



FEMA

National Advisory Council

March 31, 2015

MEMORANDUM FOR: W. Craig Fugate
Administrator
Federal Emergency Management Agency

FROM: James Featherstone 
Chairman
National Advisory Council

SUBJECT: Recommendations from March 2015 NAC Meeting

The purpose of this memorandum is to forward the National Advisory Council's (NAC) recommendations from the March 2015 meeting in New Orleans, LA for your consideration.

The NAC met in a public session to review the progress of its three subcommittees and one working group since its last meeting in September 2014 and to deliberate any potential recommendations set forth by these subcommittees.

Through discussions and deliberations, the NAC concurred to submit 13 recommendations to you related to training for the whole community, addressing children's needs, research consolidation of mitigation best practices, consolidation and alignment of risk/vulnerability assessment tools, including HIRAs and the THIRA, clarifying and leveraging 404/406 mitigation opportunities, and coordination between Emergency Management, Emergency Medical Services and Public Health. The recommendations are as follows:

Training for the Whole Community

Issue: Training and awareness gaps exist for critical components of the whole community (e.g., higher education, day-care centers, hospitals, access and functional needs, and seniors). The Emergency Management Institute (EMI) is the nexus for the training of emergency managers.

Recommendation 1: EMI should periodically audit and revise, as necessary, all courses to ensure that access and functional needs, seniors', and children's issues are addressed and integrated into current training programs. The audits should include feedback on existing curricula from relevant stakeholder populations.

Recommendation 2: EMI should develop a specific curriculum of Independent Study courses at the 200-, 700-, and 800-level for the emergency management community and higher education institutions. Awareness of emergency management considerations at higher education institutions should be incorporated throughout the Independent Study course curriculum.

Addressing Children's Needs

Issue: Children represent 25 to 50 percent of the population in any given community, and their needs during disasters are unique and must be addressed to ensure their safety and protection. The NAC believes that children's needs are currently included among the "access and functional needs" efforts but feel they should be elevated to having a specialized focus. Between 2009 and 2012, FEMA had a Children's Needs Coordinator and Children's Working Group to address children's issues. However, since 2012, FEMA no longer has a technical lead to emphasize and address children's needs. Over the

last 10 years, significant progress has been made with regard to children's issues; however, there are still gaps that put children at risk. For example, a lack of awareness of the *Post Disaster Unification of Children - A Nationwide Approach*, and of how to operationalize it at the state, local, tribal, and territorial levels, leaves this population vulnerable.

Recommendation 3: FEMA should establish a permanent technical expert within the Agency to focus on the needs of children in disasters. This individual could act as the lead for FEMA regarding children's needs when working with other Federal human service coordination agencies and other non-profit organizations.

Recommendation 4: FEMA should include specific language in future grant guidance to authorize state, local, tribal, and territorial personnel to establish a similar role to the FEMA permanent technical advisor position to ensure current and future policy and planning is operationalized at the state, local, tribal, and territorial levels.

Recommendation 5: FEMA should confirm availability of and increase awareness of FEMA's infant and toddler supply availability and capability to Federal, state, local, tribal, and territorial emergency management leadership.

Research Consolidation of Mitigation Best Practices

Issue: Disaster research has exposed numerous negative issues and best practices from around the world involving mitigation efforts. However, many community decision makers have either not had access to or are unable to spend time exploring the data. Emergency management personnel and political decision makers should have quick and easily understood access to this social science data in order to make sound decisions when attempting to mitigate hazards.

Recommendation 6: FEMA should work closely with organizations like the Natural Hazards Center and the National Science Foundation to assess and gather best practices through research that has been conducted throughout the social science community relating to disaster mitigation. FEMA should consolidate this information and distribute to state, local, tribal, and territorial emergency management personnel through avenues, such as NEMA, IAEM, FEMA's regional offices, and the FEMA.gov and/or HSDL.org websites.

Consolidation and Alignment of Risk/Vulnerability Assessment Tools, including HIRAs and the THIRA

Issue: Confusion exists in the emergency management profession around the relationship between Hazard Identification and Risk Assessment (HIRA) and the Threat and Hazard Identification and Risk Assessment (THIRA) tool promulgated by FEMA. This problem is compounded by a lack of training and guidance on risk assessment procedures and tools.

Recommendation 7: FEMA should review the risk assessment process and provide additional guidance and training to state, local, tribal, and territorial emergency managers. Specifically, FEMA should:

- Develop additional guidance to state, local, tribal, and territorial emergency managers on tools and methodologies for conducting detailed, data-driven risk assessments;
- Develop and deliver training on how to conduct a risk assessment;
- Better identify how each jurisdictional level of THIRA feeds into the next, allowing for a more transparent process at all levels, explaining how the Urban Areas Security Initiative (UASI) THIRA informs the State, Tribal, and Regional THIRA and reviewing the due dates for THIRAs, as the state, local, tribal, and territorial THIRAs are often due on the same date;
- Assess the THIRA process to determine if the assessment is accomplishing the goal of determining where the capability gaps exist within the Nation; and

- If the THIRA is effective, consider renaming the THIRA to better reflect its intent to assess capabilities versus hazard identification and risk assessments.

Clarifying and Leveraging 404/406 Mitigation Opportunities

Issue: The lack of integration between the 404 Hazard Mitigation Funding and 406 Hazard Mitigation Funding (attached to eligible PA projects) creates challenges with effectively mitigating against future damage. The current programs appear to operate in a silo, exacerbated by stove-piped program implementation, lack of training among federal and state JFO staff, and disparate implementation timeframes. 404 monies are allocated by the state, consistent with state and local hazard mitigation plans, but the final amount available is not determined until months after the disaster. These factors sometimes cause significant delay and may not fully serve the need of the impacted jurisdiction. The NAC explored avenues to leverage, and potentially integrate, mitigation programs.

Recommendation 8: FEMA should develop a specified training track at the Emergency Management Institute (EMI) for Public Assistance and Hazard Mitigation Officers that is available to all levels of government. This would allow Public Assistance and Hazard Mitigation Office staff to cultivate a greater understanding of how the programs can be utilized to protect against future loss.

Recommendation 9: FEMA should refine the 404 and 406 processes to capitalize on efficiencies of an informed Public Assistance and Hazard Mitigation Officers workforce, applying the federal support in a manner that is expeditious, and responsible. As part of this refinement, FEMA should consider taking the following actions:

- Supporting policy and regulatory changes that will support the integration of the 404 and 406 programs and should ensure that sufficient personnel are provided post-disaster to help state, local, tribal, and territorial jurisdictions best utilize 404 and 406 opportunities;
- Deploying Hazard Mitigation specialists in tandem with Public Assistance specialists; and
- Collapsing the Public Assistance (406) and Mitigation (404) skill sets into one position type under the FEMA Qualification System.

Recommendation 10: FEMA should revise the Hazard Mitigation Plan process to include requirements for pre-identified 406 projects as part of the HIRA for state, local, tribal, and territorial jurisdictions and for a disaster specific Administration Plan for mitigation, similar to Public Assistance, that identifies process, timelines, and priorities.

Recommendation 11: FEMA should revise the Public Assistance Worksheet to place a stronger emphasis on hazard mitigation funding (both 404 and 406).

Coordination between Emergency Management, Emergency Medical Services and Public Health

Issue: Duplication of services and confusion often result due to lack of coordination between public health, emergency medical services, and emergency management. There is a need for clarification of roles and responsibilities including at the local level, in particular. Valuable time and resources can be lost when critical personnel duplicate responsibilities and unnecessarily take on activities that can be handled by the appropriate personnel. Resolution and action is difficult given the differences among the 50 states in terms of reporting relationships and structures. There is no truly centralized repository of best practices and resources for the coordination between these disciplines. Resources are spread between several federal agencies, including FEMA, the U.S. Department of Health and Human Services (HHS), the U.S. Department of Homeland Security Office of Health Affairs (DHS OHA), the Center for Disease Control (CDC), the U.S. Department of Defense (DoD), the Biomedical Advanced Research and Development Authority (BARDA), the Department of Transportation (DOT), including the National Highway Traffic Safety Administration (NHTSA), and others.

Recommendation 12: FEMA should consider the development of a public health and acute medical care (emergency medical services and hospitals) liaison(s) at FEMA to have strong connections to the U.S. Department of Health and Human Services, U.S. Department of Homeland Security Office of Health Affairs, and U.S. Department of Transportation and other agencies listed above.

Recommendation 13: FEMA should develop a best practices library in the subject area of public health integration with emergency management and emergency medical services and hospitals available through the federal disaster.data.gov website to offer jurisdictions information to address gaps related to working relationships through jurisdictions, i.e. federal, state, local, tribal, and territorial. This recommendation builds on the NAC's recommendation #3 submitted in the fall of 2014.