**PREPAREDNESS PLAN**

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**Regional Health Care Preparedness Coordinator**

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West Central MN Health Care Preparedness Coalition

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#### 1. Introduction

The State of Minnesota is susceptible to natural as well as man-made disasters that could have a direct impact on the state’s health care resources. Situations could occur that create a surge of patients or may present patients that require specialized medical treatment that exceeds the existing facilities ability and/or resources (e.g. hazmat events, trauma surgery, burn treatment). Events could negatively impact the structure of the facility requiring full or partial evacuation and disruption of services.

The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) provides funding to support the development of coalitions to bring together health care facilities, local public health, emergency medical services, and emergency management. The funding is provided to the State of Minnesota Department of Health (MDH) Office of Emergency Preparedness and Response (EPR) and further disseminated amongst eight coalitions within the state. ASPR provide Health Care Preparedness and Response capabilities which will:

1. Help patients receive the care they need at the right place, at the right time, and with the right resources, during emergencies.

2. Decrease deaths, injuries, and illnesses resulting from emergencies.

3. Promote health care delivery system resilience in the aftermath of emergencies.

## 1.1 Preparedness Plan Purpose

The West Central Minnesota Health Care Preparedness Coalition (WCMHPC) Preparedness Plan describes the organizational structure and processes of the Coalition. The plan identifies the goals and objectives utilized by the coalition to support its’ members and to maintain a sustainable, response ready coalition.

## 1.2 Scope of the Preparedness Plan

The Preparedness Plan is reviewed annually and updated, as necessary. This plan is designed as a supporting tool and will work in conjunction with the coalition response plan. This plan does not replace or interfere with organizational emergency operations plans (EOP) or jurisdictional plans for official command and control authorized by state and local emergency management agencies.

## 1.3 Administrative Support of the Preparedness Plan

The Preparedness Plan is initially approved by the coalitions advisory committee. Utilizing lessons learned in responses and training as well as adapting to the Assistant Secretary for Preparedness and Response (ASPR) grant guidelines, any changes to the plan will require approval of the coalition advisory committee. The plan will be distributed to all members as well as be posted on the coalition website. The review process will be conducted during the first quarter of each grant period.

# 2. Overview

## 2.1 Introduction/Role/Purpose of Coalition

### 2.1.1 Coalition Definition

A Healthcare Coalition is defined by the Office of the Assistant Secretary for Preparedness and Response (ASPR) as a formal collaboration among healthcare organizations and public and private-sector partners that is organized to prepare for, and respond to, an emergency, mass casualty or catastrophic health event. The Healthcare Coalition can act as a multi-agency coordinating group that assists emergency management with activities related to healthcare organization disaster operations. Although the Healthcare Coalition does not hold a command-and-control function, the Healthcare Coalition does play a role in mitigation, preparedness, response, and recovery.

### 2.1.2 Mission Statement

The WCMHPC is a multi-disciplinary partnership of healthcare and supporting and responding agencies; that collaborate to coordinate preparedness, response, and recovery activities as it pertains to routine and emergent events that could impact the region.

### 2.1.3 Purpose of the Coalition

1. Provide oversight and guidance for planning, implementation of strategies, guidance of financial resources and the execution of respective roles and responsibilities of the West Central Minnesota Health Care Preparedness Coalition. The West Central geographic boundaries are outlined in section 2.2.
2. During times of disaster that may have regional implications, determine a strategy for ongoing coordination of planning, response, and recovery.
3. Monitor, review, and implement improvements consistent with national and statewide capabilities and performance measures.
4. Promote strategies to strengthen and sustain the health care coalition including:
   * + - Develop and maintain guidelines, participation rules and responsibilities of partner members within the Health Care Preparedness Coalition.
       - Plan for the sustainment of the Health Care Preparedness Coalition.
5. Promote preparedness in the health care community through standardized practices and integration with other response partners.
6. Foster communication, information, and resource sharing between local, regional, and state entities during emergency planning and response.
7. Identify health care assets needed and available during a response.
8. Recognize gaps in the health care community’s ability to effectively respond to an incident through exercises and training.

(See Appendix 5.2 WCMHPC Bylaws)

## 2.2 Coalition Boundaries

The WC Region is primarily an agriculture, industrial, lakes and tourist area. The WCMHPC includes the following counties.

* + Clay
  + Douglas
  + Grant
  + Otter Tail
  + Pope
  + Stevens
  + Traverse
  + Wilkin

(See Appendix 5.4 WCMHPC Map and Demographics)

## 2.3 Coalition Membership

Primary coalition members shall consist of a representative, from each of the following entities:

* + - Hospitals
    - Local Emergency Management (EM)
    - Emergency Medical Services (EMS) Regional Coordinator
    - Local Public Health

Other Coalition members may consist of partners from (Note: \*\* Indicates that there is currently representation within the coalition from this area):

* + - * Behavioral Health \*\*
      * Clinics \*\*
      * Colleges
      * Community based Health care i.e., home health \*\*
      * Community health centers \*\*
      * Faith communities
      * Funeral homes/coroner
      * Homeland Security Emergency Management \*\*
      * Laboratory services \*\*
      * Law Enforcement/Fire Departments (awareness)
      * Medical Advisor\*\*
      * Mental health agencies \*\*
      * Minnesota Department of Health – Epidemiologist \*\*
      * Minnesota Department of Health – Public Health Preparedness Consultant \*\*
      * Minnesota Mobile Medical Team \*\*
      * Other volunteer organizations
      * Outpatient facilities\*\*
      * Private entities such as hospital associations
      * Private organizations active in disasters and other relevant partners
      * Public works
      * Public works/utilities (awareness)
      * Skilled Nursing Facilities/Long Term Care Facilities \*\*
      * Specialty service providers such as dialysis units \*\*
      * Stand-alone surgery centers and urgent care\*\*
      * Tribal Governments
      * Volunteer Organizations Active in Disasters (VOADS) and other volunteer organizations
      * West Central Minnesota Responds Medical Reserve Corp \*\*

Active membership in the coalition is evidenced by written documents such as the signed bylaw and memorandums of understanding (MOU). A list of signed members is maintained on the coalition website as well as by the Regional Health Care Preparedness Coordinator.

(See Appendix 5.2.1 for WCMHPC Memorandum of Understanding)

## 2.4 Organizational Structure/Governance

#### Membership roles and responsibilities:

* Members of the Health Care Preparedness Coalition will work towards implementing emergency preparedness activities recommended by the Hospital Preparedness Program grant and the West Central Health Care Preparedness Coalition.
* Provide feedback to the Advisory Committee.
* Participate in education, training, and exercise opportunities.
* Share emergency preparedness information with the regional health care community.
* Respond to requests from regional staff. i.e., Surveys, MNTrac alerts, questions, etc.
* Serve on committees, workgroups, and other ad hoc groups.
* Attend meetings.
* Prepare for active participation in discussions and decision making by reviewing meeting materials.
* Healthcare facilities will sign and retain a current copy of the coalitions Mutual Aid MOU.
* Share information obtained from the coalition and membership within their own organization and provide trainings and education at the facility level as it pertains to emergency preparedness.

#### Coalition Meeting Attendance and Frequency:

The Health Care Preparedness Coalition will meet face to face in April and October. All other meetings will be held virtually.

#### Advisory Committee Roles and Responsibilities:

* The mission of the Advisory Committee shall be to assist in making decisions regarding regional Health care preparedness.
* The Advisory Committee is composed of a member of each of the coalition hospitals. Members such as public health, EMS, EM, and LTC can select one person from each entity to represent other similar entities in the coalition.
* The Advisory Committee may provide regional disaster response and support regional multi-agency coordination when activated.
* Will oversee that the grant duties are in accordance with the timelines established for completion.
* Provide recommendation on allocation of grant funds.
* Provide feedback, updates, and final approval for all plans/appendixes.
* May vote when decisions regarding asset management and distribution, programmatic processes, etc. are needed.

#### Advisory Meeting Attendance and Frequency:

The Advisory Committee will meet on an ad hoc basis based upon the needs of the coalition.

#### Resignation:

Members will submit a resignation to the RHPC who will communicate the resignation to the Advisory Committee. If this is a hospital representative an alternative representative from that hospital should be identified.

#### Coalition Policies and Procedures:

The RHPC and any Advisory Committee member can propose changes to any of the response documents based upon lessons learned, identified gaps, or changes identified in regulatory bodies. The RHPC, Committee members, or group of those individuals will be tasked with creating the changes necessary and they will be voted on by the Advisory Committee members.

#### Memorandum of Understanding:

Health care facilities/providers within the coalition have developed a memorandum of understanding which defines the roles and processes in place when sharing supplies, equipment, and staff. The MOU is also a supplement to the developing Coalition Patient Tracking process. The MOU is reviewed annually. Any changes made to the MOU require a majority vote by the Advisory committee. Member health care facilities are requested to sign the acknowledgement of awareness document which indicates membership in the coalition.

(See Appendix 5.2.1 for WCMHPC Memorandum of Understanding)

#### Voting:

Advisory committee members shall have voting rights.

* 1. They must be signatory members of the coalition
  2. Each hospital will have one vote. Members such as public health, EMS, EM and LTC with representation on the advisory committee will have one vote per like entity.
     + Voting membership:
* Each of the 8 hospitals (8)
* LPH (1)
* Emergency Manager (1)
* Emergency Medical Services (1)
* Long Term Care (1)
* Clinic (1)
  + - Members such as public health, EMS, EM, and others can select one person from each entity to represent similar entities on the advisory committee and have voting rights.
  1. If the primary Advisory Committee member cannot be present to vote, their pre-determined alternate can vote.
  2. Voting members shall abstain on any vote that presents a conflict of interest.
  3. The RHPC will not vote, excluding a tiebreaker when the RHPC or his or her designee may cast a vote.
  4. Voting procedures:
     + A simple majority voting method is used.
     + The coalition/committee chair and one additional member will tally and report the vote results.
     + All voting results will be included in meeting minutes distributed by the RHPC(s) or designee.
     + Motions pertaining to the general business of the coalition including resolutions, statements of agreements and other business may be approved by quorum of the Advisory Committee.
     + Voting may be conducted in “Face to Face” meetings, virtual meetings or by email.
     + The presence of 51% of Advisory Committee members constitutes a quorum.

#### Role of Fiscal Agent:

The fiscal agent for the WCMHPC is St. Cloud Hospital. Fiscal agent responsibilities include:

* + 1. Accountable for the receiving and administering the funds received from ASPR through Minnesota Department of Health
    2. Comply with all laws, rules, and regulations within the ASPR grant.
    3. Maintain records of all reimbursements, and payments for services and grant activities performed.
    4. Process wages, social security benefit payments and deductions, tax payments and withholding, W-2 forms for the coalition staff.
    5. Through the human resources department, the fiscal agent is responsible for the hiring and dismissal of any coalition staff.
       - When the coalition is hiring staff, members of the advisory committee will be asked to be a part of the interview process to ensure they have a voice in whom is hired.
       - If there are any concerns regarding the coalition staff members, complaints or concerns can be vetted through the SCH human resources department.

### 2.4.1 Role of Leadership within the Coalition

#### Regional Health Care Preparedness Coordinators (RHPC):

The RHPC(s) shall serve the coalition Advisory Committee and the coalition in the following capacities:

1. Planning and Coordination

The Regional Healthcare Preparedness Coordinators (RHPCs) support the Coalition’s planning and coordination mission. RHPCs will:

* + - Facilitate and organize planning, training, and exercises for the region. (See Appendix 5.1.1. Integrated Preparedness Plan (IPP)).
    - Provide access to training opportunities. (See Appendix 5.1.1. Integrated Preparedness Plan (IPP)).
    - Provide for a process to assess risks and hazards within the region. (See Appendix 5.1: WCMHPC Hazard Vulnerability Analysis (HVA)).
    - Facilitate information sharing. Refer to the WCMHPC Regional Response Plan
    - Promote efficient interface of the Coalition with jurisdictional authorities.
    - Provide a platform for networking with preparedness and response partners across the state.
    - Strategic planning to look at coalition needs annually. Using gaps identified in the annual HVA and in the AAR’s from the exercises of the previous year will serve as a starting point for planning.

1. Response

Based on notification of an event from a Coalition member, partner, or other entity, the RHPC and/or designees can activate the Regional Coordination Plan to represent healthcare facilities and support the response. Regional Coordination helps improve response coordination by ensuring the Coalition has the information needed to adequately respond to major events. Functions of Regional Coordination can include:

* + - Promote situational awareness and information sharing.
    - Coordinate incident response actions among healthcare organizations and support incident management policies and priorities.
    - Assist with Coordination of Patient Transfers during a disaster.
    - Interface with other Healthcare organizations and jurisdictional partners.
    - Support resource requests and receipt of assistance from local, Regional, State, and Federal authorities.

1. Recovery

Recovery will begin at the same time as the response phase and will continue until the event is over and systems and people return to normal. Assessment and evaluation of the residual effects of the event, the effectiveness of the response and the need for ongoing monitoring and intervention may continue for weeks, months or years, depending on the event. During the post recovery phase, the response and recovery to the health and medical emergency will be evaluated and documented using an After-Action Report and Improvement Plan (AAR/IP). Lessons learned will result in modifications to plans and protocols. The RHPC will coordinate the collection of data to assist in the recovery phase.

#### Public Health Preparedness Coordinators (PHPC):

The PHPC shall serve the coalition Advisory Committee in the following capacities:

* + - 1. Act as a Liaison between the coalition and Local Public Health departments.
      2. Act as an additional Liaison between the coalition and the Minnesota Department of Health, Emergency Preparedness and Response.
      3. Share the PHEP grant deliverables and collaborate with the Advisory Committee on strategies to meet PHEP and Health Care Preparedness Program (HPP) grant deliverables when they intersect.

## 2.5 Risk

Recognizing that hazards and vulnerabilities are subject to change, the coalition conducts a hazard assessment annually. The coalition members provide insight into what they perceive to be areas of concern locally as well as regionally. The coalition then identifies areas of priority so that the coalition can focus future trainings/exercises on these areas. The assessment process utilizes surveys as well as face to face meeting discussions. The final document is created by the RHPC and approved by coalition members. The 2023 – 2024 HVA was discussed during the January 2023 Coalition meeting. The HVA is maintained by the RHPC and posted on the coalition website.

Regional Risks identified include:

1. Natural:
   * Weather (hot and cold)
2. Man-Made:
   * Communications
   * Pandemic/Epidemics
   * Power outage
   * Lack of coordination between local/regional/state partners
   * Resource acquisition/sharing
   * Lack of funding to support the coalition and its activities
3. Facility/Operations:
   * Staffing (numbers and skill)
   * Transportation
   * Rural/distance to high level of care
   * Evacuation destination
   * Surge
   * Viability/success of the organizaiton

(See Appendix 5.1 WCMHPC Regional HVA)

## 2.6 Gaps

During the HVA process discussed in section 2.5, gaps were identified in both local and regional processes. The gaps were grouped into six categories:

1. Staffing
2. Supplies
3. Emergency Coordination
4. Technology
5. Transportation/Patient Movement
6. Financial support of the coalition

During the discussion, several measures were identified as ways to mediate the gaps. Several of the mediation measures can be accomplished during regional trainings and brought back to the facilities. The advisory committee recommended the coalition to focus on the grant workplan and indicated the importance on prioritizing the gaps identified by the region.

## 2.7 Compliance Requirements/Legal Authorities

Some members of the WCMHPC are governed by federal statutory, regulatory, or national accreditation bodies. These regulatory agencies provide standards that are required during day-to-day operations as well as some special considerations that take place when planning for, responding to, and recovering from emergencies. These agencies include but are not limited to:

* Centers for Medicare & Medical Services (CMS)
* Clinical Laboratory Improvement Amendments (CLIA)
* Health Insurance Portability and Accountability Act (HIPAA)
* Emergency Medical Treatment & Labor Act (EMTALA)
* Occupational Safety and Health Administration (OSHA)
* The Joint Commission (TJC)
* Healthcare Facilities Accreditation Program (HFAP)

The coalition will attempt to utilize these regulatory compliance requirements when developing policies, and planning trainings/exercises. Coalition members will share any known requirements and changes to these requirements.

(See Appendix 5.6 WCMHPC Continuity of Operations Plan)

# 3. Objectives

## 3.1 Maintenance and Sustainability of the Coalition

Currently, the WCMHPC is supported financially through the Healthcare Preparedness Program (HPP) under the Office of Assistant Secretary for Preparedness and Response (ASPR). The healthcare coalition members recognize the value of the coalition activities and will continue to investigate a means to sustain coalition activities should the funding from ASPR cease or become diminished. A major component of the sustainability discussion includes the engagement of coalition partners, health care executives, clinicians, and community leaders. The coalition has developed tools to promote the mission and role of the coalition within the region. These tools are made available to coalition members for sharing with local community members that have a stake in the health care infrastructure. (See Appendix 5.5 WCMHPC Coalition Flyer) Sustainability includes identification of ways to continue to provide training and exercises to support emergency preparedness efforts in the region. Some sustainability efforts currently in place within the region include the use of in-kind donations of storage services, information sharing, and resource management. Continued discussions include providing a fee for service program by providing services not currently under the HPP grant program.

## 3.2 Engagement of Partners and Stakeholders

The coalition is only as strong as the partners and stakeholders that it serves to unite. As identified in Section 2, the coalition is comprised of a diverse group that all have a vested interest in the ability for health care services to continue during planned and unplanned events that have the potential for disruption. The RHPC maintains routine communications with the stakeholders via email and through the coalition website. This communication ensures that emergency preparedness activities are reviewed and allows for information sharing amongst its’ members. Networking amongst the partners and stakeholders allows for relationships where common practices and resources are shared.

### 3.2.1 Health Care Executives

The coalition recognizes that the Health Care Executives can promote buy-in with health care and community-based organizations. The coalition has identified a Health Care Executive to spearhead the communications amongst the executive leaders and to speak for the coalition when conducting peer to peer meetings. The CEO leader will also advocate for coalition activities when working with the hospital association. To keep these executives knowledgeable about coalition activities, the coalition conducts and annual review WebEx with the executives. The WebEx reviews the actions taken in the past year and discusses the goals for the next year. It provides an opportunity for the executives to provide feedback as well as recommendations going forward. This open dialogue will also promote the advancement of sustainability measures.

### 3.2.2 Clinicians

When planning and preparing for a response to emergencies, the input from clinicians is essential to ensure that continued health care is provided. State led projects such as Burn Surge and Pediatric Surge have incorporated clinicians in its inception, development, and review of the processes. The WCMHPC has used clinicians as subject matter experts to support the Burn Surge project as well as the Crisis Standards of Care project. WCMHPC continues to engage clinician engagement by providing tools and resources that can be used during an event, including incident command training. Representatives from facilities are encouraged to continue dialogue with its clinicians in developing facility level plans as well as encouraging participation in coalition led, and facility led exercises.

### 3.2.3 Community Leaders

The WCMHPC recognizes that the response to an emergent event will have a direct impact on the communities within the region. The development of relationships with Community Leaders will help ensure that there is recognition of the value of coalition participation by health care organizations and their partners. Health care organizations are highly encouraged to participate in community led preparedness efforts, including city and county emergency preparedness planning, and exercising. The RHPC also participates in community led events to ensure that the role of the coalition and its ability to assist in a response is known. Future discussions with community leaders about coalition sustainability is an option – this includes applying for local level grants and cost-sharing techniques.

### 3.2.4 Children, Pregnant Women, Seniors, Individuals with Access, and Functional Needs

During a disaster, it has been observed that certain at-risk individuals, specifically those with access and functional needs, have required additional response assistance before, during, and after an incident. These additional considerations for at-risk individuals with access and functional needs are vital towards inclusive planning for the whole community, and have been mandated for inclusion in federal, state, territorial, tribal, and local public health emergency plans by the Public Health Service (PHS) Act. Such plans must also meet applicable requirements of the Americans with Disabilities Act (ADA).

The WCMHPC assists coalition members by providing information and resources in the pre-planning, response, and recovery stages as needed to help lessen the impact especially during response and recovery. Annual education occurs at the regional coalition meetings and all exercises will include some component that is directly related to testing the ability of the health care organization to respond and assist those with access and functional needs.

(See Appendix 5.7 WCMHPC Access and Functional Needs Plan)

### 3.2.5 Minnesota Healthcare Coalition Collaborative (MNHCC)

The eight (8) regional coalitions developed the MNHCC to work together during response activities as well as share ideas, plans, and exercises developed due to the ASRP workplan deliverables. The WCMHPC is part of the MNHCC.

# 4. Workplan

## 4.1 Roles and Responsibilities

The roles and responsibilities of the membership of the coalition are discussed in section 2.4. The following committees are developed as necessary throughout the year:

* + - 1. Exercise Planning Committee
         * Responsible for creating the Multiyear Training and Exercise Plan (MYTEP), developing exercises and trainings, and reviewing those trainings by creating the After-Action Plan.

(See Appendix 5.1.1 WCMHPC Multiyear Training and Exercise Plan)

* + - 1. Budget work group
         * Responsible for reviewing the current work plan, MYTEP, and creating a budget that financially supports the coalition and its’ activities.

(See Appendix 5.3.1 WCMHPC Current HPP Grant Budget and Narrative)

* + - 1. Coalition plan development and review work group
         * When activated, this group is responsible for reviewing coalition level and local level plans are complete and operational.
      2. Sustainability work group
         * This group is tasked with investigating funding sources to ensure the sustainability of the coalition.

Activation of these work groups are based upon need. As the coalition identifies and works towards the deliverables outlined in the workplan, the need to utilize work groups may become necessary. The coalition Advisory Committee has a strong presence in the work groups.

Any plans, policies, procedures created by these work groups will need the Advisory Committee approval prior to acceptance.

# 5. Appendices

## 5.1 WCMHPC Regional Hazard and Vulnerability Analysis

## 5.1.1 WCMHPC Integrated Improvement Plan

## 5.2 WCMHPC Bylaws

## 5.2.1 WCMHPC Memorandum of Understanding

## 5.2.2 Annual Signature Form

## 5.2.3 Partner Agency Acknowledgement of Bylaws

## 5.3 St. Cloud Hospital/WC Executed Grant Agreement

## 5.3.1 WCMHPC Current HPP Grant Budget and Narrative

## 5.3.2 WCMHPC Current HPP Grant Reimbursement Form and In-Kind Match Report tool

## 5.3.3 ASPR 2017-2022 Health Care Preparedness and Response Capabilities

## 5.4 WCMHPC Map and Demographics

## 5.5 WCMHPC Coalition Flyer

## 5.6 WCMHPC Continuity of Operations Plan (COOP)

## 5.7 WCMHPC Access and Functional Needs Plan

# 6. Attachments

## 6.1 Annual Signatures

## 6.2 Partner Agency Signatures

## Approvals and Revisions

|  |  |
| --- | --- |
| **Purpose** | **Date** |
| Update bylaws to reflect mission statement and current organizational structure | December 2015 |
| Updated bylaws to include the mutual aid memorandum of understanding | June 2017 |
| Updated bylaws to separate the Mutual Aid MOU due to the bylaws being good for 5 years and the MOU needs to be resigned annually. | Sept 2017 |
| Updated to create separate signatory page for EM and support facilities. | 1/11/2018 |
| Updated formatting to coincide with the new Preparedness Plan template. | 3/24/2018 |
| Updated to include demographics and geography | 8/30/2019 |
| Updated to reflect current work practices | June 2020 |
| Updated to reflect current work practices | August 2021 |
| Updated to reflect current work practices/update appendixes list. | April 2023 |
|  |  |

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