

ATR / LADDS Updates: Hurricane/Disaster Related Questions

Eight (8) New Hurricane-Related Questions in the LADDS – Initial Interview Page



Were you IMPACTED by the hurricane/disaster? Select "Yes" or "No"

If Yes, select which disaster Select "Katrina" or "Rita" or "Both"

How were you impacted by the hurricane/disaster? Select "Severe" or "Moderate"



Were you DISPLACED by the hurricane/disaster? Select "Yes" or "No"

If "Yes", answer the hurricane-related questions below. If "No", skip this part and proceed to the next section.

Select which disaster Select "Katrina" or "Rita" or "Both"

Before the hurricane / disaster, were you receiving services at an OAD funded program / facility? Select "Yes" or "No"

What was the client's Zip Code of residence prior to the disaster? Enter 5-digit Zip Code

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Note: When entering a "NEW" case in the Initial Interview Screen, the system will auto-populate the hurricane-related questions if the client already answered the questions in his/her previous interview.

Feedback		Louisiana Addictive Disorder Data System	
Home Clients Add New Select Existing Registry Info Case Records Initial Interview Financial Info Evaluations Service Tickets 24 Hour Census Tickets Group Tickets 24-Hour Census Reports Unique Client Count Clinical Report Service Report Production Report Admit Detail Report Open Detail Report Term Detail Report Provider Serv. Productivity Incomplete Admit Data Gambling Report 3rd / 4th DWI Report Patient Diagnosis Report State Reports TEDs Report ReAdmit Report Impacted Client Report Displaced Client Report Re-Engaged Client Report		Case Records - Initial Interview - View NEED MORE HELP? test, test - 020200MTT / Contact Case - 100000471 EDIT PRINT Addiction Type Alcohol Used IV Drugs Never Used IV Drugs Sexual Preference Males Only <hr/> Were you IMPACTED by the hurricane / disaster? Yes If Yes, select which disaster Both How were you impacted by the hurricane / disaster? Severe <hr/> Were you DISPLACED by the hurricane / disaster? Yes Select which disaster Both Before the hurricane / disaster, were you receiving services at an OAD funded program / facility? What was the client's Zip Code of residence prior to the disaster? 70112 What was the client's Parish of residence prior to the disaster? Orleans <div style="background-color: red; color: white; padding: 5px; margin-top: 10px;"> WHAT TO DO NEXT Complete this section only if Disposition is Admission or Education Program (Admission). </div>	

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The primary purpose for data collection of hurricane-related information is to help OAD monitor any impact from the hurricane/disasters so that OAD can strategically position itself to continue effective and efficient delivery of client related services.

Therefore, the eight (8) disaster-related questions are intended to collect: the clients impacted by the disasters; the clients' level of severity as a result of being impacted by the disaster; the displaced clients as a result of the disasters; the clients who re-engaged in treatment; and the clients' residence prior to the disaster (Zip Code and Parish).

The instructions below describe the procedures and definitions associated with the collection of data for the hurricane-related questions.

Q1: Were you impacted by the hurricane/disaster?

- ✓ Select "Yes" or "No";
- ✓ This will be a required field;
- ✓ If "Yes", answer Q2 and Q3. If "No", skip Q2-Q3 and proceed to Q4.

Q2: If Yes, select which disaster.

- ✓ Select "Katrina" or "Rita" or "Both";
- ✓ This will be a required field if you select "Yes" in Q1.

Q3: How were you impacted by the hurricane/disaster?

- ✓ Select "Severe" or "Moderate".
- ✓ This will be a required field if you select "Yes" in Q1.

Please rate the client's Level of Severity as a result of being impacted by the disaster(s).

SEVERE - This option includes:

- Loss of Home / Possessions
- Loss of Family / Close Friend
- Witness / Victim of Violence
- Loss of Income / Job / Business
- Rescued
- Received temporary shelter at the Superdome / Convention Center
- Life threatening injury or health condition of the individual or family members
- Relocated to another community / school
- First Responder

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MODERATE - This option includes:

- Evacuated
- Change in the living situation (Either received temporary housing or provided housing for others)
- Loss of pets
- Temporary loss of contact with family / friend / caregiver
- Applying for Disaster Assistance
- Damage to home / possessions
- Increased responsibility at work or home
- Strained relationship with family or others

Note: In the event, the category of impacted is neither in the SEVERE nor MODERATE list above, please follow what the client says. If the client says severe, select SEVERE. If the client says moderate, select MODERATE.

Q4: Were you displaced by the hurricane/disaster?

- ✓ Select "Yes" or "No";
- ✓ This will be a required field;
- ✓ If "Yes", answer Q5 to Q8. If "No", skip Q5 to Q8 and proceed to the next section.

Q5: Select which disaster.

- ✓ Select "Katrina" or "Rita" or "Both";
- ✓ This will be a required field if you select "Yes" in Q4.

Q6: Before the hurricane / disaster, were you receiving services at an OAD funded program or facility?

- ✓ Select "Yes" or "No";
- ✓ This will be a required field if you select "Yes" in Q4.

Q7: What was the client's Zip Code of residence prior to the disaster?

- ✓ Enter the 5-digit Zip Code;
- ✓ This will be a required field if you select "Yes" in Q4.

Q8: What was the client's Parish of residence prior to the disaster?

- ✓ This will serve as validation for the Zip Code;
- ✓ The Parish field will auto-populated;
- ✓ Non-Louisiana Zip Codes will be automatically coded as "OUT-OF-STATE";
- ✓ This will be a required field if you select "Yes" in Q4.