

Reforming Disaster Case Management: National Lessons from Louisiana

Report and Recommendations from
*Disaster Case Management in Louisiana:
A Roundtable on Recovery from Hurricanes Katrina, Rita, Gustav & Ike*
hosted by the Children's Health Fund
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Executive Summary

Case management is an essential part of disaster recovery. It is the key to linking individuals and families with the services needed to recover, and for government to monitor the progress of both the programs and human recovery. However, it is clear that the definition of disaster case management and strategies deployed to assist individuals and families vary widely among provider organizations and government agencies.

After Hurricanes Katrina, Rita, Gustav and Ike, several federally initiated disaster case management programs were implemented in Louisiana including *Katrina Aid Today*, *Disaster Housing Assistance Program*, *HHS Disaster Case Management Pilot Project*, and *FEMA Disaster Case Management Pilot Program*. These programs have had different administrative structures and it is generally assumed that some are more effective than others.

The long and still incomplete recovery of Louisiana has underscored the importance of disaster case management. The failure to identify and register individuals and families that needed case management programs, and then to maintain those programs, in broad, systemic ways, has left people in Louisiana, the Gulf, and across the nation who left the Gulf to never return, vulnerable when they did not have to be. Two important points are noted:

- Significant disaster related destruction of communities and infrastructure inevitably requires long-term rebuilding which may result in a prolonged and difficult recovery for individuals and families, many of whom will require supportive case management.
- When case management programs fall short, they tend to fail the most vulnerable in the affected communities.

Because Louisiana has experienced a patchwork of disaster case management programs, the abilities of the government and providers to track populations in need have proved challenging and at times impossible. It is widely acknowledged that no one knows for certain how many individuals and families still remain in recovery, although some estimates suggest that 20,000 or more children are still in recovery or in uncertain conditions with respect to housing, education, and access to essential services.

Although the Post Katrina Emergency Management Reform Act established a federal responsibility for disaster case management services, to address the persistent needs of Louisiana and to ensure future national disaster case management programs are optimal, additional critical modifications are needed to strengthen the federal disaster case management structure. To that end, a one-year interagency agreement between FEMA, HHS, and HUD to better provide current disaster case management services is an important next step and is expected to be –and should be –executed without further delay and with full consideration to the lessons learned in, and ongoing needs of, Louisiana.

With the National Recovery Framework and Stafford Act reform on the immediate horizon, the experiences of Louisiana state and federal agencies and providers should also be considered and integrated into all proposed changes. Opportunities for Stafford Act reform and the creation of the National Recovery Framework should clearly and completely provide the legislative

(Stafford Act) and operational (Recovery Framework) structures needed to ensure disaster case management will be effective going forward and for those presently in programs.

With the immanent opportunities to reform federal disaster case management, the Children's Health Fund (CHF) hosted *Disaster Case Management in Louisiana: A Roundtable on Recovery from Hurricanes Katrina, Rita, Gustav and Ike*. The Roundtable brought together key policy makers around disaster case management including the Federal Emergency Management Agency (FEMA), U.S Department of Housing and Urban Development (HUD), U.S. Department of Health and Human Services (HHS), and the Louisiana Recovery Authority (LRA), with providers and advocates for disaster case management services as well as interested parties from academia, the private sector, and foundations.

The key recommendations from the Roundtable's deliberations were:

- **A single lead federal agency should be designated to coordinate the implementation of all disaster case management programs.**
- **A single federal model for case management should be established that is:**
 - Rapid and Sustainable
 - Clearly Defined
 - Flexible
 - Coordinated
 - Local
 - Measurable
 - Accessible
 - Fully and Appropriately Funded
- **Mechanisms to ensure rapid, sufficient and efficient sharing of client information among relevant governmental agencies and provider organizations must be developed. This may well require contingency-based modifications of the Privacy Act.**

Many at the Roundtable believe that going forward when FEMA reviews disaster case management best practices and/or leads interagency agreements such as that will be needed after the forthcoming one-year agreement between FEMA, HHS, and HUD lapses, that an expert consensus process be utilized, bypassing the costly and lengthy contractor led evaluations.

This report was prepared by CHF and summarizes the issues and recommendations from the Roundtable leveraging the Roundtable's proceedings including prepared remarks by the GAO, Louisiana Lieutenant Governor Mitch Landrieu, CHF's co-founder and president, Irwin Redlener, and builds on important reports and recommendations on disaster case management by the GAO, Columbia University's National Center for Disaster Preparedness (NCDP), and the National Commission on Children and Disasters (NCCD). All provider and advocate organizations at the Roundtable were given an opportunity to read and comment on the report and then after the report was finalized, had the option to sign-on in support of the recommendations.

Signatories



National Center for
Disaster Preparedness

Mailman School of Public Health
Columbia University

American Academy
of Pediatrics



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Introduction

On October 7, 2009, the Children's Health Fund (CHF) hosted *Disaster Case Management in Louisiana: A Roundtable on Recovery from Hurricanes Katrina, Rita, Gustav and Ike*, at Louisiana State University. The Roundtable brought together key stakeholders around disaster case management including the Federal Emergency Management Agency, the U.S Department of Housing and Urban Development, the U.S. Department of Health and Human Services, and the Louisiana Recovery Authority, along with providers and advocates for disaster case management services as well as interested parties from academia, the private sector, government, and foundations also attended.

Case management is an essential part of disaster recovery. After Hurricanes Katrina, Rita, Gustav and Ike, several programs were implemented in Louisiana including *Katrina Aid Today*, *Disaster Housing Assistance Program*, *HHS Disaster Case Management Pilot Project*, and *FEMA Disaster Case Management Pilot Program*. These programs have had different administrative structures and it is generally believed that some are more effective than others.

The goals of the Roundtable were to assess current and past disaster case management efforts in Louisiana and develop unified policy recommendations that all provider and advocacy organizations can support both to improve efforts in Louisiana and impact national reform. With the National Recovery Framework and Stafford Act reform on the immediate horizon, the experiences of Louisiana state and federal agencies and providers should be considered and integrated into all proposed changes. The topics discussed included the nature of case management services, funding, and how government and providers should administer disaster case management programs. The Roundtable's format offered all attendees an opportunity to speak in a closed door, media-free, not-for-attribution environment. Conversations were framed by selected presentations and moderated discussions. A morning panel consisted of government officials speaking to and taking questions from the providers, advocates, and invited parties. The panel was moderated by a representative from the Government Accountability Office. In the afternoon, the provider and advocacy organizations convened with limited presence by the government officials to discuss recommendations for this report. This session was moderated by CHF.

At the time of the Roundtable, the National Volunteer Organizations Active in Disasters (NVOAD) was to meet in November to discuss adopting standards and points of consensus around disaster case management. This report acknowledges the important work of NVOAD but does not weigh in on NVOAD's latest standards and points of consensus as they were not deliberated on by the Roundtable's attendees.

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Why Disaster Case Management Matters and Where We've Been

In the wake of a disaster, comprehensive case management programs are crucially important to helping individuals and families recover as rapidly and thoroughly as possible and return to self-sufficiency. Disaster case management involves helping victims identify their service needs, and then helping access services and programs for these needs, including healthcare, housing, education, and employment. **However, the Roundtable's participants acknowledge that different organizations and government agencies have varying definitions of what disaster case management is and many approaches have been taken to provide these programs.** In fact, the term "case management" is often decoupled from "disaster" with many agencies providing case management programs to refugees and through education programs, like Head Start, and not just during times of disaster. Thus the notion of "disaster case management" in and of itself remains ill-defined among organizations, governmental agencies, and sectors. **It should be noted that in the aftermath of Hurricanes Katrina and Rita, there was no explicit authority in the Stafford Act to fund disaster case management services.** In 2006, amendments to the Stafford Act created a provision for case management opening up a new era in disaster recovery protocol.

The significantly prolonged and incomplete post-hurricane recovery of Louisiana has underscored the importance of disaster case management. The failure to identify and register individuals and families that needed case management programs, and then to maintain those programs, in broad, systemic ways, has left people in Louisiana, across the Gulf, and across the nation who left the Gulf to never return, vulnerable when they did not have to be. Two important points are noted:

- **Significant disaster related destruction of communities and infrastructure inevitably requires long-term rebuilding which may result in a prolonged and difficult recovery for families, many of whom will require supportive case management.**
- **When case management programs fall short, they tend to affect the most vulnerable in society.** In Louisiana, the vulnerable have proven most often to be the families that ended up in FEMA housing and stayed there with no alternatives to go to their homes and communities which were destroyed, the chronically poor, and those in poor physical and mental health both prior to and after the storms. Thus the impact of the storms had and continues to have a disproportionate effect on those least likely to be able to help themselves recover. **Case management programs are the key to linking individuals and families with the services needed to recover, and for government to monitor the progress of both the programs and human recovery.**

Columbia University's National Center for Disaster Preparedness (NCDP), in collaboration with the Children's Health Fund and Louisiana State University, has been conducting one of the largest representative longitudinal cohort studies of children and families in federal, transitional housing in the Gulf since February 2006. Key findings have underscored the importance of disaster case management programs. These include:

- **A gap in medical care.** Nearly half of the children who had a personal medical doctor—a “medical home”—before the storms didn’t have one or couldn’t find their doctor afterward for various reasons, including lost medical records;
- **Behavioral problems.** Nearly half of the parents reported that at least one child in their household had emotional or behavioral difficulties that they didn’t have before the storms;
- **Stressed caretakers.** On a mental health screening, nearly half of the women caregivers scored at levels consistent with clinically-diagnosed psychiatric problems, such as depression or anxiety disorders;
- **Academic Concerns.** Over one-third of school-aged children in the study were at least a year behind their appropriate grade level. This is nearly twice the rate of academic delays that have been reported prior to Hurricane Katrina. In addition, parents and caregivers report that their children are doing significantly worse in school than they had been doing before the hurricane;
- **Unstable homes.** The surveyed families had moved, often across state lines, an average of 3.5 times since the hurricanes—and some as many as 9—which meant significant lapses in school attendance and unstable employment. It also meant that many residents who had evacuated to other states, where they received Medicaid and other benefits including food stamps and health insurance, were denied similar aid when they returned to Louisiana.

Because Louisiana has seen a patchwork of disaster case management programs, the abilities of the government and providers to track populations –as has been done by the NCDP cohort –have proved challenging and at times impossible. It is widely acknowledged that no one knows for certain how many individuals and families still remain in recovery, although some estimates suggest that 20,000 or more children remain recovery or in uncertain conditions with respect to housing, education, and access to essential services.*

Ultimately the federal and state governments’ inexperience with managing a long-term recovery, their lack of familiarity with the specific needs of its client populations, and the destruction caused by the storms created a situation where human needs were simply not met by accessible and effective services.

To date, federal agencies have provided more than \$209 million for case management services, but there have been entanglements and disruptions in funding. The first program, **Katrina Aid Today (KAT)**, was initiated soon after the hurricanes and administered by FEMA. It was funded with international donations and thus not funded by the United States government, only

* The estimate of 20,000 children is based upon reports of the number of households or children in selected programs as of Nov 2009 -- in Louisiana, the FEMA Trailer Housing Program (1,809 households), the Disaster Housing Assistance Program (3,271 households), the CCUSA/ACF Disaster Case Management Pilot Program (7,664 children), and the FEMA Disaster Case Management Pilot Program (6,633 households). In Mississippi it included 337 households in the FEMA Trailer Housing Program. The number of children in those households was estimated using community-wide averages of 40% of households with minor dependent children, and an average of 1.5 households per child. Furthermore, to account for potential duplication in the Louisiana count, the estimate of children was adjusted assuming that each household had 1.9 case managers, a figure drawn from the Gulf Coast Child & Family Health Study data (CAFH). At a minimum this represents 11,500 children in case management or trailer housing programs. Further data from the CAFH study suggest that only 40% of all households living in unstable housing had interacted with a case manager, which leads to the potential estimate that at least 20,000 children are either in recovery programs or are living in unstable circumstances.

distributed by it. KAT was awarded to the United Methodist Committee on Relief (UMCOR) which lead the National Case Management Consortium consisting of nine national organizations that provided the disaster case management services under KAT. KAT was done in cooperation with the National Voluntary Organizations Active in Disaster (NVOAD). The program was intended to run for twenty-four months and provide case management services at a cost of about \$66 million. The program ended in March 2009 after serving nearly 200,000 people. This number, however, is somewhat incomplete because although some unfinished cases were transferred to a bridge case management program, others that still had unmet needs were closed before it was clear that this bridge program was to be established. Therefore certain cases were closed without evidence of needs being met. The total population with unmet needs is still unknown as is the location of the people with these needs. Resource monitoring and efficiency tracking for KAT were limited thus it is likely impossible to locate and serve those that may have continuing unmet needs.

When KAT ended, FEMA provided funds for additional case management programs through the **Disaster Case Management Pilot (DCM-P)**. The program had limited success. In Mississippi, because of prolonged budget negotiations between FEMA and the state, and delays with contracting, DCM-P didn't begin until August 2008, two months after it was scheduled to start. The DCM-P program in Louisiana wasn't implemented for over a year, finally beginning in September 2009. As a result of the delay, funding for the program was significantly decreased to \$9.4 million from \$32 million. The Louisiana Recovery Authority (LRA) oversees the state's DCM-P program.

The prolonged efforts in Louisiana from the delays in implementing DCM-P highlighted the problems of disaster case management implementation. DCM-P was designed to be a cost-reimbursement program and the Louisiana Family Recovery Corps (LFRC) was the sole intended provider from inception due to its management of the Cora Brown bridge program. Later in the negotiation process with FEMA, the LRA engaged the Greater New Orleans Disaster Recovery Partnership (GNODRP) as an additional provider, but the organization turned down the contract because no direct assistance was permitted and they felt that the short length of time for implementation of the program would be problematic to achieving success. The state was then required to submit a new application to FEMA reflecting this change.

Months later the LFRC eventually also declined participation due to the shortened timeframe allotted for the program and not receiving financial resources from FEMA to help case management agencies hire case managers and further build implementation capacity of nonprofits to ensure Recovery Corps' successful stewardship of the pilot program. In addition, there were differences in the state's definition of case management (which included direct resources) and FEMA's definition (which excluded direct resources), and providers' definitions of what types of needs case management services should address (preexisting and those caused by the disaster) and FEMA's definition of needs (only those caused by the disaster) that caused conflict.

After the original pilot program deal in Louisiana fell through, FEMA told the state that if it wanted the funding, it had to re-apply with a new proposal. Set to expire on March 1, 2009, Secretary of Homeland Security Janet Napolitano extended the program but also lowered

funding, citing a shorter timeline and a number of eligible families that was less than that when the program was designed. The program eventually began in September 2009 and will end in March 2010.

The Disaster Housing Assistance Program (DHAP), which was implemented in September 2007 and ended August 31, 2009, was HUD's assumption of responsibility for the provision of long-term rental assistance for displaced families (which originally fell under the auspices of FEMA). This program was more closely monitored than KAT. It was originally scheduled to end March 1, 2009, but Secretary Napolitano extended the rental assistance component for an additional six months and the state took over the case management component (which also would expire at the end of six months). Families in FEMA trailers who would have been covered by the DCM-P program weren't eligible for DHAP because it only covered rental assistance.

The most recent program is the **ACF Disaster Case Management Pilot Project**, which is exclusively for residents affected by Hurricanes Gustav and Ike. This program is designed to give clients a single case manager at a disaster assistance center. The manager helps clients access aid through programs managed by federal, state and local governments, and nongovernmental organizations. Services include, but are not limited to, temporary financial assistance, emergency food and shelter, transportation aid, legal assistance, health and mental health care, and employment services. The program began on April 1, 2009 and expires on March 31, 2010.

FEMA is currently evaluating the disaster case management programs to develop a federal program. However, some of these evaluations will not assess outcomes, such as whether clients' needs were met and no stakeholder input was included in the designing of the evaluations. To date, the agency doesn't have a time line for developing a new model disaster case management program as it works to identify a contractor to conduct an evaluation after an earlier evaluation was found unable to provide conclusions. **Many at the Roundtable called for FEMA to move toward an expert consensus process to determine the best practices and elements for disaster case management and bypass the costly and lengthy contractor evaluation process. However, adopting a consensus process should not delay the impending execution of a one-year interagency agreement between FEMA, HHS, and HUD to provide disaster case management services.**

The Roundtable observed that the forthcoming National Recovery Framework and Stafford Act reform provide the best opportunities for improving disaster case management. To that end, FEMA's national meetings on the recovery framework, the development of Stafford Act reform legislation that will address disaster case management, and the new Long Term Disaster Recovery Working Group, may produce fundamental changes in disaster case management.

Challenges and Opportunities for Reform

The goals of the Roundtable were to assess current and past disaster case management efforts in Louisiana and develop unified policy recommendations that all provider and advocacy organizations can support both to improve efforts in Louisiana and impact national reform. Over the course of the day's discussions, major themes were reiterated by representatives of government and provider stakeholders alike.

- **The need for a single, federal approach to disaster case management**

The majority of participants agreed on this point, but because of the many variables, there were a wide variety of ideas about what was possible. Even among the providers, many of which had worked previously as partners, the definitions of disaster case management, though perhaps similar, are not exactly the same. One of the reasons for these disparities is that the work of individual organizations is based on differing priorities and goals. The providers coalesced around the notion that there should be a lead federal entity responsible for disaster case management and that there should be a standard definition based on solid methodology. As such, the Stafford Act should be amended to provide a degree of flexibility. FEMA was noted by a number of participants as not being a human services organization, questioning whether this agency should be involved with managing case management initiatives. To that end, appropriate organizations, with necessary expertise and capacity should be providing relevant case management services.

Yet while the majority agreed that a single, federal approach to disaster case management is needed, there were several ideas offered. A member of the federal panel warned that “the final product has to be very flexible” because what works in one state might not work in another. One of the providers underscored this point by discussing how the influx of FEMA dollars after the storm “distorted” the local economy by drastically increasing rents. The speaker noted that, in the future, FEMA needs to “calibrate their investments in ways that are recognizing the local economy.”

Many participants made it clear that the federal design must take into account several problems regularly experienced by case managers and as delineated in the GAO report. FEMA is currently evaluating pilot programs but as the GAO report noted, current evaluations focus on process and implementation, rather than client outcomes. Several providers noted the high staff turnover among case managers, which, because of the uncertainty and fragility of program funding, often deterred much-needed new recruits. This workforce problem creates great instability—clients often didn't know the name of their current manager. And because of high turnover, case managers were often overloaded with up to 300 cases per worker. Other participants discussed the lack of direct cash assistance which as the GAO also noted, providers believe is the crucial difference between disaster case management and other types of case management. After Katrina and Rita, such assistance would have helped residents find housing, employment, and transportation—the three areas of assistance most needed. Also discussed were restrictive program eligibility requirements—for example, Katrina Aid Today was available only to victims of Katrina, not Rita. Many participants were hopeful that, once completed, the National Recovery Framework may offer the best opportunity to ensure a single, federal approach to disaster case management.

- **The need for well-managed, accessible, quality databases to permit timely and accurate information sharing**

In its report on disaster case management, the GAO found that a major obstacle to services had been the lack of accurate and timely information sharing. For example, at the end of the Cora Brown Bridge Program where case management was being provided to victims of Gustav and Ike, FEMA asked HHS whether some of those services could be provided to Katrina and Rita victims, because DCM-P hadn't yet been implemented. HHS agreed and requested information about the population they would be serving, but FEMA only provided "aggregate data on the number of mobile homes and travel trailers in each parish." The agency's "routine use policy precluded it from sharing client-level information." To prevent future mishaps, the GAO believes the government needs a standing agreement for data sharing among FEMA, states, and non-profit providers. This could be facilitated by a national database. A federal representative said that it's "a critical gap" that there isn't a universal electronic system for case management, and it's a major problem that "nothing is being done about."

The consequences of not having a high quality and well-managed data-base accompanied by the ability to share data when necessary are multifarious. For example, the GAO found that because of incompatible databases, some people "shopped around" and received different case management services from different organizations—some of these services duplicated those previously-received. One of the reasons FEMA doesn't provide direct cash assistance is because, as a participant with extensive knowledge of the subject pointed out, it considers it "a duplication of benefits"—some direct services can be received under the agency's individual assistance program. The ability to share information amongst agencies may alleviate this possibility of duplication of benefits. In addition to issues of data-sharing, the issue of data-entry was also raised numerous times. One federal official noted that "those of us who have been involved in case management on the ground would recognize that there has been significant challenge with data entry." Another federal official made the point that perhaps the key to ensuring accurate data is to hiring specific positions to handle data entry: "I think that it can be as simple as defining a position within the grant allowance, within the program, within the model, to say that you need a data entry person...let the case managers do the people work, provide the information to the data entry people, and let them get it into the system." Finally, another federal official spoke to the need for a high-quality database by stating that "if you are treating the whole person as a whole person, then the social and human services side of the person (has) to be every bit as important as the medical side. And you need an electronic data system that is equivalent to that. It will prevent mistakes, it will prevent errors, and it will make sure that people get to recovery faster, in a more logical process. And I think that if you do that, your requirement for data entry people are going to go down and you're going to be able to spend more money on case managers who are interacting directly with clients."

- **The need for full, on-going partnerships among organizations developed prior to disasters, rather than ad hoc and improvised collaborations developed in the aftermath of a disaster**

A government official said that in the past "we had looked at case management or case workers needs" but not the victims' recovery needs per se. He likened the old procedure to handing off a

baton with an attitude of “you take it from this point on,” and argued for a paradigm change that would be centered on complete “hand-in-hand” partnerships “through the whole process.” A state official concurred, saying that he believes they’ve established a true state-federal partnership that includes ongoing meetings specifically around the recovery framework. FEMA announced that they are hosting recovery framework forums nationally –a fact recognized by participants as positive –under the context that no one organization has all the answers and feedback from non-profits has been helpful in guiding policy revisions.

- **The need for holistic, comprehensive services**

A federal official emphasized the importance of early interventions and the need for “a very aggressive outreach program,” including through media campaigns, immediately after disasters to let people know what services are available. If this isn’t done, the officials said, “People may not know that case management exists.” The official also described the holistic approach in detail, reasoning that people can’t be treated in pieces, only as “whole” persons—children must return to school, parents should receive help finding employment, housing, medical homes and mental health services. Particularly with the mental health aspect, children are especially vulnerable as they lack the experience, skills and resources to independently meet their needs. The official also pointed out that the anxiety over duplicated benefits often obscures what should be our concerns—helping people—observing that “we probably spend as much time and effort trying to stop—trying not to provide somebody an extra \$10” as we do providing services.

- **The need for closer monitoring of disaster case management programs and better evaluation of outcomes**

A well taken point came from one of the providers who stated that it is important to have a comprehensive approach –“we can’t just give out money and close cases” –which means that it must be about outcomes. Organizations must advocate on behalf of their clients as individuals. We need case managers who will “own” their cases. Another provider agreed that there needs to be close engagement. Handing out vouchers and walking away is insufficient. Providers need to follow their clients and ask them how the services are working and inquire what else is needed. Success should be measured by comparing a client’s level of sustainability before they began case management to that when they’re leaving. Ideally, the government should be able to check on outcomes again five years later. Another provider added that part of close engagement is holding the client families accountable. The notion of individual responsibility for adults and parents was noted as a necessary requirement for successful disaster case management programs.

- **The importance of a strong local element to any case management effort**

Many providers stated the importance of disaster case managers being from the community as they will know the local customs, networks, and resources of the population being served. The notion of the need for local elements challenges the notion of creating a single, federal approach to disaster case management and suggests that federal plans be structured as templates that can be modified by community case managers who understand local conditions and demands. FEMA’s use of regional events for gathering information and feedback on the National Recovery Framework may provide an opportunity to gather information on ways to include local structures and in which areas locality can best fit. This was recognized by at least one provider who

acknowledged that federal agencies must take into consideration the particular strengths and weaknesses of the state in which they're operating.

A participant took that notion further stating that even within states, planning should include highly local considerations. Local plans should also leverage local assets and not be entirely reliant on federal and state monies. But this does not absolve local plans from needing to be consistent with state plans. Local officials should think about resource management, state tax expenditures, and local systems in order to make the residents' dollars work more efficiently. Consistency between local and state plans may be facilitated by a closer inspection and revision of state tax dollar spending. Finally, it was widely agreed by provider groups that up-front funding should be provided and that this type of funding stream allows more equity in the local case management provider community. In a discussion regarding funding, a provider stated that the "contracting processes almost loads the deck with organizations that have heavy resources and smaller, faith-based congregations and nonprofits cannot access these case management dollars yet they have some of the best infiltration (within) communities and understand communities more than the larger organizations."

- **The need for high quality disaster case management in order to help break the cycle of community risk for chronically poor families**

It was prominently highlighted by several attendees that the underlying problems for many of those still in recovery in Louisiana are in fact conditions that existed before the storms. Poverty was chief among these. Thus the aid that comes to many during disaster recovery is aid that was actually needed before. As was remarked, "You're trying to take this problem that has persisted for a long period of time and trying to overlay on it a Band-Aid that is funded by emergency operation response; you don't have enough money. You do not have enough money to do what it is that needs to be done." Feedback presented by participants at the Roundtable underscored the community resiliency challenges with the chronic poverty of many populations found in hazard zones. High quality, comprehensive disaster case management programs can help to break this cycle of community risk if organized effectively and funded appropriately.

Recommendations

It is critical that changes be made to strengthen the current federal disaster case management structure to address issues identified by the post-Katrina, Rita, Gustav, and Ike experiences in Louisiana. It is imperative that as the federal and state governments assess their previous efforts, that the voices of those actually providing the services be heard and their recommendations considered. **With the National Recovery Framework and Stafford Act reform on the immediate horizon, the experiences of Louisiana state and federal agencies and providers should be considered and integrated into all proposed changes.**

A one-year interagency agreement between FEMA, HHS, and HUD to better provide current disaster case management services is an important next step and is expected to be –and should be –executed without further delay and with full consideration to the lessons learned in, and ongoing needs of, Louisiana. That said, many at the Roundtable believe that going forward when FEMA reviews disaster case management best practices and/or leads interagency agreements such as that will be needed after the forthcoming one-year agreement between FEMA, HHS, and HUD lapses, that an expert consensus process be utilized, bypassing the costly and lengthy contractor led evaluations.

The Roundtable recommends:

1. A single lead federal agency should be designated to coordinate the implementation of all disaster case management programs.

Previously undefined, the federal government’s role in funding and developing disaster case management programs was established when the Post-Katrina Emergency Management Reform Act was passed in October 2006. The Post-Katrina Act amended the Stafford Act to make it the responsibility of FEMA to provide disaster and emergency assistance to states, individuals, and other entities. However, it has been acknowledged by FEMA that they lacked case management and related expertise, such as mental health, when they first became responsible for these programs. If FEMA is to continue as the lead agency for disaster case management coordination and implementation, then appropriate professional staff must be tasked to oversee disaster case management and other agencies must respect FEMA’s authority. The National Recovery Framework should clarify all aspects of disaster case management coordination and implementation with full support and input from FEMA, HUD, and HHS.

2. A single federal model for case management should be established.

Currently there is not one national model for how comprehensive case management is to be implemented following a disaster. This lack of clarity and definition around programs following the hurricanes in Louisiana lead to confusion and implementation barriers across the state. It is critically important that one model be thoughtfully crafted based on experience and expertise. This program must be:

- **Rapid and Sustainable.** Able to be implemented immediately following a disaster and continue without interruptions until clients are fully recovered;

- **Clearly Defined.** Include a clear definition for “disaster case management” that can be used universally in disaster programs. The definition should be holistic and comprehensive in terms of the wide ranging needs of children, families and individuals and should have a strong immediate and long –term mental health element;
- **Flexible.** A program should meet the unique needs of and be culturally sensitive to, the population affected while accounting for the existing services and infrastructure in a community;
- **Coordinated.** Include practices to enable and sustain extensive coordination amongst multiple federal agencies, between state and federal agencies, and between government and non-governmental organizations;
- **Local.** Rely on local provider organizations to participate in the development of program priorities;
- **Measurable.** Include explicit procedures for the outcome evaluation of interventions and services provided. Require the use of a uniform data collection system (or multiple compatible systems) by all involved federal and state agencies as well as case management providers in order to track those affected and help enable sharing of data when necessary and appropriate. Certain fields should be required to be completed to enable quality research results. Include suggested criteria to classify a case as “closed”;
- **Accessible.** Include specific outreach methods regarding how to educate the public about what disaster case management programs are available. It is critically important to have specific policies surrounding publicly disseminating information about these programs to ensure that those who qualify for help can receive it. For vulnerable populations, such as mentally or physically handicapped or the elderly, utilizing existing federal, state and local community based programs for outreach is recommended. Additionally, it is recommended that when victims contact FEMA for assistance, they are allowed to “opt-in” for disaster case management services in a way that authorizes FEMA to share their contact information as a referral to a case manager; and
- **Fully and Appropriately Funded.** Ensure funding for case management includes the ability to offer direct assistance. Ensure sufficient funding to provide necessary disaster case management services as well as direct assistance funds to make critical purchases for families or individuals who qualify so as to keep short term, immediate needs from becoming longer term problems. To accomplish the inclusion of providing direct assistance fund, FEMA should consider re-assessing their interpretation of the Stafford Act prohibition on duplicative assistance. If this re-assessment can not be accomplished, then FEMA should establish a process to link the databases used by FEMA’s Individual Assistance program with federal disaster case management programs. This will help confirm and demonstrate that duplicative direct assistance funds are not being administered to clients thereby allowing federal disaster case management programs to provide direct assistance. In addition, the funding streams provided for in the contracting process are paramount to issues of equity in the case management provider community. Contracts should permit up-front funding in advance to case management agencies as was the process used by HUD.

3. Mechanisms to ensure rapid, sufficient and efficient sharing of client information among relevant governmental agencies and provider organizations must be developed. This may well require contingency-based modifications of the Privacy Act.

The release of client data, both among and between federal agencies and/or non-governmental organizations, is governed by the Privacy Act, and FEMA has discretion over when and how data can be released in a way that's consistent with this law. In the GAO's 2009 disaster case management report, they documented one example of how FEMA's policy on sharing information was a barrier to better serving hurricane victims. The example cited was after the Cora Brown Bridge Program ended and HHS was providing case management under its pilot to victims of Hurricanes Gustav and Ike. FEMA approached HHS and asked whether some of those services could be provided to Hurricane Katrina and Rita victims in Louisiana where the state-run pilot had not yet gotten off the ground. When HHS agreed to do that, and requested information about the population that they were to serve, FEMA provided only aggregate data on the number of mobile homes and travel trailers in each parish. This information was not sufficient for providing individual and family services. FEMA cited that its policies, based on Privacy Act regulations, precluded it from sharing client-level information. During a disaster, when victims' data may be inaccessible or even destroyed, the sharing of personal information may be necessary for providing critical services such as health and mental health treatments, reenrolling children in new schools, and securing temporary housing. Contingency-based modifications of the Privacy Act should be explored and conditions for waivers of the Privacy Act, and who has the authority to make them, should be delineated in both the Stafford Act and the National Recovery Framework.

Contacts

Caroline DeRosa

Senior Director of Policy and Advocacy, Children's Health Fund
cderosa@chfund.org
(212) 535-9400 x291

Rebecca Hut

Senior Director of Press Communications, Children's Health Fund
rhut@chfund.org
(212) 535-9400 x244

About the Children's Health Fund

CHF is a national non-profit organization founded in 1987 by pediatrician/child advocate Irwin Redlener, MD, and singer/songwriter Paul Simon. CHF supports programs that provide comprehensive health care to the nation's most medically underserved children through innovative primary care programs and the promotion of guaranteed access to health care for all children. Through mobile medical and fixed-site clinics, CHF offers a medical home to thousands of children each year.

215 West 125th Street, Suite 301
New York, NY 10012
www.childrenshealthfund.org