

July 2009

DISASTER ASSISTANCE

Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management



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Highlights of [GAO-09-561](#), a report to congressional requesters

Why GAO Did This Study

As a result of the unprecedented damage caused by Hurricanes Katrina and Rita in 2005, the federal government, for the first time, funded several disaster case management programs. These programs help victims access services for disaster-related needs. GAO was asked to review (1) steps the federal government took to support disaster case management programs after the hurricanes, (2) the extent to which federal agencies oversaw the implementation of these programs, (3) challenges case management agencies experienced in delivering disaster case management services, and (4) how these programs will inform the development of a federal case management program for future disasters. GAO reviewed relevant laws and guidance, obtained data from two programs, conducted site visits to Louisiana and Mississippi, and interviewed case management providers and officials from federal and state agencies involved in disaster case management.

What GAO Recommends

GAO recommends that FEMA (1) establish a time line for developing a disaster case management program, (2) include practices to enhance coordination among stakeholders involved in this program and (3) evaluate outcomes of disaster case management pilot programs to inform the development of this program. FEMA agreed with our recommendations and is taking steps to address them.

View [GAO-09-561](#) or [key components](#). For more information, contact Kay Brown at (202)512-7215 or brownke@gao.gov.

DISASTER ASSISTANCE

Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management

What GAO Found

Federal agencies provided more than \$209 million for disaster case management services to help thousands of households cope with the devastation caused by Hurricanes Katrina and Rita, but breaks in federal funding adversely affected services to some hurricane victims. The Federal Emergency Management Agency (FEMA) awarded a grant of \$66 million for initial case management services provided by Katrina Aid Today (KAT) shortly after the hurricanes made landfall. When this program ended in March 2008, FEMA provided funds for additional programs to continue services. As a result of ongoing budget negotiations between FEMA and Mississippi, the state-managed Disaster Case Management Pilot (DCM-P) program in Mississippi did not begin until August 2008, approximately 2 months after it was scheduled to, and FEMA's DCM-P program in Louisiana was never implemented. Consequently, some victims most in need may not have received case management services.

FEMA and the Department of Housing and Urban Development (HUD) provided some oversight of disaster case management programs, but monitoring of KAT was limited and coordination challenges may provide lessons for future disasters. As recovery continued, FEMA and HUD provided additional monitoring of subsequent programs. Coordination challenges contributed to implementation difficulties, such as a lack of timely information sharing. For example, client information provided by FEMA to the Mississippi state agency implementing the DCM-P program was invalid or out-of-date for nearly 20 percent of eligible clients. As a result of incompatible databases and inconsistent outreach efforts, some victims may have received services from multiple agencies while others may not have been reached.

Case management agencies experienced challenges in delivering federally-funded disaster case management services due to large caseloads, limited community resources, and federal funding rules. Some case management agencies experienced high turnover, and some case managers had caseloads of more than 100 clients, making it difficult to meet client needs. KAT and HUD data indicated that the most frequently occurring needs among clients included housing and employment, but these resources were limited following the hurricanes. Further, case management agencies saw the ability to provide direct financial assistance for items such as home repair, clothing, or furniture as key to helping victims, yet only one federally funded program allowed case management agencies to use federal funds for direct assistance.

FEMA and other agencies are evaluating disaster case management pilot programs to inform the development of a federal disaster case management program for future disasters, but some of the evaluations have limitations. For example, some evaluations will not assess program outcomes, such as whether clients' needs were met. In addition, FEMA did not include stakeholder input in designing its evaluation of multiple pilot programs. According to FEMA officials, the agency does not have a time line for developing the federal disaster case management program.

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Abbreviations

DCM-P	Disaster Case Management Pilot
DHAP	Disaster Housing Assistance Program
FEMA	Federal Emergency Management Agency
HHS	Department of Health and Human Services
HUD	Department of Housing and Urban Development
KAT	Katrina Aid Today
LFRC	Louisiana Family Recovery Corps
Post-Katrina Act	Post Katrina Emergency Management Reform Act of 2006
SSBG	Social Services Block Grant
Stafford Act	Robert T. Stafford Disaster Relief and Emergency Assistance Act
TANF	Temporary Assistance for Needy Families
UMCOR	United Methodist Committee on Relief

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United States Government Accountability Office
Washington, DC 20548

July 8, 2009

The Honorable Joseph I. Lieberman
Chairman
Committee on Homeland Security
and Governmental Affairs
United States Senate

The Honorable Mary Landrieu
Chairman
Ad Hoc Subcommittee on Disaster Recovery
Committee on Homeland Security
and Governmental Affairs
United States Senate

Hurricane Katrina made landfall on the Gulf Coast in late August 2005 and caused more than \$80 billion in estimated property damage, making the storm the most expensive natural disaster in the history of the United States. Approximately 300,000 homes were destroyed or rendered uninhabitable. Less than one month later, Hurricane Rita struck the same region, severely damaging or destroying more than 23,600 homes in southwest Louisiana and southeast Texas and causing \$10 billion in estimated property damage. Together, Hurricanes Katrina and Rita displaced more than 1 million people from some of the poorest communities in the country. To help hurricane victims recover from the unprecedented damage and displacement caused by the storms, the federal government provided more than \$209 million to states and nonprofit organizations to support several disaster case management programs. Disaster case management involves helping victims access services for a range of needs, including employment, housing, and health care.

In August 2009, nearly four years after the storms, the last federally funded disaster case management program for victims of Hurricanes Katrina and Rita is scheduled to end despite the thousands who still require assistance. Given the unprecedented damage and displacement caused by the hurricanes and the continuing recovery needs of victims, GAO was asked to review the federal government's efforts to leverage governmental and nongovernmental resources to help victims with their recovery. GAO has

issued reports on housing, health care, the role of voluntary organizations, and services for victims residing in Federal Emergency Management Agency (FEMA) trailer group sites, among others.¹ This report focuses on federally funded disaster case management programs and addresses the following key questions:

1. What steps did the federal government take to support disaster case management programs after Hurricanes Katrina and Rita?
2. How did federal agencies oversee the implementation of these disaster case management programs?
3. What challenges did case management agencies experience in delivering disaster case management services under federally funded programs?
4. How will previous or existing federally funded disaster case management programs be used to inform the development of a federal case management program for future disasters?

To address these questions, we reviewed the roles and responsibilities of the federal government for disaster recovery services, as well as federal laws, regulations, and guidance related to the federally funded case management programs established to assist victims of Hurricanes Katrina and Rita, including the federal government's authority to establish or fund post-disaster case management programs. We also reviewed prior GAO work on best practices for coordination among federal agencies and between federal and nonfederal stakeholders. We interviewed federal officials from FEMA, the Department of Housing and Urban Development (HUD), and the Department of Health and Human Services (HHS). We focused our review on Louisiana and Mississippi, as those were the states most directly affected by Hurricanes Katrina and Rita, and conducted site visits to Baton Rouge and New Orleans, Louisiana; and Biloxi, Gulfport, Moss Point, Jackson, and Pascagoula, Mississippi. We conducted, either in person or by phone, interviews with organizations involved in disaster case management in these states (see table 1 in app. I for a comprehensive list of the organizations interviewed). During these interviews, we obtained information on, among other topics, coordination between government agencies and case management agencies and challenges to

¹For a listing of reports, please see the related GAO products at the end of this report.

helping clients meet their recovery needs. We selected interviewees to ensure that we spoke to representatives from a range of appropriate organizations serving Hurricane Katrina and Rita victims. In both states we spoke to the majority of disaster case management providers for the Katrina Aid Today (KAT) program and selected providers for the Disaster Housing Assistance Program (DHAP). We also spoke with selected providers for the state-managed Disaster Case Management Pilot (DCM-P) program in Mississippi. We did not interview disaster case management providers who served victims that relocated to other states. The views of the disaster case management providers we spoke with cannot be generalized to all organizations that provided disaster case management services to victims of Hurricanes Katrina and Rita. In addition to the interviews, we obtained summary data on KAT clients from the Coordinated Assistance Network database maintained by the American Red Cross and received record-level data from the Tracking-at-a-Glance database used for DHAP. These data included, among other variables, information on the needs of case management clients. We assessed the reliability of these data sources and used only those elements we found to be sufficiently reliable for the purposes of this report. For more information on our scope and methodology, see appendix I. We conducted this performance audit from May 2008 to July 2009, in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

Disaster Case Management Case management is a process that assists people in identifying their service needs, locating and arranging services, and coordinating the services of multiple providers.² Disaster case management uses the same process to help people recover from a disaster. The Council on

²GAO, *Long-Term Care Reform: States' Views on Key Elements of Well-Designed Programs for the Elderly*, GAO/HEHS-94-227 (Washington, D.C.: Sept. 6, 1994).

Accreditation³ says disaster recovery case management services “plan, secure, coordinate, monitor, and advocate for unified goals and services with organizations and personnel in partnership with individuals and families. ...[They] include practices that are unique to delivery of services in the aftermath of emergencies and major incidents.” The Council on Accreditation adds that while disaster case management services may include emergency relief services, they extend beyond the immediate to address long-term recovery needs,⁴ such as health care, employment, housing, and other social services. In line with the Council on Accreditation standards, disaster case management programs may directly provide assistance, make referrals to organizations that have agreed to meet specific client needs, contract with other organizations, or otherwise arrange for individuals and families to receive needed services and resources.⁵ In addition, according to the Council on Accreditation, the process of disaster case management generally includes assessment, recovery planning, service delivery, monitoring, and advocacy.

Disaster case management agencies may also work in conjunction with long-term recovery committees to serve their clients. These committees are typically community-based organizations that bring together a variety of local leaders—such as members of voluntary organizations, civic organizations, social service agencies, local churches, and case management agencies. Long-term recovery committees coordinate recovery efforts and provide resources to address the unmet needs of disaster victims when all other resources have been exhausted or when current resources are inadequate based on the victim’s recovery plan. These committees often include unmet needs committees, or roundtables, at which case managers from member organizations present cases in order to obtain resources for clients in need.

³The Council on Accreditation is an international, independent, not-for-profit, child-and family-service and behavioral healthcare accrediting organization. It was founded in 1977 by the Child Welfare League of America and Family Service America (now the Alliance for Children and Families). Originally known as an accrediting body for family and children’s agencies, the Council on Accreditation currently accredits 45 different service areas. Among its service areas are substance abuse treatment, adult day care, services for the homeless, foster care, and inter-country adoption.

⁴Council on Accreditation. Council on Accreditation Standards: *8th Edition /Private* (August 2008). <http://www.coastandards.org> (accessed Oct. 17, 2008).

⁵*ibid.*

Federal Role for Funding and Coordinating Disaster Case Management Services

The federal role for funding and coordinating disaster case management was not explicitly defined until the passage of the Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act).⁶ The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act)⁷, as amended, is the primary authority under which the federal government provides major disaster and emergency assistance to states, local governments, tribal nations, individuals, and qualified private, nonprofit organizations. FEMA is responsible for administering the provisions of the Stafford Act. At the time of Hurricanes Katrina and Rita, the Stafford Act contained no explicit authority to fund disaster case management services. The Post-Katrina Act amended the Stafford Act and, among other things, granted the President the authority to provide financial assistance for case management services to victims of major disasters.

In addition to its responsibilities under the Stafford Act, FEMA has responsibility for administering and ensuring implementation of the National Response Framework, which replaced the former National Response Plan—a framework for managing the federal response to disasters.⁸ Under the National Response Plan, in effect at the time of Hurricanes Katrina and Rita, FEMA was responsible for coordinating the delivery of human services to support state, regional, local, tribal government, and nongovernmental organization efforts. This included coordinating victim-related human services for recovery efforts such as counseling, support for persons with special needs, and expediting the processing of new federal benefits claims, among others. While the National Response Plan did not explicitly include or exclude disaster case management services, the Plan did state that close coordination is required among those federal agencies responsible for response operations and recovery activities, and other nongovernmental organizations providing assistance.

In January 2008, the National Response Plan was revised and replaced with the National Response Framework, which became effective in March 2008. The Framework maintains FEMA's responsibility for coordinating

⁶Pub. L. No. 109-295, title VI, §689f, codified at 42 U.S.C. §5189d. The Post-Katrina Act was passed in October 2006.

⁷Pub. L. No. 93-288, 88 Stat. 143 (1974).

⁸The National Response Plan was an all-discipline, all-hazards plan establishing a single, comprehensive framework for the management of domestic incidents where federal involvement is necessary.

human services, and specifically includes disaster case management as one of several categories of human services. The National Response Framework recognizes the need for collaboration among the myriad of entities and personnel involved in response efforts at all levels of government and the nonprofit and private sectors and places increased responsibility on FEMA for coordinating with voluntary organizations. Moreover, the Framework requires federal agencies involved in mass care, housing, and human services to coordinate federal response efforts with the efforts of state, local, private, nongovernmental, and faith-based organizations. In previous work, GAO has stated that these updated requirements for coordination with voluntary organizations are more extensive and specific than in the National Response Plan, and FEMA officials have told GAO that voluntary agency liaisons, who are FEMA employees, will fill this role.⁹

⁹GAO, *National Disaster Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors*, [GAO-08-369](#) (Washington, D.C.: Feb. 27, 2008).

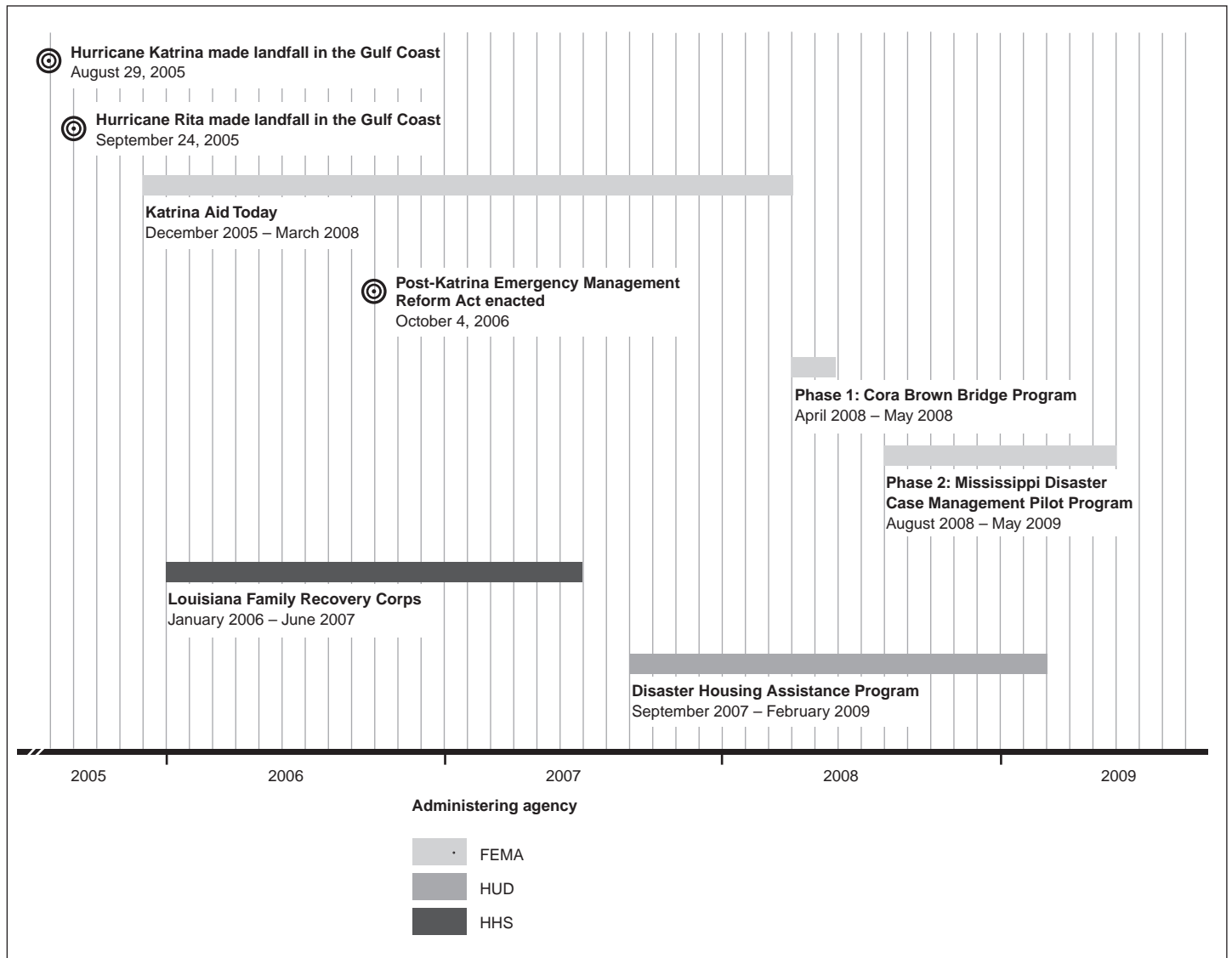
The Federal Government Supported Disaster Case Management Programs for the First Time after Hurricanes Katrina and Rita, but Breaks in Federal Funding May Have Hindered Assistance to Victims

Through Varied Funding Mechanisms, FEMA, HUD, and HHS Supported a Variety of Disaster Case Management Programs for Victims of Hurricanes Katrina and Rita

Since the hurricanes nearly 4 years ago, more than \$209 million of FEMA and HHS funds have been used to support disaster case management programs to assist victims of Hurricanes of Katrina and Rita, one of which was administered by HUD. These programs overlapped and began at different times, as federal agencies identified ongoing need for services (see fig. 1). We estimate that, at most, nearly 116,000 families affected by Hurricanes Katrina and Rita relied on federally funded disaster case management services supported by FEMA, HUD, and HHS to obtain assistance in rebuilding their lives.¹⁰

¹⁰This estimate is based on information obtained from each of the agencies that provided federally funded disaster case management services. However, it is possible that clients may have received services from more than one case management program.

Figure 1: Time Line of Federally Funded Disaster Case Management Programs for Victims of Hurricanes Katrina and Rita



Source: GAO.

Notes: The program dates above represent when case management services began. Grant agreements may have been in place prior to these dates.

Louisiana received emergency block grant funding from HHS. State officials in Louisiana designated a portion of these funds for disaster case management.

FEMA

In October 2005, during the immediate aftermath of Hurricane Katrina, the Department of State transferred \$66 million of international donations to FEMA to finance disaster case management services for households affected by Hurricane Katrina.¹¹ Although FEMA had not previously funded disaster case management, FEMA had proposed that international donations be used for this purpose due to the unprecedented magnitude of the damage and displacement caused by Hurricane Katrina. FEMA awarded a \$66 million, 2-year case management services grant to the United Methodist Committee on Relief (UMCOR).¹² UMCOR used the grant to establish KAT, a national consortium consisting of nine social service and voluntary organizations, to provide case management services to victims of Hurricane Katrina. As part of its case management system, the grant specified that UMCOR would initiate or support long-term recovery committees in all disaster affected states and KAT consortium members were to participate in these organizations. Furthermore, KAT consortium members were required to use the Coordinated Assistance Network database to track client information and case management activities.

Although case management services provided by KAT were scheduled to end in October 2007, FEMA used interest accrued on the \$66 million in charitable international donations—about \$2 million—to allow KAT consortium members to continue providing disaster case management services through March 2008. KAT ended its activities on March 31, 2008, and according to program data, served more than 69,000 households.

To assist the thousands of victims of Hurricanes Katrina and Rita that were still without permanent housing and continued to need case management services as KAT ended, FEMA collaborated with the states of Louisiana and Mississippi on a two-phase disaster case management program that would continue until March 1, 2009. The first phase used

¹¹UMCOR, formed in 1940, is the humanitarian relief agency of the United Methodist Church. UMCOR provides immediate and long-term relief to people around the world, and uses case management as a vehicle to provide long-term recovery.

¹²For more information on the use and management of the international donations see GAO, *Hurricane Katrina: Comprehensive Policies and Procedures Are Needed to Ensure Appropriate Use of and Accountability for International Assistance*, GAO-06-460 (Washington, D.C.: Apr. 6, 2006). Because these international donations were distributed through federal agencies, we refer to them as federal funds for the purposes of this report.

Cora Brown funds,¹³ given directly to Louisiana and Mississippi state governments—\$524,000 and \$502,000, respectively—to continue providing case management services to individuals and families affected by Hurricanes Katrina and Rita. This assistance—referred to as the Cora Brown Bridge Program or Phase 1—lasted from April 1, 2008 to May 31, 2008, and, according to FEMA officials, served 1,747 clients in Louisiana and 1,314 in Mississippi who still had open KAT cases. Rather than giving the funds to the KAT organization, the states distributed the funds directly to the case management agencies that provided services under KAT, since the KAT program had officially ended. The intent of the program was to provide “bridge” case management services for clients while FEMA developed the second phase.

For the second phase of the program, FEMA used funds from its Disaster Relief Fund¹⁴ for a state-managed DCM-P program. Through this pilot, case management services were intended for households in Louisiana and Mississippi affected by Hurricanes Katrina and Rita with the primary goal of helping them achieve sustainable permanent housing. Eligible families included those living in FEMA temporary housing, those with health-related concerns living in FEMA-funded hotels or motels, and those whose case management services were not fully completed in the Cora Brown case management program. FEMA awarded a conditional grant of \$25.4 million to Mississippi in July 2008 and the program became operational in August 2008.¹⁵ The Mississippi Commission for Volunteer Services administered the program in Mississippi and created the Mississippi Case Management Consortium of 13 member organizations. The program was scheduled to end March 1, 2009, however FEMA extended the program until June 1, 2009. As of March 2009, the Mississippi Commission for Volunteer Services reported that the consortium had served more than 3,000 families throughout Mississippi. According to FEMA officials, in October 2008, FEMA awarded an initial grant of \$32.5 million to Louisiana to implement the DCM-P program, but the state was unable to implement

¹³The Cora Brown fund was established in 1977 when Cora C. Brown of Kansas City, Mo., left a portion of her estate to the United States to be used as a special fund solely for the relief of human suffering caused by natural disasters. It is a fund of last resort that is used to help victims of presidentially-declared disasters who have disaster-related needs that cannot be met by any other means.

¹⁴FEMA’s Disaster Relief Fund is the major source of federal disaster recovery assistance for state and local governments when a disaster occurs.

¹⁵According to guidance for the DCM-P program, the funding period for the program began on June 1, 2008, and tentative awards were to be made to states on June 16, 2008.

the program due to the withdrawal of a lead agency. According to the lead agency officials, the agency withdrew due to the short time frame in which services were to be provided and the lack of direct assistance funds. In February 2009, FEMA provided an adjusted grant award of \$8.4 million, but Louisiana was unable to secure a contract with a different lead agency, the Louisiana Family Recovery Corps (LFRC), according to FEMA officials. According to LFRC officials, they declined to implement the program because there was not sufficient time in which to provide services, among other reasons. Because LFRC declined, the state of Louisiana proposed using funds allocated for the DCM-P program for construction instead. However, FEMA officials said this proposal was declined because it does not fall within the case management services for which the funds were originally intended. In addition, FEMA officials said it is unlikely that the DCM-P program will be implemented in Louisiana.

HHS

Following the hurricanes, Congress appropriated emergency funding to states to help affected individuals and families through two programs administered by HHS, the Temporary Assistance for Needy Families (TANF) and Social Services Block Grant (SSBG) programs.¹⁶ These programs, through federal grants made to states, assist needy families with children and provide social services to individuals. HHS distributed \$32.7 million in emergency TANF funds to Louisiana, which entered into a memorandum of understanding with LFRC to provide human services, including case management, to victims of Hurricanes Katrina and Rita residing in Louisiana. In October 2006, LFRC received approximately \$18.5 million in emergency SSBG funds from the state. The contract between the state of Louisiana and LFRC required that 70 percent of the TANF and SSBG funds be used for direct assistance and 30 percent of the funds for case management assistance. LFRC awarded grants to nonprofit agencies to provide case management services across the state of Louisiana from January 2006 through June 2007.

Due to federal eligibility criteria for these programs, LFRC could only use TANF funds to support needy households with minor children and SSBG funds could be used to support low-income households with or without minors. In addition, program rules limited TANF-funded emergency

¹⁶Emergency TANF funds were authorized under the TANF Emergency Response and Recovery Act of 2005, Pub. L. No. 109-68. Emergency SSBG funds were authorized under the Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico and Pandemic Influenza Act of 2006, Pub. L. No. 109-148.

assistance to 4 months. According to an evaluation of LFRC, the program provided case management services to more than 9,500 families in Louisiana.

HUD

When it became clear that existing housing efforts to assist victims of Hurricanes Katrina and Rita would be insufficient, FEMA and HUD signed an inter-agency agreement in July 2007 for HUD to design and implement a pilot grant program known as the Disaster Housing Assistance Program (DHAP).¹⁷ The main purpose of DHAP was for HUD to provide rental assistance to eligible victims of Hurricanes Katrina and Rita from September 1, 2007 to March 1, 2009.¹⁸ Eligibility for DHAP was determined by FEMA and included anyone who was displaced from their homes as a result of Hurricanes Katrina or Rita and consequently was either receiving or was eligible to receive rental assistance administered by FEMA. To participate, clients also had to receive case management services.¹⁹

DHAP was funded by FEMA, using up to \$585 million from its Disaster Relief Fund. According to HUD officials, \$63.8 million of these funds supported the case management portion of the program. While HUD worked through its existing network of local public housing authorities in several states across the U.S. to implement DHAP, 59 percent of cases were in Louisiana, and only 1 percent of cases were in Mississippi. In turn, many public housing authorities contracted with other agencies to provide the case management services required by the program. On August 5, 2008, the Mississippi Case Management Consortium—the organization created to implement FEMA’s state-managed DCM-P program—took over the case management portion of DHAP for most new DHAP clients in Mississippi, according to HUD officials.²⁰ HUD data indicated that over 30,000 clients

¹⁷HUD had responsibility for supporting FEMA in providing shelter and housing assistance to victims of disasters under Emergency Support Function 6 of the National Response Plan in place at the time of Hurricanes Katrina and Rita and maintained that responsibility under the subsequent National Response Framework.

¹⁸HUD has also administered a DHAP program for victims of subsequent disasters. In this report, DHAP refers to programs for victims of Hurricanes Katrina and Rita.

¹⁹After the FEMA state-managed DCM-P program in Mississippi became operational in August 2008, it assumed case management responsibilities for new DHAP clients. Clients that received DHAP assistance before the DCM-P program became operational continued to receive case management from DHAP case management providers.

²⁰The Mississippi Case Management Consortium did not provide case management services for clients who moved to Mississippi from out of state. According to HUD officials, the Mississippi DCM-P program provided disaster case management services to 459 families participating in DHAP.

received case management. Some DHAP clients will continue to receive housing assistance through a DHAP transitional closeout program until August 31, 2009.²¹ States may request to provide case management services during the transitional closeout period. For clients in Louisiana, HUD officials said they signed an agreement on March 20, 2009 with the Louisiana Recovery Authority to provide case management to 16,000 clients in the DHAP transitional closeout program. According to HUD officials, no other states have made similar requests to continue case management services.

Breaks in Federal Funding Adversely Affected Disaster Case Management Services to Some Hurricane Victims

The discontinuous nature of the federally funded disaster case management programs initiated after Hurricanes Katrina and Rita led to breaks in funding that adversely affected case management agencies and may have left victims most in need of assistance without access to case management services. For example, as the first federally funded case management program—KAT—drew to a close in March 2008, some case management providers began to shut down their operations and case managers were laid off. Officials from two KAT agencies noted that some cases were closed not because clients' needs were met, but because the program was ending. It was not until 3 days before the official end of the KAT program that FEMA announced the continuation of services through FEMA's Cora Brown Bridge Program. Because eligibility was limited to those with open KAT cases, and since FEMA did not require case management agencies to track clients who continued to have disaster-related needs, but whose cases were closed only because the KAT program ended, it is unknown whether some clients still in need of case management obtained assistance elsewhere or whether their cases were eventually reopened when the case management agencies received the Cora Brown Bridge program funding.

The break in federal funding after the Cora Brown Bridge program ended also forced some case management agencies to shut down their programs as they waited for the new federal program to start. Clients with open cases under the Cora Brown Bridge program were supposed to transition from the bridge program, which ended on May 31, 2008, to FEMA's state-managed DCM-P program, which was supposed to begin in June 1, 2008.

²¹According to HUD officials, not all DHAP clients will receive housing assistance through the end of the transitional program. Some may convert to HUD's Housing Choice Voucher Program and others may leave the program when they are no longer eligible to receive assistance.

As a result of ongoing budget negotiations between FEMA and Mississippi, the state-managed DCM-P program in Mississippi did not begin until August 2008, approximately 2 months after it was scheduled to, according to officials from the Mississippi Commission for Volunteer Services.²² In addition, while Louisiana received an award letter from FEMA for the program in February 2009—8 months after the program was intended to begin—the program never became operational in the state due to time constraints. An official at one case management agency in Louisiana said the organization used at least \$225,000 of its own resources to keep clients' cases active while waiting for a decision on whether Louisiana would receive funds for a state-managed DCM-P program. However, not all case management agencies had the resources to continue to provide services. According to the Mississippi Case Management Consortium, many of the smaller case management organizations were unable to find alternative resources to pay the case managers hired in June for FEMA's state-managed DCM-P program and had to lay off case managers with the hope of hiring them back once they received federal funding.

The breaks in service after the bridge program concluded left additional hurricane victims in need of services without access to case management. Although FEMA guidance estimated that it would refer 8,378 people to the state-managed DCM-P program in Mississippi, FEMA referred only 5,456 people to the Mississippi state agency administering the pilot program. Of those, 3,432 had been served as of March 2009.²³ According to FEMA, the difference between the target estimate and actual number of clients assigned to the Mississippi state-managed DCM-P program is accounted for by the number victims in FEMA temporary housing that moved into more suitable housing before the pilot program became operational. A FEMA official also told us that the primary method for relocating applicants to more suitable housing was DHAP, which required clients to participate in case management services. However, data do not exist to determine if victims who found more suitable forms of housing outside of DHAP received disaster case management services. In addition, FEMA guidance estimated that 18,820 clients were to be referred to the Louisiana

²² As stated previously, FEMA awarded a conditional grant for the Mississippi DCM-P program in July 2008.

²³ Some of the 5,456 clients that were referred by FEMA did not receive services through the Mississippi DCM-P program for a variety of reasons. For example, in March 2009, Mississippi reported that 1,078 clients had incorrect or no contact information and 949 clients refused services.

DCM-P program. However, because the program was never implemented in Louisiana, it is likely that many of these clients did not receive services since nonprofits throughout the state would not have been able to absorb these clients, according to LFRC officials.

FEMA and HUD Provided Some Oversight of Disaster Case Management Programs, but Monitoring of KAT Was Limited and Coordination Challenges May Provide Lessons for Future Disasters

Although Initial Oversight of KAT Was Limited, FEMA and HUD Used a Variety of Methods to Monitor Subsequent Disaster Case Management Programs

In the aftermath of Hurricane Katrina and in the absence of explicit authority to fund disaster case management, FEMA believed it had limited responsibility for overseeing international donations allocated to UMCOR and limited authority to ensure all aspects of the grant proposal for KAT were carried out. When Hurricane Katrina made landfall, specific policies and procedures for handling international cash donations to the federal government had not yet been developed.²⁴ According to a FEMA official, FEMA acted as a pass-through for the international funds. FEMA approved the grant proposal submitted by UMCOR and relied on reports of the program objectives in the proposal to monitor the implementation of KAT.

²⁴Prior to Hurricane Katrina, the U.S. government had neither asked for nor accepted disaster assistance directly from foreign countries. See GAO, *Hurricane Katrina: Comprehensive Policies and Procedures Are Needed to Ensure Appropriate Use of and Accountability for International Assistance*, [GAO-06-460](#) (Washington, D.C.: April 6, 2006). The Department of Homeland Security and Department of State have since developed policies, procedures, and plans to help ensure international cash donations for disaster relief and assistance are accepted and used appropriately as needed.

As stipulated in the grant proposal, UMCOR submitted quarterly financial and performance reports to FEMA that contained information on program objectives, the number of referrals provided and utilized, and other indicators. According to a FEMA official who had a key role in overseeing the UMCOR grant, FEMA reviewed the reports, frequently participated in discussions with KAT representatives, attended regular quarterly management meetings with KAT members, and provided technical guidance to KAT personnel. FEMA discussed challenges to implementing KAT with UMCOR, but believed it was beyond the scope of its authority to ensure that all aspects of the grant proposal were carried out. For example, the grant proposal stated that UMCOR would initiate or support the formation of long-term recovery committees, and representatives from KAT agencies would participate. According to case management agencies, these committees did not always operate effectively. While FEMA officials were aware of this challenge, the agency did not believe it had authority to take action.

Similarly, FEMA relied on the procedures specified in the approved grant proposal for obtaining information on clients. The grant proposal stipulated that KAT case management agencies would utilize the Coordinated Assistance Network database to input case management data and to provide for easy transfer of information between agencies. The Coordinated Assistance Network²⁵—initiated and developed by charitable disaster response organizations—is the national database used to coordinate and manage service delivery for disaster relief organizations, including KAT partners. According to KAT guidance, it is a tool for sharing referral information and services, storing client information, and transferring clients between partners without interruption to service. This database is also used to extract client information, case management services provided, needs, recovery plan outcomes, information on case closings, and demographic information for reports and evaluation purposes. KAT selected the Coordinated Assistance Network as the

²⁵Coordinated Assistance Network is a partnership among several national disaster relief nonprofit organizations. After September 11, GAO recommended that FEMA convene a working group to encourage voluntary organizations involved in disaster response to integrate several lessons learned from the attacks, including easing access to aid for those eligible and enhancing coordination among charities and with FEMA. See GAO, *September 11: More Effective Collaboration Could Enhance Charitable Organizations' Contributions in Disasters*, [GAO-03-259](#) (Washington, D.C.: Dec. 19, 2002). Following our report, seven of the largest disaster response organizations—including the Red Cross, The Salvation Army, and the United Way—in partnership with FEMA, formed the Coordinated Assistance Network to ease collaboration and facilitate data sharing.

database for coordinating case management services and reporting on outcomes and indicators.

Data from the Coordinated Assistance Network database provided limited information on overall program outcomes for KAT clients, in part because the extent to which data were consistently entered into the system varied, but recent changes will help case management agencies use the database more consistently in the future. UMCOR provided FEMA with quarterly reports from KAT that contained data generated from the Coordinated Assistance Network, but FEMA did not assess the completeness or reliability of the data because government agencies are not permitted to access the database.²⁶ In addition, because the Coordinated Assistance Network does not receive federal funds, FEMA had no authority to audit the system, according to a FEMA official. According to a third party evaluation of KAT, many KAT staff and external stakeholders stated the Coordinated Assistance Network database was successful in helping agencies communicate with one another, track resources, and generate progress reports. However, data on certain variables were missing for a large number of clients because users of the system did not consistently enter complete information. As a result, the database is of limited use in understanding outcomes of the program as a whole such as the frequency of certain client needs and the extent to which those needs were met. Representatives of the Coordinated Assistance Network told us that changes have since been made to the database to help case management agencies enter data more consistently, which may help track outcomes in the future.²⁷ For example, according to the representatives, the database now has the capability to require entry in certain data fields.

As recovery continued and FEMA's role in funding disaster case management became explicit, FEMA and HUD used various methods—such as reviewing disaster case management data, conducting site visits, and providing technical support—to oversee later disaster case

²⁶At the Coordinated Assistance Network's inception, the founding agencies recognized that pursuant to various privacy laws, there was no mechanism that allowed government agencies to partition relief information from law enforcement particularly in cases of undocumented persons. Thus, government agencies are not allowed access to the database because there would be no way to ensure that government agencies would limit their use of the database to service delivery.

²⁷According to a FEMA official, the Coordinated Assistance Network Steering Committee—which includes two FEMA representatives—oversees changes or enhancements to the database.

management programs. FEMA reviewed reports from the Mississippi state agency that administered the state-managed DCM-P program. The Mississippi state agency was required to report to FEMA on a quarterly basis on all state-managed DCM-P program activities and costs, and include a narrative summary of the program's status, accomplishments, and challenges. In addition, FEMA assigned a DCM-P coordinator to Mississippi to provide coordination and technical assistance. FEMA reviewed the quarterly reports and conducted site visits. FEMA's DCM-P program also provided funding for monitoring staff, which were responsible for testing data reliability, according to a FEMA official. To monitor the implementation of DHAP, HUD produced weekly reports from its case management database and hired a contractor to monitor and provide technical assistance to DHAP grantees, according to HUD officials. The contractor also reviewed data quality and followed up with DHAP grantees on the case management program, irregularities in DHAP reports, and any implementation challenges. HUD also established monitoring tasks for DHAP grantees based on caseloads, as well as scores on various key processes and output and outcome metrics.

Challenges to Coordination Among Federal Agencies and Case Management Agencies Contributed to Implementation Difficulties

Federal agencies and case management agencies faced challenges in following key practices for coordination in delivering disaster case management services. In previous work, GAO has identified key practices to enhance and sustain coordination among federal agencies,²⁸ and has since recommended these same key practices to strengthen partnerships between government and nonprofit organizations.²⁹ Key practices for coordination include establishing mutually reinforcing or joint strategies and compatible policies, procedures, and other means of operating across agency boundaries. While FEMA had a lead role in coordinating other types of disaster assistance after Hurricanes Katrina and Rita, their role for coordinating disaster case management was not explicit. Initial coordination activities among federal agencies and case management providers were minimal following the hurricanes. As a result, some victims

²⁸For the purposes of this report we defined "coordination" broadly to include interagency activities that others have previously defined as cooperation, collaboration, integration, or networking. Here, we use this definition to describe coordination among federal agencies as well as between federal agencies and nonfederal stakeholders. See GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005).

²⁹See GAO, *Nonprofit Sector: Increasing Numbers and Key Role in Delivering Federal Services*, [GAO-07-1084T](#) (Washington, D.C.: July 24, 2007).

may not have received case management services while others may have received services from multiple providers. Challenges faced by federal agencies and case management providers in following key practices for coordination may provide lessons for disaster case management services in future disasters.

Lack of Accurate and Timely Information Sharing

Difficulties in coordinating disaster case management services resulted in a lack of accurate and timely information sharing between federal agencies and case management providers. State and local agencies providing federally funded disaster case management services faced challenges in obtaining timely and accurate information from the federal agencies overseeing the programs. For example, the Mississippi state agency administering the FEMA state-managed DCM-P program faced challenges receiving complete and accurate information from FEMA. According to officials in Mississippi who managed the program, FEMA provided clients' names with addresses or phone numbers, but these were often invalid or out-of-date. According to a FEMA official, FEMA has no method for tracking clients, and clients voluntarily contact FEMA to provide updated information. Program managers reported that case management providers in Mississippi were unable to contact more than 1,000 clients, out of a total of more than 5,000 clients, due to disconnected phone numbers or incorrect addresses. According to the FEMA official, FEMA's information sharing policies under the Privacy Act precluded the agency from providing registration numbers that would have allowed the agency to match cases with clients served through previous programs and more easily identify and contact eligible individuals.³⁰ While FEMA attempted to update information on these clients, a FEMA official told us the work was time consuming because client contact information could be stored in various FEMA databases. In addition, officials from a public

³⁰Under the Privacy Act, an agency may disclose information without the permission of the individual to whom the information relates for a number of statutorily permitted purposes, including if it is determined to be a "routine use"—a use compatible with the purpose for which it was collected. FEMA has published a routine use notice outlining the instances where it may share data from its Disaster Recovery Assistance Files. According to its routine use policy, FEMA can disclose application information as necessary, to prevent duplication of efforts or benefits in determining eligibility for disaster assistance. This could include releasing information to federal, state, and voluntary organizations. This policy does not allow FEMA to provide FEMA registration numbers to organizations that request information. FEMA registration numbers are assigned to victims that apply for FEMA assistance and are used to track claims. FEMA will, however, provide contact information once an appropriate request in writing has been approved. FEMA requires that the organization obtain the FEMA identification number directly from the client before any specific information about FEMA assistance to an individual can be released.

housing authority in Mississippi told us they were notified by HUD that they would receive DHAP clients only 5 days prior to the deadline for processing housing assistance payments for the clients, which was a difficult timeframe to meet.³¹

In addition, some case management providers faced difficulties in obtaining information from FEMA that may have facilitated the coordination of service delivery. To protect the privacy of disaster victims, FEMA shared limited client information, potentially resulting in some eligible hurricane victims not receiving services. For example, according to an official of a case management agency operating in Louisiana and an HHS official, FEMA approached HHS about serving some victims of Hurricanes Katrina and Rita under its pilot disaster case management program for Hurricanes Gustav and Ike. The potential clients were residing in FEMA-provided travel trailers and mobile homes but may not have been receiving case management services because the state-managed pilot program never became operational in Louisiana. However, when the case management agency implementing the HHS pilot requested client information from FEMA to determine whether it was already serving any of these disaster victims and to assess its capacity to serve additional clients, FEMA only provided aggregate data on the number of mobile homes and travel trailers in each parish. The case management agency found this information unusable.³² According to FEMA officials, its routine use policy specifies that for an organization to obtain client-level information, it must indicate a specific service it intends to provide to the disaster victims for which information is requested. As FEMA officials explained to us, such a request for client-level information from the case management agency implementing the HHS pilot would have been denied based on this policy.

Incompatible Databases

Many of the databases used by case management agencies—including those used by KAT, LFRC, and agencies that provided case management services under DHAP—were not compatible, leading to confusion regarding the services clients may have received. As GAO has reported, to

³¹According to HUD officials, the standard DHAP protocols for Phase I and Phase II families would have provided ample time to process a family and make housing assistance payments. For Phase III families, if the housing authority did not receive client information with enough time to make a rental payment by the required date, the landlord was made aware that the payment could be late.

³²It was ultimately determined that victims of Hurricanes Katrina and Rita would not be served under the HHS pilot.

facilitate coordination, agencies need to address the compatibility of data systems to operate across agency boundaries.³³ The incompatibility of the databases made it difficult to track clients across agencies, and some hurricane victims who applied to more than one program may have received duplicate services. For example, clients who received case management services through KAT may have also received services through LFRC, but because the KAT and LFRC databases—the Coordinated Assistance Network database and ServicePoint, respectively—are not compatible, some case management agencies for these two programs may not have been able to screen for duplication of services.³⁴

While case management agencies that operated under KAT and FEMA’s state-managed DCM-P program used the Coordinated Assistance Network database in an effort to facilitate consistent data collection across case management agencies and to report information on their programs, government agencies could not access the system, creating inefficiencies. The database, which offers tools for case management, allows disaster relief organizations to communicate about clients’ needs and services offered. However, because government agencies administering case management programs are not given access to the system, officials from Mississippi who administer FEMA’s state-managed DCM-P program told us they had to incorporate a nonprofit agency as an intermediary in its management structure to access and collect data for the state to report to FEMA. The Mississippi DCM-P program officials considered this process inefficient.

Inconsistent Outreach

Many case management agencies conducted little coordinated outreach, if any, and as a result, those most in need of case management—such as those residing in FEMA group trailer sites—may not have received services. GAO has reported that to achieve a common outcome, partner agencies need to establish strategies that work in concert or are joint in nature to help align their activities and resources.³⁵ Case management agencies we spoke to acknowledged that victims residing in FEMA group

³³ [GAO-06-15](#).

³⁴ According to FEMA, the agency hopes to obtain information concerning the use of compatible tracking systems from their evaluation of pilot programs, which we discuss later in this report. In addition, FEMA officials said that efforts are underway to develop methods for two-way information sharing among various database systems, including those used by FEMA and HUD.

³⁵ [GAO-06-15](#).

sites needed a range of services and may have been those most in need. In addition, we previously reported that FEMA officials said that those who remained in group sites were the hardest to serve people including the elderly, persons with disabilities, and unemployed people.³⁶ According to LFRC officials, there was no coordinated approach for providing case management services among federally funded programs, and without a coordinated approach to case management, residents in these group sites may not have received needed case management. According to a KAT official, KAT case management agencies were not required to conduct outreach to residents in FEMA group sites. In addition, we have previously reported that federal efforts to assist victims of Hurricanes Katrina and Rita with employment, services for families with children, and transportation generally did not target group site residents.³⁷ FEMA's state-managed DCM-P program specifically targeted those in FEMA-funded temporary housing, including group sites. However, in Mississippi, for example, FEMA's housing advisors³⁸ were not always aware of FEMA's DCM-P program, and this lack of coordination led to confusion and frustration among FEMA housing advisors, case managers, and clients, according to Mississippi officials.

³⁶*Disaster Assistance: Federal Efforts to Assist Group Site Residents with Employment, Services for Families with Children, and Transportation*, [GAO-09-81](#) (Washington, D.C.: Dec. 11, 2008).

³⁷Group site residents may have received these services, but data generally do not distinguish group site residents from other recipients. See [GAO-09-81](#).

³⁸FEMA employs housing advisors who recertify disaster victims for continued housing assistance from FEMA. Housing advisors are not case managers. However, they provide housing resource information to disaster victims to assist them in securing permanent housing.

Case Management Agencies Experienced a Range of Service-Delivery Challenges, and As A Result, Those Most in Need of Services May Not Have Been Helped

Staff Turnover and Large Caseloads Were Barriers to Meeting Clients' Needs

According to various sources, some case management agencies experienced high turnover in case managers, which made it difficult to meet clients' needs. For example, one case management agency reported 100 percent turnover in its case managers during the KAT program. An official at this agency said turnover was high because case managers expected a short-term assignment or found the work too emotionally draining. While KAT partners tried to reduce staff turnover through incentive systems such as flex time and bonuses and through staff meetings to determine how best to share resources to support case managers, according to a KAT summary of its quarterly reports, the retention of case managers was an ongoing challenge for maintaining the capacity to serve clients. Similarly, an evaluation of LFRC showed that, in one focus group, six out of nine participants did not know who their current case manager was because of staff changes; others described their replacement case managers as lacking knowledge about available resources.³⁹

Caseloads were generally significantly higher than suggested by program guidance for earlier programs, which adversely affected the assistance provided to clients. KAT guidance suggested that one case manager could handle an average of 20 to 30 cases, and LFRC caseloads were to be limited to 25 clients; however, several case management agencies we spoke with that operated under these programs reported much higher caseloads. For example, some KAT case managers said they had 40 open

³⁹Jacqueline Berman and Yasuyo Abe, *They are Thinking of Today, Not Tomorrow: Evaluation of the Louisiana Family Recovery Corps' Case Management Program and Human Recovery Coordination: Final Report* (Berkeley Policy Associates, Oakland, CA: August 2007).

cases at a time, while other KAT case managers said caseloads were as high as 300 clients per case manager. KAT's summary of its quarterly reports also states that senior management became concerned that new cases were not being opened fast enough and agreed that the pace needed to be accelerated despite case managers' already high caseloads. In addition to KAT, LFRC case management agencies also reported having heavy caseloads; for example, case managers at one LFRC partner agency reported caseloads ranging from 60 to 100 clients. Several factors may have contributed to high caseloads including the magnitude of the disaster and a shortage of case managers. Multiple case management agencies said the number of hurricane victims outnumbered case manager capacity, and some case management agencies had to turn clients away or had waiting lists as a result. For victims who did receive services, case managers may not have been able to build more personal relationships to fully understand clients' recovery needs in order to provide assistance. Case management agencies operating under later programs such as DHAP and the Mississippi DCM-P program have not exceeded required caseload sizes of 50 and 25 cases, respectively. According to a Mississippi DCM-P official, this is because staffing for the program was based on a fixed number of clients.

Clients Had Multiple Needs Including Housing, Employment, and Transportation; However, These Community Resources Were Limited

Case managers said one of the main needs of clients was and continues to be housing; however, housing resources have been limited following the hurricanes. According to program data, approximately 67 percent of KAT clients were displaced from their primary residence as a result of Hurricane Katrina. As GAO previously reported, Hurricane Katrina destroyed or made uninhabitable an estimated 300,000 homes,⁴⁰ and more than 82,000 rental housing units in Louisiana and more than 20,000 rental housing units in Mississippi had major or severe damage following the 2005 Gulf Coast Hurricanes, according to statewide HUD data.⁴¹ We previously reported that under HUD's Community Development Block Grant program—a key program providing federal funds to rebuild housing in Louisiana and Mississippi—the states have used the majority of funding to assist homeowners rather than renters. For example, while Louisiana allocated \$8 billion of \$10.4 billion in Community Development Block

⁴⁰GAO-09-81.

⁴¹GAO, *Gulf Opportunity Zone: States are Allocating Federal Tax Incentives to Finance Low-Income Housing and a Wide Range of Private Facilities*, GAO-08-913 (Washington, D.C.: July 16, 2008).

Grant funding to establish the Road Home program to help homeowners rebuild, \$1.7 of the \$10.4 billion went to rental, low-income housing, and other related housing projects. Further, for the Road Home program, Louisiana estimated a \$2.9 to \$5 billion shortfall in funding to help homeowners.⁴² In addition, we reported that through the Gulf Opportunity Zone Act, which provided low-income housing tax credits to help finance the development of rental housing, only 17 percent of the rental housing units with major or severe damage in the state of Louisiana, and 45 percent of the similarly damaged units in the state of Mississippi, would be addressed.⁴³ The limited availability of housing following Hurricanes Katrina and Rita has made it difficult to help some clients with their recovery needs. For example, HUD officials estimate that approximately 12,000 former DHAP clients may need and be eligible for long-term housing assistance through the Housing Choice Voucher program.⁴⁴ HUD is in the process of transitioning families to this program.

Case managers said that client needs also included employment and transportation, but these community resources were limited. According to the Bureau of Labor Statistics, between August 2005 and August 2006, almost 128,000 jobs were lost in eight areas of Louisiana and Mississippi that were heavily affected by Hurricane Katrina. In addition, an Urban Institute report stated that several hundred thousand former residents of New Orleans and the Gulf Coast lost their jobs as a result of Hurricane Katrina.⁴⁵ Despite some job recovery since Hurricanes Katrina and Rita, some DHAP case managers recently stated that employment was still a common need among their clients. We previously reported that transportation services can provide a vital link to other services and employment for displaced persons;⁴⁶ yet multiple sources stated that clients, particularly those living in FEMA group sites, needed transportation following Hurricanes Katrina and Rita. For example, case

⁴²GAO, *Gulf Coast Rebuilding: Observations on Federal Financial Implications*, [GAO-07-1079T](#) (Washington, D.C.: Aug. 2, 2007).

⁴³[GAO-08-913](#).

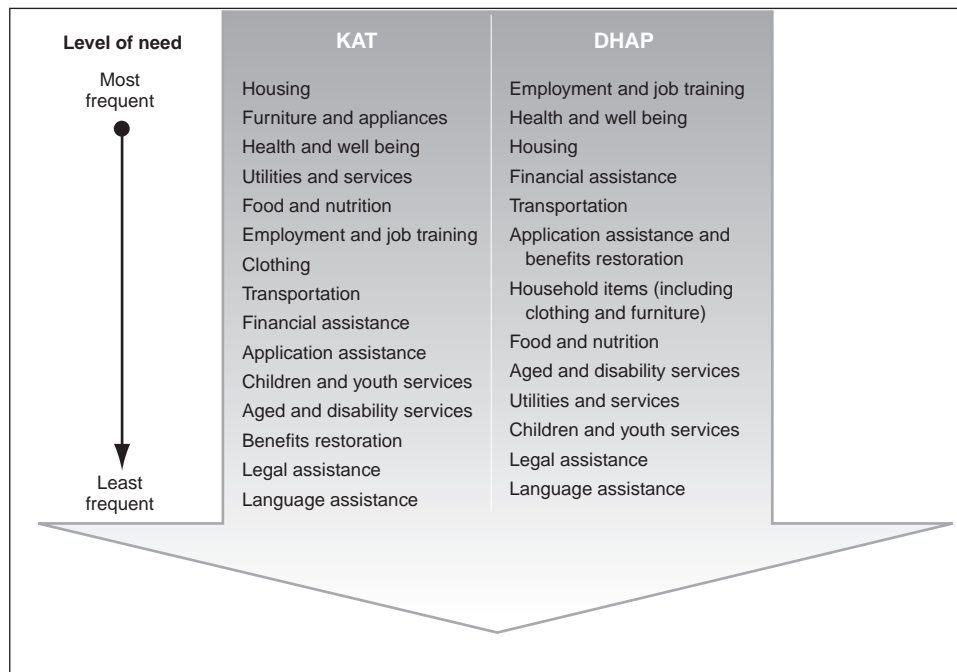
⁴⁴While there were more than 30,000 DHAP clients receiving housing assistance as of January 2009, HUD officials said some clients may not be eligible for long-term housing assistance due to program rules based on income or criminal background, among other factors.

⁴⁵Harry Holzer and Robert Lerman, *Employment Issues and Challenges in Post-Katrina New Orleans*, (Washington, D.C.: The Urban Institute, February 2006).

⁴⁶[GAO-09-81](#).

management officials said lack of access to transportation made it difficult to connect clients living in remote group sites to services such as employment, education, and child care.⁴⁷ Federal agencies developed the LA Moves program to provide free, statewide transit service for residents in Louisiana group sites; however, LA Moves service was limited to FEMA defined “essential services,” specifically, banks, grocery stores, and pharmacies and did not include transportation to welfare-to-work sites, employment, and human and medical services.⁴⁸ Data from KAT and DHAP indicated the types of resources clients needed to aid in their recovery (see fig. 2).

Figure 2: Most to Least Frequently Occurring Client Need by Disaster Case Management Program



Source: GAO analysis of program data.

⁴⁷As we previously reported, FEMA officials stated that given the level of destruction and, in some cases, opposition from communities, FEMA was not always able to locate temporary housing in places with easy access to existing infrastructure. See [GAO-09-81](#).

⁴⁸[GAO-09-81](#).

Note: KAT program data included predefined categories of need. For the DHAP program, we analyzed needs assessment data for those clients with a completed needs assessment and combined variables to create categories comparable to KAT. The DHAP needs assessment did not include individual questions for application assistance, benefits restoration, furniture and appliances, or clothing; as a result, the KAT and DHAP categories are not a one-to-one match.

Case Managers Faced Challenges in Meeting Client Needs Due to Federal Funding Rules on Direct Assistance and Difficulties in Accessing Needed Resources Through the Long-Term Recovery Committee Process

Case management agencies saw the ability to provide direct financial assistance for items such as home repairs, clothing, or furniture as key to helping clients with their basic needs; yet such assistance was not always available. An official from a case management umbrella organization said without direct service funds, short-term needs ultimately can become long-term issues because individuals have to rely on the social service system to fulfill their needs and may become dependent on government assistance rather than becoming self sufficient. For example, a family might come into a case management program with a need for money to fix their roof, but they may not qualify for government assistance outside of disaster case management to repair their home. Direct assistance funds to repair their roof might help them stay on track, but if these funds are unavailable, the family could require long-term housing assistance at a much greater cost. In addition, case management officials said that referrals to other resources were not always available or had waiting lists. For example, an official administering the FEMA state-managed DCM-P program in Mississippi said there were minimal resources available for clients to obtain assistance for needs such as rental and utility deposits. In addition, according to an Urban Institute report, many nonprofit social service organizations that existed before the storms were no longer operating while others may not have been able to operate at their previous capacity due to sustained damage.⁴⁹

Depending on the funding source, some case management agencies could provide direct assistance to clients while others could not. Using emergency TANF and SSBG funds provided by HHS through the state of Louisiana, LFRC case management agencies were allowed to give up to \$3500 in financial assistance to a client. LFRC stipulated in contracts with its case management agencies the types of goods and services allowed as direct assistance, such as living accommodations and transportation. However, according to an evaluation of LFRC, the case management agencies did not have a shared understanding about how funds could be

⁴⁹Jennifer Claire Auer and Linda M. Lampkin, *After Katrina: Open and Operating? An Assessment of Louisiana Nonprofit Health and Human Services after Hurricanes Katrina and Rita*, (Washington, D.C.: The Urban Institute, February 2006).

used, which affected a client's ability to access needed items. For example, some LFRC case management agencies allowed case managers to provide funds for medical costs or labor and material costs to rebuild homes, whereas other LFRC case management agencies did not.⁵⁰ Case management agencies that were part of KAT were not allowed to use dollars from international donations distributed by FEMA on direct assistance to clients. However, KAT case management agencies could refer clients to other organizations or use private funds to provide direct assistance to clients. Case management agencies providing services under FEMA-funded programs, including the state-managed DCM-P program in Mississippi and the DHAP program, could not provide direct assistance. According to a FEMA official, direct assistance was not part of these programs because FEMA already provided direct service funding through the Individual and Households Program. The maximum amount that an individual or household may receive through the Housing Assistance and Other Needs Assistance programs within the Individual and Households Program is statutorily capped at \$25,000,⁵¹ adjusted annually to reflect changes in the Consumer Price Index.⁵² In addition, there are caps on the amount of assistance that can be provided to individuals and households for some items within these programs. For example, FEMA can provide up to \$5,000, also adjusted annually, for home repair assistance. According to case management officials, not all clients qualify for the maximum amount of assistance available through the Individual and Households Program, and a FEMA official noted that the maximum amount may not be enough to meet all disaster-related needs.

According to case managers, the different funding rules on direct assistance resulted in clients "shopping around" for services. Case managers we spoke with stated that some clients went to more than one agency for services to find one that could provide direct assistance, particularly in Louisiana where multiple agencies were providing disaster case management at the same time in the same communities. Since disaster case management programs used different and incompatible

⁵⁰Berman, 2007.

⁵¹See 42 U.S.C. §5174 and 44 C.F.R. §206.110.

⁵²The Housing Assistance program provides assistance for such things as rental housing, home repair, and home replacement. The Other Needs Assistance program includes financial assistance for medical, dental, funeral, personal property, transportation, and other disaster-related expenses not compensated by other means. In 2005, the maximum amount an individual or household could receive through these programs was \$26,200.

databases to record client information, some clients likely received duplicate services since case managers could not track clients across programs. As a result, some hurricane victims may have gone through the intake process more than once with different case managers affiliated with different case management programs, creating additional work for case managers with already high caseloads and preventing them from helping other victims who had not yet received assistance.

While long-term recovery committees were a resource for case managers to obtain direct assistance to address clients' unmet needs, in some cases, utilizing these committees was unsuccessful. Some committees were unable to help clients since the member agencies were depleted of goods or donations to pass on to clients. In addition, case managers also cited challenges in the process of working with these committees. For example, a third-party evaluation of the KAT program⁵³ and officials at one case management agency we interviewed stated that cases received intense scrutiny from committee members, which left case managers intimidated and humiliated. Further, the evaluation of the KAT program indicated there was confusion associated with the long-term recovery committee process because there may have been multiple committees operating in the same area. For example, according to a case management official, if there were several committees in the same county, case managers did not know whether they had to present their cases to each committee individually.⁵⁴ Case management officials we interviewed also said long-term recovery committees were organized differently. For example, one case management official said some committees combined money from all organizations and used the pooled money to assist clients while other committees did not combine funds; without one common funding source, clients could receive assistance from multiple organizations in the same committee, but they did not always receive money in a timely matter since they had to wait on checks from multiple sources.

⁵³Eric Jenner, Lynne W. Jenner, Eva Silvestre, and Maya Matthews-Sterling, *Final Evaluation of the United Methodist Committee of Relief Katrina Aid Today National Case Management Consortium* (New Orleans, LA: The Policy and Research Group, March 2008).

⁵⁴*Ibid.*

Case Managers Said that Program Eligibility Requirements Were a Barrier to Providing Disaster Case Management Services

Eligibility requirements to receive disaster case management services also varied depending on the funding source. Federal funds provided by FEMA for KAT could only be used for victims of Hurricane Katrina, even though a portion of the disaster affected area included victims of Hurricane Rita as well.⁵⁵ LFRC officials said they could not help other hurricane victims such as the elderly residents in FEMA trailer sites because the emergency TANF funds they used restricted their agencies to serving families with children. LFRC eventually received SSBG funds that were not restricted to families with children, which widened eligibility for disaster case management assistance. However, according to an evaluation of the LFRC case management program, expansion of client eligibility was not clearly communicated outside of LFRC, and key stakeholders were not aware that services were available to a wider population; these stakeholders identified this as a shortcoming of the program.⁵⁶

Eligibility guidelines that restricted disaster case management programs to serving those residing in FEMA temporary housing or receiving FEMA housing assistance may have prevented some programs from assisting other individuals or families in need of case management services. Case managers at an agency in Mississippi said they were aware of at least 200 households who needed assistance but were not eligible for services through the FEMA state-managed DCM-P program because they were not in FEMA housing. In addition, officials at a case management provider in Louisiana said there were thousands of families deemed ineligible for FEMA's Louisiana DCM-P program that would have benefited from disaster case management. Data are not available to determine whether ineligible individuals ultimately received services.

⁵⁵The money used to fund KAT came from international donations for Hurricane Katrina victims.

⁵⁶Berman, 2007.

FEMA Plans to Use Evaluations of Pilot Programs to Inform the Development of a Federal Disaster Case Management Program for Future Disasters; However, Some Evaluations Have Limitations

FEMA and other agencies are conducting evaluations of disaster case management pilot programs. FEMA hired a contractor to evaluate the implementation of two FEMA-funded programs—the state-managed DCM-P program in Mississippi and Louisiana and the HHS disaster case management pilot program for victims of Hurricanes Gustav and Ike. The contractor will submit its evaluation to FEMA by June 30, 2009. In addition, a FEMA official said the contractor will likely evaluate, at a later date, the disaster case management portion of the DHAP programs for victims of Hurricanes Katrina, Rita, Gustav and Ike and a DCM-P program in Texas. In addition to FEMA’s evaluation of their programs, HHS provided FEMA with an evaluation of the disaster case management pilot program it administered. HUD and the agency managing the DCM-P program in Mississippi will also provide FEMA with evaluations of the disaster case management pilot programs they administered (see fig. 3). These evaluations vary in scope. For example, the Mississippi Case Management Consortium, the agency managing the Mississippi DCM-P program, is conducting an evaluation that will adhere to program guidance and examine whether the targets and objectives of the state-specific strategies were met. The Consortium will also evaluate financial and programmatic performance to ensure that appropriate disaster case management outcomes were provided for clients of Hurricanes Katrina and Rita. The HUD evaluation of DHAP case management for victims of Hurricanes Katrina and Rita will include, among other areas, an assessment of implementation challenges and successful case management activities.⁵⁷

⁵⁷ According to agency officials, HUD is also conducting a study related to the housing assistance provided under the DHAP program. The goal of this study is to determine how to transition people most effectively from rental assistance to market rate housing following a disaster.

Figure 3: Evaluations of Federally Funded Disaster Case Management Pilot Programs

Agency conducting evaluation	Programs Evaluated					
	Hurricanes Katrina and Rita			Hurricanes Gustav and Ike		
	Mississippi Disaster Case Management Pilot Program	Louisiana Disaster Case Management Pilot Program	Disaster Housing Assistance Program	HHS Disaster Case Management Pilot Program	Texas Disaster Case Management Pilot Program	Disaster Housing Assistance Program
Federal Emergency Management Agency	◐	◐	○	◐	○	○
Department of Health and Human Services (HHS)				●		
Department of Housing and Urban Development			◐			◐
Mississippi Case Management Consortium	◐					

- Evaluation may occur at a later date
- ◐ Evaluation planned or in progress
- Evaluation complete

Source: GAO.

Notes: The agencies listed hired contractors to conduct all, or part, of the evaluations on their behalf.

The evaluations of the Disaster Housing Assistance Program examine the case management portion only.

Neither FEMA’s evaluation nor the HHS or HUD evaluations will provide information on the outcomes of case management services. Unlike an outcome evaluation, which assesses the extent to which a program achieved its outcome-oriented objectives, the FEMA and HHS evaluations are process or implementation evaluations.⁵⁸ According to the statement of

⁵⁸GAO, *Performance Measurement and Evaluation: Definitions and Relationships*, GAO-05-739SP (Washington, D.C.: May 2005).

work for the FEMA evaluation, the contractor will assess program implementation from the time FEMA funded the programs to the time case management services began. For example, the contractor will evaluate whether funds granted were administered within guidelines and compare the planned costs versus actual costs of the programs. However, the contractor will not examine program results, such as whether clients' needs were met and what factors contributed to client outcomes. A FEMA official said the evaluation only focuses on overall implementation rather than the provision of services because they believe the case management process is very similar for all programs. HHS' evaluation examined the early implementation of the disaster case management pilot during the first 2 weeks of the program and developed recommendations regarding this period. According to a HUD official, the data analysis completed by the contractor conducting the evaluation, which was intended to provide information on client outcomes, did not allow HUD to derive substantial conclusions.⁵⁹ Based on its evaluation and those already provided by HHS and HUD, FEMA will not have information on program outcomes for its DCM-P program, the HHS pilot, or DHAP case management services, which could provide information on the results of the various programs such as the extent to which clients' disaster-related needs were met. However, FEMA said that the agency expects to receive other evaluations of the Mississippi DCM-P program and HHS pilot that may provide information on individual program outcomes. Further, these evaluations will provide limited information to assess the causes and results of challenges we have identified, including barriers to coordination and information sharing.

In addition, FEMA's evaluation of all of the disaster case management pilot programs is limited in that stakeholders were not asked to provide input regarding the evaluation design. According to the American Evaluation Association's Guiding Principles for Evaluators, evaluations should include relevant perspectives and interests of the full range of stakeholders. The statement of work for FEMA's evaluation required that the contractor consult FEMA and other stakeholders in identifying performance measures, setting performance standards, and designing the

⁵⁹According to agency officials, HUD is currently utilizing additional approaches to reach conclusions about client outcomes and the effectiveness of the DHAP case management program for victims of Hurricanes Katrina and Rita. In addition, HUD said the department collected qualitative information regarding challenges associated with DHAP-Katrina case management, which is being used to develop lessons learned and case management best practices.

evaluation. FEMA officials said they contacted HHS officials early on in the development of the evaluation; however, officials at HHS and at the case management provider implementing the HHS pilot said they had no involvement in designing FEMA's evaluation and had not been contacted to provide input. FEMA officials also stated that they did not ask other organizations for input on their evaluation design. As a result, stakeholders that likely had more intimate knowledge about the programs evaluated by FEMA's contractor were not able to provide input that may have strengthened the evaluation.

Using information from its evaluation and those from other agencies, FEMA will develop a model for a federal disaster case management program for future disasters. However, a FEMA official said FEMA does not have a time line or goal for developing this program. Establishing a time line that includes major activities that need to take place and completion dates for all activities leading up to them can help to identify potential problems that could arise during program development and determine whether the time line is realistic and achievable. Until FEMA develops its disaster case management program, providing federal funds for disaster case management services will be done on a case-by-case basis, depending on the magnitude of the disaster. In addition, while stakeholders were not involved in designing FEMA's program evaluation, FEMA officials told us they will have stakeholder meetings when they develop the future federal disaster case management program.

Conclusions

Federally funded disaster case management programs following Hurricanes Katrina and Rita faced unprecedented challenges, in part because of the sheer size of the disaster, yet they played a key role in assisting individuals and families in their recovery and will remain a component of future disaster recovery efforts. The scarcity of significant community resources has continued to limit the ability of case management agencies to make referrals and connect clients to needed resources. More than 3 years after Hurricanes Katrina and Rita made landfall on the Gulf Coast, many individuals and families remain in temporary housing, have yet to regain employment, and continue to need other services to rebuild their lives.

As the federal government seeks to improve its overall disaster response, a critical component in doing so is FEMA's development of a single, federal disaster case management program. However, the time line for creating this program has not yet been established. Providing disaster case management services on a case-by-case basis will likely result in many of

the same problems we identified for Hurricane Katrina and Hurricane Rita programs; however, establishing a single program may address some of these challenges—such as those related to gaps in funding and insufficient coordination—and also help ensure that scarce resources are used effectively. Developing a time line for this program is critical to help FEMA and other organizations better plan given the uncertainty of when and how large the next major disaster will be.

Given the magnitude of devastation caused by Hurricanes Katrina and Rita, we recognize the efforts made by multiple federal agencies to meet the overwhelming need for disaster case management services. But difficulties in coordinating various stakeholders, both federal and nonfederal, may provide lessons learned for providing services following future disasters. FEMA's role for coordinating disaster case management was not explicit at the time of Hurricanes Katrina and Rita, and initial coordination activities among federal agencies and case management providers were minimal following the hurricanes. This lack of coordination contributed to a lack of timely information sharing and uncoordinated outreach, which was exacerbated by incompatible databases. In addition, absent sufficient coordination, case management agencies experienced challenges in delivering services. Improving coordination among federal and nonfederal stakeholders that provide disaster response and recovery services, such as state governments, voluntary agencies, and community-based recovery organizations, could help overcome these challenges and help ensure that those most in need of services are reached, that federal and state entities and case management agencies have accurate client information to provide timely service delivery and avoid duplication of services, and that victims receive the specific services and assistance required for recovery.

Although significant federal resources were expended to provide disaster case management services to victims after Hurricanes Katrina and Rita, there remain important gaps in our understanding of how well these programs worked and what could be done to improve future case management programs. While existing evaluations will address some of these gaps, a better understanding of program results—including whether those most in need received services, client outcomes, factors that contribute to those outcomes, and the role of specific services such as direct assistance and long-term recovery committees—may require further study. It is only by conducting additional evaluations that not only cover these issues, but also involve all stakeholders and address limitations of existing data sources, that policymakers will have the information they

need to identify and quantify needs and develop more effective case management programs for future disasters.

Recommendations for Executive Action

We recommend that the Secretary of the Department of Homeland Security direct the Administrator of FEMA to take the following three actions:

1. Establish a realistic and achievable time line for designing and implementing a single, federal disaster case management program for future disasters.
2. Ensure that the federal disaster case management program FEMA develops includes practices to enhance and sustain coordination among federal and nonfederal stakeholders.
3. Conduct an outcome evaluation to determine the results of disaster case management pilot programs that have assisted victims of Hurricanes Katrina and Rita, as well as pilot programs for victims of subsequent disasters. Such an evaluation will further inform the development of the federal disaster case management program for future disasters.

Agency Comments and Our Evaluation

We provided a draft of this report to HHS, the Department of Homeland Security's (DHS) FEMA, and HUD for review and comments. HHS' Administration for Children and Families reviewed the report on behalf of the department and provided a technical comment, which we incorporated into the report. FEMA provided comments that are reproduced in appendix II. HUD's Office of Public and Indian Housing provided comments on behalf of the department that are reproduced in appendix III.

FEMA agreed with our recommendations and is taking steps to address them. FEMA said the agency is actively pursuing all program development requirements for the single, federal disaster case management program, and once those requirements are identified, will create a work plan to assist in addressing the challenges GAO identified and to establish a time line for developing the program. FEMA also stated that it will coordinate with stakeholders to ensure that the future program includes practices to enhance or sustain coordination by establishing a disaster case management program team with HHS that will develop plans for the future program. In addition, FEMA said it will host stakeholder meetings to discuss the results of the evaluations of disaster case management pilot programs and long-range program planning. Further, FEMA said it is

modifying its existing evaluation of disaster case management pilot programs to include a detailed review of the results of the independent evaluations of the pilot programs and to also evaluate the Texas DCM-P program and the case management portion of DHAP. However, we continue to believe FEMA should conduct an outcome evaluation to determine the results of disaster case management pilot programs; such an evaluation would assess whether those most in need received services, client outcomes, factors that contribute to those outcomes, and the role of specific services such as direct assistance and long-term recovery committees. FEMA also provided technical comments, which we incorporated into the report as appropriate.

HUD generally agreed with our recommendations but requested that our recommendation to include practices to enhance and sustain coordination in the new federal disaster case management program include additional detail about the role of HUD. However, we did not revise our recommendation as HUD's role in disaster case management remains unknown pending FEMA's development of this program. Regarding our report findings, HUD disagreed with our characterization of the department's monitoring of disaster case management services after Hurricanes Katrina and Rita. We revised the report to better reflect HUD's efforts in this area. Further, HUD provided additional information on its efforts to evaluate the case management portion of DHAP for victims of Hurricanes Katrina and Rita, and for victims of Hurricanes Gustav and Ike, as well as its efforts to collect qualitative information during its evaluation process. We also incorporated this information in the report. HUD provided additional comments to enhance or clarify information in the report, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies to appropriate congressional committees, HHS, the Department of Homeland Security, HUD, and other interested parties. The report will also be available at no charge on the GAO Web site at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or brownke@gao.gov. Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page of this report. Key contributors to this report are listed in appendix IV.

Kay C. Brown

Kay Brown
Director, Education, Workforce,
and Income Security Issues

Appendix I: Objectives, Scope, and Methodology

The objectives of this report were to determine (1) what steps the federal government took to support disaster case management programs after Hurricanes Katrina and Rita, (2) how federal agencies oversaw the implementation of these disaster case management programs, (3) the challenges case management agencies experienced in delivering disaster case management services under federally funded programs, and (4) how previous or existing federally funded disaster case management programs will be used to inform the development of a federal case management program for future disasters.

For our study, we limited our review of federally funded disaster case management programs to Louisiana and Mississippi as these were the states most directly affected by Hurricanes Katrina and Rita, and we conducted site visits to Baton Rouge and New Orleans, Louisiana; and Biloxi, Gulfport, Moss Point, Jackson, and Pascagoula, Mississippi. To inform our findings, we interviewed federal agencies and state government agencies involved in disaster case management, case management providers, and academic organizations. See table 1 for a comprehensive list of the organizations we interviewed. We conducted these interviews in person or by phone. We focused our interviews on disaster case management providers who served clients in Louisiana and Mississippi and selected interviewees to ensure that we spoke to representatives from a range of appropriate organizations serving victims of Hurricanes Katrina and Rita. We spoke to the majority of disaster case management providers in both states for the Katrina Aid Today (KAT) program, selected providers in both states for the Disaster Housing Assistance Program (DHAP), and selected providers for the state-managed Disaster Case Management pilot program in Mississippi. We did not interview disaster case management providers who served victims that relocated to other states. The views of the disaster case management providers we spoke with cannot be generalized to all disaster case management organizations that served victims of Hurricanes Katrina and Rita.

Table 1: List of Organizations Interviewed

Federal agencies	
	Department of Health and Human Services (HHS)
	Department of Housing and Urban Development (HUD)
	Federal Emergency Management Agency (FEMA)
	Office of the Federal Coordinator for Gulf Coast Rebuilding
State agencies	
Louisiana	Department of Social Services
	Louisiana Recovery Authority
Mississippi	Department of Human Services
	Governor's Office of Recovery and Renewal
	Mississippi Commission on Volunteer Services
Case management providers	
National level	Catholic Charities USA
	Katrina Aid Today
	United Methodist Committee on Relief
By state	
Louisiana	Advocacy Center Louisiana
	Catholic Charities, Baton Rouge
	Catholic Charities, New Orleans
	DHAP Greater New Orleans
	Greater New Orleans Disaster Recovery Partnership
	Jefferson Parish Housing Authority
	Louisiana Family Recovery Corps
	Salvation Army, New Orleans
	St. Vincent de Paul, Baton Rouge
	Volunteers of America, New Orleans
Mississippi	Biloxi Housing Authority
	Boat People SOS
	Catholic Charities, Biloxi
	International Relief and Development
	Jackson County Civic Action Committee
	Lutheran Episcopal Services Ministry
	Mississippi Case Management Consortium
	Mississippi Protection and Advocacy Agency
	Mississippi Regional Housing Authority VI
	Pilgrim Rest

Recover, Rebuild, Restore Southeast Mississippi
Salvation Army, Jackson

Academic organizations

Louisiana State University
The Urban Institute

Source: GAO

To determine what steps the federal government took to support disaster case management programs after Hurricanes Katrina and Rita, we reviewed the roles and responsibilities of the federal government for disaster recovery services. We also reviewed federal laws, regulations, and guidance related to the federally funded disaster case management programs established to assist victims of Hurricanes Katrina and Rita, including the federal government’s authority to establish or fund post-disaster case management programs. We interviewed officials from the Federal Emergency Management Agency (FEMA), the Department of Health and Human Services (HHS), and the Department of Housing and Urban Development (HUD), as FEMA and HHS funds were used for disaster case management programs to assist victims of Hurricanes of Katrina and Rita, and HUD administered one of these programs. We also interviewed disaster case management providers to determine what impact breaks in federal funding had on their agencies and on the disaster victims.

To determine how federal agencies oversaw the implementation of federally funded disaster case management programs, we reviewed program guidance for federally funded disaster case management programs for victims of Hurricanes Katrina and Rita and interviewed officials from FEMA and HUD regarding their oversight responsibilities, including their review of disaster case management data. We also analyzed the reliability and completeness of data on KAT clients from the Coordinated Assistance Network database, and we spoke to officials who were knowledgeable about the database. We reviewed FEMA’s National Response Plan and National Response Framework to determine what role the federal government had in coordinating the delivery of human services following a disaster. We also reviewed previous GAO work to identify best practices for coordination among federal agencies, practices to sustain coordination, and the importance of information sharing. We interviewed officials from federal agencies and case management providers to determine whether they adhered to best practices and what challenges they faced in coordinating and sharing information.

To determine what challenges case management agencies experienced in delivering federally funded disaster case management services, we conducted a content analysis of interviews with federal agencies, case management providers, and academic organizations regarding disaster case management services for victims of Hurricanes Katrina and Rita. Some interviews were conducted by other GAO teams doing work related to Hurricanes Katrina and Rita. Through an iterative process we developed a general list of challenges, grouped them, and assigned them a specific category of challenge such as agency resource constraint or community resource constraint. We reported on commonly identified challenges and provided relevant examples of each. We also reviewed evaluations of the federally funded disaster case management programs, relevant federal laws, and previous GAO work to support our findings. In addition, to obtain information on the needs of disaster case management clients, we obtained summary level data on KAT clients from the Coordinated Assistance Network database maintained by the American Red Cross, and we received record-level data on DHAP case management clients from HUD's Tracking-at-a-Glance database. To assess the reliability of the data needed to address this objective, we checked the data for obvious errors in accuracy and completeness, reviewed existing information about these data, and interviewed officials knowledgeable about the data. We determined that the data we used for this objective were sufficiently reliable.

To determine how previous or existing federally funded case management programs will be used to inform the development of a federal case management program for future disasters, we interviewed officials from FEMA, HUD, HHS, and case management providers regarding the evaluations of disaster case management programs. We also spoke with officials from the contractor hired by FEMA for its evaluation of disaster case management pilot programs. We reviewed documentation, such as program guidance and statements of work on agencies' evaluations of disaster case management programs.

We conducted this performance audit from May 2008 to July 2009, in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix II: Comments from the Department of Homeland Security

U.S. Department of Homeland Security
Washington, DC 20528



**Homeland
Security**

June 22, 2009

Kay E. Brown, Director
Education, Workforce,
and Income Security Issues
Government Accountability Office
Washington, D.C. 20548

Dear Ms. Brown:

Thank you for the opportunity to comment on the draft report GAO-09-561 "Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management." The Department of Homeland Security appreciates the work in planning and conducting and issuing this report.

The following is our response to the recommendations.

Recommendation: Create a timeline for the establishment of the Disaster Case Management (DCM) Program.

Response: Concur. The report states that FEMA should create a timeline for the establishment of the DCM Program. Even prior to the GAO's draft report, FEMA's program office has been working closely with the FEMA Grant Programs Directorate and Office of Chief Counsel to actively pursue all program development requirements. Once those requirements are identified, FEMA will create a program development work plan to assist in addressing the challenges identified in the draft report and identify a timeline for the establishment of the DCM Program.

Recommendation: Ensure that the program includes practices to enhance and sustain coordination among federal and nonfederal stakeholders.

Response: Concur. In regards to ensuring that the DCM Program includes practices to enhance and sustain coordination among federal and non-federal stakeholders, FEMA is working closely with the U.S. Department of Health and Human Services' Administration for Children and Families (ACF) to establish a DCM Program management team. The team intends to meet bi-weekly to further develop plans for a proposed DCM Program model that is a hybrid between the FEMA State-managed DCM-P and the pilot implemented by ACF. Additionally, once evaluation results from each pilot are completed, FEMA intends to host DCM stakeholder meetings, with both federal and non-federal partners, to discuss the pilot evaluation results and long range program planning.

**Appendix II: Comments from the Department
of Homeland Security**

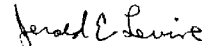
- 2 -

Recommendation: Conduct an outcome evaluation to determine the results of the DCM-P Programs that have assisted victims of Hurricanes Katrina and Rita as well as pilot programs for victims of subsequent disasters.

Response: Concur. FEMA is working to complete all appropriate documentation to modify the existing DCM-P evaluation project. The modification includes a detailed review of the evaluation results collected by each DCM-P. In addition, the modification will expand to include an evaluation of the Texas DCM-P and the U.S. Housing and Urban Development's Disaster Housing Assistance Program's case management component. It is also FEMA's intent that the pilot evaluation project will establish common data collection points for future reporting and provide FEMA with evaluation tools that will become the standard data collection information for the DCM Program.

Thank you for the opportunity to provide comments to the draft report.

Sincerely,



Jerald E. Levine

Director

Departmental GAO/OIG Liaison Office

Appendix III: Comments from the Department of Housing and Urban Development



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-5000

OFFICE OF PUBLIC AND INDIAN HOUSING

JUN 02 2009

Ms. Kay E. Brown
Director
Education, Workforce, and Income Security Issues
U. S. Government Accountability Office
441 G Street, NW
Washington, DC 20548

Dear Ms. Brown:

The Office of Public and Indian Housing has reviewed the draft report on Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management (GAO-09-561). Enclosed are my written comments concerning your report.

Please contact Tony Hebert at (202) 402-7387, if you have any questions.

Sincerely,

for Deborah Skumand
Paula O. Blunt
General Deputy Assistant Secretary
for Public and Indian Housing

Enclosure

www.hud.gov

espanol.hud.gov

**Office of Public Housing and Voucher Programs
Disaster Housing Programs
Comments on GAO 09-561**

1. Highlights Page: The second paragraph states that HUD's initial monitoring of case management services was limited. The Department disagrees with this characterization. HUD closely monitored grantees throughout the duration of case management services under the Disaster Housing Assistance Program – Katrina / Gustav (DHAP-Katrina). Programs were monitored through a case management tracking system, program assessments, on-site monitoring visits and on-site training visits. Monitoring was done by HUD headquarters staff, HUD field staff, and HUD's case management contractor. The case management contractor provided technical assistance staff for both on-site and remote monitoring of grantees across the entire DHAP-Katrina portfolio. In addition, contract staff based in Gulf Coast states conducted regular on-site monitoring across large and low performing grantees, particularly at the front end of the program to ensure that grantees were effectively implementing case management programs. GAO indicates that HUD and FEMA both provided only minimal initial monitoring, yet in subsequent sentences GAO states that HUD provided additional monitoring. The statements in this section regarding HUD's monitoring efforts are inconsistent with other information provided by GAO within the report and HUD's standard operating procedures under DHAP-Katrina.
2. Highlights Page Recommendation: GAO recommends that FEMA "evaluate outcomes of disaster case management pilot programs to inform the development of this program." The U.S. Department of the Housing and Urban Development (HUD) agrees in part with this recommendation and will investigate the effectiveness of its case management to date as part of a study of DHAP. HUD's Office of Policy Development and Research (PD&R) is conducting a Disaster Housing Assistance Program (DHAP) Incremental Rent Transition Study. This study will compare families transitioning from stepped-up rents (i.e., Phase I families) and \$0 rent (i.e., Phase II/Phase III families) to market rate or assisted housing and measure their outcomes over time. This Information Collection would enable the Department to answer the question of how do you transition people most effectively from rental assistance to market rate housing after a disaster. Additionally, since DHAP differs from the regular Housing Choice Voucher (HCV) program, this study will enable HUD to see if DHAP vouchers and their differential rents are having a different effect on housing, employment, education, health, and other outcomes after DHAP ends February 28, 2009. See Notice of Submission of Proposed Information Collection to OMB, FR-5187-N-69. Further, the report provides recommendations for FEMA, but doesn't provide adequate details on the recommendation for coordination of other stakeholders such as HUD and HHS with FEMA. It would be informative for HUD if the report were revised to provide specific desired outcomes for HUD in disaster planning as it relates to the challenges described in the report.
3. Page 9, Paragraph 3: The Mississippi Case Management Consortium (MCMC) under FEMA's DCM-P only provided case management services to DHAP-Katrina families newly referred after August 5, 2008 in the state of Mississippi. The total number of DHAP-Katrina families served by the MCMC through the DCM-P in Mississippi was 459 families. This

paragraph overstates the role MCMC played in providing case management services to DHAP-Katrina families.

4. Page 9, Paragraph 3: GAO states that most DHAP-Katrina clients will receive rental assistance under the DHAP-Katrina Transitional Closeout Plan through August 31, 2009. While rental assistance will be provided until August 2009, not all families will receive this assistance through the end of the closeout program. Many families will convert to the Housing Choice Voucher (HCV) program through HUD's DHAP to HCV conversion process. Others will transition off of the program through HUD's Incremental Rent Transition (IRT). Under this process, the amount of housing assistance provided to each family is reduced by \$100 each month. If at any point the housing assistance payment is zero, the family transitions off of the program. Since the start of the DHAP-Katrina Transitional Closeout Plan, thousands of families have either converted to the HCV program or transitioned off of DHAP assistance through the IRT process.
5. Page 11 (sub-title) and Page 13, Paragraph 2: HUD's approach to monitoring DHAP-Katrina sites focused on intensive initial monitoring of all sites to ensure proper implementation and follow-up monitoring with large and low performing sites over the life of the program. The data reported by DHAP-Katrina grantees through the case management tracking software (Tracking-at-a-Glance) allowed HUD to develop program assessments which enabled the Department to target both technical assistance and monitoring to low performing sites. HUD's monitoring of case management programs under DHAP-Katrina was both strategic and sustained. In addition, the Department organized roundtable discussions and regional training sessions in Louisiana and Texas to provide program updates, policy reviews, and additional technical assistance. Ongoing training was also provided for case managers through a variety of methods: on-site, telephone, webinars, and via email until the end of the program.
6. Page 14, Paragraph 2 and Page 15, Paragraph 1: GAO states that a Mississippi housing agency received short notice to process housing payments for DHAP-Katrina clients. Under the standard DHAP-Katrina protocols for Phase I and Phase II families, DHAP-Katrina grantees had ample time to process a family and make housing assistance payments by the lease effective date of the Disaster Rent Subsidy Contract (DRSC). For Phase III families, housing agencies were provided completed DHAP participant packets, and the agency merely had to process the housing payment. If the housing authority received the packet at a time that made it difficult to make a rental payment based on the agency schedule or lease effective date, the landlord was made well aware and fully understood that the rental payment could be late due to the nature of the process.
7. Page 18, paragraph 1: HUD's initial estimate was that approximately 12,000 DHAP-Katrina families may ultimately need and be eligible for HCVs provided under a special \$85 million appropriation of HCVs targeting DHAP-Katrina families. The conversion of these families from the DHAP-Katrina Transitional Closeout Program to the HCV program is currently in process.

**Appendix III: Comments from the Department
of Housing and Urban Development**

8. Page 23, Chart: HUD plans to conduct two evaluations of the DHAP-Ike case management program. One will focus on process and lessons learned. The second will analyze program data and family outcomes. HUD's Office of Policy Development and Research (PD&R) is working with program staff on these efforts to ensure that both evaluations provide comprehensive assessments of the DHAP-Ike case management program.
9. Page 24, Paragraph 1: GAO notes that HUD was unable to derive substantial conclusions from its initial evaluation of the DHAP-Katrina case management data. Presently, the Department is utilizing additional approaches to reach conclusions about client outcomes and the effectiveness of the DHAP-Katrina case management program. GAO states that current evaluations provide limited information on outcomes and program elements that need improvement. However, the Department conducted structured interviews with housing agencies and case management providers to determine their perspectives on DHAP-Katrina case management and service provision to persons with disabilities. This qualitative data provided useful information regarding challenges associated with DHAP-Katrina case management. Data from these process interviews is being used to develop lessons learned and case management best practices.
10. Page 26: GAO recommends that federal agencies conduct outcome based evaluations on future disaster case management programs. The Department agrees with this recommendation, and has already engaged evaluation partners to evaluate DHAP-Ike family outcomes and implementation processes.

Appendix IV: GAO Contacts and Acknowledgments

GAO Contact

Kay E. Brown, (202) 512-7215 or brownke@gao.gov

Staff Acknowledgments

Kathryn A. Larin, Assistant Director; Melinda Bowman; Nisha R. Hazra; and Charlene M. Johnson made significant contributions to this report. Molly Traci also made key contributions. In addition, Doreen Feldman and Sheila McCoy provided legal assistance; Cynthia L. Grant and Walter K. Vance analyzed and assessed the reliability of data; Susan Aschoff assisted in report development; Mimi Nguyen developed the report's graphics; and Carolyn Blocker, Beth Faraguna, Lise Levie, Suneeti Shah, Barbara Steel-Lowney, and Nyree Ryder Tee verified our findings.

Related GAO Products

Gulf Coast Disaster Recovery: Community Development Block Grant Program Guidance to States Needs to Be Improved. [GAO-09-541](#). Washington, D.C.: June 19, 2009.

Hurricanes Gustav and Ike Disaster Assistance: FEMA Strengthened Its Fraud Prevention Controls, but Customer Service Needs Improvement. [GAO-09-671](#). Washington, D.C.: June 19, 2009.

National Preparedness: FEMA Has Made Progress, but Needs to Complete and Integrate Planning, Exercise, and Assessment Efforts. [GAO-09-369](#). Washington, D.C.: May 7, 2009.

Office of the Federal Coordinator for Gulf Coast Rebuilding: Perspectives and Observations. [GAO-09-411R](#). Washington, D.C.: April 10, 2009.

Emergency Management: Actions to Implement Select Provisions of the Post-Katrina Emergency Management Reform Act. [GAO-09-433T](#). Washington, D.C.: March 17, 2009.

Disaster Recovery: Past Experiences Offer Recovery Lessons for Hurricanes Ike and Gustav and Future Disasters. [GAO-09-437T](#). Washington, D.C.: March 3, 2009.

Disaster Recovery: FEMA's Public Assistance Grant Program Experienced Challenges with Gulf Coast Rebuilding. [GAO-09-129](#). Washington, D.C.: December 18, 2008.

Disaster Assistance: Federal Efforts to Assist Group Site Residents with Employment, Services for Families with Children, and Transportation. [GAO-09-81](#). Washington, D.C.: December 11, 2008.

Actions Taken to Implement the Post-Katrina Emergency Management Reform Act of 2006. [GAO-09-59R](#). Washington, D.C.: November 21, 2008.

Disaster Recovery: Past Experiences Offer Insights for Recovering from Hurricanes Ike and Gustav and Other Recent Natural Disasters. [GAO-08-1120](#). Washington, D.C.: September 26, 2008.

Mass Care in Disasters: FEMA Should Update the Red Cross Role in Catastrophic Events and More Fully Assess Voluntary Organizations' Mass Care Capabilities. [GAO-08-1175T](#). Washington, D.C.: September 23, 2008.

Voluntary Organizations: FEMA Should More Fully Assess Organization's Mass Care Capabilities and Update the Red Cross Role in Catastrophic Events. [GAO-08-823](#). Washington, D.C.: September 18, 2008.

Gulf Opportunity Zone: States Are Allocating Federal Tax Incentives to Finance Low-Income Housing and a Wide Range of Private Facilities. [GAO-08-913](#). Washington, D.C.: July 16, 2008.

National Response Framework: FEMA Needs Policies and Procedures to Better Integrate Non-Federal Stakeholders in the Revision Process. [GAO-08-768](#). Washington, D.C.: June 11, 2008.

Catastrophic Disasters: Federal Efforts Help States Prepare for and Respond to Psychological Consequences, but FEMA's Crisis Counseling Program Needs Improvements. [GAO-08-22](#). Washington, D.C.: February 29, 2008.

National Disaster Response: FEMA Should Take Action to Improve Capacity and Coordination between Government and Voluntary Sectors. [GAO-08-369](#). Washington, D.C.: February 27, 2008.

Emergency Transit Assistance: Federal Funding for Recent Disasters, and Options for the Future. [GAO-08-243](#). Washington, D.C.: February 15, 2008.

Gulf Coast Rebuilding: Observations on Federal Financial Implications. [GAO-07-1079T](#). Washington, D.C.: August 2, 2007.

Homeland Security: Observations on DHS and FEMA Efforts to Prepare for and Respond to Major and Catastrophic Disasters and Address Related Recommendations and Legislation. [GAO-07-1142T](#). Washington, D.C.: July 31, 2007.

For more GAO products related to disaster preparedness, response, and reconstruction visit the Topic Collections page on GAO's Web site, www.gao.gov.

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