



Institute for Crisis, Disaster
and Risk Management



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*Performance Evaluation and
Recommendations*

for:

**The Greater New Orleans Disaster Recovery Partnership
GNODRP**

and the

**Long-term Recovery Committees
LTRCs**

of:

CPR -- Plaquemines Parish

JDRC -- Jefferson Parish

CARE -- Orleans Parish

SBLTRC -- St. Bernard Parish

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Table of Contents

Glossary of Terms and Acronyms	5
Executive Summary	6
LTRC Achievements	6
LTRC Challenges.....	7
Consortium Challenges.....	8
Recovery Strategy Considerations.....	10
Background.....	12
The Greater New Orleans Disaster Recovery Partnership (GNODRP).....	12
The Genesis of Long-Term Recovery Committees in Southeast Louisiana.....	13
The Structure and Functioning of Regional Long-term Recovery Committees	14
Case Management and Disaster Recovery: Systems in Crisis.....	17
Parish Demographics and Katrina’s Impact	18
St. Bernard Parish	18
Jefferson Parish.....	19
Orleans Parish	19
Plaquemines Parish.....	20
The LTRC Database of Disaster Recovery Cases	21
Update on Status of Cases brought to LTRC’s.....	23
Number of Cases that Have Been Closed.....	23
Average Length of Time Cases are Open.....	24
Average Number of Caseworkers per Client.....	25
Number of Cases Denied (N), Tabled (T), or Funded (Y) at the Case Management Roundtable (CMR) Phase of the Funding Process	26
How Many Cases went to One, Two, or Three CMRs?	26
How Many Cases that were approved at CMR (1, 2, or 3) never went to the RDR and How Many Did?.....	27
How Many Cases were Approved, Tabled, or Denied Funding at RDR?	27
How Many Cases went to RDR two or three times?	28
Average Time it takes a Case Tabled at any CMR to get to RDR and Number of Cases that are Tabled and Make it to RDR?.....	29
Gender of Clients whose Cases were Presented	30
Cases Approved to Fund Households with Dependents.....	30
Number of Senior Citizen Cases Approved for Funding.....	31
Ethnicity Data	31
Average Number of People per Household	31
Homeowners vs. Renters	32
Age of Homeowners and Renters Approved for Funding	34

Labor provided to LTRC Cases by Partner Organizations	35
Elijah Christian Ministries	35
Mennonite Disaster Services.....	35
Lutheran Disaster Response.....	35
Other Organizations Providing Labor for LTRC Cases	35
Number of Cases that received LFRC Funding.....	36
Case Status by Parish	39
St. Bernard Parish	39
Jefferson Parish.....	39
Orleans Parish	40
Plaquemines Parish	40
Overall Performance by Parish	42
Project Types and Average Funding Allotted by Type	43
Average Amount of Funding by Project Type.....	43
The Case Preparation Process and LTRC Project Types.....	47
Number of Case Presentations by Partner Organizations	49
Approved but No Funds Received.....	51
Recommendations for the LTRC Process.....	56
References.....	58
Appendix A: Average Financial Contribution of Partner Organizations.....	61
American Red Cross Funding by Project Type and Ethnicity	61
United Way Funding by Project Type and Ethnicity.....	62
The Salvation Army Funding by Project Type and Ethnicity.....	63
LTRC Funding by Project Type and Ethnicity	64
Appendix B: Homeownership and Renter Status, FEMA Trailer Use	65
Number of Renters still in Rentals by Parish and Age Group	65
Number of Renters in FEMA Trailers by Parish and Age Group.....	65
Number of Pre-Katrina Renters that Own Homes by Parish and Age Group	66
Number of Homeowners by Parish and Age Group	66
Number of Pre-Katrina Homeowners now Renting by Parish and Age Group.....	67
Number of Pre-Katrina Homeowners in FEMA Trailers by Parish and Age Group....	67
Appendix C: Funding by Ethnicity and Project Type.....	68
Average Amount of Funding by Ethnicity for Unmet Recovery Needs Projects.....	69
Average Number of Unmet Recovery Needs Projects per Ethnic Group.....	69
Appendix D: Methodology	70
Purpose of Report	70

Objectives	70
Quantitative Data	71
Interview Questions	72
Methodology / Logic of Inquiry	72
Research Methods.....	73
Analysis Coding.....	73

Glossary of Terms and Acronyms

ADA	Americans with Disabilities Act
ARC	American Red Cross
CAN	Coordinated Assistance Network
CARE	Crescent Alliance Recovery Effort
CDBG	Community Development Block Grants
CMR	Case Management Roundtable
CPR	Committee for Plaquemines Recovery
FEMA	Federal Emergency Management Agency
GNODRP	Greater New Orleans Disaster Recovery Partnership
GNONKW	Greater New Orleans Nonprofit Knowledge Works
HRP	Hurricane Recovery Program
JDRC	Jefferson Disaster Recovery Committee
KAT	Katrina Aid Today
LDS	Lutheran Disaster Services
LFRC	Louisiana Family Recovery Corps
LTRC	Long-Term Recovery Committee
LTRO	Long-Term Recovery Organization
MOU	Memorandum of Understanding
MTR	Means to Recovery Program
NENA	Neighborhood Empowerment Network Association (Lower 9th Ward)
NVOAD	National Voluntary Organizations Active in Disaster
PNOLA	The Phoenix of New Orleans
RDR	Resource Distribution Roundtable
SBA	Small Business Administration
SBLTRC	St. Bernard Long-Term Recovery Committee
TANFF	Temporary Assistance for Needy Families
TSA	The Salvation Army
UMCOR	United Methodist Committee on Relief
UW	United Way
VAL	Voluntary Agency Liaison (FEMA employee role)

Executive Summary

LTRC Achievements

This report on the progress of the Long-Term Recovery Committees (LTRCs)¹ in Southeast Louisiana presents actual statistics on the achievements of the consortium of partner organizations jointly pursuing disaster recovery in this region. The collective goal of the non-profit and faith-based organizations that have pooled their resources and talent to meet local needs is to “regionally support long term recovery and preparedness.”²

The participating LTRCs are:

- CARE (Crescent Alliance Recovery Effort – Orleans Parish)
- CPR (Committee for Plaquemines Recovery)
- JDRC (Jefferson Disaster Recovery Committee)
- SBLTRC (St. Bernard Long Term Recovery Committee)

The information contained in this report is based on the creation of a LTRC database that records the details of all cases presented to LTRC Roundtables. As part of the database project, new categories of data have been selected for future data collection efforts. These indicators have been chosen to help the consortium track the provision of LTRC services to specific target populations.

On October 30, 2007, there were 330 total cases that had been presented to the four LTRCs. 188 cases were approved for funding and awarded \$2,412,635.80. Ten cases were either never assigned case numbers or the case files were lost. The following table shows the status of the cases for which data was available.

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
188	64	78	15	330

Each parish LTRC produced different results and differing levels of success, with the performance of Plaquemines LTRC far exceeding the rest.

Parish	Cases Funded	Cases Tabled or Denied
Jefferson	42 %	58 %
Orleans	55 %	45 %
Plaquemines	73 %	24 %
St. Bernard	42 %	58 %

¹ The LTRCs are alternately and often referred to as Long-Term Recovery Organizations (LTROs). Within this report, they will be referred to as LTRCs. Only the Plaquemines Parish LTRC has incorporated and formally become a legal LTRO Rebuild entity.

² GNODRP mission statement, www.gnodrp.org

Of the cases that were approved for LTRC funding:

- 76 % of clients were African American, 16 % White, and 6 % Native American,
- 73 % of the clients were female (many represented families or households),
- 42 % of all cases funded households with dependents,
- 30 % of the clients were senior citizens,
- 75 % of all the cases were for homeowners,
- 25 % were for renters,
- Average household size was 2.37 people.

A portion of the analysis in this report will look at data collected until October 10, 2007, which is before changes to the Case Presentation Process were undertaken. This will be noted in the text.

LTRC Challenges

A clear goal for the next year will be to increase the number of cases approved for funding and decrease the number of cases being tabled and denied funding. These numbers are as dependent on caseworker performance as on the simplification of LTRC processes and procedures, which has begun. The process of tabling cases when documentation was incomplete or estimates missing was supposed to represent a short-lived delay in the Case Presentation Process. Instead, case data (collected before October 10, 2007) show that cases that are tabled rarely re-emerge from this state. Recent process modifications have addressed this issue and a future analysis of case data will show if this problem has been eliminated or reduced.

The data presented in this report revealed stark differences in the performance of each of the parish LTRCs. The report provides some explanation for this and current systemic changes have been implemented that should bring about some improvement in these discrepancies. The report also ties these performance issues to parish-specific characteristics and suggests that a new and greatly simplified process be designed to deal with Unmet Recovery Needs cases (average funding allotted per case under \$1,900). Since many of these cases are for renters and represent immediate needs, a rapid reaction process is needed. Partner organizations could greatly speed the LTRC process by providing discretionary funds with a spending cap for this type of case, and could choose to provide their local affiliates with funding that is immediately accessible so that these cases can be dealt with quickly.

This issue ties directly into the largest challenge facing the LTRC apparatus. A significant number of the cases that have been approved for funding have not yet received funds. One partner organization has a slow check request process (12-page application) and the average time it takes to get funding into the hands of clients ranges from 4 – 8 weeks due to national processing. In addition, caseworkers are not filling out check requests soon after funds are awarded, sometimes waiting up to two months to turn the required paperwork in to funding agencies. LTRC staff are taking over more of the responsibility for check requests, but working with national organizational partners to put funding in the hands of local affiliates could also greatly speed this process.

Consortium Challenges

The LTRC process has moved cases through its system much slower than was originally envisioned. The reasons for this are manifold and complex. It is estimated that there were **206** caseworkers in the system at its peak³. A hypothetical calculation of the total number of cases that caseworkers working with partner organizations have open (or could have open) illustrates the issues associated with this challenge. The following assumptions have been made:

1. Some of the cases would never have been brought to the LTRC system, but have been dealt with through agency internal funds; and other needs could have been met through other assistance vehicles.
 2. Any allowance for closing cases and opening new ones (or exceeding the caseload expectations) has been left out of this estimate.
- As of September 7, 2007, there were 11,825 cases open in the Katrina Aid Today (KAT) partner agencies for this region. The Advocacy Center estimate of 1,813 was statewide; and one KAT agency, Unity for the Homeless, was not included in this estimate.⁴
 - The average active caseload (based on 8 KAT agencies) for KAT caseworkers is 81 cases. For this calculation 175 caseworkers are attributed to KAT.
 - All other agencies (American Red Cross - ARC, United Methodist Committee on Relief - UMCOR, Lutheran Disaster Services - LDS, etc.) set their normal caseload expectations at 25 - 35 open cases per caseworker at a time. (For this calculation, the lower number of 25 cases and 31 caseworkers are used).
 - An estimate of the number of cases the remaining caseworkers would have had active is 775 cases. This brings the total of cases open in the Southeast Louisiana region to 12,600.
 - Interview data with caseworkers in LTRC partner organizations indicate that in order to meet caseload expectations inside different agencies, many cases were opened but never received services.⁵ Assuming that the 12,600 case estimate is too high based on this information, the estimate is being cut in half to a more conservative 6,300 cases.

³ United Way, KAT, and ARC provided the data that support this estimate. KAT (151+24=175), Louisiana Conference United Methodist Conference (3 stations with 10 case managers/supervisors), American Red Cross (15), and others (e.g., Elijah Ministries and Celebration Church) had about 6.

⁴ KAT.

⁵ "For a while, it was just keep taking cases, but no time for closing. People had 50-60 cases but could only work on maybe 10 a week to a satisfactory level. The rest were considered triaged. Just waiting, but not on a waiting list so the numbers would count. Half of those people NEVER received services. Some were forgotten, some closed with no communication, some passed on from one case manager to the next without any help then finally the cases were so old, we just closed them. The intake was completed, but there was NO follow-up in over a year. Some of the cases found case managers at other organizations" (KAT caseworker). Similar reports from caseworkers in other agencies have substantiated that the problem of caseload expectations that exceed caseworker capacity is prevalent throughout the system.

- In addition, interview data revealed that many cases are dealt with within agencies or receive funds or goods through other means, so it is necessary to reduce this number by a further 25 % to be more realistic. That leaves an estimate of 4,725 open cases awaiting services.
- Of this number, only 330 cases were presented to the four LTRCs examined in this report, or less than 7 % of these cases. Assuming that a good number of these cases are potentially LTRC eligible, and have not been brought forward, getting cases into the LTRC system appears to be a major challenge.

This challenge (too few cases being presented in the LTRC system) that major case management systems have been demonstrating is problematic for the LTRC system. Case manager turnover has been suggested as one of the elements slowing the system down, and there have been serious morale issues amongst caseworkers that seem to have also impacted the speed at which the system is moving. Some of this stems from the fact that caseloads are too large across the board, and according to interview data, some of it has to do with case manager frustration with systems they feel have not been built to meet the needs of their clients.

The body of this report provides detailed insights into the productivity gap within the LTRC system itself and some recommendations for responding to it. The LTRC staff and management, the LTRC Committees, and the GNODRP Case Management Committee have already begun responding to these challenges. Many system adaptations have been implemented and more are underway.

Other necessary changes, though, are out of the hands of LTRC actors, as many systemic problems stem from the various case management systems and funding requirements that partner organizations have implemented. Having the same goals and different methods to achieve them is much more cumbersome than having the same goals and the same methods. Of course, the LTRC system does itself add another layer of complexity to this system of systems.

Bringing together so many partners with so many ways of doing business has complicated the collaborative process, resulting in duplicative paperwork, many meetings, and a slower rate of productivity than desired. It is vitally important that LTRC partner organizations align their systems and base them on the simplest common denominator. But many of the policies of partner organizations have been set at a national level, and advocating for changes at the local level is not enough. For that reason one of the recommendations of this report is a **Summit Meeting** that would convene all parties to the LTRC effort to agree how to align systems, and would include both local and national representatives of partner organizations.

Recovery Strategy Considerations

The recovery systems, strategies, and future sustainability of the consortium and its recovery efforts are also analyzed in this report. The collaboration that has created these LTRCs has resulted in positive regional planning efforts and the results achieved thus far point to successes, systemic challenges, and an opportunity to rapidly grow in new and promising directions. Collaborative recovery efforts take time to be developed and demand continual readjustment and consensus-building. The potential long-term impacts are worth the investment, but the next step in reaping the harvest of the consortium's efforts is to ensure the future sustainability and focus of these LTRCs.

Thus far, the strategic focus of the LTRCs has been donor-driven, with funding guidelines and client target groups set by the partner organizations that provide funding, volunteers, labor, case managers, and donated goods. This strategy has allowed the LTRCs to achieve their initial successes, but with many partner organizations about to close down their funding and case management programs in spring 2008, the recovery model currently in use deserves examination.

Disaster researchers and experts contend that there is no real disaster recovery paradigm in the United States, and most U.S. disaster recovery models are built on an ad-hoc basis, usually being driven by external funding sources. Within the faith-based and non-profit landscape, very often the National Voluntary Organizations Active in Disaster (NVOAD) form a backbone of agencies that bring resources to post-disaster settings where communities are initiating their recovery process. These organizations are very focused on the rewarding work of rebuilding and repairing homes.

In contrast, international models of disaster recovery focus on the social and economic impacts of disasters on vulnerable groups. The causes of human vulnerability to natural disasters are part of the structure of our societies and include such factors as poverty, geography, race and class, poor governance, environmental manipulation and climate change. These factors can increase the exposure of marginalized groups and communities within a society, limiting their ability to recover from a disaster. Dr. Susan Cutter, a renowned disaster expert explains vulnerability by stating, "populations are not vulnerable simply because they are exposed, but rather their plight is a result of marginality that makes their life a permanent emergency" (Cutter, 2006).

Prior to Katrina, three parishes in Southeast Louisiana (Orleans, St. Bernard, and Plaquemines) were ranked amongst the most socially vulnerable counties in the nation, with 85 percent of all U.S. counties ranked as less vulnerable. "In fact, the dominant indicators of social vulnerability in 1960 in Orleans Parish – race and gender – are the same ones that are driving the production of social vulnerability today" (Cutter, 2006). The social conditions (health care, education, violence, etc.) that are experienced by those living in extreme poverty in the United States are similar to or worse to those in many

developing societies internationally.⁶ In terms of economic conditions, poverty rates in the United States are very different from those in the developing world, since the standard of living in the United States is dramatically higher than it is in developing economies. “The level of poverty in a society is generally thought of as an attempt to reflect the economic well-being of individuals who are at the low end of their society’s distribution of well-being” (Blackburn, 1994). In the United States, Louisiana was the state with the highest poverty rate (20.3 %) in 2003 according to United States Census Bureau data.⁷ Save the Children provides additional statistics on poverty in Louisiana on their website:

“The federal government has set the poverty level at \$19,350 for a family of four. Families receiving an income at or below this level are considered poor. Families receiving less than two times the federal poverty level, or \$38,700, cannot meet their basic needs and are considered low-income. Families taking in less than \$9,675 – half the amount of the Federal Poverty Level – live in extreme poverty. Before the Hurricane, many children in Louisiana endured various levels of poverty. Almost half – 48 percent – of Louisiana children belonged to low-income families. Children living at or below the federal poverty line made up 23 percent of the state’s child population – New Orleans alone had a child poverty rate of 38 percent. Thirteen percent were extremely poor.”⁸

These points on social and economic vulnerability have been made to support the argument presented in this report that suggests that international disaster recovery models are particularly well-suited to the myriad of problems facing this region. Community resilience on the Gulf Coast means improving social conditions for vulnerable groups, including economic earning power, educational systems that educate, renewed efforts to eradicate racism, improved housing standards and building codes, better land use and preventative environmental policies, good governance, reductions in violence, and other equalizing system changes that can provide a lifeline to a new future. Recovery efforts that link disaster, poverty, and sustainable development strategies will produce a very large pay-off in the future and will help to mitigate the effect of future disasters.

Similar to the current LTRC approach, these international models are based on a consortium of diverse organizational partners and a collaborative (network) approach to recovery planning and project financing. As the LTRCs continue to mobilize recovery resources for those along the Gulf Coast who fell victim to Hurricane Katrina, they are urged to consider shifting strategies and move to the international disaster recovery model.⁹

⁶ As the Nobel Laureate in Economics Amartya Sen noted in his renowned book, *Development as Freedom*, “The extraordinary deprivations in health care, education, and social environment of African Americans in the United States help to make their mortality rates exceptionally high... For example, in the United States, African Americans as a group have no higher – indeed have a lower – chance of reaching advanced ages than do people born in the immensely poorer economies of China or the Indian state of Kerala (or in Sri Lanka, Jamaica, or Costa Rica.) (Sen, 1999)

⁷ <http://www.census.gov/acs/www/Products/Ranking/2003/R01T040.htm>

⁸ <http://www.savethechildren.org/countries/usa/facts-and-figures.html>

⁹ Some of the organizations that advocate or use this type of model in international settings are the World Bank, United Nations Development Program, United Nations University, United Nations International Strategy on Disaster Reduction, International Federation of Red Cross and Red Crescent Societies, Swiss Re Reinsurance Group, The Munich Re Foundation, The ProVention Consortium, and others.

Background

This report looks at the performance of the Long-Term Recovery Committees (LTRCs) in four parishes in Southeast Louisiana. The work of the Long-Term Recovery Committees in the four parishes began in response to disaster-related conditions that constituted barriers to recovery for local residents and community members in the aftermath of Hurricane Katrina. This report will analyze the effectiveness of these efforts to address regional vulnerability and stimulate recovery amongst those unable to rebuild their lives without external assistance.

As disaster response and relief operations began to scale down in Southeast Louisiana and the transition to recovery began in earnest, non-profit organizations capitalized on the collaborative networks they had built to respond to the storm's immediate impact. It was clear at this time of transition from response to recovery that governmental resources would fall short of providing a safety net for citizens in this devastated area and local non-profits stepped up to the plate to fill what gaps they could.

The Greater New Orleans Disaster Recovery Partnership (GNODRP)

The Greater New Orleans Disaster Recovery Partnership (GNODRP) is a consortium of more than 70 non-profits, non-governmental organizations (NGOs) and faith-based organizations committed to the renewal and rebuilding of Southeast Louisiana in the wake of Hurricane Katrina. GNODRP evolved out of discussions in early 2006, initiated by a handful of the Council of United Way Agencies which formed a steering committee and some task forces to look at regional issues in the aftermath of Katrina. GNODRP is an innovative, non-profit-generated regional response to resource scarcity and the enormity of recovery needs, which have been exacerbated by a lack of Federal, state, and local government funding for recovery efforts. Consortium partner organizations have chosen to join together and pool their resources in order to try to meet needs in Southeast Louisiana.

The mission statement of GNODRP is to “regionally support long-term recovery and preparedness.”¹⁰ The Partnership has tried to capitalize on the collective strength that its many member organizations can jointly generate by coordinating and consolidating their community recovery efforts. GNODRP brings together organizations with a wide variety of resources that can be funneled towards people whose lives have been impacted by disaster. Some of these resources are case management services, well-funded recovery programs, volunteer labor, spiritual, physical and/or psychological support, and donated goods and materials.

¹⁰ www.gnodrp.org

GNODRP convenes its partner organizations at meetings focused on disaster recovery (donations management, case management, etc.), coordinates the operation of the regional Long-Term Recovery Committees (LTRCs), vets and implements collective policies, acts as a change management agent, and provides outreach to other potential partners. The many committees that make up the GNODRP system provide oversight for the LTRCs. In theory, these committee structures allow GNODRP partner organizations to share decision-making authority equally.

Currently, GNODRP is facing a major point of transition as it proceeds in its evolution. The current structure has set up competing centers of power and it is hard to be certain who is really in charge. Some of these different points of influence were created intentionally, some are the result of individuals with relevant experience with collaborations, who have positions in the hierarchy of important partner organizations that allow them leverage. Whatever the case, this is a point worthy of discussion, as the competing power centers sometimes have different future visions and would like to chart different courses. Aligning these parties and points of view and clarifying roles and responsibilities seems important to a sustainable future.

Also noteworthy is the extremely fuzzy operational and conceptual line between the structure and functioning of many GNODRP committees, LTRC committees, and the organizational partners supporting both GNODRP and the LTRCs. In some cases, the GNODRP Case Management Committee sets the direction of LTRC policies and procedures. In other instances, the LTRC committees drive LTRC functioning and GNODRP is unclear how exactly it is to be helpful in supporting the LTRCs. In general, there is a great deal of confusion that is occurring as these two systems evolve and GNODRP's role and functioning seems to become ever blurrier. It is important that attention be paid to these systemic concerns.

The Genesis of Long-Term Recovery Committees in Southeast Louisiana

The creation of the first Long-Term Recovery Committee (LTRC) in Southeast Louisiana began about two months after Hurricane Katrina. The first meetings to discuss the creation of such a recovery vehicle took place in Plaquemines Parish in October 2005, and this LTRC (called the Committee for Plaquemines Recovery – CPR) approved its Organizational Procedures and by-laws on December 20, 2005. CPR served as the model or LTRC pilot project for the other parishes founding LTRCs in the region.

Jefferson Parish (JDRC) approved LTRC organizational procedures on March 13, 2006, St. Bernard Parish (SBLTRC) on April 5, 2006, and Orleans Parish (CARE) on April 26, 2006. The United Way for the Greater New Orleans Area took on the role of fiscal agent for the fledgling Long-Term Recovery Committees with the agreement of the GNODRP partner agencies and non-profits that were collaborating extensively to formulate and begin the LTRC process. A Memorandum of Understanding (MoU) that

instituted the United Way as fiscal agent for the LTRC process was approved on February 14, 2006 for Plaquemines Parish; on March 27, 2006 in Jefferson Parish; on March 30, 2006 in St. Bernard Parish, and on May 21, 2006 in Orleans Parish. Data on the genesis of the regional LTRCs are available in weekly meeting minutes, and the information found in these minutes has been augmented with extensive interviews with parties to the inception of these LTRCs for the purposes of this report.

In terms of guidance for the LTRC process, the Federal Emergency Management Agency (FEMA) and its Voluntary Agency Liaisons (VALs) played a strong supporting role in the creation of these LTRCs in the wake of Hurricane Katrina's destruction and continue to support their operations today. Steven Zimmer, the Vice President for Community Mobilization at the United Way for the Greater New Orleans Area, also played a major initiatory role in the local LTRC process, researching the structure and systems that were part of LTRCs in other areas across the country, drafting bylaws and MoUs, and guiding the development of the process. Lura Cayton from Church World Service was also a key advisor to this process, and the Southeast Louisiana Chapter of the American Red Cross and The Salvation Army divisional headquarters also played major roles in this process. As the process gained momentum, local affiliates of the United Way, Red Cross, Salvation Army, and Catholic Charities provided additional support by assigning staff to be representatives to each of the parish LTRCs.

In laying out the foundational ideas that eventually became a blueprint for the creation of the LTRCs, Mr. Zimmer points to resources available on the National Voluntary Organizations Active in Disaster (NVOAD) website, in the form of a Long-Term Recovery Manual their national affiliate has published.¹¹ The beginning of the LTRC formation process involved grappling with the chaos that gripped Southeast Louisiana post-Katrina and reckoning with a pre-Katrina legacy of poverty, encumbered race relations, and neglect. This early phase of the evolution of GNODRP and the LTRCs included some tremendous achievements, some bitter disappointments, a great deal of hard work and a commitment to institute continual change to make the rebuilding of lives and communities a reality.

The Structure and Functioning of Regional Long-term Recovery Committees

Long-Term Recovery Committees (LTRCs) support local disaster recovery processes by bringing together financial donors and other contributors (donations, volunteer labor, etc.) under the guise of a single entity. The goal of these LTRCs is to marshal the collective resources of disaster response and recovery agencies towards addressing the unmet needs of clients in a community, county, or parish.

The LTRCs in Southeast Louisiana are working in conjunction with a large number of non-profit and faith-based organizations that offer case management services

¹¹ <http://www.nvoad.org/articles/LTRManualFinalApr232004a.pdf>

to members of their community that have disaster-related needs which cannot be met through traditional vehicles (FEMA assistance, Small Business Administration loans, Homeowner's Insurance payments, etc.). The LTRCs in Southeast Louisiana convene one joint funding roundtable (often referred to as the LTRC Unmet Needs Committee) where cases are heard. Clients in need of aid seek out case management agencies, and those that are fortunate are assigned a case manager that vets their needs against the eligibility criteria that each LTRC has set out. Case managers present their clients' cases at the LTRC meetings, which are attended by funding agencies (The Salvation Army, American Red Cross, United Way, etc.); voluntary labor and home rebuilding organizations (Mennonite Disaster Services, Lutheran Disaster Response, United Methodist Committee on Relief); FEMA representatives; and the GNODRP Donations Chair (who runs a warehouse stocked with appliances, furnishings, and building materials).

This process has evolved and been greatly simplified since its inception, when each parish LTRC was holding separate case screening and funding roundtables. Trial cases, test runs, and training on case presentation began in the spring of 2006, and the rules governing the process have been a moving target since this time. After a period where multiple roundtables were being held in all the parishes, a decision was made to have one Case Management Roundtable (case screening venue) and one Resources Distribution Roundtable (funding venue) for all four parishes, so as to reduce the number of meetings that partner organizations, donors, and case managers had to attend.

One of the most recent simplifications of the process has been the elimination of repetitive Case Management Roundtable screening processes. These recently defunct Case Management Roundtables were put in place to detect fraud, share access to resources, provide for peer review, ensure that case managers had filled out all LTRC paperwork, and provide training on the LTRC system for case managers. Case managers were asked to present their cases to a panel of potential funders, FEMA representatives, and LTRC staff, and their cases were scrutinized with a view to client eligibility, necessary or missing documentation, and other issues of pertinence.

While intended as a boon to the process, the Case Management Roundtables served to grind the system to a virtual halt. Their unintended consequence was a sense of exasperation amongst case managers, who felt that the process was built to prevent cases from receiving funding, although this was never the intention. A large number of the cases presented at these Case Management Roundtables were tabled, and as the data presented later in this report bears out, these cases were effectively killed at this point, rather than being helped towards successful completion. Database analysis on cases processed before October 10, 2007 shows that of the 42 cases tabled at Case Management Roundtables, only four were ever brought back and presented at a Funding Roundtable. Of these, 3 were funded. Overall in the system, there are currently 78 tabled cases, or 24% of all the cases that have been introduced into the system.

Case managers that had their cases tabled at the Case Management Roundtable phase of the funding process were asked to follow-up on different things and once they

had resolved the problem, they were to come back to the Case Management Roundtable a second time and go through the process all over again. If they again presented cases that were for one reason or another incomplete or missing essential information, the case was again tabled, and case managers were told to bring the case back to this same panel for a third go-round. The procedural rule governing the Case Management Roundtable process was that no case could be presented more than three times.

Cases that were not turned down or tabled at Case Management Roundtable (CMR) were sent on to the next stage in the process, called the Resources Distribution Roundtables (RDR). At this point in the process, cases were presented to a panel, including funding agencies, which would hear cases and decide on their funding eligibility. The same three outcomes that were possible at the Case Management Roundtable (case screening) applied to the Redistribution Roundtable (case funding). Cases could be denied funding, tabled, or approved for funding. The LTRC guidelines allowed cases that reach this phase in the process to be presented as many as three times also.

This report looks at the Long-Term Recovery Committees in Plaquemines, Jefferson, Orleans, and St. Bernard Parishes, which were the four parishes in Southeast Louisiana hardest hit by Hurricane Katrina. Each of these four LTRCs currently operates under the 501(c)(3) status of the United Way for the Greater New Orleans Area. The Plaquemines Parish LTRC initiated the process to become a 501(c)(3) Rebuild Organization in November 2006. The Plaquemines LTRC has realized the importance of becoming a self-sustaining non-profit organization. As part of its own organizational evolution, GNODRP took steps in September 2007 to do the same, although the GNODRP application process to receive 501(c)(3) status has not yet been fully completed.

Currently, each of the four LTRCs at the heart of this report have a small pool of funds which support their operations (staff, administration, etc.) and can provide funds for clients whose cases are brought forward at LTRC Roundtable meetings, such that the LTRCs themselves constitute funding agencies. These LTRCs do not, however, have any significant resources that have been granted to them by partner organizations and do not have any authority over the funding decisions of partner agencies. Most partner organizations that are contributing major funds control their own funding streams, and have funders at the Resource Distribution Roundtable that make awards directly to LTRC cases.

In fact, several of the disaster response and/or recovery agencies, social service non-profits, and faith-based agencies which are GNODRP and LTRC participants, have separate funds and programs that allow them to individually address disaster recovery cases, but cap the amount that can be allotted to each individual case. This means the cases that are presented at LTRC Funding Roundtables represent cases that have needs beyond the capability of the particular agency in question. Examples of these cases include costly total home rebuilding projects, extensive home repair projects, and manufactured and mobile home purchases or down payments.

Some of the GNODRP partner organizations¹² do not have discretionary funding that they can apply to cases brought to their agencies. These organizations work solely within the LTRC mechanisms and their case management services require that their cases be presented at the LTRC Roundtables no matter how small the amount of funding needed for client cases.

As the LTRCs have begun to evolve and cement their roles, they have hired staff to carry out administrative tasks, project management roles, and essential case management and rebuilding oversight. The staff of these committees has brought about positive change and the momentum to move static plans toward dynamic outcomes. Currently though, there is no single designated staff person in charge of fundraising and grant-writing, a position that would demand a highly-qualified individual capable of securing a sustainable future for these committees and for GNODRP. Although many different people have worked on this important task in the past, the future of this very important collaboration needs to be shored up by a dedicated full-time employee.

Case Management and Disaster Recovery: Systems in Crisis

Any discussion of the performance of the Long-Term Recovery Committees in Southeast Louisiana would be remiss not to mention the problems occurring inside the case management systems that are supporting recovery efforts in the State of Louisiana and throughout the Gulf Coast. The functioning of the LTRCs has been directly impacted by the productivity-challenged case management systems that different organizations in the region are administering. Since these systems represent the backbone and process by which cases are brought forward to the LTRCs, the impact of case management failures on the LTRC system needs to be mentioned.

One of the challenges the LTRC system is facing as a direct result of these case management systems is caseworkers that have caseloads that are too heavy to produce real results. Case managers are required to have anywhere between 25 -150¹³ cases open at any one point in time. In one case management agency¹⁴, exasperated caseworkers had been told at one point that they needed to open 6 new cases a week. The result of these top-heavy caseloads is too little time left over to concentrate on successfully serving clients.

Caseworkers interviewed estimated that they could effectively handle 8 – 11 open disaster recovery cases at any one point in time. They have been very vocal in stating that they cannot actively focus on more than 11 clients at once and move their cases efficiently through any funding systems. In fact, interview data revealed that the way that case managers are meeting case quotas it to spend between 3-5 months after they are first

¹² The American Red Cross, Odyssey House, Advocacy Center, PNOLA, Volunteers of America, etc.

¹³ Data on caseload expectations was provided by partner agencies and the KAT case management consortium.

¹⁴ CC KAT – this quota may have changed from the time when interviews were conducted.

hired doing nothing but opening cases and gathering information from clients to build their case files. Since performance ratings for these case managers are based on these open case quota numbers, they make sure that they have the required number of cases open to secure their jobs, but say that they choose a certain group to focus on for actual case presentation purposes. The other cases they leave dormant and hope to turn their attention to after processing the initial group. Closing cases is something that case managers often avoid if it will impact their performance quotas and this means even cases that have been processed through the LTRC system often remain open for extended periods of time. The emphasis caseworkers are forced to place on meeting job performance quotas is a shifting of focus away from what they state the real target should be: clients in the region that are disaster victims and need assistance.

Eligibility requirements that clients must meet to receive LTRC funding (and other program funding) slow the process also. The documentation that clients need to produce for case managers is often slow to come forward, and cases cannot be presented without certain paperwork being in place. Even the process of cutting checks after funding has been approved can be complicated, because case workers are often forced to wait for documents that are required to meet the audit standards of partner organizations. These topics are of great importance to any understanding of the overall functioning of the LTRC system. They have been introduced here as factors that must be taken into account when considering this evaluation of LTRC performance.

Parish Demographics and Katrina's Impact

St. Bernard Parish

St. Bernard Parish, located southeast of New Orleans, received a direct hit during Hurricane Katrina. The eye of the storm passed straight through the middle of the parish. According to 2000 Census data, the parish had a pre-Katrina population of 67,229 and a 74.6 % homeownership rate. Federal Emergency Management Agency (FEMA) damage assessments record that 97 % of St. Bernard's population, or 65,000 people, were hard hit by catastrophic flooding due to levee breaches and storm surge (Gabe, T. et al, 2005). Flooding caused extensive structural damage to almost all the homes in this parish.

Parish demographic make-up pre-Katrina was 88 % Caucasian, 8 % African American, and 5 % Hispanic. The median household income was \$35,939 (for 2.64 people) and 13 % of St. Bernard's population lived below the poverty line. Of all St. Bernard parish households, 15 % were headed by a single female with dependents, 14 % of the population was senior citizens, and, of those living below the poverty line, 16.5 % were children and 11 % were senior citizens.¹⁵

¹⁵ 2000 Census data.

Jefferson Parish

Jefferson Parish, which is located to the west and south of New Orleans, did not sustain as much damage as the other three parishes considered in this report. Flooding in this parish affected about two-fifths of the population, or about 181,000 people, and high winds resulted in moderate structural damage. The population of Jefferson Parish was 455,466 prior to Katrina and the parish had a homeownership rate of 63.9 %.¹⁶ Its demographic make-up pre-Katrina was 70 % Caucasian, 23 % African American, and 7 % Hispanic. The median household income was \$38,435 (for 2.56 people) and 14 % of Jefferson's population lived below the poverty line. Prior to the storm, 15 % of all Jefferson parish households were headed by a single female with dependents, 12 % of the population were senior citizens, and, of those living below the poverty line, 20 % were children and 10 % were senior citizens.¹⁷

Orleans Parish

In Orleans Parish, levee breaks led to the flooding of 80 % of the parish's land mass. The parish had a population of 483,779 before the storm, and FEMA estimates assume that 75 %, or 372,000 people, were affected by flood damage due to levee breakage and storm surge (Gabe, T. et al, 2005).

Prior to Katrina, 67.8 % of the population of Orleans Parish was African American, 28.6 % Caucasian, and 3.2 % Hispanic. In 2003, the median household income in New Orleans for all groups was \$27,408 and 25.5 % of the population lived below the poverty line. In comparison, the official poverty rate for the entire U.S. was 12.7 %.¹⁸ According to Census data, 24.5 % of all Orleans Parish households were headed by a single female with dependents, 12 % of the population was senior citizens, and, of those living below the poverty line, 40 % were children and 19 % were senior citizens.

Amongst New Orleanians, the homeownership rate in 2000 was 46.5 %, and 55.3 % of all homeowners in the city were African Americans. Additional statistics for the African American population put the attainment of a high school degree at 67.4 % of those 25 years of age and older, whereas the percentage of whites aged 25 years or older who were high school graduates was 89 %. The median African American household income (three-person household) was \$21,461 annually, whereas the median household income for whites (two-person household) was \$40,049. Of the overall percentage of families living in poverty in New Orleans, 91.1 % of these families were African American.¹⁹

¹⁶ 2000 Census data.

¹⁷ 2000 Census data.

¹⁸ 2004 U.S. Census Data.

¹⁹ 2000 U.S. Census Data.

Plaquemines Parish

Plaquemines Parish was one of the first places that Katrina struck as it made landfall along the Gulf Coast. The resulting damage devastated this parish and its many small communities. Half of the parish's 26,757 residents were impacted by catastrophic flooding, and wind damage also took a heavy toll. In the lower portions of Plaquemines, where the eye of Katrina made landfall, storm surges breached roofs and tossed homes, businesses, and boats to new locations. Hurricane force winds ripped out trees and took off roofs; and levee failures left whole communities under water. While some structures in the parish can be repaired, many residents require new homes.

The homeownership rate in Plaquemines Parish was 78.9 % prior to Katrina. Parish demographic make-up pre-Katrina was 70 % Caucasian, 23 % African American, 2 % Native American, and 2 % Hispanic. The median household income was \$38,173 (for 2.89 people) with 18 % of Plaquemine's population living below the poverty line. Of all Plaquemines Parish households, 15 % were headed by a single female with dependents, 10 % of the population was senior citizens, and, of those living below the poverty line, 21 % were children and 18 % were senior citizens.²⁰

²⁰ 2000 Census data.

The LTRC Database of Disaster Recovery Cases

The information contained in this report is based on the creation of a LTRC database that now records the details of all cases presented to LTRC Roundtables. The process of updating and verifying case data was extremely labor-intensive. A great deal of data had been lost, recorded improperly or not at all, or were only in the hands of different partner organizations to this process. Generally, at the point this project commenced, the data were in a state of total disarray.

The process of re-assembling and re-constituting accurate case records first began on June 19, 2007, and took four months to complete. Of the initial data that were provided for this project, only about 30 % were correct and complete. Thus, before any analysis of the data could take place, it was necessary to go back and document the complete history of the handling and funding of all cases within all four LTRCs. The database now contains 96 % of all the data on LTRC cases that were presented and screened at roundtables, and these data have been painstakingly verified. LTRC staff helped search for lost files, hunt down missing information, verify funding amounts, and contact case managers and agency supervisors. Molly Call at the Southeast Louisiana Chapter of the American Red Cross was invaluable, giving generously of her time in support of this project, and allowing her meticulous records to buttress our efforts.

It is important to note that the record-keeping problem documented here was, to a large extent, a by-product of the early phase of LTRC creation, during which these fledgling organizations had no administrative staff. Data were recorded on a voluntary basis by different organizational representatives present at the funding roundtables. These different versions of what occurred at roundtables were so varied in their accounts of the status of cases that a full reconstruction of all case data had to be undertaken. The reliance on different volunteers to keep records left an accountability gap in terms of quality management, as well as monitoring and evaluation. It also meant that when caseworkers questioned whether the system was reaching those in greatest need, there was no way to provide an answer.

Another barrier to the creation of this database was the decision made by the LTRC Case Management Committee to remove all personal data about clients from case files. This meant there was no client name, demographic information, physical address, or other meaningful indicators that would clearly indicate “who” was being helped, and caseworkers were not allowed to present these data to potential funders. The decision to hear cases without these data present was made in an effort to put all cases on a level playing field and allow funders to make unbiased decisions that would not be influenced by indicators of race, family status, income level, etc. It was also intended to provide anonymity in the review process so that volunteers and donors, and eventually staff, would not know the identity or demographics of the clients; and thus, there would be no appearance of a conflict of interest by decision-makers. Unfortunately, the reality in the Greater New Orleans Area is that neighborhoods and addresses are themselves indicators

of race and class, so very often just knowing “where” someone lives allows locals to surmise personal and demographic information.

Reaching out to help vulnerable populations means setting funding priorities that target and prioritize aid, so that it reaches those in the greatest need. Post-Katrina, the devastation was so great that the desire to help everyone in every community caused this long-term recovery program and its consortium of organizations to set a project scope that was far too broad and all-inclusive. The field of “who” receives help needs to be narrowed to those groups most vulnerable to non-recovery. In addition, record-keeping needs to be expanded to include the income-category of clients, and a re-thinking of target populations needs to occur.

This report will now provide an accurate accounting of what has been achieved thus far by the Long-Term Recovery Committees and conclude with recommendations on increasing the precision with which vulnerable populations are targeted by these committees. The database system that has been put in place to gather and record data, and the dedicated LTRC staff that are now firmly in charge of these tasks, will ensure that future performance evaluations will be less cumbersome.

Update on Status of Cases brought to LTRC's

Number of Cases Funded, Denied, and Tabled

As of October 30, 2007, the four Southeast Louisiana LTRCs that are the subject of this report had heard a total of 330 cases. Out of these, 188 cases were approved for funding at the LTRC funding roundtables. 64 cases were denied funding or turned down outright, and 78 cases were tabled. 15 cases currently have incomplete data and 10 case files are considered to have been lost outright or were never assigned case numbers. These cases have been excluded from the following analyses, unless noted otherwise.

In terms of percentages, this means 57 % of the 330 cases heard were approved for funding, 19 % were turned down and not funded, and 24 % were tabled. The remaining 4 % of cases had incomplete data.²¹

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
188	64	78	15	330

** It is important to note that although 57 % of the cases heard were in theory approved for funding, a significant number of these 188 cases have not actually received any funding yet.* The section of this report entitled, "Approved but No Funds Received" gives some explanations for this funding impasse.

Number of Cases that Have Been Closed

Of the 330 cases presented to the LTRC Roundtables, there are data on the status of 325 cases. Of these, 136 cases have been closed and 189 are still open.

Parish	Closed	Open	Grand Total
Jefferson	23	23	46
Orleans	74	90	164
Plaquemines	16	54	70
St. Bernard	23	22	45
Grand Total	136	189	325

²¹ The 10 cases never assigned a case number or lost outright are not included here. The 15 cases with incomplete data make up the basis of this calculation.

Of the 188 cases that were approved for funding, there are data on the status of 173 of these cases. 121 cases are still open, which represents 64 % of all the cases that were approved for funding.

Parish	Closed	Open	Grand Total
Jefferson	9	14	23
Orleans	29	53	82
Plaquemines	8	41	49
St. Bernard	6	13	19
Grand Total	52	121	173

Average Length of Time Cases are Open

This table calculates the average length of time that cases are open at each stage of the LTRC Funding Process, both overall and by parish. The table also lists the average number of days that cases remain open at these stages and the number of cases that are still open. Out of the 330 cases that were heard at LTRC Roundtables, 189 are still open and have been for an average of 284 days. In total, 57 % of all cases heard at the LTRC Roundtables are still open, and 65 % of those that were approved for funding.

Parish		CMR-T	CMR-Y	RDR-T	RDR-Y	Grand Total
Jefferson	Avg.Length of Time open in days	43	368	378	289	230
	# of Cases open at this phase	4	2	1	11	23
Orleans	Avg.Length of Time open in days	309	188	365	317	303
	# of Cases open at this phase	12	3	5	52	90
Plaquemines	Avg.Length of Time open in days	195	368	231	286	263
	# of Cases open at this phase	7	2	3	38	54
St. Bernard	Avg.Length of Time open in days	272			324	309
	# of Cases open at this phase	7			13	22
Total Avg.Length of Time open in days		238	260	322	305	284
Total # of Cases open at this phase		30	5	9	114	189

- For all four LTRCs, 30 cases are still open after being tabled at the Case Management Roundtable an average of 270 days ago.
- For all four LTRCs, 5 cases are still open after being approved to move to the RDR Funding Roundtable an average of 260 days ago. These five cases were never taken to the RDR.
- For all four LTRCs, 9 cases are still open after being tabled at the RDR or Funding Roundtable an average of 322 days ago.

- For all four LTRCs, 114 cases are still open after being approved for funding at the RDR or Funding Roundtable an average of 305 days ago.
- 8 cases have been approved for funding through the recently revised case presentation system and no data on the number of days these cases have been open have been collected, since this revised system was put in place after this report was begun.

Average Number of Caseworkers per Client

Many different reasons have been put forth to explain why the case management system (LTRC system) has been so slow to move cases and ensure that promised aid reaches clients. High case manager turnover rates were raised as one of the possible explanations for these systemic problems. In order to test this theory, data were collected on the number of caseworkers that each client had been assigned. These data were available for 329 of the 330 cases that were brought to the LTRC Roundtables and show that each client had an average of 1.62 caseworkers.

The following table also shows how many caseworkers were assigned to client cases that reached each of the following stages in the funding process. The average number of caseworkers per client is also calculated by parish. These data do indicate that cases were more likely to be denied funding or tabled when the number of caseworkers reached two or more per client on average. This supports the hypothesis that one caseworker starting and finishing a client’s case is much more successful than a client having 2 or more caseworkers that are assigned to their case over time. The higher the number of caseworkers assigned to a case, the less potential success that client has in getting their case funded and successfully sent through the entire LTRC process.

Parish	CMR-N	CMR-T	CMR-Y	RDR-N	RDR-T	RDR-Y	Grand Total
Jefferson	1.75	1.00	1.60	2.00	2.20	1.75	1.70
Orleans	1.55	1.52	1.50	2.43	1.47	1.61	1.60
Plaquemines	2.00	1.00	1.00	2.50	2.00	1.57	1.57
St. Bernard	2.00	1.93		1.50	1.00	1.47	1.66
Grand Total	1.67	1.50	1.41	2.13	1.68	1.60	1.62

Number of Cases Denied (N), Tabled (T), or Funded (Y) at the Case Management Roundtable (CMR) Phase of the Funding Process

When this database project began, the large number of cases that had been tabled and denied funding at the Case Management Roundtable phase of the funding process was very noticeable.²² An analysis of what happened to all cases at the CMR phase of the process is presented here. The data in this section are for cases presented prior to October 10, 2007. Data were available for 302 of the 311 cases that were brought to the Case Management Roundtables by this point in time.

- 53 cases were denied funding (18 %)
- 41 cases were tabled (13 %)
- 208 cases were advanced to RDR Funding Roundtable (69 %)

Parish	N	T	Y	Grand Total
Jefferson	11	2	26	39
Orleans	31	21	106	158
Plaquemines	5	5	53	63
St. Bernard	6	13	23	42
Grand Total	53	41	208	302

How Many Cases went to One, Two, or Three CMRs?

With three potential rounds per case at CMR, the number of cases that were presented at Case Management Roundtable (CMR) twice was 27, and only 5 cases were presented three times.

Parish	1 CMR round	2 CMR rounds	3 CMR Rounds	Grand Total
Jefferson	35	1	3	39
Orleans	138	18	2	158
Plaquemines	59	4		63
St. Bernard	38	4		42
Grand Total	270	27	5	302

22 - The system has been revised to eliminate the Case Management Roundtable process and improve systemic functioning since this point in time. Cases are now submitted to LTRC staff digitally and reviewed by them. When all necessary case data are complete, staff work directly with funders to make funding decisions about these cases.

How Many Cases that were approved at CMR (1, 2, or 3) never went to the RDR and How Many Did?

Of the 208 cases that were approved at CMR and could have progressed to the RDR Funding Roundtables, 199 were presented at RDR (96 %), and 9 cases never took this next step in the process. It would be interesting for the LTRC staff to investigate why this happened. One hypothesis is that most of these cases lost a caseworker and had no caseworker re-assigned to manage them. Some may have been discovered to be fraudulent on the part of the client or the caseworker.²³ Road Home monies (a Louisiana State program) were received by some clients also and met needs so that some cases did not need to go forward.

Parish	Did not go to RDR	Went to RDR	Grand Total
Jefferson	2	24	26
Orleans	6	100	106
Plaquemines	1	52	53
St. Bernard		23	23
Grand Total	9	199	208

How Many Cases were Approved, Tabled, or Denied Funding at RDR?

This table includes those cases that were approved for funding at RDR, yet have “\$0” entered in the Total Funds columns of the database. There were 163 cases with case files that showed that they were approved for funding, or a (Y) was awarded to these cases at the RDR Funding Roundtable. 6 of these cases had “\$0” entered in their Total Funds column, despite their approved status.

Some of these six cases had their funding pulled due to fraudulent claims by clients, some received donated goods instead of funds, some received Road Home monies, and some cases took so long to get funding to a client that by the time the funding arrived, the clients had found other means to move forward with their recovery process, and the funds were returned.

Parish	RDR-N	RDR-T	RDR-Y	Grand Total
Jefferson	2	5	20	27
Orleans	7	15	80	102
Plaquemines	2	6	45	53
St. Bernard	5	2	18	25
Grand Total	16	28	163	207

²³ Two caseworkers had many of their cases withdrawn. One had presented mostly only the cases of close friends and co-workers from another job she held, and the other had not verified any client information.

The following table calculates only those cases that were approved for funding and have a monetary value greater than \$0 entered in the Total Funds columns of the database.

Parish	RDR-T	RDR-Y	Cases Awarded Funds
Jefferson		20	20
Orleans	2	73	75
Plaquemines		44	44
St. Bernard		18	18
Grand Total	2	155	157

Once cases reached the RDR stage of the process, the number of cases tabled stayed about the same and the number denied funding dropped.

- 53 cases were denied funding at CMR (18 %), and 16 at RDR (8 %).
- 41 cases were tabled at CMR (13 %), and 28 at RDR (13 %).
- 208 cases advanced to RDR (69 %), and 157 were funded at RDR (76 %).
- 6 cases were approved for funding at RDR, but had \$0 in the Funds column (3 %).

How Many Cases went to RDR two or three times?

With three potential rounds per case at RDR (Funding Roundtable), 25 cases were presented at RDR twice (15 %), and 4 cases were presented three times (2 %). This appears to be very similar to what happened at the Case Management Roundtable where 27 cases went to two CMR rounds, and 5 went to a third, but with 302 cases being vetted at CMR and only 199 at RDR, the percentiles show that RDR seems to have used a much more stringent tabling process. At the Case Management Roundtable, only 9 % of cases went on to two rounds, and less than 2 % went on to a third.²⁴ This seems to point to the fact that both roundtables functioned as case screening mechanisms.

Parish	2 RDR rounds	3 RDR rounds	Grand Total
Jefferson	3	1	4
Orleans	9	1	10
Plaquemines	11		11
St. Bernard	2	2	4
Grand Total	25	4	29

²⁴ Again these case data are for cases processed prior to October 10, 2007.

Average Time it takes a Case Tabled at any CMR to get to RDR and Number of Cases that are Tabled and Make it to RDR?

Only four of the 42 cases that were tabled at any stage of the CMR process ever made it to RDR (10 %) and it took these cases 44 days on average to make it to the RDR process. This is a very significant finding that points to how problematic it was to table cases at the CMR phase in the funding process.

Parish	Time Tabled in Days	# of cases tabled at any CMR phase	# of cases tabled at CMR that went to RDR
Jefferson	0	2	0
Orleans	41	22	1
Plaquemines	54	5	2
St. Bernard	26	13	1
Grand Total	44	42	4

Since the expectation within the LTRC process was that most tabled cases would be re-presented at a later date, 90 % of these tabled cases disappearing from the LTRC process was a very high rate of cases (or case managers) dropping out of the system. Interviews with caseworkers indicate that they became disenchanted with the process (which they say requires a lot of paperwork and little return on their investment of time and effort) when tabling at CMR occurred. Many felt that eligibility requirements were too stringent and that the paperwork requested is duplicative and tedious. Some opted to search for other funding vehicles instead of returning to the LTRC roundtable process.

The viewpoint of LTRC staff and funders, who are partner organizational representatives that have been chosen to award funding to cases, was that case managers were careless in the preparation of cases, and often brought forward cases that lacked a duplication of benefits review and other necessary client documentation. Other reasons cited for tabling cases was a number of cases where clients had paid off their mortgages with insurance proceeds and were deemed ineligible for LTRC assistance, needing instead to first seek conventional financing.

Surely there is some validity to both viewpoints, but more importantly, a severe lack of trust is indicated between case management professionals and those individuals sitting at the funding table that had ultimate authority over decisions to fund, table, or deny funding to cases. This adversarial relationship was itself the cause of a great deal of the productivity failure the LTRCs were experiencing. An increase in the intensity of case screening carried out by funders and staff was meant to make case managers follow LTRC guidelines more strictly and present better prepared cases. Instead it resulted in a silent boycott of the LTRC Roundtables as case managers slowly stopped bringing their cases forward. Many stated that they felt their professional opinions were disrespected and that they had been personally humiliated at Roundtable proceedings. Concerns were eventually raised on both sides of this debate, and have led to significant systemic

changes. These changes appear to be taking hold and are being received positively. The following list highlights some of the changes that have been implemented recently to address these problem areas:

- All four LTRCs have eliminated the Case Management Review Process and these changes have been received positively by case managers.
- The Presentation Package has been revised. The new version is a significant improvement, but there is still work to be done on this document.
- The Roundtables Policies, Procedures, and Rebuild Guidelines Manual have been updated and the funding procedures that eliminate the Case Management Review process have been adopted.
- Ongoing training in the new process has been implemented.
- Basic Case Management Practices training is scheduled and will be ongoing.

Gender of Clients whose Cases were Presented

Of the 330 cases assigned LTRC case numbers by October 30, 2007, gender data were available for 326 cases. Of these, 252 of the cases were filed by females (73 %), and 74 by males (23 %). Of the 188 cases that were approved for funding, there are gender data on 173 clients, and 127 were for female clients (73 %), and 46 were for male clients (27 %).

It is important to note that these data do not make allowances for the female or male clients that were representing their entire family or household units. It does indicate that women have taken on a great deal of initiative on behalf of their families or themselves in pursuing potential disaster recovery assistance.

	Not funded	Not funded	Total not funded	funded	Funded	Total funded	Grand Total
Parish	female	male		female	Male		
Jefferson	18	5	23	20	3	23	46
Orleans	67	17	84	62	20	82	166
Plaquemines	18	2	20	34	15	49	69
St. Bernard	22	4	26	11	8	19	45
Total	125	28	153	127	46	173	326

Cases Approved to Fund Households with Dependents

Of the 188 cases approved for funding at the LTRC Roundtables, there were only data on household make-up for 173 clients. Of those, 73 households with dependents were approved for funding, which represents 42 % of these cases.

Parish	Households with no Dependents	Households with Dependents	Grand Total
Jefferson	14	9	23
Orleans	50	32	82
Plaquemines	27	22	49
St. Bernard	9	10	19
Total	100	73	173

Number of Senior Citizen Cases Approved for Funding

Of the 188 cases approved for funding at the LTRC Roundtables, there were only data on age for 172 clients, of which 52 cases were senior citizen clients. Thus 30 % of the cases approved for funding were for senior citizen clients.

Parish	Clients under age 65	Senior Citizen	Grand Total
Jefferson	16	7	23
Orleans	57	24	81
Plaquemines	32	17	49
St. Bernard	15	4	19
Total	120	52	172

Ethnicity Data

Of the 188 cases approved for funding at the LTRC Roundtables, there were ethnicity data on 173 clients. 76 % of all the cases approved for funding were for African Americans, 16 % of approved cases were for White clients, and 6 % of approved cases were for Native American clients.

Parish	African American	Asian	Hispanic	Native American	White	Grand Total
Jefferson	22				1	23
Orleans	80	2				82
Plaquemines	26			10	13	49
St. Bernard	4		1		14	19
Total	132	2	1	10	28	173

Average Number of People per Household

Of the 188 cases approved for funding at the LTRC Roundtables, the average number of people living in households that received funding was 2.37.

Parish	Total
Jefferson	2.13
Orleans	2.34
Plaquemines	2.35
St. Bernard	2.84
Grand Total	2.37

Homeowners vs. Renters

Of the 188 cases approved for funding at the LTRC Roundtables, there were only homeownership data on 173 clients. 75 % of all the cases approved for funding were for homeowners (130 cases), and 25 % of all the cases approved for funding were for renters (43 cases).

Parish	Renter	Homeowner	Grand Total
Jefferson	6	17	23
Orleans	29	53	82
Plaquemines	4	45	49
St. Bernard	4	15	19
Total	43	130	173

The philanthropic strategies of traditional disaster recovery donors target the repair and rebuilding of homes, and the four parish LTRCs have created funding guidelines based on stipulations set in large part by these funders. This is especially true of the NVOAD faith-based organizations who usually contribute funding and human resources (in the form of staff and volunteers) to help homeowners repair and rebuild their homes. But given the enormity of Katrina, limiting recovery strategies to homeowners leaves a large number of community residents who were renters without many places to turn.²⁵ The funding policies of the American Red Cross and The Salvation Army allowed the LTRCs in the four parishes to provide some funding for renters, and there are many reasons to broaden this policy instead of discontinuing it.

The GNODRP and LTRC organizations are uniquely situated to begin advocating for donor policies that fit the reality on the ground in each of the four parishes, and to try to set funding policies that are driven by regional needs (and not by donor preferences). This means questioning the decision to prioritize funding for homeowners in parishes where there are a significant number of renters that constitute a vulnerable population in great need.

Regional census statistics point to the high level of renters in the four parishes. Of the population of St. Bernard Parish, 25 % were renters, in Jefferson Parish 36% were renters, 21 % of Plaquemines residents were renters, and 53.5% of the population of Orleans Parish were renters (with 55.3 % of African Americans being homeowners, and only 44.7% of Whites). Rental properties were destroyed at a similar rate to that of owned homes, and low-income renters confront great difficulties finding affordable rental units in Southeast Louisiana.

In Orleans Parish, 17 of the 21 low-income “housing projects”, or subsidized rental units, were shut down post-Katrina. These were widely regarded as unpleasant places to live, but now that rents in the entire region have sky-rocketed, and new low-income facilities are not being built at a rate rapid enough to accommodate the number of people in need, low-income renters are in great need of housing. The city’s homeless shelters are overrun currently and cannot accommodate the high demand. In addition, most of the major Federal, state, and local government programs for Hurricane Katrina victims are mostly aimed at homeowners. Those that have catered to renter needs have sub-contracted to partner organizations that have not had sufficient monies to deal with the full set of regional needs. The net result is that many renters have been left without assistance.

Another aspect of the difficulties facing renters is recent changes to the guidelines on which disaster recovery programs base their funding decisions. Many renters are leaving FEMA trailers, have been living with friends or family, or have resided in furnished or unfurnished apartments elsewhere in the country. Moving back to Southeast Louisiana and into rental units is costly, and many of these people have exhausted their financial means in moving from place to place. A great many are lacking furnishings, appliances, and other basic necessities. Others cannot afford to move their belongings across country or state lines and often the value of their goods may be less than the cost to haul them. No matter what the cause, a great many pre-Katrina renters who have been staying here and there, trying to re-establish themselves in jobs, decent living quarters, and within trusted social networks, are in need of furnishings and appliances, for which funding has been greatly reduced or cut off in most cases.

One other funding strategy of relevance to the renting population needs discussion here. Many funding agencies and partner organizations insist that before renters receive LTRC funds, client sustainability is assessed. If a renter needs money for rent, caseworkers and LTRCs are asked to ascertain that this assistance will not be needed again, due to a client whose income cannot support the higher cost of housing in post-Katrina Southeast Louisiana (or some other factor). While this type of requirement might seem to make sense give the reality of limited funds, it is deeply illogical in light of the reality of “who” most of these renters are. As the earlier Census data made clear, most (although not all) of the indigent poor in the region are part of the renting population, and their circumstances have worsened since Katrina. The expectation of sustainability is only serving to weed out many whose needs are desperate, and this in turn has greatly impacted caseworker morale. Again in this case, the recommendation is that GNODRP undertake advocacy to begin changing donor policies, or find additional donors that are

willing to accept outcomes that might not immediately result in being able to label a client “recovered”, but will help some renters along the road to recovery. In addition to housing, the creation of new jobs, an increase in job training programs, funds that will help address transportation issues and mental health care are all pieces of the equation that are currently standing between renters (as well as many homeowners) and recovery.

With both social service and low-income housing sectors in total collapse in the region, this LTRC consortium could make a real difference for renters as it looks to the next phase of its existence. This type of realignment will need new policy, advocacy, and fundraising strategies in relation to renters, but with the future shutdown of many case management and funding vehicles about to impact the LTRC apparatus, this type of policy change could create fundraising opportunities with major foundations and other donors.

Age of Homeowners and Renters Approved for Funding

Of the 188 cases approved for funding at the LTRC Roundtables, there were only data on for the age of 172 clients. The age classes used to further analyze LTRC data are as follows:

- I** Age 18 to 29 (7 renters, 5 homeowners)
- II** Age 30 to 39 (7 renters, 5 homeowners)
- III** Age 40 to 49 (10 renters, 27 homeowners)
- IV** Age 50 to 64 (8 renters, 44 homeowners)
- V** Age 65 to 100 (2 renters, 43 homeowners)

Due to these classifications, it is clear that the 72 % of homeowners that LTRC Roundtables helped were 50 years of age or older and 36 % were senior citizens. Only 12 % of the renters assisted were senior citizens. The majority of homeowners that were assisted fell into higher age categories, while renters ages appeared to be fairly evenly distributed between 30 and 64. Please see Appendix B for more information on how renter and homeownership status has changed for LTRC clients since Katrina.

Parish	Renters					Total Renters	Homeowners					Total Homeowners	Grand Total
	I	II	III	IV	V		I	II	III	IV	V		
Jefferson	1	1	1	2	1	6		1	5	5	6	17	23
Orleans	4	5	9	8	2	28		2	11	18	22	53	81
Plaquemines	2	1			1	4	3	1	5	20	16	45	49
St. Bernard		2	1		1	4	2	1	6	3	3	15	19
Grand Total	7	9	11	10	5	42	5	5	27	46	47	130	172

Labor provided to LTRC Cases by Partner Organizations

Of the many client cases needing extensive repairs or rebuilding done to their homes, 35 of these had labor provided by volunteers working for partner organizations. Materials were sometimes also provided by these agencies. This gift of labor to LTRC cases greatly reduces the cost of home repairs and rebuilding and makes some of the otherwise prohibitively expensive cases possible to fund. The organizations that provided labor and the number and location of cases each organization helped to work on are listed in the following tables:

Elijah Christian Ministries

Parish	Labor
Orleans	4 cases

Mennonite Disaster Services

Parish	Labor
Jefferson	1 case
Orleans	4 cases
Plaquemines	12 cases
St. Bernard	1 cases
Grand Total	18 cases

Lutheran Disaster Response

Parish	Labor	Labor and Materials	Grand Total
Jefferson			
Orleans	2 cases	1 case	3 cases
Plaquemines			
St. Bernard	4 cases		4 cases
Grand Total	6 cases	1 case	7 cases

Other Organizations Providing Labor for LTRC Cases

Parish	Labor	Name of Organization	Grand Total
Jefferson	1	Crossroads Ministries	1 case
Orleans	1	NOAH	1 case
Plaquemines	1	Zion Travelers	1 case
Plaquemines	1	Ministry for Plaquemines Recovery	1 case
St. Bernard	1	Reach Out in Love	1 case
St. Bernard	1	Church of the Brethren	1 case
Grand Total	6		6 cases

Number of Cases that received LFRC Funding

Of the 188 cases approved for funding within the LTRC system, five Long-Term Recovery Committee cases received Louisiana Family Recovery Corps (LFRC) funding that either augmented what they received through the LTRC process, or was the only funding these cases received. All five were Orleans Parish cases.

Parish	LFRC funding
Orleans	5
Grand Total	5 cases

These five cases were part of 159 cases from Orleans, St. Bernard, Jefferson, and Plaquemines Parishes that jointly received \$266,462 in LFRC funds due to the efforts of GNODRP, Greater New Orleans Nonprofit Knowledge Works, and the LTRC partner organizations.

In March 2007, Greater New Orleans Nonprofit Knowledge Works (GNONKW), the local contractor for disbursement of LFRC funds, contacted GNODRP and requested to be a funder at the Resource Distribution Roundtable that was already in place. Recognizing that the majority of the LFRC funds had to be expended by August 31, 2007 or they would be returned to the federal government, GNONKW was looking for efficient venues to assist clients through case management and distribution systems that were already in place.

At a meeting on May 2, 2007 with GNODRP staff and a representative from the GNODRP Executive Committee, GNODRP recommended establishing a separate Roundtable just for the LFRC cases for the months of June and July. In addition, GNONKW agreed to contract with GNODRP to convene this separate roundtable and to process the client files. The contract was signed with GNODRP to pay for GNODRP staff to facilitate the LFRC Roundtable. On May 7, 2007, GNONKW staff trained the LTRC/GNODRP staff on the LFRC eligibility requirements. On Thursday, May 24, 2007, GNONKW trained case management supervisors on the LFRC eligibility criteria, and on June 7, 2007, the first LFRC Roundtable was held by GNODRP and LTRC staff in accordance with the scope of work in their contract.

Due to a number of factors, GNONKW and GNODRP decided to de-dupe and reviewing approximately 50 cases per week. Due to continually higher submission rates once the Case Managers were able to get the process going, GNONKW and GNODRP eventually increased the number reviewed to 70 per week. Cases were taken on a first come, first serve basis of up to 70, and the remaining cases were moved to the next week for review. It was difficult for the small number of LTRC staff to thoroughly review the large volume of LFRC cases coming in and also find the time to do the required file

review and follow-up with the case managers on incomplete files, in addition to their normal long-term recovery committee jobs.

Date of LFRC Roundtable	Number of Cases submitted for LFRC Roundtable
6/7/2007	9
6/14/2007	7
6/21/2007	28
6/28/2007	73
7/5/2007	43
7/12/2007	132
7/19/2007	120

In the middle of July, the convergence of several issues resulted in July 19, 2007 being the last LFRC roundtable. Those issues were as follows:

- 1) All case files had to be completely processed by July 31, 2007.
- 2) On average, it was taking the GNODRP/LTRC staff and the GNONKW staff three weeks to complete the eligibility certification of the files, as the majority of files submitted by case managers were incomplete and did not contain the required eligibility documentation.
- 3) After the files were certified for eligibility, it took 5-10 business days for accounting to process the checks and vouchers, and contact the clients.
- 4) After processing, GNONKW was contractually mandated to do a 2-4 week follow-up, meaning that by August 31, 2007 the files had to be certified, processed, and have a completed follow-up interview.
- 5) Vacation schedules, the large percentage of case files that had to be returned to case managers for additional documentation, and the fact that the last two roundtables reviewed all clients that had been de-duped at any time in the process and had not yet made it to the funding stage due to missing documentation, resulted in GNODRP staff getting backed up in their review of these cases during the final roundtable.

GNONKW requested that the last GNODRP Roundtable take place on July 19, 2007 and the case managers were notified that no more LFRC cases could be received after that time. The timeline and cumbersome steps in the process dictated that we stop accepting new cases and focus our attentions on getting the cases we had completed and funded.

During the last week of July, GNONKW supported the collaboration by allocating three (3) staff members that completed all case completion tasks. GNODRP signed off on the client's required application forms, and the files were brought to the GNONKW office, where GNONKW staff completed the processing, distribution and follow-up with LFRC clients.

The partnership between GNODRP and GNONKW was successful in getting \$266,462 in financial assistance to 159 clients in two and one-half months. This is a significant number of clients considering the short timeframe for this project. These funds purchased appliances and beds for clients, and provided utility, mortgage and rental assistance to enable clients to reestablish their households.

The eligibility requirements that were part of both the Temporary Assistance for Needy Families (TANF) and Social Service Block Grant (SSBG) contracts were the same requirements normally affiliated with these Federal government programs, with the exception of clients having to show that they had applied for FEMA assistance, insurance (if applicable), Road Home (if applicable), and that they had a residence in one of the eligible parishes. Clients were required to produce social security cards for Heads of Household and the income eligibility requirements stipulated that clients needed to be at or below 250% of the Federal poverty level.

Case Status by Parish

Breaking down the data for the four LTRCs, here is an overview of what happened to cases heard at LTRC Roundtables in each of the parishes.

St. Bernard Parish

The St. Bernard Parish LTRC has had 45 cases presented since its creation. The first case was heard on October 25, 2006, which is the date of the creation of this LTRC. This would make the St. Bernard Parish committee one year old. The status of cases in St. Bernard Parish is detailed in brief in the following table.

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
19	10	16	3	45

In St. Bernard Parish, 42 % of all cases presented were approved for funding, 22 % of the cases were denied, and 35 % of cases were tabled. 7 % of parish cases had incomplete data or case files have been lost. This parish LTRC shows the lowest number of cases actually approved for funding, and the highest number of cases tabled, of all four parish LTRCs. The St. Bernard Parish LTRC has also heard very few cases comparatively speaking. Based on the amount of damage the parish experienced, the amount of time this LTRC has been up and running, the amount of need in this parish, and the number of cases presented and funded in the other three parishes, St. Bernard's performance stands out as far below the curve.

It is important to note that this parish LTRC has also been the slowest to be staffed and there has been significant staff turnover in the short period that the LTRC has had staff. This factor certainly has had an impact, and the fact that staff are now in place is certain to help this LTRCs performance in the future. St. Bernard Parish cases represent 14% of all cases presented within the LTRC system, and 10% of all cases approved for funding.

Jefferson Parish

The Jefferson Parish Long-Term Recovery Committee has had 46 cases presented since its inception. The first case was heard on September 27, 2006, and this LTRC had the first case approved through the roundtables process. The status of cases in Jefferson Parish is listed in the following table.

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
25	10	11	2	46

In Jefferson Parish, 54 % of all cases presented were approved for funding, 22 % of the cases were denied, and 24 % of cases were tabled. 4 % of parish cases had incomplete data or case files that had been lost. Jefferson Parish cases represent 14 % of all cases presented within the LTRC system and 13 % of all cases approved for funding within this system.

Orleans Parish

The Orleans Parish Long-Term Recovery Committee has had 169 cases presented since its creation. The first case was heard on July 20, 2006. The status of cases in Orleans Parish is detailed in brief in the following table.

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
93	38	38	3	169

In Orleans Parish, 55 % of all cases presented were approved for funding, 22.5 % of the cases were denied, and 22.5 % of cases were tabled. 2 % of parish cases had incomplete data or case files had been lost. It is significant that 51 % of all the cases presented within the LTRC system were Orleans Parish cases, and 49 % of all case approved for funding were also Orleans Parish cases.

Plaquemines Parish

The Plaquemines Parish Long-Term Recovery Committee has had 70 cases presented since its creation. Sample case presentations were made throughout the summer of 2006 to test early versions of the Case Presentation Package and guidelines, and for training purposes. The first official case was heard on October 4, 2006, which is almost one year after the creation of this LTRC. The status of cases in Plaquemines is as follows:

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
51	6	11	7	70

In Plaquemines Parish, 73 % of all cases presented were approved for funding, 9 % of the cases were denied, and 16 % of cases were tabled. 10 % of parish cases had incomplete data, which meant either these case files had been lost or the case numbers were never assigned.

Plaquemines LTRC has a much higher number of cases approved for funding than any other of the parishes. The 73 % funding rate in this parish is far higher than the funding of cases in other parishes and perhaps even more noteworthy is its very low 9 % turn-down rate. The number of Plaquemines cases tabled is also the lowest, but the gap here compared to that of the other parishes is narrower.

What is the reason for the startling case approval rates for Plaquemines clients? Firstly, this LTRC was established one year before all the others and has been the model for every other LTRC process. This LTRC was staffed first, and staff have been very effective in managing follow-up on the status of projects in the parish. The parish is also the only LTRC with extraordinary backing from the faith-based community, both as funders, providers of labor, and leaders of the LTRC process. This type of participation by leaders in the local faith-based community has not occurred in the other parishes, where non-profits have been the major system proponents. Additionally, the Plaquemines Parish LTRC (CPR) went through the application process to turn this committee into a self-standing 501(c)(3) in November 2006, and has a strong focus on sustainability.

The Plaquemines Parish LTRC has also recently completed a major strategic initiative, a 15 month plan to completely fund and rebuild 17 homes in 2008, as well as an agreement to do construction management, volunteer management, and the coordination for these projects. Beyond that, fundraising in this parish has been more successful than in any of the other parishes. The Virginia Baptist Mission Board challenged the Plaquemines LTRC to develop the infrastructure to support the Board's pledge of both money and volunteers that backs this LTRC's strategic initiative. The Plaquemines Parish LTRC has been able to raise funds from many other sources also, and thus has been able to pay the cost of staff and committee operations from its own funds, while still having a significant pot of money left to fund projects.

These things are all very significant and certainly make a difference in terms of the success of this parish's LTRC, but the reason why so many Plaquemines Parish client cases have been successful could also be due to the fact that four case management agencies have assigned caseworkers specifically to this parish. This assignment of parish-specific case managers was stipulated by grant funds from the Louisiana Conference of the United Methodist Church. The commitment of partner agencies to provide these case managers was the condition of the donation, which also included a modular office that was placed in the lower part of the parish.

All these explanatory factors are the result of fairly recent innovations, though, and thus for the most part, Plaquemines cases were presented by the same case managers and screened by the same funders as in all the other parishes. It is difficult to fully explain the stellar performance of this LTRC. Overall, Plaquemines Parish cases represent 21 %

of all cases presented within the LTRC system and 27 % of all cases approved for funding within the LTRC system.

Overall Performance by Parish

As the analysis of the LTRC data has been able to point out, the effect of tabling cases at the Case Management Roundtable has effectively been almost the same as denying funding to cases. Only 10% of the cases tabled at CMR (4 cases out of 42) ever went to RDR, and only three of these were funded. This means, if the percentages of cases tabled and denied funding in the four parishes are added together, the results look more like this:

Parish	Cases Funded	Cases Tabled or Denied
Jefferson	42 %	58 %
Orleans	55 %	45 %
Plaquemines	73 %	24 %
St. Bernard	42 %	58 %

Within the LTRC system, the performance gaps between the parishes are worthy of attention. Despite the reasons given for the extraordinarily high approval rates in Plaquemines and the correspondingly low denial and tabling rates, this performance differential is sufficient to require more scrutiny.

Project Types and Average Funding Allotted by Type

The LTRCs in the four parishes deal with five different project types. For the purposes of this report, the cases in the database were categorized based either on information found in case files, a conversation with a client's case manager, or based on funding amount when no other information was available. Here is a brief explanation of the types of cases that LTRCs are currently dealing with:

1. **ADA** – Americans with Disabilities Act cases - Client has a disability and their home, mobile home, or trailer needed accessibility modifications.
2. **Unmet Recovery Needs** – These cases can deal with immediate needs for the replacement of personal property (appliances, furnishings, etc.), low-cost home repairs, help with utilities, rental deposits, or mortgage payments. These cases deal with the needs of both renters and homeowners that are missing items essential to their recovery. For the purposes of this report, these cases were categorized as Unmet Recovery Needs cases if the funding amount a client received was less than \$3,500.
3. **Repair** – These cases deal with repairs due to hurricane damage (flooding or wind). Only homeowners are eligible for this type of funding according to LTRC rules.
4. **Rebuild** – These cases deal with the total reconstruction of a client's home due to hurricane damage. Only homeowners are eligible for this type of funding according to LTRC rules.
5. **Mobile Home** – Thus far, these cases have only been dealt with in Plaquemines Parish, where clients can seek assistance to purchase or move mobile homes. Many clients in Plaquemines Parish are opting to buy Mobile or Manufactured Homes, because of the long wait time to rebuild their homes.

Average Amount of Funding by Project Type

The Rebuild category data in the following table shows Rebuild projects in Plaquemines funded at a higher average rate of \$42,600.00 than rebuilds in St. Bernard Parish, which are funded at an average of \$30,000 each. Plaquemines LTRC has more discretionary funds than the other LTRCs and more Rebuild projects than the other parishes. Yet, the average amount the Plaquemines LTRC funds per Rebuild case (please see table in Appendix A – page 61) is only \$676.00 more than the St. Bernard LTRC funds per Rebuild case. Another potential explanation for this gap is the number of funders in Plaquemines Parish that do not fund Rebuild cases in any other parish.

Plaquemines has a host of donors that are not active in the other three parishes. Amongst the two other major funders for these cases, the American Red Cross is contributing on average \$740.00 more for Plaquemines Rebuild cases than for St. Bernard Parish Rebuild cases, and The Salvation Army is contributing on average \$5,562.00 more for Plaquemines Rebuild cases than for St. Bernard Parish Rebuild cases. Appendix B contains tables that list the average amount of funding per project type that the United Way, the American Red Cross, the Salvation Army, and each of the LTRCs have contributed to cases.

Parish	ADA	Mobile Home	Rebuild	Repair	Unmet Recovery Needs	Avg. amt. per case of any type
Jefferson	\$1,080.00		\$35,442.05	\$9,519.68	\$2,114.79	\$8,831.24
Orleans			\$33,923.41	\$10,183.30	\$1,830.16	\$8,848.27
Plaquemines		\$20,567.76	\$42,578.95	\$10,928.70		\$26,040.43
St. Bernard			\$29,967.83	\$9,865.48	\$1,910.91	\$10,946.23
Overall Average Project Funding	\$1,080.00	\$20,567.76	\$38,692.89	\$10,140.41	\$1,888.44	\$13,945.87

Another point of interest is the low \$8,800 average amount of funding per case that Orleans and Jefferson Parish cases are receiving, in contrast to the \$26,000 average amount of funding for Plaquemines Parish cases. With 49% of all cases approved for funding at the LTRC Roundtables being Orleans Parish cases and 13 % being Jefferson cases, this means the cases in these two parishes are getting funded at much lower rates. The table below points to the issue that is causing the average amount of funding for Orleans and Jefferson Parish cases to drop below the funding levels in other parishes. The number of Unmet Recovery Needs cases that were presented in Orleans Parish was 33, there were 8 in Jefferson Parish, in St. Bernard Parish there were 5, and in Plaquemines there were no Unmet Recovery Needs cases.

Number of Each Type of Project Funded by Parish and Overall

Parish	ADA	Mobile Home	Rebuild	Repair	Unmet Recovery Needs	Grand Total
Jefferson	1		2	12	8	23
Orleans			7	42	33	82
Plaquemines		21	17	11		49
St. Bernard			3	11	5	19
Grand Total	1	21	29	76	46	173

In Orleans Parish, 70 % of all the Unmet Recovery Needs cases (23) were presented on behalf of renters within the LTRC system, and in Jefferson Parish renters represented 75 % of these cases. On average, the Unmet Recovery Needs cases in the three parishes were funded at less than \$1,900 each, but the average Unmet Recovery

Need case for renters was funded at \$1,711.34 and the average Unmet Recovery Need case for homeowners was funded at \$2,254.46. So on average, homeowners, who represent a much smaller number of these cases, received \$543.12 more than renters. Unmet Recovery Needs cases have brought the average case funding amount for Orleans, Jefferson, and St. Bernard Parish down.

Unmet Recovery Needs Cases					
Parish	renters	homeowners	Avg. amount for renters	Avg. amount for homeowners	Unmet Recovery Needs Total Avg.
Jefferson	6	2	\$2,042.89	\$2,330.50	\$2,114.79
Orleans	23	10	\$1,615.40	\$2,324.13	\$1,830.16
Plaquemines					
St. Bernard	2	3	\$1,820.00	\$1,971.51	\$1,910.91
Grand Total	31	15	\$1,711.34	\$2,254.46	\$1,888.44

In response to these data, the following section of this report will attempt to ask and answer the following questions:

1. Is the amount of funding these Unmet Recovery Needs clients are receiving really pushing these citizens into a category we can label “recovered”?
2. What things are we *not* doing for this group that we are doing for others?
3. Is the case presentation effort for Unmet Recovery Needs cases worth the funding outcome or can we make the process for this type of case easier?
4. Is the case screening process erring on the side of caution and striking items from cases that funders might otherwise fund?
5. Is the current system curtailing the funding for Unmet Recovery Needs cases for renters (and homeowners) and is it more pre-disposed to fund cases that help homeowners rebuild their lives and homes?

At this point, the qualitative data from extensive interviews with case managers and the researcher’s observations of the handling of Unmet Recovery Cases at the case screening and funding Roundtables becomes pertinent. A large number of case managers stated that an unusual amount of scrutiny was being applied to Unmet Recovery Needs cases. This was confirmed by the researcher’s observations. The requests that case managers were making were actually for more funds, more furniture and appliances; in general “more help” to promote the recovery of these clients. Funding for item after item was struck from the lists that case managers were presenting and caseworkers were also asked to remove items from their list of client recovery needs. This was mitigated by the

fact that during the last 3 – 4 months since the warehouse has been fully-functioning, some items were being provided through donations from the GNODRP warehouse. For other items though, case managers were told that the requests had to be removed, because they were outside the purview of current funding guidelines.²⁶ Knowing that furniture and appliances were soon to be taken off the list of items that funders would provide²⁷ (but were still on the list in reality), the researcher observed screeners erring on the side of caution and doing whatever they could to strike items from cases that they thought funders would strike later.

It is notable that the American Red Cross Means to Recovery Program (ARC MTR) is still providing funding for renters (and homeowners) in need of furniture and appliances. The cases that include these requests should still be able to be presented to funders with the full list of needs caseworkers identified intact, despite the future intentions of funders to potentially eliminate or reduce this type of funding. While this type of funding is still available, it should be the purview of caseworkers who are working with clients to have the list of needs they identified presented to potential funders without these lists being whittled down during the process.

The data in this database (see *Average Amount of Funding by Project Type* table on the preceding page) point to a discrepancy between the amount of funding that Unmet Recovery Needs cases for renters (and homeowners) are receiving in relation to the help homeowners with Rebuild and Repair cases are getting. When the researcher asked questions about funding and screening decisions being made in regards to the cases observed, discussions with funders, staff, and caseworkers revolved around personal values (middle class work ethic) and class distinctions (middle, low-middle, low) between case types and clients. A recent diversity training session held at the United Way²⁸ had highlighted value and class conflicts, and participants were very aware that they carried these attitudes with them into case screening and funding processes.

The database contains no data about attitudes and how they impact decisions about what types of cases are worthy of funding. But attitudes about the worthiness of clients and types of cases exist, and in the interviews and process observations that form part of the evidence base for this report, many conflicting value sets and viewpoints were shared with the researcher. Interviews with case managers, program administrators, and funders all pointed to class-related biases and beliefs that are impacting the way that cases, and clients, are viewed. Greater awareness of how these attitudes are impacting decision-making inside the LTRC process is important to its future development.

²⁶ In one case this was in reference to a dining room table and chairs for a client's home in which this room was standing completely empty. There were two children and two adults living in this dwelling. It was only half-repaired as the elderly woman had been defrauded by fake contractors.

²⁷ This announcement that future program reductions in this funding area would be forthcoming had been made by The Salvation Army representative and the American Red Cross representative.

²⁸ A-Ha! Diversity Training Program.

The Case Preparation Process and LTRC Project Types

The LTRC process in regards to Unmet Recovery Needs cases needs adaptation. The current Case Presentation Package that is used for all cases presented to an LTRC Roundtable is 12 pages long, yet case managers estimate that it takes just under an hour to fill out these packages once all the supporting documentation and cost of work estimates for a client's case have been collected. Caseworkers also state that the amount of time needed to collect documentation and estimates for Repair and Rebuild cases is greater than it is for Unmet Recovery Needs cases.²⁹ Case managers said that they nonetheless felt that the time invested in preparing Unmet Recovery Needs cases is still far too great. They are similarly convinced that the system now in place prevents clients with immediate and urgent needs from having them met in a timely manner, because the exact same case presentation process is being used for radically different case types.

Another consideration is the time it takes to get funding in the hands of clients. In Orleans Parish, 24 Unmet Recovery Needs projects had only one funder, and 7 cases had two funders. Thus, the time spent filling out check requests and waiting for funding for clients to arrive must also be factored into the amount of effort a caseworker puts into working on such a case and the time a client waits for relief. At the point when this report was written, the time that it was taking agencies to cut checks for cases that are approved for funding started at approximately 5 calendar days for the United Way (as fiscal agent for LTRC funds, as well as United Way contributions), about two weeks for The Salvation Army, and 4 to 8 weeks for the American Red Cross. All the partner agencies to the LTRC process are attempting to change and improve the delivery of funding for these cases, but this information is important to explaining some of the bottlenecks that the data in this report make apparent.

Based on the findings in this report, the creation of a new and simplified process for Unmet Recovery Needs cases is recommended. With a renting population that made up 53% of the Orleans Parish population pre-Katrina, the need to continue to provide funding for Unmet Recovery Needs cases is clear. And it is not only Orleans Parish that should be presenting a large number of Unmet Recovery Needs cases. In Jefferson Parish, the 46% percent of the population that were renters before the storm has increased sizably due to the number of undamaged rental units available in this parish. In fact, there are renters and low-income homeowners in all the parishes that might have appropriate needs for this type of case.

Unmet Recovery Needs cases tend to deal with a client's immediate needs. An example is a client who has a Section 8 Housing voucher and needs help with a damage deposit for a rental property that will get a family out of a FEMA trailer. Moving a case of this sort through the LTRC process and waiting for checks to arrive usually means that by the time funding is client-ready, the client had already lost access to the rental property (due to market shortages). Another example of this type of case is the provision

²⁹ Case workers at the American Red Cross SELA Chapter were asked to approximate their time investment and reach a consensus to produce this finding.

of appliances and furnishings for a family moving out of a FEMA trailer, or back to Southeast Louisiana from another state. The current LTRC system is unable to serve these clients in a timely manner, because the process is too cumbersome.

Eliminating renters from the LTRC equation (and serving only homeowners) is not the answer to this dilemma. A simplified rapid reaction process that is flexible can be implemented. Partner organizations that are slow to produce promised funding can be encouraged to contribute to a discretionary pot of funds that will make this possible. The LTRC process can be adapted to meet these needs and still execute the much more difficult repair and rebuild projects for homeowners that are helping re-shape communities. The realization that there are two completely distinct sets of needs and types of cases at work in the four parishes is primary to making these changes. The data on LTRC cases bear this out.

Number of Case Presentations by Partner Organizations

Many questions about the effectiveness of GNODRP partner organizations and their case management processes are being asked within the region. This is in part because recovery programs have not produced the expected results and have moved slowly. The following list shows the number of cases that have been presented to LTRC Roundtables by partner organizations. What this list does not provide in terms of answering the effectiveness question, is any sense of how many cases have been handled by partner organizations internally with their own discretionary funds, and how many caseworkers are currently employed by each partner agency. What we do know is that, as a consortium, 206 caseworkers were employed by the GNODRP partner organizations at the system's peak. In this light, the 330 cases presented to the LTRCs in the last year or more is indeed less than could be expected.

Agency	Total Cases Presented
American Red Cross	63
St. Vincent De Paul Society KAT	45
Catholic Charities KAT	41
Volunteers of America KAT	31
UMCOR West Bank Station	26
Salvation Army TSA	23
Advocacy Center KAT	20
Odyssey House KAT	18
Salvation Army KAT	18
Elijah Christian Ministries	8
Boat People SOS KAT	8
NENA (Lower 9 th)	6
Phoenix of New Orleans (PNOLA)	5
UMCOR Uptown Station	4
Lutheran Disaster Response KAT	4
JDRC	3
Catholic Charities LFRC	1
Catholic Charities CCUSA Community Centers	1
Celebration Church	1
UMCOR East Bank Station	1
Volunteers of America LFRC	1
Ministry for Plaquemines Parish	1
Quad Area Community Action Agency Bogalusa	1
Grand Total	330

Of all the cases presented, the American Red Cross brought forward the highest number of cases of any one agency, representing 19 % of the total cases presented, and

Salvation Army caseworkers presented 7 % of all cases. Katrina Aid Today (KAT) sub-contracted its case management program to ten different agencies in the region. KAT caseworkers represent 85 % of the caseworkers in the region and they presented 185 of the 330 cases, which makes up 56 % of all the cases presented. Two of the 10 KAT partner organizations (Unity for the Homeless, Episcopal Relief and Development) brought no cases at all to the LTRCs. Episcopal Relief and Development has its own internal funding sources.

The GNODRP Consortium boasts more than 70 partner organizations that have joined this disaster recovery partnership to help rebuild lives and communities in the wake of the Hurricane Katrina disaster. Yet only 22 agencies (and one LTRC) are represented in the table that shows case management capacities and productivity within the LTRC context and under the GNODRP umbrella. Other partner organizations that have contributed volunteer management, housing, labor, or other material needs that buttress project work in the parishes have been mentioned in other sections of this report.

All told, the list of active consortium partners might total thirty-five (35). The question of the value of the other 35 “in-name only” organizations is important in terms of performance and quality standards, the ease of facilitating collaboration and building consensus, and the great need in the four parishes that can only be met through real resources and solid contributions. Streamlining the consortium and eliminating partners who are inactive or exhibit poor performance could serve to increase the functioning of the greater whole.

Approved but No Funds Received

Of the total 188 cases that were approved for funding at the LTRC funding roundtables, a significant number have yet to receive any funding.

Approved for Funds	Denied Funding	Tabled	Incomplete Case Data	Total Cases Presented
188	64	78	15	330

This fact changes the picture of LTRC achievements found in this report and leaves some questions about the delivery of promised funds. Some explanations for these funding impasses follow:

1. Some of the cases approved for funding in the last four months were provided donated goods from the GNODRP warehouse, such as household appliances, furniture, or building materials. The warehouse has been actively present at the funding and case management roundtables from July 2007 to October 2007. Here is the number of LTRC cases that were supplied goods from the GNODRP warehouse to meet client needs:
 - July 2007 – 6 cases (appliances and sofa sets)
 - August 2007 – 9 cases (appliances, sofa sets, scum buster)
 - September 2007 – 5 cases (appliances, mattress sets, A/C units)
 - October 2007 – 8 cases (appliances, mattress sets, A/C units, bathroom fixtures)
2. A number of cases much earlier in the process were also awarded donated goods, but no notation of these gifts-in-kind were made in case files, so in most cases there is no record of needs met through donations. The Donations Chair is now keeping track of these case-related gifts-in-kind in a separate spreadsheet. This report focuses only on financial contributions to client cases.
3. After funding was approved for cases, case managers originally needed to complete and submit check request applications to donor agencies (up to 12 pages of additional paperwork -- ARC MTR³⁰) that had promised to fund their cases. On June 1, 2007, ARC began accepting the LTRC Case Presentation Package instead of a separate check request application. Each donor organization has a different process for submitting check requests – some of them are easy, some complicated. Missing case-related paperwork or verifications may also be required before a check can be cut. At present, an unknown, but thought to be significant number of the cases approved for funding in the LTRC database, have not yet received the

³⁰ American Red Cross Means to Recovery Program (part of the Hurricane Recovery Program). ARC is currently working on internal systems to expedited getting funding to clients.

approved funding recorded in the LTRC database.³¹ Thus, the results in this report are misleading, in that they suggest that approved funding has been received by the LTRC and the partner organization's clients.

4. The high turnover of case managers at partner agencies is partly to blame for these funds not reaching clients. When case managers leave an agency, their cases (even if they have already been promised funding) are often not re-assigned in a timely fashion (or at all) and the required paperwork to cut checks is never filled out. At other agencies, there appears to be a general sense amongst case managers that the current case management system that is in place works against their clients and the case managers themselves. This has had systemic repercussions, such as emotional resignation, exasperation, and indignation amongst caseworkers. Qualitative interviews and observation of the entire LTRC process revealed some of these issues the current system is facing that are probably causing a systemic slowdown.

Whatever the reasons may be, many case managers delay, forget, or avoid filling out the required check request paperwork and do not push to bring cases that have been tabled back to the LTRC Roundtables. Changes have recently been implemented to address these shortcomings and LTRC staff are now doing much of the processing of check requests, securing of bids and estimates, and the delivery of materials and goods to clients.

5. The Southeast Louisiana Chapter of the American Red Cross has taken the initiative to track the number of cases for which they approved funding, the average amount of time it takes to process a check request and get funds to a client, and the amount of time that they are waiting to receive check requests from case managers at different agencies. The results of their internal analysis show that the lag time for case managers to process and turn in check requests for cases is making relief reach clients much more slowly than is necessary.

The GNODRP Partnership Council (Board of Directors), the management and staff of GNODRP and LTRC partner organizations, and LTRC staff have for some time been confronted by major challenges in terms of case management systems that are much less productive than was originally envisioned. In regards to these challenges, LTRC case presentation packages and other paperwork requirements need to be examined and simplified, and common procedures across organizational boundaries need to be agreed upon – however difficult this task. Unnecessary bureaucracy and a duplication of efforts are putting dampers on the number of cases that the LTRC mechanisms are able to handle.

Other changes to improve the system are currently being considered and need to be implemented:

³¹ The American Red Cross has a database with this information about ARC-funded cases.

- A centralized client intake and waiting list management system is needed. The initial triage of cases should identify type of needs (disaster-related unmet recovery needs, one-time emergency assistance needs, homeowner repair or rebuild needs, etc.) and vulnerable groups should be identified (elderly, disabled, non-English speaking, fishermen, single mothers, etc.)
- Case Management agencies should assign cases to case managers specialized in working certain case types (rebuild, renter, emergency needs, parish-specific needs, etc.). Vulnerable group specializations could also be created, such as elderly, disabled, non-English speaking, single mothers with children, one-time emergency assistance needs, succession cases, etc.

Future Goals for the Four Parish LTRCs

The rate at which cases are being approved for funding in all four parishes needs improvement. For all the parties to this process (caseworkers, LTRC staff, funders, FEMA Voluntary Agency Liaisons) and executive-level policy teams that have created case management programs and funded LTRC cases) to feel that this system is working efficiently and fostering vitally-needed recovery in this region, the number of cases being presented and funded should increase. The current percentage of cases funded, and those tabled and denied funding in the four parishes looks like this:

Parish	Cases Funded	Cases Tabled or Denied
Jefferson	42 %	58 %
Orleans	55 %	45 %
Plaquemines	73 %	24 %
St. Bernard	42 %	58 %

Excepting the anomalous performance of Plaquemines Parish, the 45 % and 58 % turndown rates for cases being brought forward in the three other parishes seems very high, and the corresponding 42 % and 55% funding approval rates seems low. Even with Plaquemines included, this denial and tabling rate only sinks to 46 %, and the approval rate only reaches 53 %. These numbers seem to suggest that a deeper systemic problem is preventing a greater success rate.

One of the explanations that has become evident during this research is the difficulty of bringing together so many partners with so many different case management systems and funding requirements. The LTRCs have themselves added another layer to this whole process. There seems to be lots of duplicative paperwork, many meetings, and many partner organizations working together with the same goals and different methods. The complexity of the whole process, both within the LTRCs and outside them in each individual partner organization, is putting a damper on reaching the outcomes that every party to these efforts would like to see the Long-Term Recovery Committees produce. Greater simplicity of all processes and much deeper coordination between partner organizations could help reverse this trend.

The amount of effort that has gone into creating training workshops, eligibility criteria, case presentation packages, LTRC guidelines, case management procedures (in many partner agencies), etc., indicates the desire to get money, materials, and labor to the regions and stimulate tangible and vibrant community recovery. With all these processes and procedures in place, it would seem that case managers presenting cases to the roundtables should be able to choose cases to present that have a high probability of being approved for funding. It seems reasonable to expect that the 73% funding rate that Plaquemines Parish has attained, should be achievable by the other LTRCs also. The elimination of the Case Management Roundtable process has already produced positive results. Under this new system, LTRC staff work closely with caseworkers and pursue

tabled cases until they are either funded or denied. This new staff oversight innovation holds great promise.

The recommendation to the GNODRP Partnership Council and the partner organizations that are actively participating in the LTRC process, is to convene a full-day ***Summit Meeting*** including all parties to the LTRC process, as well as the national representatives of the partner organizations that have set policy and have the power to align their systems more efficiently. Advocating for changes to be undertaken only at the local level will not solve policy problems that different organizations have set at a national level. Finally, it is vitally important that these partner organizations align and base their systems on the simplest common denominator. Some of the largest funding organizations have implemented systems that are encumbering the entire process.

Recommendations for the LTRC Process

The Congressional Research Service has estimated that, “Hurricane Katrina likely made one of the poorest areas of the country even poorer”³², and went on to predict great recovery difficulties based on vulnerability-related conditions in Southeast Louisiana. “Both those who were poor before the storm, and those who have become poor following the storm, are likely to face a particularly difficult time in reestablishing their lives, having few if any financial resources upon which to draw.”³³ The vulnerable populations that are located in each of the four parishes have limited capacities to absorb and rebound from the disaster-inflicted losses they have suffered.

*“As used in connection with natural hazards, **vulnerability** includes the interrelated notions of exposure, resistance, and resilience. In other words, it indicates the human capacity for responding to loss as well as the potential for experiencing loss. Populations that combine high exposure to risk, low levels of resistance and weak resilience are most vulnerable to hazards.” (Mitchell, 2003)*

Each of the parish LTRCs needs to look closely at parish demographics pre- and post-Katrina and base their assistance and eligibility policies on the vulnerable groups present in the communities they serve. Societal structures (poverty, race and class, geography, environment, and governance) in each of the parishes are different. These structures increase the exposure of certain marginalized groups within these communities so that their ability to recover from the Katrina disaster has been severely hampered. As Greg Bankoff has noted in this regard, “social systems generate unequal exposure to risk making some people more prone to disaster than others and these inequalities are largely a function of the power relations (class, age, gender and ethnicity among others) operative in every society” (Bankoff, 2005).

Each LTRC should create a mission statement and set of assistance objectives based on the needs of the vulnerable groups they identify, thus allowing them to specifically target these clients and provide the appropriate resources for each group’s recovery. This strategy will also allow each LTRC to create a focused and future-oriented fundraising strategy. The continued maintenance of the database this project created will also allow the LTRCs to provide interested donors with specific indices that demonstrate success in reaching the populations that each donor wishes to sponsor.

In Southeast Louisiana, vulnerable populations that are experiencing difficulty with recovery generally exhibit at least one of the following characteristics:

- Live at or below the poverty line,

³² Gabe, T., Falk, G., McCarty M. (2005). Hurricane Katrina: Social-Demographic Characteristics of Impacted Areas. CRS Report for Congress. RL33141. p.13.

³³ Ibid. p.13.

- Had no flood insurance,
- Had no or limited coverage from homeowner's insurance,
- Had homeownership documentation destroyed in the storm or do not have any due to succession issues,
- Do not qualify for Small Business Administration loans or are waiting for potential Road Home assistance,
- Are renters confronting greatly increased rental fees and a decreased supply of low-income housing,
- Lost their livelihood / are unemployed,
- Have no or limited access to transportation or are dependent on public transportation,
- Have low educational attainment and limited workplace skills,
- Are elderly or disabled,
- Are female-headed, single-parent households with dependents,
- Are primary caregivers for non-school age children, and single parenthood prevents employment opportunities due to the prohibitive cost of daycare,
- Experience societal barriers due to race, class, gender, or poverty.

The completion of a vulnerability assessment for each parish and the corresponding realignment of the goals of each LTRC will help to focus the recovery process. In addition, the adjustment of those policies and procedures that have currently been shown to be ineffective (such as parts of the case management and case presentation process) need to be simplified. The many different partner organizations that are taking part in the LTRC process need to streamline the paperwork, eligibility criteria, and proof of documentation guidelines at use in the region. Nationally funded programs should hand over greater control for funding to local administrators and changes to the funding delivery process that are already underway should be completed. Programs that do not have discretionary funds for low-cost Unmet Recovery Needs cases should create them and allow local decisions on the use of these funds. All these changes will serve to improve service to disaster victims and make the LTRC system faster at providing recovery assistance. Most importantly, simplified case presentation guidelines will increase the number of cases coming into the system that get approved for funding.

The current structure and funding of the LTRCs is based upon the traditional United States disaster recovery model (NVOAD/FEMA). Two things make this model fall short:

1. The size and scale of Hurricane Katrina exceeded preparedness and response capacities, and it is also completely overwhelming the capacities of the traditional disaster recovery model this country employs.
2. The United States Gulf Coast and especially Southeast Louisiana suffered from levels of poverty and entrenched neglect that make the international model for disaster recovery more relevant to the needs in this region. Refocusing the disaster recovery strategy and fundraising effort of the LTRCs and GNODRP so that the well-suited aspects of this international model are incorporated could bring great benefits to this region.

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Appendix A: Average Financial Contribution of Partner Organizations

Major non-profit agencies provide financial support for cases presented to the Long-Term Recovery Committees. Their average contributions to different case types and ethnicity groups are analyzed here:

American Red Cross Funding by Project Type and Ethnicity

Mobile Home

Parish	aa	w	Mobile Home Total
Jefferson			
Orleans			
Plaquemines	\$12,019.00	\$14,779.33	\$13,054.13
St. Bernard			
Grand Total	\$12,019.00	\$14,779.33	\$13,054.13

Rebuild

Parish	aa	na	w	Rebuild Total
Jefferson	\$19,342.05			\$19,342.05
Orleans	\$14,564.31			\$14,564.31
Plaquemines	\$13,666.67	\$16,029.38	\$5,800.00	\$13,864.69
St. Bernard	\$10,000.00		\$19,374.50	\$13,124.83
Grand Total	\$14,272.61	\$16,029.38	\$10,324.83	\$14,351.56

Repair

Parish	aa	asian	hispanic	white	Repair Total
Jefferson	\$9,685.67				\$9,685.67
Orleans	\$6,826.12	\$17,523.00			\$7,140.73
Plaquemines	\$8,358.70				\$8,358.70
St. Bernard			\$10,000.00	\$4,819.08	\$5,337.17
Grand Total	\$7,193.84	\$17,523.00	\$10,000.00	\$4,819.08	\$7,032.32

Unmet Recovery Needs

Parish	aa	white	Unmet Recovery Needs Total
Jefferson	\$3,237.00		\$3,237.00
Orleans	\$1,537.07		\$1,537.07
Plaquemines			
St. Bernard	\$3,250.00	\$1,203.95	\$1,885.96
Grand Total	\$1,847.33	\$1,203.95	\$1,748.35

United Way Funding by Project Type and Ethnicity

Rebuild

Parish	aa	Rebuild Total
Jefferson		
Orleans	\$5,000.00	\$5,000.00
Plaquemines	\$5,000.00	\$5,000.00
St. Bernard	\$4,500.00	\$4,500.00
Grand Total	\$4,750.00	\$4,750.00

Repair

Parish	aa	hispanic	white	Repair Total
Jefferson	\$488.28			\$488.28
Orleans	\$3,345.47			\$3,345.47
Plaquemines				
St. Bernard		\$888.61	\$4,000.00	\$2,444.31
Grand Total	\$2,988.32	\$888.61	\$4,000.00	\$2,879.52

Unmet Recovery Needs

Parish	aa	Unmet Recovery Needs Total
Jefferson	\$964.50	\$805.76
Orleans	\$1,274.00	\$2,575.88
Plaquemines		\$5,000.00
St. Bernard		\$3,472.15
Grand Total	\$1,196.62	\$2,607.65

The Salvation Army Funding by Project Type and Ethnicity

ADA

Parish	aa	ADA Total
Jefferson	\$1,080.00	\$1,080.00
Orleans		
Plaquemines		
St. Bernard		
Grand Total	\$1,080.00	\$1,080.00

Mobile Home

Parish	aa	na	w	Mobile Home Total
Jefferson				
Orleans				
Plaquemines	\$9,166.67	\$1,900.00	\$8,700.00	\$8,526.67
St. Bernard				
Grand Total	\$9,166.67	\$1,900.00	\$8,700.00	\$8,526.67

Rebuild

Parish	aa	na	w	Rebuild Total
Jefferson	\$11,150.00			\$11,150.00
Orleans	\$11,587.33			\$11,587.33
Plaquemines	\$12,480.71	\$15,450.00	\$8,800.00	\$13,445.00
St. Bernard	\$10,000.00		\$3,650.00	\$7,883.33
Grand Total	\$11,717.00	\$15,450.00	\$7,083.33	\$12,287.11

Repair

Parish	aa	w	Repair Total
Jefferson	\$3,857.17		\$3,857.17
Orleans	\$4,331.65		\$4,331.65
Plaquemines	\$6,820.00	\$2,200.00	\$6,050.00
St. Bernard		\$5,640.83	\$5,640.83
Grand Total	\$4,547.79	\$5,149.29	\$4,637.38

Unmet Recovery Needs

Parish	aa	white	Unmet Recovery Needs Total
Jefferson	\$3,547.00		\$3,547.00
Orleans	\$1,455.94		\$1,455.94
Plaquemines			
St. Bernard	\$390.00	\$1,423.26	\$906.63
Grand Total	\$1,520.01	\$1,423.26	\$1,514.32

LTRC Funding by Project Type and Ethnicity

Mobile Home

Parish	aa	na	w	Mobile Home Total
Jefferson				
Orleans				
Plaquemines	\$5,309.48	\$4,321.16	\$3,416.78	\$4,476.18
St. Bernard				
Grand Total	\$5,309.48	\$4,321.16	\$3,416.78	\$4,476.18

Rebuild

Parish	aa	na	w	Rebuild Total
Jefferson	\$9,900.00			\$9,900.00
Orleans	\$3,089.50			\$3,089.50
Plaquemines	\$7,790.83	\$4,566.53	\$7,450.00	\$6,136.08
St. Bernard	\$7,512.00		\$1,355.00	\$5,459.67
Grand Total	\$6,463.62	\$4,566.53	\$5,418.33	\$5,700.59

Repair

Parish	aa	hispanic	white	Repair Total
Jefferson	\$4,837.06		\$5,500.00	\$4,903.35
Orleans	\$3,844.53			\$3,844.53
Plaquemines	\$5,279.28		\$2,507.06	\$4,487.22
St. Bernard		\$2,500.00	\$2,707.50	\$2,638.33
Grand Total	\$4,611.51	\$2,500.00	\$3,185.82	\$4,269.29

Unmet Recovery Needs

Parish	aa	asian	w	Unmet Recovery Needs Total
Jefferson	\$1,641.07			\$1,641.07
Orleans	\$1,043.85	\$1,702.58		\$1,153.64
Plaquemines				
St. Bernard			\$2,083.39	\$2,083.39
Grand Total	\$1,342.46	\$1,702.58	\$2,083.39	\$1,434.21

Appendix B: Homeownership and Renter Status, FEMA Trailer Use

This section of the database research attempts to demonstrate how people's homeownership and renter status have changed after Hurricane Katrina. It also looks at how many LTRC clients (both renters and homeowners) are currently living in FEMA trailers. The age classes used are the following:

I	Age 18 to 29	(7 renters, 5 homeowners)
II	Age 30 to 39	(7 renters, 5 homeowners)
III	Age 40 to 49	(10 renters, 27 homeowners)
IV	Age 50 to 64	(8 renters, 44 homeowners)
V	Age 65 to 100	(2 renters, 43 homeowners)

Number of Renters still in Rentals by Parish and Age Group

This table shows that 28 LTRC clients that were approved for funding were renters both Pre-Katrina and post-Katrina.

Parish	I	II	III	IV	V	Total
Jefferson	1	1	1	2	1	6
Orleans	3	5	8	8	2	26
Plaquemines		1			1	2
St. Bernard			1		1	2
Grand Total	4	7	10	10	5	36

Number of Renters in FEMA Trailers by Parish and Age Group

This table shows that 2 LTRC clients that were approved for funding were renters Pre-Katrina and were living in trailers post-Katrina. It was up to the discretion of caseworkers to report how many renters are currently living in FEMA trailers, and this number seems to be very low. This number is now be tracked in the Case Presentation Package. In the future, this number can provide an idea of the number of LTRC renting clients that might eventually need furniture as they move out of FEMA trailers and back into rental units. FEMA has been asked to provide information on the number of renters that are currently living in FEMA trailers in each parish.

Parish	Renters now in Trailers
Jefferson	
Orleans	
Plaquemines	2
St. Bernard	
Grand Total	2

Number of Pre-Katrina Renters that Own Homes by Parish and Age Group

This table shows that 4 LTRC clients that were approved for funding were renters Pre-Katrina and are now homeowners.

Parish	I	II	III	Total
Jefferson				
Orleans	1		1	2
Plaquemines				
St. Bernard		2		2
Grand Total	1	2	1	4

Number of Homeowners by Parish and Age Group

This table shows that 88 LTRC clients that were approved for funding were homeowners both pre-Katrina and post-Katrina. The age group of these 88 homeowners is also shown and demonstrates that 92% of these homeowners are over the age of 40.

Parish	I	II	III	IV	V	Total
Jefferson		1	5	5	6	17
Orleans		2	8	13	20	43
Plaquemines	2		2	14	5	23
St. Bernard	2		3	3	2	10
Grand Total	4	3	18	35	33	93

One former homeowner from Orleans Parish that is an LTRC client reported current homelessness. Many others are living with friends and relatives according to Coordinated Assistance Network (CAN)³⁴ reports, which means that they are technically homeless and dependent on the generosity of others in the region that have offered them shelter.

³⁴ CAN is a multi-organizational partnership among nonprofit disaster relief organizations that provide case management services to disaster victims. Its goal is to allow disaster relief organizations to quickly and effectively communicate with one another about client needs and services offered. www.can.org

Number of Pre-Katrina Homeowners now Renting by Parish and Age Group

This table shows that 7 LTRC clients that were approved for funding were homeowners Pre-Katrina and became renters post-Katrina.

Parish	I	III	IV	V	Total
Jefferson					
Orleans		2	1	1	4
Plaquemines	1			3	4
St. Bernard					
Grand Total	1	2	1	4	8

Number of Pre-Katrina Homeowners in FEMA Trailers by Parish and Age Group

This table shows that 27 LTRC clients that were approved for funding were homeowners pre-Katrina and currently are living in FEMA trailers. It is also believed that this number is underreported, as caseworkers used their discretion in reporting these unmandated statistics. The new Case Presentation Package captures this information, which will provide a clear view of how many clients still are waiting to get back into their homes and how many are living in their homes, even if they are not finished with repairs or rebuilding.

Parish	II	III	IV	V	Total
Jefferson					
Orleans		1	3	1	5
Plaquemines	1	3	6	8	18
St. Bernard	1	2		1	4
Grand Total	2	6	9	10	27

Appendix C: Funding by Ethnicity and Project Type

aa – African American

na – Native American

w – White

h – Hispanic

Average Amount of Funding by Ethnicity for Rebuild Projects

Parish	aa	na	w	Avg. Rebuild Cost
Jefferson	\$35,442.05			\$35,442.05
Orleans	\$34,172.43			\$34,172.43
Plaquemines	\$30,386.00	\$55,079.03	\$26,050.00	\$42,977.48
St. Bernard	\$32,762.00		\$24,379.50	\$29,967.83
Grand Total	\$32,800.02	\$55,079.03	\$25,493.17	\$39,052.48

Average Number of Rebuild Projects per Ethnic Group

Parish	aa	na	w	Avg. # Rebuilds
Jefferson	2			2
Orleans	5			5
Plaquemines	5	8	2	15
St. Bernard	2		1	3
Grand Total	14	8	3	25

Average Amount of Funding by Ethnicity for Repair Projects

Parish	aa	asian	h	w	Avg. Repair Cost
Jefferson	\$9,885.10			\$5,500.00	\$9,519.68
Orleans	\$10,004.28	\$17,523.00			\$10,183.30
Plaquemines	\$13,657.38			\$3,652.21	\$10,928.70
St. Bernard			\$13,388.61	\$9,513.17	\$9,865.48
Grand Total	\$10,469.51	\$17,523.00	\$13,388.61	\$7,970.60	\$10,140.41

Average Number of Repair Projects per Ethnic Group

Parish	aa	asian	h	w	Avg. Repair Cost
Jefferson	11			1	12
Orleans	41	1			42
Plaquemines	8			3	11
St. Bernard			1	10	11
Grand Total	60	1	1	14	76

Average Amount of Funding by Ethnicity for Unmet Recovery Needs Projects

Parish	aa	w	Avg. Unmet Recovery Needs Cost
Jefferson	\$2,486.67		\$2,486.67
Orleans	\$1,889.85		\$1,889.85
Plaquemines			
St. Bernard	\$390.00	\$1,971.51	\$1,576.14
Grand Total	\$1,931.08	\$1,971.51	\$1,934.19

Average Number of Unmet Recovery Needs Projects per Ethnic Group

Parish	aa	w	Avg. Unmet Recovery Needs Cost
Jefferson	5		5
Orleans	30		30
Plaquemines			
St. Bernard	1	3	4
Grand Total	36	3	39

Appendix D: LTRC Performance Report Methodology

Purpose of Report

The Long-Term Recovery Committee Progress Report was conceived of by Steven Zimmer, Vice President for Community Mobilization at the United Way for the Greater New Orleans Area. In June 2007, there was need to analyze the progress of the Long-Term Recovery Committees and the consortium of non-profit and faith-based organizations that have been the foundation of these specific recovery activities. Laura Olson, a Research Scientist at The George Washington University Institute for Crisis, Disaster, and Risk Management, took on this project as a volunteer with the understanding that case information was well-documented and case files and spreadsheets were up-to-date. The report was to be written after a LTRC case database was created and data analysis was complete. The project began with a Focus Group that was held with 6 LTRC staff and one GNODRP staff member.

The initial objectives of the database creation project were laid out by Mr. Zimmer, and the researcher was asked to find out what data was currently being collected on cases, what data should be collected (that was not being collected), and what problems staff were encountering in their data collection efforts. The objectives that were set for the focus group with staff that began the entire project are listed here:

Objectives

1. To produce a comprehensive image of the current situation surrounding data collection on cases being funded through the Resource Roundtables in four parishes.
2. To identify major themes about collaboration, the standardization of data collection strategies for the future, the categories or types of cases being funded, and what it is LTRCs need to know about what they have done.
3. To design a strategy for future data collection efforts and the effective use of this data for fundraising activities, as well as to improve service delivery to clients being represented in the Resource Distribution Roundtable process.

A number of materials were designed for this focus group, and the researcher has a full record of those materials in accordance with standard academic practice. After the focus group was completed and the researcher had a basic idea of the challenges that staff were facing, the effort to create a new spreadsheet for data collection purposes was undertaken. This spreadsheet was instituted with LTRC staff two-weeks later.

Quantitative Data

Upon the discovery that the data on LTRC cases was only 30% complete, a revised project scope was laid out and discussed with Mr. Zimmer and LTRC and GNODRP staff. At this point, it was clear that unless *all* the case data were updated and extensive searches for missing data undertaken, no progress report would be possible. Confronting the missing and incomplete LTRC case files meant taking up contact with the LTRC partner organizations that provided the case management for these cases. Ms. Olson agreed to take on this greatly extended task with the support of LTRC staff. This part of the project took four months of full-time effort on the researcher's part.

After the data was collected (96 % complete at the time of the report), Dr. Frank Fiedrich, Assistant Professor at The George Washington University Department of Engineering Management and Systems Engineering, automated the database. In order to find missing demographic data on clients, the researcher received a release from the Coordinated Assistance Network (CAN) to run reports and re-populate identifying data once CAN numbers were found for the cases. As the report mentions, all demographic and descriptive data on clients had been scrubbed from case files. Each and every caseworker still working at partner organizations was contacted to verify case and demographic data on their clients. When caseworkers had resigned, case management supervisors were contacted and asked to scour files and provide missing case information. Again, this was done for each of the 330 cases that had been brought to the LTRC Roundtables and had been assigned an LTRC case number. In the end, 15 cases remained incomplete in terms of case data. Every other case and the data gathered were verified. For many cases, data were verified with multiple parties and agencies (LTRC staff and the researcher worked in conjunction with funding agencies and labor agencies, as well as the GNODRP Warehouse Chair on data triangulation).

Estimate of Caseloads & Cases Open in LTRC Partner Organizations

This report was peer-reviewed by Dr. John R. Harrald, Director of the Institute for Crisis, Disaster, and Risk Management at The George Washington University, who suggested the need for such a hypothetical estimate that would more pointedly draw out major points the actual case data had made apparent (the slow process). The researcher enlisted Steven Zimmer's help in contacting Executive Management Teams responsible for case management in the region, in order to collect the number of case managers employed by each agency at peak functioning, the number of cases each agency had open at that time, and agency caseload expectations. The footnotes in the document note the data that were provided and their sources. While the starting numbers are quite accurate, the rest of the estimate's progression is not meant to provide an exact documentation of what has happened, since these data are not available, but to provide a conservative estimate instead.

Qualitative Data (Interviews)

Forty Interviews were conducted with case managers, case management supervisors, managerial staff, and case management program administrators at LTRC partner organizations during the data collection process. Only partner organizations to the LTRC efforts were included in interviews. That means, agencies that are part of the GNODRP Consortium, but have not to this point participated in the LTRC process, were not sought out for interviewing purposes. In accordance with standard academic practice, interviewees were guaranteed anonymity.

Interview Questions

The interview questions that form the basis of data gathering efforts within the second part of this study evolved from the analysis of the database, a thorough reading of the literature on social vulnerability, and analyses of Hurricane Katrina. The research questions were intended to guide further attempts at data generation and the analysis of the impact of case management systems on LTRC functioning.

Methodology / Logic of Inquiry

This part of the study (the interviews) used an interpretivist methodological strategy, which demands that the researcher listen to and analyze the respective interpretations of different parties to recovery efforts. This methodology allows for the fluidity and flexibility in gathering data that characterizes interpretivist research. Interpretivism is reflexive, allowing that the researcher also plays a role in the construction of social reality. The interpretive framework that formed the theoretical underpinning of this study looks for the creation of consensus around an interpretation of the events that unfold. This is achieved through conversation, interaction, verbal analysis and comparison of individual interpretations of social phenomena, or “retrospective sense-making”, as Karl Weick³⁵ might refer to the process. In this study, some narratives emerged from interview texts as themes. These themes constitute a discourse about the particular event in question, and thus, provide a window to the collective worldview of the interviewees and the specific social phenomena that are the focus of the study. As patterns of interpretation about case management systems and practices emerged amongst the different interviewees, a clear instance of “sense-making”, or a consensual narrative of events was communicated by the individuals interviewed for this study.

³⁵ Social psychologist, author of “*The Social Psychology of Organizing*”.

Research Methods

The method of analysis chosen to handle the evaluation of *interview data about case management systems* was a case study. Robert K. Yin sets out three criteria for choosing the case study research method, all of which apply to this project.

- When “how” or “why” questions are the focus of the investigation.
- When the researcher has little control over the events.
- When the focus is on a contemporary phenomenon within a real-life context. (Yin, 2003)

The choice of a case study as a method of analysis allows the researcher to seek explanations that investigate the complexity, detail and context of regional recovery efforts post-Hurricane Katrina. The interview process was set up systematically and each interview was rigorously conducted. While each interview involves a specific set of pre-constructed questions, the semi-structured nature of the interviewing process allowed the data gathering process to be flexible and contextual.

The researcher attempted to reconstruct what case workers currently identify as major issues with case management systems and how they impact the recovery of their clients, as well as how they impact or interact with the LTRC system. The goal was to piece together a broad, overall picture of what happened with these systems and where they are going. Interviewees were selected due to their knowledge about the LTRC system and specific LTRC cases, as well as their personal experience with case management systems. Reports, articles, and lessons learned related to Hurricane Katrina were also surveyed to gather information and data that were significant to the analysis. The research methods used for this project directly address the objectives that were laid out for this study.

Analysis Coding

The preliminary interviews conducted with case workers, case management supervisors, agency managers and administrators, and LTRC/GNODRP staff and managers resulted in certain patterns in the data repeating themselves. The data coding process highlighted this development, such that interviewee’s references to case management systems, recovery resources, and collaborative efforts amongst the many actors to the process were so repetitive that patterns of interpretation were very clear. Coding was done within the grounded theory context, and related literature on the topic was not reviewed as socially-constructed meanings and information were sought from interview subjects in relation to this specific case. As far as was possible, the researcher applied cross-sectional data indexing to all data sets, using the same set of codes and categories for all the interviews. The typologies or categories of codes used to analyze the data often pointed to an underlying concept or interpretative meaning that the coding process was able to clarify.