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Testimony

Before the Ad Hoc Subcommittee on
Disaster Recovery, Committee on
Homeland Security and Governmental
Affairs, U.S. Senate

For Release on Delivery
Expected at 2:30 p.m. EST
Wednesday, December 2, 2009

DISASTER ASSISTANCE

Improvements in Providing Federal Disaster Case Management Services Could Help Agencies Better Assist Victims

Statement of Kay E. Brown, Director
Education, Workforce, and Income Security



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Highlights

Highlights of [GAO-10-278T](#), a testimony to the Ad Hoc Subcommittee on Disaster Recovery, Committee on Homeland Security and Governmental Affairs, U.S. Senate

Why GAO Did This Study

As a result of the damage caused by Hurricanes Katrina and Rita in 2005, the federal government funded several disaster case management programs. These programs help victims access services for disaster-related needs. This testimony addresses the following questions: 1) How did the federal government support disaster case management programs after Hurricanes Katrina and Rita, and how did federal agencies coordinate their efforts?; 2) What challenges did disaster case management agencies experience in delivering services under federally funded programs?; and 3) How will previous or existing federally funded programs be used to inform the development of a federal case management program for future disasters?

This testimony is based on a July 2009 report (GAO-09-561). To complete this report GAO reviewed federal laws, regulations, and guidance, obtained data from two programs, conducted site visits to Louisiana and Mississippi, and interviewed case management providers and federal and state officials. For this testimony, GAO updated certain information.

What GAO Recommends

In our July 2009 report, GAO recommended that FEMA improve coordination and create a time line for its new disaster case management program, and examine pilot program outcomes to develop the program. FEMA agreed with our recommendations. GAO is making no new recommendations.

View [GAO-10-278T](#) or key components. For more information, contact Kay E. Brown at (202) 512-7215 or brownke@gao.gov.

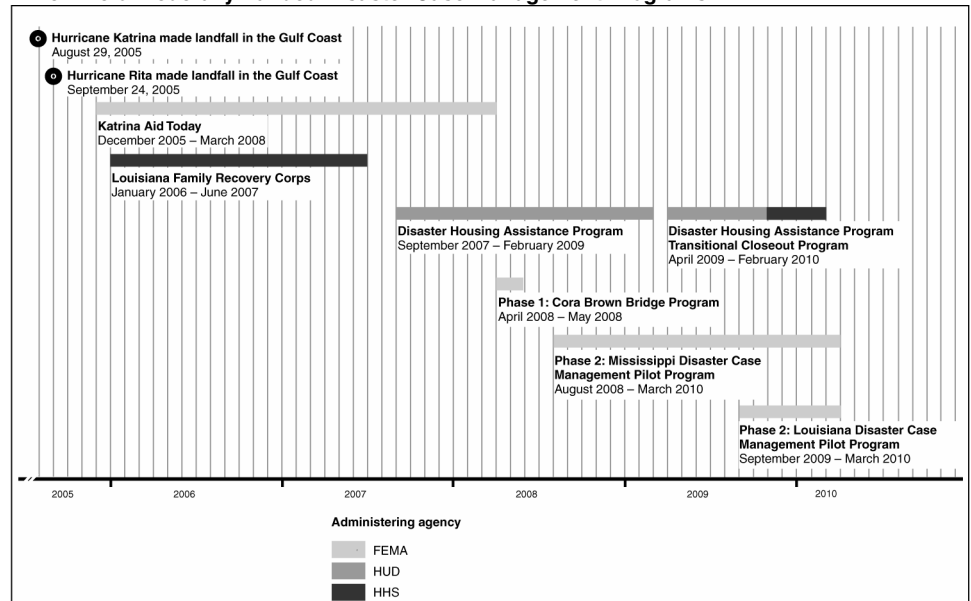
DISASTER ASSISTANCE

Improvements in Providing Federal Disaster Case Management Services Could Help Agencies Better Assist Victims

What GAO Found

The federal government provided more than \$231 million to support disaster case management programs for victims of Hurricanes Katrina and Rita; however, breaks in federal funding hindered service delivery, and federal agencies and case management agencies faced coordination challenges. (See fig.) A lack of accurate and timely information sharing and incompatible data systems may have left some victims most in need without access to disaster case management services.

Time Line of Federally Funded Disaster Case Management Programs



Source: GAO.

Case management agencies experienced challenges in delivering federally funded disaster case management services due to staff turnover and large caseloads, limited community resources, federal funding rules, and a lack of coordinated outreach. For example, 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 case management agencies that provided services under FEMA-funded programs could not provide direct financial assistance. Long-term recovery committees were a resource for case management agencies to obtain direct assistance, but utilizing these committees was sometimes unsuccessful.

Ongoing evaluations of disaster case management pilot programs will inform the development of a federal disaster case management program, but to date, little is known about program outcomes. FEMA plans to analyze third-party evaluations submitted by the agencies administering the pilot programs to determine lessons learned and best practices for the future. According to an agency official, FEMA hopes to formalize the new program in June 2010.

Madam Chairman and Members of the Subcommittee:

I appreciate the opportunity to participate in today's discussion on disaster case management and to provide highlights of our July 2009 report entitled *Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management*.¹ Hurricanes Katrina and Rita caused approximately \$90 billion in property damage, destroyed over 300,000 homes, and displaced more than 1 million people from some of the poorest communities in the country when they struck the Gulf Coast in August and September 2005. To assist victims with their recovery, the federal government stepped in and, for the first time, provided more than \$231 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 our report, we estimated that up to 116,000 families affected by Hurricanes Katrina and Rita received federally funded disaster case management services.²

My statement today, based on our July 2009 report, addresses the following questions: 1) How did the federal government support disaster case management programs after Hurricanes Katrina and Rita, and how did federal agencies coordinate their efforts? 2) What challenges did case management agencies experience in delivering disaster case management services under federally funded programs? and 3) How will previous or existing federally funded programs be used to inform the development of a federal case management program for future disasters?

To prepare the report, we reviewed the roles and responsibilities of the federal government for disaster recovery services, as well as federal laws, regulations, and guidance for the federally funded disaster case management programs established to assist victims of Hurricanes Katrina and Rita. We interviewed federal officials from the Federal Emergency Management Agency (FEMA), the Department of Housing and Urban

¹GAO, *Disaster Assistance: Greater Coordination and an Evaluation of Programs' Outcomes Could Improve Disaster Case Management*, [GAO-09-561](#) (Washington, D.C.: July 8, 2009).

²This 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.

Development (HUD), and the Department of Health and Human Services (HHS). We conducted site visits to Louisiana and Mississippi and interviewed organizations involved in disaster case management in those states. We also obtained data on clients in two disaster case management programs and used only those data elements we found to be sufficiently reliable for the purposes of our work. We conducted the performance audit from May 2008 to July 2009 and updated information in November 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. A detailed explanation of our methodology is included in our July 2009 report.

In summary, we found that FEMA, HHS, and HUD supported disaster case management programs following Hurricanes Katrina and Rita. However, breaks in federal funding and coordination challenges adversely affected the delivery of disaster case management services to some hurricane victims. Coordination challenges included a lack of accurate and timely information sharing and incompatible data systems. In addition, case management agencies experienced challenges in delivering services due to large caseloads, limited community resources, federal funding rules, and a lack of coordinated outreach. For future disasters, FEMA is developing a federal case management program based on evaluations of several disaster case management pilot programs. However, we found that FEMA had not established a time line for developing this program, and some of the evaluations had limitations, such as a lack of information on program outcomes. In our report, we recommended that FEMA establish a realistic and achievable time line for designing and implementing a single, federal, disaster case management program for future disasters, conduct an outcome evaluation to determine the results of the disaster case management pilot programs, and ensure that the federal disaster case management program it develops includes practices to enhance and sustain coordination among federal and nonfederal stakeholders. FEMA agreed with our recommendations and is taking steps to address them; FEMA hopes to finalize the federal disaster case management program in June 2010.

Background

Disaster Case Management

Disaster case management is a process that assists people in identifying their service needs, locating and arranging services, and coordinating the services of multiple agencies following a disaster. While disaster case management services may include emergency relief services, they extend beyond the immediate to address long-term recovery needs,³ such as health care, employment, housing, and other social services. 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.⁴ 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 local leaders to coordinate recovery efforts and provide resources, as a last resort, to address the unmet needs of disaster victims.

Federal Role for Funding and Coordinating Disaster Case Management Services

The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act),⁵ as amended, is the primary authority under which the federal government provides major disaster and emergency assistance, and FEMA is responsible for administering its provisions. At the time of Hurricanes Katrina and Rita, the Stafford Act contained no explicit authority to fund disaster case management services. However, the passage of the Post-Katrina Emergency Management Reform Act of 2006 (Post-Katrina Act),⁶ which amended the Stafford Act, 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

³Council on Accreditation. Council on Accreditation Standards: *8th Edition/Private* (August 2008). <http://www.coastandards.org> (accessed Oct. 17, 2008).

⁴*ibid.*

⁵Pub. L. No. 93-288, 88 Stat. 143 (1974).

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

National Response Framework, which became effective in March 2008 and replaced the former National Response Plan.⁷ The Framework maintains FEMA's responsibility for coordinating human services and specifically includes disaster case management as a category of human services. 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 September 2009, the President announced the formation of a Long-Term Disaster Recovery Working Group, co-chaired by the secretaries of the Department of Homeland Security (DHS) and HUD, to examine lessons learned during previous catastrophic disaster recovery efforts, and areas for improved collaboration between federal agencies and between the federal government and state and local governments and stakeholders. As part of this initiative, FEMA and HUD are co-chairing the National Disaster Recovery Framework Working Group, which will define the federal, state, local, tribal, private non-profit, private sector, and individual citizen's roles in disaster recovery; design and establish an effective coordinating structure for disaster recovery programs; identify gaps, as well as, duplications, in recovery programs and funding; and establish performance standards for the federal support of state and local recovery.

The Federal Government Supported Disaster Case Management Programs, but Breaks in Federal Funding and Coordination Challenges Hindered Assistance

Multiple federal agencies provided resources for disaster case management programs to help thousands of households cope with the devastation caused by Hurricanes Katrina and Rita, but breaks in federal funding and coordination challenges adversely affected the delivery of these services to some hurricane victims.

⁷The National Response Plan was an all-discipline, all-hazards plan establishing a single, comprehensive framework for the management of domestic incidents where federal involvement was necessary.

FEMA, HUD, and HHS Supported a Variety of Disaster Case Management Programs for Hurricane Victims, but Breaks in Federal Funding Adversely Affected Services to Some

More than \$231 million of FEMA and HHS funds have been used to support disaster case management programs to assist victims of Hurricanes Katrina and Rita. These programs include:

- Katrina Aid Today (KAT)—FEMA awarded a \$66 million grant to the United Methodist Committee on Relief, which then used the grant to establish KAT, a national consortium consisting of nine social service and voluntary organizations, to provide case management services to Hurricane Katrina victims.
- The Cora Brown Bridge Program—Following the termination of KAT, Louisiana and Mississippi received Cora Brown Funds⁸ from FEMA to continue providing services to individuals and families affected by Hurricanes Katrina and Rita.
- The Disaster Case Management Pilot Program (DCM-P)—Following the termination of the Cora Brown Bridge Program, FEMA used funds from its Disaster Relief Fund⁹ to establish a state-managed DCM-P program to serve Hurricane Katrina and Rita victims in Louisiana and Mississippi, with the primary goal of helping them achieve sustainable permanent housing.
- The Louisiana Family Recovery Corps (LFRC) case management program—HHS distributed emergency Temporary Assistance for Needy Families and Social Services Block Grant funds to Louisiana, which contracted with LFRC, to provide disaster case management services to victims of Hurricanes Katrina and Rita.
- The case management portion of the Disaster Housing Assistance Program (DHAP)—Using funding provided by FEMA, HUD designed and implemented this program to provide rental assistance to eligible victims of Hurricanes Katrina and Rita. To participate in the program, clients also had to receive case management services.
- The case management portion of the DHAP Transitional Closeout Program—Some DHAP clients continued to receive housing assistance

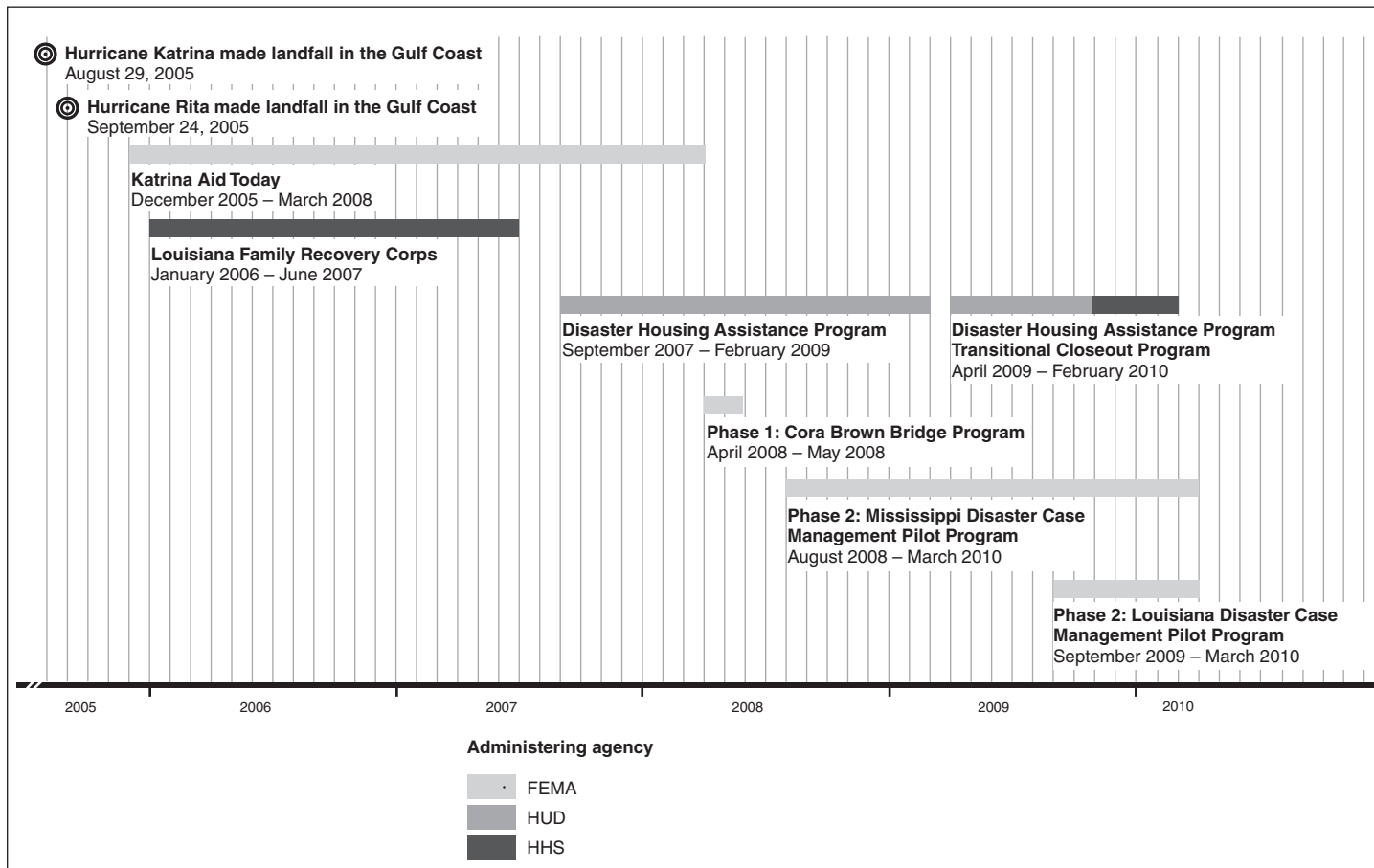
⁸The Cora Brown fund was established in 1977 when Cora C. Brown of Kansas City, Mo., left a portion of her estate to the United States to be used as a special fund solely for the relief of human suffering caused by natural disasters. It is a fund of last resort that is used to help victims of presidentially-declared disasters who have disaster-related needs that cannot be met by any other means.

⁹FEMA's Disaster Relief Fund is the major source of federal disaster recovery assistance for state and local governments when a disaster occurs.

following the completion of DHAP. In Louisiana, housing assistance was accompanied by disaster case management services. The state has used funding provided by HUD and through HHS' Social Services Block Grant program.

These programs began at different times and sometimes overlapped as federal agencies identified ongoing need for services (see fig. 1).

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.

Breaks in federal funding for disaster case management programs initiated after Hurricanes Katrina and Rita 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 disaster case management program, Katrina Aid Today (KAT), drew to a close in March 2008, some case management agencies began to shut down their operations. Some cases were closed not because clients' needs had been met, but because the program was ending, and it is unknown whether these clients obtained assistance elsewhere or whether their cases were eventually reopened under the Cora Brown Bridge Program.

Clients with open cases under the Bridge program were supposed to seamlessly transition from the Bridge program into FEMA's new state managed DCM-P program. However, in Mississippi, the state-managed pilot program did not begin until approximately two months after its scheduled start date, and many of the smaller case management organizations had to lay off case managers with the hope of hiring them back once they received federal funding. In addition, in Louisiana, the state-managed pilot became operational in September 2009, approximately 15 months after it was scheduled to begin. The program will serve an estimated 3,300 households that remained in FEMA temporary housing as of April 2009.

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

Initial coordination activities among federal agencies and case management agencies were minimal following the hurricanes, which may have resulted in some victims not receiving case management services and others receiving services from multiple agencies. In previous work, GAO has identified key practices to enhance and sustain coordination among federal agencies,¹⁰ and has since recommended these same key practices to strengthen partnerships between government and nonprofit organizations.¹¹ Key practices for coordination include establishing

¹⁰For 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).

¹¹See GAO, *Nonprofit Sector: Increasing Numbers and Key Role in Delivering Federal Services*, GAO-07-1084T (Washington, D.C.: July 24, 2007).

mutually reinforcing or joint strategies and compatible policies, procedures, and other means of operating across agency boundaries.

Difficulties in coordinating disaster case management services resulted in a lack of accurate and timely information sharing between federal agencies and case management agencies. Case management agencies providing federally funded disaster case management services said they faced challenges in obtaining timely and accurate information from FEMA; however, FEMA officials said requests for information often did not meet their requirements. For example, FEMA approached HHS about serving some victims of Hurricanes Katrina and Rita under its pilot disaster case management program following Hurricanes Gustav and Ike. When the case management agency implementing the HHS pilot requested client information from FEMA, FEMA only provided aggregate data, which the case management agency found unusable. According to FEMA officials, its routine use policy precluded it from sharing client-level information for this purpose.¹² However, FEMA officials said they have fulfilled many requests for information and worked with states on how to request information. For example, FEMA provided information to the Louisiana Department of Social Services so as to prevent duplication of efforts or benefits in determining eligibility for disaster assistance.¹³ In a previous report, we identified as a lesson learned the value of standing agreements for data sharing among FEMA and state not-for-profit agencies as a means to expedite recovery services. Such agreements can clarify what data can be shared and the procedures for sharing it while protecting the data from improper disclosure.¹⁴

¹²Under 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”, or one that is compatible with the purpose for which the data was collected. The Department of Homeland Security recently revised the routine use notice regarding its Disaster Recovery Assistance system of records, amending and adding to the instances where FEMA may share data from the Disaster Recovery Assistance files. DHS/FEMA-008 Disaster Recovery Assistance Files, 74 Fed. Reg. 48763 (September 24, 2009).

¹³GAO, *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).

¹⁴GAO, *Lessons Learned for Protecting and Educating Children after the Gulf Coast Hurricanes*, [GAO-06-680R](#) (Washington, D.C.: May 11, 2006).

Federally funded case management programs used different databases, making it difficult to track clients across case management agencies, and potentially allowing hurricane victims who applied to more than one program to receive duplicate services. For example, clients who received case management services through KAT may have also received services through the LFRC disaster case management program, but because the KAT and LFRC databases were not compatible, some case management agencies for these two programs may not have been able to screen for duplication of services.

Case Management Agencies Experienced a Range of Service-Delivery Challenges, and As a Result, Some Hurricane Victims May Not Have Been Helped

Case management agencies experienced a variety of challenges in delivering federally funded disaster case management services. Some agencies had high staff turnover, and some case managers had large caseloads, making it difficult to meet client needs. Clients frequently needed housing and employment, according to case managers and program data, 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 financial assistance.

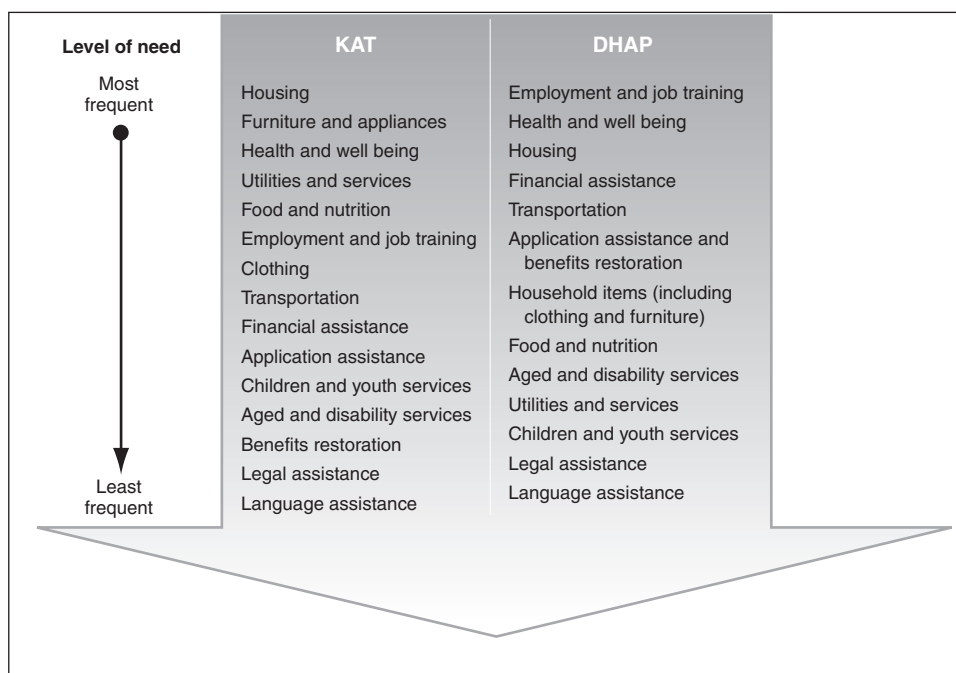
Staff Turnover and Large Caseloads Were Barriers to Meeting Clients' Needs

Some case management agencies experienced high staff turnover and large caseloads, which made it difficult to meet clients' needs. For example, one agency reported 100 percent turnover in case managers during the KAT program, which an agency official attributed to case managers' expectations of a short-term assignment or to the work being too emotionally draining. In terms of caseload size, KAT and LFRC case managers had larger caseloads than program guidance recommended. For example, KAT case managers had caseloads ranging between 40 and 300 clients even though the guidance recommended an average of 20 to 30 cases. Several factors may have contributed to high caseloads, including the magnitude of the disaster and a shortage of case managers.

Clients Needs Included Housing, Employment and Transportation; However, These Community Resources Were Limited

Case managers and program data indicated that one of the main needs of clients was housing (see fig. 2).

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



Source: GAO analysis of program data.

Note: KAT program data included pre-defined 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/appliances, or clothing; as a result, the KAT and DHAP categories are not a one-to-one match.

According to program data, approximately 67 percent of KAT clients were displaced from their primary residence as a result of Hurricane Katrina. As GAO recently reported, one commonly cited challenge faced by displaced households was finding affordable rental housing, since rents increased significantly following the storms in certain Gulf Coast metropolitan

areas.¹⁵ For example, HUD's fair market rent for a two-bedroom unit in the New Orleans-Metairie-Kenner metropolitan area increased from \$676 to \$1,030, or about 52 percent, between fiscal years 2005 and 2009. We also reported that disaster victims faced other obstacles in returning to permanent housing, such as insufficient financing to fund home repairs and significantly higher insurance premiums.¹⁶

Case managers said client needs also included employment and transportation, but these 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, the unemployment rate in the New Orleans-Metairie-Kenner metropolitan area more than tripled between August 2005 and September 2005, and the unemployment rate remained above pre-Katrina levels until March 2006.¹⁷ We previously reported that transportation services can provide a vital link to other services and to employment for displaced persons;¹⁸ yet multiple sources stated that case management clients, particularly those living in FEMA group sites, lacked transportation following Hurricanes Katrina and Rita. Case 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. 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.¹⁹

¹⁵ GAO, *Disaster Housing: FEMA Needs More Detailed Guidance and Performance Measures to Help Ensure Effective Assistance after Major Disasters*, [GAO-09-796](#) (Washington, D.C.: August 28, 2009).

¹⁶ *ibid.*

¹⁷ The unemployment rate increased from 4.9 percent in August 2005 to more than 15.2 percent in September 2005. See [GAO-09-796](#).

¹⁸ [GAO-09-81](#).

¹⁹ *ibid.*

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 that without direct service funds, short-term needs ultimately can become long-term issues, and individuals may then become dependent on government assistance rather than becoming self-sufficient. Case management agencies that were part of KAT or that provided services under FEMA-funded programs, including the state-managed DCM-P program in Mississippi and the Disaster Housing Assistance Program, were not permitted to provide direct financial assistance. According to a FEMA official, direct financial assistance was not part of these programs because FEMA already provided funding for this purpose through the Individual and Households Program. The maximum amount that an individual or household may receive through the program is \$25,000, adjusted annually to reflect changes in the Consumer Price Index; however, a FEMA official noted that the maximum amount may not be enough to meet all disaster-related needs.

While long-term recovery committees were a resource for case managers to obtain direct assistance to address clients' unmet needs, in some cases, the efforts to utilize these committees were unsuccessful. Some committees were unable to help clients since the member organizations 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. They said the process for obtaining assistance could be onerous, time consuming, and confusing.

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

Eligibility requirements for receiving disaster case management services varied depending on the funding source, which may have left some in need without services. For example, KAT services were available to victims of Hurricane Katrina but not Hurricane Rita. In addition, LFRC officials said they initially received TANF funds only, which limited their agencies to serving families with children. Lastly, programs such as the Mississippi DCM-P program were restricted to serving those receiving FEMA housing assistance. As a result of certain eligibility requirements, some programs may not have been able to assist individuals and families in need of case management services.

Case Managers Stated that a Lack of Coordinated Outreach May Have Left Some without Access to Needed Services

Many case management agencies conducted little, if any, coordinated outreach 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. According to LFRC officials, there was no coordinated approach for providing case management services among federally funded programs, and as a result, residents in these group sites may not have received needed case management services. 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.²⁰

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

Several agencies' evaluations of the various disaster case management pilot programs are ongoing, but to date, little is known about program outcomes. FEMA and HHS completed evaluations of the initial implementation of two pilot programs, but neither of those evaluations included information on program outcomes, or results, such as the extent to which clients' disaster related needs were met and what factors contributed to client outcomes. In our July 2009 report, we recommended that FEMA conduct an outcome evaluation of the disaster case management pilot programs. FEMA does not plan to conduct its own outcome evaluation, but will determine lessons learned and best practices from third party evaluations of ongoing pilot programs submitted by each of the agencies administering a pilot program. According to a FEMA official, each of the third party evaluations will examine program outcomes.

Using information from the ongoing evaluations, FEMA will develop a model for a federal disaster case management program for future disasters. In our report, we also recommended that FEMA establish a time line for developing this program and ensure that the program includes practices to enhance and sustain coordination among federal and nonfederal stakeholders. FEMA agreed with our recommendations, and, according to a FEMA official, the agency is hoping to formalize the program in June 2010. Going forward, FEMA intends to implement disaster case management services in two phases. In the first phase, HHS will administer disaster case management services for up to 180 days using

²⁰*ibid.*

FEMA funding. The second phase will be a state-managed disaster case management program funded by a direct grant from FEMA to the affected state. According to an agency official, FEMA is working closely with HHS on all program development requirements and plans to obtain feedback from relevant stakeholders prior to formalizing the program.

In conclusion, the federally funded disaster case management programs implemented following Hurricanes Katrina and Rita faced unprecedented challenges, yet they played a key role in assisting victims in their recovery. A critical component of future recovery efforts is FEMA's timely development of a single, federal disaster case management program. The success of those efforts will depend, in part, on whether agencies can improve coordination to help ensure that those most in need receive services, and to prevent duplication of services. The experiences of past and ongoing disaster case management pilots likely provide valuable lessons learned regarding client outcomes and contributing factors, and it is important to understand those lessons and apply them to future disaster recovery efforts.

Madam Chairman, this completes my prepared remarks. I would be happy to respond to any questions you or other members of the subcommittee may have at this time.

GAO Contacts and Staff Acknowledgments

For further information about this statement, please contact Kay E. Brown 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 statement. Key contributors to this statement were Kathryn A. Larin, Assistant Director; Susan Aschoff, Jessica Botsford, Melinda Bowman, Nisha R. Hazra, Ryan Siegel and Walter Vance.

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