



National Center for
Disaster Preparedness

Mailman School of Public Health
Columbia University

Protecting Children and Families After Disasters: The Critical Role of Effective Case Management

**Testimony before the
Ad Hoc Subcommittee on Disaster Recovery
Committee on Homeland Security and Governmental Affairs
United States Senate
*Disaster Case Management:
Developing a Comprehensive National Program Focused on Outcomes*
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Honorable Mary Landrieu, Chair
Honorable Lindsey Graham, Ranking Member**

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Thank you, Chairwoman Landrieu, Ranking Member Graham and other Senators of the Subcommittee on Disaster Recovery for convening this important hearing. I very much appreciate the opportunity to speak with you about some of the unmet challenges of effective disaster case management and its important role in safe-guarding the lives and well-being of children in communities recovering from large-scale disasters.

I am here today wearing three hats: president of the Children's Health Fund (CHF), director of the National Center for Disaster Preparedness (NCDP) at Columbia University's Mailman School of Public Health; and as a member of the National Commission on Children and Disasters (National Commission) where I chair the Subcommittee on Human Services Recovery. Each of these entities –CHF, NCDP, and the National Commission –has come to appreciate the fact that effective disaster case management is essential to ensure that children and families are protected from secondary, long-term trauma in the weeks, months and sometimes years following a major catastrophe.

In the years since Hurricanes Katrina and Rita devastated the Gulf coastal region, we have learned – and are still learning – that many already at-risk children may have survived the initial trauma of a major disaster, only to find themselves – four years hence - still living with uncertainty, chaos and isolation from essential services. At the least, we must learn from this unfortunate situation and make sure that future recovery efforts are not plagued by similar levels of bureaucratic confusion and turf battles further complicated by a persistent inability to share critical information among relevant agencies.

In the meantime, it is important to appreciate the fact that the additional trauma directly related to this mismanaged, dysfunctional recovery will have significant and long-lasting consequences for thousands of highly vulnerable children.

So, what happened?

In the first phase of this botched recovery, thousands of families needed help that never came. They needed obvious sustaining services that fall under the general rubric of “disaster case management”. But we are now in a new phase of recovery, where much more than access to basic services is needed. Now we face far more difficult challenges of restoring stability and structure - and providing emotional and academic remediation when much of the damage has already been done.

We knew this was coming, and it is my hope that these hearings will set the stage for changes in our ability to help families after disasters so that we won't have more families paying a price that Katrina's children face now and in the future. In my best estimation, some 15,000 children in the Gulf are in families still enrolled in case management, but many more – perhaps another 10,000 to 20,000 - are no longer in formal programs but still need significant assistance. They are still not living in stable housing with appropriate access to essential services.

As Senator Landrieu is aware, on October 7, 2009, CHF hosted a roundtable on disaster case management at Louisiana State University. The Roundtable generated a report called *Reforming Disaster Case Management: National Lessons from Louisiana* that was released just yesterday. The recommendations from this report were endorsed by numerous organizations including the National Commission and many of the disaster case management provider organizations that served the people of Louisiana after Hurricanes Katrina, Rita, Gustav, and Ike. That report is submitted today for the Subcommittee's review and for inclusion in the record.

The Roundtable

The Roundtable brought together key policy makers around disaster case management including the Federal Emergency Management Agency (FEMA), the U.S Department of Housing and Urban Development (HUD), the U.S. Department of Health and Human Services (HHS), and the Louisiana Recovery Authority (LRA), with providers and advocates for disaster case management services including the Louisiana Family Recovery Corps (LFRC), Catholic Charities, Greater New Orleans Disaster Recovery Partnership, Lutheran Social Services Disaster Response, Community Initiatives Foundation, United Methodists Committee on Relief, the United Way, the Women's Hospital, Save the Children, and the Children's Health Projects in New Orleans and Baton Rouge. Other interested parties from academia, the private sector, and foundations also attended as did representation from the National Commission. An official from the Government Accountability Agency (GAO) served as a moderator and provided an introductory presentation on their essential report on disaster case management. Louisiana's Lieutenant Governor, Mitch Landrieu, provided keynote remarks.

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. The topics discussed included the nature of case management services, funding, and how government 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.

The report that came from the Roundtable was prepared by CHF and summarized the issues and recommendations from the Roundtable. The report leverages the roundtable's proceedings including prepared remarks by myself, the GAO, Louisiana Lieutenant Governor Mitch Landrieu, and builds on reports and recommendations on disaster case management from the GAO, Columbia University's National Center for Disaster Preparedness (NCDP), Children's Health Fund 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

Where We Are

Although the Post Katrina Emergency Management Reform Act established a federal responsibility for disaster case management services it is abundantly clear that much remains to be done to strengthen the federal disaster case management structure and functionality. To that end, a one-year interagency agreement involving FEMA, HHS, and HUD to better provide

disaster case management services is an important next step and is expected to be –and should be –executed without delay. This agreement has been substantially informed by the lessons learned in - and ongoing needs of - communities in the Gulf impacted by major storms since 2005.

Clearly, with the National Recovery Framework and Stafford Act reform on the immediate horizon, the actual experiences of the Gulf states, federal agencies and providers should also be considered and conceptually integrated into all proposed changes. The idea is straightforward: use the experiences of the last four years to be certain that proposed legislative modifications and the new operational guidelines provide assurances that recovery from future disasters is far more effective and responsive to the critical needs of all survivors.

Many at the Roundtable believe that going forward, when FEMA reviews disaster case management best practices and/or leads interagency agreements 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. In my opinion, there is room for considerable attention to local conditions and situational needs with respect to the implementation of human services programs, but there most certainly must be consensus-driven definition of what we actually mean by "disaster case management" and its goal of a rapid return to stability and structure for affected families.

Recommendations on Disaster Case Management Reform

The Roundtable coalesced around three primary recommendations for the Subcommittee's consideration in drafting any new relevant legislation. And I have added a fourth consideration based on my own experiences working in the Gulf since a few days following Hurricane Katrina.

- 1. A single lead federal agency with experience and expertise in complex case management should be designated to coordinate and direct the implementation of all disaster case management programs.**
- 2. A single federal model for case management should be established that is clearly defined, comprehensive, responsive to local conditions, accountable and, of course, fully – and appropriately - funded.**
- 3. Mechanisms to ensure rapid, sufficient and efficient sharing of client information among relevant governmental agencies and provider organizations must be developed. And this may well require contingency-based modifications of the Privacy Act.**

...and while this next recommendation is not part of the formal Roundtable consensus, it is based on a critical insight with respect to disaster vulnerability and the challenges associated with recovery. The fact is that populations with significant pre-disaster adversity, including poverty and chronic inadequacies in health care and education consistently fare the worst in all phases of disasters as compared to less disadvantaged populations.

- 4. Therefore it is important that a long-term commitment to alleviating social and economic disparities be a central mission of long-term disaster mitigation and recovery planning.**

I want to express my gratitude to Senator Landrieu and the Subcommittee for calling this hearing and for helping to keep our focus on some of the most critical challenges facing our nation. And finally, I suggest that as we deliberate on strategies to improve recovery effectiveness in the aftermath of future disasters, that we not forget the on-going and overwhelming challenges being faced by the children and families still affected by the storms of 2005.

Thank you.