July 19, 2017

AGENDA

I. Call to Order
   • Validation of voting members present [accept designees, if required]
   • Introductions
   • Installation of New Officers
   • *Approval of minutes from 6/21/17 meeting

II. Financial
   • *Budget report
   • Expenditure Requests
     o MOA with the Northeast Florida Regional Council
     o *2016-17 Funds
   • Management and Administration update
     o Project Closeout
     o 501C3 Status

III. Business
   • *Election of Secretary/Treasurer
   • *Approval of General Membership Requests – via forms
   • Region 3 HCC Alliance draft Bylaw review
   • Hurricane Matthew Project Work Plan update
     o Marketing
     o August 23, 2017 Training Summit

V. Other Topics
   • Board Members Reports
   • State Task Force Update

Next Meeting Date: August 16, 2017

Conference Call Line: 1-888-670-3525   Code: 1130084513
NEFLHCC Executive Board

Executive Committee
(membership by county – TOTAL OF 10 votes)

Baker – 1
Clay - 2
Duval – 3
Flagler - 1
Nassau - 1
St. Johns - 2

Executive Committee
(One representative per county, one representative per discipline) (TOTAL 10 votes)

6 County Reps

Baker – Bek Parker (EM)
Clay – Leigh Wilsey (PH)
Duval – Richard Ward (PH)
Flagler – Mary Lachendro (PH)
Nassau-Mike Godwin (PH)
St. Johns – Tim Connor (EM)

4 Discipline Reps

EM – Jeff Alexander (St. Johns)
EMS – Robert Butler (Duval)
Hospital – Rich Ward (Clay)
PH – Dr. Wells (Duval)

A quorum is fifty percent (50%) of the total voting membership (Executive Board).

May 1, 2017
The Executive Board of the Northeast Florida Healthcare Coalition met on Wednesday, June 21, 2017, at 1:30 p.m. 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 (via phone)
Clay County – Leigh Wilsey, Chair
Duval County – Richard Ward (via phone)
Flagler County - Mary Lachendro
Nassau County- Michael Godwin
St. Johns County – Tim Connor
Emergency Management – Jeff Alexander, Vice Chair
EMS – Robert Butler
Hospitals – Rich Ward

Absent:
Public Health – Dr. Kelly Wells

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

**Introductions**
The Chair called for introductions.

**Approval of Minutes**
The minutes from the May 10, 2017 meeting were made available online and provided at the start of the meeting.

_The Chair called for a motion for approval of the May 10, 2017 meeting minutes. Michael Godwin moved approval; Jeff Alexander seconded. Motion carried._

**BUDGET UPDATE**

**Budget Report**
Rich Ward, Treasurer, presented the finance report through the month of May 2017. A majority of the funding spent in the last month is from the Administrative portion of the budget. Money spent in Operations is travel related expenses from the recent conferences attended by HCC Members.
Northeast Florida Healthcare Coalition


Expenditure Requests
There are no expenditure requests at this time.

Management and Administration Update

Ms. Payne provided an update on the Coalition funded projects:

- Of the nine Coalition funded projects, many have been closed out and most are nearly complete. Both St. Vincent’s projects have been completed and paid, Nassau DOH’s two projects are completed, invoiced and paid, and St. Johns DOH is ongoing, as they have submitted a few amendments regarding their purchases. The First Coast Disaster Council has ordered all of the equipment from Grainger, with a majority of it having been delivered. Invoices will be paid for this project in June.
- A contract was signed with UF Health.

Ms. Payne informed the Board that a renewal contract for the 2017-18 Fiscal year has been signed by NEFRC. The amount of funding is the same as the previous fiscal year, however a new scope of work has not been provided. It is anticipated that more information will be provided on the upcoming State HCC Taskforce call on 6/22.

The intent to award the contract to the Regional Council for HCC Area C was released by FDOH on June 15. Further information on contract funding and date of contract has not been provided. There was brief discussion among the Board Members on the concept and structure of the HCC Alliance and how each Coalition would operate under this new system.

**BUSINESS**

*Election of Officers*
Nominations were received for two officer positions: Chair – Rich Ward and Vice Chair – Jeff Alexander. There were no nominations received for the Secretary/Treasurer position. There was discussion regarding the vacancy and Ms. Payne referenced the Bylaws, which allow for the position’s duties to be distributed to other officers or the Coordinator can be designated as the Secretary/Treasurer.

_A motion was made by Tim Connor to elect the slate of officers, Mike Godwin seconded. Motion carried._

In reference to the vacant position of Secretary/Treasurer, _a motion was made by Jeff Alexander to keep the nomination period open for Secretary/Treasurer and elect the position at the July 19 Board Meeting. Tim Connor seconded. Motion carried._

Approval of General Membership Requests
There is one membership request this month – Westminster Woods at Julington Creek. Ms. Marilyn Cameron was present from the facility and provided an overview of the facility and its
services to the Board. A motion was made by Tim Connor to approve the membership request, Rich Ward seconded. Motion carried.

Hurricane Matthew Project Workplan

Ms. Payne provided an update from the marketing firm, the Bayshore Group. She handed out a draft of the tri-fold informational brochure. Comments should be provided to Ms. Payne over the next 10 days. Additionally, Ms. Payne explained how the Bayshore is handling outreach and discussed the new membership form that was created and sent out to the email distribution group. As of the meeting, 24 people had completed the form. This is an effort to organize and classify members. It has been a successful effort to date and should increase the visibility of the Coalition across the region.

Ms. Payne gave an update on the August 23 Training Summit. The agenda and registration link was sent out at the beginning of June. Currently there are 65 people registered. Ms. Wilsey indicated that there is the option of attending the lunch session only, to hear Ms. Sheri Fink speak. This was encouraged for hospital executives. Ms. Payne will bring this up at the next First Coast Disaster Council meeting.

Applying for CEU’s is ongoing. Ms. Payne is gathering all the needed paperwork for the CEU’s submitted through FDOH, which are mainly clinical. Additionally, CEU’s are being investigated for the American College of Healthcare Executives. Ms. Payne is working with Wes Marsh on this.

Risk Assessments, Project Process Updates

For the upcoming fiscal year, the Coalition will be working on several updates to existing Coalition documents. A risk assessment is required to be completed in the upcoming fiscal year and the PHRAT is a required piece to this. The PHRAT was used previously but then complied for the HCC region. This year the Coalition is looking to simply compile all of the discipline specific risk assessments completed and reference them. There does not need to be an aggregated risk assessment specific to the Coalition when all of these other documents exist.

Additionally, the project process will be modified based on all of the lessons learned from the first year of implementation this year. Projects will be able to be submitted anytime; there will be no open ‘window’ or deadline to submit. This will allow for a project list to be built so if special funding becomes available, projects can immediate be prioritized, funded and implement. Other changes will be made the application itself and a scoring matrix will be developed. Updates will be provided at future meetings on this topic.

OTHER TOPICS

Board Member Reports

Ms. Wilsey provided information on a training class, sponsored by the NEFLHCC and hosted by Clay County – Medical Management of CBRNE Events (PER- 211). The class will be held January 23 and 24, 2018. This is a TEEX class and is free to attend. The registration link has been sent out.
State Task Force Update
Ms. Wilsey provided an update on FlHealthStat and encouraged all facilities to ensure they are signed up with the new system, as it goes live July 1.

Also discussed was one of the deliverables in the new HCC contracts – the Med Surge Tool. The discussion included the basic information regarding this no or low notice drill that must assemble a hospital’s Incident Command Team to work through a scenario regarding evacuating a portion of their patients, including finding beds for them at other facilities. Hospital reps present at the meeting expressed their concern over this. Ms. Wilsey informed everyone that FDOH will be holding a workshop to address the Med Surge Tool and encouraged a Hospital rep to attend to ask questions and better understand the process. Additional information will be presented to the Coalition as well as the First Coast Disaster Council on this topic.

With no additional business, the meeting adjourned at 2:40.
## ADMINISTRATION

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Budget</th>
<th>June 2017</th>
<th>Project To Date</th>
<th>% of Budget Spent</th>
<th>Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Contract</td>
<td>$60,000.00</td>
<td>$4,902.50</td>
<td>$51,482.79</td>
<td>86%</td>
<td>$8,517.21</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$60,000.00</strong></td>
<td><strong>$4,902.50</strong></td>
<td><strong>$51,482.79</strong></td>
<td><strong>86%</strong></td>
<td><strong>$8,517.21</strong></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing Cost</td>
<td>$57,733.00</td>
<td>$4,845.11</td>
<td>$50,385.65</td>
<td>87%</td>
<td>$7,347.35</td>
</tr>
<tr>
<td>Conference Calls</td>
<td>$-</td>
<td>$22.80</td>
<td>$31.59</td>
<td>0%</td>
<td>$(31.59)</td>
</tr>
<tr>
<td>Postage</td>
<td>$50.00</td>
<td>$34.59</td>
<td>$56.66</td>
<td>113%</td>
<td>$(6.66)</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$200.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$200.00</td>
</tr>
<tr>
<td>Printing/Copying</td>
<td>$100.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$100.00</td>
</tr>
<tr>
<td>Travel</td>
<td>$1,167.00</td>
<td>$-</td>
<td>$36.39</td>
<td>3%</td>
<td>$1,130.61</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>$750.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$750.00</td>
</tr>
<tr>
<td>Incorporation Filling Fees</td>
<td>$-</td>
<td>$-</td>
<td>$972.50</td>
<td>0%</td>
<td>$(972.50)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$60,000.00</strong></td>
<td><strong>$4,902.50</strong></td>
<td><strong>$51,482.79</strong></td>
<td><strong>86%</strong></td>
<td><strong>$8,517.21</strong></td>
</tr>
</tbody>
</table>

## OPERATIONS

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Budget</th>
<th>June 2017</th>
<th>Project To Date</th>
<th>% of Budget Spent</th>
<th>Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Contract</td>
<td>$40,000.00</td>
<td>$7,223.70</td>
<td>$20,964.82</td>
<td>52%</td>
<td>$19,035.18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$40,000.00</strong></td>
<td><strong>$7,223.70</strong></td>
<td><strong>$20,964.82</strong></td>
<td><strong>52%</strong></td>
<td><strong>$19,035.18</strong></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing Cost</td>
<td>$13,375.00</td>
<td>$496.91</td>
<td>$3,835.70</td>
<td>25%</td>
<td>$9,539.30</td>
</tr>
<tr>
<td>Telephone</td>
<td>$850.00</td>
<td>$24.95</td>
<td>$334.42</td>
<td>35%</td>
<td>$515.58</td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$-</td>
<td>$-</td>
<td>$100.00</td>
<td>0%</td>
<td>$(100.00)</td>
</tr>
<tr>
<td>Software</td>
<td>$-</td>
<td>$-</td>
<td>$231.96</td>
<td>0%</td>
<td>$(231.96)</td>
</tr>
<tr>
<td>Printing/Copying</td>
<td>$5,475.00</td>
<td>$43.33</td>
<td>$473.12</td>
<td>9%</td>
<td>$5,001.88</td>
</tr>
<tr>
<td>D&amp;O Insurance</td>
<td>$300.00</td>
<td>$-</td>
<td>$203.35</td>
<td>68%</td>
<td>$96.65</td>
</tr>
<tr>
<td>Travel</td>
<td>$15,000.00</td>
<td>$3,896.99</td>
<td>$8,536.11</td>
<td>57%</td>
<td>$6,463.89</td>
</tr>
<tr>
<td>Legal</td>
<td>$-</td>
<td>$2,796.50</td>
<td>$2,796.50</td>
<td>0%</td>
<td>$(2,796.50)</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>$-</td>
<td>$2,796.50</td>
<td>$2,796.50</td>
<td>0%</td>
<td>$(2,796.50)</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$5,000.00</td>
<td>$3,170.00</td>
<td>$3,170.00</td>
<td>0%</td>
<td>$1,830.00</td>
</tr>
<tr>
<td>Technology Services</td>
<td>$-</td>
<td>$800.00</td>
<td>$800.00</td>
<td>0%</td>
<td>$(800.00)</td>
</tr>
<tr>
<td>Website</td>
<td>$-</td>
<td>$4.00</td>
<td>$263.88</td>
<td>0%</td>
<td>$(263.88)</td>
</tr>
<tr>
<td>Cell Phone</td>
<td>$-</td>
<td>$101.90</td>
<td>$101.90</td>
<td>0%</td>
<td>$(101.90)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$40,000.00</strong></td>
<td><strong>$7,223.70</strong></td>
<td><strong>$20,964.82</strong></td>
<td><strong>52%</strong></td>
<td><strong>$19,035.18</strong></td>
</tr>
</tbody>
</table>

## DELIVERABLES

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Budget</th>
<th>June 2017</th>
<th>Project To Date</th>
<th>% of Budget Spent</th>
<th>Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Contract</td>
<td>$50,000.00</td>
<td>$1,707.10</td>
<td>$31,997.81</td>
<td>64%</td>
<td>$18,002.19</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$50,000.00</strong></td>
<td><strong>$1,707.10</strong></td>
<td><strong>$31,997.81</strong></td>
<td><strong>64%</strong></td>
<td><strong>$18,002.19</strong></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staffing Cost</td>
<td>$33,364.00</td>
<td>$107.10</td>
<td>$23,680.95</td>
<td>71%</td>
<td>$9,683.05</td>
</tr>
<tr>
<td>Postage</td>
<td>$36.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$36.00</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>$-</td>
<td>$-</td>
<td>$106.84</td>
<td>0%</td>
<td>$(106.84)</td>
</tr>
<tr>
<td>Printing</td>
<td>$300.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$300.00</td>
</tr>
<tr>
<td>Meeting Expenses</td>
<td>$500.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$500.00</td>
</tr>
<tr>
<td>Exercise Expenses</td>
<td>$1,200.00</td>
<td>$-</td>
<td>$-</td>
<td>0%</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Contractual Services</td>
<td>$14,600.00</td>
<td>$1,600.00</td>
<td>$8,210.02</td>
<td>56%</td>
<td>$6,389.98</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$50,000.00</strong></td>
<td><strong>$1,707.10</strong></td>
<td><strong>$31,997.81</strong></td>
<td><strong>64%</strong></td>
<td><strong>$18,002.19</strong></td>
</tr>
</tbody>
</table>

## PROJECTS

<table>
<thead>
<tr>
<th>Revenues</th>
<th>Budget</th>
<th>June 2017</th>
<th>Project To Date</th>
<th>% of Budget Spent</th>
<th>Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Contract</td>
<td>$196,490.16</td>
<td>$46,942.94</td>
<td>$78,428.07</td>
<td>40%</td>
<td>$118,062.09</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$196,490.16</strong></td>
<td><strong>$46,942.94</strong></td>
<td><strong>$78,428.07</strong></td>
<td><strong>40%</strong></td>
<td><strong>$118,062.09</strong></td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contractual Services</td>
<td>$196,490.16</td>
<td>$46,942.94</td>
<td>$78,428.07</td>
<td>40%</td>
<td>$118,062.09</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$196,490.16</strong></td>
<td><strong>$46,942.94</strong></td>
<td><strong>$78,428.07</strong></td>
<td><strong>40%</strong></td>
<td><strong>$118,062.09</strong></td>
</tr>
</tbody>
</table>
MEMORANDUM OF AGREEMENT
BETWEEN
NORTHEAST FLORIDA REGIONA 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 sustainment funds for the completion of the Tasks in Attachment 1 and administrative duties. 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 - $60,000
   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. - $40,000
   iii. Coalition Projects, such as the Healthcare Community Risk and Resource
       Capability Assessment, exercises, and other non-administrative items from
       Attachment 1 - $50,000
   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, estimated at
       $88,507
   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, 2017 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

[Signature]
Leigh H. Wilsey, Chair
7/28/2016
Date

FOR THE NORTHEAST FLORIDA REGIONAL COUNCIL

[Signature]
Brian D. Teeple, CEO
7/29/10
Date
SECTION 1.0 – BYLAWS

1.1 ADDRESS

The mailing address of the Region 3 Healthcare Coalition Alliance, hereafter referred to as “the Alliance”, is:

Region 3 Healthcare Coalition Alliance
Northeast Florida Regional Council
100 Festival Park Avenue
Jacksonville, Florida 32202

1.2 GEOGRAPHIC AREA

The Alliance is made up of three existing Healthcare Coalitions:

- Northeast Florida Healthcare Coalition (NEFLHCC) serving Baker, Clay, Duval, Flagler, Nassau and St. Johns Counties;
- North Central Florida Health Care Coalition (NCFHCC) serving Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union Counties and
- Coalition for Health and Medical Preparedness (CHAMP) serving Marion County.

1.3 BOARD STRUCTURE

1.3.1 Composition

The Board of the Alliance will be made up of the three members of each Coalition, each with voting privileges. The Chair and Vice Chair of each Coalition are on the Board of the Alliance. The third member from each Coalition is a Member at Large, who shall be selected by each Coalition. The Alliance strives
to maintain a diverse Board, with representation from all disciplines the Coalition’s represent.

The Chair of the Alliance Board is the Regional Domestic Security Task Force (RDSTF) Regional Health and Medical Co-chair. The Chair is a non-voting member.

1.3.2 Officers of the Board

The officers of the Board, with the exception of the fixed, non-voting Chair, will rotate each year according to the schedule:

**2017/2018**

1<sup>st</sup> Vice Chairman – Chair of CHAMP
2<sup>nd</sup> Vice Chairman – Chair of NEFLHCC Executive Board
Secretary/Treasurer – Chair of NCFLHCC Board of Directors

**2018/2019 and Thereafter**

Each year the rotation of officers shall be the 1<sup>st</sup> Vice Chairman becoming Secretary/Treasurer, the 2<sup>nd</sup> Vice Chair becoming the 1<sup>st</sup> Vice Chair and the Secretary/Treasurer becoming the 2<sup>nd</sup> Vice Chair.

1.3.3 Duties of the Officers of the Board (“Leadership”)

The officers of the Board shall consist of a Chair, a Vice-Chair and a Secretary/Treasurer.

**Chair**

The Chair shall be the presiding officer of the Board and may from time to time delegate all or any part of his/her duties to the Vice-Chairs. The Chair shall preside at all meetings of the Board and shall perform all the duties of the office as provided by the Charter or these bylaws. The Chair may call a meeting of the Board at any time.

**Vice-Chairs**

The Vice-Chairs may execute the same duties as the Chair in the latter’s absence.
Secretary/Treasurer

1. The Secretary/Treasurer shall attend all meetings of the Board: recording all votes and the minutes of all proceedings. These will be disseminated to all members within seven (7) business days of the meeting and remain available for review at any time requested.

2. This position may be delegated to available Board members within the region and may be the Alliance Coordinator, who is a non-voting member of the Board.

In the absence of any officer of the Board, or for any other reasons that the Board may deem sufficient, the Board may delegate the powers or duties of such officer to any other officer, provided a majority of the members of the Board concur. If an officer resigns or is unable to serve, the Board will elect a replacement.

1.3.4 Terms of Office

Terms of Office start at the beginning of the fiscal year (July 1) and the term is for one year.

1.3.5 Alternates

Each member shall appoint a permanent alternate for the year. The Chair position’s permanent alternate is the Co-Chair of the RDSTF Health and Medical Committee.

1.3.6 General Powers

The Board shall administer the affairs of the Alliance in accordance with the contract and guidance as provided by the Florida Department of Health and overall governance of the U.S. Department of Health and Human Services, Assistant Secretary of Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements.

1.4 MEETINGS

Alliance Board meetings will be held at least three times a year, on a schedule determined by the Board.
1.4.1 Schedule of Meetings

1. One of the meetings to be held each year is to allocate funding received for the fiscal year (July 1- June 30).

2. A quorum is five members of the total voting membership.

3. All Board members will be required to respond via email five (5) days prior to any Board meeting to assure a quorum will be present at the designated time/place and prevent unnecessary travel costs and loss of valuable time of the other committee members.

4. The Board will coordinate the schedule of meetings.

5. Board members (or their alternate) will attend at least fifty percent (50%) of all meetings.

6. The most current Roberts Rules of Order will govern meetings, where not inconsistent with these bylaws.

10. The meeting agenda will be developed and distributed by the Alliance Coordinator or Secretary/Treasurer at least five (5) business days prior to each meeting. Any member (voting or non-voting) may request items be added to meeting agendas. Minutes of all meetings shall be prepared and distributed to the Board Members.

1.5 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) allocates funding to the 18 counties in Geographic Area ‘C’. Based on the funding received to the Geographic Area C each year, the Alliance Board will determine the share of funding that each of the three coalitions received.

1.6 ALLIANCE COORDINATOR

The Alliance Coordinator shall be the project manager of the recipient contract with the Florida Department of Health for Geographic Area C.
1.7 AMENDMENTS TO BYLAWS AND GOVERNANCE STRUCTURE

Proposed amendments to the bylaws and/or governance structure must be disseminated to all Board members at least 14 days prior to the face-to-face meeting at which they will be voted on.

Votes to consider the amendment will be made by the Board members at the meeting at least fourteen (14) days following the proposal. This ensures that all members have an opportunity to read and comment on proposed changes. At the Board meeting, a motion and second must be made to initiate committee discussion. Following discussion, a voice vote of at least two-thirds (2/3) of the Board membership will approve the amendment. The Board will determine whether the approved amendment will be implemented immediately, or at a date determined by the Board. If a proposed amendment fails to pass, the Board may make a determination whether the amendment may be revised, resubmitted or no additional action will be taken related to the amendment.

These bylaws will be reviewed annually by the Leadership and the Board to incorporate any changes in federal or state guidance covering Healthcare Coalition activities.
SECTION 2.0 ALLIANCE POLICIES

1.8 Conflict Resolution Policy

It is the policy of the Region 3 Healthcare Coalition Alliance to work cooperatively to address public health preparedness through the implementation of a community-wide strategy that is fair and beneficial to the 18 counties within the Alliance.

Collaboration is vital to the success of the Alliance, its member Coalitions and their goals. This conflict resolution policy is intended to constructively address differences of opinion and aid the Alliance in reaching fair, effective conclusions to conflict situations. It is intended the group use conflict resolution strategies before using the procedures outlined in this section.

A difference of opinion that arises between two or more parties involved with Alliance that halts the progress and/or goodwill within the organization will be subject to the Conflict Resolution Policy outlined below.

1.8.1 Notification

In the case that a conflict arises between two parties, the conflict shall be documented in writing and submitted to the Board. The Board will acknowledge and document all such written conflicts.

1.8.2 Negotiation/Compromise

Within seven days of a conflict notification, the chair of the Board shall work with the parties to see if the conflict can be resolved through negotiation or compromise. This meeting will not take place during a scheduled or unscheduled meeting of the Board and will be at a neutral location. A volunteer may serve to facilitate the meeting to assist with this process and serve as a neutral party. The meeting should occur between the parties in a quiet, comfortable atmosphere, and all parties involved in the conflict should be present. The facilitator should help ensure that the resolution is realistic and specific and that both parties contribute to the compromise effort. Parties should work to find a solution as a team and not as opponents. Every effort should be made to secure a win-win solution to the conflict without having to progress to the formal mediation stage.
If the parties involved in a dispute, question, or disagreement are unable to reach a mutually satisfactory compromise. They will adhere to the following mediation steps to reach a resolution.

1.8.3 Mediation

If a resolution is not met at the negotiation/compromise level, either party involved in the conflict may choose to pursue the matter to the next level. A “Letter of Disagreement” must be submitted to the Board requesting further action within seven days. The letter should contain the nature of the disagreement and the date of the occurrence. The Board will review the Letter of Disagreement and discuss the next options for resolving the conflict. The Board will work with all involved parties to clearly define goals, making sure that all parties are clear with their requests.

A mediator will then be selected by the Board. The mediator shall be a neutral member from another healthcare coalition in the state. Every option will be taken to achieve cooperation and a mutually agreed-upon solution to the conflict.