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Good afternoon, Chairwoman Landrieu and distinguished members of the Committee. I am Frederick Tombar, Senior Advisor to the Secretary at the U.S. Department of Housing and Urban Development (HUD). Thank you for inviting me to testify today.

HUD has administered case management services in the Gulf Coast for thousands of families impacted by Hurricanes Katrina, Rita, Gustav, and Ike. Under the largest of these programs, the Disaster Housing Assistance Program-Katrina (DHAP)-Katrina, disbursed \$63 million to Public Housing Agencies (PHAs) to provide case management services to more than 36,000 families. PHAs received a fee of \$92 per month for each family to provide case management services. Some PHAs chose to use this fee to provide case management services in-house, while other PHAs contracted with local service providers, including Catholic Charities and the Urban League.

The purpose of DHAP-Katrina case management was to assist families in their efforts to transition to permanent housing. With models such as HUD's HOPE VI program and FEMA's Katrina Aid Today as examples, a robust case management system was developed for DHAP-Katrina that emphasized the service connector role of the case manager. Specifically, case managers completed needs assessments with participants, using these to establish Individual Development Plans (IDPs) that identified the goals of each participant, primary of which was finding permanent housing. To reach these goals, case managers referred families to services that would assist their progress.

DHAP-Katrina case management was implemented for all active DHAP-Katrina participants until February 28, 2009, the original end date for DHAP-Katrina. Between September 2007 and February 2009, case managers completed over 37,000 risk assessments and needs assessments, and established over 34,000 IDPs for heads of household and some additional adult family members. Nearly 97,000 service referrals were made to enable participants to reach their goals. The average case manager to client ratio was 1 to 28, and over 1,000 case managers were engaged to provide these services.

During the Transitional Closeout Plan (TCP) for DHAP-Katrina, from March 2009 through October 2009, case management was provided in the states of Tennessee and Louisiana, as these were the states that submitted applications for case management funds from FEMA. During the TCP, 200 case managers provided services to over 5,000 families in Tennessee and Louisiana.

While case management was being implemented for DHAP-Katrina, Hurricanes Gustav and Ike struck the Gulf Coast, in September 2008. HUD again worked closely with FEMA to establish the DHAP-Ike. Case management services for DHAP-Ike participants began in November 2008. Similar to DHAP-Katrina, some DHAP-Ike PHAs chose to provide case management services

in-house, while others contracted out for case management. DHAP-Ike PHAs receive a fee of \$100 per month for each family to provide case management.

DHAP-Ike is scheduled to end in March 2010, and to date, \$20 million has been disbursed to PHAs to fund the work of 400 case managers in providing services to over 17,000 DHAP-Ike families. Specifically, over 16,000 heads of household and some additional adult family members have had needs assessments and IDPs established. Case managers are required to complete regular reassessments of DHAP-Ike participants, and they have completed over 37,000 assessments to date. Additionally, case managers have made over 58,000 referrals related to the goals established in the IDP.

Through the provision of DHAP case management to families impacted by Hurricanes Katrina, Rita, Ike, and Gustav, HUD has learned several key lessons that could assist Federal policy changes in the development of disaster case management programs.

Under DHAP, higher quality case management is often provided when PHAs contract with local service providers to provide case management services, rather than providing these services in-house. Local case management providers are already positioned to provide this type of assistance to families and have expertise in case management to better serve families. From this experience HUD recommends drawing on organizations that have a history of provision of case management to disaster-impacted populations.

A second lesson learned from DHAP is that even when utilizing local case management organizations, there may not be sufficient direct services in the area post-disaster to fully serve all disaster-impacted families. This happens because local service providers in impacted areas have diminished service capacities immediately following a disaster. Beyond case management provisions, disaster-impacted regions are in need of increased resources for service providers that directly provide services to the families.

A third lesson from DHAP is the need to work more extensively with other Federal partners and nonprofit organizations to link vulnerable families, such as elderly and disabled persons, to resources. For example, as DHAP-Katrina was ending, concerns arose over whether the most vulnerable clients had access to necessary resources. As a result of these concerns, Housing Choice Voucher resources were prioritized for elderly and disabled participants. Under DHAP-Ike, HUD continues to address the needs of this population by holding a series of round table discussions to bring together public housing agencies, other Federal agencies, and nonprofit groups.

A final recommendation to the Committee is that post-disaster case management should formally include a specific housing self-sufficiency function, and that these services should be coordinated with HUD and the PHAs when a family is participating in DHAP. This will help clients navigate PHA policies, identify families eligible for HUD's core programs, and focus clients on achieving *housing* self-sufficiency.

Finally, I would like to conclude by mentioning several of the other HUD programs that provide case management services to disaster-impacted families.

Within HUD's Office of Community Planning and Development (CPD), there are several programs that are able to provide case management and essential support services. Both traditional and disaster-related Community Development Block Grant (CDBG) Program funds may be used for public services in the areas of employment and job training, child care, crime prevention, health, drug abuse, education, energy conservation, fair housing counseling, , and homebuyer down-payment assistance.

The State of Mississippi has obligated approximately \$24.7 million of its disaster recovery CDBG funding toward case management within its housing programs. Case management has been used in Mississippi under the Homeowners Assistance Program, Small Rental Program, and Long-Term Workforce Housing Program.

Under the Homeowners Assistance Program, the State provided housing assistance centers throughout the disaster declared counties in the State. Under the Small Rental Program, the State provided staff and call centers to assist applicants through the entire process from application to closing. Every applicant had their own case manager to assist them through this process. Under the Long-Term Workforce Housing Program, case management is provided during the intake of applications and in determining the applicant's eligibility. Credit assessments are completed and the applicants are assisted with the mortgage application process. All applicants are required to attend a homeownership class and complete six post-purchase counseling sessions.

The State of Louisiana has similarly embedded applicant-based case management and housing resource assistance into its homeowner and rental housing assistance programs. However, neither state has used disaster-recovery CDBG to directly fund case management services for individuals and families outside of their homeowner and rental assistance programs

Other CPD programs that may be used to support case management services are:

- Emergency Solutions Grants (ESG) Program, where funds may be used to provide essential social services, and prevent homelessness;
- Supportive Housing Program, which may provide supportive services for homeless persons to assist them to move into independent living;
- Section 8 Moderate Rehabilitation Single Room Occupancy (SRO) Program, which may provide support services for the homeless individuals in SRO units;
- Shelter Plus Care Program, which provides rental assistance that must be matched by the grantee in an equal value to be used for supportive services;
- Housing Opportunities for Persons with Aids (HOPWA) Program, which may provide supportive services, including case management; and the Homeless Prevention and Rapid Re-housing Program, which is a \$1.5 billion program created under the American Recovery and Reinvestment Act of 2009.

Thank you for the opportunity to discuss the provision of case management to disaster-impacted families. I'm now happy to take any questions you have and again want to thank Chairwoman Landrieu and the Members of the Committee for the opportunity to speak with you today.