

# Fall Preparedness Summit

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September 1<sup>st</sup> 9:00 a.m. – 4:00 p.m.  
Missouri Primary Care Association



MISSOURI DEPARTMENT OF  
**HEALTH &**  
**SENIOR SERVICES**

# Agenda



|              |                                                                                     |                       |
|--------------|-------------------------------------------------------------------------------------|-----------------------|
| 9:00 – 9:15  |    | Welcome               |
| 9:15 – 9:30  |    | DHSS OEC Updates      |
| 9:30 – 12:00 |    | Speaker Presentations |
| 12:00 – 1:00 |    | Lunch on your own     |
| 1:00 – 2:30  |    | Speaker Presentations |
| 2:30 – 2:45  |    | Break                 |
| 2:45 – 4:00  |  | Speaker Presentations |
| 4:00         |  | Closing               |



# **Welcome**

# Agenda



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# OEC Updates

## ☐ PHEP

- ☐ PHEP SOW

- ☐ FY26 Work Plans

## ☐ HPP

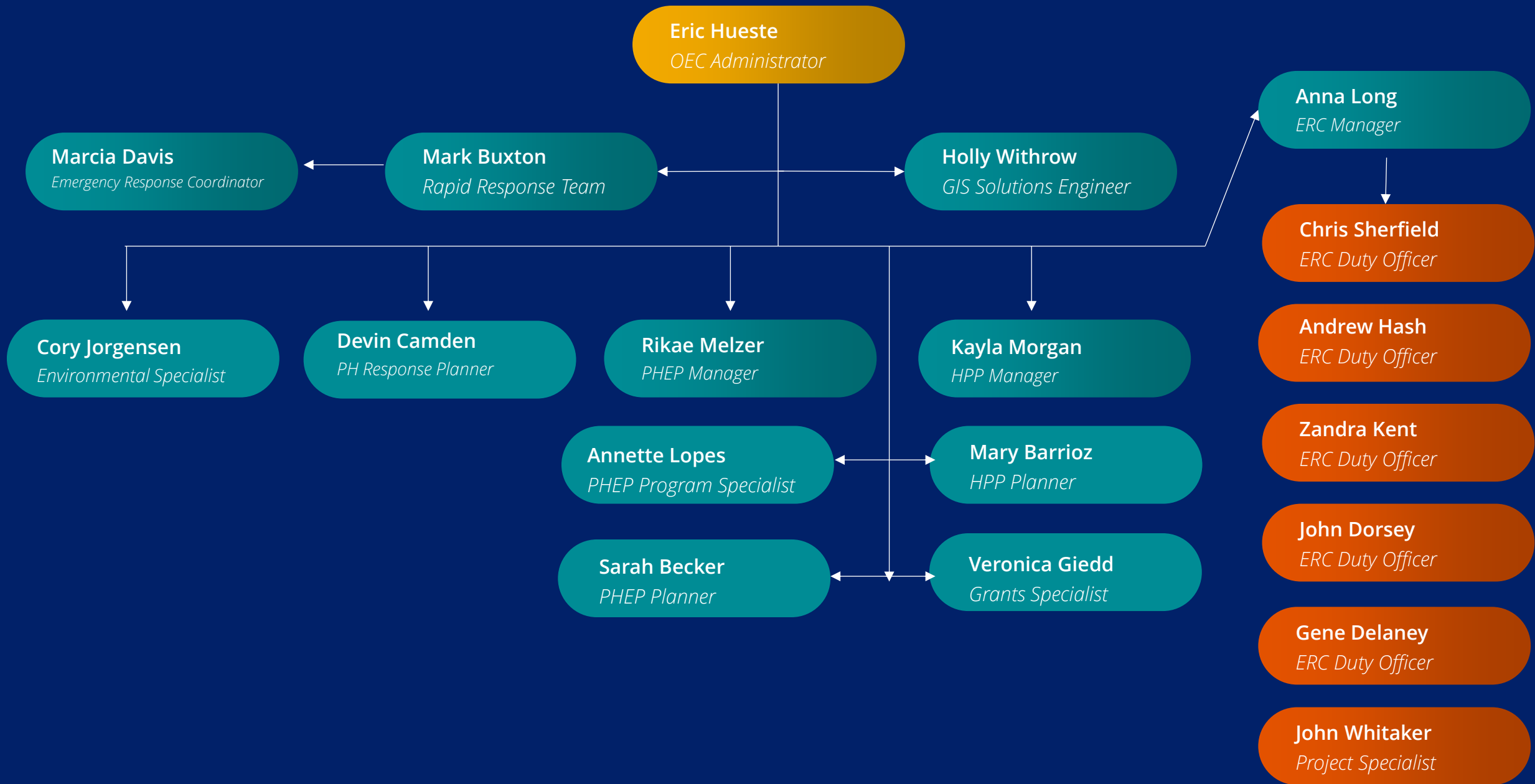
- ☐ New HPP Planner starting 9/16/26

- ☐ NOA received- working on a few follow up items that were not approved

- ☐ BP2 EOY reporting due in October

# OEC Updates

- ❑ Radiological Program- no longer in OEC
- ❑ OEC Org Chart



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# OEC Ebola Process



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# **Ebola Process**

From Monitoring to Treatment

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**Health.Mo.Gov**

# **BVD Interim Guidance**

## **(Bundibugyo Virus Disease)**



Issued July 2, 2026 - Interim Guidance for Assessing Ill Persons from Countries Affected by the 2026 Ebola Outbreak caused by Bundibugyo Virus and Referring a Person Under Investigation (PUI) to an Assessment or Treatment Hospital



# Quick Note from the Guidance



## Important Role of Frontline Healthcare facilities

All frontline health care facilities should:

- Establish a process to screen patients for symptoms and travel history consistent with the current outbreak.
- Ensure that medical staff is familiar with the steps necessary to manage patients based on this screening process.
- Clearly identify isolation procedures for such patients.
- Establish a process for appropriate disposal of used PPE and materials.
- Train frontline staff in proper PPE usage.

# Setting the Stage



Traveler Monitoring



Symptoms – Possible Testing



Positive Test - Treatment

# During Monitoring Period



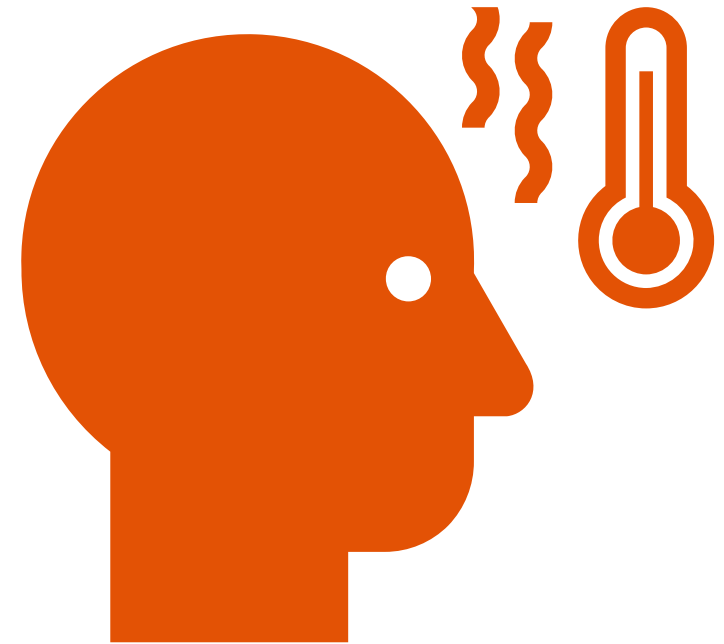
The traveler selects a preferred hospital and that preference is then communicated to the hospital by the LPHA for awareness and planning purposes.



# Symptoms Present



- Traveler under monitoring or a person presents with compatible symptoms and exposure history and/or travel history to an Ebola impacted region.
- The LPHA/DHSS calls the travelers selected hospital to arrange for the patient to be admitted by the hospital.
  - Isolation room, dedicated entry point, proper PPE, and sample collection kit need to be in place.

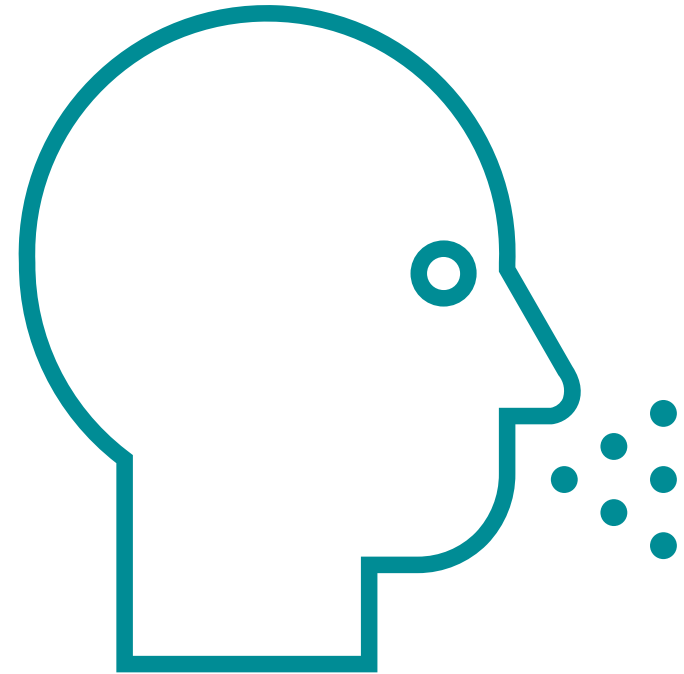


# Traveler Arrives at Hospital



The traveler arrives and is screened for clinical symptoms. The healthcare provider should coordinate with public health to obtain epidemiological consultation.

- The patient is treated for any apparent conditions as appropriate.
- BCDPC and CDC both must agree that the patient meets Ebola testing criteria.
- SPHL is notified of the conversation.
- GO notified of the potential event





# If Testing is Agreed Upon

Testing is agreed upon; the hospital collects serum and packages in Cat A materials.

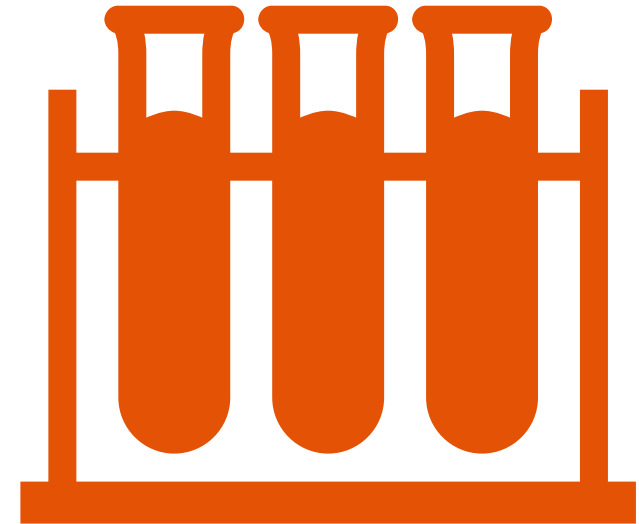
- SPHL is immediately notified.
- SPHL schedules emergency courier for sample transport and is given hospital address.
  - MSHP is a back-up if needed to drive the sample to the lab
- ASPR REC 7 Coordinator notified – informs Regional Emerging Special Pathogens Treatment Center (RESPTC) of testing.



# If Testing is Agreed Upon (cont'd)



- GO notified and given an ETA for results (travel time plus two hours)
- OPI readies public information
- The EMS agency transporting to RESPTC is notified and prepares for the “go no-go” and given the hospital location and ETA for results.
- BCDCP prepares to conduct contact tracing.
- OGC readies court order docs for RESPTC if necessary
- Messages sent to HCCs



# Sample Collection: Frontline Hospital vs. Assessment Hospital



If testing is indicated based on clinical and epidemiological risk factors, the healthcare facility and public health (state and local) will work together to determine where that sample collection will occur, and the level of hospital care required for the patient.

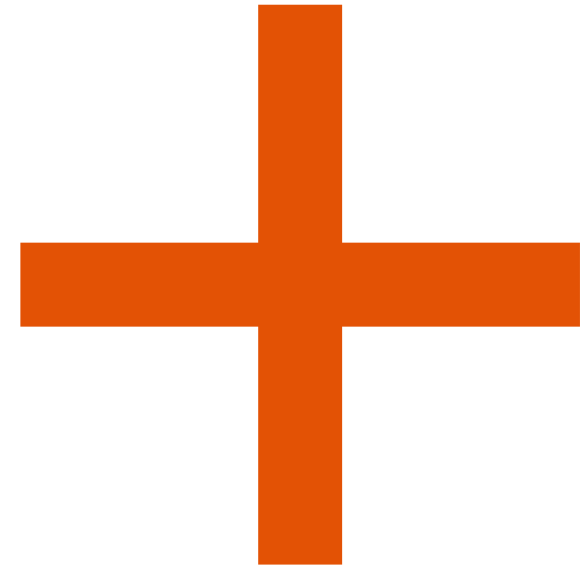


# Results are Positive



Results are positive

- EMS given the “GO”
- Hospital prepares the patient for transport
  - Public health interviews the patient for close contacts before departure
- ASPR REC 7 notified and coordinates with RESPTC in Nebraska
- GO contacted
- DHSS issues a press release
- Partnering agencies notified: DNR, MSHP
- Confirm results with HCCs



# Transfer and Treatment



If Ebola testing is positive and patient transportation is necessary, the DHSS OEC Emergency Response Center (ERC) will coordinate Specialty Care Transport Services.

- OEC has a critical contacts list for all associated agencies.

Patient arrives at RESPTC for treatment/care

- DHSS receives daily updates and conducts contact tracing as needed





# QUESTIONS?



Email: [drms@health.mo.gov](mailto:drms@health.mo.gov)



Phone: 800-392-0272 x1



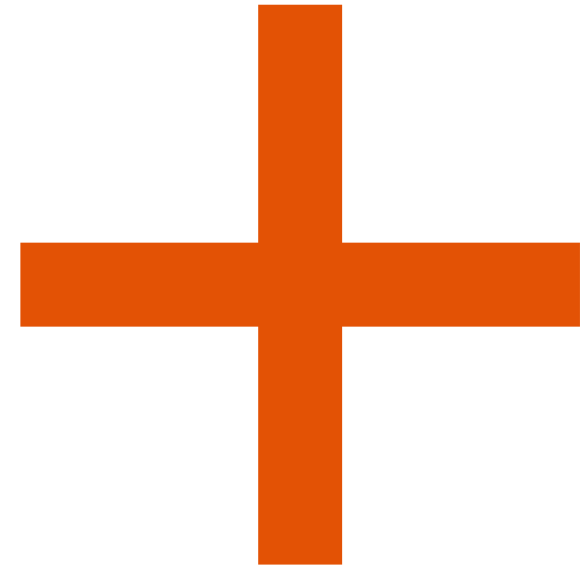
[Health.Mo.Gov](http://Health.Mo.Gov)

# Medical Incident Coordination Team (MICT)

A state-level Medical Incident Coordination Team (MICT) will provide a structure and process for developing and maintaining a common operating picture of medical readiness and medical events, as well as a process for communication and joint decision-making among all state medical partners.

## Purpose of MICT:

- Provide a common operating picture by bringing the appropriate healthcare and medical partners together in an organized communication structure
- MICT is not a decision making entity, but a structure for strategic coordination



# Medical Incident Coordination Team (MICT)



## **MICT Core Members:**

DHSS OEC Staff

- OEC Administrator

- HPP Program Coordinator

- HPP Planner

- Emergency Response Center (ERC Manager and/or Duty Officer)

- ESF-8 SEOC Representative

Missouri Department of Mental Health (DMH), Office of Disaster Services

State Emergency Management Agency (SEMA), Preparedness Division

Missouri Hospital Association (MHA) – Nonurban MO HCC

- Vice President of Safety and Preparedness

- Regional HCC Liaisons and Clinical Advisor

- Coalition Duty Officers

St. Louis Area Regional Response System (STARRS) – MO Region C HCC

- Readiness and Response Coordinator

- SMOC Duty officer/HMACS Liaison

Mid-America Regional Council (MARC) – MO Region A HCC

- Readiness and Response Coordinator

- Coalition Duty officer

Missouri Disaster Medical Assistance Team (MO-DMAT 1)

Statewide EMS Mutual Aid Coordinator

## **MICT Supplemental Partners:**

DHSS Director/Deputy Director

DHSS PIO

DHSS Bureau of EMS

DHSS Division of Regulation and Licensure Liaison

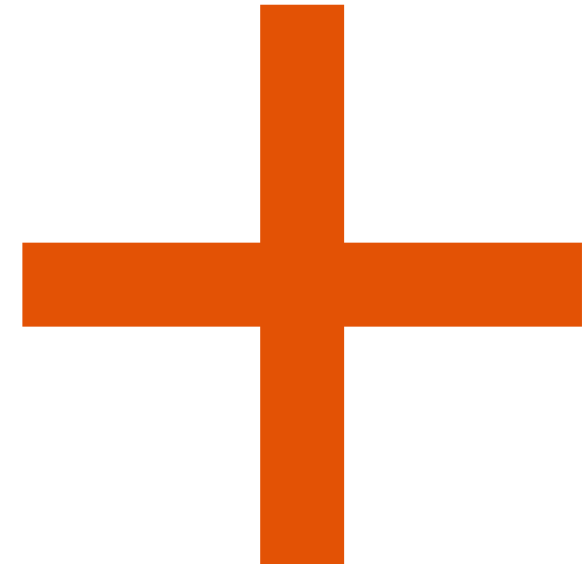
DHSS Division of Community and Public Health Directors Office Liaison

Hospital/Healthcare Organization Representatives

SEMA Operations staff / Regional Coordinators

Subject matter experts as emergency event requires

Federal Partners

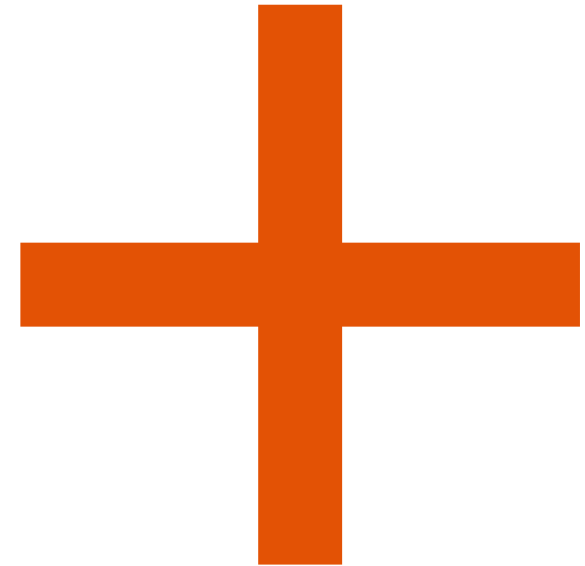


# Medical Incident Coordination Team (MICT)



Current MICT activated for Ebola efforts and will remain active for communication purposes. If a traveler becomes a PUI and testing/transport is needed the MICT will serve as communication between healthcare coalitions and other partners.

In events the MICT can be escalated and additional partners added, if needed.





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**PROMOTING HEALTH AND SAFETY**



MISSOURI DEPARTMENT OF  
**HEALTH &**  
**SENIOR SERVICES**

# Cybersecurity

🛡️ 45-MINUTE BREAKOUT SESSION

# Safe AI & The Quantum Frontier

Best Practices, Data Guidelines, and Quantum Security Transition for Modern Organizations

# Session Outline & Objectives

Part 1 (00-10m)

Adversarial AI

Overview of voice cloning, deepfakes, and automated hacking tactics deployed by bad actors.

⚠️ Threat Landscape

Part 2 (10-20m)

Government Case Studies

Real-world incidents detailing high-profile federal impersonations and system disruption attempts.

🏢 Public Impact

Part 3 (20-30m)

Safe Data & Adoption

Strategic guidelines outlining data classification rules and Sandboxed workspaces.

🛡️ Data Boundaries

Part 4 (30-40m)

Quantum Frontiers

Introducing quantum qubits, capabilities, and the difference from traditional systems.

⚡ Next-Gen Tech

Part 5 (40-45m)

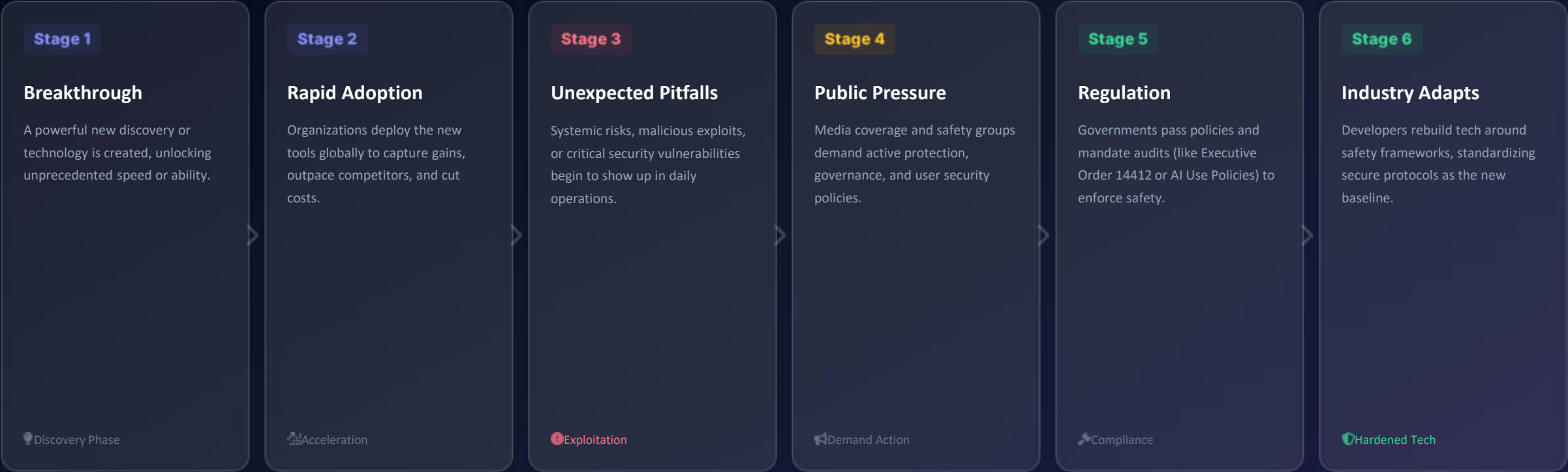
Quantum Security

Understanding Executive Order 14412 and actions for small organizational readiness.

📜 Compliance Actions



# Technology Adoption vs. Regulation Cycle





# The Dark Side of Generative AI



## Voice Cloning (Audio Vishing)

Replicating precise vocal frequencies, accents, and pacing with under 10 seconds of publicly harvested audio.



## Real-Time Video Deepfakes

Synthesizing live face-swaps during video conferences to convincingly impersonate executive leadership and demand secret wire transfers.



## Automated Spear-Phishing

Using LLMs to parse open-source intelligence and automatically compose hyper-personalized phishing campaigns at scale.



### ⚠ Administrative Warning

Federal cybersecurity task forces urge extreme caution on synthetically generated media targeting high-level leadership.



# Government Impact: Critical AI Incidents

State Department Incident

## Marco Rubio Impersonation

In July 2025, attackers deployed cloned Signal accounts and AI-generated voice models pretending to be Secretary of State Marco Rubio, directly contacting foreign ministers and key US senators.

📌 Active federal investigation.

White House Compromise

## Susie Wiles Target Campaign

In May 2025, the phone of Chief of Staff Susie Wiles was breached to coordinate a complex cyber outreach campaign utilizing synthetic audio, calling governors and congressional leaders.

📌 Target credential harvesting.

Electoral Disruption

## NH Primary Robocall Scam

A malicious operative launched an AI-cloned robocall using Joe Biden’s voice, successfully manipulating voter expectations and advising thousands to stay home.

📌 Precedent for election fraud.



Incident References & Warnings:

[FBI Warning on US Official Vishing](#)

[CBS News: Rubio Deepfake Investigation](#)

[AI Fraud Deterrence Act](#)



# The Mechanics of Executive Impersonation

## PHASE 1: RECONNAISSANCE & OSINT

### Open-Source Data Harvesting

Attackers crawl LinkedIn profiles, press briefing streams, public recordings, and webinars to isolate target audio samples.

Neural network speech synthesizers can generate a replica profile within mere minutes of clear vocal input.

Combines public data with advanced voice-cloning.

## PHASE 2: EXPLOIT EXECUTION

### Multi-Channel Social Engineering

- An urgent, secret email establishes executive context.
- A follow-up voice call or video stream clones executive features.
- Authority bias successfully overrides standard verification paths.

Targets cognitive bias over software bugs.

# AI-Automated Attacks: Simple Reality



## Defending Daily Services

How we protect critical utilities like water and electricity from smart, automated attacks.



## Instant Hacking Scripts

Instead of needing highly trained programmers, bad actors use AI tools to quickly write malicious instructions that find open doors in vital utility networks.



## Adapting on the Fly

AI software can automatically change its shape in real-time, testing thousands of options to sneak past firewalls without getting caught.



## Unskilled Attackers, Larger Scale

AI lowers the barrier. A single hacker can now launch hundreds of complex, simultaneous attacks against city services, magnifying the risk.



# Data Classification: What to Feed AI (and What NOT to)

## ✓ APPROVED & SAFE DATA

### Safe Public Assets

- **Public Records:** Brochures, guides, or informational materials that are already fully public.
- **Agency Templates:** Blank forms, boilerplate document structures, and outline standards.
- **Anonymized Data:** Cleaned data with absolutely zero individual names, logins, or files.

Safe to process in standard LLMs under basic policy rules.

## ✗ STRICTLY PROHIBITED DATA

### Dangerous & Sensitive Assets

- **Personally Identifiable Information (PII):** Citizen SSNs, medical histories, cases, or address files.
- **Internal Deliberations:** Unreleased state policy drafts, internal debates, or legal memos.
- **System Credentials:** Direct logins, server paths, system API keys, or software passwords.

Commercial AI engines retain inputs. NEVER input private records.



# Safe AI Adoption: Strategic Best Practices



## 1. AI Governance

Establish clear rules regarding authorized software, banned tools, and the strict classification of uploaded records.

Ensure regulatory alignment.



## 2. Employee Training

Deploy rigorous training programs detailing voice cloning warning signs, deepfake indicators, and prompt exposure risks.

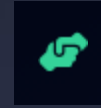
Cultivate human firewalls.



## 3. Isolated Sandboxes

Utilize secure enterprise-grade LLM interfaces that prevent model providers from retaining proprietary public sector files.

Prevent training leakages.



## 4. Vendor Auditing

Verify third-party developer software compliance against zero-data retention policies before granting server API keys.

Manage supply chain risk.



# What's Next: The Quantum Computing Paradigm

## A NEW WAY TO COMPUTE

### What is Quantum?

Quantum computing is a completely new paradigm that uses the laws of quantum physics to process information, rather than standard silicon transitions.

Bypasses silicon limitations.

## FROM BITS TO QUBITS

### How it Works

Standard computers use "bits" (like light switches that are strictly **0 (OFF)** or **1 (ON)**).

Quantum computers use "qubits" which exist in **superposition** (both 0 and 1 at the same time), letting them process massive permutations instantly.

Superposition & Entanglement.

## BEYOND SUPERCOMPUTERS

### Classical vs. Quantum

Classical supercomputers are just highly advanced standard computers testing paths one-by-one.

Quantum systems look at all paths simultaneously, resolving complex mathematical problems in seconds that would take supercomputers 10,000 years.

Simultaneous calculations.

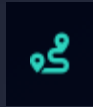
# Capabilities of Quantum Computing



## Molecular & Drug Discovery

Simulates precise atomic and molecular interactions. This allows scientists to model new vaccines, target therapies, and advanced materials in hours instead of decades.

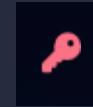
e.g., Designing carbon-capture catalysts.



## Complex Optimization

Solves complex logistics puzzles instantly, such as recalculating public transit grids, modeling global climate changes, or instantly coordinating national shipping routes.

e.g., Global logistics routing.



## The Security Threat

Because quantum systems excel at advanced mathematical factoring, they have the potential to instantly break standard internet encryption algorithms (like RSA or ECC).

 **Vulnerability risks.**



# Quantum Security & Executive Order 14412

## EXECUTIVE ORDER 14412 (SIGNED JUNE 2026)

### "Securing the Nation Against Advanced Cryptographic Attacks"

Directs federal agencies to transition high-value systems to Post-Quantum Cryptography (PQC) standards for core encryption by **December 31, 2030**, and digital authentication signatures by **December 31, 2031**.

Aims to counter adversarial "Harvest Now, Decrypt Later" schemes where attackers collect encrypted data to decode later with quantum power.

Direct national transition guidelines.

## ACTIONABLE STEPS IN PRACTICE

### Small Organization Blueprint

- Step 1 Asset Inventory:** Identify and map out where your organization uses encryption, certificates, and secure portals.
- Step 2 Audit IT Providers:** Ask your cloud, email, and firewall vendors about their timeline for adopting post-quantum encryption standards.
- Step 3 Practice Crypto-Agility:** Procure modern IT systems that allow encryption software to easily update as federal requirements evolve.

Prepares local organizations for the new standards.

🛡️ 45-MINUTE BREAKOUT SESSION

# Safe AI & The Quantum Frontier

Best Practices, Data Guidelines, and Quantum Security Transition for Modern Organizations

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# Lunch

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# World Cup Lessons Learned

# Team Sport: Reviewing the Kansas City Region World Cup Health & Medical Preparedness & Response



**MARC-HCC**

MID-AMERICA REGIONAL COUNCIL  
HEALTH CARE COALITION

*Collaborating to Advance  
Health Care System Resilience*

MID-AMERICA REGIONAL COUNCIL

**HOMELAND**



**SECURITY**

# Agenda

**1. MARC HCC Overview & Regional Preparedness**

**2. Public Health Perspective**

**3. Hospital Perspective**

**4. EMS Perspective**

**5. HCC Tournament Operations & After-Action**

**6. Q&A**



# **MARC Health Care Coalition Overview & Regional Preparedness Perspective**

Jennifer Sutherlin, MPH BSN

Mid-America Regional Council

Emergency Services Health & Medical Program Manager

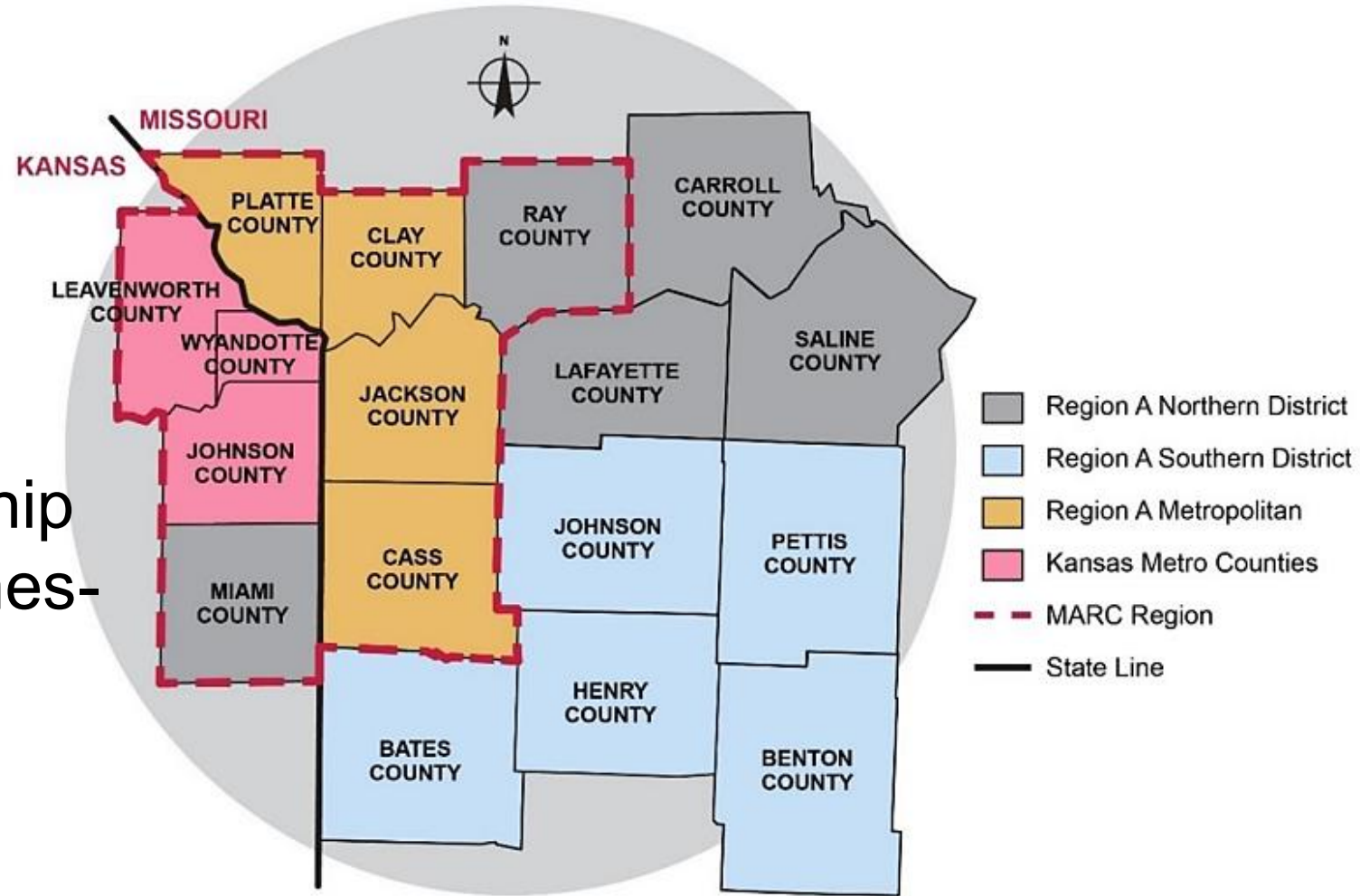
Missouri Region A Readiness & Response Coordinator

# MARC-HCC

**MID-AMERICA REGIONAL COUNCIL  
HEALTH CARE COALITION**

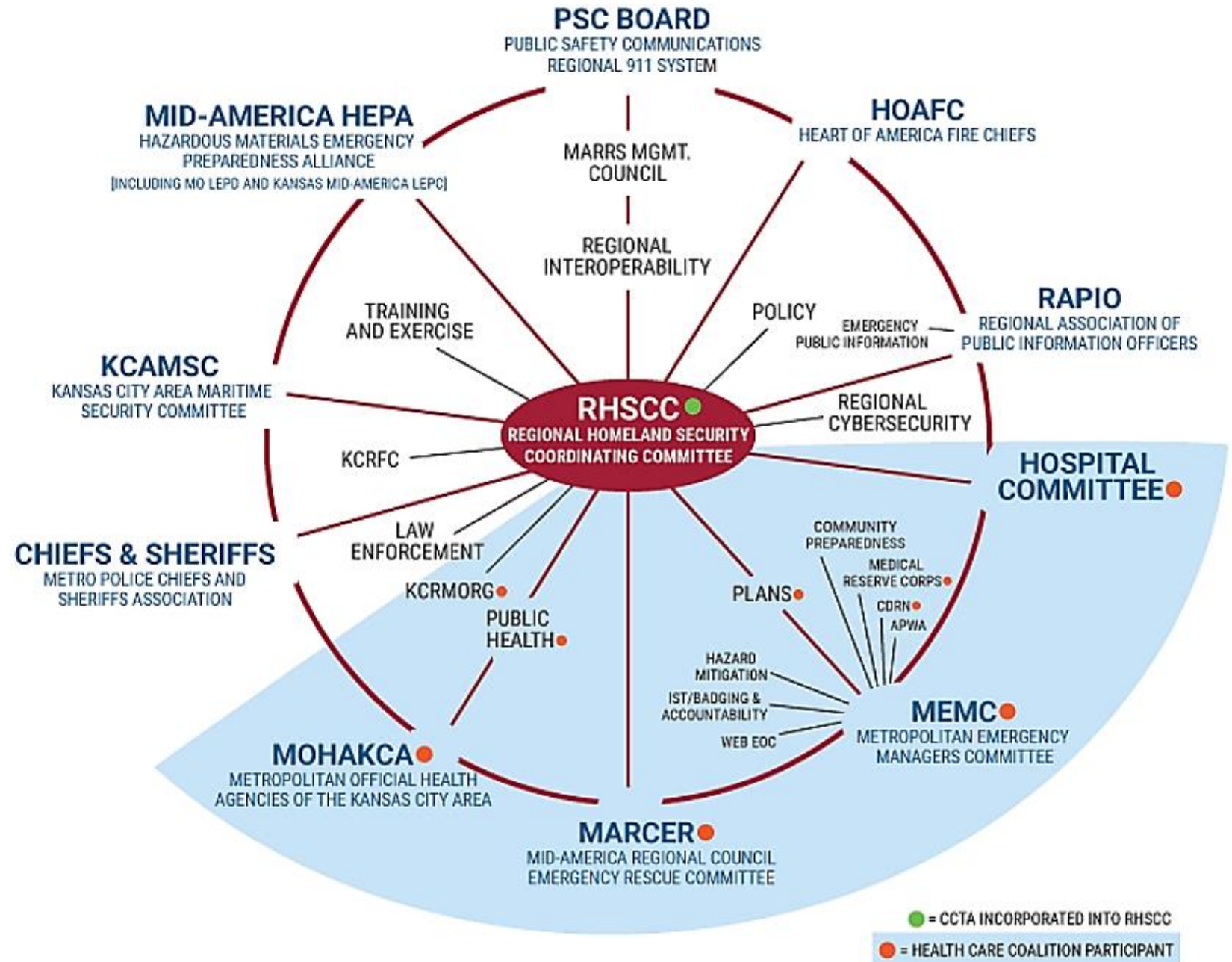
*Collaborating to Advance  
Health Care System Resilience*

- Counties: 13 (16 with KS)
- Population: 1.45M
  - *2.3M with Kansas Metro*
- Member Organizations: 267
- Active & engaged membership
- Work closely across state lines-  
(Kansas City Metro)
- Urban and rural

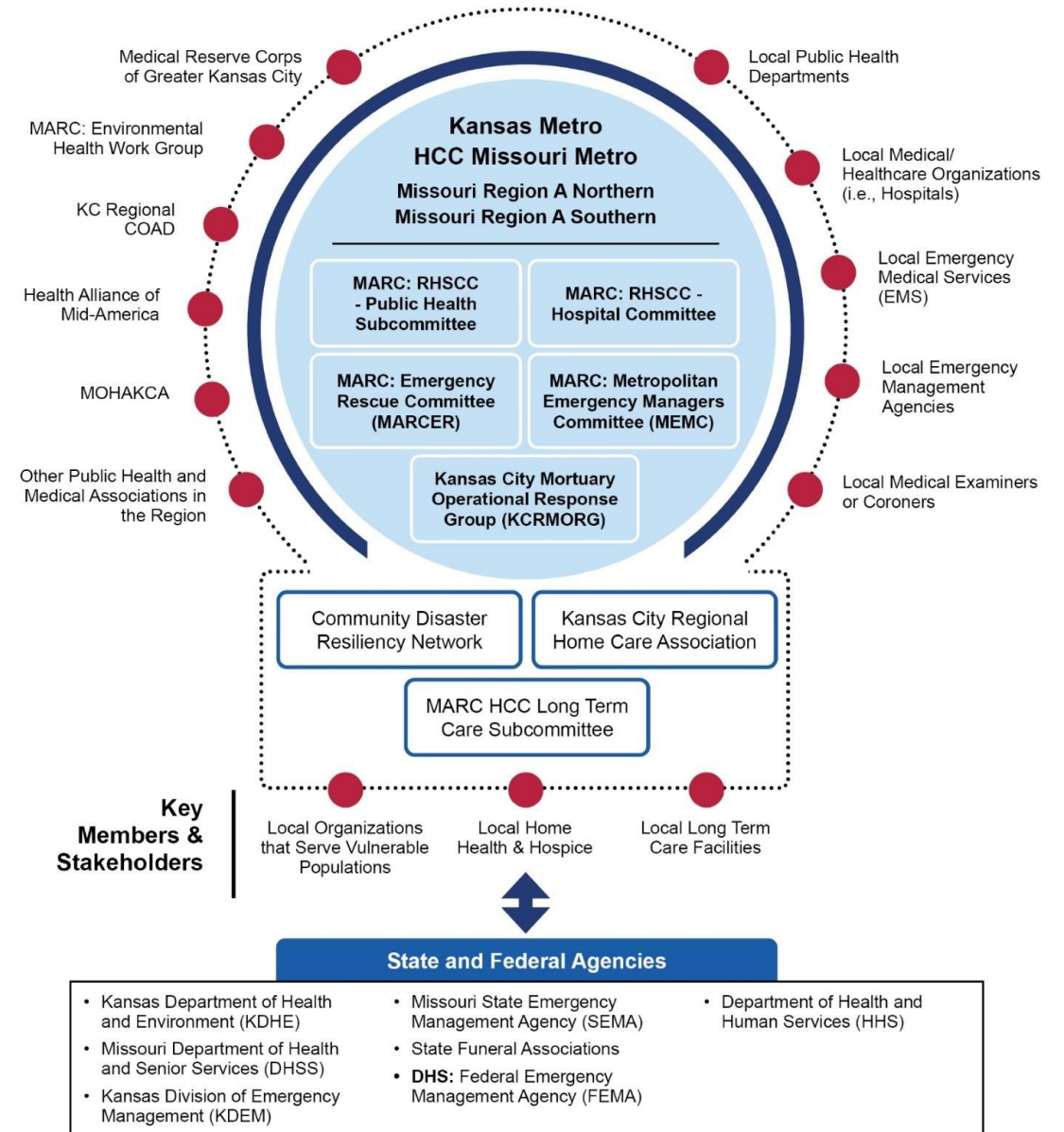


# MARC RHSCC Circle of Friends

*The MARC Health Care Coalition exists as the health and medical arm of the Regional Homeland Security Coordinating Committee. This structure allows collaboration and coordination across disciplines and agencies to ensure inclusive planning and response.*



# MARC Health Care Coalition Structure



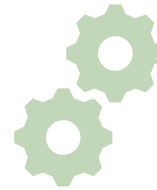
# Getting Started....



Standards



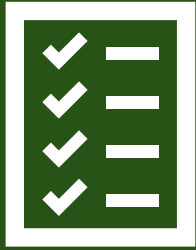
Assumptions



Lines of Effort



Meeting  
structure/cadence



# Minimum Standards

- 1. Organizational structure**
- 2. Communication processes**
- 3. Contingency plans/resources**
- 4. Defining medical threats & risks, applying mitigation strategies**
- 5. Information sharing processes**
- 6.. Roles & responsibilities during emergencies/MCIs**
- 7. Identification of gaps related to personnel, training, equipment or response**

# ✓ Assumptions

Created discipline-specific and overarching assumptions to drive the planning process.

 Hospital

 EMS

 Public Health



# Lines of Effort

## National

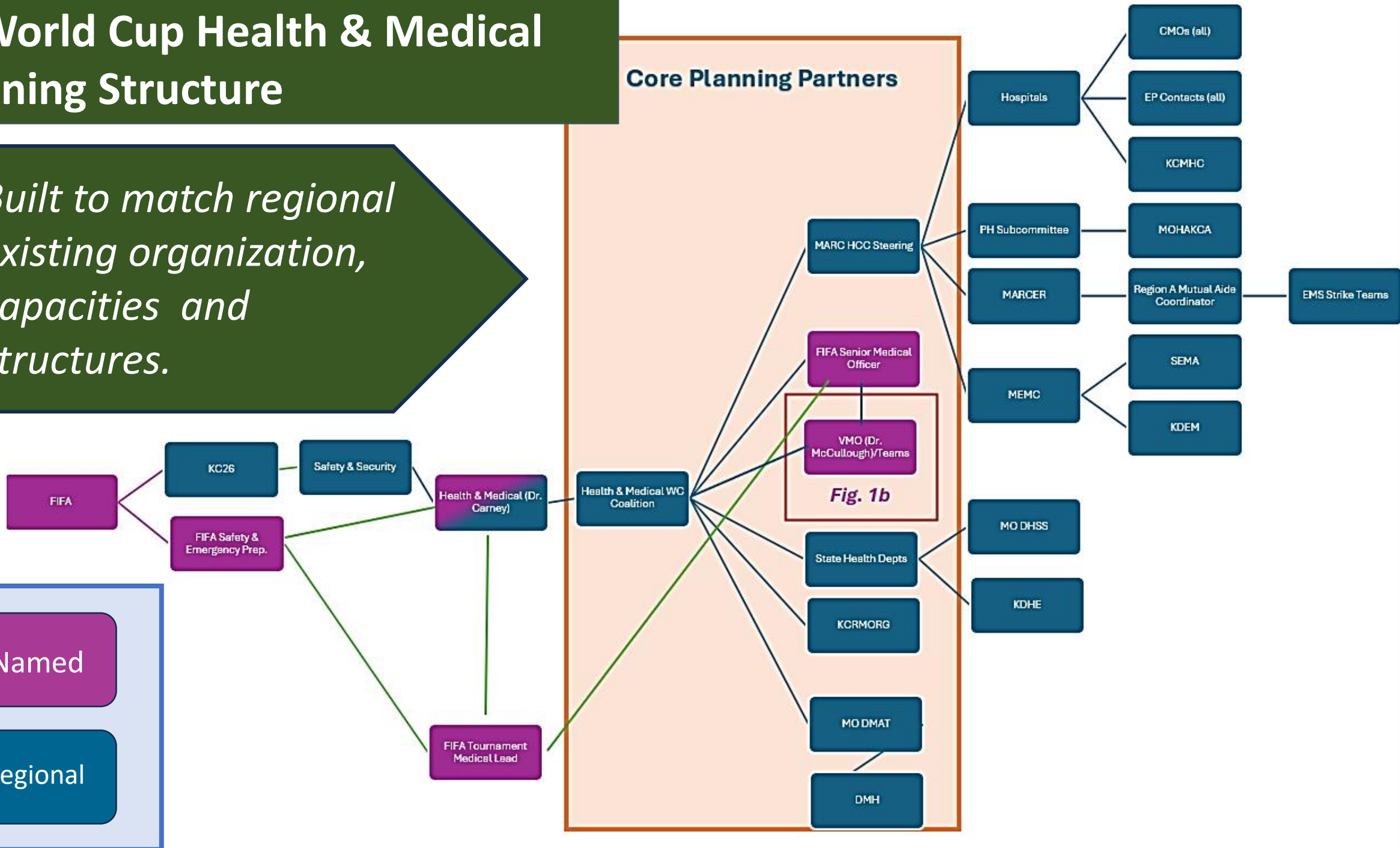
- ⚽ Event associated heat illness mitigation
- ⚽ Natural and man-made disasters
- ⚽ Medical Surge

## Regional

- ⚽ Capacity utilization and infrastructure
- ⚽ Hospital/EMS coordination
- ⚽ Visitor communication/education about healthcare

# KC World Cup Health & Medical Planning Structure

*Built to match regional existing organization, capacities and structures.*



# Public Health Perspective

Lorie Snyder

Kansas City Missouri Health Department  
Public Health Emergency Response Planner



# Public Health Operations-Planning

Kansas City Health Department:

- 1) Assist with core capabilities & public health expertise in the event of a mass casualty incident (MCI) over multiple operational periods
- 2) Investigate any MCI originating from environmental sources/food consumption
- 3) Maintain responsibility for epidemiological surveillance/investigations
- 4) Manage the dispensing of medical countermeasures (MCMs) in the event of a public health emergency



# Public Health Operations-Heat Mitigation

- ⚽ Highest call volume
- ⚽ Most preventative messaging
- ⚽ Hydration stations & misters
- ⚽ Additional requests:
  - ⚽ Portable cooling shelter
  - ⚽ Water for volunteers & staff
  - ⚽ Water bottles
  - ⚽ Electrolyte packets
  - ⚽ Sunscreen
  - ⚽ Tick wipes
  - ⚽ Bug bombs (pond area near FIFA Fan Fest)





# Public Health Operations-Food Inspections

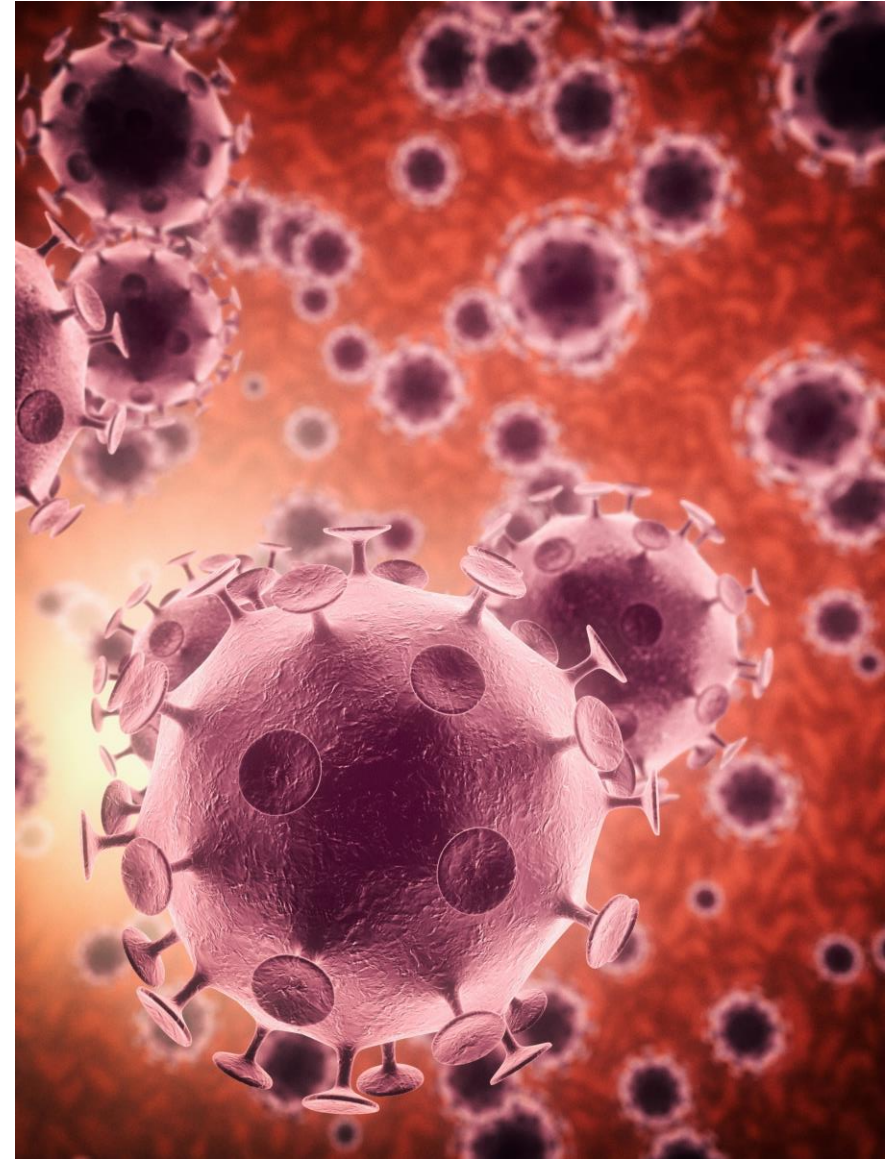
- ⚽ 100 food vendors inspected 3 times at KC Stadium (Arrowhead)
- ⚽ 25 food vendors inspected 3 times at FIFA Fan Fest
- ⚽ 167 Food complaints
- ⚽ 10 Lodging complaints





# Public Health Operations-Epi cases

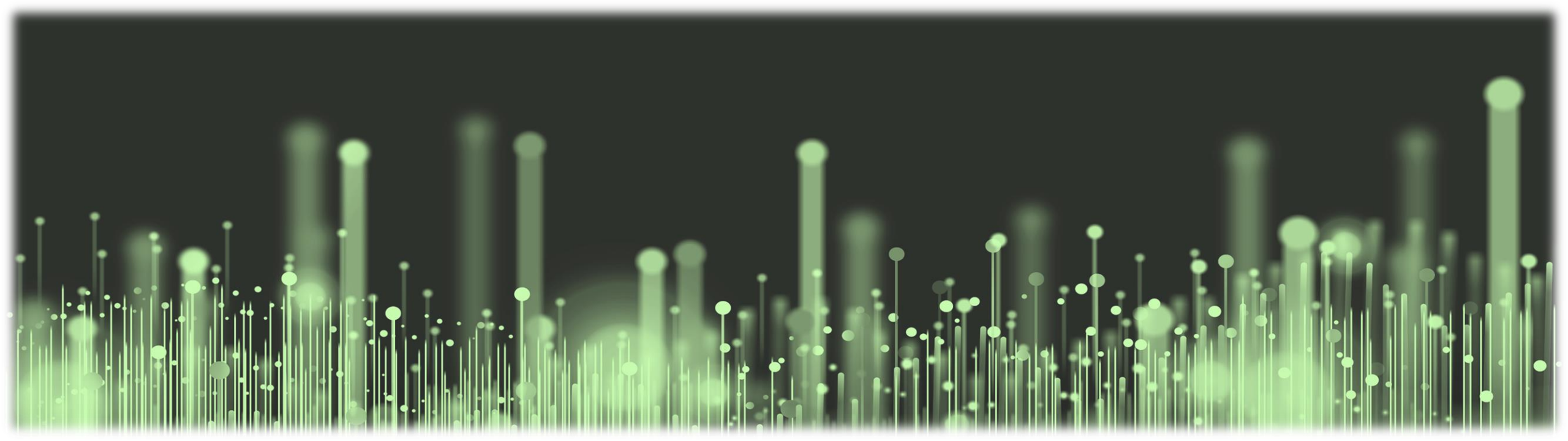
- ⚽ Enteric cases: 45
- ⚽ Monitored travelers for communicable diseases: 6
- ⚽ Other communicable disease cases & investigations continued throughout the tournament





# Public Health Operations-Data Collection

- ⚽ **Satscan**
- ⚽ **FirstWatch with geofencing**
- ⚽ **Wastewater**
- ⚽ **Phone calls with local hospitals**





# Public Health-Lessons Learned

## ⚽Heat

- ⚽Much bigger issue than anticipated
- ⚽Public Health was asked to step in and provide cooling shelter, water, and direct heat messaging via text, Nixle, and media.

## ⚽Food Inspections

- ⚽The sheer number at both Fan Fest and the stadium was time consuming.
- ⚽Lack of just-in-time data from medical staff at venues.
- ⚽Lack of internal staff to staff Public health at the Emergency Operations Center (EOC).

# EMS Perspective

Jennifer Sutherlin



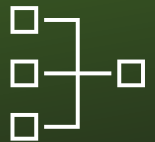
## EMS-Planning

- ⊕ Increased coordination across multiple EMS jurisdictions with the KC Metro Area
- ⊕ Enhancing communication and situational awareness across healthcare disciplines, EMS and Hospitals
- ⊕ Manage surge capacity for 9-1-1 response and the impact of Interfacility Transfers on limited ambulance resources.
- ⊕ Review local and regional emergency plans



# EMS-Preparedness

- ⚽ EMS integration to EMResource & eICS platforms
- ⚽ MARCER MCI Plan
- ⚽ EMS Overland Plan and EMS Mutual Aid Requests Process
- ⚽ Hospital Decompression Plan
- ⚽ EMS Pre-Plans for official FIFA sites metro wide
- ⚽ System Monitoring & Average Call Volume
- ⚽ EMS-Hospital Communications
- ⚽ Regional Mutual Aid



# EMS-Operations

- ⚽ Daily EMS Data Collection & Reporting
- ⚽ Weekly EMS Agency SWOT Analysis
- ⚽ EMS Representation at Regional Coordination Center





## EMS-Lessons Learned

- ⚽ Common Operating Picture
  - ⚽ EMS to Hospitals & EMS to EMS
- ⚽ Stadium Direct Medical Plans
- ⚽ Pulsara Utilization
- ⚽ eICS utilization by EMS
- ⚽ Relationships
  - ⚽ EMS to Hospitals & EMS to EMS

# Hospital Perspective

Steve Hoeger  
University Health  
Corporate Director, Emergency Management  
Chair, MARC HCC



# Hospital-Planning

- ⊕ **Hospital Emergency Preparedness Contacts worked through Hospital Committee and in combination with other committees and work groups**
- ⊕ **Major concerns:**
  - ⊕ **Throughput**
  - ⊕ **Language**
  - ⊕ **Payors/insurance**
  - ⊕ **Staffing**
  - ⊕ **Transportation**
  - ⊕ **Infectious diseases**



# Hospital-Data Collection

- ⊕ Hospital ED Directors met daily to discuss any issues
- ⊕ Collected daily bed capacity (this helped avoid bed polls)
- ⊕ Capacity and TCD availability were reported daily to the region

## Hospital Capacity Report

6/15/2026

|                                                         |     |
|---------------------------------------------------------|-----|
| Acute Care Percentage Occupied                          | 79% |
| Critical Care Percentage Occupied                       | 73% |
| PICU Percentage Occupied                                | 64% |
| Boarders in Alternative Care Areas (number of patients) | 36  |
| ED Boarders (number of patients)                        | 36  |
| ED Percentage Occupied                                  | 30% |
| Burn Beds Available (number of available beds)          | 8   |
| Number of hospitals reporting (total 30)                | 21  |

| Monday   | Tuesday  | Wednesday | Thursday  | Friday    | Saturday  | Sunday    |
|----------|----------|-----------|-----------|-----------|-----------|-----------|
| 6/8/2026 | 6/9/2026 | 6/10/2026 | 6/11/2026 | 6/12/2026 | 6/13/2026 | 6/14/2026 |
| 100.0%   | 99.8%    | 99.7%     | 100.0%    | 98.0%     | 95.0%     | 95.8%     |
| 98.9%    | 98.1%    | 100.0%    | 98.9%     | 100.0%    | 100.0%    | 99.4%     |
| 100.0%   | 99.7%    | 100.0%    | 100.0%    | 99.9%     | 99.9%     | 98.2%     |
| 88.6%    | 89.1%    | 94.1%     | 94.3%     | 94.8%     | 98.2%     | 98.1%     |



# Hospital-Lessons Learned

⚽ **Relationships!**

⚽ **Communication**

⚽ **Shared definitions**



# **HCC Operations & After Action**





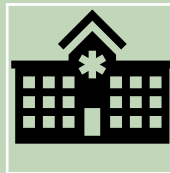
Physically staffed the  
RCC on site 23 days

30 daily SitReps (June 13-  
July 13)

Monitored eICS,  
EMResource, WebEOC,  
HSIN SitRoom & Pulsara

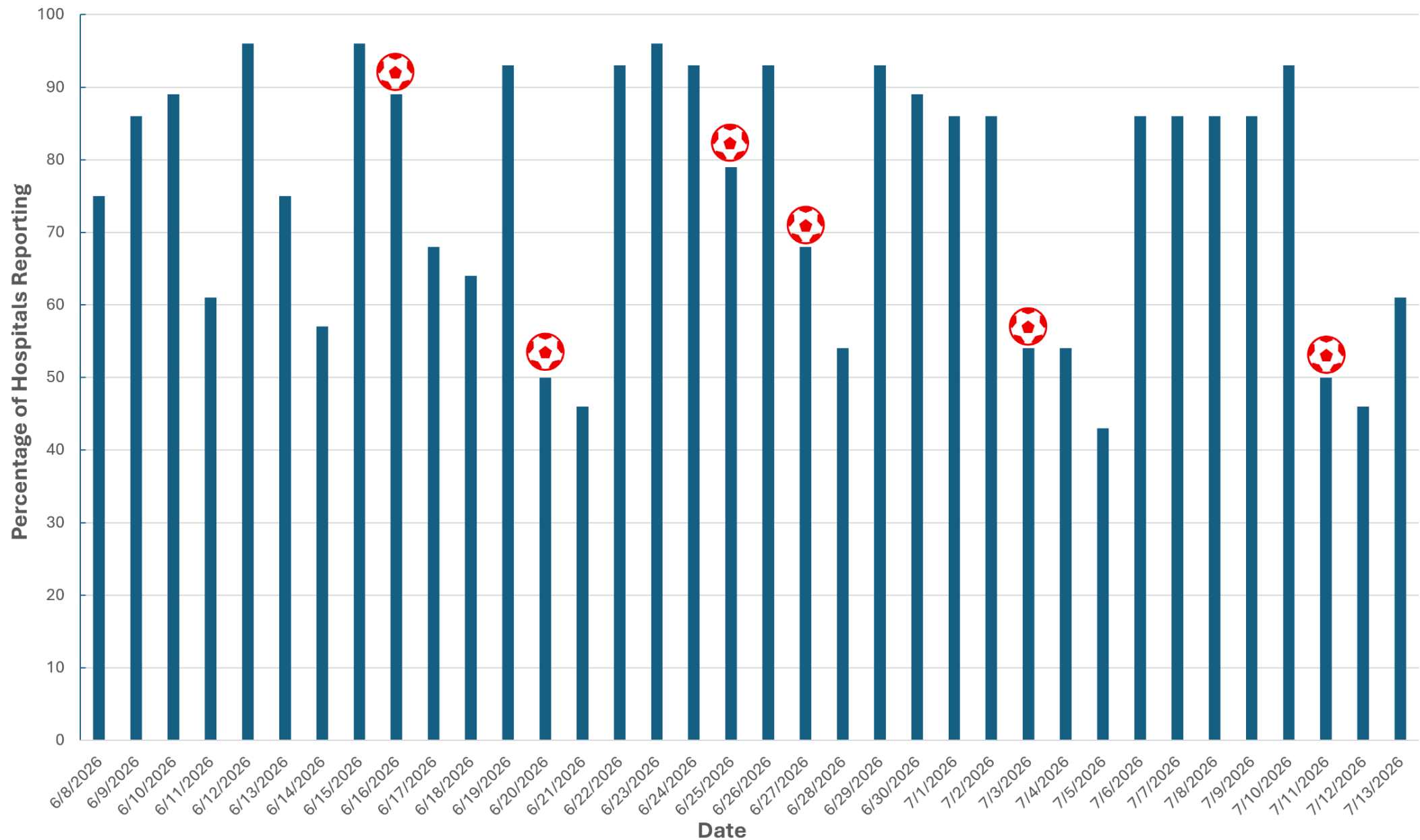


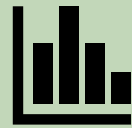
Collected data for 36 consecutive days



28 facilities participated

Hospital Capacity Reporting Percentage





Collected data for 42  
consecutive days



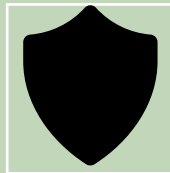
Participation from 12 agencies



**Public Health**<sup>®</sup>  
Prevent. Promote. Protect.

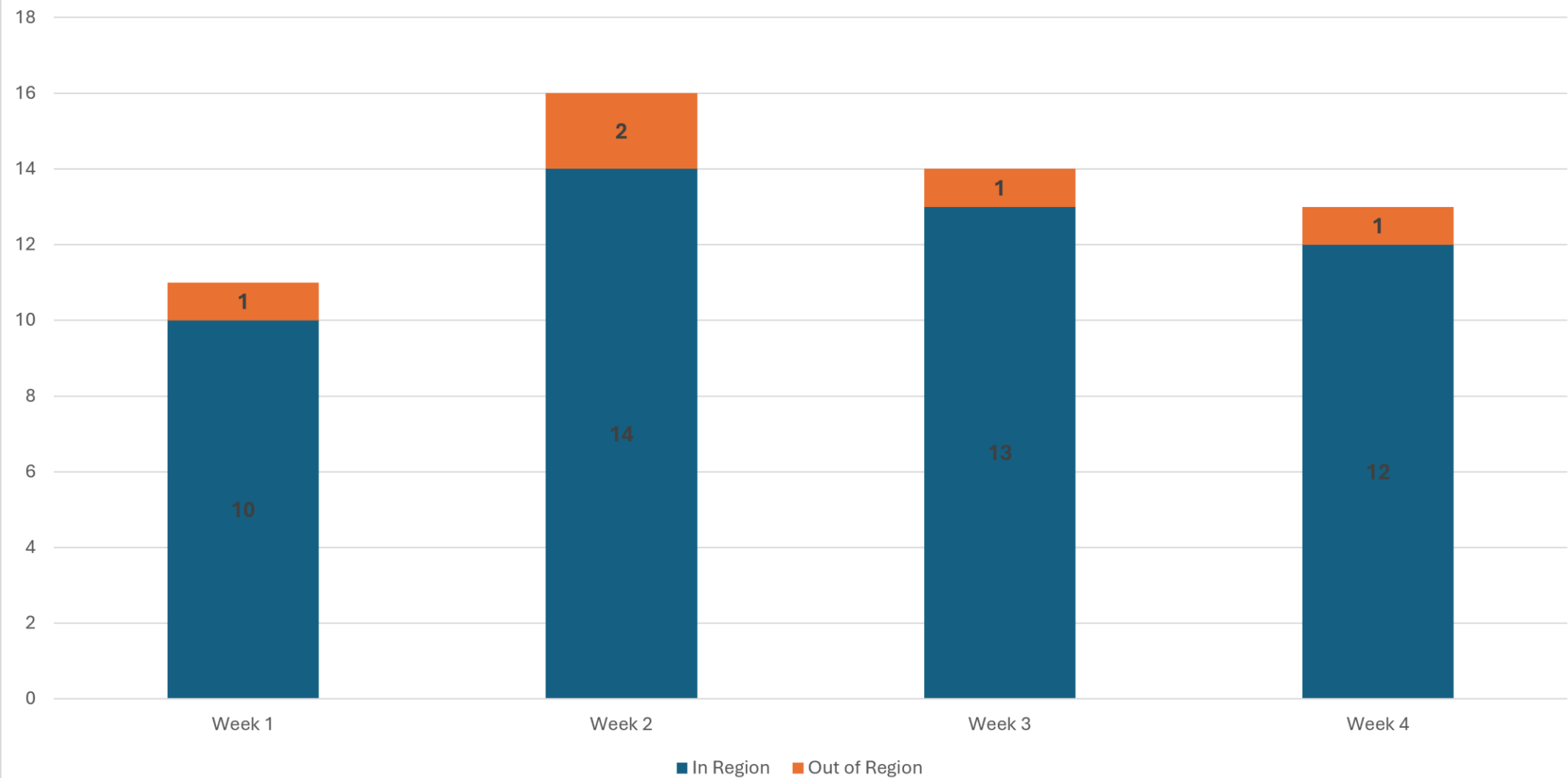


Completed 4 weekly surveys



19 agencies participated

# Local Public Health Data Reporting Participation



## Hot Wash (July 15, 2026)

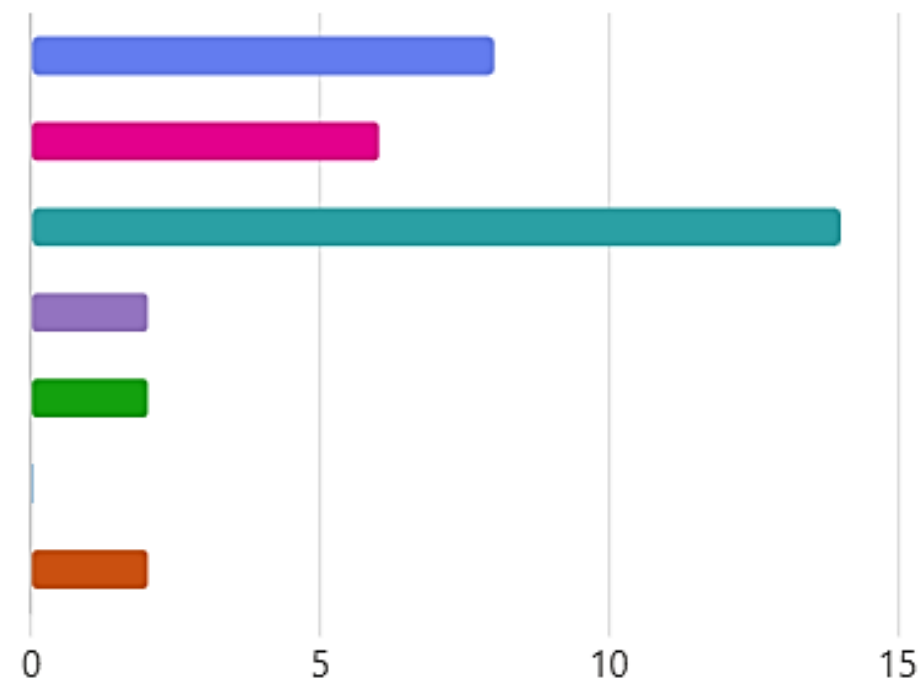
- 88 attendees
  - Hospitals
  - EMS
  - Public Health
  - Emergency Management
  - MHA/KHA
  - MO DHSS/KDHE
  - ASPR
  - & others
- Feedback very similar to After Action Survey results





# After-action survey

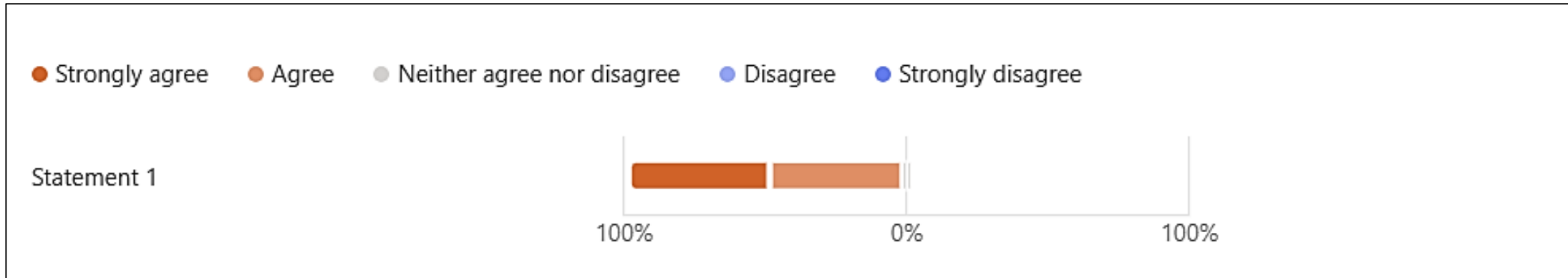
|                      |    |
|----------------------|----|
| Hospital             | 8  |
| EMS Agency           | 6  |
| Public Health Agency | 14 |
| Emergency Management | 2  |
| State Partner        | 2  |
| Federal Partner      | 0  |
| Other                | 2  |



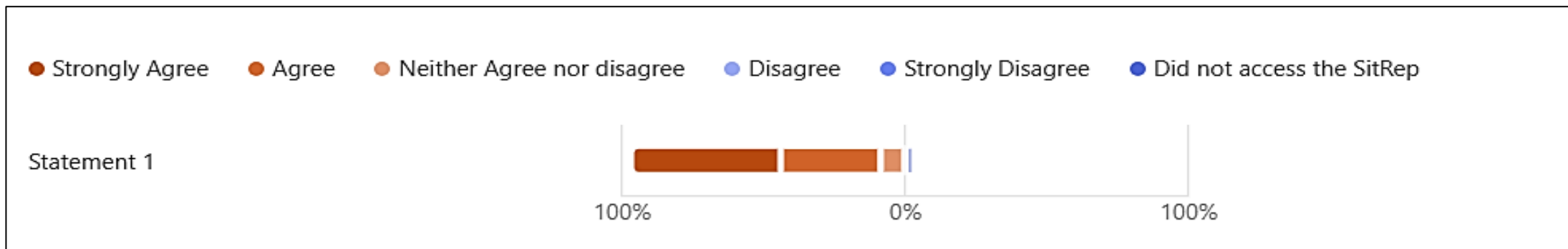


# After-action survey

**The MARC HCC effectively shared health care information during the 2026 FIFA World Cup for the Kansas City Region.**



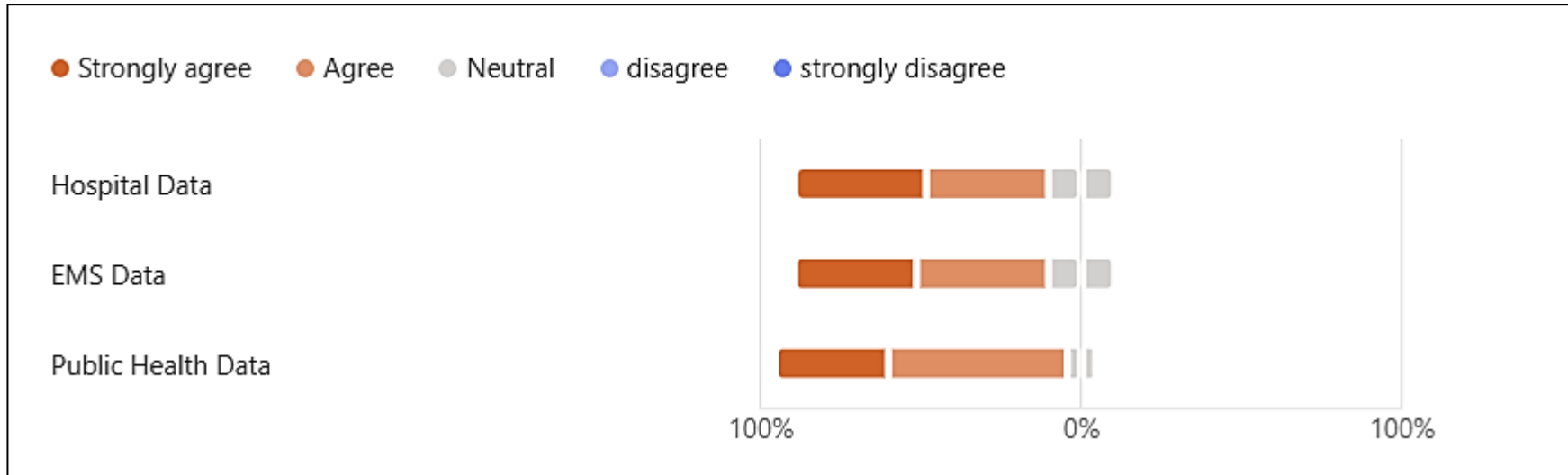
**The RCC Health and Medical Daily SitRep was a useful tool for situational awareness during the 2026 KC Region World Cup activities.**



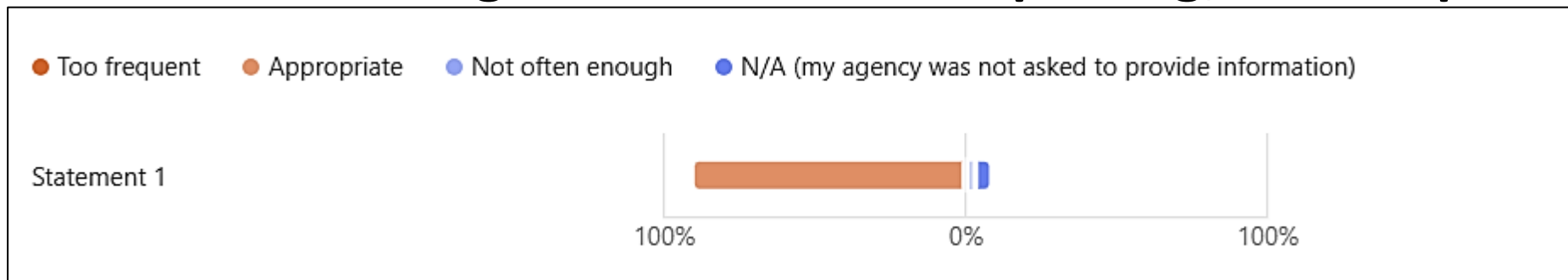


# After-action

**The regional health care data and information collected was appropriate.**



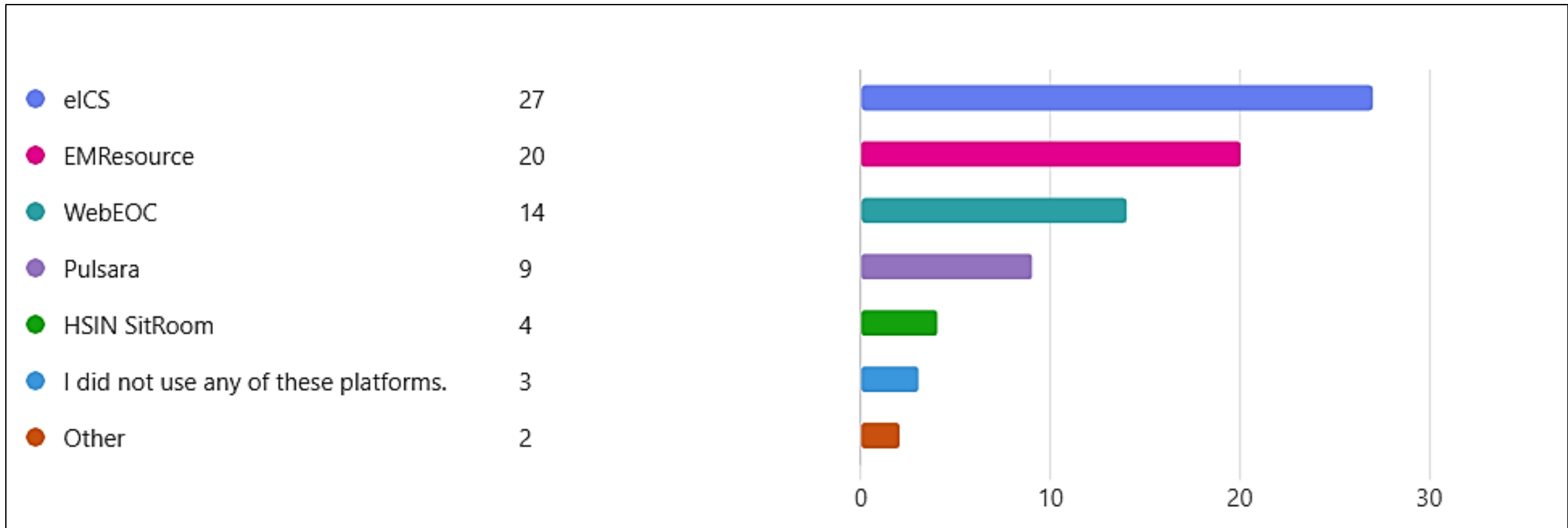
**The cadence of regional health care reporting/data requests was:**





# After-action survey

**The following platforms were helpful for health care situational awareness during the 2026 World Cup (select all that apply):**





## Strengths (survey + hot wash)

A word cloud on a light blue background with a white cloud shape in the center. The words are in various shades of blue and black. The most prominent words are 'communication', 'events', 'RCC', 'collaboration and communication', 'support', 'information sharing', 'good', 'response', 'public health', 'coordination', 'situational awareness', 'KC Health', 'regional planning', 'working', 'communication between local health agencies', 'federal partners', 'Regional coordination', and 'Regional healthcare'. The word 'Great' is also visible.

Regional healthcare  
Regional coordination  
federal partners  
communication between local health agencies  
information sharing  
good  
response  
public health  
RCC  
events  
communication  
Great  
support  
collaboration and communication  
coordination  
situational awareness  
KC Health  
regional planning  
working

- Communication (including SitReps, eICS, timely updates)
- Collaboration (multiple agencies, data sources)
- Lead up exercises and planning



# Opportunities for improvement (survey + Hot wash)



**Long hours/few staff**



**Timelier SitReps**



**More streamlined data collection**



**Clear roles & responsibilities (FIFA vs. KC26, regional vs. national)**



**Inclusion of all agencies**



**sharing of sensitive information**

**Q & A**



Thank you!



# Agenda

|              |   |                       |
|--------------|---|-----------------------|
| 9:00 – 9:15  | ● | Welcome               |
| 9:15 – 9:30  | ● | DHSS OEC Updates      |
| 9:30 – 12:00 | ● | Speaker Presentations |
| 12:00 – 1:00 | ● | Lunch on your own     |
| 1:00 – 2:30  | ● | Speaker Presentations |
| 2:30 – 2:45  | ● | Break                 |
| 2:45 – 4:00  | ● | Speaker Presentations |
| 4:00         | ● | Closing               |



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# Break

# Agenda

|              |   |                       |
|--------------|---|-----------------------|
| 9:00 – 9:15  | ● | Welcome               |
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| 2:45 – 4:00  | ● | Speaker Presentations |
| 4:00         | ● | Closing               |



# Accessibility During an Emergency



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SENIOR SERVICES**

# **Accessibility in Emergencies**

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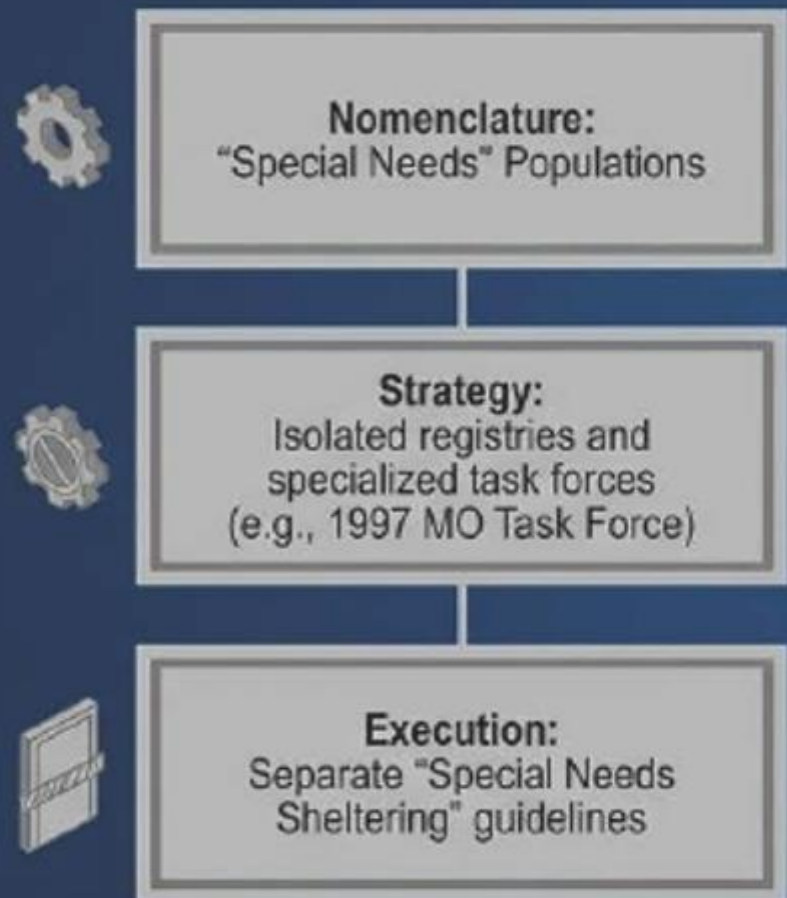
**Marcia D. Davis**

Senior Emergency Management Officer

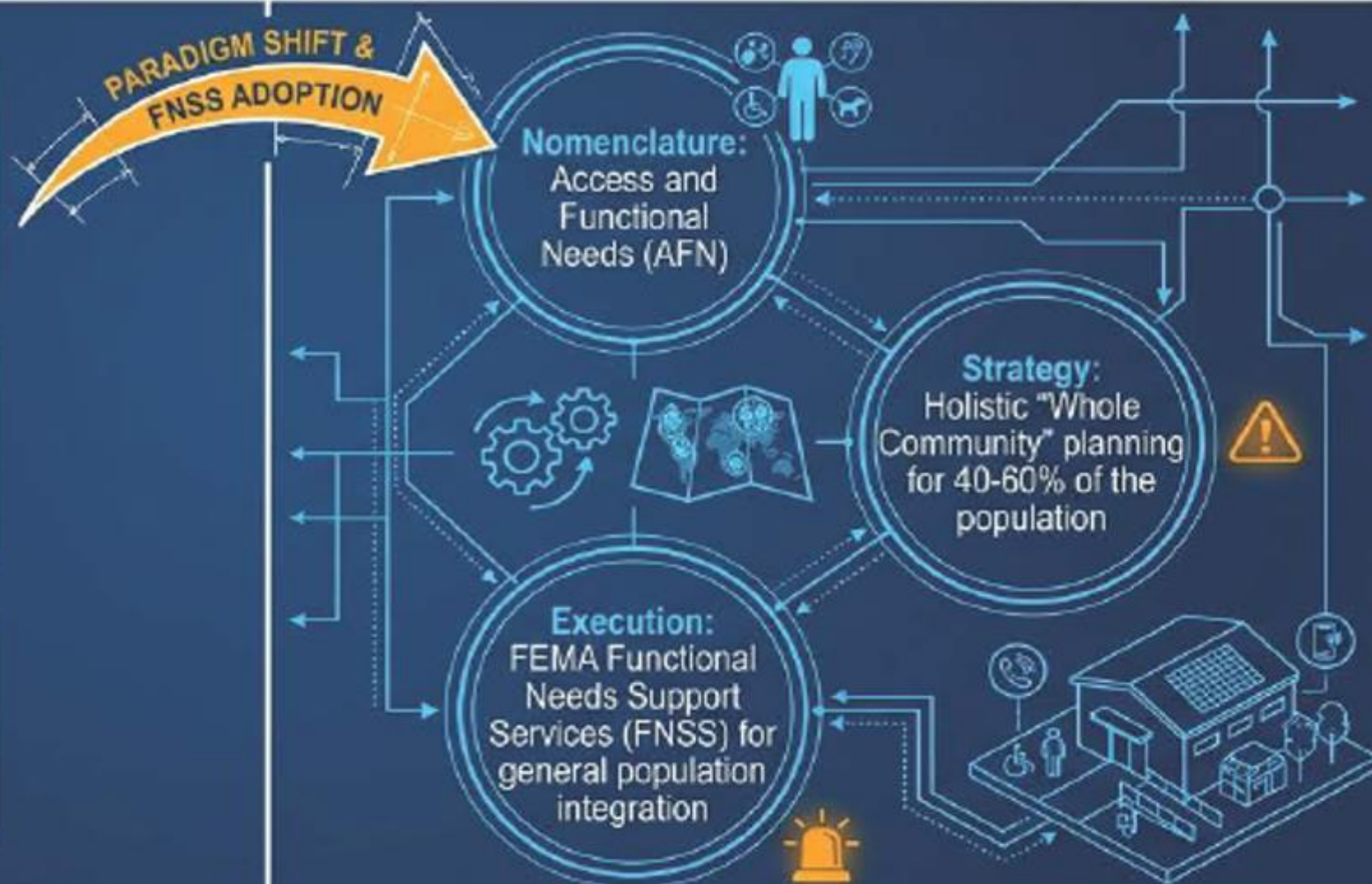
# THE PARADIGM SHIFT: FROM SEGREGATION TO INTEGRATION

Redefining emergency accessibility based on FEMA's 2010 FNSS guidance.

## THE PRE-2010 APPROACH: SILOED & SEGREGATED



## THE POST-2010 STANDARD: INCLUSIVE & INTEGRATED





“individuals with physical, mental, sensory, cognitive, cultural, ethnic, socio-economic (including homeless), age, citizenship status, or any other circumstance creating barriers to understanding or the ability to act/react as requested of the general population during all phases of emergency management.”

# State-Level Architecture

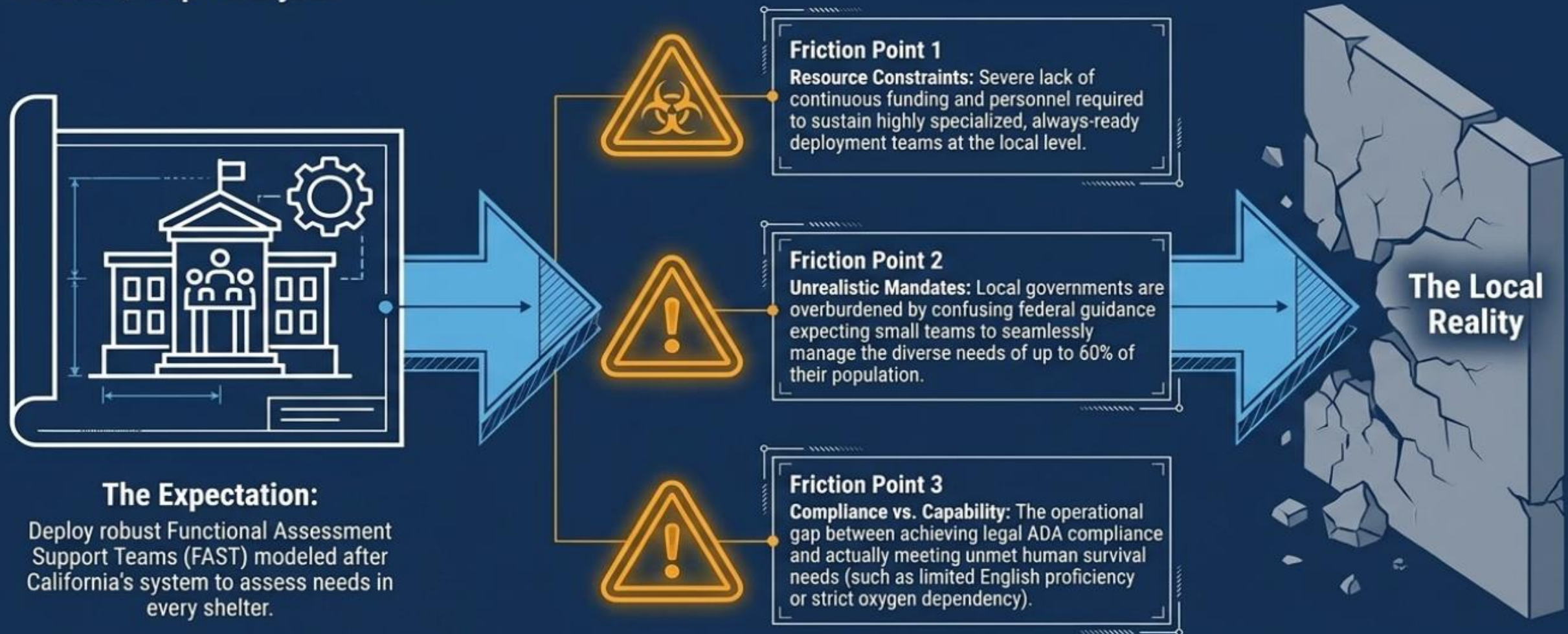
Coordinating Missouri's public and private resources for holistic recovery



# The Operational Gap: A Reality Check

Why top-down models struggle against systemic local constraints.

## Friction/Gap Analysis



# Regional Workarounds: The MARC Model

Shifting focus from overwhelming mandates to solvable problems.

## Mid-America Regional Council (MARC) - Kansas City Region

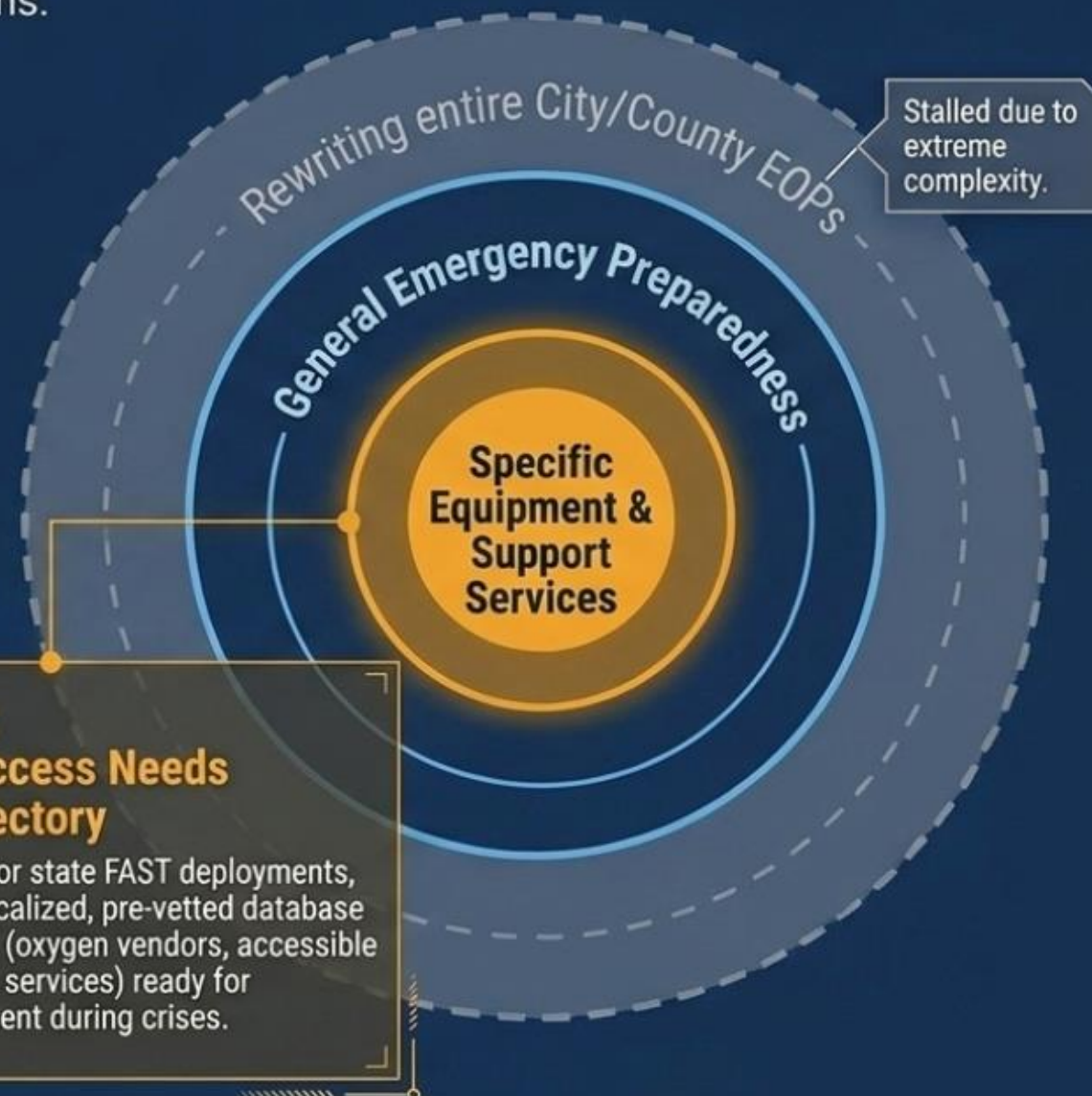
1.9 Million People | 9 Counties | 119 Cities

### The Pivot:

Recognizing that comprehensive EOP rewrites were failing, MARC's Mental Health and Functional & Access Needs Committee aggressively narrowed its focus.

### The Solution: Functional/Access Needs Resource Directory

Instead of waiting for state FAST deployments, the region built a localized, pre-vetted database of trusted suppliers (oxygen vendors, accessible transport, language services) ready for immediate deployment during crises.



# Practical Takeaways for Planners

Actionable steps to build operational AFN capacity today.



## 1. Audit Local Frameworks

Stop planning for “special needs” as a separate, segregated category. Immediately audit current Emergency Operations Plans (EOPs) to ensure AFN considerations are inherently integrated into general mass care, evacuation, and crisis communication protocols.



## 2. Build a Tangible Resource Directory

Do not wait for state-level deployment teams. Emulate the MARC model by building a localized, pre-vetted directory of medical equipment vendors, language services, and accessible transport providers that emergency managers can call on day one.



## 3. Leverage the AFN Committee

The AFN can assist you with education, planning and understanding the AFN population in your community.



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**Marcia D. Davis**

**573-526-8560**

**Marcia.Davis@health.mo.gov**



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**HEALTH &**  
**SENIOR SERVICES**

# Recovery

# SEMA Recovery Division

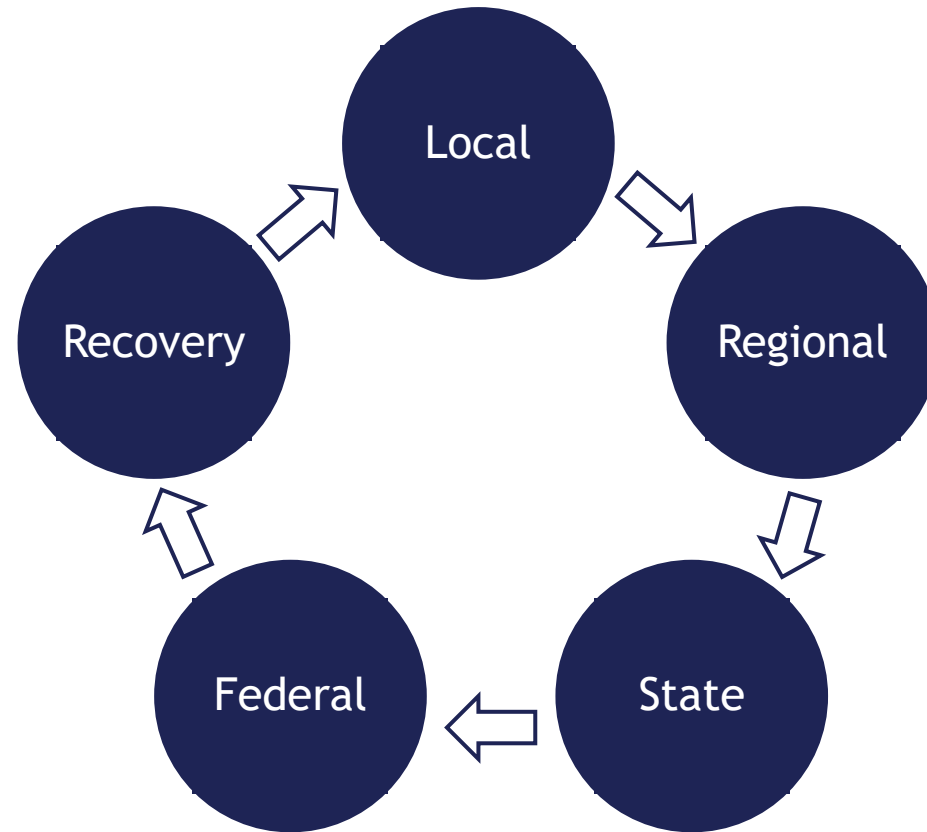
September 1, 2026



# Today's Focus:

- ▶ Learn about the process to request federal disaster declarations
- ▶ Overview of the Missouri Disaster Recovery Framework and RSF #3

# All Disasters Begin and End Locally



# Federal Disaster Declarations

- ▶ Following an event, SEMA's Regional Coordinators (Operations Division) begins Initial Damage Assessments
- ▶ Based on their assessments, the Recovery Division Manager requests FEMA to conduct Joint Preliminary Damage Assessments in coordination with the Disaster Recovery Section
  - ▶ The teams will evaluate number of damaged homes and amount of damage done to public infrastructure
  - ▶ This will determine if and what type of federal assistance can be officially requested

## Disaster Declaration Process

Incident Occurs

Local officials collect initial damage estimates

State requests Joint Preliminary Damage Assessments (PDAs) from FEMA Regional Office

Joint Local/State/Federal PDAs are conducted

Governor submits disaster declaration request to President through FEMA Regional Office

FEMA reviews request, sends recommendation to President for decision

President makes determination





### Consolidated (IA & PA) Disaster Assessment Summary

1. Jurisdiction(s) Affected \_\_\_\_\_ Date: \_\_\_\_\_
2. Disaster: Type \_\_\_\_\_ Date: \_\_\_\_\_ Time \_\_\_\_\_
3. Report by: Name \_\_\_\_\_ Title \_\_\_\_\_
- Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

4. Affected Individuals: (Assign affected individuals to only one category.)

|                 |   |              |   |
|-----------------|---|--------------|---|
| a. Fatalities   | 0 | d. Missing   | 0 |
| b. Injuries     | 0 | e. Evacuated | 0 |
| c. Hospitalized | 0 | f. Sheltered | 0 |

5. Property Damage:

a. Residence

|               | # Destroyed | # Major | # Minor | # Inaccessible | # Insured |
|---------------|-------------|---------|---------|----------------|-----------|
| Single Family |             |         |         |                |           |
| Multi Family  |             |         |         |                |           |
| Mobile Homes  |             |         |         |                |           |

Estimated Losses to Residence \$ \_\_\_\_\_

b. Business

| # Destroyed | # Major | # Minor | # Insured |
|-------------|---------|---------|-----------|
|             |         |         |           |
|             |         |         |           |
|             |         |         |           |

Estimated Loss to Business \$ \_\_\_\_\_

c. Public Facilities

| Type of Work or Facility Categories | Estimate  | # of Sites | Brief Description of Damages |
|-------------------------------------|-----------|------------|------------------------------|
| A. Debris Removal                   | \$        |            |                              |
| B. Protective Measures              | \$        |            |                              |
| C. Roads & Bridges                  | \$        |            |                              |
| D. Water Control                    | \$        |            |                              |
| E. Buildings Equipment              | \$        |            |                              |
| F. Utilities                        | \$        |            |                              |
| G. Parks & Recreations              | \$        |            |                              |
| <b>TOTAL ESTIMATE</b>               | <b>\$</b> |            |                              |

# Thresholds



- ▶ State threshold for FEMA Public Assistance Disaster Declaration request is currently \$11,940,531.22
  - ▶ This dollar amount is calculated based on an Indicator number multiplied by the state's population
  - ▶ Each county has their own threshold to meet calculated through the same formula
  - ▶ Total may be updated at the beginning of each federal fiscal year
- ▶ State threshold for FEMA Individual Assistance Disaster Declaration request is a minimum of 250 homes that are destroyed or have suffered major damage

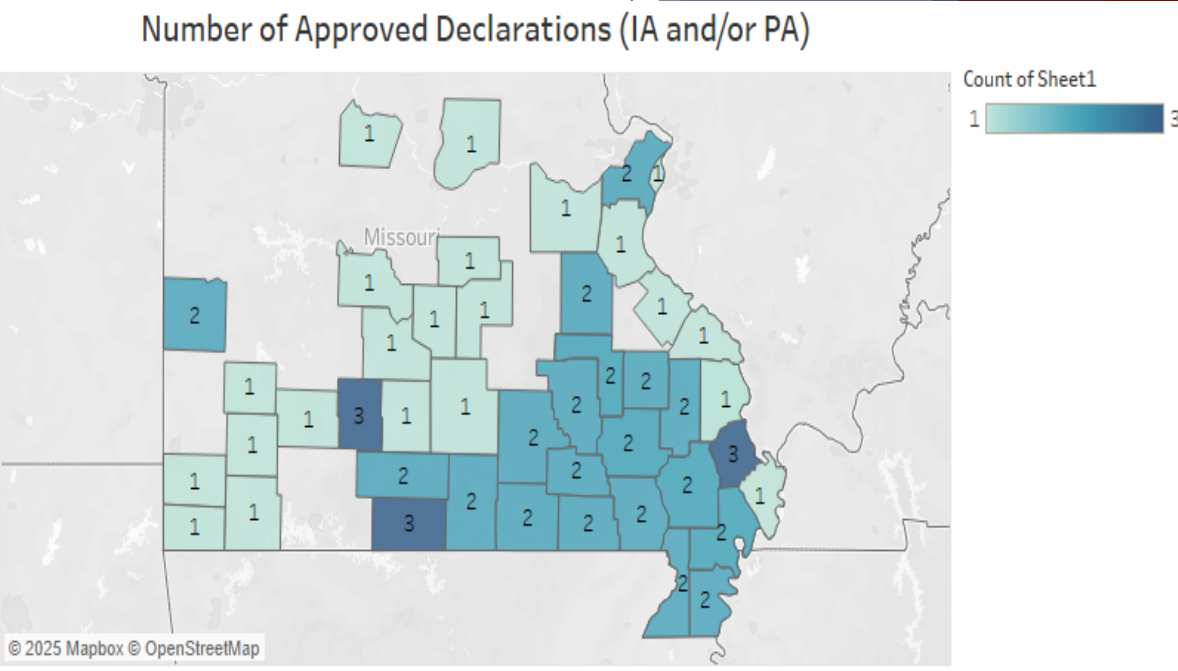
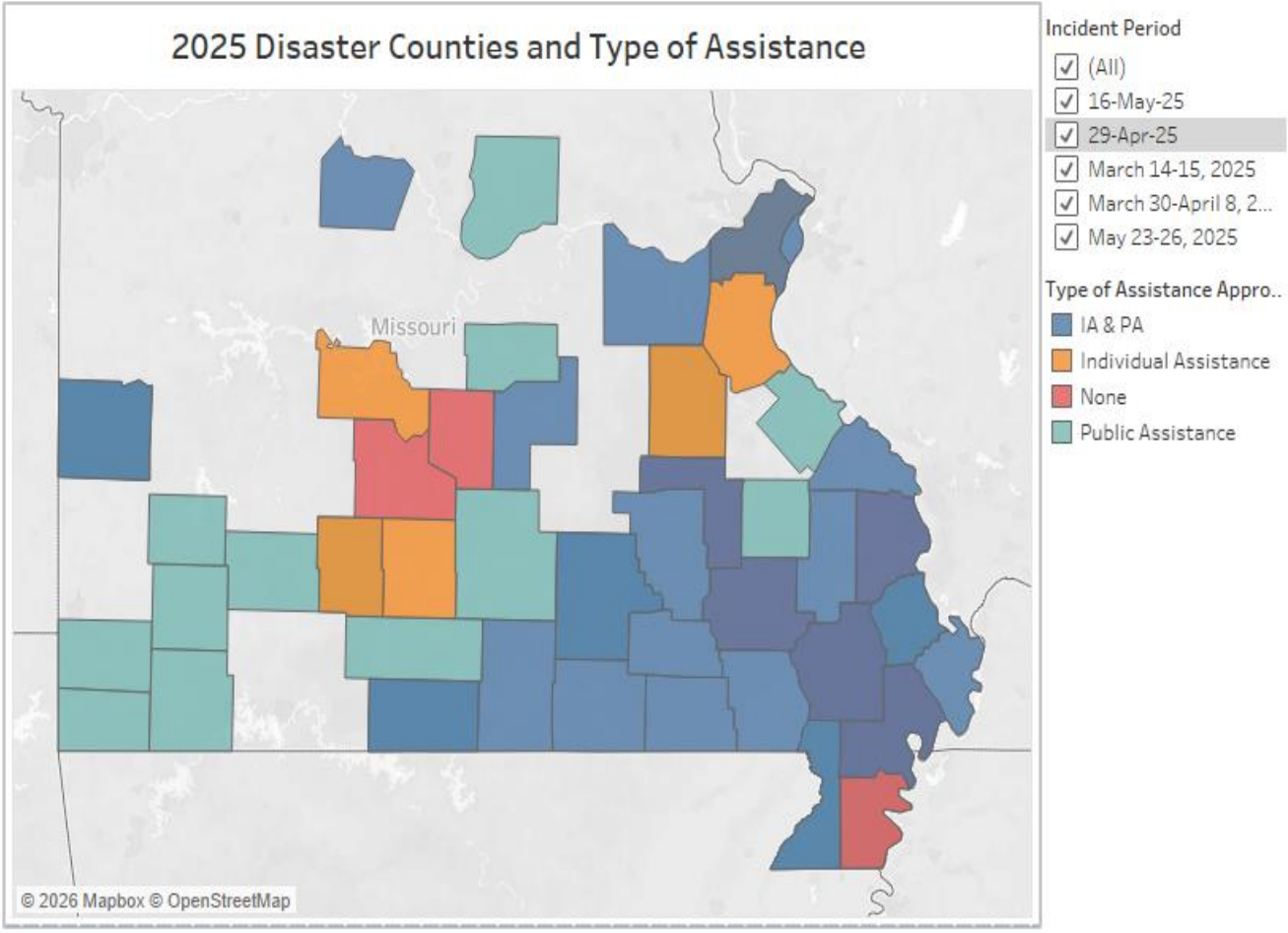
# Requesting the Declaration

- ▶ If county and state thresholds are met, the Governor then signs a letter requesting a federal disaster declaration (drafted by SEMA) for either Public Assistance (PA), Individual Assistance (IA), or both
  - ▶ FEMA reviews the request and forwards to the President for a decision
  - ▶ FEMA notifies the Governor's Office and SEMA when a decision is made – timeline varies
- ▶ If a Public Assistance declaration is approved, SEMA's Disaster Recovery Section immediately begins working with the local jurisdictions to educate and guide them through the PA process
  - ▶ This program provides the jurisdictions financial relief through reimbursements of their expenses related to emergency work and permanent work
    - ▶ 75% federal
    - ▶ 15% local
    - ▶ 10% state

# Missouri Disaster History

- ▶ Since 2015, Missouri has received 20 federal disaster declarations
  - ▶ Six of those were declared just in 2025 alone
  - ▶ Two have been declared so far in 2026 and one pending
- ▶ Many disaster events do not reach federal disaster declaration thresholds

# 2025 Disaster Summary

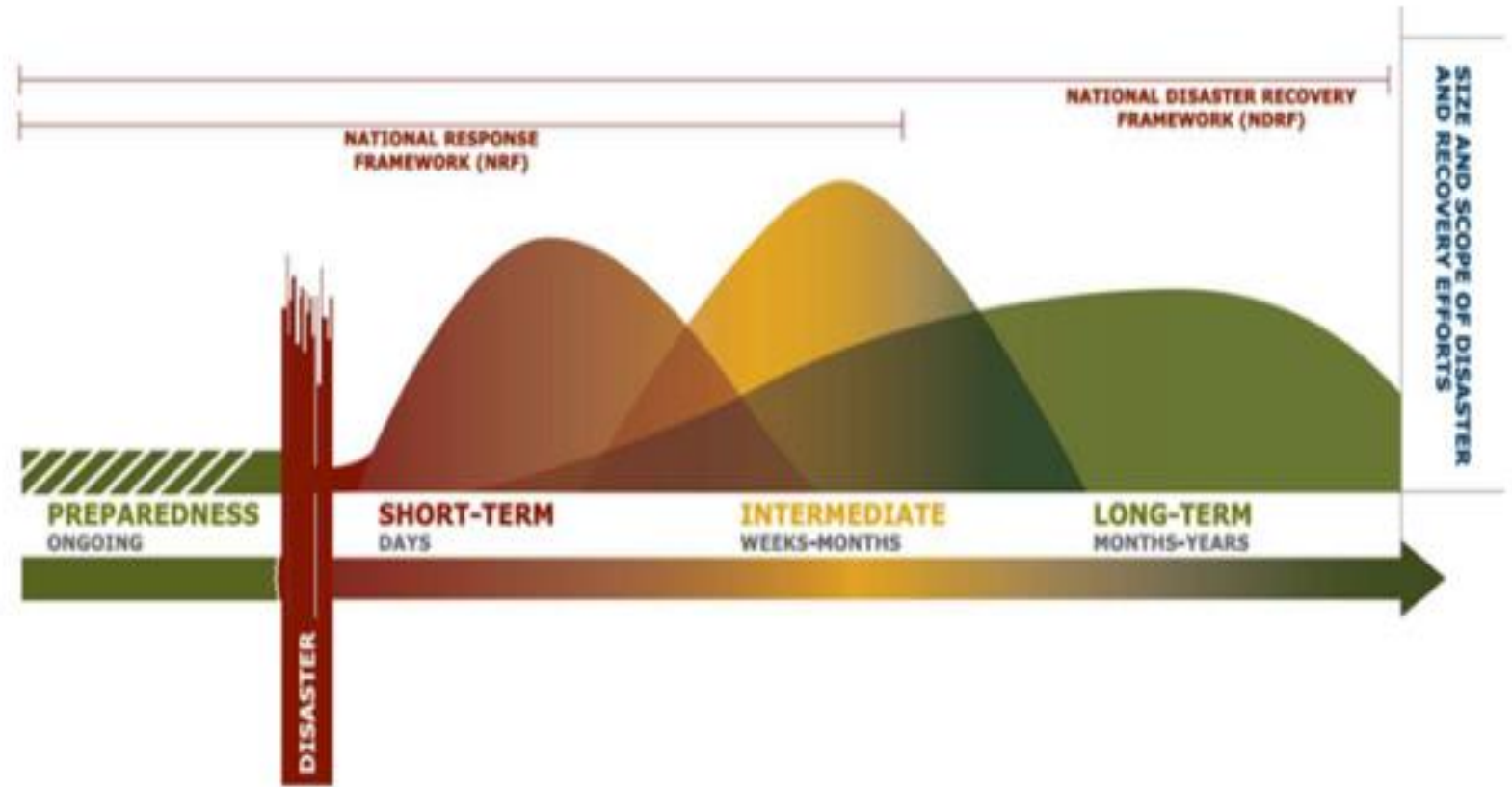


### Total Counties Received Assistance per Declaration

| Year | Disaster Declaration.. | Incident Period        | Type of Assistance Approved |                       |      |                   |
|------|------------------------|------------------------|-----------------------------|-----------------------|------|-------------------|
|      |                        |                        | IA & PA                     | Individual Assistance | None | Public Assistance |
| 2025 | 4867                   | March 14-15, 2025      | 13                          | 5                     | 3    | 7                 |
|      | 4872                   | March 30-April 8, 2025 | 19                          | 1                     |      | 7                 |
|      | 4876                   | 29-Apr-25              |                             |                       |      | 6                 |
|      | 4877                   | 16-May-25              | 3                           |                       | 5    |                   |
|      | 4885                   | May 23-26, 2025        |                             |                       |      | 5                 |

# Disaster Cycle

- ▶ Long-term recovery incorporates Mitigation and Preparedness
- ▶ High level of awareness during Response
- ▶ Recovery may take years and the scope will vary with each event



# Missouri Disaster Recovery Framework (MDRF)

Mirrors the National Disaster Recovery Framework (NDRF)

Establishes responsibilities of the State Disaster Recovery Coordinator

Whole community roles & responsibilities

Recovery Support Function (RSF) Annexes

Can be found at [Recovery.mo.gov](https://Recovery.mo.gov) website



## Missouri Disaster Recovery Framework



# Recovery Coordination

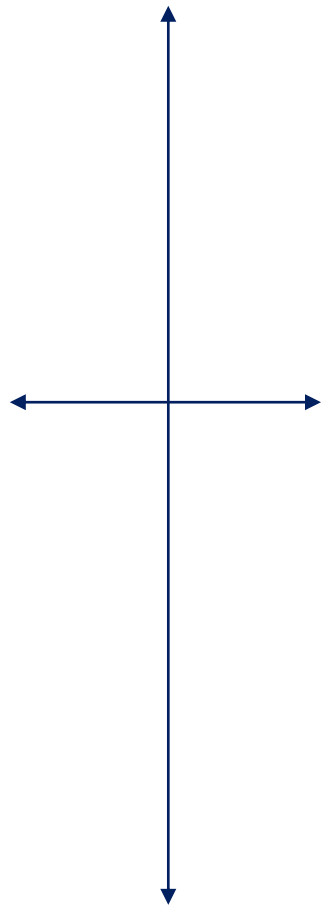


Communities: Government, Individuals, Families, Households, Businesses, Other Stakeholders

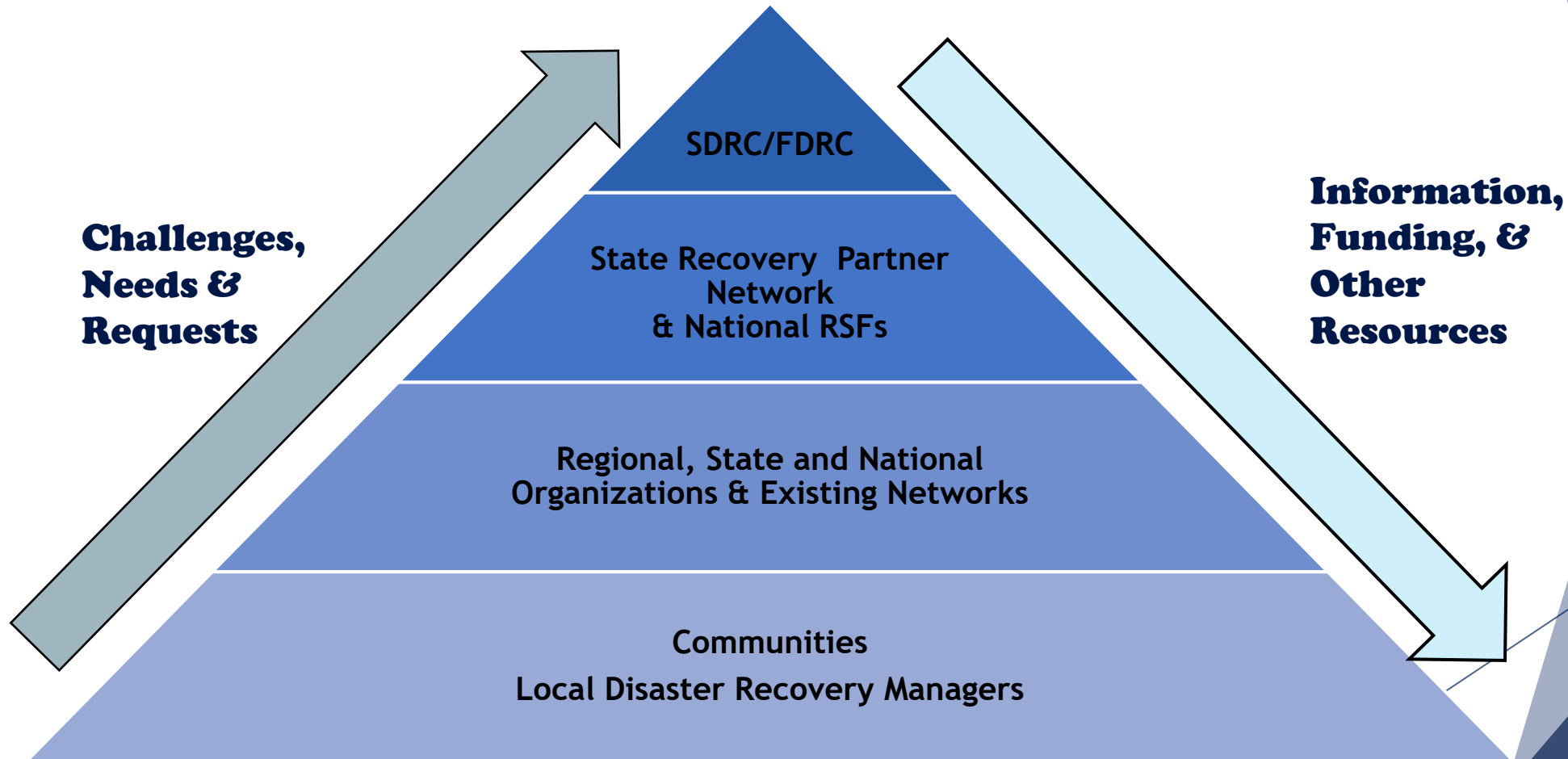
## State RSF's



## Federal RSF's



# Organized Communication & Coordination



# Health, Education, and Human Services RSF

Federal Lead: U.S. Department of Health and Human Services

State Lead: MO Department of Health and Senior Services

## Critical Tasks:

- Identify and prioritize restoration of health and social service needs based on stakeholder input
- Restore healthcare, education, and social services to include the following:
  - Healthcare Services at all levels: hospitals, EMS outpatient, home health, pharmacies, long-term care
  - Behavioral Health
  - Public Health
- Additional consideration will include:
  - Food safety and Regulated Medical Products
  - Long-Term health issues

# Health, Education, and Human Services RSF



## Purpose

- Facilitate the continuation and restoration of critical medical, public, environmental and behavioral health services as well as essential social services functions
- Advise affected K-12 schools and institutions of higher education on how to restore a safe environment



## Determining Activation

- If health and social services resources are damaged beyond a community's ability to recover, and technical and other assistance would help preserve these resources

# If Activation is Approved...

- ▶ Once data is collected on recovery gaps and turned in to FEMA, a determination will be made if activation is warranted
- ▶ If approved, the state would coordinate with the U.S. Department of Health and Human Services:
  - ▶ Federal partners gather impact information, collect and analyze data, and apply subject matter expertise to identify and analyze recovery issues, unmet needs, and capability gaps and challenges
  - ▶ Collaborate with partners to identify potential resources to close identified recovery gaps
  - ▶ Following assessments, the state and federal partners create a document known as Recovery Support Strategies to outline the goals and planning for long-term recovery



# Building Resilience at Home

- ▶ What challenges does the community face?
  - ▶ Who or what do you think is most at risk?
  - ▶ What systems are vulnerable?
  - ▶ Do you have the resources to withstand and recover from shocks and stressors?
  - ▶ What's missing from your community?
  - ▶ What would make your community stronger?
- 

# What Does This Mean for You?

- ▶ These programs provide federal and financial support to help communities and individuals recover from a disaster event
- ▶ If your jurisdiction is impacted, you now have a better knowledge of how SEMA's processes work and the information that is required to request assistance
  - ▶ This knowledge can assist you as you make plans with your community

**Questions?**

# Contact Information

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State Disaster Recovery Coordinator

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# Closing