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Introduction



Late afternoon on Sunday, May 22, 2011, the City of Joplin, Missouri, suffered an EF5 tornado, with a path of destruction that was three quarters to one mile wide and over 22.1 miles long, seven miles of which were completely within densely populated areas inside the city limits before tracking into more rural areas of Newton and Jasper counties. The tornado produced over 3,300 injuries and a death toll of 161, making this the seventh most deadly tornado in U.S. history and the deadliest since 1947.

St. John's Regional Medical Center, one of two local community hospitals, was destroyed, requiring the transfer of those it was currently serving to Freeman Hospital and other nearby hospitals in Missouri, Kansas, Arkansas, and Oklahoma. Within two days Taney County's Mobile Medical Unit was set up to assist in emergency treatment of people. Eighty-one physicians' offices and eighteen of their physicians' homes were damaged or destroyed.

When the tornado hit, high school seniors had just completed graduation ceremonies on the campus of Missouri Southern State University. Their high school was completely destroyed. In addition, five other Joplin public schools were destroyed and three more, plus the district's administrative building, were damaged. Seven students and one staff member were killed.

Seven people in the services of the Department of Mental Health (DMH) died, three in the Developmental Disabilities Division and four in the Behavioral Health Division. In addition, numerous consumer and staff homes were destroyed. In the next two weeks, community providers and DMH spent much time locating people in services and finding new housing options for them. Some staff with intact homes actually invited people into their own homes until new housing was arranged. St. John's Regional Medical Center was destroyed, resulting in the loss of 40 acute psychiatric inpatient beds, half of all psychiatric beds in the Joplin area.

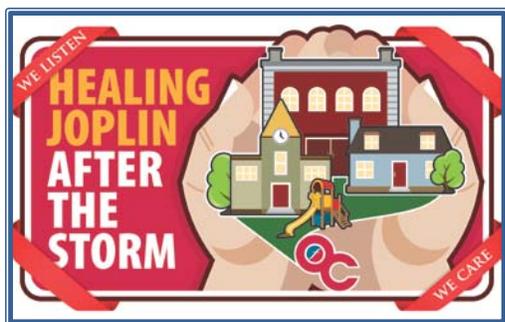
The day following the tornado, with wreckage and destruction everywhere, Newton and Jasper counties were added to the federal disaster declaration already in place following the early May breach of the Bird's Point Levy in southeast Missouri. DMH began gathering data to apply for a federal crisis counseling program grant. DMH deployed staff to the State Emergency Operations Center to coordinate the mental health response. DMH also deployed a staff person with disaster response experience to Joplin to assist Ozark Center in the first few weeks and appointed a single individual to coordinate all of the DMH initiatives that would be necessary during the recovery.

Ozark Center, the area's DMH administrative agent, lost over half of their 14 facilities. Eight structures were totally destroyed or significantly damaged, 47 employees lost homes and/or cars, eight people they served perished, and another 330 were displaced. Despite these losses, Ozark Center mounted an exceptional behavioral health recovery effort. Assisted



by other administrative agents in the region, Ozark Center responded valiantly to the need for crisis counseling and crisis debriefing for police, fire, and other emergency responder personnel. The other administrative agents that assisted include Burrell Center, Clark Community Mental Health Center, and Pathways Community Health.

On June 3, 2013, DMH and Ozark Center met with federal Health and Human Services (HHS) officials in Joplin, including Dr. Nicole Lurie, HHS Assistant Secretary, Pamela Hyde, Director of the Substance Abuse and Mental Health Services Administration (SAMHSA), Judy Baker, Center for Medicaid and Medicare Services (CMS) Region 5 Administrator, and a number of officials from the Administration on Children Youth and Families, to discuss major mental health issues for Joplin and how they could be of assistance beyond the crisis counseling grant.



Also in early June, the Governor's Office and DMH assisted in connecting St. John's Medical Center executives with Preferred Family Healthcare, a DMH alcohol and drug abuse provider who had a treatment facility under construction in Joplin. The facility was sold to St. Johns and, following adaptation, the Hawthorn Center opened in late October providing 32 acute inpatient psychiatric beds.

The pending mid-June start of summer school and concern over the long-term impact on children led to a number of initiatives funded by DMH, the Missouri Foundation for Health (MO FH), and the US Department of Education (US Dept Ed). These initiatives included training for teachers, a child trauma treatment center, and in-school therapists and case managers.

When a federal disaster declaration qualifies for individual assistance, the Federal Emergency Management Agency (FEMA) funds crisis counseling and outreach via two grant mechanisms; the Immediate Services Program (ISP) provides funds for up to 60 days of services immediately following a disaster declaration, and the Regular Services Program (RSP), which provides funds for up to nine additional months following a disaster declaration. These programs establish a clear distinction between crisis counseling and traditional mental health services. Crisis counseling services are designed to support short-term interventions that include goals of assisting disaster survivors in understanding their current situation and reactions, mitigating stress, assisting survivors in reviewing their disaster recovery options, promoting the use or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors in the process of recovery to their pre-disaster level of functioning. Individuals in need of services beyond crisis counseling are referred to the existing local mental health treatment system.



Shortly after the disaster, DMH amended an already existing FEMA ISP grant and received \$708,636 to provide outreach and crisis counseling. The subsequent RSP grant totaled \$3,425,765 for Jasper and Newton counties to expand and continue outreach and crisis counseling through the end of July 2012. Based on demonstrated need, this grant was extended through the end of September 2012. The DMH contracted with Ozark Center and the program was branded *Healing Joplin*.

As a result of the visit and conversations with HHS and SAMHSA officials, DMH submitted a SAMHSA Emergency Response Grant (SERG) in late September 2011. The one-year \$990,335 grant provided

behavioral health treatment for people who needed more than crisis counseling but had no other source of payment. The grant also provided prevention services focused on increased risk of substance abuse, domestic violence, and other negative behaviors following a disaster. The DMH contracted with Ozark Center and the Community Partnership of the Ozarks (United Way of the Ozarks) to deliver these services through the end of September 2012.

Throughout the ensuing months, these agencies provided remarkably effective and innovative services. The lessons learned during the planning and delivery of those services not only served a critical need for the survivors, but also provides a foundation of knowledge for preparing for and responding to future major disasters.

September 30, 2012, marked the end of the major, federally funded, Joplin mental health recovery initiatives administered by the Department of Mental Health. However, significant needs continue to be addressed by a number of more local funding sources. Joplin continues to serve as a model for disaster response in its example of how essential federal assistance can be transitioned to more local support for long-term recovery. **Attachment 1** is an overview of mental health recovery initiatives and **Attachment 2** is a summary of sustainability of mental health recovery efforts.

This report attempts to capture a few of the many highlights and lessons learned from the two major federal initiatives: the Crisis Counseling Program and the SAMHSA Emergency Response Grant.

Crisis Counseling Program

Following a federal disaster declaration that qualifies for individual assistance, funding to create a Crisis Counseling Program (CCP) is potentially available to State Mental Health Authorities (SMHA) from the Federal Emergency Management Agency (FEMA) through two grant mechanisms; the **Immediate Services Program (ISP)**, which provides funds for up to 60 days of crisis counseling and outreach services immediately following a disaster declaration; and the **Regular Services Program (RSP)** provides funds for up to nine additional months following a disaster declaration.

The mission of the CCP is to assist individuals and communities in recovering from the effects of natural and human-caused disasters through the provision of community-based outreach and psycho-educational services. The CCP supports short-term interventions that include the counseling goals of assisting disaster survivors in understanding their current situation and reactions, mitigating stress, assisting survivors in reviewing their disaster recovery options, promoting the use or development of coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies who may help survivors in the process of recovery to their pre-disaster level of functioning. The CCP model is strengths-based, anonymous, outreach oriented, culturally competent, conducted in nontraditional settings, designed to strengthen existing community support systems, and based on an assumption of natural resilience and competence.

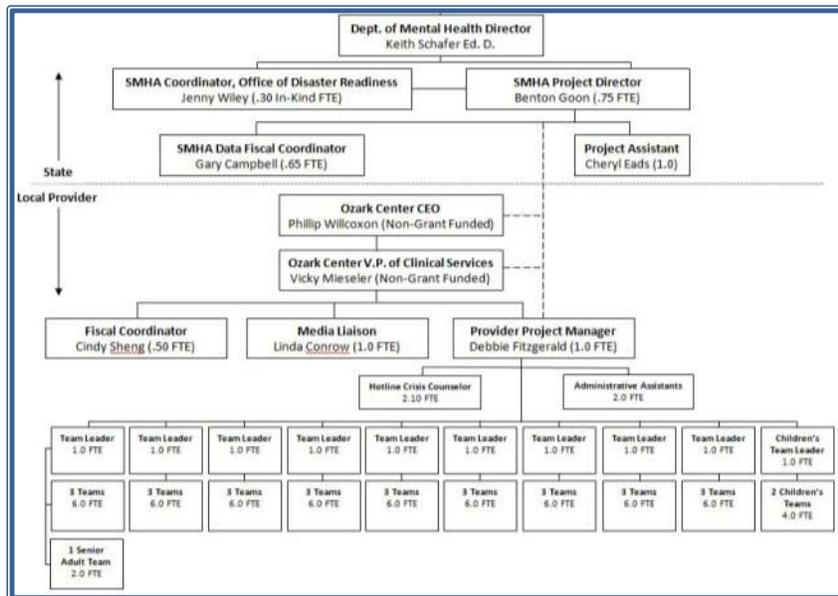
Experience has shown that there are some typical behavioral health reactions following a major disaster. Some people will have severe reactions, but few will develop diagnosable conditions. Most people do not seek help or treatment and, in fact, often reject help. Therefore, crisis counselors are paraprofessionals under the supervision of a mental health professional. They are provided extensive training in delivering services of the CCP model and in providing referrals to other mental health and social services beyond the scope crisis counseling.

Shortly after the EF5 tornado in Jasper and Newton counties, DMH amended an already existing ISP grant and received \$708,636 to hire 35 crisis counselors to provide outreach and crisis counseling in the Joplin area. The grant also included funding for crisis hot-line phone staff and public information media. The subsequent RSP grant totaled \$3,425,765 for Jasper and Newton counties to expand crisis counseling to 70 crisis counselors and continue public information through the end of July 2012. Based on demonstrated need, the grant was extended through the end of September 2012. The DMH contracted with Ozark Center and the program was branded *Healing Joplin*.

Figure 1 represents the administrative structure of *Healing Joplin* when at full staffing during the RSP.

Healing Joplin quickly became an integral part of the community recovery process. The crisis counseling staff

Figure 1



demonstrated the ability to make meaningful contact with the individuals affected by the disaster. *Healing Joplin* leadership and staff were particularly successful in finding innovative non-threatening methods to reach survivors and establish the program as part of the community fabric.

In its RSP application, FEMA formulas estimated that 28,558 people could benefit from services (21,419 from primary services and 8,139 from secondary services). **Figure 2** indicates which services are primary and which are secondary. Actual numbers served by *Healing Joplin* staff during the RSP and extension were over 195,000 people receiving brief educational and supportive services and over 33,000 individual crisis counseling contacts. More than 21,000 individual crisis counseling contacts were first visits, almost 70% of the total visits. Additionally, *Healing Joplin* delivered almost 7,500 group counseling and public education services. Based on the original estimate, *Healing Joplin* far exceeded expectations.

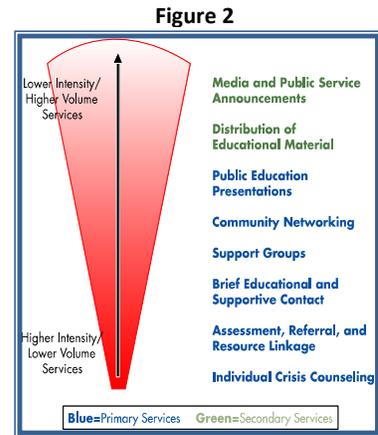


Figure 3

Primary Services	
Brief educational or supportive contacts	237,682
Individual crisis counseling services (all visits)	38,539
Individual crisis counseling services (1 st visits)	25,597
Referrals (number)	47,888
Group counseling and public education contacts	8,245
Community networking contacts	27,849
Telephone contacts	24,051
E-mail contacts	6,865
Secondary Services	
Materials handed out	214,054
Materials mailed out	74,441
Materials left in public places	255,119

Figure 3 represents the total services provided by *Healing Joplin* during the ISP, RSP, and extension (5/9/2011 through 9/25/2012).

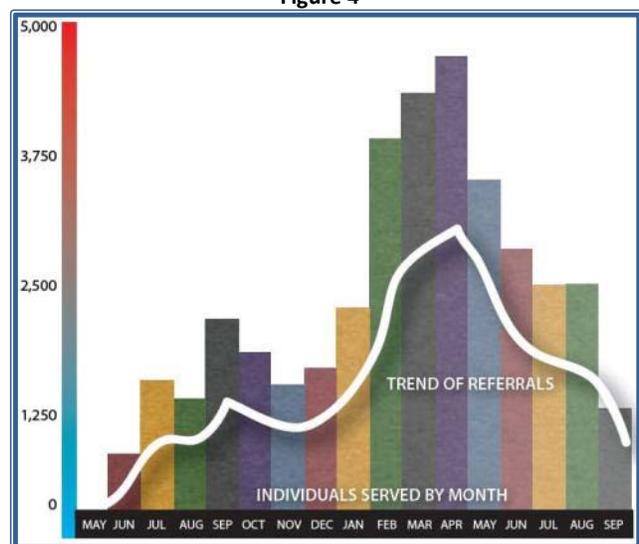
Figure 4 represents the monthly crisis counseling contacts and trend in referrals to other services during the ISP, RSP, and extension. Following the ramp up of the ISP period, there were over 1,700 contracts each month, with the exception of November and December and the final month of the program. The monthly individual counseling numbers went down significantly during the fall of 2011 months to a low of 1,414 and began to go up again in mid-February to over 4,000, continuing at a high rate through the end of May. The

reduction most likely related to the onset of the winter months when people were spending more time indoors, while the increase in February 2012, is most likely attributable to both the early warm weather and the arrival of significant storms in the area ahead of the normal storm season.

During the RSP and extension period, 8.8% of the crisis counseling contacts were over 60 minutes, 8.1% were 45 through 59, 25.6% were 30 through 44, and 56.8% were 15 through 29 minutes. More than 42% of the crisis counseling sessions were more than 30 minutes.

Eighty-nine percent of first time visits were with adults. This large percentage is due to the numerous other behavioral health initiatives focused on the youth of the area including, but not limited to, the DMH funded children's trauma center and the U.S. Department of Education's Immediate Services Grant to the Joplin schools. The largest group served was 40 to 64 years old at 38%, followed closely by 18 through 30 years old at 36%.

Figure 4



Fifty-eight percent of people visited for the first time were female. Ninety-two percent of first visit people were white and 6% were black or African American. One percent was Native Hawaiian\Pacific Islanders, and 1% Asian. The data is consistent with the makeup of the population in the affected area.

Ninety-four percent of people visited for the first time identified as not Hispanic or Latino. Ninety-nine percent identified English as their primary language. Less than 1% identified Spanish or other.

Figure 5



Figure 5 indicates that, during the course of the *Healing Joplin* project almost 48,000 people were referred for additional crisis counseling or other services. Fifty-eight percent were referred to crisis counseling services, 23% to other community services, 17% to mental health treatment, and 2% to substance abuse treatment services. As with the crisis counseling data, referrals slowed down in the fall of 2011, picked up around December, grew steadily from

February through April 2012, and then began to reduce. This is considered a reasonable pattern given the onset of winter and the early storms in February 2012.

Healing Joplin Training

An essential component of outstanding service delivery is excellent training. Since the crisis counseling model depends primarily on para-professionals it was critical that they receive high quality training. Throughout the program period there were a number of required one and two day trainings that included: “Core Content”, “Transition to RSP”, “Mid-Project”, “Anniversary”, and “Phase Down Trainings”. Each of these trainings focused on what issues most commonly arise during a specific phase of disaster recovery and the skills to assist people with those issues. Additionally, since the Joplin event is such a major one, there were three specialized “Skills for Psychological Recovery” trainings conducted by the National Center for Child Traumatic Stress NCCTS (NCCTS). These trainings covered:

- Skills for Psychological Recovery (SPR) techniques that included practice activities;
- Advanced training that utilized elements of Healing After Trauma Skill (HATS), which is an evidence-informed intervention designed primarily for pre-kindergarten through middle school children who have experienced a trauma/disaster;
- Advanced training on adapting SPR for older adults, including those who reside in nursing homes; and
- Ongoing consultation was provided by NCCTS for three months to the counselors to build their confidence in using the SPR intervention and to help solve any issues that arose during the implementation phase of the program.



Each of these trainings was conducted by nationally known and federally qualified trainers, such as April Natural, Ph.D. (Director, New York mental health response to 9/11/01), Linda Ligenza, LCSW (former SAMHSA disaster trauma special expert), Conor Seyle, Ph.D. (Associate Director, Research and Development, One Earth Future Foundation), Melissa Brymer, Ph.D. (Director, Terrorism and Disaster

Programs, UCLA-Duke National Center for Child Traumatic Stress); and Robin Gurwitch, Ph.D. (Program Coordinator, National Center for School Crisis and Bereavement).

Along with the trainings provided by the grant, Ozark Center made a number of other trainings available to *Healing Joplin* staff, including:

- Hold My Hand - Training to recognize and respond to grief in children of all ages.
- Connect 2 Protect - Several local agencies sponsored this trauma and recovery training.
- QPR - Question, Persuade and Refer suicide prevention training.
- QPR-T Question, Persuade, Refer and Treat suicide prevention training.
- Compassion Fatigue
- Mental Health First Aid
- Phase-down Experience - During the anniversary and phase down training, several of the crisis counselors requested the opportunity to speak with someone from a previous crisis counseling program about their experience during phase down. Kathy Harman, Project Director for the 2007 Greensburg, Kansas, tornado CCP was contacted and agreed to come and talk with the *Healing Joplin* staff to share her experience of phase-down.

Healing Joplin Highlights

The highly visible bright blue color of the *Healing Joplin* t-shirts with red lettering on the back made *Healing Joplin* staff immediately recognizable throughout the area.

Healing Joplin was innovative in employing non-threatening methods to interact with people affected by the tornado. As a result, thousands took comfort from the services that may have never availed themselves of such services otherwise. Some examples of these approaches follow and can serve as ideas for future response. *Healing Joplin* staff:



- Attended most community-wide events held throughout Jasper and Newton counties. These included any festival, walk or marathon, concerts, meals, give-away events, parades and memorial events. Being at places where survivors were present afforded opportunities to mingle and provide support in a non-threatening manner. This also allowed crisis counselors to build trust with survivors. Survivors were able to seek support in a non-traditional setting when they were ready to share their story or seek out a resource for themselves, family, friends or co-workers.
- Utilized "Healing After Trauma Skills for Children" training to help children design and create the "Tree of Hope Mural" at the Joplin Boys and Girls Club. The product of more than 200 boys and girls, the mural serves as a memorial and helped children, staff and parents process their grief over the loss of three peers who attended the club. The "Tree of Hope" mural is permanently on display at the Joplin Boys and Girls Club.

- Reached out to homebound seniors and/or disabled citizens within the community by partnering with the Meals on Wheels program. During the weekly frozen meal delivery, the Meals on Wheels worker would introduce the *Healing Joplin* staff and hand a *Healing Joplin* program brochure to the family as well as the resource list.
- Served as student tutors in the Joplin public school's Together Reaching Every Kid (TREK) Tutoring program. One of the more common reactions in teenagers after a disaster is risky behaviors. TREK assists students with those reactions and provides positive coping behaviors. These sessions were held twice a week for 12 weeks. While tutoring, *Healing Joplin* staff built rapport with the youth and encouraged them to share their stories. Once students were feeling more emotionally stable, grades and abilities started to return to pre-disaster levels of functioning.
- Found it best to canvas the entire neighborhood when attempting to reach out to a displaced person. This prevented singling out the person to the neighbors; Staff also found many other affected individuals while canvassing neighborhoods in this manner.

While canvassing door to door, the Healing Joplin staff met a woman who shared her story for the first time. A long-time employee of St. John's Hospital, she now took a roundabout route to get to her physician so she didn't have to drive the destroyed hospital. How difficult the evening of May 22nd was for her assisting a man using a wheelchair and oxygen tank, down 5 flights of stairs to safety. She had not shared her story over the past 7 months, had been keeping it in but, when Healing Joplin showed up and asked, she decided that it was finally time to get it off her chest. She thanked them and asked them back for another visit in two weeks.

Healing Joplin children's specialty teams visited local daycare centers. They talked with children about their feelings asked them to describe and act out the feelings. They also used a song written by staff - "123 Breathe With Me, Let's See How Calm We Can Be". The kids would go from a standing, moving position to a quiet seated position while singing. On a return visit to one of the centers by Healing Joplin staff the children burst into the song when they arrived. The center director said the children automatically began singing when it was windy or especially stormy and they all calm themselves. She also reported that they used the song when things become a little chaotic and again, the kids calmed down. A couple of the kids said they taught the song to their parents and they used it at home.

- Received a list of 30 nursing homes and residential care centers from the Department of Health and Senior Services where Joplin residents had been relocated. *Healing Joplin* staff contacted and visited those facilities to offer information and support.
- Attended the long-term disaster case manager coffee each month to foster a relationship that benefited disaster survivors within the community and helped model skills used with survivors for the case managers who would be passed the *Healing Joplin* torch at the close of the CCP program.
- Participated in back-to-school welcome orientations at the three local colleges and hosted a resource table for students returning for the summer and fall classes.
- Passed out tissues at several community wide memorial events with "Tears Are Healing" message within a blue teardrop on the package. When a *Healing Joplin* community crisis worker noticed any community member crying they would offer the tissues and engage in conversation with the disaster survivor.
- Developed a song entitled "1, 2, 3 Breathe With Me"

for the Heritage YMCA emergency preparation and Joplin pre- and elementary schools' emergency drills to comfort children who were feeling stressed or anxious.

- Rode the Joplin City Lamp District trolley bus routes and chatted/visited with riders, many of whom were disaster survivors who had lost their vehicles in the tornado.
- Participated in the six-month and the 12-month community anniversary events. At the one year "Unity Walk", crisis counselors were stationed along the walking route to offer water and emotional support to volunteers and participating citizens. Some staff partnered with the



Community Partnership of the Ozarks Block Party (SERG funded) at the old Irving Elementary School site. Many children talked about their old school and shared their stories while having a fun time on a sad day. During these events, *Healing Joplin* staff handed out pinwheels and bubbles to the children to help ease the stress of the anniversary and to promote positive thoughts about the wind and weather.

Healing Joplin successfully employed a number of collaborations. Some examples include:

- Collaborated with the Missouri Department of Corrections, Restorative Justice Program. The offenders in the program donated cases of cooling neckties. During the extreme heat of the summer following the storm, crisis counselors iced down the neckties in coolers and passed them out to survivors, volunteers, law enforcement officials, National Guard, and construction and utility workers. It provided heat relief as well as an opportunity for the workers to share their stories with the *Healing Joplin* community crisis counselors. This program also provided heavy weight fidget quilts or blankets. These items provided a sense of focus and calm for seniors and children who were struggling with reactions from the storm. (These items were donated by the inmates.) Ozark Center expressed their appreciation to the inmates by traveling to Jefferson City to meet them and present them with materials for future projects.
- Participated in the Shoal Creek Water Festival, including the cardboard boat races, to make participants aware of *Healing Joplin* and crisis counselors available to participants in a non-threatening setting.
- Partnered with The Bridge, a local community youth drop-in activity center, to co-facilitate the "Man-Up" and "My Life" classes for high school students. These were student-driven life skills seminars with emphasis on students taking responsibility for their actions, as well as learning coping skills for everyday life.



- Co-hosted “Rebuilding the Holidays” with a local church. This family-focused event in December 2011 served over 900 individuals residing in the FEMA temporary housing units. The event offered an opportunity for families to interact with crisis counselors and prepare for the first holiday season post disaster, making new family traditions. Families received a \$25 gift card, a three-foot pre-lit artificial Christmas tree, a box of ornaments, and were able to visit and get a picture with Santa. They enjoyed cookies with *Healing Joplin* community crisis workers; constructed their own Christmas ornament, and each parent could select three gift-wrapped toys for each child at the event. All gifts for this event were donated by local businesses.
- Worked with media to provide public information relevant to emotional reactions and recovery. Those efforts included, but were not limited to, print ads each Sunday in the Joplin Globe, PSAs and interviews on local radio stations, television interviews on local stations, and articles about the program in local, state, and national newspapers and magazines.

The *Healing Joplin* Project Manager participated in regular federal, state, and local agency conference calls that targeted the two specific areas of child caring agencies and services for older adults. The calls helped to coordinate the efficient utilization of all available resources, including those of volunteer organizations. The calls were particularly helpful to the local efforts. The child care call resulted in agencies and organizations working closely together to assist child caring agencies in responding to local daycare needs. The older adult call focused on the mental health needs, response, and coordination of resources. The call enhanced communication and efficient and effective response at the local level.

During the RSP extension and program phase-down, the plan of service included building neighborhood resilience through the Map Your Neighborhood (MYN) program. MYN was developed in the state of Washington and brought to Missouri by Dr. Greg Hempen. It entails a collaborative effort of neighbors helping neighbors.



Neighbors gather and are guided through a process to list needs, assets, useful skills, training and tools that they as members of a specific neighborhood might possess. A facilitated, goal-oriented meeting assists in acquainting and connecting new and old neighbors, while providing information about how to assist each other. Rebuilding healthy social connections is an integral factor in the recovery process. The MYN program fulfills many of the objectives outlined in Skills for Psychological Recovery training:

- Feeling needed, understood, and cared for;
- Feeling of belonging;
- Feeling one is not alone or isolated;
- Building confidence in handling problems;
- Feeling reassured that others will help; and
- Getting good advice when facing a difficult situation.

Healing Joplin staff and organizations were trained in the MYN facilitator course. This facilitator training prepared individuals to provide MYN presentations, lead neighborhood hosts’ orientations and to train other facilitators. Individuals were recruited to host neighborhood meetings to complete a neighborhood plan. *Healing Joplin* workers offered to attend, when invited by a host of a neighborhood meeting, to continue to support families and to assist as needed in plan preparation. Dr. Hempen, the coordinator of MYN, provided the facilitator training at no charge for his time.

Healing Joplin staff dealt with intense situations on a day to day basis and many of them were themselves survivors. From day one, stress management was a very important element of the program. Debriefings with staff were required at the end of each shift and each staff member was discussed in weekly team leader meetings to identify any observed stressors or change in behavior. Many staff also attended training by Dan Diamond, M.D., entitled “How to Stay in the Game When Your Stuff is All Gone,” which stressed ways to cope with extraordinary circumstances.

Healing Joplin Lessons Learned

The credentialing issue related in the best practices section was critical. Community mental health centers and behavioral health agencies should consider setting up agreements between agencies to provide these services in the event of a major disaster. Those agreements should also include coverage by mental health providers for the initial period until a CCP program can be launched.



Healing Joplin found that branding of the project, from day one, was extremely important.

Healing Joplin found that crisis counselors have to go where people are and sometimes slowly build their trust to be able to serve them successfully.

In building the *Healing Joplin* team, diversity and management skills of staff were critically important.

Healing Joplin had low staff turnover and high staff morale throughout the program. A staff survey was developed by the project manager to identify interests and strengths and was useful in developing teams.

Healing Joplin staff found the Skills for Psychological Recovery (SPR) training to be most beneficial and expressed that it was needed earlier in the project. Consideration should be given to making SPR a required training. Perhaps it could be a component of the Transition to RSP training.

Healing Joplin quickly discovered that it was necessary to adjust the schedule of crisis counseling staff so they were working when people in need were available. Early evening hours were important.

Healing Joplin leadership utilized specialty teams to reach youth and older adults and found this method very beneficial in effectively reaching specific populations.

The Long-Term Recovery Committee (LTRC) determined that a mental health professional should be present at the LTRC offices. As an alternative to LTRC hiring one separately, *Healing Joplin* offered to provide a mental health professional from their staff. This proved mutually beneficial to both *Healing Joplin* and the long-term case management program. This established a formal linkage and communication between the two programs utilizing the CCP referral process.

Finally, even with the phase down training, many *Healing Joplin* staff still had a difficulty preparing to leave the project. The *Healing Joplin* project manager worked with the DMH project director to host Kathy Harmon, the project manager of the “green shirts” in Greensburg, Kansas. Ms. Harmon spoke to the *Healing Joplin* staff about the process of ending a Crisis Counseling Program, the emotional aspects, and the problems associated with phase down within the project itself and in the community at large. This was very helpful and, in the future, more time training and debriefing for staff separation is important.

SERG – SAMSHA Emergency Response Grant

Governments struggling to meet community addiction and mental health needs in the aftermath of disasters can apply for an Emergency Response Grant (SERG) from the Substance Abuse and Mental Health Services Administration. The grants available to public entities are considered “funds of last resort,” and are intended to meet addiction and mental health needs beyond crisis counseling and for which existing resources are inadequate. The shortfall must be “the direct consequence of a clear precipitating event”.

Conversations about unmet needs began during the June 2011 visit by top administration for the federal Department of Health and Human Services. Further discussions led to DMH applying for and receiving a SAMSHA Emergency Response Grant (SERG) on September 30, 2011, which focused on behavioral health treatment for:

- Unemployed or under-employed individuals and their families, particularly those whose employment status was the direct result of the economic impact of the tornado;
- Individuals who had been identified in the Crisis Counseling Program (CCP) of the FEMA ISP/RSP grants and through other community referral sources as having experienced mental health and/or addictions issues associated with trauma resulting from the tornado or its aftermath;
- Individuals who had been referred to the Ozark Center for mental health and/or addictions treatment, utilizing the most clinically appropriate program of care, ranging from traditional trauma-focused psychiatric and recovery based treatment services to more intensive modalities such as Assertive Community Treatment with a trauma emphasis; and
- Individuals who lacked Medicaid eligibility, other 3rd party insurance or other resources necessary for paying for such services, and thereby constituting an uncompensated care burden on any service provider.



The grant also included funding to support prevention services focused on increased risk of substance abuse, domestic violence, and other negative behaviors following a disaster. The one year grant totaled \$990,335.

Treatment Services

Treatment services funded by the SERG were contracted through Ozark Center. Services included a full spectrum of behavioral health services to be available as appropriate including, but not limited to:

- Psychiatric Evaluation/Treatment and Medication Services
- Individual, Family, and Group Therapy Services including, but not limited to: Trauma Focused Cognitive Behavioral Therapy; Trauma-Grief Cognitive Behavioral Therapy; Abuse-Focused

Cognitive Behavioral Therapy; Trauma Focused Parent-Child Interaction Therapy; Dialectical Behavior Therapy; Illness Management & Recovery; Professional and Peer Case Management; and Assertive Community Treatment

At the time of admission and each quarter, each individual in service was screened to assess progress toward resolution of the underlying trauma using the Assessment of Event Reactions (AER) tool.

The project would be considered completed when fewer than five referrals per quarter were received, and when more than 80% of the episodes of care were completed. The project never reached either the five referral or the 80% marks, continuing through the end of the grant period.

Treatment Highlights

In its grant application, Missouri estimated the grant would serve 196 individuals who met the admission criteria to receive treatment. The final number served was 204, exceeding the estimate. Of those served:

- 23 reported problems with drug and alcohol use after the storm but only one required residential treatment, and the remainder were treated in outpatient services;
- 37 reported some form of domestic violence that began or increased in severity after the storm;
- 54 individuals were served in case management services;
- 24 individuals were admitted to Ozark Center's Inpatient Psychiatric Unit; and
- 25 were served in didactic sessions.

Some of the significant outcomes include:

- A review of clinical records of people served found that 84% had experienced at least one traumatic event prior to the tornado;
- For the grant period, the average pre-treatment AER score was 46.82 and the average post treatment score was 31.07 (n=56 people who completed a pre- and post-screening during their course of treatment), an improvement of 15.75 points, or 66%;
- Throughout the grant period, no-show rates for appointments held steady at roughly 21%;
- 23 people were considered to have successfully completed treatment by the end of the grant period;

Treatment Quotes

"I have been watching the news about the tornadoes in Dallas. I'm glad I have someone to talk to that doesn't think I am crazy."

"Since I have been talking to my therapist, I haven't been having nightmares anymore."

"My husband and I are doing so much better now. He isn't as anxious and snappy anymore."

"My family really notices a change in me since I began seeing a therapist, I'm much happier."

"It is nice knowing that there are others out here going through the same things I am going through."

"I thought I would be ok after the anniversary but it seems worse now."

"Held on as long as I could, but I'm sinking deeper faster."

"I keep dreaming about tornado zombies."

"It's more than a year later and I still sleep fully clothed with everything around me, ready to run."

"Counseling with Connie has helped me in a lot of ways especially with my family."

"I don't drink as much now and I can sleep."

"The best thing about counseling is that I have some control over my life again."

"It is helping me get back to where I used to be before the tornado."

"They helped me find a house and deal with storms."

- All people who were active on the caseload as of September 29, 2012, were considered to be stable and improving;
- All people still in service at the end of the grant period were successfully transitioned to other service providers and/or funding sources to continue services. (see **Attachment 2 – Sustainability of Efforts**)

Treatment Lessons Learned

Contracting with external treatment providers took more time than anticipated.

The referral process was modified to ensure that those identified by *Healing Joplin* and Access Crisis Intervention (ACI) were referred in a seamless and clear manner.



Lack of transportation continued to be an impediment for clients' access to care. Solutions included accessing mass transportation for those within the city limits. Other options, including taxi services and mileage reimbursement for use of private vehicle, were also made available through SERG funding.

Though Ozark Center enjoyed a good relationship with employment agencies in Joplin, more specialized access and coordination, perhaps in a "one-stop-shopping" type of service delivery model, might have improved interaction with these agencies. The hope and purposefulness that employment provides increases the resilience of those suffering significant loss in other areas of life.

Collaboration with inpatient psychiatric service providers to identify potential SERG clients upon admission and to ensure appropriate follow up with SERG therapists upon discharge was very beneficial.

It was anticipated that the majority of patients referred would have their trauma-related behavioral health needs successfully resolved and would be able to terminate from services within one year or less. This assumption proved incorrect for the majority of those who entered services. This was a reasonable assumption for individuals who had no previous significant trauma in their lives. However, 84% of those treated had at least one traumatic event prior to the tornado. These previous traumas created complex dynamics and longer treatment needs. Of the 204 individuals who entered into treatment during the course of the grant, only 23 had successfully completed treatment at the end of the grant.

The SERG grant was a crucial piece of the recovery for the Joplin community. The ability to immediately accommodate the surging number of clients allowed the safety net to remain strong. The flexibility of providing a broad range of services has been immensely helpful.

Tele-health played a significant role in being able to meet treatment demand. Ozark Center already had telehealth equipment and, with the assistance of DMH, contracted with the University of Missouri, School of Psychiatry, to remotely provide psychiatric evaluations. This method was very popular with people being served, demonstrated by a lower no-show rate for this service. Mental health providers should consider the development of a business relationship with a tele-health provider, including drafting policies and procedures, so that the initiation of tele-health services (particularly for psychiatry) can occur quickly after a major disaster. Such cooperation cannot be assumed; work toward establishing such agreements pre-event would be beneficial.

Although Ozark Center already had significant training in debriefing and evidence-based practices to serve children affected by trauma, more focus on training for adults was needed.

Immediate services from an outside organization are critical to assist in training staff to deliver post-disaster mental health services, providing the opportunity for staff to debrief confidentially and help them with their own self-care.



Prevention Services

Prevention services were contracted to Community Partnership of the Ozarks (United Way of the Ozarks) (CPO) and Ozark Center (OC). Services to be delivered under the prevention portion of the grant were substance abuse, domestic violence, and suicide prevention including:

- Community-wide Media Campaign (CPO)
 - Track 1 - Implemented throughout the grant period with heavy emphasis during the first four months. Included messaging through television, radio, social media, billboards and newspapers, targeting adults and focusing on connecting to local resources those adults who were at risk for substance abuse and interpersonal violence.
 - Track 2 - Also targeted adults to increase awareness of issues Joplin teens were experiencing and resources to help them. Two focus areas were teen substance abuse and unhealthy relationships, including dating violence and bullying, and messaging on signs of teen substance abuse and unhealthy relationships, as well as contact information of local agencies available to help those youth and their families.
 - Track 3 - Emphasized opportunities for the community to focus on pro-social activities and hope for the future by introducing the Developmental Asset model to the community.
- Parenting and Awareness Program (CPO)
 - Two evidence-based parenting programs to help maintain healthy family management practices as a high priority and to connect at-risk families to additional resources to help meet immediate needs.
 - Five-session Guiding Good Choices program for parents of youth ages 9-14 was held three times to educate parents about the dangers of teen substance abuse and how to establish good communication skills and family management practices that reduce the risk that children will engage in substance abuse.

Prevention Quotes

"It's so exciting to see that even in the midst of devastation families are growing stronger, closer and more committed to healthy relationships...Many have suffered the tragedy of a major natural disaster followed by loss of loved ones and jobs, displacement, and financial crises, but their families are emerging with new and healthier practices and relationships. We intentionally talk with participants about the Prevention Program, the Community Partnership of the Ozarks, and our gratitude for making this training possible."

"This was a wonderful opportunity to help our families to tangibly experience the life-changing Developmental Assets. This parenting group accomplished so many things, not limited to: allowing our families to learn through their own experiences and the experiences of the other families, giving our families an opportunity to build assets together, and seeing interactions that helped in counseling work that we are doing with families, building acceptance and responsibility in our families. These were just a few of the ways that our families benefited from this class. Thanks so much for being a part of changing the lives of families in the Joplin Area!! "

"At the Habitat for Humanity neighborhood block event, three families were given the keys to their newly built homes at the kickoff to the event. One of the children ran up to their parents and excitedly told them about meeting some of the kids in the neighborhood and learning they would be going to school together. As she ran back to play with her new friends, her parents expressed to staff that she had been so scared to come back in the area, and that this event had allowed them a stress free way to get to know some of the others who now lived near them and given the children an opportunity to have fun and make friends".

- Child Parent Relationship training (also called Filial Therapy) was held two times to teach parents to use some of the same skills that play therapists use with children experiencing social, emotional, or behavioral problems. The ten week program taught how to regain control as a parent, help child develop self-control, effectively discipline, limit inappropriate behavior, understand emotional needs, and communicate more effectively with the child.

- Community–Wide Developmental Asset Campaign (CPO)
 - Alternative activities, such as neighborhood block parties, assisted with neighborhood and community attachment. Targeted youth and families through collaboration with youth organizations. Also targeted people displaced by the tornado for relief from day-to-day pressures of recovery and a sense of being valued by the community.
 - Two Developmental Asset conferences were held in Joplin to empower people to feel more positive and connected to the community. Targeted faith communities, businesses and service providers.
- Suicide Prevention (OC)
 - Twelve gatekeeper training sessions of Question, Persuade, and Respond (QPR) and two Question, Persuade, Respond and Treat (QPRT) training sessions for mental health professionals.
 - Five Signs of Suicide (SOS) school programs for the Joplin R-VIII School District.

Prevention Highlights

More than 50,000 people were served through the substance abuse and domestic violence prevention effort. This number was derived from an estimate of those reached by the media campaign and the number attending parenting programs, meetings, neighborhood block events, presentations, and conferences.

Trained 2,054 youth in SOS and 834 adults in QPR. Almost 700 of the adults were Joplin R-VIII School District staff. An additional 24 mental health professionals were trained in QPR-T.

Media Campaign

- The Missouri Foundation for Health (MFH) 2012 REEL CHANGE film series featured a film entitled "Who We Are Now - Joplin: One Year Later". A SERG funded billboard was highlighted in the film. The full video can be seen at <http://vimeo.com/41120487>.

Child Parent Relationship Training

- 60% of parents completing both pre- and post-surveys reported a positive increase in at least 3 of the target outcome areas.

Guiding Good Choices

- On post-surveys, 100% of parents agreed or strongly agreed that parents can reduce the chance that their children will begin using drugs;
- 75% agreed or strongly agreed that children who are bonded to their families are less likely to use drugs;
- 75% agreed or strongly agreed that there are times when it's important to control your anger and not express it right away; and
- 88% of parents agreed or strongly agreed that it is important for family members to practice anger management skills together, even if it makes them feel uncomfortable at first.

Neighborhood Block Events (NBE)

- 23.5% of survey respondents said they would continue using Developmental Assets at home.
- 100% said they were very satisfied with the event and would attend a similar event or tell a friend.

In-Service Trainings:

- 90% of attendees reported that they felt the information provided would be a useful tool for the youth and families in their program.
- 55% of attendees said they would use the information daily and 34% said they would use it 1-2 times per week.

Safe Teens Coalition

- The Coalition requested that Community Partnership of the Ozarks provide monthly presentations on the Developmental Assets model to increase their knowledge and ability to effectively implement strategies into their annual work plan.

- The Coalition chair and Community Partnership of the Ozarks prevention specialist wrote an ADA mini-grant to continue to implement this model in the Joplin community. The coalition was awarded this funding in October 2012.

Suicide Prevention

Typically, the response from the students in the trainings to the following questions averaged around 4 to 5% answering yes.

- Have you ever made a plan about how you would kill yourself?
- Have you ever tried to kill yourself?
- Do you think seriously about killing yourself?
- Have you tried to kill yourself in the last year?

Joplin Middle School students data, 6th through 8th grade, 218 students trained in Signs of Suicide (SOS), February 2012 – April 2012:

- 41 indicated that they have seriously thought about suicide = 18.80%
- 22 indicated that they have made a plan as to how they would kill themselves = 10.09%
- 11 indicated that they have made an attempt = 5.04%

Joplin High School students data – 9th through 12th grade, 1,301 students trained in Signs of Suicide (SOS), February 2012 – April 2012:

- 87 indicated that they have seriously thought about suicide = 6.69%
- 72 indicated that they have tried to kill themselves in the past year = 5.53%
- Total combined data for Joplin school students, 6th through 12th grade trained in SOS, February 2012 – April 2012:
 - Students indicating that they have seriously thought about suicide = 128 or 8.4%
 - Students indicated that they have tried to kill themselves or attempted = 83 or 5.5%
- Total students trained = 1,519, with 13.9% of the students either considering suicide or had already attempted suicide

Child-Parent Relationship Training
A fun program for parents and caregivers of children ages 0-13
Wednesdays, February 1 to April 11, 2012
6:00-7:30 PM
Location: The Alliance of Southwest Missouri
2914 E. 32nd Street, Joplin, MO 64804
Facilitators:
Larry Beckett, MS, CSC, LPC, RVE, RPTS
Joyce Wilkerson, MS, CSC, LPC, RPTS, SPE

FREE with FOOD and Childcare

Topics Covered:

- Regaining control as a parent
- Helping your child develop self-control
- Effectively disciplining and limiting inappropriate behavior
- Understanding your child's emotional needs

Please RSVP to Sallie Hughes at 417-782-9899

Childcare provided by Hour Kids at 2909 E. 4th Street
Joplin, MO 64801

DON'T LET ONE DISASTER LEAD TO ANOTHER

COMMUNITY PARTNERSHIP

Prevention Lessons Learned

Initially, due to the federal budget restrictions, food for parenting programs at the Business Conference Center was not an allowable expense using grant funds. Donations were sought and received to provide food for participants and a request to use a limited amount of the SERG funds to provide food at community events was also approved by the federal grant officer.

Early on, few residents participated in activities and services being offered at the Human Services Campus (HSC) located at the FEMA temporary housing site. Community Partnership of the Ozarks staff

worked with HSC and *Healing Joplin* on door-to-door distribution of information regarding services for all residents. Additionally, Community Partnership of the Ozarks maintained a monthly presence at site meetings and collaborated with other organizations to increase availability of services.

During the Guiding Good Choices program, staff contacted participants weekly in an attempt to maintain their attendance.

The slogan “Don’t Let One Disaster Lead to Another” was well received and resonated with the community. Efforts will be made to continue the use of the slogan at the local level.

Parenting programs were extremely well attended. Parents and care givers coping with a great deal of stress during the recovery process found assistance in helping them to identify how to support their children and significantly reduce stress.



People generally don’t think about the substance abuse and domestic violence issues that will emerge following a major disaster. This experience has made it clear that prevention professionals and organizations need to become involved in their local disaster planning efforts.

It is important for prevention professionals and organizations to get involved in the disaster recovery process as soon as possible.

Prevention needs that arise following a major disaster extend well beyond the normal one year grant period so it is important that sustainability be considered from day one.

The most effective method of getting the message out appeared to be by using simple messages and repeating them many times and in many ways.

It is important for prevention professionals and organizations to build relationships in their communities so that prevention is seen as an important part of disaster planning and recovery.

It is also important to think about the language used in communicating with disaster survivors. In the case of Joplin, the word “tornado” seemed to conjure very negative reactions in survivors. As time passed words like the “storm” or “event” seem to have less negative connotations.

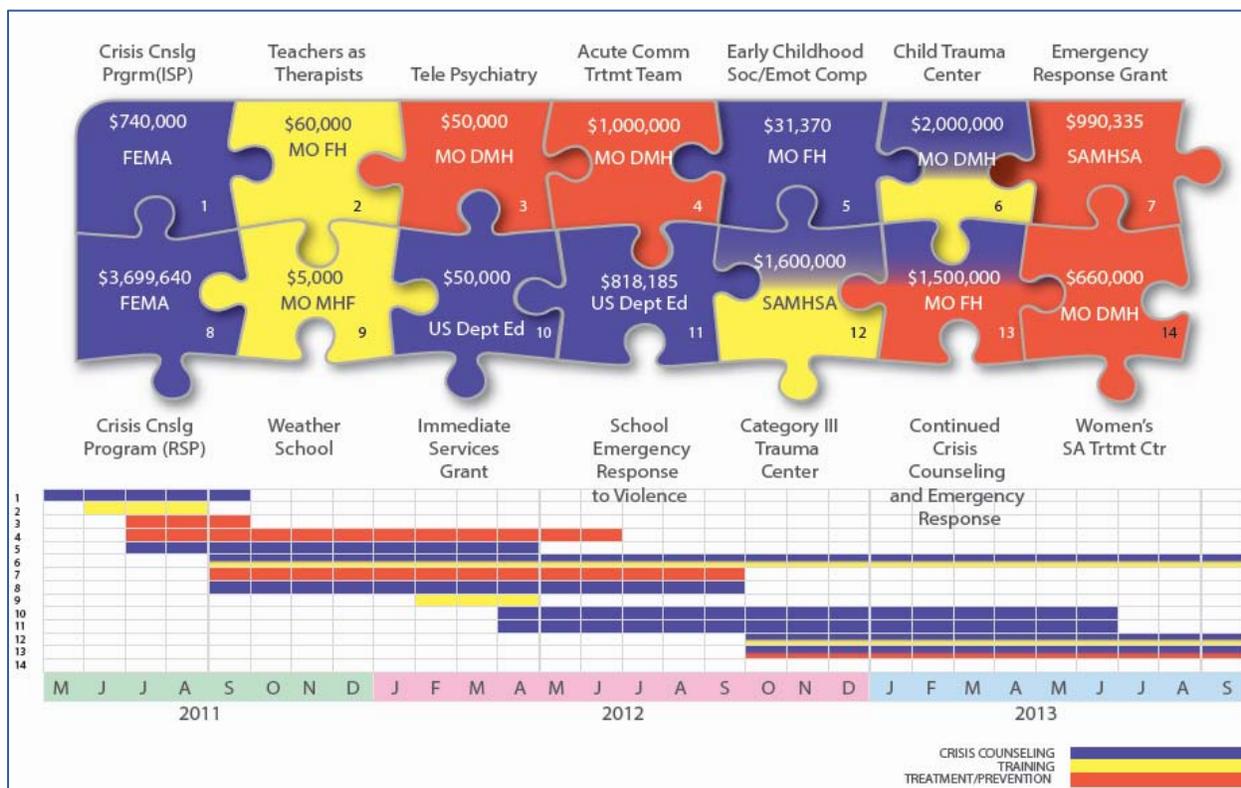
Community Partnership of the Ozarks is developing a tool kit for Disaster Response that will be made available to DMH and other prevention organizations to, hopefully, support them in planning for and responding to major disasters.

In the case of disaster recovery prevention efforts following a major disaster, the ability to provide some transportation and food at prevention activities can be critically important. Individuals attending may have lost their own personal transportation, so getting to the event is difficult. The availability of a small meal or snack during an activity can greatly help a person who has set aside time to attend when they are dealing with so many pressing personal challenges and needs.

Attachment 1

Overview of Mental Health Recovery Initiatives

Given the scope destruction of the May 2011 event, there were, and continue to be, multiple initiatives focused on the mental health recovery in the Joplin area. The graphic below represents the various initiatives with the funding source, focus of service, and timeline of each. The two US Department of Education Grants listed were neither awarded to, nor under the administration of, the Department of Mental Health or Ozark Center but are included due to the interface with the other initiatives.



Funding Source Key:

FEMA Federal Emergency Management Administration	MO DMH Missouri Department of Mental Health	MO FH Missouri Foundation for Health
MO FMH Missouri Foundation for Mental Health	SAMHSA Substance Abuse and Mental Health Services Administration	US Dept Ed United States Department of Education

FEMA Crisis Counseling Program Grant (FEMA) - 1 and 8

The Missouri Department of Mental Health (DMH) received two Crisis Counseling Program grants which were funded by the Federal Emergency Management Agency and administered by the Substance Abuse and Mental Health Services Administration. DMH contracted with Ozark Center to provide the services which were delivered under the branding of *Healing Joplin*.

Teachers as Therapists (MO FH) - 2

The Missouri Foundation for Health funded Ozark Center to bring Arshad Husain, M.D., an internationally known trauma expert from the University of Missouri – Columbia, to train teachers and administrators in the Joplin schools in preparation for children returning to both summer and the regular school year.

Tele-psychiatry (MO DMH) - 3

A backlog of people needing psychiatric evaluations resulted from half of the psychiatric beds in Joplin being destroyed. The Missouri Department of Mental Health funded and Ozark Center contracted with the University of Missouri Psychiatric Department to provide psychiatrists to conduct psychiatric evaluations via tele-psychiatry. Some tele-health services were also funded through the SERG (#7 below).

Assertive Community Treatment Team (MO DMH) - 4

Also due to the loss of psychiatric inpatient beds, the Missouri Department of Mental Health funded Ozark Center to implement an Assertive Community Team (ACT) at Ozark Center. ACT is an evidence-based practice that utilizes a community-based, multi-disciplinary team to divert people from inpatient psychiatric and get some hospitalized patients out of the hospital sooner by wrapping psychiatric treatment services around the person where they live.

Early Childhood Social and Emotional Competency (MO FH) - 5

The Missouri Foundation for Health funded the Ozark Center to deliver the Response Social-Emotional Competency Project, which provided training and on-site observation and support for teachers to positively affect the lives of the young children. A trained coach assisted teachers in observing children for potential “red flags” in social-emotional development, with referrals to more individualized interventions and services. Additionally, 5,000 comfort kits were distributed to all early child care facilities and day care facilities in the Joplin area.

Child Trauma Treatment Center – Will’s Place (MO DMH) - 6

Governor Jay Nixon approved \$2 million to provide critical mental health services to children and families impacted by the tornado. Six partner organizations and agencies, including DMH and Ozark Center, signed an official memorandum of understanding to launch the center.

Named Will’s Place in honor of a Joplin High School student who perished in the tornado, the center focuses on training personnel at schools, churches and other organizations to identify children who are experiencing trauma and on referring to or providing specialized mental health treatment and services to children and families.

Treatments and services provided include: cognitive behavior therapy, parent-child interaction therapy, grief behavioral therapy, clinical diagnosis, treatment and medication for depression or anxiety, and other critical services.

The initiative also funded five trauma treatment professionals and five trauma case managers in the Joplin schools to deal with affected youth.

SERG Grant (SAMHSA) - 7

The Missouri Department of Mental Health received a one year the Substance Abuse and Mental Health Services Administration Emergency Response Grant (SERG) to fund mental health and substance abuse

treatment services for people impacted by the Joplin tornado needing behavioral health treatment beyond crisis counseling, and who had no other source of payment. A mental health and substance abuse prevention component focused on individuals displaced by the tornado and the Joplin general public. Ozark Center was contracted to provide the treatment and suicide prevention services in the grant and Community Partnership of the Ozarks was contracted to provide the substance abuse and domestic violence services. Ozark Center was responsible for coordination of the treatment and prevention activities at the local level.

Weather School (MO FH) 9

During Missouri Severe Weather Awareness Week the Missouri Foundation for Health funded Ozark Center to deliver "Weather School", which was conducted at eight Joplin schools. Gary Bandy, chief meteorologist for television station KSN in Joplin, led the class. The class focused on how to identify different clouds, what causes tornadoes and what to include in emergency kits. *Healing Joplin* took part in each class to assist the children.

Category III Trauma Center – Will's Place (SAMHSA) 12

In the fall of 2012, Ozark Center and Will's Place were awarded a Substance Abuse and Mental Health Services Administration Category III Trauma Center grant. This grant allows Will's Place to continue its focus on training within the structure of the National Child Traumatic Stress Network. Funding from this grant began October 1, 2012, and can be renewed for four years.

Continued Crisis Counseling and Emergency Response (MO FH) 13

Ozark Center received funding from the Missouri Foundation for Health effective October 1, 2012, to continue three services considered critical to the ongoing recovery of Joplin:

- Two crisis counseling staff to continue the very successful "Map Your Neighborhood" activities that were funded in the extension of the Crisis Counseling Program grant;
- Two additional crisis counseling staff to focus on the families who remain in the FEMA temporary housing units; and
- Ongoing treatment needs of people who were served by the SERG grant, as well as people who are just now experiencing emerging serious mental health issues as a result of the disaster.

Women's Substance Abuse Treatment Center (MO DMH) 14

Due to damage to substance abuse treatment facilities in Joplin, the Missouri Department of Mental Health provided one-time funding for women and their children in need of substance abuse treatment, as well as housing supports and transition services for youth in substance abuse treatment until new resources could be developed.

Immediate Services Grant (US Dept Ed) 10

The United States Department of Education grant was awarded to Joplin public schools to help provide local students and education staff with academic and mental health services. To avoid duplication of service, these services were coordinated with the FEMA funded crisis counseling program and Will's Place.

School Emergency Response to Violence (US Dept Ed) 11

As the Federal Emergency Management Agency crisis counseling program was ending and the Missouri Department of Mental Health's Will's Place funding was reduced, this United States Department of

Education grant was awarded to the Joplin public schools, allowing them to continue the services of the trauma treatment specialists in the schools for an additional year.

Attachment 2

Joplin Mental Health Recovery Sustainability Summary

September 30, 2012, marked the end of the major, federally funded, mental health recovery initiatives administered by the Missouri Department of Mental Health. As detailed below, ongoing needs are being addressed by a number of local funding sources. This is an excellent example of how much needed federal assistance can be transitioned to more local support over the course of time. As with the entire mental health recovery process, Joplin continues to be a model for future disaster response.

Sustainability of Mental Health Recovery Efforts in Joplin

The Crisis Counseling grant that funded *Healing Joplin* ended September 25, 2012. The SERG grant that funded mental health, substance abuse and domestic violence prevention and treatment services ended September 30, 2012. Both grants contributed greatly to the mental health resiliency and recovery of the community; however, there continues to be significant unmet disaster-related needs and several organizations stepped up to address those ongoing needs.

The Missouri Foundation for Health funded Ozark Center for the following services for one year.

- Two staff to continue the very successful "Map Your Neighborhood" activities that were funded in the extension of the Crisis Counseling grant. This activity brings people together in neighborhoods to prepare, as a group, for response to future disasters. It serves to both, make people more prepared, and to build a sense of community in those neighborhoods being rebuilt with new people moving there.
- Two staff to continue to focus on the families who remained in the FEMA temporary housing units and to assist them with the transition, employing principles of psychological recovery. Originally there were 586 households in FEMA Temporary Housing Units in Joplin. That number was down to 200 by the end of September 2012. From projected move out dates, the estimate was that there would be 66 households remaining after the November 2013.
- Funding to cover the ongoing treatment needs of people who were served by the SERG grant, as well as people who are just now experiencing emerging serious mental health issues as a result of the disaster. These funds provide services for people who are either uninsured or underinsured and have no other means to fund their needed mental health treatment services.
- DMH continued the funding of two extra crisis hot-line workers that were added under the Crisis Counseling grant. Call volume continues to be higher than prior to the storm. The prevention activities in the SERG grant that were administered by the Community Partnership of the Ozarks were very successful and, during the delivery of the grant services, the Partnership purposely sought many relationships and collaborations that allowed them to continue efforts beyond the end of the grant.

Will's Place (Child Trauma Treatment Center)

Recognizing the tremendous effect that this disaster would have on the children of Jasper and Newton counties, as well as many in surrounding areas, Governor Nixon approved \$2 million in one year funding to provide critical mental health services to children and families affected by the tornado.

- As part the sustainability plan, Ozark Center, with the assistance of DMH and the Missouri Institute of Mental Health, made application for the Department of Health and Human Services, SAMHSA National Child Traumatic Stress Network Initiative - Category III Community Treatment and Services Centers Grant (CFDA No. 93.243).

- Community Treatment and Services (CTS) Centers - (Category III) are primarily service programs that implement and evaluate effective treatment and services in community settings and youth serving service systems and collaborate with other NCTSN centers on clinical issues, service approaches, policy, financing, and training issues.
- On September 17, 2012, Senator Roy Blunt notified Ozark Center that they were awarded \$400,000 per year, for four years.
- On September 24, 2012, Governor Jay Nixon held a press conference at Will's place to announce the award.
- In addition to the SAMHSA funding, DMH contributed funding to support the Will's Place for an additional year.

Ozark Center / Joplin Schools Texting Proposal

Following the May 2011 tornado, DMH assisted Ozark Center and the Joplin schools in preparing a proposal to fund a system that would use modern media to improve communications for youth, as well as adults seeking emotional support during the recovery.

- A committee from Ozark Center, the Joplin R-VIII School District and DMH, with the assistance of SAMHSA, identified and reviewed two systems and selected one operated by AnComm, Inc. This system is currently in place in over 400 schools nationally and is utilized by the Mississippi Department of Mental Health to support its 24-hour help line.
- The system allows its users to communicate with teachers, counselors, etc. (in the case of schools) and with helpline call staff (in the case of the Mississippi DMH) via texting and email, which has become a preferred method of communication for youth and young adults.
- The system also allows the schools and mental health agency to send messages and alerts.
- The proposal would allow Ozark Center to have individuals register to access their crisis hotline via text and email and would allow schools in Joplin, both public and private, to offer texting and email communication to their students and families.

Over the course of the past year, the proposal was sent to two private foundations with no success. In May, Ozark Center sent the proposal to the City of Joplin, and in July, they approved first year funding for the project (\$30,000). Preparations are now underway to install and implement the project in both the Ozark Center Crisis Center and the Joplin public schools.

Funding for the remaining 4 years was included in the Missouri Foundation for Health award.

Map Your Neighborhood Program

The Missouri Foundation for Health funded two staff for one additional year to continue the Map Your Neighborhood effort.



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