ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 29 November 2018 Response Date: 5 December 2018 Type of TA Request: Standard

Request:

The requestor asked ASPR TRACIE for assistance in identifying best practices on how healthcare coalitions (HCCs) should allocate funding to members.

Response:

The ASPR TRACIE Team reviewed our <u>Select Healthcare Coalition Resources</u> page (which includes links to several existing Topic Collections, including the <u>Coalition Administrative</u> <u>Issues</u>, and <u>Coalition Models and Functions</u> Topic Collections). A list of comprehensively developed Topic Collections can be found here: <u>https://asprtracie.hhs.gov/technical-resources/topic-collection</u>.

The ASPR TRACIE Team also conducted an online search and reached out to our subject matter expert (SME) Cadre members for additional resources and feedback. It is important to note that these comments are for informational purposes only, and funding allocation will be dependent for each type of HCC.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1

- Our state uses a model specific to our needs. It may not be applicable to other states.
- We provide base/admin/full-time employee funds to each coalition. We also give each coalition funds for shared training, exercise, and equipment.
- This shared fund was developed initially using the number of healthcare entities in the region as a basis. Rather than just subdividing those funds to each HCC member, the HCC uses the period of July 1 October 31 to meet with coalition members, and determines the use of the shared fund through consensus. The state then determines if these projects are within scope and permitted.
- Coalitions then determine how they would like to prioritize their funding. For example, some may send members to the National Healthcare Coalition Preparedness Conference, while others may need to purchase equipment for caching based on identified gaps.

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• We feel that this model better serves the coalition as a whole rather than "\$500 here, \$1,000 there" for individual facility projects.

SME Cadre Member 2

- We do not currently allocate funding to hospitals. However, when we did, it was based on a point system.
- If the facility signed their agreements they were awarded a base amount (usually a smaller amount).
- Points were then tied to dollars based on participation in required functions. For example:
 - Attendance at coalition meetings = 1 point/meeting
 - Bed reports completed on time = 1 point/drill
 - Radio checks completed = 1 point each
- Additional points were awarded for:
 - Having certain positions, such as a corridor leader or committee chair
 - Symposium attendance
- Sums were assigned a dollar amount, which were then added accordingly to the base.
- The intent was the more members were engaged and participated, the more funding they were rewarded.

SME Cadre Member 3

- The question of how much is "fair" is a tough issue and one that can stress or break the fragile relationships between competing coalition members. That is why we did not have a single approach to it.
- The most important thing was that we worked hard to develop a reasonable and equitable arrangement based on operational realities, typically with feedback/input from key stakeholders. Then we had it "blessed" by leadership and communicated it widely to minimize misunderstandings.
- When it was time to make decisions or vote, each of our members was considered equal regardless of size, length of membership, or any other factor. Those factors were out of their control so we did not want to punish them for that.
 - The smaller members appreciated the equality and we never heard that the larger ones resented it.
- When it came to items that were purchased we followed operational models. We would have members tell us how large that department or capability was, total it up and determine what percentage of our HCC capability was at each facility. Then we would distribute based on those percentages (e.g., you have 37% of the beds in our HCC so you get 37% of the gloves).
- Of course, nothing is quite that simple. If we were buying large items we would budget 1/facility and then determine if we had funds left over to give another one to the largest facilities or operational partners.
 - Sometimes a member would decline something as they did not offer that service or had purchased it themselves, which allowed us to stretch our funds further.

T R A C I E MEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

- Other times the equipment could be shared between facilities, or the coalition would be the central location to house the equipment in case any members needed it.
- The two keys were a logical approach based on operations, and communication of methodology and decision.

SME Cadre Member 4

• We do not allocate funding to members. Our model moved away from that many years ago, and our state precludes us from giving funding to members generally.

II. Healthcare Coalition Funding Allocation Resources (<u>Contact ASPR</u> <u>TRACIE</u> to request these files.)

[Redacted Author]. (n.d.). Funding Project Submission Form.

This project request form can be used as a template by an agency requesting funding from a healthcare coalition.

[Redacted Author]. (2016). Policies and Procedures: Funding Allocations.

This document provides healthcare coalition officers, steering committee members, and agencies with general membership with guidance on funding allocations and project prioritization processes.

[Redacted Author]. (2016). Policies and Procedures: Project Prioritization and Completion.

This document provides healthcare coalition leadership, steering committee members, and agencies with general membership with guidance on project prioritization.

[Redacted Author]. (2018). 2018 - 2019 Regional Healthcare Coalition Training, Exercise, and Equipment Budget.

This Excel spreadsheet provides a template for a state's shared fund budget development specific to training, exercises, and equipment.

