

Marin County Healthcare Preparedness Coalition Governance

- Approved December 1, 2025

The Marin County Healthcare Coalition (HCC) is a voluntary, multidisciplinary, multiagency coalition created to coordinate health care mitigation, preparedness, response, and recovery for all-hazard emergencies.

This governance document defines the structures and processes that HCC uses to promote safer and more resilient communities by supporting hospitals and healthcare systems to prepare for, respond to, mitigate, and recover from disasters.

Mission

To support the local health care community and other response agencies to jointly plan for and respond to human-caused or natural emergencies by promoting intra-operational area cooperation and sharing of resources.

Purpose

The primary roles of the Coalition are to:

1. Promote quality in the delivery of disaster patient care services by assessing the level of healthcare preparedness and making recommendations on activities that should be implemented to address any gaps.
2. Promote interaction and collaboration across all sectors of the health care community to ensure an effective, coordinated response to emergencies and disasters.
3. Ensure that the above activities consider the interests and equity of residents, industry, private and public agencies, and governmental bodies of Marin County.

Management and Administration

Organizational Structure

The Marin County Public Health Preparedness (PHP) program, under Marin County's local health department, acts as the administrator for the Hospital Preparedness Program (HPP) grant and the HCC. PHP works in close partnership with the Marin County Emergency Medical Services (EMS) Agency and HCC Steering Committee to determine and facilitate HPP grant and Coalition activities.

Operational Roles

The Marin County HCC is supported for planning and response by the HCC Readiness and Response Coordinator who works in the PHP program and is supported by the PHP Manager and Medical Health Operational Area Coordinator (MHOAC) as back up coordinators. The HCC Readiness and Response Coordinator is responsible for planning and conducting all HCC activities as required by the HPP Grant, including the HPP core functions, and determined by the Steering Committee and Coalition members.

The HCC Clinic Advisor position is filled per diem by the Emergency Medical Services (EMS) Agency Medical Director. The Clinical Advisor attends HCC meetings, advises on all preparedness response plans for the Coalition and consults during responses as needed.

Funding Structure

The primary funding for Coalition activities comes through the United States Department of Health and Human Services, Assistant Secretary for Prevention and Response's Hospital Preparedness Program (ASPR-HPP) program. The HPP grant is awarded to local communities to develop collaborative system-wide health and medical disaster response capabilities.

Marin County Department of Health and Human Services (HHS) PHP accepts HPP funds and takes responsibility for grant work planning and fiscal requirements. As the Fiscal Agent for HPP funds, HHS decisions on HPP issues must prevail; however, HHS seeks agreement on decisions for HPP funds from the Coalition under this Governance structure. Occasional funding opportunities may also arise from Homeland Security, California Hospital Association (CHA), California Dept. of Public Health (CDPH), or other entities.

Geographic Coverage

The Coalition boundaries are defined by the geographic border of Marin County. This includes all cities, towns, special districts, and unincorporated areas of Marin County. Marin County contains no Tribal Nations.

Membership

All organizations that provide health or medical services, as well as organizations whose mission is related to providing or assuring health services during disasters, are encouraged to join the Coalition. Membership information is maintained by the Marin County Public Health Department's PHP program.

Marin County's HCC core membership includes:

- All 4 hospitals
- All Skilled Nursing Facilities (SNFs)
- All 4 Federally Qualified Health Clinics (FQHCs)
- County Public Health
- County Office of Emergency Management
- County EMS Agency

Additional HCC Members include:

- Long Term Care Facilities (LTCFs) – Including mental health rehabilitation
- Home Health Services and Hospice
- Surgery Centers
- Dialysis Centers
- Clinics
- Pharmacy
- County Behavioral Health
- County Public Information Officers (PIOs)
- Access and Functional Needs (AFN) support providers

Participation Requirements

General Membership

All organizations seeking membership in the HCC will be required to complete the *Participant Agreement Form* and are asked to designate a primary and secondary representative from their organization to provide redundancy in representation and communication with the group. These representatives will be asked to:

- Attend 3 out of the 4 Healthcare Coalition quarterly meetings;
- Maintain an emergency response plan for their agency, facility or organization that integrates with local health emergency planning;
- Participate in regular communications drills (such as: ReddiNet, Healthcare Radio, and CAHAN drills, if applicable to their facility);
 - They must respond to 1 of 2 CAHAN drills annually.
- Participate in community wide drills and exercises designed to practice health emergency response procedures;
- Register for the California Health Alert Network (CAHAN) via the PHP program;
- Participate in the annual HPP Hazard Vulnerability Analysis (HVA) Survey;
- And provide updated email and phone contact information for emergency notification purposes.

Membership and active participation in the Coalition will allow member entities to coordinate resources and information with the Medical and Health Operational Area Coordinator (MHOAC), Marin County Public Health, and the County

Emergency Operation Center (EOC) in emergencies. It will also allow the HPP Coordinator to communicate with member agencies for informational, training, and programmatic purposes.

Steering Committee

The Steering Committee has been established to manage decisions required of the HCC. The Steering Committee consists of representatives from (5) groups: Public Health, Local Emergency Medical Services Agency (LEMSA), hospitals, clinics, and SNFs. The Steering Committee meets quarterly at minimum with ad hoc meetings as necessary. Three of the four quarterly meetings will be hybrid attendance, with the fourth meeting an in-person meeting only. The ad hoc meetings will be virtual only. The Steering Committee quarterly meetings will be held in the month prior to the quarterly HCC meetings.

The Steering Committee will make decisions on behalf of the entire HCC to establish priorities for strategic planning; to approve policies, plans, or other products of the HCC; to approve funding decisions for the HPP grant or other funds available to the HCC; and to provide other guidance and support as needed to sustain Coalition initiatives. Decisions made by the Steering Committee will be shared with the entire Coalition.

The Steering Committee has the authority to review and approve updates on any existing HCC Governance and plans. The Steering Committee will be the initial authority to review and propose adoption of any new HCC plans to the general Coalition membership.

Selection/Appointment Processes:

- All hospitals are required to have representation on the Steering Committee. Hospital representatives will be chosen by hospital administration.
- Skilled Nursing Facility/Long Term Care Facility representatives will be chosen using the following process:
 - HPP Coordinator will request volunteers to serve on the Steering Committee.
 - If more than 2 representatives volunteer, then the SNF/LTC facility representatives will vote for the two individuals they think will best represent the needs of the SNFs/LTCFs as a whole.
- Clinic representative will be chosen using the following process:
 - HPP Coordinator will work with the PHP manager to choose one representative to represent the needs of clinics.

Decision-Making: The Coalition will utilize consensus-based decision making, when possible, to facilitate solutions that are supported by all coalition members. Decisions will require a quorum of a minimum of one representative from each Steering Committee group to be finalized. Members may vote via phone or email as necessary.

Subcommittees

The Coalition may establish standing or *ad hoc* subcommittees or working groups as needed for specific Coalition deliverables and activities.

Community Coordination and Engagement

Whole Community Approach

By having diversity in our Coalition Members, we have subject matter experts and providers who support community members of all ages and communities with AFN (including physical, cognitive and developmental disabilities). PHP is actively trying to engage homeless service providers to join our Coalition.

Communities Most Impacted by Disasters

The Epidemiology and Public Health Preparedness programs collaborate to identify communities most impacted by disasters. The Epidemiology Program uses multiple datasets to assess population social and medical vulnerability, health needs, and disaster impact potential.

Communities and populations identified as most impacted

Based on the noted data sources below, as well as prior disaster/emergency response events, communities with higher vulnerability include:

- *Canal neighborhood (San Rafael), Marin City, and Novato north corridor*: Higher population density, linguistic isolation, lower-income households, and higher social vulnerability.
- Older adults, individuals with disabilities, and medically fragile populations across the county, particularly those dependent on electricity for medical devices or living in care facilities.
- Residents in high fire-threat areas and flood-prone zones, especially in West Marin and along bayfront communities, including the Canal neighborhood and Marin City.

Primary datasets and inputs

- *U.S. Census / American Community Survey (ACS)*: Demographic and socioeconomic indicators (population distribution, age, race/ethnicity, disability, income and poverty level, housing, and language) for Marin County overall and by sub-county geography (ZIP code, Census Designated Place, and census tract).
- *Indices of vulnerability to climate-related impacts*: Internally generated geographic (census tract) analyses of vulnerability to extreme heat, flooding, and poor air quality, incorporating social vulnerability and exposure data derived from the ACS and other sources.
- *Healthy Places Index (HPI)*: Neighborhood-level health opportunity and resilience measures.
- *CalEnviroScreen*: Composite measure of cumulative environmental and socioeconomic burden.
- *Marin County Public Health surveillance data*: Reportable disease laboratory testing and case reporting (CalREDIE), vital statistics (birth and mortality), wastewater surveillance for infectious pathogens, EMS (911 call) data, CAIR vaccination data for immunization coverage, and program datasets (e.g., Medi-Cal, CalFresh, Homelessness, and WIC).
- *Public Safety Power Shutoff (PSPS) EMPOWER data*: Used during emergencies to identify locations of individuals at risk due to reliance on electrically powered medical equipment.
- Internally generated list of residential care facilities, their addresses, and key staff. During outbreaks of reportable conditions, these facilities provide us with line lists of residents with test results.

Dashboards informing disaster strategy

- [Climate and Health Vulnerability by Census Tract](#)
- [Wastewater Pathogen Levels](#)
- [Equity Zone Demographics and Population Health](#)
- Essential workers and limited English proficient residents who may face barriers accessing emergency information and services.

These analyses guide the HCC’s strategies for equitable preparedness, outreach, and recovery planning, ensuring that response and coordination activities prioritize populations and geographic areas with the greatest vulnerability and need.

Additional Health Care Partners

Marin County PHP, as the Marin HCC lead agency, hosts a yearly Healthcare Executives meeting and encourages executive attendance and participation in meetings, trainings and exercises. PHP collaborates with Voluntary Organizations Active in Disasters (VOAD), the Community Resiliency Teams (CRTs), Homeless service providers, and other community-based organizations who serve communities most impacted by disasters. PHP includes HPP (HCC) and Public Health Emergency (PHEP).

Response Operations

Incident Management Structure

Marin HCC collaborates, communicates, and requests resources during an incident through the MHOAC program and as outlined in the HCC Response Plan.

ESF-8 Coordination (Public Health and Medical Services)

Healthcare response incident management resources and policy needs for the HCC are coordinated through the MHOAC program and County Emergency Operations Center (EOC), when activated.

Amendments to Governance

This Governance document may be amended by decision of the Steering Committee and will require a two-thirds vote of all voting members.