NATIONAL COMMISSION ON CHILDREN AND DISASTERS
PEDIATRIC DISASTER CASE MANAGEMENT PANEL
MINUTES FROM NOVEMBER 21, 2008

A panel of experts on disaster case management was introduced: Mark Misczak, Federal Emergency Management Agency (FEMA); Carl Jurison, U.S. Department of Housing and Urban Development (HUD); and CAPT Lavin, U.S. Department of Health and Human Services.

Mr. Miczak opened his remarks with the observation that FEMA lacked the ability and authority to deliver disaster case management services prior to Katrina, instead working with non-governmental organizations (NGOs) to deliver such services on an ad hoc basis. Hurricane Katrina demonstrated to FEMA that those impacted by a major disaster may need additional assistance getting back to their pre-disaster status. The international donations that poured into the U.S. following Katrina were used to fund Katrina Aid Today to help people displaced by the disaster, regardless of their post-Katrina location, to connect to social services available locally. FEMA found this to be a fairly successful model, engendering many discussions throughout the Federal Government and Congress, and ultimately resulting in the granting of disaster case management authority to FEMA by Congress.

As a result of this new authority, FEMA partnered with HUD to activate the Disaster Housing Assistance Program (DHAP) for Katrina evacuees. FEMA's request to HUD was that it help displaced families identify and secure sustainable housing; HUD then began delivering housing case management services in the gulf. A Louisiana-led disaster case management pilot was also established, through which the state receives money from FEMA to operate its own program, with oversight from FEMA.

Dr. David Schonfeld asked Mr. Misczak for FEMA's definition of case management, to ensure the Commission has an understanding of what the term encompasses for FEMA. Mr. Misczak responded that it not mean the provision of direct services to families, but rather is a relationship between a case manager and client in which a recovery plan is developed. Case managers identify needed services in the community, provide referrals as necessary, and encourage clients to seek the services they need. Dr. Schonfeld inquired into the skill set FEMA requires to ensure that case managers are qualified to correctly assess and address client needs. Mr. Misczak acknowledged that FEMA lacks case management expertise and does not consider itself qualified to outline minimum requirements for case managers, hence FEMA's partnerships with the U.S. Department of Health and Human Services (HHS) and HUD. Mr. Misczak also noted that HUD provides case management for clients living in HUD housing, and that case managers hired by NGOs must demonstrate their qualifications to their employing NGO (i.e. Catholic Charities) prior to delivering case management services.

Dr. Carl Jurison began his comments by explaining that DHAP as activated for 2008's Hurricane Ike is a culmination of lessons learned over recent years by HUD and FEMA. DHAP-Ike provides monthly rental assistance, as well as housing security and utility deposits. All families participating in DHAP-Ike are required to participate in case management; if they choose not to participate in case management, they become ineligible for further HUD services. Once FEMA determines an individual's DHAP eligibility, HUD provides the services to which the individual is entitled under the program. In particular, HUD case managers reach out to the elderly and other special needs populations. Dr. Jurison explained how the DHAP program works.

Mr. Shriver asked Dr. Jurison to redirect his comments toward an overview of the program's case management component, to which Dr. Jurison noted that he works on DHAP operations and not case management. Mr. Misczak interjected to observe that the various case management partners (i.e. HUD, HHS, NGOs) do explore the various resources available to clients, and CAPT Lavin said that HUD case management involves job assistance and other non-housing services, in addition to its housing-focused efforts.

Dr. Irwin Redlener asked how many Louisiana families are currently in temporary housing. Mr. Misczak responded that about 3,000 families remain in trailers in the Gulf, most of them in Louisiana, and 15,000 families remain displaced (i.e. in temporary non-trailer housing). If families move out of trailers and into DHAP, they are enrolled into HUD's case management program. Dr. Redlener pointed out Mr. Misczak's figures equate to approximately 35,000 children who, given the temporary nature of their homes, lack access to reliable healthcare and other services. Dr. Jurison observed that a family is FEMA's responsibility until the family signs a disaster rental subsidy contract with HUD, at which time they become the responsibility of HUD. FEMA provides trailers, etc., to families under its care, but once a family signs the subsidy contract, HUD assumes responsibility for them and funds their services through HUD appropriations. Families cannot receive services from more than one entity at a time, thus the "handoff" from FEMA to HUD.

Lawrence Tan inquired as to what part of the case management process focuses on education and other services for children. Dr. Jurison responded that it is his understanding that HUD case managers address those needs. Furthermore, Mr. Misczak noted that case managers provide services for special needs cases, which include children.

Dr. Schonfeld asked why the case management process is so complex, and if there is data on the percentage of families which opt not to partake of case management services. The percentage was not known by those present, though it was suggested it might be researched. Mr. Misczak estimated 30 percent do not participate, but data on the reasons why are not known and not collected.

Dr. Redlener said thatFEMA funding under the DHAP had not been transferred to NGOs in Louisiana for the provision of disaster case management services envisioned for Katrina, and asked whether FEMA's case management approach is a theoretical model. Mr. Misczak clarified that the 15,000 displaced families he mentioned are receiving HUD case management services through DHAP, and that the 3,000 remaining in trailers are eligible for aid from Katrina Aid Today, while Louisiana establishes its own grant-funded case management program. Dr. Redlener pressed his point that Catholic Charities still has not received Katrina-related funds and is struggling to provide services without the funding.

Mr. Misczak re-emphasized that prior to Katrina, FEMA had no authority to provide disaster case management services. Additionally, he noted that when Congress did provide the authority, it was not made retroactive, effectively prohibiting FEMA from going back to serve families impacted by Katrina. He said that, under the pilot funded with donations from the international community, FEMA identified a non-FEMA funding source that enabled them to add additional

monies to Katrina Aid Today to bridge the services gap until FEMA could fund Louisiana in setting up its own disaster case management program. Mr. Misczak acknowledged that some processes might be slower than others, but that Federal agencies have regulations and processes with which they must comply. Furthermore, he noted that many families across America need case management services, but FEMA case management must be disaster-related. There are challenges present when a population had a significant number of needs prior to a disaster, such as was present in Louisiana prior to Katrina. Mr. Misczak again stressed that FEMA is limited in what it can do for Katrina populations because of the realities on the ground and in statute.

CAPT Lavin opened her remarks by noting that when HHS' Administration for Children and Families (ACF) entered the disaster case management realm, one of the first relationships ACF established was with HUD, which has the greatest access to available resources. ACF's disaster case management program was instituted with five principles in mind (self-determination, self-sufficiency, federalism, flexibility and speed, and support to states) and with the goal of returning families to a state of self-sufficiency as quickly as possible, based on what the individual says s/he needs. ACF's model proposes to have case management teams on the ground almost immediately to begin filling in service gaps quickly and connect people to the services they need until the state can resume responsibility. The ACF model connects to services already available in the community, landing case managers within 72 hours of disaster so individuals with immediate needs have a place where they can receive services and support in the earliest days. This model uses a professional, experienced and capable case management team on the ground fast; it also sends out Public Health Service officers and others who can provide medical backup to support case management efforts in real time: doctors and nurses are available 24/7 to provide medical insight.

ACF's disaster case management model, piloted and now fully operational in Baton Rouge following Hurricane Gustav, tried to ensure that the most vulnerable populations were triaged first and given priority within the system. Because the disaster case management operation is collocated within the Joint Field Office (JFO), FEMA representatives can simply walk across the hall to the disaster case management team to discuss and transfer those individuals in need of more in-depth case management. ACF has a contract with Catholic Charities to provide disaster case management to Gustav-impacted Louisiana residents. Catholic Charities subcontracts with local agencies and NGOs to provide case management services as well, particularly for special needs populations (i.e. mental health, developmental disabilities). Additionally, AmeriCorpsVISTA members answered phones and handled referrals in the JFO.

ACF notes that 42 percent of the Gustav population assisted through this model are children, and that 4,600 clients are actively being served as of today's date. ACF's disaster case management program has only been funded for Gustav-related case management, but Ike-impacted families are being served too at the request of the Secretary of Health and Human Services, since it would be inhumane to turn them away. CAPT Lavin observed that at least half of the households impacted by a disaster do not need or want government assistance; case management is really for those who are unable to help themselves.

Mr. Shriver inquired as to the method for disaster case management services being used for Hurricane Ike-impacted Texas. Mr. Misczak responded that Texas requested a FEMA grant that would enable the state to operate its own program. Mr. Shriver observed that, because of the time necessary to request and receive FEMA grant funding, Ike victims have not yet received any case management services unless they have entered DHAP; Mr. Misczak noted that FEMA has referred approximately 30,000 families to HUD for services.

CAPT Lavin noted that ACF's program does not ask clients about their immigration status or other questions that might cause them to feel uncomfortable participating in the program. Potentially questionable families are referred to NGOs with the understanding that there are questions ACF does not intend to ask. CAPT Lavin also said that ACF had received a letter from Texas requesting its disaster case management services, but when FEMA offered grant money, the state chose this option. CAPT Lavin voiced her frustration that after three months Texas has yet to assist anyone, despite the fact that vulnerable populations need services. She supports development of system to get case managers on the ground immediately, whether through ACF's existing program or some other means.

Dr. Schonfeld observed that while a state may lose track of children, its education system may have a record of a child's registration and know the child's location. He asked if there are alternative models FEMA is considering for keeping track of victims. Mr. Misczak said FEMA has explored numerous models. People referred to HUD's program are FEMA-eligible and funding is provided based on how many people FEMA estimates will be FEMA-eligible. Connecting to a state entity (such as an education system) or other system would be one small part of a broader approach. Currently, FEMA hosts town hall meetings and other outreach efforts to communicate what services and aid is available to impacted members of the community. Many NGOs, agencies and service providers attend these events to meet with families; Mr. Misczak emphasized that these outreach efforts are not solely housing-focused events. Dr. Schonfeld suggested that schools might help support the needs of impacted children and encouraged exploration of that as an option.

Mr. Misczak said the three case management pilots currently underway will offer findings on various approaches. FEMA hopes the Commission will provide input on the strongest components of the findings of each to ensure the best program possible. Bruce Lockwood asked whether FEMA is developing a metric as a result of the pilot findings. Mr. Misczak responded that an analysis will be conducted on each pilot once they are complete, but studies of the pilots will not begin until the latter part of 2009.

Dr. Schonfeld said that in some instances, families are relocated to another town or community because of available housing, though the family wants to return to its home town as quickly as possible. He asked whether case managers might have a conflict of interest in trying to facilitate reinstating families in their original communities. Dr. Jurison said there is no evidence that rebuilding is slowed or that other problems relating to reinstatement have arisen. He stressed that it is the family's responsibility to find housing, not the case manager's or FEMA's, and that often housing simply is not available. Dr. Schonfeld countered that families may worry that if they leave their community temporarily to find housing elsewhere, there may be less incentive to

rebuild the decimated area. Mr. Misczak said that could potentially occur, but that such a situation is not specifically a FEMA issue.

Dr. Redlener noted that DHAP-Ike ends March 2010, Federally supported Katrina housing programs end March 2009, and there is a need for more qualitative data on the scale of the issue. CAPT Lavin cautioned that whatever program is developed, it should not be based on what has happened in Louisiana because of the strong influence of parishes, a unique situation that does not exist in other states.

Dr. Redlener asked why three different Federal agencies must each have their own disaster case management programs. Mr. Misczak noted the value in testing different approaches, although CAPT Lavin observed that FEMA can use mission assignments to task disaster case management service delivery to a specific agency. Dr. Redlener encouraged the Federal Government to get organized and clear about where various responsibilities lie rather than agencies each doing comprehensive case management separately and with different definitions. CAPT Lavin noted that if the Federal Government (i.e. the President or the Secretary) made disaster case management a priority, then such organization would occur, but unfortunately the government has not made it such a priority.

Mr. Shriver requested recommendations from the panelists on ways to improve the Federal Government's ability to manage and deliver disaster case management services following an event. Mr. Misczak said that the emergent concern based on today's panel session is to make case management services available immediately to the impacted population irrespective of who delivers them. He noted that the Stafford Act requires FEMA to grow states' capabilities to respond to disasters, so FEMA must identify ways to accomplish both goals. He observed that the housing concerns in particular may be smoothed out.

Dr. Schonfeld observed that while the panel and the Commission discussed all these various bureaucratic aspects, no one is asking whether impacted children are healthy and whole. When making someone whole is discussed, it is in the context of the adults, with little consideration for the situation for the child. He noted that HUD Section 8 housing can be located in unsafe neighborhoods, and the choice of whether to accept housing in dangerous neighborhoods or lose all eligibility for Federally funded supports can be overwhelming to people who have just come through a traumatizing disaster. The needs of children can be lost or forgotten in the melee.

Mr. Misczak said FEMA is trying to balance a number of different considerations in disaster response structure, including but not limited to children's concerns. He said the input from today's meeting will be shared with FEMA's senior leadership, including the Commission's request for metrics. He cautioned that the choices made by a family can have an effect on metrics intended to measure program success and these choices may make delivery of essential services more difficult .