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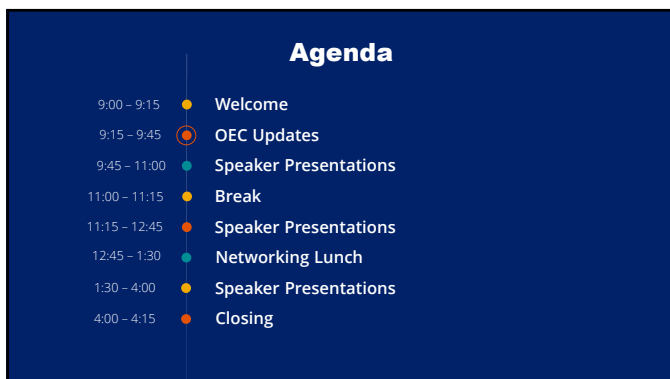
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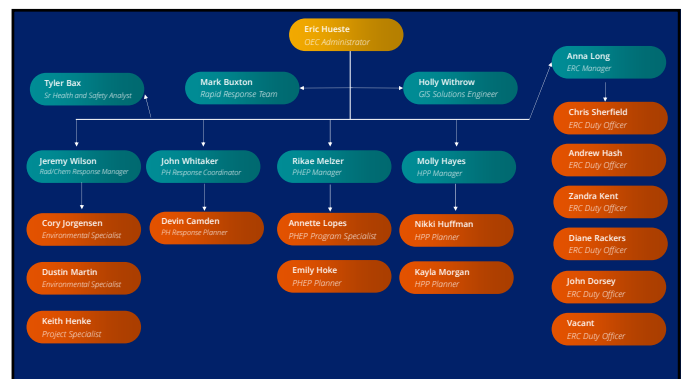
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OEC Updates

- HPP
 - New 5-year grant cycle began in July
 - Strategic Plan for 5-year cycle
- PHEP
 - New PHEP Planner
 - Contract Monitoring & PREP Visits

7

Agenda

- 9:00 – 9:15 ● Welcome
- 9:15 – 9:45 ● OEC Updates
- 9:45 – 11:00 ● Speaker Presentations
- 11:00 – 11:15 ● Break
- 11:15 – 12:45 ● Speaker Presentations
- 12:45 – 1:30 ● Networking Lunch
- 1:30 – 4:00 ● Speaker Presentations
- 4:00 – 4:15 ● Closing

8



9

Partner Readiness Evaluation Program (PREP)

Future site visits / web conference tabletops

10

Partner Readiness Evaluation Program (PREP)

- PREP has moved back to Department of Health Senior Services' (DHSS) Office of Emergency Coordination (OEC) in the past couple of months.
- Lead Coordinator for PREP is now Tyler Bax
- We are planning to have multiple LPHA's join either in person or virtual meetings soon to discuss current or future response plans with a focus towards Continuity of Operations Plans (COOP) initially.

VOLUNTEERS ARE WELCOME!

11

Partner Readiness Evaluation Program (PREP)

Continuity of Operations (COOP) plan

- COOP is to establish policy and guidance to ensure that essential functions for an agency are continued if manmade, natural, or technological emergencies disrupt or threaten to disrupt normal operations.

12

Partner Readiness Evaluation Program (PREP)

- COOP Should Include:
 - Record of Changes
 - Signature of Administrator
 - Orders of Succession
 - Delegation of Authority
 - Determination of Essential Functions
 - Prioritize Essential Functions
 - Identify Staff Performing Essential Functions
 - Create Drive-Away Kits
 - Inventory of Vital Records
 - Notification of Staff and Business Partners
 - Alternate Worksites
 - Training and Exercises

13

Partner Readiness Evaluation Program (PREP)

- **COOP Plan Record of Changes**
 - **Publication Change History:** All components of the COOP Plan should be reviewed, at a minimum, on an annual basis and any revisions should be made to all maintained copies and disseminated, as necessary. Changes made to the COOP Plan should be documented in the following Record of Changes.

**WHEN? WHY? HOW?
WAS IT EFFECTIVE?**

14

Executive Summary

- The mission of the PREP in Continuity of Operations (COOP) planning is to utilize all available resources to maximize contribution to the overall continuity of operations response effort while assuring essential functions.
- Following emergencies, disasters, or other events—deliberate, accidental, or resulting from natural events each agency/county is responsible to provide specific essential functions recognized in this plan.

15

COOP Activation

- COOP plans should be activated when:
 - An incident occurs requiring relocation of any essential functions (building compromised)
 - Essential functions are significantly compromised
 - Staffing levels are significantly compromised (i.e. influenza pandemic)
 - Key partners are not available for normal operations
 - Essential systems are unavailable (power, water, information technology).

16

Staff During a COOP

- Using essential functions, determine which staff will be utilized during COOP to complete the essential functions, as well as their back-ups.

17

Return to Normal Operations

- Surviving and or replacement organization personnel resume normal agency operations from the original or replacement operating facility.

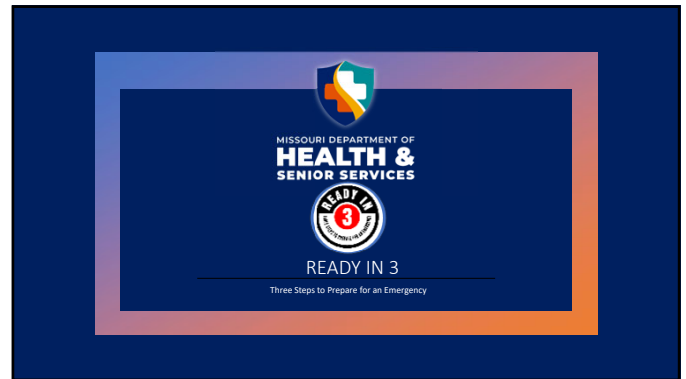
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Individual and Family Preparedness

- Ready in 3
 - Employees whose family are more likely to report for work.
 - Utilizing the "Ready in 3" program to prepare their family for emergencies will give staff greater peace of mind if they need to report to work during a COOP activation.

Questions about PREP?

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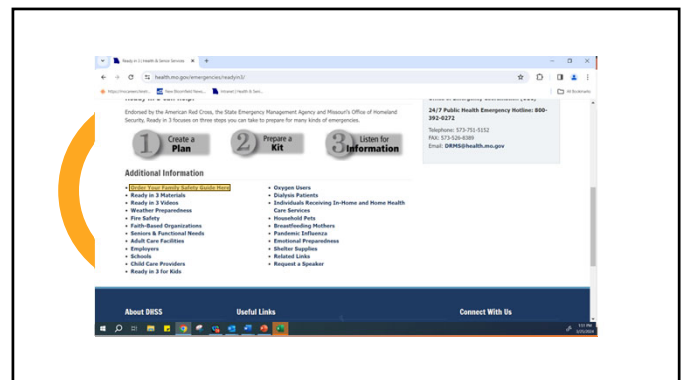
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What is 'Ready in 3'?



- Ready In 3 is an educational program developed by the Missouri Department of Health and Senior Services
- The program informs what you can do at home, school and work to be prepared for emergencies.
- Ready In 3 includes the three steps you will need to know to prepare for an emergency:
- Create a Plan, Prepare a Kit, Listen for Information

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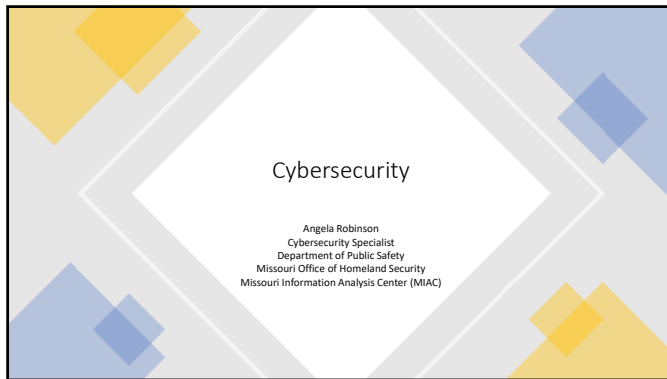
QUESTIONS?

Devin Camden@health.mo.gov
573-680-9364
Health.Mo.gov

23



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A presentation slide titled "OHS Cybersecurity Specialist". On the left is a hand pointing at a screen with a "START" button. In the center is the Missouri Department of Public Safety logo. On the right, under "Initial Efforts:", the text lists:

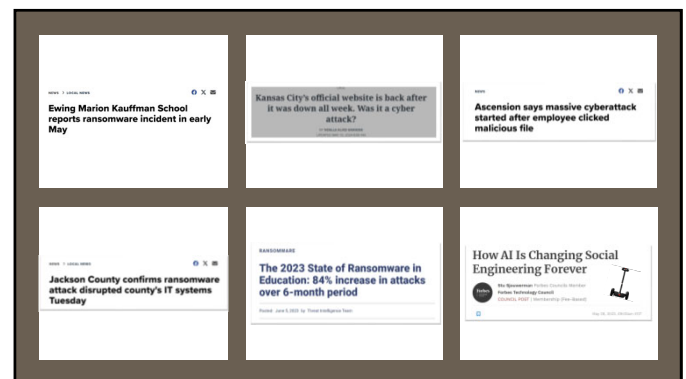
- Cyber Distribution lists – LE and the Public & Private Sectors
- Intelligence Disseminating/Receiving Training
 - CIP Program
- Securityintel@mshp.dps.mo.gov
- Reporting from the field – We need you!
- ESF #14

28

A presentation slide titled "The Focus Today". The text lists three main areas of focus:

- **Current Cyber Threats** - Sophisticated cyber actors and nation-states exploit vulnerabilities to steal information and money and are developing capabilities to disrupt, destroy, or threaten the delivery of essential services.
- Motives vary depending on which size of operation, and "backing" of operation (Nation States)
- **Security** - Cyberspace is particularly difficult to secure due to a number of factors:
 - The ability of malicious actors to operate from anywhere in the world
 - The cat and mouse game - patching vs exploiting vulnerabilities.
- **Personal Security** – We can't control who targets us, but we can control how much of a target we are.

29



30



31



32

• **Social Engineering** - an attack vector that relies heavily on human interaction and often involves manipulating people into breaking normal security procedures and best practices in order to gain access to systems, networks or physical locations, or for financial gain.

• (What is social engineering? - Definition from WhatIs.com, <https://researchsecurity.techtarget.com/-/definition/-social-engineering>)

33

Hacking the Human

"In my mind social engineering is the biggest issue today"
 - Spacy Blaze, former member of APT28

34

Twitter VIP account hack highlights the danger of insider threats

By Lucian Constantin | 2019 New Year, 2019 | 14.11.2019 10:00 AM GMT

What happened in the Twitter hack?
 On Wednesday, the Twitter accounts of business leaders, artists, politicians and popular brands posted messages that instructed users to send Bitcoins to an address as part of a cryptocurrency scam. Impacted accounts included those of Elon Musk, Bill Gates, Jeff Bezos, Barack Obama, Joe Biden, Kanye West, Kim Kardashian, Mike Bloomberg, Uber, Apple and even Twitter's own official support account.

Motherboard [discussed the attacks](#) who claimed they bribed a Twitter employee for access to the control panel. Twitter, however, said the compromise was the result of "a coordinated social engineering attack by people who successfully targeted some of our employees with access to internal systems and tools."

I wish more people did these. It's fun to learn odd little things:

- First job - Stop
- Current job - Sending
- Dream job - Your
- Favorite food- Potential
- Favorite dog - Passwords
- Favorite footwear- Or
- Favorite Chocolate bar - Memorable
- Favorite Ice Cream - Data
- Your Vehicle colour - To
- Favorite Holiday - People
- Night owl or earlybird - Who
- Favorite day of the week - Collect
- Tattoos - This
- Favorite colour- For
- Do you like vegetables - Social.
- Do you wear glasses - Engineering

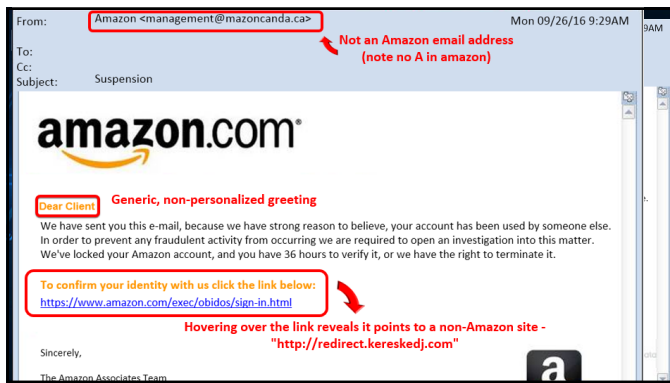
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WHAT DOES THIS DO?

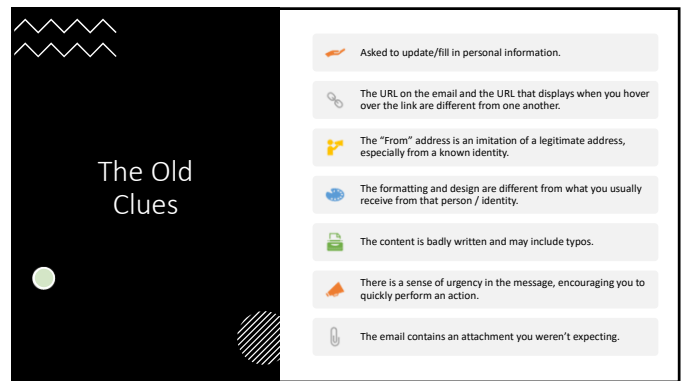
PHISHING

OH. CRAP.

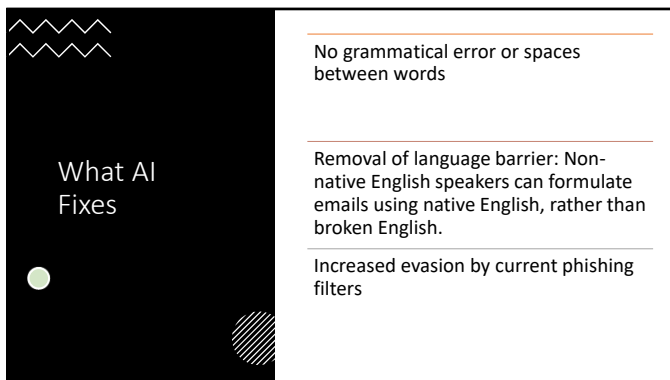
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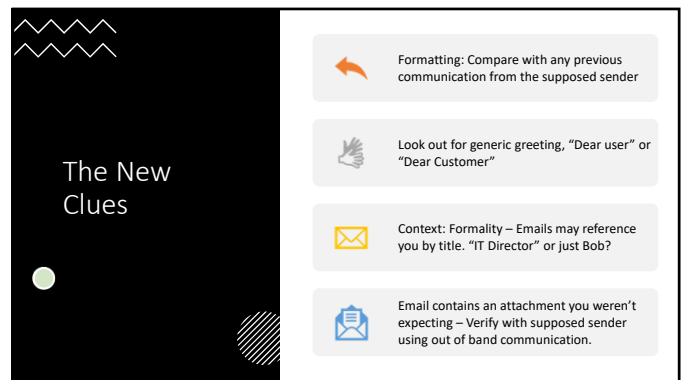
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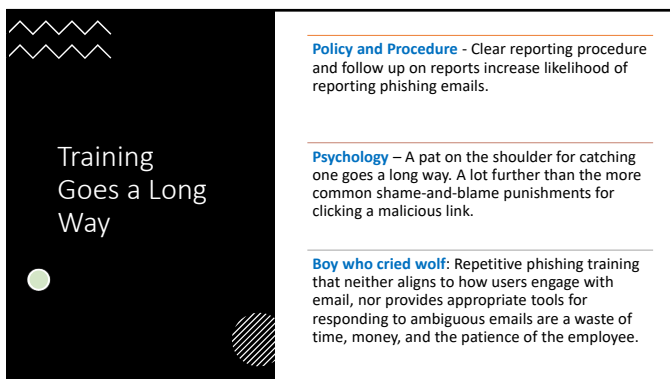
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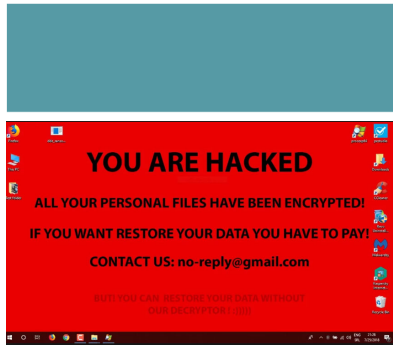
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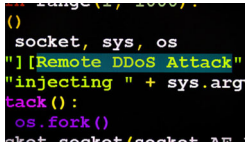


42



- **Ransomware** - Malware, designed to deny access to a computer system or data until a ransom is paid. Types of Ransomware
 - Crypto ransomware
 - Encrypts valuable files on a computer so that the user cannot access them.
 - Locker ransomware
 - Locks the victim out of their device, preventing them from using it (No Encryption necessary).
- Technical and Operational impacts
- Why the right training is important

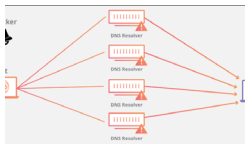
43



```

import socket, sys, os
ip = "192.168.1.1"
port = 80
s = socket.socket(socket.AF_INET, socket.SOCK_STREAM)
s.bind((ip, port))
s.listen(5)
while True:
    os.fork()
    s.connect((ip, port))
  
```

- **DDoS (distributed denial-of-service)** - an attack in which multiple compromised computer systems attack a target, such as a server, website or other network resource, and cause a denial of service for users of the targeted resource. The flood of incoming messages, connection requests or malformed packets to the target system forces it to slow down or even crash and shut down, thereby denying service to legitimate users or systems.
- Types of DDoS Attacks
 - Network-Centric - attacks overload a targeted resource by consuming available bandwidth with packet floods.
 - Protocol - attacks target network layer or transport layer protocols using flaws in the protocols to overwhelm targeted resources.
 - Application Layer - attacks overload application services or databases with a high volume of application calls. The inundation of packets at the target causes a denial of service.



44



- **Data Breach** - an incident that exposes confidential or protected information. A data breach might involve the loss or theft of your Social Security number, bank account or credit card numbers, personal health information, passwords or email. (What Is a Data Breach? – LifeLock, <https://www.lifelock.com › learn-data-breaches-data-breaches-need-to-know>)

45



Threat Actors

ecpi UNIVERSITY

46



Motivation

- Financial
- Political
- Insider Threats – Intentional & Unintentional

47

Fill-In-The-Blank As a Service

RaaS Operators	RaaS Affiliates
Recruits affiliates on forums	Pays to use the ransomware
Gives affiliates access to a "build your own ransomware package" portal	Agrees on a service fee per collected ransom
Creates a dedicated "Command and Control" dashboard for the affiliate to track the package	Targets victims
	Sets ransom demands
	Configures post-compromise user messages
	Compromises the victim's assets
	Maximizes the infection using "living off the land" techniques
	Executes ransomware
Setup a victim payment portal	Communicates with the victim via chat portals or other communication channels
"Assists" affiliates with victim negotiations	
Manages a dedicated leak site	Manages decryption keys

- Ransomware-As-A-Service (RaaS)
- DDoS-As-A-Service (DDoSaaS)
- Machine-Learning-As-A-Service (MLaaS)
- Malware as a Service (MaaS)

48

Nation States

- Russia
- China
- North Korea

Officials Warn of North Korean Malware Threat

May 29, 2018

From The Media

The FBI and the U.S. Department of Homeland Security (DHS) released a technical alert Tuesday detailing two forms of malware they say are used by hackers associated with the North Korean government to remotely access devices and steal sensitive information. Officials said with "high confidence" that Pyongyang has used both types of malware for several years to target media, aerospace, financial, and critical infrastructure organizations in the U.S. and around the world. The two forms of malware, dubbed Joanap and Brambul, allow hackers to remotely access devices and steal sensitive data. The technical alert released indicators of compromise associated with the two malwares and encouraged organizations in the private sector to report any evidence of related activity to the FBI or DHS immediately.

49

Insider Threats

- Intentional – Employee retaliation / revenge
- **Unintentional**
 - Poor endpoint security
 - Unsecured Cloud Systems
 - Shadow IT (including IoT)

Ascension says massive cyberattack started after employee clicked malicious file

50

Preparedness

51

ARE YOU READY?

It is not "if," It is "WHEN"

- Be Prepared
 - **Leadership buy-in**
 - Incident Response Plan
 - The Uphill battle: Mitigations against emerging threats

52

Training

Train → Aware → Plan → Exercise → Share

Train—Cybersecurity hygiene training for employees.

Aware—Know your cybersecurity risk, vulnerabilities, and critical data.

Plan—Have a response plan in place for a cybersecurity incident.

Exercise—Regularly exercise your response plan and update as necessary.

Share—Share emerging threats and trends within the cybersecurity community to provide situational awareness.

53

Cybersecurity Insurance

The Ins and Outs of Cybersecurity Insurance

Policies are designed to help companies survive major cyberattacks. But knowing exactly what's covered can be tricky.

- Risky business: Market for cybersecurity insurance on the rise

Cyber insurance comes to the rescue when security fails

54

5 Things You Need to Know About Cybersecurity Insurance

1. It's a risk-management strategy.
2. Markets differ.
3. Clear wording is essential.
4. Coverage is inadequate in some areas.
5. There's room for improvement.

<https://www.cio.com/article/2376802/5-things-you-need-to-know-about-cybersecurity-insurance.html>

55

Third Party Vendors

Why Managing Third-Party Cybersecurity Risk Matters

<https://www.sagedatasecurity.com/blog/why-managing-third-party-cybersecurity-risk-matters>

Why is third-party risk management essential to cybersecurity?

Attackers know third parties hold many of the keys to the enterprise network, so third-party risk management is crucial for security professionals.

<https://searchsecurity.techtarget.com/feature/Why-is-third-party-risk-management-essential-to-cybersecurity>

Lessons from the Field: Third Party Vendors

The Cybersecurity Risks of Third Party Vendors

<https://www.secureworks.com/resources/vd-lessons-from-the-field-third-party-vendors>

56

Resources

57

Basic CIS Controls

1. Inventory and Control of Hardware Assets
2. Inventory and Control of Software Assets
3. Continuous Vulnerability Management
4. Controlled Use of Administrative Privileges
5. Secure Configuration for Hardware and Software on Mobile Devices, Laptops, Workstations and Servers
6. Maintenance, Monitoring and Analysis of Audit Logs

CIS Controls

Mitigate 85% of your Risk

58


- Foundational CIS Controls
- [7. Email and Web Browser Protections](#)
- [8. Malware Defenses](#)
- [9. Limitation and Control of Network Ports, Protocols and Services](#)
- [10. Data Recovery Capabilities](#)
- [11. Secure Configuration for Network Devices, such as Firewalls, Routers and Switches](#)
- [12. Boundary Defense](#)
- [13. Data Protection](#)
- [14. Controlled Access Based on the Need to Know](#)
- [15. Wireless Access Control](#)
- [16. Account Monitoring and Control](#)

59



- Organizational CIS Controls
- [17. Implement a Security Awareness and Training Program](#)
- [18. Application Software Security](#)
- [19. Incident Response and Management](#)
- [20. Penetration Tests and Red Team Exercises](#)

60



MS-ISAC®
Multi-State Information
Sharing & Analysis Center®

- The mission of the MS-ISAC is to improve the overall cybersecurity posture of the nation's state, local, tribal and territorial governments through focused cyber threat prevention, protection, response, and recovery.
- Alerts/Bulletins
- Vulnerabilities


61

CYBERSECURITY
AND
INFRASTRUCTURE
SECURITY AGENCY
(CISA)

600,000
ACCOUNTS
HACKED
every single day

47%
AMERICAN ADULTS
Have had their personal information
exposed by cyber criminals

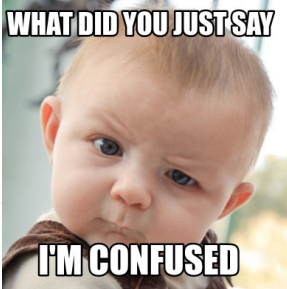
1:3
HOMES
with malware are infected with
MALICIOUS SOFTWARE



CISA
CYBER+INFRASTRUCTURE

62

Questions



63

Social Media
Safety - Brief

Angela Robinson
Cybersecurity Specialist
Missouri Office of Homeland Security

64

Dear Hacker,

"Do not waste your time in information gathering to recognise technologies, just check companies recruitment listings. This will give you much better and accurate results within few finger tabs."

OSINT Tactics 086

THE POWER OF OPEN
SOURCE IS THE POWER
OF THE PEOPLE. THE
PEOPLE RULE.

"Don't say anything online that you wouldn't want plastered on a billboard with your face on it."

— Erin Bury

"We don't have a choice on whether we **DO** social media, the question is **how well we DO it.**"

— Erik Qualman

65

Real hacking

How it looks like



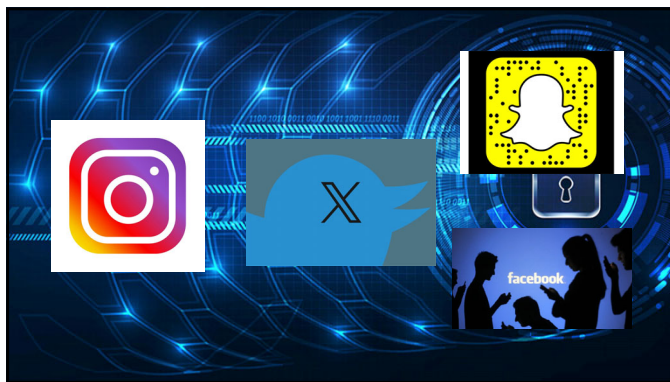
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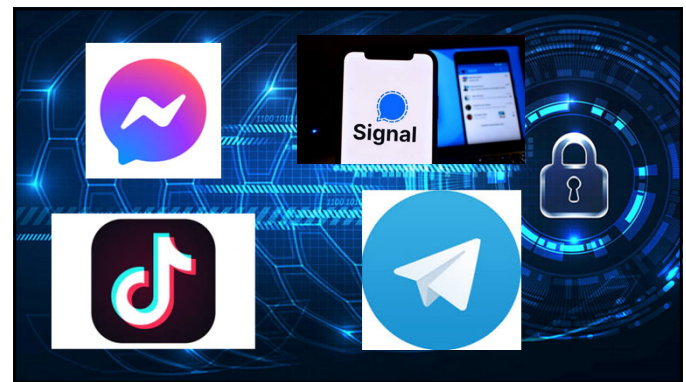
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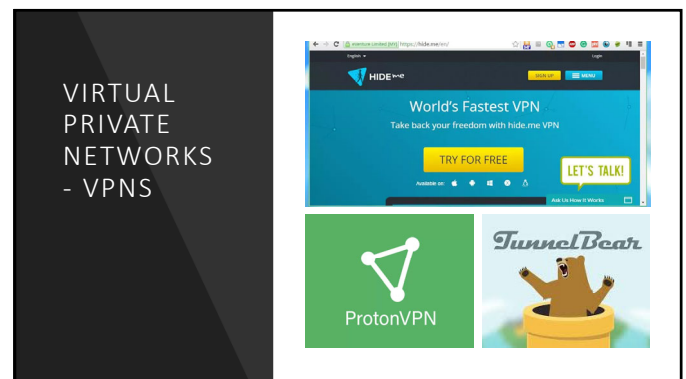
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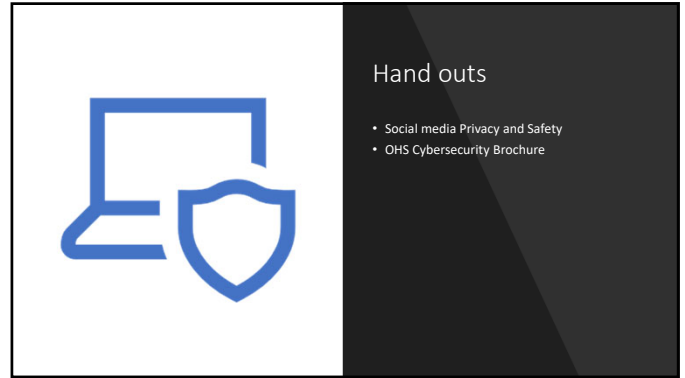
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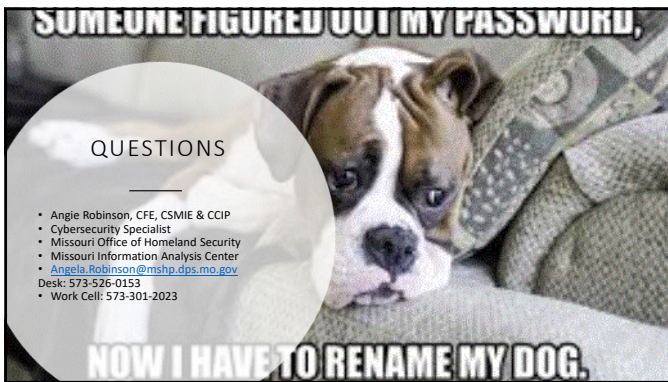
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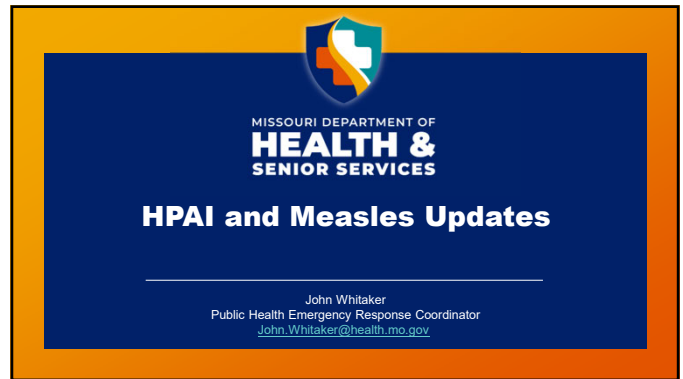
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79



80

Agenda:

- HPAI / H5N1
 - History
 - Current Situation
- Measles
 - History
 - Current Situation
- Measles / HPAI TTX Lessons Learned

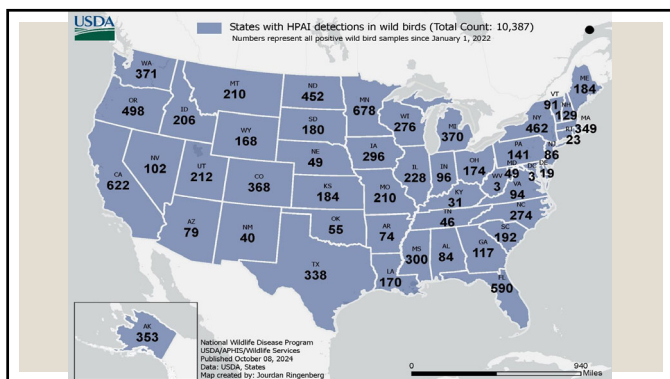


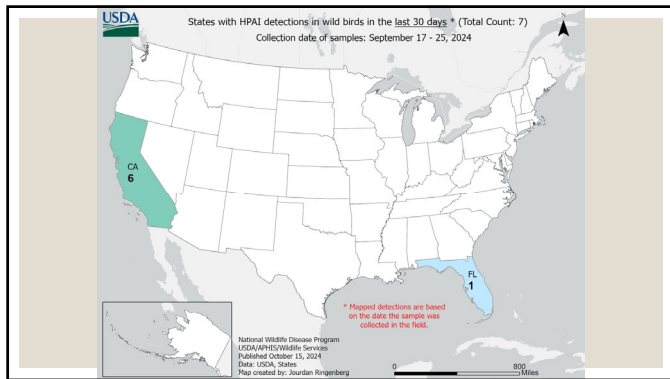

81

Bird Flu – A Brief History of H5N1

- 1959 – H5N1 first identified in Scotland poultry outbreak
- 1997 – First known human infection in Hong Kong
- 2003-2005 – H5N1 reemerged in poultry in Asia; Spread to Africa, Middle East and Europe
- 2020 – HPAI Clade 2.3.4.4b H5N1 discovered in Europe wild birds
- 2021 – H5N1 first seen in North American wild birds
- 2022 – USDA Poultry Response Began
- 2024 – Dairy cattle infected (320 herds in 14 states so far)
- April 1, 2024 – Dairy worker contracted H5N1 in Texas
- 2024 Human Cases – 19 total in 5 states as of 10-17-24

82

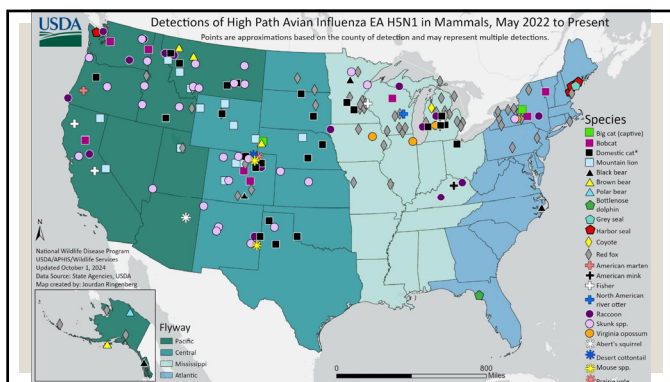




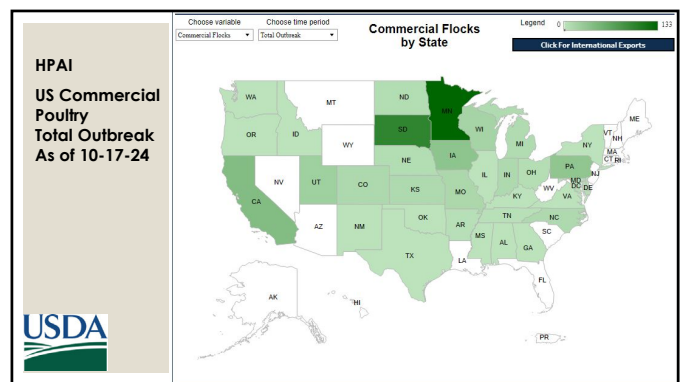
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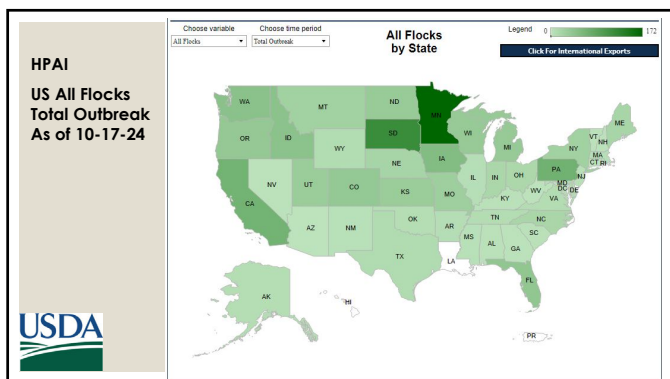
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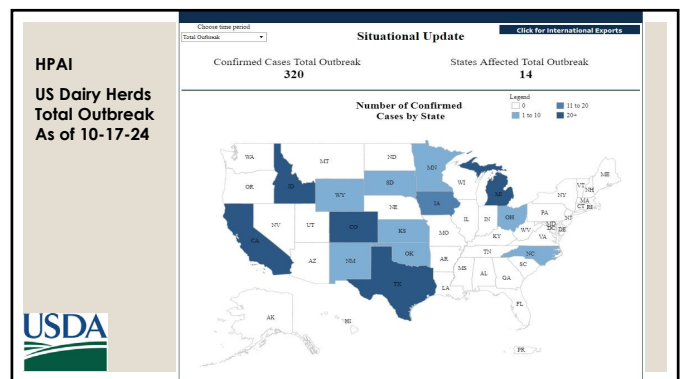
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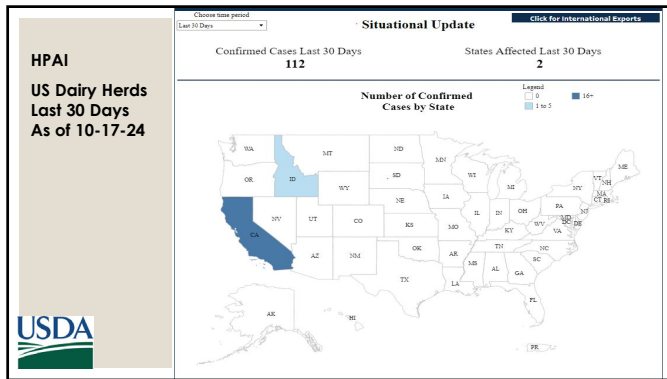
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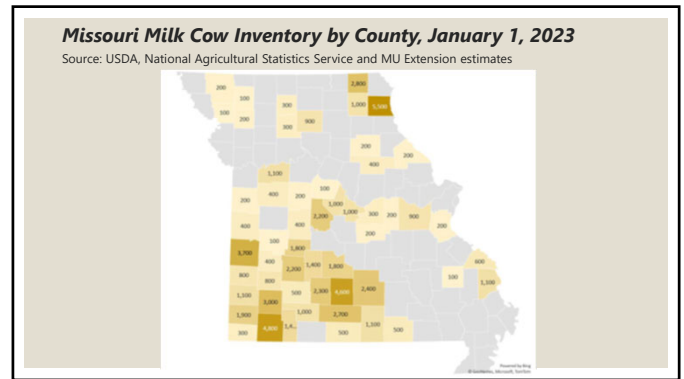
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90



91



92

HPAI / H5N1 in Missouri

Missouri Poultry Affected since 2021:

- 26 Total Commercial and Backyard Flocks
- 605,029 birds
- Last Detection: February 23, 2024

Missouri Dairy Herds Affected:

- None as of October 17th, 2024

93

HPAI / H5N1 in Missouri

Missouri Human Case:

- One case as of 10-17-2024
- Identified through normal influenza surveillance at a hospital
- No known exposure to cows, poultry, or wild birds
- CDC sequencing confirmed H5N1
- Serology samples collected for antibody analysis

94

Measles Update

Characteristics:

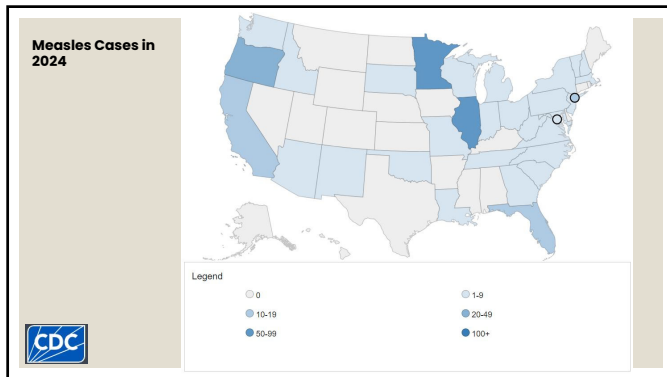
- Highly infectious ; Spreads airborne person-to-person
- Vaccination is highly effective in preventing severe disease
- Can linger and be infectious in closed spaces for two hours
- Can Cause severe rash, pneumonia, blindness, & encephalitis
- Case Fatality Rate:
 - 0.1% in developed countries
 - 15% in undeveloped countries

95

Measles History

- 9th Century: First written medical account
- 1912 – Became nationally notifiable disease in US ~6,000/yr.
- 1950's – Most children contracted Measles, and each year:
 - 400 to 500 people died
 - 48,000 were hospitalized
 - 1,000 suffered encephalitis (swelling of the brain)
- 1962 – Vaccine developed
- 1978 – CDC set goal to eliminate measles by 1981
- 2000 – Measles declared eliminated in US

96



97

Measles Update

2024 Cases in US:

- 267 Total ; 40% hospitalized
- Age
 - Under 5 years: 110 (41%)
 - 5-19 years: 83 (31%)
 - 20+ years: 74 (28%)
- Vaccination Status
 - Unvaccinated or Unknown: 88%
 - One MMR dose: 7%
 - Two MMR doses: 4%

- 14 US Outbreaks in 2024:
 - Philadelphia, PA
 - Seattle, WA
 - Broward County, FL
 - Bay Area, CA
 - Montgomery County, OH
 - Twin Cities, MN
 - Chicago, IL
- > 1,200 cases in 2019

98

DHSS Measles / HPAI Exercises

- Sept. – Oct. 2024: Six Virtual Tabletop Exercises with LPHAs and DHSS Epi Staff
- **Lessons Learned / Outcomes:**
 - State Epis are a good resource for information and response assistance
 - Regional DHSS offices have a limited supply of specimen collection kits.
 - The SPHL can analyze Measles and HPAI samples
 - Case confirmation can take several days
 - MDA is lead for farm HPAI outbreaks. Biosecurity concerns may prevent LPHA staff from visiting farms
 - Public information requires coordination with state partners.

99

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

Presenter Contact Information

John Whitaker
Public Health Emergency Response Coordinator
John.Whitaker@health.mo.gov

Missouri DHSS Emergency Response Center (ERC)
800-392-0272 or 573-751-5152
DRMS@health.mo.gov

100

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

SPHL Updates

101

MISSOURI STATE PUBLIC HEALTH LABORATORY

OVERVIEW & UPDATE

Joshua Featherston
Molecular Unit Chief

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

MISSOURI SPHL
State Public Health Laboratory

102

MISSOURI STATE PUBLIC HEALTH LABORATORY TESTING SECTION STRUCTURE

- Testing at the Missouri State Public Health Laboratory (MSPHL) is broken into testing sections based on discipline:
 - Virology
 - Microbiology
 - Chemistry Newborn Screening
 - Immunology
 - Environmental Bacteriology
 - Breath Alcohol
 - Molecular



103

MOLECULAR TESTING OVERVIEW

- Real-Time Polymerase Chain Reaction (RT-PCR)
 - Detects, amplifies, identifies, and quantifies target RNA/DNA
 - Ex: nasal swabs are tested for presence of influenza genetic material
- Whole Genome Sequencing
 - Determines the genetic sequence of an organism's genome to gather additional information beyond identity
 - Ex: sequence influenza sample to identify any mutations that may confer antiviral resistance
- Advantages/Limitations:
 - Rapid results
 - High sensitivity
 - High specificity



104

MOLECULAR TESTING OVERVIEW

- Molecular testing methods are commonplace in many clinical labs
 - Highly multiplexed PCR panels
 - (ex. Cepheid GeneXpert®, BioFire® FilmArray® Panels)
 - Great tool for quick and reliable diagnostic testing
- At the MSPHL we use highly-specific Real-Time PCR
 - Agent-specific primer-probe sets
 - Target specific regions of genome
 - Yields higher specificity
- Once pathogen is identified, we perform additional testing for further-characterization
 - Subtyping
 - Variant detection
 - Virulence genes
 - Antimicrobial resistance



105

MOLECULAR TESTING AT THE MSPHL

- The MSPHL Molecular Unit focuses primarily on two methodologies:
 - Real-Time Polymerase Chain Reaction (PCR)
 - Whole Genome Sequencing (WGS)
- Specialize in molecular assay development, implementation, and testing:
 - Ebola (2014)
 - Zika (2016)
 - Molecular Newborn Screening (2017)
 - Whole Genome Sequencing (WGS) for foodborne outbreak surveillance (2018)
 - Mumps (2019)
 - SARS-CoV-2 PCR/WGS (2020/2021)



106

MOLECULAR TESTING AT THE MSPHL

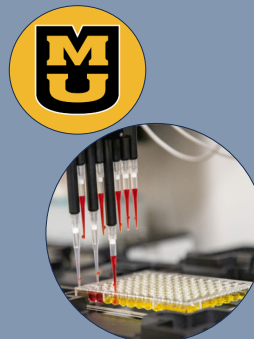
- Molecular testing performed at the MSPHL include:
 - Influenza and SARS-CoV-2 Surveillance
 - Whole Genome Sequencing
 - Foodborne Outbreak Surveillance
 - SARS-CoV-2 Variant Detection
 - Environmental Sequencing (ex: Legionella)
 - Bordetella
 - Tuberculosis
 - Select agent/Bioterrorism testing
 - Mumps
 - Noravirus
 - Newborn Screening for SCID/SMA
 - Rash testing - VZV, HSV, Orthopox (inc. Mpox)
 - Antimicrobial Resistance PCR and WGS
 - Measles PCR (coming soon)



107

MOLECULAR TESTING OVERVIEW

- Bioinformatics and Data Processing
 - WGS methods generate a ton of data
 - WGS data must be analyzed using bioinformatics analysis techniques
 - Without access to bioinformatics analysis, WGS data is unusable
- Partnership with University of Missouri
 - The MSPHL partners with the University of Missouri's Department of Biomedical Informatics, Biostatistics and Medical Epidemiology (BBME)
 - Through partnership, BBME provided bioinformatics services/support to MSPHL
 - Finding a source for bioinformatics is a barrier for many SPLs and partnership creates opportunity for future WGS applications



108

MEASLES REAL-TIME PCR ASSAY

- Currently measles specimens are forwarded to regional VPD lab for PCR testing
 - Turn around time (TAT) is roughly 3-5 days from receipt at MSPHL
- Wild-type Measles vs. Vaccine strain
 - Wild-type: to infectious strain circulating in population
 - Vaccine strain: live-attenuated strain of measles used in MMR vaccine
 - Non-communicable
- With measles cases making resurgence, the MSPHL is developing two Measles Virus (MeV) PCR assays
 - Measles PCR Assay (MeV Assay)
 - Targets nucleoprotein (N) gene
 - Designed to detect both wild type and vaccine strains
 - Measles Vaccine PCR Assay (MeVA Assay)
 - Targets different section of (N) gene not found in wild-type strains
 - Designed to only detect measles vaccine strains

109

MEASLES RT-PCR ASSAY



- Two-assay testing algorithm allows for rapid distinction between wildtype infections vs. vaccine strain
 - Expedites epidemiology's disease investigation
 - Ability to identify a measles infection as vaccine-strain minimizes need for public health response
- Assay details
 - Requires state epidemiologist consultation prior to testing
 - Specimen types accepted
 - Respiratory swab (collected within 1-10 days of onset)
 - Urine (collected within 4-10 days of onset)
 - Same-day TAT
 - Live Fall 2024

110

VIROLOGIC RESPIRATORY SURVEILLANCE AT THE MSPHL

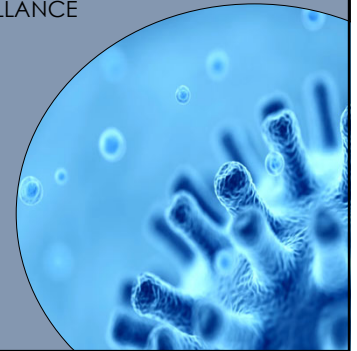


111

RESPIRATORY VIRUS SURVEILLANCE

- MSPHL partners with CDC for virologic respiratory surveillance
 - Influenza
 - SARS-CoV-2

- Purpose:
 - Track which viruses are circulating throughout the state
 - Monitor for novel variants
 - Situational awareness of circulating seasonal influenza viruses
 - Antiviral resistance testing
 - Annual vaccine strain selection
 - Antigenic and genetic characterization



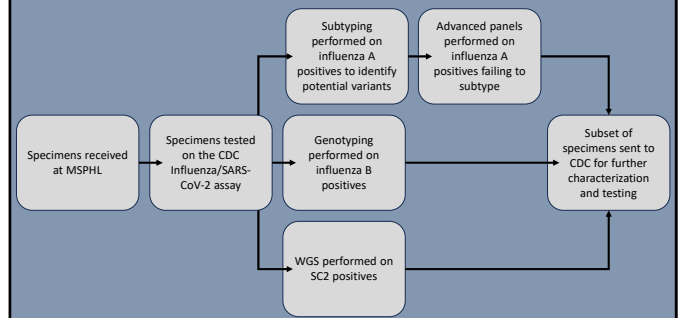
112

WHY IS VIROLOGIC RESPIRATORY SURVEILLANCE IMPORTANT?

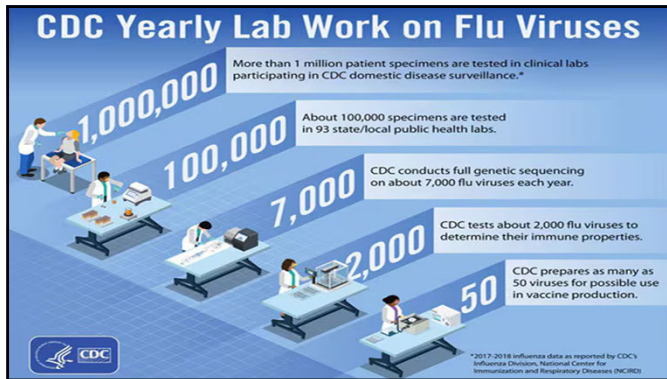
- Routine analysis of genetic sequence data allows public health experts to:
 - Identify and characterize variant viruses
 - Investigate how variants impact diseases severity and the effectiveness of vaccines and therapeutics
- Surveillance of emerging variants can help detect viruses with:
 - Ability to spread more quickly throughout the population
 - Ability to cause more severe disease
 - Ability to evade detection by specific diagnostic tests
 - Decreased susceptibility to therapeutics
 - Ability to evade natural or vaccine-induced immunity

113

VIROLOGIC RESPIRATORY SURVEILLANCE AT THE MSPHL



114



115

SURVEILLANCE SUCCESS STORY

- Missouri was the first state to identify avian influenza through the virologic respiratory surveillance system
 - Sample was received from surveillance site as an influenza A positive
 - Positive influenza A on FluSC2
 - On further testing, sample was negative for seasonal influenza markers
 - Presumptive positive for H5
 - Confirmed by CDC as H5N1 clade 2.3.4.4b (current strain circulating in dairy cattle)
- Patient had no epidemiological risk factors; therefore, the sample would not have been identified if it weren't for our public health partner's submission to our surveillance program.

116

PARTNERSHIPS MAKE THIS SYSTEM WORK

- What we need from our partners:
 - Pre-screened positive influenza & SARS-CoV-2 specimen submissions
 - Assortment of 5 positive influenza specimens per week
 - Unsubtypable influenza
 - Hospitalized/ICU patients that meet ILI criteria
 - Assortment of 5 positive SARS-CoV-2 specimens per week
 - Diagnostic specimens
 - Do not have to be tested at your facility
- We are here to make this as easy for you as possible
 - Provide collection and shipping materials
 - Provide courier services
 - Lab Web Portal for bulk sample submissions

117

ACKNOWLEDGEMENTS

- CDC Measles rRT-PCR Assay for the Detection of Measles Virus RNA in Clinical Samples, Version 3.0, 8/20/2021.
- Hummel et al., J. Virol. Methods. 132(1-2) 2006 p166.
- Nestibo, Lindsay, et al. "Differentiating the Wild from the Attenuated during a Measles Outbreak." *Paediatrics & Child Health*, vol. 17, no. 4, 1 Apr. 2012, pp. e32-e33, www.ncbi.nlm.nih.gov/pmc/articles/PMC3381670.
- Influenza Virologic Surveillance Right Size Roadmap, 2nd Ed. Brammer et al. Centers for Disease Control and Prevention, Association of Public Health Laboratories, October 2022.
- CDC. "Influenza Virus Genome Sequencing and Genetic Characterization." *Influenza (Flu)*, 2024. https://www.cdc.gov/flu/php/viruses/genetic-characterization.html?CDC_AAref_Val=https://www.cdc.gov/flu/about/professionals/genetic-characterization.htm
- University of Missouri's Department of Biomedical Informatics, Biostatistics, and Medical Epidemiology
- The magnificent Molecular Unit at the Missouri State Public Health Laboratory!

118

THANK YOU!

Joshua Featherston
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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

MISSOURI SPHL State Public Health Laboratory

119

MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES

FDA Updates

120



121



122



123



124



125



126

Missouri's Disaster Response Structure

- Behavioral Health Strike Team
- Victim Information Center (VIC)



127

MO Behavioral Health Strike Team (BHST)

The Behavioral Health Strike Team is a team of trained individuals from around the state who deploy upon request to deliver psychological first aid to survivors and first responders after a critical event.

- Developed in 2018
- Challenges/Lessons Learned
- Recruitment



128

BHST Trainings

Required courses:

- NOVA Basic
- Psychological First Aid (PFA)
- Incident Command System 100 and 700

Ongoing:

- Annually, two trainings a year
- BHST Annual Summit
 - Vibrant
- Virtual Trainings
 - Vibrant and NMVC



129

Specializations

VIC (Victim Information Center)

- Children
- Mass Violence
- Natural disasters
- Repatriation
- St. Louis Pilot
- Others



130

BHST Exercises

- VIC (Victim Information Center)
- Repatriation
- Reunification
- SEMA exercises
 - Alternate Sites
 - Mass casualty events
 - Communication
- Public Health (DHSS and LPHAs)
- Behavioral Health Council



Victim Information Center (VIC)

- Reunification
- Death Notifications
- Role



131

132

Deployments and Information Sharing

- Deployed by: DMH, SEMA, Schools, DHSS, other
- Notification: Groupcast Mass Notification System
- Upon completion of trainings, certificates are sent to the Office of Disaster Services.
- Each BHST member has an account in Groupcast.
- Quarterly newsletter



133

BHST Deployment



- The BHST can respond to a variety of incidents
- Length of deployments vary
- The team can work in a variety of capacities
- The request to deploy can come quickly



134

Typical BHST Response

Where can they go?

- Shelters
- Canvass impacted areas
- Schools
- MARCs (Multi-Agency Resource Centers)
- PODs (Point of Distribution)
- Hospitals



135

Past BHST Deployments

Branson Duck Boats – 2018

St Louis Alternate Care Site and Dignified Transfer Facility- 2020

Amtrak Train Derailment- 2022

CVPA School - 2022



136

Future of BHST

- Workgroup development
- Continued trainings and exercises
- Team expansion - pilots
- Educate emergency management personnel
- MO Disaster Behavioral Health Conference



137

Questions?

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<https://dmh.mo.gov/disaster-services>

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138



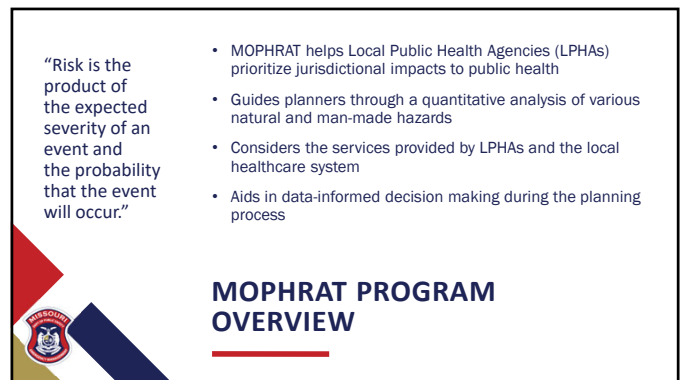
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140



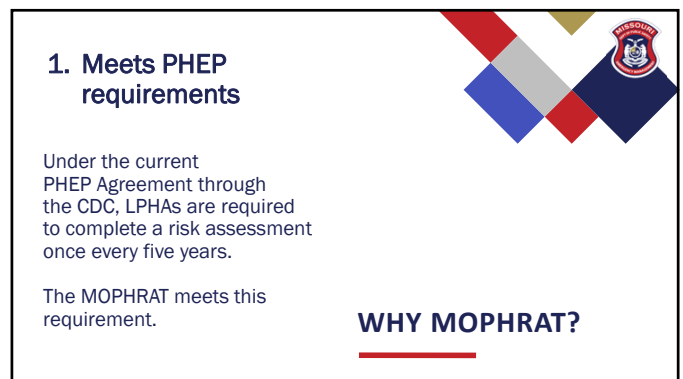
141



142



143



144

2. Tailored to public health

The MOPHRAT is tailored to the needs of LPHAs. Other assessment tools focus on healthcare/hospital systems or emergency management.

The MOPHRAT bridges the gaps between tools to aid in public health-specific planning.

WHY MOPHRAT?

145

3. Plug-and-play (mostly)

Most of the data has already been compiled for you and ease of use, including Missouri-specific hazards based on actual events.

LPHAs can also enter their own hazards and data into the tool, making it customizable.

WHY MOPHRAT?

146

4. Reach at-risk populations

Emergency planners need to know how to identify, locate and reach affected groups in an emergency.

The MOPHRAT identifies at-risk populations, helping planners develop strategies to meet needs during disasters.

WHY MOPHRAT?

147

MISSOURI RISK ASSESSMENT STATISTICS

FISCAL YEAR	KAISER PERMANENTE	MOPHRAT	OTHER
2019	63	N/A	1 – THIRA
2020	2	1	
2021	13	2	
2022	4		
2023	12	5	1 – CHIP
2024	1	24	2
2025	26 Counties have selected Capability 1 on their yearly work plans, with completing a risk assessment as a planned activity		

148

ONGOING COLLABORATIONS

NACCHO PREPAREDNESS SUMMIT SPRING 2024

National level networking opportunities:

- Minnesota – Cities Readiness Initiative
- U.S. Department of Homeland Security

149

COMMON QUESTIONS AND CONCERNS

- What data should we use?
- Who can help with additional data?
- What if our county doesn't have a hospital?
- Why didn't our analysis work and graphs/ratios tabulate?

150

MAKING BASELINE DATA DECISIONS

- Step 1:** Use the data in the Baseline Data Spreadsheet to complete the Baseline Health Services & Infrastructure Data section
 - Instructions are included
 - Separate how-to guide available
 - Quick start guide on MOPHRAT
- Data in the baseline sheet has been sourced by county relative to the points you'll enter for various demographics

151

MAKING BASELINE DATA DECISIONS

What to do if the data is unreported on the Baseline Data Spreadsheet:

- Determine a good source of information for the metric
- Research the data
- Decide what data makes most sense to use for your jurisdiction



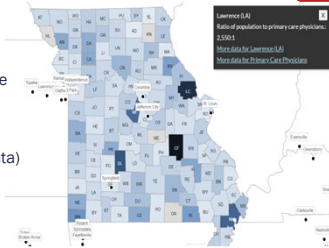
152

MAKING BASELINE DATA DECISIONS

[CountyHealthRankings.org](https://www.countyhealthrankings.org)

Example: Find the number of Primary Care Physicians for Lawrence County

- Ratio: 2,550:1
- County population: 38,683 (Census data)
- $38,683 / 2,550 = 15.2$
 - Round to 15 or enter 15.2

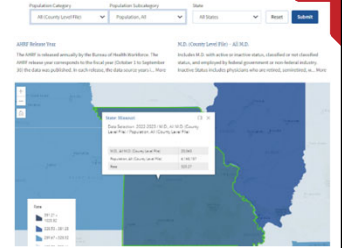


153

MAKING BASELINE DATA DECISIONS

Health Resources & Services Association (HRSA) data.hrsa.gov

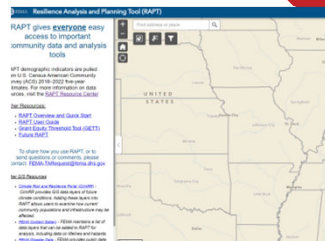
- [Area Health Resources Files](#)
- Types and numbers of clinicians
- Can search by M.D. and D.O., primary care, and combine numbers
 - Example:** Lawrence County has 19 M.D.s and 3 D.O.s, totaling 22



154

MAKING BASELINE DATA DECISIONS

- FEMA Resilience Analysis & Planning Tool (RAPT)**
 - Identify large public spaces, like schools, and more
- Reach out to local contacts on certain metrics
- Examples:** Hospital data, Coroners (morgue capacity)



155

ZERO TIMES ____ IS...?

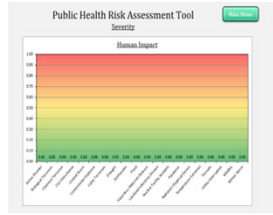
- DO NOT ENTER A ZERO!**
- There may be instances where you do not have an answer for certain metrics
- If you leave a metric blank, or enter zero, the math will not be correct
- Zeros keep the ratios from tabulating appropriately, making the risk assessment incomplete



156

WHAT IF WE DON'T HAVE A HOSPITAL?

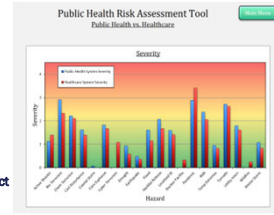
- DO NOT ENTER A ZERO!**
- County residents go nearby for hospital care
- If there's a hospital about 50 miles from the county line, use that hospital's data for the assessment
- If no hospital <50 miles, enter "1"



157

GRAPH ERRORS: WHEN TO ENTER 1

- Human Impact**
 - Emergency department visits, trauma center injuries
- Healthcare Service Impact**
 - Emergency department and hospital beds, trauma units
- Inpatient Healthcare Facility Infrastructure Impact**
 - Hospital personnel, total patient days of care per year



158

ENGAGING STAFF AND STAKEHOLDERS

- Collaborate with epidemiology staff to determine case surveillance data
- Organizations that work with disabilities and at-risk populations
- Verify metrics, morgue capacity with healthcare facilities
- Text box for documenting information providers/sources for planning, future iterations

Human Impact

Mortality: Baseline Mortality per Day: 3
Hazard Related Increase in Mortality per Day: 300
Magnitude Score: 4
0: No change from baseline
1: ≤ 5% increase
2: ≤ 10% increase
3: ≤ 25% increase
4: > 25% increase

OR, Estimate the Magnitude Qualitatively:
Qualitative Magnitude Score: N/A
Duration of Impact: ≤ 1 day (Score = 1)
Duration Score: 1
Data Source / Explanation (Optional): 140 fatalities resulted from the tornado.

Mortality Score: 2.5

EMS Transports: Baseline Transports per Day: 5
Hazard Related Increase in Transports per Day: 1,000
Magnitude Score: 4
0: No change from baseline
1: ≤ 5% increase
2: ≤ 10% increase
3: ≤ 25% increase
4: > 25% increase

OR, Estimate the Magnitude Qualitatively:
Qualitative Magnitude Score: N/A
Duration of Impact: ≤ 1 day (Score = 1)
Duration Score: 1
Data Source / Explanation (Optional): Freeman Health and the Alternate Care Site (ACS) reported 1000 patients the day of the tornado (500 patients within a 6 hour period), performing 22 surgeries.

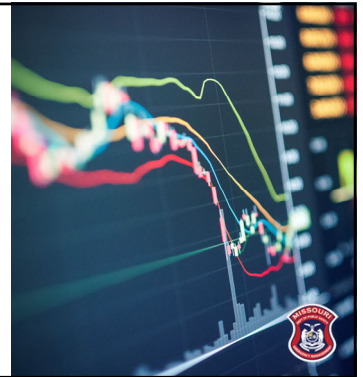
EMS Transports Score: 2.5

159

HAZARD WORKSHEETS:

QUALITATIVE VS. QUANTITATIVE

- Step 2:** Review and complete Hazard Worksheets
- Quantitative:** Entering a number
 - Baseline change percentage
 - Length of impact
- Qualitative:** Descriptive data drop-downs



160

HAZARD WORKSHEETS

3: ≤ 100% increase
4: > 100% increase

OR, Estimate the Magnitude Qualitatively:
Qualitative Magnitude Score:
Duration of Impact:
Duration Score:
Data Source / Explanation (Optional):
In the SCC Planning Scenario, 1,029 untreated fatalities are predicted. The impact is about 30 days.

Use Quantitative Value
Use Quantitative Value
No change from baseline (Score = 0)
≤ 5% increase (Score = 1)
≤ 50% increase (Score = 2)
≤ 100% increase (Score = 3)
> 100% increase (Score = 4)

161

HAZARD WORKSHEETS

3: ≤ 100% increase
4: > 100% increase

OR, Estimate the Magnitude Qualitatively:
Qualitative Magnitude Score:
Duration of Impact:
Duration Score:
Data Source / Explanation (Optional):
In the SCC Planning Scenario, it is predicted that 25,727 people will be exposed to the Family Arena at its busiest time (11,511) and a surrounding residential population of 14,205. It is assumed that about 1% of those exposed will seek care (257), and that 30% of those will be transported by EMS. The incubation period has a range of about 30 days.

Use Quantitative Value
N/A
> 2 weeks (Score = 4)
≤ 1 day (Score = 0)
≤ 1 week (Score = 2)
≤ 2 weeks (Score = 3)
> 2 weeks (Score = 4)

162

ANALYSIS CHARTS & GRAPHS

Public Health Risk Assessment Tool Planning Priority Scores

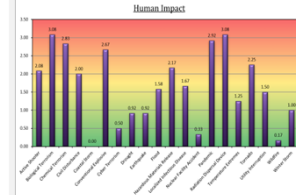
Hazard	Planning Priority Score
Pandemic	1
Tornado	2
Utility Interst	3
Flood	4
Heat/Mat Release	5
Localized OD	6
Core Employee	7
Winter Storm	8
Coal Discharge	9
RIO	10
Bio Terrorism	11
Temp Extremes	12
Chem Terrorism	13
Active Shooter	14
Drought	15
Earthquake	16
Cyber Terrorism	17
Nuclear Facility	18
Wildfire	19
Coastal Storm	20

- **Planning Priority Scores:**
- Ranks the hazards based on risk
- Risk = Probability + Severity

163

ANALYSIS CHARTS & GRAPHS

Public Health Risk Assessment Tool Severity

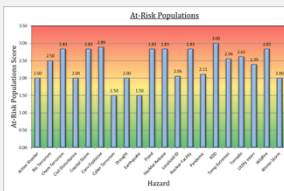


- **Severity Charts:**
- Scores by hazard, 1 through 4

164

ANALYSIS CHARTS & GRAPHS

Public Health Risk Assessment Tool At-Risk Populations



- **At-Risk Populations:**
- Assesses the need to plan for each group by hazard
- Scores by hazard, 1 through 4

165

OTHER TIPS & TAKEAWAYS

- Use a consistent file naming convention
 - Year/County/Jurisdiction
 - **Example:** 2023 Cedar County
- Submit your completed risk assessment through the [SEMA MOPHRAT webpage](#)
- Add your agency logo and/or name in the top right corner of the MOPHRAT spreadsheet
- Start the process with determining baseline data metrics
- Don't get overwhelmed or in the weeds
- Reach out for [one-on-one technical assistance](#)
- Allow yourself time to work on this toward completion
- Not a one and done; work on it in intervals
- Hazard Worksheets may take some time; some more than others

166

MOPHRAT (PHASE 2)

Develop template/PowerPoint, training(s)
Connect assessment to focused planning process and goals

Review of the methodology:
What is assessed?
How does the tool work?

Major findings (hazards ranked, Top 5, hazards by probability/severity, populations most at risk)

Lessons learned in the process

Focused planning efforts and strategic goals, Years 1-5

167

Goals:

1. Outreach to counties working on risk assessments
2. Workshops in all 10 Regions within the 5-year grant cycle



REGIONAL WORKSHOPS

168

QUESTIONS?

Thank You


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169



Health Care Coalitions

170



All About HCCs

Presented by: Kara Amann-Kale, Rachel Mazzara, and Jennifer Sutherlin

171

What is a Healthcare Coalition?

- "An HCC is a network of individual public and private health care and response organizations in a defined geographic location that partner to *conduct preparedness activities and collaborate to ensure that each member has what it needs to respond to disasters and emergencies.*"
- **Core Capabilities**
 - Foundation for Health Care and Medical Readiness
 - Health Care and Medical Response Coordination
 - Continuity of Health Care Service Delivery
 - Medical Surge


172

Who are Members of HCCs?


- Local Public Health Agencies
- Hospitals
- EMS Agencies
- Emergency Managers
- Long-Term Care Facilities
- Federally Qualified Health Centers (FQHCs)
- Behavioral Health Partners
- Home Health
- Dialysis
- Other Health Care Facilities
- Community Organizations
- Non-Governmental Organizations
- ...and More

173


The Three 'C's of HCCs



Communicate

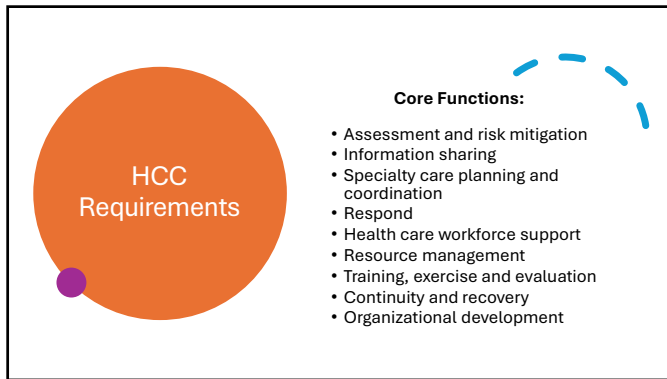


Collaboration

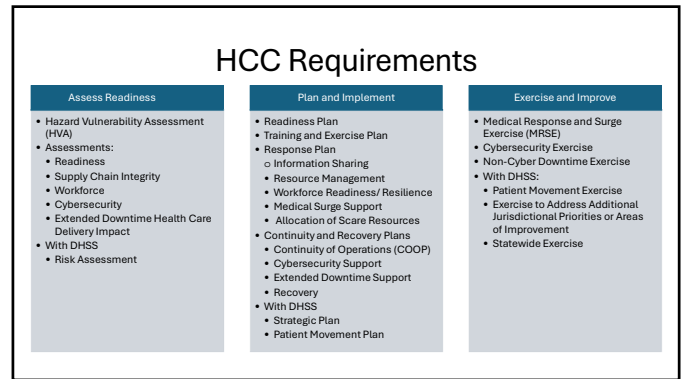


Coordinate

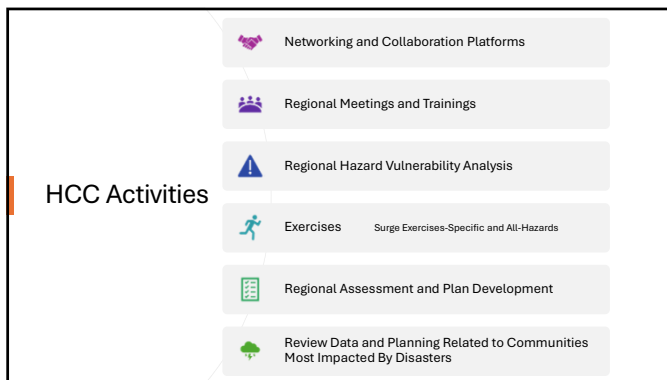
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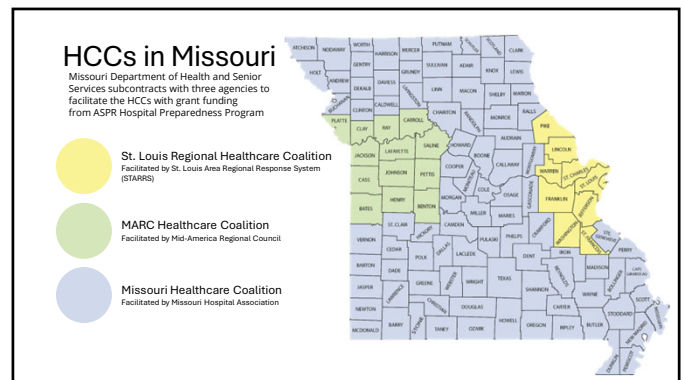
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176



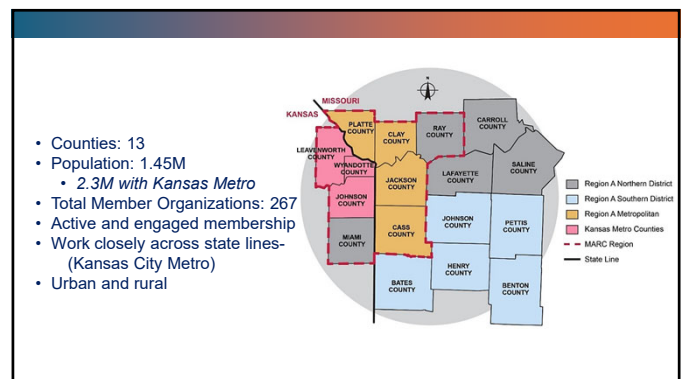
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178



179



180

MARC HCC Mission

The mission of the MARC HCC is to *prepare and coordinate health and medical response and recovery to the threats and hazards the region faces to help communities during emergencies receive the care they need; decrease deaths, injuries, and illnesses resulting from emergencies; and promote health care delivery system resilience.*

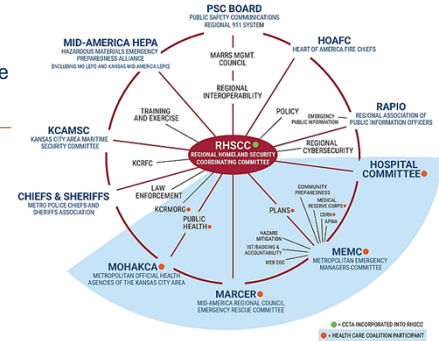
This will be done through a cooperative strategic and operational annual assessment and planning process, identifying regional health care threats, gaps, and vulnerabilities that could impede delivery of healthcare; establishing collaborative and integrated mitigation strategies and implementing those strategies through *coordinated integrated planning and training, information and resource sharing, and exercising plans, systems and processes.*



181

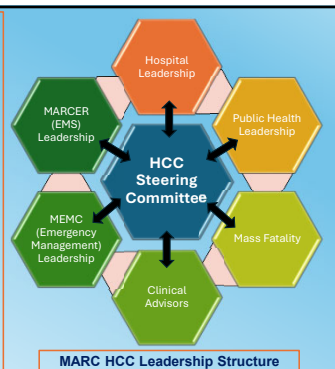
MARC RHSCC Circle of Friends

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



182

- HCC Chair
- Hospital Leadership
 - Committee Co-chairs
 - Task force Co-chairs
 - Pediatric SME
- Public Health Leadership
 - Metropolitan Official Health Agencies of the Kansas City Area (MOHAKCA)
 - Public Health Subcommittee Co-chairs
 - Task force co-chairs
- Mass Fatality
 - Kansas City Regional Mortuary Operational Response Group (KCRMORG)
- Clinical Advisors
 - HCC Clinical Advisor, Pediatric Clinical Advisor
 - EMS Medical Directors
- Emergency Management
 - Metropolitan Emergency Managers Committee (MEMC) Co-chairs
 - Community Disaster Resiliency Network (CDRN)
 - Kansas City Regional Home Care Association (KCRHCA)
- Additional
 - Kansas City Regional Fusion Center
 - Medical Reserve Corps

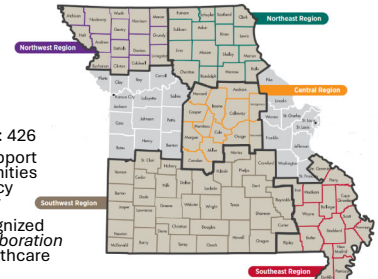


183

Missouri Healthcare Coalition

ESF8 Emergency Prepare

- Facilitated by Missouri Hospital Association
- Counties: 92
- Population: 2,476,639
- Total Member Organizations: 426
- Mission:** To connect and support health and medical communities through enhanced emergency preparedness and resiliency
- Vision:** The HCC is the recognized leader in coordination, collaboration and communication for healthcare emergency management.



184

Missouri Healthcare Coalition ESF8 Emergency Preparedness Alliance

- Structure
 - Nonurban Missouri HCC Board
 - 20 members (4 from each region)
 - Provides oversight, guidance and policy for HCC and regions
- 5 regions
 - Regional meetings with HCC members – standardized portions of meetings
- Newsletter and other information sharing to entire membership for consistent communication
- Committees
 - Composed of members from all regions and disciplines
- Staff
 - 5 staff members (funded at some level to support HCC)
 - Clinical Advisor (also regional liaison)
 - Liaison for each region (some cover multiple regions)

185

Missouri Healthcare Coalition

ESF8 Emergency Preparedness Alliance

Liaisons



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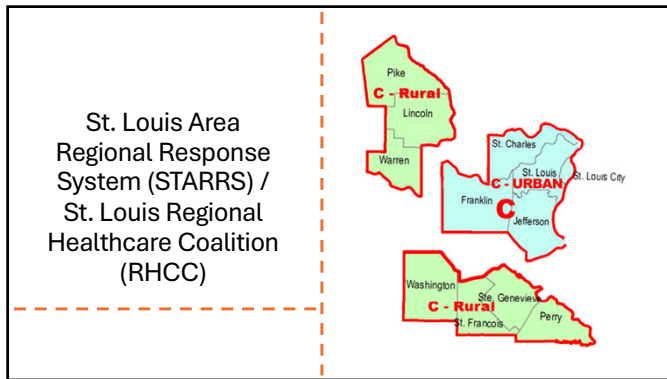


Carissa Van Hunnik, CHEP
Northeast Region
cvanhunnik@mhanet.com
573-893-3700, ext. 1329

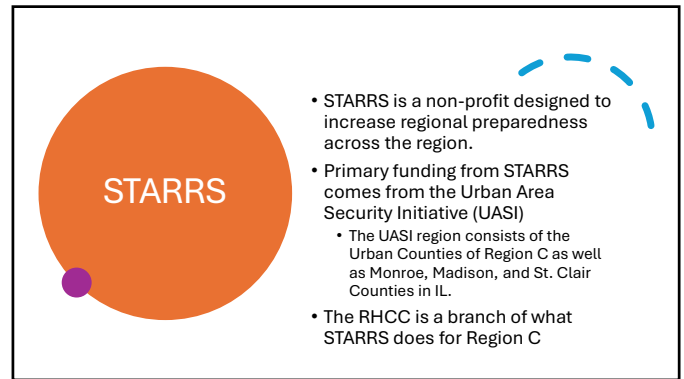


Kara Amann-Kale, MPA
Central and Southeast Regions
kamann-kale@mhanet.com
573-893-3700, ext. 1402

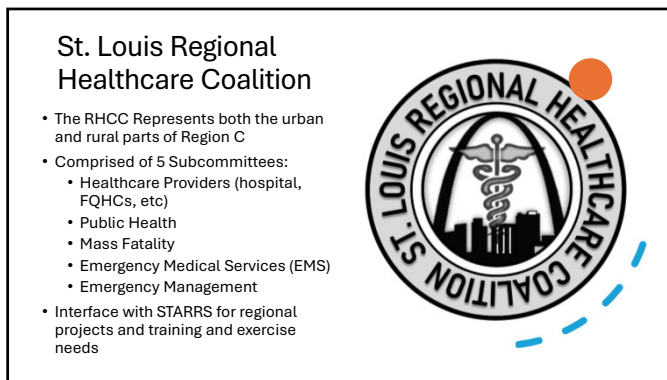
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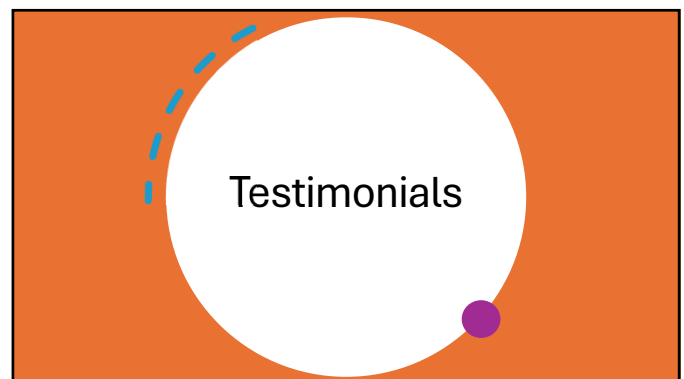
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190

Similarities Between HCC Activities and PHEP	
Hazard Vulnerability Analysis (HVA)	Missouri Public Health Risk Assessment Tool (MOPHRAT)
Community Most Impacted by Disasters	People who are Disproportionately impacted by public health emergencies
Capability 1: Foundation for Health Care and Medical Readiness	Capability 1: Community Preparedness
Capability 2: Health Care and Medical Response Coordination	Capability 13: Public Health Surveillance and Epidemiological Investigation
Capability 3: Continuity of Health Care Service Delivery	Capability 3: Emergency Operations Coordination Capability 4: Emergency Public Information and Warning Capability 6: Information Sharing Capability 15: Volunteer Management
Capability 4: Medical Surge	Capability 2: Community Recovery Capability 11: Nonpharmaceutical Interventions Capability 12: Public Health Laboratory Testing Capability 14: Responder Safety and Health Capability 7: Mass Care Capability 8: Medical Countermeasure Dispensing/Administration Capability 9: Medical Material Management and Distribution Capability 10: Medical Surge

191



192

Testimonials – Public Health

Our health department is a strong supporter of the Missouri Healthcare Coalition and the governing board for one simple reason: collaboration! We look at the ability to work with like-minded individuals and entities from a related industry as vital in our response protocols as it is always comforting to realize you've got help in the emerging situation and they are one phone call away! Plus, the networking for non-emergency situations is irreplaceable!"

- Public Health Emergency Planner in the MO HCC

193

Testimonials – Public Health

Our relationship with the HCC has been beneficial for us as we navigated COVID-19 response and a tornado in our county. The HCC provided resources, as well as concern for our well-being. They provided guidance for supplies and updates on the response efforts around the state. Our HCC is a collaboration of many agencies in our region. Our meetings allow us to learn of services available in our area that we may not be aware of.

I mentioned two events that our county endured. However, we are grateful for a good working relationship with the HCC that ensures we are prepared to respond to any disaster.

- Public Health Administrator in the MO HCC

194

Testimonials – Public Health

I find participating in the Southeast Region of the Missouri Healthcare Coalition very rewarding – offering several benefits.

Networking and collaborating with professionals across various entities can lead to new partnerships and opportunities. By sharing our experiences and best practices we have helped each other identify effective strategies and solutions with common issues. The coalition offers learning opportunities to assist in gaining insights into new trends, research and innovations in healthcare. Working collectively has led to more significant improvements in health outcomes in our respective communities.

By participating, you contribute to a larger mission and can help drive meaningful change in your community.

- Public Health Administrator in the MO HCC

195

Testimonials – Public Health

Participation in the HCC has helped form valuable relationships with local and regional healthcare organizations, along with the Missouri Hospital Association. It also allows our organization access to communication systems, training, and exercises. This access aids with planning, information sharing, and resource coordination and is what helps keep us actively involved in the HCC.

- Emergency Preparedness Planner in MO HCC

196

Agenda

- 9:00 – 9:15 ● Welcome
- 9:15 – 9:45 ● OEC Updates
- 9:45 – 11:00 ● Speaker Presentations
- 11:00 – 11:15 ● Break
- 11:15 – 12:45 ● Speaker Presentations
- 12:45 – 1:30 ● Networking Lunch
- 1:30 – 4:00 ● Speaker Presentations
- 4:00 – 4:15 ● Closing

197

Adjourn

MISSOURI DEPARTMENT OF
**HEALTH &
SENIOR SERVICES**

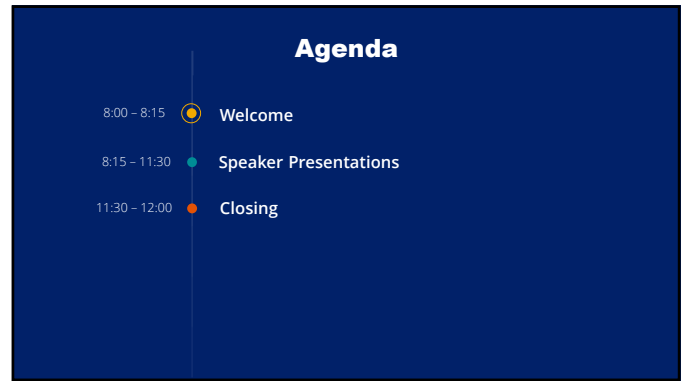
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**Fall Preparedness
Summit Day 2
Begins @ 8:00am**

199



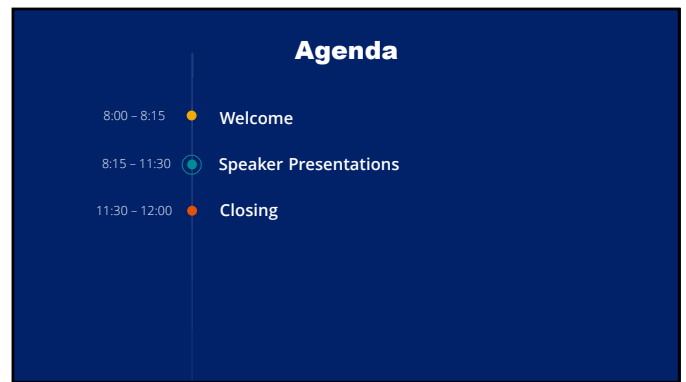
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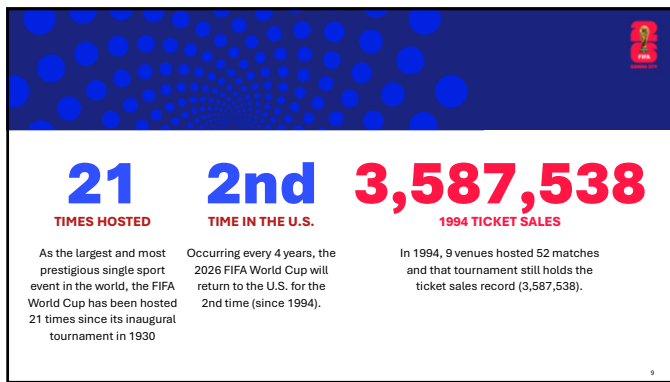
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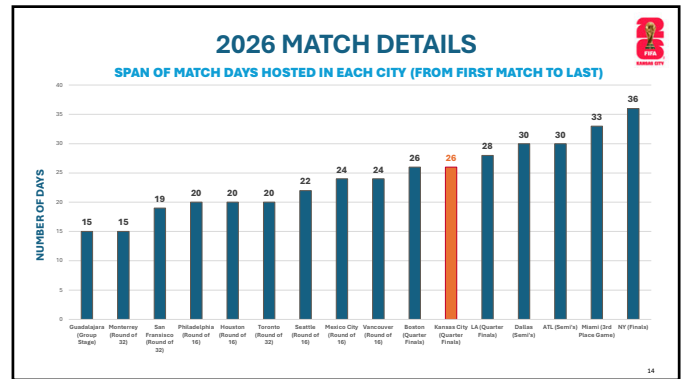
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Atlanta	Boston	Dallas	Houston	Kansas City	Los Angeles	Miami	New York City	Philadelphia	San Francisco	Seattle
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06/18/26	06/16/26	06/17/26	06/17/26	06/20/26	06/15/26	06/21/26	06/16/26	06/19/26	06/16/26	06/19/26
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07/07/26	07/06/26	07/03/26	07/04/26		07/02/26	07/18/26	07/05/26			
07/16/26		07/06/26			07/10/26		07/19/26			
		07/14/26								

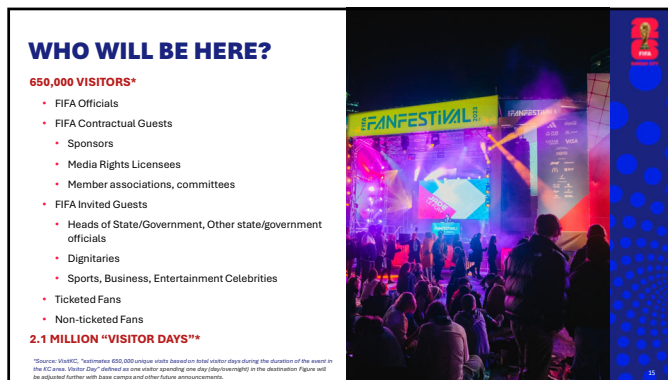
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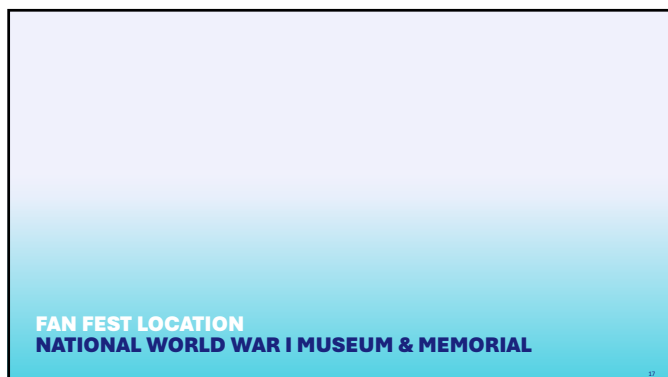
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18

POSSIBLE TEAM BASE CAMPS + HOTELS

BROCHURE V1



**COMPASS MINERALS NPC
(SPORTING KC TRAINING FACILITY)**
KANSAS CITY, KS



**KC CURRENT TRAINING
FACILITY**
RIVERSIDE, MO



ROCK CHALK PARK
LAWRENCE, KS

19

19

TEAM BASE CAMP TIMELINE

2024
2025
2026

June 2024	2024-2025	Late 2025	January-March 2026	June 2026
<p>FIFA released first edition of TBC brochure</p> <ul style="list-style-type: none"> Brochure included 24 high-grade locations Three of 24 in Kansas City region 8 cities outside Host Cities named potential TBC sites, including St. Louis <p>Team facility visits</p>	<p>FIFA accepting expressions of interest from other potential TBC sites</p> <p>Brochure updates expected in late 2024 and throughout 2025</p> <p>Team facility visits continue</p>	<p>FIFA World Cup 26 Final Draw</p> <p>Final Draw reveals geographic zones in which teams will play group-stage matches</p> <p>Teams submit selection preferences for TBC locations following Final Draw</p>	<p>TBC Sites confirmed</p>	<p>FIFA World Cup 26</p>

20

20

SAFETY & SECURITY PLANNING APPROACH

LED BY KCPD, KCMO AND KC2026

SUPPORTED BY THE RHSCC

21

21

KEY INFORMATION

<p>Matches</p> <ul style="list-style-type: none"> KCMO: 6 Matches 6/16, 6/20, 6/25, 6/27, 7/3, 7/11 All played at GEHA Stadium at Arrowhead Unknown Teams – December '25 Draw 	<p>Fan Fest</p> <ul style="list-style-type: none"> KCMO: Liberty Memorial South Lawn Range of activation between 18-39 days Festival & Watch Parties Likely Capacity: 25K
<p>Base Camps</p> <ul style="list-style-type: none"> Regionally: 3 Base Camps KCMO/Riverside OPKS/KCK (+1 camp: St. Louis) Lawrence/Lawrence Plan for June 1 – June 30 Responsible for external police security, Fire, EMS, Marshaling and Emergency Preparedness 	<p>Venue Specific Training Sites</p> <ul style="list-style-type: none"> KCKS: Children's Mercy Park, Sporting KC KCMO: CPKC Park, KC Current Where incoming travelling teams "warm-up"

22

22

FIFA ORGANIZING AROUND 18 AREAS OF FOCUS

Emergency Preparedness

Command, Control, Comms, Coordination (C4)

Training and Exercise

Cyber Security and Critical Infrastructure

Intelligence and Threat Analysis

Crowd Management

Communications, Public Affairs and Community Impact

Airport

Health and Medical

Stakeholder Management

FIFA Fan Fest Venues

Public Safety and Private Security Integration

Transport Security and Escort

VIP and Dignitaries

Physical Security and Access Control

Private Security Resourcing

Crisis Management and Tactical Coordination

23

23

REGIONAL COLLABORATION

Operational Planning
Intel
Health & Medical
Tactical Coordination
Transportation Security

Operational Planning

- Command, Control, Communications & Coordination
- Public Safety & Private Security Integration
- Stakeholder Mgmt
- Emergency Preparedness
- Communications, Public Affairs & Community Impact
- Training & Exercise

Intel

- Intelligence & Threat Analysis
- Cybersecurity & Critical Infrastructure

Health & Medical

- Civil Mgmt.
- Civil Mgmt. & Tactical Coordination
- Stadium, Physical Security & Access Control

Transportation Security

- Transport Security & Escort
- Asset
- VIP & Dignitaries

WORK GROUPS OF AREA AGENCIES + EXPERTS

24

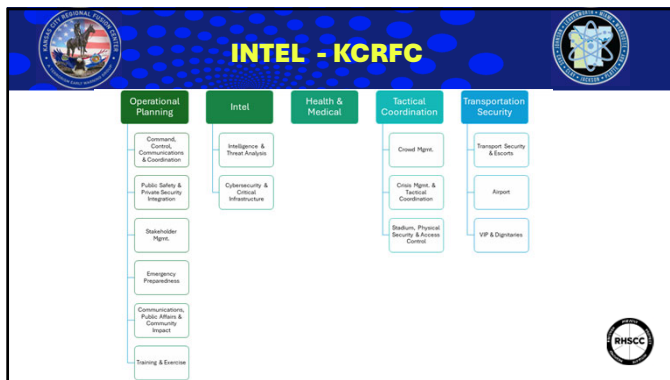
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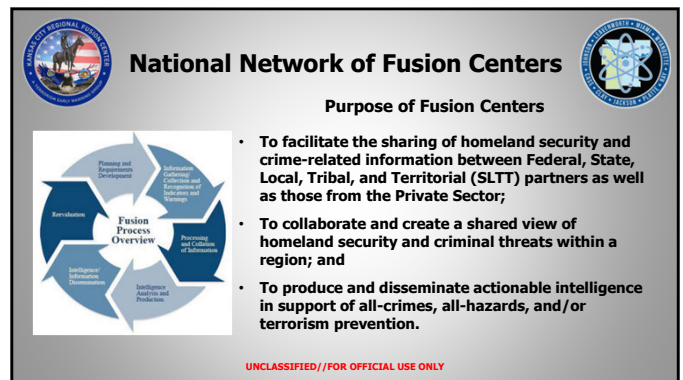
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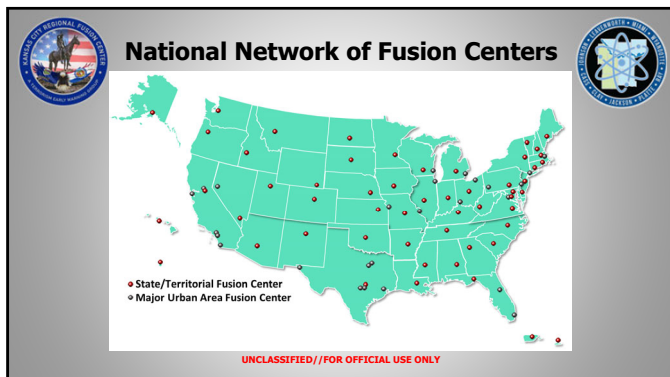
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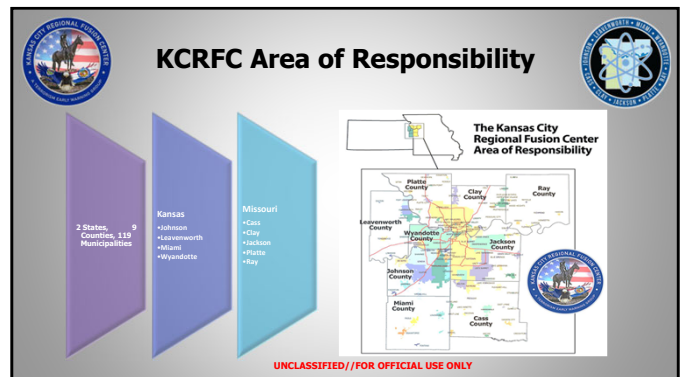
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Free Trainings for Volunteers

Utilizing tools that are available for free!

- Active Shooter
- Be the help until help arrives
- Stop the Bleed
- CISA Resources and Tools
- Intelligence Liaison Officers
- [KC Ready – Prepare Metro KC](#)

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31



ILO Training


- ILO program is open to law enforcement officers, Fire/EMS, and partners from the private & public sectors
- This is a designation and does not involve a direct assignment with the KCRFC/Department of Homeland Security.

RESPONSIBILITIES;

- Report terrorism-related suspicious activity
- Serve as a point of contact at their agency/business/etc.
- Share information and intelligence with others in their agency/business in a timely and lawful manner

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32




Special Event Assessment Rating AKA – SEAR Rating

- DHS Classifies each event 1-5

Level	Description
1	Significant events with national and/or international importance that require extensive federal interagency support.
2	Significant events with national and/or international importance that may require some level of federal interagency support.
3	Events of national and/or international importance that require only limited federal support.
4	Events with limited national importance that are managed at the state and local levels.
5	Events that may be nationally recognized but generally have local or state importance.

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Suspicious Activity Reporting/ Tips and Leads

- Law Enforcement Officers
- Fire/EMS Personnel
- Greater Kansas City Crime Stoppers Tips Hotline
- Courage 2 Report - Schools
- SafeNation – web and app
- DHS – if you see something say something
- Phone Calls
- Emails

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34



Contact Information

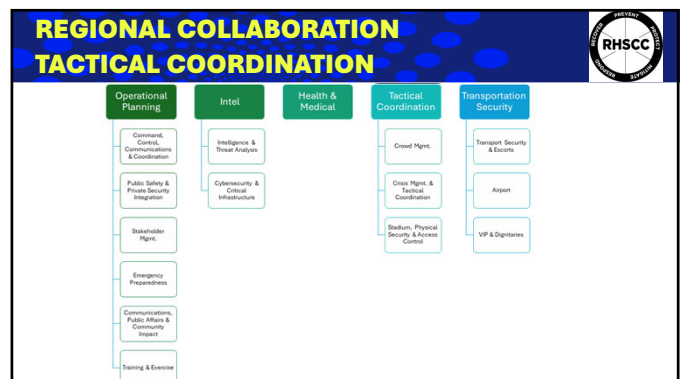
Kansas City Regional Fusion Center
816-413-3588
kcrfc@kcpd.org

Missouri Information Analysis Center (MIAC)
866-362-6422
miac@mshp.dps.mo.gov

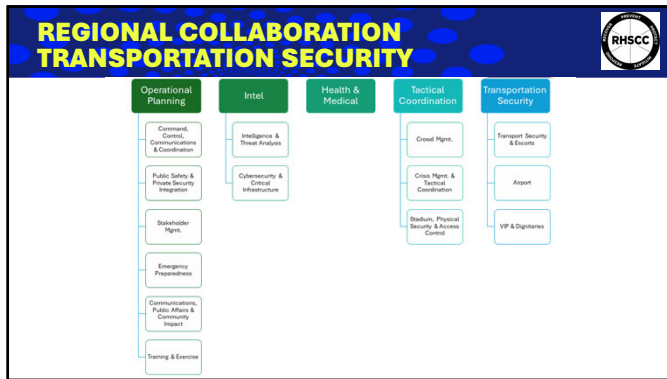
St. Louis Fusion Center
314-615-4839
INFO@STLFC.gov

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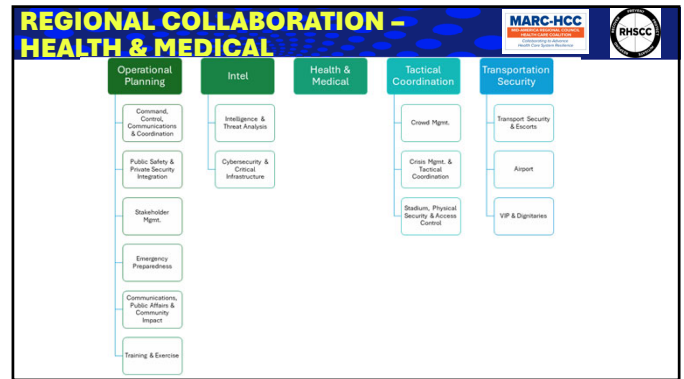
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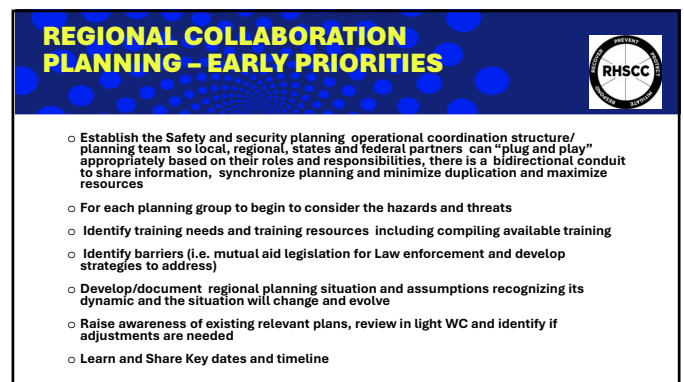
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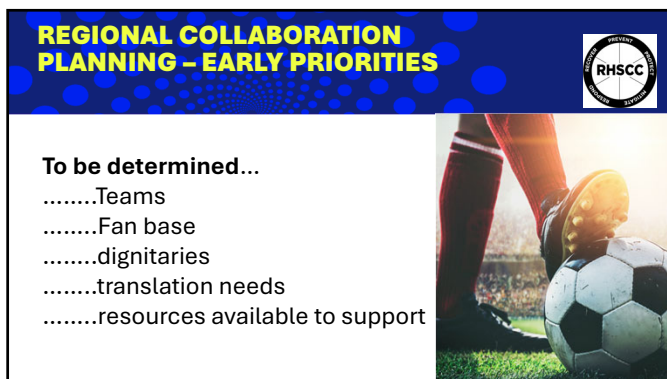
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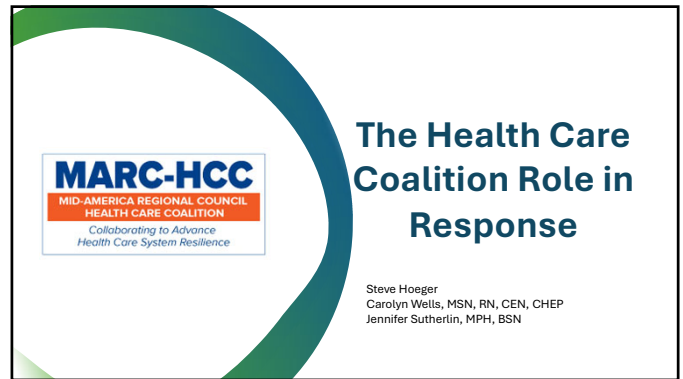
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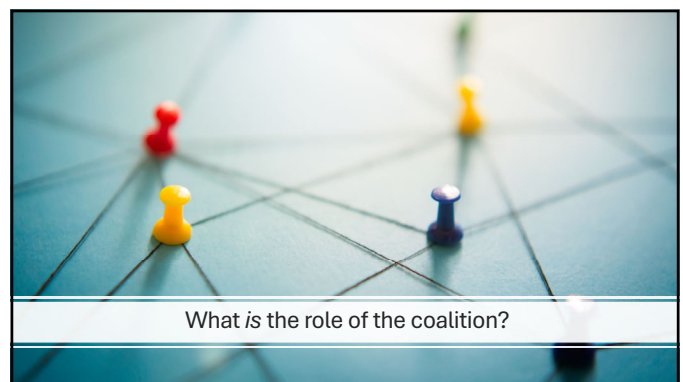
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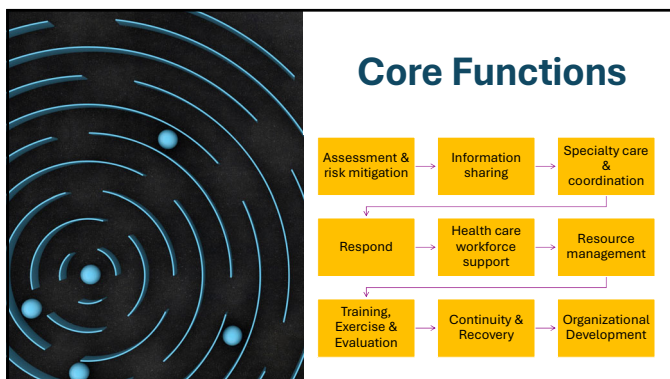
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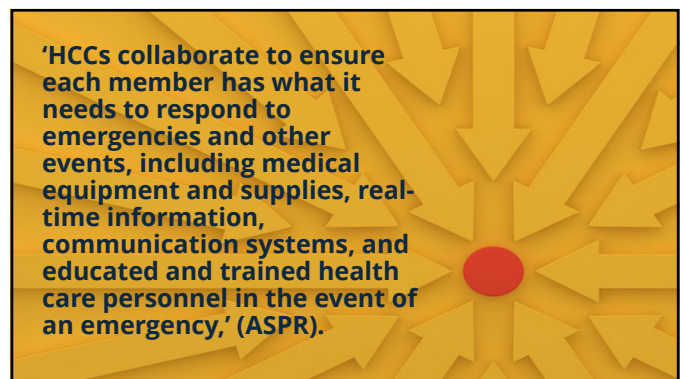
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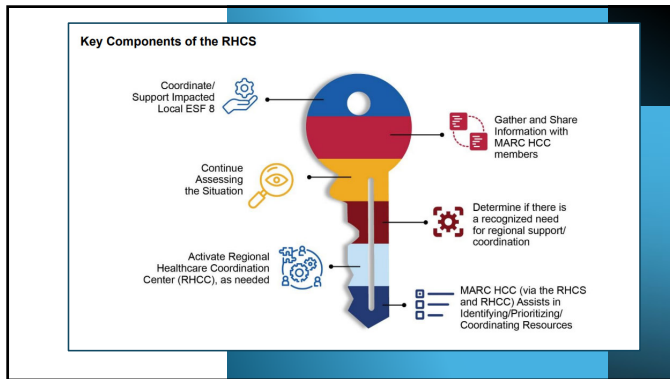
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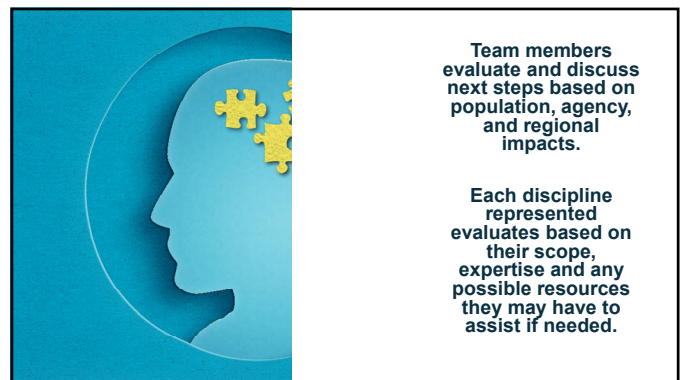
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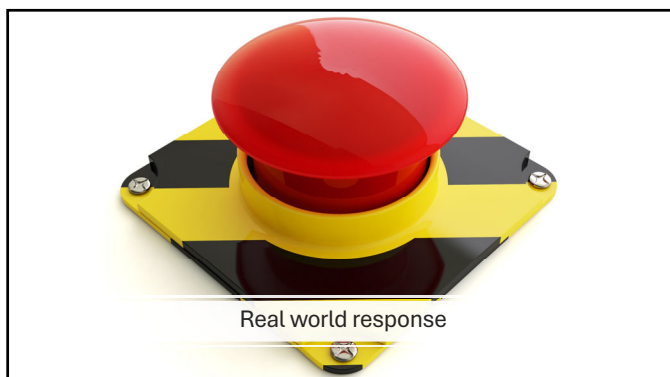
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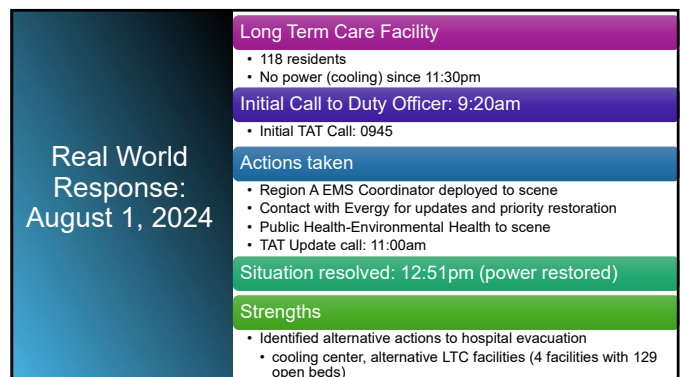
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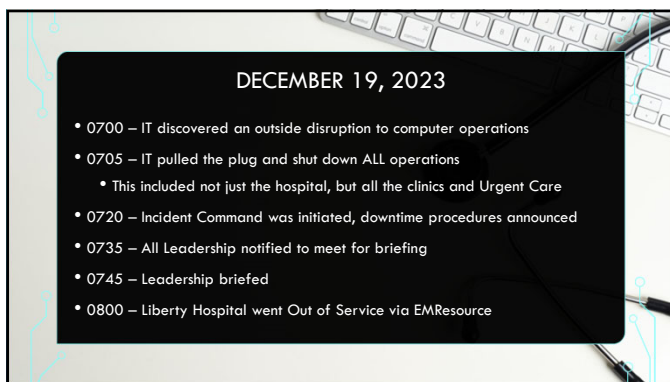
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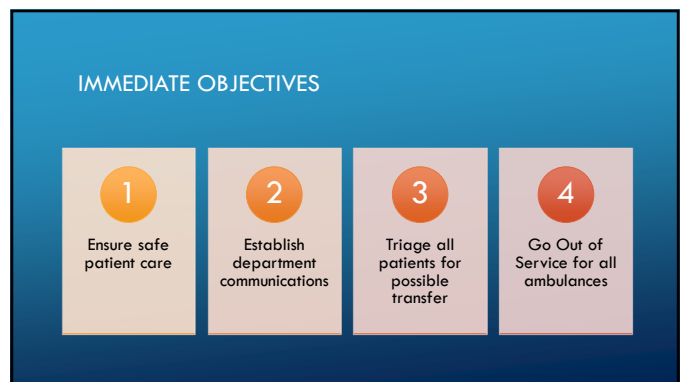
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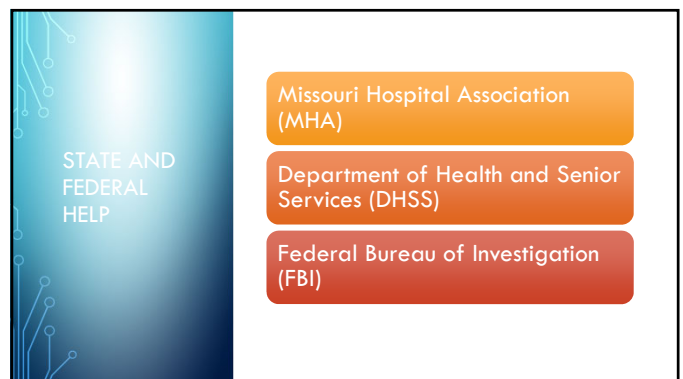
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58



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60

TRANSFER OF PATIENTS

Physicians made rounds in house and decided who needed transfer

Patients were triaged as emergency, urgent, or non-urgent

A total of 48 patients were transferred

There were 8 different EMS agencies and 8 different hospitals

61

LIFE WITHOUT ELECTRONICS

Every laptop, desktop, iPad, etc. needed to be screened, cleaned, reimaged

Unable to read radiology images as they are all digital

Phones were cleared in 24 hours, so only used radios a short time

The only way to mass communicate was via RAVE

No EHR (Electronic Health Record), no Email

62

SYSTEMS SLOWLY RESTORED



THE EMERGENCY DEPARTMENT OPENED TO AMBULANCES ON 12/22/23 BUT REMAINED ON TCD DIVERSION



THE EHR WAS RESTORED ON 1/11/24



THE EMERGENCY DEPARTMENT WENT OFF TCD DIVERSION ON 1/11/24



EMAIL WAS RESTORED ON 1/19/24



MOST SYSTEMS HAVE BEEN RESTORED, STILL A FEW NEEDING CONNECTIVITY

63

LESSONS LEARNED

Accept help when offered

Be transparent with leadership and staff

The Kansas City Healthcare Coalition is an invaluable asset

Onsite printing was a tremendous help

Keep a back-up for policies/procedures/order sets

Make frequent rounds to bolster morale and reassure patients

Communicate, Communicate, Communicate!

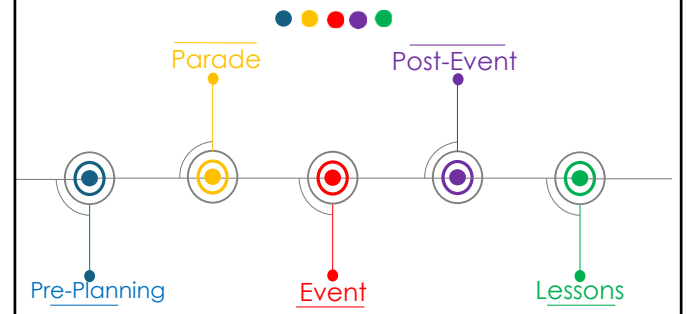
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Real World Response: KC Rally Shooting
February 14, 2024

65

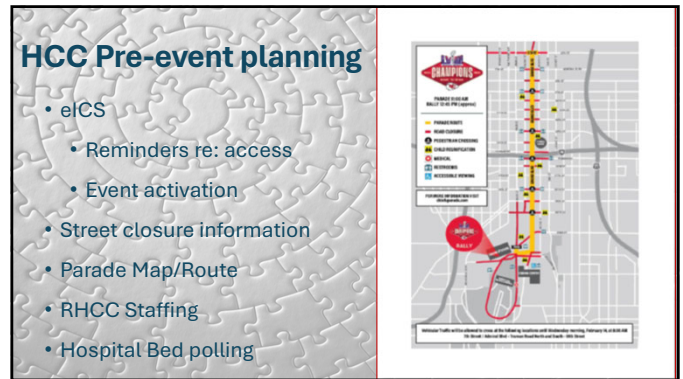
SUPERBOWL PARADE TIMELINE



66



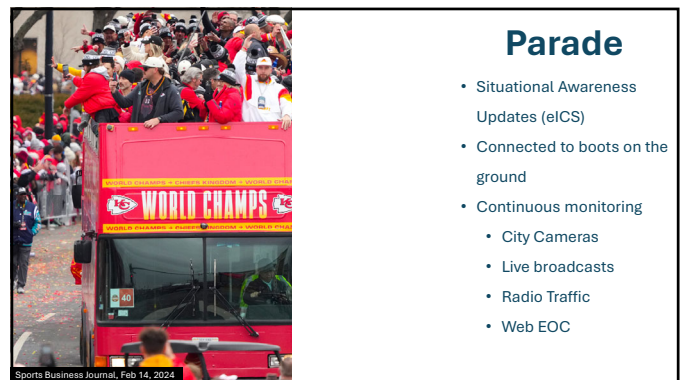
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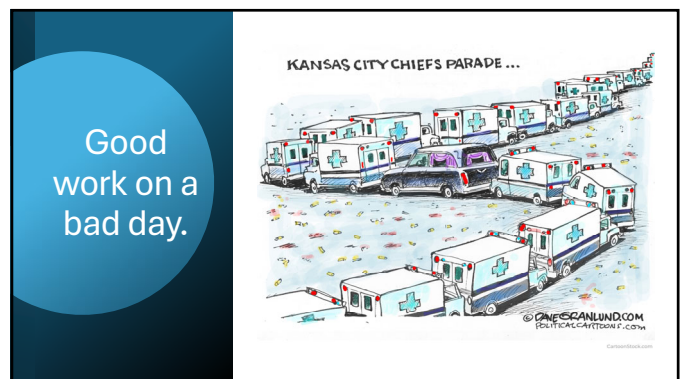
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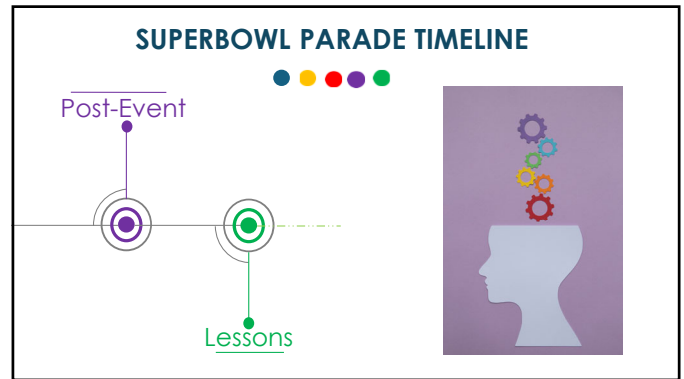
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Mental Health

- Behavioral Health Strike Team
- Resource sharing
- Community resilience



79



80



Strengths

Relationships, relationships, RELATIONSHIPS!

Exercises are critical.

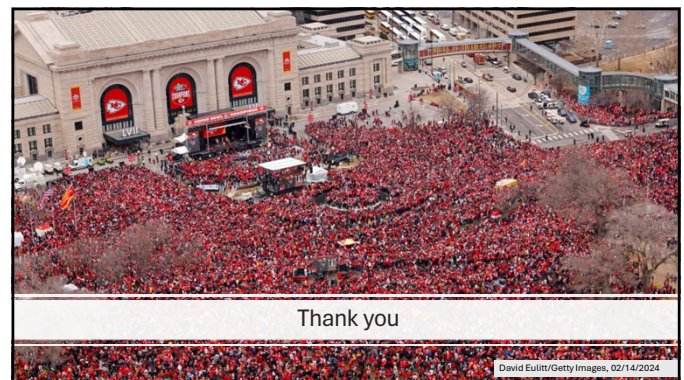
Real time information sharing is invaluable.

Improvement Planning

Duty Officer radios

Transport officers/information?

81



82

Agenda

8:00 – 8:15	●	Welcome
8:15 – 11:30	●	Speaker Presentations
11:30 – 12:00	●	Closing

83



Adjourn

84