BLUEGRASS HEALTHCARE COALITION MEETING

DECEMBER 19TH, 2024

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
Welcome & Approval of Previous Meeting Minutes	• Minutes approved without questions or edits. Motion by Jenny Bardroff; 2nd by Stacy Blacketer	
BGHCC Training & Exercise Schedule	• Dave sent this out to members by email. The schedule typically runs on a 3 year cycle which means some recurring trainings will always be on it (NDMS bed-reporting, communication exercises, ICS, etc.), but it is also a living document, so please send to Dave/JT any regional exercises or trainings that you will be hosting so these can be added and captured on this schedule.	
BGHCC Memorandum of Understanding	• This MOU that's being drafted includes agreement language that is already reflected in the coalition bylaws as well as our federal grant agreement. We just hadn't yet implemented a written agreement for coalition members to sign regarding mutual aid and member participation expectations. • This is NOT a legally binding document of any sort. It simply outlines what the coalition can do to support its members and what is expected of members regarding meeting attendance, exercise participation, and other measurable benchmarks indicating active engagement within the coalition. • This will be sent to members soon to read and sign. We only require ONE signed MOU per agency.	
Website Overhaul	• Recently renewed our contract with our website developers as they migrate the website to a new platform – WordPress – which will make updates and improvements easier, allowing for a more attractive and informative website.	
2024 National Healthcare Preparedness Conference in Orlando – Ken Kik	• Great conference with lots of networking. Ken spoke with Richard Hunt, ASPR's Medical Advisor, who was very complimentary of what we're doing in KY. • Had 2 presentations from within our HPP team – Amanda Hunter and Janine Edelin from our HERA coalition presented on coordination with NDMS and the Federal Coordinating Center in Louisville which was very well attended; Ken, Angela, and Abby Bailey presented on their collaboration on pediatric readiness, including planning and training, which was also well attended. • Ken attended a presentation on Medical Operation Coordination Centers, which is of significant focus for ASPR during this 5-year budget period. This was briefly seen during the COVID pandemic, specifically during the Delta surge. More formalized plans to come. This initial rollout for this process will likely be for pediatric or other specialty-care needs. • Related note – our federal project officer is retiring and there is currently no replacement as there is a federal hiring freeze. Therefore, our program is temporarily being overseen by Director Jennifer Hannah of the Office of Healthcare Readiness and Response.	

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WebEOC Transition	• KYEM is in the process of moving away from WebEOC and transition to a platform called Kermit (?), tentatively planned for February. Dave is uncertain what that platform will look like regarding the boards currently in WebEOC and how to make requests, but for our purposes, we will continue to use ReadyOp and our Essential Elements of Information form for bed-reporting needs, facility status, diversion status, and requests for assistance.	
BGHCC Hazard Vulnerability Analysis	• We had previously been collecting this data from members every 5 years, but we will now be requesting this every 3 years. • The Top 5 regional hazards, as identified from the responding member agencies, were: 1 - Severe Thunderstorm, 2 - Tornado, 3 - Mass Casualty Incident (trauma), 4 - Electrical Failure, 5 - Epidemic/Pandemic. • It is important to note that some agencies used more all-encompassing terminology when ranking their hazards (e.g. "Inclement Weather" as opposed to more specific "Flooding", "Tornado", "Ice Storm") which resulted in "Inclement Weather" being lower on the hazard list when, in reality, this would include those more specific form of inclement weather. We tried to make the responses we received fit as best as we could, but variation in each agency's HVA tool used as well as the terminology chosen meant that some hazards may be higher than their ranking suggests. This was also seen with "Utilities Failure" vs more specific "Electrical Failure", "Communications Failure", or "Information Systems Failure". • There was a question about Hazmat Exposure, or other chemical incidents, and why that was ranked where it was given the potential for interstate or railway chemical transport. JT mentioned that while *likelihood* is a component of the level of risk these hazard pose, *mitigation* also factors in to where these are ranked. Given that our region has been well trained on chemical response and decon capabilities are high due to years within the CSEPP program, our ability to mitigate this risk results in a lower overall hazard ranking.	
ASPR Change to HPP Funding Formula	• FEMA will soon change their funding formula for each state's HPP. This will likely benefit our program given that KY regularly falls within the Top 10 of federally declared disasters. Moving forward, this will be more of a factor in determining the funding provided to states and may provide more opportunities for utilizing that funding in our region.	
Presentation by Stacy Sanders, Victim Specialist – FBI Assets for Victims & Reunification Program	• Stacy is one of two Victim Specialists assigned to field offices in KY. Stacy serves the western half of KY, based out of Lousiville, while her counterpart, Cassie Wilde, serves the eastern half of KY. ***See Stacy's presentation attached below for full details of what was presented***	

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Trainings & Exercises	• ICS 400 – Feb. 6th & 7th @ the BG Airport Fire Station #34. Training to be posted on KYEM's website. • Medical Response Surge Exercise – May 15th; more details to come. • ALICE (Active Shooter) Training – reach out to Dave/Rebecca to schedule.	
SLC Meeting	• Senior Living Communities Meeting – Jan. 14th @ Sayre Christian Village in Lexington.	
RPC Updates	• Working with Madison Co. HD to host a lab packaging and shipping training with the KDPH lab; Vicki and Rebecca will be polling the LHDs for a time in Jan./Feb. for a POD Essentials in-person training; Jody Hale with KDPH will be offering a ReadyOp training soon; Mar. 5th is the save-the-date for the One Health Conference at the UK Veterinary Diagnostic Lab. When registration becomes available, Rebecca will share it with the group; LHDs are reviewing their AFN library entries this quarter and are updating them; discussed some communication resources with the LHDs and these will be updated in their lists to make sure the information is available during a response as there are new staff in several LHDs. The new staff will also need to be updated in the coalition rosters.	
MRC Updates	• The MRC volunteer base is continuing to grow in our region. Previously, several counties had no volunteers at all. As of yesterday, every county has volunteers signed up, totaling 181 across the region, with 35% fully credentialed; Stacy attended the regional HOSA conference and presented an award of $500 to the Lincoln County HOSA for their participation in the volunteer recruitment challenge. This money will be able to be used toward the state-wide HOSA competition; Applied for a NAACHO grant in order to acquire StarLink capability; MRC volunteers participated in the 2024 Rural Summit for AmeriCorps where they received Stop-the-Bleed training; MRC Volunteer Summit for KY scheduled for April 16th-17th in Louisville; Planning to attend the LEPC meetings in the region to boost their awareness of and collaboration with MRC.	
NDMS Updates	• Will begin requesting bed-reporting updates every month, on the 2nd Thursday, instead of every two months; Projecting the next patient movement TTX will be in May. More details to come.	
Epi Updates	• Capital Region – Largest proportion of pertussis currently in Scott Co. with 25 confirmed cases, mostly in high school students; Flu/RSV/COVID/Hand-Foot-Mouth cases are also occurring right now; COVID cases will become non-reportable in KY after Dec. 31st; Beginning to train 2-3 staff in each LHD on Epidemic Rapid Response. • Bluegrass Region – Respiratory season in full force with RSV and pertussis outbreaks currently. • Lexington-Fayette CO. – Also seeing a lot of respiratory cases. The current pertussis outbreak status was set to close on Tuesday of this week, but 3 additional cases were	

TOPIC	DISCUSSION	ACTION/FOLLOW-UP
	reported which will now extend the outbreak status another 42 days. Currently at 75 cases total; Hollie reminded everyone that if you have a nagging cough that will not go away, you need to request pertussis testing as this is not something they often test for normally. This has delayed confirmation of pertussis in many cases because the testing did not occur until weeks later; The 1st severe case of Avian Influenza was reported out of Louisiana in an individual >65 years old and with underlying conditions.	

ATTENDEES					
Kenneth Kik	Cameron Poe	Jacob Cook	Ray VanWinkle	Elliott House	Andrea Brown
Michael Hennigan	Brianna Reece	Dave Carney	Missy Hicks	Rebecca Lynn	Lindsay Ames
Shane Bussell	Barrett C Schoeck	Sharon Berry	Candie McMaine	Jenny Bardroff	Lori Coots
Lisa Lawson	Joe Hammond	Amanda Coomer	Keri Noe	John Townes	Maria Church
Mary Rose Bauer	Danni S Hutson	Critt Nalley	Terri Schoebel	Tonya Watkins	Rudrani Ghosh
Ashley Walo	Ward Wagenseller	Ashley Powell	Ralph McCracken	Marti Burton	Beth King
Lisa Lawson	Stacy Blacketer	Bethely Morton	Kim Yazell	Taylor Dailey	Gene Thomas
Karen Dailey	Quintin Robertson	Hollie Sands	Carl Hinson	Joseph Maciag	Angel Holts

Federal Bureau of Investigation

Victim Services Division

Victim Services Division (VSD): Overview

MISSION

To inform, support, and assist victims in navigating the aftermath of crime and the criminal justice process with dignity and resilience.

VISION

Empowerment, dignity, and justice for every victim and to provide global leadership to meet the evolving needs of victims.

ENDURING VALUES

1. Deliver victim engagement and services that are high quality, sustainable, evidence-based, ethical, and timely.
2. Team with agents and community partners to ensure the best outcomes for victims and investigations.
3. Promote creativity, innovation, and excellence to benefit our victims and to elevate and transform the field of victim services.
4. Remain agile and ready to respond to high impact, significant events.

VSD Overview

263
full-time personnel located at FBI headquarters and across the 56 field offices supporting cases globally.

2,000,000+
victims served since 2001

14,000+
child / adolescent forensic interviews conducted since 2001

38
mass violence deployments since 2006

Specialized Resources

LARGE SCALE CASE SUPPORT
Facilitates victim identification, notification, communication, and data analysis

CHILD EXPLOITATION NOTIFICATION PROGRAM
Centralizes victim information and notification preferences to facilitate case update communications

TRAUMA NOTIFICATION TRAINING
Trains FBI, law enforcement, and first responders to conduct death notifications to families of victims

CRISIS RESPONSE CANINES
Engage with victims, families, first responders, and law enforcement to mitigate stress and anxiety

Types of Crime (not inclusive)

- Domestic terrorism (actual, attempt or hoax)
- Kidnapping or child abduction
- Violent Crime
- Crimes Against Children
- Cyber Crime
- Human Trafficking
- Indian Country Crimes (Felony Offenses)
- Federal facilities, Military Bases, National Parks, Commercial Air and Sea Carriers
- Bank robberies
- White Collar Crime (counterfeit checks, identity theft, mail & wire fraud, financial, heath care, mortgage & real estate fraud)
- Hate Crimes or Civil Rights Violations
- Overseas kidnapping, terrorism, hostage taking, torture

What is the VSRT?

- A multi-disciplinary team consisting of victim specialists, special agents, and other professional staff (e.g., SOSs, MAPAs, IAs, OSTs) that provides operational support, upon request, to victims of mass violence and crisis incidents.
- Three rotating on-call teams that can deploy anywhere in the country when the impact of the crime overwhelms the ability of local resources to address victim needs
- VSRT **must** be requested

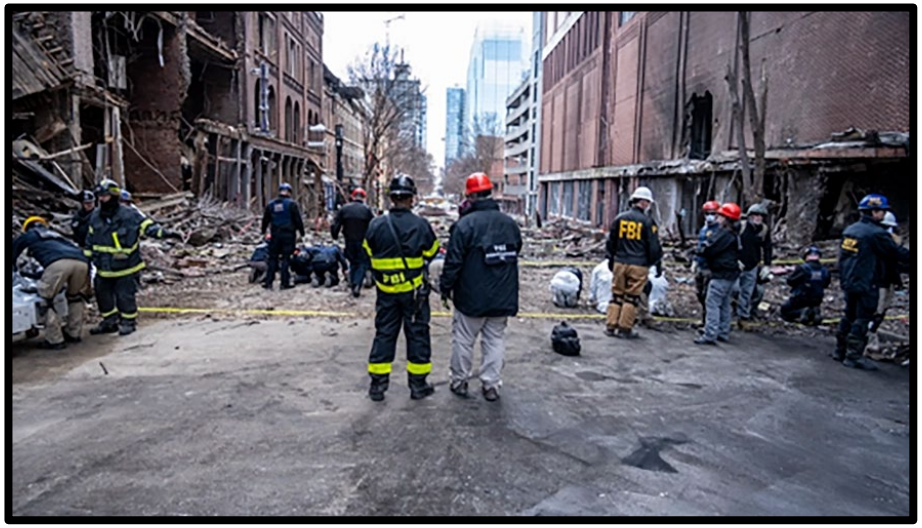


Photo courtesy of WRKN; Nashville, TN

Photo by FBI; Borderline Bar and Grill in Thousand Oaks, California

Victim Services Response Team (VSRT)

Victim Assistance Rapid Deployment Team (VARDT)
Established in 2005

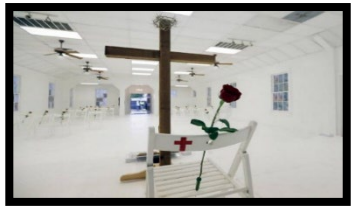
Evolved into the VSRT
Officially launched October 1, 2018

Provide on-scene assistance to victims and families	Assist in death notification delivery and timely victim notifications	Coordinate support services to hospitalized victims and families of deceased victims	Support the development and management of victim lists
Facilitate cleaning and return of personal effects	Support victim assistance / resource centers for victims and families	Plan for and manage family briefings and site visits	Collaborate with external agencies, support services, and employers

The team has deployed **38 times** since its inception in 2005

VSRT Responses to Date

Response Locations and Year of Occurence			
1	Virginia Tech Shooting, VA 2007	20	Sutherland Springs Church Shooting, TX 2017
2	Binghamton Immigration Center Shooting, NY 2009	21	Parkland High School Shooting, FL 2018
3	Colgan Air Crash, NY 2009	22	Santa Fe High School Shooting, TX 2018
4	Fort Hood Shooting, TX 2009	23	Pittsburgh Synagogue Shooting, PA 2018
5	Tucson Shooting, AZ 2011	24	Thousand Oaks Shooting, CA 2018
6	Sandy Hook Elementary School Shooting, CT 2012	25	Henry Pratt Shooting, IL 2019
7	Boston Marathon Bombing, MA 2013	26	Chabad of Poway Shooting, CA 2019
8	Navy Yard Shooting, DC 2013	27	Virginia Beach Municipal Center Shooting, VA 2019
9	Fort Hood Shooting, TX 2014	28	Gilroy Garlic Festival Shooting, CA 2019
10	Emanuel AME Shooting, SC 2015	29	El Paso Walmart Shooting, TX 2019
11	Grand 16 Shooting, LA 2015	30	Santa Barbara Boat Fire, CA 2019
12	Umpqua Community College Shooting, OR 2015	31	Pensacola NAS Shooting, FL 2019
13	Inland Regional Center Shooting, CA 2015	32	Second Avenue Bombing, TN 2020
14	Pulse Nightclub Shooting, FL 2016	33	TOPS Market Shooting, NY 2022
15	Dallas Police Shooting, TX 2016	34	Robb Elementary School Shooting, TX 2022
16	Baton Rouge Police Shooting, LA 2016	35	Highland Park Parade Shooting, IL 2022
17	Ft Lauderdale Airport Shooting, FL 2017	36	Raleigh Shooting, NC 2022
18	1 October Las Vegas Shooting, NV 2017	37	Allen, TX Shooting 2023
19	Tribeca Truck Attack, NY 2017	38	Lewiston, ME Shooting 2023



Mass Violence Incident (MVI)

The Immediate Response

- Additional factors to consider:
  - Victims' primary immediate needs will consist of:
    - Information
      - From an official source
      - As soon as it becomes available
      - Before it is received by the media
    - Basic needs
      - Medical care
      - Food, water
      - Shelter
    - Safety and security

Predictable Challenges

- Open vs. Closed population
- Scale (Size of Scene / # of Victims)
- Multiple Categories of Victims
- Victim List
- Delivering Timely Death Notifications
- Number/Location of Personal Effects

Friends and Relative's Center (FRC)

Family Reunification Center (FRC)

A temporary secure facility that is set up in the immediate hours after an MVI. This is in a centralized location that provides vetted/legitimate information about missing or unaccounted-for persons. Can serve as a central location for families to reunite with victims. Can also serve as a location to receive death notifications, if the victim(s) is deceased.

Considerations:

- Away from Crime Scene
- Secure entrance
- Set up immediately after the incident
- Can transition to Family Assistance Center
- Often will not have all services/resources available for families.

Family Assistance Center (FAC)

Family Assistance Center

A place for victims and family members to receive information and services

Goals:

- Central location
- Ensure effective communication between agencies
- Ensure efficient delivery of family assistance services
- Needs assessment
- Identify gaps
- Avoid duplication of services
- Coordinate and manage request for services
- Victim-centered approach

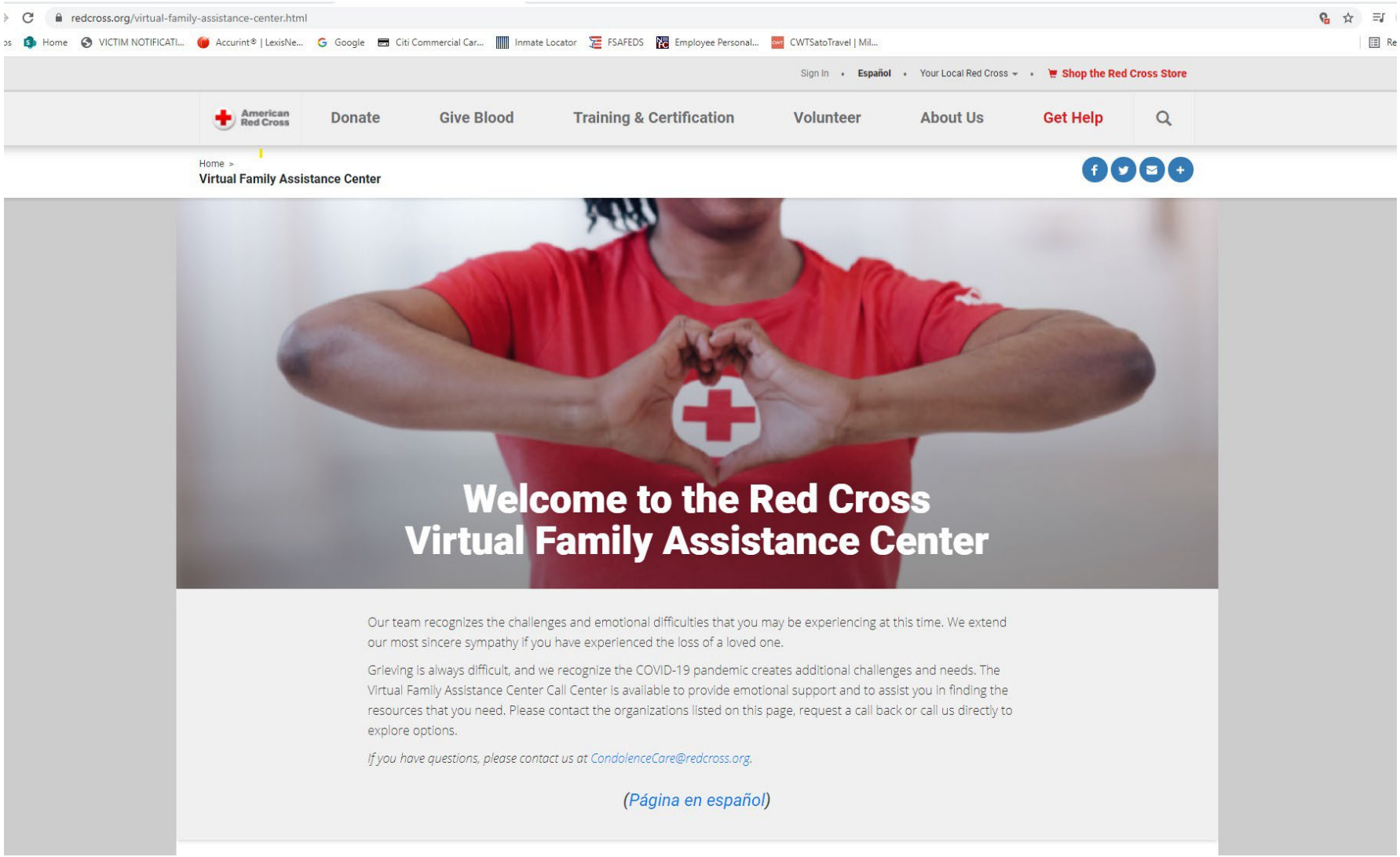
Management of Victim/Family Response

- Convergence of families on scene
- Support for families of missing/deceased
- Support for hospitalized victims
- Children and special needs individuals
- Security and privacy
- Victim identification
- Personal effects

What to include in an FAC

- Security
- Check in/out point for families/survivors
- Security procedures/identification
- Childcare
- Crisis intervention specialist
- Emergency medical care
- Access to clergy
- Financial services
- Travel assistance
- Local transportation
- Meals
- Clothing and toiletries
- Crime Victim Compensation
- American Red Cross
- Lodging/hotels
- Immigration services
- Language and Cultural Resources

Virtual Family Assistance Center



Resiliency Center

Resiliency Center (1 of 2)

- A community resiliency center (CRC) can be created to provide ongoing services and assistance to victims, family members, first responders, and community members once the Family Assistance Center, which is open during the response phase, closes.

- During recovery, it is critical to engage a holistic, trauma-informed approach, which includes diverse faith or spiritual healing practices, to support survivors and surviving family members in the long term. (It is also important to remember that not all victims are religious or spiritual.)

- This approach incorporates an understanding of the vulnerabilities or triggers of trauma survivors (which traditional service delivery approaches may exacerbate) to make services and programs more supportive and avoid re-traumatization.

Resiliency Center (2 of 2)

- Ensure that the emotional and psychological needs of the community are met by providing mental health support, counseling, screening, and treatment.

- Ensure that law enforcement; systems-based, faith-based, and nonprofit victim service providers; first responders; prosecutors; medical service providers; mental health providers; medical examiners; funeral directors; and other community leaders (based on the nature of the incident) receive the support and services they need to address symptoms of secondary/vicarious trauma.

- Ensure that the potential for increased risk of substance, physical, sexual, and emotional abuse for individuals is addressed.

https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/mvt-toolkit/recovery.html

Virtual Resiliency Center

Agency and/or Community Plan

- Review Agency Crisis Management Response

- Identify Key Resources and Unique Aspects of your area of responsibility
  - Special populations
  - Geographical issues in your area
  - Potential sites for a Family Assistance Center
  - Transportation hubs – Airport / Train station / major dock
  - Trauma centers & Hospitals

- Community Resources
  - Crime Victim Compensation
  - Red Cross
  - Emergency Management
  - Child Advocacy Centers
  - Community Mental Health
  - And many more…

Long Term Considerations

Maintenance of the case

- Briefings & investigative updates
- Victim follow-up
- PE returns
- Memorials/anniversaries
- Court proceedings

Developing and Maintaining Partnerships

- Meetings
- Exercises
- Presentations
- Identifying gaps in resources/services

Thank you

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