

# Project Comeback: TEXAS

## A Disaster Case Management Consortium

### Final Report

**FEBRUARY 2021**

**National Voluntary Organizations Active in Disaster**

Carol Flores, Project Director



**PROJECT COMEBACK: TEXAS**  
DISASTER CASE MANAGEMENT PROGRAM



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# Executive Summary

As Hurricane Harvey moved through the Gulf of Mexico and set its sights on the Texas coast in 2017, many of the communities in its path were still working to recover from the devastating series of floods of 2015 and 2016. On August 25, 2017, Harvey made its first landfall as a Category 4 Hurricane at Rockport, Texas. Harvey then quickly weakened and stalled along the upper Texas coastline producing record-setting rains, as much as 64" in some locations, before it finally made landfall for the last time in Louisiana.

FEMA DR-4332 was the 7th federal disaster declaration in Texas since the beginning of 2015. The destruction and flooding that resulted from Harvey was, for some, the third or even fourth time to have been impacted by disaster in the previous 2 ½ years. All 41 of the IA-declared counties for DR-4332 received at least one other major disaster declaration in 2015 or 2016. More than 800,000 households registered for FEMA assistance following the declaration. The response and recovery from Harvey was going to require the coordinated work of government, private, and non-profit entities at every level in new and innovative ways.

NVOAD and its member organizations stepped up to the plate and responded to an invitation to consider a unique proposal for FEMA's Disaster Case Management Program (DCMP). FEMA invited both NVOAD and the State of Texas Health and Human Services Commission (HHSC) to coordinate the massive amount of case management work under two independent but connected cooperative agreements.

On March 6, 2018 NVOAD signed the Cooperative Agreement with FEMA to provide disaster case management services in 33 Texas counties and began organizing a unique, shared management consortium.

Named Project Comeback: TEXAS, the NVOAD portion of the DCMP was charged with providing case management for up to 12,075 families for an initial term through August 2019. The cooperative agreement called for the hiring of up to 345 case managers and all of the associated support staff and came with a budget not to exceed \$66M. This project

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would engage both national member organizations and their local community based partners or affiliates. Once all of the contracts were completed the consortium consisted of the following members:

- \*Catholic Charities USA (CCUSA)
- \*Islamic Circle of North America Relief USA (ICNA)
- \*Disaster Services Corporation – Society of St. Vincent de Paul (SVDP)
- \*Lutheran Disaster Response (LDR)
- \*United Methodist Committee on Relief (UMCOR)

Catholic Charities of Corpus Christi

Catholic Charities of Galveston-Houston

Catholic Charities of Southeast Texas

BakerRipley

The Alliance

Disaster Humanitarian Services

Lutheran Social Services Disaster Response (Upbring)

Rio Texas Conference of the United Methodist Church

Hope Disaster Response Network

*“Project Comeback: TEXAS embodies the success that can come when investment is made in nonprofit organizations that are experienced in leveraging resources to repair and rebuild homes and lives in the aftermath of disaster.” – Damian Morales, OneStar Foundation*

\*Denotes a lead agency with responsibilities as part of the management structure.

To support this consortium, NVOAD added a full-time staff person as the Project Director who functioned as the key point person between the consortium and FEMA. The rest of the day to day management of the project was done by the lead consortium agencies. In keeping with the NVOAD values of cooperation, coordination, communication, and collaboration, these NVOAD members worked together to provide administrative support to the full project. Specifically, these tasks were broken down as follows:

Catholic Charities USA – Communications Function

ICNA Relief USA – Resource Coordination Function

Disaster Services Corporation – SVDP – Finance Function

Lutheran Disaster Response – Program Monitoring and Data Management

UMCOR – Training and Case Management Support

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Each of the lead agencies also provided oversight to a portion of the overall case management provision in addition to their management function.

During program site visits, FEMA personnel noted the high level of consistency across a very disparate geography and organizations. Project Comeback attributes this to an intentional culture of shared goals and processes along with regular gatherings of agency leadership to network, celebrate, and problem solve. The success of Project Comeback: TEXAS is due to the collaborative nature of the structure and the cooperation engendered from the beginning.

By the end of the cooperative agreement, Project Comeback: TEXAS served 13,577 households and connected those households with over \$178M in value of goods and services. Project Comeback: TEXAS providers were involved in all of the long term recovery groups in the areas in which they worked and often provided additional leadership and support to those efforts. NVOAD and its member agencies believe that this consortium was an effective model for the Harvey response, and the consortium members believe it should be considered in the future as an effective way to leverage the capacity and expertise of national organizations while engaging smaller but trusted local community organizations.

The following report is offered as a reflection on both the success and the challenges of the DR4332 DCMP. NVOAD is grateful for the opportunity to support Hurricane Harvey recovery and accompany survivors in Texas. The strengthened relationships with FEMA HQ, FEMA R6, the State of Texas, and many other non-profit partners will serve to enhance future collaborations. All of the Project Comeback: TEXAS partners welcome opportunities to share their experiences and learnings from this innovative undertaking.



Artwork done by local students presented to BakerRipley

**THANK YOU for helping  
families heal from Harvey!**

Celebrate the good work of  
**Project Comeback: TEXAS**

**YOU HELPED**



**13,577** Households  
**37,500** Texans  
in **33** counties

**YOU MADE**



**59,592** Services or referrals

**YOUR AMAZING SERVICE**

**\$178.9M** In value



**National  
Voluntary Organizations  
Active in Disaster**

COOPERATION | COMMUNICATION | COORDINATION | COLLABORATION



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# Project Timeline

## Planning Phase: October 2017 – March 6, 2018

National VOAD members had been planning for this opportunity in theoretical ways for many years. As the scope of Hurricane Harvey began to become clear, what had been theoretical quickly developed into reality. The planning for this specific project began in earnest in early October of 2017. The first step was to develop the grant proposal for FEMA. Since there was not capacity within the NVOAD staff to take on this task, UMCOR agreed to bring on a consultant to their team for the specific task of working with NVOAD and the five consortium member agencies to write the grant proposal and then work with NVOAD, the consortium members, the State of Texas, and FEMA through the granting process and up to the point of the (hoped-for) notification of award.

Once the grant proposal was submitted, the consortium members went to work planning the details of the shared management structure as well as the division of the work for case management providers. In January of 2018, all of the lead staff for the NVOAD member agencies and the lead staff from their key partners met in Austin for two days. This time was used for team building and for detailed planning ahead of the hoped-for program approval. One of the most significant challenges was deciding how to divide the work in NVOAD's assigned 33 county footprint. The goal was to find the right mix of agency capacity along with the ability to leverage local relationships. Using the FEMA formula for the number of case managers needed in each county, NVOAD partners used a color-coded sticky note process on a Texas map to begin to shape the picture of the consortium. This resulted in a rich diversity of providers throughout the Project Comeback geography. (See Appendix A)



### **Learnings and Successes**

In preparing the application for this grant, NVOAD and the consortium members learned the value of advance planning. While every disaster is unique, certain elements of a disaster case management program will be consistent. Building a new model and establishing new partnerships within the DCMP application window is a daunting challenge. It was also

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evident that developing a grant application and preparing for a DCMP even before an award requires significant staff time. It was helpful to have a dedicated point person during this phase.

### **Challenges**

Prior to this DCMP, NVOAD member agencies had only implemented this program as sub-recipients to a State government. It was challenging to navigate the details of a federal grant directly with FEMA, including understanding the relationship between FEMA HQ and the FEMA Region. The additional parallel grant to the State of Texas created challenges in understanding how the two grants would relate to each other. The DCMP guidance did not anticipate two parallel grants and therefore did not address issues such as shared geography, data and information sharing, consistent program delivery, or dispute resolution.

### **Ramp Up Phase: March 2018 – June 2018**

The Ramp Up Phase began on March 6, 2018 when NVOAD signed the Notice of Award from FEMA and began working to execute contracts with partner agencies and preparing the first deliverables as outlined in the conditions of award including a training plan, executing partner contracts, and hiring 50% of the expected total case managers. This phase also included negotiating and establishing a call center process in cooperation with the State of Texas and United Way/211 in Houston.

### **Learnings and Successes**

The strength of the consortium model is its ability to partner the capacity and expertise of national organizations with the relationships and local knowledge of community-based organizations. Building this consortium, however, took far more time than initially contemplated. Each organization involved in the Project Comeback consortium was an independent 501(c)3 entity and required several rounds of back and forth to execute the contracts. The conditions of award required that contracts be negotiated within 45 days (April 21, 2018). This held true for the lead agencies (NVOAD member agencies) but once those were complete, they in turn had to negotiate contracts with their local affiliates.

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The ability to draw down funds in advance at the start of the program was a great help during the start-up phase. This helped to ease the anxiety often associated with these programs when reimbursements have been delayed as much as 90-120 days. The advances combined with NVOAD's ability to quickly draw down and distribute funds made participation in this project less of a burden for smaller organizations.

The implementation of a central call center was critical particularly given the size, geography, and complexity of both the disaster and the DCMPs. Establishing a central point of entry for survivors should be considered a key element for all DCMPs. In Texas, 211 is available state-wide and became a natural collaboration for this project. Finalizing the workflow took focused effort from all involved and produced a process that can be replicated in future programs. (See Appendix B)

In the early months of response and recovery following Hurricane Harvey the Texas VOAD, in coordination with the Texas VAL (Voluntary Agency Liaison), established an intentional communications network among all of the active Long Term Recovery Groups/Organizations (LTRGs) across the State. This work laid the groundwork for the ability to share messaging regarding the DCMP as it was being ramped up. The ability to connect with all of the LTRGs through a single point of contact proved invaluable in the early weeks of the DCMP.

### **Challenges**

Some of the timelines as outlined in the Conditions of Award were more aggressive than the NVOAD partners were able to meet. As noted above, the execution of all contracts took much longer than the allotted 45 days, which then pushed back the ability to meet the hiring deadlines. This program required a large percentage of growth in staff in a short period of time for many of the consortium partners.

While the implementation of a call center was critical, the imposed requirement that all calls be returned within seven (7) days proved frustrating for both providers and survivors. Given the multiple layers of data sharing required to reduce duplications and to distribute the information to case managers, a fourteen (14) day timeline would have served to better manage survivors' expectations.



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During the planning for this DCMP there was an underlying assumption that information gathered during the IDCM (Immediate Disaster Case Management) program would serve as the starting point for the DCMP. Significant effort was spent in determining how best to share the data and how to distribute that data among the multiple DCM providers. In the end, for a variety of reasons, that transfer never happened and created frustration and confusion at many levels. At the same time, the inability of NVOAD to be able to have direct access to FIDA (FEMA Information and Data Analysis) caused delays in coordination. To compound the issue, there was never explicit conversation between Texas HHSC and NVOAD, nor direction from FEMA, as to how to approach FIDA for purposes of outreach to potential DCM clients.

The failure to implement a common data base, or barring that, a plan for regular data exchange between Texas HHSC and NVOAD compounded both the call center and the outreach challenges identified above.

NVOAD agreed to provide the basic DCM training for all case managers, both those of the Project Comeback consortium providers and for Texas HHSC's providers. Because the ramp up phase moved more quickly for Texas HHSC than it did for NVOAD, the shared training was challenging to implement. NVOAD's training partner (UMCOR) offered training beginning in May 2018 and was committed to each training being a mix of staff from multiple agencies while keeping each training class to a maximum of 30 participants. Despite these challenges, UMCOR met their training deliverables during the ramp up and were able to train a significant portion of all case managers across all providers. In August 2018, Texas HHSC providers, citing ongoing issues and concerns regarding the training, withdrew from the shared training plan.

## Implementation Phase: July 2018 – February 2020

By July 2018 NVOAD partners were fully contracted and well on the way to being fully staffed and operational. At the end of September 2018 the consortium reported 299 case managers (93% of the eventual highpoint of 320 case managers) and had opened 6,106 cases (50% of the contracted caseload of 12,075 and 45% of the final total of 13,577). Over the following 19 months, the program was focused on the provision of disaster case management for Hurricane Harvey survivors. For the providers, this phase consisted of

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extensive outreach, ongoing trainings for case managers and supervisors, working closely with clients to develop recovery plans, connecting clients to recovery resources, and making case presentations to LTRGs. The project management team was focused on building and maintaining connections with external recovery partners such as the Texas General Land Office (GLO -- charged with overseeing both the Direct Housing mission and the Community Development Block Grant – Disaster Recovery programs (CDBG-DR)) and the American Red Cross as they implemented a direct cash program for survivors, along with FEMA and Texas HHSC.

The end of this phase is marked by the end of the first programmatic extension, granted through February 2020. In April 2019, NVOAD, along with Texas HHSC, requested a six month extension to the period of performance (originally slated to end on August 24, 2019) citing the ongoing needs of disaster survivors and the availability of remaining funds to continue beyond the original end date. Eventually a second, and then third, extension would be granted however by the time of those extensions the project was moving into a deliberate ramp down phase.

At the end of the Implementation Phase, NVOAD partners had opened all 13,577 of their total program cases and had closed 67% of those cases – with nearly 60% of those closures reflecting fully recovered clients. Additionally, Project Comeback partners reported connecting clients with nearly 200 different recovery resources at a combined value of \$105.7M.

### **Learnings and Successes**

The key learning of the implementation phase was the need for continuous communications at all levels and across all sectors. The Project Comeback management team implemented quarterly in-person meetings for key staff from all providers. These events became a prime opportunity for staff to network with their counterparts from other agencies, a chance to highlight new resources for survivors, and a time to clarify program guidance. The quarterly meetings were highlighted as a best practice by all consortium partners and credited with creating a strong sense



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of teamwork and camaraderie across an exceptionally large geographic footprint. During this phase FEMA began bi-weekly check-ins for the leadership from NVOAD and Texas HHSC. This was in addition to the fuller monthly grant monitoring calls. These informal bi-weekly calls were helpful to quickly address any emerging issues connected with implementing two DCMPs in the same geography.

The design of this project allowed for several community-based organizations to be contracted as providers. This proved invaluable in the consortium’s ability to connect with historically underserved or overlooked populations. For example, The Alliance, in partnership with both Catholic Charities and ICNA, has longstanding relationships with the many refugee communities in the greater Houston area. Through their existing relationships, they were able to bring the case management program to a [Cambodian community in Brazoria County](#) that had experienced early challenges in connecting to recovery resources. In another part of Houston, ICNA Relief partnered with a local congregation in Houston’s historic Kashmere Gardens neighborhood where they hired local residents as case managers.



The implementation of the DART Disaster Case Management database system allowed multiple agencies to use the same system of record while protecting sensitive case management information such that only the agency managing a particular case could see the details of a record. Using a shared database allowed for a reduction in duplication of clients as well as created a standardization of metrics and measures across all partner agencies. Additionally, DART allowed the program to capture referrals and services in detail such that it is possible to report on the types of services that clients accessed, the variety of organizations involved in providing recovery resources, and the value of those resources.

“Communication is key. Overall, the consortium model worked well which was largely due to pre-established relationships, experienced management staff, quarterly meetings in person, and monthly meetings via video or phone conference call.” – SVDP Final Report

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## Challenges

The consortium experienced predictable challenges during the implementation phase. While it was imperative to have a shared data system, standing up a new system during the launch of the program created significant challenges in training, data quality, and data entry. Each of the agencies, under the leadership of the Program Monitoring and Data Management team, had to spend an unusually large amount of time working through the issues presented by requiring the use of an unfamiliar system.

Another ongoing challenge was the coordination across the two DCMP grants. NVOAD agencies were the exclusive users of DART, but the system had the capacity to search Coordinated Assistance Network (CAN) – the other common database for recovery – in an attempt to reduce duplication of services. There was, however, a limit to how well this could be done with multiple providers working in the same space. Particularly where the State providers overlapped with NVOAD providers. Future programs would be wise to limit different grantees from working in the same geography and also consider requiring a common data system across all grantees.

During this phase, survivors in Direct Housing became an increasing priority for case management as the Direct Housing program approached its end. Efficient outreach to Direct Housing clients was complicated first by the fact that there was no definitive list of which clients were with a given case management provider. The program collectively lost weeks of time in identifying which Direct Housing clients were already participating in case management and which ones needed to be invited. This was exacerbated by cumbersome systems for sharing information between FEMA, GLO/Direct Housing, and the DCMPs. Once the list of Direct Housing clients was sorted and assigned, case managers faced additional difficulty in that there was no requirement that survivors participate in case management. Case management providers were expected to be a key part of helping survivors develop their permanent housing plan but had no authority to compel participation by the survivor. By the end of the Direct Housing mission, FEMA VALs were assigned to survivors as well. This often meant that as many as three or four different people were working with and communicating with survivors but were not always connected with each other. Future implementations of Direct Housing should do some careful planning at the beginning for how to best support survivors through the entirety of the Direct Housing mission.

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## Ramp Down and Closeout Phase: March 2020 – November 2020

The DCMPs were granted a second six-month extension from March 2020 to August 2020. Due to challenges presented by COVID-19, the DCMP was extended one last time through November 2020. In order to allow closeout activities to be billed to the grant, NVOAD chose to end all direct case management services by July 31, 2020. This decision was complicated by the extension of the direct housing program through August 2020, but NVOAD chose to maintain the ramp down as planned. By July 31, 2020 100% of all cases were closed or transferred to other case management programs and providers reduced their staff to only those necessary to complete the closeout.

### **Learnings and Successes**

By planning to end case management with three months remaining in the period of performance, NVOAD was able to achieve a deliberate and thorough closeout process while there were still grant specific staff to perform the tasks. This allowed providers to be fully focused on case management provision all the way through July knowing that there was sufficient time built in for other closeout tasks.

NVOAD built in a full month for data clean up once case management ended. This allowed for a distinct close of the data and then ample time to catch up on data entry and the cleanup of data. The DART platform was copied over to a cleanup site portal on the DART platform so that agencies that were continuing to provide case management under other programs could have ongoing access to their client information while ensuring that the data associated with Project Comeback was well defined. Once the cleanup period closed all user accounts were deactivated except for those charged with providing the final data analysis.

By allowing the bulk of the closeout activities to happen during the period of performance, partner agencies were able to retain staff to help close down offices, perform the data cleanup, prepare files for scanning, and do the final financial reconciliation. Had these activities happened outside the period of performance the closeout would not have been nearly as orderly and could have potentially cost organizations significant dollars from their other donated monies.

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### **Challenges**

While performing the bulk of the closeout work during the period of performance saved organizations large sums of money by allowing staff to continue to be paid by the grant, there are still required costs that partners will incur and have to cover. The primary cost is that of the A-133 audit. For many of the partner organizations, it was solely their participation in this program that caused them to have to perform this type of audit. These audits can cost upwards of \$15,000 which is a considerable impact for smaller entities. NVOAD advocated, unsuccessfully, for the allowance of these costs given that the audit is required by the terms of the grant but cannot be completed until after the grant has closed. This, combined with the absence of an indirect cost rate allowance, makes participating in these programs prohibitive for many of the smaller and most hyper-local organizations in a community.

## **Program Data Analysis**

### **Final Program Statistics**

Project Comeback: Texas exceeded its caseload goals, spent less than the fully allocated budget, and booked a value of services for clients at three times the amount of expenses. Below are the final program statistics as reported to FEMA.



Reporting Element	Tier 1 Providers Cumulative					NVOAD Program Cumulative
	Catholic Charities, USA	ICNA Relief USA	Lutheran Disaster Response	Disaster Services Corporation SVDP	UMCOR	NVOAD
2-1-1 Call Center Referrals						11,023
Total Clients on the Waiting List	N/A	N/A	N/A	N/A	N/A	N/A
Total Client Contacts	91,967	33,977	32,149	144,455	67,879	370,427
Number of Case Managers	N/A	N/A	N/A	N/A	N/A	N/A
Number of Case Manager Supervisors	N/A	N/A	N/A	N/A	N/A	N/A
Case Managers / Case Manager Supervisors	N/A	N/A	N/A	N/A	N/A	N/A
Clients/Case Managers	N/A	N/A	N/A	N/A	N/A	N/A
Number of cases opened (intakes completed)	4,201	1,527	796	4,217	2,836	13,577
Number of current open cases	0	0	0	0	0	0
Top 3 client needs	1. Reconstruction 2. Furniture 3. Appliances	1. Furniture 2. Reconstruction 3. Appliances	1. Reconstruction 2. Furniture 3. Appliances	1. Furniture 2. Reconstruction 3. Appliances	1. Reconstruction 2. Furniture 3. Appliances	1. Reconstruction 2. Furniture 3. Appliances
Total number of clients by priority level:  Priority 1= FEMA Tier 4 Priority 2=FEMA Tier 3 Priority 3=FEMA Tier 2 Priority 4=FEMA Tier 1	Priority 1: 1,264 Priority 2: 1,022 Priority 3: 1,284 Priority 4: 624 Not Assessed: 7	Priority 1: 168 Priority 2: 270 Priority 3: 656 Priority 4: 431 Not Assessed: 2	Priority 1: 62 Priority 2: 333 Priority 3: 372 Priority 4: 29 Not Assessed: 0	Priority 1: 339 Priority 2: 896 Priority 3: 2,433 Priority 4: 549 Not Assessed: 0	Priority 1: 638 Priority 2: 1,027 Priority 3: 818 Priority 4: 353 Not Assessed: 0	Priority 1: 2,471 Priority 2: 3,548 Priority 3: 5,563 Priority 4: 1,986 Not Assessed: 9
Number of clients creating recovery plans	3,878	1,475	796	4,213	2,715	13,077
Number of cases closed	4,201	1,527	796	4,217	2,836	13,577
Number of cases closed with completed recovery plan	2,473	856	378	2,694	2,140	8,541
Number of cases closed w/out a completed recovery plan	1,728	671	418	1,523	696	5,036
Number of clients in temporary housing	0	0	0	0	0	0
Total number of referrals	7,121	3,132	2,669	11,458	5,352	29,732
Total number of services						29,860
Total value of services – General						\$161,668,693.44
Total value of services - LTRG						\$17,315,997.79

\*N/A cells were used for snapshot monthly reporting during the course of the program, but not relevant in the final FEMA report.

## Data Analysis

Throughout the program, NVOAD used the aggregate data to analyze various aspects of recovery and disaster case management beyond the monthly statistical reports required by FEMA. This section will look at some of this in-depth analysis.

### Case Management Cases: Projected vs. Final

In January 2018, FEMA issued final planning guidance for the projected number of cases in each DR4332 declared county. The formula used the final number of Individual and Household Program (IHP) Eligible FEMA registrants. This number was then reduced by the number of registrants eligible for the Direct Housing (DH) program. The final projected caseload was 5% of the reduced number plus all DH eligible registrants, for a total projected caseload of 21,885. Texas HHSC and NVOAD overlapped their service area in eleven (11) of the declared counties. In those counties, NVOAD's projected caseload was 50% of FEMA's total. The table on the following page (table 1) compares NVOAD's final caseload against FEMA's projections.

Rows highlighted in green represent counties with both Texas HHSC and NVOAD providers. Blue rows are counties served exclusively by Texas HHSC providers so final actual data is not available. Orange rows are counties served exclusively by NVOAD providers.

In the 22 counties served exclusively by NVOAD providers, the actual caseload exceeded the projected caseload in all but three. In the 11 counties shared with Texas HHSC, NVOAD providers also served more than their projected caseload in all but three. While further study is necessary to determine other contributing factors, in general FEMA's formula for calculating the need for case management proved to be a poor predictor of actual participation in case management.

Specific reporting around the Direct Housing population did not begin until January 2019 so it is difficult to quantify exact numbers of cases that were participants in the Direct Housing program. Based on early lists that were used to reconcile the Direct Housing caseloads of both Texas HHSC and NVOAD, it can be estimated that approximately 175 cases on NVOAD's caseload were participants in the Direct Housing program. Because this population was not a specific focus from the beginning, it is difficult to determine how using that number as a variable affected FEMA's formula for overall caseload projection.

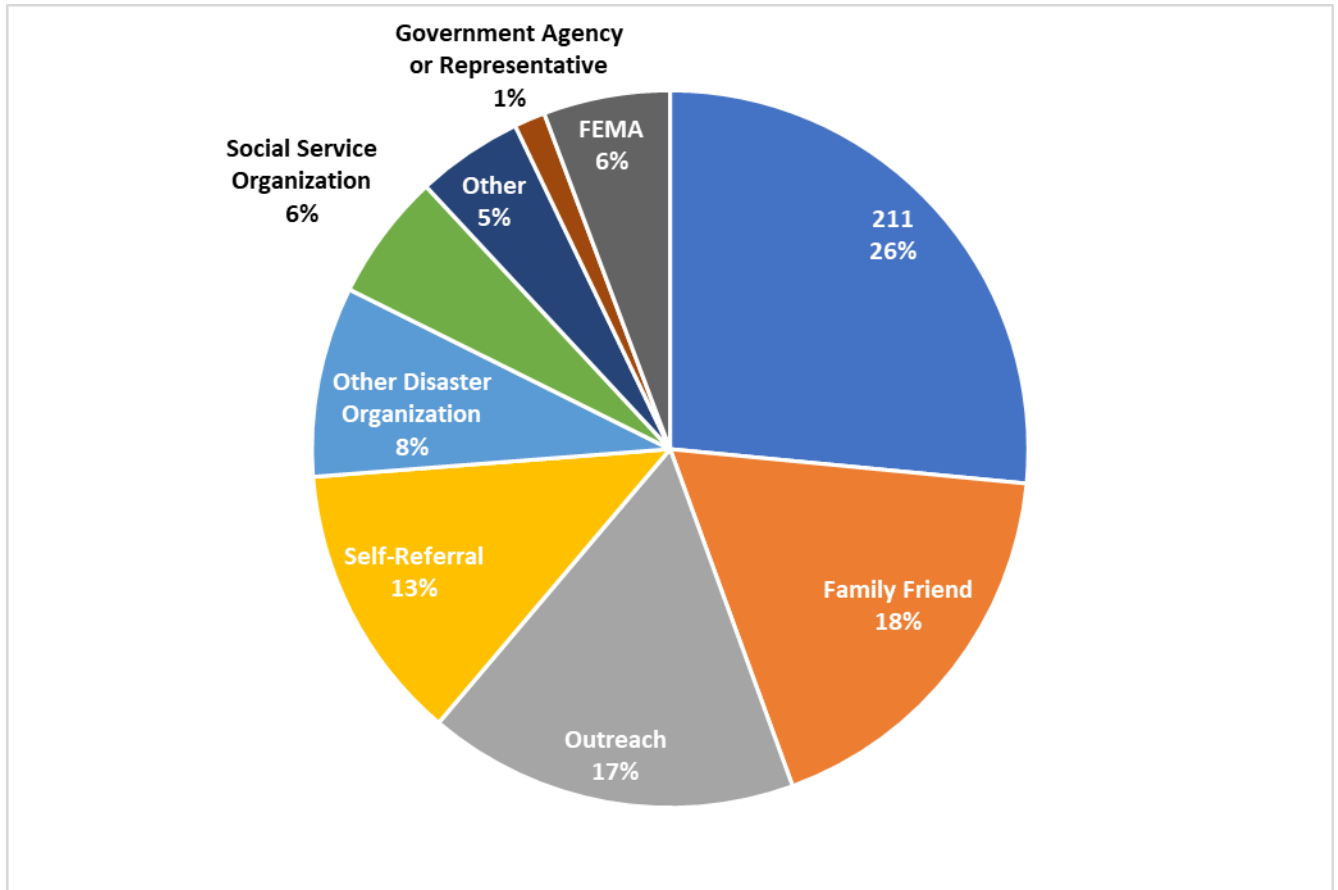
County	IHP Eligible - DH Eligible	DH Eligible	Projected DCM Cases	NVOAD Projected Cases	NVOAD Actual	% of Projected	% IHP in NVOAD DCM
Aransas	6952	250	598	299	506	169%	7%
Austin	316	4	20	0			0%
Bastrop	280	0	14	14	10	71%	4%
Bee	597	0	30	0			0%
Brazoria	18351	249	1167	583	575	99%	3%
Caldwell	60	0	3	3	13	433%	22%
Calhoun	2902	4	149	149	213	143%	7%
Chambers	3099	83	238	238	245	103%	8%
Colorado	427	1	22	22	104	465%	24%
DeWitt	364	0	18	18	46	253%	13%
Fayette	358	36	54	54	43	80%	12%
Fort Bend	22472	157	1281	640	431	67%	2%
Galveston	19979	261	1260	1260	1492	118%	7%
Goliad	354	0	18	18	33	186%	9%
Gonzales	165	0	8	8	33	400%	20%

Grimes	120	0	6	0			0%
Hardin	4408	262	482	0			0%
Harris	176772	542	9381	4690	5203	111%	3%
Jackson	775	0	39	39	37	95%	5%
Jasper	1547	12	89	0			0%
Jefferson	30836	788	2330	1165	1626	140%	5%
Karnes	105	0	5	5	28	533%	27%
Kleberg	427	0	21	21	28	131%	7%
Lavaca	99	0	5	5	29	586%	29%
Lee	79	0	4	4	21	532%	27%
Liberty	4786	72	311	156	186	119%	4%
Matagorda	4820	6	247	247	163	66%	3%
Montgomery	7335	190	557	278	327	117%	4%
Newton	935	25	72	0			0%
Nueces	13847	18	710	355	249	70%	2%
Orange	16674	635	1469	734	746	102%	4%
Polk	666	8	41	41	47	114%	7%
Refugio	1524	9	85	0			0%
Sabine	75	0	4	2	31	1653%	41%
San Jacinto	1042	34	86	86	89	103%	9%
San Patricio	6985	17	366	183	271	148%	4%
Tyler	599	4	34	34	70	206%	12%
Victoria	7320	6	372	372	506	136%	7%
Walker	594	1	31	31	39	127%	7%
Waller	872	5	49	0			0%
Wharton	2841	68	210	105	137	130%	5%

Table 1

## Referral Sources

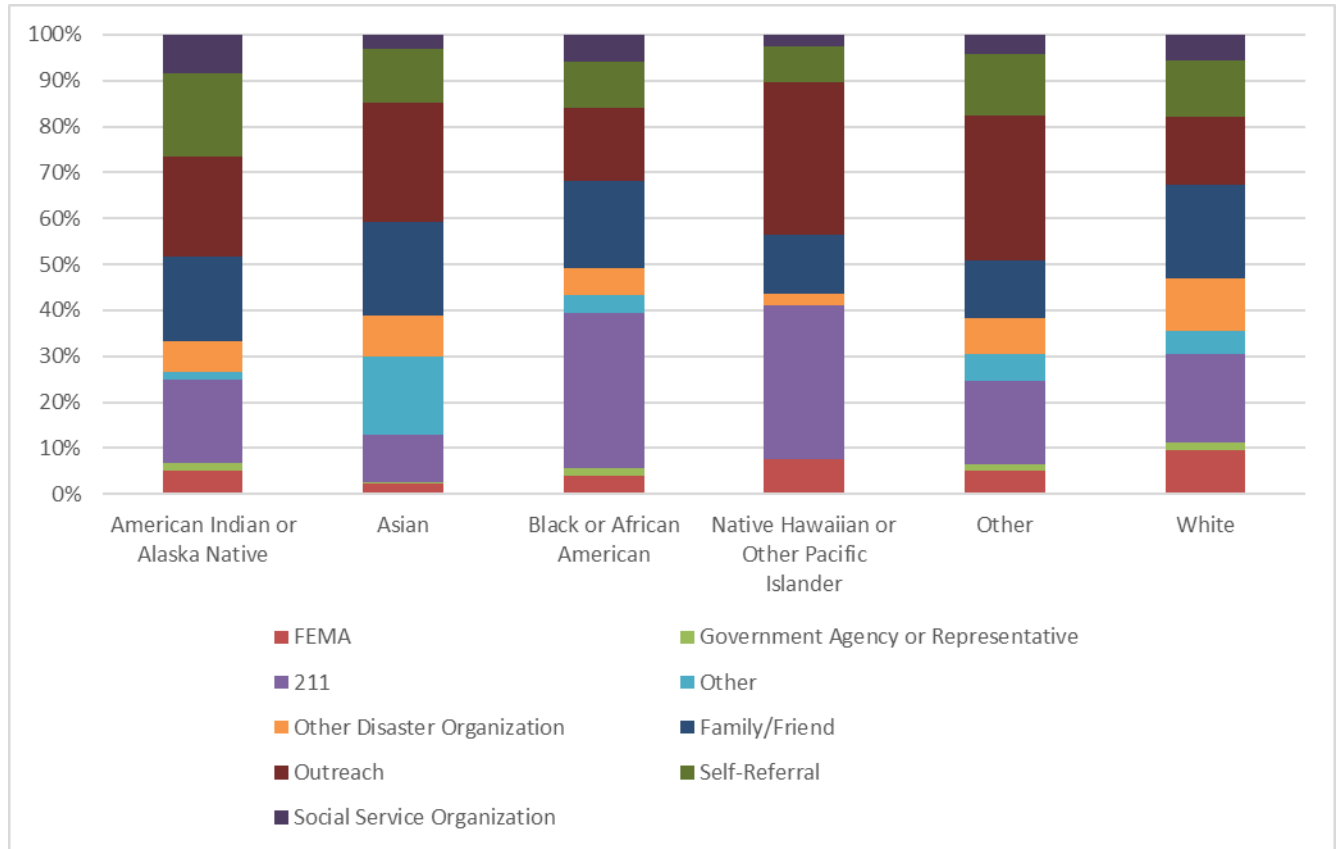
NVOAD tracked how clients found the DCMP providers. The pie chart below shows the percentage of total cases by referral source.



Client Referral Sources

The single most common referral source for clients was United Way/211. Texas HHSC and NVOAD used a shared process with United Way/211 as a central call center for the first three months of the project. Another full 56% of clients entered case management through grass-roots efforts (family/friend, agency outreach, self-referral, or other disaster organizations). Thirteen (13%) were referred through external partners (government or other social service organizations).

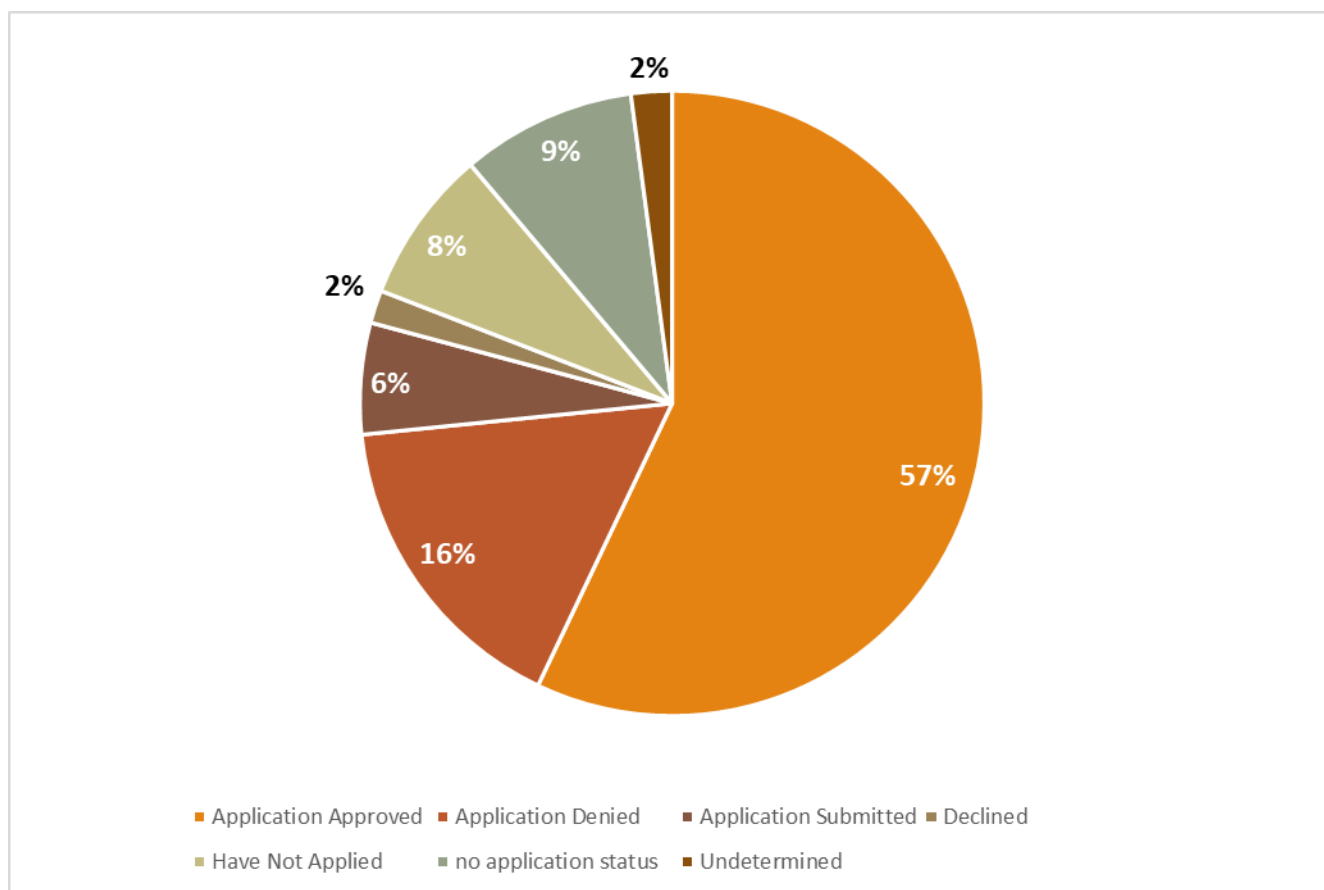
The next chart breaks down those same referral sources by race and ethnicity as reported by clients. The clients least likely to find the DCMP through United Way/211 were those identifying as Asian, while the most likely were those identifying as Black/African American or Native Hawaiian/Pacific Islander. The clients most likely to cite FEMA as their referral source were those identifying as White.



Client Referral Sources by Ethnicity

### FEMA Application Status

One expectation of DCMPs is that providers not only serve FEMA registrants, but also serve survivors who either did not apply to FEMA or did not qualify for assistance. The following looks at Project Comeback clients' FEMA application status. Fifty-seven percent of clients report an approved FEMA application, 24% either did not apply or were denied.

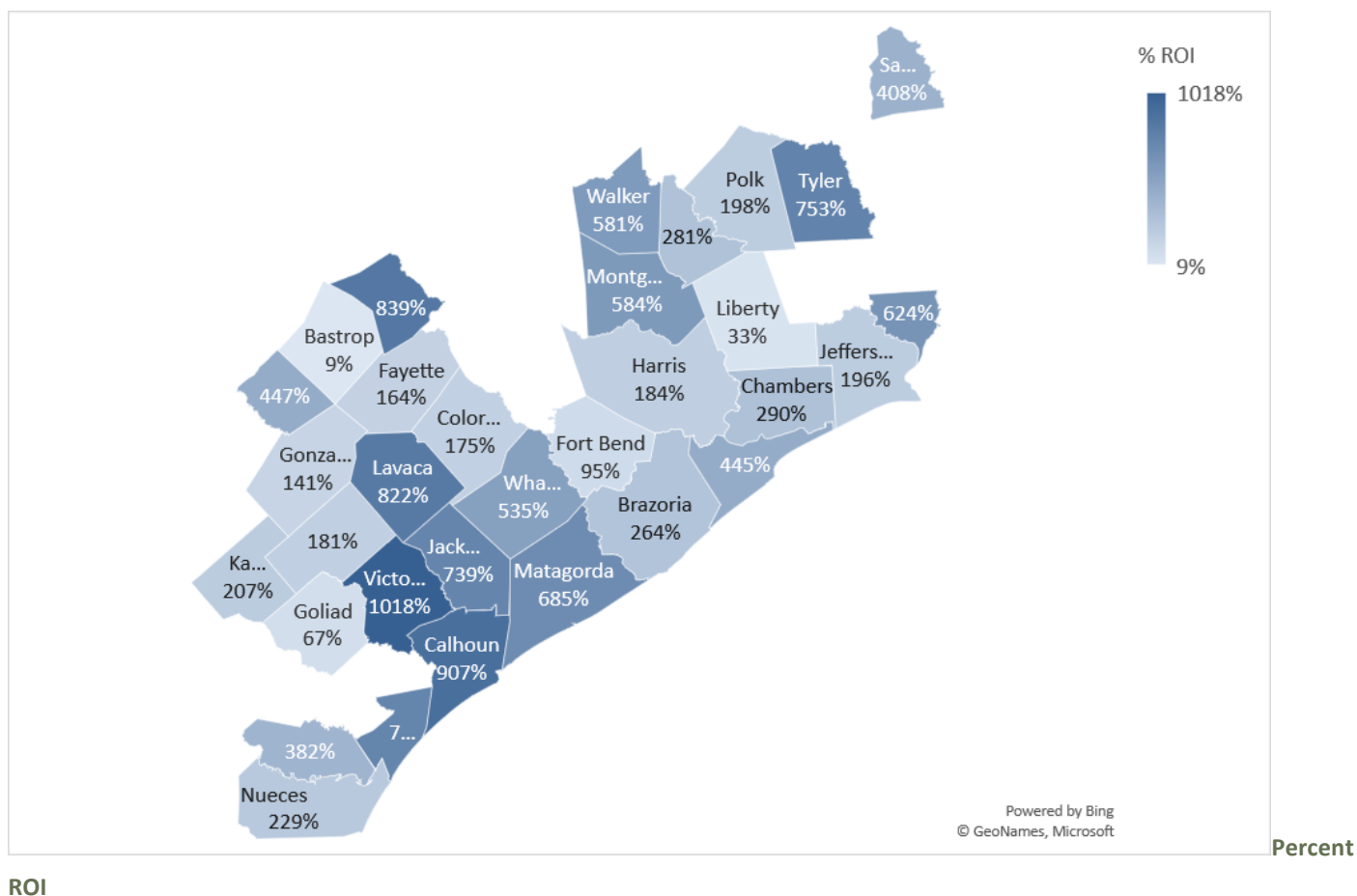


FEMA Application Status

### Value of Services

FEMA required the Hurricane Harvey DCMPs to report what they called Social Return on Investment (ROI). FEMA defined this metric as “...a dollar amount per client that reflects the totality of services provided, including volunteer labor, donated materials, goods and services other than costs associated with the DCMP grant” (per email exchange with FEMA program personnel 9/26/2018). For the whole project, the NVOAD consortium reported an ROI of \$178,984,691. When compared to the total of federal dollars spent, this represents a 300% return on the FEMA investment in the NVOAD DCMP. NVOAD’s use of the DART DCMP database system allowed consortium providers to track the types of resource referrals as well as the outcome of those referrals, and any associated value, for each client. Additionally, the system allowed the project to record all of the agencies providing those services. The following charts and graphs examine that data.





Based on October 31, 2020 budget numbers, the DCMP expended just over \$4,300 per client household for all program expenses. The chart above allocates the budget dollars per county based on the total number of cases times \$4,300. The percentage of ROI is based on the total value of services reported in each county (value of services/budget allocation = %ROI). A 100% ROI, then, would mean a value of services equal to the budget allocation for the county.

The table below indicates the top sources of services in each county by dollar value. It is important to note that each agency was able to enter information about service providers in the database in the counties in which they were working. This created some inconsistency in naming standards across the service area. Nevertheless, the chart demonstrates the most recurrent types of services that case managers accessed.

<b>Top Services by \$ Value</b>	<b>TOTAL \$</b>
<b>ORANGE</b>	<b>\$3,257,964</b>
Home Repair	\$648,218
Homeowner Assistance Program	\$2,063,846
House-in-a-Box	\$545,900
<b>ARANSAS</b>	<b>\$10,543,717</b>
Homeowner Assistance Program	\$7,000,207
Long Term Recovery Funding Table	\$839,241
Unmet Needs Table	\$2,704,269
<b>BASTROP</b>	<b>\$3,952</b>
Comprehensive Energy Assistance Program (CEAP)	\$0
Financial Assistance-Internal Funding	\$3,202
The Salvation Army Region 4	\$750
<b>BRAZORIA</b>	<b>\$4,917,975</b>
Disaster Recovery – Restoring Hope and Rebuilding Lives	\$260,448
Home Repair	\$241,007
Homeowner Assistance Program	\$4,002,385
Multi Services	\$414,134
<b>CALDWELL</b>	<b>\$222,994</b>
Homeowner Assistance Program	\$195,450
Housing Repairs	\$75
Long Term Recovery Funding Table	\$27,469
<b>Calhoun</b>	<b>\$6,850,555</b>
Financial Assistance / House in a Box (LTRG - Victoria)	\$302,250
Homeowner Assistance Program	\$6,039,831
Long Term Recovery Funding Table	\$508,474
<b>CHAMBERS</b>	<b>\$2,775,406</b>
Homeowner Assistance Program	\$1,724,906
House-in-a-Box	\$304,000
United Way Greater Baytown & Chambers County	\$746,500
<b>COLORADO</b>	<b>\$486,073</b>
Complex Assistance	\$68,500
Homeowner Assistance Program	\$320,550
Long Term Recovery Funding Table	\$97,023
<b>DEWITT</b>	<b>\$252,749</b>
Home Repair	\$11,051
Homeowner Assistance Program	\$160,250
Long Term Recovery Funding Table	\$81,448
<b>FAYETTE</b>	<b>\$191,125</b>
Complex Assistance	\$51,000
Home Repairs	\$81,900
Long Term Recovery Funding Table	\$58,225
<b>FORT BEND</b>	<b>\$920,826</b>
Complex Assistance	\$112,000
Home Repair	\$312,036
Repair/Rebuild	\$496,790

<b>GALVESTON</b>	<b>\$22,928,523</b>
American Red Cross Complex Assistance	\$1,529,500
Homeowner Assistance Program	\$20,341,097
Homeowner Reimbursement Program	\$1,057,925
<b>GOLIAD</b>	<b>\$47,008</b>
Construction Materials-Internal Funding	\$2,066
Financial Assistance / House in a Box (LTRG - Victoria)	\$3,200
Long Term Recovery Funding Table	\$41,741
<b>GONZALES</b>	<b>\$106,252</b>
Home Repair	\$11,375
Housing Loans	\$250
Long Term Recovery Funding Table	\$94,627
<b>HARRIS</b>	<b>\$14,825,234</b>
Harvey Home Connect Application	\$3,277,973
Home Repair	\$4,832,271
Home Restoration (LTRG)	\$6,714,991
<b>JACKSON</b>	<b>\$1,144,319</b>
Home Repairs	\$26,869
Homeowner Assistance Program	\$1,100,000
House-in-a-Box	\$17,450
<b>JEFFERSON</b>	<b>\$9,133,803</b>
Home Repair	\$1,691,551
Homeowner Assistance Program	\$6,775,977
House-in-a-Box	\$666,275
<b>KARNES</b>	<b>\$205,086</b>
Homeowner Assistance Program	\$160,300
Housing Repairs	\$125
Long Term Recovery Funding Table	\$44,661
<b>KLEBERG</b>	<b>\$1,728,941</b>
Direct Assistance	\$32,000
Homeowner Assistance Program	\$766,786
KLEBERG	\$930,155
<b>LAVACA</b>	<b>\$1,017,378</b>
Financial Assistance / House in a Box (LTRG - Victoria)	\$5,950
Homeowner Assistance Program	\$986,998
Long Term Recovery Funding Table	\$24,430
<b>LEE</b>	<b>\$19,160</b>
Complex Assistance	\$4,500
Social Security Benefits	\$10,212
The Salvation Army Region 4	\$4,448
<b>LIBERTY</b>	<b>\$5,084,464</b>
Disaster Recovery Home Repairs	\$114,970
Homeowner Assistance Program	\$4,681,495
House-in-a-Box	\$288,000
<b>MATAGORDA</b>	<b>\$3,697,830</b>
Homeowner Assistance Program	\$3,368,269

Matagorda County Unmet Needs Table (LTRG)	\$89,561
Mobile Home Replacement	\$240,000
<b>MONTGOMERY</b>	<b>\$3,042,470</b>
Complex Assistance	\$256,500
Home Restoration (LTRG)	\$598,852
MONTGOMERY	\$2,187,118
<b>NUECES</b>	<b>\$5,138,472</b>
Home Repair	\$200,889
Homeowner Assistance Program	\$4,248,593
Unmet Needs Table	\$688,989
<b>Polk</b>	<b>\$792,491</b>
Disaster Response	\$38,466
Homeowner Assistance Program	\$614,025
Mobile Home Replacement	\$140,000
<b>SABINE</b>	<b>\$343,503</b>
Home Repair	\$62,774
Homeowner Assistance Program	\$170,729
Mobile Home Replacement	\$110,000
<b>San Jacinto</b>	<b>\$1,384,540</b>
Home Repair	\$71,186
Homeowner Assistance Program	\$1,217,354
House-in-a-Box	\$96,000
<b>SAN PATRICIO</b>	<b>\$6,149,063</b>
Funding and Contract Labor	\$206,715
Homeowner Assistance Program	\$4,439,900
Unmet Needs Table	\$1,502,449
<b>TYLER</b>	<b>\$2,613,143</b>
American Red Cross Complex Assistance	\$150,500
Homeowner Assistance Program	\$2,060,718
Mobile Home Replacement	\$401,925
<b>VICTORIA</b>	<b>\$9,796,023</b>
Homeowner Assistance Program	\$7,062,394
Hope Meadows Development Program	\$1,699,049
Long Term Recovery Funding Table	\$1,034,580
<b>WALKER</b>	<b>\$845,397</b>
Disaster Recovery Home Repairs	\$98,287
Homeowner Assistance Program	\$699,110
House-in-a-Box	\$48,000
<b>WHARTON</b>	<b>\$3,108,771</b>
Home Repair	\$519,448
Homeowner Assistance Program	\$1,939,322
West End Initiative	\$650,000

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## Case Closure

The monthly report template used during the project required NVOAD to report case closure only as either those with completed recovery plans or without completed recovery plans. While knowing whether cases closed with completed recovery plans or not is important, this distinction is too simplistic to fully capture the scope of work that case managers and clients are able to accomplish together. The following analyses look more deeply at the data around case closure.

DART offered case managers nine reasons for case closure. They are as follows:

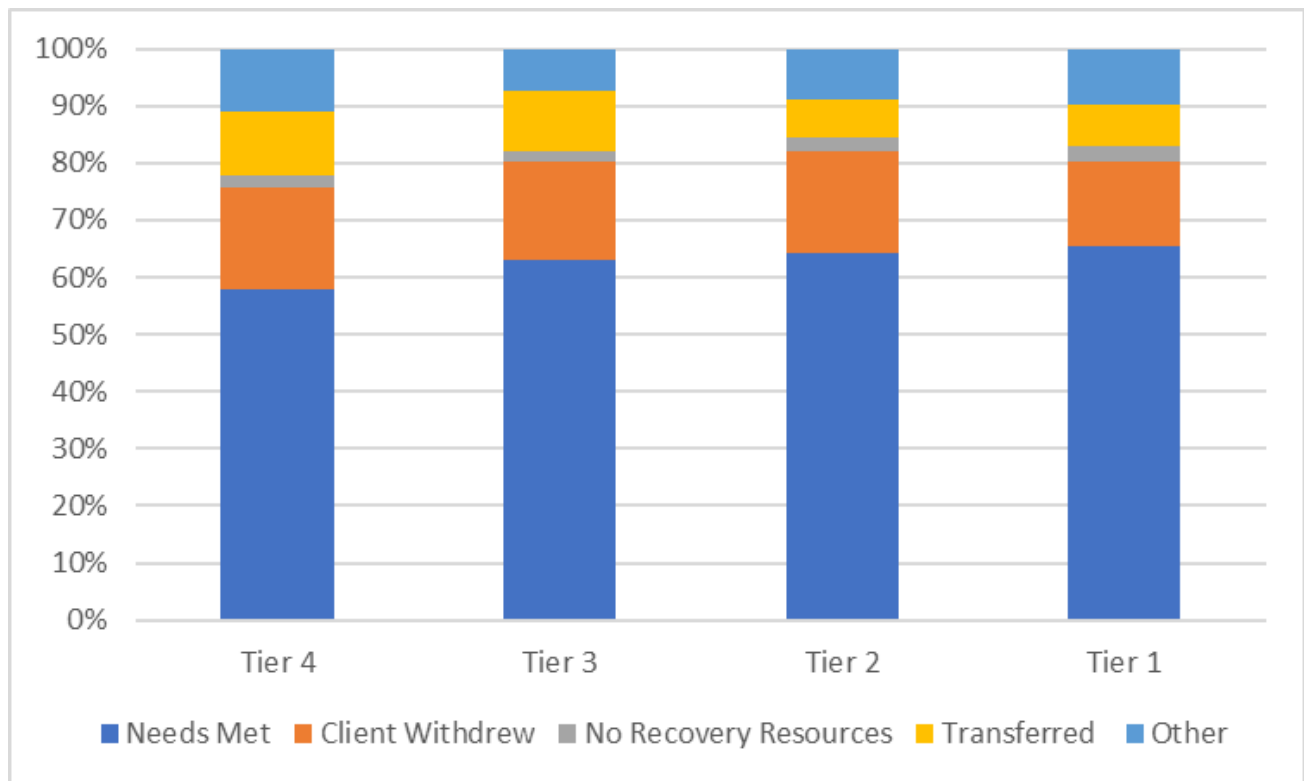
- Achieved Recovery Goals
- Client Relocating
- No Client Activity
- No Receiving Agency Available
- No Recovery Resources Available
- Other
- Primary Needs Met
- Referrals Met Client Needs
- Transitioned to Social Services

To simplify this list for the purposes of this analysis, this list has been grouped as follows:

- NEEDS MET: includes Achieved Recovery Goals, Primary Needs Met, and Referrals Met Client Needs
- CLIENT WITHDREW: includes Client Relocating, and No Client Activity
- NO RECOVERY RESOURCES
- TRANSFERRED: Transitioned to Social Services
- OTHER: includes Other and any cases where closure reason was blank

When selecting a reason for case closure providers were instructed to select the reason that best reflects the entirety of the life of the case and not simply the character of the most recent interactions. For example, if a case manager lost contact with a client for 60 days prior to closure, but the primary needs of the client were met during the life of the case, a closure reason of “Primary Needs Met” more accurately reflects the whole case than “No Client Activity.”

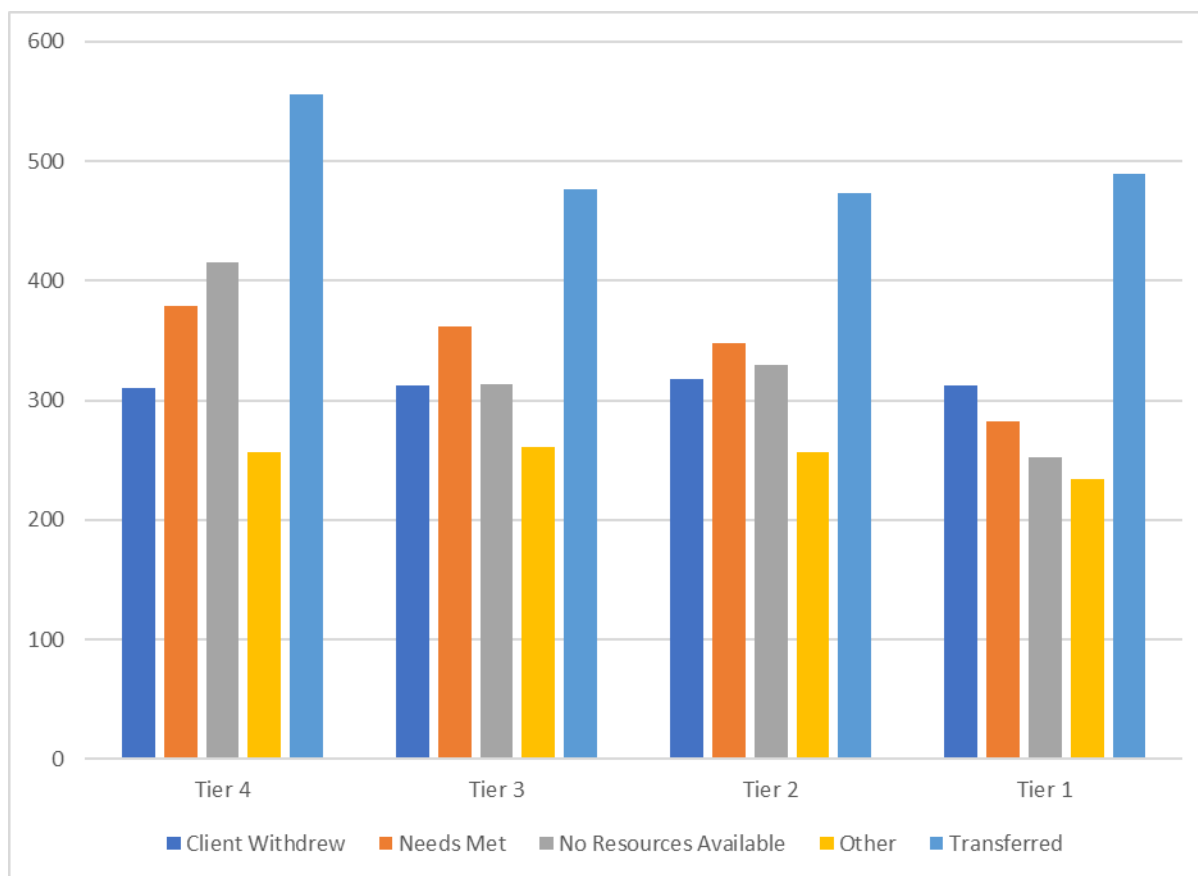
When a case manager first meets with a client and completes the assessment process, the case is assigned a priority level (levels 1-4) as a triaging tool to address the urgency of the client’s recovery related needs. These correspond (in reverse) to FEMA’s Tier levels where Tier 1 is the least urgent or complex and Tier 4 is the most urgent or complex. The chart below compares the reasons for case closure across the tier levels.



Reason for Case Closure by Tier Level

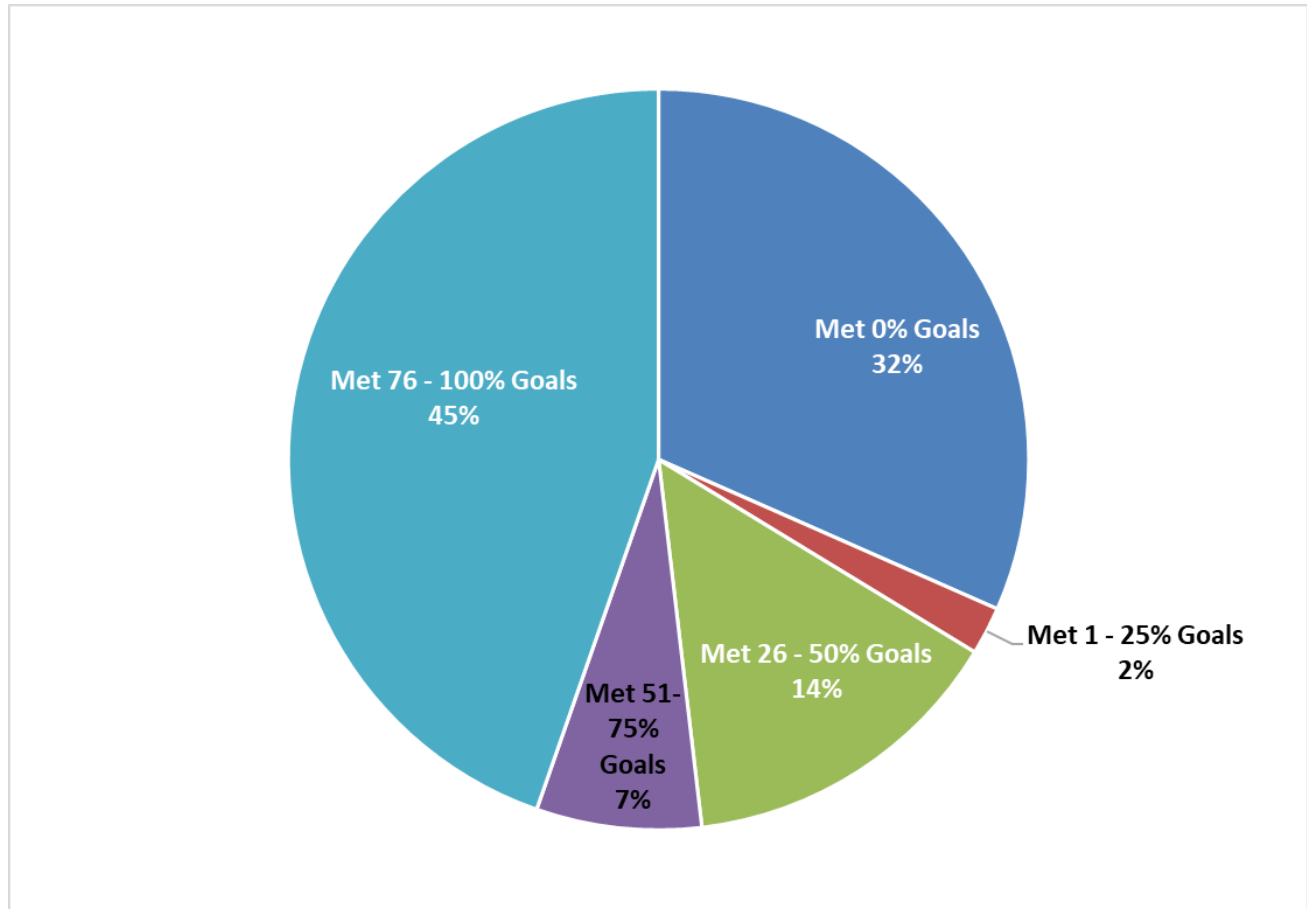
This next chart compares the average number of days that cases were open based on FEMA Tier levels (with 4 being most urgent or complex) with the reason those cases ultimately closed. The vast majority of cases that closed as transferred were those cases that NVOAD provider agencies retained through different funding streams beyond the end of the DCMP.





Average length of case in days.

In addition to noting referrals, value of services, and reasons for case closure, DART allowed providers to track the outcome of the goals set forth by the clients and case managers in the recovery plan. This allowed for a broader analysis of the amount of support disaster case management was able to provide, regardless of the ultimate reason for case closure. The pie chart below shows the proportion of the total caseload that reported some percentage of their goals met at the time of case closure. Sixty-eight percent of clients report meeting at least one recovery goal while more than half (52%) of clients report meeting 50% or more of their recovery goals, regardless for the reason for case closure.



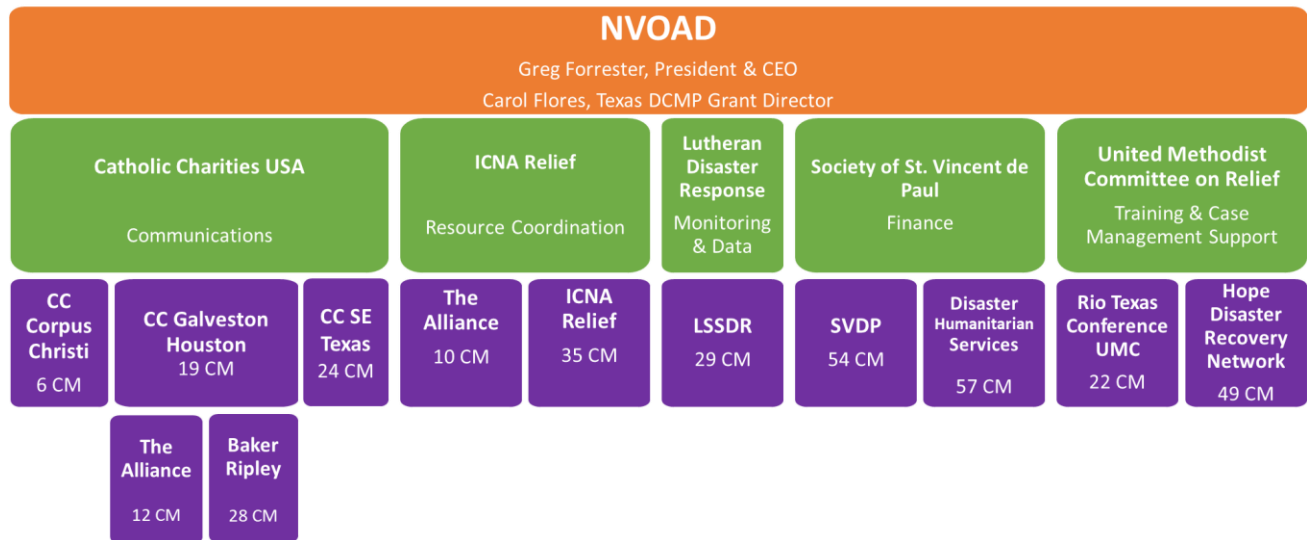
Percentage of Recovery Goals Met at Time of Case Closure

The preceding analyses are not intended to be exhaustive, rather a sampling of more in-depth ways to assess DCMP outcomes beyond the monthly statistical report to FEMA. NVOAD believes that further study and data analysis is necessary to thoroughly understand the efficacy and impact of the NVOAD DCMP.

## Consortium Management Structure

Drawing from the core values of the 4C's –Cooperation, Communication, Coordination, and Collaboration – NVOAD designed a shared management structure for the implementation of Project Comeback: TEXAS. Under this model, five NVOAD member agencies would not only provide case management services, but they would also take on an element of overall

project management on behalf of the consortium. For this model to be successful, each consortium agency had to be willing to follow the leadership of their partner agencies in their respective management function.



Consortium Model Organization Chart

Each lead agency was allocated a portion of the budget specifically for their management function and were charged with providing leadership, guidance, and oversight in their area of focus for the whole consortium. All implementing agencies identified a point person (or team) for each management function within their staff and together with the management function lead they formed operational teams that provided consistency for all aspects of the project.

## Finance

One core value for this project was the commitment to engage community based organizations to provide case management. In many cases these were small organizations with minimal, if any, experience in managing federal funds. In order for these organizations to be successful it was necessary to engage the expertise of an organization for financial management oversight. With extensive experience in multiple DCMPs and other federal programs, Disaster Services Corporation – Society of St. Vincent de Paul (DSC-SVDP) took on this task. They provided training and support for the finance personnel in each lead agency and all of their respective sub-recipients. They established processes and protocols for

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submitting invoices and supporting documentation as well as performed detailed review of all submissions for 2CFR200 compliance. Together with NVOAD's accounting firm they worked to make sure all deadlines were met and all FEMA inquiries were addressed.

### **Challenges, Learnings, and Successes**

Although the DCMP is a cost reimbursement program, NVOAD was able to successfully advocate for the ability to advance up to 60 days of expected expenses at the start of the program. This was critical to help with early startup costs associated with the ramping up of staff, equipment, and offices. Although the cash advance system insured consistent cash flow for the organizations, some of partners reported that it was confusing from an accounting standpoint. For future programs, NVOAD would recommend an initial cash advance system of two months of budget costs and then transition to a cost reimbursement program.

DSC-SVDP was fortunate to have a quality project management vendor in PVMA and their document review team was invaluable. It was much more work than expected, as they had to review every receipt, but having a vendor that understood and had a process for document review proved to be a key in this exceptionally large multi-organization program. PVMA utilized SharePoint which allowed all organizations to upload invoices and all financial documents. This was a smooth system which then also gave FEMA easy access to all financial documents. It also helped to have the DSC-SVDP CEO review the performance of PVMA and to have NVOAD's CPA firm serve as another layer of review. The CEO of DSC-SVDP ensured that there was the necessary depth of management in place to effectively manage the fiduciary requirements of Project Comeback: TEXAS. The CEO also met regularly with NVOAD's CPA firm and they both tested internal controls throughout the life of the program. This robust process for management support resulted in a minimal number of corrective actions from FEMA site visits and one minor finding from NVOAD's A-133 audits.

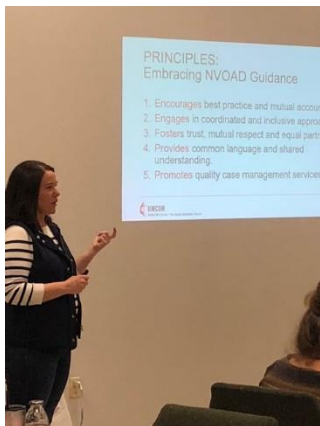
DSC-SVDP has experience in managing the financial aspects of a federal contract but faced challenges with Subcontractors that were not familiar with FEMA programs. Although DSC-SVDP conducted training at the beginning of the program and held conference calls and

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webinar trainings, some organizations had a steep learning curve on 2CFR200 and required significant ongoing support to meet compliance standards.

The finance team needed more clarification from FEMA on their interpretation of 2CFR200. Many of the lead agencies in the consortium have experience with DCMPs in multiple FEMA regions. Often interpretations vary per FEMA Region. It would be beneficial to DCMP providers if FEMA could make policy and regulatory interpretations at Headquarters and then have the Regions implement the policies. It would also greatly benefit the providers to have a FEMA DCMP Finance Manual with forms and regulatory interpretations to give to providers.

## Training and Case Management Support



Based on prior DCMP experiences, the lead agencies believed that a key factor for project's success would be a unified training plan that could provide support to case managers and other staff throughout the life of the program. The United Methodist Committee on Relief (UMCOR) has a long and rich history of excellent case management training in a variety of contexts, so it was a natural fit for them to take on this function. UMCOR committed to providing all NVOAD consortium case managers as well as all Texas HHSC case managers (potentially 600 individuals) a three-day introductory Foundations of Case Management course and then provide all case managers supervisors (an additional 60-70 individuals) with additional training to perform their oversight functions. These trainings were provided throughout the life of the program (see chart below). Within the first 90 days Texas HHSC withdrew from the shared training program. UMCOR then also provided ongoing enrichment trainings and activities to support case managers, case manager supervisors, and other position-specific competency and morale building opportunities.

TX DCMP Training Data Snapshot				
<b>Training Sessions By Category</b>	<b>#of Trainings</b>	<b>Participants</b>		
Projected Number of Foundations Trainings	24	800		
Projected Number of Advanced Trainings	36	NA		
Projected Number of Supervisors Trainings	6	80		
<b>Total Number of Projected Trainings</b>	<b>66</b>	<b>880</b>		
<b>Training</b>	<b>Year 1</b>	<b>Extension 1</b>	<b>Extension 2</b>	<b>Total</b>
Number of Foundation Trainings	29	0	0	29
Number of Foundations of Supervision ( <i>Supervisors Only</i> )	3	0	0	3
Number of Advanced Trainings	47	0	35	82
Number of Leadership & Development Workshops	6	4	4	14
<b>Number of Total Trainings</b>	<b>85</b>	<b>4</b>	<b>39</b>	<b>128</b>
<b>Advanced Training Category</b>	<b>Year 1</b>	<b>Extension 1</b>	<b>Extension 2</b>	<b>Total</b>
Advance Assessment & Recovery Planning	10	0	0	10
Case Closure/Case Transfer	2	0	0	2
Integrating DART and the DCM Form Set	13	0	0	13
Self Care: Care for the Caregiver	14	0	39	53
DCM & Construction: Perfect Together	1	0	0	1
Re-Discovery ( <i>Supporting Individuals with Disabilities</i> )	10	0	0	10
<b>Total Advanced Trainings Provided</b>				<b>89</b>
<b>Participation</b>	<b>Year 1</b>	<b>Extension 1</b>	<b>Extension 2</b>	<b>Total</b>
Number of DCM's Trained	1715	19	557	2291
Number of Supervisors Trained	256	48	74	378
Number of Data Support Trained	15	3	26	44
Director of Case Management	21	16	20	57
Number of Program Directors Trained	23	20	4	47
Others	97	32	38	167
<b>Trainings by Location</b>				
Number of Trainings in-Orange, Jefferson, Hardin	5	10	0	15
Number of Trainings in Houston/Harris	36	4	0	40
Number of Trainings in Victoria/Coastal Areas	15	0	0	15
Number of Trainings in Galveston	7	0	7	7
Number of Trainings in Brazoria County	5	4	0	9
Number of Trainings in Montgomery	2	0	0	2
Number of Trainings in Burnet	1	0	0	1
Number of Virtual Zoom Trainings	0	0	39	39
<b>Number of Total Trainings</b>				<b>128</b>

## Challenges, Learnings, and Successes

Consistent and uniform training from the beginning of the project was a key factor in both high quality service delivery and the development of a shared consortium culture across multiple agencies and counties. Trainings were scheduled and managed to allow for participants from multiple agencies in each session. This model served a practical function especially in the early ramp up to ensure that all agencies had a chance to have case managers participate as they were hired. However, this model also served as a networking opportunity for case managers working in the same geography and as a platform to exchange ideas and best practices.



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UMCOR also developed a comprehensive form set for the consortium that was introduced during their training. This contributed to an overall consistency of program across agencies and geographies. This shared form set had the added benefit of facilitating case file review during FEMA site visits.

The primary challenges for the training function stemmed from the sheer size of the program, both in staff and geography. These factors presented challenges in locating adequate venues, offering a high number of sessions in a short time period, and placing trainings in locations that were accessible for staff.

Another challenge was the limit on allowable expenses for the training sessions – specifically the inability to provide meals and refreshments during the three eight-hour days. UMCOR and NVOAD believe that the training sessions are most impactful when the participants have the opportunity to spend the entire day together, both in structured and unstructured time. If trainees must leave the location for the mid-day meal important momentum is lost. This was considered so important that UMCOR worked with volunteers and other organizations to have meals provided even though those costs could not be reimbursed.

## Program Monitoring and Data Management

During the planning process NVOAD and the consortium partners recognized the need for intentional leadership around data collection and data monitoring to support both the programmatic reporting requirements and to adequately monitor the progress of the project. Lutheran Social Services of the South (LSSDR/Upbring) took on this task for the consortium on behalf of Lutheran Disaster Response. As the leader of this function, LSSDR provided guidance for data collection and data entry, collected and compiled all programmatic statistical and narrative reports, and monitored programmatic progress through the shared data system.

### **Challenges, Learnings, and Successes**

As with the other management areas, each agency in the consortium provided a point of contact for the Monitoring and Data Management function. This team gathered by phone monthly to discuss issues, update program guidance, and share best practices. LSSDR

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utilized SharePoint as a central access point for guidance documents and to submit reports. This helped ensure program consistency and data quality. It also contributed to the collaborative nature of the consortium culture.

NVOAD believes that a shared data system is not simply a best practice but essential for a consistent and quality program. Data collected during the program was diverse and rich and allows the consortium to show the power of the data analysis that is possible beyond what is normally collected and reported. The data was able to support, supplement and empower the human stories being told by the agencies. This level of data usage is powerful and if used appropriately can inform philanthropy, local, state, and federal partners, and other stakeholders as to existing needs and gaps in services in a very real way. This type of intentional information gathering, analysis, and reporting should be used in a more proactive way in future iterations of the program to actively inform and influence resource allocation.

As a part of their management function, LSSDR provided leadership for the shared (with Texas HHSC) call center process through United Way/211. This intake was a challenge but was as successful as could be expected considering the crunch to deploy, expected turn-around times, and coordination with Texas HHSC. In general however, the use of a central call center for DCMP intake should be considered a best practice and the whole process used for this project should be reviewed as an after action item.

The consortium faced a steep ramp-up curve in the use of DART as the system of record for this project. DART DCM was developed prior to this project but had not yet been implemented at this scale. Consortium staff spent significant energy in the early months of the project establishing guidelines and procedures for DART uses. The ability to use this new system in such a large project and to work through the details across a broad scope of users leaves all Project Comeback partners in a stronger position for future DCMP opportunities.

## Resource Coordination

All disaster case management work relies on the availability and identification of recovery resources in disaster-impacted communities. Many of these resources are often centralized

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through a long term recovery group (LTRG), although it is likely there are other community resources that are also available to support client recovery. In planning the structure of Project Comeback: TEXAS, the consortium partners envisioned a coordinated approach for supporting disaster case managers in identifying needed recovery resources. It was also the hope that this role could be the voice of the consortium as recovery programs were planned and rolled out at local and state levels. Islamic Circle of North America (ICNA) Relief USA took on this task for the consortium. As the project progressed, this role became more focused on managing the resource database that was used to track client referrals and services.

### **Challenges, Learnings and Successes**

This piece was not well-defined from the outset of the project and therefore did not take shape as hoped. Despite that, the DCMP experience highlighted the importance of the ability to connect clients to a variety of types of resources. Data from Project Comeback show that over 80% of the value of all services for clients came from outside LTRG processes. While the full reasons for this are unclear (certainly the availability of CDBG-DR funds may skew the numbers, for example), it is clear that there are many resources beyond those accessed through LTRG processes that come to bear on a household's recovery. Ongoing coordination in the identification of these resources is a critical piece of disaster case management.

The resource coordination function could also serve a critical role in connecting with external recovery programs such as state disaster housing committees or CDBG-DR programs. Case management programs have a deep understanding of the changing needs and concerns of disaster survivors that could be helpful as these programs are designed. This role should be supported in future programs and careful thought and planning should go into the job description and staffing in the future.

This position morphed during the project. ICNA's Resource Coordinator took the lead in establishing the process for entries into the DART resource database. The resource database was a critical component for being able to capture referrals and services in client records. Having a standard process around this data entry allowed for better reporting of

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the value of services accessed for clients as well as tracking the more than 250 organizations that ultimately supported client recovery.

As discussed above, the Resource Coordination role did not function as planned. This was due primarily to a lack of clear description from the beginning. It is an important piece that needs to be better fleshed out in future programs.

## Communications

The communications role was designed to help promote the project as a way of bringing multiple organizations together under one umbrella. This is critical for helping clients know that disaster case management is available as well as continuing to tell the stories of the ongoing recovery. This is a key piece in helping to raise resources long after the disaster has left the headlines. Catholic Charities USA, through their partner Catholic Charities of the Archdioceses of Galveston-Houston, filled this role. They provided leadership for developing a project logo and branding standards, established guidance for fielding press requests, and gathered success stories from all providers. About halfway through the program, the communications lead also took on the task of creating and distributing a monthly electronic newsletter that highlighted project deliverables and shared client success stories.

### **Challenges, Learnings, and Successes**

The importance of this function cannot be overstated. Clear and consistent program communication from the beginning of the program helps survivors find case management and potentially better understand the collaborative effort of such programs. Public communication helps assure that survivors needing support through recovery are able to connect with case management. Alongside that early program promotion, communicating the stories of clients throughout the program contributes to the generation of ongoing recovery resources. The communications function should be considered a key element in future programs.

Each agency was asked to submit client success stories as part of their monthly narrative report. The communications lead was able to draw from these stories for the monthly newsletter and for occasional special publications. This was important for helping convey

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the true impact of disaster case management for survivors. A program the size of Project Comeback: TEXAS needed at least one full time staff person in this role. It would have been good to have a staff person (or team) that could be focused on traveling across the whole project to meet with clients, resource providers and others to capture stories to share with media outlets. The original planning, however, did not allow for this from a budget perspective.

The communications lead also put some effort into establishing an internal communications platform across the multiple agencies (Microsoft Teams). This turned out to not be as necessary as first expected once each of the function teams got their regular communications established.

In addition to the budget challenges around staffing mentioned above, the budget did not allow for printed materials and publications. These items would have been helpful in further establishment of the brand and promotion of the project. This should be a consideration in future programs.

## Program Evaluation

The DCMP for Hurricane Harvey, DR4332, was innovative in several ways and offers unique opportunities for evaluation and further study. NVOAD and the lead agencies engaged a facilitator twice during the project for intentional self-reflection and evaluation – once in February 2019 at the mid-point and again in September 2020 at the close of the project. The purpose for each of these events was to assess the progress of the project, identify needed adjustments, and capture lessons learned. During the September 2020 meeting the consortium partners identified six key factors that they believe are essential success factors for any disaster case management program, regardless of structure or funding source.

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## Key Factors for DCMP Success

### **Social and Cultural Responsibility in Staffing**

The Project Comeback consortium partners recognize that the first component of a meaningful case management program is careful attention to the case management staff. Case managers should reflect the communities in which they work and ideally come from those communities. NVOAD and its member agencies believe that this begins by engaging providers with existing relationships in the impacted communities wherever possible and by encouraging the hiring of a local and diverse staff.

### **Holistic Training**

Training is the glue that connects multiple agencies into one program. This includes not only the training of case managers, but other key positions as well. Training and program support should be considered a key factor throughout the program, not simply at startup.

### **Continuous Engagement in Mutually Educating Partnerships**

Quality disaster case management and survivor support happen in an interdependent environment. A strong disaster case management program should be in regular and intentional conversation with the many external partners involved in recovery including, but not limited to, long term recovery organizations, local, state, and federal government, other case management providers, and the general public in order to mutually adapt to changing realities.

### **Consistent Operational and Policy Guidance**

While every disaster is unique, the general flow of the recovery process is well established. Any DCMP will benefit from already established programmatic and policy guidance to support provider agencies from the beginning, including budget templates, data collection standards, and hiring recommendations, among others. This should not replace the mentorship of experienced agencies to newer participants, but instead add another layer of start up support.

### **Experienced Leadership that Promotes a Culture of Trust**

As mentioned earlier, disaster recovery is a collection of interdependent partners and tasks. A strong disaster case management program requires experienced leadership that can

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promote trust relationships and build buy-in across the recovery while creating space to mentor new and/or smaller organizations through the process.

### **Investment in Supportive Tools and Technology**

A common, robust database is essential to a successful disaster case management program. Not only does it aid in the streamlining of delivery of services to the most survivors, it supports aggregate reporting to help provide a more accurate picture of the realities of the recovery. Case managers should also have access to other technologies and tools to allow for as much flexibility as possible for meeting and supporting clients – i.e. mobile technology, virtual meeting capability, construction industry data, etc.

### **Further Evaluation and Study**

NVOAD and the consortium partners intend to engage an external evaluator to review the work of the Project Comeback DCMP to assess the impact and structure of this innovative project design. NVOAD also believes that the factors of Hurricane Harvey recovery and presence of two FEMA-funded DCMPs provide unique opportunities for understanding the efficacy and impact of disaster case management and will remain open to invitations to examine their work in Texas.

## **Conclusion**

Project Comeback: TEXAS successfully provided quality disaster case management for Texas survivors of Hurricane Harvey. Leaning into the core values and unique strengths of the VOAD movement, fourteen distinct non-profit organizations joined together to coordinate and collaborate in unique ways across 33 counties and bring healing and hope to over 13,500 Texas households. This NVOAD-led consortium leveraged existing relationships and built new partnerships to access nearly \$179M in goods and services for survivors. While working together in this way is not new for the VOAD community, the consortium members are grateful for the invitation to work in direct relationship with FEMA in this new kind of relationship. It is our hope that the success of this program opens doors to consider other innovative ways to engage local faith-based and community organizations in supporting recovery work in the future.

## Appendix A: DCMP Providers by County

		HARVEY DCMP NVOAD Affiliated Agencies									
		* Denotes Shared Counties + Denotes State Only Counties									
County	TOTAL FEMA CMs	CC SE Texas	CC Gal-Hou	Baker Ripley	CC Corpus Cristi	Lutheran Social Services	ICNA Relief	St. Vincent de Paul	The Alliance	Rio Texas Conference (UMC)	Hope DRN
Aransas*	17				X	X		X		X	
Austin+	1										
Bastrop	1					X					
Bee+	1										
Brazoria*	33		X			X			X		X
Caldwell	1									X	
Calhoun	4					X				X	
Chambers	7							X			
Colorado	1									X	
DeWitt	1									X	
Fayette	2									X	
Fort Bend*	37		X				X	X	X		X
Galveston	36		X						X		X
Goliad	1									X	
Gonzales	1									X	
Grimes+	1										
Hardin+	14										
Harris*	268		X	X			X	X	X		X
Jackson	1							X			
Jasper+	3										
Jefferson*	67	X						X			
Kames	1									X	
Kleberg	1					X					
Lavaca	1									X	
Lee	1					X					
Liberty*	9							X			
Matagorda	7					X		X			
Montgomery*	16		X	X							X
Newton+	2										
Nueces*	20				X	X		X		X	
Orange*	42	X						X			
Polk	1	X									
Refugio+	2										
Sabine	1							X			
San Jacinto	2							X			
San Patricio*	10				X	X				X	
Tyler	1	X									
Victoria	11					X		X		X	
Walker	1							X			
Waller+	1										
Wharton*	6							X			



## 2-1-1 Texas Disaster Case Management Script

### Answering a Call:

1. Click “Answer” in Cisco Finesse to accept the call. *You can also click the “Answer” button on your Cisco IP phone.*
2. Greet the Caller: “Thank you for calling 2-1-1 Texas United Way Helpline. My name is \_\_\_\_\_. How may I help you?”
3. Are you needs related to Hurricane Harvey?  
*(Listen carefully to the caller, validate their feeling of frustration, fear and sometimes anger, at the circumstances the disaster places them in. sometimes just listening to the caller is enough to remind them that someone does care about their situation. The I&R Specialist is a vital link in the recovery process).*

*If the caller is appropriate for DCM, use the Smartsheet template (see attachment – Harvey Disaster Case Management – Smartsheet.com) and answer the questions. Be sure to repeat and confirm answers provided by the caller is correct & ask caller to spell first and last name & address).*

### Consent:

**Do I have your permission to share your information with a disaster case management organization and HHSC and have a disaster case manager contact you?**

*(If yes, proceed to gathering demographic information and complete an assessment of caller’s need.)*

**A disaster case manager works with individuals and families to assess disaster-caused unmet needs and develops a recovery plan to link disaster survivors to resources and programs that assist with home repair, basic needs and unmet needs.**

### Gathering Demographic Information:

1. “In order to locate disaster recovery resources that may be able to help you, may I ask you for your zip code.” *Record caller’s response in the zip code option and select Lookup. The caller’s city and county will be added automatically.*
2. “Some programs may have eligibility requirements based on age. Can you tell me how old you are?” *Record caller’s response in the age option. If the caller declines to provide, select Refused.*
3. “There are also some programs that provide services to military members or their family members. Have you or anyone in your household served in the military? *Record*

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*the caller's response in the Military Status option. If the caller declines to provide the information, select "Did Not Ask."*

4. **[If the caller says yes to the military question] "Thank you for your service. May I ask your service branch?"** *Record the caller's answer by selecting one (or more if applicable) of the Military Branch options.*
5. **"Is this the first time you have called 2-1-1?"** *Record the caller's answer under First Time User?*
6. **[If the caller indicates that he/she is a first-time caller] "Can you share where you learned about 2-1-1?"** *Record the caller's response under 2-1-1 Referral Source (First-Time User).*

## **Assessment of Caller's Need:**

1. **[Specialist uses variety of techniques to listen to caller and restate the need] "If I understand you correctly, you were affected by Hurricane Harvey and now need help with recovering. Did I get that right?"** *Caller indicates whether or not the specialist is correct and may re-describe their need, and possibly be more specific with how they need help.*
2. **"I need to ask you some questions about the type of need you have when it comes to recovering from Harvey." (Sample questions follow. Some may not be needed and others may be added based on the caller's responses.)**
  - a. **Did you file for FEMA assistance?**
    - i. **Were you eligible for assistance?**
    - ii. **What type of assistance did FEMA provide?**
  - b. **Did you have insurance? If you did, were you able to get assistance from your insurance company?**
  - c. **Do you need home repair?**
    - i. **Have you been assisted by any home repair agencies?**
    - ii. **Did you receive home repair assistance through PREPS or any other FEMA program?**
  - d. **Do you need home furnishings or clothing to help you with your recovery?**
  - e. **Have you previously been assigned a disaster case manager?**
    - i. **Which agency were you working with?**
    - ii. **Has your case been closed?**

## **Searching for Resources:**

Based on the caller's responses to questions asked during the assessment process, the specialist will look for agencies that may be able to meet the caller's immediate need. For example, a person who needs furniture may be referred to an agency that is either providing furniture specifically for Harvey victims or to an agency that provides furniture on an ongoing basis.

If there are no referrals available to assist the caller or if the caller's needs are complex, the specialist will go through the Intake for Disaster Case Management process.

## **Intake for Disaster Case Management:**

- 
1. **“I would like to refer you to a disaster case management partner organization to assist you in your recovery. To make this referral, I need to ask you a series of questions. It may take up to five (5) minutes to ask these questions. Your questions will be entered into a form that will be sent to a disaster case management agency, and the agency will then contact you after your request has been received and processed.”**
  2. **[Specialist asks the questions on the “Project Comeback” SmartSheet, enters responses according to the caller’s answers and then submits the completed form.]**

**Remember:**

- Ask the caller to spell their first and last name, repeat the information (*name, phone number & address*) provided by the caller. – Do not make assumptions on common names.
- All information is strictly confidential – you may not release any information on an individual’s status.
- Be patient.
- Be compassionate. When taking the information, do not give the feel of a credit card telephone application.
- Do not make any promises or guarantees. Avoid phrases like “I’m sure everything will be OK.” Use words like “hopefully, possibly, maybe, sometime soon.”
- If caller is in extreme distress – or if they make any threats – get as much contact information as possible and immediately notify your supervisor.
- Report any problems with phone, phone lines and computers to IT support.
- If you start to feel overwhelmed or emotional, notify your supervisor. Monitor your own feelings and emotions and know when you need to take a break.
- Take your time with the caller, but do not linger any more than necessary. Each phone line is very much needed.

## Project Comeback : Texas

The purpose of this tool is to gather minimal information necessary to identify urgent needs, refer to appropriate resources and identify if applicant wants to partner with a disaster case manager.

Screener Name

Screener Agency

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### Household

Applicant Name

Applicant Email

ApplicantPhone

CoApplicantName

Damaged-Disaster Street Address

Damaged County

Damaged Zip

Mailing Address

(if different)

Current Address

(if different)

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**Current County****Current Zip****Register with FEMA?**

- ☐ Yes  
☐ No

**FEMA Registration #****Housing Status**

- ☐ Homeowner  
☐ Renter

**Type**

- ☐ Single-Family  
☐ Multi-Family  
☐ Mobile Home  
☐ Subsidized (ex: HUD, Section 8)

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**Program Service Criteria****Disaster Impacted**

Has your residence been damaged by Hurricane Harvey?

- ☐ Yes  
☐ No

**Within geographic area**

See county & zip code above

- ☐ Yes  
☐ No

**Other factors**

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**Risk Assessment**

Check all that apply.

- ☐ Single Head of Household with minors in Home  
☐ Household member is experiencing significant emotional distress  
☐ Individual/Family is isolated geographically  
☐ Individual/Family is isolated socially/culturally.  
☐ English is not primary language

Indicate primary/preferred language

- ☐ Household still recovering from a previous disaster
- ☐ Household member over 65
- ☐ Household member under 18
- ☐ Household member w/functional & access needs
- ☐ Displaced from damaged residence
- ☐ Living in unsafe/unsanitary environment

Other

Reported Urgent Needs

- ☐ Home Repairs
- ☐ Temporary Housing
- ☐ Food / Water / Clothing
- ☐ Loss of Utilities / Connectivity
- ☐ Transportation
- ☐ Other

Submit

3. **“This concludes the questions that I need to process your referral to disaster case management. Do you have any questions for me?”** *Specialist answers questions according to talking points developed with NVOAD, HHSC and other disaster case management partners. Specific questions about when a person can expect to receive help, the type of help that may be available, and how long the recovery process takes will be deferred to the disaster case management agency since each person’s case is unique.*

## Closing the Call:

1. **“We will share this information with our disaster case management coordinators and you should hear from someone within two (2) weeks. They will introduce themselves with their first and last name and as a case manager from one of our partner organizations. If you have any concerns or questions about their organization, you can call us back here at 2-1-1 to verify that they are a partner in disaster recovery. To expedite your recovery, please gather any documentation you may have related to the storm. Documentation includes your FEMA registration number and any communication you have received from them, photographs of damage, and receipts for any repairs already made.”**

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2. **“Remember that if you have any additional questions or have other needs, you can call 2-1-1 24 hours a day, 7 days a week. Thank you for calling.”**