

A. Overarching Comments:

- I. The Commission wishes to express its appreciation to the Long-Term Disaster Recovery Working Group for making a conscious effort to incorporate children prominently throughout the draft Framework (herein “the document”), as opposed to categorizing children within special needs populations or including children in a separate Annex. However, children’s issues must be addressed more comprehensively in this document and subsequently in all base planning documents at the federal, state and local level. In addition, the document should emphasize the consultation and inclusion of experts in critical areas such as children’s physical and mental health, child welfare and child care in recovery planning and implementation.
- II. In general, we believe that the document reads more as a discussion of ideals and overarching philosophy. Rather the document should serve as guide on how the Federal government and its partners can structure, resource and implement recovery efforts. The Commission was provided this perspective by state and local partners during a field visit to Cedar Rapids, Iowa in January 2010 to learn more about the recovery needs of children and families affected by the 2008 floods and tornadoes.
- III. Clear objectives and indicators that are essential for a community to “achieve” recovery should be stated at the front of the document. Furthermore, the document should clearly state how these essential elements will be supported and funded by the Federal government and shared with its partners.

Decades of disaster experience and research have established four pillars of recovery -- Infrastructure, Housing, Economy, and Life Recovery. Each of these "pillars" represent areas that encompass the short- and mid-range objectives delineated later in the document (and many that aren't mentioned), and allow readers to consider the long-range goals of recovery as well. Infrastructure, for example, includes everything from governance institutions and processes, to critical community support systems (electric, water, sewage), to educational systems, health and social service systems, to criminal justice and civic safety systems, among others. On the other side of this scale, Life Recovery incorporates physical and mental well-being, adaptation to new (and changed) social roles and circumstances, and renewed sense of community and stability.

- IV. For children, the Commission outlined in its Interim Report a set of essential recovery objectives, which should be outlined with greater specificity and priority in the Framework:

- The immediate availability and continuity of holistic disaster case management services to families;
- Continuous access to a the full spectrum of pediatric medical services, including a medical home, pediatric specialty services and hospitals;
- Federal disaster assistance through grants for all medical facilities damaged or destroyed by a disaster, such as primary medical, dental and mental health care practices and clinics;
- Access to appropriate crisis, bereavement and mental health services;
- Academic continuity and immediate educational access by enrolling and placing disaster-affected children in educational and related services in compliance with the McKinney-Vento Homeless Education Assistance Improvements Act;
- Priority for families with children for disaster housing assistance and expedited transition into permanent housing, especially for those families with children who have disabilities or special health, mental health or educational needs; and
- The provision of child care and developmental and age-appropriate play and recreation options, particularly after-school services.

Moreover, the primary human long-term recovery issue will be emotional adjustment. The central role of psychological recovery must figure more prominently in the document or else Federal, state and local governments will not take the steps needed in preparedness, such as building the mental health capacity, informing the public and reducing stigmas, ensuring that supportive services are readily accessible and affordable, training those that can serve as natural helpers, etc.

- V. Line 851: The creation of a Federal Recovery Coordinator is an essential component to the Framework. The Commission recommended the designation of a specific federal entity with oversight, coordination and guidance responsibilities that will create awareness of all forms of federal assistance to states and localities that address the needs of children and families and will activate, mobilize and expedite access to such assistance. The Framework must clarify whether the Federal Recovery Coordinator (FRC) is an individual or office, where this entity resides (in the White House or Federal agency), and a role for this entity when not activated or “deployed.” The FRC should be responsible for coordinating and streamlining Federal funding and programs that aid in the long-term recovery of infrastructure, schools, child care, social and human services, primary health care, and communities’ psychological well-being. The FRC should work proactively to educate states about available resources, assist in holistic long-term needs assessments for children and families (including mental health needs assessments), reduce the burden of paperwork, create greater flexibility in grant guidance, reimbursements and regulations, and help identify ways to address unmet needs in states and localities.

VI. In multiple places throughout the document, there are references to preparedness as a key component of long-term recovery. The Commission concurs; however, family preparedness materials on the websites of FEMA, the American Red Cross, and state and local emergency management agencies are unrelated to long-term recovery. Most of these resources focus on physical resiliency immediately after a disaster, i.e. advising families to store 3 days of food and water, have a flashlight and radio, etc. We are not aware of federal guidance for families that actually addresses long-term recovery preparedness. As the Commission recommended, training of relevant professionals (such as school personnel, child care workers, employee assistance programs at workplaces, child welfare workers, social service workers that interact with homeless and at risk populations, mental health professionals, etc.) is necessary and more effective to better understand how to support children and adults in the aftermath of a disaster to assist with their adjustment and long-term recovery. Large-scale psychological first aid training for the general public (such as is done for medical first aid) hasn't been implemented yet.

Furthermore, on page 15, the document refers to having families "put together individual/family disaster preparedness and recovery plans" and "implement individual and family recovery plans" after a disaster but there is no guidance that we are aware of on what a "family recovery plan" should look like.

VII. School and child care recovery should be a major theme and element in the document. There are brief mentions of "child care" and "education", but children's educational continuity during all phases of recovery is essential and needs more focus in the framework. Also, as stated by FEMA Administrator Craig Fugate, the quick and effective recovery of schools, educational services and child care promotes a community's economic recovery by allowing adult caregivers with young children to return to work and ensuring a consistent social support system for children.

VIII. There is mention of the importance of continuity of access to health care, but there is little operational guidance on how states and communities can re-establish both for-profit and non-profit health care practices and who will provide leadership on this issue. This should be a priority to meet the needs of all children.

B. Specific Comments:

- Page 7 lines 208-212: Definition of recovery should include psychological recovery
- Page 9: The list of "stabilization" activities makes reference to "disability related assistance", but mental health support for children, day care, etc. should also be on the list. It mentions "medical patients" - what does this mean? All kids should be reconnected to medical home services.
- Page 9, lines 295-303: Resumption of school education and support for emergency child care should be its own bullet as a major stabilization activity

- Page 9, lines 304-5: Family reunification should be its own bullet – unclear why it is lumped with “establishing temporary or interim infrastructure systems”
- Page 9, line 307: Add "bereavement" after "psychological support" and before "and emergency crisis counseling"
- Page 9, line 308: add “including mental health assessments”
- Page 10, line 315 Intermediate recovery activities should include a continuation of mental health assessment and services; and support for temporary child care
- Page 10, lines 321-324: Separate case management from “providing accessible interim housing and planning for long-term housing solutions” — these are two different action items (otherwise it implies that case management focuses exclusively on housing). Give “providing accessible interim housing and planning for long-term housing solutions” its own bullet.
- Page 10-11, line 345-382: Long Term Recovery phase places emphasis on rebuilding of infrastructure but should also address continued support for rebuilding lives, especially in terms of persistent health and mental health needs caused or exacerbated by the event
- Page 11, line 364, 375: Child care should be included with the references to schools and ideally wherever the reconstruction of businesses or schools is mentioned
- Page 11, lines 366-377: does this include reestablishment of for-profit systems?
- Page 12, lines 395-397 means what, exactly, with respect to children?
- Page 12, lines 384-397: The objective to empower people to recover from disaster applies primarily to adults. Observing this principle is important for individuals with disabilities, access and functional needs; the elderly; and members of underserved communities. However, children should not be included in this objective. Rather, the definition of successful recovery must be defined by the ability of families to meet the needs of their children.
- Lists on pages 21-22 should include schools, day care, and health care for children.
- Page 25, lines 663-667 should be amended. Federal support should be tied to recovery progress, not arbitrary start and end dates.
- Page 28 lines 723-728: psychological recovery should be listed as a marker of effective recovery
- Page 28 lines 731-734: include health care, child care, child welfare, juvenile justice and court systems
- Page 29, lines 745 – 772: what about the model of a central state recovery office, as was established in Iowa after the 2008 floods?
- Page 36, lines 1004-5: the federal government's responsibility shouldn't be to educate others about "known limitations due to funding gaps or regulatory restrictions" but instead to remedy them. One of the overarching principles throughout the document is a need for flexibility to respond to the evolving recovery needs. The federal government needs to lead the way — not simply "educate" people about how limited it is.
- Page 38: The "Health, Social and Community Services" function makes only a passing reference to children, along with a number of other special populations, and the list of services needs to be more child-specific.

- Page 38, lines 1069: Department of Education should be included as a primary agency, since education systems are listed as a main outcome.
- Page 39 line 1105: state child care and elder care separately
- Page 40, line 1148: child care should be listed
- Page 41, lines 1219 – 1227 – does DisasterAssistance.gov truly provide a single place for individuals to register for services across federal, state and local entities, or does it simply provide links to resources beyond those of FEMA and HUD? What about a portal for state and local governments seeking funding assistance for unmet needs in recovery, like long-term mental health services, re-establishing health care practices, providing child care, supporting expenses incurred by schools, etc.?
- Page 42 Lines 1267-68. State and local governments are supposed to “identify limitations in community recovery capacity and means to supplement.” In order to do this and to plan effectively pre- and post-disaster, they need to know what resources may be available to them from the federal government. The federal government should make available a user-friendly catalog of potentially available recovery resources (including funding streams, programs, types of public assistance) to supplement community recovery capacity. For example, we have heard that under Public Assistance, FEMA can reimburse for the additional costs school districts incur as a result of transporting displaced students to their school of origin. However, districts in Iowa were unaware of this and it is not explicit in any FEMA Public Assistance guidance. In order for state and local governments to plan to best leverage their resources for optimal recovery, they need to know what the federal government can offer.
- Page 51, lines 1589 – 1597: this list should include the McKinney-Vento Act
- Page 51, lines 1613-1616: this list should include child care
- Page 52: line 1619-1620: include child care providers and schools
- Page 52, lines 1632-3: this bullet should specifically mention children since they are particularly vulnerable to environmental health hazards after disasters, such as mold and carcinogens
- Page 53, line 1672: Needs to go beyond "traumatic events induced by disasters." We suggest "the full spectrum of behavioral health needs caused by the disaster and cascade of stressors that generally follow" — as evidenced by the Commission’s field visit to Iowa, we did not hear anyone say they needed help with the trauma of the floods, but rather the stress of being homeless, dealing with poverty, relocation, etc. We need to look less at disasters as an isolated event that can cause PTSD (although that is an important component for many disasters), but rather as an event that often results in a long chain of secondary stressors. If we continue to look at disasters as an acute, isolated event, we will only think about short-term recovery efforts that fix the impact of that particular event, without considering everything that follows. And recovery won't occur in that context.
- Page 53 line 1673: include children’s stability within schools “and child care settings”