Emergency *Recovery* Checklist for MCH Populations

Check if in Plan(s)	Plan Component
Family Separation and Reunification in the Recovery Phase	
	Ensure reunification procedures are followed to work with appropriate agencies and authorities to reunify families in the event of child separation.
	Child separation in an emergency can occur due to: ● Being transported to different medical facilities. ● A caregiver or child needing to go to a healthcare facility that doesn't allow family members or visitors. ● A child being at a child-care facility or school and the family can't reach them.
	Provide holistic support to all involved (child, family, caregivers) to address specific needs. ● Holistic support includes recognizing changes in behavior and symptoms of mental distress that may result from trauma and/or stress.
Community-Centered Recovery	
	Ensure a collaborative, community-centered approach is used to engage an array of local stakeholders.
	Coordinate partners serving MCH populations to ensure individuals' access and functional needs are being met.
	Understand available services in the community including shelters, faith-based organizations offering services, and government assistance related to the emergency.
Mitigation and Community Resilience	
	Recognize that infrastructure repair, restoration of services, clearing debris, and recovery for individuals and families may last beyond the emergency.
	Identify long-term effects of an emergency such as behavioral health challenges, financial burdens, and housing uncertainty.
	Build resilience for individuals and communities.
	Solicit information from MCH populations, partners and stakeholders and engage in discussions about what worked well and what did not work well during an emergency. ● Identify gaps in emergency plans and opportunities to incorporate lessons learned into preparedness activities. ● Identify lessons learned about disparities that impact health equity.
	Incorporate a trauma-informed approach into organization-wide policies and procedures to build: ● MCH populations' trust and experiences with health care, social services, and other MCH organizations. ● Capacity of staff and providers at all levels to ensure women who are pregnant, postpartum, and/or lactating and infants and young children feel comfortable and supported receiving care and services.

	Convene multisector groups at the community level that support children (e.g., teachers, principals, and parent-teacher associations) to enhance recovery and mitigation efforts.

Check if in Plan(s)	Plan Component
Continuity of Operations After an Emergency	
	Identify new needs in the aftermath of an emergency and provide referrals to meet those needs.
	Maintain communications and share information and resources among MCH partners to strengthen recovery efforts and support MCH populations in getting the supplies and support they need.
	Identify damage to office buildings, records storage facilities, medical facilities, and warehouses which can delay the return to normal operations.
	Determine staff needs/constraints which may impact conducting home visits and other appointments with patients or clients.
	Identify impact on in-person appointments and/or telehealth due to road closures, unsafe conditions, or office closures, or power outages.
Communications	
	Continue communication with MCH populations through multiple channels.
	Communicate contact information for public health, social services, mental health, and other relevant organizations which individuals can contact to ask questions and receive support.
	Continue collaboration with partners serving MCH populations to amplify communications and important messages.
	Tailor messaging as needed based on the needs of women who are pregnant, postpartum, and/or lactating and infants and young children.
Access	
	Adapt access points based on circumstances to continue essential operations to serve MCH populations.
	Identify staff and MCH populations who have been disproportionately impacted and might need additional support (e.g., damaged housing or birthing facility).
Power Dependency	
	Know who to refer MCH populations to for support with power-dependent supplies such as expressed breast milk, breast pumps, and DME.
	Maintain access to charging stations or individual chargers for mobile devices at community centers, during home visits, or at other locations serving MCH populations.
	Facilitate transfer of, or restore access to, medical, behavioral health, substance use, and other treatment records as needed.
	Coordinate alternative sites for appointments, lab work, and processing if power is out for extended time.

Personnel	
	Communicate with staff serving MCH populations in need of services and deploy based on accessibility and need.
	Work with MCH partners to address unanticipated needs, such as limited supplies (e.g., infant food, batteries, feminine hygiene products).

Check if in Plan(s)	Plan Component
Health Equity	
	Remove systemic and cultural barriers so that individuals are prioritized fairly, and everyone has an opportunity to be as healthy as possible.
	Shape programs, processes, and response activities to ensure equitable health care.
	Recognize underserved communities typically take longer to recover physically and financially due to existing disparities and may require additional support.
Homelessness	
	Individuals experiencing homelessness are more likely to suffer chronic health problems, poor nutrition, poor sanitation, and violence. This group: ● Is often harder to reach in the aftermath of emergencies. ● Has fewer resources to access recovery supports, such as access to the internet and transportation.
	Train providers on using a trauma-informed approach to emergency response to help ensure this population is sufficiently supported. ● Common triggers for traumatic symptoms include loud noises, small spaces, lack of privacy, and chaotic or disorganized surroundings.
	Include service providers for MCH populations experiencing homelessness in emergency planning.
Social Safety Net Programs	
	Rebuild and ensure access to social safety net programs (e.g., TANF, SNAP, WIC) as soon as possible to ensure an equitable recovery, as populations who depended on social safety net programs face the greatest challenges to recovery.
	Use MCH community networks and local resources to mitigate cumulative effects of SDOH on communities disproportionately impacted by emergencies.
Limited Financial Resources	
	Identify needs of low-income groups who may not have savings or insurance to cover the cost of health care, repairs, or replenishment of basic needs (e.g., food, clothing).
	Provide referrals to MCH organizations, such as Home Visiting and Healthy Start programs, to address needs.
Continuity of Health Insurance Coverage	
	Understand private health insurance policies, Medicaid, and CHIP for MCH populations.

	Provide contact information and resources about publicly available insurance to women who are pregnant, postpartum, and/or lactating and caregivers of infants and young children.
	Identify where MCH populations can be seen at an out-of-network facility or provider due to damage, relocation, or unavailable medical records or insurance documentation. ● Lack of out-of-network coverage is typical for private health insurance policies during the recovery phase. ● Additional paperwork or unexpected large medical expenses for the individual may occur as they are recovering from the emergency.

Check if in Plan(s)	Plan Component
DME Replacement	
	Replace durable medical equipment (DME) that was lost, left behind, damaged, or destroyed in an emergency.
	Understand that Medicare has a program to replace DME after an emergency (Durable medical equipment replacement in disaster or emergency | Medicare).
Continuity of Health Insurance Coverage	
	Identify any delayed or deferred care which may have long-term health outcomes for women who are pregnant, postpartum, and/or lactating and infants and young children.
	Understand that Medicaid income eligibility requirements vary by state, but individuals do not need to provide documentation of a qualifying event (e.g., loss of a job or birth of a child), which is typically required for SEP eligibility.
	In case of relocation, one can immediately apply for Medicaid in the new state and can be covered by retroactive Medicaid coverage until their insurance is set up in the new state.
	● Sign up (adults and children) for Medicaid or CHIP (USA.GOV) ● Health insurance coverage for children (USA.GOV) ● Sign up for marketplace health plans (Healthcare.gov) ● Quick Guide to the Health Insurance Marketplace (Healthcare.gov) ● State Medicaid and CHIP Telehealth Toolkit (Medicaid) ● Medicaid telehealth information (Medicaid) ● HHS emPOWERing Medicaid/CHIP Data Pilot (HHS emPOWER Program).
Access to Benefits & Quality Health Care	
	Address missed appointments for prenatal check-ups, immunizations, well-child visits, and newborn screenings.
	Identify additional barriers in accessing benefits and quality health care as it can be challenging for MCH populations to receive information on benefits and services available to support women during and after pregnancy and young children during recovery.

	Carry out plans to adhere to CLAS Standards to ensure that MCH populations receive culturally and linguistically competent information and support.

Check if in Plan(s)	Plan Component
SDOH Recovery Considerations – Health Care System	
	If breastfeeding was interrupted, providers should refer women who are breastfeeding to re-lactation support providers who can provide individual support.
	Resume regular visits with infants and young children, including check-ups, immunizations, screenings, specialist visits, and newborn screenings as soon as it is safe to do so. ➢ Address disruptions in receiving medications, supplies, and immunizations as quickly as possible.
	Employ a trauma-informed approach to support children in recovery in any setting, whether a health care, child-care, or social services facility. Resources for Child Trauma-Informed Care | SAMHSA
	Prioritize restoration of places that are frequently used by children such as playgrounds, parks, schools, child-care centers, and community centers.
	Provide child-care services in the community.
	Health care, mental health, and social services providers should talk with caregivers about telehealth capabilities for infants and prioritize scheduling in-person appointments as soon as possible.
	Update at-home emergency kits as infants get older to support changing needs for food, medicines, and clothing.
	Adhere to safe sleep practices and infant feeding methods in the recovery environment.
	Recognize the range of stress symptoms displayed by a child who experiences trauma or a stressful emergency including: • Requiring additional attention. • Disruptions to potty training. • Appetite changes. • Other behavior and mood changes, such as increased tantrums and fearfulness.
Behavioral Health	

	Increase awareness that significant life events may have occurred during the emergency that can cause trauma or re-traumatization, Direct exposure to an emergency, such as being evacuated or witnessing others, including family members, in life-threatening situations: ● Family variables, such as how parents and other trusted adults react to an emergency ● Pre-existing conditions, including mental health conditions ● Socioeconomic factors, such as financial resources ● Past trauma Source: CDC Public Health Matters Blog – Using Trauma-Informed Care to Guide Emergency Preparedness and Response
	Implement a trauma-informed approach to health care and behavioral health (4 R's). • Realization about trauma and how it can affect people and groups. • Recognize the signs of trauma. • Have a system which can Respond to trauma. • Resist re-traumatization.
Check if in Plan(s)	**Plan Component**
Behavioral Health (continued)	
	Discuss mental health with patients and provide mental health referrals if needed, even if women who are pregnant, postpartum, and/or lactating were not receiving mental health support before an emergency.
	Identify who to contact in the event of a mental health emergency for women who are pregnant, postpartum, and/or lactating.
	Screen for substance use & provide clients with the support they need to address SUD, including access to MAT to sustain recovery and prevent overdose.
	Develop substance use screening procedures & integrate trauma-informed practices into substance use policies.
	Identify substance use treatment providers in the community and implement a referral process.
	Train shelter workers and staff to be aware of and report domestic violence.
	Support survivors of abuse after an emergency by: ● Ensuring continuity of services. ● Providing private and safe spaces to facilitate conversation. ● Promoting continued access to: ● Clinical care ● Behavioral health services ● Safe housing ● Nutrition ● Other necessities and financial support.
	Plan to provide increased support after an emergency.
	Refer women experiencing abuse to community-based services and support systems.

	Plan for an increased demand for social services for survivors of abuse after an emergency.
	Develop multiple methods of service & support for survivors, such as in-person, telehealth, and text message services.
	Provide age-appropriate mental health counseling and resources in addition to physical health care resources early in recovery.
	Work with local and state child welfare and advocacy organizations to disseminate information about services supporting young children, information about child abuse and neglect, and guidelines for reporting suspected child abuse.
	MCH organizations supporting young children should encourage caregivers and families to return to routine activities such as child-care, playing with other children, and other child-centric activities such as going to the park or playground.