

Core Service Report

Disaster Services

Consumer Category:
Special Needs

Primary Consumer Group:
**Persons Who Are
Victims of Disaster**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

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SNAPSHOT

AIRS Code Level I: Organizational & Community Services

AIRS Code Level II: Disaster Services

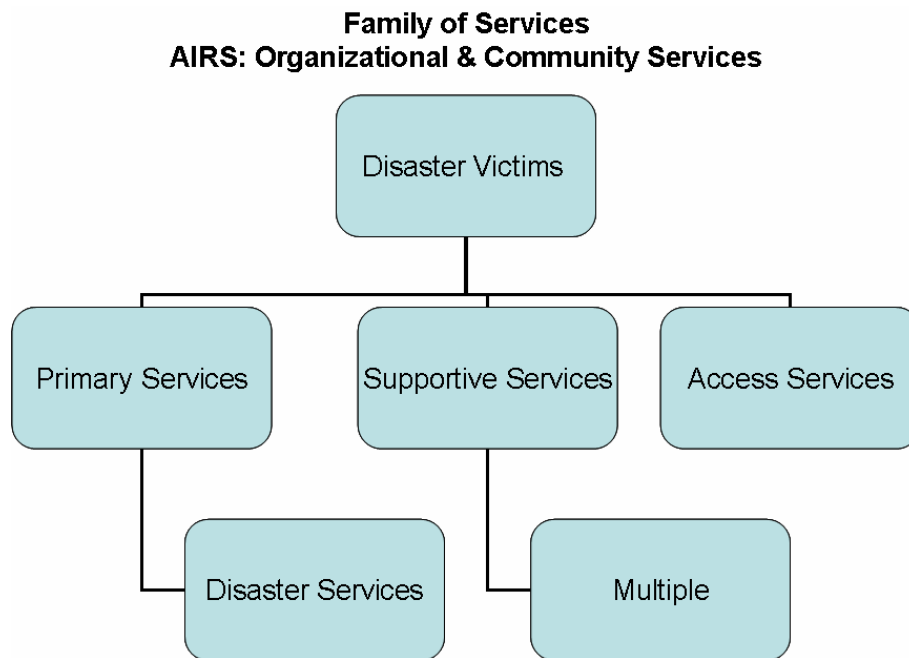
Core Service: Disaster Services (TH)

Investment Committee: Strong Families = Successful Children

Cluster: Basic Needs

AIRS Definition: Public and private programs that provide emergency planning, preparedness, mitigation, response, relief and/or recovery services prior to, during, and after a major fire, flood, hurricane, earthquake, tornado, tsunami, volcanic eruption, landslide, mudslide, snowstorm, drought, famine, explosion or nuclear accident, the outbreak of civil unrest, or other large-scale emergency of natural or human origin that disrupts the normal functioning of a community. The U.S. federal government recognizes four phases of disaster work: preparedness, mitigation, response, and recovery. Many community agencies add disaster relief as a phase during response and early recovery.

Disaster Services is part of a family of services for victims of disaster. It is targeting persons of all ages and is the only service targeting this consumer group. (See figure below.)



Core Service Environment

Natural disasters, especially house fires, occur on a daily basis in the Greater Cleveland area. Storms, power outages, and seasonal flooding occur with regularity. The threat of natural disasters, therefore, is greater than manmade emergencies. However, Cuyahoga County and the City of Cleveland have a number of attributes that make disaster planning an essential local planning activity. Cleveland is a transportation center, a terminus for a number of pipelines, and a hub for a number of power transmission lines. The city is a major warehousing and trans-

shipment center. Cleveland is a major manufacturing center with a number of Fortune 500 manufacturing facilities and hundreds of smaller manufacturers in the area. Some industries in the Cleveland area are involved in the storage of hazardous materials and solvents. Each of these characteristics comes with inherent risks and the potential for disasters. High-density human habitation also makes any large accident or disaster more likely to cause property damage, injury, and death.

On a local level, the community is at far greater risk of natural disasters, ranging from family house fires to widespread power outages, winter storms, and flooding. The most common type of disaster to occur within Cuyahoga County is house fires which occur on a daily basis.

The Federal Emergency Management Agency—a former independent agency that became part of the new Department of Homeland Security in March 2003—is charged with the task of responding to, planning for, recovering from, and mitigating against disasters. FEMA can trace its beginnings to the Congressional Act of 1803. President Carter's 1979 executive order merged many of the separate disaster-related responsibilities into a new Federal Emergency Management Agency (FEMA).

Working alongside FEMA are many other private nonprofit agencies that assist with disaster relief and chief among them is the American Red Cross. Although the American Red Cross is not a government agency, its authority to provide disaster relief was formalized when, in 1905, the Red Cross was chartered by Congress to “carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same.”

Most recently, and in response to worldwide terrorism and the 9/11 events, disaster preparedness is undergoing substantial change. It has always been—and continues to be—a shared responsibility. But it is increasingly a federal mandate that is implemented with local involvement and cooperation.

A significant public policy issue affecting disaster services is the lack of a comprehensive approach to individual/family preparedness within the Greater Cleveland area and the lack of financial resources to provide this service. The majority of funding from FEMA for disasters is for first responders for training and equipment. Preparedness saves lives as well as helps individuals prepare for, respond to, and recover from disasters.

Core Service Consumers

The target population addressed in this core service report is persons of all ages who are victims of a disaster.

In 2004, 27,360 people from Cuyahoga County (2 percent of the county population) applied to the State of Ohio Emergency Management Agency for individual disaster assistance. In 2003, 50,432 people from Cuyahoga County (3.7 percent of the county population) applied for disaster assistance largely because of the power blackout. There was one federally declared disaster in 2006 in Cuyahoga County.

According to the Ohio State Fire Marshall's Office there were 9,475 fires in Cuyahoga County between 2001 and 2005 (without final 2005 data). These accounted for 75 civilian deaths and \$95,734,231 losses. In 2004, there were 1,897 fires in Cuyahoga County that resulted in 118 injuries and 10 deaths. This represents 0.3 percent of the estimated total of 557,873 households

in the county per American Community Survey 2004. The number of fires has been increasing during the time period.

Natural disasters cannot be predicted. However, some disasters, such as fires, do have risk factors. Risks for being a victim of fire per the U.S. Fire Administration/National Fire Data Center (2004) follow: living in substandard housing; low household income; household crowding; low education achievement; high unemployment; and inadequate parental supervision.

The Cleveland Chapter of the American Red Cross reported 308 disaster incidents in Cuyahoga County in 2003-04 and 348 in 2004-05. This affected 450 and 375 families, respectively, as well as 1,660 and 1,550 persons, respectively, for the same periods.

Core Service Delivery

The definition of the core service for this report is: public and private programs that provide emergency planning, preparedness, mitigation, response, relief and/or recovery services prior to, during, and after a major fire, flood, hurricane, earthquake, tornado, tsunami, volcanic eruption, landslide, mudslide, snowstorm, drought, famine, explosion or nuclear accident, the outbreak of civil unrest, or other large-scale emergency of natural or human origin that disrupts the normal functioning of a community. The federal government recognizes four phases of disaster work: preparedness, mitigation, response, and recovery. Many community agencies add disaster relief as a phase during response and early recovery.

Implementation of the full spectrum of disaster services is a complex process that involves public-private partnerships on all levels of government. The American Red Cross is the primary private agency with legal responsibilities with respect to disasters. There is a tiered process that typically starts at the local level. When an emergency exceeds the capacity of local governments, they request assistance from the state emergency management agency (EMA). If an emergency response exceeds the capacity of the state EMA, it requests help from the president through FEMA.

Disaster service programs are provided by many different types of organizations including municipalities, social service agencies, volunteer groups, and religious institutions. Programs also have a multitude of staffing, collaboration, dispatching, and reimbursement/payment structures. Some providers offer crime prevention for disaster victims, furniture for victims in transition, social service and resource referral, safety education, emergency assistance, energy efficiency upgrades, and disaster management/relief with many other services provided on an "as needed" basis. Some providers are formally recognized by Congress as providers of disaster services such as FEMA and the Red Cross. Many disaster service programs such as the Red Cross and Voluntary Organizations Active in Disaster (VOAD) are primarily staffed by volunteers, while others such as fire departments and law enforcement have paid staff or a combination of the two.

Based on United Way - First Call for Help's (FCFH) database (February 2005), there are 8 disaster services program providers operating from 14 different sites, 4 of which are government and 3 are nonprofit (1 other). In FY 2004 (July 2003 to June 2004), United Way funded one provider. FCFH call data shows an increase in the number of total requests for disaster services programs in the county: from 46 in 2000 to 261 in 2004 (467 percent). Over the same five-year period, FCFH had 824 requests for information about disaster services. Of these requests, they were able to make referrals to 95 percent of callers.

The majority of funding for disaster services comes from the federal government through the Office of Homeland Security and FEMA and is passed through the state to local emergency management agencies. For Cuyahoga County, this is the Local Emergency Planning Committee (LEPC). The LEPC itself does not provide services, but it does fund providers.

Overall funding for Department of Homeland Security (in which FEMA is a division) has increased in the past several years; however, base funding (funding not associated to direct assistance relief for disasters, which fluctuates depending on the number and extent of disasters) for FEMA has been decreasing and is projected to continue decreasing. Base funding in FY 2004 was \$960 million (6.5 percent decrease from 2003). In FY 2005, \$928 million was allocated, a decrease of 3.5 percent less than the 2004 allocation (House Democrats, n.d.).

As of May 11, 2006, over \$1.9 million in revenues for disaster services programs has been identified countywide. Forty-two percent of the revenues are from contracts or grants from government organizations. United Way of Greater Cleveland accounted for 58 percent of total funding through Investment Committee allocations and designations.

Since January 1, 1964, federally declared disasters in Ohio have cost nearly \$473 million, excluding insurance.

What Works; What Doesn't

A well-crafted disaster plan, well-trained personnel, and the materials and resources to respond quickly can result in huge savings in both dollars and human life/injuries. Conversely, being unprepared can be catastrophic, expensive, and create major disruptions.

A U.S. Department of Veteran's Affairs study (n.d.) of post-disaster treatment and intervention included the following findings: it is most important that treatment and intervention efforts be aimed at the family unit. Furthermore, outreach efforts for intensive services should focus on areas of the community where at-risk individuals and families (such as ethnic minorities and low-income individuals) are most likely to live.

On the community level, there is a general consensus that having a comprehensive plan that clearly delineates responsibilities; communication procedures; location of resources; training and deployment of first responders; and a sound, uniform, recognized triage process improves disaster services when they are needed (Department of Homeland Security, 2002). Additionally, helping families develop and implement disaster recovery plans is a critical component for quickly and completely returning to normal following a disaster.

Based upon feedback from the United Way focus groups for core service planning (2005), some agencies suggested that the distribution of funds to those in need could be "streamlined." One felt that there is not enough coordination among the various agencies, while another pointed out that the clients have much difficulty accessing help and are required to "jump through hoops." Funding was another area of concern. Some agencies received grant funding from various sources such as the Department of Homeland Security and the State of Emergency Response Commission. However these agencies state that the funding was nowhere near what was actually needed to cover the operational services that the agencies provide.

Gap Analysis

While there is no good method for estimating the number of persons in need of disaster services in any one year, the research for this report suggests that it may not be a lack of funding, community resources, or partners that impacts consumer access to service. Rather, there is a need to clearly and accurately define roles, responsibilities, and resources for government, service providers, and individuals and families. This may be the most effective way to bridge any gaps in disaster services.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community's safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of "safety net" services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn't work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

In addition to the national focus on security issues in the aftermath of 9/11, the local issues that affect this service are straightforward and easy to appreciate. Cuyahoga County and the City of Cleveland have a number of attributes that make disaster planning an essential local planning activity. Cleveland is a port city, receiving ships and cargo from a worldwide market. It is also a transportation hub with airfreight, railroad, shipping, bus and trucking centers. Cleveland is a terminus for a number of pipelines and is a hub for a number of power transmission lines. It is a place where high volume interstate highways intersect. Cleveland is the northern terminus of Interstate 71, and Interstate 77. The Ohio Turnpike splits at the western reaches of Cleveland, Interstate 90 goes through the center of the city along the lakeshore, and Interstate 480 goes through the southern suburban segments of the city. The city is a major warehousing and trans-shipment center.

Cleveland is a major manufacturing center with a number of Fortune 500 manufacturing facilities and hundreds of smaller manufacturers in the area. They are known for manufacturing machinery and machine tools, transportation equipment, electrical equipment, fabricated metal products, paint, and plastics and polymers. The manufacturing process for these items commonly includes the use of hazardous materials, solvents, and processes. Some industries in the Cleveland area are involved in the storage of these hazardous materials and solvents.

Cleveland could be considered an international border city. The international border between Canada and the U. S. lies just off the northern coast of Cleveland in Lake Erie. As a border city there are special risks, benefits, and potentials that must be recognized, assessed, and included in any disaster plan.

Cleveland is a center for government and commerce. A number of Ohio state government offices are located in Cleveland, as well as federal and local offices.

Each of these characteristics comes with inherent risks and potentials for disasters. High-density human habitation also makes any large accident or disaster more likely to cause property damage, injury, and death. Finally, all of these characteristics, while contributing to the economic vibrancy of the area, also make Cleveland a creditable target of terrorism.

On a national level, natural disasters are increasingly being seen as “social problems” where there is a conflict of power and a dysfunction of the social system (Stallings, 1991). Natural disasters and the uneven planning and response for all individuals are beginning to compromise part of an agenda of a social movement with sufficient resources to influence public discourse and to attract the attention of people in power. More recently, Katrina is an example of this.

On a local level, the community is at far greater risk of natural disasters, ranging from family house fires to widespread power outages, winter storms, and flooding. These types of emergencies are not only a potential threat, but a reality. House fires occur on a daily basis and represent the most common type of disaster within Cuyahoga County. Storms, power outages, and seasonal flooding occur with regularity. (personal communication, Mary-Alice Frank, October 27, 2006).

PUBLIC POLICY ISSUES

NATIONAL

Federal Emergency Management Agency

The Federal Emergency Management Agency (FEMA)—a former independent agency that became part of the new Department of Homeland Security in March 2003—is charged with the task of responding to, planning for, recovering from, and mitigating disasters. FEMA can trace its beginnings to the Congressional Act of 1803. This act, generally considered the first piece of disaster legislation, provided assistance to a New Hampshire town following an extensive fire. In the century that followed, ad hoc legislation was passed more than 100 times in response to hurricanes, earthquakes, floods, and other natural disasters.

President Carter's 1979 executive order merged many of the separate disaster-related responsibilities into a new Federal Emergency Management Agency (FEMA). Among other agencies, FEMA absorbed the Federal Insurance Administration, the National Fire Prevention and Control Administration, the National Weather Service Community Preparedness Program, the Federal Preparedness Agency of the General Services Administration, and the Federal Disaster Assistance Administration activities from HUD. Civil defense responsibilities were also transferred to the new agency from the Defense Department's Defense Civil Preparedness Agency. FEMA's mission remains: to lead America to prepare for, prevent, respond to, and recover from disasters with a vision of "A Nation Prepared."

American Red Cross

Working alongside FEMA are many other private nonprofit agencies assisting with disaster relief; chief among them is the American Red Cross. Each year, the American Red Cross responds immediately to more than 67,000 disasters, including house or apartment fires (the majority of disaster responses), hurricanes, floods, earthquakes, tornadoes, hazardous materials spills, transportation accidents, explosions, and other natural and man-made disasters.

Although the American Red Cross is not a government agency, its authority to provide disaster relief was formalized when, in 1905, the Red Cross was chartered by Congress to "carry on a system of national and international relief in time of peace and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods, and other great national calamities, and to devise and carry on measures for preventing the same." The charter is not only a grant of power, it is also an imposition of duties and obligations to the nation, to disaster victims, and to the people who generously support its work with their donations.

Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988

The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, Public Law 93 – 288, as amended, authorizes the delivery of federal disaster assistance following the president's declaration of a major disaster. A major disaster is defined in 44 Code of Federal Regulations as:

Any natural catastrophe ... or regardless of cause, any fire, flood, explosion in any part of the United States, which in the determination of the President causes damage of sufficient severity and magnitude to warrant major disaster assistance ... to supplement the efforts and available resources of state, local governments, and disaster relief

organizations in alleviating the damage, loss, hardship, or suffering caused thereby. (Ohio Emergency Management Agency Disaster Recovery Branch, 2002)

Disasters over the past decade (1990-1999), the time frame for which the Federal Emergency Management Agency (FEMA) publishes disaster statistics, indicate the following:

- Damage from more frequent and severe weather calamities and other natural phenomena for this decade required the declaration of 460 major disasters, nearly double the number of presidential declarations issued for the previous ten-year period and more than any other decade on record.
- During the 1990-99 period, FEMA spent more than \$25.4 billion for declared disasters and emergencies compared to \$3.9 billion (current dollars) in disaster aid for the 1980-89 period.
- Of the 1990-99 total, more than \$6.3 billion was provided in grants for temporary housing, home repairs, and other disaster-related needs for individual and families; and \$14.8 billion to states and local governments for clean-up and restoration projects, including more than \$1.37 billion for mission-assigned work undertaken by other federal agencies.
- Hurricanes and typhoons were the most costly of the 1990s weather-related events, for which FEMA is currently obligated for more than \$7.78 billion. A total of 88 declarations were issued for these storms, including a single-year record of 19 in 1999.
- Included in those costs were \$2.5 billion for Hurricane George in 1998; \$1.8 billion for Hurricane Andrew in 1992; \$725.7 million for Hurricane Floyd in 1999; \$623.1 million for Hurricane Fran in 1996; and \$491.3 million for Hurricane Marilyn in 1995.
- Flooding resulting from severe storms and other causes was the most frequently declared disaster, with more than \$7.3 billion committed by FEMA in response and recovery funds. The most costly of these were the Midwest floods in 1993 (\$1.17 billion); the Red River Valley floods in 1997 (\$730.8 million); and Tropical Storm Alberto in 1994 (\$544.2).
- Among other major flooding events requiring more than \$100 million in FEMA funding were the Northeast coastal storms in 1992; the Arizona floods in 1993; the Houston floods in 1994; the New Orleans floods in 1995; the Mid-Atlantic and Pacific Northwest floods in 1996; the Ohio River Valley floods in 1997; the Texas floods in 1998; and the California floods in 1993, 1995 and 1998.
- More tornado-related disasters were declared in the 1990s than in any other recent period, including a record of 17 declarations issued in 1998. For the decade, a total of 102 such disasters were declared at a cost of more than \$1.72 billion in FEMA assistance.
- The decade also saw a surge in damaging winter storms including the East Coast blizzards of 1993 and 1996. A total of 86 major disasters and emergencies were declared for these events with FEMA costs totaling nearly \$1 billion.
- For non-weather related events, the 1994 Northridge earthquake in southern California stands out as the period's most dramatic and costly single disaster recovery, requiring nearly \$7 billion in FEMA funding (FEMA, 2004).

According to FEMA, the United States has declared 629 disasters in the past 12 years (1995-2006), an annual average of 52.4 disasters. (See Table 1.)

Table 1: Total Major Disaster Declarations in U.S., 1995-2006

Year	Total Disaster Declarations
1995	32
1996	75
1997	44
1998	65
1999	50
2000	45
2001	45
2002	49
2003	56
2004	68
2005	48
2006	52
Total	629
Average disasters/year	52.4

(FEMA, 2007)

The following specific disasters for Ohio during the last decade were tracked by FEMA. Table 2 documents the type of disaster, the counties affected, and the total cost. Additionally, two disasters were declared in 2006 in Ohio: in July for severe storms, tornadoes, straight line winds, and flooding affecting Cuyahoga, Erie, Huron, Lucas, Sandusky, and Stark counties, and in August for severe storms, straight line winds, and flooding affecting Lake, Geauga, and Ashtabula counties.

Table 2: The Type of Disaster and the Counties Affected and the Total Cost.

Declared	Disaster	Counties Impacted	Total Costs
Feb. 15, 2005	Severe winter storms and flooding DR-1580	Ashland, Athens, Auglaize, Belmont, Clark, Coshocton, Crawford, Darke, Delaware, Fairfield, Franklin, Guemsey, Henry, Hocking, Holmes, Huron, Jefferson, Licking, Logan, Miami, Morgan, Muskingum, Pickaway, Pike, Richland, Ross, Scioto, Stark, Tuscarawas, Warren, Washington, and Wyandot	\$7.7 million (as of April 2005)
Sept. 19, 2004	Flooding, severe storms DR-1556	Athens, Belmont, Carroll, Columbiana, Gallia, Guemsey, Harrison, Jefferson, Lawrence, Mahoning, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Stark, Trumbull, Tuscarawas, Vinton, and Washington	\$33.3 million (as of Nov. 2004)
June 3, 2004	Severe Storms and flooding DR-1519	Athens, Carroll, Columbiana, Crawford, Cuyahoga, Delaware, Geauga, Guemsey, Harrison, Holmes, Hocking, Licking, Logan, Lorain, Mahoning, Medina, Noble, Perry, Portage, Richland, Stark, Summit and Tuscarawas	\$17.7 million (as of July 9, 2004)
Jan. 27, 2004	Flooding, severe storms, mudslides & landslides DR-1507	Athens, Belmont, Franklin, Guemsey, Harrison, Jefferson, Licking, Monroe, Morgan, Noble, Perry, Ross, Tuscarawas and Washington	\$2.5 million (as of June 1, 2004)
Sept. 24, 2003	Power blackout (August 20 th)	Cuyahoga , Ashland, Ashtabula, Erie, Geauga, Huron, Knox, Lake, Lorain, Lucas, Portage, Summit and Trumbull	\$3.7 million
August 1, 2003	Flooding and tornado DR-1484	Carroll, Columbiana, Cuyahoga, Franklin, Jefferson, Mahoning, Medina, Portage, Richland, Stark, Summit, and Trumbull	\$132 million
July 15, 2003	Severe storms, flooding and strong winds DR-1478	Auglaize, Columbiana, Crawford, Darke, Logan, Mahoning, Mercer, Pike, Shelby and Van Wert	\$6.4 million

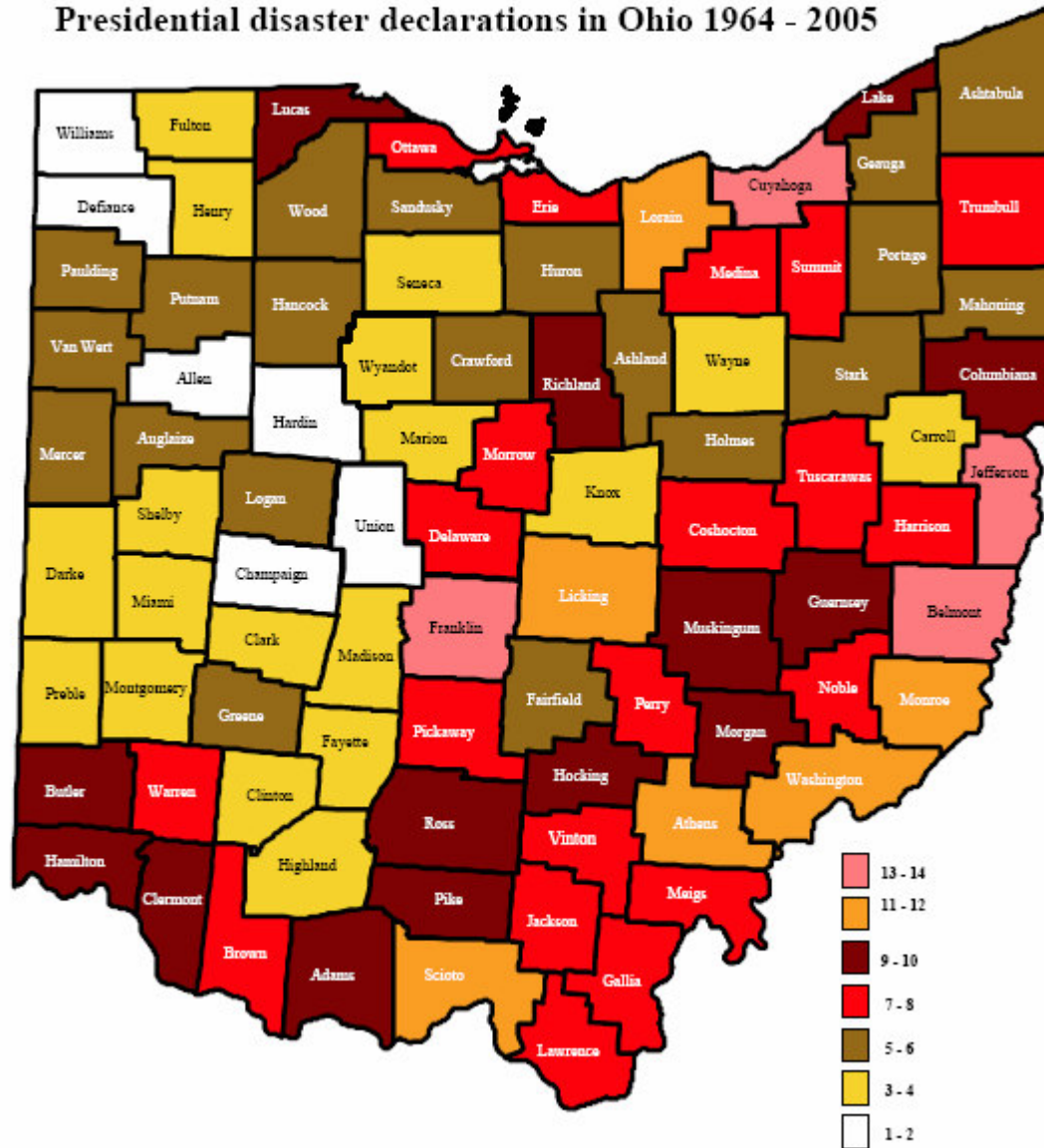
Declared	Disaster	Counties Impacted	Total Costs
June 26, 2003	Flooding (SBA declaration)	Butler and contiguous counties of Preble, Montgomery, Warren, and Hamilton	\$916,668 (estimated)
March 14, 2003	Snow and ice storm DR-1453	Adams, Athens, Belmont, Darke, Delaware, Fayette, Franklin, Gallia, Greene, Guernsey, Harrison, Hocking, Jackson, Lawrence, Licking, Madison, Meigs, Monroe, Montgomery, Morgan, Muskingum, Noble, Perry, Pike, Preble, Ross, Scioto, Union, Vinton and Washington.	\$40.9 million (\$4.5 million in IHP and SBA totals for Adams, Gallia, Jackson, Lawrence, Meigs, Pike and Scioto)
Nov. 18, 2002	Tornadoes DR-1444	Ashland, Auglaize, Coshocton, Cuyahoga, Franklin, Hancock, Henry, Huron, Lorain, Medina, Ottawa, Paulding, Putnam, Sandusky, Seneca, Summit, Union, Van Wert, Wayne, and Wood	\$11.7 million
August 8, 2001	Flooding DR-1390	Brown, Butler, Clermont and Hamilton	\$4.3 million
Sept. 26, 2000	High winds and tornadoes DR-1343	Greene	\$4.5 million
Aug. 25, 2000	Flooding DR-1339	Lucas	\$4.1 million
March 7, 2000	Flash flooding, flooding DR-1321	Adams, Gallia, Jackson, Lawrence, Meigs, Pike and Scioto	\$1.1 million
June 30, 1998	Flash flooding, flooding, high winds and tornadoes. DR-1227	Athens, Belmont, Coshocton, Guernsey, Harrison, Jackson, Jefferson, Knox, Meigs, Monroe, Morgan, Morrow, Muskingum, Noble, Ottawa, Perry, Pickaway, Richland, Tuscarawas, Washington, Franklin, Sandusky and Holmes	\$56 million
March 4, 1997	Flash flooding, Ohio River flooding DR-1164	Adams, Athens, Brown, Clermont, Gallia, Hamilton, Highland, Hocking, Jackson, Lawrence, Meigs, Monroe, Pike, Ross, Scioto and Vinton,	\$68.2 million

Declared	Disaster	Counties Impacted	Total Costs
June 24, 1996	Severe storms and flooding	Adams, Belmont, Brown, Butler, Clermont, Gallia, Hamilton, Hocking, Jefferson, Lawrence, Meigs, Monroe, Paulding, Scioto, Vinton and Williams	\$14.7 million
Jan. 27, 1996	Ohio River flooding	Adams, Belmont, Columbiana, Gallia, Jefferson, Lawrence, Meigs, Monroe, Scioto, Washington, Brown, Clermont and Hamilton	\$8.2 million
Aug. 25, 1995	Severe storms and flooding	Champaign, Erie, Logan, Lorain, Licking, Marion, Mercer, Miami, Scioto, Shelby and Washington	\$1.1 million
August 4, 1992	Severe storms, tornadoes, flooding	Cuyahoga, Franklin, Logan, Mahoning, Medina, Mercer, Ross, Shelby, Summit, Trumbull, Van Wert, Auglaize, Belmont, Columbiana, Erie, Fairfield, Fulton, Geauga, Jefferson, Lorain, Lucas, Ottawa, Portage and Wood	\$12.8 million
June 6, 1990	Severe storm, tornadoes and flooding	Athens, Belmont, Butler, Clermont, Columbiana, Fairfield, Franklin, Hamilton, Harrison, Hocking, Jackson, Jefferson, Lawrence, Licking, Mahoning, Madison, Monroe, Morrow, Muskingum, Perry, Pike, Richland, Ross, Trumbull and Vinton	\$20.1 million
June 10, 1989	Severe storms and flooding	Butler, Coshocton, Cuyahoga, Franklin, Geauga, Greene, Lake, Licking, Lorain, Mercer, Montgomery, Preble and Warren	\$2.9 million
May 10, 1987	Flooding	Crawford, Marion, Morrow and Richland	\$1.3 million
June 3, 1985	Tornadoes	Ashtabula, Columbiana, Coshocton, Licking, Portage and Trumbull	\$2.4 million

(Ohio Emergency Management Agency, 2005)

Within Ohio, Cuyahoga County was one of the counties with the highest number of disasters between 1964 and 2005 as it falls in the range of 13-14 disasters on the map below.

Presidential disaster declarations in Ohio 1964 - 2005



FEMA disasters are ONLY the disasters declared to be disasters by the president (Ohio EMA, n.d.). They do not include information such as an individual house fire (for which an individual would NOT be eligible to apply to FEMA for assistance). According to the Ohio Emergency Management Agency (OEMA), there were 13 presidential disasters declared that affected Cuyahoga County between 1964 and 2005. An additional disaster affecting Cuyahoga County was declared in July of 2006. Close to half were for flooding. (See Table 3.)

Table 3: Presidential Disaster Declarations for Cuyahoga County, by Date of Declaration, 1964 – 2006

Type of Declaration	#
Blizzard: 1978	1
Flooding: 1964, 1969, 1972, 1973, 1975, 2003	6
Power blackout: 2003	1
Severe storms: 1989, 1992, 2004, 2006	4
Tornadoes: 1965, 2002	2
TOTAL	14

Source: Disasters in Ohio. Ohio Emergency Management Agency (EMA), Ohio Department of Public Safety.

Most recently, and in response to worldwide terrorism and the 9/11 events, disaster preparedness is undergoing substantial change. It has always been—and continues to be—a shared responsibility. But it is increasingly a federal mandate that is implemented with local involvement and cooperation. In the December 17, 2003, Homeland Security Presidential Directive/Hspd-8, this concept was clearly voiced when it was recognized that, “to the extent permitted by law, the primary mechanism for delivery of federal preparedness assistance will be awards to the states. Awards will be delivered in a form that allows the recipients to apply the assistance to the highest priority preparedness requirements at the appropriate level of government” (The Whitehouse, 2003).

Individual/Family Preparedness for Disasters

A clear lesson learned from recent major disasters, most notably Hurricane Katrina, is the importance of individual and family preparedness to save lives and expedite recovery from emergencies. First responders may not be able to reach families within the first few days of a disaster and, as a result, basic preparedness measures are of critical importance. Since the events of September 11th, tens of millions of dollars have been made available to local communities through Homeland Security. The majority of these funds have been awarded to the first responder community for training and equipment. Citizen preparedness is a key Homeland Security priority; however, significantly less funding has been made available to organizations to help individuals and families with basic all-hazards preparedness. One local agency expert noted that the issue of family preparedness has not been approached in a systematic comprehensive manner due to lack of adequate financial resources, which would have a major detrimental impact upon the ability of families in the community to recover should a large scale disaster occur.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

The target population addressed in this core service report is persons of all ages who are victims of a disaster.

DEMOGRAPHIC CHARACTERISTICS

Painting a picture of the consumers of disaster services in Cuyahoga County is like creating a patchwork quilt. There are various perspectives that include applications for disaster assistance to local emergency agencies, the number of fires, the risk factors, and the actual incidents.

Applications for Emergency Assistance

In 2004, 27,360 people from Cuyahoga County (2 percent of the county population) applied to the State of Ohio Emergency Management Agency for individual disaster assistance. In 2003, 50,432 people from Cuyahoga County (3.7 percent of the county population) applied for disaster assistance, largely because of the power blackout. There have been no federally declared disasters since 2004.

Fires

According to the Ohio State Fire Marshal's Office there were 9,475 fires in Cuyahoga County between 2001 and 2005 (without final 2005 data). These accounted for 75 civilian deaths and \$95,734,231 losses. In 2004, there were 1,897 fires in Cuyahoga County that resulted in 118 injuries and 10 deaths. This represents 0.3 percent of estimated total number of households (557,873) in the county per American Community Survey 2004. The number of fires was increasing during this time period. Even without all of the data for 2005, there were more fires then than during any year since 2001. (See Table 4.)

Table 4: Fires in Cuyahoga County, 2001-2005

	Fires	Loss	Injuries	Deaths
2001	1,840	\$17,966,150	121	19
2002	1,893	\$18,364,234	98	13
2003	1,921	\$15,897,143	90	20
2004	1,897	\$23,306,704	118	10
2005*	1,924	\$20,200,000	72	13
TOTAL	9,475	\$95,734,231	499	75

*Not all of 2005 has been reported

Source: Ohio State Fire Marshall's Office, Fire Prevention Bureau Division

According to the City of Cleveland's Department of Public Safety, there were 9,826 structure fires to which the City of Cleveland's Division of Fire responded between 1998 and 2004. (See Table 5.) These accounted for the majority of fires in Cuyahoga County for 2004. Overall, the number of structure fires in the City of Cleveland has been decreasing. This is likely the result of decreasing numbers of households in the city.

Table 5: Structure Fires to which the City of Cleveland's Division of Fire responded, 1998-2004*

Structure Fires Responded To	#	%
Total	9,826	
Fires in 1998	1,508	15.35%
Fires in 1999	1,406	14.31%
Fires in 2000	1,467	14.93%
Fires in 2001	1,352	13.76%
Fires in 2002	1,408	14.33%
Fires in 2003	1,358	13.82%
Fires in 2004	1,327	13.50%

*Division of Fire does not track or record *habitable* versus *non-habitable* structure fires.

Source: Public Information Request made to City of Cleveland, Department of Public Safety

Risk Factors

Natural disasters cannot be predicted. However, some disasters, such as fires, do have risk factors. Risks for being a victim of fire per the U.S. Fire Administration/National Fire Data Center (2004) are:

- Living in substandard housing;
- Low household income;
- Household crowding;
- Low education achievement;
- High unemployment; and
- Inadequate parental supervision.

There are also risk factors for children, adolescents, and adults to experience serious and lasting psychological distress after a disaster (U.S. Department of Veteran Affairs, National Center for Post-traumatic Stress, n.d.):

- Female gender;
- 40 to 60 years old;
- Little previous experience or training relevant to coping with disaster;
- Ethnic minority;
- Low socioeconomic status;
- Children present in the home;
- For women, the presence of a spouse, especially if he is significantly distressed (the severity of husbands' symptoms predicted severity of wives' symptoms);
- Psychiatric history;
- Severe exposure to the disaster, especially injury, life threat, and extreme loss;
- Living in a highly disrupted or traumatized community; and
- Secondary stress and resource loss.

Disaster Incidents

The Cleveland Chapter of the American Red Cross reported 308 disaster incidents in Cuyahoga County in 2003-04 and 348 in 2004-05. This affected 450 and 375 families, respectively, as well as 1660 and 1550 persons, respectively, for the same periods. (See Table 6.)

Table 6: Disaster Services, American Red Cross, Cleveland Chapter

**Disaster Incidents and Those Affected
Cuyahoga County, 2003/2004 and 2004/2005**

	2003/2004	2004/2005
Total Incidents	308	348
Families Affected	450	375
Individuals Affected	1660	1550

Source: American Red Cross, Greater Cleveland Chapter

Responding to the immediate crisis is a key part of disaster services; however, there are often long-term psychological impacts that disaster victims deal with long after the disaster occurs. According to the U.S. Department of Veteran Affairs, National Center for Post-traumatic Stress (n.d.), most people who are exposed to a traumatic, stressful event experience some of the symptoms of post-traumatic stress syndrome (PTSD) in the days and weeks following exposure. Available data suggests that about 8 percent of men and 20 percent of women go on to develop PTSD, and roughly 30 percent of these individuals develop a chronic form that persists throughout their lifetimes. In Cuyahoga County, approximately 7,660 individuals can be expected to deal with post-traumatic stress from disasters (28 percent of the 27,360 Cuyahoga County residents applying for individual disaster assistance).

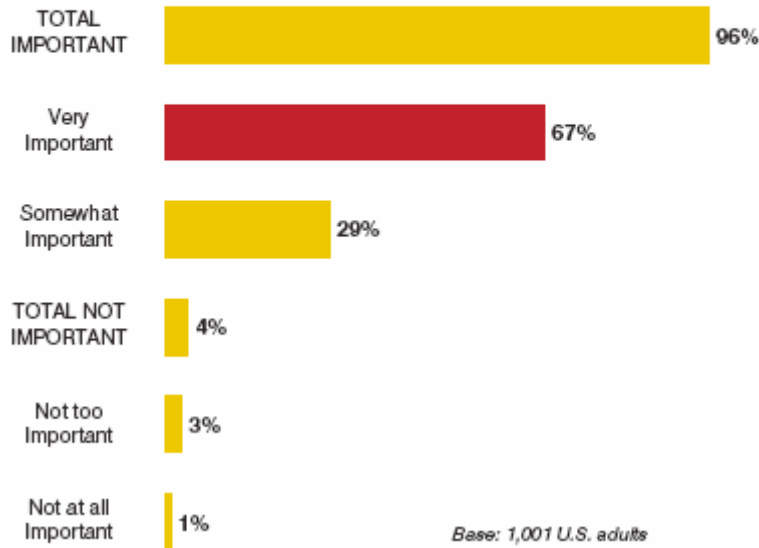
And finally, preparedness is an issue with disaster services. A national survey by Wirthlin Worldwide (2004), "U.S. Public Unprepared," co-sponsored by the American Red Cross, found that the U.S. public is unprepared if the United States were to experience another catastrophic disaster such as a terrorist event like 9/11. The four years since the attack in New York have provided plenty of time to discuss the need for action, but according to the latest research on this topic, the vast majority of Americans today remain unprepared for a major disaster. The following are excerpts from the report:

When asked, adults living in the U.S. say they believe it is important for everyone to take steps to prepare for a catastrophic disaster such as an earthquake, hurricane, or terrorist attack, with 67 percent of those surveyed saying it is "very important" to be prepared.

But most do not walk the talk. While Americans recognize the *importance* of being personally prepared, fewer than two in ten U.S. adults characterize themselves as very prepared. Given the level of concern expressed, and the widespread understanding that we could face another disaster, are people following the recommended steps in order to prepare themselves? It does not appear so. (Wirthlin World Wide, 2004)

IMPORTANCE OF BEING PREPARED FOR DISASTER

QUESTION: How important do you feel it is for all Americans to personally have taken steps to prepare for a catastrophic disaster such as an earthquake, hurricane, or terrorist attack? Is it...



Source: Wirthlin World Wide (2004)

The study suggests that:

Only one in ten U.S. households are truly prepared when it comes to following all three of the guidelines set by the American Red Cross: making a disaster plan, building a disaster supplies kit, and getting trained to respond to an emergency. While nearly half of survey respondents say they or someone in their household has been certified in CPR, only four in ten have put together a complete disaster kit, and just two in ten American households have taken the initiative to receive specific information and/or training on how to prepare for a catastrophic disaster or other emergency situation in the past 12 months. (Wirthlin World Wide, 2004)

Unfortunately, some of the nation’s most vulnerable populations, including lower income Americans, indicate they are the least prepared. In fact, these lower income Americans are more than twice as likely to be ill-prepared as their higher income counterparts. Similarly, young (age 35 or less) single people also report lower levels of preparedness than other populations. (Wirthlin World Wide, 2004)

The implication from this last point is both clear and alarming: Americans who would be most likely to be economically devastated from even a short-term loss of job or paycheck in the case of tragedy are also the least likely to be ready in case the unspeakable happens. (Wirthlin World Wide, 2004)

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the number of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

In FY 2004, United Way funded 1,501 persons in Cuyahoga County for disaster service programs. Eighty percent of the consumers were female and 20 percent were male. Of those reporting race, 14.4 percent were Caucasian and 56.4 percent were African American. Twenty-nine percent did not report race. Forty-nine percent of the disaster victims were under the age of 19. Another 42 percent were between the ages of 20 and 54. The remaining consumers were 55 or older. (See Attachment 3.) No data was available for the Local Emergency Planning Committee.

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service for this report is: public and private programs that provide emergency planning, preparedness, mitigation, response, relief and/or recovery services prior to, during, and after a major fire, flood, hurricane, earthquake, tornado, tsunami, volcanic eruption, landslide, mudslide, snowstorm, drought, famine, explosion or nuclear accident, the outbreak of civil unrest, or other large-scale emergency of natural or human origin that disrupts the normal functioning of a community. The federal government recognizes four phases of disaster work: preparedness, mitigation, response, and recovery. Many community agencies add disaster relief as a phase during response and early recovery.

BACKGROUND ON CORE SERVICE

Philosophy

Historic Philosophy

The Director of the Disaster Research Center at the University of Maryland writes:

Domestic crisis management efforts in U.S. society have been marked by tensions and shifts in emphasis between war planning—particularly plans for nuclear war—and efforts to manage natural and technological disasters. Over the past five decades, “civil defense,” fallout shelters, and nuclear crisis relocation planning have gradually given way to policies and programs that focus on enhancing the ability of U.S. communities to better respond when disasters strike and to reduce losses through improved prevention, mitigation, and planning. The end of the Cold War and the dissolution of the Soviet Union gave further impetus to this policy shift. (Tierney, n.d.)

Current Philosophy

From a general policy planning perspective, the current philosophy in disaster planning and management, according to the Arlington, Virginia, Office of Emergency Management (n.d.), places a stronger emphasis on the *local* government’s role to be the primary responder to disaster with the federal government providing only a supporting role.

The organized role of volunteers is also heavily emphasized with the community emergency response team (CERT) model of supplementing local government emergency services in times of disasters initiated in 1985 by the Los Angeles Fire Department. A CERT is a group of people organized as a neighborhood-based team that receives special training to enhance their ability to recognize, respond to, and recover from a major emergency or disaster situation. In times of major emergencies, professional emergency services may overload quickly given the crisis nature of disaster, and CERTs provide assistance while waiting for responders or once they arrive. FEMA recommends CERT training.

The current philosophy of service delivery for both individual and community disasters emphasizes the importance of mental health following basic needs stabilization. Providing culturally competent services is recognized as essential. Culture is a source of knowledge, information, and support that provides continuity and a process for healing during times of tragedy. Survivors react to and recover from disaster within the context of their individual racial and ethnic backgrounds, cultural viewpoints, life experiences, and values. Culture also defines appropriate behavior and provides social support, identity, and a shared vision for recovery. Persons from disadvantaged racial and ethnic communities may be more vulnerable to problems associated with preparing for and recovering from disaster than persons of higher socioeconomic status.

Because of the strong role that culture plays in disaster response, disaster mental health services are most effective when survivors receive assistance that is in accord with their cultural beliefs and consistent with their needs. In order to be culturally competent and to have positive client outcomes, disaster mental health providers must recognize the importance of community, racism and discrimination, and social and economic inequality when providing services.

Per the Substance Abuse and Mental Health Services Administration (2003), despite the differences in disasters, communities and individual survivors' emotional responses to disaster tend to follow a pattern of seven "disaster phases":

- Warning or threat;
- Impact;
- Rescue or heroic;
- Remedy or honeymoon;
- Inventor;
- Disillusionment; and
- Reconstruction or recovery.

The characteristics of the disaster, as well as those of the community and its individual residents, affect the duration and nature of the seven phases. The phases do not necessarily move forward in linear fashion; instead, they often overlap and blend together. Furthermore, individuals may experience a given phase in different ways, and different cultural groups may respond differently during these phases.

Implementation

Implementation of the full spectrum of disaster services is a complex process that involves public-private partnerships on all levels of government. The American Red Cross is the primary private agency with legal responsibilities with respect to disasters. There is a tiered process that typically starts at the local level. When an emergency exceeds the capacity of local governments, they request assistance from the state emergency management agency (EMA). If an emergency response exceeds the capacity of the state EMA, it requests help from the president through FEMA.

In “Defending the American Homeland, A Report of The Heritage Foundation Homeland Security Task Force,” (2002), it was stated that “the success of efforts to defend and protect infrastructure will rest primarily on the ability of federal, state, and local levels to work together.” An additional priority is to “facilitate communication on infrastructure issues between the new Office of Homeland Security (OHS) and state and local officials. State and local governments play a vital role in protecting infrastructure within their jurisdictions, but they cannot do so without effective communication with the federal government.”

The Federal Response Plan, published by the Department of Homeland Security, establishes a comprehensive all-hazards approach to enhance the ability of the United States to manage domestic incidents. The plan incorporates best practices and procedures from incident management disciplines—homeland security, emergency management, law enforcement, firefighting, public works, public health, responder and recovery worker health and safety, emergency medical services, and the private sector—and integrates them into a unified structure. It forms the basis of how federal departments and agencies will work together and how the federal government will coordinate with state, local, and tribal governments, and the private sector during incidents. It establishes protocols to help protect the nation from terrorist attacks and other natural and manmade hazards; save lives; protect public health, safety, property, and the environment; and reduce adverse psychological consequences and disruptions to the American way of life (Department of Homeland Security, 2005).

The Ohio Emergency Management Agency (EMA) was established under Chapter 5502 of the Ohio Revised Code and is the central point of coordination within the state for response and recovery to disasters. The primary focus of the agency when not in a response or recovery mode is to ensure that the state and its citizens are prepared to respond to an emergency or disaster and to lead mitigation efforts against the effects of future disasters.

Ohio EMA is required to develop an Ohio Emergency Operations Plan (Ohio EOP) that corresponds with the Emergency Support Functions (ESFs) in the Federal Response Plan. The plan establishes a framework by which the State of Ohio responds to and recovers from disasters that affect the health, safety, and welfare of Ohio citizens. The Ohio EOP is based upon 13 ESFs headed by lead agencies in coordination with support agencies that are selected based upon their authorities, knowledge, resources, and capabilities. The ESF is the primary mechanism through which state assistance to local governments is managed during emergencies.

The State of Ohio Security Task Force is comprised of 21 state agencies that recommend methods for coordinating homeland security efforts and for strengthening preparedness at all levels. Members include: Ohio Department of Public Safety, Ohio State Highway Patrol, Ohio Emergency Management Agency, Ohio Office of Criminal Justice Services, Ohio Community Service Council, Attorney General, Ohio Department of Health, Ohio Emergency Medical Services, Ohio Adjutant General, Ohio Department of Mental Health, Ohio Department of Education, State Fire Marshal, the Public Utilities Commission of Ohio, Ohio Department of Insurance, Ohio Department of Administrative Services, Ohio Office of Information Technology, Ohio Department of Agriculture, Ohio Department of Transportation, Ohio Department of Natural Resources, Ohio Environmental Protection Agency, Ohio Senate, and Ohio House of Representatives.

Many cities throughout the country have devised evacuation procedures for their downtown areas. According to the City of Cleveland’s Emergency Preparedness Department, Cleveland has developed a plan to evacuate the majority of the downtown workforce, residents, and

visitors in times of emergency. The plan calls for two basic methods of evacuation: vehicular and pedestrian. If there is significant and credible information indicating that there is imminent danger from an attack or disaster, the mayor of the City of Cleveland may order an evacuation. Notification regarding the evacuation is done through several mediums including the County Emergency Alert System, telephone notification to organizations and facilities that have the ability to further notify member organizations and other facilities, e-mail and fax notifications through member organizations, and public address systems operated by emergency vehicles. The Cleveland Police Department is the lead agency in directing the evacuation, but will receive assistance from the Cleveland Fire Department, County Emergency Services, the Regional Transit Authority, and the Building Owners and Managers Association.

In addition to the emergency evacuation procedures, the City of Cleveland also has adopted the Homeland Security Advisory System (HSAS) as a means of disseminating information about any risks of terrorist acts to the community. The HSAS system was developed by the U.S. Office of Homeland Security to designate the perceived level of risk of terrorist acts being perpetrated on American soil. The system has five different levels, each identified by a separate color.

Yet another source of information for the general public on the City of Cleveland's web site is a document titled "Are You Ready? A Guide to Citizen Preparedness." This document is based upon publications provided by FEMA and provides citizens with details on how to prepare for natural disasters such as floods, thunderstorms, lightning, tornadoes, winter storms and cold, extreme heat, earthquakes, and fires, in addition to national security emergencies and technological and man-made hazards (City of Cleveland, 2003).

Another important player in disaster services on the national, state, and local levels is the Voluntary Organizations Active in Disaster (VOAD). NVOAD coordinates planning efforts of voluntary organizations involved in responding to disaster. Member organizations provide more effective and efficient service by getting together before disasters strike. Once disasters occur, NVOAD or an affiliated state VOAD encourages members and other voluntary agencies to convene on site. This cooperative effort has proven to be the most effective way for a wide variety of volunteers and organizations to work together in a crisis. NVOAD serves member organizations through:

- *Communication* - disseminating information through electronic mechanisms, its newsletter, the directory, research and demonstration, case studies, and critique.
- *Cooperation* - creating a climate for cooperation at all levels (including grass roots) and providing information.
- *Coordination* - coordinating policy among member organizations and serving as a liaison, advocate, and national voice.
- *Education* - providing training and increasing awareness and preparedness in each organization.
- *Leadership Development* - giving volunteer leaders training and support on building effective state VOAD organizations.
- *Mitigation* - supporting the efforts of federal, state, and local agencies and governments and supporting appropriate legislation.
- *Convening Mechanisms* - conducting seminars, meetings, board meetings, regional conferences, training programs, and local conferences.
- *Outreach* - encouraging the formation of and giving guidance to state and regional voluntary organizations active in disaster relief.

A thirteen-member board of directors meets at least four times each year to provide guidance for the achievement of NVOAD goals. The board includes membership representatives and three representatives from state or U.S. Territory VOADs. The current national organizations represented on the board include: National Organization for Victim Assistance, The American Red Cross, Mennonite Disaster Service, the Points of Light Foundation, The Salvation Army, America's Second Harvest, and Church World Service.

In addition to the importance of preparing and responding to threats to homeland security, providers must also be prepared to respond to natural disasters such as house fires, tornadoes, flooding, blizzards, and power outages. Previous sections of this report have provided information about the frequency of these natural disasters. The mission of the Cuyahoga County Emergency Services is: "Empowered by federal and state regulations through the Board of County Commissioners and advisory support from emergency boards and committees, the division serves all citizens by the coordination of emergency services including 9-1-1, hazardous materials, disaster planning, and public education, to maintain a healthy and safe environment through the efficient and effective application of resources and technology."

The county's Division of Emergency Services is broken down into three divisions: Emergency Management, Hazardous Materials, and Cuyahoga Emergency Communication Systems. The Emergency Management division is responsible for activities relating to emergency planning, preparedness, response, and mitigation as well as assisting and coordinating emergency management-related activities with local governments and emergency response agencies. The Hazardous Materials Division maintains files on over 1,500 annual chemical inventories and annually completes planning requirements for over 350 facilities storing extremely hazardous materials. Finally, the Cuyahoga Emergency Communications System operates a 24/7 emergency communication service for all of Cuyahoga County and other parts of Northeast Ohio.

Disaster service programs are provided by many different types of organizations including municipalities, social service agencies, volunteer groups, and religious institutions. Programs also have a multitude of staffing, collaboration, dispatching, and reimbursement/payment structures. Some providers offer crime prevention for disaster victims, furniture for victims in transition, social service and resource referral, safety education, emergency assistance, energy efficiency upgrades, and disaster management/relief with many other services provided on an as-needed basis. Some providers, such as FEMA and the Red Cross, are formally recognized by Congress as providers of disaster services. Many disaster service programs such as the Red Cross and VOAD are primarily staffed by volunteers, while others such as fire departments and law enforcement have paid staff or a combination of the two.

Founded in 1905, the American Red Cross Greater Cleveland Chapter's mission is to help families in Cuyahoga and Geauga counties prevent, prepare for, and respond to emergencies. The chapter does this in a variety of ways—from its First Aid and CPR training to disaster planning. The Disaster Action Team (DAT) provides free assistance 24/7 to families whose homes have been destroyed by fire or have undergone other disasters.

In FY 2003-2004, the Cleveland Chapter provided more than 2,350 smoke alarms free of charge to eligible residents; responded to 308 disaster incidents; provided assistance to 1,504 individuals affected by a disaster; helped 1,079 families make contact with loved ones in the military; and trained more than 90,000 people in lifesaving skills including CPR, First Aid and AED.

Red Cross disaster relief focuses on meeting people's immediate emergency disaster-caused needs. When a disaster threatens or strikes, the Red Cross provides shelter, food, health, and mental health services to address basic human needs. In addition to these services, the core of Red Cross disaster relief is the assistance given to individuals and families affected by disaster to enable them to resume their normal daily activities independently.

The Red Cross also feeds emergency workers, handles inquiries from concerned family members outside the disaster area, provides blood and blood products to disaster victims, and helps those affected by disaster to access other available resources.

Along with the American Red Cross there are many private nonprofit agencies that also provide short- and long-term relief of disasters. These agencies include but are not limited to:

- The Adventist Community Services (ACS);
- The American Radio Relay League, Inc. (ARRL);
- The Ananda Marga Universal Relief Team (AMURT);
- The Catholic Charities USA Disaster Response;
- The Christian Disaster Response (CDR);
- The Lutheran Disaster Response (LDR);
- Mennonite Disaster Services;
- The National Emergency Response Team (NERT); and
- The Salvation Army.

United Way - First Call for Help Call Data

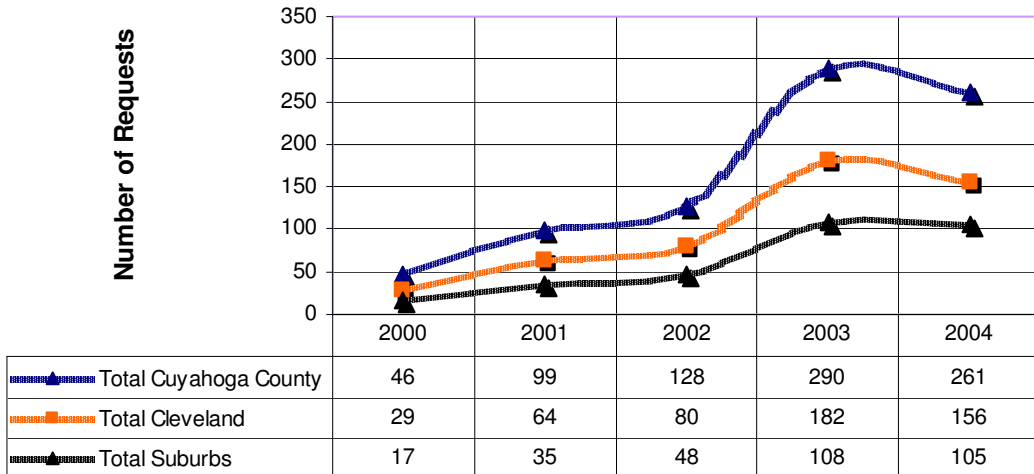
Based on United Way - First Call for Help's (FCFH) database (February 2005), there are 8 disaster services program providers operating from 14 different sites, 4 of which are government, 3 are nonprofit, and 1 is "other." In FY 2004 (July 2003 to June 2004), United Way funded one provider. (See Attachments 4 and 5.)

United Way - First Call for Help call data shows an increase in the number of total requests for disaster services programs in the county: from 46 in 2000 to 261 in 2004 (467 percent increase) with an 438 percent increase in Cleveland (29 to 156 requests) and a 518 percent in the suburbs (17 to 105 requests). (See Figure 1.) Calls came from over half of Cuyahoga County zip codes with the following experiencing the highest average number of calls from 2000-2004:

- 44112 (East Cleveland/Cleveland) -14 calls;
- 44105 (Cleveland/NewburghHts/GarfieldHts) – 14 calls;
- 44108 (Cleveland/Bratenahl) – 13 calls;
- 44120 (Shaker Hts/Cleveland) – 12 calls; and
- 44104 (Cleveland) – 10 calls.

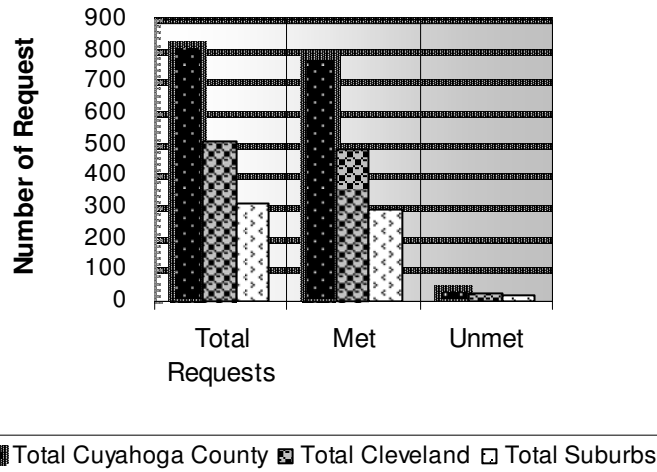
(See Attachment 6.)

**Figure 1: Disaster Services
United Way - First Call for Help Requests 2000-2004
Greatest Increase/(Greatest Decrease)**



Over the same five-year period, United Way - First Call for Help had 824 requests for information about disaster services, which includes services for persons of any age who are victims of disaster. Of these requests, they were able to make referrals to 95 percent of callers; however, 5 percent of all Cuyahoga County callers (42) had an unmet need, meaning there was no agency to which to refer the caller. Callers from the City of Cleveland had a 5 percent unmet need rate and from the suburbs, 6 percent. (See Figure 2 and Attachment 7.) Note that these numbers may be low since the majority of calls that the Red Cross received for disaster assistance are from fire departments whose personnel have been trained in this procedure.

Figure 2: Disaster Services
United Way - First Call for Help Requests 2000-2004
 (TOTAL REQUESTS: n=824, TOTAL UNMET NEED: n=42)



FUNDING OF CORE SERVICES

Major Government Funders

The major sources of identified government funding for disaster services are:

- FEMA Individuals and Household Disaster Assistance Program and Low Interest Disaster Loan Program;
- FEMA Emergency Food and Shelter Grant Program;
- Temporary Assistance for Needy Families (TANF); and
- Ohio General Revenue Fund.

FEDERAL

FEMA Individuals and Household Disaster Assistance Program and Low Interest Disaster Loan Program

The majority of funding for disaster services comes from the federal government through the Office of Homeland Security and FEMA and is passed through the state to local emergency management agencies. For Cuyahoga County, this is the Local Emergency Planning Committee (LEPC). The LEPC itself does not provide services, but it does fund providers. The majority of funding from this source is for government entities for first responders for training and equipment and not for individuals and families for disaster relief or family preparedness.

In addition to its other responsibilities described previously, the Ohio EMA coordinates state assistance and resources during an emergency. This includes administering state and federal assistance to individuals and governmental entities recovering from disaster-related damage and costs. Ohio EMA coordinates homeland security funding. Individuals can apply for funds from FEMA (which is cost-shared with the state) for temporary housing assistance, disaster

loans, and individual and family grants; however, this assistance is only available if there has been a federally declared disaster. These dollars are not available to victims of house fires.

Funding for FEMA fluctuates each year depending on the number of disasters, i.e., how many disasters for which FEMA had to pay out. Overall funding for Department of Homeland Security (in which FEMA is a division) has increased in the past several years; however, base funding (funding not associated to direct assistance relief for disasters, which fluctuates depending on the number and extent of disasters) for FEMA has been decreasing and is projected to continue decreasing. This includes funding for urban search and rescue teams, pre-disaster mitigation, and metropolitan medical response teams. Base funding in FY 2004 was \$960 million (6.5 percent decrease from 2003). In FY 2005, \$928 million was allocated, or 3.5 percent less than the 2004 allocation (House Democrats, n.d.).

FEMA's Emergency Food and Shelter Program

FEMA's Emergency Food and Shelter Program, a separate source of funding from FEMA disaster assistance for federally-declared disasters, was created by Congress in 1983 to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating funds for the provision of food and shelter. It is not a source of funding reserved exclusively for victims of natural disasters, manmade disasters, or house fires. The program supplements the work of local agencies already providing such help at the community level, and funds are distributed through a collaborative planning and allocation process with local providers. The purpose of the program is to provide emergency food (in the form of served meals and or groceries) and shelters (such as mass shelter, one month's rent, or mortgage payment). Funding does not have to be exclusively for victims of disasters declared in residential areas.

Temporary Assistance to Needy Families (TANF)

The state of Ohio uses a portion of its Temporary Assistance to Needy Families block grant to provide up to \$1,500 in disaster assistance through the Prevention, Retention, and Contingency Program (PRC). Families must include a child or pregnant woman and have evidence of economic need. Ohio Department of Job and Family Services (ODJFS) reserves at least \$5 million in TANF funding for disaster victims. Disaster relief benefits paid through PRC are made at the county level. Per Cuyahoga County's PRC plan, PRC Disaster Relief benefits and services are available to individuals who are in need of assistance due to damage and/or loss sustained as a result of:

- Natural disasters such as flood, tornado, or blizzard (declared by the Governor of the State of Ohio);
- Chemical disaster;
- Fire; and
- Civil disorder (declared by the Governor of the State of Ohio) (Cuyahoga County Employment & Family Services, 2005).

STATE

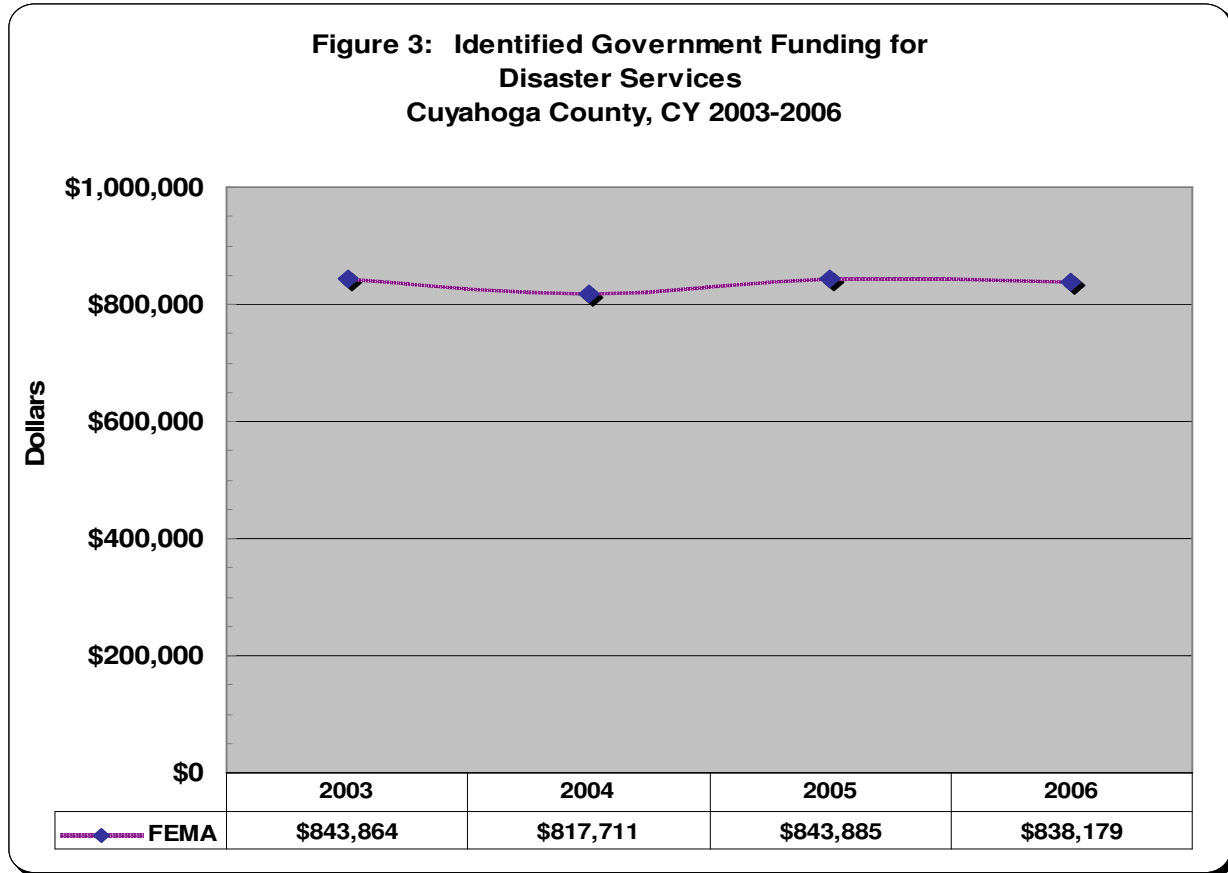
Ohio General Revenue Fund

In addition, the state of Ohio allocated from its General Revenue Fund \$1 million for non-TANF related disaster assistance for 2007-2008 through the Department of Job and Family Services. Elderly and disabled individuals in counties affected by disaster who are not eligible for TANF assistance may be eligible for disaster assistance of up to \$750. To be eligible for this type of

assistance, a person must be at least 55 years old and childless, or receiving certain disability benefits, be impacted by the severe weather, and provide evidence of an economic need to the county department of job and family services.

Trends of Identified Government Funders in Cuyahoga County

Funding for FEMA’s Emergency Food and Shelter Program for Cuyahoga County has been relatively stable and trends are expected to be flat to decreasing. (See Figure 3.)



Source: United Way of America (2006) Emergency Food and Shelter National Board Program. Retrieved April 20, 2006 from <http://www.efsp.unitedway.org/>

The amount of funding identified from private foundations has been extremely low compared with government funding. In 2003, Key donated \$30,500 and in 2004 Deaconess contributed another \$15,000.

IDENTIFIED REVENUES

As of May 11, 2006, over \$1.9 million in revenues for disaster services programs has been identified countywide. (See Table 7.) This includes information from foundations; federated fundraising organizations; regional, county, and municipal government; and United Way of Greater Cleveland.

Forty-two percent of the revenues are from contracts or grants from government organizations. The Local Emergency Planning Committee (LEPC) is a primary funder of the service through

FEMA funds. United Way of Greater Cleveland is a funder of this service through Investment Committee allocations and designations at fifty-eight percent of total funding.

Table 7: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Disaster Services Programs, 2003/2004.

Funder	Period	A		B	
		Identifiable Total Dollars Countywide	Total Dollars UW-Funded Agencies (Actual FY2004)	Amount	% of Total (B)
Total - Contributions and dues (less UW designations)			0.00%	541,386	31.68%
Deaconess Community Foundation		15,000			
Other Private Foundations - Not Elsewhere Classified				32,145	
Total - Foundations & Trusts		15,000	0.76%	32,145	1.88%
Local Emergency Planning Committee (FEMA)	2004	817,711			
Subtotal Cuyahoga County Funding Sources		817,711	41.54%	0	0.00%
Total - Contracts/grants from government organizations		817,711	41.54%	0	0.00%
Subtotal Non - UWGrCle Support		832,711	42.31%	573,531	33.56%
Total - UWGrCle investment committee allocation		1,135,551	57.69%	1,135,551	66.44%
Subtotal UWGrCle Support - 4001, 4701 & 4703		1,135,551	57.69%	1,135,551	66.44%
Total Support/Revenue		1,968,262	100%	1,709,082	100%

REIMBURSEMENT/COST

Since January 1, 1964, excluding insurance, federally declared disasters in Ohio have cost at least \$473 million. Please note, data does not include residents who did not register for assistance in the two declared disasters or may have had insured losses. Also, the data does not take into account residents that may be affected by disasters that are not declared federally, such as homeowners that experienced flood or wind damage throughout any given year.

- July 21 – August 25, 2003: tornadoes, severe storms and flooding. Total of 50,432 registrations for FEMA assistance, 30,446 were eligible for grants totaling \$44,186,734.
- May 18 – June 21, 2004: severe storms, flooding and high winds. Total of 27,360 registrations for FEMA assistance, 10,586 were eligible for grants totaling \$11,480,791.
- July 2, 2004: severe storms, tornadoes, straight line winds, and flooding. Nearly 12,000 residents of Cuyahoga, Erie, Huron, Lucas, Sandusky, and Stark Counties applied for disaster assistance. More than \$18 million was awarded in disaster assistance grants and loans: \$8 million through the Individuals and Households program, and \$10 million in low-interest disaster loans.

Costs of other disaster services were not identified.

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

A well-crafted disaster plan, well-trained personnel, and the materials and resources to respond quickly can result in huge savings in both dollars and human life and injuries. Conversely, being unprepared can be catastrophic, expensive, and create major disruptions.

There are additional concerns besides simple cost. At their core, disaster services have national and statewide ramifications. There are political and security issues that do not lend themselves to a simple economic analysis.

What Works

A U.S. Department of Veteran's Affairs study (n.d.) of post-disaster treatment and intervention found the following:

- Families are extremely important systems and it is most important that post-disaster treatment and intervention efforts be aimed at the family unit.
- Outreach efforts for intensive services should focus on areas of the community where at-risk individuals and families (such as ethnic minorities and low-income individuals) are most likely to live. Treatments and interventions known to be effective for them should be implemented. It is important to pay attention to issues of diversity. Less intensive services, such as support groups and psycho-educational programs, may be adequate for groups at lower risk.
- It is important to provide support to the families' supporters, especially wives and mothers.
- Communities might want to encourage groups at very low risk, such as older adults and childless men, to assume a greater share of the burden for the community's recovery by volunteering and participating in paraprofessional activities.

On the community level, there is a general consensus that having a comprehensive plan that clearly delineates responsibilities; communication procedures; location of resources; training and deployment of first responders; and a sound, uniform, recognized triage process improves disaster services when they are needed (Department of Homeland Security, 2002). There are also a number of organizations engaged in disaster preparedness.

The National Voluntary Organizations Active in Disaster (NVOAD) put out a relief and recovery assistance guide for Katrina and Rita victims, November 11, 2005. The guide contains information and referral sources on a wide variety of topics including housing, insurance, replacing important records, home cleaning information, transportation information, facilitated relocation, reuniting information, health and human services information, food information, unemployment information, financial recovery information, tax information, consumer protection information, legal assistance information, and student resources information (NVOAD, 2005).

The American Red Cross also suggests that businesses develop disaster plans. These plans could include posting preparedness information, offering first aid and safety training, and creating staff councils dedicated to developing workplace emergency plans.

For individual families, the American Red Cross recommends the following: (1) make a plan, (2) build a kit, and (3) get trained. These essentials include being certified in first aid or CPR;

putting together an emergency kit with a three-day supply of food and water, a first aid kit with the family's prescription medications, a battery powered radio, a flashlight, and extra batteries; and creating a family emergency plan including a place where the family would meet if the neighborhood were evacuated, and emergency contact information.

In 2002, the Ohio Community Service Council, in partnership with the Ohio Emergency Management Agency, the Ohio Volunteer Center Association, and the Ohio Retired and Senior Volunteer Program (RSVP) Directors Association received a federal grant from the Corporation for National and Community Service to launch Citizen Corps in Ohio. Since the initial grant, the partnership has added the Ohio Chapter of the Volunteer Organizations Active in Disasters (VOAD). Effective practices include:

- Having a committee of the State of Ohio Security Task Force responsible for:
 - Facilitating the start-up of County Citizen Corps Councils;
 - Coordinating citizen involvement efforts;
 - Integrating citizen involvement into the state's homeland security efforts;
 - Ensuring that county Emergency Management Agency directors (EMA) serve as a bridge between first responders and community volunteer support;
 - Identifying volunteer tasks to support first responders. Nine lead volunteer centers, which represent regions throughout the state, have been selected to:
 - ◆ Assist in the identification of volunteer tasks;
 - ◆ Provide training and technical assistance for the effective utilization of volunteers;
 - ◆ Coordinate the recruitment of local volunteers;
 - ◆ Assist in the formation of local Citizen Corps Councils;
 - ◆ Collect and process volunteer information; and
 - ◆ Work with local Emergency Management Agency (EMA) directors.
- Engaging RSVP volunteers to work collaboratively with lead volunteer centers to recruit Citizen Corps volunteers;
- Having county Citizen Corps councils convene local leaders, citizen volunteers and the network of first provider organizations, such as fire, law enforcement, and emergency personnel to identify volunteer roles and mobilize resources;
- Creating a Call-to-Service Campaign:
 - To meet an aggressive recruitment goal, an integrated, statewide public awareness campaign to educate Ohioans about Citizen Corps. The campaign focuses on three key messages: the importance of citizen involvement in homeland security; the benefits of volunteerism; and how to get involved in Citizen Corps;
 - A vital function of the campaign is to support volunteer recruitment efforts at the county level, so all communications materials have been developed to allow customization for targeted, local use;
 - Mass media resources for the call-to-service campaign have so far included four waves of 50 billboards throughout the state, with messages such as "Homeland Security Begins at Home," "Don't Just Live Here, Do Something," "Heroes Aren't Born, They Volunteer;"
 - In addition, a series of television public service announcements that highlight real-life Ohio volunteers and the benefits of getting involved were sent to TV stations around the state;
 - Coinciding with the call-to-service campaign, a statewide database was developed to track Citizen Corps volunteers, match volunteers with homeland security needs, and track service; and

- Ohio Citizen Corps has also established a relationship with the Points of Light Foundation and has integrated its 1-800 VOLUNTEER hotline as an alternative method for volunteer recruitment.

Based upon feedback from the United Way focus groups for core service planning (2005), one service provider referenced collaboration as a “best practice” and told the group that she is involved in VOAD, a volunteer advocacy group spearheaded by the Red Cross that consists of other disaster relief organizations in Cleveland. The goal of the group is to make certain that, if a disaster hits, agencies are not duplicating services and the area’s needs are being met efficiently. Some agencies employ a “best practice” by looking holistically at the client and then trying to meet a variety of needs. Another participant emphasized the importance of not looking just at needs for food and shelter, but considering the emotional impact of losing a family member and the need for counseling.

A person closely involved with the recent Cleveland efforts to provide disaster services to Katrina victims said that the most effective part of the response to this unexpected crisis was the ability of different county departments to come together quickly and to work as a team. Specific departments that were identified as providing extremely competent, efficient assistance were the welfare services of the Cuyahoga Department of Children and Family Services. Welfare services brought in 40 computer pods with intake capability and worked quickly to provide medical and other critical benefits to families. The county came through with housing benefits and funding to bridge the gap left by FEMA benefits (i.e., not received, delayed receipt or low housing stipends). The social services agencies, the mental health pod (led by Cuyahoga County Mental Health Board) and the welfare services worked extremely well at providing services within their specialty.

Finally, a best practice is to assist individuals with developing and implementing disaster recovery plans. The American Red Cross provides a tool to guide them as they begin the often challenging process of resuming normal life following a disaster. Important components of a disaster recovery plan include: how to access other community/government benefits; how to obtain new housing, if needed; how to expedite return to work and school, etc.

What Doesn't Work

The Cleveland response to Katrina, however, highlights a few of the practices determined to be detrimental to effective disaster response; specifically, various organizations responded to disasters by acting unilaterally with little to no collaboration with other agencies, which resulted in an ineffective use of resources. A witness to the Cleveland response to Katrina said this was quite true of the recent disaster effort. While many agencies were working hard to meet citizens’ needs, there was often a great disconnect between providers of service. They appeared to be providing their specific service effectively and efficiently; however, each provider was often quite unaware of the progress, needs, and intentions of the other providers. One significant weakness was a lack of understanding of roles, responsibilities, and resources. When Cleveland became aware of the extent to which they would be involved with helping Katrina refugees, many concerned providers began to congregate and plan. (Anonymous witness to Cleveland response to Katrina, 2006)

A comprehensive plan was established for transitioning emergency response to continue care for 800 individuals who self-evacuated to Greater Cleveland areas as a result of Katrina. Under the leadership of the county, Mental Health Inc. was contracted to be the case management agency for a period of 18 months following the emergency. This agency carried out responsibilities for continued care for self-evacuated victims of Hurricane Katrina (personal

communication, Mary-Alice Frank, October 27, 2006). However, according to the witness to the Katrina process, there were concerns regarding the development and execution of this plan: there seemed to be no one person in charge to ensure that communication regarding meetings was effectively distributed, that a roster of participating agencies was developed, that gaps in provider participation were identified and filled, and that roles and responsibilities were clearly defined to assure the effective use of all necessary resources. (Witness to Cleveland response to Katrina, 2006)

Primary examples of what could have been improved include:

- Involving Ohio VOAD and Ohio EMA sooner in the process and identifying point persons to spearhead specific tasks.
- FEMA should have provided more leadership in organizing the effort, mobilizing more quickly and providing a constant flow of communication.
- Setting up or utilizing existing information distribution systems to ensure that all participating agencies are aware of meetings, existing resources, progress and remaining needs.
- Developing a user-friendly checklist of resources and contacts for consumers to use as they entered the conference center that will help them understand what was available, allow them to check off what they completed, and provide them with contact information for follow-up after processing. 211 did a nice job developing a list of resources but the information was not distributed to consumers as they entered the facility. They only received it if they went to the 211 resource table.
- Improved security at the Family Resource Center.
- The shelter for evacuees, overseen by Red Cross, was never opened because flights sponsored by FEMA never took place. All donated items were either given to clients who were processed through the Family Resource Center or given to local agencies and shelters.
- The Rainbow Babies Child Center was never made available because it was in the shelter that never opened.
- A plan for transitioning from emergency response to continued care for consumers.
- More attention needed to be paid to getting children in to child care or school and getting adults connected to work opportunities.
- A more formal job referral system needs to be in place. (Witness to Cleveland response to Katrina, 2006)

Based upon feedback from the United Way focus groups (2005), some agencies suggested that the distribution of funds to those in need could be “streamlined.” One felt that there is not enough coordination between the various agencies, while another pointed out that the clients have much difficulty accessing help and are required to “jump through hoops”. Funding was another area of concern with this group. Some agencies received grant funding from various sources such as the Department of Homeland Security and The State of Emergency Response Commission; however, these agencies state that the funding was nowhere near what was actually needed to cover their operational services.

Overall, in Cleveland and elsewhere, a unilateral action approach to disaster services is outdated. However, in order to achieve a comprehensive, highly functional, quickly mobilized response system, coordination of systems, resources and funding must occur. The roles of first-tier providers (e.g., Red Cross, FEMA/Ohio EMA, Department of Health and Human Services, local law enforcement, etc.) and second-tier providers (e.g., churches, volunteers, etc.) must be

more clearly delineated. Expectations relative to coordination with government and other local private agencies or churches must be identified and operationally managed to ensure effective utilization of resources.

IMPACT ON COMMUNITY

Planning and preparing individuals and communities for disaster can save considerable financial resources and lives when a disaster occurs. Rapid and thorough response and recovery for families after a disaster can stabilize individuals and families by avoiding even more negative financial and health outcomes and quickly and completely return them to normal functioning. Not addressing mental health needs can cause considerable complications to resuming normal functioning and compromise self-sufficiency.

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

The American Red Cross is mandated by a Congressional charter to provide disaster assistance. It also has clear responsibilities for disaster response under both the Federal Response Plan and the Family Disaster Assistance Act of 1987.

GAP ANALYSIS

All citizens are potentially at risk of either natural or man made disasters. Therefore, all citizens need to be prepared for emergencies. While there is no good method for estimating the number of persons in need of disaster services in any one year, the research for this report suggests that it may not be a lack of funding, community resources, or partners that impacts consumer access to service. Rather, there is a need to clearly and accurately define role, responsibilities, and resources for organizations as well as for individual and family preparedness. This may be the most effective way to bridge any gaps in disaster services.

VII. SUMMARY

The following are the major findings from the research on this service:

- Cuyahoga County and the City of Cleveland have a number of attributes that make disaster planning an essential local planning activity. Each of these characteristics comes with inherent risks and the potential for disasters. High-density human habitation also makes any large accident or disaster more likely to cause property damage, injury and death.
- On a local level, the community is at far greater risk of natural disasters, ranging from family house fires to widespread power outages, winter storms, and flooding. These types of emergencies are not only a potential threat, but a reality. House fires occur on a daily basis and represent the most common type of disaster within Cuyahoga County. Storms, power outages, and seasonal flooding occur with regularity. (personal communication, Mary-Alice Frank, October 27, 2006).
- The Federal Emergency Management Agency—a former independent agency that became part of the new Department of Homeland Security in March 2003—is charged with the task of responding to, planning for, recovering from, and mitigating disasters.
- Working alongside FEMA are many other private nonprofit agencies assisting with disaster relief and chief among them is the American Red Cross.
- Most recently, and in response to worldwide terrorism and the 9/11 events, disaster preparedness is undergoing substantial change. It has always been—and continues to be—a shared responsibility. But it is increasingly a federal mandate that is implemented with local involvement and cooperation.
- Preparedness saves lives and helps individuals prepare for, respond to, and recover from disasters; however, there is a lack of a comprehensive approach to individual/family preparedness and a lack of financial resources to provide this service.
- The majority of funding for disaster services comes from the federal government through the Office of Homeland Security and FEMA and is passed through the state to local emergency management agencies. For Cuyahoga County, this is the Local Emergency Planning Committee (LEPC). The LEPC itself does not provide services, but funds providers. FEMA's Emergency Food and Shelter Grant Program, Temporary Assistance to Needy Families, and to a lesser extent, state General Revenue Funds, are also available for disaster services.
- Overall funding for Department of Homeland Security (in which FEMA is a division) has increased in the past several years; however, base funding (funding not associated to direct assistance relief for disasters, which fluctuates depending on the number and extent of disasters) for FEMA has been decreasing and is projected to continue to decrease.
- As of May 11, 2006, over \$1.9 million in revenues for disaster services programs has been identified countywide.
- A well-crafted disaster plan, well-trained personnel, and the materials and resources to respond quickly can result in huge savings in both dollars and human life/injuries. Conversely, being unprepared can be catastrophic, expensive, and create major disruptions.
- On the community level, there is a general consensus that having a comprehensive plan that clearly delineates responsibilities; communication procedures; location of resources; training and deployment of first responders; and a sound, uniform, recognized triage

process improves disaster services when they are needed (Department of Homeland Security, 2002).

- While there is no good method for estimating the number of persons in need of disaster services in any one year, the research for this report suggests that it may not be a lack of funding, community resources, or partners that impacts consumer access to service. Rather there is a need to clearly and accurately define roles, responsibilities, and resources and for families and individuals to be prepared. This may be the most effective way to bridge any gaps in disaster services.

REFERENCES

- The American Red Cross, Cleveland Chapter. (n.d.). Website. Available from <http://www.redcross-cleveland.org/>
- Anderson, R.M. (1995). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.
- Arlington, Virginia Office of Emergency Management. (n.d.). Community emergency response teams. Retrieved May 9, 2006 from <http://www.arlingtonva.us/Departments/EmergencyManagement/EmergencyManagementCenter.aspx>
- Cuyahoga County Department of Employment and Family Services. (2005). Prevention, Retention, Contingency Program Manual. Retrieved February 28, 2007 from <http://jfs.ohio.gov/OWF/prc/county/Cuyahogacountyprc.pdf>
- The City of Cleveland. (2003). City of Cleveland downtown emergency evacuation plan. Retrieved on December 17, 2005 from <http://www.city.cleveland.oh.us/emergency/downtownemergencyevacuationplan/downtownemerevacind.html>
- Department of Homeland Security. (2005). Fact sheet: National response plan. Retrieved on October 9, 2006 from http://hps.org/documents/NRP_FactSheet_2005.pdf
- Department of Homeland Security. (2002). Reorganization plan. Retrieved on October 9, 2006 from http://www.dhs.gov/interweb/assetlibrary/reorganization_plan.pdf
- Federal Emergency Management Agency (FEMA). (2005). Presidential disaster declarations in Ohio 1964 – 2005. Retrieved on December 17, 2005 from <http://www.ema.ohio.gov/pdfs/disastersinohio.pdf>
- The Heritage Foundation. (2002). Defending the American Homeland, A Report of The Heritage Foundation Homeland Security Task Force, January 2002, Chaired by L. Paul Bremer III and Edwin Meese III. Retrieved on December 17, 2005 from <http://www.heritage.org/Research/HomelandDefense/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=9713>
- House Democrats. (n.d.). FEMA funding. Retrieved April 13, 2006 from <http://www.housedemocrats.gov/bigpicture/security/issue.cfm?level2id=87>
- Mintz, J. & Warrick, J. (2004). US unprepared despite progress, experts say. *The Washington Post*.
- National Voluntary Organizations Active in Disaster (NVOAD). (n.d.) Website. Available at <http://www.nvoad.org>
- Ohio Emergency Management Agency Disaster Recovery Branch. (2002). *Public assistance handbook*. Retrieved April 13, 2006 from <http://www.ema.ohio.gov/PDFs/PublicAssistanceHandbook.pdf>.

- Ohio Emergency Management Agency. (2005). Website. Available at <http://ema.ohio.gov/Oema.htm>
- Ohio Emergency Management Agency. (2005). Presidential disaster declarations in Ohio 1964 – 2005. Retrieved on December 17, 2005 from <http://www.ema.ohio.gov/pdfs/disastersinohio.pdf>
- Ohio State Fire Marshall's Office. (n.d.) Website. Available from <http://www.com.state.oh.us/SFM/>
- Stallings, R.A. (1991). Feedback from the field: Disasters as social problems: A dissenting view. *International Journal of Mass Emergencies and Disasters*. Retrieved April 12, 2006 from <http://training.fema.gov/EMIWeb/downloads/IJEMS/ARTICLES/DISASTERS%20AS%20SOCIAL%20PROBLEMS%20A%20DISSENTING%20VIEW.pdf>
- Substance Abuse and Mental Health Services Administration (SAMSHA). (2003). Developing cultural competence in disaster mental health programs: Guiding principles and recommendations. Retrieved May 9, 2006 from <http://www.mentalhealth.samhsa.gov/disasterrelief/publications/allpubs/SMA03-3828/sectionone.asp>.
- Tierney, K. (n.d.). Strength of a city: A disaster research perspective on the World Trade Center Attack. Retrieved April 12, 2006 from http://www.ssrc.org/sept11/essays/tierney_text_only.htm
- U.S. Fire Administration/National Fire Data Center. (2004) Fire risk: Topical fire research series, Volume 5, Issue 7. Retrieved April 12, 2006 from <http://www.usfa.fema.gov/downloads/pdf/tfrs/v4i7.pdf>
- U.S. Department of Veteran Affairs. National Center for Post-traumatic Stress. (n.d.). Risk factors for adverse outcomes in natural and human-caused disasters: A review of the empirical literature. Retrieved April 12, 2006 from http://www.ncptsd.va.gov/facts/disasters/fs_riskfactors.html
- Wan, T.H., Odell, B.G., & Lewis, D.T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.
- The Whitehouse. (2005). Homeland Security Presidential Directive/Hspd-8. Retrieved on December 17, 2005 from <http://www.whitehouse.gov/news/releases/2003/12/20031217-6.html>
- Wirthlin Worldwide. (2004). The Wirthlin report: U.S. public unprepared. Retrieved on December 17, 2005 from <http://www.redcross.org/images/pdfs/WirthlinReport.pdf>

ATTACHMENTS

Attachment 1: Researcher List

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Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services,

however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an

aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees

and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson's (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was "unknown," defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, "missing" represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of "unknown/non-consumers":* This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of "would-be users" (unrealized access):* This is the estimate of persons who would use a service if it were available, typically based on research.

- *Estimate of number of “never users”*: This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”*: This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

References

- Anderson, Ronald M. (1995, March). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.
- Wan, Thomas T. H., Odell, Barbara Gill, & Lewis, David T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.

Attachment 3: Actual Consumer Demographics

Core Service: Disaster Services TH			
	Estimated Persons in Need	Actual Number/Percent of Consumers by Funding Source **	
	Total Population (%)*	UW Program Report Data Cuy Cnty Only 99.8% (%)	Local Emergency Planning Committee (%)
PERIOD	1/1/2000-12/31/2000	7/1/2003-6/30/2004	7/1/2003-6/30/2004
TOTAL	100.0%	1,501	Missing
Percent	0.0%		
GENDER			
Male	47.2%	20.0%	0.0%
Female	52.8%	80.0%	0.0%
Unknown Data***			0.0%
Missing Data****			100.0%
RACE*****			
White alone	67.1%	14.4%	0.0%
Black or African American alone/combo	27.9%	56.4%	0.0%
Asian alone/combo	2.1%	0.0%	0.0%
American Indian and Alaska Native alone/combo	0.7%	0.1%	0.0%
Native Hawaiian and Other Pacific Islander alone/combo	0.1%	0.0%	0.0%
Some other race alone/combo	2.1%	0.0%	0.0%
Unknown Data***		29.1%	0.0%
Missing Data****		0.0%	100.0%
HISPANIC*****			
	3.3%	1.9%	0.0%
AGE			
0-4	6.5%	12.4%	0.0%
5-9	7.3%	12.8%	0.0%
10-14	7.1%	13.0%	0.0%
15-19	6.4%	10.8%	0.0%
20-34	19.1%	20.9%	0.0%
35-54	29.3%	20.8%	0.0%
55-64	8.7%	4.1%	0.0%
65-74	7.8%	1.8%	0.0%
75+	7.8%	1.2%	0.0%
Unknown Data***		2.1%	0.0%
Missing Data****		0.0%	100.0%
INCOME*****			
Average Household Size	2.4		
\$0-\$9,999	11.3%	0.0%	0.0%
\$10,000-\$14,999	6.9%	0.0%	0.0%
\$15,000-\$19,999	6.7%	0.0%	0.0%
\$20,000-\$29,999	13.6%	0.0%	0.0%
\$30,000 and above	61.5%	0.0%	0.0%
Unknown Data***		100.0%	0.0%
Missing Data****		0.0%	100.0%
Totals	N/A	100.0%	100.0%

Attachment 3: Actual Consumer Demographics (continued)

* U.S. Census 2000, SF1 (P1); SF4 (PCT144)
** Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.
***Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.
****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.
***** The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone," all racial categories are "... alone or in combination with some other race." This method isolates and minimizes the non-minority population ("White alone").
*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.
*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category, which may result in more conservative estimates for children, and the "old old," which may actually have larger proportions of persons in the lower income categories.

Attachment 4: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Organizations	8	1
Number of Organizations by Type		
Nonprofit	3	-
For-profit	-	1
Government	4	-
Other	1	-
Total Number of Service Sites	14	1
Number of Service Sites per Organization		
1	6	-
2 – 5	2	-1
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea		
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	-	-
44103 – Cleveland	-	-
44104 – Cleveland	-	-
44105 – Newburgh Hts/Garfield Hts	-	-
44106 – Cleveland Hts/Cleveland	1	-
44107 – Cleveland/Lakewood	-	-
44108 – Cleveland/East Cleveland	1	-
44109 – Cleveland/Brooklyn Hts	-	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	-	-
44112 – Cleveland/East Cleveland	-	-
44113 – Cleveland	-	-
44114 – Cleveland	-	-
44115 – Cleveland	5	-
44116 – Rocky River	7	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	-	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	-	-
44121 – University Hts/South Euclid	-	-
44122 – Orange/Warrensville Hts	-	-
44123 – Euclid	-	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	-	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44128 – Cleveland/Warrensville Hts	-	-
44129 – Cleveland/Brooklyn/Parma	-	-
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-

Attachment 4: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44133 – North Royalton	-	-
44134 – Parma/Cleveland	-	-
44135 – Cleveland/Linndale	-	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	-	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	-	-
44141 – Brecksville	-	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	-	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-

Attachment 5: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
American Red Cross Greater Cleveland Chapter	Disaster Preparedness Brochures/Information, Information About Disaster Victims – National, Information About Disaster Victims – International, Emergency Planning For Business And Industry, Disaster Management/Relief
Cleveland Housing Network	Energy Efficiency Upgrades – CPP, Energy Conservation, Energy Efficiency Upgrades - CEI
Cuyahoga County Dept. Of Justice Affairs	Disaster Assistance
Cuyahoga County Employment And Family Services	Emergency Flood Assistance - Spring 2004
Greater Cleveland Safety Council	Safety Education
Lakewood City Of - Dept. Of Human Services (DOHS)	Social Service Resource And Referral
Transition Resource Services	Furniture For Those In Transition
United States Dept. Of Justice	Crime Prevention

Bold represents agencies funded by United Way for this service.

Attachment 6: United Way - First Call for Help Disaster Services Requests – 2000-2004: Greatest Increase/Greatest Decrease

TH Disaster Services								
United Way - First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00- 04
		2000	2001	2002	2003	2004		
44112	East Cleveland/Cleveland	2	4	13	22	27	1250%	14
44102	Cleveland/Brooklyn	2	4	8	15	17	750%	9
44146	Walton Hills/Oakwood/Bedford	1	1	3	5	8	700%	4
44128	Warrensville Hts/Cleveland	1	2	1	16	8	700%	6
44110	Cleveland/East Cleveland	2	8	2	17	15	650%	9
44113	Cleveland	1	1	5	9	6	500%	4
44108	Cleveland/Bratenahl	3	6	15	23	18	500%	13
44135	Cleveland/Linndale	1	2	2	4	6	500%	3
44105	Cleveland/Newburgh Hts/Garfield Hts	4	5	9	31	23	475%	14
44109	Cleveland/Brooklyn Hts	2	7	9	8	11	450%	7
44104	Cleveland	4	7	5	15	18	350%	10
44115	Cleveland	2	6	4	7	8	300%	5
44103	Cleveland	4	3	6	18	14	250%	9
44111	Cleveland	1	4	5	6	3	200%	4
44106	Cleveland/Cleveland Hts	2	7	4	13	6	200%	6
44137	Maple Hts/Cleveland	1	3	7	7	3	200%	4
44125	Valley View/Garfield Hts	1	1	2	1	3	200%	2
44120	Shaker Hts/Cleveland	7	8	9	18	20	186%	12
44117	Euclid/Cleveland	2	0	0	1	3	50%	1
44118	Cleveland Hts/UniversityHts/ShakerHts	0	4	3	8	8	N/A	5
44127	Cleveland	0	1	3	9	6	N/A	4
44114	Cleveland	0	2	2	7	5	N/A	3
44123	Euclid	0	0	0	2	5	N/A	1
44122	Beachwood/Highland Hills/Shaker Hts.	0	0	0	1	4	N/A	1
44107	Lakewood/Cleveland	0	0	1	2	4	N/A	1
44130	Parma/Cleveland	0	3	1	3	2	N/A	2
44116	Rocky River	0	0	0	0	2	N/A	N/A
44129	Brooklyn/Parma/Cleveland	0	0	0	0	1	N/A	N/A
44142	Brookpark/Cleveland	0	0	0	2	1	N/A	1
44132	Euclid	0	1	1	3	1	N/A	1
44126	Fairview Park/Cleveland	0	0	0	0	1	N/A	N/A

Attachment 6: United Way - First Call for Help Disaster Services Requests – 2000-2004: Greatest Increase/Greatest Decrease (continued)

TH Disaster Services								
United Way - First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00-04
		2000	2001	2002	2003	2004		
44070	North Olmsted	0	0	0	1	1	N/A	N/A
44133	North Royalton	0	0	0	0	1	N/A	N/A
44134	Parma/Cleveland	0	1	1	0	1	N/A	1
44022	Bentleyville	1	0	0	0	0	(100%)	N/A
44119	Cleveland/Euclid	1	1	1	0	0	(100%)	1

**Total Cuyahoga County	46	99	128	290	261	467%	165
**Total Cleveland	29	64	80	182	156	438%	102
**Total Suburbs	17	35	48	108	105	518%	63

* Extremely high percentages are due to low numbers.

** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.

Attachment 7: United Way - First Call for Help 2000-2004: Unmet Need

TH Disaster Services United Way - First Call for Help Requests 2000-2004 Unmet Need					
Zip Code		TOTALS 00-04			% Unmet
		Requests	Met	Unmet	
44139	Bentleyville/Glenwillow/Solon	2	1	1	50%
44124	Pepper Pike/Mayfield Hts./Lyndhurst	2	1	1	50%
44017	Berea	4	3	1	25%
44117	Euclid/Cleveland	6	5	1	17%
44123	Euclid	7	6	1	14%
44125	Valley View/Garfield Hts	8	7	1	13%
44130	Parma/Cleveland	9	8	1	11%
44111	Cleveland	19	17	2	11%
44137	Maple Hts/Cleveland	21	19	2	10%
44113	Cleveland	22	20	2	9%
44115	Cleveland	27	25	2	7%
44121	University Hts/South Euclid	14	13	1	7%
44128	Warrensville Hts/Cleveland	28	26	2	7%
44135	Cleveland/Linndale	15	14	1	7%
44104	Cleveland	49	46	3	6%
44105	Cleveland/Newburgh Hts/Garfield Hts	72	68	4	6%
44146	Walton Hills/Oakwood/Bedford	18	17	1	6%
44109	Cleveland/Brooklyn Hts	37	35	2	5%
44127	Cleveland	19	18	1	5%
44120	Shaker Hts/Cleveland	62	59	3	5%
44103	Cleveland	45	43	2	4%
44102	Cleveland/Brooklyn	46	44	2	4%
44106	Cleveland/Cleveland Hts	32	31	1	3%
44112	East Cleveland/Cleveland	68	66	2	3%
44110	Cleveland/East Cleveland	44	43	1	2%
44108	Cleveland/Bratenahl	65	64	1	2%

*Total Cuyahoga County	824	782	42	5%
*Total Cleveland	511	487	24	5%
*Total Suburbs	313	295	18	6%

FCFH DATA NOTES

Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)

Unmet = service request for which there was no referral.

Note: Zip Codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.

* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.



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