



DISASTER CASE MANAGEMENT

Case Management and Individuals with Disabilities Following Hurricane Katrina

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This article, submitted for inclusion in an upcoming issue of *Rehabilitation Psychology*, investigates the long-term recovery of individuals with disabilities following Hurricane Katrina through data collected from disaster case managers. Case management is frequently used by disaster relief organizations to coordinate resources and to provide a single-point of service delivery to those affected by disaster. Disaster case management usually involves the development of a disaster recovery plan and has as its objective to restore a disaster victim to or near their pre-disaster living status. Faith-based organizations frequently use a case management model as a vehicle to distribute resources donated by their member organizations to their disaster-affected clients. The Red Cross, United Methodist Committee on Relief, Lutheran Social Services, and Catholic Charities, are the largest disaster organizations that use case management as a tool.

In this study, case managers, along with their supervisors who were part of the Katrina Aid Today (KAT) National Case Management Consortium were interviewed to better understand the needs of individuals with disabilities post-disaster. Katrina Aid Today was the largest single coordinated case management program used in the U.S. in response to disaster and had as its goal to provide case management to 100,000 families affected by Hurricane Katrina. Nine member organizations were part of the original consortium, and were later joined by 16 grassroots organizations that also used case management. The National Disability Rights Network (NDRN) joined the consortium with the primary objective of providing case management specifically to individuals with disabilities. NDRN is the umbrella non-profit organization for the federally-funded Protection and Advocacy agencies (P&As) that are the largest network of legally-based advocacy services to individuals with disabilities in the U.S.

Method

This study collected data from two groups; 47 case managers, who provided direct case management services to disaster survivors, and 12 case management supervisors, who oversaw the administrative and managerial components of the program. All participants were employed by an NDRN-affiliate in either Louisiana, Mississippi, Alabama, Texas, or Georgia, which were also the states to which the largest number of Katrina survivors relocated post-disaster. The case managers collectively provided case management

to a group of 2,207 individuals with disabilities and their families, with an average case load of 48 families. The 12 case management supervisors in this study all had been with the KAT program from its inception 18 months prior to the interviews.

The telephone surveys conducted with each of the case managers and included 9 open-ended questions and 12 demographic questions. As part of the open-ended questions, case managers were asked to describe the biggest challenges that their clients with disability faced, as well as the factors that they believed best supported their successful recovery from the disaster. Case managers were also asked to reflect on the role that disability played in delivering service to their clients, and the importance of disability-related expertise in effectively responding to the needs of clients with disabilities.

The interviews with the case management supervisors were conducted face-to-face and consisted of five interview questions, along with follow-up probes. The questions similarly asked about the role of disability when providing case management to individuals with disability, and the extent to which disability-related expertise was instrumental in the case management process. All interviews were audiotaped and then transcribed for further analysis.

Analysis

The qualitative data from both the telephone surveys and the interviews were first analyzed using line-by-line open coding, and then collapsed into larger categories (see Glaser & Strauss, 1967; Strauss & Corbin, 1990) within each interview type. These categories were then grouped across the two data sources to form overarching categories systematically using the constant comparative method (Glaser & Strauss, 1967; Goetz & LeCompte, 1981). The analysis thus produced categorized results, a description of each of the categories, quotes that exemplified each of the categories, and a summary of how these categories interrelated. In the article, the results are reported under the categories of 1) supports to recovery, 2) barriers to recover, 3) the role of disability in disaster case management, 4) disability-related expertise of case managers, and 5) the influence of disability specialists on disaster case management practice.

Discussion of Results

The results section of this article suggest that considerable barriers

continued to exist for the over 2,000 individuals with disabilities in their combined caseload over two years following Hurricane Katrina. The reported needs of these individuals, such as housing and transportation, parallel those reported by other survivors of the storm; however, the presence of disability impacts the intensity and duration of case management required post-disaster.

Reports from the case managers in this study suggested that the needs of individuals with disabilities mirror those with survivors without disabilities who were impacted by Hurricane Katrina. Specifically, other studies on the long-term recovery of Katrina survivors (see, Lein 2009; UMCOR, 2008) have found that over two years following the disaster they continue to have basic needs in areas such as housing, employment, and medical attention. However, resources from volunteer organizations and other agencies have dissipated since the storm, leaving case managers with few resources to which they can refer their clients. The disability-related needs of these clients, layered on top of the disaster-related needs of these clients, complicates the recovery process and was reported to necessitate a higher level of skill in case management.

The National Response Framework now includes case management as a mandated part of all federally-funded disaster response. As a result, case management will be used more frequently and with a greater number of disaster survivors. While guidelines for the case management of individuals with disabilities have been incorporated into a working draft released by the Administration for Children and Families (2008), these guidelines have been primarily policy-driven rather than research-driven. The results reported in this article suggest that additional study of individuals with disabilities post-disaster is needed in order to more effectively address their case management needs.

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