



**COLORADO**  
**North Central Region**  
**Healthcare Coalition**

# **North Central Region Healthcare Coalition**

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## **Preparedness Plan**

Version 2.0  
June 28, 2018

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## INTRODUCTION

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### **Purpose of the Plan**

This document provides the framework for the development and sustainment of the North Central Region Healthcare Coalition (NCR HCC). In addition, this plan outlines the planning processes that serve to support the ability of the North Central Region's health care delivery system to mitigate against, prepare for, respond to, and recover from emergencies, natural disasters, and other crises. Planning considerations include the prioritization of activities that develop and test capabilities focused on communication, information sharing, resource coordination, and coordination with health and medical response entities (e.g., Emergency Support Function [ESF] 8).

The development process for the NCR HCC Preparedness Plan was collaborative in nature. The NCR HCC Governance Board, HCC core members, including: hospitals, emergency medical services (EMS), public health, and emergency management, as well as key HCC community partners throughout the region provided input, and participated in multiple reviews of the plan. The final document was approved by the NCR HCC chapter leads as well as representatives on the NCR HCC Governance Board.

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### **Scope of the Plan**

The scope of the NCR HCC Preparedness Plan is limited to the healthcare coalition mitigation, preparedness, response, and recovery activities and framework within the ten county Colorado North Central Region. This plan, and the associated documents, were developed to support the coalition and its members and is not directive in nature.

In addition, it should be noted that this plan does not supersede or interfere with organizational emergency operations plans, jurisdictional plans, or official command and control structures outlined at the local or state level. The healthcare coalition, and its associated plans, serve to enhance the emergency mitigation, preparedness, response, and recovery activities related to the healthcare component of the emergency response system.

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### **Administrative Support**

The NCR HCC Preparedness Plan will be reviewed and revised by the NCR HCC Governance Board, HCC chapter leads, and HCC members on an annual basis. Additionally, the plan will be updated and revised with relevant information following real events, planned training exercises, and/or the development of After Action Reports/Improvement Plans. Version 1 of the plan, as well as any revised versions of the plan, will be distributed to all NCR HCC members and the NCR HCC Preparedness Plan Record of Changes Log (Appendix F) and the NCR HCC Record of Distribution Log (Appendix G) will be updated.

## HEALTHCARE COALITION OVERVIEW

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### Purpose of a Healthcare Coalition

Healthcare coalitions facilitate those activities that serve to enhance and support emergency preparedness and planning activities among diverse healthcare organizations that exist within a geographic region. The collaborative work done within an HCC supports efficient and effective situational awareness, coordination of resources and efforts, and communication; thus resulting in increased healthcare emergency response capabilities.

The formal definition of a healthcare coalition, per the Assistant Secretary for Preparedness and Response (ASPR) is as follows:

Groups of individual healthcare and response organizations (e.g., hospitals, EMS, emergency management organizations, public health agencies, etc.) in a defined geographic location – play a critical role in developing healthcare delivery system preparedness and response capabilities. HCCs serve as multiagency coordination groups that support and integrate with ESF-8 activities in the context of incident command system (ICS) responsibilities (...) members that actively contribute to HCC strategic planning, operational planning and response, information sharing, and resource coordination and management.<sup>1</sup>

Aligning with the definition above, Colorado’s North Central Region Healthcare Coalition exists to promote, develop, and enhance the region’s cross jurisdictional coordination to the health and medical component of incident preparedness, response, and recovery. This is achieved through communication, planning, training, and collaboration with coalition partners.

The NCR HCC brings together diverse healthcare organizations within the ten county geographic region to foster communication and coordination. This collaborative approach facilitates a more effective and efficient response within the healthcare system, while preserving pre-existing collaborative efforts and maintaining the official command and control structure authorized by state and local emergency management.

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### Healthcare Coalition Boundaries

Beginning in early 2017, the healthcare coalition boundaries within the state of Colorado were restructured to follow the state’s All-Hazards Emergency Management Regions, bringing the total number of HCCs in Colorado down to 9, from more than 30 in 2016. Aligning with this directive, the NCR HCC boundaries follow the North Central All-Hazards Emergency Management Region (NCR), which includes the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, and Jefferson.

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<sup>1</sup> Assistant Secretary for Preparedness and Response, *2017-2022 Health Care Preparedness and Response Capabilities* (2016), 8.



**Colorado Health Care Coalitions (HCC)**

For Additional Information Contact CDPHE OEPR

Map Prepared by CHED/GIS Unit | March 15, 2017



*State of Colorado map highlighting the nine healthcare coalition regions*

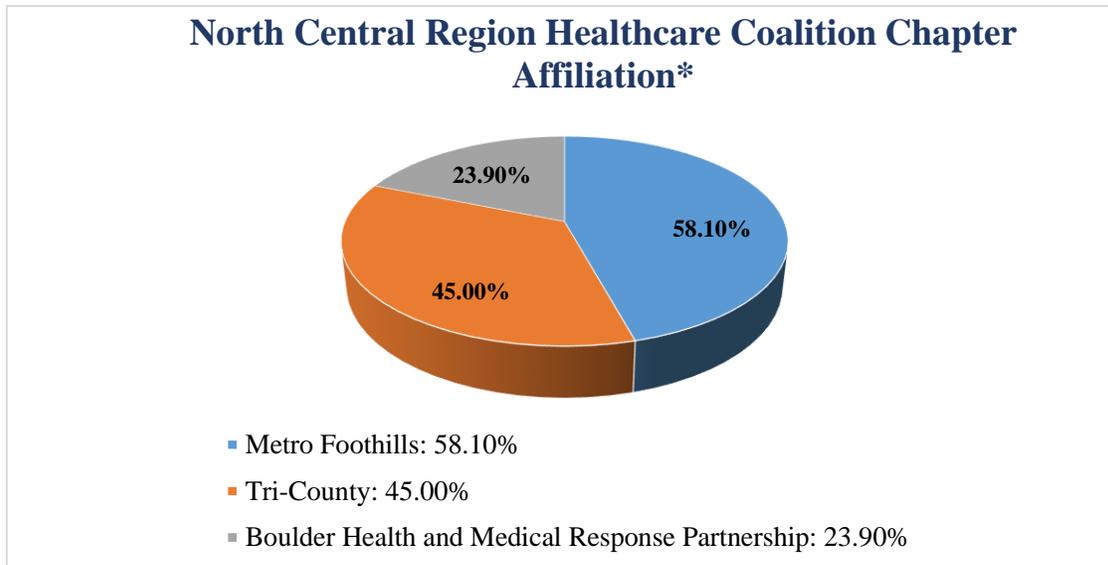
The ten-county North Central Region spans roughly 7,000 square miles of both urban and rural geography and has a population of approximately 3.1 million people. Although the region does include a number of mountain and plains communities, it is largely comprised of densely populated metropolitan cities.

Due to the population density, and inclusion of a number of large urban cities within the NCR boundaries, health and medical resources, including those that go beyond the traditional hospital and pre-hospital services, are abundant. There are a total of 24 acute care hospitals spread across seven of the ten counties – all are located in urban areas with the vast majority belonging to one of four corporate health systems that exist within the region. The NCR is also home to a number of Emergency Medical Service (EMS) agencies that are spread both throughout the urban and rural areas, and two Regional Emergency Medical and Trauma Advisory Councils (RETACS). Regional health and medical services and support entities that fall outside of those mentioned above include, but are not limited to: ancillary healthcare facilities (e.g., long-term care, hospice, surgical centers, etc.), outpatient clinics, community mental health centers, Medical Reserve Corps (MRCs) and volunteer organizations.

Although the geographic boundaries of the NCR HCC are not the largest within the state, the HCC, and its members, do serve over half (57.00%) of the state’s total population.<sup>2</sup> In an effort to better facilitate effective and efficient planning within such a dense and diverse region, the NCR HCC has been broken down into three chapters: Boulder Health and Medical Response Partnership (HAMR) Chapter, Metro Foothills Healthcare Coalition (MFHCC) Chapter, and Tri-County Healthcare Coalition Chapter. Each chapter is delineated by county lines and aligns with

<sup>2</sup> USA QuickFacts from the US Census Bureau. *State and County QuickFacts 2016*, [quickfacts.census.gov/qfd/states/00000.html](http://quickfacts.census.gov/qfd/states/00000.html).

their members ESF-8, or comparable health and medical branch, system(s). This structure allows for more localized planning amongst those partners that will likely be involved in the initial response, while still focusing on the broader NCR HCC regional initiatives being supported through the strategic guidance of the NCR HCC Governance Board.



*Breakdown of NCR HCC Chapter Membership: data pulled March 22, 2018  
(\*this is a snapshot as data collection was still in process when this plan was approved and submitted)*

In addition to the sustainment of the three chapters, NCR HCC members have developed and/or integrated into existing sub-committees within the region. These committees are discipline specific and/or focus on specialized topics. Subcommittees include: public health, emergency medical services, mass fatality, mass care, healthcare, ancillary healthcare, behavioral health, and training and exercise. Because many of these sub-committees are sponsored by the NCR All-Hazards Emergency Management Region, HCC member involvement further aligns the HCC with the other all-hazards emergency management initiatives within the region.

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## Healthcare Coalition Members

For healthcare coalitions, one of the most important steps in effective planning is member designation. Coalition membership should be inclusive and representative of the system in which the HCC and its members operate. Diversity within the NCR HCC promotes an integrated community response and serves to strengthen the healthcare system as a whole.

The NCR HCC places a strong emphasis on engaging all regional partners within the healthcare system continuum. For the NCR, the spectrum of potential coalition members is wide due to the resource rich nature of the region.

The HCC includes members from all of the four core disciplines as outlined by ASPR (i.e., emergency management, emergency medical services, hospitals, and public health). In addition, the HCC has strong participation from additional key members within the health and medical response community. A full breakdown of NCR HCC membership can be found in Appendix D.

For a coalition to be effective, there must be a certain level of member engagement and participation. Involvement in the NCR HCC is voluntary, but membership in the NCR HCC does carry with it specific responsibilities as outlined in the NCR HCC Governance Document and NCR HCC registration form. These responsibilities include:

1. Provide representation at coalition chapter meetings and activities
2. Participate in collaborative regional preparedness planning
3. Contribute to meeting coalition priorities, goals, and contractual deliverables

Each HCC member is asked to sign a “Commitment to Participate,” which outlines the three responsibilities listed above, when they complete the NCR HCC registration form. These signatures, although not legally binding, represent the willingness of members to actively engage in, contribute to, and support both chapter level as well as regional healthcare preparedness, response, and recovery initiatives.

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## **Healthcare Coalition Governance**

The NCR HCC is governed by a cross-disciplinary elected group of representatives that serve on the NCR HCC Governance Board. The Governance Board, as stated in the NCR HCC Governance Document, was established to provide guidance and strategic direction to the NCR HCC. It functions as an advisory board, ensuring that operational capabilities, scope of work requirements (as directed by the Colorado Department of Public Health and Environment and the Assistant Secretary for Preparedness and Response), and allocation of resources align with the strategic goals and objectives of the coalition. The Governance Board also works to ensure that plans, trainings, and exercise activities conform to guidelines issued by ASPR and the National Response Framework.

The NCR HCC Governance Board is led by a team of elected officers: two (2) Co-Chairs, one (1) Secretary, and one (1) Treasurer. General NCR HCC Governance Board representation includes a primary and alternate representative from: hospitals, emergency management, public health, emergency medical services, behavioral health, ambulatory care, community health clinics, and long term care.

The current North Central Region Healthcare Coalition Governance document can be found in Appendix A.

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## **Role of Leadership within Member Organizations**

Support from leadership within HCC member organizations is key to consistent member engagement and fulfillment of HCC member expectations, as outlined in the membership section of this plan. Endorsement from leaders within NCR HCC member organizations is exemplified in various Memorandums of Understanding (MOUs), Mutual Aid Agreements (MAAs), leadership participation in exercises and training opportunities, and financial commitments through allowing staff to attend NCR HCC meetings and activities.

In addition, the NCR HCC encourages members to include their leadership team in organization-level planning and activities. Building leadership involvement into these initiatives ensures that emergency operations plans are comprehensive and align with the directives of the organization (e.g., follows policies, procedures, compliance/licensing requirements, etc.). Active leadership involvement in emergency preparedness planning also helps to ensure that the creation of systems and processes related to emergency operations can be effectively executed, if needed.

In following with the best practices outlined in the Federal Emergency Management Agency (FEMA) Comprehensive Preparedness Guide (CPG) 101 – Developing and Maintaining Emergency Operations Plans, organizations should develop plans that are scalable to address both traditional and catastrophic incidents. For a healthcare entity, a scaled response would include those support mechanisms (e.g., ESF-8), resources, and agreements that in part, are facilitated through the participation in the healthcare coalition. Therefore, if leadership is engaged in the organization-level planning process, they will be aware of the role(s) that the HCC members and associated systems may play during an incident. HCC members are encouraged to build on this understanding through the education and integration of leadership into regional planning and activities.

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## **Risk**

In 2017, the North Central Region Healthcare Coalition completed a Joint Risk Assessment (JRA) based on data from the 2017 North Central Region/Urban Area Security Initiative (UASI) Joint Risk Assessment, HCC member Hazard Vulnerability Assessments, and data gathered from state and local agencies. The purpose of this document was to provide the NCR HCC Governance Board, and the Healthcare Coalition as a whole, with the information necessary to identify and plan for those risks that have the ability to significantly impact the health and medical system within the region. In addition, this assessment highlighted existing gaps within the current regional preparedness and response structure, as these gaps directly impact the region's ability to respond to the identified risks.

To date, this assessment has aided the NCR HCC in strategic planning and the prioritization of activities, while helping to direct efforts aimed at addressing the gaps identified within the regional preparedness and response continuum.

The results of the 2017 Joint Risk Assessment identified the following as the top five risks that have the potential to significantly impact the health and medical response system within the NCR:

- Communicable Disease/Epidemic
- Cyber Terrorism/Information Technology (IT) Failure
- Winter Storms
- Power Failure
- Flood

The full 2017 North Central Region Healthcare Coalition Joint Risk Assessment can be found in Appendix B.

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## Gaps

As mentioned above, the NCR HCC JRA not only identified the top risks to the region, it also examined gaps within the current preparedness and response structure. Up until the restructuring of HCCs in the State of Colorado in 2017, HCCs within the NCR had been focusing on increasing capabilities at a local level, with minimal work being done at the regional level. The shift to a regional HCC has resulted in the implementation of initiatives that have, and will continue to, address preparedness and response capabilities from a regional perspective. This includes the implementation of processes that promote the development of a more structured and functional regional system to support the strong local systems that are already in place.

Based on findings from the 2017 JRA gap analysis, the NCR HCC has initiated the process of addressing three key capabilities on a regional level:

- Regional Coordination
- Regional Communication
- Regional Situational Awareness

Although the JRA outlined gaps within the current system, NCR HCC leadership acknowledges the need for a comprehensive regional gap analysis, which includes the assessment of regional health care resources. Once there is a solid preparedness and response framework in place at the regional level, which includes resource management, the HCC will begin to formally assess what resources exist within the region, where the gaps are, and how these gaps can be addressed.

Additional information on the regional gap analysis can be found in the NCR HCC Joint Risk Assessment can be found in Appendix B.

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## Compliance Requirements/Legal Authorities

As a planning and support entity, the NCR HCC recognizes the importance of understanding and incorporating emergency preparedness, response, and recovery compliance and legal requirements into its activities. The diversity in NCR HCC membership is reflected in the diversity of mandates, legal authorities, compliance requirements, etc. to which its members must adhere to. Although the coalition fully supports the incorporation of these requirements into plans, trainings, exercises, etc., it is imperative that members understand their specific mandates and requirements that pertain to their organizations/disciplines, as these mandates impact how healthcare providers respond, what liabilities may have been waived, and what resources may be available to them during an event.

Because the NCR HCC puts a strong emphasis on planning and preparedness, the legal and regulatory requirements for these activities are continually incorporated into NCR HCC activities. This is accomplished in a number of ways, including: bringing in Subject Matter Experts (SMEs), developing training and exercises that will test and assess specific regulations, supporting discipline-specific exercises that fulfill regulatory requirements, and facilitating discussions around effectively incorporating regulations into planning documents.

One of the priority areas for the NCR HCC through 2017 (and continuing into 2018) was providing guidance and support to our members in their work to comply with the Centers for Medicare & Medicaid Services (CMS) *Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers*, which went into effect on November 16, 2016. The coalition not only sponsored a number of trainings and exercises that addressed gaps identified in members' plans, but also created a special workgroup for the region's Ancillary Healthcare Partners to better support their needs long-term.

Although the NCR HCC is not a response entity in and of itself, and there are no federal, state, or local ordinances, statutes, or rules that it must follow, the coalition does focus on the integration of those member-level requirements into HCC response-centered plans, trainings, and exercises. This is an area where the coalition can support members by providing an opportunity to dissect and discuss legal requirements, work through specific scenarios, and discuss related consequences for both response and recovery activities. Past examples of this type of work include: tabletop exercises aimed at resource ordering and alternate care sites, involvement in the development of Colorado's Crisis Standards of Care Plan through CDPHE, and coalition and committee facilitated discussions around MOUs and mutual aid.

Effective integration of compliance requirements and legal authorities requires strong collaboration between the NCR HCC and its members. Because of the volume of requirements, their unique complexities, and ever-changing mandates, it is imperative that the coalition continues to have an open dialogue with its members around how the coalition can continue to support efforts in this area.

A partial list of compliance requirements and legal authorities that impact NCR HCC members can be found in Appendix H.

## HEALTHCARE COALITION OBJECTIVES

### **Maintenance and Sustainability of the Healthcare Coalition**

The primary role of HCCs is to communicate and coordinate. Although the NCR HCC itself does not have a primary response role, the planning, networking, training, and preparedness activities that occur within the HCC serve as the foundation for the response activities within the health and medical system(s) during incidents. In addition, it is this foundational work that further supports the response capabilities of ESF-8, or other comparable health and medical branches, and allows for the integration of HCC members and activities into the larger emergency response framework.

Similar to other emergency preparedness groups and organizations, NCR HCC plans and preparedness activities follow an all-hazards approach. This ensures that the system is capable of addressing the health and medical needs within the region, regardless of the type of event. The all-hazards focus is further supported by the integration of the HCC into the other emergency management/emergency preparedness systems that exist within the region and the state (i.e.,

North Central All-Hazards Emergency Management Region – NCR, the Urban Area Security Initiative – UASI, Colorado Department of Public Health and Environment – Office of Emergency Preparedness and Response – CDPHE-OEPR, and Colorado Division of Homeland Security and Emergency Management – North Central Region). This integrative and collaborative approach amongst planning and response entities within the region and the state promotes relationship building, and further increases those capabilities that allow for effective and efficient coordination across systems during times of crisis. In addition, the NCR HCC’s integration into existing systems helps to promote and support consistent and sustainable initiatives.

Prior to the shift to a regional HCC in 2017, the three independent healthcare coalitions in the NCR were developed and sustained not because of a mandate, but because members recognized the need to plan and coordinate with other health and medical partners in their jurisdiction. This foundation of having members come together for the good of the system, and ultimately the good of the community, is something in which the NCR HCC is proud of and will continue to promote and benefit from. This approach has proven effective as evidenced in the increase of HCC members across the region, even throughout the most recent transition into a regional coalition and change in funding processes.

The sustainability model that the NCR HCC has adopted, and been successful at implementing, includes a number of strategies that, when combined, have resulted in a coalition that is member-driven and effective. Maintenance and sustainment strategies include:

- Governance Board representatives and leadership donate their time and expertise
- Trainings are often done in-kind from members, state or local agencies, or consultant groups
- Subject Matter Experts (SMEs) donate time, when requested
- NCR HCC members volunteer to help the coalition, or other member organizations, with activities (e.g., serving as exercise evaluators, providing actors for exercises, providing trainings at member organizations, etc.)
- Space for chapter meetings is often provided at no cost
- The coalition works to integrate into existing training and/or exercise activities at the local, regional, and state level
- NCR HCC chapter meeting hosts (HAMR) and public health (Tri-County Health Department, Denver County, and Jefferson County) departments provide the funds for food at all chapter meetings
- NCR HCC does not charge a fee and does not solicit for donations

This self-sustaining model allows for funds received by the coalition through the Hospital/Healthcare Preparedness Program (HPP) to be used to support larger regional and/or local initiatives, including: cross-jurisdictional planning, multi-agency/cross-disciplinary preparedness and response projects, community engagement activities, region-wide training opportunities, and regional coordination activities. These funded projects are member-led and address identified risks or gaps outlined in the 2017 NCR HCC Joint Risk Assessment as well as objectives laid out in the 2017-2022 Healthcare Preparedness and Response Capabilities

document. Funded entities are required to provide regular reports on their projects to the NCR HCC Governance Board and any products that result from funding will be made available to the region, as appropriate (e.g., equipment, After-Action Reports, caches, trainings, etc.). These projects are taking on work that will further strengthen and sustain the coalition moving forward, while allowing members to take an active role in increasing the coalition’s capabilities.

Another significant component to sustainability is engagement at all levels – from the NCR HCC’s members up through healthcare coalition engagement initiatives at the state level. In part, this is being facilitated through the sharing of leading practices and lessons learned at both the chapter as well as the regional and state level. Each HCC chapter within the NCR has a standing agenda item to discuss organization-level activities. This dedicated time at each meeting provides members with a space to share what they have learned through planned events, exercises, and real-world events. This interaction amongst members promotes relationship building and encourages participation and engagement. When appropriate, these discussion items are then communicated to the other chapters and/or workgroups. A similar communication loop exists between the NCR HCC Governance Board and chapter leads in an effort to ensure that information gathered for the region is efficiently passed down to the HCC members, and that member feedback and data is able to make its way back up to the Governance Board. This, in part, is facilitated through NCR HCC Governance Board representatives, HCC chapter leads, and the HCC Regional Planner – all of whom attend and participate in chapter-level meetings and activities.

Engagement with other HCCs throughout the state of Colorado is promoted primarily through the State of Colorado Healthcare Coalition Council. This Council is comprised of representatives from each HCC, healthcare association representatives, and individuals from the Colorado Department of Public Health and Environment (CDPHE). The stated mission of this group is to “serve as Colorado’s resource for local and regional healthcare coalitions through collaboration, guidance, leadership, and support to all partners and stakeholders by promoting sustainable planning, training, and exercising.”<sup>3</sup>

While the adoption of an all-hazards approach, the integration into the broader emergency management framework, financial considerations, and prioritization of sharing leading practices and lessons learned are all key components the successful maintenance and sustainment of the NCR HCC, none of this would be necessary or possible without strong participation and engagement of HCC members.

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## **Engagement of Partners and Stakeholders**

The NCR HCC is member-driven and member-supported, which means that the coalition, and its associated capabilities, are only as strong as its member-base. As such, the NCR HCC strives for membership diversity and strongly promotes and supports organization-level preparedness; the stronger and more diverse the members, the stronger the coalition. This dual focus of supporting

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<sup>3</sup> Colorado Healthcare Coalition Council, *Governance* (September, 2016), 1.

organizations while prioritizing regional needs is key to initial and sustained engagement and effectiveness.

The coalition's value can also be impacted by the *diversity* of members that are included. As discussed in previous sections, the NCR HCC strives to be representative of a wide variety of disciplines within the health and medical system, but it is important to note that this inclusive approach extends beyond discipline-types to include diverse partners and stakeholders. The following sections outline the strategies used to engage, inform, and integrate healthcare executives, clinicians, community leaders, and those who support special populations.

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## Engagement of Healthcare Executives

Building on the strategies mentioned in the *Role of Leadership within Member Organizations* section, the NCR HCC encourages, and defaults to, its members to convey the importance of consistent and active participation in the coalition to the executives within their healthcare organizations. Members are supported and encouraged to communicate the value of the healthcare coalition beyond emergency preparedness and response. These benefits may include:<sup>4</sup>

- Meeting regulatory and accreditation requirements
- Enhancing purchasing power (e.g., bulk purchasing agreements)
- Accessing clinical and non-clinical expertise
- Networking among peers
- Sharing leading practices
- Developing interdependent relationships
- Reducing risk
- Addressing other community needs

In addition, when appropriate, the NCR HCC works to promote the involvement of healthcare executives in exercises, debriefs, and after action activities in an effort to facilitate information sharing, engagement, and support.

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## Engagement of Clinicians

Due to the diverse representation within the NCR HCC, a number of members serve in a clinical capacity within their respective organizations. These members are able to provide clinical guidance during HCC activities and are relied on to provide feedback and knowledge during plan and resource development.

In addition, members with clinical expertise have been asked to serve as Subject Matter Experts (SMEs) in exercises and trainings and are often integrated into chapter meetings to provide

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<sup>4</sup> Colorado Department of Public Health and Environment – Office of Emergency Preparedness and Response, *Nine Regional Healthcare Coalition Guidance Document*, (2017), 4.

updates and/or discuss recent events (e.g., epidemiologists, EMS staff, emergency department staff, etc.).

Further, the coalition encourages members to integrate clinical staff within their organizations into the creation, implementation, and testing of facility-level plans and processes.

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## **Engagement of Community Leaders**

Engagement of community leaders in the region's health and medical preparedness and response activities has occurred at the community/local, chapter, and regional level.

One component of community leader engagement is the integration of members into community-based preparedness and response activities. A number of NCR HCC members attend county Office of Emergency Management (OEM) coordination meetings, Local Emergency Planning Committee (LEPC) meetings, and community events (e.g., exercises, trainings, workshops, etc.) that are often attended and/or facilitated by community leaders. By participating in these activities outside of the NCR HCC, members are, in effect, serving as liaisons between the healthcare coalition and the community. This is invaluable, as it would not be possible for the coalition staff or leaders to engage in every community event that occurs within the region.

The NCR HCC chapter meetings are regularly attended by both community, as well as cultural, leaders (e.g., the Colorado Muslim Society Medical Reserve, state-level emergency preparedness and response leaders, and organizations/individuals that focus on providing services to special populations, etc.). These members are regularly called upon to provide their experience and expertise to ensure that activities and discussions are inclusive of the needs of the communities served. The inclusion of these leaders, and the prioritization of incorporating their feedback into activities, facilitates continued engagement in local as well as regional activities. In addition, the coalition includes members who serve in leadership roles within various state-level associations, including: the Colorado Hospital Association, Colorado Health Care Association & Center for Assisted Living, and the Colorado Community Health Network. Members from these organizations hold positions on the NCR HCC Governance Board, serve as co-chairs for discipline-specific workgroups, and are actively engaged in the Colorado Healthcare Coalition Council.

On a regional level, NCR HCC leadership has integrated into various activities that involve community leaders, including: NCR/UASI Board Meetings (attended by regional OEM leadership), Colorado Department of Homeland Security and Emergency Management engagement sessions, and regional or state-level exercises. Participating in these meetings and events provides a platform to promote and educate leaders on the role(s) of the HCC. In addition, it allows HCC leadership to learn from and build relationships with the community, which ultimately impacts sustainment and planning activities.

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## **Planning for the Inclusion of Children, Pregnant Women, Seniors, and those with Access and Functional Needs (AFN)**

Historically, the region has shown a strong commitment to addressing the needs of special populations through planning, trainings, and exercises. HCC chapters regularly host trainings on the Colorado Department of Public Health and Environment's (CDPHE) Community Inclusion in Colorado (CICO) maps, and multiple jurisdictions have incorporated access and functional needs populations into exercises and drills, including the statewide Public Health Emergency Dispensing Exercise (PHED Ex) in June of 2017. HCC members are strongly encouraged to maintain awareness around special populations that may fall under their care and/or who may end up requiring their services as a result of an event(s).

In addition to specialized trainings, the NCR HCC also participates in a regional access and functional needs workgroup. The vision of the NCR Access and Functional Needs Committee is to be an inclusive group of organizations and individuals committed to the safety and security of those with access and functional needs. The mission of the AFN Committee is to collaborate with coalitions, agencies and individuals to address the planning, training, education and resource needs necessary to assist those with access and functional needs in preventing, preparing for, responding to and recovering from any type of disaster. The committee meets regularly and includes representatives from multiple counties in the North Central Region. The workgroup highlights agencies and resources in the community which benefit citizens with access and functional needs and those who strive to incorporate AFN awareness into exercises, trainings and plans.

In recent years, the state of Colorado has prioritized the role of behavioral health during disasters through the Colorado Crisis Education and Response Network (CoCERN). This state-wide network, which can be activated via multiple channels, including ESF-8, is comprised of Behavioral Health Disaster Coordinators who manage teams of specially trained behavioral health responders. In an effort to align with the work being conducted at the state level, the NCR HCC has worked diligently to integrate disaster behavioral health into all preparedness and response capabilities. Many of the behavioral health providers in the region are active participants in the coalition, and provide subject matter expertise on a regular basis. Behavioral health partners also regularly host Psychological First-Aid Trainings, which are available to all NCR HCC member organizations.

Over the past twelve months, the coalition has seen a sharp rise in membership from organizations that serve seniors. The vast majority are considered ancillary healthcare providers, and provide a variety of services ranging from independent living to skilled nursing and memory care. In an effort to better support these members, the region assisted in the development and continued support of a NCR Ancillary Healthcare Workgroup. This workgroup includes representation from across the region and focuses on the development of emergency procedures within the ancillary healthcare community, relationship building, training, and education. Ancillary healthcare provider participation in the NCR HCC has proved to be invaluable as it has broadened and strengthened planning activities related to the senior community.

Although planning for pediatrics in disasters has been addressed within the coalition in the past, and there is strong representation from the region's pediatric health and medical partners, this is an area that the NCR HCC will be re-prioritizing in the upcoming months. The first step in

strengthening planning for pediatrics in disasters is to hold information gathering sessions with NCR HCC members to gauge what work has been done, what is currently in process, and what gaps have already been identified. This information gathering process will occur within HCC chapter meetings, and will be facilitated, in part, by the Colorado Department of Public Health and Environment's Office of Emergency Preparedness and Response's Pediatric Disaster Coordinator.

## HEALTHCARE COALITION WORKPLAN

### Roles and Responsibilities

Just as the NCR HCC is a collaborative effort amongst its members, the work to push the coalition forward and ensure that work aligns with the coalition's stated purpose, is a collaborative effort amongst its leadership.

As stated, the NCR HCC Governance Board serves to provide strategic direction, act as an advisory board, and support the chapters. Activities that fall under this umbrella include, but are not limited to: reviewing and approving deliverables; interfacing with the HCC fiscal agent; reviewing and approving financial documents and projects; participating in state and/or federal sponsored groups and activities related to preparedness; and participating in regional planning workgroups.

The NCR HCC Regional Planner is tasked with coordinating all-hazards emergency preparedness planning and projects for the coalition. Specific activities include, but are not limited to: completing plans and assessments; coordinating projects and initiatives across all three chapters; representing the NCR HCC at various regional sub-committees and activities; leading and coordinating task-specific workgroups; developing and/or evaluating exercises that involve HCC members; and ensuring that all deliverables for the coalition are successfully completed.

The three HCC chapter leads primarily focus on the maintenance of their chapters, including member engagement. Responsibilities include, but are not limited to: coordinating trainings and speakers for chapter meetings; communicating pertinent information and opportunities with members; participating in activities associated with regional deliverables; facilitating chapter meetings; initiating local or jurisdiction-specific workgroups/projects related to the HCC; and interfacing with local, state, and federal partners.

Although the NCR HCC, in its current state, is less than a year old, it has already made significant strides toward improving emergency preparedness capabilities within the region. Projects have included: the development of the NCR HCC Governance Board; the creation and approval of the NCR HCC Governance Document; the completion of a NCR HCC Joint Risk Assessment; the development of a regional logo; standardization of activities across three chapters; implementation of member training related to access and functional needs; support of multiple preparedness and response projects being carried out through NCR HCC members; and

continued integration into the broader emergency management system within the North Central Region and the state of Colorado.

Looking forward, the following activities have been prioritized as initiatives that will continue to support and enhance the NCR HCC:

*Short-term activities and objectives:*

- North Central Region Cross Jurisdictional Health and Medical Workshop – scheduled for April 4, 2018: the aim of this workshop is to bring together representatives from various disciplines to work through the current gaps in the regional health and medical response system. Participation will include representatives from the state of Colorado, including the Colorado Department of Public Health and Environment’s Office of Preparedness and Response (CDPHE-OEPR). The workshop will be facilitated by a third party, who will create an After-Action Report/Improvement Plan to guide next steps. This activity directly impacts regional capabilities, including: coordination and communication, information sharing, resource management, and will include discussions on compliance requirements and legal authorities.
- Completion of a Coalition Surge Test – scheduled for early April 2018: this exercise will test the coalition’s ability to support the evacuation (simulated) of 20 percent of the region’s staffed acute care beds. Capabilities that will be tested include: coordination among various partners and emergency management functions, communication, information sharing and reporting systems, and patient tracking. The exercise will include an evaluation team and will result in an After-Action Report/Improvement Plan.
- Standardization of member data – ongoing through early 2018: currently, all three chapters utilize different systems to collect various pieces of data on their members. The region is currently working on the development of one system that will collect the same data from each member. This will allow the region to develop a standardized roster that can be quickly accessed as a part of day-to-day operations and/or during an event. In addition, this registration system now includes a section on the NCR HCC’s “Commitment to Participate.” The expectations of participation are outlined, and each member is asked to sign in support of the coalition, and its objectives. These activities (the standardization of member data and the inclusion of the Commitment to Participate statement), support the maintenance and sustainment of the NCR HCC, and further solidify it as a regional coalition. In addition, the standardization of data will help the coalition better define its member categories as the new data more closely aligns with the member groups as outlined by ASPR.

A preliminary breakdown of NCR HCC membership, based on the new standardized categories, can be found in Appendix D. The NCR HCC Commitment to Participate can be found in Appendix C.

- The development of a NCR HCC website – ongoing through early 2018: the NCR HCC Governance Board felt strongly that the coalition should have one spot where HCC members, as well as members of the community, can go to obtain information. The

regional planner is working with a developer to create a site that will include chapter information, upcoming events, mission/purpose statement, publicly accessible documents, and a secured page for official documents. This activity directly supports the maintenance and sustainment of the coalition as well as member, leadership, clinician, and community engagement.

- The sponsorship of an Ancillary Healthcare Summit – May 2018: the newly formed NCR HCC Ancillary Healthcare Workgroup will be hosting a summit for all NCR ancillary healthcare providers (e.g., long term care, home health, skilled nursing, dialysis, etc.) that will include basic emergency preparedness training (e.g., Incident Command System/FEMA courses, common terminology, and plan and exercise development, etc.) in the morning and a tabletop with functional elements in the afternoon. This summit will support member and leadership engagement, and maintenance/sustainability of the coalition.
- The completion of a formal resource and gap analysis for the region – late 2018 – 2019: although the coalition has done informal resource and gap analyses, a formalized process that includes future management of these resources is imperative to future NCR HCC planning activities as well as member response capabilities and supports the continuity of healthcare service delivery.

*Long-term and ongoing activities and objectives:*

- The continued integration of the NCR HCC into the larger emergency management structure within the region. This includes coalition participation in the planning and development of the NCR All-Hazards Emergency Management Region's Complex Coordinated Terrorist Attack (CCTA) training and exercise series, which will culminate in a full-scale exercise that will include partners from throughout the region, including health and medical. Projected timeline for the full scale is 2020 or 2021.
- Continued evaluation and revision of existing HCC documents. This includes: NCR HCC Governance Document, Regional Joint Risk Assessment, Preparedness Plan, Response Plan, and other NCR HCC associated documents. Revisions will be incorporated into the strategic planning and prioritization process for both the region as well as the chapters.
- Focus on strengthening the Continuity of Healthcare Service Delivery capability within the region. This includes supporting continuity of operations planning, examining shelter-in-place procedures within healthcare facilities, the review and management of resources, evacuation and relocation planning, and recovery.
- Continuing to support member organizations as they increase their own preparedness, response, and recovery capabilities. This includes reinforcing the feedback loop between members and the coalition in an effort to closely align priorities and activities. This will occur at both a regional as well as a chapter level and will help to inform future plans (e.g., Response Plan, resource and gap analysis, etc.), as well as revisions to current plans and assessments (e.g., Joint Risk Assessment, Preparedness Plan, etc.).

Both the short term, as well as the long term and ongoing coalition activities and objectives align with the coalition's purpose, support engagement and sustainability, and promote collaboration on a local, regional, and state level. NCR HCC leadership, at all levels, partner to ensure that there is a common understanding about the strategic direction and mission of the coalition amongst its stakeholders, members, partnering systems, and the community.

Although the structure of the NCR HCC has transformed, the goal of the coalition has remained constant: to promote, develop, and enhance the health and medical component of incident preparedness, response, and recovery through communication, planning, training, and collaboration with coalition members.

## APPENDICES

Appendix A – North Central Region Healthcare Coalition Governance Document

Appendix B – North Central Region Healthcare Coalition Joint Risk Assessment

Appendix C – North Central Region Healthcare Coalition Commitment to Participate

Appendix D – North Central Region Healthcare Coalition Membership

Appendix E – North Central Region Healthcare Coalition Budget

Appendix F – Record of Changes to North Central Region Healthcare Coalition Preparedness Plan

Appendix G – Record of North Central Region Healthcare Coalition Preparedness Plan Distribution

Appendix H – Compliance Requirements/Legal Authorities

Appendix I – North Central Region Healthcare Coalition Redundant Communications Drills

Appendix J – Acronyms

Appendix K – North Central Region Healthcare Coalition Preparedness Plan Approval

## Governance of the North Central Region Healthcare Coalition

Adopted 08/31/2017

### **1. BACKGROUND AND GEOGRAPHICAL DEFINITION**

As pursuant to the requirements of the Hospital Preparedness Program (HPP), a division of the federal Office of the Assistant Secretary for Preparedness and Response (ASPR), the primary function of the North Central Region Healthcare Coalition (NCRHCC) is to coordinate and conduct healthcare emergency preparedness activities throughout the Colorado North Central All Hazards Region. The North Central Region (NCR) includes the following Colorado counties: Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Elbert, Gilpin, and Jefferson.

Colorado defines an HCC as: 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 operations.<sup>5</sup> The NCRHCC preserves pre-existing collaborative efforts while creating an umbrella organization which includes care and response organizations, such as hospitals, emergency medical services, public health agencies, care facilities, emergency management organizations, and other community partners.

### **2. PURPOSE**

Colorado's NCRHCC exists to promote, develop and enhance the region's cross jurisdictional coordination to the health and medical component of incident preparedness, response and recovery. This is achieved through communication, planning, training, and collaboration, with coalition partners.

### **3. COALITION MEMBERSHIP**

The NCRHCC is comprised of three healthcare coalition chapters: Boulder Health and Medical Response Partnership, Metro Foothills Healthcare Coalition, and Tri-County Healthcare Coalition. Membership rosters will be maintained by each HCC chapter. Visitors and liaisons from other organizations are welcome to attend and are considered general membership.

#### **a. Core Membership**

Core members must, at a minimum, include representatives of the following disciplines:

- Emergency Management (EM)
- Emergency Medical Services (EMS)

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<sup>5</sup> CDPHE, Office of Emergency Preparedness and Response, *Nine Regional Healthcare Coalition Guidance Document*, 3/9/2017, p.1.

- Hospitals
- Public Health (PH)

**b. General Membership**

General membership may consist of, but is not limited to, representatives of the following disciplines:

- Long term care and skilled nursing facilities
- Outpatient health care delivery centers (including surgery centers)
- Primary and specialty care providers
- Federally qualified health centers (FQHC's)
- Volunteer organizations
- Behavioral health
- Community partners
- Non-governmental organizations
- Law enforcement
- Fire
- Coroners
- Home health agencies
- Regional Emergency Trauma Advisory Councils (RETACs)
- Specialty patient referral centers
- Private organizations
- Educational institutions

**c. Policy on Member Responsibilities**

- Provide representation at coalition chapter meetings and activities.
- Participate in collaborative regional preparedness planning.
- Contribute to meeting coalition priorities, goals, and contractual deliverables.

**4. GOVERNANCE BOARD**

The NCRHCC Governance Board was established to provide guidance and strategic direction to the NCRHCC. It functions as an advisory board, ensuring that operational capabilities, scope of work requirements (as directed by CDPHE), and allocation of resources align with the strategic goals and objectives of the coalition. The Governance Board also works to ensure that plans, trainings, and exercise activities conform to guidelines issued by the Assistant Secretary for Preparedness and Response, and the National Response Framework.

The NCRHCC Governance Board was established by electing a primary and an alternate representative from each NCRHCC chapter's core membership, and from each of the community partners' disciplines.

**Primary Representatives**

The main role of the primary representative is to participate in the Governance Board as a representative of their discipline and NCRHCC chapter. Primary representatives attend all Governance Board meetings, as able, and can hold elected officer positions. Primary

representatives may delegate their voting power to their alternate representative if they are unable to participate in a vote.

**b. Alternate Representatives**

The main role of the alternate representative is to participate in the Governance Board when the primary representative of their discipline and NCRHCC chapter is unavailable. Although it is not required, alternate representatives are welcome to attend all Governance Board meetings. Alternate representatives can hold elected officer positions. Primary representatives may delegate their voting power to their alternate representative if the primary representative is unable to participate in a vote.

Governance Board representation is determined by each NCRHCC chapter identifying nominees for one primary and one alternate representative. Representation must, at a minimum, reflect each core functional group as defined by ASPR guidance (PH, EM, EMS, and Hospitals). NCRHCC chapters should hold Governance Board elections every two years.

The NCRHCC Governance Board is comprised of one primary representative and one alternate representative from each NCRHCC chapter, from the following disciplines:

The four core member organizations as defined per ASPR guidance:

- Emergency Management (EM)
- Emergency Medical Services (EMS)
- Hospitals
- Public Health (PH)

*and*

Community Partners

- Examples include Behavioral Health, Ambulatory Care, Community Health Clinics, and Long Term Care organizations.

A membership roster of the Governance Board will be maintained by the elected NCRHCC Secretary (see “Officers” – Section 5).

**5. OFFICERS**

The NCRHCC Governance Board is led by a team of officers: two (2) Co-Chairs, one (1) Secretary, and one (1) Treasurer, all elected from the Governance Board. Working collaboratively, the officer team initiates coalition planning, organizing, and coordinating activities. They coordinate with the state-level Healthcare Coalition Council, depending on their structure and meeting schedule. Officers’ primary responsibilities include:

**a. Co-Chairs**

The Co-Chairs are nominated by any Governance Board primary or alternate member, and are elected by a majority of voting members. (see “Voting” – Section

8). They should represent different disciplines and will serve a two (2) year term. Major duties of the Co-Chairs include:

- Develop Governance Board Meeting agenda contents
- Facilitate Governance Board meetings
- Provide direction for strategic planning and its implementation
- Coordinate with NCRHCC support to facilitate meeting logistics
- Review Governance Board meeting minutes prior to distribution
- Serves as points of contact for the Fiscal Agent
- Ensure that deliverables are uploaded to CO-SHARE

**b. Secretary**

The Secretary is nominated by any Governance Board primary or alternate member, and is elected by a majority of voting members. (see “Voting” – Section 8). The Secretary will serve for a two (2) year term. Major duties of the Secretary include:

- Ensure that coalition membership receives notice of all meetings
- Assist with preparation of Governance Board meetings
- Ensure that minutes are compiled, reviewed, and disseminated
- Coordinate access to, and manage, the NCRHCC cloud-based document management system
- Maintain the NCRHCC Governance Board membership roster
- Maintain the NCRHCC website

**c. Treasurer**

The Treasurer is nominated by any Governance Board primary or alternate member, and is elected by a majority of voting members. (see “Voting” – Section 8). The Treasurer will serve for a two (2) year term. Major duties of the Treasurer include:

- Review coalition financial documents, in conjunction with the Fiscal Agent
- Monitor status of financial accounts, in conjunction with the Fiscal Agent
- Coordinate with the Fiscal Agent on development and management of the NCRHCC budget
- Direct the Fiscal Agent on NCRHCC funds distribution processes, per the fiscal processes approved by the NCRHCC Governance Board
- Provide regular updates to the NCRHCC Governance Board on financial status of the NCRHCC

Elections for NCRHCC leadership positions shall occur every other year at the August Governance Board meeting. A special election will be held if a leadership position is vacated early, or if a meeting of the Governance Board is not held during the month of August.

Written notice will be provided to any NCRHCC officer if any member of the leadership team is unable to continue with the duties required. Any elected officer of this coalition may be removed for cause by a majority of the voting membership, provided that at least two weeks’ written notice (can be email) of a special meeting is provided to the voting members.

**6. WORKGROUPS**

The NCRHCC may establish workgroups to perform such tasks and duties as deemed appropriate. Workgroups may be established as needed to address a specific area and/or produce a specific product of interest to the coalition. They are expected to provide status reports at chapter coalition meetings as necessary, as well as Governance Board meetings, as appropriate. Workgroup members may be part of either core or general membership.

## **7. MEETINGS**

Visitors and liaisons from other organizations are welcome to attend healthcare coalition meetings, and are considered general membership.

### **a. Governance Board**

Governance Board meetings will be held in-person with a call in option, at least quarterly, in February, May, August, and November. Meeting locations may vary around the NCR, and will be determined and disseminated at least two weeks prior to the meeting. Meeting notices will be disseminated prior to each regularly scheduled or special meeting. Meetings will be led by the elected Co-Chairs, and run according to Roberts Rules of Order.

All coalition members may attend any Governance Board meeting, but only primary representatives may vote.

### **b. Healthcare Coalition Chapters**

Each NCRHCC chapter conducts meetings of their respective core and general membership, and determines its meeting frequency and location. Meeting notices will be disseminated prior to each regularly scheduled or special meeting.

## **8. VOTING**

Only primary representatives of the NCRHCC Governance Board are eligible to vote in coalition matters. Primary representatives may delegate their voting power to their alternate representative if they are unable to participate in a vote.

All votes will pass by a quorum established by a simple majority of the voting representatives present, either in person, electronically, or by phone. Proxy voting is allowed if a primary representative cannot attend a meeting, with instructions sent to the Governance Board Co-Chairs in writing prior to the meeting. Voting is conducted according to simple majority for the following:

- Elections
- Budgeting, allocation and appropriating of coalition funds
- Ratifying plans and other documents
- Approving motions that impact the coalition and its governance, such as amending this document
- Approval of meeting minutes

## **9. INTEGRATION WITH INCIDENT MANAGEMENT**

The role of the NCRHCC in response should be to represent member healthcare organizations by providing multi-agency coordination support to incident management through information and resource coordination for healthcare organizations. This is performed in collaboration with, and in support of, local Emergency Support Function #8--Health, Medical, and Mortuary, or equivalent local response structure.

## **10. AMENDING THE GOVERNANCE DOCUMENT**

This document shall be reviewed at a minimum every other year by the Governance Board. It may be amended at any scheduled or special meeting. Any proposed change(s) to this document will be provided to the Governance Board Secretary at least two weeks in advance of a vote of approval.

This document is intended, through joint cooperation, to best serve the community of the Colorado North Central Region, in preparing for, responding to, and recovering from emergencies. This document is a statement of cooperation among coalition members.



# North Central Region Healthcare Coalition

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## Joint Risk Assessment

December 2017

# North Central Region Healthcare Coalition (NCR HCC) Joint Risk Assessment

December, 2017

## OVERVIEW

The North Central Region Healthcare Coalition (NCR HCC) Joint Risk Assessment serves to provide the Governance Board and the Healthcare Coalition as a whole with the information needed to identify and plan for risks that could significantly impact the public health and medical system within the region. In addition, this document will aid the NCR HCC in strategic planning and the prioritization of activities, while helping to direct efforts aimed at addressing the gaps identified within the regional preparedness and response continuum.

## NORTH CENTRAL REGION

### Population Demographics

The ten-county North Central Region encompasses 7,000 square miles of both urban and rural geography and has a population of approximately 3.1 million people. Although the region does include a number of rural counties, it is largely a densely populated metropolitan area with an average of 453 people per square mile<sup>6</sup>. The region is also home to the City and County of Denver – the capital of the State of Colorado and the most populous city in the state with close to 700,000 residents<sup>7</sup>.

### Health and Medical Resources

There are a total of 24 acute care hospitals spread across seven of the ten counties – all are located in urban areas. The average number of people per hospital, or hospital density, is 129,814 and the average square miles served per hospital is 287<sup>1</sup>. The region is also comprised of a number of Emergency Medical Service (EMS) agencies that are spread both throughout the urban and rural parts of the region.

Because the region is primarily urban, health and medical resources, even beyond hospital and pre-hospital services, are abundant. The NCR includes a wide variety of ancillary healthcare facilities (e.g., long-term care, hospice, surgical centers, etc.), outpatient clinics, community mental health centers, and volunteer organizations. In addition, the region is home to two Regional Emergency Medical and Trauma Advisory Councils (RETACs) and six Medical Reserve Corps (MRCs).

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<sup>6</sup> Community Statics as reported by Colorado Department of Public Health and Environment in 2016: Population from State Demography Office – 2015 data. Land area reported by U.S. Census Bureau Geography Division

<sup>7</sup> United States Census Bureau: Quick Facts – July 1, 2016 data.

## **North Central Region Healthcare Coalition**

Health and medical emergency preparedness planning and coordination in the North Central All-Hazards Region (NCR) is facilitated, in part, through the North Central Region Healthcare Coalition (NCR HCC). The primary function of the NCR HCC is to coordinate and conduct healthcare emergency preparedness activities through the promotion, development, and enhancement of the region's cross-jurisdictional coordination and collaboration to the health and medical component of incident preparedness, response, and recovery. More specifically, the NCR HCC focuses on communication, planning, training, and collaboration, with coalition partners.

Due to its size, the North Central Region Healthcare Coalition is broken up into three chapters: Boulder Health and Medical Response Partnership (HAMR) Chapter, Metro Foothills Healthcare Coalition (MFHCC) Chapter, and Tri-County Healthcare Coalition Chapter. Each chapter covers a portion of the region, broken down by county. The NCR HCC, comprised of the three chapters, is governed by the NCR HCC Governance Board. The board functions as an advisory group and is tasked with providing guidance and strategic direction to the region and its associated chapters. The Governance Board includes representation from hospitals, emergency management, public health, emergency medical services, and various community partners (e.g., clinics, behavioral health, etc.) across all three chapters.

Although the NCR HCC is comprised of partners who would be involved in the health and medical component of a response, the coalition and its associated chapters default to Emergency Support Function (ESF) #8, or comparable health and medical branches, as the designated mechanism for the coordination of Federal, State, and local resources related to public health and medical needs during an incident(s). These systems primarily operate out of the Emergency Operations Center, allowing for direct communication and coordination with other support functions and emergency management. HCC members are integrated into the larger emergency response framework via this structure with the intention being that ESF #8/health and medical branches will complement and support existing agency level plans and procedures, not replace them.

## **North Central Region Healthcare Coalition Membership**

An HCC member is defined as “an entity within the HCC’s defined boundaries that actively contributes to HCC strategic, planning, identification of gaps and mitigation strategies, operational planning and response, information sharing, and resource coordination and management<sup>8</sup>.” Diversity within an HCC promotes an integrated community response and serves to strengthen the healthcare system as a whole.

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<sup>8</sup> Assistant Secretary for Preparedness and Response: 2017-2022 Healthcare Preparedness and Response Capabilities. November 2016.

Per the Assistant Secretary for Preparedness and Response (ASPR), an HCC must include the following four core members:

- Emergency Management (EM)
- Emergency Medical Services (EMS)
- Hospitals
- Public Health (PH)

Although ASPR designates the above disciplines as core members, the health and medical system is much more diverse and the NCR HCC strives to include all partners within the healthcare system continuum. This includes, but is not limited to, representation from: behavioral health, outpatient medical services, ancillary healthcare, volunteer groups, and support organizations.

### **Special Populations**

Historically, the region has shown a strong commitment to addressing the needs of special populations through planning, trainings, and exercises. HCC chapters regularly host trainings on the Colorado Department of Public Health and Environment's (CDPHE) Community Inclusion in Colorado (CICO) maps, and multiple jurisdictions have incorporated access and functional needs populations into exercises and drills, including the statewide Public Health Emergency Dispensing Exercise (PHED Ex) in June of 2017. HCC members are strongly encouraged to maintain awareness around special populations that may fall under their care and/or who may end up requiring their services as a result of an event(s). In an effort to continue to support planning for special populations, the NCR HCC Governance Board completed the CDPHE CICO map training in December of 2017, and all three chapters have scheduled trainings for the end of 2017/start of 2018.

## **PROCESS**

The development of the NCR HCC Joint Risk Assessment was collaborative in nature. Hazard and threat assessment data was collected from members representing all three NCR HCC chapters, as well as from other state and local partners.

The primary data source for this document was the North Central Region 2017 Risk Assessment Summary, which was a combined effort between the North Central Region and Urban Area Security Initiative (UASI). The 2017 Risk Assessment Summary was developed during the 2017 Risk Assessment Workshop, which was attended by over 80 participants representing 14 of the 16 critical infrastructure sectors, including Healthcare and Public Health. Those in attendance assessed both intentional as well as unintentional hazards within the region using a standardized risk formula. Because this risk assessment was recently conducted and developed in conjunction with a wide cross-section of disciplines within the region, and included data specifically addressing the healthcare and public health system, the NCR HCC Governance Board

determined that it would be sufficient in serving as the framework for the NCR Healthcare Coalition focused regional assessment.

In an effort to ensure that this JRA was representative of the NCR HCC, Hazard Vulnerability Assessments (HVAs) were collected from HCC chapter organizations and synthesized with the NCR UASI Risk Assessment. A total of thirty HCC member HVAs were submitted, representing the following disciplines: public health, hospitals, ancillary healthcare, clinics, behavioral health, and emergency management. Only those assessments completed within the last two years were included. Once received, the HVAs were compiled into a single spreadsheet and reviewed to determine alignment with the findings of the NCR/UASI Risk Assessment. The HCC member data review concentrated on the top five risks listed on each HVA in an effort to align with the purpose and structure of this document.

The final step in this process was a review and subsequent approval by the NCR HCC Governance Board and presentation of the data to HCC members. The NCR HCC Governance Board reviewed and discussed the 2017 NCR/UASI Risk Assessment Summary, as well as an overview of the data from the HCC chapter organizations. Based on the information presented, the Governance Board was able to come to a consensus on the top five risks to the region's public health and medical system as well as identify where the significant gaps lie within current planning, response, and collaboration initiatives.

Once the data was finalized via the Governance Board, a presentation on the JRA was conducted at chapter meetings, and a summary of the document was sent out to members.

## **RESULTS**

The review and assessment process outlined above resulted in the following incident types being identified as the top risks to the region's public health and medical system:

- Communicable Disease/Epidemic
- Cyber Terrorism/Information Technology (IT) Failure
- Winter Storms
- Power Failure
- Flood

All of these hazards, including cyber terrorism/IT failure, possess the ability to significantly impact the health and wellbeing of individuals and/or facilities located in or near the affected area(s). When health and safety is compromised, oftentimes the medical system and its associated components, are immediately affected in some capacity. In addition, as the size and scope of an incident changes, different components of the health and medical system may be impacted in different ways. Due to the densely populated North Central Region, the human impact due to a single event, or a combination of events, has the potential to be significant and rapidly escalate into a multi-jurisdictional and/or region-wide response.

In addition to the human impact, these incidents have the ability to disrupt or destroy critical infrastructure. Cyber-attacks, in particular, are becoming increasingly common and can be catastrophic on both an economic as well as an operational front. Natural disasters, such as winter storms and floods, have the capacity to shut down cities and wipe out infrastructure in a matter of hours. With the region's strong reliance on these systems (e.g., electricity, cell phone communication, IT/computer networks, etc.), any significant disruption would greatly impact the health and medical system as well as those individuals within the affected area(s). During a prolonged event where infrastructure is impacted, a cascading effect may take place, which puts additional stress on the health and medical system. This is especially true for individuals in the community who may need additional assistance during an emergency. This includes those with access and functional and/or special medical needs.

Although the North Central Region has experienced, at varying levels, all of the risks listed above, the area still lacks a strong regional system to support an incident(s) that spans multiple jurisdictions. Due to the ability for any one of these hazards to escalate into a regional event, it is imperative that the NCR HCC examine ways to increase capabilities on a regional level.

## **GAP ANALYSIS**

The North Central Region's public health and medical system has been building relationships, developing local emergency response plans and procedures, and working collaboratively for many years. As a result, the region has strong healthcare coalition chapters, dedicated Emergency Support Function (ESF#) 8 and health and medical branch leads, and well documented procedures around health and medical response and support on a local level. These systems have been tested through exercises and real-world incidents on multiple occasions, resulting in lessons learned and improvement activities; all of which have strengthened the support and response network. As is often stated in emergency management, "all disasters start local." This statement is true and is the reason why having a strong foundation at the local level is crucial, but planning and collaboration cannot stop there. Given the potential for a regional event to impact the NCR, it is imperative that the regional HCC now shifts its focus to addressing the lack of a regional coordination/support system.

In an effort to close this gap, the NCR HCC has identified three primary areas that need to be addressed on the regional level:

- Regional Coordination
- Regional Communication
- Regional Situational Awareness

### **Regional Coordination**

As mentioned above, the coordination of local ESF #8 and health and medical branches have been the focus of the region in recent years, as has organization/facility level preparedness.

Not until the recent HCC restructuring in mid-2017, has the region put a strong focus on regional coordination that aligns with the state defined All-Hazards footprints. Due to the size, population density, geographic diversity, and presence of multiple systems within the NCR, regional coordination will be a key factor should a response cross jurisdictional/ESF #8 boundaries. In its current state, the region lacks the structure to coordinate resources, support, and supplies across the ten counties. Because of this, response, or even preparedness efforts, in one jurisdiction may conflict or compete with efforts in a neighboring jurisdiction. This conflict has the potential to delay and/or create competition for resources and support amongst those within the same region. Due to the resource and population density of the NCR, it is imperative that the NCR HCC examine processes for enhancing regional coordination. In addition, the needs of those in more rural parts of the region will be better served if coordination efforts are inclusive in nature. The ability to assess the situation and coordinate from a regional view-point, may allow for support and resources to be allocated to a rural part of the region, and vice versa, more efficiently.

### **Regional Communication**

Once again, on a local level, communication modalities within the NCR HCC have been developed, tested, and revised. This includes the regular facilitation of HCC chapter-level communication drills. With local systems in place, the NCR HCC needs to shift its focus to addressing the lack of regional communication capabilities. At this time, there is no system in place that can get information out to and receive information in from all of the HCC members within the NCR. Each chapter has a distribution list and defined primary and back-up communication modalities, but this information is not shared or easily accessed across chapters. During a regional event, the current system would likely result in duplicated efforts, confusion, and delays.

Within the region, there are a number of communications plans, including the regional Tactical Interoperable Communications (TIC) plan. Although these plans have utility within the response and support continuum, the need still exists for an inclusive regional communications plan and additional training on those plans that have already been developed.

The addition of a regional communication system, and associated plan, that is inclusive of all HCC members and addresses the need for redundancy, would enhance the ability of the region to plan for, respond to, and support HCC members and the community throughout the duration of a cross-jurisdictional event.

### **Regional Situational Awareness**

The above two priorities, coordination and communication, are both components of regional situational awareness. Having a plan, and the structure in place to oversee coordination and communication efforts across the region, will have a direct positive impact on situational

awareness across the affected jurisdictions. Having a high level view of the region will help to inform planning and response efforts on both the local and regional level. In addition, should the state experience a statewide event, situational reports from the region would help to inform the larger response and could support coordination across regions.

It is important to note that these regional activities are not meant to replace, duplicate, or circumvent standardized processes that already exist within the Incident Command System (ICS), Emergency Operations Center (EOC) structure, or ESF #8 system. The purpose of creating a regional system is to *support* and *supplement* response efforts by providing regional coordination, managing regional communication, and developing regional situational awareness.

## SUMMARY

Through a detailed analysis of risk assessment data pulled from various sources throughout the region, the North Central Region Healthcare Coalition was able to identify the top five risks to the region's health and medical system: communicable disease/epidemic, cyber terrorism/IT failure, winter weather, power failure, and flood. All of these risks carry the potential for significant human and infrastructure impact.

In addition, the NCR HCC was able to identify a significant gap in the current response structure – the lack of a regional response system, including: regional coordination, regional communication, and regional situational awareness. By addressing this gap, the NCR HCC will be increasing capabilities on a regional level which, in turn, will support the planning and response initiatives related to those hazards that present the greatest risk.

## Appendix C – North Central Region Healthcare Coalition Commitment to Participate

The NCR HCC Commitment to Participate is outlined in the NCR HCC Governance Document, as well as in the member registration form. Each time a member completes the registration form, they are asked to sign the “NCR HCC Commitment to Participate,” which states that:

As a member of the North Central Region Healthcare Coalition, I commit to:

- Provide representation at coalition chapter meetings and activities
- Participate in collaborative regional preparedness planning
- Contribute to meeting coalition priorities, goals, and contractual deliverables

Below is a screen shot of the NCR HCC Commitment to Participate signature prompt from the NCR HCC registration form:

The screenshot displays a registration form with a modal window titled "Add signature". The modal contains the following text: "As a member of the North Central Region Healthcare Coalition, I commit to: Provide representation at coalition chapter meetings and activities Participate in collaborative regional preparedness planning Contribute to meeting coalition priorities, goals, and contractual deliverables". Below the text is a dashed-line signature box with a yellow arrow pointing to it labeled "SIGN HERE". At the bottom of the modal are "Save signature" and "reset" buttons. The background form shows fields for "Public Information Officer Contact Name", "Public Information Officer Phone", and "Public Information Officer Email", along with a "reset" link. A "Save & Return Later" button is visible at the bottom of the page.

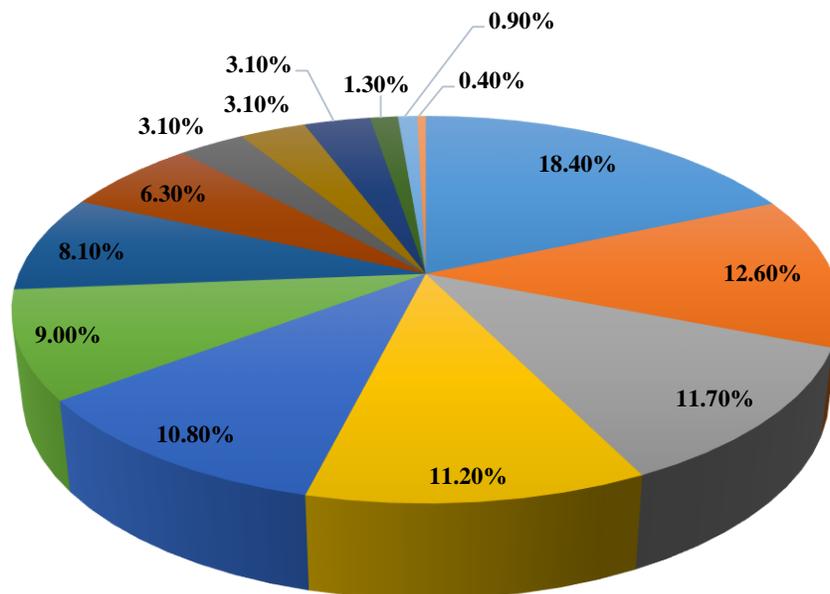
Once signed and submitted, this data is stored in the registration system, and is accessible by all NCR HCC chapter leads, as well as the NCR HCC regional planner.

## Appendix D – North Central Region Healthcare Coalition Membership

In early March 2018, the North Central Region Healthcare Coalition, and its associated chapters, elected to standardize its member rosters across the region. As a result, a new database was developed and rolled out to all existing members and has been incorporated into the registration process for new NCR HCC members. This registration tool will be updated by NCR HCC members on a regular basis to ensure that the coalition has access to accurate information.

The data outlined below is a snapshot of members within the NCR HCC. This data is not fully representative as the data collection process was still progress when this plan was finalized and approved. Future revisions to the NCR HCC Preparedness Plan will include updated member data.

### North Central Region Healthcare Coalition Membership



- Assisted Living/Long Term Care/ Skilled Nursing: 18.40%
- Hospital - Acute Care: 12.60%
- Public/Environmental Health: 11.70%
- Ambulatory Surgery Center: 11.20%
- Other HCC Partner: 10.80%
- Dialysis: 9.00%
- Home Health: 8.10%
- Emergency Management: 6.30%
- Behvaioral Health: 3.10%
- Emergency Medical Services: 3.10%
- Outpatient Medical Services: 3.10%
- Hospice: 1.30%
- Coroner: 0.90%
- Hospital - Non-acute Care: 0.40%

March 22, 2018

## Appendix E – North Central Region Healthcare Coalition Budget

The budget below includes the total funds received as part of the Assistant Secretary for Preparedness and Response’s Hospital/Healthcare Preparedness Program grant. The NCR HCC received these funds through the Colorado Department of Public Health and Environment’s Office of Emergency Preparedness and Response. This grant is the only funding stream that directly supports the coalition.

North Central Region Healthcare Coalition Budget Period 1 (July 1, 2017 – June 30, 2018)

Budget To Contract Dated ***** - CMS Contract Routing Number 18 FHJA *****		
Expenditure Categories		Budget Totals
Personnel Services		Contract Budget
Position Title	Description of Work	
Total Personal Services		\$0.00
Supplies & Operating Expenses		Contract Budget
Item	Description of Work	
Total Supplies		\$0.00
Travel		Contract Budget
Item	Description of Work	
Total Travel		\$0.00
Contractual (payments to third parties or entities)		Contract Budget
Item	Subcontractor Entity Name and/or Description of Item	
Contractual to third parties for completion of SOW	This will vary depending on the awardee.	\$354,831.00
Total Contractual		\$354,831.00
SUB-TOTAL BEFORE ADMINISTRATIVE COST		\$354,831.00
Administrative Cost		Contract Budget
Item	Description of Item	
Administrative Cost	10%	\$35,483.00
Total Administrative Cost		\$35,483.00
<b>TOTAL</b>		<b>\$390,314.00</b>





## Appendix H – Compliance Requirements/Legal Authorities

The following list outlines NCR HCC member compliance requirements and legal authorities related to emergency preparedness, response, and recovery.

- **Federal Compliance Requirements/Legal Authorities:**
  - Robert T. Stafford Disaster Relief and Emergency Assistance Act
  - Homeland Security Presidential Directive 5 (HSPD-5): Management of Domestic Incidents
  - Homeland Security Presidential Directive 8 (HSPD-8): National Preparedness
  - Disaster Mitigation Act of 2000 (DMA 2000)
  - Environmental Protection Agency (EPA) Laws and Regulations
  - Occupational Safety and Health Administration (OSHA) Regulations
  - Pandemic and All-Hazards Preparedness Act of 2006
  - Pandemic and All-Hazards Preparedness Act Reauthorization of 2013
  - Emergency Use Authorization (EUA)
  - Public Readiness and Emergency Preparations (PREP) Act
  - Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers
  - Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule: Disclosures for Emergency Preparedness
  - Emergency Medical Treatment and Labor Act (EMTALA)
  
- **State Compliance Requirements/Legal Authorities:**
  - Colorado Disaster Emergency Act
  - [Colorado Revised Statutes](#), including:
    - Resource Management
    - Emergency Management Assistance Compact
    - Public Health and Medical Services
    - Hazardous Substances – Designated Emergency Response Authority
    - Volunteers
  - Governor’s Executive Order 2011-005
  
- **Other Compliance Requirements/Legal Authorities/Guidelines:**
  - National Fire Protection Association (NFPA) 99
  - The Joint Commission (TJC)
  - National Response Framework

*\*Please note: this list is not exhaustive in nature and was compiled utilizing information collected from NCR HCC members*

## Appendix I – North Central Region Healthcare Coalition Redundant Communications Drills

The North Central Region conducts a number of redundant communications drills with all of its members on an annual basis to ensure that, during an event, there are proven communication methods that can be implemented to facilitate information sharing and situational awareness.

Results from these drills, as well as the Improvement Plans, are included below. A full breakdown of participation throughout the region is maintained with the NCR HCC Regional Planner and Governance Board.

### July 2017 – December 2017

TOTALS:			
	MFHCC	PERCENT PARTICIPATION: PRIMARY - CONFERENCE CALL	42%
		PERCENT PARTICIPATION: BACKUP - E-MAIL <i>*E-mail participation marked as "YES" if e-mail message did not bounce back to sender</i>	100%
	TCHD	PERCENT PARTICIPATION: PRIMARY - E-MAIL <i>*E-mail participation marked as "YES" if e-mail message did not bounce back to sender</i>	100%
		PERCENT PARTICIPATION: BACKUP - 800 MHz RADIO <i>*Participation limited to facilities with 800 MHz radio capabilities</i>	28%
		PERCENT PARTICIPATION: PRIMARY - E-MAIL <i>*Email participation marked as "YES" if organization responded to e-mail within designated time-frame</i>	43%
	HAMR	PERCENT PARTICIPATION: BACKUP - 800 MHz RADIO <i>*Participation limited to hospitals</i>	100%

### January 2018 – July 2018

TOTALS:			
	MFHCC	PERCENT PARTICIPATION: PRIMARY - CONFERENCE CALL	25%
		PERCENT PARTICIPATION: BACKUP - E-MAIL <i>*E-mail participation marked as "YES" if e-mail message did not bounce back to sender</i>	100%
		PERCENT PARTICIPATION: BACKUP (Radio 800 MHz) <i>*Note: not all chapter members have access to 800 MHz radios - the regional HCC is working on determining the percentage of members that do have access to radios - this info will be maintained on the regional roster</i>	12%
	TCHD	PERCENT PARTICIPATION: PRIMARY - E-MAIL <i>*E-mail participation marked as "YES" if e-mail message did not bounce back to sender</i>	100%
		PERCENT PARTICIPATION: BACKUP - 800 MHz RADIO <i>*Participation limited to facilities with 800 MHz radio capabilities</i>	94%
		PERCENT PARTICIPATION: PRIMARY - E-MAIL <i>*Email participation marked as "YES" if organization responded to e-mail within designated time-frame</i>	60%
	HAMR	PERCENT PARTICIPATION: BACKUP - Conference Call	35%

## Identified Areas for Improvement

Drill Period: July 2017 - December 2017: UPDATED

Area for Improvement	Corrective Action	<i>Improvement Plan Update: 6.2018</i>
New members, primarily from ancillary healthcare facilities, have not consistently been incorporated into communication drills across the region.	Chapters are continuing to have discussions about the integration of new members - this includes options for ensuring that they are included in communication drills. An assessment of communication modalities will need to occur to determine what platforms are available to all members. In addition, the implementation of a new information sharing platform, that can be used regionally, is being considered.	An assessment of communication modalities that exist within the each chapter, and region wide, is being finalized. Data was collected via the newly developed registration/roster that members have been completing. This data, once it has been cleaned and finalized, will be provided to chapter leads and will remain on file for the region. It will be utilized to develop more comprehensive and standardized drills, moving forward, that will be inclusive of all members.
There is no standard naming convention for member types - each chapter uses a different list and categorizes facilities differently.	Leads from all three chapters are currently reviewing a new list of member types that aligns with the list published by ASPR. If approved, the region will use these standardized categories to identify member types and a regional roster will be created. This roster will include data on what platforms each facility has access to (e.g., 800 MHz radios, EMResoure, etc.) - this information will help support future communication drills.	The revised member category/type list was approved by all of the HCC chapter leads and was incorporated into the new registration form/roster. This new list will standardize data across the region and will provide a more accurate picture of regional composition and capabilities.
Currently, there is no plan or system for region-wide communication to members.	A Regional Coordination Workgroup has been developed to address the gaps in regional support and coordination, including regional communication. The group will be discussing a redundant communications plan, as well as examining modalities and platforms that will facilitate and support communication with all NCR HCC members.	This initiative is ongoing. The region held a Cross Jurisdictional Health and Medical Coordination Workshop in April 2018 and made some progress, but processes and plans have not yet been finalized. The HCC has also partnered with the NCR All Hazards Emergency Management team to collaborate on a larger regional framework for all response partners, including healthcare.

## Identified Areas for Improvement

Drill Period: January 2018 - June 2018

Area for Improvement	Corrective Action	Improvement Plan: <i>ONGOING</i>
The three chapters have inconsistent processes and reporting measures for communication drills. Work needs to be done to standardize this to allow for more consistent reporting and data analysis.	The NCR HCC Governance Board will discuss this during the July Strategic Planning meeting and will push down guidance to chapters. In addition, the HCC Regional Planner/Coordinator will be regularly checking in with the chapters to assess processes and reports.	Will be updated on BP1 Supplemental Drill reports
There are gaps in how information is pushed out and received from members during an event. A number of different disciplines use different system to provide updates and/or obtain situational awareness.	The NCR HCC is part of a planning team that has been tasked, in part, with developing a more comprehensive SA tool or the region. This will pull in data from a number of sources, including EMResource (a healthcare database) to provide a more comprehensive picture. In addition, the chapters are working on determining the best modality for information sharing that will accomodate all member types.	Will be updated on BP1 Supplemental Drill reports
There are gaps in the communication process between hospitals and EMS as well as with hospitals and individuals in the field.	The NCR HCC has recently developed a regional healthcare communications subcommittee. This committee will work closely with the NCR All-Hazards communication committee to ensure that initiatives are aligned. In addition, the NCR Healthcare Workgroup has agreed to come together to discuss incident notification procedures during an MCI. These topics, in part, will be addressed during an August 2018 facilitated discussion focused on operations that occur once the threat(s) have been neutralized and will involve: dispatch, hospitals/EDs, LE, EMS, fire, etc.	Will be updated on BP1 Supplemental Drill reports

## Appendix J – Acronyms

Acronym	Term
ASPR	Assistant Secretary for Preparedness and Response
CCTA	Complex Coordinated Terrorist Attack
CDPHE	Colorado Department of Public Health and Environment
CDPHE-OEPR	Colorado Department of Public Health and Environment – Office of Emergency Preparedness and Response
CICO	Community Inclusion in Colorado
CMS	Centers for Medicare and Medicaid Services
COCERN	Colorado Crisis Education and Response Network
CO-SHARE	Colorado State Health Alert and Readiness Exchange
CPG	Comprehensive Preparedness Guide
DMA	Disaster Mitigation Act
EM	Emergency Management
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Labor Act
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ESF	Emergency Support Function
EUA	Emergency Use Authorization
FEMA	Federal Emergency Management Agency
FQHC	Federally Qualified Health Center
HAMR	Health and Medical Response Partnership
HCC	Healthcare Coalition
HIPAA	Health Insurance Portability and Accountability Act
HPP	Healthcare/Hospital Preparedness Program
HSPD	Homeland Security Presidential Directive
ICS	Incident Command System
IT	Information Technology
JRA	Joint Risk Assessment
LEPC	Local Emergency Planning Committee
MAA	Mutual Aid Agreement
MFHCC	Metro Foothills Healthcare Coalition
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NCR HCC	North Central Region Healthcare Coalition
NFPA	National Fire Protection Association
OEM	Office of Emergency Management
OSHA	Occupational Health and Safety Administration

PH	Public Health
PHED Ex	Public Health Emergency Dispensing Exercise
PREP	Public Readiness and Emergency Preparations
RETAC	Regional Emergency Medical and Trauma Advisory Councils
SME	Subject Matter Expert
TIC	Tactical Interoperable Communications
TJC	The Joint Commission
UASI	Urban Areas Security Initiative

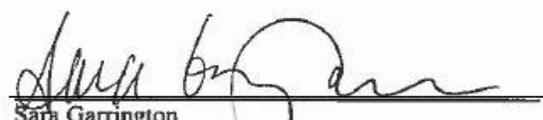
## Appendix K – North Central Region Healthcare Coalition Preparedness Plan Approval

The North Central Region Healthcare Coalition Preparedness Plan was reviewed by NCR HCC members, NCR HCC chapter leads, and the NCR HCC Governance Board. Once all feedback was received, the plan was finalized, reviewed, approved, and signed by NCR HCC Governance Board representatives and chapter leads.

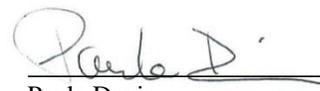
Members of the NCR HCC Governance Board represent the four core disciplines within each of the three healthcare coalition chapters, as well as the region's health and medical community partners. By signing below, the NCR HCC Governance Board representatives and chapter leads are approving and adopting the plan on behalf of their chapter and/or regional disciplines.

### NCR HCC Governance Board Officers

  
Rick Boyer  
NCR HCC Governance Board Co-Chair  
Tri-County Chapter Hospital Primary Rep.

  
Sara Garrington  
NCR HCC Governance Board Co-Chair  
Tri-County Chapter Public Health Primary Rep.  
Tri-County Chapter Lead

  
Suzanne Boccia  
NCR HCC Governance Board Treasurer  
MFHCC Chapter Public Health Primary Rep.

  
Paula Davis  
NCR HCC Governance Board Secretary  
Regional Community Health Clinics Primary Rep.

### NCR HCC Governance Board Primary Representatives

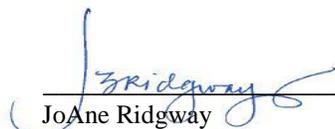
  
Jeanette Smith  
HAMR Chapter Hospital Primary Rep.

  
Justin Bukartek  
HAMR Chapter Emergency Management Primary Rep.

  
Stephanie Hackett  
Tri-County Chapter Emergency Management Primary Rep.

  
Melissa Zotara  
Regional Behavioral Health Primary Rep.

  
Sara Friedman  
Regional Behavioral Health Primary Rep.

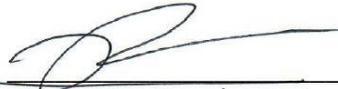
  
JoAne Ridgway  
Regional Ambulatory Care Primary Rep.

  
Trudy Stephens  
Regional Long Term Care Primary Rep.

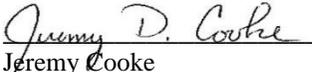
**NCR HCC Governance Board Alternate Representatives and Chapter Leads Not Listed Above**



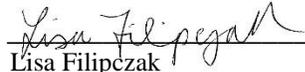
Jon Brillhart  
Tri-County Chapter Hospital Alternate Rep.



Patrick Van Horne  
HAMR Emergency Management Alternate Rep.



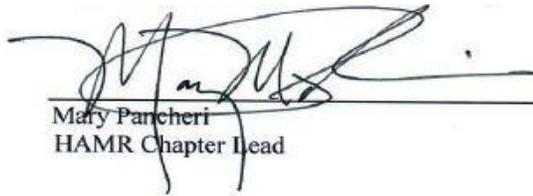
Jeremy Cooke  
MFHCC Chapter Hospital Alternate Rep.



Lisa Filipczak  
MFHCC Chapter Public Health Alternate Rep.  
MFHCC Chapter Lead



Janelle Worthington  
MFHCC Chapter Public Health Alternate Rep.  
MFHCC Chapter Lead



Mary Pancheri  
HAMR Chapter Lead