

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
**APPLICATION FOR CRISIS COUNSELING PROGRAM SERVICE
(IMMEDIATE SERVICES PROGRAM)**

*O.M.B. No. 1660-0085
Expires March 31, 2018*

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 8 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472-3100, Paperwork Reduction Project (1660-0085)

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AUTHORITY: Section 416 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (42 U.S.C. § 5183).

PURPOSES AND USES: This information is being collected for the primary purpose of determining eligibility for the Crisis Counseling Assistance and Training Program, Immediate Services Program funding following a presidentially declared disaster.

EFFECTS OF NONDISCLOSURE: The disclosure of information on this form is voluntary; however, failure to provide the information requested may delay or prevent FEMA from providing the requested funding.

PART I: General Application Information

Completion of this form including applicable attachments satisfies legal requirements for application for the Immediate Services Program (ISP) under 42 U.S.C. §§ 5183 as implemented at 44 C.F.R. §§ 206.171. Failure to use this application may result in a failure to meet these requirements and/or a delay in processing the request. This application must be submitted within 14 days following the declaration of a major disaster.

1. Request Date:
May 14, 2020
2. Declaration #:
4490
3. Declaration Date:
April 30, 2020
4. Name of State, Indian Tribal Government, or Territory Requesting Services:
Missouri Department of Mental Health
5. Primary Point of Contact (POC) for the Administration of this Program:
 - 5a. POC Name:
Beckie Glerer
 - 5b. POC Organization:
Missouri Department of Mental Health
 - 5c. POC Mailing Address:
1706 East Elm St., Jefferson City, MO 65101
 - 5d. POC E-mail Address:
beckie.gierer@dmh.mo.gov
 - 5e. POC Phone Number:
573-751-8136
6. Amount requested for Immediate Services Program (ISP) funding. (Please round to nearest dollar).
\$4,114,525.90

PART II: Plan of Service / Needs Assessment

7. Please describe current State and local mental health services and explain why they cannot meet the disaster-related mental health needs caused or aggravated by the disaster.

The Missouri Department of Mental Health (DMH) is the state mental health authority (SMHA). The seven-member Mental Health Commission appoints the DMH Director with Senate confirmation. The Mental Health Commissioners serve as principal policy advisors to the department which houses two major program divisions:

 - Behavioral Health (BH)
 - Developmental Disabilities (DD)

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DMH directly operates inpatient and habilitation facilities for BH and DD, respectively. In Fiscal Year 2018, DMH served more than 170,000 Missourians with mental illness, developmental disabilities, and substance use disorders. It is a safety net for the state's most vulnerable citizens and their families. More than 95% of DMH's 170,000 consumers receive their services through local contracted community-based provider agencies. The DMH mission is:

- Prevention: Reduce the prevalence of mental disorders, developmental disabilities, and substance use disorders.
- Treatment: Operate, fund, and license or certify modern treatment and habilitation programs provided in the least restrictive environment.
- Improve Public Understanding: Improve public understanding and attitudes toward individuals with mental illness, developmental disabilities, and substance use disorders.

Community mental health services are delivered through the DMH network of contractual service providers. The Division of BH establishes standards and requirements for delivery of community-based mental health services through contracts with its local community mental health centers. These community mental health centers (CMHCs) are designated as the lead agency for all community-based psychiatric services, as authorized by state statute. Designated service areas by county assure statewide availability of services; allocated funding to the CMHCs are contractually obligated to BH-designated target populations of:

- Adults with serious mental illnesses as specified by diagnosis and functional abilities;
- Children with serious emotional disturbances as specified by diagnosis and functional scales;
- Individuals with forensic commitments to DMH.

DMH is experienced in the CCP program and known as an innovator and leader in the field of disaster mental health. The coalition of CMHCs (<http://www.mocoalition.org/>) operates the lead agencies for Crisis Counseling services when an eligible disaster occurs in Missouri. A map of CMHCs by county can be found at <https://dmh.mo.gov/mental-illness/help/community-mental-health-centers>. In partnership, DMH and the CMHCs successfully have managed crisis counseling programs ranging from the Floods of 93 (FEMA 989/995/1006/1023) to the Joplin Tornado (FEMA1980) in 2011 to December 2015 flooding (FEMA 4250) followed by April 2017 flooding (FEMA 4317) and currently for severe storms, tornadoes and flooding in Spring 2019 (FEMA 4451 /RSP is ongoing). See this link for the historic summary of disasters occurring in Missouri <https://www.fema.gov/data-visualization-disaster-declarations-states-and-counties>

As experienced as Missouri is, we do not have the programmatic, technological, human resources or fiscal support/infrastructure to address the magnitude and duration of this pandemic (FEMA 4490). Literally 6.1 million Missourians qualify for the crisis counseling program due to the stressors of COVID19. During social distancing DMH will focus on public education and media outreach while working with key partners and community stakeholders embedded in the impacted populations to reach these emotionally devastated areas/groups/hotspots. The ISP will be our needs assessment period as we learn more about the duration/phasing/risks of COVID19. DMH will adjust our programming, document actions and plan for the longer response. We will apply for the Regular Services Program (RSP).

The challenge is converting CCP from a face-to-face to a virtual model and customizing that to the unique needs of our state and residents. Here is our initial, but not exhaustive, list of special populations. Of all populations listed, DMH traditionally serves only those with serious mental illness or serious emotional disturbances, approximately 170,000 persons annually, as represented in these key groups. Refer to Section 8 of this application for detail on the special populations. Those listed in bold are atypical DMH target populations.

- Unemployed (15% in MO as of May 12 due to COVID 19)
- Minorities
- Hotspots as identified with current priority St Louis City and County including Alternate Care Site and Dignified Transfer Facility and meat processing operations
- Public servants, sister state agencies and elected officials
- Healthcare workers, hospitals and healthcare settings
- DMH system (employees, providers and clients of DD/DBH services.)
- First Responders and Second Responders
- Veterans
- Public Health Agencies
- Grocery Stores/Restaurants/Retail
- Meat/poultry processing plants with current priorities Buchanan and Saline Counties due to Triumph and Burgers, respectively
- Farmers/AG industry
- Businesses
- Schools/Teachers/Students
- Working parents/families
- Seniors
- Migrant worker community

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- Immigrant Community
- Faith community
- Daycares/childcare
- Sports/Arts/Entertainment community
- Low Income
- Homeless
- LGBTQ

Missouri is a fiscally sound and prudent state, and DMH is nationally recognized as an innovative SMHA. However, due to the COVID19 cataclysmic impact on Missouri's commerce and industry which has decimated tax revenues, during the current legislative session, more than \$700 million has been cut from the FY21 budget. Additional cuts are being considered and the forecast is dismal. As an example of compounding issues, in FY20, a wait list for DD waiver services was initiated due to funding. This was to be corrected by the General Assembly for FY21 but will not be due to declining revenues because of stay at home guidance due to COVID19. COVID19 compounded the shrinkage of DD services. The DD community providers halted day programs due to social distancing requirements and health/safety concerns for Missouri's most vulnerable citizens who are high risk. These providers want and need PPE and yet no supply chains are reaching them. Parents of special needs children of all ages are home-schooling, providing direct care and watching their loved one regress due to lack of services that cannot be safely delivered. Missouri's DD community infrastructure is on life support and that scenario is playing out nationally as explained in this Roll Call editorial.<https://www.rollcall.com/2020/04/20/in-responding-to-covid-19-congress-must-not-overlook-people-with-severe-disabilities/>

The DMH Office of Disaster Services began monitoring/responding to COVID-19 when it became labeled a "superspreader" in January 2020. See full time line in Attachment A and more detail in Section 11.

It became clear as we watched and learned from the initially declared states (WA, NY, CA, FL, LA, NJ) that the services needed for this event will exceed Missouri's (and every state's) fiscal resources and staffing bandwidth. The CMHCs and the DMH cannot operate beyond current efforts without federal funding and technical assistance, as outlined in this application. The crisis counseling and human service needs required to address the COVID-19 clearly and historically exceed local and state capacities to respond. The mental health toll is well documented and a concern nationwide. Even in the best of times, mental health and illness tend to be minimized by U.S. health care. That problem is now magnified by an extended period of social isolation, economic disaster and fear. How can Americans cope with this building mental health crisis? PBS Newshour May 5, 2020 featured Dr. Joshua Gordon of NIH/NIMH. Numbers are hard to come by, but a recent survey by the Kaiser Family Foundation found that 56 percent of people said worry or stress tied to these outbreaks have led to at least one negative effect on their well-being, including things like trouble sleeping, eating, and alcohol use. Without Federal assistance, Missouri's public mental health system has no resources or service capacity to launch the unique community outreach model which requires overhaul/conversion to a technological/digital format.

Of grave concern is the St. Louis City and County impact. Both areas reported their first cases on March 7 but STL has had twice the positive cases and three times the deaths of KC. STL City and County issued stay-at-home orders March 23 and KC followed on March 24. However, with just above 20% of the state population, STL City and County reported 70% of the COVID19 cases and deaths.

DMH is relentless at keeping clients and staff safe but to date has lost 4 patients in St. Louis facilities and found more than 100 staff positive, many asymptomatic. Check this link for current COVID19 positives/deaths in DMH system. <https://dmh.mo.gov/disaster-services/covid-19-information/dmh-positive-cases-data>

DMH has supportive SMHA executive leadership who understand the disaster behavioral health response, the FEMA CCP, and have significant concerns regarding the emotional toll in Missouri. Our SMHA senior management team and division leadership have been focused on COVID19 response across our system and in alignment with Governor Parson's Cabinet agencies and are participating in-kind. To date, DMH has provided resources to address the needs outlined when feasible but our system is stretched fiscally beyond capacity to address the CCP needs for our entire general population. Statutorily, DMH is required to treat forensic clients and individuals mandated by the courts in the state systems and the Community Mental Health Centers (CMHC) network handles community needs. Neither system has funding or staff to address needs of the general population impacted by disasters. Although both systems partner effectively on a day-to-day basis, DMH cannot require the community providers to participate in the FEMA CCP. The providers opt-in or designate a sister agency to handle their disaster services. At this time, 25 provider agencies have committed to COVID19 response.

The Office of Disaster Services (ODS) is based in the DMH Director's Office under the Office of Public and Legislative Affairs. Together the Director of Disaster Services, the Director of Continuity of Operations Planning (COOP), and the Director of Emergency Management contribute more than 60 years of collective experience in disaster response. All have extensive knowledge of Missouri's behavioral health system, the crisis counseling program, and sit on the Department's Senior Management and Executive Teams, respectively. Due to the magnitude and complexity of this event, the Director of Disaster Services will serve full time upon the completion of the legislative session in May and for the duration of the project. Her involvement to date has been 100% since March 12 and provided in-kind (\$20,716.80). The Director of COOP will contribute 75% to FEMA 4490 as her other duties lie with ASPR/PHEP funding. Her involvement to date has been provided in-kind \$17,284.80. The Director of Emergency Management will participate in-kind throughout the COVID19 as he is 100% funded through another grant (ASPR/PHEP). Fortunately his duties align with the the COVID19 response and recovery. The ODS staff will leverage the expertise of numerous subject matter experts within DMH who will consult in-kind until the full impact and duration of COVID19 is determined. Therefore, for this disaster, DMH seeks funding for 10 FTE to lead this effort collectively as the Statewide Executive Management Team. Missouri will be use the previous project name - Show Me Hope.

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The Initial Service Program grant enables DMH to deliver coordinated outreach while simultaneously conducting a thorough needs assessment for services required beyond the ISP timeframe. The pandemic event is ongoing and open and Show Me Hope believes our response will last into 2022 at a minimum.

The Missouri DMH requests funding to provide immediate crisis counseling services for a period of 45 days to residents statewide. Primary providers are listed below. (See Attachment B for a map regarding the CMHC Service Areas) STL metro, KC area and other areas are doing regional collaborations and details are outlined in their program narrative.

The provider agencies participating in this FEMA 4490 CCP include:

- Arthur Center
- BJC
- Bootheel Counseling Services
- Burrell Behavioral Healthcare
- Clark Community Mental Health Center
- Community Counseling Center
- Compass Health Network
- Comprehensive Mental Health
- COMTREA
- Family Guidance Center
- Family Counseling Center Behavioral Health
- Gibson Recovery Center
- Mark Twain
- North Central
- Ozark Center
- Ozarks Medical Center
- Phoenix Programs
- Places for People
- Preferred Family Healthcare
- ReDiscover
- Southeast MO Behavioral Health
- Swope
- Tri-County
- Truman Medical Center
- ALM Hopewell Center

DMH, as the State Mental Health Authority (SMHA), will continually monitor these locations and adjust the overall CCP to meet today's unknown and evolving needs. As the Disaster declaration is "open," and the pandemic remains an historic, global event, DMH will apply for a Regular Services Program.

Services to be provided by CCP teams statewide will include:

- Crisis counseling assistance, including teaching people coping skills and stress management, to prevent individuals from experiencing breakdowns in familial and social relationships. Without intervention, stress reactions may lead to longer-term health and behavioral health problems, personal and community discord and ultimately negatively impact the emotional and recovery in Missouri.
- Virtual community outreach to provide crisis counseling, support, and coping strategies to individuals/families and groups such as churches, schools, businesses, unemployed, sports/entertainment groups and etc.;
- Focusing on reaching special populations (identified in section 8) to provide psycho/emotional materials and assistance, ongoing assessment and referrals, and resource linkage.
- Outreach to unique/targeted populations may vary by catchment area and specifics can be found in each provider summary.
- Basic psycho/emotional educational materials regarding common reactions and coping strategies; public education in group settings and through mass media (ie: radio, newsprint, social media, etc.);
- Community networking with key community stakeholders, leaders and programs as well as our ongoing relationship with Community Organizations Active in Disasters (COAD)/Long-term Recovery Committees (LTRC) and faith based volunteer efforts in the community;
- Ongoing assessment and referral resource linkage to existing COVID19 economic, educational, agricultural, behavioral health and other programs and services; and
- Developing and distributing educational materials.
- Information dissemination and public education with a heavy virtual, social media and marketing approach
- Unified training, ongoing consultation and communication will be provided to our CMHC partners.

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- Educating Missourians on current and to-be-determined COVID19 guidance to remain safe, healthy and resilience

Critical needs/flexible contingency funding

Due to the unknown and ever-changing clinical characteristics/guidance to address risks of COVID19, it is impossible to anticipate/outline all CCP staffing and funding needs as we apply for the ISP. Missouri is conducting a phased approach to returning to business/community life. STL City and County have extended their stay at home guidelines to May 18, two weeks beyond the Governor's statewide lifting on May 4. Anticipating regional impacts as the stay at home policies lift is difficult at best.

DMH is concerned with these state-based issues and national trends detail from trusted science and media sources. A sampling from May 8 is provided here:

- Missouri tested 2400 workers at Triumph meat processing plant in Buchanan County. A staggering 424 who tested positive were asymptomatic. <https://health.mo.gov/living/healthcondiseases/communicable/novel-coronavirus/>
- St. Louis metropolitan area is the state hotspot for COVID19. The St. Louis Post Dispatch reported May 7 that of the 398 COVID19 deaths in our state, 71% came from STL City (82) and STL County (200). See DHSS/health link above for extensive analytics.
- Mental Health expertise in ICUs is greatly needed to assist patients and family with healing, grief and loss. NPR <https://www.npr.org/2020/05/08/852546959/mental-health-experts-facilitate-talks-between-families-icu-patients>
- One in five children in China experienced depressive symptoms after quarantine. https://www.stltoday.com/lifestyles/parenting/one-in-five-children-in-china-showed-depressive-symptoms-after-coronavirus-quarantine-here-s-how/article_d781002b-71b4-5140-858d-0e89977b1760.htm
- Job loss/economic impacts greatly compound the mental health toll. April 2020 national unemployment numbers 14.7%. First significant job loss unrelated to economic factors. Unemployment rate going down will be dependent on public health response. (weekday briefing call, Missouri state agencies, May 8) Half of all US small businesses could close in 6 mos. <https://www.foxbusiness.com/money/coronavirus-small-businesses-closures-shrm>

Based on such intense trends headed our way, we requested in our Central Office budget critical needs/flexible contingency funding to deliver critical needs in real-time. At the heart of our program is a cadre of trained, effective, local teams. Their safety and health and that of the Missourians they serve is our #1 deployment issue. Missouri requires flexible funding to address these potential /unanticipated issues during the ISP:

- Technology needs not identified to date but could surface as effective for the CCP response.
- Hazard pay (up to \$15 per hour) for staff deploying to COVID19 hotspots or working with/members of high risk groups (minorities, seniors, etc). Should in-person, on-site work be required, we believe PPE (which will be provided and paid for from other sources) and additional pay is required. In fact, Missouri passed pandemic pay incentives for our state DMH and Correctional facilities.
- Deployment of Behavioral Health Strike Team (BHST) members to hotspots and critical locations. Through a small amount of funding now exhausted from our ASPR/PHEP grant, DMH successfully piloted the BHST at the Alternate Care Site and the Dignified Transfer Facility in metropolitan St. Louis. Experienced CCP workers with additional training in Victim Identification Center (VIC) and statewide exercises worked with the National Guard and Disaster Medical Assistance Teams to ensure the emotional health of these teams. Missouri's state emergency management agency requested DMH staffing for these critical sites and DMH reimbursed the agency for the vetted staff at the person's hourly rate. We anticipate these requests will continue and possibly escalate.
- Consultants/Expertise/additional program expansion as needed which is unknown at this time. Stakeholder groups and expertise may need to be contracted due to unknown circumstances at this time. A major concern is legislators returning to their home districts and requesting targeted outreach and follow-up for existing/future hotspots.
- Unanticipated, emergent needs that comply with the CCP.

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8. Estimated Population to Be Served:

- OPTION A:** Applicants may opt to use their own method for determining the estimated population to be served. Please cite any data sources used and the methodology used to determine the estimated population to be served. Please also list proposed provider's number of direct and non-direct staff anticipated.

Options A and B were utilized to determine the number of FTE needed for this event. DMH asked the CMHCs to determine how many FTEs were needed to meet the needs in their coverage areas based on each agency's needs assessment. This includes number of positive cases, deaths, past/recent disasters (FEMA DR-1980, DR-4250, DR-4317, and the currently operating DR-4451), resources available, and the impacted populations. In addition, DMH considered the geographic distribution of the 6.1 million Missourians, hotspots, and impact when reviewing the numbers that the CMHCs requested and then either approved or revised the local plan. Additional details appear in the below narrative, but this pandemic remains active. Crisis Counseling needs will change and may grow or decrease based on the service area. This will be considered when applying for an RSP. During the ISP, we estimate reaching 15% of Missourians with the below staffing. However, this depends upon the results of our collective social distancing, stay at home effectiveness, phased return to work and effectiveness of virtual outreach and media/communications/public education efforts. This is uncharted territory globally so we may reduce or exceed this target based upon the health and safety requirements of our crisis counselors and the phase of COVID19 in Missouri. With all this consider, the SMHA requests the following staffing numbers for provider agencies. See Attachment C for the Organizational chart

Arthur Center: Program Manager .8 FTE; Team Lead 1 FTE; Crisis Counselors 4 FTE; Administrative Assistant .20 FTE; Fiscal Officer .2 FTE; Special Populations Specialist 1 FTE; Hotline Staff .25 FTE

BJC Behavioral Health: Program Manager 1 FTE; Team Lead 3 FTE; Crisis Counselor 18 FTE; Admin Assistant 1 FTE; Media/Comm Specialist 1 FTE; Specialists (Child, Senior and Special Populations) 3 FTE

Bootheel Counseling Services: Program Manager .5 FTE; Team Lead 1 FTE; Crisis Counselors 4 FTE; Fiscal Officer .2 FTE; Media/Comm Specialist 1 FTE; IT Specialist .2 FTE

Burrell Behavioral Healthcare: Program Manager .8 FTE; Team Leaders 2 FTE; Crisis Counselors 2 FTE; Specialists (Senior, Healthcare/1st Responder, and Child) 3 FTE; Media/Comm Specialist 1 FTE; Administrative Assistance 1 FTE

Clark Community Mental Health Center: Program Manager .2 FTE; Team Leader 1.0 FTE; Fiscal Specialist .2 FTE; Crisis Counselor 1.0 FTE; Hotline 1.0 FTE; Senior Specialist .1 FTE; Special Populations Specialist .1 FTE; Child Specialist .1 FTE; Media/Comm Specialist .1 FTE

Community Counseling Center: Program Manager .5 FTE; Team Lead 1 FTE; Crisis Counselors 4 FTE; Hotline Staff 1 FTE; Program Assistant 1 FTE

Compass Health Network: Program Deputy Director .1 FTE; Program Director 1.0 FTE; Team Lead 7 FTE; Crisis Counselor 17 FTE; Hotline staff 12 FTE; Media/Comm Spec .4 FTE; Fiscal Officer .2 FTE

Comprehensive Mental Health: Team Lead 1 FTE; Crisis Counselor 1 FTE; Media/Comm Specialist .3 FTE; Specialists (Senior and Child) 2 FTE

COMTREA: Program Manager .5 FTE; Team Lead 1 FTE; Crisis Counselors 4 FTE; Media/Comm Specialist .5 FTE; Fiscal Officer .1 FTE

Family Guidance Center: Program Manager .25 FTE; Team Lead 1 FTE; Crisis Counselor 2 FTE; Admin Assistant .25 FTE; Media/Comm Specialist .1 FTE; Fiscal Officer .1 FTE

Family Counseling Center Behavioral Health: Program Manager .1 FTE; Team Lead 1 FTE; Crisis Counselor 8 FTE; Media/Comm Specialist .05 FTE; Fiscal .05 FTE

Gibson Recovery Center: Program Manager .35 FTE; Team Lead 1 FTE; Crisis Counselor 5 FTE; Special Populations Specialist 1 FTE; Admin Assistant .5 FTE; Media/Comm Specialist .5 FTE; Fiscal Officer .25 FTE

Mark Twain: Program Manager .25 FTE; Team Lead 1 FTE; Crisis Counselors 2 FTE; Senior and Child Specialists 3.5 FTE; Fiscal Officer .25 FTE; Media/Comm Specialist .25 FTE; Admin Assistant .5 FTE

North Central: Program Manager .1 FTE; Team Lead 1 FTE; Crisis Counselor 1 FTE; Specialists (Senior, Child, and Special Populations) .3 FTE; Media/Comm Specialist .1 FTE; Fiscal Officer .1 FTE

Ozark Center: Program Manager .5 FTE; Team Lead 1 FTE; Crisis Counselor 3 FTE; Specialists: Senior Outreach, Special Populations Outreach, and Child 3 FTE

Ozarks Medical Center: Program Manager .25 FTE; Team Lead 1 FTE; Crisis Counselor 2 FTE; Admin Assistant .25 FTE; Media/Comm Specialist .25 FTE; Fiscal Officer .25 FTE; Resource Linkage Coordinator 2.5 FTE

Phoenix Programs: Program: Program Manager .4 FTE; Team Lead 1 FTE; Crisis Counselors 1.5 FTE; Hotline Staff 3 FTE; Media/Comm Specialist .25 FTE; Fiscal Officer .25 FTE; Specialists (Senior, Child and Special Populations) 1 FTE

Places for People: Program Manager 1 FTE; Co-Program manager .1FTE; Team Lead 2 FTE; Crisis Counselors 12 FTE; Accounting/Fiscal .25 FTE; Media/Comm Specialist .25 FTE; Admin Assistant .1 FTE

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Preferred Family Healthcare: Program Manager .25 FTE; Team Lead 1 FTE; Crisis Counselors 3 FTE; Helpline staff 2.5 FTE; Media/Communications Specialist 1 FTE; Fiscal Officer .13 FTE; Specialist (Special Populations and Child) 1.5 FTE; Administrative Assistant .25 FTE

ReDiscover: Program Manager .4 FTE; Team Lead 1 FTE; Crisis Counselor 2.75 FTE; Specialists (Child, Senior, Special Populations) 3.5 FTE; Fiscal Officer .2 FTE; Hotline Staff 1 FTE; Media/Comm Specialist 1 FTE; Admin Assistant .5 FTE

Southeast MO Behavioral Health: Program Manager .5 FTE; Team Lead 1 FTE; Crisis Counselor 6 FTE; Senior Specialist 1 FTE; Media/Comm Specialist .25 FTE; Admin Assistant 1 FTE; Fiscal Officer .25 FTE

Swope: Team Lead 1FTE; Crisis Counselor 1 FTE; Hotline Staff .5 FTE; Specialists (Senior and Child) 1 FTE

Tri-County: Program Manager .25 FTE; Team Lead 1 FTE; Crisis Counselor 4 FTE; Specialist (Child, Senior, and Special Populations) 4 FTE; Fiscal Officer .25 FTE; Admin Assistant 1 FTE

Truman Medical Center: Program Manager .4 FTE; Team Lead 1 FTE; Crisis Counselor 1 FTE; Admin Assistant .4 FTE; Media/Comm Specialist .3 FTE; Fiscal Officer .2 FTE; Specialists (Senior and Child) 2 FTE

ALM Hopewell Center: Program Manager .5 FTE; Team Lead 2 FTE; Crisis Counselors 10 FTE; Fiscal Officer .2 FTE

OPTION B: Use the following table to estimate the impacted population for each requested service area (county, parish, tribal land, etc.). Populate the table using census data for the total population for each designated service area. Multiply the "percentage impact factor by the "total census population" to arrive at an estimated population to be served during the ISP. Please select a "percentage impact factor" between ¼% (0.0075) and 2% (0.02) of your census population to target for services; provide a brief justification for the "percentage impact factor" you have chosen in the box below. Please also list the number of direct and non-direct staff anticipated.

Service Provider Name (if known) and Requested Declared Service Areas	Total Census Population in Requested Declared Service Areas	Percentage Impact Factor (0.0075 to 0.02)	Estimated Population to Be Served Within 60 Days	Number of Direct Staff FTEs (Crisis Counselors, Team Leads) (Typically 300:1 Ratio)	Number of Non-Direct Staff FTEs (Admin., Fiscal, Data, etc.) (Typically 15-20%)
			0.00		
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TOTALS:	0.00		0.00	0.00	0.00

Please describe any special circumstances not captured in the above table that will have an impact on the need for crisis counseling services. Include any high-risk groups or populations of concern (e.g., children, adolescents, older adults, ethnic and cultural groups, people with disabilities and other access and functional needs, lower-income populations, first responders). Please include your plan to reach these populations.

The population of Missouri is 6.137 million people. Missouri's largest urban areas are St Louis, Kansas City, Springfield, and Columbia with the capital in Jefferson City. Of Missouri's population, 16.9% are over 65 years of age and 11.8% are African American. As of Tuesday, May 12, 10,006 individuals have tested positive for COVID-19 and 524 individuals have died from COVID-19 in Missouri. In MO, 102 of the 114 counties plus the City of St Louis have cases of COVID-19. The cases continue to grow daily and when this application is submitted, numbers are sure to have increased. Current cases can be found at: <https://missouri-coronavirus-gis-hub-mophep.hub.arcgis.com/?fbclid=IwAR0j0Y-E4UrbZTUloLmZxZW6qsMo57M0Enn2MhD2uWUaUNV0XvaJo4rRtNU>

Four of the top five COVID-19 cases by county in MO are in the STL Metropolitan area: St Louis County, St. Louis City, Jackson County (KC), St. Charles County, and Jefferson County. Of grave concern is that STL has twice the cases and three times the deaths of KC.

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https://www.stltoday.com/news/local/metro/the-st-louis-area-has-seen-more-than-twice-the-coronavirus-cases-and-three-times/article_adb3cc07-cf4e-520c-86e2-e882bee38609.html

The top four COVID-19 cases by Metro area are: St Louis, Kansas City, Marshall, and Springfield. More rural areas continue to be identified as "hotspots" in MO. The latest of those are Buchanan, Saline, Sullivan, Moniteau, Perry, Scott, Pemiscot, Pettis, Chariton, Pike, Clay, Lincoln, Johnson, and Franklin counties.

In addition, news agencies nationwide are reporting that America is on the verge of another crisis – a mental health crisis as a result of the pandemic. The Washington Post reports that "the country's mental health system – vastly underfunded, fragmented and difficult to access before the pandemic – is even less prepared to handle this coming surge." The Washington Post article mentions "nearly half of Americans report the coronavirus crisis is harming their mental health, according to a Kaiser Family Foundation poll."
<https://www.washingtonpost.com/health/2020/05/04/mental-health-coronavirus/>

DMH is hearing from providers and staff that they are anxious and fearful regarding current COVID19 impacts and what can happen next. The Jefferson City News Tribune reports, "More Missourians seeking mental health help amid COVID-19 fears." "Behavioral Health Response, a St. Louis-based agency that answers crisis calls on its own hotline and through others, has seen a 'huge increase' in calls." The 24-hour crisis line in St. Louis reports a 10-15% increase in calls over the past few weeks. The article also shows that there has been an increase in calls to crisis hotlines in Missouri and in the number of people accessing online resources.
<https://www.newstribune.com/news/local/story/2020/mar/29/more-missourians-seeking-mental-health-help-amid-covid-19-fears/822446/>

Fortunately, Governor Mike Parson has been encouraging Missourians to take care of their mental health, especially during this time of worldwide crisis. Gov. Parson stated, "We realize this is a challenging, uncertain time for Missouri and the nation. Mental health is something everyone should focus on not just right now, but going forward as Missourians continue to cope with the after-effects of COVID-19." https://www.mycouriertribune.com/coronavirus/mental-health-important-during-covid-19-pandemic/article_dab9b5e0-72c1-11ea-8fb0-3f0425f44d83.html

In Southwest Missouri, Christian County media focused on mental health in MO, highlighting the local Community Mental Health Center. Burrell Behavioral Health's (BBH) President calls the set of challenges that will come in the following months and years "the second curve." The article shows that some actions could flatten the second curve and help others enjoy a better future. The BBH President said, "There is a growing number of individuals that currently are experiencing new mental health symptoms." Data from an Ipsos Group shows that "35% of us indicated that our mental health symptoms have worsened over the past week." The BBH President said that he believes that number is going to continue to grow and that 55% of Americans currently have a concern about either their own or someone they love's mental health. Isolation was already an issue for many American's before the virus and now it has been amplified, with loneliness rates growing up to 200% across the U.S. The BBH President said, "About 80 percent of the people who suffer from feelings of depression or anxiety do not seek care." In order to flatten that second curve, we need to help family, friends, and colleagues cope with the challenges that the virus has created. The article also points out that "3 out of every 10 employees experience some sort of mental health condition that impacts their performance at work, but as a result of the COVID-19 pandemic's impact, that ratio is more like 5 out of 10." BBH also projects an increase in domestic violence in the Springfield, MO area. In addition, "the number of child abuse and neglect hotline calls is only 40 percent of what it would be right now, and so we're having some interesting things happening within the family dynamic that are leading to a spike on top of all of the people that just experienced some anxiety of COVID." The article also shows that "using data from the SARS pandemic, mental health experts can project that the psychological aftermath of COVID-19 could last between a year to three years." (see graph in article (https://ccheadliner.com/free/the-second-curve-mental-health-expert-warns-of-psychological-effects-of-covid-19/article_c7eda6f4-80e7-11ea-9f27-c35831abd192.html))

According to the MO CDC Social Vulnerability portal, the ten most vulnerable areas in MO are: Dunklin, Pemiscot, Mississippi, McDonald, New Madrid, Saline, Iron, Texas, and Dallas Counties along with St Louis City. The most vulnerable by socioeconomic status are Mississippi, Pemiscot, New Madrid, Wayne, Hickory, Dunklin, Washington, Morgan, Wright and Crawford Counties. The most vulnerable by household composition and disability are: Dunklin, Pemiscot, New Madrid, Putnam, Schuyler, Howell, Texas, Carter, Harrison, and Wright Counties. The most vulnerable based on minority status and language are: St Louis City, Sullivan, Jackson McDonald, St Louis, Saline, Barry, Pettis, Dunklin and Jasper Counties. The most vulnerable based on housing and transportation are St. Francois, Mississippi, Taney, Saline, Grundy, Pulaski, Iron, Johnson and Phelps Counties and St Louis City. As of May 2, the fastest growth was seen in Andrew County (400%), Buchanan (302%) and Benton (100%) counties. Case growth was accelerating in Buchanan, Benton and Pike counties. See Attachments D and E for details.

Missouri COVID19 case counts continue to increase steadily as illustrated in the COVID-19 Cases: Overview (Attachment F). As of May 2, the state was continuing to see daily increases. Missouri has also tracked positive and PUI (persons under investigation) that were hospitalized around MO by region. There have been individuals hospitalized around the state in all regions but the highest numbers show in urban areas. For reference, see Attachments F and G.

Special Populations

Several special populations in MO are impacted by COVID-19. DMH and provider agencies will collaborate to address the needs of communities they are serving but plus the special populations identified. DMH and the provider agencies will work with state agencies (i.e. Social Services, Health and Senior Services, Public Safety, Natural Resources, Labor, Revenue, Agriculture, and Elementary and Secondary Education), local businesses, schools, nursing homes, public health agencies, law enforcement, fire departments, hospitals, voluntary agencies, churches, veteran agencies, and others to meet the needs of these special populations.

The CCP will provide assistance to these groups and others identified:

Unemployed – As of April 30, 2020, 504,713 claims were filled related to COVID-19. The following areas are identified as the top five locations with claims: St Louis County (75,249), Jackson County (59,004), St Louis City (39,603), St. Charles County (38,502), and Greene County (27,955). Unemployment is at its highest since the Great Depression. On May 12 Missouri's unemployment is reported as 15%.

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Alternate Care Site – A 150-bed alternate care facility (ACF) activated in the St. Louis metro area on April 12th. SEMA and National Guard requested behavioral health assistance. The site receives acute care COVID-19 positive, hospitalized individuals. DMH deployed vetted Community Mental Health Center staff to provide behavioral health support using crisis counseling. CCP staff will be deployed to the ACS throughout our response.

Dignified Transfer Facility – This temporary morgue activated in St. Louis metro area to care for the deceased from COVID-19. Family members arrive to say goodbye, seek information and receive crisis counseling. CCP staff will be deployed to the DTF throughout our response.

Minorities – According to the CDC, data suggests a disproportionate burden of illness and death among racial and ethnic minority groups. The impact to racial and ethnic minority groups is an added stressor and creates additional challenges. CDC shows that fear and anxiety about COVID19 can lead to social stigma toward people, places, or things. Some groups that the CDC has identified as potentially experiencing stigma because of COVID-19 include: persons of Asian descent, people who have traveled, emergency responders or healthcare professionals. In addition, individuals who are positive or have recovered from COVID-19 may be at risk. Stigma affects the emotional or mental health of groups and communities where they live.

State Representative Alan Green of Florissant, MO, reports that the COVID-19 outbreak is disproportionately impacting African-American communities, especially in pockets of north St. Louis County. Rep. Green said, "black residents are feeling a disproportionate impact of the disease." <https://www.missourinet.com/2020/04/17/green-covid-19-outbreak-in-missouri-is-disproportionately-impacting-african-american-communities-audio/>

KRCG13 in Jefferson City reported that Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases announced the African American community is being disproportionately affected by COVID-19 due to pre-existing conditions that afflict minority groups. Rev. Dr. Cassandra Gould, Executive Director of MO Faith Voices, said that there are many people who are uninsured in MO and that is heightening this issue. "Many of those people, not all of them, but there are a number of people who are African American, we are front line workers in low wage jobs and so I believe that the COVID crisis has actually just illuminated all the social equities that were already there." <https://krcgtv.com/news/local/local-leaders-respond-to-covid-19-racial-disparities-in-the-african-american-community>

St Louis City and County - St. Louis and St. Louis County are the top "hotspots" in Missouri and have experienced repetitive trauma through previous events like Ferguson/the death of Michael Brown and repetitive flooding events. The St. Louis area continues to see an increase in COVID-19 cases. KMOV4 reported that on Sunday, May 3, "St Louis City reported nearly 100 new COVID-19 cases...as the rest of Missouri prepared to reopen. Officials with the St Louis Department of Health reported 97 new COVID-19 cases on Sunday, the city's highest increase in cases in a single day since the beginning of the outbreak." https://www.kmov.com/news/st-louis-city-reports-highest-single-day-increase-of-covid-19-cases/article_474e0f2e-8d9f-11ea-a6ff-e3c6c6c6ae94.html

Fortunately, St. Louis City, County and the metropolitan area have a strong behavioral health network comprised of provider agencies who collaborate within the community. The St. Louis providers have developed a cohesive plan to deliver needed services in that area. These aligned community stakeholders are already embedded in the most impacted populations and serve as a model to other regions. See Attachment H for details.

Healthcare workers –include those on the front lines of the healthcare system at hospitals, doctor's/dental/medical offices, mental health systems (providers and facilities), nursing homes, public health agencies, Department of Health, Department of Mental Health, EMTs, and labs. These individuals have been working long hours, exposed to trauma/stress, and continue to battle the pandemic. News reports from around the country show the concern for the mental health crisis to come to this population. Suicides in New York have come to the forefront of the news to highlight this concern. "Health care workers are well-trained to manage the intensity of a medical crisis. But few are equally comfortable managing its mental health aftermath, in themselves, or in others. Even before the pandemic emerged, moral injury and burnout were rampant among clinicians. Coping with Covid-19 has magnified many of these challenges and added news ones with the reality of resource constraints. There is no doubt this pandemic will mark many Americans with psychological scars..." <https://www.statnews.com/2020/04/30/suicides-two-health-care-workers-hint-at-covid-19-mental-health-crisis-to-come/>

Disaster response expert Regardt Ferreira, PhD, shares that "the mental health aspect of a disaster oftentimes gets left behind. Especially for first responders and medical personnel, more attention should be given on this subject." Dr. Ferreira said, "Medical professionals are likely to experience fear, anxiety, and a sense of powerlessness. There could even be aspects such as rage and anger toward the folks who have not followed the social distancing protocols. There can also be compassion fatigue. Healthcare workers already had stressful jobs day-to-day. Adding the additional stresses from the COVID-19 pandemic – where there are so many unknowns – is going to be difficult on healthcare professionals." Dr. Ferreira said, "For all of the things I have mentioned, if they are not addressed, they can compound, and depression can set in and anxiety can set in. Over the long term, if healthcare workers are constantly operating under fear, they can make mistakes." Dr. Ferreira goes on to mention self-care and coping skills as helpful resources – all things that the CCP can assist with for this population. <https://www.healthleadersmedia.com/clinical-care/coronavirus-how-support-mental-health-your-healthcare-workers>

The Department of Mental Health has more than 100 cases to date of positive staff and residents in DMH facilities and offices. There have also been four deaths of residents in our facilities. Staff members have lost loved ones to COVID-19 and the stress and anxiety in an already taxed system is taking its toll. DMH CCP staff and provider agencies will work to develop an approach to assist.

First and Second Responders: Due to the repetitive trauma from back-to-back disasters in many of these communities, DMH feels the psycho/emotional impact will continue to be elevated in responders working COVID-19 response so focused support interventions will be needed. DMH and the provider agencies will work directly with Jason Klaus, Missouri CIT Coordinator, to assess and offer assistance to first responders. DMH and the provider agencies will work with the Governor's Partnership and the MO Voluntary Organizations Active in Disaster (VOAD) groups to assist the staff and other responding partners who report feelings of depletion, exhaustion and emotional needs.

Grocery Stores/Pharmacy's/Restaurants: Stress of serving asymptomatic customers who could be infectious or COVID19 deniers who don't wear masks or practice public protections because they believe COVID19 isn't real, uncertainty of business, store shortages and rationing of food/retail items, and being frontline/at risk creates anxiety for these workers. CNBC posted, "Major retailers, psychologists and the

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nation's top grocery worker union say they anticipate a greater need for mental health services...as people continue to work during the pandemic and later cope with its aftermath." The article shows, "Working these jobs is stressful under normal circumstances. Then, you add the current situation, which is they are knowingly putting themselves at risk of exposure and have been deemed an essential worker, but I imagine don't feel like they're being paid as an essential worker." <https://www.cnn.com/2020/04/16/grocery-store-workers-need-for-mental-health-care-may-outlast-pandemic.html>

Grocery stores, restaurants, pharmacies, gas stations, and others throughout Missouri have put up temporary window panels at cash registers and have arrows establishing one-way traffic in aisles to encourage social distancing. Grocery stores are asking each person entering to take one cart per person in order to encourage 6-ft of distances between each other. Stores have stood up different hours for those over 60 and with vulnerable immune systems to shop separate than the rest of the community. Restaurants have been doing carry-out or delivery services with dine out options closed to the public, and grocery stores have been providing pick up for those requesting that service. (In April, DMH ODS worked with the Missouri Grocers/Missouri retailers association to distribute camera ready art with the disaster distress helpline and coping tips to be printed on grocery bags.)

Businesses: Small business are feeling the impact during the pandemic. A WalletHub survey shows that 87% of small businesses are hurting. It also shows that 35% say their business will shut down if the pandemic goes over three months. The economic impact is being compared to the Great Depression which will impact most Missouri families and communities and create additional stress and anxiety.

Meat processing plants: Meat processing facilities are starting to see outbreaks across the country. At the end of April/beginning of May, a pork processing plant in Buchanan County (Triumph) tested 2200 employees with 373 testing positive for COVID19 and the majority were asymptomatic. This meat processing plant is in St. Joseph, MO which borders Kansas. Meat processing workers at Smithfield Foods in Milan, MO, many of whom are migrant workers, have been concerned about working conditions to protect them during outbreaks around the state. Burgers Smokehouse (Moniteau County) had to suspend production after employees tested positive for COVID19.

Farmers: To understand the importance of agriculture in our state, consider:

- Missouri has over 30 million acres of farmland in use; an average of 287 acres per farm.
- Of the total value of Missouri agricultural products produced, Livestock and Poultry represent 60% and Crops 40%

Agribusiness is our state's largest industry and it is hurting economically and emotionally from the 2019 flooding and severe storms and now COVID-19. Our predictions regarding psychological impact are coming true daily. Because of the reduced production at meat processing plants "planned euthanasia of hogs" is occurring resulting in disposal around the state and lost market income.

During DR-4451, DMH and the provider agencies worked with Director Chris Chinn of the Missouri Department of Agriculture (MOAG) for consultation and assistance due to the extensive impact to farmers statewide. Farmers are tougher to access because of the solo nature and location of their work. Their stoic independence and often traditional roles and values mean that we must carefully align with trusted gatekeepers in the community. Director Chinn and staff partnered with DMH to work with community businesses and organizations such as local feed stores, veterinarians, extension agents, Missouri Farmers Association (MFA), seed distributors, farm implement sales and equipment repair vendors. For this CCP, DMH will continue to collaborate with them to ensure programs will complement each other's efforts.

Schools/Teachers/Students: All 555 MO districts/charter schools are closed. Guidelines have been issued for any schools to conduct summer school. Universities closed around the state at various points in response to the pandemic. Students missed out on significant events like prom, graduation, field trips, teacher award banquets, promotion ceremonies, band/choir/sporting events, etc.

Working parents/families: New stressors are emerging for working parents and families during the pandemic. As the schools closed and businesses started utilizing teleworking, this has added an additional stressor for parents as they try to work at home and keep their kids active with school work. Both parents and children report a deterioration in their mental health since the start of this crisis.

Seniors: Nursing homes had to lock down early and prohibit visitors into their facilities. Families cannot visit loved ones other than through the windows or FaceTime or phone capabilities. Seniors are at higher risk to contract/ die from COVID19. Isolation, fear and anxiety has increased in this population. Many nursing homes had outbreaks in their populations throughout MO.

Migrant worker community/non-English speaking: MO has a large migrant population statewide. This is a difficult population to access; however, provider agencies are working to access through various channels (meat packing plants, extender agencies, etc.). Provider agencies will be encouraged to hire individuals who are a part of this community.

Faith community: Churches shut doors completely or went virtual for services. Faith communities are not only a part of the Sunday routine for many Missourians but also a resource for many individuals in the communities. When these services stopped, many communities felt the impact and an additional layer of stress was added to those who relied on resources that unable to staff or continue during COVID19. Food pantries that were once run by retirees or senior church members experienced a shortage of staffing as those staff were now considered high-risk.

Daycares/childcare: Licensed facilities had to decide if they were going to stay open or close; staying open required certain guidelines to be met. Closing of these facilities created a strain on those essential staff required to work. Many individuals could not rely upon their back-up childcare as those back-up plans consisted of parents and grandparents considered high-risk. This created additional stressors around finances, safety, and where to go. Administrative leave was put into place at the state level for some individuals who didn't have anywhere for their kids to go; others had to figure out what options they had as they were considered essential.

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Sports/Arts/Entertainment community: This community came to a halt all around the country but dealt an exceptional blow to Missouri. In 2019 the St. Louis Blues won the Stanley Cup and the Kansas City Chiefs won the Super Bowl in 2020, both incredible achievements which would have swelled attendance, merchandise sales and tourist visits to Missouri. COVID19 changed all that. Hockey and baseball are shut down, and most likely football next fall. However, not just at the professional level but also at NCAA and high school level as well as lessons and recreational leagues. This means clothing, gear, concessions, parking, local restaurants, hotels, gas stations and a whole host of ancillary services have lost income and the state has lost tax revenue from goods, services, payrolls, lodging and gas tax. Extend this impact to museums, zoos, theatres, festivals, art fairs and so many sporting and cultural events statewide that generate community cohesion, family entertainment, and personal enjoyment. This is no longer an option as venues remain empty while Missourians feel fear and anxiety.

Veterans: Missouri has around 479,828 veterans and nearly 50,000 of them own their own businesses. Missouri Veterans homes around the state closed their doors to visitors in an attempt to keep COVID out of the facilities. Similar to nursing homes, many residents were not able to visit with their families.

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9. Provide a brief description of administrative oversight plans (supervision and monitoring of crisis counselors, team leads, data collection efforts, monitoring and managing stress, etc.).

Our application has received priority attention by elected officials, Federal partners, community providers and stakeholders in the weeks leading to the grant submission. Such focus will continue throughout the life of the grant and DMH wants its' best talent leading the CCP.

Fortunately, DMH has exceptional, experienced CCP experts to address the emotional healing for Missouri. This includes institutional knowledge from our only statewide CCP, the Floods of 1993 (FEMA 989/995/1006/1023) when DMH received more than \$20 million (combined in ISP, RSP and supplemental funding) to run a crisis counseling program in 112 of 114 counties. DMH served 35,000+ Missourians, trained and deployed 200 crisis counselors and ran the program for 30 months due to the exceptional impact requiring extensions. Using the Floods of 93 administrative framework plus knowledge from recent Missouri CCPs, DMH created an administrative oversight structure heavy on experience, creativity, expertise and flexibility. At the helm will be this experienced leadership team configured into Executive Leadership and Management. See Attachment C for the Organization Chart.

Statewide Executive Leadership

Director, Office of Disaster Services: Overall Policy, Government and Public Affairs, Institutional and Administrative Private sector linkage and liaison to Eastern MO

Director, Continuity of Operations Program (COOP): Operations, alignment with DMH and MO Disaster systems, liaison to Western MO

Project Director: Project Management and Program Integrity—Administrative Governance, Lead Supervision of Management Team, liaison to Central MO

Statewide Management Team

Administrative Assistant: Logistics, Document Management, administrative support

Data Coordinator: Data Integrity, Analysis and Reporting Compliance

IT Specialist: Technical Research, Administration and Support,

Media & Communications Specialist: Branding, public education, marketing, coordination with programs

Trauma & Special Populations Specialist: Best practices and consultation on effective program design, implementation and training

Graphic Designer: Unified design and effectiveness to support brand communications

Fiscal Coordinator: Lead fiscal responsibility—coordinates/oversees the DMH divisions' fiscal reps—ensures solid accounting documentation for program support and review by auditors/legislature/others

Fiscal Specialist (DD): DD Division fiscal expert/support/reports for COVID19 CCP programs and services

Fiscal Specialist (DBH): DBH Division expert/support/reports for COVID19 programs and services

Consultants: TBD based on unique/currently unknown aspects of COVID19. Missouri is concerned that expertise will be needed to address ever changing impacts to special populations, hotspots and remote locations.

The program is organized as "Show-Me Hope" and staffed by experienced personnel uniquely qualified to address this unprecedented pandemic. Overall leadership is delivered by an executive committee comprised of the Director of Disaster Services, The COOP Director and the CCP Program Director. At the state level, the DMH Director of Disaster Services will deliver executive leadership for the overall project with targeted focus on the STL metropolitan area and Eastern Missouri. She has served 100% in kind on COVID19 response since March 12 and will be 100% upon award. The Director headed the only prior statewide CCP and her institutional knowledge, legislative and private sector experience/relationships are required to mitigate geographic, historic, political and socio-economic issues across the response. The COOP Director will serve as the operations lead, aligning with DMH internal disaster teams in the regions and facilities as well as Missouri's statewide disaster responders. Her training expertise is well respected in Missouri and sought by our Federal partners. She will be the key liaison to the Kansas City metropolitan area and Western Missouri. Her time will be 75% as she performs related duties under our ASPR/PHEP grant. The Project Director will contribute 100% of her CCP management skills and program knowledge while serving as key liaison to Central and rural Missouri. Her background at SEMA, private sector experience and current role managing the FEMA 4451 CCP rounds out our team. Having a well coordinated and informed Executive Leadership Committee fosters work-life balance and also mitigates burnout by ensuring leadership cross-training/redundancy and self-care/time-off as needed.

This executive team will be supported by and supervise the carefully curated talents of the Statewide Management Team. The State Show Me Hope Leadership and Management Team of existing Office of Disaster Services team members collaborate/communicate daily via virtual daily debriefs and webex conversations supplemented by socially-distanced on-site problem solving in Central Office. This format has been successful since it's establishment in Mid-March.

We are greatly concerned with the stress on leaders at all levels. Mandatory time-off may be implemented, as warranted.

Following the grant submission, the Statewide Executive Leadership and Management Team will convene May 20 to develop a roadmap for the ISP response period focused on on-boarding/training CMHC programs, gathering data and detail for the RSP needs assessment, and creating the RSP plan and application as well as the ISP report. We will look to identify talent for open positions starting May 18

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then hire as quickly as possible upon award. Updates will be given during our regular consultation calls with FEMA/SAMHSA or as requested.

We will build upon our administrative and programmatic expertise to ensure CCP services are provided to individuals and psycho/emotional resource materials are given to partner response agencies and local faith based/business community members. Staff currently serving on current FEMA 4451 will continue. The DMH Fiscal Specialist, Dave Reinkemeyer, at .75 FTE, will provide assistance by preparing fiscal reports from DMH and all provider agencies as well as tracking and monitoring funds throughout the life of the grant, and performing an audit of all provider agencies grant books at the end of the ISP. Dave will coordinate with the DD and DBH fiscal specialists (both .25 FTE) and supervise their efforts. Carol Mobley, Data Coordinator/IT Specialist staff, at .75 FTE, will be responsible for overseeing the CCP data collection activities and serves as the point of contact (POC) for entering data into the CCP web-based system and the use of the mobile application. Shelby Hood will provide .50 FTE administrative support, assist with scheduling events/trainings, and any additional requirements. Rachel Jones .50 FTE provides her Trauma and Clinical Expertise in-kind and has been a welcomed asset to the ODS. Yet to be hired are a graphic designer and Media/Communications Specialist. The Statewide Executive Team will supervise the Statewide Management Team with the Project Director taking the lead.

The Show-Me Hope Executive and Management Team will oversee administrative functions. We will maintain contact with FEMA/SAMHSA/CMHCs and be responsible for the program reporting and sharing information with all provider agencies as needed. Regular contact will be maintained between the DMH Executive Committee and all agency Program Managers and Team Leaders in their assigned regions. The Executive Committee will begin program outreach after the initial training starting with those requiring the greatest need for technical assistance. Weekly phone calls, and regular consultation will be scheduled as needed in order to communicate critical updates, new information, and/or issues. Potential areas for assistance may include conflict resolution, the quick identification and correction of deficiencies, communication issues, and the establishment of new contacts for the project.

All CMHCs understand the key responsibilities of staff as outlined by FEMA/CHMHS. All CMHCs and the SMHA understand that crisis counselors must conduct work virtually until deemed safe or required to work in the community. If in the community, Crisis counselors must be paired in teams of two while engaged in community outreach. MO DMH ODS staff will emphasize these points during all trainings, technical assistance sessions, site visits and other contact with the CMHCs. In addition, DMH ODS will instruct all providers to adhere to the requirement of the CCP to not supplant provider funds.

10. The Crisis Counseling Assistance and Training Program (CCP) requires mandatory training during the ISP as described in the CCP guidance. Please describe additional training (if any) that you plan to provide and the rationale for providing such training.

Because the clinical guidance regarding COVID19 changes rapidly, all trainings will include the latest scientific facts and best practices on delivering CCP services during the ongoing pandemic. DMH will also smoothly transition trainings from the ISP to the RSP and design each according to the needs of the attendees and the phase of the disaster. The Department of Mental Health (DMH) will deliver the following trainings for Show Me Hope staff:

At the end of March, DMH shared the CCP Framework 2.0 (see attachment A) and held a conference call with interested CMHCs on March 31. All agencies participating in the CCP were encouraged to use the web links for the Just in Time Training, Psychological First Aid, the Basic Forms Training, and Assessment and Referral form training. Many have accessed them on-line already, as feasible, to prepare their CCP team members. These trainings will be pushed out again following our May 14 ISP submission and again upon award. Program Managers will be sent the online CCP Management Training Course to complete ahead of the Core Content training. DMH will be track who completes these trainings.

DMH staff will facilitate conference calls with provider leadership to deliver technical assistance and answer questions on the program services and administration.

Because Missouri has a mix of experienced and new CCP providers, DMH grant leadership will provide one-on-one guidance with each of the new provider teams, by virtual means, to discuss the items outlined below. In addition, each region of the State has an executive liaison: Susan Flanigan for STL/Eastern Region; Beckie Gierer for KC/Western Liaison and Alyssa Borchelt for JC/Columbia/Springfield/Bootheel Central Region.

Elements of the guidance and technical assistance will cover the following:

- Hiring staff to meet program guidelines
- Assimilation of direct staff into workplace culture
- Program emphasis
- Conducting outreach virtually
- Role of Team Lead – providing positive work environment, feedback to disaster staff, etc.
- Crisis helpline/hotline
- Marketing of the Show Me Hope program in the community
- Essential technology
- Fiscal procedures

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- Fiscal monitoring and auditing
- Stress Management
- Role of the Specialists – Media/Communication, Children, Senior and Special Population Specialists.

The State Mental Health Authority (SMHA) has two SAMHSA trainers (Beckie Gierer and Eric Evans) who are DMH staff. They will provide trainings virtually due to COVID-19 and the Center for Disease Control's (CDC) social distancing guidance. A full training schedule will be in place to deliver the following:

- 'Just in Time' CCP Core Content web-based training - This is "to prepare staff to begin providing services to their communities as soon as possible following a disaster, when a full Core Content training may not be possible just yet." This will be done online, and before virtual Core Content training which will be provided by staff at the SMHA.
- Psychological First Aid – This training is uniformly accepted in disaster response disciplines as a best practice and is a necessary baseline training for working with disaster survivors in the immediate period up to the first two to three months following a disaster or trauma. This will be done online, and before Core Content training is provided by the SMHA.
- Basic Data Forms – This one-hour course is for CCP staff to learn how to fill out each data form.
- Assessment and Referral Data forms training – This three-section course, for a total of one hour, provides an overview of assessment and referral tools, how to complete the forms, and how to make appropriate referrals.
- Program Management Training Course – This online course will be offered to all program administrators and managers and provides an overview of key concepts and suggestions for program planning as a complement to the CCP Guidance and ISP and RSP supplemental instructions.
- Core Content – This basic training of the CCP that provides Crisis Counselors with critical information and skills. While typically this is done in the first few weeks of the ISP, mechanisms for ongoing training should be in place to allow new Crisis Counselors to have Core Content Training before working independently within the program. In previous CCPs, the SMHA conducted centralized trainings with participants found it beneficial to all be together, learn from each other and foster team-building. We propose a virtual format for this training due to social distancing requirements of COVID19. All CCP staff will participate via Zoom or WebEx simultaneously. This allows participants to learn from one another, share ideas (as some providers are new and others experienced in the CCP), and expedite training delivery. Core Content training will be offered twice so that initial hires can access the information quickly with a second date designated for later hires. During the Core Content training, FEMA staff will be given a designated amount of time to present about FEMA programs. In addition, the SMHA will provide tips on conducting effective phone conversation as many of the Crisis Counselors will be conducting CCP services via phone calls. Staff are and will continue to be dealing with difficult conversations through agency hotlines or helplines and other state call centers (Department of Health and Senior Services, Department of Labor and Industrial Relations, Department of Social Services, Department of Agriculture, etc.). We will also offer trainings to our sister state agencies as feasible.
- Mentoring Program Training. During the current CCP (DR-4451), a mentoring program was piloted where new provider agency Program Managers and Team Leaders were paired with more experienced provider agency Program Managers and Team Leaders. DMH plans to implement this opportunity again. DMH will host a one-hour virtual training for Program Managers and Team Leaders to pair /design how this program can be beneficial during COVID19.
- Skills for Psychological Recovery – DMH will include Skills for Psychological Recovery training in our program, possibly late in ISP or very early in the RSP. We have two SPR trainers on staff, Beckie Gierer and Eric Evans, who will conduct these trainings as part of their roles and will utilize them both.
- Cultural Competency. Training will focus on Missouri's special populations.
 - o 2 hours in length
 - o Objectives:
 - List three components of culture
 - Related to diversity, state three groups that may be defined as minority
 - Articulate the application of Cultural Humility in terms of its positive impact on member engagement
 - Define two types of bias and state how they impact decision making
 - Identify the four sections of the CLAS standards and implication of health services
 - Identify common social determinants and health care disparities
- Mental Health First Aid – MHFA has been adapted to a virtual setting, and aligns with many of the goals of the FEMA program which uses short-term interventions (not mental health treatment) to help people. Our CMHCS strongly support this evidenced-based program. The training helps:
 - o Understand their current situation and reactions
 - o Mitigate stress
 - o Promote the use or development of coping strategies
 - o Provide emotional support

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- o Encourage links with other individuals and agencies who may help survivors in their recovery process.
- Fiscal Training – we anticipate the State Fiscal Officer along with the SMHA program staff will provide a 2 hour virtual training (via Zoom or WebEx) to provide training on standard invoicing and fiscal expectations for the program. This training will be required for both Program Managers and Fiscal Officers at each provider agency to attend. Fiscal technical sessions will be hosted throughout the ISP and RSP as we plan to apply for that.
- Ask the Expert (ATE) Lunchtime Webinars. DMH will host WebEx sessions for Program Managers, Team Leads and other interested CCP staff featuring colleagues nationwide who have directed CCP programs for their insight and wisdom. Identified (but not yet invited) participants could include Dr. Brian Flynn, Diana Nordboe, Jim Siemianowski, Karl Wilson, Laurent Javois, and Vicki Miesler. Additional topics will be identified and could focus on special populations, COVID19 and related medical/nutrition/ personal health information, etc.

10a. Does the State, Indian Tribal Government, or Territory have experienced CCP trainers? Yes No

PART III: Response Activities

11. Please describe any mental health-specific response activities undertaken from the date of incident to the date of application.

The DMH Office of Disaster Services (ODS) began monitoring COVID-19 when it became labeled a "superspreader" in January 2020. See full time line of actions and milestones in Attachment A

The team watched the virus spread in East Asia and began formulating communication strategies and rekindling planning efforts as it surfaced in Washington state (<https://www.nytimes.com/2020/04/22/us/coronavirus-sequencing.html>).

On January 21, the Director of COOP notified DMH contacts in different divisions/facilities to start reviewing existing pandemic plans. ODS joined the CDC and Missouri Hospital Association web conferences, distributed early guidance to the DMH leadership about the potential of COVID 19 taking a foothold in the U.S. and Missouri, and the Director of Disaster Services pulled/posted/distributed the Pandemic Communications Guidebook <https://dmh.mo.gov/media/pdf/pandemic-communications-guidebook> and pushed COVID19/pandemic concerns during the weekly SMHA Senior Management Team meetings.

On February 26, 2020 the DMH Director of Emergency Management requested wipes and hand sanitizer throughout Central Office. This was followed by an email to the Readi Team (internal emergency response team) and central office staff about the distribution and use of these products during daily business operations. Discussions on remote work and staffing support ramped up in March. The DMH Chief Medical Officer and the Nurse/Hospital Operations Specialist took the lead on preventing spread of the virus. The primary concern was preventing the introduction/spread of COVID19 to staff and patients in our seven (7) psychiatric hospitals or within our staff and consumers at our seven (7) developmental disability (DD) habilitation centers and state operated programs. Our community partners and providers were of great concern as well.

On March 2, the DMH Director held a Central Office briefing regarding pandemic preparedness. The division of behavioral health ordered all hospital facilities to conduct a 100% PPE inventory. DD staff received detailed guidance on preparedness measures for their habilitation centers, and the DD regional offices were prepped on how to work with contract providers. Infection control coordinators began meeting and discussing preparedness measures. Regular COVID19 communication began including emails and several conference calls with the disaster contacts at the community mental health centers (CMHC). Emails and conference calls were conducted with DBH facilities Chief Operating Officers regarding anticipated PPE shortages. On March 7, 2020 the first COVID 19 case was confirmed in St. Louis County. By the middle of March, government restricted visitor access to buildings (including DMH offices, hospitals and habilitations centers), schools closed, large gatherings were restricted (from 1k to 500 to 250 to 10), plus most sports, conferences and meetings began cancelling.

This cascading impact was unprecedented as was the mixed messaging delivered by elected officials at all levels nationwide. As the COVID19 crisis unfolded throughout the nation, Missouri took the following actions resulting in these milestones:

- March 3 Governor Parson's Cabinet Agencies including the Directors, deputy directors and key content experts begin daily briefing/problem solving calls 6 days per week.
- March 11 Missouri Senate leaves state Capitol early, announces 2-week spring break. Missouri House focuses on moving budget and leaves on March 18.
- March 13, Governor Parson declares a state of emergency and President Trump declares national emergency
- March 17 SEMA activates to level 3 and requests ESF-8. Most Missouri Schools close the same day.
- By March 23 all state buildings were closed to the public, the same day STL City and County issued shelter in place orders.
- March 24 Governor Parson Requests Federal Major Disaster Declaration for Missouri in Response to COVID-19.
- March 25, DMH has first positive COVID19 staff member in STL DD facility.
- April 3, Governor issues statewide stay at home order.
- April 7-8. Both chambers of Missouri General Assembly reconvene April 7, 2020, through April 8, 2020, before suspending activity again, this time through April 27, 2020.

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- April 9 Missouri K-12 will not resume in person, will continue distance learning until the end of the school year.
- April 10 First COVID19 death in DMH system with passing of client from Bellefontaine Habilitation Center.
- April 10—Cabinet agency briefings reduced to 5 days per week from 6
- April 28 Missouri receives a Presidential declaration for Individual Assistance in response to COVID-19 for all geographic areas
- May 4—Missouri begins phased return to work with lifting of statewide stay at home orders. STL City and County keep local stay at home orders in place until May 18.
- May 14—CCP application submitted and event remains open with no ending in sight.
- See Missouri's Show-Me Strong COVID19 Recovery Plan here <https://showmestrong.mo.gov/>

The national Disaster Distress helpline was promoted along with COVID19 information on the DMH website starting at the beginning of March 2020.

CMHCs with programs operating under FEMA 4451 requested approval to address COVID19 along with the flood/storm/tornado stressors their service areas. Although initially told no during the regular program call with SAMHSA on March 19, permission was given by FEMA on April 16 to do so. Services for persons impacted by and responding to COVID-19 have been delivered since. A key innovation is the successful deployment for the first time of DMH Behavioral Health Strike Team (BHST) structure at the Alternate Care Site (ACS) in Florissant, MO and at Dignified Transfer Facility (temporary morgue) in Earth City, MO, to support the Disaster Medical Assistance Team (DMAT) and Guard units in charge. DMH is relentless at keeping clients and staff safe but to date has lost 4 patients in St. Louis facilities and found more than 100 staff positive, many asymptomatic. Check this link for current COVID19 positives/deaths in DMH system. <https://dmh.mo.gov/disaster-services/covid-19-information/dmh-positive-cases-data>

It is clear the services needed for this event will exceed Missouri's (and every state's) fiscal resources and staffing bandwidth. The CMHCs and the DMH cannot operate beyond current efforts without federal funding and technical assistance, as outlined in this application.

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PART IV: Budget

12. Attach Standard Form 424: Request for Federal Assistance (SF-424) and Standard Form 424a: Budget Information: Non-Construction Programs. The SF-424 should include all projected operating costs as well as pre-award costs, if any. **Pre-Award Costs:** Non-Federal entities may request reimbursement for costs associated with crisis counseling services provided from the date of the incident to the date of the ISP application. Reimbursement is limited to crisis counseling services allowable under the CCP and not for any other type of behavioral health response and must be approved in writing.
13. Attach a Budget Narrative explaining each line item on the SF-424a. Identify pre-award costs requested, if any.

PART V: Assurances

14. Please acknowledge that the State, Territory, or Tribal Government will comply with the following assurances as referenced in the FEMA-State/FEMA-Tribe agreement and the DHS Standard Terms and Conditions available at <http://www.dhs.gov/publication/fy15-dhs-standard-terms-and-conditions>.

- a. Lobbying: Yes No
- b. Drug-Free Workplace: Yes No
- c. Disbarment and Suspension and Other Responsibility Matters Yes No

15. By signing below, the Governor or Chief Tribal Executive agrees to and/or certifies that:

- The requirements are beyond the State, Territory, or Tribal Government's capabilities.
- The program, if approved, will be implemented according to the plan contained in the application approved by the Regional Administrator.
- The State, Indian Tribal Government, or Territory will maintain close coordination with and provide reports to the Regional Administrator.
- The State, Indian Tribal Government, or Territory's emergency plan, prepared under Title II of the Stafford Act, will include disaster mental health planning.

16. By signing below, the Governor's Authorized Representative (GAR) or the Chief Tribal Executive affirms that the foregoing questions have been answered correctly and truthfully to the best of their knowledge.

Signature

May 14, 2020

Date



5-13-2020

PART VI: Application Checklist

17. The following documents have been submitted with this application:

a. Completed ISP Application	<input checked="" type="radio"/> Yes <input type="radio"/> No
b. Request for Federal Assistance (SF-424)	<input checked="" type="radio"/> Yes <input type="radio"/> No
c. Budget Information – Non-Construction Programs (SF-424a)	<input checked="" type="radio"/> Yes <input type="radio"/> No
d. Assurances for Non-Construction Programs (SF-424b)	<input checked="" type="radio"/> Yes <input type="radio"/> No
e. Budget Narrative	<input checked="" type="radio"/> Yes <input type="radio"/> No