

# Regional Advisory Council RAC-G and TSA-F Governance Document

## PURPOSE

This governance document defines the structure and processes that the Northeast Texas Preparedness Coalition uses to develop cooperative disaster response capacities. The Regional Advisory Council and Northeast Texas Preparedness Coalition consist of many agencies and organizations with a stake in responding to community, health, or medical needs during local disasters. We value active participation, transparent decision-making, mutual assistance, and fairness in the allocation of resources, knowing that strong working relationships and a common vision are at the heart of a community's successful disaster response and recovery.

## HEALTHCARE COALITION BOUNDARIES

The coalition covers trauma service areas G & F in Texas. This includes in HCC-G the counties of Rains, Wood, Camp, Upshur, Smith, Van Zandt, Henderson, Gregg, Harrison, Marion, Rusk, Panola, Shelby, Cherokee, Anderson, Freestone, Houston, Trinity, & Franklin (Franklin County will officially be moved to the TSA-F region on or after July 1<sup>st</sup> 2023). In TSA-F, the counties of Bowie, Cass, Delta, Hopkins, Lamar, Morris, Red River, and Titus.

## COALITION MEMBERSHIP

All organizations that provide health or medical services, as well as organizations whose mission is related to providing or assuring health services during disasters, are welcome to join the coalition, attend the quarterly coalition meetings, and participate in working committees of the coalition relevant to their mission. Membership information is maintained by RAC-G's Hospital Preparedness Program (HPP) staff. Members agree to share their organization's contact information with each other for disaster preparedness and response purposes.

Each organization should consult regulations, licensing standards, funding agreements, professional organizations, or other sources to understand its internal disaster preparedness and response obligations. Active membership in the Preparedness Coalition is further demonstrated when an organization participates regularly in coalition activities, including:

- **Attendance:** In-person attendance by member organizations at least three of the quarterly coalition meetings per calendar year.
- **Communications:** Maintain current contact information for your organization's disaster response contacts and agree to share this with coalition partners. Establish coalition communications systems at your facility. Respond promptly to requests for information during emergencies.
- **Training and Exercises:** Participate in training and exercises: drills, tabletop exercises, full-scale exercises, surge tests, and other events as needed.
- **Planning:** Integrating reference to coalition plans and procedures into the organization's internal disaster plans.
- **Membership Agreement:** Maintain the current membership memorandum of understanding (MOU) on file with the HCC Coordinator. The MOU can be terminated by the coalition member at any time and is not a legal, binding document. The MOU signifies the agency's or organization's commitment to coalition participation and support.

By participating in the above coalition activities, members demonstrate their agreement to coordinate disaster planning and response efforts with the Preparedness Coalition and with the regional communication efforts, including the use of WebEOC, EMResource, or other platforms the governance or steering committee chooses to implement.

## QUARTERLY COALITION MEETINGS

The Regional Advisory Council RAC-G and Northeast Texas Preparedness Coalition TSA-F full membership meet quarterly. Meeting agendas are set by the Steering Committee (see below). In general, each meeting is designed to build collaborative disaster response capacity by providing training or tabletop discussion on disaster topics. Each quarter usually deals with a theme related to the relevant possible disasters and to the current HPP deliverables as follows:

- 1<sup>st</sup> meeting (usually January)
- 2<sup>nd</sup> meeting (usually April)
- 3<sup>rd</sup> meeting (usually July)
- 4<sup>th</sup> meeting (usually October)

## GOVERNANCE & STEERING COMMITTEE

A Governance Committee in HCC-G and Steering Committee in TSA-F have been established to manage decisions required of the Preparedness Coalition. The Governance Committee and Steering Committee must have representatives from two (2) acute care hospitals and at least one (1) representative from each of the following categories: emergency medical services (EMS) providers, emergency management organizations, and public health agencies. The Governance Committee and Steering Committee meets quarterly to make decisions on behalf of the entire coalition to establish priorities for strategic planning; to approve policies, plans, or other products of the coalition; to approve funding decisions for the HPP grant or other funds available to the coalition, and to provide other guidance and support as needed to sustain coalition initiatives. Notes from the Governance Committee and Steering Committee meetings are prepared by the HCC Coordinator and distributed to the entire coalition.

Governance Committee and Steering Committee members have one vote each (per organization) and make decisions as much as possible by consensus so that all members can accept decisions. Votes may be submitted in person or by electronic or paper forms. Governance and Steering Committee members bring the input of the working groups to the Governance Committee and Steering Committee decisions.

For decisions on the use of HPP or other funds, the Governance and Steering Committee will consider:

- Contractual requirements, obligations, and limitations.
- The priorities for use of funds set by grantors.
- The degree to which a funding request aligns with priorities set by the coalition.
- The qualifications of a requesting organization for funds (see below).
- The regional benefit(s) of the requested item(s).

To qualify for receipt of funds or items purchased from funds managed by the coalition, organizations should:

1. Meet the membership activities described above under “Membership.”
2. Attend three of the last four coalition meetings in person. Note: Organizations may send one person to represent more than one facility within their organizations (e.g., ABC Dialysis Company could send one representative for all four of their locations in Region F).
3. Have participated in 1) a tabletop exercise within the last calendar year and 2) the most recent regional full-scale exercise (at a minimum, respond to communications during the exercise). NOTE: If you have not been a Preparedness Coalition member for a full calendar year, this requirement can be waived by the Steering Committee.
4. Be NIMS compliant. Compliance is demonstrated by having a policy in place that includes stipulations as to who should have ICS training, what training is required, and the frequency of training, as well as periodic reporting on a facility’s ICS training plan and current status of training for facility command center staff. Reports can be turned in by email to the HCC Coordinator.

5. Acknowledge that all purchases remain the property of the HPP Program grantor (currently RAC-G) and may be moved or reassigned for disaster management purposes. Recipients sign a receipt to this effect and take responsibility for maintaining and accounting for all purchases during an annual inventory or when requested.

### **WORKING GROUPS**

The coalition may establish standing or ad hoc subcommittees or working groups as needed. Current committees are established based on the type of member (i.e., hospital, EMS, emergency management organization, etc.). The EMTF-4 Coordinator may ask Emergency Medical Task Force members to participate in a separate workgroup as needed.

### **COALITION FUNDING AND STAFFING**

The primary funding for coalition activities comes from the US Department of Health and Human Services, Assistant Secretary for Prevention and Response's Hospital Preparedness Program (ASPR-HPP). The HPP grant is awarded in Texas to eight Regional Advisory Councils (RACs). The eight HPP grantee RACs support the 22 recognized healthcare/preparedness coalitions in the State of Texas and develop collaborative region-wide health and medical disaster response and coordination capabilities. In east Texas, Piney Woods Regional Advisory Council (RAC-G) accepts HPP funds and takes responsibility for grant work planning and fiscal and contractual requirements. As the Fiscal Agent for HPP funds, RAC-G decisions on HPP issues must prevail, but RAC-G and the HCC Coordinator seek agreement on decisions for HPP funds from the Coalition under this Governance structure. Occasional funding opportunities may also arise from Homeland Security, Texas Hospital Association, Texas Department of State Health Services, or other entities.

Staff support for coalition activities may vary but will include one full-time HCC Coordinator. The Texas Emergency Medical Task Force Coordinator – Region 4 will coordinate resources and activities with the HCC Coordinator when possible to ensure maximum support for the coalition. Additional ongoing financial and staffing support to Coalition activities is provided in kind by personnel from participating organizations.

### **CLINICAL ADVISORY COMMITTEE**

The Clinical Advisory Committee is a joint committee between TSA F and TSA G. It provides organizational and clinical expertise and has the following duties:

- Provide clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at healthcare facilities, supporting entities, and EMS agencies.
- Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
- Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.
- Assure that subject matter experts are available and that a process exists to meet the needs during a specialty surge mass casualty event.
- Provide guidance and direction to prioritize a yearly calendar of training and exercise activities.
- Develop, review, and propose improvements for healthcare disaster response plans, policies, and guidelines.
- Assess the level of healthcare preparedness within Trauma Service Areas G and F.

- Make recommendations for additional healthcare preparedness, response, and recovery training and activities.

Each member of the Clinical Advisory Committee must be a physician, advanced practice provider, or registered nurse who is clinically active. At a minimum, the Clinical Advisory Committee should include clinicians with knowledge of medical surge issues; chemical, biological, radiological, nuclear, and explosives (CBRNE); trauma; burn; and pediatric emergency response principles. Each hospital is required to provide two clinicians to serve on the Clinical Advisory Committee.

The Governance and Advisory Committee are comprised of a committee chair and committee members who represent hospitals in our region that are integral in the medical response to events/emergencies. The chair and each advisory committee member will serve a two-year term. The Chair is elected by the members of the Clinical Advisory Committee.

### **AMENDMENTS TO GOVERNANCE**

This Governance document may be amended by a majority decision of the Governance Committee and Steering Committee only after it is published as a planned agenda item at the quarterly full membership coalition meeting and is discussed at that meeting. Governance is reviewed at the January meeting, and the current membership roster is sent to all current members.

### **ADDITIONAL POLICIES**

The Governance Committee and Steering Committee reserves the right to add addendums to the governance document, which will be treated as policies of the coalition. The coalition must adhere to policies enacted by the Texas Department of State Health Services and Piney Woods Regional Advisory Council when it pertains to remaining in compliance with the Hospital Preparedness Program and the usage of grant funds.