



Governance Document

2025/2026

Version 7.1



Contents

Executive Summary	4
Membership	4
Community Coordination and Engagement.....	5
Jurisdictional Coverage	6
Colorado HCC Boundary Maps	6
Meetings.....	7
Management/Administration	7
Organizational Structure	7
Steering Committee	8
Voting.....	9
WRHCC Chairperson Duties	9
Document Development Process	10
Operational Roles.....	10
Readiness and Response Coordinator	10
Clinical Adviser.....	11
Funding Structure.....	11
Response Operations.....	12
Roles & Responsibilities	12
ReadyOp and Pulsara Platforms.....	13
Communities Most Impacted by Disaster	13
Community Inclusion in Colorado (CICO) Mapping	13
State Med-Ops & Regional Emerging Special Pathogen Treatment Center Coordination	14
Examples of WRHCC Integration in Regional Plans	14
Montrose County Mass Casualty Response Plan	14
Ouray County Multijurisdictional Emergency Operations Plan.....	14
Document Maintenance & Approval Signatures.....	15



X Mary Rasmussen
Mary Rasmussen, RN, H-EM
Co-Chair

X Amber Medina

Amber Medina, RN, ED Dir.
Co-Chair

..... 15



Executive Summary

The West Region Healthcare Coalition of Colorado (WRHCC) is a collaborative network of member healthcare and first responder agencies building strategic partnerships and developing emergency readiness plans to bolster preparedness and response capabilities within the region. Strategic planning, training, and exercising is based on gaps identified through readiness assessments, real-life events, and feedback from members on community and regional needs.

Healthcare coalitions:

- Improve medical surge capacity and capability.
- Enhance a community's health system preparedness for disasters and public health emergencies.
- Augment local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event.
- Engage and empower all parts of the community by strengthening first responder, hospital, emergency management, long-term care, medical clinic, regional emergency medical and trauma service council, and local public health relationships so they understand and meet the actual health and medical needs of the whole community.

Membership

To conduct the activities and deliverables of annually developed Work Plans each budget period and increase partnership in preparedness and response efforts, the WRHCC must, at a minimum, include (but not limit) membership of organizations throughout the region from the following categories:

- Hospitals
- Ancillary care agencies (skilled nursing, long term care, primary care, dialysis, etc.)
- Emergency medical services and transport agencies (EMS)
- Emergency management
- Behavioral health
- Local public health

Additional members from a broad spectrum of organizations are encouraged to join. Such members include, but are not limited to, state and federal health departments, health care critical infrastructure partners (e.g., fire protection, utilities), academic institutions, law



enforcement agencies, coroners, supply chain partners (e.g., manufacturers, distributors), partners with expertise in areas such as cybersecurity (e.g., chief information security officers [CISOs]), non-governmental organizations (Red Cross), and culturally and linguistically appropriate services.

Community Coordination and Engagement

The WRHCC improves community coordination and approaches healthcare readiness through a whole community approach. Established to build a strong collaborative group of first responders, patient receivers, and healthcare providers, it enables the region to effectively respond as a team to a disaster or significant crisis that impacts the health and medical needs of the region.

The WRHCC's goals and objectives aim at:

- Building partnerships throughout the region and beyond.
- Increasing approaches to emergency preparedness and response.
- Creating an effective community-based disaster response healthcare system.
- Improving medical surge capability and capacity across the region.
- Integrating emergency preparedness into the daily delivery of patient care for healthcare staff.
- Being the regional medical representative between healthcare providers, government agencies, and non-government organizations.
- Increasing essential situational awareness through coalition-based information sharing practices.
- Supporting regional resource management as needed.



Jurisdictional Coverage

Western Slope Colorado

[Colorado HCC Boundary Maps](#)



Colorado Health Care Coalitions (HCC)

For Additional Information Contact CDPHE OEPR

Map Prepared by CHED/GIS Unit | March 15, 2017



Six Counties: Delta | Gunnison | Hinsdale | Montrose | Ouray | San Miguel



Meetings

General Member Meetings

9:00am – 10:00am second Wednesday of EVEN-numbered months. All virtual via ZOOM unless notified in advance.

December 10th, 2025

February 11th, 2026

April 8th, 2026

June 10th, 2026

Steering Committee Meetings

Steering Committee Members are expected to attend both Steering Committee and General Membership meetings.

9:00am – 10:00am second Wednesday of ODD-numbered months. All virtual via ZOOM unless notified in advance.

November 12th, 2025

January 14th, 2026

March 11th, 2026

May 13th, 2026

Special Meetings – Selected members will also need to attend Special Meetings during real-life preparedness and/or response events or Workgroup Meetings for exercises or trainings if assigned. The Readiness and Response Coordinator and Clinical Advisor may be required to attend outside meetings with CDPHE, CHA, DHSEM, etc. These meetings may take place outside of regularly scheduled meetings, but details, agenda, outcomes, and/or important information will be shared with members accordingly and as timely as possible.

Management/Administration

Organizational Structure

The Colorado Department of Public Health and Environment (CDPHE) holds the awarded United States Health and Human Service Administration of Strategic Preparedness and Response’s “*Hospital Preparedness Program Grant*” which funds Healthcare Coalitions nationwide, including the WRHCC. CDPHE contracts with a Fiscal Agent (FA) to ensure all regionally based responsibilities and expectations within the Notice of Award are



completed. The fiscal agent then subcontracts with a regional Readiness & Response Coordinator (RRC) to ensure all daily work-related duties, quarterly activities, and budget period deliverables are conducted on time.

2025/2026 WRHCC Fiscal Agent

[Trailhead Institute](#): a nonprofit 501(c) (3) public health institute based in Colorado whose mission is to advance innovation and collaboration in public health. Through fund management, program development and strategic support, they help people and organizations work together as a unified collective with the focused objective of realizing better public health for all.

Trailhead Institute
1999 Broadway, Suite 600
Denver, CO 80202
(303) 910-4682

Steering Committee

The decision-making structure of the WRHCC is that of a **Steering Committee** that is led by two (2) Co-Chairs from regional hospitals, a Clinical Advisor (who is currently clinically practicing), Member-Type Lead Representatives, representative from the WRHCC's Fiscal Agent, any necessary subject matter experts, and any backup representatives.

The Steering Committee is also responsible for coordinating workgroups for larger WRHCC activities and projects (such as tabletop exercises, new plans, trainings, etc.). Workgroups should consist of both Steering Committee members with Subject Matter Experts and General Members.

2025/2026 WRHCC Steering Committee

CO-CHAIRS

- *HOSPITAL*
 - Amber Medina (Delta Health Hospital)
 - Mary Rasmusson (Montrose Regional Health Hospital)

MEMBER REPRESENTATIVES

- *BEHAVIORAL HEALTH*
 - Haley Leonard-Saunders (Axis Health Systems)
 - Nicole Glaser (Axis Health Systems backup rep)
- *EMERGENCY MEDICAL SERVICES (EMS)*
 - Brent Culver (Montrose Fire Protection District)



- *EMERGENCY MANAGEMENT*
 - Kris Stewart (Delta County Emergency Management)
- *ANCILLARY FACILITIES*
 - VACANT
- *PUBLIC HEALTH*
 - Victoria Durnan (Ouray County Public Health)

FISCAL AGENT CONTRACT MONITOR

- Ida Nelson (Trailhead Institute)

SUBJECT MATTER EXPERTS

- *REGIONAL EMERGENCY MEDICAL SERVICES*
 - Danny Barela (Western Regional Emergency Trauma Advisory Council)
- *STATE EMERGENCY MANAGEMENT*
 - Bobbie Lucero (Colorado Division Homeland Security Office of Emergency Management)

CLINICAL ADVISOR

- Mary Rasmusson (Montrose Regional Health)

READINESS & RESPONSE COORDINATOR

- Kat Smith (West Region Healthcare Coalition of Colorado)

Voting

Decisions related to spending WRHCC funds, modifying the budget, and other significantly impacting actions are voted on by the Steering Committee in any of the following ways:

- during a regularly scheduled Steering Committee Meeting or a Special Meeting
- online Ballot
- email exchange

Majority rules unless otherwise decided on prior to voting.

WRHCC Chairperson Duties

- Activate the WRHCC and Readiness & Response Coordinator response activities during real-life events and be familiar with WRHCC plans, including, but not limited to, Response Plan, Information Sharing Plan, and Medical Surge Response Plan as well as the WRHCC's mass communication system (ReadyOp) and the region's mass casualty incident patient tracking platform (Pulsara).



- Attend any necessary or required regional, state, or federal meetings per the grant contract or during a real-life response.
- Support recruitment efforts of additional members and champion the WRHCC to regional healthcare and medical executives and leadership.
- Facilitate WRHCC meetings in tandem with the Readiness and Response Coordinator or in their absence.
- Appoint committees and workgroups as deemed necessary.
- Review and provide input on WRHCC plans, exercises, and educational activities.
- Facilitate WRHCC lead trainings, workshops, tabletop exercises, and functional exercises.

Per ASPR Notice of Award contract, at least one chairperson must be employed at a regional hospital

Document Development Process

WRHCC response and preparedness plans, assessments, and documents are developed by the Readiness and Response Coordinator, chairperson(s), and clinical advisor in collaboration with coalition members and subject matter experts. FEMA region VIII HCC coordinators and state/federal partners can and will be used as resources in developing templates, processes, and coordination.

All coalition members and Steering Committee representatives are given the opportunity to review and request modifications to plans at any time as they are living documents. Finalized plans are approved and signed (physically or digitally) by the Chairperson(s) and made available to membership via email distribution and posted to the WRHCC website.

Operational Roles

The WRHCC must fund at least 1.0 full-time equivalent (FTE) (combined and may include in-kind support of dedicated time) to support the following two operational role requirements: Clinical Advisor and Readiness and Response Coordinator.

Readiness and Response Coordinator

Kat Smith – (970) 417-2796

The Readiness and Response Coordinator (RRC) serves as its administrative and programmatic point of contact during everyday operations, including managing communications, systems, and coordination. The RRC also oversees planning and response activities in the following ways:



- Respond to real-life events upon activation with direction from Chairperson(s).
- Coordinate trainings and exercises.
- Develop and update and preparedness and response plans.
- Support the WRHCC in steady state by completing the contractual obligations of the Hospital Preparedness Program's grant deliverables and activities.
- Lead engagement and collaboration with community partners and potential members.
- Establish relationships and participate throughout the region and state with any agency, group, council, coalition, taskforce, etc. that can help the WRHCC achieve our set goals and mission.

See [*WRHCC FY25/26 BP2 Sub-Awardee Agreement*](#)

Clinical Adviser

Mary Rasmussen, RN – (970) 318-0406

The WRHCC funds a contracted Clinical Adviser that provides medical/clinical expertise and direction for preparedness and response planning, exercise design, and coalition activities and response support. They must be an active clinician who practices as a lead or co-lead for a WRHCC member health care organization and preferably will have a history of involvement in emergency services, management, or response activities. We require them to know about medical surge issues and hold a basic familiarity with chemical, burn, radiological, nuclear, explosive (CBRNE), trauma, pediatric emergency response, and downtime emergency principles.

Funding Structure

Fiscal Year:

July 1 – June 30 (Qrt 1: Jul-Sep | Qrt 2: Oct-Dec | Qrt 3: Jan-Ma | Qrt 4: Apr-Jun)

*Note: the contract for this fiscal year commenced on October 22, 2025, thus, grant funds could not be released until the execution of the contract.

The WRHCC is funded from the Healthcare Preparedness Program (HPP) grant through the department of Health and Human Services' (HHS) Administration for Strategic Preparedness and Response (ASPR). Colorado's Department of Public Health and Environment (CDPHE) receives the HPP funds as a direct recipient and contracts with the WRHCC and fiscal agent as a subrecipient to receive funding and carry out the grant's Scope of Work (SOW). The WRHCC fiscal agent oversees the management of the subrecipient contract and reports finances and reimbursement invoices to CDPHE.



All grant funds (excluding staff and administrative costs) support member and regional project initiatives to enhance preparedness and response capabilities of our emergency readiness and healthcare/medical system by focusing on building cross-jurisdictional and/or multi-disciplinary coordination and capacity.

Response Operations

The WRHCC will support response operations in the following:

- Anticipate challenges and mitigate risks to support decision making that meets community or jurisdiction health care needs during a disaster or emergency.
- Collect and share near real-time information to provide multidirectional health care situational awareness during an emergency or disaster.
- Incorporate necessary expertise to support health care readiness planning, disaster/incident management (including for specialty care delivery), and/or to address specific hazards or events.
- Coordinate and support the implementation of plans, policies, and procedures among recipients, HCCs, HCC members, and their partners to address patient care needs during an emergency or disaster.
- Equip, protect, and support the health care workforce by providing access to just-in-time readiness resources, training, and exercises.
- Facilitate resource management and planning among recipients, HCCs, HCC members, and their partners to mitigate shortfalls, maintain operations, and sustain delivery of patient care services during an emergency or disaster.
- Support the improvement of processes and systems that promote continuity of health care operations and aid in recovery.

Roles & Responsibilities

Note: Dependent on incident and at the direction of the Co-chairs and/or Incident Management.

Can include but not limited to:

- Function as ESF8 Lead, Support, or Liaison between healthcare and medical organizations within the region in local county Emergency Operations Centers (EOC)
 - Information sharing and situational awareness
 - Patient tracking and evacuation efforts

See WRHCC [Response Plan](#) and other readiness documents on our [website](#).



ReadyOp and Pulsara Platforms

The WRHCC utilizes ReadyOp as our mass emergency notification system.

Communications can be sent to members via email, phone recording, and/or text message via ReadyOp so it is recommended to all members to provide redundant methods of contact (i.e. a cell phone number that can receive text messages in addition to an office phone number and email address).

Regional EMS has adopted the use of the Pulsara Platform for daily medical operations - primarily in Gunnison and Delta Counties. The usage of Pulsara will expand in the region throughout the next year as new legislature takes effect, enabling the state to invest in its emergency medical communications and transportation system. This will be vital in improving our response capacity in the West Region since our Emergency Medical System (EMS) agencies and Hospitals will be utilizing Pulsara for patient movement/tracking and reunification efforts. Additionally, ReadyOp and Pulsara (a mass casualty incident platform with patient tracking and reunification capabilities) are integrating systems.

Communities Most Impacted by Disaster

Special considerations should be taken when responding to events/emergencies for the following populations:

- Populations with Access and/or Functional Needs:
 - Ambulatory/Mobility
 - Hearing
 - Vision
 - Cognitive Difficulty
 - Independent Living / Self-Care
- Populations with Durable Medical Equipment
- Pregnant Women
- Children
- Populations with Service/Support Animals

Community Inclusion in Colorado (CICO) Mapping

Montrose County and Delta County will have the largest number of vulnerable populations in the region. However, if an event occurs in any of the six counties, the above-mentioned communities will be the most impacted regardless of the number.

Refer to Community Inclusion in Colorado ([CICO](#)) Mapping for more in-depth information on where these vulnerable populations exist based on census data.



State Med-Ops & Regional Emerging Special Pathogen Treatment Center Coordination

At this time, the WRHCC and its members (particularly hospitals) are in the process of developing processes or updating policies to detail coordination methods with State Med-Ops and Regional Emerging Special Pathogen Treatment Centers (RESPTCs) when it comes to emerging high consequence infectious diseases and special pathogens (such as H5N1, SARS, measles, etc.)

Current hospital processes include notifying local and state public health agencies in accordance with state statutory reporting requirements of suspected or confirmed cases. These processes may be strengthened this budget period with support from the WRHCC to include specific communication planning consideration with State Med-Ops and RESPTCs for outbreak mitigation preparation.

Examples of WRHCC Integration in Regional Plans

Montrose County Mass Casualty Response Plan

- Montrose Regional Health Hospital Emergency Department Charge Nurse notifies the WRHCC.
- Montrose Regional Health will maintain communication and situational awareness with WRHCC during response.
- WRHCC will be liaison between EOC, partner regional agencies, Western Regional Emergency and Medical Trauma, Advisory Council, partner HCCs, and CDPHE OEPR Field Managers.
- WRHCC will assist with patient transfer, tracking, and reunification.

Ouray County Multijurisdictional Emergency Operations Plan

- ESF6 (Mass Sheltering): WRHCC will work with emergency management, human services, and public health to provide sheltering and care services such as evacuation sheltering, relief support for responders, emergency first aid stations at designated sites, and coordinating the bulk distribution of emergency relief supplies.
- ESF7 (Logistics & Resources): WRHCC will support securing resources such as equipment, supplies, PPE, staff, or vehicles through mutual aid agreements, volunteer organizations, and procurement procedures under the disaster finance policy.
- ESF8: WRHCC will assist public health with following established public health plans and procedures.



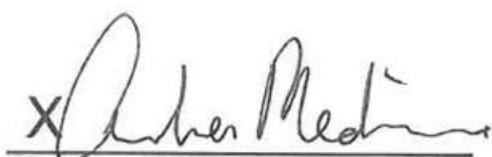
Document Maintenance & Approval Signatures

Revisions to this Document

V. 7.0 – 2025/2026	<p>Paragraph added to ReadyOp section with Pulsara information: “ReadyOp and Pulsara Platforms” pg. 13</p> <p>Section added per H5N1 Supplemental Funding requirement guidance: “State Med-Ops & Regional Emerging Special Pathogen Treatment Center Coordination” pg. 14</p> <p>Table added to track changes: “Revisions to this Document” pg. 15</p>
V. 7.1 – 11/20/2025	<p>Removed Scott Hawkins and Kayleigh Wright as Steering Committee Representatives: “Management & Administration” pg. 9</p> <p>Added WRHCC FY25/26 BP2 Sub-Awardee Agreement link to “Operational Roles” pg. 11</p>

The bylaws laid out in this document shall be updated and reviewed annually by the Readiness and Response Coordinator (or assigned workgroup if applicable) and approved and signed by the Chairperson(s). However, this document is a “living document” and may be amended any time at the request of Membership. This document will be made available to Membership on the WRHCC website or by request.


Mary Rasmussen, RN, HEM
Co-Chair


Amber Medina, RN, ED Dir.
Co-Chair