

Mo-DCMP Evaluation Report

October 2013

Rachel Delcau Consulting, LLC

[Learning from the Missouri Disaster Case Management Program]

An evaluation of the long-term recovery efforts for individuals in the wake of weather-related disasters that occurred in Missouri during Spring 2011.

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Executive Summary

This is an evaluation of the Missouri Disaster Case Management Program (Mo-DCMP), which is a FEMA grant program that provided disaster case management services to individuals affected by disaster events that occurred in Missouri during the spring of 2011. This evaluation report has been compiled by Rachel Delcau Consulting, a third-party evaluation consultant, whose data-gathering process included phone and email surveys, focus groups, and informal conversations and observations in disaster-affected areas. More than 500 individuals, including Mo-DCMP-funded employees, Long Term Recovery Committee members, volunteers, clients, and other survivors participated in the evaluation process.

Overall, the constituents who were surveyed believed that disaster case management is necessary for successful long-term recovery. The evaluation revealed a number of strengths in Missouri's long-term disaster recovery efforts, as well as several areas for improvement. These findings, if acted upon, will ensure an even more effective, efficient, and thorough recovery from future disasters. The key conclusions are outlined below, and the methods and findings are detailed extensively later in this report.

Continue:

Cultivating Relationships among Disaster Professionals

One of the reasons Mo-DCMP was so successful is that the network of disaster professionals in Missouri has a long history of collaboration, communication and planning ahead. Once FEMA funding was secured, the agencies were able to move forward quickly because the leaders already knew and trusted each other.

Preparing Grant Application Documents in Advance

Now that Missouri has gone through FEMA's DCMP grant application process, the state will maintain a template for the grant application – including program and budget details – that may require only slight modifications in the aftermath of future disasters. Having a grant application nearly ready to submit will reduce delays in the start of federally funded disaster recovery efforts.

Planning for Disasters

The extensive planning conducted by COADs and VOADs laid the groundwork for quick and organized recovery efforts. In order to prepare for unknown future disasters, these organizations should continue their laudable planning work

Promoting Good Communication

Overall, clients reported very supportive and successful relationships with their DCMs. Although there were areas (outlined below) where communication could be improved, overall this area was a strength for Mo-DCMP.

Conducting Disaster Case Management Training

Missouri should continue to support preemptive training efforts for DCMs, so that when a disaster strikes again in Missouri, a cadre of pre-trained DCMs will be ready to deploy from within the local community or a nearby community. Training efforts should also continue to focus on preparing a geographically diverse group of DCMs, because many Missouri communities would prefer to receive help from locals, rather than outsiders.

Suggested Next Steps:

Develop Memoranda of Understanding

If DCMP were written into the State Administrative Plan, memoranda of understanding could be developed in advance with DCM providers. By identifying pre-vetted service providers, agencies could be ready to begin services much more quickly.

Improve Quality and Consistency of Communication

Communication issues, at times, hampered the disaster recovery at two levels. Communication from DED and FEMA was often unclear or inconsistent. Some clients also reported communication issues with their DCMs: some clients' calls were not returned, and some clients felt disrespected or ignored. In the future, communication could further improve if agency leaders ensure that DCMs' case loads are manageable and that DCMs are trained to keep track of clients' follow-up needs. Improving FEMA and DED communication, however, is beyond the scope of this report.

Improve Volunteer Management

Improved tracking and management of volunteer resources should be a priority for improving future disaster recovery efforts. Provider agencies should have a position that is responsible for recruiting, coordinating and managing volunteers, so the recovery process will be smoother. Creating a volunteer registry is an important step, but active

volunteer management from within DCMP is vital to fully harnessing the energy and skills of volunteers.

Develop a Constituent Relationship Management System for Long-Term Recovery

Managing relationships with a comprehensive constituent relationship management system will help improve the quality and consistency of communication as well as manage volunteers. The same system could also be used to minimize duplication of benefits and track client progress.

Increase Outreach Efficiency with Predictive Dialing

Predictive dialing technology should be used anytime thousands of people need to be reached. This technology was used during the course of this evaluation; however DCMs used traditional dialing methods when trying to conduct community outreach to inform disaster-affected individuals about DCM services.

Remove Barriers for Potential Clients

Retire the term “disaster case manager” as a job title. Focus group participants and survey respondents indicated that the term “case management” deters some individuals from seeking recovery services. Two potential variations are “disaster recovery specialist” and “disaster recovery assistant.”

Utilize Specialists

DCM services require both generalists and specialists. DCM generalists should be trained to help survivors to develop a recovery plan and to navigate existing social service structures. Depending on the needs of the community, future disaster recovery efforts could also benefit from the services of housing specialists, construction specialists, mortgage and banking specialists, Veterans Affairs specialists, and others. The best way to address the need for specialists and generalists is through provider agencies’ hiring practices.

Develop an App for Disaster Recovery

A disaster recovery app could offer a variety of recovery tools for survivors, some of which are outlined in the full report. Although the app would not replace traditional DCM, such a tool would be useful in providing information and assistance to disaster survivors who would otherwise be reluctant to ask for help. The app should also include a way to connect users to a DCM.

Thank You

More than 500 people provided thoughtful feedback and suggestions for future long-term recovery efforts. A very special level of gratitude is reserved for the many clients who relived their experiences over the phone in hopes that their stories will help others recover more easily in the wake of future disasters. Thanks go to all of the Disaster Case Managers; their supervisors and program managers; volunteers; long-term recovery members in Joplin, Cape and St. Louis; and staff from the management agency and from the state Department of Economic Development, all of whom shared their frustrations, joys, and ideas for future recovery efforts. Many thanks also go to everyone who provided feedback through the online survey.

Thanks to the United Way 211 in St. Louis for providing computers, phone lines, and physical space for conducting the client phone survey. Without this resource contribution, the evaluation would lack the robust feedback collected from Mo-DCMP clients.

Acronym References Guide

ARC – American Red Cross Greater Ozarks Chapter

CCCS – Catholic Charities Community Services

CCSM – Catholic Charities of Southern Missouri

COAD – Community Organizations Active in Disasters

DCM – Disaster Case Manager

DCMP – Disaster Case Management Program

DED – State Department of Economic Development

FEMA – Federal Emergency Management Agency

LFCS – Lutheran Family and Children’s Services of Missouri (management agency)

LTRC – Long Term Recovery Committee

Mo-DCMP – Missouri Disaster Case Management Program

NY-DCMP – New York Disaster Case Management Program

NOAA – National Oceanic and Atmospheric Administration

SEMA – State Emergency Management Agency

SEMO – Southeast Missouri

TSA – The Salvation Army

VOAD – Voluntary Organizations Active in Disasters

WIB – Workforce Investment Board

Purpose

The purpose of this evaluation report is to improve future long-term disaster recovery efforts by examining the Missouri Disaster Case Management Program (Mo-DCMP), which was launched to address the needs of those affected by weather-related disasters that occurred in the spring of 2011. The disasters covered by this grant program included flooding that took place in Missouri, the Good Friday tornado that hit St. Louis in April 2011, and the Joplin tornado that hit in May 2011, as well as several other severe weather events.

While disaster case management is hardly new to Missouri, Mo-DCMP as a federally funded grant program is. Furthermore, the grant program itself is relatively new. According to a former FEMA representative, only ten similar grants having been awarded, some of which were pilots of the program, others of which ran concurrently to Mo-DCMP. Therefore the goals of the evaluation included gaining a better understanding of the entire recovery program from the perspective of all parties involved. Results of this evaluation aim to improve the Disaster Case Management Program within governmental and nonprofit leadership while also laying the groundwork for future program evaluations.

Through the course of this evaluation, disaster survivors, relief and recovery volunteers, case managers and many others shared their insights on what worked well, what did not work so well, and how things can be improved for future individuals affected by disaster. What quickly became clear is that there is a consensus that disaster case management is essential for community-wide recovery. It is also clear that the funding mechanism for disaster case management can vary widely depending on the size and scope of a disaster, among other variables. With this in mind, this evaluation aims to address details related directly to the grant program, as well as for disaster case management in general.

Evaluation Process

About the Evaluation Consultant

Rachel Delcau Consulting, LLC, is a sole proprietorship owned by Rachel Delcau, MSW. Rachel has more than 15 years of experience conducting qualitative research and six years of experience analyzing quantitative data for nonprofit organizations and in academic settings. She earned a Master of Social Work with a concentration in Effective Strategies for Nonprofit Leadership from the Brown School of Social Work at Washington University in St. Louis. Rachel Delcau has a strong ability to synthesize data from multiple sources to generate creative programmatic solutions. She is committed to continual process improvement and knowledge sharing.

The Consultancy Relationship

To minimize bias and increase objectivity in the evaluation process, the management agency, Lutheran Family and Children's Services of Missouri, contracted with Rachel Delcau, MSW, to perform a third-party, independent evaluation of Mo-DCMP. Between May and October of 2013 the consultancy relationship was characterized by regular communication between the management agency and the evaluation consultant. The consultant worked with the management agency to determine the scope and timeline of the evaluation project.

The management agency facilitated data collection by providing documentation and organizing site visits and focus groups with Mo-DCMP service delivery staff. Staff at the management agency also assisted the evaluation process by responding to the consultant's questions in a timely manner, providing space for focus groups, and making connections to others in Missouri's disaster network, including the long-term recovery committee leadership in each region. Additionally, the evaluation consultant and management agency staff carpooled on trips to site visits, thereby maximizing informal data collection opportunities. At no time did the management agency dictate how any given aspect of the evaluation research was performed, though their staff did provide feedback on the wording and accuracy of data-gathering tools and broadcast communications, as well a draft of this evaluation report.

Evaluation Focus

Areas of interest for the evaluation were programmatic outreach, communication, training and management. The evaluation also focused on the Coordinated Assistance

Network (CAN), a database used by DCMs around the country, and in the case of Missouri, the source of evaluation metrics for DED and FEMA. As the evaluation progressed further, themes emerged that were then incorporated into later aspects of the evaluation research. These themes included the grant timeline, barriers for people with disaster-related unmet needs and potential remedies, volunteer management, and challenges that stemmed from there being multiple provider agencies operating in one area.

Case Management in Missouri

Missouri has a long history of utilizing disaster case management through a network of voluntary agencies and partners. The Missouri State Emergency Management Agency (SEMA), Missouri Voluntary Organizations Active in Disaster (MOVOAD), and the Governor's Faith-Based and Community Service Partnership for Disaster Recovery (The Partnership) contend that Disaster Case Management "should be provided as a holistic approach to disaster recovery by providing an efficient system that can address the short and long term physical, spiritual and emotional needs of affected citizens" (DCMP grant application). In Missouri, with the exception of case management performed in response to Hurricane Katrina, Disaster Case Management has historically been performed by unpaid staff.

"There was a commitment to relationship and a commitment to cooperation. That has been a hallmark of our experience. While the grant is totally new, and totally lacking in any kind of clarity that we would have liked, the consensus is that Disaster Case Management is something that we're all committed to, and had experience working in. It was just great to be able to do it on a whole different level."

-- Evaluation Participant

The scope of damage and the extent of disaster-related unmet needs that resulted from the severe weather events in early 2011 simply overwhelmed the voluntary program that was in place. Prior to the grant taking effect, some disaster case managers had more than 80 cases. In an interview one volunteer case manager recalled the overwhelming need: "Fourteen hundred clients, my gosh! We'd never get around to it. We'll just chip away as we can."

Spring 2011 in Context

Between tornadoes, floods and high winds, Missourians were inundated with disasters in the spring of 2011. As cited in the Mo-DCMP grant application, between mid-April and the end of May, nearly 10,000 homes were damaged or destroyed, 535 injuries were reported and 162 people died as a result of severe weather. Most of the affected counties fall below state and federal averages in income and percentage in the workforce. Furthermore, most of the impacted counties also exceed state and national percentages of citizens with disabilities.

St. Louis

Each area faced its own unique set of challenges as well. In St. Louis, an urban area with a standing Long Term Recovery Committee (LTRC) and plenty of social service organizations, many people did not get the help they so desperately needed.

St. Louisans' recovery needs remained unmet, in part because public attention shifted

"It's like my life was finally on track, my career was going well, I was financially stable... and then the tornado... All my neighbors got new roofs... My insurance company only gave me \$400. I can't fix anything with that! I don't have money for a new roof. And now there's mold. I'm so overwhelmed I don't know where to begin."

-- St. Louis Resident

instantly and resources flowed to Joplin when a much more devastating EF5 tornado took out nearly everything in its path.

By the time Mo-DCMP was operational in St. Louis, DCMs found their clients living in a constant state of crisis. There were elderly clients who had holes in their roof but not so much as a tarp diverting rain. Further complicating the matter was the relationship between

the LTRC in St. Louis and Mo-DCMP service providers.

Making the situation even worse, St. Louis residents who were affected by tornadoes in 2011 have since lived through two (and, in some cases, three) more tornadoes. When the consultant toured the area in 2013 to see homes repaired or rebuilt in coordination with Mo-DCMP services, a series of tornadoes had passed through only days before and damage could be found everywhere. During the phone survey, one client said that she could see the sun and the moon from her bathroom because of the tornado damage. She wanted to let readers of this report know that people are still suffering. In other parts of St. Louis people are oblivious to the damage and the need that exists.

Joplin

In Joplin the EF5 tornado on May 22, 2011, affected the entire community. There were 162 fatalities, making it one of the deadliest tornadoes in US history according to the government agency that measures weather, the National Oceanic and Atmospheric Administration. Over 500 businesses were destroyed and with them an estimated 25% of the town's employment base. Nearly all of the low-income housing was wiped out. The high school, the hospital, and several nursing homes were also damaged. Devastation was everywhere. The community was traumatized. Despite the obliterated landscape, the community was labeled as a resilient one that was committed to a speedy recovery.

Today an outsider would only see hints that a mile-wide tornado passed through Joplin just over two years ago. The twisted, skeletal trees, some still wrapped by metallic debris, are now some of the only visual reminders of the cataclysmic event. An outsider only sees thousands of saplings planted all over town but does not have memory of the old growth trees that once lined neighborhood streets. Many people have successfully relocated or rebuilt their homes. Problems like chronic poverty and meth addiction that were largely ignored by city leadership before the disaster were brought to the limelight by the tornado. Now, a number of programs have begun work on solving the issues that affect the community.

Despite the success stories, there are still people suffering from the aftermath of the tornado. These individuals mostly thought they could handle their recovery without assistance or they did not know that help was available. Some are struggling with PTSD, while others feel ashamed that they are not yet fully recovered. The outsider's view of Joplin does not see into the homes and lives of the survivors who still struggle.

Southeast Missouri

In Southeast Missouri the situation was different, still. The geography varies from the flood plains of the Mississippi to the rolling hills of the Ozarks. Some counties have their own LTRC, and some are part of a multi-county LTRC. A lot of people are at least a little suspicious of outsiders, even folks from only one county over. There's a sense that outsiders just don't understand their problems or their way of life.

In Sikeston, no one was trained in the Missouri model of DCM until April 2012, when training under Mo-DCMP began. Prior to that, there were Workforce Investment Board (WIB) employees who performed casework through the LTRC with minimal training. One Mo-DCMP employee described the situation as acrimonious: "They perceived that we

were ‘case stealing’ as cases transferred to trained, grant-funded, disaster case managers, and were unwilling to work together.” In other areas of SEMO, the LTRCs had shut down by the time the grant was operationalized.

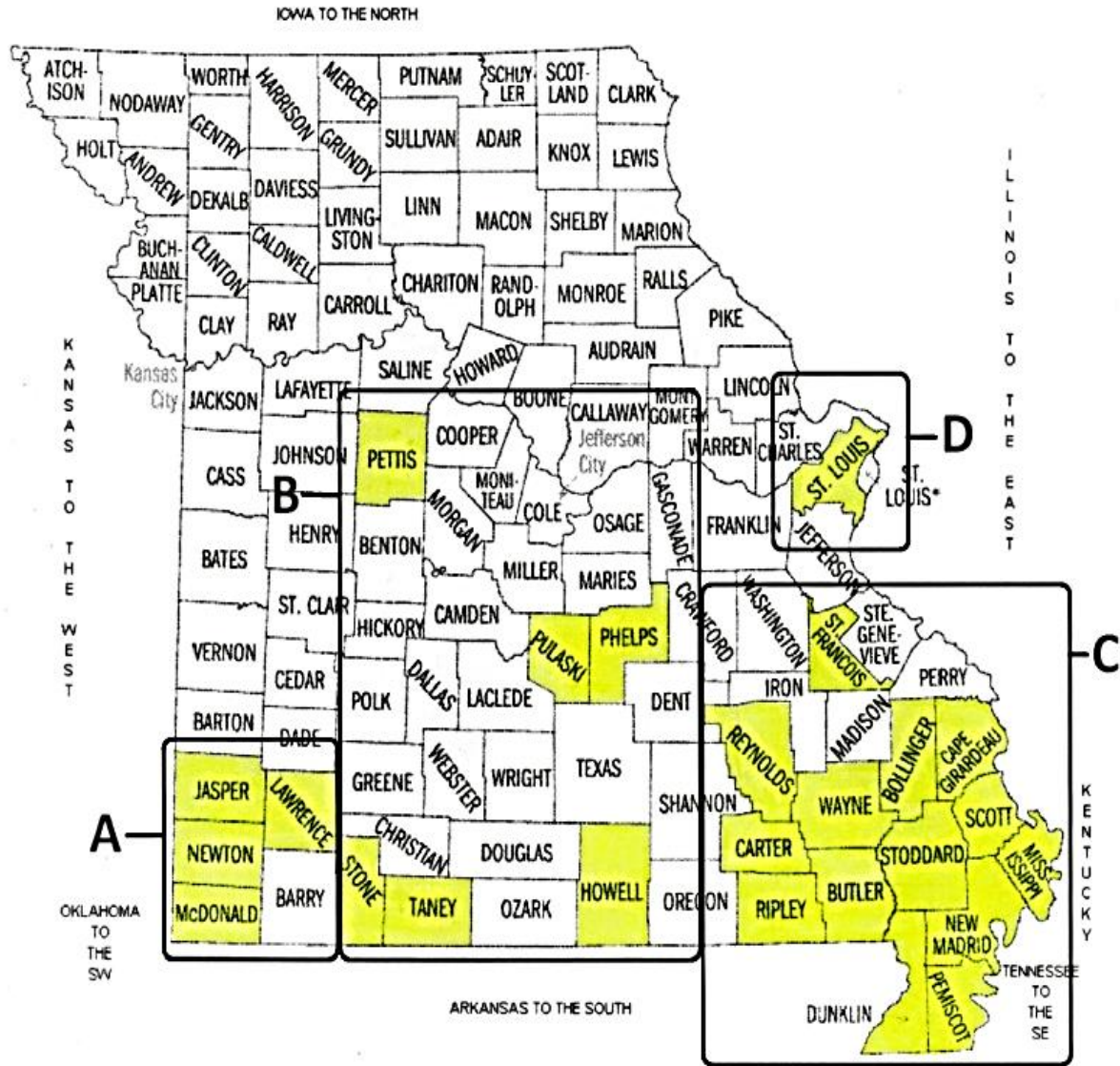
Flood damage is often not seen from the outside. In extreme cases, like those affected by torrential flooding in Colorado earlier this spring, the totality of the destruction is apparent. The flooding in SEMO can largely be seen only from inside a person’s home. The extent of water damage that brings mold and a toxic environment is hard to measure. For some, literally every time it rains, it floods. These issues complicate determining who needs help and what help can be given. While Mo-DCMP focused on “disaster related unmet needs,” mitigation is also needed in many cases or the client will face another set of unmet needs every time there is heavy rain.

Grant Structure

FEMA, the grantor, awarded the DCMP grant to Missouri Department of Economic Development (DED). The current policy states that DCMP may only be requested in the case of a presidential disaster declaration for individual assistance. DED then contracted with Lutheran Family and Children’s Services of Missouri (LFCS) as the management agency after undergoing the proposal process. As the management agency, LFCS was responsible for the overall administration, implementation, management, oversight, evaluation and closeout of Mo-DCMP. After another proposal process, LFCS subcontracted with American Red Cross Greater Ozarks Chapter, Catholic Charities Community Services, Catholic Charities of Southern Missouri, and The Salvation Army Midland Division to provide Disaster Case Management services to affected individuals.

The 25 affected counties served under the grant were divided into four regions, labeled A-D on the provider map shown on the following page. American Red Cross Greater Ozarks Chapter, Catholic Charities of Southern Missouri and The Salvation Army Midland Division all served Region A, the area affected by the Joplin tornado storm system. Region B, served by American Red Cross Greater Ozarks Chapter, turned out not to have significant disaster-related unmet needs addressed through this grant program. Region C, mostly affected by flooding, was served by Catholic Charities of Southern Missouri. The St. Louis area, Region D, was served by Catholic Charities Community Services. The needs in each area varied widely based on the scope of the disaster, the type of damage caused, and the availability of recovery resources.

Provider Agency Service Area Map



Provider Agency Service Area Map

Timeline Overview

Through the course of the evaluation process, the timeline of the grant program was cited as one of the biggest challenges to overcome. An overview of the timeline is provided here, and subsequent issues that resulted from this timeline are presented throughout this report. Potential solutions to minimize the time between the disaster date and the time when DCMP is operationalized are found in the Moving Forward section of this report.

2011	
April 19	Severe weather began to take its toll in Missouri
April 22	Good Friday EF4 tornado hit St. Louis
May 3	Army Corps of Engineers intentionally breached Bird’s Point Levee in SEMO
May 9	FEMA issued initial Disaster Declaration DR-1980 for four counties
May 16	Eight more counties added to DR-1980
May 22	EF5 Tornado hit Joplin; Jasper and Newton Counties added to DR-1980
June 21	DR-1980 expanded to a total of 25 counties for IA and 34 for PA
July	DED submitted DCMP grant application to FEMA
Dec 6	DCMP Grant awarded by FEMA to DED
2012	
Jan 30	DED executed contract with LFCS to serve as Mo-DCMP Management Agency
Feb-Mar	Proposals requested and contracts negotiated for DCM service provider agencies
April 2	LFCS executed subcontracts with four agencies to provide DCM services
April	Orientation and training under Mo-DCMP began
June 1	Mo-DCMP services and data entry consistent across provider agencies
2013	
May 1	Third-party evaluation of Mo-DCMP began
Aug 8	Mo-DCMP close-out period began
Oct 7	Mo-DCMP closed-out

Methodology

Evaluation participants demonstrated commitment to improving future disaster recovery efforts by providing open, honest and thoughtful feedback. All participants were assured that their anonymity would be maintained to the best of the consultant’s ability.

For this reason, identifying information has been removed from quotes within this report.

Informal Data Collection

Throughout the course of the evaluation period, the consultant collected data informally through conversations and observations. During the third and final site visit from the management agency to the provider agencies, the consultant observed interactions and engaged with staff at each provider agency. Informal data was also collected during meetings with Joplin LTRC co-chairs, debrief sessions hosted by the management agency, tours of disaster-affected areas, during a multi-county VOAD meeting in Southeast Missouri, and before and after scheduled meetings and interviews.

The consultant also collected informal data at Third Thursday, a monthly event in downtown Joplin; at the International Festival in St. Louis where NOAA had a booth; and at any opportunity that presented itself to have a conversation about long-term recovery and disaster case management. The latter was particularly useful in gauging a general sense of how people who are not involved in disaster-related work think about long-term recovery. In a nutshell, the general public does not give much consideration to long-term disaster recovery.

Document Collection

An extensive set of documents were provided by the management agency to the evaluation consultant including FEMA guidance documents, the DED DCMP grant application, contracts, a sample case file, training manuals and more. Information was also shared through email as needed. Co-chairs from the Joplin LTRC also provided documents a variety of documents including but not limited to those that informed their decision making; conduct guidelines; community reports; and the co-chair's own process notes.

A review of academic literature was also conducted, primarily for the purpose of informing the consultant on evidence-based practice in the field of disaster recovery and to identify potential measurement tools for the evaluation. Much of the existing literature focuses on disaster planning and response. Little research has been conducted on the recovery phase and nothing was found specifically on DCM. No evaluation tools for DCM were found. As DCM gains recognition as a key component for long-term disaster recovery, hopefully more research will be conducted and tools for measuring success will be developed.

Individual Interviews

One-on-one and group interviews were recorded and transcribed with the co-chair of the Joplin LTRC; a former FEMA Voluntary Agency Liaison (VAL) for Region VII; a former DED project development coordinator who played a key role during the grant application process; the Manager of the Compliance Team in Business and Community Services at DED; and the director of the Business and Community Services Branch of the DED. A compliance officer at DED was also interviewed, however the recording quality was inadequate for transcription.

NVIVO software was used to perform computer-assisted qualitative analysis of the transcribed documents. Further detail on this process is described in the following section on focus group methodology.

Focus Groups

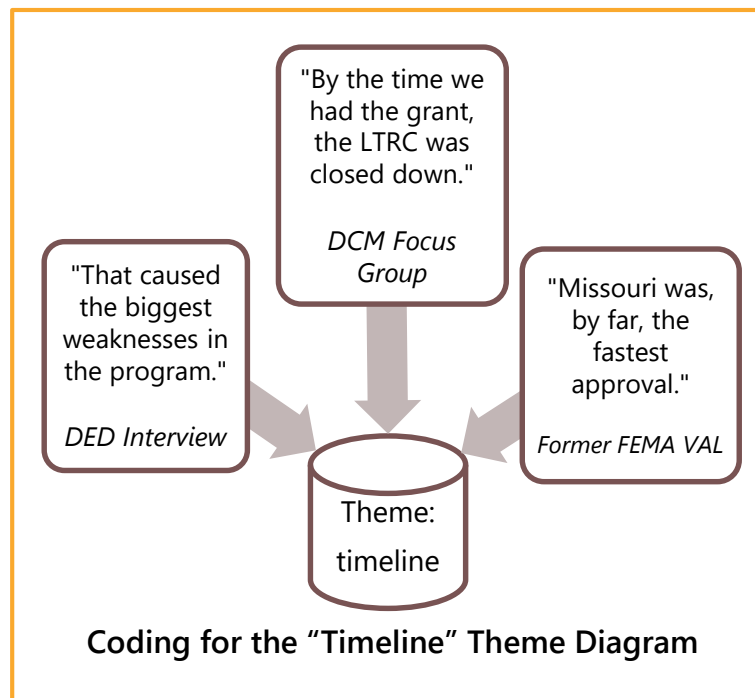
Staff members from each of the provider agencies were invited to LFCS offices to participate in focus groups for program managers, case management supervisors, and case managers. These focus groups coincided with a debriefing session hosted by the management agency. Later, staff from the management agency participated in their own focus group. Multiple focus groups were held in Joplin, including two with members of their LTRC and one with Joplin Schools' care managers. Members from a multi-county LTRC in Southeast Missouri participated in a focus group in Cape Girardeau. A focus group with members of the St. Louis LTRC was held at the United Way in St. Louis.

Focus groups were recorded and transcribed. NVIVO was used to aid in the qualitative analysis process. Each document was coded into categories or themes based on the content. For example, the following quote from the focus group with case managers was coded under "FEMA" and "receipts:" "I have had clients that have called FEMA, 'Do I need to save these receipts?' 'Oh, no, that's okay. Once you've got it, you've got it.'"

Other themes like "flexibility" were created because research indicated that this is an important trait for successful response and recovery. When focus group content matched one of these themes, the comment was coded accordingly.

For example, one LTRC member who was speaking of civic leadership in Joplin during the disaster response phase said, "They were incredible leaders in the fact that they did not force their will on the situation. They would come out with rulings ... and if it didn't work, they pulled it back and they said, 'Never mind, that's not the best thing. Now we're going to try this.'" The diagram to the right shows an example of coding into the theme "timeline."

Each theme was then reviewed for commonalities and differences among the various sources. These themes then shaped the exploratory topics found in the online survey. Further details are in the section for the online survey methodology.

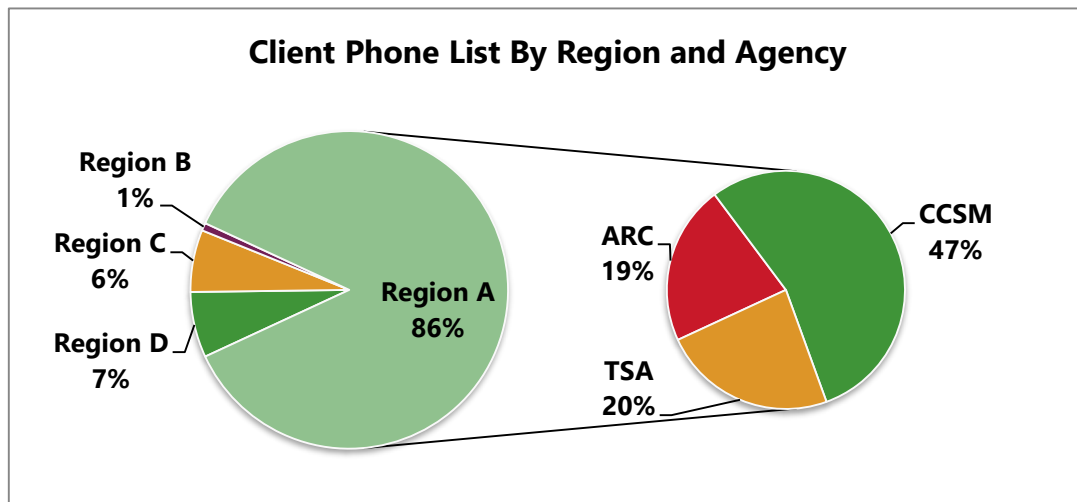


Client Phone Survey

A listing of 1,659 Mo-DCMP clients was provided by LFCS to the evaluation consultant for participation in the client phone survey. The listing contained the following data fields: client name, case manager and provider agency name, primary and secondary phone numbers to reach client, the pre-disaster county and disaster event, and case open and case closed dates. Details about the personal situations of clients and the services they received were not included in the data set provided to the evaluation consultant.

Clients were chosen for the phone survey if at least two contacts with the client were recorded in the CAN database. Through this selection process, the goal was to reach people who received case management services, as opposed to those who only received information and referrals. In other words, the client list provided to the consultant included all clients who received disaster case management services under Mo-DCMP.

The chart below represents a breakdown of the client phone survey list by region and agency. In Region A, Catholic Charities of Southern Missouri served 47% of the clients on the phone list, The Salvation Army served 20%, and American Red Cross served 19%. Seven percent of the phone list consisted of clients in St. Louis, who were served by Catholic Charities Community Services, and 6% consisted of clients in SEMO who were served by Catholic Charities of Southern Missouri.



Cloud-based predictive dialing technology was used to manage the outbound call campaign. With predictive dialing, the time spent on the phone with clients is maximized by reducing the amount of time call agents spend dialing phone numbers. A computer dials the phone number and patches the call through to the call agent only when someone answers. Call agents do not spend time manually typing in phone numbers, waiting for a phone to ring or for an answering machine to pick up.

The initial predictive dialing service that was to be used drastically increased in cost between the time the evaluation proposal was submitted and when the evaluation began. Identifying another space that had the technological minimum requirements added a time-consuming challenge to the evaluation. Once the management agency became aware of the issue, they were able to identify a solution through their network: United Way 211 contributed a training space that was equipped with computers and phone lines for the Mo-DCMP client phone survey.

A free Google Voice number was used as the call back number that showed up on clients' caller IDs. This number also had a voice recording about the evaluation project, so that clients who called back would know why they had received a call. There was also

a pre-recorded message that was left on answering machines during the first pass through the list. That message was also used for dropped calls, or those calls that would otherwise have resulted in hanging up on the client. Dropped calls can be somewhat controlled for by the pace of dialing and the number of call agents online at any given time. A minimum of three call agents were online at any given time to decrease the likelihood that the client would answer their phone just to hear a recorded message. Clients who sent a text message to the Google Voice number were sent a text message in return with a link to the online survey. Clients that sent a text requesting removal from the call list were added to the "do not call" master list for the project.

Calls were made over six, three-hour shifts with four to five paid call agents working each shift. The number of shifts was determined by progress through the client list. The call campaign ended after three complete passes through the original call list. During the third pass through it was apparent that most people who could be reached, had been reached. Call agents were recruited from United Way 211 and the consultant's network of subcontractors.

During the call agents' first shift, they were trained to use the technology platform, to build rapport quickly with clients, and to collect information correctly. On each part of the script, even where there were yes/no questions, the call agent's screen had space for typing in open-ended feedback. Part of this training included directions to repeat client comments for verification from the client prior to typing them in the form fields on the screen. By confirming the clients' responses, call agents increased the consultant's confidence that the collected data did accurately reflect the clients' feedback. Call agents were also trained to "disposition the call," or indicate the call outcome. For example "call back" would be selected if someone answered the phone but the client was not available to take the survey at that time. If the client completed the survey, the disposition "survey submitted" was selected. The consultant monitored the call agents during the call campaigns, provided feedback, and was readily available to answer questions from clients and call agents.

During the script writing period, concern was raised that clients may or may not understand what disaster case management is or they may confuse 'case manager' with another case manager they may have had, unrelated to the disaster. Therefore it was determined that clients would be more likely to understand the context of the call if their disaster case manager's name and the provider agency name was used at the

beginning of the script. Clients were also informed at the beginning of the call that their time and feedback would be used to improve long-term disaster recovery efforts.

Clients who agreed to participate in the survey were then asked if they created a recovery plan and if their recovery goals had been achieved. If the client indicated they were still struggling or needed help, the call agent instructed them to call 211. Clients were also asked to provide open-ended feedback on the most helpful aspects of the program and what areas they felt needed improvement. Clients were then asked if they felt disaster case management should be available for future disaster survivors. At the end of the call, each client was asked if they would like to receive a copy of this report by email.

Call progress was monitored during each call shift and agents were kept informed regarding progress through the list, response rate, and feedback collected. These updates, and the fact that call agents were together in one room, helped to maintain a positive atmosphere of collective effort for a common purpose.

All of the data collected on these calls was tabulated into a spreadsheet. Additional classification fields were added to this dataset prior to import into NVIVO. The classifying fields that were added included a "pre" or "post" Mo-DCMP to correspond with the case open and case closed dates tied to the client record. A field was also added for the disaster region (A-D as outlined previously). All identifying information was removed from the dataset prior to importing into NVIVO.

In NVIVO the client comments were assessed and coded into categories. Coding for "overall positive" was primarily derived from responses to the questions about what the client would improve. For example, a client who said "everything was pretty cool, she was always very helpful" in response to being asked how the program could improve, the comment was coded as both "no improvements" and "overall positive."

The category for "overall negative" was derived from comments collected at any point during the survey where the client suggested their overall experience was negative. For example, "Did not have a good experience with any case manager," or, "I didn't go back because they were horrible," was coded as "overall negative."

If clients described the services they received, then that data was collected and coded as "relief services" or "recovery services." For example, "They gave us some money for food," was coded as "relief services," whereas, "[We are] back in the house we lived in

before the tornado," was coded as "recovery services." Feedback was also coded as "no services provided" if the client suggested that was the case. The majority of this type of data was collected in response to the question about the most helpful aspect of the program, though some data came in response to questions about the client's recovery progress.

Finally, clients were coded as having "unmet disaster related needs or still struggling" if they indicated they were still working through their recovery plan, used the phrase "struggling," or if they described disaster-related unmet needs. For example, "Everything was lost in tornado, struggling but moving forward, in counseling," and, "Client has her furniture in storage, cannot return it to house in this condition, contractor did not put in adequate HVAC and ductwork. Mold has set in new flooring because roof is not finished," were coded in the "unmet needs or still struggling" category.

Next, matrix coding queries were performed to understand what role, if any, classification data (such as region, agency, or grant timeline) played in the client experience.

Online Survey

The online survey was designed to further explore topics that came up during informal data gathering, focus groups and one-one-one interviews. These themes include volunteer management, alternative ways to access disaster recovery expertise, the term "disaster case management" as a barrier to clients seeking service, concerns noted by individuals employed with grant funds, training, and LTRC perceptions. Additionally, there was a section for disaster survivors, with questions divided by those who received case management services and those who did not. For those who did not, they were asked, "Why not?" For those who did receive services, the questions reflected similar questions as the phone survey that was being conducted concurrently. In addition to those questions, the online survey contained two rating scales, the first of which pertained to their feelings toward the agency where they received services and the second pertaining to their relationship with their disaster case manager.

Throughout the survey a combination of rating scales with verbal qualifiers and open-ended questions were used to collect feedback. Bernd Rohrman's research, found in his project report written in 2007 and titled *Verbal qualifiers for rating scales*:

Sociolinguistic considerations and psychometric data, informed the decision making process in this area.

Prior to the launch of the survey, the language and content was reviewed by the management agency. For example, in the second question where participants are asked to imagine their community has just been struck by a tornado, consideration was given to using 'earthquake' in place of 'tornado.' 'Earthquake' was dismissed for the question because tornadoes have been the cause of Missouri's most recent mass disasters and therefore thought to be more familiar to most of those who responded to the survey.

The consultant and the management agency worked together to ensure that the survey language was accurate, that the flow made sense, and all information that needed to be collected was part of the survey. Additionally, the consultant reviewed the survey for skip-logic, or the feature in an electronic survey that takes a person to the next screen based on their current answer. Lastly, the survey was reviewed for grammar, typos and skip logic by one of the consultant's subcontractors.

The online survey was promoted throughout the evaluation process. The survey was launched on August 21, 2013, by an email announcement. The initial email was sent to 104 email addresses, most of which were obtained in a listing provided by the management agency. Some email addresses were also obtained throughout the course of the evaluation, whether by the exchange of business cards or by collecting addresses from email threads related to the evaluation. After the initial email was sent, the management agency followed up with another email that encouraged participation in the evaluation process.

The consultant sent a reminder email on August 26, 2013, to the initial list of invitees, except for those who provided an email address at the end of the survey. Those who provided an email at the end of the survey received a "thank you" email with a request to pass on the survey and encourage others to participate in the evaluation. As the client phone survey was running concurrently, the online survey was also sent to clients who provided an email address. They were thanked for participating in the phone survey and then asked to share the link so that others they knew could provide feedback too. During the same time frame, the consultant, the provider agencies and the management agency promoted the survey within their respective networks. In addition to these methods of soliciting feedback, the Joplin LTRC posted the survey link on their Facebook page.

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In an effort to spread the survey more widely, AmeriCorps St. Louis blasted an email to their disaster volunteer base, a total of 5,934 valid email addresses. In the last report sent by AmeriCorps St. Louis, 693 individuals opened the email and 98 people clicked on a link to take the survey.

On September 4, 2013, a final email solicitation for feedback was sent. The last email included the survey close date, September 6, 2013. As in previous blasts, the list was segmented based on available information. Those who provided an email address in the survey were sent one last message to share the survey with others; those original email addresses that did not show up in the optional email field received a final reminder that time was running out to provide their feedback; and those who provided an email address during the client phone survey were thanked and asked to share the survey one last time.

Each email blast also included a disclaimer at the end that explained why they received the email and what future communication could be expected. Email recipients were informed in the disclaimer message that they would receive the evaluation results by email only if they provided an email address in the survey.

Unfortunately, the survey contained an error in the skip logic that prevented non-LTRC members from answering questions about being disaster affected. Initially the lack of response from disaster affected individuals was considered plausible given then low level of internet connectivity found in some of the disaster-impacted regions. Furthermore, from client phone surveys it was clear that many clients did not have regular access to the internet or routine use of email. Further analysis of survey feedback revealed that skip-logic was improperly set. Respondents who answered that they were not part of an LTRC should have been taken to a page asking if they had been affected by any disasters. Instead, they were taken to the section on terminology toward the end of the survey. Only LTRC members were taken to the section for disaster affected individuals. It is unclear how this error was not noticed by any of the individuals who reviewed the survey prior to its launch. One way to minimize the likelihood of this type of error in the future is to survey different constituencies independently. For example, the clients could have taken the online survey at the time their case was closed, and Mo-DCMP employees could have been surveyed prior to their last day of employment if the evaluation process had been in place. However, the client

satisfaction survey that clients were asked to take at the time their case was closed was insufficient for a thorough evaluation.

Survey analysis was conducted using SurveyMonkey, the website and service used to design and launch the survey, as well as NVIVO. Prior to analysis, all results were tabulated and reviewed in Microsoft Excel. Classifying information was reviewed and modified where needed. For example, LTRC members who were disaster affected were asked if they “worked with a disaster case manager within the past 24 months.” The wording “worked with” was chosen over “received services from” in an effort to continue the empowering language philosophy promoted by the management agency. However, it became apparent that LTRC members “worked with” case managers in a different sense. None of the LTRC members who were disaster affected received Mo-DCMP services and their responses were reclassified accordingly. All open-ended feedback was maintained regardless of classification modifications. Open-ended feedback was coded using the same process described in the focus group section.

The primary classification fields for the online survey were: Missouri resident status, volunteer status, Mo-DCMP employee status, disaster-affected status and LTRC status. If the client portion of the survey had been successful, recovery plan creation and achievement, disaster event, as well as provider agency would have been used to classify feedback.

Traditional demographic information on race, gender, age and income were deliberately not collected as the management agency expressly stated a lack of interest in looking at the data in this way. Generally speaking, the demographics and subsequent issues of each geographic area affected by the disaster are known by the parties involved in disaster recovery work in Missouri.

Findings

Coordinated Assistance Network (CAN)

Historically, the Coordinated Assistance Network (CAN) was developed to address two issues: duplication of benefits and form fatigue. After the terrorist attacks on September 11, 2001, individuals with long-term recovery needs moved around within the northeast a lot. In an after-action review it was suggested that a system be developed for DCMs to communicate with one another about their shared clients. CAN was envisioned as a way

for a DCM in one area to know everything a client may have done with a DCM in another area. Because the information was all to be in one system, the client would not need to fill out another round of paperwork and retell their story time after time. CAN was developed by a collaborative partnership that involved many organizations that are active in disasters. CAN is currently maintained by American Red Cross. The instructions originally set forth were for DCMs to use CAN as a tool however they saw fit. In other words, every DCM who has entered data into CAN since its inception was operating from a different standpoint about how and what data should be entered into the system. It is difficult, if not impossible, to compare data collected in CAN from one disaster to another, because at different times, different fields of data have held different meanings for different people entering data into those fields.

Complicating matters are the misperceptions presented in the Mo-DCMP grant application that CAN is a “data management system” that “comprehensively supports the DCM work flow” and that it is “a searchable database.” Based on those perceptions of CAN’s capabilities, it was chosen as the reporting tool for Mo-DCMP. However, many of those features are not, in fact, present in the CAN system. Where functionality does exist, as with the search function, average users found it difficult to retrieve the information they sought.

CAN is not a data management system; it is a data repository that requires skilled data management personnel to retrieve information. Most DCMs did not find that it helped their workflow; rather, they felt hindered and overwhelmed. Pulling reports from CAN turned out to be a nightmare for many, and it led to a lot of confusion when initial needs were trying to be determined. Some of this confusion came from a lack of training and some of it came from a lack of data integrity.

An aspect that affects the quality of data in CAN is the person responsible for data entry. There are certain qualities that make a person good at data entry, not least of which is a passion for data and a high level of attention to detail. Some of the people who entered data into CAN simply did not seem to value the practice of using data to measure success, nor did they seem to value the quality of data in CAN. For them, CAN was a nuisance that took time away from their “real” job of helping people. The exception was found where a data specialist was hired because there were 15 DCMs, which at the time was understood to be the FEMA-specified threshold for hiring a data specialist. Each location should have had a data specialist regardless of how many DCMs are present.

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This would have alleviated much of the frustration felt by DCMs, would have improved client outcomes by avoiding mistakes like the one described below, and would have ensured better data quality for reporting throughout the course of Mo-DCMP.

Unfortunately, those who suffered the most from the lack of data integrity were the clients who had their cases prioritized in reverse order. During a focus group, one DCM explained the situation: "When I got notes and looked in CAN, I found people who should have been a 4 who were a 1. And then they [LTRC] said, 'Why did it take so long? Why is the house in such bad condition?' Because they were a 1, and when I go out and look at the house, I see holes." In other words, clients who had two or more emergent disaster-related needs, including severe disaster-related housing issues, were inadvertently recorded in CAN as having no emergent disaster-related needs and minimal disaster-related housing issues. DCMs traditionally would begin with Tier 4 cases, or those who have emergent needs, and work their way through to the cases without emergent needs. One can only imagine how many clients may have been harmed by this erroneous data entry work, the extent of which is unknown.

How effective CAN was in minimizing the duplication of benefits is unknown. In Joplin, most social service agencies were using a system called Charity Tracker to maximize the effective distribution of donated resources and minimize duplication of benefits. Some Mo-DCMP providers did check CAN and Charity Tracker to see if a family already had a DCM or already received donated goods. However, until DCM was funded through Mo-DCMP and retraining took place, DCMs inconsistently entered data into CAN and some evaluation participants felt this led to more duplication of benefits.

The use of CAN also led to confusion in creating reports. In order to create a report from CAN data, a query must be run, and then the data that downloads from that query must be imported into Excel or Access. Only then can reporting actually begin. With a few exceptions, Mo-DCMP staff were relatively unfamiliar with the database query process. Through trial and error, DCM supervisors attempted to pull data from CAN with minimal success. One program manager described the frustration felt in running a report several times and having different data returned each time: "I just want to know some real basic raw data and it would be like, one time I'd do it and I'd be like, 'What do you mean we've got zero clients?' I can't find anybody. And I do it again. 'No, I don't think ten thousand is right either.' It's got to be somewhere between." Whereas data

management professionals are comfortable with this trial and error method of finding the right query values, program managers find it frustrating.

DCMs were initially trained to use CAN by FEMA, an agency that does not have access to CAN for reasons of client privacy. Training took place in what is referred to as “the sandbox,” which is a sort of training space that at least partially mimics CAN. The consultant received an overview of CAN within the sandbox, because she was not privy to private client data either. From the view within the sandbox, CAN appeared to be easy to use and simple to navigate, at least when it works. During the demonstration in the sandbox there were some functions that were simply not working. More importantly, as one DCM explained, “it won’t let you do half the things you need to do to learn the process.”

With inadequate training in CAN, volunteers and DCMs began their work and began logging it in CAN. It was not until the grant took effect and all of the contracts were in place that revised training began. By the time LFCS was able to offer more comprehensive, in person training, there was an entire year of faulty data entry with very little quality control. Each agency had been using CAN in its own way, and each volunteer who entered data did it a bit differently. Some backlogged data had even been entered by AmeriCorps volunteers. Once CAN was chosen as the official reporting tool for the grant, the data integrity had to be improved.

From April until June of 2012, retraining efforts were undertaken by the grant-hired data/quality assurance manager at the management agency. Mo-DCMP service providers were retaught how to enter data, the forms used by the agencies were standardized, and a new chapter in CAN usage began.

The data/quality assurance manager took great strides to remedy flawed data. He routinely identified cases with questionable data, such as cases that had closure dates earlier than their open dates, and asked that the data be reviewed and, if necessary, revised by the provider agency that held the case. Then it was discovered that data being recorded and thought to mean one thing, in fact meant something else to FEMA. More data revisions took place, much to the chagrin of DCMs, who just wanted to help disaster survivors get their lives back together.

Out of the trials and tribulations Mo-DCMP experienced with CAN, improvements have been made. Working with others in the field, LFCS has developed a dictionary of terms

for CAN. Now, everyone who uses CAN will know what is meant to be in each of the 300+ fields within CAN. Mo-DCMP evaluation participants would like these definitions to float over form fields when data is about to be entered, but making updates to CAN seems to be next to impossible.

The collective efforts of those who first developed CAN have waned. One agency, American Red Cross National, coordinates CAN now, and they only have two part-time staff dedicated to it. Moreover, it is rumored to cost \$10,000 to make a change to a single CAN because those changes are only made by a private company, Vision Link,

"The collaborative efforts broke down at some point. If all those national partners were able to make a concerted effort to push and say, 'Hey, we want to renew this effort. We want to make sure CAN is the platform that we use. Let's start putting some resources and some staffing in order to do that.' Would that help? I don't know, maybe. Would that ever happen? I don't know that either."

-- Evaluation Participant

which is contracted with American Red Cross. As it is understood in Missouri, Vision Link does not have the incentive to make changes to a system that is used by relatively few entities. From a business perspective, the altruistic value of helping people in the wake of a disaster does not equate to enough of a financial incentive

to make changes to CAN. Even with funding, changes to CAN require buy-in from multiple partners. As one evaluation participant shared, money was at the table and still nothing was accomplished in regards to updating CAN. He recalled trying to get updates made: "We've got money. Can we work out some kind of contract with Vision Link to make these changes? Or can we do it with national partners and pool this money?" And then that conversation never went anywhere."

Solutions for CAN, and data management more generally, require a multi-pronged approach. Training needs to take place sooner and it needs to improve in quality. The right people need to be in place to do the data entry and manage the data at the provider agency level. The data/quality assurance manager at the management agency is a must-have position. An overhaul of CAN would also be ideal, with the goal of turning CAN into a constituent relationship management system rather than a data repository. In order for an overhaul to be effective, those who have used CAN and those who may use CAN in the future should be invited to share their insights during the development process.

One potential collaborative solution would be for the states who have been awarded DCMP funding to come together to make the needed changes in CAN. Each DCMP has a line item in its budget for CAN, most of which appear as a "CAN Licensing Fee," according to the management agency. Given that there is no licensing fee for CAN, one idea is for the states to pool this money, which equates to approximately \$300,000, to upgrade CAN with the necessary changes that would make it a more user-friendly tool.

Barriers to Seeking Service

In May 2013 when this process evaluation began, new cases were still being opened in each area. When asked about this in focus groups, DCMs described what they saw in detail. Some clients did not want to ask for help in the beginning because they saw that others had it worse than them. They thought they could handle their recovery without assistance; perhaps they only had minor damage to their house. Two years later they were still struggling to recover and finally asked for help. Others simply did not know help was available earlier.

SURVIVOR PROFILE

A stable and independent homeowner before the tornado, one survivor found her life turned upside down in the years that followed.

After the storm she sought comfort and loving support from her friends and family. Volunteers who came by with food and water while she was cleaning up debris really made her feel like people cared.

Her insurance company sent a check to begin repairs on her house. She thought everything would be fine.

The first contractor she hired ran off with all her money. Her insurance company will not give her the second disbursement until 50% of the damage has been repaired. Everything keeps getting worse with the mold and rain damage. She would be homeless if she was not able to live with her father.

She is so overwhelmed that her primary concern is her own mental well-being. As a social service provider, she needs to be in a good place in order to help others.

She says she would never seek out a disaster case manager. That is not what she needs. She does not want a handout. She just wants someone to stand by her side and help her figure out how to fix her home.

One DCM said of the term “disaster case management,” “I think there is a stigma attached that makes [survivors] not want to get [help].” That idea was explored in depth, especially in a focus group that happened to include disaster-affected individuals who did not seek assistance after the tornado in Joplin. The woman profiled to the right described wanting and needing exactly what DCMs provide: someone to help navigate the system of recovery and to stand by her side through it all. However, she is not the type of person who will go into a social service agency and ask for help. Her story raises one of the biggest outreach challenges: ***How can recovery support reach people who do not want to walk into a social service agency and ask for help?***

This is an important question because recovery of individuals is important for the recovery and resiliency of the community as a whole. One solution is to develop an app or website for local long-term recovery. This concept was explored further in the online survey and is discussed in depth in the section titled “An App for DCM in the Digital Age.”

Barriers for Clients

As the client survey and focus groups made clear, paperwork and receipts were major barriers for clients. Although there were several points when people were told to keep their receipts, it is a message that largely went unheard by the disaster-affected population. By the time Mo-DCMP was operational, many receipts were long gone. Without receipts, clients cannot prove how they spent funds from FEMA or their insurance companies. Many times, that lack of proof is enough to prevent further benefits from being allocated.

Other clients had extenuating circumstances that potentially could have been prevented if Mo-DCMP had been in place earlier and if there were stricter regulations for home repair contractors in the wake of the disasters. Many people, like the one profiled above, were hoodwinked by unscrupulous contractors who essentially took money from disaster survivors, completed no repairs, and never returned. In other cases the contractors did shoddy work that left the clients’ homes in disrepair, like the client quoted on page 22.

During the course of informal data collection, someone said to the consultant, “Why don’t insurance companies just take care of all of that so people don’t get taken advantage of by seedy contractors?” And it’s a good question that was seconded by others throughout the course of this evaluation. Many car insurance companies no

longer expect that their customer will go out and get bids for a repair. Rather, they tell their customer, "Show up at X auto body shop at X time, and we'll have a rental waiting for you and we'll guarantee the work on your car. You will only need to have your deductible and driver's license." If homeowners insurance would take on this level of customer service and commitment, the disaster recovery process would be much more efficient for property owners.

Volunteer Management

Volunteers are critical to the long-term recovery process for individuals, especially individuals who have home repair or rebuilding needs. One of the issues that came up throughout the focus groups and informal data collection process was the issue of volunteer management.

One aspect of managing volunteer resources is dealing with "unaffiliated volunteers" or those individuals who "hop in their pick-up truck and head on over to help" in the wake of the disaster. These individuals show up at a disaster scene and just want to help in any way they can. Often they show up with no idea what to do or where to stay. It is unknown what skills or resources they bring to the table and it is therefore difficult to match them to a project that will be helpful to the community and rewarding for the volunteer. This presents an immense challenge for the response professionals on the ground, and in some places these volunteers are turned away (as was the case in Moore, OK immediately following the May 2013 EF5 tornado). In either scenario, it is rare that the person leaves contact information for future volunteer opportunities, and therein lays a lost opportunity for long-term recovery efforts.

Another major challenge for Mo-DCMP and LTRCs was the ability to match volunteer timing, availability and skill level with projects for clients. Often teams of church- or school-affiliated volunteers come from far and wide to participate in the rebuilding process. Some volunteer through Rebuild Joplin or Habitat for Humanity, while some call on a local affiliate of their church to organize their activities. Others simply show up and try to find a place to volunteer upon their arrival. Many of these volunteers come in waves that coincide with spring and summer breaks. Sometimes a client is left waiting months for volunteer labor to arrive, while the client's home damage is escalating. When volunteers do arrive, it can be difficult to know how to best utilize their skills.

Very few, if any, long-term recovery volunteers are typically recruited from within a disaster-affected community. In fact, no volunteers were recruited or managed by Mo-

DCMP. Rather, DCMs, their supervisors, and PMs rely on their own ability to network among the various entities that organize and manage volunteers, in an attempt to line up volunteers for their clients.

In Joplin, at least for a while, there was a Google Doc was used to track when volunteer groups would be in town and what skill sets they brought with them. When used it was helpful, but not everyone knew about it. For those who did, they often just picked up the phone and called the person who managed it instead of logging into the shared document. Active volunteer recruitment and management must be part of the solution to continue improving long-term recovery efforts.

Three Provider Agencies in One Town

That three agencies could come together for Mo-DCMP is indicative of the collaborative spirit found in the disaster recovery community in Missouri. However, each organization operating under Mo-DCMP has its own set of values and expectations for employee behavior and performance. Each agency has its own set of fiscal policies, service philosophies and hiring practices. At the level of the provider agencies, many staff worked for the agency prior to the start of Mo-DCMP. These differences created immense challenges in Joplin where there were three provider agencies. Many, but not all, of these challenges could have been headed off by starting the grant program earlier.

Once the management agency and the service providers were contracted under Mo-DCMP, efforts began to standardize the DCMP operation. Retraining on CAN and DCM were the first priority. Forms and case files were standardized, and by all accounts, things improved considerably. "Three months into LFCS taking over, we started getting better information. It seemed like instead of having three disaster case management entities doing everything differently, there was more coordination and they were doing the same things at that time," was how one Joplin LTRC member viewed the transition.

One thing the management agency was not able to control was the compensation of grant-funded employees. Although a certain dollar figure was allocated within the grant for each employee, agencies did not follow the pay scale written into the grant. Instead, they followed their traditional hiring practices and pay scales. This meant there were people in the same town, doing the same work, under the same funding mechanism, who were being compensated with radically different salaries and benefits packages. This had a demoralizing effect on the lower-paid employees and in turn affected their

performance quality. Resolving the issue of equitable pay and benefits among subcontracted agencies may be one of the biggest challenges when multiple agencies operate side-by-side.

Most evaluation participants said they would not want to see a similar situation in the future. However, these same individuals acknowledged the challenge of scope. Many agencies do not have the capacity to engage and manage 20 new hires, especially if they routinely only operate with three employees. There also may be advantages to having multiple agencies offering DCM. For example, if each agency has a different brand reputation, then some potential clients may be drawn more to one brand than another, and vice versa. In other words, multiple agencies might provide a unique opportunity for a DCM operation to reach multiple sectors of the population. This however, is speculation and needs further investigation.

In the future, if there are going to be multiple agencies doing DCM in the same town, their DCM employees need to be trained earlier and their processes standardized earlier. Ideally, grant-employed individuals would be hired after the grant is awarded.

"I don't think there's one time that I picked up the phone and called somebody [at the management agency] to solve a problem that we couldn't solve the problem."

-- Evaluation Participant

Leadership at the Management Agency

By all accounts, the management agency demonstrated extraordinary leadership. From the perspective of DCMs all the way to LTRC members, every aspect of DCMP improved under LFCS leadership. LFCS was cited as hiring the right people for the right positions, working collaboratively, and providing structure and guidance where there had been very little.

A former FEMA representative reflected the views of many evaluation participants when he said, "[LFCS] provided a phenomenal structure for being a management agency. I think they not only nailed it but they did it in a way that was efficient and effective ... just my personal observations based on talking to the provider agencies that contracted with the Lutherans. I think it was very well-received."

When asked about their success, leadership within LFCS said, "The most important thing you can do as a Manager is to hire well. That's your most important job. If you don't hire well, you will not be successful. You will not be able to manage your way out of it. You are stuck with the people you have. If they're no good, then the program's not going to work. Whatever that program is, whatever that process is."

Relationships with LTRCs

In each of the different areas where the grant program operated, Mo-DCMP staff experienced different LTRCs. As with different provider agencies, each different LTRC has its own set of processes and attitudes and varying degrees of success.

In Joplin, DCMs presented cases directly to the executive committee. DCMs in turn felt supported and respected by LTRC members. "I felt like they were really behind the efforts," is how one DCM described her working relationship with the LTRC. "From the beginning, they were a cohesive unit, and they worked with all of us, and that really helped our communication," added another DCM. The Joplin DCMs further explained the process. DCMs would go before the executive committee if there was a client with significant need that could not be met through other resources. Before the committee they would advocate for their client, describing their situation. The executive committee could push back with questions and then the DCM could respond. DCMs felt encouraged as advocates, and they also felt the pressure to be prepared and do a good job for their clients.

The Joplin LTRC also developed "Wednesday Coffees" at the Independent Living Center. These sessions brought together approximately 70 individuals in the social services community within Joplin. The idea was to provide a forum for information sharing about resources available and how to access them. Self-care was also a common topic. During each session there was an agenda, with a speaker on specified topic, and then time for networking. The effect of these meetings was a strengthened network of social service providers who felt more informed and empowered to do their jobs. One DCM said of Joplin's LTRC, "They have put together a remarkable group of people to think outside the box, and to be solution-driven."

In St. Louis, the story is altogether different. Mo-DCMP staff experienced significant frustration in working with the LTRC and felt the LTRC did not understand that there were still people in need. Some Mo-DCMP agency level staff in St. Louis perceived that the LTRC was disconnected and uncaring. Given that only four members of the St. Louis

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LTRC responded to the request to participate in the evaluation process, and only three participated in the focus group, it is difficult to negate the perception held by some provider agency staff.

In urban areas it is common for the LTRC to function continuously. The St. Louis LTRC has been functioning since 2008. "Even if we ceased activity and started up again, it would be the same group of people. As far as continuity and transfer and all of that stuff, that's really not a concern," stated one longstanding member of the LTRC. However, another member present had only been on the LTRC for about six months. During the focus group it became clear that he was uninformed about various aspects of long-term recovery in St. Louis, including Mo-DCMP.

Meetings occurred once or twice a month. Sometimes when meetings were planned, not enough members arrived to have a quorum, in which case the case presentations and subsequent resource allocation decisions had to be delayed until the next meeting, which could be another entire month. For Mo-DCMP provider staff this was a frustrating experience that left them feeling incapable of helping their clients. Speaking of the LTRC, one provider staff said, "[They] could not understand that people were still in need. This was almost two years later; 'They couldn't possibly be in need.' I have to be a good steward. You are not being a good steward if clients are living in mold so their clothes are moldy. Kids go to school; they smell moldy. We haven't got them moved from one place to another," was the exasperation expressed by one Mo-DCMP provider agency staff.

At some point, a policy was created by the LTRC for cases to be presented through the Community Action Agency, even though that agency was not able to help meet the needs that many clients in St. Louis had. "If they needed a roof, Community Action Agency doesn't do that type of thing. If they need drywall put up, because there is mold, they don't do that... It just threw the whole long-term recovery off," shared one service provider.

The St. Louis community would benefit from its LTRC undergoing an evaluation of its own processes and procedures. It is apparent that it does not function smoothly and members are not fully engaged with the processes that do exist. As a permanent structure in the community, there is great potential for this LTRC to lead by example for the rest of the state.

In southeast Missouri there were a variety of LTRCs operating in various counties. Some were shut down by the time Mo-DCMP was operational. The multi-county LTRC that serves Bollinger, Cape Girardeau, Perry and Scott Counties was the only SEMO LTRC that participated in this evaluation. This was in part because the regional director of one of the service providing agencies under Mo-DCMP also chairs that LTRC and in part because the other LTRCs were not still active. When asked about the potential conflict of interest, one member of the LTRC explained the situation: "The LTRC voted to allow him to continue as chairperson. It worked out really well because he had so much inside knowledge of what funds were out there, what volunteer groups were coming, what needs were still out there because he had close contact with the case managers. I think it worked out really nicely that it just fell that way and everybody agreed to leave him as chairperson. Any decisions were made as a group or occasionally by some email consensus."

During the course of the evaluation the consultant attended the last LTRC meeting for this four-county area. The meeting served as a transition from LTRC to VOAD, in which recovery activities were reviewed and VOAD bylaws were agreed upon. After a short break, the Emergency Management Assistance Compact (EMAC) regrouped and continued meeting. In this way, a smooth transition was ensured and all members of the disaster preparedness, response and recovery communities were able to network.

Client Phone Survey

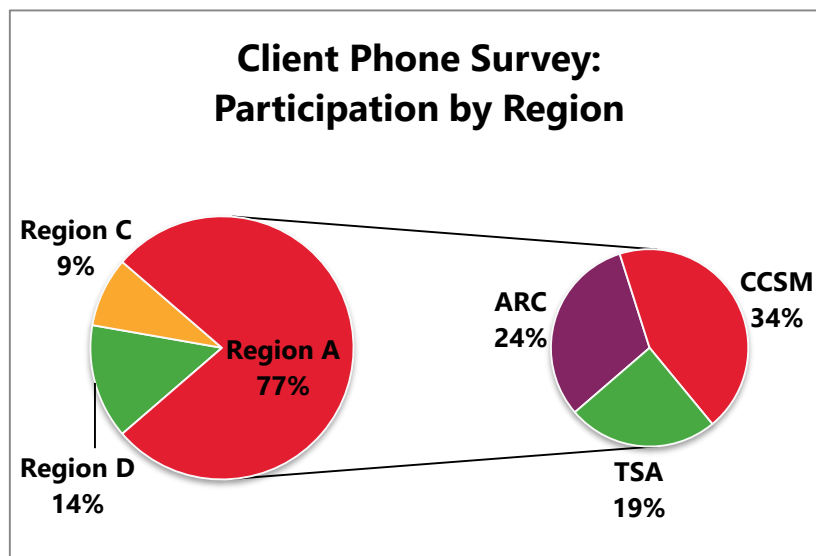
Response Rate

During the client phone survey 3,914 outbound call attempts were made. This represents three passes through the list, with each pass through omitting clients who already took the survey or requested not to be called. Only 10 people requested not to be called, or .3% of call attempts. Eight of those individuals provided a reason for wanting to be taken off the call list. These reasons range from the client being deceased to client being hospitalized, in a nursing home or incarcerated. One client could not take the survey because of legal proceedings related to a contractor. One refused to take the survey because they did not recall receiving services, and another claimed that "she was pregnant at the time and her mother handled things for her."

There were 684 voicemail messages left during the first pass through the list. In subsequent passes through the list, 1,023 answering machines were reached but messages were not left. Of these, 950 were caught by the predictive dialer without being

patched through to the call agent. Wrong numbers made up 165 or 9.94% of the original list provided by the management agency.

Call agents actually spoke with 412 people. Of those, 364 or 88.3% agreed to participate in the phone survey and 362 completed the survey. The average time to complete a phone survey was 6.13 minutes. Some clients even took the time to speak with call agents while cooking dinner or changing diapers. Participation rates at this high level indicate that clients were eager to help others by sharing their recovery process and feedback.



As shown in the pie charts to the left, of all client phone survey participants, 77% were in the Southwest of the State (Region A), 14% were in the St. Louis area (Region D), and 9% were in SEMO (Region C). In region A, where there were three provider agencies, 34% of clients surveyed received services from Catholic

Charities of Southern Missouri (CCSM) and 24% received services from American Red Cross Greater Ozarks Chapter (ARC) while 19% of respondents within Region A received services from The Salvation Army.

Did you create a recovery plan?

Once clients agreed to take the phone survey, they were asked if they created a recovery plan. Seventy-three percent of clients said they did create a recovery plan. When compared by agency, 70% of clients who received services from The Salvation Army and American Red Cross created recovery plan. Seventy-eight percent of clients at Catholic Charities of Southern Missouri remembered creating a recovery plan, and 86% of clients at Catholic Charities Community Services in St. Louis created a recovery plan.

There is no significant difference in whether a client created a recovery plan or not based on whether their case was opened or closed before Mo-DCMP was operationalized. Furthermore, there is no significant difference in the achievement of

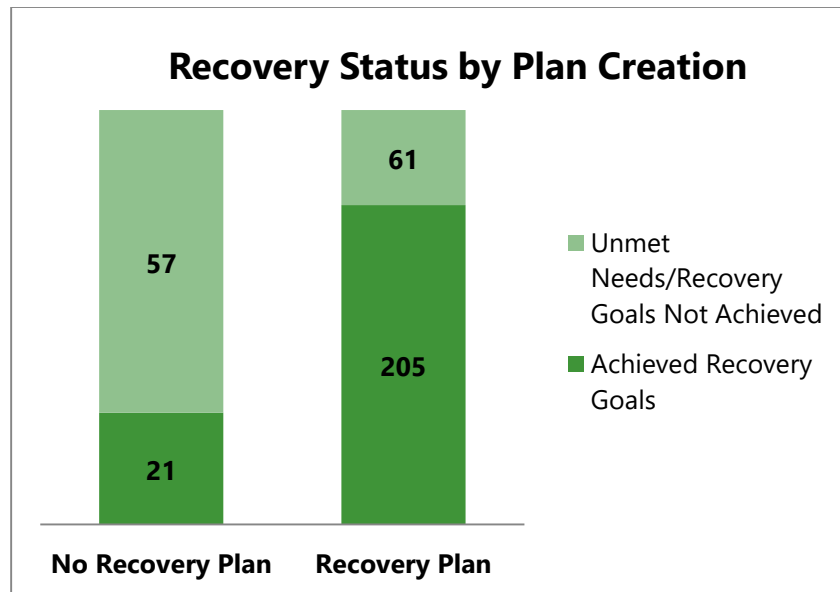
recovery goals based on whether the client opened or closed their case before Mo-DCMP was operationalized.

From clients we know that many of those who did not create a plan did receive some assistance, if not DCM. But for many others, they never heard back from their disaster case manager or they chose not to participate because of all the paperwork. Another primary reason that clients gave for not having a recovery plan was that they did not qualify for assistance.

Did you achieve your recovery goals?

The next question in the phone survey asked clients if they had achieved their recovery goals. Although 362 people completed the survey, only 344 responses to this question were recorded. The bar chart below shows recovery status by recovery plan creation. Of the 226 clients who reported that their recovery goals had been achieved (shown in the lower portion of each column), 90.1% had developed a recovery plan. Of the 266 clients who had a recovery plan (column shown on the right), 77% achieved their recovery goals. This data validates the importance of the recovery plan to the recovery process.

Not all clients who responded to these yes/no questions provided additional context. From those who did expound, a picture of progress emerges. For those who had a plan but had not achieved their goals, additional time or resources were needed. In some cases it was volunteer labor, in other cases funds or donated household items that were still needed. In one case the client described the long term struggle of dealing with Post Traumatic Stress Disorder. That client had all of their physical needs met, had been relocated and was doing OK financially but did not feel psychologically recovered from the disaster. Although unmet needs still existed among this group who did have recovery plans, they spoke about their needs as though they were confident it was only a matter of time before the needs would be met.



In contrast, those who did not create recovery plans and had unmet needs described feeling overwhelmed and hopeless. There were 78 clients who reported they did not create a recovery plan. Of those, only 26.9% felt they had recovered from the disaster. Of these who did feel recovered without a plan, many described receiving some form of relief assistance and help from other organizations like FEMA, Habitat for Humanity and Rebuild Joplin. One stated that she created a recovery plan with FEMA rather than the provider agency.

What was the most helpful aspect?

When clients were asked what the most helpful aspect of DCM was, their answers varied minimally. For some, the most helpful aspect was receiving something tangible like grocery assistance, clothing, furniture, or other disaster relief-associated services. Some clients cited recovery needs met, such as relocating or getting their roof repaired with volunteer labor, as the most helpful aspect.

Most clients, however, found that the most helpful aspect of the program was that their case manager listened, genuinely cared, showed understanding and helped them figure out how to get their recovery needs met. Clear, consistent communication and follow-up also were cited as most helpful aspects of the program. One client summed it up by stating, "She was very helpful, kind, and caring. She tried her best to help in every way and came up with innovative ways to help people." ***In other words, the most helpful aspect for many clients was the working relationship they built with their disaster case manager.***

How would you improve the program?

Unfortunately, not all clients received the same level of service. This becomes apparent in the feedback from clients when asked how the program could be improved. Many clients pointed to the attitudes of DCMs that needed improvement. "Be a little more sensitive," "quick to disregard client's insights," "case managers should not be sarcastic," and "need better communication skills" were among the comments collected. One client was so disgusted with the way she was treated, and the way her friends were treated, that she suggested Mo-DCMP send in fake clients, the same way the restaurant industry uses secret shoppers to check on their service providers.

Along with improved communication was the concept that phone calls be returned, that follow-up occur, and that individuals in various nonprofit and governmental agencies need to have better communication with and among each other. Another failure of communication that clients pointed to was that of "broken promises" from DCMs who said they could help and then did not deliver. Whether it is a lack of volunteer availability or skill, as was the case with the client who could not get any volunteers on his steep roof, or whether it is due to complicating factors like distinguishing between "disaster related unmet need" and "remediation" needs, DCMs need to be clear in their communication and manage expectations about the recovery process.

Other clients were most concerned with paperwork and felt it was cumbersome. One felt that too much information was being sought and walked out to never return. In cases like this a DCM who was well trained in articulating why the data is collected, why it's important not to duplicate benefits, and what the paperwork is used for could have turned the situation around and brought the client back to the table. Other clients were concerned that the program was too focused on income, with some clients having the impression that DCM is only there to help those who have money. On the flip side of that some clients felt it was a program that was taken advantage of by many who were not disaster affected or who did not really need help. This was of great concern to some clients.

Timeliness was cited frequently as one of the things that could be improved, especially by those who still have unmet needs. For clients, the date Mo-DCMP became active is irrelevant. For clients, they only know how long they had to wait to get the assistance that they needed. Some had to wait even longer because of the sporadic availability of volunteers.

Some clients who referred to the timeline suggested that better outreach occur. One described struggling for a long time before she found a flier left on her door. She described getting in touch with her DCM as a “real turning point” in her recovery.

Do you think DCM should be made available after future disasters?

Overwhelmingly, clients stated that they do believe DCM should be made available to future disaster survivors. **Of the 349 clients who answered the question, 95.41% agreed that DCM should be available to future disaster survivors.** Of those who said they did not think DCM should be available in the future, they all had something in common. They had not been helped by DCM, and with the exception of one person, they had not achieved their recovery goals. The person who had achieved her recovery goals but did not feel DCM should be made available in the future stated that she only received help from FEMA.

Online Survey

Survey Participants

There were 258 respondents to the online survey, although 18 responded only to the first question. Results were tabulated and analyzed after removing those 18 records, leaving 240 complete survey responses. Of those, 62% currently live in Missouri. There were 198 people (86%) who responded that they had volunteered in a community that was impacted by disaster. Of these volunteers, 57% currently live in Missouri.

Volunteers were also asked to describe their volunteer activity. Their responses were coded into response (124), recovery (44), and prevention/diversion (11) activities. Three respondents described volunteer activity in all phases of the disaster cycle. Response activities included things like medical response, Community Emergency Response Team (CERT), crisis counseling, and debris removal. Recovery volunteers included volunteer case managers and long-term recovery committee members. Prevention/diversion activities included sandbagging and COAD membership.

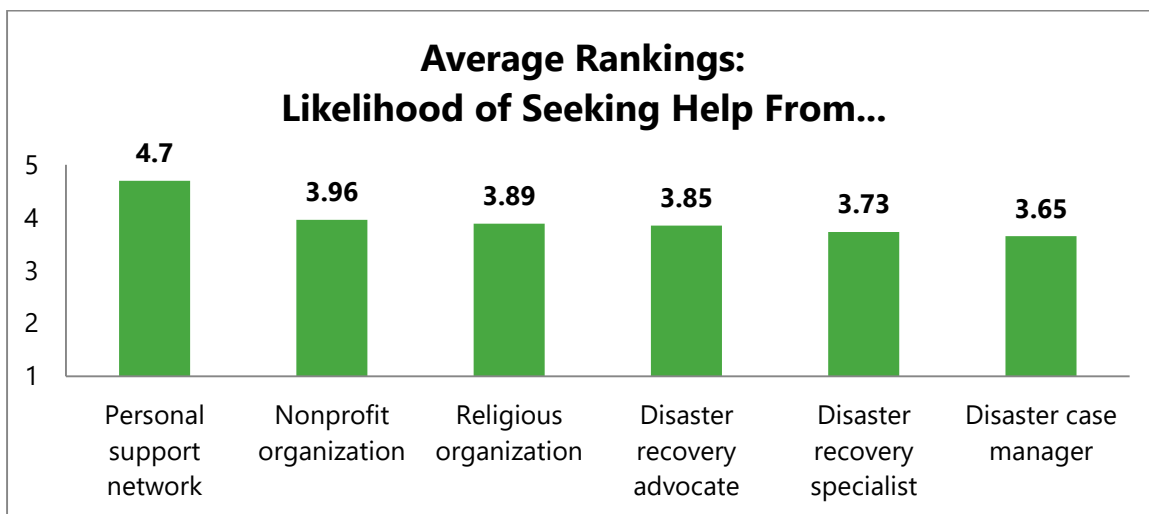
There were 48 survey respondents (20%) who served on a LTRC for some period of time since the spring of 2011. There were 22 respondents who served on the Joplin LTRC, 14 who served on an LTRC in SEMO, nine from St. Louis, one from Northeast Missouri, and two who served in another state.

There were 24 survey respondents who were employed in whole or in part by funds from the Mo-DCMP grant. Of those, three worked at ARC, four at CCCS, nine at CCSM

and three at TSA. Throughout the course of the grant there 36.7 FTE positions at the provider agencies, of which 26.5 FTE were DCMs. There were 1.3 FTE employed as data entry specialist, 2.75 FTE were employed as program managers, 1.45 as finance managers and 1 FTE for administrative assistant. At the management agency there were 3.4 FTE employed with grant funding and at DED there was 1 FTE compliance officer.

Who would you ask for help?

The second question of the survey was designed to test the terminology of variations on the term “disaster case manager.” In the rating scale question, respondents were asked, “Imagine that your community has been struck by a tornado. Thinking about your long-term recovery, please indicate the likelihood that you would seek help from the following: Personal support network (family, friends, and/or neighbors), Disaster recovery advocate, Nonprofit organization, Disaster case manager, Religious organizations, Disaster recovery specialist.” The verbal qualifiers used on the five point scale were “certainly not,” “unlikely,” “about 50:50,” “likely” and “certainly.”



All of the responses in each category were calculated into an average score, which is represented in the chart above. The average likelihood score of 4.7 for “personal support network” means that the average likelihood that respondents would seek out their personal network for support with their long-term recovery is almost certain. While this is not surprising, it does build on an idea for outreach that came up in one of the focus groups: One effective way to reach disaster-affected individuals is to reach out to their unaffected family and friends. Further discussion of this can be found in the Moving Forward section under Outreach.

Between “disaster recovery advocate,” “disaster case manager” and “disaster recovery specialist,” it becomes clear that a case manager is the least likely avenue that people would choose to seek support. Disaster recovery advocate is the more popular choice with 67% of responses falling in the “likely” or “certainly” rating. This issue is explored further with the last question of the survey which will be discussed later in this section.

Nonprofit organizations are rated slightly higher than religious organizations. When looking at the combined ratings for “likely” and “certainly” in these two categories, there is only a two-point difference. “Certainly not” and “unlikely” accounted for 18% of the responses for a “religious organization.” In contrast, “unlikely” accounts for only 10% of the responses under “nonprofit organization” and only one of the responders said he or she would “certainly not” seek out help from a nonprofit. This demonstrates that a variety of organization types are needed to reach the variety of people within a community.

Respondents were also asked to provide open-ended feedback about whom else they might reach out to for support after a disaster. FEMA and insurance company were two primary responses. Red Cross and Salvation Army were also listed, along with CERT. Additionally, people listed their employer as a source of help in the aftermath of disaster. In the responses to this question, it also becomes clear that the distinction between response and recovery is less clear for survey respondents than recovery professionals.

An App for DCM in the Digital Age

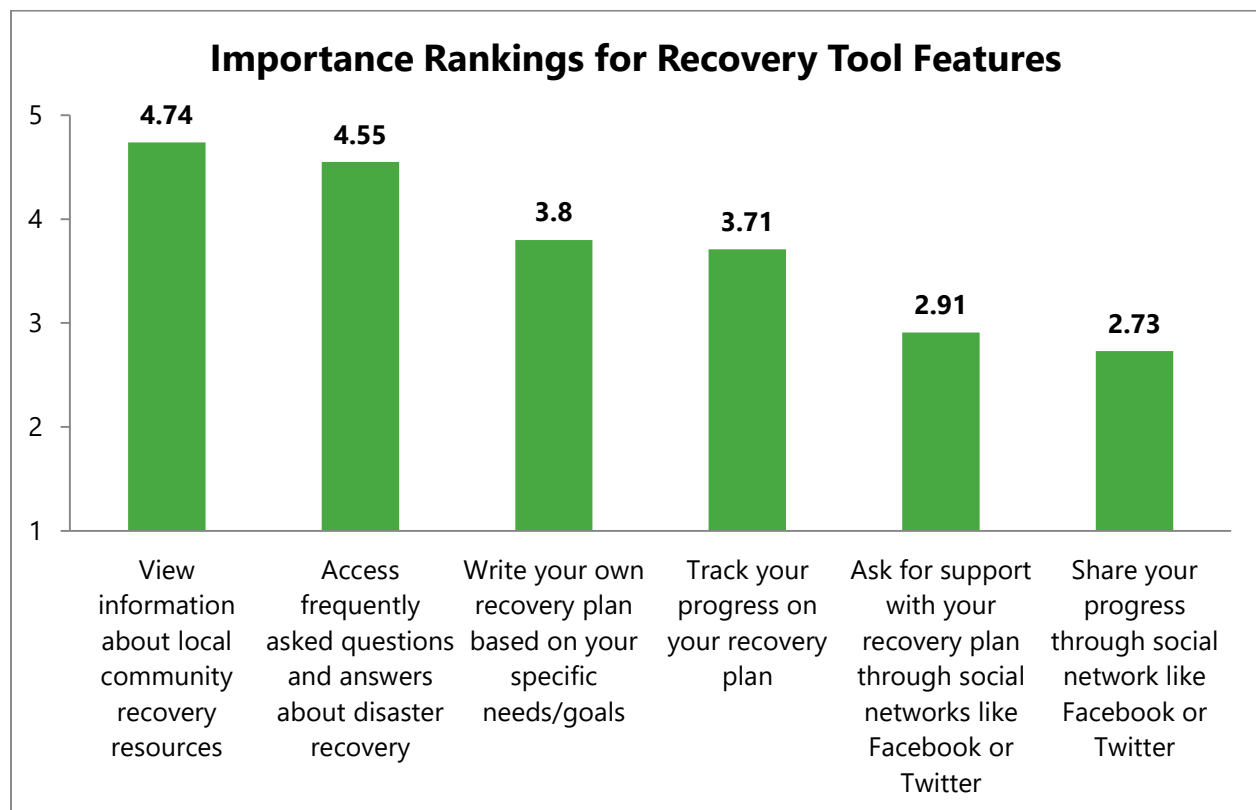
During the course of the informal data collection process, the concept for a long-term recovery app came up. ***The idea behind this concept is not that it would replace traditional DCM; rather it would be an additional avenue that people could use to gain the tools needed to manage their own long-term recovery and access DCM.***

Only one person indicated that he or she would “certainly not” use such a tool. For the 71% of respondents who said they would “likely” or “certainly” use an app or online recovery tool, they were then asked to provide additional feedback on what they would need to make such a tool useful. That such a high percentage of respondents indicated they would use such a tool indicates that it should be developed and in fact is probably past due.

Within this group, respondents were asked to rank the importance of six different potential functions for such an app or website. The five-point rating scale used the

following verbal qualifiers: “not at all important,” “slightly important,” “moderately important,” “considerably important,” or “extremely important” with greater importance having higher numerical value.

Average response results are displayed in the chart on the following page. When looking at the average responses for the importance of each of the proposed features, two things immediately become clear. First, the app or online tool must contain information about local resources. In fact, 77% of respondents indicated this was “extremely important.” Second, few people think it would be important to broadcast their recovery progress or ask for help with their recovery through online social networks. However, social networks should not be discounted entirely, but considered within the context of the local community. Additionally, it may be relatively easy to add a button for sharing through these social networks for those who want to have that functionality.



Writing recovery goals and tracking one’s own progress through their recovery plan may not have received the highest rankings for importance, but it is clear that this is a critical component for successful recovery given the feedback from the client phone survey. In

addition to the availability of resources for recovery, setting and tracking goals may be one of the most important factors in a person's long-term recovery from disaster.

Next, respondents in this section were given the opportunity to provide their own ideas for what would make a recovery app useful. There were 292 ideas shared by 53 respondents. ***The most common suggestion from these ideas was that the app should connect a person directly to a recovery specialist.*** From a technological point of view, adding a button to 'call now' is relatively simple; however, there must be a common number to connect the public to a disaster case manager. This could be complicated in an area served by multiple provider agencies. Equally important, someone must answer that phone or return calls after people leave a message. Otherwise, it will just add to the frustration felt by disaster-affected individuals trying to find help.

In addition to the primary suggested function – connecting directly to disaster recovery professionals – respondents cited that such an app would only be useful after internet and electricity issues in the disaster affected community were resolved. Several respondents suggested a lost and found registry for people and pets, and others requested that the app offer a map of local resources, power outages, and road closures. This feedback also indicates that survey respondents were thinking of the app or website being available in the response phase.

Several people pointed to the importance of the website or app being well managed. This means having current and updated information about what resources and opportunities are available, including correct phone numbers and addresses. Looking at the rest of the responses, it becomes clear that people want this app to be available directly after the disaster, which may not be feasible.

It could be that a recovery app could become a tool for easing the transition between response and recovery. In the disaster planning stage, an app and website could be developed with an outline of basic information. After the disaster, when people first begin to download the app, response information could be added for that particular disaster. Crowdsourcing could be used for missing and found persons and pets, while a data manager could feed in information about where to find immediate relief resources locally. In the days and months that follow, and as an assessment of community-wide resources is completed, that information could also feed into the app and website. Once

disaster case management is up and running, an update could be pushed through to the app so that a button for connecting directly to DCM becomes available.

Again, a digital solution would not be for everyone. Yet it could be a great avenue for reaching people who want to handle their recovery independently or who are not comfortable walking into a social service agency. If that person were able to create a recovery plan (or perhaps even a partial recovery plan) online, that person would engage with disaster recovery resources even before realizing that she or he might need

"This would be helpful to better utilize specific talents and volunteer strengths. When our group wanted to volunteer, we reached out to many organizations in Joplin far in advance to try to use our social work skills and were only able to find manual labor when we arrived. That was unfortunate."

-- Online Survey Respondent

additional help. The app could function to funnel clients into disaster case management services by eliminating some of the psychological barriers to seeking help. Clicking a button on that website or within that app might lead a person to make a phone call that she or he otherwise might not ever make. It is important to reach these people because their individual stability plays a role in the overall stability of the community.

Volunteer Registry

One idea for the better management of volunteers was a community-based registry. This idea was tested within the online survey, and as the majority of respondents have volunteered, their feedback represents the very folks who are likely to use such a registry. It should also be noted that there are already volunteer registries in existence. For example, American Red Cross, AmeriCorps and United Way 211 all have volunteer registries or databases that are utilized in the aftermath of a disaster. However, these are not locally based or controlled, nor do they always capture "unaffiliated" or "spontaneous" volunteers. Survey participants were given the prompt, "Sometimes it can be difficult to match volunteers and their skill sets with the particular needs of the community at the time the volunteer is in the community. One potential solution that has been discussed is for communities to create a volunteer registry. This registry would not replace or negate the role of the organization with which you are a volunteer. A registry would help community leadership better understand the volunteer landscape in a way that allows for more successful coordination of volunteer talent." They were provided this context in the same manner that a successful volunteer coordinator would

need to present the registry in order to encourage widespread usage. After all, very few people are willing to actively add their name and email to any database without a good reason.

They were then asked “In the future, would you be willing to register yourself as a volunteer with the community?”

Only one person responded that they would not be willing to register themselves as a volunteer within the disaster-affected community. The majority of people, 73%, said they would register while 26% said they would “maybe” register as a volunteer within the local community. In the open-ended responses that followed this

The registry needs to be easy to use, updated, and managed by an entity skilled in volunteer management.

-- Online Survey Respondent

question, 53 people left additional feedback. One claimed to already be registered. Some of the folks who had indicated “maybe” gave further explanation for why they might not register – these included health, age, and travel considerations. Some respondents concurred that it is a challenge to manage spontaneous volunteers, while others suggested that registration be required for all who volunteer in the wake of a disaster. Many respondents who were disaster volunteers agreed that it would make for a more rewarding volunteer experience if the skillset they wanted to donate were the skillset utilized. Other volunteers pointed out that a single volunteer registry within a community would relieve the relief agencies from the inundation of volunteers.

As with most things disaster related, the best outcomes will come from advanced planning. A successful volunteer registry needs to be managed before, during and after the disaster. Someone skilled in volunteer recruitment, coordination and management would need to be on the ground in the immediate aftermath of the disaster and in the months and years that follow. Continued communication of long-term recovery volunteer opportunities would increase the number of response volunteers who continue giving time, energy, and effort well into the recovery phase.

Mo-DCMP Employee Survey

Mo-DCMP funded employment for people at four service providing agencies, the management agency, and DED. Individuals who indicated that they were employed in part or in whole with funds from the Mo-DCMP grant were asked questions about the environment where they worked and about training they received. Both sets of

questions were formulated into rating scales with verbal qualifiers. The organizational environment section used statement wording from the SurveyMonkey validated question bank for employee surveys. This section used verbal qualifiers for agreement ranging from "strongly disagree" to "strongly agree." The training section used the following verbal qualifiers on a five-point rating scale: "very bad," "poor," "average," "good" and "excellent." The option "did not attend," which held no numerical value, was also provided as a response option in the rating scale in the training section.

The section about work environment was developed based on information gained during focus groups and informal data collection. The questions therefore reflect concerns that were raised throughout the course of the evaluation. Ideally a survey of employees would be designed based on measurable results articulated in the program planning stages.

The level of response from individual agencies is comparatively low to their overall workforce. Furthermore, this evaluation is not a comparative analysis among the agencies. These facts combined make it difficult to draw any conclusions based on the results of the employee portion of the online survey.

It is strongly suggested that each agency undergo an analysis of its own processes and organizational culture and then identify ways to improve. This evaluation process should happen on a recurring basis. With the goal of continual process improvement in mind, the following results can be viewed as a launching point for further investigation.

The statement "Communication between senior leaders and employees was good in my organization" received an average score of 3.38, or between just between "neutral" and "somewhat agree." In fact, a lack of communication between senior leadership and employees was recognized as problematic by individuals outside and within some organizations.

"My organization was good at hiring the right person for the right job" was another statement that scored an average of 3.5, or just between "neutral" and "somewhat agree." This is a trait that some organizations, such as the management agency, were commended for doing well. Other organizations that were part of the grant structure were recognized in focus groups and informal data gathering as having made poor hiring decisions. That is not to say that any particular employee was not good at his or her job; rather the employees who expressed such sentiments felt that the learning

curve was greater than it might have been if someone with different skills, personality traits and/or experience hired had been for their position.

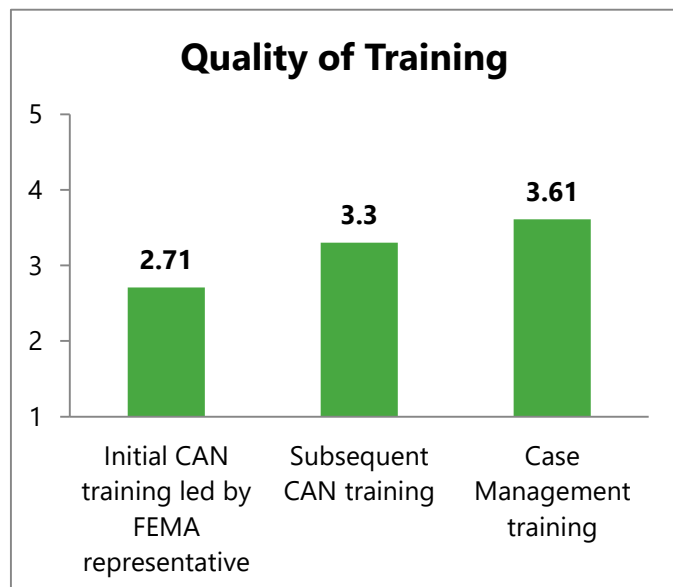
“I was satisfied with my total benefits package” scored a slightly higher average level of agreement with a score of 4.04, or just over “somewhat agree.” The statement “My organization operated in a fiscally responsible manner” received the same score. This statement is not one that was developed based on focus group feedback, rather a statement from the SurveyMonkey validated question bank. As all Mo-DCMP employees were funded by a federal grant and working at a nonprofit or governmental organization, they should ideally feel agreement with the statement.

The highest level of agreement was with the statement “In my organizations, employees adapted quickly to changes,” which averaged 4.08, or slightly more than “somewhat agree.” Adaptability is a valuable trait for an organization and its employees to have when operating under a new federal grant and in the aftermath of a disaster.

Training

In the training section of the employee online survey, respondents were asked to rate the quality of the initial CAN training led by a FEMA representative, of the subsequent CAN training sessions, and of Case Management training sessions. The overall rating for the initial CAN training was between poor and average. This comes as no surprise, as the issue was discussed in focus groups. The primary reason people found “sandbox” training inadequate is that it did not prepare them for their actual experience with CAN.

Subsequent CAN training improved and received an average ranking of 3.3, or slightly above average. In open-ended responses that followed, respondents indicated that the most helpful aspect of CAN training was being able to follow along with the overhead projector and get hands-on experience in the system. Equally important was training on specific topics, such as the tabs and field definitions.



Case Management trainings rank on average slightly higher at 3.61, which is still only between average and good. In the qualitative responses that followed, the most helpful aspects of the disaster case management training were sessions that focused on specifics. This includes everything from the specifics of how to write a recovery plan to what forms to use and how to use them.

"Finalize the details of the program before undertaking it. Building the plane while flying it is difficult for all involved."

-- Online Survey Respondent

In the qualitative responses to the question "Thinking about the training that you received, how would you improve it?" respondents presented "earlier training" as the single most important improvement that could be made. Earlier training and earlier follow-up training were cited equally and most frequently. Another frustration expressed was what felt like constant changes, updates, and corrections. Again, these are issues that relate back to the training and grant timeline.

When employees were asked about improving Mo-DCMP overall, their responses were similar. "Begin training sooner" and "start the program sooner" both rank among the most common responses. The comment to the left also reflects a common sentiment. All of the details of the program should have been planned prior to the start of the program, including how to use CAN and what each data field in CAN means. Employees would have liked to know this information in advance, with a guidance manual for reference. However, the newness of this grant program and the unique needs faced by each community made such planning difficult and required flexibility. In light of these complications the best approach is a continued commitment to process improvement, information sharing, and planning for future disasters.

LTRC Survey

Members of LTRCs were asked questions in three sets of rating scales. The first rating scale asked them to reflect on the LTRC of which they were a member and then rate their level of agreement with the following statements: "I was completely involved in my work on the LTRC," "The work of our LTRC was fiscally responsible," and, "The LTRC's work was instrumental in the community's recovery process." In the second grouping of questions, LTRC members were asked to consider Mo-DCMP and then indicate their level of agreement with the following statements: "Distributing donations through the case review process minimized duplication of benefits," "When DCMP staff presented a

case, I could trust that it was well vetted," and, "Disaster case management is essential to a successful disaster recovery effort." In the third rating scale, LTRC members were asked to rate the frequency of their interaction with Mo-DCMP provider agency staff (program managers, case managers, etc.), Mo-DCMP staff from the management agency, and other members of their LTRC. The purpose of this set of statements and the first statement about being completely involved were compared with other responses to assess if level of engagement with the LTRC and Mo-DCMP staff influences opinion about Mo-DCMP and the LTRC.

The average level of agreement among LTRC survey respondents to questions about their own LTRC was between "somewhat" and "strongly" agree for each of these statements. However, not all individuals were as confident that their LTRC's work was instrumental in the community's recovery process. Two people "strongly disagreed" with the statement, while one person "somewhat disagreed" and four indicated they were "neutral." Of those with disagreement to the statement, they also indicated some level of disagreement with the statement "I was completely involved in my work on the LTRC." These individuals indicated that they only "rarely" or "sometimes" interacted with other members of their own LTRC. These members represent individuals on LTRCs in each of the three areas where Mo-DCMP was operationalized.

In the second rating scale, the average response to all three statements was again between "somewhat agree" and "strongly agree." There were three individuals who did not agree that the case review process helped minimize the duplication of benefits, two of whom were minimally involved with their LTRC. The third individual who disagreed served on an LTRC only prior to Mo-DCMP grant funding going into effect.

There were five individuals who did not agree that a case presented by Mo-DCMP was well-vetted. Similar to other response patterns in this section, three of the individuals did not feel they were completely involved in their work on the LTRC, and one served on the LTRC only prior to Mo-DCMP grant funding going into effect. The fifth person who disagreed reported that they were involved with their work on the LTRC and often in contact with Mo-DCMP at the provider agency and management agency as well as other LTRC members.

Of the 48 LTRC members who responded to the survey, 85% agreed "somewhat" or "strongly" that DCM is essential for successful disaster recovery (12% and 73% respectively). Only two individuals indicated they "somewhat" disagreed with the

statement. Once again, these two individuals were minimally involved in the work of their LTRC. There were two individuals who indicated they had a neutral level of agreement regarding the essential nature of Mo-DCMP, one of those served on an LTRC in another state, though both considered themselves to be engaged with their work on their LTRC.

LTRC survey respondents were also asked to provide qualitative feedback on how Mo-DCMP could be improved. Once again, timing was the primary issue. Where timing was not expressed as the primary concern, the issues presented for improvement were the result, at least in part, of the grant timeline. For example, the issue of uniformity between agencies, or lack thereof, was in part remedied when the grant took effect and each agency's Mo-DCMP staff was trained to use common forms and data entry processes. Still, some felt that the management agency should have had more authority to "enforce good case management processes."

An Alternative Title for DCMs

The final section of the survey builds on the evaluation research of Chuck Frank, MPA,

"I think 'case manager' skews sterile and bureaucratic. It gives the feeling that a person's home, safety and well-being are being turned over, wholly, to the discretion of one individual, who manages their entire recovery process"

-- Online Survey Respondent

PMP, who reviewed the NY-DCMP that served those affected by Hurricane Irene and Tropical Storm Lee. His report ends, "Finally, DCMs have asked that their task be renamed, Disaster Recovery Management, to help focus their clients on the task of finding solutions, instead of them feeling that they are the problem to be solved."

Throughout the course of this evaluation the term "disaster case management" was discussed at length and opinions on the topic varied widely. ***There was consensus among all on one point: the job of a DCM and the DCMP is disaster case management.*** All agreed that disaster case management is a unique brand of case management and that there is a specific work flow and process to be followed. However, many feel that just because DCM describes what the work is, does not mean DCM needs to be the title on one's business card or office door. Moreover, some felt that the title deters people from seeking services, that there is a stigma associated with

"case managers" similar to the stigma associated with the term "social worker." The last questions of the survey aimed to understand how widespread this feeling is.

Fifty percent of survey respondents "somewhat" or "strongly" agreed that "the term 'case management' deters some individuals from seeking recovery services." Only 16.37% "strongly" or "somewhat" disagreed with the statement, while 33.63% were "neutral" on the topic.

Those who had some level of agreement with the statement were then asked how and why they would change the DCMs' title. There were 113 qualitative responses recorded, and some suggested a new name only, while others only expounded on why they thought the term DCM is problematic.

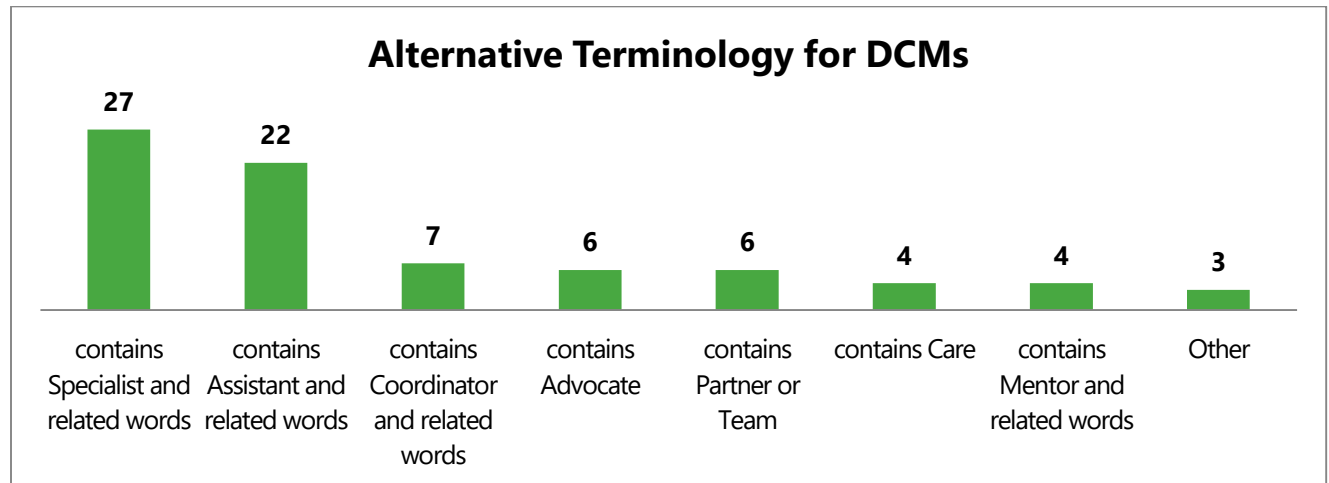
The term is problematic for a number of reasons, most notably the historical reputation of the term "case manager" and its association with poverty, welfare, government, and delinquency. In a brand of case management that is meant to help everyone affected by a disaster, not just those who are impoverished, this terminology creates a barrier to asking for help. "It doesn't sound like it's for everyone" is how one survey respondent summed up the problematic term.

And still others reflected the feelings of DCMs in New York. "I wouldn't want to be thought of as a 'case', I would want to be thought of as a person," wrote one survey respondent. Another respondent described why this is such an important issue for someone who is a disaster survivor: They already feel like they have lost everything, that they have no control over the situation. To have someone then try to "manage" their recovery for them feels like another loss. It's better to show disaster survivors that they are cared for as individuals, and that they are not a number; maybe then they will be more willing to ask for help. "Manager implies [that clients] have no autonomy," wrote another respondent.

In the suggestions for what to call DCMs, a few people said the word "disaster" should be removed, but this was not a sentiment seconded by many. There were 79 alternative suggestions made. Of all the suggestions collected, 70 contained the term "disaster" and another 53 contained the term "recovery." These two terms combined accounted for 24 suggestions.

From there, the question becomes, "Disaster recovery *what?*" Responses were coded into categories based on the linguistic relationship of the suggested terms. For

example, “helper” and “assistance” were coded in the same category. Likewise, “coordinator” and “facilitator” were grouped together. “Specialist” was combined with “expert” and “professional” and so on. The chart below demonstrates that the most common suggestion was some variation on the word “specialist,” followed by some variation on “assistant.”



Disaster Recovery Specialists

Serious consideration should be given to retiring the term “disaster case manager” as a job title, even if it is accurate. “Case manager” is a loaded term that has many negative connotations. Additionally, respondents stated multiple times that no one wants to feel like a case or like they are something to be managed.

Disaster Recovery Specialist also comes with caveats. If a DCM has a title that includes the word “specialist,” then they should be a specialist. Moreover, feedback from focus groups and interviews suggest that DCMPs do need specialists *and* generalists to better serve the wide-ranging recovery needs of disaster-affected individuals. A representative at DED gave an example from Joplin, where staff from the Missouri Housing Development Commission relocated for two years. “They left their staff down there to use the knowledge that they have in the housing industry, and in the mortgage finance industry, and in the rental industry, and how to

“You can recommend them to somebody in your office that does budgeting, somebody else in your office that will help them get through contracts. In a perfect world, I think, one case manager cannot wear 15 different hats.”

-- Evaluation Participant

"It's OK to ask for help even though we were insured. We still don't know what the heck we're doing. It's OK because she's the recovery specialist, she knows recovery. She knows what she's doing."

-- Evaluation Participant

deal with the landlord or a property manager [...] not every state is going to be able to do that, to just send people with specific expertise to play that role for two years. Case management, to me, should define itself in the specialty areas and the generalist areas and create a more robust group of people." The best way to build a team of DCMs who are both specialist and generalist is through hiring practices.

Most importantly, whatever title is chosen, it should be one that is received well by the disaster-affected community. After all, the entire reason a title change is even considered in this evaluation is because the current title presents a barrier for clients who need recovery support.

Moving Forward

DCM is Essential for Long-Term Recovery

"Until you've been through a disaster, you don't know how to manage and navigate the system for recovery. That is the important service offered by case managers," offered one client. And that sentiment was echoed by nearly everyone who participated in this evaluation. The need for DCM became even more apparent when the evaluation consultant spoke with disaster survivors who did not seek services, either because they initially thought they could handle their own recovery, or because they did not know services were available. Those individuals stated their need specifically in those same terms: "someone to help navigate the system." Furthermore, as the results from the client phone survey suggest, the development of a recovery plan is critical to a successful recovery process.

Continue Building Relationships and Planning Ahead

Despite the long delay in grant funding, Mo-DCMP was largely a successful program. That is in part because the network of disaster professionals in Missouri has a long history of collaboration, communication and planning ahead. Once grant funding was available, those relationships were capitalized upon. For example, at LFCS the process of hiring the Mo-DCMP director was described, "I just looked at the landscape and said ...

I've known [him] for a couple of years. He'd been working with St. Louis [Long-Term] Recovery Committee. He's obviously a very capable guy. I knew that he has some of the ability. We just had that conversation." In Joplin the LTRC was able to get up and running quickly because they had an active COAD already planning for disaster and folks knew each other. In SEMO and St. Louis, provider agency staff was able to connect with multiple resources and leverage volunteers and donations because of pre-existing relationships as well.

"There was a strong pre-existing coalition of disaster case management agencies and that was critical. They would not have suited up as quickly as they did if Lutherans, Catholics, Salvation Army and Red Cross hadn't known each other the way that they'd known each other as they did in Missouri. They trusted each other."

-- Evaluation Participant

Raise Funds for DCM

Given the lack of certainty regarding the availability of federal funding after future disasters, nonprofit organizations should be prepared to raise funds to provide DCM services. Planning for DCM without federal funding could also alleviate some of the frustrating constraints that come with government partnerships.

One evaluation participant made the observation that "the program was successful in spite of the fact that FEMA and DED provided limited guidance. FEMA's guidance was vague and minimally helpful at best [...] FEMA took 7 months to approve Missouri's DCMP request, which caused many hardships in the field and even more hardships for disaster-affected households. Had agencies in Joplin not stepped up to provide DCM services on their own dimes, the recovery would have been vastly delayed. The ever-revolving door of leadership at the state and federal levels caused significant confusion and much frustration as well."

Another participant noted, "The government is the worst business partner that you can enter into business with. They're the worst. The problem is they're also the biggest consumer, and they've got the dollars, but they're a terrible business partner. They make all the rules. They change them when they feel like changing them. There doesn't seem to be accountability in terms of, who's really responsible." ***Between sentiments like these and the October 2013 Federal government shut down, one must ask "Can a DCM operation occur without FEMA funding?"***

It is a complicated and challenging question to answer that depends on many factors, not least of which is the scope of the disaster. Historically, DCM has occurred in Missouri without FEMA DCMP funding. With proper planning and fund development, it is possible for a community to at least get started with DCM prior to FEMA funding, as was seen in Joplin. The benefit of a DCMP, in terms of structure, is that a mechanism for better training and standardizing of DCM across multiple agencies exists through the management agency function.

Another reason to consider DCMP outside of FEMA is that some communities are affected by disaster but not on a scale that warrants a disaster declaration. This is especially true in rural communities with small populations, as one online survey respondent pointed out: "I think it's important to remember that rural communities are faced with different issues than urban communities. For example, rural communities don't reach the dollar amount for declaration, yet the damage to a small community is often difficult to recover from given the lack of resources." One remedy to this situation could be the potential for FEMA to develop a "DCMP-Only" declaration that could be sought even when there is not a presidential declaration. Likewise, states commonly affected by weather related disasters could establish DCM funding mechanisms to cover disaster events that do not receive presidential declarations.

"Allow case management to begin immediately instead of insisting that nothing could be done until the grant was available. Encourage DCMP to use other resources other than the grant money, especially if offered."

-- Online Survey Respondent

Communities must find solutions that are not dependent solely on the federal or state government. In order to do this, they must be able to articulate the need and have organizations that can provide DCM. For example, an agency that has significant experience in DCM and has relationships built with other organizations may be able to identify and quantify needs to support fundraising efforts for DCM. Fund development should be supported by VOADs and LTRCs as well as the provider agencies. One survey participant concluded on the topic of fundraising, "It's not an easy solution. It requires work. Most importantly, it requires data."

Plan Ahead with MOUs

There are two areas of the Mo-DCMP timeline that can be minimized by planning ahead at the state level. First, now that the state has gone through the grant application process, it knows what is needed for the next time around. The details of the program and budget have already been worked out. A template for the grant has been developed and may only need slight modifications or specifications in the aftermath of the next big disaster.

The second area that the state can prepare for in terms of the timeline is the negotiation period for the management agency and subcontracted provider agencies. If DCMP were written into the State Administrative Plan, memoranda of understanding could be developed with DCM providers. For example, the Department of Mental Health currently has pre-vetted contracts with provider agencies to provide crisis counseling in the aftermath of a disaster so there's no lag time between the disaster and getting providers on the ground. "A huge lost opportunity" is how the lack of DCMP in the state's administrative plan was described by a former FEMA VAL.

Ideally, FEMA will also find ways to process the grant application more quickly. The five month lag time between the grant submission and the grant award is simply too long. A faster timeline for DCMP could result in lower expenses for temporary housing in disaster affected communities, and subsequently less negative publicity.

Outreach

Reaching Traumatized Ears

One of the biggest challenges in communicating that disaster case management is available is cutting through the noise of trauma. The woman described previously in the survivor profile explained that she cut herself off from media after the tornado in Joplin. For her, whatever media messages were out there about available help, she missed. She thought the only way to reach her would have been through her loved ones. In the focus group, a brainstorming session emerged. What if, the group pondered, outreach could be directed toward people that were not directly affected by the disaster? The message would be something to the effect of, ***"Here's how you can help your loved ones: tell them about DCM, an amazing resource to help them navigate the recovery process."*** Then, when the disaster survivor reaches out to their personal network, which is certainly likely to happen, their personal network will have the knowledge of DCM to share.

Use Technology that Exists

Mo-DCMP provider agency staff described the process of trying to get in touch with potential clients. For many, this involved picking up the phone and calling through the list of everyone who filed a claim with FEMA. Using predictive dialing technology would have been a much faster and cost-effective way to reach these individuals.

The cost for the predictive dialing service used in the course of this evaluation was just under \$500. In only four shifts, nearly 4,000 outbound call attempts were made, 684 pre-recorded voicemails were left, and 412 conversations were had. Depending on the availability of resources, pre-recorded messages with instructions to call a DCM if additional recovery support is needed could be used in place of lengthy conversations about potential disaster related unmet needs. This can be accomplished with even lower costs and call agents would not be needed.

Training call agents is easy and takes a minimal amount of time. The evaluation consultant has had successful experiences training call agents ranging in age from nine to ninety years old, most of whom did not consider themselves computer savvy. The most important factors for success with an outbound call campaign are the script and training.

Developing an App for That

Having a digital entry into disaster recovery process is a great way to reach people who might otherwise never ask for help (even though they have need). It could also be one way to streamline the processes between the response and recovery phases of a disaster. From evaluation feedback it is known that for the app or website to be of use it would need to have local information available.

Digital social entrepreneurs could be engaged in the disaster planning stage to develop a framework for such a tool. Once a disaster strikes, relevant local information could be updated in the app or website. As DCM resources became known, the app could be further updated to include recovery planning information. FEMA's website already has some of this functionality. Additional research in this area is needed to identify the best way to develop and roll out such a tool.

DCMP Volunteer Management

Volunteer management is one area where Mo-DCMP needs improvement. Clients and DCMs experienced a lot of frustration due to the lack of year-round availability of

volunteers and unknown skill level of visiting volunteers. If provider agencies had a position that was responsible for recruiting, coordinating and managing volunteers, the recovery process would be smoother for many. Because DCMP client outcomes rely on volunteer support, volunteer management should be a position provided for by DCMP.

A volunteer manager would have the capacity to recruit volunteers locally, thereby creating a base of volunteers who are available year-round. Some perceive that people do not want to help their neighbors or that disaster-affected individuals cannot be volunteers. However, these are misconceptions. During the course of this evaluation, the consultant heard disaster-affected individuals talk about volunteering as a way to repay the community for the support they themselves received as well as a means of supporting their own psychological recovery. It is plausible that local volunteerism would also increase the level of community resiliency.

Constituent Relationship Management

One tool that would help resolve many issues is a constituent relationship management (CRM) system such as Salesforce, which is the platform currently used by 35 chapters of American Red Cross. The Salesforce Foundation website highlights that Red Cross uses this CRM platform "to track volunteers and partners, help coordinate communications with chapters and external partners, and handle tens of thousands of public inquiries in an efficient and organized way." During the course of this evaluation, one participant who uses this platform in their daily work commented, "I personally LOVE Salesforce."

Developing CRM for DCM should be done in the same collaborative spirit that led to the development of CAN so that the system can be used in local communities across the country. CRM would serve to replace CAN, though it may be more helpful to think of it as the next generation of CAN. In other words the development of CRM should build on CAN and the lessons learned from using CAN, including the dictionary of terms that has recently been developed. Furthermore, CAN should continue to be used and improved while the CRM is being developed.

When CRM is developed for DCM use, it should include the volunteer interface or registry that was mentioned earlier in this document, as well as functionality to track contributions and their subsequent distribution. CRM could also be used to interface with the disaster recovery app that was discussed earlier in this document. CRM systems are usually highly customizable and can be developed so that each user sees

only what is relevant to them. This should be taken advantage of so as to not overwhelm volunteers or DCMs that will use the system.

As with CAN, for it to be an effective tool, users must be properly trained in a timely manner. Efforts should be made to ensure that each category of user (DCM, volunteers, development professionals, data managers, etc.) receives training that is relevant to their tasks.

Planning for Evaluation

The evaluation process should begin at the beginning, in the program planning stages rather than the near end of the program. The program planning stage needs to include professionals with expertise in data systems, fund development and evaluation. In this way meaningful measurable data can be collected throughout the course of the program. Setting evaluation goals at the beginning of a program also provides a framework for program employees to measure their success.