



Health and Social Services Recovery Support Function Mission Scoping Assessment

FEMA DR- 4277 Louisiana

COORDINATING AGENCIES

U.S. Department of Health and Human Services

Louisiana Department of Health

Louisiana Department of Children and Family Services



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Executive Summary: State of Louisiana

The March and August flooding events had a devastating impact on the State of Louisiana. Fifty-six of Louisiana's 64 parishes received a federal disaster declaration. The March flooding event caused damage or destruction to more than 29,000 homes. The August flooding dropped over 7 trillion gallons of rainwater in Louisiana resulting in the flooding of more than 100,000 homes and claimed 13 lives.

This document is a preliminary report that provides data that evidence the state's needs that will be more than the state can address. Preliminary data and information was provided by the Louisiana Health and Social Services Recovery Support Function (LA HSS RSF) participating agencies and partners: Louisiana Department of Children and Family Services (DCFS), Louisiana Department of Health (LDH), Louisiana Office of Economic Development (LED), Louisiana Workforce Commission and Louisiana Department of Education. The information is not conclusive of all needs as recovery continues. Assessments of needs and data collections are ongoing and will need approval by the Restore Louisiana Task Force.

Flooding can pose substantial health and welfare problems that may continue over extended periods of time because of not only being flooded (the primary stressor), but also because of the secondary stressors (those stressors that are indirectly related to the initial extreme event, i.e., economic stress associated with re-building) that arise as people try to recover and rebuild. (Source: *Social Vulnerability to Floods: Review of Case Studies and Implications for Measurement*)

The LA HSS RSF agencies and partners are working together to support locally-led recovery efforts to address public health, health care facilities and coalitions, and essential social service needs. The recent floods will have a long-lasting effect on the delivery of health and social services in Louisiana. Through collaboration and coordination with all agencies in LA HSS RSF, we are working to promote the resilience, health, independence and well-being of the whole community.

Introduction

The mission of the federal Health and Social Services (HSS) Recovery Support Function (RSF) and the LA HSS RSF is to assist locally-led recovery efforts in the restoration of the public health (including behavioral health), healthcare and social services networks to promote the resilience, health and well-being of affected individuals and communities. Going forward in this document, reference to the HSS RSF will mean both federal and state coordinating partner agencies unless noted otherwise by federal or state denotation. The HSS RSF is concerned with restoring the capacity, or assisting in the continuity of, and reconnecting impacted communities and displaced populations to essential health and social services, including services provided to children in schools and childcare settings. The HSS RSF is concerned with disaster impacts to systems of healthcare, environmental health, long-term responder health and social services including services delivered in schools.

This HSS RSF Mission Scoping Assessment (MSA) is an evolving document and will be updated as recovery impacts are identified with state, local and federal partners. By design, the MSA offers a snapshot of impacts, potential challenges and gaps. The MSA is a preliminary identification of the issues that have presented and some background information to support the findings.

The U.S. Department of Health and Human Services (HHS) is the Coordinating Agency for the HSS RSF and meets their Coordinating Agency responsibilities through the Office of Emergency



Management's Division of Recovery within the Office of the Assistant Secretary for Preparedness and Response (ASPR).

The Louisiana Department of Health (LDH) and the Department of Children and Family Services (DCFS) are the coordinating agencies for LA HSS RSF. LDH and DCFS meet their Coordinating Agency responsibilities through the Louisiana Office of the Secretary.

Health and Social Services Recovery Support Function Agencies

Coordinating Agency

- U.S. Department of Health & Human Services

Primary Agencies

- Corporation for National and Community Service
- U.S. Department of Homeland Security (FEMA, NPPD, CRCL)
- U.S. Department of Interior
- U.S. Department of Justice
- U.S. Department of Labor
- U.S. Department of Education
- Environmental Protection Agency

Supporting Agencies

- U.S. Department of Transportation
- Small Business Administration
- U.S. Department of Treasury
- U.S. Department of Agriculture
- American Red Cross
- National Voluntary Organizations Active in Disasters
- U.S. Department of Veteran Affairs



Below is a chart of the Louisiana state agencies with counterparts to the federal agencies.

Louisiana State Agency	Federal Agency
LA Dept. of Health LA Dept. of Children & Family Services	U.S. Dept. of Health and Human Services
Governor's Office of Homeland Security and Emergency Preparedness	FEMA
Louisiana Dept. of Education	U.S. Dept. of Education
Louisiana State University	
LA Board of Regents	
Division of Administration / Office of Community Development	Corporation of National & Community Service
LA Voluntary Organizations Active in Disasters (VOAD)	National VOAD
	American Red Cross
Governor's Office of Disability Affairs	
Governor's Office of Elderly Affairs	
LA Dept. of Culture, Recreation and Tourism	U.S. Dept. of Interior
LA Dept. of Environmental Quality	Environmental Protection Agency
LA Attorney General	U.S. Dept. of Justice
LA Workforce Commission	U.S. Dept. of Labor
LA Fusion Center	Natural Protection & Programs Directorate
Governor's Office of Programs and Planning	Office of Civil Rights & Civil Liberties
LA Dept. of Ag & Forestry	U.S. Dept. of Agriculture
Louisiana Housing Corporation	U.S. Dept. of Housing and Urban Development
Louisiana Economic Development	U.S. Dept. of Commerce
	Small Business Administration
LA Dept. of Transportation and Development	U.S. Dept. of Transportation
LA Dept. of Revenue	U.S. Dept. of Treasury
LA Office of Veterans Affairs	U.S. Dept. of Veterans Affairs



Purpose of the HSS RSF Mission Scoping Assessment

The Mission Scoping Assessment (MSA) is intended to:

- Identify issues that have or could potentially negatively impact access to services for individuals, families, and communities.
- Identify health and social services disaster impacts with intermediate or longer-term recovery implications.
- Gauge the state's capacity to address its health and social services recovery priorities and identify needs for federal support.
- Inform the development of the draft federal Recovery Support Strategy (RSS).

Additionally the MSA is guided by the following key principles:

- Identified actions and activities contained herein must be supported by the state.
- Proposed activities should be informed and substantiated by real information based upon current data trends and projections.
- The associated timeline focus should be on intermediate to long-term activities (months to years).
- Cited impacts and subsequent activities should be disaster-related.¹
- Recognition that at-risk or vulnerable populations must be included in every phase of the recovery planning cycle and throughout the mission areas.
- Executive Order 12898 an order that is designed to focus Federal attention on the environmental and human health conditions in minority communities and low-income communities with the goal of achieving environmental justice.²
- Promoting the full integration of at-risk individuals, including individuals with disabilities and access and functional needs, into health and social services recovery planning decisions.
- Promoting clear communications and public health messaging.

HSS RSF Recovery Goals

- Supporting state efforts to restore the capacity and resilience of essential health and social services to meet ongoing and emerging post-disaster needs.
- Supporting the continuity of and continued access to essential health and social services, including schools.
- Protecting the health of the population and response, and recovery workers, as well community workers from the longer-term effects of a post-disaster environment.
- Supporting behavioral health systems to meet the behavioral health needs of affected individuals, response and recovery workers, and the community.

¹ This document will cite and acknowledges the fact that systemic pre-disaster conditions may factor into the mission areas under consideration and also the communities of interest requiring additional federal support as the disaster may have further exacerbated deficits from the pre-disaster environment.

² Executive Order 12898 - Environmental Justice is the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.



HSS RSF Scope

The HSS RSF is responsible for assessing the following nine core recovery mission areas post-disaster:

- Public Health
- Healthcare Services Impacts
- Behavioral Health Impacts
- Environmental Health Impacts
- Food Safety and Regulated Medical Products
- Long-term Health Issues Specific to Responders
- Social Services Impacts
- Referral to Social Services/Disaster Case Management
- Children in Disasters³

The HSS RSF's concern for school impacts expands beyond structural damage to educational or child care facilities and includes a focus on the services that are delivered to children in these settings, as well as systems to support children such as child welfare, school lunch programs, and medication management

Economic Impact of the Flood

The economic impact of the flood will influence the health and well-being of Louisiana residents. A recently announced mid-year budget deficit of at least \$313 million may further impact health and social service agencies.

There is an estimated economic loss of just over \$300 million in labor productivity and an \$836 million loss in terms of value added during the period immediately surrounding the storm. It is estimated that operations at 19,900 Louisiana businesses, or close to 20 percent of all Louisiana businesses, were disrupted by the flooding event. The extent and severity of flooding translates into \$3.8 billion in residential property damages. As stated in the September 2, 2016 letter from Louisiana Governor John Bel Edwards to President Obama, the total estimated losses from this disaster, not including public infrastructure, are over \$8.7 billion.

Socioeconomic Factors

Socioeconomic factors are well-known and important determinants of health and wellness. Educational attainment, employment status, and income level are some of the strongest predictors of health behaviors, access to healthcare, and health status. Louisiana lags behind the nation in each of these three critical socioeconomic characteristics:

- Twenty-one percent of Louisiana's population under 25 has less than a high school education compared to 15 percent of the nation's population under 25 years old.
- Louisiana's poverty rate exceeds the national rate with 19 percent of the state's population with incomes below the federal poverty level, compared to 16 percent nationwide.
- 311,059 children in Louisiana were already living in poverty prior to this disaster (Source: *Louisiana State Health Assessment and Improvement Plan [2015]*).

³ The Federal Interagency Operations Plan and the HSS RSF Annex have identified this mission area as "School Impacts". All services that address the needs of children impacted by the disaster are a priority for the HSS RSF. The primary federal lead for this effort within the Health and Social Services RSF is the Administration for Children and Families.



According to American Community Survey of the U.S. Census Bureau, 23.4 percent of families with children live in poverty in 2015 compared to 17.1 percent nationwide. 23.4 percent of families with children in Louisiana live in poverty compared to 17.1 percent nationwide, according to American Community Survey of the U.S. Census Bureau (2015).

Shown on the map below are the numbers of FEMA Individual Assistance (IA) registrants from the March and August Louisiana floods. Of note is the 26 - 73 percent of registrants who failed to meet the income test to qualify for a low-interest, Small Business Administration disaster loan. Furthermore, most all of the IA-declared parishes meet the criteria for “Persistent Child Poverty.”

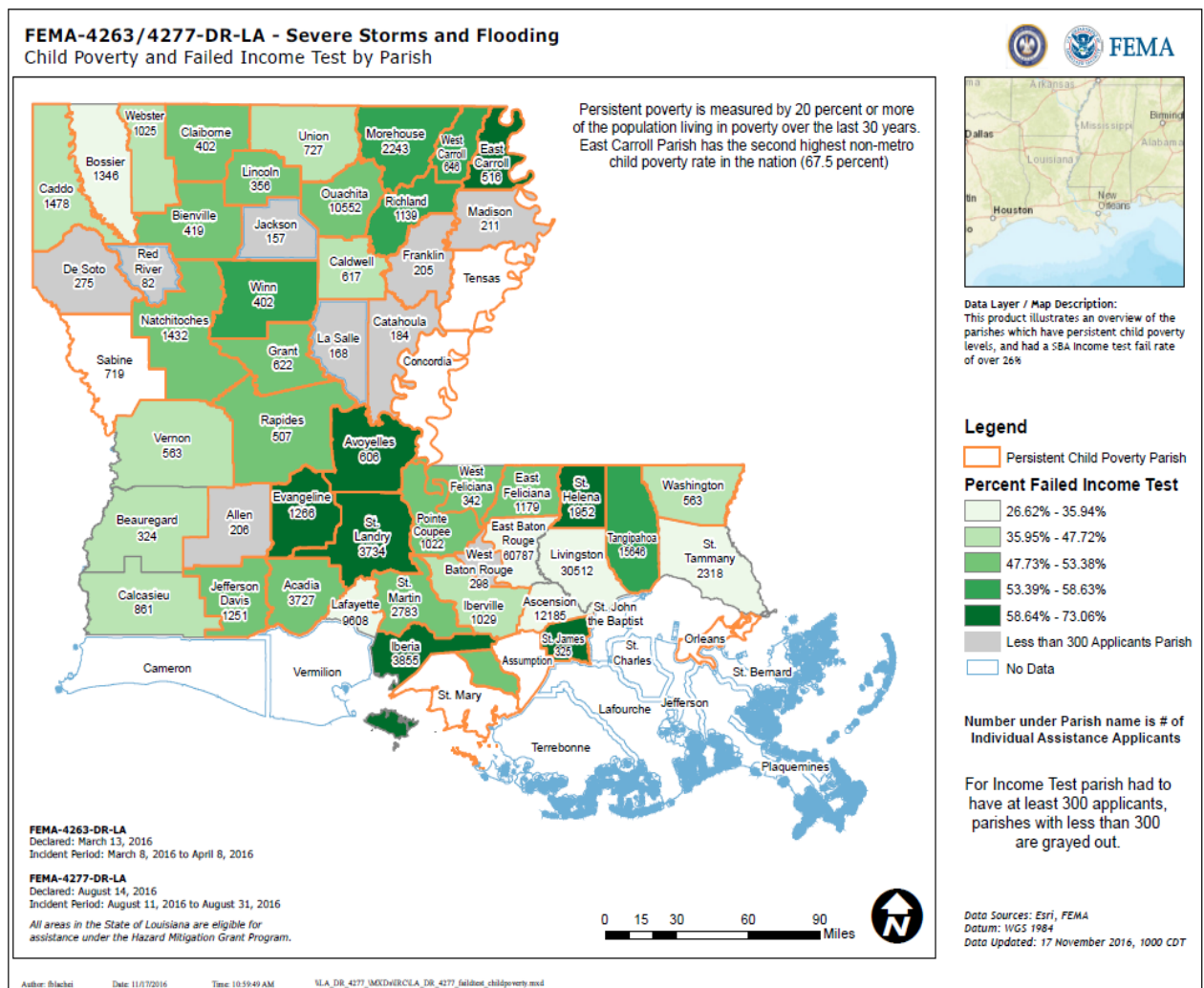


Figure 1: Louisiana Child Poverty and Failed Income Test by Parish

At Risk Individuals

The HSS RSF is also concerned with ensuring that at-risk individuals are fully engaged and included in recovery planning. At-risk groups may include children, senior citizens, and pregnant women as well as people with disabilities⁴ who live in institutions, are from diverse cultures, have limited English proficiency or are non-English speaking, lack transportation, or have chronic medical disorders. These individuals are integral members of their communities and should be factored into all of the HSS RSF recovery activities. The U.S. Department of Housing and Urban Development (HUD), the Coordinating Agency for the Housing RSF has provided data on displaced individuals. (See *Table 1*) As future iterations of this document – or the Recovery Support Strategy – are developed, it will be necessary to continue to examine impacts to all identified parishes.

Displaced Residents (Nov. 2016)	Number of residents 4-17 years of age	Number of residents greater than 60 years of age	Total less than 3 years of age
7,435 (Temporary Shelter Assistance)	2,069	673	501

Table 1: Displaced Residents

Disabilities and Access and Functional Needs

It is critical that individuals with disabilities or access and functional needs are not placed in more restrictive environments than they lived in prior to the disaster. Subsequently, it is necessary to ensure continued access to services and inclusive planning. Representative groups in government and non- governmental sectors must be included in all disaster recovery decisions. The number of individual and household registrations from FEMA's Individual Assistance program and the demographic breakdown for individuals self-reporting having access and functional needs is approximately 11,440. This information will be used by the HSS RSF to look further into the impacts on access to services.

Limited Literacy

It is necessary to ensure that messages developed and delivery mechanisms utilized to assist or guide disaster survivors are culturally appropriate and linguistically accessible to assist residents who have limited English proficiency, limited literacy or limited access to assistive equipment. Identification of these individuals in the impacted parishes is critical to ensure appropriate outreach is being conducted and to support those residents that may require additional assistance in completing FEMA Individual Assistance applications.

Findings

The HSS RSF is evaluating additional data sources to examine areas of disaster impacts and Individual Assistance application ineligibility/denials to see if there is a correlation between application denials and English Proficiency and/or literacy.

⁴ Americans with Disabilities Act defines an individual with a disability as, a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment



Opportunities

The University of New Orleans' Center for Hazards Assessment, Response and Technology (UNO-CHART) in collaboration with FEMA and GOHSEP support the Louisiana Community Education & Outreach Program' Risk Literacy Project. The Risk Literacy project focuses on teaching concepts of disaster resilience through adult literacy programs. Currently the Louisiana Community Technical College houses literacy data that could be used to inform targeted populations.

HSS RSF Mission Scoping Approach

In partnership, the federal HSS RSF and LA HSS RSF conducted this Mission Scoping Assessment (MSA) of health and social services disaster recovery issues. The HSS RSF mission scoping activities began at Disaster (D) +7 with the Federal Interagency School Task Force. Meetings with state and local organizations commenced at D+7 (August 19, 2016). Both federal and state data have been used to build this MSA Report (MSAR). Data collection was focused on the targeted areas of schools, childcare, health including behavioral health and human services. However, far-reaching health and social services impact data was a challenge to collect, due to the geographic enormity of the incident. As recovery continues, analysis of collected data should be conducted to better understand the health and social vulnerabilities of residents in impacted communities.

Aligning the HSS RSF's Core Recovery Missions

The HSS RSF will align programs and priorities in accordance with the state's HSS RSF for the nine core health and social services mission areas. A state health and social services point of contact is critical to achieve a coordinated recovery effort. As goals and objectives are identified through these collaborative efforts, this MSA will be adjusted accordingly to ensure that data sources to support the evolving mission are in coordination with the state.

Issues

Issue 1: Children and Families in Disasters

1a. Access to Child Care, Student Homelessness and Transportation to Schools

Access to appropriate K-12 instruction and support services continue to be a major challenge in communities that lack facilities. Students are attending half days in shared school facilities.

School districts with the greatest disaster impacts report record high numbers of children who now qualify as homeless per the legal definition of the Federal McKinney-Vento Homeless Assistance Act⁵.

The McKinney Vento Homeless Assistance Act states, "(1) Each State educational agency shall ensure that each child of a homeless individual and each homeless youth has equal access to the same free, appropriate public education, including a public preschool education, as provided to other children and youths."

Family access to quality, child care is diminished in communities due to damaged and permanently closed childcare centers and reduced or lost staff due to floods.

⁵ Legal Definition- Section 752(2) McKinney-Vento Act (42 U.S.C.11434a(2) the term "homeless children and youth"-A) means individuals who lack a fixed, regular, and adequate nighttime residence...; and (B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement.



Because children have been relocated across parish or school district lines, school transportation including paratransit is problematic. Further, transportation impacts create major obstacles to school services such as free and reduced lunch, Individual Education Plans, after school programs, crisis counseling, social services, and behavioral health services.

Background

Save the Children reported that more than 20,000 children were impacted by the August floods. Identifying and addressing the wide range of children and youth needs is difficult. During disasters, local, state, and federal complex networks of safety net systems are fragmented. Research shows that normalizing a child's environment as quickly as possible post-disaster, puts a child at less risk for adverse impacts such as post-traumatic stress. School attendance plays an important role.⁶ Additionally, when children are in a safe environment during the day, families can take care of the many things that need to be done to get their lives back on track; including returning to work.

Twenty public school campuses located across Louisiana's most impacted parishes remain closed due to flood damage. Eight schools are sharing a campus and rotating schedules. Preliminary homeless student counts show an increase of 8,287 students across flood-impacted local education agencies, bringing the homeless student count to 11,111. Approximately 100 school buses are in the process of being repaired, and nearly 300 buses were determined to be total losses. In November 2016, the LA Department of Education estimates in Livingston and East Baton Rouge Parishes alone, an estimated recovery cost upwards of \$59.4M (and is increasing) for associated costs not covered by insurance and FEMA Public Assistance.

The August floods initially resulted in the prolonged loss of over 6,000 licensed child care slots, negatively impacting children, families, and child care providers. Twenty-six child care center licenses (2,400 child care slots) remain suspended due to the inability to safely resume operations following flood damage. Seven have relocated and plan to eventually move back to the original location. Eleven are permanently closed, leaving their communities with fewer child care options for families. Abrupt closings of child care centers or changes to child care relationships can have negative consequences for children, parents/caregivers and the providers. The child's developmental and emotional supports are interrupted. Parents no longer have the sense of security that a routine child care center provides. Parent/caregiver hours of work may be disrupted or discontinued causing financial hardships. Child care providers are also at risk of "compassion fatigue" as they often provide support to survivors while they are dealing with the aftermath of disasters.

The Louisiana Community Action Association reports that the lapse in food reimbursement presented financial hardships to both Head Start and Child Care providers. Reimbursement for children's food cannot be provided by USDA unless the food is actually served to children. With extended center closures impacting 6,000 child care slots, many providers lost food before it was served and had no way to cover the cost of replacing the food or keeping the food storage and preparation equipment operational. These expenses remain an unmet need.

As of November 16, 2016, 68 Private Non-Profits (PNPs) have applied for FEMA Public Assistance (PA) reimbursement for damages to child care centers. One government-administered Head Start center was reported to have lost \$91,020 in contents that may have been eligible for FEMA PA. Few government and private non-profit social service organizations were aware of what PA is or how to apply. The deadline was too quick for the LA Department of Education to apply for reimbursement of

⁶ National Association of School Psychologists. (2015). Helping children after a natural disaster: Information for families and educators (handout). Bethesda, MD: Author.



licensed child care providers that were sheltered in the River Center. Not all social service applicants could log into the application site and some could not reach anyone when they called the state's PA assistance line. Only one identified child care provider appears in FEMA's list of PA among a total of 250 PNP child care centers.

Recommendations/Alternatives

The Louisiana Children's Cabinet has been recommended by a range of stakeholders as a possible existing structure that could lead a coordinated and multidisciplinary task force or work group to address the needs of children and youth in disaster preparedness, response, and recovery. It is possible, that the LA Children's Cabinet Advisory Board and its Members could offer resources, data, and expertise in assessing the impacts as well as, external connections (such as philanthropic) to access resources that could improve all phases of preparedness, response, and recovery for children and youth.

Expedited and increased financial assistance through the U.S. Small Business Administration and FEMA PA and IA to support the rapid repair and rebuilding of child care centers and public schools, as well as expediting the FEMA IA applications of child care center and school employees. Priority should be given to schools that are currently closed and "platooning" with other campuses, so that full-length school days can be restored. Planning for future disasters should include communication and outreach strategies to school districts and child care centers. Additionally, in collaboration with local, state and federal partners, develop a booklet describing the purpose, eligibility, and application process for FEMA PA, as well as an emergency-plan template.

Granting LA DCFS the funding and programmatic waivers requested, to address the impacts of disaster response on their steady state programs and staff.

Prioritization of recovery supports, including Crisis Counseling and Disaster Case Management (DCM), for vulnerable children, parents and the school staff and child care providers who support them in recovery. This includes additional behavioral health supports for all categories of licensed child care, especially those caring for homeless and foster children.

The U.S. Department of Education awarded a \$1.5 million Project SERV grant towards restoration of the safe learning environment. The LA Board of Elementary and Secondary Education granted waivers to allow for the use of buses older than 10 years to support school transportation needs temporarily. Additionally, temporary waivers were granted to childcare providers to allow for additional children over the maximum number allowed per childcare provider, in order to accommodate children from childcare facilities that are closed or damaged. FEMA has placed temporary classroom buildings in seven school districts in the most impacted parishes.

Partner Agencies

- LA Department of Education and the LA Child Care Assistance Program
- LA Department of Children and Family Services
- Save the Children and LA Partnership for Children and Families Collaborative
- U.S. Department of Education
- U.S. Department of Health and Social Services, Administration for Children and Families
- U.S. Department of Agriculture
- FEMA



1b. Child Welfare Program Staff Shortage, Increase in Child Abuse, Foster Care and Adoption Disruptions

During disasters, Department of Children and Family Services (DCFS) staff are considered “first responders.” In response to the recent floods, most all of DCFS’ staff were mobilized for response operations supporting over 11,000 survivors in shelters, locating 244 displaced foster children in state custody, and conducting eligibility determinations for all Disaster Supplemental Food Assistance (DSNAP) applicants (286,712). During response, staff was unable to perform their regular duties creating significant backlogs in critical programs. Since the disaster, DCFS has seen indications of an increase in the number of intakes of child abuse/neglect, Child Protective Service (CPS) cases, Foster Care (FC) cases and potential Adoption (AD) disruptions. It is expected that risks of abuse, neglect, serious injury or even death to vulnerable children will grow post-disaster.

Background

DCFS was experiencing staff shortages prior to the disaster, but the shortages have increased in the disaster impacted areas, particularly in the CPS program in East Baton Rouge (EBR) Parish and the Foster Care program in Livingston Parish. Staff shortages and turnover have created cascading impacts. Trying to address the immediate staff shortages, DCFS brought in staff from around the state to work in the most heavily impacted disaster areas. The unintended consequence is staff shortages in those areas.

Of note, the added stress of disaster impacts on DCFS staff personally (40 percent of state agencies’ staff were impacted by the flood), in addition to the increased needs of survivors/consumers adds to staff burnout and separations. New hires are taking place to fill vacancies, however, the DCFS onboarding process takes about nine months before a new hire is able to take on full caseloads (see explanation below).

As research has shown, the impact of disaster related stressors (especially disasters with long-term recovery) is not always immediately seen in reports and/or incidences of abuse and/or neglect. DCFS is expecting to see increases in the numbers of cases of child abuse and neglect. Staff is closely monitoring reports of abuse and neglect.

Recommendations/Alternatives

DCFS has identified the need for additional Full-Time Employees (FTEs) to provide ongoing child welfare services post-disaster and to bring backlogged and increased workloads to a manageable level and to meet the expected increase in client intakes generated by the impacts of the disaster.

- Funding that does not require state match.
- Waivers for current funding sources where match is required such as Title IV-E, Title IV-B, Subparts 1 & 2, Chafee Independent Living (i.e. waive the state’s required match).
- Additional Title IV-B, Child Abuse Prevention and Treatment Act (CAPTA), Chafee Independent Living funds.
- Federal resources to provide boots on the ground support to DCFS staff in providing child welfare services to children and families.
- Additional behavioral health and disaster recovery support to assess and address impacts on foster children, parents, survivor families at risk of child maltreatment, and child welfare staff who may be at risk of “compassion fatigue.” This might also be accomplished by leveraging existing local and state expertise and resources such as the Children’s Cabinet and Children’s Trust Fund and existing partnerships with philanthropies and national organizations such as Casey Family Programs.



Partner Agencies

- LA Department of Education and the LA Child Care Assistance Program
- LA Department of Children and Family Services
- LA Partnership for Children and Families Collaborative
- LA Family Courts
- U.S. Department of Education
- U.S. Department of Health and Human Services, Administration for Children and Families
- U.S. Department of Agriculture
- FEMA

1c. Increase in Family Violence

Domestic Violence Prevention programs in flood impacted areas have seen an increase in intake, calls, and homicides.

Seven disaster related homicides/suicides have been reported since the August flood.

Background

Louisiana ranks fourth in the Nation of women murdered by men, according to the Violence Policy Center. Louisiana has been among the top 10 states, nine out of the last 10 years, with the highest rates of domestic murder. Children from violent homes are at much higher risks of alcohol/drug abuse, post-traumatic stress disorder, and juvenile delinquency. (CDC ACE Studies⁷)

Recommendation/Alternatives

Emergency funding for domestic violence programs.

Partner Agencies

- LA Coalition Against Domestic Violence
- LA Department of Children and Family Services
- U.S. Department of Health and Human Services, Administration for Children and Families
- U.S. Department of Justice

1d. Food Insecurity

Pre disaster, data from the U.S. Department of Agriculture (USDA) finds that nearly one in six households in Louisiana struggle against hunger. Louisiana is at 15.7 percent versus 14.7 percent nationally for lack of access to affordable quality food.

As of November 2, 2016, the number of disaster survivors residing in FEMA Transitional Sheltering (hotels/mobile homes), many of which are in remote areas with limited access to grocers or restaurants, is 7,435. Thirty-three percent of these survivors have disabilities and/or access and functional needs. Many have no transportation due to damaged or destroyed vehicles or they have been relocated to areas without public transit. State Disaster Case Management staff report that 50 percent of households in the Greater Baton Rouge area identified food as an unmet need.

Background

The two food banks serving impacted parishes have been distributing food at double and triple the normal rate, and local/national donations have diminished. The Mass Feeding Task Force estimates

⁷ Childhood experiences, both positive and negative, have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity. As such, early experiences are an important public health issue. Much of the foundational research in this area has been referred to as Adverse Childhood Experiences (ACEs).



10,000 disaster survivors will need food supplements over the next few months. Additionally, with the holidays fast approaching, local radio stations are talking about the local food pantry shortages and the urgent need for donations.

The flood related unemployment rate has dramatically increased, reducing the ability of disaster survivors to purchase food. Hunger and food insecurity disproportionately impacts Louisiana's seniors, children, and low-income families. Of the 7,435 survivors in living in FEMA Temporary Sheltering, 673 survivors are greater than 60 years of age, 2,069 are between the ages 4-17 and 501 are less than 3 years of age.

Recommendation/Alternatives

A possible emergency increase in USDA supplements to the LA Division of Children and Family Services.

The Department of Children and Family Services (DCFS) received \$4.5 million in Supplemental Nutrition Assistance Program (SNAP). Nutritional Educational funding and is requesting an increase of \$9 million. DCFS receives \$1.468 million in SNAP Employment and Training and requests an increase of \$2.932 million. The additional funding would allow DCFS to serve more clients in both Nutritional Education and Employment and Training in the most disaster impacted areas of the state.

Partner Agencies

- LA Department of Children and Family Services
- LA State Distributing Agency
- LA Department of Transportation
- U.S. Department of Health and Human Services, Administration for Children and Families
- U.S. Department of Agriculture
- U.S. Department of Housing and Urban Development
- U.S Department of Transportation
- FEMA

Issue 2: Protecting Seniors and Children with Disabilities in Disasters

2a. Substandard Conditions for Older Adults and Individuals with Disabilities

A significant number of older adults and adults with disabilities are living in disaster-caused substandard conditions. Vulnerable adults are at greater risk of abuse and neglect by family and caregivers experiencing disaster stressors.

As the Disaster Case Management grant ramps up, more neglect and abuse cases will be identified. It is anticipated that additional services from Adult Protective Services (APS) will be needed to respond to the increased need.

Background

The National Adult Protective Services Association (NAPSA) research shows that 90 percent of the abusers are family members or other trusted agents of the victim. Research also shows that abuse of vulnerable adults occurs in all communities, regardless of income, ethnicity or religious background. Vulnerable adults who experience abuse, neglect or self-neglect face a considerably higher risk of premature death than those adults who have not been mistreated.

Before the recent flood in the Baton Rouge area, Adult Protection Services (APS) was operating at 22 percent above its desired standard for cases assigned for investigation. In the month following the flood, APS saw a 19 percent increase in the number of reports made to the agency for the same time



period of the previous year. While long-range projections are not possible at this time, this represents a substantial increase that may compromise APS ability to provide timely protections to vulnerable adults who have become abused or neglected as a result of the disaster.

Over 10,000 incidents of abuse involving vulnerable adults are reported in Louisiana each year, but that is only a fraction of the true number of incidents, as most are never reported. Reports of abuse, neglect, exploitation, or extortion to vulnerable adults grow by 3-5 percent each year.

Recommendation/Alternatives

Emergency funding to meet the increased APS investigations and resolution is needed.

Recommended enhancements include: 1) the implementation of an APS specialized response team for disaster related situations; 2) funding to improve communications and connectivity, such as mobile equipment upgrades; and 3) funding to support the implementation of U.S. Department of Health and Human Services (HHS) recommendations for quality APS practice in the areas of program administration and procedures.

Partner Agencies

- LA Housing Authority
- LA Department of Health's Office of Aging and Individuals with Disabilities
- LA Department of Children and Family Services
- U.S. Department of Housing and Urban Development
- U.S. Department of Health and Human Services, Administration for Community Living
- FEMA Disability Integration

2b. Lack of Affordable Housing with Supports for High Risk Individuals and Households with Disabilities

Existing homelessness in the Baton Rouge area created additional pressures on general population shelters during the August 2016 flood event. And as Disaster Case Management expands community outreach, it is anticipated based on current anecdotal reports that many seniors, persons with disabilities, and their caregivers may be to be living in sub-standard housing situations that they cannot rectify due to limited resources, capacity, and/or fears that requesting assistance may lead to institutionalization. Census data shows over 68,000 persons with disabilities living in poverty in parishes declared for Individual Assistance.

Background

Louisiana's nationally recognized and highly successful Permanent Supportive Housing (PSH) program was instrumental in addressing homelessness and institutionalization among person with disabilities after the 2005 hurricanes. Because of this success and extensive national recognition of Louisiana's PSH program, federal partners to the Housing Recovery Support Function (RSF) – including the President's Special Advisor on Domestic Policy and Housing and a Senior Advisor to U.S. Department of Housing and Urban Development (HUD) Secretary Castro – have encouraged and are anticipating that Louisiana will build upon and replicate this proven recovery strategy. Expansion of Louisiana's PSH program is a key method of making sure the housing and support needs of low-income individuals with disabilities are met within the housing, health, and social services recovery. The program targets extremely low income individuals and households who have substantial, long-term disabilities of any type (physical, behavioral health, developmental, and/or age related). The program provides community integrated rental housing combined with services to help persons and households with disabilities attain and maintain successful tenancy. Persons/households who are homeless or institutionalized receive priority for the program, with additional prioritization given to



those who were impacted by flooding. Louisiana's program has a 94 percent retention rate for all households participating in the program since 2008 and has produced statistically significant reductions in hospitalizations and emergency room utilization for this high risk population. PSH is an evidence-based alternative to temporary shelters, street homelessness, precarious housing, sub-standard housing, and unnecessary/avoidable institutionalization in jails, prisons, psychiatric hospitals, nursing homes, and other institutions.

Recommendation/Alternatives

Louisiana is requesting 1,000 new rental subsidies in the form of Project Based Vouchers (PBV) to be used in conjunction with the state's existing Permanent Supportive Housing Program (PSH).

2c. Lack of advanced emergency shelter child care planning and education among shelter staff

During DR-4277-LA emergency response, an advocacy group of about 100 people protested at the State Capital. Families had been asked to leave emergency shelters because their children's behavior was disruptive. The group protesting claimed the children had Autism Spectrum Disorder (ASD). DCFS' Secretary personally spoke with the group to clarify their concerns. Although the details for each family varied, advanced planning and improved awareness among emergency shelter staff could reduce families being asked to leave emergency shelters with nowhere else to go. At the River Center shelter, LA Department of Child and Family Services (DCFS) staff provided support to families and Save the Children provided limited child care and a "blue room" to accommodate children with ASD. However, neither of these resources were consistently located where families knew about them or had access to them.

Recommendation/Alternatives

All LA Emergency Shelters Plans should include a dedicated child care section. These plans should include supports for children with disorders that affect their behavior and supports for the families of these children. Volunteer/deployed staff providing shelter security and safety for survivors in emergency shelters need to be educated in ways that deescalate, not escalate a distressed child/family. Recommend partnering with the group Unlocking Autism to assist in identifying needs and developing solutions for emergency sheltering. Pre-established Memorandums of Understanding between the state and shelters that sets forth guidelines for shelter staff and managers may reduce negative outcomes. MOUs and plans should also include the process for how the state might be reimbursed for emergency or relocated child care through FEMA Public Assistance.

2c. Lack of ability to evacuate households with children who are medically fragile, power/technology-dependent, or immune compromised

Local partners and FEMA Disability Integration Specialists identified gaps in the evacuation and care for medically fragile children and others. This population exceeded 100 children and youth in the Baton Rouge area. Areas identified for strengthening include criteria for medical sheltering, medical shelter staffing, and processes to access evacuation and ambulance assistance. "Trach Mommas," a local non-profit organization in Baton Rouge, met with FEMA Disability Integration Specialists to outline specific and complex needs related to evacuation, the lack of Licensed Practical Nurses and Personal Care medical assistants, critical devices required but not covered by Medicare, Medicaid, or private insurance, and timely access to durable medical equipment. Additionally, many of these evacuees cannot be transported in boats or cars at the risk of losing function of battery or electric dependent medical devices.



Recommendation/Alternatives

Joint planning for this population is needed at both state and local levels. U.S Department of Health and Human Services' (HHS) Region 6, Emergency Support Function 8 (ESF 8) Regional Emergency Coordinators (RECs) have offered to address ambulance evacuations and ensure that LA Department of Health leadership is aware of medical shelter concerns. The RECs will connect with FEMA on evacuations and HHS' Centers for Medicare and Medicaid Services regarding durable medical equipment. However, safe evacuation and access to medical sheltering will require more comprehensive joint planning across disciplines.

2d. Ensuring environmental health of children and youth in State custody residing in foster homes and residential facilities

Children and youth in state custody have disproportionately higher rates of physical and behavioral health diagnoses than those living with their biological families. Exposure to mold and other post-flood environmental hazards puts these children at higher risk for health consequences. These added health risks create additional burdens on foster parents or residential facility staff to prevent, identify, and treat health impacts promptly. Assessing environmental health in foster homes and residential facilities that were flooded is essential to the health and well-being of children and youth in state custody.

Recommendation/Alternatives

LA Department of Children and Family Services (DCFS) may consider leveraging partnerships with state, federal, and local public health providers, universities, children's hospitals, schools, FEMA Voluntary Agency Liaisons, and Voluntary Organizations Active in Disasters (VOADS) to prioritize and address environmental health concerns in flooded foster homes and residential facilities.

2e. Lack of Tax Base to Fund Vocational Rehabilitation (VR) Work Support Services for People with Disabilities

The Louisiana Workforce Commission (LWC) reported that the reduced tax base due to the disasters has resulted in the lack of match required to draw down federal money for these critical services that support work among people with disabilities. Currently, the state can only serve individuals with the most disabling conditions. Further cuts are expected and will result in a lack of funding to offer work supports to even this small population of disabled job-seekers. The reduced tax base will impact the overall social services system as well as economic recovery for local business' and individuals who work with additional supports and accommodations for individuals with disabilities. Also, survivors whom lost assistive devices and durable medical equipment in the flood, now face new challenges to housing, transportation, child care, and behavioral health treatment, further exacerbating work-recovery needs among people with disabilities.

Recommendation/Alternatives

LWC may consider requesting additional funds from Federal or national level and philanthropic organizations to continue to provide critical services for job seekers with disabilities. LWC may also consider requesting additional HHS Community Services Block Grant (CSBG) funds to support recovery efforts through the State Community Action Agencies (CAAs), which regularly offer critical community resources such as, assessing community-level recovery needs; regularly leveraging partnerships that can support recovery needs like collecting and offering donated goods and vouchers for survivors at Cortana Mall in Baton Rouge.



2f. Needs Related to Temporary Disaster Unemployment Claims

As of November 9, 2016, DR-4277-LA Disaster Unemployment Assistance (DUA) claims (7,563) totaled \$2,293,374 in temporary benefits. These benefits are temporary and will likely end before affordable housing is available and before community economies recover to pre-disaster employment rates. This will result in future unmet income needs among DUA recipients and further stress on social service systems, especially for survivors lacking transportation or other means to relocate for work. The U.S. Department of Labor funds temporary jobs for workers to remove debris and provide humanitarian assistance. However, these workers cannot muck or gut private homes. Voluntary organizations do not have the capacity to perform this task on this large scale, resulting in delayed recovery of housing stock and overall community recovery.

Recommendation/Alternative

The Louisiana Workforce Commission (LWC) may consider requesting additional Department of Labor “Disaster Dislocated Grant” funding to temporarily hire eligible individuals who were impacted by the floods to perform critical disaster recovery work. The LWC may also consider identifying any flexibilities or waivers for mucking/gutting work needed in private residences that seniors and individuals with disabilities could not perform themselves. The grant limitations limit gutting and rehabilitation much needed affordable housing units. LWC should research the National Institute of Environmental Health Sciences Worker Training Program that teaches community members and professional how to safely remove and dispose of hazardous materials.

2g. Workforce Recovery and Community Service Block Grant

Louisiana Workforce Commission (LWC) employees (187) and 265 Community Action Agency (CAA) employees were personally impacted by the floods. LWC reports the disaster also reduced community level capacity to support people seeking work, resulting in new and exacerbated needs for transportation, child care subsidies, substance abuse treatment, and behavioral health supports. LWC is currently considering requesting supplemental ACF Community Service Block Grant (CSBG) funds to further support recovery through local CAAs which are assessing ongoing community-level recovery needs related to employment, housing, and food.

Recommendation/Alternative

The LA Community Action Association suggested alternatives to address transportation gaps such as increased online access to apply for help and jobs in Public Libraries and Community Action Agencies. Also, improvement to 211 providers could help better integrate local recovery resources for survivors.

LWC suggested that one grant, which is operational in Alexandria, might be considered for expansion into disaster-impacted areas to increase the number of trained health care workers in those areas. Currently funded by the HHS, the Health Profession Opportunity Grants (HPOG) can provide eligible applicants with health care profession training and other work supports including transportation.

Partner Agencies

- LA Department of Health’s Office of Aging and Adult Services
- LA Housing Authority
- LA Office of Community Development
- LA Workforce Commission
- U.S. Department of Housing and Urban Development
- U.S. Department of Health and Human Services, (ACF CMS)
- U.S. Department of Labor



Issue 3: Behavioral Health and Health Impacts

In 2012 after Hurricane Isaac, the Louisiana Office of Behavioral Health noted that individuals who experience disasters, especially repeated disasters such as in Louisiana, are at higher risk to develop post-traumatic stress symptoms, as well as increases in substance abuse and other behavioral problems.

It is important to note that the 2016 Severe Storms and Flooding disasters are just the most recent disaster in a string of disasters including Hurricane Andrew (1992); Tropical Storm Frances & Hurricane Georges (1998); Tropical Storm Allison (2001); Tropical Storm Isadore and Hurricane Lili (2002); Hurricane Ivan (2004); Hurricanes Katrina & Rita (2005); Hurricanes Gustave & Ike (2008); Deep Water Horizon Oil Spill (2010); and Hurricane Isaac (2012).

3a. Lack of Capacity in Primary Care and Community Settings to Respond to Behavioral Health Needs

Specialty behavioral health services and providers are limited, leading to the need to build the capacity of primary care and community settings to respond to substantial emerging mental health needs for the population. Available epidemiological data from prior disasters indicate that more than 6 months after disaster, the estimated rates of persons with mild/moderate storm-attributable problems to be 25 percent of adults and 30 percent of children and rates of severe problems to be 5 percent of adults and 10 percent of children. (Source: *ARCH GEN PPSYCHIATRY/VOL 66 (NO.8), August 2009*)

Disasters and the cascading loss and disruptions disproportionately impact children and youth, including vulnerable youth who have recently aged out of foster care, who have run away, or who are homeless. The resulting behavioral health challenges in children and youth often result in health problems, developmental regressions and delays, educational failures, and increased risky behaviors. Louisiana's social service providers reported impacts typical for children and youth who have survived this scale of disaster.

Recommendations

Because of this limited specialty services availability, substantial emerging mental health needs for the population, and the effectiveness and appropriateness of delivery of mental health services in primary care and community settings, we propose to use local workgroups to implement community and evidence-based programs like the Improving Mood-Promoting Access To Collaborative (IMPACT) model (Unutzer, et al., JAMA, December 12, 2002) in flooded neighborhoods, where many uninsured or low income community members reside, and build capacity for evidence-based services delivery for depression, anxiety, and PTSD among available service providers. It is recommended that components be added that permit care management by trained non-professional staff such as community health workers for tasks such as outreach, screening, education, and referral, as well as techniques of behavioral activation. This model would also support training and supervision in Cognitive Behavioral Therapy (CBT), and work to provide group psycho-education based on CBT principles for the reduction of depression.

LA Spirit, the LA Department of Health's FEMA-funded Crisis Counseling Program, has identified a need for a cadre of child coordinators to work with schools, who may also consider outreach to other community facilities that care for children and youth such as child care and residential facilities. LA Spirit child coordinators may also consider partnering with volunteer organizations to leverage related behavioral health resources and curricula among children's services and educational settings. For example, Save the Children is now beginning to provide "Shelter from the Storm"



activities with groups of children aged 0-3 and Journey of Hope disaster recovery activities with school-aged children in Ascension, Baton Rouge, and Livingston parishes.

Because of the multiple stressors on social and children's care and education providers, LA spirit may also consider working with state agencies to offer special outreach to these staff to address their own recovery and their risk of "compassion fatigue" and burnout.

The state may also consider assessing whether individuals with intellectual and developmental disabilities are able to see their caseworkers who are uniquely able to identify and address their special needs given the number of displacements and widespread transportation challenges.

Alternatives

The Louisiana Office of Behavioral Health (OBH) will research alternate funding opportunities, as this strongly aligns with LA OBH goals to expand needed access to behavioral health services by leveraging integrated primary care.

Partner Agencies

- LA Department of Health
- U.S Department of Health and Human Services' Substance Abuse Mental Health Services Administration
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Center for Medicare and Medicaid Services

3b. Suicide Prevention/Intervention

Suicide ideation and plans sometimes increase 5 - 12 months after a disaster.

Locally, Louisiana's crisis line, since August, experienced an overall 35 percent increase in call volume as compared to the same period last year, and they report that based on their experience responding to other crises. The peak call volume related to disaster-based trauma is yet to come. Anxiety and depression are often post disaster mental health issues. It is anticipated the upcoming holidays will bring about increased incidences of anxiety and depression.

Recommendations

Training for individuals, including medical personnel, in suicide alertness (safeTALK), suicide first aid training known as ASIST (Applied Suicide Intervention Skills Training) and in Mental Health First Aid is requested.

Alternatives

Louisiana Office of Behavioral Health (OBH) will research alternate funding opportunities from the Substance Abuse and Mental Health Services Administration, the Centers for Disease Control and Prevention and philanthropic organizations.

Partner Agencies

- LA Department of Health
- U.S Department of Health and Human Services' Substance Abuse Mental Health Services Administration
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Center for Medicare and Medicaid Services



3c. Access to Comprehensive Primary Care and Mental Health Services

Access to healthcare in disaster areas becomes difficult as patients and providers are displaced from their homes, often living great distances from their homes and employment.

Telemedicine is very limited in Louisiana rural health clinics (RHC) and Federally Qualified Health Centers (FQHC) for various reasons. For RHCs, this is partly due to CFR 405.2463 regarding what constitutes a visit. RHCs and FQHCs are not allowed to bill for mental health and primary care patient visits when they occur on the same day. This is permitted by Medicare but not LA Medicaid. FQHCs are mandated by federal regulation to provide primary care, mental health, and dental health to all patients regardless of their ability to pay. RHCs and FQHCs are key stakeholders for the Louisiana Medicaid Expansion initiative.

Recommendations

Louisiana Department of Health (LDH) through its Bureau of Primary Care and Rural Health recommend three solutions:

- LDH-REC 1. Special consideration to Louisiana applicants to the HRSA 17-009, 2016 Section 330 New Access Points Grant Program for the following applicants in communities severely impacted by the 2016 disasters: RKM Primary Care (Tangipahoa), Premier care Health Center (East Baton Rouge), and Innis Community Health Center (Point Coupee)
- LDH-REC 2. State plan waiver to enable same day payments through Medicaid for mental health and primary care patient visits
- LDH-REC 3. Pilot to test the effectiveness of telemedicine by waiving the provision for an initial, face-to-face visit.

LDH will also need funding for a data analyst to work with existing epidemiologists for surveillance, tracking, and monitoring of LDH-REC 2 and LDH-REC 3 to help identify and eventually implement promising practices that realize costs savings and effective patient utilization of healthcare services.

Partner Agencies

- LA Department of Health
- U.S Department of Health and Human Services' Substance Abuse Mental Health Services Administration
- Centers for Disease Control and Prevention
- Health Resources and Services Administration
- Center for Medicare and Medicaid Services

3d. Substance Abuse, Opioid Addiction and Overdose

Louisiana is among the top 10 states for opioid prescriptions per capita. In East Baton Rouge Parish, according to the coroner, 98 percent of overdose deaths are related to opioids. It has been estimated that, on average, Louisiana physicians write more prescriptions per person per year at a rate of 28 percent higher than the national average. Disaster behavioral health research shows that substance abuse typically increases post disaster. Disaster research acknowledges that comorbid consequences such as psychological disorders and substance use often accompany socioeconomic loss and displacement (Galea et al., 2002; Kessler et al., 1995; North et al., 1999). Researchers from multiple institutions, including the University of Miami, examined data from New Orleans to understand if residents were more at risk for substance abuse after living through the trauma of Hurricane Katrina. They found that the rate of hospitalizations for substance abuse increased approximately 30 percent, from 7.13 hospitalizations for 1,000 people to 9.65 hospitalizations for



every 1,000 people, according to the finding published in the medical journal Preventing Chronic Disease⁸.

Recommendations

1. Institute a staged approach to opioid prescription quantity limits
2. Expand coverage and access to treatment for opioid addiction
3. Provide education for providers, pharmacists, physicians and other healthcare practitioners on a sustained, consistent basis.
4. Support the recommendations of the Task Force on preventing opioid abuse.

Alternatives

Instituting policies to change prescription practices is the number one alternative. Finding resources to address this issue should include a coordinated approach.

Partner Agencies

- LA Department of Health
- U.S. Department Health and Human Services' Substance Abuse Mental Health Services Administration
- Federal Drug Administration
- Centers for Disease Control and Prevention

3e. FEMA/SAMHSA Crisis Counseling Assistance and Training Program

There is a persistent refusal by non-profit organizations to pay for indirect and various administrative costs associated with ramping up and operating a crisis counseling program. The reporting requirements alone are far beyond most reporting capabilities of nonprofit organizations. As a result, these organizations which are the backbone of most public sector behavioral health systems are now refusing to participate in the crisis counseling programs, thus limiting resources available for operating the FEMA Crisis Counseling Program (CCP).

Background

During the March and August severe weather and flooding disasters, four of the five impacted local Human Services Districts/Authorities and other local nonprofit providers declined the local management of the FEMA/SAMHSA Crisis Counseling Assistance and Training Program due to the significant administrative costs associated with operating the CCP program. These agencies include Catholic Charities Archdioceses of New Orleans, Plaquemine Community Cares, Volunteers of America Greater Baton Rouge, Volunteers of America of New Orleans, and Options for Independence. A representative of Options for Independence has mortgaged his home twice to cover payroll as the CCP is a cost reimbursement program. During previous disasters it has taken 3 - 6 months for the agencies to be reimbursed.

Findings

The Louisiana State Disaster Behavioral Health Director reported that 26 of the 36 declared Parishes applied for the FEMA Crisis Counseling Program (CCP) Grant opportunity administered by HHS Substance Abuse and Mental Health Services Administration (SAMHSA). Historically, the CCP data collected by SAMHSA does not include data on where an individual in need of behavioral health services is referred to or if the referral resulted in an appointment with a behavioral health provider. Most of Louisiana is designated as a "Mental Health Provider Shortage Area" (Mental HPSA) (see

⁸ Hospitalizations for Substance Abuse Disorders Before and After Hurricane Katrina: Spatial Clustering and Area-Level Predictors, New Orleans, 2004 and 2008. Original Research – Volume 13 – October 13, 2016



Figure 3). This presents concerns when CCP outreach educators refer individuals exhibiting acute stress and/or who may be suffering from post-traumatic stress symptoms for behavioral/mental health services.

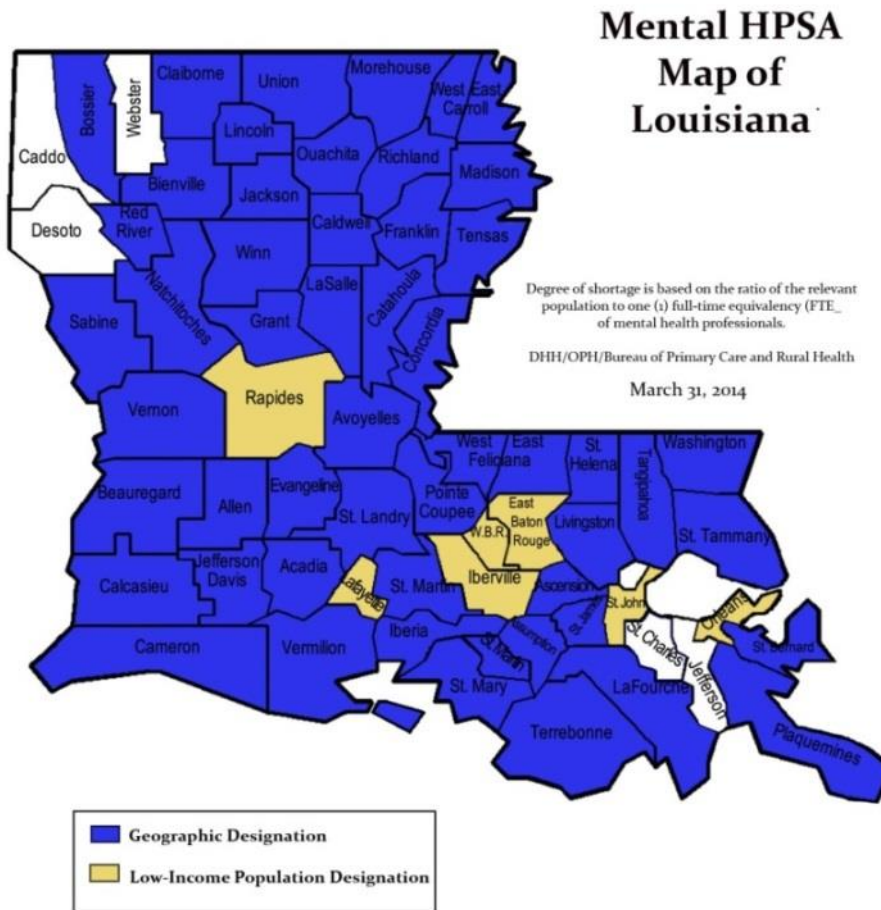


Figure 2: Mental HPSA Map of Louisiana

Opportunities

- Analysis of SAMHSA data could potentially identify; individuals referred for more acute behavioral health services, to ensure follow up by state mental health workers; identify areas of greater vulnerability for targeted services and provide information toward building greater capacity in those more vulnerable areas.
- Ensure all Disaster Case Management, Crisis Counseling Program, Disaster Survivor Assistance, VALs and Voluntary Agencies Active in Disaster, and FEMA Corps workers, as have the following information for the Disaster Distress Helpline 1-800-985-5990. The Disaster Distress Helpline provides 24/7, year-round crisis counseling and support by licensed, clinical counselors. The Helpline is staffed by trained counselors from a network of crisis call centers located across the United States, all of whom provide:
 - Crisis counseling for those who are in emotional distress related to any natural or human-caused disaster.
 - Information on how to recognize distress and its effects on individuals and families
 - Tips for healthy coping

- Disaster-specific resources and referral information

Recommendations

Consideration for the allowance of local indirect costs and other supportive operational costs associated with management of the CCP program by local Human Services Districts/Authorities or local nonprofit agencies.

Partner Agencies

- LA Department of Health
- HHS's SAMHSA
- FEMA IA

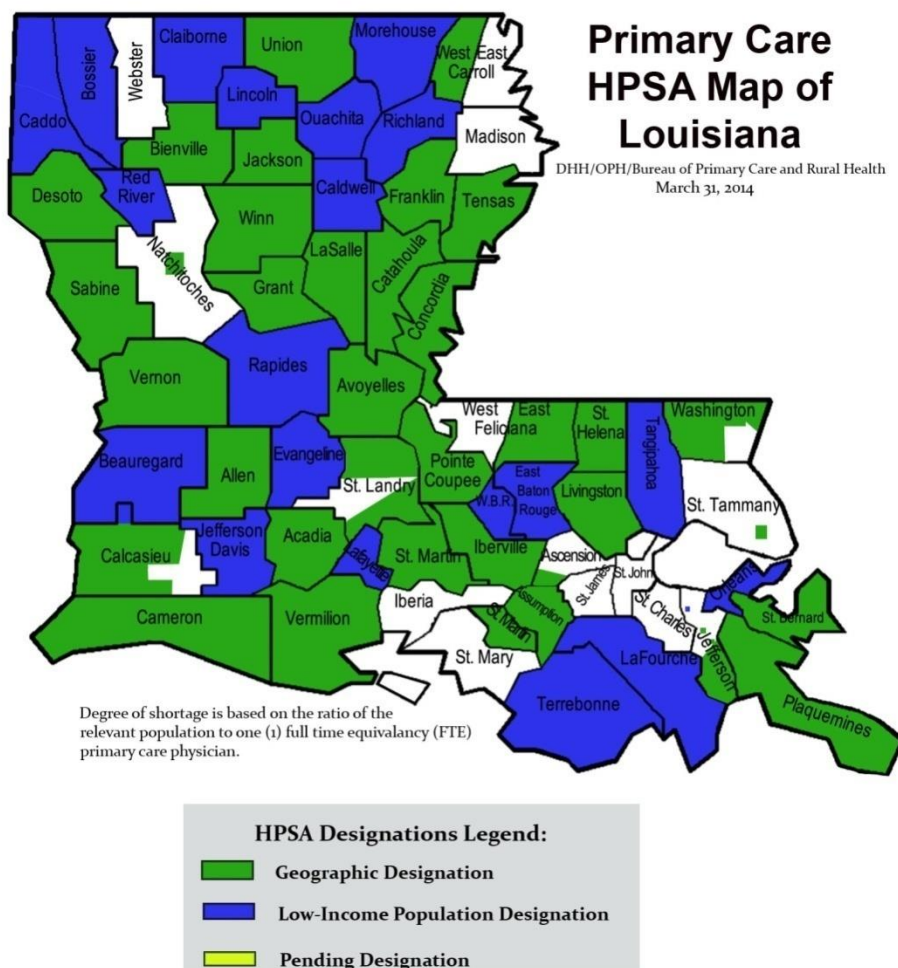
Health Care Services Impacts

Community Health Centers (CHCs) play a significant role in the delivery of health and social services to low-income areas. While this is important for all areas, particular focus is on the neighborhoods and communities with limited pre-disaster access to care and/or co-morbid health factors that would make them more susceptible to having adverse health outcomes in more austere or challenging environments. Additionally, most of the impacted Parishes have been designated by the Health Resources and Services Administration (HRSA) as Health Professional Shortage Areas (HPSA)⁹ Medically Underserved Areas (MUA) and Medically Underserved populations (MUP)¹⁰.

⁹ HPSAs may be designated as having a shortage of primary medical care, dental or mental health providers. They may be urban or rural areas, population groups or medical or other public facilities.

¹⁰ Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services. Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care.





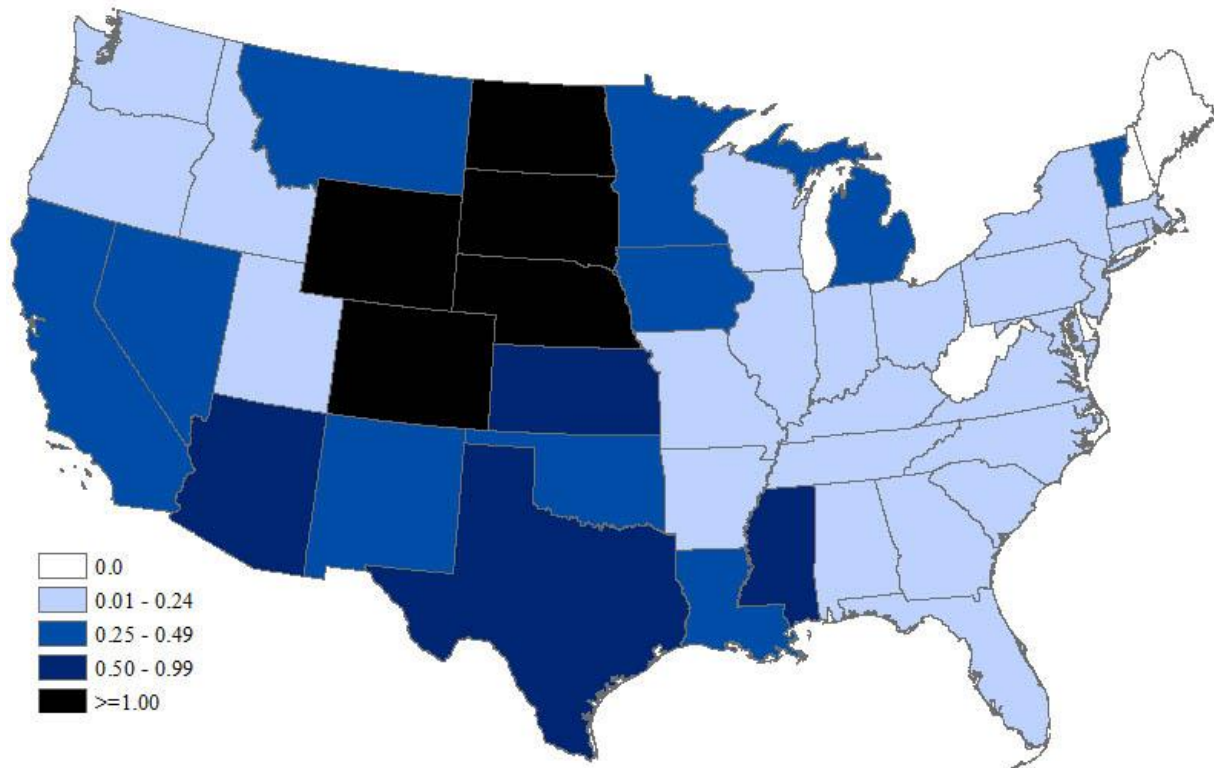
Public Health

Flooding, ground saturation and frequent rain can lead to standing water in the environment and in objects that collect water. Standing water can become breeding grounds for mosquitoes.

West Nile Virus in Louisiana

In 2015, Louisiana Health Department reported 43 cases of West Nile Virus disease. The map below demonstrates annual average incidences of West Nile Virus disease from 1999 - 2014, with Louisiana averaging greater than 100 incidences per year, making Louisiana one of seven states in the nation with the highest incidence rate for West Nile (see Figure 2).

Figure 3: West Nile Virus Neuro-invasive Disease Incidence by State – United States, 2016 (as of December 6, 2016)



This map shows the incidence of human West Nile virus neuro-invasive disease (e.g., meningitis, encephalitis, or acute flaccid paralysis) by state for 2016 with shading ranging from 0.01- 0.24, 0.25- 0.49, 0.50- 0.99, and greater than 1.00 per 100,000 population.

Opportunities

- FEMA Mosquito Abatement Program work with the Public Health Offices in the impacted areas. What are the requirements for communities?
- Messaging on individual activities residents can take to prevent standing water
- Culturally and linguistically appropriate mosquito bite protection messaging
- Partner with University of New Orleans, Risk Literacy Program
- FEMA VALs encourage VOADs to replace and patch screens
- Partner with Big Box Home Improvement Stores for new screening for survivors

Environmental Health Impacts

Post-disaster environmental health concerns typically center largely on the environmental health consequences of poor or non-existing drainage, septic systems overflow, contaminated privately owned wells and continuing mold growth and subsequent exacerbated respiratory illness. Mold clean-up¹¹ and/or mold remediation¹² is the biggest public health challenge facing residents and business owners in the flooded Parishes. Certain molds can be quite dangerous to individuals with respiratory illnesses particularly children < 18 and adults 65 and older.

¹¹ Mold remediation involves removal of the mold impacted areas.

¹² Mold clean-up involves cleaning the affected area with detergent.

Opportunities

- Linguistically appropriate messaging on current safety practices of mold clean-up and mold remediation
- Linguistically appropriate messaging on the health hazards of mold
- The National Institute of Environmental Health Sciences (NIEHS) can provide information on occupational safety and health education training to workers who are involved in handling hazardous waste or in responding to emergency releases of hazardous materials.
- USPHS Environmental Health Assessments of remaining rental properties to ensure proper remediation of environmental health hazards

Social Services/Disaster Case Management

The State of Louisiana received a Disaster Case Management (DCM) grant.

The DCM grant is from the Federal Emergency Management Agency (FEMA) to the Louisiana Office of Community Development-Disaster Recovery Unit. The Louisiana Department of Health is responsible for the operation of the DCM program including policies, procedures, training, support, data-collection, and oversight of seven community non-profits contracted to provide DCM an estimated 8025 households in 51 parishes. DCM is a time-limited process where a qualified individual serves as a single point of contact for individuals or families who were impacted by the floods. This person helps households return to a state of independence. The case manager can help families identify their unmet needs and then assist with referrals and applications to the appropriate agencies. This includes access to health care including mental health services, housing, home repairs, transportation and other essential services. DCM is targeted to that 30 percent of households filing for FEMA Individual Assistance who need more long term involvement to recover and regain pre-disaster functioning. Persons living in the parishes declared for FEMA IA are eligible for DCM. State staff requested Immediate Disaster Case Management (IDCM) from FEMA which would have immediately deployed case managers while the state developed its DCM program, but IDCM was not approved. As of 11/16/2016, the state's DCM program was not fully staffed or fully operational.

Louisiana was awarded \$19.5 million on August 18, 2016, in connection with the Spring 2016 floods (FEMA reference DR-4263). The state was awarded an additional \$40.7 million in connection with the August 2016 floods (FEMA reference DR-4277). Funding is 100 percent federal with no state match required. The DCM grant is a 24 month grant. No cost extensions of three to 12 months can be requested. Because the grants were not awarded at the same time, case managers working DR-4263 were re-deployed to DR-4277 to meet new needs, resulting in survivors and long term recovery groups in Northeastern Louisiana losing its' case managers.

Recommendation

In federally declared disasters, FEMA performs an assessment to determine the need for DCM and, if indicated, the type of DCM to be offered. State ESF-6 leadership with critical roles in DCM reported not being aware that IDCM existed during critical decision-making conversations. Joint advance planning is needed among the Office of Community Development, DCFS, LA Department of Health, GOHSEP, FEMA, and HHS ESF-6 partners to ensure the state is aware of all of the DCM options and when FEMA conducts a DCM assessment.

Children/Youth Disaster Task Force Viability

As referenced above, the LA Children's Cabinet has been recommended as an ideal structure within which children's and youth's recovery needs can be continually assessed and expertise and



resources leveraged to meet them. HHS/ACF, FEMA and key human service/children's organizations are very interested and ready to invest in such a group so new and exacerbated human service needs can be adequately assessed and prioritized.

