

MISSOURI HEALTHCARE COALITION

ESF8 Emergency Preparedness Alliance

Governance Document

Revisions Table

Name	Title	Date	Summary of Changes
Kara Amann-Kale	Director of Hospital Preparedness Programs	November 2024	Changes to align Governance with new HPP grant requirements and HCC name change

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Overview

Mission

The mission of the Missouri Healthcare Coalition (MO HCC) is to connect and support health and medical and medical communities through enhanced emergency preparedness and resiliency.

Vision

The HCC is the recognized leader in coordination, collaboration and communication for healthcare emergency management.

Scope

The scope of the HCC governance document is to outline the structure, membership and operations of the coalition. The MO HCC prepares for and responds to incidents among diverse ESF-8 health and medical entities within a geographic area. Tiered, scalable and flexible coordination among varied agencies facilitates more effective, efficient and timely situational awareness and coordination of resources, resulting in an overall improved health care resiliency and emergency response. The role of HCC is to coordinate, collaborate and communicate; the HCC never replaces or interferes with official command and control structure authorized by federal, state and local emergency management or regulations.

Management/Administration

Organizational Structure

The MO HCC is supported by the Missouri Hospital Association (MHA) who is subcontracted to facilitate and coordinate the HCC with the Missouri Department of Health & Senior Services (DHSS) in the fulfillment of Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP). To align with the grant funding year, the healthcare coalition conducts business on a fiscal year basis, beginning July 1 through June 30.

The MO HCC consists of five regions. Each region has four representatives that serve on the HCC Leadership Board. The leadership board provides oversight and guidance to the regions. Responsibilities, structure and operations of the leadership board are outlined in Appendix B.

Operational Roles

Process, Personnel and Structure Used by HCC to Carry Out HPP Core Functions

The MO HCC fulfills its core functions with input from all member organizations, guided by the HCC Leadership Board (see Appendix B for more information). Administrative and fiscal responsibilities for the coalition are managed by the Emergency Preparedness staff from the Missouri Hospital Association.

The MO HCC is organized into five geographic regions, each holding regular meetings where members collaborate to fulfill HPP core functions, share information and best practices, and build relationships. The work conducted at the regional level informs the Leadership Board,

while guidance from the Board is communicated back to the regions during meetings and through updates to all HCC members.

In addition to regional meetings, the MO HCC convenes various committees, such as the Exercise Committee, and engages subject matter experts as needed to support core HPP functions.

At both the regional and local levels, HCC members actively plan and coordinate with agencies, participating in Local Emergency Planning Committees (LEPCs) and attending emergency management and Regional Homeland Security Oversight Committee (RHSOC) meetings. The MO HCC also collaborates at the state level, with MHA staff participating in DHSS HPP Contractor meetings and HCC board members attending the DHSS HPP Leadership Partnership meetings.

Primary communication channels include electronic software tools from Juvare (e.g., EMResource and eICS) and MOSWIN radios, particularly during daily operations and emergency responses. During regular operations, email is commonly used, and a monthly newsletter is distributed to HCC members with updates, information on real-world events, and training opportunities.

HCC Readiness and Response Coordinators

The regional liaisons serve as the HCC Readiness and Response Coordinators (RCC). The HCC RRC serves as the administrative and programmatic point of contact during everyday operations, including managing communications, systems and coordination with the recipient. The RRC oversees HCC planning activities, including coordinating trainings, facilitating exercises, ensuring grant accountability and financial sustainability and developing budgets. They lead three principal activities:

- Reviewing and activating the Readiness Plan.
- Supporting the HCC in times of normal operations and in response.
- Leading engagement with non-clinical community partners.

HCC Clinical Advisory and Integrating Clinical Expertise in HCC Activities

The HCC Clinical Advisor gathers and provides clinical expertise to ensure that plans, exercises and educational activities maintain clinical accuracy and relevance. The clinical advisor functions as the HCC's clinical point of contact with HCC partners. The Clinical Advisor is responsible for coordinating with clinical staff of HCC member organizations to ensure clinical expertise is incorporated in all HCC activities, including reviewing HCC assessments and plans, and incorporating clinical aspects into exercises. The Clinical Advisor leads a committee comprised of clinical individuals to aid in this process.

Funding Structure

MHA is the fiscal and administrative agent for MO HCC and receives HPP grant funding through a subcontract with the Missouri Department of Health and Senior Services. In this role, MHA facilitates the following activities:

- Establishes and executes annual workplan and budgets as directed by the HPP program.
- Coordinates HCC advancement through planning, training, exercises and evaluation.

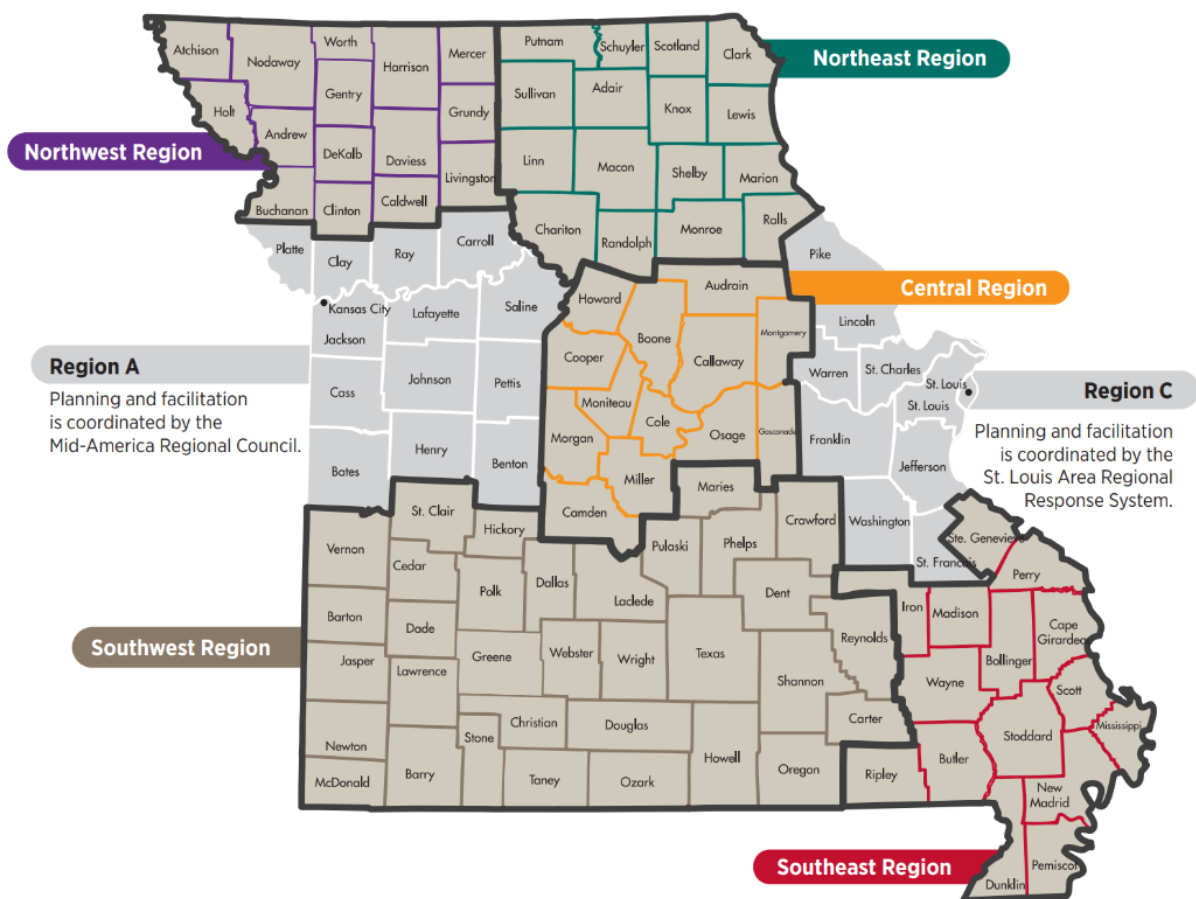
- Maintain documentation, to include this document, ensuring semiannual review by HCC leadership at meetings and annual review and approval by the full membership.
- Meets HPP grant deliverables and reporting requirements.

Geographic Coverage

Coalition Boundaries

The healthcare coalition is divided into five regions based on existing health care service catchment areas, EMS regions and established partnerships, and has a mixed geography including suburban and rural areas.

Map of MO HCC and Regions



MO HCC Demographics

HCC demographics are reviewed and updated by the coalition on an annual basis.

Geography & Population

- 92 counties
- 54,579 square miles
- 2,488,157 population

Other Demographics

- 83 hospitals
 - 3 Level I trauma centers, 3 Level II trauma centers, and 4 Level III trauma centers
- 87 public health agencies
- 111 ground EMS and 4 air ambulance services
- Partners from other healthcare providers under the CMS emergency preparedness rule as outlined in the ASPR Health Care Preparedness Capabilities, including but not limited to, federally qualified health care centers, long term care, or behavioral health centers.
- 382 emergency management agencies
- 368 school districts
- Multiple universities
- High-risk critical infrastructures

Membership

HCC membership lists are maintained in MHA’s internal databases and can be easily accessed to provide up-to-date membership and contact information.

HCC membership represents a diverse range of organizations, such as hospitals, EMS agencies, local public health agencies, emergency management agencies, long-term care facilities, federally qualified health centers, home health agencies, behavioral health partners, and other health care providers. The MO HCC invites subject matter experts as needed to advise HCC work, to include but not limited to critical infrastructure partners, supply chain partner, cybersecurity experts, governmental agencies, jurisdictional appointed/elected officials, health care associations, community organizations including NGOs and other relevant individuals related to specific hazards or threats.

Member roles and responsibilities are detailed in Appendix A, while leadership roles and responsibilities are outlined in Appendix B.

Community Coordination and Engagement

Whole Community Approach

The MO HCC promotes a whole community approach to health care readiness by following FEMA’s Whole Community Approach to Emergency Management Support’s strategic themes:

- Understand Community Complexity
- Recognize Community Capability and Needs
- Foster Relationships with Community Leaders
- Build and Maintain Partnerships
- Empower Local Action
- Leverage and Strengthen Social Infrastructure, Networks and Assets

The MO HCC aims to use FEMA’s pathways for action to help further the integration of each theme into HCC work.

Communities Most Impacted by Disaster

The MO HCC collaborates with DHSS and other HCCs statewide to utilize jointly agreed-upon datasets for identifying communities most affected by disasters. This includes, but is not limited to, the HHS emPOWER and CDC/ATSDR Social Vulnerability Index datasets. Identified communities most impacted by disasters and their healthcare needs within the HCC boundaries are listed in Appendix C.

Additional Health Care Providers

The MO HCC recognizes engagement of additional community and health care partners is necessary to further preparedness progress within its boundaries.

Health Care Executives

The MO HCC encourages all member organizations to engage health care executives and administrators for active awareness and knowledge in emergency preparedness planning and MO HCC activities. This can be achieved by effectively communicating the HCC's purpose, initiatives, educational offerings and responses. We recommend that HCC members share the monthly newsletter with their executives to strengthen the understanding of support opportunities and connections with the community among members' organizations. Executives play a vital role in planning and exercise participation and contribute to the lessons learned in hotwashes and after-action reports.

Region VII Disaster Health Response Ecosystem (R7DHRE)

The MO HCC actively engages in planning with the R7DHRE. MHA staff serve as liaisons between the R7DHRE and HCC members and meet monthly, at a minimum, with the ecosystem. Additionally, MHA staff helps identify HCC members that are SMEs for the R7DHRE workgroups when asked and as appropriate (ex. pediatric care leaders). This collaboration enables the MO HCC to build relationships with HCCs in other Region VII states and maintain regular contact with Region VII ASPR staff. Resources are developed collaboratively, and information is shared in both directions to enhance preparedness and response efforts.

Region VII Emerging Special Pathogens Treatment Center (R7ESPTC)

The MO HCC actively engages in planning with the R7ESPTC. MHA staff, especially the clinical advisor, serve as liaisons between the R7DHRE and HCC members and collaborate related to special pathogen preparedness on a regular basis. Resources are collaboratively developed, and information is shared bi-directionally to inform preparedness and during a response.

Emergency Medical Services for Children (EMSC)

The MO HCC clinical advisor and other MHA staff actively coordinate with EMSC to ensure bi-directional awareness and coordination between EMSC and HCC members. The collaborative also serves to assist HCC members to gain knowledge of training and other opportunities available with EMSC. Training and exercises are held together as appropriate and possible.

Pediatric Pandemic Network (PPN)

The MO HCC clinical advisor and other MHA staff actively coordinate with EMSC to ensure bi-directional awareness and coordination between EMSC and HCC members. The collaborative also surrounds helping HCC members be aware of training and other opportunities available with EMSC. Training and exercises are held together as appropriate and possible.

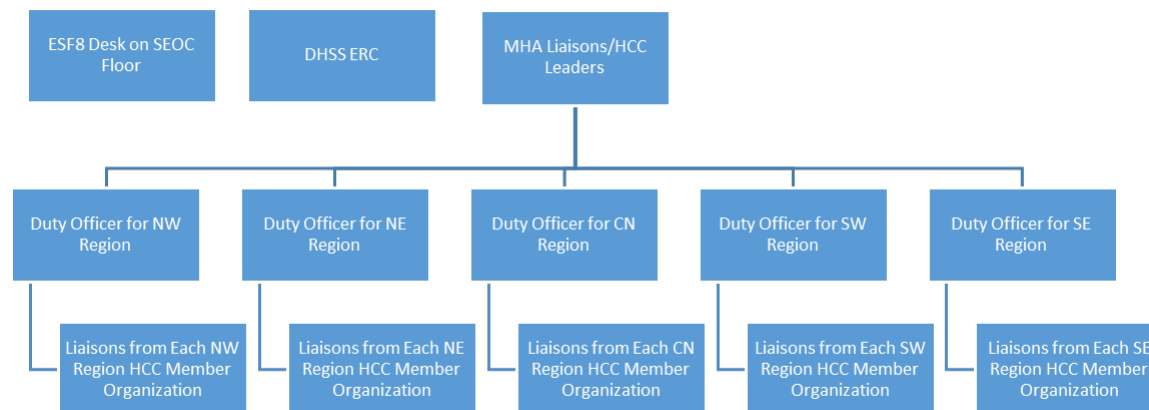
Community Organizations that Represent and/or Serve Communities Most Impacted By Disasters

The MO HCC uses the data outlined above to identify communities most at risk during disasters and to determine the local, regional and statewide organizations that represent these communities for the purpose of engagement and ensuring the needs of these at-risk communities are incorporated into HCC activities, plans and response efforts. Local public health agencies within the MO HCC, recipients of PHEP funding, and county and city emergency managers are consulted to ensure the communities identified by the data match their “on-the-ground” knowledge of communities most at-risk and also help identify organizations within their jurisdictions that work with those communities.

Response Operations

Incident Management Structure

The response structure for the HCC is detailed in eICS. A high-level overview is provided below. In addition, roles and responsibilities are further defined in the MO HCC Response Plan. The HCC does not have jurisdictional authority and does not replace official command and control structures authorized by state and local emergency management.



ESF8 Coordination – State Level Engagement

The Missouri Department of Health and Senior Services serves as the lead ESF-8 agency for the state, overseeing the management of the HPP program and coordinating with other departmental programs, including PHEP. The MO HCC regularly collaborates with DHSS and various HPP subcontractors (e.g., MARC, STARRS, SEMA, and DMH) to ensure alignment between HCC initiatives and state planning activities. This collaboration is vital during planning phases and response operations.

APPENDIX A: Missouri Healthcare Coalition Member Roles, Expectations and Participation Agreement

Purpose

The Missouri Healthcare Coalition Member Agreement is a voluntary agreement among organizations that have as their primary mission a purpose to provide or support health care within their community or region. These organizations may include but are not limited to hospitals, emergency medical services, emergency management agencies, local public health agencies, other healthcare organizations, community and faith-based partners and state, local and territorial governments.

This agreement serves to establish formal and recommended roles and responsibilities of a regional healthcare coalition member for emergency preparedness, response, recovery and mitigation as appropriate.

Definitions

Coalition Duty Officer

A rotating position assigned to designated coalition members. The coalition duty officer is a representative for the region serves as a central point of contact for healthcare coalition members to contact whenever their organization needs coalition assistance or to report an emergency/disaster impacting their organization.

eICS

A web-based application for incident management used by the Missouri Healthcare Coalition to notify members of an activation and provide coordination between members during a response to an emergency, disaster or planned event.

EMResource

A web-based data management tool that is available to all healthcare organizations in Missouri. The tool is used for daily hospital and health care organization operation status and bed management, as well as for emergency preparedness and response.

Healthcare Coalition (HCC)

A collaborative network of healthcare organizations and their respective public and private sector response partners that serve as a multiagency coordinating group to assist with preparedness, response, recovery and mitigation activities related to healthcare organization emergency operations. The primary functions of a healthcare coalition are coordination, collaboration and communication. The healthcare coalition coordinates regional planning efforts and organizes training, exercise and evaluation opportunities. During response, the HCC supports member organizations by providing connection to formal response structures, coordinating information sharing and assisting in the coordination of resources for healthcare organizations.

Primary representative

Primary individual representing an organization that is an HCC member. This is the primary person that participates in coalition activities and is the main point of contact for the HCC to contact their organization.

Secondary representative

Back-up individual who serves in place of a primary representative when the primary representative is unavailable.

Membership Participation Expectations

- A. Entity has a focus on healthcare emergency management and/or a support role.
- B. Attend and contribute to coalition meetings
- C. Participate in coalition activities such as trainings, exercises and planning.
- D. Active account in eICS and EMResource to ensure the ability to participate in exercises, drills and respond to real-world incidents.
- E. Update coalition with current information, such as changes in key contacts.
- F. Maintain familiarity with the coalition plans.

Member Participation Actions for Consideration

- A. Entity acts as a signatory on statewide mutual aid agreements, within their respective discipline, if applicable.
- B. Member participates in coalition-based exercise development and execution.
- C. Member serves as a regional coalition duty officer role.
- D. Member participates in other various and miscellaneous ways, such as in providing a venue for coalition meetings or engaging in committees, workgroups, etc., as able.
- E. Member notifies coalition staff of member exercises that are open to the community.
- F. Member notifies the coalition when the member's Emergency Operations Center (EOC) is activated by contacting the duty office or regional liaison.

Benefits of Joining the HCC

The MO HCC brings together the abilities, expertise, and resources of various stakeholders to positively impact community health. The purposeful and collective actions of the HCC are crucial for enhancing healthcare system preparedness and response capabilities. In times of emergency, the HCC acts as a multi-agency coordinating group, aligning ESF-8 activities within jurisdictional incident command systems. By fostering partnerships and collaboration, HCC members advocate for a stronger, more resilient, and responsive public health sector. Together, they unite diverse healthcare organizations to coordinate efforts before, during, and after emergencies, ensuring an effective response to community needs.

Terms and Termination

- A. The initial term of this agreement will commence on the date of signature. Signatories will be required to renew membership annually. Any participating organization may terminate its participation in this agreement at any time by providing written notice to MHA and other participating organizations,

- B. If a signatory to this agreement consistently does not fulfill the participation requirements as outlined in the agreement, they will no longer be considered an active member.

Organization:	
Address:	
Additional Facilities Represented:	

PRIMARY REPRESENTATIVE		ALTERNATE REPRESENTATIVE	
Name:		Name:	
Job Title:		Job Title:	
Email:		Email:	
Office Phone:		Office Phone:	
Cell Phone:		Cell Phone:	

I have read the foregoing MO HCC Member Roles, Expectation and Participation Agreement and agree to the terms set forth therein.

Authorized
Signature:
Printed Name:
Title:
Date:

APPENDIX B: Missouri Healthcare Coalition Leadership

HCC Leadership Overview

The Healthcare Coalition Leadership Board is a voluntary collaboration of healthcare organizations and providers, to include hospitals, public health departments, emergency medical services, emergency management agencies and community partners working together to care for the designated regions before, during and after an emergency or event.

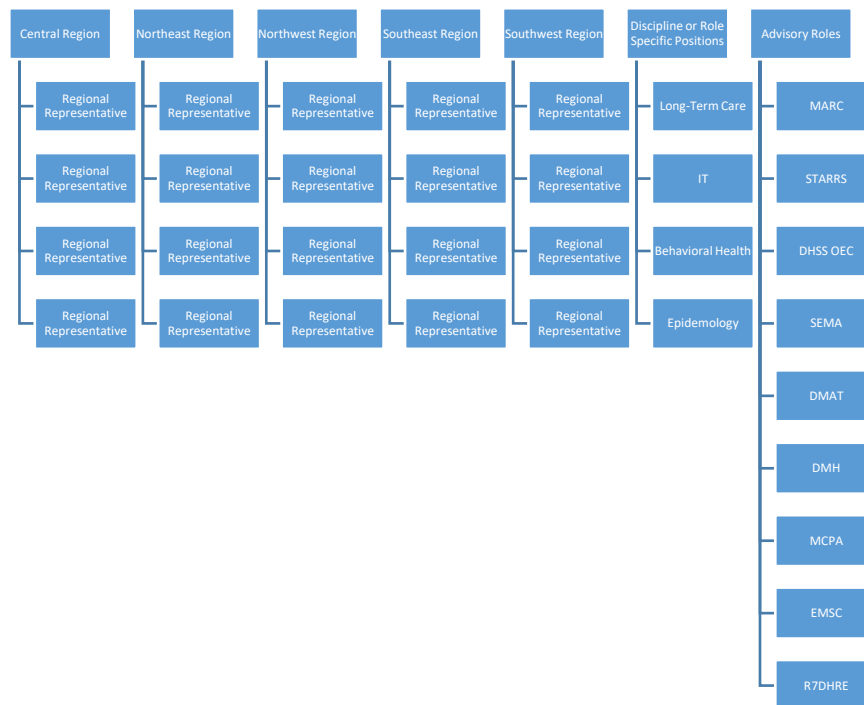
Business Structure

The coalition board meets face-to-face twice a year and convenes virtually twice a year, at a minimum. Meetings are convened and facilitated by Missouri Hospital Association Emergency Preparedness and Safety Staff serving as HCC Liaisons. Participation and progress are consistently documented by official minutes. The coalition may establish subcommittees and workgroups to perform tasks and duties as deemed appropriate by the coalition board.

Organizational Structure

- An oversight board comprised of healthcare coalition members and identified individuals serving in an advisory role.
- Decision-making occurs by consensus of regional and discipline-/role-specific members.
- Members serving in the advisory role are included for inter-agency connectivity purposes and are not included in the consensus decision-making but rather serve in an informational awareness sharing capacity.

Organizational Chart



Duties of Board Representatives

- Direct programming to sustain regional response capability throughout the healthcare coalition
- Facilitate consistent application of the board strategy in each of the five regions
- Provide oversight of exercises that support the HCC members
- Maintain knowledge of Coalition business and activities, by maintaining consistent attendance of all HCC board meetings.
- Work closely with the Coalition Administrative Liaisons on current issues and grant funding requirements for the Coalition.
- Create an environment that encourages and rewards cooperation, collective problem-solving and participative decision-making.
- Act as liaison between the HCC board and respective region to provide bi-directional information sharing.
- Review agendas and documents sent before meeting and come prepared to engage in discussions.
- Acts in the general interests of the Coalition and its membership.
- As requested, participate in DHSS lead Leadership Partnership convenings.

Board Membership

Identification of Regional Representatives

- Annually, each region reviews the representative list and makes nominations and appointments accordingly. Regional leadership is encouraged to participate in the board.
- Maintain regular attendance at regional meetings.
- Nominations shall be made in a fashion to maintain the multi-disciplinary composition of the representatives.

Identification of Discipline-/Role-Specific Representatives

- MHA Staff serving as HCC liaisons select individuals to fill the discipline-/role-specific representatives to ensure the board composition is well-rounded and representative of disciplines and roles within and needed by the HCC.
- These representatives should have a strong understanding of the MO HCC and ideally will participate in their respective regional HCC meetings.

Identification of Advisory Representatives

- MHA Staff serving as HCC liaisons work with the identified organizations to determine the best individual to serve in an advisory role to the MO HCC.
- These representatives should have an understanding of the MO HCC.

Membership Terms

There are no term limits for the members. As long as the representative remains active in the coalition and contributing, the representative can maintain their position.

Resignation of Board Representative

In the event of an unexpected departure, resignation, or removal from office of a board member, the respective region will appoint the new representative.

Board Training Expectations

Training Competencies

- Basic understanding of the Incident Command System (ICS)
- FEMA ICS 100 and 200, IS 700 and 800
- EMResource/eICS basic user
- WebEOC awareness
- General understanding of ESF 8 – Public Health and Medical as it relates to the HCC

Additional Recommended Competencies

- FEMA ICS 300 and 400
- Terrorism Liaison Officer

Revised: November 2024

APPENDIX C: Communities Most Impacted by Disasters in the MO HCC