



Missouri Disaster Case Management Program Final Data Report

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October 4, 2013

On August 17, 2011 I was hired by the American Red Cross Greater Ozarks Chapter as a disaster case manager for the Joplin area. I worked shoulder to shoulder with other Red Cross case managers as well as others from Salvation Army and Catholic Charities of Southern Missouri.

My greatest satisfaction during that time was the privilege of getting to know the men and women who had been through so much in the Joplin tornado of May 22, 2011. At times I could not provide all the services our clients needed, but I could walk with them. I could share a sense of compassion with them and let them know that someone cared.

My biggest frustration was in the caseloads we experienced as case managers. I topped out at 75 but I know of others with caseloads well over 100. Every month I set targets for how many people I would see during the coming weeks. Without fail those targets were never achieved. I continually had to delay contacting certain clients because other clients presented more pressing needs.

My second frustration was the lack of consistency. Each agency was using different forms. No one was setting clear directions on how and when to enter data into CAN. The training we received was confusing and incomplete. The levels of human stress among case managers was so high that no one had the time, or at least no one took the time, to sit back and address structural issues. At this time the FEMA DCMP grant had not yet been implemented and the agencies were doing their best to coordinate the efforts of the three agencies.

On March 20, 2011, I was hired as Data/Quality Assurance Manager for Lutheran Family and Children's Services (LFCS). LFCS had been named the management agency for the DCMP grant and I was now part of the management team that would serve the case management providers in Joplin as well as other parts of the state.

Our first step was to develop a single set of forms to be used by four agencies in three regions. We deliberately crafted these forms to look like CAN pages. This proved to be a resounding success. Case managers and data entry personnel acknowledged that these forms made data entry much easier.

Our second step was to develop a consistent training module that would be used for all case managers. Previously case managers had received minimal training in data entry. They used the fields they found helpful and ignored the rest. With lack of clear guidance many developed their own interpretation of what different fields meant. My motto became "If we are going to make mistakes, we're all going to

make the same mistakes together.” In other words our definitions might not be perfect, but for the sake of statistical reliability, we all had to be speaking the same language and incorporating the same protocols.

The problem we faced at the management level mirrored the problems I had earlier experienced as a case manager—no one was providing clear instructions. We had the “FEMA Reporting Grid” but no one seemed to be able to tell us exactly what the terms on that grid meant

One of the biggest complaints we have received from the case managers was that we kept changing the rules. We kept redefining terms. Even something as basic as what comprises a “Closed Case” was revised. As we close out this project our unanimous comment goes something like this. If only we could have known back then what we know now. My hope in preparing this final report is that it might help others in future disasters to think through their data management processes before they get started.

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Directory of Abbreviations

A	Region A
ARC	American Red Cross of the Greater Ozarks
B	Region B
CAN	Coordinated Assistance Network. This data base was developed as a tool for disaster case management. While a consortium of national service providers initiated the project, it is now “housed” at American Red Cross. According to the MoDCMP grant all data reports must be based on data recorded in CAN.
C	Region C
D	Region D
DCM	Disaster Case Manager
DCMP	Missouri Disaster Case Management Program
DED	Department of Economic Development, Missouri governmental agency that received the grant from FEMA
FEMA	Federal Emergency Management Agency, grantor of the MoDCMP grant
I&R	Information and Referral”
LFCS	Lutheran Family and Children’s Services, Grant Management Agency
LTRC	Long Term Recovery Committee
MA	Management Agency, Lutheran Family and Children’s Services.
PA	Provider Agency (ARC, CCSM, CCCS, TSA)
CCSM	Catholic Charities of Southern Missouri
CCCS	Catholic Charities Community Services of St. Louis
MoDCMP	Missouri Disaster Case Management Program
TSA	The Salvation Army Midland Division

Directory of Terms

- Aggregate** Data of all Case Managers, whether funded by the FEMA grant or through other funding streams
- American Red Cross** American Red Cross Greater Ozarks Chapter, Provider Agency in Region A.
- Case** A client status category that denotes a household that has received disaster case management services. “Case” includes “Open”, “Closed” and “Transferred” cases.
- Catholic Charities of Southern Missouri**, Provider Agency in Regions A and C
- Catholic Charities Community Services of St. Louis**, Provider Agency in Region A
- Cumulative** Refers to all activity within the Period of Performance of the grant
- Contact** A client status category that includes “Contact Only” and “I&R Only”
- Contact Only** A client status category that denotes a client who met one of the provider agencies, but has received no services.
- Data Manager** Staff member of management agency responsible for data management and statistical reports to DED and FEMA
- FEMA Tool Kit** “Disaster Case Management Program Manual, published by FEMA in March, 2012
- I&R Only** This FEMA designation refers to an individual who received a service or a referral, but whose case was not opened.
- Period of Performance** The initial grant defined the Period of Performance as May 9, 2011 through May 9, 2013. FEMA later approved an extension through August 8, 2013.
- Region A** Initially this included Jasper, Newton, Lawrence and Barry Counties of Missouri. Later Stone and Taney Counties were also included. See map, Appendix B, for details.
- Region B** This region included six counties: Howell, Pettis, Phelps, Pulaski, Stone and Taney.. It quickly became obvious that this was not a realistic configuration. Stone and Taney Counties were appended to Region A . Howell County was appended to Region C. The remaining counties reported no remaining disaster related unmet needs. See map, Appendix B, for details.
- Region C** The initial listing of Region C Counties include Bollinger, Cape Girardeau, Carter, Dunklin, Mississippi, New Madrid, Pemiscot, Reynolds, Ripley and St. Francois, Scott, Stoddard and Wayne . Later Howell County was also included. See map, Appendix B, for details.
- Region D** St. Louis County

I&R Only “Information and Referral” only. A client status category denoting an individual who received a service or a referral, but the case was not opened.

Salvation Army The Salvation Army Midland Division, Provider Agency in Region A

Transferred Designation of cases that remained “Open” in CAN at the end of the Period of Performance. These cases were transferred to other programs and other funding streams within the provider agencies.

The Disasters: DR 1980

On the evening of Friday, April 22, 2011 an intense super cell thunder storm produced an EF4 tornado in St. Louis County, Missouri. The storm carved a path of destruction across the northern portion of the St. Louis area. No fatalities occurred with this violent tornado but 250 homes were heavily damaged or destroyed. Lambert St. Louis International Airport had roughly 25 to 30 million dollars in damages. This storm became known either as the “Good Friday Tornado” for the date on which it occurred or the “Lambert Field Tornado” because of damages to the St. Louis airport.

Throughout April of 2011 a weather system caused heavy rains and tornadoes along the Mississippi and Ohio River valleys. Severe flooding occurred in many communities of south-central and southeast Missouri. This weather system also generated tornadoes in central, south-central and southeast Missouri. As the rivers rose the Corps of Engineers decided to activate the “Birds Point-New Madrid Floodway”. This was a system designed in 1928

to take pressure off the Mississippi and had not been utilized since 1937. On May 2, 2011 the Corps blew a two-mile hole in the levee, flooding 200 square miles of farm land and about 90 homes.

On the evening of May 22, 2011 an EF5 tornado carved a wide path of destruction 22 miles long and up to a mile wide through the southwest Missouri community of Joplin. Total destruction included a hospital, several schools, hundreds of businesses and thousands of homes. The storm was responsible for the deaths of 161 individuals.

In early May of 2011 the State of Missouri prepared a grant request for a Disaster Case Management Program grant for the April tornadoes and flooding. The initial request was developed prior to the Joplin tornado. The request was then amended to include the Joplin area. These events were assigned the FEMA designation of DR 1980.

The Missouri Disaster Case Management Program Grant

The Missouri Department of Economic Development (DED) was awarded the MoDCMP grant on December 6, 2011. In turn DED executed a contract on January 30, 2012 with Lutheran Family and Children’s Services (LFCS), naming LFCS as the management agency. LFCS then awarded contracts on April 2, 2012 to the following provider agencies: American Red Cross of the Greater Ozarks, Catholic Charities Community Services of St. Louis, Catholic Charities of Southern Missouri and The Salvation Army Midland Division.

The management agency was fully aware that quality data management would require standardized forms and standardized protocols for data entry. LFCS developed these forms and the accompanying instructions and presented them to the provider agencies on April 19, 2012. During the month of May standardized training in data management was provided to all disaster case managers, case management supervisors, and data entry personnel. This same standardized training was also required of all new employees in these positions.

LFCS is grateful that three agencies had initiated disaster case management well before the DCMP grant became fully functional. They took a tremendous financial risk in providing these services with no guarantee of reimbursement. In Joplin American Red Cross, Catholic Charities of Southern Missouri and Salvation Army stood up to meet the needs of their communities. Catholic Charities of Southern Missouri also provided services in south-central Missouri.

From its inception data management within MoDCMP faced immense hurdles.

- Vast amounts of data had already been entered into CAN, but without any standardized expectations. Thus disaster case managers had to be re-trained to use

different protocols than they had been using for the previous nine months.

- Forms used previously varied from agency to agency.
- In the initial months of the grant case managers in Region A often had caseloads between 75 and 125. It was extremely difficult for disaster case managers to respond to the many needs presented by clients and also to review data on files already closed.

Despite these challenges, though, the case managers and supervisors rose to the challenge and worked through numerous data scrubs as we gradually improved the quality of the data in CAN

Data Management

A Critical Component of Disaster Case Management

The history of the Coordinated Assistance Network (CAN) data base is tied to the case management activities that followed upon the terrorist attack of 9/11. In after-action analysis the various community partners decried the fact that communication between agencies concerning individual clients was so difficult. These partners envisioned a single data base through which the various agencies could share information. Thus CAN's inception was tied to efforts to improve communication among agencies.

CAN continued to evolve over the next ten years. Constant feedback from the field, particularly during the Katrina recovery effort, resulted in numerous refinements. However a decisive moment in the history of CAN occurred when FEMA began funding Disaster Case Management Programs. FEMA grants required that grant recipients use a recognized data

management tool, and to date most programs have opted for CAN. The transition from communication tool to data management tool marks a substantial shift in how to approach CAN. As a communication tool CAN's focus was on telling an individual client's story so that other agencies could ensure that their own efforts would complement what other agencies have done. As a communication tool agencies could independently determine which fields to use and how to interpret them. However, as a data management tool the emphasis on reliability becomes paramount. For the sake of reliability data must be entered according to very precise protocols. The terrain has shifted substantially.

Some may want to go back to the early days and again think of CAN as simply a communication tool. However, the broader issue of data management is one that cannot be avoided.

Whether we are looking at CAN or some other system, disaster case management has evolved to the point that the issue of data management must be considered as a critical component of the case management process.

Reasons for Data Management

- Data management, especially in larger events, is critical for communicating with our community partners. What are our clients saying today about what their needs are? To say “We have seen a bunch of people needing cars” is one thing. To say that “17% of the clients with Open Cases are claiming disaster related needs relating to transportation” is much more helpful. To state objectively that “Last month we opened 31 new cases” or that “62% of our current cases were renters” has major implications for Long Term Recovery Committees as they plan the next steps in the recovery process.
- Data management is a critical tool for case management supervisors. If a supervisor is working with ten case managers who are each working with 35 clients, that supervisor is working indirectly with 350 clients. Here data reports can identify possible trends that need to be investigated more clearly. “Over 60% of our closed cases indicate that the recovery plan was achieved.” This is a good number but would also be the occasion to look at the reasons why the recovery plan was not achieved in the other 40%. If ten months after the disaster a significant number of clients are still reporting food as a disaster related unmet need, then perhaps we need to visit with our case managers about the difference between needs associated with chronic poverty and disaster related unmet needs. Solid data is critical for effective supervision.
- Data management reports are also a helpful tool for the case managers themselves. With specific reports of data errors the case manager can correct errors and avoid similar problems in the future.
- Solid data management allows the community to tell its story. In Missouri we were able to document that our 2500 clients received a total of nine million dollars worth of “Services Provided”. This data contributes to the community’s own self-awareness of what it has done.
- Solid data management provides critical information for our funders. After a major disaster the case management programs typically cost millions of dollars. The provider agencies are convinced that they are doing good work. However, to simply tell our funders that we are doing good things is inadequate. We owe it to our funders to document the good that we have accomplished.

Case Status

Within CAN the field *Case Status* is a required field with three options, “Open”, “Closed”, and “Duplicate”. The “Duplicate” entry is a temporary designation that leads to the automatic archiving of duplicate copies of a file, thus leaving “Open” and “Closed” as the two practical alternatives. Throughout all phases of MoDCMP “Open” has been interpreted to mean those cases which currently are working with a disaster case manager.

At the same time the FEMA Reporting Grid includes four terms: “Open”, “Closed”, “Referrals” and “Contacts”. MoDCMP struggled with how to interpret these items.

- Did sending a client to a community agency indicate a referral? Did sending a client to three agencies indicate three referrals?
- Did one meeting or one phone call designate a contact? Could one case involve twenty or more contacts?
- Often a DCM would meet with a client and determine that this client was not a disaster survivor or had no disaster related needs. These interactions were then marked “Closed”. Is this what FEMA wanted us to count?

During September and October of 2012, LFCS initiated conversations with FEMA in an effort to obtain clarification of these headings and to further explore the appropriate criteria. Our revised instructions flowed from this conversation.

Upon further discussion with CAN leadership we also learned that a CAN “Best Practices” guidance is that Disaster Case Managers should be assigned in CAN only to “Open” cases and formerly “Open” cases.

In summary the classification of client records are as follows

- Client records are divided into two broad categories: “Contacts” and “Cases”.
- Contacts are further divided into “Contacts Only” and “Information and Referral Only”.
- Cases are further divided into “Open”, “Closed”, or “Transferred”.

On November 19, 2012, all Provider Agency personnel were instructed to complete a review of the status of all closed cases by December 31, 2012. All CAN records were to be re-classified in light of these revised definitions. Three separate training modules were conducted the first week of December 2012 to ensure consistent data entry.

We discovered in the summer of 2013, though, that a number of these edits had not been completed. Most errors were in records closed prior the training by LFCS in May of 2012. We then worked with provider agency supervisors to complete the review process. As a result of this review a number of records that had been counted as “Closed” in previous monthly and quarterly reports were now being re-classified as “Contacts Only” or “I&R Only”. No record was re-classified without the approval of that provider agency’s case management supervisor.

This current report is able to view previous data exports through the lens of a consistent definition of terms. Only by using consistent definitions throughout this report can we expect any level of consistency and reliability. But this also means that data in the current report will look different than the data in previous reports.

Revised Definitions of Client Status Categories

Contact Only: Client met with one of the provider agencies but no additional action was taken. Case was not opened*; case manager was not assigned.

Information and Referral Only: Client met with one of the provider agencies, information, referral or service was provided. Case was not opened*, case manager was not assigned. Service or referral was noted in CAN record.

Open: Case is currently receiving disaster case management services from one of the provider agencies. Case manager is assigned; case is marked “Open”.

Closed: A case which previously received disaster case management services but which is now closed. Case manager assignment is retained; case is marked “Closed”.

* Typically cases are not opened either because the client was not eligible for assistance or has no current disaster related unmet needs. In some cases a referral is adequate and no additional assistance is needed. At other times the client may decide, for a variety of reasons, to withdraw from the process.

Logic Path for Determining Client Status Classifications				
	Clients			
	Cases		Contacts	
	Open	Closed	I&R Only	Contact Only
Case Status	Open	Closed	Closed	Closed
Case Manager Assigned	Yes	Yes	No	No
“Service Provided” Entry	Yes or No	Yes or No	Yes	No

Table 1 Cases and Contacts Served During Performance Period Region A					
Agency	Contact Only	I&R Only	Closed	Transferred	Total
ARC	78	15	306	11	410
CCSM	186	69	775	6	1036
TSA	52	25	522	0	599
Total	316	109	1603	17	2045

Table 2
Cases and Contacts Served During Performance Period
Sorted by Region

Region	Contact Only	I&R Only	Closed	Transferred	Total
A	316	109	1603	17	2045
C	31	3	106	27	167
D	145	89	76	37	347
Total	492	201	1785	81	2559

Table 3
Open Cases for Each Quarter
Region A

Agency	5/14/12	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	110	109	107	93	93	0	0
CCSM	283	343	278	213	93	27	0
TSA	248	225	144	129	38	0	0
Total	641	677	529	435	224	27	0

(Data was recorded on the first business day after the close of the reporting period.)

Table 4
Open Cases for Each Quarter
Sorted by Region

Region	5/14/12	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	641	677	529	435	224	27	0
C	16	77	74	63	45	44	0
D	0	29	37	71	72	48	0
Total	657	783	640	569	341	119	0

Chart 3 Open Cases by Quarter, Region A

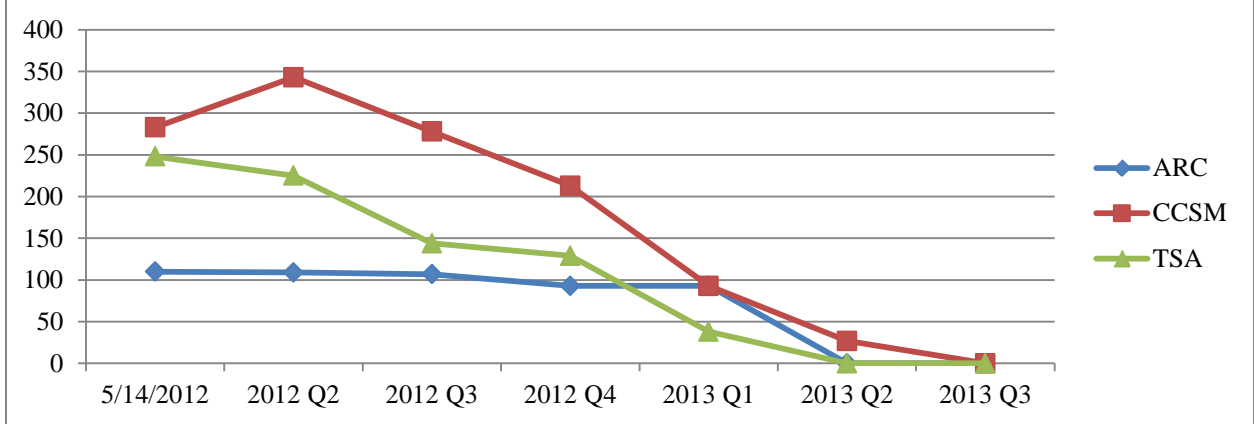
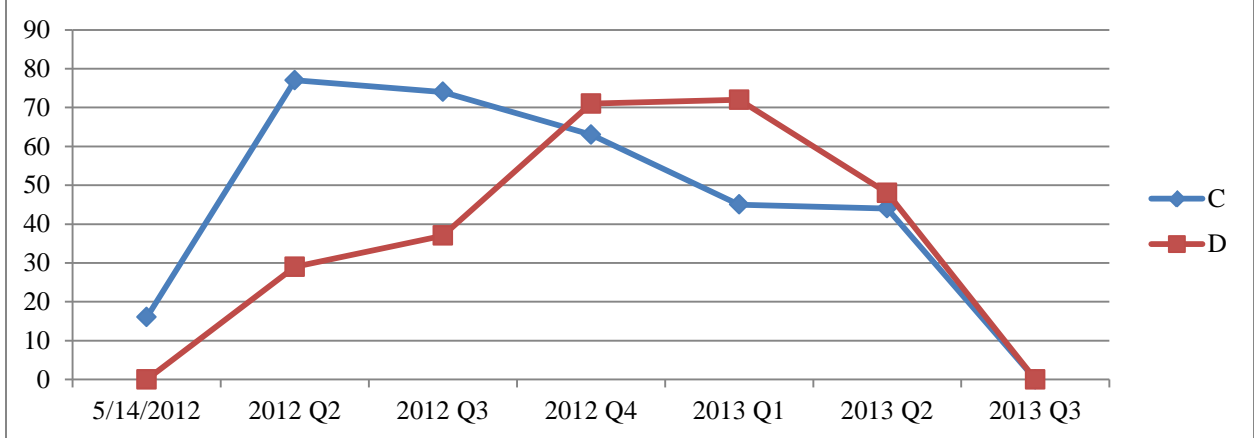


Chart 4 Open Cases By Quarter, Regions B and C



Priority Levels

An important component of disaster case management is the assignment of a priority level. As the emergency response phase transitions into a long term recovery effort, a triage system identifies those disaster survivors most in need of assistance. Typically a disaster case management system begins by reaching out to those survivors with the most critical needs.

As the case management system progresses, the system of assessing priority levels remains an important process. It is one thing to identify a case manager’s case load. It is more critical to assess their case load in light of the severity of the needs. The time that must be allotted to different cases will vary greatly, depending on the priority level assessment.

The guidance from FEMA (FEMA Toolkit) fuses two different concerns

- 1) Critical factors affecting the recovery process, such as disabilities, small children, etc.
- 2) The desired frequency of contact.

In reality the priority levels of cases varies over time:

- Certainly health issues, disabilities and critical family issues must be addressed

immediately. In many cases these situations can be referred to other social service agencies with greater competence in the specific issue at hand..

- The intake process can be a lengthy process. Initially the case manager will spend more time with the client in assessing unmet needs, documenting resources, and developing a recovery plan.
- Construction projects have a life of their own. There may be a span of several months with only periodic interaction between case manager and client as volunteer crews and resources can be identified. Then a hectic span may occur as volunteer crews arrive

All of this points to the very fluid process we call disaster case management. Effective program management requires that agencies regularly monitor these changes. LFCS instructed supervisors and case managers to review files monthly and to ensure that the *CAN Priority Level* reflected the current situation of the client.

FEMA Disaster Case Management Tool Kit

Tier 1	Immediate needs met, stable, some remaining unmet needs; quarterly monitoring to update status or closed due to lack of resource for identified need (may be reopened);
Tier 2	Some remaining unmet needs or in current rebuild/repair status; monthly contact to monitor progress.
Tier 3	Significant unmet needs, disaster recovery plan being developed; bi-weekly or weekly contact.
Tier 4	Immediate and long term unmet needs, may lack capacity, or be highly dependent on social services due to low literacy, elderly, low income, or disabled; weekly contact. (Pp. 13-14).

Priority Levels The Data

The data that is exported from CAN contains a “Priority Level” for each client. We exported this data on a monthly basis and we are able to assess the changes over time. However we at LFCS struggled to identify an appropriate metric for monitoring caseloads while also considering the level of need. We developed a system of calculating a Case Load Quotient or CLQ. CLQ is a system of summarizing case loads into a single metric that takes into consideration the various priority levels. (See the equation below.)

- “PL1” indicates Priority Level 1, “PL2” indicates Priority Level 2, etc.
- “DCM” indicates the staffing level for that quarter. See Tables 7 and 8 for the DCM.

Notice that the equation ignores Priority Level 1 data but increases the “weight” of higher priority levels.

In the later stages of the DCMP we used the CLQ as an indicator to provider agencies of required staff reductions.

Table 5 provides an example of how the CLQ is calculated.

Analysis of Data

Provider agencies were instructed to reduce staff when the CLQ dropped below 30.

Lower CLQ scores are the result of the lag time between when caseloads decline and when the actual staff reduction occurs.

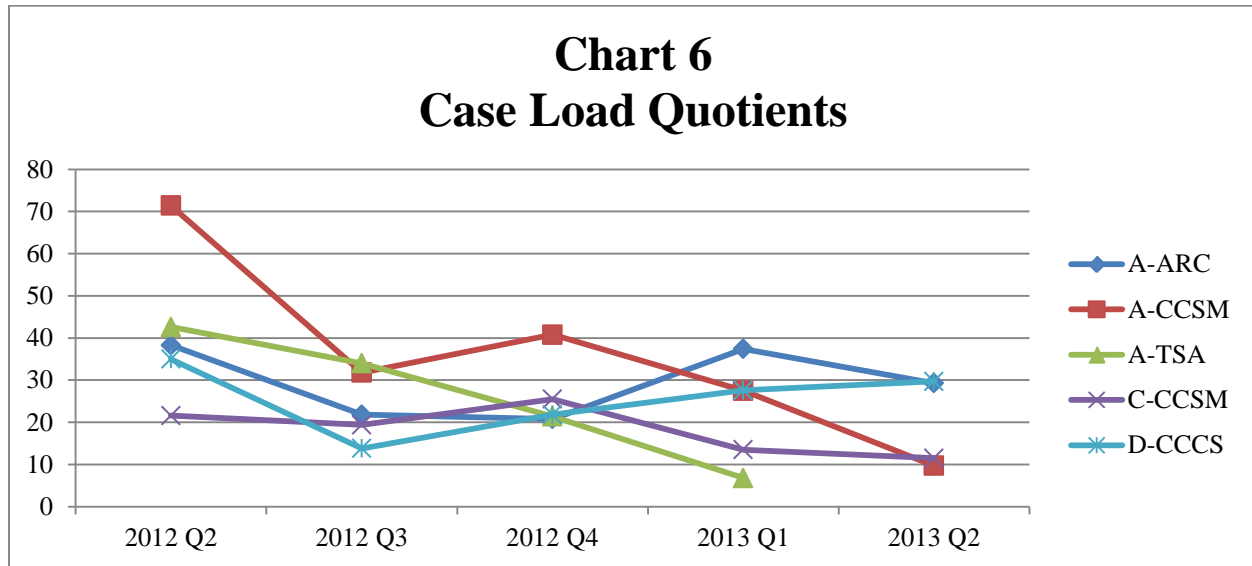
Case Load Quotient Calculation Formula $$[(PL2 \times 1) + (PL3 \times 2) + (PL4 \times 3)] / DCM$$

Table 5 Sample Data with Calculations							
Agency	Level 1	Level 2	Level 3	Level 4	Calculations	DCM	CLQ
A	32	107	8	5	$107 + 16 + 15 = 138$	5	27.6
B	11	62	25	0	$62 + 50 + 0 = 112$	5	22.4
C	0	57	30	11	$57 + 60 + 33 = 150$	5	30
C	0	164	41	6	$164 + 82 + 18 = 264$	6	44
r	4	56	29	11	$56 + 58 + 33 = 147$	4	36.8

**Table 6
Case Load Quotients**

Region	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	At Close
A-ARC	38.3	21.8	20.8	37.4	29.3	
A-CCSM	71.4	31.8	40.8	27.5	9.7	1.0
A-TSA	42.6	34.0	21.4	6.8		
C-CCSM	21.6	19.4	25.5	13.5	11.5	1.22
D-CCCS	35	13.8	21.8	27.6	29.7	2.08

**Chart 6
Case Load Quotients**



Staffing Levels

The Data

- Tables 3 and 4 above presented the number of open cases at the end of each reporting period.
- Tables 7 and 8 below present the number of disaster case managers at the end of each reporting period.
- Tables 9 and 10 use this data to calculate the average case load for disaster case managers for each agency and each region, for each quarter.
- Table 7 through 10 thus provide a picture of how staffing levels and caseloads fluctuated over the course of the grant.
- Tables 11 and 12 then take a more global view. They examine the total number of cases that were served through the grant and the average staffing level over the course of the Period of Performance.
- Table 13 presents the differences between previous quarterly reports and this Final Data Report

Data Analysis

The case load data in this report is lower than what was recorded in quarterly reports to DED and FEMA. Table 13 presents the decrease in “Open” cases between those earlier reports and this final report. The changes are especially obvious for 2012. After January 1, 2013 the discrepancies are insignificant. Most of the

differences relate to the re-classification of client status that began in December of 2012. Client records that had been previously classified as “Cases” are now identified as “Contacts”.

The FEMA tool kit provides a target of 35 cases per case manager. This target figure is used in calculating the required number of case managers that can be funded by a DCMP grant. When we look at the quarterly case load, especially for the latter half of the grant, the numbers might seem quite low. If the target is 35 clients per case manager, then MoDCMP as a whole achieved 260% of its goal. Region A achieved 368% of its goal. Especially in Region A, the data points to a continual turn over in clients. As one set of clients achieves their recovery goals and move on, another group learns about the case management process and comes in.

Perhaps the misperception of disaster case management in particular and the disaster recovery process in general is that one narrowly defined population of clients experiences the disaster, applies with FEMA, engages in case management, resolves their issues and moves on. However the data from this project indicates that this is not the case. Clients continue to surface, even a full year after the disaster. .

Table 7					
Number of Disaster Case Managers, Region A					
Agency	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
ARC	3.0	5.0	5.0	3.5	1.5
CCSM	5.0	9.0	6.0	4.0	3.0
TSA	5.0	4.0	5.0	4.0	
Total	13.0	18.0	16.0	11.5	4.5

Table 8					
Number of Disaster Case Managers, Sorted by Region					
Region	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
A	13.0	18.0	16.0	11.5	4.5
C	5.0	5.0	4.0	4.0	2.0
D	2.0	5.0	5.0	4.5	3.0
Total	20	28	25	20.0	9.5

Table 9					
Caseloads, Region A					
Agency	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
ARC	36.3	21.4	18.6	26.6	18.0
CCSM	68.6	30.9	35.5	23.3	9.0
TSA	45.0	36.0	25.8	9.5	
Average for Region A	52.0	29.4	27.2	19.5	6.0

Table 10					
Case Loads, Sorted by Region					
Region	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
A	52.0	29.4	27.2	19.5	6.0
C	15.4	14.8	15.8	11.3	22.0
D	14.5	7.4	14.2	16.0	16.0
Average for All Regions	39.2	22.9	22.8	17.1	12.5

Chart 9 Caseloads, Region A

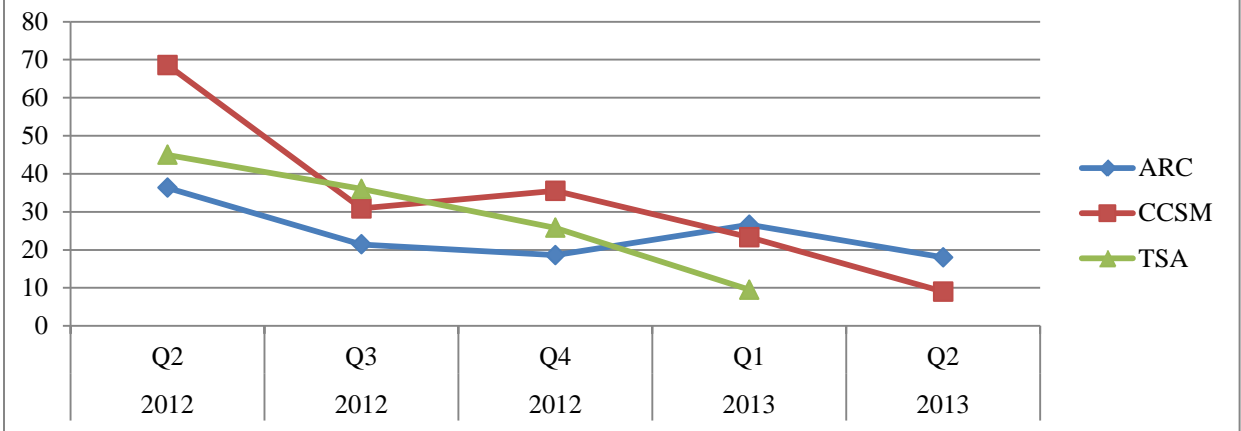


Chart 10 Caseloads, Regions C and D

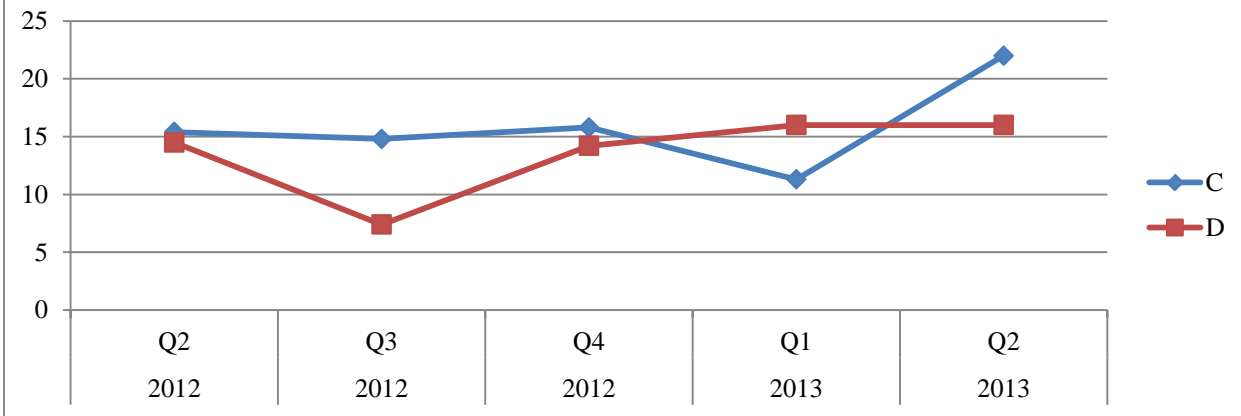


Table 11
Average Caseloads over the Period of Performance
Region A

Agency	Cases Closed	Cases Transferred	Total Cases	Average Staffing	Case Load Ratio
ARC	306	11	317	3.6	88
CCSM	775	6	781	5.4	145
TSA	522	0	522	4.5	116
Total	1603	17	1620	12.6	129

Table 12
Average Case Loads over the Period of Performance
Sorted by Region

Agency	Cases Closed	Cases Transferred	Total Cases	Average Staffing	Case Load Ratio
A	1603	17	1620	12.6	129
C	106	27	133	4.0	33
D	76	37	113	3.9	29
Total	1785	81	1866	20.5	91

Table 13
Discrepancies in the Number of “Open” Cases
“Open” in Previous Quarterly Reports Minus “Open” in Final Data Report

2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
133	183	72	5	2

Date of Intake / Date of Case Closure

The *Case Status* field, which we have been using thus far, provides a snapshot of the case management process. *Case Status* provides a glimpse of the data that is current as of the date it was exported. Within MoDCMP we conducted a complete data export on the first business day of each month and archived this data. However our first export of data was in April, 2012, and we have no way of tracking *Case Status* developments prior to this date.

Two related fields are *Date of Intake* and *Date Case Closed*. These fields provide more powerful and direct tools for analyzing change

over a period of time. *Date of Intake* is a required field, and thus present for all records. *Date Case Close* is not a required field and some of our earlier Contact records lack this data.

In some situations we want to evaluate all the cases open at a given time. In other situations we want to evaluate all the cases opened or closed within a given time period. These two ways of extracting information are complementary and provide different ways of looking at the same information but from different perspectives.

Number of Intakes for Each Quarter

Table 14
Intakes of “Cases”
Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	10	48	65	48	64	46	16	16	3	1
CCSM	62	259	174	106	92	61	19	4	3	1
TSA	86	250	79	70	23	11	1	2	0	0
Total	158	557	318	224	179	118	36	22	6	2

Table 15
Intakes of “Cases”
Sorted by Region

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2011 Q3	2011 Q4	2013 Q1	2012 Q2	2012 Q3
A	158	7	8	224	179	118	36	22	6	2
C	0	2	20	15	47	22	16	8	3	0
D	4	22	1	1	28	31	17	7	0	0
Total	162	31	29	240	254	171	69	37	9	2

Chart 14
Intakes of "Cases", Region A

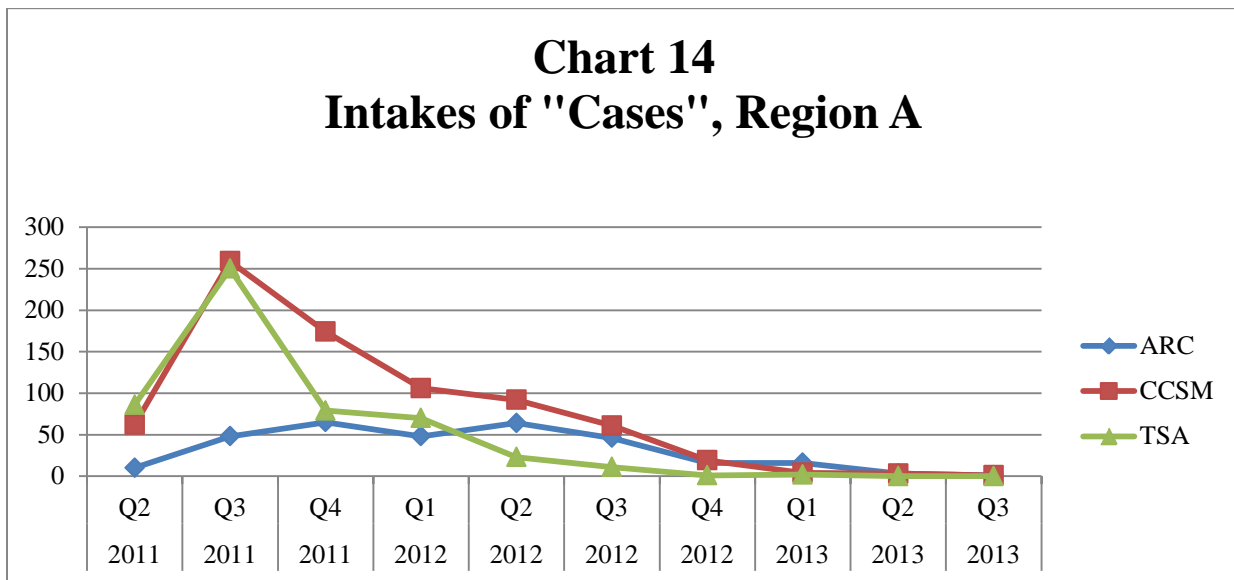


Chart 15
Intakes of "Cases", Region C and D

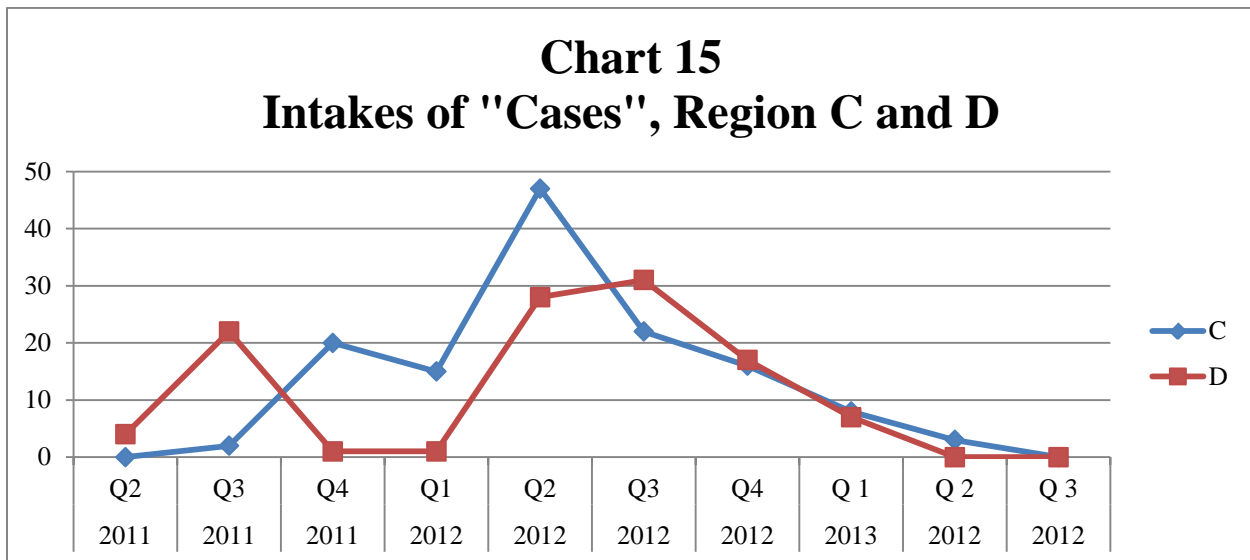


Table 16
Intakes of "Contact Only"
Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	0	25	12	15	22	1	3	0	0	0
CCSM	12	72	46	26	22	7	2	1	0	0
TSA	6	27	3	3	10	0	1	2	0	0
Total	18	124	61	44	54	8	6	3	0	0

Table 17
Intakes of "Contact Only"
Sorted by Region

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	18	124	61	44	54	8	6	3	0	0
C	0	0	6	5	6	3	6	1	2	0
D	4	26	0	0	31	45	19	20	0	0
Total	22	150	67	49	91	56	31	24	2	0

Chart 16
Intake of "Contacts Only", Region A

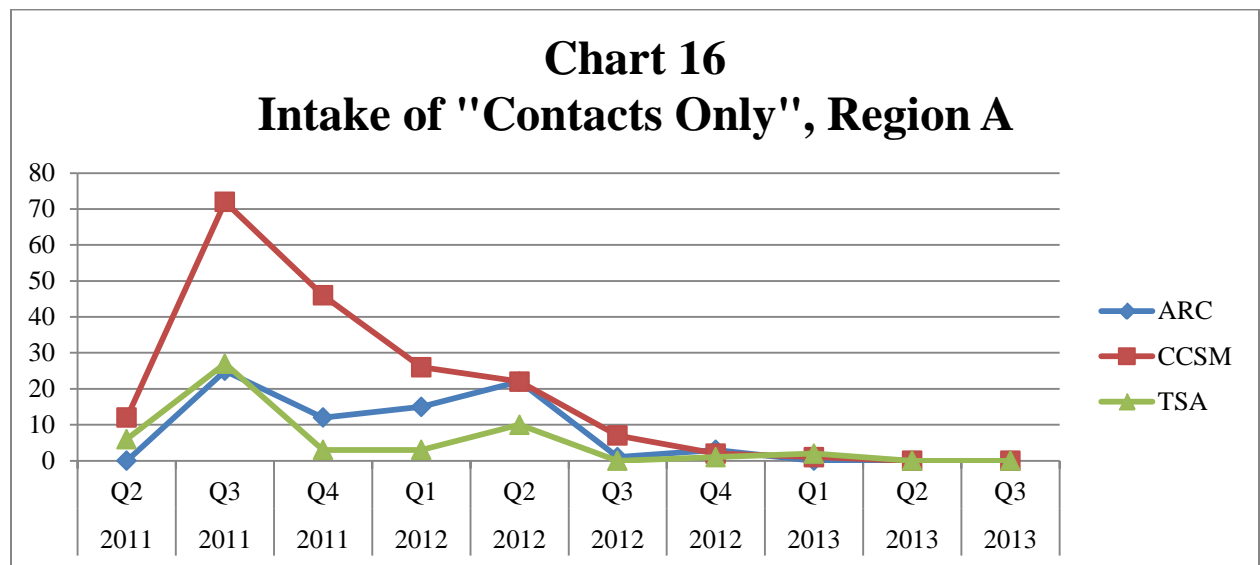


Chart 17
Intakes of "Contacts Only", Regions C and D

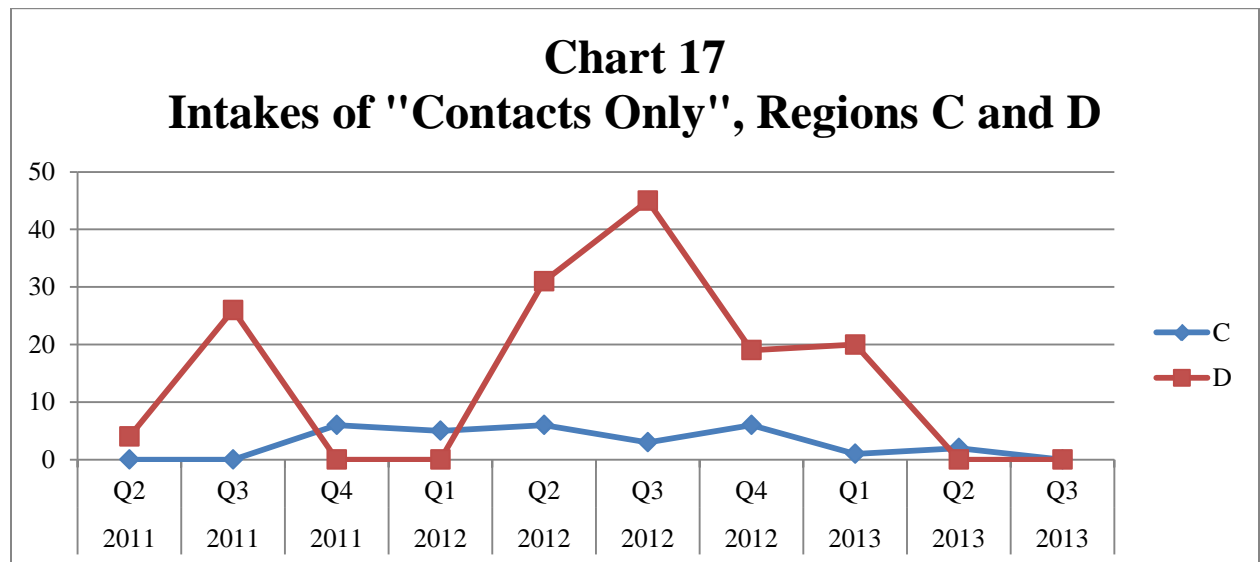


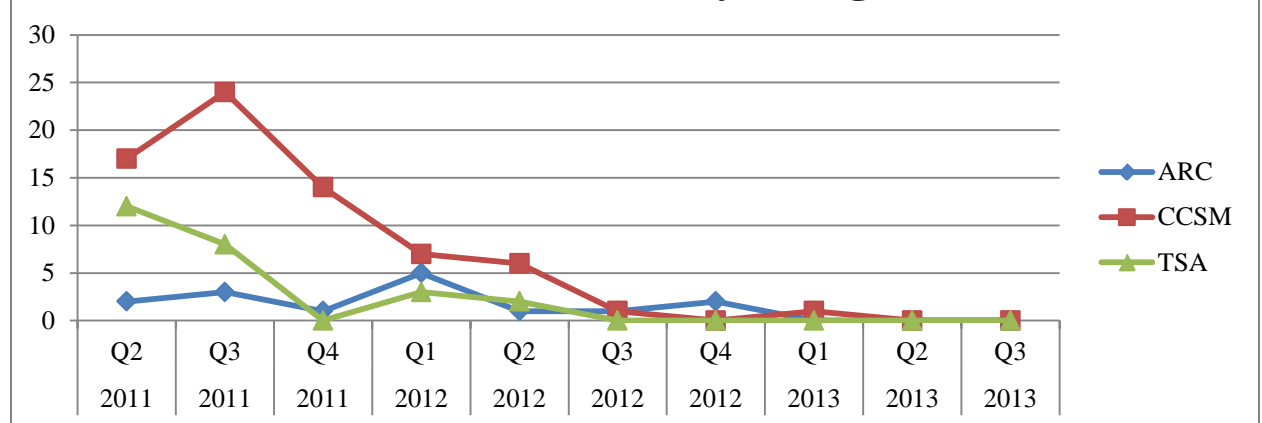
Table 18
Intakes of "I&R Only"
Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	2	3	1	5	1	1	2	0	0	0
CCSM	17	24	14	7	6	1	0	1	0	0
TSA	12	8	0	3	2	0	0	0	0	0
Total	31	35	15	15	9	2	2	1	0	0

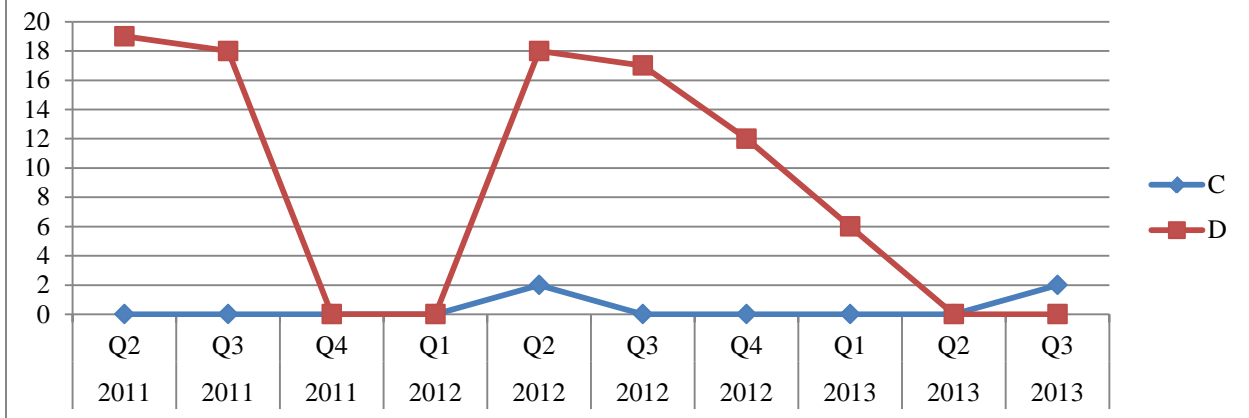
Table 19
Intakes of "I&R Only"
Sorted by Region

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	31	35	15	15	9	2	2	1	0	0
C	0	0	0	0	2	0	0	0	0	2
D	19	18	0	0	18	17	12	6	0	0
Total	50	53	15	15	29	19	14	7	0	0

Chart 18
Intakes of "I&R Only", Region A



**Chart 19
Intakes of "I&R Only", Regions C and D**



Number of Case Closures for Each Quarter

**Table 20
Number of Case Closures
Region A**

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	0	0	4	39	44	52	47	29	71	20
CCSM	0	9	14	93	189	135	118	120	77	19
TSA	1	13	25	91	144	85	46	88	29	0
Total	1	22	43	223	377	272	211	237	177	39

**Table 21
Number of Case Closures
Sorted by Region**

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	1	22	43	223	377	272	211	237	177	39
C	0	1	2	12	8	15	19	23	7	19
D	0	0	4	3	1	4	12	13	26	12
Total	1	23	49	238	386	291	242	273	210	70

Chart 20
Closures of "Cases", Region A

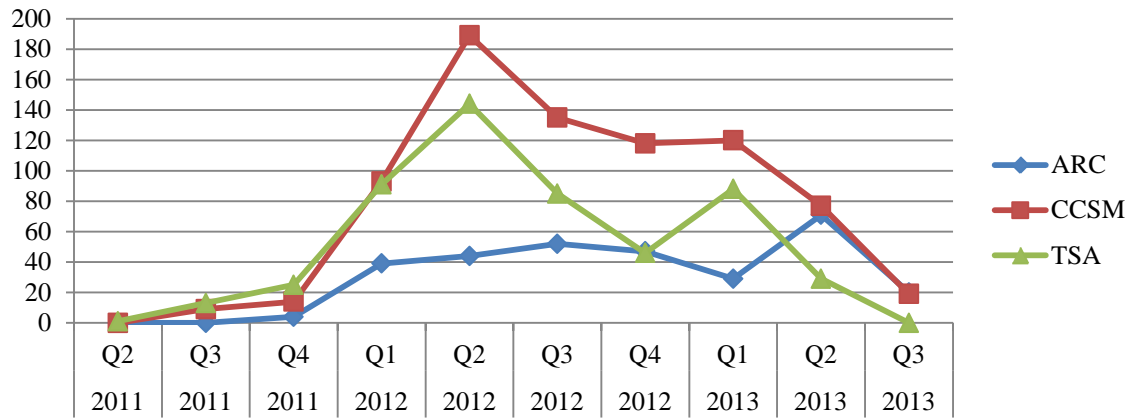
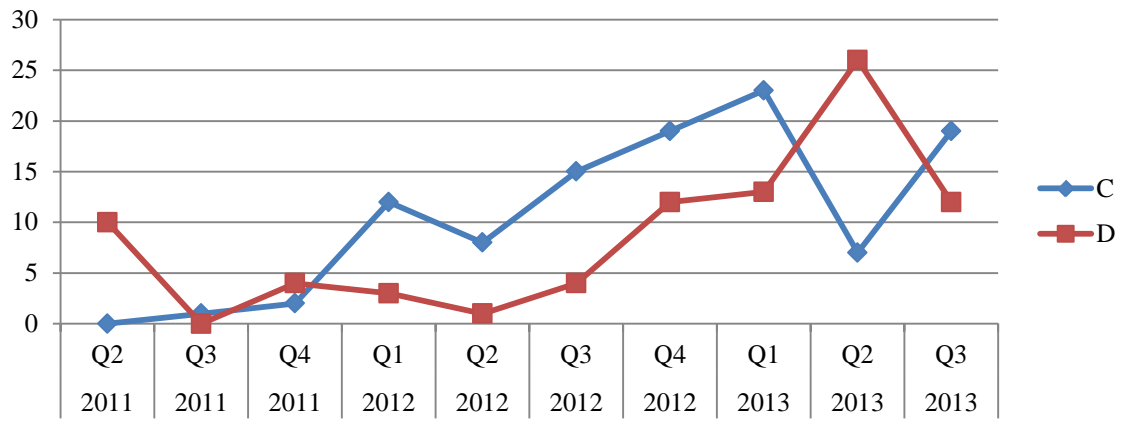


Chart 21
Closures of "Cases", Regions C and D



Case Closures With Recovery Plan Developed

Table 22
Percentage of Case Closures with Recovery Plan Developed
Cumulative Report, Region A

Agency	Cumulative Average
ARC	85%
CCSM	80%
TSA	49%
Average For Region	72%

Table 23
Percentage of Case Closures with Recovery Plan Developed
Cumulative Report, Region A

Region	Cumulative
A	72%
C	75
D	59
Average for Entire Program	72%

Table 24
Percentage of Case Closures with Recovery Plan Developed
Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	0	0	0	67	86	87	89	90	90	100
CCSM	0	55	57	59	73	88	93	93	90	79
TSA	0	0	24	27	34	75	65	74	90	
Average For Region		05	33	48	86	87	86	86	90	90

Table 25
Percentage of Case Closures with Recovery Plan Developed
Regions C and D

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	0	05	33	48	86	87	86	86	90	90
C	0	100	50	75	100	80	53	61	86	95
D	100	0	0	0	100	75	50	69	58	83
Average For All Regions	50	26	31	48	59	84	82	83	86	78

Chart 24
% of Closures with Recovery Plan Developed
Region A

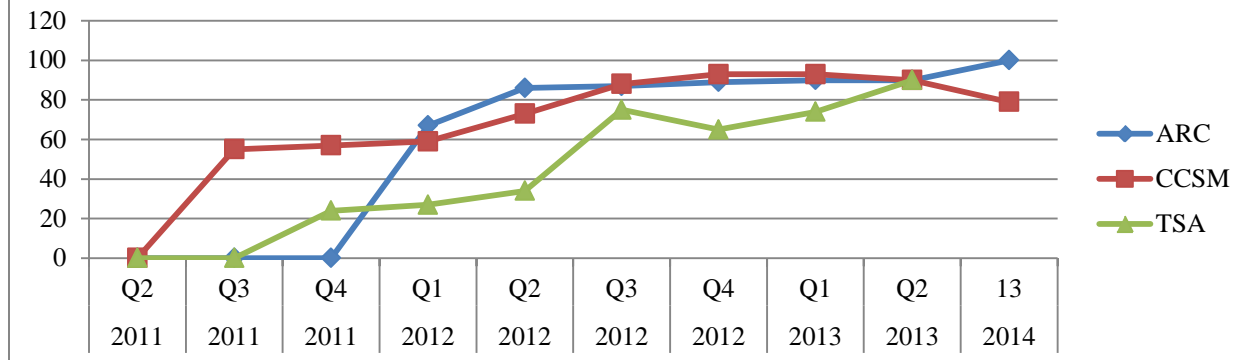
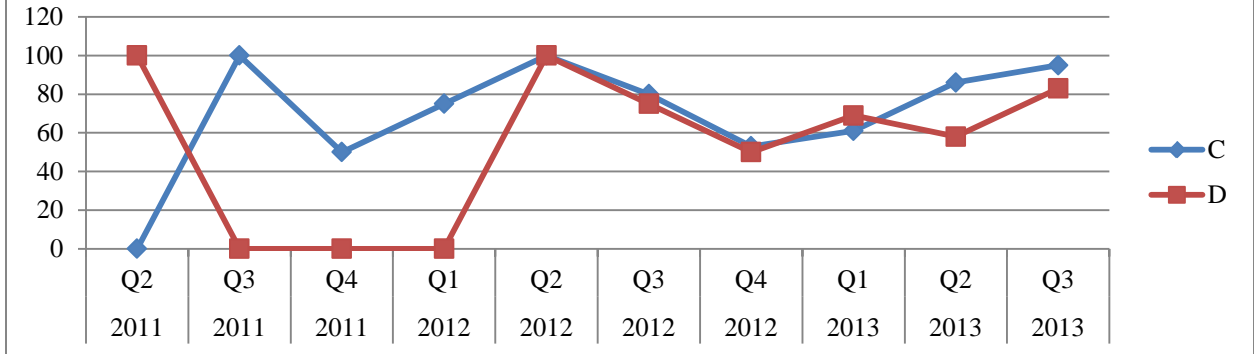


Chart 25
% of Closures with Recovery Plan Developed
Regions C and D



Case Closures With Recovery Needs Met

Table 26
Percentage of Case Closures with Recovery Needs Met
Cumulative Report for Region A

Agency	Case Closures	Needs Met	Percentage
ARC	306	237	77.4
CCSM	779	542	70
TSA	522	304	58
All Agencies	1607	1083	67

Table 27
Percentage of Case Closures with Recovery Needs Met
Cumulative Report, Sorted by Region A

Region	Case Closures	Needs MET	Percentage
A	1607	1083	67
C	102	64	63
D	76	55	72
All Regions	1785	1202	67

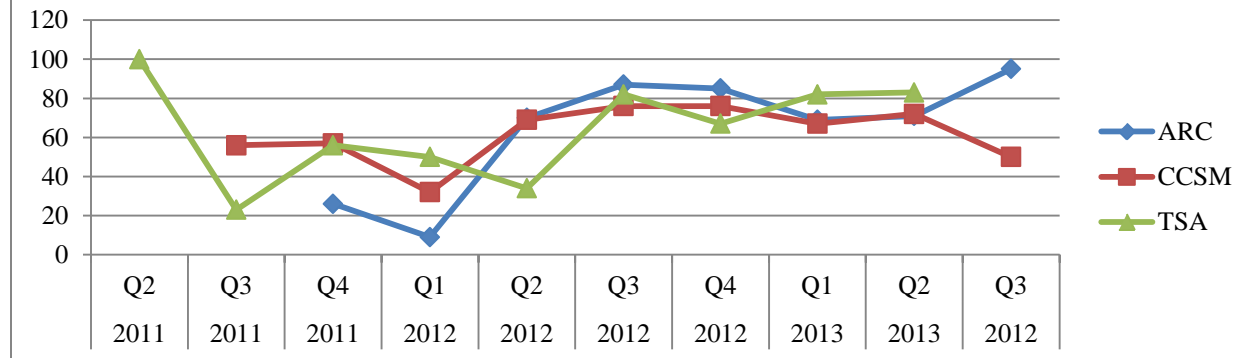
Table 28
Percentage of Case Closures with Recovery Needs Met
Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2012 Q3
ARC			26	9	70	87	85	69	71	95
CCSM		56	57	32	69	76	76	67	72	50
TSA	100	23	56	50	34	82	67	82	83	
Average For Region		36	53	59	56	80	76	73	72	73

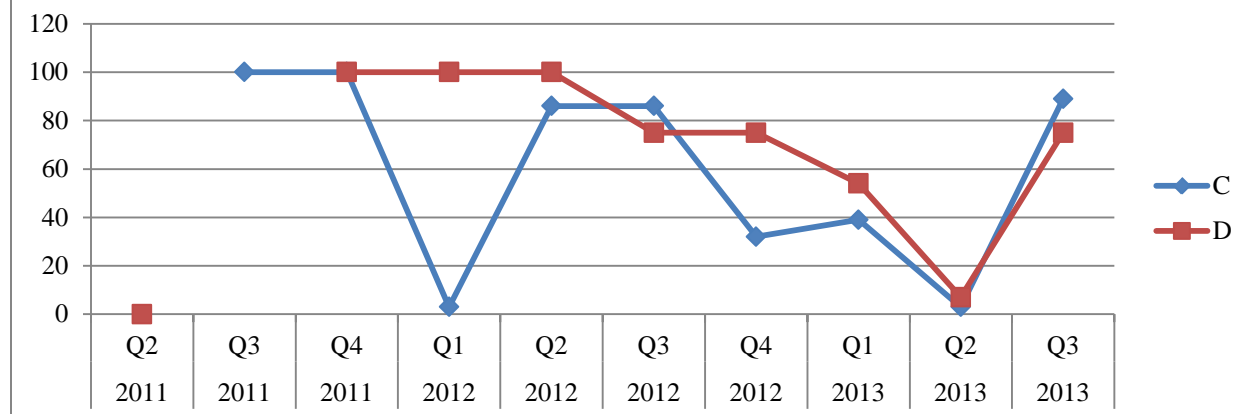
Table 29
Percentage of Case Closures with Recovery Needs Met
Sorted by Region

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A		36	53	59	56	80	76	72	72	73
C		100	100	3	86	86	32	39	3	89
D	0		100	100	100	75	75	54	7	75

Chart 28
% of Cases Closed with Recovery Needs Met,
Region A



% of Cases Closed with Recovery Needs Met
Regions C and D



Services Provided

Services Provided is the field within CAN which allows the disaster case manager to record all goods and services that have been provided to the client. CAN asks for a record of the dollar value of the goods or services, the date those services were provided, the agency providing the service, and the type of service. This report focuses primarily on the date and the dollar amount.

MoDCMP decided early on that we were interested in recording ALL goods and services that were provided as long as they met three criteria:

- 1) The recipient was a client of one of our provider agencies
- 2) The goods and services addressed a recovery need as identified within the recovery plan, and

- 3) The goods and services were provided during the period during which the case was classified as “Open”.

With these criteria in mind, MoDCMP actively sought the help of community partners in identifying *Services Provided*.

Within Region A, some of our community partners identified services but were reluctant, for a variety of reasons, to have their data recorded in CAN. Therefore, data that met the above criteria was entered into a separate data base. Once the *Services Provided* data was exported from CAN the two data bases were merged. The data that follows reflects this process.

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Services Provided: The Data

Tables 28 and 29 provide a summary of the entire grant period.

Tables 30 through 35 look at the same data as Tables 28 and 29, but separate the data by year.

Tables 36 and 37 track the dollar value, quarter by quarter, of Services Provided to “Contacts”.

Tables 38 and 39 track the dollar value, quarter by quarter, of Services provided to “Cases”.

Services Provided: Analysis of Data

Incomplete Data

This calculation of *Services Provided* is admittedly incomplete. While some of our community partners were extremely cooperative, we were unable to obtain data from many others. We know of one partner who contributed goods and services valued at over a million dollars, yet we have no specific data to track their generosity. That information has not been included here.

A complete analysis of the impact of disaster case management will require a more thorough reporting of Services Provided than we are able to provide. Part of our challenge was the fact that we began recording this data a full year after the disaster events. The data we were able to obtain highlights the magnitude of the communities' generosity,

Contacts

These cases received very brief intervention from case managers. As was expected the amount of services decline substantially after the first year. We do find an anomaly in the fourth quarter of 2012. A single individual received a referral from the case manager but did not continue with the case management process. That single referral resulted in a total rebuild of the client's home, at a value in excess of \$70,000. This figure is included in the

following tables, but not in the charts. That one entry so skewed the scale of the chart that the remaining variances were lost.

Cases

When we analyze the charts for each agency especially in Region A, we see a bi-modal distribution.

- One peak occurs in the fourth quarter of 2011 and the first quarter of 2012
- The second peak occurs around the fourth quarter of 2012

The first peak reflects the large amount of direct assistance that community partners provided to the survivors. The second peak reflects the large number of homes that were being rebuilt as part of the long term recovery process.

In reviewing the data for Regions C and D we note that the first peak did not occur. As one of our partners explained it, the magnitude of the event in Joplin "sucked the oxygen" out of the recovery efforts in other parts of the state.

Both Region C and D made valiant efforts to carry out needed construction projects but were hampered by the fact that volunteer crews regularly focused on more dramatic disasters. This also explains why these two regions had a larger number of Open Cases at the end of the MoDCMP's Period of Performance.

Table 30			
Services Provided, Cumulative Report			
Region A			
Agency	Cases	Contacts	Total
ARC	\$2,053,517.82	\$19,804.36	\$2,073,322.18
CCSM	\$3,662,526.16	\$213,974.79	\$3,876,500.94
TSA	\$2,113,242.43	\$19,066.82	\$2,132,309.25
Total	\$7,829,286.41	\$252,845.97	\$8,082,132.37

Table 31			
Services Provided, Cumulative Report			
Sorted by Region			
Region	Cases	Contacts	Total
A	\$7,829,286.41	\$252,845.97	\$8,082,132.37
C	\$785,188.33	\$4,901.04	\$790,089.37
D	\$315,435.29	\$50,750.49	\$366,185.78
Total	\$8,929,910.03	\$308,497.50	\$9,238,407.52

Table 32			
Services Provided, 2011			
Region A			
Agency	Cases	Contacts	Total
ARC	\$300,269.53	\$11,200.65	\$311,470.18
CCSM	\$978,680.08	\$80,699.62	\$1,059,379.70
TSA	\$457,534.42	\$11,700.00	\$469,234.42
Total	\$1,736,484.03	\$103,600.27	\$1,840,084.30

Table 33			
Services Provided, 2011			
Sorted by Region			
Region	Cases	Contacts	Total
A	\$1,736,484.03	\$103,600.27	\$1,840,084.30
C	0	\$510.00	\$510.00
D	\$14,958.82	\$33,533.42	\$48,492.24
Total	\$1,751,442.85	\$137,643.69	\$1,889,086.54

Table 34			
Services Provided, 2012			
Region A			
Agency	Cases	Contacts	Total
ARC	\$895,137.41	\$8,453.71	\$903,591.12
CCSM	\$1,755,395.32	\$115,588.31	\$1,870,983.63
TSA	\$1,326,235.34	\$7,081.82	\$1,333,317.16
Total	\$3,976,768.07	\$131,123.84	\$4,107,891.91

Table 35			
Services Provided, 2012			
Sorted by Region			
Region	Cases	Contacts	Total
A	\$3,976,768.07	\$131,123.84	\$4,107,891.91
C	\$304,835.57	\$1,834.54	\$306,670.11
D	\$54,397.62	\$11,788.81	\$66,186.43
Total	\$4,336,001.26	\$144,747.19	\$4,480,748.45

Table 36			
Services Provided, 2013			
Region A			
Agency	Cases	Contacts	Total
ARC	\$858,110.88	\$150.00	\$858,260.88
CCSM	\$928,450.76	\$17,686.86	\$946,137.61
TSA	\$329,472.67	\$285.00	\$329,757.67
Total	\$2,116,034.31	\$18,121.86	\$2,134,156.16

Table 37			
Services Provided, 2013			
Sorted by Region			
Region	Cases	Contacts	Total
A	\$2,116,034.31	\$18,121.86	\$2,134,156.16
C	\$480,352.76	\$2,556.50	\$482,909.26
D	\$246,078.85	\$5,428.26	\$251,507.11
Total	\$2,842,465.92	\$26,106.62	\$2,868,572.53

Table 38 Services Provided to "Contacts" Region A										
	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	\$2,060	\$5,079	\$4,061	\$4,079	\$2,620	\$1,130	\$625.00	\$150.00	0	0
CCSM	\$16,292	\$42,920	\$21,488	\$19,699	\$13,419	\$7,546	\$74,924	\$9,518.24	\$3,078	\$5,090
TSA	\$3,145	\$3,860	\$4,695	\$2,644	\$3,230	\$995	\$214	\$285.00	0	0
Total	\$21,497	\$51,859	\$30,244	\$26,421	\$19,269	\$9,671	\$75,763	\$9,953.24	\$3,078	\$5,090

Table 39 Services Provided to "Contacts" Sorted by Region										
Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	\$21,496.92	\$51,859.08	\$30,244.27	\$26,421	\$19,269	\$9,671	\$75,763	\$9,953	\$3,078	\$5,090
C	\$510.00	0	0	0	0	0	\$1,835	0	\$2,557	0
D	\$25,965.94	\$5,972.20	\$1,595.28	0	0	\$396	\$11,392	\$1,328	0	\$4,100
Total	\$47,972.86	\$57,831.28	\$31,839.55	\$26,421	\$19,269	\$10,067	\$88,990	\$11,281	\$5,635	\$9,190

Chart 38
Services Provided to "Contacts", Region A

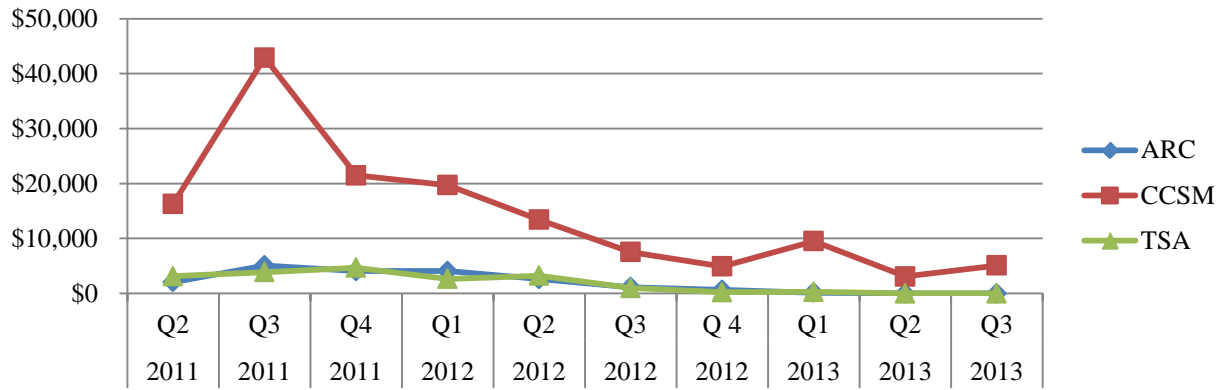


Chart 39
**Services Provided to "Contacts",
 Regions B and C**

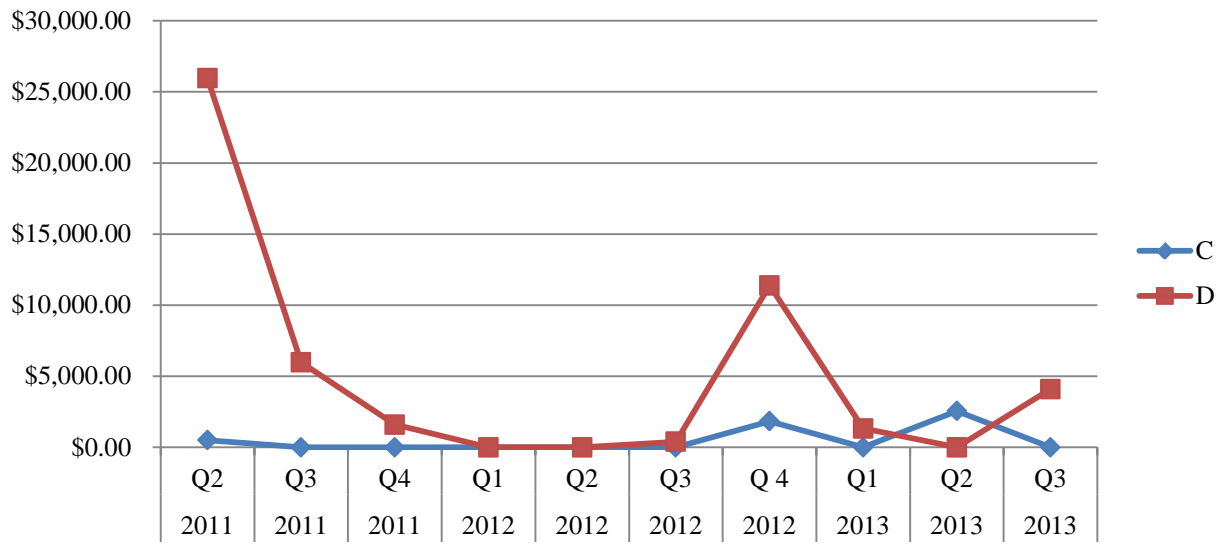


Table 40 Services Provided to "Cases" Region A										
	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	\$41,013	\$100,857	\$158,399	\$68,019	\$194,330	\$217,725	\$415,063	\$392,339	\$433,500	\$32,272
CCSM	\$131,454	\$372,450	\$474,776	\$238,179	\$364,567	\$368,865	\$783,784	\$427,541	\$440,553	\$60,357
TSA	\$76,014	\$180,530	\$200,991	\$477,916	\$237,661	\$308,911	\$301,748	\$174,028	\$155,060	\$385
Total	\$248,482	\$653,836	\$834,166	\$784,115	\$796,558	\$895,501	\$1,500,595	\$993,908	\$1,029,112	\$93,014

Table 41 Services Provided to "Cases" Sorted by Region										
	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	\$248,482	\$653,836	\$834,166	\$784,115	\$796,558	\$895,501	\$1,500,595	\$993,908	\$1,029,112	\$93,014
C	0	0	0	\$6,326	\$98,445	\$85,799	\$114,266	\$166,228	\$243,687	\$70,438
D	\$7,489	\$3,516	\$3,954	\$8,145	\$3,668	\$10,425	\$32,160	\$22,861	\$95,887	\$127,331
	\$255,971	\$657,352	\$838,120	\$798,585	\$898,670	\$991,725	\$1,647,021	\$1,182,997	\$1,368,686	\$290,7843

Chart 40
Services Provided to "Cases", Region A

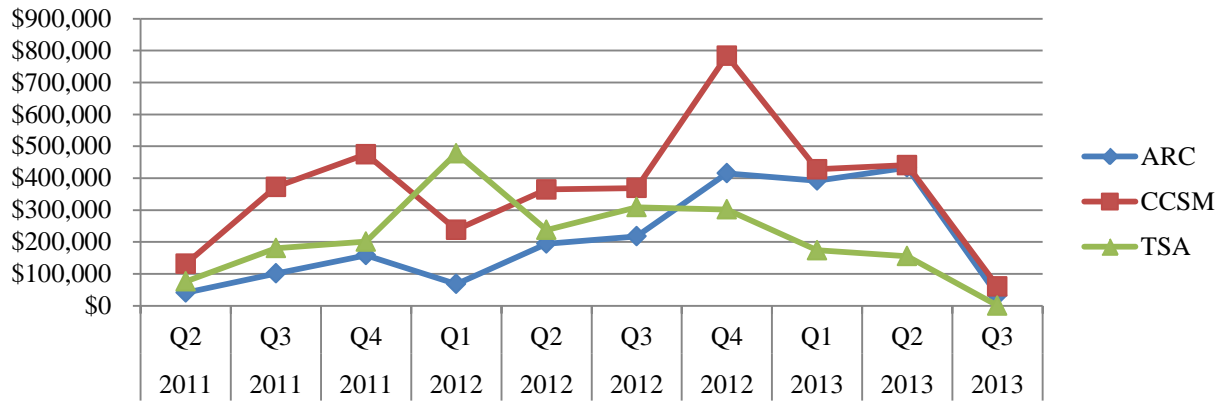
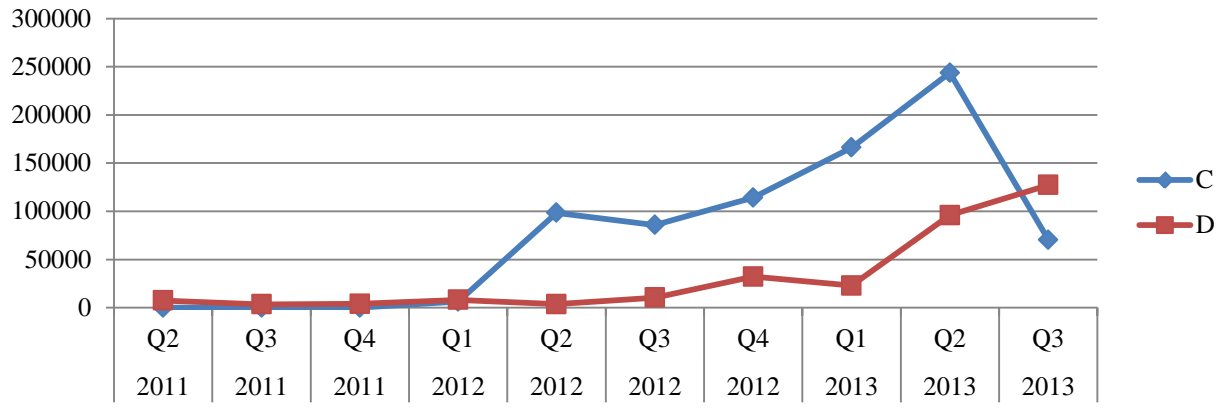


Chart 41
Services Provided to "Cases", Regions C and D



Demographics

Table 42
Ethnic/Racial Population
Percentage of Responses

Region	Agency	Black	Hisp	White
A	ARC	4.4	1.9	92.5
A	CCSM	6.5	4.4	88.6
A	TSA	6.2	1.4	91.7
C	CCSM	12.5	3.1	83.1
D	CCCS	59.4	1.8	37.1
Average for all Regions		11.0	2.8	85.3

Table 47
Number of Individuals Served

Region	Agency	Contacts	Cases	Total
A	ARC	245	837	1082
A	CCSM	555	2144	2699
A	TSA	177	1269	1446
C	CCSM	77	318	395
D	CCCS	629	312	941
Total		1683	4880	6563

Analysis

Reliability

The most basic and critical question any statistician can ask is “Is this data reliable?” Throughout the eighteen months during which LFCS served as management agency, this has been a serious concern. We have a number of steps to ensure reliability.

- 1) We required that all individuals who entered data as part of MoDCMP receive the same training.
- 2) All training was conducted by a single trainer, the LFCS data manager.
- 3) Regular data scrubs identified fields with inaccurate or incomplete data. Supervisors were then asked to work with case managers and data entry personnel to review these files and to make the necessary corrections.
- 4) Initially the data manager conducted case file audits of randomly selected CAN files.
- 5) Once this approach had been piloted supervisors were asked to conduct these audits and to send the reports to the data manager.

When we consider data entry errors, two varieties concern us. The first is deliberate errors, the second is simple data entry mistakes.

In all the data scrubs and all my work with CAN files I was always attentive to patterns of errors that might indicate that someone was deliberating padding files or deliberately entering false data. On several occasions suspicious patterns became obvious. In every

case, though, the suspicions proved groundless. I discovered no clear example of the deliberate falsification of data.

When we talk about inadvertent errors I recall some interesting examples.

- The case manager who entered a total home rebuild valued at \$850,000 instead of \$85,000.
 - The case manager who set the value of several hundred hours of volunteer labor at \$1900.00 per hour, instead of \$19.00 per hour.
 - The case manager who opened the case in the year 211 and closed it in 2013, meaning the case was open for 1,802 years.
 - The case manager who identified the clients’ pre-disaster state as the Marianna Islands.
- All of these were fodder for a few chuckles. Any obvious errors were corrected.

MoDCMP served over 2500 contacts and cases. CAN has over 300 data points. This second figure does not include the multiple entries for case notes and services provided. Thus MoDCMP involved over 750,000 points of data entry. Initially my own target was 95% accuracy. I have no doubt that case managers and data entry personnel exceeded this target.

Analysis

Background Chatter

Disaster case management is beautiful music! Client and case manager work together to identify disaster related needs. Together they craft a realistic recovery plan. They work in harmony to bring that plan to fruition.

While this music is so beautiful when it happens, it also requires a lot of hard work. It requires lots and communication and documentation then more communication. It just takes a lot of time.

I think of the “Cases” documented in this report as the primary song of MoDCMP. The harmony of many different voices can be heard—case managers, clients, community partners, funders.

At the same time, though, a different melody was playing. These were the contacts. Any analogy has its weakness, and I would not want to demean contacts. In many cases their needs were simpler, and their cases could be resolved more easily, so what’s the problem?

The problem was that the case managers did not have the time to close out these contact client files. How long should a “contact” relationship last?. The decision that this is not a “case” should be at most a thirty day process. Yet the table below shows the time gap between intake and closure of “Contacts”. How does it happen

that “Contacts” are left open for six months or a year?

The answer, upon reflection, is obvious. Good case managers, by temperament and by training, know that they must deal with the critical issues of the client in front of them. They must prioritize the most pressing cases. As a result there simply was not enough time in the day to go back and review those “less than pressing” cases.

And here is the distraction of the background noise. Case managers know that they need to attend to these cases. They weigh heavy on their minds, they form a distraction that prevents them from clearly focusing on the clients who need them the most.

Think of Charts 14 and 15 as the primary melody. Charts 16 through 19 though are simultaneously playing in the background.

If only we could have found a way to wade our way through these “Contacts”. If only we could have set aside some time to review them and get them off our lists. But how can case managers do that when more and more people are walking in, calling in, asking for our help?

< 3 Mo	3-6 Mo	6-9 MO	9-12 Mo	12 15 Mo	15-18 Mo	18-21 Mo	18-24
218	138	109	66	29	7	27	9

Analysis

The Need for a Data Management Program

I came to this position as Data Manager with a unique background. I had seven months experience as a disaster case manager so I knew pretty well what the case managers were facing. I walked that delicate tight rope of holding the case managers accountable, but at the same being realistic about what I could expect of them. More than one commented that they were glad someone who had sat at their desk was in charge of data management.

I also have a Ph.D. in adult education. That means that I have taken all those statistics courses that most doctoral students dread. For some strange reason I enjoyed them, and I have completed a number of research projects through the years. Someone once pointed out that I have “research oriented personality”. I just don’t know what that means.

Early on in my tenure as MoDCMP data manager I decided to do everything in my power to avoid duplicate data entry. If at all possible, CAN would be our data base. I knew that developing additional lists and data bases would present their own problems. My experience with multiple data bases has been negative. Too often one data base gets updated, but not the other, and then multiple lists have conflicting data. Duplicate lists also add work to the case managers.

After some research I also decided that Microsoft Access would be my data management tool. I had acquired some facility several years ago in developing a data base to record and monitor activities in a regional adult education program. I quickly worked to get up to speed on the newer versions of Access. I

have become quite proficient in those parts of Access that I need to complete these reports.

During this time I have also learned much from working with Jim Ayre who coordinates CAN for the National Headquarters of the American Red Cross in Washington, D.C. I was privileged to spend two week with Jim in DC in the immediate aftermath of Hurricane Sandy. I have since worked with Jim on a number of projects. My understanding of CAN has grown immensely through this relationship.

All of that being said, I still find Access a very difficult tool for analyzing CAN data. With eighteen months of experience under my belt, it still took me six weeks of work to bring this report together. That’s well over 200 hours. Many times it takes eight or ten steps to go from the data of a CAN export to a specific table in this report. And at any step along the way even the slightest error can result in totally bogus results. Another senior staff member of Red Cross pointed out that he always does his CAN work twice, to double check his work for accuracy. I have found that to be advice that is very much on target, but also very time consuming.

I am a big fan of CAN. I think it is a great data base. People ask me if there are too many fields, and I say “Yes”. They ask me which ones, and I can offer a list of five or six fields. But I would also like to add an equal number. The problem is not with the size of CAN. The problem really is not with CAN itself. The problem is how to incorporate CAN data into a meaningful data management system.

I am writing this during the major league baseball playoffs. I am amazed at sports casters who spit out hours of amazing trivia. “74 percent of the time, when this pitcher throws a fast ball, his next pitch is a curve ball.” How does he know this stuff? Its because he has a computer monitor in front of him and he can search for all kinds of arcane information with only a few key strokes.

Wouldn't this be great with CAN? Wouldn't it be great if all the tables listed in the previous 40

pages all had templates that a few key strokes could produce?

I sure don't know how to go about developing this kind of a data management system. I am guessing it would cost a lot of money. But if we are going to be spending millions of dollars on disaster case management, we simply must document our work with solid data.

Appendix A: Data on DCMP-Funded Cases Only

Throughout the Period of Performance several provider agencies decided to augment the number of disaster case managers covered by the FEMA grant by hiring additional case managers through other sources of revenue.

The consensus of the management agency and the provider agencies was to create a unified program that did not distinguish the funding sources. All cases managers received the same training, utilized the same forms, and were supervised in the same manner.

In previous monthly and quarterly reports two sets of data were included:

- “Aggregate” referred to the combination of

the work of MoDCMP-funded and non-DCMP-Funded case managers.

- “DCMP” referred to the work of only those case managers funded by DCMP

This approach applies to Open and Closed Cases only. Since a case manager is not assigned to “Contact Only” and “I&R Only” clients it is impossible to distinguish between aggregate and DCMP data for these classifications

The body of this report addresses the aggregate data. Appendix A provides “DCMP-only” data.

The table numbers in this appendix correspond to the table numbers in the body of the report

Table A - 1 Cases Served During Performance Period Region A					
Agency	Contact Only	I&R Only	Closed	Transferred	Total
ARC	78	15	285	11	389
CCSM	186	69	679	6	940
TSA	52	25	522	0	599
Total	316	109	1486	17	1928

Table A - 2 Cases Served During Performance Period Sorted by Region					
Region	Contact Only	I&R Only	Closed	Transferred	Total
A	316	109	1486	17	1928
C	31	3	106	27	167
D	145	89	37	37	347
Total	492	201	1629	81	2442

Table A - 3						
Open Cases for Each Quarter						
Region A						
Agency	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	88	91	93	93	0	0
CCSM	318	245	179	87	27	0
TSA	225	144	129	38	0	0
Total	631	480	401	218	27	0

Table A - 4						
Open Cases for Each Quarter						
Sorted by Region						
Region	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	631	480	401	218	27	0
C	77	74	63	45	44	0
D	18	19	47	72	32	0
Total	726	573	511	335	103	0

Table A - 7					
Number of Disaster Case Managers					
Region A					
Agency	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
ARC	3.0	4.0	5.0	3.5	0
CCSM	3.0	7.0	5.0	4.0	2.5
TSA	5.0	4.0	5.0	4.0	0
Total	11.0	15.0	15.0	11.5	2.5

**Table A - 8
Number of Disaster Case Managers
Sorted by Region**

Agency	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
A	11.0	15.0	15.0	11.5	2.5
C	5.0	5.0	4.0	4.0	2.0
D	2.0	4.0	4.0	3.5	2.0
Total	18.0	24.0	23.0	19.0	6.5

**Table A - 9
Caseloads
Region A**

Agency	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2
ARC	29.3	22.8	18.6	26.6	0
CCSM	106.0	35.0	35.8	21.8	10.8
TSA	45.0	36.0	25.8	9.5	0
Average for Region	57.3	32.0	26.7	19.0	10.8

**Table A - 10
Caseloads
Sorted by Region**

Region	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	Average
A	57.3	32.0	26.7	10.8	29.2	31.2
C	15.4	14.8	15.8	11.2	22.0	15.8
D	9.0	4.8	14.2	16.0	16.0	12.0
Average	40.3	23.9	22.2	17.7	15.9	24.0

Table A - 11
Average Caseloads over the Performance Period
Region A

Agency	Closed	Transferred	Total	Average Staffing	Staffing Ratio
ARC	285	11	296	3.88	76.2
CCSM	679	6	685	4.3	159.3
TSA	522	0	522	4.5	116
Average For Region	1486	17	1503	11.0	136.6

Table A - 12
Average Caseloads over the Performance Period
Sorted by Region

Region	Closed	Transferred	Total	Average Staffing	Staffing Ratio
A	1486	17		11.0	136.6
C	106	27	133	4.0	33.3
D	37	37	74	3.1	23.9
Total	1629	81	1710	18.1	94.5

Table A - 14
Intakes of "Cases", Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	9	46	65	48	47	45	16	16	3	1
CCSM	60	221	153	94	85	47	17	4	3	1
TSA	86	250	79	70	23	11	1	2	0	0
Total	155	517	297	212	155	103	34	22	6	2

Table A - 15
Intakes of “Cases”, Sorted by Region

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	155	517	297	212	155	103	34	22	6	2
C	0	2	20	15	47	22	16	8	3	0
D	1	9	0	0	21	16	12	4	0	0
Total	156	528	317	227	223	141	62	34	9	2

Table A - 20
Cases Closed
Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	0	0	4	39	41	39	42	29	71	20
CCSM	0	6	8	81	160	125	110	95	74	19
TSA	1	13	25	91	144	85	46	88	29	0
Total	1	19	37	211	345	249	198	212	174	39

Table A - 21
Cases Closed
Sorted by Region

Region	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	1	19	37	211	345	249	198	212	174	39
C	0	1	2	12	8	15	19	23	7	19
D	0	0	0	0	0	1	7	6	17	6
Total	1	20	39	223	353	265	224	241	198	25

Table A-26			
Percentage of Case Closures with Recovery Needs Met			
Cumulative Report for Region A			
Agency	Cases Closed	Needs Met	Percentage
ARC	285	224	79
CCSM	683	494	72
TSA	522	304	58
All Agencies	1490	1022	69

Table A: - 27			
Percentage of Case Closures with Recovery Needs Met			
Cumulative Report, Sorted by Region A			
Region	Cases Closed	Needs Met	Percentage
A	1490	1022	69
C	102	64	63
D	37	22	59
All Regions	1629	1108	68

Table A - 40
Services Provided to “Cases”
DCMP Funded Only, Region A

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
ARC	\$38,205	\$91,453	\$151,330	\$63,710	\$157,134	\$197,453	\$413,328	\$318,748	\$433,425	\$32,272
CCSM	\$118,454	\$339,989	\$375,447	\$222,126	\$298,712	\$338,785	\$664,029	\$374,801	\$440,513	\$60,357
TSA	\$76,014	\$180,530	\$200,991	\$477,916	\$237,661	\$308,911	\$301,748	\$174,028	\$155,060	\$385
Total	\$232,673	\$611,972	\$727,768	\$763,752	\$693,507	\$845,149	\$1,379,105	\$867,577	\$1,028,998	\$93,014

Table A - 41
Services Provided to “Cases”
Sorted by Region

Agency	2011 Q2	2011 Q3	2011 Q4	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3
A	\$232,673	\$611,972	\$727,768	\$763,752	\$693,507	\$845,149	\$1,379,105	\$867,577	\$1,028,998	\$93,014
C	0	0	0	\$6,326	\$98,445	\$85,799	\$114,266	\$166,228	\$243,687	\$70,438
D	\$685,00	\$685	0	\$130	\$446	\$6,984	\$20,910	\$17,304	\$65,038	\$90,986
Total	\$612,657	\$727,768	\$770,208	\$792,398	\$937,932	\$1,514,281	\$1,051,109	\$1,337,723	\$254,438	

