

# NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, July 15, 2015

St. Johns County EOC

Call in: 1-888-670-3525

Code: 1130084513



## AGENDA

### I. Call to Order

- Introductions
- Validation of voting members present [accept designees, if required]
- \*Approval of minutes from 5/28/15 meeting

### II. Budget Update

- \*Budget report
- Expenditure Requests
- Management and Administration update

### III. New Business

- Review of Draft Deliverables for 2015-16 Contract year
- MOA with Northeast Florida Regional Council

### IV. Old Business

- Overview of Statewide HCC Taskforce Meeting

### V. Other Topics

- Board Members Outreach Reports



Executive Board Meeting

July 15, 2015

MINUTES

The monthly meeting of the Executive Board of the Northeast Florida Healthcare Coalition was held on Wednesday, July 15, 2015, at 1:30 p.m. The Executive Board meeting was held at the St. Johns County Emergency Operations Center, 100 EOC Drive, St. Augustine, Florida.

CALL TO ORDER

The meeting was called to order by Chair Leigh Wilsey with a validation of a quorum, with the following Board members present:

Baker County – Dan Mann  
Clay County – Leigh Wilsey, Chair  
Duval County – Tim Devin  
Flagler County – Dave Kovacs  
Nassau County- Ronnie Nessler  
EMS – David Motes (via phone)  
Emergency Management – Jeff Alexander  
Public Health – Dr. Seidel (via phone)

Board Members absent:

St. Johns County – Pico Torres  
Hospitals – Rich Ward

For others in attendance, please see attached sign in sheet.

It was briefly discussed that a new alternate needs to be chosen for the Hospital discipline as Tony Suszcynski is no longer with UF Health.

Introductions

Each attendee introduced themselves, as there were some new faces in the room.

Approval of Minutes

The minutes from the May 28, 2015 meeting were distributed at the start of the meeting and are up for approval.

*The Chair called for a motion for approval of the May 28, 2015 meeting minutes. Dan Mann moved approval; seconded by Tim Devin. Motion carried.*

BUDGET UPDATE

Budget Report

In Rich's absence, Beth Payne reviewed the budget report. She reviewed the spending in the three categories of funding. Items to note are the Directors and Officers Insurance Premium as well as Rich Ward's travel expenses to the State Taskforce Meeting from the Operations fund and Independent Contractors invoices were paid from the Deliverables fund.



*Jeff Alexander called for a motion to approve the June 2014 budget report, Tim Devin seconded. Motion carried.*

Expenditure Report

Beth Payne indicated that there are no expenditure requests at this time.

Management and Administration Update

Ms. Payne provided a brief update:

Directors and Officers insurance is in effect, coverage began on July 1, 2015. A copy of the policy is available for anyone who wishes to review it. Ms. Payne mentioned it is the same policy that covers the Northeast Florida Regional Council Board of Directors.

**NEW BUSINESS**

Draft Deliverables for 2015-16 Contract Year

Ms. Payne provided a draft scope of work for the upcoming year's contract. Prior to reviewing the deliverables, the handout that details funding across the State was discussed. The NEFLHCC will be received more money this fiscal year for the sustainment of the Coalition - \$145,000, an increase from the \$100,000 received in 2014-15. This money is allocated based on the size of the coalition – small, medium, large and metro, which includes in the allocation formula population and bed count. With the increase in funding, comes an increase in the number of deliverables required. Leigh Wilsey systematically reviewed each deliverable on the list, with discussion on the following items:

- There is now a requirement to have three general membership meetings per year, up from 2.
- Communications test (via Everbridge) are required quarterly instead of once a year.
- The Community Hazard Vulnerability Assessment was discussed at the State Taskforce meeting including its relationship with the FDOH Public Health and Risk Assessment Tool (PHRAT). The NEFLHCC vulnerability assessment was based on each of our member county's PHRAT. At the State level, the PHRAT will be tweaked and refined for use by the Coalitions. Pre-made reports will be added to allow for the aggregation of the data at a Coalition level. This will aid immensely in the updated of our Vulnerability Assessment.

The updated Vulnerability Assessment is due by August 30, which leaves little time for a major update. Sandi Courson brought up that a priority should be to review the gaps outlined in the Assessment, to assure that NEFLHCC identified projects could actually be applied to these gaps and the funding spent to implement the projects.

- A Communication Plan is a contract deliverable this year, which was the major outcome of our exercise. However, with a short deadline for the deliverable (August 30), NEFLHCC may use a phased approach to complete the deliverable on time, but continue work towards the completion of a more robust plan.
- HCC Member Organization Summary is required, with specific data points to be collected. An online survey may be the best way to collect this information.



- Like last year, a TEP is required. This year, a better effort will be given towards the coordination and collection of health-specific information from each County.
- Documentation of the Region's Resource Coordination Process – as these processes already exist on several levels (EOC, Mutual Aid, ESF 8 procedures) this is more of an effort to collect and document this.
- Preparation of a HCC Patient Tracking Monitoring Plan. This was much discussed as it perceived as being a challenging task. This has been attempted by the State several times in the past. There was a discussion on what systems are currently in use by our member counties, the success of each of these systems and the challenges. Overall, each Coalition and/or County uses a different process and system to monitor patients. This is likely a task in which the Coalition will partner with First Coast Disaster Council and each County's ESF 8 to provide additional resources on. A workgroup may be a good way to handle this deliverable.
- Again, two trainings are required. With additional funding, we can hire trainers if needed.
- Attestation of Qualifying Exercise – no one was sure what this was, we need clarification on this.
- HCC COOP – there was much discussion on how to accomplish this as normally a COOP is for a response entity. Possibly collect member organization COOPs and provide an overview of the COOP capabilities in our Region. This could be a database of critical information that may be used in the event one of our members did have to enact their COOP. The HCC could better support this agency in a COOP event.
- Strategic Plan – ours is a multi-year strategic plan which allows us to drop the past year and add a future year in our planning efforts.

The next point of discussion was how to get these deliverables and tasks accomplished. The deliverables were looked at by date and there are several that are due in the very near future. After some discussion, the Board expressed their pleasure with the current working arrangement with the Northeast Regional Council and wished to move forward in a similar fashion. This includes the use of contractors (Nancy Freeman) as needed. It was indicated that the Board wishes to see a draft work plan for accomplishing these deliverables at the August Board meeting.

As such, several motions were made.

*Jeff Alexander brought forth a motion for “the Northeast Florida Regional Council to re-contract for planning services, in a fee for service agreement, using the current money available.” Tim Devin seconded the motion. Motion carried.*

*Jeff Alexander brought forth a second motion for “the Northeast Florida Regional Council to create a work plan, based on the deadlines for deliverables presented in the draft scope of work, to present at the next Board meeting, using the remaining funding in place.” Dan Mann seconded the motion. Motion carried.*

#### MOA with the Northeast Florida Regional Council

A copy of the current MOA with the Council was provided. It was noted that this MOA expires



at the end of the calendar year. As the Board is happy with the services provided with the Council, it is intent of the Board to continue this working arrangement.

*Jeff Alexander introduced a motion for “The Executive Officers of the NEFLHCC Board to enter into negotiations for a renewed MOA with the Northeast Florida Regional Council for the upcoming fiscal year.” Tim Devin seconded the motion. Motion carried.*

### **OLD BUSINESS**

#### **Summary of Statewide Taskforce Meeting**

Both Leigh Wilsey and Rich Ward attended the Statewide Taskforce Meeting in June, held in Orlando. Leigh provided information on the possibility of ‘project funding’. In the rounds of funding meetings held previously. While SPOT voted to include the project funding on the overall funding list, there was not enough funding to cover it. There was a grant identified that could provide project funding, however, with a different set of funding requirements and deliverables. This is the Federal Ebola Supplemental Grant. There was no further information on this funding. As more information is received, it will be distributed to the Board.

### **OTHER TOPICS**

#### **Board Member Reports**

Ms. Payne provided a brief overview of the Public Private Region Resiliency (P2R2) Committee of the Northeast Florida Regional Council and the NEFLHCC’s commitment to be a partner in their effort towards a more resilient region. The launch of the action plan will be held this Thursday, July 15<sup>th</sup> at the Museum of Contemporary Art in downtown Jacksonville, beginning at 5:30. All are invited to attend.

Also, Ms. Payne mentioned the local healthcare agency meeting held in St. Johns County in early June. This meeting allowed Kelly Wilson, SJC EM Planner, to review a newly created crosswalk with those agencies (long term care and assisted living facilities) that are required to submit a CEMP/Evacuation Plan to the county for review. Ms. Payne attended the meeting and provided an overview of the Coalition to the group, explaining the mission and handed out business cards. Hopefully this raises the profiles of the Coalition in the County.

There was discussion regarding Everbridge and the use of community partner communications. It was be a good way to gain participation for agencies interested in the Coalition. We could have sign up on the NEFLHCC website.

The next meeting of the NEFLHCC Board will be Wednesday August 19, 2015.

With no further business, the meeting was adjourned at 3:15 pm.

# MEETING SIGN-IN SHEET – NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting

Meeting Date: July 15, 2015

St. Johns County EOC

Name	Title	Agency	E-Mail	Voting Member & Representation
DAN MANN	PLANNER	FOOD BANK	jann.mann@flhealth.gov	YES
Leigh Wilsey	PHP Coord.	DOH clay	leigh.wilsey@flhealth.gov	YES
Timothy Devin	Emerg Mgr.	UF HEALTH	timothy.devin@jax.ufl.edu	YES
Sieglinde Campbell	DON	Baker CHD	Sieglinde.Campbell@flhealth.gov	NO
SCOTT WEST	EM	BMCJ	SCOTT.WEST@BMCJAX.COM	NO
DAVID KOVACS	DIRECTOR OF FACILITIES	FL HOSPITAL FLAGLER	DAVID.KOVACS@AHSS.ORG	YES
NANCY FREEMAN	NEFLACC CONTRACTOR		nancyinop@yahoo.com	NO
Patricia Frank	<del>DOH</del>	FOOH	PATRICIA.FRANK@flhealth.gov	
Sandi Caution	PERA	FOOH	Sandicaution@flhealth.gov	NO
TERRI DAVIS	SNSC	FOOH - Duval	terri.davis@flhealth.gov	NO
HEATHER PARTH	NE CONSORTIUM EPIDEMIOLOGIST	FOOH	HEATHER.PARTH@FLHEALTH.GOV	NO
PATRICK JULIANO	Regional NE FL Manager	FLDFS	PATRICK.JULIANO@myfloridacfo.com	NO
Ronnie Nessler	ES III	FOOH - Nassau	ronald-nesslera@flhealth.gov	
Via conference call:				
Dr. Scidel		FOOH - Nassau County		YES
David Mikes		Clay County EOC		YES
Sarah Blinn		FOOH - Duval County		NO

# **THIS IS A DRAFT OF HEALTH CARE COALITION 2015-16 CONTRACT TASKS AND DELIVERABLES**

**Scope of Work:** Provider will provide resources and participate in activities that support the development of HCCs and participate in disaster preparedness training and exercises to increase health care system's ability to respond to crises.

- a. **Tasks:** Provider will perform the following tasks.
- 1) Prepare an HCC Annual Calendar of Scheduled Meetings detailing all tentative HCC meetings scheduled for the calendar year. Submit the HCC Annual Calendar of Scheduled Meetings to the Department's Contract Manager by August 30 of each year of the contract.
  - 2) Conduct at least three HCC meetings each year of the contract. Prepare a completed member attendance roster for each meeting conducted and submit it to the Department's Contract Manager within 15 days following the end of each quarter. In the event no meeting occurs during a quarter, prepare an Attestation of No Meeting (Exhibit 4), and submit it to the Department's Contract Manager within 15 days following the end of the quarter.
  - 3) Perform a HCC communication capability test at least once per quarter. The test should assess the functionality and interoperability of communications systems used by HCC member organizations. Document the results of this test on Exhibit 7 and submit it to the Department's Contract Manager within 15 days of the end of each quarter.
  - 4) Prepare a Community Hazard Vulnerability Assessment (Exhibit 5) and submit it to the Department's Contract Manager by August 30 of each year of the contract.
  - 5) Prepare an HCC Communication Plan and submit it to the Department's Contract Manager by August 30 of each year of the contract. The HCC communication plan must include documentation of the process of communicating with other HCC members and the local Emergency Management Agency Emergency Operations Center, as well as documentation of any redundant communications.
  - 6) Prepare a HCC Member Organization Summary and submit it to the Department's Contract Manager by September 30 of each year of the contract. The summary must include at minimum the following information:
    - a) The capabilities and capacities of each HCC member organization, including referral patterns, Emergency Medical Services, Burn Units, and other specialized capabilities.
    - b) A strategy to increase HCC member organization participation and properly utilize member resources in both exercises and real events.
  - 7) Conduct an assessment of each of the HCC member organization's health care delivery capacities and capabilities. Prepare an HCC member assessment summary detailing the results

# **THIS IS A DRAFT OF HEALTH CARE COALITION 2015-16 CONTRACT TASKS AND DELIVERABLES**

of this assessment and submit it to the Department's Contract Manager by March 30 of each year of the contract.

- 8) Participate in the Department's Training and Exercise Planning Workshop by April 1 of each year of the contract.
- 9) Prepare an HCC MYTEP (Exhibit 6) and submit it to the Department's Contract Manager by April 30 of each year of the contract.
- 10) Complete the Office of the Assistant Secretary for Preparedness and Response (ASPR) HCC survey provided by the Florida Hospital Association and submit it to the Department's Contract Manager by June 1 of each year of the contract.
- 11) Develop a process used by the HCC to assist with resource coordination amongst HCC member organizations. Prepare a set of guidelines in keeping with this process for HCC member organizations to use and submit a copy of it to the Department's Contract Manager by September 30 of each year of the contract. At a minimum, this process should include the following:
  - a) Mutual aid/memorandums of understanding
  - b) Movement of Resources
  - c) Available Space
  - d) Staffing, Equipment, and Supplies
  - e) Services and Systems
- 12) Prepare an HCC Patient Tracking Monitoring Plan detailing the process for coordinating and monitoring patient tracking activities amongst HCC member organizations. Submit the HCC plan to the Department's Contract Manager by December 30 of each year of the contract.
- 13) Participate in a minimum of one Homeland Security Exercise and Evaluation Program compliant tabletop, functional, or full scale exercise with participation from essential HCC members. HCCs must exercise capabilities related to emergency operations, information sharing and medical surge (specifically patient movement), and health care system recovery (specifically continuity of operations). HCCs should use previous AAR-IPs, hazard vulnerability analysis and the principles of the preparedness cycle to determine capabilities to exercise in addition to the capabilities already listed. Evaluation of medical surge capability of HCC member organizations during a real response event or an exercise must be included in the HCC AAR-IP. The evaluation must include documentation of the abilities of HCC member organization's health care facilities to coordinate management of medical surge and provide appropriate levels of patient care as well as ability to provide no less than 20 percent immediate bed availability of staffed beds

# THIS IS A DRAFT OF HEALTH CARE COALITION 2015-16

## CONTRACT

### TASKS AND DELIVERABLES

within four hours of a disaster involving medical surge. A real-life event with participation from essential HCC member organizations may substitute for a tabletop, functional or full-scale exercise. Prepare an HCC AAR-IP in response to the exercise or event and submit it to the Contract Manager within 60 days following the exercise or event, but no later than May 30 of each year of the contract.

- 14) Perform two multi-jurisdictional trainings to address deficiencies identified in the Community Hazard Vulnerability Assessment. Prepare a Training Summary Sheet and submit it to the Department's Contract Manager within 30 days of completing the second training, but no later than May 30 of each year of the contract.
  - 15) Prepare an Attestation of Qualifying Exercise, Exhibit 8. Submit a completed Attestation of Qualifying Exercise to the Department's Contract Manager by September 30 of each year of the contract.
  - 16) Prepare an HCC COOP and submit it to the Department's Contract Manager by December 30 of each year of the contract.
  - 17) Prepare a Strategic Plan, including administrative and preparedness strategies, and an Operations Plan, including response and resource deployment planning, continuity of operations, and recovery and submit to the Department's Contract Manager by March 30 of each year of the contract. These plans will detail the administrative structure and will delineate members' roles and responsibilities of each HCC and the recognition of roles and responsibilities of HCC members in relation to specific functions within the Florida Emergency Support Function 8 (Health and Medical).
  - 18) Perform outreach activities to increase membership of the HCC. This can be achieved through direct communication with health care executives and encouraging the participation of health care executives in HCC functions and decision making. This may be accomplished through informational meetings, presentations, and other forms of information distribution including mailings and emails. A resource tool that outlines a strategy to encourage participation is located at <https://practicalplaybook.org/>. Prepare a summary of the outreach efforts and submit it to the Department's Contract Manager by May 30 of each year of the contract.
- b. **Deliverables:** Provider will complete the following deliverables in the time and manner indicated:
- 1) Quarterly: HCC meetings as specified in **Tasks B.1.a.1) and B.1.a.2)**.
  - 2) Quarterly: HCC communications capability test as specified in **Task B.1.a.3)**.
  - 3) Annually: HCC planning and resource assessments with all required documentation as specified in **Tasks B.1.a.4) through B.1.a.12)**.

# THIS IS A DRAFT OF HEALTH CARE COALITION 2015-16 CONTRACT TASKS AND DELIVERABLES

- 4) Annually: HCC training exercises as specified in **Tasks B.1.a.13) through B.1.a.17)**
- 5) Annually: Outreach activities with all required documentation as specified in **Task B.1.a.18).**
- c. Performance Measures: The Deliverables must be met at this minimum level of performance:
  - 1) **Deliverable B.1.b.1):**
    - a) The HCC Annual Calendar of Scheduled Meetings must be submitted by August 30 of each year of the contract as specified.
    - b) A minimum of three HCC meetings must be conducted each year of the contract as specified.
    - c) The member attendance roster or Attestation of No Meeting must be submitted within 15 days following the end of each quarter as specified.
  - 2) **Deliverable B.1.b.2):**
    - a) At least one HCC communication capability test must be performed each quarter as specified.
    - b) The results of the HCC communications capability test must be submitted within 15 days following the end of each quarter as specified.
  - 3) **Deliverable B.1.b.3):**
    - a) The Community Hazard Vulnerability Assessment must be submitted by August 30 of each year of the contract as specified.
    - b) The HCC communication plan must be submitted by August 30 of each year of the contract as specified.
    - c) The HCC member organization summary must be submitted by September 30 of each year of the contract as specified.
    - d) The HCC member assessment summary must be submitted by March 30 of each year of the contract as specified.
    - e) The Department's Training and Exercise Workshop must be attended by April 1 of each year as specified.
    - f) The HCC MYTEP must be submitted by April 30 of each year of the contract as specified.
    - g) The ASPR HCC survey must be completed by June 1 of each year of the contract as specified.
    - h) The guidelines for HCC member resource coordination must be submitted by September 30th as specified.

# THIS IS A DRAFT OF HEALTH CARE COALITION 2015-16 CONTRACT

## TASKS AND DELIVERABLES

- i) The HCC Patient Tracking Monitoring Plan must be submitted by December 30 of each year of the contract as specified.
- 4) **Deliverable B.1.b.4):**
  - a) One tabletop exercise, functional exercise, full-scale exercise, or real event must include participation of all essential HCC member organizations each year of the contract as specified.
  - b) The AAR-IP must be submitted on time and as specified.
  - c) Two multi-jurisdictional trainings must be held each year of the contract as specified.
  - d) The Training Summary Sheet must be submitted on time and as specified.
  - e) The Attestation of Qualifying Exercise must be submitted by September 30 of each year of the contract as specified.
  - f) The HCC COOP must be submitted by December 30 of each year of the contract as specified.
  - g) The HCC Strategic Plan must be submitted by March 30 of each year of the contract as specified.
- 5) **Deliverable B.1.b.5):**
  - a) The outreach effort summary must be submitted by May 30 of each year of the contract.

**MEMORANDUM OF AGREEMENT  
BETWEEN  
NORTHEAST FLORIDA REGIONAL COUNCIL  
AND  
NORTHEAST FLORIDA HEALTHCARE COALITION**

**WHEREAS**, the Northeast Florida Regional Council (hereafter referred to as “Council” was established by Interlocal Agreement pursuant to Chapter 163, Florida Statutes by and between Baker, Clay, Duval, Flagler, Nassau, Putnam and St. Johns Counties; and

**WHEREAS**, the Council, a unit of local government and an “Agency of the State” was formed to provide a regional perspective to issues transcending individual jurisdictional boundaries; and

**WHEREAS**, the Council has been intimately involved in issues of emergency/disaster preparedness, disaster response and recovery, and domestic security; and

**WHEREAS**, the Northeast Florida Healthcare Coalition (hereafter referred to as “Coalition”) was established to serve as a multi-jurisdictional multi-disciplinary coordination entity to assist emergency management with preparedness, response and recovery objectives and activities related to health and medical disaster operations for Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties; and

**WHEREAS**, the Coalition is recognized as a Healthcare Coalition by the Florida Department of Health; and

**WHEREAS**, the Coalition and Council are independent organizations that respect and value the unique role and responsibilities given to each agency by Florida Statutes, rules and their respective articles of incorporation, bylaws and other governing documents; and

**WHEREAS**, the Coalition and Council desire to work together to implement and maintain the sustainment and work plan of the Coalition; and

**WHEREAS**, it is in the best interest of both the Council and Coalition to enter into this agreement to provide for the means necessary to undertake the work of the Coalition.

**NOW, THEREFORE, BE IT RESOLVED THAT**

The undersigned representatives, duly designated as official representatives of the organizations and empowered to enter into this agreement, do hereby agree to the following:

1. Contract/Scope of Work
  - a. The Council shall fulfill the obligations of and shall adhere to the terms and conditions of the contract with the Florida Department of Health, attached hereto as Attachment 1 and made a part hereof, as guided by the Coalition.
  - b. It is understood that the Contract funds from the Florida Department of Health are basically divided into two parts. The first part is \$145,000 in Administrative funds for the completion of the Tasks in Attachment 1. The second part is Project funds to be spent on projects to support the findings identified in the Healthcare Community Risk and

Resource Capability Assessment specified in Attachment 1. The Council shall retain 2% of Project funds for administration.

- c. It is further understood that the Council shall manage the funds as follows:
    - i. Administration/Financial Management - \$50,000
    - ii. Coalition Operations; used to fund approved expenses such as but not limited to: travel, internal projects such as web site development, and out reach materials printing. Any remainder funds can be used to fund External Projects. - \$25,000
    - iii. Coalition Projects, such as the Healthcare Community Risk and Resource Capability Assessment, exercises, and other non-administrative items from Attachment 1 - \$70,000
    - iv. External Projects; these are project funds of the Coalition and will be used to complete projects based on the Coalitions Healthcare Community Risk and Resource Capability Assessments and Coalition approved priorities.
    - v. During the contract period, any additional funds received will be allocated by the Executive Officers of the Northeast Florida Healthcare Coalition.
2. Financial Management
- a. The Council, on behalf of the Coalition, shall receive the funds allocated to the Coalition by the Florida Department of Health and any other funder and shall act as the Coalition's Fiscal and Administrative Entity.
  - b. Coalition funds will be managed in the Council's financial management system, Grants Management System, as a "Project(s)" providing for separate and distinct tracking of Coalition funds from which detailed financial reporting can be prepared.
  - c. Coalition funds shall be managed in accordance with Generally Accepted Accounting Principles and shall be consistent with the requirements of the Governmental Accounting Standards Board.
  - d. The Council will provide periodic financial statements to the Coalition.
  - e. The Council shall arrange for the auditing of the Coalition's funds, by an independent auditor as part of the overall audit of the Council.
  - f. Coalition Operations budget expenditures will require the approval of either:
    - i. A majority vote of the Coalition Membership
    - ii. A majority vote of the Coalition Executive Board.
    - iii. Approval of expenditures below \$2500, by the Treasurer and either the Chairman or Vice Chairman of the Coalition. A summary report of these approvals will be provided to the Executive Board at each meeting.
  - g. External Projects budget expenditures will require the approval of either:
    - i. A majority vote of the Coalition Membership
    - ii. A majority vote of the Coalition Executive Board.
3. Administrative Support
- a. The Council shall provide staff support for Coalition meetings and events.
  - b. The Council shall arrange for meeting/event venues and be responsible for necessary meeting/event advertisements.
  - c. The Council shall record and produce Coalition meeting summaries.
  - d. The Council shall develop Coalition meeting agendas in consultation with the Coalition Chair.
  - e. The Council shall establish, answer and forward calls from a land-line telephone that will be answered in the Coalitions name.
  - f. The Council shall maintain the Coalition's website.
  - g. The Council shall undertake procurement on behalf of the Coalition utilizing the Council's established procurement/purchasing procedures.

- h. The Council shall prepare a summary budget report for the Treasurer 5 to 7 days prior to every Coalition and Coalition Executive Board meeting. This report shall be suitable for the Treasurer to utilize as a report to the assembly.
- 4. Professional Support
    - a. The Council shall accomplish the work tasks set forth in Attachment 1 through use of qualified professional staff.
    - b. The Council may, at its discretion, engage qualified professional independent contractors to assist in the completion of work tasks set forth in Attachment 1.
- 5. Other Support and Term of Agreement
    - a. The Council shall provide the Coalition other support not expressly enumerated above by mutual agreement of the Coalition and Council.
    - b. This agreement shall become effective on the date below last written and shall terminate on December 31<sup>st</sup>, 2016 for continuity of funding management between the State's contracting cycles, unless extended or modified (see item c. below).
    - c. This agreement shall be modified or extended only upon the mutual agreement of the parties and memorialized in writing.

**IN WITNESS THEREOF**, the parties hereto have caused this Memorandum of Agreement to be executed by their undersigned officials as duly authorized.

**FOR THE NORTHEAST FLORIDA HEALTH CARE COALITION**

\_\_\_\_\_  
Leigh H. Wilsey, Chair

\_\_\_\_\_  
Date

**FOR THE NORTHEAST FLORIDA REGIONAL COUNCIL**

\_\_\_\_\_  
Brian D. Teeple, CEO

\_\_\_\_\_  
Date