

National Commission on Children and Disasters
Field Visit: Cedar Rapids, Iowa
January 6, 2010
Linn County Health Department, 501 13th St. NW, Cedar Rapids, IA

Participants on behalf of Commission:

Mark Shriver, NCCD Chairperson
Hon. Sheila Leslie, NCCD Commissioner
Dr. David Schonfeld, NCCD Commissioner
Christopher Revere, NCCD Executive Director
CAPT Roberta Lavin, NCCD Designated Federal Official
Vicki Johnson, NCCD Policy Director
Dr. Deborah Walker, Abt Associates

**Participants on behalf of the Commission attended all sessions. All other attendees are listed under the sessions in which they attended.*

INTRODUCTION

Mark Shriver began the day by welcoming the attendees and providing an overview of the Commission. He explained that the Commission came about as a result of a coalition of non-profits that formed and held a series of meetings following the failures of Hurricane Katrina's response and recovery in order to provide suggestions to federal agencies and Congress about how to better meet children's needs in disasters. Mr. Shriver stated that the coalition determined that the gaps for children were so numerous and persistent, that a Commission with a full time staff should be created to fully bring these issues to light and develop comprehensive solutions. Legislation creating the Commission was thus introduced in 2007 by Senator Chris Dodd in the Senate and Corrine Brown in the House of Representatives. The legislation was passed in 2008 as part of the Consolidated Appropriations Act of 2008. The first informal meeting of the Commission was in July 2008, and the first official Commission meeting occurred in October of the same year. The Commission published its interim report to President Obama and Congress in October 2009. Its final report is due October 2010. The Commission meets quarterly in Washington, DC and has held one previous field visit in Baton Rouge. Some of the Commission's recommendations that did not require legislation have already been implemented and the Commission is looking to the Obama administration, the federal agencies and Congress in hopes that all of its recommendations will be implemented.

Mr. Shriver explained that the Commission is visiting with the devastated communities in Iowa in order to learn what happened in the flooding and to get input to improve and refine the Commission's recommendations for its Final Report. He noted that what the Commission learns at this field visit could also help sharpen Senator Mary Landrieu's recently introduced bill, which addresses some persistent gaps in disaster recovery for

children in areas of education and child care, among others, as it passes through Congress.

Next, Commissioners David Schonfeld and Sheila Leslie introduced themselves and provided descriptions of their backgrounds. Mr. Shriver expressed gratitude toward Senator Tom Harkin for helping with the creation of the Commission and providing support along the way. Linda Langston of the Linn County Health Department welcomed the Commission and other attendees, after which Mr. Shriver thanked her and the Department for hosting, and thanked all attendees for participating.

SCHOOL RECOVERY

Participants:

David Miller, Administrator, Homeland Security and Emergency Management Division
Jere Vyverberg, Superintendent, Waverly-Shell Rock Community School District
Lindsey Beecher, Superintendent, New Hartford School District
Mary Ellen Maske, Executive Administrator for Elementary Education, Cedar Rapids School District
Dr. Sandy Stephen, Executive Administrator for Secondary Education, Cedar Rapids School District
Elaine Watkins-Miller, Communication Consultant, Iowa Department of Education
Dennis Epley, Iowa Association of School Boards
Beth Freeman, Regional Administrator, FEMA
Richard Cruse, Deputy Director, Iowa Recovery Center, FEMA
Karen Hyatt, Emergency Mental Health Specialist, Iowa Department of Human Services
Cindy Kaestner, Executive Director, Abbe Center

Dr. Schonfeld welcomed the attendees and thanked them for providing comprehensive written statements. He said that the discussion's focus would be two-fold: 1) Policies, procedures and laws that should be changed in initial disaster response and long-term recovery; and 2) Issues that Iowa is still struggling with in long-term recovery. He noted that from the written statements the Commission received in advance of the visit, it appears students and school staff would have benefited from additional mental health services. Dr. Schonfeld stated that one issue to examine is how better coordination between schools and mental health service providers can be achieved. He noted that the mental health officials reported that some good programs were available, but they had difficulty accessing schools. As a result, he has asked the mental health officials to join the education session and vice versa.

Dr. Schonfeld identified six general issues for discussion: 1) Continuity of education for displaced students, including locating and transporting students and coordinating with FEMA and other agencies to do so; 2) Support received through the U.S. Department of Education (DoEd) such as technical assistance and funding; 3) Outreach to and communication with other states; 4) Mental health, including the Crisis Counseling Program (CCP); 5) Mental health training for teachers; and 6) How the requirements of the No Child Left Behind Act may have conflicted with recovery efforts.

Regarding continuity of education for displaced students, Dr. Schonfeld noted that different systems took different approaches to locate and transport students. He asked if there was something FEMA could have done to facilitate better information sharing with school systems, noting that it seems burdensome to force a school system in a disaster to develop a form to collect information on students that FEMA may already possess. Elaine Watkins-Miller, Communication Consultant, Iowa Department of Education, asserted that in the spring, the Iowa Department of Education will be implementing a common platform for districts and institutions of higher learning within the state to share transcripts electronically. The platform will focus mainly on transcript information and will not yet allow for sharing of full school records, such as immunization records.¹ Ms. Watkins said that she believes it will provide for special education information.

Jere Vyverberg, Superintendent, Waverly-Shell Rock Community School District, said that many schools have student information systems, but they are not interoperable. A centralized coordinated student information system would be very helpful in tracking students and backup systems for student records are also necessary. Schools reached out to contact families that moved across district lines and his district was able to ensure that all students were accounted for.

David Miller, Administrator, Iowa Homeland Security and Emergency Management Division, said that locating students after a disaster is a state and local problem because it requires immediate action before FEMA arrives after a Presidential declaration. Some counties have a more exacting plan to do that than others so there is disparity among the counties' abilities. A significant gap is the sharing of information broadly between school districts and emergency management officials, FEMA and others. He indicated that there is a constant information sharing problem.

Mr. Shriver asked if school officials are required to collaboratively plan with emergency management officials. Mr. Miller said that emergency management laws do not require such collaboration, but schools are often included in the local emergency management plan. However, the finer points of the school's involvement in the plan are not known by the state emergency manager. Since there is no requirement for the local emergency manager to coordinate with the local school district, coordination differs in each county. Mr. Miller further noted that the robustness of each county's emergency preparedness plan differs greatly. Areas near nuclear power plants are better prepared and engage in collaboration with schools, because the law requires such collaboration and the development of plans that demonstrate how the county will care for children in an emergency. It was suggested that all counties should plan in this fashion.

Karen Hyatt, Emergency Mental Health Specialist, Iowa Department of Human Services, stated that she became the state administrator of the CCP in Iowa through Project Recovery Iowa. Although the program was funded by FEMA, FEMA did not share information with the state-level program because mental health was not included in FEMA's information sharing protocol. Had she been allowed to share in FEMA's data,

¹ After the meeting, Ms. Watkins-Miller informed the Commission that phase two of the project will expand the system to include more extensive student records.

her outreach efforts would have been more immediate and efficient. Ms. Hyatt noted that she only wanted addresses of affected homes, but FEMA would not share that information with her. She asserted that this is a common problem nationwide for anyone running a program pursuant to a FEMA grant.

Sandy Stephen, Executive Administrator for Secondary Education, Cedar Rapids School District, said that her district used a geocode to determine which students were in the flood zone. Her students were already geocoded as a result of a university study, which made it easy to establish a list of the 1,800 affected students. She said that having all students geocoded in school records would be very helpful.

Regarding transportation issues, Dr. Schonfeld asked if districts were able to provide transportation for displaced students to attend their school of origin. Dr. Schonfeld noted that although attending the school of origin is often best for a students' development, mental health, education and all-around recovery, he realizes it can be a severe strain on budgets. Beth Freeman, Regional Administrator, FEMA, said that FEMA did not cover those transportation costs. Mary Ellen Maske, Executive Administrator for Elementary Education, Cedar Rapids School District, asserted that Cedar Rapids followed the McKinney-Vento Act and looked at feasibility. She said that in some cases it was feasible to provide transportation from trailer sites at a pick-up point outside of the district. Her district got a federal Homeless Education Disaster Assistance grant from the DoEd, which helped offset the cost of transporting displaced students. However, most of the funds used for transporting displaced students to their schools of origin came from the district's budget. Dr. Stephen said that her schools, Cedar Rapids secondary schools, used some district funds for transportation but the district did not receive outside funding for this purpose. Mr. Vyverberg said that there was no funding mechanism in place to aid districts in transporting remote displaced students. However, the Iowa Department of Education was flexible in allowing open enrollment to let displaced students remain in their school of origin. He reported that districts worked together on an ad hoc basis to accommodate that, but there was no mechanism in place to reimburse for transportation costs.

Regarding mental health services in schools, Dr. Schonfeld mentioned that the CCP provided funding for mental health services, but noted that not every school district utilized the services. He asked about the barriers preventing optimal implementation of the CCP. Dennis Epley, Iowa Association of School Boards, responded that in many cases, districts who have suffered emotional trauma have historically relied completely on in-house school counselors. He said that many schools aren't fully aware of these services because they have never utilized these types of external services provided by community organizations. He also cited a lack of planning and preparedness, asserting that had schools developed comprehensive written disaster response plans prior to an event, they would be familiar with the programs that are available and would be able to call on a community organization when needed. Dr. Schonfeld noted the importance of schools and districts having preexisting relationships with mental health service providers prior to disasters, as those with prior relationships were able to draw upon those resources and ramp them up after the disaster. Dr. Schonfeld also mentioned that information provided noted that the CCP involves a lot of door-to-door outreach and the assessment tool is not well catered to children.

Ms. Hyatt stated that Iowa did not have a positive reputation for delivering crisis counseling, so they changed the model and chose independent providers that schools already knew, such as the Abbe Center, to run the outreach. She said schools were receptive and grateful for the influx of support and the fact that they were already comfortable with the chosen provider made it much easier. However, the state and federal government need to do a better job educating people who deal with children about the difference between disaster mental health issues and every day mental health. Staff are not trained in college and graduate school to learn basic fundamentals of what to look for in children who have been affected by disasters and they don't have a mechanism to get training on those skills. Schools rely on school nurses and guidance counselors who lack the training and skill set to recognize disaster-related symptoms and support children who have experienced a disaster.

Dr. Schonfeld mentioned that the Commission has recommended that school staff receive basic training in disaster mental health issues at both the pre-service and in-service levels. Ms. Hyatt said support for such training at the federal and state level would help get it off the ground and make everyone's job easier.

Mr. Vyverberg stated that Waverly-Shell Rock Community School District spent a year before the flooding developing a comprehensive disaster plan, but it did not address the mental health issues that they encountered. It would be useful to have a plan in place that outlined available mental health services, as districts need prior knowledge about the availability of services in order to properly utilize them in a post-disaster setting.

Dr. Schonfeld asked if training for teachers had been available prior to the event, would the districts have made use of it. Several attendees responded affirmatively. Ms. Maske said her district did some training at the beginning of the school year following the summer flooding. Ms. Hyatt asserted that even the mental health professionals need additional training so they know how to respond to children in disasters. At the state level, Disaster Behavioral Health Response Teams were established for this purpose. Ms. Hyatt also noted there has been a widespread call by teachers for training on identifying and supporting children struggling emotionally as a result of the disasters, because they haven't had any. She noted that teachers even ask for training during their personal free time on weekends. With such a lack of qualified people to conduct the training in Iowa, they have had to look outside of the state for assistance.

Mr. Miller noted that teachers are trying to deal with the disaster while having to teach and write grants for these programs. He stated that too often we are doing things in recovery after the event rather than building capacity, planning and investing before the event occurs. Dr. Schonfeld reiterated that the Commission recommended that training occur at the pre-service level as a requirement for teacher licensure. He also noted that the comments suggested the CCP is not delivering a clear message that funds can be used for training of school personnel, even though the Commission has been told that funds can be used for that purpose.

Next, Dr. Schonfeld asked the attendees about their current recovery needs. Ms. Hyatt stated that the CCP is over, but mental health issues still linger. She said that families have been further impacted by the economic difficulties associated with the recession. Once the CCP project ended, schools have been very limited with the resources they have. Students have entered new grade levels and the new teachers don't know them as well and can't identify their issues. Dr. Stephen said that she sees behavioral effects on the entire family and families have problems getting the resources they need, especially in these tough economic times. Dr. Schonfeld asked if there was an organized effort through CCP to inform parents on how to support their children. Ms. Hyatt said that 354 presentations were given to children, teachers or parents.

Cindy Kaestner, Executive Director, Abbe Center, said she recommends that CCP should be funded for a longer duration than 18 months. She said children are still responding with fear to the weather but since CCP is over, providers have to find another way to fund services. Dr. Schonfeld asked how services for children who aren't Medicaid eligible can be funded. Ms. Kaestner said that in the early stages of disaster response, they got the children into the medical center for mental health services and worried about how to pay for it later. They tried to document everything that they would be able to pay for through CCP at a later date. But she noted that CCP only pays for outreach. It does not cover therapy. Private insurance added little to the revenue stream. So the county and Medicaid funded therapy. They covered some un-reimbursed costs with \$100,000 in grant funding received from local foundations. She said that in Cedar Rapids, they were encouraged to provide services to children. Ms. Hyatt added that in the 99 counties in Iowa, there is no mandate or state regulation to provide services to children and many counties did not. Often when services aren't funded, the children are absorbed into the adult system.

Ms. Watkins expressed that she wanted to make sure the Commission knew of Iowa's Area Education Agencies, which are regional agencies that provide a variety of social services and school mental health professionals. She said that many have crisis teams and experts available.

Mr. Miller asserted that there is a lack of recovery planning at the local, state and federal level. There is a focus on response but not on recovery, which often leaves recovering communities attempting to make up solutions as they go. There is a patchwork of resources and no streamlined way to bring together all of the federal programs and funding mechanisms that could aid in recovery efforts. There can be no focal point for interagency-coordination when there is a lack of recovery planning. Chris Revere echoed Mr. Miller's sentiments, asserting that in addition to federal dollars that may flow through FEMA, there are additional dollars that may flow through HUD or HHS to aid in recovery as well as an additional appropriation in the form of a social services block grant. Mr. Revere said that the agencies need to sit down before an event, not only at the federal level, but also at the state level, to devise a plan for recovery based on available resources. Mr. Miller asserted that FEMA has authority over the programs it administers, but lacks the authority to determine how to marry programs together to meet unaddressed needs. He cited a consistent lack of integration.

Ms. Freeman stated that one does not know what the recovery will require until the disaster hits. She said that Congress appropriates differently for each disaster and each administration handles disasters differently. She explained that in 1993, certain rules and regulations associated with how Iowa was allowed to spend its Community Development Block Grant funds were waived, but this was not done in 2008. It is very hard for states to plan when they don't know what funds will be received and what the requirements will be.

Mr. Epley pointed out that although many localities were affected by the tornadoes and floods, much of Iowa was not. He asked what will motivate the unaffected areas to expend the resources to develop school disaster plans, asserting that school districts will need some kind of incentive, direction and a framework to follow. He asked if there will be funding or a staff to help schools with this. Dr. Schonfeld noted that the Commission has recommended that a dedicated funding stream go to each state for preparedness. Mr. Miller asserted that the most important element is that schools coordinate with local emergency management. Iowa has used federal DoEd money as well as emergency management money to plan, but planning requires substantial investment and the state does not have money for this. He also pointed out that there is no full-time person to coordinate between schools and emergency management.

Mr. Shriver asked if it is necessary for the legislature to pass a law requiring schools and emergency management to coordinate in disaster planning. Mr. Epley said he has tried to address this with the state legislature, but the concept never picked up steam.

MENTAL HEALTH

Participants:

Karen Hyatt, Emergency Mental Health Specialist, Iowa Department of Human Services

Cindy Kaestner, Executive Director, Abbe Center

David Miller, Administrator, Homeland Security and Emergency Management Division

Beth Freeman, Regional Administrator, FEMA

Jono Anzalone, FEMA Region VII Volunteer Agency Liaison

Dr. Schonfeld began the session by asking about the Child Resource Manager position under Project Recovery Iowa, which was created with CCP funds to coordinate delivery of services to children. Ms. Hyatt commented that in other recovery efforts, she had seen children only receiving mental health services on the coattails of their parents. She did not want that to be the model in Iowa. She ended up writing 16 grant applications and needed someone to oversee and disseminate resources, but didn't want to use a single provider. Accordingly, she negotiated to get a children's team leader at the provider level.

Dr. Schonfeld noted that completing 16 grant applications is difficult work. He asked if there should be a different mechanism for disbursement of funds other than asking those affected to write grants. Some say the grants provide an opportunity to strategize regarding the delivery of services, but we wonder how much strategizing can be accomplished if one only has three days to plan and write grants. Ms. Hyatt responded

that planning needs to happen 365 days a year. She said that CCP models need to be established in advance of an event. She thinks the model of using community providers and a children's coordinator is a good one and that a template of that model could be developed beforehand. While everyone in a disaster is prone to say that each event is unique, there are certain aspects that are never going to be unique, such as the needs of children and families.

Dr. Schonfeld asked if it would be useful to have a national CCP template that could be shared with states prior to a disaster so that states could review them, modify them and negotiate the particulars of the program beforehand. Ms. Hyatt said that there needs to be more focus on planning for recovery. The federal government and FEMA have continuously maintained they won't pay for preparedness, but she doesn't know how to separate preparedness and recovery because you can't recover unless you are prepared to do so. If FEMA won't pay for preparedness, another entity needs to help organize and fund the development of preparedness activities.

Ms. Hyatt said that in Iowa, the federally declared disaster number from the first flood (on May 25, 2008) remained the same despite cascading events such as tornadoes and additional floods impacting different areas at different times. Accordingly all subsequent grants were considered amendments to the original CCP grant, but amendments still require full grant applications and the deadlines for grant applications were all tied to the original presidential disaster declaration. Since CCP grant applications have to be filed within 14 days of the declaration, at times they had to write full grants overnight. She stated that it is impossible to adequately project resource allocation and budget in such a limited window. This created difficulty as Iowa under-projected its needs. Their 60 day budget under the program accounted for seven months of services.

Dr. Schonfeld stated there needs to be some flexibility in how the funding is allocated and used after a disaster because there are differences in disasters. There is no way to plan for an effective disaster response for a large region in less than 24 hours.

Mr. Miller stated that FEMA and others have a tendency to view the disaster as occurring in a very short window when determining deadlines for applications and programs. However, the event of 2008 was a slow-moving event that occurred over a period of several months. The event began in May and the incident period did not close until the middle of August. He indicated that some application deadlines passed before the incident period had even ended. Mr. Miller recommended that all program applications have deadlines that are tied to the end of the incident period rather than the original declaration. Ms. Hyatt added that FEMA provided the state with 24 standard conditions on the grant application, and it would be much more effective and efficient for states to know these conditions in advance.

Ms. Hyatt said that FEMA and SAMSHA did a good job reaching out to provide technical assistance through CCP. However, although SAMSHA has a technical assistance library containing children's resources and was very good about offering resources, the resources lacked categorization, and were not credentialed, vetted or

endorsed, so they were not always useful. Ms. Hyatt said she could not tell if the resources were evidence-based nor who had produced them. Some articles that were distributed were completely inappropriate for the program. For instance, an article that Ms. Hyatt had authored specifically pertaining to the Gulf Coast was given to her to assist in Iowa. She recommended that the technical assistance resources be vetted in advance.

Identifying another gap, Ms. Hyatt explained that the premise of the CCP grant is that since the event occurred on May 25, 2008, services must only address direct effects of that event. However, although many other events happened in the children's lives over the course of the following 18 months, they were restricted to providing services related to the May 25 event. For instance, about 20 children who had lost their homes and had received counseling through CCP subsequently witnessed the shooting of a football coach. She received a call telling her she could not provide additional services to these children since they had already received disaster-related counseling services. She pointed out that these children could have problems dealing with the additional events in their lives because of their continuing struggle to cope with the original disaster. Accordingly, Ms. Hyatt asserted that the children need a continuum of care and there should be a holistic approach to the provision of services through CCP during the recovery period. She also recommended that substance abuse screening, which is currently optional in CCP, be required. She said that when her program added screening for substance abuse, referrals increased.

CHILD WELFARE

Participants:

Wendy Rickman, Administrator, Division of Adult, Children and Family Services, Iowa Department of Human Services

Julie Allison, Chief, Bureau of Child Welfare and Community Services, Iowa Department of Human Services

Marc Baty, Service Area Manager, Cedar Rapids Service Area, Iowa Department of Human Services

Valarie Lovaglia, Social Work Administrator Cedar Rapids Service Area, Iowa Department of Human Services

David Miller, Administrator, Homeland Security and Emergency Management Division

Commissioner Sheila Leslie opened the session with introductory remarks and asked about the impact of the disaster on the child welfare system. Julie Allison, Bureau of Child Welfare and Community Services, Iowa Department of Human Services, said that during the disaster, their procedures to locate children and families in the system and to continue services for children affected by the disaster were effective. They were able to assist foster and biological families and child welfare facilities by building on collaborative relationships they already had in place. They identified, located and provided assistance to 2,500 children in non-relative foster care, 1,300 in relative foster care and 1,275 in group care facilities. Ms. Allison said the department is used to being in "crisis mode" and went right to work to determine the status of children in the system. They created a status sheet, which was not part of their disaster plan, to help identify

where children were and other important information. This sheet will be integrated into future disaster planning.

Ms. Allison reported that they did have a child welfare disaster plan in place that was in compliance with federal law, though the plan did not contain sufficient detail. For instance, the plan was devoid of procedures for how to track children in the system. However, she reported that they did not see a significant impact on the families they served.

Ms. Allison stated that the most significant impact on the child welfare system occurred in Lynn and Johnson County. In Lynn, children were evacuated from a group home facility and in Johnson, children were evacuated from a shelter. Children were evacuated to shelters in their communities and beds were available thanks to prior agreements with shelters.

Ms. Allison said the child welfare system was disrupted but never lost. Calls reporting child abuse and neglect were rolled over to another county that was in operation. The intake unit became functional at a non-profit agency site and other functions relocated to a community college and high school. There was a loss of records, as paper records were destroyed. While some documents were restored through the use of available electronic records, electronic records were not available to replace destroyed historical documents. Ms. Allison reported that they are monitoring to see whether there have been increases in abuse and neglect referrals, but they have not seen any increases to date. She credits the community and federal response in mitigating the impact and the work of Project Recovery Iowa in helping to minimize stress levels.

Ms. Allison stated that their contracts with providers often do not include a mandate for emergency response procedures. In the future, contracts initiated or renewed will include a requirement that contractors have emergency response procedures. She also recommended a coordinated planning approach with emergency management and a coordinated approach across all agencies in response and recovery.

Marc Baty, Cedar Rapid Service Area, Iowa Department of Human Services, said that since the court lost all of its paper records, his office helped them reconstruct their entire docket for six months. He said he came in contact with emergency management officials, not through his work with child welfare, but because he helped local emergency management organize sheltering services when Red Cross relinquished their sheltering duties earlier than expected. Because of child welfare's community networks and partnerships, they were able to help emergency management officials find a nonprofit to provide sheltering services and help transition people to temporary housing.

Mr. Baty stated that there was no training or evacuation planning for child welfare prior to the event. What worked in Cedar Rapids was a rich community network of public and private partnerships. He does not think that a cookie-cutter model approach to disasters is advantageous. There needs to be adaptability and flexibility to make very quick decisions. His other main recommendation involves using cellular, digital and broadband

communication. His office ordered broadband cards for laptops and cell phones, and he reported that going virtual made a big difference in their ability to track children and perform necessary operations. This allowed them to continue performing income maintenance functions. Additionally, they implemented three month recertification waivers and several other accommodations to help families get through the crisis. He also stated that the fact that they were able to go virtual allowed them to provide intake services for 14 counties.

Ms. Leslie asked if the court is planning to back up its paper records electronically going forward. Mr. Baty replied that the court did undertake the notion of restoring its lost records in electronic form, however was dissuaded by the \$8-10 million price tag.

Mr. Shriver noted that it appears there has been no coordination with emergency management in planning. He asked if coordination between the agencies needs to be required so that better planning occurs before an event. Mr. Baty replied that this ought to be done immediately. Juvenile justice and child welfare systems need to be integrated into the broader emergency management plan. Mr. Miller stated that the gap in coordination in planning exists at the local level where the boot hits the ground rather than at the state level. He said that emergency management coordinates well with the Department of Human Services at the state level.

Mr. Miller continued, identifying a gap in local planning regarding the provision of sheltering services. He said when local emergency management writes its plan, it always looks to Red Cross to provide sheltering services, but Red Cross only provides sheltering on a limited basis and at times provides a stipend rather than services. He said locals have to plan to provide sheltering services and can't just assume that Red Cross will. Mr. Baty said that in 2008, Red Cross nationals gave 24 hour notice in Cedar Rapids that they were leaving and shutting the shelter down when 72 people were still using it. At that time he was told that sheltering was a responsibility of the local Department of Human Services under ESF 6. He was left scrambling to take care of shelter operations because the local plan for sheltering was to depend on the Red Cross.

Ms. Leslie asked whether social workers and child welfare personnel have adequate training for disasters. Valarie Lovaglia, Social Work Administrator Cedar Rapids Service Area, Iowa Department of Human Services, said that there could be more training, but asserted that child welfare staff normally see children monthly and are easily able to perform more checks and ramp up operations upon entering crisis mode. She stressed that going virtual was the most helpful thing they did after the disaster as it allowed staff to link up and develop phone trees to locate children and families. Mr. Baty mentioned that basic disaster training was done with the child welfare staff quickly after the event. When asked by Mr. Shriver about basic disaster mental health training, Ms. Lovaglia stated that she had some experience in crisis management mental health before the event of 2008 and was able to quickly train staff on how to support children who were suffering from the disaster and what signs to look for. In response to a question from Dr. Schonfeld, Mr. Baty stated that through the CCP, Abbe Center stationed staff at the child welfare office, and child welfare's remote income maintenance and food assistance sites to monitor

everyone that came in. However, he said child welfare didn't receive much guidance or many resources regarding the effects the disaster might have on the children in the child welfare system.

In response to an inquiry from Ms. Leslie, Ms. Allison indicated that Iowa child welfare officials documented the lessons learned within the department but have not shared them broadly externally nor with other state agencies. Ms. Leslie suggested that agencies across the country could benefit from hearing about Iowa's experiences.

Mr. Miller mentioned certain state recovery documents the Commission may want to review, including a midcourse review and an after action report. However, he said they provide only a summary representation of the local issues rather than a comprehensive account. He said many local agencies may never do after action reports, but he is hopeful that they will and is anxious to review them. Mr. Shriver asked Mr. Miller whether he or the state legislature could require local agencies to do after action reports. Mr. Miller said they could and it will be interesting to see how this hearing can influence the legislature.

FEDERAL, STATE AND LOCAL OFFICIALS: LONG-TERM RECOVERY DISCUSSION

Participants:

Tamara Milton, Staff Assistant, Senator Tom Harkin's Office
Mary Day, Regional Director, Senator Chuck Grassley's Office
Kirsten Running-Marquardt, Congressman Dave Loebsack's Office
State Representative Renee Schulte
State Senator Robert Hogg
Ron Corbett, Cedar Rapids Mayor
David Miller, Administrator, Homeland Security and Emergency Management Division
Pat Hall, State Coordinating Officer
Marvin Shultz, Health and Safety Officer, Iowa Department of Human Services
Rebecca Curtiss, Preparedness Director, Iowa Department of Public Health
Beth Freeman, Regional Administrator, FEMA
Richard Cruse, Deputy Director, Iowa Recovery Center, FEMA
Lt. General Ron Dardis, Executive Director, Rebuild Iowa Office
Matt Unger, Senior Advisor to the Lt. Governor, Office of Governor Chet Culver and Lt. Governor Patty Judge
Linda Langston, Linn County Supervisor

Following introductions and a brief background on the Commission, Mr. Shriver stated the purpose of the session was to better understand the issues that arose during the 2008 Iowa disasters and what steps can be made at the national level based on the lessons learned by the federal, state and local officials present at the hearing.

Mr. Shriver asked about the creation of the Rebuild Iowa Office (RIO), querying how it came about and how RIO is assisting in the recovery process. Lt. General Ron Dardis, Executive Director of RIO, explained the disasters occurred from May to August 2008, affecting over 700 communities, and it became apparent that state government did not

have the capacity to deal with a disaster of this magnitude. As a result, the Rebuild Iowa Advisory Commission (RIAC) and the Rebuild Iowa Office (RIO) were created by Executive Order, and Lt. Gen. Dardis served as RIAC's chair.

Lt. Gen. Dardis said RIAC's 45-day report to the Governor and State Legislature concentrated on unmet needs and gaps in funding. RIAC's 120-day report took a more strategic outlook, providing 12 long-term recommendations, all of which were acted upon in one way or another during the last session of the legislature. He asserted these reports are not only the work of the RIAC, but also based on input from hundreds of impacted Iowans. RIAC established RIO to coordinate recovery efforts, a task normally headed by emergency management. However, emergency management offices don't staff for recoveries and the Iowa Homeland Security and Emergency Management Division (HSEMD) did not have necessary people in place to do this. Instead of hiring additional people at HSEMD to head these efforts, RIO was established to coordinate programs, which it does for 16 state agencies and 20 federal agencies. In forming RIO, they looked across the country for model programs and best practices. He said that Louisiana had something similar, but RIO was designed and tailored for Iowa's needs.

Lt. Gen Dardis explained that RIO was formalized as an agency by the state legislature during the last session, and will sunset in June 2011. RIO is primarily funded with federal funds. The office was established with an Economic Development Administration grant of \$3 million, and has also used Community Development Block Grant (CDBG) funding to support its work. At the end of the day, RIO's operating budget will be in the \$6 million range, approximately \$1 million of which came from state funding. State Senator Robert Hogg added that Iowa wasn't prepared when the event happened, but that RIO has done a terrific job and have played an extremely important role in Iowa's recovery.

Lt. Gen. Dardis asserted that there is a need for a national framework for recovery, as FEMA does a great job in coordinating response efforts, but coordination in recovery is lacking. A disaster track fund for recovery is necessary, as there are many great programs that the state has used, but each has restrictions. He said CDBG is a great source but there are income limitations. Duplication of benefits issues take months to sort through. He recommended that while the state should be held accountable for funds distribution, it should be allowed to determine how to execute funding in a timely manner. The ability to share data is also a huge issue. The need for those affected to fill out multiple forms has strangled the recovery process. A coordinating agency for recovery would help address these issues.

Mr. Hogg stated that from day one, when the state wanted to respond fast with local and state funds, they were told they had to wait first for FEMA funding. There has been concern about supplanting federal funds with state funds, as spending state funds prior to FEMA approval could result in the loss of reimbursement. He asserted they could not spend because they did not know how FEMA would penalize them and were always concerned about duplication of benefits.

Mr. Miller stated that they tried to learn lessons from the 1993 floods and because HSMED doesn't have capacity to staff for recovery, creating RIO filled the need for coordination of recovery efforts. HSEMD focused on Stafford Act-related reimbursements, and RIO focused on all other federal programs, overall coordination, policy-making and relations with Washington. He added that the major roadblock to recovery was the inability to spend money in advance of federal funding approval, as it is likely that money spent will not be reimbursed or matched by FEMA if they have not been a part of the project from its inception. Thus it becomes a race for last place. Everyone wants to get their projects in last which stymies recovery activities. There needs to be an influx of federal funding on the front end to create immediate recovery activity.

Mr. Miller also noted that recovery is a 5-7 year marathon. Families are often forced to move multiple times because programs start and stop without continuity. Recovery is currently aided by programs that aren't designed for disaster recovery. While they help to some extent, he said this does not optimize recovery.

In response to a question regarding funding, Lt. Gen. Dardis stated that two grants go through RIO, but otherwise they go through HSEMD or other state agencies. Private sector funds were used through the Embrace Iowa program which affords greater flexibility to address unmet needs. However, the work of Embrace Iowa and RIO can be disconnected.

Beth Freeman, the FEMA Regional Administrator stated that the FEMA response is actually fairly quick. She said FEMA was on the ground and money started flowing within days. But while the money was obligated quickly – Congress passed the first supplemental appropriation in July 2008 – the bulk of those CDGB funds have yet to be spent. Mr. Miller stated that the first and second grants have come in, but the state has yet to disburse much of anything. He said there has been a time delay in getting the applications approved by HUD. Linda Langston, the Linn County Supervisor, stated that the original disasters were compounded by poor economic conditions and the change in administration, which caused major delays, leaving them sitting on money that couldn't be distributed. Her office calls and emails HUD regularly and they still get no reply.

Lt. Gen. Dardis stated that the bottom line is that Iowa has been using funding not designed for disaster recovery. Iowa has been very aggressive in their request for waivers, but the waiver process takes a lot of time. He said HUD Secretary Shaun Donovan understands and is supportive, but excessive time is still required for processing. Dr. Schonfeld pointed out the disconnect that they feel recovery takes 5-7 years but Stafford funds are designed to last only 18 months.

Mr. Shriver asked what FEMA was doing about this situation. Ms. Freeman responded that they have to follow the Stafford Act, which stipulates that all housing assistance ends at 18 months. Mr. Miller pointed out that while the country is very good at short-term recovery efforts, it is with intermediate and long-term recovery – as more agencies become involved – that it becomes harder to coordinate and execute recovery efforts.

Using housing as an example, the only FEMA funding used came from the housing mitigation grant program, a program meant for mitigation but used for recovery. They also use the CDGB program for housing. Although CDBG is a housing program, it is not a disaster housing program, but rather a low income housing program so it dictates income limitations.

Mr. Miller explained that it is difficult to determine when recovery is over. He said Iowa had housing shortages before the disaster, and asked when recovery should end and the state's focus return to the housing shortages present before the disaster. He said that people who were renting will get rental assistance but at some point they have to go back to paying rent. If assistance is indefinite, there is no encouragement to return to self-sufficiency.

Mr. Shriver stated that the Commission has heard there isn't mandated planning for schools or child care in Iowa, asking whether Iowa should be having hearings on this issue at the state level. State Representative Renee Schulte stated that a lot of gaps in funding that you just heard about result from the fact that they did not think about needs in terms of the family's comprehensive needs. There was no one on the ground looking at the needs of children specifically or from a family perspective. There was no coordinator position focusing on the needs of children and families. Mr. Miller pointed out that family issues have been examined in disaster case management, which fell under two agencies, Human Services and the Disaster Human Resources Council, where the focus was on communities and families, but was not necessarily child-specific.

Ms. Langston agreed that the focus of recovery efforts were not child-specific. It was summer-time when the event occurred, school wasn't in session, and there were thousands of children in need of child care and no place to put them. She realized that certain regulations – such as the child care to provider ratio and the requirements for volunteers – had to be waived to accommodate them. But, she said although these modifications to regulations were made on an ad hoc basis, they have not been institutionalized so that they are in place for the next event. Ms. Schulte added that dozens of non-profits were lost, impacting many before- and after-school activities.

Mr. Shriver asked what RIO does about this, querying if children's issues are subsumed by other issues. Lt. Gen. Dardis responded that the closest thing in place to address children's issues is the case management system, which was meant to be a one stop shop for dealing one-on-one with families that need help. He said RIO had nine different task forces and the conclusion of all nine was that citizens needed assistance in navigating the maze of programs available to them. That is what the case management program was originally meant to address.

Dr. Schonfeld countered that case management is only part of the picture, asking to whom people will be referred if there is no capacity to deliver services. Mr. Miller agreed, stating capacity needs to be built locally before an event through proper planning. Chairperson Shriver suggested perhaps the state legislature needs to hold a hearing on this issue. Mr. Hogg stated that many families had a plan, to rely on their relatives,

however many did not have this fall-back. He said the problem was in the disaster's magnitude, explaining that if you lose 1,000 child care slots, you are going to struggle. His top recommendation would be for the federal government to do everything possible to prevent disasters and mitigate their effects. He asserted that emergency planning can be required of child care providers, but they are struggling as is. He sees it as more of a government function to have back-up plans in place. With child care, the burden needs to be on the government, not child care centers struggling to survive or already burdened low-income families.

Ms. Langston explained that while they are looking at ways to address these issues, trust among local, state and federal government is necessary but often missing, often replaced with huge disregard for each other. Mr. Miller stated that even just making something eligible to be paid for out of DHS grant dollars is a controversy in itself. He said there will be pushback if you tell emergency management how to use their DHS funding. In addition, if you try to encourage a school system to plan with emergency management, they will often push back because such planning is probably low on their priority list because of the expense and the low probability that a disaster will hit. He said that there is also a danger in over-planning. The plans in place for communities around nuclear power plants can be used as a model, but the investment is huge. Additionally, you can't foresee people's actions, and therefore can't plan for everything. Dr. Schonfeld agreed that planning won't anticipate everything, but stated its importance in building relationships. He said that when there is no recovery system you need planning to facilitate the relationships and coordination that will be required in recovery.

Ron Corbett, Mayor, Cedar Rapids Mayor questioned what problems might Iowa face 18 months from now, stating there are still 260 families in case management and 2-3 new cases per week, and funding is running out soon. He asked what they can do today to prepare for 18 months from now. Dr. Schonfeld posited that initially people come together after a disaster, but when the resources dwindle there is often an increase in mental health issues, domestic violence and incidents that may lead to more children and adults entering the justice system. He suggested planning for those scenarios.

CHILD CARE

Participants:

Jeff Anderson, Bureau of Child Care and Community Services, Iowa Department of Human Services

Jane Drapeaux, Chief Executive Officer, Hawkeye Area Community Action Program (HACAP)

Christi Regan, Head Start Director, HACAP

Amy Bruner, Child Care Resource and Referral Manager, HACAP

Ann McQuerry, Crisis Child Care Program Manager, HACAP

Robin Robinson, *five giant steps* Manager, HACAP

David Miller, Administrator, Homeland Security and Emergency Management Division

Beth Freeman, Regional Administrator, FEMA

Jono Anzalone, FEMA Region VII Volunteer Agency Liaison

Following introductions and a brief background on the Commission, Mr. Shriver stated the purpose of this session is to hear what lessons the Iowa community has learned over the last 18 months since the 2008 disasters, and garner information related to long-term recovery efforts that can be brought back to the Commission to incorporate into the next set of recommendations.

Mr. Shriver, recognizing that Iowa had conducted a damage assessment for child care, queried whether a form had already been in place for this purpose prior to the disaster. Jane Drapeaux, CEO of the Hawkeye Area Community Action Program (HACAP) stated that the suggested Save the Children form was used and questions were added to the form as necessary. In a new disaster, HACAP will likely start with these adapted forms, and make additional changes as needed. The form will be a critical piece to make sure that adequate planning is done for child care going forward, as the biggest gap in the 2008 event was the lack of preparedness plans for child care providers.

Mr. Shriver asked if local emergency managers provided planning guidance, and whether there was any interaction between child care providers and emergency managers. Ms. Drapeaux stated that interaction does occur in Cedar Rapids at the local level, as HACAP partners with United Way 211, and they are always involved in some level of disaster planning.

Jeff Anderson, Bureau of Child Care and Community Services, Iowa Department of Human Services, stated that there hasn't been coordinated planning at the state level. Guidance from the Child Care Bureau within the U.S. Department of Health and Human Services is needed to indicate what funds child care providers can access for both immediate needs and for recovery efforts. He would also like to see greater coordination between the Child Care Bureau and FEMA and possibly a law mandating planning at the state level. He recommends that child congregate care sites become priorities for fire marshal inspections after disaster, as fire marshals are not always immediately available to conduct inspections necessary for licensing. That can happen if child care is part of state and community emergency management plans.

Mr. Miller added that in terms of inspection, there are shortages in a lot of areas. Building inspectors are brought in from other states to assist in this effort, and priorities need to be identified. Mr. Anderson noted child care was not part of the prioritization process, to which Ms. Drapeaux replied that it needs to be, as a failure to prioritize child care cripples participants from moving forward. Mr. Anderson added that home-based child care is particularly vulnerable, as issues compound for those who lose both their home and their income.

Mr. Shriver inquired whether requirements for disaster relocation plans in Iowa existed. Mr. Anderson stated regulations exist for center-based care that address all the planning elements listed in the Save the Children report card, but regulations for home-based care are more lax and do not include relocation plans. He said that centers are very dedicated to the children and are taking these regulations seriously. He thinks that if homes want to get good quality ratings, disaster planning is something they will be willing to do. In

response to a question on whether home-based centers might resist such planning being made a requirement, Ms. Drapeaux said that if given the opportunity to explain the importance of disaster planning, home-based centers would likely not see a requirement as a barrier or unfunded mandate.

Mr. Shriver asked whether child care providers communicate with local emergency managers. Ms. Drapeaux stated it is in Cedar Rapids, while Mr. Anderson added it is not a strict requirement statewide, and that capacity varies by county. Mr. Miller added that such ties exist in the plans for communities near nuclear power plants, but away from those, there is less integration, as many emergency management programs are part-time and lack the capacity.

Dr. Schonfeld commented that if home-based day cares were required to have plans, they probably would lack the emergency management expertise to develop adequate plans. So he asked then if the obligation should fall with emergency management to certify that a home-based provider's plan is adequate and integrated with emergency management. Mr. Anderson stated that local emergency managers do need to know where child care is, but while this information is available, it is not always easy to obtain. The state needs to assist in providing this information to local emergency managers. Mr. Miller added that because Iowa is largely a rural state, many emergency planners are part-time and the level of capability is probably not what it should be. Emergency management does not have capacity to review and integrate every home-based provider plan.

Mr. Shriver moved to the issue of applications for SBA loans and FEMA funding for child care, asking participants to walk him through the process. Ms. Drapeaux stated that some non-profit child care facilities applied for FEMA assistance, which requires them to apply for an SBA loan at the same time. They are eligible to receive FEMA funds only if their application for an SBA loan is rejected. She said that with SBA loans, the ability to repay must be demonstrated, and many providers are just breaking even. Some providers were able to obtain traditional bank loans at lower interest rates.

Beth Freeman, Regional Administrator for FEMA, stated that three child care facilities applied for SBA loans, two of which were denied, making them eligible for FEMA Public Assistance, which amounted to assistance of \$75 thousand total between the two. Dr. Schonfeld asked if it was advantageous for providers to be rejected by the SBA so that they can receive disaster assistance grants instead of loans they have to repay. It was stated that a FEMA grant is not necessarily better because there are serious limitations on the amount of funds a provider can receive. Ms. Freeman stated that the only assistance available for for-profit facilities are SBA loans and Community Development Block Grant funds. When asked about emergency child care, Ms. Freeman replied that FEMA did not provide such services.

Mr. Miller stated that 170-180 child care slots are still lost, mostly in Cedar Rapids. Ms. Freeman added that 1,151 slots were affected by severe damage, but many facilities were resilient and were able to resume operations in other areas.

Mr. Miller stated that a problem in recovery is that too often the state and FEMA look at damage assessments programmatically, but don't look to identify and address unmet needs. One of the recommendations he will make to FEMA is, from the beginning, to identify unmet needs and not just to conduct a programmatic damage assessment.

Mr. Miller suggested that beyond the basic child care services, child care also provides emotional support to families and can serve as a resource to assist in recovery. Mr. Anderson agreed, stating child care should be involved in the case management process. He said child care centers can be community centers that families can go to for dissemination of information and mental health first aid.

Mr. Miller noted that in rural areas, where there was no child care available after the flooding, parents were reluctant to take children to areas outside of their immediate town or community for child care. Instead, children were at home playing in debris piles or in other unsafe situations. Mr. Anderson added that this was not just a rural issue, as it happened in Des Moines too. Families did not know where to take their children and thus many children were home and in dangerous situations. Ms. Drapeaux stated that children went back to affected areas and were exposed to toxins and other hazards. Linn County Empowerment in conjunction with local non-profits, set up temporary child care eventually, but it was an afterthought. She said for these reasons it is critical that child care is involved in community disaster planning before an event occurs.

Mr. Miller stressed the importance of finding ways to provide child care and other services within or close to affected communities. He said the focus should be on bringing the services back to the community rather than bringing the survivors to services in other areas.

Mr. Shriver stated that in conversations with FEMA Administrator Craig Fugate, Administrator Fugate has recognized that in the past, the focus has been mainly on rebuilding infrastructure. But Administrator Fugate realizes the importance of child care to a community's recovery and the importance associated with child care providers having disaster plans. Senator Mary Landrieu and Administrator Fugate have both stated that there will be an increased focus on child care. Mr. Revere added that there is a lot of activity occurring in this arena and that Administrator Fugate has directed his agency to clarify what aspects of child care FEMA can support.

Dr. Schonfeld stated the things we invest in most before a disaster are usually the things that get the most attention after a disaster and child care is generally not one of them, which needs to be corrected. Mr. Shriver noted that is why the Commission was created. To close out the session, Mr. Anderson stated that from a state perspective he would like federal guidance on how to better plan for child care. Robin Robinson, the five giant steps Manager at HACAP, stated child care providers are very astute and can develop plans with help, but there is a need for partnerships. Mr. Shriver said the Commission will make sure to continue stressing partnership.

DISASTER CASE MANAGEMENT

In Attendance:

David Miller, Administrator, Homeland Security and Emergency Management Division

Steve Schmitz, Director, Linn Area Long-Term Recovery Coalition

Julie Struck, Voluntary Agency Liaison, Iowa Department of Economic Development/Rebuild Iowa Office

Marvin Shultz, Health and Safety Officer, Iowa Department of Human Services

Michael Stadie, Iowa Disaster Human Resource Council

Beth Freeman, Regional Administrator, FEMA

Jono Anzalone, FEMA Region VII Volunteer Agency Liaison

Ms. Leslie began the session by stating the two primary issues that the Commission would like to look into during this session: 1) The transition from short-term to long-term recovery; and 2) Information sharing. Ms. Leslie asked those present to address these issues and how each could be improved. Julie Struck, the Voluntary Agency Liaison for the Iowa Department of Economic Development/Rebuild Iowa Office, stated that the disaster case management system began in late summer 2008, with the purpose of coordinating efforts and establishing local community frameworks and Long-term Recovery Committees (LTRCs). There are currently over 6,000 open cases in the LTRC structure, ranging from long-term case advocacy to a simple unmet need. She stated that integration is necessary from the beginning. Coordination of agencies from the start is important because when families go in for consultation, they need their case advocate to be armed with information about all programs including federal, state and non-profit.

One difficulty mentioned is that there is not one uniform application form for services in place throughout the state. Pastor Michael Stadie, of the Iowa Disaster Human Resource Council, stated Lutheran Disaster Response has a standardized form, but they are working with so many local recovery committees, that they have to mold it to meet the varying nuances from one county to the next. Case advocates have had difficulty because each program has different rules and regulations. The inability to share information among agencies is a real challenge for clients and case advocates.

Marvin Shultz, Health and Safety Officer, Iowa Department of Human Services, stated that the duplication of benefits issue is extremely frustrating for non-profits trying to assist in recovery. Everyone wants to be the last one to help. Though not a lot of duplication occurred, there were still serious delays in attaining assistance. Families were in devastating situations because they couldn't access money. Pastor Stadie added that new FEMA release of information forms were handed down almost every day to the point where it appeared arbitrary. For example there were 6 changes in November alone. He said there was even a point where council for the voluntary liaisons advised stopping services for a few days because they did not know the direction in which FEMA was going. The LTRC said they couldn't do anything until they got confirmation that there won't be duplication. Pastor Stadie suggested the solid date for the release of information should be at the end of the FEMA registration period.

Steve Schmitz, the Director of the Linn Area Long-Term Recovery Coalition (LALTRC), stated that it was difficult to understand how much aid they could give to families. But he said with CDBG and Jump Start, they could fill in the gaps that Jump Start had identified.

He said that Jump Start helped them multiply the effectiveness of the assistance funds by five to ten times, however it still caused additional delays and frustrated citizens.

Ms. Freeman stated that she was not aware that FEMA kept changing their release of information, but Jono Anzalone, the FEMA Region VII Volunteer Agency Liaison, confirmed this. According to Ms. Freeman, FEMA shouldn't be able to change procedures midstream. She said it would make sense to stick with the original release of information, and institute changes in the next disaster. Ms. Freeman also suggested that the simplest solution would be a single authorization form, signed by the citizen, that allows all Federal agencies to have access to the information. Jono Anzalone stated that FEMA used to have a form like this, but that it is no longer allowed to provide the form to LTRCs or use it at all because it lacked OMB approval. Captain Roberta Lavin asked if anyone is currently working with OMB to gain approval for the form, to which Mr. Anzalone replied no. He said they currently share information through the routine use exception of the Privacy Act.

Dave Miller added that this is not just a FEMA information sharing issue, as it happens with SBA as well. Mr. Miller said he often goes to SBA to ask who was rejected for loans so that he knows to provide them case management and FEMA assistance, and SBA won't provide that information. He reiterated that one form to provide information to many agencies throughout the life of the disaster is needed. He said information sharing between FEMA and SBA is not so bad, but if anyone else needs it – the State, NGOs, etc. – they can't obtain that information from SBA. Insurance companies also come into play if entities had flood insurance. Mr. Schultz added that this also carried over to the housing side, as information can't be shared among FEMA and the State due to violations of privacy.

Ms. Leslie asked how we ensure children's needs in case management are prioritized. Ms. Struck responded that it really depends on local resources and what is seen as the most prevalent unmet needs in the current disaster. Children were not seen as a subject of great unmet need. She said everyone who needs help is getting it and children are part of the bigger audience.

Mr. Schmitz suggested that there should be grants that encourage a greater focus on children, similar to how some disaster case management grants allow billing for hours spent on housing and encourage a focus on housing. Pastor Stadie pointed out Camp Noah, which the LTRCs helped fund, was very active with children and proved to be valuable. Mr. Miller stated that the establishment of LTRCs was not inherent, but it was through engagement with FEMA on ESF 14 implementation that it came about. He said the LTRC structure provided a good way to deliver a number of services and that institutionalizing such a system is necessary. Mr. Anzalone stated that Iowa is well ahead of the game in developing local Voluntary Organizations Active in Disaster (VOADs), and a grass roots disaster case management system that is well-ingrained in the community. He said that not having a local VOAD structure ingrained in the thread of the community is a disadvantage. Mr. Shultz suggested the need for a mandated state Voluntary Agency Liaison that would provide leadership and advocacy. Mr. Anzalone

echoed this call, as the FEMA Volunteer Agency Liaisons work year-round in all phases of disaster response and recovery, and if there is no counterpart at the state level, it is difficult to implement programs such as VOADs and LTRCs.

Ms. Struck suggested the need for a case management system in Iowa that is fair and equitable, regardless of geographic area, as every area currently receives funding through different mechanisms. She said that someone in a bigger county like Linn could be getting far greater services than those in neighboring counties and a unified funding stream is needed to ensure equity. It was mentioned that there is legislation currently before the Iowa Legislature to institutionalize the case management program. Mr. Miller questioned how you fund it to keep it viable. Mr. Revere stated that typically Congress acts on an ad hoc basis in disasters and will operate via a supplemental appropriation such as a Social Services Block Grant through HHS. Since funding comes through a block grant, the state has great discretion in spending it. These funds can be used for institutionalizing a case management system. Mr. Shultz replied that such funding will likely not be used for institutionalizing disaster case management, as the Department of Human Services has already allocated that \$11 million for mental health services.

To close out the session, Ms. Leslie requested any closing statements or additional thoughts. Ms. Struck stated the Commission's Interim Report is on target with Iowa's thoughts on a holistic approach to providing services. Mr. Shultz reiterated the need for a single release of information, and a database that can be utilized for nationwide disaster case management. Mr. Miller mentioned that Iowa received Katrina evacuees and recommended a national case management system that would provide services to displaced disaster victims in their receiving states so that the victims don't have to go back to their state of origin to receive services.