



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
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GOVERNOR

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JENNIFER VELEZ
COMMISSIONER

May 16, 2013

Via Electronic Delivery and U.S. Postal Delivery

Marsha Werner
Office of Community Services
U.S. Department of Health and
Human Services
370 E'Enfant Promenade, S.W.
Washington, D.C. 20447

Dear Ms. Werner:

RE: Supplemental Social Services Block Grant

The New Jersey Department of Human Services is formally submitting the required 2013 Social Services Block Grant Supplemental Intended Use Plan and Pre-expenditure Report, in accordance with Administrative for Children and Families Information Memorandum Transmittal No. 01-2013, signed March 28, 2013.

It is the intent of this Department, as the Social Services Block Grant cognizant agency, to provide services to New Jersey residents in conformity with regulations outlined in *The Disaster Relief Appropriations Act 2013, P.L. 113-2*.

Enclosed, for your review and consideration, are waivers requesting critical services that are integral but subordinate to New Jersey resiliency and sustainability during the recovery from the devastation of Superstorm Sandy.

If you have any questions or concerns please contact Philip Prassas at 609-292-0547 or by email at: Philip.Prassas@dhs.state.nj.us. Thank you.

Sincerely,

Jennifer Velez
Commissioner

JV:jc
Enclosures
c: Philip Prassas
Mark-Philip Ferzan

Disaster SSBG Intended Use Plan

Executive Summary

The New Jersey Departments of Human Services (DHS), Health (DOH) and Children and Families (DCF) are responsible for the Health and Social Services Recovery Support Function (RSF), as outlined in the National Disaster Recovery Framework. While the issues within the RSF are closely related and, in some areas, interdepartmental, DHS has primary jurisdiction over adult behavioral health (mental health and substance abuse), crisis counseling, disaster case management, people with disabilities and aging adults. DHS shares responsibility for child care with DCF and the Department of Education (DOE), and housing issues with the Department of Community Affairs (DCA) and, in some cases, DCF.

The Department of Children and Families' primary areas of responsibility are to ensure the safety, well-being and success of New Jersey's children youth, families and communities. Responsibilities tied to this mission includes oversight of child welfare and protection, services to children and adolescents with emotional and behavioral health care challenges and children with developmental and intellectual disabilities and their families. Additionally the Department supports adolescents in the transition to adulthood, prevention of child abuse and neglect, and issues impacting women, including domestic violence and sexual assault.

Public health services, hospital oversight, communicable diseases, environmental and occupational health services are among the focuses of the Department of Health. Ensuring a coordinated public health response in the aftermath of Superstorm Sandy is critical during this period of recovery.

The Department of Human Services is the cognizant agency for regular and disaster SSBG funding. Working with our sister departments of Children and Families and Health, a coordinated plan for use of Disaster SSBG funding is presented. New Jersey seeks to use SSBG funding to ensure social service gaps created by Superstorm Sandy will be ameliorated. To that end, the three departments have worked collaboratively to structure a plan for the effective and efficient delivery of needed services to the most impacted areas of the State.

The departments have spent time with their respective stakeholder groups in the most impacted counties, including Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean and Union. Together with research on other disaster-impacted areas such as New Orleans and Joplin, Missouri, stakeholder groups provided support for the experiences of other jurisdictions while articulating needs unique to New Jersey. The departments acknowledge that some residents of nine impacted counties may have moved in pursuit of suitable housing post-storm. These residents are not excluded from the services outlined in the Pre-Expenditure Plan. Demographic profiles of the nine most impacted counties can be found in Appendix A.

The Disaster SSBG Pre-Expenditure Plan outlines two types of programs: 1) community-wide programs available to all members of the community in the highly impacted areas including but not limited to clinical counseling, service coordination, and outreach; and 2) programs addressing uncovered costs related to the storm's damage of home or property, including household repairs, restoration of accessibility enhancements, and short-term housing subsidies for residents for whom no other financial assistance is available or where gaps exist.

The goals outlined in this Pre-Expenditure Plan will aid in the recovery of New Jersey's most vulnerable residents and those who may be unfamiliar with navigating the State's social service delivery system. Research, data collection and local experience informed the request for program funding presented in this document. This plan obligates only a portion of the total amount awarded to New Jersey (\$226,794,105) and the State reserves the balance for uses to be determined in the future.

Monitoring and Internal Controls

Governor Christie's Executive Order 125, available at <http://nj.gov/infobank/circular/eocc125.pdf>, mandated that each principle department and agency of the State implement comprehensive and stringent safeguards to ensure the integrity of the expenditure of federal reconstruction resources and make certain all such resources are utilized in an ethical and transparent manner. Executive Order 125 outlines the responsibilities of the Office of the State Comptroller and each department to effectively, responsibly, and transparently disperse federal reconstruction resources. Executive Order 125 requires every principle department and agency to assign an Accountability Officer to oversee the disbursement and utilization of federal reconstruction funding. The relevant Accountability Officers will work with the current monitoring and internal controls utilized under the SSBG programs to ensure the departments will procure and disperse funding under this Disaster SSBG program in an effective, responsible and transparent manner.

Further, the Office of State Comptroller offers this guidance to principle departments and agencies:

BEST PRACTICES FOR AWARDED SERVICE CONTRACTS

This guidance is not intended to apply in those instances where service contracts are awarded solely on the basis of the lowest responsible bid. Derived from New Jersey, Federal and model procurement provisions, as well as policy papers, the best practices can be condensed into the following six principles:

- (1) The pool of contractors solicited should be as expansive as possible;
- (2) Statements of work should be drafted in clear and unambiguous terms;
- (3) Proposals should be judged on the basis of predetermined, merit-based evaluative criteria, made known to vendors before proposals are submitted;
- (4) The evaluative criteria should be judged by a qualified evaluation committee;
- (5) The evaluation process should be explainable to evaluators and competing vendors, and capable of withstanding scrutiny under a protest challenge; and
- (6) The scoring process and award recommendations should be well-documented and retained.

Department of Human Services

The Department of Human Services' proposed SSBG programs focus on the following areas:

- I. Housing Assistance*
- II. Behavioral Health Services*
- III. Child Care*
- IV. Services for Older Adults and People with Disabilities*
- V. Legal Assistance for Storm Impacted Residents*
- VI. Administration*

I. Housing Assistance

Cumulative Amount: \$112,434,000

Timeframe: Up to September 30, 2015

Housing assistance for consumer populations whose housing availability has been impacted by Superstorm Sandy. Research conducted in disaster impacted areas of the US suggests that low-income housing is at greater risk of non-replacement, contributing to displacement, homelessness and mental health issues among the poor.¹ The increase in home seekers across all sectors of the population creates additional competition for rentals previously available to DHS consumers. Housing services in the forms of accessibility and general repairs, not covered by FEMA, homeowners insurance, or other programs, allows for older adults and people with disabilities to remain in their homes rather than institutions.

Program: Rental assistance for people with mental illness, who are low-income or homeless

Amount: \$96,284,000

Objective: *Create Housing Subsidy and wrap around assistance programs to cover items not funded by other programs.*

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- *Housing assistance and wrap around services for people with severe and persistent mental illness and/or substance use disorder. Prior to Superstorm Sandy people with severe and persistent mental illness and/or substance use disorder were faced with many challenges in securing housing. National estimates indicate that 25% of people residing in homeless shelters have severe and persistent mental illness. Superstorm Sandy has created additional competition for existing rental housing where consumers of behavioral health services must now compete with a greater number of individuals and families, some of these families have the resources to pay greater than the fair market rent for these units, for the limited housing stock. Until such stock has been replenished, mental health consumers will be at a disadvantage in the marketplace. In order to ensure housing for people with severe and persistent mental illness, long-term lease agreements would be established between landlords and the Division of Mental Health and Addiction Services (DMHAS) or contracted service providers. Long-term agreements of three to*

¹ Fothergill, A. and Peek, L.A. (2004) Poverty and disasters in the United States: A review of recent sociological findings, *Natural Hazards*, 32, 89-110.

five years would be arranged between the supportive housing service provider and landlord to preserve access to the housing unit. An estimated 900 subsidies will be created. Although it is anticipated that most consumers would retain their housing, in instances where an individual moves out (i.e., is hospitalized for a long period of time, chooses to move to a different location) this long term agreement would ensure that consumers are stably housed during the period of disaster recovery and rebuilding and offset the rent so that when Disaster SSBG funds terminate, the rent remains affordable. DMHAS currently funds approximately 4,500 housing subsidies and as these subsidies are released back to the Division (an individual no longer wants or needs a subsidy) they will be used to replace the Disaster SSBG rental agreements. *Amount: \$41,284,000*

- *Disaster Social Services for the Homeless Program (DSSH)*. Due Superstorm Sandy's impact on New Jersey residents, DSSH funds would be used to assist individuals and families who are experiencing short term, non-recurring emergencies. Homelessness prevention measures may include assistance with past due rent or past due mortgage payments, past due utility charge payments, payment of security deposits for apartments, short term rental subsidies, or various other forms of eligible assistance that will resolve the emergency or enable the family to remain in their home. The five core services are: food, shelter, prevention, case management and 24-hour assistance. A small amount of State funding is made available annually for these services but is typically exhausted in six months or less. The aftermath of the Superstorm has created needs beyond the current allocation. *Amount: \$55,000,000*

Housing Navigation Assistance

Amount: \$3,000,000

Program: Housing Navigation Assistance to Vulnerable Populations

Objective: *Provide housing navigation assistance to low-income families and individuals and consumers of mental health services.*

- Many DHS consumers have difficulty navigating the rental market. While the Housing Resource Center offers online opportunities for location of available rentals, some DHS consumers have needs beyond the location of housing. Online access may not be available, negotiations with landlords may be necessary to relax some requirements such as credit check issues, coupled with the precarious nature of low-income households or people in the process of overcoming the mental health issues associated with disaster, may make apartment search and relocation overwhelming. Housing navigation would offer low-income individuals and families or consumers of mental health services displaced by the storm the assistance needed to transition to a new and permanent housing option. *Amount: \$1,500,000* for 10 housing navigator staff with the Division of Family Development; *\$1,500,000* for the Division of Mental Health and Addiction Services.

Assistance for Homeless Residents

Amount: \$2,000,000

Program: Atlantic City/County Integrated Homeless Assistance Model

Objective: *Set up an integrated homeless assistance model where residents of Atlantic County, and especially Atlantic City, who find themselves homeless or at risk of homelessness, may find assistance.*

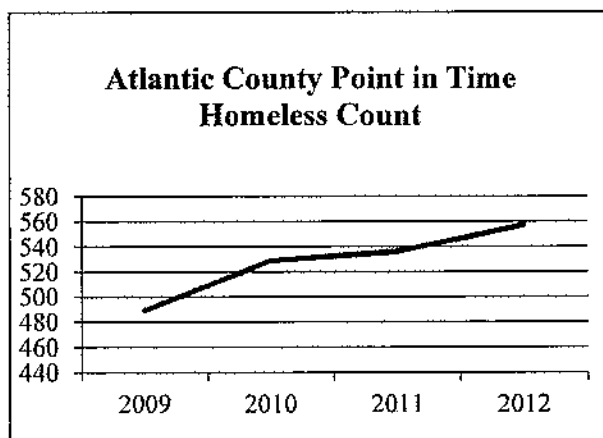
- Funding is requested to set up an integrated homeless assistance model where residents of Atlantic County, and especially Atlantic City, who find themselves homeless or at risk of homelessness, may find assistance. Through an in-kind space donation from Atlantic County government, the integrated assistance model will be co-located in the same building where government social service programs are administered. The program will assist in maximizing the homeless and other disaster resources available in Atlantic County. Atlantic County households requesting services will be screened for residential resources and other social services which may be available to them in their storm impacted county. The single point program will help to leverage resources from other partner programs such as housing vouchers available through disaster CDBG, Disaster Case Management and crisis counseling (both funded through FEMA), and behavioral health and housing services requested through the disaster SSBG Pre-expenditure plan.

Atlantic City is one of the poorest cities in New Jersey with a median annual household income of \$29,448, 57% below the State median and an unemployment rate of 14.3%, almost 5 points above the State average. The barrier island has limited housing stock and a multiyear waiting list for public housing. Superstorm Sandy has exacerbated the challenges of the city's low-income residents.

Affordable housing stock has been severely impacted by Superstorm Sandy, including many residences utilized by individuals and families at risk of homelessness. Several motels where single adults were able to find lodging were rendered uninhabitable as a result of the storm and as of this writing, are still not available to residents. An examination of data collected on Sandy-displaced households residing in FEMA temporary shelter assistance (TSA) placements showed that as of January 8, 2013, 522 of the 2,186, almost 25%, of Atlantic County Sandy-displaced households were in a temporary shelter arrangement. As of January 8, 2013, Atlantic County had the second highest number of households residing in TSA. Sandy-displaced households residing in TSA can be considered homeless and may not have been previously known to the homeless system in Atlantic City and County. When TSA ended in New Jersey on April 30, 2013, 15 of the remaining 60 households were Atlantic County residents and were receiving referrals to partner agencies.

While households receiving TSA are easy to count, it is almost impossible to count the number of households that moved with family and friends and may, at any time, confront the prospect of having to leave their arrangement.

The HUD mandated Point in Time Homeless Count provides additional data on homelessness in Atlantic County. In the years prior to Superstorm Sandy, the one night count of homeless residents has been rising steadily since 2009. 2013 data are not yet available although it is likely to show that the storm has increased the number of people counted.



In order to establish the integrated assistance model, a request for proposal will be developed. The bids received will determine the final cost of the program, which will not exceed \$2,000,000 through September 30, 2015. The request will be open to members of the Atlantic County Continuum of Care and those agencies currently serving homeless residents in Atlantic County. The envisioned program may include a director, case managers, and housing, legal and behavioral health specialists. Proof of the ability to work collaboratively with area provider agencies will be required. Use of the HUD Homeless Management Information System, HMIS, will be required. Given the increasing number of homeless residents as noted in the Point in Time Homeless Count, the experience of the TSA program, and the slow recovery of housing in Atlantic County, especially Atlantic City, it is estimated that demand for services will be high during the recovery period.

Repair and Renovation Grants

Cumulative Amount: \$11,150,000

Program: Repair, Renovation and Accessibility grants for elderly and disabled population

Objective: Provide grant opportunities for repair, replacement and accessibility.

- Repair grants for seniors.* As a result of the devastation of Superstorm Sandy, the senior population may have encountered damages to their homes without the ability or funds to repair such damages. These grant funds will be used to establish mini-grants of up to \$5,000 per household for eligible seniors and persons with disabilities to replace or repair damages to their residences/property not covered through other programs. To receive a grant, program participants will work with their Area Office of Aging and must obtain written quotes from stores, licensed contractors or approved volunteer handyman projects and submit the information to county designated entity that will be responsible for reviewing and approving the repairs and purchases. All services shall be provided in accordance with applicable State, local and Americans with Disability Act (ADA) and/or ADA Accessibility Guidelines (ADAAG) and Specification.
Amount: \$8,260,000
- Accessibility Repairs and Renovations for people with disabilities.* Homeowners and renters with access and function needs may be confronted with gaps in coverage for ramps and other modifications either to their repaired home/apartment or their new residence because of

displacement caused by Superstorm Sandy. Modular ramps piece together in interchangeable components to accommodate almost every situation that would be appropriate for a constructed ramp. They are portable, do not require building permits and are cost-effective. Modular construction costs range from \$5,000 to \$12,000. Financial resources to build/rebuild ramps and accessibility features to those opting to rebuild their original home will become more challenging given new construction requirements in flood zones. Typical costs can range from \$10,000 to \$65,000 to modify for access with the high-end including the construction of a self-contained elevator. Other circumstances for people with access and function needs displaced by Sandy are anticipated, including individuals who qualify for a mortgage but cannot afford the additional charges to make a home accessible. Most homes can be made accessible with sufficient financial resources. A midrange accessibility project would cost \$15,000 - \$ 25,000. This would include ramping of the entrance, widening of doorways and modification to yield access to one bathroom and shower/tub. An estimated 650 people will be served. *Amount: \$2,890,000*

II. Mental Health Services

Cumulative Amount: \$8,100,000

Timeframe: Up to September 30, 2015

Program: Clinical Behavioral Health Services

Objective: *Increase clinical behavioral health services to individuals impacted by Superstorm Sandy.*

- The need for additional clinical services is identified as among the highest priority recommendations. Superstorm Sandy caused unprecedented losses to the residents of New Jersey. In addition to the tragic loss of lives, thousands of families have lost their homes, their sources of income, and financial assets. The emotional impact of this storm is staggering. Hospital emergency departments are beginning to see an increase in people presenting with mental health needs and requiring outpatient services. Of the 16,024 crisis counseling contacts through April 2013, 1,424 required referrals for longer-term professional mental health treatment or behavioral or psychiatric services. An additional 262 received referrals for professional behavioral or medical treatment or self-help groups² for substance abuse problems. All efforts need to be made to increase these clinical services as research suggests that this need will continue to grow over the next year, at a minimum, and exacerbate an already taxed service delivery system. Studies of Hurricane Katrina survivors indicate increases not only in post-traumatic stress disorder, but also serious mental illness and suicidality persisting for a year or more following the disaster.³ Research has demonstrated that return to pre-disaster levels of mental illness and substance use disorder occurs more slowly in areas where there is significant loss of either life or property or when the affected populations are low-income and/or minorities.

² Such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA)

³ Paxson, C., Fussell, E., Rhodes, J. and Waters, M. Five years later: Recovery from post-traumatic stress and psychological distress among low-income mothers affected by Hurricane Katrina. (2012) *Social Science Medicine*, 74, 2, 150-157; Rhodes, J., Chan, C., Paxson, C. Rouse, C.E., Waters, M. and Fussell, E. (2010). The impact of Hurricane Katrina on the mental and physical health of low-income parents in New Orleans. *American Journal of Orthopsychiatry*, 80, 2, 233-243; Kessler, R.C., Galea, S., Gruber, M.J., Sampson, N.A., Ursano, R.J. and Wessely, S. (2008). Trends in mental illness and suicidality after Hurricane Katrina. *Molecular Psychiatry*, 13, 4, 374-384.

One novel mechanism to be expanded is a pilot collaboration with University Behavioral Health Care (UBHC) to provide mobile and telephonic clinical treatment to people unable to access the regular systems of care. Research has shown that many people who experience anxiety, mood and other disorders do not seek mental health treatment.⁴ Through a combination of door to door visits in the most severely impacted areas and through contact with community and disaster workers, two UBHC clinicians locate people in need of immediate clinical treatment – both in person and over the telephone, as appropriate. Treatment will continue for as long as deemed clinically necessary.

The tele-health approach will not satisfy the need and additional increases Early Intervention Support Services (EISS) and outpatient capacity must be made. EISS is an emergency department diversion service which provides quick access to mental health services. EISS is located in five of the most impacted counties – Atlantic, Hudson, Middlesex, Monmouth, and Ocean. Expanding EISS capacity will create more community clinical services and reduce the impact on hospital emergency departments. In counties where EISS is not available, funds would be used to create additional outpatient capacity. *Amount: \$6,100,000*

Program: Mental Health Public Awareness Campaign

Objective: *Create a mental health public awareness campaign*

- Research cited in the above clinical services explanation supports the need for a comprehensive approach to the delivery of behavioral health services. DHS recommends a public relations campaign targeted to the most impacted counties in order to communicate the availability of clinical and other behavioral health resources. Some consumers may not be familiar or understand the trauma they may be experiencing post-disaster, especially, as research shows, when symptoms may not manifest for six months or longer. It will help consumers to understand that the trauma they are experiencing is not uncommon and that help is available. In addition, some consumers may be new at navigating the public behavioral health system and outreach will provide that guidance. The campaign will ensure that the public knows that services are even available for people who are low-income, underinsured or uninsured. The campaign would include use of a variety of types of media outlets, including social media. The cost estimate is based on experience in financing other outreach campaigns. *Amount: \$2,000,000*

III. Child Care

Amount: \$2,750,000

Timeframe: Up to September 30, 2015

Program: Child Care Assistance Program

⁴ Wang, P.S., Gruber, M.J., Powers, R.E., Schoenbaum, M., Speier, A.S., Wells, K.B., and Kessler, R.C. (2007). Mental health service use among Hurricane Katrina survivors in the eight months after the disaster. *Psychiatric Services*, 58, 11, 1403-1411.

Objective: *Assist with the repair of child care centers impacted by the storm and provide child care services for families displaced by Superstorm Sandy.*

Funds would be utilized to assist families and child care programs that were directly impacted by Superstorm Sandy with financial assistance, support and resources as a result of the storm. Additionally, funding would be allocated to support impacted child care providers in rebuilding their programs, recover unreimbursed loss of equipment and supplies, and to provide disaster and recovery training for future preparedness.

Type of services would include:

1. Direct Child Care Services Financial Assistance, child care subsidies estimated at \$4,400 annually per family. *Amount: \$500,000*
2. Child Care Providers – mini supplies and equipment grants (not to exceed \$10,000). *Amount: \$1,000,000*
3. Child Care Provider Renovation Grants – Unreimbursed Building Repairs – grants to eligible providers, grants not to exceed \$50,000. *Amount: \$1,000,000*
4. Disaster and Recovery Professional Development training for CCR&Rs and providers, an estimated 4,000 providers will be trained. *Amount: \$250,000*

Funds will be allocated through existing Child Care Resource and Referral Agency contracts, similar to services and fiscal oversight deliverables required by CCDF, the former American Recovery and Reinvestment Act, and other federal and state special initiatives.

- DFD will modify the current CCR&Rs contracts in the counties significantly impacted to provide to child care related services, training and support to providers and families that have sustained substantial damage, interruption of services and loss, as a direct result of Superstorm Sandy.
- In addition to repair grants, mini-grants will be available for programs that have lost supplies and equipment.
- Health and safety grants will also be available to help programs come into compliance with the Office of Licensing.
- Grants will be available for child care center renovations through an application process submitted to DFD using the same methodology with the American Reinvestment and Recovery Act mini grants.
- Funds in the form of a child care subsidy will also be used to provide child care assistance for families directly impacted by Superstorm Sandy who do not qualify for any other child care program administered by the CCR&R.
- Funds for disaster training for child care providers and CCR&Rs' staff.

Standardized criteria for administering the grants will be clearly outlined in the CCR&R contract.

- Priority will be given to the programs in the nine most impacted counties.
- Assessments will be conducted to identify damages, losses, program/service interruptions and needs.
- Allocation of funds will be directly linked to this Needs Assessment.
- A standard number of estimates will be required prior to approval.
- Payment will be issued in installments based upon meeting individually determined deliverables and conditions.
- Site visit will also be conducted by DFD child care specialists.

Eligibility Standards

- Priority will be given to child care programs that are in the identified counties.
- Programs known to DFD that have reported significant damage will be evaluated as high priority (estimate of 26 to 32 programs).
- Completion of Assessment Form and Application.
- Programs must provide verification of damage or experienced interruption during Superstorm Sandy (e.g., loss of equipment, furniture, and supplies) in order to apply for a supply/equipment grant.
- Families that do not meet any of our other child care program eligibility requirements and who were directly impacted (e.g., have been displaced and/or suffered loss of employment) can apply for child care subsidies for 3 month intervals at a time.

IV. Services for Older Adults and People with Disabilities

Cumulative Amount: \$549,692

Timeframe: Up to September 30, 2015

Program: Education and Training on Protecting Adults from Financial Exploitation

Objective: *Create a program to protect citizens who are vulnerable to financial exploitation and abuse.*

- The goal is to foster recognition of post-disaster elder economic exploitation activity across a variety of settings, from predatory home repair contracting to caregivers who force turnover of FEMA checks for improper purposes. *Amount: \$300,000*

Program: Ensure the availability of Senior Nutrition Programs

Objective: *Restore Senior Nutrition Program to pre-storm capacity.*

- The Division of Aging Services (DoAS) submitted an application on December 14, 2013, for disaster assistance funding from the Administration on Aging (Administration on Community Living), which provided \$75,000 to New Jersey. DoAS has estimated, however, that it needs \$192,692 in disaster assistance funds to disburse to the 18 Area Agencies on Aging (AAA) to replenish shelf-stable meals distributed during Superstorm Sandy. The funds will be used to purchase 28,750 meals statewide. An additional \$117,692 in federal funding is required to reimburse the AAAs for the cost of these emergency meals – so the AAAs can replace their stock and be ready for the next crisis. The funding will be used to help counties with their storm-related expenses, including lost home delivered meals and an increase in shelf stable meals. *Amount: \$117,692*

Program: Legal Services to assist seniors

Objective: *Provide legal service navigation for older adults and people with disabilities during aftermath of Superstorm Sandy*

- Funds will be used to assist seniors to navigate the FEMA and private insurance systems, understanding the reimbursement requirements, resolve programs and expedite claims. *Amount: \$132,000*

V. Legal Assistance

Cumulative Amount: \$6,500,000

Timeframe: Up to September 30, 2015

Program: Provide legal and financial literacy assistance to storm impacted residents

Objective: *Create a program to assist residents with legal and financial issues resulting from Superstorm Sandy*

As a result of Superstorm Sandy some residents will face challenges navigating the legal system. Landlord tenant issues, fraud, exploitation, and insurance coverage are only a few areas where this specialized service will be needed. For many residents, navigating through an unfamiliar legal arena presents challenges in addition to those they are facing while trying to rebuild and recover. Funding will be made available to agencies to assist residents who find themselves in need of legal and financial literacy services. *Amount: \$6,500,000*

VI. Administration

Timeframe: Up to September 30, 2015

Cumulative Amount: \$5,542,764

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- DHS staff support in the Central Office to oversee grant administration. Divisional staff support to implement programs, monitor and enforce compliance.

Department of Children and Families

The Department of Children and Families' proposed SSBG programs focus on the following areas:

- I. *Strengthening Families and Preventing Child Abuse*
- II. *Preventing Violence and Exploitation*
- III. *Building Resiliency and Supporting Recovery*
- IV. *Administration*

I. Strengthening Families and Preventing Child Abuse

Cumulative Amount \$19,429,100

Timeframe: Up to September 30, 2015

Program: Preventing Child Abuse and Promoting Child Safety

Amount: \$11,201,600

Objective: *To ensure that preventative resources are deployed to mitigate the increase in incidents of child abuse and neglect; ensure that adequate/appropriate staff and resources are available to intervene to mitigate increased risk of abuse and neglect; respond to increased referrals of child abuse and neglect.*

- *Provide a "ready workforce" of child protection workers by hiring approximately 40 temporary staff to address anticipated caseload surge in impacted counties. One of the most important factors in being able to provide effective and efficient responses to child abuse and neglect allegations is a workforce with manageable caseloads so that each child protection worker can fully engage a family in the planning process. This "ready workforce" would be flexible and can be activated to respond to any increases in referrals that we experience. These hourly workers will successfully complete a comprehensive training protocol that will enable them to step in and manage a caseload. Amount: \$4,500,000*
- *Provide respite services for approximately 2,500 families of children with special needs in impacted counties. These services would include in-home, out-of-home, and overnight respite services for families with special needs children. During a time of recovery and rebuilding, families may not have access to all of the natural and informal resources they once had to help supervise their children. Rebuilding efforts may require that parents devote additional time, away from their children, to the rebuilding process. These combined factors can pose a significant challenge for parents of children with special needs. Amount: \$1,151,600*
- *Provide access to camp to approximately 750 children/youth in impacted counties. During a time of recovery and rebuilding, families may not have access to all of the financial, natural and informal resources they once had available to help supervise their children during the summer months. In addition, rebuilding efforts may require that parents devote additional time, away from their children, to the rebuilding process. Camps will provide child friendly safe environments while parents are engaged in recovery efforts. Children in impacted counties would be eligible for these services. Amount: \$600,000*

- *Provide assistance to approximately 800 impacted families to support child safety and well-being.* Research indicates that an increase in accidental injuries to children can be seen in the year following a disaster, and there are steps that can be taken to minimize these injuries. Funding will not be utilized for capital improvements. This funding could ultimately keep our children safe and avoid injuries. *Amount: \$420,000*
- *Provide up to \$5,000 of support to displaced or impacted foster families to ensure stability and safety.* Ensuring a strong and stable home environment for children in the Division of Child Protection and Permanency (CP&P) care is critical. CP&P will provide financial support to families to address specific needs that, if addressed, help ensure the stability and safety of the child's home. *Amount: \$100,000*
- *Increase intensive outpatient substance abuse treatment by approximately 100 slots to support parents of children who have come to the attention of the child protection system.* Disruptions and relocations, particularly for vulnerable families, can exacerbate existing stressors, and can put individuals at risk for relying on unhealthy coping mechanisms in response to this increased stress. National studies demonstrate that children of parents who have substance abuse disorders are at greater risk for child abuse and neglect. The enhanced services this funding would support are designed to serve the child welfare-involved population and are family-centric. *Amount: \$1,200,000*
- *Expand child and family health nursing support to families in impacted counties to partner with CP&P for the well-being of children/families that come to the attention of CP&P as high risk/child health concerns.* Traumatic events can compound the existing difficulties that families involved in the child welfare system typically confront, which often include physical and behavioral health challenges. DCF will integrate a child and family health nursing team into the impacted counties to partner with CP&P to focus on the well-being of the children and families who come to the Division's attention. The program will hire nine nurse health administrators and one regional health administrator, who will coordinate and support access to health care for children and families who have risk factors that do not require out-of-home placement but do require increased support. *Amount: \$3,230,000*

Program: Strengthening Families and Communities

Amount: \$5,580,000

Objective: *Strengthen families and promote protective factors through community-based and family focused supports and services.*

- *Operate a Family Success Center (FSC) in Northern Monmouth County to serve the storm affected area.* FSCs provide support and resources for families to improve their level of family functioning, develop a stronger level of self-reliance and establish an optimal environment for

their children's development. FSCs offer family-centered service delivery to provide continuity of primary preventive services through collaboration and integration of formal and informal resources. The existing Monmouth County FSC, located in Long Branch, is not equipped to handle all of the county's needs, particularly since northern Monmouth County is one of the most impacted areas in the State. *Amount: \$900,000*

- *Enhance existing Family Success Centers in impacted areas to provide expanded service capacity and add additional psycho-educational and support group services including legal and financial literacy programming.* Parents turn to our FSCs for information and support. The FSCs would temporarily expand their services by implementing evening and weekend hours, among other initiatives. In the aftermath of the storm, there is a need to ensure that resources are available to assist people to adequately protect their interests and equip them with knowledge of potential legal remedies, as well as ensure that these families remain as financially stable as possible. The additional programming will provide these resources in impacted areas. *Amount: \$2,040,000*
- *Expand home visitation/maternal-child health programs in impacted counties. Serve approximately 200 families per year.* DCF has a comprehensive home visitation program that is focused on building strong families and promoting conditions in families and communities that, when present, increase the health and well-being of children and families. There is strong evidence to support the use of home visitation programs, and DCF is anticipating an increased demand because of the storm. *Amount: \$2,160,000*
- *Expand services to Displaced Homemaker centers in impacted counties.* Displaced Homemaker (DH) programs, support women who have worked in the home for a number of years and through the death, disablement, or divorce of a spouse find themselves the primary source of household income. Through the support of the DH program, a participant may obtain or upgrade her skills for transition into the paid labor market. These expanded services will assist displaced homemakers in the impacted communities with the financial means to pay for child care and other services so that they can attend trainings, workshops, and other services available through the Displaced Homemaker Programs. *Amount: \$480,000*

Program: Health Care Support and Education

Amount: \$2,647,500

Objective: *DCF will partner with DOH to engage pediatricians and other primary healthcare providers in the long-term recovery efforts to promote positive mental health; promote strong families and prevent the negative impacts of the disaster such as domestic violence and child abuse.*

- *Develop and implement a Pediatric Partnership Initiative in impacted counties with the consultation of the New Jersey Chapter of the American Academy of Pediatrics.* This initiative will help pediatric medical practices to be fully aware of the resources available to them and their patients. Furthermore, it will be intended to promote early identification of the possible negative impacts of the disaster upon children and their families. This will result in increased pediatrician

knowledge of DCF resources and increased awareness of the psychosocial impact of disaster on children and their families. *Amount: \$2,647,500*

II. Preventing Violence and Exploitation

Cumulative Amount: \$8,440,000

Timeframe: Up to September 30, 2015

Program: Domestic Violence (DV)

Amount: \$3,994,000

Objective: *To build capacity to meet the expected increase in need and to strengthen domestic violence programs to be better prepared to maintain operations fully during and following disasters.*

- *Expand emergency domestic violence shelter capacity to ensure access for all victims; estimated at 4,500 shelter days. Shelter capacity is a significant concern, as incidents of domestic violence typically increase following a major disaster. DCF supports at least one DV program in each county through a community-based lead agency that provides core services to DV victims and their families. Services include a 24-hour hotline, emergency shelter, information and referral, counseling, general, financial, housing and legal advocacy. The DV programs operate as a statewide network and assist each other to ensure safe shelter access to victims of domestic violence. These funds would provide resources for additional shelter days to the network of agencies to manage an anticipated increased need for services. Families displaced as a result of the storm may require services in areas of the state that were not directly affected by the storm, but have capacity to serve the victims. *Amount: \$709,000**
- *Increase community-based domestic violence agency staff to provide counseling and support services to effectively and efficiently meet the expected increased demand. To manage the anticipated increased need for services, these funds would support full-time/part-time staff in community DV agencies. Funds will be allocated to support additional staff throughout the network. *Amount: \$3,285,000**

Program: Sexual Violence and Human Trafficking

Amount: \$4,446,000

Objective: *To work to prevent any increase in sexual violence and human trafficking and also to be prepared to provide immediate access to intervention services as needed.*

- *Expand sexual assault prevention programming including sexual assault prevention coordinators in each county. Sexual assault prevention programming and services are a significant concern, as incidents of sexual violence typically increase following a major disaster. These funds would provide for a part-time staff person in existing community-based agencies to implement prevention initiatives and support victims of sexual violence. *Amount: \$2,646,000**

- *Expand and enhance community-based/street outreach programming for homeless youth to ensure engagement and treatment programs are available and equipped to implement human trafficking prevention initiatives.* Approximately \$900,000 is allocated for street outreach for homeless youth and \$900,000 for human trafficking prevention efforts with youth, stakeholders, and youth serving staff. The enhanced homeless youth programming will ensure timely access to support services for homeless youth and implement human trafficking prevention programming as part of these services. *Amount: \$1,800,000*

III. Building Resiliency and Supporting Recovery

Cumulative Amount: \$16,073,000

Timeframe: Up to September 30, 2015

Program: Child Mental Health and Substance Abuse

Amount: \$9,550,000

Objective: *To build capacity within the New Jersey mental health and substance abuse treatment system to serve children/youth effectively and efficiently during the long-term recovery phase.*

- *Expand capacity to support mental health and substance abuse treatment services for children/youth in impacted counties.* Children/youth who receive mental health and/or substance abuse treatment services in a timely and effective manner following the emergence of post-traumatic related symptoms have a much better opportunity for recovery and will generally experience less severe problems for a shorter duration. These funds will provide community-based counseling services in impacted areas. *Amount: \$9,100,000*
- *Expand substance abuse prevention programming in impacted counties.* These funds will provide community-based substance abuse prevention programming to targeted communities impacted by the storm to mitigate substance abuse behaviors. *Amount: \$270,000*
- *Expand training opportunities for mental health professionals specific to disaster recovery.* This expanded training would ensure that professionals have the knowledge necessary to provide quality, best-practice interventions specific to post-disaster services. This training will include attention to suicide prevention that is consistent with our State's youth suicide prevention programming, and will include specialized training to treat children/youth of all ages, including children under the age of six and young adults ages 18 to 21. *Amount: \$180,000*

Program: Building Resiliency and Supporting Recovery through Supports for Schools and Students
Amount: \$5,803,000

Objective: *To help children learn positive coping mechanisms, build resilience, and be successful in school, their personal relationships, and in the community.*

- *Utilize nationally recognized child trauma and disaster experts for consultation, training, and implementation of programs in schools and communities. These experts would provide additional training in school interventions, and assist with implementing the psychosocial intervention program in the schools and community. Amount: \$91,000*
- *Provide school and community-based psychosocial interventions including suicide prevention and trauma response in impacted areas in approximately one-third of New Jersey's schools. To meet the needs following this large scale disaster, provide in school settings a range of interventions to children that may have experienced trauma. Amount: \$5,424,000*
- *Provide community-based psychosocial summer programming for youth in impacted areas. To mitigate the impact of child/youth trauma following the disaster, this programming would provide psycho-social programs and supports during the summer months, serving approximately 4,000 youth. Amount: \$288,000*

Program: Early Childhood

Amount: \$720,000

Objective: *To help young children positively cope with the stress of the disaster and to promote positive early childhood development that is not negatively impacted by the effects of this disaster.*

- *Develop teams of trainers to provide training at child care and other early childhood centers for caregivers, parents and teachers. A key component to promoting positive development in young children following a disaster is to help caregivers to understand the impacts of disaster on young children so that caregivers can utilize strategies that best support these children. This programming is expected to serve approximately 10,000 children/youth. Amount: \$720,000*

IV. Administration

Cumulative Amount: \$1,529,000

Timeframe: Up to September 30, 2015

DCF administrative support to oversee, track, and monitor federal funds and enforce compliance with federal and state accountability requirements.

Department of Health

The Department of Health's proposed SSBG programs focus on the following areas:

- I. Support Local Health*
- II. Environmental Health*
- III. Community Resiliency/Healthy Homes*
- IV. Information and Referral*
- V. Administration*

I. Support Local Health

Cumulative Amount: \$7,040,800

Timeframe: Up to September 30, 2015

Program: County Health Improvement

Amount: \$3,000,000

Objective: *Superstorm Sandy made it clear that governmental public health continues to have a significant role in emergency response. Ensuring community resiliency to track and coordinate services to people and organizations impacted by an emergency event is of paramount importance.*

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- Ensuring that all partners – both upstream and downstream from the sheltering question – have included access and function needs populations (AFNP) in their emergency preparedness planning in the jurisdiction to assure appropriate tracking and coordination of services. For example, energy providers must consider the effect of power outages on AFNP. Those providing shelters must consider the special needs that AFNP may require. And finally, hospitals and other medical providers should understand the appropriate discharge protocol for AFNP back into communities under duress.
 - To allocate \$3 million to county-based governmental public health through existing third party providers over two years in the following manner: 80% to the nine (9) most impacted counties (Atlantic, Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Ocean and Union) and the balance to be equitably distributed among the remaining county health departments.
 - To enhance the capacity in all 21 counties in New Jersey for the purpose of assuring that:
 - Access to care for AFNP is optimally and appropriately achieved during emergencies; local governmental public health activities to strengthen access to care for the AFNP is coordinated with and leverages other ongoing initiatives at partner organizations (e.g., NJGAINED); a robust and sustained community outreach and awareness training effort is undertaken with the many organizations who are able to reach or who represent AFNP; and plans for sheltering at all levels adequately address AFNP.
 - Engaging key organizations that represent and/or advocate for the needs of AFNP and coordinate with and synergize with their ongoing activities.
 - Undertaking a concentrated statewide campaign to increase the enrollment in NJ Register Ready, a free, voluntary and confidential web-based program designed to identify the

needs of people who may find it difficult to get to safety in the event of an emergency, by 50% by 2016.

- Cost Breakdown: \$1.5 million per year will be evenly allocated for each of the nine impacted counties to fund one full-time equivalent individual to implement the program.

Program: NJ Poison Information and Education System (waiver request)

Amount: \$400,000

Objective: *Ensure 24-hour access to the Poison Information and Education System*

- Provide \$400,000 in funding for New Jersey Poison Information and Education System (NJPIES) services during SFY2014 to communities in the nine (9) counties most impacted by Superstorm Sandy (Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean and Union counties) to ensure 24/7 availability of and access to poison intervention specialists and toxicology consultants via telephone and to provide targeted professional and community education/awareness relating to possible/potential post- Sandy environmental health hazards and exposures.
- This initiative will focus on NJPIES' ability to provide accurate information to individuals in the counties most impacted by Superstorm Sandy, public education, and real-time documentation and surveillance with a centralized data repository as an integral part of New Jersey's public health recovery efforts for responding to weather-related emergencies, natural and man-made disasters, including:
 - Early identification of hazards;
 - Focus for prevention education;
 - Post-event surveillance; and
 - Identification of trends/clusters.
 - Cost Breakdown:
 - \$200,000 – Staffing increased volume of call center
 - \$200,000 – Employing educators to propagate environmental exposure to the nine impacted counties.

Program: St. Barnabas Burn Emergency Preparedness Program (waiver request)

Amount: \$150,000

Objective: *Burn experts estimate that during disaster-related events such as hurricanes or winter storms burn centers experience a 20 - 30% increase in admissions. In 2012, immediately following Superstorm Sandy, the New Jersey Burn Center saw a surge of more than twenty-two admissions resulting from:*

- *Improper use of combustible liquids for portable generators*
- *Re-energized power lines dangling from damaged poles and*
- *Incorrect use of open flame for heat and illumination.*

The resulting admissions from this one storm highlights a real need for the Burn Center to expand its current prevention programs and develop a universal prevention program designed specifically to address safety issues commonly related to disaster response.

- Provide funding of \$150,000 for the Saint Barnabas Burn Center Medical Coordination Center (MCC) to provide for the development of a new burn emergency preparedness prevention program.

With support of NJDOH, this new burn emergency preparedness program would be incorporated into existing state and burn center fire and safety programs targeting the nine New Jersey counties which were most severely impacted by the storm (Cape May, Atlantic, Ocean, Monmouth, Middlesex, Union, Essex, Hudson, and Bergen), and then expanding to the other thirteen counties. It would focus on pre- and post-disaster prevention information for the public, with the overarching goal of decreasing the number of injuries directly attributable to unique emergency situations.

Once developed, this new Burn Emergency Preparedness Prevention Program will be delivered in a variety of methods, including but not limited to oral presentation, printed materials and electronic format.

Individual programs will be developed by the Burn Foundation educators, with the lead coming through the Burn Emergency Preparedness Education Coordinator.

The target audience will encompass all ages, with individual programs designed to meet the specific needs and challenges of each age group, i.e., children, adults and senior citizens.

Programs will be made available upon request to civic or fraternal groups, religious organizations, public and private schools, business and industry governmental organizations or any agency statewide that could benefit from this education.

In times of disaster/emergency, public service announcements will be prepared by the Burn Center and disseminated by NJDOH.

Program: Mobile Satellite Emergency Department (waiver request)

Amount: \$500,000

Objective Funds in the amount of \$500,000 are requested to ensure availability of the Mobile Satellite Emergency Department (MSED) to respond to catastrophic patient-producing events such as terrorist attacks, hazardous materials incidents, transportation-related incidents, major structural collapse or major weather-related events (such as a hurricane). Provide medical surge capabilities and/or supplemental/replacement hospital emergency room services in response to one of the aforementioned events/incidents.

- With the ability to provide up to 14 critical care beds with many advanced capabilities usually available only in fixed emergency departments (i.e., x-ray, labs, sutures, telemedicine) the MSED can be utilized in a multitude of emergency events to provide several levels of medical care.

Funds will be used to maintain the MSED at operational status. This covers:

- Medical materials (bandages, medications, syringes, etc.)
- Storage capacity of 18,000 sq. ft. for:
 - three (3) 70 foot tractor trailers
 - three (3) support trucks
 - two (2) support trailers (ancillary equipment)
 - one (1) support vehicle

- two (2) asset interconnects
 - ancillary equipment (stairs, platforms, tires, additional supplies)
 - two (2) offices with bathroom facilities
 - Electrical, HVAC and water connections
- Cost Breakdown: \$320,000 – Rent / Storage fees
 \$110,000 – Utilities
 \$ 70,000 – Maintenance

Program: Medical Reserve Corps (MRC) (waiver request)

Amount: \$2,400,000

Objective: *The counties of Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean and Union were seriously impacted by Superstorm Sandy and these areas required assistance and support from the Medical Reserve Corps volunteers that were registered and approved in the NJMRC Registry for their respective jurisdiction. All 24 NJMRC Units were activated, with the units in less impacted counties providing support for the counties more severely impacted. Over 750 volunteers were willing to serve over 13,000 hours during Superstorm Sandy. These volunteers are a vital resource to emergency response and recovery efforts for large scale public health emergencies.*

- Provide \$2.4 million dollars (\$2,400,000.00) over two years to strengthen and improve the volunteer initiative that supports the positions of twenty-four (24) MRC Unit Coordinators that oversee and manage the New Jersey Medical Reserve Corps / Emergency System for Advance Registration of Volunteer Health Professionals (NJMRC/ESAR-VHP) Program that exists in each county/local public health jurisdiction in the State of New Jersey. Fifty-thousand (\$50,000) will be appropriated to support each Unit Coordinator’s role/position within their county/local health department.

This initiative will focus on:

- Supporting the role/position of a MRC Unit Coordinator for each recognized MRC Unit that is approved and housed at a county/local health department in the State of New Jersey.
- Unit Coordinators will collaborate and network with professional organizations and major stakeholders and partners that support the NJMRC/ESAR-VHP Program.
- Emphasis will be placed on strengthening the capabilities and skills of the health care professionals and community volunteers that are willing to staff shelters and mass vaccination clinics.
- Unit Coordinators will be expected to enhance and strengthen their MRC Unit based upon Lessons Learned and After Action Reports that document the need and necessity for having a Medical Reserve Corps Unit.
- Cost Breakdown: \$50,000 each MRC Coordinator x 24 coordinators x 2 years

Program: Medical Reserve Corp Volunteers Training Access & Functional Needs Assessment (waiver request)

Amount: \$75,000

Objective: *Provide \$75,000 to an Academic partner for increasing the New Jersey Medical Reserve Corps (NJMRC) volunteers' awareness and understanding for meeting the needs of children and adults who have Access and Functional Needs.*

- This initiative will focus on:
 - Increasing the knowledge and understanding of the NJMRC Volunteers for meeting the needs of individuals with Access and Functional Needs during an emergency event.
 - Engaging key organizations and major stakeholders and partners that support the NJMRC/ESAR-VHP Program and include those organizations that represent the Access and Functional Needs population.
 - Emphasis will be placed on strengthening the capabilities and skills of the volunteers that assist in staffing shelters during an emergency.
 - Grant recipient is expected to address "Support Services" through Lessons Learned and After Action Reports that document the need for such services.
- Conduct a workshop and invite key representatives from Access and Functional Needs organizations of New Jersey. NJ GAINED representatives, OEM representatives, Human Services representatives and other emergency management managers will be invited to participate and share lessons learned and best practices for providing Access and Functional Needs during an emergency. (September-November 2013).
- A training program will be developed by the Academic Partner that can be utilized by the NJMRC Unit Coordinators to train their unit volunteers. The program will also be made available on-line on the New Jersey Learning Management Network (NJLMN) for reaching a larger number of volunteers. (December – February 2014).

Program: Workshop for Disaster Response (waiver request)

Amount: \$150,000

Objective: *Provide \$150,000 in funding for the New Jersey Office of Emergency Medical Services (OEMS) to provide both a one-day workshop related to the disaster response efforts during and immediately after Superstorm Sandy, involving responders from Indiana, Maryland, Pennsylvania and Vermont, and an emergency preparedness focus as part of the Eighth Annual New Jersey Statewide Conference on EMS (Nov 13-16, 2013).*

- This initiative will focus on:
 - Lessons learned as a result of Superstorm Sandy including the multi-state response effort:
 - EMAC activation and response, and
 - Integration of multiple state, county and local response efforts.
- Emergency planning and preparedness for local, county and state entities including:
 - Daily emergency response efforts;
 - Multi-casualty incident response efforts versus small-scale event planning;
 - Rescue/recovery efforts; and
 - Responder safety.
 - Cost Breakdown: One day conference for 750 attendees
Conference facility rental
Web site design and hosting
Logistical costs

Speakers
Travel

Program: Statewide All Hazards Incident Management Team (AHIMT) Training for EMS (waiver request)

Amount: \$365,800

Objective: *During Superstorm Sandy, New Jersey needed to call the State of Maryland to assist with the incident management for EMS. This was identified in the After Action Report for as a key action item to be addressed.*

- Provide \$365,800 in funding for the New Jersey Office of Emergency Medical Services (OEMS) during to establish and train a new (30) member statewide All Hazards Incident Management Team (AHIMT) for Emergency Medical Services (EMS) in the State of New Jersey. This team will assist and function as Command Staff, General Staff, Situation Unit Leader, Resources Unit Leader, Planning Chief, Logistics Chief and Documentation Unit Leader in a disaster and may function as the key planning team for EMS during a regional or statewide response. These positions are critical during a response and may assist during the recovery period from a planning perspective.
- This initiative will focus on:
 - Establishment of an AHIMT within the State of New Jersey.
 - Develop an oversight committee;
 - Identify AHIMT candidates;
 - Develop AHIMT Administrative Policies and Procedures to include, but not limited to;
 - Lines of Authority
 - Accountability
 - Delegation of Authority
 - Personnel Relief and Rehabilitation
 - Operations
 - Situational Awareness
 - Environmental Considerations
 - Evacuations
 - Incidents within an Incident (responder death, vehicle accidents, etc.)
 - Develop AHIMT Operational Guidelines;
 - Develop AHIMT Implementation Plan; and
 - Communicate the establishment of the AHIMT with stakeholders statewide.
 - Train AHIMT candidates to function on the statewide team during a pre-planned event, disaster, or to assist in recovery efforts.
 - Evaluate training needs of AHIMT candidates;
 - Provide training to operate as a Type II AHIMT as defined under FEMA; and

- Provide field training to AHIMT to ensure functionality of the team when needed.

II. Environmental Health

Cumulative Amount: \$6,436,000

Timeframe: Up to September 30, 2015

Program: Mosquito Control (waiver request)

Amount: \$2,100,000

Objective: *Funds will be utilized via the Integrated Pest Management strategy for: source reduction via environmental mitigation (waterways and wetlands) water control structure repair and management, removal of wet debris (sanitation) mosquito control using insecticides (mosquito larviciding and adulticiding).*

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- Funds will also be used for the rental or purchase of equipment; addition of select personnel; purchase of pesticides; rental or purchase of surveillance equipment; use of aircraft for surveillance and /or dispersal of insecticides; collection, speciation, sexing and counting and testing of subject mosquitoes implicated in the transmission cycle of West Nile Virus, Eastern Equine Encephalitis and other viruses. Previous to Superstorm Sandy, West Nile virus (WNV) and other mosquito-borne diseases, such as Eastern Equine Encephalitis (EEE), presented an ongoing threat to the public health in affected areas in New Jersey. Nuisance mosquitoes were also a very common problem. In 2012, there were 48 cases of human WNV in New Jersey, including 6 deaths. It is anticipated that conditions caused by Superstorm Sandy will promote accelerated mosquito production, due to additional available larval habitat from water-holding sites non-existent prior to the storm. The resultant increase in mosquito populations compounds the potential for increased nuisance and, more importantly, the threat of mosquito-borne disease. Relevant storm-created conditions that promote mosquito breeding and/or increase the threat of disease transmission include: transformation of waterways and bodies of water; large amounts of environmental debris able to hold standing water; damaged storm water facilities; damage to previously managed mosquito control structures; and created vernal pools (a result of blown down tree-root systems).

Cost of \$2.1 million will be utilized in a two year phase.

Year 1 - \$1,450,000

- Funding will be required in order to survey impacted acreage to determine the extent of created habitat as a result of the storm including but not limited to damaged water control structures, wet debris or natural waterways with blockages.
- Equipment will be purchased or rented which will be utilized to clear rights-of way currently blocked by debris restricting access to mosquito habitat for evaluation.
- Insecticides will be purchased which will provide temporary relief from discovered larval development in order to abate or retard development of mosquitoes to the adult stage.

A mosquito surveillance and control coordinator will be added to the staff of the NJDEP Office of Mosquito Control Coordination in order to administer the additional programmatic responsibilities required to respond to the added demand on existing human resources.

Year 2 – \$650,000

- Based on continued surveillance, insecticide applications will continue including those for adult mosquito control if necessary. Additional insecticide purchases may be required (based on discovery).
 - Equipment will be purchased or rented which will be adequate to remove discovered debris which either blocks the natural watercourse of streams and waterways or damaged or inaccessible storm-water facilities.
 - Based on continued surveillance, aircraft may be chartered in order to apply larval or adult mosquito control formulations in inaccessible targets or areas of acreage too large to treat via surface equipment.
 - Equipment will be purchased or rented which will be used to perform permanent source reduction projects which utilize recognized Best Management Practices for Mosquito Control. Such projects may focus on vernal pools created by downed trees, existing water courses constructed to eliminate standing water or natural streams and waterways damaged by the storm.
- A Mosquito Control Administrator will be added to the staff of the Office of Mosquito Control Coordinator to enhance the response of a broad, integrated control response which utilized a multi-faceted approach to immediate and long-term control of mosquito populations resulting for habitat created by the storm.

Program: Human Surveillance (Mosquito) (waiver request)

Amount: \$650,000

Objective: *Sandy Recovery efforts demand enhanced surveillance, education and inter-agency collaboration around mosquito-borne diseases.*

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- Enhanced surveillance activities – evaluate, update and disseminate updated avian, mosquito and human WNV protocols to appropriate stakeholders
 - Enhanced education activities – evaluate current WNV education materials and work with DEP and local mosquito control agencies on new materials; create “Post-Sandy and Sandy Recovery” mosquito-borne disease section on DOH WNV website with additional resources; design and implement a WNV awareness and prevention campaign
 - Collaboration with agencies/counties affected by Sandy – to include DOH coordination with DEP, Rutgers University, the Department of Agriculture, the USDA Animal and Plant Health, Inspection Service – Veterinary Service, local mosquito control, local health departments and federal joint military bases.
- Cost Breakdown:
 - Year One - \$201,163.

- Evaluate and update current avian, mosquito and human WNV surveillance protocols to reflect the potential increased risk of mosquito-borne diseases created by Sandy and during the Sandy recovery efforts.
 - Perform enhanced data analysis for counties that have been identified as having an increased risk of mosquito-breeding habitats due to Sandy and/or Sandy recovery efforts.
 - Perform enhanced WNV case investigation activities by interviewing all suspect cases of WNV using a post-Sandy supplemental data form to evaluate risk factors potentially associated with Sandy and/or Sandy recovery efforts.
- Year Two - \$448,837
- Establish a WNV Health Education Subcommittee (part of the larger Vectorborne Disease Working Group) to review the annual report, evaluate previous education initiatives and develop recommendations for improving education and outreach activities. The WNV Health Education Working Group will include representatives from state and local health, local mosquito control, the Department of Education and the DEP OMCC, at minimum.
 - Maintain the “Post-Sandy and Sandy Recovery” mosquito-borne disease section on the DOH WNV website with additional resources, updated surveillance totals and links to state and county agencies who have updated their mosquito-prevention brochures to reflect the potential risk of increased mosquito-breeding habitats following Sandy and/or during Sandy recovery efforts.
 - Continue to work with counties affected by Sandy to enhance and disseminate their existing WNV education materials.

Program: Environmental Activities Assistance (demolition associated focus) (waiver request)

Amount: \$1,754,000

Objective: *With the anticipated environmental work to be completed as a result of the storm, demolitions of damaged buildings need to occur.*

- With the anticipated environmental work to be completed as a result of the storm, an additional 8 Occupational Health Consultants will be hired to oversee activities including demolition of damaged buildings that can no longer be inhabited, asbestos and lead abatements, air monitoring related to demolition work and an aggressive boots on the ground education and outreach efforts.

Program: DOH Consumer, Environmental and Occupational Health Service (CEOHS) Recovery Effort

Amount: \$258,000

Objective: *Consumer, Environmental and Occupational Health Service (CEOHS) needs to establish new environmental health staff whose primary activities relate to disaster response and recovery activities.*

Hire 1 FTE to respond to local agency environmental health needs for technical assistance regarding indoor environment issues (mold remediation) in addition to other public health programs (retail food inspections, youth camp re-openings).

Program: Environmental Activities Assistance

Amount: \$439,000

Objective: *Consumer, Environmental and Occupational Health Service (CEOHS) needs to establish new environmental health staff whose primary activities relate to disaster response and recovery activities.*

- Hire 2 FTEs to serve as liaisons with local agencies in the most impacted regions in the state. Liaisons will respond to local agency environmental health needs for technical assistance regarding indoor environment issues (e.g., mold remediation) in addition to other public health programs (e.g., retail food inspections, youth camp re-openings).

Program: Mold Remediation Enhancement

Amount: \$293,000

Objective: *There is a need to train individuals involved in Superstorm Sandy related clean-up efforts. UMDNJ-SPH has expertise in providing this type of training, and in conjunction with the NJDOH, Local Health Departments, community based organizations, and volunteer groups can identify target populations for training. The current MOA between DOH and UMDNJ-School of Public Health will be amended to provide funding for the SPH training.*

- The UMDNJ-School of Public Health, Office of Public Health Practice proposes to conduct 60 6-Hour Mold Remediation courses, reaching a total of 1,500 workers. The course will include:
 - Awareness of Mold
 - Safe Work practices
 - Personal protective equipment
 - Respiratory protection
 - Best practices for remediation
- UMDNJ-SPH, in conjunction with the NJDOH, Local Health Departments, community based organizations, and volunteer groups identify target populations for the training.
- Proposed Budget
- Personnel 138,000.
- Travel 11,200.
- Postage, phone 600.
- Manuals, supplies 45,000.
- Equipment 16,500.
- Training space 60,000.
- F&A 21,700

Program: Moisture Abatement Equipment for Counties/Locals (waiver request)

Amount: \$642,000

Objective: *In response to Superstorm Sandy, many counties and municipalities require moisture abatement but lack the necessary equipment.*

- Industrial de-humidifiers, fans and moisture meters will be leased or purchased and provided to either the County OEM or Local Health Department to loan out as a package to affected homeowners. Moisture meters will help determine what interior spaces have been impacted by flooding and moisture intrusion. Industrial size de-humidifiers and fans will be used to help dry out impacted rooms and surfaces thereby reducing the impact of mold. Proof of residence must be provided.

Program: West Nile (Vector Borne Diseases) Laboratory Equipment (waiver request)

Amount: \$300,000

Objective: *Superstorm Sandy created a lot of damage in New Jersey to structures, many of which have not yet been fully repaired or demolished, and deposited a considerable amount of debris in bodies of water and wetlands, much of which has not yet been removed. This has resulted in many places where water can pool, creating opportunities for mosquitoes to breed. Its winds also uprooted a very large number of large trees, creating depressions in the ground that are also potential mosquito-breeding areas. These pools create the potential for an increase in the population of disease-bearing mosquitoes, and subsequent increased risk of human infection with West Nile Virus and other mosquito-borne diseases.*

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- Fund \$300,000 to the New Jersey Public Health and Environmental Laboratories (PHEL) for the purchase/lease of specialized testing equipment, including robotics, for the purpose of analyzing samples for the screening of vector borne diseases. These instruments would be an invaluable asset in the Laboratories' arsenal to meet anticipated public health challenges from West Nile Virus and other vector-borne diseases due to storm damage from Superstorm Sandy.

 - PHEL proposes to lease or purchase a Qiagen BioRobot Universal Instrument. The benefits of purchasing this equipment are as follows:
 - Will provide high throughput automation to extract and purify influenza viral RNA. High throughput means that 96 sample extractions can be performed at once. Robotic equipment decreases testing turn-around time, aids in the management of sample flow through the lab and enhances laboratory testing capacity by freeing technicians to perform other responsibilities.
 - The instrument will provide automated reaction set-up for the detection step. Automation insures that set-up is performed quickly and accurately. By automating the reaction, potential operator errors related to manual extraction will be eliminated.
 - PHEL is an integral part of New Jersey's West Nile virus (WNV) statewide mosquito surveillance program. PHEL utilizes this assay to identify mosquito-borne viral pathogens like WNV, Eastern equine encephalitis virus, and St Louis encephalitis virus in pooled mosquito samples submitted by the county mosquito control programs. Approximately 8,000 samples are submitted for testing every summer. Without additional equipment, it would not be possible for PHEL to complete the anticipated increase in workload within the timeframe required for the results to be used to guide mosquito abatement activities statewide.

III. Community Resiliency/Healthy Homes

Cumulative Amount: \$23,174,485

Timeframe: Up to September 30, 2015

Program: Case Management of Sandy Impacted Medically Fragile children

Amount: \$5,767,585

Objective: *Case management for Sandy impacted families of medically fragile children with special needs to assist in obtaining critical resources and services to assure that health and mental health needs have been addressed. It is anticipated that over 5,000 children (families) will be provided case management yearly in the nine most heavily Sandy impacted counties.*

Services provided through current network of county-based Child Health Case management Units in the nine most heavily impacted counties. Parents Resource Specialist would work with Child Health case managers as specialists to provide home and community-based services to impacted families. Funding would expand existing Statewide Parent Advocacy Network to the nine most heavily impacted counties that do not presently have Parent Resource Specialists.

This Case Management is cost analyzed over two and a half years as follows.

In collaboration with the statewide network of county based SCHS Case Management Units, local, State and federal agencies, these Case Managers (CM) will:

- Special Child Health Services Case Management \$3,462,724 over 2.5 years
(June 2013 – September 2013: \$1,181,568; October 2013 – September 2014: \$1,136,158; October 2014 – September 2015: \$1,144,998)

Funding is requested to support ten (10) part-time Special Child Health Services Case Managers (SCHS CM). These Registered Nurses and/or Social Workers will provide targeted assistance to families of children with special health care needs that reside in 9 counties (Atlantic, Bergen, Cape May, Union Essex, Hudson, Ocean, Middlesex, Monmouth) heavily impacted by Super Storm Sandy. Cumberland County may be added if enough need exists after conducting a needs assessment. In collaboration with the statewide network of county based SCHS Case Management Units, local, State and federal agencies, these CMs will:

- Identify families of CYSHCN affected by Superstorm Sandy
- conduct intake to identify the medical, dental, developmental, educational, rehabilitation, social, emotional, and economic needs of the child and in collaboration with the family identify challenges to meet those needs
- provide targeted information and referral to local, State and federal resources to address the child and family's needs as related to their child
- assess the family's strength's to independently use the resources provided
- develop an individualized service plan as needed to assist the family to navigate resources by identifying action steps to achieve self-sufficiency in meeting their mutually determined needs
- periodically monitor the family's progress toward self-sufficiency in meeting their needs

- Parent Resource Specialists \$1,568,135 over 2.5 years
(June 2013 – September 2013: \$540,072; October 2013 – September 2014: \$512,589; October 2014 – September 2015: \$515,474)

Funding is requested to support six (6) full-time equivalent Parent Resource Specialists (PRS). These parents of children with special needs will complete requisite parent support training to provide targeted parent support to families of children with special health care needs that reside in 9 counties (Atlantic, Bergen, Cape May, Union, Essex, Hudson, Ocean, Middlesex, Monmouth-may expand to Cumberland) heavily impacted by Super Storm Sandy.

In collaboration with the county based SCHS Case Management Units, local, State and federal agencies, these PRS will:

- collaborate with the SCHS CMs in identifying families of CYSHCN affected by Super Storm Sandy
 - conduct intake to identify family’s strengths and challenges to meet their child’s needs in the community, particularly in the areas of social, emotional, and educational
 - refer medically needy/complex CYSHCN to SCHS CM and as needed co-manage family supports
 - provide parenting information and referral to local, State and federal resources to meet their child’s needs and the family’s needs as related to their child
 - assess the family’s strengths to independently use the resources provided
 - develop a plan as needed to assist the family to identify action steps to achieve self-sufficiency in meeting their mutually determined needs
 - periodically monitor the family’s progress toward self-sufficiency in meeting their needs
- State Office Staff to Provide Data Management and Public Health Nursing Consultation to Administer Super Storm Project Deliverables and Expenditures \$736,726 over 2.5 years

(June 2013 – September 2013: \$231,686; October 2013 – September 2014: \$245,314; October 2014 – September 2015: \$259,726)

1. Health Data Specialist 1 (Range 27)-Assigns and coordinates program staff to develop, conduct, and evaluate data systems to conduct Super Storm Sandy program evaluation; directs the analysis and preparation of statistical reports of local, state, and regional data to trend program’s progress.
2. Public Health Consultant 2 Nursing (Range 26)-Provides public health nursing technical assistance to State agencies as well as nursing consultation to community based agencies charged with outreach and providing case management and family support activities; administers programmatic activities and expenditure reports.

Summary

| | |
|-----------------|--------------------|
| Case Management | \$3,462,724. |
| SPAN | \$1,568,135. |
| DOH Staff | <u>\$ 736,726.</u> |
| TOTAL | \$5,767,585. |

Program: Education/training/lead testing/soil testing/case management in Sandy impacted Counties (waiver request)
Amount: \$13,216,900

Objective: *Superstorm Sandy caused new environmental hazards in New Jersey homes. In order to assist New Jersey residents impacted by these environmental hazards, the State will launch a Healthy Homes and Lead Poisoning Prevention program. The goal of this program is to inform the public of these hazards, train staff to recognize these hazards, and test children for potential lead poisoning.*

- **Public Education:** Residents in the nine most impacted counties of Superstorm Sandy will be educated on the post-storm health effects related to housing conditions (e.g. asthma exacerbation due to moisture infiltration and subsequent mold) and how to maintain their remediated residences to ensure continued healthy and safe homes. A minimum of 600 members of the general public will be educated yearly.
Amount: \$1,112,200
- **Competent health, social services, and housing professional workforce:** Conduct at least 20, 7-hour no-cost “Healthy Homes for Community Health Workers” trainings for at least 500 government and non-government staff who perform home visits and inspections yearly utilizing the national, standardized curriculum that will be tailored to focus on post-Superstorm Sandy recovery.
Amount: \$390,000.
- **Increase access to blood lead screening & Case Management:** For high-risk residents living in the nine most impacted counties by Superstorm Sandy, 220,000 blood lead screenings yearly will be performed by LeadCare II pilot project agencies with children under 6 years, pregnant women, and uninsured adults (due to on-site and possible take-home exposure from paid or unpaid work involving remediation, renovation, or demolition of homes).

Services provided through expansion of existing grants with Regional Childhood Lead Poisoning Prevention (CLPP) Coalitions in the nine Sandy impacted counties as well as participating Local Health and County Health Departments through existing grants. *Amount: \$11,714,700.*

Program: Expanded Women and Adolescent Health and Social Services

Amount: \$3,000,000

Objective: *Targeted outreach and screening to consumers to receive health and social services through a network of 18 Community Health Centers in the nine most heavily Sandy impacted counties.*

- Provide targeted outreach efforts to reach Sandy related individuals who come to established community health centers to receive health services, as an entry point-gateway, to help address broader behavioral health care needs through screenings and referrals for substance abuse treatment, domestic violence, and mental health care needs. Approximately 8,000 to 10,000 women and adolescents are projected to be screened yearly in the nine most impacted Superstorm Sandy counties through a network of 18 Community Health and Women's Health Centers located in the most impacted cities within the nine designated counties (approximately 550 per site per year/approximately 50 per site per month).
Total yearly budget: \$1,471,875

- Provide training to primary care physicians/nurses and allied health professional at the 18 Community Health and Women Health Centers for the identification of medical complaints related to stress, depression and anxiety post Superstorm Sandy. Why needed: Coordination and integration of medical and mental health efforts has often been lacking. We need to ensure that health care workers integrate mental health into their planning. Reasons for promoting such partnerships include: Mental health reactions may present as physical complaints making diagnosis and treatment challenging; and, adolescents as well as adults may have difficulty verbalizing their symptoms, further complicating diagnosis and treatment.
Total yearly budget: \$28,125.

Program: National Center for Disaster Preparedness' Child and Family Health (waiver request)
Amount: \$1,190,000

Objective: *The National Center for Disaster Preparedness Superstorm Sandy Child and Family Health (S-CAFH) Study is a three to five year longitudinal study that would examine Sandy-related health effects, recovery trajectories, evacuation and recovery decision-making and efficacy of formal help mechanisms, etc. in New Jersey and New York. The New Jersey portion of the proposed study would survey 1,000 households from New Jersey. The baseline assessment would allow for data to be collected, analyzed, and disseminated quickly with a broader and more detailed understanding of recovery occurring during the longitudinal phase. The cost for the New Jersey portion is \$1.19 million for the entire study. The National Center for Disaster Preparedness, based at Columbia University, is currently exploring the possibility of partnering with Rutgers which would enable the money to be given to Rutgers through an MOA.*

- To document the immediate physical and mental health needs of populations affected by the storm, with one particular focus on children's health needs.
- To chronicle the recovery and housing transitions experienced by people affected by the storm, with a particular focus on the impact on children.
- To analyze which mechanisms of formal and informal help facilitate recovery among children and adults.
- To consider the barriers to recovery experienced by people affected by the storm
- To evaluate this population's recovery in light of the National Disaster Recovery Framework (NDRF) and of the final report of the National Commission on Children and Disasters (NCCD).
- To serve as a central research enterprise that provides a platform for collaborations with academic partners, public health and emergency management partners, and community partners.

IV. Information and Referral

Cumulative Amount: \$2,344,000

Timeframe: Up to September 30, 2015

Program: Syndromic Surveillance Enhancement (waiver request)
Amount: \$665,000

Objective: *Before, during and after Superstorm Sandy, NJDOH enhanced surveillance for storm-related syndromes using emergency department (ED) data in EpiCenter, an online system used for ongoing surveillance. EpiCenter collects the chief complaints of patients presenting for care and services at New Jersey emergency departments. While this system showed utility, it did not include other data elements that potentially would show more fully the burden of storm-related health needs in New Jersey. Currently EpiCenter includes 70 of New Jersey's 81 emergency departments. Another 6 facilities are expected to be fully connected in the coming weeks. For future events, NJDOH needs to broaden the syndromic surveillance system in place to include more than just ED chief complaints.*

- Establish a comprehensive set of severe weather related classifiers to mine the currently available free-text registration data. This would include a wide variety of classifications – both new and old – and be both broad and flexible enough to allow for meaningful surveillance in the next emergency.
- Establish a connection to the actual ED *electronic health record* (not the registration record). This will allow NJDOH access to:
 - ICD-9 diagnosis data – This will give a more accurate indication of actual medical diagnosis instead of patient reported chief complaint;
 - Prescription data – Accessing medications that are prescribed in the ED will help with storm/emergency surveillance (as visits to EDs following a storm for medication are expected to rise as people either need to replace lost medications, or obtain new, storm related medications); and,
 - Free text access to the Electronic Health Record (EHR)– The EHR has more, and more accurate, information than the registration record. For example, by searching for such terms as “storm” or “Sandy” that a medical professional entered into the chart in response to a medical interview, it is likely that many more storm-related cases would have been discovered than using the current method of relying on a clerk to ask the correct question and enter the correct data.

Program: Data System Enhancements of Vector borne Disease and Adult lead Data System (waiver request)

Amount: \$600,000

Objective: *In the aftermath of Sandy, there is a need for enhanced surveillance of mosquito-borne diseases and an anticipated need for tracking high lead levels in the community during clean up, to that end, data systems need to be enhanced to support the increase in surveillance activities. NJDOH intends utilizing Communicable Disease Reporting and Surveillance System (CDRSS), which provides a well-established and familiar mechanism for reporting and case management by all the public health stakeholders in New Jersey.*

- All NJDOH and local health department (LHD) staff have access to CDRSS to do case management and work with their local mosquito control agencies to initiate mosquito control. Additional surveys or questionnaires will be created and sent through CDRSS for a post-sandy supplemental data form to evaluate risk factors potentially associated with Sandy and/or Sandy

recovery efforts. It is deemed more cost effective to modify CDRSS to address the needs of the lead program. CDRSS is fully integrated with ELR and no new interfaces need to be set up.

Program: Data Sharing Project (waiver request)

Amount: \$500,000

Objective: *To develop an efficient data-sharing system across key state departments which will effectively help address emerging health-related issues resulting from Superstorm Sandy. The Departments of Health, Human Services, and Children and Families will be the initial and key departments involved in the development and use of the system, but other departments may be brought in as more is learned through the recovery process and broader uses for the shared data are identified. The term "health-related" is used comprehensively here and meant to include any and all data which may provide insight into the physical and mental well-being of New Jersey residents.*

- To select existing data sources which would indicate specific population health needs;
- To identify gaps in data sources essential to understanding population health needs and develop mechanisms for obtaining the needed information;
- To develop an electronic warehouse of meaningful data; and
- To coordinate the analysis, interpretation, and communication of the most salient points gleaned in a timely and useful manner on an ongoing basis.

Program: Communication/ Information Dissemination – EMS Communication System (waiver request)

Amount: \$118,000

Objective: *Provide funding to purchase for the Deputy Emergency Medical Services (EMS) Coordinator in the office of emergency management of each county one portable radio for communication with all stakeholders during requests for mutual aid and disaster response. The statewide 800 radio system is the primary means of communication when landline and cellphone systems are inoperable. Funds will be used to purchase and distribute radios as indicated above with performance period of July 1, 2013 – June 30, 2024 (ten year shelf life).*

- County EMS Coordinators currently have one portable radio available per county for communication with State partners. (State purchase of existing radios occurred in 2003-2004.) During Superstorm Sandy it became evident that an additional radio was needed for the Deputy EMS Coordinator of each county to maintain 24-hour EMS coordination and coverage.
- County Emergency Medical Services (EMS) Coordinators in the nine most impacted counties coordinated the evacuations of homes, hospitals and nursing homes, established teams for medical shelters, answered 911 calls and directed mutual aid requests across jurisdictions. The vast power outages across the State hampered their ability to thoroughly communicate and quickly respond to the health needs of the 5.3 million people in the affected areas, particularly the elderly and disabled, the infirm and families with children.
- The Department of Health seeks a waiver to purchase portable radios that operate on the Statewide 800 band radio system, the primary means of communication when landline and cellphone systems are inoperable. The phones will be distributed to the County EMS Coordinators to maintain 24-hour EMS coordination and coverage to meet the needs of special populations during disaster response and requests for mutual aid.

- **Cost Breakdown:** APX 6000XE/800 portable radios (23 @ \$3860.78) Cost \$88,798
User Fee (\$37 per radio/month for 30 months x 23) Cost \$25,530
Service Agreement (after warranty) Cost \$ 3,672
- **Individuals served:** Most impacted areas housed 5.3 million residents. 346,000 homes and business were destroyed. Over 1,000 residents rescued and 2,341 mutual aid assignments conducted.
2 hospitals and 16 facility components evacuated.
- Throughout the event, County EMS Coordinators were required to command large geographic areas: coordinating evacuations of homes, hospitals and nursing homes; establishing teams for medical shelters; and answering medical 9-1-1 calls for help. While nine New Jersey counties (Cape May, Atlantic, Monmouth, Ocean, Middlesex, Union, Essex, Hudson, and Bergen) were most impacted by the storm, the need for mutual aid across jurisdictions and the vast power outages across the State highlighted the need for additional radio communications in all counties. Establishing backup teams for large events would enhance the response of EMS and assure efficient 24-hour coverage.

Program: Information Dissemination (waiver request)

Amount: \$239,000

Objective: *Due to the vulnerable condition Superstorm Sandy has imposed upon New Jersey any impending storm may exacerbate its current quandaries. For example, in the nine counties that were affected by Superstorm Sandy there are 310 long term care facilities with 31,465 beds and 63 hospitals. Sandy directly affected 152 primary care facilities and 19 renal dialysis facilities serving approximately 2,122 patients who needed dialysis usually three times per week. While New Jersey is still recovering, effective and reliable communication during such storms is paramount. Funds would be used to determine requirements and draft a high level design document for a messaging system that will allow immediate communication in emergency situations between licensed health care facilities in the nine most impacted New Jersey counties (Cape May, Atlantic, Monmouth, Ocean, Middlesex, Union, Essex, Hudson, and Bergen), HFEL and emergency preparedness and response staff.*

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- The Department of Health's licensing standards for health care facilities require that facilities notify Health Facility Evaluation and Licensing (HFEL) staff of reportable events in accordance with State regulations N.J.A.C. 8:43E-10.11 (a)-(d). Examples of reportable events include loss of heat or air conditioning, loss and significant reduction of water, electrical power, or any other essential utilities necessary to the operation of the facility. Facilities notify HFEL staff of reportable events via telephone or fax. HFEL ensures and monitors the safety of conditions and access of patients to critical treatments, such as renal dialysis. HFEL currently does not have the ability to communicate electronically with all health care facilities, including long term care facilities and renal dialysis facilities. The need for communication with these facilities became apparent during the recent disaster when many facilities had to use generators for power or needed to evacuate or close because of flooding. As a result, evacuations of long term care facilities and finding available fuel for generators occurred with piecemeal communication between facilities, HFEL, and emergency preparedness and response staff.

The Department of Health proposes to design and develop a messaging system outside traditional communications systems (telephone, fax, e-mail) that would allow immediate communication with licensed health care facilities in emergency situations in the nine New Jersey counties (Cape May, Atlantic, Monmouth, Ocean, Middlesex, Union, Essex, Hudson, and Bergen) most impacted by Superstorm Sandy. The intention is to use a smart technology, such as, Quick Response (QR) Smartphone technology. There is no other FEMA funding available for this purpose.

A consultant contract will be utilized to design the “smart” technology.

Program: West Nile Public Education Campaign (waiver request)

Amount: \$122,000

Objective: *New Jersey, like rest of nation, experienced high mosquito activity in 2012, with the highest number of human cases on record—48 cases. The damage caused by Superstorm Sandy has created new places for mosquitoes to breed such as wet debris piles and depressions left by fallen trees.*

- The Department proposes a four-month, multi-faceted public education campaign from May through August to alert homeowners and businesses—especially those in areas that flooded or had storm damage—about the need to remove standing water on their property to prevent a record mosquito population and to reduce the risk of West Nile Virus. The campaign will also educate the public about the steps they can take to prevent West Nile Virus including using mosquito repellent when outdoors, wearing light-colored clothes with long sleeves and long pants, limiting time outdoors when mosquitoes are most active (during dusk and dawn) and using mosquito netting on infant carriers and strollers while outdoors. Given the conditions caused by Sandy, New Jersey needs to stress this public health message to protect residents.

DOH is seeking a contract amendment with the Department of Homeland Security’s advertising and public relations contract with Princeton Partners. Approximately \$122,000 would be used for this campaign. The campaign will include:

- Creation, Production and purchase of air time for eight weeks of Radio Public Service Announcements in English and Spanish in the 9 counties impacted by Superstorm Sandy (\$55,000)
- Eight weeks of advertising on newspaper websites (\$9,000)
- Four weeks of advertising on NJ Transit bus (\$49,000)
- Princeton Partners Agency fees (\$9,000)

Program: Public Education/Information and Referral to Residents

Amount: \$100,000

Objective: *Community health outreach to residents of devastated counties.*

- Expand Consumer Outreach to impacted communities on available health related resources. This public information campaign is designed to promote access to behavioral health care services for

women and adolescents experiencing emotional and physical stresses (domestic violence, substance abuse and mental health issues) due to Superstorm Sandy.

- The campaign is designed to target approximately 8,000 women and adolescents in the nine counties most impacted by Superstorm Sandy.
- The campaign will include:
 - Creation, production and purchase of air time for eight weeks of Radio Public Service Announcements in English and Spanish in the 9 counties impacted by Superstorm Sandy (\$55,000)
 - Ten weeks of advertising on newspaper websites (\$11,500)
 - Two weeks of advertising on NJ Transit bus (\$24,500)
 - Princeton Partners Agency fees (\$9,000)

V. Administration

Cumulative Amount: \$2,000,000

Timeframe: Up to September 30, 2015

Program: Administration of SSBG Activities

- DOH staff to support financial, programmatic, and managerial operation function relative to administrating SSBG funds.

Waiver Requests

Executive Summary

Recognizing the fundamental interactions among the agencies, the New Jersey Governor's Office of Recovery and Rebuilding initiated a Combined Recovery Workgroup consisting of the Departments of Children and Families, Health, and Human Services to address the multiple interactions and interventions needed to address the extraordinary devastation caused by Superstorm Sandy. This includes a comprehensive and coordinated approach to FEMA disaster assistance, Community Development Block Grant funds, and Social Services Block Grant funds.

The storm's impact is evidenced in all aspects of life in New Jersey, however measured. These impacts include social environments affecting income, education, employment, child welfare, self-sufficiency, and social services support and physical environment of infrastructure, facilities, child care centers, homes and surrounding community affecting access to care, environmental health, and resiliency.

Many of the efforts related to recovery fit in to traditional health, mental health, and building renovation, repair or rebuilding activities. But due to the complex needs of the at-risk population and displaced population, recovery efforts are often beyond the scope of traditional services and definitions. The public health interventions that are included in this application, and further detailed in the waivers provided, require a community-based approach to prevent and manage diseases, injuries and other health conditions that have been exacerbated by the impact of Superstorm Sandy. Fundamentally, the public health approach is to prevent these occurrences through surveillance of cases, promotion of healthy behaviors and modification of environmental conditions. For example, preventing the spread of a vector or mosquito borne disease by modifying the environmental conditions to inhibit the growth in the mosquito population, can in turn improve human health by reducing potential exposures.

Several of the population health issues such as treatment and surveillance of mosquito breeding grounds created or exacerbated by storm damage or those that lead to improved coordination of services to people and organizations impacted by Superstorm Sandy such as communications system for emergency medical services, address the goals of SSBG but generally are directed to the total population of the impacted communities and not solely individual applicants. At least in one instance, West Nile Virus (WNV), is addressed in a waiver application because the efforts required to avoid a public health crisis must be addressed in April, May and June. Human cases of WNV generally begin to emerge in June, July, and August. Therefore, immediate funding is called for to prevent disease, rather than the FEMA reimbursement systems which funding for the initial project will be considered too late to address the public health concerns of this spring. We understand that if FEMA was to agree later in the year to fund this initiative, the State would amend its SSBG award.

We strongly believe the unique public health issues identified in the waivers pose a serious threat to the health and wellbeing of residents that have been impacted by Superstorm Sandy and are consistent with type of services specified in Title XX and the Disaster Relief Appropriations Act.

Waiver Subject: Information & Communication Systems

Amount: \$3,834,000

Due to the vulnerable condition Superstorm Sandy has imposed upon New Jersey any impending storm may exacerbate its current quandaries. While New Jersey is still recovering, effective and reliable communication during such storms is paramount. Additionally, proper identification and cataloging of medical issues across the impacted counties as a result of Superstorm Sandy are a critical element for New Jersey's recovery. Waiver requests would be used to mitigate existing damage from Superstorm Sandy through:

Communication System: Throughout Superstorm Sandy, County Emergency Medical Services (EMS) Coordinators in the nine most impacted counties coordinated the evacuations of homes, hospitals and nursing homes, established teams for medical shelters, answered 911 calls and directed mutual aid requests across jurisdictions. The vast power outages across the State hampered their ability to thoroughly communicate and quickly respond to the health needs of the 5.3 million people in the affected areas, particularly the elderly and disabled, the infirm and families with children.

The Department of Health seeks a waiver to purchase portable radios that operate on the Statewide 800 band radio system, the primary means of communication when landline and cellphone systems are inoperable. The phones will be distributed to the County EMS Coordinators to maintain 24-hour EMS coordination and coverage to meet the needs of special populations during disaster response and requests for mutual aid. There is no other FEMA funding available for this purpose. *Amount: \$118,000*

Information Dissemination: A waiver is requested from ACF/HHS for the use of SSBG funds for information dissemination. The nine counties most affected by Superstorm Sandy have 63 hospitals, 310 long-term care facilities, 152 primary care centers and 19 renal dialysis facilities serving the health needs of 5.3 million residents. Due to the vast geographic, prolonged power outages, piecemeal communication occurred between some facilities, emergency preparedness and response personnel, and the State Department of Health. Facilities were unable to report their status and unable to receive urgent communications via traditional means of telephone, fax or e-mail. The need for information exchange with these facilities, particularly the renal facilities serving approximately 2,122 patients who needed dialysis three times per week, became apparent when facilities were forced to close because of flooding or loss of power and the Department of Health was unaware of the status and needs of this chronically ill population.

The Department of Health proposes to design and develop a messaging system outside traditional communications systems (telephone, fax, e-mail) that would allow immediate communication with licensed health care facilities in emergency situations in the nine New Jersey counties (Cape May, Atlantic, Monmouth, Ocean, Middlesex, Union, Essex, Hudson, and Bergen) most impacted by Superstorm Sandy. There is no other FEMA funding available for this purpose. *Amount: \$239,000*

Data Sharing project: A waiver is requested from ACF/HHS for the use of SSBG funds for a data sharing project. The New Jersey Department of Health is asking for a waiver from ACF/HHS for use of the SSBG funds for this project which would allow for the sharing and use of individual level data in a real-time and meaningful manner. A shared database would be developed across state agencies to

identify on an ongoing basis unmet medical, mental, and social needs of New Jersey residents as a result of Superstorm Sandy. Access to the database by key programs in different departments would allow for the identification and management of specific needs of individuals as they arise. We estimate that at least 10,000 – 20,000 individuals would be aided by this project, most of who reside or previously resided in the nine most impacted counties. *Amount: \$500,000*

Data system Enhancements of Mosquito-borne Disease and Adult Lead Data System: A waiver is requested from ACF/HHS for the use of SSBG funds for Data System Enhancements of Mosquito-borne Disease and Adult Lead Data System. In the aftermath of Sandy, there is a need for enhanced surveillance of mosquito-borne diseases and an anticipated need for tracking high lead levels in the community during clean up, to that end, data systems need to be enhanced to support the increase in surveillance activities. NJDOH intends utilizing Communicable Disease Reporting and Surveillance System (CDRSS), which provides a well-established and familiar mechanism for reporting and case management by all the public health stakeholders in New Jersey.

Objective: All NJDOH and local health department (LHD) staff have access to CDRSS to do case management and work with their local mosquito control agencies to initiate mosquito control. Additional surveys or questionnaires will be created and sent through CDRSS for a post-sandy supplemental data form to evaluate risk factors potentially associated with Sandy and/or Sandy recovery efforts. It is deemed more cost effective to modify CDRSS to address the needs of the lead program. CDRSS is fully integrated with ELR and no new interfaces need to be set up. *Amount: \$600,000*

New Jersey Poison Information and Education: A conditional waiver is requested from ACF/HHS for the use of SSBG funds for the New Jersey Poison Information and Education System (NJPIES) services to communities in the nine counties most impacted by Superstorm Sandy to ensure 24/7 availability of and access to poison intervention specialists and toxicology consultants via telephone, and to provide targeted professional and community education/awareness, relating to potential post-Superstorm Sandy environmental health hazards and exposures, including storm-related clean-up exposures to mold, lead paint, asbestos, chemicals and other toxic substances, and exposures to environmental hazards in recreational waters/public areas due to storm damage/debris. *Amount: \$400,000*

Syndromic Surveillance Enhancement in Areas Damaged by Superstorm Sandy: A waiver is requested from ACF/HHS for the use of SSBG funds for Syndromic Surveillance. Before, during and after Superstorm Sandy, NJDOH enhanced surveillance for storm-related syndromes using emergency department (ED) data in EpiCenter, an online system used for ongoing surveillance. EpiCenter collects the chief complaints of patients presenting for care and services at New Jersey emergency departments. While this system showed utility, it did not include other data elements that potentially would show more fully the burden of storm-related health needs in New Jersey. Currently EpiCenter includes 70 of New Jersey's 81 emergency departments. Another 6 facilities are expected to be fully connected in the coming weeks. For future events, NJDOH needs to broaden the syndromic surveillance system in place to include more than just ED chief complaints.

Objective:

1. Establish a comprehensive set of severe weather related classifiers to mine the currently available free-text registration data. This would include a wide variety of classifications – both new and old

- and be both broad and flexible enough to allow for meaningful surveillance in the next emergency.
- 2. Establish a connection to the actual ED electronic health record (not the registration record). This will allow NJDOH access to:
 - a. ICD-9 diagnosis data – This will give a more accurate indication of actual medical diagnosis instead of patient reported chief complaint;
 - b. Prescription data – Accessing medications that are prescribed in the ED will help with storm/emergency surveillance (as visits to EDs following a storm for medication are expected to rise as people either need to replace lost medications, or obtain new, storm related medications); and,
 - c. Free text access to the Electronic Health Record (EHR)– The EHR has more, and more accurate, information than the registration record. For example, by searching for such terms as “storm” or “Sandy” that a medical professional entered into the chart in response to a medical interview, it is likely that many more storm-related cases would have been discovered than using the current method of relying on a clerk to ask the correct question and enter the correct data. *Amount: \$665,000*

National Center for Disaster Preparedness Hurricane Sandy Child and Family Health Study:

A waiver is requested from ACF/HHS for the use of SSBG funds for child and family health study. The New Jersey Department of Health is proposing to partner with an academic institution in New Jersey, Rutgers University, in collaboration with the National Center for Disaster Preparedness at Columbia University, to conduct a Superstorm Sandy health and recovery assessment in New Jersey. This three year longitudinal evaluation will examine health effects, recovery trajectories, evacuation and recovery decision-making, and efficacy of formal help mechanisms for Sandy-affected individuals in New Jersey. The cost for conducting this evaluation is \$1.19 million for the entire duration of the study and there is currently no other funding that has been identified to pay for this New Jersey assessment.

To conduct the assessment, members of the evaluation team will interview 1,000 individuals from Sandy-impacted areas in New Jersey. Lessons and information learned from these 1,000 individuals could be generalizable to the approximately 5.3 million individuals from the most impacted New Jersey counties. The baseline assessment would allow for data to be collected, analyzed, and disseminated quickly in order to 1) serve as a needs assessment of the health status and recovery of affected individuals in New Jersey, 2) evaluate the extent and effectiveness of provided social services and determine unmet need so that services can be more appropriately delivered to affected individuals and 3) begin to understand and identify the most critical factors for accelerating recovery in order to inform programmatic activities targeted at affected individuals. A broader and more detailed understanding of recovery will result from the longitudinal phase. In addition, individuals participating in the project will be asked about ongoing needs and, based on their responses, will be provided with current information about available services related to those needs.

The New Jersey Department of Health is asking for a waiver from ACF/HHS for use of the SSBG funds for this Superstorm Sandy health and recovery assessment in New Jersey. This assessment will provide

individual level data to better understand the unmet need in New Jersey and to inform ongoing recovery and social services activities in order to most efficiently and effectively assist individuals in New Jersey affected by Sandy. *Amount: \$1,190,000*

West Nile Virus Public Education Campaign: A waiver is requested from ACF/HHS for the use of SSBG funds for a public education campaign related to West Nile Virus. The Department proposes a four-month, multi-faceted public education campaign from May through August to alert homeowners and businesses—especially those in areas that flooded or had storm damage—about the need to remove standing water on their property to prevent a record mosquito population and to reduce the risk of West Nile Virus. The campaign will also educate the public about the steps they can take to prevent West Nile Virus including using mosquito repellent when outdoors, wearing light-colored clothes with long sleeves and long pants, limiting time outdoors when mosquitoes are most active (during dusk and dawn) and using mosquito netting on infant carriers and strollers while outdoors. Given the conditions caused by Sandy, New Jersey needs to stress this public health message to protect residents. DOH is seeking a contract amendment with the Department of Homeland Security’s advertising and public relations contract with Princeton Partners. *Amount: \$122,000*

The campaign will include:

- Creation, Production and purchase of air time for eight weeks of Radio Public Service Announcements in English and Spanish in the 9 counties impacted by Superstorm Sandy (\$55,000)
- Eight weeks of advertising on newspaper websites (\$9,000)
- Four weeks of advertising on NJ Transit bus (\$49,000)
- Princeton Partners Agency fees (\$9,000)

Waiver Subject: Emergency Response

Amount: \$3,640, 800

Superstorm Sandy’s wreckage not only left an imprint on New Jersey’s coastline but also weakened New Jersey’s established disaster and emergency response infrastructure. Because Superstorm has overwhelmed New Jersey in many multi-faceted ways, New Jersey has a reduced capacity to deal with future storms. One lesson learned from Hurricane Katrina is that Hurricane Ike and Hurricane Gus may be looming around the corner. As disasters continue to advance in their devastation, so does the need to advance current emergency infrastructure. Instead of replacing antiquated services and infrastructure, we are requesting waivers for the following:

All Hazards Incident Management Team: A waiver is requested from ACF/HHS for the use of SSBG funds to establish and train a new (30) member statewide All Hazards Incident Management Team (AHIMT) for Emergency Medical Services (EMS) in the State of New Jersey. This team will function as the key planning team for EMS during a regional or statewide response. These functions are critical during a response and may assist during the recovery period from a planning perspective. During

Superstorm Sandy, New Jersey needed to call the State of Maryland to assist with the incident management for EMS because it had no established team of its own. *Amount: \$365,800*

Burn Prevention During Emergencies Program: A waiver is requested from ACF/HHS for the use of SSBG funds for the development of burn prevention during emergencies program by the New Jersey Burn Center. Immediately following Superstorm Sandy, the New Jersey Burn Center saw a surge of more than twenty-two admissions resulting from improper use of combustible liquids for portable generators, re-energized power lines dangling from damaged poles, and incorrect use of open flame for heat and illumination. The resulting admissions from this one storm highlights a real need for the Burn Center to develop a universal prevention program designed specifically to address safety issues commonly related to disaster response. There is an urgent need to establish this program, as many storm damaged structures still require demolition and/or debris removal, involving the on-going use of machinery, portable generators and fuel, creating the risk of fires and severe burns if not properly used. The nature of this work is such that contractors will be engaging many temporary/day workers from low and moderate income populations without previous construction/demolition experience and/or training, and therefore at higher risk for burn injuries. *Amount: \$150,000*

Disaster Response Workshop for EMS Responders: A waiver is requested from ACF/HHS for the use of SSBG funds to provide a one-day workshop for Emergency Medical Services (EMS) personnel related to the disaster response efforts during and immediately after Superstorm Sandy. In the aftermath of Superstorm Sandy, EMS responders in the heavily impacted areas, including many low and moderate income communities, performed rescues and provided emergency transportation in their devastated communities. In many cases EMS personnel responded in spite of damage to their own bases and vehicles, and to their own homes. The workshop will focus on lessons learned as a result of Superstorm Sandy, including considerations of responder safety and mental health. Invitations to the conference will be extended to EMS responders from Indiana, Maryland, Pennsylvania and Vermont who traveled to New Jersey to assist local EMS responders in the immediate aftermath of the storm, and who experienced the same stresses as they did. *Amount: \$150,000*

New Jersey Medical Reserve Corps (MRC): A waiver is requested from ACF/HHS for the use of SSBG funds to strengthen and improve the volunteer initiative that supports twenty-four (24) New Jersey Medical Reserve Corps / Emergency System for Advance Registration of Volunteer Health Professionals (NJMRC/ESAR-VHP) Program. During Superstorm Sandy, all 24 New Jersey MRC Units were activated, and over 750 volunteers were willing to serve over 13,000 hours during and after the storm. These volunteers are a vital resource to emergency response and recovery efforts for large scale public health emergencies. The funds will be used to support the MRC Unit Coordinators that oversee and manage the MRC volunteers within the county/local health departments in the nine counties most seriously impacted by Superstorm Sandy, and for training of volunteers, including how to deal with stress and mental health issues. *Amount: \$2,400,000*

New Jersey Medical Reserve Corps (MRC) Volunteer Training: A waiver is requested from ACF/HHS for the use of SSBG funds for training to increase the New Jersey Medical Reserve Corps (MRC)

volunteers' awareness and understanding for meeting the needs of children and adults who have Access and Functional Needs. Every county in the state had to manage large numbers of individuals with Access and Functional Needs that were evacuated to general population shelters during Superstorm Sandy. MRC units in all 21 counties were activated in response to the storm to provide medical care in these shelters. *Amount: \$75,000*

Mobile Satellite Emergency Department (MSED): A waiver is requested from ACF/HHS for the use of SSBG funds to restore the Mobile Satellite Emergency Department (MSED), a potable 14-bed critical care facility maintained by Hackensack University Medical Center on behalf of the New Jersey Emergency Medical Services Task Force, to full operational status and maintain it in anticipation of future disasters. Superstorm Sandy caused significant damage to three hospitals that serve low and moderate income populations, and also increased the number of low/moderate income patients seeking medical care through the emergency departments of hospitals in the most heavily impacted areas. During and immediately following Superstorm Sandy, the MSED was deployed to three locations in New Jersey, initially to provide medical surge capacity to hospital emergency departments in impacted areas, and later to function as the emergency department (ED) for a hospital whose ED was severely damaged by the storm. Funding is needed to replace medical materials (bandages, medications, syringes, etc.) depleted during these deployments, and to provide 18,000 sq. ft. of storage to maintain the MSED (which consists of nine vehicles/ trailers and ancillary equipment) in operational status for rapid deployment in response to future storms or other emergencies. *Amount: \$500,000*

Waiver Subject: Environmental Health Response

Amount: \$18,662,900

Environmental health issues as a result of Superstorm Sandy remain a constant concern to New Jersey throughout the recovery process. Environmental health concerns are appropriate under the social service goal stated in the Disaster Relief Appropriations Act: “[F]unds appropriated in this paragraph for the Social Services Block Grant may be used for health services....” Although SSBG funds are traditionally targeted to individuals, the goal of New Jersey’s environmental health programs is to provide health services on a community-wide scale. The following waivers are requested to appropriately respond to Superstorm Sandy’s destruction:

Environmental Activities Assistance (Demolition-Associated Focus): A waiver is requested from ACF/HHS for the use of SSBG funds for Environmental Activities Assistance. Superstorm Sandy caused unprecedented damage to New Jersey’s housing, business, and environmental health sectors. The storm damaged was concentrated in a nine county area bordering the Atlantic Ocean or Hudson River. Atlantic, Bergen, Cape May, Essex, Hudson, Middlesex, Monmouth, Ocean and Union counties have been identified by the US Department of Housing and Urban Development as New Jersey’s most impacted areas.

Current data suggest that over 55,000 homes have sustained either severe or major damage requiring many to be demolished. Many households displaced by the storm are seeking intermediate or long-term rental housing at a time when rental housing stock has been significantly depleted because of storm

damage. Increased demand and limited supply threaten to raise rental prices. This damage to housing stock could particularly impact low and moderate income and special needs populations. Additionally, recovery efforts will be focused on cleanup and other environmental-health related activities, including asbestos abatement and mold removal, requiring oversight by local health and state agencies. The affected housing includes rental property and single family homes where residents have been displaced, and in some cases, have not been able to secure temporary housing. Ensuring that these activities are completed in a safe and expeditious manner will enable residents to return to their normal daily activities. In response to Superstorm Sandy's serious threat to the health and wellbeing of its citizens, the State of New Jersey is proposing to demolish hazardous buildings that sustained extensive damage and to provide expanded oversight and local health agency support for environmental-health related remediation.

The State of New Jersey is requesting a waiver from the Department of Health and Human Services (HHS), Administration for Children and Families (ACF) for the use of SSBG funds to demolish hazardous buildings that sustained extensive damage as a result of Superstorm Sandy, to protect against the storm's serious threat to the health and wellbeing of New Jersey citizens. *Amount: \$1,754,000*

Healthy Homes/Expanded Lead Screening: A waiver is requested from ACF/HHS for the use of SSBG funds for Healthy Homes and Expanded Lead Screening. The New Jersey Department of Health is proposing to 1) educate the residents in the nine most impacted counties of Superstorm Sandy on the possible post-storm health effects related to housing conditions (e.g. asthma exacerbation due to moisture infiltration and subsequent mold) and how to maintain their remediated residences to ensure continued healthy and safe homes; 2) educate and train a competent health, social services, and housing professional workforce, knowledgeable on the health impacts of housing conditions as related to post-Superstorm Sandy recovery; and 3) expand New Jersey's blood lead screening and public health follow-up activities for at-risk residents (children, pregnant women and other at risk residents) in the nine most impacted counties.

As a result of Hurricane Katrina, where over 100,000 homes were destroyed or damaged and a significant amount of sediment was deposited throughout the city of New Orleans, Louisiana, researchers from Tulane University conducted studies to determine the potential for increased lead hazards from environmental lead contamination of soils. The findings indicated a high prevalence (61%) of lead above recommended levels in soil and dust samples in and around residences in New Orleans and raised concern about potential health risks to the New Orleans population, most notably children. Their recommendations stated that steps needed to be taken to mitigate the risk of exposure to lead-contaminated soil and dust. The researchers also suggested the possibility additional contribution of reconstruction activities to environmental lead levels and recommended further research.

The NJDOH is proposing to conduct at least 60, 1-hour presentations on "Creating a Healthy Home in the Aftermath of a Hurricane" educating a minimum of 600 members of the general public in the nine most heavily Sandy impacted counties; conduct at least 20, 7-hour no-cost "Healthy Homes for Community Health Workers" trainings for at least 500 government and non-government staff who perform home visits and inspections focusing on post-Superstorm Sandy recovery issues; and expanding New Jersey's blood lead screening and public health follow-up activities for at-risk residents in the nine most impacted counties from its annual average of over 200,000 to over 400,000 at risk individuals in the most heavily

Sandy impacted counties. People identified with lead poisoning are often asymptomatic. Therefore, lead poisoning in children and adults can only be determined through blood lead screening.

The New Jersey Department of Health is asking for a waiver from ACF/HHS for use of the SSBG funds for the Healthy Homes/Lead Screening Initiative Post-Superstorm Sandy to mitigate potential hazards due to elevated lead levels among at risk individuals in the nine most heavily Sandy impacted counties as there are no additional funds identified for these expanded activities. *Amount: \$13,216,900*

Moisture Abatement Equipment for Counties/Locals: A waiver is requested from ACF/HHS for the use of SSBG funds for moisture abatement equipment for counties and local governmental agencies. In response to Superstorm Sandy, many counties and municipalities require moisture abatement but lack the necessary equipment. In order to assist in abating moisture, industrial de-humidifiers, fans and moisture meters will be leased or purchased and provided to either the County OEM or Local Health Department to loan out as a package to affected homeowners. Moisture meters will help determine what interior spaces have been impacted by flooding and moisture intrusion. Industrial size de-humidifiers and fans will be used to help dry out impacted rooms and surfaces thereby reducing the impact of mold. Proof of residence must be provided. *Amount: \$642,000*

Mosquito-borne Disease Surveillance and Education: A waiver is requested from ACF/HHS for the use of SSBG funds for human surveillance and education of mosquito-borne disease. Sandy Recovery efforts demand enhanced surveillance, education and inter-agency collaboration around mosquito-borne diseases targeting individuals in the nine most impacted counties.

The State will implement enhanced surveillance activities for the timely identification of individuals affected by West Nile Virus (WNV) and Eastern Equine Encephalitis (EEE), as well as evaluate, update and disseminate updated avian, mosquito and human WNV protocols to appropriate stakeholders. The State also proposes to conduct enhanced education activities targeting individuals at-risk of mosquito-borne diseases in areas where mosquito-breeding habitats have been created or exacerbated by storm damage.

In order to communicate the environmental health dangers, the State will undertake the follow outreach activities:

- Evaluate current WNV education materials and work with DEP and local mosquito control agencies on new materials.
- Create “Post-Sandy and Sandy Recovery” mosquito-borne disease section on DOH WNV website with additional resources.
- Design and implement a WNV awareness and prevention campaign, with input from mosquito control and local health agencies in nine counties most impacted by Superstorm Sandy
- Collaborate with agencies/counties affected by Sandy to include NJDOH coordination with subject matter experts at Rutgers University, the Department of Agriculture, the USDA Animal and Plant Health, Inspection Service – Veterinary Service, local mosquito control, local health departments and federal joint military bases.
- *Amount: \$650,000*

Mosquito Surveillance and Abatement: A waiver is requested from ACF/HHS for the use of SSBG funds for mosquito surveillance and abatement. Previous to Superstorm Sandy, West Nile virus (WNV) and other mosquito-borne diseases, such as Eastern Equine Encephalitis (EEE), presented an on-going threat to the public health in affected areas in New Jersey. Nuisance mosquitoes were also a very common problem. In 2012, there were 48 cases of human WNV in New Jersey. It is anticipated that conditions caused by Superstorm Sandy will promote accelerated mosquito production, due to additional available larval habitat from water-holding sites non-existent prior to the storm. The resultant increase in mosquito populations compounds the potential for increased nuisance and, more importantly, the threat of mosquito-borne disease. Relevant hurricane-created conditions that promote mosquito breeding and/or increase the threat of disease transmission include: transformation of waterways and bodies of water: large amounts of environmental debris able to hold standing water; damaged storm water facilities, damage to previously managed mosquito control structures and created vernal pools, a result of blown down tree-root systems.

Funds will be utilized via the Integrated Pest Management strategy for source reduction via environmental mitigation (waterways and wetlands), water control structure repair and management, removal of wet debris (sanitation) and mosquito control using insecticides (mosquito larviciding and adulticiding). Funds will also be used for the rental or purchase of equipment, addition of select personnel, purchase of pesticides, rental or purchase of surveillance equipment, use of aircraft for surveillance and/or dispersal of insecticide and collection, speciation, sexing and counting and testing of subject mosquitoes implicated in the transmission cycle of WNV, EEE and other viruses. *Amount: \$2,100,000*

West Nile Virus Detection Laboratory Equipment: A waiver is requested from ACF/HHS for the use of SSBG funds for the purchase/lease of specialized testing equipment for the New Jersey Public Health and Environmental Laboratories (PHEL), for screening for West Nile Virus and other mosquito borne diseases. Superstorm Sandy created a lot of damage in New Jersey to structures, many of which have not yet been fully repaired or demolished, and deposited a considerable amount of debris in bodies of water and wetlands, much of which has not yet been removed. This has resulted in many places where water can pool, creating opportunities for mosquitoes to breed. Its winds also uprooted a very large number of large trees, creating depressions in the ground that are also potential mosquito-breeding areas. These pools create the potential for an increase in the population of disease-bearing mosquitoes, and subsequent increased risk of human infection with West Nile Virus and other mosquito-borne diseases. *Amount: \$300,000.*

**SOCIAL SERVICES BLOCK GRANT (SSBG)
PRE-EXPENDITURE REPORT FORM**

OMB No. 0970-0234
Expiration Date 6/30/2014

| | | | | | |
|------------------------|-------------------------------------|-------------------------|---------------------------------------|-----------------------|------------------------------|
| STATE: | NEW JERSEY | FISCAL YEAR: | 2013 | Report Period: | 7/1/2013 - 09/30/2015 |
| Contact Person: | Phil Prassas | Phone Number: | 609-292-0547 | | |
| Title: | Admin Analyst 1 | E-Mail Address: | Philip.Prassas@dhs.state.nj.us | | |
| Agency: | DEPARTMENT OF HUMAN SERVICES | Submission Date: | May 16, 2013 | | |

PART A. Estimated Expenditures and Provision Method

| | Service Supported with Supplemental SSBG Expenditures | Estimated SSBG Expenditures | | Expenditures of All Other Federal, State and Local Funds** | Total Estimated Expenditures | Provision Method | |
|----|--|-----------------------------|------------------------------|--|------------------------------|------------------|---------|
| | | SSBG Allocation | Funds Transferred into SSBG* | | | Public | Private |
| 1 | Adoption Services | 0 | | | 0 | | |
| 2 | Case Management | 10,267,585 | | | 10,267,585 | x | |
| 3 | Congregate Meals | 117,692 | | | 117,692 | x | x |
| 4 | Counseling Services | 20,912,000 | | | 20,912,000 | x | |
| 5 | Day Care - Adults | 0 | | | 0 | | |
| 6 | Day Care - Children | 1,100,000 | | | 1,100,000 | x | x |
| 7 | Education and Training Services | 811,000 | | | 811,000 | x | |
| 8 | Employment Services | 480,000 | | | 480,000 | x | |
| 9 | Family Planning Services | 0 | | | 0 | | |
| 10 | Foster Care Services - Adults | 0 | | | 0 | | |
| 11 | Foster Care Services - Children | 0 | | | 0 | | |
| 12 | Health-Related Services | 3,230,000 | | | 3,230,000 | x | x |
| 13 | Home-Based Services | 100,000 | | | 100,000 | x | |
| 14 | Home-Delivered Meals | 0 | | | 0 | | |
| 15 | Housing Services | 101,284,000 | | | 101,284,000 | x | x |
| 16 | Independent/Transitional Living Services | 0 | | | 0 | | |
| 17 | Information & Referral | 7,640,000 | | | 7,640,000 | x | x |
| 18 | Legal Services | 6,632,000 | | | 6,632,000 | x | x |
| 19 | Pregnancy & Parenting | 0 | | | 0 | | |
| 20 | Prevention & Intervention | 12,160,000 | | | 12,160,000 | x | x |
| 21 | Protective Services - Adult | 0 | | | 0 | | |
| 22 | Protective Services - Children | 1,800,000 | | | 1,800,000 | x | |
| 23 | Recreation Services | 0 | | | 0 | | |
| 24 | Residential Treatment | 0 | | | 0 | | |
| 25 | Special Services - Disabled | 1,151,600 | | | 1,151,600 | x | x |
| 26 | Special Services - Youth at Risk | 0 | | | 0 | | |
| 27 | Substance Abuse Services | 1,470,000 | | | 1,470,000 | x | x |
| 28 | Transportation | 0 | | | 0 | | |
| 29 | Other Services*** | 44,115,200 | | | 44,115,200 | x | x |
| 30 | SUM OF EXPENDITURES FOR SERVICES | 213,271,077 | 0 | 0 | 213,271,077 | | |
| 31 | Administrative Costs | 9,071,764 | 0 | | | | |
| 32 | SUM OF EXPENDITURES FOR SERVICES AND ADMINISTRATIVE COSTS | 222,342,841 | 0 | | | | |

* From which block grant(s) were these funds transferred?

** Please list the sources of these funds:

STATE: NEW JERSEY
 FISCAL YEAR: Supplemental

OMB No. 0970-0234
 Expiration Date 6/30/2014

PART B. ESTIMATED RECIPIENTS

| Service Supported with Supplemental SSBG Funds | Children | Adults | | | Total Adults | Total |
|--|------------------|-------------------------------|-----------------------------|-----------------------|----------------|------------------|
| | | Adults Age 59 Years & Younger | Adults Age 60 Years & Older | Adults of Unknown Age | | |
| 1 Adoption Services | | | | | 0 | 0 |
| 2 Case Management | 155,000 | | | | 0 | 155,000 |
| 3 Congregate Meals | | | 12,617 | | 12,617 | 12,617 |
| 4 Counseling Services | 86,800 | 13,700 | | | 13,700 | 100,500 |
| 5 Day Care - Adult | | | | | 0 | 0 |
| 6 Day Care - Children | 810 | | | | | 810 |
| 7 Education and Training Services | 10,000 | 850 | | | 850 | 10,850 |
| 8 Employment Services | | 2,300 | | | 2,300 | 2,300 |
| 9 Family Planning Services | | | | | 0 | 0 |
| 10 Foster Care Services - Adults | | | | | 0 | 0 |
| 11 Foster Care Services - Children | | | | | | 0 |
| 12 Health-Related Services | 1,800 | | | | 0 | 1,800 |
| 13 Home-Based Services | 2,400 | 1,200 | | | 1,200 | 3,600 |
| 14 Home-Delivered Meals | | | | | 0 | 0 |
| 15 Housing Services | | | | 7,930 | 7,930 | 7,930 |
| 16 Independent/Transitional Living Services | | | | | 0 | 0 |
| 17 Information & Referral | 10,700 | 12,800 | 50,000 | | 62,800 | 73,500 |
| 18 Legal Services | | 5,250 | | | 5,250 | 5,250 |
| 19 Pregnancy & Parenting | | | | | 0 | 0 |
| 20 Prevention & Intervention | 3,800 | 6,650 | 100 | | 6,750 | 10,550 |
| 21 Protective Services - Adults | | 7,500 | | | 7,500 | 7,500 |
| 22 Protective Services - Children | 2,500 | | | | | 2,500 |
| 23 Recreation Services | | | | | 0 | 0 |
| 24 Residential Treatment | | | | | 0 | 0 |
| 25 Special Services - Disabled | 2,500 | 2,500 | | | 2,500 | 5,000 |
| 26 Special Services - Youth at Risk | | | | | 0 | 0 |
| 27 Substance Abuse Services | 155,000 | 300 | | | 300 | 155,300 |
| 28 Transportation | | | | | 0 | 0 |
| 29 Other Services* | 659,000 | 7,200 | | 262,000 | 262,000 | 921,000 |
| 30 SUM OF RECIPIENTS OF SERVICES | 1,090,310 | 60,250 | 62,717 | 269,930 | 392,897 | 1,476,007 |

*Note: 262,000 estimate based on IA registrants throughout New Jersey