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:
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). 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.
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.