



Targeted Investments of American Rescue Plan Funding Can Build a Stronger Missouri for Generations to Come

Every Missourian deserves the opportunity to thrive, with quality housing they can afford, a job that lets them provide for their families, and a strong community that offers access to a 21st century education and quality health care and recreational facilities - all the things that help families succeed.

And while all Missourians have been impacted by the COVID pandemic, some were hit harder than others and are still struggling. The pandemic also highlighted the economic disparities that already existed, which have only gotten worse.

Our state has a once-in-a-lifetime chance to use the \$2.7 billion in state fiscal relief provided through the American Rescue Plan to close those gaps and set us up for a future that provides greater opportunity for all of us, both rural and urban, and within every community, no matter the zip code.

With this vision in mind, more than 100 organizations from across the state that represent diverse sectors came together to identify priorities for the investment of ARPA funds across several key areas. In recognition of the breadth of issues involved, the priorities are not ranked. Rather, they represent the many areas in which Missouri can make transformative, one-time investments that can address the health and economic consequences of the pandemic *AND* build toward a better and more equitable future for all Missourians.

Public Health & Mental Health

The pandemic has both strained and underscored the importance of our public, behavioral, and physical health care systems. While providers have risen to the occasion to meet the needs of Missourians, weaknesses in our existing systems have become more apparent. ARPA funding would serve to strengthen these systems – and improve the lives of Missourians – well into the future.

Provide seed money to expand access to health and mental health services in schools.

The COVID-19 pandemic has created unprecedented challenges for health of Missouri's children, including gaps in routine screening, immunization, and oral health care, in addition to increased behavioral health needs. School-based services and supports are one of the most efficient ways to reach children and their families. Start-up or seed money for schools to create or expand School-Based Health programs – or to establish partnerships with qualified providers – would connect Missouri's children with critical services now and in the years to come.

Enhance capacity to respond to increased needs of Missourians during the pandemic through:

- **One-time funding to increase the capacity of the Department of Social Services (DSS) to prepare for the end of the public health emergency.** DSS will need to process an unprecedented number of renewal applications and determinations of eligibility as the public health emergency ends (while simultaneously processing applications for expansion). Enhanced capacity at DSS will be necessary to make sure that Missourians who are eligible retain coverage, can sign up for coverage when eligible, and to ensure applications are processed quickly and accurately.
- **Funding to address increases in domestic violence, child abuse, sexual assault, elder abuse and other crimes during the pandemic.** An increase in demand for victim services related to the pandemic unfortunately coincides with a temporary three- to four-year shortfall in federal Victims of Crime Act (VOCA) funding. Enhanced funding is needed to fill this gap for services to support victims of crime including, but not limited to, services for victims of domestic violence, child abuse, sexual assault and elder abuse to address increases in incidence due to the pandemic and to aid those entities serving victims of crime adversely impacted by COVID-19.

Strengthen and modernize Missouri's behavioral health system by:

- **Filling gaps in Missouri's crisis response system.** During the pandemic, the demand for emergency services to address suicide, substance use disorder, and behavioral health crises among Missourians has increased. Moreover, the National Suicide Prevention Hotline (988 line) is scheduled to launch in July 2022. However, Missouri's crisis response system lacks the capacity to meet these needs and must close holes in its existing systems and resources to address the increased need resulting from the pandemic and hotline implementation.
- **Providing funding for programs to address behavioral health provider shortages.** Behavioral health provider shortages prevent many Missourians from receiving the care they need. By expanding programs that help close these gaps (including but not limited to the Missouri Child Psychiatry Access Project) or extending quality telehealth services that were introduced or increased during the pandemic, Missourians of all ages could better access the services they need.

Strengthen and modernize Missouri's public health system. Public health stakeholders in Missouri have recommended a Foundational Public Health Services (FPHS) model to ensure that core, essential public health capacities such as chronic disease prevention, communicable disease control, and maternal and child health are available to improve the health of Missourians in all parts of the state.

Financial and technical assistance is needed to ensure that Local Public Health Agencies (LPHAs) can provide these foundational services in every Missouri community. Ensuring that all LPHAs have adequate facilities, staffing and capabilities to provide these services would be a first step toward a larger transformation.

Affordable Housing

Housing is more than just a basic need. Quality, affordable housing has vast spillover benefits to families and communities alike. Not only do children with stable housing do better in school, but their families are healthier, and without the stress of possible eviction and need to find alternative housing, are more productive employees. Unfortunately, like many other states, Missouri has a shortage of affordable housing available for families struggling to make ends meet. According to the Missouri Housing Development Commission, Missouri has a shortfall of 128,000 affordable housing units.¹

Develop Affordable Housing Grants Program. Create a housing grants program to support non-profit and for-profit developers to produce additional affordable housing in Missouri. Funding would support both the rehabilitation of existing housing units and construction of new units and be tied to requirements like those of the Low-Income Housing Tax Credit Program.

Cash Supports and Workforce Investments

Funding from ARPA offers Missouri the opportunity to both meet the critical needs of Missourians most economically impacted by the pandemic, as well as build a stronger workforce for the future. The recommendations in this section illustrate how funding can assist families and communities in the short term and build a stronger and more competitive economy in the long term.

Provide a Missouri Stimulus Payment. A stimulus payment to Missourians who have been most impacted by COVID, including low-income workers, frontline workers, seniors and others with fixed incomes based on income would help Missourians meet their needs and stimulate economic activity. To simplify administration, any Missourian eligible for the federal earned income tax credit (EITC) or the Missouri Circuit Breaker property tax credit would be eligible for a Missouri stimulus payment. Such a stimulus would reach 638,000 Missouri households with incomes up to \$56,000 per year, depending on family size.²

Offer Hazard Pay for Impacted Sectors. Provide an opportunity for hazard pay for low-wage frontline workers who were impacted by COVID but who have not otherwise received hazard or premium pay.

Build Career Pathways. Support the development of career pathways in fields or professions that have faced high turnover and/or increased demand due to COVID, including public health, community health workers, social service and child welfare providers, mental health and home health/personal care aides, early childhood educators, teachers and teachers aides and others with high turnover. Strategies to do so include:

- Expanding Funding for Missouri Excels for related projects
- Providing a pool of funds to support paid internships/apprenticeships or temporary sign-on bonuses

Pilot a Retention Bonus. Commission a study of high turnover jobs to help identify reasons behind turnover. Upon completion of the study, pilot a retention bonus program in fields that have been stressed due to COVID including public health, social services and child welfare providers, mental health and home health/personal care aids, early childhood educators, teachers and teachers aids and other fields. The retention bonus pilot would test the theory that increased pay would increase retention.

Invest in Improvements at Missouri's Career and Technical Education Centers. Provide funding for Career and Technical Education Centers to upgrade facilities and retool equipment and to conduct outreach to make students aware of opportunities. Funding distribution should be prioritized for Centers that serve students in high-poverty areas.

Broadband

The Internet connects us to job openings, health information, and ways to improve our education or learn new skills. Yet up to 20% of Missourians don't have reliable high-speed Internet (or broadband), cutting off their access to information and opportunity.³ Governor Parson has proposed a \$400 million investment in broadband infrastructure, and the state is expected to receive at least \$100 million from the recently enacted Infrastructure Investment and Jobs Act. Moreover, about 25 percent of residents will be eligible for subsidies to help families pay for high-speed Internet.

Expand broadband using the following guidelines:

1. The expansion of broadband access should be affordable and adequate in both rural and urban areas.
2. The expansion of broadband access should be adequate to satisfy the educational, telehealth, employment, and local business needs of all Missourians in impacted areas.
3. The expansion of broadband access should be tracked in a way that identifies deficits in the current accessibility and that tracks success in achieving and maintaining such access.
4. Efforts to expand broadband access should include representation and participation from the most affected communities (consultation and implementation).

State Technology and Systems

Unprecedented job loss caused by the COVID-19 pandemic overwhelmed the state's aging and inadequate IT infrastructure. Many Missourians had for the first time experienced the challenges and frustrations of navigating these outdated systems, while state employees struggled to keep up with demand. Long wait times, unanswered phone calls and emails, confusing applications, and burdensome verification and renewal processes are not uncommon. Furthermore, insufficient and inaccessible program data hamper the ability of stakeholders to measure progress and identify service gaps.

Modernize State Information Technology (IT) Systems that Support Safety Net Programs

The pandemic exacerbated these longstanding problems with IT systems supporting safety net programs (e.g., Supplemental Nutrition Assistance Program (SNAP), Medicaid, Unemployment Insurance, etc.). American Rescue Plan Act (ARPA) funds should be used to modernize Missouri's social safety net IT systems, and implement the IT system/process recommendations outlined in the Missouri Department of Social Services (DSS) *Missouri Benefits Enrollment Transformation and Rapid Response Review* reports.^{4,5} Key upgrades should include the following:

- **Develop a user-friendly IT system that allows clients and staff to access information and make transactions easily and quickly.** This includes streamlining the application process; allowing applicants and program participants to submit data via an online submission form (minimizing the need to mail or email/fax printed and scanned documents); and upgrading phone systems and other communication technologies to enable timely and efficient delivery of services. These changes should be multilingual, culturally sensitive, and implemented across all platforms and devices, such as mobile phones and desktop computers.
- **Upgrade state department IT systems so that departments and programs can easily access and share data.** This can minimize or prevent clients from having to submit the same information to multiple departments and programs. This duplication of effort often delays service delivery. Coordinating and integrating disparate IT systems also saves staff time by allowing staff to quickly access data from other department databases and resources to verify client eligibility, instead of repeatedly contacting the client.
- **Improve and expand data collection and analytic tools.** Data collection efforts should prioritize data that is relevant, inclusive, and consistent across departments and programs. Emphasis should be placed on collecting demographic data (e.g., race/ethnicity, gender, age, disability) for equity analysis to help identify service gaps and communities in need. The system should include easy to use analytic tools capable of measuring program outcomes, disaggregating demographic data, and disseminating data in publicly accessible formats, like a public dashboard, and other means.

In addition to the above recommendations, ARPA funds can be used to train and hire staff to maximize IT system capabilities and ensure timely, accurate, and secure service delivery. Modernizing the state's IT systems not only benefits applicants and program participants, it also enables departments to operate more efficiently.

Modernize Public Health Data Collection, Management, and Monitoring Systems

Decades of disinvestment in Missouri's public health infrastructure weakened the state's ability to rapidly respond to the COVID-19 pandemic outbreak. Halting the spread of infectious diseases requires a fast, efficient, and highly coordinated effort among all local, regional, and state health entities. This includes, among other things, the ability to quickly identify impacted communities and administer needed intervention with minimal delay.

Modernizing Missouri's public health IT infrastructure is critical to improving the state's ability to effectively respond to health crises. This in turn minimizes the social and economic disruptions

caused by diseases. In addition to the recommendations outlined in Missouri's Public Health Response to COVID 19, a report by George Washington University and Missouri Foundation for Health, ARPA funds can be used to:⁶

- **Modernize computer hardware and software systems so that public health data can be better monitored, managed, and shared among health entities.** The current fragmented system makes it difficult for local, regional, and state health entities to share information in a timely and efficient manner. An upgraded IT infrastructure should enable electronic data sharing with real time automatic updates.
- **Expand public health data collection and reporting capabilities to center equity and allow data disaggregation.** Greater emphasis should be placed on collecting and reporting demographic data (e.g., race/ethnicity, gender, age, disability) to identify the most impacted communities more quickly, and to distribute resources equitably. IT system upgrades should include easy to use analytic tools capable of disaggregating demographic data and disseminating data in publicly accessible formats (e.g., public dashboard).

Prepare Crisis Response IT System for 988 Suicide Lifeline

More than 1,100 Missourians died by suicide in 2019.⁷ What's more, Missouri's suicide rate has risen 30 percent since 2010 and is well above the national rate.⁸ Missourians struggling to cope with the negative economic and social impact of the COVID-19 pandemic will likely add to the state's mental health crisis for years to come.

To better assist people contemplating suicide, the federal government established 988, a new, easy to remember nationwide 3-digit phone number. Beginning July 16, 2022, phone service providers are required to route all 988 calls to the existing National Suicide Prevention Lifeline. ARPA funds can be used to ensure Missouri's crisis response IT systems are prepared for the 988 number change. Preparations should include the following:

- **Prepare and expand crisis center hardware and software capacity to accommodate the anticipated increase in service demand resulting from the 988 public awareness campaign.**⁹
- **Implement geolocation technology and improve coordination and access to 911 emergency responders.** Although many calls to suicide crisis centers are resolved satisfactorily with telephonic crisis intervention, some calls necessitate crisis counselors dispatch first responders (e.g., paramedics, law enforcement) to the location of the caller when there is imminent risk of suicide. Reducing response times and minimizing delays are critical to avoiding tragic outcomes.
- **Develop and complete the behavioral health Open Beds registry project.**¹⁰ The project includes the development of a registry of available patient beds. The registry will be a real time, shared resource utilized by behavioral health specialists and emergency responders. Completion of the project is critical to ensuring an adequate crisis response for Missourians in need of care and support.

Notes

1. Missouri Housing Development Commission, “Five Year Strategic Plan for Affordable Housing for the State of Missouri,” May 2020
2. 488,000 Missouri Households received the federal EITC in 2018 according to IRS and Census data analyzed by the Center on Budget & Policy Priorities. 149,941 Missouri Households received the Circuit Breaker in 2019 according to the Missouri Department of Revenue.
3. The State of Broadband in Missouri, Missouri Broadband Access, MU Extension. Retrieved 11/15/21 at <https://apps.cares.missouri.edu/portal/apps/MapSeries/index.html?appid=d4a2252250db472e985a6ead1a1d4ed7>
4. Civilla, Missouri Department of Social Services (DSS), and Missouri Foundation for Health, “Missouri Benefits Enrollment Transformation: Transforming the Enrollment Process for End Users,” (2020). Available at <https://dss.mo.gov/docs/civilla-missouri-research-report.pdf>
5. Missouri Department of Social Services (DSS), “Rapid Response Review – Assessment of Missouri Medicaid Program,” (February 11, 2019). Available at <https://dss.mo.gov/mhd/mt/docs/mhd-rapid-response-review.pdf>
6. George Washington University and Missouri Foundation for Health, “Missouri’s Public Health Response to COVID-19: Key Findings and Recommendations for State Action and Investment,” (September 2021). Available at <https://mffh.org/wp-content/uploads/2021/09/GW-Missouris-Public-Health-Response-to-COVID-issuebrief-web.pdf>
7. Missouri Budget Project analysis of Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury and Violence Data years 2010 to 2019.
8. U.S. Department of Health & Human Services, Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS) Fatal Injury and Violence Data.
9. Federal Communication Commission, Wireline Competition Bureau Office of Economics and Analytics, “Report on the National Suicide Hotline Improvement Act of 2018.” Available at <https://docs.fcc.gov/public/attachments/DOC-359095A1.pdf>
10. The Open Beds initiative is led by the Missouri Behavior Health Council and the statewide 988 Committee.