

Tuolumne-Calaveras Health Care and Safety Coalition (HCSC) Governance Document & Participation Agreement

Initial Plan: August 2013, approved March 2014

Revision dates:, March 2025

I. Introduction

Since 2002, states, hospitals, public health, and emergency management communities have worked tirelessly to improve the state of medical and public health preparedness. The early program focused on building capacity and emphasized activities such as decontamination, pharmaceutical caches, identifying hospital bed surge capacity, and training providers in the diagnosis and management of diseases caused by bioterrorism.

In August 2011 a new 5-year Public Health Emergency Preparedness cooperative agreement was initiated with updated standards for local and state public health preparedness. These new standards emphasize the need for a coordinated collaboration between all members of the entire healthcare community. Strong and resilient Health Care Coalitions are the key to an effective state and local response to an event-driven medical surge. This reasoning led to further development of the Health Care and Safety Coalition.

Furthermore, core coalition member requirements were introduced in 2017 and one of the requirements is the participation of at least two acute care hospitals. For this reason, Tuolumne County and Calaveras County combined coalitions in 2017 with Tuolumne County taking the role of the “Lead Coalition” and Calaveras County taking the role of “Subcommittee Coalition.” While the combined Tuolumne-Calaveras Health Care and Safety Coalition will plan, meet, train, and exercise together, each county’s subcommittee of the coalition will also continue to operate within their own jurisdictions with individual grant and fiscal responsibilities.

The Tuolumne-Calaveras Health Care and Safety Coalition (HCSC) serves the dual-county region of Tuolumne and Calaveras Counties, located in the Sierra Nevada foothills of California. This region is predominantly rural, characterized by expansive natural landscapes, small towns, and dispersed populations. The counties are home to several American Indian tribes, whose health care needs and cultural considerations are an integral part of the coalition’s focus.

In addition, Tuolumne County includes a state prison that presents unique challenges and consideration for health care preparedness and response. The facility houses a large population, creating the need for specific planning related to infectious disease control, emergency medical response, and continuity of care during emergencies.

Within the jurisdiction of both counties, there are also incorporated cities and municipalities. Tuolumne County’s City of Sonora serves as the primary incorporated city and a central hub for

services, while Calaveras County includes the City of Angels Camp as its sole incorporated municipality. Outside these cities, the region is composed of numerous unincorporated communities that contribute to its rural character.

The HCC's efforts are designed to address these diverse needs, ensuring equitable support across cities, tribal lands, rural areas, and the state prison.

II. Mission

- A. The **mission of the HCSC** is to develop a dynamic public-private partnership that promotes an effective **community** response to a public health or medical emergency. **Priorities** of the HCSC are determined by the Hazard Vulnerabilities Assessment (HVA), identifying the **local** Top Ten Hazards.

Activities include conducting mutual hazard vulnerability/risk assessment to identify community health gaps and develop plans and strategies to address; development of standardized tools, emergency plans, processes and protocols, trainings and exercises to support the community.

- B. The work of the HCSC aligns with the emergency preparedness community prioritization requirements described in the Assistant Secretary of Preparedness and Response (ASPR) National Guidance for Healthcare System Preparedness and the CDC National Standards for State and Local Planning as well as other documents.
- C. The Health Care and Safety Coalition's primary goal is to foster collaboration amongst provider types in order to strengthen the overall health system by leveraging expertise, sharing resources, and increasing capacity to respond using a whole community approach.

III. Structure

- A. Meetings: **HCSC meetings** are conducted under the leadership of the organizational structure, which may include a Chair, a Co-Chair, and a Recorder in addition to the HCC Readiness and Response Coordinator and/or Coalition Coordinator. The Tuolumne-Calaveras Health Care and Safety Coalition will meet as determined by the Coalition Coordinators. Input from members will be considered when determining a meeting schedule for the Tuolumne-Calaveras HCSC and an effort will be made to alternate meeting locations between Tuolumne County and Calaveras County. Subcommittee meetings will be held in each county at least quarterly. While most meetings will be specific to each subcommittee coalition, the combined coalition will collaborate on special projects, exercises, and trainings.
- B. Meeting content: Projects and outcomes of the HCSC meetings are aligned with local, regional, state and federal Emergency Preparedness initiatives. Coalition members are also encouraged to suggest agenda items.
- C. HCC Members and Leadership

1. Members

- a. Members are delegated representatives of their respective organizations and facilities with authority to sign formalized agreement (or facilitate getting the signature when needed.)
- b. Members must have signed participation agreements to receive Hospital Preparedness Program funds (HPP).
- c. Membership is not limited to hospitals, but may include EMS, outpatient services (e.g., dialysis, primary care, and tribal health), skilled nursing, mental health, assisted living, government entities such as Veterans Affairs, and community response agencies, such as the American Red Cross, law enforcement, faith-based organizations, and other non-governmental organizations.
- d. Utilization of Subject Matter Experts (SMEs) provides for improved coordination of preparedness, response, and recovery activities by contributing specialized knowledge to the plan. SMEs may be regular coalition members or may be brought in on an ad hoc basis.

2. Leadership positions are decided by consensus of the coalition partners. Terms are one year.

- a. Chair
 - Leads coalition meetings
 - Assists with planning and exercises
 - Promotes the HCC within the community
 - Helps recruit and retain HCC members
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- b. Co-Chair
 - Collaborates with the Chair to facilitate planning and exercises
 - Fulfills chair role in their absence
- c. Recorder
 - Creates record of meetings and distributes to the HCSC members
 - *One of the Public Health Emergency Preparedness staff may serve this function and submits records in compliance with the PHEP and HPP grant programs.*

3. Tuolumne County Steering Committee

- a. Steering committee members include the Public Health Emergency Preparedness coordinators, the Health Officer, Director of Public Health Nursing and/or Supervising PHN, Emergency Medical Services Coordinator, and as needed Environmental Health, Behavioral Health, Tuolumne County Office of Emergency Services, and the Director of the Human Services Agency and/or Assistant HSA Director (or designees).
- b. The steering committee meets, monthly and upon request, when guidance in local compliance with regulatory agencies is needed. They assist with priority setting and integration of health and medical response plans with county emergency plans.

4. Grant Required Positions

- a. HCC Readiness & Response Coordinator – facilitates the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC. Each county within the dual-county coalition operates with its own separate allocation of funding from the Healthcare Preparedness Program (HPP), the primary federal funding source for health care delivery system preparedness and response. In alignment with ASPR requirements, funding is

received directly via contract. Each HCC Coordinator, as the one full-time equivalent (FTE), is responsible for investing in and managing their county's Healthcare Coalition (HCC) activities, including program budgeting and purchasing, to provide a strong foundation for healthcare readiness. The HCC Readiness & Response Coordinator also participates in and supports the activities of the coalition partners.

- b. Clinical Advisor – a clinically active physician, advanced practice provider, or registered nurse who provides clinical leadership to the coalition; reviews coalition plans, exercises, and trainings to ensure they are clinically accurate; advocates for the involvement of other clinical staff; and ensures that subject matter experts are available.
- c. Lead and Co-Lead Hospitals – Beginning July 2019, HCCs must have a lead hospital or co-lead hospitals to ensure a high level of healthcare engagement.

IV. Roles and Responsibilities of the Coalition Members and Partners

Topic	Responsibility
Attendance and participation	1. Attend at least 75% of annual meetings 2. Participate in Exercises, Trainings, and Drills, including the Statewide Medical and Health Exercise (SWMHE).
Project Funding for Partners	Eligible coalition partners may apply for special project funding for trainings/conferences, exercises, equipment, and/or supplies through the HPP grant. Funds will be provided in the form of reimbursement once proper documentation has been submitted. See the Project Funding Request Form for the eligibility criteria and application process (note: each county has its own Funding Request Form).
Planning	During the planning phase, each healthcare organization participating in the coalition agrees to do as able: 1. Establish and maintain relationships with healthcare partners and local emergency response partners. 2. Share information when appropriate (do not share confidential or potentially sensitive information without asking for permission). 3. Review health emergency response plans and provide feedback; the policies and procedures developed by the Coalition. 4. Maintain emergency supplies for disaster response. 5. Develop, and integrate where applicable, organization disaster response, recovery and continuity plans. 6. Properly store and maintain supplies according to manufacturer's specifications, items purchased through the emergency preparedness funding streams, including restricted use for intended purposes and provide training for applicable employees on the proper use of the supplies. 7. Contact County Public Health within 30 days if any items purchased through the emergency preparedness funding streams if any item is broken or determined to be no longer needed. The County will provide direction regarding repair, transfer, or disposal of the item. 8. Partners who have inventory items purchased/reimbursed through the HPP grant must participate in the annual inventory process required by ASPR and CDPH. This process will be outlined by each HCC Readiness and Response Coordinator but will include, at a minimum, the location, quantity, and condition of the items. The Tuolumne and Calaveras County Public Health Hospital Preparedness Programs agree to do as able for their respective jurisdiction: 1. Maintain inventory of grant purchased supplies and equipment.

	2. Inspect the storage and maintenance of grant purchased supplies and equipment with at least 7 days' notice to the partnering agency.
Response	During the response phase, each healthcare organization agrees to share resources to the best of its ability: • Personnel • Equipment • Supplies • Pharmaceuticals • Information 1. Reimbursement: Reimbursement of shared resources should be agreed upon between the receiving and providing organizations. It is recommended that Mutual Aid agreements are completed <i>prior</i> to an emergency event between healthcare coalition members. 2. Implementation: Only the Incident Commander at each healthcare organization has the authority to activate the process of sharing of mutual aid and resources. 3. Resource Request Process: The process for requesting medical and health mutual aid resources is coordinated by each county's Medical Health Operational Area Coordinator (MHOAC) and the Region IV Regional Disaster Medical health Coordinator (RDMHC). 4. Collaboration: Participate in shared healthcare system community response, including mass dispensing, bed decompression for the hospitals and consistent messaging through a Joint Information Center. 5. Scarce Resources: Participate as a Multi-Agency Coordination (MAC) group to assist with de-confliction of scarce resources.
Recovery	During the recovery phase, each healthcare organization agrees to do the following to the best of their ability; 1. Begin recovery planning as soon as the response phase begins 2. Return facility to pre-event status in terms of staffing, supplies and equipment, communications, EMS services, facility use, medical records, standards of care and finance. 3. Resume day-to-day functions 4. Monitor staff, patients, residents and volunteers for signs of stress, illness or needed interventions.

Signature Page

The following community and governmental agency, facility or organization agrees to participate in the Tuolumne-Calaveras Health Care and Safety Coalition, a collaborative body representing the broad range of healthcare and safety resources in Tuolumne and Calaveras Counties committed to the goal of being prepared for a coordinated response to a local health emergency and/or disaster. This commitment includes all of the obligations stated in the previous pages of the participation agreement.

Agency	Name & Title of Representative
Date	Signature

Please return original document to the county in which your agency is located:

Tuolumne County Public Health
HPP Coordinator
20111 Cedar Rd. N,
Sonora, CA 95370

or

Calaveras County Public Health
HPP Coordinator
891 Mountain Ranch Rd.
San Andreas, CA 95249