Stakeholder Engagement Report: Social Services

Climate Change Preparedness in New Jersey

October 2013

Prepared for the New Jersey Climate Adaptation Alliance by
Patricia Findley, DrPH, MSW, LCSW
Associate Professor, Rutgers University School of Social Work

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Introduction

The Rutgers University School of Social Work was engaged by the New Jersey Climate Adaptation Alliance to solicit input from stakeholders in the Social Services sector. The goal of this outreach effort was to assess perceptions of climate change impacts and to gain insight on policy changes needed at the state and local levels in New Jersey to allow the sector to better prepare for and respond to a changing climate. This effort is part of a larger outreach process being undertaken by the Alliance to inform development of public policy recommendations that will enhance climate change preparedness in New Jersey.

Background: Social Services in New Jersey

Social services providers assist a wide range of populations in New Jersey, including the elderly, the physically disabled, individuals with psychiatric disabilities and mental disorders, children, individuals with substance abuse issues, the unemployed, the homeless, veterans, low income residents, individuals in the criminal justice system, victims of domestic violence, and many others. There are a wide range of social service providers and programs in New Jersey, including private or non-profit organizations, hospitals, schools, and government agencies and programs. Funding for social service agencies may be public, private, or a combination of both.

Provision of social services in New Jersey is extremely fragmented, and there is no centralized source of data on which organizations provide specific services in given locations. How services are paid for also varies from region to region. This lack of coordination, central organization, and data is a critical issue impacting the ability of social service providers to deliver services effectively.

Approach

Two in-person listening sessions were held to address issues for (1) individuals with psychiatric disabilities and (2) the elderly and individuals with physical disabilities. Both populations were living in the community outside of institutions. Participants in both listening groups work for agencies that serve individuals on Medicare, Medicaid, and/or private insurance. The group that focused on individuals with psychiatric disabilities consisted predominantly of program coordinators, managers, and team coordinators from relevant social service agencies, as well as providers including licensed social workers, nurse aides, and community volunteers. This session was held at the Toms River office of the New Jersey Mental Health Association and had 9 participants. The group focusing on the elderly and individuals with physical disabilities were professional caregivers, predominantly licensed social workers and nurses. This session was held at the Holy Redeemer Home Care Agency in Toms River and had 15 participants. Both sessions were held in September 2013.

The groups were led by a graduate social work student trained in leading focus groups. A faculty member from the Graduate School of Social Work also attended to supervise.

Additionally, an online survey of social service agencies was conducted. An email invitation to participate in the survey was sent out to the 750 field supervisors at agency sites used for the Rutgers Graduate School of Social Work field education component. These supervisors are licensed social workers or licensed clinical social workers working in either administrative or direct clinical roles. These agencies represent a vast spectrum of health, mental health, and social service providers from every county in New Jersey. With the focus of the stakeholder engagement effort targeting vulnerable populations living in the community, including those with psychiatric and physical disabilities as well as the more active community-dwelling elderly, the survey did not seek participation from nursing homes, the prison system, or children (early childhood education through high school programming). Religious agencies and programs were also included.

A total of 71 respondents completed the online survey. Respondents provide social services for a wide range of populations, including children, the elderly, the physically and mentally disabled, victims of domestic violence, the homeless, veterans, low income families, people with substance abuse issues, the unemployed, college students, and patients who have been hospitalized. 42% of respondents' service areas are counties, 24% have regional service areas, 20% serve populations statewide, 4% serve municipalities/cities, with other respondents reporting that they serve individual hospitals and school districts. 52% of respondents reported that their agencies are primarily funded by the state or federal government, or a combination of both, while 46% are non-profits and 6% are for-profit.

Summary

Perception of Climate Change Impacts

Most of the discussion at the listening sessions focused on impacts experienced during Hurricane Sandy. Although the facilitator attempted to engage discussion of other climate change impacts, conversation repeatedly returned to storm-related issues. Loss of electricity (and the multitude of service disruptions it causes), flooding, mold exposure, and the need for sheltering were impacts of primary concern.

In the survey, respondents were asked whether they strongly agree, agree, disagree, or strongly disagree with the statement "Global climate change is not occurring." 44 respondents strongly disagreed and 14 disagreed with this statement, indicating that 83% of the respondents believe climate change is occurring. 81% believe that climate change is mostly caused by human activity.

The concern about extreme weather-related impacts was reflected in the survey. Major concerns for social service providers, as measured by the percentage of respondents rating

the impact as a 'great concern', include interrupted care for vulnerable populations (68%), long-term economic impacts resulting from extreme weather events (66%), increased need for sheltering (61%), increased molds and mildew (57%), ensuring food safety during power outages (54%), injuries from storm events (54%), increase in cases and severity of allergies from a longer and more potent pollen season (53%), extreme cold during power outages (51%), and stress/strain on responders (51%).

Hurricane Sandy Experiences

Caregivers of Individuals with Psychiatric Disabilities

Hurricane Sandy brought about severe power outages in Ocean County, caused by toppled power lines, coastal flooding, inland flooding, and storm surge. Participants noticed that there seems to be a strong positive correlation between extreme weather conditions and an increase in the homeless population. A housing shortage existed in Ocean County before Hurricane Sandy and was exacerbated by the hurricane disaster. Those who were homeless due to Hurricane Sandy were sent to shelters to keep them safe. Service providers noted that people moved from hotel to hotel and were difficult to track as a result.

A significant problem within this population was lack of access to medication, particularly psychotropic medication for people with psychiatric disabilities. Pharmacies were closed due to lack of electricity and there was no database available to list prescribed medications for individuals. Volunteer doctors filled prescriptions for general medical conditions on a limited basis (due to restrictions by FEMA), but psychotropic medicines were not prescribed out of fear of prescribing incorrectly. Agencies contacted pharmacists and psychiatrists to get prescriptions filled and brought them to shelters. There was a noticeable increase in substance abuse in the aftermath of the storm. Methadone patients were particularly problematic as methadone was not permitted in evacuation sites. Individuals with psychiatric disabilities were fearful of shelters (fear of theft, feeling trapped) and ran into the woods which felt safer to them. Safety was a major issue. With no tracking available to access a list of Megan's Law sex offenders, parents needed to keep a close eye on their children's safety (e.g. bathroom or other isolated areas within shelters) and there were incidents of child sexual abuse. There was also theft (e.g. of blankets and clothes).

Preparedness Needs

Stakeholders from agencies who were involved in rescue and relief efforts of Sandy victims realized the importance of good communication systems that are not disrupted by loss of electricity. There was also the realization of the importance of ensuring that vulnerable populations are adequately prepared with supplies such as flashlights, cell phones, batteries, water, blankets. There needs to be an effective way to communicate with these populations before, during and after the disaster. For example, many individuals and families that had been evacuated to shelters remained there because they were unaware

that power had returned to their homes. There also needs to be education about use of generators, including safety instructions, and it is important to ensure that there is an adequate supply of generators in places where respirators and other medical equipment are in use (e.g. hospice, nursing homes). The issue of medications needs to be addressed; there needs to be a way to track prescriptions and provide adequate medication for those who are in need in the event of prolonged power outages.

Mold

Mold is a serious health issue that requires immediate attention. Houses with mold need to be remediated properly and in a timely manner following a hurricane/severe storm. People who moved possessions from their homes into large POD storage units would find these possessions filled with mold in their front/backyards when opened up months later. This resulted in health issues as well as trash removal issues. Multiple cases were reported where homes were condemned because of mold but people "snuck" into these houses to live there because there were working utilities present in these homes that are not accessible elsewhere. Leaky pipes also exacerbate the problem of mold.

Vulnerable Populations

Vulnerable populations identified by stakeholders during Hurricane Sandy include those with psychiatric disabilities, methadone patients, the elderly, the physically disabled, and undocumented immigrants.

Individuals with psychiatric disabilities were fearful of shelters (fear of theft, feeling trapped). They did not receive psychotropic medication since pharmacies were closed and there was no way of tracking their prescriptions. There was a noticeable increase in substance abuse. Methadone patients did not receive methadone, which was prohibited in shelters.

Elderly and individuals with physical disabilities: Known as the "hidden population", it was often difficult to locate the elderly. There was a lack of adequate communication, since cell phones could not be used, which made it challenging to contact anyone. Many died or were injured, had great deal of emotional stress, and got sick due to mold and mildew. Others relocated out of county or state and there was no way to track them. Seniors with physical disabilities that require respirators had problems due to lack of electricity and a shortage of generators. There are many cases of seniors unable to afford utilities and they often live in conditions with no access to air conditioning, which is a major problem during periods of extreme heat.

Undocumented Immigrants who were rescued and placed in shelters and received services were afraid when they saw immigration officials walking through the evacuation sites. Volunteers were not always sensitive to the needs of those who did not speak English and

there was a paucity of bilingual workers who spoke Spanish to ensure that the rescued understood the services and resources available to them.

<u>Children</u> were affected by disrupted routines and the loss of their homes. After Sandy, many children were unable to attend their schools, which had turned into shelters. Children in shelters were subject to sexual predators who were on Megan's List, which could not be tracked due to loss of power resulting in a lack of internet access.

Perceptions of Preparedness

While there was adequate preparedness for disaster within individual agencies through quarterly practice drills, there is poor communication between different agencies, and issues of home rule result in a lack of county/State coordination. Stakeholders in the social service sector perceive a major need for improved coordination between agencies and State resources, as well as training for agencies, provisions for cooling, heating or recharging stations, adequate provision of shelters, provision of transportation options, better communication (cell phone grids), and stockpiling of food and supplies.

While FEMA and the Red Cross provided services and help during the disaster, more assistance and cooperation is needed from these agencies. There is a disconnect between FEMA's assessment of adequate service provision and the assessment of stakeholders who are "in the trenches" and are actively engaged in helping clients and families still recovering from Sandy. Their assessment is that the job is far from completed and that long-term recovery should be prioritized. Temporary housing sites were provided for individuals and families for 18 months, but they were evicted following that period. While FEMA had bilingual staff and provided services for undocumented immigrants, social service providers are concerned that many undocumented immigrants hid out of fear of officials at evacuation sites and did not receive needed services. The Red Cross had a stringent policy in place that did not permit physicians to examine and treat patients except in very limited circumstances. This policy needs to be reviewed and made more flexible in times of disaster.

Several of the climate change adaptation actions presented in the survey are already in place or planned in respondents' service areas. Of the options presented, home energy assistance programs for heating and cooling are the most common (41 respondents say they are in place, 9 planned), followed by coordinated short-term sheltering plans (26 in place, 12 planned), cooling centers (25 in place, 5 planned), crisis and emergency response risk communication (25 in place, 14 planned), heat warning systems (24 in place, 4 planned), warming centers (23 in place, 6 planned), local utility communication plans for use during outages (19 in place, 13 planned), and inclusion of vulnerable populations in emergency preparedness plans (18 in place, 9 planned).

Major needs identified, as measured by the number of respondents reporting that the activity is not planned but needed, include surveillance for mental health conditions (17), surge capacity/resources for local social service agencies in emergencies (13), local climate adaptation plans (13), stockpiling of supplies such as food, fuel, water, and medicine (12), and public awareness programs on climate change impacts (12).

Challenges and Obstacles

When asked in the survey "what are the biggest challenges to achieving preparedness for climate change for your agency", of the 55 respondents who provided answers, 23 cited limited financial resources as the biggest challenge. Other challenges identified include "not knowing what the plan is, if any", "understanding of the issue", "having enough staff to carry through the plan", "lack of communication from the state", and the fact that climate change exacerbates challenges for an "already overburdened, underserved client population" for whom climate change is "not the priority considering their other pressing needs".

Participants at the listening sessions identified a lack of centralized information as a major barrier to inter-agency cooperation and coordination. Provision of social services in New Jersey is very fragmented, and there is no common core of knowledge about who does what where. This type of information is not kept in any central place, which poses major challenges in the event of disasters like Hurricane Sandy.

Leading Practices and Policy Priorities

The Mental Health Association of New Jersey received a $750,000 grant to look at behavioral health responses to disasters and climate issues, in large part because there is not accurate data or a real sense of the magnitude of the issue. One of the goals of this study is to address the issue of fragmentation and lack of centralized information in New Jersey's social services sector.

Survey respondents were asked "what are the most important actions or programs needed at the regional, state, or federal level to help social service agencies prepare for and respond to climate change impacts?" and asked to rank a list of options as 'high need', 'some need', or 'little or no need'. The highest priority action, as measured by the percentage of respondents choosing it as a high need, is improved coordination, both between social service agencies and state resources (79% selected as high need) and between social service agencies and other sectors such as planning, health, transportation, and emergency management (77%), along with better regional transportation options (79%). This is consistent with the needs identified at the listening sessions.

Other priority actions at the regional, state, or federal level include rapid response systems for extreme weather events (76%), resilient emergency communications infrastructure (72%), provision of regional shelters (68%), strengthened training and retention for social

service agencies (67%), critical infrastructure assessments (67%), provision of regional charging centers (62%), provision of regional cooling and warming centers (61%), and assistance with stockpiling of supplies (57%).

When asked "what does your agency most need to prepare and be ready to respond to climate change impacts over the coming decades", respondents cited a wide variety of needs, including more information about what to prepare for, better coordination with other agencies, communication plans in case of emergencies, and a stockpile of generators and other supplies. One respondent noted that they had not thought about it until they completed the survey, but believe that more information about their local government's disaster plan and preparations for climate change would be helpful. Other responses included "coordinated regional plans", "stockpile of food, clothing, and first/aid medical supplies", "understanding what the emergency plan is and where to send people who are being evacuated", "communication plan to reach member families and individuals with mental illness in case of emergencies", "generators", and "staff and board time to focus on the issue".

Recommendations

The following recommendations emerged from the stakeholder engagement process as actions that need to be taken to prepare the social services sector for a changing climate:

Health: Expand provision of mental health services following storm events, particularly services that address substance abuse. A coordinated pharmacy plan is needed so that vulnerable populations are able get critical medicines in the event of disaster. Additionally, there is a need for additional resources to address mold problems in housing.

Utilities and Infrastructure: Loss of power created major issues for communications, medical equipment, prescriptions, and a host of other challenges. Strengthening power grids, improving generator access and stockpiles, and improved transportation options during emergencies are important priorities.

Communication: Communication among state, county, local agencies is critical. Standardization of planning is needed; stakeholders need to know federal/state/county plans and there should be a unified emergency plan that everyone is following.

There is a need for a state level clearinghouse to gain access to electronic information. For example, access to Megan's Law registry is needed so that parents know whether there are child molesters at shelter sites. A statewide list of electronic medical prescriptions and a coordinated pharmacy plan are needed so patients are able to receive critical prescription medicines.

Better tracking is needed for people who moved to other counties or out of state. A standard documentation and tracking system should be established so service providers can find their clients. During Sandy there was poor tracking in shelters using numbers rather than names; names should be included in an improved tracking mechanism.

Shelter: There is a need for better shelter planning with proper separations for certain populations (keep families together, but keep them separate from Megan's Law registrants, individuals with psychiatric disorders, etc.). This will help to control crime activity in shelters. There is a need to enhance capacity to provide social services to homeless and vulnerable populations; homeless populations increase following storm events and are difficult to track. FEMA should evaluate and expand its policy regarding its trailers, which are available to the homeless for 18 months. Afterward the tenants are evicted, though the trailers can remain vacant, and there is nowhere for these homeless people to go.

Education, Training and Personal Preparedness: Vulnerable populations need to be educated about the importance of advance preparation, and need to be adequately prepared with supplies such as extra medicines, flashlights, cell phones, batteries, battery-operated radios, water, and blankets. Cell phones should be provided to the elderly and incapacitated to enable them to communicate and alert others of their whereabouts during disasters. Residents also need to be trained on which evacuation sites to go to in case of disaster. Generator training is important, including instructions on how to set generators up, awareness of dangers, and taking caution to prevent theft. Finally, not all volunteers during Sandy were effective (poor interaction, not providing accurate services). There is a need for sensitivity training and bilingual staff and volunteers to make sure services and resources are being communicated properly.

Appendix A: Social Services Online Survey Questions

Preparing for Climate Change Impacts in New Jersey: Social Services

Q1   Please read the following information and sign electronically in the box below, indicating your informed consent.   Thank you for agreeing to participate in this online survey. This research is being conducted by Rutgers University, in conjunction with the New Jersey Climate Adaptation Alliance. It is intended for representatives of New Jersey's social service agencies. The purpose of the survey is to obtain data to assess New Jersey's most pressing concerns resulting from climate change that could affect the ability to provide needed social services, and to help to prioritize a set of program, planning and policy adaptations that are necessary to prepare for and mitigate these impacts.   There are no reasonable or discernible risks to your participation in this study. We are not asking for your name on the survey, and will only utilize information about your jurisdiction or service area in summary form to categorize or further explain important differences, for example, between impacts and needs of rural health departments versus more urban ones. If we are able to deduce your identity (e.g. by knowing the name of the Public Health Officer in a certain municipality), the research will be confidential. Confidential means that the research records will include some information about you and this information will be stored in such a manner that there is some linkage between your identity (as deduced but not specified) and the response in the research. The information collected about you includes your opinions about climate change risks, ratings of concern about climate change impacts and your assessment of the needs for various climate adaptation programs. Please note that we will keep this information confidential by not including your name in the data records, limiting access to the research data and keeping it in a secure location.   The research team and the Institutional Review Board (a committee that reviews research studies in order to protect research participants) at Rutgers are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated. All study data will be kept for three years.   The benefits of completing the survey are that you will contribute to further knowledge and insight about impacts to public health from climate change and help to inform the development and prioritization of resources needed to support new or expanded programs or policies to address these impacts.   The survey should take about 10-15minutes to complete. Participation is completely voluntary and refusal to participate will result in no penalties. You may opt out of completion of the survey at any time while taking it.   If you have questions related to the research, please contact Jeanne Herb, Associate Director of the Environmental Analysis and Communication group, 33 Livingston Ave., New Brunswick, NJ 08901, 848-932-2725, jherb@ejb.rutgers.edu.   If you have questions about your rights as a research subject, you may contact the IRB Administrator at Rutgers University at: Rutgers University Institutional Review Board for the Protection of Human Subjects   Office of Research and Sponsored

Programs   3 Rutgers Plaza   New Brunswick, NJ08901-
8559   Tel: 838 932
0150   Email: humansubjects@orsp.rutgers.eduThis informed consent form
was approved by the Rutgers University Institutional Review Board for the Protection of
Human Subjects on ____; approval of this form expires on _____.

○ I have read and understand the risks and benefits of this research and agree to
  participate by typing my initials in this box. _____

Q2 What is the name of the social service agency or organization which you represent?

Q3 Select your service area:

○ County

○ Regional

○ State

○ Other _____

Q4 What is the main funding source for your agency?

○ Nonprofit

○ State

○ Federal

○ Combination of state and federal

○ For profit

Q26 What is the primary population served by your agency?

○ Children

○ Active Elderly (community based)

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○ Institutionalized Elderly

○ Individuals with Physical Disabilities

○ Individuals with Psychiatric Disabilities and/or Mental Disorders

○ Other _____

Q5 How many clinical staff (social workers, psychologists, crisis counselors, etc) work in your agency?

Q6 What type of community does your organization primarily serve?

○ Rural

○ Suburban

○ Urban

○ Combination of two or more of the above

Q7 What is your position?

Q8 How long have you been in this position?

○ 1 - 5 years

○ 6 - 10 years

○ More than 10 years

Q9 Are you or a member of your team routinely present at emergency planning, response, and recovery meetings within your community?

○ Yes

○ No

Q11 Do you Strongly Agree, Agree, Disagree or Strongly Disagree (or Don't Know) with the following statements?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Global climate change is not occurring.	○	○	○	○	○
Global climate change is mostly caused by human activity.	○	○	○	○	○
Global climate change is a risk to New Jersey.	○	○	○	○	○
Global climate change is a risk to me, my family, and my friends.	○	○	○	○	○
The international scientific community understands the science	○	○	○	○	○

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behind global climate change.					
I trust the scientific community to truthfully report their findings related to climate change.	○	○	○	○	○
Our state and local officials understand the implications of global climate change for my region.	○	○	○	○	○
The media I rely on communicate honestly with us about global climate change.	○	○	○	○	○

Q12 Please rate how concerned you are about the following climate-change related impacts to SOCIAL SERVICE AGENCIES in your service area: HEAT AND DROUGHT IMPACTS:

	Great Concern	Some Concern	Little Concern	No Concern	Not applicable to

					my service area
Increases in heat stress / stroke	○	○	○	○	○
Food scarcity	○	○	○	○	○
Decreased water supply	○	○	○	○	○

Q13 AIR QUALITY IMPACTS:

	Great Concern	Some Concern	Little Concern	No Concern	Not applicable to my service area
Increases in cases and severity of respiratory diseases from increased particulates, ozone, etc.	○	○	○	○	○
Increase in cases and severity of allergies from longer and more potent pollen season.	○	○	○	○	○

Q14 EXTREME WEATHER EVENT IMPACTS:

	Great Concern	Some Concern	Little Concern	No Concern	Not applicable to my service area
Rescues/strandings	○	○	○	○	○
Deaths from storm events	○	○	○	○	○
Injuries from storm events	○	○	○	○	○
Acute emotional distress	○	○	○	○	○
Longer-term economic impacts	○	○	○	○	○
Strain/stress on responders	○	○	○	○	○
Interrupted care for vulnerable populations (e.g. during evacuations)	○	○	○	○	○
Extreme cold from power outages	○	○	○	○	○
Ensuring food safety during power outages	○	○	○	○	○
Increased need for sheltering	○	○	○	○	○
Disease spread from sheltering	○	○	○	○	○

Q15 INFECTIOUS DISEASE:

	Great Concern	Some Concern	Little Concern	No Concern	Not applicable to my service area
Increases in food and/or water borne diseases	○	○	○	○	○
Emerging diseases (e.g. diseases that are newly appearing or rapidly increasing in incidence or geographic range)	○	○	○	○	○

Q16 OTHER EXPOSURES:

	Great Concern	Some Concern	Little Concern	No Concern	Not applicable to

					my service area
Drinking water contamination (e.g. from salt water intrusion)	○	○	○	○	○
Increased molds and mildew	○	○	○	○	○

Q17 Was your service area impacted by Tropical Storm Irene (2011)?

○ Yes

○ No

Q18 If yes, in what ways was your service area affected by Tropical Storm Irene (check all that apply):

❑ Deaths

❑ Injuries caused by event or response

❑ Short-term stress

❑ Longer-term stress

❑ Minor property damage

❑ Major property damage

❑ Minor flooding

❑ Severe flooding

- ❑ Resident evacuation

- ❑ Nursing home/assisted living facility evacuation

- ❑ Road closures

- ❑ Power outages

- ❑ Other (describe) _____

Q19 Was your service area impacted by Hurricane Sandy (2012)?

- ◯ Yes

- ◯ No

Q20 If yes, in what ways was your service area affected by Hurricane Sandy?

- ❑ Deaths

- ❑ injuries caused by event or response

- ❑ Short term stress

- ❑ Longer term stress

- ❑ Minor property damage

- ❑ Major property damage

- ❑ Minor flooding

- ❑ Severe flooding

- ❑ Resident evacuation

- ❑ Nursing home/assisted living facility evacuation

- ❑ Road closures

- ❑ Power outages

❑ Other _____

Q21 Of the following climate change adaptations or preparedness activities, which are in place, planned or needed for your community or service area?

	In place	Planned	Not planned but needed	Not needed	Don't Know
Local climate adaptation plans	○	○	○	○	○
Heat warning system	○	○	○	○	○
Cooling center	○	○	○	○	○
Warming center	○	○	○	○	○
Home energy assistance program (heating and cooling)	○	○	○	○	○
Vulnerability assessments/census of vulnerable sub-populations	○	○	○	○	○
Risk maps	○	○	○	○	○
Emergency preparedness plans that incorporate climate change and local capacities	○	○	○	○	○
Inclusion of vulnerable populations in emergency preparedness plans	○	○	○	○	○

Local utility communication plans for use during power outages	○	○	○	○	○
Crisis and emergency response risk communication	○	○	○	○	○
Coordinated short-term sheltering plans	○	○	○	○	○
Surveillance for mental health conditions	○	○	○	○	○
Public awareness program on climate change impacts	○	○	○	○	○
Stockpiling of supplies (fuel, food, water, medicine)	○	○	○	○	○
Surge capacity/resources for local social service agencies in emergencies	○	○	○	○	○
Other	○	○	○	○	○

Q22 What are the most important actions/programs needed at the REGIONAL, STATE OR FEDERAL level to help social service agencies prepare for and respond to climate change impacts?

	High Need	Some Need	Little or No Need	Don't Know
Critical infrastructure assessments	○	○	○	○
Improved coordination between social service agencies and state resources	○	○	○	○
Enhanced weather forecasting	○	○	○	○
Improved coordination between social services and other sectors (planning, health, transportation, emergency planning)	○	○	○	○
Strengthened training and retention for social service agencies	○	○	○	○
Rapid response system for extreme weather events	○	○	○	○
Resilient emergency	○	○	○	○

communications infrastructure				
Provision of regional cooling and warming centers	○	○	○	○
Provision of regional charging centers (e.g. for electronic equipment)	○	○	○	○
Provision of regional shelters	○	○	○	○
Better regional transportation options (ease of evacuation, etc.)	○	○	○	○
Assistance with stockpiling of supplies	○	○	○	○
Other	○	○	○	○

Q23 What does your agency most need to prepare and be ready to respond to climate change impacts over the coming decade?

Q24   What are the biggest challenges to achieving preparedness for climate change for your agency?

Q25 Please rank climate change impacts in importance in relation to other social services challenges: (Drag and drop the 6 issues listed below with 1 being most important and 6 being least important)

_____ Senior Services for Aging Populations

_____ Climate Change Impacts

_____ Decrease in Government Resources for Social Service Needs

_____ Domestic and Community Violence

_____ Insurance Coverage

_____ Decreases in Personal Economic Security

Appendix B: Summary of Social Services Survey Results

Summary of Social Services Survey: Preparing for Climate Change Impacts in New Jersey
Administered to representatives of social services agencies in New Jersey
Survey conducted online August 30 – September 16, 2013.

Overview of Participants

71 respondents completed this online survey. Respondents provide social services for a wide range of populations, including children, the elderly, the physically and mentally disabled, victims of domestic violence, the homeless, veterans, low income families, people with substance abuse issues, the unemployed, college students, and patients who have been hospitalized. 42% of respondents' service areas are counties, 24% have regional service areas, 20% of service areas are statewide, 4% are municipalities/cities, with other respondents reporting that they serve individual hospitals and school districts. 52% of respondents reported that their agencies are primarily funded by the county or state government, or a combination of both, while 46% are non-profits and 6% are for-profit.

Views on Climate Change

Respondents were asked whether they strongly agree, agree, disagree, or strongly disagree with the statement "Global climate change is not occurring." 44 respondents strongly disagreed and 14 disagreed with this statement indicating that 83% of the respondents believe climate change is occurring, while 12 respondents agreed or strongly agreed with the statement, indicating they do not believe climate change is occurring.

Most respondents (81%) believe that climate change is mostly caused by human activity. 94% of respondents agreed or strongly agreed with the statement "Climate change is a risk to New Jersey", and 90% think climate change is a personal risk to family and friends. The majority of respondents (64%) agree that the international scientific community understands the science behind climate change, while 16% disagree and 20% (14 respondents) responded 'don't know'. Forty-six respondents (66%) trust the scientific community to truthfully report their findings related to climate change while 24% do not. Confidence in public officials is low, with 23% of respondents agreeing or strongly agreeing that "state and local officials understand the implications of global climate change for my region", 59% disagreeing or strongly disagreeing, and 19% (13 respondents) responding "don't know". Trust in the media is also limited, with 33% agreeing the media communicate honestly about global climate change, 56% disagreeing and 11% responding 'don't know'.

Climate Change Impacts

The survey presented a range of climate change impacts related to heat and drought, air quality, extreme weather events, infectious diseases, and other exposures. Respondents

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were asked to rank whether each impact was of great concern, some concern, little concern, or no concern.

Respondents overall had the greatest concern about extreme weather-related impacts. Major concerns for social services providers, as measured by the percentage of respondents rating the impact as a 'great concern', include interrupted care for vulnerable populations (68%), long-term economic impacts resulting from extreme weather events (66%), increased need for sheltering (61%), increased molds and mildew (57%), ensuring food safety during power outages (54%), injuries from storm events (54%), increase in cases and severity of allergies from a longer and more potent pollen season (53%), extreme cold during power outages (51%), and stress/strain on responders (51%).

Impacts from Irene and Sandy

The service areas of 83% of respondents were impacted by Tropical Storm Irene in 2011, with common impacts including short-term stress (78%), road closures (78%), power outages (78%), and minor property damage (72%). 27 respondents reported resident evacuations, 15 reported injuries, and 4 reported deaths in their service areas.

The service areas of 92% of respondents were affected by Hurricane Sandy in 2012. Common impacts included power outages (92%), road closures (88%), short and longer-term stress (85% and 74% respectively), minor and major property damage (74% and 71%). 45 respondents (69%) reported resident evacuations, 29 reported injuries, and 11 reported deaths in their service areas.

Other impacts that residents reported included gas shortages, school and facility closings, and homeless people experiencing difficulty qualifying for assistance since they were not legal residents of a building.

Climate Change Adaptation and Preparedness Activities

Several of the climate change adaptation actions listed in the survey are already in place or planned in several respondents' service areas. Of the options presented, home energy assistance programs for heating and cooling are the most common (41 respondents say they are in place, 9 planned), followed by coordinated short-term sheltering plans (26 in place, 12 planned), cooling centers (25 in place, 5 planned), crisis and emergency response risk communication (25 in place, 14 planned), heat warning systems (24 in place, 4 planned), warming centers (23 in place, 6 planned), local utility communication plans for use during outages (19 in place, 13 planned), and inclusion of vulnerable populations in emergency preparedness plans (18 in place, 9 planned).

Major needs identified, as measured by the number of respondents reporting that the activity is not planned but needed, include surveillance for mental health conditions (17),

surge capacity/resources for local social service agencies in emergencies (13), local climate adaptation plans (13), stockpiling of supplies such as food, fuel, water, and medicine (12), and public awareness programs on climate change impacts (12).

Policy Priorities

Respondents were asked "what are the most important actions or programs needed at the regional, state, or federal level to help social service agencies prepare for and respond to climate change impacts?" and asked to rank a list of options as 'high need', 'some need', or 'little or no need'. The highest priority action, as measured by the percentage of respondents choosing it as a high need, is improved coordination, both between social service agencies and state resources (79% selected as high need) and between social service agencies and other sectors such as planning, health, transportation, and emergency management (77%), along with better regional transportation options (79%).

Other priority actions at the regional, state, or federal level include rapid response systems for extreme weather events (76%), resilient emergency communications infrastructure (72%), provision of regional shelters (68%), strengthened training and retention for social service agencies (67%), critical infrastructure assessments (67%), provision of regional charging centers (62%), provision of regional cooling and warming centers (61%), and assistance with stockpiling of supplies (57%). The only action which a majority of respondents did not consider a high need was enhanced weather forecasting, which 34% selected as a high need.

Critical Needs

When asked "what does your agency most need to prepare and be ready to respond to climate change impacts over the coming decades", respondents cited a wide variety of needs, including more information about what to prepare for, better coordination with other agencies, communication plans in case of emergencies, and a stockpile of generators and other supplies.

One respondent noted that they had not thought about it until they completed this survey, but believe that more information about their local government's disaster plan and preparations for climate change would be helpful. Other responses included "coordinated regional plans", "stockpile of food, clothing, and first/aid medical supplies", "understanding what the emergency plan is and where to send people who are being evacuated", "communication plan to reach member families and individuals with mental illness in case of emergencies", "generators", and "staff and board time to focus on the issue".

Challenges

When asked "what are the biggest challenges to achieving preparedness for climate change for your agency", of the 55 respondents who provided answers, 23 cited limited financial resources as the biggest challenge. Other challenges identified include "not knowing what the plan is, if any", "understanding of the issue", "having enough staff to carry through the plan", "lack of communication from the state", and the fact that climate change exacerbates challenges for an "already overburdened, underserved client population" for whom climate change is "not the priority considering their other pressing needs".

Issue Prioritization

When presented with a list of six social service challenges and asked to rank them in order of importance, with 1 being most important and 6 being least important, the average rank order was 1) Decrease in Government Resources for Social Service Needs; 2) Senior Services for Aging Populations; 3) Decreases in Personal Economic Security; 4) Domestic and Community Violence; 5) Climate Change Impacts; and 6) Insurance Coverage), with Decrease in Government Resources clearly identified as the most important challenge.