Overview of 2010 Commission Recommendations

David J Schonfeld, MD, FAAP
David.Schonfeld@DrexelMed.edu

Director, National Center for School Crisis and Bereavement
Pediatrician-in-Chief, St. Christopher’s Hospital for Children
Chair, Department of Pediatrics, Drexel University College of Medicine

www.schoolcrisiscenter.org
1. Integration

- Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations
- The Executive Branch at all levels of government should establish and maintain permanent focal points of coordination for children and disasters, supported by sufficient authority, funding, and policy expertise
1. Integration

• Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations

• The Executive Branch at all levels of government should establish and maintain permanent focal points of coordination for children and disasters, supported by sufficient authority, funding, and *policy expertise*
1. Integration

- Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations
- The Executive Branch at all levels of government should establish and maintain *permanent* focal points of coordination for children and disasters, supported by sufficient authority, funding, and *policy expertise*
1. Integration

• Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations

• The Executive Branch at all levels of government should establish and maintain permanent focal points of coordination for children and disasters, supported by sufficient authority, funding, and policy expertise
1. Integration

• Distinguish and comprehensively integrate the needs of children across all inter- and intra-governmental disaster management activities and operations

• The Executive Branch at all levels of government should establish and maintain permanent focal points of coordination for children and disasters, supported by sufficient authority, funding, and policy expertise
• Opportunity: PAHPCA reauthorization calls for establishment of National Advisory Committee on Children and Disasters

• Gap: Executive Branch and non-Federal partners should incorporate education, child care, juvenile justice, and child welfare systems into disaster planning, training, and exercises
2. Mental Health

• Integrate mental and behavioral health for children in public health, medical, and other relevant disaster management activities

• Funding limitations have compromised ability to enhance pre-disaster preparedness in pediatric disaster mental and behavioral health, including psychological first aid, bereavement support and brief supportive interventions, for mental health professionals and individuals such as teachers

• Strengthen Crisis Counseling Assistance and Training Program
3. Child Physical Health and Trauma

- Ensure availability and access to pediatric MCMs
- Enhance pediatric capabilities of disaster medical response teams; ensure that health professionals have adequate pediatric disaster clinical training
- Formal regionalized pediatric system of care to support pediatric surge capacity should be established
- Prioritize recovery of pediatric health and mental health care delivery systems in disaster-affected areas
4. Emergency Medical Services and Pediatric Transport

• Designate and appropriately resource a lead Federal agency for emergency medical services with primary responsibility for the coordination of grant programs, research, policy and standards

• Improve capability of emergency medical services to transport pediatric patients and provide comprehensive pre-hospital pediatric care during daily operations and disasters
5. Disaster Case Management

- Disaster case management programs should be appropriately resourced and provide consistent, holistic services that achieve tangible, positive outcomes for children and families.
- Develop voluntary consensus standards on essential elements of and methods of disaster case management.
6. Child Care and Early Education

• Improve disaster preparedness capabilities for child care, including establishing requirements at the state level to include disaster planning, training and exercise requirements within health and safety standards for licensure/registration and requiring Head Start Centers to have preparedness capabilities and provide basic disaster mental health training for staff.

• Schools, child care, and early education centers remain potential soft but high impact targets for terrorism and are not prepared to recover promptly from disasters.
7. Elementary and Secondary Education

• Called for funding and other resources to support disaster preparedness efforts of state and local education agencies; the REMS program was noted to be a worthwhile program that was substantially limited in funding

• Called for funding to states to implement training and professional development programs in basic skills in providing support to grieving students and students in crisis and establish statewide requirements related to teacher re/certification

- Several recommendations aimed at ensuring that state and local child welfare agencies, juvenile justice agencies (and associated court programs) and residential treatment, correctional, and detention facilities become prepared for disasters to minimize impact and support rapid recovery.
- Evaluation of current status; issuing of planning guidance; provision of funding, guidance and technical assistance; and minimal standards.
9. to 11. Other Areas

- Sheltering standards, services and supplies
- Prioritizing the needs of families with children (especially those with disabilities or chronic physical health or mental health needs) for temporary and long-term housing
- Evacuation and reunification capacity