

Community Stakeholders

Summary

This analysis is based on interviews with 12 CAP Community Stakeholders that participated in Hurricanes Debby, Helene, Milton and the CA Wildfires.

The interviews found that the Community Adaptation Program (CAP) and its partner network delivered an operationally significant, broadly valued suite of disaster preparedness, response, and recovery services that materially improved timeliness, local reach, and cultural fit relative to prior responses.

Community stakeholder interviews recounted that program strengthened local coordination, prepositioned durable assets (generators, refrigeration, vehicles, resilience hubs), and expanded equitable access through trusted intermediaries and language-capable outreach.

CAP serves as a strategic convener, tasked with aligning nonprofit, government, and national actors; providing resources to hyper-local partners in blue-skies (generators, refrigeration, vehicles); creating resilience hubs; and acting as bridges during disasters to direct local providers into coordinated roles on disaster operations.

The evidence indicates clear strengths in convening and rapid activation, and credible but partial gains in sustained recovery supports and equity. However, community stakeholders also reported recurring implementation gaps (coordination friction, unclear decision authority, warehouse shortfalls, volunteer management, and burnout) and important areas for targeted improvement to increase scalability, cost-effectiveness, and resilience over time.

Coordination

CAP functioned effectively as a local convener and strategic partner, creating shared operational space that reduced duplication and enabled complementary role assignment. Multiple stakeholder interviews and partner reports describe CAP's convening role: "we are not the direct service provider, but we are a strategic partner... helping to do that reduction and duplication of effort" (community stakeholder interviews, CAP partners). Routine mechanisms—daily situational calls, named liaisons, and hub designations—surfaced partner capabilities and turned inventories into actionable assignments, producing fewer overlapping field deployments where those mechanisms were used (stakeholder interviews, CAP staff reports).

At the same time, respondents described parallel coordination forums, changing points of contact, and unclear delegated authority—providers recounted confusion when CAP and COAD meetings conflicted or when EOC contacts rotated—pointing to the need for MOUs and clarified escalation and approval pathways (CAP staff interviews, stakeholder feedback).

CAP supplied capital-intensive assets (generators, vehicles, refrigeration) and coordination infrastructure while local nonprofits deliver doorstep outreach, culturally tailored meals, and casework. Pre-event embedding and capability mapping enabled faster, clearer role allocation when events occurred; durable blue-skies investments—as recorded in CAP partner reports—were repeatedly cited as enabling partners to hold perishables, run charging stations, and stage mobile deliveries.

Local volunteer surges provided essential capacity but lacked standardized onboarding, rostering, and vetting systems that limit safe, repeatable scaling. Interviews document robust volunteer turnout—ranging from small organized teams to hundreds of volunteers daily—but also highlight an absence of standardized volunteer management: “There is no standardized way of having an agency... volunteer for any kind of event-based activities” (CAP staff interview). That gap increased sorting burdens for donations, created safety and qualification concerns, and constrained efficient scaling of surge labor and warehousing operations (stakeholder interviews, CAP staff notes).

Quality

The program expanded reach into previously overlooked, underserved populations by leveraging resilience hubs, trusted intermediaries, and bilingual outreach, but gaps persisted for certain subgroups due to documentation, language, and infrastructure barriers. Community stakeholders accounted multiple concrete outcomes: mobile and door-to-door outreach to isolated residents, resilience hubs sited in Hispanic churches and neighborhood institutions, bilingual materials and trainings, and sustained casework that tracked households after initial contact. Respondents credited CAP-supported language access and local partners for connecting “invisible” populations. However, qualitative evidence also repeatedly documents barriers: immigration-status fears, missing IDs, limited interpreter capacity, and digital exclusion that deterred help-seeking or prevented use of formal hotlines (community interviews, CAP partner reports). Thus, equity gains are evident and meaningful in many pockets, yet uneven across geographies and languages.

Speed

Pre-existing relationships, local assets, and standing hubs materially shortened detection-to-action time and improved perceived quality of assistance, producing same-day distributions and longer-running service continuity in many localities. Multiple stakeholders contrasted this response with prior disasters, noting faster activation, earlier shelter placements (including late-night hotel placements), and multi-day feeding and medical outreach.

Quality improvements were linked to trusted, place-based hubs and bilingual staff, sustained presence that enabled benefits navigation and hands-on paperwork assistance, and the availability of clinical psychosocial services in some areas after the acute phase (community stakeholder interviews, CAP staff reports).

Cost

Partner and stakeholder interviews describe tangible leverage: a relatively small set of blue-skies investments allowed local partners to sustain refrigeration, host pop-ups, and reach households quickly; CAP grants and material resources enabled bilingual materials, trainings, and preparedness assets. These investments appear cost-effective operationally because they reduced spoilage, enabled same-day distributions, and unlocked volunteer capacity. However, this assessment of cost-effectiveness is qualitative and should be complemented by a follow-on economic analysis that aggregates CAP expenditures, partner match, and standardized outcome metrics.

Scalability

CAP and partners sustained material distributions, case management, and housing-related recovery supports beyond the immediate response, but help commonly tapered after initial weeks due to funding and capacity limits. Interviewees documented weeks-long food distributions, equipment investments that increased storage/continuity, active benefit application assistance, and housing rebuild/case-management workflows. At the same time, several partners and CAP staff acknowledged that partner engagement often tapered after two to three weeks and that funding shortages and burnout may constrain the ability to carry every household to full recovery (partner reports, stakeholder interviews).

Sustainability and replication are feasible if CAP formalizes MOUs, institutionalizes liaison and volunteer systems, secures predictable funding for blue-skies assets, and invests in training to reduce burnout and retain institutional knowledge. Multiple interviews emphasize that relationship building, hub hardening, and capacity-building trainings are the foundational blue-skies activities that enable spread. Replication will depend on

codifying site agreements, establishing maintenance schedules for assets, creating standardized onboarding and volunteer rostering systems, and funding partner operational reserves—interventions that stakeholders explicitly requested and that would transform episodic capacity into enduring local resilience (CAP staff reports, partner interviews).

Recommendations

- Preposition and maintain blue-skies assets (generators, refrigeration, vehicles, radios) at designated resilience hubs under host-site MOUs with maintenance schedules and inventory tracking. Documented asset investments materially increased local continuity of services; making these standardized, maintained investments across prioritized hubs will expand equitable reach and reduce time-to-service (partner reports).
- Adopt a minimal, privacy-protected common intake and shared reporting template and interoperable contact lists to reduce survivor burden and improve operational intelligence. Multiple partners advocated for harmonizing intake to avoid repeated data collection and to enable timely referrals; implement a concise intake form, agreed ownership of case categories, and a secure, limited-access contact roster for operational use (stakeholder suggestions).
- Stakeholders reported that representation in EOCs improved access but did not by itself define decision authority; the program should negotiate pre-event MOUs, escalation pathways, and role matrices between CAP, COAD, United Way, Red Cross, and local government to reduce parallel forums and activation confusion (stakeholder interviews, EOC integration notes).
- Institutionalize language access and culturally tailored outreach with funded interpreter capacity, bilingual materials, and trusted local intermediaries embedded in preparedness and response planning. While Spanish-language capacity existed in many areas, interpreter scarcity and gaps in other languages persisted; fund certified interpreter pools, routine social marketing in multiple languages, and local leader stipends to sustain trust and reach (community stakeholder feedback).
- Measure costs and outcomes systematically to enable cost-effectiveness analysis, and track burnout indicators by creating a simple M&E package that links CAP investments to standardized outputs (households served, meals distributed, shelter placements) and introduce staff well-being supports and surge staffing pools to mitigate burnout risk (evaluation limitations and burnout reports).

Limitations of the evaluation

The evaluation evidence base is rich in stakeholder interviews, partner narratives, and program reports but lacks centralized quantitative outcome tracking, counterfactual comparisons, and consolidated cost data—limiting definitive causal attribution and formal cost-effectiveness conclusions. The documents provide compelling qualitative convergence and case examples (rapid housing placements, multi-day feeding), but they do not include randomized designs, matched control areas, or a unified database of households served and dollars expended. In addition, many interview extracts are site-specific and subject to recall and selection biases; prevalence and generalizability of some findings (e.g., burnout, interpreter shortages) would benefit from systematic follow-up surveys and fiscal reporting.

Conclusion

CAP represents a high-merit, high-value programmatic approach that improved coordination, accelerated responses, expanded culturally competent access, and materially increased local operational capacity through targeted investments and convening. The balance of evidence from stakeholder feedback supports continuing and scaling the program while formally addressing the operational weaknesses identified: clarify EOC authorities with MOUs; institutionalize blue-skies asset management, adopt shared intake and reporting, institutionalize language access, and invest in systematic monitoring and evaluation. Implementing these modifications will strengthen causal impact, improve cost-effectiveness, and enhance sustainability for replication across additional communities.