

2022-  
2023

# Montana Western Regional Healthcare Coalition Bylaws

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## BYLAWS

### ARTICLE I: DEFINITION, TITLE & GEOGRAPHICAL AREA

#### Section 1: Definition

- A. A Healthcare Coalition (HCC) is defined as a group of individual healthcare organizations that operate within a Multi-Agency Coordination (MAC) System and specified geographic area(s). The HCC agrees to work together to enhance their response to emergencies or disasters. The HCC is composed of relatively independent organizations that voluntarily coordinate their preparedness, response, and recovery planning
- B. The HCC does not conduct, command or control of emergency operations.

#### Section 2: Title

- A. The name of this organization shall be the Montana Western Regional Healthcare Coalition (WRHCC).

#### Section 3: Mission

- A. The mission of the WRHCC is to provide a collaborative structure for regional healthcare organizations, providers, and their partners to facilitate all-hazards disaster and emergency preparedness, response, and recovery through coordinated planning, training, and exercise opportunities.

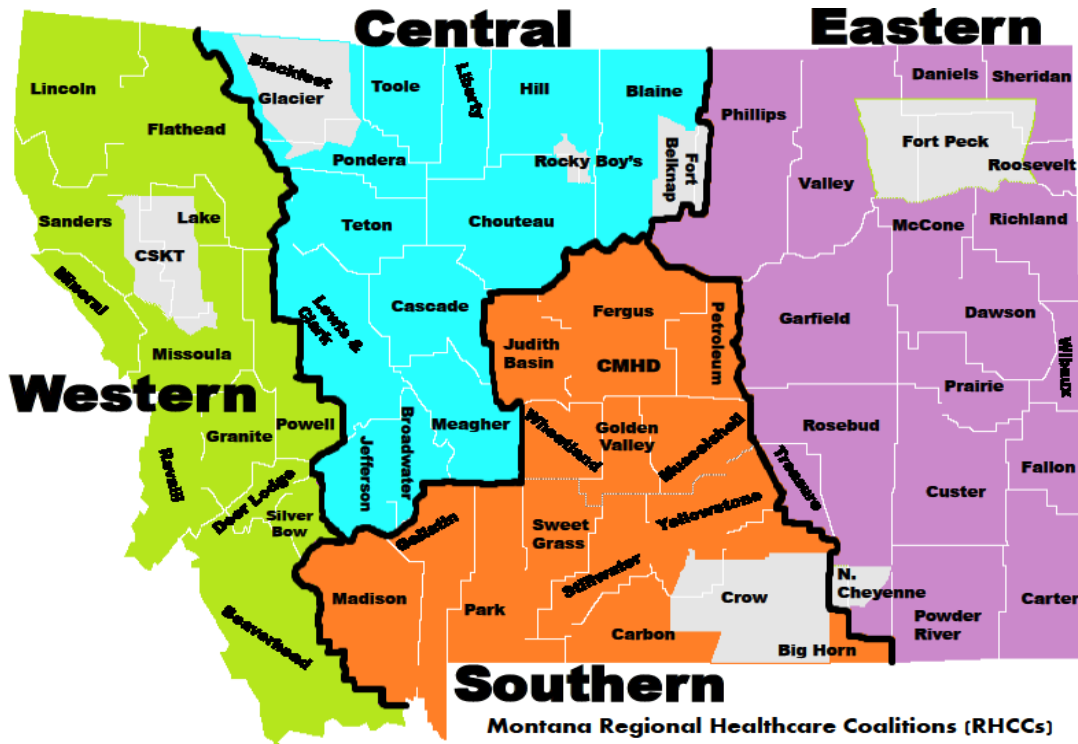
#### Section 4: Vision

- A. The vision of the WRHCC is to guide, refine, and coordinate activities of its healthcare members in an effort to aide preparation and management for any emergency, ensuring a safer region and state for all of its residents and visitors.

#### Section 5: Boundaries

- A. Executive Committee members define the boundaries, with approval by the ESF 8 State Lead Advisory Council.

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- B. The WRHCC's geographical area includes the following counties: Lincoln, Flathead, Sanders, Lake, Mineral, Missoula, Ravalli, Granite, Powell, Deer Lodge, Silver Bow, Beaverhead, and the Confederated Salish and Kootenai Tribes of the Flathead Nation.

## Section 6: Roles within Boundaries

- A. The role of the WRHCC is to communicate and coordinate and not replace or interfere with official command and control structure authorized by state and local emergency management. This includes planning, organizing and equipping, training, exercises and evaluation. This includes coordinated plans to guide decisions regarding healthcare support.
- B. The WRHCC will:
1. Facilitate more effective, efficient and timely situational awareness and coordination of resources, resulting in an overall improved healthcare emergency response.
  2. Provide a forum for the healthcare community to interact with one another and with other response agencies at a county, region, and state level to promote emergency preparedness.

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3. Foster communications between local, regional, and state entities on community-wide emergency planning and response.
4. Facilitate collaborative planning to ensure a strong and resilient healthcare system for response and recovery to an incident-driven medical surge.
5. Coordinate disaster related surge training for healthcare responders.
6. Improve healthcare response capabilities through coordinated exercise and evaluation.
7. Issue grants and offer training and exercise opportunities to WRHCC members.
8. Collaborate with and support other coalitions within the state.

## **Section 8: ESF-8 Coordination**

1 Local Emergency Management will coordinate Emergency Support Function #8 (ESF-8 Public Health and Medical Services) related activities between responding agencies and the State Emergency Coordination Center.

2 All disasters are managed at the most local level as possible, supporting the whole community all-hazards approach to preparedness and response.

## **ARTICLE II: EXECUTIVE COMMITTEE**

### **Section 1: Representation and Membership**

A. The Executive Committee must include representatives from hospitals, emergency medical services, public health departments, and emergency management. The Executive Committee can also include representatives from long term care, home care, hospice, psychiatric residential treatment, surgery centers, urgent care, primary care, rehabilitation, community health, transplant centers, rural health clinics, federally qualified health centers, organ procurement, end stage renal disease facilities, ESF 8 partners and other healthcare agencies.

1. The Executive Committee will contain a maximum of 7 members and attempt to keep the maximum number at all times.
  - Voting membership will include:
  - One EMS Representative
  - One Emergency Management Representative
  - One Hospital Representative
  - One Critical Access Hospital Representative

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- One Tribal representative
  - One Long Term Care representative
  - Two ESF8 Partners At-Large
2. The Executive Committee will function as the governing body of the WRHCC. This includes approving or rejecting grant applications and determining annual budgets.
  3. The Executive Committee must maintain a Preparedness and Response Plan, and all required annexes. The Executive Committee is charged with having a Recovery Plan and a Continuity of Operations Plan (COOP) based on the Hazard Vulnerability Assessments (HVA), Coalition Assessment Tool (CAT), informed by participating facility plans and other Assistant Secretary for Preparedness and Response (ASPR) Funding Opportunity Announcement (FOA) HPP deliverables for their respective region.
  4. The Executive Committee, in collaboration with the Coalition Coordinator will complete the Coalition Assessment Tool, develop a Coalition work plan, and determine training and exercises to meet grant deliverables, fill Assessment Tool gaps, mitigate HVA weaknesses, and increase preparedness.
  5. The Executive Committee is responsible for approving the distribution of the materiel held in the WRHCC PPE cache.
  6. The Executive Committee will sign all appropriate documents required to maintain grant deliverables.
  7. Be an advocate for your ESF8 member type, not yourself or your organization.
  8. Ensure all RHCC activities will benefit the entire region and all ESF8 stakeholders.
  9. Politically-motivated lobbying or discrimination is not permitted.

## Section 2: Officers and Terms

- A. The Executive Committee shall appoint the following positions from current active Committee members by majority vote:
  1. Chairperson
    - a. The Chairperson shall provide the direction and leadership of the Regional Coalition. He or she presides at meetings and in collaboration with the Coalition Coordinator prepares the agenda, signs any instrument which the WRHCC is authorized to sign or execute, and in general

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performs the duties incidental to the office and other such duties as prescribed by the WRHCC.

## 2. Co-Chair

- b. The Co-Chair will assist the Chairperson in providing the direction and leadership of the WRHCC. The Co-Chair will serve in the absence of the Chairperson and assume the position of the Chairperson if unable to complete the term of office.

## 3. Secretary

- c. Secretary duties will be performed by HPP staff. HPP will provide meeting minutes; coordinate with WRHCC Coordinator to provide those to the Executive Committee. The WRHCC Coordinator will maintain WRHCC Executive Committee roster.

## 4. Treasurer

- d. The Treasurer, in conjunction with MHA staff, shall complete quarterly financial reports before meetings and ensure reimbursement forms and other expenditure expense completed for submission to HPP. Additionally, MHA shall audit all financial transactions and ensure they reconcile with the Fiduciary monthly reports provided by MHA.

### **Section 3: Election of Officers**

- A. Any Executive Committee member in good standing is eligible for nomination to be an officer. To be in good standing, a member must have attended 75 percent of all meetings the previous 12 months.
- B. If an appointment is contested, a blind vote will be conducted by the WRHCC membership for the final officer election, either in person or virtually, at the Regional Meetings
- C. Newly elected officers shall be announced by May 31 to allow a proper transition period of fiscal and other pragmatic responsibilities.

### **Section 4: Length of Service**

- A. The Chairperson will serve a two (2) year term with the Co-Chair following their initial two year term with a two year term as Committee Chair.
- B. The Co-Chair will serve a term as Co-Chair for a two year term (2) years and then move into the Chairperson position for an additional two (2) year term for a total of four(4) years.

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- C. The Secretary will serve a term of one (1) year and can remain in that position if voted upon by the WRHCC Executive Committee. The Executive Committee Secretary will be the primary point of contact with the HPP staff regarding their role and responsibilities in the position.
- D. The Treasurer will serve a term of one (1) year and can remain in that position if voted upon by the WHRCC. The Executive Committee Treasurer will be the primary point of contact with the HPP staff regarding their role and responsibilities in the position.
- E. Terms shall commence on July 1<sup>st</sup> and will end on June 30<sup>th</sup>.
- F. During or after a disaster or any other event, in the long-term absence or inability of the SRHCC Chair to perform executive functions, the delegation of authority will follow the SRHCC Continuity of Operations Plan.

## **Section 5: Removal of Regional Coalition Executive Members**

- A. WRHCC members can request the removal of an Executive Committee member. Examples of removal include non-attendance of Executive Committee meetings, misuse of funds, theft, etc. Upon a 2/3 vote of the Executive Committee, the member may be removed.

## **Section 6: Voting**

- A. Each Executive Committee member in good standing, having attended at least two (2) meetings annually, shall have one vote.
- B. The Chairperson will refrain from voting unless there is a tie.
- C. Proxy voting is allowed. All proxies must be submitted to the secretary or the Coordinator of the WRHCC Executive Committee in writing (email is allowed) prior to the meeting. On the matter of "Proxy" voting. The Western Health Care Coalition approves the use of proxy voting when a voting member cannot be physically or virtually present at a scheduled meeting. To place a proxy vote the attending member must have received a documented communication from the absentee member indicating the authorization to vote on their behalf. The documented communication should indicate the desire of the absent member on a specific published agenda item. The absent member should also indicate if their trust is transferred to the proxy to vote on behalf of their best interest should the published agenda item be significantly changed by group discussion. At the roll

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call of any regular scheduled WRHCC meeting those in attendance should state if they are in fact acting as proxy for any other member who is not in attendance.

- D. A simple majority (half plus one) of the Executive Committee is considered a quorum and must be present to conduct business.
- E. Approval shall be determined by a simple majority.
- F. Virtual Voting is allowed. The Coalition Representative (Chair, Co-Chair, HPP Staff) shall put the question to a vote by restating the pending question in an electronic communication and requesting the members to vote now. The word “vote” shall be in the subject line. (Example: Motion 1 – brief description-vote) The Representative shall include the time frame/deadline for the vote. Members shall state, “I vote Yes,” or “I vote No” in the first line of the response and use “Reply All”. In the event of a blind vote, the response will be sent to the WRHCC Executive Committee Chair and the WRHCC Coalition Coordinator.
- G. The State HPP office has veto authority over any vote due to federal program requirements or any other items that do not meet the intent of the program.

## **Section 6: Member Vacancies**

- A. In the event of a vacancy of an Executive Committee position, for any reason, the Executive Committee along with the HPP office will seek another representative from that organization type.

## **Section 7: Conflict of Interest**

- A. An Executive Committee member who has a direct personal interest in any matter placed before the WRHCC shall disclose his or her interest prior to any discussion of that matter. The disclosure shall become a part of the record of the WRHCC official proceedings. The conflicted member shall refrain from further participation in any action relating to the matter. The conflicted member shall also abstain from voting on funding requests on the matter.

## **Section 8: Meetings**

- A. Executive Committee meetings will be open to the public with meeting announcements being published on the state website at least forty-eight (48) hours prior the WRHCC meeting



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- B. Robert's Rules of Order (current edition) shall be used to guide the conduct of any meeting of the Regional Coalition.
- C. Executive Committee meetings are to be scheduled quarterly at a minimum.
- D. Agendas for all meetings of the Executive Committee shall be provided within five (5) business days prior to the meetings.
- E. Minutes will be recorded at each meeting HPP staff and distributed prior to the next meeting.
- F. Meetings will be held at locations convenient for Executive Committee members. Electronic (virtual) and conference call meetings are allowed, if available.
- G. A simple majority (half plus one) of the Executive Committee is considered a quorum and must be present to conduct business.
- H. Emergency meetings may be convened at the request of an Executive Committee Member or the Montana Healthcare Preparedness Program made to the Chairperson provided that written notice is given to all active members with as much notice as possible to the proposed meeting stipulating the time, place, and objective of the meeting. No business may be transacted at an emergency meeting except that which is specified in the notice. A quorum must be available for any business to be binding.

## **ARTICLE III: COALITION GENERAL MEMBERSHIP**

### **Section 1: General Membership**

- A. Membership in the WHRCC is open to all healthcare agencies and organizations within the regional geographic area that agree to work collaboratively on healthcare disaster and emergency preparedness and response activities while adhering to the MT DPHHS Hospital Preparedness Program/Public Health Emergency Preparedness (HPP/PHEP) Cooperative Agreement.

### **Section 2: Eligible Organizations for General Membership**

- A. Eligible organizations include representatives from hospitals, long-term care, home care, emergency medical services, public health departments, emergency management, hospice, psychiatric residential treatment, surgery centers, urgent

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care, primary care, rehabilitation, community health, transplant centers, rural health clinics, federally qualified health centers, organ procurement, end stage renal disease facilities, and other healthcare agencies.

## **Section 3: General Membership Roster**

A. A membership roster of current organizations shall be maintained and updated by the WRHCC and provided to the HPP.

## **Section 4: General Membership Responsibilities**

- A. Attend biannual meeting in person or virtually. Absences from the meetings may be excused with proper reason provided to the Executive Committee.
- B. Participate in collaborative regional preparedness planning on behalf of their representative sector.
- C. Participate in the development of regional surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
- D. Contribute to meeting WRHCC priorities, goals, and contractual deliverables.
- E. Recruitment of other healthcare organizations to participate in the WRHCC.
- F. React to regional emergencies and disasters in collaboration with other members as in accordance with the Montana Mutual Aid document.
- G. Participate in sub-committees and workgroups as requested by members or individuals and organized under the umbrella of the WRHCC. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.
- H. Participate in training and exercises.

## **Section 5: Meeting Rules**

- A. Meetings will be held following Roberts Rules of Order (current edition) and shall be used to guide the conduct of WRHCC meetings.

## **Section 6: Bylaws Review and Amendment**

- A. Bylaws will be reviewed annually and may be revised as needed. Bylaws, or portions of, can only be altered, amended, or repealed by the affirmative attending two thirds (2/3) majority vote of the WRHCC members.

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## ARTICLE IV: FUNDING AND GRANTS

### Section 1: Funding

- A. Primary funding for the WRHCC comes through the US Department of Health and Human Services (HHS), Assistant Secretary for Prevention and Response's Hospital Preparedness Program (ASPR-HPP).
- B. The HPP program will allocate funds to the WRHCC via the fiduciary agent, MHA, with the primary goal of developing collaborative system-wide health and medical disaster preparedness, response, and recovery planning capabilities.
- C. This budget can be changed with majority vote by the Executive Committee.
- D. RHCC funds are provided by the taxpayers, so no profit can be collected utilizing these funds.
- E. RHCC funds are to be used to benefit the ESF8 stakeholders, even if that means they are in another region. Travel to HCC sponsored events must be accommodated reimbursement if the attendee is traveling more than 1 hour away from their facility to the event.
- F. If the RHCC does not allocate all funds by May 1 of each year, the remaining balance will be fungible to the HPP office and the ESF8 State Advisory Council for spend down prior to the end of the fiscal year (June 30).

### Section 2: Grants

Grants may be offered to eligible facilities when funding allows and is approved by the Executive Committee and HPP office.

- A. To be eligible for grant funding, organizations must have a signed Letter of Commitment (LOC) ensuring executive involvement and follow the outlined WRHCC Grant Guidelines.
- B. Approved grants must only be used for the benefit of the entire WRHCC.
- C. Grants cannot be used directly by a Public Health Department or Disaster and Emergency Services (DES). They are partner agencies eligible for their own grant programs.

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- D. Any precedence of allowable or disallowable grants set by another Montana RHCC should be considered.
- E. If by 01 May, there is still grant money available with no foreseeable regional projects to spend the money, then remaining funds can become fungible. In this reference, fungibility relates to the remaining monies becoming interchangeable with other RHCCs. The region receiving the funds must have regional projects, unfunded grants, or the monies can be used for a statewide venture

## **1. Section 3: Grant Approvals**

- A. Each Executive Committee member shall receive the grant application one (1) week prior to the next Executive Committee meeting. Each Executive Committee member shall have one vote.
- B. The Chairperson will refrain from voting unless there is a tie, and then he or she will be the final and deciding vote.
- C. Approval shall be determined by an application and review process and a simple majority vote of the Executive Committee.

## **Section 4: Fiduciary Agent**

- A. The Fiduciary Agent for the WRHCC is the Montana Hospital Association (MHA).
- B. Montana DPHHS will move HPP monies to MHA by September 30 of each year.
- C. Any approved expenditures must be signed off by the Executive Committee Chairperson, and Co-chair than sent to Montana HPP for validation before proceeding to MHA.

## **ARTICLE V: STATE OF MONTANA HEALTHCARE PREPAREDNESS PROGRAM**

- A. Serve in an advisory role to the Executive Committee.
- B. Facilitate WRHCC meetings.
- C. Provide consultative and informed input into key decisions and ensure integrated planning similar to that of a multi-agency coordinating group.
- D. Serve as workgroup facilitators during WRHCC planning sessions and activities.
- E. Assemble, finalize, and submit all administrative documentation as required to appropriate agencies per Federal funding requirements (e.g., grants and plans).

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- F. Assist in the coordination of exercises, evaluations and training at the local, regional, and state level.
  
- G. Receive grant funding requests from the WRHCC members and submit all WRHCC approved expenditures for payment as defined by the fiduciary contract.

**RECORD OF CHANGE:**

- First draft: January 2017
- Second draft: June 2017
- Third draft: August 2017
- Final: September 2017
- Revised: July 2018
- Revised: November 2018
- Revised: January 2019
- Revised: August 2019
- Revised: August 2020
- Revised: August 2021
- Revised: August 2022

## **SIGNATURE PAGE**

WE, THE UNDERSIGNED MEMBERS OF THE MONTANA WESTERN REGIONAL HEALTHCARE COALITION EXECUTIVE COMMITTEE, HAVE **APPROVED** THIS DOCUMENT.

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\_\_\_\_\_  
Kelly Bilau (Chair)

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Tammy Matt

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Nick Holloway (Co-Chair)

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William Torres

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Jen Phillips

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RJ Nelsen

\_\_\_\_\_  
Sue Hansen

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Michelle Cole

**ACCEPTED AND APPROVED ON BEHALF OF THE  
STATE OF MONTANA HEALTHCARE PREPAREDNESS PROGRAM**

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Don McGiboney or Cindee McKee