**Opening Statement of Chairman Landrieu**
Subcommittee on Disaster Recovery
*Disaster Case Management: Developing a Comprehensive National Program Focused on Outcomes*
December 2, 2009

Good afternoon, and welcome to this meeting of the Subcommittee on Disaster Recovery. In the aftermath of Hurricanes Katrina and Rita in 2005, more 275,000 families lost their homes and 240,000 people lost their jobs. Schools, hospitals, and transportation systems ceased to operate, and so did social support networks like churches, community centers, and local nonprofits that were unable to reopen. All of this upheaval took a massive toll on the physical, mental, emotional, and financial wellbeing of people along the Gulf Coast. In response to these complex and overwhelming needs, disaster relief nonprofits and government agencies launched a series of case management programs to help families get back on their feet.

The overarching objective of case management is to return households to a state of normalcy and self-sufficiency as soon as possible. Case managers serve as the single point of contact to help survivors access the resources and services they need to recover. *Resources* include things like furniture, cookware, clothing, or housing, and *services* might be job training, child care, mental health counseling, financial counseling, or transportation to school, work, or medical appointments.

FEMA, HUD, HHS, and the States of Louisiana and Mississippi have all run case management programs since the 2005 hurricanes. The existence of so many programs in the same region caused a great deal of confusion among service providers and clients. But it also provides a diverse set of examples to inform the development of a model for the future.

The title of today's hearing refers to a "Comprehensive National Program Focused on Outcomes". Unfortunately, that represents a vision for case management which has not yet been realized. Current programs are neither comprehensive, national, nor outcome-based. I hope today's discussion will underscore the need for a holistic system focused on results, and help us understand where we've been and where we're going.

Several startling statistics indicate we are not doing enough to address unmet needs. At one point, only one-third of the children at a group trailer site known as Renaissance Village in Baker, LA were attending school. The homeless population of New Orleans has doubled since Katrina according to Unity of Greater New Orleans, and 6,000 of them are believed to be living in vacant or abandoned homes.

Case managers and their clients used separate programs with different eligibility rules, forms, and procedures. As a result, clients sometimes went through intake more than once, and providers had to expend significant administrative resources. Boat People SOS, for instance, operates under all three programs from its offices in New Orleans and Houston. A single program will enhance uniformity and reduce confusion. Changing federal deadlines to vacate housing or terminate case management services also caused confusion.

Some of the previous pilot programs seemed to focus more on outputs than outcomes. Cases should not be closed when a household is simply referred to a mental health counselor, landlord, or employment agency. Service providers must follow up to ensure that individuals have actually obtained treatment, permanent housing, or a job from those sources. Programs that only provided services to individuals in federal housing units ignored the homeless and people who moved in with family members after losing their home.

Case managers were required to meet quotas for closing cases, which may have led to premature closures. In addition, client ratios often stretched them beyond capacity. NVOAD's Case Management Committee has recommended a caseload between 20 and 35, but it also stated that each disaster is different

and that ratios may require adjustment depending on circumstances. In Southeast Louisiana where needs were massive, resources were scarce, and case managers had their own lives to rebuild, caseload limits may have been excessive.

Case management services are delivered under difficult conditions that make communication, record keeping, coordination, and efficiency tough. In areas like Southeast Louisiana where housing and mental health professionals had all but disappeared, connecting people with resources and services proved to be a near impossible task.

There is tension between consistency and flexibility. We must standardize things like paper forms, data entry, funding, and intake to reduce confusion in areas where multiple providers are working and them to operate in different locations. But local VOADs know their populations and have the best information about the resources and services available in their area, so they're concerned that standardization may usurp their innovation and flexibility.

The Privacy Act prohibits FEMA from sharing registrants' information without written consent. So case managers knock on trailer doors and rely on word of mouth to offer their services, instead of doing outreach through FEMA's database. FEMA regulations were modified after Katrina to facilitate information sharing with law enforcement agencies. It may be appropriate for FEMA to consider revising its rules once again to improve provider access.

Case managers are authorized to connect families to resources, but they can't provide them directly. FEMA is supposed to provide things like furniture, cookware, bedding, and clothing through a state-matched program called Other Needs Assistance (ONA), and the agency doesn't want case management to duplicate it. Some families have fallen through the cracks as a result of this restriction though. Families who hit the $28,000 limit on assistance after the hurricanes as a result of rent subsidies, weren't eligible for Other Needs Assistance. IT systems must ensure that ONA is in fact available if federal rules prohibit case managers from providing direct services.

Local relief organizations formed Long-Term Recovery Committees after Katrina and Rita, which pooled resources and worked together to address clients' needs. They also used a database and IT system called the Coordinated Assistance Network (CAN) to enter client information and communicate with one another. The International Refugee Committee (IRC) and Church World Service (CWS) have over thirty years of experience providing comprehensive refugee resettlement services to people who obtain asylum in the United States. The Katrina Aid Today Program adopted several elements of these models, IRC offered technical assistance to the Baton Rouge Area Foundation after Katrina and Rita, and Church World Service's Houston office assisted survivors after Hurricane Ike. I would strongly urge the witnesses who are here today to consult these models going forward.

Our witnesses today will discuss the pending Interagency Agreement, several reports that were recently issued on case management, and perspectives from program users on the ground. During the course of this meeting, we will seek to address a series of questions about case management. How should we define case management services, when should cases be closed, and when should disaster case management transition to routine social work? What is the appropriate balance between localization and standardization? Does Catholic Charities' contract from ACF include sufficient funds for training? Does the Stafford Act provide sufficient authority to support disaster case management? Should Privacy Act regulations be modified to improve access to clients? Today's hearing and expert testimony should help to answer some of these questions and improve service delivery in the future.