AGENDA
ST. LOUIS AREA REGIONAL RESPONSE SYSTEM
BOARD OF DIRECTORS
Thursday, September 13, 2018 – 9:00 A.M.
ST. LOUIS CITY FIRE HEADQUARTERS

1. CALL TO ORDER BY DON FEHER, PRESIDENT

2. APPROVAL OF MINUTES OF AUGUST 9, 2018 MEETING

3. DISCUSSION ITEMS

    A. Directors Report   NICK GRAGNANI
                                                            STARRS

    B. Complex Coordinated Terrorist Attack Project   ALTHEA DE GUZMAN
                                                            Hagerty Consulting

4. ACTION ITEMS

    A. Regional Security Expenditures   NICK GRAGNANI

    B. Nominating Committee Report   TONY FALCONIO
                                                            Madison County, IL Emergency Management

4. OTHER BUSINESS

5. NEXT MEETING AND ADJOURNMENT

Thursday, October 11, 2018 9:00 AM

The meeting of the STARRS Board of Directors was called to order at 9:00 a.m. at the City of St. Louis Fire Headquarters, 1421 N. Jefferson, St. Louis, Missouri, with attendance as follows:

Directors Present
Gary Christmann
Tony Falconio
Don Feher
Todd Fulton
Sarah Gamblin-Luig
Justen Hauser
Chris Hunt
Dennis Jenkerson
Nick Kohlberg
Brian Naeger
John Nowak
Lawrence O'Toole
Warren Robinson
Bill Roche
Herb Simmons

Michele Tanton
Dave Todd
John Whitaker

Ex Officio
Jim Wild

On Phone
Mike Arnhardt
Abe Cook
Ryan Nichols

Excused
Greg Brown
Jim Fingerhut
Brian Gettemeier
Joann Leykam

Also in attendance were Carletta Fielder and TJ Moore, City of St, Louis Emergency Management Agency (CEMA) and Althea de Guzman, Kyle McPhee and David Schuld, Hagerty Consultants. East-West Gateway Council of Governments/STARRS staff that were present include Staci Alvarez, Dale Chambers, Ky Kee, Brian Marler, Leah Watkins and Brad Zoref.

CALL TO ORDER

Done Feher, President, called the meeting to order.

APPROVAL OF MINUTES OF June 14, 2018 MEETING

Motion was made to approve the minutes of the June 14, 2018 meeting. Motion carried, all voting aye

DISCUSSION ITEMS

Directors Report

Nick Gragnani advised the Board of STARRS new staff member, Mr. Brad Zoref who comes to STARRS from the City of New York where he was the Emergency Planning Program Manager and Emergency Management Analyst for the City of New York, City Wide Services. Brad will

be working with STARRS staff on the Healthcare Preparedness and Complex and Coordinated Terrorist Attack grants.

Mr. Gragnani updated the Board on the status of the active and pending Urban Area Security Initiative (UASI) grants. He advised that FY 2015 is now closed and that FY 2016 will end in August 2019 with FY 2017 ending in August 2020. He stated that staff is awaiting the award announcement for the FY 2018 UASI grant, which is expected to occur sometime late August or early September. Mr. Gragnani stated that the FY 2018 UASI has a three year performance period and will end in August 2021.

Nick then advised of the Training and Exercise Planning Workshop which is scheduled for Tuesday, September 18, 2018 starting at 9:00 AM at the City of St. Louis Fire Headquarters, 1421 North Jefferson Avenue. He also reminded the Board that staff must be notified whenever equipment that is staged in the region is moved to a different staging location. Nick stated that Leah Watkins is currently entering all of the STARRS grant funded equipment purchases into the State's Salamander system. We want to ensure that the information being entered is correct. He also reminded the Board that STARRS and East-West Gateway are subject to equipment audits by either the Missouri Office of Homeland Security or the U.S. Department of Homeland Security at any time, and that cached equipment locations must be accurate so that the region does not look bad during one of these audits.

Complex Coordinated Terrorist Attack (CCTA) Project

Dale Chambers updated the Board on the status of the CCTA grant program and then introduced Mr. Kyle McPhee and Mr. David Schuld of Hagerty Consultants. Kyle and David gave a presentation on the St. Louis regional CCTA project by explaining how the project will be managed by the Hagerty Team. David will be the St. Louis Project Program Manager and Ms. Althea de Guzman will be the Regional Program Coordinator working among STARRS staff in the East-West Gateway offices. Althea will be setting up CCTA meeting locations and sending out meeting notices to the project shareholders as well as being the project's logistic person throughout the two year performance period. Kyle and David then addressed the CCTA threat and the regional capabilities that will be enhanced through the CCTA project utilizing the existing STARRS committees and network. They completed their presentation by highlight the program's timeline pointing out the development of CCTA Operational Guides, the training and exercise events associated with those guides and the final capstone exercise that is planned for some time in 2020. Chief Dave Todd inquired as to when the project would begin. Nick Gragnani stated that the official kick off is this presentation to the Board but the first meeting of the CCTA Stakeholders will occur on Friday, August 17, 2018 at the City of St. Louis Fire Headquarters.

Subcommittee Reports

Healthcare Preparedness – John Whitaker, Chair of the STARRS Healthcare Preparedness Committee (HPC) advised the Board of the Committee's updated Scope and Structure. He stated that the committee's membership voted in May to change the name of the Subcommittee to Healthcare Preparedness to better recognize the expansion of memberships to include

membership from healthcare providers identified in the 2017 – 2022 Hospital Preparedness Program Grant, Healthcare Coalition (HCC) Guidance and the 2016 Center for Medicare and Medicaid Services (CMS) Emergency Preparedness Rule. John advised that the Committee is currently working on a new Committee Charter with plans on presenting it to the STARRS Board for approval at the September 13, 2018 STARRS Board meeting. He advised further that the Committee's geographic footprint includes 12 counties in Missouri Region C, which is the same distribution footprint for the STARRS Hospital Preparedness grant funds. Mr. Whitaker then advised of the Committee's projects that are part of their strategic plan for 2018/2019. These include the following:

- Complete the HCC Preparedness and Response Plans
- Expand the HPC Membership
- Implement use of 800 MHz radio for hospital emergency departments and incident command staff
- Establish VEOCi online disaster management software for acute care hospitals
- In partnership with Missouri Disaster Management Team (DMAT) update medical caches throughout the region
- Perform hospital emergency department and incident command radio drills
- Develop healthcare coalition introductory training program
- Plan annual Coalition and Healthcare Surge exercises
- Participate in infectious disease exercises

ACTION ITEMS

Regional Security Expenditures

Nick Gragnani, summarized staff's recommendation of the following expenditures, totaling $156,570. The expenditures will be funded from the U.S. Department of Homeland Security's Urban Area Security Initiative (UASI) grant program.

Action	Description	Amount
Purchase	Dell Power Edge Server from Dell, Incorporated	$20,585
Purchase	20 Law Enforcement Tactical Headsets from ABM Supply	$11,900
Purchase	Sandbag Machine from Express Scale Parts, Incorporated	$95,485
Contract	University of Missouri, Fire Rescue Training for US&R baseline rescue training courses	$28,600

Motion approving the recommendation was made by Gary Christmann and seconded by Warren Robinson Motion carried, all voting aye.

Nominating Committee Report

Tony Falconio summarized the Nominating Committee's STARRS Sub-Committee recommendations:

Subcommittee Category C Director Appointments

- Training and Exercise – Derek Reiger, City of St. Louis Fire Department (Voting), replacing Rikki Maus, St. Louis County

New Subcommittee Applicants

Healthcare Preparedness

George Salsman, Manager of Safety/Emergency Management, St. Luke's Hospital
Linda Abrams, Quality Manager, Timberlake Surgery Centers
Robert Johnson, Safety Officer, Select Specialty Hospital
Joy Lairmore, Quality Coordinator, Ranken Jordan Pediatric Bridge Hospital

Mass Fatality

Jeana Vidacak, Emergency Response Planner, Jefferson County Health Department

Removals/Resignations

Emergency Medical Services:
- Mark Thorp, Clayton Fire Department, retired

Healthcare Preparedness:
- Charlotte Wienski, Ranken Jordan, resigned from committee
- Andy Presti, Mercy Hospital – Jefferson, retired

Mass Fatality:
- Judy Tufts, Jefferson County Health Department, resigned from committee
- Lillie Jackson, St. Louis University, request for removal by committee
- Brandon Jones, St. Charles County Ambulance District, request for removal by committee
- Rikki Maus, St. Louis County, resigned from committee

Training and Exercise:
- Rikki Maus, St. Louis County, resigned from committee

Motion approving the recommendations was made by Dave Todd and seconded by Gary Christmann. Motion carried, all voting aye.

OTHER BUSINESS

Gary Christmann introduced two new members of the CEMA staff. They are Ms. Carletta Fielder and Mr. TJ Moore.

NEXT MEETING & ADJOURNMENT

Motion to adjourn the meeting was made by Tony Falconio and seconded by Dave Todd. Motion carried, all voting aye. The meeting was adjourned at 9:43 AM.

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Anthony Falconio

SUMMARY GAP ANALYSIS

St. Louis Regional Complex Coordinated Terrorist Attack (CCTA) Program

DRAFT

PREPARED FOR THE NEXT...
Saint Louis Regional Complex
Coordinated Terrorist Attack Program

August 31, 2018

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FOR THE NEXT...
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Introduction

The Summary Gap Analysis (the Analysis) serves as the guidance document and baseline assessment for the St. Louis Regional Complex Coordinated Terrorist Attack (CCTA) Program (the Program). Hagerty completed a full review of findings reports from regional trainings and specific plans, policies, and procedures to inform the Analysis. The analysis process compiled and sorted through 43 identified gaps from the document review. Of that number, 24 capability gaps are aligned to Program Tasks. The Program outlines 10 defined Program Tasks with the purpose of directly addressing the Region's gaps. While the other 19 gaps are out of this Program's scope, their current and future desired states and recommendations are included in the Analysis.

To yield the most accurate assessment of the Region's gaps and vulnerabilities, the CCTA Core Workgroup provides direct input to the Analysis by taking a Baseline Assessment survey. In the survey, the CCTA Workgroup rates their confidence level for each of the 24 identified gaps. Because the Workgroup consists of leadership representation from each stakeholder group, their perception contributes the whole community's perspective to the Analysis of the Region's gaps. After all Program tasks are completed at the end of the grant period in July 2020, the Workgroup will take the same survey to directly measure the Program's success and the Region's progress to preparing for, preventing, and responding to a CCTA event.

DOCUMENTS REVIEWED

In developing the Analysis, Hagerty reviewed documents including but not limited to the following:

- ❖ Joint Counterterrorism Awareness Workshop Series St. Louis, Missouri Workshop Summary Report (JCTAWS)
- ❖ Integrated Emergency Management Course's (IEMC) Preparing Communities for a CCTA Summary Report
- ❖ Multi-Jurisdiction Improvised Explosive Device Bomb Squad/Swat Interoperability Workshop After Action Report/Improvement Plan (AAR/IP)
- ❖ Multi-Jurisdiction Improvised Explosive Device First Responder Workshop
- ❖ St. Charles County Regional SWAT Tactical Emergency Medical Support (TEMS) Unit Standard Operating Procedures (SOP)
- ❖ St. Louis Fire Department Standard Operating Guidelines (SOG)
- ❖ Jefferson County Missouri Active Threat Response Guidelines
- ❖ After-Action Assessment of The Police Response To The August 2014 Demonstrations In Ferguson, Missouri
- ❖ State of Missouri Systems Concept of Operational Planning for Emergencies (MoSCOPE)
- ❖ Responding in the Midst of Civil Unrest, Affiliate Leadership Training Summit
- ❖ St. Louis Bi-state Region Mass Fatality Resource Coordination Plan: Family Assistance Center Appendix
- ❖ Missouri Incident Management System (MIMS) CONOPS and SOGs
- ❖ FY2016 FEMA CCTA Work Plan

- ❖ FBI Report, Active Shooter Incidents in the United States in 2016 and 2017
- ❖ St. Louis Regional Threat and Hazard Identification and Risk Assessment (THIRA) 2017
- ❖ Terrorism Planning and Incident Response Considerations for Bridges
- ❖ Training Summaries, Regional Plans, and Tactical Plans
- ❖ Regional Healthcare Coalition Emergency Response Plan, St. Louis Regional Healthcare Coalition: Version 1

Additional information reviewed included AAR from active shooter incidents, arson reports, IED incidents, and use of intelligence in prevention activities.

CCTA Capability Gaps

FEMA WORK PLAN

The Federal Emergency Management Agency (FEMA) Program to Prepare Communities for Complex Coordinated Terrorist Attacks requires EWG/STARRS to align their activities to their program objectives, CCTA capability gaps, and core capabilities under the National Preparedness Goal. This Analysis satisfies FEMA Work Plan Objective 1 – Identifying Capability Gaps by aligning Program Tasks to the 24 gaps identified in the Analysis.

FEMA CCTA PROGRAM OBJECTIVES
1. Identifying Capability Gaps
2. Developing & Updating Plans
3. Training Personnel & Whole Community
4. Developing & Conducting Exercises

CORE CAPABILITIES
Out of the 32 core capabilities, the Region's capability gaps fall within the following:

1. Planning
2. Public Information and Warning
3. Operational Coordination
4. Intelligence and Information Sharing
5. Public Health, Healthcare, and Emergency Medical Services
6. Operational Communications
7. Fatality Management[1]

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[1] The gap identified in Fatality Management is out of the Scope of this Program.

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CCTA CAPABILITY GAPS

The Work Plan required ratings for both the importance and confidence of each of FEMA's pre-identified 27 CCTA Capability gaps, cross-tabulated in Table 4 of the Appendix. The results of the contingency table helped to shape the 24 gaps specific to the St. Louis Region. Table 3 shows the ratings breakdown of the 27 FEMA-identified gaps.

PROGRAM TASKS

The Program's Scope includes 10 tasks that specifically align to and address each of the 24 identified gaps in the Region.[2]

- ❖ **Task 2:** CCTA Operational Guide Planning and Development
- ❖ **Task 3:** Training Workshops on Operational Guides
- ❖ **Task 4:** River Response Workshops
- ❖ **Task 5:** Response Drills
- ❖ **Task 6:** Regional CCTA Response Guide
- ❖ **Task 7:** Fusion Center Tabletop Exercises
- ❖ **Task 8:** Public Information Exercise
- ❖ **Task 9:** CCTA Capstone Exercise
- ❖ **Task 10:** Area Command Coordination Functional Exercise
- ❖ **Task 11:** Fusion Intelligence Sharing Functional Exercise

Table 1 in the Appendix lists the 25 identified gaps categorized within 6 core capabilities. Each gap is aligned to a Program Task intended to address each gap. Every task aligns to FEMA's planning, training, and exercise objectives. Table 3 lists the 19 out of scope gaps in the current and future desired states and recommendations.

Program Assessment
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The Workgroup received the Baseline Assessment Survey prior to the initial planning meetings for Tasks 2 and 7. Results of the survey will be used to guide planning and exercise teams in setting objectives and critical tasks for evaluation. An initial analysis of the Baseline Assessment results will be available once the survey closes. This will be presented and discussed at the first Quarterly Workgroup Meeting on November 8, 2018.

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[2] *Task 1 is overall Program Management for all subsequent tasks in planning, training, and exercise.*

Summary Gap Analysis: Appendix

St. Louis Regional Coordinated Terrorist Attack (CCTA) Program

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Tables of Identified Gaps

Table 1: St. Louis Capability Gaps and Assigned Program Tasks

Core Capability	CCTA Capability Gaps	Program Task	Program Objective
Planning	1. Lack of a multi-jurisdictional, multi-agency plan for a complex coordinated terrorist attack	Task 6: Operational Guide	Developing and Updating Plans
	2. There is a need for formal, written policy concerning interoperability plans, training, and coordination between St. Louis Bomb Squad and SWAT teams, describing how Bomb Squads and SWAT teams will prioritize, coordinate, or execute during CCA using suicide bombers, hostage taking, IEDs, or VBIEDs.	Tasks 2 and 3: Operational Guide Development and Training Task 5: Response Drills	Planning, Training, and Exercise
	3. There is a lack of planning, training, exercise in the region to support CCTA response.	CCTA Program	Planning, Training, and Exercise
	4. Lack of planning relating to how bridges over the Mississippi river could be targeted and the impact of an attack	Task 4: River Response Workshops	Planning
Public Information and Warning	5. Lack coordinated public messaging plans	Task 8: Public Information Exercise	Training Personnel and Whole Community
	6. There is a need to expand access to tools that assist with building a common operating picture	Task 7: Fusion Center Tabletop Exercises	Planning and Exercise
	7. Social media is not used to convey public safety information or to avert widespread misinformation during a CCTA response	Task 9: Public Information Exercise	Planning and Exercise

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Core Capability	CCTA Capability Gaps	Program Task	Program Objective
	8. There is a need for a public safety campaign to educate citizens, private-sector security officers, and non-law enforcement personnel on SAR reporting and pre-attack indicators	Fusion Center Liaison Educator	Training Personnel and Whole Community
	9. There is a need to establish a joint information system to coordinate public messaging.	Task 9: Public Information Exercise	Training Personnel and Whole Community
Operational Coordination	10. Lacks the ability to establish a complete Common Operating Picture	CCTA Program	Planning, Training, and Exercise
	11. Coordination challenges exist with multiple command and Emergency Operations Centers during an emergency incident	Task 6: Regional Response Guide and Task 10: Area Command Coordination Exercise	Planning and Exercise
	12. Jurisdiction's leaders do not have clearly established and tested roles and responsibilities	Task 6: Regional Response Guide and Task 10: Area Command Coordination Exercise	Planning and Exercise
	13. Lack of training conducted jointly with first responder and SWAT members	Tasks 2 and 3: Operational Guide Development and Training Task 5: Response Drills	Planning and Training
	14. Emergency Operations Centers are not routinely exercised for a CCTA	Task 9: Capstone Exercise	Developing and Conducting Exercises

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Core Capability	CCTA Capability Gaps	Program Task	Program Objective
	15. There is a lack of plans, policies, and procedures to prevent self-deployment and over-convergence among law enforcement in the region during the response to a large-scale incident.	Task 6: Regional Response Guide and Task 9: Capstone Exercise	Planning and Exercise
	16. Dispatch centers are not routinely tested for a CCTA	Task 2: Operational Guide, Task 6: Response Guide, and Task 9: Capstone Exercise	Planning, Training, and Exercise
Intelligence and Information Sharing	17. Officials are not fully aware of the mechanisms available to report intelligence information or suspicious activity	Fusion Center Liaison Educator	Training Personnel and Whole Community
	18. Information that fire and EMS receive from the fusion center often lacks the specificity needed to make it useful and actionable.	Task 7: Fusion Center TTX II	Training and Exercise
	19. There is a need to establish plans, policies, and procedures related to intelligence sharing from command-level personnel to operations-level personnel.	Task 7: Fusion Center TTX II	Training and Exercise
	20. Law enforcement should also coordinate with hospital systems and urgent care centers on sharing information and reporting suspicious activity given Health Insurance Portability and Accountability Act (HIPAA) limitations.	Task 9: Public Information Exercise	Training and Exercise
	21. First responders need training on real-time intelligence gathering and exploitation	Fusion Center Liaison Educator	Training Personnel and Whole Community

Core Capability	CCTA Capability Gaps	Program Task	Program Objective
Public Health, Healthcare, and Emergency Medical Services	22. First responders are not adequately trained on tactical emergency medical care protocols	Tasks 2 and 3: Operational Guide Development and Training	Planning and Training
Operational Communications	23. Lack complex coordinated terrorist attack communications plans to connect multiple incident sites, dispatch centers, and area command	Task 10: Area Command Exercise	Planning and Exercise
	24. Lack of interoperable communications between first responders and other emergency response staff	Tasks 2 and 3: Operational Guide Development and Training	Planning and Training

Table 2: Identified Out of Scope Gaps and Recommendations

Core Capability	Out of Scope Identified Gaps in Current State	Future/Desired State Recommendations
Planning	1. Private facilities lack planning guidance on shelter-in-place and evacuation policies	Include private sector as whole community partner in planning, training, and exercise
	2. Lack of guidance with defining the role of the community and bystanders in mass casualty events	Include non-traditional whole community partners (e.g., faith-based organizations, VOAD, American Red Cross)
	3. Legal use of security cameras is undefined	
	4. Lack of awareness regarding the diversity and breadth of assets and capabilities the private sector can provide	Include private sector as whole community partner in planning, training, and exercise

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Core Capability	Out of Scope Identified Gaps in Current State	Future/Desired State Recommendations
	5. There is insufficient equipment to support CCA.	a. Robots for vehicle borne EODs b. Fire equipment: modernizing and increasing its ambulance fleet and updated ballistic protection c. Law enforcement bearcats and surveillance drones. e. GETS and/or WPS cards.
	6. There is a need for additional personnel from various entities to support CCA response.	a. EOD personnel b. IL side no EOD team c. Law enforcement: Personnel staffing levels on the SLMPD Special Weapons and Tactics (SWAT) team should be evaluated d. Private venues should consider requiring armed security personnel on site during high-profile events
	7. There are inconsistencies surrounding reunification procedures.	Hospitals, law enforcement, fire/EMS, and NGOs should coordinate to develop a regional plan for reunification operations.
Public Information and Warning	8. Lack of understanding for how to communicate with the public when cellular systems are severely overwhelmed	Explore communication methods and redundancies

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Core Capability	Out of Scope Identified Gaps in Current State	Future/Desired State Recommendations
Operational Coordination	9. Lack of training for responding to incidents on the bridge relating to infrastructure and victims.	a. A response may require resources like structural engineers, heavy equipment, steel workers, search cameras, urban search-and-rescue teams, helicopters, water vessels, oversized construction equipment. Planning ahead can ensure the availability of these resources. b. Hazardous materials may be transported over bridges via vehicle, rail, utilities, or pipelines and may be released during an incidentc. Structural instability and/or collapse can hinder access to victims and create additional casualties, with secondary collapse concerns.
	10. Private sector representatives are not included in Emergency Operations Center staffing.	Include private sector as whole community partner in planning, training, and exercise
	11. First responders do not currently have access to, and information on, critical private sector facilities	Include private sector as whole community partner in planning, training, and exercise
	12. Private facilities lack adequate security plans for a terrorist incident	Include private sector as whole community partner in planning, training, and exercise
	13. Protocols to establish cross-jurisdictional credentialing systems are needed to streamline the authentication of responders and ensure the appropriate officials have access to sites	Consider the implementation of SALAMANDER.
	14. Process for restricting airspace is not widely understood	

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Core Capability	Out of Scope Identified Gaps in Current State	Future/Desired State Recommendations
Public Health, Healthcare, and Emergency Medical Services	15. Unique clinical care challenges to healthcare systems will stress their capacity in a CCTA response	Planning and Training
	16. The medical profession lacks enhanced training in the unique clinical injury patterns associated with bombing patterns	
	17. Plans should be developed or refined to address emergency ingress/egress to hospitals, psychological support for first responders, evacuation of mental health patients, and decontamination	Using the hospital preparedness planning group, bring together all relevant stakeholders of the medical arena to develop an appropriate plan for response.
	18. The decentralized approach to the emergency medical services (EMS) system in the region is resulting in inefficient and/or inconsistent operations.	Advocate for passing the Recognition of EMS Personnel Licensure CompAct(REPLICA) legislation so EMS personnel have the legal authority to respond and provide medical support across state lines.
Fatality Management	19. There is a need for additional planning and training related to fatality management.	Include Medical Examiner Office as stakeholder in planning, training, and exercise

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FEMA CCTA Capability Gaps

*Table 3: Ratings of Importance and Confidence Contingency Table*

Core Capability	CCTA Capability Gaps	How important is this capability gap for you to respond to a CCTA?	How confident are you in your current ability in this capability gap?
Planning	1. Private facilities lack planning guidance on shelter-in-place and evacuation policies	Medium Importance	Slightly Confident
	2. Lack of guidance with defining the role of the community and bystanders in mass casualty events	Low Importance	Not Confident
	3. Lack of a multi-jurisdictional, multi-agency plan for a complex coordinated terrorist attack	High Importance	Slightly Confident
	4. Lacks current active shooter plan and training to prepare for a complex coordinated attack	High Importance	Fairly Confident
	5. Legal use of security cameras is undefined	Low Importance	Highly Confident
	6. Lack of awareness regarding the diversity and breadth of assets and capabilities the private sector can provide	Medium Importance	Fairly Confident
Public Information and Warning	7. Lack coordinated public messaging plans	High Importance	Slightly Confident
	8. Lack complex coordinated terrorist attack communications plans to connect multiple incident sites, dispatch centers, and area command	High Importance	Slightly Confident

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Core Capability	CCTA Capability Gaps	How important is this capability gap for you to respond to a CCTA?	How confident are you in your current ability in this capability gap?
	9. Social media is not used to convey public safety information or to avert widespread misinformation during a CCTA response	Medium Importance	Slightly Confident
	10. Lack of understanding for how to communicate with the public when cellular systems are severely overwhelmed	Low Importance	Slightly Confident
	11. Private sector representatives are not included in Emergency Operations Center staffing	Low Importance	Slightly Confident
	12. First responders do not currently have access to, and information on, critical private sector facilities	Low Importance	Slightly Confident
	13. Lack of interoperable communications between first responders and other emergency response staff	Very High Importance	Absolutely Confident
	14. Private facilities lack adequate security plans for a terrorist incident	Medium Importance	Slightly Confident
Operational Coordination	15. Lacks the ability to establish a complete Common Operating Picture	Very High Importance	Slightly Confident
	16. Coordination challenges exist with multiple command and Emergency Operations Centers during an emergency incident	Very High Importance	Slightly Confident
	17. Protocols to establish cross-jurisdictional credentialing systems are needed to streamline the authentication of responders and ensure the appropriate officials have access to sites	Very Low Importance	Not Confident
	18. Jurisdiction's leaders do not have clearly established and tested roles and responsibilities	High Importance	Slightly Confident
	19. Lack of training conducted jointly with first responder and SWAT members	Very High Importance	Not Confident

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Core Capability	CCTA Capability Gaps	How important is this capability gap for you to respond to a CCTA?	How confident are you in your current ability in this capability gap?
	20. Process for restricting airspace is not widely understood	Medium Importance	Fairly Confident
	21. Emergency Operations Centers are not routinely exercised for a CCTA	Medium Importance	Not Confident
	22. Dispatch centers are not routinely tested for a CCTA	Very High Importance	Not Confident
Intelligence and Information Sharing	23. Officials are not fully aware of the mechanisms available to report intelligence information or suspicious activity	Very High Importance	Not Confident
	24. First responders need training on real-time intelligence gathering and exploitation	High Importance	Not Confident
Public Health, Healthcare, and Emergency Medical Services	25. Unique clinical care challenges to healthcare systems will stress their capacity in a CCTA response	High Importance	Highly Confident
	26. First responders are not adequately trained on tactical emergency medical care protocols	Medium Importance	Slightly Confident
	27. The medical profession lacks enhanced training in the unique clinical injury patterns associated with bombing patterns	Medium Importance	Slightly Confident

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Table 4: Ratings of Importance and Confidence Contingency Table

CONTINGENCY TABLE COMPARING THE IMPORTANCE AND CONFIDENCE RATINGS OF CCTA CAPABILITY GAPS
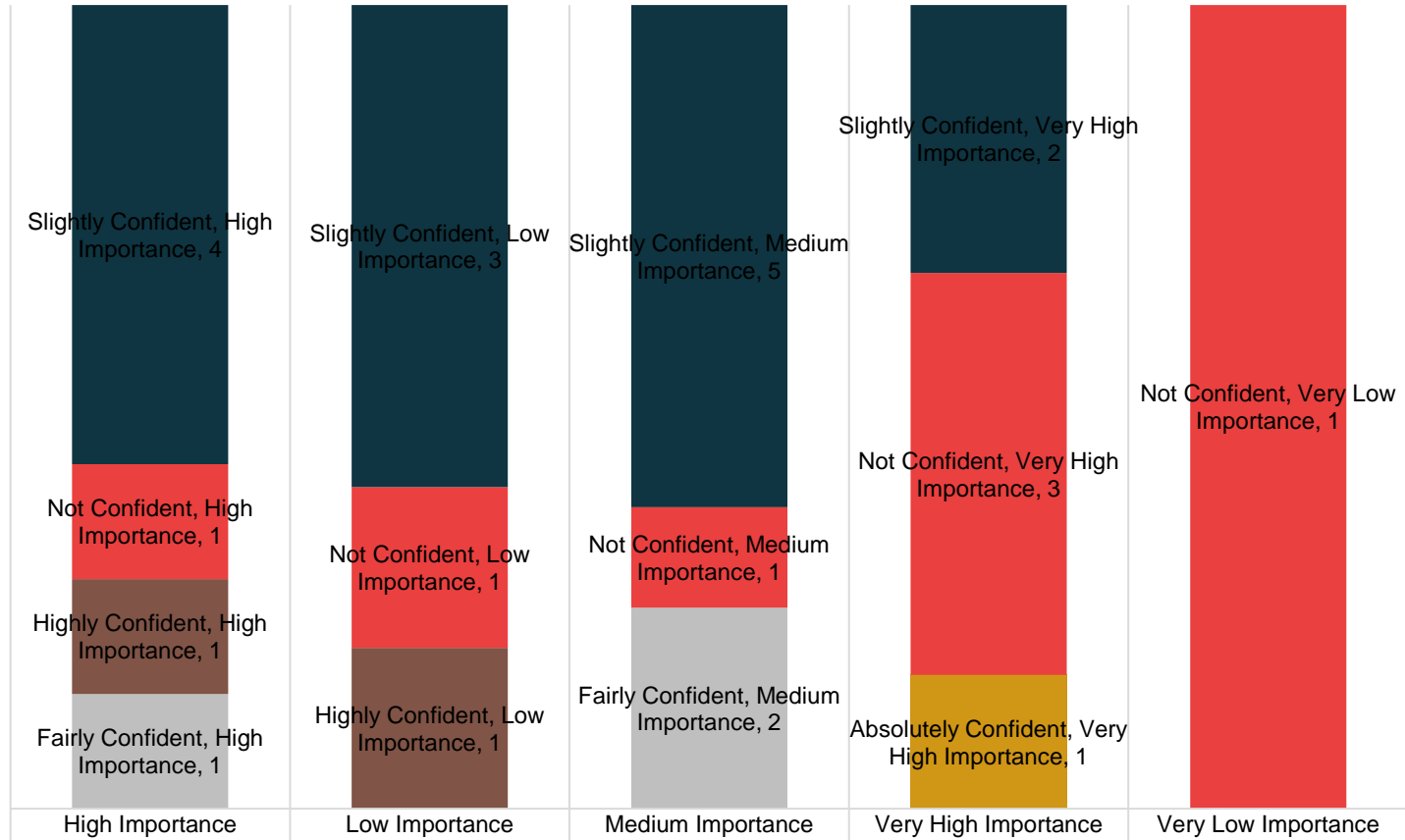
	High Importance	Low Importance	Medium Importance	Very High Importance	Very Low Importance
Slightly Confident	4	3	5	2	
Not Confident	1	1	1	3	1
Highly Confident	1	1			
Fairly Confident	1		2		
Absolutely Confident				1	

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314-421-4220 MO
618-274-2750 IL
Fax 314-231-6120
starrs@stl-starrs.org
www.stl-starrs.org

STARRS St. Louis Area Regional Response System

Memo to: Board of Directors

From: Staff

Subject: Regional Security Expenditures

Date: September 10, 2018

Staff is requesting authorization to expend funds in support of regional security that will improve the region's disaster preparedness and response capabilities. Funding will come from the U.S. Department of Homeland Security's Urban Areas Security Initiative (UASI) grant program. Attachment A summarizes this purchases totaling **$316,782**. Also attached is a summary description of all budgeted expenditures from the UASI grants (Attachment B).

Metro Air Support – The Metro Air Support Unit provides aerial law enforcement protection for the St. Louis metropolitan region. Their patrol missions vary from supporting all police departments in the region, providing surveillance for Federal authorities and helping to maintain the safety of critical infrastructure within the St. Louis area. In addition, the Unit performs routine patrols around the region's river bridges, power plants and the Melvin Price Locks and Dam in Alton, Illinois. In order to enhance this important regional asset's ability to respond, we are requesting approval to purchase the following equipment items for the Metro Air Support Unit:

1. **Thermal Imaging Digital Map Overlay System** - The purchase of a Digital Mapping Overlay System will greatly improve the flight crews ability to conduct area searches for wanted suspects and when following vehicles that refuse to stop. The Digital Map Overlay System identifies street names and provides rooftop-accurate parcel data which allows the flight crew to identify streets and addresses quicker and more efficiently. The system will allow the tactical flight officers to focus their attention inside the cockpit better. The Mapping system integrates with the Metro Air Support's video downlink system which provides live video feed to ground units. Total costs will not exceed **$118,500.**

2. **Night Vision Compatible Digital Engine Gauges and Radios** - The Metro Air Support flight crews wear night vision goggles during evening patrols and when called to assists ground units. This improves the crew's ability to operate in inclement weather, over difficult terrain and to identify communications towers and

high power electrical lines. Due to the nature of night vision goggles, the aircraft cockpit instruments need to be modified to be compatible with the operation of night vision goggles. Therefore, we are requesting approval to purchase night vision compatible digital engine gauges and radios to include installations. Total cost will not exceed **$198,282.**

The purchases described in this memo are being made in accordance with the agency's procurement policy.

Staff Recommendation: Staff recommends that the Board approve the expenditure of funds as follows:

- for the purchase of two Thermal Imaging Digital Map Overlay Systems from Churchill Navigation in an amount not to exceed **$118,500**;

- for the purchase and installation of four night vision compatible helicopter engine gauges from Ideal Aviation in an amount not to exceed **$83,333**;

- for the purchase and installation of three night vision compatible Garmin radios with antenna and Helicopter Terrain Awareness Warning Systems from Ideal Aviation in an amount not to exceed **$114,949**;

for a total amount not to exceed **$316,782** from the UASI grant program.

ATTACHMENT A

Expenditures for Equipment and Services
August 2, 2018

Vendor	Description	Jurisdiction/Agency	Quantity	Cost
Emergency Response Equipment (UASI)				
Churchill Navigation (Boulder, CO)	Digital Mapping Overlay System	St. Louis County	2	$118,500
Ideal Aviation (Sauget, IL)	NVG Compatible Helicopter Gauges	St. Louis County	4	$83,333
Ideal Aviation (Sauget, IL)	NVG Compatible Helicopter Radios	St. Louis County	3	$114,949
			TOTAL EXPENDITURES	**$ 316,782.00**

Total UASI Expenditures: $316,782

Cumulative Budgeted Expenditures for Major Projects under Urban Areas Security Initiative
through Fiscal Year 2016

		Total Budgeted	Prior amount approved by EWG Board	This request	Remaining to be approved
Critical Response Teams					
A key goal under the UASI Strategy is to strengthen our critical response teams. We have largely accomplished this goal with hazardous materials and heavy rescue equipment and training. These teams are capable of responding to terrorist attacks, industrial accidents or natural disasters like earthquakes and tornadoes. Another element of critical response includes medical supplies for mass casualty incidents. The MCI trailers represent the first stage of meeting this need for the EMS community. Also included is equipment for Incident Management Teams that will consist of emergency responders from all disciplines. These mobile teams are activated to support emergency responders managing an event where the event continues over many hours or days.	Hazmat / HR	$18,732,753	$18,445,240	$0	$287,513
	Mass Casualty	1,172,980	1,091,753	0	81,227
	Incident Management Teams	2,436,812	2,306,679	0	130,133
Law Enforcement Tactical Team Equipment					
There are 7 law enforcement tactical response units in the region which need communications, tactical lights and personal protective equipment. Three of the teams will receive tactical vehicles and Metro Air Support will receive a helicopter and other equipment to support response to a variety of terrorist incidents.	Misc equipment:	9,534,894	9,080,544	316,782	137,568
	Tactical vehicles:	4,514,819	4,514,819	0	0
Interoperable Communications					
A variety of projects come within the description of Interoperable Communications. Radio caches, satellite phones and video conferencing and the Land Mobile Radio Communications Plan are included, as well as a microwave tower backbone system.	Radios, phones, video conf. etc:	8,758,026	8,579,774	0	178,252
	Microwave system:	9,338,047	9,188,047	0	150,000
	Radio Plan:	694,300	674,300	0	$20,000
The Virtual EOC					
The virtual EOC strengthens regional collaboration on a day to day basis through a web based interactive network that links the region's eight EOC's and numerous other users for planning, preparing for and responding to an incident. In future years we hope to add a robust Geographic Information System capability.		5,278,534	5,278,534	0	0

ATTACHMENT B
Cumulative Budgeted Expenditures for Major Projects under Urban Areas Security Initiative
through Fiscal Year 2016

	Total Budgeted	Prior amount approved by EWG Board	This request	Remaining to be approved
Emergency Patient Tracking	$2,422,320	$2,422,320	$0	$0
Patient Tracking allows emergency medical services and hospitals to rapidly enter data about a patient into a secure wireless web-based tracking system. The data includes identification, triage condition and transport information and allows the hospitals to balance patient loads and provide information to families.				
Universal ID Project	557,812	557,812	0	0
This system provides a uniform identification card for fire, law enforcement and volunteers with credential information embedded in the card.				
Expand Public Health Capabilities	2,942,741	2,821,898	0	120,843
Local public health agencies are working to prepare the region and protect citizens and first responders in the event of bioterrorism and natural diseases. Work is underway to establish an automated syndromic surveillance system for the early detection of naturally occurring or man made disease outbreaks.				
Mass Casualty Equipment, Medical Supplies and Software for Hospitals	2,296,305	2,177,244	0	119,061
Hospitals are preparing the region for a response to a medical surge or mass casualty incident (MCI) by staging emergency response trailers that are equipped with medical supplies, cots and bedding at selected hospitals for deployment anywhere in the St. Louis region. In addition, the hospitals will dispense medicine to employees, their families and patients in the event of a large-scale bioterrorist or naturally occurring illness. The hospitals have software that will help with the dispensing of this medicine and the management of an MCI when it occurs.				
Disaster Incident Management System for Hospitals and Tactical Response	$2,270,308	$2,270,308	$0	$0
The disaster incident management software system provides a tactical incident management capability for hospitals and response teams that includes federally required forms and plans. For the hospital systems it also includes a regional bed tracking capability.				

ATTACHMENT B
Cumulative Budgeted Expenditures for Major Projects under Urban Areas Security Initiative
through Fiscal Year 2016

	Total Budgeted	Prior amount approved by EWG Board	This request	Remaining to be approved
Terrorism Early Warning Center The TEW is operated by the St. Louis Metropolitan Police Department and the St. Louis County Police Department and serves as a central clearinghouse for information and intelligence to help detect and prevent acts of terrorism.	$ 3,834,597	$3,288,721	$0	$545,876
Citizen Preparedness This program includes Citizen Emergency Response Teams and other similar teams designed to educate the public about disaster preparedness and train them to assist their neighbors. Expenditures include equipment and training to help citizens learn to respond to hazards as part of a team in their neighborhood or workplace, and public information. The program also includes the sheltering project which brings generators and shelters into the region to protect citizens who need shelter.	2,738,666	2,667,466	0	71,200
Regional Coordination Planning Includes regional emergency coordination planning, mutual aid improvements, public information and enhancements to critical infrastructure protection.	1,024,051	1,024,051	0	0
Exercises A regional Full Scale Exercise (FSE) will be held during the second quarter of 2016. The FSE scenario will be terrorist based involving a mass casualty incident and will involve regional hospitals, public health, fire and law enforcement agencies.	471,500	371,500	0	100,000
Training Most disciplines have received and will continue to attend training activities to enhance their skills. Included are heavy rescue, hazmat, incident management teams, law enforcement, public health and hospitals.	4,270,008	4,158,289	0	111,719
Totals:	$83,289,473 [1]	$80,919,299	$316,782	$2,053,392

[1] This total represents the sum of UASI funds awarded for equipment and contractual obligations for fiscal years 2003 - 2017. The schedule represents the cumulative amount spent, from both open and closed grants, on major projects since the inception of the Homeland Security Grant Program.

314-421-4220 MO
618-274-2750 IL
Fax 314-231-6120
starrs@stl-starrs.org
www.stl-starrs.org

STARRS St. Louis Area Regional Response System

Memo to: Board of Directors

From: Staff

Subject: Nomination of Sub-Committee Appointments

Date: September 10, 2018

The Nominating Committee offers updates to the Board Officers, appointments of STARRS' Sub-Committee representatives, the reaffirmation of existing Sub-Committee representatives and approval for the removal of Subcommittee members.

Sub-Committee Category C Director Appointments

In accordance with the Bylaws the Nominating Committee recommends that the following Sub-Committees representative be appointed as Director:

Subcommittee Applicants

The Nominating Committee recommends the following individuals for membership on a STARRS Sub-Committee:

Healthcare Preparedness

Sidney Casey, Specialist, Environmental Safety, Security and Emergency Preparedness, SSM Health. Sidney Casey has been with SSM for nine years, starting in the Emergency Department at SSM Health Cardinal Glennon Children's Hospital and later transitioning to the Emergency Preparedness Facilitator for both Cardinal Glennon and SSM Health St. Mary's Hospital. In her current role, her emphasis is on Emergency Management and Life Safety guidelines as set forth by The Joint Commission and CMS. She is the Chairman of the St. Louis Regional Pediatric Disaster Coalition, participates in St. Louis City and St. Charles County LEPC committee, and is a voting member of the St. Louis County LEPC. She received her Paramedic license in 1993 with continued education in fire rescue, pre-hospital emergency medicine, and incident management. In 1997, she obtained a B.S. in Healthcare Management.

Tambra Stutes, RN, Director of Clinical Management, Kindred Hospice. Tambra Stutes is a Certified Hospice and Palliative Care Nurse, and she received her Bachelor of Science in Nursing from the Goldfarb School of Nursing in 2011. Stutes joined Kindred as its Director of Clinical Management in April 2018, where her duties include ensuring regulatory compliance, monitoring budgetary adherence, and the clinical education of staff. Prior to joining Kindred, Stutes was an Interim Clinical Director for Crossroads Hospice where she was responsible for managing the company's fulfillment of Medicare requirements, Quality Assurance and Performance Improvement (QAPI) program, Community Health Accreditation Partner (CHAP) standards, and monitored spending on the finance committee.

Law Enforcement

Ostermeyer, Craig, Special Enforcement Commander, St. Charles County Police Department.
Ostermeyer has been employed by St. Charles County for 28 years, beginning as a St. Charles
County Sheriff's Deputy assigned to the Jail Division. He was then assigned to the Patrol Division
for three years where he displayed a high degree of initiative and responsibility by becoming
involved with instructing P.P.C.T. and firearms training. Ostermeyer transferred to an assignment
in the Community Education Division where he was recognized for several achievements. These
achievements include the Veterans of Foreign Wars' Officer of the Year Award, the Sheriff s
Department Commendation Award and Community Service Ribbon as a D.A.R.E. / G.R.E.A.T.
Officer and School Resource Officer. Ostemeyer is a Field Training Coordinator, an active Firearms
Instructor for the department since 1994, Department Armorer, and certified instructor in the areas
of less lethal munitions and other patrol/ tactical firearms. In December of 2009, he graduated from
Lindenwood University with honors of Summa Cum Laude for attaining a Bachelor's degree in
Criminal Justice with a 4.0 GPA.

Request for Removals/Resignations

Mass Fatality:
   • Hope Woodson, St. Charles County Department of Health, request for removal by
     committee

Staff Recommendation: Staff recommends that the Board of Directors approve the Nominating
Committee recommendations.