Update on HHS Progress to Address Children’s Disaster Health and Human Services Needs in Policies and Programs

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NCCD 2010 Recommendations

• NCCD recommendations directed toward HHS fell into four key categories:
  1. Behavioral Health
  2. Medical Countermeasures
  3. Physical Health, Emergency Medical Services, and Transport
  4. Child Care and Child Welfare

• In February of 2010, ACF and ASPR established the Children’s HHS Interagency Leadership on Disasters (CHILD) Working Group.
• Membership comprised of 18 HHS divisions.
• The CHILD Working Group was created to:
  — Comprehensively integrate the disaster-related health and human services needs of children across HHS disaster policy, planning, and operations activities
  — Assess current capabilities and facilitate coordination at the policy and response levels
  — Develop a set of recommendations to enhance departmental efforts

• Four CHILD WG subcommittees developed four chapters that mirrored the key NCCD categories; CHILD WG built on NCCD recommendations and other considerations.

• Additional information available at www.phe.gov/abc
**Behavioral Health**
- Develop and implement a Concept of Operations for disaster behavioral health.
- Implement internal, programmatic improvements to the Crisis Counseling Assistance and Training Program (CCP).
- Leverage new/expanded health home and behavioral health benefits authorized by the ACA to promote health and resilience in children.
- Update HHS grants to improve integration among public health, behavioral health, and health care delivery systems.
- Enhance the research agenda for children’s disaster mental health.
- Promote and disseminate just-in-time training on children’s mental health for caregivers, professionals, and responders.

**Medical Countermeasures**
- Establish an integrated program team to advise the PHEMCE on pediatric and obstetric (OB) MCM priorities.
- Incorporate pediatric and OB-specific vulnerabilities in scenario and medical consequence modeling for requirements.
- Provide clarity in the regulatory pathway for pediatric MCMs (e.g., stockpiling, forward deployment, clinical guidance).
- Engage the pediatric MCM community on a regular basis.
- Continue and improve industry support for research and development of MCMs suitable to pediatric use.
- Include pediatric and OB expertise in the PHERRB to support data collection for assessing safety and efficacy of MCMs.
**Physical Health, EMS, Transport**

- Evaluate the recruitment and deployment process of the NDMS Multi-Specialty Enhancement Team.
- Strengthen requirements for pediatric surge capacity within HPP and encourage HHS grantees to adopt the EMSC pediatric equipment list for ambulances and other guidelines.
- Take a lead role in setting educational and operational standards for pre-hospital care, particularly for children.
- Convene stakeholders to assess capabilities and address gaps for large-scale pediatric patient movement.
- Train NDMS personnel in pediatric disaster medicine to ensure basic clinical skills.

**Child Care & Child Welfare**

- Implement and promote the ACF Information Memorandum that provides guidance to Child Care & Development Fund Lead Agencies in developing, exercising, and maintaining comprehensive emergency preparedness and response plans for child care.
- Develop a cross regional review of child welfare disaster plans to identify strengths, areas for improvement, and targeted technical assistance.
- Make available additional outreach and training efforts for states to increase their understanding of the Disaster Case Management program.
- Ensure children and others with access and functional needs are included in relevant disaster services trainings.
HHS has implemented a Disaster Behavioral Health Concept of Operations designed to provide coordination and guidance for federal level behavioral health response.

Children’s behavioral health is part of every HHS response and recovery to disasters; HHS provided support in response to the Sandy Hook Tragedy, Superstorm Sandy, and the Joplin Tornadoes through the CCP, which sent trained crisis counselors into the community and schools to work with children.

ASPR leadership and NDMS responders have been trained in psychological first aid (PFA); USPHS Commissioned Corps includes PFA in all of its field training activities.

HHS, VA, and NACCHO partnered to develop a six-hour, interactive, online PFA course available through the National Child Traumatic Stress Network.

In 2012, SAMHSA launched the Disaster Distress Helpline (DDH), the first hotline dedicated to providing disaster crisis counseling; DDH offers support via telephone and SMS text, and hosted a Twitter chat on helping children and teenagers cope after disasters.

NIMH, ASPR, and SAMHSA are currently working to develop a funding opportunity to advance the study of disaster behavioral health effects and interventions.
• A Pediatric and Obstetric Integrated Program Team (PedsOB IPT) was established to provide guidance to the PHEMCE and prioritize gaps related to pediatric and OB MCM needs. The IPT accomplishes this by:
  – Supporting the threat-based IPTs
  – Providing input on requirements setting, research needs, the Annual Review of the SNS, and other matters assigned by the PHEMCE
  – Engaging stakeholder feedback as needed and appropriate

• Multiple pediatric MCM program initiatives are underway:
  – BARDA awarded a contract in May of 2013 for the advanced research and development of an antibiotic (soli-thromycin) that could potentially treat children infected with anthrax, tularemia, or community-acquired bacterial pneumonia.
  – BARDA is supporting the development of safe and effective pediatric formulations of Radiogardase (Prussian Blue) for children less than two years of age for treatment after radiation poisoning (i.e., radioactive cesium and/or radioactive or non-radioactive thallium).
  – Clinical studies funded by NIH and BARDA to support a pediatric indication for midazolam to treat nerve-agent seizures.
  – Several studies supported by NIH/NICHD; for example, one study was initiated to obtain additional doxycycline pharmacokinetic data to support improved dosing recommendations for the treatment of anthrax in young children.
The FDA approved the first anthrax antitoxin (raxibacumab) developed under Project BioShield; approval is for both adult and child populations, and is meant to prevent illness when alternative treatments are not available or appropriate.

The FDA established a Pediatric and Maternal Public Health and Security Action Team through its Medical Countermeasures Initiative (MCMi).

- Worked with CDC to complete an inventory of the SNS to identify data gaps that could inhibit the effective use of stockpiled MCMs in children and other at-risk populations.

The FDA held a Public Workshop on Ethical and Regulatory Challenges in the Development of Pediatric Medical Countermeasures in 2012.

NIH/NICHD’s Pediatric Trials Network plans to conduct 16 trials over the next five years that could enhance pediatric labeling.

CDC’s Children’s Preparedness Initiative champions the needs of children in disaster planning and response efforts through cultivating and collaborating with partners, building technical expertise, integrating children’s needs, and increasing awareness. Examples include:

- Working with the American Academy of Pediatrics to formalize clinical guidance for the treatment and prophylaxis of children against anthrax.
- Developing an instructional video about pill crushing (e.g., doxycycline) for in-home use.

The National Biodefense Science Board benefits from five members with expertise in pediatric emergency medicine, infectious disease, epidemiology, and child psychiatry.
• NDMS has developed the capability to deploy pediatric specialists and subspecialists to augment traditional response teams; the USPHS Commissioned Corps has pediatric specialists on its RDF teams.

• ASPR hosted two workshops with pediatric transport stakeholders to address a national strategy for pediatric patient movement in a large disaster.

• The National Center for Disaster Medicine and Public Health hosted a Pediatric Disaster Preparedness Curriculum Development Conference.
  ― The Center has since published an online module, “Tracking and Reunification of Children in Disasters: A Lesson and Reference for Health Professionals.”
  ― The CHILD Working Group has convened a small group of federal experts to identify high priority, implementable next steps to advance pediatric disaster training and education.

• ASPR/HPP will host a technical assistance webinar in June of 2013 for its awardees and health care coalitions on integrating pediatric disaster management into health care system preparedness and medical surge.
• HRSA/EMSC hosted a webcast on *Kids in Disasters: Facing Our Challenges*, which highlighted two **innovations in pediatric disaster preparedness**: “A Novel Imaging System for Reunification of Children Separated during Disaster” and “Refining Pediatric Disaster Triage Algorithms and Education in the Pre-hospital Setting.”

• HRSA/EMSC developed **PEDPrepared**, a pediatric disaster resource clearinghouse that brings together information, tools, and resources specifically targeted to health care providers, emergency planners, and families.

• NIH has funded **Disaster Health Information Outreach and Collaboration Projects**, one of which sought to improve preparedness and response efforts for children by supporting collaboration among pediatricians and librarians and improving access to disaster medicine and public health information.

• HHS worked closely with FEMA on the *Post-Disaster Reunification of Children: A Nationwide Approach* document; this framework addresses key issues related to **reunification of children** with their families following a disaster.
• ACF has trained all of the nation’s State Administrators for Family Violence Prevention and Services on disaster preparedness, including attention to the needs of children exposed to domestic violence. ACF has also trained Head Start executives in preparedness planning.

• ACF and FEMA revised the Federal Disaster Case Management program manual and implementation guide, and conduct education and outreach to states.

• ACF has collaborated with state and NGO partners via Child Care Task Forces and Coalitions following the Joplin Tornadoes, Hurricane Isaac, and Superstorm Sandy to assess impacts to systems upon which children depend and to promote children’s resilience and recovery.
ACF, FEMA, and other partners delivered webinars on “Integrating Child Reunification into Emergency Preparedness Plans” and “Women and Youth Emergency Management Stakeholder Update.”

HHS has partnered with FEMA on its Youth Preparedness Strategy.

The Child Care and Development Fund added several questions to its block grant application about emergency planning, which will allow ACF to be able to aggregate data and look at each state’s progress with planning.

ACF and ASPR are finalizing a Human Services Concept of Operations to provide coordination and guidance for the federal level human services response to disasters and public health emergencies.
• After formally submitting its first report to HHS leadership, CHILD WG members prioritized three additional areas of focus for 2012-2013:
  – Children with special health care needs and other sub-populations of children traditionally under-represented in planning efforts
  – Pregnant/breastfeeding women and neonates
  – Enhancing interdepartmental and NGO collaboration
• Second report expected to be formally submitted at the end of 2013.
• Dr. Lurie and ASPR are committed to ensuring that children are integrated into all emergency preparedness, response, and recovery efforts.
• HHS policies and programs will continue to emphasize and address the disaster health and human services needs of children and families.