AGENDA

ST. LOUIS AREA REGIONAL RESPONSE SYSTEM

BOARD OF DIRECTORS

Thursday, March 14, 2019 – 9:00 A.M.

ST. LOUIS CITY FIRE HEADQUARTERS

1. CALL TO ORDER BY BILL ROCHE, PRESIDENT

2. APPROVAL OF MINUTES OF FEBRUARY 14, 2019 MEETING

3. DISCUSSION ITEMS

A. Directors Report	NICK GRAGNANI STARRS
B. STARRS FY 2019 UASI Grant Application	STACI ALVERAZ East-West Gateway Council of Governments
C. FEMA Risk Validation Report for the St Louis Region	BILL ROCHE St. Louis County Police Department St. Louis Fusion Center/TEW Group

D. Sub-committee Reports
- Communications Core Group
- Emergency Management
- Emergency Medical Services (EMS)
- ESF-8
- Hazardous Materials (Hazmat)
- Healthcare Preparedness
- Law Enforcement
- Mass Fatality
- Public Health
- St. Louis Area Regional Coalition of COADS
- Training and Exercise
- Urban Search and Rescue

4. ACTION ITEMS

A. St. Louis Regional Healthcare Coalition Charter	VANESSA POSTON Missouri Baptist Hospital STARRS ESF-8 Chair
B. Regional Security Expenditures	NICK GRAGNANI
C. Nominating Committee Report	CHRIS HUNT St. Charles County Police Department Emergency Management Agency

5. OTHER BUSINESS

6. NEXT MEETING AND ADJOURNMENT – Next meeting will occur on Thursday, April 11, 2019

STARRS BOARD OF DIRECTORS
MEETING MINUTES
February 14, 2019

The meeting of the STARRS Board of Directors was called to order at 9:05 a.m. at the City of St. Louis Fire Headquarters, 1421 N. Jefferson, St. Louis, Missouri, with attendance as follows:

Directors Present
Greg Brown
Gary Christmann
Abe Cook
Jim Fingerhut
Todd Fulton
Brian Gettemeier
Justen Hauser
Chris Hunt
Joann Leykam
Lynden Prange
Derek Rieger
Warren Robinson
Bill Roche
Herb Simmons
Jim Terry
Dave Todd
Ryan Weber
John Whitaker

Ex Officio
Jim Wild

Excused
Jon Belmar
Anthony Falconio
Don Feher
Dennis Jenkerson
Ryan Nicholls
John Nowak
Lawrence O'Toole
Vanessa Poston

Absent
Mike Arnhardt
Mark Diedrich
Les Crews
Michele Tanton

Also in attendance were Derek Lohner, Missouri State Emergency Management Agency (SEMA) and Derrick Phillips, St. Louis City Fire Department. STARRS / East-West Gateway Council of Governments staff that were present include Staci Alvarez, Nick Gragnani, Ky Kee, Brian Marler, Leah Watkins and Brad Zoref.

CALL TO ORDER

Bill Roche, Vice President, called the meeting to order.

APPROVAL OF MINUTES OF OCTOBER 11, 2018 MEETING

Motion was made to approve the minutes of the January 11, 2019 meeting. Motion carried, all voting aye

DISCUSSION ITEMS

Directors Report

In accordance with the STARRS Bylaws, Nick Gragnani provided an update on the UASI grant budgets for FY 2016, FY 2017 and FY 2018, which were outlined in a handout provide to the Board. Mr. Gragnani also provided a report on the funds received from the region's hospitals.

Equipment Inventory Issues

Leah Watkins advised the Board that equipment inventories are still being sent out to various teams. She advised that public health and law enforcement agencies recently received their inventories. There have been issues with some of the inventory submissions. The reports do not indicate the condition and location of the grant funded equipment. Ms. Watkins advised that identifying the location and current condition of the equipment is a requirement and that inventory submissions that do not have the required information are being sent back. In addition, there are still several agencies that have not submitted the required proof of insurance, registration or titles on generators, trailers and vehicles that were purchased with U.S. Department of Homeland Security and U.S. Department of Health & Human Services funds. Leah asked that subcommittee representatives remind the various team representatives on the committees to submit this information to her as soon as possible.

Sub-committee Reports

- Communications Core Group – Chief Brown stated the Communications Core Group continues to work on the ISSI connection to link the SLATER, MOSWIN and STARCOM21 radio systems. He advised that the Microwave router upgrade project is underway and that the Nokia Microwave support contracts with the counties are still in progress. Ms. Leykam advised that an ISSI link is being investigated for Illinois, to connect the 3 radio systems. Some agencies are going with the v2 routers in the microwave upgrade, others are pursuing the v3 routers as an option. Joann advised further that Captain Steve Sack has volunteered to be the new Communications Operations Chairperson.
- Emergency Management – No report
- Emergency Medical Services (EMS) – No report
- ESF-8 – Gary Christmann advised that the committee is working on several projects which includes rewriting the Committee Charter / Bylaws and reorganizing the committee to accommodate the Health Care Coalition (HCC) and ensuring they are coordinated with the Healthcare Preparedness committee and the STARRS Bylaws. Gary advised the reorganization also involves the reenergizing the St. Louis Medical Operations Center (SMOC) to align with the HCC and the original mission. Part of the HCC and the regional coordination the committee is working on includes the newly purchased online system VEOCI. Other projects include, but not limited to, medical surge trailer stock, operation and geographical staging, Ebola planning and exercise, hospital exercises, Chempack and mass casualty, and fatality planning. Gary stated that ESF-8 continues to work on the ASPR grant projects and looking at the release of the FY 2019 Hospital Preparedness grant and the projects proposed.
- Hazardous Materials (Hazmat) – No report

- Healthcare Preparedness - John Whitker advised the Healthcare Preparedness Committee is working with the ESF-8 Committee on charter revisions that will align both committees with Healthcare program guidance on healthcare coalition preparedness and response. John advised that the committee has also made progress on the Cache Sustainment Project by gaining input from clinical professionals on equipment and supplies that should be included in caches built to support a hospital emergency department surge. There are several exercises coming up this spring that will involve hospitals including an Ebola exercise and a Coalition Surge Test Exercise. In addition, hospitals and other healthcare providers are beginning planning discussions for a community-wide exercise to occur in the fall. Hospitals and EMS are working together to implement use of the SLATER radios in emergency departments and hospitals will be working with the SMOC to conduct incident command radio drills.
- Law Enforcement – Chief Dave Todd advised that recently the committee met to discuss several issues. Sgt. Dave Cathey, St. Charles County Police has been working to update the committee roster. Removing those who no longer participate and updating new members. Chief Todd stated he has advised the membership what is no longer allowed by the Department of Homeland Security for purchase (armored vehicles etc.) and purchases that are forwarded to STARRS are to the benefit of regional response and not to supplement local police department budget requests.
- Mass Fatality – No report
- Public Health – Justen Hauser advised the committee is holding GIS training on March 13th - 15th that is a partnership with University of Missouri - Columbia and their School of Geology. He advised further the committee is moving forward with a Points of Distribution supplies project that will help support the 2019 full scale exercise. The exercise will take place on October 8th - 10th and includes Saint Louis MSA jurisdictions in Missouri and Illinois.
- St. Louis Area Regional Coalition of COADS - Warren Robinson advised that the SLARCC is currently working on drafting a regional recovery plan that describes how each county's COAD (or commensurate group) can best come together to share resources during regional or other high complexity incidents. The focus of the plan is on communication and integration of recovery partners into the response process earlier, rather than later. Warren stated the group will be working on finding an exercise to participate in that will allow its members to test and refine the guidelines set forth in its plan.
- Training and Exercise – Capt Derek Reiger advised on the relationship that the STARRS staff and the T&E committee have cultivate with the state to bring much needed training back to the region is going well. The committee has an open line of communication with the State Emergency Management Agency (SEMA) and the process is unfolding rather quickly. Capt. Reiger advised further, the T&E committee is compiling a list of vetted and trustworthy instructors to deliver upcoming emergency management courses. Derek asked that if anyone knows of an instructor they would like to refer to please contact him.
- Urban Search and Rescue (US&R) – Brian Gettemeier stated the US&R committee is currently changing the committee membership to achieve a better representation of the various organizations from within the system. He stated they are currently taking a hard look at each team's inventory and assets. There are several items within the team's assets that are reaching the end of their service life. The committee is making the determination if these assets still meet the mission needs for the teams. The focus of future funding will be mainly on sustainment.

ACTION ITEMS

Nominating Committee Report

Nick Gragnani summarized the following Nominating Committee's Board officer recommendations:

Board of Directors

Mr. Gragnani stated the STARRS Bylaws specify one-year terms for Board Officers, Sub-Committee Chairs and Vice Chairs and Category C Board Director positions; therefore, the Nominating Committee recommends the following nominations of new officers:

- **President –** Sergeant Bill Roche, St. Louis County Police Department and St. Louis Fusion Center
- **Vice President –** Warren Robinson, Director, Jefferson County, Missouri Emergency Management Agency
- **Treasurer –** Anthony Falconio, Madison County, Illinois Emergency Management Agency
- **Secretary –** Captain Chris Hunt, St. Charles County Police Department; Director, Division of Emergency Management.

Motion approving the recommendations was made. Motion carried, all voting aye.

Sub-Committee Chair and Vice Chair Appointments

Sub-Committee	**Chair**	**Vice Chair**
Communications Core Group	Greg Brown	Joann Leykem
Emergency Management	Mark Dietrich	Warren Robinson
Emergency Medical Services	Jim Fingerhut	John Nowak
ESF-8	Vanessa Poston	Gary Christmann
Hazardous Materials	Michael Arras	Vacant
Healthcare Preparedness	John Whitaker	Michele Tanton
Law Enforcement	Jon Belmar	Dave Todd
Mass Fatality	Roger Smith	Kathleen Hargrave
Public Health	Justen Hauser	Nicholas Kohlberg
St. Louis Area Regional Coalition of COADS	Warren Robinson	Vacant
Training and Exercise	Derek Rieger	Josh Wilderson
Urban Search and Rescue	Brian Gettemeier	Michael Arras

Sub-Committee Category C Director Appointments

Sub-Committee	Voting Rep	Alternate
Communications Core Group	Greg Brown	Joann Leykem
Emergency Management	Mark Dietrich	Warren Robinson
Emergency Medical Services	Nick Harper	John Nowak
ESF-8	Vanessa Poston	Gary Christmann
Hazardous Materials	Dennis Jenkerson	Vacant
Healthcare Preparedness	John Whitaker	Michele Tanton
Law Enforcement	Dave Todd	Jon Belmar
Mass Fatality	Roger Smith	Kathleen Hargrave
Public Health	Justen Hauser	Nicholas Kohlberg
St. Louis Area Regional Coalition of COADS	Ryan Nicholls	Vacant
Training and Exercise	Derek Reiger	Josh Wilderson
Urban Search and Rescue	Brian Gettemeier	Michael Arras

Motion approving the recommendations was made. Motion carried, all voting aye.

Sub-Committee Applicants, Reinstatements and Resignations/Removals

Nick also summarized the following removals or resignations:

Emergency Management

Michael Wiegand, Chief of Police, City of Eureka Police Department.

Hazardous Materials

Derek Reiger, Captain, City of St. Louis Fire Department.

Public Health

Jennifer Kret, Emergency Response Planner, St. Louis County Health Department.

Zachary Koch, Emergency Response Planner, St. Louis County Health Department.

Request for Reinstatement to Sub-Committee

Richard Siebold, Madison County, Illinois Hazmat

Request for Resignations/Removals

Sub-Committee	Name	Agency
Public Health	Cody Minks	St. Charles County Department of Health
Public Health	Andrea Kohring	Monroe County Department of Health
Public Health	Cindy Butler	Missouri Dept of Health and Senior Services
Public Health	Dylan Steigerwald	Jefferson County Department of Health
Urban Search and Rescue	Jeff Lane	St. Clair Special Emergency Services/Sauget FD

Motion approving the recommendations was made. Motion carried, all voting aye.

OTHER BUSINESS

None

NEXT MEETING & ADJOURNMENT

Motion to adjourn the meeting was made. Motion carried, all voting aye. The meeting was adjourned at 9:50 AM.

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Chris Hunt

St. Louis Urban Area Security Initiative (UASI)

Fiscal Year 2019 Grant Project Application Packet

STARRS
St. Louis Area Regional Response System

One Memorial Drive, Suite 1600
Saint Louis, Missouri 63102

DEADLINE: Thursday, May,

Applications must be received at STARRS by 5:00 PM

Homeland Security

FEMA

INFORMATION & REFERENCE LINKS

For FY 2019, all UASI grant Investment Justifications (IJ) projects must align with the National Preparedness Goal and the Core Capabilities outlined in the St. Louis Urban Area Threat Hazard Identification Risk Assessment (THIRA). If you need assistance with this application or a copy of the THIRA, please contact STARRS staff.

Please provide separate Project Applications for each project your committee is submitting.

You should complete this application in its entirety. If a section is not applicable to your project (e.g. G-4 - Budget for Training), then you should leave that section blank.

This application contains 4 primary sections, as follows:

A. Sub-Committee Information & Points of Contact
B. Project Information
C. Core Capabilities
D. Budget, includes:
- Planning Costs
- Organization Costs
- Equipment Costs
- Training Costs
- Exercise Costs
- Total Costs

This application contains locked cells that indicate areas that are for office (STARRS) use only. These cells are greyed out.

Reference materials that you may need to complete this application can be accessed at the links provided below.

National Preparedness Goal	https://www.fema.gov/national-preparedness-goal
FEMA Authorized Equipment List	https://www.fema.gov/authorized-equipment-list
NIMS Typing	https://www.fema.gov/national-incident-management-system https://rtlt.preptoolkit.fema.gov/Public

Refer to the POETE framework in the "POETE" worksheet for more information about each category for the budget worksheets.

A. SUB-COMMITTEE & POINTS OF CONTACT

A-1. Sub-Committee Submitting Application *(Identify the sub-committee submitting the project application)*

A-2. Project Points of Contact Name, Phone # & E-mail *(Provide a primary and secondary point of contact for the persons STARRS can contact with questions about this application or the project)*

Primary Contact:

Seconday Contact:

B. PROJECT INFORMATION

B-1. Project Title

B-2. Project Description *(Provide a brief overview of project)*

B-3. Project Goals *(Briefly describe the desired impact of the investment in this project; describe the goals / outcomes you hope to achieve with this project)*

B. PROJECT INFORMATION

B-4. Does this project include assets or activities that are deployable or shareable to other regions or states?

☐ Deployable ☐ Shareable

B-5. Regional Support *(Briefly describe how this project supports a regional initiative)*

C. CORE CAPABILITIES

C-1. Core Capabilities *(Select only **one** primary Core Capability that will be supported by the proposed project)*

Click here for more information about the National Preparedness Goal

All Mission Areas
- ☐ Planning
- ☐ Public Information and Warning
- ☐ Operational Coordination

Prevention Mission Area
- ☐ Forensics and Attribution
- ☐ Intelligence and Information Sharing
- ☐ Interdiction and Disruption
- ☐ Screening, Search, and Detection

Protection Mission Area
- ☐ Access Control and Identity Verification
- ☐ Cybersecurity
- ☐ Physical Protective Measures
- ☐ Risk Management for Protection Programs and Activities
- ☐ Supply Chain Integrity and Security
- ☐ Intelligence and Information Sharing
- ☐ Interdiction and Disruption
- ☐ Screening, Search, and Detection

Mitigation Mission Area
- ☐ Community Resilience
- ☐ Long-term Vulnerability Reduction
- ☐ Risk and Disaster Resilience Assessment
- ☐ Threats and Hazard Identification

Response Mission Area
- ☐ Critical Transportation
- ☐ Environmental Response/Health an Safety
- ☐ Fatality Management Services
- ☐ Fire Management and Suppression
- ☐ Logistics and Supply Chain Management
- ☐ Mass Care Services
- ☐ Mass Search and Rescue Operations
- ☐ On-Scene Security Protection and Law Enforcement
- ☐ Operational Communications
- ☐ Public Health, Healthcare, and Emergency Medical Services
- ☐ Situtional Assessment
- ☐ Infrastructure Systems

Recovery Mission Area
- ☐ Economic Recovery
- ☐ Health and Social Services
- ☐ Housing
- ☐ Natural and Cultural Resources
- ☐ Infrastructure Systems

C. CORE CAPABILITIES

C-2. Indicate whether the project will sustain or build a core capability *(Sustain- maintain capability at existing level; Build- start new capability or fill gap that raises capability level)*

☐ Sustain ☐ Build

C-2(i). Sustainment Description *(For sustainment projects - briefly describe the existing capability or project that this project will sustain and how this project will help sustain that capability or project)*

C-2(ii). Build Description *(For build projects - briefly describe the capability that this project will build or what gap this project will fill to raise a capability level)*

D-1. Budget Justification - Planning Costs

Use the budget worksheets to provide the planning costs that you are requesting in your project application. Refer to the POETE framework in the "POETE" worksheet for more information about the planning category. In column C, you must provide the AEL # for any equipment or supplies you are requesting to support your planning project. In columns D & E, indicate whether or not the resource is NIMS kind and typed and describe the applicable NIMS kind and type. In columns G & H, provide the name and a point of contact for the agency or organization that is the intended recipient of the grant funds or the grant-funded equipment or supplies.

Planning Costs								**$0.00**
		NIMS Typing					Agency/Organization	
Item Description	AEL #	**Is this resource NIMS kind & typed (Y/N)?**	**If, Yes, describe the NIMS kind & type.**	**QTY**	**Unit Cost**	**Est. Total Cost**	**Name**	**Point of Contact**
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		

D-2. Budget Justification - Organization Costs

Use the budget worksheets to provide the organization costs that you are requesting in your project application. Refer to the POETE framework in the "POETE" worksheet for more information about the organization category. In column C, you must provide the AEL # for any equipment or supplies you are requesting to support your project. In columns D & E, indicate whether or not the resource is NIMS kind and typed and describe the applicable NIMS kind and type. In columns G & H, provide the name and a point of contact for the agency or organization that is the intended recipient of the grant funds or the grant-funded equipment or supplies.

Organization Costs								**$0.00**
		NIMS Typing					Agency/Organization	
Item Description	AEL #	**Is this resource NIMS kind & typed (Y/N)?**	**If, Yes, describe the NIMS kind & type.**	**QTY**	**Unit Cost**	**Est. Total Cost**	**Name**	**Point of Contact**
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		

D-3. Budget Justification - Equipment Costs

Use the budget worksheets to provide the costs of the equipment or supplies that you are requesting in your project application. Refer to the POETE framework in the "POETE" worksheet for more information about the equipment category. In column C, you must provide the AEL # for any equipment or supplies you are requesting. In columns D & E, indicate whether or not the resource is NIMS kind and typed and describe the applicable NIMS kind and type. In columns G & H, provide the name and a point of contact for the agency or organization that is the intended recipient of the grant funds or the grant-funded equipment or supplies.

Equipment Costs								**$0.00**
		NIMS Typing					Agency/Organization	
Item Description	AEL #	**Is this resource NIMS kind & typed (Y/N)?**	**If, Yes, describe the NIMS kind & type.**	**QTY**	**Unit Cost**	**Est. Total Cost**	**Name**	**Point of Contact**
						$0.00		
						$0.00		
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						$0.00		
						$0.00		
						$0.00		

D-4. Budget Justification - Training Costs

Use the budget worksheets to provide the training costs that you are requesting in your project application. Refer to the POETE framework in the "POETE" worksheet for more information about the training category. In column C, you must provide the AEL # for any equipment or supplies you are requesting to support your training project. In columns D & E, indicate whether or not the resource is NIMS kind and typed and describe the applicable NIMS kind and type. In columns G & H, provide the name and a point of contact for the agency or organization that is the intended recipient of the grant funds or the grant-funded equipment or supplies.

Training Costs								**$0.00**
		NIMS Typing					Agency/Organization	
Item Description	AEL #	**Is this resource NIMS kind & typed (Y/N)?**	**If, Yes, describe the NIMS kind & type.**	**QTY**	**Unit Cost**	**Est. Total Cost**	**Name**	**Point of Contact**
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
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						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		

D-5. Budget Justification - Exercise Costs

Use the budget worksheets to provide the exercise costs that you are requesting in your project application. Refer to the POETE framework in the "POETE" worksheet for more information about the exercise category. In column C, you must provide the AEL # for any equipment or supplies you are requesting to support your exercise. In columns D & E, indicate whether or not the resource is NIMS kind and typed and describe the applicable NIMS kind and type. In columns G & H, provide the name and a point of contact for the agency or organization that is the intended recipient of the grant funds or the grant-funded equipment or supplies.

Exercise Costs								**$0.00**
		NIMS Typing					Agency/Organization	
Item Description	AEL #	**Is this resource NIMS kind & typed (Y/N)?**	**If, Yes, describe the NIMS kind & type.**	**QTY**	**Unit Cost**	**Est. Total Cost**	**Name**	**Point of Contact**
						$0.00		
						$0.00		
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						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		
						$0.00		

D-6. Budget Justification - Total

For STARRS Use Only

Project Total

POETE Category	Est. Costs
Planning	$0.00
Organization	$0.00
Equipment	$0.00
Training	$0.00
Exercises	$0.00
Total Project Cost	**$0.00**

POETE Explantion

POETE Framework	Elements of Capability Outlined in the Goal	Element of Capability as Defined in the Goal
Planning	Planning	Collection and analysis of intelligence and information, and development of policies, plans, procedures, mutual aid agreements, strategies, and other publications that comply with relevant laws, regulations, and guidance necessary to perform assigned missions and tasks.
	Personnel (Element added in the Goal)	Paid and volunteer staff who meet required qualification and certification standards necessary to perform assigned missions and tasks.
Organization	Organization and Leadership	Individual teams, an overall organizational structure, and leadership at each level in the structure that comply with relevant laws, regulations, and guidance necessary to perform assigned missions and tasks.
	Personnel (Fusion Center Only)	Paid and volunteer staff who meet required qualification and certification standards necessary to perform assigned missions and tasks.
Equipment	Equipment and Systems	Major items of equipment, supplies, facilities, and systems that comply with relevant standards necessary to perform assigned missions and tasks.
Training	Training	Content and methods of delivery that comply with relevant training standards necessary to perform assigned missions and tasks.
Exercises	Exercises, Evaluations, and Corrective Actions	Exercises, self assessments, peer-assessments, outside review, compliance monitoring, and actual major events that provide opportunities to demonstrate, evaluate, and improve the combined capability and interoperability of the other elements to perform assigned missions and tasks to standards necessary to achieve successful outcomes.

St. Louis, MO-IL

Relative Risk Score = Threat (25%) × Vulnerability (25%) × Consequence (50%)

Relative Risk Score	Min	Average	This UASI	Max	This UASI	Rank FY 2018	Change	Rank FY 2019
	0.18			100	3.15	23		23

Threat Component
(25% of UASI's Risk)

Level 4	Level 3	Level 2	Level 1
4	51	39	6

<<<<< Lowest Threat — Highest Threat >>>>>

This UASI	Level FY 2018	Change	Level FY 2019
Threat Level 2	Level 2		Level 2

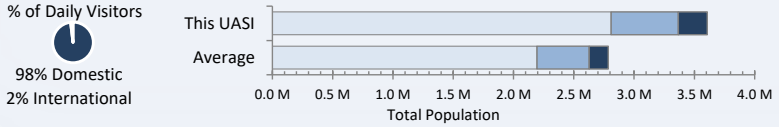
Vulnerability Component
(25% of UASI's Risk)

	Min	Average	This UASI	Max	This UASI	Rank FY 2018	Change	Rank FY 2019
	50			100	57.37	44	▼	45
Targeted Infrastructure Index (10%)	0			100	8.43	15	▼	16
Targeted Infrastructure Assets	0			83	7	15	▼	16
Border Index (10%)	0			100	0.129	54	▲	53
Border Crossings (4%)	0			57,101,031	147,143	45	▲	43
International Borders (2%)	This UASI is part of the 89% without an International Border				No			
International Waters (2%)	This UASI is part of the 77% without an International Water				No			
Isolation (2%)	This UASI is not outside the contiguous United States				No			
Soft Target Index (5%)	1.83			100	40.46	30	▼	33
Daily Visitors (3%)	20,696			897,784	240,776	20	▼	21
Special Event Metric (2%)	0			122.59	49.73	44	▲	40

Border Crossings
- Land Crossings (0)
- Air Crossings (147,143)
- Water Crossings (0)

Consequence Component
(50% of UASI's Risk)

	Min	Average	This UASI	Max	This UASI	Rank FY 2018	Change	Rank FY 2019
	0.65			100	7.70	22	▼	23
Population Index (30%)	0.17			100	2.40	29	▼	31
Population x Density (Millions)	1,443 M			859,695 M	20,654	29	▼	31
Density	Average local density of the UASI				5,726	54	▼	56
Total Population	705,202			17,681,440	3,607,396	23		23
Residents					2,808,811	22		22
Commuters					557,809	22		22
Daily Visitors					240,776	20	▼	21
Gross Domestic Product Index (13%)	1.39			100	13.07	23		23
Gross Domestic Product (Million $)	$17,199 M			$1,234,291 M	161,281	23		23
National Infrastructure Index (5%)	0			100	19.84	10	▼	15
Level 1 Assets	0			3	0	7	▼	13
Level 2 Assets	0			120	25	11	▼	14
Military Personnel Index (2%)	0.42			100	15.46	19		19
Military Personnel (normalized)	0			1	0.15	19		19



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DRAFT - FY 2019 UASI Risk Profile

Data Element Definitions

Threat (25%)

Threat Level: Threat analysis considers specific, implied and potential physical terrorist threats based on Intelligence Community (IC) reporting and FBI information. The threat assessment includes IC disseminated threat reporting that revealed known and credible violent extremist plots, casings, threats, or aspirations.

Vulnerability (25%)

Targeted Infrastructure Assets: A subset of the DHS National Risk Management Center (NRMC) Level 1 and Level 2 count for assets and systems in the critical infrastructure sectors that DHS Office of Intelligence and Analysis (I&A) assesses as most likely to be targeted, including: transportation – aviation, mass transit, and commuter rail; large public and commercial facilities and venues (hotels, resorts, stadiums and arenas, and large office buildings); and government facilities.

Border Crossings: The annual number of international border crossings at land, air, and water ports of entry into the United States as gathered by CBP.

International Borders: Determined by geospatial analysis and each jurisdiction received either full credit or none (i.e., Yes or No). Includes both land and water borders with Canada and Mexico.

International Waters: Determined by geospatial analysis and each jurisdiction received either full credit or none. UASIs that border the Pacific Ocean, Atlantic Ocean, or Gulf of Mexico are considered to have an International Water. UASIs that border a Great Lake adjoining Canada are credited as having an International Border and not an International Water. UASIs that have river ports or internal harbors do not receive credit for having an International Water.

Isolation: Jurisdictions outside the contiguous U.S. determined by geospatial analysis and each jurisdiction received either full credit or none (i.e., Yes or No).

Daily Visitors: The summation of the average daily international and domestic visitor population within a jurisdiction.

Special Event Metric: The special event metric incorporates both Special Event Assessment Rating (SEAR) and population data. The SEAR Methodology determines the relative risk of a terrorist attack for each special event submitted using a scenario-based assessment, which includes terrorist attack scenarios, to help determine the event's risk as well as vulnerability and consequence data. The number of events considered is proportional to the full population of each jurisdiction, relative to the total population of all participants. The total population is used to calculate an event risk score per 1,000 persons for each jurisdiction.

Consequence (50%)

Population x Density: The total population (residents, commuters, visitors) for each Census block group in the UASI multiplied by the density, aggregated to the UASI level.

Density: Sum of densities (population divided by area) of all the block groups in the UASI weighted by the percent of the UASI's population who are present in each block group. This notion of density represents an average local concentration of people in the UASI, rather than its total population divided by total area. The population density in the Population Index is now capped for the densest one percent of block groups. The block groups in this top one percent will receive the same population density as the 99th percentile block group.

Total Population: Sum of all residents, commuters, and daily visitors in the UASI.

Residents: Total resident population of all Census block groups in the UASI based on 2010 Census data with 2017 updates.

Commuters: Total daytime increase in population of all Census block groups in the UASI based on Census data for commuting patterns. For each block group this daytime increase is the difference between the commuters who enter the block group and those who leave it, if the difference is positive.

Daily Visitors: The average number of visitors present in all Census block groups in the UASI on a single day. The data is based on domestic visitors from a three year (2015, 2016, and 2017) survey of travel behavior by D.K. Shifflet & Associates. International visitors are provided by National Travel & Tourism Office (2015, 2016, 2017), Statistics Canada (2015, 2016, 2017), and Banco de México (2013, 2014, 2015).

GDP: The annual estimate of the UASI's Gross Domestic Product (GDP).

Level 1 & 2 Assets: The count of Level 1 and Level 2 assets and systems within the UASI, as compiled by NRMC. These counts exclude Chemical Facility Anti-Terrorism Standards (CFATS) facilities and include defense industrial base (DIB) facilities.

Military Personnel (normalized): The number of U.S. military personnel stationed at installations in the UASI (including active duty, reserve, guard troops, and civilian personnel) normalized by the maximum personnel number for any UASI.

Key Terms

This Risk Profile details the risk data elements and how they compare across the other UASIs considered in the risk analysis.

Relative Risk Score: This UASI's score as compared to the highest risk UASI (which has a score of 100).

Min: The smallest data value of any UASI for an element of risk.

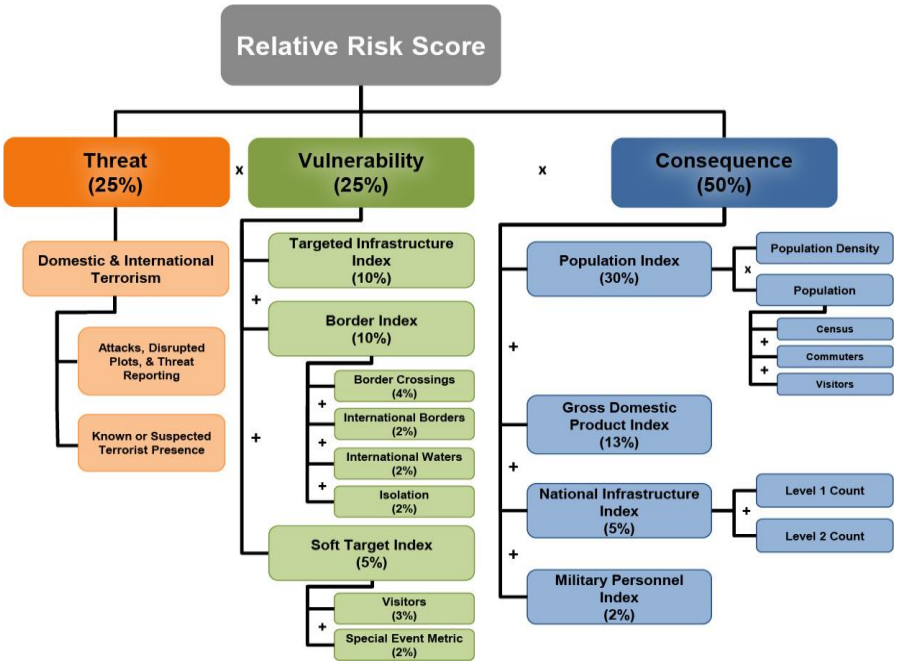
Max: The largest data value of any UASI for an element of risk.

UASI Average: The average value for all UASIs.

UASI Value: The actual value or score for each of this UASI's risk data elements.

Rank: The rank of this UASI's value for each data element across all UASIs. Note – some data elements have tied ranks causing fewer total ranks than the number of UASIs.

Normalization: Normalization allows data elements with different units (lives, dollars, etc.) to be compared on a relative scale. Each data element is divided by the highest value in that category, so that it is expressed in relation to the highest value.



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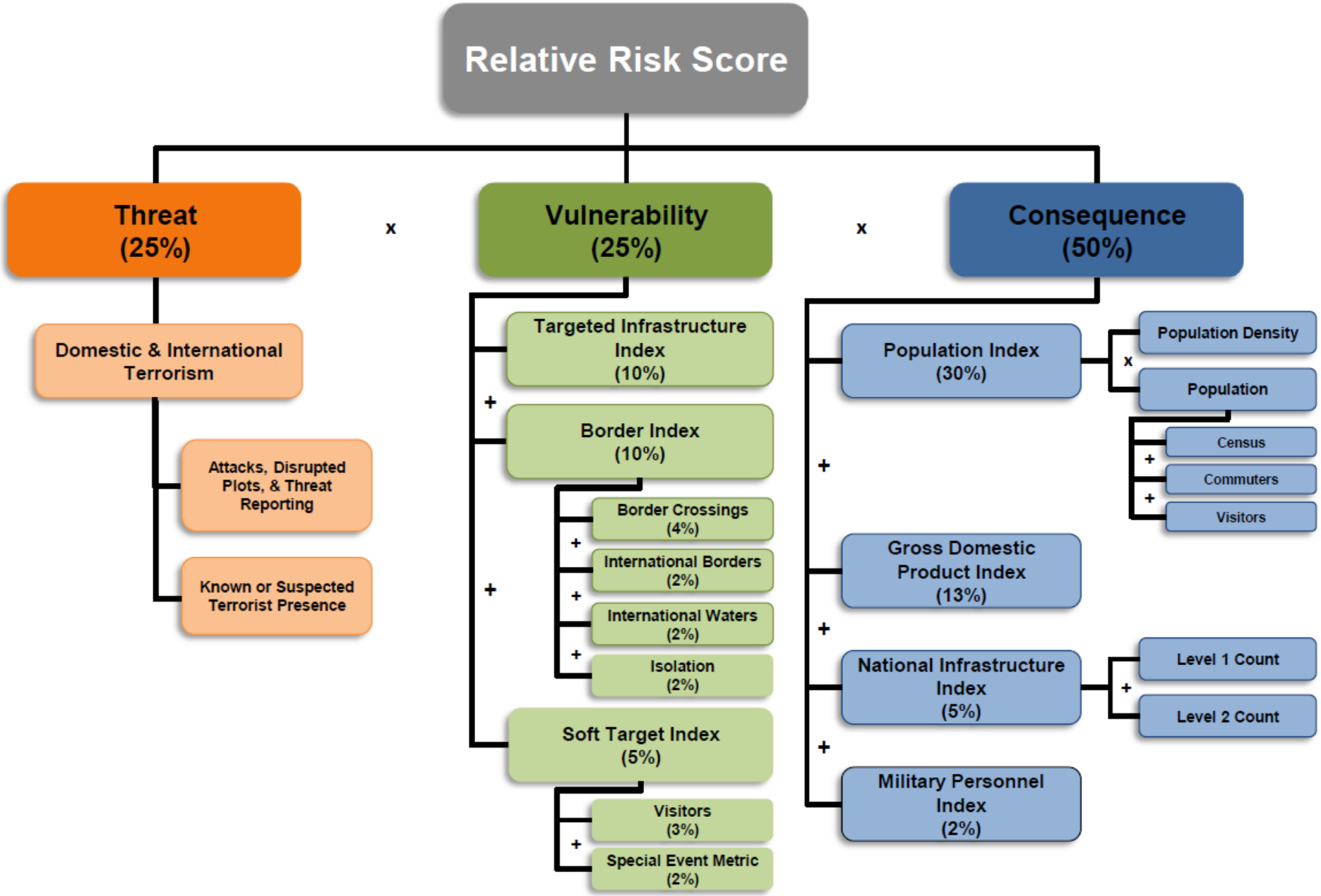
FY 2019 SHSP and UASI Risk Assessment



FY 2019 SHSP and UASI Risk Data Sources

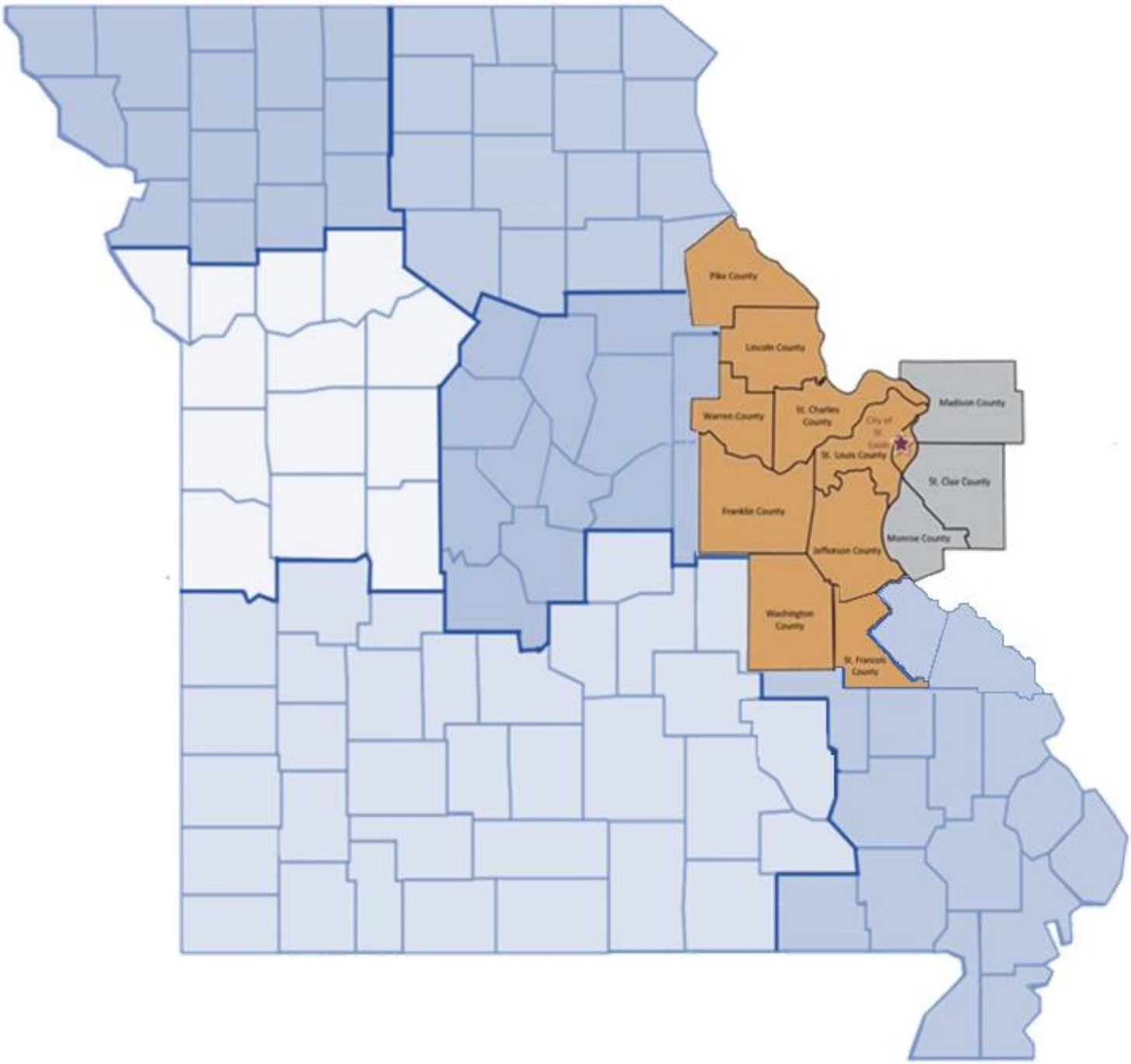
Components	Data	Source
Threat		
Threat analysis considers specific, implied and potential physical terrorist threats based on Intelligence Community (IC) reporting and FBI information. The threat assessment includes IC disseminated threat reporting that revealed known and credible violent extremist plots, casings, threats, or aspirations.	Threat Level	▪ DHS, Office of Intelligence & Analysis (I&A), with input using data from the Federal Bureau of Investigation and National Counterterrorism Center.
Vulnerability		
Targeted Infrastructure Index: The targeted infrastructure count is a subset of the DHS National Risk Management Center (NRMC), formerly known as the Office of Cyber & Infrastructure Analysis (OCIA), Level 1 and Level 2 count of assets and systems in the jurisdiction critical infrastructure sectors that DHS Office of Intelligence and Analysis (I&A) assesses as most likely to be targeted, including: transportation (aviation, mass transit, and commuter rail); large public and commercial facilities and venues (hotels, resorts, stadiums and arenas, and large office buildings); and government facilities.	Targeted Infrastructure Counts	▪ DHS/NRMC with input from DHS/I&A
Border Index: The Border Index is composed of four data elements including Border Crossings, international water, international border, and isolation. **Border Crossings:** The number of border crossings is provided by CBP and includes crossings of international borders into the United States by train, bus, commercial truck, personal vehicle, pedestrian, ferries and other waterborne vessels, and both commercial and private aircraft. **International Borders:** The presence of international borders. Each jurisdiction received either full credit or none (i.e., Yes or No). **International Waters:** The presence of a coastline facing out onto international waters. Each jurisdiction received either full credit or none (i.e., Yes or No). **Isolation:** States, territories, and MSAs isolated from the rest of the U.S. must be self-sufficient for longer when the need arises. Each jurisdiction received either full credit or none (i.e., Yes or No).	Border Crossings – total number of crossings	▪ DHS/CBP Office of Field Operations / Planning, Program Analysis and Evaluation (PPAE) (Crossing counts for the twelve-month period spanning September 1, 2017 through August 31, 2018)
	International Borders	▪ Inspection of National Geospatial-Intelligence Agency's US-Canada and US-Mexico border GIS shapefiles
	International Waters	▪ Inspection of National Oceanic and Atmospheric Administration's Office of Coast Survey GIS dataset "Collision Regulation Lines in U.S. Waters"
	Isolation	▪ States, territories, and MSAs outside the contiguous U.S.
Soft Target Index: **Visitors:** The summation of the average daily international and domestic visitor population within a	Visitors	▪ Same as the domestic and international visitor data as detailed in the Population Index

Components	Data	Source
jurisdiction. Additional detail is described within the population index. **Special Event Metric:** The special event metric incorporates both Special Event Assessment Rating (SEAR) and population data. The SEAR Methodology determines the relative risk of a terrorist attack for each special event submitted using a scenario-based assessment, which includes terrorist attack scenarios, to help determine the event's risk as well as vulnerability and consequence data. The number of events considered is proportional to the full population of each jurisdiction, relative to the total population of all participants. The total population is used to calculate an event risk score per 1,000 persons for each jurisdiction.	Special Event Metric	▪ DHS Office of Operations Coordination Special Event Assessment Rating (SEAR) data, with the Total Population (residents, commuters, and visitors) as calculated in the Population Index from SEP
Consequence		
Population Index: The Population Index incorporates both population and population density at the Census block group level to account for variations in population distribution across states and Metropolitan Statistical Areas (MSAs). It accounts for the resident population, commuters, visitors, and incorporates population density. The population density in the Population Index is now capped for the densest 1 percent of block groups. The block groups in this top 1 percent will receive the same population density as the 99th percentile block group.	Census (resident) Population	▪ U.S. Department of Commerce, Census Bureau (2010 Census and 2017 estimates)
	Commuters – daily estimate	▪ U.S. Department of Commerce, Census Bureau (2006-2010 American Community Survey updated using the 2012-2016 version)
	Domestic Visitors – daily estimate	▪ D.K. Shifflet & Associates (2015, 2016, and 2017)
	International Visitors – daily estimate	▪ U.S. Department of Commerce, National Travel & Tourism Office (2015, 2016, 2017); Statistics Canada (2015, 2016, 2017); and Banco de México as published by the North American Transportation Statistics on-line database (2013, 2014, 2015)
	Land Area	▪ U.S. Department of Commerce, Census Bureau (2010 census)
Gross Domestic Product Index: The Gross Domestic Product Index is a measure that is proportional to the amount of economic disruption that could be caused by a generalized attack on an area. It is taken to be the Gross Domestic Product (GDP) of the jurisdiction.	GDP by State	▪ U.S. Department of Commerce, BEA (GDP by state, 2017 estimates)
	GDP by U.S. Territories	▪ CIA World Factbook (for Puerto Rico GDP, 2017 estimate) ▪ U.S. Department of Commerce, BEA (GDP for American Samoa, Guam, Northern Marianas Islands, Virgin Islands, 2017 estimates)
	GDP by MSA	▪ U.S. Department of Commerce, BEA (GDP by MSA, 2017 estimates) ▪ U.S. Department of Commerce, BEA,

Components	Data	Source
		(Local Area Personal Income by MSA and County, 2017 estimates)
	GDP for San Juan, PR	▪ CIA World Factbook (Puerto Rico GDP, 2017 estimate) and U.S. Department of Labor, Bureau of Labor Statistics (Puerto Rico and San Juan Labor Force, 2017)
National Infrastructure Index: The National Infrastructure Index is developed from the DHS NRMC Level 1/Level 2 Program and represents the count of Level 1/Level 2 assets/systems within a jurisdiction. These counts exclude Chemical Facility Anti-Terrorism Standards (CFATS) facilities and include defense industrial base (DIB) facilities.	Level 1 & 2 Asset/System Counts	▪ DHS/NRMC
Military Personnel Index: The Military Personnel Index is composed of the number of U.S. military personnel stationed at installations within a jurisdiction (e.g., state or urban area) The count of military personnel includes the number of active duty, reserve, guard troops, and civilian personnel assigned to bases.	Military Personnel	▪ U.S. Department of Defense, Base Structure Report FY2017, (data as of 30 September 2016)

Note: FY 2019 methodology uses the April 2018 version of the Metropolitan Statistical Area (MSA) list from the U.S. Census Bureau.

St. Louis Regional Healthcare Coalition
Charter and Bylaws



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I. Introduction

The U.S. Department of Health and Human Services developed the healthcare coalition concept in 2003 in response to the 9-11 terrorist attacks and subsequent anthrax mailing incidents. Healthcare coalitions provide hospitals and other healthcare organizations a structure in which to conduct preparedness activities and to coordinate information, resource, and capacity sharing with each other during large-scale medical surge emergencies that overwhelm the capability of single facilities or community health systems. Coalitions serve as a force multiplier for healthcare response and allow healthcare organizations to integrate into existing local, state, and federal incident management systems. Figure 1 below shows how coalitions fit into a tiered healthcare response system.

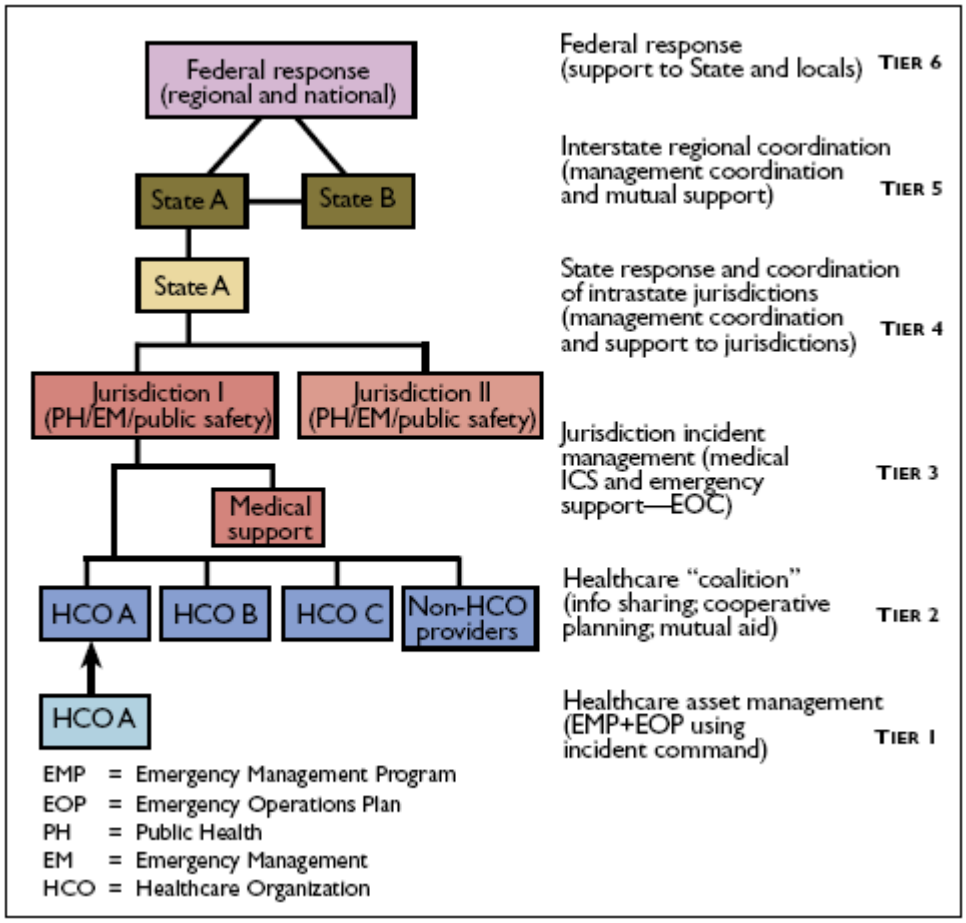

Figure 1. Medical Surge Capacity and Capability (MSCC) Management Organization[1]

[1] Barbera, J.A., M.D., and Macintyre, A.G., M.D., (2007). Medical Surge Capacity and Capability: *A Management System for Integrating Medical and Health Resources During Large-Scale Emergencies, (2nd)*. https://www.phe.gov/Preparedness/planning/mscc/handbook/Documents/mscc080626.pdf

The *Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery* handbook defines a healthcare coalition as "a group of individual healthcare organizations in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The Healthcare Coalition, being composed of relatively independent organizations that voluntarily coordinate their response, does not conduct command or control. Instead, the Coalition operates consistent with Multiagency Coordination System (MAC System) principles to support and facilitate the response of its participating organizations."[2]

The St. Louis Regional Healthcare Coalition (Coalition) works within the planning committee structure of the St. Louis Area Regional Response System (STARRS). STARRS administers funds from the U.S, Department of Homeland Security Urban Area Security Initiative (UASI) and the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grants, as well as other grants that promote multijurisdictional and multidiscipline planning. STARRS also promotes multiagency coordination, in a MAC System format, among the jurisdictions and agencies in the St. Louis metropolitan area during regional emergencies and disasters.

The Coalition operates under the principles of the HPP document, *2017-2022 Health Care Preparedness and Response Capabilities*[3], which provides specific guidance on how a community can plan for and respond to a regional health emergency through development and operation of a healthcare coalition that unites the healthcare response across multiple jurisdictions. HPP grant funding provides support for Coalition activities.

Under this guidance, four core member disciplines of the coalition provide the primary medical transport, treatment, management, and support during large medical surge events:

- Hospitals
- Emergency Medical Services
- Public Health
- Emergency Management

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[2] Barbera, J.A., M.D., and Macintyre, A.G., M.D., (2009). *Medical Surge Capacity and Capability: The Healthcare Coalition in Emergency Response and Recovery*, CNA, Institute for Public Research for the U.S. Department of Health and Human Services. https://www.phe.gov/Preparedness/planning/mscc/Documents/mscctier2jan2010.pdf

[3] Office of the Assistant Secretary for Preparedness and Response, (2016). *2017-2022 Health Care Preparedness and Response Capabilities*, https://www.phe.gov/preparedness/planning/hpp/reports/documents/2017-2022-healthcare-pr-capablities.pdf

In addition to these primary coalition members, there are numerous inpatient and outpatient healthcare organizations in long-term care, home health, dialysis, outpatient surgery, urgent care, and mental/behavioral health that may need assistance or can provide support to a community health system response. The St. Louis Regional Healthcare Coalition provides that structure for the St. Louis region. One of the primary goals of the Coalition is to bring healthcare providers of all types together to plan before a disaster, so that each has the tools and support to perform their care function without having to transfer patients to hospitals as their first solution to adverse situations such as facility damage, loss of power, or other failed infrastructure. Figure 2 depicts the relationships of the Coalition committees and organizations within the STARRS structure.

The Coalition members and partners work within the Federal Emergency Management Agency (FEMA) Emergency Support Function #8 (ESF-8) through local, county, and state emergency management structures. The St. Louis Medical Operations Center (SMOC) conducts response activities for the Coalition during regional emergency and disaster events.

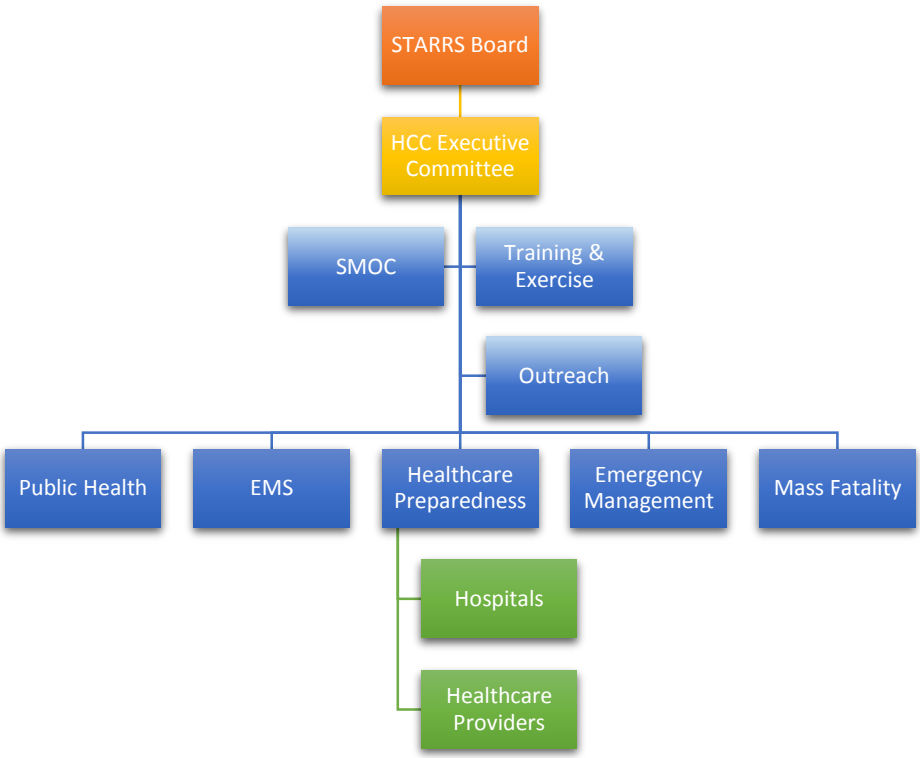

Figure 2. St. Louis Regional Healthcare Coalition Organization

II. Geographical Area

The Coalition includes the Missouri Counties of St. Louis, Jefferson, Franklin, St. Charles, Pike, Lincoln, Warren, Washington, St. Francois, and the City of St. Louis. The Coalition collaborates with the Illinois Hope Coalition, and conducts planning and shares resources with the Illinois Urban Area counties of Madison, St. Clair and Monroe. In addition, the St. Louis Regional Healthcare Coalition conducts planning and response activities with the other coalitions in Missouri through the Missouri Department of Health and Senior Services (statewide healthcare coalition coordination), the Missouri Hospital Association (rural counties), and the Mid-America Regional Council (Kansas City Region A).

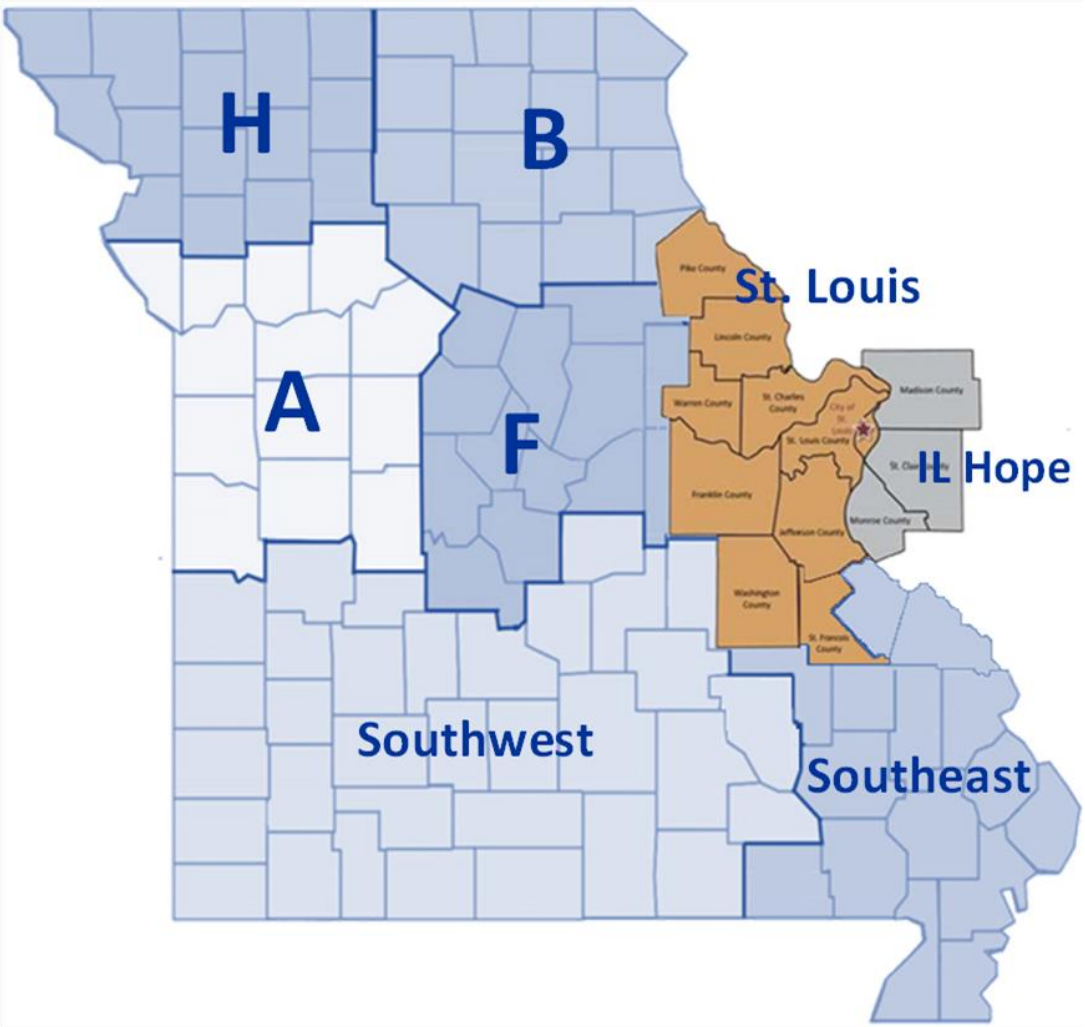

Figure 3. Missouri Healthcare Coalition Boundaries

III. Mission Statement

Support the St. Louis regional healthcare community and related response agencies to plan for, respond to, and recover from all-hazards emergencies, by promoting intra-regional collaboration, communication, and sharing of resources.

IV. Purpose

The overall purpose of the Coalition is to provide a planning and management structure for hospitals and healthcare providers in preparing for, responding to, and recovering from medical surge events within the Coalition boundaries. The Coalition will pursue the following objectives to achieve that goal:

A. To bring together a multiagency and multidisciplinary group of local, regional, and state healthcare entities and individuals working to foster coordinated planning for preparedness, mitigation, response, and recovery.
B. To identify and mitigate gaps in the healthcare community's ability to effectively respond to a large scale medical surge incident.
C. To promote communication and information sharing among Coalition facilities, organizations and agencies prior to and during emergency events.
D. To identify regional and local healthcare assets that may be available for a response and promote deployment strategies.
E. To improve overall readiness through coordination of community-wide training and exercises.
F. To provide educational and informational opportunities to Coalition partners in the form of workshops and seminars.
G. To serve as the body that reviews requests for Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) grant funding initiatives and makes recommendations to the STARRS Board of Directors about which projects should receive ASPR funds.

V. Governance and Structure

The St. Louis Regional Healthcare Coalition Executive Sub-Committee (Coalition Executive Committee) (formerly the STARRS ESF-8 Sub-Committee) provides leadership and planning oversight to the Coalition and its member committees within the scope of this charter. It is a sub-committee of STARRS under governance of the STARRS Board of Directors according to the STARRS Bylaws.

It is comprised of the following representatives of Essential Partner Committees and Organizations that play a significant role in regional healthcare emergency preparedness and response. Each of these groups has a specific role and/or responsibility within the Coalition Executive Committee as described below.

- Healthcare Preparedness Sub-Committee: Hospitals and other direct-care inpatient and outpatient healthcare providers. Bring together diverse healthcare providers to identify specialties and mutual assistance opportunities.
- Public Health Sub-Committee: County and city-level Local Public Health Agencies (LPHAs). Serve as liaisons between LPHAs and the Coalition Executive Committee for planning initiatives, medication distribution, and public information.
- EMS Sub-Committee: Fire department-based, hospital-based, and private/contracted Emergency Medical Services (EMS) transport services. Manage coordination of triage and transport services with acute care hospitals to load balance during medical surge.
- EM Sub-Committee: County and city Emergency Management Agencies (EMAs). Serve as liaisons from EMAs during Coalition regional planning initiatives and responses. Provide resource support for non-healthcare needs
- Mass Fatality Sub-Committee: County and City medical examiners, coroners, funeral directors working together to improve response to multi-fatality events. Responsible for planning for and response to regional mass fatality events as well as overseeing logistics of maintenance and deployment of regional mass fatality caches.
- Acute Care Hospitals and Hospital Systems: Representatives from key trauma centers, acute care hospitals, and smaller rural/independent hospitals. Provide technical expertise on hospital operations and surge capabilities in all hospital departments.
- St. Louis Medical Operations Center (SMOC): Healthcare coalition emergency management and response team. Responsible for coordinating healthcare organization response to large scale medical surge events, and overseeing logistics of maintaining and deploying regional medical caches.
- Clinical Liaison: A physician, nurse, or other licensed healthcare professional with an active clinical position at a facility or healthcare system within the Coalition. Responsible for providing clinical advice to Coalition planning initiatives.
- Illinois HOPE Coalition: A representative from the St. Louis Metro East coalition. Liaison to ensure alignment of planning and response activities.

- Healthcare Provider Subject Matter Experts (SMEs): Representatives from non-acute care healthcare providers. Serve as liaisons to Coalition Executive Committee and SMOC during HCC planning and response activities.

VI. Executive Committee Membership

The Coalition Executive Committee membership will have a maximum of 17 members as listed below. Each Essential Partner Committee and Organization shall appoint representatives to the Coalition Executive Committee as described below.

Executive committee members represent disciplines or multijurisdictional organizations, thus acting on behalf of multiple parties and services to present regional issues and solutions to the Executive Committee. As such, committee members are required to be familiar with their discipline's activities and capabilities as they relate to regional healthcare coordination, as well as be knowledgeable of HPP Grant deliverables and preparedness guidelines. These appointments shall be renewed on an annual basis. Resignations and removals of committee members will be accomplished in accordance with the STARRS Bylaws and must be approved by the STARRS Board of Directors. Members that attend less than 50% of committee meetings will be considered for recommendation for removal.

Executive Committee Voting Membership	Number of Representatives
STARRS Committee Representatives:	
Healthcare Preparedness Committee	1
Public Health Committee	1
Emergency Medical Services Committee	1
Emergency Management Committee	1
Mass Fatality Committee	1
Acute Care Hospitals/Systems:	
BJC HealthCare	1
SSM Health	1
Mercy Health	1
St. Luke's Hospital	1
Independent/Rural Hospital	1
St. Louis Medical Operations Center (SMOC)	1
Clinical Liaison	1
Illinois HOPE Coalition Representative	1
Healthcare Provider SMEs (as needed)	Up to 4
TOTAL	17

VII. Executive Committee Leadership

The Executive Committee shall have a Chair and Vice-Chair whose rolls and activities will be consistent with the STARRS Bylaws. The Chair and Vice-Chair will serve for a term of one (1) year. Elections shall be held at a January regular Executive Committee meeting. Nominations may occur at that meeting or at a prior meeting to allow sufficient time for candidates to be identified and/or nominated by Executive Committee members. A special election may be called at any meeting to fill prematurely vacated Executive Committee positions. There is no limit to the number of successive terms an Executive Committee Chair or Vice-Chair may serve. The roles of the Chair and Vice Chair will include, but are not limited to:

Chair – The Chair shall provide the direction and leadership for the Coalition. He/she shall act as chairperson of all Executive Committee meetings; be available to the membership for information exchange concerning the Coalition; serve as the official representative and spokesperson of the Coalition; and assume additional duties from time to time and as appropriate to facilitate the function of the Coalition.

Vice-Chair – The Vice Chair shall preside over meetings in the absence of the Chair; serve as the liaison to outside agencies at the direction of the Chair; and perform other duties assigned by the Chair.

VIII. Executive Committee Liaison Positions

The Executive Committee may choose to appoint any of its members to serve as a liaison in the following task-specific areas:

- Training – Coordinate training events and presentations to be included at quarterly General Membership meetings.
- Exercise – Coordinate annual regional HCC medical surge exercises.
- Outreach – Develop methods of contacting and organizing General Membership partners.

IX. General Coalition Membership

Participation in the Coalition shall be open to the following partner agencies, organizations, and emergency response-related disciplines within the St. Louis Regional Healthcare Coalition:

- Hospitals (including Acute Care, Rehabilitation, and Psychiatric)
- Emergency Medical Services Providers
- Emergency Management/Public Safety
- Public Health
- Long Term Care Providers
- Mental/Behavioral Health Providers
- Mass Care
- Hospital and Medical Associations
- Specialty Service Providers (including, but not limited to: dialysis centers, urgent care facilities, ambulatory surgical centers)
- Support Service Providers (including, but not limited to: laboratories, blood banks, pharmacies)
- Primary Care Providers
- Community Health Centers
- Emergency Dispatch Centers
- Medical and Nursing Schools
- Fatality management entities such as medical examiners, coroners, and funeral homes
- Federal Entities (including, but not limited to: VA hospitals, Department of Defense facilities)

Each partner agency, organization, or discipline is encouraged to participate in the Coalition through attendance at workshops, training events, and meetings of Essential Partner Committees and Organizations. When appropriate, partner agencies are encouraged to form additional partner planning groups to coordinate planning within their healthcare service specialties, or establish planning groups that group like partner types together. Representatives of these planning groups may bring regional healthcare coordination issues or projects to the Executive Committee for discussion or consideration for grant funding.

X. Working Groups

Working Groups of the Coalition will be appointed by the Executive Committee as the need arises to develop planning projects, identify grant-funded purchases, and coordinate workshops or training events or other tasks with a specific goal. Each Working Group will report progress to the Coalition Executive Committee at each committee meeting. The life

of the group will be determined by the matter under consideration. The committee will be disbanded when the purpose has been served. The number of Working Group members will be determined by the Coalition Executive Committee.

XI. Meetings and Voting Requirements

A. Coalition Executive Committee Meetings

1. Coalition Executive Committee meetings will follow the rules listed in the articles of the STARRS Bylaws.
2. Regular meetings of the Coalition Executive Committee shall be held monthly. At a minimum, meetings will be held on a quarterly basis. Each meeting shall follow a predetermined agenda established by the Chair in consultation with the Coalition Executive Committee members. The agenda shall be made available to the committee members at least seven (7) business days in advance of the meetings.
3. A simple majority of Coalition Executive Committee members shall constitute a quorum for transaction of business (excepting bylaw changes).
4. Voting is restricted to Coalition Executive Committee members. Each member will have one vote. Voting may occur in person, by conference call or by electronic means, as long as a quorum is established.

B. General Membership Meetings

1. General membership meetings shall be held on a quarterly basis. The objective of these meetings will be to provide educational benefit to general members in the form of workshops, seminars, or training classes, as well as to provide updates on HCC activities.
2. Voting does not take place at General Membership Meetings; however, partners are encouraged to bring issues or requests affecting coalition development to the Executive Committee members at General Membership Meetings.

STARRS **St. Louis Area Regional Response System**

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

Memo to: Board of Directors

From: Staff

Subject: Regional Security Expenditures

Date: March 11, 2019

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) and the Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness grant programs. Attachment A summarizes this purchases totaling **$99,216**. Also attached is a summary description of all budgeted expenditures from the UASI grants (Attachment B).

Chemical Nerve Agent Anti-dote – We are requesting approval to purchase 96 cyanide antidote kits called "Cyanokit" which can be used as an antidote to cyanide poisoning or as an antidote for exposure to a chemical nerve agent. In addition, cyanide is present in the smoke of structure fires as a byproduct of plastic and adhesive combustion. When an incident occurs that involves poisoning from cyanide exposure, quick administration of a cyanide antidote can save lives. The Cyanokits will be stored with Emergency Management Service (EMS) agencies throughout the St. Louis region. Both ASPR ($55,513) and UASI ($24,028) grant funds will be used to make this purchase for a total cost that will not exceed **$79,541**

Night Vision Monoculars – We are requesting approval to purchase six Night Vision Monoculars for the St. Louis County Police Department, Bureau of Tactical Support. The Monoculars can be handheld for simple observation or head, or helmet-mounted for hands free operations. The units can also be attached to various cameras for night time surveillance operations. Total costs will not exceed **$19,675**.

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 96 cyanide antidote kits from Meridian Medical Technologies, Inc. in an amount not to exceed **$79,541**; and,

- for the purchase of six Night Vision Monoculars from Ed Roehr Safety Products in an amount not to exceed **$19,675**;

for a total amount not to exceed **$99,216** from the UASI and ASPR grant programs.

ATTACHMENT A

Expenditures for Equipment and Services
March 8, 2019

Vendor	Description	Jurisdiction/Agency	Quantity	Cost
Emergency Response Equipment & Supplies (UASI)				
Ed Roehr Safety Products (St. Louis, MO)	Night vision monoculars	St. Louis County	6	$19,675
Meridian Medical Technologies, Inc (Columbia, MD)	Cyanokits	Regional EMS agencies	29	$24,028
Emergency Response Supplies (ASPR)				
Meridian Medical Technologies, Inc (Columbia, MD)	Cyanokits	Regional EMS agencies	67	$55,513
			TOTAL EXPENDITURES	**$ 99,216**

Total UASI Expenditures: $43,703
Total ASPR Expenditures: $55,513

ATTACHMENT B
Cumulative Budgeted Expenditures for Major Projects under Urban Areas Security Initiative through Fiscal Year 2018

		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	$18,818,353	$18,445,240	$0	$373,113
	Mass Casualty	1,172,980	1,091,753	24,028	81,227
	Incident Management Teams	2,449,312	2,306,679	0	142,633
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:	10,277,414	9,397,326	19,675	880,088
	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 & downlink systems:	9,529,911	9,188,047	0	341,864
	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 2018

	Total Budgeted	Prior amount approved by EWG Board	This request	Remaining to be approved
Emergency Patient Tracking 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.	$2,422,320	$2,422,320	$0	$0
Universal ID Project This system provides a uniform identification card for fire, law enforcement and volunteers with credential information embedded in the card.	557,812	557,812	0	0
Expand Public Health Capabilities 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.	2,980,365	2,822,834		157,531
Mass Casualty Equipment, Medical Supplies and Software for Hospitals 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.	2,296,305	2,177,244	0	119,061
Disaster Incident Management System for Hospitals and Tactical Response 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.	$2,301,886	$2,270,308	$0	$31,578

ATTACHMENT B
Cumulative Budgeted Expenditures for Major Projects under Urban Areas Security Initiative through Fiscal Year 2018

	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.	$ 4,379,139	$3,288,721	$0	$1,090,418
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	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.	4,351,049	4,158,289	0	192,760
Totals:	$85,016,742	[1] $81,237,017	$43,703	$3,779,725

[1] This total represents the sum of UASI funds awarded for equipment and contractual obligations for fiscal years 2003 - 2018. 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.

STARRS **St. Louis Area Regional Response System**

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Memo to: Board of Directors

From: Staff

Subject: Nomination of Sub-Committee Appointments

Date: March 11, 2019

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 APPLICANTS, REINSTATMENTS AND RESIGNATIONS/REMOVALS

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

Mass Fatality

Dennis Oaks, Deputy Coroner, St. Clair County Coroner's Office. Dennis Oaks joined the St. Clair County Coroner's Office as Deputy Coroner in July 2017. Prior to joining the Coroner's Office, he was Fire Chief of Northwest St. Clair County Fire District in Belleville Illinois for 14 years. Oaks has 35 years in the Fire Service and 12 years of experience as an Emergency Medical Technician. In addition to this, he was an instructor at Southwestern Illinois College, arson investigator, and HAZMAT Incident Commander.

Dan Witt, Deputy Coroner, St. Clair County Coroner's Office. Dan Witt has been a Deputy Coroner at St. Clair County for 10 years. Witt has worked in the medical field of Pathology/Histology with St. Elizabeth's Hospital, O'Fallon, Illinois for over 42 years. He has a Bachelors degree in Public Health.

St. Louis Area Regional Coalition of COADS

Tina Davis, Disaster Program Manager, American Red Cross -Greater St. Louis. Tina Davis has been with the Red Cross for 10 years. She started her Red Cross career at the office in Arnold and then moved into Workforce Engagement in the St. Louis office. She then served as the Disaster Program Specialist for Jefferson, Madison, Iron, Ste. Genevieve, Washington, and St. Francois Counties before becoming a Disaster Program Manager. As DPM, Tina has oversight into the Illinois territory as well as the counties she previously served, as well as leading the Swansea, Illinois office. Recently, Tina was appointed as the Disaster Program Manager for the Greater St. Louis Chapter. Tina has served in varying positions (from sheltering, casework, distribution of emergency supplies, district director, operational management, and job director) on 18 Disaster Response Operations. Tina serves on several COADs and LTRCs, and LEPC's for her coverage area. Tina is an advanced instructor for Disaster Cycle Services. Tina also serves as a board member for the Emergency Food and Shelter Program in Madison and Calhoun Counties in Illinois.

Request for Resignations/Removals

Sub-Committee	**Name**	**Agency**
Hazardous Materials	Matt Lavanchy	Pattonville Fire Protection District
Healthcare Preparedness	Dan Gillen	St. Louis University
Healthcare Preparedness	Nicholas Hernandez	The Rehabilitation Center of St. Louis
Healthcare Preparedness	James Martin	Missouri Dept. of Mental Health
Healthcare Preparedness	Melisa Stein	formerly with St. Anthony's Medical Center
Healthcare Preparedness	Erica Suhling	formerly with SSM Health
Healthcare Preparedness	Robert Vandergriff	BJC Healthcare
Healthcare Preparedness	Kaitlin Walker	formerly with SSM Health
Healthcare Preparedness	Christine Zirges	SSM Health

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