



AGENDA
ST. LOUIS AREA REGIONAL RESPONSE SYSTEM
BOARD OF DIRECTORS

Thursday, August 12, 2021 – 9:00 A.M.

*** VIRTUAL MEETING - CALL IN INFORMATION ***

1-605-313-5111
Access Code: 193547

1. CALL TO ORDER BY WARREN ROBINSON
2. APPROVAL OF MINUTES, JUNE 2021 MEETING
3. DISCUSSION ITEMS
 - A. Director's Report
GREGGORY FAVRE
STARRS
 - B. THIRA-SPR 2021
SAMANTHA PETERSON
STARRS
 - C. Sub-committee Reports
 - *As Subcommittees have been engaged in COVID-19 response, they have not been meeting to discuss STARRS activity. Subcommittee reports will resume as COVID-19 operations lessen.*
5. ACTION ITEMS
 - a. Subcommittee Membership Update
WARREN ROBINSON,
STARRS Board President
 - b. Regional Security Expenditures
GREGGORY FAVRE,
STARRS
6. OTHER BUSINESS
 - a. Any other business
7. NEXT MEETING AND ADJOURNMENT
 - a. **The next STARRS Board meeting is currently scheduled for September 16th, 2021.**

Given the fluidity of the regional COVID-19 response and the impact it has on this board, we will continue to evaluate the needs of the organization and our membership and will provide updates to the meeting schedule as needed.

**STARRS BOARD OF DIRECTORS
MEETING MINUTES
June 10, 2021**

The meeting of the STARRS Board of Directors was called to order at 9:01 a.m. via telephone conference call, with attendance as follows (absent stricken through):

ATTENDANCE:

Abe Cook	Jason Cambell	Michele Ryan
Ben Perrin	Jeff McCreary	Mike Arras
Bill Roche	Jerry Lohr	Morris Taylor
Brian Gettemeier	Jim Terry	Nick Harper
Chris Hunt	Jim Wild	Nick Kohlberg
Cody Minks	Joann Leykam	Roger Smith
Dennis Jenkerson	John Nowak	Ryan Weber
Derek Rieger	Josh Wilderson	Sarah Russel
Don Feher	Justen Hauser	Shawn Icenhower
Greg Brown	Kurt Frisz	Tina Davis
Gregg Favre	Larry O'Toole	Tony Falconio
Herb Simmons	Mary Barton	Warren Robinson

Also in attendance were STARRS / East-West Gateway Council of Governments staff Staci Alvarez, Leah Watkins, Dale Chambers, Brad Zoref, Samantha Peterson and Brian Marler,

CALL TO ORDER

Warren Robinson called the meeting to order at 0901 and Staci Alvarez took attendance but could not confirm a quorum.

Jim Wild & Warren Robinson expressed their sympathies on the recent loss of Don Feher, a long-time member and supporter of STARRS.

DISCUSSION ITEMS

CCTA REPORT

Dale thanked the group for their ongoing commitment and participation with STARRS, and shared an update on the 2016 Complex Coordinated Terrorist Attack (CCTA) grant, our first competitive grant. Dale shared background on the CCTA grant process, and how the St. Louis region had already been working toward it before the grant was released, citing examples of activities in 2014, 2015 & 2016. Goals established in 2016 for the CCTA grant have been achieved, including improvements in Intelligence Sharing, Fusion Center awareness, Rescue Task Force operations, Public Information in a complex attack and Bomb and Tactical Operations. The challenges of covid-19 were overcome in the process. While the CCTA grant closed out, the CCTA work continues with 2019 funding on processes such as Intelligence

Liaison Officer outreach, program development, witness management and response guides. Over the four year program 43 gaps were identified, 24 were prioritized and 5 more were added during the process. Surveys were used to measure improvements, with over 2000 staff and 200 agencies involved in the process. One of the big exercises involved 6 Fusion Centers and community responders from 3 states over a 4 day functional exercise, and has been identified as the largest non-Federally led exercise of Fusion Centers to date. Other activities included tactical drills, river response activities and MACTAC expansion. Guidance documents have been vetted, trained on and continue to be improved upon. Dale thanked the group for their ongoing participation with the CCTA process. Joann shared thanks with Dale and the STARRS staff for all of the work involved with the CCTA program.

Quorum Confirmation

Staci Alvarez reviewed attendance again and with new attendees a quorum was confirmed.

Subcommittee Reports

The SLARRC sub-committee shared that they continue to have well attended calls, which now occur monthly.

ACTION ITEMS

Subcommittee Membership Updates

Joann motioned to approve proposed changes to sub-committee membership and Nick Harper seconded. The motion carried without opposition.

Approval of Minutes

Warren asked for a motion to approve the May minutes. Kurt motioned to approve the May minutes, Chris Hunt seconded. The motion carried without opposition.

Regional Expenditures

Dale shared a request to approve expenditures associated with the Urban Area Security Initiative, including renewal of CLEAR Pro investigation software. Joann motioned for approval and Larry seconded, the motion carried without opposition.

Other Business

No other business was presented.

NEXT MEETING & ADJOURNMENT

The next meeting of the STARRS Board is scheduled for August 12, 2021. Warren requested a motion to adjourn, which was provided and seconded. The motion carried the meeting was adjourned at 9:23AM

Warren Robinson



Memo to: Board of Directors
From: Gregg Favre, Executive Director
Subject: Nomination of Sub-Committee Appointments
Date: August 12, 2021

The Nominating Committee offers updates to the membership of specific STARRS' Sub-Committees.

Membership updates are present for the STARRS Mass Fatality and Healthcare Preparedness Sub-Committees.

Sub-Committees

Please see the list on the following page.

Staff Recommendation:

Staff has reviewed the applications and recommends that the Board of Directors, through the Nominating Committee, approve the recommendations.

August 2021		
<u>Sub-Committee Chair and Vice Chair Appointments</u>		
Sub-Committee	Chair	Vice Chair
Communications Core Group		
Emergency Management		
Emergency Medical Services		
Hazardous Materials		
Healthcare Coalition/ESF8		
Healthcare Preparedness		
Law Enforcement		
Mass Fatality		
Public Health		
St. Louis Regional Coalition of COADS		
Training and Exercise		
Urban Search and Rescue		
<u>Sub-Committee Category C Director Appointments</u>		
Sub-Committee	Voting Rep	Alternate
Communications Core Group		
Emergency Medical Services		
Hazardous Materials		
Healthcare Coalition/ESF8		
Healthcare Preparedness		
Law Enforcement		
Mass Fatality		
Public Health		
St. Louis Regional Coalition of COADS		
Training and Exercise		
Urban Search and Rescue		
<u>New Sub-Committee Applicants</u>		
Sub-Committee	Name	Agency
<i>Mass Fatality</i>	<i>Kelly Nicholson</i>	<i>St. Louis City Medical Examiner's Office</i>
<i>Mass Fatality</i>	<i>Brandon Crews</i>	<i>St. Louis County Medical Examiner's Office</i>
<i>Mass Fatality</i>	<i>Lisa Traubitz</i>	<i>St. Louis City Medical Examiner's Office</i>
<i>Healthcare Preparedness</i>	<i>Natalie Yanko</i>	<i>South City Hospital</i>
<u>Request For Removals/Resignations</u>		
Sub-Committee	Name	Agency
<i>Mass Fatality</i>	<i>Maria Tersigni-Tarrant</i>	<i>Skeletal Identification Services</i>
<i>Mass Fatality</i>	<i>Shawn Hicks</i>	<i>St. Louis City Medical Examiner's Office</i>

COMMITTEE APPLICATION

ST. LOUIS AREA REGIONAL RESPONSE SYSTEM (STARRS)

PART I - REGISTRATION

Mr. Brandon M Crews
TITLE (MR., MS., DR., ETC.) AND NAME

314-615-0813
BUSINESS TELEPHONE (WITH AREA CODE)

Administrative Director
POSITION

bcrews@stlouiscountymo.gov
EMAIL ADDRESS

St. Louis County Medical Examiner
ORGANIZATION

314-522-0955
FAX #

6059 North Hanley Road
ADDRESS

Berkeley, MO 63134
CITY, STATE, ZIP CODE

STARRS COMMITTEE OF INTEREST:

(Enter the name of the STARRS committee to which you are applying)

Mass Fatality Committee

NOTE: PLEASE ATTACH YOUR RESUME, CURRICULUM VITAE, OR A BIOGRAPHICAL SUMMARY TO THIS COMMITTEE REGISTRATION FORM

PART II - BACKGROUND AND BIAS INFORMATION

Please provide the information requested below regarding relevant organizational affiliations, government service, public statements or positions, and additional information. Attach additional pages as necessary. Information is "relevant" if it is related to and might reasonably be of interest to others concerning your knowledge, experience, and personal perspectives regarding the subject matter and issues to be addressed by the committee activity for which this form is being prepared.

ORGANIZATIONAL AFFILIATIONS: Report your relevant business relationships (as an employee, owner, officer, director, consultant, etc.) and your relevant paid or volunteer non-business relationships (e.g., professional organization, trade association, public interest or civic group, etc.).

See Attached None

GOVERNMENT SERVICE: Report your relevant service (full-time or part-time) with federal, state, or local governments in the United States including elected or appointed positions, employment, advisory board membership, military service, etc.

See Attached None

PUBLIC STATEMENTS AND POSITIONS: List your relevant articles, testimony, speeches, etc., by date, title, and publication (if any), in which you may have become committed to a fixed position on a particular issue that may affect your participation on this committee.

See Attached None

PART II - BACKGROUND AND BIAS INFORMATION (Continued)

ADDITIONAL INFORMATION:

a) If there are relevant aspects of your background or present circumstances not addressed above that might reasonably be construed by others as affecting your judgment in matters within the assigned task of the committee or panel on which you have been invited to serve, and therefore might constitute an actual or potential source of bias, please describe them briefly.

See Attached None

b) Have you ever been convicted of a felony or a misdemeanor? Yes No
If the answer is yes, please provide the specifics of each conviction.

c) Please provide the names and contact information for two professional references.

Mary Case, MD
Professor Emerita
St. Louis University School of Medicine
Chief Medical Examiner
St. Louis, St. Charles, Jefferson, and
Franklin Counties
MCase@stlouiscountymo.gov
314-614-0802

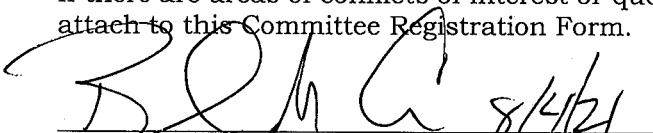
Nathan Singer
Deputy Operations Director
Aging & People with Disabilities
Oregon Department of Human Services
nathan.m.singer@dhsosha.state.or.us
503-269-8913

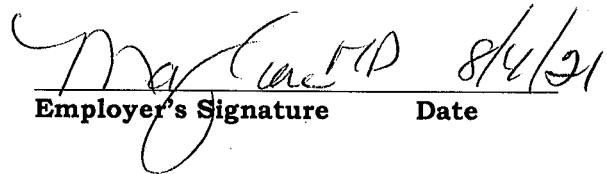
PART III - CONFIDENTIAL CONFLICT OF INTEREST DISCLOSURE

It is essential that the work of committees and panels of **STARRS** used in the development of reports and recommendations not be compromised by any significant conflict of interest. For this purpose, the term "conflict of interest" means any financial or other interest which conflicts with the service of the individual because it (1) could significantly impair the individual's objectivity or (2) could create an unfair competitive advantage for any person or organization.

Therefore, the undersigned attest to the fact that he or she does not have a conflict of interest that is relevant to the functions to be performed by the committee or panel in the areas of employment, investment interest, property interest, funding, or other interest.

If there are areas of conflicts of interest or questions of conflicts of interest, please explain fully and attach to this Committee Registration Form.


Applicant's Signature Date 8/4/21


Employer's Signature Date 8/4/21

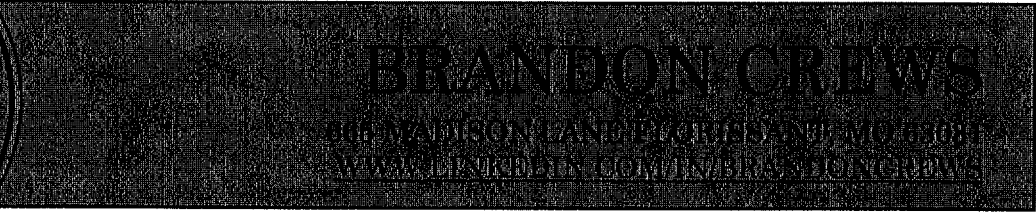
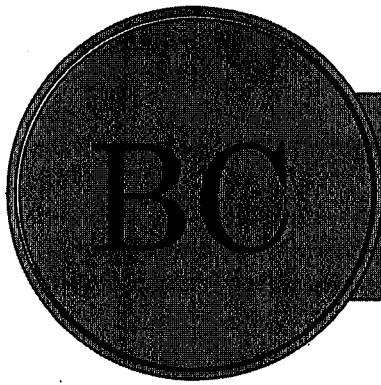
Committee Chair Signature Date

Name of Committee

Reviewed and approved by Nominating Committee on _____
Date

Executive Director Date

Send the application to STARRS office located at One Memorial Drive, Suite 1600, St. Louis, MO 63102. You may also send the application by email to starrs@ewgateway.org, or by fax to (314) 231-6120.



SKILLS

Project Management – OPMA
Human Resources – PHR
Negotiations
Staff Development
Process Improvement (Lean,
PDCA, 4DX, ADDIE)
Training
Generalist HR duties
Recruiting

VOLUNTEER EXPERIENCE

**Board of Directors |Columbia
Chorale – Missouri |2010 – 2013**
Elected Treasurer and charged
with organizing donations, grant
applications & reporting, fiscal
responsibility, and assisting in
communications planning for
501(c)(3) organization.
Hiring and review of
independent contractors to
include advertising,
interviewing, contracts,

EXPERIENCE

ADMINISTRATIVE DIRECTOR • ST. LOUIS COUNTY MEDICAL EXAMINER • 2021- PRESENT

Work with the Chief Medical Examiner to develop a strategic vision for the Office of the Medical Examiner that includes improving staffing, physical resources, and a long-term action plan for a variety of workplace improvements and sustainability.

Support the Chief Medical Examiner and other key staff in administrative and operational activities that support their ability to engage as subject matter and technical experts.

Provide staff support and oversight, including evaluations, payroll, and general HR functions and ensure that all functions operate in alignment with County guidelines and responsibilities. Traditionally this function has extreme staffing shortages that are affected by national shortages in a variety of critical positions. Develop actionable plans to recruit and retain candidates in necessary positions.

Develop concrete, goal-based performance metrics for the Division that can be reported publicly. Foster a culture of quality improvement for continuous improvement.

Work to align the program with NAME accreditation requirements. Identify all potential gaps in alignment and develop action plans for resolution.

Coordinate budget and procurement functions and provide fiscally responsible financial oversight.

PERFORM RELATED WORK AS REQUIRED.

PROJECT DIRECTOR • OREGON DEPARTMENT OF HUMAN SERVICES (ODHS) • 2017 – 2021

Since rejoining DHS as a PEM-E Project Director with APD I have helped deliver 3 multiple multi-million-dollar IT initiatives from negotiations



BMCREWS@GMAIL.COM



@BMCREW2



573-268-6173



WWW.LINKEDIN.COM/IN/
BRANDONCREWS

performance review and program evaluation.

PRIOR POSITION HIGHLIGHTS

Timeline Recruiting – 2008-2009

Specialized physician recruiting

Washington Mutual – 2006-2008

Loan processing, Business Process Outsourcing trainer, QA

MBS Books – 2005-2006

Technical Support
Customer Service

through implementation. In one instance this called for dissolution of the existing contract and sourcing a new vendor to save 10 million dollars. I am regularly called on to negotiate with vendors, program stakeholders and business partners. We are working to deliver a solution to be used by the aged and disabled population in Oregon along with their caregivers. We have a large communications initiative as part of this effort as well as design and delivery of training materials and I have a direct role in all areas of the project.

BUSINESS ANALYST • ODHS • 2015 – 2017

Lead Business Analyst who was assigning and tracking work for 3 other staff on document imaging system impacting over 3,000 employees, led project efforts for planning and implementation of changes to document handling at the branch level and central electronic storage procedures. Designed and delivered multi-day training efforts to ready staff for changes.

I was also assigned as the project manager for effort to modify an existing system and stand up time reporting system for 20,000 employees across 3 program areas in coordination with a union while completing the work and assigning work to 1 professional level staff.

HUMAN RESOURCES CONSULTANT • OSU • 2013 – 2015

Assisted in launching, planning and organizing bi-annual professional development program for Shared Services staff. This included a kickoff event for a full day of speakers and workshops – followed by a revised half day biannual program coordinated with the Director of Shared Service's office to drive coordination with the strategic plan and overall shared services goals as well as the needs of business center employees. Co-led efforts to Lean the hiring processes for OSU's many departments/programs. Provided professional HR support and consultation to 6 departments and > 2,000 employees.

HR TECHNICIAN • US NAVY • 2009 – 2013

Assisted with on-site administration of training of 500 personnel from NROTC units across the country by coordinating travel, transportation, and food across 5 bases in the San Diego area. Program management including local policy, training of Federal guidelines, and budget related to: general HR programs, travel program, security clearance program for 100 student and staff members.



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@BMCREW2



573-268-6173



WWW.LINKEDIN.COM/
IN/BRANDONCREWS

Manage all medical and physical records for accuracy and HIPAA regulations. Ensure processing for review of all medical records for approval.

PROGRAM ADMINISTRATOR • NORTHSTAR • 2008

Built out a TANF job skills training program in Hilo, HI. I added instructors, courses, and resources to grow from 8 to 30+ participants in a cohort. I was also able to establish relationships with local business to help provide mock interview panels to participants. This grant funded work had been ongoing for 3 years prior to my arrival and the enrollments and performance on the grant had been trending down.

EDUCATION

DENVER PUBLISHING INSTITUTE • 08/2019. • DU

M.A. • 12/2004 • UNIVERSITY OF KENTUCKY
Diplomacy and International Commerce

B.A. • 06/2003 • UNIVERSITY OF MISSOURI
Political Science, General Honors, Honors in Political Science

COMMITTEE APPLICATION ST. LOUIS AREA REGIONAL RESPONSE SYSTEM (STARRS)

PART I - REGISTRATION

Inv. Kelly Nicholson
TITLE (MR., MS., DR., ETC.) AND NAME

314-622-4971
BUSINESS TELEPHONE (WITH AREA CODE)

Chief Investigator
POSITION

nicholsnk@stlouis-mo.gov
EMAIL ADDRESS

St. Louis City Medical Examiner
ORGANIZATION

314-622-4933
FAX #

1300 Clark Ave.
ADDRESS

St. Louis, MO 63103
CITY, STATE, ZIP CODE

STARRS COMMITTEE OF INTEREST:

(Enter the name of the STARRS committee to which you are applying)

Mass Fatality

NOTE: PLEASE ATTACH YOUR RESUME, CURRICULUM VITAE, OR A BIOGRAPHICAL SUMMARY TO THIS COMMITTEE REGISTRATION FORM

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ORGANIZATIONAL AFFILIATIONS: Report your relevant business relationships (as an employee, owner, officer, director, consultant, etc.) and your relevant paid or volunteer non-business relationships (e.g., professional organization, trade association, public interest or civic group, etc.).

See Attached None

GOVERNMENT SERVICE: Report your relevant service (full-time or part-time) with federal, state, or local governments in the United States including elected or appointed positions, employment, advisory board membership, military service, etc.

See Attached None

PUBLIC STATEMENTS AND POSITIONS: List your relevant articles, testimony, speeches, etc., by date, title, and publication (if any), in which you may have become committed to a fixed position on a particular issue that may affect your participation on this committee.

See Attached None

PART II - BACKGROUND AND BIAS INFORMATION (Continued)

ADDITIONAL INFORMATION:

a) If there are relevant aspects of your background or present circumstances not addressed above that might reasonably be construed by others as affecting your judgment in matters within the assigned task of the committee or panel on which you have been invited to serve, and therefore might constitute an actual or potential source of bias, please describe them briefly.

See Attached None

b) Have you ever been convicted of a felony or a misdemeanor? Yes No
If the answer is yes, please provide the specifics of each conviction.

c) Please provide the names and contact information for two professional references.

Tara Rick - 314-622-4974
Maia Teresa Tersigui-Tarrant - 314-622-4975

PART III - CONFIDENTIAL CONFLICT OF INTEREST DISCLOSURE

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If there are areas of conflicts of interest or questions of conflicts of interest, please explain fully and attach to this Committee Registration Form.

Kelly L. Michael 3/11/2021
Applicant's Signature Date

Laura M. Hill 3/11/2021
Employer's Signature Date

Queen Harp 7/21/21
Committee Chair Signature Date

Mass Fatality
Name of Committee

Reviewed and approved by Nominating Committee on _____

Date

Executive Director

Date

Send the application to STARRS office located at One Memorial Drive, Suite 1600, St. Louis, MO 63102.
You may also send the application by email to starrs@ewgateway.org, or by fax to (314) 231-6120.

Conflict of Interest Disclosure Statement

In compliance with this Conflict of Interest Policy, please provide the following information. If you are in doubt about whether a conflict of interest exists or may arise in the future, it is in your best interest to disclose that information below. If you do not have sufficient space on this Disclosure Statement, please attach additional sheets.

1. Within the past 12 months, have you, or any persons listed in Paragraph B. above, held a position with any organization with which, to your knowledge, STARRS has or contemplates having business dealings?

Yes ___ No

If the answer is yes, please provide the details below:

2. Do you, or any persons listed in Paragraph B. above, have a material, financial, or any other interest in any organization and/or person(s) with which, to your knowledge, STARRS has business dealings or contemplates having business dealings?

Yes ___ No

If the answer is yes, please the details below for each such organization and/or person(s):

3. Within the past 12 months, have you or any persons listed in Paragraph B. above received any gifts, money, loans or other type of service or favor with a market value of \$100 or more from any organization and/or person(s) that, to your knowledge, is doing business or seeking to do business with STARRS?

Yes ___ No

If the answer is yes, please the details below for each such organization and/or person(s):

STARRS Conflict of Interest Policy and Disclosure Form

- A. It is essential that the work of the STARRS' committees and work groups used in the development of reports and recommendations and the selection of vendors not be compromised by conflicts of interest. This Form describes the Policy and provides for the disclosure of conflicts or potential conflicts in relation to work with and for STARRS.
- B. For this purpose, the term "conflict of interest" means any financial or other interest which conflicts with the service of the member because it (1) could significantly impair the member's objectivity or (2) could create an unfair competitive advantage for any person or organization. If the financial or other interest could benefit the member, or the member's family member, partner, client or an organization in which the individual is a member (other than a public agency in which he/she is serving as an officer, director, trustee, partner or employee), it is considered a potential conflict of interest.
- C. As a committee member, you must avoid any action that might result in, or create the appearance of:
- i. using your position to:
 - a. acquire private gain from member agency, third party or company,
 - b. receive a pecuniary interest by providing services, or
 - c. give preferential treatment to any person;
 - ii. losing complete independence or impartiality;
 - iii. making an official decision outside of official channels; or
 - iv. adversely affecting the confidence of the public in the integrity of STARRS.
- D. A violation of this Conflict of Interest Policy and/or failure to complete and return the Disclosure Statement may result in the expulsion from the STARRS Committee(s) on which you serve.

Therefore, the undersigned attests to the fact that he or she does not have a conflict of interest or a potential conflict of interest that is relevant to the functions to be performed by the committee or work group. If there are areas of conflicts of interest or questions of conflicts of interest, please explain fully and attach to this Conflict of Interest Form. If a conflict or potential conflict arises at a later time, you are required to disclose the information immediately, with full documentation.

4. Is there any other information that could be relevant to determining whether a conflict of interest might arise in connection with the exercise of your duties and responsibilities as a STARRS Committee Member?

Yes ___ No X

If the answer is yes, please provide details below:

Please affirm by your signature below that:

1. You have read and understand the terms of the STARRS Committee Member Conflicts of Interest Policy;
2. You have answered all questions in the Disclosure Statement fully to the best of your knowledge and belief; and,
3. You agree to supplement the information you have provided on the Disclosure Statement when and if necessary either because your circumstances have changed or you have discovered new information.

Kelly L. Nicholson
Printed name

St. Louis City Medical Examiner
Agency or Organization

Kelly L. Nicholson
Signature

3/11/2021
Date

Send this signed original Disclosure Statement to the attention of:

Executive Director of STARRS
One Memorial Drive, Suite 1600
St. Louis, MO 63102

Because there are several vendor selection processes underway, in addition to sending the original through the U.S. Mail, please forward a copy of the COI via email or fax to the attention of Jane Suozzi at:

jane.suozzi@ewgateway.org
Fax: (314) 231-6120

Conflict of Interest Disclosure Statement

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Yes ___ No

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2. Do you, or any persons listed in Paragraph B. above, have a material, financial, or any other interest in any organization and/or person(s) with which, to your knowledge, STARRS has business dealings or contemplates having business dealings?

Yes ___ No

If the answer is yes, please the details below for each such organization and/or person(s):

3. Within the past 12 months, have you or any persons listed in Paragraph B. above received any gifts, money, loans or other type of service or favor with a market value of \$100 or more from any organization and/or person(s) that, to your knowledge, is doing business or seeking to do business with STARRS?

Yes ___ No

If the answer is yes, please the details below for each such organization and/or person(s):

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- C. As a committee member, you must avoid any action that might result in, or create the appearance of:
- i. using your position to:
 - a. acquire private gain from member agency, third party or company,
 - b. receive a pecuniary interest by providing services, or
 - c. give preferential treatment to any person;
 - ii. losing complete independence or impartiality;
 - iii. making an official decision outside of official channels; or
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Yes ___ No X

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Kelly L. Nicholson
Printed name

St. Louis City Medical Examiner
Agency or Organization

Kelly L. Nicholson
Signature

3/11/2021
Date

Send this signed original Disclosure Statement to the attention of:

Executive Director of STARRS
One Memorial Drive, Suite 1600
St. Louis, MO 63102

Because there are several vendor selection processes underway, in addition to sending the original through the U.S. Mail, please forward a copy of the COI via email or fax to the attention of Jane Suozzi at:

jane.suozzi@ewgateway.org
Fax: (314) 231-6120

KELLY L. NICHOLSON

(630) 981-4691

4965 Braid Hills Drive, Saint Peters, Missouri 63304

kellylovelace92@gmail.com

EDUCATION

Saint Louis University, St. Louis, MO

- **Bachelor of Science in Health Sciences** May 2014
- Minor in Healthcare Ethics May 2014
 - Cumulative GPA: 3.4/4.0
 - Presidential Scholarship all four years

St. Louis County Medical Examiner's Office

March 2014 – July 2014

- **Shadowing a Medicolegal Death Investigator**
 - Went to death investigation scenes and learned what information is most important for a report
 - Reviewed narrative reports and other documentation of death investigations

WORK EXPERIENCE

St. Louis City Medical Examiner's Office, St. Louis, MO

February 2020 – Present

- **Medicolegal Death Investigator**
 - Collecting confidential death report information via telephone
 - Performing thorough, complete death scene investigations and scene recreations
 - Preparing detailed reports to assist the forensic pathologist to determine the cause and manner of death
 - Establishing good rapport with all parties responsible for reporting deaths
 - Corresponding with families of the decedent

Regional Medical Examiner's Office, St. Charles, MO

February 2020 – Present

- **Medicolegal Death Investigator – Part time**
 - Collecting confidential death report information via telephone
 - Performing thorough, complete death scene investigations and scene recreations
 - Preparing detailed reports to assist the forensic pathologist to determine the cause and manner of death
 - Establishing good rapport with all parties responsible for reporting deaths
 - Corresponding with families of the decedent

Forensic Medical Management Service, PLC, Nashville, TN

October 2017 – January 2020

- **Medicolegal Death Investigator**
 - Collected confidential death report information via telephone
 - Performed thorough, complete death scene investigations and scene recreations
 - Prepared detailed reports to assist the forensic pathologist to determine the cause and manner of death
 - Established good rapport with all parties responsible for reporting deaths
 - Corresponded with families of the decedent

St. Louis County Department of Public Health

Office of the Chief Medical Examiner, St. Louis, MO

September 2014 – September 2017

- **Medicolegal Death Investigator**
 - Collected confidential death report information via telephone
 - Performed thorough, complete death scene investigations and scene recreations
 - Prepared detailed reports to assist the forensic pathologist to determine the cause and manner of death
 - Established good rapport with all parties responsible for reporting deaths
 - Corresponded with families of the decedent

PROFESSIONAL AFFILIATIONS

- **The American Board of Medicolegal Death Investigators:** Diplomat Status #2389 September 2015 – Present
- **The American Academy of Forensic Sciences:** General Section Member February 2016 – Present

- **The Society of Medicolegal Death Investigators:** Active Member September 2017 - Present
Board of Directors January 2019 – Present
- **The International Association of Coroners and Medical Examiners:** Fellow Member August 2019 – Present

ADVANCED TRAINING

Saint Louis University School of Medicine, St. Louis, MO

- Medicolegal Death Investigation Training Course March 2013
- Masters 15 Conference July 2013
- Masters 16 Conference July 2015
- Masters 17 Conference July 2017
- Masters 18 Conference July 2019

Chicago Dental Society Midwinter Meeting, Chicago, IL

- Forensic Odontology – Bite marks and identification February 2017
- Forensic Odontology – Case review February 2017
- Forensic Odontology – Mass disaster planning February 2017
- Forensic Odontology – Review of the subspecialty February 2017

COMMITTEE APPLICATION
ST. LOUIS AREA REGIONAL RESPONSE SYSTEM (STARRS)

PART I - REGISTRATION

Lisa Traubitz
TITLE (MR., MS., DR., ETC.) AND NAME

314-622-4971
BUSINESS TELEPHONE (WITH AREA CODE)

Medicolegal Investigator
POSITION

traubitzl@stlouis-mo.gov
EMAIL ADDRESS

St. Louis City Medical Examiner
ORGANIZATION

314-622-4933
FAX #

1300 Clark Ave
ADDRESS

St. Louis, MO 63103
CITY, STATE, ZIP CODE

STARRS COMMITTEE OF INTEREST:

(Enter the name of the STARRS committee to which you are applying)

Mass Fatality

NOTE: PLEASE ATTACH YOUR RESUME, CURRICULUM VITAE, OR A BIOGRAPHICAL SUMMARY TO THIS COMMITTEE REGISTRATION FORM

PART II - BACKGROUND AND BIAS INFORMATION

Please provide the information requested below regarding relevant organizational affiliations, government service, public statements or positions, and additional information. Attach additional pages as necessary. Information is "relevant" if it is related to and might reasonably be of interest to others concerning your knowledge, experience, and personal perspectives regarding the subject matter and issues to be addressed by the committee activity for which this form is being prepared.

ORGANIZATIONAL AFFILIATIONS: Report your relevant business relationships (as an employee, owner, officer, director, consultant, etc.) and your relevant paid or volunteer non-business relationships (e.g., professional organization, trade association, public interest or civic group, etc.).

See Attached None

GOVERNMENT SERVICE: Report your relevant service (full-time or part-time) with federal, state, or local governments in the United States including elected or appointed positions, employment, advisory board membership, military service, etc.

See Attached None

PUBLIC STATEMENTS AND POSITIONS: List your relevant articles, testimony, speeches, etc., by date, title, and publication (if any), in which you may have become committed to a fixed position on a particular issue that may affect your participation on this committee.

See Attached None

PART II - BACKGROUND AND BIAS INFORMATION (Continued)

ADDITIONAL INFORMATION:

- a) If there are relevant aspects of your background or present circumstances not addressed above that might reasonably be construed by others as affecting your judgment in matters within the assigned task of the committee or panel on which you have been invited to serve, and therefore might constitute an actual or potential source of bias, please describe them briefly.

See Attached None

- b) Have you ever been convicted of a felony or a misdemeanor? Yes No
If the answer is yes, please provide the specifics of each conviction.

- c) Please provide the names and contact information for two professional references.

Tara Rick, Executive Director for Operations 314-622-4974

Michael Graham, MD - Chief Forensic Pathologist 314-622-4972


PART III - CONFIDENTIAL CONFLICT OF INTEREST DISCLOSURE

It is essential that the work of committees and panels of **STARRS** used in the development of reports and recommendations not be compromised by any significant conflict of interest. For this purpose, the term "conflict of interest" means any financial or other interest which conflicts with the service of the individual because it (1) could significantly impair the individual's objectivity or (2) could create an unfair competitive advantage for any person or organization.

Therefore, the undersigned attest to the fact that he or she does not have a conflict of interest that is relevant to the functions to be performed by the committee or panel in the areas of employment, investment interest, property interest, funding, or other interest.

If there are areas of conflicts of interest or questions of conflicts of interest, please explain fully and attach to this Committee Registration Form.

 07/30/21
Applicant's Signature Date

 8/2/2021
Employer's Signature Date

 8/2/21
Committee Chair Signature Date

MASS MORTALITY
Name of Committee

Reviewed and approved by Nominating Committee on

_____ Date

Executive Director

_____ Date

Send the application to **STARRS** office located at One Memorial Drive, Suite 1600, St. Louis, MO 63102. You may also send the application by email to starrs@ewgateway.org, or by fax to (314) 231-6120.

Lisa Traubitz, D-ABMDI
Medicolegal Investigator
City of St. Louis Office of the Medical Examiner
traubitzl@stlouis-mo.gov

PROFESSIONAL EXPERIENCE

Medicolegal Investigator - City of St. Louis Office of the Medical Examiner 2018-Present, 2008-2012

- Forensic death scene investigator for the City of St. Louis. Conduct investigations into the cause, manner and mode of death for homicides, suicides, child fatalities, overdoses and motor vehicle collisions. Investigation of all sudden & unattended deaths.
- Perform scene investigations, scene photography, document the scene and injuries to the deceased, maintain chain of evidence, secure property.
- Composition of lengthy, detailed narrative reports of findings for the forensic pathologists.
- Locate and notify next-of-kin, interview witnesses, obtain and review medical records and police reports.
- Appear for depositions and trials
- Work in conjunction with St. Louis Metropolitan Police Department's Evidence Technician Unit, Accident Reconstruction Unit, Homicide Division & the Bomb and Arson Squad.

EDUCATION & CONTINUING EDUCATION

St. Louis University School of Medicine

-Master's Conference 2019

-Medicolegal Death Investigation Training Course 2008, 2018

Forensic Photography, Los Angeles, CA 2013, 2015

Forensic Sciences, Riverside, CA 2014, 2016

St. Louis Community College at Meramec 1998 (Honor Roll, Phi Theta Kappa)

Forensic Technology Center of Excellence/RTI

ADDITIONAL TRAINING/CERTIFICATIONS/MEMBERSHIPS

-Diplomat-American Board of Medicolegal Death Investigators (ABMDI) since 2012

-Affiliate Member National Association of Medical Examiners

-International Association of Coroners & Medical Examiners

-Former Member California State Coroner's Association

-Mass Casualty Conference 2009

-NAME 2020 Annual Conference

COMMITTEE APPLICATION

ST. LOUIS AREA REGIONAL RESPONSE SYSTEM (STARRS)

PART I - REGISTRATION

MS. Natalie Yanko
TITLE (MR., MS., DR., ETC.) AND NAME

314-865-7989
BUSINESS TELEPHONE (WITH AREA CODE)

Infection Control Specialist
POSITION

natalie.yanko@southcityhospital
EMAIL ADDRESS stl.com

South City Hospital
ORGANIZATION

314-256-7375
FAX #

3933 S. Broadway
ADDRESS

St. Louis MO 63118
CITY, STATE, ZIP CODE

STARRS COMMITTEE OF INTEREST:

(Enter the name of the STARRS committee to which you are applying)

Healthcare committee

NOTE: PLEASE ATTACH YOUR RESUME, CURRICULUM VITAE, OR A BIOGRAPHICAL SUMMARY TO THIS COMMITTEE REGISTRATION FORM

PART II - BACKGROUND AND BIAS INFORMATION

Please provide the information requested below regarding relevant organizational affiliations, government service, public statements or positions, and additional information. Attach additional pages as necessary. Information is "relevant" if it is related to and might reasonably be of interest to others concerning your knowledge, experience, and personal perspectives regarding the subject matter and issues to be addressed by the committee activity for which this form is being prepared.

ORGANIZATIONAL AFFILIATIONS: Report your relevant business relationships (as an employee, owner, officer, director, consultant, etc.) and your relevant paid or volunteer non-business relationships (e.g., professional organization, trade association, public interest or civic group, etc.).

See Attached None

GOVERNMENT SERVICE: Report your relevant service (full-time or part-time) with federal, state, or local governments in the United States including elected or appointed positions, employment, advisory board membership, military service, etc.

See Attached None

PUBLIC STATEMENTS AND POSITIONS: List your relevant articles, testimony, speeches, etc., by date, title, and publication (if any), in which you may have become committed to a fixed position on a particular issue that may affect your participation on this committee.

See Attached None

PART II - BACKGROUND AND BIAS INFORMATION (Continued)

ADDITIONAL INFORMATION:

a) If there are relevant aspects of your background or present circumstances not addressed above that might reasonably be construed by others as affecting your judgment in matters within the assigned task of the committee or panel on which you have been invited to serve, and therefore might constitute an actual or potential source of bias, please describe them briefly.

See Attached None

b) Have you ever been convicted of a felony or a misdemeanor? Yes No
If the answer is yes, please provide the specifics of each conviction.

c) Please provide the names and contact information for two professional references.

Jennifer Massey: (314) 865-7100. jennifer.massey@southcityhospitalstl.com
VP Nursing - South City Hospital
Macy Smith: (314) 865-7900. Macy.smith@southcityhospitalstl.com
Director Quality/Risk Management - South City Hospital

PART III - CONFIDENTIAL CONFLICT OF INTEREST DISCLOSURE

It is essential that the work of committees and panels of **STARRS** used in the development of reports and recommendations not be compromised by any significant conflict of interest. For this purpose, the term "conflict of interest" means any financial or other interest which conflicts with the service of the individual because it (1) could significantly impair the individual's objectivity or (2) could create an unfair competitive advantage for any person or organization.

Therefore, the undersigned attest to the fact that he or she does not have a conflict of interest that is relevant to the functions to be performed by the committee or panel in the areas of employment, investment interest, property interest, funding, or other interest.

If there are areas of conflicts of interest or questions of conflicts of interest, please explain fully and attach to this Committee Registration Form.

Natalie Yamke 6/18/21
Applicant's Signature Date

Jennifer Massey 6/18/21
Employer's Signature Date

Jason Campbell 7/7/21
Committee Chair Signature Date

Healthcare Subcommittee
Name of Committee

Reviewed and approved by Nominating Committee on _____
Date

Executive Director Date

Send the application to STARRS office located at One Memorial Drive, Suite 1600, St. Louis, MO 63102. You may also send the application by email to starrs@ewgateway.org, or by fax to (314) 231-6120.

Natalie Yanko

RN, BSN, ONC | 314-541-9360 | natayanko@gmail.com

Work Experience

- Infection Control South City Hospital: St. Louis, MO April 2021-Present
- Patient surveillance for infection
 - Emergency preparedness planning
 - Creation of policies and protocols pertaining to infection control measures
- Registered Nurse South City Hospital: St. Louis, MO December 2020-April 2021
- Experience caring for medical and surgical patients
 - Monitor and coordinate daily patient care
 - Coordinate services with other patient care units
- Clinical Support Nurse St. Joseph Health Center: St. Charles, MO January 2020-December 2020
- Lead, guide, and train employees
 - Develop and maintain positive client relations
 - Experience caring for surgical, trauma, and orthopedic patients
 - Monitor and coordinate daily patient care
 - Coordinate services with other patient care units
 - Promote continuous improvement of workplace safety and environmental practices
- Registered Nurse St. Joseph Health Center: St. Charles, MO December 2017-January 2020
- Experience caring for surgical, trauma, and orthopedic patients
 - Monitor and coordinate daily patient care
 - Coordinate services with other patient care units

Education

Murray State University School of Nursing: Murray, KY

Bachelor of Science in Nursing, GPA: 3.5

Graduated December 2017

Certifications, Additional Skills, and Awards

Greater St. Louis APIC Chapter Member 2021

Orthopedic Nurse Certified 2020

References: Available upon request

ATTACHMENT A

**Expenditures for Equipment and Services
August 12, 2021**

<u>Vendor</u>	<u>Description</u>	<u>Jurisdiction/Agency</u>	<u>Quantity</u>	<u>Cost</u>
Emergency Response Planning & Organization (UASI)				
St. Louis County, Missouri	Cyber Analyst Position	Regional	1	\$180,000
St. Louis County, Missouri	Sub-Award Increase - Critical Infrastructure	Regional	1	\$5,000
Emergency Response Equipment (UASI)				
SITE Intelligence Group	Software Subscription Licenses	St. Louis County	10	\$35,000
Mallory Safety and Supply (St. Louis, MO)	Hazardous Materials Detection Systems	Regional	26	\$348,965
TOTAL EXPENDITURES				\$ 568,965

Total UASI Expenditures: \$568,965

Memo to: Board of Directors
From: Staff
Subject: Regional Security Expenditures
Date: August 12, 2021

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 purchases, totaling **\$568,965**.

ST. LOUIS FUSION CENTER:

CYBERSECURITY ANALYST – Staff is requesting approval to enter into a sub-award agreement with St. Louis County to provide funding for a Cybersecurity Analyst position within the St. Louis Fusion Center. The Cybersecurity Analyst will work with the Regional Cybersecurity Coordinator to address gaps and deficiencies in St. Louis regional cybersecurity, reducing the region's threat landscape, enhancing the overall security posture, and improving response, mitigation, recovery and resiliency to cyber-attacks.. Total cost will not exceed \$180,000 for two years from the UASI 2020 grant program.

SITE INTELLIGENCE – Staff is requesting approval to purchase 10 subscriptions licenses for the SITE Intelligence system. SITE provides in-depth terrorist threat, threat actor and tactical analysis and reporting information essential to the ongoing operational role of the St. Louis Fusion Center. Total cost will not exceed \$35,000.

SUBSCRIPTION SERVICES – Staff is requesting approval to increase the funding to the existing UASI 2019 St. Louis Fusion Center Critical Infrastructure sub-award with St. Louis County. The additional funding will provide additional necessary software licenses and subscription services to achieve the goals and objectives of the St. Louis Fusion Center operations and functions. The agreement will increase by \$5,000, for a total amount not to exceed \$140,016.

REGIONAL RESPONSE TEAMS:

Hazardous Materials Detection Systems - Staff is requesting approval to purchase 26 multi-gas/multi-threat detection meters for the regional hazardous materials (HAZMAT) response teams. These instruments identify in real-time CBRNE-related threats and vulnerabilities found at hazardous materials incidents. Recipient locations include: Franklin County (4), Jefferson County (4), Madison County (4), St. Charles County (4), St. Clair County (4), St. Louis City (2), & St. Louis County (4). Total cost will not exceed \$348,965.

STAFF RECOMMENDATION:

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

- for the creation of a subaward for the Fusion Center Cybersecurity Analyst position with St. Louis County for an amount not to exceed \$180,000;
- for the increase of an existing Fusion Center Critical Infrastructure sub-award with St. Louis County by \$5,000, for a total amount not to exceed \$140,000;
- for the purchase of ten (10) license subscriptions from SITE Intelligence Group for an amount not to exceed \$35,000;
- for the purchase of twenty six (26) HAZMAT meters from Mallory Safety & Supply for an amount not to exceed \$348,965;

for a total amount not to exceed **\$568,965** from the UASI grant program.