

Testimony for the Ad Hoc Subcommittee on Disaster Recovery of the
Committee on Homeland Security and Governmental Affairs of the
U.S. Senate hearing entitled:

**HOST COMMUNITIES: ANALYZING THE ROLE AND NEEDS OF
COMMUNITIES THAT TAKE IN DISASTER EVACUEES IN THE WAKE OF
MAJOR DISASTERS AND CATASTROPHES**

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Driving Human Recovery

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Introduction/Background

Good afternoon. I am Raymond Jetson, chief executive officer of the Louisiana Family Recovery Corps. On behalf of the parents, children, grandparents, aunts, uncles, college students, executives, bus drivers, nurses, doctors, construction workers, case managers, first responders, and the nonprofit organizations serving these individuals and their families, I thank you, the members of this committee, for your continued commitment and support of Louisiana's recovery and the strengthening of its people. Thank you for taking the time to visit our state to see, touch, hear and feel firsthand the status of our recovery. I would also like to thank the thousands of cities, towns and communities across our nation for taking in Louisiana's residents in our time of great need.

As a former deputy secretary for Louisiana's Department of Health and Hospitals during the storms and now as CEO of the Recovery Corps, I saw and continue to see, firsthand, what Katrina and Rita did and are doing to Louisiana's landscape, infrastructure, economy and, most importantly, Louisiana's people.

In the immediate aftermaths of the storms, there was an unmanageable, at that time, flurry of disaster response activities: some from local government and some from the state, both working tirelessly to address the needs of Louisiana citizens. That flurry of activity, combined with the number of non-governmental organizations that descended upon our state of offer aid, caused some understandable confusion and communication breakdowns. There were many good works and efforts going on, but there was little-to-no coordination of these efforts. In addition, there were some barriers to properly integrating those external organizations in to the existing network of providers in Louisiana. Lack of coordination was quickly identified as a major roadblock. This realization led to the development of the concept of the Recovery Corps, as a coordinator of human service delivery. For many reasons, including inadequate funding, the original vision of the Recovery Corps was never achieved to its full potential, and instead, the Recovery Corps leveraged its resources to fill gaps in services left by government and other providers to address needs of families and individuals after the storm.

Since then, we have touched the lives of thousands of households through recovery planning, ongoing and one-time assistance for household needs, emotional well-being and mental health, propane, housing repair and rehabilitation, children's programs, and more. The Recovery Corps has been responsive to the extent our resources would allow to the needs of recovering households. When insurance, the Road Home and FEMA assistance weren't enough, we filled in the gap for many households to get assistance for utilities, rental deposits, and basic furniture and appliances. We have offered assistance to families in need of materials for home repairs. We have offered children empowering programs to give them a positive experience, when their post-Katrina world could have been quite the opposite. From propane for the elderly to grants for child care centers, we have done what government did not—respond quickly and directly.

Today, I am encouraged by the opportunity to share with you: what we have learned in the past two years as both observer and participant in human recovery efforts; describe the innovations that proved to be successful; and offer recommendations of what you, as congressional leaders, can do to facilitate improvements as we collectively look to the future.

First, let me begin by articulating the three most significant challenges faced by the Recovery Corps.

Challenges to Recovery

Challenge 1: No Adequate Plan to Outline a Human Recovery Response

A shared characteristic among Louisiana residents affected by the storms of 2005 is that regardless of their pre-storm situation, the equalizing affect of disaster caused many residents to need *something*, something beyond the immediate needs offered by first responders. Many found themselves seeking help for things that they had no previous need to access. While the physical loss of people's belongings and positions was directly attributed to an environmental force, in some case the loss of community, support networks and control over one's destiny was destroyed by the hands of those involved with executing and administering help.

A lack of clearly defined roles and responsibilities among service entities involved, or assigned, to provide services to people, and the lack of collaboration in planning among stakeholders, resulted in the deployment of many well-intentioned solutions that had adverse impacts. But more importantly, these solutions were not part of a cohesive plan to address the overall human services needs in recovery. Common goals, outcomes and strategies to serve the best interest of people were not administered in partnership as part of a master strategy. There was no lead agency recognized by stakeholders with the responsibility, financing and accountability for addressing the needs of human recovery that also possessed the authority to interact and be recognized by key agencies—i.e. homeland security, FEMA, state and local government. Some agencies exercised self-initiative to coordinate specific task-focused activities. These efforts were inconsistent, at best, and did not fill the dire need for a broader plan of human recovery after disasters. Often these efforts extended only until particular tasks were executed, rather than as an integral part or expectation of disaster management. Without clearly defined responsibilities for organizations expected to undertake coordination and an expectation that coordination is an ongoing activity, rather than a confined series of events, there is no opportunity for cohesion or accountability if efforts fall short.

Federal, state and local government, in addition to non-governmental service entities, worked diligently in the immediate aftermath of the storms, but they did so absent a cohesive strategy about how to leverage the collective expertise and resources of one another to generate solutions in the best interest of people. Who was in charge, who had a plan, and who answered to who, became the critical, but unanswered, questions among stakeholders assigned to recovery efforts. Further, many of the activities undertaken by stakeholders extended beyond their traditional roles and areas of expertise. The absence of collaboration from content experts during the expansion of responsibility beyond tactical deployments produced short-term solutions to address extremely complex issues. In turn, the short-sighted nature of the solutions produced long-term negative outcomes. These negative impacts are then left for traditional human service entities and providers to address in a reactive way and often after people have reached a desperate need for interventions.

Because many stakeholders "share" clients, a lack of coordination, sharing of information and planning, between entities caused considerable frustration. Without distinctions between the end of "first response" and the beginning of "recovery," confusion existed among stakeholders about "hand-off" benchmarks and when or how to pass responsibility on to another stakeholder. Uncertainty was caused for client and provider alike. Mistaken assumptions complicated the path of obtaining resources for clients.

Ineffective, or non-existent collaboration, places the detection of people's critical needs at risk, making it likely that issues will go unaddressed. A clear manifestation of this point was the decision by the Federal Emergency Management Agency [FEMA] to create transitional trailer communities in order to provide housing for displaced residents, but in so doing, omitted the necessary supportive services and community resources impacted residents need to begin recovery. While the idea of creating temporary living arrangements—or transitional communities—en masse, solved the immediate need to liquidate the temporary shelters, these plans were constructed without plans on how to transition out of the temporary residences. In creating the transitional communities, plans did not call for the inclusion of any social networks that are characteristic of a community setting. The geographic isolation of the trailer residences from many essential services such as employment agencies, health care, child care, schools, grocery stores, combined with the lack of public transportation to and from the sites, left many residents without the adequate networks needed to begin a process for recovery. While some trailer communities evolved to offer centralized, on-site access to resources, this occurred after the fact in many cases, and only after government entities, such as the Louisiana Departments of Social Services and Labor, and local service providers, such as Catholic Charities, convinced leaders to allow these services to be available and accessible within the trailer communities. It should be noted that the recognized need for these services came not from FEMA, but from the collective provider community themselves. Their diligence, both in raising the issue and gaining access, eventually produced the on-site availability of key services in some cases. Even then, distrust about access to help had already set in among trailer residents. Residents described feelings that certain essential services were not available and that those services that were available were only selectively distributed. As one participant explained, "People in here, we need help. If you ain't in the clique...you ain't gonna get it."¹

However, access to these services could and should have been a part of the overall strategy for creating transitional communities. Further, these plans were made without the proper planning and guidance on how to transition these residents to more permanent types of housing. The negative outcome for people is a stalled process for recovery and increased feelings of depression and isolation—even for those that led stable lives previous to the storm.

A recent evaluation by the Recovery Corps confirms this point. The findings identify a profound difference in client recovery for those living in trailer communities compared to those with more permanently types of housing [i.e. renting an apartment.] Transitional community residents reported fewer gains towards the process of recovery. They often had lower levels of employment, regardless of pre-storm employment status, and reported high levels of depression. Residents often pointed to their living situation as a "cause" for their stress and situation, often citing the lack of essential services and access to employment *because* they lived in the trailer communities.²

Even as the Recovery Corps was created with the role of coordination in mind, without a clearly defined authority to perform this function, the perceived role of coordinator was difficult to translate into practice. Understandably, as agencies and departments are accountable to their respective leaders, it is difficult to imagine how, absent a stated plan for interaction, this

¹ *Evaluation of the Louisiana Family Recovery Corps Case Management Program*, December 2007. Berkeley Policy Associates.

² *Ibid.*

coordination would naturally occur. As much of the financing for particular interventions, such as rental assistance, case management, job training, child care, health care and transportation, is tied to traditional government systems, the addition of an outside entity—whether Recovery Corps or other agencies—caused difficulty in balancing a need for program integrity, efficiency, accountability and privacy against the need for responsive, comprehensive, client-centered services.

Difficulty in coordination extends beyond the Recovery Corps' ability, however. Coordination is not only about facilitating collaborative efforts, but also being an active participant in the planning and deployment of strategies that affect a shared client-base. So while an entity may be completely within their own jurisdiction to execute and operate in a certain way, their actions can often produce unintended consequences for other stakeholders that share a clientele. Using the previous example of FEMA Trailer Communities, while it may have been within the FEMA authority to determine the location and tactical set-up of the communities, the absence of inclusive participation from others that could have created an environment conducive to the needs of people, was not considered. Only after damage occurred to people were these partnerships considered. Another example was the convening of regular status meetings initially organized by FEMA in the immediate aftermath of the storm. These meetings were useful forums to share information and problem-solve. But, with no stated expectation of on-going collaboration with others or who should convene these meetings, they do not take place anymore.

One would hope that serving the greater good would cause some of these efforts to naturally occur, but the realities of accountability, confidentiality tied to individual agencies and the ill-defined points of connection to processes, are enough to stymie a continual and mutual way of working together.

In many cases, relationships between federal, state and local entities have improved in the two-plus years since the storms. But the time, energy and resources needed to forge trust among stakeholders came at a cost to people's well-being. And, even after these efforts, there is still no coordinated plan for human recovery, only agency-driven approaches.

Challenge 2: Service Capacity to Address Needs Was Destroyed and Overburdened

Churches, community centers and local non-profit service organizations are often the cornerstone of community safety nets that provide many types of direct services to residents in times of need. The storms of 2005 literally destroyed the physical infrastructure of many local service providers—loss of buildings, equipment and even staff—which reduced the number of available providers able to meet the increased demand for human services. In areas such as Orleans, St. Bernard and Plaquemines parishes, there were often no available services for residents in need to access. The influx of new residents in communities outside of the immediate impact zone such as Baton Rouge, Lafayette and Shreveport, placed a strain on the provider communities as they struggled to balance their existing role in meeting community needs, with a new expectation that they also serve an exponential increase in new citizens—all without new funding or staff. Extremely long waiting lists for services emerged and, even to date, significant numbers of affected families are still without access to services because of too few “slots” or funding for services.

Further, many service providers were ill-equipped to address the range of needs presented by evacuees. Service entities took on responsibilities for administering services in which they were unfamiliar, simply because they were often the only functional agency in a particular area. A lack of service providers also diminished the availability of traditional referral networks. At the same time, those that remained in service were at capacity. Even if an evacuee was able to access a service, it was likely their needs could not be comprehensively addressed. One service provider in New Orleans explained:

“If clients are “really ill [with mental health issues] there are only like 20 beds in the city at the clinics. They [clients] can’t just walk into a clinic; it’s too long of a process.”³

Additionally, because the needs of people extended beyond the traditional offerings [building materials, money for rental deposits, major appliances, etc] of providers, absent the financial resources to initiate new programming, service providers that remained were ill-equipped to address community needs as related to disaster. This is particularly true in the area of mental health and substance abuse.

The frustration for service availability was also prevalent among residents themselves. Many related how everyday seemed a struggle to exist, as each day presented a new challenge to overcome.

Challenge 3: Financing for Human Recovery was Under Funded and Overly Restrictive
Earmarked funding for items like levees, housing and other infrastructures are easily identified, but the money for items to address the needs of people were often the result of patchwork financing from federal funding streams not designed for the service needs of disaster recovery. Congressionally authorized appropriations of Social Services Block Grant [SSBG] and Temporary Assistance to Needy Families [TANF] fund in particular, provided a major source of financing to pay for much of the human recovery effort, but restrictions and eligibility tied to those programs hindered the use of funds to meet the full spectrum of needs.

This manifested itself in two distinct ways. First, the categorical eligibility tied to the program limited the population that could be served with designated funds. Second, the programmatic restrictions placed limits on what could be paid for with these funds, placed limitations on which client needs could be addressed. For example, TANF funds could only be used to serve families with children, which meant that large populations of the elderly and single adults couldn’t be served. These funds could also not be used to provide for medical services or prescription medications. Even as more lenient guidance was provided through the appropriation and regulatory process at the federal level, the accountability and risk of penalty attached to federal funding caused a more conservative interpretation to the already restrictive way in which funding could be utilized to occur.

Notwithstanding the tie to government programs, there was insufficient money directed to meet the needs of people in general. The physical loss of clothes, household items, furniture, cash, cars and many others, were not completely replaceable through FEMA, insurance and personal savings. Many residents that reported a relatively stable pre-storm condition [owned a home, had a job] found themselves without the cash to replace all that they had lost. The daunting

³ Ibid., Ch 6, p.20.

task of rebuilding a way of life pushed beyond what many residents were able to manage by themselves, combined with the less tangible need to find jobs, identify transportation, register children for school, obtain lost documents and identification. Money cannot buy the process for recovery, but it can provide access to many of the essential things and supports that place people on the eventual path to recovery. Even in the midst of these needs, there still remains a funding void to address these challenges.

Innovations In Recovery

Innovation 1: Creation of need-based service model to address individualized situations

Despite inadequate funding and their related restrictions, the Recovery Corps successfully evolved its service approach to offer a combined menu of services and access points reflective of true human recovery needs. By abandoning the approach that tied all services and supports directly to a case manager and a recovery plan, the Recovery Corps was able to provide the needed one-time support for those residents that simply lacked the cash to reestablish their household (as needed for rental deposit, first month's rent, replacement of household appliances), but were already well-positioned to sustain themselves absent a longer service intervention. For those whose situation warranted a longer term source of help, trained social workers in the form of family liaisons were paired with residents to assist in problem solving, goal planning and often provided a source of emotional support as clients worked through the logistics of setting their recovery path. As other issues became apparent—such as need for building materials, school uniforms, propane for trailers, summer activities for children and access to information for those out of state—the Recovery Corps formula for program design helped ensure that services were created with the distinct needs of people in mind, in addition to an understanding of how people could best access services.

Innovation 2: Centralized and Personal Access to Information and Service Screening

Despite the significant increase in toll-free numbers for “information” about storm-related issues, an amazingly single, centralized source that could describe service availability, basic infrastructure repairs/improvements and employment opportunities and housing availability within the neighborhoods of New Orleans, did not emerge. Particularly for residents that were displaced out of state, access to this type of information was vitally needed, but not easily accessible. Through the creation of a centralized call center, the Recovery Corps was able to offer out-of-state residents this type of information, as well as personal planning assistance for residents that were interested in coming home.

Called NOLA Bound, this initiative expanded to serve as an in-state connection point for Texas case managers that were assisting Louisiana residents with plans for relocation. Such a connection allowed a linkage to Louisiana to ensure that their clients could make a smooth transition back home. The call center infrastructure was further utilized to take incoming calls for appointments in the distribution of one-time Household Establishment Funds [HEF]. By pre-screening callers for eligibility over the phone, service providers can spend more time with clients to priorities their needs, rather than determine eligibility. Further, potential clients do not need to be physically present at a service venue to wait for a determination of eligibility.

Because the call center offers *one number* to call for a variety of things, it eliminates questions about who to call, for what. A critical element to this approach is that the call center is staffed with trained social workers, not typical “answering service” staff. This qualitative feature ensures that the interaction taking place between caller and call operator is done so with the

expertise needed to problem solve and address issues that arise from callers in crisis situations. The simplicity of having a live voice to answer questions has been invaluable to callers, particularly those out of state. Many callers provide unsolicited feedback regarding the value of personal contact and the emotional support it provides, even for simple things. The Recovery Corps has many examples of caller sentiment that describes a feeling that the “Recovery Corps is the only organization that listens.”

Innovation 3: Localized approach to service delivery creates trust and credibility

The Recovery Corps is not a direct service provider per se, but rather an intermediary organization that identifies the local capacity to deliver specific services. Most often through community-based organizations in local communities, the direct services to residents are more readily accessible if offered by entities that are recognized parts of a community. Further, because local providers know and understand the unique characteristics of their community, they are able to create a sense of trust and understanding that outsiders must take time to establish. Awareness of localized need allows the Recovery Corps to stay on the pulse of what particular needs exist in various communities, causing a quick transformation of those needs into an intervention for people to access.

Recommendations for Change

Recommendation 1: Create funding sources that designated specifically to human recovery that are not tied to government programs

The need for flexible funding in post-disaster situations is essential. The needs of those affected by disaster are unique to disaster scenarios and can fall outside of the traditionally-defined ways in which government-financed programs are administered. Eliminating the categorical eligibility that follows government funded programs is essential to address disaster-affected populations that may be inconsistent with existing programmatic eligibility criteria.

Eliminating the tie to government programs such as TANF, SSBG or Medicaid does not mean removing the involvement of agencies that administer those programs. Their expertise and infrastructure can prove beneficial in time of crisis. Designing a disaster-specific fund with clearly defined triggers and execution parameters could create a pool of resources that is only accessible in disaster situations. Because its triggers are disaster-specific, the fund usage can be defined within a disaster service context.

Another option is a funding designation for human recovery in disaster that is administered through a centralized intermediary organization with clearly defined roles and responsibilities. Such an intermediary could be operational independent of government entities or as part of an emergency preparedness plan administered by a first-respondent entity.

Regardless of placement, a funding source must also come with clearly defined parameters and expectations of the responsible entity, including relevant partnerships and execution strategies that are mindful of a collaborative approach to deployment.

Recommendation 2: Clearly defined expectations of FEMA in its planning, development, implementation and management of disaster activities that provide services to people

Mandates do not produce collaborations. However, clear assignment of specific tasks and responsibilities to other entities, can provide a framework that facilitates collaboration. Expectations about the needed partners to engage in the early stages of planning deployment

strategies can leverage the collective expertise of stakeholders while helping to ensure that well-intended solutions do not have unintended negative consequences. Assigning distinct responsibilities to other stakeholders outside of FEMA [i.e. housing to housing experts] while retaining an overall oversight to the process would provide the “permission” or means to collaborate while offering a framework in which to delegate particular tasks to other experts.

More distinct boundaries that define the triggers or “hand-off” between one entity to another are also needed. The benchmarks that signal the transition from disaster “response” to disaster “recovery” and collective stakeholders that are a part of each phase must be more clearly defined. A need for the leadership and expertise that FEMA can provide is obvious, but must be strengthened by creating inclusion and participation during significant decision-making activities.

Recommendation 3: Build a more appropriate mechanism to address the emotional well-being of people affected by disaster.

Existing approaches to mental health are not designed as interventions for people affected by disaster. The existing model is based largely on clinical strategies to provide crisis counseling, treat mental illness or respond to clinically diagnosed conditions. These strategies *are not* designed to assist people to overcome depression, rebuild their support network, integrate into a new environment, and learn techniques to successfully manage the stressors that can negatively impact their overall emotional well-being. In some cases, the “treatment” for emotional well-being is not a clinical response, but rather helping to re-create support environments and social settings that provide the safety net that is needed to manage crisis and stress.

A new model should be inclusive of the essential diagnostic tools, intervention strategies as well as training to teach skills and techniques geared towards more grass roots types of providers, rather than clinical experts. This approach should have the ability to be deployed through community networks—churches, social clubs, neighborhood associations, local organizations—rather than solely through traditional hospital or clinic-based access point. Creating a source of funding that can provide for the deployment of a revised model into communities will ensure that approaches are operational and available. Most importantly, rebuilding the emotional well-being of people affected by disaster, contributes perhaps the most lasting element in rebuilding the foundation of community.

Conclusion

In spite of challenging circumstances, the Recovery Corps, and others, have experienced many successes and have been rewarded with the first-hand observation that well-planned efforts really do produce life-changing results for people. Through Recovery Corps services, the lives of nearly 30,000 households have been impacted. Investing in the well-being of people, empowering them to achieve beyond what they thought possible, and finding real solutions to their obstacles is the true work of human recovery. It is with sense of hope and determination that the lessons of Hurricanes Katrina and Rita, and the human story of tragedy and perseverance, will inform future approaches in response to disaster.

These lessons should call upon us to learn from mistakes, build on our success, and share our knowledge to build a better system—a system where each participant understands their critical role, where mutual accountability and responsibility are welcomed, where investments are made and, most importantly, where the best outcomes for people are always a part of the plan.