NORTH TEXAS HEALTHCARE COALITION (HCC-C)
GOVERNANCE
STANDARD OPERATING PROCEDURE

Table of Contents

Record of Revision and Distribution 3
1. Purpose, Scope, and Authority 4
2. Coalition Identity, Organizational Structure, and Geographic Coverage 5
3. Coalition Leadership, Management, and Administration 8
4. Governance & Core Membership 11
5. Coalition Membership and Strategic Membership 18
6. Communities Most Impacted by Disasters and Community Engagement 21
7. Disaster Clinical Advisory Team (DCAT) and Clinical Expertise 23
8. Relationship to NTRAC General Membership 26
9. Committees, Workgroups, and Subject-Matter Experts 29
10. HPP Planning, Assessment, Exercise, and Improvement Governance 32
11. Response Coordination and Governance 35
12. Information Sharing, Records, and Documentation 38
13. Funding, Budget, Procurement, and Asset Accountability 42
14. Governance Review, Revision, and Approval 45
15. Appendices 50

Record of Revision and Distribution

This document reflects the ongoing work and refinement of HCC-C North Texas Healthcare Coalition regional strategies for governance, emergency preparedness, and disaster response. At a minimum, this document will be reviewed by the NTHCC Committee annually or as needed.

Original Approval Date: 11/14/2018
Date Last Reviewed: 9/14/2026

Table 1. North Texas Healthcare Coalition Governance SOP Record of Revision

Date	Summary of Revision	Reviser
12/15/2023	Updated with revised language Sections: 3.2.1.4: 3.3.3.2; 3.3.3.3; 4.4.1; 4.9.1;	Wanda McClanahan
9/10/2024	Updated information & revised language in sections 2.1, 2.2, 3.3.1, 3.6.5, 3.6.6, 4.2.2, 4.5.1, 4.5.2, 4.6.2, 6.2	Wanda McClanahan
9/2/2025	Added new sections: Information Sharing, Response Operations, Incident Management Structure, Healthcare Workforce Support, Cross-Cutting Operational Priorities, Specialty Care Planning and Coordination. Updated content in DCAT, NTHCC governance, and Voting sections for clarity and alignment with ASPR 2024–2028 capabilities.	Wanda McClanahan
9/14/2026	Comprehensive BP3 revision to align with current ASPR HPP and DSHS requirements; restructure governance under the NTHCC Committee; incorporate required HPP core-member representation and Strategic Advisory Committee functions; clarify organizational roles and authorities; and update related provisions and appendices.	Wanda McClanahan

Table 2. North Texas Healthcare Coalition Governance SOP Record of Review & Approval

To Whom: Person/Title/Agency	Method of Distribution	Date
NTHCC Regional Core Advisory Committee	Email	12/18/2023
NTHCC Regional Core Advisory Committee	Email	9/20/2024
NTHCC Regional Core Advisory Committee	Email	9/2/2025
NTHCC Committee Governance Body	Meeting	9/14/2026

1. Purpose, Scope, and Authority

1.1. Purpose of the Governance SOP

The purpose of this Standard Operating Procedure (SOP) is to establish the governance, organizational structure, roles and responsibilities, decision-making processes, membership framework, and administrative processes of the North Texas Healthcare Coalition (NTHCC).

This SOP provides the framework through which NTHCC coordinates healthcare preparedness, response, recovery, and resilience activities across Trauma Service Area C (TSA-C) and fulfills applicable requirements of the Hospital Preparedness Program (HPP).

1.2. Scope

This SOP applies to the governance and administration of NTHCC, including coalition leadership, NTHCC Committee membership and designated HPP core-member representation, the Disaster Clinical Advisory Team (DCAT), committees and workgroups, subject-matter experts, and other partners participating in coalition activities.

It establishes the framework for coalition membership and representation; leadership and advisory roles; decision-making and approval processes; strategic membership and community engagement; planning, assessment, training, exercise, and improvement activities; response coordination; information and records management; and administration of HPP resources.

This SOP is intended to define governance and responsibility structures and does not replace the operational procedures contained in NTHCC preparedness, response, continuity, recovery, information-sharing, resource-management, patient-movement, medical-surge, or other applicable plans.

1.3. Governing Authorities and Program Requirements

NTHCC functions as the Emergency Preparedness/Healthcare Coalition standing committee of the North Texas Regional Advisory Council (NTRAC) and fulfills applicable Administration for Strategic Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Texas Department of State Health Services (DSHS) requirements.

NCTTRAC serves as the HPP awardee/contract administrator for TSA-C and provides the contractual, fiduciary, fiscal, procurement, and employment functions assigned to it under the DSHS HPP contract.

NTHCC is the standing committee within the governance structure of the North Texas Regional Advisory Council (NTRAC). NTHCC remains responsible for meeting applicable HPP requirements while operating within NTRAC bylaws, Board-approved policies, committee procedures, and regional governance requirements.

NTHCC operates in accordance with the NTRAC Emergency Preparedness/Healthcare Coalition Committee Standard Operating Procedure. The Committee SOP establishes the Committee's organizational status within NTRAC, leadership structure, membership, meeting procedures, voting requirements, NTRAC reporting relationships, and other standing-committee requirements. This Governance SOP supplements the Committee SOP by

addressing HPP-specific governance, membership, preparedness, planning, response, documentation, and grant-related requirements. In the event of an inconsistency involving NTRAC organizational governance, the NTRAC Bylaws, Board-approved policies, and approved Committee SOP control, except where a mandatory federal or DSHS HPP requirement specifically requires otherwise.

1.4. Relationship to Other NTHCC Plans and Procedures

This Governance SOP establishes the organizational and decision-making framework under which NTHCC plans, assessments, procedures, training, exercises, and other preparedness activities are developed, maintained, implemented, and evaluated.

Detailed operational processes are maintained within applicable NTHCC plans, procedures, assessments, and supporting documents. These documents shall be developed and maintained in accordance with applicable ASPR HPP and DSHS requirements and shall be consistent with this Governance SOP and applicable NTRAC governance requirements. Applicable HPP administrative requirements continue to govern grant fiscal, procurement, personnel, and asset functions.

When changes to applicable federal, state, contractual, HPP, DSHS, or NTRAC requirements affect NTHCC governance or operations, this SOP and related coalition documents will be reviewed and revised through the applicable NTRAC review and approval process.

2. Coalition Identity, Organizational Structure, and Geographic Coverage

2.1. North Texas Healthcare Coalition (NTHCC)

The North Texas Healthcare Coalition (NTHCC), also identified as Healthcare Coalition-C (HCC-C), is the Hospital Preparedness Program (HPP) Healthcare Coalition serving Trauma Service Area C (TSA-C) in North Texas. For purposes of the ASPR HCC Governance Document organizational classification, NTHCC is not a subcomponent of a state or local health department; it operates as a standing committee within NTRAC's nonprofit regional advisory council structure.

NTHCC is a collaborative network of healthcare organizations, emergency medical services, public health, emergency management, and other healthcare readiness and response partners working together to strengthen regional healthcare preparedness, response, recovery, and resilience. The Coalition supports coordination across organizational and jurisdictional boundaries while preserving the statutory, regulatory, and operational authorities of its individual members and partner organizations.

NTHCC does not exercise command or control over member organizations or local jurisdictions. During preparedness and response activities, the Coalition provides a regional framework for coordination, information sharing, resource coordination, healthcare situational awareness, planning, training, exercises, and other activities necessary to support healthcare system readiness.

2.2. Relationship to the North Texas Regional Advisory Council (NTRAC)

NTHCC is the Emergency Preparedness/Healthcare Coalition standing committee of the North Texas Regional Advisory Council (NTRAC). The NTRAC Bylaws establish the committee within

the NTRAC governance structure and require standing committees to operate in accordance with applicable NTRAC bylaws, Board-approved policies, and their approved Standard Operating Procedures.

This structure integrates healthcare preparedness activities with the broader NTRAC trauma and emergency healthcare system. NTHCC operates under the NTRAC Emergency Preparedness/Healthcare Coalition Committee SOP and participates in NTRAC governance, meetings, planning, and regional activities as a standing committee. The NTHCC Chair represents the Committee on the NTRAC Board of Directors and provides a direct governance and reporting link between the Committee and the Board.

NTHCC's status as an NTRAC standing committee does not transfer NCTTRAC's HPP contractual, fiduciary, fiscal, procurement, or employment responsibilities to NTRAC. NTHCC shall comply with NTRAC governance requirements while also satisfying applicable HPP and DSHS program requirements. Where HPP contract administration is involved, NCTTRAC retains the administrative responsibilities assigned to it by contract.

2.3. HPP Programmatic, Administrative, and Fiduciary Structure

NTHCC conducts its HPP activities in accordance with applicable ASPR HPP requirements and Texas Department of State Health Services (DSHS) requirements, contractual obligations, guidance, and deliverables. DSHS serves as the Texas HPP cooperative agreement recipient and provides programmatic direction and oversight for HPP activities conducted within the state.

NCTTRAC, as the HPP awardee/contract administrator, provides the contractual, fiduciary, fiscal, procurement, human-resources, and grant-administration functions assigned to it under the DSHS HPP contract. HPP funds and assets administered by NCTTRAC are managed under applicable federal and DSHS requirements and NCTTRAC fiscal and administrative policies.

NTHCC governance and program activities are carried out through the NTRAC standing-committee structure established in this SOP. The roles of the NTRAC Board/CEO, Coalition Chair and Chair-Elect, NTHCC Committee members, HCC Program Coordinator, DCAT, and other coalition components are described in subsequent sections.

2.4. Geographic Coverage

NTHCC serves Trauma Service Area C (TSA-C), a ten-county region in North Texas consisting of: Archer County, Baylor County, Clay County, Foard County, Hardeman County, Jack County, Montague County, Wichita County, Wilbarger County, and Young County.

Coalition preparedness and response activities are designed to support healthcare readiness across the entire TSA-C service area while recognizing differences in healthcare infrastructure, population, available resources, jurisdictional capabilities, and community needs throughout the region.

2.5. Regional Characteristics

TSA-C encompasses a geographically diverse ten-county region in North Texas that includes predominantly rural communities as well as Wichita Falls, the region's largest population and

healthcare service center. Based on U.S. Census Bureau July 1, 2025 population estimates, the ten counties comprising TSA-C have a combined population of approximately 219,400 residents, with approximately 59 percent of the regional population residing in Wichita County.

Healthcare resources, transportation access, emergency response capabilities, specialty-care availability, and other preparedness considerations vary considerably throughout the region. Residents of some portions of TSA-C must travel significant distances to access higher-acuity or specialty healthcare services, making regional coordination, patient movement, continuity of healthcare services, and transportation important preparedness considerations.

Regional healthcare preparedness is also influenced by the hazards and disruptions identified through NTHCC assessments and planning activities, including severe weather and tornadoes, wildfire, extreme heat, winter weather, flooding, infectious disease, cyber incidents and extended downtime, and disruptions to utilities, communications, transportation, supply chains, and other critical infrastructure. These conditions may have greater consequences for rural communities, medically dependent populations, residents of congregate-care settings, and populations with limited access to healthcare, transportation, or other essential services.

NTHCC considers these geographic, demographic, healthcare-system, and hazard characteristics when conducting assessments, identifying readiness gaps, establishing preparedness priorities, engaging coalition members and community partners, developing and exercising plans, and coordinating regional preparedness and response activities. Identification and assessment of communities that may experience disproportionate disaster-related healthcare impacts are further addressed in Section 6 and Appendix E – Communities Most Impacted by Disasters: Assessment Framework and Data Sources.

2.6. Organizational and Decision-Making Structure

NTHCC utilizes a collaborative governance structure designed to support HPP program administration, regional stakeholder participation, clinical and operational advisement, and formal coalition decision-making.

NTRAC provides organizational governance through its Board of Directors, CEO/Executive Director, bylaws, and approved committee structure. The Coalition Chair and Chair-Elect provide NTHCC Committee leadership. The NTHCC Committee serves as the coalition governance and voting body, including required HPP core-member review and approval when applicable. The HCC Program Coordinator supports implementation of HPP contractual requirements and coalition activities but does not independently exercise NTRAC governance or regional activation authority.

NTRAC General Membership is a separate RAC-wide forum through which the NTHCC Chair communicates coalition updates, recommendations, preparedness priorities, and other information to the broader RAC membership. All NTRAC members, including designated NTHCC HPP core members, are invited to NTRAC General Membership meetings. NTHCC governance and formal coalition business are conducted through the NTHCC Committee, not through NTRAC General Membership.

Required HPP core-member sectors shall maintain designated representation within the NTHCC Committee. When an applicable HPP/DSHS requirement specifically requires core-

member review, concurrence, or approval, the designated core-member representatives shall participate in and document that action through the NTHCC Committee.

These components operate collaboratively within their respective roles and authorities. No coalition officer, advisory body, committee, staff support position, or member organization independently supersedes applicable ASPR HPP or DSHS requirements, NTRAC governance authority, or the statutory and operational authority of participating organizations.

3. Coalition Leadership, Management, and Administration

3.1. HCC Readiness and Response Coordinator / HCC Program Coordinator

The HCC Readiness and Response Coordinator (RRC), locally designated as the HCC Program Coordinator, is an NCTTRAC employee assigned to support TSA-C and serves as the programmatic point of contact for implementation and documentation of applicable Hospital Preparedness Program (HPP) contractual requirements. The Coordinator supports, but does not independently govern, the NTRAC Emergency Preparedness/Healthcare Coalition Committee.

The HCC Program Coordinator is responsible for HPP program implementation and administrative support within the scope of the applicable HPP contract, including:

- coordinating development, review, maintenance, and submission of required HPP plans, assessments, reports, performance measures, and other deliverables;
- supporting coalition preparedness, response, recovery, and resilience activities at the direction of applicable NTRAC leadership and in accordance with approved plans;
- maintaining routine communication with coalition members, partners, DSHS, NTRAC leadership, and the HPP awardee when necessary for contract administration;
- providing administrative support for coalition meetings, committees, workgroups, and subject-matter expert participation in coordination with the Coalition Chair and NTRAC leadership;
- coordinating training, exercises, evaluations, After-Action Reports/Improvement Plans, and corrective-action activities;
- supporting regional healthcare situational awareness, information sharing, resource coordination, and other coalition functions during steady-state and response operations;
- identifying and engaging healthcare, community, clinical, and non-clinical partners needed to support HPP core functions, address identified readiness gaps, and meet regional needs;
- supporting development, monitoring, documentation, and implementation of the NTHCC HPP budget within applicable DSHS and HPP fiscal requirements;
- supporting financial sustainability, equipment and asset accountability, and appropriate use of HPP resources;
- maintaining coalition records and documentation required for HPP administration and compliance; and
- performing other duties required by the HPP contract or assigned through applicable NTRAC governance and approved response/planning processes.

The HCC Program Coordinator works collaboratively with the Coalition Chair, Chair-Elect, NTRAC CEO/Executive Director, NTHCC Committee members, DCAT, DSHS, and regional partners while coordinating day-to-day HPP program implementation. The Coordinator may

support preparation of NTHCC information for presentation by the Chair at NTRAC General Membership meetings but does not independently represent the Committee to the RAC unless requested by the Chair or NTRAC leadership. The Coordinator does not exercise independent authority over NTRAC governance, committee leadership, member organizations, mutual aid, or emergency activation.

3.2. Coalition Chair & Chair Elect

The Coalition Chair serves as the volunteer leader of the NTRAC Emergency Preparedness/Healthcare Coalition Committee (NTHCC), presides over Committee governance and meetings, and represents the NTHCC on the NTRAC Board of Directors in accordance with the NTRAC Bylaws and applicable NTRAC governance requirements. Through this Board representation, the Chair provides a direct governance and reporting link between the NTHCC and the NTRAC Board and communicates Committee priorities, recommendations, preparedness needs, and matters requiring Board consideration. The HCC Program Coordinator supports the Chair in implementing HPP contractual activities and administrative functions.

Responsibilities of the Coalition Chair and Chair Elect include:

- presiding over NTHCC Committee meetings and presenting NTHCC updates, recommendations, and matters requiring broader RAC awareness at NTRAC General Membership meetings;
- working collaboratively with the HCC Program Coordinator to identify agenda topics and facilitate productive coalition discussion;
- supporting engagement and participation of coalition members and regional partners;
- representing NTHCC at meetings, committees, and regional activities when appropriate;
- serving as the NTHCC representative on the NTRAC Board of Directors and communicating Committee priorities, recommendations, and matters requiring Board consideration;
- providing coalition updates to the NTRAC General Membership and reporting NTHCC priorities, recommendations, significant actions, and matters requiring governance consideration to the NTRAC Board of Directors through the Chair's Board representation;
- facilitating consideration and action on NTHCC Committee business and communicating significant Committee actions or recommendations through the appropriate NTRAC governance and General Membership channels;
- supporting communication of coalition priorities, needs, and recommendations;
- supporting continuity of coalition leadership through coordination with the Chair-Elect; and
- performing other governance and coalition leadership responsibilities established by this SOP.

The Coalition Chair is responsible for NTHCC committee governance and coalition leadership. These responsibilities are distinct from the HPP awardee's contractual, fiscal, procurement, employment, and grant-administration responsibilities carried out through the HCC Program Coordinator. The Coordinator supports implementation of HPP requirements and coalition activities but does not independently exercise the Chair's committee leadership responsibilities or NTRAC's organizational governance authority.

Coalition Chair-Elect

The Coalition Chair-Elect is a volunteer leadership position that supports the Coalition Chair

and provides continuity of coalition leadership. The Chair-Elect works collaboratively with the Chair and HCC Program Coordinator and becomes familiar with current coalition priorities, governance activities, HPP requirements, and regional preparedness initiatives in preparation for future service as Chair.

Responsibilities of the Chair-Elect include:

- supporting the Chair in carrying out coalition leadership responsibilities;
- presiding over meetings or performing other Chair responsibilities when the Chair is unavailable;
- participating in NTHCC Committee governance activities;
- supporting member and partner engagement;
- assisting with continuity and transition of coalition leadership; and
- assuming the position of Coalition Chair in accordance with the succession provisions of this SOP.

When acting on behalf of the Chair, the Chair-Elect exercises the same coalition leadership responsibilities and limitations applicable to the Chair.

3.3. Selection, Terms, Vacancies, and Succession of Chair/Chair-Elect

The Coalition Chair and Chair-Elect shall be selected in accordance with the voting and leadership-selection procedures established by this SOP. The positions are intended to provide continuity of coalition leadership and representation of NTHCC members and partners.

Terms of office, eligibility requirements, nomination and election procedures, succession, removal, and processes for filling vacancies shall be maintained in accordance with NTRAC bylaws, Board-approved policies, the committee SOP, and applicable HPP/DSHS requirements.

3.4. NCTTRAC HPP Contractual, Administrative, and Fiduciary Responsibilities

NCTTRAC serves as the DSHS HPP grantee and contractually designated lead organization for HPP implementation in TSA-C and provides contractual, fiduciary, fiscal, procurement, human-resources, and other administrative functions associated with the HPP award and the employment of the HCC Program Coordinator.

NCTTRAC responsibilities include administration of HPP funds and contractual requirements assigned to it; financial management and accounting; procurement and purchasing; personnel administration for NCTTRAC employees; equipment and asset-management requirements; and other grant-administration functions necessary to fulfill the HPP contract.

NTHCC activities involving expenditure of HPP funds, procurement, contracts, personnel, organizational liability, or other matters within NCTTRAC's administrative authority shall comply with applicable NCTTRAC policies and requirements in addition to applicable federal and DSHS requirements.

NCTTRAC's HPP administrative and fiduciary responsibilities do not replace NTRAC Board/CEO organizational governance, the Coalition Chair's NTHCC Committee leadership, the NTHCC Committee's governance and HPP core-member responsibilities, or the participation and advisory functions of DCAT and other coalition partners.

3.5. Relationships and Separation of Responsibilities

NTHCC operates through a collaborative governance and administrative structure in which HPP program administration, coalition governance, organizational administration, clinical and operational advisement, and member participation are complementary but distinct functions.

NTRAC provides organizational governance through its Board of Directors and CEO/Executive Director. The Coalition Chair and Chair-Elect provide NTHCC Committee leadership and member engagement. The NTHCC Committee provides coalition governance, review, and voting, including HPP core-member review and approval when required. DCAT provides clinical and operational advisement. The HCC Program Coordinator supports HPP implementation and committee administration within these governance boundaries.

NTHCC functions as the Emergency Preparedness/Healthcare Coalition standing committee within the NTRAC governance structure. Applicable NTRAC bylaws, Board-approved policies, committee procedures, and executive oversight apply to NTHCC organizational governance. HPP/DSHS administrative requirements continue to apply within their respective grant and contractual scopes.

Coalition governance, advisory, and administrative processes shall support fulfillment of applicable HPP requirements. Nothing in this SOP permits omission of a mandatory ASPR HPP or DSHS requirement; however, required HPP work shall be implemented within the applicable NTRAC governance and approval structure.
ASPR and DSHS establish applicable HPP program requirements, contractual obligations, required activities, deliverables, and performance expectations. The HPP awardee administers grant funds, procurement, assets, and personnel functions assigned by contract. NTRAC retains organizational governance of its standing committee.

4. Governance & Core Membership

4.1. Purpose and Authority

The NTHCC Committee serves as the formal coalition governance and voting body for TSA-C within the NTRAC governance structure. The Committee provides regional stakeholder representation, review, recommendations, and formal action on coalition matters. When applicable HPP/DSHS requirements call for HCC core-member participation, review, concurrence, or approval, those actions are conducted and documented through the designated HPP core-member representatives serving within the NTHCC Committee.

The NTHCC Committee also serves as the Strategic Advisory Committee or similar mechanism for purposes of applicable ASPR HPP requirements. In this capacity, the Committee supports strategic coordination and engagement among HCC representatives and appropriate governmental and non-governmental partners involved in healthcare, public health, emergency medical services, emergency management, behavioral health, and other relevant preparedness and response functions.

The NTHCC Committee includes representation from the HPP core-member organization types required by the current DSHS HPP contract and provides the mechanism through which those

core members participate in coalition governance, review and approval of required HCC-related documents, and other activities requiring core-member involvement.

The NTHCC Committee supports development and implementation of regional healthcare preparedness priorities, reviews required coalition plans, considers applicable funding and resource recommendations, provides regional perspective on coalition activities, and supports identification of healthcare preparedness needs and priorities.

NTHCC Committee authority is exercised within applicable ASPR HPP and DSHS requirements and the NTRAC governance structure. Committee actions shall not waive mandatory HPP requirements and shall not supersede NTRAC Board/CEO authority, participating organizations' statutory authority, or the HPP awardee's fiscal and contract-administration responsibilities.

4.2. Relationship to NTRAC Governance Structure

NTHCC is the Emergency Preparedness/Healthcare Coalition standing committee within the NTRAC governance structure. The NTHCC Committee itself serves as the coalition governance body and also fulfills required HPP core-member governance functions when HPP core-member participation, review, or approval is required.

Through NTHCC's relationship with NTRAC, the NTHCC Committee provides recommendations, regional stakeholder input, and other information appropriate for communication to NTRAC leadership or other committees when matters involve shared regional interests or applicable NTRAC governance responsibilities.

The NTHCC Committee shall comply with applicable NTRAC governance requirements while carrying out its responsibilities. HPP/DSHS program and administrative requirements shall be satisfied within that governance structure.

Nothing in this section alters NTHCC's responsibilities for fulfillment of HPP requirements or assigns HPP program administration, contractual compliance, or fiscal administration to NTRAC unless specifically established by an applicable governing requirement.

4.3. Composition and Required Representation

The NTHCC Committee shall include representation from the HCC core-member organization types required by the current DSHS HPP contract. At a minimum, core-member representation shall include:

- Hospitals;
- Emergency Medical Services (EMS), including inter-facility and other patient transport systems;
- Emergency Management Organizations;
- Local Public Health Agencies;
- Texas DSHS Public Health Region representation;
- Dialysis Treatment Facilities;
- Long-Term Care Facilities; and
- Nursing Facilities.

The NTHCC Committee may include additional voting or advisory representation when necessary to support NTHCC governance, address regional readiness needs, provide appropriate geographic or healthcare-sector representation, or meet applicable HPP or DSHS requirements.

Representation of a required core-member organization type may be provided by a designated representative capable of representing the broader interests and preparedness needs of that sector within TSA-C. NTHCC Committee membership does not require representation from every individual organization within a required core-member category.

NTHCC Committee core-member composition will be periodically reviewed to ensure that required HPP core-member representation and appropriate representation of TSA-C healthcare preparedness and response partners are maintained.

4.4. Member Selection/Designation

NTHCC Committee representatives shall be selected or designated from organizations and disciplines represented within NTHCC in accordance with the composition requirements established by this SOP and applicable NTRAC governance requirements.

Representatives filling required HPP core-member positions shall be affiliated with or appropriately represent the organization type or sector for which they are designated.

Representatives should have sufficient knowledge of their organization, sector, discipline, and regional healthcare preparedness activities to provide meaningful input, participate in coalition governance decisions, and communicate with appropriate organizational decision-makers or executive leadership when necessary.

Organizations represented on the NTHCC Committee may designate an alternate representative when necessary to maintain continuity of participation and voting representation. An authorized alternate may exercise the voting authority of the designated representative when serving in that representative's place.

The HCC Program Coordinator will maintain documentation of current NTHCC Committee representation and periodically review required HPP core-member representation to identify vacancies or gaps.

4.5. Terms, Vacancies, and Representation Changes

NTHCC Committee representatives shall serve in accordance with the terms, appointment, and representation requirements established by the NTRAC Committee SOP and applicable HPP/DSHS requirements.

A representative may voluntarily resign by providing notice to the Coalition Chair or HCC Program Coordinator.

Vacancies shall be filled in a manner that maintains the HPP core-member organization types and other required discipline or sector representation established in Section 4.3.

When a vacancy occurs in a required HPP core-member position, the HCC Program

Coordinator will coordinate appropriate outreach to identify replacement representation as soon as practicable.

Changes to NTHCC Committee core-member or functional representation may be made when necessary to maintain HPP-required representation, respond to changes in coalition membership or regional needs, or comply with applicable ASPR, DSHS, or NTRAC requirements.

4.6. Roles and Responsibilities

NTHCC Committee responsibilities include:

- providing governance oversight and regional stakeholder perspective for NTHCC;
- reviewing and approving HPP-required coalition plans and governance documents when HPP core-member approval is required, subject to additional NTRAC approval when the document establishes NTRAC policy, governance, authority, activation, funding authority, or organizational obligations;
- fulfilling applicable HCC core-member governance, review, and approval responsibilities required by the current DSHS HPP contract;
- reviewing regional healthcare preparedness priorities, assessments, identified gaps, and improvement activities;
- providing input regarding coalition strategic priorities and HPP activities;
- reviewing and making recommendations on funding or resource decisions assigned to the NTHCC Committee under this SOP;
- supporting strategic membership and identification of partners necessary to carry out HPP core functions;
- reviewing findings and recommendations from coalition committees, workgroups, DCAT, subject-matter experts, and relevant input received through NTRAC General Membership when appropriate;
- supporting evaluation of coalition preparedness and response capabilities; and
- taking other coalition governance or HPP core-member actions assigned to the NTHCC Committee under applicable HPP, DSHS, NCTTRAC, and NTRAC requirements.

NTHCC Committee members are expected to consider the shared preparedness interests of the TSA-C healthcare system while also contributing the perspective and expertise of the organizations, disciplines, and communities they represent.

4.7. Review and Approval of Required Coalition Plans

The NTHCC Committee serves as the formal coalition voting body. When documents require HPP core-member review or approval, the designated HPP core-member representatives serving within the NTHCC Committee shall participate in and document that approval. Such Committee approval does not, by itself, constitute final NTRAC organizational approval when a document establishes or modifies NTRAC governance, policy, activation authority, funding authority, regional operational authority, or obligations of NTRAC.

Through the required core-member representation established in Section 4.3, the NTHCC Committee review and approval process provides the mechanism through which NTHCC documents applicable HCC core-member participation in formal document approval.

The HCC Program Coordinator will coordinate development and revision of required plans and documents in accordance with applicable ASPR HPP, DSHS, NTRAC, and other program requirements and will provide appropriate opportunities for NTHCC Committee members, DCAT, subject-matter experts, and other appropriate stakeholders to review and provide input before formal Committee action when practicable.

NTHCC Committee approval documents applicable coalition and, when required, HPP core-member acceptance of the document. Committee review and approval shall not be interpreted as authority to remove, waive, delay, or prevent inclusion of content required by ASPR, DSHS, contractual obligations, NTRAC governance, or other applicable program requirements.

Required plans, documents, and deliverables shall be completed and submitted in accordance with applicable program requirements and deadlines.

4.8. Budget and Funding Responsibilities

The NTHCC Committee provides regional governance input regarding NTHCC budget priorities and considers funding recommendations assigned to the Committee under this SOP.

The NTHCC Committee may review proposed expenditures, regional projects, equipment purchases, sustainment activities, or other uses of available coalition-directed funds when formal Committee action is required. Funding recommendations shall consider regional benefit, alignment with HPP requirements and coalition priorities, identified preparedness gaps, sustainability, and applicable funding restrictions.

NTHCC Committee funding recommendations do not supersede DSHS or applicable HPP fiscal, procurement, contractual, or administrative requirements. Detailed funding and procurement processes are addressed in Section 13.

4.9. Meeting Relationship and Scheduling

The NTHCC Committee will meet six (6) times per calendar year. Four (4) of the six meetings will be scheduled on the same day as, and after, the NTRAC General Membership meeting. The remaining two (2) NTHCC meetings will be scheduled separately. Additional meetings may be called when required by coalition work, grant deliverables, incident activity, or NTRAC governance requirements. Meetings may be conducted in person, virtually, or through another approved format.

Scheduling an NTHCC Committee meeting on the same day as the NTRAC General Membership meeting is an administrative convenience only and does not merge the two bodies. The NTRAC General Membership meeting and the NTHCC Committee meeting remain separate proceedings with separate agendas, minutes, quorum requirements, voting, and decision-making authority.

Additional or special meetings may be scheduled when necessary to address time-sensitive governance, preparedness, response, funding, or program matters.

Meeting agendas and supporting materials should be distributed sufficiently in advance to allow representatives an opportunity to review matters scheduled for discussion or action.

4.10. Quorum

A quorum for conducting NTHCC Committee business shall be determined in accordance with the NTRAC Committee SOP and applicable NTRAC governance requirements. When an HPP/DSHS requirement establishes a specific core-member participation or approval threshold, that requirement shall also be satisfied.

NTHCC Committee meetings may proceed for purposes of discussion, information sharing, review, and development of recommendations when a voting quorum is not present. Formal action requiring a vote shall be conducted only when the applicable quorum and voting requirements are satisfied, including through the electronic voting process established in Section 4.12.

4.11. Voting

Each designated NTHCC Committee voting representative, or authorized alternate acting in that representative's place, shall have one vote when voting privileges apply.

Voting quorum and approval thresholds for ordinary NTHCC Committee business shall follow the NTRAC Committee SOP and applicable NTRAC governance requirements. When an applicable HPP/DSHS requirement specifically requires approval by designated HPP core members, participation and approval by the required core-member representatives shall be documented.

Unless otherwise specified by NTRAC governance requirements or an applicable HPP/DSHS requirement, formal NTHCC Committee actions shall be approved by a simple majority of votes cast.

Abstentions shall be recorded but shall not be counted as affirmative or negative votes.

4.12. Electronic/Email Voting

The NTHCC Committee may conduct formal votes electronically when action is required between scheduled meetings, when a meeting does not achieve the voting quorum required for formal action, or when electronic voting provides an efficient means of completing coalition business.

The HCC Program Coordinator will distribute the matter requiring action to all currently designated NTHCC Committee voting representatives or their authorized alternates. The electronic voting notice will identify the action requested, provide or reference relevant supporting information, specify the applicable voting options, and establish a deadline for response. Each eligible representative must affirmatively cast a vote for the vote to be counted; failure to respond shall not constitute approval.

Electronic votes are subject to the same quorum and approval requirements applicable to NTHCC Committee actions under Sections 4.10 and 4.11.

Tacit approval, implied consent, and failure to respond shall not constitute approval in any formal NTHCC Committee vote. Each affirmative or negative vote must be expressly cast and documented. Nonresponses shall not be counted toward quorum or the outcome of a vote.

Electronic voting may be used for formal action, but the applicable quorum and approval threshold must be satisfied through votes actually received from eligible representatives.

Once the applicable voting quorum has been satisfied, approval will be determined using the voting threshold established in Section 4.11. Matters requiring a two-thirds (2/3) affirmative vote under this SOP remain subject to that requirement regardless of whether the vote is conducted electronically.

The HCC Program Coordinator will document the voting period, eligible representatives provided the opportunity to vote, responses actually received, final voting results, and action taken. Electronic voting records will be maintained as part of NTHCC's official governance records.

4.12.1. Limited Use of Tacit Administrative Concurrence

Tacit administrative concurrence may be used only for routine, non-substantive administrative matters that do not establish, amend, or interpret policy; alter governance or organizational authority; modify voting or membership requirements; create financial or contractual obligations; change emergency activation or response authority; approve or materially revise plans, SOPs, policies, or governance documents; or otherwise create a material operational obligation for NTHCC or NTRAC.

Appropriate uses may include routine administrative corrections, confirmation of previously approved information, scheduling matters, non-substantive formatting changes, or other ministerial actions for which no policy, governance, fiscal, or operational decision is being made.

When tacit administrative concurrence is used, the communication shall clearly identify the proposed administrative action, the response deadline, and that nonresponse will be treated as concurrence. Any objection, request for substantive discussion, or indication that the matter may affect policy, governance, fiscal responsibility, or operations removes the matter from the tacit-concurrence process and requires affirmative action through the applicable NTHCC/NTRAC process.

Tacit administrative concurrence is not a formal vote and shall not be used to satisfy any HPP/DSHS requirement that specifically requires member, core-member, committee, Board, or other affirmative approval.

4.13. Documentation of Decisions and Approvals

Formal NTHCC Committee decisions, votes, and approvals shall be documented in coalition records.

Actions taken during meetings will be reflected in the applicable meeting minutes. Electronic votes will be documented through the voting communication, responses received, voting results, and other supporting records necessary to establish the action taken.

The HCC Program Coordinator will maintain documentation of NTHCC Committee actions in

accordance with applicable HPP, DSHS, NTRAC, and coalition recordkeeping requirements.

Results of significant NTHCC Committee actions may be communicated to members and other appropriate partners when relevant to coalition activities.

5. Coalition Membership and Strategic Membership

5.1. Membership Purpose and Structure

NTHCC membership is intended to bring together healthcare organizations, emergency response agencies, public health, emergency management, governmental and non-governmental organizations, community partners, and other stakeholders necessary to strengthen healthcare preparedness, response, recovery, and resilience throughout TSA-C.

Coalition membership supports multidisciplinary and cross-jurisdictional collaboration, information sharing, resource coordination, planning, training, exercises, response coordination, and identification of regional healthcare preparedness needs and priorities.

Participation in NTHCC does not alter or supersede the statutory, regulatory, operational, or organizational authority of any participating member organization or jurisdiction.

5.2. Required HPP Core Membership

NTHCC shall maintain active participation from the HCC core-member organization types required by the current DSHS HPP contract. At a minimum, core membership shall include representation from:

- Hospitals;
- Emergency Medical Services (EMS), including inter-facility and other patient transport systems;
- Emergency Management Organizations;
- Local Public Health Agencies;
- Texas DSHS Public Health Region representation;
- Dialysis Treatment Facilities;
- Long-Term Care Facilities; and
- Nursing Facilities.

The required HPP core-member organization types will be represented within the NTHCC Committee as established in Section 4.3. Designated NTHCC Committee representatives from these sectors serve as NTHCC's voting core-member representatives for formal coalition governance and document-approval actions.

Core-member organizations are expected to participate in NTHCC Committee meetings and other coalition activities in accordance with applicable DSHS requirements, including planning, training, exercises, assessments, information sharing, and preparedness activities appropriate to their roles. Core-member organizations are also invited to NTRAC General Membership meetings as part of the broader RAC membership.

NTHCC will maintain and periodically review core-member representation to identify vacancies, gaps in participation, and opportunities to strengthen representation across TSA-C.

5.3. Additional Healthcare and Readiness Partners

NTHCC membership is not limited to the required HCC core-member types. The Coalition will seek participation from additional healthcare, governmental, response, community, and support organizations whose capabilities, expertise, resources, populations served, or operational responsibilities contribute to regional healthcare preparedness and response.

Additional membership may include, as appropriate, organizations representing behavioral and mental health, home health, hospice, pharmacies, blood centers, laboratories, rehabilitation services, specialty healthcare, outpatient and ambulatory care, federally qualified health centers and other clinics, assisted living, home- and community-based services, medical examiners and justices of the peace, funeral and mortuary services, volunteer organizations, social services, utilities and critical infrastructure, educational institutions, military healthcare and response partners, and other public, private, nonprofit, and community-based organizations.

Participation of additional partners will be based on regional needs, identified preparedness gaps, HPP core functions, hazards and risks, populations served, and opportunities to strengthen healthcare system readiness.

5.4. Strategic Membership

NTHCC will use a strategic approach to coalition membership to ensure that the organizations, disciplines, capabilities, and community perspectives necessary to carry out HPP core functions and address regional healthcare preparedness needs are appropriately engaged.

Strategic membership will be informed by applicable HPP and DSHS requirements; regional hazard and risk assessments; readiness and capability assessments; healthcare and community characteristics; exercises and real-world incidents; After-Action Reports and Improvement Plans; identified resource and coordination gaps; and the needs of communities most impacted by disasters.

The Coalition will periodically assess its membership to identify organizations, sectors, capabilities, geographic areas, or community perspectives that are underrepresented or absent. Identified gaps will inform targeted outreach and engagement activities.

Strategic membership does not require every organization or partner to participate in the same manner. NTHCC may use different levels and methods of engagement based on the organization's role, capabilities, expertise, populations served, and relevance to specific preparedness or response activities.

5.5. Membership Participation and Representation Expectations

The HCC Program Coordinator, in collaboration with coalition leadership and members, will coordinate recruitment and engagement of organizations necessary to maintain required HPP core membership and strengthen strategic representation throughout TSA-C.

Recruitment and engagement activities may include direct outreach, orientation of new members, invitations to coalition meetings and activities, targeted participation in committees or

workgroups, planning activities, training and exercises, information-sharing networks, assessments, response coordination, and other opportunities appropriate to the organization or partner.

Particular attention will be given to maintaining required HPP core-member representation, addressing identified membership gaps, engaging organizations that serve communities most impacted by disasters, and strengthening participation across the healthcare continuum and geographic areas of TSA-C.

Organizations representing required HPP core-member sectors participate within the broader NTHCC membership structure. Each required core-member sector will maintain designated voting representation on NTHCC Committee in accordance with Section 4. Designation of one organization or representative to fill the applicable NTHCC core-member position does not automatically confer a separate NTHCC core-member voting position on every participating organization within that sector.

Additional organizations within required core-member sectors may participate in NTHCC Committee activities, workgroups, planning, training, exercises, and other coalition activities and are encouraged to contribute organizational, sector, geographic, and community perspectives relevant to preparedness and response. As RAC members or regional partners, they may also participate in NTRAC General Membership meetings.

NTHCC membership and representation will be structured to support meaningful participation, appropriate sector and geographic representation, fulfillment of applicable HPP and DSHS requirements, and the Coalition's ability to carry out HPP core functions, address identified readiness gaps and meet regional healthcare preparedness needs.

5.6. Communication with Organizational Leadership/Decision-Makers

NTHCC members are encouraged to participate in coalition activities appropriate to their roles, capabilities, and organizational responsibilities. Member participation may include:

- attending coalition meetings and activities;
- contributing organizational, disciplinary, and community perspectives to regional planning;
- participating in assessments, planning, training, and exercises;
- supporting regional information sharing and situational awareness;
- participating in resource coordination and mutual-support activities when appropriate;
- reviewing coalition plans, procedures, and other documents relevant to their areas of expertise;
- identifying emerging preparedness needs, risks, capabilities, and resource gaps;
- communicating relevant coalition information within their organizations; and
- supporting response and recovery coordination within the limits of their organization's authorities and capabilities.

Designated NTHCC Committee representatives serving required HPP core-member sectors have the additional governance, voting, review, approval, and communication responsibilities established in Section 4 and applicable DSHS requirements.

5.7. Membership Review and Maintenance

NTHCC will maintain current membership and contact information sufficient to support coalition communication, preparedness activities, response coordination, and documentation of applicable HPP participation requirements.

Participation in coalition meetings, exercises, planning activities, assessments, committees, workgroups, and other applicable activities will be documented as necessary to demonstrate HPP participation and support evaluation of coalition engagement.

The HCC Program Coordinator will periodically review membership and participation information to identify vacancies in required NTHCC Committee/core-member representation, sectors or geographic areas with limited participation, and other strategic membership needs. Findings may be used to guide recruitment, outreach, representation changes, and engagement activities.

6. Communities Most Impacted by Disasters and Community Engagement

6.1. Purpose and Commitment

NTHCC recognizes that disasters and healthcare emergencies may affect populations and communities differently based on factors such as access to healthcare and other essential services, functional and access needs, transportation, geography, socioeconomic conditions, language and communication needs, housing and living arrangements, medical dependency, and other circumstances that may increase vulnerability before, during, or after an emergency.

NTHCC will incorporate consideration of communities most impacted by disasters into coalition governance, preparedness planning, assessments, strategic membership, training and exercises, response coordination, recovery activities, and improvement planning.

The Coalition's approach will be informed by regional data, identified hazards and risks, community characteristics, healthcare access and infrastructure, partner expertise, and input from organizations and individuals with knowledge of or connections to affected communities.

6.2. Identification of Communities Most Impacted by Disasters

NTHCC will use available quantitative and qualitative information to identify populations and communities within TSA-C that may experience disproportionate impacts from disasters, public health emergencies, healthcare disruptions, infrastructure failures, or other incidents affecting healthcare delivery.

Information considered may include, as available and appropriate:

- regional demographic and socioeconomic information;
- Hazard Vulnerability Assessment findings and other hazard/risk information;
- healthcare access and healthcare-system capacity;
- rurality, geographic isolation, and transportation limitations;
- populations dependent on electricity, durable medical equipment, medications, dialysis, home healthcare, or other ongoing healthcare services;
- individuals with disabilities and others with access and functional needs;
- older adults and residents of long-term care, nursing, assisted-living, and other congregate-

care settings;
- individuals experiencing language or communication barriers;
- populations experiencing housing instability or limited access to essential services;
- previous disaster and emergency impacts;
- exercise findings, After-Action Reports/Improvement Plans, and identified preparedness gaps; and
- information and observations provided by coalition members, community partners, public health, emergency management, healthcare organizations, and other relevant stakeholders.

Identification of communities most impacted by disasters will be reviewed and updated as regional conditions, hazards, population characteristics, healthcare infrastructure, and preparedness needs change.

6.3. Engagement and Representation

NTHCC will seek meaningful participation from organizations, partners, and other stakeholders that serve, represent, or have established relationships with communities identified as being most impacted by disasters.

Engagement may occur through NTHCC Committee participation, NTRAC General Membership meetings, committees or workgroups, assessments, planning activities, training and exercises, community partnerships, targeted outreach, subject-matter expert participation, or other appropriate mechanisms.

When direct participation by affected community members is practical and appropriate, NTHCC may seek their input through existing community partnerships or other engagement opportunities. When direct participation is not feasible, the Coalition may engage organizations and partners with established knowledge of and relationships with those communities.

Identified gaps in community representation will be considered as part of NTHCC's strategic membership and partner-engagement activities described in Section 5.

6.4. Integration into Preparedness Activities

Information regarding communities most impacted by disasters will be incorporated, as applicable, into NTHCC preparedness and readiness activities. This may include:
- hazard and readiness assessments;
- strategic and operational planning;
- healthcare and resource-management planning;
- information-sharing and risk-communication considerations;
- continuity and extended-downtime planning;
- patient movement and medical surge planning;
- training and exercise design;
- exercise evaluation and improvement planning;
- response coordination and healthcare situational awareness;
- recovery planning; and
- strategic membership and partner engagement.

NTHCC will use identified community needs and preparedness gaps to inform reasonable

coalition actions within the scope of HPP authorities, available resources, and regional healthcare preparedness responsibilities.

6.5. Ongoing Assessment and Improvement

NTHCC will periodically evaluate whether coalition membership, preparedness activities, plans, exercises, and response processes appropriately consider the needs of communities most impacted by disasters.

Opportunities for improvement may be identified through assessments, exercises, real-world incidents, member and partner feedback, community engagement, After-Action Reports/Improvement Plans, changes in regional demographics or healthcare infrastructure, and other relevant information.

Identified gaps will be incorporated, as appropriate, into coalition improvement activities, strategic membership efforts, planning priorities, training and exercise activities, or other preparedness initiatives.

Documentation of applicable assessments, engagement activities, findings, and improvement actions will be maintained in accordance with HPP, DSHS, NTRAC, and NTHCC documentation requirements.

7. Disaster Clinical Advisory Team (DCAT) and Clinical Expertise

7.1. Purpose and Relationship

NTHCC will participate in and maintain access to a Disaster Clinical Advisory Team (DCAT) established to provide multidisciplinary clinical and operational expertise and advisement during relevant healthcare preparedness, response, and recovery activities.

DCAT serves as a clinical advisory resource to NTHCC and participating HCC members and supports the incorporation of appropriate clinical expertise into regional healthcare preparedness and emergency decision-making.

DCAT recommendations are advisory and do not supersede the clinical judgment, medical authority, statutory authority, organizational policies, or operational responsibilities of individual healthcare organizations, medical directors, public health authorities, emergency response agencies, or other participating entities.

7.2. Relationship to HPP Clinical Advisement Requirements

The DSHS HPP contract requires the HPP grantee, with input from HCC membership, to develop a committee of clinical advisors to advise the grantee and HCC members during relevant preparedness, response, and recovery activities.

DCAT serves as the clinical advisory structure used to support this requirement. NTHCC will participate in the development, maintenance, and utilization of DCAT and will provide input, as appropriate, regarding the qualifications, specialties, expectations, and expertise necessary to support TSA-C and broader regional healthcare preparedness needs.

DCAT activities will be coordinated with applicable NTHCC plans, assessments, exercises,

response activities, improvement activities, and other HPP requirements when clinical or operational expertise is appropriate.

7.3. Composition, Qualifications, Specialties, and Expectations

DCAT will be multidisciplinary and will include clinical and operational expertise appropriate to the healthcare preparedness, response, and recovery needs of the HCCs supported by NCTTRAC.

Consistent with DSHS HPP requirements, DCAT membership will be drawn, whenever possible, from across the multiple HCCs supported by NCTTRAC. NTHCC membership will provide input regarding the qualifications, specialties, expertise, and expectations appropriate for participation on DCAT.

DCAT composition should collectively provide sufficient clinical and operational expertise to address anticipated regional healthcare preparedness needs. Additional subject-matter experts may be engaged when specialized expertise is needed for a particular hazard, healthcare setting, population, preparedness activity, or response.

During an emergency or disaster, the full DCAT, a subset of the team, or additional subject-matter experts, may be convened based on the nature of the incident and expertise required.

7.4. Roles and Responsibilities

DCAT will provide clinical and operational expertise appropriate to the needs of NTHCC. Responsibilities may include:

- providing clinical and operational input into coalition plans, assessments, procedures, and preparedness initiatives;
- advising on medical surge, patient movement, specialty care, and healthcare delivery considerations;
- providing expertise related to resource-constrained or scarce-resource conditions;
- supporting development or review of regional clinical guidance and healthcare preparedness strategies;
- providing clinical input into training and exercise development and evaluation;
- reviewing relevant lessons learned from exercises and real-world incidents;
- identifying emerging clinical or healthcare-system concerns; and
- providing other clinical or technical advisement requested by NTHCC within the scope of DCAT expertise.

DCAT may coordinate with healthcare organizations, EMS, public health, emergency management, subject-matter experts, and other regional partners as necessary to support these responsibilities.

7.5. Clinical Input into Planning, Training, Exercises, and Preparedness Activities

DCAT will provide clinical and operational input into NTHCC preparedness activities when such expertise is relevant to the activity being conducted.

This may include participation in the development or review of medical surge and specialty-care planning, patient movement planning, allocation of scarce resources, infectious disease and high-consequence infectious disease preparedness, continuity and extended-downtime

considerations, training and exercise activities, and other healthcare preparedness initiatives.

DCAT participation will be based on the nature of the activity and expertise required and does not require review or approval of every NTHCC plan or preparedness product by the full DCAT.

7.6. Activation/Convening Process

DCAT may be convened during steady-state preparedness activities or activated when an incident, emerging threat, healthcare disruption, medical surge event, resource limitation, or other circumstance creates a need for coordinated clinical or operational advisement.

The HCC Program Coordinator will coordinate convening or activation of DCAT in accordance with applicable NTHCC plans and procedures.

Depending on the situation, the full DCAT, a subset of members, or additional subject-matter experts, may be convened. The composition will be based on the nature of the issue, expertise required, urgency of the request, and availability of appropriate participants.

Detailed notification, communication, and operational procedures may be maintained in applicable NTHCC response plans, procedures, or supporting documents.

7.7. Clinical and Operational Advisement During Response

During an emergency or disaster, DCAT may provide clinical and operational advisement to support regional healthcare coordination and decision-making.

Advisement may include assessment of healthcare-system impacts; medical surge and specialty-care considerations; patient movement; resource-constrained conditions; allocation or prioritization considerations; clinical implications of healthcare disruptions; and other issues requiring multidisciplinary clinical expertise.

DCAT may develop recommendations or considerations for use by NTHCC, healthcare organizations, public health authorities, emergency response partners, or other appropriate entities. Such recommendations remain advisory and do not replace the legal, regulatory, clinical, or operational authority of the receiving organization or jurisdiction.

7.8. Relationship to the HCC Coordinator

The HCC Program Coordinator is responsible for coordinating and supporting DCAT activities on behalf of NTHCC, including maintaining appropriate contact information, facilitating meetings or activations, coordinating requests for clinical or operational advisement, maintaining applicable documentation, and connecting DCAT activities with other coalition preparedness and response functions.

The HCC Program Coordinator may request DCAT input when clinical or operational expertise would support an NTHCC plan, assessment, exercise, preparedness activity, response operation, or other HPP requirement.

DCAT's advisory responsibilities do not replace the HCC Program Coordinator's administrative and programmatic responsibilities for implementation and coordination of HPP activities.

7.9. Relationship to NTHCC Committee and NTRAC General Membership

DCAT serves as a clinical and operational advisory resource to the NTHCC Committee. DCAT does not replace NTHCC Committee governance. Relevant DCAT findings may be communicated by the NTHCC Chair through NTRAC General Membership when broader RAC awareness is appropriate.

DCAT may provide recommendations, findings, technical guidance, or subject-matter expertise to the HCC Program Coordinator, NTHCC Committee, General Membership, or other appropriate coalition partners.

Matters requiring formal coalition governance action will be addressed through the applicable governance or approval process established by this SOP. NTHCC Committee and General Membership may also identify issues for which DCAT clinical or operational input would be beneficial.

7.10. Documentation of Recommendations and Activities

NTHCC will maintain appropriate documentation of DCAT membership or available expertise, meetings, activations, significant recommendations, and other activities necessary to demonstrate applicable HPP and DSHS requirements and support continuity of coalition operations.

When DCAT participates in exercises or real-world response activities, relevant findings and recommendations will be incorporated into After-Action Reports/Improvement Plans, corrective actions, plan revisions, training and exercise priorities, or other improvement activities as appropriate.

DCAT documentation will be maintained in accordance with applicable HPP, DSHS, NTRAC, and NTHCC recordkeeping requirements.

8. Relationship to NTRAC General Membership

8.1. Purpose and Relationship

The NTRAC General Membership Meeting is the RAC-wide forum for communication, information sharing, and regional system business. It is separate from the NTHCC Committee meeting and does not serve as the governance body for NTHCC.

All NTRAC members are invited to NTRAC General Membership meetings. This includes organizations and representatives that also participate in NTHCC, including designated HPP core-member representatives. Participation in NTRAC General Membership does not change a member's designated role within NTHCC.

NTHCC Committee governance, voting, HPP core-member actions, plan review, and other formal coalition business are conducted through the NTHCC Committee in accordance with this Governance SOP, the NTRAC Committee SOP, and applicable NTRAC governance requirements. The NTRAC General Membership Meeting does not replace or duplicate those functions.

8.2. Communication of NTHCC Business to NTRAC General Membership

The NTHCC Chair serves as the primary committee representative to the NTRAC General Membership and will communicate significant NTHCC activities, priorities, recommendations, preparedness information, and actions appropriate for broader RAC awareness.

NTRAC General Membership attendees may provide questions, comments, recommendations, or regional-system input relevant to NTHCC activities. When such input requires formal NTHCC consideration or action, the Chair will refer the matter to the NTHCC Committee for review and disposition.

The Chair may use the NTRAC General Membership Meeting to obtain broader RAC awareness or stakeholder input on NTHCC matters when appropriate; however, formal NTHCC governance actions remain with the NTHCC Committee unless additional NTRAC Board or organizational approval is required.

Formal NTHCC governance and voting authority is exercised through the NTHCC Committee as established in Section 4 and the NTRAC Committee SOP.

Participation in either the NTHCC Committee or NTRAC General Membership does not alter the independent statutory, regulatory, clinical, operational, or organizational authority of participating organizations.

8.3. Meeting Relationship and Scheduling

NTHCC Committee meetings will be scheduled at the frequency required by the NTRAC Committee SOP and applicable HPP/DSHS requirements. NTRAC General Membership meetings are scheduled separately under NTRAC governance. The two meetings may occur on the same day for member convenience, but they remain separate meetings with separate agendas, minutes, and decision-making authority.

The HCC Program Coordinator will provide administrative support for NTHCC Committee meetings as required by the HPP contract, including preparation and distribution of meeting materials, maintenance of HPP documentation, and required DSHS notifications. NTRAC administrative processes govern the RAC General Membership Meeting.

The designated DSHS HPP Liaison and applicable HPP program mailbox will be included in NTHCC Committee meeting notifications when required by the current DSHS contract.

If NTHCC is unable to maintain an HPP-required meeting frequency, the HCC Program Coordinator will notify the Coalition Chair and NTRAC CEO/Executive Director and coordinate any required communication with DSHS.

8.4. Participation and Information Sharing

NTHCC members are encouraged to participate in NTHCC Committee meetings and are also invited, as NTRAC members or regional partners, to attend NTRAC General Membership meetings.

HPP core-member organizations identified in Section 5.2 are expected to participate in NTHCC Committee activities as required by applicable DSHS/HPP requirements. Those same

organizations and representatives are invited to NTRAC General Membership meetings along with the broader RAC membership.

At NTRAC General Membership meetings, the NTHCC Chair may provide coalition updates, preparedness and response information, training and exercise information, HPP program updates, emerging issues, recommendations, and other matters relevant to the regional healthcare system.

RAC members may share information regarding organizational capabilities, emerging risks, preparedness needs, lessons learned, exercises, incidents, resource concerns, and other matters that may warrant NTHCC awareness or follow-up.

8.5. Review, Discussion, and Referral of Coalition Matters

The NTHCC Chair may present selected NTHCC plans, assessments, preparedness priorities, strategic initiatives, training and exercise activities, improvement actions, or other coalition matters to NTRAC General Membership for information, regional discussion, or broader stakeholder input when appropriate.

The HCC Program Coordinator may support collection of stakeholder input through NTHCC Committee activities, electronic review, surveys, workgroups, targeted outreach, or other methods authorized by the Chair or required by HPP/DSHS. The Coordinator may assist the Chair with materials for NTRAC General Membership but does not independently use the RAC General Membership as a substitute for NTHCC governance.

When an applicable DSHS requirement specifically requires HCC core-member review, participation, or approval, that action will occur through the NTHCC Committee and will be documented in the NTHCC Committee record. Attendance or discussion at an NTRAC General Membership meeting does not by itself satisfy a required core-member approval unless the applicable requirement expressly allows that mechanism and the required participation is documented.

Input received at NTRAC General Membership that is relevant to healthcare preparedness may be referred by the Chair to the NTHCC Committee, DCAT, a workgroup, or other appropriate body for review or follow-up.

8.6. Voting and Decision-Making Authority

The NTRAC General Membership Meeting is not the voting or governance body for NTHCC. Formal NTHCC Committee actions are taken during NTHCC Committee meetings or through another voting method authorized by the NTRAC Committee SOP and applicable NTRAC governance requirements.

HPP core-member governance actions are conducted through the NTHCC Committee in accordance with Section 4. Matters requiring additional NTRAC organizational approval remain subject to the applicable NTRAC approval process.

NTRAC General Membership may express support, provide recommendations, or offer input on coalition matters. Such input is advisory to NTHCC unless a separate NTRAC governance requirement assigns formal authority to General Membership for the matter under

consideration.

Nothing in this section limits the Chair from presenting NTHCC information to NTRAC General Membership before or after formal Committee action when broader RAC awareness, coordination, or input would be beneficial.

8.7. Regional Information Sharing Through NTRAC General Membership

NTRAC General Membership serves as a primary RAC-wide forum for routine regional information sharing, relationship building, and coordination among NTRAC members and partners.

The NTHCC Chair will use NTRAC General Membership meetings, as appropriate, to communicate relevant coalition information to the broader RAC membership, including preparedness priorities, situational-awareness updates, training and exercise opportunities, planning information, lessons learned, emerging threats, resource concerns, and other matters appropriate to regional healthcare readiness.

NTRAC members receiving NTHCC information through General Membership are encouraged to distribute relevant information within their organizations to appropriate leadership, emergency preparedness, clinical, operational, and other personnel as necessary.

Detailed emergency information-sharing and communication procedures are maintained in the applicable NTHCC Information-Sharing Plan and other response-related plans and procedures.

9. Committees, Workgroups, and Subject-Matter Experts

9.1. Establishment of Committees and Workgroups

NTHCC may establish standing or temporary committees, workgroups, task groups, or other collaborative structures as necessary to support HPP requirements, coalition priorities, preparedness activities, response and recovery needs, or identified regional healthcare preparedness gaps.

Committees and workgroups may be established through the applicable NTRAC/NTHCC governance process. The HCC Program Coordinator may recommend or administratively support a workgroup but shall not independently create a standing governance body or assign it decision-making authority.

Participation will be based on the expertise, organizational representation, capabilities, and perspectives appropriate to the assigned activity. Establishment of a committee or workgroup does not create independent governance or decision-making authority unless such authority is specifically assigned by this SOP or another applicable governing requirement.

9.2. Ad Hoc and Project-Specific Workgroups

NTHCC may establish ad hoc or project-specific workgroups to address defined preparedness needs, HPP deliverables, planning activities, assessments, exercises, improvement actions, emerging issues, response or recovery needs, or other time-limited coalition activities.

Membership may include representatives from NTHCC General Membership, NTHCC

Committee, DCAT, partner organizations, governmental agencies, community organizations, or other individuals whose knowledge or capabilities are relevant to the assigned work. HPP awardee personnel may participate when relevant to contractual or administrative matters.

Participation may be adjusted throughout the project as additional expertise or organizational representation is needed.

Ad hoc and project-specific workgroups are advisory and collaborative unless specific authority is otherwise established. Products or recommendations requiring formal coalition action will follow the applicable review or approval process established by this SOP.

9.3. Subject-Matter Expert Engagement

NTHCC may engage subject-matter experts (SMEs) when specialized knowledge, technical expertise, operational experience, community perspective, or professional expertise is needed to support coalition activities.

SMEs may be drawn from coalition members, healthcare organizations, emergency response agencies, governmental entities, community organizations, academic institutions, professional organizations, other HCCs, or other appropriate sources.

SME participation may be ongoing, project-specific, activity-specific, or incident-specific and does not require formal coalition membership when such membership is not necessary for the individual's advisory role.

The HCC Program Coordinator may identify and engage appropriate SMEs in coordination with the Coalition Chair, NTRAC leadership, members, or other partners as appropriate to the activity.

9.4. Clinical vs. Non-Clinical Expertise

Clinical advisement required under applicable HPP and DSHS requirements will be coordinated through the DCAT structure described in Section 7.

NTHCC may also engage non-clinical SMEs to support areas such as emergency management, cybersecurity, information technology, communications, healthcare operations, logistics and supply chain, legal and regulatory considerations, behavioral health, community engagement, infrastructure, transportation, planning, training and exercises, recovery, and other areas relevant to healthcare preparedness.

When an activity requires both clinical and non-clinical expertise, DCAT participants and other SMEs may work collaboratively through a committee, workgroup, planning team, exercise team, or other appropriate structure.

The use of SMEs does not transfer decision-making authority from the organization, coalition body, or individual responsible for the applicable activity.

9.5. Responsibilities and Scope

Each committee or work group will have a defined purpose and scope appropriate to the activity for which it is established.

Responsibilities may include conducting or supporting assessments; developing or reviewing plans and procedures; identifying preparedness gaps and recommended solutions; supporting training and exercises; developing tools, resources, or recommendations; supporting improvement activities; providing technical or operational expertise; and completing other activities consistent with the group's assigned purpose.

The scope, responsibilities, expected products, timelines, membership, and reporting relationship may be documented through a charter, project description, meeting documentation, work plan, assignment, or other mechanism appropriate to the complexity and duration of the activity.

Committees and work groups will operate within the authorities and responsibilities assigned to them and will not supersede NTRAC governance, NTHCC Committee's HPP core-member role, DCAT, General Membership, DSHS requirements, the HCC Program Coordinator's contracted support role, or participating organizations' authority.

9.6. Reporting and Recommendations

Committees, workgroups, and SMEs will communicate findings, recommendations, products, identified gaps, or other relevant information to the Coalition Chair and HCC Program Coordinator and, as appropriate, NTHCC Committee, General Membership, DCAT, NTRAC leadership, or other applicable coalition partners.

The HCC Program Coordinator will coordinate the routing of recommendations or products to the appropriate coalition body or organizational authority when additional review, clinical advisement, governance action, approval, or implementation is required.

Recommendations developed by a committee, workgroup, or SME are advisory unless decision-making or approval authority has been specifically assigned through this SOP or another applicable requirement.

Significant findings and recommendations may be incorporated into coalition plans, assessments, improvement activities, training and exercise priorities, strategic initiatives, or other HPP activities as appropriate.

9.7. Dissolution/Completion of Temporary Workgroups

Temporary, ad hoc, and project-specific workgroups will conclude when their assigned purpose has been fulfilled, the applicable project or deliverable has been completed, the identified need no longer exists, or the Coalition Chair and HCC Program Coordinator determine that a different structure is more appropriate, subject to NTRAC governance requirements.

Prior to conclusion, applicable products, recommendations, unresolved issues, records, and follow-up actions will be transferred to the HCC Program Coordinator or other appropriate responsible party.

Temporary workgroups may be reactivated, reconstituted, or replaced when future preparedness, response, recovery, or HPP requirements create a need for renewed activity.

Standing committees or other ongoing structures will be periodically evaluated to determine whether their continued operation remains necessary and beneficial to NTHCC.

10. HPP Planning, Assessment, Exercise, and Improvement Governance

10.1. Governance of Required HPP Activities

NTHCC will complete and maintain required HPP assessments, plans, training and exercise activities, improvement actions, performance measures, reports, and other deliverables in accordance with applicable ASPR HPP, DSHS, and contractual requirements and within the applicable NTRAC governance structure.

The HCC Program Coordinator is responsible for coordinating development, maintenance, completion, and submission of required HPP activities and deliverables, with participation from coalition members, NTHCC Committee, DCAT, subject-matter experts, community partners, NTRAC leadership, and other stakeholders as appropriate.

Coalition governance and review processes will support timely completion of required HPP work and shall not be used to waive a mandatory ASPR HPP or DSHS requirement. Required work shall nevertheless follow applicable NTRAC review and approval processes when it establishes NTRAC policy, governance, authority, or operational obligations.

Where formal coalition approval is required, the applicable approval process established by this SOP will be followed.

Where an applicable DSHS requirement specifically requires participation, review, or approval by HCC core members, the HCC Program Coordinator will ensure that the required core-member sectors are appropriately engaged and that applicable participation, review, or approval is documented. Formal core-member approval will be conducted through NTHCC Committee in accordance with Section 4 when approval is required.

10.2. Assessments and Identification of Readiness Gaps

NTHCC will conduct, maintain, and participate in assessments required by HPP and DSHS and may conduct additional assessments when necessary to evaluate regional healthcare readiness, hazards, capabilities, vulnerabilities, resources, infrastructure, workforce, community needs, and other preparedness considerations.

Assessment findings will be used to identify risks, capability gaps, areas for improvement, and preparedness priorities and will inform coalition planning, strategic membership, training and exercises, resource decisions, and other preparedness activities.

Assessments may incorporate quantitative and qualitative data, coalition-member and partner input, healthcare-system information, community characteristics, exercise and real-world incident findings, After-Action Reports/Improvement Plans, and other relevant sources.

The HCC Program Coordinator will coordinate assessment activities and documentation in accordance with applicable requirements.

10.3. Development and Maintenance of Required Plans

NTHCC will develop, review, update, and maintain plans and related planning products required by ASPR HPP, DSHS, and applicable contractual requirements.

Required plans will be developed using applicable federal and state guidance, assessment findings, regional hazards and risks, exercise and real-world incident lessons, identified improvement actions, healthcare-system capabilities, member and partner input, and the needs of communities most impacted by disasters.

The HCC Program Coordinator will coordinate plan development and revision, including appropriate participation from coalition members, DCAT, SMEs, community partners, and other stakeholders based on the subject matter and requirements.

Plans requiring HPP core-member approval will follow the NTHCC Committee review process established in Section 4. Governance documents, policies, major regional response plans, or other documents that establish or modify NTRAC authority, activation, funding authority, organizational structure, or operational obligations shall also proceed through the applicable NTRAC approval process. Operational annexes, assessments, exercise documents, work plans, AAR/IPs, technical job aids, and routine grant deliverables may use the HPP review process unless they change NTRAC policy or authority.

Detailed operational procedures will remain within the applicable plan and will not be duplicated unnecessarily in the Governance SOP.

10.4. Member, Partner, SME, and Community Participation

NTHCC will engage coalition members, including the HCC core-member organizations identified in Section 5.2, healthcare partners, DCAT, SMEs, community organizations, and other relevant stakeholders in HPP preparedness activities when their participation, expertise, populations served, or operational responsibilities are relevant to the activity.

Required HPP core-member sectors maintain designated voting representation on NTHCC Committee in accordance with Section 4. Additional organizations within those sectors may participate through General Membership and other coalition activities without automatically receiving a separate NTHCC core-member voting position.

Participation may occur through meetings, workgroups, committees, electronic review, surveys, interviews, planning sessions, assessments, training, exercises, response activities, improvement planning, or other appropriate mechanisms.

The level and method of participation may vary according to the applicable requirement and the expertise or representation needed.

NTHCC will seek to include organizations and perspectives necessary to address identified readiness gaps and the needs of communities most impacted by disasters.

10.5. Training and Exercise Governance

NTHCC will coordinate training and exercise activities required by HPP and DSHS and may conduct or participate in additional activities that support identified regional preparedness

priorities and improvement needs.

Training and exercise priorities will be informed by applicable HPP requirements, assessments, plans, readiness gaps, After-Action Reports/Improvement Plans, real-world incidents, strategic priorities, and member and partner needs.

Required exercises will be planned, conducted, evaluated, and documented in accordance with applicable HPP, DSHS, HSEEP, and other program requirements.

When permitted by applicable requirements, NTHCC may combine exercise objectives or use qualifying real-world incidents to satisfy exercise requirements, provided all required objectives, documentation, and approval requirements are met.

10.6. Medical Response and Surge Exercise (MRSE)

NTHCC will plan for and conduct at least one operations-based functional or full-scale Medical Response and Surge Exercise (MRSE) during each HPP budget period in accordance with applicable ASPR and DSHS requirements.

The MRSE will include HCC members and other appropriate healthcare and response partners and will evaluate the Coalition's ability to coordinate healthcare delivery during a medical surge event.

The HCC Program Coordinator will coordinate MRSE planning, participation, evaluation, documentation, and submission of required reporting tools and performance-measure data in accordance with DSHS/HPP requirements.

MRSE objectives may also support other required or partner exercise objectives when permitted, provided all applicable requirements for each activity are satisfied.

When allowed by ASPR/DSHS requirements, NTHCC may request approval to use a qualifying real-world incident response in lieu of the annual MRSE.

10.7. After-Action Reports and Improvement Planning

NTHCC will complete After-Action Reports/Improvement Plans (AAR/IPs) for exercises and real-world incidents when required by applicable HPP, DSHS, HSEEP, or other program requirements.

AAR/IPs will identify strengths, areas for improvement, corrective actions, responsible parties, and applicable timelines necessary to strengthen regional healthcare readiness.

The HCC Program Coordinator will coordinate development, documentation, distribution, tracking, and submission of AAR/IPs and corrective actions, with participation from members, partners, evaluators, SMEs, DCAT, and other stakeholders as appropriate.

Required AAR/IPs will be completed and submitted within applicable program deadlines.

10.8. Incorporation of Findings into Future Activities

Findings from assessments, exercises, real-world incidents, AAR/IPs, performance

measures, member and partner feedback, and other evaluation activities will be used to guide future NTHCC preparedness and improvement activities.

Identified gaps and corrective actions may inform updates to coalition plans, strategic priorities, work plans, training and exercise activities, strategic membership, resource and funding priorities, community engagement, policies and procedures, or other preparedness activities.

NTHCC will periodically review outstanding improvement actions and incorporate applicable findings into future activities in accordance with HPP and DSHS requirements.

The HCC Program Coordinator will coordinate tracking and integration of identified improvement actions.

10.9. Performance Measures and Program Reporting

NTHCC will collect, maintain, validate, and report information required for HPP performance measures, benchmarks, deliverables, and other program-reporting requirements.

The HCC Program Coordinator will coordinate collection and validation of required data and ensure required information is submitted through designated HPP reporting systems within established deadlines in accordance with HPP/DSHS reporting requirements.

Coalition members and partners will provide information necessary to support applicable HPP reporting requirements when requested and consistent with their roles and responsibilities.

Performance-measure findings and other program data will be used, as appropriate, to evaluate coalition readiness, identify barriers and gaps, demonstrate progress, and inform future preparedness and improvement activities.

11. Response Coordination and Governance

11.1. Coalition Role During Response

NTHCC supports coordination of the regional healthcare system during emergencies, disasters, public health incidents, healthcare disruptions, and other events requiring multi-organizational or regional healthcare coordination.

During response, NTHCC may facilitate healthcare situational awareness, information sharing, regional resource coordination, medical surge coordination, patient movement, communication among healthcare and response partners, and access to clinical and subject-matter expertise in coordination with DSHS, emergency management, ESF-8, and other appropriate partners.

NTHCC operates as a coordination and support entity and does not assume command or control of participating healthcare organizations, emergency response agencies, governmental jurisdictions, or other member organizations. Each participating organization retains its own statutory, regulatory, clinical, operational, and organizational authorities and responsibilities.

NTHCC response activities will be conducted in accordance with applicable HPP requirements, NIMS/ICS principles, approved NTHCC/NTRAC response plans and procedures, and established jurisdictional authorities.

11.2. HCC Coordinator Response Role

The HCC Program Coordinator serves in a support role during response. Upon learning of an actual or potential regional healthcare emergency, significant regional resource request, unusual patient-movement request, or potential RHCC activation, the Coordinator shall promptly notify the NTRAC CEO/Executive Director and provide available situational information.

The NTRAC CEO/Executive Director, or a designated NTRAC response leader, determines whether regional healthcare coordination functions or the RHCC are activated. Following activation or direction, the HCC Program Coordinator supports assigned HPP functions, including notifications, situational-awareness information collection, documentation, situation reports, resource tracking, partner communications, access to DCAT/SMEs, and other tasks assigned under approved response plans. The Coordinator does not independently activate the RHCC, direct mutual aid, command EMS or hospitals, or assume operational control of member organizations.

The HCC Program Coordinator will complete required HPP/DSHS notifications and will keep the NTRAC CEO/Executive Director and Coalition Chair informed of significant developments.

The HCC Program Coordinator's response role does not replace incident command, medical direction, emergency management authority, public health authority, or the operational authority of participating organizations or jurisdictions.

Routine local EMS mutual aid, facility evacuation transportation, and jurisdictional resource requests remain the responsibility of the requesting agency and applicable local emergency-management or mutual-aid processes. NTHCC/RHCC support is used when a regional healthcare coordination need exists or when regional support is requested and authorized.

11.3. Regional Healthcare Coordination Center (RHCC)

NTRAC may activate an RHCC when regional healthcare coordination needs exceed routine coalition operations or when activation is appropriate under an approved response plan. Activation authority rests with the NTRAC CEO/Executive Director or a designated NTRAC response leader; the HCC Program Coordinator provides support as assigned.

The RHCC provides a coordination structure through which NTHCC may support healthcare situational awareness, information sharing, medical surge coordination, resource coordination, patient movement, communications, clinical and technical advisement, and coordination with governmental and healthcare response partners.

RHCC activation, leadership, staffing, functions, communications, documentation, and operational procedures shall be established in approved NTHCC/NTRAC response plans. Those plans shall identify the NTRAC CEO/Executive Director or designated response leader as the activation authority and define the HCC Program Coordinator's support role.

Activation of the RHCC does not establish incident command over healthcare organizations, jurisdictions, EMS agencies, or other participating entities. The RHCC functions as a regional healthcare coordination and support structure.

11.4. NTHCC Committee, DCAT, and SME Roles During Response

NTHCC Committee retains its governance responsibilities during response but does not function as an incident command or operational response body. All NTHCC regional response plans, procedures, and material revisions shall be reviewed and approved by the NTHCC Committee through the applicable NTRAC approval process before implementation. During an emergency, the NTHCC Committee is not required to convene to authorize response actions already addressed within an approved plan or procedure. Based on the level, scope, and needs of the incident, the Regional Healthcare Coordination Center (RHCC) may be activated in accordance with the approved Regional Response Plan. Once activated, the RHCC carries out the regional healthcare coordination functions authorized by the approved Regional Response Plan and related procedures. Operational actions taken within the scope of those approved authorities do not require additional NTHCC Committee approval during the incident. Any proposed action that materially changes or exceeds an approved plan, procedure, policy, or established authority shall be elevated through the applicable NTRAC executive or governance process.

DCAT may be convened in accordance with Section 7 to provide clinical and operational advisement during incidents requiring multidisciplinary clinical expertise.

Additional subject-matter experts may be engaged in accordance with Section 9 when specialized clinical, technical, operational, community, infrastructure, or other expertise is needed.

NTHCC Committee members, DCAT participants, SMEs, and General Membership organizations may provide information, expertise, resources, or other support appropriate to their respective roles and capabilities.

11.5. Coordination with ESF-8, DSHS, Emergency Management, Healthcare Organizations, EMS, and Other Partners

NTHCC will coordinate with appropriate local, regional, state, and federal healthcare and emergency response partners during incidents affecting the regional healthcare system.

Coordination may include healthcare organizations, EMS and patient-transport providers, local and regional emergency management, local public health authorities, DSHS, ESF-8 partners, governmental jurisdictions, healthcare coalitions, community organizations, and other entities appropriate to the incident.

NTHCC will support integration of healthcare-system information, needs, capabilities, and resource concerns into appropriate emergency-management and ESF-8 coordination structures while facilitating communication of relevant response information back to healthcare partners.

Coordination will respect established jurisdictional authorities, incident-management

structures, organizational responsibilities, and applicable plans and procedures.

11.6. Authorities and Limitations

NTHCC facilitates regional healthcare preparedness and response coordination but does not possess command authority over participating organizations, personnel, resources, or governmental jurisdictions.

Participation in NTHCC response activities does not transfer statutory, regulatory, clinical, medical, operational, financial, or organizational authority from a participating entity to NTHCC Committee, DCAT, the HCC Program Coordinator, NTRAC, or another coalition participant except where authority is otherwise established by law, regulation, contract, mutual-aid agreement, or other applicable instrument.

Healthcare organizations and response partners remain responsible for decisions regarding their personnel, patients, facilities, resources, clinical care, internal operations, and organizational response.

NTHCC recommendations, coordination activities, situational-awareness information, and clinical or technical advisement are intended to support, not replace, decision-making by the organizations and authorities responsible for the applicable action.

Nothing in this SOP limits or supersedes authorities or requirements established by ASPR, DSHS, applicable law or regulation, duly authorized emergency-management or public-health authorities, or NTRAC organizational governance.

11.7. Relationship to NTHCC Response Plans

This Governance SOP establishes the organizational roles, authorities, relationships, and governance principles applicable to NTHCC response coordination.

Detailed operational procedures for coalition activation, RHCC operations, healthcare situational awareness, information sharing, communications, resource coordination, medical surge, patient movement, clinical advisement, and other response functions will be maintained in applicable NTHCC plans, procedures, job aids, and supporting documents.

NTHCC response plans and procedures will be consistent with this Governance SOP, applicable ASPR HPP and DSHS requirements, NTRAC governance and approval requirements, NIMS/ICS, and established jurisdictional authorities.

Response plans and procedures may be updated as operational needs, HPP requirements, lessons learned, technologies, partner capabilities, and regional conditions change without requiring unnecessary operational detail to be incorporated into this Governance SOP.

12. Information Sharing, Records, and Documentation

12.1. Governance Communications

NTHCC will maintain communication processes necessary to support coalition governance, member participation, HPP program administration, and documentation of coalition activities.

Governance communications may include meeting notices, agendas, minutes, voting notices, requests for review or input, plan and document distributions, committee and workgroup communications, HPP program updates, and other information necessary to conduct coalition business.

The HCC Program Coordinator is responsible for coordinating routine governance communications and maintaining appropriate distribution lists and communication mechanisms.

Electronic communication may be used to conduct coalition business, solicit member input, distribute documents, and facilitate governance actions when consistent with this SOP and applicable requirements.

12.2. Meeting Records and Minutes

NTHCC will maintain appropriate records of General Membership, NTHCC Committee, DCAT, committee, workgroup, and other coalition meetings when documentation is required or appropriate to the nature of the activity.

Meeting documentation may include agendas, attendance or participation records, minutes or meeting summaries, presentations, supporting materials, recommendations, decisions, action items, and other relevant records.

Formal minutes will document significant discussions, decisions, recommendations, votes, and assigned follow-up actions as appropriate without requiring verbatim transcription of meeting proceedings.

The HCC Program Coordinator will coordinate preparation and maintenance of required coalition meeting documentation.

Meeting records will be retained in accordance with applicable DSHS, contractual, NTRAC, and other governing record-retention requirements.

12.3. Voting and Approval Records

NTHCC will maintain documentation of NTHCC Committee HPP core-member votes, approvals, concurrences, and other actions required by this SOP, DSHS/HPP, NTRAC governance requirements, or other applicable authorities.

For matters requiring HPP core-member approval, the NTHCC Committee voting record will serve as documentation of formal core-member approval when the required core-member sectors are represented in accordance with Section 4.3.

Voting and approval records will identify, as appropriate, the matter presented for action, eligible voting representatives, method of voting, response period or deadline, responses received, outcome, and date of final action.

Formal voting may occur during meetings or electronically in accordance with Section 4.

For all formal NTHCC Committee votes, only expressly cast votes shall be counted. Tacit

approval, implied consent, or failure to respond shall not be treated as approval. Voting notices will clearly identify the response deadline and the affirmative voting process required for action.

Voting and approval records will be maintained with the applicable governance or program documentation.

12.4. Coalition Records and Document Retention

NTHCC will maintain records necessary to document coalition governance, HPP program implementation, compliance with applicable requirements, and continuity of coalition operations.

Records may include governance documents, membership records, meeting documentation, voting and approval records, plans and assessments, deliverables, training and exercise records, AAR/IPs, performance-measure documentation, correspondence, reports, committee and workgroup products, and other records associated with coalition activities.

Records will be maintained in accordance with applicable federal, state, DSHS, contractual, NTRAC, and organizational record-retention requirements.

The HCC Program Coordinator will coordinate maintenance and organization of NTHCC program records in the systems and locations designated for HPP program administration.

Records containing confidential, sensitive, protected, or otherwise restricted information will be maintained and handled in accordance with applicable requirements.

12.5. Distribution of Coalition Information

NTHCC will distribute coalition information to members, partners, NTRAC governance bodies, DSHS, and other appropriate recipients based on purpose, relevance, sensitivity, and applicable requirements.

Coalition members are encouraged to identify appropriate organizational contacts and distribute relevant NTHCC information internally to personnel responsible for emergency preparedness, clinical operations, administration, information technology, facilities, communications, or other functions as appropriate.

Distribution methods may include email, coalition meetings, approved collaboration platforms, notification systems, electronic document repositories, or other appropriate communication mechanisms.

Information intended for a limited audience will not be redistributed beyond the appropriate recipients when distribution restrictions, confidentiality considerations, or other requirements apply.

12.6. Confidentiality/Sensitive Information

NTHCC members and participants will appropriately safeguard confidential, sensitive, protected, proprietary, security-related, or otherwise restricted information obtained through coalition activities.

Information will be shared only with individuals and organizations having an appropriate need to know and in accordance with applicable law, regulation, organizational policy, contractual requirements, information-sharing agreements, and distribution restrictions.

Participation in NTHCC does not require an organization to disclose information that it is legally, contractually, clinically, operationally, or organizationally prohibited from sharing.

When sensitive information is necessary for regional coordination, NTHCC will use appropriate communication methods and limit distribution consistent with the nature of the information and applicable requirements.

Nothing in this section authorizes NTHCC to obtain, maintain, or distribute protected information beyond what is permitted by applicable law or agreement.

12.7. Relationship to the Information-Sharing Plan

This Governance SOP establishes the governance principles and responsibilities applicable to coalition communications, information sharing, records, and documentation.

Detailed procedures for emergency and incident information sharing, situational awareness, Essential Elements of Information (EEIs), notification and alerting, redundant communications, communication platforms, information flow, and other operational communication processes will be maintained in the NTHCC Information-Sharing Plan and other applicable response plans and procedures.

The Information-Sharing Plan and supporting procedures will be maintained consistently with this Governance SOP and applicable HPP, DSHS, NTRAC, legal, regulatory, and organizational requirements.

Operational communication procedures may be updated as technologies, systems, requirements, capabilities, and regional needs change without requiring those details to be incorporated into this Governance SOP.

12.8. NTRAC Committee Reporting

As an NTRAC standing committee, NTHCC shall comply with applicable NTRAC bylaws, Board-approved policies, committee reporting requirements, and executive oversight. Required reports and significant matters shall be communicated through the established NTRAC governance process.

The HCC Program Coordinator shall provide the NTRAC CEO/Executive Director and Coalition Chair routine visibility regarding HPP deliverables and deadlines, exercises, significant incidents or activations, identified preparedness gaps, AAR/IP findings, significant HPP-funded projects or expenditures, and material partner issues. Mandatory HPP/DSHS reporting requirements remain in effect.

NTRAC reporting and executive oversight do not transfer the HPP awardee's contractual, fiscal, procurement, or employment responsibilities to NTRAC.

The HCC Program Coordinator will prepare and coordinate required NTRAC reporting and documentation in consultation with the Coalition Chair and NTRAC CEO/Executive Director.

13. Funding, Budget, Procurement, and Asset Accountability

13.1. HPP Funding Structure

NTHCC activities are supported through funding made available under the federal Hospital Preparedness Program (HPP) and administered in accordance with applicable ASPR, DSHS, NCTTRAC, contractual, fiscal, and grant requirements.

HPP funds supporting NTHCC are intended to advance regional healthcare preparedness, response, recovery, and resilience and will be used only for allowable activities and costs consistent with applicable HPP requirements, approved budgets, contractual provisions, and funding guidance.

NTHCC does not independently receive, hold, or administer HPP funds. Funding supporting NTHCC is administered through NCTTRAC in accordance with the applicable DSHS contract and NCTTRAC fiscal and administrative processes.

The organizational relationship between NTHCC and NTRAC does not confer upon NTRAC fiduciary responsibility, fiscal administration, contractual oversight, or control of HPP funds supporting NTHCC unless such authority is expressly established by an applicable controlling requirement or agreement

13.2. NCTTRAC Fiduciary/Administrative Role

NCTTRAC serves as the administrative and fiduciary entity responsible for management of HPP funds supporting NTHCC in accordance with the applicable DSHS contract, approved budgets, NCTTRAC policies and procedures, and other applicable requirements.

NCTTRAC responsibilities include, as applicable, fiscal administration, accounting, procurement administration, reimbursement, contract compliance, financial reporting, maintenance of required fiscal documentation, and other administrative functions associated with HPP funding.

NCTTRAC retains responsibility for determining whether proposed expenditures and procurement actions comply with applicable contractual, fiscal, procurement, and organizational requirements.

Nothing in this SOP authorizes NTRAC, NTHCC Committee, General Membership, the HCC Chair, or another coalition participant to oblige NCTTRAC funds, execute contracts on behalf of NCTTRAC, or otherwise exercise fiduciary authority reserved to NCTTRAC.

13.3. HCC Coordinator Budget and Program Responsibilities

The HCC Program Coordinator supports development, implementation, monitoring, and documentation of the NTHCC HPP program budget in coordination with appropriate NCTTRAC fiscal personnel and NTRAC leadership as applicable to regional priorities and governance decisions. The HCC Work Plan and HCC budget shall be shared with NTHCC Committee members as required by applicable HPP/DSHS requirements, and the final HCC

budget shall be submitted through the applicable DSHS/HPP process and schedule. HCC budget priorities and expenditures shall be directly linked to the approved Readiness Plan and applicable HPP activities.

Responsibilities may include identifying regional preparedness needs; developing funding priorities and proposed expenditures; aligning expenditures with HPP requirements, approved work plans, assessments, improvement priorities, and regional readiness needs; monitoring available funding; obtaining required estimates or supporting documentation; coordinating procurement requests; maintaining applicable program records; and monitoring implementation of funded activities.

The HCC Program Coordinator may recommend HPP program expenditures within the approved HPP budget and work plan and may initiate administrative processing only within delegated NCTTRAC authority. The Coordinator does not independently approve NTRAC expenditures or determine NTRAC governance approval requirements.

The HCC Program Coordinator will coordinate with NCTTRAC when questions arise regarding allowability, procurement requirements, budget modification, contractual compliance, or other fiscal or administrative requirements.

13.4. NTHCC Committee Funding/Budget Responsibilities

NTHCC Committee provides regional governance input regarding NTHCC funding priorities and designated expenditure decisions in accordance with this SOP.

NTHCC Committee may review proposed significant expenditures, regional investments, equipment purchases, sustainment-fund uses, or other funding matters presented for formal governance consideration by the HCC Program Coordinator.

When NTHCC Committee approval is required under this SOP or an established NTHCC funding process, approval will be obtained in accordance with the voting requirements in Section 4.

NTHCC Committee review or approval of an HPP-funded proposal represents HPP core-member governance input and does not constitute fiscal or procurement authorization. NCTTRAC retains fiscal authorization for HPP funds it administers. NTRAC-funded proposals remain subject to applicable NTRAC Finance Committee, CEO, Board, and financial-policy requirements.

NTHCC Committee shall not use its HPP core-member role to waive or prevent completion of mandatory HPP/DSHS deliverables. Discretionary regional investments and NTRAC-funded activities remain subject to applicable NTRAC governance and financial approval processes.

13.5. Funding Decision and Approval Processes

Funding decisions will be based on applicable HPP requirements, regional preparedness needs, readiness assessments, identified capability gaps, approved work plans and budgets, improvement actions, sustainability considerations, available funding, and other relevant program factors.

The funding source determines the applicable pathway. HPP funds administered by NCTTRAC follow applicable HPP/DSHS and NCTTRAC fiscal and procurement processes. NTRAC funds follow NTRAC Finance Committee, CEO, Board, and financial-policy requirements. Projects using both funding sources must satisfy both sets of requirements. The HCC Program Coordinator coordinates the HPP administrative portion but does not independently determine NTRAC governance authority.

Routine expenditures necessary to implement approved HPP activities, contractual deliverables, established work-plan activities, or previously approved budget items may be processed through applicable NCTTRAC administrative procedures without requiring a separate NTHCC Committee vote unless formal NTHCC Committee approval is required by an applicable policy or prior governance decision.

Significant discretionary regional investments or expenditures requiring NTHCC Committee governance approval will be presented to NTHCC Committee with sufficient information to support an informed decision. Approval may be obtained electronically in accordance with Section 4 when necessary.

All expenditures remain subject to final applicable NCTTRAC fiscal, procurement, allowability, and administrative requirements regardless of coalition governance approval.

13.6. Procurement

Procurement of goods and services using HPP funds will be conducted in accordance with applicable federal, state, DSHS, contractual, and NCTTRAC procurement requirements, policies, and procedures.

The HCC Program Coordinator will provide or coordinate the programmatic information necessary to support procurement, which may include specifications, quantities, justification, intended use, cost estimates, vendor information, funding purpose, and other documentation required by NCTTRAC.

Required competitive procurement, quotation, vendor-selection, purchasing, contracting, payment, and related fiscal processes will be administered through NCTTRAC in accordance with applicable requirements.

NTHCC governance approval of an expenditure does not waive or replace any procurement requirement applicable to the purchase.

13.7. Equipment and Asset Accountability

Equipment, supplies, and other assets acquired with HPP funds for NTHCC will be managed in accordance with applicable federal, state, DSHS, contractual, NCTTRAC, inventory, property-management, and disposition requirements.

The HCC Program Coordinator will support program-level accountability for NTHCC assets, including maintaining or coordinating appropriate inventory information; identifying assigned or storage locations; monitoring availability and readiness; supporting maintenance, inspection, testing, or replacement as applicable; monitoring expiration dates when relevant; and documenting deployment, transfer, return, loss, damage, or disposition as required.

NTHCC assets may be stored with coalition members or response partners when doing so supports regional readiness and is consistent with applicable property-management requirements. Placement of an NTHCC asset with another organization does not, by itself, transfer ownership of the asset.

Organizations receiving, storing, or using NTHCC assets are expected to exercise reasonable care, use the assets for their intended preparedness or response purposes, and cooperate with applicable inventory, accountability, maintenance, return, and disposition requirements.

Final ownership, inventory classification, transfer, and disposition of HPP-funded property will be determined in accordance with applicable NCTTRAC, DSHS, contractual, and property-management requirements.

13.8. Compliance with Applicable Funding Requirements

All NTHCC funding, budget, procurement, and asset-management activities will comply with applicable federal law and regulation, ASPR HPP requirements, DSHS contractual and funding requirements, NCTTRAC policies and procedures, approved budgets, and other applicable fiscal or administrative requirements.

When a provision of this Governance SOP conflicts with a controlling funding, contractual, procurement, fiscal, property-management, or administrative requirement, the controlling requirement will govern.

NTHCC will maintain documentation sufficient to demonstrate appropriate stewardship and use of HPP funds and assets and will cooperate with applicable monitoring, reporting, audit, inventory, reconciliation, and other oversight requirements.

Questions regarding allowability, procurement, fiscal administration, property accountability, or interpretation of applicable funding requirements will be referred to appropriate NCTTRAC personnel and, when necessary, DSHS or other applicable authorities before action is taken.

14. Governance Review, Revision, and Approval

14.1. Annual/Budget-Period Review

This Governance SOP will be reviewed at least annually and as necessary during each HPP budget period to ensure continued alignment with current ASPR HPP requirements, DSHS contractual requirements and guidance, applicable NTRAC bylaws and Board-approved policies, regional organizational structures, and NTHCC operational and governance needs.

The HCC Program Coordinator will coordinate the review and identify revisions necessary to maintain compliance, accuracy, consistency, and effectiveness.

Annual review does not require revision when the document remains current and compliant. Completion of the review will be documented in accordance with applicable program and recordkeeping requirements.

14.2. Triggers for Interim Revision

The Governance SOP may be reviewed and revised between scheduled reviews when changes affect NTHCC governance, HPP program administration, contractual obligations, organizational relationships, membership requirements, response responsibilities, funding administration, or other provisions addressed by this document.

Interim review or revision may be initiated in response to:

- Changes to ASPR HPP requirements, DSHS contracts, guidance, checklists, or deliverables;
- Changes to HPP awardee administrative processes that materially affect TSA-C HPP contract implementation;
- Applicable changes to NTRAC bylaws, policies, or organizational structure;
- Changes in HCC core-membership requirements or regional governance structure;
- Findings from assessments, exercises, incidents, AAR/IPs, monitoring, audits, or compliance reviews;
- Changes in applicable law, regulation, policy, or funding requirements;
- Significant changes in regional healthcare preparedness needs or organizational relationships; or
- Identification of unclear, conflicting, outdated, or inaccurate provisions within the Governance SOP.

Interim revisions will follow the applicable review and approval process established in this section.

14.3. Coordinator Review and Revision

The HCC Program Coordinator coordinates administrative review, development, revision, and maintenance of the Governance SOP in consultation with the Coalition Chair and NTRAC CEO/Executive Director. Final governance authority remains with the applicable NTRAC approval body.

The Coordinator will evaluate applicable ASPR HPP, DSHS, contractual, NTRAC, legal, and regulatory requirements; identify provisions requiring revision; coordinate stakeholder review; reconcile proposed changes with other NTHCC plans and governance documents; and prepare revisions for required NTHCC Committee review and the applicable NTRAC approval process. HPP awardee input will be obtained when a revision affects grant fiscal, contract, procurement, personnel, or asset administration.

The Coordinator may obtain input from the HCC Chair, NTRAC CEO/Executive Director, General Membership, NTHCC Committee, DCAT, DSHS, legal or administrative personnel, subject-matter experts, community partners, the HPP awardee, or other appropriate stakeholders based on the nature of the proposed revision.

Responsibility for coordinating revision of the Governance SOP does not authorize the Coordinator or another coalition body to waive or modify controlling ASPR, DSHS, contractual, NTRAC, legal, or regulatory requirements.

14.4. NTHCC Committee HPP Core-Member Review and Approval

Proposed substantive revisions to this Governance SOP will be presented to NTHCC Committee for HPP core-member review and approval when required by HPP/DSHS requirements, and then submitted through the applicable NTRAC approval process.

Because NTHCC Committee includes voting representation from required HPP core-member sectors, NTHCC Committee approval documents applicable HPP core-member approval of the Governance SOP. NTHCC Committee approval does not substitute for NTRAC organizational approval of a document that establishes NTRAC governance, authority, policy, activation, funding authority, or organizational obligations.

General Membership, DCAT, subject-matter experts, DSHS, NTRAC leadership, and other appropriate stakeholders may be provided opportunities to review or comment before NTHCC Committee and NTRAC action. HPP awardee review will be requested when revisions affect grant contractual, fiscal, procurement, personnel, or administrative responsibilities.

Formal approval will be conducted in accordance with the voting requirements established in Section 4.

14.5. Electronic Approval Process

Governance review and approval may be conducted electronically when formal action is needed between scheduled NTHCC Committee meetings, when an in-person or virtual meeting does not achieve the voting quorum required for formal action, or when electronic voting provides an efficient means of completing the review and approval process.

Electronic NTHCC Committee voting may be used to document HPP core-member approval in accordance with Section 4.12. Any additional NTRAC approval required for the Governance SOP shall be completed through the applicable NTRAC process.

The HCC Program Coordinator will distribute the proposed Governance document or revision to all currently designated NTHCC Committee voting representatives or their authorized alternates. The electronic voting notice will identify the action requested, provide or reference the document and supporting information, specify the available voting options, state that an affirmative response is required and that nonresponse will not be counted as approval, and establish a deadline for response.

Electronic Governance approval is subject to the same quorum and approval requirements applicable to other formal NTHCC Committee actions. Governance documents and other sensitive documents or actions that establish or modify policy, governance, organizational authority, activation authority, funding authority, voting requirements, membership requirements, or material operational obligations require affirmative, documented approval. Tacit approval, implied consent, or failure to respond shall not be used for such actions. The limited tacit administrative concurrence permitted under Section 4.12 does not apply to Governance SOP approval or to any other sensitive document or action identified in this section.

A properly conducted NTHCC Committee electronic vote serves as documented HPP core-member approval when such approval is required. It does not, by itself, constitute final

NTRAC organizational approval of this Governance SOP.

The HCC Program Coordinator will document the voting period, representatives provided the opportunity to vote, responses actually received, final voting results, and date of approval. Nonresponses shall not be recorded as approval. Electronic approval records will be maintained with the Governance SOP and other applicable coalition governance records in accordance with Section 12.

Electronic NTHCC Committee approval carries the same authority as NTHCC Committee approval conducted during a duly constituted meeting, but it does not replace any separate NTRAC approval required by this SOP, NTRAC bylaws, or Board policy.

14.6. Mandatory ASPR/DSHS/Contractual Changes

Revisions necessary to comply with mandatory ASPR HPP requirements, DSHS contracts or directives, applicable law or regulation, or controlling contractual requirements must be incorporated.

The HCC Program Coordinator will prepare required changes and promptly provide them to the Coalition Chair and NTRAC CEO/Executive Director for routing through required NTHCC Committee review and the applicable NTRAC approval process.

Where formal coalition approval is required, the applicable approval process will be completed; however, failure to approve a provision that is necessary to satisfy a controlling requirement does not relieve NTHCC of the obligation to comply with that requirement.

When timing does not permit completion of the normal governance review process before a mandatory requirement becomes effective, the HCC Program Coordinator shall immediately notify the NTRAC CEO/Executive Director. The CEO will determine the appropriate interim implementation and expedited NTRAC approval pathway. The Coordinator shall not independently waive the NTRAC review or approval process.

14.7. Record of Revisions and Approvals

NTHCC will maintain a Record of Revision within the Governance SOP to document changes made to the document. The Record of Revision will include:

- Summary of Revision;
- Date; and
- Reviser.

NTHCC will also maintain a Record of Review and Approval within the Governance SOP to document applicable review and approval actions. The Record of Review and Approval will include:

- To Whom: Person/Title/Agency;
- Method of Delivery; and
- Date.

The HCC Program Coordinator will maintain these records as part of the controlled Governance SOP. Supporting documentation associated with review and approval actions, including applicable electronic correspondence, voting records, General Membership/core-

member approval records, and NTHCC Committee approval records, will be maintained in accordance with Section 12 and applicable record-retention requirements.

14.8. Distribution and Availability

The current NTRAC-approved Governance SOP will be maintained in an accessible location and made available to NTHCC members, governance participants, DSHS, the HPP awardee as necessary, and other appropriate parties.

Following substantive revision and approval, the HCC Program Coordinator will distribute or provide notice of the updated Governance SOP to General Membership, NTHCC Committee, and other appropriate stakeholders.

Superseded versions will be retained or archived in accordance with applicable document-control and record-retention requirements to preserve an appropriate history of NTHCC governance.

The HCC Program Coordinator will take reasonable steps to ensure that coalition business is conducted using the current effective version of the Governance SOP.

15. Appendices

Appendix A - NTHCC Organizational/Governance Structure

Purpose and Relationship

This appendix provides a visual representation of the two related but distinct authority tracks supporting NTHCC: (1) NTRAC organizational governance and executive oversight, and (2) HPP contractual/administrative support through the HPP awardee. It also illustrates the roles of coalition leadership, NTHCC Committee, General Membership, DCAT, committees, workgroups, and subject-matter experts.

The organizational structure depicted in this appendix distinguishes NTRAC governance from HPP contract administration. The HPP awardee does not sit above the NTRAC governance structure, and NTRAC governance does not transfer HPP fiscal, procurement, contract, or employment responsibilities to NTRAC.

Organizational/Governance Structure

NTRAC BOARD OF DIRECTORS / CEO
Organizational governance
Executive oversight
Regional/RHCC activation authority

↓ Organizational governance / executive oversight

NCTTRAC - HPP AWARDEE / CONTRACT ADMINISTRATOR
HPP contract administration
Fiduciary/fiscal administration
Procurement / HR/asset administration

↓ Administrative / program relationship

HCC PROGRAM COORDINATOR
HPP program administration
Planning / exercises / documentation
Program support
Executive notification to NTRAC CEO

- - - - - - - - - - - - - Coordination across coalition structures - - - - - - - - - - - - -

HCC CHAIR / CHAIR-ELECT
Coalition leadership
Governance / NTRAC Board representation
Member engagement

NTHCC COMMITTEE
HPP core-member governance/review
Required HPP voting and approvals
Includes required HPP core-member sector representation
Does not replace NTRAC governance
See Appendix B

GENERAL MEMBERSHIP
Broad Coalition Participation, Collaboration & Input
Includes organizations from required core sectors and additional strategic partners
See Appendix D

- - - - - - - - - - - - - Preparedness and coalition activities - - - - - - - - - - - - -

DISASTER CLINICAL ADVISORY TEAM (DCAT)
Clinical advisement
Technical expertise
See Appendix C

Advisory / supporting relationships

COMMITTEES, WORKGROUPS & SMEs
Specialized support
Project-specific activities
Technical expertise

Connector lines depict functional relationships and do not, by themselves, indicate supervisory or command authority.

NTRAC Organizational Governance

NTRAC ORGANIZATIONAL GOVERNANCE / EXECUTIVE OVERSIGHT

NTRAC BOARD OF DIRECTORS / CEO
NTHCC is the NTRAC Emergency Preparedness/Healthcare Coalition standing committee.
Board/CEO provide organizational governance, executive oversight, significant-incident notification, and regional/RHCC activation authority. This does not transfer NCTTRAC HPP fiscal or contract-administration responsibilities to NTRAC.

Relationship Key

Connector	Meaning
Solid line	Administrative/program relationship
Dashed line	Governance/coordination relationship
Governance line	NTRAC governance/executive oversight or advisory/support relationship as labeled

Note: Connector lines depict functional relationships and do not, by themselves, indicate supervisory or command authority.

Organizational Structure Notes

- **NTHCC and NTRAC.** NTHCC is the NTRAC Emergency Preparedness/Healthcare Coalition standing committee. The NTRAC Board of Directors provides organizational governance, and the NTRAC CEO/Executive Director provides executive oversight and serves as the executive notification point for significant regional healthcare coordination events and potential RHCC activation. NTRAC governance does not transfer HPP fiscal or contract-administration responsibilities to NTRAC.
- **NCTTRAC**. NCTTRAC serves as the HPP awardee/contract administrator and provides the contractual, fiduciary, fiscal, procurement, asset-management, and employment functions assigned to it under the DSHS HPP contract. Those responsibilities do not constitute organizational governance authority over NTRAC or the NTRAC standing committee.
- **HCC Program Coordinator.** The HCC Program Coordinator is an NCTTRAC employee assigned to support TSA-C HPP implementation, deliverables, documentation, planning, exercises, and other contracted support. During significant incidents or potential regional/RHCC activation, the Coordinator promptly notifies the NTRAC CEO/Executive Director and supports response functions as assigned; the Coordinator does not independently lead or activate regional operations.
- **HCC Chair and Chair-Elect.** The HCC Chair and Chair-Elect provide committee leadership, governance, member engagement, and continuity within the NTRAC standing-committee structure. The NTHCC Chair also serves as the Committee's representative on the NTRAC Board of Directors in accordance with NTRAC governance requirements, providing a direct governance and reporting relationship between NTHCC and the Board. The Chair and Chair-Elect do not exercise employment authority over the HCC Program Coordinator, and the Coordinator's employment relationship does not supersede their committee leadership role.
- **NTHCC Committee.** NTHCC Committee serves as the HPP core-member governance, review, and voting body for matters assigned to it by HPP/DSHS requirements or this SOP. NTHCC Committee approval does not replace applicable NTRAC organizational approval. NTHCC core-member composition and voting representation are identified in Appendix B. The NTHCC Committee also serves as NTHCC's Strategic Advisory Committee or similar mechanism for purposes of applicable ASPR HPP requirements.
- **General Membership.** General Membership provides broad regional participation, organizational and sector expertise, information sharing, review, collaboration, and input into coalition preparedness activities. Required HPP core-member organizations participate through General Membership, with designated representatives of the required core-member sectors serving on the NTHCC Committee as established in Section 4 and Appendix B.
- **Disaster Clinical Advisory Team.** DCAT provides clinical and technical advisement in support of NTHCC preparedness, response, recovery, planning, and other applicable activities. DCAT serves an advisory function and does not replace NTHCC Committee governance or General Membership participation. DCAT composition and representation are identified in Appendix C.
- **Committees, Workgroups, and Subject-Matter Experts.** NTHCC may establish or engage committees, workgroups, and subject-matter experts to provide specialized expertise, support specific projects or deliverables, address identified readiness gaps, and assist with other coalition activities. Participation in these structures does not independently confer coalition governance or NTHCC Committee voting authority.

Related Governing Documents

ASPR Hospital Preparedness Program (HPP) Notice of Funding Opportunity and applicable program guidance; Texas DSHS HPP contractual requirements and applicable guidance; NTRAC Bylaws; NTRAC Emergency

Preparedness/Healthcare Coalition Committee SOP; NTRAC Regional Plan; and applicable NTHCC response plans and annexes.

Interpretation

Appendix A is intended to provide a concise visual reference to the NTHCC organizational and governance structure. If a perceived conflict exists between this appendix and the substantive provisions of the Governance SOP, the substantive provisions will govern, subject to applicable ASPR HPP, DSHS, NTRAC, contractual, legal, and regulatory requirements.

Appendix B - NTHCC Committee Composition/Representation

Purpose and Relationship

The NTHCC Committee serves as NTHCC's HPP core-member governance, review, and voting body for matters requiring HPP core-member participation or approval. This appendix identifies required NTHCC core-member voting representation and supports Section 4 of the Governance SOP. NTHCC Committee does not replace NTRAC organizational governance or final NTRAC approval where required.

NTHCC Committee includes voting representation from the HPP core-member organization types required by the current Texas DSHS HPP contract. The designated representatives of these sectors provide the mechanism through which required HPP core members participate in formal NTHCC governance, including review and approval of HCC-related documents.

NTHCC Committee Voting Representation

NTHCC Committee Voting Position/Sector	Representation	Primary Perspective/Function
Hospital	Representative of a hospital participating in NTHCC	Hospital preparedness, medical surge, continuity, patient care, and healthcare-system operations
Emergency Medical Services (EMS)/Patient Transport	Representative of EMS, including inter-facility or other patient-transport systems	Prehospital care, patient movement, medical transportation, EMS surge, and field operations
Emergency Management	Representative of emergency management with knowledge of regional emergency coordination and applicable ESF-8 activities	Emergency management coordination, jurisdictional preparedness and response, incident management, and integration with governmental response structures
Local Public Health	Representative of a local public health agency serving TSA-C	Public health preparedness and response, epidemiology, community health, and coordination with local public health authorities
Texas DSHS Public Health Region	Representative of the applicable Texas DSHS Public Health Region	State/regional public health coordination, HPP/PHEP interface, and coordination with DSHS preparedness and response activities
Dialysis Treatment Facility	Representative of a dialysis treatment facility or dialysis sector serving TSA-C	Dialysis continuity, medically dependent populations, treatment disruption, evacuation/relocation, and healthcare resource needs
Long-Term Care Facility	Representative of the long-term care sector serving TSA-C	Long-term care preparedness, continuity, evacuation/shelter-in-place, resident needs, and healthcare coordination
Nursing Facility	Representative of a nursing facility or nursing-facility sector serving TSA-C	Nursing-facility preparedness, continuity, evacuation/shelter-in-place, medically vulnerable residents, and healthcare coordination

Representation Requirements

Each required NTHCC Committee sector will have a designated voting representative. An organization may designate an authorized alternate to participate and vote in place of its primary representative in accordance with Section 4 of the Governance SOP.

Representatives should have sufficient knowledge of their organization or sector, regional healthcare preparedness, and the populations or services represented to provide meaningful input into NTHCC governance and decision-making. Representatives should also be able to communicate coalition information and decisions to appropriate organizational leadership and partners.

A representative serving a required sector position is expected to consider the broader preparedness interests and needs of that sector within TSA-C, rather than solely the interests of the representative's individual organization. Representation on NTHCC Committee does not require participation by every individual organization within a required sector.

Organizations within the required HPP core-member sectors that do not hold the designated NTHCC core-member voting position remain eligible and encouraged to participate fully in NTHCC General Membership, planning activities, assessments, training and exercises, workgroups, information sharing, response coordination, and other coalition activities.

Additional NTHCC Committee Representation

NTHCC may establish additional voting or advisory NTHCC core-member representation when necessary to address regional preparedness needs, identified readiness gaps, geographic representation, communities most impacted by disasters, specialized healthcare capabilities, or other applicable HPP or DSHS requirements.

Addition of a representative beyond the required HPP core-member positions does not change the status or voting authority of the required core-member representatives. Any additional voting positions will be formally designated and included when determining applicable NTHCC Committee quorum and voting requirements.

Maintenance of NTHCC Committee Representation

The HCC Program Coordinator will maintain a current administrative roster identifying the individuals and organizations serving in each NTHCC core-member position, including authorized alternates as applicable. The administrative roster will be maintained separately from this appendix so routine changes in individual representatives do not require revision of the Governance SOP.

NTHCC core-member composition will be reviewed periodically to identify vacancies, changes in applicable HPP or DSHS requirements, gaps in sector or geographic representation, and other changes necessary to maintain an effective regional governance structure.

Appendix C - DCAT Composition and Representation

Purpose and Relationship

The Disaster Clinical Advisory Team (DCAT) provides clinical and healthcare subject-matter expertise to support North Texas Healthcare Coalition (NTHCC) preparedness, response, recovery, planning, training, exercises, and improvement activities.

DCAT supports the integration of clinical expertise into HCC activities and provides clinical and operational advisement to the HCC Program Coordinator, NTHCC Committee, General Membership, and other coalition partners as appropriate.

DCAT serves in an advisory capacity and does not replace the authority of individual healthcare organizations, medical directors, public health authorities, incident command structures, or other entities with statutory, regulatory, clinical, or operational authority.

DCAT Composition

DCAT will include healthcare professionals and other subject-matter experts whose collective knowledge and experience are appropriate to the hazards, healthcare capabilities, populations, and preparedness needs of TSA-C. Representation should provide access to clinical and technical expertise across relevant areas, including, as available and appropriate:

Clinical/Technical Area	Representative Expertise May Include
CBRNE	Chemical, biological, radiological, nuclear, and explosive incident clinical considerations; decontamination; PPE; exposure management
Trauma	Trauma care, mass-casualty clinical considerations, hemorrhage control, triage, patient movement, and trauma-system coordination
Burn	Burn assessment, stabilization, referral/transfer considerations, and burn surge coordination
High-Consequence Infectious Disease (HCID)	Identification, isolation, infection prevention and control, PPE, special pathogen response, and patient-management considerations
Pediatrics	Pediatric emergency care, medical surge, equipment, medication, patient movement, reunification, and other pediatric considerations
Other Clinical/Specialty Expertise	Pharmacy, nursing, emergency medicine, critical care, respiratory care, behavioral health, dialysis, long-term care, laboratory, rehabilitation, or other expertise appropriate to regional needs

Healthcare and Professional Representation

DCAT membership should include clinical professionals from NTHCC healthcare organizations and partner agencies sufficient to provide diverse clinical and operational perspectives.
Members may include physicians, nurses, pharmacists, advanced practice providers, paramedics, respiratory therapists, infection prevention professionals, trauma professionals, emergency preparedness personnel with relevant clinical backgrounds, and other healthcare or technical professionals appropriate to the activity under consideration.
A single DCAT member may provide expertise in more than one clinical or technical area. DCAT is therefore not required to maintain a separate individual representative for every specialty listed in this appendix, provided NTHCC has reasonable access to the expertise necessary to support applicable preparedness and response activities.

Facility and Regional Representation

NTHCC will seek participation from healthcare organizations and clinical partners throughout TSA-C to promote regional clinical representation and avoid unnecessary reliance on a single organization or healthcare system.

DCAT composition may be adjusted over time based on changes in coalition membership, regional healthcare capabilities, identified hazards and readiness gaps, exercise and incident findings, HPP requirements, or the need for additional clinical or technical expertise.
When expertise necessary for a specific issue is not available among standing DCAT members, the HCC Program Coordinator may engage additional subject-matter experts or partner organizations for the applicable activity.

DCAT Leadership
DCAT leadership will be coordinated in accordance with Section 7 of the Governance SOP.
Where appropriate, NTHCC may designate one or more DCAT leads or co-leads to assist the HCC Program Coordinator with clinical engagement, coordination of DCAT activities, identification of needed expertise, and communication with participating healthcare organizations.
Designation as a DCAT lead or co-lead does not create supervisory authority over other DCAT members, participating healthcare organizations, or the HCC Program Coordinator.

Participation and Responsibilities
DCAT members may be asked to:

- provide clinical and technical input into NTHCC plans, assessments, procedures, and preparedness initiatives;
- identify clinical readiness gaps, resource needs, and potential patient-care implications;
- participate in planning, training, exercises, evaluations, and improvement activities;
- provide subject-matter expertise related to specialty populations or clinical hazards;
- assist with development or review of clinically relevant exercise scenarios and objectives;
- provide clinical and operational advisement during emergencies or other healthcare coordination activities when requested; and
- identify or facilitate access to additional clinical expertise when needed.

DCAT recommendations are advisory and will be considered within applicable clinical, operational, legal, regulatory, HPP, DSHS, NTRAC, and organizational requirements.

Current DCAT Membership and Specialty Representation
The following table reflects the current DCAT membership and specialty representation carried forward from the existing NTHCC Governance structure. This table will be updated as DCAT membership, contact information, credentials, leadership designations, or specialty coverage changes.

DCAT Current Membership

Facility/Agency Name	Co-Lead Hospital	Participant Name	Participant Email	Credentials	CBRNE	Trauma	Burn	HCID	Pediatric	Other
Electra Memorial Hospital	X	David Lee	david.lee@electrahospital.com	PharmD, RPH	X	X		X		X
Electra Memorial Hospital	X	Kim Gilbert, CNO	kim.gilbert@electrahospital.com	RN	X	X		X	X	X
Graham Regional Medical Center	X	Enoc Espinoza, CNO	eespinoza@grahamrmc.com	RN		X	X			X
United Regional Healthcare System	X	Jacky Betts, Director of Trauma	jbetts@unitedregional.org	RN, LP	X	X	X	X		X
Hardeman County Memorial Hospital	X	Caly Hamersley, Director of Trauma	caly.hamersley@hcmhosp.com	RN		X				X
Nocona General Hospital	X	Kimberly Monday, ACNO	kmonday@noconageneral.com	RN		X				X

Maintenance of DCAT Representation
Appendix C documents the current DCAT membership and specialty coverage. The HCC Program Coordinator will maintain and update the table as needed to reflect changes in participants, contact information, credentials, DCAT leadership/co-lead designation, and clinical or technical areas of expertise.

DCAT composition and specialty coverage will be reviewed periodically to identify vacancies, gaps in clinical expertise, changes in regional capabilities, and opportunities to strengthen clinical representation.

Appendix D - NTHCC Membership Categories and Representation

Purpose and Relationship

North Texas Healthcare Coalition (NTHCC) membership brings together healthcare organizations, emergency response agencies, public health, emergency management, governmental and non-governmental organizations, community partners, and other stakeholders whose capabilities, expertise, resources, populations served, or operational responsibilities contribute to healthcare preparedness, response, recovery, and resilience throughout Trauma Service Area C (TSA-C).

This appendix identifies the principal categories of NTHCC membership and describes how those organizations may participate within the Coalition. Membership categories are intended to support required HPP core membership, strategic membership, multidisciplinary participation, whole-community preparedness, and representation of organizations serving communities most impacted by disasters.

Membership and Representation Structure

Membership Category/Sector	General Membership Participation	NTHCC Core-Member Voting Representation	Examples/Role in Coalition
Hospitals	Yes	**Required**	Acute-care, critical-access, and other participating hospitals; medical surge, continuity, patient movement, specialty care, and healthcare operations
Emergency Medical Services / Patient Transport	Yes	**Required**	EMS agencies, inter-facility transport, and other patient-transport organizations; prehospital care, patient movement, and medical transportation
Emergency Management	Yes	**Required**	County, municipal, and other emergency management organizations; jurisdictional coordination, incident management, and ESF-8 interface
Local Public Health	Yes	**Required**	Local health departments/public health districts; public health preparedness, epidemiology, community health, and response coordination
Texas DSHS Public Health Region	Yes	**Required**	State/regional public health coordination and HPP/PHEP interface
Dialysis Treatment Facilities	Yes	**Required**	Dialysis providers; continuity of treatment, medically dependent populations, evacuation/relocation, and resource coordination
Long-Term Care Facilities	Yes	**Required**	Long-term care providers; continuity, evacuation/shelter-in-place, resident needs, and healthcare coordination
Nursing Facilities	Yes	**Required**	Nursing facilities; medically vulnerable residents, continuity, evacuation/shelter-in-place, and healthcare coordination
Behavioral and Mental Health	Yes	Strategic/As Designated	Behavioral health and psychiatric providers; behavioral health preparedness, response, recovery, and continuity
Home Health and Hospice	Yes	Strategic/As Designated	Home-based healthcare and hospice providers; continuity of services and support for medically dependent populations
Assisted Living	Yes	Strategic/As Designated	Residential care organizations supporting older adults and other populations requiring assistance
Pharmacy/Pharmaceutical Services	Yes	Strategic/As Designated	Medication access, pharmaceutical supply, dispensing, and continuity
Blood Centers/Blood Services	Yes	Strategic/As Designated	Blood supply, distribution, shortage coordination, and medical surge support
Laboratory Services	Yes	Strategic/As Designated	Clinical/public health laboratory capabilities, testing, and diagnostic support
Specialty Healthcare Providers	Yes	Strategic/As Designated	Rehabilitation, specialty care, ambulatory care, clinics, and other healthcare services relevant to regional readiness
Governmental/Public Safety Partners	Yes	Strategic/As Designated	Fire, law enforcement, governmental agencies, and other public-safety organizations supporting healthcare preparedness and response
Community and Human-Service Organizations	Yes	Strategic/As Designated	Organizations serving populations and communities whose needs should be incorporated into preparedness and response planning
Critical Infrastructure and Support Services	Yes	Strategic/As Designated	Utilities, communications, transportation, supply-chain partners, cybersecurity, and other services essential to healthcare continuity
Other Strategic Partners/SMEs	Yes, as appropriate	Strategic/As Designated	Organizations or individuals with capabilities, expertise, resources, or community relationships relevant to identified regional needs

Required Core-Member Representation
NTHCC will maintain active participation from the HPP core-member organization types required by the current DSHS HPP contract.
Required core-member sectors participate within the broader NTHCC membership structure and have designated voting representation on NTHCC Committee in accordance with Section 4 and Appendix B of the Governance SOP.
The designation of an individual organization or representative to fill an NTHCC Committee core-member position does not limit participation by other organizations from the same sector.
For example, multiple hospitals, EMS agencies, dialysis providers, or nursing facilities may participate in NTHCC General Membership even though the sector's formal NTHCC core-member voting representation is provided through the designated representative established in Appendix B.

Strategic Membership
NTHCC membership is not limited to required HPP core-member organizations. The Coalition will identify and engage additional organizations and partners based on regional hazards, healthcare capabilities, readiness gaps, populations served, geographic coverage, assessments, exercises, incidents, improvement activities, and other preparedness needs.
Strategic membership may be expanded or adjusted as regional conditions and HPP requirements change.
Organizations do not need to participate in every NTHCC activity to be considered strategic partners. Engagement may be tailored to the organization's expertise, capabilities, populations served, and relevance to a particular preparedness or response activity.

Communities Most Impacted by Disasters
NTHCC will seek participation and input from organizations that serve or represent communities identified as being most impacted by disasters and other populations with healthcare access, functional, medical, social, geographic, or other factors that may increase disaster-related risk.
Membership and engagement decisions related to these communities will be informed by the assessment framework and data sources described in Appendix E – Communities Most Impacted by Disasters: Assessment Framework and Data Sources.
Representation may occur through direct coalition membership, community organizations, healthcare or human-service organizations serving identified populations, targeted outreach, workgroups, subject-matter experts, or other appropriate engagement methods.

NTHCC Committee Representation
Participation in NTHCC General Membership does not automatically confer voting membership on NTHCC Committee.
Required HPP core-member sectors have designated NTHCC core-member voting representation as established in Section 4 and Appendix B. Additional voting or advisory NTHCC core-member positions may be established when necessary to address regional preparedness needs, identified readiness gaps, geographic representation, communities most impacted by disasters, specialized capabilities, or other applicable requirements.

Membership Maintenance
The HCC Program Coordinator will maintain current coalition membership and contact information sufficient to support communication, engagement, preparedness activities, response coordination, and documentation of applicable HPP participation requirements.
Membership and representation will be reviewed periodically to identify:

- vacancies in required HPP core-member representation;
- sectors or geographic areas with limited participation;
- healthcare-continuum representation gaps;
- organizations serving communities most impacted by disasters;
- clinical, operational, technical, or community expertise needed to address identified readiness gaps; and
- emerging organizations or partnerships that could strengthen regional healthcare preparedness and response.

- Identified gaps may be addressed through recruitment, targeted outreach, General Membership participation, NTHCC core-member representation, committees or workgroups, DCAT participation, subject-matter expert engagement, or other appropriate mechanisms.

Appendix E - Communities Most Impacted by Disasters: Assessment Framework and Data Sources

Purpose and Relationship

This appendix establishes the framework used by the North Texas Healthcare Coalition (NTHCC) to identify, assess, and incorporate the healthcare preparedness and response needs of communities most impacted by disasters within Trauma Service Area C (TSA-C).

The framework supports NTHCC's whole-community approach and its responsibility to use assessment findings, partner engagement, and regional healthcare information to inform strategic membership, readiness priorities, planning, training, exercises, response coordination, and improvement activities.

Identification of communities most impacted by disasters is not based on a single index, dataset, or population characteristic. NTHCC will consider multiple quantitative and qualitative sources to understand how hazard exposure, healthcare access, medical dependency, infrastructure, geography, social conditions, and operational experience may affect disaster-related healthcare needs.

Assessment Framework

NTHCC will consider the following assessment domains when evaluating communities and populations that may experience disproportionate healthcare impacts during disasters or emergencies:

Assessment Domain	Examples of Factors Considered
Population and Social Vulnerability	Age, disability, income, transportation access, language, housing, social isolation, and other factors that may affect disaster preparedness, access to care, response, or recovery.
Healthcare Access and Dependency	Access to hospitals and EMS; dialysis dependency; long-term care and nursing facility populations; home health and hospice; pharmacy access; medically dependent populations; specialty-care needs; and continuity of essential treatment.
Geographic and Rural Access	Rural or remote characteristics, distance and travel time to healthcare services, transportation limitations, isolated communities, limited local healthcare capacity, and geographic barriers.
Hazard Exposure	Severe weather, tornadoes, wildfire, flooding, winter weather, extreme heat, infectious disease, cyber or extended downtime, infrastructure disruption, and other hazards identified through regional or jurisdictional assessments.
Infrastructure and Resource Dependency	Electricity, water, communications, fuel, oxygen, transportation, supply chain, and other systems or resources necessary to maintain healthcare services and support medically dependent populations.
Historical and Operational Impact	Previous emergencies, evacuations, healthcare disruptions, resource requests, patient movement challenges, exercise findings, after-action/improvement findings, and partner observations.
Community and Partner Input	Information from healthcare organizations, emergency management, public health, EMS, community and human-service organizations, local officials, and organizations that serve or represent identified populations.

Data and Information Sources

NTHCC may use available federal, state, regional, local, healthcare, and community information to support this assessment. Sources may include, but are not limited to:

- U.S. Census Bureau and American Community Survey demographic, socioeconomic, disability, language, transportation, housing, and related population data;
- CDC/ATSDR or other recognized vulnerability and population-risk datasets, as available and appropriate;
- FEMA and other federal, state, regional, or local hazard, risk, disaster, and resilience information;
- Texas DSHS public health, preparedness, healthcare, and population information, including DSHS resources addressing communities most impacted by disasters;
- NTHCC Hazard Vulnerability Assessment, Readiness Assessment, Supply Chain Integrity Assessment, cybersecurity and extended-downtime assessments, workforce assessments, and other HPP-required or regional assessments;
- healthcare facility, EMS, patient-transport, long-term care, nursing facility, dialysis, home health, hospice, behavioral health, pharmacy, and other healthcare-continuum capability or access information available to NTHCC;
- local and regional emergency management hazard vulnerability assessments, emergency plans, incident information, and after-action findings;

- NTHCC Medical Response and Surge Exercise (MRSE), other exercise evaluations, After-Action Reports and Improvement Plans, and corrective-action tracking;
- real-world incident experience, including healthcare disruptions, evacuations, patient movement, resource requests, communications challenges, and continuity impacts; and
- direct input from NTHCC members, community organizations, human-service organizations, public health, emergency management, healthcare partners, and organizations that serve or represent populations of concern.

Assessment and Identification Process

The HCC Program Coordinator will periodically review and synthesize available information to identify populations, geographic areas, healthcare access concerns, and operational conditions that may contribute to disproportionate healthcare impacts during disasters.

Assessment may occur as part of scheduled HPP assessments and planning cycles, annual or budget-period governance review, development or revision of coalition plans, exercise design, after-action and improvement activities, or following significant incidents or changes in regional conditions.

The assessment process should consider both existing vulnerabilities and the interaction between those vulnerabilities and the hazards, healthcare capabilities, and infrastructure conditions present within TSA-C. A community or population may therefore be identified as highly impacted for one hazard or healthcare consequence without being equally impacted under all scenarios.

Use of Assessment Findings

Findings related to communities most impacted by disasters will be incorporated into NTHCC activities as appropriate. Findings may be used to:

- identify strategic membership, outreach, and partnership needs;
- identify organizations that serve or represent communities most impacted by disasters and strengthen their participation in coalition activities;
- identify healthcare readiness gaps and establish preparedness priorities;
- inform development and revision of NTHCC preparedness, response, continuity, recovery, information-sharing, resource-management, medical-surge, patient-movement, and other applicable plans;
- inform training priorities, exercise objectives, scenarios, patient populations, injects, and evaluation criteria;
- inform resource, communications, patient movement, continuity, and healthcare access considerations;
- support response planning and coordination for populations or healthcare organizations likely to experience disproportionate impacts;
- inform improvement planning and corrective actions following exercises and real-world incidents; and
- support documentation of HPP strategic membership, whole-community engagement, and performance-measure activities.

Community and Partner Engagement

Quantitative data will be supplemented by local and regional knowledge whenever practicable. NTHCC may engage organizations that directly serve or represent identified populations to validate assessment findings, identify healthcare needs that may not be apparent in available datasets, and inform appropriate preparedness strategies.

Engagement may occur through General Membership, NTHCC core-member representation when appropriate, targeted outreach, committees or workgroups, DCAT or subject-matter expert participation, surveys or assessments, planning meetings, exercises, incident coordination, or other appropriate mechanisms.

NTHCC will seek meaningful participation appropriate to the issue being addressed; this framework does not require every identified community or population to maintain a permanent individual representative on NTHCC Committee or another coalition body.

Documentation and Review

The HCC Program Coordinator will maintain sufficient documentation of the information and assessment inputs used to support identification of communities most impacted by disasters and the resulting preparedness implications for NTHCC.

Because datasets, regional conditions, healthcare capabilities, hazards, and community needs change over time, the specific communities, populations, and priorities identified through this framework may change without requiring revision of the Governance SOP itself.

This framework and the data-source categories used by NTHCC will be reviewed periodically and updated when necessary to remain consistent with current ASPR HPP requirements, Texas DSHS requirements and guidance, regional assessments, and identified healthcare preparedness needs.

Relationship to Other Governance and Planning Activities

This appendix should be used in conjunction with Section 5, Coalition Membership and Strategic Membership; Section 6, Communities Most Impacted by Disasters and Community Engagement; Section 10, HPP Planning, Assessment, Exercise, and Improvement Governance; Appendix D, NTHCC Membership Categories and Representation; and applicable NTHCC preparedness and response plans.

The framework is intended to provide a repeatable governance methodology for identifying and incorporating community healthcare needs while allowing detailed findings, datasets, maps, assessment results, and operational information to be maintained in the appropriate HPP assessments, plans, work products, or supporting documentation.