The Role of Faith-Based and Community Organizations in Post-Hurricane Human Service Relief Efforts

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CONTENTS

EXECUTIVE SUMMARY

By almost any measure—geographic reach of the storm, population displaced, destruction of property, costs of disaster relief, and prospective costs of rebuilding—the effects of hurricanes Katrina and Rita represent the largest single natural disaster on U.S. soil in the past 100 years. The events also produced one of the largest disaster response efforts by nongovernmental, charitable organizations, including both faith-based and community organizations (FBCOs).

Purpose and Methods

To obtain detailed data on FBCOs' contributions to relief efforts following hurricanes Katrina and Rita and learn how these groups might help in future disasters, the Urban Institute conducted a two-year study for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. The study included a telephone survey of 202 FBCOs that provided hurricane-related human services in the Gulf Coast region and in-depth, field-based case studies of eight organizations in Louisiana and Mississippi that provided such services.

The telephone survey offers quantitative data on the types of FBCOs that participated in relief and recovery efforts, the services provided, individuals served, and the monetary and human resources and networks and collaborations used to provide relief and recovery services. Information was collected between November 2007 and February 2008 from a stratified random sample of FBCOs in the Gulf Coast region. Of the 202 respondents, 120 self-identified as faith-based organizations and 82 as secular nonprofits. Most of those who identified as faith-based were religious congregations, though a small number (14) were professional human services providers.

The case studies used in-depth, field-based interviews with the leaders of the study organizations and others with whom they interacted or who may have influenced the assistance provided. Site visits were conducted between May and July 2008. The purpose of the case studies was to understand how eight organizations in different communities and with different purposes before the storms responded to the disaster. The case studies explored what motivated these organizations to respond as they did, how they related to the larger web of disaster responders, and whether the efforts of these generally smaller or nontraditional responders will be sustainable over time or replicable in future disasters. Because the cases selected involved relationships among many organizations, the studies illustrate a complex network of actors, including public and private agencies, and generally a melding of faith-based and secular organizations.

The study addresses five broad research questions: (1) what are the characteristics of FBCOs that provided disaster-related human services; (2) what services were provided, and to whom; (3) what resources (monetary, material, and human) were used to deliver services; (4) what networks facilitated the ability of FBCOs to deliver services; and (5) what lessons can be learned from these relief efforts?

Major Findings from the Survey

Characteristics of the FBCOs
- FBCOs responding to the survey represented a wide range of local organizations. Some had operating budgets of less than $500; others more than $1 million. Faith-based organizations that responded to the survey were considerably older (median age 55 years) than secular nonprofits (25 years).

- Half the FBCOs in the survey used paid staff to deliver relief and recovery services, but the number of paid staff was relatively small (median of five). More than three-quarters of FBCOs used volunteers, with the median number of volunteers around 20. For most FBCOs in the survey, the volunteer workforce increased substantially after the hurricanes.

- Two-thirds of the FBCOs surveyed had no prior experience giving disaster relief assistance after a hurricane. This was especially true of secular nonprofits and those located a greater distance from the direct impact of the storms.

Types of Services
- Roughly 70 percent of survey respondents provided immediate relief services, such as food, water, clothing, and temporary shelter. A large proportion of faith-based groups, predominantly congregations, provided these services, as did FBCOs in geographic locations outside the storms' direct impact.

- In contrast, fewer FBCOs provided long-term recovery services, such as housing rehabilitation, mental health counseling, or job training. Less than half the respondents indicated involvement in any of these services, and less than 25 percent provided child care or job training. The notable exception is in housing rehabilitation: nearly 60 percent of congregations in the survey engaged in sustained housing rehabilitation. Secular nonprofits tended to provide relief and recovery services for a longer period than faith-based organizations. Again, with the exception of housing rehabilitation services, faith-based organizations tended to end their services within three months after the storm, whereas secular nonprofits were more likely to stay for a year or more.

People Served
- Records were not often kept on the number of clients served during the crisis, so survey respondents provided a rough estimate of the number of individuals helped. About a quarter of respondents reported serving fewer than 50 people, while almost a fifth reported serving more than 1,000. These numbers could represent multiple visits by the same individual, as might be characteristic for some emergency services.

- Providing demographic information on people served is even more difficult than providing numeric counts. Nearly a third of survey respondents declined to provide

even an estimate. Of those who did, recipients were most frequently described as low-income and families with children.

Funding Relief/Recovery Services

- Estimating the amount of money spent on relief and recovery services was difficult. More than a third of survey respondents could not tell us an amount, in part because they did not keep records. Of those respondents that provided information, the median budget for relief/recovery work was $6,667.

- For most respondents, donations from individuals were the most common source of financial support. Faith-based organizations were more likely than secular nonprofits to receive individual donations. In contrast, secular nonprofits were about three to four times more likely than faith-based groups to have received financial support from government.

Networks and Collaborations

- Two of every three respondents worked with other groups to provide post-hurricane services. Nearly half reported that the collaborations were new, and another fifth reported a combination of new and old relationships. Most collaborations involved sharing resources such as space, equipment, and supplies.

- Relatively few respondents worked with state and local governments; however, secular nonprofits were twice as likely as faith-based groups to do so (23 percent versus 10 percent). Only about 7 percent of FBCOs worked with federal agencies. Faith-based organizations, mostly congregations, were most likely to work with other faith-based groups, while nonprofits were most likely to work with other nonprofits.

Perceptions of the Relief/Recovery Effort

- Perceptions of what went well in providing services after the storms differed by type of organization. Most faith-based respondents cited the people who were helped, while secular nonprofits pointed to the collaborations.

- Among the most common challenges mentioned were insufficient supplies and services, poor communication, and poor service coordination.

Major Findings from the Case Studies

Characteristics of Case Study Organizations

- Although half the case study organizations were secular and half were faith based, their collaborations represent a mix of faith-based and secular organizations. While religious faith may have provided a personal motivation for some organizations' leaders, staff, or volunteers, the reasons for involvement were often indistinguishable between religious and secular organizations.

- Disaster responses in the case studies appear often to owe as much to chance as to deliberate planning. With one exception, none of the organizations studied had previously engaged in disaster response planning, and they made decisions in response to challenges created by the storms.

Catalysts for Response

- The magnitude of the disaster was the primary reason that FBCOs studied responded, and raises the question of who and how many would respond in future disasters. The level of devastation, the influx of evacuees to communities along the exit routes, and the inundation of cash, material donations, and volunteers both inspired engagement and demanded management and coordination (e.g., to sort, store, and distribute goods and to house, feed, triage, or supervise volunteers) on a level never before needed. Chance rather than prior disaster experience or preconceived plan explained the direction that the responses often took.

- The storms' magnitude also focused attention on the personal and social dimensions of the disaster, including permanent loss of housing, widespread family dislocation and emotional trauma, and the particular vulnerabilities of low-income minority populations, issues not addressed in depth or at all in previous disasters. For many, these factors would worsen over time. The storms and flooding also created a vacuum in the human service delivery system and a serious challenge to serving the swelling numbers who needed assistance with resources already strained before the disaster.

- Traditional models for disaster response were severely challenged, overwhelmed, or dysfunctional, motivating newcomers to disaster response to try to help, and spawning new approaches to both relief and recovery. Traditional responders did not have the trained staff, resources, or protocols to provide more than limited assistance, and they were frequently ill prepared for the long-term need for shelter or the extent of psychological trauma in wide portions of the population.

Mechanics of Response

- Case study organizations together provided emergency aid, donations management, volunteer housing and coordination, case management, and direct human services; most provided some aspect of almost all these services. All the organizations used both paid staff and volunteers in their relief work. Seven of the eight organizations were supported by some public funding.

- Finding and maintaining staff was a challenge for some organizations studied. The order for total evacuation meant that public employees who were not exempt would be unavailable in the critical first days after the storms; even first responders might be unavailable if their families had not been provided for through pre-arranged plans. Several organizations in New Orleans reported losing a majority of their staff because housing and basic infrastructure in the city had not returned.

- Volunteers were important to the disaster response but could also create challenges, including the need for housing, feeding, careful supervision, and debriefing, as well as liability concerns. FBCOs using outside volunteer professionals, such as physicians and nurses, had no way, beyond basic licensing, of evaluating their quality or competence. Volunteers might come with truckloads of goods but had no place to stay and little money. As "demucking" of houses was completed, it became hard to match volunteer skills with tasks required for rebuilding. Some respondents suggested that some other FBCOs were in "over their heads" (for example, taking on shelters or feeding responsibilities with inadequate experience or resources) or less able to integrate their work with other relief efforts under way.

- The inability to communicate readily created a major challenge to locating staff, congregants, volunteers, and partners to restart operations. Some FBCOs studied developed creative ways to use the Internet, including organizations' own web sites, email networks, and official government sites, to generate large responses from social and professional networks and the general public, and to match organizational needs with volunteer skills and interest. One FBCO set up a 211 information number outside the impact area to help hurricane victims find services they had used in New Orleans. Another equipped a van with satellite communications to bring help to devastated areas and allow hurricane victims and first responders to communicate their whereabouts to others.

- Leaders in several case study organizations illustrated attributes of particular value in the crisis. Leaders were often high-energy people able to donate large amounts of time, sometimes pro bono, in part because their own lives had not returned to normal. Several brought expertise, such as in management, housing operations, logistics training, or human service delivery, and in working in stressful circumstances. Others used connections to community and political institutions to catalyze funding and craft services based on unique understandings of services and populations. Because this disaster presented new and larger issues than experienced in the past, leaders had to learn to change approaches as populations and needs changed over time. Several leaders of case study organizations seemed to understand the limits of their expertise and connected with others in the area to broaden their services and skill sets.

- Familiarity with local areas and perceived legitimacy were keys to overcoming distrust of severely traumatized individuals. Traditional responders were often unfamiliar with local conditions and local facilities and services, and any knowledge gained on the ground was lost as new teams were rotated in.

- All the cases studied involved inter-organizational collaboration, some formal partnerships and others in which assistance was episodic or informal as needed. Several FBCOs studied connected with local, state, or federal agencies. These relationships were based more on social and professional networks than on support from formal hierarchical affiliations. These relationships created access to restricted areas, access to rebuilding assistance, sharing of facilities or resources, and access to financial help or professional expertise.

Accountability and Equity

- Accountability for handling funds, distributing other resources, identifying needed services, and ensuring that they are delivered to those in need can be problematic in an emergency. There is clearly a trade-off between accountability and flexibility in the context of an emergency. Oversight of the emergency response sometimes took a back seat because of the magnitude of need and to allow for more flexibility in the delivery of assistance. Only two organizations studied were held explicitly accountable for the populations they were serving. In three sites, the principal reason for working outside formal long-term recovery structures was the ability to help more people without the burden of red tape and bureaucracy.

- The lack of guidelines and specificity for designated use of funds, populations served, standards about what constituted need, or service units raises questions about equitable treatment among service recipients. While income and other assistance received was typically a part of the review in a long-term recovery committee structure, some in the field complained about the lack of transparency in needs assessments. In cases that were not part of a formal case management framework, chance and informal contacts often determined allocation of assistance. How evacuees sorted themselves or were triaged to different congregations for assistance is unknown.

Life Cycles and Sustainability

- As time passes, funding diminishes, and the needs of those served before the storm come back into focus, many FBCOs return to their original mission despite continuing needs related to the 2005 hurricanes. Three FBCOs studied that did not previously have a disaster response mission have returned to their original functions, but each is likely to retain the internal capacity to respond to future disasters.

Connections to Traditional Disaster Relief and Human Services Systems

- Except for the two FBCOs that were part of the formal response system, connections to traditional response or human service systems were rare or nonexistent among the studied sites. Two sites declined invitations to participate in long-term recovery structures or resigned after a short time, viewing these structures as too slow and burdened by red tape, or potentially inequitable. Some officials interviewed who were responsible for the area's emergency response plans were focusing on how to incorporate local FBCOs into their plans, though the specifics were not always clear.

- Among those FBCOs that provided emergency assistance, cross-communication was often minimal, especially for coordinating volunteers and distributing donations. This lack of communication could create duplication of services and oversupplies of certain types of donations.

- The Red Cross and FEMA were perceived as overwhelmed by the magnitude of the storm, the duration of needed assistance, and the nature of need. FEMA was criticized for its slow, rigid bureaucracy and the absence of a strategy to provide needed social services as a part of the provision of emergency housing. The use of rotating teams of those unfamiliar with the local area and unable to make meaningful referrals was also criticized.

- Despite the massive need for health and social services, FBCOs that did not typically provide social services did not usually connect to the larger human services system. FBCOs post-hurricane contacts were more likely to be the result of efforts connected to long-term recovery structures, chance, or the doggedness of individual staff to locate services. Vulnerable populations often have an array of preexisting challenges, which are exacerbated by the trauma of evacuation and dislocation and the breaking of essential family and social networks that are difficult, if not impossible, to reestablish. Without attention to the full dimensions of psychological trauma, there was greater potential for persistent dysfunction and inability to resettle successfully.

Lessons Learned

Many organizations that are not traditional disaster responders, including small community-based social service providers and local congregations, played important roles in the aftermath of hurricanes Katrina and Rita. Several lessons can be drawn from the telephone survey and the case studies about what roles such organizations might play in future disasters.

- **Those preparing emergency preparedness plans need to better understand the availability and capability of FBCOs.** Recent federal recommendations[1] recognize the importance of including FBCOs in emergency planning and delivery of human services. Simply being able to identify who is left after a disaster, what their needs are, and who might provide assistance is critical to a response effort. The majority of survey respondents provided assistance; how many other organizations were unavailable because they were wiped out by the storm is unknown. Incorporating an inventory of local FBCOs and their contact information into disaster plans would be helpful. Ideally, the nature of their facilities, their capabilities, and prior experience would be included in the plan.

- **Recovery services after a disaster of this magnitude extend far beyond the traditional boundaries of emergency relief.** Longer-term recovery activities in a traditional disaster response model are largely focused on physical rebuilding and dependent on a limited circle of organizations providing aid. These traditional models are not well equipped to deal with deep and sustained injuries of disaster victims, both physical and psychological, and they are not well connected to the broader

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[1] The White House. "Fact Sheet: The Federal Response to Katrina: Lessons Learned." Accessed November 19, 2008, at http://www.whitehouse.gov/news/releases/2006/02/20060223.html.

universe of expertise and service delivery that might provide appropriate and sustained interventions. Lists of potential governmental and private providers, as well as regional and national experts who specialize in trauma and vulnerable populations, could help local areas tap into that expertise after a disaster.

- **Many FBCOs involved in long-term recovery appreciate the need to coordinate activities, as evidenced by new attention to data-sharing mechanisms among some traditional responders.** The case studies suggest the critical need for coordination among a wider array of providers, including federal, state, and local agencies; experts in various specialized interventions; and private donors whose contributions may be critical to success.

- **Major disasters generate major humanitarian responses, which sometimes include those with the best intentions but uneven capabilities.** The case studies suggest the importance of seeking out the best performers—those with proven track records in addressing complex or challenging needs, the ability to work with the populations affected, and the ability to integrate their work with others. Those who are not sufficiently experienced, not culturally competent, or cannot recognize appropriate ways to coordinate their services with others are likely to be less successful in their relief efforts or create problems for others trying to give assistance.

- **Soliciting and managing cash and material donations as well as volunteers is a key to effective disaster response.** Some FBCOs studied learned to use the Internet to disseminate real-time information, reach out for help, solicit and vet volunteers, share databases, and establish 211 directories to identify resources. Government and FBCOs might devise ways to work together to set up web sites to serve as clearinghouses, manage solicitations, and allocate resources, including donations, volunteers, and emergency services.

- **How FBCOs will respond in the future will likely depend on the magnitude of the disaster and the extent of damage they sustain to their own operations.** Many that were new to disaster response learned how to perform effectively after the 2005 hurricanes. It would be valuable to incorporate those experiences into disaster preparedness planning, including how to increase flexibility for traditional disaster responders. The fact that social and professional connections were so important to case study organizations reinforces the need to nurture connections, perhaps through strategic conferencing and other methods, to create awareness of how to tap connections before disaster strikes.

The Gulf Coast hurricanes of 2005 have put a new lens on the limits of understanding among researchers and policymakers of the breadth and depth of a major disaster's effects. More work remains to understand the effects of the disaster and the most effective ways to provide immediate and long-term assistance. Collecting and reexamining data on the effects of the storms, particularly on the most vulnerable populations, and incorporating these lessons into planning for future disaster responses is clearly important. Data sharing among organizations, such as FEMA, that have detailed

information on hurricane victims could be used to provide follow-up services for people who still need help. These data could also be used to support needed evidence-based research on the effects of the storms and outcomes of sustained treatment, particularly mental health services, for individuals who are the victims of major disasters. The data could also provide needed evidence for proposed changes in disaster response planning.

INTRODUCTION

By almost any measure—geographic reach of the storm, population displaced, destruction of property and infrastructure, costs of disaster relief, and the prospective costs of rebuilding—the effects of hurricanes Katrina and Rita in 2005 represent the largest single natural disaster on U.S. soil in the past 100 years. Because the storm and the breaking of the levees devastated a major population center and totally obliterated large swaths of coastal areas, their effects were extraordinary. By one account, more than 100,000 square miles of land were affected[2]—roughly the size of Great Britain—and about 160,000 homes and apartments were destroyed or suffered major damage.[3] The Federal Emergency Management Agency (FEMA) estimated damage at $37.1 billion—or four times higher than the costs associated with the World Trade Center attack in 2001.[4]

The events surrounding the storms also produced one of the largest disaster response efforts by nongovernmental, charitable organizations. These included faith-based and secular groups, religious congregations both locally based and from other states, national umbrella organizations with substantial experience in human services delivery, and groups with specific disaster response expertise. By some accounts, the response of charitable groups was regarded as more effective than that of federal, state, or local governmental agencies.[5]

For many faith-based and community organizations (FBCOs), the outpouring of services and generosity after the hurricanes was consistent with their missions and traditions of helping people in need.[6] Yet, there have been few systematic studies on how these

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[2] According to *the 2005 Louisiana Hurricane Impact Atlas,* 108,456 square miles of land were affected by hurricane Katrina. The land area of Great Britain is approximately 95,500 square miles. See http://lagic.lsu.edu/lgisc/publications/2005/LIGISC-PUB-20051116-00_2005_HURRICANE_ATLAS.pdf.

[3] U.S. Department of Homeland Security. 2006. *Current Housing Unit Damage Estimates: Hurricanes Katrina, Rita, and Wilma.*

[4] Louisiana Recovery Authority. 2005. "Addressing the Challenges of Recovery and Rebuilding from Hurricanes Katrina and Rita: Overview of Comparative Damage." Accessed March 8, 2008, at http://www.lra.louisiana.gov/assets/12212005.ppt.

[5] See, for example, Tony Pipa, 2006, *Weathering the Storm: The Role of Local Nonprofits in the Hurricane Katrina Relief Effort,* Washington, DC: The Aspen Institute Nonprofit Sector Research Fund; James J. Carafano and Richard Weitz., 2006, *Learning from Disaster: The Role of Federalism and the Importance of Grassroots Responses,* Washington, DC: The Heritage Foundation; and the 2005 Louisiana Survey Post-Hurricane Community Audit, conducted by the Public Policy Research Lab, Louisiana State University, Accessed March 8, 2008, at www.survey.lsu.edu/projects.html#2005fla.

[6] See, for example, Tobi Jennifer Printz, 1998, "Faith-Based Service Providers in the Nation's Capital: Can They Do More?" Charting Civil Society Brief 2, Washington, DC: The Urban Institute; Mark Chaves and William Tsitsos, 2001, "Congregations and Social Services: What They Do, How They Do It, and With Whom," *Nonprofit and Voluntary Sector Quarterly* 30/4: 660–83; and Fredrica D. Kramer, Demetra Smith Nightingale, John Trutko, Shayne Spaulding, and Burt S. Barnow, 2002, "Faith-Based Organizations Providing Employment and Training Services: A Preliminary Exploration," Washington, DC: The Urban Institute.

organizations function during emergency situations, what they do, who they serve, and with whom they collaborate.

Purpose of the Study

This report, prepared by the Urban Institute for the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, presents findings from a large-scale study of FBCOs in the Gulf Coast region that provided relief and recovery services after hurricanes Katrina and Rita. The purpose of the study was to document the resources, networks, and collaborations used to provide relief and recovery services after the storms, and to assess the experiences, successes, and challenges that these organizations had in providing assistance. The study was particularly interested in FBCOs that are not characteristically considered traditional emergency responders.[7] It addressed the kinds of services given in the immediate and long-term aftermath of the disasters, the extent of coordination and collaboration among charitable service systems, and how such services were or can be integrated with governmental responses to help the nation's disaster preparedness agencies better prepare for the next emergency whether from natural or other causes.

Research Questions

The study addressed five research questions:

1. What are the characteristics of FBCOs that provided disaster-related human services?

2. What services were provided, and to whom?

3. What resources (monetary, material, and human) were used to deliver services?

4. What networks facilitated the ability of FBCOs to deliver services?

5. What lessons can be learned from these relief efforts?

Overview of Methodology

To understand both the depth and breadth of response, the study used two research approaches to collect data: (1) a telephone survey of FBCOs in the Gulf Coast region that provided relief and recovery services, and (2) in-depth, field-based case studies of eight

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[7] Traditional responders include government emergency response agencies, such as FEMA, and national and international nongovernmental organizations dedicated to disaster relief.

organizations that provided disaster-related services. Each method is described briefly below.

Telephone Survey

The telephone survey was designed to provide quantitative information on the FBCOs that participated in the relief and recovery efforts, the services provided, individuals served, monetary and human resources used to deliver services, the networks and collaborations used to provide relief and recovery services, and the lessons learned from the Katrina and Rita experience that can inform responses to future disasters. Information was collected through a telephone survey conducted between November 2007 and February 2008 of a stratified random sample of FBCOs in the Gulf Coast region. Telephone interviewers successfully contacted 271 FBCOs. Of these, 202 FBCOs indicated that they provided relief and recovery services and completed the survey. The overall response rate for the survey was 55.0 percent—42.7 percent for churches and religious congregations and 71.8 percent for nonprofit organizations.

Case Studies

The case studies were designed to provide qualitative information using in-depth, field-based exploration to understand what motivated the responses of the organizations under study, how they related to the larger web of disaster response, and whether the efforts of these generally smaller or nontraditional responders will be sustainable over time or replicated in future disasters. Six of the eight cases were in Louisiana (two in New Orleans, two in Baton Rouge, and two in southwestern Louisiana), and two were in Mississippi in the areas on the Gulf Coast directly hit by Hurricane Katrina.

The cases were selected for their variation in location and organizational type and the types of assistance provided, and because they might have important stories to tell about collaborations crafted, the uniqueness of the response, or the relationships developed to larger disaster relief networks. As such, the findings raise important issues about what types of responses are likely, under what conditions, from smaller and nontraditional responders, and when and how to connect these organizations with the larger system of disaster response and human service delivery in planning for future disasters.

General Structure of the Report

The report is organized into three main sections, followed by technical appendices:

- Part I presents the findings of the telephone survey of FBCOs that provided relief and recovery services in the Gulf Coast region after the hurricanes. The analysis includes
  - types and characteristics of FBCOs that participated in the survey;
  - types of services provided;
  - number and types of clients served;
  - use of paid staff and volunteers in the relief and recovery efforts;
  - types of networks and collaborations formed;

- monetary costs of providing relief and recovery services and the sources of this financial support; and
- a summary of key findings.

- Part II presents the findings of the in-depth case studies. The analysis includes
  - general characteristics of the eight cases;
  - snapshot portraits of each case and how the stories unfolded;
  - the mechanics of response (that is, services provided, staffing, funding, communications, individual and organizational expertise, networks and collaborations);
  - major issues, including catalysts for response, accountability, equity, life cycles and sustainability of the response, and relation to the traditional disaster relief networks and other human service providers; and
  - a summary of key findings.

- Part III presents overall conclusions and lessons learned from the study. In particular, the discussion identifies catalysts for response, promising avenues for strengthening collaboration and coordination among local FBCOs and government relief agencies, and the challenges and limitations likely to be encountered in these arrangements.

- Two appendices provide additional technical information. Appendix A details the telephone survey methodology, and Appendix B reproduces the telephone survey questionnaire.

PART I. TELEPHONE SURVEY FINDINGS

Although anecdotal stories suggest the important role that FBCOs played in the aftermath of the storm, little systematic information is available to measure their capacity to engage in relief and recovery activities and the scope of their activities. The purpose of the telephone survey was to obtain quantitative measures on the types of FBCOs that participated in relief and recovery efforts; the individuals served; and the resources, networks, and collaborations used to facilitate service delivery.

The survey was conducted between November 2007 and February 2008, using a stratified random sample of FBCOs in the Gulf Coast region. Telephone interviewers successfully contacted 271 FBCOs. Of these, 202 FBCOs indicated that they provided relief and recovery services and completed the survey.

This section describes the methods used to design and conduct the telephone survey and the survey's findings.

Methodology

The survey methodology had four main tasks: (1) to prepare an interview protocol to address the research questions, (2) to develop a sampling design, (3) to calculate response rates, and (4) to identify faith-based organizations. Each task is discussed briefly below. Additional information is provided in Appendix A.

Interview Protocol and Research Questions

The telephone survey of FBCOs in the Gulf Coast region was designed to assess the scope and complexity of relief and recovery efforts undertaken by FBCOs after hurricanes Katrina and Rita. The study's five main research questions helped guide the formulation of specific survey questions:

1. What are the characteristics of FBCOs that provided disaster-related human services after the storms?
2. What services were provided, and to whom?
3. What resources (monetary, material, and human) were used to deliver services?
4. What networks facilitated the ability of FBCOs to deliver services?
5. What lessons can be learned from these relief and recovery efforts?

Sample Design

The goal of the sampling design was to select sufficient numbers of organizations to complete 200 telephone interviews, while maximizing the response rate. A sample of this

size is large enough to investigate what services were delivered after hurricanes Katrina and Rita and the collaborations used.[8]

The telephone survey was conducted in three geographic areas: the states of Louisiana and Mississippi and an area 50 miles in radius around the Houston Astrodome where many evacuees from New Orleans were sheltered.

Because there are no existing lists of FBCOs in the region or nationally, we used two independent sources to identify organizations of interest and create a master list from which to draw the sample. The American Church List (ACL), a database of religious congregations, is regarded as the most complete and current information on congregations in the United States. The ACL contains contact information, such as address and telephone number for congregations, and, for some entries, demographic information about the congregation. The list, purchased in July 2007, had 14,213 religious organizations in Louisiana, Mississippi, and a 50-mile radius around the Houston Astrodome. The National Center for Charitable Statistics (NCCS) database contains information on 501(c)(3) organizations that have revenues of $25,000 or more and file annual Forms 990 with the U.S. Internal Revenue Service. The latest NCCS data available (2005) identified 2,957 human service nonprofits in the geographic areas of study.[9]

Two considerations shaped the sample design. First, it was assumed that the intensity of the storms' impact affected the ability of FBCOs to provide relief and recovery services. FBCOs closest to the heavily damaged areas might be less able to respond than those farther away. To adjust for this likelihood, the sample was divided into three strata: (1) areas directly impacted by the storm,[10] (2) those partially impacted or adjacent to directly impacted areas, and (3) the remainder of the state. All FBCOs selected from Houston were regarded as part of the third (or distant) stratum.

Second, prior research suggested that congregations would be more difficult to reach by telephone than nonprofit groups. So, the sampling plan called for oversampling congregations to achieve an adequate number of them in the final sample.

Proportional random samples of congregations and nonprofits, stratified by state and impact area, were drawn from the master list derived from the ACL and NCCS databases.

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[8] A larger sample would have increased our ability to analyze the data by smaller subgroups or simultaneously by multiple subgroups. However, budget constraints and a lack of information at the outset of the study regarding how many organizations were recipients or providers of assistance, particularly in the heavily impacted areas, made the benefits of drawing a larger sample unclear.

[9] The sampling frame for this study is congregations and nonprofits that were listed in these two data sources. We were unable to identify a source that contained information on organizations that operated before the storms but closed as a consequence of the storms.

[10] Two sources were used to identify impacted areas: for Louisiana, the Congressional Research Service report "Hurricane Katrina: Social-Demographic Characteristics of Impacted Areas" and for Mississippi, "FEMA-1604-DR, Mississippi Disaster Declaration as of 10/27/2005." See Appendix A for further detail.

This selection process produced a sample of 615 organizations. This pool of potential respondents contained both large and small congregations and nonprofits.

Response Rates

From the sample of 615 organizations, 100 were deemed ineligible because no valid contact information could be found during the survey period. Of the remaining 515 organizations, we were unable to contact 111 of them. In these cases, no one answered the telephone or responded to messages left on answering machines. An additional 133 organizations either declined to participate or could not find a convenient time to participate. Ultimately, 271 organizations participated in the study.

To calculate the response rate, the 271 organizations that participated in the survey were divided by the total number of organizations operating during the survey period. Because the operational status of 111 organizations was unknown, we needed to estimate the denominator for the response rate.[11] Based on this estimate, the overall response rate was 55.0 percent—more specifically, 42.7 percent for congregations and 71.8 percent for nonprofits. Response rates at this level are typical of surveys of congregations and community-based organizations (see Appendix A for further detail).

Identifying Faith-Based Organizations

The term "faith-based organization" is a term that emerged in the public lexicon during the welfare reform debates of the mid-1990s, but there is no consensus on what constitutes a faith-based organization. It can include organizations with historic ties to a religious entity but minimal or no current connections, such as the YMCA; organizations with extant religious ties that deliver secular services, such as Catholic Charities; small community-based organizations with links to a religious body whose services may or may not have religious content; local houses of worship; or any combination of the above characteristics. The term "faith-based organization" has no consistent or predictive meaning about the organization's connection to religion, and some organizations with religious roots or religious ties do not self-identify as faith based. In conducting research on faith-based organizations, a major challenge is determining how to define the term "faith based."

As is common in many studies involving organizations with origins or current connections to religion, we asked survey respondents to self-identify as faith based. All 106 respondents that originally were drawn from the American Church List indicated that they were either a church or faith based, while 14 of the 96 respondents drawn from the NCCS database of 501(c)(3) organizations indicated that they were faith based. For purposes of analysis when comparing faith-based organizations and community-based (secular) nonprofits, we included the 14 self-identified faith-based organizations with the 106 congregations, resulting in a sample composed of 59 percent faith-based organizations and 41 percent secular nonprofits. Throughout the remainder of the report, we will use the term faith-based and community organizations (FBCOs) when referring

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[11] To estimate this number, we assumed that the proportion of the unable-to-contact organizations (111) that were not operating was the same as the proportion of not operating organizations (100) in the sample for which operating status was known (that is, 100 divided by 504 organizations).

to all respondents and call the comparison groups "faith-based organizations" and "secular nonprofits."

By allowing respondents to self-identify as faith based, the analysis reflects the broadest definition of the term. The survey does not, however, measure the extent to which faith or religion plays a role in the delivery of services. The findings of this survey cannot be generalized to all faith-based groups because, given definitional and identification problems, there is no comprehensive list of faith-based organizations from which to draw a representative sample.

The Survey Findings

The findings of this telephone survey of FBCOs provide important insights into the ways that locally based FBCOs responded to the needs of people affected by hurricanes Katrina and Rita and the number and types of collaborations that assisted these organizations in delivering services.

Characteristics of FBCOs Providing Services

In general, the survey respondents reflect a wide range of faith-based and secular organizations in the region—large, small, relatively new, and others that have been in their communities for decades.

Geographically, about half (52 percent) of the FBCOs in the survey are located in Louisiana, 41 percent in Mississippi, and 7 percent in the vicinity around the Houston Astrodome. Almost two in five respondents (38 percent) are in the areas hit hardest by the hurricanes; one in three (36 percent) is in an area of secondary impact (that is, partially impacted by the storms or adjacent to areas of direct impact) and one in four (26 percent) is in a tertiary or distant area (that is, all other parishes or counties in Louisiana and Mississippi and around the Houston Astrodome). These distributions mirror the proportional distribution of organizations sampled for the study.

The survey respondents were from both large and small FBCOs. Although many respondents (35 percent) were unable or declined to indicate the size of their operating budgets, of those that answered, the smallest operated on less than $500 annually, while the largest reported budgets of more than $1 million. Faith-based providers in the survey tended to be smaller than their secular counterparts. The median annual budget for faith-based groups was $259,000, while for secular nonprofits, it was $452,000. As seen in Table 1, about 10 percent of the faith-based organizations had operating budgets of more than $1 million, compared with 34 percent of the nonprofits. FBCOs from the primary impact areas had higher median operating budgets ($343,000) than those in the secondary ($275,000) and distant ($317,000) areas.

Table 1. Size of FBCOs by Type, State, and Distance to Impact Area

Characteristic	N	Percent of Organizations with Operating Budgets of:							Median budget
		Less than $5,000	$5.000 to $10,000	$10,000 to $50,000	$50,000 to $100,000	$100,000 to $500,000	$500,000 to $1million	More than $1million	
All respondents	132	3.0	0.8	7.6	12.9	45.5	9.8	20.5	$326,667
Faith-based organization	73	4.1	0.0	6.8	17.8	53.4	8.2	9.6	$258,974
Secular nonprofit	59	1.7	1.7	8.5	6.8	35.6	11.9	33.9	$452,381
Louisiana	69	4.3	0.0	10.1	14.5	44.9	11.6	14.5	$287,097
Mississippi	53	1.9	1.9	0.0	11.3	50.9	9.4	24.5	$374,074
Houston, Texas	10	0.0	0.0	30.0	10.0	20.0	0.0	40.0	$300,000
Primary impact area	50	2.0	0.0	2.0	12.0	56.0	12.0	16.0	$342,857
Adjacent to impact area	49	6.1	2.0	10.2	10.2	40.8	6.1	24.5	$275,000
Farthest from impact area	33	0.0	0.0	12.1	18.2	36.4	12.1	21.2	$316,667

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 70 respondents.

The median age of FBCOs in the survey is 37 years, but this measure varies widely (Table 2). For example, FBCOs in the vicinity of the Houston Astrodome have the youngest median age (15 years), and no organization in the Houston sample is older than 100 years. In contrast, the median ages of FBCOs in Louisiana and Mississippi are 37 and 42 years, respectively, and about 14 percent of FBCOs in these two states are older than 100. The younger age of Houston's FBCOs may partly reflect the dynamics of demographic and economic growth and change in the Houston region. The sharpest contrast in age is seen between faith-based organizations and secular nonprofits. The median age of faith-based organizations is more than twice that of their secular counterparts—55 years versus 25 years. Roughly 20 percent of faith-based organizations in the survey are more than 100 years old. These data suggest the deep roots that religious congregations have in the Gulf Coast region.[12]

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[12] Additional data runs, not shown in this analysis, generally indicated that the age of an FBCO was not correlated with the size of the organization, the number of staff, or the number of volunteers. The only exception was that secular nonprofits tended to be larger as the age of the organization increased, but this association between age and size did not apply to faith-based organizations.

Table 2. Age of FBCOs by Type, State, and Distance to Impact Area

Characteristic	N	Percent of Organizations with Age of:					Mean age	Median age
		Less than 10 years	10 to 25 years	26 to 50 years	51 to 100 years	More than 100 years		
All respondents	200	12.0	23.0	27.5	25.0	12.5	51	37
Faith-based organization	118	6.8	16.9	22.9	33.1	20.3	65	55
Secular nonprofit	82	19.5	31.7	34.1	13.4	1.2	30	25
Louisiana	104	12.5	23.1	25.0	26.9	12.5	51	37
Mississippi	82	8.5	20.7	31.7	24.4	14.6	55	42
Houston, TX	14	28.6	35.7	21.4	14.3	0.0	25	15
Primary impact area	76	13.2	25.0	27.6	22.4	11.8	48	36
Adjacent to impact area	73	11.0	17.8	31.5	27.4	12.3	54	40
Farthest from impact area	51	11.8	27.5	21.6	25.5	13.7	51	31

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for two respondents.

Types of Services Provided

In the aftermath of a hurricane, there are at least two phases to recovery that necessitate different types of services. First are the immediate rescue and relief activities to help victims of the storm. Later, recovery activities help individuals and families reconstruct their lives and cope with loss. The survey asked questions to learn what types of services were provided by FBCOs and how long groups provided these services.

Although hurricanes are common in the Gulf Coast region, hurricanes Katrina and Rita were so powerful and damage so extensive that the response of organizations in the region and around the country was unprecedented. Indeed, two-thirds of the FBCOs in the survey said that this was the first time that they provided disaster relief services after a hurricane. The share of first-time providers was slightly higher for secular nonprofits (71 percent), perhaps reflecting the fact that congregations commonly provide emergency services as distinct from ongoing social services. Seventy-five percent of FBCOs in the distant (tertiary) areas of the region also were first-time providers.

Immediate Relief Services

The most common services provided immediately after the storm by FBCOs in the survey were provision of clothing, food, water, monetary or in-kind assistance, and temporary housing. Roughly 70 percent of respondents indicated that they had engaged in at least one of these activities (Table 3). To a much lesser extent, FBCOs provided first aid or medical care (25 percent), transportation out of the impacted areas (21 percent), and search and rescue activities (8 percent). These patterns of service provision were similar regardless of the FBCO's location. Providing clothing and food were generally the most common activities, while engaging in medical care, transportation away from the disaster area, and search and rescue missions were far less common.

10

Table 3. Services Most Commonly Provided Immediately after the Hurricanes

Characteristic	N	Percent of Organizations That Provided the Following Immediate Services:							
		Clothing/ household goods	Food	Water & emergency supplies	Money or in-kind donations	Temp housing & shelter	First aid/medical services	Transport-ation out of affected areas	Search & rescue activities
All respondents	202	71.8	69.3	63.4	58.4	53.0	24.8	21.3	8.4
Faith-based organization	120	84.2**	78.3**	72.5**	70.8**	59.2	30.8*	25.8	10.0
Secular Nonprofit	82	53.7**	56.1**	50.0**	40.2**	43.9	15.9*	14.6	6.1
Louisiana	105	66.7	66.7	59.0	56.2	55.2	21.9	24.8	10.5
Mississippi	83	75.9	69.9	67.5	60.2	51.8	25.3	16.9	7.2
Houston, TX	14	85.7	85.7	71.4	64.3	42.9	42.9	21.4	0.0
Primary impact area	77	67.5	67.5	62.3	59.7	53.2	19.5	20.8	7.8
Adjacent to impact area	73	74.0	67.1	63.0	53.4	54.8	26.0	23.3	12.3

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
* Difference significant at 0.05 level.
** Difference significant at 0.01 level.

A larger proportion of faith-based organizations in the survey provided immediate relief services than did their secular counterparts. For example, between 70 and 85 percent of faith-based organizations provided clothing, food, water, and in-kind assistance compared with roughly 40 to 55 percent of the secular nonprofits—a statistically significant difference. Also, higher percentages of faith-based organizations provided temporary housing, transportation out of the affected areas, and search and rescue activities than did secular nonprofits in the survey, but the differences in percentages between these two types of providers are relatively small and not statistically significant.

Two-thirds of the respondents said they began providing immediate relief services during the storm or within the first week after the storm (Table 4). Distance from the hurricanes' direct impact was a significant factor in determining when services began. FBCOs located in the adjacent parishes and counties outside the immediate impact areas were quickest to respond. Three-quarters of them started providing services during or just after the storm, and 90 percent were assisting within the first month. Similarly, in the areas farthest from the impact, 90 percent of the FBCOs were taking action within the first month after the storm. The devastation that occurred in the hardest hit areas undoubtedly slowed the response of many FBCOs in those locations. Just over half (52 percent) in the hardest hit areas started providing services within the first week after the storm, but a quarter did not begin until after the first month. Distance from the storms' impact appears to be the key factor in the quickness of response. No other factor was statistically significant.

Table 4. Inception of Immediate Relief Services

Characteristic	Number	When Did You Begin Providing Immediate Services?		
		During or right after storm (first week)	Not in first week but in first month	Sometime after first month
All respondents	186	65.6	19.9	14.5
Faith-based organization	117	65.8	19.7	14.5
Secular nonprofit	69	65.2	20.3	14.5
Louisiana	98	63.3	21.4	15.3
Mississippi	74	68.9	17.6	13.5
Houston, TX	14	64.3	21.4	14.3
Primary impact area*	69	52.2	23.2	24.6
Adjacent to impact area*	67	76.1	16.4	7.5
Farthest from impact area*	50	70.0	20.0	10.0

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 16 respondents.
* Difference significant at 0.05 level.

About one in three FBCOs was continuing to provide immediate relief services, such as temporary housing, two years after the storms. The highest share of these services (35 percent) was located in the primary impact areas, reflecting the rebuilding that continues there. Also, a somewhat greater share of secular nonprofits (33 percent) than faith-based organizations (28 percent) continued to provide such services, perhaps reflecting the short-term, emergency services that congregations often provide.

For the most part, immediate relief services were offered for a relatively short duration. Of those that no longer delivered services, most FBCOs in the survey (53 percent) stopped within three months of the storm. Fewer than one in five (17 percent) provided immediate relief services for more than one year (Table 5). FBCOs in the primary impact areas and secular nonprofits were mostly likely to provide these services for the longest time. In each case, slightly more than a quarter (27 percent) of these organizations provided immediate relief services for more than a year before ending the services.

Table 5. Duration of Immediate Relief Services

	Still Providing Service?		When Did You Stop Providing Immediate Services?					
Characteristic	Yes (N)	% of total	All (N)	Do not know	After one month	After three months	After one year	Sometime later than one year
All respondents	56	30.1	128	4.7	27.3	25.8	25.0	17.2
Faith-based organization	33	28.2	83	4.8	28.9	30.1	24.1	12.0
Secular nonprofit	23	33.3	45	4.4	24.4	17.8	26.7	26.7
Louisiana	27	27.6	71	5.6	29.6	32.4	18.3	14.1
Mississippi	24	32.4	49	2.0	22.4	16.3	36.7	22.4
Houston, TX	5	35.7	8	12.5	37.5	25.0	12.5	12.5
Primary impact area	24	34.8	45	4.4	15.6	24.4	28.9	26.7
Adjacent to impact area	18	26.9	48	4.2	37.5	29.2	18.8	10.4
Farthest from impact area	14	28.0	35	5.7	28.6	22.9	28.6	14.3

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 18 respondents.

Long-Term Recovery Services

In the aftermath of hurricanes, many types of services are needed to help individuals and families recover from the devastation of the storms. These services often include counseling to address the mental and emotional traumas suffered because of the storm, repair and reconstruction of damaged property, finding new jobs, and addressing educational and child care needs of children.

After hurricanes Katrina and Rita, the most common types of long-term recovery services offered by FBCOs were spiritual counseling (53 percent), housing rehabilitation (42 percent), and mental health counseling (36 percent). Much less common were services addressing child care and school needs, job training, and family reunification (Table 6).

Table 6. Most Common Long-Term Recovery Services

	N	Percent of Organizations That Provided the Following Long-Term Recovery Services:					
		Spiritual counseling	Housing Rehab	Mental health	Child care	Job training	Family reunification
All respondents	202	53.0	42.1	35.6	25.7	20.8	19.8
Faith-based organization	120	75.0**	57.5**	35.8	23.3	17.5	20.0
Secular nonprofit	82	20.7**	19.5**	35.4	29.3	25.6	19.5
Louisiana	105	49.5	34.3**	33.3	25.7	21.0**	21.0
Mississippi	83	56.6	56.6**	38.6	21.7	14.5**	16.9
Houston, TX	14	57.1	14.3**	35.7	50.0	57.1**	28.6
Primary impact area	77	57.1	53.2*	44.2	22.1	14.3*	18.2
Adjacent to impact area	73	49.3	38.4*	34.2	27.4	19.2*	17.8
Farthest from impact area	52	51.9	30.88*	25.0	28.8	32.7*	25.0

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
*Difference significant at 0.05 level.
** Difference significant at 0.01 level.

Not surprisingly, the faith-based organizations in the survey were most likely to engage in spiritual counseling. Three-quarters of them indicated that they provided this service, and about one-tenth provided only spiritual counseling. One-fifth of secular nonprofits also addressed spiritual needs. About equal proportions of faith-based and secular nonprofits offered mental health counseling (roughly 35 percent), although it is difficult to know what distinctions respondents made between, for example, pastoral counseling and mental health counseling.

Long-term housing services—that is, cleanup, repairs, and rebuilding (as distinct from emergency shelter)—are also prominent among services provided by faith-based groups. Nearly three in five faith-based respondents (58 percent) reported providing long-term housing services, compared with one in five nonprofit respondents (20 percent). Further, as Table 6 also shows, more than half of all respondents in the directly impacted areas engaged in housing services. Understandably, FBCOs farther away from the primary impact area were less likely to offer long-term housing assistance. Also, a significantly larger share of FBCOs in Mississippi (57 percent) than in Louisiana (34 percent) was active in long-term housing assistance. The number of respondents in Texas is too small to have reliable estimates.

Although fewer than one in four FBCOs in the survey reported offering child care, job training, and family reunification services in the wake of the hurricanes, these types of services tended to be more prevalent among FBCOs located far away from the heavily impacted areas. In the vicinity of the Houston Astrodome, for example, half the FBCOs in the survey offered child care or school services, and 57 percent offered job training programs. In contrast, the percentage of FBCOs in Louisiana and Mississippi that offered these services was roughly half as large. The data suggest that the farther from the

directly impacted areas, the more likely it is that a FBCO will engage in services such as child care and job training, which might be associated with resettlement activities.

Similar to immediate relief services, some long-term recovery services began within days of the hurricanes. Sixty-four percent of FBCOs offered long-term recovery services within the first week of the storm. An additional 22 percent were providing these services within the first month (Table 7). Distance from the storms' impact significantly affected when these services began. FBCOs in the sample were slower to begin services if they were in the heavily impacted areas compared with those in the secondary and tertiary areas, no doubt partly reflecting quarantines that remained in areas of impact, including all of New Orleans. There were no significant differences between faith-based and secular nonprofits or among the three states in the survey. Almost half of FBCOs (47 percent) were continuing to provide long-term recovery services at the time of the survey. A higher proportion of FBCOs in the primary impact areas than organizations located farther away reported that they were continuing to provide recovery services, although the differences are not statistically significant (Table 8).

Table 7. Inception of Long-Term Recovery Services

| Characteristic | N | | When Did You Begin Providing Long-Term Recovery Services? | | |
		Do not know	During or right after storm (first week)	Not in first week but in first month	Sometime after first month
All respondents	167	1.2	63.5	22.2	13.2
Faith-based organization	103	1.9	64.1	22.3	11.7
Secular nonprofit	64	0.0	62.5	21.9	15.6
Louisiana	82	1.2	63.4	20.7	14.6
Mississippi	73	1.4	61.6	26.0	11.0
Houston, TX	12	.	75.0	8.3	16.7
Primary impact area*	68	1.5	50.0	26.5	22.1
Adjacent to impact area*	57	1.8	77.2	17.5	3.5
Farthest from impact area*	42	0.0	66.7	21.4	11.9

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 35 respondents.
* Difference significant at 0.05 level.
** Difference significant at 0.01 level.

Table 8. Duration of Long-Term Recovery Services

	Still Providing Services?		When Did You Stop Providing Long-Term Recovery Services?					
	Yes (n)	% of total	All (n)	Do not know	After one month	After three months	After one year	Sometime later than one year
All respondents	79	47.3	87	6.9	14.9	28.7	32.2	17.2
Faith-based organization	51	49.5	51	7.8	17.6	35.3	23.5	15.7
Secular nonprofit	28	43.8	36	5.6	11.1	19.4	44.4	19.4
Louisiana**	38	46.3	44	11.4	13.6	40.9	25.0	9.1
Mississippi**	34	46.6	38	2.6	10.5	15.8	42.1	28.9
Houston, TX**	7	58.3	5	0.0	60.0	20.0	20.0	0.0
Primary impact area	38	55.9	30	13.3	3.3	26.7	40.0	16.7
Adjacent to impact area	26	45.6	30	3.3	20.0	30.0	23.3	23.3
Farthest from impact area	15	35.7	27	3.7	22.2	29.6	33.3	11.1

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 36 respondents.
** Difference significant at 0.01 level.

Among the FBCOs that stopped providing long-term recovery services, nearly half (49 percent) continued their programs for one year or longer. FBCOs in Mississippi and secular nonprofits were particularly likely to offer recovery services for an extended period. In Mississippi, about 70 percent of FBCOs that discontinued providing recovery services had provided the service for at least a year, as did 64 percent of the secular nonprofits. In contrast, 34 percent of FBCOs in Louisiana and 39 percent of faith-based providers in the survey continued their recovery services for at least one year.

Help with Paperwork and Claim Forms

The survey data suggest that helping individuals and families file damage claims or complete applications for other types of assistance was an uncommon activity for FBCOs (Table 9). Roughly 60 percent of FBCOs in the survey, regardless of the type of organization, state, or distance from the storm, reported that they did not provide assistance with claims forms and other types of paperwork.

Table 9. Help with Paperwork

	N	None	Apply to FEMA	Apply for welfare	Apply for private insurance	Apply for legal aid
			Percent of Organizations That Provided the Following Paperwork Services:			
All respondents	202	59.9	32.7	22.3	15.3	12.4
Faith-based organization	120	60.8	33.3	24.2	16.7	10.0
Secular nonprofit	82	58.5	31.7	19.5	13.4	15.9
Louisiana	105	61.9	31.4	21.9	12.4	7.6*
Mississippi	83	57.8	33.7	20.5	18.1	15.7*
Houston, TX	14	57.1	35.7	35.7	21.4	28.6*
Primary impact area	77	63.6	32.5	24.7	18.2	18.2
Adjacent to impact area	73	50.7	35.6	19.2	15.1	8.2
Farthest from impact area	52	67.3	28.8	23.1	11.5	9.6

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
* Difference significant at 0.05 level.

The most common type of assistance was helping people with claims to FEMA. About one in three FBCOs that responded to the survey provided this service. The second most common assistance was helping people complete welfare applications—about one in five FBCOs gave this type of assistance. Much smaller proportions of FBCOs helped with private insurance claims (15 percent) and applications for legal assistance (12 percent). Differences by type of provider and location were generally not statistically significant.

Because a relatively small number of FBCOs in the survey provided assistance with paperwork and given the difficulty of recalling details about these activities, the survey provides only rough estimates of when these services started and stopped. The data suggest, however, that most (57 percent) FBCOs that provided assistance with paperwork and insurance claims forms began helping within the first week of the storm (Table 10). About 21 of the 70 FBCOs that could recall details about this service were still providing help at the time of the survey. Of those that reported discontinuing the service, the majority stopped within three months after the storms (Table 11). Compared with FBCOs in other locations, those in the primary impact areas were more likely to still provide assistance with claims (41 percent) and to have offered the services for a longer time. Fifteen percent stopped providing assistance with paperwork more than a year later.

Table 10. Inception of Services to File Claims

		When Did You Begin Providing Paperwork Assistance?			
Characteristic	N	Do not know	During or right after storm (first week)	Not in first week but in first month	Sometime after first month
All respondents	70	12.9	57.1	17.1	12.9
Faith-based organization	41	9.8	65.9	12.2	12.2
Secular nonprofit	29	17.2	44.8	24.1	13.8
Louisiana	31	16.1	58.1	16.1	9.7
Mississippi	33	9.1	57.6	18.2	15.2
Houston, TX	6	16.7	50.0	16.7	16.7
Primary impact area	27	14.8	48.1	18.5	18.5
Adjacent to impact area	26	11.5	61.5	15.4	11.5
Farthest from impact area	17	11.8	64.7	17.6	5.9

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on 70 respondents providing the service.

Table 11. Duration of Assistance with Paperwork

	Still Providing Services?			When Did You Stop Providing Paperwork Assistance?				
Characteristic	N	% of total	All	Do not know	After one month	After three months	After one year	Sometime later than one year
All respondents	21	30.0	45	8.9	24.4	33.3	24.4	8.9
Faith-based organization	8	19.5	30	3.3	26.7	33.3	26.7	10.0
Secular nonprofit	13	44.8	15	20.0	20.0	33.3	20.0	6.7
Louisiana	9	29.0	19	10.5	26.3	36.8	21.1	5.3
Mississippi	10	30.3	22	9.1	22.7	27.3	27.3	13.6
Houston, TX	2	33.3	4	0.0	25.0	50.0	25.0	0.0
Primary impact area	11	40.7	13	7.7	23.1	15.4	38.5	15.4
Adjacent to impact area	7	26.9	18	11.1	22.2	44.4	22.2	0.0
Farthest from impact area	3	17.6	14	7.1	28.6	35.7	14.3	14.3

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are based on 21 organizations providing service.

Individuals Who Received Services

Records were not always kept on the number or types of individuals served, but 90 percent of respondents provided an estimate of the individuals they helped (Table 12). Of those who did provide an estimate, about a quarter of the respondents (28 percent) served fewer than 50 individuals, while almost one in five (18 percent) reported that they served

more than 1,000. The median number of individuals helped was 112. These numbers do not distinguish between individuals served once and those served multiple times.

Table 12. Number of People Served

		Percent of Organizations Serving # of People between:						Median # of
Characteristic	**N**	**< 50**	**50–100**	**101–250**	**251–500**	**501–1,000**	**>1,000**	**people served**
All respondents	180	27.8	21.1	15.6	10.6	6.7	18.3	112
Faith-based organization	106	24.5	21.7	17.0	8.5	8.5	19.8	134
Secular nonprofit	74	32.4	20.3	13.5	13.5	4.1	16.2	93
Louisiana	96	30.2	17.7	15.6	13.5	8.3	14.6	121
Mississippi	72	26.4	26.4	13.9	6.9	4.2	22.2	60
Houston, TX	12	16.7	16.7	25.0	8.3	8.3	25.0	200
Primary impact area	70	15.7	24.3	11.4	12.9	8.6	27.1	162
Adjacent to impact area	70	37.1	17.1	17.1	10.0	7.1	11.4	88
Farthest from impact area	40	32.5	22.5	20.0	7.5	2.5	15.0	89

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 22 respondents.

Along this continuum, faith-based organizations reported a higher median number of people served (134) than did secular nonprofits (93), perhaps reflecting the typical role of congregations to provide immediate relief services such as food, water, and temporary shelter compared with secular social service providers. Median numbers also declined away from the heavily impacted areas—162 for the prime impact areas, 88 for secondary areas, and 89 for tertiary areas. FBCOs in Texas reported a very high median (200), but this is probably because of the concentrated response to the evacuees who were housed in the Astrodome.

Although most FBCOs could provide a rough estimate of the number of people served, about a third of the respondents could not give demographic information (Table 13). Based on those who responded, the most common types of recipients were low-income and families with children.[13] Half the organizations estimated that at least 75 percent of the people they served were low income, and half said that at least 50 percent of those served were families with children. Also, half the FBCOs that responded to questions on client demographics indicated that at least 20 percent of the service recipients were elderly. Likewise, half the FBCOs said that the majority of recipients (88 percent) came from outside the community in which the FBCO is located.

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[13] These categories are not mutually exclusive, so a particular individual may fall into more than one category.

Table 13. Types of People Served

	Median Percentage of Types of People Served						
Characteristic	Elderly n=145	Low-income n=147	Families with children n=152	Immigrants n=145	Members of the church n=93	Usual clients n=67	People from outside community n=168
All respondents	20	75	50	0	0	15	88
.							
Faith-based organization	25**	60**	50**	0	0	0	90
Secular nonprofit	10**	90**	70**	0	0	20	75
Louisiana	15	75	50	0	0	20	83
Mississippi	25	70	55	1	5	10	80
Houston, TX	25	95	73	0	0	1	100
Primary impact area	30	78	53	1	33**	65	25**
Adjacent to impact area	20	73	50	0	0**	13	97**
Farthest from impact area	10	75	68	0	0**	0	100**

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing for 34 respondents.
* Difference significant at 0.05 level.
** Difference significant at 0.01 level.

Statistically significant differences were found between faith-based organizations and secular nonprofits in the median percentage of elderly, low-income, and families with children served. Secular nonprofits served a higher (median) percentage of low-income people than faith-based organizations (90 versus 60 percent, respectively), and families with children (70 versus 50 percent, respectively). On the other hand, faith-based groups reported higher median proportions of elderly served (25 percent) than did secular nonprofits (10 percent).

As might be expected, FBCOs in the primary impact areas reported that most of their service recipients were local people, whereas FBCOs in secondary and tertiary impact areas served mostly people from outside their communities. Other differences were either not statistically significant or based on a very small number of respondents.

Paid Staff and Volunteers

Delivering services to people in need is a labor-intensive activity. In the first few months after the storms, both paid staff and volunteers were called upon to deliver relief and recovery services.

Paid Staff

Over half (53 percent) of the survey respondents used paid staff to deliver their post-hurricane services. Secular nonprofits were significantly more likely to use paid staff than faith-based organizations (Table 14). Nearly 80 percent of the nonprofits in the survey reported using paid staff, compared with 35 percent of faith-based groups. There was no

significant difference, however, in the use of paid staff by state or distance from the impacted areas.

Table 14. Number of Paid Staff

Characteristic	Used paid staff		Percent of Organizations with Paid Staff between:					Median number of paid staff
	N	%	Do not know	1–5	6–10	11–20	More than 20	
All respondents	107	53.0	2.8	52.3	19.6	11.2	14.0	5
Faith-based organization	42	35.0**	0.0	66.7	16.7	4.8	11.9	4
Secular nonprofit	65	79.3**	4.6	43.1	21.5	15.4	15.4	7
Louisiana	55	52.4	1.8	47.3	23.6	16.4	10.9	6
Mississippi	46	55.4	2.2	58.7	15.2	6.5	17.4	4
Houston, TX	6	42.9	16.7	50.0	16.7	0.0	16.7	4
Primary impact area	42	54.5	2.4	64.3	14.3	4.8	14.3	4
Adjacent to impact area	39	53.4	0.0	43.6	17.9	17.9	20.5	7
Farthest from impact area	26	50.0	7.7	46.2	30.8	11.5	3.8	14

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
** Difference significant at 0.01 level.

When FBCOs used paid staff, the actual number of employees was small. Half the FBCOs with paid staff reported five or fewer employees. For faith-based organizations, the median number of paid staff was four; for secular nonprofits, it was seven. About 14 percent of FBCOs that responded to the survey had more than 20 paid staff delivering hurricane-related services.

Except for the areas directly impacted by the storms, the number of paid staff did not change significantly after the hurricanes (Table 15). About two-thirds (67 percent) of the FBCOs surveyed said that they had about the same number of paid employees after the storm as before. Another 11 percent reported a modest increase (10 percent or less), and 9 percent said they had a substantial increase of more than 10 percent.

Table 15. Change in Number of Paid Staff after the Hurricane

Characteristic	N	Compared with Before the Storm, Percent of Organizations with:					
		Do not know	Substantial increase (>10%)	Modest increase (≤ 10%)	About the same	Modest decrease (≤ 10%)	Substantial decrease (>10%)
All respondents	107	1.9	9.3	11.2	67.3	6.5	3.7
Faith-based organization	42	.	11.9	11.9	73.8	.	2.4
Secular nonprofit	65	3.1	7.7	10.8	63.1	10.8	4.6
Louisiana	55	1.8	9.1	14.5	60	9.1	5.5
Mississippi	46	2.2	8.7	8.7	73.9	4.3	2.2
Houston, TX	6	0.0	16.7	0.0	83.3	0.0	0.0
Primary impact area*	42	0.0	14.3	7.1	57.1	14.3	7.1
Adjacent to impact area*	39	2.6	2.6	20.5	71.8	2.6	0.0
Farthest from impact area*	26	3.8	11.5	3.8	76.9	0.0	3.8

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on respondents with paid staff.
* Difference significant at 0.05 level.

The only statistically significant differences were found in the distance from the impacted areas. FBCOs closest to the devastation reported the most fluctuation in numbers of paid staff. About 57 percent of respondents in the primary impact area said they experienced no appreciable change, while equal proportions of FBCOs (21 percent each) reported increases or decreases in size of their paid staff. In the areas adjacent to or more distant from the impacted areas, respondents said that the number of paid staff either stayed about the same or increased. Twenty percent of FBCOs in the areas adjacent to the direct impact reported modest increases, while about 12 percent of FBCOs in the most distant places had substantial increases in paid staff. These data reflect the hurricane's disruption of service delivery by providers located in the most affected areas and the increase in demand for services in the areas away from the storm.

Volunteers

Volunteers were an important part of the service delivery process. As Table 16 shows, about three-quarters (77 percent) of FBCOs in the survey reported using volunteers in the first three months after the storms, and faith-based organizations were much more likely than secular nonprofits to work with volunteers (86 percent versus 63 percent, respectively). For those that used volunteers, the median number of volunteers that worked in a typical week was fairly similar—21 for faith-based organizations and 18 for nonprofits. No significant differences were found by state or distance from the impacted areas.

Table 16. Number of Volunteers

Characteristic	Used volunteers		Percent of Organizations Reporting Number of Volunteers between:					Median # of volunteers
	N	%	Don't know	1–25	26–50	51–100	> 100	
All respondents	155	76.7	3.8	60.6	14.2	11.6	9.7	20
Faith-based organization	103	85.8**	3.8	56.3	15.5	13.6	10.7	21
Secular nonprofit	52	63.4**	3.8	69.2	11.5	7.7	7.7	18
Louisiana	78	74.3	3.9	70.5	12.8	9.0	3.8	17
Mississippi	65	78.3	4.5	49.2	15.4	16.9	13.8	24
Houston, TX	12	85.7	0.0	58.3	16.7	0.0	25.0	22
Primary impact area	60	77.9	1.7	55.0	15	16.7	11.7	22
Adjacent to impact area	60	82.2	6.7	65.0	13.3	8.3	6.7	18
Farthest from impact area	35	67.3	2.9	62.9	14.3	8.6	11.4	20

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on organizations that used volunteers.
** Difference significant at 0.01 level.

As Table 17 shows, nearly half (48 percent) of the survey respondents said they had more than a 10 percent increase in their volunteer workforce, and another 13 percent said they experienced a modest increase (up to 10 percent). Only 5 percent of FBCOs reported a decrease in volunteers. These patterns were fairly consistent for all types and locations of FBCOs and showed no statistical differences.

Table 17. Change in Number of Volunteers after the Hurricane

Characteristic	N	Compared with Before the Storm, Percent of Organizations with:					
		Do not know	Substantial increase (>10%)	Modest increase (≤ 10%)	About the same	Modest decrease (≤ 10%)	Substantial decrease (>10%)
All respondents	155	1.3	48.4	12.9	32.3	2.6	2.6
Faith-based organization	103	1.0	51.5	10.7	32.0	2.9	1.9
Secular nonprofit	52	1.9	42.3	17.3	32.7	1.9	3.8
Louisiana	78	1.3	41.0	17.9	33.3	2.6	3.8
Mississippi	65	1.5	53.8	9.2	30.8	3.1	1.5
Houston, TX	12	0.0	66.7	0.0	33.3	0.0	0.0
Primary impact area	60	0.0	56.7	6.7	28.3	3.3	5.0
Adjacent to impact area	60	3.3	35.0	20.0	36.7	3.3	1.7
Farthest from impact area	35	0.0	57.1	11.4	31.4	0.0	0.0

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.

Among the FBCOs that used volunteers, the two most common ways of recruiting them were word of mouth (used by nearly half of respondents) and encouraging volunteerism through the FBCO's own membership (38 percent of respondents). Other forms of recruitment included drawing from other organizations or congregations in the local area (13 percent), using existing rosters of volunteers (12 percent), receiving volunteers from national organizations or other affiliates (6 percent), conducting outreach efforts such as distributing posters or flyers (6 percent), using web sites (6 percent), and media coverage (5 percent).

Both faith-based organizations and secular nonprofits relied on word-of-mouth referrals to attract volunteers, but they drew from different pools of potential volunteers. Faith-based groups turned to their congregational members, whereas secular nonprofits used existing lists of volunteers to find help (Table 18). These differences in recruitment methods are statistically significant and may reflect organizational structure and past experience in providing services to people in need.

Table 18. Methods for Recruiting Volunteers

Characteristic	N	Word of mouth	Their congregation	Local nonprofits & congregations	Roster of volunteers	Outreach	National groups	Web sites	Media	Other
		Percent of Organizations That Used:								
All respondents	155	48.0	38.1	12.9	12.4	6.4	6.4	5.9	4.5	13.4
Faith-based organization	103	57.5**	60.0**	13.3	6.7**	7.5	7.5	5.8	4.2	10.0
Secular nonprofit	52	34.1**	6.1**	12.2	20.7**	4.9	4.9	6.1	4.9	18.3
Louisiana	78	40.0	34.3	9.5	11.4	4.8	3.8	2.9	2.9	14.3
Mississippi	65	56.6	42.2	16.9	13.3	8.4	9.6	9.6	7.2	9.6
Houston, TX	12	57.1	42.9	14.3	14.3	7.1	7.1	7.1	.	28.6
Primary impact area	60	48.1	33.8	13.0	10.4	6.5	7.8	7.8	6.5	15.6
Adjacent to impact area	60	49.3	42.5	15.1	13.7	8.2	4.1	6.8	0.0	12.3
Farthest from impact area	35	46.2	38.5	9.6	13.5	3.8	7.7	1.9	7.7	11.5

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.

Note: Analysis based on respondents with volunteers.

** Difference significant at 0.01 level.

When asked about managing this volunteer workforce, most respondents (68 percent) said that they had about the right number of volunteers, although about a quarter said they had too few (Table 19). These responses were fairly uniform by type of organization and location.

Table 19. Sufficient Levels of Volunteers

Characteristic	N	Did You Recruit Too Many/Right Amount/Not Enough Volunteers? (percent)			
		Do not know	Too many	About right	Not enough
All respondents	155	2.6	2.6	68.4	26.5
Faith-based organization	103	1.9	2.9	68.0	27.2
Secular nonprofit	52	3.8	1.9	69.2	25.0
Louisiana	78	2.6	0.0	65.4	32.1
Mississippi	65	1.5	6.2	70.8	21.5
Houston, TX	12	8.3	0.0	75.0	16.7
Primary impact area	60	3.3	5.0	66.7	25.0
Adjacent to impact area	60	1.7	0.0	68.3	30.0
Farthest from impact area	35	2.9	2.9	71.4	22.9

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on respondents who used volunteers.

For the most part, FBCOs were very satisfied with their experience working with volunteers. Only a handful of respondents reported any difficulties. The most common challenge was having insurance to cover the volunteers (reported by eight respondents). Other challenges mentioned were transporting volunteers to the work site (six respondents), managing or supervising volunteers (five respondents), and providing housing or food for volunteers (four respondents).

Networks and Collaborations

Anecdotal stories tell of the important role that FBCOs have played in the relief and recovery efforts in the Gulf Coast region. Less well documented are the networks and collaborations used to accomplish this work. The survey explored the prevalence of affiliations with other organizations, collaborations that were formed, and the experiences FBCOs had working with other organizations.

Types of Arrangements

About half (53 percent) of respondents indicated that they were formally affiliated with a larger entity (such as a Catholic diocese, the Southern Baptist Convention, YMCA, Boys and Girls Clubs of America, or Child Welfare League of America). Such affiliation was much more likely among faith-based organizations (63 percent) than secular nonprofits (38 percent).

However, being affiliated with a larger entity did not affect the likelihood that a FBCO worked with other organizations. In fact, two of every three respondents (68 percent) indicated that they worked with one or more other groups as part of their relief and recovery efforts. Further, for those that worked collaboratively, respondents were fairly evenly divided between affiliated and

unaffiliated FBCOs. There was no significant distinction between faith-based and secular organizations or among geographic locales.

Collaborations were most commonly formed with secular nonprofits and churches rather than governmental or business entities (Table 20). Between 35 and 40 percent of the respondents indicated that they had worked with secular nonprofits and churches to provide their relief and recovery services. A much smaller proportion worked with state and local government (15 percent) and businesses (11 percent). Only a handful of FBCOs collaborated with the federal government, schools, universities, and hospitals (about 7 percent in each category).

Table 20. Types of Organizations in the Collaboration

		Percent of Organizations That Worked with:							
Characteristic	N	Secular nonprofits	Churches	State/local gov't	Business	Federal gov't	K-12 schools	Colleges	Hospitals
All respondents	138	39.1	35.6	15.3	11.4	6.9	6.9	6.9	6.4
Faith-based organization	81	38.3	40.8	10.0*	12.5	6.7	5.8	6.7	6.7
Secular nonprofit	57	40.2	28.0	23.2*	9.8	7.3	8.5	7.3	6.1
Louisiana	68	34.3	31.4	14.3	11.4	7.6	6.7	7.6	4.8**
Mississippi	59	43.4	38.6	16.9	8.4	7.2	4.8	7.2	4.8**
Houston, TX	11	50.0	50.0	14.3	28.6	0.0	21.4	0.0	28.6**
Primary impact area	52	39.0	37.7	20.8	9.1	10.4	2.6	10.4	5.2
Adjacent to impact	48	37.0	30.1	9.6	9.6	6.8	8.2	2.7	5.5
Farthest from impact	38	42.3	40.4	15.4	17.3	1.9	11.5	7.7	9.6

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on 138 respondents that reported collaborations.
* Difference significant at 0.05 level.
** Difference significant at 0.01 level.

As Table 20 also shows, faith-based organizations in the survey worked almost equally with churches (41 percent) and nonprofits (38 percent), while secular nonprofits were more likely to work with other nonprofits (40 percent) than churches (28 percent). These patterns are not statistically significant, however.

Two significant patterns emerged from the survey data. First, a much higher proportion of secular nonprofits (23 percent) than faith-based groups (10 percent) worked with state and local governments. Because many congregations and other faith-based organizations do not typically partner with government, they may have been less familiar with how to work with government or lacked the capacity to do so. Second, the proportion of FBCOs working with hospitals was roughly six times greater in the Houston area (29 percent) than in either Louisiana or Mississippi (5 percent each). Although the number of FBCOs that worked with hospitals is small (about three respondents in each location), the finding is statistically significant and may partly reflect the disruption of the health care system in the areas of impact after the hurricanes.

Many of these collaborations were new arrangements (Table 21). Nearly half (47 percent) of the FBCOs that worked with others said their collaborations did not exist before the storms. Almost a third (31 percent) of the respondents said the arrangements were a continuation of prior relationships that existed before the storms, and about 20 percent described their collaborations as a combination of new and existing relationships. There was no significant difference in these proportions by type of organization or locale.

Table 21. History of the Collaboration

| Characteristic | N | Were These Relationships New or Continuing from Before the Storm? | | | |
		Do not know	New	Continuing	Both
All respondents	138	2.2	47.1	31.2	19.6
Faith-based organization	81	3.7	50.6	25.9	19.8
Secular nonprofit	57	0.0	42.1	38.6	19.3
Louisiana	68	2.9	41.2	32.4	23.5
Mississippi	59	0.0	57.6	27.1	15.3
Houston, TX	11	9.1	27.3	45.5	18.2
Primary impact area	52	0.0	50.0	28.8	21.2
Adjacent to impact area	48	4.2	54.2	27.1	14.6
Farthest from impact area	38	2.6	34.2	39.5	23.7

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on 138 respondents that reported history of collaboration.

Experiences with Collaboration

Collaborations and partnerships can encompass many activities. After Katrina and Rita, the most common way that groups in the survey collaborated was to share resources (Table 22). Three-quarters of the FBCOs that worked with other groups indicated that they shared physical resources such as space, equipment, and supplies. Faith-based organizations more often than secular nonprofits shared physical resources (82 percent versus 63 percent). This is consistent with the fact that most faith-based respondents in this survey are congregations, and congregations frequently have shelter and feeding facilities that they enlist during a disaster. Also, the farther away from the impacted areas, the less resource sharing occurred. About 85 percent of FBCOs in the primary areas shared resources, compared with 75 percent in the secondary areas and 58 percent in the tertiary areas. These differences were statistically significant.

Table 22. Activities within the Collaboration

Characteristic	N	Percent of Organizations That:					
		Shared resources	Referred individuals to others	Received referrals	Received advice	Gave advice	Received financial support
All respondents	138	73.9	55.8	52.9	48.6	32.6	28.3
Faith-based organization	81	81.5*	48.1*	42.0**	40.7**	27.2	19.8**
Secular nonprofit	57	63.2*	66.7*	68.4**	59.6**	40.4	40.4**
Louisiana	68	76.5	52.9	48.5	45.6	35.3	27.9
Mississippi	59	72.9	62.7	61.0	55.9	33.9	30.5
Houston, TX	11	63.6	36.4	36.4	27.3	9.1	18.2
Primary impact area	52	84.6*	71.2*	57.7	53.8	42.3	46.2**
Adjacent to impact area	48	75.0*	45.8*	56.3	52.1	29.2	22.9**
Farthest from impact area	38	57.9*	47.4*	42.1	36.8	23.7	10.5**

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on 138 respondents that reported on collaboration.
* Difference significant at 0.05 level.
** Difference significant at 0.01 level.

After resource sharing, the next most common collaborative activity was referrals or information exchange. More than half of FBCOs that worked with other groups referred individuals or families *to* other organizations for assistance (56 percent) and received referrals *from* other organizations (53 percent), and about half received advice or instructions from other organizations (49 percent). A smaller proportion of FBCOs gave advice or instructions to the other groups with which they collaborated (33 percent).

There were statistically significant differences between faith-based and secular nonprofit organizations in collaboration that involved referrals. A larger proportion of secular nonprofits than faith-based groups referred clients to other providers (67 percent versus 48 percent) and received referrals from other organizations (68 percent versus 42 percent). These differences may reflect that secular nonprofits are often professional service providers and by extension recognized as part of a social service delivery system. Also, a larger proportion of FBCOs in the primary impact areas (71 percent) referred individuals to other providers than did those in the secondary or tertiary areas (46 and 47 percent, respectively). Because many service providers in the heavily impacted areas may have been damaged and not open for business after the storms, the circumstance may have necessitated greater use of referrals in the most damaged areas.

The least common collaborative activity was sharing financial resources. Overall, 28 percent of the FBCOs that worked with other organizations said that they received financial support from groups they worked with. However, there are at least two significant differences in this pattern. First, more than twice the proportion of secular nonprofits received financial support from their partners than did faith-based organizations—40 percent versus 20 percent. And, second, a larger proportion of respondents in the hardest hit areas (46 percent) received financial support from

their partners than did those in the secondary (23 percent) and tertiary areas (11 percent). This may reflect a greater level of financial need in the hardest-hit areas.

When asked how well these collaborative arrangements worked, 70 percent of respondents replied "very smoothly." Another 27 percent said "somewhat smoothly" and "reasonably well." Less than 2 percent indicated that they had a "mixed" experience of good and not-so-good experiences. FBCO respondents in Mississippi and those in the areas adjacent to the direct impact were slightly less positive about their collaborative experiences than other FBCOs, but the differences are not statistically significant.

Only a handful of respondents (nine faith-based organizations and eight secular nonprofits) said they had tried to work with other organizations but were unsuccessful. These respondents primarily identified secular nonprofits and government organizations as the ones that they were unable to work with. Poor communication among groups and difficult protocols were frequently mentioned as barriers that prevented collaborations from taking place.

Cost of Providing Services

Obtaining information from survey respondents on the cost of providing services was difficult. More than a third of respondents (36 percent) did not know how much was spent, did not keep records, or refused to indicate an amount. Of those that provided information, the median expenditure was about $6,700 (Table 23). Secular nonprofits spent somewhat more than faith-based groups ($7,500 versus $6,100, respectively), and FBCOs in the directly hit areas reported the largest median expenditure ($10,000). About 10 percent of secular nonprofits in the survey reported spending more than $1 million.

Table 23. Amount Spent on Relief Services

| | | Percent of Organizations with Relief Budgets of: | | | | | | | | | |
Characteristic	N	Less than $500	$500 to $2,500	$2,500 to $5,000	$5k to $10k	$10k to $50k	$50k to $100k	$100k to $500k	$500k to $1m	More than $1m	Median budget
All respondents	130	13.8	14.6	18.5	9.2	22.3	5.4	9.2	2.3	4.6	$6,667
Faith-based organization*	75	10.7	14.7	22.7	9.3	24.0	8.0	6.7	4.0	0.0	$6,071
Secular nonprofit*	55	18.2	14.5	12.7	9.1	20.0	1.8	12.7	0.0	10.9	$7,500
Louisiana	72	15.3	12.5	19.4	6.9	27.8	4.2	8.3	1.4	4.2	$7,000
Mississippi	50	14.0	16.0	18.0	10.0	14.0	6.0	12.0	4.0	6.0	$6,000
Houston, TX	8	0.0	25.0	12.5	25.0	25.0	12.5	0.0	0.0	0.0	$7,500
Primary impact area	48	16.7	8.3	14.6	10.4	20.8	4.2	14.6	6.3	4.2	$10,000
Adjacent to impact	47	19.1	12.8	17.0	6.4	27.7	4.3	6.4	0.0	6.4	$5,833
Farthest from impact	35	2.9	25.7	25.7	11.4	17.1	8.6	5.7	0.0	2.9	$4,583

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Data are missing 72 respondents.
* Difference significant at 0.05 level.

When asked about the sources of financial support for their relief and recovery efforts, many respondents (about 38 percent) were unable to answer these questions. However, based on those

who did respond, most (72 percent) received donations from individuals (Table 24). The next most common source of financial support was from faith-based organizations (45 percent) and nonprofit organizations such as the United Way and Red Cross (39 percent).

As Table 24 also illustrates, there were statistically significant differences in the sources of financial support for faith-based and secular nonprofits. A greater percentage of faith-based groups than secular nonprofits received donations from individuals and other faith-based organizations, while a larger share of secular nonprofits got financial support from other nonprofits, private foundations, and government. Secular nonprofits were about four times more likely than faith-based groups to have received financial support from the federal government and about 3.5 times more likely to have received support from state and local governments. These data suggest that secular nonprofits may have more capacity to work with government and meet requirements that accompany the receipt of public dollars. Survey respondents in the directly impacted areas were more likely than those in other areas to receive support from faith-based groups and nonprofit groups. There were no statistically significant differences in the sources of financial support when the data were controlled for state.

Table 24. Sources of Financial Support for Relief Services

| | | Percent of Organizations That Received Financial Support from: | | | | | | | |
Characteristic	N	Individuals	Faith-based organization	Secular nonprofit	Business	Private foundation	Federal gov't	State/ local gov't	Other
All respondents	125	72.0	44.8	39.2	31.2	19.2	15.2	14.4	8.0
Faith-based organization	74	82.4**	55.4**	24.3**	25.7	10.8**	6.8**	6.8**	5.4
Secular nonprofit	51	56.9**	29.4**	60.8**	39.2	31.4**	27.5**	25.5**	11.8
Louisiana	57	70.2	38.6	36.8	33.3	17.5	15.8	15.8	10.5
Mississippi	58	70.7	50.0	44.8	27.6	20.7	15.5	13.8	6.9
Houston, TX	10	90.0	50.0	20.0	40.0	20.0	10.0	10.0	0.0
Primary impact area	56	71.4	62.5**	57.1**	26.8	25.0	21.4	17.9	5.4
Adjacent to impact	41	68.3	24.4**	26.8**	39.0	17.1	9.8	14.6	14.6
Farthest from impact	28	78.6	39.3**	21.4**	28.6	10.7	10.7	7.1	3.6

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
Note: Analysis based on respondents that reported amount spent and sources of support.
** Difference significant at 0.01 level.

Most FBCOs in the survey delivered relief services without direct financial support from government. Only 18 respondents said that they applied for reimbursement from the federal or state government, and most of these (11) were larger organizations with budgets over $500,000. The reimbursement requests were primarily directed at FEMA or other federal agencies (11 of 18 respondents).

Of the 18 FBCOs that applied for public funds, most said that the application process was very difficult (nine) or somewhat difficult (four). Only four respondents described the process as "very easy" or "somewhat easy." When asked why the process was difficult, typical responses

included "the application process was unclear"; "takes a lot of paperwork and time to get it done"; "we lost all of the records [in the storm] … so not able to collect because [the records were] not recovered"; and "a lot of things they asked for weren't told to [us] in advance, but after it had already been done." Eleven of the 18 applicants received some reimbursement for their services. The others had been waiting two or more years to receive payment. It is unknown how many FBCOs chose not to apply for reimbursement because of the presumed difficulties of the process or because they were able to use other resources.

Lessons Learned

Hurricanes Katrina and Rita were extraordinary events. When asked to reflect on the lessons learned, survey respondents expressed a wide range of views and opinions.

Steps Taken to Address Future Emergencies

In the aftermath of the hurricanes, some FBCOs in the survey had taken steps to prepare for future emergencies (Table 25). One in four respondents said that since the hurricanes, they have created an emergency action plan to help direct their relief and recovery efforts. One in six cited collaborations as an important outcome of the storms. Less common actions included creating lists of volunteers to use in the future (9 percent) and developing directories of services such as 211 or 311 systems that can serve as information centers (5 percent). Still, more than one in three FBCOs in the survey (36 percent) reported that they have not taken *any* steps that might prepare them for future emergencies.

Table 25. Steps Taken to Prepare for Future Emergencies

		Percent of Organizations with the Following in Place for Future Storms:					
Characteristic	**N**	**Nothing**	**Emergency action plans**	**Partnerships/ collaborations**	**List of volunteers**	**Directories of services**	**Other**
All respondents	202	35.6	25.2	16.3	9.4	4.5	37.6
Faith-based organization	120	45.0**	18.3**	12.5	9.2	4.2	36.7
Secular nonprofit	82	22.0**	35.4**	22.0	9.8	4.9	39.0
Louisiana	105	38.1	27.6	16.2	9.5	4.8	37.1
Mississippi	83	32.5	22.9	18.1	8.4	4.8	39.8
Houston, TX	14	35.7	21.4	7.1	14.3	0.0	28.6
Primary impact area	77	31.2*	31.2	20.8	6.5	5.2	39.0
Adjacent to impact area	73	30.1*	24.7	17.8	11.0	5.5	43.8
Farthest from impact area	52	50.0*	17.3	7.7	11.5	1.9	26.9

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston.
* Difference significant at 0.05 level.
** Difference significant at 0.01 level.

The steps taken by faith-based and secular nonprofit organizations differed significantly in some cases. For example, faith-based organizations were much more likely than secular nonprofits to report that they have taken no steps since the storm to prepare for future emergencies—45

percent versus 22 percent. In contrast, proportionately twice as many secular nonprofits (35 percent) have created emergency action plans than faith-based providers (18 percent), and a greater share of secular nonprofits (22 percent) reported that they have created collaborations and partnerships than faith-based organizations (13 percent), although the difference is not statistically significant. The different steps taken by faith-based and secular respondents to plan for future emergencies may reflect the types of services faith-based organizations, predominantly congregations, provided in response to the storm—that is, short-term, emergency relief services. These organizations may see their mission as helping during emergency situations, and they may have less interest in building the infrastructure critical to providing other, long-term human services.

Distance from the storms' direct impact also appears to be a factor in the likelihood of planning for the next emergency. The farther from the hurricanes' impact, the less likely FBCOs reported any emergency planning activities. For example, half the FBCOs in the most distant areas reported that they have taken no action since the hurricanes to prepare for future emergencies, whereas in the primary and secondary areas, only a third of the FBCOs have taken no action.

FBCO Perceptions of What Went Well

In general, FBCOs in the survey reported that their experiences in providing relief and recovery services were positive. When asked what went well, the most frequent response was "we were able to help people in need," followed by "we brought people together and worked as a team," and then "we formed collaborations and shared information."

As Table 26 shows, faith-based and secular nonprofit organizations emphasized different aspects of their service delivery experiences when asked what worked well. The most common answer for faith-based organizations was their ability to help people in need (20 percent), while for secular nonprofits, it was forming collaborations and sharing information (23 percent). Faith-based groups tended to emphasize working together as a team (14 percent), providing volunteers (11 percent), and providing supplies (8 percent). Secular nonprofits cited their ability to help people (11 percent), provide counseling (10 percent), and connect people with services (9 percent). Faith-based organizations were twice as likely as secular nonprofits (10 percent versus 5 percent) to say that everything went well.

The distance from the impacted areas also significantly shaped FBCOs' perceptions of what went well. In the primary impact areas, for example, the most common response referred to the collaborations formed and information shared. FBCOs in the primary impact areas named collaborations more than twice as often (19 percent) as those in the secondary (8 percent) or distant areas (7 percent). In contrast, FBCOs in the secondary areas were much more likely to cite their ability to provide counseling (14 percent) and housing assistance (10 percent) than FBCOs in either the primary or distant areas.

Table 26. What Went Well in Providing Relief/Recovery Services

		Percent of Organizations That Had the Following Successes:											
Characteristic	N	Helped people in need	Brought people together/ worked as team	Collaborated & shared information	Provided volunteers	Provided counseling	Everything went well	Efficiency/ timeliness of service delivery/ well organized	Provided supplies	Provided housing	Connected people with services	Do not know/no response/ nothing	Other
All respondents	221	16.3	12.2	11.8	10.0	8.1	7.7	6.3	5.4	5.0	4.5	3.6	9.0
Faith-based organization**	132	19.7	14.4	4.5	10.6	6.8	9.8	4.5	7.6	6.1	1.5	3.8	10.6
Secular nonprofit**	89	11.2	9.0	22.5	9.0	10.1	4.5	9.0	2.2	3.4	9.0	3.4	6.7
Louisiana	117	15.4	12.0	9.4	7.7	6.8	7.7	6.0	6.8	6.8	6.0	4.3	11.1
Mississippi	90	16.7	13.3	16.7	10.0	10.0	7.8	5.6	4.4	3.3	2.2	2.2	7.8
Houston, TX	14	21.4	7.1	0.0	28.6	7.1	7.1	14.3	0.0	0.0	7.1	7.1	0.0
Primary impact area*	85	15.3	12.9	18.8	14.1	3.5	4.7	5.9	8.2	3.5	4.7	2.4	5.9
Adjacent to impact*	79	16.5	12.7	7.6	3.8	13.9	8.9	3.8	3.8	10.1	3.8	2.5	12.7
Farthest from impact*	57	17.5	10.5	7.0	12.3	7.0	10.5	10.5	3.5	0.0	5.3	7.0	8.8

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston. *Note:* The "N" reflects the number of answers given, not the number of respondents. ** Difference significant at 0.01 level. * Difference significant at 0.05 level.

Table 27.What Did Not Go Well or Could Have Gone Better In Providing Relief/Recovery Services

		Percent of Organizations That Had the Following Problems:											
Characteristic	N	Don't know/no response/ nothing	Insufficient service delivery/ supplies	Poor communication	Poor coordination	Insufficient preparation	Not enough volunteers/staff	Not enough funding	Problems with FEMA	Problems with government	Problems with Red Cross	Did not get reimbursed	Other
All respondents	213	33.3	20.7	8.5	8.0	5.6	5.2	5.2	3.3	3.3	1.9	0.5	4.7
Faith-based organization**	126	40.5	20.6	7.1	8.7	7.1	2.4	2.4	4.0	0.8	3.2	0.0	3.2
Secular Nonprofit**	87	23.0	20.7	10.3	6.9	3.4	9.2	9.2	2.3	6.9	0.0	1.1	6.9
Louisiana	107	37.4	17.8	7.5	6.5	2.8	6.5	7.5	3.7	3.7	0.0	0.9	5.6
Mississippi	90	26.7	22.2	10.0	10.0	10.0	3.3	3.3	3.3	3.3	4.4	0.0	3.3
Houston, TX	16	43.8	31.3	6.3	6.3	0.0	6.3	0.0	0.0	0.0	0.0	0.0	6.3
Primary impact area	80	33.8	17.5	10.0	11.3	3.8	6.3	5.0	3.8	3.8	1.3	0.0	3.8
Adjacent to impact area	78	28.2	21.8	7.7	9.0	9.0	3.8	3.8	1.3	5.1	2.6	1.3	6.4
Farthest from impact area	55	40.0	23.6	7.3	1.8	3.6	5.5	7.3	5.5	0.0	1.8	0.0	3.6

Source: Urban Institute 2007–08 Survey of FBCOs in Louisiana, Mississippi, and Houston. *Note:* The "N" reflects the number of answers given, not the number of respondents. ** Difference significant at 0.01 level. * Difference significant at 0.05 level.

FBCO Perceptions of What Could Have Gone Better

Respondents had a much more difficult time answering "what did not go well or could have gone better." One-third of respondents indicated they did not know or could think of nothing to report (Table 27). Faith-based organizations (40 percent) were more likely than secular nonprofits (23 percent) to express this opinion.

The most frequently mentioned challenge was insufficient supplies or other services. One in five FBCOs in the survey named this as something that could have been improved. Other common challenges were poor communication (named by 9 percent of the FBCOs) and poor coordination of services (cited by 8 percent).

Again, secular nonprofits and faith-based organizations had different perceptions of what could have been done better. For example, four times more secular nonprofits than faith-based groups (9 percent versus 2 percent) said there were not enough volunteers and not enough funding. A greater share of faith-based organizations than secular nonprofits indicated problems working with FEMA and the Red Cross, while secular nonprofits named "government" as a challenge for them. A larger share of faith-based organizations than secular nonprofits (7 percent versus 3 percent) indicated that they had insufficient preparation to respond to the aftermath of the hurricane.

Summary of Key Survey Findings

The telephone survey findings document FBCOs' involvement in delivering hurricane relief and recovery services, and the networks created to assist people. The findings can serve as an important basis for understanding the work of FBCOs after disasters and for improving the coordination of relief efforts by public and private entities. Key findings include:

Faith-based and secular nonprofit organizations tend to play slightly different roles in the relief and recovery efforts. Faith-based organizations were particularly active in providing immediate relief services such as food, clothing, water, and temporary shelter, and are now active in housing repair and rebuilding programs. The role of congregations in providing emergency services is well documented in the research literature, so their involvement in immediate relief activities after hurricanes Katrina and Rita is not surprising. Secular nonprofits, on the other hand, also provided many immediate relief services but have a larger presence in providing longer-term recovery services such as child care and job training services, which serve longer-term needs and may require more professionally trained staff. Another distinction between faith-based and secular providers is that the secular nonprofits in the survey continued their services for a longer time.

Distance from the immediate impact of the disaster is a significant factor in determining when services began. FBCOs outside the immediate impact areas were more likely to begin relief and recovery services sooner than those in the primary impact areas. The evacuation ordered by governmental authorities for some areas of impact remained in effect for over a month, and the damage and destruction of many FBCOs in the impact areas undoubtedly contributed to the slow start. Once back on their feet, however, FBCOs in the immediate impact

areas were more likely to sustain services for a longer period. This is consistent with the logical progression of services after an emergency—that is, emergency services provided to evacuees outside the impact areas diminish as evacuees return to their homes or resettle in other areas; long-term recovery services, however, are needed and sustained in the impacted areas.

Both paid staff and volunteers formed the backbone of relief and recovery efforts. Half the FBCOs in the survey, particularly the secular nonprofits, reported using paid staff to deliver their relief and recovery services, although the number of paid staff reported by survey respondents (median of five) was relatively small. More than three-quarters of FBCOs, particularly faith-based organizations, used volunteers. For most FBCOs in the survey, this was a substantial increase in their volunteer workforce. Although the vast majority of respondents indicated that their experiences with volunteers went smoothly, areas that might be improved included finding insurance to cover the volunteers, housing and transporting them, and managing their work.

FBCOs' relief efforts were enhanced by the collaborations that were formed, but few of these arrangements included government entities. Two of every three respondents indicated that they worked with other groups as part of their relief and recovery work, and at least half these collaborations were formed as a result of the storms. Faith-based organizations worked almost equally with other faith-based groups and with secular nonprofits. In contrast, a larger share of secular nonprofits tended to work with other secular nonprofits than with faith-based groups. A statistically significant finding is that more than twice as many secular nonprofits as faith-based organizations reported working with all levels of government.

Perceptions of what went well in the relief and recovery effort appear influenced by distance from the storms' impact and type of organization. For example, FBCOs in the primary impact areas identified the collaborations formed and information shared as positive parts of the relief and recovery efforts, while those in the secondary and distant areas cited their ability to provide counseling and housing. Faith-based organizations frequently cited the people who were helped, and secular nonprofits pointed to the collaborations made.

Survey respondents noted several areas that could have gone better in the relief and recovery efforts. Among the most common challenges mentioned were insufficient supplies and services, poor communication, and poor coordination of services.

Many FBCOs lack preparation for a future emergency. More than one in three FBCOs in the survey reported that they have not taken any steps to prepare for future emergencies. This was especially true of faith-based groups and FBCOs located farthest from the primary impact areas.

These findings underscore the important role that local faith-based and secular nonprofits play in disaster relief and recovery efforts and the need for continued planning and coordination between these groups and government responders. The stories of FBCOs in the Gulf Coast area that emerge from these findings offer important lessons for preparing for future disaster relief efforts. Findings from the in-depth case studies, which are presented in the next section, provide detailed analysis of FBCOs' experiences providing services to people in need after the 2005 hurricanes.

PART II. CASE STUDIES OF EIGHT RESPONSES

The findings from the telephone survey, presented in the previous section, provide a profile of the faith-based and community organization response to the 2005 hurricanes. The case studies, discussed in this section, focus on an individual organization as a means to better understand what took place in a single community affected by Hurricane Katrina, or Rita, or both, and to map connections and disconnections that suggest how FBCOs might be used effectively in future disasters. These organizations operated in a complex environment that affected what they did and how they did it. The case studies look in depth at what was happening on the ground in different communities that motivated the response of these eight organizations; how their different purposes and goals created different responses; who else (both governmental and nongovernmental) was providing relief; and how the larger context may have influenced why and how organizations did what they did and, in some cases, why others may have been unable to respond.

To put their efforts in that context, these organizations operated sometimes alongside, but often independently of, a massive humanitarian response. This large network of responders included such organizations such as the American Red Cross, FEMA, local offices of emergency preparedness and designated first responders, other military and law enforcement agencies, and national and international religious and secular organizations with dedicated arms for disaster services (e.g., United Methodist Committee on Relief, Episcopal Relief and Development, and Mennonite Disaster Services). Regardless of whether these responders interacted directly with the FBCOs under study, they helped shape the environment in which the smaller FBCOs operated.

Similarly, while the general perception is that government at all levels failed to respond effectively, many public entities were providing services quickly, and human service providers— public and private—were rapidly working to get themselves back into operation to serve those who needed help. Understanding how this complex web of public and private organizations functioned, and how they can work in tandem with FBCOs to get individuals and families back on their feet, is critical to making the process work better the next time a disaster occurs.

Finally, the massive crisis caused by hurricanes Katrina and Rita generated an unprecedented outpouring of cash, material donations, and volunteers from domestic and international sources, all of which had to be managed on the ground. How that assistance was managed, and whether it helped or hindered the response of the FBCOs under study, is important to understand for future disasters.

The case studies are a way to understand where organizations fit in the larger web of disaster response, if and how interactions with this web produced an enhanced service response, and whether the efforts of these generally smaller or nontraditional responders will be sustainable over time or replicable in future disasters. More typically than not, these organizations did interact with other parts of the disaster relief system; in three cases, they were part of the larger formalized response structure.

The process for selecting case studies was designed to identify organizations that had important stories to tell, as measured by the variety of collaborations, the uniqueness of the response, or by

other experiences that might directly inform issues of interest. The study aimed to discover relationships that might help explain the nature, duration, intensity, and success of responses. Relationships might be vertical (e.g., an umbrella organization within a denominational hierarchy or type of affiliation) or horizontal (e.g., pre-existing or new collaborations to coordinate response across organizations with similar or varied functions and expertise). The case studies also include organizations with narrow missions and those with multipurpose missions, and relief efforts of limited duration, as well as those that evolved or were sustained over time.

The selection was also intended to capture many variations, resulting in cases that differ greatly from each other. While this makes cross-site comparisons difficult and generalizing largely inappropriate, the material provides a basis for developing hypotheses about what responses under what conditions are likely in the future, what networks might form, and when and how these sorts of organizations could connect with the larger system for disaster response and human service delivery.

The analysis is framed around four research questions to draw out key aspects of the eight case studies:

1. What was the catalyst for the initial disaster response?
    - Was it mandated, preplanned, and/or part of a larger emergency response?
    - Was it driven by organizational or individual mission or competence (in emergency services or other expertise)?
2. How did these FBCOs do what they did?
    - What was their expertise? With whom did they work? How did they connect, and when did they not?
    - Where did they fit into larger disaster relief efforts, both governmental and nongovernmental?
    - To whom were they accountable, and for what services, populations, outcomes, and resource utilization?
3. Why did these FBCOs continue, fold, or change course?
    - How did they define their mission initially?
    - Was their effort intended to be sustainable over time?
    - Is their disaster response likely to reemerge in a future disaster?
4. What are reasonable expectations about FBCOs' roles in future disasters?
    - How dependent is their engagement on the magnitude of the disaster?
    - How can successes be replicated and challenges be overcome?
    - How can FBCO activities be integrated with, or supportive of, other governmental or nongovernmental relief functions?

The following sections present the methodology for site selection and data collection for the case studies, general characteristics of the eight cases, snapshots of each of these very different stories, and major findings.

Methodology

The unit of analysis for each case study is the FBCO, and the focus is on services provided in response to the disaster and interactions with others to provide those services. In some cases, the disaster response differed vastly from the organization's usual role; in other cases, the organization was created in response to the disaster. In still other cases, the disaster response of the organization hinged on broader relationships with other entities and can only be understood as part of a larger whole.

The case study organizations represented different organizational types and prior experiences with disasters. Candidates for case study were also chosen to reflect variation in size, geographic location (e.g., distribution across states affected by the storms, and representation of both rural and urban areas), proximity to the disaster (whether they were operating in an area directly impacted by the storms or were not directly affected but hosted evacuees), and types of services provided and interorganizational relationships, both governmental and nongovernmental. The cases are a mix of faith-based and community-based organizations, although the web of affiliations and networks made those distinctions less meaningful.

Two sources were used to identify cases for possible in-depth field study: the knowledge of local partners, the Louisiana Association of Nonprofit Organizations (LANO) and the Mississippi Center on Nonprofits (MCN), about ongoing relief and recovery work; and the survey findings. In October 2007, before the telephone survey was completed, the partners were asked to suggest individuals or organizations that had been especially active in relief work and might address the issues of interest. Informants in LANO and MCN were encouraged to consider the dimensions of interest, including in particular interorganizational or complex collaborations and connections to public agencies.

Exploratory calls to potential sites were conducted in October and November 2007 to determine when and how the responses emerged, what the organizations' or their collaborators' functions were (e.g., providing physical facilities, particular skill sets, leadership, or community connections), the mechanics of the relief effort (e.g., staffing, funding, communication, leadership structure), and how and why they appeared to succeed or what challenges they faced. Informants were reminded that this study was focused on a mix of faith- and community-based organizations, emergency and long-term recovery assistance, organizations with prior disaster experience and those that were new to such services, and organizations whose responses had changed over time.

The second source for case study nominations, the findings from the telephone survey, was used when those data became available in March 2008. Responses were analyzed by state and impact zone, to determine the breadth and complexity of the networking and collaboration undertaken, and then sorted to select a range of faith-based and nonprofit organizations (self-identified, as described in Part I) that had collaborated with a range of other organizations. Exploratory telephone conversations with approximately 55 of those organizations were conducted in March and April 2008, using the same conversational protocol used in earlier calls.

Calls to approximately 75 FBCOs identified through these two sources were used to determine when the organizations became involved in disaster services, whether they had prior disaster

experience, what kinds of services they provided, whether that had changed over time, and whether their efforts were continuing. Organizations were asked about successes or failures to draw out experiences that might be emblematic and worth in-depth study. The FBCOs provided information on where the services were provided, and an idea of the magnitude, either in people served or dollars expended, and funding sources. These calls also helped to determine the nature of collaboration, if any (e.g., ad hoc, deliberate, preplanned), and whether the organizations had interacted with public agencies. Finally, the respondents confirmed that they would be willing to participate in a longer, field-based study. The telephone conversations generally lasted less than an hour but were sufficient to identify a small number of candidates for potential study.

Fourteen organizations were identified for Department of Health and Human Services approval, from which eight were selected for study. In planning the fieldwork, the research team mapped the network with which the organizations interacted, as well as others identified as critical to the work of the organization (e.g., public officials who played a critical role in the organization's disaster response but may not have been a direct collaborator). As noted earlier, the selection is dominated by cases that illustrated some complexity—perhaps in the number of other organizations with whom they interacted, the complexity of services, or changes in mission over time. The organizations or collaborations are all exemplary; while they may illustrate challenges and frustrations, none are examples of broad failures.

Site visits were conducted between May and July 2008 and typically extended over two days per site and consisted of semistructured interviews with key informants using discussion guides approved by the Office of Management and Budget, and collection of secondary documentation such as budgets, presentations, brochures, meeting notes, videos, or web site materials. Focus groups were conducted in two sites with individuals who were served by the organization and who remained in the area and in contact with the organization. In the other six sites, the recipients of services could not be contacted.

Each site visit entailed interviews with the principals in the organization under study and others with whom important relationships were formed in the process of the disaster response. This meant that, in some cases, interviews were conducted with individuals representing perhaps a dozen other organizations, including other local and national faith-based and secular nonprofits, foundations, FEMA officials, American Red Cross representatives, and state government officials overseeing the recovery effort or related social services.

General Characteristics of the Eight Cases

The eight cases selected for study include faith-based organizations, secular community-based organizations, and those that represent a combined effort of faith-based and community organizations in a formal collaboration. Table 28 describes the type and location of each organization, its origin and purpose, and the reach of each response.

Six of the eight cases were in Louisiana, two in Mississippi. The six in Louisiana were Common Ground Health Clinic (CGHC), Community Initiatives Foundation (CIF), Greater New Orleans Disaster Recovery Partnership (GNODRP), Partners in Prayer (PIPS), St. Luke's Episcopal Church, and Vermilion Faith Community of Care (VFCC). The two in Mississippi were

Community Care Network (CCN) and Hope Haven (HH). Four were based in urban areas—two in New Orleans (CGHC, GNODRP) and two in Baton Rouge (St. Luke's and CIF). CIF served evacuees from New Orleans. St. Luke's served evacuees from New Orleans, but also worked directly in New Orleans in the immediate cleanup after the storm. GNODRP is based in New Orleans but is a regional consortium serving nine parishes in the southeastern part of Louisiana that were directly impacted by Katrina. Four cases serve areas that are less densely populated, a mix of small cities and rural areas—VFCC in Vermilion Parish, PIPS/United Way in the City of Lake Charles (but serving five southwestern Louisiana parishes), and CCN and Hope Haven in small communities on the Mississippi Gulf Coast.

Six of the eight cases served areas immediately impacted by either Hurricane Katrina or Rita. The two impacted directly by Rita—PIPS and VFCC—had two stories. First, they housed Katrina evacuees, principally from New Orleans, as they made their way west on Interstate Highway 10. Then, three weeks later, PIPS and VFCC were forced to displace those evacuees to serve their own residents when Hurricane Rita headed directly toward their communities.

The types of organizations were varied. St. Luke's was a place of worship. CCN and Hope Haven were direct social service providers: CCN provided services to female prisoners reentering the community, and Hope Haven was a shelter for abused and neglected children. CGHC provided health care services. Three cases were collaborations focused specifically on disaster response—GNODRP for long-term recovery of the southeastern Louisiana region, VFCC for uniting the faith-based community to respond to disasters generally, and CIF for helping children affected by the 2005 hurricanes. PIPS was founded as a faith-based organization in Lake Charles to address school violence. Only one case was formally part of a larger governing structure: St. Luke's is overseen by the Episcopal Diocese of Louisiana.

Of the three organizations created as a result of the storm, CIF and GNODRP as of this writing remain focused on the needs of Hurricane Katrina victims, while CGHC, created as a response to the collapse of the health care system in the wake of the hurricane, remains broadly focused on health care for low-income residents of the Algiers community in New Orleans.

Three of the four organizations that were faith based (PIPS, CCN, and St. Luke's) provided faith-infused services in their pre-hurricane missions. However, because of the nature of collaborations, all but one of the eight cases represent a mix of faith-based and secular organizations in their disaster response. The melding of faith and community-based organizations is significant. While religious conviction may have been the basis for personal motivation to respond, the general humanitarian response and specific catalyst for involvement is often indistinguishable between religious and secular organizations. Whether or how faith was infused in disaster assistance is unclear in several cases.

In order to understand these very different and complex stories, and as a preface to the analysis that follows, snapshots of the eight cases studied are provided. The snapshots tell how the disaster response emerged, and key attributes that help explain why the organizations responded as they did and where they were as of summer 2008.

Table 28. General Characteristics of the Cases

Case	Faith-based or secular	Location	Relation to Hurricane Impact (Katrina or Rita)		Organizational mission	Created in response to storm	Disaster Response Operations	
			Area of direct impact	Outside area of impact			Highest number of staff in disaster response	Over $1 million for disaster response
Louisiana								
Common Ground Health Clinic	Secular	New Orleans	✓		Emergency and primary health care to the predominantly low-income African American community of Algiers	✓	7	✓
Community Initiatives Foundation	Secular	Baton Rouge		✓	Advocacy and provision of services to children displaced by Hurricane Katrina	✓	2	✓
Greater New Orleans Disaster Relief Partnership	Secular	New Orleans	✓		Regional coordination of long-term recovery and preparedness services following Hurricane Katrina	✓	3	✓
Partners in Prayer for Schools	Faith-based	Lake Charles	✓ (Rita)	✓ (Katrina)	Reduction of violence and promotion of parental involvement in schools through prayer and volunteerism		2	
St. Luke's Episcopal Church	Faith-based	Baton Rouge		✓	Lutheran church and day school		7–8	
Vermilion Faith Community of Care	Faith-based	Abbeville	✓ (Rita)	✓ (Katrina)	Unification of the faith community of Vermilion Parish to assist families and communities in preparation for and recovery from disasters, and support and expansion of other programs that meet critical human need		2	
Mississippi								
Community Care Network	Faith-based	Ocean Springs	✓		Reintegration of homeless women from adult detention centers or substance abuse programs		2	
Hope Haven	Secular	Waveland	✓		Licensed shelter for abused and neglected children		2	

Snapshots

Common Ground Health Clinic, New Orleans, LA

Common Ground Health Clinic (CGHC) was the product of a grassroots effort to provide medical services to the many largely low-income and African American individuals who remained in the Algiers community on the west bank of the Mississippi River in New Orleans. Algiers did not flood, and, contrary to public perception, many in the community did not evacuate. The principal catalyst, a community organizer living in Algiers, saw a critical need for health services because low-income African Americans, who had been poorly served before the storm, were now largely abandoned as the city's health services collapsed.

The call for assistance used personal connections, e-mail, and the Internet, including a web site with a live camcorder set up within days. The call also linked the post-storm emergency with the history of racism and poor health services. The aggressive outreach generated a groundswell of response from a mix of anti-establishment youth, including street medics trained in providing medical assistance at political demonstrations; licensed physicians and nurses; and nontraditional health practitioners. An interview on a national public radio program generated further response. The mix offered a range of expertise, from primary care to psychiatric services. In the first week, Common Ground had two or three trained emergency medical technicians, one physician, two herbalists, a physician's assistant, and an acupuncturist. To date, about 1,000 trained and licensed medical volunteers, plus about 150 others, have provided services.

The first volunteers spray-painted a scrap of plywood as a first aid sign and set up a street-corner clinic in a donated neighborhood mosque. They also conducted a door-to-door campaign with the help of local women to learn who remained and needed assistance. Early clinic organizers expected to find a high level of trauma resulting from the storm, but instead found a range of other maladies, including hypertension, old gunshot wounds that had never been treated, and a population that had used emergency rooms for basic primary care and now had none. Chronic health issues such as hypertension and diabetes required vigilant monitoring and medication. The nearest pharmacy was reportedly in Jefferson Parish, and those who had not evacuated, overwhelmingly people of color, were reportedly not allowed through police checkpoints. In the first month and a half after the storm, the street medics visited about 200 households and took phone calls from caretakers followed by home visits to evaluate patients. FEMA and the Red Cross reimbursed pharmacies for patients who were deemed "shelter eligible." By the end of October 2005, CGHC had seen about 4,000 at the clinic—100 to 200 a week at its peak.

> *Key Features of Common Ground Health Clinic*
>
> - Grassroots community activism as a catalyst, and aggressive outreach for help.
> - Clear mission, professional and organizational expertise, and cultural competence.
> - Formal collaborations with other professional providers to augment services, informal relationships with FEMA, National Guard, and American Red Cross.

Organizers also learned that immigrant laborers brought in to the city to do much of the "de-mucking" were housed in hotels with no access to health care and inadequate protections from health hazards (e.g., no gloves or vaccinations, one gallon of water for two workers working 10- to 12-hour shifts). They went to hotels to vaccinate laborers for hepatitis A and B and tetanus. Emblematic of the magnitude of the response to Katrina, the clinic, like several other sites, was inundated with donations, sometimes creating major challenges for storage, use, or redistribution. They used the door-to-door effort to distribute donations as well (e.g., two tons of clothing, food that would otherwise spoil).

By November 2005, the clinic organized formally as a 501(c)(3), with a governing board and bylaws, and created relationships with several providers in the larger public health system to procure specialized medical services. By early 2006, about five months after the storm, a landlord from the mosque offered a storefront facility across the street at a nominal rent, and the clinic was able to create a more standard clinic space and regularize and expand services. The facility observed in 2008 was a modest but attractive storefront on the exterior, and a spotless and orderly waiting room and examining rooms on the interior.

CGHC maintains a pronounced allegiance to its philosophic roots of independence, eschewing subservience to the medical establishment and attempting to controvert the underlying racism that it believes has limited access to health care for low-income blacks. But it has reorganized several times and matured over three years, to increase professionalization and quality of care, reportedly earning the respect of members of the medical establishment with whom it partners for providing high-quality services.

While committed to governing through open participation, CGHC has created internal organizing structures to address financial management, clinical services, community outreach, and management of volunteers. It administers nearly $1 million from public and foundation sources and serves 100 patients during a three-day clinic week. It still provides alternative medicine services, including herbal remedies and acupuncture, remaining close to the culture of the community it serves.

Community Initiatives Foundation, Baton Rouge, LA

The effort that was to become the Community Initiatives Foundation (CIF) about a year after the storm, began the morning after the storm in the River Center, the public arena that was the largest receiving venue in Baton Rouge for Katrina evacuees. Recognizing the catastrophic nature of the storm and the expertise of a retired high school principal who was heading an effort to promote systems change in the public schools, the Baton Rouge Area Foundation (BRAF) president asked her to become an advocate for the displaced children. Additional funds from another foundation enabled the retired principal to hire an assistant and focus entirely on the evacuee children.

Over the course of about six weeks in the Center, the CIF director helped organize services for both the children and their traumatized parents. She worked with a colleague from the charter school system and the state department of education to create a modular charter school—a small school for the younger children and one for the older children. The intention was to use displaced teachers from New Orleans, try to hire the best, and give the schools back to New Orleans when

neighborhoods had been restored. The model was never implemented because of other rivalries between New Orleans and Baton Rouge.

When the River Center was closed, many of those remaining were bused to Renaissance Village in Baker, north of Baton Rouge, the largest FEMA trailer park in Louisiana. At its height, the park housed 595 families. As many as 2,000 people quickly overwhelmed FEMA, and the need for a complex combination of services that would have to be provided by others was obvious. CIF became a facilitator to receive services from the authorities, including FEMA; a collaborator with other professionals, including foundations and university-based efforts to develop or leverage funding and health, mental health, housing, and case management services; and a direct provider, in effect a case manager and trusted confidante, for individual children and families.

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Key Features of Community Initiatives Foundation

- Clear mission combined with insight, creativity, and adaptability to address changing needs.
- Ability to connect with highest levels of government, professionals, and individuals and families served.
- Social and professional connections granted access to facilities, facilitators, and funding.

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In Renaissance Village, CIF worked with several large donors and local and national nonprofit organizations to set up a range of services and access assistance from public agencies. As time went on, some of the most distressed children and families were understood to be "near homeless" as resettlement became increasingly elusive.

Signs of trauma in the children persisted. In the second year, only about a third attended regular school, some not resilient enough to get on the bus each day. About 120 children came intermittently to on-site service providers. As families remained, dysfunction amplified, and many were increasingly unable to find new housing or return to their homes, find jobs, or otherwise reclaim their lives and families. CIF formed a consortium with the Coalition for the Homeless and Family Road of Greater Baton Rouge to resettle evacuees, using $1.2 million of Community Development Block Grant (CDBG) funds that the Coalition was administering. The consortium would provide continuing services for more than 200 households that faced severe challenges to successful resettlement as they relocated to precarious or temporary situations. At the time of the site visit, the Coalition had hired two housing specialists who were working to locate affordable housing options in the Baton Rouge area for these individuals.

CIF was the consistent presence, at times the critical source of information and order among disparate players, and often the linchpin among public authorities and a mix of national and local experts who came to provide assistance, among them the efforts of Rosie O'Donnell's foundation to build a service center for children, which ultimately housed a Head Start and Early Head Start program operated by the YWCA; teams of art therapists from Los Angeles funded initially by the O'Donnell foundation who came every 6–7 weeks for a total of nine times and worked with the children for a week to 10 days; Paul Newman's Hole in the Wall Gang, which ran camps over holidays and school vacations; scholars in child trauma from Yale University who trained clinicians and advised BRAF and others providing services; Big Buddy, which provided after-school services; Catholic Charities case manager teams funded by the Louisiana

Family Recovery Corps and Katrina Aid Today (KAT); and outside clinicians providing psychological assessments and other services to support children's school attendance.

Initial funding to work in the River Center came from BRAF. BRAF did not typically focus on direct services, so in September 2006, it provided $100,000 in seed money to set up CIF, and that money permitted absorption of a $1 million grant from another foundation—CIF's largest single source of direct funds. The creation of CIF became the means for its director to expand her sphere of influence within the park and with individuals whom she has continued to assist directly.

As of July 2008, CIF staff and partners were continuing to work directly with families, providing funds for rent or to reach a potential job opportunity, access to furniture and other household provisions, scoping out transitional and permanent housing, and following these individuals and families through the exigencies of resettlement.

Community Care Network, Ocean Springs, MS

The Community Care Network (CCN) has operated a transitional program in Ocean Springs, Mississippi, since 1993, for women reentering the community from the county detention center or residential substance abuse treatment. The organization was formalized as a 501(c)(3) in 2003, and opened a transitional housing facility that could serve up to nine residents in 2005, offering a general educational development diploma, job skills assistance, and religiously based services. It had four clients at the time of the storm.

Because of the magnitude of the storm, the director's local church began receiving both volunteers and hurricane victims; the pastor asked the director, a congregant, to coordinate the influx. She put the transitional program on hold and took on volunteer coordination two weeks after the storm. Using web sites, including Katrina Recovery Mississippi and Volunteer Mississippi, which were linked to the governor's web site, the director posted information on the housing facility and asked for volunteers. People began "pouring in; there were at times 250 people in the [church] gym." The YMCA down the street offered the use of its showers.

Volunteer teams were sent into the community to repair houses, targeting populations deemed particularly needy—the elderly, single mothers, and individuals who were defrauded by contractors. By October 2005, the director hired a former employee with whom she had worked at a substance abuse program, using funding provided by a church in Olympia, Washington.

CCN and the church also became an informal distribution point for the extensive donations coming into the area, including military vehicles with water and Meals Ready to Eat,

Key Features of Community Care Network

- Response to local pastor's request to coordinate influx of volunteers and evacuees in director's church.
- Close connection to church created access to facilities, volunteers, and funding.
- Targeted services to populations of perceived need.

and other donations arriving on tractor-trailers. Volunteer teams were used to assess individual needs in the community and distribute goods. Official points of distribution were set up by the military four months later, and CCN scaled back its efforts. But individuals and organizations in

the immediate community continued to arrive with donations and set tables up on their own, distributing materials from the church parking lot. According to one, the donation effort "took on a life of its own."

After 11 months, Volunteers of America (VOA) donated a mobile home and two VOA case managers, permitting CCN to relocate to the church parking lot, use teams to identify families in the community who needed assistance, and refer them to VOA to take their cases to the county's long-term recovery structure[14] for funding.

Volunteer teams continued for two and a half years, at first mostly "demucking" and gutting houses; distributing clothes, water, and food; and assessing needs. As rebuilding needs changed, CCN posted requests for skilled teams competent to provide specific housing repairs, matching teams to the work required. Teams in the field often inquired about residents on the same street and forwarded those requests to CCN. The program reportedly filled over 500 work orders on over 300 homes and ultimately fielded more than 5,500 volunteers. CCN received two $50,000 grants from the Maryland Crime Victim Resource Center (under an overall grant from the U.S. Department of Justice Office of Victims and Crime), with which it repaired 35 houses.

At this writing, CCN's recovery efforts are expected to end as outside support for the rebuilding activities has waned and volunteer flows have ebbed. CCN has returned to its original mission, reopened the transitional home for women, and teaches Bible-based self-esteem and life skills classes in collaboration with a six-month program at the county detention facility. That program has 30 to 40 female participants (with a waiting list) and around 120 men.

Greater New Orleans Disaster Recovery Partnership, New Orleans, LA

The Greater New Orleans Disaster Recovery Partnership (GNODRP) was founded in November 2005 by leaders of United Way of Greater New Orleans Area member organizations to coordinate efforts, pool financial and material resources, stem duplicative efforts, and advocate for effective policies among eight long-term recovery structures in nine parishes of southeastern Louisiana.[15]

The long-term recovery structures have been advocated by the National Voluntary Organizations Active in Disaster and now by FEMA, as the principal vehicle for assessing needs and allocating assistance after basic disaster relief has been exhausted. The structures generally involve roundtable meetings in which case managers present the cases of individuals with "unmet needs" to providers of social services and other assistance, and assistance is negotiated among grantors (e.g., Salvation Army, American Red Cross). GNODRP at this writing has approximately 90 partners from the nonprofit, nongovernmental organization, and faith-based communities that share resources, services, and information to address long-term recovery.

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[14] Long-term recovery structures are known variously as long-term recovery committees, long-term recovery organizations, long-term recovery groups, or unmet needs committees. Throughout this document, we refer to them generically, as long-term recovery or unmet needs structures.

[15] The organization currently supports only seven parish long-term recovery committees. There are no formal arrangements as of this writing with two parishes, St. Charles and St. John.

By early 2006, GNODRP had constituted a board of directors (the Partnership Council), and seven standing committees: advocacy, case management, donations management, emotional and spiritual care, preparedness, rebuilding, and volunteer coordination. The eight unmet needs structures of Plaquemines, Jefferson, St. Bernard, Orleans, Tangipahoa, Washington, St. Tammany parishes, and St. John the Baptist and St. Charles parishes (combined) are represented on the Partnership Council. Several national organizations, including the Coordinated Assistance Network (a shared database among seven national disaster relief organizations), Church World Service, FEMA, and Katrina Aid Today, are also heavily involved in the region's recovery efforts and have nonvoting membership on the council.

> *Key Features of Greater New Orleans Disaster Recovery Partnership*
>
> - Using traditional disaster recovery structure for coordinated regional collaborative to respond to Hurricane Katrina and prepare for the next disaster.
> - A creation of lead social service providers in New Orleans and partnership among 90 partner agencies.
> - Support and oversight of eight parish long-term recovery structures.

GNODRP created several mechanisms to facilitate more efficient processing of unmet needs cases. A November 2007 report by a George Washington University researcher found many remaining challenges, including cases tabled because of missing information, no guidance for case managers to obtain needed information, and social service systems still in disarray and unable to provide direct services and financial assistance. In response, GNODRP created a single presentation package for funders; as a result, the long-term recovery structures funded and closed as many cases in six months as they had in the two previous years. The standing committees continue to meet and streamline policies and practices.

In addition to helping develop the eight unmet needs structures, GNODRP created a warehouse for donated household goods and rebuilding materials. GNODRP leaders also recognized the frustrations felt by case managers who have their own traumas to cope with as a result of Hurricane Katrina and created access to spiritual and mental health counseling.

Most funding for unmet needs from the American Red Cross and the Salvation Army will end by 2009. GNODRP leaders are aware that recovery from Katrina is likely to take 10 to 20 years, and they are now concerned with developing resources to continue operation and sustain the momentum of the early recovery efforts, and have adjusted their model to respond to current needs. Holding the attention of policymakers and funders is increasingly challenging as other disasters occur and the public seeks to move on from Katrina.

Hope Haven, Waveland, MS

Hope Haven for Children in Waveland, Mississippi, had been Hancock County's only shelter for neglected and abused children since 1996. In anticipation of Hurricane Katrina, the children were evacuated by the county child welfare authorities. Staff also relocated, and the storm surge and flooding severely damaged the facility. Once restored but without proper staff, Hope Haven was unable to reopen as a licensed shelter. Over the course of two and a half years of recovery, because of the director's determination, social and professional connections, and some serendipity, Hope Haven played several roles in relief efforts.

The shelter was rebuilt during the immediate aftermath of the storm through a confluence of social and professional connections. The director returned to demuck and rebuild, using program funds to purchase equipment and hire local help. A police officer happened upon him, offered water in the oppressive heat, and later came into contact with a group of 200 Navy Seabees that had been ordered from their home base in Gulfport, Mississippi, to report to the Hancock County Emergency Operations Center to help clear roads. The chief of battalion, hearing the story of Hope Haven's director who was a retired Navy chief, redirected the Seabees to assist, and over a period of two months two teams of Seabees rebuilt the shelter.

Knowing Hope Haven would not reopen as a licensed children's shelter, the director used the program's resources for several post-storm services. When he voiced his concerns about the availability of social services to a state social worker, he learned that the entire county Division of Family and Children's Services had lost its facility in the storm. He offered the use of Hope Haven, and within three days the entire Division of Family and Children's Services moved in. After the Division moved out, the facility was used through July 2008 to house 10–12 volunteers a week who came to rebuild. The director used a web-posting to amass material donations, largely toys and furniture, but also appliances and clothing, and used the children's recreation building as a warehouse and distribution center. A furniture company in Wisconsin donated 800 pieces of furniture, mostly bedroom sets, and those were distributed to target groups viewed as particularly needy or deserving, including police, fire fighters, and teachers, the Salvation Army's homeless shelters in Jackson County and Mobile, and another shelter in Louisiana. In the first year, Hope Haven also distributed over $40,000 in gift cards and cash. When the city pressed to close free food distributions to stimulate local restaurants and businesses, the warehouse served as a distribution point for the local food bank.

> ### Key Features of Hope Haven
>
> - Social and professional connections shaped relief efforts.
> - Highly motivated and respected director used organization funds and donations to fill perceived gaps in human services, specifically child services.
> - Conscious effort to document and segregate disaster-related expenditures.

The massive donation distributions made it clear that the organization, unlike some others, needed to formalize its relief efforts and extensive records. By March 2006, Hope Haven created a separate accounting structure, the Helping Hands Fund, to manage Katrina relief donations, and the mission statement was changed to include Helping Hands and disaster relief. The program has detailed records on funds disbursement (e.g., purchase of school uniforms, paying for utilities, food, respite care).

By early 2008 volunteers had begun to leave, and on July 21 Hope Haven reopened as a children's facility, but reconfigured as a small foster home with a live-in foster parent structure for six to seven children. Because insurance rates have nearly doubled, Hope Haven plans to sell the building and move to another facility further inland.

Partners in Prayer for Schools, Lake Charles, LA

Partners in Prayer (PIPS), unlike other cases studied, played an instrumental role early in relief efforts, but only a small part in a complex disaster response in five southwestern Louisiana parishes largely led by the mayor of Lake Charles. Established in 1999 in reaction to the Columbine school shootings, PIPS was a largely informal two-person volunteer recruitment organization based in Calcasieu Parish in southwestern Louisiana that aimed to reduce school violence by promoting parental involvement in school, volunteerism, and prayer. In its advocacy for prayer and voluntarism, PIPS had created a unique database of local congregations that became a key part of hurricane relief efforts.

> ### *Key Features of Partners in Prayer for Schools*
>
> - A conduit to local congregations for larger public relief efforts.
> - Use of public funding and previous experience with volunteer coordination.
> - Disaster response work ended and principal now part of United Way

Immediately after Katrina's landfall, 15,000 to 20,000 evacuees began showing up in southwestern Louisiana parishes needing shelter. In response, a group of about 26 churches, government agencies, and businesses, calling themselves Moss Bluff Disaster Relief (MBDR), met in a church in Moss Bluff; PIPS provided its church list and offered to send out an invitation to house evacuees. PIPS used the MBDR web site as a clearinghouse to match evacuees with emergency housing, reportedly referring about 10 Katrina evacuees a day to a distribution site and linking them with housing. It used another web site, Share Your Home, to match evacuees with potential hosts around the country, with small success.

Within three weeks, Rita forced the Lake Charles area to evacuate both Katrina evacuees and local residents. On return within days, the PIPS director was invited to attend the twice-weekly meetings of the Human Services Resource Initiative (HSRI), a group of government, faith-based and nonprofit organizations convened by the mayor's office and a precursor to the Calcasieu Parish Long-Term Recovery Group. The United Way, a member of the HSRI, had begun looking for housing for the many volunteers coming to Lake Charles to assist in recovery work and PIPS helped identify an abandoned middle school building in Moss Bluff large enough to house over 200 volunteers. The United Way received permission from the school district to use the building in exchange for repairs and upkeep, the Salvation Army donated 200 beds, a local culinary school helped renovate the kitchen, and volunteers made repairs.

While PIPS was an early presence in the Lake Charles disaster response, it had a relatively short role as a separate entity. It assisted in the collaboration between the local school board and the United Way to renovate the school building, and through the local Workforce Investment Board received a U.S. Department of Labor National Emergency Grant in November 2005, to use 30 Katrina victims to conduct basic needs assessments for the United Methodist Committee on Relief (UMCOR) and the Disaster Recovery Center on referrals from the HSRI. By May 2006, PIPS had conducted more than 4,000 assessments for residents of the five southwestern parishes (Calcasieu, Cameron, Jeff Davis, Allen, and Beauregard). By the next year the director was hired by the United Way to manage the Volunteer Housing Center, which houses AmeriCorps volunteers and others who help in the rebuilding process. The Center also serves as an emergency housing location for first responders.

St. Luke's Episcopal Church, Baton Rouge, LA

St. Luke's Episcopal Church is a large, wealthy congregation in Baton Rouge, Louisiana, on a campus of several buildings including the church, an elementary school, a gymnasium, and a large kitchen. Its parking lot borders Woman's Hospital. The physical plant, proximity to the hospital, and the special abilities of its associate rectors were the springboard for several innovative relief efforts.

The first was related to the hospital next door. Immediately after the storm, the hospital became a principal receiving facility for late-term maternity patients and premature infants evacuated from New Orleans. According to respondents, the American Red Cross could not serve women with advanced pregnancies, the hospital systems in New Orleans were collapsing, and seriously ill patients and those needing intensive care, including premature infants, were being air evacuated to Woman's Hospital and other facilities able to serve them. The hospital approached the church, among eight others in the area, for emergency shelter space so mothers might be near their infants. The church sheltered up to eight families at a time over a six-week period, while church staff and volunteers cooked meals, laundered clothes, and helped them find remaining family, often fathers and older children who were evacuated to other cities across the country.

> **Key Features of St. Luke's Episcopal Church**
>
> - Innovative, multipronged relief effort based on expertise and creativity of church leaders.
> - Resources for relief efforts drawn from social and professional connections.
> - Short-term emergency relief effort, not long-term recovery.

The church facility could shelter up to 80 people. At the request of the federal Environmental Protection Agency (EPA), St. Luke's also housed 20 to 30 EPA investigators who were returning to New Orleans each day to address water and other pollution issues. An associate rector coordinated more than 120 volunteers from the congregation to staff the shelter, buy and cook food, answer phones, and do laundry. Kitchen volunteers prepared food both for the St. Luke's shelter operations and for other shelters. For a short time, the church operated a day care center in its gym for its staff and for hospital employees so the parents could continue their relief work.

St. Luke's other major relief effort was the creation of a mobile van unit, the product of the particular skills and forethought of an associate rector who was also a lawyer and retired military officer with logistical experience. The rector suspected that there would be need for food, water, cleaning supplies, and communications equipment because there were no utilities in New Orleans, as well as spiritual counseling as evacuees were allowed back into the city to survey the damage and begin the cleanup process.

In early September 2005, the associate rector purchased and, with the help of another associate rector, outfitted a mobile van with laptop computers and Internet access so it could serve just-opened impact areas in New Orleans and other areas that might need assistance. Church staff and volunteers began taking donations of food, clothes, and other supplies to towns such as Slidell, which had not yet been reached with any emergency assistance. They then traveled daily to other devastated areas to bring food, clothes, and cleaning supplies and to provide pastoral counseling to those who needed it.

One of the first areas in New Orleans to open for so-called "look and leave" visits was the Lakeview area on the south shore of Lake Pontchartrain. About a month and a half after the storm, St. Luke's sent the mobile unit, staffed by a driver, a priest, and other volunteers, to Lakeview and established operations on the grounds of an Episcopal church. When the Red Cross arrived approximately 10 days later, the mobile van unit moved to the Ninth Ward, which had also sustained massive damage.

St. Luke's recruited 30–40 volunteers to look for individuals returning to the neighborhood and hand out materials. Everyone who came to the mobile unit received a case of water, bottle of bleach, other cleaning supplies, personal hygiene kits, canned food, a bucket, and baby products if needed. It also offered an air-conditioned place to cool off, and counseling for those who were traumatized by seeing the devastation of their homes and for first responders. Interviewees estimate that there were 300–400 visits every day, with many people returning multiple times for replenishment of water and cleaning supplies. They suggest that there were perhaps 80,000–90,000 units of service delivered by the time they sold the van to the Episcopal Diocese of Louisiana in December 2005. These estimates represent both multiple visits by the same individuals and multiple types of service.

The relief work was supported mainly by donations from Episcopal churches and congregants across the country and from the military and seminary network of the associate rector. Neither state nor national Episcopal affiliates provided financial or other support, although they were in communication. The state diocese, located in New Orleans, was hit directly by Hurricane Katrina; it held meetings with its entire clergy in the first week after the storm but was not available to assist directly in relief efforts. Episcopal Relief and Development, which provides domestic and international disaster assistance, was connected with the state diocese rather than local churches, so it too was not a part of St. Luke's response.

According to interviewees, the church did not and would not in the future wish to be a part of the larger emergency response structure, such as become a certified American Red Cross shelter, or be involved with government disaster activities. At the end of four months of intense work and after exhausting donations and resources, church leaders felt it was time to return to some normalcy rather than participate in the long-term recovery process.

Vermilion Faith Community of Care, Abbeville, LA

Vermilion Faith Community of Care (VFCC) is located in Abbeville, Louisiana, the parish seat and a largely rural area two hours west of New Orleans on Interstate 10. The organization was created in February 2003, after a meeting between a community leader (now VFCC's executive director), two local pastors representing local ministerial alliances, and a representative from Church World Service, to unite local faith-based organizations' response to Hurricane Lili, which hit the area in 2002. VFCC formed broad connections with local churches, secular nonprofits, and government offices—most notably the Vermilion Office of Emergency Preparedness (OEP). Its activities focused on coordinating the distribution of goods and volunteers to repair houses and the dissemination of information for a long-term relief effort. After a year and a half, the organization ended regular meetings but maintained personal correspondence and semiannual board meetings.

The maintenance of communication enabled VFCC to become a critical source of coordination and distribution when Katrina evacuees arrived in Vermilion Parish in 2005. Two or three days after landfall, VFCC organized local nonprofits to provide 400 hot meals a day and distributed donated goods and funds. Working with the Clerk of Court, it helped distribute donated goods throughout the parish and from a distribution center set up in a local church. When Rita forced parish residents and Katrina evacuees to evacuate, VFCC, working with local shelters, distributed $4,350 (in $20 to $50 increments) to Katrina families for travel expenses.

> **Key Features of Vermilion Faith Community of Care**
>
> - Disaster mandate, part of the local Office of Emergency Preparedness emergency response plan.
> - Expertise and relationships in place from previous disaster relief efforts.
> - Ability to go dormant between disasters and reconstitute itself when need arises.

Two or three weeks after Rita's landfall, VFCC again took the lead in distributing donated goods through the distribution center and a newly acquired warehouse used to store building materials and tools. Because of its prior work in Lili, VFCC had gained the confidence of the OEP, which began referring all incoming private donations to VFCC for distribution. Within three months of Katrina, VFCC had received over $100,000 in donations, which were used over the next year to assist local families in recovery efforts and to pay modest overhead costs.

In early October 2005, VFCC set up a Volunteer Reception Center, first in a local recreation center, then in VFCC's own facility, using two Louisiana Department of Labor volunteers provided by the United Way of Acadiana. All volunteers coming into Abbeville were directed to the center, registered, and assigned to areas of need. By mid-December 2005, VFCC had processed more than 220 volunteers and, according to its report, supported 5,200 hours of work on 61 houses. During the first few months after Hurricane Rita, VFCC took the lead in organizing over 20 other organizations into a long-term recovery committee, the director was elected chair, and VFCC largely refocused its relief services on home repairs and distribution of building supplies, appliances, and furniture through the committee. By early 2008, despite the director's efforts to keep VFCC active, the organization ended its relief services and became dormant until needed again.

Major Findings

Findings are presented on key issues that illustrate why and how the FBCOs studied responded, and how they connected to the larger context of disaster response and human service delivery.

Catalysts for Response

FBCOs studied responded as they did because it was their personal or professional mission to do so, or because of individual or organizational competencies, or as a result of an explicit mandate—either preplanned or dictated by the moment. Based on field observations, what appears nearly universal was that the magnitude of the disaster propelled those in the case studies into action, and serendipity explained the direction that the responses often took.

Magnitude

Everything about this disaster was bigger than anyone had experienced in previous storms. Katrina (and then Rita) was unprecedented, both in the damage from flooding or wind and in the response from around the country and around the world. For the principal actors in case study organizations, the breadth of the disaster moved them to respond; they "had to do something." According to respondents, the small communities on the Mississippi Gulf Coast had lived through many severe storms, so many residents misjudged the potential of Hurricane Katrina and were complacent about planning for its arrival or had little means to make a timely evacuation. The storm surge from the Gulf had never come so far inland.

In the city of Waveland, Mississippi, 95 percent of residential structures, all commercial structures, and every emergency vehicle were destroyed. When the storm surge receded, respondents described that residents, regardless of color, age, or economic means, were just wandering in the streets in shock. For those who had housing and were able to help, the motivation to provide some assistance was overwhelmingly compelling. Much of the devastation, well documented in the press, was still obvious during field investigation nearly three years later. City government remained in temporary trailers, and the community consisted mostly of vacant land or construction sites where residences had been before.

As portrayed prominently in the media, the utter devastation of much of New Orleans and surrounding areas was unimaginable. Social services that typically assisted the neediest residents were limited once the city reopened more than a month later. Few would have the resources or other capabilities to rebuild their homes without help.

Baton Rouge, which was little damaged by Katrina, reportedly doubled in population as it absorbed the human flood, mostly from New Orleans. In both case study organizations based in Baton Rouge, one aspect of their relief efforts was in response to the area's new role as a host community to the evacuees.

The communities studied in southwestern Louisiana were forced to deal with two storms in quick succession, propelled into action by the inundation of Katrina evacuees, and then forced to regroup to take care of their own when Hurricane Rita arrived three weeks later. There was urgent need to deal with Katrina evacuees who quickly overwhelmed small communities.

Compared with other disasters that are more geographically bounded and affect fewer people, the helpers and those seeking help were all victims, creating even larger service needs. Several respondents retold the psychological trauma that helpers and evacuees alike experienced. One described that the din of medical evacuation helicopters bringing New Orleans hospital patients to Woman's Hospital in Baton Rouge continued day and night for weeks, creating unrelenting reminders of the trauma around them. They turned off the television to give both volunteers and evacuees some respite.

Depth and Duration of Need

The depth of trauma in the children of evacuees motivated the array of interventions used by CIF and those with whom it associated in Renaissance Village. The extent of psychological trauma evident in wide portions of the population would require a degree of sensitivity on the part of volunteers and their ability to access trained mental health professionals. As one observer noted,

"Extreme trauma calls for an extreme level of care." Some stayed in trailers for nearly three years—at the time of the site visit in June 2008, 109 families were still in trailers in that park. But the notion that the housing was temporary resulted in a failure to recognize, according to informants, the need for medical and mental health screening, which would have created baseline measures to facilitate better receipt of services from many experts who came to help.

According to respondents, the storms and resultant flooding also created a vacuum in the human service delivery system and a serious challenge to serving the swelling numbers who needed assistance with resources that were already strained before the storm. For a subset of the population, psychological effects would worsen over time, with nowhere to return and no means to relocate. A participant in a focus group conducted three years after the storm, for example, continued to relive an encounter with a corpse in the New Orleans floodwaters that he and his child experienced. The multiple strategies to deal with mental health services for children were in response to the lingering effects of the trauma and the need to change approaches as issues changed over time.

Limitations of Traditional Models

Traditional models for disaster response were severely challenged, overwhelmed, and dysfunctional, motivating newcomers to disaster response to try to help and spawning new approaches to both relief and recovery. Disaster response has typically been conceived in two phases: immediate relief within the context of an emergency and long-term recovery.

With regard to the first phase, few were prepared for the duration of need for emergency shelter. According to informants, neither the American Red Cross in emergency shelters nor FEMA in the trailer parks had the trained staff, resources, or protocols to provide more than limited assistance. Some respondents believed that FEMA had the authority to provide more services than they did. There was apparently little thought given when the parks were set up to the unprecedented length of time that the trailers would be occupied, or to connecting with schools, jobs, and other services to facilitate resettlement.

Bus service from Renaissance Village, for example, was limited to hours that did not support commuting to most jobs for park residents, the vast majority of whom were without cars. Children were stigmatized in the local schools and many refused to go, creating truancy and behavior problems in the park. The temporary housing model did not include spaces within the park to facilitate social interaction. Seemingly simple solutions, such as erecting a tent for a common space and as a venue for some services, raised alleged liability issues and demanded creative approaches to overcome bureaucratic obstacles. It took a year to put up the Children's Center because of bureaucratic issues that no one understood, and despite the availability of funding and materials from donor sources. In these examples, CIF became the connective tissue for the multiple interventions brought into the park by outsiders.

In addition, many reported that both FEMA and the Red Cross relied on rotating teams of volunteers. Because of the duration of the crisis, new responders were constantly arriving and were unfamiliar with conditions on the ground, such as the people and organizations that made up the local service delivery systems with which they might interact or to whom they could refer for further help. By other accounts, FEMA was criticized for massive confusion, either imposing

unclear or inappropriate rules, changing them constantly, referring to headquarters for every decision, or being insensitive to local practices.

With regard to the second phase, many respondents criticized the long-term recovery structures, which most typically provide assistance, such as for housing repair or furnishings, when all other assistance is exhausted. Several respondents in the case study communities rejected the local long-term recovery structures. Some cited the time it took to bring cases before them and get results. Others cited the lack of training of the case managers who reportedly were hired quickly and trained inadequately in order to use a massive infusion of case management funds—the Katrina Aid Today (KAT) funds, about $66 million received from foreign governments and contracted by FEMA to the United Methodist Committee on Relief to provide case management to Katrina evacuees across the country. In one instance cited as more successful, the supervision was consistent and remained for a long time, and case managers got to know the clients and establish relationships. One informant noted that the International Rescue Committee, which has provided emergency relief for more than 75 years, used a much higher case manager–to–client ratio for this sort of work, facilitating greater attention to client needs. Another informant noted the importance of sustained leadership, citing other experiences with disaster assistance in which outside leaders were brought in, paid well, and actually moved into the community for long periods to supervise the relief and recovery work.

In addition, case management must be followed by services sufficient to address the needs presented, such as a range of behavioral health issues (e.g., depression, substance abuse, domestic violence, adolescent truancy) likely to result from or be aggravated by the trauma of a major disaster. An expert in the field who came to help noted that those who have dealt with earthquake victims have understood the need to get to know the population—as might be gained from sustained case management by trained personnel, and the provision of adequate services to treat the sustained trauma. Some respondents characterized their efforts as trying to fill the void in services needed for long-term recovery.

Need to Manage Donations

The magnitude of donations also became a driver of the FBCO response. According to respondents, the magnitude of donations from around the country and the world was not comparable to anything anyone had seen before. Donations were not centrally vetted, there was often no way to distribute what came in, no way to "turn off the spigot," and no way to scale back the donations even when the initial crisis had subsided. As one respondent stated, "…it [the onslaught of donations] took on a life of its own." Media stories piqued the national interest in helping victims, and those stories resulted in assistance far beyond the ability of some FBCOs to absorb it. As an example, the stories of the airlifted babies to Baton Rouge produced 1,500 maternity outfits. One program director posted a request on the Internet for toys and received, unannounced, 10,000 toys from a group in one Midwestern city and an 18-wheel tractor-trailer filled with toys from another city. One respondent recounted the arrival of a truck full of donations from Ohio, with a driver proclaiming, "God sent me," but he did not have the gas money to return home. By another account, some donations simply got dumped by the warehouse-full and some were sent to Africa when they could not be used in local efforts.

On the other hand, the support could be energizing, and many attributed their ability to persevere to that support. Items "would just magically appear," such as bedroom sets to outfit newly

repaired homes or to help the homeless still in shelters. As another explained, "We kept doing it [housing volunteers who came to help rebuild] because we had all these people who would come and keep coming." Others foresaw the long road to recovery and the extensive needs that it would generate over many years and beyond the life of volunteer efforts.

Specific Mandates

Two of the organizations studied had an explicit mandate to respond to disasters. Both VFCC and GNODRP are formally part of local disaster response plans, though only VFCC was formally involved with the local Office of Emergency Preparedness at the time of the hurricanes. GNODRP was formed after the 2005 hurricanes as a result of meetings among the major social service providers in the Greater New Orleans area, which identified a need for coordination of the region's long-term recovery efforts. GNODRP was asked by the City of New Orleans to serve as a Community Organization Active in Disasters (COAD); it is the only COAD in the southeast region of the state. It has created its own mandate to plan for and participate in responses to new disasters. While not based on a formalized agreement, city and community leaders asked Hope Haven's director to participate in post-disaster coordination efforts.

Two other case study organizations were asked to respond to specific needs—CIF to become an advocate for children affected by Katrina, and St. Luke's to shelter families of the premature babies evacuated to Woman's Hospital from New Orleans. St. Luke's other disaster responses were self-initiated.

Chance characterizes many of the details of the responses. The sequence of events in Hope Haven, from the director encountering the police officer, who connected to the Navy Seabees, who reconstructed the children's shelter, which enabled its use by the Department of Human Services, can only be described as serendipity. In the case of St. Luke's, the New Orleans rector had a fleeting acquaintance with the rector of St. Luke's, which prompted him to evacuate to St. Luke's while he located his flock. It was because of that connection that he was available to staff the mobile unit and bring it down to New Orleans for its daily cleanup operation. PIPS's role in the Lake Charles disaster relief effort was born out of its church database and knowledge of the abandoned school in Moss Bluff, which facilitated the collaboration between the United Way and the school board to create the Volunteer Housing Center. The many approaches to treating the trauma of the children in Renaissance Village were described as a "learning laboratory," which changed over time and as new players came in to help; while they had the help of some of the nation's experts in art therapy, child psychology, and children's mental health services, the concentrated population of traumatized children and their caretakers and the persistent uncertainty of the fate of the families made each intervention a step into the unknown.

Interviews confirmed that the leaders of the organizations studied were motivated out of compassion for their fellow human beings who were struggling to survive after the disaster, whether spiritually based or not. These individuals also brought personal or organizational competencies that would lend themselves to recognizing what was needed, applying their own skills, or finding others to lend to the efforts.

Mechanics of Response

How each organization did what it did reveals much about what might facilitate effective responses in the future. It is often difficult to make meaningful comparisons among the sites

because the organizations and the work that they did were substantially different. Still, while each case must be considered on its own terms, some similarities offer lessons for FBCOs' potential role in disaster response.

Services

Broadly speaking, the eight cases studied provided many of the same services, as Table 29 indicates, though some service provision was a function of timing (immediate relief or long-term recovery) and location in relation to areas of impact. Five service typologies emerge from the experiences of these eight FBCOs:

1) *emergency aid*, in which FBCOs provide immediate needs such as food and water, temporary shelter, and medical care to hurricane victims;
2) *donations management*, in which FBCOs manage warehouses or points of distribution or otherwise receive and distribute donated goods;
3) *volunteer coordination, volunteer housing*, and rebuilding projects;
4) *case management* of the unmet needs of hurricane victims; and
5) *direct human services*, such as health and mental health services, welfare assistance, housing, and employment services.

Several cases—St. Luke's, VFCC, and PIPS—provided emergency supplies, water, food, and shelter. These emergency relief services occurred mostly in the first months after the hurricanes. CGHC provided emergency medical care. CIF filled in the gaps in emergency care in the Baton Rouge River Center.

As the need for immediate relief services ebbed, other needs arose. Most cases distributed cash, gift cards, and other donations such as clothing and household goods, and some served as formal points of distribution or operated a warehouse for donations. Almost all these cases provided some volunteer coordination for rebuilding, distribution of goods, staffing shelters, or other relief activities. Some provided housing for volunteers. Several provided or coordinated some case management services for hurricane victims, including conducting unmet needs assessments in their communities, and sometimes outside a long-term recovery structure.

It is notable that only two organizations provided human service assistance, such as applying for welfare or FEMA assistance that would connect people to the social welfare system. This is consistent with the survey findings in which about one-third of FBCOs surveyed reported assisting with FEMA claims and about one-fifth with welfare applications. Some used their own expertise and capabilities to deliver more professionalized human services. Two cases (CGHC and CIF) provided professional health or mental health counseling to hurricane victims. Two cases (CCN and St. Luke's) provided spiritual or religious counseling, and others may have provided religious services. GNODRP created access to counseling for its own staff. CIF, through its collaborators, provided child care and education services, and St. Luke's briefly provided child care for neighboring hospital workers' children. CCN, PIPS and VFCC provided access to employment services.

Table 29. Services Provided by FBCO

Services	Common Ground Health Clinic	Community Care Network	Community Initiatives Foundation	Greater New Orleans Disaster Relief Partnership	Hope Haven	Partners in Prayer for Schools	St. Luke's Episcopal Church	Vermilion Faith Community of Care
Emergency Relief	✓	✓	✓		✓	✓	✓	✓
Donations Management	✓	✓	✓	✓	✓		✓	✓
Volunteer Coordination and Housing	✓	✓	✓	✓	✓	✓	✓	✓
Case Management			✓	✓				✓
Direct Human Services	✓	✓	✓	✓		✓	✓	✓

Staffing

All the FBCOs studied used both paid staff and volunteers. Much of the actual relief and recovery work was heavily reliant on volunteers, some who applied their professional skills to the disaster work and some who simply were part of the great numbers who descended upon the area to help in whatever way they could. For some cases, the staffing capabilities must be measured as the combined expertise of the larger whole that was created through a collaboration, described below.

Finding and maintaining staff in the context of the extreme devastation created by the storms has been a challenge for some organizations studied. One public official interviewed noted that the order for total evacuation meant that all public employees who were not exempt would be unavailable in the critical first days after the storms. These employees were often in other states and out of contact, making it impossible to anticipate their return to jobs or to help in other ways in relief and recovery efforts. Problems with communication attest to the discontinuities. One expert noted that first responders are likely to be unavailable in future disasters if their own families have not been provided for, and this would likely require prearranged plans. CCN lost staff halfway through its relief work. Several of GNODRP's partners, which are major social service organizations in New Orleans, reported losing most of their staff because of lack of housing and basic infrastructure in the city, and some were still trying to get back to full staffing capacity.

As reported by respondents in this study, the support and interest of volunteers often from outside the community to help the affected areas recover was remarkable. For those cases primarily focused on rebuilding homes, volunteers were the primary vehicle for accomplishing the work. Some volunteers were also involved in warehousing and sorting in-kind donations as well as surveying neighborhoods for recovery needs. For organizations that provided professional services such as health care and teaching, many of these services were also provided by volunteer professionals. Individual volunteers and volunteer groups found the FBCOs through web sites and word of mouth. For example, the State of Mississippi sponsored a web site for FBCOs and volunteer groups to connect, which Community Care Network used to post volunteer needs. Based on the reported influx of volunteers to the affected areas, it is not surprising that all the FBCOs in this study used many volunteers from outside the community.

However, problems arose with the types and numbers of volunteer groups coming to help. As occurred in one FBCO, some volunteers came with truckloads of goods but had no place to stay and little money. According to several respondents, as the "demucking" was completed, more skilled labor was needed, and it became harder to fill work orders for rebuilding tasks.

Volunteers who were medical or education professionals also provided much-needed help. They also could cause liability concerns. While Common Ground Health Clinic now has a paid staff of seven, the clinic began with all-volunteer staff that included professional doctors, nurses, and emergency medical technicians, and continues to attract volunteer professionals. The State of Louisiana instituted emergency medical credentialing, which relieved the clinic of its responsibility for ensuring proper licensing so the clinic was able to organize and begin operating quickly. But as one informant noted, beyond basic licensing, they had no way of evaluating the quality or competence of medical volunteers. Community Initiatives Foundation was careful to

connect with volunteers who were professionals licensed in art therapy, mental health counseling, and education, and it stressed the importance of connecting with the best. Licensing did not ensure that professionals were well suited to deal with the unique circumstances of this disaster, and some of those who lent their services in Renaissance Village did not succeed or stay long to create the consistent care that children and adults suffering extreme psychological trauma need to recover.

The FBCOs in this study have reported that the numbers of volunteers and volunteer groups coming to help with the disaster response has been diminishing even though there is still much work to do. However, some respondents reported that they now have a cadre of reliable volunteers either in the community or through groups that return to the area to help.

Funding

All the FBCOs studied received donations, both cash and in kind, and grants from more than one source. The funding used for the disaster response by these eight organizations ranged from $42,000 to over $1 million. As in the survey, establishing the cost of the disaster assistance was difficult, in part because cash and in-kind donations that were distributed early in the relief efforts were not well documented, relief activities were often a cooperative effort among several organizations, and many staff were themselves volunteering services apart from their regular functions so the real cost of those services is not separated from their other functions.

Seven of the eight cases, as shown in Table 30, received some public funding, but most of the funding came from private sources. One, the Community Initiatives Foundation, was begun with seed money from a local foundation and received the core of its funding a year after the start of relief work from a foundation source. Much of the work with which it was associated in Renaissance Village was foundation funded. The CIF, the Coalition for the Homeless, and Family Road consortium is using $1.2 million in CDBG funds that the Coalition is charged with administering. As discussed later under sustainability, available funding and donations have diminished as new disasters and priorities gain the spotlight.

All cases received and distributed some type of in-kind donations such as clothes, nonperishable food, building supplies, household goods, and gift cards. Storage was a problem for several sites. Some (e.g., VFCC, GNODRP, Hope Haven) already had or created warehouse space to handle the influx. Others (e.g., Community Care Network) became official points of distribution, and others just distributed the goods as they came. How the beneficiaries of cash and in-kind donations were selected and how organizations were accountable for managing the funds and targeting deserved recipients is addressed in the section on accountability.

Table 30. Funding and In-Kind Donations by Type of Source

Cases	Individual Giving		Organizational/ Religious Affiliates		Congregations		Nonprofit Organizations/ Foundations		Government			Business	
	Local	National	Local	National	Local	National	Local/ State	National	Local	State	Federal	Local	National
Common Ground Health Clinic		✓		✓			✓	✓		✓	✓		
Community Care Network	✓	✓		✓		✓		✓			✓		
Community Initiatives Foundation	✓	✓					✓	✓		✓	✓		
Greater New Orleans Disaster Relief Partnership				✓			✓	✓			✓		✓
Hope Haven	✓	✓			✓	✓	✓	✓	✓	✓		✓	
Partners in Prayer and Service							✓				✓		
St. Luke's Episcopal Church	✓	✓			✓	✓						✓	✓
Vermilion Faith Community of Care	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓

Communications

While it is only part of the story in the immediate aftermath of the storms, the inability to communicate readily created a major challenge to responding with expediency. For the leaders of the FBCOs that evacuated, locating their staff, members, congregants, and partners who had also evacuated was a necessary precondition to sort out when and how to restart operations.

The FBCOs studied dealt with the communications blackout in several ways. The larger FBCO collaborators often had disaster communications plans in place as a part of their evacuation plans. For example, the United Way of Greater New Orleans Area was able to set up a 211 information number outside the impact area to help hurricane victims find the social services they had used in New Orleans. The United Way convened the leaders of its member organizations in Hammond, Louisiana, by the end of September to begin planning the city's human services response. St. Luke's Episcopal Church equipped its recreational vehicle with satellite communications and computer equipment in order to operate in affected areas, and hurricane victims and first responders could use the equipment to call and e-mail to let people know that they were safe and to try to find relatives.

Many used the Internet, including other organizations' web sites, to list volunteer opportunities for people across the country looking to help. Some, such as St. Luke's, were able to set up their own web sites quickly to reach out for assistance. CGHC used a live camcorder to broadcast local conditions and attract support. As the affected areas' communications came back online, many respondents said that they began to tap their own networks of social and professional contacts to help with relief and recovery. They used their mailing and membership lists, e-mail address books, web sites, and phones to obtain resources—mainly donations and volunteers. They also began to hold meetings with other FBCOs, national affiliates, and government in the months following the storms.

Individual and Organizational Capabilities

The specific skill sets of the leaders of the organizations help explain why particular FBCOs responded as they did. The question of expertise needs to be addressed on two dimensions. The expertise and professional experience of the leaders provided the means to implement their efforts directly; it also explained their ability to recognize their limitations and find others with whom they could join forces.

With regard to the first, the leader of the St. Luke's effort was an expert in military operations, casualty recovery, and logistics, and he understood the stress of emergencies. That experience helped him recognize the need for the mobile unit equipped with satellite communications to deliver assistance from Baton Rouge to New Orleans. Hope Haven and CCN were shelters for vulnerable individuals before the storm. Both directors knew how to run group homes, which helped each set up housing for volunteers. PIPS had experience in volunteer coordination. St. Luke's as an institution had the know-how, as they put it, to "take care of people," which included shelter, feeding, day care, and spiritual counseling. One of the principals in St. Luke's had experience counseling in a psychiatric hospital before becoming a rector and could use that experience in working with people who were severely traumatized. Both Hope Haven and CCN had social service experience and knowledge of the local social service system. Hope Haven's director offered to house the county social services unit as a result of that connection. In a large

collaborative like GNODRP, the members were the leadership of charitable and social service providers in New Orleans.

In many cases, the leaders were visionary, high energy, and able to donate large amounts of time, sometimes pro bono, even after the initial emergency had subsided. In addition, the world around them really did not return to normal for a long time, and they remained focused on the continuing magnitude of need.

Leaders at CIF and CGHC also brought unique and broad perspectives to their relief efforts, which included an understanding of the complexity of the problems of hurricane victims and the skills needed to address that complexity. CIF's efforts were grounded in the director's professional training and her ability to recognize that individuals and families lived in precarious circumstances before the storm and over time would be unable to resettle because of the combined effect of those circumstances, the depth of the trauma experienced, and the lack of affordable housing and job opportunities to enable them to get back on their feet again. Her training, drive, continued attention, and sense of mission facilitated her ability to look for creative solutions for the long-term dislocated. Her connections to community and political institutions enabled her to leverage funding, and to recraft services as populations and needs changed over time.

Informants noted the importance of perceived legitimacy in overcoming distrust of individuals who have been traumatized and are difficult to reach. The CIF director became intimately familiar with the circumstances of children and families in Renaissance Village, stayed with them over their years in the park, and continues to follow several hundred children since their transition out of the park. That familiarity was also developed by the art therapists who came repeatedly to treat the children. As one child reportedly remarked, "we know you love us because you keep coming back." Other interventions, which were more limited or delivered by those less familiar with the populations in the park, were reportedly less successful. Similarly, one informant noted that donations that were well intended but ill informed (e.g., WalMart gift cards used to buy bicycles that had no place to be stored) failed.

Another expert on victims of trauma noted that a major predictor of poor outcomes for children is the physical disruption of daily routine. The first efforts to assist children in the River Center, establishing playgroups and some sense of calm, were in response to the chaos that confronted traumatized children and parents.

CGHC brought together unique training of so-called street medics—emergency medical technicians and others trained in delivering emergency first aid, with expertise in administering medical care under various stressful circumstances and avoiding legal and credentialing entanglements. They also were grounded in an understanding of and desire to change how discrimination and cultural competence affect access to medical care. The clinic required all staff to take formal racism and discrimination training, which has been adopted by at least one other long-standing community clinic.

In other case study organizations, staff also appears to have had the requisite knowledge of local areas and omnipresence to be able to offer meaningful help. One observation repeated by several

focus group participants was that the FBCO staff member helping them rebuild their houses always seemed to be able to anticipate what they needed and know how to get it.

As noted at the outset, the case study organizations are exemplars, not chosen to be representative of the universe of responding organizations. Several leaders seemed to understand the limits of their expertise by connecting with experts in other areas. CGHC connected with other community health clinics for specialized services and professional advice, and it created an active board to provide continuing advice and oversight. CIF made a point of connecting to the best performers, those with highly developed professional skills, proven track records, and competency to work with the particular populations that they were trying to serve. Collaborators, whether local or national, were selected with those standards as a guide.

Organizational capacity was less striking than the characteristics of the leadership in the FBCOs studied. Although VFCC's past experience in disaster response also gave it the imprimatur of legitimacy to become the repository of donations coming through the local emergency response office, past experience with disasters was not a necessary component in defining other case study organizations' approach to assistance. VFCC and PIPS staff had current databases of local organizations and resources that assisted the local area response. Certainly, St. Luke's physical plant, including multiple facilities, accommodated its shelter operations. But the responses of Community Care Network, Hope Haven, Community Initiatives Foundation, and Common Ground Clinic were creations of the moment and the product of the skills and insights of their leaders.

On the other hand, several informants referred to other FBCOs that came to help and were in "over their heads"—for example, taking on shelters or feeding responsibilities with inadequate experience or resources. Organizations that were less competent to address the specific problems of the populations that needed help, or less experienced in working in collaborative settings and integrating their efforts with others, were not as successful. In one example, an individual was highly committed to offering his professional skills and worked tirelessly to help, but at a certain point his inability to connect with the larger assistance efforts became problematic. Working alone, he could neither fold his effort into that larger whole nor appreciate when to allow the larger organizational efforts to overtake his own.

Networks and Collaborations

In one way or another, all the relief efforts studied were the product of multiple organizational collaborations, some representing formal partnerships and others using episodic or informal assistance as needed. As noted in the methodology, cases were selected for study that had important stories to tell; those stories tended to be associated with multiple organizational or institutional connections. The findings from the telephone survey of a larger group of FBCO responders indicated that hierarchical or formal affiliates did not increase the likelihood of working with others. Consistent with those findings, the case study collaborations appear to be based more on social and professional networks than on support from formal hierarchical affiliations. For some cases, however, horizontal affiliations, such as the Interfaith Disaster Task Force on the Mississippi Gulf Coast, were instrumental in making connections between organizations that were used in the 2005 hurricane response. Vermilion Faith Community of Care and GNODRP represent the formalization of horizontal networks.

Especially in the immediate aftermath of Hurricanes Katrina and Rita, the FBCOs in existence before the storms tapped into their social and professional networks for resources, information, and coordination. Reliance on these networks in St. Luke's and Hope Haven's response was described earlier. Hope Haven was put on the mayor's top ten targets for rebuilding.

Social and professional networks were also used as long-term recovery activities began. Community Care Network's director went to her pastor to ask what she could do to help. Her church lent CCN office space and put her in charge of housing and coordinating the volunteers who descended on the Gulf Coast and on the church to help rebuild. The connection to the local YMCA, which was down the street from the church, was the result not of proximity but of networking at Interfaith Disaster Task Force meetings. GNODRP was formed by social service organization leaders in the New Orleans area who had known each other professionally and who together recognized a lack of regional coordination for long-term recovery.

Respondents reiterated that they called whomever they could in a broad social and professional network, and they reached beyond their immediate circle to create new relationships to meet the needs of hurricane victims and their communities. For the most part, they cited high levels of cooperation and a willingness to set aside turf issues or concerns for rules and protocols in order to respond to the disaster. These working relationships with old and new associates continued when the disaster response moved from emergency relief into long-term recovery.

Several FBCOs studied connected with local, state, or federal agencies. GNODRP leaders worked closely with the FEMA Voluntary Agency Liaison (VAL), who helped develop the structure and activities of GNODRP and the parish-level long-term recovery structures in the region. In contrast, some respondents in Mississippi reported that turnover in the FEMA VALs assigned to the area made it difficult to create partnerships with them. Hope Haven, PIPS, and VFCC had existing relationships with local government officials that supported their response. In several other FBCOs, connections to government were remote, usually through receipt of funding or grants, or nonexistent.

Accountability

Accountability for handling funds, distributing other resources, identifying needed services, and ensuring that they are delivered to those in need can be problematic in the context of an emergency. In that context, there is clearly a trade-off between accountability and flexibility. The issue relates both to the ability of responders to document their efforts and the proclivity of oversight bodies to require it. But if FBCOs beyond the traditional providers are to play a prominent role in future disaster relief, particularly in the direct distribution of goods and services to disaster victims, mechanisms for increasing accountability are of particular importance.

During the initial emergency, when the interest was in getting funds and donations distributed and services available as quickly as possible, detailed records on whom organizations were serving or how much cash or other units of service were being distributed may not have been kept. Some in the field noted that oversight took a back seat in the emergency response because of the magnitude of need. For those FBCOs that had oversight structures, many of those bodies took a step back specifically to allow for more flexibility in the delivery of assistance after the storms. In the words of one respondent: "We had guidelines that our agencies have to adhere to.

Our board has established these policies....When it came to Katrina, though, all bets were off." As another remarked, "it was so easy to help people in the days after the storm" because there were so few restrictions on funds. As time went on, he noted, helping people became harder because of an increasing number of rules.

Most sites that provided services beyond emergency relief had some oversight structure in place, though the level of oversight varied widely. In three sites, interviewees noted that they reported funding and expenditures and major service decisions (e.g., setting up a shelter or a point of distribution) to an oversight body. However, only two of the eight organizations studied were held explicitly accountable for the populations they were serving. One problem may be that the development of new and untried approaches to relief, as the magnitude of the disaster demanded, made it challenging to define service units or desired outcomes. One site was given broad discretion by funders and the board, and though it meticulously documented its efforts, it could not get more guidance on whether it was using funds in ways desired by the funders, for example in identifying needs or choice of services.

As the disaster response transitioned to longer-term recovery activities, accounting for those activities was more common. Long-term recovery structures generally maintained oversight on funding and eligibility criteria as prescribed by the board or membership organizations on these committees. Two interviewees who worked in long-term recovery structures, however, complained that committees lacked transparency because of low member participation and confidentiality strictures on resource allocations among individual cases that came before them.

The massive influx of donations created its own challenges, including competition and turf battles. In one case, a local faith-based organization accused another of hoarding donations and not distributing resources equitably among other faith-based organizations in the area, though the accusation may have been more a result of envy than mismanagement of funds.

In three sites, the principal reason for working outside formal long-term recovery structures was the ability to help more people without the burden of red tape and bureaucracy. One government official attributed his success to putting a high premium on flexibility, remarking, "Don't ask questions; ask forgiveness." Another echoed the sentiment, saying there was a need for "flex rules" when dealing with a crisis, and that both FEMA and the Red Cross lacked the ability to move quickly because of their more rigid and rule-bound structures.

Equity

The lack of guidelines and specificity for designated use of funds, populations served, standards about what constituted need, or service units raises questions about equitable treatment among recipients. For example, the storms were indiscriminate with respect to who endured major housing damage; some respondents viewed all victims as equally deserving, regardless of personal income or prospects for insurance reimbursement, and made no formal inquiries into clients' financial circumstances. As one staff member who assigned rebuilding teams noted about a house on the beach, "Just because you have a big home doesn't mean you have a lot of money."

Other respondents, understanding that funds were limited, required that the neediest, by their definition, be given priority and therefore that income and access to other resources, including

insurance coverage, be considered in distributing assistance. In the sites that used long-term recovery structures, assessments included formal attempts to establish need and assistance received, either using FEMA or Coordinated Assistance Network databases, required documentation, or case management assessments regarding the extent of damage, resource levels, and other funding sources accessed.

In cases that were not part of a formal case management framework, chance and informal contacts determined the allocation of assistance. Some simply claimed that they knew the area, knew where the needs of the community were, and could appropriately bypass tedious paperwork that others could not. In their experience, those asking for services needed it most, and the greater problem was getting people to accept help. Some public funding was distributed without income eligibility criteria, as in one federal emergency grant that was used to hire local residents regardless of their level of victimization from the storm, and in another without regard to evacuee status.

In sites providing assistance through a congregation network or simply to those who appeared at their doors, questions naturally occur about how individuals who are not congregation members or who are not aggressive advocates on their own behalf are served. One church-based group that partnered with the case study organization attempted to serve its members first: "We established a clear tracking system …we were trying to identify [our members]…Once I didn't need to focus on [them], I just focused on the mental health stuff." With regard to the same issue, a public agency that became a conduit for donations routed significant private donations to a local faith-based organization because the director believed that pastors were best suited to identify where services were needed. At least one case studied established networks based almost entirely on relationships the staff and board had with the members. Another case study organization alleged that no one was given religious services unless requested; a staff member in the same organization reported praying with everyone receiving assistance.

Similarly, the case studies leave open the question of how evacuees sorted themselves or were triaged to different congregations to obtain shelter. Evacuees are by definition strangers to host communities. A number of case study organizations made specific attempts to serve those that were outside their immediate networks. One faith-based organization with which PIPS and United Way worked as part of the Lake Charles disaster response structure set up a network of secular providers specifically because it recognized that many people were not involved in the church system. Another interviewee recalled an African American woman breaking down in tears saying she never expected the level of generosity that she received from white people. On the other hand, news of civil unrest in New Orleans and at Baton Rouge's River Center was a sobering backdrop to those attempting to host evacuees, which could have influenced the response of FBCOs providing assistance. When reports surfaced of unrest at the Baton Rouge center, one shelter hired temporary security guards.

The government also had control over assistance by setting the rules by which public funds were allocated. Some on the Mississippi Gulf Coast were angered by the governor's decision to allocate CDBG funds for flood damage but not wind damage. In so doing, according to some, thousand of homes of low-income individuals that were farther inland from the storm surge but severely damaged by wind were denied assistance from these funds.

Life Cycles and Sustainability

As seen in the FBCOs under study, the temporary shift to disaster response was often driven by the compelling circumstances of the storms, the expertise and initiative of their leadership, and the rush of funding and materials flowing to the region. However, as time passes, funding diminishes, and the needs of those served by these organizations before the storm come back into focus, many return to their original mission despite continuing needs related to the 2005 hurricanes.

Three of the FBCOs studied that did not have a disaster response mission have returned or are in the process of returning to their original functions and activities. Each of these FBCOs is likely to retain the internal capacity to respond to future disasters. Thus, Community Care Network maintains a strong relationship with the local church that hosted the disaster relief efforts, and its director is experienced in operating a shelter and in coordinating volunteers. Whether another disaster would generate the same level of volunteer and material donations is unknowable. Hope Haven, similarly, is now positioned to distribute monetary donations through its Helping Hands Fund and knows how to operate a housing facility. However, by the time of the site visit the organization was attempting to sell its facility because of skyrocketing housing insurance prices, its large debt resulting from its relief efforts, and funding sources that had dried up.

St. Luke's retains its large campus, solid funding, and congregant base, and it has updated a disaster relief plan for the church. The leadership sees a similar role in future disasters as it played in 2005, as a provider of shelter, materials, and spiritual support and counseling. It stocks up on essential items such as nonperishable food, water, and baby supplies to be prepared for the next event. But the church saw its role in 2005 as only immediate relief, terminated those services after four months, and sold the mobile unit to the Archdiocese. Partners in Prayer has not resumed its pre-storm mission; its director is staff to United Way, which is itself part of Lake Charles' strong mayoral-led disaster response apparatus that has built expertise from its several hurricane experiences and from collaboration among a broad range of governmental and nongovernmental components. Several respondents credited the leadership of the mayor as being critical to the strength of the collaboration among faith-based, secular, and public organizations.

Those organizations whose missions are related to case management within a long-term recovery or unmet needs committee structure have continued to provide services as long as funding remained. GNODRP is coming to a crossroads because most funding for unmet needs ends in 2008 or 2009. Most of the funding for case management, which was used by the member long-term recovery structures within GNODRP, came from UMCOR (Katrina Aid Today funds), and those funds are virtually exhausted. Funding for housing rebuilding typically came from the Salvation Army and Red Cross, and that is nearly exhausted as well. Leaders in the organization are aware that recovery from Katrina is likely to be a 10- to 20-year effort, and they are concerned about developing new resources to sustain the momentum. The challenge of maintaining the attention of national policymakers and funders is increasing as other events overtake the 2005 hurricanes and interest wanes in the general public.

Many long-term recovery structures, like VFCC, are sufficiently established that although they will become dormant, they can easily be reconstituted when needed. As one affiliate noted, he could be "neck deep…with VFCC tomorrow" working on a relief effort. VFCC's office, warehouse, and network connections survive. The office is donated by a board member, the

director frequently donates his own time, and the churches and personal relationships remain, so the organization is able to weather periods with no financing and reorganize when the need arises. VFCC is also part of the Emergency Operations Center Disaster Plan, and the Office of Emergency Preparedness director sits on the VFCC board.

Common Ground Health Clinic and the Community Initiatives Foundation have continuing missions—the former to provide health care, and the latter to address the continuing needs of children and families whose precarious circumstances will require assistance with housing, mental health, employment, and a host of other issues that emerged as a result of the storm. The Clinic has undergone a maturation process in recognition of the need to professionalize and enhance the quality of care. Collaborations remain in place and current funding is expected until at least 2010. Community Initiatives Foundation maintained a clear understanding of mission but recognized that it and collaborators were working in uncharted territory and addressing a level of need that no one had experienced before. The work of the foundation has adapted as needs have changed, moving from facilitating various services for the children in the shelter and then in the trailer park to addressing the range of other services required to stabilize the families and resettle them in new housing.

The Larger Context: Connections to Traditional Disaster Relief and Human Services Systems

FBCOs are often resistant to connecting either to traditional response systems or other human service systems. Except for the two FBCOs that are part of the formal response system, connections were rare or precarious among the studied sites.

Emergency Response

Connections to the local offices of emergency preparedness were one way FBCOs connected to the traditional response system. VFCC had been previously part of emergency planning for Vermilion Parish as a result of Hurricane Lili in 2002. United Way was part of the plan in Lake Charles' disaster response system. GNOCDRP was created to coordinate long-term recovery structures in nine parishes. Other organizations studied had only occasional informal contact with the office of emergency preparedness or had no contact at all.

Problems exist with creating and maintaining connections between the traditional response systems and FBCOs. Some officials interviewed who were responsible for emergency planning were clearly focused on how to incorporate local FBCOs into their disaster response plans, though the specifics were not always clear. In one site, the FBCO director and another local leader had participated in regional or state disaster response planning, but had mixed views about the effectiveness of these efforts. These planning efforts could be a useful way to share information, but in this instance they were viewed as inappropriately detail-oriented or lacking in recommendations that resulted in action. Another intergovernmental task force that included nongovernmental organizations was also intended to be a venue for sharing information. However, according to at least one FBCO member who participated for over a year, the task force was ultimately unable to focus on larger, strategic issues that were critical to effective service response.

The magnitude of the 2005 hurricanes brought in numerous outside agencies that were often a dominant presence in relief and recovery activities on the ground. Among those groups and

individuals that provided emergency assistance, cross-group communication was often minimal, especially concerning coordinating volunteers and distributing donations. The lack of coordination reportedly created duplication of services and oversupplies of certain types of donations. Some questioned whether office of emergency preparedness directors might exercise more power over registering and restricting incoming FBCOs. In one instance, the parish office of emergency preparedness aggressively restricted the number and type of FBCOs entering the area; the results, reportedly, were positive. Other OEPs were unable to get all, or even a majority, of incoming organizations to cooperate. Efforts that were successful used local leaders in traditional nonprofit organizations, such as the United Way and community faith-based organizations, to coordinate activities.

Traditional disaster relief agencies, such as the Red Cross and FEMA, received mixed reviews from many in the field. Some had positive views of the Red Cross, which provided shelter and human services in the immediate aftermath and funds for long-term recovery. Many of those interviewed had contact with both FEMA and the Red Cross and in some way used their resources; for one site, a FEMA voluntary agency liaison was a major player in the creation of the disaster response organization.

Case study organizations, however, were not typically willing to become official shelters under Red Cross regulations, and the general perception was that both the Red Cross and FEMA were overwhelmed by the magnitude of the storm, the duration of needed assistance, and the nature of need, including psychological trauma, enduring medical needs, domestic violence and civil disorder, family reunification, and the variety of human services, including children's services and schooling that became an issue as the emergency continued. FEMA was derided for its slow, rigid bureaucracy and the absence of a strategy to provide social services as a part of the provision of emergency housing. As described earlier, hundreds of families were housed in trailers for months or years, isolated from local communities or job opportunities, with no common areas for playing, eating, socializing or problem-solving among the residents. FEMA, in the eyes of some respondents, became an obstacle rather than a facilitator to bring services in or create community in these situations. Also noted earlier, both the Red Cross and FEMA used rotating teams consisting largely of outside volunteers, and the longer the emergency endured, unfamiliarity with the local area became a problem. On the other hand, the military was lauded by several respondents for its clear hierarchy, clear parameters for services, and respectful demeanor.

Long-Term Recovery Structures

Another venue for FBCOs to connect to the traditional response system was through local long-term recovery committees. Three sites were part of or connected to formalized long-term recovery structures to address unmet needs; the others deliberately worked outside the traditional long-term recovery process, using instead their own professional or informal networks. Those working within the structures saw them as a way to increase efficient use of funding, and to pool other resources and case managers to ensure that services were not duplicated and that unmet needs were addressed. Several interviewees who worked within those systems saw significant improvements in the process over the long term and believed they were able to provide more comprehensive assistance to those with documented need.

Two sites declined invitations to participate in long-term recovery structures or resigned after participating for a short time, viewing these structures as too slow and burdened by documentation requirements, red tape, and poorly managed funding streams. Others felt that the power to allot money was in the hands of too few people and personal connections often decided who would be funded and who would not. As noted earlier, one complaint was that the organizations were not accountable for the funds they used and the process was not transparent. In that site, the committee was challenged when funds were provided to a local construction company owned by a board member's family.

Accessing the Broader Human Service System

Connecting to the larger human service system to provide needed services that are outside the traditional disaster response model was less common. Large disasters reveal the underlying needs of vulnerable populations that make recovery more elusive. The massive loss of publicly subsidized housing, the pervasive occurrence of undocumented succession of privately owned homes that could impede access to assistance for repair or reclamation, the sluggish implementation of Louisiana's Road Home program, and the spike in rental costs as a result of the storms made resettlement for low-income populations a major challenge. Mental health issues for children and families traumatized by the storms made mental health services, limited under the best of circumstances, a critical need for storm victims. Health care for low-income populations was increasingly strained with the collapse of facilities and services for the uninsured. Family and legal problems, which may have followed individuals into the storms, were often exacerbated by the effects of the storm, requiring new levels of case management and the services to back it up.

For those FBCOs that do not typically provide social services or do not interact with the public human service system, it was difficult to understand the need to connect to the larger human service system. It was rare for most of the FBCOs studied to have formalized connections to public human services structures to enhance their efforts, for example to access mental health services or subsidized housing. These FBCOs' only contacts with the larger, public human service providers were either through long-term recovery structures or were informal, or relied on the doggedness of organization staff. Previous formal connections to the department of human services, the penal system, schools, and other public agencies were either unused or were so altered by the storms that they were unrecognizable and would have to be recrafted. Almost none of the study sites, moreover, had set up formal connections or agreements for future disasters. In most instances, public human service providers and the FBCOs viewed relief efforts with different lenses; each generally had little acknowledgment or understanding of what the other was doing or that each may have a role to play in the other's efforts. The problem also worked in the other direction: human service providers who are charged with serving vulnerable populations are unlikely to understand how to connect with the FBCO community involved in disaster relief in order to connect human services with the efforts of the FBCOs. Further, nongovernmental organizations do not represent a coherent whole themselves, and their own turf issues can create challenges to mutual support, particularly if competencies and responsibilities have not been sorted out before a disaster.

Within the public sector, working across agencies to coordinate services, or across governmental jurisdictions, may be especially challenging. In one instance a group was created to connect public agencies with nongovernmental organizations and to facilitate intergovernmental

coordination. The group met intensively for over a year following the storms and reportedly had many successes in addressing issues, such as recognizing the formaldehyde problem in FEMA trailers. But getting necessary action from multiple levels of government proved more elusive. Decisions about housing replacement were caught in the debate between the city, public housing authority, HUD, and other interests about whether public housing would be replaced. FEMA had never dealt with a disaster of this magnitude, was more concerned with logistical issues than individual service needs, and reportedly could not make local decisions without national approval. Another issue cited was the interest in maintaining local discretion, although local capacity in a large-scale disaster may be inadequate.

Experts who worked with Katrina victims described the particular needs of traumatized populations for systematic screening and assessment, to establish a baseline of psychological status, and to respond to an inevitable spiral of challenges—high rates of school truancy, high rates of parental depression, and post-traumatic stress disorder (PTSD), which fuels children's difficulties, all of which must be followed by long-term treatment. One expert suggested that nearly everyone in the FEMA trailer park had some measure of PTSD. Art therapists reportedly found that 80 to 90 percent of teens in Renaissance Village would not go to school—they could not sit still, and were ostracized by local teens in the district school, reinforcing their need for some sort of alternative school. The attempt to develop a charter school, described earlier, might have helped.

Further, vulnerable populations often begin with an array of challenges, which are then exacerbated by the trauma of evacuation and dislocation. The low-income African American populations in New Orleans were supported by strong family and social networks. When those ties were broken, as they were by the evacuation and ad hoc resettlement in trailer parks, they were difficult, if not impossible, to reestablish. Another way of understanding this is the need to capitalize on these bonds in a disaster response whenever possible. Common Ground Health Clinic served constituents in its community and required training to heighten staff sensitivity to racial discrimination and enhance their ability to work with the local population, which may over the long term provide a model for other disaster responses.

Addressing the full dimensions of psychological trauma was, according to experts interviewed, not purely for humanitarian reasons. Without attention to the trauma, there was greater potential for persistent dysfunction and inability to resettle successfully—to reestablish housing, jobs, and functional families, to ensure school attendance, and to avoid substance abuse, domestic violence, and other forms of child and adult delinquency. As one respondent described the context, screening and assessment services were not planned for, and many people were trying to pump services into Renaissance Village that were not well coordinated and only exacerbated a "very broken system."

With no prior planning for services in response to a disaster, and relationships among human service providers, official disaster responders, and nongovernmental organizations not well developed, it is much more difficult to know who to talk to or how to coordinate responses after the fact. The problem is further complicated when local and state entities must interact with outside entities, both federal agencies and nongovernmental emergency responders. Similarly, it is difficult to convince public or private organizations to collaborate without roles that are understood and funding to support their efforts. One informant familiar with the efforts to get

behavioral health services to children in Renaissance Village observed that as the magnitude of the disaster increases, the need for persistent relationships increases exponentially; it took over a decade for him to forge relationships with providers of behavioral health services in his city.

Summary of Key Case Study Findings

The case studies offer a number of findings that are key to anticipating the role and effective use of FBCOs in future disasters.

The magnitude of the disaster propelled most in the case studies into action. While some FBCOs may respond in future disasters as they have in past disasters, the magnitude of the disaster in 2005 was the primary reason that FBCOs studied responded, and it raises the question of who and how many would respond in future disasters. The unprecedented level of devastation from the hurricanes and subsequent flooding, the breadth of population affected, the depth and duration of need, and the extent of donations and volunteers that needed to be managed, however, explain why most of the FBCOs studied responded.

The depth and duration of need also exposed the limitations of traditional response models, which were overwhelmed and unprepared to provide the assistance needed, particularly as the crisis wore on. The magnitude created long-lasting need for a range of human services, including temporary housing that exceeded the capabilities of traditional shelter and emergency aid providers, health and mental health services for psychological trauma, and services to address enduring medical needs, domestic violence, family reunification, and special schooling arrangements as the emergency continued. FEMA was criticized by interviewees for its slow, rigid bureaucracy and the absence of a strategy to provide social services as a part of the provision of emergency housing. Long-term recovery structures were also criticized for their red tape and lack of transparency.

Chance explained the direction that the responses often took. Most FBCOs studied had no prior disaster experience and no preconceived plan for response. Rather, they responded to the needs as presented, relying on the skills and expertise of their leaders, their ability to give large amounts of time, often pro bono, and their ability to understand their own limitations and look to others for additional help. The case study organizations were also innovative in their uses of the Internet to overcome communications problems, to solicit and vet donations and volunteers, and to connect with social and professional networks for help.

Familiarity with local areas and perceived legitimacy were keys to overcoming distrust of severely traumatized individuals. Traditional responders, such as the Red Cross and FEMA, were typically unfamiliar with local conditions and local facilities and services, and any knowledge gained on the ground was lost as new teams were rotated in.

Few accountability mechanisms were in place to provide a clear picture of services provided and people served among the FBCOs studied. The lack of guidelines and specificity for use of funds and populations served, or standards regarding what constituted need or service units, makes it difficult to assess the content and appropriateness of services provided by the

FBCOs studied. How FBCOs ensure equitable treatment among recipients, and how individuals sort themselves among, for example, religious and secular providers, deserves attention.

Connections between FBCOs studied and the larger human service or disaster response systems were often limited, with little recognition about what role each might play in the other's efforts. For FBCOs that did not typically provide social services or interact with the public human service system, there were neither formal nor informal connections to enhance their efforts, for example to access mental health services or subsidized housing. Vulnerable populations often have an array of preexisting challenges, which are exacerbated by the trauma of evacuation and dislocation, and the breaking of essential family and social networks that are difficult, if not impossible, to reestablish. Without attention to the full dimensions of psychological trauma, there was greater potential for persistent dysfunction and inability to resettle successfully.

Among the many organizations that provided emergency assistance, cross-group communication was often minimal, especially concerning coordination of volunteers and distribution of donations. This reportedly resulted in duplication of services and oversupplies of certain types of donations. While official emergency response planners may have new appreciation for the role that FBCOs can play in disaster response, the case studies suggest that it will be critical to understand their specific abilities, resources, and interest in participating in future disaster responses as part of official response planning.

PART III. CONCLUSIONS

Faith-based and community organizations played a prominent role in the relief and recovery efforts after hurricanes Katrina and Rita. The magnitude of their response in 2005 was directly related to the magnitude of the storms, but their experiences provide very important lessons about what FBCOs can be expected to do in future disasters.

The key findings of the telephone survey and case studies, summarized in Parts I and II, address the five research questions of this study: specifically, what are the characteristics of FBCOs that provided disaster-related human services; what services were provided, and to whom; what resources (monetary, material, and human) were used to deliver services; what networks facilitated the ability of FBCOs to deliver services; and what lessons can be learned from these relief efforts? Together, these findings create a detailed portrait of the breadth, depth, and complexity of activities undertaken by smaller and nontraditional responders in the days, weeks, and months after the storms.

The analysis raised three overarching questions about the potential role that FBCOs might play in future disasters:

1. At what points in the relief and recovery efforts and under what conditions are these types of FBCOs most likely to provide assistance;

2. Do FBCOs perform differently or provide different services than those provided by traditional responders and public agencies; and

3. Can or should FBCOs be expected to interact with traditional disaster responders or other human service providers during disasters to facilitate a broader or coordinated response?

Timing and Reasons for FBCO Involvement in Relief and Recovery Services

Although hurricanes are common in the Gulf Coast, hurricanes Katrina and Rita were so powerful and damage so extensive that the response to the storms was unprecedented. About two-thirds of the FBCOs in the survey said that this was the first time they had provided disaster relief services, and all but one case study organization were new to disaster work. Several factors affected FBCOs' responses to this disaster, including timing and distance from the storm's impact. The case studies suggest that the magnitude of the storms and its effect was the primary motivator.

Timing and Types of Services Given

Disaster response can generally be divided into two phases: immediate rescue and relief services and long-term recovery services, although the distinctions between the two can be sometimes blurred. According to the survey findings, FBCOs were more likely to engage in immediate relief services than long-term recovery services. Roughly 70 percent of survey respondents provided some type of immediate relief, such as food, water, clothing, and temporary shelter. In

contrast, less than half provided longer-term services. Housing repairs were the most common long-term service (given by 42 percent of FBCO respondents), while only 20 to 30 percent of FBCOs provided other long-term services, such as mental health counseling or job training.[16] Volunteers were continuing to come to the Gulf Coast to assist with recovery efforts when our fieldwork was conducted in the spring and summer of 2008, though these efforts were considerably diminished, as was the local capacity to house and coordinate the efforts.

Distance from the Storms' Impact

Distance from the storms' impact may dictate how quickly FBCOs respond and how long they continue to give services. The survey found that FBCOs away from the storms' impact areas were both quick to respond and to leave—that is, more than half ended their assistance within three months after the storm. Understandably, fewer FBCOs in the primary impact area responded immediately—no doubt because of the devastation in these areas and the restrictions imposed on returning to areas under evacuation orders that lasted many weeks after the storms. But over time, more than half of FBCOs in the primary impact areas began to provide some type of long-term recovery service and continued to do so at the time of the survey.

Five of the case study organizations illustrate the types of FBCO assistance provided in the primary impact area. For example, one priest, whose church was severely damaged and whose congregation had evacuated, attached himself to a church outside the impact area and returned to New Orleans daily to help his congregation and neighborhood residents clean up and rebuild. Both Mississippi cases began almost immediately to rebuild their own or others' facilities. The two case study organizations in southwestern Louisiana were able to respond immediately to Hurricane Katrina and within days to Hurricane Rita.

The survey data underscore the point that many FBCOs, particularly religious congregations, are able to provide immediate, emergency relief services, but they are less likely to have the capacity or interest in sustaining their involvement over a long period. As noted earlier, housing rehabilitation may be the exception. Congregations in particular have engaged in sustained housing rehabilitation work in the Gulf Coast area. However, this work is undertaken by a smaller share of FBCOs than those that responded immediately after the crisis, and it is often assisted by running formalized programs that bring volunteers from outside to help.

Magnitude of the Storms' Impact

The magnitude of the 2005 storms appears to be both the catalyst that motivated many FBCOs to provide assistance and the determinant of specific responses. According to case study informants, the storms were like nothing they had experienced in the past. The hurricanes affected more people and the effects lasted longer than previous disasters in this country. Eighty percent of New Orleans, a city of 440,000, was flooded, and the timing and pace of the evacuation created major problems for those who did not leave early or had no means of transportation to leave.

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[16] Spiritual counseling was mentioned by 75 percent of the faith-based respondents and 20 percent of the secular nonprofits. It is unclear, however, if spiritual counseling was provided on an individual basis or as part of worship services, Sunday sermons, or general social ministries.

The storms' magnitude also provoked attention to the personal and social dimensions of the event, including permanent loss of housing, widespread family dislocation and emotional trauma, and the particular vulnerabilities of low-income minority populations. These problems would be long-lasting and change over time as many evacuees were unable to resettle, some remaining in temporary trailer parks for nearly three years, and requiring new approaches to address the problems created by the hurricanes. However, specific disaster responses appear often to owe as much to chance as to deliberate planning.

While there is no reason to believe that the same humanitarian instinct that motivated FBCOs to respond in 2005 would not apply again in a disaster of similar magnitude, there is little evidence to suggest that they will be better prepared. According to the survey, less than a quarter of the respondents had created new emergency plans, new partnerships, or lists of local services, and more than a third had taken no steps to prepare for a future emergency. Officials charged with emergency preparedness who were interviewed in the case studies were aware of the importance of including FBCOs in their planning as a result of their presence in the 2005 hurricanes, but the details of how FBCOs are included were sometimes difficult to discern. The creation of the Greater New Orleans Disaster Recovery Partnership resulted from recognizing the need for coordination among multiple responders and interest in better regional preparedness for the next disaster. Yet, several case study organizations were not interested in formally committing themselves or their resources to a role in a future disaster, or being credentialed as an official Red Cross shelter, which would require conforming to Red Cross rules and regulations.

Capabilities of Nontraditional (FBCO) Responders

Nontraditional responders often bring knowledge of local communities, heightened sensitivity to the needs of disaster victims, and capabilities to collaborate and reach beyond bureaucratic rules and boundaries to provide the flexibility necessary to adjust to changing circumstances. But their efforts also raise questions about accountability for services provided and populations served, and about their ability to connect to traditional responders and professional human service providers, particularly in addressing the complex and long-term needs of victims of disaster. Several themes emerge from the study findings.

Knowledge of Local Area and Its Resources

The assistance FBCOs provided after the 2005 hurricanes was delivered in the context of perceived failure by governmental agencies and others officially charged with disaster relief. One of the complaints case study respondents lodged against Red Cross and FEMA was that their teams were generally not local and were unfamiliar with the local geography, facilities, social services, and other venues that might provide help. Because relief and recovery work wore on for months, staff was rotated in and out, and any gains that may have been made in understanding the local situation were lost in the rotation. Additionally, respondents said that rules seemed to change with each changing shift, creating confusion and frustration, and increasing a sense of insecurity when reassurance was critical. Even under the worst circumstances, when many human service agencies are damaged and inoperable, and therefore unavailable as referral sources, knowledge of the local topography and how to make one's way around is an advantage. Units in responder agencies that had regional or local ties were cited as more helpful to the recovery effort.

In contrast, the FBCOs studied were generally staffed by people who knew the local area, often by individuals who were in the business of helping people—such as clergy, clinicians, or other social service providers—and often by those who were victims themselves in the widespread disaster. As such, they were perhaps able to express a level of sensitivity, empathy, and responsiveness that staff from other kinds of organizations might not. As noted earlier, one observation repeated by several focus group participants was that the FBCO staff member helping them rebuild their houses always seemed to be able to anticipate what they needed and know how to get it. Some in the field also commented about the freedom from rules and protocol evident in local operations, such as small, locally run shelters that were not officially certified as shelters and therefore not subject to others' rules. Whether those rules would have added a measure of protection to the service recipient or provided other benefits is unknown.

Some local FBCOs may be able to provide the sustained commitment to hurricane victims necessary to achieve long-term recovery. One good example from the case studies was the omnipresence of the director of the Community Initiatives Foundation and others who returned repeatedly to help. The ability to connect with the sometimes confusing mix of actors in the FEMA trailer park and the sustained presence built trust among traumatized storm victims who were otherwise unreceptive to help. Other local FBCOs were less interested or able to make a sustained commitment.

Collaboration and Networking

The findings from both the telephone survey and the case studies illustrate that FBCOs often used informal networking and formal collaborations to expand their capabilities. It was hypothesized that vertical hierarchies, such as national affiliates or umbrella governing bodies (e.g., a regional diocese) would provide some measure of support to local FBCOs' efforts. The survey suggests that these affiliations did not facilitate collaboration, and the case studies suggest that individual social and professional connections more often provided the basis for collaboration and financial support.

Formal affiliations, however, can play a role in disaster responses. The Interfaith Disaster Task Force, for example, provided coordination and technical assistance to membership organizations in Mississippi. Collaboratives, such as GNODRP, expanded contacts, provided funds, and were a conduit to link volunteers from around the country with relief efforts on the ground. If familiarity and connections exist between local community-based organizations and professionals in disaster response or health and human service areas, those connections can be called upon in a disaster. The case studies suggest that much of the formal social service system in the heavily impacted areas was inoperable in the early days after the storms, and the FBCOs that provided assistance were operating in that breach. But the studies also suggest that prior familiarity can get needed services back on line, as in the case of Hope Haven, or facilitate access to services, as in the case of the collaboration between CIF and the Coalition for the Homeless to use CDBG funds for resettlement.

Networks and collaborations can also be important tools for expanding expertise. Several case study organizations brought a particular expertise to the relief effort, such as in management, housing operations, logistics training, or human service delivery. Others quickly sought the help of experts after recognizing the challenges they confronted, particularly in dealing with emotional and psychological trauma.

Long-term assistance may be difficult for FBCOs to provide if they are not professional human service providers or do not have strong links to the professional social services community. The case studies illustrated that the lack of connection to the larger professional provider system generally made it difficult for many FBCOs to access services needed to address complex recovery problems.

Accountability

The lack of accountability of many FBCOs that participated in the relief and recovery efforts makes it difficult to assess how services provided do or should fit into the larger plan for disaster response. Few FBCOs kept detailed records of the numbers or characteristics of those who received emergency services. Even among the organizations that kept records or felt that they had a good sense of the magnitude of services delivered, definitions of units of service are unclear, do not easily translate into individuals served, and are often not comparable from one organization to the next. Providers who offered highly professionalized services, such as Common Ground Health Clinic, or services that created liability issues, which would require service recipients or volunteers to sign waivers, are exceptions.

Determining who was eligible to receive services was often not well thought out. FBCOs frequently responded to the needs in front of them, giving little time or thought to establishing criteria for who should be (or was) served. Except for negotiations within a long-term recovery structure, the case study organizations often made no attempt to use income levels or prospects for insurance reimbursement or other types of assistance as a screen for assessing need for services. Long-term recovery structures typically used some type of eligibility threshold, but, in several instances, the process of determining these criteria and the advocacy of case managers was questioned for its lack of transparency. Some interviewees in the case studies questioned whether, in a disaster of this size and complexity, the huge sums FEMA contracted for case management rather than for a richer array of human services such as mental health services, job training, or child care represent an inherent imbalance in the approach to disaster services.

The general lack of accountability during the crisis and its aftermath can be seen in the conflicting stories of acts of generosity and potential underlying discrimination. Neither the survey findings nor the case studies provide a clear picture about how individuals were triaged for help—for example, directed to one emergency shelter rather than another. How much of this help was unconditional and untainted by racial or class distinctions is not known. Some interviewees tell of unlikely but fortuitous liaisons between hurricane victims and military units. Others tell of the chaos and heavy-handed response of some law enforcement units, both to the evacuation order and to the threat of civil disorder in New Orleans. The variations clearly speak to the need for better understanding of how assistance is distributed, and how maintenance of order can be achieved with equanimity in a crisis of this magnitude.

Connections to the Larger Whole

The FBCOs operated within the context of a massive humanitarian response, including official emergency responders (e.g., military, law enforcement, fire and rescue, and offices of emergency preparedness), religious and secular organizations with dedicated arms for disaster services, and a historic outpouring of volunteers, cash, and in-kind contributions from around the country and,

in some cases, around the world. Where the FBCOs in this study fit in that larger whole is important to understand in planning for more effective response in the future.

Hurricanes Katrina and Rita resulted in massive loss of housing (much of which has still not been recovered), behavioral health issues for large swaths of the population that require sustained treatment, and a range of family dysfunctions created or worsened by the effects of dislocation. These effects require responses far beyond traditional disaster response models—and beyond the capabilities of most FBCOs that are not human service providers.

It is difficult to know from either the survey findings or the case studies how well the efforts of the FBCOs studied penetrated the universe of need and whether better connections with both traditional disaster responders and those that provide longer-term services would produce a more effective response. To be sure, thousands of units of assistance (e.g., water and cleanup supplies, food, clothing) were distributed, though it is difficult to make any judgment about the numbers of individuals served. For those that sheltered evacuees, the numbers range from less than a dozen to over a hundred. For the one case study organization that was well connected to the overall emergency response structure, the contribution of its FBCO shelters to the total is knowable; for others, it is unclear. Survey respondents indicated that a large share of people served were low income and families with children.

For many FBCOs, understanding the need to connect with public human service systems or other human service providers and how to do it was not part of their experience. Similarly, FBCOs are fairly isolated from the larger disaster response system. According to the survey respondents, only 15 percent worked with state and local governments, and less than 10 percent worked with federal government agencies. Survey respondents often cited poor communication as one barrier to working with government agencies. Most FBCO connections were with other FBCOs—that is, congregations were most likely to work with other congregations and nonprofits were most likely to work with other nonprofits. The result is a silo effect not only within the larger disaster response system but also among FBCOs. As noted above, some disaster response officials appreciate the FBCOs' contributions in the 2005 hurricanes. It will be important to see how FBCOs are integrated into future response efforts.

As the case studies showed, FBCOs rarely had formalized connections to public human services structures, especially for gaining access to mental health services or subsidized housing. Assistance for any long-term services other than housing recovery appeared circumscribed by which organizations participated in roundtables that addressed unmet needs, and by specific funding allocations. Other contact with human service providers was likely fortuitous.

As noted above, both the survey findings and the case studies suggest that small, community-based organizations, both religious and secular, have special capabilities to offer in disaster relief, including the ability to respond quickly with critical knowledge of local areas and local facilities, operate outside the constraints of formal rules and protocols, and possibly provide a level of comfort and assurance that was difficult to find in the cacophonous aftermath of the 2005 storms. In general, however, connections to the larger disaster response apparatus, which might have expanded or strengthened their response, were difficult to achieve and frequently not sought.

Lessons Learned

Many organizations that are not traditional disaster responders, including small community-based social service providers and local congregations, played important roles in the aftermath of hurricanes Katrina and Rita. The findings from the telephone survey and the case studies suggest several lessons about what roles they might play in future disasters.

- **Those preparing emergency preparedness plans need to better understand the availability and capabilities of FBCOs.** How well that knowledge has been incorporated in local area planning efforts is unclear in the cases studied. Simply being able to identify who is left after a disaster, what their needs are, and who might provide assistance is critical to a response effort. The survey findings tell us that most respondents provided assistance; how many other organizations were unavailable because they were wiped out by the storm is unknown.

  The study suggests that it would be helpful to incorporate into disaster plans an inventory of local FBCOs and their contact information. Ideally, the nature of their facilities, their capabilities, and prior experience would be incorporated into disaster planning. Some FBCOs have limited capabilities, but those capabilities can be used strategically to implement a community's overall disaster response effectively. Locally based organizations can operate outside the constraints of official disaster responders, maintain flexibility, and craft innovative solutions to new needs and as needs change over time. But with no guidelines or oversight and limited recordkeeping, it is unclear how services are distributed and whether they are distributed equitably. To better account for the services that FBCOs can provide, disaster response planners can also provide guidance on how to document services provided and recipients served, including how to count service units and measure outcomes, and how to determine eligibility and triage people to ensure that all who need help receive it.

- **Recovery services needed after a disaster of this magnitude extend far beyond the traditional boundaries of emergency relief.** Longer-term recovery activities in a traditional disaster response model are largely focused on physical rebuilding and dependent on a limited circle of organizations providing aid. These traditional models are not well equipped to deal with deep and sustained injuries of disaster victims, both physical and psychological, and they are not well connected to the broader universe of expertise and service delivery systems that might provide appropriate and sustained interventions.

  The case studies illustrate that neither the traditional disaster responders nor the FBCOs studied were well connected to those that might provide behavioral health services, transitional and permanent housing, or school structures and educational experts able to address the psychological and emotional challenges of traumatized children and adolescents. The need for such services may be especially critical for low-income and vulnerable populations who may have preexisting disabilities that can be exacerbated by a disaster, and who generally have limited options for successful readjustment and resettlement.

Similar to incorporating an inventory of FBCOs into emergency preparedness planning, a map of current human service providers, including governmental and private providers as well as regional and national specialists in trauma and vulnerable populations and who might be called upon to assist, would be a valuable component of such a plan.

- **Many FBCOs involved in long-term recovery appreciate the need to coordinate activities, as evidenced by new attention to data-sharing mechanisms among traditional responders.** The experience of the FEMA trailer park in one case study demonstrates the critical need for coordination among a wider array of providers, from federal, state and local agencies; experts in various specialized interventions; and private donors whose contributions may be critical to success.

- **Major disasters generate major humanitarian responses, which sometimes include those with the best intentions but uneven capabilities.** The case studies suggest that successful interventions appear to recognize the importance of seeking out the best performers—those with proven track records, the ability to work with the populations affected and whatever challenges they present, and the ability to integrate their work with others. Those who are not sufficiently experienced, not culturally competent, or cannot recognize appropriate ways to coordinate their services with others are likely to be less successful in their relief efforts or can create problems for others trying to provide assistance.

- **Soliciting and managing cash and material donations as well as volunteers is a key to effective disaster responses.** Some FBCOs studied learned to use the Internet to disseminate real-time information, reach out for help, solicit and vet volunteers, share databases, and establish 211 directories to identify resources. Emergency preparedness planning could include consideration of how to control donations, including instruction on the best tools to solicit and manage donations. Government or FBCO entities can set up web sites that can be shared among responders, serve as clearinghouses, manage solicitations, and allocate resources, including donations, volunteers, and emergency services.

  A model for working together was developed in the Washington, D.C., region after the 9/11 attacks. Nonprofit leaders and government representatives worked together to develop guidelines for sharing data, scaling up for volunteer efforts, and soliciting and handling monetary and in-kind donations.[17] New methods for maintaining access to 211 directories when local telephone service is disrupted have reportedly been developed since the 2005 storms and were used in the Gulf region after the 2008 storms.

- **How FBCOs will respond in the future will likely depend on the magnitude of the disaster and the extent of damage they sustain to their own operations.** But many that

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[17] The Nonprofit Roundtable of Greater Washington. 2005. *Working Together When the Worst Happens: Nonprofit Emergency Preparedness in the National Capital Region.* Washington, DC: The Nonprofit Roundtable of Greater Washington.

were new to disaster response in 2005 learned much about how to provide disaster-related services, and how not to repeat mistakes that hampered their response. An effort should be made to incorporate those experiences into disaster preparedness planning, including how to increase flexibility for traditional disaster responders, what rules can be relaxed and what rules cannot, and how to tap the expertise of those who participated in disaster response to teach others what they learned. The fact that social and professional connections were so important to case study organizations reinforces the need to nurture connections, perhaps through strategic conferencing and other methods, to create awareness of how to tap connections before disaster strikes.

The Gulf Coast hurricanes of 2005 have put a new lens on the limits of understanding among researchers and policymakers of the breadth and depth of a major disaster's effects. More work remains to understand the effects of the disaster and the most effective ways to provide immediate and long-term assistance. Collecting and reexamining data on the effects of the storms, particularly on the most vulnerable populations, and incorporating these lessons into planning for future disaster responses is clearly important. Data sharing among organizations, such as FEMA, that have detailed information on hurricane victims could be used to provide follow-up services for individuals who still need help. These data also could be used to support needed evidence-based research on the effects of the storms and outcomes of sustained treatment, particularly mental health services, for individuals who are the victims of major disasters. The data could also provide needed evidence for proposed changes in disaster response planning.

APPENDIX A: METHODOLOGY FOR THE TELEPHONE SURVEY

This appendix provides detailed information on the methods used to design and conduct a telephone survey of faith-based and community organizations in the Gulf Coast area that participated in relief and recovery efforts after hurricanes Katrina and Rita. It is organized into four main sections:

1. Sample design
2. Data collection procedures
3. Survey rates
4. Survey weights

Sample Design

The goal of the sampling strategy was to select enough organizations to complete 200 telephone interviews while maximizing the response rate. To assess the level and types of disaster relief and recovery work undertaken by faith-based and community organizations (FBCOs), we wanted approximately 100 interviews completed with faith-based organizations sampled from the American Church List (ACL)[18] and 100 interviews with community-based nonprofit human service organizations sampled from the database maintained by the National Center for Charitable Statistics (NCCS).[19] All organizations in the states of Louisiana and Mississippi were eligible for the study, as were all organizations within a 50-mile radius of the Houston Astrodome. The geographic area around the Houston Astrodome was selected because the Astrodome was a major receiving center for hurricane evacuees.

The sampling strategy was designed to oversample the areas either directly affected or partially affected by either hurricane Katrina or hurricane Rita. To accomplish this, the two lists (ACL and NCCS) were divided into seven geographic strata. There were three geographic strata in both Louisiana and Mississippi, which we describe as "primary" (i.e., counties or parishes directly impacted by the storm); "secondary" (counties or parishes that were partially impacted or adjacent to the areas of direct impact); and "tertiary" (all other counties or parishes in the state). The seventh and final stratum was Texas, which was defined as organizations within 50 miles of the Houston Astrodome.

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[18] The American Church List contained 14,213 organizations in the combined Louisiana, Mississippi, and Houston, Texas (Astrodome) region. The American Church List is widely considered the most comprehensive source of information on churches and religious congregations in the United States and Canada.

[19] There were a total of 2,957 nonprofit human service organizations in the combined Louisiana, Mississippi, and Houston, Texas (Astrodome) region in the 2005 NCCS public charities database. The NCCS database is a repository of all U.S. nonprofits that file annual Forms 990 with the Internal Revenue Service. Because nonprofits with less than $25,000 in gross receipts and religious groups are not required to file Forms 990, they are underrepresented in the database. However, the database captures the majority of revenues, expenditures, and assets of the nonprofit sector.

To identify which counties (i.e., FIPS codes) in Mississippi were impacted by the hurricanes, we used FEMA's definitions for disaster areas found in "FEMA-1604-DR, Mississippi Disaster Declaration as of 10/27/2005" at http://www.gismaps.fema.gov/2005graphics/dr1604/dec_1604.pdf. FEMA's report helped us code the 82 counties in Mississippi as primary, secondary, or tertiary impacted areas. For Louisiana, the Congressional Research Service report "Hurricane Katrina: Social-Demographic Characteristics of Impacted Areas" at http://www.gnocdc.org/reports/crsrept.pdf (November 4, 2005) helped us code the 64 Louisiana parishes as primary, secondary, or tertiary.

Sample Sizes by Geographic Strata

Random samples of organizations were selected within each of the seven strata. These samples were further stratified by either type of nonprofit organization (direct service provider, community group, or facility provider) or by type of church (Baptist, Lutheran, Catholic, etc.). Table A1 shows how many interviews we aimed to complete in each of the seven sampling strata. The total number of organizations actually sampled in each stratum was two to three times greater depending on the expected response and eligibility rates.

Table A1. Initial Sample Size Goals by Geographic Strata

Location	Churches (n)	Nonprofits (n)
Primary Impact – Mississippi	15	15
Primary Impact – Louisiana	20	20
Secondary Impact – Mississippi	15	15
Secondary Impact – Louisiana	20	20
Tertiary – Mississippi	10	10
Tertiary – Louisiana	10	10
Tertiary – Texas	10	10
TOTAL	**100**	**100**

The Sampling Process

The sample was released in three waves so sampling adjustments could be made based on actual response and eligibility rates, described below, and to avoid sampling too many organizations.

Sample release I (November 2007):
The first release consisted of 122 churches and 119 nonprofit human service organizations that were drawn randomly within seven strata (three impacted areas for each of the two states of Louisiana and Mississippi, as well as one impacted area in Texas). Each stratum of churches was sorted in ascending order, beginning with state, county code, impacted area code (1, 2, or 3), denomination type, membership size, and attendance size. The strata of nonprofits were sorted in ascending order, beginning with state, county code, impact area code, organization type (direct service provider, community group, or facility), total expenses, and NTEE (i.e., activity) code. Systematic sampling was then performed with random seed numbers assigned to the strata to randomly select the first observation. From there, between 10 and 20 observations were drawn per stratum.

Sample release II (December 2007):
The second sample release consisted of 140 churches and 106 nonprofit organizations. The number of churches was higher than the sampled nonprofit groups since early indications suggested that the response rate would be lower for churches and congregations, which were harder to reach than nonprofits. Therefore, the decision was made to sample more churches to increase the chance of attaining our original completion goals. The sampling procedures applied were the same as in the first round of sampling, namely seven presorted strata from which 10 to 27 organizations were randomly selected per stratum. New random seed numbers were assigned to each stratum.

Sampling release III (January 2008):
The third sample release consisted of 72 churches and 56 nonprofit organizations. Again, more churches than nonprofits were represented in the sample to increase the probability that despite the lower response rate among churches, their higher proportion in the sample would increase the probability that the number of interviews completed with churches would be close to our goal of 100. The third release applied the same stratified sampling method used for generating the first and second sample releases.

Based on all three sample releases, a total of 615 organizations were drawn for the survey: 334 churches and 281 nonprofits.

Data Collection Procedures

In November 2007, the Louisiana State University Public Policy Research Lab (PPRL) began the telephone survey of churches and nonprofit organizations throughout Gulf Coast areas affected by hurricanes Katrina and Rita. The survey was completed in February 2008. Data collection was suspended for about 10 days (total) during the Thanksgiving and Christmas holidays.

To maximize the response rate, the sample was released in waves. Overall, the three sample releases combined consisted of 615 organizations, which yielded a total of 574 organizations for which contact information could be found. Every effort was made to research each disconnected number on the Internet to locate that particular church or nonprofit. A group of interviewers was hand-selected and dedicated specifically to this project from beginning to end. A team leader was designated to coordinate the survey in the field.

Each week, the team leader emailed a research report of disconnected numbers to the PPRL lab manager. No telephone number was labeled "permanently disconnected" until a thorough search was done to locate that entity. The lab manager sent the Urban Institute survey team a progress report at the beginning of each week. Each Wednesday, the lab manager and the Urban Institute survey team held a conference call to discuss that week's progress report and any other issues.

In general, it was fairly difficult to reach people on the first try. Most often, an interviewer would reach an answering machine. This was especially true when trying to reach churches, although if the call was answered by a secretary, the interviewer would inquire about the best time to try to

reach the pastor. In general, it was noted that a good time to interview individuals at churches was Monday through Friday between 11:00am and 3:00pm. However, interviewers found no consistent pattern regarding the optimal days or times to reach potential respondents.

Nonprofits were easier to contact than churches and more likely to respond to the survey. The interviewer most often spoke with the pastor of a church or the director of a nonprofit organization. Once the interviewer was able to reach a person knowledgeable about the organization's relief and recovery activities, reception toward participating in the 15–20-minute survey was mostly positive.

A total of 271 organizations responded to the survey. Of these 271 organizations, 202 provided relief services and therefore were interviewed for this study.[20] The distribution of completed interviews by our seven geographic strata is shown in Table A2.

Table A2. Final Sample Size of Organizations That Provided Relief Services, by Geographic Strata

Location	Churches (n)	Nonprofits (n)
Primary impact – Mississippi	22	16
Primary impact – Louisiana	19	20
Secondary impact – Mississippi	13	13
Secondary impact – Louisiana	25	22
Tertiary – Mississippi	12	7
Tertiary – Louisiana	8	11
Tertiary – Texas	7	7
TOTAL	**106**	**96**

Survey Rates

Two types of survey rates—response rates and eligibility rates—were calculated to provide a full assessment of the survey's quality.

Response Rates

The survey response rate is an important measure of the quality of a survey. Its importance depends upon whether the nonrespondents would have answered the survey questions differently. To calculate the response rate, we divide the number of organizations that responded to the survey by the number of organizations that were sampled for the survey, minus the organizations determined not to be operating at the time of the study. However, there were many organizations that we were never able to contact and thus potentially might not have been operating at the time of the survey. Therefore the response rate for this study is an estimated response rate using the final call disposition results shown in Table A3.

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[20] Compared with the final sample, organizations that did not provide services after the hurricanes and were therefore ineligible to complete the survey were more likely to be nonprofit organizations and in the primary impact area.

Table A3. Final Call Disposition Results

Final Call Disposition	N	Percentage
Responding organizations	271	44.1
Nonresponding organizations	133	21.6
Unable to contact	111	18.0
Organizations not operating at the time of the study	100	16.3
TOTAL	**615**	**100**

If we assume all the unable-to-contact organizations were not in operation, we would report a 67.1 percent response rate: (271/(615 - 211)) or 271/404 = 67.1.

If we assume all the unable-to-contact organizations were in operation at the time of the survey, we would report a 52.6 percent response rate: (271/(615 -100)) or 271/515 = 52.6.

We believe the best estimate would be to assume that the proportion of the unable-to-contact organizations that are not in operation would be the same as the proportion of organizations that were not in operation in the sample for which we were able to determine their operating status. More specifically, we were able to determine operating status for 504 organizations (that is, 615-111 = 504). Hence the overall estimated response rate for this study is 55 percent: (271/(615-100- (100/504) x 111)) = 271/493 = 55.0 .

Table A4 shows the response rate for each sampling stratum. The calculation of this rate assumes that the proportion of the unable-to-contact organizations that were not in operation would be the same as the proportion of organizations not in operation from that sampling stratum.

Table A4. Response Rates by Geographic Strata

Location	Churches (%)	Nonprofits (%)
Primary impact – Mississippi	54.9	78.7
Primary impact – Louisiana	50.9	72.9
Secondary impact – Mississippi	36.7	70.0
Secondary impact – Louisiana	44.3	74.1
Tertiary – Mississippi	45.0	66.7
Tertiary – Louisiana	24.3	83.3
Tertiary – Texas	33.6	52.6
TOTAL	**42.7**	**71.8**

Eligibility Rates

In addition to reporting the response rate, it is useful to know what percentage of the responding organizations provided relief services. We are calling this the eligibility rate, defined as the

number of organizations who said that they provided services over the total number of organizations that responded to the survey (i.e., both those that did and did not provide services). Overall, 74.5 percent of organizations that we talked with said that they provided some relief services. Table A5 shows the eligibility rate for each sampling stratum.

Table A5. Eligibility Rates by Geographic Strata

Location	Churches (%)	Nonprofits (%)
Primary impact – Mississippi	88.0	66.7
Primary impact – Louisiana	65.5	64.5
Secondary impact – Mississippi	81.3	61.9
Secondary impact – Louisiana	92.6	88.0
Tertiary – Mississippi	80.0	58.3
Tertiary – Louisiana	88.9	64.7
Tertiary – Texas	70.0	70.0
TOTAL	**80.9**	**68.6**

Survey Weights

Survey weights are sometimes needed to analyze survey data. Most survey weights first adjust for unequal probability of selection that is often built into the sample design, and then adjust for key differences between the sample population and target population, which can help reduce the potential for nonresponse bias.

For this study, finding organizations that were open and operating was actually a larger issue than nonresponse. Given the dramatic changes that occurred in the sample region because of the hurricanes, it is unrealistic to assign probabilities of selection to the organizations we were sampling. Likewise, creating target population control totals is also not realistic given how many organizations we were unable to contact, definitional issues, and relatively small sample size in some of our sampling strata. Therefore, for this study the analysis was done without survey weights and the analytical results should not to be used to make population estimates.

APPENDIX B: TELEPHONE SURVEY QUESTIONNAIRE

Survey of the Services Provided by Faith-Based and Community Organizations after Hurricanes Katrina and Rita

Hello, my name is _____. I'm from the Public Policy Research Lab at Louisiana State University. We are conducting a survey regarding the help that faith-based and community groups provided to people during and after Hurricanes Katrina and Rita. I would like to talk with you about relief and recovery activities that your organization may have provided because of the storms.

OPTION: If individual asks about sponsorship –
The survey is part of a larger study that is being conducted by the Urban Institute, a nonprofit/nonpartisan research organization in Washington, DC. The study is funded by the U.S. Department of Health and Human Services.

ALTERNATIVE FIRST PARAGRAPH WHEN RETURNING CALL:
Hello, my name is _____ and I'm from the Public Policy Research Lab at Louisiana State University. I'm returning your call about the survey we are conducting about the help that faith-based and community groups provided during and after Hurricanes Katrina and Rita. Thank you for contacting us.

REMAINDER OF TEXT IS SAME FOR ALL PHONE RESPONDENTS

The purpose of the study is to learn about the ways that faith-based and community groups helped in the relief efforts during and after the hurricanes and to help government officials and community leaders learn how to work with these groups in future disasters.

Before we begin, I want to assure you that your answers will be treated in a private manner within the limits of the law. We will not report information that will identify any particular individual or organization. Your answers will be combined with those of other people in organizations that provided similar services.

We appreciate your willingness to participate in this survey. You do not have to answer any questions you don't want to answer, and you may stop at any time.

Initial Screener Questions

Before I begin the survey, please tell me:

S1.   Did your organization provide any relief services during or after either Hurricane Katrina or Rita?

_____ yes _____ no

[Interviewer: If respondent asks, a relief service might be food, water, clothing, temporary housing, family reunification, counseling, etc.]

S2.   Would you describe your organization as a:

_____ Nonprofit organization or community-based group

_____ Faith-based organization (such as a church, congregation, or affiliated with a faith program)

_____ Government agency

[Interviewer: Do not read this last probe. Check if respondent volunteers this information.]

_____ Something else (describe) _____

[Interviewer: Some groups may be both non-profit/community-based and faith-based. If so, check both.]

[Interviewer: If government agency, end the survey.
This survey is only for community and faith-based groups, so those are all the questions we have for you. I appreciate your willingness to participate. Good-bye.]

S3a.   Are you familiar with the hurricane relief efforts that your congregation/organization provided?

_____ yes (if yes, continue to S4)

_____ no (if no, ask S3b)

S3b.   If no, who should we speak to about your organization's hurricane relief efforts?

Name: _____ Position: _____

Phone: _____

[Might be a pastor/leader, congregation administrator, head of the ministry, social services coordinator/manager, executive director, etc.]

Is [name of individual] available now? Can you transfer me to him/her?

Can you suggest a good time to reach [name of individual]? _____

Thank you for your time. I will call back later to reach [name of individual].

S4.   What is your position at [name of congregation/organization]? _____

S5.   How long have you been with [congregation/organization name]? ___yrs. __mos.

S6.   How long have you been in this position? _____yrs. _____mos.

I. Profile of the Congregation/Organization:

I'd like to begin by getting some information that describes your congregation/organization.

Q1.　How many years has the congregation/organization been in existence? __yrs __mos
[Interviewer: Answer should refer to the local group (such as the local YMCA), not to a larger umbrella group (e.g., the national YMCA).]

For nonprofits, skip to Q4.

For congregations and faith-based organizations, ask Q2 and Q3:

Q2.　You indicated earlier that you were faith-based. What is your congregation/organization's religious affiliation or denomination? *[Interviewer: Do not read the list; check category that best fits R's answer.]*

Adventist	Latter Day Saints/Mormon
Baptist	Lutheran
Brethren	Mennonite
Catholic	Metaphysical
Christian/Churches of Christ	Methodist
Episcopal	Orthodox
Evangelical Misc.	Pentecostal
Holiness	Presbyterian
Independent Fundamentalist	Other _____
Jewish	

Q3.　Approximately how large is the congregation? (i.e., how many members?) ___ (#)

Q4.　Was this the first time that your organization/congregation provided disaster relief services after a hurricane? ____ yes ___ no

Q5.　Did you have any <u>paid staff</u> providing any type of social services *[for faith-based groups say: social ministries]* <u>before</u> hurricanes Katrina and Rita? _____ yes _____ no

Q6.　Currently, about how many <u>paid staff</u> members do you have working on hurricane relief efforts this month? _____

Q7.　Did you have any <u>volunteers</u> providing social services *[for faith-based groups say: social ministries]* <u>before</u> hurricanes Katrina and Rita? _____ yes _____ no

Q8.　(If yes) Approximately how many <u>volunteers</u> do you have working on hurricane relief efforts this month? _____

Q9.　How many hours will the typical volunteer work this month? _____

II. Services Provided after the Storm

Let's begin by talking about the types of relief and recovery services that your congregations/organization provided during or after the storm.

Q10.   Did your organization/congregation provide any of the following types of immediate services during or shortly after the storms? [check all that apply]
   a.   Search and rescue activities   ____ yes   ____no
   b.   Drinking water/emergency supplies   ____ yes   ____ no
   c.   Transportation out of the affected areas ____ yes   ____ no
   d.   Temporary housing/shelter   ____ yes   ____ no
   e.   Food/meals   ____ yes   ____ no
   f.   Clothing/household goods   ____ yes   ____ no
   g.   Money or in-kind donations for victims   ____ yes   ____ no
   h.   First Aid/medical services   ____ yes   ____ no

Q11.   (If yes) Approximately when did you begin providing these services? Was it:
   _____ during the storm or immediately afterward (that is, the first week after the storm)
   _____ not in the first week but during the first month after the storm
   _____ sometime after the first month

Q12. Are you still providing any of these services? _____yes _____ no

          If no, when did you stop providing these services?
          _____ After one month
          _____ After three months
          _____ After one year
          _____ Sometime later than one year

Q13.   Did your organization/congregation provide any of the following services? [check all that apply]
   a.   Family reunification/location of missing persons____ yes   ____ no
   b.   Housing repairs/rebuilding/cleanup   ____ yes   ____ no
   c.   Job training/employment services   ____ yes   ____ no
   d.   Child care or school services   ____ yes   ____ no
   e.   Mental health, counseling, support groups or other trauma services   __ yes __ no
   f.   Spiritual counseling   __ yes __ no

Q14.   (If yes) Approximately when did you begin providing these services? Was it:
   _____ during the storm or immediately afterward (that is, the first week after the storm)
   _____ not in the first week but during the first month after the storm
   _____ sometime after the first month

Q15. Are you still providing any of these services? _____yes _____ no

          (If no) When did you stop providing these services?
          _____ After one month

_____ After three months
_____ After one year
_____ Sometime later than one year

Q16.   Did your organization/congregation assist people with the following types of paperwork?
[check all that apply]
   a.   Applying for welfare
   b.   Applying for FEMA claims
   c.   Applying for private insurance claims (i.e., homeowners or renters insurance)
   d.   Applying for legal services

Q17.   (If yes) Approximately when did you begin providing these services? Was it:
_____ during the storm or immediately afterward (that is, the first week after the storm)
_____ not in the first week but during the first month after the storm
_____ sometime after the first month

Q18. Are you still providing any of these services? _____yes _____ no

(If no) When did you stop providing these services?
_____ After one month
_____ After three months
_____ After one year
_____ Sometime later than one year

Interviewer: Skip Q 19-20, if respondent answered only one type of service in Q10, 13, or 16.
Q19.   Of all the services that you named, which one has been the primary focus of your
congregation's/organization's efforts? _____

Q20.   Of all the services you named, which one needed the most staffing or volunteer
assistance? _____

III. Who Received Services:
Next, I'd like to ask about the people you helped after the storm.

Q21.   In total, how many people you did you help? _____ *[Read options if necessary.]*
        ____ <50
        ____ 50-100
        ____ 101-250
        ____ 251-500
        ____ 500 – 1,000
        ____ > 1,000

Q22.   Of these people, approximately what percent of them were:
        [Interviewer: These percentages do <u>not</u> have to add to 100%.]

Groups of People	Percent
Elderly or disabled	_____
Low-income	_____
Families with children	_____
Immigrants or non-English speakers	_____
Members of your congregation (for faith based)	_____
Your usual client/customer base (for non-faith based)	_____
People who lived outside of your community	_____
Any other specific groups of people	_____

        If yes, (specify) _____

IV. Staffing of Services:
Let's talk now about the staffing and volunteers that you used to provide your services.

Q23.   Did you use <u>paid</u> staff to provide services to people in need during the first 3 months after the storm?
        ____ yes ____ no (if no, skip to Q26)

Q24.   (If yes) Approximately how many people worked in this capacity? _____
        [Interviewer: If R cannot provide a number, ask: Would you say it was]
        ____ 1-5
        ____ 6-10
        ____ 11-20
        ____ >20

Q25.   Compared with before the storm, was this
        ____ a substantial increase in the number of paid staff (more than 10%)
        ____ a modest increase (up to 10%)
        ____ about the same number of paid staff as before the storm
        ____ a modest decrease in paid staff (less than 10%)
        ____ a substantial decrease (more than 10%)

Q26. Did you use volunteers to provide services to people in need during the first 3 months after the storm?

       ____ yes ____ no (if no, skip to Q33)

Q27. (If yes) Approximately how many people worked in this capacity in a typical week?

       ____(#)

[Interviewer: If R cannot provide a number, ask: Would you say it was]

____ 1-25 volunteers
____ 26-50
____ 51-100
____ >100

Q28. Compared with before the storm, was this

____ a substantial increase in the number of volunteers typically used (more than 10%)
____ a modest increase (up to 10%)
____ about the same number of volunteers as before the storm
____ a modest decrease in volunteers (less than 10%)
____ a substantial decrease (more than 10%)

Q29. How did you recruit volunteers after the storm (check all that apply)? *[Rotate list.]*

____ Word-of-mouth
____ Outreach efforts (e.g., posters, newsletters, flyers)
____ Media coverage
____ Existing roster of volunteers
____ Your congregation/membership
____ Other local organizations or congregations
____ National organizations or affiliates
____ Web sites
____ Other (specify) _____

Q30. Which of the recruiting activities was the most effective? _____

Q31. Did you recruit too many, about the right amount, or not enough volunteers?

____ Too many volunteers
____ About the right amount of volunteers
____ Not enough volunteers

Q32. In using volunteers, did you experience problems with any of the following? *(rotate lists)*

_____ Providing housing or food for the volunteers
_____ Transporting volunteers to the work area
_____ Volunteers who lacked needed skills or training
_____ Managing/supervising the volunteers
_____ Having insurance to cover the volunteers
_____ Any other problems (specify) _____

[Interviewer: Do not read this last probe. Check if R volunteers this information.]

_____ None of the above; had no difficulties in using volunteers.

V. Networks and Partnerships

Now, I'd like to ask about other nonprofits, religious groups, businesses, or government agencies that you may have worked with in providing relief services.

Q33.   Are you part of a larger organization, or in any way formally affiliated with a religious or other type of organizational structure? [*e.g., the Archdiocese, the Southern Baptist Convention, PRC, YMCA*]?
        ____ yes ____ no (If no, skip to Q36)

Q34.   (If yes) What is the name and the location [*city, state*] of that affiliate? [*open, specify*]?
        _____(name) _____(city/state)

Q35.   Did they help you in any way with disaster relief services?
        ____ yes ____ no

Q36.   Did you work with any other organizations to deliver disaster relief?
        ____ yes ____ no (If no, skip to Q42)

Q37.   (If yes) Can you tell me which of the following organizations you worked with *[Rotate list]*:

K-12 schools	___
Universities	___
Hospitals	___
Churches/faith-based orgs	___
Nonprofit groups	___
Businesses or employers	___
State or local government	___
Federal government	___

Q38.   Please give me the name and location [*city, state*] of the three most important group(s) with whom you worked? [*open, specify*]
        1.   _____(name)
             _____(city/state)

        2.   _____(name)
             _____(city/state)

        3.   _____(name)
             _____(city/state)

Q39.   Did any of the relief work that you conducted with these organizations involve: [check all that apply]
        ____ Receiving financial support from these groups;
        ____ Referring individuals or families that <u>you</u> were serving to these other organizations;

____ Receiving referrals <u>from</u> these other organizations to <u>your</u> organization for services;
____ Providing advice or instructions <u>to</u> these other organizations;
____ Receiving advice or instructions <u>from</u> these organizations;
____ Sharing resources such as space, equipment, supplies, cash contributions, etc
       What things did you share (specify: _____)

Q40.   Were any of these arrangements created because of the storm or were they a continuation of existing relationships that existed prior to the storm?
       ____ new
       ____ continuation of existing relationships
       ____ both *(check if this response is volunteered)*

Q41.   Would you say that these arrangements worked
       ____ very smoothly
       ____ somewhat smoothly
       ____ reasonably well
       ____ not too well
       ____ not at all well
       ____ mixed experience *(check if this response is volunteered)*

Q42.   Were there any organizations that you tried to work with but were unable to?
    ___ Yes
    ___ No (skip to Q45)

Q43.   (If yes) Which types of organization were these?
          ____Nonprofits
          ____Faith-based
          ____Businesses
          ____Government
          ____Other

Q44.   Why did you have difficulty working with these groups?
    _____

VI. Resources

Q45.   Please estimate approximately how much money you have spent to date to provide hurricane relief services?
          _____ ($ amount)
          _____ Don't know; didn't keep records

    Interviewer: If respondent has difficulty giving an amount, prompt R as follows:
          ____ Was it less than $500
          ____ $500 - $2,500
          ____ $2,500 to $5,000
          ____ $5,000 to $10,000
          ____ $10,000 to $50,000

_____ $50,000 to $100,000
_____ $100,000 to $500,000
_____ $500,000 to $1 million
_____ More than $1million

Q46. Did you charge a fee for any of the relief/recovery services that you provided?
_____ yes _____ no

Q47. Did you receive financial support for your relief services from any of the following sources? [check all that apply]
_____ Individuals (e.g. financial donations)
_____ Religious or faith-based organizations (e.g., the Southern Baptist Convention, United Methodist Committee on Relief, etc.)
_____ Nonprofit organizations (e.g., Red Cross; United Way)
_____ Private foundations
_____ Businesses
_____ Federal government
_____ State or local government
_____ Other (please specify) _____

Q48. Of the sources that you identified, which one provided the most financial support for your relief/recovery services? _____

Q49. **For nonprofits, ask:**
Excluding these relief services, approximately what is the size of your organization's annual operating budget this year?
$_____
_____ Don't know
_____ Refused

Interviewer: If respondent has difficulty giving an amount, prompt R as follows:
_____ Was it less than $500
_____ $500 - $2,500
_____ $2,500 to $5,000
_____ $5,000 to $10,000
_____ $10,000 to $50,000
_____ $50,000 to $100,000
_____ $100,000 to $500,000
_____ $500,000 to $1 million
_____ More than $1million

For congregations/faith-based organizations, ask:
Excluding these relief services, approximately how much will you spend this year on your social ministry programs?

$_____

_____ Don't know

_____ Refused

Interviewer: If respondent has difficulty giving an amount, prompt R as follows:

_____ Was it less than $500

_____ $500 - $2,500

_____ $2,500 to $5,000

_____ $5,000 to $10,000

_____ $10,000 to $50,000

_____ $50,000 to $100,000

_____ $100,000 to $500,000

_____ $500,000 to $1 million

_____ More than $1million

Q50. Did your congregation/organization apply for any reimbursement from the federal or state government?

_____ yes

_____ no (if no, skip to Q56)

Q51. (If yes) Which agency was that? (Specify) _____

Q52. How would you describe the process of seeking reimbursement? Would you say it was:

_____ Very easy (skip to Q54)

_____ Somewhat easy (skip to Q54)

_____ Somewhat difficult

_____ Very difficult

Q53. Why do you say it was difficult? _____

Q54. Have you received any reimbursement for the services you provided?

_____ yes (If yes, skip to Q56)

_____ no

Q55. If no, how long has it been since you first applied for reimbursement? __yrs __mo

VII. Lessons Learned

I have three more questions regarding what you believe are the most important lessons learned from your experiences providing relief services.

Q56.   What went well in your efforts to provide services after the storms?

Q57.   What did not go well or could have gone better in these efforts?

Q58.   What do you have in place now that you didn't have before to use in future hurricanes or other emergencies?

    ____ Partnerships/collaborations
    ____ Directories of services (e.g., 211 or 311)
    ____ Emergency action plans
    ____ List of volunteers for relief work
    ____ Other (specify) _____

THAT COMPLETES THE SURVEY. THANK YOU FOR PARTICIPATING.