NORTHEAST FLORIDA HEALTHCARE COALITION

Executive Board Meeting – Wednesday, August 17, 2016

1:30 pm

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 7/20/16 meeting

II. Financial

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

III. Business

- *Changes to Coalition documents (Bylaws & Charter)
    - Project Submission and Scoring Process
    - Membership Letter
- Mission Ready Packages
- Training & Exercise Update
    - ESF 8 Objectives for October Full Scale Exercise

V. Other Topics

- Board Members Outreach Reports
- State Task Force Update

Next Meeting Date: Wednesday, September 28, 2016

Executive Board Meeting
July 20, 2016
Meeting Notes

The Executive Board of the Northeast Florida Healthcare Coalition met on Wednesday, July 20, 2016, at 1:30 p.m. at the St. Johns County Emergency Operations Center in 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 – Sarah Winn
Nassau County- Michael Godwin
St. Johns County – Tim Connor
Emergency Management – Jeff Alexander, Vice Chair
EMS – David Motes
Public Health – Dr. Seidel (via phone)

Absent:
Flagler County
Hospitals – Rich Ward

For others in attendance, please see attached sign in sheet. Introductions were made as there were new people at the meeting.

Approval of Minutes

The minutes from the June 15, 2016 meeting were distributed via email and provided at the start of the meeting.

The Chair called for a motion for approval of the June 15, 2016 meeting minutes. Jeff Alexander moved approval; seconded by Dan Mann. Motion carried.

BUDGET UPDATE

Budget Report

Beth Payne (in the absence of Rich Ward, Treasurer) presented the finance report for the month of June. This essentially represents a close out of the 2015-16 fiscal year. All budget categories are seeing modest spending, as the deliverables were finalized. Ms. Wilsey provided a bit of an overview to those new in the room on how the Regional Council acts as the fiscal/administrative agent for the Coalition.

With no questions, Ronnie Nessler *moved for acceptance of the June 2016 budget report, Jeff Alexander seconded. Motion carried.*

Budget Allocations

Jeff Alexander reviewed the proposed budget allocations for the 2016-17 Fiscal Year that was drafted by the Executive Officers of the Board, as instructed by the full Board at the June meeting. The total funding for 2016-17 is $238,500. The money was allocated across four categories: Administrative, Operations, Deliverables and Projects.

Category	*Funding*
Administrative	$60,000
Operations	$40,000
Deliverables	$50,000
Projects	$88,500

Money that has been carried over for the last two years that remains in the budget needs to be spent out. It is estimated that the funding remaining is about $110,000 (this may fluctuate based on the final close out for the year). This money will be used to fund projects, bringing the total in project funding to an estimated $198,500.

Additionally, the draft Memorandum of Agreement with the Northeast Florida Regional Council was also reviewed. The only changes made were to update the funding amounts in each of the categories and to extend the date to December of 2017. There was discussion on the 2% administration fee as mentioned in the MOA and it was indicated that the 2% was of the full Project funding level of $198,500.

With no further discussion, *Jeff Alexander moved for approval of the 2016-17 budget allocations as presented and for the updated Memorandum of Agreement with the Northeast Florida Regional Council. Dan Mann seconded. Motion carried.*

Expenditure Requests

Staff provided follow up on the costs associated with seeking 501C3 status. There are an estimated $1000 in filing fees with the IRS and an estimated 10-20 hours of staff time to complete the required paperwork. Also needed to move forward is for the Board to adopt an amended set of Articles of Incorporation, which includes standard, required language from the IRS for 501C3 entities. Ms. Payne provided a copy of these updated Articles of Incorporation to the Board, with the changes highlighted.

A motion was made, by Dan Mann, to approve up to $5000 of expenses for the 501C3 process and to approve the Articles of Incorporation, as amended. Jeff Alexander seconded the motion. Motion carried.

Management and Administration Update

Ms. Payne provided a brief update. There is an executed contract in place for the 2016-17 fiscal years, signed by both NEFRC and FDOH prior to July 1, 2016. The first deliverable of a draft

work plan (Exhibit 4) was due on Monday, July 18. Staff submitted the deliverable and it was approved.

BUSINESS

Changes to Coalition Documents

Jeff Alexander provided information on the intent to amend the bylaws to reflect the new project process once adopted and strike references to the current project process. However, the bylaws require that all proposed amendments to the coalition bylaws or governance documents be disseminated to all Executive Board members at least 14 days prior to the face to face meeting at which they will be voted on. This deadline was missed.

In the interim, it was proposed that the portions of the bylaws that specifically reference the project process should be 'suspended'. Once the new project process is finalized, the bylaws can be more specifically updated.

A motion was made by Jeff Alexander to suspend the portions of the Northeast Florida Healthcare Coalition's bylaws that cover the project process. Tim Connor seconded. All Board Members voted in favor of the motion. Motion carries.

Project Process

A draft of the project process was emailed to the Executive Board early in the week for review and comments prior to the meeting. Ms. Payne briefly reviewed the approach, explaining what information is required by the Department of Health and what portions have been added by the Coalition. There was discussion on a points based approach verses what was presented, which provided guidelines and considerations only.
After much discussion on approach, the Board decided that a committee was needed to prioritize the project initially and bring forward to the full Executive Board. There was discussion on the makeup of the committee and it was decided that regional partners would make for an appropriate committee, as they have an understanding of all of the counties in the Coalition's six county region. It was determined that the committee would include the Region 3 FDEM Coordinator, the Regional Emergency Response Advisor from FDOH, the Regional Special Needs Coordinator, a representative from the Northeast Florida Health Planning Council and the Coalition Coordinator.

A motion was made by Sarah Winn to "Establish a Board appointed committee, made up of Regional representatives (FDEM Region 3 Coordinator, Region 3 RERA, Regional Special Needs Coordinator, a representative from the Northeast Florida Health Planning Council) and the NEFLHCC Coordinator, to make recommendations on project prioritization. The Board can add regional representatives as identified." Ronnie Nessler seconded. Motion carried.

A motion was made by Dan Mann for the establish committee to be called the "Project Review Committee". Sarah Winn seconded. Motion carried.

The Board then reviewed each document of the Project Process separately, starting with the Project Submission Form. The following changes were made to the Submission Form:

- Item 3 – provide clarity to the type of documentation that will accepted – After Action Report, Comprehensive Emergency Management Plan, Risk Assessment, Training and Exercise Plan.
- Item 11 – include a line item in the budget description that asks if the requesting member will be providing any money towards the project (a match of any sort).
- Item 13 – provide clarity on the definition of completed. Does it mean a complete closeout of the project, that the money has been spent, etc.? Ms. Payne to check with the Council's CFO on this.
- Item 14 – Add "Please provide a letter of support".

A motion was made by Dan Mann to approve the changes made to the Project Submission Form. Sarah Winn seconded. Motion carried.

Next, the Board reviewed the Project Guidelines and Eligibility document. Changes were made to the following portions:

- Requesting agency/entity must be a current member or request membership to the Northeast Florida Healthcare Coalition as part of the project submission process (Membership Request Letter is included in the Project Submission Packet).
- Decisions made on funding requests are at the sole discretion of the Northeast Florida Healthcare Coalition Executive Board.
- The Northeast Florida Healthcare Coalition Executive Board reserves the right to partially fund a request.
- Coalition will announce call for project submissions, which will include submission period and project submission deadlines.
- Coalition ~~agency~~ members will complete Project Submission form as provided. ~~by the Coalition.~~
- Requests will be submitted to the fiscal agent (Beth Payne) for initial review for completeness, then provided to the Project Funding Committee. The projects will then be prioritized.
- A formal letter of acceptance or denial will be sent to the requesting ~~agency~~ member within 15 business days of decision. ~~Denials should include an explanation and include those requests not considered by the Executive Committee.~~

A motion was made by Jeff Alexander to approve the changes made to the Project Guidelines and Eligibility document. David Motes seconded. Motion carried.

Draft Work Plan

Ms. Payne provided a handout which outlines the deliverables as required by the 2016-17 Scope of Work in the contract. She pointed out that this year it is only one page long, with fewer than ten deliverables. In previous years, the work plan was multiple pages and consisted of dozens of deliverables.

Training & Exercise Update

Ms. Payne provided an update of the exercise planning for the joint First Coast Disaster Council/NEFLHCC exercise in October. It is a desire to have ESF 8 participate in the exercise for coordination and communication to the hospitals. There is an option of having all ESF 8 participants meet in a central location during the exercise instead of being in EOCs across the region. Ms. Payne will send out an email to each County's ESF 8 representative to gauge their interest. Chair Wilsey indicated that this would be a great learning experience for all ESF 8 representatives and encourage their participation.

OTHER TOPICS

Board Member Reports

There were no Board Member reports at this time.

State Task Force Update

Chair Wilsey indicated that the face to face task force meeting will be held in September in Brevard County. This taskforce meeting conflicts with the Executive Board meeting scheduled for September 21. The Board chose to move the September Board meeting to Wednesday, September 28.

The next meeting of the NEFLHCC Board will be held on Wednesday, August 17, 2016. With no further business, the meeting was adjourned at 3:30 pm.

Northeast Florida Health Care Coalition Combined Fiscal Year 14/15 and Fiscal Year 15/16
Financial Report
As of July 2016

ADMINISTRATION	Budget	July 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 75,000.00	$ 3,697.92	$ 61,129.97	82%	$ 13,870.03
Revenues	$ 75,000.00	$ 3,697.92	$ 61,129.97	82%	$ 13,870.03
Expenses					
Staffing Cost	$ 71,888.00	$ 3,697.46	$ 59,513.77	83%	$ 12,374.23
Conference Calls	$ -	$ -	$ 55.37	0%	$ (55.37)
Postage	$ 20.00	$ 0.46	$ 26.00	130%	$ (6.00)
Office Supplies	$ 282.00	$ -	$ -	0%	$ 282.00
Printing/Copying	$ 310.00	$ -	$ 4.91	2%	$ 305.09
Travel	$ 2,500.00	$ -	$ 1,127.11	45%	$ 1,372.89
Cell Phone	$ -	$ -	$ 54.06	0%	$ (54.06)
Consultant/Professional Services	$ -	$ -	$ 200.00		$ (200.00)
Incorporation Filling Fees	$ -	$ -	$ 148.75	0%	$ (148.75)
Expenses	$ 75,000.00	$ 3,697.92	$ 61,129.97	82%	$ 13,870.03

OPERATIONS	Budget	July 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 50,000.00	$ 585.25	$ 17,557.30	35%	$ 32,442.70
Revenues	$ 50,000.00	$ 585.25	$ 17,557.30	35%	$ 32,442.70
Expenses					
Staffing Cost	$ 25,595.00	$ 526.31	$ 8,981.96	35%	$ 16,613.04
Telephone/Cell Phone	$ 500.00	$ 24.95	$ 712.59	143%	$ (212.59)
Conference Calls	$ -	$ 5.74	$ 5.74	0%	$ (5.74)
Membership Dues	$ -	$ -	$ 100.00	0%	$ (100.00)
Printing/Copying	$ 2,005.00	$ -	$ 103.86	5%	$ 1,901.14
D&O Insurance	$ 700.00	$ -	$ 397.34	57%	$ 302.66
Travel	$ 18,000.00	$ 26.25	$ 4,574.68	25%	$ 13,425.32
Registration Fees	$ 1,500.00	$ -	$ 2,030.00	0%	$ (530.00)
Website	$ -	$ 2.00	$ 38.00	0%	$ (38.00)
Meeting Expenses	$ -	$ -	$ 613.13	0%	$ (613.13)
Miscellaneous	$ 1,700.00	$ -	$ -	0%	$ 1,700.00
Expenses	$ 50,000.00	$ 585.25	$ 17,557.30	35%	$ 32,442.70

DELIVERABLES	Budget	July 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 120,000.00	$ 2,197.82	$ 90,201.94	75%	$ 29,798.06
Revenues	$ 120,000.00	$ 2,197.82	$ 90,201.94	75%	$ 29,798.06
Expenses					
Staffing Cost	$ 58,209.00	$ 2,197.82	$ 77,902.92	134%	$ (19,693.92)
Conference Calls	$ -	$ -	$ 9.03	0%	$ (9.03)
Postage	$ 91.00	$ -	$ -	0%	$ 91.00
Printing	$ 300.00	$ -	$ 292.70	98%	$ 7.30
Travel	$ 450.00	$ -	$ 233.00	52%	$ 217.00
Meeting Expenses	$ 2,250.00	$ -	$ 955.02	42%	$ 1,294.98
Exercise Expenses	$ 1,200.00	$ -	$ 54.27	5%	$ 1,145.73
Training Expenses	$ 2,500.00	$ -	$ -	0%	$ 2,500.00
Contractual Services	$ 55,000.00	$ -	$ 10,755.00	20%	$ 44,245.00
Expenses	$ 120,000.00	$ 2,197.82	$ 90,201.94	75%	$ 29,798.06

EBOLA FUNDING	Budget	July 2016	Project To Date	% of Budget Spent	Funds Available
Revenues					
State Contract	$ 82,500.00	$ -	$ 45,197.63	55%	$ 37,302.37
Revenues	$ 82,500.00	$ -	$ 45,197.63	55%	$ 37,302.37
Expenses					
Staffing Cost	$ 35,755.00	$ -	$ 20,907.92	58%	$ 14,847.08
Conference Calls	$ 95.00	$ -	$ 14.38	0%	$ 80.62
Printing	$ -	$ -	$ 26.88	0%	$ (26.88)
Travel	$ -	$ -	$ 28.48	0%	$ (28.48)
Meeting Expenses	$ -	$ -	$ 147.00	0%	$ (147.00)
Exercise Expenses	$ 20,000.00	$ -	$ 7,742.97	39%	$ 12,257.03
Contractual Services	$ 25,000.00	$ -	$ 16,330.00	65%	$ 8,670.00
Administrative Fee	$ 1,650.00	$ -	$ -	0%	$ 1,650.00
Expenses	$ 82,500.00	$ -	$ 45,197.63	55%	$ 37,302.37

NORTHEAST FLORIDA HEALTHCARE COALITION ORGANIZATIONAL CHARTER

(FINAL - Version 3.1)

SECTION I.0 – HEALTHCARE COALITION OVERVIEW

1.1 Background

In past years, many health and medical agencies and organizations in Northeast Florida jurisdictions have voluntarily communicated and coordinated activities related to disaster preparedness, response and recovery to enhance the healthcare system and services to their citizens. Many of these coordination efforts have been informal; however, in some cases regional coordinating entities have been intentionally organized and structured to focus on building capacity of specific segments of the healthcare system. In addition, by State Statutes Florida is structured in seven Domestic Security Task Force regions to coordinate preparedness, response and recovery activities with multiple jurisdictions and disciplines. These joint efforts are already building regional capabilities for the health and medical system in Northeast Florida by providing a means of bringing partners together.

- Regional Domestic Security Task Force 3 (RDSTF 3) was established by Chapter 943.0312, Florida Statutes (2002) and covers thirteen counties in northeast Florida. The seven Regional Domestic Security Task Forces in Florida serve as multi-jurisdiction, multi-discipline entities with the authority to coordinate preparedness, response, and recovery activities among counties within each Task Force region. The RDSTF 3 Health and Medical Sub-Committee includes all 13 counties of Northeast Florida and has a designated Chair and Co-Chair. In addition, the RDSTF structure serves as the organizational structure that reviews and prioritizes the allocation of federal State Homeland Security Grant Program funding with the State Administrative Agency. All member counties in the Northeast Florida Healthcare Coalition are located within RDSTF 3.

Recognizing the opportunity to continue building on the already-established relationships with RDSTF 3 and other coordinating entities, and to expand the healthcare system network, the new Healthcare Coalition approach endeavors to involve ALL health and medical system partners in the six-county northeast region of the state in the disaster preparedness process while sustaining capabilities developed within individual hospital, healthcare, medical, and public health agencies and organizations.

1.2 Coalition Funding

Funding for Healthcare Coalition development and sustainment is provided by the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR), Healthcare Preparedness Program (HPP) Cooperative Agreement and/or the Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement.

Current funding through 2017 is focused on the development and sustainment of Healthcare Coalitions through:

- **Improving infrastructure** – helping community-based healthcare providers prepare for disasters with public health impact.

- **Capability-based planning** – funding supports the National Health Security Strategy and follows a capabilities-based approach, building upon the strong preparedness foundation already in place at the local level. ASPR has identified the following eight capabilities[1] as the basis for HCC preparedness:

    - Healthcare System Preparedness
    - Healthcare System Recovery
    - Emergency Operations Coordination
    - Fatality Management
    - Information Sharing
    - Medical Surge
    - Responder Safety and Health
    - Volunteer Management

- **Community Risk Assessment** – A central component of implementing a capability-based approach to preparedness and response includes jurisdictional risk assessments that identify potential hazards, vulnerability, and risks within the community that relate to the public health, medical, and mental/behavioral systems inclusive of at-risk individuals.

- **Leveraging resources** – Healthcare Coalition partners enhance a community's response capability through shared planning, organizing, equipping, training, exercising and evaluating activities related to disaster operations.

- **Staged approach** – Healthcare Coalitions function at the community level based on existing partnerships in place and their relationship to their regional domestic security structure. In the end, Healthcare Coalitions should be able

[1] *Healthcare System Preparedness*, National Guidance for Healthcare System Preparedness, January 2012; Office of the Assistant Secretary for Preparedness and Response, Hospital Preparedness Program.

to effectively and efficiently demonstrate multi-jurisdictional and multi-agency coordination during response through capacity-building from exercises and real-life incidents.

1.3 Definition of a Health Care Coalition (HCC)

A Healthcare Coalition is a collaborative network of healthcare organizations and their respective public and private sector response partners. Together, they serve as a multi-jurisdiction and multi-discipline coordination group to assist Emergency Management, through Emergency Support Function (ESF) 8, with preparedness, response, and recovery objectives and activities related to health and medical disaster operations.

Healthcare Coalition objectives are aimed at:

- Building a better community-based, disaster healthcare system;
- Strengthening the local healthcare system by fully integrating disaster preparedness into the daily delivery of care;
- Capitalizing on the links between private healthcare providers and public agencies and groups; and,
- Using an evidence informed approach to improving health and medical preparedness and response

These objectives can be achieved by planning and organizing local healthcare provider involvement in emergency preparedness activities.

SECTION 2.0: CHARTER

2.1 Purpose of this Charter

This Charter is a statement of the scope, objectives and participants in the Northeast Florida Healthcare Coalition (NEFLHCC). It outlines the mission of the NEFLHCC, identifies the stakeholders, provides a preliminary delineation of roles and responsibilities, and defines the authority of the NEFLHCC Coordinator. In addition, it serves as a reference of authority for the future of the NEFLHCC.

2.2 Purpose of the Coalition

The purpose of the Northeast Florida Healthcare Coalition, hereafter referred to as "the Coalition", is to bring together a collaborative regional network of healthcare organizations and public and private sector partners which serves as a multi-jurisdiction, multi-discipline public health emergency coordination and support group.

The Coalition augments local operational readiness to meet the health and medical challenges posed by a catastrophic incident or event. This is achieved by engaging and empowering all parts of the healthcare community, and by strengthening the existing relationships to understand and meet the actual health and medical needs of the whole community.

The Coalition is intended as a vehicle to coordinate and maintain current hospital preparedness levels while enhancing disaster preparedness and resiliency in other portions of the healthcare system. These efforts also help improve medical surge capacity and capability, further enhancing a community's health system preparedness for disasters and public health emergencies.

The NEFLHCC is **NOT** designed nor intended to be a disaster response organization. Disaster response activities are managed through existing ESF 8 structures within local jurisdictions as defined in county Comprehensive Emergency Management Plans (CEMP). The NEFLHCC does serve a multi-jurisdictional and multi-agency function to coordinate actions and resources during response, based on the networks built through the Coalition process.

It is also recognized that NEFLHCC activities will serve to enhance and expand local ESF 8 Health and Medical and regional response capabilities and capacities.

2.3 Geographic Area of the NEFLHCC

The region served by the Northeast Florida Healthcare Coalition includes the following counties:

- Baker
- Clay
- Duval
- Flagler
- Nassau
- St. Johns

As a point of clarification, although these counties are all in RDSTF 3, the NEFLHCC does not include all counties within RDSTF 3. For the purpose of healthcare system coordination, the other seven counties in RDSTF 3 participate in either the North Central Florida Health Care Coalition or the Marion County Coalition for Health and Medical Preparedness.

2.4 Vision and Mission Statements

Vision – To further develop and promote the health and medical system disaster preparedness and recovery capability of the area identified in the Charter. This vision includes active involvement from the following health and medical system partners within the Coalition's boundaries:

- Public Health agencies*
- Emergency Management agencies*
- Hospitals*
- Emergency Medical System (EMS) agencies (public and private, including Fire Department-based)*
- Federally Qualified Health Centers and Community Health Centers
- Nursing Homes, Assisted Living Facilities, and Group Homes
- Home healthcare industry
- Dialysis and ambulatory surgical agencies
- Blood banks, stand-alone medical laboratories and poison control agencies
- Medical Examiners and funeral homes
- Mental health/behavioral health providers
- Healthcare associations and professional medical associations
- Pharmacies and pharmacy associations
- Primary care providers and walk-in clinics
- Higher education agencies directly involved in healthcare profession education
- Medical Reserve Corps (MRC) units
- Volunteer organizations with a health and medical mission (Red Cross or similar)
- Community organizations with a health and medical mission
- Faith-based or non-profit organizations
- Private organizations with a health and medical system role

- Community organizations serving health and medical needs of vulnerable populations

**Participants in the initial organizational development phase.*

Mission – To coordinate and improve the delivery of healthcare services during and after large scale emergency events or disasters by:

- Engaging all sectors of the health and medical system;
- Promoting effective communication and coordination between local, regional, and state entities;
- Ensuring disaster readiness through the coordination of planning, training and exercises; and
- Promoting disaster preparedness through standardized practices and integration with all partners.

2.5 Goal of the NEFLHCC

The goal of the Coalition is to promote and enhance the emergency preparedness and response capabilities of the healthcare systems in member Counties and the region in general through:

- Building relationships and partnerships
- Facilitating communication, information, and resource sharing
- Promoting situational awareness among NEFLHCC members
- Coordinating training, drills, and exercises
- Strengthening medical surge capacity and capabilities
- Assisting emergency management and ESF 8 partners
- Maximizing movement and efficient utilization of existing resources

2.6 NEFLHCC Membership

2.6.1 General Members - Any entity or individual that agrees to work collaboratively for healthcare preparedness and emergency response activities may request general membership in the NEFLHCC. Organizations meeting the criteria defined in the Vision statement may request membership by submitting a request for membership via the online template provided on the Coalition's website (www.neflhcc.org) ~~email, formal letter or by attending meetings~~. Requests for general membership are approved by general consensus of the Executive Board.

2.6.2 Conditions of General Membership:

- Support the Vision and Mission statements
- Demonstrate willingness to assist and support other Coalition members during response or recovery activities.

- Appoint a representative and alternate to attend and participate in meetings

2.6.3 Voting Members/Executive Board

The voting membership of the Coalition shall be known as the Executive Board. The membership of the Executive Board is defined in the NEFLHCC Bylaws, and includes equitable representation from each of the six member counties and the disciplines designated as voting members by the Executive Board.

2.6.4 Conditions/Responsibilities of Voting Membership:

- Be individuals with decision-making authority
- Attend regularly scheduled meetings
- Keep informed of healthcare system objectives, activities, and funding opportunities
- Participate in establishing priorities for the Coalition
- Educate and inform member organizations on Coalition activities
- Participate in Coalition-sponsored training, exercises, and drills

2.6.5 Coalition Officers ("Leadership")

The Coalition officers are responsible to execute initiatives approved by the Executive Board to include approving financial expenditures. Officers are elected by the Executive Board to serve for a two-year term and may be elected to one consecutive term. Officers may not serve more than two consecutive terms. Officer positions and their responsibilities include:

Chair:
- Facilitate meetings and conduct the business of the Coalition
- Represent the NEFLHCC on state and regional committees, advisory boards and/or working groups
- Collaborate with NEFLHCC Coordinator in conducting the business of the Coalition
- Work with Coalition members to promote collaboration

Vice-Chair:
- Perform the duties of the Chair in her/her absence

Secretary/Treasurer: (may be filled by the NEFLHCC Coordinator if the Executive Board chooses)
- Support or assist with meeting venue arrangements
- Attend all meetings
- Record all votes and the minutes of all proceedings
- Prepare and disseminate meeting agendas as directed by the Chair and/or Coordinator

- Prepare and disseminate minutes within seven (7) business days of the meeting
- Monitor and track all expenditures and funding allocations
- Arrange for approved purchases or expenditures as directed by the Chair and/or Coordinator
- Work with the Coordinator to maintain Coalition documentation
- Prepare correspondence as directed by the Chair

Delegation of Duties of Officers – In the absence of any officer of the Executive Board, or for any other reason that the Executive Board may deem sufficient, the Executive 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 Executive Board will elect a replacement to fill the position until the next regular election.

Election of Officers – The first Election of officers will take place immediately following approval of the Charter. Election of officers shall take place every two years thereafter, or as necessary to fill a vacancy.

2.7 Conducting NEFLHCC Business

A quorum is necessary to conduct the business of the NEFLHCC. A quorum is defined in the NEFLHCC Bylaws.

- Each Executive Board member/group is entitled to one vote.
- Approval of membership applications and issues other than funding and changes to governance documents shall pass by simple majority vote. Applications for General Membership may be approved by consensus of the Executive Board.
- Approval of funding for projects and activities requires a two-thirds (2/3) vote of the Executive Board membership.
- Approval of changes to this Charter or any other organizational document requires a two-thirds (2/3) vote of the Executive Board membership.

The Executive Board may ask for input from the membership on any issue. This option is intended to allow non-voting members to express their support or resistance to any initiative under consideration. All votes (formal or consensus reached) will be recorded in the meeting minutes, to include the outcome of the vote.

The Executive Board will make a provision in the bylaws to define how voting will be resolved in the event of a tie.

2.7.1 Coalition Meetings

Coalition meetings shall be guided by Roberts Rules of Order except as otherwise provided for in the Bylaws. All meetings will operate in the sunshine according to Florida law. All meetings are open to the public.

Meeting Frequency

- Meetings of the membership as a whole will be held at least quarterly on a schedule set by the Leadership.
- Executive Board meetings will be held at least quarterly, on a schedule defined in the bylaws. Quarterly meetings may be accomplished via conference calls; however, at least two face-to-face meetings must be held in a calendar year.
- Email notice shall be sent to all general and voting members at least 15 business days prior to the meeting.

Meeting Attendance

Executive Board members are required to attend at least 50% of the meetings each year. Executive Board members can appoint a proxy to serve in their absence at a meeting, if needed. Executive Board members will be required to respond via email five (5) days prior to any Executive Board meeting to assure a quorum. Missing two consecutive Executive Board meetings may result in the Coalition leadership taking action to remove the voting member/group from the Executive Board. Prior to such action, however, every attempt will be made to encourage participation from the appropriate county or discipline.

There are no attendance requirements for general members, although any organizations not attending meetings for at least one calendar year may be removed from the contact list.

2.8 Coalition Committees

2.8.1 Coordination Committee

The composition of the Coordination Committee is defined in the bylaws, and consists of subject matter experts or representatives of member disciplines appointed by the Executive Board, and the NEFLHCC Coordinator (non-voting member). This group is critical to provide the Executive Board with a global perspective on any number of health and medical planning issues. The Coordination Committee is primarily responsible for developing and maintaining an assessment of health and medical risks associated with threats and hazards identified in the region, identifying at-risk populations, assessing available resources and developing a gap analysis of health and medical disaster preparedness, response, or recovery capabilities. The gap analysis will serve as a major component of any funding prioritization process. In addition, the Coordination Committee will coordinate with Coalition members and other

entities that may carry out healthcare system capabilities assessments and disaster planning activities. The Coalition's initial multi-year strategic plan will address health and medical preparedness activities, as required by the Florida Healthcare Coalition Task Force requirements and as directed by the Executive Board. Examples of potential activities include, but are not limited to:

- Regional behavioral health assessment
- Review, update and revise the Region 3 Catastrophic Health Incident Response Plan (CHIRP)
- Regional healthcare system communications plan
- Regional healthcare recovery plan
- Regional mass fatality plan
- Regional pandemic flu plan
- Regional hazard-risk assessment
- Regional resource assessment and management plan
- Regional gap analysis
- Participate in the regional multi-year training and exercise planning process

In addition to conducting and/or coordinating disaster planning activities, the Coordination Committee reviews all project proposals for funding to ensure they are complete, accurate, relevant to the documented priorities of the NEFLHCC, and allowable under the applicable grant guidelines. All NEFLHCC funded projects will be reviewed and approved by the Coordination Committee prior to being placed on a meeting agenda for the Executive Board to review and vote. The Coordination Committee, through the NEFLHCC Secretary/Treasurer or Coordinator, will submit a summary recommendation to the Executive Board for each proposed project at least three (3) business days prior to the meeting at which the project is to be considered. The Chair of the Coordination Committee or his/her designee will attend each Executive Board meeting at which project recommendations are being considered.

The Coordination Committee will meet quarterly in the month prior to the month the Executive Board meets, or as requested by the Executive Board to facilitate project submittals. The Coordination Committee membership shall elect its officers upon ratification of this Charter, and every two years thereafter. Coordination Committee officers and their responsibilities include:

- Chair – Presides over all committee meetings, and attends all Executive Board meetings when project recommendations are being considered.

- Vice-Chair – Assumes all duties of the Chair in his/her absence.

- Secretary – Develops agendas, records votes, takes minutes during meetings and distributes them to members of the committee within seven

business days of the meetings; maintains documentation of all meetings and actions.

Each member/discipline group of the Coordination Committee has one vote. No county agency or entity shall have more than one vote on this committee.

2.9 NEFLHCC Coordinator

The Coalition can provide funding for a Coalition Coordinator, who would assume some responsibilities of the NEFLHCC Secretary/Treasurer as well as those described below. The Coordinator shall be the Coalition's point of contact. Duties of this position include:

1. Coordinate and attend the Executive Board meetings.

2. Coordinate and attend the Coordination Committee meetings.

3. When requested by a Coalition member's EM or ESF 8 Lead, during a public health emergency, coordinate for Coalition support. Coalition support may include, or may only be the Coordinator standing by in the county's Emergency Operations Center answering questions about available resources, or coordination with the Florida Department of Health Regional Emergency Response Advisor, or the RDSTF 3 Health and Medical Subcommittee leadership.

4. Prepare required Coalition reports (HPP and PHEP Cooperative Agreement reports, FDOH, etc.)

5. Attend Coalition members' Multi-Year Training and Exercise Planning meetings.

6. Create Coalition coordination plans, procedures or other guidance as required (HPP, PHEP, FDOH, Executive Board, etc.)

7. Attend regional planning meetings, and other meetings as requested by the Coalition Leadership.

8. Attend meetings with regional partners (First Coast Disaster Council, RDSTF 3, North Central Florida Health Care Coalition, Marion County Health and Medical Preparedness Coalition, etc.)

9. Travel within the coalition area to become familiar with geography, preparedness and response capabilities, resources, etc.

10. Maintain all Coalition documentation (administrative; budget; meeting minutes, agendas and voting records; reports; deliverables; contracts and agreements; and other documentation vital to the operation and maintenance of the Coalition.

The Coordinator acts as the liaison between the Coordination Committee and submitting agencies concerning recommendations or questions related to project submittals.

2.10 Other Officers and Committees

The Executive Board may create other officers and committees as it deems necessary to conduct the business of the Coalition.

2.11 Termination of Membership

An organization's membership may be terminated by either of the following methods:

- Voluntary – Submission of an email or letter of separation to the Coalition Chair

- Non-Voluntary – Consistent failure of an agency or their representative to meet the conditions and responsibilities of membership. Membership may be terminated at any time for any reason by a majority vote of the Executive Board

2.12 Additional Regional Resources

The NEFLHCC has access to other formal documents such as county and regional assessments, plans and protocols that can support the development of healthcare system assessments and regional plans, including:

- County Comprehensive Emergency Management Plans
- County Health Department Emergency Operations Plans and Annexes
- Threat and Hazard Identification and Risk Assessment (THIRA) (each county and Region 3)
- Hospital disaster plans
- Regional Catastrophic Health Incident Response Plan (CHIRP)

This Charter shall not supersede any existing mutual aid agreement or agreements.

~~This Charter shall not be interpreted or construed to create a legal relationship, association, joint venture, separate legal entity or partnership among the member bodies, nor to impose any partnership obligation or liability upon any member.~~

~~Further, no member shall have any authority to act on behalf of, or as an agent or representative of, or to otherwise bind, any other member body.~~

~~As lead agency for Fiscal Year 2013/2014 Coalition development funding, all or part of the NEFLHCC funding appears on the Florida Department of Health in Duval County's Schedule C. The FDOH Duval Administrator may approve membership travel vouchers, approve salary expenditures for the NEFLHCC Coordinator(s), expenditures for equipment and supplies required for NEFLHCC business, any allowable expenditure associated with NEFLHCC meetings, and any purchases of equipment or services voted on by the Executive Board. These expenditures will be reviewed by the Executive Board at their quarterly meetings. Except for the expenditures noted above, no member has the authority to commit NEFLHCC funds for any purpose without the vote of the Executive Board.~~

~~No member of the NEFLHCC shall be required under this Charter to indemnify, hold harmless and defend any other member from any claim, loss, harm, liability, damage, cost or expenses caused by or resulting from the activities of any NEFLHCC officer, employee or agent.~~

2.13 Amendments to the Bylaws: The bylaws of this organization may be amended at any regular meeting of the Coalition, provided all members of the Coalition are notified of the proposed changes at least fourteen (14) business days prior to the meeting. Amendments or changes to the bylaws authorized under this Charter require a two-thirds (2/3) majority vote of the Executive Board membership.

~~**2.14 APPROVAL OF CHARTER:** This Charter is adopted by those assenting to its terms and affixing their signatures below, either in the capacity as a duly authorized representative or as an individual. This Charter may be signed in counterparts.~~

~~**Signatories of Executive Board Members to the Northeast Florida Healthcare Coalition Charter:**~~

~~**Name of Entity**~~

~~**By:**~~

~~**Name**~~

~~**Title**~~

~~**Signatories of General Members to the Northeast Florida Healthcare Coalition Charter:**~~

~~**Name of Entity**~~

~~**By:**~~

~~**Name**~~

~~**Title**~~

Northeast Florida Healthcare Coalition

GOVERNANCE DOCUMENTS – BYLAWS

December 2014

SECTION 3.0 – BYLAWS

3.1 ADDRESS

The mailing address of the **Northeast Florida Healthcare Coalition** (NEFLHCC), hereafter referred to as "the Coalition", is:

Northeast Florida Healthcare Coalition
6850 Belfort Oaks Place
Jacksonville, FL 32216

3.2 GEOGRAPHIC AREA

The region served by the Northeast Florida Healthcare Coalition includes the following Northeast Florida counties:

- Baker
- Clay
- Duval
- Flagler
- Nassau
- St. Johns

3.3 MEMBERSHIP

3.3.1 Composition

In addition to county Public Health Departments, hospitals, Emergency Management (EM) and Emergency Medical Services (EMS), many community partners are invited to collaborate in the Coalition including, but not limited to, long term care (LTC) leadership, mental/behavioral health, rehabilitation centers, volunteer organizations, law enforcement, transportation, senior citizen and elder interest groups, public schools, religious organizations, other existing strategic health planning initiatives and other partners from every county participating in the Coalition. Any organization that has a healthcare connection during a public health emergency in the geographic region of the Coalition is a potential member.

3.3.2 Voting Membership-Executive Board

The voting membership shall be known as the Executive Board. At a minimum, the Executive Board consists of one designated representative from the following:

- Each County (one vote per county; total of six votes)
- Each discipline****** (one vote per discipline; total of four votes)
- One of the Regional Health Advisors (one *vote only to break a tie vote*)

***** The four discipline groups having voting privileges at the formation of the organization are public health, emergency management, hospitals, and emergency medical services. Other entities or individuals may be added to the Executive Board through a majority vote of the Executive Board members.***

Further description of the voting process and group votes is provided under Section 3.5.4 - Voting Procedures.

3.3.3 Admission as a Member

The Executive Board approves Coalition membership applications by general consensus (General Membership) or simple majority vote (Voting Membership/Executive Board).

3.3.4 Conflict of Interest

A member who has a direct agency or personal interest in any matter before the Coalition shall disclose his/her interest prior to any discussion of that matter by the Coalition. The disclosure shall become a part of the official record of the Coalition proceedings. The conflicted member shall refrain from further participation in any action relating to the matter, including funding requests on the matter.

3.4 COALITION MEETINGS

Coalition membership meetings will be held quarterly, on a schedule determined by the Executive Board. General members and the public are invited to attend.

3.5 EXECUTIVE BOARD

3.5.1 Schedule of Meetings

1. The Executive Board shall meet at least once each quarter. At a minimum, two face-to-face meetings must be held in a calendar year. Other meetings may be held as conference calls.

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

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

4. The NEFLHCC Leadership will coordinate the schedule of meetings.

5. Regular quarterly meetings should have a fifteen (15) business day notice.

6. Special meetings shall have at least a seven (7) business day notice.

7. Executive Board members will attend at least fifty percent (50%) of all meetings.

8. The Coalition shall budget for reimbursing Coalition member travel expenses for meetings outside their local area (as defined by the Florida Department of Health travel rules.)

9. 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 NEFLHCC 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. Each agency/representative on the agenda will be given adequate time (as determined by the Executive Board) to present information or proposals at the scheduled meeting for which they appear on the agenda. Agenda items not addressed at their scheduled meeting will be added to the agenda of the following meeting. Meeting agenda item requests are to be submitted to the Coordinator no later than fifteen (15) business days prior to the scheduled meeting date. The Executive Board will review and vote (via email) on which requested agenda items will be addressed at each meeting.

Minutes of all meetings shall be prepared and distributed to the membership.

11. Public comment at Coalition meetings is welcome; however, speakers on general topics will fill out a speaker card and will be limited to three (3) minutes, unless exempted by the Committee Chair.

12. Prior to the adjournment of any meeting, attendees from the general public will be provided an opportunity for input.

3.5.2 Strategic Plan

The Executive Board is responsible for approving/updating a Strategic Plan once a year.

1. The Strategic Plan shall include requirements from the Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreements and requirements from the Florida Department of Health Healthcare Coalition Task Force.

2. The plan shall consider all individual county resources.

3. The plan shall seek to engage every sector of the Coalition area.

4. The plan shall include an assessment of needs, available services, and potential gaps in resources and services.

5. The plan shall reflect the mission, goals and objectives of the Coalition.

3.5.3 General Powers

The Executive Board shall administer the affairs of the Coalition in accordance with the vision and mission statement, objectives and purpose outlined in the charter and further defined in these bylaws. The Executive Board is responsible for the business and affairs of the Coalition and is governed by these bylaws and State and Federal regulations as set forth by the Florida Department of Health and 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.

3.5.4 Voting Procedures

Voting on NEFLHCC issues and plans, and for all expenditures, excluding expenditures on projects will be accomplished as follows:

Votes are compiled as group votes, for a total of ten (10) votes. A group vote is determined by compiling the votes from that group's membership (County –level Healthcare Coalition, or discipline group such as EM representatives, Hospital representatives, EMS representatives, Public Health Representatives, and the three Regional Health Advisors). The three Regional Health Advisors will cast one group vote only in the event of a tie vote. Other entities approved as a voting member by the Executive Board in the future will add to the total votes of the Executive Board. Prior to calling for any Board vote, discussion will be opened for public comment, which will be limited to three (3) minutes per speaker.

Annually, the Board will review and adopt by standing rule a project funding procedure.

~~Voting for expenditures on projects will be accomplished annually by the Executive Board approved scoring matrix. Project proposals may be developed by county-level coalitions, discipline groups, agencies or organizations and will be submitted to the NEFLHCC Coordinator or Secretary/Treasurer to be presented to the Coordination Committee for consideration. This committee will review each project proposal to ensure that it aligns with the funding guidelines, regional priorities based on the Coalition's capabilities assessment, and strategic objectives. The Coordination Committee develops a ranked project list which is presented to the Executive Board for approval. The Executive Board will then review the ranked project list, and may make changes in the ranked projects. The discipline group then determines their ranked order of projects and submits their recommendation to the NEFLHCC Secretary/Treasurer or Coordinator. The Secretary/Treasurer or Coordinator will then average the group rankings together and distribute the results to the entire voting membership (Executive Board) for a vote. Upon affirmative vote by the Executive Board, funding will be awarded in ranked order until the funding is exhausted. If there are remaining funds, they may be added to any mid-year carry-over funding and used to fund additional projects on the list, or may be spent at the discretion of the Executive Board. Any projects left unfunded will remain on a list to be funded, in ranked order, if and when carry-over funds become available for that fiscal year. A new list of projects will be considered for each fiscal year. Any projects left unfunded may be resubmitted the following year.~~

3.5.5 Committees

The Coalition's Charter specifies the formation of one committee, the Coordination Committee, which consists of subject matter experts or representatives of member disciplines, and the NEFLHCC Coordinator.

The Executive Board can appoint additional committees or work groups as warranted to expedite appropriate research and information gathering on relevant items. Examples of likely committees or work groups include, but are not limited to:

- Training Review and Development
- Exercise Planning
- Risk Assessment and Gap Analysis

The Executive Board shall encourage the use of Subject Matter Experts (SME's) in committees, work groups and decisions whenever possible.

3.5.6 Officers of the Executive Board ("Leadership")

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

Chair

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

Vice-Chair

The Vice-Chair 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 Executive 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 members within the region and may the NEFLHCC Coordinator, who is a non-voting member of the Executive Board.

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

3.5.7 Election of Officers

Election of officers will take place every two years at the first quarterly meeting of the calendar year.

3.5.8 Terms of Office

Terms of Office start at the beginning of the fiscal year (July 1). Officers shall be elected for a term of two years. Officers may serve one additional consecutive term upon re-election but will not exceed two consecutive terms, and may not be elected under another discipline for a third consecutive term.

3.6 COORDINATION COMMITTEE

3.6.1 Composition

The Coordination Committee includes subject matter experts or representatives of member disciplines, and the NEFLHCC Coordinator (non-voting member).

3.6.2 Voting Membership

Each member of the Coordination Committee has one vote. No county agency or entity shall have more than one vote on this committee.

Chair

The Chair of the Coordination Committee shall preside over all regularly scheduled meetings of the committee.

Vice-Chair

The Vice-Chair shall assume all duties of the Chair in his/her absence at regularly scheduled meetings.

Secretary

1. The Secretary shall take minutes during meetings and distribute the minutes to all members of the committee.

2. The Secretary will record 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.

3. The Secretary shall send a meeting agenda via email seven (7) days prior to every committee meeting.

3.6.3 Terms of Office

Officers of the Coordination Committee shall be elected for a term of two years. Officers may serve additional years upon re-election but will not exceed two consecutive terms.

3.6.4 Election of Officers

Candidates must be current Coordination Committee members and can be nominated by any committee member. A majority vote of a quorum of committee members present at the meeting will elect.

3.6.5 Meetings

1. The Coordination Committee shall meet at least once a quarter one month prior to the Executive Board meetings.

2. The NEFLHCC Coordinator will coordinate the scheduling of the meetings.

3. Meetings should have a fifteen (15) business day notice, but may be held with as little as a five (5) business day notice.

4. All Coordination Committee members will be required to respond via email prior to any committee meeting to assure a quorum will be present at the designated time/place and prevent unnecessary travel costs to the Coalition and loss of valuable time of the other committee members.

5. A quorum is fifty percent (50%) of the voting members, not including the NEFLHCC Coordinator.

6. Committee members will attend at least fifty percent (50%) of all meetings.

7. The location of meetings will rotate among Coalition member areas.

8. The Coalition shall budget for reimbursing Coalition member travel expenses for meetings outside their local areas.

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

3.6.6 Risk Assessment

The Coordination Committee shall complete a regional risk assessment once a year and forward the assessment to the Executive Board. The assessment will be accomplished working closely with each county EM and with input from as many community members as possible.

3.6.7 Exercises

The Coordination Committee is responsible for planning, scheduling, coordinating a yearly coalition-wide exercise. Coalition members are not required to participate each year, but must participate in one full-scale Coalition exercise at a minimum every five years.

3.6.8 Sub-Committees

The Coordination Committee may create temporary sub-committees to accomplish individual issues.

3.6.9 Work Groups

The formation of Work Groups may expedite appropriate research and information gathering on relevant items. These groups may be formed and disbanded without formal action by the committee. The Executive Board shall encourage the use of Subject Matter Experts (SME's) in decisions whenever possible.

3.7 NEFLHCC COORDINATOR

The Coalition shall provide funding for a Coalition Coordinator (HCCC).

The HCCC shall be the Coalition's point of contact.

3.7.1 Coordinator Duties

1. Coordinate and attend the Executive Board meetings.

2. Coordinate and attend the Coordination Committee meetings.

3. When requested by a Coalition member's EM or ESF 8 Lead, during a public health emergency, coordinate for Coalition support. Coalition support may include, or may only be, the Coordinator standing by in the county's Emergency Operations Center answering questions about available resources, or coordination with the Florida Department of Health's Regional Emergency Response Advisor.

4. Prepare required Coalition reports (HPP and PHEP Cooperative Agreement reports, FDOH, etc.)

5. Attend Coalition members' Multi-Year Training and Exercise Planning meetings.

6. Create Coalition Emergency Plans as required (HPP, PHEP, FDOH, Executive Board, etc.)

7. Attend regional planning meetings.

8. Attend meetings with regional partners (First Coast Disaster Council, Region 3 Domestic Security Task Force, North Central Florida Health Care Coalition, Marion Coalition for Health and Medical Preparedness, etc.)

9. Travel Coalition area to become familiar with Coalition geography, resources, agencies, organizations, etc.

3.8 FUNDING ALLOCATIONS

The Florida Department of Health (FDOH) intends to allocate funds to each formal healthcare coalition. These funds will be allocated in at least three categories:

- Equipment and supplies
- Training
- Exercises

The exact level of funding in each category is determined by FDOH based on available grant funds and allocation strategies developed by the Florida Healthcare Coalition Task Force. Additionally, the NEFLHCC will have specific deliverables that are required in order to receive any funding. All members of the Coalition, its Executive Board, Coordination Committee

and any sub-committees are expected to support efforts to complete the required deliverables.

Some funding must be set aside to cover administrate costs associated with running the NEFLHCC. The following section provides details on how and where these funds will be spent.

~~The NEFLHCC will allocate project funding to Coalition member agencies based on the eligibility through the grant scoring process, priorities based on the Coalition's capabilities assessments, grant guidance defined in the funding announcement/agreement and any other objectives that have been established by the Executive Board. The exact funding allocated for each approved project will be based on the availability of funding and objectives of the Coalition. Funding allocated to the agency/project sponsor will be aligned with appropriate budget categories. Each agency/project sponsor must stay within their respective allocation amounts.~~

~~A project sponsor can return or reject all or a portion of their funding allocation upon approval of the Executive Board. Any funds returned to the Executive Board will be used to fund the next project(s) on the current year's project ranking list.~~

~~A portion of available funding may be dedicated toward regional health and medical projects. Any agency or project sponsor may submit proposed projects to the Coordination Committee for consideration. The Coordination Committee can also develop regional projects for consideration by the Executive Board.~~

~~The Coordination Committee will prioritize submitted projects based on the Executive Board's approved project scoring matrix. The project scoring matrix may include, cost of project, alignment with gap analysis, impact on capabilities, local or regional project, and/or ASPR/HPP or PHEP grant guidance.~~

~~At the May Coordination Committee meeting, the Committee will ensure that project applications are completed, request additional information, if required, from subject matter experts, and solicit any presentations that may be required. A prioritized project listing will be presented by the Coordination Committee to the Executive Board for approval by June of each year. The Executive Board will normally approve or reject the entire list as submitted. However, the Executive Board may vote to remove specific projects from funding eligibility by a majority vote.~~

3.9 FINANCIAL MANAGEMENT AND ADMINISTRATIVE SUPPORT

The NEFLHCC Leadership is responsible to select and negotiate financial terms for a non-FDOH agency to serve as the fiduciary agent and, if requested, provide administrative support for the Coalition. Formal arrangements made with an outside financial agent will follow FDOH contracting processes. A separate and formal contract will be negotiated with the financial agent and will include additional specifics and deliverables beyond the expectations included in these bylaws. Per FDOH policy, all formal contracts are confidential documents and are not subject to review by anyone except the Contract Manager and the Vendor. The NEFLHCC Leadership will serve as the Contract Manager for this contract.

3.9.1 The Fiduciary Agency may provide administrative support, if requested, to the NEFLHCC Coalition Executive Board, committees, subcommittees and work groups through the following actions:

1. Arrange for or provide a meeting venue and meeting support as requested.

2. Provide administrative support efforts to assist with development and updates of regional gap analysis reports. Local gap analysis will be conducted by the Coordination Committee in coordination with county-specific committees and coalitions.

3. Track all purchases and ensure each is tied directly back to a documented health and medical preparedness gap analysis. Any purchases not directly related to a specific gap analysis should be referred to NEFLHCC Leadership for resolution.

3.9.2 The Fiduciary Agency may serve as financial agent for the NEFLHCC through the following actions:

1. Ensure all proposed purchases or expenditures are formally approved by both the NEFLHCC Leadership and the Executive Board. Executive Board approval must be documented in meeting minutes. Leadership approval requires a signed letter or form detailing each purchase.

2. Complete all actions necessary to order or acquire supplies, materials, services, or equipment on behalf of the NEFLHCC and officially recognized committees.

3. Track all purchases and ensure each is tied directly back to a documented health and medical preparedness gap analysis. Any

purchases not directly related to a specific gap analysis should be referred to NEFLHCC Leadership for resolution.

4. Ensure items purchased are delivered to intended recipient.

5. Compensate any coalition partner for overnight travel costs, mileage, and per Diem directly related to coalition business or training. All travel reimbursements will be based on State of Florida travel reimbursement rates. NEFLHCC related travel must be approved in advance by the NEFLHCC Leadership.

6. Compile and maintain in a logical and organized manner all receipts, delivery documents, and other evidence necessary to show a complete record of expenditures. Records must include at a minimum:

   - References to specific meeting minutes where purchases were approved
   - Copies of formal Leadership approval
   - Documentation detailing exact purchase and purchase source
   - Receipts showing when and where items were delivered
   - Documentation showing when the final recipient signed for the items

7. Submit to external audits of healthcare coalition business activities as required by the Florida Department of Health.

~~3.10 PROJECTS~~

~~3.10.1 Project Development and Approval~~

~~All projects where funding is required must be submitted using the following timelines. A defined project submission timeline is required to ensure the NEFLHCC can begin spending available funds as rapidly as possible once all funding allocations and contracts are completed in each fiscal year. Fiscal years used will match those used by FDOH.~~

~~1. Submit project templates to NEFLHCC Secretary/Treasurer or Coordinator no later than the last normal workday in March of each year. Earlier submission is encouraged. Secretary/Treasurer or Coordinator will coordinate with the NEFLHCC Leadership on the Coordination Committee and Executive Board review schedules.~~

~~2. County-specific committees or coalitions can develop their own project submission timelines as long as their entire funding package~~

~~is provided to the NEFLHCC Secretary/Treasurer or Coordinator by the last work day in March of each year. All projects submitted from a county-specific committee must be prioritized by that committee first. This will aid the Coordination Committee in their region wide prioritization process.~~

~~3. All projects requesting funding support (county-specific projects, sub-committee projects, and regional projects) must be reviewed and prioritized by the Coordination Committee by the last workday in April of each year. Earlier review is encouraged. Project reviews can be accomplished by email if appropriate. NEFLHCC Secretary/Treasurer or Coordinator will determine if a face-to-face meeting is needed or if a conference call will suffice to complete the review and prioritization step. This review must include:~~

- ~~Ensure project meets federal and state-level grant guidance~~
- ~~Ensure project is aligned with a documented risk assessment/gap analysis~~
- ~~Ensure project meets requirements or limitations of these bylaws~~
- ~~Ensure each project is prioritized to ensure the most significant gaps are addressed first.~~

~~4. NEFLHCC Leadership and the Secretary/Treasurer or Coordinator must schedule a Coordination Committee meeting in May of each year so members can review and approve funding projects.~~

~~5. The Secretary/Treasurer or Coordinator is required to assemble project submissions into a summary report for ease of review. However, the full project submission package should be available at the Executive Board meeting for reference if requested. The Executive Board must review recommendations of the Coordination Committee and approve the final project ranking list at the June meeting.~~

~~6. NEFLHCC Leadership and the Secretary/Treasurer or Coordinator are responsible to complete a final review to ensure all NEFLHCC expenditures are aligned with these bylaws, state and federal grant guidance, and funding contract deliverables before any funds are expended.~~

~~7. This timeline gives the Coalition a fully reviewed and approved list of projects to begin work in the next funding cycle.~~

~~8. Review and approval of ALL submitted projects is required to meet grant guidance and FDOH contract deliverables. Healthcare~~

Coalitions are required to provide evidence of a multi-level review and approval governance structure. Evidence of how the governance process works is another required deliverable.

3.10.2 Limitations on funding projects include:

Grant guidance specifically defines types of projects allowable under the funding source. Any limitations in eligibility will be published with the notice of funding availability disseminated to Coalition membership. The following limitations are defined in current grant guidance:

1. Sustainment projects are not allowed unless approved by the Executive Board. Any committee or group wanting to submit a sustainment project must make a written request to NEFLHCC Leadership to be added to a regularly scheduled Executive Board meeting so they can present the rationale for their sustainment project. Using email for this request is preferred. All Executive Board presentations at face-to-face meetings on proposed projects must be kept to ten (10) minutes or less. If the Executive Board approves, the project can then be submitted through the process described above.

2. Funding for self-propelled vehicles is not allowed. Any project involving the purchase, rental, or leasing of a self-propelled or motorized vehicle will be rejected.

3. Brick and mortar changes to a building are not allowed with these funds.

4. Funding for projects with additional staffing support may be allowed for short-term initiatives, if the federal and state-level grant guidance will allow this type of spending. Adding staffing on a long-term or permanent basis with these funds is not allowed. The phrase "short-term" is defined as six (6) months or less. "Long-term or permanent" is defined as any time period beyond six (6) months. (This staffing limitation only applies to projects and does not pertain to NEFLHCC administrative staffing.)

5. All projects should be prioritized to allow "buy down" of the most significant gaps or risks first. This concept aligns with federal and state-level grant guidance.

Project funding amounts, eligibility and timeframes are subject to change at any time based on grant guidance.

3.11 AMENDMENTS TO BYLAWS AND GOVERNANCE STRUCTURE

Proposed amendments to the Coalitions bylaws and/or governance structure must be disseminated to all Executive 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 Executive 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 Executive 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 Executive 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 Coalition Leadership and the Executive Board to incorporate any changes in federal or state guidance covering Healthcare Coalition activities.

SECTION 4.0: COOPERATIVE AGREEMENT'S PERFORMANCE MEASURES

The work of the NEFLHCC must meet performance measures in the HPP-PHEP cooperative agreement programs.

The measures that form the foundation for reporting this Budget Period (BP2) are defined in the Florida Healthcare Coalition Task Force "Healthcare Coalition Requirements", hereafter known as "HCC Requirements". The HCC Requirements are incorporated into this document as a roadmap for assuring performance completion of each designated function. The elements included in the current requirements must be completed in their entirety by the end of the 2016-2017 fiscal year which ends on June 30, 2017. The functions outlined in the current requirements are:

Function 1: Develop, Refine or Sustain Healthcare Coalitions

- Essential members
- Additional Partners
- Evidence of Partnerships
- Governance Documentation
- Multi-agency Coordination during Response

Function 2: Coordinate Healthcare Planning to Prepare the Healthcare System for a Disaster

- Healthcare system situational assessments
- Healthcare System Disaster Planning

Function 3: Identify and Prioritize Essential Healthcare Assets and Services

- Priority healthcare assets and essential services planning
- Equipment to assist healthcare organizations with the provision of critical services

Function 4: Determine Gaps in Healthcare Preparedness and Identify Resources for Mitigation of These Gaps

- Resource Elements (plans, equipment, skills, healthcare resources assessment)
- Address healthcare information gaps

Function 5: Coordinate Training to Assist Healthcare Responders to Develop the Necessary Skills to Respond

- Resource Elements
- NIMS

Function 6: Improve Healthcare Response Capabilities through Coordinated Exercise and Evaluation

- Exercise Plans

- Exercise Implementation and Coordination

Function 7: Coordinate with Planning for At-Risk Individuals and Those with Special Medical Needs

- Status of vulnerable populations and potential impact on healthcare delivery
- Healthcare planning for at-risk individuals and functional needs

Performance measures will be developed based on these requirements, as well as HPP and PHEP Program measures. In addition, the following HCC Developmental Assessment factors will be considered as program measures:

1. The HCC has established a formal self-governance structure, including leadership roles.

2. The HCC has multi-disciplinary healthcare organization membership.

3. The HCC has established its geographical boundaries.

4. The HCC has a formalized process for resource and information management with its membership.

5. The HCC is integrated into the healthcare delivery system processes for their jurisdiction (e.g., EMS, referral patterns, etc.)

6. The HCC has established roles and responsibilities.

7. The HCC has conducted an assessment of each of its members' healthcare delivery capacities and capabilities.

8. The HCC has engaged its members' healthcare delivery system executives.

9. The HCC has engaged its members' healthcare delivery system clinical leaders.

10. The HCC has an organizational structure to develop operational plans.

11. The HCC has an incident management structure (e.g., MACC, ICS) to coordinate actions to achieve incident objectives during response.

12. The HCC demonstrates an ability to enhance situational awareness for its members during an event.

13. The HCC demonstrates an ability to identify the needs of at-risk individuals (e.g., electrically dependent home-bound patients, chronically ill) during response.

14. The HCC demonstrates resource support and coordination among its member organizations under the time urgency, uncertainty, and logistical constraints of emergency response.

15. The HCC members demonstrate an evacuation capability with functional patient tracking mechanisms.

16. The HCC utilizes an operational framework and set of indicators to transition from crisis standards of care, to contingency, and ultimately back to conventional standards of care.

17. The HCC incorporates post-incident health services recovery into planning and response.

18. The HCC ensures quality improvement through exercises/events and corrective action plans.

19. The HCC has established a method (e.g., social network analysis) for incorporating feedback from its members to support group cohesion and improve processes.

SECTION 5.0: COALITION POLICIES

5.1 Conflict Resolution Policy

It is the policy of the Northeast Florida Healthcare Coalition (NEFLHCC) to work cooperatively to address public health preparedness through the implementation of a community-wide strategy that is fair and beneficial to all parties involved.

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

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

5.1.1 Notification

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

5.1.2 Negotiation/Compromise

Within seven days of a conflict notification, the chair of the Executive 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 Coalition meeting 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.

5.1.3 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 Executive Board requesting further action within seven days. The letter should contain the nature of the disagreement and the date of the occurrence. The Executive Board will review the Letter of Disagreement and discuss the next options for resolving the conflict. The Executive 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 Executive 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.

Northeast Florida Healthcare Coalition
Project Submission Form
Projects must be submitted via email to Beth Payne: epayne@nefrc.org
Projects will not be accepted after 4pm XXXXX date

1. **Project Title/Brief Description (100 word count limit):**

2. **Which NEFLHCC–identified risk or gap does this project address (see Community Vulnerability Assessment; 100 word count limit)**

3. **If the project does not address a Coalition specific gap or risk, is this a facility based gap? If so, please describe and provide documentation of gap. Documentation can include an After Action Report, Comprehensive Emergency Management Plan, Risk Assessment, Training and Exercise Plan, etc. (100 word count limit)**

4. **Describe how this project will fill this capability/resource gap? (400 word count limit)**

5. **What counties and/or agencies will benefit from this project? Is this project scalable to allow other counties/agencies to participate (if training or exercise)? (400 word count limit)**

6. **Which capability does this project support? (check all that apply)**
   - Continuity of Operations
   - Emergency Operations Coordination
   - Information Sharing
   - Medical Surge
   - Mass Fatality
   - Other (please specify):_____

7. **What capabilities/resources currently exist to address this risk? (400 word count limit)**

8. **Name all entities that will receive funding.**

9. **Does this project sustain previously purchased equipment or supplies?**

10. **Describe the deliverables for this project (be specific and include quantitative/ qualitative information; e.g., 200 individuals will receive training with a pass rate of 90% - 400 word count limit)**

11. **Provide an itemized budget, by Category (Supplies, Travel, Equipment, Consultant, Member Matching Funding, Other), including description, quantity, unit cost, total cost (400 word count limit).**

12. **Total Project Funding Request:**_____

13. **Can this project be completed (items purchased, training/exercise completed, all funds spent) by June 30, 2017?**

14. **Has this project been discussed with your County Emergency Management/County Health Department/ESF 8? If yes, please provide a letter of support.**

15. **Project Point of Contact (provide name, email, phone number for project POC)**

Northeast Florida Healthcare Coalition
Project Guidelines & Eligibility

Requesting agency must be a current member or request membership to the Northeast Florida Healthcare Coalition as part of the project submission process (Membership Request Letter is included in the Project Submission Packet).

Request must demonstrate relevance to the Coalition's mission: *To achieve and health and medical system that is efficient and resilient in an emergency.*

Request must demonstrate direct link to the Coalition identified goals/gap analysis.

Projects will provide for geographic diversity within the Coalition's six county region.

Funding awards will typically not exceed $30,000 per project.

Projects must address an identified healthcare delivery deficiency, capability or resource gap

Projects must align to and support one of the following capabilities: Continuity of Operations, Emergency Operations Coordination, Information Sharing, Medical Surge, or Mass Fatality.

Projects will not be considered if they supplant normal business expenses/core mission requirements

Projects will not be considered if they violate any of the ASPR funding restrictions (see Attachment).

Decisions made on funding requests are at the sole discretion of the Northeast Florida Healthcare Coalition Executive Board.

The Northeast Florida Healthcare Coalition Executive Board reserves the right to partially fund a request.

PROCESS:

- Coalition shall budget annually the amount of funds available for member projects.
- Coalition will announce call for project submissions, which will include submission period and project submission deadline.
- Coalition members will complete Project Submission form as provided.
- Requests will be submitted to the fiscal agent (Beth Payne) for initial review for completeness then provided to the Project Review Committee. The projects will then be prioritized.

- The Executive Board will be provided a list of submitted projects and their prioritization from the Project Review Committee. The Board will have final approval of the prioritized project list.
- A formal letter of acceptance or denial will be sent to the requesting member within 15 business days of decision.

NEFLHCC Funding Process

Attachment – ASPR Funding Restrictions
(from ASPR Funding Opportunity Announcement)

Restrictions, which apply to both awardees and their sub awardees, must be taken into account while writing the budget. Restrictions are as follows:

- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $181,500 per year.
- Recipients cannot use funds for fund raising activities or lobbying.
- Recipients cannot use funds for research.
- Recipients cannot use funds for construction or major renovations.
- Recipients cannot use funds for clinical care.
- Recipients cannot use funds for reimbursement of pre-award costs.
- Recipients may supplement but not supplant existing state or federal funds for activities described in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Payment or reimbursement of backfilling cost for staff, including healthcare personnel for exercises, is not allowed.
- HPP awardees cannot use funds to support stand-alone, single-facility exercises.
- PHEP awardees cannot use funds to purchase vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts.

Ms. Elizabeth Payne
Northeast Florida Healthcare Coalition
6850 Belfort Oaks Place
Jacksonville, FL 32216
epayne@nefrc.org

Dear Ms. Payne:

Our organization, _____, would like to become a member of the Northeast Florida Healthcare Coalition. We understand that the Northeast Florida Healthcare Coalition (NEFLHCC) is a healthcare preparedness organization, and its mission is to achieve a health and medical system that is efficient and resilient in an emergency. Our organization looks forward to partnering with the NEFLHCC to work towards this mission.

The overarching goal of the NEFLHCC is to minimize the impacts of a disaster to the overall public health network through a framework of regional planning and coordination. Members benefit by receiving information, access to and resources for disaster planning, training and exercises.

Our organization,_____, is a *(insert type of organization facility, etc.)* and is located in _____ County. We look forward to participating fully within the NEFLHCC. Please accept this letter as a formal request for membership.

Sincerely,

[Your Name]

REGION 3 PUBLIC HEALTH MISSION READY RESOURCES

Resource Type	Description	Rostered Quantity	Location
Personnel Resources			
Region 3 Environmental Health Response Team	Six person team used to identify and reduce environmental threats of human health from water, food, waste and air. Can provide up to 40 environmental services per day, conduct radiological monitoring. Teams are equipped, trained and exercised.	13	Region 3
Region 3 Special Needs Shelter Response Team	Eight person command team and twenty person support team to assist with special needs shelter operations for 50-100 people and augment existing staff. Special needs shelter teams provide 24 hour coverage. Teams are equipped, trained and exercised.	68	Region 3
Region 3 Epidemiology Response Team	Four person team able to provide limited disease surveillance, investigation or control during assessment or recovery phases of a disaster. Teams are equipped, trained and exercised.	15	Region 3
Region 3 State Medical Response Team (SMRT)	SMRTs are medical surge providers during a mass casualty incident. Teams are equipped, trained and exercised.	43	Region 3
Materiel			
CHEMPACK Nerve Agent Antidotes – EMS	Chemical nerve agent antidotes maintained by the CDC. EMS unit treats 454 patients.	8	Duval (4) Marion (1) Putnam (3)
CHEMPACK Nerve Agent Antidotes – Hospital	Chemical nerve agent antidotes maintained by the CDC. Hospital unit treats 1,000 patients.	5	Duval (4) Marion (1)
Region 3 Hospital Ebola Kit	Hospital support kit designed to assist a hospital with initial personal protective equipment demands as well as minimal in-patient care support for an Ebola patient.	1	Clay CHD
Region 3 Alternate Care Site Cache	Medical supplies and equipment to support a 50 bed alternate care site.	2	Alachua CHD
Generator, portable	100 kw 800 amp 1 phase 240 volt portable diesel generator on trailer, requires a pintle hitch receiver.	1	Bradford CHD
Generator, portable	100 kw 600 amp 3 phase 208 volt portable diesel generator on trailer, requires a pintle hitch receiver	1	Flagler CHD
Generator, portable	56 kw 600 amp 1 phase 240 volt portable diesel generator on trailer, requires a pintle hitch receiver.	1	Nassau CHD
Generator, portable	56 kw 250 amp 1 phase 240 volt portable diesel generator on trailer, requires a pintle hitch receiver.	1	Union CHD
Generator, portable	56 kw 600 amp 3 phase 240 volt portable diesel generator on trailer, requires a pintle hitch receiver.	1	Levy CHD