2021-2022

Montana Eastern Regional Healthcare Coalition Bylaws

Montana Eastern Regional Healthcare Coalition

BYLAWS

ARTICLE I: DEFINITION, NAME & 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 emergency operations.

Section 2: Title

A. The name of this organization shall be the Montana Eastern Regional Healthcare Coalition (ERHCC).

Section 3: Mission

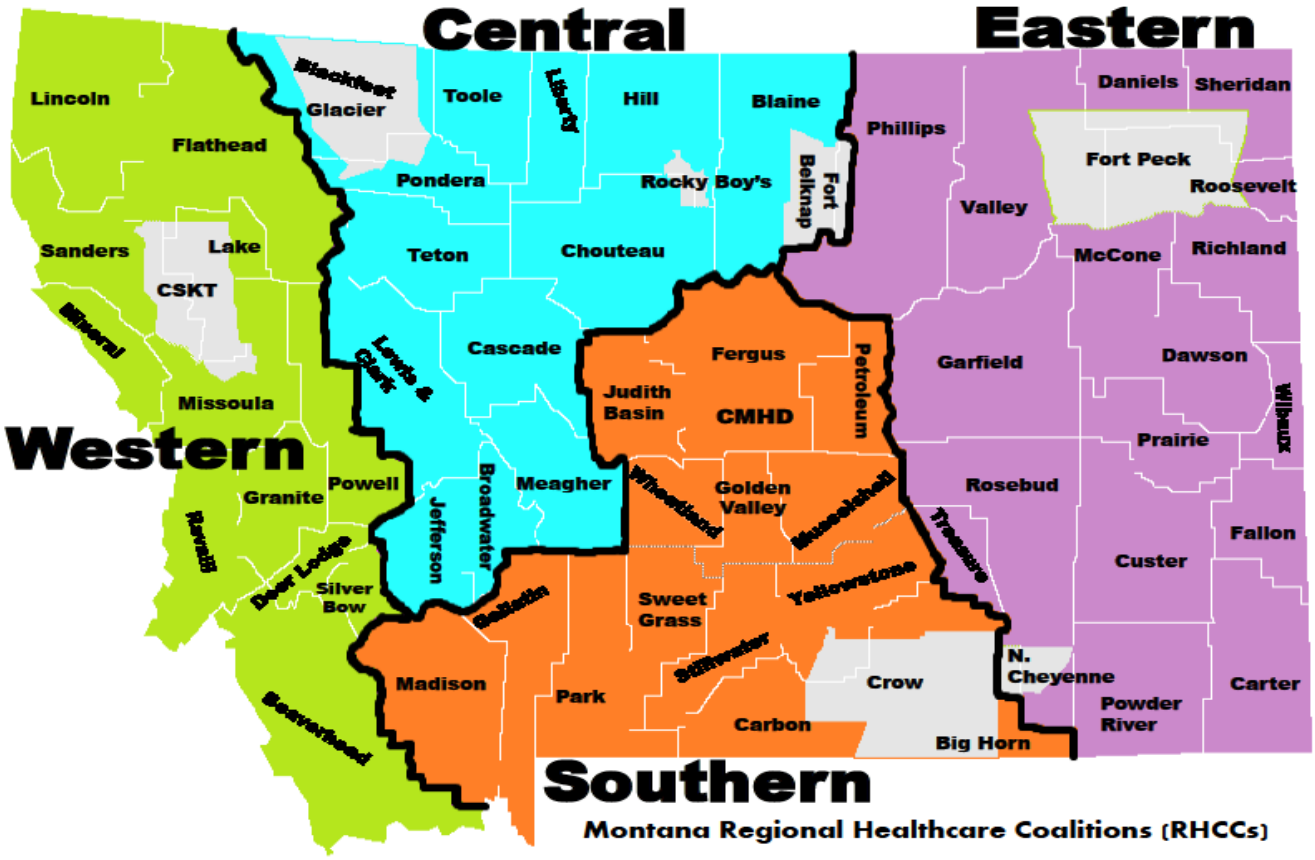
A. The mission of the ERHCC is to provide a collaborative structure for regional healthcare organizations, providers, and their partners to facilitate all-hazards disaster and emergency preparedness, response, and recovery through coordinated planning, training, and exercise opportunities.

Section 4: Vision

A. The vision of the ERHCC 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. Boundaries are defined by Executive Committee members with approval by the Advisory Council.



B. The ERHCC's geographical area includes the following counties: Phillips, Daniels, Sheridan, Valley, Roosevelt, Richland, McCone, Garfield, Dawson, Wibaux, Prairie, Rosebud, Custer, Fallon, Powder River, Carter, Treasure, along with the Tribal Areas of Fort Peck and Northern Cheyenne.

Section 6: Roles within Boundaries

A. The role of the ERHCC 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 ERHCC 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.

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 ERHCC members.

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: Definition and Roles

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 hospice, long term care, home care, psychiatric residential treatment centers, surgery centers, urgent care centers, primary care centers, rehabilitation centers, community health centers, transplant centers, rural health clinics, federally qualified health centers, organ procurement, end stage renal disease facilities, and other healthcare agencies.

1. The Executive Committee will contain a maximum of 15 members and attempt to keep the maximum number at all times.

2. The Executive Committee will function as the governing body of the ERHCC. This includes approving or rejecting grant applications and determining annual budgets.

    - Based on local and regional Hazard Vulnerability Assessments (HVA), regional Coalition Assessment Tool (CAT), local emergency plans and other Assistant Secretary of Preparedness and Response (ASPR) – Healthcare Preparedness Plan (HPP) Funding Opportunity Announcement

(FOA) deliverables, the Executive Committee is responsible for developing and maintaining: A regional Preparedness and Response Plan;
- All required regional annexes;
- A regional Response Plan;
- A regional Continuity of Operations Plan (COOP);
- A regional Workplan;
- The regional coalition budget;
- Regional training and exercises, based on the HVA and CAT; and
- Distribution plan for the regional Personal Protective Equipment (PPE) Cache.

Section 2: Officers and Duties

A. The Executive Committee shall appoint the following positions from current active committee members by majority vote:

1. Chairperson:
    - The Chairperson shall provide the direction and leadership of the Regional Coalition. He or she presides at meetings and in general performs the duties incidental to the office and other such duties as prescribed by the ERHCC.

2. Co-Chair
    - The Co-Chair will assist the Chairperson in providing the direction and leadership of the ERHCC. 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
    - Secretary duties will be performed by HPP Staff and the regional coalition coordinator. Duties include recording meeting minutes and maintaining the Executive Committee roster.

4. Treasurer
    - The Treasurer, in conjunction with Montana Hospital Association (MHA) staff, shall complete quarterly financial reports and present to the Executive Committee at committee meetings.

Section 3: Election of Officers

A. Any Executive Committee member in good standing can be nominated to be an officer. To be in good standing, a member must have attended 75 percent of Executive Committee meetings in the previous one-year period.

B. Newly elected officers shall be announced by June 30th

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Section 4: Length of Service

A. The Chairperson will serve a two (2) year term with the Co-Chair filling the Chairperson position the following third (1) year term.

B. The Co-Chair will serve a term as Co-Chair for two (2) years and then move into the Chairperson position.

C. The Secretary will serve a term of one (1) year and can remain in that position if voted upon by the Executive Committee members, or may be filled by HPP staff.

D. The Treasurer will serve a term of one (1) year and can remain in that position if voted upon by the Executive Committee membership.

E. Terms shall commence on July 1st and will end on June 30th.

Section 5: Removal of Regional Coalition Executive Members

A. ERHCC members can request the removal of an Executive Committee member with or without cause. 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: Member Vacancies

A. In the event of a vacancy of an Executive Committee position, for any reason, the Executive Committee along with the Regional Coalition Coordinator 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 ERHCC shall disclose his or her interest prior to any discussion of that matter. The disclosure shall become a part of the record of the ERHCC 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: Voting

A. Each Executive Committee member in good standing shall have one vote. If members are from the same entity, only one vote is allowed between those members.

B. The Chairperson will refrain from voting unless there is a tie.

C. A simple majority of the Executive Committee is considered a quorum and must be present to conduct business.

D. Approval shall be determined by a simple majority.

E. Virtual Voting is allowed. The chair shall put the question to a vote by restating the pending question and requesting the members to vote now. The word "vote" shall be in the subject line. (Example: Motion 1 – Vote) The chair 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".

Section 9: Meeting Rules

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

Section 10: 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 majority vote of the Executive Committee members.

Section 11: 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 ERHCC meeting.

B. Executive Committee meetings will be scheduled quarterly at a minimum.

C. Agendas for all meetings of the Executive Committee shall be provided within five (5) business days prior to the meetings.

D. Minutes will be recorded at each meeting by the Secretary and distributed prior to the next meeting.

E. Meetings will be held at locations convenient for Executive Committee members. Electronic (virtual) meetings are allowed, if available.

F. 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 MEMBERSHIP

Section 1: Membership

A. Membership to the EHRCC 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 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 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: Membership Roster

A. A membership roster of member organizations shall be maintained and updated by the Regional Coalition Coordinator and provided to the State of Montana Healthcare Preparedness Program. The roster will be an agenda item at a minimum of two (2)

ERHCC Executive Committee meetings to check for accuracy. The roster will be updated and attached to meeting minutes.

Section 4: Membership Responsibilities

A. Attend biannual meeting in person or virtually.

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 ERHCC priorities, goals, and contractual deliverables.

E. Recruitment of other healthcare organizations to participate in the ERHCC.

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 ERHCC. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.

H. Participate in training and exercises.

ARTICLE IV: FUNDING AND GRANTS

Section 1: Funding

A. Primary funding for the ERHCC 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 ERHCC 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.

Section 2: Grants

A. To be eligible for grant funding, organizations must have a signed Letter of Commitment (LOC) ensuring executive involvement (**See Attachment 1**) and follow the outlined ERHCC Grant Guidelines (**see Attachment 2**).

B. Approved grants must only be used for the benefit of the entire ERHCC.

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.

D. Any precedence of allowable or disallowable grants set by another Montana RHCC should be considered.

E. If by March 31st, 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

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 a simple majority of the Executive Committee.

Section 4: Fiduciary Agent

A. The Fiduciary Agent for the ERHCC is the Montana Hospital Association (MHA).

B. Montana DPHHS will move HPP monies to MHA by September 30 of each year.

C. Any grant applications must be signed off by the Executive Committee Chairperson, Co-Chair and then sent to Montana HPP for validation before proceeding to MHA.

D. For the coalition to be eligible for funding, the four core members must be represented on the committee: hospitals, emergency medical services, emergency management, and public health.

ARTICLE V: STATE OF MONTANA HEALTHCARE PREPAREDNESS PROGRAM

A. Serve in an advisory role to the Executive Committee.

B. Facilitate ERHCC 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 ERHCC 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).

F. Assist in the coordination of exercises, evaluations and training at the local, regional, and state level.

G. Receive grant funding requests from the ERHCC members and submit all ERHCC 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: December 2018
- Final January 2019
- Revised August 2019
- Revised August 2021

SIGNATURE PAGE

WE, THE UNDERSIGNED MEMBERS OF THE MONTANA EASTERN REGIONAL HEALTHCARE COALITION EXECUTIVE COMMITTEE, HAVE **APPROVED** THE BY-LAWS.

_____	_____
Peter Leyva - Chair	Clay Lammers – Co-Chair
_____	_____
Todd Opp - Secretary	Cindia Ellis
_____	_____
Julia Brodhead	Deborah French
_____	_____
Lois Leibrand	Heidi Visocan
_____	_____
Bridget Norby	Jeff Gates

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

_____

Don McGiboney

_____

Cindee McKee

Attachment 1

Montana Regional Healthcare Coalition
Letter of Commitment

By signing this letter of commitment and participating in the Montana Hospital Preparedness Program FY21/22 Awards this facility will:

1. Utilize award funds in accordance with federal guidelines and will maintain files of all purchases that will be available upon request during site visits from a representative of the Montana Healthcare Preparedness Program (HPP) office.
2. Participate in the Annual Coalition Surge Test (CST), if tasked.
   - ❖ Must submit documentation of executive participation in AAR/IP and Hot-Wash after an exercise.
3. Participate in Semi-Annual Redundant Communication Exercises initiated by the MT HPP Office.
4. Implement and maintain the 11 components of the National Incident Management Systems (NIMS).
5. Participate in EMResource Data Collection and bed availability exercises as initiated by the MT HPP Office.
6. Participate in Montana Healthcare Mutual Aid System (MHMAS) Exercises as initiated by the MT HPP Office.
7. Participating in sharing Essential Elements of Information (EEI) https://PHEP.formstack.com/forms/system_status_report_hics_251
8. Submit a copy of your facility's Evacuation Plan to the MT HPP Office by June 30, 2022.
9. Submit a copy of your facility's Mass Casualty/Surge Plan to the MT HPP Office by June 30, 2022.
10. Hospitals must ensure that they are prepared to receive, stabilize, and manage pediatric patients. More information can be obtained at http://dphhs.mt.gov/publichealth/emsts/emsc
11. Hospitals must collaborate with local Public Health to develop policies and procedures for implementing Facility Closed Point of Dispensing (POD) and provide copies to the MT HPP Office.
12. Attend Local Emergency Planning Committee (LEPC) meetings, Tribal Emergency Response Commission (TERC), or local Emergency Support Function (ESF)-8 meetings.
13. Incorporate Access and Functional needs populations into the facility Emergency Operations Plan (EOP) to include Family Reunification procedures utilizing emPOWER data and Social Vulnerability Index provided by the MT HPP Office every 6 months.
14. Participating in Regional Healthcare Coalition Meetings as scheduled.
15. Share upcoming exercises with the ERHCC/MT HPP Office.
16. Develop, maintain, and improve understanding of Infection Prevention Program.
17. Submit an End of Year Report by July 30, 2022.

Attachment 1 (Continued)

FY 2021/2022 Hospital Preparedness Program Letter of Commitment

We understand that participation in the Montana Hospital Preparedness Program FY2021/22 Awards requires participation in the above listed grant deliverables.

_____
CEO/Administrator Name Printed

_____ _____
(Signature) **(DATE)**

_____
Facility Emergency Planner Name Printed

_____ _____
(Signature) **(DATE)**

Attachment 2

Eastern Regional Healthcare Grant Guidelines

Instructions for ERHCC grant applications:

Grant project period is from July 1, 2021 to June 30, 2022.

Grant Applications must be submitted no later than March 31, 2022, although there are no guarantees grant monies will still be available.

All approved grant monies must be obligated by June 30th. If not, grant monies can be requested to be returned to issue to other grant applications. Extensions can be offered on a case by case basis.

Grants Applications are applicable to the following organization categories:
Hospitals, Ambulatory Surgical Centers (ASCs), Hospices, Psychiatric Residential Treatment Facilities (PRTFs), All-Inclusive Care for the Elderly (PACE), Transplant Centers, Long-Term Care (LTC) Facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), Hospice, Home Health Agencies (HHAs), Comprehensive Outpatient Rehabilitation Facilities (CORFs), Critical Access Hospitals (CAHs), Clinics, Rehabilitation Agencies, Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services, Community Mental Health Centers (CMHCs),Organ Procurement Organizations (OPOs), Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs), End-Stage Renal Disease (ESRD) Facilities, and Emergency Medical Services (EMS).

The following are proposed initiatives and focus areas from the Office of the Assistant Secretary for Preparedness and Response (ASPR). If your grant request touches on one or several of the initiatives, there is a better chance of approval.

- Medical Surge
- Patient Transportation
- Evacuation Plans
- Coordinating Medical Resources
- Health Surveillance
- Information Sharing
- Building Situational Awareness
- Improved Alerting and Communication
- Bed Availability
- Patient Tracking
- Networking Opportunities with Stakeholders

Attachment 2 (continued)

Grants Applications must provide a benefit to all within the RHCC.

The following are **not** allowed: salaries, motorized vehicles, furniture, research, clinical care, reimbursement of previous year purchases, publicity, lobbying, construction, back-filling staff, staff clothing, animals, living quarters, single facility benefit, nor supplanting other federally required activities.

No profit can be made by a requesting facility through an RHCC grant.

No trainings can be offered that are available at no cost elsewhere.

***Items purchased with RHCC grant monies are coalition assets and if available and reasonable, are to be loaned to requesting facilities.**

If your facility CEO has not already signed the Montana Regional Healthcare Coalition Letter of Commitment (LOC), that will need to be accomplished before grant submission.

Please email Cindee McKee cindee.mckee@mtha.org to request a copy of the LOC prior to submitting grant and attach on the final page of the grant application.

***Any awards should be to develop activities that clearly integrate and enhance preparedness activities with the overall effect of making healthcare systems function in more efficient, resilient, and coordinated manner. As a final reminder, these funds are to be used to supplement and develop, not supplant, current resources supporting healthcare preparedness*.**