

Testimony for the Ad Hoc Subcommittee on Disaster
Recovery of the Committee on Homeland Security and
Governmental Affairs of the United States Senate

Disaster Case Management: Developing a Comprehensive
National Program Focused on Outcomes

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INTRODUCTION

Thank you Chairman Landrieu, Ranking Member Graham, and distinguished committee members for the opportunity to speak with you today about the challenges faced by disaster survivors, specifically those Louisiana families impacted by hurricanes Katrina, Rita, Gustav, and Ike. I am extremely grateful for the tremendous amount of time this committee, and Congress as a whole, has spent looking into the recovery efforts of Louisiana and our neighbors in Mississippi and Texas. I appreciate your demand for accountability for federal taxpayer dollars spent and your insistence that Americans and the federal government become better prepared for the inevitable next catastrophic event that affects our people.

I also would like to publicly thank you, Chairman Landrieu, for the remarkable support that you have shown the Louisiana Family Recovery Corps and so many disaster recovery organizations throughout Louisiana over the past four-plus years. You have certainly been a friend to those Louisianians impacted by the hurricanes. Thank you again for everything that you have done and continue to do for our state.

As the President and CEO of the Louisiana Family Recovery Corps, I have seen first-hand the devastation and destruction caused by the hurricanes of 2005 and 2008. Many of you have also been to Louisiana and have seen for yourself the impact of those storms. But what you may not have seen during your trips to our state are the lingering affects the hurricanes have had on Louisiana's people, especially our most vulnerable populations – the elderly, those with disabilities, and families with children.

As disheartening as it may sound, there are still thousands of families throughout the state still struggling to recover. Homes remain in disrepair, entire neighborhoods still have not yet come back, post-traumatic stress syndrome has taken a toll on a large segment of impacted residents, children of the storm still struggle in the classroom, and the difficulties to cope with new realities has broken the familial structure for far too many Louisiana families.

Make no mistake, Louisiana is making progress. Roads and bridges have been rebuilt, schools are back open with great strides being made in the Recovery School District in New Orleans, parks and playgrounds have been reopened, police stations and fire houses have been rebuilt, and many other infrastructure-related projects have been completed thanks to federal disaster recovery funds allocated by the Louisiana Recovery Authority.

But too often Louisiana's families have been overlooked during this process. Rebuilding a bridge or a school or a playground is easy. Rebuilding a life is not. The Recovery Corps knows all too well the difficulty in advancing long-term human recovery. It is extremely hard work. We also recognize the very meaningful impacts made by so many in attempting to serve our citizens, and we understand the reasons why so many resources failed to either reach their intended target or have the desired impact.

The Recovery Corps has been an outspoken voice in the need for Louisiana to become the gold standard as it relates to accountability and transparency in the use of taxpayer dollars for disaster recovery services. To date, very little definitive documentation has been made public relative to the specific allocations and associated uses of funds targeted for human recovery efforts in Louisiana.

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With this lack of transparency and accountability, it is extremely likely that some of these recovery funds have been spent without any discernable positive impact on our citizens. It is also likely that some of these allocated funds remain tucked away in state and local government coffers and have yet to be spent on programs, projects, or other initiatives that can bring relief to those still struggling to rebuild their lives more than four years after Katrina.

The Recovery Corps has made every effort to abide by those principles of accountability and transparency in serving more than 30,000 families (approximately 100,000 individuals) in Louisiana since 2005. We have allocated more than \$80 million of state and federal funds to recovery efforts in Louisiana. From repairing homes to providing home furnishings and major appliances to replace those items damaged or destroyed during the hurricanes to providing case management to Louisiana citizens, the Recovery Corps is committed to demonstrating positive outcomes for people with taxpayer money while serving our citizens.

Like so many other types of services related to Louisiana's recovery, disaster case management programs struggled to meet the needs of storm-impacted families. There are a myriad of reasons for the programs' overall ineffectiveness and much blame to go around.

Certainly it was not for a lack of desire. Many otherwise capable people failed to deliver the desired impacts of these case management programs, both at the state and federal levels. And while there should be constructive dialog around the failures of the programs, spending an inordinate amount of time playing the blame game is counter-productive at this point.

Instead, we should focus on the numerous situations that caused the programs to be ineffective and then focus on ways to ensure that we have learned from the past and are prepared for the next disaster.

The following describes some of the major situations that existed in August 2005, some of which, I am sorry to say, remain unchanged today. These situations all existed in concert and helped form the environment that allowed a general breakdown in the delivery of quality case management services to the storm-impacted families of Louisiana:

SITUATION 1: No plan in place at the state or federal level for long-term human recovery post-evacuation and sheltering.

The United States has seen its share of disasters recently, both natural and man-made. From hurricanes to terrorism to fires to flooding, every region of the country is susceptible to catastrophic disasters.

Our nation is doing a better job in emergency response and the preparatory planning that goes along with such critical actions. However, our country has yet to address the long-term affects disasters can have on families and individuals who suffer through them.

Unfortunately, that was the case when Katrina and Rita struck Louisiana within a month of each other in 2005. After the initial evacuation and sheltering of our citizens, there was no plan in place to provide for an orderly, strategic return of Louisiana's citizens to their homes, nor was there a plan in place to provide for the needs of those residents once they arrived back in Louisiana.

Sadly, that reality still exists today at both the state and national levels.

Without a long-term human recovery plan, coordinated case management programs will not occur and critical issues like access to basic healthcare needs, access to educational facilities, mental health assessments, and short-term financial assistance will again be overlooked in the chaotic scramble to help bring back a sense of normalcy to devastated communities. These realities are especially true for vulnerable and rural populations.

Without a strategic plan in place, devastated areas will have what happened in Louisiana – well-meaning governmental and non-profit agencies all acting alone and making their best efforts to address critical needs. There will be no unified approach, and disaster recovery-related funds will end up being duplicated, mismanaged, or being allocated to pilot programs that may or may not work.

What we will get, in essence, is continued chaos.

SITUATION 2: Inefficiencies associated with federal disaster-recovery funds and services.

As stated, the federal government has been extremely generous with the disaster-recovery funds provided to Louisiana since the storms of 2005. Billions of dollars have been provided to assist the citizens of Louisiana rebuild their lives and their state.

However, the process of allocating those funds has at times been difficult to navigate. There were several main issues that on numerous occasions made getting federal funds in the hands of those who most needed them a trying process.

First, federal individual assistance disaster funds were allocated to Louisiana from a wide variety of federal government agencies and were directed to various state agencies. The problem with this practice is, as has been noted, Louisiana has no long-term human recovery plan in place that would account for all of the funds allocated to the state and ensure coordination among the state agencies that received the funding. Thus, each state agency acted individually in disbursing these funds, leading to inefficiencies, duplications, and, inevitably, waste.

These federal allocations without a statewide long-term human recovery plan also overburdened some state agencies, some of which were unprepared for the administration of these federal funds. Thus, various pots of federal money stacked up within state agencies, causing a silo effect that made it difficult to move those funds to the people who most needed them. Many times it was the state's vulnerable populations who ended up suffering the most from this circumstance.

Another reason the state had difficulties moving federal funds from state coffers was the numerous restrictions associated with the various pots of money. Each set of funds came with its own unique set of restrictions. While the reason for doing so is commendable, the ultimate impact of these restrictions was the inability to quickly provide funds for families and individuals struggling to recover on their own.

These restrictions also caused situations in which unused funds specified for a specific use sat in state and city coffers untapped while desperate situations existed on the ground. If unrestricted, those funds had the potential to make a great impact on the lives of families in need. Instead, they remained

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unspent despite the fact that Louisianians suffered, simply because of arbitrary limits placed on the use of the recovery funds. These arbitrary restrictions could even lead to situations in which recovery funds have to be returned to the federal government because agencies are unable to spend all of the money due to the specific spending requirements.

Finally, the cost-reimbursement guidelines associated with some federal programs made it nearly impossible for non-profit service providers contracted by the state to execute their contractually-agreed upon obligations. Many non-profits and faith-based organizations provided the initial recovery resources for Louisiana families in the wake of the hurricanes. Thus, many resources of the non-profit community were tapped out early in the recovery process. Having to put up their own money in order to provide services and staff appropriately for state and federal programs made program execution difficult and slow for the non-profit and faith-based community. Not only that, but when non-profits did provide up-front money and resources, the federal government was extremely slow in making reimbursements. Some non-profits are still awaiting cost reimbursements years after the fact.

SITUATION 3: Louisiana is an “Option 1” state, meaning that the federal government oversees individual assistance disaster recovery initiatives for Louisianians.

Louisiana is considered an “Option 1” state. This means that the state has chosen to have the federal government tend to its people in the wake of a catastrophic disaster. While on paper this may be advantageous to the state, it certainly does not bode well for the people of Louisiana.

FEMA, one of the federal agencies tasked with providing individual assistance support, has clearly stated that it is not in the business of providing human services. The agency is not designed for that. Instead, it put together a series of pilot programs which in essence served as “test cases,” with Louisiana citizens being the lab rats.

The federal government is not equipped, nor should it be, to execute on-the-ground programs for individuals of a state. That is the state’s responsibility. However, with the state of Louisiana passing on that responsibility, Louisiana’s citizens suffered.

SITUATION 4: Poor design, planning, and execution of federal case management and housing programs existed at every level.

While FEMA and HUD designed case management and housing programs to serve the storm-impacted citizens of Louisiana, the agencies counted on the state of Louisiana to contract with them for on-the-ground execution of the programs. The state, in turn, contracted with non-profits and other agencies and organizations to provide the direct services offered by the programs.

Each of these programs suffered from poor design, planning, and execution at every level. The federal government, at times, placed overburdensome restrictions and requirements within the programmatic details. Also, the funding requirements and cost-reimbursement policies associated with the programs made it almost impossible for the state’s non-profits to effectively carry out the service provisions. Lastly, the federally-designed pilot programs lacked some of the fundamental programmatic capacities to fully attain the desired outcomes of the programs. In essence, the case management aspects did not fully address the needs of the people in Louisiana.

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At the state level, there were difficulties engaging the non-profit sector on a timely basis. By the time the programs were in place within the state structure and agreements were in place with the non-profit service providers, the amount of time needed to actually execute an effective program was lost. Furthermore, with the state and its recovery agency, the Louisiana Recovery Authority, also inundated with so many public assistance projects, there was at times too little focus on the individual assistance side. That, disappointing outcomes associated with selected contractors and service providers, left some federal programs unable to ever get off the ground effectively and in a manner that benefitted Louisiana's citizens.

SITUATION 5: In addition to the lack of quality case management assistance, Louisiana was in the midst of a housing crisis.

Even prior to the landfall of hurricanes Katrina, Rita, Gustav, and Ike, Louisiana faced a major lack of affordable housing, especially for those families and individuals at the bottom of the economic ladder. This problem led to extensive homelessness and a large segment of the population living on the brink of homelessness as they attempted to recover from these catastrophic events.

The impacts of the hurricanes only served to transform what was once considered a mere housing shortage into a full-fledged humanitarian crisis.

Extremely hard hit by the hurricanes, Katrina especially, was Louisiana's housing stock. Hundreds of thousands of Louisiana residents were left homeless after the storms, their houses destroyed or left temporarily uninhabitable. The pre-existing lack of housing stock, along with the impact of Mother Nature, left Louisianians scrambling for housing options.

That disaster was followed by a second housing disaster -- the inability of the state and federal government to successfully execute numerous housing case management programs designed to add additional housing stock to the state. Additionally, there was an inability to successfully transition those families who relied on transitional governmental housing assistance into self-sufficiency and lessen their reliance on governmental support before the end of the housing programs.

No matter how the blame is spread, the fact is that thousands of families in Louisiana still rely on government housing assistance more than four years after the landfall of Katrina and Rita. And, while some progress has been made in recent months, available affordable housing in Louisiana is still not nearly at the levels needed to serve the population that continue to be transitioned out of government assistance programs.

But those were not the only housing issues facing Louisianians trying to recover. Many did not have homeowners' insurance prior to the hurricanes because they simply could not afford it. Thus, when their homes were destroyed or suffered major damage, they were unable to come up with the funds to repair the damages. Additionally, many state and federal home repair programs would not allow uninhabitable homes located in a flood zone to be repaired without the owner acquiring flood insurance, but the government would not sell the homeowner flood insurance to an uninhabited home. That type of run-around and other similar frustrations turned many people toward simply trying to do things themselves instead of utilizing governmental assistance which they considered overburdensome.

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Another key area affecting housing post-destruction includes fraudulent contractors who took money only to never return or who did unsatisfactory work that had to be redone, costing the homeowner thousands more.

LOOKING FORWARD

A huge setback in the recovery of Louisiana was the lack of quality case management services provided to those struggling to get back on their feet. This made recovery more expensive than it should have been and has left many Louisiana citizens still in transition.

The Recovery Corps treats case management very differently than FEMA and HUD. Our view of case management is not limited to simply supplying housing for clients. Instead, our case management model is one that promotes client self-sufficiency and reciprocal accountabilities among those providing the services and those receiving the services and is an essential aspect of any long-term human recovery plan developed by the Recovery Corps.

The Recovery Corps has conceptualized and developed a proprietary strength-based case management model called the Recovery Corps Model for Recovery Planning. It is a comprehensive case management model that is consistent with United Nations models and superior to many case management models in existence today.

The overall philosophy of our case management model is one of client self-sufficiency. One of the few fully-vetted models assessed by a reputable academic group (Berkley Policy Associates), the Recovery Corps model has improved that vetted version and now uses lessons learned from previous case management experiences and features a number of unique elements, including an outcome-based approach, Efforts to Outcomes software designed to account for specific data, direct assessment and assistance, and specific workforce requirements.

Additionally, the Recovery Corps model also includes real-time benchmarks to ensure accountability by the client and the agency and calls for the alignment of state resources to directly assist the client. Finally, the Recovery Corps model provides each client with a real opportunity for self-sufficiency by referring clients to the Louisiana Workforce Commission to be assessed for job training and placement and back to other state agencies, if needed, for any other required social services.

The Recovery Corps model addresses basic needs, but also includes employment, mental health, emotional well-being, and household re-establishment and management.

Our holistic approach:

1. Emphasizes developing and supporting household self-sufficiency;
2. Considers all aspects of the household's situations;
3. Conducts comprehensive needs and strength assessments;
4. Combines direct assistance in the form of home repairs and household re-establishment benefits with case management services;
5. Develops a meaningful recovery plan to address those needs; and
6. Remains mindful of the household's strengths and aligns those with outside resources available to support the recovery process.

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As noted, our case management model combines traditional human services with direly-needed direct assistance. Direct assistance is critical to the full recovery of the people of Louisiana. Direct services provide a vital and immediate link for those households that need limited support to bridge support gaps. Those gaps include basic needs such as security deposits, utility deposits, and move-in expenses. As the state struggles to meet these additional needs, the risk to households in transition grows.

Households that today need direct assistance to pay back utility bills or rent deposits face the very real potential of becoming homeless if these needs are not met.

The ongoing human service needs that many storm survivors still face today are immeasurable. But without a doubt, these critical supports cannot be adequately provided to households, in such a way that promotes truly sustainable and independent living, if families are on the street or focusing all of their attention and efforts on maintaining inadequate housing situations for themselves. Further, the health and welfare of populations in need of longer term case management (such as people with disabilities, seniors, and children) have been jeopardized by the failure to include meaningful case management within federal programs.

From the Cora Brown Case Management Program to the Disaster Case Management Pilot Program to DHAP, difficulties existed within each federal program relative to expertise, efficiency, effectiveness, and timeliness.

Addressing the situations discussed above will help to alleviate some of the major issues that kept case management from working in Louisiana. For future disasters, this will be critical.

Louisiana is a vibrant state filled with ingenuity and dexterity. We will be OK and we will fully recover. But do not let the suffering of the people of Louisiana go in vein. The lessons learned following the hurricanes of 2005 and 2008 should be carefully considered as we look forward and prepare for the next disaster.

The following is a list of recommendations that should be considered as we develop a roadmap for the future of case management and long-term human recovery. These recommendations come from various work products, research papers, and communiqués (see page 17 of this document) produced by the Recovery Corps since our inception.

Included in the following recommendations are general case management recommendations, but also housing recommendations (which we consider an integral partner to case management) and other general recovery recommendations associated with establishing a stable environment on the ground that is conducive to family stabilization and can help lead to an appropriate environment for developing quality, coordinated case management programs in the future:

CASE MANAGEMENT RECOMMENDATIONS

1. **Personal responsibility and reliance should be a key component of any case management model:** Regardless of individual circumstances, there should be some level of expectation that people can and should be ultimately responsible for themselves. The Recovery Corps model is intended to facilitate access to information about available services and to streamline delivery of services to people who need them and qualify for them.
2. **Employment, or employability at minimum, is key to successful case management:** Regardless of education or past experience, able-bodied adults can and should be responsible for their own livelihood and should be employed.
3. **The client should be personally invested into the process in order to achieve maximum success:** Regardless of individual circumstances, there is an expectation that everyone can and should contribute something to enhance his or her own quality of life. Government and charitable supports combined with personal investment lead to lasting quality of life.
4. **Direct services make the difference:** By combining direct services with case management, clients are more able to obtain successful outcomes. Most case management models fail to incorporate this critical element.
5. **Service providers must meet critical performance standards:** Each service provider connected to the case management model must undergo a thorough organizational assessment process to examine the agency and review its ability to meet fiscal accountability standards, best practices in social service delivery, and build capacity and meet performance standards.
6. **A successful case management model should utilize outcome-based systems:** A major component of the Recovery Corps model is the effective utilization of an outcome-based system for the purposes of improving lives through effective delivery of services to disaster-impacted people with a specific emphasis on tracking positive social impact in people's lives through data entry. In order to evaluate the various systems that are available for this task, a list of the specifications has been established. The specification list is detailed as to the tasks that need to be performed, but is not dependent on specific named systems or technologies.
7. **A three-tiered reporting system leads to self-sufficiency:** The Recovery Corps model focuses on 30-, 60-, and 120-day reporting thresholds that provide a roadmap toward self-sufficiency. Services rendered during the first 30 days, or Immediate Services, include an assessment and identification of client needs, as well as referrals if necessary. At the 60-day mark, clients will have also received Intermediate Services, including job readiness assessments and employment and family service referrals. Long-term services, which come within 120 days of being a client, focus on comprehensive services such as housing, physical health, mental health, and community integration. Case managers also work with families to assist and connect them with local and state agencies to provide continuing care. The case management goals at this stage are focused on delivering individuals to state, local, and non-profit agencies with expertise in the categories mentioned as well as other long-term needs.

HOUSING RECOMMENDATIONS

1. **Provide recovery-related funds directly to non-profits and faith-based organizations:** Make available Community Development Block Grant funds and other federal resources directly to non-profit organizations such as the Recovery Corps who have demonstrated the ability to efficiently and effectively execute home repair and rebuild programs across the state. This eliminates added layers of bureaucracy that only serve to slow and strain the process.
2. **Housing stock must be available for those exiting federal housing assistance programs:** Coordinate the availability of affordable rental units with the end of temporary housing programs.
3. **Ensure rental rates are stable and moderately priced:** Implement tenant protections such as rent stabilization, eviction protections, and right of first refusal requirements to moderate further increases in market rents, prevent the eviction of lease compliant renters from their current homes and apartments, and enable groups of tenants to acquire and cooperatively manage properties that the current owners want to sell.
4. **Eliminate housing discrimination that keeps storm-impacted families from finding suitable living situations:** Local governments, working in partnership with housing advocates and legal authorities, can help ensure that housing discrimination does not bar families from homes, apartments, and neighborhoods of their choice by focusing on effective fair housing enforcement.
5. **Prohibit discrimination based on source of income:** Disaster-impacted families who receive rental assistance from federal programs, non-profits, or faith-based organizations should not be discriminated against when attempting to rent an apartment or house for their family.
6. **Make short-term changes to zoning codes:** Update zoning codes to permit auxiliary rental units to yield a small but meaningful increase in the availability of affordable rentals in the near term.
7. **Make building code reforms:** Reform building codes to encourage low-cost designs and technologies that are safe and reduce costs.
8. **Make land acquisitions and target neighborhoods for redevelopment:** Acquire land for land banking and/or community trusts to help residents bring neighborhoods back to life. Target selected neighborhoods for comprehensive, resident-driven redevelopment.
9. **Convert vacant homes into rental properties:** Provide funding for the acquisition of vacant homes that would in turn be repaired and available as affordable rental housing in the near term.
10. **Extend use of Low-Income Housing Tax Credits:** Provide Low Income Housing Tax Credits to opportunity-rich neighborhoods and supportive housing developments to produce affordable

rental housing units in healthy, opportunity-rich communities and to projects that will produce supportive housing for the elderly or for families with special needs.

GENERAL RECOVERY RECOMMENDATIONS

1. **Create a statewide and federal long-term human recovery plan that is coordinated among all levels of government and with the public and non-profit sectors:** Just as an emergency response plan is essential to effectively respond to disasters that may strike, having a long-term human recovery plan is essential for the well-being of the citizens of impacted areas in the wake of a disaster.

The events post-Katrina and Rita, as well as those following the September 11 attacks in New York and Washington, D.C., the devastating tornado that wiped the community of Greensburg, Kan., from the map, and the 2004 Sumatra earthquake and tsunami all proved that we remain ill-prepared to undertake the critical long-term human recovery efforts necessary following a catastrophic disaster.

The failure of the state and federal government to develop and execute a coordinated long-term human recovery plan in the past is painfully obvious, as there remain tens of thousands of Louisiana residents still recovering from hurricanes Katrina and Rita more than four years after those storms made landfall. As more disasters strike, such as Gustav and Ike, the open wounds of our state are only exacerbated. Therefore, the development of a systematic long-term human recovery plan that aligns state agencies with federal resources, non-profits, and local communities is essential to ensure that Louisiana and the nation are no longer ill-equipped to provide citizens with the resources and assistance needed for human recovery.

2. **Create funding sources that are designated specifically for human recovery and 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 their specific scenarios and can fall outside of the traditionally defined ways in which government-financed programs are administered. Eliminating the categorical eligibility associated with government funded programs is essential in addressing disaster-affected populations that may not fit 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 times 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 involves funding designated for human recovery in disaster that is administered through a centralized intermediary organization, such as the Recovery Corps, 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.

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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.

- 3. Clearly-defined expectations are needed from 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. Clearly-identified expectations about the partners needed 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) with FEMA retaining an overall oversight of 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” from one entity to another are also needed. The benchmarks that signal the transition from disaster response to disaster recovery and the 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.

- 4. Build a more appropriate mechanism to address the emotional well-being of people affected by disaster:** Existing approaches to mental health are not designed to be 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 for quick assessments and helping people deal with the immediacy of disaster and its aftermath. Instead, the proper treatment for emotional well-being for those affected by disaster should include both an initial clinical screening to determine the extent of any pre-existing or new mental health conditions and efforts to re-create supportive environments and social settings that provide the safety net needed to manage crisis and stress.

A new model should be inclusive of the essential diagnostic tools, intervention strategies, and training to teach skills and techniques geared towards both grassroots types of providers and clinical experts. This approach should have the ability to be deployed through community networks -- churches, social clubs, neighborhood associations, and local organizations -- rather than solely through traditional hospital or clinic-based access points. However, for those who do display more serious mental health conditions, timely access to professionals trained to treat such conditions is imperative to long-term emotional well-being of disaster survivors. 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.

- 5. Confront the emerging disparity that exists in the post-storm experience of disaster survivors in terms of access to and interest in training opportunities, employment**

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opportunities, home ownership, stress management, and pre-emptive action related to ensuring a standard of well-being for children in vulnerable households: Our research shows that many viewed the recovery of Louisiana as an unprecedented opportunity to reshape the lives of those impacted in ways that would help to neutralize some of the historical disparity that existed in the state. However, the unfolding story of post-storm recovery seems to parallel some historical patterns of disparity that have prevented Louisiana from moving beyond the legacy of its past.

- 6. Consider the particular needs of parishes and the composition of their impacted residents and initiate interventions that are designed to be culturally competent and relevant:** The variances in needs among impacted residents should prompt strategies that are unique to the target and household characteristics of the area. Truly understanding the level and urgency of needs in specific parishes and the types of households present within those parishes will dictate the type of approach that would be most effective.

In addition to applying proven strategies that may vary across income levels, targeted strategies should be developed for older adults, retired households, and families with and without children. Precise messaging that resonates with these groups may demand highlighting complementary, not universal, tangible benefits.

- 7. Align needed services with appropriate service infrastructure and visible access points:** Impacted residents need services that fall outside of conventional service offerings and traditional eligibility criteria. The need for service spans beyond those normally served by government programs. Impacted residents often need access to one-time, money-based help rather than ongoing financial support or supportive services. Services must be available in places that residents are most likely to access – this means expanding beyond government providers.

Create services to provide one-time financial help to impacted residents and consider maximizing the availability of job training and homeownership opportunities. Utilize service providers in community-based settings to facilitate accessibility. Consider including eligibility for these services beyond basic levels of poverty to include households typically ineligible for government services.

Develop an appropriate intervention model to assist impacted residents in addressing their recovery-related stress and depression, in addition to helping manage the behavioral and emotional issues of children. Sensitivity to the wide-range of residents' characteristics and experiences should always be considered.

- 8. The desire to return, or the ability to make a decision about returning, is unlikely to be sustainable without some effort to address interest and ability:** Marked efforts to provide a demonstration of interest or available resources for those wishing to return should be executed. Our research shows that less than half of displaced residents express interest in returning. As time passes, an interest in returning is likely to dwindle further. If efforts to replace not only a missing tax base, but also a viable workforce, are not materialized, their absence will mark a permanent change in the characteristics of the impacted area. An effort to prompt informed decisions can provide a path of direction for families as they weigh options for their future.

9. **Strategies designed to appeal to out-of-state residents should consider the financial and non-financial issues affecting interest levels in returning and design approaches that reflect the diverse characteristics and issues identified by resident households:** Households with differing income levels and household compositions express varying degrees of barriers related to returning home. Approaches and strategies must be diverse in their appeal and delivery. Resident households report needing access to financial resources as well as information resources. Access to cash flow is a primary factor for all segments of those displaced out-of-state.

Arguably, those with higher income levels may be better positioned to sustain living in post-disaster impacted areas, but may require as much financial help in actually making a move or paying for the remaining expenses of home repair. When the availability of housing stock improves, access to resources that can help with moving costs, rental deposits, and other “out-of-pocket” expenses needed to re-establish their household may be offered to assist in a successful transition home. Lower income households will have similar needs and may have additional challenges to sustaining post-disaster.

Concerns regarding housing and job availability, schools, and child care may be tempered slightly by providing access to needed information sources in a coordinated way that is readily-available to out-of-state residents. For example, multiple websites, phone numbers, and information brochures should exist. However, for out-of-state residents, accessing those same resource listings, websites, and phone numbers can prove challenging. Targeted outreach efforts that furnish this information may provide the needed connection points that residents need to begin a transition home.

10. **Communication efforts that speak to the realities of post-disaster life -- both the positive activity and progress and also the remaining challenges that have affected recovery -- can be important tools for residents in their decision process:** Residents living in other states do not have ready access to local information—information about their neighborhoods and accurate information about the status of recovery. These residents are often advised of developments by national news media or others that may not have ongoing or first-hand knowledge of factual information. These sources of information should not be the only ones reaching out-of-state residents. There is much progress in recovery efforts that occurs regularly, some of which is taken for granted internally and about which outsiders have little awareness. For example, progress with levees, school openings, and neighborhood revitalization may undergo tremendous progress, but these efforts may not be routinely communicated to out-of-state residents. Additionally, given concern over government leadership, progress in recovery and even statements regarding the demographic composition of the area, out-of-state residents may benefit from messaging that is strategically communicated rather than simply reported. This may lend itself well to increasing the credibility of local stakeholders and, by extension, the recovery effort. It may also help to provide context to the varied perceptions that exist externally. While this information by itself is not likely to cause residents to return, its collective impact may add significant value to the decision-making process.

RECOMMENDATIONS TO ASSIST THE RECOVERY OF VULNERABLE POPULATIONS

1. **Make a concerted effort to identify the needs of the disabled during the sheltering process:** Add questions during all intake processes (shelter, American Red Cross, FEMA applications, and/or other services) that help to identify the needs and/or issues of disabled and aging individuals. This will allow for more appropriate assistance, referrals, and long-term solutions.
2. **Pre-identify persons in need and vulnerable households before a disaster hits:** Community-wide efforts should be put in place that identify persons with disabilities in need of additional services in a disaster and should be developed to link these persons to services required to either evacuate or shelter in place.
3. **Ensure systems are in place to provide transportation and sheltering of vulnerable families:** Community-wide efforts should be put in place that can identify functional supports, including accessible transportation, durable medical equipment, alternative communication systems (screen readers, sign language interpreters, personal assistive services, etc.) and accessible shelters for persons with disabilities in a disaster. Systems should be developed to link these goods and services to individuals in need of them during evacuation and in shelters. Public transit agencies should ensure that all transportation between shelters, housing, and disaster relief centers is accessible for the elderly and disabled who might otherwise lack dependable transportation.
4. **Fund non-profits:** Provide non-profit organizations that specifically deal with disability and aging issues with supplemental governmental funding to continue their critical role in the response and recovery phases of disaster.
5. **Include disability and senior groups in the planning process:** FEMA, in coordination with local and state authorities, should invite disability and senior groups to participate in planning and secure space in the emergency operations facility. To ensure that people with disabilities do not experience further difficulties during future catastrophes such as the inability to evacuate due to inaccessible transportation and the inability to receive evacuation and emergency information due to their disability, emergency plans must acknowledge and address the difficulties experienced by people with disabilities, as well as include people with disabilities in recovery and rebuilding efforts. A separate space should be available for older adults in shelters, allowing more able older adults to care for and retrieve supplies for those who are less capable.
6. **Ensure compliance with FCC policies as it relates to the dissemination of emergency information:** The FCC should immediately issue strong statements that remind video programming distributors, including broadcasters, cable operators, and satellite television services that they must comply with their obligation to make emergency information accessible to people with hearing and vision difficulties. The FCC should also acknowledge that these requirements need to continue in the recovery phase because information is still just as crucial in the aftermath as it is during the response and recovery phase. Communications should include impacted states and areas taking in the evacuees.

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7. **Emergency managers and disability and aging specific organizations should engage in cross orientation/training meetings.** Use disability and aging specific organizations to strengthen responders understanding of which organizations can offer what services under what conditions and the fact that people with disabilities are not a homogenous group but rather have differing capabilities, opinions, needs, and circumstances, and no individual or organization speaks for all people with disabilities.
8. **Rebuild community services utilized by the elderly and disabled in addition to accessible homes.** Many people with disabilities who were living independently prior to the disaster did so with the assistance of these community services and, thus, cannot return home until their community's services are restored.
9. **FEMA should establish procedures to reimburse public organizations that exhaust critical resources during disasters.** Many organizations donate equipment and medical supplies to disaster victims and then are hard-pressed to meet the day-to-day needs of their clients after the disaster.
10. **Eliminate stringent restrictions within the Stafford Act that make disaster funding time-limited and restrictive.** The FEMA-sponsored psychological intervention programs should allow for funds for a comprehensive medical assessment and intensive treatment, which they currently do not.
11. **Address mental health concerns:** Mental health concerns should be integral to disaster preparedness, response, and recovery, especially for children. Mental health treatment by professional skilled in psychotherapy, psychopharmacology, or a combination thereof should be integrated into disaster relief efforts to help adults and children cope with stress, anxiety, depression, and other behavioral disorders in addition to more chronic mental health problems. Preventing emotional dysfunction or breakdown and restoring individuals to a pre-disaster level of functioning is essential to community resilience and recovery and future disaster preparedness. It is critical that mental health consideration become an integral part of disaster preparedness, response, and recovery. This should be especially true for children and others at risk in vulnerable populations.
12. **Ensure appropriate environments for children to express their feelings following catastrophic disasters:** As soon as possible after a disaster, it is essential to create opportunities for children to express their feelings and concerns, to establish an environment where children feel safe, and to re-establish for children a sense of normalcy. It is essential to provide adequate pediatric post-disaster mental health services when needed, as failure to provide this may increase the number and severity of symptoms such as PTSD and depression.
13. **Minimize exposure to repetitive images or reports of disaster on television or in other media, as it may exacerbate the psychological response of a child.** The child should have the opportunity to discuss the meaning of those reports or images with an adult.
14. **To meet the needs of children, the child care infrastructure – daycare centers, Head Start programs, and schools – must have the level of resources necessary to meet a**

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new and emerging level of need. This includes increased facility capacity and availability of the full range of operational resources, including training and staff support in the identification of and intervention for typical and atypical child reactions to trauma.

15. **Of extreme importance is meeting the needs of those who are responsible for children.** Helping to meet the concrete, employment, and psychological needs of parents, guardians, teachers, and all service professionals whose mission is the well-being of children is crucial in order to expedite individual, family, and eventually community healing and recovery.

RECOVERY CORPS RESOURCES

- Louisiana Family Recovery Corps 2009 State and Federal Legislative Agenda (<http://www.recoverycorps.org/issues-legagenda.php>)
- Roadmap for a More Holistic Recovery: Recommendations for Effective Policy to Enhance Human Recovery in the Wake of Disasters (<http://www.recoverycorps.org/issues-roadmap.php>)
- Broken Homes: First-Hand Accounts of Living Through Louisiana's Housing Crisis – Part 1: Unaffordable Housing (<http://www.recoverycorps.org/media/files/brokenhomes-part1.pdf>)
- Broken Homes: First-Hand Accounts of Living Through Louisiana's Housing Crisis – Part 2: Louisiana's Vulnerable Populations (<http://www.recoverycorps.org/media/files/brokenhomes-part2.pdf>)
- Broken Homes: First-Hand Accounts of Living Through Louisiana's Housing Crisis – Part 3: Insurance Issues (<http://www.recoverycorps.org/media/files/brokenhomes-part3.pdf>)
- They are Thinking of Today, Not Tomorrow (evaluation by Berkeley Policy Associates) (<http://www.recoverycorps.org/media/files/BerkeleyEval.pdf>)
- Broken Promises, Unmet Needs Leave Louisiana Vulnerable (<http://www.recoverycorps.org/media/files/broken%20promises%201-29-09.pdf>)
- Louisiana Family Recovery Corps Programs (<http://www.recoverycorps.org/media/files/recovery%20corps%20programs%201-29-09.pdf>)
- Progress for Some, Hope and Hardships for Many (http://www.recoverycorps.org/media/files/RecBrf_May2008.pdf)
- Displaced Louisianians: Where Did They Go and Are They Coming Back (<http://www.recoverycorps.org/media/files/WhereDidTheyGo.pdf>)
- Flawed Programs will Force Louisiana into Another Humanitarian Crisis (<http://www.recoverycorps.org/editorial/09-0403-flawedprograms.php>)
- Extension or Not, Meaningful Changes Must be Adopted (<http://www.recoverycorps.org/editorial/09-0209-meaningfulchanges.php>)