

BATON ROUGE CITY REPORT

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II. INTRODUCTION

A. Baton Rouge in the Aftermath of Hurricane Katrina

As Hurricane Katrina approached New Orleans, thousands of residents of the city got in their cars for a mass exodus to Baton Rouge. New Orleans residents continued to stream into Baton Rouge as the Hurricane progressed. Meanwhile, much of Baton Rouge lost electricity and telephone service. Residents of Baton Rouge trailer parks were evacuated to shelters as others braced for the storm. After landfall, it first appeared that Baton Rouge had weathered the storm relatively unscathed. Then, the city learned that the levee had burst in New Orleans. Buses began to bring more evacuees to Baton Rouge. Evacuees stayed with relatives, friends, and even strangers. They filled hotels, homeless shelters, and the River Center. Evacuees in need of medical attention were taken to Louisiana State University for triage.

Baton Rouge, which is located on the Mississippi River about 80 miles from New Orleans and is the Louisiana State Capital, became the major staging ground for hurricane relief efforts. Not only did it house evacuees, but it also saw an influx of relief workers. Many Baton Rouge social service providers were first responders in New Orleans.

Hurricane Katrina caused an increase in social services needs in every possible area. Housing evacuees was a major concern. School enrollment increased dramatically. Baton Rouge was unprepared for the health care and mental health care needs of evacuees, as it did not have as extensive a charity hospital system as New Orleans. Evacuees lost their jobs as businesses were shut down and the evacuees were separated from their work places. They needed to apply for unemployment compensation benefits or to find new employment. Evacuees fled to Baton Rouge leaving behind basic necessities like clothing and toiletries and also important papers, making it more difficult to obtain employment and housing, to enroll children

in school, and to obtain health care. The range of issues to be faced by evacuees, and consequently by non-profit organizations and government agencies, was staggering.

Unfortunately, it took about two weeks for many organizations to start their relief efforts because of confusion and lack of preparation. Intensive relief efforts took place for the first month after Katrina and then began to scale back. Relief efforts have continued but changed over time to meet the changing needs of evacuees.

B. Population of Baton Rouge

Reports of population levels in Baton Rouge vary somewhat, but by all accounts they changed dramatically in the wake of Hurricane Katrina. According to the Baton Rouge Chamber of Commerce, the Baton Rouge Area's pre-Katrina population was approximately 730,000 (the population of the East Baton Rouge Parish was roughly 425,000). According to reports of the Chamber of Commerce, the mayor's office, and the Baton Rouge Area Foundation, the population of the Parish reached between 800,000 and 1,000,000 in the immediate aftermath of the Hurricane. Baton Rouge became the biggest city in the state. As of June 2006, most people estimated that about 50,000 evacuees remain in Baton Rouge.¹

C. Unique Issues in Baton Rouge

The federal government does not consider Baton Rouge an "affected area" for the purposes of providing Hurricane Katrina relief. Talking to people in Baton Rouge belies this assessment.

Baton Rouge is unique among cities that accepted significant numbers of evacuees from Hurricane Katrina. First, it is the closest significant metropolitan area to New Orleans. Accordingly, it accepted a huge number of evacuees before, during and after landfall of

¹ According to the U.S. Postal Service, more than 22,000 households, or about 72,000 people from New Orleans are having their mail forwarded to Baton Rouge.

Hurricane Katrina. It is also the capital of the state of Louisiana, making it a central point for relief efforts to New Orleans and other affected areas in Louisiana. It is a smaller city, however, than New Orleans and than many other cities that accepted large numbers of evacuees, such as Houston, Dallas, and Atlanta.

Being in Louisiana and close to New Orleans adds another layer to these considerations. Many residents of Baton Rouge took family and friends from New Orleans into their homes. One study showed that at least 50% of Baton Rouge households housed evacuees from the affected areas.

Despite the connections between New Orleans and Baton Rouge residents, a definite rivalry exists between the cities. Although many Baton Rouge citizens stepped up in the face of the storm, many are also unhappy with the new residents of their city. This anger is exacerbated by the fact that some Baton Rouge natives believe that New Orleans is receiving all of the attention – and funding – following Hurricane Katrina, and that the federal government is ignoring the needs of the city.

D. Business Climate of Baton Rouge

Louisiana's overall economy is suffering post-Katrina. According to the LDOL, the only sector to add jobs since the Hurricane is mining. The state has a large budget deficit because of the Hurricane, and the House just passed a budget bill that would eliminate hundreds of state jobs and replace them with dozens of new jobs for post-recovery efforts.

However, the picture is different in Baton Rouge. According to the Chamber of Commerce, Baton Rouge has received an infusion to its economy as a result of (1) the presence of the evacuees, (2) its status as the major staging ground for the relief and rebuilding effort. Sales tax collections have increased by as much as 35% for reporting periods since Katrina, and are holding steady at a 20% increase. As a result, the City/Parish government has an

unprecedented surplus; the undedicated surplus is estimated at \$10 million. As Baton Rouge houses the state offices, however, state job cutbacks could affect the city. However, the private sector appears to be doing well.

E. Current Status of Evacuees in Baton Rouge

For the most part, we heard that evacuees want to go home. At this point, however, there is no place to which many evacuees can return.

Many other evacuees have integrated into the population of Baton Rouge. They have found work, purchased or rented property and enrolled their children in Baton Rouge schools. Yet others simply are not making plans. For certain evacuees, the FEMA trailers are the nicest place they have ever lived. There seems to be a lack of understanding-- or perhaps denial-- of the fact that these are temporary quarters. Many people are also waiting out this year's hurricane season before making a permanent decision on relocation.

Evacuees continue to need many of the same services they have needed over the last nine months. New issues are arising, however, as funding sources terminate. For example, at the end of June, the Baton Rouge bus service ran out of funding for many free services, including its free service to New Orleans and free services to trailer communities. This may well result in a new wave of unemployment.

III. HOUSING ISSUES

In the wake of the hurricane, the Baton Rouge area faced an immediate crisis in delivering short-term shelter to evacuees. It continues to respond to the longer term challenges of increased demand for housing and services.

A. Shelter Housing

By all accounts, the Baton Rouge area responded effectively to a massive demand for shelter through a combination of public and private resources. As residents of the New Orleans area voluntarily evacuated in anticipation of Hurricane Katrina, hotels in the Baton Rouge area quickly filled. For example, the Baton Rouge Marriott was full by the morning of Saturday, August 28, 2005, with the staff implementing their standard plan for hurricanes - requiring all department heads to move into the hotel and making sure that the hotel had water, batteries, extra food and other necessities to weather the storm with over 1000 guests at the hotel. Many evacuees found temporary shelter with family or friends. Early evacuees were also housed in the local high schools.

As the flooding of New Orleans precipitated a large exodus of evacuees, River Center, a convention center in downtown Baton Rouge, became the largest temporary shelter. Notably, River Center was not designated as a shelter site in the city's emergency disaster plan, and it continues not to be. Evacuees were transferred to the arena, and the Red Cross moved in to run the facility.

While River Center was the largest temporary shelter, through the efforts of faith-based organizations, over 120 shelters were quickly established in the Baton Rouge area. The downtown churches in particular were able to coordinate their efforts as a result of existing relationships, with churches agreeing on their respective roles: some providing shelter for adults, others for families with children, others for single pregnant women or single moms with

newborns, depending on the facilities available at a particular church. In addition to this coordinated effort, there were also numerous shelters established at smaller churches and temples.

Louisiana State University (“LSU”), through its office of Residential Life, also played an important role in providing temporary housing for 450 public safety workers and for relief workers, displaced University of New Orleans students, and more than 350 families members of LSU students who temporarily moved in with their students. It is estimated that these shelters and dorms housed between 20,000 and 30,000 people.

The hotels also continued to play a critical role in housing evacuees, housing approximately 32,000 evacuees. The Baton Rouge Marriott, for example, in addition to its guest rooms, opened up its ballroom for Marriott associates and guests who were being evacuated from New Orleans. As word spread that the Baton Rouge Marriott was taking in people, it accepted additional evacuees as they arrived, housing up to 1,000 people in the hotel’s ballroom.

One of the extraordinary aspects of the Baton Rouge area response was the number of evacuees who were sheltered in private homes and apartments. Of the approximately 235,000 evacuees, it is estimated that 160,000 of these evacuees were sheltered in private homes and apartments. Some of these were families and friends, but many were strangers who were placed through the efforts of faith-based groups and Operation: Share Your Home, a group of concerned Louisiana citizens who founded a charitable organization to assist those looking for temporary housing by putting them in touch with individuals who were willing to open their homes to evacuees. Through their website, www.shareyourhome.org, evacuees could request a home, residents could offer a home, and donations and volunteers were solicited.

B. Longer-Term Housing Needs

In the weeks after the hurricane, attention shifted toward finding longer-term housing. Evacuees with resources were able to locate alternative places to stay.

Ironically, one group of evacuees with resources (albeit government-provided resources) was those who were already receiving public housing assistance in New Orleans. The New Orleans area had approximately 9,000 families who were receiving Section 8 housing vouchers. In the first week after the disaster, the East Baton Rouge Parish Housing Authority processed approximately 5,000 families and issued between 3,000 and 4,000 vouchers. The Housing Authority was able to identify people who were living in assisted housing in New Orleans through the HUD computer database and issue housing vouchers to these families. While the Housing Authority was not able to provide assistance to families who were not already living in assisted housing, the Authority decided to allow families to liberally modify their vouchers to add other relatives (subject to a mandated two person per bedroom limit). The agency quickly recognized that it needed to offer substantial flexibility to these devastated families, some of whom had lost a family member and others of whom had relatives with them who would have been homeless but for inclusion in the voucher of a family already receiving housing assistance.

The vouchers issued by the Housing Authority were portable, and many families who received vouchers took their vouchers to Houston because of their perception that the Red Cross and FEMA were able to respond faster in Texas to evacuees than in Baton Rouge. The Housing Authority was also able to secure funds to advance deposits from the Baton Rouge Area Foundation for those who received vouchers. Beginning October 1, 2005, FEMA started paying these deposits. For people who received vouchers and remained in the Baton Rouge area, a Housing Authority representative estimated that it took an average of three weeks to rent a place to live. Most of the available rental stock in Baton Rouge is owned by small landlords

(approximately 1,800 landlords participate in the HUD voucher program), and much of the housing is single family housing in the suburbs with rents of \$1,200 to \$1,300, some of it new tax credit housing. In Baton Rouge, relatively little of the voucher housing is in large apartment complexes. One result of the available housing stock and waiver of income limitations and affordability requirements for Katrina evacuees is that many of these families are at least temporarily (18 months) in better housing than they were pre-Katrina.

Public housing also played a significant but more limited role in housing evacuees. The relatively small number of apartments was quickly filled using waivers of deposits and the first three months rent. Like their counterparts in Section 8 housing, the managers of public housing were more flexible in their eligibility review for the elderly and disabled who were in need of housing. At the present time, the Housing Authority is experiencing almost no turnover in units unless the agency evicts.

As those with resources moved out of the shelters, the shelters were increasingly populated by the most challenging cases, and efforts were undertaken to find transitional housing for these evacuees. Habitat for Humanity of Greater Baton Rouge constructed four large barge houses. FEMA brought in hundreds of trailers, which were scattered among the existing trailer parks. FEMA also created its own 563-unit trailer park, the Renaissance Village, in Baker, Louisiana, just outside of Baton Rouge. For months, normal operations were disrupted as hotels housed evacuees. Many of these hotel guests stayed for months, some of them living with five or six people in a room, with the last leaving in March when FEMA discontinued hotel payments. At about the same time, the last 1,000 or so residents at the River Center were moved to FEMA trailers.

As a result of the hurricane and the influx of evacuees, real estate has appreciated considerably in Baton Rouge. The supply of houses on the market is small, and rental property is almost completely occupied. It is apparent that many new homes will have to be built in the city to enable people to move into a permanent home. According to the Chamber of Commerce, there was an initial spike in the local real estate market in September 2005 post-Katrina (1,800 homes sold compared to 605 homes sold in September 2004). The market settled for a while but is showing signs of heating up again. Presumably, the first spike was a result of evacuees with means who immediately purchased housing in the uncertainty then surrounding New Orleans, and the current spike is a result of evacuees making a more deliberate choice to settle. The average selling price showed a spike as well, but it is possible that its magnitude was skewed by a small percentage of the market. Some predict that once more data is available, the median selling price will prove to have been less volatile.

Pre-Katrina there was typically a 5-8% vacancy rate for apartments. Now, the rate is virtually 0%. Most affordable units have waiting lists. Prices are up 10% or more. One-third of new developments in the area are apartments. The estimated need (based on predicted population increase resulting from Katrina of 25,000 to 50,000) is 11,000 to 18,000 housing units to bring the housing supply relative to population to pre-Katrina levels. The housing unit production capacity for the Baton Rouge Area pre-Katrina capped at 3,000 per year, so the housing industry should be behind and booming for some time to come.

C. Renaissance Village

We visited FEMA's so-called "Renaissance Village" which is not aptly named. There was no visible evidence of renaissance or even community. Even though this is the largest and purportedly one of the better trailer communities, and even though there had been substantial volunteer resources expended at the village, Renaissance Village included no community center,

public spaces (other than a party tent), water fountains or recreation facilities. We were told that this was not for want of trying. A master plan had been prepared by leadership in the Baton Rouge volunteer community, and resources were available to support that master plan, but it had been rejected by FEMA. Even simple things, like the party tent for communal dining, were obtained only after strenuous advocacy by community volunteers. A plan to provide water fountains was rejected because of potential liability.

- The absence of community at Renaissance Village was clear. Even though children were out of school and it was the middle of the day, there was little evidence of activity. Despite what seemed to be very little activity, we were told that it was busier than normal. The only shaded area was a picnic area, but we were told that this area was rarely used and no one was using it in the middle of the day on the day we visited. The most visible presence was the security guards. A number of double-wide trailers had been donated by the Rosie O'Donnell Foundation and arrived on site in December, but were still not operational in June. A charter school had been started at the Village, but discontinued. As is often the case, it seems that the school was discontinued with good intentions – the School Board's belief that students would be better off if they could have time away from the Village and be integrated into community schools. Given the arid, depressing and possibly threatening atmosphere in the Village, this belief probably was not without merit – but in reality, many of the trailer park's children simply did not attend school. Similarly, a day care center had been started, but discontinued when the weather turned too cold to hold the day care outside (coincidentally about the time the still unused, donated double-wide trailers arrived).

E. Housing Conclusions

The short-term response in Baton Rouge seemed to be fairly effective (with people in hotels, receiving shelter at over 120 shelters that sprang up in response to the need or through housing in private homes), largely coordinated through a strong volunteer effort and community response, in many cases driven by faith-based communities. The longer-term solution seemed to work pretty well for people who were already on public assistance – either obtaining public housing in Baton Rouge or through vouchers that could be used anywhere – or who had resources. It appears that both those who were in public assistance housing or who had resources were generally able to find housing, albeit at rates that were more expensive than pre-Katrina and sometimes by electing to move out of the area. In the case of those who were eligible for DVP vouchers, it was reported that this housing was both available and in many cases desirable. For the working poor who were not in public assistance and did not have resources, the longer term solutions were less clear, with some initially housed in hotels paid for by FEMA, some receiving rental assistance and some being moved to FEMA trailers.

IV. HEALTH CARE ISSUES

A. Non-profit Health Care Providers' Hurricane Response Efforts

The Baton Rouge hospitals experienced a surge in patients in the days and weeks following Katrina. Given the city's proximity to New Orleans, many evacuees landed in Baton Rouge. The largest hospital in Baton Rouge, Our Lady of the Lake Regional Medical Center ("OLOL"), set up a round-the-clock command center to provide critical communication between the community, disaster relief workers, and other area hospitals. OLOL instituted its disaster plan by placing large prescription orders, keeping its patient census low, and rescheduling all elective surgeries. OLOL received an influx of patients from New Orleans hospitals, both as inpatients and in the emergency room. Some of the new patients were transported directly from New Orleans hospitals (including 28 infants with heart conditions who arrived at OLOL Children's Hospital), while other patients were admitted from the Baton Rouge shelters. In the emergency room, OLOL reported a 50% increase in patient volume during the week of the storm as 3,000 patients were treated in 8 days.

The Earl K. Long Medical Center, Baton Rouge's public hospital, is one-third the size of OLOL, but also experienced doubled inpatient admissions and a 9% increase in emergency room use following Katrina. As with OLOL, many patients were transfers directly from New Orleans hospitals, by-passing the shelters.

Written accounts and news articles suggest that unanticipated problems seemed to largely center on the lack of communication preventing services from being provided to evacuees. For instance, despite the preparedness of the "surge" hospital at the Peter Maravich Center at LSU, several thousand patients were stranded at the New Orleans Airport, while FEMA would not board them on buses standing by. OLOL reports having significant open capacity while patients from New Orleans were transported to hospitals further north or out of state. They cite a lack of

communication between New Orleans, its hospitals, Baton Rouge government officials, and local authorities. There was no way to coordinate the supply of beds and the need arising out of New Orleans.

While initial communication breakdowns may have delayed the arrival of patients at Baton Rouge's facilities, ultimately, Baton Rouge hospitals faced a spike in patient loads. Each of the area's general hospitals also reported a considerable spike in the care of uninsured patients. This spike continues as many people have remained in the area. Emergency rooms have remained full due to a wait time to be admitted to the hospital and due to the need to make other arrangements for people with mental health problems. For example, some studies show that the pre-Katrina wait for a clinic appointment at Earl K. Long was 3 weeks but is now 17 weeks post-Katrina.

The Louisiana Department of Health and Hospitals ("DHH") opened several special needs shelters almost immediately. These shelters were designed for evacuees who were homebound, chronically ill or with disabilities, all without any other place to receive care. These shelters were not designed to house nursing home patients, as Louisiana nursing homes are required to have evacuation plans in place to relocate patients to new homes. Two special needs shelters were established in Baton Rouge—one at the Pete Maravich Center and one at an abandoned K-Mart. In the space of just several hours, the Pete Maravich Center transformed into an 800-bed hospital, which would treat more than 6,000 patients evacuated from hurricane-stricken New Orleans.

At the Pete Maravich special needs shelter, care was coordinated by the DHH working with volunteer physicians and nurses from the community. These special needs shelters operated as hospitals with the resources of the DHH and health care provider volunteers. Local hospitals,

private companies, and donations provided necessary equipment, such as IV drips and mobile x-ray equipment. Medications were provided through the federal strategic stockpile.

Arrangements to provide health care to the general population shelters were more difficult. The Red Cross generally was in charge of the general population shelters, though it was slow to establish shelters in Baton Rouge. As a result, many churches opened their doors to house people. Many of the evacuees eventually found their way to the Red Cross-run shelters. Initially, the Red Cross refused volunteer physicians and nurses entry into the general shelters. Ultimately, the DHH negotiated a memorandum of understanding with the Red Cross to allow DHH health professionals into the shelters. OLOL also opened two medical clinics within the River Center (Baton Rouge's main evacuee center), which saw approximately 900 patients per day.

Evacuees in the general population shelters generally were able to obtain medications. Initially, the national pharmacy chains (Wal-Mart, K-Mart, Rite-Aid, CVS) and at least one drug manufacturer (Pfizer), each "adopted" a shelter with the agreement of FEMA. These chains filled prescriptions with the promise of FEMA reimbursement at some later date. Due to the limited supply of drugs and the enormous demand, transporting drugs into Louisiana was dangerous. Drug companies used unmarked trucks. Outside of the shelter system, other organizations with pharmacies (such as St. Vincent de Paul) filled the prescriptions of evacuees without regard to ability to pay. While St. Vincent de Paul provided this necessary service often without charge to evacuees, it was unable to deliver medications to evacuees in the trailer parks or other locations, so evacuees often had to rely on the city bus system. Additionally, the state's 2-1-1 information system gave information to callers in need of medications about pharmaceutical resources.

Almost immediately, health care professionals at the shelters and other facilities were hamstrung in furnishing care because they had no access to evacuees' medical records or prescription histories. While access to medical records was impossible to solve, access to prescription records was solved within several weeks following Katrina. In one of the most tangible success stories, a collaboration of DHH, other government agencies, private insurance companies, pharmacies and pharmacy benefit managers, established an electronic database of available prescription histories—KatrinaHealth.org. Essentially, pharmacies and payors (government and private) contributed their information to a central, web-based program that could be accessed by physicians and pharmacists to look up information regarding evacuees' prescriptions. The database is constantly being updated, and additional evacuee information is entered daily.

When the general population shelters closed towards the end of 2005 and evacuees began to obtain housing in FEMA trailers and other rentals, OLOL, teaming with Capital Area Human Services District, determined that these evacuees had ongoing medical needs that would not be met without taking the services to the evacuees. By late January 2006, OLOL began sending their mobile health care units to two different trailer parks (Airport 1 and Airport 2) serving nearly 700 evacuees. (The mobile units run by Southern University School of Nursing and Excel Health provide health care services to the evacuees in Renaissance Village, the largest evacuee trailer park.) The mobile unit arrives every Tuesday and offers primary care services staffed by a physician, a nurse practitioner and often nursing students. The mobile unit is designed to address basic health care needs: vitals, prescriptions, blood glucose, immunizations (mostly Hepatitis A and B) and triage of more serious conditions with referrals to local clinics (including an OLOL clinic and other federally-funded clinics that provide care to low-income patients) and hospitals.

The OLOL clinic near the trailer parks has seen an increase of 30% in its patient visits following Katrina.

After several months of operating the mobile clinics, OLOL notes a significant amount of depression and alcoholism. To ensure treatment of these and other conditions, OLOL mobile units have collaborated with other area groups to provide a wider range of services, including some mental health services. OLOL plans to continue its mobile health care services as long as they are necessary.

Many other non-profit organizations redirected much of their efforts post-Katrina to meeting the needs of the evacuees. For instance, the Family Road of Greater Baton Rouge deployed its staff in the special needs shelters to identify those with special needs, particularly pregnant women. Family Road was able to coordinate services, both public and private, for many in need. While decisions were made to provide services to evacuees without any promise or knowledge of a funding source, many organizations ultimately did receive funding, both from area foundations such as the Baton Rouge Area Foundation (“BRAAF”), government sources and private philanthropy. Organizations noted that much of this funding is restricted in its use and time-frames, which has challenged the organizations’ abilities to serve both the Katrina evacuees and their existing and on-going clientele.

BRAF used its resources initially to identify other service providers such as local churches that had taken in evacuees but had no resources to meet their basic needs. BRAF provided cash grants, purchased supplies and services, and even sent jugglers and musicians into shelters to entertain children while their parents filled out FEMA and other paperwork. BRAF continues to provide grants to area organizations serving evacuees totaling \$700,000 to \$1 million every 6-8 weeks.

B. Services for Evacuees with Mental Health, Mental Retardation, and other Special Needs

By all accounts, meeting the needs of evacuees with mental health and mental retardation (“MH/MR”) issues and other special needs was, and still remains, a significant problem. In the early days following Katrina, the Baton Rouge shelters and hospitals were ill equipped to handle the influx of evacuees with mental health needs. As time has passed, many more evacuees have begun to show signs of mental health concerns, just as many of the state, federal or other local health care services programs are ending. Universally, this situation is tagged as a crisis.

Two-thirds of the State’s mental health beds (approximately 120) were located in New Orleans and are now lost. Louisiana’s capacity to treat residents with mental health issues was challenged before Katrina – with the loss of beds, facilities and personnel, along with a dramatic increase in the number of people in Louisiana with mental health issues following Katrina—has sent the mental health care system into a tailspin.

Those evacuees who were identified as persons with mental health needs (generally at hospitals, shelters or even the airport in New Orleans) generally were sent to the Pete Maravich special needs shelter operated by DHH. Some mental health services were furnished at the shelter, though many evacuees were in need of longer-term care. In Baton Rouge, few inpatient mental health beds exist (about 54 staffed beds at OLOL COPE center and fewer than 20 staffed beds at Earl K. Long). These beds were quickly filled, and evacuees in need of inpatient services generally had to stay in the shelters. Traditionally, Louisiana’s mental health delivery system has focused on services for those with very serious mental illnesses. While many Katrina evacuees fell into that category, many more required less acute care and more community-based services that were not available to meet the need pre-Katrina and wholly inadequate post-Katrina. In a June 2005 report by the DHH to the Governor’s Health Care Reform Panel, titled *A*

Report on the State of the Mental Health Delivery System in Louisiana, the DHH noted that Louisiana spends most of its mental health dollars (60%) and staff (72%) to support inpatient settings. However, more than 97% of the patients who receive services from the DHH's Office of Mental Health are served in the community. Personnel from DHH echoed this statement and added that, pre-Katrina, most of the community-based services were in New Orleans. Despite the relocation of many people to Baton Rouge, the Capital Area Human Services District did not receive additional funding to support the greatly expanded need.

In the general population shelters, mental health and substance abuse issues were harder to identify and still more difficult to treat. The Baton Rouge Mental Health Center, a community mental health center operated by the DHH Office of Mental Health, was charged with the initial responsibility of diagnosing and triaging mental health issues. Determining an evacuee's diagnosis absent any medical records or other documentation was challenging and required a significant amount of time. Evacuees often were without their necessary medications and the mental health professionals were at a loss to determine their diagnoses and medication status. Many evacuees remained untreated until Katrinahealth.org became operational.

Many of those who assisted in furnishing mental health services following Katrina believe that some of the most dramatic mental health issues have not yet surfaced. Specifically, DHH personnel noted that it often takes 6 months to 2 years for clinically serious mental health conditions to declare themselves. The evacuees in the trailer parks are facing the reality of displacement as they live in tight spaces not designed for long-term living, kids are out of school with little to occupy their time and the stress of the situation continues to mount. DHH is bracing for an escalation in mental health issues. The Baton Rouge 211 call centers also have experienced an increased volume of crisis counseling calls, as calls used to average 22 minutes in

length and now exceed 1 hour. Twenty-percent of the callers are consistent callers. Post-traumatic stress disorder is a common and serious concern.

Mental health counseling was, and continues to be, provided by Louisiana Spirit, a program operated by DHH's Office of Mental Health. Louisiana Spirit received funding from FEMA and the federal Substance Abuse and Mental Health Services Administration ("SAMHSA"). The Louisiana Spirit program combines 600 professionals from various social services organizations (state and private non-profits) to provide 24-hour telephone and in-person counseling services. The program does not provide treatment such as hospitalization or other intensive therapies, but it makes referrals to crisis counselors. The program began on September 15, 2005 and will continue at least until September 2007 when the grant ends, unless an extension is granted. Louisiana was initially allocated \$14.4 million, and has applied for an additional \$73 million. Some local Baton Rouge organizations participating in the Louisiana Spirit program note that counseling success occurs where the counselors venture out to the areas evacuees are living, including talking to those under bridges and in abandoned buildings.

The mental health issues facing Katrina evacuees are real and increasing. Additionally, many organizations, including the DHH, expressed significant concern over the long-term mental health of the actual mental health providers. The persistent and relentless exposure to the severe mental health issues facing evacuees, and the limited ability to help, is causing many providers to experience their own breakdowns. This exacerbates the pre-existing mental health care professional shortages.

Recently, Louisiana was allocated \$220 million in a supplemental Social Services Block Grant ("SSBG"). The DHH will receive \$80 million for behavioral health services. Nearly half of those funds are slated for the crisis response system intended to provide mobile teams and

crisis intervention units to alleviate reliance on emergency rooms and the limited number of acute and intermediate care psychiatric beds. Other programs to receive SSBG funds include behavioral health services for children and adolescents, restoration and resumption of existing programs and services suspended after Katrina, substance abuse treatment and efforts to reduce inappropriate institutional care by directing patients to community-based services. The Louisiana Spirit program was allocated \$10.3 million, which will be used to hire more staff, including school-based counselors and counselors at walk-in clinics.

C. Medicaid/Medicare Benefits for Evacuees and Other Financial Considerations

Payment for health care services furnished to evacuees generally follows the typical parameters of payment under the American health care system. The payors generally include Medicare (serving the elderly); Medicaid and other State health programs such as CHIP (serving low-income families, children and the disabled); private or commercial insurance (employer-sponsored health plans such as HMOs, PPOs, etc.); self-pay and charity care funding. While a variety of other payment sources exists, these are the most common, with Medicare being the country's single largest payor of health care services.

Gulf Coast residents, prior to Katrina, would have been covered under one or more of these health care payment systems. Given the low-income statistics of the region generally, it is likely that many such residents were covered under their home state's Medicaid program or were uninsured and relied on the charity care programs of local hospitals and other providers.² Many of the elderly were covered by Medicare.

² It is estimated that one if five residents in Louisiana, Mississippi, and Alabama were living in poverty before Hurricane Katrina hit, with many of those residents enrolled in Medicaid or without insurance. Medicaid Facts, Kaiser Commission on Medicaid and the Uninsured, Oct. 10, 2005 (www.kff.org/kcmu).

Following Katrina, evacuees with private health insurance who left their home states nonetheless likely retained their private coverage, at least on an emergency basis, in other states. As a result, the health care issues that arose in the context of evacuees arriving in other cities likely did not apply to people with private health insurance. To the extent that the employer to which the private coverage attached was out of business and the evacuee could not or did not continue to pay the premiums, these evacuees may have become among the ranks of the uninsured, discussed below, or may have become eligible for Medicaid. In its Hurricane Recovery Plans, the DHH estimates that 70% of the evacuee population in Baton Rouge is uninsured due to the loss of homes and jobs in their home cities.

1. Medicaid Program

After CMS implemented a multi-state waiver program to allow certain evacuees to obtain temporary Medicaid coverage, Louisiana applied for and received a waiver of the Social Security Act requirements for eligibility and covered services (a Section 1115 waiver). While most states joined the waiver program in September and October, Louisiana did not receive its waiver approval until November 10, 2005. The waiver is designed to provide 5 months of Louisiana Medicaid coverage to eligible evacuees, beginning no earlier than Oct. 1, 2005 and ending at the latest by June 30, 2006. This coverage is available only to evacuees who meet certain traditional Medicaid eligibility classes and income requirements. First, coverage is available only to children, pregnant women, parents, individuals with disabilities, and individuals who need long-term nursing care. There is no coverage for childless adults (other than pregnant women). Second, Medicaid coverage is available only for these classes up to specified income levels, generally below 200% of the federal poverty level for children, 185% of the FPL for pregnant women, and 100% of the FPL for parents. Neither the eligibility classes nor the poverty limits

were expanded through the waiver. Instead, the waiver simplified the enrollment and financial needs assessment processes and deferred the annual renewal requirements for some those beneficiaries due to be renewed prior to January 1, 2006.

Once enrolled in the Medicaid program under the waiver, evacuees received the full range of health care services covered under the fee-for-service Medicaid program. Evacuees may receive coverage, however, only for a maximum of five months from the date of enrollment, with the latest enrollment date of February 1, 2006. Evacuees have no cost-sharing requirements during this time.

DHH was on-site at the shelters enrolling Medicaid beneficiaries. This process was somewhat efficient as Louisiana's enrollment records are electronic so that existing Medicaid enrollees from New Orleans could be identified and verified in the shelters. However, DHH was unwilling to provide data regarding the number of additional Louisiana Medicaid enrollees following Katrina. Because the Louisiana Medicaid program will be responsible for paying the costs of Medicaid services furnished to former Louisiana residents in other states, DHH has not focused on the limited number of new enrollees within Louisiana.

The waiver also includes a provision for an uncompensated care pool. Under this pool of nearly \$383 million, Louisiana may reimburse providers for services furnished to evacuees who were uninsured and did not meet the eligibility requirements for the "temporary" 5-month Medicaid coverage. This pool was the only opportunity for childless adults with low incomes (less than 200% of FPL) to receive state or federal-assisted health care coverage. The uncompensated care pool was available only for services furnished between August 24, 2005 and January 31, 2006. It appears that the pool sat idle for several months until Louisiana developed a plan to distribute the money. Beginning March 13, 2006, the Louisiana Department of Health

and Hospitals announced that physicians, hospitals and other providers could begin billing Medicaid for costs incurred in furnishing services to evacuees with no other means of payment. However, the only providers eligible to submit claims under the uncompensated care pool are those who were enrolled as a Medicaid provider as of August 24, 2005. All claims must be submitted by June 30, 2006.

2. Other Payment Programs

Due to the high volume of uninsured evacuees, many of whom are not eligible for Medicaid, payment for necessary health care services is a patchwork system at best. For the most part, it appears that much of the health care furnished to evacuees is provided by voluntary agencies. In its Hurricane Recovery Plans, DHH describes the primary care services furnished to evacuees from September 2005 through January 2006. Other than services furnished by LSU, almost all other services listed were furnished by non-governmental organizations, such as OLOL, EXCELTH, St. Helena Community Health Center, Southern University School of Nursing, Planned Parenthood and others.

While the DHH plan for longer-term services (12-18 months) identifies federal (SAMHSA) and state (reallocation of DHH funds) funds, it also relies on services of private hospitals and other entities. It is clear that non-governmental health care providers have played, and will continue to play, a critical role in serving the needs of the evacuee population. Some of the services furnished by these providers may have been paid by FEMA or the uncompensated care pool, but much of the cost has been borne by the providers.

V. EMPLOYMENT ISSUES

A. Background

Since Hurricane Katrina, Baton Rouge shows some positive growth in employment. The city has grown and, with that growth, there are more jobs, and unemployment rates are down. This is only part of the picture, however. The immediate aftermath of Hurricane Katrina was chaotic for the Louisiana Department of Labor (“LDOL”), as the agency attempted to provide unemployment compensation benefits to the many evacuees left jobless by the Hurricane. Many evacuees have not found employment in Baton Rouge, and Baton Rouge employers report frustration with being unable to find employees with the right qualifications to fill the available jobs.

According to the Chamber of Commerce, about 15,000 jobs have been created in the Baton Rouge area since Hurricane Katrina. Pre-Katrina, according to the LDOL, Baton Rouge typically had about 350,000 jobs. In December, there were 361,400 jobs in the Baton Rouge Metropolitan Statistical Area. That figure dipped in January (reflecting cyclical retail trends post-holiday season), though it rebounded in February to 360,600 and to 365,000 in April.

According to the LDOL, wages in certain sectors have also risen quickly, and employers, desperate to find qualified employees in certain sectors, have been offering employment incentives. Wages in Baton Rouge generally exceed those of Louisiana as a whole in each occupational category. Workers are also logging more hours in Baton Rouge.

According to the DOL, Bureau of Labor Statistics (“USDOL-BLS”), the most recent unemployment rate for the Baton Rouge Area, that of April 2006, is 3.7 percent, down slightly from March and down significantly from levels post-Katrina and even from rates in the months prior to Katrina. However, the unemployment rate does not include those who are receiving Disaster Unemployment Assistance (“DUA”) and therefore, this rate may be artificially low.

B. Unemployment Insurance and Disaster Unemployment Assistance

1. State Benefits

Many evacuees who lost jobs in the aftermath of Hurricane Katrina were entitled to state unemployment insurance benefits. Because unemployment levels reached sufficiently high levels, the federal government also provided an Extended Benefits program—jointly funded by the state—that provided assistance for those who exhausted state unemployment insurance. In addition, FEMA funded a 26-week Disaster Unemployment Assistance program administered by the affected states that allowed those who had exhausted both their state benefits and Extended Benefits to qualify for additional assistance.

State unemployment insurance is available to employees who are available to work, are undertaking an active job search, and who have been unemployed for at least a week. Louisiana's state unemployment insurance ("UI") program lasts 26 weeks—for those unemployed due to Katrina, benefits expired March 11, 2006.

In the immediate aftermath of Hurricane Katrina, the LDOL faced a number of challenges in distributing funds to unemployed evacuees. The main challenge was the sheer number of claims. Prior to Hurricane Katrina, the LDOL had about 30,000 continuing claims at any time. Immediately after the Hurricane, the LDOL had 340,000 continuing claims. The LDOL has 34 local offices throughout the state. At the time of the Hurricane, the LDOL employed about 77 people in the field and 240 employees in their Baton Rouge office.

The LDOL is proud of its employees' work ethic and efforts after the Hurricane. The Assistant Secretary of the Office of Regulatory Services ("ORS") described the emergency atmosphere at the agency, where people worked long hours, held daily strategy meetings, and faced long lines of evacuees coming to seek services. The Executive Team of the ORS met daily

for the first couple of months after the storm. These meetings were critical to informing the team of the status of Hurricane-related efforts.

On the ground, the LDOL accepted applications in its lobby and deployed teams of people to more than 100 shelters throughout the state.

Immediately after the Hurricane, the LDOL determined that it had to throw out the rulebook. Initially, the Governor waived the requirements that UI recipients file weekly claims at the LDOL and maintain an active job search. The job search requirement was reinstated October 27, 2005, and the weekly filing was reinstated November 27, 2005. It was necessary to loosen the rules to move the massive number of applications and provide benefits to people who were not in a position to be actively looking for a job, who were in transition and did not have good lines of communication, or who had lost paperwork in the Hurricane. Loosening the rules did, however, have later negative consequences.

The evacuees received little explanation about what they were filling out, which also ultimately caused problems. For example, when instructed to fill out their address, many evacuees identified what they thought of as their address – an address in New Orleans. They could not, however, receive checks or debit cards at that address.

2. Disaster Unemployment Assistance

Disaster Unemployment Assistance (“DUA”) is a federally funded program that provides compensation to workers unemployed as a “direct result” of a major disaster who are not eligible for state unemployment benefits. To enroll in the DUA program, applicants had to provide documentation of actual wages less than 90 days after they applied. The IRS set up a phone line to assist people in obtaining the necessary proof of wages. The filing deadline for victims of Katrina was originally in early October, but to allow more workers to enroll, the enrollment

deadline was extended to November 30, 2005. The program was then extended by 13 weeks for victims of both Rita and Katrina, providing a maximum of 39 weeks of benefits ending June 4, regardless of when recipients started receiving DUA benefits. DUA became the only regular source of income for those who lost their jobs because of Katrina, including over 40,000 workers who have exceeded their 26 weeks of state unemployment insurance benefits. (This is, of course, considerably down from the 340,000 active claims in the immediate aftermath of the hurricane.)

To obtain the DUA funds, the LDOL had to work through the usual red tape, completing paperwork. Due to the procedural requirements, the State ran out of federal money on more than one occasion and had to take short-term loans from the State coffers.

DUA benefits ended at the beginning of June, occasioning much confusion among evacuees. Although legislation has been proposed to extend these benefits, the LDOL ORS was hopeful that the benefits would not be extended. First, the Assistant Secretary wanted to encourage people to move forward and find employment. Second, providing back benefits would be a procedural nightmare. The end of the DUA benefits has prompted an uptick in calls to the LDOL. On June 5, 2006, the day after the program ended, the LDOL received 242 calls, when the usual number is closer to 80. Most of these calls were from people complaining that their DUA benefits had been stopped.

States were permitted to set a minimum on DUA benefits, within certain limits. The LDOL decided that, if an individual could not provide proof of wages, they would receive only \$98 per week in DUA benefits. With proof of wages, the individual could receive up to \$258 per week. This contrasts with Mississippi, which provided \$210 per week in DUA benefits regardless of whether the individual had proof of wages. The LDOL was criticized for this

decision by organizations such as the AFL-CIO, which advocated for an award of \$258 in DUA benefits to unemployed evacuees regardless of proof of wages.

3. Call Centers

The LDOL partnered with a private call center called Optima Direct from October 2005 through January 2001. Optima Direct took some of the pressure off of the LDOL by taking the limited role of accepting address changes. The LDOL paid Optima Direct about \$1 million to provide these services.

Other states were critical to the LDOL's efforts. The LDOL received a \$2.6 million dollar grant to pay the state of Texas to assist in processing phone calls. The Agency received another \$2.1 million to pay other states to assist it. California devoted 75 people and an entire call center to Louisiana. California (unlike Texas) was given access to Louisiana's system. Washington State also provided assistance by allowing calls to be routed through their system to answer questions regarding emergency relief. This assistance from other states ended on December 31, 2006.

The LDOL also received an \$11 million supplement budget request to upgrade its phone center, implement a 20-seat call center in Monroe, Louisiana, and improve data warehousing.

4. Debit Cards

The LDOL faced the great challenge of providing benefits to individuals by implementing a debit card system. This undertaking was massive and somewhat chaotic and sparked criticism. Prior to the hurricane, the LDOL had intended to roll out a debit card system over a period of months, but instead, it did so in a period of weeks. After this quick rollout of the debit cards, the LDOL would issue checks only under emergency circumstances. The agency contracted with a bank that promised to meet a particular deadline for rolling out the debit cards,

but then reportedly could not meet the demand of providing the actual cards within the time period required. Another problem with the debit card system was that the cards were mailed to addresses that often were incorrect. About 10% (20,000 of 210,000) of the cards failed to reach their intended recipients. This situation had to be remedied, costing more time and effort, and also creating ill will.

The Agency seems confident that a debit card system is the right way to go. However, in retrospect, they would have taken it more slowly, obtained bids from different banks, and been more deliberate in their efforts regarding the program. They encourage other states to plan, prepare, and roll out a debit card program now if they do not already have one.

C. Job Placement

The LDOL held approximately 70 job fairs in the first three months after Hurricane Katrina, including several in Baton Rouge. The LDOL has worked with private employers, churches, and other entities to put on job fairs.

Word of mouth has been critical. The LDOL has talked to preachers in the community, put up posters in job centers, and sponsored public service announcements on the radio. Local radio and grassroots efforts helped to disseminate information about benefits and job fairs.

The LDOL received a federal grant to hire twenty-five reintegration counselors to help people obtain stability in their new communities and then find jobs. Reintegration counselors had worked with more than 110,000 people between December 2005 and February 2006. Unfortunately, only a fraction of these people were actually ready for jobs at the time. The counselors worked with those people to help prepare them for integration into the workforce.

Under a \$62 million National Emergency Grant (“NEG”), the LDOL has also hired people to provide on-the-job and classroom training. They have concentrated on providing training in the skills necessary for demand occupations in the community, such as hospitality,

construction, and medical fields. In Baton Rouge, during phase one of the NEG, from about mid-September to the start of 2005, more than 830 evacuees were placed in jobs at about 80 or 90 work sites assisting humanitarian efforts for twelve weeks. Phase two of the NEG, which started March 1, 2006, has focused on training people. Most of the training has been on-the-job training. Employees are placed with employers, and, for the first 30 days, the grant pays 100% of their salaries. After that, the employer takes on progressively more of the employees' salaries. The goal is that the employers will ultimately hire the trainees as regular employees. The NEG also provides supportive services such as childcare and a clothing bank.

Employers are frustrated that, despite the number of evacuees in the communities, they cannot find employees or cannot find skilled employees. Housing and transportation issues feed into this problem. The strong desire of evacuees to return home may lessen their motivation to find work in a new community. Some of the evacuees have been chronically unemployed and may not be motivated to work. Additionally, many people simply were not ready to work after evacuating from New Orleans. They had lost everything, including their communities; were suffering from shock; and were emotionally fragile. We heard of evacuees who seemed to be ready to enter into a job search, but, when placed in an actual interview, simply broke down crying.

D. Current Status

Unemployment statewide is down to 4.8%, and the LDOL is carrying 17,000 continuing claims. In Baton Rouge, unemployment is even lower. Nevertheless, employers remain frustrated with the inability to hire qualified employees, and help wanted signs are visible all over Baton Rouge and New Orleans.

Several barriers to working exist for many evacuees. Many of those who have not yet found employment have a low education level and may have trouble with reading and math.

Disabilities also create barriers to work for many evacuees who remain unemployed. Moreover, a number of social factors transpire to prevent people from finding and retaining work in Baton Rouge. Transportation is a problem, although Baton Rouge has provided buses to the trailer communities and currently sends free buses to New Orleans daily. A lack of familiarity with Baton Rouge has made it more difficult for some people to find work.

Lack of childcare, not surprisingly, also creates a barrier to work. Many evacuees from New Orleans lived near relatives who could help them take care of their children while they worked. Evacuees in Baton Rouge have, by and large, not been placed in temporary housing near their relatives. Some evacuees are still simply too traumatized and under too much stress to be ready to return to work.

The LDOL is still handling fraud claims related to unemployment compensation and will likely be handling them for another year. Some people took advantage of the relaxed rules for obtaining unemployment compensation to cheat the system. Dead people applied for unemployment compensation as did individuals using multiple social security numbers.

The state is still unprepared to deal with fly-by-night contractors. The LDOL has received reports of contractors who promise people a wage, obtain FEMA money to complete a project, and then skip town without paying the employees or completing the project. The Mexican Consulate complained to the LDOL that Mexican employees had been promised wages of \$18 to \$20 and then received less.

Individuals who worked in particular sectors before the Hurricane are having trouble finding work in their fields. For example, displaced white-collar workers are having trouble finding jobs. Transportation workers have also had problems because 400 transportation

workers were laid off in New Orleans. On the other hand, construction employers have had a particularly hard time finding employees.

VI. EDUCATION ISSUES

A. Discussion

Public and private schools and early childhood education programs in Baton Rouge absorbed a large number of students as a result of Hurricane Katrina—from infant to graduate school. In fact, there were even efforts made by the Early Head Start Program to make sure that evacuees who were expectant mothers got pre-natal care, counseling and support. In addition, a number of alternative schools not recognized by the Department of Education, daycares, and enrichment programs were created to specifically meet the needs of the evacuee students and their parents, with an emphasis on keeping the students educationally engaged and meeting their unique needs during the difficult transition period.

1. Early Childhood Education

Head Start is a federally sponsored, comprehensive child development program focused on increasing the school readiness of children in low-income families. Head Start serves children four to five years old. Early Head Start is the companion program to Head Start that serves expecting women and children from birth to 3 years old, providing pre-natal care, counseling, parenting classes, and care for young children.

As a result of Hurricane Katrina, more than 200 Head Start facilities were significantly damaged. The Administration on Children, Youth and Families (“ACYF”), one of the federal agencies that administers the Head Start programs, acted within one week of Katrina to authorize Head Start facilities to do whatever was necessary to respond to the disaster, and, authorized \$15 million in additional funding to cover costs incurred by the Head Start facilities providing services to evacuee children and families. In addition, ACYF temporarily waived certain provisions of the Head Start Act, such as requiring proof of income requirements and copies of birth certificates as conditions for enrollment. Facilities were also encouraged to hire additional

teachers to meet the increasing enrollment, with preference given to displaced Head Start teachers and those with Head Start credentials.

In Baton Rouge, the YMCA and other facilities sponsoring Head Start programs worked together with Women's Hospital (where pregnant women and infant evacuees in need of medical care were evacuated), the Red Cross, and the local shelters to identify children and parents in need of Head Start assistance. Because of the strong relationships that the people working in the Baton Rouge early childhood programs and neonatal centers had prior to the storm, the Head Start programs were able to mobilize quickly and communicate effectively to meet the needs of the children and their families. Early Head Start in Baton Rouge increased its enrollment from 56 children to 256 children, opened five additional centers, including a facility at Renaissance Village, and increased its staff from 24 teachers to 84 teachers.

2. K-12 Education

Within days after Hurricane Katrina, as it became apparent that students enrolled in New Orleans schools would not be able to return, staff at the Louisiana Department of Education and the various school boards began planning. East Baton Rouge Parish, which absorbed the largest number of evacuees, encompasses approximately 150 schools, including public, parochial, and private schools. Prior to the hurricanes, there were approximately 71,560 students in kindergarten through high school.

The first order of business at the East Baton Rouge Parish School System was to register the students. Representatives from the schools went to the various shelters and worked with the Red Cross and other organizations to register the students. Parents were encouraged to register their children even if they were not certain whether they would stay in Baton Rouge. As a result, more than 9,000 children registered for school, but only 5,600 actually attended Baton Rouge

schools during the course of the 2005-2006 school year. The children were registered as “homeless” because this provided them with the flexibility to stay in the initial school where they were assigned even if the family later moved out of that school district.

The next task was to determine which schools had availability to absorb the evacuee students. The Louisiana Department of Education and the school boards had nearly daily planning meetings to work out space issues. Scotlandville Middle School, a school in East Baton Rouge Parish that had been closed for renovations, was reopened to accommodate students in grades K-8 and was quickly refurbished and stocked with supplies. The students, staff and teachers of the school were made up almost exclusively of evacuees. The remaining evacuee students were distributed to other Baton Rouge schools as space permitted. FEMA also provided 60 mobile classrooms to help accommodate the overflow. In addition, approximately 1,500 students enrolled in the local parochial schools. These were mostly children who had previously been enrolled at a parochial school.

To handle the emotional needs of teachers, staff and students, the Louisiana Department of Education received a \$2.75 million grant from the U.S. Department of Education to train teachers and staff on how to create healthy responses to life changing events and disasters. The initial group of teachers that were trained in these areas went on to train others in schools across the state.

One of the biggest challenges for the schools was obtaining access to student records. Though files on all students are kept at the state level, many files were not updated and consequently the information contained in the files was incomplete. For instance, the file might note that a child has an Individual Education Plan (“IEP”), but the actual plan would not be in the file. Also, it was often difficult to get a copy of the student’s medical records, and therefore

the school nurse had to track down the student's physician so that the relevant medication could be dispensed to the student in the school. To facilitate the flow of information and alleviate confidentiality concerns, the Louisiana Department of Education entered into agreements governing the sharing of school records with school districts across the nation that accepted evacuees.

Another challenge was transporting children to school. Logistically, there was an extreme shortage of buses as very few of the New Orleans school buses made it out of the path of the storm. Consequently, buses had to make multiple trips to transport students. Further complicating matters was that many of the parents were uneasy about sending their children to schools after they heard that the schools where their children were being sent were those that performed poorly. The parents and children were also understandably reluctant to leave each other after their traumatic experience. Parents who attempted to visit the schools to alleviate their fears were limited by a lack of transportation: they were not allowed on the school buses, and the schools were often not on the city bus routes. Stymied from their attempts to inspect the schools, some parents chose not to send their children to school, and truancy became a key issue.

A large number of evacuees were placed in the Scotlandville school once it reopened. That school was primarily staffed with personnel who were also evacuees. Scotlandville had been abandoned and was in poor condition; as a consequence, the reopening did not go smoothly.

Louisiana has the highest proportion of students in private schools in the country. Almost all of the private school students are white. The decreased student population in public schools has resulted in decreased resources to pay for quality education. Accordingly, school funding proposals are difficult to pass in Louisiana. This phenomenon applies to Baton Rouge

and New Orleans. New Orleans public schools are notoriously poor, and Baton Rouge public schools, although they have problems, have typically been stronger than the New Orleans schools.

Finally, state school funding has been problematic as it is only adjusted once a year based on a per student basis and even after the school year ended, enrollment in the Baton Rouge schools remains in flux. Many evacuees who fled to other cities, such as Houston and Atlanta, have returned to Louisiana and settled in Baton Rouge. The East Baton Rouge Parish schools expect an additional 4,000 students for the 2006-2007 school year due to the resettlement.

3. Higher Education

Hurricane Katrina also displaced more than 67,000 students in college and graduate school. Thirty-one institutions of higher learning were affected by Katrina, 10 of which are located in New Orleans. Following the storm, all campuses suspended classes and, though some opened mid-semester, others stayed closed all semester. Colleges and universities across the country and internationally welcomed the displaced students. Louisiana State University (“LSU”) in particular received a large number of students. LSU is located in the heart of Baton Rouge, and, with an enrollment of more than 30,000 students, is the main campus of the Louisiana State University System. From September 1 through September 12, LSU faculty and staff worked continuously at the registration center to admit 3,285 students and register approximately 2,800. The admission process was expedited so that students could complete the application, registration and orientation all in one place, and application and late fees were waived. To accommodate the increase in student population, eighty new class sections were made available and class sizes were expanded. University officials sent word that they were

looking for additional teachers to handle the increase in classes, and within a matter of days over 700 faculty members from colleges and universities across the country responded.

LSU's Office of Independent Study also helped to accommodate displaced students at both the high school and college level. LSU offers the following distance learning options: a high school program for traditional high school students where the students, with the permission of their high schools, can complete their coursework independently but still graduate from their local high school; a high school program for older students to finish their high school degrees (instead of a GED) and graduate from the LSU Lab School (the "Diploma Program"); and a college degree program. LSU allowed any high school or college students displaced by Katrina or Rita to enroll in these programs for free, so long as the student had proof of enrollment at another school. 499 high school students and 532 college students enrolled. Many of the high school students who enrolled were high school seniors with only a few credits left to earn before graduation. For these students, LSU waived the Diploma Program's admission requirements that the student be at least 18 years of age and out of school for at least one semester and allowed these students to obtain their diplomas from the University Lab School without first seeking the approval of their high school.

Approximately 40% of the evacuee students enrolled in the high school program passed their classes or graduated. However, less than 1% of the evacuee students at the college level successfully completed their course work. LSU attributes the low college success rate to the fact that many students initially signed up for the program because LSU allowed the students to enroll in the distance learning program for free, but as the students' options expanded, such as when their existing schools reopened or when other colleges started accepting evacuees, the students decided to pursue those avenues instead of completing the program. Correspondence

was also an issue. All classes in the programs are dependent on the mail for students to send in their lessons and receive feedback, but many students were hindered by problems with mail delivery as a result of closed post offices due to the storm and because they changed addresses multiple times.

LSU received donations from the American Association for Collegiate Independent Study and many book vendors donated textbooks to the displaced students, but LSU absorbed most of the costs. LSU was reimbursed by FEMA for some of the costs associated with the high school programs, but received no reimbursements for the evacuees enrolled in the college programs.

4. Alternative Education Programs

Although the Baton Rouge public schools were able to integrate a large number of students into the public schools, several organizations quickly recognized that mere integration was inadequate to serve the needs of the displaced students. There are several reasons for this.

First, the East Baton Rouge Parish school district has struggled with racial unrest for years. In fact, the East Baton Rouge Parish school district was involved in the longest-running school desegregation lawsuit in the U.S. history. For 47 years, the public school system in Baton Rouge was under federal court supervision brought on by a lawsuit filed in 1957 against the Justice Department on behalf of a small group of students. The suit was filed so that black children would be allowed to participate in the public school system on a non-segregated and nondiscriminatory basis. The suit stalled for decades, the inaction appalling one presiding judge to such extent that forced busing was instituted in 1981. Unfortunately, the busing system resulted in white flight to the suburbs and increased enrollment in private schools. While 75% of the East Baton Rouge students were white in 1957, and 60% in 1980, by 2004, 72% of the

students were black. Adding an evacuee student population composed largely of a racial minority into an already racially charged situation was less than ideal.

Second, many of the evacuee students came from backgrounds in which (a) they were not consistently going to school; (b) their parents had not finished high school; and/or (c) school was not considered important or mandatory. The New Orleans school system had significant problems before Katrina, and the children who were the product of that system largely performed below grade-level compared to the children of the Baton Rouge school system. If school had not been a high priority for students and their families before the hurricane, it was certainly not likely to be a high priority when they did not have shelter, food or clothes. Adding to these barriers were the facts that some parents did not want to send their children to a school they had never seen and where they did not expect to stay, and some children were afraid to attend schools that were new to them.

Alternative programs, both short-term and long-term, surfaced to address these needs. Immediately after the storm, Sister Judith Brun and a group of teachers and social workers went to the River Center shelter to work with the children. Space was at a premium at the River Center, but after some persistence, they were able to find a corner of the shelter that they designated a “child-safe” zone. The first order of business was making the children want to come and their parents feel safe enough to leave them, which was no small task. After the program got going, the Red Cross took over. The program had as many as 170 children participate in a given day, and there was generally one adult supervisor per every seven children.

As it became apparent that people were going to be at River Center for a long time, the program morphed into a school. Though the goal was to transition the children into the public schools, for the reasons mentioned above, it became clear that many children were not yet ready

to go. The school in the River Center became a safe place for them to learn, and given the small size and the quality of the volunteers, they were especially adept at helping the children adjust to their new situation.

When the River Center shelter closed, the school moved to the Renaissance Village. Once again, initially there was not even a space for them to meet, but again, persistence paid off and a large tent was set up. Unfortunately, the tent was neither heated nor air conditioned, and was filled with dust; nevertheless, it did serve as one of the only gathering places in the trailer park. The curriculum was free-flowing, with a focus on engaging the children in learning, and incorporated creative programs such as art therapy.

In December, Rosie O'Donnell donated several large trailers (the "Rosie Trailers") so that the people of Renaissance Village would have a better common facility and the school and enrichment programs could be moved to a nicer facility. As of the beginning of June, those trailers had yet to be utilized because FEMA was reluctant to have them on-site because of liability concerns.

Another alternative education program is the Delta Express Program ("DEP"). DEP is a collaborative project between the University of California system, LSU College of Education, Tulane University, and several other groups. DEP's goal is to provide a comprehensive means to give an educative experience to evacuee children that they currently do not have in order for them to bridge to an alternative way of thinking about school and be able to see education as meaningful and important. To that end, 12 to 15 LSU student volunteers mentor approximately 50 children nightly at the Renaissance Village under tents; the volunteers read to the children, help with their homework or plan artistic projects for them. Eventually, DEP hopes to provide

the children with technological educational materials to engage and expand the children's interest in learning.

These alternative education and enrichment programs are very important in serving the unique needs of the evacuees, both as an end to themselves and as a way of helping children become interested in attending school. The biggest problem that they face is lack of support. Even the best-designed program will not meet optimum success when the classes are held in a dusty tent exposed to the elements.

VII. LEGAL SERVICES/OTHER ISSUES

A. Introduction

When Katrina hit New Orleans, it affected legal services in two ways. First, the influx of people into Baton Rouge created a greater demand for legal services. Second, because the legal service organizations, courthouses, and law firms in New Orleans were displaced themselves, Baton Rouge's disaster response responsibilities were broadened to assist not only individual evacuees, but also to assist the evacuated organizations.

The needs of the evacuees in the days immediately following Katrina were primary needs for food, water, and shelter. However, legal issues arose fairly soon after the initial flee flight occurred. Evacuees continue to need legal assistance.

B. Types of Legal Issues Affecting Katrina Evacuees

The nature of evacuees' legal issues evolved over time. In the immediate aftermath of Katrina when communications were in disarray, there were several forms of child custody cases – “Where is my daughter” She was last with my ex-husband.” Some divorced parents attempted to get full-time custody of their children if their ex-spouse was displaced by Katrina, arguing that the ex-spouse was no longer stable. Also, there were cross-border custody issues, with some evacuees being sent to Texas, Alabama, or other states. The next wave of legal issues centered around housing and landlord/tenant disputes. Typical issues included evictions, mortgage questions, and habitability of property. Probate matters also became significant issues. Then came the wave of FEMA denials: people wanted to challenge FEMA's denial of assistance, but they did not know how to navigate the appeals process. Other recent issues include cultural clashes as New Orleans residents try to assimilate into Baton Rouge.

Other issues were more practical than substantive.

The biggest legal issue currently facing evacuees is insurance claims. Several insurance companies are denying coverage for certain property damage. As these are considered “fee generating” claims, legal services offices typically do not accept these cases. Because these disputes usually involve small amounts of money, the majority of private firms and lawyers do not want to take the cases either; if they do, it is questionable whether they have the expertise to handle insurance cases. This has created a gap in legal representation for many of the evacuees. More alarming, most Louisiana insurance policies have a one-year statute of limitations for filing lawsuits. This means if insurance holders want to file suit for claims relating to Katrina, they must do so one year from the date of the loss, which is commonly interpreted to be by August 29, 2006. As of June 5, 2006, the Louisiana Commissioner of Insurance requested that companies voluntarily extend the period from one to two years. Whether this will become a crisis in the next month remains to be determined.

C. Actions Taken by Legal Service Organizations

Legal services offices and bar associations took several actions to help establish networks of legal support for the Katrina evacuees.

The Baton Rouge Bar Association set up a Disaster Legal Assistance Hotline. Anyone with a legal problem due to Katrina was able to call and receive assistance. This line was open 12 hours per day, 7 days a week. Once the phone number became known, it was hard to keep up with all the calls. The Association received 4,000 calls in the six weeks following the storm. Volunteer lawyers from all over the state also took calls. Several of these calls were referred to FEMA or Red Cross, but volunteer lawyers helped more than 3,200 of the callers. The call-line still operates today. It has been transferred to the LSU Law Center where law students staff the hotline. The Baton Rouge Bar Association also set up a Hurricane Relief Fund, where donations from all over the country were distributed to displaced attorneys and legal services staff. A

website was established at the Louisiana State Bar Association, which allowed displaced lawyers to post their new addresses. Finally, the Thirst for Justice and Ask-A-Lawyer sessions sponsored or co-sponsored by the bar association have been handling hurricane-related legal issues. A major issue relating to access to these programs, however, has been transportation. Many of the people in most need of legal services do not have cars and therefore, have problems accessing the clinics. The bar association is considering implementing a Disaster Recovery Project under which the volunteers will go to meet evacuees at Renaissance Park or elsewhere.

Acadiana Legal Services created a Disaster Response Team to help deal with the increased demand for legal services post-Katrina. Two people worked on this team full-time. Soon after the hurricane ended, the Disaster Response Team distributed thousands of fliers describing their services. Although the rules established by the national Legal Services Corporation provide that legal aid organizations can serve only residents of their parishes, this rule had to be relaxed post-Katrina so that the thousands of displaced evacuees could receive legal services. The Disaster Response Team members stationed themselves in the disaster recovery centers to conduct client intake. The Disaster Response Team is now a permanent structure for the organization. Acadiana had four people working their hotline. In addition to the work done through the hotline and the Disaster Response Team, 25% of the agency's current caseload is hurricane-related. The major challenge facing this organization is their limited financial resources.

The Capital Area Legal Services Corporation also made the evacuees aware of its free services shortly after the hurricane by posting signs in shelters and recovery centers. They also housed three displaced legal aid lawyers from New Orleans. The exact number of Katrina-related cases is unknown, but at least 98 Katrina-related cases were opened and closed in 2005.

A significant number of cases are still open. This does not include non-Katrina issues that have been brought by new Baton Rouge low-income residents (who were once evacuees). Because funds are so strained at this organization, they have not been able to hire additional help to cope with this increased demand.

D. Some Challenges/Criticisms

The national model of legal response to disasters does not work for hurricanes. ABA Young Lawyers Division has an ongoing contract with FEMA to provide legal services to consumers in the wake of a disaster. Some believe that young lawyers do not have the breadth of experience to deal with disaster recovery, nor are there enough of them to meet service needs.

The existing infrastructures are inadequate to absorb the new demand for services from the hurricane. More funding is needed to provide staff and services. However, there are strong disincentives for FEMA to fund legal services given the likelihood of complaints against the Federal government.

VIII. OTHER RELEVANT INFORMATION

A. Introduction

Baton Rouge has a vibrant non-profit and faith-based community, but the city lacks critical organizational-level infrastructure and elements to coordinate, launch and sustain a reliable disaster recovery program. In particular, Baton Rouge does not have an active local chapter of Voluntary Organizations Active in Disasters (“VOAD”), which is national-level organization, with state and local chapters, providing cooperation, communication, coordination, and collaboration in disaster response. Cities in the Gulf Coast region with a local VOAD, including San Antonio, Texas, have been able to avoid many of the communication and logistical problems that hampered Baton Rouge’s ability to respond to the Katrina disaster in a coordinated and comprehensive manner.

In the aftermath of Hurricane Katrina, amid the chaos and confusion, non-profit and faith-based organizations independently mobilized and marshaled their resources to address the needs of evacuees and of the local, underrepresented population where such needs were not being met by federal, state and national-level organizations. In many instances, non-profit and faith-based organizations experienced a level of disconnectedness from the federal, state and national-level relief initiatives. Undaunted by such organizational isolation and armed with a wealth of local knowledge and experiences in grass-roots mobilization efforts, non-profit and faith-based organizations played to their strengths: they communicated, cooperated, and collaborated with others in the non-profit community and, where possible or permissible, worked with federal, state and local governmental authorities, to activate and sustain a united, dynamic and reliable relief response.

The non-profit community remained flexible and open to collaboration at all levels. Many non-profits attribute their success in the relief effort to their ability to bend, but not break, rules and protocols.

B. Communication, Coordination, Cooperation, and Collaboration

Another example of the type of collaboration that hatched, seemingly overnight, was a meeting, referred to as a Deployment Process Development meeting, organized at the Capital Area Services District (“CASD”), in the wake of the storm. It is primarily a meeting of behavioral and primary care professionals who convene in an attempt to coordinate support and assist in providing resources to the evacuees. Originally, the meetings were daily, but over time, they shifted to weekly. The focus of the meetings is “who’s on the ground and what the essential services are.” When the evacuees were primarily in shelters, the focus was shelters. The meetings are ongoing, and now, the focus is the various trailer communities (there are nine official FEMA trailer sites). At the Deployment meetings, stakeholders (and other resource providers, information sources, and entities invited to attend the meeting) assess each of the sites. The stakeholders include: CASD, SAMHSA, Catholic Community Services, OLOL, Advocacy Center, Harmony, Louisiana State University (“LSU”), Lutheran Social Services, Volunteers of America Louisiana (“VOA/LA”) Spirit, and YK-YWCA Early Head Start, among others. Representatives from FEMA, the Red Cross, the Governor’s office, and the Louisiana Family Recovery Corps (“LFRC”) also attend. The minimum services that the stakeholders continue to strive to secure at each trailer site include: community space, behavioral health outreach, case management, mental health care, addictive disorders treatment, developmental disabilities care, on-site primary care, primary health prevention, chronic disease management, access to pharmaceuticals, childcare/after-school care, elderly services, communication resources, recreation/education services, food resources, and transportation resources. Only Renaissance

Village currently has all of these services – it is the largest site, and therefore commands the most FEMA dollars and attention. For other sites, the Deployment meeting is intended to identify gaps. Also, there are several commercial sites that are wholly lacking in these service areas, an issue that the Deployment meetings also address.

Local and State officials and community leaders realize the value of and the need for an organization to coordinate non-government organizations (“NGOs”) in long-term recovery. A week after Katrina, a group convened by Governor Blanco identified the need to form what would ultimately become the LFRC. Harold Suire was tapped by the Governor for this task. All the major non-profits were convened for a meeting. LFRC’s plan: for families to succeed, they must be helped to access what is already available and to which they are already entitled; then, gaps must be bridged to get families to long-term self-sufficiency.

Of critical importance to LFRC’s case management work is a research and information sharing software program called ServicePoint. The primary benefit of ServicePoint is its use by Louisiana’s 2-1-1 system. The 2-1-1 system is a call center that provides information about service providers. Thus, all of 2-1-1’s service provider resource information is easily dumped into the LFRC’s database. Other databases have been used by other organizations, and lack of compatibility among databases significantly impedes information sharing efforts.

Inability to coordinate access to information regarding those in need and availability of services remains a significant gating item for long-term recovery. The LFRC wants to broaden information coverage and sharing by implementing a resource database that could easily identify gaps in service. The resource would be web-based and maintained by various service providers.

C. Representative Examples of the Non-Profit and Faith-Based Response

Whether in collaboration with others, or simply on their own, non-profits and faith-based organizations played to their strengths. For instance:

1. Volunteer! Baton Rouge (“VBR”)

From the storm through December 31, 2005, VBR coordinated the placement of more than 9,700 volunteers and organizations from around the nation. Ultimately, a state website was established (www.volunteerlouisiana.gov) to streamline the registration and coordination of prospective volunteers.

2. Society of St. Vincent DePaul (“SSVDP”)

SSVDP manages food, clothing and pharmaceutical distribution at its dining hall, thrift stores and pharmacy, respectively, all of which are within its existing infrastructure. SSVDP estimates that it has touched the lives of more than 60,000 evacuees.

