United States Senate
Committee on Homeland Security and Governmental Affairs
Disaster Case Management: Developing a Comprehensive National Program Focused on Outcomes

Dirksen Senate Office Building, Room 342
December 2, 2009
2:30 p.m.

This written testimony is respectfully submitted on behalf of the men and women who have worked tirelessly with disaster impacted individuals and families within the State of Mississippi. As the director of the Mississippi Case Management Consortium (MCMC), it is my intent to relay information to you that is helpful to further your understanding and aid in your investigation of not only this particular important human service project, but the other disaster case management pilot programs that have been undertaken by FEMA, HHS, and HUD, as well.

Just over four years ago, the term "case management" was understood by those who held a specialized occupation within the overall "helping" profession. Case managers have historically worked in medical, clinical counseling and public social service settings, and have not experienced a "high visibility" status. Now, in the aftermath of Katrina, the even more specialized field of "disaster case management" is being examined, discussed, and transformed in a way that underscores its importance in the overall recovery efforts of individuals, families, and State and Federal governments in the wake of a disaster. It is now apparent that disaster case management is necessary following a disaster, not only to ensure that individuals are treated humanely and fairly but also to ensure that valuable resources, such as monetary resources used for rebuilding purposes, are targeted and accessible by those who are the most vulnerable. Through the use of a systematic disaster case management program, we have the opportunity to speed up and reduce the overall cost of recovery with the use of standardized tools which assist the client and case manager in indentifying individual needs and available resources in a timely and organized manner. Without a systematic disaster case management program in place however, limited and valuable resources provided by the Federal and State governments will be less impactful and, in many cases, depleted before ever reaching their intended beneficiary, the disaster victim. It is our belief that the Mississippi Case Management Consortium approach is the most logical and impactful disaster case management pilot (DCM-P) model demonstrated to date; and yet as the program director, I know that there are key processes which need to be addressed, both internally and externally, in order for this project, or any other project of its type, to achieve the level of success for which they are intended.

In order to convey information in a structured way, I offer the following SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis from the perspective I have gained while working "on the ground."

While the following information is extensive, it certainly is not intended to be an exhaustive list of the strengths, weaknesses, opportunities, and threats. Attached to this written record, you will find examples of MCMC reporting efforts in the form of our most recent Quarterly report submission, November monthly report, an example of one of our "benchmark compliance reports," and our original closure/transfer plan. It should be noted that, as we have been able to continue our work beyond our original period of service, we are working to finalize a closure/transfer plan which will be submitted to FEMA in January as we begin to close out the project. Finally, embedded within this testimony are some general progression charts that highlight our work with clients.

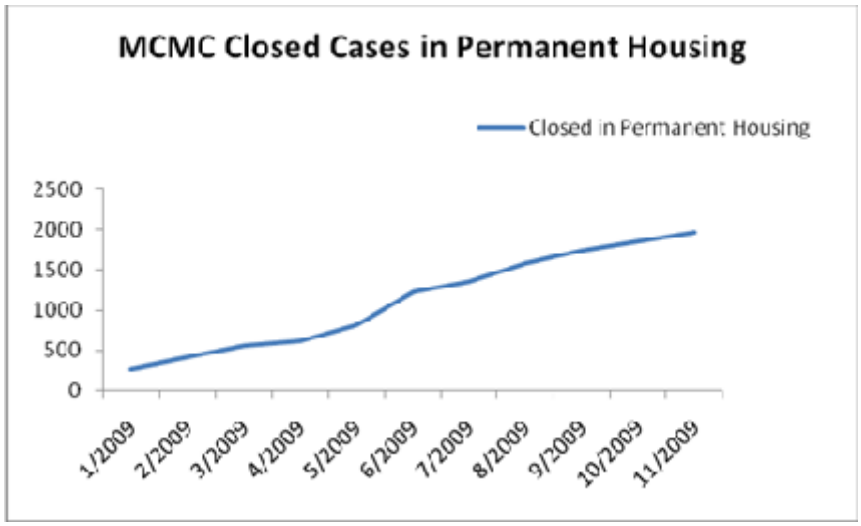
Strengths – Elements of the MCMC project that have facilitated success

1. Selecting the correct state agency to administer the project
    a. Our greatest strength lies in the fact that funding was provided via FEMA through a state agency that had an ongoing and lasting relationship with the private non-profit sector which, according to the program guidance produced by FEMA, would be the entities asked to carry out the provision of disaster case management services. The Mississippi Commission for Volunteer Service (MCVS) is the state agency that was selected by the Governor's office to take on this body of work, and it is this agency that was in the best position to reach out to the organizations who would eventually become affiliates of MCMC. Choosing the wrong state agency for this type of work can be detrimental to the success of such programs, due to the layers of bureaucracy and the lack of institutional knowledge that must exist concerning the faith based and non-profit providers it will be asked to partner with for the purpose of serving clients. The fact that MCVS is a member of the State of Mississippi's Emergency response plan and an ad hoc member of the State Voluntary Agencies Active in Disaster (VOAD) group allows the leadership of the MCMC project to have access to Federal, State, and Local government officials who are often key decision makers when it comes to the distribution of disaster related resources. Without this ability to coordinate our efforts at the local affiliate, state and federal levels, the leadership team of MCMC would have struggled even more in our efforts to implement this critical project. In spite of the many obstacles that we have experienced, we are confident that our efforts have made a difference in the lives of the clients we were charged

with serving, as well as the process that has been undertaken to examine the importance of disaster case management and how it is to be implemented in the future.

2. Using a "SMART" "APALM" Design
   a. *Affiliate Level:* The MCMC project was designed in a way that ensures consistency among the providers of disaster case management services. In order to achieve consistency, we focus on the acronym "SMART," which is a reference to setting goals for the project that are Specific, Measurable, Achievable, Realistic, and Time limited. We use this approach in the recovery planning aspect of case management with clients, as well as in our overall project management. For instance, a set of policies and procedures, driven by observed best practices in the disaster case management field, were written and distributed to each of the affiliate organizations within the consortium. Tools that disaster case managers use each day with clients, including intake, assessment, recovery plan, and case note forms, were all developed for the purpose of creating consistency and uniformity among the service providers. MCMC developed a standardized budget template which included staff position ratios related to the number of case managers within each affiliate, to ensure grant compliance with both State and Federal guidelines based on program guidance issued by FEMA. This "program guidance" was developed based on lessons learned from previous disaster case management projects including the UMCOR-Katrina Aid Today (KAT) National Case Management Consortium, of which I was a staff member at the leadership level. For example, the caseload ratios for MCMC were set at 1:25, based on lessons learned from KAT, to ensure that disaster case managers were able to effectively address the overwhelmingly complicated issues related to recovery as opposed to working under an impossible caseload of several hundred active cases. This is an important marker for success in these types of projects, as there are countless examples of human service endeavors which are often mired by overworked and "burned out" staff. Based on MCMC coordination efforts with HUD and the local public housing authorities, for instance, we know that many of their personnel at the local level work with caseloads that are in excess of 100 clients each. Having worked in a public social service setting where my own caseload was well over 300 clients, I can attest to the fact that it is nearly impossible to create momentum and make real progress with clients when you are only able to visit with them every 6 to 8 weeks, or

only able to communicate by phone or in the office. The MCMC leadership, taking the complexity of the issues facing clients into account, designed a project that recognized the importance of the case manager and built administrative and support positions into the program whose sole purpose was to support the case managers' work with clients. This is an example of working from the bottom up, as opposed to focusing on the administrative aspects of the project and leaving case managers and clients without the ability to succeed. In order to give case managers the best opportunity to succeed in their efforts with clients, MCMC continually refers to yet another acronym, "APALM," when training and discussing the functions of a disaster case manager. You will find in your investigation of the FEMA, HHS, and HUD models that there are many different definitions of "disaster case management." From our perspective, the disaster case manager is first and foremost a problem solver. To that end, our project uses a very simple problem solving approach that I learned from my work as a case manager within a community mental health center. The acronym "APALM" is the foundation on which all of our other processes are built. Assessment, Planning, Advocacy, Linking, and Monitoring are the five primary functions of our disaster case managers, and every task that they undertake on behalf of a client on their caseload must fit into one of these five categories or functions. As you can see from the chart, MCMC has been able to document the successful completion of all the cases assigned to it by FEMA. The consortium is confident that the families who have been transitioned into permanent housing were able to do so through the use of the SMART APALM model.

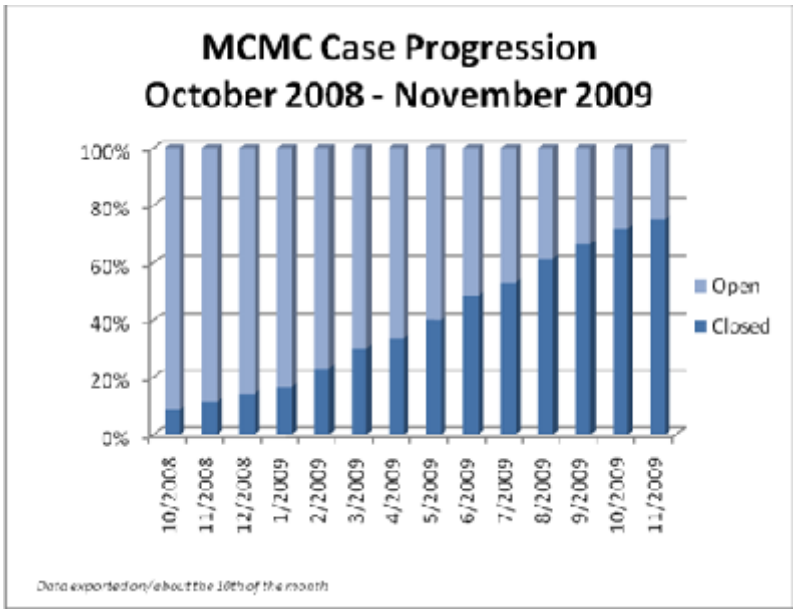


b. *Leadership Level:* MCMC also uses this approach at the leadership and field management levels in order to stay focused on our own project management work. We continually assess the environment on the ground in which we work; we plan according to the assessment that we have made of the situation(s) that we observe; we advocate for resources necessary to meet the needs of the plan we have developed; we link each other and our affiliates/clients to resources that are available to meet the needs of the developed plan; and we monitor the progress being made to achieve the goals of the developed plan. This is a continual circular process that re-assesses according to progress, or lack thereof, in accomplishing the goals of the plan. I share this information to illustrate that a systematic approach to disaster case management is essential when working with agencies at all levels of the governmental and private sectors.

3. Consortium
   a. Another design aspect of MCMC that is a source of strength for our efforts is the use of a consortium-based model. This approach was strategically adopted in order to overcome the "silo" work that so often occurs in the field of social services and has a tendency to creep into the field of disaster recovery as well. By working together toward a common purpose, affiliates are able to openly communicate for the benefit of the client, as opposed to competing against each other for scarce resources and losing focus of client recovery needs. Leadership is provided at the state level in order to maintain an atmosphere of cooperation among affiliate organizations and to prevent unnecessary duplication of effort. Affiliates have continually expressed their willingness to participate in, and appreciation of, the partnership that exists as a result of everyone being "on the same page." One example that highlights the benefits of a consortium model when there are scarce recovery resources is the obtainment of a grant from the Mississippi Association of Realtors by one of the MCMC Affiliates. This grant was for the provision of providing rental and utility deposits to households that had located a permanent housing situation, but that did not have the bulk funds available for deposits required prior to moving in the residence. The Affiliate immediately opened the grant up to all MCMC Affiliates rather than using the funding for their clients exclusively. As a result, over $100,000 was provided to MCMC clients, regardless of affiliation, to move into sustainable housing situations.

4. Sound Financial System
   a. The MCMC program has been financially successful by training affiliates, monitoring their financial functioning, and evaluating the financial requirements and federal guidelines required of non-profit organizations and state operations. The MCMC financial team has worked diligently with the non-profits to teach them how to set up and maintain systems required of the program so that operations are conducted in a transparent and fiscally responsible manner. Each affiliate has been able, under the direction of the MCMC project, to build financial and programmatic capacity and stand up to invasive and thorough auditing processes without fear of non-compliance or non-understanding of laws and regulations.

      The MCMC project monitors every dollar allocated to the affiliate agencies and has been successful in using the original allocation of funds, intended for a 9-month period, to operate for a 16-month period. Although part of this was as a result of the reduced number of clients expected and approved to be served under MCMC, the dedication and skill set of the MCMC team has proven critical to the success of an efficient and effective system of operation. Despite the ongoing challenges of awards and contract modifications, MCMC has continued to show steady progress since its inception in June 2008. From the chart you can see that, even though there have been long delays in receiving feedback from FEMA on financial issues including award letters and budget submission approval, there have been no stoppages in our provision of disaster case management to clients.



Weaknesses- Factors that have prevented, or have the potential to prevent, the continued success of MCMC.

1. Definition of "Disaster Case Management"
    a. Prior to the MCMC project, the definition of disaster case management had not been standardized at the federal or state levels. As a result, there exists a role and responsibility differentiation which has caused confusion, duplication of service, and clients who have not attained recovery, simply because the provision of "disaster case management" could not be agreed upon. This confusion over "what disaster case management is" often renders the client without a sustainable and permanent housing option. MCMC uses a holistic model of identifying all barriers to recovery; housing, employment, legal, disability, etc. The holistic model allows the case manager to identify the needs and then work with the client, referring to external entities that can help meet those needs. If a client has a housing need, for example, MCMC would refer the client to a local public housing authority where the client could apply for a Housing Choice Voucher. Unfortunately, many of the housing resource centers at the local and state level also consider themselves disaster case managers and, although their focus is very narrow, MCMC had had to close cases once the client engages in those systems to avoid duplication of benefits, as outlined in federal regulations.
    Solution: Define "disaster case management" as an entity which coordinates the recovery efforts of the client and refers the clients to external entities to receive the services needed to attain recovery. If this definition is used, the housing programs would not be expected to coordinate the recovery plan process of the clients, but rather focus on determining eligibility and financial ability to attain the housing solutions they were charged with coordinating.
    Rationale: Defining roles and responsibilities within the disaster case management program will build specializations that will help support the overall mission rather than impede it.

2. Developing Program/Population Silos
    a. Neither MCMC nor any other disaster case management pilot program can fully succeed in its mission when Federal and State agencies continue to condone and even perpetuate the "silo" approach to their own recovery work. An uncoordinated approach only leads to unhealthy competition and "turf wars" that do nothing to serve the interests of the public and those who are in need of assistance. For example, once the Governor's office asked the Mississippi

Commission for Volunteer Service (MCVS) to take on the disaster case management pilot program being discussed by FEMA, the MCMC leadership team submitted a formal proposal to FEMA to serve all individuals and families residing within Temporary Housing Units (THU's) in the State of Mississippi. At the time of the original proposal, there were well over 10,000 individuals residing in temporary housing that included FEMA subsidized travel trailers, mobile homes, hotels and motels; individuals and families residing in a FEMA program known as the Mississippi Alternative Housing Program (MAHP), also known as the Mississippi or Katrina Cottage program; as well as the individuals and families who were residing in FEMA subsidized HUD units under the Disaster Assistance Housing Program (DHAP), which was essentially a temporary housing voucher which HUD serviced by using FEMA provided funds. The proposal to serve all THU residents was made for the purpose of coordinating not only the disaster case management services that the clients would receive, but to also be able to coordinate the resource sharing efforts that were going to be needed in order to ensure that as many families as possible would be able to move from a temporary housing setting into a permanent housing solution.

This request was denied and, as a result, MCMC was assigned the programmatic and budgetary authority to serve only those clients identified on the prescribed client list provided from the FEMA headquarters staff in Washington, DC. This list included 5,529 names. MCMC leadership was told that the basis for the denial of our proposed scope of service was because FEMA had "already paid for case management of DHAP families," and that the MHAP program existed under a separate Federal program authority and therefore it was not the responsibility of the disaster case management pilot program to offer its services to this population of cottage residents. Unfortunately, DHAP clients within the state of Mississippi did not receive systematic disaster case management services, and many have yet to transition from their temporary voucher to the long term Housing Choice Voucher (HCV) needed to achieve recovery and their long term housing needs. In addition, the residents of the cottages have only received a financial assessment effort, the aim of which is to determine whether or not the client has the ability to purchase the cottage, and does not attempt to address the overall recovery needs of the case. These three "silos" illustrate that until there is a coordinated approach to the

delivery of disaster case management services, multiple programs will use multiple approaches to serve what are, in reality, the same clients at the end of the day.

The issue is complicated by the fact that Mississippi was able to implement its DCM-P within a matter of weeks after the first solicitation was made by FEMA, while other states struggled to work through the contractual issues. The result is that we recently discovered that many of the clients we were tasked with serving as a part of the MCMC project were also passed on to the project managers in Louisiana for inclusion in their own DCM-P project. MCMC is now working to coordinate case transfers despite the fact that our affiliates have invested countless hours in their efforts to prepare the case for a successful closure due to meeting their needs and having the client achieve recovery. Because the case was re-assigned to another entity, those projects are now making contact with the client to re-open the case. This example illustrates the problem(s) that may arise in future programs that FEMA implements due to its desire to fund state entities separately. In the event of simultaneous disaster events, FEMA may find itself trying to fund more than its three current state programs which are unaffiliated, with only minimal staff at the headquarter level to coordinate and ensure non-duplicative work processes. Individual (silo) programs will only continue to make it more difficult to achieve the goal of recovery for the client and make it impossible for necessary coordination to occur in order to reduce the overall costs associated with that recovery work. MCMC continues to strive toward a "work smarter, not harder" approach to our work, only to continually witness the complete opposite of that approach at the Federal and, many times, State leadership levels. After nearly two years in operation, and as a consequence of the issues outlined above, MCMC has now been told by our funder that the consortium cannot accept any new client referrals from any source, even clients who were eligible for case management from MCMC, who were omitted due to a data entry error at the federal level and a misinterpretation of the legislative authority that allowed MCMC to continue providing services past its original end date. The main concern at this point, as related to this one issue, is that there are many families who resided in FEMA subsidized temporary housing units who were never included in the original list of clients for MCMC to serve, and who are now being told that they are unable to receive disaster case management services from the MCMC program.

In an effort to resolve our inability to serve clients in need, a result of our limited scope of service, MCMC recently requested and received budgetary and programmatic approval from the State of Mississippi to attempt to serve those families remaining in a DHAP status. As the DHAP-Katrina program expired, families who had been unable to convert their temporary voucher to a permanent Housing Choice Voucher were in an imminent homelessness situation. The conversion process from DHAP to HCV is, quite frankly, a bureaucratic obstacle course in which experienced case managers and self proclaimed public housing experts have all been victims of confusion and dismay as they attempt to understand the individual rules that govern public housing authorities with no standardized guidance or policies to which they can refer when working with clients. Even though Senator Cochran and other members of the Congressional delegation of the State of Mississippi advocated for, and received, an allotment of additional housing vouchers which were to be used for the purpose of assisting families continuing to reside in Temporary housing units, many families have yet to be able to navigate the complex and uncoordinated systems that exist in "silos." For its part, MCMC has continued to refer clients, transport clients, and even assist clients in filling out application paperwork when necessary, to the local public housing authorities within the state who have received these additional "THU to HCV" vouchers. We will continue to work on behalf of the clients we are allowed to serve, and wish for nothing more than the ability to succeed with the mission we have undertaken.

Solution: Prevent silos by encouraging and supporting a system in which all programs collaborate, coordinate, discuss and share data and information so that all clients are served in a timely and organized manner.

Rationale: Consolidating the silos and serving multiple populations under one umbrella organization will help navigate multiple systems concurrently rather than consequently. This will help move more persons toward recovery since all options will be explored within the same recovery plan.

3. There is no federal mandate that clients living in THU's be required to participate in disaster case management process.

    a. Clearly, the disaster victims/clients themselves have a role to play in their own recovery, and MCMC's case management model is built on the premise that our service is as much an accountability tool to be used to ensure progress toward recovery as it is a humane service that treats individuals and families in a fair and respectful manner. As was previously discussed, the "APALM" approach is proactive in nature and is designed to speed up the recovery of individuals, families, and communities. To date, however, MCMC has had 1,020 individuals and families who have refused to participate in the MCMC process and an additional 503 cases that were engaged who would not comply with the recovery planning process or would not return calls or attend appointments with the case managers. Furthermore, as we near the end of our program' allotted amount of time, our affiliates are receiving a steady stream of individual and families who are in need of services that were once on our "refused services" list of clients. As stated earlier, we also continue to receive requests from the local FEMA offices to serve clients living in temporary housing units and who were never assigned to MCMC as a part of our original scope, yet we are unable at this point in time to accept those families into our program. Overall, this "refusal" option often leads to a duplication of benefits that can put the individual or family at risk of prosecution or recoupment of benefits that were uncoordinated or not monitored effectively. This reality is an unfortunate result for the taxpayer or private donor as much as it is unfortunate for the client who was unaware of his/her options and consequences of those options and delays the recovery efforts at the state and federal level. FEMA has personnel in the field who are titled "Housing Advisors" and their function is primarily to monitor the housing plan of applicants who are living in FEMA subsidized temporary housing units. However, these personnel are not trained or required to perform the same types of tasks that disaster case managers undertake with clients. In Mississippi, housing advisors routinely cross paths with MCMC disaster case managers and their clients by virtue of their monitoring role.

    Solution #1: Ensure that each individual or family that receives "Individual Assistance" from FEMA in the aftermath of a disaster, be assigned a disaster case manager who would be responsible for carrying out the recovery plan development process that is a key component of

every disaster case management model currently under development. Requiring participation as a condition of receiving a THU would allow time for a sustainable long-term solution to be put into place.

Solution #2: Review the role of the FEMA housing advisors and determine whether the role can be expanded to include functions of a disaster case manager.

Rationale: Requiring participation as a condition of receiving a THU will encourage households to look towards the future with an eye on sustainability. Due to depression and post traumatic stress syndrome, many of the families in need are making short-term decisions that may negatively impact their ability to achieve a permanent housing solution. Further, the life skills needed to look at a situation holistically rather than compartmentalized are not inherent to a number of the families. Requiring that the households living in temporary housing situations follow up with a case manager who can clearly identify all options available at the time and develop a plan to access those options will help the client see that a temporary housing situation is not a long-term housing solution.

Opportunities- Factors that have the potential of guaranteeing continued success for MCMC and future programs as well.

1. Leadership
   a. "In the absence of leadership, chaos exists." In the aftermath of a disaster, chaos is inevitable. However, the various disaster case management models being examined and tested in the field, including the FEMA (MCMC) model as well as the HHS (Gustav) model, offer opportunities to establish a federal program that can lead to a speedy, humane, and cost effective recovery. Through the years, disaster case management occurred either in an ad hoc manner or through the efforts of voluntary organizations that sought to establish some consistent processes without the ability to adequately fund and/or support those processes. The MCMC model allows for an effective state-wide implementation option through the use of a state agency that has an historical and ongoing connection to the voluntary agency sector. The HHS model is designed in such a way as to allow flexibility and speed in the response and recovery efforts, and support deployment of personnel in the event of simultaneous and multiple disaster events. Each model has unique elements that should be carefully considered from the vantage point of the local

provider who will be asked to provide the actual disaster case management services. From this viewpoint, it is important that funding which is crucial to support the local provider be streamlined with safeguards that prevent non-compliance with Federal grant regulations. Clearly providing financial guidance, and timely feedback, is a crucial element that is currently lacking. In the MCMC project, for example, the leadership team proposed to FEMA that it be provided with a point of contact at the HQ level for questions related to financial processes. However, instead of being provided a "financial specialist" point of contact, we were forced to channel all of our finance related questions through the programmatic office in DC, which often resulted in long delays and incoherent answers to basic financial regulation questions. This problem is caused by the fact that the programmatic personnel at FEMA are not trained in Federal audit or compliance regulations and only serve as a pass through to the actual finance personnel within a regional office once they receive questions from the state. This often leads to more confusion on the ground as affiliates are paralyzed in their processes while they await an answer to questions related to everything from budget line item change request procedures, to what constitutes appropriate expenditure of indirect cost recovery funding. Future programs must ensure that the communication of finance related issues are transparent, streamlined, and of high quality. To do otherwise is no longer an opportunity, but rather a threat to success. It is also critical that leadership of the eventual disaster case management program be centered, connected, and concerned as opposed to heavily bureaucratic with third party contractors conducting grants management and evaluation. A hands-on leadership approach is what is needed most by the local providers as circumstances involved with human recovery after disaster are fluid and complex. Having a leadership team with expert holistic knowledge of how to operate a disaster case management program translates into ongoing training, connection between data and operations, and advocacy for client rights and needs at the state and federal levels. Layers of contractors and third party points of contact will only isolate local providers and prevent knowledgeable and timely feedback on barriers that they face while working with clients.

2. Coordination
    a. The models being considered by the Federal Government must have, at their core, a guiding principle that a coordinated approach is not only necessary, but vital to success in order to prevent the duplication of effort that all too often exists as discussed above. Coordination must occur at every level of government and department within the various governmental structures. Disaster case management can inform the use, and provision, of disaster related resources by identifying the most critical elements needed by individuals and families. Without the voice of disaster case managers, the funding that is made available following disasters will likely continue to be duplicated, wasted, and depleted before the most vulnerable populations are addressed. The HHS model offers an opportunity for disaster case managers to be an active part of the response efforts in order to inform the provision of resources while the FEMA-MCMC model demonstrates that disaster case management is a vital component of the long term recovery effort well beyond the initial response phase. Indeed, without disaster case management being present in Mississippi over four years following the impact of Katrina, the most vulnerable population including the elderly and disabled would be left to navigate unwieldy systems on their own with little hope of success.

3. Capacity Building
    a. The MCMC project has been singled out, by a representative of the Mississippi Attorney General's office, as a "rare example of a Federal program that has made the private sector more efficient." This comment was made after a review and discussion of reporting material generated by the MCMC leadership team that demonstrated how the private nonprofit providers were able to compete for future grant opportunities with a measure of confidence that they had not previously possessed. Through the active management of the project, the MMC leadership team has counseled, taught, and improved the performance of its affiliates and, in turn, improved the affiliates' ability to meet the needs of their clients.

Threats- Factors that contribute to ongoing barriers to recovery and may prevent success of future programs if not addressed.

1. Lack of Social Service Infrastructure
    a. Disaster case management, in order to be successful, must be supported by both short-term and long-term resources. Monetary resources that can be used for rebuilding, repairing, elevating, and rehabilitating homes are necessary in order for disaster case managers to address the housing needs of individuals and families. Further, these same monetary resources are needed in order to pay for utility and rental deposits; transportation costs associated with moving home furnishings; and routine expenses incurred when relocating to a new primary residence, like the high cost of insurance that now exists within the impacted region. While monetary assistance is usually provided through donations and fund raising efforts of recovering communities, there is a crucial component of the recovery effort that continues to go unaddressed. In states around the country, the social services infrastructure that does exist is not sufficient to meet routine demand, let alone the demands that are present on those systems in the wake of a disaster. Disaster case managers currently working in Mississippi have very few options when it comes to the long term social service needs of clients. Physical infrastructure like bridges, roads, water and sewer treatment plants, etc., are generally rebuilt following a disaster in a manner that is in concert with current building codes and laws. Social service infrastructure that includes community mental health treatment facilities, hospitals, public housing offices, early childhood intervention facilities, and senior centers are often never rebuilt in the wake of a disaster, nor are those facilities that remain intact given more resources to support the increased demand. MCMC serves many clients who are elderly, disabled, and the working poor who have long term social service needs that are a continual barrier to recovery. For example, as a result of all of the emotional trials that they have been through since Katrina, many of our clients would most likely fit the DSM criteria for Major Depressive Disorder, and yet their symptoms go untreated due to a general lack of referral options for the disaster case manager. Depression, Post Traumatic Stress, Adjustment Disorders, and a host of other emotional and mental disorders leave the client unable to make decisions. These clients often lack the energy and initiative that can lead to unemployment, and generally are not participate fully in their own recovery. Elderly clients who need ongoing support and care are often not able to access needed services, and instead rely on temporary housing, for example, provided by FEMA and other

Federal housing programs like HUD vouchers. Single parents, many of whom are unable to work due to a lack of affordable childcare, become "stuck" in temporary housing as their income level from all sources, including part-time employment, is not sufficient to pay post disaster rental rates. The client or family with a disabled child is often unable to access disability income due to a lack of capacity at agencies whose responsibility it is to process such applications, if the agency is even open and operating following a disaster. Finally, 82% of the open cases under MCMC have no more than a high school diploma and may not have the literacy levels needed to navigate the multiple bureaucracies needed to obtain the one housing solution that may be their last housing option. This critical lack of "hand off options" is a threat to the success of future disaster case management programs wherever they are implemented.

Solution: Support the social service system with federal dollars following a disaster in order to support the increased demand on those services. A seamless and integrated approach will enable the case managers to refer clients to services that will have the capacity to support their long-term needs. Focus on rebuilding and repairing physical infrastructure like bridges, roads and public buildings, as well as on those elements of a community that provide for human recovery needs as well. Bridges are never rebuilt back to their pre-disaster condition. Rather, they are generally built bigger, better, and stronger. We must be able to use this as a guiding principle when focusing on the needs of the people impacted by the same disaster that destroyed a bridge.

Rationale: In the disaster case management programs, clients with long-term social service needs are prevented from achieving recovery from the disaster, in many situations. The case managers do not have the tools, in the form of referral mechanisms, with which to work. Further, disaster case management experts do not generally occupy positions within the employment education sector, housing sector, welfare sector, veteran sector, transportation sector, older adults or disability sectors. Without proper referral mechanisms to the social service delivery systems, the disaster case managers are either forced to try to meet these specialized needs on their own, or work around those issues; neither option is viable, or realistic, in many cases.

2. Parallel systems operating to achieve the same outcome
   a. There is a real possibility that the "Federalizing" of disaster case management will drive out some of the agencies that have historically provided this service on a volunteer basis using private funding and volunteer human resources. The restraints, in the form of Federal and State laws that will be placed on service providers, will prohibit some of these faith based organizations from participating fully in future disaster case management programs. As a result, the phenomenon of parallel processes will exist. Volunteer and faith based organizations will use private funding to support their own approach to disaster case management, while the Federal government will use taxpayer dollars to support its identified approach. As a consequence, impacted individuals will likely suffer from an uncoordinated and overly costly recovery effort. This problem is likely to exist to some extent no matter what model FEMA, HHS, and HUD ultimately choose. The goal of whichever model is chosen, as it relates to this particular topic, must be to reduce and prevent as much duplication of effort and resources as possible, and to place high value on a collaborative and inclusive approach that includes a diverse mix of specialized and general service providers. Parallel programs that seek to serve the same population of people is an ongoing problem within other Federal and State programs, like the multitude of programs that exist to address homelessness for example. This must be taken into account when the time comes to endorse a particular disaster case management approach.

      Solution: Whether the services are to be overseen by FEMA, HHS, HUD, or some other yet to be named department within the Federal system, they should be coordinated with, and compliment, any ongoing efforts at the local level as opposed to adding another layer of confusion within which the client in need will have to navigate.

      Rationale: The non-profit community can work from the ground up, with low overhead, to assist clients in meeting their needs; often with creative or unconventional mechanisms which are unattainable by the federal and state systems due to stringent guidelines and regulations.

3. Reaction
   a. As was described above, reactionary behavior stifles any momentum that has been created toward solving a particular set of problems. A real threat to the success of any case manager –

and therefore any case management program – is the tendency to react to circumstances, as opposed to planning in order to mitigate the emergence of problems. Clear and concise implementation procedures, including how service providers will be funded and what services should be available, must be established and ready to be followed well in advance of the impact of a disaster. To this end, the FEMA model that is currently being implemented in Mississippi is one that may prove difficult to replicate in every state on a consistent basis. Each state has a unique set of factors that would seemingly make planning for disaster case management implementation very difficult. On the other hand, the HHS model relies on a National Partner organization that would deploy personnel quickly to a disaster area and begin the process of setting up a local programmatic infrastructure. This model requires a great deal of pre-planning and must be headed up by a National Partner organization that is dedicated to a collaborative and inclusive approach, as opposed to relying on its own local affiliations.

Solution: Develop a hybrid model that incorporates the best elements of the FEMA, HHS, and other disaster case management models.

Rationale: The methodical approach that has been conducted in Mississippi under the FEMA-MCMC project is an example of what could be developed on a National scale if it were to incorporate the early response elements that exist within the HHS model. I have recently heard the term "hybrid model" that would incorporate an early response component like that which exists within the HHS model, while long term implementation would take the shape of those elements being used in Mississippi. This is a very good idea, in my opinion, and serious planning needs to be undertaken sooner rather than later in order to avoid reactionary behavior that is likely to ensue following the next disaster event and that will result in a less than effective disaster case management program that is put "in the field" just for the sake of being able to say that an effort was made. This is unacceptable for the disaster victim, for the public interest, and certainly for the dedicated disaster case manager. Planning, as stated above, needs to happen quickly and should include members of the leadership teams of the projects currently being piloted. I recently learned of a working group that is made up of "subject matter experts" who are supposedly reviewing and evaluating the current disaster case management pilot programs. However, as a leader of the currently longest running disaster case management pilot program, I was not asked to be a part of the working group, nor was any other member of my

team. I point this out not as an indictment of the individuals conducting the working group, but as an indictment of the process itself, which does not generate, for me, a high level of confidence concerning the planning efforts that must occur around this topic.

Conclusion

The strengths, weaknesses, opportunities, and threats outlined above are a quick reference to key elements that need to be discussed and debated so that a coordinated system of delivery can be designed to support the disaster recovery efforts following a federally declared disaster in the future. We hope that you share this information with the working group and ask that they engage the organizations that are operating currently to further understand the best practices and lessons learned already identified on the ground. The information that has been written in this testimony represents only a fraction of the observations and lessons learned that I have experienced in my work over the last four years. There are a great many more strengths, weaknesses, opportunities, and threats surrounding this particular subject. Ultimately it is the disaster victim who needs to receive all of our best efforts at creating an approach that will prevent unnecessary hardship and burden as they pursue individual and family recovery from disaster. I pray that you will carefully consider all of the options that are being represented by the various pilot programs and guide the decision making process with the best interest of the individual receiving the services of a disaster case manager in mind.

Thank you once again for the opportunity to meet with you today and allowing me to submit this written testimony for the record of this hearing. It is our hope that pointing out barriers which exist to successful outcomes will steer all of us in the same direction and to understand the importance of a collaborative, cooperative, communicative, and coordinated approach.

Stephen P Carr, II, MA, MFT

United States Senate
Committee on Homeland Security and Governmental Affairs
Disaster Case Management: Developing a Comprehensive National Program Focused on Outcomes

Dirksen Senate Office Building, Room 342
December 2, 2009
2:30 p.m.

Bio: Stephen Carr

Stephen Carr, the owner and director of Carr's Human Services Solutions, Inc., is the program director for the Mississippi Case Management Consortium. Prior to his work in Mississippi, Mr. Carr was a member of the UMCOR-Katrina Aid Today national disaster case management project. In this position, Mr. Carr was responsible for the supervision and support of twenty-seven (27) case management provider offices in the eight Southeastern states that make up FEMA Region IV. Mr. Carr is also a consultant to Abt Associates, Inc., for whom he has contributed extensively to the design and writing of the ACF-HHS Disaster Case Management model document(s) and implementation guide. Mr. Carr participated with Abt Associates during the Hurricane Gustav "pilot test" of the HHS disaster case management program as an evaluator.

Mr. Carr holds a Bachelor of Science degree with a Major in Human Services from Wayland Baptist University in Plainview, Texas, and a Master of Arts degree with a Major in Marriage and Family Therapy from the University of Mobile in Mobile, Alabama. In addition, he holds an advanced master certificate in Applied Project Management from Villanova University. He is a veteran of the United States Army, having served as a Behavioral Science Specialist from November of 1992 through December of 2000.

The Mississippi Case Management Report of the DCMP-P

Data was exported on November 10, 2009

November 2009

Administration of Clients

	#	%
# of OPEN (Active) Cases:	895	24.9%
# of CLOSED Cases:	2698	75.1%
Total	3593	

Housing at Closure	#	%*
Closed cases that moved into Permanent and Sustainable Housing:	1970	73.0%

Administrative of OPEN Cases	#	%*
Assessment Completed:	879	98.2%
Recovery Plan Developed:	872	97.4%

Risk Assessment for OPEN Cases	#	%
No source of Income:	140	15.6%
Need LT Housing:	450	50.3%
No Housing by end of MCMC:	483	54.0%
Has a Disability:	348	38.9%
Cient has No Risks:	179	20.0%

Designated Priority Level for OPEN Cases	#	%
Cases in Level 4:	101	11.3%
Cases in Level 3:	192	21.5%
Cases in Level 2:	284	31.7%
Cases in Level 1:	312	34.9%
Total	889	

Level of Contact for OPEN Cases	#	%
Weekly Contact:	260	29.1%
Twice a Month Contact:	324	36.2%
Monthly Contact:	304	34.0%
Total	888	

Status of Clients

Estimates (from Estimator)	#	% / $
# Requested/Needed:	838	23.3%
# Obtained:	743	88.7%
Average Estimate Value*:		$41,581.52

"Average" is limited to cases with Estimate "Obtained"

LTRC Presentations	#	% / $
# LTRC Presentations:	36	1.0%
Total Value LTRC:		$485,313.13
Average Value LTRC:		$13,480.92

"Average" is limited to cases presented to LTRC

Value of Services Provide	$*
Total Value Services:	$9,444,515.74
Avg Value per MCMC client:	$2,628.59

Reason Case Closed	#	%
Recovery Plan Achieved:	1179	44.4%
Primary Needs Met:	493	18.6%
Client Withdrew Request:	509	19.2%
Unable to Resolve:	83	3.1%
Relocating:	58	2.2%
Transferred:	11	0.4%
Other / I and R:	320	12.1%
Total	2653	

Client Response to whether Primary Needs were Met	#	%
Yes Completely:	1144	45.1%
Yes Mostly:	530	20.9%
No Partially:	108	4.3%
No not at all:	142	5.6%
No Response:	613	24.2%
Total	2537	

* Total + None = # of Closed Cases

The Mississippi Case Management Report of the DCMP-P

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November 2009

Demographics of Clients

Age of Head of Household	#	%
Under 18:	7	0.2%
18 to 34:	418	11.7%
35 to 49:	1234	34.5%
50 to 65:	1405	39.3%
Over 65:	508	14.2%
Total	3572	

Gender	#	%
Male:	1693	47.1%
Female:	1898	52.9%
Total	3591	

Household Structure	#	%
# of Dependents in HH	2648	
Household Size of 1:	1514	42.2%
Household Size of 2:	827	23.1%
Household Size of 3:	478	13.3%
Household Size of 4:	390	10.9%
Household Size of 5:	223	6.2%
Household Size of 6:	93	2.6%
Household Size of 7:	39	1.1%
Household Size of 8:	11	0.3%
9 or More:	9	0.3%
Total	3584	

Educational Level	#	%
Less than a HS Degree:	890	25.3%
GED:	355	10.1%
HS Degree:	1656	47.0%
Associate's Degree:	377	10.7%
Bachelors Degree:	183	5.2%
More than Bachelors Degree:	61	1.7%
Total	3522	

Employment Status of OPEN Case	#	%
FT Employed not looking:	214	23.9%
FT Employed looking:	28	3.1%
PT Employed not looking:	48	5.4%
PT Employed looking:	33	3.7%
Unemployed not looking:	50	5.6%
Unemployed looking:	108	12.1%
Disabled not looking:	309	34.5%
Retired:	91	10.2%
Student:	0	0.0%
Total	881	

The Mississippi Case Management Report of the DCMP-P

Data was exported on November 10, 2009

November 2009

This reports includes Open and Closed cases served under the MCMC program.

Type of Household Income of OPEN Cases	#	%
Income from Wages	404	45.1%
Social Security	231	25.8%
Disability	231	25.8%
Unemployment	26	2.9%
Other*	247	27.6%
# with at least one reported	3563	96.6%

	#	% / $
Amount of Income Reported	873	97.5%
Income - Avg / case		$1,395.00
Amount of Expenses Reported	858	95.9%
Expenses - Avg / case		$1,280.38
Average Annual Salary		$16,740.03
Average Difference between Income/Expenses:		$114.62

Ethnicity	#	%
African American/Black:	1252	35.1%
American Indian/Alaska Native:	20	0.6%
Asian:	46	1.3%
Hispanic or Latino:	29	0.8%
Hawaiian/Pacific Islander:	9	0.3%
Tribal Affiliation:	4	0.1%
Other / None of the Above:	12	0.3%
White:	2193	61.5%
Total	3565	

Impacts from Katrina/Rita	#	%
Grieving:	344	9.8%
Emergency Response Wkr:	206	5.9%
Mandatory Evacuation:	1880	53.7%
Physical Injury:	636	18.2%
Damage to Home:	3269	93.4%
Displaced:	3297	94.2%
Loss of Income:	1513	43.2%
Client with 1+ impact:	3499	97.4%
Avg # Impacts/Case:	3.19	

# of CLOSED Cases: 2698

Client Needs	#	%*	Need Met*	%*	Partially Met*	%*	Need Not Met*	%*
Aged/Disability	259	7.6%	70	2.6%	29	1.1%	10	0.4%
Application Asst.	260	7.6%	127	4.7%	5	0.2%	8	0.3%
Clothing	223	6.5%	66	2.4%	19	0.7%	18	0.7%
Employment	1766	51.8%	642	23.8%	114	4.2%	164	6.1%
Financial	2146	62.9%	704	26.1%	165	6.1%	189	7.0%
Food	708	20.8%	338	12.5%	66	2.4%	50	1.9%
Furniture/Appliances	914	26.8%	264	9.8%	81	3.0%	110	4.1%
Housing	3302	96.8%	1528	56.6%	229	8.5%	325	12.0%
Health and Well Being	735	21.5%	269	10.0%	87	3.2%	56	2.1%
Language	39	1.1%	26	1.0%	0	0.0%	1	0.0%
Legal	140	4.1%	35	1.3%	17	0.6%	15	0.6%
Other	134	3.9%	26	1.0%	6	0.2%	10	0.4%
Transportation	254	7.4%	94	3.5%	19	0.7%	32	1.2%
Utilities	517	15.2%	216	8.0%	31	1.1%	42	1.6%
Youth	96	2.8%	28	1.0%	9	0.3%	11	0.4%
Total # of Needs	11493							
Clients with 1+ need	3411	94.9%						
Avg # of Needs/Case	3.37							

*The above CLOSED cases were identifed as having the need at the time of assessment, and now reports the degree to which that need was met.

To use this section, choose one line and compare the Needs Met, Partially Met, and Not Met percentages. The higher the "Need Met" and the lower the "Need Not Met", the more success the agency has had in meeting that particular need.

Needs are recorded at the time of intake and are compared to the total # of cases in CAN

"Need Met", "Need Partially Met"; and "Need Not Met" are collected at the time of closure and includes cases that were assessed to have that need at the time of Assessment AND are closed.

The Mississippi Case Management Report of the DCMP-P

Data was exported on November 10, 2009

November 2009

Data by County

County	# Open Cases	# Closed Cases	# Cases Went to LTRC	Total Value of LTRC	Average Presentation
Amite	6	4	0	$0.00	$0.00
Covington	10	15	0	$0.00	$0.00
Forrest	34	65	0	$0.00	$0.00
George	14	61	0	$0.00	$0.00
Greene	14	17	0	$0.00	$0.00
Hancock	111	377	2	$7,329.31	$3,664.66
Harrison	231	953	7	$108,613.76	$15,516.25
Hinds	1	13	0	$0.00	$0.00
Jackson	124	541	0	$0.00	$0.00
Jefferson Davis	18	10	0	$0.00	$0.00
Jones	29	54	0	$0.00	$0.00
Lamar	15	24	0	$0.00	$0.00
Lawrence	4	6	0	$0.00	$0.00
Lincoln	6	9	0	$0.00	$0.00
Marion	7	46	0	$0.00	$0.00
Pearl River	156	243	18	$213,527.00	$11,862.61
Perry	10	25	1	$1,200.00	$1,200.00
Pike	9	26	0	$0.00	$0.00
Simpson	2	9	0	$0.00	$0.00
Stone	19	63	2	$88,898.00	$44,449.00
Walthall	30	38	5	$65,745.06	$13,149.01
Wayne	7	11	0	$0.00	$0.00
Wilkinson	5	5	0	$0.00	$0.00
Other	26	56	0	$0.00	$0.00
None Reported	7	27	0	$0.00	$0.00
Total:	895	2,698			

Cases that have a county name reported, but do not report a case status, are included in the "OPEN" cases for the County

"Other" (County) includes cases that are in CAN with a county listed but is not one of the specific counties listed above. Cases that have an "Other" county reported but no case status, are included in the "OPEN" number under "Other"

"None Reported" includes cases that are in CAN but do not have a County reported. Cases that do not have a county NOR a case status indicated are included in "None Reported - Open"

OPEN column equals # of Open cases + # of Cases with a Blank Case Status

CLOSED column equals # of Closed cases

MISSISSIPPI CASE MANAGEMENT CONSORTIUM

MCMC Closure/Transfer Plan

Submitted: June 29, 2009

Introduction

Thirteen affiliates have been working under the Mississippi Case Management Consortium to assist persons affected by Hurricanes Katrina/Rita identify their unresolved barriers to recovery and to help to identify strategies for meeting those needs prior to August 1, 2009. Within the short timeframe of operation, the Affiliates have made significant progress in assisting families as they move toward self-sufficiency.

The cases that remain open for unmet disaster-caused needs were reviewed in detail. At the end of this report, targeted strategies are outlined from which the MCMC affiliates are drawing on to meet the challenging housing needs in Mississippi. From this report we'll document that the housing issue is not so much a housing stock issue as it is an affordability issue and that this assessment of work warrants the assistance of the Mississippi Case Management Consortium through March 2010.

MCMC Caseload

The MCMC caseload includes two populations:

1) Cases that were living in FEMA subsidized housing at the beginning of the program and assigned to MCMC
2) Cases that were rolled over from the Bridge (Cora Brown) program

Progress to Date

Since the last MCMC Closure/Transfer Report dated April 15th, a tremendous amount of work closing cases for positive and successful reasons has taken place. Below is a snapshot of progress through key pieces of quantitative data linking the success of the MCMC program with client recovery in Mississippi:

783 cases were closed between March 1 and May 31

Since the beginning of the MCMC program:

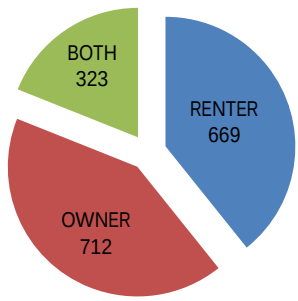
- 1870 cases have closed since the beginning of the program
- 70%[1] were closed for achieving recovery or having their primary needs met
- 74% of the cases that closed were moved into permanent and secure housing

Renter vs. Homeowner

Source: May 2009 Monthly Affiliate Reports

Affiliates report the current homeownership status of each of their clients in terms of what types of disaster-caused needs they have remaining, regardless of their housing situation pre-Katrina. This was done to assess current needs and client intentions. Affiliates used four designations; Renter, Homeowner, Renter and Homeowner (Both), or Neither (which also includes the cases that did not have a response or were new referrals). From this information we find that there is a slightly higher percentage of homeowners (40%) than renters (38%). An additional 18% of cases are reported as both Renters and Homeowners which means that these clients will need rental assistance until home repairs are complete.

Homeownership Status



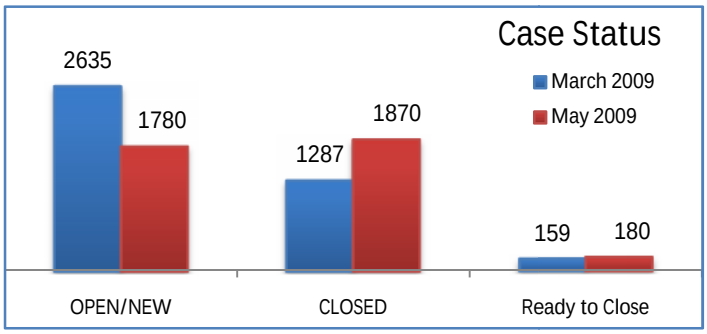
[1] 20% of the clients chose to discontinue receiving case management services; and 10% were closed for a variety of other reasons

Case Status[2]

Source: May 2009 Monthly Affiliate Reports

As of May 30, 2009 the following data was gathered by the Affiliates to forecast which MCMC clients with unmet disaster-caused needs will continue to require continued case management services.

Below are the statuses of the MCMC clientele in May 2009 as they were reported by the Affiliates. This information is compared to the statuses from the last Closure/Transfer plan (March 2009) to show the progress being made by the consortium.



As of May 30th:

- 1780 cases remain open for unmet disaster-caused needs (this includes new cases)
- 1870 cases have been closed
- 180 cases are being prepared for closure

Reasons Cases Cannot Close

Source: May 2009 Monthly Affiliate Reports

For each case that was open or new as of 5/1/2009 the Affiliates reported the reason preventing each case from closing. It is important to note that the agencies were not prompted to report specific categories but rather were given the liberty to report, in their own words, what prevented the clients from successfully recovering from the disasters. These reasons were coded into 3 general categories and 14 specific reasons to further understand this particular population's unmet needs. These categories are explained within this section and appear with more detail in Appendix A.

Reasons cases cannot close – General (3)

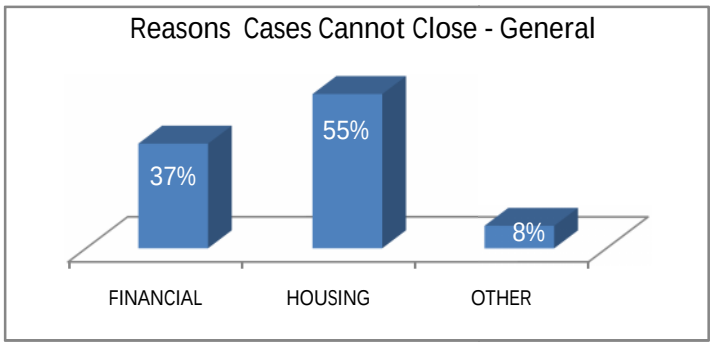
- Financial (Financial)
- Housing (Housing)
- Other (Other)

Reasons cases cannot close – Specific (14)

- Needs Affordable/Permanent Housing (Affordable Housing)
- Repair/Rebuild (Rebuild/Repair)
- Social Service (Social Service)
- Employment or Income Needs (includes lack of income, no income, fixed income) (Employment/Income)
- Trying to buy property (excludes MH or MEMA Cottage) (Buying property)
- Pending Housing Program or Grant (Pending Housing/Grant approval)
- Volunteer Labor (Volunteer Labor)
- Furniture/Appliance/Rental or Utility Deposits (Furniture/Deposits)
- Need related to a disability (Disability)
- Applying for MEMA Cottage (MEMA)
- Interest or pending Mobile Home Purchase (MH)
- Unable to Determine Reason/New Referral - included in Appendix A
- Almost Ready to Close/Monitoring/Pending Closure – included in Appendix A
- Other – included in Appendix A

[2] This includes currently open and closed cases only. There were additional cases assigned to MCMC; however, these cases were never opened due to the client no longer living in a FEMA housing unit, the client could not be found, or the client refused case management.

The three general categories, charted below, were used to capture the overall reasons cases were still open[3].



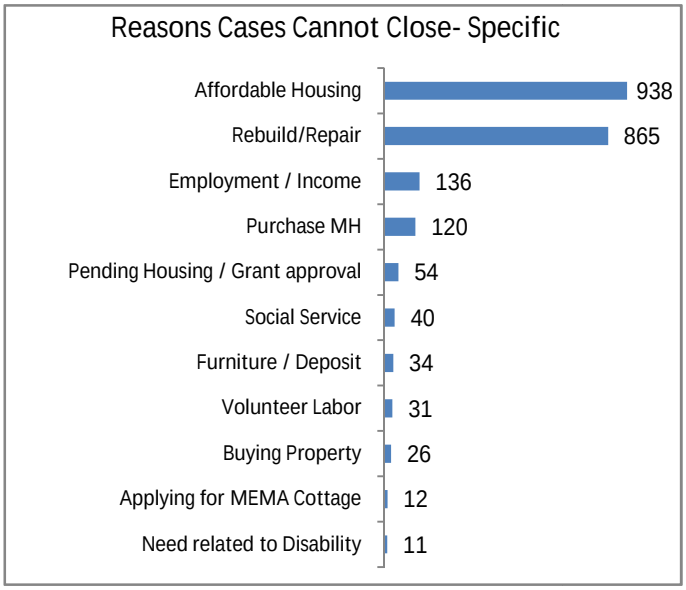
Fifty-five percent of all MCMC clients have a housing need and 37% of all MCMC clients have a financial need. A client may be included in more than one category if their presenting needs covers multiple categories.

The 8% of clients that have an "Other" reasons includes cases that indicate a non-financial or non-housing related reason for not being able to close. For the MCMC population this includes legal issues, social service needs, employment needs, disability related, furniture or income related needs. The majority of the MCMC population with a reported "Other" need also has a presenting financial or housing need[4].

The three general categories above were broken down into fourteen[5] specific areas to capture the detailed needs of these cases; the specific reasons the cases are still open.

The graph to the right reports eleven of the fourteen categories that are preventing cases from being closed.

The primary reason cases cannot close is because they cannot locate permanent and affordable housing in the state of Mississippi. This number also includes 125+ homeowners, in addition to renters, that are now looking for an affordable housing situation rather than funding for a repair/rebuild to their damaged dwelling.



A number of the clients that reported a need for affordable housing also report that they are applying for or have applied to Section 8 through HUD, a MEMA Cottage or have a pending Mobile Home purchase. With this information, MCMC estimates that the number of affordable and subsidized rental units has decreased from 971 to 938 throughout the state of Mississippi since the last Closure/Transfer Report and will continue to decrease as MCMC helps clients into creative housing alternatives. Assisting in this assessment is the number of clients that were able to purchase a MH increased during the month TSA was offering $3,000 grants towards the cost of the Mobile Homes which is expected to increase again as FEMA begins to sell Mobile Homes and Park Models for $1 and $5.

The second largest reason cases cannot close is because households are awaiting funds or labor to complete repairs or a total rebuild on their Hurricane Katrina/Rita damaged property. In a few situations where agencies wrote narratives of the situations, agencies report that the client is not expected to be recovered for months or even years because they do not have funds to complete these necessary repairs to make the house habitable. Until that time, a number of these households report both a financial need as well as a housing need for when their mobile home, travel trailer, or park model is removed from their property.

[3] Note: "Repair/Rebuilds" have been coded as "financial" while "Locating Permanent Housing" has been coded as "housing."
[4] There are 57 cases that have an "Other" need indicated without a financial or housing barrier indicated.

Need by County

Source: CAN data

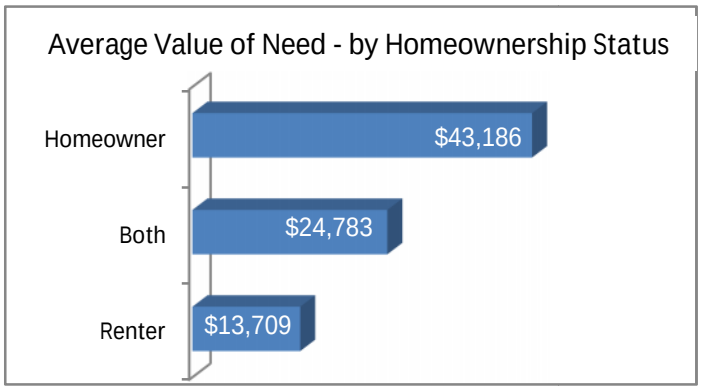
An assessment of Renters and Homeowners was conducted by County to determine the current location of unmet need. The ten (10) counties with the greatest number of MCMC clients are represented below while a full report of all counties can be found in Appendix B.

Homeownership Status by County					
County	Renter	Home Owner	Both	Unknown/ None	Total
Harrison	279	172	65	12	528
Pearl River	64	108	87	19	278
Jackson	110	127	27	5	269
Hancock	59	99	34	6	198
George	11	39	5	2	57
Forrest	17	7	30	2	56
Jones	26	7	11	1	45
Marion	13	26	2	0	41
Stone	15	14	6	6	41
Walthall	5	24	5	0	34

Estimation of Need – Repairs/Rebuilds

Source: May 2009 Monthly Affiliate Reports

Agencies submitted the financial dollar amount, when known through the Estimation process, needed to move specific cases to closure. In addition to the cases that received an Estimate, MCMC developed a formula to assess the need of renters. The formula used included the HUD-provided Fair Market Rates as well as a small allocation for moving expenses, utility and security deposits. The resulting average value of estimated need was used to forecast the amount of funding needed to help move the consortium's population of renters and homeowners into affordable housing units and/or back into their damaged dwelling.



Of the cases that reported an amount needed to move the cases to recovery (1288 cases), a forecasted amount of $48,529,379.62 has been determined to be the current figure needed to move, both Home Owners and Renters who are currently open and active under the Mississippi Case Management Consortium, towards recovery. Since the last report, 768 cases were closed reducing the previous estimated value of need by $14 million dollars; through the purchase of Mobile Homes, MEMA Cottages, Vouchers, Volunteer Labor, etc.

Estimated Need - by Category of Ownership				
	Renter	Homeowner	Both	Neither
Forecasted estimated need	$9,171,021.28	$30,748,145.51	$7,980,255.70	$619,957.14
Total Need	$48,519,379.62			

Demographics

The Hurricane Katrina/Rita populations receiving continued case management services from MCMC exhibit a number of risk factors and barriers that may cause them to become dependent on additional social services, if housing options are not quickly identified. The following demographics are the typical, average MCMC client.

- Average Annual Income: $17,910.66
- 65% of the MCMC clients are 1 or 2 person households
- 33% are disabled
- 41% are employed
- 15% are un-employed
- 11% are retired

The MCMC population is comprised of the working poor with an average of $224.00 in surplus income, many of whom are not yet paying rent. It will be critical to link the MCMC clientele up with the new HUD vouchers and other creative housing strategies that are coming to Mississippi.

Housing Strategies

The MCMC administration has been a key instrument in the advocacy and data collection entity for a number of housing strategies that will be the key to moving the MCMC population towards recovery. The following programs have been implemented/or will be implemented shortly. The success of these programs will directly result in the closure of more cases and the reduction of the estimated need of funding to move cases towards recovery.

- MEMA Cottages that are being made available for purchase to residents of FEMA travel trailers
- MCMC has been working to support MEMA efforts to reach and screen clients who may qualify for the MEMA Cottage program for residents of FEMA travel trailers
- An additional five (5) thousand HUD housing vouchers was authorized in the same legislation that provided for continuation of the MCMC program through to March 2010
- The Salvation Army was providing $3,000 grants towards the purchase of FEMA Mobile Homes
- FEMA has recently announced Mobile Home and Park Model sale prices of $1 and $5
- Coordination with The Salvation Army to provide resources necessary for the purchase of insurance policies necessary to close the sale of MEMA cottages and FEMA Mobile Homes as needed
- Through a grant provided by Bethel Lutheran Church of Biloxi Mississippi to Lutheran Episcopal Services of Mississippi, $44,000 was offered and will be used to pay the first year's insurance policy for 40 clients that are immediately moving into MEMA Cottages.
- Coordination with the Governor's office to impact policy decisions that are being made on the small rental housing program as well as many other housing programs it is initiating throughout the state
- Coordination with MDA to conduct a housing study of the MCMC population that has moved out of FEMA Travel Trailers
- The implementation of a Volunteer Coordination conference call and network which will match clients up with volunteer labor throughout the state
- Through a grant that was provided by the National Association of Realtors and being administered by MCMC/LESM Client Rental, Utility, and Security Deposit Grants program, has provided over 100 families with over $100,000 in rental and utility deposits to move them into permanent housing
- MCMC designed and will administer a program called the "Adopt-A-Family" program which is being used to connect clients with repair/rebuild needs with donors around the country. This program will be web-based with client stories and updates available to the public.

Conclusion

The Mississippi Case Management Consortium is diligently working to close as many cases for meeting their recovery plans as possible; however, at this time, the consortium estimates the following statewide need for the MCMC population:

- 938 affordable/subsidized rental units
- $48,519,379.62 in direct assistance[6]

For more information on anything on this report, please email info@mc-mc.org

[6] Additional funding will be required for the administration of a program to manage these funds

Appendix A – Tables for "Reasons Cases Cannot Close"

Reason Case Cannot Close – General				
Source: May 2009 Affiliate submitted Monthly Reports (submitted 6/10/2009)				
	Overall MCMC[7]	Renter	Home Owner	Both
Financial	827	66	535	197
Housing	1219	709	289	175
Other	179	123	30	19

Reason Case Cannot Close – Specific				
Source: May 2009 Affiliate submitted Monthly Reports (submitted 6/10/2009)				
	Overall MCMC[7]	Renter	Home Owner	Both
Affordable Housing	938	653	131	129
Rebuild/Repair	865	42	595	196
Social Service	40	33	3	1
Employment / Income	136	108	9	17
Buying Property	26	9	6	7
Pending Housing / Grant approval	54	50	2	1
Volunteers	31	2	21	8
Furniture / Deposit	34	21	7	2
Need related to Disability	11	6	2	3
Applying for MEMA Cottage	12	4	6	1
Purchase MH	120	44	31	35
Cannot Determine[8]	211	92	56	11
Almost Ready to Close/Pending Closure[8]	201	85	53	30
Other[8]	17	9	7	1
Notes: Clients may have more than one reason reported				

Appendix B – Table for "Homeownership Status by County"

Homeownership Status by County					
Source: CAN Data					
County	Renter	Home Owner	Both	None	Total
Mississippi					
Adams		3			3
Amite	4	1	3	1	9
Clarke	2	4	0	2	8
Covington	10	1	4	2	17
Forrest	17	7	30	2	56
Franklin	2	2	0	0	4
George	11	39	5	2	57
Greene	6	5	10	1	22
Hancock	59	99	34	6	198
Harrison	279	172	65	12	528
Jackson	110	127	27	5	269
Jasper	1	1	0	1	3
Jefferson	0	4	1	0	5
Jefferson Davis	6	17	2	0	25
Jones	26	7	11	1	45
Lamar	9	6	6	1	22
Lawrence	1	2	0	0	3
Lincoln	6	2	2	2	12
Marion	13	26	2	0	41
Montgomery	1	0	0	0	1
Pearl River	64	108	87	19	278
Perry	7	4	7	1	19
Pike	7	6	6	0	19
Rankin	0	1	0	0	1
Simpson	2	0	0	0	2
Smith	1	0	0	0	1
Stone	15	14	6	6	41
Walthall	5	24	5	0	34
Wayne	1	6	4	0	11
Wilkerson	2	5	2	1	10
Unknown	0	3	0	0	3
Louisiana					
Orleans Parish	0	0	1	0	1
ST. Tammany	1	1	1	0	3
Tanipahoa	1	0	0	0	1
Washington Parish	0	0	0	1	1
TOTAL	669	697	321	66	1753

Since the last report, MCMC has met the case management needs in the following counties:

- Copiah
- Mobile (AL)

[7] Includes clients that do not have a rental/ownership status

[8] Does not appear on Page 3

MISSISSIPPI CASE MANAGEMENT CONSORTIUM

Field Management Team Affiliate Assessment

Agency:	
Date:	
Management Team Staff:	

Benchmark #1 Client Contact	Minimum Percentage Required	Percentage Outcome	Affiliate is In Compliance or Out of Compliance	If Out of Compliance List Action Steps Required to be in Compliance	Date Required	Findings Cleared yes or no	Date Cleared	Affiliate is In Compliance or Out of Compliance
Clients files document client contact consistent with Risk Assessment								

Benchmark #2 Programmatic	Minimum Percentage Required	Percentage Outcome	Affiliate is In Compliance or Out of Compliance	If Out of Compliance List Action Steps Required to be in Compliance	Date Required	Findings Cleared yes or no	Date Cleared	Affiliate is In Compliance or Out of Compliance
Initial Intake Completed								
Initial Assessment Completed								
Initial Recovery Plan Developed								
All MCMC Forms and Releases have required signatures								
FEMA Duplication of Benefits (DOB) in case file								

Benchmark #2 Programmatic (cont)	Minimum Percentage Required	Percentage Outcome	Affiliate is In Compliance or Out of Compliance	If Out of Compliance List Action Steps Required to be in Compliance	Date Required	Findings Cleared yes or no	Date Cleared	Affiliate is In Compliance or Out of Compliance
CAN Audit Form completed appropriately								
File Audit Form completed appropriately								
Monthly Reassessment Form completed with all required signatures								
Recovery Plan updated monthly with goals, objectives, action steps for client, short term target dates with outcomes and progression towards recovery								
Documentation is clear, concise and detailed toward recovery plan issues on case note form. In addition, case notes document monthly face-to-face home visit								
In closed case – documentation showing that the Client Satisfaction Survey was given to client to complete and return or showing why it was not given to client								
Case Closure/Summary Form completed and has all required signatures – OR- documentation in case file indicating reason signatures were not obtained								

COMMENTS and BEST PRACTICES

MISSISSIPPI CASE MANAGEMENT CONSORTIUM

Mississippi Case Management Consortium "Phase II" Pilot Quarterly Report

Lead Agency: Mississippi Commission for Volunteer Service

Project Title: Disaster Case Management Pilot Program, Mississippi

Period Covered by Report: July 1, 2009 – September 30, 2009

Report Compiled by: Marsha Meeks Kelly, Executive Director, Mississippi Case Management Consortium

Program Contract Term: June 16, 2008 – March 31, 2010

The Mississippi Case Management Consortium is a public/private partnership made up of one Lead Agency, the Mississippi Commission for Volunteer Service (MCVS); one Management Agency, Lutheran Episcopal Services in Mississippi (MCMC/LESM) and ten (10) Affiliates operating under the same program target: "To ensure that clients of Hurricanes Katrina and Rita with remaining disaster-caused housing needs transition from FEMA supported temporary housing to a permanent and sustainable housing solution." The case management services of the Mississippi Case Management Consortium (MCMC) are extended throughout the entire state of Mississippi and are tailored to meet the needs of those that resided in FEMA subsidized housing (i.e. mobile homes, travel trailers, hotels/motels) and clients with unmet recovery needs from Katrina Aid Today and the Mississippi Phase I (a.k.a. Bridge) programs. Operational since August 5, 2008, the MCMC is a fully functioning Consortium with 100% expected staffing completed and 100% of attempted contact with clients made. The attached report represents the work of the Affiliates, Field Management Team, and the Lead Agency Teams under each of the following report sections:

I. Primary Activities implemented this quarter
II. Details of accomplishments this quarter
III. Success Stories/Case Studies this Quarter
IV. Challenges Experienced During the Quarter &Action Steps Taken or Planned to Overcome Challenges
V. Remaining Challenges
VI. Summary of Planned Activities for Next Quarter
VII. Suggestions for Improving the MCMC Case Management System
VIII. Suggestions for Improving the CAN system
IX. Indicator Table of Data

I. Primary activities implemented this quarter

This section represents the activities that were conducted at the Affiliate, Field Management, and Lead Agency levels under the Mississippi Case Management Consortium's Disaster Case Management Pilot Program. Although this list does not reflect all of the work and projects of the Consortium, it represents the diversity and dedication of the staff.

A. Affiliate

- Administration: Quarter 5 included a variety of administrative responsibilities as each Affiliate closed out their Phase I MCMC program, applied for entry into the Continuation phase of programming, and continued to provide administrative oversight to the case management program. In the beginning of the quarter (7/1/2009), Affiliates interested in continuing to work under the Mississippi Case Management Program submitted proposals to MCMC, as outlined in the RFA (Request for Application) process designed by MCVS. The documentation that was included in the submission included: successes to date, strategies for moving clients through to recovery, a revised coverage area of service, a revised staffing plan outlining reductions to mirror the reduction in the overall client population in need of continued case management services from MCMC, revised job descriptions for all positions funded under MCMC, and policy and procedures that each agency needed to have internally. Once approved, Affiliates were required to use revised forms and reports, attend a training facilitated by MCMC to learn about the modifications being made on both the financial and programmatic elements of the program, re-focus and refresh for the next stage of operation, and begin case managing clients with increased face-to-face contact to expedite the recovery planning process. Since the Continuation phase of operation was an opportunity to collect new pieces of data and report data differently, the monthly affiliate reports were modified on two different occasions. This

posed challenges to the Affiliates as they attempted to transfer data from one template to another template, which was reported by one Affiliate as tedious and difficult; however, the data points that were modified will assist the Affiliates in preparing accurate reports with pre-calculated formulas to report out the indicators requested.

In addition to the reporting requirements for the Continuation phase of MCMC, Affiliates were asked to receive, review, and act upon a variety of lists that MCMC sent to the Affiliates of their clients. Over the quarter, MCMC received and processed lists from FEMA alerting Affiliates to which of their clients were still living in a FEMA THU, had purchased their Mobile Homes and who had failed three air quality tests; lists from HUD on clients who had attended or failed to attend appointments with the PHAs; and lists from MEMA on which clients living in FEMA THUs had been contacted to determine interest in purchasing a MEMA Cottage in specific counties in the state. The ongoing needs of this project continue to be great; however, the result is an increase in collaboration between organizations as they agree to share information in an effort to move more clients towards recovery.

The Affiliates were all required to participate in 'compliance' visits with the Field Management Team. In preparation, and as a follow-up to the visits, the Affiliates reviewed client files; made modifications to processes, procedures, standards; and, at times, facilitate trainings with their staff to meet the areas in which they were out of compliance. Affiliates report that this activity will not only help them to get their work into compliance for contracting purposes but will also improve the quality of their case management services. A few of the specific activities as well as general administrative activities this quarter include:

a. Re-evaluated every client's risk assessment under MCMC. Once re-evaluated, the priority level and level of contact were revised accordingly.
b. Reviewed the case management activities and accomplishments to determine action steps necessary for improvement
c. Worked on developing and improving resource lists for clients
d. One Affiliate created a case summary for all open cases prior to the Continuation
e. Monitored all emails or phone calls that originated from MCMC, FEMA, HUD, and PHAs to ensure that all requests are responded to in a timely manner
f. One Affiliate reported receiving a $50,000 United Way grant to assist low-income seniors and disabled households obtain permanent housing
g. All files in one organization were re-numbered to include the MCMC # on the outside of the file. The files, once renumbered will be organized in the filing cabinet in MCMC numerical order
h. Completed an inventory of all MCMC equipment prior to Continuation

- Contacting Clients: With the new Continuation contracts, the Affiliates were required to have at least one face-to-face contact with each client monthly in their home. Visiting with the clients monthly has proven successful to the process. Case managers are constantly in the field and can develop more actionable recovery plans. The 25:1 ratio has assisted in making this happen as this caseload is manageable and case managers can spend dedicated time with the clients.

- Case Management: A tremendous amount of case management has taken place this quarter with the ten Affiliates working diligently to provide the highest quality of case management to clients, often as they collaborate with external entities and each other. Over Quarter 5, the Case Management Advisors (CMAs) and Affiliates worked together to revise a number of the forms; create new forms; and re-design the risk assessment of clients so that the clients are contacted more regularly, seen face-to-face, and met in their home. In addition to the monthly re-assessment form and new recovery plan template, the case managers are using a new Disability Assessment form to more effectively and efficiently transfer clients from one affiliate to a specialized services agency.

  Case managers have been working with the clients to transition them into a Housing Choice Voucher and navigate the bureaucratic processes of Super Preference, Priority 1, Priority 2, and Priority 3. Case managers are following up with the clients to make sure they received the HUD/HCV packets; reminding clients of their appointments with PHAs (PHAs indicated a 30% increase with MCMC case managers' participation in the process as advocates); helping clients understand the letters and requests that they receive from HUD; helping to complete the paperwork; locating safe, sanitary, permanent and sustainable housing situations; requesting inspections; and helping the clients that move into a unit apply for grants for security, utility deposits, and furniture. Additional case management work conducted this quarter included:

a. Provided FEMA with daily updates on clients (when requested by FEMA via email)
b. Discussed housing options and plans to transition out of the THUs into permanent and sustainable housing
c. Transitioned clients from the DHAP into the Housing Choice Vouchers
d. Reviewed bridge cases specifically
e. Sent out mass mailings of client surveys to ensure that all closed cases had an opportunity to review the services they received under MCMC
f. Accompanied Vietnamese clients to the Biloxi Housing Authority to pick up housing applications, attend eligibility interviews, and provided translation/interpretation services for the clients with the Housing Authority
g. Performed CAN and File Audits on closed cases
h. Finalized the re-assignment/transfer process of clients coming from agencies that closed, including: transferring cases to another case manager to decrease the caseload size to allow more space for new caseload; contact and conduct home visits and complete new paperwork with those clients
i. Reviewed files to verify that the case status reported to MCMC was still current
j. Completed the close-out work (finalized client list) for the end of the Phase II work; and created new client list for the start of the continuation work
k. Focused on ensuring that all client files with the Disability Agencies clearly document the disability need, work that was completed to meet that disability and the remaining unmet disability-focused needs
l. Assigned a data entry specialist to review all closed files; to ensure all paperwork was present and the CAN records were complete
m. Emphasized with the clients the importance of utilizing the recovery plans and following household budgets to facilitate recovery
n. Assisted clients to understand the FEMA Sales Program
o. Assisted clients with the MEMA Cottage interviews and process
p. Conducted in-house case management services survey on open clients
q. Provided Congressional offices information on constituents status and made referrals

- CAN: The Coordinated Assistance Network (CAN) continues to be the platform used by the MCMC program. During the quarter, Affiliates continued to utilize the data entry specialists to review and improve the data collected in the database. Case Managers are taking on more ongoing data and report-directed activities this quarter as the need for quality data increases and the staff in the field decreases. This quarter, Affiliates report having their case managers take CAN refresher courses or training case managers to take on data tasks that were previously the responsibility of data entry specialists, reviewing and continually maintaining CAN entry, and conducting file and CAN audits. One Affiliate trained staff on exporting data from CAN, completing the CAN Clean Up projects implemented by MCMC, and conducting internal audits to compare the master list of clients to a CAN export.

- Training: Affiliates participated in a variety of externally provided trainings, workshop, meetings, and conference calls to better understand research, resources, and information pertaining to recovery needs and efforts throughout the state of Mississippi. A few of the activities include:
  - Attended the AMI Training; a training on how to calculate annual median income for HUD purposes
  - CAN Trainings
  - Katrina Citizen's Leadership Corps Report Release Event
  - Attended the "Mental Challenges Post-Katrina" meeting, hosted by IDTF
  - Public presentation regarding the results of a Disparities and Katrina Study, conducted by Jackson State University
  - Attended the MSVOAD Meetings
  - Attended the SMSVOAD Meetings
  - Attended the Hancock Housing Resource Weekly Meetings
  - Attended the Hancock County Long Term Recovery Meeting
  - IDTF/STEPS Coalition Reception

- Resources and Collaboration: The Affiliates continue to leverage external resources to assist the MCMC clients' recovery. During Quarter 5 the Coming Home Collaborative, a project of the Gulf Coast Community Foundation, continued to receive applications, including many MCMC families. At meetings with the GCCF, the agency reports that 175 projects are expected to be funded over the next several months. MCMC is hopeful that at least one of those will be an MCMC family.

This quarter, the Volunteer Coordination Meetings continued, allowing a forum for Affiliates and external partners to meet and discuss the connection between volunteer labor and clients in need of that labor to achieve their recovery plans. This quarter 11 families have been assisted and matched with volunteer labor through this endeavor. There are an additional 20 families on a waiting list. Additional families could be assisted through this process if funding became available to help with material costs.

Additional work this quarter included revisiting current resource listings and searching for new resources that may have been introduced, gathering information from the community about what rental and housing options are available, and working with the FEMA Housing Advisors to identify resources to transition clients out of the THUs.

This quarter conversations about developing a disaster case management certificate program at University of Southern Mississippi took place. The added benefit of a program like this would be that there would be stored knowledge from programs like MCMC at a location that would be easily able to replicate the project in the event of another disaster.

While the affiliates are struggling to strategically meet all the housing and other disaster-caused needs of all their clients, and meet the new level of contact required by MCMC, there are a number of clients that have been able to achieve recovery using one or more of the following housing programs currently available. These programs and activities will continue to be leveraged until the end of the MCMC program or when the resource dissolved:

- MEMA Cottages are being made available to MCMC clients
- The Housing Choice Voucher is being opened to DHAP and Katrina/Rita Displaced individuals
- FEMA is selling Park Models and Mobile Homes for $1 and $5 (stopped taking applications as of 9/18/2009)
- The Coming Home Collaborative accepted applications and is seeking to fund 175 projects
- Various PHA's in MS opened their Section 8 waiting list between September and October 2009

While not able to meet all the clients' needs, the following resources or activities took place to work clients towards recovery:

- A number of Affiliates have been able to request and receive assistance to pay insurance policies for a year, taxes on the mobile homes, and moving costs
- Case managers have been working closely with the FEMA sales staff to ensure a smooth process in the mobile home purchase program
- Moved towards an intensive case management process for clients whose Travel Trailer had been removed by FEMA and who did not have a permanent housing plan or option
- Referred clients to the WIN Job Center for employment opportunities and job training
- Assisted clients to obtain rental assistance, security deposit and utility deposits
- Assisted clients with the translation and collection of supporting documentation to MDA for an Elevation Grants application
- Coordinated meetings between clients and the Back Bay Mission (Volunteer Group) during the construction of a client's house
- Advocated with Catholic Charities (post closure from MCMC) on behalf of clients with needs for material funding
- Assisted clients with filling out applications for rebuild/rehab assistance
- Informed clients about assistance with school clothing and supplies through Church of Christ

- Staffing: The MCMC Affiliates continue to provide high quality supervision to their case managers. A few of the activities that continued through this quarter included regular staff meetings equipped with agenda and meeting notes; internally hosted training and information-sharing sessions which included resource availability, question and answer periods for questions or problems related to individual staffing of cases, DHAP vs. HCV vs. Section 8, MEMA Cottages, the importance of sustainability, and the implementation of the continuation. Individual one-on-one sessions between the case manager supervisor/director and case managers continued, if not increased, to tighten up the case management practices as increased contact with the clients was required in the beginning of the quarter. One Affiliate reported "going back to the basics" at a staff meeting. The case managers were to make their own sample files, highlight important areas, ask questions, and put together their own files to use as a reference. Another Affiliate reportedly visited all offices under their contract to meet with the supervisors, discuss operations, and review practices. Another Affiliate reported reviewing geographic coverage within their organization. While this agency had been state-wide previously, the concentration of caseloads and workloads of

each of the case manager to specific geographical areas will help improve the efficiency of the case management process. Additional staffing activities this quarter included:

a. Several Affiliates re-staffed and re-organized internally in accordance with the Continuation caseload. For a number of Affiliates this included down-sizing to reflect the large number of cases that they closed
b. Supervisors continued to meet with the case managers to conduct active supervision
c. Supervisors started scheduling face-to-face meetings with the case managers to review the client files and situations. Case Managers also began turning in files for monthly supervisor audit/checks
d. In-house training with case managers took place this quarter on the following topics: case management basics, code of ethics, new MCMC forms, case manager stress/burn out and recognizing signs of trauma; reviewing and clarifying recovery plan objectives and action steps, results, and dates achieved; smart budgeting; and monthly reports
e. Several Affiliates transferred cases from case managers who were leaving the agency due to downsizing of staff. Home visits were then made in teams and new paperwork was discussed

- Best Practice : The following best practices were pulled from the Quarter 5 Affiliate Monthly Reports:
  a. Case managers began meeting face-to-face with the supervisor to review the client file. This allowed for interaction and question-and-answer periods.
  b. Pulled data from CAN, by case manager; then broke apart information and sent each case manager a report of all their clients and the data that is in CAN. Case managers were then responsible for updating the spreadsheet and sending back to the data specialist for entry into CAN. This expedited the process and highlighted the importance of quality data collection to the case managers.
  c. Due to the travel cost associated with home visits, one Affiliate implemented specific days of the week for home visits. The case managers will now attempt to see as many clients as possible on these travel days. The other days of the week are set aside for office work and follow-up.
  d. One Affiliate created a case management and supervisor action plan, similar to a recovery plan, to ensure all action steps were taken to achieve compliance with client files
  e. One Affiliate transitioned all client files into three ring binders to allow for easier filing and retention of paperwork in files

B. Management

The field management team, MCMC/LESM (Mississippi Case Management Consortium/Lutheran Episcopal Services in Mississippi) has been providing the day to day management of the MCMC program. The main responsibility of the MCMC/LESM staff is to provide technical assistance, training and consultation to the ten (10) remaining Affiliates in the field operating in 20 offices throughout the state.

1. Meetings and Conference Calls: A total of 4 Supervisors' conference calls and 3 face to face meetings were held with Affiliate Case Manger Supervisors, Directors and Data Entry Specialists. Topics that were discussed including new forms, reporting process, benchmarks and compliance protocols, DHAP to HCV Transition, MEMA Cottages, etc.

   The following section shows the trainings, conference calls, site visits, and workshops that the Field Management Team conducted during Quarter 5. The focus of their work has shifted from a manager role to an advisory role, placing more responsibility with the Affiliates to make decisions and guide their work.

   a. MCMC Summary Conference training– The FMT took a lead role in designing and facilitating workshops at the MCMC Summer Conference for Recovery Planning, Data Entry, Assessment, and Documentation. All workshops lasted 1 ½ to 2 hours each and included a power point presentation. The workshops were a combination of lecture, question and answer, and a hands-on activity. The final day of the training included group topics on Interviewing Skills and Lessons Learned, in which the participants were allowed to present case scenarios and ask questions concerning case management issues. The FMT's role in the preparation, implementation, and evaluation of the Summary Conference included:
      - Determined on the areas to focus the conference on
      - Developed training curriculums (Outline of training session for each area, power point presentations to cover the outline, case scenarios for recovery planning activity)
      - Developed new forms (recovery plan form, recovery plan guide, monthly reassessment form, case note form, supervisor review form, disability assessment form, MCMC Release of Information Form)
      - Put packets together for distribution

- Room set up for presentations
- Presentation of sessions
- Hand-out and collection of evaluation forms
- Hand out and collection of sign in sheets
- Drafted lessons learned document for each session
- Reviewed and documented pre – post tests
- Engaged state speakers from MEMA, Department of Mental Health, MS Commission for Volunteer Service (state's office of volunteerism), and the Governor's Office to present during the Conference

b. Data Entry Conference Calls – There were 3 DES calls this quarter with the data entry specialists in addition to the Summer Conference Training. The calls reviewed new and modified fields in CAN, new service profiles in CAN for specific services that MCMC will begin to track and report (MEMA Cottages and FEMA Mobile Home Purchases) valuing services, a review of the MCMC created documents that will aide data entry specialists in their work), and reviewing the Data entry homework assignments that the Affiliates were provided with to review the data accuracy internally and make any necessary changes. Further activities with the data entry specialists included reviewing the Master List of Clients and a CAN Export, the results of the CAN Clean Up Activity facilitated by MCMC Staff, and progress being made using the services provided fields to track the DHAP to HCV Process for the FEMA THU clients.

c. M&E Follow Up Visits - M&E follow-up visits continued into Quarter 5 by the Field Management Team (FMT) to review files that had compliance issues flagged during the M & E visits during the months of January and February 2009. The purpose of the visits was to ensure any areas of discrepancies and actions steps were addressed, resolved and corrected. All visits were completed by early July 2009. At this time, the FMT will transition into the Benchmark visits, outlined below in bullet "e" for continued compliance monitoring.

d. Closure Assessment Visits - The FMT conducted visits and provided assistance to the closing Affiliates that did not continue during the continuation phase of MCMC. The visits were used to determine which open cases were appropriate for closure and to assist in the transfer process of the reassignment of cases that would be transferred to another MCMC Affiliate. This process both aided the closing affiliate to ensure all necessary work was completed, but also allowed a smooth transition from closing to new agency.

e. Benchmark Visits - The FMT conducted compliance visits with the Affiliates starting in September and October 2009 to monitor compliance with two of the 11 benchmarks outlined in the 10 Affiliates' contracts with MCVS. The two benchmarks being monitored included: "Clients files document client contacts consistent with Risk Assessment" and "Case Management Findings." The purpose of the visits is to provide first hand observation and analysis of the cases and to assist Affiliates in preparing for program closure and a possible future Office of Inspector General audit. The FMT's focus is to ensure Affiliates are in compliance with the two Programmatic Benchmarks and to assist Affiliates in reaching the benchmark outcomes in order to maintain high quality case management. The visits lasted approximately 3 – 4 hours and included file reviews. Upon completion of the visit, Affiliates were provided with a handwritten copy of the findings on the Affiliate Assessment Form in order for Affiliates to immediately initiate any steps needed to come into compliance with the set Benchmarks. Official digital copies are forwarded to the Affiliate within five days.

f. DHAP/HUD/HCV Process Consultations – To support the Affiliates' participation in the Section VIII process of ensuring all eligible DHAP families apply for a Housing Choice Voucher, the FMT held a consultation meeting with the Affiliates to address program problems and where responsibility for those problems should be placed. This consultation meeting determined that not all of the problems were the fault of the PHA, or the clients. In addition, solutions for solving the problems were discussed and implemented to the betterment of the clients and the program in general.

g. (Group) Case Consultations - The Field Management Team no longer hosts Group Case Consultations visits with the Affiliates. The responsibility of determining which cases are ready to close, and why, has been returned to the individual Affiliates, and under the direction of their Supervisors. The initial case consultations were a success in that case manager supervisors and case managers, through consultation by the FMT, were better able to learn how to identify which cases were ready for closure and assess whether the reason was consistent with program policy and in the client's best interest. At this time, the Case Consultation process, facilitated by the FMT is no longer operational. MCMC will be moving into individualized case consultation meetings with the Affiliates, upon request only (see next bullet).

h. Individual Case Consultations – Four (4) Affiliates requested case consultations with the CMAs to review cases.

2. Program Management & Partnerships – During quarter 5, a number of value-added projects or case management discussions took place that were managed or monitored by the Field Management Team:

a. Coordination with FEMA, HUD, Region VIII, etc. – The FMT has developed a strong relationship with the following entities which has proven successful in the sharing of information, resources, and client's recovery
    1. FEMA:
        a. Communication with FEMA at the Affiliate level and the Field Management Team level continues to be successful.
        b. FMT coordinates with MCMC FEMA Liaison on specific client issues including Congressional inquiries. Congressional inquiries are sent forward to the Leadership Team.
        c. Affiliates communicate directly with the MCMC FEMA Liaison regarding any client questions or concerns. The FMT is copied on all communications with FEMA.
        d. FMT receives spreadsheets from FEMA to include clients who have purchased their mobile home, clients that failed 3 air quality tests and therefore cannot purchase their mobile home, and clients that are living in a travel trailer or mobile home, etc. This information is processed internally and then sent to the Affiliates.
    2. Region VIII:
        a. The FMT is the liaison between the Affiliates and Region VIII. This process is working well for MCMC and Region VIII and they have an outstanding working relationship.
        b. Affiliates with client questions regarding a Housing Choice Voucher (HCV) or Project Based Voucher (PBV) are communicated through the FMT to Region VIII.
        c. Region VIII Leadership staff were guest speakers at two of our Supervisor Meetings this quarter. They provided guidance and instructions on the HCV process:
            - ✓ DHAP to HCV check list and instructions
            - ✓ THU to HCV check list
            - ✓ Waiting list flow chart
            - ✓ Housing Quality Standards
            - ✓ Discussed Super Preference
            - ✓ Discussed Katrina/Rita Displaced (second preference)
    3. Other Housing Authorities:
        a. Cooperation from Region VI, Region VII and Biloxi Housing Authority
        b. MCMC has had limited communication with other Regional and local Housing Authorities; however, efforts will continue to engage them.

b. Sustainability – Housing Sustainability was a recurrent topic this quarter. One primary topic the FMT assisted the Affiliates with was defining, and teaching, the difference between sustainability and self-sufficiency. The FMT was instrumental in helping the Affiliates determine whether cases were at a stage for closure. Part of this training element focused around the clients that purchased their mobile home from FEMA but were then unable to maintain their homes sufficient to meet the standard of safe, sanitary and affordable. As we document in the challenges section below in section IV, you'll see that clients who purchased their units are still not in sustainable environment for the following reasons:
    - Unable to maintain monthly utilities
    - Unable to pay insurance premiums on the mobile home
    - Unable to pay the tax costs associated with changing the title over to the client
    - Unable to afford the moving costs on the mobile home for those who could not remain where they were
    - Unable to pay the lot rents once FEMA stopped the assistance
    - Unable to afford the repairs needed on the mobile home that were not completed by FEMA prior to the sale

    As a result, Affiliates continue to work with the households that purchased their units so that the case manager can continue to work to work with the client to meet their disaster-caused needs that were not completely met following the sale of the unit. Some Affiliates have been able to request and receive assistance for the clients in paying their insurances for a year, the taxes on the mobile home, and moving costs.

    Volunteer Coordination Meeting – There were 7 conference calls this quarter. The focus of the call is to share program information, volunteer availability, and to build relationships between partners. The goal is to have this process happen on the ground without external assistance; which MCMC is pleased to see start happening. At this time, a pre-requisite for being matched with volunteer labor is that the family must have

the materials or funds for materials themselves. The VC program slowed over the summer due to low numbers of volunteers coming to the coast during the summer months (this happened even in 2006) and lack of funded projects. One outcome of the group has been the development of a list of volunteer housing resources in South Mississippi with location, capacity, cost, and contact information included. In Quarter 6, the facilitation of the Volunteer Coordination Meetings will be transferred over to MCVS so that it is facilitated in conjunction with the Adopt-A-family project.

c. FEMA Mobile Home Program – The FMT monitored and worked with the Affiliates to ensure that all eligible clients would purchase their FEMA mobile home or park model, if this was the most advantageous housing solution for the client. The FEMA Mobile Home Purchase Program was a success in that it allowed 641 MCMC clients to purchase their mobile homes. This eliminated the need for the household to find another housing situation or for them to move from their current situation. The FMT provided information to Affiliates regarding the MH Purchase Program related to FEMA Mobile Home Sales and paperwork deadlines, air quality testing results, clients pending sales list, etc. The Field Management Team was also able to provide updates to the Affiliates as to where clients were in the process. Additionally, service profiles regarding services that were provided via this process (purchased MH for example) were created by the FMT for use by the Affiliate so that they were able to track data in CAN uniformly. Affiliates were also given information regarding Distribution of Rebate Letters that was distributed to clients who had previously purchased a temporary housing unit directly from FEMA.

d. FEMA Clients that Cannot Purchase their unit due to Air Quality Issues - The FMT distributed to Affiliates a list of clients whose mobile homes failed 3 air quality tests (provided by FEMA TRO). As a result of the final air test, case managers were asked to assist these clients in developing an alternative housing plan. These clients were encouraged to apply for a Housing Choice Voucher under the Super Preference designation.

e. MEMA Cottage Survey - The FMT staff and Affiliates participated in the MEMA Cottage Survey Training held by Haggerty Consulting at the end of Quarter 4, in which information was distributed on the requirements for the Mississippi Alternative Housing Pilot Program. Restrictions, eligibility requirements, and counties involved in the survey were given. The MEMA Cottage Survey was sent to Affiliates serving clients in George, Stone and Pearl River counties to determine if there was a need for the program and if there were clients who would qualify for the one bedroom cottages being offered. Affiliates were given a MEMA Cottage survey and survey instructions. Once surveyed, the Affiliates inputted the survey responses into a spreadsheet. The Affiliates conducted 161 surveys, submitted results to the MCMC FMT, which were then tabulated and forwarded to Haggerty Consulting Firm for further consideration. The results of what was sent to Haggerty are below:

Status of each of the 161 Surveys	Reasons for ineligibility
• Eligible—59 • No contact—18 • Already Served by Haggerty —6 • Ineligible—78 **	• Already Recovered/Rebuilding—32 • Purchased Mobile Home—11 • Refused to participate—11 • Cannot Sustain—2 • Too Many in Household (only one bedroom cottages available)—5 • Disabled (No Accessible Cottages available)—4 • Other (In Prison, etc.)—5 • Unknown – 8

Clients that were identified as eligible are still awaiting further information from MEMA and Haggerty Consulting. During Quarter 5 MEMA reported that it had attempted to contact clients living in the lower 6 counties to determine whether clients were eligible and interested in a MEMA Cottage. A list of clients was sent to MCMC in the beginning of Quarter 6 for review and follow-up. A report-out of that effort and any action steps will be included in the Quarter 6 report.

f. DHAP/HUD/HCV Survey and Process - At the request of the Region VIII Public Housing Authority (PHA), MCMC FMT reviewed its Master List of Clients to determine those clients MCMC was currently working with and living in a Disaster Housing Assistance Program (DHAP) housing situation. The FMT was able to provide this information to the Affiliate assigned to the client so assistance, encouragement and guidance could be given to the client in applying under the DHAP Housing Choice Voucher (HCV) option. MCMC was able to act as the

conduit of information on this project. When Affiliates found that their clients had not received a packet, the PHA was notified immediately. In the end, a number of families were in the HUD database with an incorrect address, which was then corrected. Once the clients were sent an eligibility packet from the PHA they had 15 days to return the required information. As a result of MCMC Affiliate participation in this process, Region VIII saw an approximate increase of 30 % in clients returning the requested information to be considered for a DHAP HCV.

Activities are still continuing to assist clients in:

- Not allowing vouchers to expire (requesting extensions in writing before the 60 day deadline)
- Finding appropriate housing – within budget and able to pass PHA/HUD inspections
- Attending scheduled appointments

g. Status of Utility/Rental Deposit Program - The program is ongoing with approximately $80,000 available for distribution at this time. LESM has expanded the Utility and Rental Deposit Program to include clients who are purchasing their mobile homes to assist with lot deposits and utility needs (i.e., utility poles and sewerage hook ups). At this time, 60 cases have been presented for funding; of which, 53 were funded. A total of $16,831.00 has been expended. The greatest barrier to this process currently includes incomplete applications.

3. Case Management: During Quarter 5, the FMT worked through two re-assignment processes in which they facilitated the transfer of ninety (90) clients from two (2) closing Affiliates to the remaining MCMC Affiliates. Cases were transferred per the new Reassignment Policy with very few difficulties.

   The PHAs throughout the State of Mississippi began accepting applications for the Super Preference and Katrina/Rita Displaced preference at the end of September 2009. The FMT plans to track all of the Super Preference families to determine which clients have applied for an HCV, which clients have received an HCV and which clients have leased up. At this time, MCMC has placed a request with HUD to provide the same information for comparative purposes; however, our request has not been answered as of this date.

4. Data Entry – The Data Entry Conference Calls are now being hosted monthly rather than bi-monthly and data entry specialists are now invited to the supervisor workshop so that the in-person workshops could be cancelled. These changes were made as a result of the reduction of data entry staff at both the Affiliate and Field Management levels. At this time, all data entry clean-up activities, where possible, will be conducted by the Field Management Team and provided to the Affiliates for follow-up and correction. These will be in the form of highlighted error reports to outline the specific data in CAN that needs to be corrected. During Quarter 5, two CAN Clean Up Activities took place;
   a. A comparison of the MCMC Master List of Clients and CAN took place to see whether there were any discrepancies between the two reporting systems. Any discrepancies were sent to the Affiliate to research and fix. MCMC reports approximately a 98% accuracy rate with the # of clients in CAN and on the Master List of Clients.
   b. The FMT provided each Affiliate with a highlighted report of CAN errors. Each Affiliate received a list of their CAN data with highlights throughout, if there were any missing or inconsistent data being reported. This provided the Affiliates with a step-by-step guide to ensuring their data was correct and accurate. At this time, 100% of the Affiliates are in compliance with all benchmarks associated with CAN Data. The MCMC reflects <10% errors on 100% of the fields in CAN. These activities will continue so that the consortium can continue to have high quality data output.

5. Policies: Within the past quarter, three (3) new policies were developed: Financial and Programmatic Close-out Policies, the Case Re-Assignment Policy and the Benchmark Compliance Process.
   a. Financial and Programmatic Closeout Policies – MCMC developed comprehensive instructions on both the financial and programmatic requirements under the MCMC grant for those Affiliates that close-out its' MCMC operations.
   b. Case Re-Assignment Policy – The Field Management Team (FMT) developed a Case Reassignment Policy and Transfer Protocol for cases that were being case managed by an Affiliate closing out of the MCMC program. The Case Reassignment Policy will be used to reassign cases for the continuation period. The policy is intended to be a comprehensive plan and includes several compliance elements. The policy is designed to assist with the reassignment of any cases with case status of "Open" to another affiliate, as all affiliate cases

are MCMC consortium cases. The reassignment process is a required element of Program Closure and must be completed prior to receiving final reimbursement for the MCMC program. The process was supported by a site visit by the FMT staff with the closing Affiliate to support them in their efforts.

c. Benchmark Compliance Process - The Field Management Team (FMT) developed and implemented specific benchmark components that would be used to determine compliance with the "Case Management Findings" benchmark, one of the 11 benchmarks developed by the Mississippi Case Management Consortium (MCMC) for the Continuation phase of the program. The development of case management findings was the first time in disaster recovery case management history that an agency was provided with concrete ways of measuring high quality case management services and data entry. The benchmark will be monitored by the FMT during site visits with the Affiliates. The visits and first round of compliance monitoring started in September 2009.

6. Estimators: The Estimator positions at the Affiliate and Field Management levels were closed out of the program during the phase out of Phase I MCMC. The below data represents a summary of activity:
   - Completed over 90% of the estimates requested
   - Completed 797 construction estimates for Homeowners
   - Identified $31,667,649.83 in unmet construction needs
   - Provided every renter with an estimated cost of 1 year's rent plus deposits and utilities
   - Assisted case managers in valuing everything from child care to FEMA Mobile Homes

7. Forms – A successful consortium will periodically review current practices and processes to ensure they are meeting the needs of clients and collecting the data metrics needed for a successful reporting system. In preparation for the Continuation work, the Field Management Team had discussions with the Case Management Directors and Case Management Supervisors from the Affiliates at the start of Quarter 5 to determine what forms the Affiliates felt needed revising and what additional forms should be created to assist in strengthening case management skills. From these discussions following visits the FMT had with the Affiliates, and following client folder reviews, 4 forms were revised and 6 new forms were developed for the Continuation Phase of the Program. The following list includes modified and created forms:

   <u>Modified Forms</u>

   a. Recovery Plan – The recovery plan was re-designed to allow the case manager and client to develop a more functional recovery plan. The recovery plan no longer has prompting sections with suggested action steps since this was determined to cause more confusion than assistance. The recovery plan that is now in use allows the case manager to freely report the specific need, individualized action steps, and results of each. Case Managers are finding the new form easier to use and the FMT is finding that the case managers are more accurately able to assess outcomes and client results with this process.
   b. Intake Form (Risk Assessment) - The Risk Assessment component of the case management program was revisited and revised. Although all MCMC cases continue to require monthly contact, "Client has a Disability" was added as a risk factor and will now affect the level of required contact with the case manager. The Priority Levels and Level of Contact were also restructured accordingly. At this time, the following priority levels are based on the four associated risks under MCMC:

# of Risks		Priority Level	Level of Required Contact
3 or 4	⇨	4 = Highest	Weekly
2	⇨	3	Twice a Month
1	⇨	2	Twice a Month
0	⇨	1 = Lowest	Monthly

   c. File and CAN Audit Forms – The audit forms used by the Affiliates to review the client files and CAN records were revised to better assist the Affiliates in completing their reviews.
   d. File Checklist – The checklist that is found at the front of each client folder to track whether all required documentation is collected was modified to include the new forms that were created.

   <u>New Forms</u>

   a. Monthly Re-Assessment Form – The Re-Assessment form was created to ensure case managers were re-assessing need and progress on a monthly basis in addition to other key element of the case management process. The form is intended to help case managers and clients stay focused on the current unmet needs and

barriers that brought them to the case management process initially. This process should ensure cases are transitioned in and out of the case management process more quickly.

b. Case Note Form – The Case Notes form was changed to be more result and review focused. The prior form, used by many social and human service systems, allowed the case manager to freely report any contact or notes that pertained to the case management of the client. The new form includes space to report the same; however, the new form adds a section for the case manager to review observations and specific follow-up needed to take place (either Case Manager or Client) prior to the next visit. This will assist the process in prompting the participants in starting the next visit with notes that were taken at the last visit. The revisions will help keep the case manager and client focused on the case management and recovery process.
c. Supervisor Review Form – A form was designed to assist the supervisors in reviewing each of the client files for areas of needed supervision, errors, inconsistent information, file organization, and follow-up. Stronger supervisory reviews will ensure stronger case management.
d. Disability Assessment Form – The consortium had been utilizing the Closure/Transfer Form when transferring cases from one Affiliate to a specialized agency (disability or language assistance). After operations began, the consortium had decided collectively that the Affiliates would benefit from a form that would help them provide data to the specialized agency that would clearly detail why the transfer is needed, what work had already been completed, and what work is anticipated. When the case is transferred, the Disability Assessment form will be sent to the "receiving" agency along with the intake, assessment, and recovery plan, if already completed by the "sending" agency.
e. Field Management Team Assessment Form – The FMT Assessment form was created to document the progress of each of the Affiliates and their compliance with the benchmark component of the program. The form will be used by FMT staff as they visit and assess each Affiliate. The form was created to standardize the work.
f. MCMC Release of Information Form – The consortium had been utilizing the CAN Release of Information as a way to support the transfer of client information between Affiliates since the transferring of client information was primarily shared via the CAN records; however, when Affiliates began closing, client files were transferred to another Affiliate to continue the process; however, the consortium did not feel that the CAN Release of Information would provide the legal protection the Affiliates needed to share hard client files. As a result, the MCMC ROI was created to foster and support internal communication and collaboration.

8. Reporting: During Quarter 5, the following reporting activities took place;
   a. Case Management Findings – The FMT developed a list of 12 indicators of high quality case management. The list is used as the basis for the Compliance visits with the field and will be used to gauge whether agencies are 1) in compliance with their contract; and 2) conducting high quality case management.
   b. Pre & Post Test – A Pre-Post test was developed and distributed to all of the participants at the MCMC Summer Conference. The goal was to assess their knowledge of the covered topics at the beginning and at the end of a conference. This would tell the instructors how much new information was learned during the workshops. Further, the attendees were asked to place a unique identifier on both the pre and post test so that the amount of information learned over the two days could be tracked down to the individual. The test included 22 multiple choice questions covering topics from policy & procedure to case management to financial information. The test was distributed at the opening and closing sessions. 226 completed tests were collected (pre and post test combined); of which 88 included the unique identifiers on the pre and post test, and were able to be compared for evaluative purposes. Of the 22 questions; 17 areas covered indicated an increase in knowledge obtained, 2 areas showed no increase, and 3 showed a decrease in the knowledge obtained.
      - One question with an increase in knowledge showed 76 incorrect responses on the pre test and 1 incorrect response on the post test. The content of the question was amply taught and learned during the conference.
      - A second part of the evaluation was to look at incorrect responses by Affiliate to see if any additional training was needed. One example shows that staff at one particular Affiliate had 4 incorrect answers on a question pre test and 4 incorrect on the same question post test. This shows that at the Affiliate level, there was one question that was not learned during the conference.
      - The 88 participants who completed both a pre and post test scored higher on the post test than on the pre test, indicating learning occurred.
   c. M&E Follow Up Compliance Visit Reports - The field management team continued program compliance visits with each of the Affiliates in preparation for program closure. These visits utilized the Monitoring and Evaluation Site Visit Reports that were completed in January and February 2009, as a basis for their visits. These visits were followed with an official follow-up report of cleared and outstanding findings documented

for each Affiliate. As a result of preparation for these visits, the Field Management Team designed a new spreadsheet to accompany the narrative visit reports in an effort to clearly capture affiliate performance related to following up on Field Management Recommendations. The "Findings Form," which incorporated a point value system was incorporated into the M&E Follow-Up Visits and was used as a basis for developing the Benchmark Compliance visit reporting process.

g. Documentation - The Field Management Team continues to document all site visits, site visit reports, communication, trends, issues, questions, concerns, participation, and changes in contact information in the Field Management Database.
h. CAN Summary Reports - The Field Management Team suggested to the Lead Agency that the CAN Summary Reports be revised to include data fields on open cases only to more accurately understand the current needs of the field. The Lead Agency implemented the suggested changes made by the Field Management Team during Quarter 5 and modified the Affiliate and MCMC CAN Summary Reports.

9. Staffing: Contracts with the CMPS and Data Entry Specialist were terminated due to budget cuts. Existing staff will be used to cover those job responsibilities.

10. Best Practices - Collaboration: MCMC has seen great improvement and interest in collaborating and sharing of information and resources between government and non-profit agencies in MS. This has led to a large number of MCMC clients being matched with programs that they may not have been successful in obtaining otherwise. MCMC has built a strong and successful partnership with MEMA, Region 8, the FEMA TRO, and the Gulf Coast Community Foundation. These relationships have developed over time and at different level of operation; however, the collaborative environment that has been developed is a significant best practice and one that MCMC hopes will continue during this disaster project as well as future disaster projects.

C. Lead

The Lead Agency under the direction of the Mississippi Commission for Volunteer Service (MCVS) has been working diligently to support the field management team and coordinate efforts with FEMA, HUD, MEMA, MS Development Authority, the Mississippi Governor's Office, and a variety of other stakeholders.

1. Contract: During Quarter 5, a total of 30 contracts/modifications were executed to take the Affiliates through the three-months of operation during Quarter 5. These contracts included a one month extension followed by a two-month extension to cover the time period while the consortium awaited final approval from FEMA, and finally a long-term contract that will take the Affiliates through March 2010. The short-term contracts were necessary since the consortium continued to use the funding from the first phase of the MCMC, with each contract preceded by an analysis of program costs to determine available funds for continuation of program. The finance and administration teams issued affiliate contracts based on the conditions outlined in the FEMA award letter received in response to the budget and programmatic proposal(s) submitted by the program director during the last quarter.

   Prior to receiving written approval of a Continuation extension, the Financial and Administrative teams at the lead agency issued an RFA for continuation of programmatic activities through March 2010. The RFA process was designed to hold Affiliates accountable for complete and accurate reporting, while ensuring the information that was provided by the Affiliates would be sufficient to assist the external review team in making the difficult decisions needed to make both agency and workforce reductions. After the RFA was issued, the financial and administrative staff received the RFA proposals from Affiliates, selected a review team to review the RFA applications, worked with the selection committee to answer technical questions, consolidated reviewer scores of the RFA results, wrote contracts and budgets with the ten Affiliates that were selected to participate in the continuation period. The Affiliates will continue to serve clients based on geographical and programmatic capacities, and implement the MCMC Continuation with additional guidance, reports and trainings. The award letter from FEMA, dated September 17, 2009, included a 50% reduction in the requested costs associated with implementing the MCMC Program for the Continuation. In response to the award letter, MCMC wrote an appeal letter to FEMA in the beginning of Quarter 6 requesting reconsideration of a number of key issues.

   The entire leadership and field management teams conducted a training event during the month of August with the goal of providing detailed discussion of the overall case management process as well as to review the new contracts that affiliates entered into for the purpose of the continuation period of performance. The training

workshop was mandatory for all case management and select administrative support staff from affiliates working under the MCMC project.

a. Benchmarks: MCMC strives to provide high quality case management to the clients in receipt of services and developed standards for which the Affiliate's would be expected to maintain over the course of their contract with MCVS. As a result, the consortium has incorporated 11 financial and programmatic benchmarks into each of the Affiliate's Continuation contracts to further support a high quality case management program. The 11 benchmarks and expected outcomes are as follows:

Benchmark	Outcome	Tool for Measuring
Participation in all MCMC conference calls, meetings, trainings, workshops	80%	Attendance
Timely Submission of Monthly Reports, Ad hoc data requests, etc	100% *10% allowance for one-day late	On time submission of all formal and informal written report or data requests
Accuracy of Data Entry (review of 16 areas of "none reported" or Blank)	81%	Fewer than 13 of the 16 sections in CAN have a none-reported number of 10% of greater
Submission of Closure/Transfer Plan – December 15, 2009	100%	On time submission of Closure/Transfer Plan
Clients files document client contacts consistent with Risk Assessment	80%	Collected by MCMC/LESM during programmatic site visits, quarterly
Assessment Development	90%	According to CAN Summary Report, the number of cases that have an Assessment Completed
Recovery Plan Development	85%	According to CAN Summary Report, the number of cases that have a recovery plan developed
Closed Cases	Quarter 5 = July 1 – Sept 30 = 48% Quarter 6 = Oct 1 – Dec 31 = 55% Quarter 7 = Jan 1 – Mar 30 = 70% Quarter 8 = Apr 1 – June 30 = 85%	According to CAN Summary Report, the number of closed cases as compared to the number of open cases according to Quarter
Financial Review Findings	100%	All findings are cleared
Financial Compliance Findings	100%	All findings are cleared
Programmatic Compliance Findings	100%	All findings are cleared

2. Program Closure – During Quarter 5, two Affiliates entered the program close-out phase of their contracts, following the RFA process outlined above in #1. At this time, there have been three (3) Affiliates that have closed out all financial and programmatic operations and are no longer affiliated with the MCMC program. There are ten (10) Affiliates currently operating under the Consortium and there no Affiliates that are in a Program Closure phase-out of their contract with MCVS.

3. Collaboration and Communication: The MCVS/MCMC staff continues to find success in setting up meetings with a number of external partners including local and state employees and legislative representatives. The focus of the meetings continues to be to educate individuals on the importance of supporting a disaster case management program for the recovery of Mississippians as well as to encourage the exchange of information between entities. A number of meetings that were convened this quarter included:
   a. HUD –Ongoing meetings with local PHA representatives, as well as state and federal level HUD representatives so as to understand the processes associated with new voucher allocations available within the state.
   b. Recovery Taskforce- The Executive Director and the Program Director attended weekly workgroup meetings that included representatives from all levels of state government including state elected officials' staff, the Governor's office, the Mississippi Emergency Management Agency, FEMA, and the Mississippi Development Authority. Each attendee provides a verbal report of activities within their offices as those activities relate to recovery.
   c. Region IV VOAD conference calls – The Program Director of the MCMC program continued participating on the Region IV VOAD conference calls to ensure agencies were sharing information with local agencies providing services on the ground in MS.
   d. MCVS Monthly Board Meetings – The Executive Director and Program Director briefed the MCVS board members about the clients MCMC serves. The presentation included data provided by the M&E specialist, finance and accounting staff, and Field Management Staff.
   e. MS Recovery Partners Meetings – The Executive Director, the Program Director, and other members of the leadership team set up and facilitate the monthly MS Recovery Partners meetings with representatives from

MEMA, MDA, FEMA, HUD, Gulf Coast Community Foundation, Housing Resource Centers, the MS Governor's office, and three Congressional leaders in MS to continue their cooperation in finding resources for Katrina clients throughout the state. These meetings continue to strengthen the cooperation between the entities to locate and make available additional resources to MCMC clients as well as clients of the other entities.

4. Financial Compliance: The Financial Director of MCVS has been engaged in the MCMC program processing monthly payments to affiliates; maintaining positive cash flow; and providing internal controls to ensure financial compliance.

5. Finance: During Quarter 5, a total of three (3) financial conference calls took place with the Affiliates. These conference calls were used to provide financial update/information, to share information and resources, and to respond to questions regarding financial implementation of MCMC. This quarter, the ongoing financial requirements of the program included: closing out thirteen (13) MCMC Affiliates for contract period ending July 31, 2009; responding to questions regarding financial implementation of MCMC; providing ongoing technical assistance to Affiliates through e-mails and phone calls; receiving, reviewing, revising (if appropriate or necessary) , and recording Affiliate Cost Reimbursement Requests; submitting Affiliate Cost Reimbursement Requests to Mississippi Commission for Volunteer Service for payment; distributed funds to Affiliates; revising and continuing to develop SF 270 documentation spreadsheet for Affiliate and consolidated cost reimbursement request to FEMA; conducting on-site contract compliance reviews with all Affiliates and preparing reports with findings/recommendations; preparing SF 270s and SF 269s for submission to FEMA; regularly tracking expenditures according to budget line items; receiving, reviewing and approving Financial Close Out documentation for period ending July 31, 2009; preparing 424 series for submission to FEMA; and reviewing Affiliate and field management budgets to ensure costs are within approved budget limits.

6. Public Relations: The public relations staff person has been responding to requests for information as well as promoting a positive understanding of the MCMC program in the field. Over the last quarter, the Public Relations Director has continued to monitor daily Google Alerts for "MCMC," "Katrina housing," and "FEMA," and the names of each of the Affiliates, and monitored external articles written about the MCMC. This quarter, the following articles were written:
    - Cochran Reports $5.6 million, Eight-Month Extension of Miss. Disaster Case Management Pilot Program (18 Sept. 2009) http://yallpolitics.com/index.php/yp/post/18490/
    - 4 Years After Katrina (publication of the Office of Gov. Haley Barbour) (August 2009) http://www.governorbarbour.com/images/28.8.09FourYearsAfterKatrina.pdf
    - Fewer Than 100 FEMA Trailers Remain Locally (27 July 2009) http://www.gulflive.com/news/mississippipress/news.ssf?/base/news/1248689725259080.xml

    Quarter 5 held a variety of additional activities for the Director of Public Relations. This staff person took the lead in coordinating all activities, workshop agenda development, working with hotel and venue staff, to ensure that the MCMC Summary Conference was a success. The conference took place at the Jackson Marriott for all MCMC team leaders, Affiliates, case managers, field management staff, data entry, and financial personnel. The Director of PR also reviewed and evaluated the evaluation forms for the conference and was overwhelmed with the positive feedback and comments. Some of the results of the evaluation are as follows:
        - Data Entry workshop: 4.73/5
        - Recovery Planning workshop: 4.84/5
        - Assessment workshop: 4.79/5
        - Documentation workshop: 4.82/5
        - Case Management Activity: 4.73/5
        - Supervisor workshop: 4.87/5
        - Financial workshop: 4.89/5

    The Director of PR continues to work with the MCVS's Volunteer Center network and the 1-800-Volunteer.org initiative to coordinate volunteer activities on behalf of MCMC and MCMC clientele. At the end of Quarter 5, this position took over the facilitation of the Volunteer Coordination Conference Calls so that it can be integrated into the work of the Adopt-A-Family activities. The "Adopt a Family" project is being developed to help finish houses, linking clients up with potential donors, and will include a state of the art website that will showcase families available for "adoption" and a separate section for highlighting successful renovations/completions.

7. Website: The MCMC Webmaster continued this quarter answering all MCMC related emails, monitoring site statistics, and managing updates to the website. At the beginning of Quarter 5, the Webmaster was successful in locating a new and cost-effective host site to allow MCMC to expand the amount of information being shared through www.mc-mc.org. This project included reassigning email space until a new host could be secured, setting up a new hosting account for the website, recreating all staff email accounts, changing over website host DNS and managing staff's technical questions with the change, building the new site and carefully moving all content and email usage to the new site without interruption to either staff or the public using the MCMC website. The Webmaster also conducted significant work to ensure that the Adopt-A-Family project would be both professional and functional in its execution. Work related to the project included researching and registering new domain names for the Adopt-A-Family project, creating a new logo, and designing and building a new section on the MCMC website which will eventually host the Adopt-A-Family project.

8. Monitoring and Evaluation:
   a. Reporting: The M&E team continues to monitor data from three sources; FEMA, Monthly Affiliate Reports, and CAN. This quarter, the following reports were completed:
      1. Maintain Master List of Clients for consortium; updated regularly with new information provided by the Affiliates, FEMA, and other sources
      2. Continue to receive a list of cases living in FEMA THUs monthly, and continued to review the Mobile Home Sales monthly. After review each month, a short analysis was completed and submitted to the Field Management Team for review.
      3. CAN Summary Reports for Affiliates – Individual reports for the Affiliates to highlight their data entry progress and case management status for the MCMC program
      4. CAN Summary Reports for MCMC – A comprehensive report of all the Affiliate data that highlights the case management status for the MCMC program. Following this report, a short analysis of the information was completed and sent to the Field Management Team for review

   b. Evaluation:
      1. MSU - The MCMC contract with MSU was completed, with a final report submitted to MCMC on August 31st. The report outlined the methods used and the results from each of the following projects; Case Manager Focus Groups, Case Manager Web Survey, and Client Satisfaction Survey. The report can be requested by e-mailing info@mc-mc.org.
      2. Program Evaluation: The MCMC team is currently developing a consortium-wide evaluation to review and respond to the qualitative and quantitative questions posed by FEMA in the Program Guidance document dated August 2008. Program Evaluation will take place during the closeout of the grant.
      3. FMT Strategic Planning Document and M&E Responsibilities: This quarter, the lead agency staff provided the FMT with some overview and planning documents to assist the team in review current practices and transitioning M&E responsibilities to the remaining FMT staff members. As such, two documents were created: a Strategic Planning document, and the "Field Management Team Monitoring and Evaluation Responsibilities." These documents were designed to assist the field management team as they evaluate current practices and processes, and understand the management roles and responsibilities for successful consortium activities.

   c. Policies and Procedures: The lead agency staff reviewed and approved three new policies/procedures and 10 new or modified programmatic forms this quarter, developed and implemented by the FMT. Those policies are discussed in more detail under the FMT Activities section 6.

   d. Policy and Procedure Manual: The MCMC Policy and Procedure Manual was revised this quarter to reflect the changes implemented during the Continuation of the MCMC program through March 2010 as well as incorporate the new policies and forms.

   e. Other:
      1. MDA Housing Study – In July 2009, MCMC conducted a special request project with the Affiliates to assist the State of MS to better understand the current housing situation of MCMC households that had transitioned out of their Travel Trailers. The study included 504 households; MCMC was able to provide the current housing situation for 402 of those. The results were sent to MDA and incorporated into their state-wide Housing Study. The results of the study are below:

% of cases with known status	Explanation
24%	Moved back into Damaged Dwelling; repaired or unrepaired
25%	Client is living in a permanent or semi-permanent housing (apartment, house, camper) situation with no subsidies (may be paying rent, mortgage, or none if none is required)
6%	Client is living in a permanent housing (apartment or house) situation and receiving a housing subsidy from a government source (i.e. Section 8, Housing Choice Voucher)
7%	FEMA reports that the client has moved out of the FEMA Travel Trailer; however the client reports that they are still living in the FEMA Travel Trailer Housing Unit
0%	Client was not living in a Travel Trailer, client was living in a Mobile Home or Park Model OR client was in a TT but the unit was swapped with a MH/PM… and is still living in a MH/PM that has not yet been purchased
8%	Client has purchased a MH/PM (either through FEMA or otherwise)
24%	Client moved in with friends or family
4%	Client moved into a shelter or other transitional housing
In addition, there were 102 cases (20% of the names provided) for which MCMC was not able to furnish a current housing situation (not assigned to MCMC, case relocated, case was a No Contact, case was a Refused, case had been non-compliant and case managers were not able to obtain a current housing situation)	

2. Closing out Phase I / Opening Continuation – This quarter the Affiliates were required to consolidate a final Phase I caseload list so that the clients served prior to the Continuation would be separated from those that would continue to receive services during the Continuation phase.
3. Instruction Documents – MCMC revised the "Instructions to Reports" document that provides step by step instruction and associated definitions of all the new fields requested in the monthly reports from the Affiliates. A second companion document was created to specifically assist clients in closing out the Phase I program and opening the Continuation program.
4. CAN Summary Reports – The CAN Summary Reports underwent modifications to more accurately represent the data being presented to the Affiliates specifically and FEMA and public more generally. It was decided to report certain data points on OPEN cases only. Those fields include:
    - # of cases with a Needs Assessment Completed
    - # of cases with a Recovery Plan Developed
    - Risk – No Source of Income
    - Risk – No Long Term Housing Plan
    - Risk – No Permanent Housing
    - Risk – Client has a disability
    - Level of Contact
    - Priority Level
    - Employment Status
    - Types of Income
    - Amount of Household Income
    - Amount of Household Expenses

    In addition, additional counties were added to the report. The originally list of counties used was based on the original list of cases that were assigned by FEMA in August 2008. The list of assignments has changed since that time and the CAN Summary Reports were modified to reflect those changes.

f. Training: Two workshops were hosted this quarter with the Affiliates, focusing on the MCMC reports and process. The first was during the Summer Conference with Supervisors to take them through the new reporting templates, new processes, and new instructions. The second was an informal session with data entry specialists and/or supervisors to take them through the reporting templates and answer any questions. The reporting workshops were critical as the Affiliates' reviewed their list of assigned cases and worked to close out the Phase I part of their contracts before entering into the Continuation phase of programmatic operations.

9. Administration: During Quarter 5, all Leadership team members participated on weekly conference calls or updates and met monthly for staffing meetings. The two Administrative positions at the MCVS level have become more distinct in responsibilities and focus. One continues to be entwined in the financial work of the consortium; the staffer helped the finance team write minutes for the financial conference calls, helped manage the RFA

application and review process, arranged and compiled information in compliance with OMB Circulars, compiled financial documents for administrative files, reconciled invoices, managed payroll and processed payment mail outs, and coordinated all administrative requests and file transfers between MCMC and the MCVS Board of Directors. This position also assisted the Director of Public Relations structure the new Adopt-A-Family program for the new website.

The programmatic Administrative position was responsible for reformatting the consortium-wide calendar of MCMC meetings, conferences, and events into a two-year easy to read reference document; acted as the primary liaison for processing all website changes from the lead and field management teams as well as the info@mc-mc.org inquiries, edited and proofed correspondence and reports, and prepared the agenda and wrote the minutes for all meetings that included the lead agency staff. This quarter, this staff person continued to provide the administrative support for the MS Recovery Partnership Meetings in Gulfport, including development of the agendas and minutes. To prepare for the Continuation, the programmatic administrative assistant assisted the Program Director in preparing emails and reviewing all contracts prior to sending out to the Affiliates. The programmatic administrative assistant has begun assisting the M&E Director with reviewing and compiling the monthly affiliate narrative reports which helps to support and organize the 40 reports that make up the quarterly reports to FEMA. This work will continue next quarter.

The administrative assistants assisted the Director of PR prepare for the MCMC Summary Conference with tasks including site logistics, formatting and standardizing power point presentations, and consolidating and formatting handouts for workshops.

II. Details of accomplishments this quarter

This section focuses on the work and accomplishments as outlined by the Affiliates, Field Management Team, and Lead Agency. As a Consortium, the progress made towards accomplishing the target of the program within a very short timeframe is tremendous.

A. Affiliate

1. Case Management: Quarter 5 has been an opportunity to improve the quality of program supervision in the field. One Affiliate reported creating a new system where the case managers completed a calendar of activities which are then turned into their supervisor for review. This has allowed for more supervision and feedback as well as accountability.

   One of the challenges of the consortium is working with clients that were not engaged in the case management process from the beginning. One of the ongoing accomplishments of the consortium is when one of its' affiliates successfully engages cases that had been previously coded as "refused" or "no contact." These clients are able to engage in the process and commence case management.

   With the discussions of sustainability this quarter, one Affiliate reported contacting all their closed cases to assess sustainability. The Affiliates are being more mindful of the reason cases are closing out the program and many affiliates are reporting success in closing a large number of cases for Recovery Plans Developed and Primary Needs Met. Affiliates also report that the housing situations are being met through external partners working with the case mangers including the FEMA Mobile Home Sales, The Housing Choice Vouchers, and MEMA Cottages. At this time, additional resources are needed for rebuilding and repairing damaged dwelling.

2. Resources: Affiliates are utilizing each other as resources. Two affiliates reviewed the list of assignments that were made following the close-out of two Affiliates and decided to swap cases between the two Affiliates based geographic coverage and budgetary (travel costs) reasons. The affiliates reported that the process was smooth and open. This is a great example of a consortium working together as opposed to work in competition.

   The MCMC Affiliates are working diligently to locate resources to assist the clientele. At this point, a large number of clients are in need of repairs/rebuilds and, more importantly, locating funding to achieve these goals. This quarter, a number of resources were successfully located and utilized to move cases into permanent and affordable housing situations. One affiliate reported that they were successful in obtaining an elevation grant for a client whose home required an elevation but did not have the funding to meet the requirement. Another Affiliate reported that almost every client that they were working with has now applied for a Section 8 voucher; the only two clients that did not apply include an appeal and another client who would not be eligible for a

voucher. Another Affiliate states that a number of their clients have successfully completed job training at MS Trained and Ready Program; and that these clients will now be able to increase their earning potential and their ability to sustain their housing situation. Several Affiliates report success in locating either the funding or direct donation of bedroom or other basic furniture for families who were transitioning from a THU into permanent and sustainable housing. An additional resource was located this quarter called the "Silver Lining Mobile Home Purchase Program" which will help additional families purchase a Mobile Home.

Affiliates have been successful in helping their clients purchase their mobile home through FEMA for $1 and $5. Once that takes place however, clients struggle to locate funding for the large costs associated with that purchase. As a result of the mobile home clients, Affiliates advocated that the LESM Rental and Utility Deposit program be expanded to include funding for mobile home utility installation, connection, and service providers. Due to this advocacy work, LESM expanded the program and now provides utility deposit assistance for the above aforementioned costs. This resource, in collaboration with the FEMA Mobile Home Sales program has moved hundreds of clients into permanent and sustainable housing situations.

3. Staffing: More affiliates are reporting more interaction and supervision between the case manager and supervisor. These opportunities are improving the case management being provided as a result of the increase in supervisory oversight and feedback. One aspect of the supervisory accomplishments this quarter was the open communication between supervisor and staff, which was facilitated by the MCMC Compliance Visits. Supervisors took the opportunity to discuss the areas for needed improvement with their staff so that the group could then work together to meet the challenge and compliance issues. Open communication is a key aspect for providing high quality program management of the grant.

B. Management

1. Case Management Findings – The FMT has developed quality indicators for disaster case management to determine whether a program is conducting high quality case management. If these are successful in gauging programmatic success, the indicators may be replicable in future programs.

   All agencies are reporting great success in getting their clients to apply for subsidized housing. One Affiliate was able to report specific outcomes to document their efforts of moving families into subsidized housing; 37% of their households that were referred for subsidized housing were approved; and of that number, 90% have moved into their units.

2. Volunteer Coordination Conferences - 3 families have recovered as a result of this resource facilitated initially by MCMC and now by MCVS. Of those 3 families, all have closed out of the MCMC program as a result of this resource.

3. Benchmark Compliance - The MCMC Field Management Team conducted Benchmark Compliance site visits during the months of September and October 2009 with all of the 10 Affiliates. The visits will continue throughout the MCMC Continuation period to assist Affiliates in meeting and then maintaining the Benchmarks that have been set for this contract period. Affiliates were provided with the Benchmark Compliance Process and the Affiliate Assessment Form that were used to document the visits with each Affiliate. Through these visits, the FMT was able to identify problem areas within the Affiliates. This helped the FMT to focus in on specific areas that the FMT can assist the Affiliates in improving. As a result of the visits, the Affiliates became more aware of the benchmarks and what problem areas were seen in their case files. They were given recommendations on how to correct the problems to avoid non-compliance in their contract with MCMC. In addition, these visits resulted in Affiliates being able to see the progress and improvements they had made since the beginning of the MCMC Pilot Program.

C. Lead

1. Contracting: The MCMC program was granted a continued period of performance as a result of legislative action which authorized FEMA to continue to reimburse the state for case management activities related to the recovery from Katrina. MCMC provided a programmatic and budget proposal to FEMA which was granted with certain conditions that are being appealed by MCVS in the beginning of Quarter 6. Affiliate contracts were issued based on the initial award letter and will be modified once the appeal process is complete, if necessary. MCMC was able to operate for fifteen (15) months on the budget that was approved by FEMA to support a nine (9) month case management disaster program. At the end there was a surplus of $0.34 which was promptly returned to FEMA.

2. Advocacy and Collaboration: The members of the leadership and field management teams continued to advocate for the continued support of the MCMC infrastructure which has greatly enhanced the ability of the state to address complex human service issues related to Katrina/Rita recovery. An accomplishment this quarter relates to the actions taken by the state to ensure that housing vouchers which had recently been made available within the state are able to be targeted to individuals and families residing in temporary housing units (THU's). Much of the discussion that MCMC has facilitated over the last several quarters has involved the continued housing needs of clients and their inability to afford the rental options that have been built as a result of the long term workforce housing programs funded by MDA. Through reporting, discussion, and advocacy, a new initiative approved by Congress allowed for approximately 3,000 new housing vouchers to be made available through the public housing authorities within the state. MCMC advocated that these vouchers not be concentrated among the coastal counties, but be made available statewide with the option of portability so that clients are able to access the voucher no matter where they may reside within the state. This process has begun and THU occupants are now able to take advantage of a long term housing option that was unavailable just 6 months ago. MCMC, through its facilitation of recovery partner's meetings, has been able to create a sense of collaboration, not only among the consortium affiliates who are providing disaster case management services, but also among the various state and federal entities who continue to provide resources and partnership in an effort to work smarter through the recovery process.

3. Website –Began building a website to host the Adopt-A-Family project which will connect clients with financial needs (rebuild, repair, etc) with sponsors throughout the country.

4. Monitoring and Evaluation: There were a number of accomplishments this quarter within the auspices of data and reporting.
   a. Reporting - The Affiliates moved into an automated system of data which was supported by a summary template report in Excel with built-in formulas so that the calculations of data would be made for them (# of Open Cases, # of cases with a rental need, etc). This was done to advance the way the Affiliates report data and reduce the amount of administrative time needed to consolidate MCMC required reports.
   b. CAN Summary Reports – Changes made the CAN Summary Report will assist the managers as they review program information on their currently open cases under MCMC. With these changes we expect the Affiliates to utilize the reports to more accurately target specific areas of needed improvement. One area for example reviews the level of required contact. This area will assist the affiliates in ensuring the workload of the case managers remains consistent, and will assist the affiliates in identifying whether the percentage of the levels of contact under each area (weekly, twice a month, monthly) appears consistent with current level of visits with the clients. These changes will improve the quality of service and accountability of programmatic operations.

III. Success Stories/Case Studies this Quarter

Below are a few success stories from Affiliate, the Field Management Team and the Lead Agency. Each Affiliate reports unique success stories monthly which can be obtained by emailing info@mc-mc.org.

A. Affiliates

Boat People SOS: Client is a 50 year old woman who lives with her 52 year old disabled husband and 4 children in East Biloxi. They arrived in Biloxi more than 10 years ago from Vietnam. They both worked hard to support their family and put one son through college. After years of hard work and saving, she purchased a small modest home in February of 2005. Her joy and happiness did not last long as Hurricane Katrina wreaked havoc on the Gulf Coast and her home was flooded as a result of the storm surge. All of her personal items were destroyed. She did not have insurance and received little assistance from FEMA. The family resided in FEMA travel trailers for more than 3 years while she worked odd jobs to support her family and repair her home; however, her savings were only enough to purchase building materials. She could not afford to hire the contractors to do the work. BPSOS case manager coordinated with local construction volunteer groups to assist with the repair as well as securing additional funding for cabinets, flooring, appliances and furniture. Her home is now completed and she and her family have finally moved out of the FEMA trailers. After 4 years of living in temporary housing, the client and her family are living in permanent, safe, secure and sustainable housing. This family displayed courage, resolve and the "never give up" spirit that enabled them to overcome any obstacles – even the worst natural disaster in America.

East Biloxi Coordination, Relief, and Development Agency (EBCRRA): Client was renting a 2 bedroom, 1 bath house before the storm. After the storm, client did not have any plans for permanent housing. Client received $300.00 from the American Red Cross and $14,664.06 from FEMA. The client has used these funds to maintain his monthly living expenses and necessities since the storm. At present, client is in permanent housing subsidized by Section 8 Housing. Client is able to maintain his monthly expenses and have extra money to set aside for emergencies. The client is happy and content with his recovery and has no other unmet disaster-caused needs at this time.

Institute for Disability Services (IDS): The client was living in a FEMA trailer and got frustrated when he kept hearing from FEMA personnel that the trailer would be pulled. After the calls, the client moved out of the trailer and into an old bus on his property. He then called FEMA and asked them to pick up the trailer. The case manager was able to obtain funding from the Salvation Army for a nice used mobile home which was delivered to the client's property with all appropriate furnishings. The case manager brought him a few household items from the IDS home closet. He was extremely happy. After the process, the client, who is disabled, informed the case manager that he wants to attend school at USM to get a degree in social work. The case manager noticed that he was reading old social work text books so she helped the client complete the application. We are now waiting to hear if he has been accepted to the school.

Internal Relief and Development (IRD): The client, who was previously not working or willing to go back to school, has since enrolled in a program to complete her GED and has successfully completed a component of the program for job skills. As a result, the client is now employed and is excited to be on her way to establishing stability for herself and her two children.

Disability Resource Mississippi (DRMS/formerly MSPA): Case managers have had a difficult task of getting one client to understand the importance of getting the proper permits from the county to elevate the FEMA mobile home. After working with county and city officials on behalf of, and with, this client, the case manager assisted the client in obtaining the necessary permit three days before the mobile home purchase deadline. The client was able to purchase the mobile home for $5.00.

Recover, Rebuild, Restore Southeast Mississippi (R3SM): Ms. N was one of many Hurricane Katrina victims who lost everything. She has since replaced most of her personal property and secured permanent housing by purchasing her FEMA mobile home. However, her recovery was incomplete because her daughter needed a bed. Thanks to the generosity of an anonymous R3SM donor and advocacy on the part of her case manager, Ms. N received a lovely queen size bed.

Client #2 is a 52-year-old female who began her road to recovery in a FEMA travel trailer. From the travel trailer, the client was able to rent a full-size mobile home in the same mobile home park through the DHAP Program. When the DHAP Program closed, the client was able to rent a one-bedroom house through the Section VIII Program. Currently, the client's share of her rent each month is $75.00. The client is on a fixed income and is disabled. She volunteers at a Senior Day Program Monday through Friday of each week doing clerical duties, cooking, and assisting with activities. The client was very motivated during her recovery period and has kept copies of all paperwork since the storm. Her case was approved for closure recently as 'Recovery Plan Achieved'.

Recovery Assistance International (RAI): Mr. SL's case was opened on March 02, 2009 with RAI. Mr. SL is a 51 year old male who prior to Hurricane Katrina was working as a maintenance man at T. Estates where he also rented a three bedroom trailer with his wife. His trailer was damaged beyond repair during the storm and subsequently moved into a vacant trailer for approximately a month. They were forced to leave the trailer in which they were residing and sought shelter in a friend's van for a year. The SL family was able to save money and rented a trailer while Mr. SL worked in construction. When they could no longer afford the rent at the trailer they returned to living in their friend's van. Two years after Hurricane Katrina the couple received a FEMA trailer and moved to a FEMA trailer park. Mr. SL's wife passed away on January 2, 2008 from liver failure. He himself has been diagnosed with lung cancer and finished his last treatment on Friday March 13, 2009. His back injury and health prohibit him from being able to do any strenuous labor; therefore he has had a difficult time securing employment. He moved to Jubilee Inn on September 22, 2008 and was receiving assistance from FEMA with his housing and food needs. FEMA stopped assisting with his rent there on March 13, 2009 and became homeless once again and wandered from place to place.

Mr. SL's case manager attempted to secure temporary shelter for him through The Salvation Army and Back Bay Mission but he was not able to stay in a shelter because of his health condition. The case manager then attempted to secure permanent housing for him through Biloxi Housing Authority and a Blessed Francis Church affiliate; however, since he was in and out of the hospital due to several health complications, those options did not prove successful either. The case

manager then referred the client to the Biloxi Veterans Administration to speak with a patient representative and apply for disability as well as receive assistance with his health needs. Mr. SL was able to contact a patient representative and as a result has been approved for his disability and has been receiving continual assistance with his health concerns. His case manager had a difficult time maintaining regular contact with him due to the fact that he did not have an address and only limited access to a phone. However I am happy to report that as of September 17, 2009, Mr. SL has secured permanent housing renting a room from a friend. He has also attained employment at a construction company doing sheetrock work. Although he has had to overcome dire circumstances he has persevered and overcome many adversities but with continued support and assistance he has been successful. The last phase of his recovery involves him being able to secure his very own housing one day. These success stories are what case management is all about and I am glad to have played my part in it.

Waveland Citizen Fund: Maintaining Case Managers without attrition – this is critical to have until the end of the program

B. Lead Agency (MCVS)

1. Contractual: Program implementation in accordance with contract terms, conditions, FEMA program guidance and required OMB circulars; and successful application for continued funding through FEMA

2. Reporting: Consortium-wide reporting templates are an important component of programmatic operations. It is important to have a dual-reporting mechanism so that the data in one source can be compared and consolidated with a second incoming source. Using CAN exclusively will prohibit the collection and monitoring and all client data. As a result, we highlight suggest in all future disaster case management programs, that two reporting mechanisms be required.

3. Data Entry Staff: Data Entry Staff with the Affiliates must be maintained at a high staffing level; 15:1. This will ensure that dedicated staff is constantly working to review, monitor, and update data in CAN. There are currently 140+ required fields in CAN that all MCMC affiliates are to use. Decreasing the number of data entry staff will make accurate reporting near impossible, as case managers are required to maintain contact with their clients and may not understand the importance of quality data entry and auditing.

4. Administration: The MCMC Conference was remarkable. Most attendees were quite complimentary of the format and structure of the workshops and sessions. Now that the MCMC has operated for one calendar year, we are able to look back at our work to see where we can troubleshoot and better our operations. This will not only strengthen the MCMC, but provide a better national model for Disaster Case Management.

5. Webmaster: In response to the overwhelming email usage and uploads needed to support the MCMC program, the Webmaster created a new host environment and moved the entire website to a larger host server. The move was supported by internal help documents to assist staff in making the necessary changes to their computers and a seamless DNS change with no publicly evident issues or problems.

6. Resources and Collaboration: MCMC was instrumental in the facilitation of state and federal partner meetings aimed at aligning resources necessary for the recovery of the population of clients we serve. There were numerous productive meetings held between MCMC leadership, FEMA, the state, and political representatives this quarter which resulted in some viable solutions to the end of the temporary housing program administered by FEMA. Many clients were able to purchase mobile homes, access housing vouchers, and move to more permanent housing solutions as a result of the joint resource and planning meetings that were convened at the request of MCMC leadership.

IV. Challenges Experienced During the Quarter & Action Steps Taken or Planned to Overcome Challenges

Below you will find a table with the Challenges on the left, and the corresponding Action Step(s) on the right.

Challenges Experienced during the quarter	Action steps taken or planned to overcome challenges
Affiliates:	
Case Management	
Case documentation needs to be complete; including case notes and recovery plans with outcomes and target dates	1. Meet with case managers regularly and review files 2. Conduct monthly case review 1. Provide training, examples; and practice 3. Use the Supervisor Review Form and File Audit for to strength case documentation
Clients agreeing to meet with their CMs according to their level of contact	1. Setting up regular appointments with the clients 2. Calling ahead 3. Leaving appointment cards
Meeting required face-to-face contacts with elusive clients	1. Conduct unscheduled evening visits
Assisting unmotivated clients in creating measurable, client-driven Recovery Plans	1. Assist unmotivated clients in identifying specific challenges, action steps to overcome, and setting realistic target dates 2. Recognize clients who meet goals and target dates
Working with clients with felony convictions	1. Explore options; unsure what resources are available
Resources and Collaboration	
To secure sustainable housing for remaining clients	1. Referred clients to PHA for applications 2. Assisted clients to fill out applications as necessary 3. Met clients on regular basis to ensure clients follow up with deadlines and appointments 4. Secured funding for deposits and basic furniture for clients moving into permanent and sustainable housing 5. Referred clients to WIN Job Center for employment as a first step to increasing income
Finding resources for clients; specifically clients with mental health needs	1. Researched for additional resources within the community and governmental agencies 2. Organized resource documents for case managers to utilize 3. Utilized the Housing Resource Specialist to locate resources 4. Continue discussing at meetings
Staffing	
Keeping staff motivated as they work themselves out of a job	1. Kept the working environment positive 2. Continually focused on the positive results of the program
Improve time management skills	1. Scheduled clerical case work days at the office 2. Scheduled weekly half-days to conduct file reviews and/or training
Getting staff to use new forms	1. Provided in-service training on new forms 2. Ensured staff have access to latest version of forms
Loss of entire staff including Case Management Director, Supervisor, and Case Managers at one Affiliate	1. Hired new director with MCMC and management experience 2. Learned MCMC Continuation Requirements 3. Provided training on new processes of MCMC Continuation 4. Hired replacement case manager
CAN / Data Entry	
Services provided are not all listed in CAN	1. Met with case managers to determine issues of getting information into CAN 2. Planned a day where all case managers get together and add services provided to CAN 3. Continued to add services provided in CAN as instructed by MCMC management team
High quality client data	1. Conduct CAN Audits according to MCMC schedule 2. On-going monitoring of CAN data versus data in client's file
Administration	

The increase in contact with the client has caused agencies to over-spend on the mileage line item	1. MCVS included in its' appeal to FEMA an increase in the Travel Line Item 2. Understand that the level of contact is frontloaded and will decrease over time as cases are closed
With the extra visits and the added paperwork necessary to meet the new reporting and face-to-face contacts, it is a challenge for our CMs to complete their jobs without earning overtime; and within the travel cost line item	1. Worked with MCMC financial staff to move line items around to meet the travel cost needs 2. Met with case managers to troubleshoot challenges of meeting clients according to the risk assessment 3. Case managers started providing monthly calendar to supervisor 4. Used rental car when it is determined to be cheaper than personal car 5. Transferred cases to/from sister affiliate to increase efficiency 6. Attempted to keep caseload as low as possible for each case manager
Not enough funding for data specialist position	1. Case managers are completing CAN reports and updates 2. Case Managers are being trained to take on data entry assignments
Finalizing the client records and CAN records for closed cases	1. Data Entry Specialist is review all closed cases, one at a time 1. Conduct final file closeout review 2. Conduct Program Closure File Audit 3. Conduct Program Closure CAN Audit 2. Locate and catalog all closed files as they are moved into storage
Maintaining client files that meet Program Benchmark standards	1. Correct problems in files 2. Provide in-service for staff 3. Clean up CAN data 4. Review Benchmark Reports from FMT 5. Implement all required action steps in the Benchmark Report, by the due date 1. Create a prompt in client spreadsheet to verify each CAN audit was completedTrained case managers on file review procedures 2. Utilized the Supervisor Review Form to identify areas of concern and communicate those with the Case Managers
Field Management (MCMC/LESM):	
Clients who purchased their Mobile Home or Park Model for $1 or $5, sustainability issues for some households were identified including: • Maintaining monthly utilities • Insurance Costs on the mobile home • Tax costs on the mobile home to change the title to the client • Moving costs on the mobile home for those who could not remain where they were • Paying lot rents once FEMA stopped the assistance • Mobile homes needing some repairs not completed by FEMA prior to the sale	1. Coordinated communication between Affiliate and FEMA when said issues arose 2. Require monthly budget revisions and pre and post budgets with the clients to determine if housing solutions being offered are affordable, sustainable, and permanent
The Volunteer Coordination program slowed over the summer due to low numbers of volunteer coming to the coast during the summer months (this happened even in 2006), lack of funded projects, and all of the uncertainty surrounding the continuation.	1. Developed a list of volunteer housing resources in South Mississippi with location, capacity, cost, and contact information. 2. Ensured that the families waiting for this resource are incorporated into the "Adopt-A-Family" project
The FEMA Mobile Home Sales Program ended on/about September 18th, 2009.	1. Continue to assess community resources 2. Refer clients living in a FEMA THU to alternative housing resources
Ensuring Affiliates are meeting the required level of face-to-face contact with their clients when Affiliates do not have adequate funding to meet the requirement.	3. MCVS included in its' appeal to FEMA an increase in the Travel Line Item 4. Understand that the level of contact is frontloaded and will decrease over time as cases are closed 5. Share best practices of implementation with all Consortium Affiliates

Lead Agency (MCVS):	
Received communication from FEMA that no new cases can be added to the FEMA caseload of MCMC.	1. Advocated for the inclusion of cases that are added to the FEMA Occupant List following April 30th
Our affiliates are constantly facing sources of change in their work. The MCMC scope of practice must encompass a myriad of ideologies that tax most "on-the-ground" affiliates.	2. Strong training 3. Clear communication
Implementation of program without final budget from FEMA	1. Continue to Advocate for a finalized budget
High Quality Data Entry and Reporting with a reduction of key staff in the field to complete the necessary tasks	1. Send an appeal letter to FEMA, advocating for a reinstitution of the agreed upon staffing ratios for the data entry staff
Implementing an increase in the level of required contact with clients to facilitate the transition into permanent housing, especially as new housing resources are coming to light; however, this plan is not supported by the current budget and line item for travel with the Affiliates	1. MCVS included in its' appeal to FEMA an increase in the Travel Line Item

V. Remaining Challenges

The following "Remaining Challenges" are the areas of the MCMC program that the Affiliates, Management Agency, and Lead Agency continue to report as areas of challenge, at all levels of the Consortium. These areas will continue to be addressed during Quarter 6.

A. Affiliate
1. To assist remaining clients secure permanent and sustainable housing
2. Finding resources for clients
3. Add data that is missing from CAN
4. Conduct CAN and file cleanup on closed cases
5. Reduce the number of errors and omissions in client files, in CAN, and on reports
6. Reduce the number of no-shows
7. Reduce travel expenses associated with face-to-face client visits
8. Raise compliance with benchmarks
9. Training staff on new processes of MCMC Continuation
10. Following clients through the process of applying, received, and leasing up with a HCV Voucher, when possible

B. Management
1. Tracking compliance with the benchmarks
2. Continuing the focus on high quality case management
3. Supporting the field and their use of the new forms and reports
4. Continuing to monitor CAN data to continue to maintain high quality data entry
5. Working with the Affiliates to develop creative strategies to assist clients with resources or housing plans

C. Lead
1. Working with reduced staffing ratios on key implementation staffing positions
2. Continuing to advocate for housing resources
3. Continuing to advocate to serve additional client populations that are not receiving case management
4. Advocating to all non-profit and government agencies that are providing disaster recovery services to the Hurricane Katrina/Rita population, to share a list of clients names and key indicators. This list could help the state of Mississippi determine the true population of clients with unmet disaster caused needs

VI. Summary of Planned Activities for Next Quarter

A. Affiliate

1. Locate affordable housing via local apartment complexes
2. Refer clients to PHA for applications
3. Refer clients for job training and employment opportunities at the WIN Job Center
4. Locate and obtain financial assistance for deposits and basic necessities
5. Continue to refer clients to the resources that we know are available
6. Network with other affiliates and agencies
7. Implement client call-ins prior to face-to-face visits on clients who avoid meetings
8. Implement standing/scheduled visits - as possible
9. Utilize new fields in CAN to track the HCV process
10. Ensure case progress is documented in file and CAN as progression of the recovery plan is made
11. Continue in-service training as issues become apparent in monthly file review
12. Continue in-service training as needed on new and revised forms
13. Data entry staff will monitor case managers' CAN entry by running weekly CAN exports
14. Continue clean-up efforts between case managers and data entry specialist
15. Conduct ongoing monthly supervisor reviews to comply to MCMC program requirements
16. Continue to re-assess client needs on a monthly basis; update CAN accordingly

B. Management

1. Continue to conduct Compliance Visits with Affiliate
2. Conduct on-site trainings with affiliates as needed
3. Continue to review policies and procedures regularly
4. Monitor supervisor function at the Affiliate level
5. Continue to conduct Data Entry conference calls monthly
6. Continue to conduct Supervisor conference calls and meetings weekly
7. Continue to build relationship and collaborations with PHAs, FEMA, and other external entities
8. Monitor the DHAP → HCV transition process; communicate with HUD regularly on process
9. Support the ten (10) Affiliates in their efforts to provide high quality case management services to the clients

C. Lead

1. The Financial Team plans to communicate more with the field to ensure proper documentation of expenditures and usage of funds.
2. Prepare for contractual and budgetary implementation of Phase II Continuation
3. Finalize contracts with Affiliates selected to participate in the Phase II Continuation
4. Review contract compliance of all Affiliates. Follow-up with any affiliate out of compliance, as outlined in their contract
5. Facilitate the Volunteer Coordination Meetings with the non-profit community to link clients with volunteer labor in a coordinated and systematic process
6. Advocate for the inclusion of all DHAP clients to be case managed by MCMC
7. Advocate for the inclusion of all MEMA Cottage cases to be case managed by MCMC
8. Continue to coordinate with HUD, FEMA, MEMA, the Governor's Office to ensure all MCMC clients are living in a safe, permanent, and sustainable housing situation at the end of the MCMC program.
9. Execute the "Adopt-A-Family" program and associated website
10. Host conference calls with financial directors, agency directors, and Adopt-A-family Affiliate points of contact
11. Support the Field Management Team in their efforts to provide high quality case management services to the Affiliates

VII. Suggestions for Improving the MCMC Case Management System

Monthly the Affiliates are requested to report suggestions they would like see made to MCMC. Each suggestion received is provided with a response by MCMC staff.

The Suggestions for Improving MCMC and CAN can be found as Attachment 2 to this report

VIII. Suggestions for Improving the CAN system

Monthly, the Affiliates are requested to report suggestions they would like see made to CAN which are then sent to CAN.

The Suggestions for Improving MCMC and CAN can be found as Attachment 2 to this report

IX. Indicator Table of Data

The MCMC CAN Summary October 2009 can be found as Attachment 1 to this report

*This report represents a consolidated submission of ten (10) MCMC Affiliates, the Field Management (MCMC/LESM), and Lead Agency (MCVS). Individual Affiliate and management team reports and attachments are kept on file at MCMC/LESM and are available upon request.