6-2010

Achieving Successful Long-Term Recovery and Safety from a Catastrophe: Recommendations for Human Recovery

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RECOMMENDATIONS FOR HUMAN RECOVERY

- CASE MANAGEMENT
- MENTAL HEALTH
- ROLE OF NON-PROFITS

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Research support from the Ford Foundation, Government Performance and Accountability in the Governance and Civil Society Unit

Recommendations for Human Recovery: Case Management, Mental Health, Non Profits

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Since August 2005, individuals and families in the Gulf Coast area face enormous challenges to recovery. After a catastrophe, individuals and families have to build back nearly every facet of their lives. The multi-dimensionality of their recovery involves a myriad of resources: housing, health care, employment, schools, and day care. Housing remains central to recovery. While this section of the report does not include specific recommendations about housing, the need for housing and the issues of rebuilding are intertwined with all of the recovery issues. In this section we discuss recommendations for the management of the human recovery. Specifically, we outline recommendations for case management after a catastrophe, ongoing mental health issues that arise in a long term recovery and the role of non profits (both national and international) in recovery. These topics all address human recovery in some fashion and are related; yet, we approach each topic as a single issue. While these are not nearly all the dimensions of human recovery, they represent a sample of the complexity of issues involved in the management of long-term human recovery.

Disaster Case Management

Prior to the response to Hurricane Katrina, very little disaster case management was documented or significantly funded (Phillips, 2009). The following recommendations highlight the role of the federal government in managing lives after a catastrophe. Effective disaster case management can expedite recovery and provide relief to disaster victims. Fragmented, underfunded disaster case management can hinder recovery and be a source of further stress to disaster victims. The emergent theme in this discussion is the tension between having a federal plan and including local agencies and knowledge.

1. Connecting With the People Who Need Help

Issue: Information about evacuees and their situation (location, health, housing, transportation) was difficult to obtain. Further, a lack of coordination among case management providers resulted in some victims not receiving case management services and others receiving services from multiple agencies. As a result, agencies spent countless hours creating their own databases and some individuals in need of assistance were not helped. This is in part because "FEMA has no method for tracking clients and clients voluntarily contact FEMA to provide updated information" (GAO, July 2009, p. 19).

The tension revolved around national, state and local access. "Requests by the state for information should not get stuck in agency headquarters, where legal teams debate privacy issues

and the state's right to the data. Local governments must have access to this information to ensure their ability to meet ongoing client needs when federal disaster assistance programs end" (Guma, 2009, p. 5).

Recommendations:

1a. Best practices for coordination are defined by collaborative strategies which include policies, procedures, and other methods for communicating and working across multiple agencies and jurisdictions.

1b. The process of requesting and receiving program/client data from federal partners must be planned for in advance. As some case data now exists, it might be possible to maintain those networks built during Katrina. In the future, data management should have necessary resources.

Rationale: Because of the chaos surrounding such a catastrophic event, it was difficult to find evacuees or know which program they qualified for. Outreach to evacuees was inconsistent across the country, especially in flood ravaged areas.

2. Navigating Without a Map

Issue: Initial confusion about funding and purpose of case management programs delayed local case management development. Local agencies had difficulty knowing the parameters of the case management system, which hindered their participation. "Disaster Case Management is a time-limited process by which a skilled helper partners with a disaster affected individual or family in order to plan for and achieve realistic goals for recovery following a disaster…The Disaster Case Manager serves as a primary point of contact, assisting the client in coordinating necessary services and resources to address the client's complex disaster recovery needs in order to re-establish normalcy" (NVOAD, p. 3). Case management is particularly reliant on agencies that can bridge horizontally as well as vertically to be knowledgeable about available help and connect people to the help they need.

Recommendations:

2a. Best practices for case management and other strategies should be in place and readily available as a contingency. The federal government could identify case management agencies in advance and include them in emergency response planning. The National Voluntary Organizations Active in Disaster has outlined DCM best practices for: organizational service practice, access to services, personnel qualifications, ethical practices, training, managing workloads, confidentiality, screening and intake, assessment, recovery planning, monitoring and re-assessment, and case closure.

2b. FEMA should facilitate the creation of a central clearing house where case managers can access information on both local and federal assistance programs and services.

Rationale: The service delivery challenges may have prevented some from receiving consistent help because of lack of understanding of multiple agencies' roles and responsibilities. Service providers lacked a central repository of information that would help them guide clients through the confusing array of local and federal assistance programs and services.

3. Bureaucratic Constraints to Getting People the Help They Need

Issue: Case managers faced challenges in meeting client needs due to a lack of discretionary funds that could be used for direct assistance. Program eligibility requirements were also a barrier to providing disaster case management. For example, some funds were restricted to victims of a specific hurricane; other guidelines restricted case management services to residents of FEMA housing only.

Recommendations:

3a. Access to material resources is essential to post-disaster recovery. Case management programs should have discretionary funds for low-cost unmet recovery needs and allow local decisions on the use of these funds.

3b. Eligibility requirements should continue to be reviewed. This is an ongoing discussion about who should receive case management and the ability to meet the diverse needs of the population.

Rationale: Case management agencies saw the need for direct financial assistance as essential to helping clients, yet such assistance was not always available through case management services. The inability of the case management system to readily respond to short term needs exacerbated challenges in long term recovery.

4. Closing the Door before Closing the Deal

While the need for case management in Hurricanes Katrina and Rita was recognized, the timing was flawed. The federal government supported disaster case management but breaks in funding hindered assistance and created uncertainty. "Breaks in federal funding for disaster case management programs initiated after Hurricane Katrina and Rita adversely affected case management agencies and may have left victims most in need of assistance without access to case management services" (Brown, 2009, p 7). Some cases were closed not because clients' needs had been met, but because the program was ending. Inconsistencies in application, implementation and outreach to diverse populations were also an issue.

Recommendation:

4a. Consistent ongoing case transfer protocols should be developed and coordinated with adequate program operating periods.

Rationale: Some cases were closed not because clients' needs had been met, but because the program was ending.

5. Coordination Challenges Hindered Assistance

Lack of coordination may have resulted in some victims not receiving case management and others receiving services from multiple agencies. "In communities wherein multiple organizations provide disaster case management and supportive recovery services, technical systems should be used to reduce duplicative case management efforts, and to document and facilitate coordination" (NVOAD, 2009, p 6).

Recommendation:

5a. Federal partners must formalize a structure and process for working together. Specifically, a single federal model for case management should be established that is clearly defined, comprehensive, responsive to local conditions, accountable and fully and appropriately funded. Yet, this model must also include defined strategies for local involvement.

Rationale: As the government had difficulty in meeting the needs of those in the catastrophe, other agencies (including local, national, and international NGOs) attempted to meet those needs. The confusion about who qualified for what program and how to obtain that information was staggering. That being said, the federal model must allow for a local element in order to best utilize regionally specific knowledge. "The notion of the need for local elements challenges the notion of creating a single, federal approach to disaster case management and suggests that federal plans be structured as templates that can be modified by community case managers who understand local conditions and demands" (Children's Health Fund, 2009, p 11).

6. Working in a Context of Overwhelming Need with Limited Capacity

Issue: Agencies involved in case management experienced a range of service delivery challenges. "The Coordinated Assistance Network is the national database used to coordinate and manage service delivery for disaster relief organizations, including KAT" (GAO, July 2009, p 16). Several problems arose while using and implementing the CAN database. There was inconsistency across agencies in how and which data fields were completed. Many fields were left blank. Also because the network was not federally funded, FEMA had no authority over it. CAN has since been improved. In the future, funding and staffing are needed to meet data entry demands.

Several sources noted the high staff turnover among case managers. This workforce problem created great instability as clients didn't know the name of their current case manager. KAT reported a 100% turnover of case managers. Large caseloads were barriers to meeting client needs. Most sources recommend caseloads be between 25 and 35. The GNODRP evaluation states that KAT case managers averaged 81 cases with some having as many as 300 cases. GNODRP said case managers agreed caseloads should be kept between 8 and 11 cases. "Case manager turnover has been suggested as one of the elements slowing the system down, and there have been serious morale issues amongst caseworkers that seem to have also impacted the speed at which the system is moving. Some of this stems from the fact that caseloads are too large…some of it has to do with case manager frustration with systems they feel have not been built to meet the needs of their clients" (Olson, 2007, p. 9).

Recommendations:

6a. Develop federal policies which limit the staff to case ratio for post-disaster case management services to ensure caseloads are manageable.

6b. Clearly define all roles and responsibilities for case management and accompany with consistent training and technical assistance, building on the strengths of local agencies that have expertise in case management in an area.

Rationale: The population that was already vulnerable prior to Hurricane Katrina experienced greater barriers after the disaster in terms of lack of housing, employment, daycare, transportation, and physical and mental health care.

Mental Health

The psychological impacts of disaster include a broad range of symptoms ranging from simple short-term reactions to serious post traumatic stress disorder. "The longer-term adverse health effects of the disaster can be expected to be substantial and require follow-up assessments to determine the need for mental health care services" (Weisler, Barbee, and Townsend, 2006, p. 586). Data is emerging slowly about the long-term effects of the recovery from catastrophe, and much of this literature is based on disasters. It is important to note that in a catastrophe, social support gained through interactions with community institutions such as family, neighborhoods, and faith based organizations are greatly diminished.

1. Finding and Keeping Resources for Mental Health in All Stages of a Catastrophe

Issue: The issues in funding for long term mental health care are problematic, in part because it is not clear what the long term effects of recovery are in a community, especially a community with an already at risk population. For example, the Stafford Act mandates that funding for SAMHSA mental health treatment only be used for crisis management, not for continuing treatment. "It has become clear in the wake of Katrina and Rita that the Stafford Act fails to fully

address an event of catastrophic magnitude, inadequately providing for mental health services for displaced victims" (Boyle, 2007, p. 8).

Recommendations:

1a. Amend the Stafford Act to allow states the financial flexibility to allocate funds for continuing treatment of individuals beyond immediate crisis management after a catastrophe.

1b. Create emergency provisions in Medicaid that provide flexibility to simplify the rules and extend Medicaid coverage with federal financing in crisis situations.

Rationale: SAMSHA, Medicaid and other funding was confined to certain aspects of the disaster, so that long term outreach and counseling were still difficult to provide.

2. Defining an Effective Mental Health System

Before Hurricane Katrina, the mental health system in Louisiana needed additional support. "In Louisiana, the pre-hurricane mental health infrastructure was overcommitted and inadequate to meet the needs of all those with serious mental illness. The hurricanes only exacerbated existing problems by destroying infrastructure, reducing the mental health workforce and creating a new population of people in desperate need of mental health services" (Boyle, 2009, p. 7).

Recommendations:

2a. Create provisions within the Stafford Act for catastrophic disasters that allow for longer term outpatient treatment of conditions clearly related to the exposure and recovery issues associated with the catastrophic event.

2b. Changes should include both documented procedures and designated personnel. "Written mental health response plans may help to ensure knowledge transfer from one event to another and from one person to another. Plans should include a designated disaster mental health coordinator with a clear job description, explicit mechanisms to build capacity by developing collaborative relationships with key agencies, and communication venues" (Elrod, Hamblen, and Norris, 2006, p. 168).

2c. Develop additional training that could be accessed in a variety of ways. During the event, states should be provided with a list of trainers that have knowledge of the event and area. (Elrod, Hamdlen, and Norris 2006).

Rationale: The reaction to Hurricane Katrina and the recovery created long term stress that goes beyond the stress of a disaster. Vulnerable populations, especially families with children, face a myriad of social stressors that may persist during the long-term recovery phase.

3. Linking Mental Health Recovery into other Recovery and Social Service Efforts

Many of the mental health services before Katrina were not well-coordinated within the community. During recovery, mental health services need to be linked into more of the fabric of the wider social service network. Mental health providers recognize that the sheer size and scope of disasters demand collaboration between responding and supporting agencies.

Recommendations:

3a. Facilitate network development and referral protocols among mental health agencies and other social service agencies before the event.

3b: Collaboration must be implemented before the event.

3c. Mental health providers need to develop ways to strategize to track clients so that patients can be supported across agencies to ensure continuity of care, public safety, and to prevent a disconnection from the other needed post disaster services.

Rationale: Attempting to collaborate during a catastrophe was too late and too difficult. The protocols of each individual agency were often difficult to coordinate with those of the other agencies.

Non-Profits, Foundations and 'Help'

In the midst of the inability by the federal and state governments to respond in the days and now years after Katrina, non-governmental and faith based agencies have attempted to fill the void. Non-governmental organizations were a critical part of New Orleans prior to the flooding. New Orleans was home to a variety of social service and grassroots organizations that were both secular and faith-based. Before Hurricane Katrina, the congregations and service organizations represented a source of community, neighborhood strength, and employment. As nearly 80 percent of the city flooded, many of these non-profits also suffered physical damage.

After Katrina, a broad range of NGOs were engaged. National foundations such as such Ford, Rockefeller, A. E. Casey, and W.K. Kellogg began making substantial donations to the Gulf Coast, an area that had not been a significant focus of their programming portfolio prior to the storm. Some international NGOs, which traditionally work in disaster response in the developing world, also offered their assistance. In addition, traditional national disaster relief agencies were heavily engaged after the storm including the American Red Cross, United Methodist, Lutherans Disaster Corp, Mennonites, and Salvation Army. Lastly, other groups emerged to play a role in the response and recovery.

1. Government Remains Ambivalent about the Integration of NGO's in a Coordinated Response to Disasters

Issue: The relationship between government at all levels and non-profits is not clear. While there is a formalized structure in local and national VOADs, there are still gaps in coordination and ultimately in service provision. Both national and international relief agencies continue to fragment services, creating silos that may not work in the immediate response and recovery. NGO roles have only begun to be formalized or integrated into local and state planning and recovery efforts. In addition, new ways of thinking about and managing disaster challenge the distinctions between relief and development.

Recommendations:

1a. Further clarify the role of NGOs as part of coordinated governmental response to catastrophic disasters in the Stafford Act.

1b. Identify roles that appreciate and reflect the inherent strengths and limitations of NGOs and are accompanied by provisions for integrated planning and capacity building to ensure these roles can be fully executed.

1c. The relationships among federal, state, and local government agencies need to be built during non-disaster time periods, not as the disaster occurs. The federal government should take the lead in establishing connections and determining capacity.

1d. Pre-existing relationships with non-profits could result in already approved contracts to provide a variety of services before a disaster. These contracts could delineate specific roles and responsibilities of the agency during the disaster.

1e. Define the services to be provided by NGOs (e.g., case management) along with the system for financing and reimbursement in the Stafford Act and supporting legislation.

Rationale: Because catastrophic disasters that overwhelm the resources and capacity of local, state, and federal government are infrequent, the capacity for broad scale inclusion of other organizations such as local, national and international NGOs has not been adequately developed.

2. Advocacy is a Critical Element for the Individuals and Families to Negotiate Their Recovery

Advocacy is a critical elemental for the individuals and families to negotiate their recovery. Many of the non-profits and foundations did not provide resources on behalf of individuals and families.

Recommendations:

2a. Recognize the importance of advocacy organizations in representing the voices of vulnerable populations and support their inclusion in relief and recovery planning and decision making forums.

2b. Identify and support organizations that have existing expertise and legitimacy as advocates of vulnerable populations.

Rationale: Because of multiple needs, individuals and families needed advocates to help them through the complicated maze of available resources.

3. Knowledge about Disasters

Issue: Foundations and national non-profits have the ability to draw national and international attention to the disaster. However, many of these groups do not have the knowledge about disaster, especially in regards to recovery that will allow them to initialize best practice in their funding service provision. Even national disaster relief agencies did not have programming and protocol in place for a catastrophe.

*Recommendation*s:

3a. Because vulnerable areas are waiting for the next storm, government programs, national non-profits and foundations should work with local agencies to provide a set of programs that will be able to bridge the gap between normal times and those during a disaster.

3b. Provide technical assistance in needs assessment and integrated planning to assist with social, cultural, and structural reconstruction. Create forums for social justice issues to be addressed within the reconstruction process.

Rationale: Recovery from a catastrophe has a different trajectory than recovery from disasters. Rebuilding a community after a catastrophic disaster requires unique expertise that many NGOs and local government agencies likely lack. A great deal of funding was designated for immediate relief, but funds for recovery are not so available.

4. To Whom and How To Give in a Catastrophe.

Issue: With so many different types of groups involved in providing assistance, funders and organizations were often 'stepping over each other.' Further, as funders struggled to find 'who to fund', the knowledge that funders relied on often came from a few sources.

Recommendations:

4a. Evaluate local connections to national funders. Use local research and knowledge to understand the role of gatekeepers in the community. Foundations need to have multiple links on the ground in vulnerable areas before a major disaster. These links can provide valuable information about what who is actively working after a disaster and will also keep foundations in touch with local needs.

4b. Identify and build the capacity of 'bridging' organizations that will be in the position to link local level efforts to state and national resources. Capacity building efforts of these organizations should focus on 1) building vertical linkages to state and national agencies and NGOs; 2) building horizontal linkages to local government and NGOs, and 3) establishing the administrative infrastructure to facilitate coordination and comprehensive service coverage via these linkages.

4c. Build links between national disaster agencies and local non-profits. Foundations could fund positions that link a local non profits agency with national disaster non-profits. These ongoing positions will provide a continuing source of local knowledge.

Rationale: Too often, the funders found themselves "in a hurry" to do something and funding was channeled through their existing – and often sparse – networks of local NGOs. Because these service delivery networks had structural holes, assistance was not adequately distributed.

5. Conflicting Role of Non-Profits.

Issue: Growing expectations for nonprofits and NGOs to assist and even play a leadership role in disaster response must be balanced against their own mission. Many non-profits stepped out of their mandates and missions during Hurricane Katrina and recovery.

Recommendation:

5a. Initiate research that develops the roles of non-profits in future catastrophes.

Rationale: The lessons from the response to Hurricane Katrina show the flexibility and capacity of non-profits and foundations to respond to such events, yet the tension to rely upon these agencies in lieu of government help is an important caution.

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