Frequently Asked Questions (FAQs):
Healthcare Coalitions: Governance and Sustainability Webinar

We've compiled a list of questions that were asked by participants on the September 4, 2014 webinar hosted by ASPR, ASTHO and NACCHO. Presenters provided their agency responses to the following questions:

1. What services do your healthcare coalitions provide to its members?

Pennsylvania: We provide assistance with regional planning and response to and during emergencies, exercise design and development, sharing of best practices and lessons learned, and access to state and local resources for planning and response needs.

Michigan: Healthcare coalitions (HCC) are available 24/7/365 to assist with response as needed. Each have a Medical Coordination Center with a dedicated phone number that is answered by a person and triage to HCC Leadership Team that can assist if needed. The HCC works to provide education, training and exercise opportunities that help improve planning and response not only for a catastrophic incident but often smaller day to day challenges/emergencies. In addition, each HCC has purchased equipment and supplies that are maintained and available to all HCC partners. They also support special event planning often working with jurisdictional emergency management and public health. They serve a critical role in ensuring timely communications and information sharing horizontally and vertically.

Texas: Our healthcare coalition (HCC) contractors serve as the conduit or connection between the State and the regional healthcare organizations. They lead the regional efforts by organizing and hosting healthcare coalition meetings, planning activities, regional memorandum of agreements, host training, coordinate exercise participation, etc.

Palm Beach, FL: Situational awareness; training, exercises, lessons learned, coalition equipment pricing, networking opportunities, shared support for projects, support during disasters, updates on federal, state and local guidance and resources. Through membership, participants also gain a system-wide perspective of how other agencies and organizations support a disaster response.

MESH Coalition: We provide a number of services including: Healthcare Intelligence, Community Based Planning, Policy Analysis, Education & Training, Coalition Development, and Hospital Emergency Management Services.

2. What is the process for potential members to join a healthcare coalition?

Pennsylvania: Agencies and/or facilities may contact either one of our regional staff or the regional coalition chairperson.

Michigan: Any person interested in medical and public health preparedness can become part of the HCC in which they reside. There are bylaws that address the level of participation and the ability to vote on allocation of regional funds and preparedness initiatives.

Texas: All regional healthcare entities are welcome to join the individual HCCs and they are not required to pay membership dues in order to be members of the HCC. The HCCs are prohibited from charging HCC membership dues in order for healthcare entities to be eligible for HPP funds, equipment, supplies, services, etc. In order to be considered a HCC participating entity, they must sign and execute a MOU/MOA with the HCC lead agency.

Palm Beach, FL: We have a very inclusive philosophy. As part of our annual strategic planning, we identify partners that we want to become members and we invite them to participate; verbally face to face, with a phone call or via email. We will explain what our HERC is all about and give them a copy of our latest annual Community Report. Potential members must be approved by both the Steering Committee and the General Membership and are assessed a yearly $500 membership fee. Agencies or organizations that approach us to join must go through the same process of approval.

MESH Coalition: MESH is incorporated as a 501(c)(3) non-profit. The entity's Articles of Incorporation establish a two-tier board structure consisting of "Group One Supported Organizations" (i.e., public entities) and "Group Two Supported Organizations" (i.e., private entities/hospitals). This distinction is particularly important, as Group Two Supported Organizations enter into a three-year Subscription Agreement, whereby a fee is assessed in consideration for disaster preparedness, management, response, and recovery services.

3. What percentage of your funding do you get from 501(c) 3 organizations? Is funding more targeted towards equipment or other targeted areas?

Pennsylvania: No funding is received from 501(c)3 organizations.

Michigan: At this time our HCCs are 100% funded by DHHS ASPR/HPP Cooperative Agreement funds. During budget period 3, each HCC will be submitting paperwork to become a 501(c)3 organization. At that time we will have a better idea of funding opportunities.

Texas: Our 22 HCCs are fully funded for preparedness activities by Healthcare Preparedness Program (HPP) funds awarded to Texas. Approximately 70-80% of the federal award is allocated to the 22 HCCs in order to fulfill the healthcare preparedness capability requirements. Some of the HCCs are 501(c)3 non-profit organizations that receive EMS/Trauma funding and/or membership dues. These funds are strictly used for EMS/Trauma activities.

Palm Beach, FL: Approximately 13% of HERC's funding is received from 501©3 organizations. 48% of HERC's total revenue supports staffing, with 35% allocated for training and exercises.

MESH Coalition: In 2013, MESH derived 33% of its revenue from grant funds (specifically, U.S. Department of Homeland Security Grant Program Funds), and 67% from fee for service programs. MESH is not a U.S. Department of Health and Human Services Hospital Preparedness Program grant recipient.

4. What percentage or number of coalitions in your state that have non-profit status?

Pennsylvania: No coalitions within the state have non-profit status.

Michigan: About 50% of our HCCs have a fiduciary that is a 501(c)3 organization but at this time none of our HCCs are but the goal is to get 100% to 501c3 status during early budget period 4.

Texas: 20 of the 22 HCCs are 501(c)3 non-profit organizations. The remaining 2 HCCs are led by governmental local health departments

Palm Beach, FL: There are 15 Healthcare Coalitions presently in Florida. 8 out of 15 (53%) have achieved 501(c)3 status either independently or as programs within existing 501(c)3s. Those that elected to exist as programs within existing 501(c)3s include the HERC (Healthcare Emergency Response Coalition) of Palm Beach County and Regional Healthcare Coalitions that elected to become a program associated with the State Medical Response Teams (SMRT) of Florida.

MESH Coalition: 100% (11/11) have non-profit status. In 2002, the Indiana State Department of Health divided the state into ten Public Health Preparedness Districts. In 2004, the Districts were realigned and renamed Homeland Security Districts. The Districts were designed to assist state and local government in developing homeland security plans. Indiana's Hospital Preparedness Program allocation is currently distributed to Hospital Preparedness Program Committees in these ten districts, all of which are nonprofit entities. MESH is not a U.S. Department of Health and Human Services Hospital Preparedness Program grant recipient; however, it is a stand-alone, nonprofit healthcare coalition located in Marion County, Indiana.

5. What are some of your revenue sources beyond Federal and State grant opportunities?

Pennsylvania: No other resources besides federal or state opportunities are used.

Michigan: One of our HCCs has obtained additional funding to support the participation of the HCC Leadership and equipment for a large special event; otherwise no additional funding specifically is used. Most other sources provide in-kind participation or resources.

Texas: Our 22 HPP HCCs are fully funded for preparedness activities by HPP funds awarded to Texas. Approximately 70-80% of the federal award is allocated to the 22 TX HCCs in order to fulfill the healthcare preparedness capability requirements. Some of the TX HCCs are 501(c)3 non-profit

organizations that receive EMS/Trauma funding and/or membership dues. These funds are strictly used for EMS/Trauma activities.

Palm Beach, FL: For Healthcare Emergency Response Coalition (HERC) of Palm Beach County, we have received an annual grant from our local Palm Healthcare Foundation. We are currently pursuing a grant from Office Depot Disaster Services. We also receive in-kind services from a number of agencies, including Palm Beach County Division of Emergency Management (supporting interoperable programming of 800 MHz radios), Palm Beach County Fire-Rescue (for training) and a number of others. Our HERC members provide many volunteer hours also in support of task force initiatives etc. Most of our HERC work is accomplished through in-kind hours of volunteered support.

MESH Coalition: Non-grant revenue sources include subscription payments, managed services agreements, and fee for service contracts/projects.

6. How common is the use of volunteers (such as Medical Reserve Corp units) by coalitions? How are they managed?

Utah: Utah extensively uses the MRC in training and exercises. The MRC leads are members of the coalition in their area. We are working to get the MRC away from public health response only response activities to include medical response activities. It has been well received. Our MRC units are funded through local health departments.

Pennsylvania: The coalitions utilize the state registry for volunteers called SERVPA.

Michigan: Volunteer management is an important component of both the HPP and PHEP program. Each HCC Leadership Team has administrative rights to our MI Volunteer Registry (ESAR-VHP system). The HCCs routinely use volunteers to support exercises and special event planning. Several of the HCCs also coordinate a regional MRC team.

Texas: Some of our HCCs include participation by MRCs and other volunteer based organizations, but during real-life response by our HCCs, volunteers are not commonly used for healthcare related activities.

Palm Beach, FL: The Medical Director for our Palm Beach County MRC attends our monthly HERC meetings. MRC members are included in training opportunities and to participate in exercises. They are deployed under a mission assignment from ESF-8 during disaster events. They have been used to man call centers to answer community calls, provide support for special needs and general shelters during disasters, and to staff medical tents during activations.

MESH Coalition: MESH utilizes volunteers for deployment of its mobile field hospital, as well as certain training and education events

7. What type of formal surveys do you conduct with stakeholders and partners to ensure ongoing satisfaction with their membership?

Pennsylvania: Formal satisfaction surveys are not conducted.

Michigan: We don't routinely survey HCC members and stakeholders but conduct face to face meetings. State staff attends regional HCC meetings and make themselves available for one on one discussions. The State HPP manager is always open to calls or questions on the program. Our stakeholders do not appreciate routine surveys per their directions.

Texas: Each HCC is required to complete an annual HPP Capability Planning Guide (CPG) assessment, end of year report that includes detailed membership listing and National Incident Management System (NIMS) compliance status and submit executed MOAs/MOUs for each participating HCC participating entity, etc.

Palm Beach FL: We have in the past sent out a Member Survey related to what our Members felt were the benefits of being part of HERC. Our HERC sends out annual Training Assessment Needs surveys to identify types of training needed by our partners. This includes ongoing needs such as ICS, Decontamination, and Radiological Training, etc. in addition to new or emerging topics, such as Active Shooter. When we conduct surveys, we aim to report results by the next monthly meeting. Our Florida Hospital Association in conjunction with our Florida Department of Health also sends our surveys as part of the ASPR programs (and it helps them as well).

MESH Coalition: MESH works directly with stakeholders every day to ensure ongoing satisfaction. The MESH Board of Directors, all executive leaders from subscribing hospitals and public entities, provides oversight and strategic direction regarding the organization's programs and services.

8. Do you find that any healthcare entities (such as federally qualified health centers) are locked out of participating in your coalitions because of dues requirements?

Pennsylvania: Coalitions do not require dues. All partners are invited to participate at no cost.

Michigan: At this time we do not have any dues and do not exclude any organization or discipline from participating in our HCCs. Our state Primary Care Association is an integral partner in preparedness and has received funding to support preparedness with federally qualified health center (FQHC) partners.

Texas: No. Our HCCs are prohibited from charging membership dues for participation with the HCC.

Palm Beach, FL: No. We do not lock anyone out because they can't pay dues (the only limitation is that all non-paying dues members do not have voting privileges. They can still attend meetings, trainings, exercises etc. We are currently working with our County Commissioner to support funding for one year of healthcare entities that may not be able to support initial dues.

MESH Coalition: No. MESH frequently works with non-subscribing partners, such as federally qualified health centers. Subscribing partners recognize the value in supporting the community's broader healthcare infrastructure to build resilience and mitigate surge on acute care facilities during an emergency incident.

9. Do coalitions receive CDC Public Health Emergency Preparedness (PHEP) funding? How are PHEP funds used?

Utah: Utah has not used PHEP funding directly as of now, but since we use a LHD hosted model, there are a lot of cost savings by co-locating with the PHEP grantees in local health departments, plus each of the PHEP funded Emergency Response Coordinators are active members of the coalition.

Pennsylvania: Coalitions do not receive PHEP funding

Michigan: HCCs do not routinely get PHEP funds but have gotten PHEP funds for special projects or events (such as H1N1). Any funds obtained have specific reporting requirements and must meet the intent of the funding/capabilities.

Texas: Our HPP HCCs are fully funded with federal HPP funds. Occasionally, our HPP and PHEP members are given the opportunity to apply for additional PHEP or HPP carry-forward funding when unspent funds are available

Palm Beach, FL: Our coalitions do not receive any PHEP funds.

MESH Coalition: Yes

10. Can you provide tips on facilitating the MOU process? Many times the legal review between entities causes delays and concerns, even though MOUs have limited legal expectations.

Pennsylvania: We are working to develop a statewide MOU template that can be used by all of our coalitions.

Michigan: We have an established intra and inter-regional MOU that was developed and then vetted through the state legal advisor. Once that was established we would work with any specific entity that wanted to change it based on their interpretation to understand it was a state level initiative and could not be changed within each of the 190 hospital legal departments. Most of the time, listening to their issue and having open conversations works well for us.

Texas: In order to be considered a HCC participating entity, and in order to receive HPP funding, equipment, supplies or services, the entity must sign and execute a HCC MOU/MOA. Some of our HCCs execute MOUs/MOAs that automatically renew annually for the 5-year HPP project period to reduce the annual process of MOU/MOA execution.

Palm Beach, FL: We drafted a letter for CEO's of our healthcare organizations, which was sent out ahead of a scheduled face-to-face visit to answer any questions that they had. For our corporate healthcare

organizations that were part of a system, one of our HERC members volunteered to be the champion to work with a system representative to get approval for all the system members that were part of our coalition. We worked both locally (with the CEO's) and with the system representative. The key to a successful MOU process is communication that we are all in disasters together.

MESH Coalition: MESH does not utilize MOUs, given their limited legal expectations. Subscribing hospitals sign a multi-year subscription agreement.