NATIONAL COMMISSION ON CHILDREN AND DISASTERS

Progress Report on Children and Disasters

U.S. Agencies Take Modest Steps To Achieve Commission Goals

May 11, 2010

INTRODUCTION

The National Commission on Children and Disasters is a bipartisan, independent body created under federal law (P.L.110-161) to assess children's needs as they relate to preparation for, response to and recovery from all hazards, including major disasters and emergencies. The Commission is required to report its findings and recommendations to the President and Congress.

On October 14, 2009, the Commission delivered an Interim Report to President Obama and Congress. This follow-up report represents the Commission's desire to track relevant federal agency progress at a point mid-way between the Interim Report and the delivery of its next report in October 2010. In February 2010, Commission Chairperson Mark Shriver sent an official request for a status update and a response template (see Appendix A) to the Secretaries of the Department of Homeland Security/FEMA, Department of Health and Human Services, Department of Education, Department of Housing and Urban Development, Department of Justice and Department of Defense. All agencies responded. The Commission reviewed each response and sought follow-up information or clarification from agencies when necessary. As agencies move forward, it is important for them to develop measurable goals to guide implementation efforts and to facilitate better accountability for their progress.

In the seven months since the delivery of the Interim Report, federal agencies have taken positive steps to implement the Commission's recommendations, but bold and swift action is needed to achieve and sustain the desired outcomes of the Commission. One would presume that H1N1 and recent disasters in American Samoa and Haiti, where children make up an exceptionally large portion of the population, coupled with the forecast of a severe hurricane season beginning June 1, would motivate the federal government to adopt a more proactive and urgent approach to protect children. The status quo is unacceptable and children - 25% of our population - cannot continue to remain needlessly vulnerable.

At this stage, it is abundantly clear that a **National Strategy for Children and Disasters is required** to command better integration, coordination and outcomes from within the White House and across the spectrum of federal agencies and state, Tribal, local, community and non-governmental partners. The Interim Report provided a blueprint. **In many instances, critical recommendations in the Interim Report remain substantially unaddressed, leaving children vulnerable in disasters. Only a charge of urgency and innovation from the President, Cabinet members and leaders in Congress will bring about the changes and achievement necessary to meet the unique needs of children.**

The Commission unanimously approved this report on May 11, 2010.

PROGRESS REPORT FINDINGS AND RECOMMENDATIONS

KEY

DHS/FEMA: Department of Homeland Security/Federal Emergency Management Agency
HHS: Department of Health and Human Services
ED: Department of Education
DOJ: Department of Justice
HUD: Department of Housing and Urban Development
DoD: Department of Defense

Interim Report Recommendation 1.1: Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster planning activities and operations.

FEMA Administrator Craig Fugate created a Children's Working Group in August 2009. The Working Group serves as a platform across FEMA to integrate the needs of children into policies, programs and operations. With guidance from the Commission, the Working Group is also coordinating and assisting in the development of disaster planning activities for children with sister agencies, most notably HHS, DOJ and ED, and non-governmental stakeholders.

DHS/FEMA incorporated children into fiscal year (FY) 2010 Homeland Security Grant Program (HSGP) planning guidance and is undertaking new initiatives to incorporate children into planning, training and exercising toolkits and documents for non-federal partners and emergency management and response personnel, including revisions to FEMA's Comprehensive Preparedness Guidance 101 and the National Response Framework. The Commission looks forward to working with FEMA to complete these planned activities and subsequent efforts to further integrate the needs of children throughout disaster planning activities and operations.

Within HHS, Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response (ASPR) and Carmen Nazario, Assistant Secretary for the Administration for Children and Families (ACF) will co-chair an HHS inter-departmental working group on children and disasters, which reports to Secretary Kathleen Sebelius. The first meeting is planned for May 21, 2010. HHS recognizes the need to assess its current capabilities and facilitate coordination across the agency. In this sense, forming a working group is an important step, but the working group is a means to achieve progress, not an indicator of progress**. The Commission finds that significant gaps remain unaddressed and expects that the working group will develop and provide the Commission with a strategic plan addressing how HHS will implement the Commission's recommendations, in addition to other HHS policy and program actions.**

ASPR has organized and attended stakeholder meetings for information gathering and discussion on policy gaps in addressing the needs of children, particularly as they relate to medical response

and medical countermeasures. The Commission awaits a decision from ASPR on various recommendations produced from these meetings and an implementation strategy. The Commission requested that all future comparable meetings include adequate pediatric representation in the planning, implementation, and analysis and reporting of findings.

In addition, the Hospital Preparedness Program (HPP) provides opportunities to support pediatric needs, however only eleven FY 2009 funded activities specifically focused on children. **In order to increase awareness of funding eligibility for pediatric initiatives, the Commission requests that children be specifically referenced throughout future HPP grant guidance, similar to DHS' FY 2010 HSGP grant guidance, rather than grouped within a subset of "at-risk" population preparedness needs. In addition, HPP should highlight and share pediatric funded activities and best practices with hospitals and eligible health care systems.**

The Centers for Disease Control and Prevention (CDC) created an ad-hoc Children's Health Team in response to H1N1 and the experience highlighted the unique needs of children and the need to provide guidance for families, practitioners and persons with daily responsibility for children (i.e. school and child care staff). CDC intends to establish a clear responsibility for children within the portfolio of policy and disaster response staff and assemble a pediatric expert working group at CDC to be trained and ready for future emergency responses. The Commission urges CDC to operationalize these efforts quickly and further recommends that CDC consult non-federal pediatric experts (physicians and nurses) to assist in developing the training program.

1.2: Accelerate the development of a National Disaster Recovery Strategy with an explicit emphasis on addressing the immediate and long-term physical and mental health, educational, housing and human services recovery needs of children.

In October 2009, President Obama formed the White House Long Term Disaster Recovery Working Group, which is co-chaired by DHS Secretary Janet Napolitano and HUD Secretary Shaun Donovan. The working group is required to produce a report to the President and a National Disaster Recovery Framework (NDRF). The Commission is not a member of the working group but has submitted public comment[1] noting a "conscious effort" to incorporate children throughout the document, but highlighting several areas in need of improvement or clarity, as they relate to this recommendation and subsequent findings. **The Commission is unable to report further at this time, as the White House has not released the report to the President or the NDRF (expected June 1, 2010). The Commission will carefully review the documents and report findings and recommendations to the President and Congress.**

[1] See: http://www.childrenanddisasters.acf.hhs.gov/20100224_NCCD_NDRFCommentsV04FINAL.pdf

2.1: Integrate mental and behavioral health for children into all public health and medical preparedness and response activities.

HHS has several operating divisions with responsibility for developing disaster mental and behavioral health capabilities. The Commission and the National Biodefense Science Board have called for the creation of a Concept of Operations (CONOPS) document to address the need for more formalized coordination and planning of federal and non-federal partners in the event of an emergency or disaster. HHS indicated that development of this CONOPS would require the designation of a lead agency, with designated authority and funding. **The Commission finds that a significant gap remains unaddressed and strongly urges the HHS Children's Working Group to submit a strategy to Secretary Sebelius to develop disaster mental and behavioral health capabilities for children and produce the CONOPS.**

2.2: Enhance the research agenda for children's disaster mental and behavioral health, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.

The National Institutes of Health (NIH) supports establishing a working group to coordinate agency efforts and minimize gaps in research. NIH indicated that the working group could recommend a national research agenda and also develop strategies to disseminate and communicate important findings. NIH also indicated that potentially, an annual review of research on children's disaster and mental health research could be conducted via the Behavioral and Social Sciences Consortium. **The Commission finds that a significant gap remains unaddressed in enhancing disaster mental and behavioral health research as envisioned in the recommendation and recommends NIH lead these activities, in partnership with the Substance Abuse & Mental Health Services Administration (SAMHSA), CDC, ASPR and, as appropriate, FEMA.**

2.3: Enhance pediatric disaster mental and behavioral health training for professionals and paraprofessionals, including psychological first aid, cognitive-behavioral interventions, social support interventions and bereavement counseling and support.

SAMHSA reports the National Child Traumatic Stress Initiative has developed a range of materials, including psychological first aid and skills for psychological recovery, which can be used for children and families. In addition, through the Crisis Counseling Program, paraprofessionals and professionals have been trained to provide crisis counseling services to children and families through schools and faith-based organizations after several disasters. **While these efforts to date are worthwhile, they pre-date the establishment of the Commission and do not respond to the Commission's recommendations for a broadening of the nature and scope of disaster mental health training provided. The Commission is awaiting further clarification from SAMHSA and FEMA about potential enhancements to**

the Crisis Counseling Program and how they will better respond to the recommendations of the Commission.

The Indian Health Service indicated that it will implement aspects of the recommendation over the next 18 months for all providers who work with children in disasters. The Commission supports these efforts and seeks a commitment from other operating divisions within HHS to expand outreach and training efforts and provide pediatric disaster mental and behavioral health training to a larger consortium of professionals and paraprofessionals.

3.1: Ensure availability and access to pediatric medical countermeasures at the federal, state and local level for chemical, biological, radiological, nuclear and explosive (CBRNE) threats.

HHS acknowledges research, regulatory, financial and market gaps and barriers to developing medical countermeasures (MCMs) for children. **The Commission continues to be deeply troubled by the lack of legal authority for HHS to authorize pediatric indications, prior to approval by FDA, to meet the most pressing needs for ready availability of MCMs during an emergency.** The Commission awaits a report from HHS on its end-to-end review of MCM development and the Emergency Use Authorization process and **strongly urges that the report include recommendations on how to address fundamental challenges regarding children.**

Few MCMs are FDA-approved for use in children. As a result, HHS has procured a limited number of pediatric MCMs for the Strategic National Stockpile (SNS), including treatments for radiation, pandemic influenza and nerve agents. However, a significant disparity exists in the amount of MCMs procured for children compared with adults. **The Commission recommends HHS, as a matter of policy, place pediatric and obstetric preparedness on par with - or in some cases a higher priority than - the general population, to inform future SNS funding requests.**

The Commission recommended that HHS form an advisory body to advise the Secretary on issues pertaining specifically to MCMs for children. Currently, such considerations and activities are spread across the agency, with insufficient coordination or formal structure and leadership. For example, HHS has identified research and development needs and regulatory issues, yet no funding has been made available to address these gaps. Another significant gap is the lack of proper pediatric dosing information for the majority of existing MCMs.[2] Using an expert pediatric advisory body, HHS should continually review the best available data on medications and provide expert consensus on the proper dosing and dispensing of MCMs to children, as well as support appropriate clinical trials. **HHS has not indicated an intention to form such an advisory body, instead suggesting that it be formed as a standing committee to an existing advisory body with broader scope beyond children. The Commission believes this approach is insufficient and requests the implementation of its recommendation to form a separate pediatric advisory body.**

[2] National Biodefense Science Board. Where Are the Countermeasures?: Protecting America's Health from CBRN Threats. March 2010. Available from: http://www.hhs.gov/aspr/omsph/documents/nbsb-mcmreport.pdf

HHS is making a purposeful effort to include pediatric experts on relevant committees and working groups addressing issues pertaining to medical countermeasures, including plans to organize a pediatric-specific MCM roundtable. In addition, HHS issued a Request for Information seeking laboratories that are adequate and available to develop new pediatric animal tests or models, or to update existing pediatric animal tests or models that meet FDA criteria, which may be useful to encourage the successful development of MCMs for children.

3.2: Expand the medical capabilities of all federally funded response teams through the comprehensive integration of pediatric-specific training, guidance, exercises, supplies and personnel.

HHS indicates the National Disaster Medical System (NDMS) implemented a Commission recommendation by hiring an Associate Chief Medical Officer with pediatric disaster medicine expertise. NDMS plans to enhance the number and depth of credentialed and trained pediatric specialists to supplement regular NDMS teams. NDMS reported it will also plan and develop core competencies and guidelines for a pediatric curriculum for NDMS response teams and initiate a cache development program to define a cache standard for pediatrics. **The Commission finds that significant gaps remain and seeks a more fully-developed action plan from HHS by August 13, 2010, in order to report findings and recommendations to the President and Congress.**

HHS also indicated that the Office of Force Readiness and Development (OFRD) will begin to assign Pediatric Health Care Coordinators to each response team prior to June 1, 2010. However, there is no funding available in FY 2011 for OFRD pediatric teams or pediatric-specific field training or exercises. **The Commission recommends that Congress appropriate funds to support these activities.**

At the request of HHS, and upon the Secretary of Defense approval, the DoD may provide support for the evacuation of patients and medical needs populations to locations where hospital care or outpatient services are available. The DoD provided patient transport during both Hurricane Katrina and the U.S. government response to the recent earthquake in Haiti. However, the DoD has indicated it has very limited capacity for evacuating and transporting pediatric patients because it does not have a mission requirement to incorporate pediatric response capabilities within its deployable teams, or to stockpile pediatric equipment and supplies for defense support of civil authorities or humanitarian missions. According to the Government Accountability Office (GAO),[3] DoD policy prohibits the agency from procuring or maintaining any supplies or equipment exclusively for the civil support mission, like disaster response, unless otherwise authorized by the Secretary of Defense.

[3] Government Accountability Office. Homeland Defense: DOD Can Enhance Efforts to Identify Capabilities to Support Civil Authorities during Disasters. March 2010. Available from: http://www.gao.gov/cgi-bin/getrpt?GAO-10-386

The Commission urges HHS to address the gap within NDMS to safely evacuate and transport large numbers of pediatric patients in a large-scale disaster. In addition, if DoD continues to receive and respond to requests to provide civil support for disasters, DoD should be funded to plan, train and equip teams to properly evacuate civilian pediatric populations.

3.3: Ensure that all health care professionals who may treat children during an emergency have adequate pediatric disaster clinical training specific to their role.

ASPR hosted training sessions specific to children and disasters at a recent conference. However, it was not specified how many professionals received this particular training. In general, it is not clear how often and to what degree child-specific training is delivered to healthcare professionals, particularly federal disaster responders, who may treat children during an emergency. HHS has yet to establish core clinical competencies in pediatric disaster medicine.

The Federal Education Training and Interagency Group for Public Health and Medical Preparedness and Response (FETIG) is an interagency group responsible for coordinating core competencies and education and training standards across federal departments and agencies, as well as state and local government entities, academia and the private sector in relation to public health emergency and disaster response. **The Commission finds that significant gaps exist and strongly urges the White House to direct the FETIG partners and National Center for Disaster Medicine and Public Health to prioritize and address the significant gap that currently exists in providing pediatric disaster education and training, particularly for federal disaster responders.** The FETIG may be a mechanism to establish a Pediatric Disaster Clinical Education and Training Working Group to establish core competencies and a standard, modular pediatric disaster health care curriculum, as recommended in the Interim Report, if adequate funding is provided from FETIG partners to the National Center for Disaster Medicine and Public Health.

3.4: Provide funding for a formal regionalized pediatric system of care for disasters.

In order to build upon the foundational role of children's hospitals in strengthening and expanding a regionalized network for pediatric care, HHS is working with the National Association of Children's Hospitals and Related Institutions to encourage membership in the NDMS hospital system as a means to enhance regional pediatric care capabilities during an emergency response.

Through the American Recovery and Reinvestment Act (P.L. 111-5), HHS issued a Request for a Comparative Effectiveness Research Regionalization Demonstration Program, which will include pediatric care among its goals. In addition, the Patient Protection and Affordable Care Act (PL 111-148) includes a provision to authorize no fewer than four *Competitive Grants for Regionalized Systems for Emergency Care Response*, including a requirement that each

application addresses pediatric concerns related to integration, planning, preparedness and coordination of emergency medical services for infants, children and adolescents. **Significant gaps remain; therefore, the Commission recommends that Congress appropriate FY 2011 funds to support these projects.**

3.5: Ensure access to physical and mental health services for all children during recovery from disaster.

The Commission is unable to report progress at this time, as the White House has not released the report to the President or the NDRF (expected June 1, 2010). The Commission will carefully review the documents and report findings and recommendations to the President and Congress.

4.1: Improve the capability of Emergency Medical Services (EMS) to transport pediatric patients and provide comprehensive pre-hospital pediatric care during daily operations and disasters.

The Commission recommended that a dedicated grant funding system be established to ensure that EMS are capable of managing children during times of a disaster. This will only be accomplished by providing a dedicated grant funding system analogous to the Aid to Firefighters Grant system currently administered by the U.S. Fire Administration. **To date, this recommendation has not been acted upon. A significant gap is the lack of a lead federal entity to oversee EMS. An important first step for implementing the Commission's recommendation is for Congress to authorize an entity to provide oversight and funding for this system.** A dedicated EMS grant funding system is vital to the establishment of a regionalized pediatric care system; without a robust emergency medical service capability it will be difficult to move pediatric patients within the regionalized system.

The Commission also recommended that additional funding be provided to the Emergency Medical Services for Children (EMSC) program to ensure all states and territories meet targets and achieve progress in the EMSC performance measures for grantees, and to support development of a research portfolio. The Patient Protection and Affordable Care Act (PL 111-148) includes a provision to reauthorize the EMSC Program for five years, from FY 2010 through FY 2014, and authorizes an appropriation of $25 million for the Program in FY 2010, increasing to about $30 million in FY 2014.

For the current fiscal year (FY 2010), the Program is funded at $21.5 million, which is a $1.5 million increase over the FY 2009 level. For FY 2011, the President's budget, released in February, recommended level funding, or $21.5 million, for the Program. Continued work is needed to ensure that EMS vehicles carry pediatric equipment and hospitals are prepared for pediatric emergencies and have inter-facility transfer agreements and guidelines. **The Commission recommends that the FY 2011 appropriation meet the full level of authorization at $25 million to meet these persistent gaps in everyday emergency medical preparedness for children.**

As noted in remarks for Interim Report Recommendation 3.4, the Patient Protection and Affordable Care Act (PL 111-148) includes an authorization for *Competitive Grants for Regionalized Systems for Emergency Care*, which includes a grant application requirement to address pediatric concerns related to emergency medical services. **The Commission recommends that FY 2011 funds be appropriated to support these projects.**

5.1: Establish a holistic federal disaster case management program with an emphasis on achieving tangible positive outcomes for all children and families within a Presidentially-declared disaster area.

On December 1, 2009, the Administration for Children and Families (ACF) and FEMA signed a twelve month Interagency Agreement (IAA) to allow for the implementation of the ACF Disaster Human Services Case Management (DCM) Program. The IAA provides for the rapid deployment of disaster case management assistance to children and families and for the transition to a state-administered program to address long-term needs.

For FY 2009, HHS requested, but Congress did not approve, $10 million primarily for the purpose of disaster human services case management capacity building (i.e. training and credentialing of personnel, planning assistance to states) and development of a comprehensive case management database for training and recovery planning. For FY 2010, Congress did approve $2 million. The President has requested $2 million in HHS' FY 2011 budget. FEMA indicated that it does not have authority to support funding for pre-event training or direct services to families through a disaster case management program.

Efforts are underway to list the DCM Program within the Catalog of Federal Domestic Assistance in time for the start of hurricane season, June 1, 2010. However, **the Commission believes the federal government is inadequately prepared to build, support and deploy a disaster case management program with nationwide capacity. Congress must rectify these significant funding and authorization gaps. In addition, ACF and FEMA should be directed to pre-credential professional social workers and nurse case managers and provide them with specialized training in delivering the full range of needed services to promote recovery for children and families in the aftermath of a disaster.** Furthermore, the Commission seeks clarity as to the determining factors by which ACF and FEMA will transition the program to a disaster-affected state, including contingency plans to continue the program if a state is unprepared to assume disaster case management responsibilities for its survivors.

Within the domain of disaster case management, the Commission recommended FEMA conduct a review and modification of information sharing policies in times of disaster between FEMA and its federal and non-federal partners (including non-governmental organizations assisting children and families). FEMA published a new System of Records Notice that will improve FEMA's ability to disclose information to certain government agencies and nonprofit organizations providing assistance to children and families. A series of informational DVDs is being produced to explain the process for requesting such information. However, FEMA generally only collects information it needs in order to determine eligibility for assistance and

not broader information that would be useful in other recovery efforts. The Commission has requested FEMA collect information on children (i.e. ages, special needs) that can be useful to recovery partners beyond FEMA.

6.1: Require disaster planning capabilities for child care providers.

HHS does not have statutory authority under the Child Care and Development Block Grant Act to require state or territorial child care regulatory agencies or administrators to have disaster planning, training, exercising or coordination standards for child care licensure or registration. HHS and FEMA are collaborating to provide guidance and a template for developing statewide emergency preparedness and response plans for child care. However, there is no requirement that such plans be submitted as a condition of funding. **The Commission urges Congress to address this gap and pass legislation requiring disaster planning in states as a condition of receiving funds through the Child Care and Development Block Grant program.**

In addition, the Commission notes that the Office of Head Start is developing regulations on emergency preparedness for its grantees. The Commission will report its findings in connection with this effort to the President and Congress.

6.2: Improve capacity to provide child care services in the immediate aftermath of and recovery from a disaster.

HHS indicated that there are no funds available through the Child Care Development Fund program to provide additional resources to states for the purpose of supporting families impacted by a disaster or repairing damaged child care facilities.

FEMA recently published guidance clarifying eligibility under the Stafford Act for reimbursement of (1) child care services during emergency sheltering operations and (2) facility damages incurred by government and non-profit child care centers. HHS will assist FEMA in disseminating the guidance to child care administrators in states and territories. FEMA also indicated the agency is revising its Public Assistance regulations to explicitly include child care centers as an essential service. FEMA previously indicated that the National Response Framework (NRF) will be updated and tentatively released for public comment and published in 2011. FEMA has made a commitment to incorporate children's needs into the NRF.

FEMA noted that the Stafford Act does not allow for reimbursement of damages incurred by private, for-profit entities. However, the majority of child care providers are private entities with negligible profit margins. **The ability to quickly rebuild child care and assist families in need is a significant gap that remains largely unaddressed. The Commission has recommended that Congress amend the Stafford Act, or alternatively create a contingency fund, to support child care services to displaced families, establish temporary disaster child care, and repair or rebuild child care facilities, regardless of their tax status.**

7.1: Establish a school disaster preparedness program and appropriate funds to the U.S. Department of Education (ED) for a dedicated and sustained funding stream to all state education agencies (SEAs). Funding should be used for state- and district-level disaster response planning, training, exercises and evaluation that are coordinated with state and local plans and activities.

The President's FY 2011 budget proposal includes $30 million for continuing the Readiness Emergency Management for Schools (REMS) program. REMS will provide discretionary, competitive grants to an estimated 150 school districts, with an average award of $253,000. REMS requires grantees to develop comprehensive emergency management plans, provide training for school personnel and coordinate efforts with state or local homeland security plans. ED estimates that since FY 2003 the REMS program has benefited nearly half of all public school students in the country. However, the Commission notes that REMS program funding reaches a small percentage of school districts nationwide and does not provide sustained, long-term funding for the districts it serves.[4]

ED is considering the recommendation and has committed to take the following actions:

- July 2010: Conduct analysis of current REMS program to assess whether funds from the existing program could be used to support state education agency (SEA) activities and if so, in what form.
- August 2010: Based upon outcome of analysis, develop a proposal for modifications to the REMS program to more actively incorporate SEAs, and secure approval for any needed changes.
- January 2011: Administration forwards FY 2012 budget to Congress for consideration. FY 2012 budget request will reflect any approved recommendations regarding expanding or modifying the current REMS program to incorporate a more active role for SEAs.

This plan of action is insufficient. Every school must have a comprehensive disaster plan in place. The Commission recommends new investments within the reauthorization of the Elementary and Secondary Education Act that build upon the REMS program to increase the capacity and flexibility of states to support and improve disaster planning for public and non-public schools. In addition, it is essential that all schools become better prepared for disasters; federal funding to support this goal remains a significant gap.

[4] Since 2003, the REMS program has distributed 714 grants to 661 Local Education Agencies, serving a small proportion of the 14,200 public school districts nationwide. Readiness and Emergency Management for Schools Technical Assistance Center, "FY2009 REMS Grantees," U.S. Department of Education, http://rems.ed.gov/index.cfm?event=grantees2009.

7.2: Enhance the ability of school personnel to support children who are traumatized, grieving or otherwise recovering from a disaster.

ED noted that it does not have authority over teacher training or credential/licensing requirements. However, the Commission believes the reauthorization of the Elementary and Secondary Education Act provides an opportunity to encourage initiatives that support and promote training of teachers and other school staff in basic behavioral health skills to support grieving students and students in crisis.

ED indicated it will continue to share and develop resources for educators to help support children who are grieving or traumatized. Specific action steps include:

- July 2010: Provide a Bereavement and Loss presentation to FY 2009 REMS grantees as part of the Advanced Emergency Management for Schools training.
- September 2010: Develop a *Lessons Learned* publication on suicide contagion and how to best support students after a suicide has occurred. In developing this publication, ED will utilize the expertise of SAMHSA and local education agencies that have experienced a suicide contagion to develop recommendations for educators.
- Assess the feasibility of conducting a webinar on issues related to supporting children who have been traumatized, are grieving, or who are recovering from other disaster or crisis situations. The webinar would be open to a general education audience.

The Commission believes these steps are worthwhile, but do not represent the actions necessary to implement the recommendation. The Commission will work with ED to develop opportunities that more fully support the desired outcomes.

8.1: Provide guidance, technical assistance and model plans to assist state and local child welfare agencies in meeting current applicable disaster planning requirements and further require collaboration with state and local emergency management, courts and other key stakeholders.

In 2006, in response to a GAO report[5] finding that only three states had comprehensive child welfare disaster plans addressing all vital components of disaster planning, Congress passed the Child and Family Services Improvement Act, adding a requirement that state child welfare agencies have minimal procedures in place to respond to a disaster "in accordance with criteria established by the Secretary" of HHS. Although the Children's Bureau published an updated guidance document in 2007, no additional specific planning criteria was promulgated in

[5] Government Accountability Office. Child Welfare: Federal Action Needed to Ensure States Have Plans to Safeguard Children in the Child Welfare System Displaced by Disasters. July 2006. Available from: http://www.gao.gov/new.items/d06944.pdf

regulation by the Secretary. HHS reported that ACF regional office liaisons review the plans and can offer support to states in developing revisions or refer them to the Children's Bureau Training and Technical Assistance Network. However, many states still have not engaged in meaningful and comprehensive planning efforts. **The Commission has recommended the Children's Bureau conduct an updated assessment of the current level of preparedness of state agencies across the country, strengthen enforcement of the Act and assist states in addressing planning deficiencies and developing more comprehensive plans. The Commission requests an action plan as to how the Children's Bureau will address this recommendation.**

8.2: Conduct a national assessment of disaster planning and preparedness among state and local juvenile justice systems to inform the development of comprehensive disaster plans.

In response to the Commission's recommendation, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) within the Department of Justice requested disaster plans from the state agencies that receive its formula funds. Fifteen grantees responded and it was found that the plans were predominantly intended for basic continuity of operations, rather than comprehensive disaster preparedness, response and recovery.

The Commission also recommended that OJJDP form a working group with the mission of improving juvenile justice disaster preparedness nationwide. OJJDP has since established the Justice Working Group on Children and Disasters to create a document with guiding principles to assist juvenile justice facilities in developing disaster plans. The working group includes members from relevant federal, state and local agencies and non-governmental stakeholders with expertise in managing and providing services within juvenile justice systems, including courts, as well as members with disaster management experience. The document is scheduled to be released in January 2011. **While the Commission supports these initial steps, OJJDP must identify effective mechanisms to encourage and fund disaster planning. In addition, the Commission recommends that Congress appropriate funds to support these activities.**

9.1: Provide a safe and secure mass care shelter environment for children, including appropriate access to essential services and supplies.

The Commission finds significant progress towards the implementation of this recommendation. DHS/FEMA collaborated with the Commission in a multi-partner effort to develop two significant documents: (1) Standards and Indicators for Disaster Shelter Care for Children and (2) Supplies for Infants and Toddlers in Mass Care Shelters and Emergency Congregate Care Facilities. These documents are being incorporated into various shelter planning and assessment tools being developed by FEMA, HHS, American Red Cross and other federal and non-federal partners. FEMA is developing educational materials for parents and families to safeguard health and safety of children while staying in a shelter. FEMA has also updated and modified Pre-Scripted Mission Assignments to task ACF with conducting human services shelter assessments, which can help ensure the implementation of shelter standards and prompt corrective action to mitigate risks to children. While FEMA does not operate shelters,

and reports that it does not have authority to establish or enforce shelter standards, it does provide guidance and reimbursement for eligible sheltering expenses under the Stafford Act.

In response to the Commission's concerns about accurately tracking child populations in shelters, FEMA's National Shelter System will include a text field to capture a breakdown of children by age, which will improve the ability of shelters to support the needs of children and families. The age breakouts are anticipated to be included in all shelter guidance documents currently under development.

10.1: Prioritize families with children for disaster housing assistance and expedited transition into permanent housing, especially families with children who have disabilities or other special health, mental health or educational needs.

The Commission is working with FEMA and other federal agency members of the National Disaster Housing Task Force to identify and incorporate the essential needs of children and families into the Concept of Operations and Practitioners Guide. The document is due June 2010 and will define the roles and responsibilities of federal and non-federal partners throughout the disaster housing continuum (sheltering, intermediate and permanent). The Commission will assess the document and report findings and recommendations to the President and Congress.

11.1: Develop a standardized, interoperable national evacuee tracking and family reunification system that ensures the safety and well-being of children.

In response to the Commission's concerns, FEMA has added an "unaccompanied minors" check box onto the paper-based and advanced technological versions of the National Mass Evacuation Tracking System (NMETS). When this box is populated on the electronic version of NMETS, a message will appear in red text indicating that the unaccompanied minor should be escorted to the proper authorities in compliance with state evacuation procedures. An additional text field has also been added to the electronic version of NMETS which allows for the input of information to describe an unaccompanied minor (i.e. eye and hair color, and other distinguishing attributes or information) and/or indicate the name of the agency or individual who has taken the minor into custody. NMETS is expected to be released to the states for implementation on June 1, 2010. FEMA is also exploring the development of an unaccompanied minors registry which would serve as a central repository for registering unaccompanied minors located during a disaster. This system would assist states to uniformly register unaccompanied minors, search data fields and reunite families more quickly. At the request of certain states, FEMA is working with private evacuee tracking vendors who hold state contracts in an attempt to develop a bridge for data exchange with NMETS, which is critically important for cross jurisdictional and interstate evacuations.

Despite the progress in evacuee tracking and data sharing, a significant gap remains. FEMA and Congress must provide the necessary funding to develop a national evacuee tracking system that seamlessly ties together federal and state systems, and also has the capability to interface with family reunification systems such as FEMA's National Emergency Family Registry System (NEFRLS) and the National Center for Missing and Exploited Children's National Emergency Child Locator Center (NECLC). Adults registering or searching for a displaced child under the age of 21 on NEFRLS are directed via Internet link to the NECLC.

APPENDIX A:

NATIONAL COMMISSION ON CHILDREN AND DISASTERS

February XX, 2010

Honorable [Name]
Secretary
U.S. Department [Agency]
[Address]

Dear Secretary [Name],

In October 2009, the National Commission on Children and Disasters delivered an Interim Report to President Obama and Congress that includes legislative, regulatory, and administrative findings and recommendations addressing children's needs as they relate to preparation for, response to, and recovery from major disasters and emergencies. The Commission is an independent and bipartisan body of ten members, appointed by the President and Congress.

As a prelude to the Commission's next report, which will be delivered to the President and Congress in October 2010, the Commission is preparing an ad-hoc report, to serve as an assessment of federal agency action toward full implementation of the Interim Report recommendations.

On behalf of the Commission, I request your assistance in reporting to us actions taken and/or planned toward full implementation of the recommendations. We would also benefit greatly from knowing what barriers exist that precludes full implementation of the recommendations. The information is vital to guiding the future work of the Commission.

Please have the agency complete the "[Agency] Status of NCCD Recommendations" document (attached separately) and return it via e-mail to Victoria Johnson, Policy Director, at: victoria.johnson@acf.hhs.gov by March 12, 2010. Any questions may be directed to Ms. Johnson via e-mail or by phone: (202) 205-9558.

Thank you, in advance, for your assistance. We look forward to our continued collaboration to improve our nation's disaster preparedness, response and recovery efforts for children and families.

Warmly,

Mark K. Shriver
Chairperson

Please complete this document and return it via email by March 12, 2009 to Victoria Johnson at: victoria.johnson@acf.hhs.gov.

There is no word limit, so please be as specific as possible.

For reference, the Commission's Interim Report can be downloaded at: www.childrenanddisasters.acf.hhs.gov.

Department or Agency:

Point of Contact (name/title/office/email/phone):

Recommendation:
[Insert here]

Questions:

1. Does the agency concur with the recommendation and its desired outcome? If not, how is the agency addressing (or does the agency plan to address) the gap underlying this recommendation?

2. Current agency action to implement recommendation (please include a timetable for implementation, with specific steps taken to reach full implementation of recommendation):

3. Results generated from implementation to date:

4. Planned agency action to implement recommendation (please include a timetable for implementation with specific action steps planned to reach full implementation):

5. Barriers, constraints or challenges to implementation of recommendation (federal law, regulatory, administrative policy, budgetary, other resources). For each barrier, constraint or challenge identified, please outline a plan to remedy or address:

FOR MORE INFORMATION

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