

NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, August 19, 2015

St. Johns County EOC

Call in: 1-888-670-3525

Code: 1130084513



AGENDA

I. Call to Order

- Validation of voting members present [accept designees, if required]
- Introductions
- *Approval of minutes from 7/15/15 meeting

II. Budget Update

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

III. New Business

- Work plan for 2015-16 Contract Year
- Overview of Draft Deliverables (due 8/30/15)
 - Calendar of Events
- Overview of upcoming Deliverables
 - Community Vulnerability Assessment (due 10/30/15)
 - Communications Plan outline (due 9/30/15)
- Training Needs Survey to General Membership
- National Healthcare Coalition Conference – December 1 – 4, 2015

IV. Old Business

- MOA with Northeast Florida Regional Council
- Overview of Statewide HCC Taskforce Call

V. Other Topics

- Board Members Outreach Reports

Next Meeting Date: September 16, 2015



Executive Board Meeting
August 19, 2015
MINUTES

The monthly meeting of the Executive Board of the Northeast Florida Healthcare Coalition was held on Wednesday, August 19, 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 – Bek Parker
Clay County – Leigh Wilsey, Chair
Duval County – Tim Devin
Flagler County – Dave Kovacs
Nassau County- Michael Godwin
St. Johns County – Tim Connor
EMS – David Motes (via phone)
Emergency Management – Jeff Alexander
Public Health – Dr. Seidel (via phone)
Hospitals – Rich Ward (via phone)

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

Introductions

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

Approval of Minutes

The minutes from the July 15, 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 July 15, 2015 meeting minutes. Michael Godwin moved approval; seconded by Jeff Alexander. Motion carried.

BUDGET UPDATE

Budget Report

Rich Ward, Treasurer, reviewed the budget report. He reviewed the spending in the three categories of funding. Administration dollars are being spent, especially in August, in preparation for the 2015-16 contract and upcoming deliverables. With no questions, *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, outside of a later



discussion on the agenda regarding attendance at the National Healthcare Coalition Conference in December.

Management and Administration Update

Ms. Payne provided a brief update on the status of the contract. All addendums were signed several weeks ago and the contract was signed by Brian Teeple, CEO of NEFRC on Wednesday, August 12th. It was returned to FDOH and we are waiting to receive the final, executed contract.

NEW BUSINESS

Draft Work Plan for 2015-16 Contract Year

As requested by the Board, Ms. Payne created a draft work plan for the completion of the nineteen (19) deliverables in the 2015-16 contract, as outlined in the scope of work. Ms. Payne spoke briefly about each item. There was additional discussion on a few items:

- **The Communications Plan**
A draft outline of the Communications Plan was provided, as it is due on September 30, 2015. The Board agreed that it should be a compilation of process that are already in place. The Project Public Health Ready Criteria is a national standard and is a good starting point. All agreed that the Coalition will not interface with the public; therefore no public messages will need to be crafted or distributed. Nancy Freeman and Ms. Payne will be reaching out in the coming weeks asking for communications resources from your agency for inclusion in the Plan. The draft of the Communications Plan will be reviewed at the September meeting.
- **Community Vulnerability Assessment**
A handout was provided by Nancy Freeman with a draft of the updates made so far. Initially, it was thought the update would be due on 8/30, but with the contract received, the date has been pushed to 11/30. Nancy has adjusted several of the gaps to make them more project oriented and determined that many of the gaps listed will be satisfied this contract year with the required deliverables. Nancy encouraged everyone to be thinking of projects and to send her ideas. One idea that was discussed was a potential project that may help address the Functional Needs issue. This led to a lengthy discussion on the approach several counties in the region were taking on shelter functional needs people. Another suggestion for a project was additional resources for Alternate Care Sites.

As the year goes on, Nancy will update the Vulnerability Analysis based on updates to CEMPs and FLPHRAT. It is important to note that if the public health planner in a County's DOH office update the PHRAT please let Nancy know so she can incorporate the new information in the vulnerability analysis. This was also discussed at the Health Officer's most recent meeting, as confirmed by Dr. Siedel.

Dave Kovacs relayed a lesson learned from Flagler County's most recent exercise, which was to check the infrastructure around your critical facilities, not just the ones WITHIN



your facility. Mr. Kovacs indicated that the hospital discovered that the main lift station that connects to their facility has no generator. Therefore, during an event, the hospital would need to be evacuated if there was no water or sewer available at the hospital. This led the County to prioritize this purchase in their upcoming budget.

It is possible that exercises and subsequent lessons learned like these may create opportunities for projects to be added to the Coalition list.

- **Patient Tracking Monitoring Plan**
This approach to accomplishing this deliverable was also discussed at length. The Coalition's approach is to gather the subject matter experts on this issue from around the region for a workshop to discuss the current process in place to track patients. A part of the discussion will be the gaps in the system and any role the Coalition may have in providing resources to improve the system, (possibly through a project?).
- **HCC COOP**
Ms. Payne indicated that the State would be providing a template for this deliverable. She will follow up with the contract manager.
- **Training**
The requirement is for two multi-discipline, multi-jurisdictional classes to be held, which is the same requirement as last year. It is suggested in the work plan that an online training survey be sent out to the general membership in order to engage the members and determine their training needs and ideas.

It was discussed that this is the general approach to the deliverables, but can be altered as needed and based on feedback from the Board. The Board requested that this work plan be continually updated, in order to reflect the status and accomplishment of the deliverables. Ms. Payne indicated she would do that.

Jeff Alexander brought forth a motion to accept the work plan as presented to be used as an outline on how to achieve the contract deliverables. Tim Devin seconded the motion. Motion carried.

2015-16 Proposed Calendar of Events

The draft was briefly reviewed. Due to the nature of everyone's calendars filling up quickly, it was decided that the first general membership meeting will be held on Wednesday, October 21st. This meeting will be held jointly with the First Coast Disaster Council meeting. The location is to be determined. Tim Devin and Beth Payne will work together on logistics.

2015 National Healthcare Coalition Conference

Leigh Wilsey provided information on the 2015 National Healthcare Coalition Conference, to be held from December 1 – 4, in San Diego, California. There was discussion on the value of the conference and the networking and information sharing opportunities it provides. It is



anticipated to cost around \$2,000 per person to fund all travel related expenses. Salary would not be reimbursed by the Coalition and this travel must be approved by the attendee's supervisor.

Leigh indicated she would be interested in presenting the story of the NEFLHCC at the 2016 National Conference, so that is something to keep in mind for those who may want to consider attending this year's conference.

Beth Payne indicated she would send an email out to all Board Members with additional information on the conference and ask those interested in attending to reply. There was one questions regarding what portion of the budget the travel would come from and it was determined the expenses would come from the Operations portion of the budget.

Jeff Alexander brought forth a motion to approve up to four people to attend the 2015 National Healthcare Coalition Conference, with one of those spots reserved for staff. Tim Devin seconded the motion. Motion carried.

OLD BUSINESS

MOA with the Northeast Florida Regional Council

Rich Ward reviewed the changes to the MOA with the Council that the Coalition officers worked on with the Council. The changes include the following money allocations:

\$50,000 to Administration

\$25,000 to Operations

\$70,000 to Deliverables

An additional sentence was added to the funding section, which reads "During the contract period, any additional funds received will be allocated by the Executive Officers of the Northeast Florida Healthcare Coalition." This was added in case 'project' money was received by the Coalition during this contract period. Finally, the date of the MOA was extended to December 31, 2016.

With no questions,

Rich Ward introduced a motion for "to approve the Memorandum of Agreement with the Northeast Florida Regional Council, as read, for the 2015-16 contract year." Tim Devin seconded the motion. No opposed. Motion carried.

Summary of Statewide Taskforce Meeting

There was a brief overview of the statewide taskforce call which took place on Thursday, July 16. The call provided information on the status of contracts as well as potential visits from Paul Link of ASPR.

OTHER TOPICS

Board Member Reports

Tim Devin provided an overview of the FEPA Healthcare EM certification and the requirement



included that Hospital ICS classes must be taken in order to receive certification. These classes are only taught by one vendor. This has led to the offering of a ‘Train the Trainer’ class which would allow these classes to be taught across the State. Tim has added his name to the Train the Trainer class list and encourages anyone who is interested to sign up for the class.

Tim also proposed an exercise idea regarding the evacuation of special needs folks from across many entities – including long term care facilities, assisted living facilities and hospitals. This has not been accomplished on a regional level before. This would be a partnership opportunity with the First Coast Disaster Council. Board members expressed their interest in the idea. Beth Payne indicated that the October meeting would include the Concepts and Objectives meeting for the required exercise. This would be a great time to further discuss this idea.

The next meeting of the NEFLHCC Board will be Wednesday September 16, 2015.

With no further business, the meeting was adjourned at 3:30 pm.

MEETING SIGN-IN SHEET – NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting

Meeting Date: August 19, 2015

St. Johns County EOC

Name	Title	Agency	E-Mail	Voting Member & Representation
Patricia Frait	Special Needs Coord.	FDOH	PATRICIA.FRAIT@flhealth.gov	
Sandi Courson	PCA	FDOH	sandi.courson@flhealth.gov	
L. Leigh Wilsey	Prep Coord. DOH-Clay	DOH-Clay	leigh.wilsey@flhealth.gov	YES Clay
Michael Godwin	Env. Manager	FDOH Nassau	michael.godwin	Yes - Nassau
Siegi Campbell	DOH	FDOH-Baker	Sieglinde.Campbell@flhealth.gov	No
* Bek Parker	BCSD Asst. EM	Baker Co SO	bparker@bakerco.com	YES
Tim Connor	Planner	DOH-St. Johns	timothy.connor@flhealth.gov	YES
Timothy Devin	Emerg Manager	UF Health	timothy.devin@jax.ufl.edu	YES
NANCY FREEMAN	CONTRACTOR	NEFLHCC	nancyimop@valloc.com	NO
DAVID KOVACS	Director of Facilities	FLORIDA HOSPITAL FLAGLER	DAVID.KOVACS@HHS.ORG	YES
Jeff Alexander	Regis Director Emergency Mgmt	St. Johns County EM	JAAlexander@SSCFL.us	YES
via phone:				
Rich Ward				YES
Dave Motes				YES
Dr. Seidel				YES
Rodley Lee	shift supervisor	Century Ambulance	rodley.lee@CASJAX.COM	
Sarah Wynn	EPR Manager	DOH-Duval	Sarah.Wynn@flhealth.gov	No



2015-16 Contract Deliverables and Work Plan

August 2015

**Listed in order of delivery date

AUGUST 30, 2015 DELIVERABLES

1. Annual Calendar (8/30/15) \$1,000

An annual calendar of scheduled meeting is required for the calendar year. A draft of this calendar is provided and all dates are tentative. It is anticipated that this calendar will be updated on an ongoing basis. Research on using a calendar function on our website to maintain a dynamic version of the Annual Calendar is ongoing.

SEPTEMBER 30, 2015 DELIVERABLES

2. HCC Member Organization Summary (9/30/15) \$5,000

This deliverable includes information on capabilities and capacities of each HCC member organization, including referral patterns, EMS, Burn Units and other specialized capabilities. This will result in a master spreadsheet with all the relevant information. To start, the capabilities and capacities of Hospitals, EMS, Emergency Management and Public Health will be determined, as those are the core groups that make up the NEFLHCC membership presently. This relates and provides the basis for another deliverable – an HCC Member Organization Assessment.

Ideas to collect this information include the use of online surveys and personal outreach meetings. Regional Council staff will work with the Board Members to complete this deliverable.

3. Communications Plan (9/30/15) \$7,000

This is a new contract deliverable and one of the items listed in the NEFLHCC Improvement Plan from our Measles Exercise held in April 2015. Required components of the plan include documentation of the process of communicating with other HCC members and the local Emergency Operations Center (EOC) and a documentation of any redundant communications. This has a delivery date of 9/30 and will again be accomplished through a phased approach. Items to consider in the Phase 1 development of the framework for a communications plan include elements of the *Project Public Health Ready Criteria* (potential items include agency communications, emergency public information and warning, information sharing). The communications processes in place for County level ESF 8 will be documented. To address redundant communication systems, appendices of systems utilized across the region will be included in the Plan. Examples of these systems would include the NEFLHCC's use of Everbridge, the regional use of EM Resource, etc.

Phase 2 will provide a more holistic approach to the communications of the NEFLHCC, incorporating all types of interaction with the member organizations, in times of disaster and day to day communication needs. This may include social media, website-related content as well as face to face communications. This will be accomplished over the course of the contract year.

Staff of the Regional Council and Nancy Freeman will accomplish this task. If workgroups are formed to help with the completion of deliverables, this deliverable would be a candidate for this type of approach.

4. Attestation of Qualifying Exercise (9/30/15)

This document will be provided by DOH for completion.

NOVEMBER 30, 2015 DELIVERABLES

5. Community Vulnerability Assessment (11/30/15) \$3,500

This is an annual requirement with a full assessment completed during the last contract year using the Public Health Risk Assessment Tool (PHRAT) as completed by County Health Department planners in our Region. With short time frame for completion, this deliverable will be completed in a phased approach. Phase 1 will be completed in order to meet the deadline and will include refining the gaps identified in the assessment to make them more project oriented, incorporating recommendations from the Measles Exercise AAR/IP (May 2015), and reviewing hazards, capabilities and resource gaps documented in the 2014-2015 NEFLHCC Risk Assessment . This will be completed in coordination with both Sandi Courson and Patricia Frank. Nancy Freeman will lead this effort.

Phase 2 will incorporate changes made to the County PHRAT as well as the review of the FDEM Statewide Vulnerability Assessment, specific to Region 3. If better data is found within these two sources, the NEFLHCC Vulnerability Assessment will be updated to reflect this new information. In addition, capability and resource gaps identified and documented in Exhibit 5 (Community Risk and Resource Capability Assessment) in Phase 1 will be reviewed to ensure consistency with project funding guidelines. Nancy Freeman will lead this project deliverable.

- FDEM Statewide Vulnerability Assessment, Region 3 Health and Medical Review – December 1, 2015
- FLPHRAT County Review and Update – January 15, 2016
- Capability and Resource Gaps Review – February 1, 2015

DECEMBER 30, 2015 DELIVERABLES

6. Patient Tracking Monitoring Plan (12/30/15) \$5,000

This deliverable requires detail of the process for coordinating and monitoring patient tracking activities amongst HCC member organizations. As discussed at the July Board meeting, patients

are tracked through various systems across our region, with member organizations using various software programs. The approach to coordinating this information and compiling it for the required contract deliverable will be to gather the subject matter experts for a workshop to discuss how this is currently done and if there is a role for the NEFLHCC to assist. All applicable processes will be collected and compiled into the monitoring plan. Additionally, NEFLHCC will request further guidance from the state on this deliverable. If workgroups are formed to help with the completion of deliverables, this deliverable would be a candidate for this type of approach.

7. HCC COOP (12/30/15) \$6,000

There are a considerable number of questions surrounding the best approach to use in developing this plan for NEFLHCC. There is no guidance provided in the Scope of Work in the contract. However, on the late July State Taskforce conference call, FDOH indicated that they would be providing a template for the Coalitions to utilize. Once this template has been distributed, it will be brought to the NEFLHCC Board for review. Nancy Freeman will lead this effort.

8. Resource Coordination Process (12/30/15) \$8,000

The requirement is to develop a process used by the HCC to assist with resource coordination amongst HCC member organizations. This deliverable will include the documentation of ESF 8 related resources processes and procedures, including but not limited to: mutual aid, MOUs, request and movement of resources through County Emergency Management to the State, services and systems as well as processes involving the allocation of member organizations' space, equipment, supplies, staffing, etc.

As the year continues, we hope to bolster this document by adding member organization's more specific resources (which will tie in to deliverable 4 above on their capabilities and capacities). This information could be valuable in the required COOP planning completed at the HCC level. Nancy Freeman will lead this effort in coordination with Sandi Courson and Patricia Frank.

MARCH 30, 2016 DELIVERABLES

9. Strategic Plan (3/30/16) \$5,000

This deliverable requires the preparation of a Strategic Plan that includes administrative and preparedness strategies, as well as an Operations Plan that addresses response and resource deployment planning, continuity of operations, and recovery. This will be accomplished by reviewing, revising and updating the NEFLHCC Strategic Plan 2014-2017 to ensure that it details the administrative structure, members' roles and responsibilities, and the recognition of those roles and responsibilities in relation to the specific Florida ESF 8 functions. The risk and resource capability assessment and multi-year training and exercise plan (MYTEP) will be incorporated by reference into the Strategic Plan. Nancy Freeman will lead this effort.

10. HCC Member Organization Assessment (3/30/16) \$5,000

There is another contract deliverable relating to this, the Summary of each HCC member organization's healthcare delivery capacities and capabilities, which is due on September 30, 2016. Using the summary as a basis, the capacities and capabilities of other partners will be examined, including, but not limited to: Long term care agencies, assisted living facilities, Medical Examiners, pharmacies, urgent care facilities, behavioral health, dialysis centers, and laboratories. The required deliverable is a summary of identified deficiencies.

APRIL 2016 DELIVERABLES

11. DOH TEP (4/1/16) \$500

Participate in the Department's TEP workshop. This is usually attended by the Chair of the NEFLHCC. Others can attend as deemed necessary by the Board.

12. Prepare an HCC TEP (4/30/16) \$3,000

It is an annual requirement to prepare a Training and Exercise Plan for the NEFLHCC. Last year, this was accomplished by re-submitting the EM based TEP completed by Region 3 and augmenting the additional 2 years with events.

This year, the NEFLHCC would like to have a better process for our Coalition to gather the necessary data. It is suggested that the TEP lead staff at FDOH and FDEM attend a NEFLHCC Board Meeting to provide guidance on the best way for a Coalition to develop a TEP, possibly held in conjunction with adjacent HCCs. A one page guidance document should be created on the development of the TEP.

It also seems that our HCC specific TEP should be developed prior to the Department's TEP. We will seek clarification on the timing of these two deliverables.

MAY 30, 2016 DELIVERABLES

13. HSEEP Compliant Exercise (5/30/16) \$12,000

This is an annual contract deliverable. The Regional Council will work with the NEFLHCC Board to determine the exercise scenario that would work best during this contract year. An exercise is planned for the March-April 2016 timeframe, with an initial Concept and Objectives meeting scheduled in October.

14. Two multi-jurisdictional trainings (5/30/16) \$3,500

These trainings should address deficiencies identified in the Community Hazard Vulnerability Assessment. Initial brainstorming of topics include: COOP, HSEEP, ESF 8 specific training, Board Member training, seminars on relevant HCC plan as developed (resource plan, comms plan, COOP, etc.).

With additional funding this year and leftover funding from the last contract year allow for more than two training classes to be held. It may also allow for training to be brought in that may have a cost associated with it. To engage the general membership and foster additional participation, an email or online survey should be sent out asking the general membership for their training wants and needs. This will allow NEFLHCC to best serve the needs of the general membership.

15. Outreach Activities (5/30/16) \$2,000

This is an annual activity to increase the membership of the Coalition. An annual summary of outreach efforts is required this year. As the NEFLHCC has developed a list of those group/organizations to target, it is suggested that each Board Member claim a group and work throughout the contract year to engage that group for increased participation and membership. In order to assemble the deliverable at the end of the year, a form will be created and sent out as part of each monthly Board packet, for each Board Member to complete on their outreach activities for the month. This provides a record of activities and will allow for easy assembly at the end of the year.

JUNE 1, 2016 DELIVERABLES

16. ASPR HCC Survey (6/1/16) \$500

It is required that this survey be completed once a year. This past year it was completed by Regional Council staff and the Chair of NEFLHCC.

QUARTERLY DELIVERABLES

17. Communications Capability Test (4 times per year) \$2,500

This deliverable requires NEFLHCC to test their communications system once per quarter (up from once per year in last year's contract). NEFLHCC uses Everbridge for its communications method. Communications checks will occur more frequently and will be used in connection with other Coalition activities throughout the year. As part of outreach efforts, the Coalition will encourage organizations to sign up for Everbridge through the currently used forms and adding the information to the NEFLHCC website.

18. Membership Meetings (3 times per year) mostly administrative work, \$500

There is a requirement for three general membership meetings, which is an increase from last contract year. The approach is to continue to partner general membership meetings with trainings. This, we hope, will gather a larger audience. We successfully hosted a general membership meeting in May 2015 which included the After Action Review from the exercise and a First Coast Disaster Council meeting. There should be discussions on holding joint First Coast Disaster Council and NEFLHCC meetings, at least once or twice a year. This contract scope of work includes several deliverables that are hospital-centric and the joint meetings may provide a forum for discussion on the relevant issues.

August

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19 Ex. Board Meeting: <i>Review draft Deliverables</i>	20	21	22
23	24	25	26	27 1 st quarter comms check completed	28 <i>Deliverables:</i> • Annual Calendar	29
30	31					

2015

September

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
This month: Send out Training Survey		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16 <i>Executive Board Meeting: Review draft deliverables</i>	17	18	19
20	21	22	23	24	25	26
27	28	29	30 <i>Deliverables:</i> <ul style="list-style-type: none"> • Comms Plan • Member Summary • Attestation of Exercise 			

2015

October

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
This month: General Membership Meeting #1				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21 General Membership Meeting & Executive Board Meeting 9 am <ul style="list-style-type: none"> • <i>Concept & Objectives Meeting for Exercise</i> • <i>Finalize working groups for deliverables</i> 	22	23	24
25	26	27	28	29	30	31

2015

November

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18 Executive Board Meeting: <i>Review Draft Deliverables</i> <i>Tentative: Cpt. Paul Link</i> <i>(ASPR)</i>	19	20	21
22	23	24	25	26	27	28
29	30 Deliverables: • Vulnerability Assessment					

This month: 2nd Quarter Comms Check
 Work group meetings
 Workshop on Patient Tracking
 Training event?

2015

December

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1 National HCC Conference: San Diego	2 National HCC Conference: San Diego	3 National HCC Conference: San Diego	4 National HCC Conference: San Diego	5
6	7	8	9	10	11	12
13	14	15	16 Executive Board Meeting: <i>Review draft Deliverables</i>	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31 Deliverables: <ul style="list-style-type: none"> • Patient Tracking Plan • HCC COOP • Resource Coordination Process 		
This month: Workgroup Meetings Initial Planning Meeting for Exercise						

January

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
This month: Potential General Membership Meeting #2 combined with training					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20 Executive Board Meeting	21	22	23
24	25	26	27	28	29	30
31						

2016

February

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
	1 FEPA Work session Feb. 1 - 5 Daytona Beach	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17 Executive Board Meeting: <i>TEP Presentation?</i>	18	19	20
21	22	23	24	25	26	27
28	29					
This month: Potential General Membership Meeting #2 combined with training Midterm Planning Meeting for Exercise						

2016

March

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16 Executive Board Meeting: • <i>Review of Draft Deliverables</i> • <i>TEP presentation?</i>	17	18	19
20	21	22	23	24	25	26
27	28	29	30 Deliverables: • Strategic Plan • Member Organization Assessment	31		

This month: Final Planning Meeting for the Exercise (early March)
 HSEEP Exercise (end of March, early April)
 3rd Quarter Comms Check

April

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
					1 Participate in DOH TEP	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20 Executive Board Meeting	21	22	23
24	25	26	27	28	29 Deliverables: • HCC TEP	30

2016

May

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18 Joint Executive Board & General Membership Meetings: <ul style="list-style-type: none"> • <i>Review draft Deliverables</i> • <i>Exercise After Action Review</i> 	19	20	21
22	23	24	25	26	27	28
29	30 Deliverables: <ul style="list-style-type: none"> • HSEEP Exercise • Trainings (2) • Outreach Report 	31				
This month: General Membership Meeting #3						

June

<i>Sun</i>	<i>Mon</i>	<i>Tue</i>	<i>Wed</i>	<i>Thu</i>	<i>Fri</i>	<i>Sat</i>
			1 ASPR Survey	2	3	4
5	6	7	8	9	10	11
12	13	14	15 Executive Board Meeting	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30 Contract Ends		
This month: 4 th Quarter Comms Check						

2016

**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

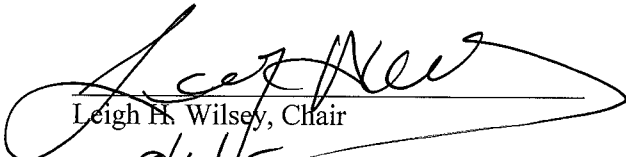
- a. The Council shall accomplish the work tasks set forth in Attachment 1 through use of qualified professional staff.
- b. The Council may, at its discretion, engage qualified professional independent contractors to assist in the completion of work tasks set forth in Attachment 1.

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 31st, 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.

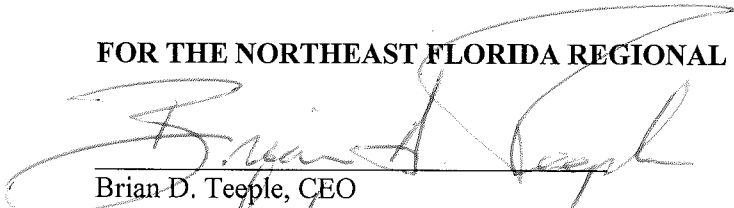
FOR THE NORTHEAST FLORIDA HEALTH CARE COALITION



Leigh H. Wilsey, Chair
9/4/15

Date

FOR THE NORTHEAST FLORIDA REGIONAL COUNCIL



Brian D. Teeple, CEO
8/20/15

Date