**MEMORANDUM**

February 19, 2009

TO: NCCD Commissioners

FROM: Chris Revere, Executive Director

RE: Report on Disaster Case Management Subcommittee Meetings
Baton Rouge, Louisiana January 28, 2009

**Meeting with Baton Rouge Disaster Relief Organizations**

Participants:

NCCD
Mark Shriver
Irwin Redlener
David Schonfeld
Christopher Revere

NGOs
Dr. Monteic Sizer, CEO, Louisiana Family Recovery Corps (LFRC)
Dorothy Thomas, General Counsel, LFRC
Dr. Anita Day, Director of Policy and Research, LFRC
Steven Evans, Communications Director, LFRC
Jennifer Winkler, Communications Manager, LFRC

David Aguillard, Executive Director, Catholic Charities Baton Rouge
Todd Hamilton, Assistant Director, Catholic Charities Baton Rouge
Carol Spruell, Dir. of Communications, Catholic Charities Baton Rouge
Martin Gutierrez, Dir. of Programs, Catholic Charities New Orleans
Tom Costanza, Dir. of Social Concerns, Catholic Charities New Orleans
Sherah Alaimo, Louisiana State Director, Disaster Case Management Pilot, Catholic Charities USA
Kim Burgo, Senior Director, National Disaster Response Office, Catholic Charities USA

Nell Bolton, Episcopal Diocese of Louisiana
Doug Leyda, Early Head Start, YWCA
Sue Catchings, Executive Director of Health Care Centers in Schools
Brian Gerber, Louisiana State University

Office of Senator Mary Landrieu
Jason Hughes, Regional Manager
Sherae' Hunter, Constituent Services Representative
Lauren Ciaccio, Constituent Services Representative

Office of Rep. Bill Cassidy
Brian McNabb

HHS
Roberta Lavin
Kaee Ross
Marlena Edwards
Stephanie Bardack

Following introductions, Chairman Shriver described the background, composition and purpose of the National Commission on Children and Disasters (NCCD).

Chairman Shriver then described the interest of the Commission and the Disaster Case Management subcommittee in coming to Baton Rouge. The interest is driven by two factors, 1) the release of a "white paper" in late 2008 by The Children's Health Fund, which revealed startling findings about the health, mental health and educational deficiencies of 261 children currently living in "temporary" FEMA-sponsored trailers; and 2) the inability of the FEMA-HUD Disaster Housing Assistance Program (DHAP) to transition the remaining families living in FEMA trailers, motels and apartments into permanent housing (either their former homes or new affordable places to live) and provide disaster case management services to thousands of eligible families across Louisiana. The DHAP, announced in March 2008, and scheduled to expire February 28, 2009, was intended to provide $32 million to the Louisiana Recovery Authority (LRA), which had contracted with the Louisiana Family Recovery Corps to deliver disaster case management services. Due to the inability of FEMA and LRA to agree, the $32 million sat idle and the services had not been provided to families.

Therefore, the subcommittee was interested in using the situation in Louisiana as a case study for taking a closer look at the relationships between the federal government, the state and the non-governmental organizations and from their experiences, begin to formulate a more successful model of delivering disaster case management services applicable to all future hazards.

The subcommittee asked participants to frame their comments and recommendations around the following questions:

1. Are federal, state and local partners well-suited to their roles in disaster recovery management? Do their roles need to be changed?

2. Does each partner understand their role, especially when and how to "hand off" responsibility to their other partners?

3. Are governments coordinating their efforts and sharing information with themselves and NGOs, so that families can be located and served?

4. And most importantly to the Commission's mandate, are the unique needs of children being incorporated into disaster recovery plans?

The Louisiana Family Recovery Corps offered a "Blueprint for More Holistic Recovery" that describes recommendations based upon four principles: 1) Efficiency, 2) Accountability, 3) Alignment, and 4) Transparency. Some of their recommendations included:

1. The need for a consistent definition of holistic disaster case management services across federal agencies
2. Reliable funding for long-term recovery planning, disaster case management, and direct assistance payments to families, to help them pay for basic housing, food and clothing-related necessities
3. Development of program performance assessment and reassessment tools that measure success based upon tangible positive outcomes for families, rather than "referrals to nowhere"
4. Design of disaster-specific funds for human recovery needs that are not tied to eligibility in other federal programs
5. Alignment of federal and state funding streams that can be coordinated and pooled together to assist families; assignment of a centralized entity (such as an NGO) to target funds to meet immediate needs—particularly serving the neediest first.
6. A competitive grant process for all disaster assistance programs with management protocol that requires awardees to have a demonstrated ability to implement programs of similar scale, scope, accountability and oversight compliance.
7. Elimination of bureaucratic layers in order to expedite the process of grant awards and service delivery
8. Amendments to the Stafford Act to make it more responsive to large-scale recovery needs
9. Clearly defined expectations of federal, state and local partners
10. Appropriate funding mechanisms to address disaster mental health needs

In addressing the need for a consistent disaster case management model, Catholic Charities offered that disaster case management must be holistic, but also population specific—since children have unique needs, as do families and communities. What may be necessary is a combination of DCM programs tailored to different populations. It was suggested that the Council on Accreditation and the "Integrated human development model" might provide good examples of disaster case management models that could be adopted by federal agencies involved in supporting disaster recovery and by NGOs delivering disaster case management services.

In addition, Catholic Charities believes:

1. Disaster case management should provide a "ladder" to services that allow families to make progress in reaching for a quality of life that is higher than their pre-disaster circumstances; rather than maintenance of dependency on social services programs, the goal of disaster case management should be case resolution.

2. Agencies under contract should have access to FEMA data

3. Ineligibles should be accepted and tracked by FEMA, as well as families that transition out of FEMA programs

4. Health care model can be used to manage diseases

Chairman Shriver then invited comments and recommendations from other organizations present at the meeting.

Sue Catchings spoke about the importance of health and emotional recovery for children being closely linked to schools. Funding should be provided not just to repair the physical infrastructure of schools, but to support recovery needs. In the poorest and least accessible communities, the presence of school-based health centers is critical. Caregivers must leave the comforts of their offices and deliver their services to where children are located. In disasters, there should be funds provided for adolescent health and mental health services. U.S. Department of Education Title I and Special Ed funding should be provided toward response/recovery situations.

Nell Bolton echoed these remarks and noted that there is not a sufficient network to meet the mental health needs of children affected by disasters. In addition, she emphasized that in order to serve families effectively, disaster case management must be co-located with other services to provide families with a centralized point of contact in their neighborhoods.

Doug Leyda suggested that since each federal and state disaster assistance program has different eligibility requirements, it would be helpful if federal funds (for example Head Start) and state funds (Child Care Assistance or including direct services funds) could be "braided" or "pooled" together, in order for services to be "wrapped around" the needs of children and families. He also spoke about the importance of "co-locating" agencies and service providers and making the location convenient to the victims, particularly in rural areas, where transportation is a challenge. For example, this would facilitate the rapid connection of families to child care services, which is a major component of disaster case management. Child care and transportation seemed to be ancillary given the lack of federal funding, but these missing components were often the obstacles for families to capture available jobs or improve earning power through continued education. The ability to cope vastly improves once families are able to assess their options and secure income. However, families lost trust on many levels – in government response, opportunity for self-determination, false information on resources, arbitrary discontinuation of programs

and services, telling their story to provider after provider and still not getting needs met. Transitions from response to recovery need to be seamless, and are aided when a rapport and trust is established between families, government and case managers.

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Following the meeting with NGOs, the subcommittee met with the mother of a displaced family following Hurricane Katrina and a group of case managers provided by Catholic Charities.

The mother recounted that she and her teenage children evacuated and lived at a shelter set up on an Air Force base in San Antonio for 5 mos. We were told that emotionally her kids were too traumatized to immediately go to school and that when they were ready, there was no room.

She then moved her family to Houston, in order to secure intermediate housing and enroll her kids back into school. She has now relocated the family to Baton Rouge.

The repeated uprooting has been difficult on her children in returning to a sense of normalcy and establishing social networks at school. She has tried counseling for her children. In addition, the lack of a stable, permanent living environment has created nutritional bad habits in her children.

She noted that she was very fortunate to have taken important documents with her before evacuating her home, which made it easier to enroll her children in school.

The case workers told us that if a family doesn't have paperwork, it can create problems and delays in getting children back into school—particularly when they have been displaced. It is also very challenging for children accompanied by adults other than parents in trying to get paperwork. Unaccompanied minors are a major challenge and case workers provide assistance.

The case workers noted that the most challenging circumstances for the children are truancy and behavior problems. For parents, it is becomes very challenging to become familiar with how to work with new schools, especially in the absence of records.

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<u>Meeting with State of Louisiana officials and FEMA</u>

We met briefly with Health and Hospitals Secretary Alan Levine, who had to catch a previously unscheduled flight to Washington, DC to advocate for more funding in the economic stimulus package. Secretary Levine expressed great interest in the work of the Commission and appreciation for the subcommittee choosing to meet with Louisiana officials to learn more about the persistent health and human services issues affecting children, following four major hurricanes, and our interest in working with Louisiana to seek solutions to remedy their problems, as a way to inform the development of planning,

response and recovery systems and protocols that could be applied to all future disasters. He encouraged us to return and meet with him for a more extended period of time.

In addition to representatives from the Commission and HHS, the meeting included:

J.T. Lane, Deputy Chief of Staff, Secretary of Health and Hospitals
Dr. Rony Francois, Assistant Secretary, Office of Public Health,
Department of Health and Hospitals
Dr. Jimmy Guidry, Medical Director, Department of Health and Hospitals
Dr. Rosanne Prats, Executive Management Consultant, Department of Health
and Hospitals
Michael Dailey, Chief of Staff, Department of Social Services
Robin Keegan, Deputy Executive Director, Louisiana Recovery Authority (LRA)

Mark Misczak, Office of Individual Assistance, FEMA HQ and Allison Davis of FEMA's Louisiana Transitional Recovery Office.

Similarly to his introduction earlier in the day, Chairman Shriver expressed the subcommittee's interest in coming to Baton Rouge. He expressed concern that by the end of February, thousands of families and children would be in jeopardy of losing their temporary shelter and that case management services promised 11 months ago had failed to materialize. Without delving into the specifics as to why FEMA and LRA had not reached an agreement, we discussed whether a potential interim solution could be implemented, before the Disaster Housing Assistance Program expired. One alternative could be expanding the disaster case management program headed by Administration for Children and Families at HHS, and currently assisting families in Louisiana that were impacted by Hurricanes Gustav and Ike, to service victims of Hurricanes Katrina and Rita. However, according to FEMA, in order to proceed, LRA would have to send a letter to FEMA effectively withdrawing from the DHAP program, and thus turning down a $32 million grant. Politically, this was an unacceptable mechanism to move forward and LRA decided to continue to pressure Congress and the new Administration to extend the program. On February 12, Department of Homeland Security Secretary Janet Napolitano announced that she had authorized a 60 day extension to the DHAP, until May 1, 2009.

A second alternative to providing disaster case management services involves the use of $130 million in supplemental Social Services Block Grant funds awarded to Louisiana by HHS in January, 2009. We pressed the state Department of Social Services for its plan to allocate a portion of the funds to support community-based disaster case management programs and services. We were told that the plan was still in development, however much of the funding had already been "promised" to shore up hospitals.

We also discussed a recommendation put forth by the Children's Health Fund calling for Governor Jindal to establish a task force to study the concept of a coordinated, inter-agency case management model for children impacted by disasters, which includes a reliable and accessible (to relevant state and local agencies and NGOs) tracking system, a medical home (including mental health) for each child, as well as appropriate educational

options to ensure continuity and academic growth. Dr. Guidry suggested that the Children's Cabinet Advisory Board would be a proper vehicle to discuss and carry these recommendations forward. It was then suggested by the subcommittee that the State, perhaps through the Children's Cabinet, also consider developing planning guidelines that instruct relevant agencies to develop plans that specifically address the needs of children and disasters.