

PROGRAM DESCRIPTION

Department of Public Safety - State Emergency Management Agency

HB Section(s): 8.265

Program Name: Public Health Emergency Preparedness (PHEP) and Hospital Preparedness Program (HPP)

Program is found in the following core budget(s): SEMA Operations

1a. What strategic priority does this program address?

Preparedness and response to public health and medical systems.

1b. What does this program do?

Conduct emergency preparedness by planning, providing technical assistance, and providing resources to ensure both public health and medical systems are prepared to respond to all hazards.

The Public Health Emergency Preparedness Program (PHEP) includes:

- Missouri's Strategic National Stockpile (SNS) and CHEMPACK programs provide life saving pharmaceuticals and medical supplies for use in public health emergencies severe enough to cause local supplies to run out. The stockpile (state and federal) ensures the right medicines and supplies are available when and where they are needed to save lives.
- Planning for community preparedness, community recovery, emergency operations centers, public information, mass care, mass fatality, non-pharmaceutical interventions, and volunteer management.
- Medical Reserve Corps (MRC) is a national network of volunteers organized primarily at the local level to improve the health and safety of local communities. The state program supports local health departments and organizations to recruit, train, and manage MRC units.
- Missouri Disaster Mortuary Assistance Team (MO MORT-1) is staffed by 97 members and includes various medical professionals which also deploy during disasters with fatalities.

The Hospital Preparedness Program (HPP) includes:

- Show-Me Response, i.e. Missouri's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP). Show-Me Response is a database/volunteer management system that verifies identification and credentials of health professionals so that volunteers can respond more quickly during disasters.
- Missouri Disaster Medical Assistance Team (MO DMAT-1) is staffed by 339 members and includes various medical professionals that deploy during disasters. MO DMAT-1 has been invited to participate in special event training opportunities throughout the state such as Fair St. Louis, St. Louis Mardi Gras, and championship sports parades. These real world training opportunities provide command staff and team members with the experience of deploying and setting up ER facilities, rostering and deploying medical and logistic teams, as well as utilizing medical equipment and providing patient care. This is year of since the general revenue has been approved for these events and upon year two, data will be available to report.

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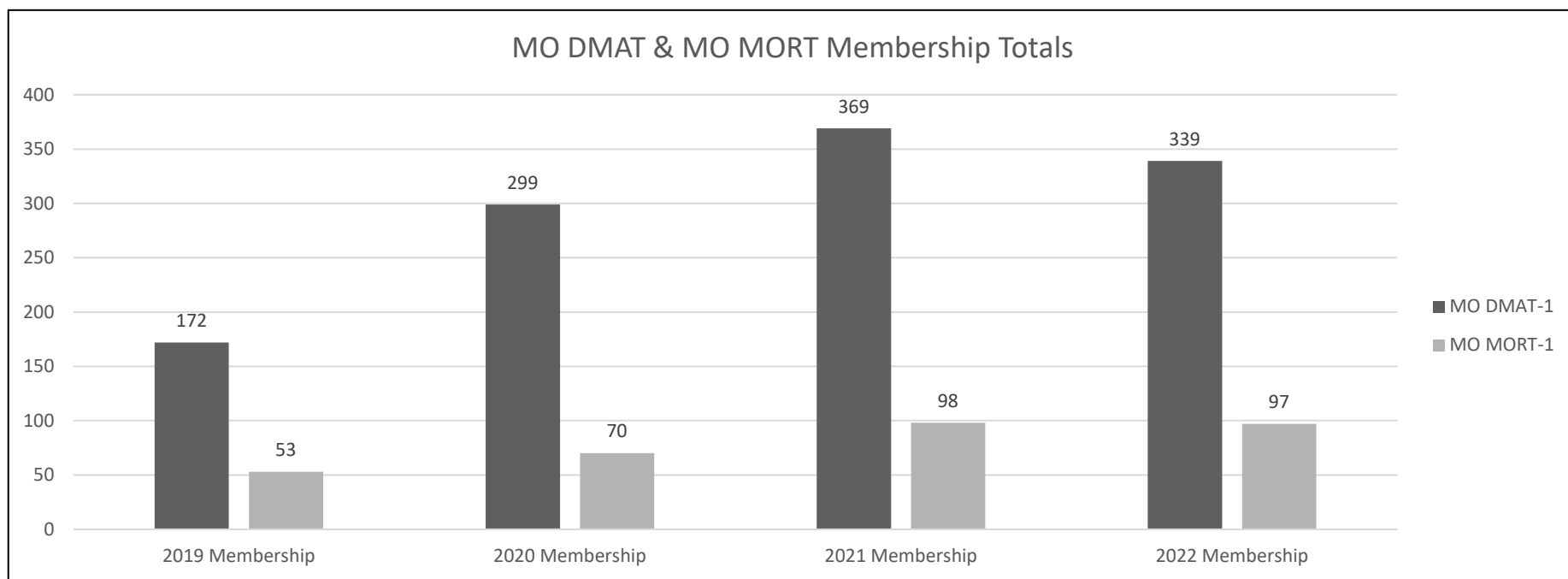
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2a. Provide an activity measure(s) for the program.

#1. MO DMAT-1 and MO MORT-1, Membership Totals

Additional recruiting during FY20 and FY21 resulted in hiring additional DMAT Reserve Team members to assist with COVID staffing, testing, infusion, and logistic missions. FY22 membership total does not include the reserve team numbers as they are not considered part of the core team.



#2. Medical Countermeasures (MCM)/Strategic National Stockpile (SNS) Program

The MCM/SNS Program maintains volunteers needed to distribute medical materials and supplies. The Emergency Response Center (ERC) at the Missouri Department of Health and Senior Services (DHSS) initiates a quarterly drill to notify volunteers and request their availability to respond. Data shows a slight decline in the response rates during first 3 quarters of FY22. During the last quarter, the response rate went up 4.7%.

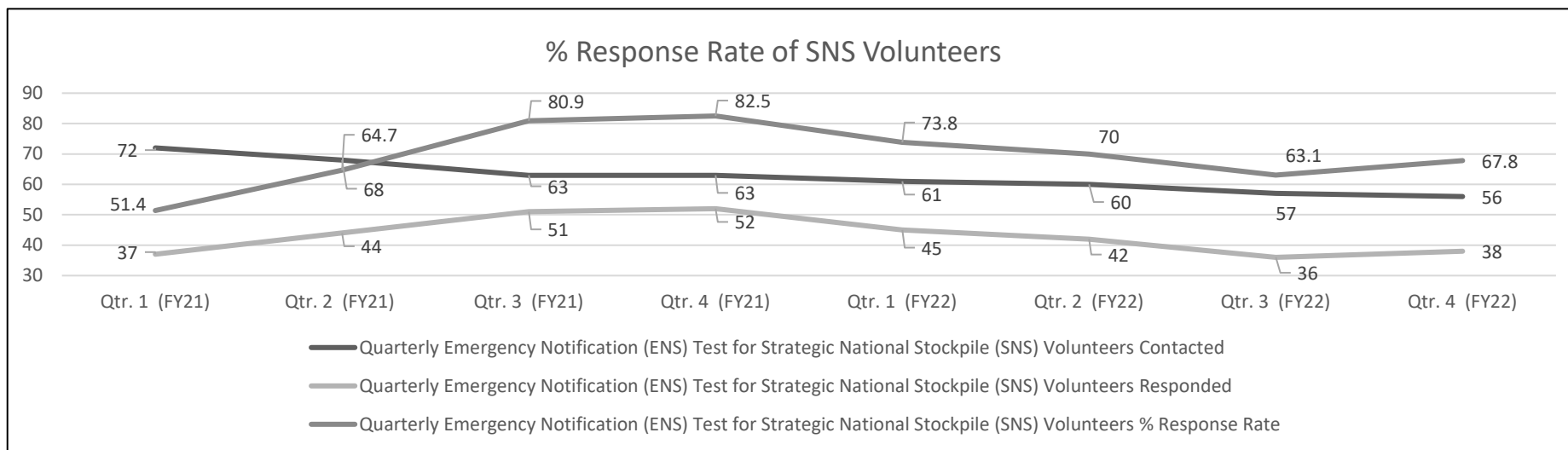
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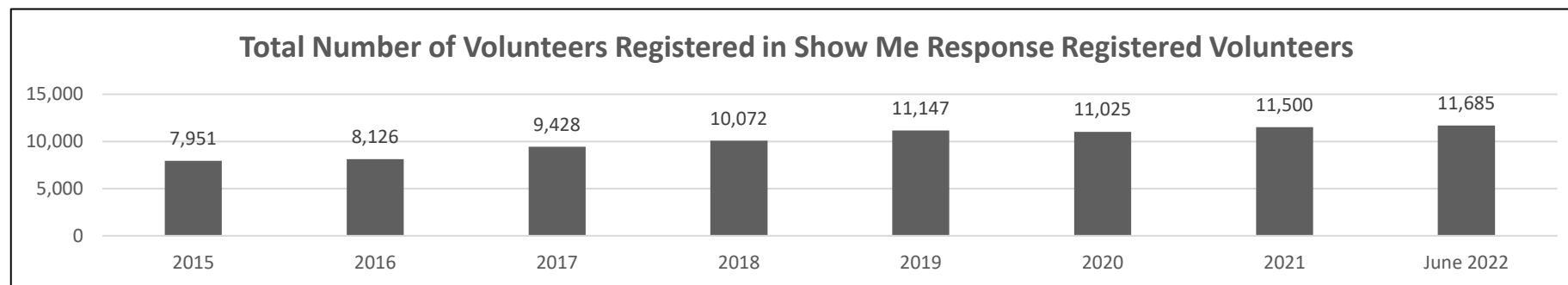
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2b. Provide a measure(s) of the program's quality.

#1. Show- Me Response; Number of Volunteers Registered in Database

A 250% increase in the number of volunteers registered in Show-Me Response occurred in May 2011 due to the Joplin Tornado. Since 2011, the number of volunteers continues to increase showing a positive trend.



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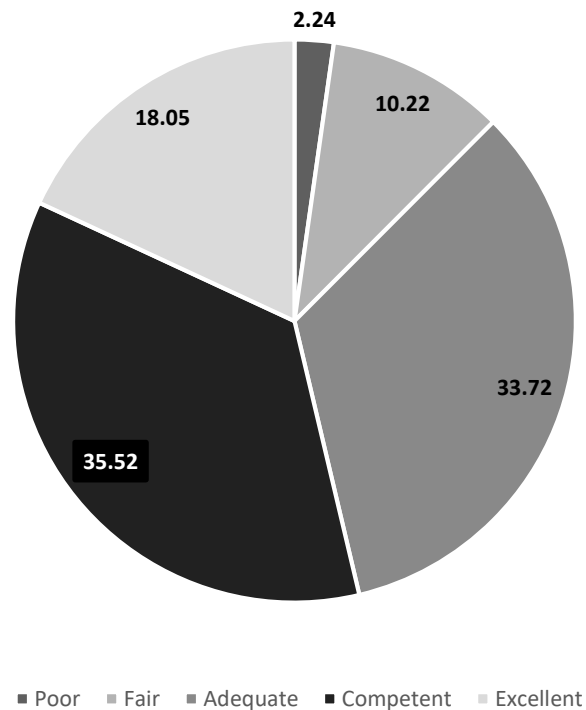
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#2. Show-Me Response Satisfaction Survey

An annual satisfaction survey is completed each year with registered volunteers in the Show-Me Response database benchmarking a quality measure for the program. FY21 survey yielded an 87% for overall satisfaction (Adequate to Excellent). NOTE: This survey was completed August 2021. The program has been unable to complete the survey for FY22, however the survey is targeted for completion later this month. Next year, we will be able to report 2 years of survey results.

Overall Volunteer Satisfaction Survey Results (August 21)



2c. Provide a measure(s) of the program's impact.

#1. Families served post-disaster at Multi-Agency Resource Centers (MARC's)

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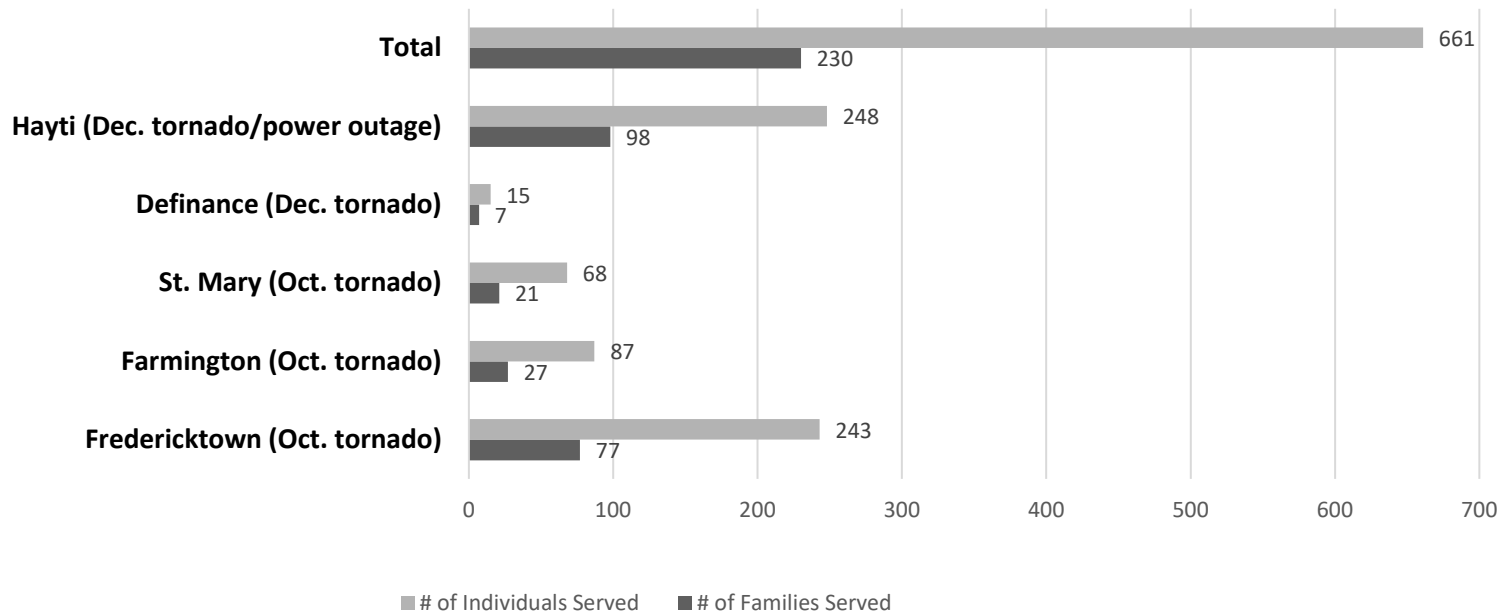
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#1. Families served post disaster at Multi-Agency Resource Centers (MARC's)

Missouri is affected by natural disasters each year due to flooding, tornados, or severe storm activity. After these types of disaster events occur, the Emergency Human Services Team (ESF #7 Mass Care) coordinates Multi-Agency Resource Centers (MARC's) with voluntary disaster organizations to assist families and communities with immediate needs such as debris removal and clean-up services, replacement of food/food stamp benefits, distribute cleaning supplies, and provide additional disaster resources. During FY22, MARC's were set up in communities affected by tornado activity.

MARC's Coordinated in Missouri (FY22)



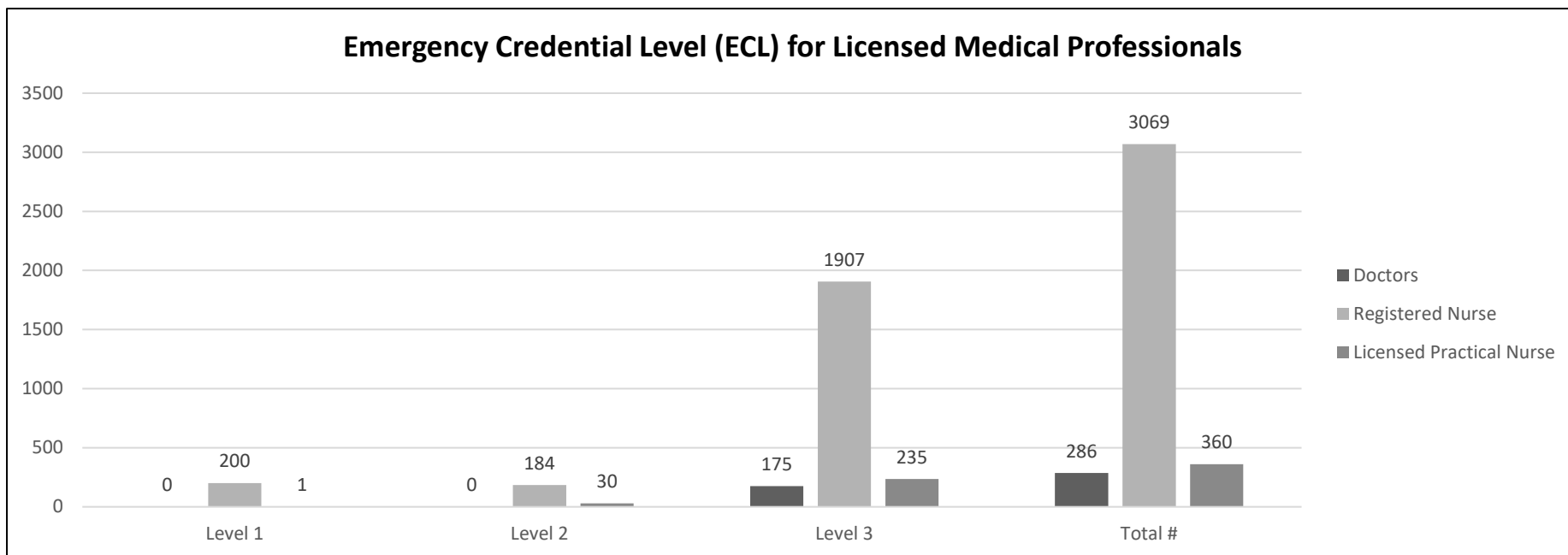
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2d. Provide a measure(s) of the program's efficiency.

#1. Determining Emergency Credential Levels (ECL's)

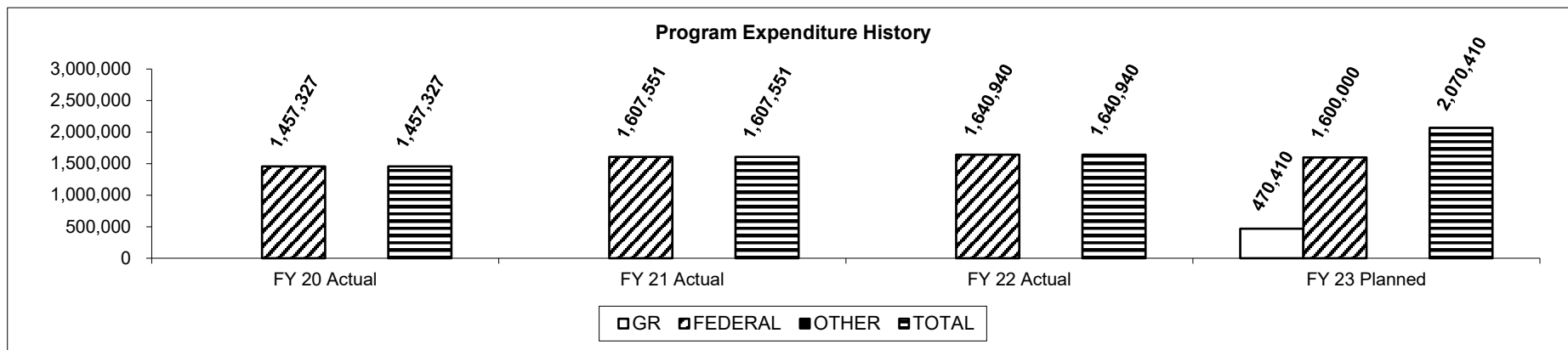
Emergency credentialing standards establish common personnel resource definitions that assist in the efficient ordering and dispatching of personnel during an incident and to ensure that requesting authorities receive the personnel needed. Emergency credentialing levels (ECLs) are as follows: ECL 1: Work according to their license in hospitals. These may be nurses, physicians, or emergency medical technicians (EMTs). ECL 2: Clinically active in any setting other than a hospital and do not have hospital privileges. These may be a clinics, nursing homes, emergency medical transportation, veterinary clinics, etc. They may be nurses, physicians or emergency medical technicians (EMTs). ECL 3: Meet the basic qualification necessary to practice in the state they are registered. ECL 4 or No ECL: These are individual who have healthcare experience or education in an area that would be useful but do not hold a current license. This level may include, but is not limited to healthcare students or retired professions. Note: ECL 1 & 2 for physicians was not tracked, Level 1 & 2 will now be assessed as a measure of volunteer readiness in FY23. Stats represent data from August 2021 to June 2022.



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3. Provide actual expenditures for the prior three fiscal years and planned expenditures for the current fiscal year. (Note: Amounts do not include fringe benefit costs.)



4. What are the sources of the "Other " funds?

No sources of other funds.

*Includes 1x funding of \$245,210

5. What is the authorization for this program, i.e., federal or state statute, etc.? (Include the federal program number, if applicable.)

2019-2024 Public Health Preparedness (PHEP) Cooperative Agreement, CDC-RFA-TP19-1901.

6. Are there federal matching requirements? If yes, please explain.

No match is required.

7. Is this a federally mandated program? If yes, please explain.

No, not federally mandated.