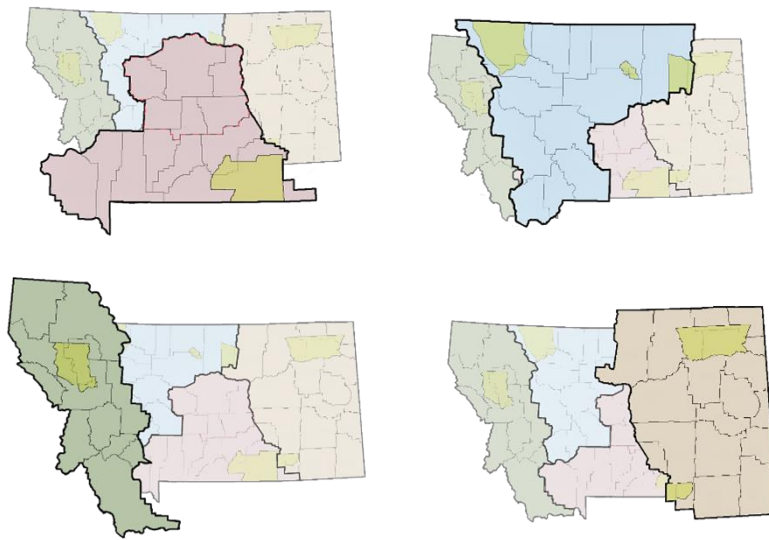


SOUTHERN REGION HEALTHCARE COALITION



CONTINUITY OF OPERATIONS PLAN

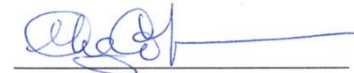
January 2022
Version 1

PROMULGATION


The Executive Committee of the Southern Region Healthcare Coalition support and provide this planning tool to assist the healthcare communities within the boundaries of the Southern Region Healthcare



Birgen Knoff, Chair




Greg Coleman – Co-Chair



Ray Ezell



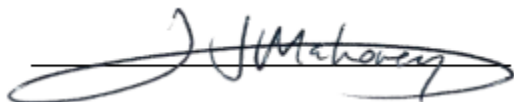
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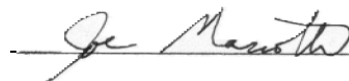
Charles Hanson



Bill Hodges



Jason Mahoney



Joe Marcotte

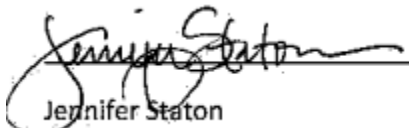


Scott Raine

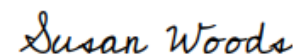
Stephen Schmid



Paula Small-Plenty



Jennifer Staton



Sue Woods

RECORD OF CHANGE

[illegible]

RECORD OF REVIEW

[illegible]

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POLICY AND PURPOSE

The SRHCC provides guidance and information to coordinate support for coalition members, local emergency responders, tribal emergency responders, State agency partners, and volunteer organizations to address the delivery of public health and medical services and programs to assist Montanans threatened by potential or actual disasters.

This plan does not define or supplant any emergency operating procedures or responsibilities for any member agency or organization in the SRHCC. It is not a tactical plan or field manual, nor does it provide Standard Operating Procedures (SOP). Rather, it is a framework for organization and provides decision-making parameters to use against unknown and unpredictable threats in an all-hazards planning and response environment. This plan intentionally does not provide specific or quantitative thresholds for activation or demobilization of organizational structures or processes described herein. Such determinations are situation-dependent and left to incident management. This COOP is designed to minimize the loss of operational ability of the Coalition to sustain operations and continue support of healthcare entities within the region.

ORDER OF SUCCESSION

During or after a disaster or any other event described herein, in the long-term absence or inability of the SRHCC Chair to perform executive functions, the following are authorized to act on behalf of the SRHCC Chair in the order of succession listed until his/her return or until the Executive Committee names a replacement.

1. SRHCC Co-Chair
2. SRHCC Regional Coordinator
3. Healthcare Coalition Director
4. Healthcare Preparedness Program Manager

The Executive Committee may, at their discretion, modify this order of executive succession and may appoint a person other than those listed as acting SRHCC Chair.

Name	Title	Address	Contact Info
Birgen Knoff	SRHCC Chair	915 Highland Blvd. Bozeman, MT 59715	406-414-5382 bknoff@bozemanhealth.org
Greg Coleman	SRHCC Co-Chair	414 E Callendar St. Livingston, MT 59047	406-222-4190 gcoleman@parkcounty.org
Casey Driscoll	SRHCC Regional Coordinator	2625 Winne Ave. Helena, MT 59601	406-457-8045 Casey.driscoll@mtha.org
Cindee McKee	Healthcare Coalition Director	2625 Winne Ave. Helena, MT 59601	406-457-8027 Cindee.mckee@mtha.org
Don McGiboney	Healthcare Preparedness Program Manger	1600 E Broadway St Helena, MT 59620	406-444-5942 dmcgiboney@mt.gov

DELEGATION AUTHORITY

All authority can be delegated expressly or in the event that the position cannot be reached within a reasonable amount of time.

SRHCC Chair has the authority to delegate the responsibility for any of the responsibilities set forth within the bylaws to any member of the Executive Committee including the Regional Coordinator or Healthcare Coalition Director.

Healthcare Coalition Director's authority will be delegated to the Healthcare Preparedness Program Manager.

In the event that the Regional Coordinator is unable to fulfill responsibilities, the Healthcare Coalition Director will delegate the responsibility to the most readily available Coordinator.

Ultimate delegation authority for any function lies with Healthcare Preparedness Program Manager.

As the fiduciary agent, MHREF would maintain all contractual obligations.

ASSUMPTIONS

The following are the planning assumptions for the purposes of this framework:

- First and foremost, the most important priority is to ensure a secure, safe, and stable work environment for all parties involved.
- All organizations have their own COOP plan and EOP.
- Disasters will occur and they will affect the operation of the coalition and/or coalition members. There will be shortages of supplies and staff.
- Not all emergencies or disasters will require full activation of this plan. Montana is susceptible to naturally occurring events and other types of incidents that may require varying levels of response. This plan is based on a worst-case incident but can adapt to the severity of the current incident/event.
- Disasters will require varying levels of response; each response will be conducted at the lowest possible activation level to effectively and efficiently handle the situation.
- The initial response to a disaster will likely resemble the routine response to an everyday occurrence.
- Local, state, tribal, and federal responders will have overlapping responsibilities.
- Incidents may occur without warning and at a time when some offices are closed.
- In a major event, the press will be present.
- Staff will make every effort to respond to individuals who are affected by a crisis or emergency with concern and compassion.
- Our response during incidents, emergencies, or disasters focuses primarily on coordination and is based on the availability of resources. If the response requirements go beyond our capabilities, State assistance will be requested from County DES (Disaster and Emergency Services). Integration of other personnel into our staff pool may be necessary.
- At times, staff will not be available to perform their duties. The lines of succession for leadership will be according to the guidelines outlined in this document.

- When this plan is activated, all or parts of the plan may be implemented. Partial or full implementation of other emergency response plans may also be required in conjunction with this plan.
- Communications, both internal and external, will be a challenge due to the availability of service.

ACTIVATION AND RESPONSE FUNCTIONS

Triggers

Any incident that occurs that threatens the normal day-to-day operations of the SRHCC would trigger the activation of this COOP plan. An incident may include a man-made or natural disaster or any other circumstances that cause a person to be unable to perform required duties. Activation of this plan will occur upon the request for assistance from any healthcare entity within the region.

Immediate Actions

When an incident occurs, the affected individual(s) will inform all relevant parties of the lack of ability to perform the duties assigned. Information and documents will be shared, along with pertinent knowledge, with all parties concerned and succession or delegation plans will be enacted.

Timelines for Re-Establishing Operations

In the event of loss of communications/internet, electricity, water, etc. we will explore all avenues to reestablish mission-critical services as quickly as possible. In the event of protracted loss of ability to perform duties, relocation to an alternate worksite may be considered or transfer of responsibilities to a partner agency may be a feasible option.

BUSINESS IMPACT ANALYSIS (BIA)

Due to the contractual relationship between DPHHS HPP/PHEP Program and MHREF, there are inherent redundancies that would limit and/or eliminate any severe business impact.

ESSENTIAL SERVICES

- Coordinate and Collaborate
 - Maintaining communications with healthcare entities within the region and as well as the ESF 8 lead agency
 - Supporting redundant, replacement, or supplemental resources, including communication systems for essential Coalition functions as able
- Providing support and situational awareness to healthcare entities as able
- Maintaining any and all contracts held by the Coalitions and/or the HCC program
 - Including but not limited to:
 - Juvare
 - Concordance
 - State of Montana DPHHS
 - Any contracts related to education or training events
- Ensuring access to and use of funds within the SRHCC budget per the bylaws
 - This may include normal processes such as reimbursements, timesheets, expenses, etc.

- Ensuring access to and use of all records, forms, and documents relating to the Coalition which reside in multiple locations including the MHA server, eICS, and the Coalition website.

TRANSFERRING OPERATIONS TO ANOTHER PARTY

Catastrophic regional damage or other significant disaster causing complete disruption of Coalition operations and/or dislocation of staff may indicate the need to temporarily or permanently transfer Coalition operations to another entity (such as another regional coalition). The Healthcare Coalition Director or designee, in consultation with the Healthcare Program Director, would explore this issue with DPHHS, identify a receiving entity and facilitate the transfer.

Based on prior experience, all Coalition Coordinators are ready, willing, and able to fill in any gaps necessary to ensure compliance with all grant guidance, deliverables, and normal work procedures. Familiarity with each Coalition's documents, plans, and processes would enable seamless transfer of duties and/or responsibility amongst Coalitions.

APPENDIX A – CONTACTS

Name	Title	Email Address	Phone Number
Kyrsten Brinkley	Western Region Healthcare Coalition Coordinator	Kyrsten.brinkley@mtha.org	406-370-0875
Casey Driscoll	Southern Region Healthcare Coalition Coordinator	Casey.driscoll@mtha.org	406-457-8045
Robbie Kavon	Eastern Region Healthcare Coalition Coordinator	Roberta.kavon@mtha.org	406-489-3182
Don McGiboney	Healthcare Preparedness Program Manager	dmcgiboney@mt.gov	406-444-5942
Cindee McKee	Healthcare Coalition Director	Cindee.mckee@mtha.org	406-457-8027
Kevin O'Loughlin	Supervisor, Public Health Preparedness	koloughlin@mt.gov	406-444-1611
Shani Rich	Executive Director, MHREF	Shani.rich@mtha.org	406-457-8015
Kitty Songer	Western Region Healthcare Coalition Coordinator	Kitty.songer@mtha.org	406-465-4484