

2022-
2023

Montana Southern Region Healthcare Coalition Bylaws

Montana Southern Region Healthcare Coalition

BYLAWS

ARTICLE I: ADMINISTRATION

Section 1: Definition

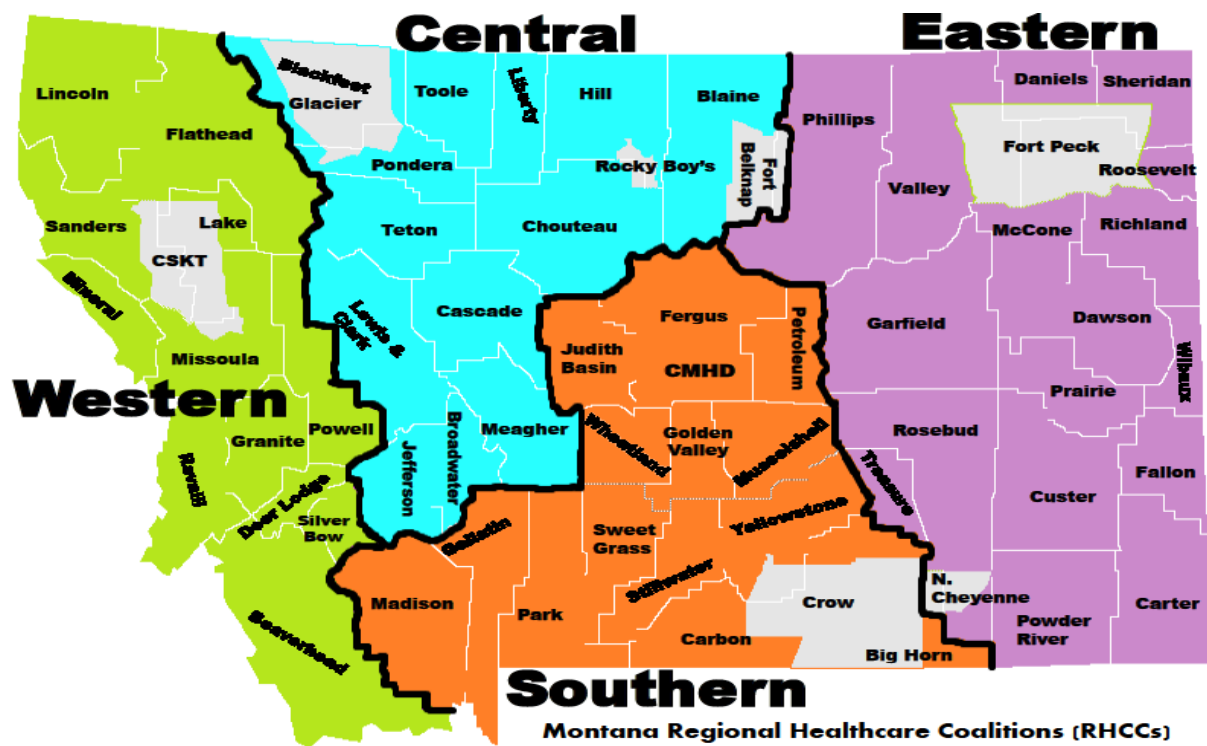
A Healthcare Coalition (HCC) is defined as a group of individual healthcare organizations, operating within the Multi-agency Coordination (MAC) system, in a specified geographic area that agree to work together to enhance their response to emergencies or disasters. The HCC does not conduct command or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

Section 2: Title

The name of this organization shall be the Montana Southern Regional Healthcare Coalition (SRHCC).

Section 3: Boundaries

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



Section 4: Geographic Area

The Southern RHCC's geographical area includes the following counties: Judith Basin, Fergus, Petroleum, Wheatland, Golden Valley, Musselshell, Madison, Gallatin, Park, Sweet Grass, Stillwater, Carbon, Yellowstone, and Big Horn along with the Crow Tribal Area.

Montana Southern Region Healthcare Coalition

Section 5: Mission

The mission of the SRHCC 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, exercises, and training opportunities.

Section 6: Roles within Boundaries

The role of the Coalition 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 Southern RHCC 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. This includes coordinated plans to guide decisions regarding healthcare support.

The SRHCC 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 SRHCC 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 and offer training and exercise opportunities to SRHCC Members.
- Collaborate with and support other coalitions within the state.

Montana Southern Region Healthcare Coalition

Section 7: Vision

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

Section 8: ESF-8 Coordination

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

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

ARTICLE II: COALITION MEMBERSHIP

Section 1: Definition and Roles

Membership in the SRHCC is open to all healthcare-related organizations within the regional geographic area. Coalition membership may include representatives from hospitals, long-term care, home care, emergency medical services, public health departments, and emergency management. Membership 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, and other healthcare agencies.

Section 2: Membership Roster

A membership roster of all member organizations shall be maintained and updated by the SRHCC and provided to the Healthcare Preparedness Program (HPP). The roster will be reviewed annually to check for accuracy and an updated roster will be attached to the minutes.

Section 3: Member Benefits and Expectations

Members will be encouraged to do the following:

- Members agree to work collaboratively on healthcare disaster and emergency preparedness and response activities.
- Members will sign the Montana Healthcare Mutual Aid Agreement ensuring executive involvement.
- Attend regional meetings in person. Attendance at SRHCC meetings is mandatory for successful grant applicants.
- Participate in collaborative regional preparedness planning on behalf of their representative sector.

Montana Southern Region Healthcare Coalition

- Participate in the development of regional surge capacity plans, inter-organizational agreements, and collaborative emergency response plans.
- Contribute to meeting SRHCC priorities, goals, and contractual deliverables.
- Recruitment of other healthcare organizations to participate in the SRHCC.
- React to regional emergencies and disasters in collaboration with other members as in accordance with the Montana Mutual Aid document.
- May participate in sub-committees and workgroups as requested by members or individuals and organized under the umbrella of the SRHCC. These sub-committees and workgroups may exist and function temporarily or long-term, as needed.
- Participate in training and exercises.

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, home health, psychiatric residential treatment, surgery centers, long-term care, 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.

- The Executive Committee will contain a maximum of 7 members and attempt to keep this number always.
- Voting membership will include:
 - a. One EMS Representative
 - b. One Emergency Management Representative
 - c. One Hospital Representative
 - d. One Critical Access Hospital Representative
 - e. One Public Health Representative
 - f. Two ESF8 Partners At-Large
- The Executive Committee will function as the governing body for the SRHCC. This includes approving or rejecting grant applications and determining annual budgets.

Montana Southern Region Healthcare Coalition

Section 2: Roles

- The Executive Committee must maintain a Preparedness Plan, Response Plan, and Recovery Plan based on Hazard Vulnerability Assessments (HVA) and other ASPR HPP Notice of Funding Announcement deliverables for their respective region.
- The Executive Committee, in collaboration with the Regional Healthcare Coordinator, is responsible for completing the Coalition Assessment Tool (CAT) and Hazard Vulnerability Assessment (HVA); and overseeing the budget and work plan to determine trainings and exercises based on the results.
- The Executive Committee will approve the distribution of materials from the SRHCC 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.

Section 3: Officers

The Executive Committee shall appoint the following positions by majority vote:

- Chairperson: The Chairperson shall provide the direction and leadership of the Regional Coalition. He or she presides at meetings and prepares the agenda, signs any instrument that the SRHCC is authorized to sign or execute, and in general, performs the duties incidental to the office and other such duties as prescribed by the SRHCC. The Chair, Co-Chair, and Coordinator will collaborate to prepare the agenda for the meetings.
- Co-Chair: The Co-Chair will assist the Chairperson in providing the direction and leadership of the SRHCC. 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. The Chair, Co-Chair, and Coordinator will collaborate to prepare the agenda for the meetings.
- Treasurer: The Treasurer, in conjunction with MHA staff, shall complete quarterly financial reports before each Executive Committee meeting.
- Secretary: The Secretary function will be performed by a representative from the Montana Healthcare 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.

Montana Southern Region Healthcare Coalition

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 4: Election of Officers

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 all meetings within the previous 12 months. Nominations may be made in person at the last Executive Committee meeting of the grant year. Alternately, nominations may be emailed to HPP by May 31 to be considered at the final Executive Committee meeting of the grant year.

Upon acceptance of a nomination by the candidate(s), a vote will be conducted by the Executive Committee for the final officer election.

- Newly elected officers shall be announced by May 31 to allow a proper transition period of fiscal and other programmatic responsibilities.

If a nomination is contested, the SRHCC Executive Committee will conduct a blind vote.

Section 5: Length of Service:

- The Chairperson will serve a one (1) year term with the Co-Chair filling the Chairperson position the following year for a one (1) year term.
- The Co-Chair will serve a term of one (1) year and then move into the Chairperson position for one (1) year.
- The Treasurer will serve a term of 2 years and can remain in that position if re-elected

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

Section 6: Member Vacancies

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: Removal of Executive Committee Members

SRHCC 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.

Montana Southern Region Healthcare Coalition

Section 8: Meetings

- Executive Committee meetings will be open to the public with meeting announcements being published at least forty-eight (48) hours before the meeting.
- Executive Committee meetings will be scheduled quarterly at a minimum.
- Written notice of agendas for all meetings of the Executive Committee shall be transmitted at least ten (10) working days in advance of the meetings.
- Minutes will be recorded at each meeting by the Secretary (HPP) and posted on the RHCC website.
- Meetings will be held at locations convenient for members. Electronic (virtual) meetings are allowed if available.
- Meetings will be attended in person, by conference call, or by other electronic means if available, or by proxy, if no other option is available. Attendance at 75% of meetings is required.
- A simple majority (half plus one) of the Executive Committee is considered a quorum and must be present to conduct business.
- A proxy can attend but has no voting rights.
- Emergency meetings may be convened at the request of an Executive Committee Member or the Montana Healthcare Preparedness Program provided that written notice is given to each member 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 simple majority must be available for any business to be binding.
- Robert's Rules of Order (current edition) shall be used to guide the conduct of any meeting of the SRHCC.

Section 9: Voting

- Each Executive Committee member shall have one vote.
- Advance voting is allowed, but discouraged. Advance voting must be submitted to a member of the SRHCC Executive Committee in writing (email is allowed).
- Approval shall be determined by a simple majority.
- 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

Montana Southern Region Healthcare Coalition

“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.
- Vetoes will include an explanation to the Committee regarding the reason and rationale for the veto.

Section 10: Conflict of Interest

An Executive Committee member who has a direct interest in any matter placed before the SRHCC shall disclose his or her interest before any discussion of that matter. The disclosure shall become a part of the record of the SRHCC’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.

Section 11: Funding of the SRHCC

- Funding for the SRHCC comes through the US Department of Health and Human Services (HHS), Assistant Secretary for Prevention and Response’s Hospital Preparedness Program (ASPR-HPP). As a condition of accepting grant funds through the Montana Healthcare Preparedness Program, the Regional Coalition does hereby recognize the authority and governance of the Executive Committee to provide the strategic planning for the SRHCC ensuring capabilities are addressed accordingly.
- The HPP program will allocate funds to the SRHCC via the fiduciary agent, MHA, with the primary goal of developing collaborative system-wide health and medical disaster preparedness, response, and recovery planning capabilities.
- The budget can be changed with a simple majority vote by the Executive Committee.
- 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 before the end of the fiscal year (June 30).

Section 12: Grants

Montana Southern Region Healthcare Coalition

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

- The Executive Committee approves grants through an application and review process with a simple majority.
- Approved grants must only be used for the benefit of the entire SRHCC.
- Grants applications are due by March 31.
- Grants cannot be used directly by a Public Health Department or Disaster and Emergency Services. They are partner agencies eligible for their own grant programs.
- Any precedence of allowable or disallowable grants set by another Montana RHCC should be considered.

Section 12: Bylaws

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

ARTICLE IV: STATE OF MONTANA HEALTHCARE PREPAREDNESS PROGRAM

The Montana Healthcare Preparedness Program will:

- Serve in an advisory role to the Executive Committee.
- Facilitate SRHCC meetings.
- Provide consultative and informed input into key decisions and ensure integrated planning similar to that of a multi-agency coordinating group.
- Serve as workgroup facilitators during SRHCC planning sessions and activities.
- Assemble, finalize, and submit all administrative documentation as required to appropriate agencies per Federal funding requirements (e.g., grants and plans).
- Assist in the coordination of exercise and evaluation training at the local, regional, and divisional levels.
- Receive grant funding requests from SRHCC members and submit all SRHCC approved expenditures for payment as defined by the fiduciary contract.

Article V: FIDUCIARY

Montana Southern Region Healthcare Coalition

Funding for the SRHCC is contingent upon available federal grant opportunities from the US Health and Human Services (US HHS) Assistant Secretary for Preparedness and Response (ASPR) and the policy, procurement, and program standards of the Montana Department of Public Health and Human Services (DPHHS) and the Hospital Preparedness Program (HPP).

- The fiduciary agent for the SRHCC is the Montana Hospital Association (MHA).
- Montana DPHHS will move HPP monies to MHA by September 30 of each year.
- If by May 1, there is still grant money available with no foreseeable regional projects to spend the money on, then the remaining funds can become fungible. In this reference, fungibility relates to the remaining monies becoming interchangeable with other SRHCCs. The region receiving the funds must have regional projects, unfunded grants, or the monies can be used for a statewide venture.

RECORD OF CHANGE

First draft: January 2017

Second draft: May 2017

Third draft: August 2017

Fourth draft: September 2017

Final: October 2017

Revised: July 2018

Revised: January 2019

Revised: August 2019

Revised: June 2020

Revised: June 2021

Revised: July 2022

Montana Southern Region Healthcare Coalition

SIGNATURE PAGE

WE, THE UNDERSIGNED MEMBERS OF THE MONTANA SOUTHERN REGIONAL HEALTHCARE COALITION EXECUTIVE COMMITTEE, HAVE ACCEPTED AND APPROVED THESE BYLAWS.




Birgen Knoff, Chair



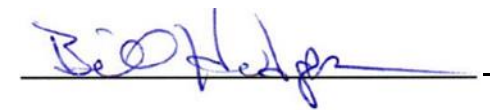
Greg Coleman, Co-Chair




Ray Ezell III



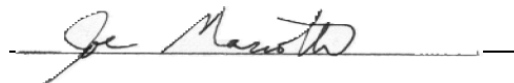
Robert Farnum



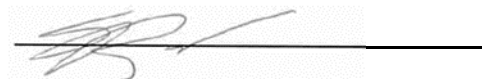
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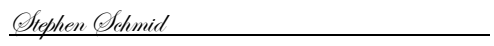
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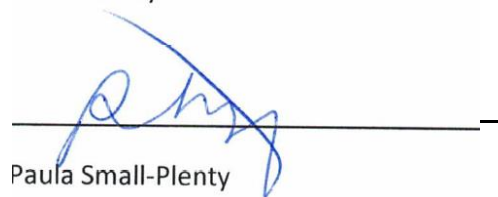
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Scott Rainey



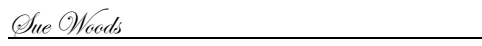
Stephen Schmid



Paula Small-Plenty



Jennifer Staton



Sue Woods

Montana Southern Region Healthcare Coalition

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

Don McGiboney or Cindee McKee

Date