from the program's very beginning, thereby alleviating the pressure on case managers while also providing the client with a team of individuals who are working with them toward recovery.

#### FINANCIAL ASSISTANCE

- ◆ Financial assistance should be in support of and essential to each client's recovery plan. This is the essential definition of the intensive case management model from the perspective of those involved in decisions about financial assistance. The assessment finds that survivors place the highest value on the mental health services they received, followed by other expenditures that aided their long-term recovery.
- ◆ Ensure that this involves several key considerations, including the following:
  - ◆ Leadership and management should place the highest confidence in the clinical expertise and recommendations of the case management agency and staff.
  - ◆ Financial assistance guidelines should be flexible so that unique needs in support of a client's recovery plan can be supported by the organization.
  - ◆ The clinical perspective should be represented at all levels of the organization, particularly in leadership, including on the committee that makes financial assistance distribution decisions. This suggests the need for someone with professional case management expertise to serve on these leadership boards and committees, not that an individual from the specific contracted organization or agency providing case management should necessarily serve in this capacity.
- ◆ Separate the financial assistance request process from the case management relationship. Even if financial assistance decisions are made to support long-term recovery, there should be a separation of roles between case management and financial advocacy, from the client's perspective. Independent financial assistance coordinators, possibly with skills as a financial advisor, should be available to support the case management team.
- ◆ Plan for the policy shift from looser to tighter requirements for financial distributions. As noted in the management section, it is appropriate that financial assistance be delivered early on to those who claim need with little documentation, and a change to a greater demonstration of need should be anticipated. In the immediate wake of the disaster, funding from government programs, or even other aid organizations, may take time to reach survivors, leaving the organization as an even more critical source of support and funds. However, from the very beginning of the program, it is important to clearly communicate to clients and case management staff that a policy change will occur. As the date for the change nears, detailed administrative or procedural changes, as well as changes in the criteria for financial support, must be clearly communicated.
- ◆ Communication about policy changes should come from the organization's leadership. Clients and case management staff should be given substantial advance notice on policy changes.
- ◆ Expenditures for therapeutic services, such as mental health treatment and counseling, addictions counseling, and physical therapy should be the most highly leveraged and should be the highest funding priority.
- ◆ At the beginning of the program, develop a list of services that are "pre-approved" and therefore do not require case-by-case approval by the committee that approves financial assistance requests. The list may change during the transition from stated to demonstrated need and this should be clearly communicated to clients and case managers, in advance.

## DOCUMENT J ADDITIONAL RESOURCES

### **SURVIVORS' FUND REPORTS TO THE COMMUNITY AND EVALUATIONS**

Documents available on The Community Foundation for the National Capital Region website at: [www.thecommunityfoundation.org](http://www.thecommunityfoundation.org)

### **NORTHERN VIRGINIA FAMILY SERVICE**

[www.nfvs.org](http://www.nfvs.org)  
703.385.3267

### **GREATER WASHINGTON TASK FORCE ON NONPROFIT EMERGENCY PREPAREDNESS**

Contact: The Nonprofit Roundtable  
[www.nonprofitroundtable.org](http://www.nonprofitroundtable.org)  
202.955.6187

## Governance Board

Daniel K. Mayers, Chair  
Of Counsel, Wilmer Cutler Pickering Hale and Dorr LLP

Maxine Baker  
African American Nonprofit Network

Douglas M. Bibby  
National Multihousing Council

Terri Lee Freeman  
The Community Foundation for the National Capital Region

Paramjit Joshi, M.D.  
Children's National Medical Center

Linda C. Mathes  
American Red Cross of the National Capital Area

Alan G. Merten, Ph.D.  
George Mason University

Stacey D. Stewart  
Fannie Mae

George Vradenburg  
Vradenburg Foundation

Anne Wexler  
Wexler & Walker Public Policy Associates

## Staff

Terry O'Hara Lavoie  
Director

Deborah Obernesser  
Program Associate

## Distributions Committee

Clarice Dibble Walker, Chair  
Howard University

Mary Agee  
Northern Virginia Family Service

Rebecca Bentzinger  
Association for Clinical Pastoral Education

Vicki Kirkbride  
The Women's Center

Susan M. Ley  
William Wendt Center for Loss and Healing

Judy L. Redpath, C.F.P.  
Vista Wealth Strategies

Leslie Seeman, Esq.

Phil Terry, Ph.D.  
American Red Cross of the National Capital Area

Kathy Whelpley  
The Community Foundation for the National Capital Region

### **Former Distributions Committee Members**

Charles Blake, American Red Cross of the National Capital Area

Ben Curran, Department of Homeland Security

Yolanda L. Gaston, Department of Homeland Security

Susan Hester, William Wendt Center for Loss and Healing

Dawn Higgins, Language of Loss

Steven Jiggetts, Department of the Navy

Janet Miller, Northern Virginia Community Foundation

Michael Rebibo, 1st Portfolio, Inc

Tamara L. Schomber, United Way of America

Cheryl Tyiska, National Organization for Victim Assistance



## About The Community Foundation for the National Capital Region

The Community Foundation for the National Capital Region, the largest funder of nonprofit organizations in the Washington, DC area, distributed in its FY2007 more than \$96 million in grants to nonprofit organizations in the Washington metropolitan area and beyond.

Along with its three regional affiliates—Alexandria Community Trust, The Montgomery County Community Foundation and The Prince George's Community Foundation—The Foundation now manages some 650 donor funds totaling assets of more than \$390 million.

Celebrating its 35th anniversary in 2008, The Community Foundation is dedicated to growing philanthropy by helping individuals, families, corporations and others strategically invest their charitable dollars in the Greater Washington region. The Foundation serves as a trusted broker and steward, with the goal of creating a permanent source of philanthropic capital in the Washington, D.C. region. It accomplishes its mission by providing expertise and services to donors on ways to reach their philanthropic goals; connecting its donors to organizations providing effective programs; serving as a convener and catalyst on emerging issues; and providing sound financial management of assets.

To learn more about The Community Foundation for the National Capital Region, call (202) 955-5890 or visit [www.thecommunityfoundation.org](http://www.thecommunityfoundation.org).



An LLC of The Community Foundation for the National Capital Region  
1201 15th Street, NW, Suite 420  
Washington, DC 20005

Presorted Standard  
U.S. Postage  
PAID  
Permit No. 5309  
Washington, DC