

# Preliminary Impact Assessment & Relief Needs Overview

City of Minneapolis

*Operation Metro Surge*

February 2026

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## EXECUTIVE SUMMARY

Due to Operation Metro Surge, Minneapolis has:

- **At least 76,000 people in need of urgent relief assistance**
- **At least \$203.1 million in impact to Minneapolis in one month alone**

Since December 2025, Operation Metro Surge has had significant negative impacts on the City of Minneapolis and its residents in countless ways and has created an ongoing community protection crisis. A protection crisis is a human-caused, large-scale event marked by violence and power dynamics that results in system-wide impacts. In Minneapolis, the impacts include two deaths caused by federal agents. In Texas, a person who was detained in Minneapolis died in detention. The impacts also include an unknown number of residents detained and removed from their families, homes and places of work; widespread loss of livelihoods due to business closures; loss of the ability to afford rent and mortgages due to job reductions or loss; the inability to access healthcare and food; significant education disruptions; and severe trauma to residents facing near-daily encounters with masked, heavily armed federal agents. This is by no means an exhaustive list of the types of harm caused by Operation Metro Surge.

The impacts of Operation Metro Surge have not affected all Minneapolis residents or all areas of Minneapolis equally. The majority of incidents reported to the City by residents have occurred in areas with large populations of immigrants, refugees, American Indian/Native American, Black/African American and People of Color.

Hyper-local organizations, also known as mutual aid organizations, are providing services directly to populations in need that government funding sources are unable to effectively reach. However, the ongoing operation continues to drive expanding and increasingly severe needs that are outpacing the ability of government, nonprofit, and mutual aid infrastructure to address. Every day the operation continues, the harmful impacts on our community increase and the ability for our residents to secure basic needs decreases.

To quantify the preliminary impact of Operation Metro Surge on the City of Minneapolis—residents, businesses, visitors and City government—the City conducted a preliminary impact assessment on four priority sectors based on the most urgent needs of the community. These sectors include food, livelihood assistance, shelter assistance, and mental health services. Drawing from publicly available data and initial assessments, preliminary numbers indicate there are at least 76,000 people in need across the four sectors in Minneapolis, and the financial impact of the Surge is at least \$203.1 million as of the end of January 2026. This is very likely a significant underestimation. Minneapolis will need at least this entire funding amount to replace lost wages, and fund housing, food, and healthcare needs that have resulted from the Surge. Even with this funding, the harm from Operation Metro Surge will last in our community for years, if not decades or a generation. Operation Metro Surge has resulted in serious harm to the City of Minneapolis and the Minneapolis community. Even when the Surge ends, urgent needs will remain, and Minneapolis will experience substantial long-term negative impacts on residents, community members and the city as a whole.

## RECOMMENDATIONS

To address the immediate impact of Operation Metro Surge, the following are recommendations for the whole response system—government, private sector, nonprofits and community response organizations—that draw upon humanitarian best practices in protection crises:

1. End Operation Metro Surge; this action is required to begin any recovery activities.
2. Increase non-governmental funding for organizations providing direct assistance, such as rental assistance, to most-affected populations.
3. Secure state and federal funding for immediate needs and long-term recovery.
4. Better connect organizations to rapid funding from foundations and other funding sources.
5. Strengthen last-mile distribution systems for food and essential supplies to reach households unable to access centralized points.
6. Support partner organizations with technical, operational, and logistical capacity building to absorb increased demand for food, shelter, economic support, and mental health services.
7. Expand mental health and psychosocial support delivery models, including trusted network engagement and pop-up support sessions that respond to community needs, especially in areas of the city most harmed by the effects of Operation Metro Surge.
8. Prioritize staff wellbeing and operational resilience, including leadership support and workload management, to maintain continuity of service delivery.

## SITUATION OVERVIEW

In early December 2025, the U.S. Department of Homeland Security (DHS) initiated Operation Metro Surge, deploying up to 3,000 United States Immigration and Customs Enforcement (ICE) and Customs and Border Protection (CBP) agents to the Twin Cities and greater Minnesota. The negative impact on the Minneapolis community was almost immediate. Fearful of federal immigration enforcement agents' aggressive tactics, racial profiling, harassment and threats against observers, and violent confrontations with community members, residents across Minneapolis began adjusting their behavior to protect themselves, in ways that have had detrimental effects to the economy and wellbeing of a community still recovering from the effects of the COVID-19 pandemic and the murder of George Floyd.

At the time of this drafting, Operation Metro Surge is ongoing in Minneapolis. The negative impacts of this surge, including the needs and costs borne by the City, its residents, its businesses, and its visitors will evolve and continue to increase, even after the surge of immigration enforcement officials have departed the city. The impacts contained in this report are provisional estimates based on available data and made with transparent and reasonable assumptions grounded in the City of Minneapolis' understanding of the situation. These estimates are likely an underestimate of the true cost. Fearful of being targeted, many members of the Minneapolis community are not voluntarily providing information on the true needs associated with this situation, which likely leads to systematic undercounting. In addition, this report does not capture or quantify all of the negative impacts of Operation Metro Surge.

The Minneapolis community has come together to support one another in incredible ways. Extensive, powerful community mutual aid networks have temporarily moderated some needs within the community. However, mutual aid is not a sustainable way to meet all the needs created by Operation Metro Surge. In addition, the City of Minneapolis does not have funds to cover all the needs and is itself facing financial challenges due to the Surge.

Regardless of funding levels, some harms created by Operation Metro Surge are irreparable, including the permanent closure of businesses, the separation of families, and the displacement of residents. Many of these effects, such as individual and collective trauma experienced by a community terrorized by federal government agents purportedly sworn to protect them, along with the negative impact to trust in all government agencies such as law enforcement, will be long-lasting and cannot be quantified.

## AFFECTED COMMUNITY

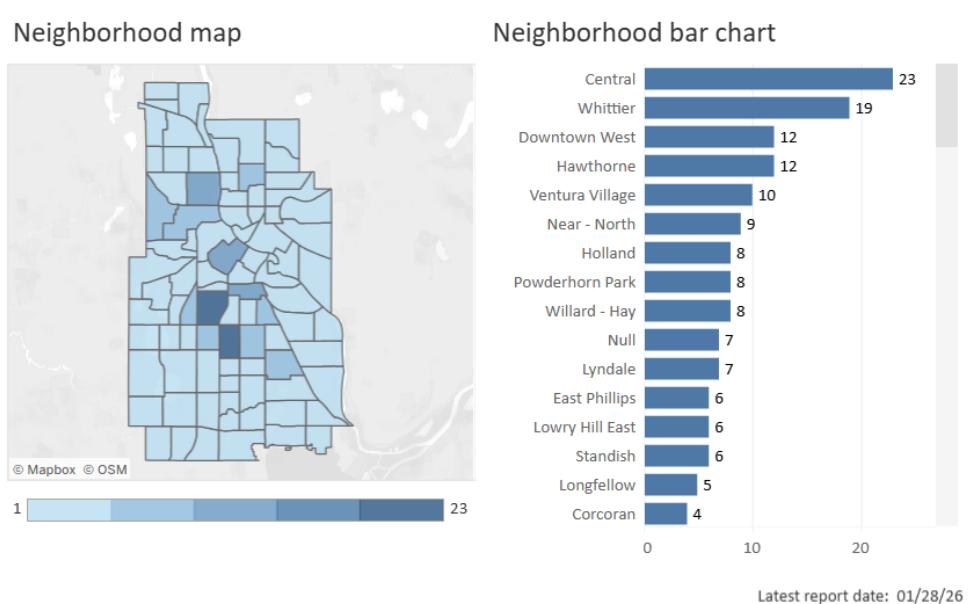
Immigrants, refugees, American Indian/Native American, Black/African American, and People of Color are being targeted by federal enforcement actions. This includes citizens of the United States. The effects of Operation Metro Surge are not felt evenly across Minneapolis communities.

This targeting has severely reduced impacted community members' access to the means to fulfill basic needs, critical services, transportation, and education. Those who fear targeting by federal agents are staying at home and avoiding going to school, going to work or opening their businesses, shopping for basic needs, going to scheduled doctor's appointments, seeking assistance for emergency medical situations, and going to court hearings, among other activities. Additionally, physical and psychological harm associated with actual or threatened immigration arrest and detention are commonplace. The compounded effects of these drivers are creating new vulnerabilities for people. As residents do not earn income, it affects their access to food, the means to fulfill basic needs, mental health services, and ability to afford shelter, as well as having ripple effects across the economy. This negatively impacts the businesses dependent on residents and visitors, particularly small businesses owned by and serving immigrants and refugees and other industries that rely on immigrants and refugees in their workforce, such as the hospitality industry and healthcare. It is important to note that all of the targeted communities include people with disabilities and LGBTQIA+ people, who already face barriers to accessing basic services prior to Operation Metro Surge. These individuals and families are likely to experience additional challenges and barriers.

As in many cases, those most vulnerable prior to Operation Metro Surge are most affected. Barriers such as language, lack of trust in government systems, and insufficient access to relevant mental health support systems, increase the vulnerability for children, families and individuals. Residents who find themselves most in need due to the impacts of Operation Metro surge may be generally distrustful of government, especially within the current circumstances, making them less likely to seek government-provided assistance. Service providers report staff exhaustion, leadership instability, and resource reallocation toward safety and operational continuity, limiting the ability to meet acute demand. Additionally, some non-profits and other social service providers that primarily serve immigrants and refugees also have staff who are immigrants and refugees or otherwise members of communities targeted for enforcement operations, and are experiencing challenges with their own staffing, posing risks for their ability to both meet the needs of people. Those same organizations also are experiencing concerns about being targeted by the federal government for helping the most in need. The fear caused by Operation Metro Surge discourages people from seeking medical care, reporting crimes, or engaging with schools and community programs which will weaken public health and safety for everyone.

While the City of Minneapolis lacks comprehensive data on the full extent of Operation Metro Surge activity in the city, a partial snapshot of reports from community coming into the City during three weeks in January (chart below) underscores that Operation Metro Surge activity in Minneapolis is likely disproportionately concentrated in the city's cultural districts.

Figure 1: City-received Reports of ICE Activity – City of Minneapolis – January 6-28



## ASSESSMENT LIMITATIONS

This assessment represents rough, preliminary estimates using the data that was available to City of Minneapolis staff at the time of drafting. This analysis, and the estimated needs, will be updated as additional data becomes available. Data was collected from City records, the U.S. Census, the American Community Survey, surveys conducted by the City and partner organizations, and conversations with community groups. The document's authors have attempted to clearly articulate the assumptions and calculations needed to estimate monetary need across four priority sectors. In almost all cases, the document's authors prioritized the most conservative estimates or figures. The timeframe analyzed in this document starts in December 2025, with the majority of data collected from the month of January 2026.

This impact assessment collects information directly from residents and local experts to understand real-time needs. All personally identifiable information has been removed using non-human methods. The data only reflects community-level patterns. To make the assessment more complete, emergency management experts also reviewed existing City and community databases. This helps put the primary survey information into context and aligns it with international humanitarian assessment standards. Due to the limitations of the data, there may be multiple, confounding factors impacting these results. Further study will be needed in the years to come to arrive at a precise figure that fully disentangles the impacts of Operation Metro Surge from broader economic trends. This approach helps coordinate City efforts to strengthen resilience and community during and after Operation Metro Surge.

## PRELIMINARY ASSESSMENT FINDINGS

As of February 1, 2026, the overall financial impact of Operation Metro Surge on the community of Minneapolis in four priority sectors (livelihoods, shelter, food, mental health), as well as the financial impact to City of Minneapolis government operations, is estimated to be at least \$203.1 million. The city—community, nonprofits, businesses and the City government—will require at least this funding amount to be made “whole” due to the impacts of Operation Metro Surge.

Figure 2: Total Estimated Monthly Financial Impact in 4 Priority Sectors + City Operations

<b>Estimated Monthly Cost to Minneapolis – Financial Impacts of Operation Metro Surge</b>	
<b>(Data collected prior to February 1, 2026)</b>	
<b>Sector</b>	<b>Impact</b>
Livelihoods	\$171,100,000
Shelter	\$15,700,000
Food	\$9,750,000
Mental Health	\$522,780 – \$2,396,075
City of Minneapolis Operations	\$6,037,603
<b>Total</b>	<b>\$203,110,383-\$204,983,678</b>

## LIVELIHOODS

In the livelihoods sector, Operation Metro Surge has resulted in more than \$100 million of financial loss to workers and businesses, and this amount will continue to grow even after the conclusion of the operation. Workers have lost wages because they are afraid to leave their homes. They have added family responsibilities since many schools have transitioned to remote learning to keep children safe and several daycares have closed due to lack of staffing. And many have lost hours as small businesses close their doors because of reduced patronage and to protect their employees. Surveyed restaurant owners and operators in particular have reported dramatic foot traffic and revenue declines since the start of Operation Metro Surge, but primarily in January 2026. Hotel cancellations and reduced construction activity demonstrate reduced economic confidence in the local economy more generally. Lagging indicators such as sales tax collection reductions, business license renewals, and economic survey data will provide future insight into revenue loss, business closures, employment loss, and other outcomes resulting from current circumstances.

None of these losses happens in isolation. The loss of a prominent anchor tenant can undermine the strength of a retail district. Temporarily reduced dining hours at a restaurant might limit ordering and hurt their suppliers, delivery companies, and producers. Numerous negative cycles like these are being created that will be difficult to interrupt. All of the cumulative impacts of Operation Metro Surge on businesses will also affect tax revenues and therefore the City's ability to meet its core functions at current levels.

### Key Data

- Lost wages for people afraid to leave home are estimated at \$47 million per month.
- Restaurant and small business revenue losses were as high as \$81 million in January.
- Hotel cancellations extending through the summer have resulted in \$4.7 million in lost revenue so far.
- Minneapolis has experienced the lowest January construction valuation in 10 years, \$37.9 million gap to next highest year.

## Household Income Loss

Fear is widespread by residents in Minneapolis—especially among immigrants and refugee residents—that they will be taken by the federal agents if they leave their homes. Many of these individuals are employed but have been unable to leave to go to work; others have lost primary income earners due to detention, leaving the household with an unsustainable means to meet basic needs. Based on the most recently available Census data, it is possible to estimate the wages lost by a subset of the population who may be afraid to go to work as a result of Operation Metro Surge.

This group is defined as households in Minneapolis that a) earn wages at a job instead of relying on public assistance, b) identify as foreign born, and c) have limited English proficiency. The lost wages of this group of households are at least approximately \$47 million for each month that Operation Metro Surge continues. This estimate represents just a portion of total lost income, as it identifies people who stay home for fear of interaction with federal agents, but not other residents whose hours were reduced or whose places of employment closed entirely for portions of Operation Metro Surge.

Lost wages directly translate into household ability to meet basic needs, such as housing or rental payments, purchasing food, and paying for basic healthcare. What's more, lost wages are difficult if not impossible to make up for families living paycheck to paycheck.

This estimate is derived from the following function using American Community Survey 2020-2024 estimates.

- Foreign Born Households (29,000) x Median Income of Foreign Born Households (\$57,000) = \$1.64b in Annual Foreign Born Income
- \$1.64b in Annual Foreign Born Income x the rate of Foreign Born Households with Earnings Income (0.82) = \$1.34b in earned Annual Foreign Born Income
- \$1.34b in earned Annual Foreign Born Income / 12 = \$111.8 in Earned Monthly Annual Foreign Born Income
- \$111.8 in Earned Monthly Annual Foreign Born Income x Proportion of Foreign Born Who Speak English "Less Than Very Well" (0.42) = \$47 million in lost monthly Foreign Born income from work

## Consumer-Facing Small Businesses

Minneapolis is estimating major impacts to consumer-facing small businesses because of Operation Metro Surge. City staff sent a survey to business contacts in the city as identified by licensing and general email list serves. As of January 30, 82 responses were received, about half from restaurant and café owners and operators. Nearly all survey respondents reported decreased customer traffic and sales. Half reported staffing issues. A third have had to close temporarily and another third have had to reduce hours.

Dollar amounts of reported losses vary widely, with many respondents indicating losses of more than \$10,000 per week. Minneapolis has between 1,200 and 1,300 food and drinking establishments, according to City license information and business summary data from Esri accessed by the City. Assuming 750 establishments are experiencing major losses of \$20,000 per week, the sector is likely experiencing a minimum loss of \$15 million per week. Carrying similar assumptions across responses from other types of establishments—grocery, general retail and service, entertainment, and small vendors—total estimated losses per week to small businesses in the city are estimated to be at least \$20.25 million. Assuming four weeks to a month, January 2026 revenue losses for small, consumer-facing businesses in Minneapolis could be as high as \$81 million.

**Figure 3. Operation Metro Surge Small Business Impacts Survey Responses**  
**Summary-Losses Per Month**

<b>Business Type</b>	<b>Assumptions</b>	<b>Financial Losses/Week</b>
Restaurants, bars, cafes, etc.	750 businesses with losses, average of \$20,000/week	\$15 million
Market stall operators ( <i>food, retail</i> )	1,000 businesses with some losses across 10 cultural mall locations  Average of \$1,000/week	\$1 million
Grocery and convenience stores	100 businesses with losses, averaging \$10,000/week	\$1 million
General retail, professional services, personal services, wellness	500 businesses with losses, averaging \$5,000/week	\$2.5 million
Entertainment, private events rental	5 large events cancelled/postponed at an average loss of \$50,000; 25 small/private events cancelled at \$10,000 loss  Attendance at events down 50%. Assume reduced attendance at 10 events for a loss of \$25,000/event.	\$.75 million
<b>Total (Weekly)</b>	--	\$20.25 million
<b>Total (Month)</b>	x 4 weeks	\$81 million

## Lost Hotel Revenue and Wages

Operation Metro Surge is already impacting Minneapolis' tourism sector. Nineteen major hotels have reported upwards of \$4.7 million in revenue losses to Meet Minneapolis stemming from more than 13,500 room night cancellations to date. Minneapolis has about 10,000 hotel rooms in the city, mostly located downtown. Meet Minneapolis notes on their website about 528,000 room nights were reserved for all of 2024 (<https://www.minneapolis.org/about-us/annual-report/2024/#jlkp-is>). These reporting hotels employ about 2,000 people and estimate greater than \$700,000 in lost wages, affecting 20% of staff at this point. These hotels are also reporting many event and group cancellations extending far out into 2026. These figures regarding cancellations are expected to rise further as the surge continues and more hotels report impacts. In addition to direct impacts to hotels, sustained cancellations will further exacerbate the struggling downtown property tax base and will also add to the revenue and wage losses already experienced by the restaurant and live entertainment sectors as businesses patronized by hotel guests experienced lessened traffic.

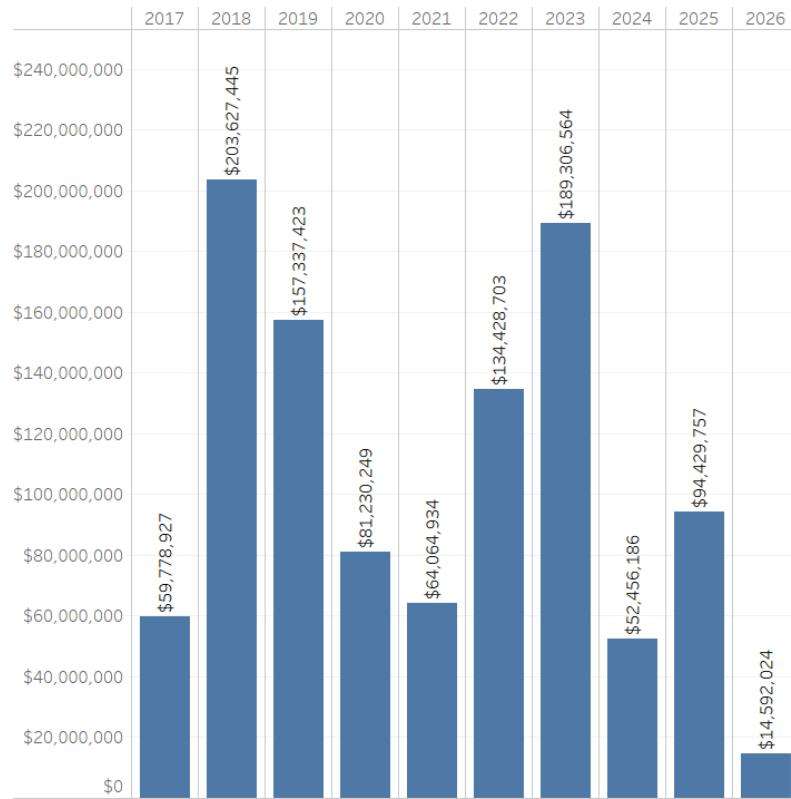
## Unrealized Construction Value

Construction value is a key economic indicator of the city's growth and development. Construction value is calculated by estimating the total cost of labor and materials for each building permit issued by the City. When looking at the month of January each year over the past 10 years, January 2026 is an extreme outlier. Both the number of building permits issued and the value of those permits were the lowest recorded January in the entire decade.

The number of building permits issued during January of 2026 was 178. The next lowest number of permits issued for the month of January occurred in 2023 with 445 building permits issued. When it comes to construction value, January 2026 comes in at \$14,592,024. The next lowest recorded construction value for the month of January occurred in 2024 with a total value of \$52,456,186. The difference between these two values represents \$37,864,162 in potential unrealized construction value in the month of January 2026.

**Figure 4: Comparison of Construction Values**

January construction value year over year comparison

**Figure 5: Monthly Estimated Impacts across Livelihoods**

LIVELIHOODS	
Item	Monthly Estimated Dollar Amount
Lost consumer-facing small business revenue	\$81 million (monthly estimate)
Lost wages	\$47 million (monthly estimate)
Unrealized construction value	\$37.9 million (estimate, January only)
Lost hotel revenue and wages	\$5.4 million (Meet Minneapolis estimates, unspecified time)
<b>TOTAL</b>	<b>\$171.3 million</b>

## Recommendations

- Obtain state and federal funding to supplement losses incurred because of Operation Metro Surge, prioritizing small businesses, restaurants, hospitality, and low-wage workers.
- Ensure recovery funds directly support workers, in addition to business operations.
- Continue to engage small business partners, philanthropy, and large anchor corporations to discuss needs and collectively identify solutions.

## SHELTER

While the City has made historic progress in recent years in the development of deeply affordable housing, many renters still cannot afford their homes. Prior to Operation Metro Surge, existing affordable housing providers had been facing increasing financial challenges in both development and operational costs, jeopardizing the future of existing and new affordable housing in the city.

Operation Metro Surge has dramatically exacerbated housing instability for Minneapolis residents. Residents feel unsafe leaving their homes, have lost income, and many have been unlawfully detained in their communities. This section outlines current available information indicating a severe hit to the shelter needs of many of our community members.

### Key Data

- 35,000 low-income renter households in Minneapolis could not afford their rent before Operation Metro Surge
- Lost household income since December 2025 has created an additional \$15.7 million monthly rent assistance need

### Renter Cost Burden and Rent Assistance Needs

Minneapolis is home to more than 90,000 renter households. According to the most recent available Census data (prior to Operation Metro Surge), 35,000 of these households are people with lower incomes who are housing cost-burdened, meaning they spend more than 30% of their income on rent. Residents of color are disproportionately represented in this group.

Operation Metro Surge has worsened conditions for those who were already housing cost burdened and created supplemental cost burden that did not previously exist. In

order to estimate the number of households with lost wages as a result of being targeted by Operation Metro Surge, this report uses American Community Survey data to determine the number of households that identify as foreign-born. This report assumes that some, but not all, of these households lost wages in January. The proportion of households that do not speak English “very well” was used to estimate the number of households that lost wages because they stayed home from work. Estimated loss of monthly income from this group totals \$47 million. That lost income results in the inability of affected households to make their rent. At least \$15.7 million in rent assistance is needed each month for these households to be able to pay rent. This estimated cost likely underestimates the need. Groups unaccounted for in this estimate include groups that fear being targeted because of the color of their skin instead of their national origin and people whose work hours were cut because their workplace had to reduce operations. According to a January City of Minneapolis survey of small businesses, 49% of respondents reported cut back of employee hours or laid off staff.

Partners have shared several indicators that support this quantified need for rental assistance. For example, HOME Line, a statewide tenant rights organization that hosts a free legal advice hotline for renters, has documented a 63% increase in renters calling for help accessing financial assistance from this time last year. Approximately 85% of the renters calling for financial aid identify as BIPOC. Also, Stable Homes Stable Schools, the City’s school-based housing stability program run in partnership with Minneapolis Public Schools (MPS) and Minneapolis Public Housing Authority (MPHA), reports a 47% increase in identified families in need of housing assistance compared to last year at this time. Thirty-four percent of the newly identified families in need are non-English speaking families, an increase from 10% of families identifying as non-English speaking at this time last year.

Additionally, even households that were able to pay their rent likely experienced deepened housing cost burden because they had to make difficult choices about what to pay for with decreased income. Paying rent is often prioritized first, so collateral consequences of housing cost burden include food insecurity, negative health impacts, and inability to meet childcare needs, among other human essentials.

## Notes on Methods of Administering Rent Assistance

Since Operation Metro Surge began, community mutual aid efforts have offset some of the need for rent assistance. This method of addressing housing instability needs has been effective for many in the short term, but these individual efforts do not meet the scale of the problem and will not sustain for the duration of this situation.

Partners directly engaged with impacted communities stress that rent assistance should be administered through trusted partners familiar with specific cultural communication and language skills when needed rather than government agencies directly. This notion is further supported by information from county and local partners.

## Anticipated Impacts on Evictions

Due to the exacerbated barriers to many renter households' ability to afford their rent, there will likely be an increase in eviction case filings based on nonpayment of rent in the coming weeks and months. However, because of the process and timeline for judicial eviction cases, it is too early to quantify the impact of Operation Metro Surge on eviction case filings.

Once a renter is behind on rent, a property owner must provide a 30-day notice and can only file an eviction case at the end of the 30-day notice period. While State Statute requires a 14-day notice before filing an eviction for nonpayment of rent, the City of Minneapolis ordinance that was effective March 1, 2025, requires 30 days' notice. For example, if a renter household was unable to pay January rent, their landlord may have given them a 30-day notice on January 5, which would expire February 4, at which point the property owner could file a court eviction case. Any uptick in eviction filings due to Operation Metro Surge is unlikely to be observable in eviction filing data until late February 2026.

## Recommendations

- Non-government funding is needed for cost-burdened renters.
- Rent assistance efforts should be administered via trusted community partners that prioritize culturally specific methods when needed.
- Consider sector-wide standards so residents in need receive the same support no matter which “door” they seek services through.
- Convene affordable housing providers to identify strategies that promote housing stability for individuals and families already living in existing subsidized units.

The scope of impacts on shelter needs in the Minneapolis community caused by Operation Metro Surge is broader than the critical impacts described above and include impacts on residents experiencing homelessness and homeowners. Subsequent impact assessments will include analysis of those impacted groups.

**Figure 6: Rental Assistance Needs**

SHELTER	
Item	Monthly Estimated Dollar Amount
Rent assistance need	\$15.7 million
<b>TOTAL</b>	<b>\$15.7 million</b>

## FOOD SECURITY

The impacts of Operation Metro Surge are exacerbating longer-term structural food insecurity in Minneapolis. With residents afraid to leave their house to earn income or purchase food, emergency food assistance programs, run primarily by local organizations, are reporting a substantial increase in requests for food assistance. Food resources are needed most in North Minneapolis, Phillips, Cedar-Riverside, South Minneapolis, and Central/Downtown neighborhoods and disproportionately affects BIPOC, immigrant, and refugee populations. While locally led delivery networks and volunteers have enabled rapid scale-up for citywide reach, the response remains fragile; sustained demand threatens sourcing viability, logistics capacity, workforce sustainability, and access to perishable and culturally appropriate foods. Effective strategies include decentralized distribution infrastructure and delivery-based innovations, but outside support is required to stabilize operations and prevent service disruption over time, or if needs continue to rise.

### Key Data

- 127.4% increase in food assistance requests to one prominent assistance call center (QOQ: last quarter to this quarter).
- 5-time increase in volume of food assistance provided across implementing partners.
- 60–70% of deliveries routed through distribution centers, highlighting the need for sustainable locations.
- Estimated weekly cost of food to support citywide need created by Operation Metro Surge is \$2.4 million.
- An additional 76,200 people citywide may be experiencing food insecurity as a result of the impacts of Operation Metro Surge.

Figure 7: Food Assistance Estimated Impacts Per Month

FOOD SECURITY	
Item	Monthly Estimated Dollar Amount
Additional Food Assistance Costs	\$9.75 million
<b>TOTAL</b>	<b>\$9.75 million</b>

## Community Needs and Impacts

Prior to Operation Metro Surge, a community health survey estimated 10% of adults citywide reported food insecurity, with nearly 30% of adults in North Minneapolis reporting food insecurity. Neighborhood-level analysis conservatively estimates that approximately 18,800 adults residing in the areas heavily affected by Operation Metro Surge were already experiencing food insecurity and approximately 60,000 Minneapolis residents citywide. Economic vulnerability was previously the largest driver of food insecurity in Minneapolis, with adults with incomes below 200% of the Federal Poverty Level reporting food insecurity at a rate of 38%, compared to approximately 2% among higher-income adults. High food prices, constrained household incomes, and limited access options also drive use of emergency food assistance options. Operation Metro Surge has only exacerbated these drivers.

Since Operation Metro Surge, available data suggests that food assistance needs have increased dramatically, as residents afraid of being targeted by federal agents refrain from leaving their house to go to work or to shop for food. Requests for food assistance from Minneapolis residents to one prominent area call center have increased by more than 127% compared to prior to Operation Metro Surge, and implementing organizations report a roughly five-fold increase in the amount of food assistance that they are providing to the community since the onset of Operation Metro Surge.

Using requests to area call centers for food assistance as a rough proxy indicator for the increase in food needs, an *additional* 76,200 people citywide may be experiencing food insecurity as result of the impacts of Operation Metro Surge, for a total of approximately 136,200 people across the city, representing approximately a third of the city's 2024 population.

Given that the impacts of Operation Metro Surge are unevenly felt, and food insecurity was already concentrated in specific areas of the city, it is very likely that higher proportions of the increase in food insecurity are among community members located in:

- North Minneapolis, characterized by lower grocery access, higher poverty rates, and higher food shelf reliance.
- South Minneapolis, Phillips, and Cedar-Riverside where high renter density, immigrant and refugee populations, and language and cultural barriers elevate risk.
- Central and Downtown neighborhoods, where persistent cost barriers affect access despite proximity to services.

Food assistance needs are disproportionately concentrated among BIPOC, immigrant, and refugee residents, reflecting intersecting inequities related to income, housing, language access, and retail food availability.

## Access and Costs

For most-impacted populations, access to food, whether at retail stores or at emergency food assistance, is also more complicated under Operation Metro Surge. Households that are unable to access food at normal grocery retailers, or no longer have sufficient

income to do so, are likely shifting to free emergency food assistance sources. Food assistance programs currently operate citywide, with coverage extending to schools, including public and charter schools. However, food shelves report a substantial increase in requests for home delivery of food assistance packages, which increases logistical and financial costs.

The existing food response is driven primarily by local and hyper-local organizations, including some that formed due to complications in food sourcing caused by Operation Metro Surge. Nonprofit organizations, faith-based groups, schools, volunteer networks, and private-sector suppliers are working in cooperation to provide support for gaps in food service, which are a direct impact of the current sudden-onset situation caused by Operation Metro Surge. Communities rely heavily on distribution systems that adapt existing neighborhood infrastructure for rapid response. Given reticence of residents to seek food at visible, centralized distribution points, partner organizations have assumed responsibility for transportation coordination, intake, and last-mile delivery.

Implementation organizations report current capacity is sufficient to meet immediate needs, but system-wide capacity to absorb sustained demand remains constrained. Many partners require additional support to scale operational infrastructure, staffing, and logistics systems.

Key interventions include centralized food procurement combined with local, community-level logistics coordination, expanded sourcing from bulk and wholesale suppliers, and large-scale food box distribution. The price of a box of food intended to provide a household with 5-6 days of sustenance is estimated to be around \$28 wholesale or \$68 retail. One larger food assistance organization procuring 8,000–10,000 food boxes per week reports being able to take advantage of economies of scale and procure the box of food for as low as \$15 per box.

The average household size in Minneapolis is 2.12 persons, according to the latest US Census. If Operation Metro Surge has resulted in an additional 76,200 people facing food insecurity, this equates to 35,943 additional households in need of assistance. At average retail prices (\$68/food box/week), this equates to approximately \$2,444,000 in additional food assistance costs per week because of Operation Metro Surge.

Additional information provided by six prominent food assistance organizations in Minneapolis suggest their additional food costs during Operation Metro Surge range between \$600,000/week (retail) to \$3.6 million/week (retail), which generally corresponds with the estimate above.

Between January 1-31 (four weeks of Operation Metro Surge), a \$2,444,000 additional weekly cost equates to \$9,750,000 (retail prices) in additional food costs.

Approximately 60–70% of organized home deliveries are routed through existing community centers, which significantly reduces administrative burden and cost to implementation organizations. Interruption of these centers would approximately double emergency delivery costs and reduce reach. Perishable food distribution remains a gap due to cold-chain and handling limitations.

Volunteer mobilization is significant. One organization reports 25,000 households signed up for assistance in Minneapolis, supported by more than 1,000 volunteers conducting daily neighborhood deliveries and moving 50,000–70,000 pounds of food per week. There are at least five other organizations providing similar services, with an estimated total reach of 150,000 families and 300,000–420,000 pounds of food moved weekly. Estimated labor costs of this volunteer force are not included in this report.

## Gaps and Sustainability

Further, impact in this sector includes nonprofit staff and volunteer networks, which must deal with the realities of burnout and operating in a challenging, new operational environment. Access to basic goods remains fragile. Emergency food boxes typically provide 5–6 days of food per family, requiring frequent resupply. Access to perishable and culturally appropriate foods remains limited due to logistical constraints in informal and decentralized distribution systems.

While emergency food needs are being addressed at scale, coverage is highly resource-dependent. Key gaps include:

- Sustainability of sourcing under prolonged demand.
- Intake system constraints and overflow demand.
- Workforce and volunteer burnout.
- Need to bolster additional partner-trusted infrastructure and logistics capacity.

Experts consistently project rising food needs through calendar year 2026 rather than decline, which means Operation Metro Surge has significantly heightened the risk of response fatigue and service disruption.

## Recommendations

- Sustaining and expanding decentralized, delivery-based food assistance, particularly for populations unable to access centralized food distribution sites.
- Prioritize the accessibility of nutritious, culturally appropriate food for the most impacted.
- Invest in distribution centers that can be used for extended periods, and in providing expertise in logistics to delivery drivers.
- Expand community-based delivery innovations to improve access to perishable and culturally appropriate foods.
- Support nonprofit and volunteer workforce resilience to mitigate burnout and maintain operational continuity.
- Explore alternative grocer-based distribution models that allow for customer choice.

## MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT

A large-scale complex situation that involves violence, detentions based on racial profiling, separating children from parents, ongoing harassment of racial minorities, and other human rights violations that affect individuals' freedom and rights to access basic services is known in the humanitarian field as a protection crisis. One of the most important needs to address during a protection crisis is mental health and psychosocial support of the community. Operation Metro Surge has resulted in both significant disruptions to mental health services across Minneapolis as well as an increased need for mental health and psychosocial support. When unaddressed, mental health needs can manifest in increased levels of community fragmentation and household-level severe needs, such as increases in domestic and individual violence.

The ongoing Surge has created increased need for mental health services and at the same time, it has limited access to mental health services, resulting in high needs that cannot be met, especially among the most affected populations. Even once the operation ends, mental health needs will remain high and will have long-lasting impacts on Minneapolis individuals, families, and community.

No data exists on change in mental health needs for adults due to Operation Metro Surge. However, expert knowledge of protection crises combined with widespread anecdotal evidence suggests that mental health needs have significantly increased.

### Key Data

- Mental health service providers report a 50% reduction in client contact as populations have gone "underground."
- Mental health services for LatinX communities report more than 400 requests per week.
- 8,713 new school-age children are estimated to be in need of services due to the Surge.

### Community Impacts & Needs

Adults in Minneapolis face elevated stress, anxiety, and unresolved trauma due to the ongoing Operation Metro Surge. Stigma, cultural barriers, and lack of private spaces further limit service utilization, alongside the inability to access services due to fear of detention. In Minneapolis, mental health providers themselves are among the impacted population, further limiting availability of this critical service.

School-based and community programs are reporting sharp reductions in client engagement as many households are prioritizing physical protection over other health needs. Many adolescents, families, and vulnerable populations are experiencing interrupted access to psychosocial support, trauma-informed care, and culturally appropriate services. Providers report that adolescents are experiencing stress-management needs, withdrawal from school-based support programs, and disruptions to social networks.

## Access

Despite enormous constraints, mental health providers continue to provide service and adjust to provide access to people in need during Operation Metro Surge, including via:

- School-based therapy sessions.
- Telehealth group therapy for homebound or remote clients.
- Crisis lines, psychological first aid, and culturally responsive interventions.
- Outreach via trusted inter-organizational networks and weekly pop-ups.

Service delivery has shifted toward smaller, mobile, and telehealth modalities to reach populations in “underground” settings—however, transportation, information security concerns, and access to physical in-person offerings remain critical barriers. Reduced public activity and safety concerns have forced providers to relocate or adapt service locations, further constraining capacity. In addition, adolescents and homebound clients often lack private or safe spaces needed for effective telehealth modalities.

Providers report that translation and culturally tailored services are significant gaps, particularly for Spanish-speaking populations.

## Gaps

Therapist availability is currently insufficient for the level of mental health support that is needed as a product of Operation Metro Surge. Current capacity is insufficient relative to the magnitude of need. Typically sized mental health providers may provide three sessions per month, with limited staffing by part-time employees (15–20 hours/week). Approximately 1,575 organizations providing mental health services would be required to meet full-year demand if current capacity and session structures remain unchanged.

There is also a lack of infrastructure for wrap-around services, translation support, and specialized trauma-informed programming tailored for acute crises created by an ongoing complex protection crisis.

Mental health service gaps affect all Minneapolis neighborhoods but are particularly acute in corridors serving immigrants, refugees, American Indian/Native American, Black/African American, and other communities historically less likely to engage with formal mental health systems. Vulnerable groups, including immigrant and refugee communities, rely heavily on culturally responsive interventions and outreach via trusted intermediaries, but such resources are currently limited due to Operation Metro Surge’s impact on these most-affected communities.

## Estimated Impacts

Total Annual Cost for All Therapy Types (n=8713 school-aged participants)

Therapy Type	Typical Cost per Session (Per Person)	Total Monthly Cost (1 session/month)
Individual therapy	~\$60–\$275	\$522,780 – \$2,396,075

Total: if 8,713 participants identified receive 1 therapy session each month.

## Recommendations

- Consider increasing school-based and community mental health services for adolescents and families.
- Expand telehealth, mobile pop-ups, and crisis interventions while addressing privacy and access constraints. Work with providers and insurers so that telehealth services for mental health are eligible for third party reimbursement.
- Increase availability of trauma-informed and culturally tailored therapy.
- Strengthen interpretation and translation services and bilingual staffing capacity.
- Consider expanded access to therapists who are not affected by the Surge to augment staff who are directly affected.
- Provide wrap-around services and psychosocial support for high-need populations.
- Implement skill development and capacity-building initiatives for staff to sustain long-term operations.
- Plan for community-wide healing needs and services.

## OTHER SECTOR NEEDS

This preliminary Relief Needs Overview focuses on initially identified critical needs typical of a humanitarian protection crisis. Beyond those covered in this report, key needs identified include:

- Legal services for immigrants. Current provision of legal services is at or beyond capacity, and availability of free or low-cost legal services is not sufficient for current demand.
- Healthcare access, especially prenatal care and prescription drug access. Healthcare providers report drops in attendance rates at clinics in the 25-50% range.
- Humanitarian protection needs, such as training on “do no harm” principles. It is critical for organizations to center needs and wishes of the most affected population in a crisis to ensure actions reflect real needs—not assumptions—and that actions taken do not unintentionally increase risk or harm. In addition, negative coping strategies often increase during protection crises and are even more invisible than during non-crisis times. Risks such as human trafficking, domestic abuse, and sexual violence all increase during large-scale protection crises because affected people are less likely to reach out for help due to fear of detention for themselves or loved ones.
- As households continue to experience food insecurity and resort to negative coping strategies, including reliance on less nutritious and non-perishable foods, nutritional outcomes, especially for children, may begin to deteriorate.
- Continued fear among most affected communities to send children to school is likely resulting in disruptions to education, with impacted children at higher risk of being left behind by classmates, especially in contexts where sustained virtual or hybrid learning options are not offered.
- Nonprofit organizations that rely on or serve immigrants and refugees cannot continue offering services at the same level. The impacts may lead to the loss of grants or ongoing funding. This will lead to an erosion of the strong nonprofit sector in the city that addresses the ongoing needs of many low or no income households.
- Beyond immediate needs, recovery is the process of repairing, rebuilding, and restoring systems, infrastructure, housing, economy, and social services after a protection crisis. Recovery is the longest phase of an emergency response and requires years of sustained work.

## CITY OF MINNEAPOLIS COSTS

Operation Metro Surge has cost the City of Minneapolis an estimated \$6 million in staff time and operational expenses to respond to and oversee events from January 7 through February 1. These figures are approximate, as January's financials have not yet been finalized by the City Controller's Office.

### Estimated And Actual Costs

Estimated and actual costs to City of Minneapolis from Operation Metro Surge	
Time Period: January 7 to February 1	
Cost Category	Expense Amount
City Staff Payroll (Excluding Police)	\$660,195
Police Overtime and Standby Pay	\$5,288,729
Operational and Equipment Expenses	\$88,679
<b>Total</b>	<b>\$6,037,603</b>

Costs include actual and estimated payroll expenses across all City departments, totaling \$5.9 million or 98.5% of the overall cost. Projected payroll from January 25 through February 1 is factored into this total, based on average weekly personnel costs associated with the City's response.

The Minneapolis Police Department has incurred an estimated \$5.3 million in overtime and standby pay expenses from January 7 to February 1. The entire 2026 General Fund City budget for Police overtime is \$2.3 million.

Non-labor expenses required to operate the Emergency Operations Center during Operation Metro Surge, such as vehicles, audio/visual communication equipment, street cleanup, and materials for first responders, total an estimated \$88,679, or 1.5% of the City's total costs. This total excludes the financial costs associated with the use of the City of Minneapolis's existing material resources and donated resources from third parties.

### Projected Expenditures

Based on costs incurred from January 7 through February 1, the City of Minneapolis projects weekly expenses of \$1.5 million, including staff and non-labor costs. If Operation Metro Surge continues, the City is expected to incur \$5.9 million more in staff time and operational expenses by March 1, 2026, as we continue to respond to Operation Metro Surge. If this level of spending is maintained, it would bring the total cost to the City to \$11.9 million by March 1.

## City Revenue Loss

The City's Budget Division and Controller Division currently lack sufficient data to determine the financial impact of Operation Metro Surge on City revenues.

The Controller Division's third and fourth quarter reports for 2025 show signs of weakening consumer spending which could affect expected sales tax collections. The City is mindful that increased spending could have an impact on the City's bond rating in future years, which would have long-range impacts on the ability of the City to borrow for capital infrastructure needs.

Throughout this fiscal year, the City of Minneapolis will receive first quarter 2026 financial data from the Minnesota Department of Revenue. Once this data is obtained and analyzed, the City Controller and Budget Divisions will provide further details regarding potential impacts on sales tax revenue.

## CONCLUSIONS

Significant external funding is required to meet urgent needs in four priority sectors in Minneapolis due to Operation Metro Surge. The initial estimated impact to Minneapolis is at least \$203.1 million in just four priority sectors and City of Minneapolis operations. Subsequent assessments will provide estimates of additional critical needs. Even once Operation Metro Surge ends, Minneapolis will experience a long tail of urgent needs due to the severe impacts of Operation Metro Surge.

## METHODOLOGY

The Multi-Cluster/Intersectoral Initial Rapid Assessment (MIRA) is a standardized approach used by the United Nations and humanitarian partners to quickly assess the scale, severity, and priority needs in a humanitarian crisis. The process is designed to provide an initial evidence base for relief response planning, resource mobilization, and coordination among national, sub-national, and international actors. Its protocol for data collection and reporting is further referenced in the below annexes.

## ANNEX I: CALCULATIONS

### A. City of Minneapolis Cost Estimates, Operation Metro Surge (January 7–February 1, 2026)

#### 1. Total Estimated Cost

- City Staff Payroll (excluding police): \$660,195.
- Police Overtime and Standby Pay: \$5,288,729.
- Operational and Equipment Expenses: \$88,679.
- Total Estimated Cost:  $\$660,195 + \$5,288,729 + \$88,679 = \$6,037,603$ .

#### 2. Share of Total Cost Attributable to Payroll

- Total Payroll Costs:  $\$660,195 + \$5,288,729 = \$5,948,924$ .
- Payroll Share of Total Cost:  $\$5,948,924 \div \$6,037,603 = 98.5\%$ .

#### 3. Average Daily Police Overtime and Standby Pay Cost

- Police Overtime and Standby Pay Total: \$5,288,729.
- Duration: January 7–February 1 = 18 days.
- Average Daily Overtime and Standby Pay Cost:  $\$5,288,729 \div 18 = \$293,818$  per day (rounded to \$293,000/day in report).

#### 4. Projected Additional Costs Through March 1, 2026

- Average Weekly Cost (based on observed period): Approximately \$1.5 million per week.
- Projected Duration (Feb 2–Mar 1): Approximately 4 weeks.
- Projected Additional Cost:  $\$1.5 \text{ million} \times 4 = \$6.0$  million.
- Projected Total Cost by March 1, 2026:  $\$6.0 \text{ million} + \$6.0 \text{ million} \approx \$11.9$  million.

### B. Consumer-Facing Small Business Revenue Loss

#### 1. Assumptions

- Total food and drinking establishments in Minneapolis: 1,200–1,300.
- Conservative estimate experiencing major losses: 750 establishments.
- Estimated weekly loss per affected business: \$20,000.

#### 2. Weekly Revenue Loss (Food & Beverage Sector)

- 750 establishments  $\times \$20,000/\text{week} = \$15,000,000$  per week.

#### 3. Additional Consumer-Facing Businesses

- Includes grocery, retail, services, entertainment, and vendors.
- Estimated additional weekly losses across these sectors: \$5.25 million per week.

#### 4. Total Weekly Small Business Revenue Loss

- $\$15.0 \text{ million} + \$5.25 \text{ million} = \$20.25 \text{ million}$  per week.

#### 5. Estimated January 2026 Loss (4 weeks)

- $\$20.25 \text{ million} \times 4 = \$81.0 \text{ million}$ .

### C. Household Income Loss

#### 1. Foreign-Born Households with Limited English Proficiency (Source: ACS 2020–2024)

- Foreign-born households in Minneapolis: 29,000.
- Median income (foreign-born households): \$57,000.
- Share of households with earnings income: 82%.

#### 2. Annual Foreign-Born Household Income: $29,000 \times \$57,000 = \$1.653$ billion.

#### 3. Annual Earned Income: $1.653 \text{ billion} \times 0.82 = \$1.355$ billion.

4. Monthly Earned Income:  $1.355 \text{ billion} \div 12 = \$112.9 \text{ million per month.}$

5. Estimated Lost Monthly Wages

- Based on reported fear-based work avoidance and reduced labor force participation
  - Estimated lost wages:  $\$47 \text{ million per month.}$
- This represents a partial estimate and excludes:
  - Reduced hours.
  - Business closures.
  - Informal employment losses.

#### D. Hotel Revenue and Wage Loss

1. Reported Impacts

- Room night cancellations: 13,500.
- Revenue loss reported by hotels:  $\$4.7 \text{ million.}$
- Affected employees:  $\sim 2,000.$
- Estimated wage loss:  $> \$700,000.$
- Share of staff affected:  $\sim 20\%.$

2. Total Hotel Sector Loss (to date):  $\$4.7 \text{ million (revenue)} + \$0.7 \text{ million (wages)} = \$5.4 \text{ million.}$

3. Figures expected to rise as additional hotels report impacts.

#### E. Unrealized Construction Value (January 2026)

1. Observed Data:

- January 2026 construction value:  $\$14,592,024.$
- Next lowest January (2024):  $\$52,456,186.$

2. Unrealized Construction Value:

- $\$52,456,186 - \$14,592,024 = \$37,864,162.$
- Rounded in report to  $\$37.9 \text{ million.}$

#### F. Aggregate Livelihood Impact Summary (Monthly)

1. Lost small business revenue:  $\$81.0 \text{ million.}$

2. Lost household wages:  $\$47.0 \text{ million.}$

3. Unrealized construction value:  $\$37.9 \text{ million.}$

4. Lost hotel revenue and wages:  $\$5.4 \text{ million.}$

5. Total Estimated Monthly Livelihood Impact:  $\$81.0M + \$47.0M + \$37.9M + \$5.4M = \$171.3 \text{ million.}$

#### G. Notes on Conservative Methodology

- All calculations intentionally use low-end assumptions.
- Estimates exclude secondary and multiplier effects.
- Informal labor losses are undercounted.
- Trauma, displacement, and long-term impacts are not monetized.
- Mutual aid masking effects are not subtracted.
- As a result, reported figures should be interpreted as minimum estimates rather than total economic impact.

## ANNEX II: SUGGESTED ADDITIONAL ANALYSES

### I. Future Relief Reports

- Monitor foreclosure data that may be attributable to Surge-related missed mortgage payments.
- Monitor impacts of demographic changes in the city.
- Analyze impacts on workforce programming, including job training for youth and adults.
- Explore implications of Surge on reporting of housing health and safety concerns.
- Explore projected future revenue loss for businesses.
- Monitor business license renewals in 2026.
- Convene group of City-funded subsidized affordable housing providers to understand their needs and identify ways to maintain housing stability for their residents.
- Identify what lenders are considering when choosing whether to invest in Minneapolis and the real or perceived impact of the Surge.
- Affordable housing projects in development that are delayed or facing additional financial strain
- Existing affordable housing projects with exacerbated operational budget deficits
- Impact on Public Housing residents and housing choice voucher holders
- Impact on the housing stability of lower-income homeowners
- Additional strain on emergency shelter system

### II. Dynamic Calculations of Social Impact

The following analysis models should be considered when advancing citywide impact analysis for the current relief crisis, used in combination with the United Nations Office for the Coordination of Humanitarian Affairs – Joint and Intersectoral Analysis Framework which is a standardized methodology used by OCHA and humanitarian partners to develop Needs Overviews and response plans by providing evidence-based, inter-sectoral detailed estimates of needs assistance.

#### A. Catastrophe Models – Economic Impact

##### 1. Direct Physical Damage (Ground-Up Loss)

- $\text{Loss} = \sum (V_i \times D_i)$ , for  $i = 1$  to  $N$
- Where  $V_i$  is the value of asset  $i$  and  $D_i$  is the damage ratio (0 to 1).

##### 2. Event Loss Aggregation

- $L_e = \sum (V_i \times f(H_e, i))$ , for  $i = 1$  to  $N$
- Where  $H_e, i$  is the hazard intensity at asset  $i$  during event  $e$ .

##### 3. Loss Exceedance Probability (Ep Curve)

- Probability that loss exceeds  $x$ :
- $P(L > x) = 1 - F_L(x)$

##### 4. Probable Maximum Loss (PML)

- Loss associated with a given return period:
- $PMLRP = F^{-1}(1 - 1/RP)$
- Example: PML100 represents the loss exceeded with 1% annual probability.

#### 5. Total Economic Loss

- Total economic loss is expressed as:
- $L_{economic} = L_{insured} + L_{uninsured} + L_{public}$

#### 6. Business Interruption Loss

- $LBI = R \times T \times \alpha$
- Where  $R$  is revenue per unit time,  $T$  is downtime, and  $\alpha$  is a dependency factor.

These formulas are borrowed directly from a journal article that captured Claudio Raddatz's review and assessment, "The Economic Impacts of Natural Disasters," 167–188. This report graciously acknowledges that work.

## ANNEX III: METHODOLOGY CONTINUED

### United Nations Office for the Coordination of Humanitarian Affairs – Multi-Cluster/Sector Initial Rapid Assessment Process

#### I. Purpose and Scope

This assessment evaluates urgent and emerging community needs resulting from Operation Metro Surge in Minneapolis. It is intended to support decision-making by local government, emergency management, and philanthropic partners. Findings reflect conditions observed during January–February 2026 and are subject to revision as the situation evolves.

#### A. Data Sources

This report integrates three primary categories of data:

##### 1. Administrative and Government Data

- City of Minneapolis Emergency Operations Center operational records.
- Preliminary City payroll, overtime, and expenditure tracking.
- City of Minneapolis 311 call center administrative data.
- Business licensing and permitting records.
- City ordinances and state statutory frameworks.
- Note: These sources provide real-time operational and fiscal insight but may be updated as financial records are finalized.

##### 2. Partner and Community-Based Organization Data

- Food distribution and intake from implementing organizations.
- Mental health and psychosocial service utilization.
- Tenant legal assistance and rental stabilization.
- School-based housing stability and mental health programs.
- Business impact surveys administered by City staff and others.
- Note: All partner data were aggregated and de-identified.

##### 3. Public and Secondary Data

- U.S. Census Bureau (American Community Survey, 2020–2024).
- U.S. Department of Housing and Urban Development (CHAS data).
- Centers for Disease Control and Prevention (food insecurity cost research).
- National Institute of Mental Health (mental health prevalence estimates).
- United Nations Office for the Coordination of Humanitarian Affairs (MIRA framework).

#### B. Methodological Approach

1. The assessment uses a rapid needs assessment methodology adapted from the UN OCHA Multi-Cluster/Sector Initial Rapid Assessment (MIRA) framework. The approach emphasizes:

- Triangulation of multiple data sources.
- Conservative assumptions to avoid over-estimation.

- Focus on access barriers and service capacity.
- Impacts on most affected communities.

2. Economic impacts were estimated using scenario-based modeling informed by licensing data, ACS income estimates, and partner-reported losses.

#### C. Data Privacy and Ethical Considerations

1. All primary data were:
  - Aggregated at the community or sector level.
  - De-identified using automated and manual processes.
  - Collected during service coordination, not research activity.
2. No personally identifiable information is included in this report.

#### D. Limitations

1. Key limitations include:
  - Underreporting due to fear of government interaction.
  - Use of rapid estimation techniques rather than audited totals.
  - Preliminary fiscal figures subject to revision.
  - Temporary mitigation by mutual aid networks.
  - Inability to fully quantify trauma, displacement, and long-term harm.
2. This assessment represents a snapshot in time and should be updated as conditions change.

#### E. Use of Findings

1. Findings are intended to:
  - Inform funding and policy decisions.
  - Support coordination among City departments and partners.
  - Guide government, philanthropic and nonprofit investment.
  - Identify immediate service gaps.
2. They are not intended to serve as a comprehensive economic impact study or final fiscal accounting.

### II. UN-OCHA Multi-Cluster/Sector Initial Rapid Assessment protocol, as applied to this report.

#### A. Objectives

The MIRA methodology seeks to:

1. Identify the geographic scope of the crisis and populations affected.
2. Assess immediate needs across sectors, including health, shelter, food security, and livelihoods.
3. Determine key vulnerabilities and factors driving the crisis.
4. Provide a rapid evidence base for prioritization of interventions.

5. Support coordination among government authorities, NGOs, and other stakeholders.

#### B. Scope and Timing

1. The MIRA is typically conducted within the first two to four weeks of a sudden-onset or rapidly escalating crisis. Depending on context, it can also be adapted for protracted emergencies or slow-onset events requiring a rapid overview. The assessment covers:

2. Geographic coverage: Areas directly affected by the crisis and nearby host communities.

3. Population coverage: Households, vulnerable groups (women, children, elderly, persons with disabilities), displaced populations, and affected communities.

#### C. Data Collection Approach

MIRA uses a multi-source, mixed-method approach, combining quantitative and qualitative data:

##### 1. Primary Data Collection

- Key Informant Interviews (KII's) with local authorities, service providers, and community leaders.
- Focus Group Discussions (FGD's) with affected populations, disaggregated by gender, age, and vulnerability status.
- Direct observation of infrastructure, service delivery points, and living conditions.
- Rapid household surveys using structured questionnaires to gather representative information where feasible.

##### 2. Secondary Data Review

- Analysis of pre-crisis demographic, socio-economic, and vulnerability data.
- Review of reports from government authorities, UN agencies, NGOs, and other credible sources.
- Consideration of early warning indicators, media reports, and administrative data.

#### D. Sectors and Indicators

1. The MIRA assesses priority sectors using standardized sector indicators, which may include:

- Food Security: Household food consumption, coping strategies, market functionality.
- Water, Sanitation, and Hygiene (WASH): Access to safe water, sanitation facilities, and hygiene supplies.
- Shelter and Non-Food Items (NFI): Availability of safe shelter, occupancy rates, and urgent material needs.
- Health: Morbidity, mortality, access to services, and availability of essential medicines.
- Nutrition: Malnutrition prevalence, infant and young child feeding practices.
- Protection: Gender-based violence, child protection, civil documentation, and legal access.
- Education: School attendance, infrastructure damage, and continuity of learning.

- Livelihoods: Employment disruption, income loss, and asset depletion.

2. Indicators are disaggregated by sex, age, disability status, and other vulnerability factors wherever possible.

#### E. Data Analysis and Validation

1. Data collected is:
  - Triangulated from multiple sources to ensure reliability and minimize bias.
  - Analyzed against pre-crisis baselines to estimate the magnitude of needs and population affected.
  - Validated through cross-checks with government authorities, cluster leads, and local NGOs.
2. Findings are presented in terms of priority needs, population estimates, and operational gaps, with clear identification of assumptions and limitations.

#### F. Reporting and Dissemination

1. MIRA outputs are structured as multi-cluster rapid assessment reports, including executive summaries, sector-specific findings, and visualizations (maps, tables, graphs).
2. Reports are shared with governmental authorities, implementing partners, and donors to guide response planning and resource allocation.
3. Where possible, MIRA findings are updated and refined with secondary assessments or follow-up sectoral assessments to ensure responsiveness to changing conditions.

#### F. Limitations

1. MIRA provides initial, rapid estimates and is not intended for detailed epidemiological or socio-economic analysis.
2. Access constraints, security issues, and population movement may limit representativeness.
3. Data on marginalized or hard-to-reach populations may be incomplete.
4. Findings should be interpreted as indicative of trends and priorities rather than precise measurements.

#### G. Ethical Considerations

1. Data collection adheres to principles of humanitarian ethics, including informed consent, confidentiality, and do-no-harm approaches.
2. Special attention is given to the protection of vulnerable groups such as children, women, persons with disabilities, and displaced populations.

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