# South Central Healthcare Coalition Governance

## Contents

# Executive Summary

The South Central Healthcare Coalition (SCHCC) is a collaborative network of healthcare organizations and their respective public and private sector response partners. Together, they serve as a multi-agency coordination group to assist with preparedness, response, and recovery activities related to health and medical disaster operations. Healthcare coalitions improve medical surge capacity and capability, further enhancing a community's health system preparedness for disasters and public health emergencies. Healthcare coalitions also augment local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event. This is achieved by engaging and empowering all parts of the healthcare community and by strengthening the existing relationships to understand and meet the actual health and medical needs of the whole community.

The SCHCC was established to build a strong collaborative of healthcare responders, receivers, and providers who will be enabled to effectively respond as a team to a disaster or significant crisis having an impact on the health and medical needs of the communities within the South Central Region (counties of Chaffee, El Paso, Lake, Park and Teller).

The SCHCC goals and objectives are aimed at:

- Improving medical surge capability and capacity across the region.
- Building a better community-based, disaster healthcare system
- Strengthening the local healthcare system by fully integrating disaster preparedness into the daily delivery of care
- Improving information sharing practices to increase situational awareness
- Improve resource management processes in support of regional medical surge

The SCHCC shall strive to obtain the objectives set forth by the Assistant Secretary Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Guidelines, State of Colorado, and the Department of Homeland Security. The SCHCC maintain free relations with other organizations, to do all in its power to strengthen and promote the emergency preparedness of the region, state, and federal government.

# Approval of Plan/Promulgation

The SCHCC is committed to enhancing member readiness across all emergency management phases: preparedness, response, recovery, and prevention/mitigation. Our Governance supports this commitment, which provides a structured approach for leadership, decision-making, and collaboration among HCC members. It defines roles, responsibilities, and communication channels, ensuring our coalition is effective and unified, especially during emergencies.

We the SCHCC Executive Council, hereby support and approve the SCHCC Governance.

| **Name** | **Signature** |
|---|---|
| Sara Baird | |
| Jeremiah Grantham | |
| Matthew Merriman, MD | |
| Kashyap Kaul, MD | |
| Timothy Baker | |
| Trevor Russell | |
| Barb Bridgmon | |
| Marion Richmond-Haygood | |
| Nikole Bacon | |

# SECTION I: ADMINISTRATIVE PLAN/ SCHCC BYLAWS

The SCHCC is a coordinating body for emergency preparedness and response activities among hospitals, health departments, emergency medical services, health care delivery organizations, fire, and emergency management partners. The goal of this plan is to establish a mechanism for healthcare delivery in emergency situations.

## Mission

To enhance coalition member readiness throughout the emergency management cycle of preparedness, response, recovery, and prevention/mitigation.

## Purpose

The purpose of the South Central Healthcare Coalition (SCHCC) is to systematically enhance regional medical response capabilities needed to prevent, respond, and recover from any event that significantly impacts health and medical resources through: strong interagency collaboration and communication; the identification of capability-based needs and priorities; and the efficient and effective use of existing resources. This is primarily accomplished by promoting emergency preparedness, planning and conducting training exercises, and coordinating support among regional medical response system partners within the coalition's geographic boundaries. The organization serves as a regional healthcare coalition as defined in state and federal guidelines.

## Geographic Coverage

The state of Colorado has 9 All-Hazards regions. The South Central Region (SCR) is comprised of the following five Colorado counties: Chaffee, El Paso, Lake, Park and Teller. El Paso County (home of the City of Colorado Springs) lies mainly to the east of the Front Range of the Rocky Mountains and encompasses mostly urban and suburban areas. It is also the most populated county in Colorado and home to 5 military installations. The remaining SCR counties all lie within the Rocky Mountains and are comprised of rural communities.

This distinct geographical difference presents a major challenge in planning and preparation within the Region, as challenges in one area are not necessarily the same in the next. Due to the vast differences in landscape and capability across the SCR, a hazard

in one area of the region could be significantly more crippling than that same hazard in another area.


| County | Population [current year] | Land Area (sq. miles) | Persons per Sq. Mile (avg) |
|---|---|---|---|
| **Chaffee County** | 19,476 | 1013.4 | 19.2 |
| **El Paso County** | 730,395 | 2126.4 | 343.5 |
| **Lake County** | 7,436 | 376.9 | 19.7 |
| **Park County** | 17,390 | 2,193.5 | 7.9 |
| **Teller County** | 24,710 | 557.1 | 44.4 |
| **City of Colorado Springs** | 478,961 | 195.8 | 2451.2 |
| **State of Colorado** | 5,773,714 | 104,185 | 55.7 |
| **TOTAL REGION** | 799,407 | 6268.1 | 86.9 |
| | | | |

## Management/ Administration

The coalition is comprised of membership (section 6) from across the five-county region, an executive council (section 3), and standing committees and ad hoc work groups that are established and engaged as needed. The Coalition provides representation to the Colorado Healthcare Coalition Council. Liaisons from other healthcare coalitions and visitors are always welcome to participate.

Public Health is designated as the ESF-8 Lead during response activities. When additional assistance is needed during an incident, the ESF-8 Lead contacts the healthcare coalition readiness and response coordinator for subject matter expertise and to sustain situational awareness.

The Coalition receives some direct funding for activities, operations, and staff through a grant from the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) Cooperative Agreement. *A* Coalition member's time during Coalition planning and activities is compensated by their organization without reimbursement. The Coalition recognizes the strong need to identify sustainment funding sources.

The governing body of the SCHCC shall consist of a Chairperson and/or Co-Chair(s) of which, one of these positions must be a regional hospital representative, Chair Elect, and Secretary/Treasurer, and shall be known as the Executive Council. These are elected positions, broadly known as officers. See "5. Election of Officers" for information on election process. The Executive Council shall be formed by no less than 4 and no more than 13 members, with a rural and urban representative of the SCHCC core membership agencies (e.g., Hospitals, EMS, Public Health and Emergency Management). The formation of this leadership group is a strategic decision based on the expertise needed to accomplish the following: carry out the core functions, address readiness gaps, and meet the needs of the communities the SCHCC serves, including communities most impacted by disasters. The Hospital Preparedness Program (HPP) Coordinator and any sub-committees formed shall serve as staff support to the Executive Board.

## Chairperson

The Chairperson is nominated by any general member agency and elected by a majority vote of those agency representatives having voting rights (section 6). The term of the Chairperson is two years with a limit of three consecutive terms or maximum of six years. An extension can be granted by majority vote, and as determined by the Executive Council based on needs of the Coalition (4. Governance Leadership Structure) The Chairperson must be elected from a different organization than the Chair Elect and/or Co-Chair. Major duties of the SCHCC Chairperson include the following:

- Facilitate coalition meetings
    - In coordination with Executive Council and Fiscal Agent, appoint Readiness and Response Coordinator, Clinical Advisor and administrative staff
- Appoint subcommittees as needed. These include but are not limited to:
    - Finance

    - Communications
    - Exercise and Training
    - Healthcare Community Partners
- Review SCHCC quarterly meeting, any standing committee, and work group minutes
    - Review and sign coalition documents
- Appoint members-at-large and alternate members to the Executive Council
    - Ensure selection of primary and alternate delegates to the state-level healthcare coalition advisory committee
    - Appoint liaison(s) to adjacent healthcare coalitions
- Voting Member

## Chair Elect/or Co-Chair (Hospital Representative)

The Chair Elect is nominated and elected in the same manner as the Chairperson. The term of the Chair Elect is two years with a limit of three consecutive terms or maximum of six years; this position will move into the Chairperson position once that seat is vacated. An extension can be granted by majority vote, and as determined by the Executive Council based on needs of the Coalition (4. Governance Leadership Structure) The Chair Elect must be elected from a different discipline than the Chairperson. Major duties of the Chair Elect include the following:

- Facilitate coalition meetings in the absence of the Chairperson
- Lead the coalition's standing committees, as needed
- Assist with strategic planning and its implementation
- In the absence of the Treasurer, signatory for the Executive Council
- Voting Member

## Liaison(s)

The Liaison(s) is nominated by the Executive Council and elected by a majority vote of the SCHCC members representing those agencies having voting rights. The term of the Liaison(s) is two years with a limit of three consecutive terms or maximum of six years. An extension can be granted by majority vote, and as determined by the Executive Council based on needs of the Coalition (4. Governance Leadership Structure) A liaison must be from a core member agency of the SCHCC where the council sees a gap in representation from a core member type. Major duties of the liaison include the following:

- Assist with strategic planning and its implementation
- Provide feedback and direction from the core member type perspective
- Provide information back to his/her agency regarding SCHCC priorities, needs, and opportunities for collaboration
- Review coalition documents

- Liaisons are non-voting members

## Secretary

The Secretary is nominated by any general membership agency and elected by a majority vote of those agency representatives having voting rights. The term of the Secretary is two years with a limit of three consecutive terms or maximum of six years. Major duties include the following:

- Assist with preparation and conduct of coalition meetings
- Ensure that minutes of all SCHCC quarterly meetings and work group meetings are compiled, reviewed and disseminated

## Treasurer (Optional)

The treasurer is nominated by any general membership agency and elected by a majority vote of those agency representatives having voting rights. The term of the Treasurer is two years with a limit of three consecutive terms or maximum of six years. Major duties of the SCHCC Treasurer include the following:

- Chair the finance committee
- Signatory for the finance committee
- Participate in reviewing coalition financial documents

## Hospital Preparedness Program (HPP) HCC Readiness and Response Coordinator and Clinical Advisor

***– these positions can be filled by one or more than one individual, as long as the sum of personnel involved is equal to one Full-Time Employee (FTE)***

### The HPP Readiness and Response Coordinator (RRC) shall:

- facilitate the planning, training, exercising, and operational readiness, of the SCHCC and ensure meeting minutes are maintained and submitted by the Secretary, in absence of Secretary prepare and disseminate minutes, and
- be responsible for the coordination of the budgeted HPP activities and accurate accounting and procurement of all SCHCC projects or purchases, and, serve as support to the SCHCC and report in tandem to the Colorado Department of Public Health,
- evaluate ongoing development of HCC as well as to lead, participate in, or support

the response activities of the coalition according to their plans.

It should be noted that the RRC is a non-voting member of the Coalition.

## The Clinical Advisor shall:

- Be a physician, advanced practice provider, or registered nurse and should be from a lead or co-lead hospital or healthcare organization
- Be clinically active (i.e., works, shifts/sees patients), involved in emergency services or response activities, knowledge of medical surge issues
- Be familiar with chemical, biological, radiological, nuclear, and explosives (CBRNE), trauma, burn, pediatric emergency response principles is required.

Role is to:

- Provide clinical leadership to the HCC and serve as a liaison between the HCC and medical directors/medical leadership at health facilities, supporting entities (e.g, blood banks), and EMS agencies
- Review and provide input on HCC plans, exercises, and educational activities to ensure accuracy and relevance
- Act as an advocate and resource for other clinical staff to encourage their involvement and participation in HCC activities
- Provide clinical guidance for HCC mass casualty/surge plans, subject matter expertise with regard to distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible, and work with healthcare facilities to understand their capabilities and capacity.
- Facilitate collaboration with outside subject matter experts to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations (i.e., identify which patients are a priority to transfer to specialty care centers when adequate transportation or inpatient resources are unavailable).
- Review and sign coalition documents.

## Other Staff

Whether paid or volunteer staff, these individuals assist the elected leaders and appointed HCC Readiness and Response Coordinator as needed or directed.

## Sub-Committees

Sub-committees and workgroups, as requested by members or individuals, are organized under the umbrella of the SCHCC. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.

# Election of Officers

## Terms

Each officer shall serve two years with a limit of three consecutive terms or maximum of six years.

## Vacancies

Executive Council vacancies are filled at the next regularly scheduled SCHCC quarterly meeting provided at least two weeks' notice is given to membership. If the position is not filled during an election, vacancies shall be appointed by the Executive Board. The appointee shall be voted on at the next SCHCC quarterly meeting and serve the remaining portion of their two (2) year term.

## Removal

Any elected official of this coalition may step down from his/her position provided that at least two weeks' written or telephonic notice is given to the Executive Council and SCHCC voting membership.

Any elected official of this coalition may be removed for cause by a majority of the voting membership provided that at least two weeks' written, or telephonic notice is given to the Executive Council and SCHCC voting membership.
Any elected office of this coalition may be removed for cause by a majority of the voting membership provided that at least two weeks' written, or telephonic notice of a special meeting is given to the voting members.

## Elections

The elected officers shall hold office for a term of two (2) years starting on July 1 of the election year. The term of elected officers is two (2) years with a limit of three (3) consecutive terms, or a maximum of six (6) years.

# Membership

## General Membership

All organizations within the South Central Region that provide health or medical services, as well as organizations whose mission is related to providing or assuring health services during disasters, are welcome to join the Coalition; to attend the SCHCC quarterly meeting; and to participate in working committees and ad hoc groups. General members agree to work collaboratively on healthcare preparedness and emergency response activities and to share their organization's contact information with each other for disaster preparedness and response purposes.

General membership is voluntary and there are no time limits on terms of service. Member agency representatives are contacted regularly through meeting requests and with information on upcoming meetings, trainings, and other events. Member agencies are encouraged to actively participate in all coalition-sponsored activities.

Membership in the SCHCC encourages the inclusion of hospitals, emergency medical service agencies, emergency managers, local public health agencies, and behavioral health, at minimum within the region. It shall also be open to all other healthcare providers and partner organizations, which agree to work collaboratively and to coordinate emergency prevention, mitigation, preparedness, response, and recovery activities. Additional members such as healthcare critical infrastructure partners (e.g., utilities), and supply chain partners (e.g., manufacturers, distributors), as well as partners with expertise in areas such as cybersecurity, specialty care delivery, long-term care, and culturally and linguistically appropriate healthcare services are also included. The SCHCC's work to develop medical surge emergency preparedness and response systems and resources shall be of benefit to the entire community, not just SCHCC members.

The General Member list is maintained by the coalition staff and updated quarterly. This list is reviewed annually by the Executive Council and available for inspection by any member upon request.

## Partner Organization Membership

Partner organizations are peripheral hospitals and medical facilities near the region, but which are not within the Region. Partner organizations shall be non-voting members. To be considered a partner organization, at least one (1) representative from that organization shall actively participate in SCHCC meetings and activities. This shall include hospital systems.

## Invited Non-Members

Other hospitals and healthcare facilities who may be of benefit to the SCHCC for collaborative purposes may be invited to attend SCHCC meetings and activities by vote of the membership. Such invited organizations may fully engage in SCHCC discussions and other activities but shall have no vote. Examples of non-member participants include the Department of Defense and the United States Military Institutions situated outside of the South Central region.

## Membership Roster

The General Membership roster is maintained by the RRC and updated quarterly and shared with CDPHE OERP utilizing the Member Organization template. This roster is reviewed annually by the Executive Council and is available for inspection by any member upon request.

Each organization is listed with agency type, as appropriate, and as:

- Active SCHCC Member
- Inactive SCHCC Member
- Partner Organization Member
- Invited Non-Member

## Membership Process

Membership Request. A request can be made by a potential member and submitted through the SCHCC website, electronically or by mail to schccoalition@gmail.com.

Review of Membership Requests. The HCC staff or designated Executive Council member shall review the membership request and determine eligibility within 60 days of receipt. A completed request must include, but is not limited to, the following:

- Signed Commitment to Participate Agreement
- Name of business
- Primary business address
- Primary representative contact
- Alternate representative contact

## Membership in Good Standing

A member shall be deemed in good standing if the individual or a designated alternate has attended at a minimum of three regularly scheduled meetings within a 12 month period. The HCC will keep a record of members in good standing and provide it to the SCHCC Executive Council. If the member does not maintain good standing, the

Chairperson shall inform the member and designated organizational contact that the organization will be placed on inactive status and will be unable to vote. Member organizations may return to good standing by attending three (3) scheduled meetings during the grant year.

If membership meetings are disrupted due to program needs or changes, the members will not be penalized for attending less than 3 meetings during the 12 month period that included the disruption. HCC will put out information to the membership to provide guidance for any changes in active status or tracking for attendance once membership meetings are re-established.

### Membership in Inactive Status

A member is deemed inactive if the member or designee is absent and lacking participation for three (3) regularly scheduled SCHCC meetings within a 12-month period. The member will receive a written notice of removal form the active membership list.

### Membership Conduct

Organizations with membership, whether they have voting or non-voting privileges, shall not take any irresponsible action which would jeopardize or destroy, or be detrimental to, the SCHCC or its legal or contractual obligations as an affiliate of the State of Colorado Department of Public Health and Environment. Engaging in any conduct damaging to the SCHCC, including its reputation, is prohibited, and shall be considered conduct unbecoming of a SCHCC member. The SCHCC shall treat any irresponsible action seriously and make discretionary decisions based on each specific incident.

### Membership Resignation

Resignation must be submitted in writing to the SCHCC. This information will be shared with the membership of the SCHCC.

### Membership Fees

At this time, there shall not be any dues or fees to apply or maintain membership with the SCHCC. If in the future, federal grant funds are no longer available to the SCHCC, membership fees will be re-evaluated.

## Community Coordination and Engagement

### Whole Community Approach

The SCHCC promotes a whole community approach to health care readiness

through incorporation of agencies and subject matter experts that represent health care support from disciplines that expand our knowledge beyond hospital, emergency medical services, and public health. We work with partners across the region to understand gaps in preparedness and response and adjust workgroup, planning initiatives and exercises as needed. Information on workgroups, exercises, and after actions reports are provided to all SCHCC members, non-members, and partners.

### Communities most impacted by disaster

The SCHCC partners with DHSEM Access and Functional Needs Coordinators to ensure that preparedness, planning, response, and exercises incorporate considerations for communication, maintaining health, independence, support and safety, and transportation. The Community Inclusion in Colorado maps are utilized to identify community demographics, functional characteristics, and resources within collaborates with community partners and additional health care readiness partners in the south central region and across the state of Colorado, which include:

- Healthcare Coalitions across all eight (8) other regions in Colorado
- Emergency Medical Services for Children (EMS-C)
- Mountain Plains Regional Disaster Health Response System (MPRDHRS)
- Regional Emerging Special Pathogen Treatment Centers (RESPTCs)
- Plains to Peaks and Central Mountain RETACs
- Department of Homeland Security Emergency Management
- CDPHE Office of Emergency Preparedness and Response Public Health Emergency Preparedness (PHEP) recipients
- Colorado Hospital Association (CHA)
- Colorado Community Health Network (CCHN)
- National Disaster Medical System (NDMS)

## Voting

### Privilege to Vote

Although discussion on business matters is open to all participating agencies, only those eligible in accordance with the next sub-paragraph have voting rights. Voting is conducted for, but not limited to, the following:

- Making or voting on motions and related priorities
- Approving motions impacting the coalition and its governance such as amending this document
- Electing coalition officers
- Allotting coalition funds

- Ratifying the coalition strategic plan
- Approving meeting agendas and minutes

Only one representative from each voting member agency may vote at each meeting.

The Executive Council reviews voting membership annually after the July meeting and subsequently notifies agencies of their voting status for the ensuing year. Voting member agencies determine and adjust their primary and alternate voting member representatives as needed.

## Voting Eligibility

Voting eligibility of the SCHCC is based upon participation and includes the following:

- Voting member agencies are determined based on their sustained participation in SCHCC quarterly meetings and on coalition work groups.
- SCHCC members are not necessarily voting members. For an agency to remain a coalition voting member, it must have representation at a minimum of three (3) SCHCC quarterly meetings within a 12 month period. Agency participation may also be required on relevant coalition committees and work groups.
- The Executive Council has discretion on the final record of voting membership based on extenuating circumstances.
- The HCC will keep a record as to who has voting rights and will report out on core member status annually.

## Quorum

A quorum is established by a simple majority of voting membership. A quorum must be present in order to conduct official business and must be established at the beginning of a meeting. A voting member may attend a meeting in person or by telephone or electronic means with the eligibility caveat that at least two meetings annually must be in person. Voting shall take place at meetings only when a quorum is present.

## Voting Mechanisms

Votes shall be conducted by a show of hands (in-person or via video conference), through verbal communication on audio conference, or through online voting mechanisms such as third-party website or email. All votes, regardless of mechanisms, will be tallied and documented **in** the meeting minutes, clearly showing the results of the vote.

## Majority Rule

All issues shall be determined by majority, unless the subject requires an amendment by these bylaws.

### Signatory for documents and plans

All documents will be reviewed by the Executive Council for review and approval prior to distribution to voting members for final approval and adoption. Chair, Co-Chair and Clinical Advisor representatives have signatory authority for final approval of all documents and plans once approved by the steering committee.

## Meetings

### Robert's Rules of Order

The SCHCC meetings shall be conducted in conformance of Roberts Rules of Order.

### Scheduling

The SCHCC meetings will be announced to the membership at least 2 weeks prior to the scheduled meeting. Announcements will be provided via email.

The Executive Council shall meet at least quarterly between regular SCHCC meetings.

The scheduled time for each meeting shall be limited to two (2) hours and 30 minutes. Any meeting may be extended beyond regular time by a majority vote of those present.

### Attendance

All members holding an elected or appointed position in this SCHCC are required to attend (except when officially excused) three (3) out of four (4) SCHCC meetings during a 12-month period.

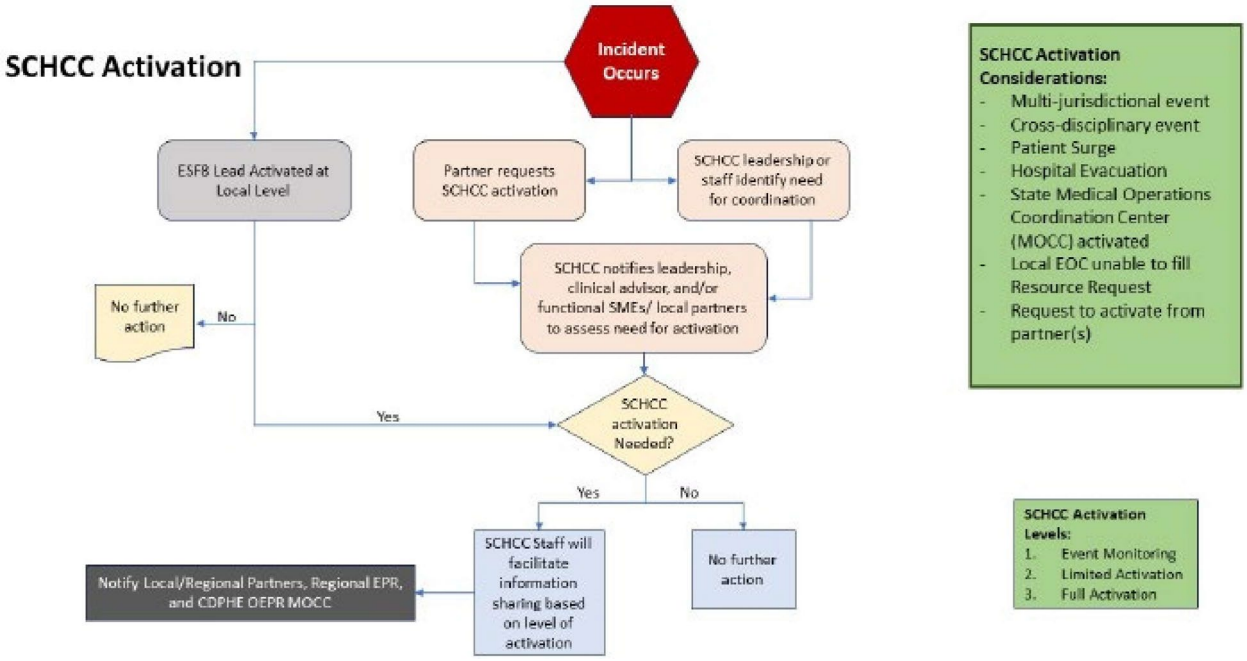
### Conducting Business

- *A* quorum is necessary to conduct official SCHCC business at a meeting.
- Two-thirds (2/3) of the Executive Board members designated shall establish a quorum for the SCHCC to conduct business during Executive Council meetings.
- Not less than two-thirds (2/3) of the membership shall constitute a quorum to transact business at regular or special SCHCC meetings.
- Actions in the meeting should be determined by a simple majority vote.
- If a quorum is not present at the meeting, business will take place under the condition that any motions that are put forth to a vote will be presented to absent active SCHCC members via email to receive a quorum vote. *A* reasonable amount of

time will be allowed for receipt of absentee votes, not to exceed five (5) business days from the date of the meeting. If a quorum is not obtained, the motion fails.

## Operational Roles/ Response Operations

All events/incidents begin and conclude at the local level. The local jurisdiction delineates the roles and responsibilities of the SCHCC and it's members, including: how the SCHCC shares information to external partners within the region's response plan, coordinate activities and resources during an emergency, and plan for recovery; provide a checklist of each HCC members' proposed activities, methods for members to report to the HCC, and processes to promote accountability; and additional HCC roles and responsibilities as determined by state and/or local plans and agreements. This section also describes the collaboration between the SCHCC and the ESF #8 Lead(s).




## Role of the SCHCC in Events/ Incidents

Through collaboration with local partners and the ESF#8 lead(s), the SCHCC will address the following activities when responding to an event:

- Promote common operating picture through shared information
- Assist with resource management between partner entities, particularly within the healthcare sector for healthcare resources.
- Support Patient Tracking

- Support Evacuation and Patient Loading activities
- Support Shelter-in-Place activities
- Assist linkage with the local EOC/ECC and ESF#8 lead(s) and serve as the intermediary for healthcare and information sharing
- Liaise between local/regional staff and CDPHE-OEPR Medical Operations Coordination Center to provide situational awareness and report information, resource needs, and other challenges identified.
- Identify time-sensitive performance metrics for HCC Response (e.g., notification of incident to HCC members; time to bed availability reporting; time to setting up field triage; time to appropriately distribute casualties; time to state transportation resources to transport casualties; time to update patient tracking info at all intervals; and time to staff a family assistance center)
- Participate and contribute in after-action reporting and improvement planning
- Participate in regional healthcare critical infrastructure pre- and post-disaster mitigation planning and implementation.

## Member Roles and Responsibilities

| Organization Type | Responsibilities |
|---|---|
| Hospital | Hospitals are responsible for providing definitive care to individuals resulting from a disaster or other medical emergency. HCC member hospitals are expected to coordinate response and support. |
| Emergency Medical Services (EMS) | Emergency Medical Services (EMS) are responsible for providing on scene stabilization and medical treatment to patients involved in a disaster and transporting them to a definitive care facility in a timely and safe manner. Critical to these efforts is constant and clear communications and coordination between EMS and the HCC. Constant communications with the HCC is defined by each county. |
| Emergency Management | Emergency Management is responsible for coordinating the mitigation, preparedness, response and recovery from emergencies and disasters. Integration of HCC and emergency management activities include the mechanism for resource requests. Constant communication with the HCC are defined by each county. |
| Public Health | Public Health is responsible for preparing for and responding to public health emergencies that affect the community's health, serving as the lead agency during disease outbreaks. It operates within 15 public health capabilities and follows the readiness and response framework established by the CDC. Additionally, Public Health typically takes the lead for Emergency Support Function 8 (ESF-8), adhering to local activation procedures to ensure an effective and coordinated response among health and medical partners. |

## Financial Management

The SCHCC has a responsibility to develop a system for managing its financial structure and to determine the feasibility of becoming the fiduciary agent for the regional HPP Grant.

## Fiscal Year

The fiscal year of the SCHCC will align with the ASPR HPP fiscal year.

## Fiduciary Agent

The Fiscal Agent is the responsible party to the State (CDPHE-OEPR) to ensure grant deliverables are completed in accordance with the contract statement of work. This work is not the sole responsibility of the Fiscal Agent to complete and must be a culmination of efforts by the SCHCC membership.

The SCHCC has the responsibility to select the Fiscal Agent to ensure the coalition receives the best possible value for the taxpayer dollar. The Fiscal Agent does not have the authority to authorize expenditures without SCHCC Executive Council approval; nor does the Fiscal Agent have the authority to change or dissolve the SCHCC Executive Council, appoint or replace elected SCHCC Executive Council leadership, or approve or disapprove SCHCC membership to any organization.

In the event of an egregious incident such as a conflict of interest, gross maleficence, etc., then it is the responsibility of the Fiscal Agent to notify the SCHCC Executive Council and CDPHE-OEPR.

A written agreement with fiscal agent, shall be attached to this document, and shall outline the duties of the fiscal agent. Duties will include, however are not limited to the following:

- Oversee the management and reporting of all HCC finances
- Be responsible for the coordination of the budgeted HCC activities and accurate accounting and procurement of all HCC projects and purchases
- Serve as support to the HCC and reporting in tandem to the Office of Emergency Preparedness and Response (OEPR) and the Colorado Department of Public Health and Environment
- Act as the reimbursement agency for the completion of activities as set forth by the HCC as they pertain to the Statement of Work (SOW)

## Review and Amendment of Bylaws

### Review

This document is reviewed annually and may be amended at any scheduled or special meeting of the voting membership.

### Proposal

Amendments to these bylaws may be proposed by any member of the SCHCC and submitted to the Executive Council in writing at least two weeks' notice, for the ensuing vote to be considered binding.

### Dissemination

Amendments will be prepared and disseminated to the membership for review at least two (2) weeks' notice prior to a vote.

### Adoption

Adoption of amendments shall be by a two-thirds (2/3) majority affirmative vote of all members in good standing present at the meeting or through electronic voting.

# SECTION II: SCHCC STRATEGIC PLAN

In March 2020, the SCHCC began to work on its next 5-year Strategic Plan. Unfortunately, the COVID-19 pandemic put a halt to the process until November 2020. At that time, the SCHCC contracted with Arrow Performance Group (APG) to facilitate a collaborative strategic planning process with the SCHCC Executive Council and other relevant stakeholders. Besides the delayed start, the methodology also changed due to the necessity to follow protocols to reduce the spread of disease, requiring virtual rather than in-person meetings. Please see the Appendices for a detailed view of the process (Appendix I) and a summary of the tools and findings used to collect member input (Appendix II).

The purpose of the 5-Year Strategic Plan is to promote, develop, and enhance the region's cross-jurisdictional coordination of the health and medical component of incident preparedness, response, and recovery. This plan will guide the overall efforts to improve and sustain the regional healthcare coalition with supporting action plans.

The following three strategic objectives were identified:

- Increase the coalition's ability to be financially healthy and sustainable
- Advance membership enrollment and increase engagement
- Increase the value of the coalition's work on the Healthcare Preparedness and Response Capabilities defined by ASPR:
    - Capability 1: Foundation for Healthcare and Medical Readiness
    - Capability 2: Healthcare and Medical Response Coordination
    - Capability 3: Continuity of Healthcare Service Delivery
    - Capability 4: Medical Surge

Throughout the planning process of gathering input from members, common themes were identified that resulted in multiple strategies. These strategies were refined and then prioritized into action steps in the detailed strategic action plan. The following link is to the SCHCC 5 year Strategic Plan Document:

## Hospital Preparedness Program Healthcare SCHCC Development Assessment Factors Matrix

| Assessment Factor | Objective | Region VIII Compliance |
|---|---|---|
| #1 The HCC has established a formal self-governance structure, including leadership roles | Preparedness | Yes |
| #2 The HCC has multidisciplinary healthcare organization membership | Preparedness | Yes |
| # 3 The HCC has established geographical boundaries | Preparedness | Yes |
| #4 The HCC has a formalized process for resource and information management with its membership | Preparedness | In-progress |
| #5 The HCC is integrated into the healthcare delivery system processes for their jurisdiction | Preparedness | In-progress |

| | | |
|---|---|---|
| #6 The HCC has established roles and responsibilities, this will include the role and responsibilities of all core members and the Clinical Advisor and the HCC Readiness and Response Coordinator | Preparedness | Yes |
| #7 The HCC has conducted an assessment of each of its member's healthcare delivery capacities and capabilities | Preparedness | In-progress |
| #8 The HCC has engaged its member's healthcare delivery system executives | Preparedness | Yes |
| #9 The HCC has engaged its member's healthcare system clinical leaders. | Preparedness | Yes |
| #10 The HCC has an organizational structure to develop operational plans | Preparedness | Yes |
| #11 The HCC has an incident management structure to coordinate actions to achieve incident objectives during response | Response | Yes |
| #12 The HCC demonstrates an ability to enhance situational awareness for its members during an event | Response | Yes |
| #13 The HCC demonstrates an ability to identify the needs of at-risk individuals during response | Response | Yes |
| #14 The HCC demonstrates an ability to resource support and coordination among its member organizations during response | Response | Yes |
| #15 The HCC members demonstrate an evacuation capability with functional patient tracking mechanisms | Response | Yes |

| | | |
|---|---|---|
| #16 The HCC utilizes an operational framework and set of indicators to transition from crisis standards of care, to contingency, and ultimately back to conventional standards of care | Recovery | Yes |
| #17 The HCC incorporates post-incident health services recovery into planning and response | Recovery | In-progress |
| #18 The HCC ensures quality improvement through exercises/events and corrective action plans | Mitigation | Yes |
| #19 The HCC has established a method for incorporating feedback from its members to support group cohesion and improve processes | Mitigation | Yes |
| #20 Within the last year, what is your HCC's most important accomplishment? | N/A | Development of the Regional Medical Operations Center (RMOC) which has supported the region in its capacity for preparedness and response (e.g., ESFB Collaborative; Home Health and Hospice EPN, Patient Tracking Task Force, etc.) |

## Performance Matrix

The SCHCC maintains and regularly updates a Corrective Action/Performance Matrix. The document that contains this information can be found through this link:

https://docs.google.com/spreadsheets/d/1XO3gJiwHRtZb6jI-vM4OSTp4ylCERqG/edit?usp=sharing&ouid=118145228849789380485&rtpof=true&sd=true

# SECTION Ill: MARKETING THE SCHCC

## What is the purpose of Healthcare Coalitions?

Healthcare Coalitions manage major surges in healthcare needs brought about by either an event that results in large numbers of people seeking healthcare services or an event that drastically reduces the availability of healthcare services.

Healthcare Coalitions create the capacity to meet community crisis and collectively share the burden of need through purposeful partnership across healthcare and emergency management sectors. This partnership focuses on planning, assessments and problem solving to enable the healthcare delivery system to save lives during emergencies and disaster events.

## How do Healthcare Coalitions Work?

Healthcare Coalitions "Operationalize" through both preparedness and response activities.

- Through Preparedness Activities, Healthcare Coalitions:
    - Identify collective threats, risks and vulnerabilities;
    - Assess resources and capabilities
    - Address key gaps in resources and capabilities
    - Plan for shared response, and
    - Identify pathways of communication
- Through Response Activities, Healthcare Coalitions may:
    - Share previously identified Elements of Essential Information and Critical Information Requirements to develop Situational Awareness and a Common Operating Picture.
    - Support Local and State Emergency Support Function 8 -Health and Medical coordination.
    - Support the Resource Request Process by sharing identified critical infrastructure, critical personnel and supplies during times of community or member organization crisis.
    - Participate in response missions to assure the delivery of critical healthcare services to people in need.

It is through collaborative cooperation that we collectively are more resilient in the face of overwhelming events.

## Colorado South Central Healthcare Coalition Background

The SCHCC is comprised of a network of key partners from across the South Central Region. Our members include hospitals, public health departments, emergency medical services, behavioral health organizations and other healthcare partners working with emergency management. Collaboratively, they conduct preparedness planning to respond to significant incidents impacting health and medical resources. When conducting response activities, partner agencies furnish emergency support function (ESF) #8 capabilities.

The SCHCC is governed by a cross-disciplinary elected group of representatives that serve on the executive council. The Executive Council was established to provide guidance and strategic direction to the SCHCC. It functions as an advisory board, working collaboratively, to ensure that operational capabilities, scope of work requirements (as directed by the Colorado Department of Public Health and Environment and the Administration for Strategic Preparedness and Response), and coordination of activities align with the goals and objectives of the coalition. Further, they ensure that the coalition is represented at state-level healthcare coalition council meetings and national healthcare preparedness conferences.

## Member Agencies

Membership consists of agencies in the five-county area that support the coalition purpose. Membership is voluntary and there are no time limits on terms of service. Members are contacted regularly for meeting requests and with information on upcoming opportunities. Member agencies, regardless of voting member status, are encouraged to attend coalition meetings and serve as advisors.

Benefits of participating in a healthcare coalition

- Assistance with meeting new CMS emergency preparedness requirements
- Opportunity to leverage common planning, training, and exercise efforts
- Networking opportunities with other coalition agencies
- Stronger relationships and better integration among plans
- Awareness and availability of regional medical caches and facility resources
- Improved situational awareness of regional risks and significant regional events
- Increased eligibility for grants

# SECTION IV: SUSTAINABILITY OF THE SCHCC

## Background:

The concept and funding of the Hospital Preparedness Program (HPP) and local Health Care Coalitions (HCC) was formed after the 2001 disasters of September 11 and the following anthrax scare. Bio-terrorism funding was a targeted response to the "after action" evidence for more preparedness. While the concept of a prepared response network is logically supported, securing funds for something that may or may not happen is a fundraising challenge. Fortunately, the federal funding has continued through the Assistant Secretary of Preparedness and Response (ASPR), but sometimes with reductions and often with concerns over losing funding in the federal budgeting process. As this program funding ebbs and flows, so do the emergency response needs.

Unfortunately, these two are not always in alignment, requiring HCC's to consider alternative fiscal solutions. This includes the ability to build a small "stockpile" of funds to immediately respond with mission essential functions as well as provide protection if core funding is threatened. Beyond finances, and as summarized by ASPR, "Sustainability planning is a critical component in HCC development. Strong governance, regional stakeholder engagement, and sound financial planning help to strengthen the HCC foundation and ensure future viability."

## Purpose:

The South Central Health Care Coalition (SCHCC) pinpointed improving sustainability as a primary objective in their 2021-2024 Strategic Plan. Increasing the SCHCC's ability to be financially healthy and sustainable was identified prior to this process, driven by the SCHHC as well as the ASPR federal funding announcement to the Colorado Department of Public Health and Environment (CDPHE) Hospital Preparedness Program (HPP). The strategies selected and prioritized to meet this objective are:

- Ensure adequate staffing
- Explore fiscal management options
- Maintain contract compliance
- Diversify Funding Sources

## Adequate Staffing

ASPR's HPP requirement to use funding for a Readiness and Response Coordinator has likely increased sustainability for all HCC's. Throughout SCHHC's strategic planning process, input from members reiterated their appreciation and support for a full-time coordinator. A number of members, and particularly the Executive Council, also thought the full-time coordinator could use additional help to complete the deliverables and expectations of the state contract, particularly in the midst of real-world events. A RRC assistant was hired in order to provide assistance with administrative and financial reporting, volunteer management, rural support to act as a liaison to work with county members outside of the Colorado Springs area, as well as support training and exercise.

The SCHCC also expanded its support by contracting with two Clinical Advisors from major hospital systems in the region. This increased Clinical Advisor involvement strengthened collaboration with hospital leadership and improved planning that more accurately represents the region's trauma hospitals, including considerations for transportation, patient placement, and patient tracking.

## Fiscal Management

The SCHCC depends on stable, but flexible fiscal support. However, the SCHCC's work is impacted by unpredicted, uncontrollable events that can have immediate funding challenges. Currently, the SCHCC is solely funded through Federal Grant funds and does not hold funds in reserve.

The formation of an independent, nonprofit tax-exempt entity known as a 501c3 should be explored. The cost of forming a separate 501c3 at this time may be challenging and carries risk along with infrastructure development, however, partnership with an existing 501c3 would allow for the ability to grow stable funding outside of Federal Grant funds.

A possibility might be two different fiscal accounts, one for the federal/state contract and one for other funding that can be carried over, year to year, and built up for emergency situations or to sustain the SCHCC if federal funding is decreased or dissolved completely. Since all nine HCC's in Colorado likely have this challenge, the SCHCC supports statewide planning for building funding reserves outside of the Hospital Preparedness Program.

## Contract Compliance

The ASPR Cooperative Agreement that defines the state level Hospital Preparedness Program and local level Health Care Coalitions will likely remain the primary contract and source of funding for all health care coalitions. Therefore, maintaining compliance with the Colorado Department of Public Health and Environment is a critical component in sustainability.

Action Items:

- Understand and execute tasks/requirements of the HPP funding announcement: HCC statement of work, annual budget, quarterly report, and financial reporting
- Provide support for full-time coordinator functions
- Maintain communication with fiscal agent and HPP contract manager
- Facilitate Executive Council Governance

## Diversify Funding Sources

The ability for HCC's to secure diversified funding is dependent on many factors. The number and regularity of emergency situations that actively engage hospitals and healthcare entities varies across the United States. State and local governmental funding also varies, and while the state must match 10% of the federal funding, states can add state funds to their Hospital Preparedness Program. Local governments with high tourism and resort populations may also see the need to support a high functioning response network. With the very real experience of COVID-19, many organizations might better understand the concept of the SCHCC as well as the need for flexible funding and reserves. Exploring possible fee mechanisms is suggested by ASPR. Seeking additional funding streams is tied closely to the other strategic objectives in SCHCC's Strategic Plan, namely increasing membership engagement and value of the SCHCC to members and local communities.

Action items:

- Research on other HCC models and evaluate funding alternatives for this area
- Explore membership fees or other financial investments of partners
- Understand what members might be willing to pay for on a fee-for-service basis

- Offer value-added services to members
- Coordination and executing on more targeted exercise planning for added value
- Identify state/local foundations and associations that align with the SCHCC's mission

SCHCC has reviewed the recommended strategies in the ASPR Cooperative Agreement. Sustainability is much greater than financial considerations. Many of the outlined sustainability activities are part of the other strategic objectives: increasing membership engagement and increasing the value of SCHCC.

| ASPR Cooperative Agreement 2019-2024 | SCHCC Strategic Objectives and Actions |
|---|---|
| Offer HCC members TA or consultative services **in** meeting the CMS Emergency Preparedness Rule | Objective 3- Increasing the value of the SCHCC's activities to meet the four Foundational Capabilities |
| Develop materials that identify and articulate the benefits of HCC activities and promote preparedness efforts | Objective 2-Increasing Member Engagement |
| Explore ways to meet member's requirements for tax exemption through community benefit | Objective 1-Improve SCHCC Sustainability |
| Analyze critical functions to preserve and identify financial opportunities to support or expand HCC functions in case of decreased federal funding | Objective 1-Improve SCHCC Sustainability |
| Develop a financing structure and document the funding sources that support HCC activities | Objective 1-Improve SCHCC Sustainability |
| Determine ways to cost share with other organizations with similar requirements | Objectives 1, 2 and 3 |
| Incorporate leadership succession planning into the HCC governance and structure | Objective 2-Increasing Member Engagement |
| Leverage group buying power to promote consistent equipment across a region to facilitate sharing or emergency allocation | Objective 3- Increasing the value of the SCHCC's activities to meet the four Foundational Capabilities |

# Voting Membership List

| Agency | Primary | Secondary |
|---|---|---|
| MRCEPC | Frankie Gales | Barb Bridgmon |
| AMR | Andrea Yousef | |
| Bear Creek Senior Living | Michelle Graves | |
| Chaffee County Public Health | Andrea Carlstrom | Carina Stavish |
| Children's Hospital | | Ashely Mazo |
| Colorado Palliative & Hospice Care | Phoebe Rudolph | |
| Colorado Springs Fire Department | Craig Milroy | |
| Colorado Springs Orthopaedic Group | Kevin Hagler | |
| Colorado Springs Utilities | Karen Ochsner | |
| CommonSpirit | | Heidi Baird |
| Diversus Health | Brian Toon | Elijah Brown |
| Eastern Plains Medical Clinic of Calhan | Kelli Zearing | |
| El Paso County Public Health | Janel McNair | Jocelyn Rosado |
| Evans Army Community Hospital | Rodney Herring | |
| FT Carson Fire/EMS | Tim Baker | |
| FT Carson Public Health | Marion Richmond-Haygood | |
| HRRMC | Ryan Schiemo | |
| Joint Initiatives for Youth and Families | Ashley Pomales | |
| Nursing & Therapy Services of Colorado | Rich Titmas | |
| Nuture HHC | Jennifer Spriggs | |
| Palisades at Broadmoor Park | Fran Capritta | |
| Park County Public Health | Glenn Grothe | |
| Peak Vista HC | | |
| Peterson/Schriever SFBs & Cheyenne Mtn SFS | Ian Wiechert | |
| Pinnacle Surgery Center | Simone James | |
| PPROEM | Bart Evans | Tobi Blanchard |
| Premier Surgery Center | Dave Farias | |
| Rocky Mountain Health Care Services | Nikole Bacon | |
| SCA Health | Stacy Hayes | |
| Solvista Health | Dee Nuding | |

| | | |
|---|---|---|
| St Vincent Ambulance/ GHD | Jeremiah Grantham | |
| Summit Community Care Cline | Heather Gallagher | |
| Sundance | Pricilla Chaparro | Rick Aandrade |
| Teller County Public Health | Michelle Wolff | Mary Higgins |
| The Center at Cordera | John Burns | |
| UCCS | Kris Parsons | |
| UCCS Wellness Center | Billie Baptiste | |
| UCHealth | | Trevor Russell |