

	Oct 28 - Dec 31 2005	Jan - Mar 2006	Apr - Jun 2006	Jul - Sep 2006	Oct - Dec 2006	Jan - Mar 2007
	Quarter 1-Project Start-up	Quarter 2	Quarter 3	Quarter 4	Quarter 5	Quarter 6
Project Management General/Other	<p>Project Start-up Activities: 1) UMCOR/NVOAD develops and issues RFP and guidelines; 2) Bidders conference held; 3) Selection of 10 sub-grantees through Grant Review Board; 4) Pre-award letter sent to partners on 12/09/05 authorizing them to spend money on the grant. Project Office Start-Up: DC office space secured; anticipated move-in date mid-January 2006.</p>	<p>UMC-Louisiana withdraws from Consortium due to mutual agreement between both parties. UMCOR-KAT issues RFP to current Consortium members for the additional coverage needed with absence of UMC LA. UMCOR funds 4 out of 5 submissions. UMCOR-KAT moved into office space and office set-up completed. RFP issued for non-federal UMCOR local grassroots matching grant program.</p>	<p>Contracting phase for non-federal UMCOR matching grant funds completed. This program intends to put forth 72 paid case workers and 350 volunteer case workers to serve just over 8,000 cases.</p>	<p>UMCOR issues closed RFP to Consortium partners for reallocation of unobligated funds due to down-sizing of Salvation Army's original grant. Salvation Army implementation experienced cost savings, because it was slower than anticipated. Consortium members encouraged to take up the extra case work remaining in identified priority locations.</p>	<p>UMCOR-KAT considers request to FEMA/DHS for program extension as it becomes apparent that case management needs will persist well beyond the original project end date of October 2007. Reasons for extension include the following: 1) dearth of recovery related resources early in program that are only now becoming available; 2) lengthier than expected ramp-up period which resulted in cost savings; 3) slow acclimation to the CAN data base; 4) slow volunteer recruitment as fewer than anticipated have been recruited; 5) case manager attrition.</p>	<p>UMCOR-KAT begins formal submission process to FEMA for extension of project. Partner agencies are requested to submit their realignment/extension plans to UMCOR-KAT.</p>
Project Management UMCOR-KAT Staffing	<p>Project Start-up led by core team of 4 (2 UMCOR Executives, 2 former employees.) Full-time Finance Director then added. Search and hiring of Human Resources Manager completed at end of quarter. Full Staffing anticipated February '06.</p>	<p>Active Hiring Period: Accountant, Case Management Technical Supervisor, Monitoring and Evaluation Officers, Grants and Compliance Managers, Office Manager, Office Assistant, Receptionist, and Public Relations Officer hired. Full Staffing anticipated by end of May '06 Personnel policies and procedures based on UMCOR's existing ones established and put in place for DC KAT office.</p>	<p>Active Hiring Period: UMCOR-KAT filled the following positions: 4 Case Management Technical Supervisors; 3 Grants Compliance Officers; 2 Monitoring and Evaluation Officers; 1 Public Relations Officer and 1 Staff Writer position.</p>	<p>Grants Compliance Officer and new Director of Finance hired. "Areas of Responsibility" are developed for KAT's program support teams (CMTS and M&E) to provide direct lines of support to national partners and Tier III affiliates</p>	<p>Case Management Technical Supervisor position for New Orleans filled due to growing need for coordinated case management in New Orleans. KAT Executive Director resigns to pursue another position. Interim Executive Director appointed.</p>	<p>Case Management Technical Supervisor for Baton Rouge and northern Louisiana filled. CMTS Coordinator also recruited in order to better support the CMTS team. Interim Executive Director appointed permanent Executive Director.</p>
Project Management Internal Coordination and Collaboration	<p>"Tiers of Communication" system developed outlining how Executive level (Tier I), Program Director level (Tier II) and Field-level staff (Tier III) may interact and interface to allow macro level issues, working level issues, and local area issues to be discussed in appropriate forums. Project Start-up Activities: Program launch event bringing newly selected Consortium members together. Frameworks for coordination discussed. Coverage areas as well as gaps in assistance identified. Remaining challenge is to better define guidelines for beneficiary selection; "open and closed cases"; as well as how to account for "transferred" cases.</p>	<p>Meetings held at Tier I & II levels. At Tier II level, weekly conference calls convened as well as "face to face" Tier II meeting held. First Tier I Quarterly meeting convened. Tier I meeting topics included "triaging cases" and difficulties with ramp-up contributing to slow start in opening cases. Tier II meetings also focused on start up issues, sharing lessons learned and overcoming obstacles. Coordination efforts also begun at the Tier III level- steps to be taken in the next quarter to have statewide meetings where there are three or more Consortium member agencies.</p>	<p>Continued focus on the Tiers of coordination. Meetings held at all Tier levels. At Tier I Quarterly meeting it was agreed that efforts to increase the number of cases needed to be accelerated. Tier III level coordination process standardized and implemented by the identifying leads who enhance communications through regional distribution lists and regularly scheduled regional conferencing. Meetings held in each state/region where there are 3 or more KAT agencies.</p>	<p>Coordination of Consortium remains a focus of the project, but this evolves as the project moves to full operation. The "Tiers of Coordination" model now permeates the structure of the project. "All Tiers" meetings hosted in New Orleans and Gulfport, MS. Geographic areas of responsibility delineated for each agency. Special services/resources provided by local agencies clarified. Areas where collaboration needs to be strengthened are identified.</p>	<p>Coordination of the Consortium continues to be an emphasis of the project. Regular meetings are held at all Tier levels. At the Tier I level, national executives participate in meeting with Council on Accreditation to discuss prospect of developing national standards for long-term recovery case management. Tier III collaborations are strengthened and increasingly productive. CMTS facilitated and/or participated in 90 regional UMCOR-KAT meetings and conference calls and highlight the role of the Long Term Recovery Committees (LTRCS) and the ARC's "Means to Recovery" program, which is implemented this quarter.</p>	<p>"Tiers of Coordination" continues to provide the framework for the Consortium's communication. Communication among Tiers continued to be productive facilitated by hosted meetings and coordinated programmatic activities. Emphasis remains on communication between Tiers to support information flow and coordination. For the period Jan 2007 through March 2007, there were 74 Tier III coordination events.</p>
Project Management External Coordination and Collaboration	<p>Communication with FEMA voluntary Agency Liaisons is an important part of early start-up efforts. Discussions are held with Housing and Urban Development and Center for Community and Faith-Based Initiatives to seek high degree of coordination between agencies assisting the most vulnerable as well as grassroots organizations. Coordination with state level VOADs and national VOAD initiated forming foundation for future relationship. Coordination with American Red Cross (ARC) particularly beneficial to ensure complimentary and not overlapping services. Special interest group coordination as well as state and city officials coordination also begun in varying degrees.</p>	<p>Communication with FEMA Voluntary Agency Liaisons continues to be an important part of the ramp-up effort. This was also beneficial in the efforts to coordinate LCMs at the Tier III level. Meetings continued this quarter with HUD and Center for Faith-Based Initiatives. Mutually beneficial referral mechanism began between KAT Consortium members and HUD housing counselors as well as with DoL reintegration counselors. DoL reintegration counselors attend UMCOR/CAN case management trainings. Collaboration also begun with SAMHSA-Substance Abuse and Mental Health Services Administration. Continued coordination with ARC. Strong alliance forged with National Council on Aging whose representatives also attended case management trainings.</p>	<p>Regular communication with FEMA VALs continued. Meetings with HUD and Center for Faith-Based Initiatives evolve into regularly scheduled monthly meeting. Increased efforts to improve collaboration with SAMHSA-funded agencies/programs. Continued close coordination with ARC. Strong alliance with the National Council on Aging forged.</p>	<p>External coordination is focused on building current relationships and further developing these relationships in the areas of program implementation. Increased coordination between KAT Consortium members and HUD as well as DoL reintegration counselors continues. Coordination with ARC continues and the ARC decides to use the KAT forms and formats for their Hurricane Recovery Program (HRP). KAT and non-KAT partners are linked to one another and to resources through e-mail distribution lists, conference calls, coordination events and training programs</p>	<p>The primary focus of external relations this Quarter was coordination with the ARC on the roll out of their Hurricane Recovery Components such as "Means to Recovery Program" and "Access2Care Program." HUD and Odyssey House in Louisiana work together to assist 2,000 families returning from Texas into HUD housing in New Orleans. KAT agencies also take a leading role in New Orleans Welcome Home and Journey Home centers. There is also increased collaboration with the Louisiana Family Recovery Corps.</p>	<p>Coordination with the ARC's Hurricane Recovery Program became structured with semi-regular conference calls and a joint program guidance is developed and distributed. Coordination continues with HUD, specifically between Odyssey House of Louisiana which will provide KAT case management to HUD residents returning to New Orleans. Other external coordination relationships continue.</p>
Project Management Standardization of Case Management System and Process	<p>Manual: <u>Case Work in Disaster Response and Recovery: A Resource Developed for Katrina Aid Today by UMCOR</u></p>	<p>Package of required and optional disaster recovery case management forms was created specific to the KAT program. Forms translated into Spanish, Vietnamese, French and Haitian-Creole. Standardized client intake form with updates made to the fields in the CAN data base developed. Assessment and recovery plan forms developed, and enhanced by feedback from trainees and partnering organizations. Implementation of forms and related training highlighted need for additional guidance and capacity building activities at all levels.</p>	<p>Package of 9 new program guidance forms created to help standardize case management procedures. Topics include the following: 1) Case Triage - how to prioritize eligible cases; 2) How to recruit and manage Volunteer Case Managers; 3) Client Satisfaction Survey; 4) How/When to transfer cases; 5) Client outreach; 6) How to determine status of paid or volunteer Case Managers; 7) How to value services; 8) How to track services and document in CAN; and 9) What is CAN clean data.</p>	<p>KAT Program Guidebook completed. 4 new Program Guidance Forms created: 1) Case Management vs. Service Provider; 2) Defining Case Closure; 3) What to do when client contacts cannot be made; 4) Program Management with CAN. 3 new Program Advisories created as well: 1) The importance of only entering four digits of a clients social security number; 2) The purpose of the CAN Duplication Tool; 3) the Affiliated Agency ID.</p>	<p>2 new Program Guidance forms created: 1) Program Closures- how to best assist clients when a KAT program is closed; and 2) What an LTRC is and how to access one. An Advisory was also created on considerations to make in order to close a case. A Case Closure Tool Kit was also created to emphasize the shift toward case closures for the Consortium's caseload.</p>	<p>2 new program guidance forms created, which includes a Resource Database tool kit as well as a guidance form on KAT and the ARC's Hurricane Recovery Program. Program Closure Toolkit developed to prepare for program closures.</p>

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Project Management Capacity Building	Existing UMCOR manual: <u>Case Work in Disaster Response and Recovery: A Resource for Katrina Aid Today</u> by UMCOR implemented. Manual is to be basis for UMCOR training providing both foundational and applied guidance for establishing organizational procedures and methods specific to case management in disaster recovery. Planning underway for series of Case Management Trainings to take place over the first three months of 2006.	CMTS provided 11 trainings serving 620 Case Managers. Kick off training held 01/05/06 in Baton Rouge, subsequently trainings expanded to two days. 11 Trainings held primarily in the Gulf and Texas. Training encompassed critical aspects of the UMCOR basic case management training, KAT overview, intake and eligibility determination and hands-on CAN training. Remaining challenge is to make training available to all case managers and new staff and volunteers.	UMCOR-KAT training materials revised in a collaborative process between KAT staff and UMCOR consultants. UMCOR-KAT hosted two train-the-trainer programs: one on basic case management and the other on CAN. This resulted in 27 trained participants. In addition, 11 training events were held resulting in an additional 389 case managers trained. CMTS continued to conduct capacity building activities including targeted and impromptu training and mentoring at site visits. CMTS reporting tool developed this quarter in effort to standardize agency assessments. Need for more "advanced" training becoming evident as basic training events phase out.	CMTS team continues to provide capacity building to member agencies, which includes making site visits, providing training and mentoring, and disseminating standardized tools, processes and resources. Very active training period with 6 basic trainings; 11 advanced, and 5 KAT-supported New Trainer Basic sessions held reaching 424 KAT case managers. Trainings included basic disaster recovery management trainings and trainings on assessment, recovery planning, case closure and ethical dilemmas.	Due to delays in hiring, staff turnover, and/or realignments, certain regions experience an increase in new case managers, which continues the demand for basic training as well as the need for more advanced skills-building and training. UMCOR-KAT's CMTS team hosted seven formal training events resulting in an additional 159 case managers trained. Four of the trainings were basic disaster recovery management training and 3 were more advanced trainings. 3 Case Management Capacity Mobilizations held.	The CMTS team made 70 site visits, the majority of which took the format of "Case Management Capacity Mobilizations" providing targeted training and programmatic support to local Tier III affiliates. The CMTS team also hosted 7 formal training events. One of the trainings was a basic disaster recovery management training, while the other 6 trainings were more advanced and covered topics such as assessment, recovery planning, case closure, ethical dilemmas and/or CAN data entry.
Project Management Monitoring and Evaluation	M&E Results Framework Developed	Development and deployment of various tools and matrixes finalized such as the Field Observation Tool, which provides a specific list of aspects to be examined during a typical site visit. M&E unit begins site visits.	M&E staff continue site visits to Consortium affiliates. Special report developed at the 10,000 case mark, which outlined indicators and outputs and this benchmark. A benchmark report is created at each subsequent 10,000 caseload mark.	KAT M&E team makes site visits to review Tier III program operations. Informal "exit" discussions are held at each site visit. M&E continues process of reporting on progress indicators. Competitive bid process undertaken for formative mid-term evaluation.	Mid-term evaluation implemented and completed. Initial findings of evaluation presented at Tier II meeting. The mid-term evaluation concludes that KAT is on track to accomplish many of its objectives and suggest to keep the focus on serving clients rather than placing undue pressure on numbers of cases. M&E site visits continued and by end of year 1, all Tier III affiliates have been visited by KAT M&E.	M&E site visits continue. For year 2 of site visits, M&E team revise field observation guide and reporting format to ensure standardization and accountability to site visit recommendations. A comprehensive report of KAT's first year of program indicators is developed and shared with Consortium partners.
Project Management Grants Management	Grant Agreements initiated.	Pass through status: 15% of total budget (\$60 million) Cost Share Status: 30% of total commitment (\$35 million)	Pass through status: 23% of total budget (\$60 million) Cost Share Status: 40% of total commitment (\$35 million) Grants Compliance team in place with 2 trainings hosted on grants management and OMB-Circulars. Grants compliance visits started with 16 made during this quarter.	Pass through status: 30% of total budget (\$60 million) Cost Share Status: 50% of total commitment (\$35 million) Grants Compliance hosted 2 trainings on grants management and OMB-Circulars. Grants compliance visits continue.	Pass through status: 39% of total budget (\$60 million) Cost Share Status: 60% of total commitment (\$35 million) 1 grants compliance training hosted and visits continue.	Pass through status: 56% of total budget (\$60 million) Cost Share Status: 73% of total commitment (\$35 million) Hosted a "Financial Conference" in conjunction with Tier II meeting and 1 training. Site visits continue.
Project Management Public Relations	Project-Start-Up Activities: 1) Web-site launch and development of content; 2) Katrina Aid Today name selected and mark designed; messages drafted to promote KAT project. 3) Media Planning; training to spokespersons; media outreach and placement.	UMCOR-KAT continues to polish messages and promote KAT project.	UMCOR-KAT continues to polish messages to promote program and reach collaborators and those in need of assistance	Brochure with logo branding Katrina Aid Today completed. Communication guidance drafted. Tagline- <i>Rebuilding Lives: One Family, One Person at a Time</i> published. Interviews with various news sources and client stories circulated via PR Newswire.	PR tool kit published. Posted "Images of Recovery" photo gallery on web. Expanded media exposure placing Katrina Aid Today success stories in 19 media outlets.	Designed, wrote and distributed monthly KAT E-newsletter.
Quality CAN Entry and Reporting	Project Start-up: Memorandum of Understanding established between CAN and UMCOR-KAT	CAN becomes integrated into KAT case management procedures. Focus on implementation of CAN use among Consortium agency case managers, which is a challenge as some agencies have not traditionally integrated an electronic database into their work processes. Collaboration and coordination with CAN staff critical to implementation of KAT. CAN provided orientation sessions on CAN as well as support in the following ways: 1) adaptation of database forms to include KAT indicators; 2) CAN assists with trainings providing technical support as well; 3) CAN develops reporting protocol specific to KAT indicators.	KAT partners report CAN entry very time-intensive and are having to adapt workloads of case managers to accommodate CAN entry. As data integrity becomes a challenge, KAT staff undertake several strategies to strengthen the quality and completeness of CAN data. KAT identifies need to train data entry representatives.	Quality data entry improving. CAN implements duplication tool to make it easier for case managers to delete multiple records of the same client. FEMA information shared with CAN system. CAN training exercises added to website. CAN reorganizes caseload and indicator reports to allow for quicker access to information. Unified reporting mechanism established.	Focus on "data integrity". KAT institutes "CAN Point of Contact" conference calls to share KAT-developed database updates and instructions. KAT staff continue to assist agencies in identifying gaps in data entry for "clean up."	CAN made several enhancements to assist KAT better. Accuracy, timeliness and backlogs of data is issue for many partners. Partners address this with adaptation of workload, use of volunteers or dedicated staff person for CAN entry.
TIER III Capacity/ Program Operations	National Consortium members partner with local offices (Tier III) through sub-grantee process to formalize the Consortium's presence nationwide.	Serious focus on recruiting case managers, and volunteers but some affiliates finding it challenging. Creative recruitment strategies employed using community, professional associations, university and agency contacts. All agencies undergoing "learning curve" adopting KAT-compliant procedures. In addition to UMCOR-KAT training, some agencies also implement their own training modules.	Paid case manager staffing increased by 27% and volunteer case manager staffing increased by 32%. Under-utilization of volunteers, however, is evident as the availability of volunteers around the country varies. In the direct disaster zones potential local volunteers do not have time and volunteers from outside the area are short term and are therefore difficult to involve in the project. Compassion fatigue is setting in as the result of continuing emergency and crisis intervention activities, the demand for services which exceeds current capacity, and the learning necessary for the unique knowledge and skills necessary for disaster recovery case management. Partner agencies attempt to address this with the recruitment of energetic new volunteers and some Tier IIIs begin providing "care for the care-giver" support groups.	Challenges this quarter includes the unplanned transfer of cases, including "forced" transfer of cases to obtain necessary resources for recovery; inequitable distribution of resources results in waiting lists for some agencies while others have the capacity; cases lingering and not being re-engaged or closed; and lack of effective triage processes in some agencies. To address these challenges, KAT plans a Case Management Capacity Mobilization for Quarter 5 as well as enhancing guidance and training tools. The retention of Case Managers is a problem as well as the recruitment of volunteers. Partner agencies brainstorm to find creative ways to involve volunteers, including placing volunteers in administrative roles rather than case management. Compassion fatigue and burnout setting in. Some agencies instituting "care for the care-giver" support groups to try to combat this.	Some partners continue to face challenges in identifying and involving as many volunteers as required by the program design. Retention and subsequent recruitment of case managers remains an issue. Compassion fatigue and burnout continues to be an issue. Agencies try to address this by seeking new, energetic volunteers and instituting "care for the care-giver" support groups and other employee assistance programs.	Programs in some states begin to close down as outreach efforts are exhausted and client needs are met. Partners evaluate opportunities for realignment towards areas with high need. Case transfers is concern as "credit" for case load will move to receiving partner. To address this issue, a working group is formed to develop recommendations and actions. Partners continue to face challenge of identifying and involving as many volunteers as program design requires. Retention and morale of paid case managers becoming an issue. Partners respond with the use of incentives, flex time, promotions and salary bonuses.

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Client Services/ Case Management		<p>The broad range of client needs presents initial challenges with partners varying in their ability to meet identified needs due to hiring and start-up, varying personnel performance standards and hiring practices, and the demand for emergency assistance. The unique needs of an "internally displaced population" tested and in some cases overwhelmed the capacity of community services which would normally provide related services. All partners quickly implemented formal strategies to collect and disseminate community resource and referral information. Facilitating case transfers as clients move also initially a challenge necessitating close coordination between agencies. The need to shift from relief to long-term recovery becomes apparent.</p>	<p>All KAT partners continue client outreach to build target caseloads. Under-utilization of resources, such as FEMA and other disaster-specific programs, on behalf of clients, however, becoming evident. It is believed that this may be due to lack of knowledge related to Long-Term Recovery Committees (LTRC's) and systemic barriers to accessing LTRC resources. CMTSs attend to this issue by connecting case managers to CAN-related training for Resources and Referrals as well as maximizing Tier III distribution lists as well as liaising with FEMA contacts. Handling high case loads becoming challenging. Agencies respond by instituting various models for triaging cases. Some KAT partners having difficulty locating potential KAT-eligible clients, particularly in non-disaster affected states KAT partners undertake concerted outreach strategies, including the development and distribution of outreach materials, door-to-door efforts in high Katrina population apartment complexes, hosting events and utilizing information from FEMA to inform these efforts.</p>	<p>Main issues include the following: 1) the challenge of handling high case loads and balancing time between new cases and follow-up on existing cases; 2) identifying and providing outreach to potential KAT-eligible clients 3) data entry in CAN-time is consuming. The Tier III affiliates adapt the intake and initial assessment process and place volunteers in administrative and supportive capacities to address these issues. Agencies also report that initial funds available for direct assistance are starting to run out with some donor sources prioritizing other needs. The Long-Term Recovery Committees are expected to be able to offset this resource challenge.</p>	<p>Identifying clients for service provision remains a challenge in many regions. CMTS plan to work together with regional leaders and FEMA to assess underserved populations and devise outreach strategies where appropriate. Recovery planning is proving to be challenging as case managers have varying skill levels in this. Case managers also continue to be challenged by the need to balance time between new cases and follow-up on existing cases. Partner agencies attempt to ease the workload of case managers by delegating administrative functions to volunteers. Agencies focus on case closure and undertake and aggressive review of caseloads.</p>	<p>While program is shifting towards an emphasis on case closures, many Tier III affiliates are still managing large number of intakes and open cases. Agencies address this issue by triaging cases and providing training on initial assessment, documentation, and recovery plan development. Increased access and utilization of Long Term Recovery Committee support and/or access of the ARC's Hurricane Recovery Program's Means to Recovery tool, but still face barriers in process and application. Locating and maintaining contact with evacuees is difficult. Partners report ongoing, and in some cases, increased requests for direct assistance needs.</p>

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	Quarter 7	Quarter 8	Quarter 9
Project Management General/Other	<p>UMCOR-KAT formally submits extension request to FEMA.</p> <p>FEMA requests KAT to be implementing agency for the 2007 Hurricane Season.</p>	<p>UMCOR-KAT and the Consortium focus on preparing for a significant number of program closures and realignments of remaining program operations.</p> <p>UMCOR-KAT submits 2007 Hurricane Season Strategy and gets approved by FEMA.</p>	<p>UMCOR-KAT and the Consortium partners focus on closures (significant amount of closures in October) and remaining time in the Gulf Region and other areas of operation.</p>
Project Management UMCOR-KAT Staffing	<p>UMCOR-KAT hires one CMTS and one M&E officer to fill open spots due to attrition.</p>	<p>Temporary receptionist hired to handle influx of phone calls due to Hurricane Recovery Program.</p>	<p>Contracts for UMCOR-KAT staff extended to account for program extension.</p>
Project Management Internal Coordination and Collaboration	<p>"Tiers of Coordination" remains the framework for communication and coordination. Regular communications are held at all Tier levels. The Tier III Consortium affiliates held 77 regional or national meetings and conference calls.</p>	<p>"Tiers of Coordination" continues to be sustained through meetings and coordinated program activities. Frequency of Tier III coordination conferences in some regions decline as affiliates begin to close, however 110 Tier III meetings are still held this quarter.</p>	<p>Tiers of Coordination continues to be emphasized in the final phase of the project operations, particularly as many affiliates begin to close. Tier I executives meeting is held in Washington DC. Tier II conferencing is maintained through monthly calls and a quarterly meeting. 62 Tier III meetings are held this quarter.</p>
Project Management External Coordination and Collaboration	<p>Close coordination with ARC's Hurricane Recovery Program continues. Other coordination relationships continue.</p>	<p>Close coordination with ARC's Hurricane Recovery Program continues. Other coordination relationships continue. Guidance developed specific to the transferring of clients from KAT to DHAP for on-going services.</p>	<p>Close coordination with ARC's Hurricane Recovery Program continues. Other coordination relationships continue.</p>
Project Management Standardization of Case Management System and Process	<p>M&E team makes updates to and revises 12 out of 18 program guidance forms and 3 out of the 4 advisories to reflect new processes in CAN for the transfer request process.</p> <p>KAT staff also begins to issue "Program Bulletins" via email direct to case managers. As a collaborative effort between the CMTS and M&E, bulletins include program guidance updates and announcements.</p>	<p>Recovery Planning Tool Kit developed in response to observations and requests from KAT case managers to simplify the process.</p> <p>KAT also develops the following documents: 1) Needs Met Assessment; 2) A guidance to HUD Disaster Housing Assistance Program; and 3) Preparing for Program Closures.</p> <p>KAT also distributes 6 program bulletins this quarter.</p>	<p>Guidance form distributed on reopening cases.</p> <p>3 Program Bulletins distributed on the following topics: 1) Transition of FEMA rental assistance to HUD; 2) Supporting case managers and clients during the holidays and program closures; and 3) Re-opening KAT cases.</p>

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Project Management Capacity Building	Case Presentation Capacity Mobilization, to emphasize LTRC presentations, and Case Management Capacity Mobilization events held throughout. The UMCOR/KAT CMTS team also hosts 10 formal training events. Four of the training events were Basic Disaster Recovery Case Management trainings, while the other trainings were more advanced to reinforce recovery planning and case/program closure. The CMTS team also conduct 45 individual site visits.	Consortium level training focus is on recovery planning and related processes. Agency supervisors participate in the Revised Recovery Planning tool kit. CMTS site visits continue with 20 site visits held.	Consortium level training focus is on recovery planning and related processes, including case preparation for LTRCs. CMTS site visits continue with 18 site visits held. Other on-going technical assistance is provided on an as-needed basis in preparation for upcoming program closures.
Project Management Monitoring and Evaluation	M&E site visits continue. M&E team begin to implement client focus groups as part of ongoing site visits.	M&E team continue site visits and client focus groups. RFP for focus groups with case managers and supervisors to gather "best practices" and "lessons learned" is released, and a consultant is selected to implement interviews and focus groups. RFP for final evaluation released.	M&E team continue site visits and client focus groups. External evaluator for final evaluation secured.
Project Management Grants Management	Pass through status: 75% of total budget (\$60 million) Cost Share Status: 91% of total commitment (\$35 million) 2nd Financial Conference hosted with site visits continuing.	Pass through status: 84% of total budget (\$60 million) Cost Share Status: 91% of total commitment (\$35 million) Another Financial Conference was hosted in conjunction with the Tier II meeting; site visits continue.	Pass through status: 95% of total budget (\$60 million) Cost Share Status: 99.8% of total commitment (\$35 million) A Fourth Financial Conference was held with site visits ongoing.
Project Management Public Relations	Regular PR related communications developed and disseminated.	Regular PR related communications developed and disseminated.	Regular PR related communications developed and disseminated. Planning begins for final program PR book.
Quality CAN Entry and Reporting	CAN implements ability to track "transfers" through a "transfer request process." KAT also begins to provide KAT specific CAN trainings called "webinars"	Accuracy, timeliness and the large amount of data still needing to be entered in the CAN database remains an issue. The cleanup of data in CAN is heavily emphasized by closing programs. Agencies attempt to adapt workloads to accommodate CAN entry as well as use dedicated staff or volunteers for data entry.	Entry of data in CAN is heavily emphasized as programs close so that indicators and outcomes of the Consortium can be reported accurately.
TIER III Capacity/ Program Operations	Emphasis on case closure remains. Retention and morale of paid case managers remains an issue as well, which partners try to remedy with various incentives such as flex time.	Continued emphasis on case closures. Meeting target case loads remains a challenge for some Tier III agencies. Retention and morale of paid case managers remains a challenge as staff leave to secure more stable positions.	Partners focus on program closure but are concerned about remaining need for case management services. LTRCs, particularly in the Gulf region are under utilized due to many systemic barriers. LTRCs were slow to develop in this region and often present additional burdens to case managers in terms of paper work. LTRC procedures, forms, resources and funders continually changing in the Gulf. Partners address by better relation-ship building with other partners. Some agencies structure a team of case managers to focus solely on LTRC presentations.

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Client Services/ Case Management	<p>Handling many clients and high caseloads continues to be a challenge. Agencies address this issue by triaging cases and providing training on initial assessment, documentation, and recovery plan development. Some agencies also report adaptation of the Intake and Initial Assessment process and some also use volunteers creatively in this process. Identifying evacuees as potential KAT-eligible clients also still remains challenging. Agencies use creative collaborations and at the national level, KAT continues to advocate for access to FEMA data bases to address this need. There is increased utilization of Long term Recovery Committee support and/or access of ARC's Hurricane Recovery Program' Means to Recovery.</p>	<p>Identifying evacuees as potential KAT-eligible clients still remains challenging. Increased utilization of Long term Recovery Committee support and/or access of ARC's Hurricane Recovery Program' Means to Recovery. Agencies report that some clients are shopping for services seeking resources instead of case management. A common challenge is finding employment and housing for clients. An increase in isolation and depression among clients is also observed. Partner agencies are encouraged to make appropriate referrals for mental health services, and case management supervisors are encouraged to monitor and train staff accordingly.</p>	<p>Burn-out and retention of staff remains an issue. Agencies address this by adding temporary support positions and using volunteers when possible. Agencies also realign budgets to offer retention incentives for staff. Meeting target case load continues to be a challenge as cases remain open longer than anticipated. Agencies still face the challenge of meeting unmet needs, particularly related to housing and mental health. To the extent possible, agencies are identified are referrals made for services. Some Tier III agencies close according to the original program timeline while others anticipate program closure in March 2008.</p>