

National Commission on Children and Disasters
Summary Report
Field Visit: Cedar Rapids, Iowa
January 6, 2010

Commissioners Mark Shriver, Sheila Leslie and David Schonfeld and staff of the National Commission on Children and Disasters met with Federal, state, local and non-governmental representatives in Cedar Rapids, Iowa, on January 6, 2010, to discuss Iowa's recovery efforts since the major floods and tornados of 2008. The objective of this field visit was to learn how children's unique needs were addressed during and after the disasters and garner ideas for improvements in Federal, state and local recovery planning, coordination and programs. This input will help inform the Commission's findings and recommendations in the next report due to the President and Congress in October 2010.

SCHOOL RECOVERY

Major themes:

- Many school districts have student information databases and systems, some electronic, but they are not interoperable.
- A significant gap is the sharing of information between school districts, emergency management officials, FEMA and other entities providing services to students.
- There is an immediate need to identify children, long before the Presidential declaration and FEMA and federal partners enter the picture.
- In Iowa, there is no requirement for the local emergency managers to coordinate with local school districts, therefore coordination differs in each county. Coordination appears to be higher in counties that have required emergency planning for their nuclear power plants.
- FEMA did not support the cost of providing transportation for displaced students to attend their school of origin; Cedar Rapids received a Homeless Education Disaster Assistance grant from the U.S. Department of Education (DoEd), which helped offset the cost for this, but most of the funds came out of the district's budget.
- Following traumatic events, school districts have historically relied on in-house school counselors and school nurses to assist students, therefore schools are generally unaware of mental health services provided by community organizations, so there is not a plan to assist in meeting the surge in mental health services demand following a disaster.
- To implement the FEMA/SAMHSA Crisis Counseling Program (CCP), the state chose independent community mental health providers that schools already knew, which made schools more comfortable receiving outside services.
- There is a patchwork of resources that can be used for recovery, but no streamlined way to bring together all of the federal programs and funding mechanisms that could aid in recovery efforts.

- Uncertainty over what would motivate schools not yet affected by disasters to expend the resources to develop school disaster plans, without some kind of incentive, direction and a framework to follow.
- In Iowa, there is no full-time person to coordinate between schools and emergency management.
- State had to “negotiate” with FEMA to receive funding for relocation of school district administration buildings.

Suggestions/Recommendations

- States should establish a centralized coordinated student information system to track students and provide backup systems for student records. In May, the state education department will launch an electronic transcript center, which might be useful in identifying children following a disaster.
- Geocode students’ addresses in school records for the purposes of identifying disaster-affected students (i.e. latitude and longitude coordinates of the student’s address).
- Training for school staff, child-serving providers and mental health providers on the needs of children during disasters and recovery is critical.
- The CCP should be funded for a longer duration than 18 months and expanded because CCP only covers outreach, not therapy.
- CCP should develop an assessment tool appropriate for children.
- Mental health providers should have access to children’s data collected by FEMA and schools.
- Schools should be provided with incentives and assistance to develop disaster plans, including a list of resources for mental health services for children, and plans should be integrated into local emergency management plans.

MENTAL HEALTH

Major themes:

- Children receive assistance and services “on the coattails” of their parents’ eligibility.
- Iowa had to complete 16 grant applications.
- Iowa had to “negotiate” with FEMA to fund a Child Resource Manager position through CCP.
- No requirement exists to provide mental health services to children who lack health insurance, and so many counties did not. Often when services aren’t funded, children are absorbed into the adult system.
- The federally declared disaster number from the first flood (on May 25, 2008) for FEMA grants remained the same despite cascading events such as tornadoes and additional floods impacting different areas at different times. Accordingly all subsequent CCP grants were considered amendments to the original CCP grant application, but amendments still require full grant applications.

- The CCP Immediate Services Program grant application had to be filed within 14 days of the declaration, making it difficult to adequately project resource allocation and a budget; the 60 day budget was ultimately stretched for seven months of services.
- Although SAMHSA 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.
- There is a significant difference in training and planning for disaster mental health needs versus more common mental health needs of children.
- Disaster mental health services are needed for school personnel and parents, in addition to children.
- CCP application reflects immediate mental health needs, rather than-long term mental health needs, which tend to be cyclical.

Suggestions/Recommendations

- CCP should develop a template that states could fill out prior to an event that would establish a program model, including resources for children; i.e. the Iowa model of using community providers and establishing a children's coordinator.
- Federal funding applications should have deadlines that are tied to the end of the incident period rather than the date of the original disaster declaration.
- FEMA should provide states with the standard conditions of all grant applications in advance of disasters for planning purposes.
- CCP should require substance abuse screening (it is currently optional).

CHILD WELFARE

Major Themes

- Iowa has a child welfare disaster plan in place that is in compliance with federal law, but the plan does not contain sufficient detail. For example, the plan was devoid of procedures for how to track children in the system, so they created an ad hoc status reporting sheet to track aggregate data on children.
- There was no training or evacuation planning for child welfare providers prior to the event; basic disaster training was done with the child welfare staff quickly after the event. Both before and after the disaster, child welfare had little to no interaction with emergency management.
- Children in group homes were evacuated to shelters in their communities and beds were available because of prior agreements with shelters.
- 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.
- The state's contracts with providers often did 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.

- Local emergency managers often assume American Red Cross will provide sheltering services, but they only provide sheltering on a limited basis and at times provide a stipend rather than services. Community was told ARC HQ made a decision to close their shelters 2 days, although 72 people were still without a suitable housing option beyond the shelters.
- Many local agencies do not prepare disaster After Action Reports.

Suggestions/Recommendations

- Child welfare agencies should have a coordinated planning approach with emergency management and a coordinated approach across all agencies in response and recovery.
- Child welfare agencies should establish a requirement that contractors have emergency response procedures.
- Child welfare agencies should have the ability to go virtual and work remotely if possible – via cell phones and internet - to continue operations, such as tracking children, performing income maintenance functions, surging intake, and proving waiver for recertification.
- CCP should overlap with child welfare and juvenile justice systems to recognize high risk populations.
- State legislatures could require local government agencies to prepare disaster After Action Reports, that in turn would be shared with the state; suggest a mid-course review of recovery efforts through AARs.

LONG-TERM RECOVERY DISCUSSION

Major Themes

- The Governor established the Rebuild Iowa Office (RIO) to coordinate recovery efforts, a task normally headed by emergency management. The Iowa Homeland Security and Emergency Management Division (HSEMD) did not have staff to coordinate recovery with 16 state agencies and 20 federal agencies.
- The ability to share data is a huge barrier. The need for those affected to fill out multiple forms delayed the recovery process. A coordinating agency for recovery helps address these issues.
- State agencies wanted to respond fast with local and state funds, however they were told they had to wait first for FEMA funding approvals. Spending state funds prior to FEMA approval can result in the loss of the federal reimbursement.
- Disaster assistance programs are not intended to support long-term recovery therefore families are forced to bounce from one short-term program to the next (housing was cited as an example).
- To meet long-term recovery needs, Iowa has sought to use Federal funding that is not designed for disaster recovery. Using housing as an example, the state used the HUD

- There has been a time delay in getting the client applications approved by the U.S. Department of Housing and Urban Development (HUD). The original disasters were compounded by poor economic conditions and the change in administration, which caused major delays, leaving the state sitting on money that could not be distributed.
- FEMA must comply with the Stafford Act, which stipulates that housing assistance ends at 18 months unless extended by the President.
- Iowa did not have a state coordinator position focusing on the needs of children and families.
- Lack of a national long-term disaster recovery framework, a coordinating agency for recovery, and dedicated recovery funding makes it difficult for states to plan.
- Planning for recovery requires dedicated staff resources.
- Iowa found it difficult to “marry” or streamline programs, since programs are geared toward response or recovery funds are obligated differently.
- Certain laws or regulations – such as the child care to provider ratio and the requirements for volunteers – had to be waived on an ad hoc basis. However, disaster waivers are discretionary and every Administration handles them differently.
- Emergency planning could be required of child care providers, but this will be difficult for them to implement due to funding, skill and time constraints.
- Trust among local, state and federal government is necessary but often missing, often replaced with huge disregard for each other.

Suggestions/Recommendations

- A dedicated federal disaster fund for recovery is necessary, as there are many great programs that the state has used, but each has restrictions.
- A centralized state disaster recovery office, like the Rebuild Iowa Office, can provide essential services in coordinating federal funds and programs for long-term recovery. This may be a model for the National Disaster Long-Term Recovery Strategy.

CHILD CARE

Major Themes

- Child care planning was not coordinated 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.
- In Iowa, 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 less stringent and do not include relocation plans. However, if home care had the incentive of higher quality ratings, disaster planning is something they may be willing to do.

- Child care providers communicate with local emergency management in communities near nuclear power plants due to planning requirements, but outside of those communities, there is less integration, as many local emergency management programs are part-time and lack the capacity to work with child care providers.
- State and local emergency management does not have capacity to review and integrate every home-based child care provider plan.
- To receive a Small Business Administration loan, child care providers must demonstrate the ability to repay it, and many providers are just breaking even. Some providers were able to obtain traditional bank loans at lower interest rates.
- During recovery, the state and FEMA often look at damage assessments programmatically, but don't identify and address unmet needs.
- 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. Sometimes children were at home playing in debris piles or in other unsafe situations.

Suggestions/Recommendations

- Every preparedness and recovery plan should include child care.
- Child congregate care sites should be identified in local emergency management plans and made priorities for fire marshal inspections after disasters, as fire marshals are not always immediately available to conduct inspections necessary for licensing.
- The state should assist local emergency managers in providing information about the location of child care providers and relevant details needed for planning.
- FEMA should go beyond a programmatic damage assessment and identify unmet needs.
- Child care providers should be involved in the disaster case management process. Child care centers can be community centers that families can go to for dissemination of information and mental health first aid.
- In disaster planning, the focus should be on bringing the services back to the community rather than bringing the survivors to services in other areas.
- Provide federal guidance on disaster planning for child care, for both local emergency managers and child care providers.

DISASTER CASE MANAGEMENT

Major Themes

- Pre-disaster planning for case management and coordination of human services agencies is important because when families go in for consultation, case advocates must be armed with information about all programs including federal, state and non-profit.
- In Iowa, there is not one uniform case management application form for services in place throughout the state. For example, Lutheran Disaster Response has a standardized form, but they are working with so many local recovery committees, they have to mold it to meet the varying nuances from one county to the next.

- The inability to share information among agencies is a great challenge for clients and case advocates.
- FEMA's release of information forms were changed constantly, causing confusions and delays. For example there were 6 changes to the forms in November alone.
- FEMA Volunteer Agency Liaisons work year-round in all phases of disaster response and recovery, but if there is no counterpart at the state level, it is difficult to implement programs such as Voluntary Organizations Active in Disasters (VOADs) and long-term recovery committees.

Suggestions/Recommendations

- A single Release of Information form, signed by the citizen, should be established by FEMA that allows all federal agencies, as well as state and local agencies and disaster relief non-profits, to have access to the individual's information to prevent duplication of benefits and to more quickly expedite funds and resources for unmet needs.
- Establish 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.
- Each state should establish a permanent state Voluntary Agency Liaison (VAL) that would provide leadership and advocacy and work in collaboration with FEMA VALs.
- Establish a nationwide disaster case management that would provide services to displaced disaster victims in their receiving states so that the victims do not have to go back to their state of origin to receive services.