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Lessons Learned from Disaster Case Management in Louisiana

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Fire, flood, earthquake, tornado, hurricane . . . When disaster strikes, disaster case management provides short- and long-term relief to victims by connecting them with comprehensive services that facilitate recovery. The Federal Emergency Management Authority (FEMA) funded the most recent example to serve the thousands of Louisiana residents still in need after Hurricanes Katrina, Rita, Ike, and Gustav and to test the national program. The Louisiana Recovery Authority (LRA) implemented FEMA's Disaster Case Management Pilot (DCMP) in fall 2009.

LRA asked researchers from the RAND Corporation to analyze the DCMP implementation process. RAND's recommendations for improvement are relevant for FEMA, for the state of Louisiana, and for all governments and organizations that must provide services to their citizens in the wake of disaster.

Abstract

Disaster case management must be planned specifically for the target population, whose characteristics and needs will determine services, staff, budget, and timeline after a disaster. In Louisiana, the Louisiana Recovery Authority implemented the Federal Emergency Management Authority's pilot program for families and individuals living in temporary housing five years after the 2005 hurricanes. Challenges in identifying clients, communicating among provider agencies, approving invoices, and serving client needs led to delays; half the expected number of cases were opened. RAND made recommendations for future program planning, coordination, communication, staffing, training, and financing.

The Disaster Case Management Pilot Confronted Challenges in Identifying and Serving Clients Effectively

Despite concerted effort by participating agencies, the implementation of the DCMP was fraught with difficulties and did not fully meet the needs of all its clients. The target population for the program was families and individuals still living in FEMA temporary housing, but LRA did not receive up-to-date lists of eligible clients with complete contact information from FEMA, which made it challenging to reach them. As of June 18, 2010, Louisiana had approved invoices for about three-fourths of the money budgeted for the pilot and had opened about half the number of cases initially estimated by FEMA.

The overall design of the DCMP underestimated the task of finding and identifying clients and did not account adequately for their particular characteristics and needs. Many were older or disabled and needed overlapping health and social services. Their self-reported social and geographic isolation made them difficult to serve. Because of delays at the start of the DCMP in Louisiana, the program was compressed into just seven months—not enough time to meet the needs of this vulnerable and at-risk population.

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Headquarters Campus
1776 Main Street
P.O. Box 2138
Santa Monica, California
90407-2138
TEL 310.393.0411
FAX 310.393.4818

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This research highlight summarizes RAND Health research reported in the following publication:

Acosta J, Chandra A, and Feeney KC, *Navigating the Road to Recovery: Assessment of the Coordination, Communication, and Financing of the Disaster Case Management Pilot in Louisiana*, Santa Monica, Calif.: RAND Corporation, TR-849-LRA, 2010 (http://www.rand.org/pubs/technical_reports/TR849/).

Other RAND findings pertain to DCMP coordination, communication, staffing, training, and financing. Lack of clarity about roles and responsibilities among the participating agencies led to some tension between LRA and contractors. Case management organizations lacked operational capacity (e.g., management structure, phones, computers) to start immediately and had limited time and funds to build the organizational capacity that they needed. State and local officials reported difficulties in completing unique FEMA forms for the DCMP. Guidelines for what could be included in indirect costs were confusing and resulted in financial losses for contracting agencies.

Lessons Learned for Disaster Case Management

The DCMP experience offers some lessons for all who must plan for disaster response. Most important: Match the design of a disaster case management program to the target population.

A recovery program must be planned around the population it will serve, with complete and accurate information about numbers of people and their needs. The current system for identifying and locating residents before a disaster—particularly the populations most at risk due to preexisting factors—is limited at best. Without a concerted review of these systems, government and service providers will not be able to strategize appropriately for staffing, resource allocation, and development of a robust resource network.

Continuity and longevity of programs should match human needs. The stop and start of recovery initiatives at both the federal and state levels can lead to serious discontinuities in client recovery. Disaster case management merits a single, longer-term recovery initiative that seamlessly acknowledges the stages of human recovery.

How Can FEMA and Louisiana Apply the Lessons Learned?

To improve the design of the national disaster case management program and coordination of disaster case management services:

- FEMA should consider how to track client information for vulnerable populations affected by disaster and use pre-disaster data to identify vulnerability hot spots. States should assess the needs of the population and availability of community resources and seek feedback from seasoned disaster case managers to inform program design.
- FEMA should consider how to design a support system that can streamline intake and triage of cases and help determine client eligibility for services.
- FEMA should coordinate the transition points between individual assistance and disaster case management.
- States should design the process for hiring contractors to promote efficiency. The lead contractor and the third-party evaluator should be brought on first. Measurable goals and objectives and the roles and responsibilities of each agency should be described in the Requests for Proposals. Start-up time for case management agencies to hire staff and equip offices should be built in. Ongoing training of case managers should be required.

To encourage communication among agencies, FEMA should develop a web-based knowledge center. States should use the knowledge center to document decisions.

To improve financing procedures and policies:

- FEMA should create financial templates for state use that accommodate state variation in reimbursement and other contract requirements and should review with contractors their responsibilities related to reimbursement timelines. Financial templates should be revised to ensure that line items account for the needs and requirements of best practices in case management.
- FEMA should target investments to an ongoing infrastructure to support disaster case management, with the goal of improving response time and saving start-up costs.
- States should develop guidelines for financial procedures and a streamlined process for reviewing and paying invoices.

FEMA Can Address Unanswered Questions for the Future

The DCMP also highlighted overarching questions about the processes and underlying principles of disaster case management. Research is needed to answer these questions; the answers could help improve how disaster case management is designed and implemented in the future.

- What is the best way to identify and track the locations of clients and client needs?
- How can disaster case management programs be designed to meet the needs of vulnerable populations in the immediate post-disaster period?
- How can case management services develop financial literacy among clients to ensure appropriate and responsible use of federal dollars?
- How can state authorities identify, before a disaster, the local contractors and service providers that are best equipped to handle disaster case management? ■

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