2023-2024

Montana Central Regional Health Care Coalition Bylaws

BYLAWS

ARTICLE I: DEFINITION, TITLE & GEOGRAPHICAL AREA

Section 1: Definition

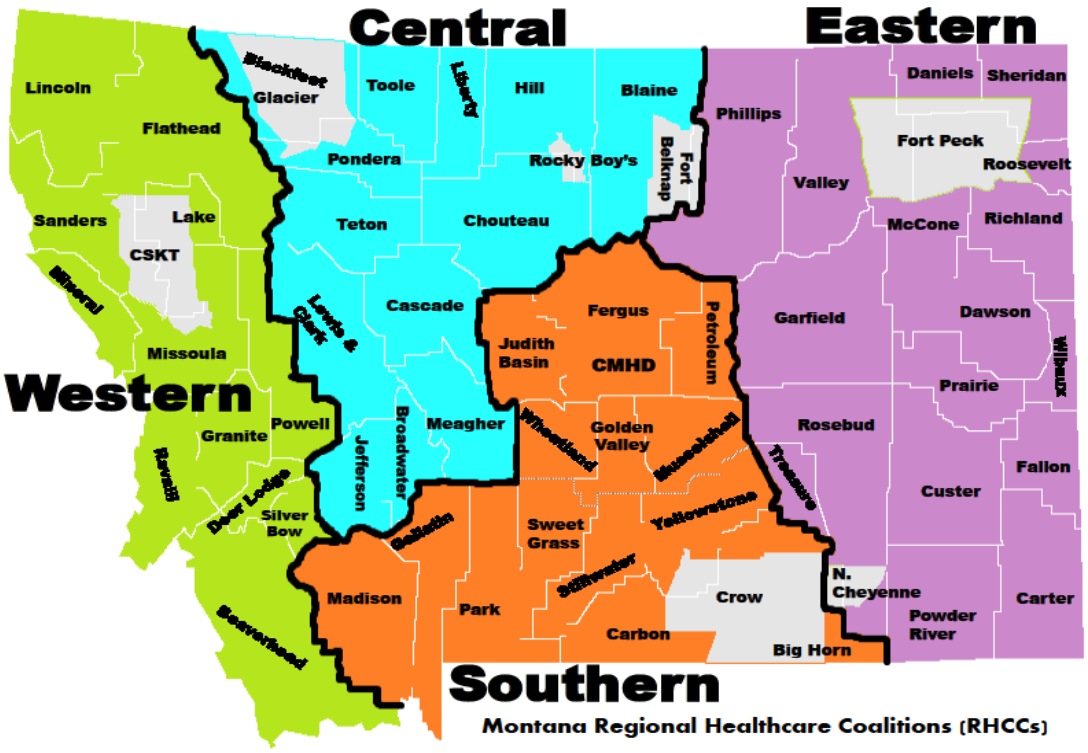
- A Health Care Coalition (HCC) is defined as a group of individual healthcare organizations, operating within the Multi-agency Coordination (MCA) system, in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The HCC does not conduct, command or control any emergency response operations.

Section 2: Title

- The title of this organization shall be the Montana Central Regional Health Care Coalition (also referred to as the "Coalition", "Regional Coalition" or "CRHCC" within this document).

Section 3: Boundaries

- Boundaries are defined by Executive Committee members with approval by the ESF8 State Lead Advisory Council.



Section 4: Geographic Area

- The Central Regional Coalition's geographical area includes the following counties: Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, Lewis & Clark, Cascade, Jefferson, Broadwater, Meagher, and the Tribal Areas of Blackfeet, Rocky Boy's, and Fort Belknap**.**

ARTICLE II: MISSION STATEMENT, VISION, & PURPOSE

Section 1: Mission Statement

- The mission of the CRHCC 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 2: Vision

- The vision of the CRHCC is to guide, refine, and coordinate activities of its healthcare members in an effort to aid preparation and assistance for any emergency, ensuring a safer Montana for all its residents and visitors.

Section 3: Purpose

- The role of the CRHCC is to communicate and coordinate and should never replace or interfere with official command and control structure authorized by state and local emergency management. The Central Regional Health Care Coalition is a collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multi-agency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations. This includes planning, organizing and equipping, training, exercises and evaluation.

- The CRHCC will:

    - Facilitate more effective, efficient and timely situational awareness and coordination of resources, resulting in an overall improved healthcare emergency response. The role of the CRHCC is to communicate and coordinate and does not replace or interfere with official command and control structure authorized by state and local emergency management.

    - 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.

- Foster communications between local, regional and state entities on community-wide emergency planning and response.

- Facilitate collaborative planning to ensure a strong and resilient healthcare system for response and recovery to an incident-driven medical surge.

- Coordinate disaster related surge training for healthcare providers and responders.

- Improve healthcare response capabilities through coordinated exercise and evaluation.

- Issue grants, facilitate training, and exercise opportunities to CRHCC members.

- Collaborate with and support other coalitions within the state.

Section 4: ESF 8 Coordination

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

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

ARTICLE III: EXECUTIVE COMMITTEE

Section 1: Representation and Membership

- 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, 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, long term care, home care, and other healthcare agencies.

- The Executive Committee should contain a minimum number of five (5) voting members and a maximum of seven (7) voting members and attempt to keep the maximum number always.

- Voting membership will include:

- One EMS Representative
- One Emergency Management Representative
- One Public Health Representative
- One Hospital Representative
- One Critical Access Hospital Representative
- One ESF8 partner at-large
- One ESF8 partner at-large

- The Executive Committee will function as the governing body for the CRHCC. This includes approving or rejecting grant applications and determining annual budgets.

Section 2: Roles

- The Executive Committee must maintain the CRHCC Preparedness and Response Plan and all required Annexes. Develop and maintain a Recovery Plan, and COOP based off our Hazard Vulnerability Assessments (HVA), Coalition Assessment Tool (CAT) and informed by facility plans and other Administration for Strategic Preparedness and Response (ASPR)-HPP Funding Opportunity Announcement (FOA) deliverables for our respective region**.**

- The Executive Committee in collaboration with the Regional Coalition Coordinator is also responsible for overseeing the budget, completing the Coalition Assessment Tool (CAT), and developing a Workplan to determine trainings and exercises based off the regional CAT and HVA.

- The Executive Committee is responsible for approving the distribution of materials of the CRHCC PPE Cache.

- Be an advocate for your ESF8 member type, not yourself or your organization.

- Ensure all RHCC activities will benefit the entire region and all ESF8 stakeholders.

- Politically-motivated lobbying or discrimination is not permitted.

ARTICLE IV: OFFICERS

The Executive Committee shall appoint the following positions by majority vote and all documents will be signed by voting members:

- Chairperson: The Chairperson shall provide the direction and leadership of the Regional Coalition. He or she presides at meetings and works in collaboration with the Coalition Coordinator to prepare the agenda, signs any instrument which the Regional Coalition is authorized to sign or execute, and in general performs the duties incidental to the office and other such duties as prescribed by the CRHCC.

- Co-Chair: The Co-Chair will assist the Chairperson in providing the direction and leadership of the CRHCC. 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.

- Secretary: The Secretary will be a representative from the Montana Health Care Preparedness Program or the Montana Hospital Association. The Secretary will provide meeting minutes and coordinate with the Regional Coordinator to maintain the general membership and Executive Committee membership rosters.

- Treasurer: The Treasurer in conjunction with MHA staff shall complete quarterly financial reports before each Executive Committee Meeting.

During or after a disaster or any other event, in the long-term absence or inability of the CRHCC Chair to perform executive functions, the delegation of authority will follow the CRHCC Continuity of Operations Plan.

ARTICLE V: ELECTION OF OFFICERS

- Any Executive Committee member in good standing may be nominated to become an officer. To be in good standing one must have attended two meetings in the previous 12 months.

- Upon acceptance of nomination by the candidates, a vote will be conducted by the Executive Committee for the final officer election.

- Newly elected officers shall be recognized to allow a proper transition period of fiscal and other pragmatic responsibilities.

- If a nomination is contested, a blind vote will be conducted by the CRHCC Executive Committee.

- Officers may be removed from their position for non-adherence to Bylaws and position requirements. A blind vote will be conducted by the CRHCC Executive Committee for removal from their position.

ARTICLE VI: LENGTH OF SERVICE

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

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

- The Secretary will serve a term of one (1) year and can remain in that position if voted upon by the Executive Committee if not occupied by a staff person.

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

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

ARTICLE VII: MEMBER VACANCIES

- In the event of a vacancy of an Executive Committee member, for any reason, the Executive Committee along with the Montana HPP office will attempt to fill the vacancy from individuals that have shown adequate participation in the coalition.

ARTICLE VIII: REMOVAL OF REGIONAL COALITION EXECUTIVE MEMBERS

- CRHCC 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. With a quorum vote of the Executive Committee, the member may be removed.

ARTICLE X: VOTING

- Each Executive Committee member in good standing, having attended at least two (2) meetings annually, shall have one vote.

- Per Roberts Rules change – the Chairperson is allowed to vote.

- Proxy voting is allowed. All proxies must be submitted to the secretary or the Coordinator of the CRHCC Executive Committee in writing (email is allowed) prior to the meeting.

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

- A simple majority shall determine approval.

- 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”.

- 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.

ARTICLE XI: CONFLICT OF INTEREST

- An Executive Committee member who has a direct personal interest in any matter placed before the Coalition shall disclose his or her interest prior to any discussion of that matter. The disclosure shall become a part of the record of the Regional Coalition's 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.

ARTICLE XII: MEETINGS

- Executive Committee meetings will be open to the public with meeting announcements being published at least forty-eight (48) hours prior to the meeting.
- Executive Committee meetings will be scheduled quarterly at a minimum.
- Written notice of agendas for all meeting of the Executive Committee shall be transmitted at least forty-eight (48) hours in advance of the meetings.
- Minutes will be recorded at each meeting by the Secretary and posted on the RHCC website.
- Executive meetings will be held at locations convenient for members.
- Executive meetings will be attended in person, by conference call, or by other electronic means if available.
- Emergency meetings may be convened at the request of an Executive Committee Member or the Montana Health Care Preparedness Program made to the Chairperson if 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. At minimum, a quorum must be available for any business to be binding.

ARTICLE IX: GENERAL MEMBERSHIP

Section 1: Definition

- Membership in the CRHCC is open to all ESF8 organizations and partners within the region geographical area.

Section 2: Member Responsibilities

- Attend or provide representation at Regional Coalition meetings and activities.
- Members will be encouraged to participate or promote participation in the Montana Health Care Mutual Aid System (MHMAS).
- Members agree to work collaboratively on healthcare disaster and emergency preparedness and response activities.
- Participate in collaborative regional preparedness planning on behalf of their representative sector.
- Participate in the development of regional surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
- Contribute to meeting Coalition priorities, goals, and contractual deliverables.
- Recruitment of other healthcare organizations to participate in the Coalition.
- React to regional emergencies and disasters in collaboration with other members as in accordance with the Montana Mutual Aid document.
- Participate in sub-committees and workgroups as requested by members or individuals and organized under the umbrella of the Coalition. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.
- Encourage participation in trainings and exercises.

Section 3: Member Roster

- A membership roster of reciprocal organizations for each fiscal year shall be maintained and updated by the CRHCC Coordinator and provided to the HPP. The roster will be reviewed twice annually and an updated roster will be presented to the executive committee and attached to the minutes.

ARTICLE XIII: ROBERT'S RULES OF ORDER

- Robert's Rules of Order (current edition) shall be used to guide the conduct of any meeting of the Regional Coalition.

ARTICLE XIV: BUDGET

Section 1: Funding of the RHCC

- The funding for the CRHCC is contingent upon available federal grant opportunities through the US Department of Health and Human Services (HHS), Administration for Strategic Preparedness & Response's Hospital Preparedness Program (ASPR-HPP) and the policy, procurement, and program standards of the Montana Department of Public Health and Human Services (DPHHS) and the Hospital Preparedness Program (HPP). As a condition of accepting grant funds through the Montana Health Care Preparedness Program, the Regional Coalition does hereby recognize the authority and governance of the Executive Committee to provide the strategic planning for the RHCC ensuring capabilities are addressed accordingly.

- The State of Montana HPP program will allocate funds to the CRHCC via the fiduciary agent, MHA, with the primary goal of developing collaborative system-wide health and medical disaster preparedness, response, and recovery planning capabilities.

- Designated funds will be directed by the Executive Committee. The Executive Committee can change the budget with majority vote.

- RHCC funds are provided by the taxpayers, so no profit can be collected utilizing these funds.

- 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.

- 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).

ARTICLE XV: FIDUCIARY

- The fiduciary agent for the CRHCC is the Montana Hospital Association (MHA).

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

- If by May 1st, 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.

ARTICLE XVI: STATE OF MONTANA HEALTH CARE PREPAREDNESS PROGRAM

The Montana Health Care Preparedness Program will:

- Serve in an advisory role to the Executive Committee.
- Facilitate the CRHCC meetings.
- Provide consultative and informed input into key decisions and ensure integrated planning like that of a multi-agency coordinating group.
- Serve as workgroup facilitators during Coalition planning sessions and activities.
- Assemble, finalize, and submit all administrative documentation as required to appropriate agencies per funding requirements (e.g., grants and plans).
- Assist in the coordination of exercise and evaluation training at the local, regional, and divisional level.
- Oversees State Advisory Council and brings any pertinent issues to their attention.
- Receive grant funding requests from the CRHCC members and submit all coalition approved expenditures for payment as defined by the fiduciary contract. Chair, co-chair must sign approved expenditures.

ARTICLE XVII: GRANTS

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

- Grants will be made through an application process and decided upon by the Executive Committee utilizing the grant Guidelines and scoring documents (**See Attachments 1 and 2**).
- Approved grants must only be used for the general benefit of the entire Coalition.
- Grants cannot be used directly by a Public Health Department or Disaster and Emergency Services (DES).
- Any precedence of allowable or disallowable grants set by another Montana RHCC should be considered.

ARTICLE XVIII: AMMENDMENTS

Section 1: Changes to Bylaws

- Bylaws will be reviewed annually or as needed.
- Bylaws may be altered, amended, or repealed by the affirmative two thirds (2/3) majority vote of the CRHCC members.

First draft: January 2017
Second draft: June 2017
Final: October 2017
Revised: July 2018
Revised: January 2019
Approved: August 2019
Approved: June 2020
Revised: September 2020
Revised: August 2021
Revised: August 2022
Revised: August 2023

SIGNATURE PAGE

WE, THE UNDERSIGNED MEMBERS OF THE MONTANA CENTRAL REGIONAL HEALTH CARE COALITION EXECUTIVE COMMITTEE, HAVE **APPROVED** THE BY-LAWS.

Chris Lee - Chair

Alice Luehr

Brett Lloyd

Bridget Kallenberger – Co Chair

Debbie Gessaman - Treasurer

Josh Simonds

Molly Carey

Molly Carey

ACCEPTED AND APPROVED ON BEHALF OF THE STATE OF MONTANA HEALTH CARE PREPAREDNESS PROGRAM

Colin Tobin or Cindee McKee Date

Attachment 1

Central Regional Health Care Grant Guidelines

Instructions for CRHCC grant applications:

Grant project period is from July 1, 2022 to June 30, 2023.
Grant Applications must be submitted no later than March 31, 2023, 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 Administration for Strategic 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 1 (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 Health Care 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*.**

Attachment 2

Grant Scoring Guidance
Montana Central Regional Health Care Coalition

The Montana Central Regional Health Care Coalition (CRHCC) scoring system was designed to encourage reliable scoring of applications. Reviewers who assign high ratings to all applications diminish their ability to communicate the regional impact of an individual application. Therefore, reviewers who carefully consider the rating guidance below can improve the reliability of their scores as well as their ability to community the regional impact of the applications reviewed.

The charts below was developed to encourage reviewers to consider strengths as well as weaknesses when evaluating applications focused on healthcare and medical readiness, health care and medical response coordination, continuity of health care service delivery and medical surge.

Overall Impact: The likelihood for the project to exert a sustained, powerful influence on the region.

Overall Impact	High	Medium	Low	Conflict of Interest = CF
Score	1 2 3	4 5 6	7 8 9	No Score

Evaluating Overall Impact Consider the 4 criteria (weighting based on reviewer's judgement)			
Healthcare and Medical Readiness: through a sustainable HCC—have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources	**Health Care and Medical Response Coordination:** plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.	**Continuity of Health Care Service Delivery:** provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.	**Medical Surge:** deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply.

Attachment 2 (Continued)

In the event of a tie, CRHCC will give priority to the entity that has not received prior funding.

OR

The new scoring system may produce more applications with identical scores ("tie" scores). Thus the important factors, such as mission relevance and regional impact, will be considered in making funding decisions when grant applications are considered essentially equivalent on overall impact, based on reviewer ratings.

Applicants who have not received funding prior will receive -1 point to be added to their final score.

IMPACT	SCORE	DECRIPTOR	ADDITONAL GUIDANCE	STRENGTHS/WEAKNESSES
High	1	Exceptional	Exceptionally strong with essentially no weaknesses	Strengths
	2	Outstanding	Extremely strong with negligible weaknesses	
	3	Excellent	Very strong with only minor weaknesses	
Moderate	4	Very Good	Strong but with numerous minor weaknesses	
	5	Good	Strong but with at least one moderate weakness	
	6	Satisfactory	Some strengths but also some moderate weaknesses	
Low	7	Fair	Some strengths but with at least one major weakness	
	8	Marginal	A few strengths and a few major weaknesses	
	9	Poor	Very few strengths and numerous major weaknesses	Weaknesses
Non-Numeric Score Options: CF= Conflict of Interest				